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FROM THE EDITOR

At ACCC—Content is King

BY CHRISTIAN DOWNS, JD, MHA

In January 2018, *Oncology Issues* will transition to a peer-reviewed journal under Taylor & Francis, increasing the visibility and reach of ACCC content. This offers our members more control over what's published in their journal by volunteering as peer reviewers. Interested? Simply go to accc-cancer.org/peer-review and fill out our short form. We look forward to working with you during this exciting time of transition and change.

On the subject of change: one thing that *won't* be changing is our unique content. *Oncology Issues* is one of the only non-clinical oncology journals and the only one that provides content for the entire multidisciplinary cancer care team, and we will continue this legacy under Taylor & Francis. One need look no further than this issue to experience the diversity and depth of our content.

Our cover article, "A Student Volunteer Program Takes Patient Satisfaction to the Next Level," offers a replicable (and cost-effective) model for extending your workforce using student interns—a strategy that benefits many members of the multi-disciplinary cancer care team, including nurses, social workers, and administrators.

Next, we profile the Defeat GBM Research Collaborative, aimed at improving treatment of glioblastoma multiforme (GBM). Just as the collaborative is harnessing "the input and buy-in of many of the top minds in neuro-oncology—serving as a 'collective brain'—in the quest to overcome one of cancer's most challenging puzzles," ACCC continuously leverages the shared knowledge of its membership to improve care delivery and the patient experience.

On that note, in "The Role of the Oral Oncology Nurse Navigator," two ACCC member programs—one an oncology practice, the other a hospital-based cancer program—illustrate how navigation services can improve care coordination, as well as provider and patient satisfaction. Similarly, "Painting a Brighter World in Cancer Care" shows how patients, caregivers, and providers can come together through art.

In closing this column, I want to draw your attention to two articles that address critical issues facing community oncology.

The first is the explosion in clinical data. We have yet to figure out how to manage these data in an effective manner for a busy community-based program. To make this even more challenging, the future will require clinicians to not only synthesize and process reams of clinical data, but also to integrate economic and outcomes-oriented information into a treatment plan.

So how does *Oncology Issues*—a non-clinical journal—help? One example is our "Best of ASCO" article, where Cary A. Presant, a distinguished past president of ACCC, provides an overview of the research that may change how you practice oncology today and in the future. Written in clear, succinct language and organized by disease type, this information is accessible to the entire multidisciplinary cancer care team. We hear anecdotally how our members appreciate this curated information. In the future, we are going to need more—and frankly more sophisticated—means of synthesizing clinical information for the cancer care team.

A second major issue facing community oncology in the next decade is how to best leverage—and pay for—new technology. In this issue, we highlight one of many ACCC education programs in "Virtual Molecular Tumor Boards." This webinar series offers practical strategies for integrating "virtual" tumor boards and current trends in use of technology to advance patient care, including ongoing molecular testing issues in lung cancer.

Beyond the pages of this journal, one of our most important member resources is coming up right around the corner, Oct. 18-20, in Nashville, Tenn. Attend the 34th ACCC National Oncology Conference, and I guarantee you'll come away rejuvenated, re-energized, and ready to put the knowledge you've gained to work at your cancer program or practice. Register today at accc-cancer.org/OncologyConference. OI

Building a Program from the Ground Up—Lessons Learned

BY MARK S. SOBERMAN, MD, MBA, FACS

On July 27, 2017, Frederick Regional Health System cut the ribbon on its beautiful new Cancer Institute, a culmination of five years of planning, fundraising, design, and construction. Over the ensuing weekend, we moved into the new building and opened the doors for business on Monday, July 31.

The transition has gone smoothly—though not without a few hiccups. Overall, however, our physicians, staff, and patients are delighted with the new facility. As I look back and reflect on the process, there are several lessons learned on the journey that could benefit any cancer program.

First, a building is not a box into which you drop a program. We made a considered decision to approach the project from the perspective that "form follows function." As part of our design process, we visited several cancer centers. Some had designed the facility around their workflow, and others had designed the building and plopped the program into the facility—without regard for the processes of care. You can guess which ones worked well and which ones didn't.

Before we undertook the building design process, we engaged in a redesign of our workflows and care processes. We also decided to work with the Samueli Institute (samueliinstitute.org) to create an Optimal Healing Environment. That process resulted in additional modifications to our workflow and informed some of the choices we made in the building design. Staff had significant input into the process and were extremely engaged.

Another lesson learned was to be flexible and unafraid of rethinking decisions. For example, we initially were going to build the new Cancer Institute on our hospital campus, attached to the main hospital building. This decision would have created a grand entrance to the campus and unified important inpatient and outpatient services. At the time, the decision seemed to make perfect sense. But, as we studied the issue further, we began to think we had made the wrong decision. The cost and complexity of building on the main campus was greater than initially anticipated. Parking for employees and patients was problematic. Locating the center on the hospital campus meant that we would be charging hospital outpatient rates, making us a more expensive provider of cancer care.

After further analysis, we decided to build on one of our ambulatory sites adjacent to an imaging and lab facility. We would save millions of dollars on construction, allow easy access for our patients and staff, and provide care to the community at the same cost as a physician's office—while offering all of the coordinated and comprehensive services of a hospital-based Cancer Institute. Our Board of Trustees enthusiastically endorsed this new plan, and it was welcomed by our staff and the community.

My final pearl of wisdom: understand it won't be perfect when you open—despite meticulous planning and stakeholder engagement. Moving staff into a new building is never without a few hiccups. For us, it was a water pipe that broke at the end of the first week, necessitating a one-day closure for repairs. And remember, you will never please everyone. Despite staff involvement during all stages of the design process, on day one, some were less than enamored of their new digs. Yes, some clinic workflows and configurations probably need to be tweaked. While we plan to wait a full month before doing so, we are meeting with physicians and staff and letting them know that we hear and acknowledge their concerns.

The opportunity to conceptualize, plan, design, and build a new cancer center has been an amazing experience of learning, growth, and maturation as a cancer center director, leader, and physician executive. Most importantly, it has been an incredible privilege to be part of a team that has brought to our community a brand new, patient-centered, state-of-the-art cancer center that elevates the level of care and will benefit our patients, their families, our staff, and our physicians for years to come. OI

Coming in Your 2017 *ONCOLOGY ISSUES*

- The Community Health Worker: A Cancer Program's Role in Population Health Efforts
- Enhancing Patient Satisfaction and Knowledge with the Patient Resource Navigator System
- Oncology Disease Site Process Mapping, Coordinating Care across the Continuum
- Developing a Nurse Practitioner Productivity Measurement Tool
- Life with Cancer: A Comprehensive, Holistic, Patient-Centered Approach to Cancer Management
- Aligning Cancer Center Community Needs with Network Community Needs Assessment
- A Peer Review Process Improves Quality in RT Planning
- The Breast Care ACCESS Project
- Oncology Rehabilitation Clinical Residency for Physical and Occupational Therapists
- Improving Outcomes & QOL for Women with Metastatic Breast Cancer
- Access: The First Step towards Analyzing Precision Medicine Data