ASSOCIATION OF CANCER EXECUTIVES UPDATE

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ACE ASSOCIATION of CANCER EXECUTIVES

WHAT'S INSIDE

ACE Member Bulletin Board

2018-2019 Membership Dues Drive is now underway. If you have not yet completed your dues renewal please click **HERE**. ACE membership dues for 2018-2019 are $275.00 (July 1, 2018 – June 30, 2019). *All ACE members will receive a new portable charger to help you keep all your electronics charged when you are on the go!*

The popular Member Get a Member Campaign is back! ACE members can refer a colleague to join ACE and receive a $50 Visa Gift Card. The new member must put your name in the referred by box to be eligible. We will also be conducting a drawing with all Member Get a Member participants at the ACE Annual Meeting. The winner will receive an Apple Watch!

The ACE Fellowship Program is accepting applications for the 2019-2020 class. To learn more please click **HERE**.

There are several great opportunities currently available on the ACE Job Board. To view click **HERE**.

The Impact of Burnout on Oncology Practices

BY GORDON KUNTZ, COO EXPERIENCE HAPPINESS

THE BURNOUT EPIDEMIC

Burnout – the physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations[i]– coupled with unhealthy stress, is an epidemic among physicians, nurses, physician assistants, and office staff in medical practices across the country. Several studies[ii, iii] show oncologists suffer from greater degrees of burnout than other specialties, with nearly 50% exhibiting physical, emotional, and behavioral signs and symptoms. Oncology nurses and PAs working in oncology practices report similarly high levels.

Think back to when you started in practice; on that first day you were likely hopeful, excited and ready to try something new. But cancer care is a tough business, and today you might find that years of dealing with unwieldy EMRs, overwhelming paperwork, financial and regulatory pressures, long hours, challenging patient situations, and grieving families has taken its toll. If you now find yourself exhausted, unexcited, cynical, and/or emotionally detached from your colleagues, your family, and your patients, chances are that you too are suffering from some degree of burnout.

THE MULTI-FACETED IMPACT

Consequences of long-term burnout include "chronic health conditions, emotional exhaustion, cynicism, a low sense of professional accomplishment, diminished quality of care and increased likelihood of early retirement.[iv]" Importantly, however, burnout affects not only the person experiencing it, but the people with whom they interact in pervasive, insidious ways. Let's explore a few examples of this phenomenon.

Personal Relationships –
Unaddressed burnout impairs one's capacity to problem solve and actually amplifies problems – making them feel somehow insurmountable. Of course, what bothers us at work often follows us home, in turn, making it difficult or exhausting to have positive interactions with the people that matter most in our lives, such as partners, children and friends. Over time, the inability to be present, interested, and interesting can erode cherished relationships that make up our personal support network.

Team –
Burnout shuts down our interest in giving and receiving input, ideas or help – which can undermine team communication and collaboration. Even if a team is deliberately trying to support a burned-out colleague, that person may not be able to receive their help or engage effectively. Gradually, this behavior negatively affects morale, employee engagement, and the collective ability to innovate.

Practice –
Burnout is directly correlated to turnover and lower productivity[v], (impacting productivity by as much as 31%[vi]). Given that the cost to replace an oncologist is between $500,000 and $1 million[vii], and the cost of replacing a nurse is about $100,000, burnout-related turnover exacts an enormous financial toll on practices. Increasing reimbursement pressures, as well as rising labor and drug costs, mean practices can ill afford the cost of burnout.

Patients –
Some of the most troubling consequences of burned out physicians, and clinical and administrative staff effect patients and their families. Not only do practices with high levels of burnout have lower patient satisfaction scores; but lower levels of collegiality and coordination from those in burnout have been shown to compromise patient safety as well.[viii]

BURNOUT IS SYSTEMIC – BUT THERE IS HOPE

Burnout creates a negative spiral both personally and professionally, and is a complex, systemic issue requiring improvement of external factors (such as inefficient work processes, long work hours, heavy workloads, etc.) as well as internal factors (such as the innate ability to reduce stress, enhance personal resilience and cultivate greater wellbeing in the face of challenging, external forces).

Fortunately, organizations such as the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience are curating available research, facilitating knowledge sharing, and spurring action. Also, innovative programs are available today that are proven to measurably reduce burnout, increase resilience and wellbeing, and improve key performance measures, including engagement and patient satisfaction.

Burnout is pervasive in oncology. You and everyone else in your practice are susceptible, but prevention and remediation are possible. The important thing is to do something about it instead of suffering its worsening personal and professional effects. As the weight of burnout lifts, it is possible to feel like yourself again and to return joy to your practice, your patients, your loved ones, and **yourself**.

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[i] Ayala Pines, PhD, Elliot Aronson, PhD, Ditsa Kafry. Burnout: from tedium to personal growth. Free Press, 1981.
[ii] Meg Barbor, MPH "Physician Burnout in the Oncology Practice Setting" Oncology Practice Management. May 2017, Vol 7, No 5.
[iii] "Burnout levels reach 'tipping point' among oncologists" HemOnc Today, February 25, 2017.
[iv] Ibid.
[v] Ibid.
[vi] Global Wellness Summit. "2018 Wellness Trends, from Global Wellness Summit". www.globalwellnesssummit.com. 2018.
[vii] Tait Shanafelt, MD; Joel Goh, PhD; Christine Sinsky, MD. "The Business Case for Investing in Physician Well-being" JAMA Internal Medicine. September 25, 2017.
[viii] "Burnout levels reach 'tipping point' among oncologists" HemOnc Today, February 25, 2017.

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Experience Happiness helps people and organizations thrive through happiness. We offer The Happiness Practice™ (THP) to empower leaders to proactively cultivate individual and organizational happiness while measuring Return On Happiness™ (ROH™) at individual, team, and organizational levels. THP is a transformative life practice proven to simultaneously reduce stress/burnout, increase happiness, and build engaged, high-performance cultures of wellbeing that are strategically empowered to attract, retain and optimize talent.

For more information or comments, please contact Gordon Kuntz at 651.336.463 or gordon@experiencehappiness.biz.

Lahey Health: Rescue Lung Rescue Life Lung Screening Program

BY SHAWN REGIS, PHD

Lung Screening Patient Navigator; Associate Research Scientist, Radiation Oncology

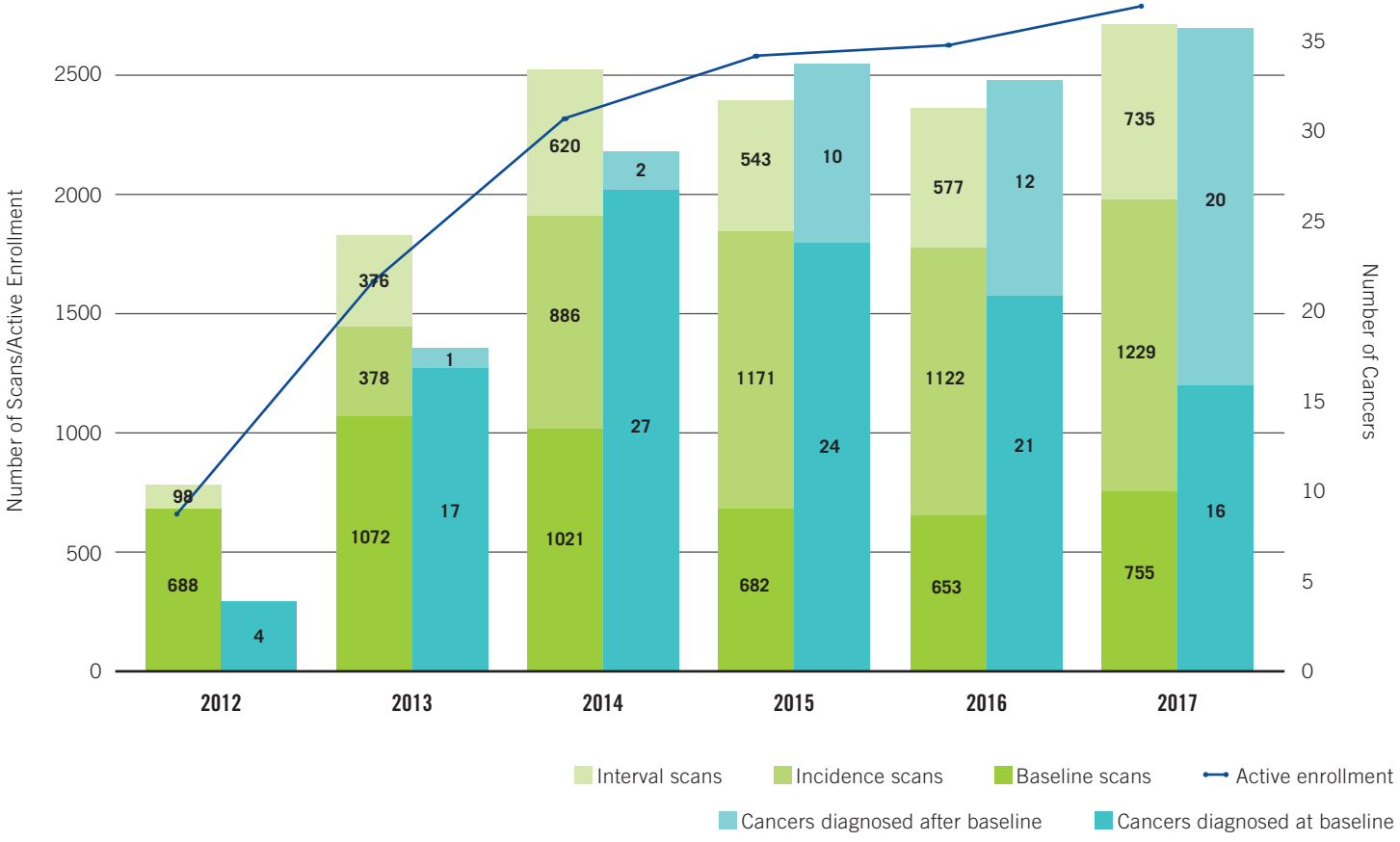
Lahey Hospital & Medical Center (Lahey) started a clinical CT lung screening (CTLS) program as a community benefit in January 2012, shortly after the National Comprehensive Cancer Network (NCCN) published lung cancer screening guidelines based on the National Lung Screening Trial (NLST) results. At that time, the Rescue Lung Rescue Life movement was founded at Lahey with the following mission:

- Save lives through the early detection of lung cancer with responsible CT lung screening
- Encourage the government to establish reimbursement for CT lung screening
- Encourage other centers of excellence in the treatment of lung cancer to offer responsible low cost CT lung screening until CMS establishes reimbursement
- Break down barriers and prejudice faced by those at risk for lung cancer
- Raise public awareness of the power of CT lung screening to save lives
- Provide a platform to explore relevant research questions

The Lahey team originated protocols to ensure safe and effective screening, including the LungRADS structured reporting system based on the BI-RADS® system used in mammography. The program also included integrated smoking cessation for current smokers. Lahey was the first facility in the U.S. to be designated an accredited Lung Cancer Screening Center by the American College of Radiology. Lahey's program serves as a model for CT lung screening and has provided information and assistance to more than 700 CTLS centers nationwide.

Over the past five years, the Rescue Lung Rescue Life CTLS program at Lahey has performed over 13,000 exams on more than 5000 patients and diagnosed 167 lung cancers. 84% of the lung cancers diagnosed have been early stage (≤ stage II). A screen detected stage IA non-small cell lung cancer (NSCLC) is associated with a 90% five year survival rate. In the absence of screening, 70% of lung cancer is found at a late stage (stage III or IV) and has a 17.7% five year survival rate. As a result of the screening program, Lahey detected more early stage than late stage lung cancers in 2015 and 2016. In our program the pre-screen probability of getting surgery for a finding that turns out not to be lung cancer is 0.5%. We also diagnose one incidental non-lung cancer for every 7.5 lung cancers diagnosed.

Figure 1: Lahey CTLS program volume, active enrollment, and cancers diagnosed per year since inception in 2012.



CTLS is now covered by private insurance and Medicare for a group of high risk current smokers and former smokers who have quit within the last 15 years. A not so hidden benefit for the program is improved smoking cessation and relapse rates as compared to the general population. Point prevalence quit rates in Lahey's CTLS program are 20.8%, with annualized rates of 14.5%, compared to 5% for the general population. This is especially encouraging as this is a group of heavily addicted smokers, many of whom are not ready to quit. Additionally, smoking relapse rates are 10 to 20 percentage points lower for those in the Lahey screening program as compared to the general population.

Lahey's large clinical CTLS program has also been an opportunity for research and establishment of quality metrics. Members of the Rescue Lung Rescue Life team at Lahey have authored peer-reviewed manuscripts on a host of important lung screening topics such as experience with and essential elements of a CTLS program [1-3], smoking cessation [4-5], adherence to radiologist recommendations [6], impact of increasing threshold of positive nodule size from 4 to 6mm [7], surgical outcomes [8], and the benefit of screening NCCN high-risk Group 2 [9-10]. The most recent publication [10] found equivalent cancer detection rates between NCCN high-risk Group 2 patients and those already covered by USPSTF/CMS guidelines, suggesting that expanding national CTLS eligibility to include the NCCN Group 2 population offers the potential to save thousands of additional lives each year.

Figure 2: Map of Lahey CTLS program outreach.

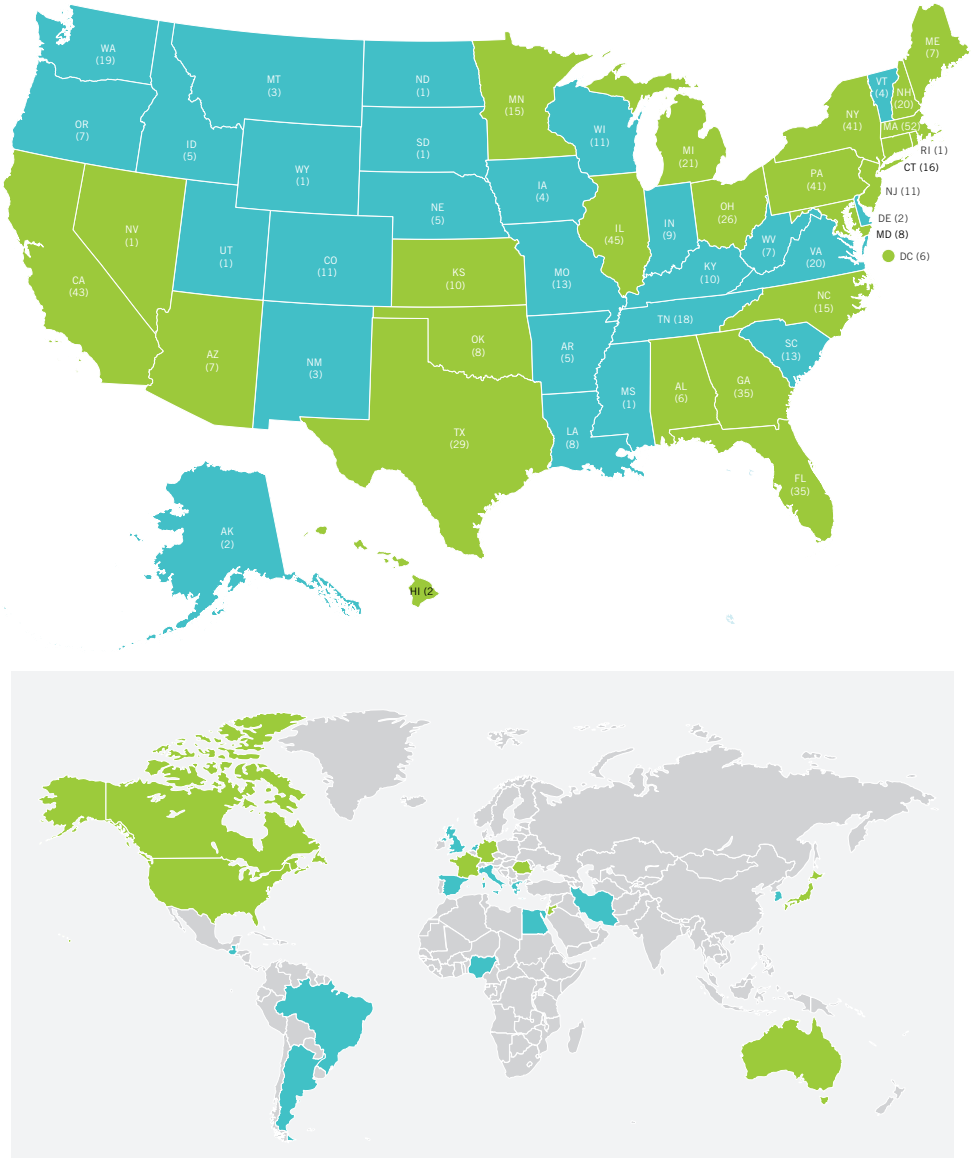


Figure 3: Lahey cancer registry data before and after CTLS program initiation.

Year	Stage I	Stage II	Stage III	Stage IV	Total	Stage I/IV	Early Stage
2010	68	22	29	93	212	0.73	42.45%
2011	74	16	47	68	205	1.09	43.90%
2012	64	20	46	76	206	0.84	40.78%
2013	84	19	48	84	235	1.00	43.83%
2014	72	26	48	74	220	0.97	44.55%
2015	106	21	52	80	259	1.33	49.03%
2016	118	26	46	79	269	1.49	53.53%

Figure 4: Care escalation for suspicious (LR4) findings in CTLS program.

Intervention	% LR4 Patients	Dx Lung Cancer	Pre-Test Probability of FP Intervention (Lung Cancer)
Non-Invasive			
Specialty Consultation	96.2%	37.9%	6.1%
Follow Up CT/LDCT	66.7%	25.9%	5.1%
PET/CT	56.0%	53.9%	2.6%
Invasive			
Diagnostic Biopsy	27.0%	70.9%	0.8%
Percutaneous	12.6%	65.0%	0.5%
Bronchoscopic	17.0%	74.1%	0.5%
Surgical	2.5%	62.5%	0.1%
Surgical Resection	25.5%	81.5%	0.5%

Lahey has collected nasal epithelial brushings, serum, and plasma samples longitudinally for the past four years on patients enrolled in our CTLS program. To date, Lahey has collected over 2500 samples from over 2000 patients resulting in one of, if not the largest banks of biospecimens in CTLS in a clinical setting. These are proving to be invaluable for research into the molecular analysis of lung cancer, both our own and in collaboration with other institutions. One project is profiling messenger and microRNA from the nasal brushing in an effort to identify biomarkers to aid in the differentiation of benign and malignant nodules. A second study is analyzing genomic characteristics in distinct histological subtypes of lung adenocarcinoma: in an effort to better understand the molecular basis of aggressive and indolent tumors.

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International Oncology Leadership Conference – Join Us in Italy!

Summer Early-bird registration is open for the 2nd International Oncology Leadership Conference. ACE members are eligible for a 20% off registration discount with the code "Partner2018" along with summer early-bird pricing available till August 31st. Airfares are at historic levels right now to travel to Europe from US. Several low cost carriers provide service to Malpensa Airport (MXP) and Linate Airport (LIN).

IOLC

INTERNATIONAL ONCOLOGY LEADERSHIP CONFERENCE

IOLC 2018 will be held in Milan, Italy from November 4-6, 2018 at the Hotel Excelsior Gallia. IOLC is a partnership with the Association of Cancer Executives, Humanitas Cancer Center and Hauck & Associates, Inc. Attendees will be able to come in early or extend their stay as the discount hotel rate is available three day before and three days after IOLC.

IOLC attendees will have the opportunity to tour the largest cancer center in Italy on day one of IOLC and then two days of sessions and networking opportunities at the Hotel Excelsior Gallia located in the Milan city center close to the historic Duomo, Brera Design District, Navigli neighborhood, world class museums along with some of the best shopping in all of Europe.

Here is a preview of the sessions to be presented in Milan:

- Bending the Cost and Quality Curve – How Nations judge their Clinical Quality of Care
- Economics of Cancer Care: Access to Budgetary Decisions and Negotiations related to Pharmaceutical Pricing
- Cost of Cancer Care Internationally - Global Value and Access
- Networking Opportunities and Pitfalls: A Tale of Four Cities
- MD and Administrator Burnout
- The United Nations of Oncology: How Sarah Cannon has brought together programs, people, processes and places to form a united front in the fight against cancer
- Rethinking Fight against Cancer from a Determinants of Health Approach
- Patient satisfactory and delivery – Measuring Outcomes

We received very positive feedback from IOLC 2017 attendees as this is a very unique meeting bring cancer center administrators together from around the world. Attendees will be able to learn different perspectives from international peers.

2018 IOLC PLANNING COMMITTEE:

Co-Chairs:

Dave Gosky, Markey Cancer Center—University of Kentucky
Camille Grosso, Humanitas Cancer Center

Committee Members:

Nancy Bookbinder, Oncology Resource Consultants, Inc.
Cindy Chavira, Samuel Oschin Comprehensive Cancer Institute
Teresa Heckel, T & C Consulting
Shreya Kanodia, Moores Cancer Center at UC San Diego Health
Luis Lasalvia, Siemens Healthineers
Brian Mandrier, Association of Cancer Executives/Hauck & Associates, Inc.
Kevin Massoudi, Varian
Linda Weller Newcomb, Lahey Health Cancer Services
Ollieta Nicholas, UT MD Anderson Cancer Center
Roger Saadeh, Sante Care
Didier Verhoeven, University of Antwerp

Important IOLC Links:

- IOLC Conference Website: http://oncologyleadership.org/
- IOLC Hotel Booking Website: https://www.starwoodmeeting.com/events/start.action?id=1804208534&key=29CC30A0
- IOLC Registration Website: https://www.regonline.com/IOLC2018

If you have any questions on IOLC or travel/hotel please contact ACE Executive Director Brian Mandrier.