Transforming the Patient Experience

By Jan Willemse, ZGF Architects LLP

As we all know, living with cancer is never easy – certainly not for the patients, not for their family and friends, and not for their caregivers. Most Americans will experience the difficult consequences of a cancer diagnosis themselves or through someone they know or love. Often the intense demands of treatment can severely disrupt daily lives and exact significant physical and psychological tolls, leaving patients and their loved ones longing for respite.

Memorial Sloan Kettering Cancer Center (MSKCC), the world’s oldest and largest private cancer center, is extremely active in pursuing treatment options and settings that optimize the cancer care experience for all involved, and in lessening the negative impacts of the disease. Through their Strategic Planning and Innovation Group, and their Design + Construction Group, MSKCC seeks to provide treatment and environments that assist all possible aspects of healing, and to give patients and their loved ones opportunities to take back some control of their lives.

For the Brooklyn Infusion Center, MSKCC engaged ZGF Architects LLP to work on the creation of a facility that would support a new “chemo-ready” model of streamlined chemotherapy treatment. Completed in October 2010, it’s the first prototype center developed by MSKCC to enhance the patient care experience by drastically reducing patient wait times and conveniently locating treatment facilities in a residential neighborhood. Patients are made “chemo-ready” by performing blood work and other screening procedures the day before in MSKCC’s Manhattan facilities, then provided the chemotherapy treatment on a personalized basis at the Brooklyn center.

The “chemo-ready” model was the result of research with patients, family and staff on the chemotherapy process. This involved a series of observations, interviews with MSKCC staff; ‘shadowing’ of patients, and workshop charrettes. The process analyzed the physical movement of patients and staff within the space while utilizing full scale mockups to test the physical and psychological parameters at work in the “chemo-ready” operational proposal. Ultimately these explorations confirmed efficiencies.

The Brooklyn Infusion Center transforms ordinary ground floor storefront space into a bright and welcoming clinic that also serves as an art gallery.

ACE Oncology 101: An Education in Cancer

By Ryan Jowers, MBA, Associate Clinical Administrator, Department of Hematology & Medical Oncology, Emory University School of Medicine, Winship Cancer Institute

In August 2009, I joined the Winship Cancer Institute at Emory University in Atlanta, Georgia, as an Associate Clinical Administrator in the Department of Hematology and Medical Oncology. Prior to this position, I had worked elsewhere at Emory managing large academic program projects which had provided sparse exposure to cancer operations and methodologies. Upon my arrival in my new position, the Executive Administrator for our center suggested I join the Association of Cancer Executives (ACE) and sign up for the ACE Oncology 101 pre-conference program, presented in conjunction with the January 2010 ACE Annual Meeting in San Diego, California. I reviewed the agenda for the meeting and felt that by attending I could learn more of the nuances of the business of cancer.

Mother Nature on the other hand felt differently. As I waited at the airport in Atlanta to board my flight to San Diego, the worst ice storm in over two decades hit the metro area. With no flights in or out of the city I was resolved to missing my first ACE conference. Flash forward a year and I am now a ‘seasoned’ cancer administrator who gave thought to foregoing the opportunity to participate in the ACE Oncology 101 program at the 2011 ACE Annual Meeting in New Orleans. My assumption was that by now I was well versed in most of the topics that would be covered during the meeting.

However, upon further review of the agenda I realized that many of the topics, including talks on strategic planning, maximizing a matrix organization, and how best to use a consultant were extremely relevant for my job and many of the projects that were currently underway here at Emory. So I changed my mind and registered for the ACE Oncology 101 one-day program.

An Eye-opening Day

The Oncology 101 program was filled with interesting speakers and opportunities to engage others on specific topics and
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Expanding Community Cancer Care through Professional Services Agreements

By Chad Schaeffer, FACHE, Partner, Oncology Solutions, LLC
& Kelley D. Simpson, Senior Partner, Oncology Solutions, LLC

Hospitals and physicians have always needed each other. But recent changes in the health care landscape and regulatory environment have underscored the importance of a strong alliance between the two — not just as sound business practice, but as a necessity for ensuring quality of care and long-term viability in the new era of value-based health care.

In the face of increasing demands for high quality, efficiency and affordability by private and governmental payers as well as consumers, even specialties like medical oncology that have traditionally been hesitant to combine forces with hospitals, are taking a fresh look at how they can leverage their collective strengths to better serve the needs of their patients.

Trends Fueling the Drive for Hospital-Oncologist Alignment

Several key market conditions are driving this shift in the oncology landscape including:

• Expanding and emerging patient profile—exponential cancer incidence and survivorship growth
• Frequent cuts to Medicare reimbursement for cancer care
• More private payers are following Medicare reimbursement trends and rate cuts
• Growing Medicare patient population without secondary insurance coverage
• Many cancer drugs are being reimbursed by Medicare at rates below cost
• Increasing cost of operating medical oncology practices

and neighborhood resource for health advocacy presentations. It occupies 7,745 SF and has the capacity to accommodate 30 patients on a daily basis. As patients enter they are met by a staff member in the lobby or can opt for the self check-in monitor; there is no traditional waiting room. Patients then move directly to their preferred treatment space, where a nurse does a final check and chemotherapy begins. Each visit patients select from the tranquil, private treatment pods or choose an interaction space in the Central Garden instead.

Inspired by New York’s urban “pocket” parks, the Central Garden forms the heart of the facility and includes conversation areas, a library, and a communal table that allows for shared activities. These social spaces are provided for times when patients feel well enough to gather with caregivers and other patients. The treatment pods are staggered along each of the Garden’s long edges, with visual and physical access to the amenities. Planters, vegetation and a water feature define the Garden’s spaces, creating texture and color along circulation paths, and providing a calming sense of connection to natural elements. This design approach incorporates biophilia, with its growing body of medical and psychological research indicating that patient recovery accelerates when they are connected to nature.

There is also a Flex Treatment Room that allows MSKCC to offer alternative health treatments such as yoga and meditation, as well as complementary therapies such as acupressure, Reiki massage, and relaxation techniques. A novel chemotherapy chair in the treatment pods includes a touch-screen interactive system enabling patients to call a nurse, get some work/shopping done on the Internet, or make videophone calls with friends and family. The chair also incorporates controls for lighting and temperature in the pods. Family and patient amenities are integrated into each pod, such as built in sofa and storage.

The Community Gallery was placed at the street frontage to serve as a visible neighborhood resource for health advocacy presentations and community outreach events such as lectures and seminars about cancer prevention, screening and treatment. It also doubles as gallery space for artists and patients who wish to display exhibits related to their experiences with cancer. MSKCC has partnered with local Brooklyn artists to infuse a meaningful, colorful and lively art program into the facility. These features provide a special presence from the street, and help foster a unique identity for the Brooklyn Infusion Center.

Through creation of a facility that promotes feelings of sanctuary and safety, in maximizing patient choice and control of their treatment experience, and in minimizing the stresses associated with the daily battle to achieve wellness, MSKCC’s Brooklyn Infusion Center strives to provide their patients with as much normalcy and connection to a full and engaged life as possible. For all those who have cancer as a part of their daily lives, there is real promise in these aspirations.

“Brooklyn Infusion Center transforms ordinary ground floor storefront space into a bright and welcoming clinic that also serves as an art gallery and neighborhood resource for health advocacy presentations.”
in "other" practice settings (2%). But, perhaps the most telling survey responses were in the physicians’ predictions of the future: only 15% envisioned their practices/business structure remaining "unchanged and viable" for at least 5 years, while 19% said they are "changing now" and 53% predicted they will be stable only for "the foreseeable future."

Searching for new ways to grow and run their business in this new health care environment, oncologists are increasingly turning to their local hospitals for support in this regard. And hospitals are responding with a variety of partnership strategies that don’t necessarily involve employment of physicians by a hospital or a hospital-owned medical group.

**Professional Services Agreement**

Professional Services agreements (PSAs), while not new to health care, are gaining traction in oncology care as a collaboration strategy that provides not only an alternative to physician employment, but a framework for achieving both hospitals’ and physicians’ common economic and patient-centered goals.

In a PSA, the hospital or health system contracts with an independent medical oncology physician group to provide professional services within a Provider-Based Clinic model. Typically, because all professional services (e.g., office visits, office procedures, and hospital visits) are included in the contract for professional services, the oncology group no longer bills patients and payers for any services. Instead, the oncology group assigns its claims to the hospital, which takes on the roles of provider of service and responsible billing party. This model offers several distinct advantages for medical oncologists in private practice. Not only are the oncologists able to retain their independence; but also, depending on the terms of the PSA, they can often have other practice locations and maintain desired and appropriate staffing levels.

**Physician Benefits**

A PSA can also reduce the oncology practice’s overhead and cost structure. Under a PSA agreement, the hospital will either lease or directly employ the clinical staff providing the chemotherapy drugs, and pay for all or most of the space required, greatly reducing the practice’s overhead and risk. In addition, the hospital assumes the billing for chemotherapy, infusion and injection services and compensates the oncologists at a fair market value rate for their medical oversight and direct patient care management of these services. Depending on the shared goals of the physician group and hospital partner, a PSA may also compensate groups for defined administrative services for overall clinic operations, quality metrics, oncology service line medical director duties, etc., establishing more of a co-management infrastructure for the service.

**The Hospital’s Perspective**

The PSA model provides distinct benefits for hospitals as well in terms of addressing the continued risk of early physician retirements and the difficulty in recruiting new physicians in key specialties. The model can also serve as a vehicle for the introduction of electronic health records technology, increased physician engagement and enhanced quality improvement through the

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Professional Services Agreements  
> Continued from page 4

development of clinical standards and best practices. Additionally, the PSA often also presents opportunities for medical oncologists (assisted by hospital staff) to build integrated programs for clinical trials and realize new revenue sources within the oncology service line.

Hospitals that are eligible to participate in the 340B drug pricing program can realize additional benefits by re-invest the savings of drug costs in other cancer program capital projects and/or services such as supportive care, prevention and screening, patient navigation, survivorship, and others that are needed by at-risk and underserved populations in their community and are often not reimbursed.

Determining Fair Market Value
It is important in establishing a PSA that the arrangement makes business sense for both parties and that the compensation matches the services being provided under the arrangement.

Conducting a third-party valuation for the PSA is a critical step in ensuring that the arrangement is financially sound and complaint with federal and state anti-referral laws (such as anti-kickback statutes and the Stark laws). Stark laws mandate that what hospitals are paying for the practices and what they are paying physicians in compensation must be fair market value and commercially reasonable. Regulatory entities define commercial reasonableness as an arrangement that would make commercial sense if entered into by a reasonable entity of similar type and size and a reasonable physician of similar scope and specialty, even if there were no potential business referrals between the parties.

In today’s regulatory environment, the question of value is not only more closely scrutinized, but can be costly. Paying too much or paying for the wrong thing could be deemed a breach of fiduciary duty or can be found to violate laws that can lead to significant fines, penalties, suspension or expulsion from Medicare or even criminal convictions. Physicians can also face severe penalties and even jail time for accepting illegal payments.

Engaging an independent valuation firm, skilled in oncology-specific compensation models, can help hospitals and oncologists ensure that the fair market value assessment is accurate relative to local and national benchmarks.

Financial Modeling
Once the parties have a definitive fair market valuation for the proposed model/services to be provided under the PSA, financial modeling is critical in forecasting the expected financial performance for the medical oncology group and establishing a viable, long-term strategy. The financial models need to consider the proposed payment terms under the PSA and the new costs that will be incurred by the hospital in order to offer the infusion services as hospital, provider-based clinic services. Outside legal assistance is also needed throughout the PSA process to help eliminate the guess work and avoid any potential risks involved during the structuring of these ventures or the development of the legal contracts.

Building a Future Together
While Professional Service Agreements provide a viable option for oncology groups and hospitals when containing costs, attracting patients and maintaining financially viable oncology clinics, it is important to remember that alignment is an ongoing effort that continues beyond implementation of the PSA. It’s a long-term relationship that can always be strengthened and must be dynamic and responsive to changes in the marketplace and oncology landscape.

Chad Schaeffer, FACHE, is a partner with Atlanta-based Oncology Solutions, LLC; Kelley D. Simpson, senior partner. Founded in 1973, Oncology Solutions is the largest independent, oncology-specific consulting firm. The company provides a wide range of strategic, programmatic, and financial advisory services to help health care organizations of all types and sizes to advance their cancer programs.
questions pertaining to our individual cancer centers as well as general cancer center administration. One of the most eye-opening talks for me was the “Cancer ABCs – Terminology We Use Every Day”. I had never stopped to consider how many acronyms we use in our daily tasks. I also did not realize just how many cancer organizations and accreditation bodies exist or the vast number of different cancer models we implore within our centers. Getting to review these terms with others in our industry was refreshing and painted a much broader picture of the cancer landscape. I enjoyed the talks and thought that the smaller, more intimate group size was ideal for making acquaintances with other cancer center and ACE leaders.

I found the ACE Oncology 101 program to be very thought provoking and I wondered how ACE could further develop cancer leaders. During the course of the presentations I contemplated the development of an ACE Administrative Fellows program. A number of the talks gave credence to the idea of having a one-year fellowship program that aims to develop the next generation of outstanding cancer executives. A program that could provide fellows with the opportunity to gain a greater understanding of community and academic cancer center operations, all while preparing them for leadership positions within their organizations. After discussing this idea in detail with several other 101 participants, I quickly scratched together some notes and presented the fellowship concept to the ACE board members I had met during the meeting. I’m excited to say that this idea is under consideration by the board for possible future implementation. Without the 101 program, this idea and the connections to have it evaluated would never have happened.

**Great opportunity**

The great opportunity for learning and engaging others in our cancer community is easily worth the time you will put into attending this course. I strongly encourage those that have not attended the Oncology 101 sessions in the past to do so at the 2012 ACE Conference in Savannah, Georgia. Whether you are new to cancer administration or a seasoned professional seeking a refresher course, I know you will learn something new and meet some outstanding individuals during this portion of the conference.

See the Oncology 101 Schedule of Events for 2012 on page 13.
President’s Message
William Laffey
System Director, Cancer Services
Aurora Health Care

What’s your purpose? Not yours as an individual, but the purpose of your organization? I’ve had the pleasure of hearing Roy Spence speak on this subject a couple of times over the past few years. Roy has helped a number of organizations achieve greatness by obsessing about one big idea: purpose. Purpose is a definitive statement about the difference you are trying to make in the world. To quote Roy, ‘especially during times of economic uncertainty, purpose is the key to creating and maintaining a high performing organization’. Does ‘economic uncertainty’ sound familiar? What do you really stand for? Do your employees feel like what they do matters? Would your physicians and patients miss you if you ceased to exist? Difficult questions, but the answers may hold the key to your organizational success.

Roy’s clients include Southwest Airlines (‘we give people the freedom to fly’) and Walmart (‘saving people money so they can live better’). The purpose of my own integrated system is ‘we help people live well’. We should challenge ourselves to:

– see an opportunity that no one else sees;
– start asking ‘why’; and
– engage your best and brightest by any means possible.

Make a difference and, with some effort and some luck, make history.

You may recall that the purpose of ACE is “leadership development of oncology executives through continuing education and professional networking.” What better segue to another reminder about our 2012 Annual Meeting in Savannah, where you can accomplish both! Early bird registration for the meeting remains open until December 19, as does the hotel discount. Please review the program developed by the Education Committee to see the excellent sessions we will have available (see pages 9–15). Be there in time to join us at the welcoming reception. Learn more about ACE and our committees at breakfast the first day. And, if you are a newer executive, plan to join us for the one-day, Oncology 101 pre-conference program on January 18.

As far as reminders go, please remember to pay your member dues if you haven’t done so already. The lifeblood of any organization is an active membership. Thanks for being a part of ACE — we hope you continue to make a difference.

At Duke Realty, we understand that cancer center programs require a multidisciplinary team approach, mutually benefiting the relationship between patients and caregivers. Such programs require a facility designed and built to support a comfortable and healing environment with integrated technology.

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Dukerealty.com/healthcare
Successful referrals will receive a $25 AmEx gift card*.  
**Referral deadline is October 31, 2011. These are the rules:**

- Your name must appear on the new member’s online application and your ACE membership dues must be current.
- The new referral must be registered and in attendance at the ACE 18th Annual Meeting in Savannah.
- Claim your gift card at the Annual Business Meeting during the ACE 18th Annual Meeting in Savannah.

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**ACE Members on the Move**

Effective in April 2011, **Matt Sherer** (pictured at right) has taken a new role as the Oncology Service Line Administrator with Tallahassee Memorial Healthcare, Inc. in Tallahassee, Florida. Matt is responsible for all oncology services within the organization which include radiation oncology, medical oncology, infusion, tumor registry, navigators, clinical research, and inpatient unit. Previously, Matt was the Administrative Director with the John B. Amos Cancer Center in Columbus, Georgia.

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**ACE Welcome New Members**

**Kevin Giordano**  
Executive Director  
Dana Farber/Brigham & Women’s Cancer Center in Clinical Affiliation with South Shore Hospital  
101 Columbian Street, Suite 201  
Weymouth, MA 02190  
781-624-8548  
kevin_giordano@sshosp.org

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**Katie Michaud, MPA**  
Administrative Director  
MaineGeneral Medical Center  
Harold Alfond Center for Cancer Care  
361 Old Belgrade Road  
Augusta, ME 04330  
207-626-4859  
k michaud@mainegeneral.org

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**John Skora, MBA**  
Administrator  
Baylor College of Medicine  
One Baylor Plaza  
MS; BCM305  
Houston, TX 77030  
713-798-2088  
jskora@bcm.edu

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**Kris Smith, RN**  
Administrator  
Columbia University Breast Cancer Program  
Columbia University Medical Center  
161 Fort Washington Ave., 10th Floor Suite 1016  
New York, NY 10032  
212-342-3911  
ks2666@columbia.edu

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**ACE Member {Get-A-Member} Campaign Starts Now!**

Refer a NEW ACE Member to attend the ACE Annual Meeting and get a reward!

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**Successful referrals will receive a $25 AmEx gift card*.  
Referral deadline is October 31, 2011. These are the rules:**

- Your name must appear on the new member’s online application and your ACE membership dues must be current.
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*One gift card per referral. No limit on how many cards one person can receive. Please contact ACE HQ with any questions:  
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WEDNESDAY, JANUARY 18

ALL DAY  Oncology 101 Pre-Conference Program*
          *Separate registration fee applies; see agenda on page 5

6:00PM - 7:30PM  18th Annual Meeting Welcoming Reception & Foundation for Hospital Art Painting Project
                 (Sponsored by Pyramid Healthcare Solutions)

The Foundation for Hospital Art is dedicated to softening hospital environments with colorful paintings, wall murals and ceiling tiles. ACE attendees will have the opportunity to help paint a pre-drawn, color-coded design that will be donated to a needy hospital.

THURSDAY, JANUARY 19

7:00AM - 5:30PM  Registration Desk

7:30AM - 8:00AM  Networking Breakfast

7:30AM - 8:00AM  ACE Volunteer Committees Roundtable
                 (All welcome)

8:00AM - 9:00AM  Welcome & Opening Remarks

  • William Laffey, ACE President, Aurora Healthcare
  • Linda Ferris, PhD, ACE President-Elect, Centura Health

Keynote Address

  • Dr. Otis Brawley, FACP, Professor, Hematology & Medical Oncology, Winship Cancer Institute of Emory University; Chief Medical & Scientific Officer, American Cancer Society, Inc.

Dr. Brawley will review the cost of healthcare in the U.S., health outcomes in the U.S. vs other countries, waste and inefficiencies in American healthcare, and the need for rational use of healthcare to avoid rationing of healthcare.

9:00AM - 10:00AM  ASCO Highlights 2011

  • Dr. Robert Wolff, University of Texas MD Anderson Cancer Center

Dr. Wolff, Deputy Division Head of Cancer Medicine at MD Anderson Cancer Center in Houston, will provide an overview of significant clinical research discoveries which were presented at the 2011 American Society for Clinical Oncology Annual Meeting in Chicago. In addition, the implications of these discoveries for oncology administrators will also be shared.

10:00AM - 10:30AM  Coffee Break

10:30AM - 11:30AM  Engage Every Age: How to Effectively Leverage the Strengths of Each Generation

  • Anne Loehr, Anne Loehr & Associates

  “Understanding a generation’s defining characteristics and core values can help businesses create products and craft messages that capture the customer’s attention.” – Yankelovich Report

To communicate clearly with each generation in today’s workplace, you need to understand the political, societal and technological events that shaped each generation’s core beliefs and values. Once you understand the history, traits and culture of each generation, you can then better speak their language, which builds rapport and trust. The result? Higher sales, improved bottom-line results and increased employee retention.

This engaging and dynamic presentation will help leaders bridge the gap between Gen X, Gen Y and Baby Boomers. Anne Loehr will discuss:

  > The workforce of the future
  > The personality traits, and key differences, of each generation in today’s workforce
  > How to communicate effectively with each generation
  > Practical tips and advice on bridging the gap amongst Gen X, Millennials and Baby Boomers

11:30AM - 1:00PM  Explore Savannah / Lunch on your own

1:00PM - 2:00PM  Cancer Prevention – National Institutes of Health Perspective

  • Dr. Lori Minasian, Acting Director of Cancer Prevention, NIH

Session description TBD

CLICK TO REGISTER ONLINE  www.regonline.com/ACEmeeting2012
THURSDAY, JANUARY 19 (continued)

2:00PM - 3:00PM  VARIAN PLATINUM KEYNOTE SPEAKER

New Techniques for Brain and Body Radiosurgery

• Dr. Joshua Lawson, UC San Diego Moores Cancer Center
This session will discuss evolving techniques using IMRT, IGRT, and RapidArc, focusing specifically on the stereotactic radiosurgery treatment process at UCSF. We have developed a novel entirely noninvasive approach which optimizes patient comfort and efficiency by using a video-based motion management system. Dr. Lawson will discuss this development and also the application of a similar approach to body radiosurgery.

3:00PM - 3:30PM  Opening EXPO Hall Break

3:30PM - 4:30PM  Addressing Safety of Therapeutic Radiation

• Dr. Craig Stevens, Chair, Radiation Oncology, Moffitt Cancer Center, Tampa, FL
Dr. Stevens will share his institution’s recent experience in the realm of patient safety in the Radiation Oncology setting. Participants will understand the role of “Failure Mode Effect Analysis” (FMEA) in analyzing and reducing risk of treatment errors. They will also learn the areas of treatment process that are most likely to cause errors and technique(s) for addressing these.

4:30PM - 5:30PM  National Cancer Institute Cooperative Group Reorganization

• Dr. James Abbruzzese, Chair, National Cancer Institute Clinical Trials Advisory Committee
Dr. Abbruzzese will present an overview of the recent reorganization of the NCI’s Cooperative Groups. The cooperative group mechanism enables the conduct of investigational clinical trials in community settings across the U.S. with the goal of enhancing the timeliness of patient accrual. The reorganization has the potential to impact the pace with which clinical trials are completed and findings are translated to patient care.

6:00PM - 7:30PM  Opening Reception in EXPO Hall

7:30PM  Dine-Around Networking Event
Enjoy dinner at one of Savannah’s best restaurants while spending time your colleagues and making new acquaintances. Sign-up will be available at registration desk. (Transportation is on your own; dinner is Dutch-treat.)

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FRIDAY, JANUARY 20

7:30AM - 5:30PM  Registration Desk

8:00AM - 9:00AM  Breakfast in EXPO Hall – Last Chance to Visit with Exhibitors

9:00AM - 10:00AM  ELEKTA PLATINUM KEYNOTE SPEAKER

Creating True Partnerships to Improve Operational & Financial Performance in Challenging Times

• James Yates, MSPH, MBA, FACHE, Swedish Cancer Institute
Across the U.S. and around the world, oncology centers are facing the new realities of developing Accountable Care Organizations to deliver consolidated care for more patients in more efficient and cost-effective ways. Critical success factors for delivering improved patient outcomes and bottom-line results for hospital administrators and payers is the ability to develop long-term technology plans and standardized operational practices. Doing so can significantly improve cancer care executives’ operating performance, while providing new treatment options for expanding volumes of patients without sacrificing the quality of care. Join this discussion of how one center is partnering with a medical technology firm to implement best of breed technologies and elevate operations across multiple centers in a challenging operating environment to deliver on the promise of better patient care while maintaining profitability.

10:00AM - 11:00AM  BREAKOUT SESSIONS – Concurrent

Practical Solutions to a Complex Problem – How to Introduce Multidisciplinary Care in a Community Practice Setting

• Rhonda Mealor, Senior Managing Partner, Oncology Solutions, LLC
• Todd Stevens, MBA, President & CEO, Mary Bird Perkins Cancer Center
Hospitals and physicians both want the same things for their patients and families — high quality, coordinated care. But often a fragmented delivery system creates barriers and causes unnecessary delays that prevent providers from providing the best possible experience to their patients. Learn how multidisciplinary care teams are helping one community bring hospital staff and medical providers together to improve overall clinical quality and efficiency through the continuum of care — from diagnosis to treatment through recovery and survivorship and beyond.

Addressing Cancer Care Costs from an Employer’s Perspective – Initiatives to enable employees to live and work in a healthy way

• Timea Zsiray, Oncology Marketing Manager, GE Healthcare
Cancer is a complex, costly condition to treat. Emerging trends in cancer care – such as focusing on prevention – are opening up opportunities to drive savings. This Fortune 500 company is focusing on strategies to build a culture of health by providing employees with the resources they need to get and stay healthy and become active consumers of healthcare.

11:00AM - 11:30AM  Coffee Break

CLICK TO REGISTER ONLINE  www.regonline.com/ACEmeeting2012
Managing Cancer Survivorship in the Community Setting: Lessons Learned

- Scott Siegel, Ph.D., Director of Survivorship, Christiana Care
  A discussion of the lessons we’ve learned over 5+ years from implementing survivorship programming and care in the community setting.

Maximizing Your Cancer Registry Database

- Suzanna Hoyler, Hoyler & Associates
  Your cancer registry is somewhat of a “gold mine” from many viewpoints. This session will cover the unique features of a cancer registry and how to maximize the use of this rich data source for strategic planning, cancer research, and quality outcome measures. Capturing accurate registry data and utilizing it to the benefit of your cancer program’s growth and development should be a “win-win” situation.

12:30PM - 1:30PM  Lunch & Annual Business Meeting

1:30PM - 2:30PM  BREAKOUT SESSIONS - Concurrent

Physician Integration Models for Growth and Financial Success: Critical Terms of the Relationship

- Teri Guidi, MBA, FAAMA, Oncology Management Consulting Group
  This session will present an ongoing case study of a community hospital seeking to integrate medical oncology and infusion services between the hospital and a private physician practice. The presentation will take the audience through the presenters’ experiences, from the initial conversations through analysis and negotiation including the numerous critical factors that emerged, at times changing the entire landscape.

Defining Accountable Cancer Care

- Allison Cuff Shimooka, The Advisory Board Company
  The concept of accountable care has officially entered the health care lexicon as a means to drive value in care delivery – more specifically, superior outcomes at a lower cost. Considerable uncertainty remains regarding how accountable care principles will translate into actual reform, particularly given the fragmented nature of health care that exists today. This research will present insights into how oncology fits into the larger framework of accountable care and will include concrete guidance on what can be done to build the foundation for long-term success.

2:30PM - 3:00PM  Break

3:00PM - 4:00PM  BREAKOUT SESSIONS - Concurrent

Breaking Bad News: Skills and Approaches for the Cancer Executive

- Dr. Walter Baile, University of Texas MD Anderson Cancer Center
  This session will enhance the skills and abilities of administrators to communicate bad news. Dr. Baile, Professor in the Department of Behavioral Science at MD Anderson Cancer Center in Houston, will apply years of experience in teaching these concepts to clinicians relative to patient care to the world of oncology administration. Dr. Baile will share practical techniques for how to turn potentially difficult and contentious discussions into ones that are productive and effective.

5:00PM - 7:00PM  Savannah Ghost Walking Tour

This group tour takes you though the old colonial streets of the historic district where you will learn about local legends, hauntings, and even the occasional house exorcism.

SATURDAY, JANUARY 21

7:00AM - 12:00PM  Registration Desk

7:30AM - 8:00AM  Breakfast

8:00AM - 9:00AM  BREAKOUT SESSIONS - Concurrent

Nurse Navigation – Great for Patients, Great for the Bottom Line

- Esther Desimini, HCA Capital Division
  Making the case for an oncology nurse navigator is described via a review of the impact on patient outcomes, improved experiences and hospital returns. Utilizing one health system’s experience, the business case and processes for operationalizing navigation is reviewed which ultimately reflected positive growth and financial return.

Don’t Let the Dashboard Block Your View of the Road – Developing a National Oncology Dashboard

- Teresa Heckel, CHI National Oncology Service Line
  Do you really know how your cancer program is performing? Do you struggle with identifying meaningful metrics, acquiring appropriate data and getting the team on board to respond to areas of low performance? Learn how a large, national health system brought people and processes together to create a meaningful, actionable national oncology dashboard.

9:15AM - 10:15AM  Accreditation Under the New ACoS Standards

- Dr. Daniel McKellar, FACS, American College of Surgeons
  This session will cover the major changes from the former standards, explain the rational behinds the changes, and discuss strategies for successful compliance.

10:30AM - 11:30AM  Cancer Quality & Public Reporting

- Dr. Stephen Edge, President CoC/Breast Surgeon, Roswell Park Cancer Institute
  Learn about the Roswell Park Cancer Institute experience with public reporting of cancer quality and outcomes. Understand the Commission on Cancer’s focus on public reporting of quality. Determine if your cancer program is prepared to publicly report on its quality and outcomes.

11:30AM  Adjourn
New oncology administrators, new ACE Members, and those seeking a refresher course are urged to attend the one-day program, Oncology 101 on Wednesday, January 18. This program precedes the ACE Annual Meeting and will prepare you for the topics and issues that you will face as an oncology executive.

**WEDNESDAY, JANUARY 18**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>8:00AM – 9:00AM</td>
<td>ACE New Member/Mentor Breakfast</td>
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<tr>
<td>9:00AM – 9:15AM</td>
<td>Welcome Remarks</td>
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<td>Oncology 101 Program Co-Chairs:</td>
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<td></td>
<td>• Brian McCagh, FACHE, ACE Past President, Greater Baltimore Medical Center</td>
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<td>• Kelley Simpson, Senior Partner, Oncology Solutions</td>
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<td>9:15AM – 9:45AM</td>
<td>What is ACE? How You Can Get Involved</td>
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<td>• Linda Ferris, PhD, ACE President-Elect, Centura Health</td>
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<td>9:45AM – 10:45AM</td>
<td>Cancer ABCs – Our Everyday Terminology</td>
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<td>• William Laffey, ACE President, Aurora Healthcare</td>
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<td>10:45AM – 11:30AM</td>
<td>Quality Outcomes &amp; Program Reimbursement</td>
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<td>• Holley Stallings, RN, BSN, Norton Cancer Institute</td>
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<td>11:30AM – 12:30PM</td>
<td>Networking Luncheon</td>
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<td>12:45PM – 1:45PM</td>
<td>Break</td>
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<td>2:00PM – 3:00PM</td>
<td>Strategic Planning</td>
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<td>• Michael Pietrowicz, Englewood Hospital &amp; Medical Center</td>
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<td>3:00PM – 3:15PM</td>
<td>Break</td>
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<td>3:15PM – 4:15PM</td>
<td>Financial Reporting &amp; Accountability</td>
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<td></td>
<td>• Brian McCagh, FACHE, Berman Cancer Institute, Greater Baltimore Medical Center</td>
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<td>4:15PM – 5:00PM</td>
<td>Q&amp;A</td>
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<tr>
<td>6:00PM – 7:30PM</td>
<td>ACE 18th Annual Meeting Welcoming Reception</td>
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</table>

Oncology 101 Attendees are Welcome to Attend

*Separate registration is required*

**REGISTER FOR ONE OR BOTH PROGRAMS!**

[REGISTER ONLINE](www.regonline.com/ACEmeeting2012)
**PLATINUM SPONSORED KEYNOTE SPEAKERS**

**ELEKTA**  
James Yates, MSPH, MBA, FACHE  
Swedish Cancer Institute,  
Seattle, WA

**VARIAN**  
Dr. Joshua Lawson  
UCSD Moores Cancer Center,  
San Diego, CA

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**ANNUAL MEETING & ONCOLOGY 101 PRICING**

Register today for ONE or BOTH programs!

**REGISTRATION FEES (Per person)**

**Early-Bird** | **Full Fee**
---|---
**PRE-CONFERENCE PROGRAM / January 18, 2012**  
> Oncology 101 .................................................. $ 299 ........ $ 349  
Fee includes: Breakfast, lunch and reception on Wednesday; Oncology 101 sessions; and program materials.

**ANNUAL MEETING / January 19–21, 2012**  
> ACE Member .................................................. $ 659 ........ $ 759  
> Non-Member .................................................. $ 910 ........ $ 1,010  
Fee includes: Receptions on Wednesday and Thursday; breakfast on Thursday, Friday and Saturday; lunch and historic walking tour on Friday; meeting sessions; and meeting materials on flash drive.

**ANNUAL MEETING DAY PASS / Good only for one day of your choice**  
> Thursday, January 19 ........................................ $ 299  
> Friday, January 20 ............................................ $ 299  
Day Pass includes: Scheduled meals, meeting sessions, and meeting materials for the ONE DAY selected.

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**2012 ANNUAL MEETING EXHIBITORS**

- ACCC
- Accuray, Inc.
- American College of Surgeons
- Commission on Cancer
- Aptium Oncology
- Brianlab
- CHAMPS Oncology
- D3 Oncology Solutions
- Duke Realty
- Elekta
- FKP Architects
- GE Healthcare
- Oncology Management Consulting Group
- Oncology Solutions
- Pyramid Healthcare Solutions
- Radiation Business Solutions
- Sky Factory
- The Oncology Group
- Varian Medical Systems

*(As of September 27, 2011)*

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**ACCOMMODATIONS**

**Hyatt Regency Savannah**  
2 West Bay Street  
Savannah, GA 31401  
Reservations: (888) 421 1442  
ACE Group Rate ........ $150  
To reserve a room contact the hotel directly and request the ACE Annual Meeting group rate (available on a first-come, first-served basis).

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**Connect With The Attendees!**

Additional Exhibitor and Sponsorship opportunities are available!  
For details visit ➤ **www.cancerexecutives.org**

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**EARLY-BIRD DEADLINE**  
**DECEMBER 19, 2011**  
**REGISTER ONLINE ➤**  
**www.regonline.com/ACEmeeting2012**