





# The Cancer Program Administrator of the Future

Oncology care delivery is complex and involves a multitude of stakeholders and care environments. The stakes are high for both the patient and the care providers given the personal burden and high cost of cancer care. The overall healthcare landscape continues to change at an unprecedented pace. For these reasons, the future cancer program administrator must be a dynamic leader who can drive strategic direction, as well as sustain higher levels of patient-centered care in an evolving reimbursement environment.

## Another Crossroads Ahead?

In January 2015, U.S. Department of Health and Human Services Secretary Sylvia M. Burwell announced plans to tie 50 percent of traditional Medicare fee-for-service payments to “quality” or “value” through alternative payment models, such as accountable care organizations (ACOs) or bundled payment arrangements by the end of 2018.<sup>1</sup> Then in April, the Medicare Access and CHIP Reauthorization Act (MACRA) repealed the sustainable growth rate (SGR) formula and outlined a transition for providers to dual Medicare payment systems that will emphasize value over volume. While population health initiatives with shared-risk models are shifting the focus away from payments based on volume to reimbursement for quality, value, and cost of care, the reality is that

most hospitals do not have the ability to account for their true care costs or to segregate actual line-item reimbursement.

As the U.S. healthcare system undergoes transformative change, cancer programs will require a multifaceted administrative leader to ensure that the program thrives and maintains an acceptable ROI on the significant investments required to deliver quality patient-centered care (see Figure 1, page 46). Program management skills alone will likely not be sufficient to navigate these new payment models. Future cancer program administrators must have:

- Exceptional leadership abilities; they must step up as “leaders” not merely “managers”
- Strong strategic and business planning skills
- Broad and deep knowledge of the oncology service line and the industry
- Communication skills to effectively work with a variety of stakeholders, including clinicians, staff, patients, and public and private payers
- A visionary mindset.

## Leaders vs. Managers

As cancer care has become increasingly complex, so has the role of the cancer program leader. Over a relatively short period of



**Figure 1. The Oncology Leader of the Future “Must Haves”**

Exceptional leadership abilities

Visionary leadership

Skilled communicator

Oncology industry expert

Strong strategic and business planning skills

### Essential Attributes

Because the cancer service line contributes substantially to a healthcare system's bottom line, the future cancer program administrator will need to be a peer among other top C-Suite administrators so that he or she has the influence and authority needed to move the cancer program forward at the speed of medicine today. Future cancer program administrators will need to interact effectively with the healthcare system's executive administration. Requirements such as Meaningful Use and quality measures have impact across service lines and encompass both the inpatient and outpatient care setting. As such, the future cancer program administrator will need to communicate across care siloes.

This leader will be a specialized hospital administrator who serves as a champion for quality care and partners closely with the chief medical officer. As a leader, the cancer program administrator must:

- Earn and maintain the respect of co-workers
- Hold staff to established goals and objectives
- Tactfully motivate all cancer program staff to collaborate, extracting meaningful contributions from the entire team
- Build multidisciplinary teams, involving appropriate disciplines, to solve a multitude of complex issues—from marketing and strategic plans to clinical care delivery
- Communicate effectively with multiple stakeholders, including physicians and other clinicians, patients, payers, and the C-Suite
- Be accountable to upper management.

### Strategic & Business Planning

Many of the changes in healthcare begin externally and take time to gain momentum. Healthcare systems are large organizations that also need time to position themselves for strategic change. Succession planning, strategic and business planning, and governance structures take time to develop, as well. The cancer program administrator must be able to forecast future needs and plan accordingly. Most often, budgets are based on historical trends, while innovative ideas need time to gain full approval and buy-in. These future leaders must anticipate and rigorously vet staffing, capital expenditures, and other programmatic requirements well in advance of actual need.

The future cancer program administrator must also understand the challenges facing the cancer program and develop viable solutions to meet these challenges. These leaders must be able to access and leverage both internal and external resources to their program's advantage. For example, some healthcare systems have patient-experience professionals and experts in Lean and Six Sigma to help with efficiency. The governance committee can also help assess progress toward programmatic change. This leader must foster buy-in by involving appropriate personnel in the process of constructing comprehensive strategic approaches.

time, cancer program leadership has evolved from the private practice oncologist managing his or her own business, to a dedicated practice manager, to a hospital-based administrator, to the multifaceted healthcare leader needed in today's cancer programs.

Today and for the foreseeable future, healthcare systems will function in a matrixed environment, answering to multiple system-level executive leaders and other stakeholders—particularly patients and payers. Deeper administrative specialization is occurring across health systems today with non-clinical professionals now found in departments such as Financial Decision Support, Managed Care, and Revenue Cycle. This specialization allows these operational professionals to focus on labor-intensive activities. Rather than a “manager,” cancer programs today, and in the future, require a specialized administrative leader empowered to focus primarily on strategic efforts, while operational issues become the responsibility of second-level management.

That said, clinical and operational efficiencies need to interconnect seamlessly. Depending on the program size, the future cancer program administrator may be partnered with another leader with a complementary skill set.



## **Knowledge of the Oncology Service Line & the Industry**

Oncology care is complex and a thorough understanding of its unique care delivery environment is essential for the future cancer program administrator. Cancer programs have many moving parts, including:

- Dedicated reception and registration
- Laboratory
- Medical, surgical, and radiation oncology
- Research
- Pharmacy
- Coding and billing
- Cancer registry
- Support services.

---

The future cancer program administrator must also understand the challenge facing the cancer program and develop viable solutions to meet these challenges. These leaders must be able to access and leverage both internal and external resources to their program's advantage.

---

All of these departments have clinicians and support staff that are necessary to the delivery of quality cancer care. An essential part of patient-centered care is seamless care coordination with each patient receiving the right care at the right time. This can only happen if clinicians and support staff are in sync and working together. The cancer program administrator must be the leader who moves the team forward to realize this goal.

Future cancer program administrators must not only focus on what's going on within their program, they must also stay abreast of changes in the broader oncology community and healthcare landscape. Regulatory agencies, such as the Centers for Medicare & Medicaid Services (CMS), and credentialing bodies, such as the American College of Surgeons Commission on Cancer (CoC), propose and implement significant changes to cancer care each year. Cancer program administrators must understand these changes and their programmatic impact.

These leaders also need knowledge and understanding of:

- Local, state, and national regulations that must be met to ensure that the cancer program can keep its doors open and stay in business

- The resources and support available from various foundations, non-profits, and advocacy groups, including the opportunity to partner with these entities to improve care delivery
- Patient assistance and co-pay programs that help patients afford their cancer care and help ensure that the cancer program stays financially viable
- Disease-site-specific patient navigation to meet the unique needs of patients at different points along the cancer care continuum
- Clinical trials access onsite.

## **Refined Communication Skills**

The future cancer program administrator must be a dynamic communicator who can effectively communicate expectations at multiple levels by:

- Commanding a room when speaking publicly
- Effectively communicating with large numbers of staff through email updates
- Using data and metrics to help communicate and support the cancer program's culture and goals
- Personally connecting one-on-one for milestone moments in their staff members' careers.

In addition, the cancer program administrator must be able to articulate the program's vision in many different settings, tailoring the message to each audience—the C-Suite, oncology clinicians, referring physicians, support staff, community leaders, patients, and payers. Through skilled communication, the administrator will work to build support for the program's vision, gather important stakeholder input, and engage staff in making improvements to the program.

## **Visionary Capabilities**

The road ahead is complex, with promising clinical breakthroughs, ongoing regulatory changes, and operational challenges. The future cancer program administrator must solicit input and garner participation from the various vested stakeholders to create a comprehensive vision for oncology care. Quality transparency is at the forefront of healthcare reform and is being increasingly sought by patients and their families. Visionary cancer program leaders will be needed to help define quality within their cancer programs.


As a visionary leader, the future cancer program administrator will look to partner with professional organizations, such as the CoC, the American Society of Clinical Oncology (ASCO), and the American College of Radiology (ACR), to gather clinical data and organize this data in a way that makes sense to clinicians, patients, payers, and the general public.

Cost is another dynamic with increasing public visibility. And—as if quality and cost were not complicated enough issues on their own—the visionary cancer program administrator will

play an active role in helping to synthesize this quality and cost data to determine and define the cancer program's "value" to patients, payers, and society. As we all know, value-based reimbursement gained significant momentum in 2015, and it is here to stay for the foreseeable future.

Moving forward, the vision for cancer care in this country will require comprehensive local resources that are supplemented by clinical affiliations with larger entities, such as universities, NCI-designated cancer programs, and regional healthcare systems. Even geographically-isolated and rural cancer programs will be challenged to develop innovative ways to affiliate with larger entities, for example, in the form of a virtual tumor board or through a clinical research affiliation that will enable these smaller programs to offer clinical trials in their communities. And it is the future cancer program administrator who will lead these collaborative efforts.

## A Bright Future Ahead

Most patients have a choice of where they will receive their cancer care. The future cancer program administrator will work to strengthen a program's reputation within its community, helping to ensure the cancer program obtains a high percentage of patients in its primary and, to a lesser degree, secondary service areas. Cancer care is about delivering the right treatment at the right time. With those words in mind, it is clear that the future cancer program administrator is actually needed today. 

*Brendan Fitzpatrick, MBA, is a manager at Kurt Salmon, Atlanta, Ga. Chad Schaeffer, FACHE, is executive director, Edwards Comprehensive Cancer Center, Cabell Huntington Hospital, Huntington, W. Va.*

## References

1. CMS. Better Care. Smarter Spending. Healthier People: Paying Providers for Value, Not Volume. Available online at: [www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-01-26-3.html](http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-01-26-3.html). Last accessed May 21, 2015.

