Beyond the CCSG – Part II (\textit{from Center to System})

Presented to: CCAF @ Moffitt Cancer Center
Presented on: May 2017
Presented by: Alex Zafirovski, MBA, RT(T)ARRT
Executive Director of Administration
Agenda

• Overview and Introduction
  – From Center to System
• Panel discussion showcasing different approaches to alignment and integration, as many cancer centers are now becoming part of a health system.
From Center to System
Lurie Cancer Center Overview

- 1975: Nat Berlin, M.D.
- 1989: Steven Rosen, M.D.
- 1992: Founding member of NCCN
- 1997: NCI designations
- 2006: Last competing renewal “outstanding” score
- 2012: Ann and Robert H. Lurie Children’s Hospital
- 2014: NM/Lurie Cancer Center Network Expansion
- 2014: Leonidas C. Platanias, M.D., Ph.D.
Clinical Facilities Current State

Galter Pavilion
- Outpatient Clinical Cancer Center (21st floor)
- Radiation Oncology (Lower Concourse) all but Gyne and Breast
- Rube Walker Blood Center (11th floor)
- Thoracic oncology, PWH remediation (17th floor)

Prentice Women's Hospital
- 3 Inpatient Units: Women's Health & Solid Tumor (16P), General Hem/Onc (15P), and Stem Cell Transplant (14P)
- Maggie Daley Women’s Center (4th floor)
- Lynn Sage Comprehensive Breast Center (4th floor)
- Radiation Oncology (Lower Concourse) for Gyne, Breast and Peds
- Endocrine Surgery, Benign Heme, OP Triage Clinic
- Supportive Oncology

Olson Pavilion
- NMDTI: Developmental Therapeutics Clinical Trials Facility (1st floor)

Feinberg Pavilion
- Imaging (4th floor)

Arkes Pavilion
- HOA: Hematology Oncology Associates (21st Floor)
Lurie Cancer Center Multiple Roles Across Geographies

**Essential Provider for the Local Community**
- Serve the comprehensive cancer needs of the central region population

**Regional Referral Center for Complex Care**
- Key provider of high-end, esoteric cancer care
- Reliant on referrals from inside and outside NM system

**National / International Referral Destination**
- Nationally recognized provider of select services

**Key Initiatives: Local**
- Local convenient access to meet comprehensive community needs
- Increase efficiency to lower cost of care

**Regional**
- Seamless coordination of care / access for patients referred from other NM sites
- Relationships with independent referring providers
- Telehealth

**National/International**
- Grow impact and reputation nationally
NM System Hospitals
NM Cancer Program Locations

NM Hospitals & Cancer Program Locations
1. Northwestern Memorial Hospital
2. NMH & NMG/RHLCCC
3. NM Aurora Cancer Center
4. NM Kishwaukee Cancer Center
5. NM Dekalb Cancer Center
6. NM Delnor Cancer Center
7. LivingWell Cancer Resource Center
8. NM Delnor Hospital
9. NM Glenview
10. NM Grayslake
11. NM Lake Forest Hospital
12. NM Rochelle Cancer Clinic
13. NM Valley West Hospital
14. NM Sandwich Cancer Center
15. NM Warrenville Cancer Center
16. NM Chicago Proton Center
17. NM Central DuPage Hospital
## Northwestern Medicine and Lurie Cancer Center Network Growing to Serve Our Patients

<table>
<thead>
<tr>
<th>System</th>
<th>Total System Locations</th>
<th>Total System Employees (FTE)</th>
<th>Total System Analytic Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2016 KishHealth &amp; Marianjoy</td>
<td>139</td>
<td>24,000</td>
<td>12,100</td>
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<tr>
<td>FY2015 Cadence Health</td>
<td>108</td>
<td>19,942</td>
<td>540</td>
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<tr>
<td>FY2014 Northwestern Medical Faculty Foundation</td>
<td>68</td>
<td>16,984</td>
<td>3,200</td>
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<tr>
<td>FY2010 Lake Forest Hospital</td>
<td>30</td>
<td>10,362</td>
<td>2,600</td>
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<tr>
<td>Northwestern Medicine and Robert H. Lurie Comprehensive Cancer Center</td>
<td>27</td>
<td>7,656</td>
<td>1,200</td>
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<td></td>
<td>15</td>
<td>6,395</td>
<td>4,600</td>
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*FY2017*
Your Cancer Center
Quick introduction of each cancer program
Audience question 1

• How many locations does your clinical cancer program have?
  A. 1
  B. 2-5
  C. 6-10
  D. >10
Approaches to integrating faculty and staff

• Joint reporting structure
• Monthly meetings
• Disease groups
• Councils
The clinical working groups will start in parallel to the research disease teams but ultimately may consolidate as appropriate.

Working Group Characteristics:

- Cross-regional
- Aligned b/w Clinical and Research Teams
- Part of NM Cancer Leadership Model
- Administrative resources assigned to support Group’s work
Audience question 2

- What % of your faculty is currently employed by the institution?
  A. 100%
  B. >75%
  C. >50%
  D. 25-50%
  E. <25%
  F. <10%
Approaches to capital and operational budgeting

- >$1M
- Priorities decided locally
Audience question 3

- Capital budgeting at my organization is done:
  A. Centrally
  B. Locally
  C. Mix of Both
How will you assure a consistent patient experience across all locations?
Audience question 4

• *Is the patient experience the same/close enough at all the locations of your cancer program?*
  – Yes
  – No
Audience question 5

- Do you have system wide tumor boards?
  - Yes
  - No
Can you assure that all patients will be treated on a same clinical care model?
What data and metrics will you need, in order to measure cancer system success?

<table>
<thead>
<tr>
<th>Relationships</th>
<th>Qtr</th>
<th>Plan</th>
<th>YTD</th>
<th>Reliability</th>
<th>Qtr</th>
<th>Plan</th>
<th>YTD</th>
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<tr>
<td>Likelihood to recommend</td>
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<td>Access - how long does it take to get appt</td>
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<td>Patient Engagement (enrollment in MyChart)</td>
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<td>Timeliness: Consult to Dx, Dx to treatment</td>
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<td>Referring MD satisfaction</td>
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<td>Evidence based care (concordance with guidelines)</td>
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<td>Engagement - MD</td>
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<td>Patient reported outcomes</td>
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<td>Engagement - staff</td>
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<td>Patients w/ advanced directives; end of life measure</td>
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<td>Turnover (Voluntary)</td>
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<td>Mortality (risk adjusted)</td>
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<td>Injuries to staff</td>
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<td>Preventable adverse events</td>
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<td>Length of Stay</td>
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<th>Efficiency</th>
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<th>Growth</th>
<th>Qtr</th>
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<td>Utilization: of providers/ staff</td>
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<td>Volume and/or Market share</td>
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<td>Utilization: of space (infusion chairs, clinics)</td>
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<td>Screening volumes</td>
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<td>Staff hours per unit of service</td>
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<td>New unique patients to NM</td>
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<td>Specialty pharmacy utilization</td>
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<td>In-migration - outside svc area and international</td>
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<td>Medicare spending per beneficiary</td>
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<td>Leakage</td>
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<td>Cost per case</td>
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<td>Marketing Impact</td>
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<td>Net operating income</td>
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<th>Qtr</th>
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<td>Clinical trial accruals</td>
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<td># of disease teams launched</td>
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<td># of trials opened across the system</td>
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<td># cases presented at &quot;system&quot; tumor bds</td>
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<td>Medical staff satisfaction question</td>
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<td>Other?</td>
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How will you develop and implement a single brand?
Audience Question 6

- *Is there a single brand for your entire cancer program?*
  - A. Yes
  - B. No
Audience Question 7

- When you think of all the challenges and work ahead, in terms of going from the single center location to a health system journey, what is the single word that comes to mind?

<type 1 word that describes this feeling> word cloud will be constructed real time.
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