

ASSOCIATION OF CANCER EXECUTIVES UPDATE

OCTOBER 2020 | www.cancerexecutives.org

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Announcements

2021 ANNUAL MEETING

In light of on-going developments with COVID-19 and after thoughtful discussions with our Board of Directors and Westin Mission Hills Palm Springs, Association of Cancer Executives has decided to move our 2021 Annual Meeting to a fully online, virtual experience. We believe this is the safest approach for the well-being of our attendees, exhibitors and speakers. We are excited that a virtual event makes it possible to broaden the learning opportunities and engagement with the industry at this time.

2020 IOLC

IOLC will move to a virtual format for 2020. The virtual event will be held over two days – November 9 & 16, 2020. The IOLC planning committee is working to finalize the agenda and we will be sharing the agenda and registration information in coming days. IOLC 2022 will be held in Rome, Italy in-person from November 14-16, 2021.



Upcoming Webinars

THE FUTURE OF IMMUNOTHERAPY AND RADIO-SENSITIZERS DRUGS WITH RADIATION THERAPY

October 15, 2020 | 10:00 EST

Speaker: Ron DiGiaino, MBA, FACHE, Chairman of the Board, RCCS, Inc.

For complete ACE webinar information and to register, [please visit us here](#).



Member News

Tricia L. White-Rhemtulla, MBA, FACHE, Department Administrator, Health Disparities Research, UT MD Anderson received her FACHE in February 2020.

Mike Koroscik moved from Sacramento area to Vice President of Oncology for Allina Health (Virginia Piper Cancer and Allina Health Cancer Institutes, with over twelve accredited sites)

HAVE SOME NEWS TO SHARE?

Please send to Brian Mandrier at brian@mandriergroup.com



association of
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Oncology Leaders

MEMBER SPOTLIGHT



PROFILE

Courtney Friedle, MBA,
BS, R.T.(R)(T)

Title, Organization:

System Radiation Oncology
Manager, MidMichigan Health

Office of Radiation Safety
Administrator, MidMichigan Health

Years in the field:

28 years working in
Radiation Oncology

TELL US A LITTLE ABOUT YOUR PROGRAM? SIZE, SERVICE AREA, ANY OTHER INTERESTING FACTS

MidMichigan Health is a non-profit health system, headquartered in Midland, Michigan, affiliated with Michigan Medicine, the health care division of the University of Michigan. MidMichigan Health covers a 23-county region with medical centers in Midland, Alpena, Alma, Clare, Gladwin, Mt. Pleasant and West Branch. In addition to its Medical Centers, MidMichigan Health also offers both home health care and physician services, and has a strong commitment to medical education. MidMichigan Physicians Group provides urgent care and medical offices in more than 30 specialties and subspecialties including cardiology, hematology/oncology, orthopedics, vascular surgery, family medicine and more. The MidMichigan Health Foundation supports patients and families served by MidMichigan Health by raising funds for equipment, services and programs. Currently, MidMichigan has more than 8,700 employees, volunteers and physicians and other personnel, and provided more than \$90 million in community benefits in fiscal year 2019.

WHAT PART OF YOUR WORK ARE YOU MOST PASSIONATE ABOUT?

I am most passionate about investing time into my colleagues. I believe that investing in our team and building solid relationships makes for better patient outcomes. Colleagues feel more comfortable to report errors, talk about improvement opportunities and practice at the top of license. I decided about 10 year ago, maybe more, to meet with my colleagues

every month for a 30 minute meeting. I called these meetings, the MyPulse meetings. I wanted to get the pulse of my colleagues. Was the pulse too high and they are finding that the workload or processes need adjustment or too low and they would like more projects assigned to them. It is a mixed bag on what they bring to the meeting, some just want to talk about personal items; fill me on their family or just want to bounce an idea by me for feedback. Building these professional relationships helps both parties better understand each other and have better communication which in turn benefits patients.

WHAT IS A KEY CHALLENGE THAT YOU SEE FACING THE FIELD OF CANCER CARE?

I think challenges with revenue cycle and reimbursement will always be in the top 5. But to go in a slightly different direction; a key challenge that I have found in the past 5 years is the recruitment of specialty providers. As a health system with several community hospitals, we are finding it difficult to recruit providers. I am not sure of all the reasons that this has been so difficult but I do know the pool of specialty providers is not large. We are one of the top systems in Michigan and with our Michigan Medicine affiliation; patients have wonderful options and professional feedback for care. They can have care close to home with some of the top providers in the nation providing input on their cancer care by multidisciplinary tumor boards and easy collegial communication.

february 1-2, 2021
virtual / online
#ace2021
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27TH ACE ANNUAL VIRTUAL MEETING

ace association of cancer executives
Connecting All Oncology Leaders

Sustainable Solutions to the Challenges of COVID-19 as an Oncology Administrator

Our CEO, Srulik Dvorsky, recently sat down with Dr. Mark Soberman from [Ethicon](#), Michael Trapani from [Memorial Sloan Kettering Cancer Center](#), and the Association of Cancer Executives, to discuss COVID-19's impact on oncology administration, and building a more sustainable practice. The recurring theme throughout the discussion was that many of the quick adaptations that practices and providers have had to make are worth maintaining even after COVID-19, since they both lessen the burden for patients while allowing providers to deliver the same level of care in a more efficient way.

CHALLENGES TO DELIVERING QUALITY PATIENT CARE DURING COVID-19

By now, most oncology practices are familiar with the challenges that arose with COVID-19. There are the financial burdens: unemployed patients losing healthcare coverage, financial toxicity, and pressure on the provider's bottom line, where margins are often already slim, specifically in the non-profit area. In addition, there are the challenges in delivering high quality care: patients are fearful of going to medical appointments and screenings, deferment of elective and non-elective procedures, and the need to maintain safe physical distancing.

The compounding challenges demanded that practices apply quick and creative

thinking to minimize gaps in care and funding. Dvorsky of TailorMed discussed the intense pace of change this past spring, referencing the [New York Times' article](#) on telemedicine adoption in the U.K. and "10 years of change in one week."

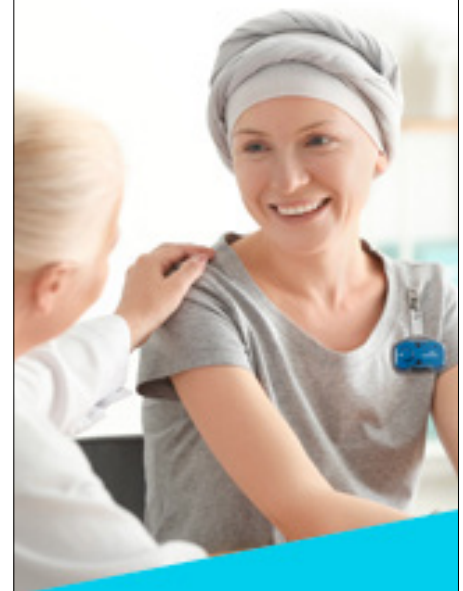
Dr. Soberman, Senior Safety Executive at Ethicon, recommended that cancer program executives need to be "open-minded and willing to do things that they might not have been as open to before." He recommends reallocating resources to leverage technology and outsourcing as a way to maintain revenue streams. By being flexible during an unprecedented time, providers stand a greater chance of making through to the other side of the pandemic. *Read more about COVID challenges for healthcare administrators in our earlier [interview with Dr. Soberman](#).*

ORGANIZATIONAL CHANGES AND ADAPTATIONS TO WEATHER THE COVID STORM, AND BEYOND

To understand the real-time pace of COVID-related change, Michael Trapani, the Patient Financial Services Manager from Memorial Sloan Kettering Cancer Center, outlined the organizational changes that MSK went through at the start of the pandemic. In early March MSK began plans for remote work, two weeks later all

staff were set up to work from home, and by the end of March MSK already had 80 COVID positive inpatients. Within one month, like many hospitals in the NYC area, MSK pivoted its operations to meet the new challenges brought on by COVID-19.

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Rules for receiving your
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dues must be current for
2020-2021 and your name
must appear on the new
member's application.

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Trapani discussed MSK's responses, both short and long term, to the COVID challenges. In terms of immediate organizational response, MSK instated a hiring freeze, shifted to telehealth, work from home, took in patients from surrounding hospitals to help free up beds, and expanded the copay program.

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Long-term changes included expanding the telehealth infrastructure, transitioning to online Adobe forms (removal of pens from the hospital), the expansion of TailorMed's [financial navigation solution](#), and expediting relevant hospital initiatives. Trapani discussed how MSK plans to keep many of the long-term solutions in place even after COVID-19.

MAINTAINING QUALITY OF CANCER CARE THROUGH THE PANDEMIC

The key for cancer care providers right now is maintaining the same level of care for patients while adapting the organization to face the COVID-19 challenges. Trapani explained how Memorial Sloan Kettering shifted the patient experience in a few ways. One example was shifting to subcutaneous admin routes for chemo, in order to shorten the length of time a patient needs to spend in the hospital. "It can literally mean the difference between minutes in the chair, or hours in the chair," explained Trapani. Other therapies were able to be shifted to limit the frequency that patients needed to come into the hospital. A committee was established to evaluate each individual new case and understand if restricting the new visit would put the patient at risk.

Remote consulting and screening, as well as collaborative virtual decision-making speeds up delivery of care, while often making life easier for the patient. For example, the costs of simply [parking at the hospital](#) can add up to thousands

of dollars on top of already hefty bills. If some of these appointments are remote, it saves patients time, money, and additional stress.

THE PERFECT STORM FOR DIGITAL ACCELERATION

Large healthcare systems and providers can often be slow to adopt new technologies and practices, so the advent of COVID-19 forced an adoption of digital solutions that is likely unmatched in its speed throughout history. This situation, while challenging, is "the perfect storm for digital acceleration," explained Dvorsky. Technology has allowed for shifts in cancer care delivery that are both beneficial to the provider's financial bottom line, while maintaining a high quality of care for patients.

Dvorsky discussed how technological solutions can also help automate labor-intensive solutions, such as prior authorization or scheduling. This frees up employees to perform other tasks, and increases the financial viability of provider organizations. Dvorsky discussed TailorMed's partner, Philips, who is "offering virtual tumor boards to create connectivity between physicians... and bringing collaborative decision-making into the hands of physicians that might not have the ability to physically meet with their peers.

TailorMed there was a quick reaction to COVID-19, Dvorsky explained, because

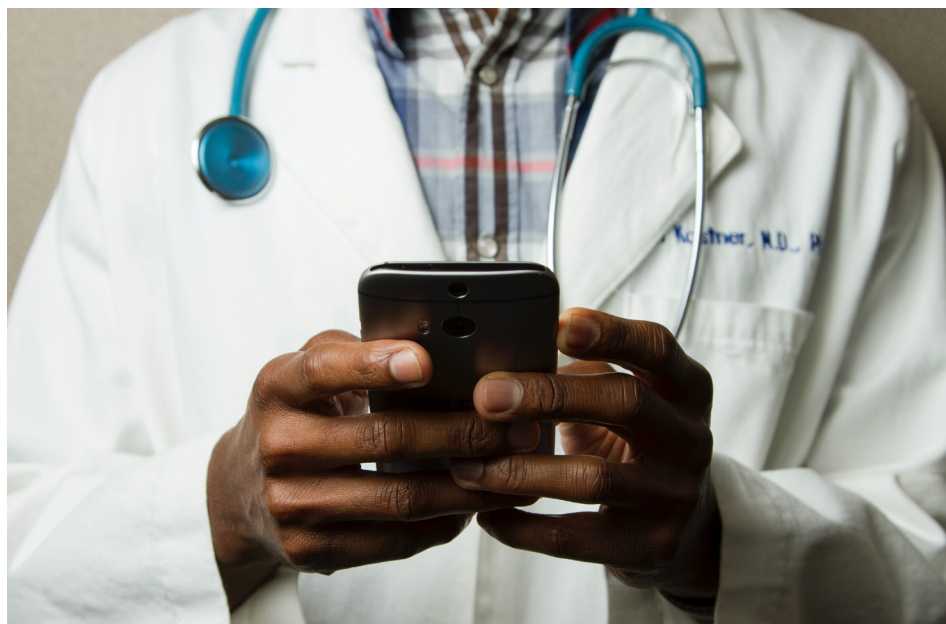


Photo courtesy: National Cancer Institute

the team understood the new challenges that oncology administrators and financial navigators would be facing. TailorMed rolled out a [remote navigation solution](#) to allow for the seamless transition to remote work for financial navigators.

LESSONS FOR THE FUTURE

Organizations are realizing that many of the quick changes are sustainable and worth scaling in the future, even after the COVID-19 pandemic. Dr. Soberman envisions that “we’re going to see more telehealth... it will be leveraged much more, not just in cancer care, but across the board. This will lead to increased adoption of other technology for online navigation, patient call centers, triage, etc, to be able to interact with patients in

a very personal way but not necessarily face-to-face.”

Michael Trapani discussed that “administration at Memorial Sloan Kettering learned that we are much more agile and innovative than we thought. We have also seen that telehealth as a viable way to care for patients,” as the benefits became overwhelmingly clear in the past few months, creating personal and convenient ways to meet with patients. In addition, it’s important to implement long-term plans to keep changes that improve the patient experience. Remote and digital solutions can be just as effective and provide a high quality of care, while being more comfortable for patients and lessening their burdens.

Cancer and COVID: Creating a Safer Care Environment

BY KIM BARNHARDT, MHA, MBA, BS, RN, CPSO, *Manager, Clinical Consulting and Education, Midmark RTLS*

Managing care for at-risk patients during COVID-19—and insulating them from contagions—is creating added stress for oncology teams. What can be done to support caregivers and minimize exposures for at-risk patients? For some, technology is being used to not only identify exposures, but to limit potential spread in the first place.


IMPLEMENT AN AUTOMATED CONTACT TRACING SOLUTION

Manually identifying everyone exposed to an infected individual is labor-intensive and prone to error. Consider adopting real-time locating system (RTLS) technology to automate contact tracing. With RTLS, patients and staff wear locator badges that capture interactions and movements, allowing staff to quickly and accurately

identify who was exposed to a contagious person, and for how long.

Such was the case at a northeast cancer center when a patient arrived for an exam and infusion treatment, exhibiting no unusual symptoms. Days later, word came that the patient tested positive for COVID-19.

“Within minutes, I knew that eight employees were in contact with this patient,” shared the Director of Nursing. “I could also see time frames—anyone exposed for more than 15 minutes has greater risk. RTLS is very efficient at getting us information for follow up to exposures. We can find the interactions and quickly reassure staff, without alarming everyone in the building.”



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SAVE THE DATE **4TH** **IOLC**
INTERNATIONAL ONCOLOGY LEADERSHIP CONFERENCE

In partnership with the Association of Cancer Executives and The Mandrier Group

Virtual Event
November 9th & 16th, 2020

#IOLC2020 | www.oncologyleadership.org

Creating Flexible Policies for a New Normal

Included in the playbook:

- Customizable policy for life science meetings
- Protocol templates for sample drops and meal delivery
- Guidelines for Virtual Meetings
- Facility re-closure workflow
- Communication process for your vendor/rep community



[Download the playbook](#)



ELIMINATE THE TRADITIONAL WAITING ROOM

There is growing interest in self-rooming and direct-rooming models to minimize contagion spread. With these RTLS-supported options, patients receive locator badges at check-in and proceed directly to an exam room, either escorted or on their own. By eliminating the waiting room, oncology practices can consider reallocating those spaces for additional infusion bays or exam rooms.

Successfully implementing these rooming models means staff must know which exam rooms are immediately available. With RTLS, they can glance at a color-coded map view in the software and easily see which rooms are clean and ready for a

new patient and which are occupied. The same map view also communicates when a patient has ended their visit, cueing staff to disinfect the room.

WANT TO LEARN MORE?

One thing is certain: care delivery is evolving. Automated contact tracing, new rooming models and visual cues that support workflow and disinfection protocols are a few ways that RTLS can facilitate a safer care environment for oncology patients and staff. See how Midmark RTLS Patient Flow Optimization for Oncology is enabling oncologists, nurses and staff to focus their time where it truly matters—providing the best care experience.

ACE Certified Oncology Administrator™ (COA) is taking new applications for

2020 - 2021

After a successful launch of the ACE COA in 2019, ACE is now seeking candidates for the a 2nd class of COA's.

Completed applications are due to by November 30th. Please contact [Brian Mandrier \(brian@mandriergroup.com\)](mailto:brian@mandriergroup.com) if you have any questions.

Recent Feedback from a COA recipient:

"In my 27 years in oncology administration, I have had the ability to gain credentials that show my background, knowledge base, and abilities in general healthcare leadership. But there has been nothing where I have been able to do this specific to my field of choice, oncology. With the Certified Oncology Administrator (COA) credential, I can finally clearly demonstrate my background and expertise that is specific to oncology with this prestigious credential."

If you are interested in learning more about the COA certification please visit www.cancerexecutives.org/certifiedadministrator