

ABSTRACT: 2013 ELAM Institutional Action Project Poster Symposium

Project Title: Developing a Business Plan for Integrative Oncology

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Collaborators: Jun Mao, MD, MSCE; Joe Carver, MD; Chi Dang, MD, PhD; Phil Okala; Terry Fadem, and Members of the Integrative Oncology Working Group

Background, Challenge or Opportunity: Our goal at Penn Medicine is to be recognized nationally as the most accomplished and respected School of Medicine and Health System. One way we do this is by innovating and developing systems that improve the experience of patients. Integrative Oncology is becoming an aspect of major cancer centers which brings a 'value added' to the quality seeking consumer who has choices as to where s/he would go for cancer treatment. A system that navigates patients to the already existing (and expandable) services that address the psychosocial, emotional, and allied health needs of patients could increase market share in the region and improve patient satisfaction, while concurrently improving patient outcomes. Key collaborator, Dr. Jun Mao, has led Penn's Integrative Oncology Working Group for several years now. Last spring, Dr. Mao led a retreat to plan next steps to coalesce the 16 existing autonomous programs into a comprehensive Integrative Oncology Clinical Program at the Abramson Cancer Center. A need was identified that a vision and business plan were needed to move this agenda forward at Penn.

Purpose/Objectives: The purpose of this project is to bring together the appropriate leaders to develop the vision and business plan for further development and cohesion of Integrative Oncology at the Abramson Cancer Center.

Methods/Approach:

The value of this project lies in helping to better define the various parts of Integrative Oncology, formulating a unified vision, and laying out a business plan and an administrative structure to operationalize the vision.

Methods used to accomplish these objectives include:

1. Focus groups and discussions with key stakeholders and leaders.
2. Work with key leaders to catalyze the development of the business plan.
3. Reporting back and iteratively gathering/sharing information to ensure that a shared vision is developed that creates a win for all key stakeholders.
4. Submitting a grant to develop a navigation tool for one aspect of integrative oncology (cancer rehabilitation).
5. Presenting a business plan to the cancer center leadership.

Outcomes and Evaluation:

Focus group and meeting input catalyzed a new vision and the start of the business plan. Dr. Jun Mao was named Penn's first Director of Integrative Oncology, thus ensuring that the institution has made a firm commitment to the growth of this area. Next steps:

1. Integrative Oncology Working Group meetings 2/25, 3/25, 4/22, 5/20 led by Dr. Jun Mao
2. Leaders from core areas (patient and family services, palliative care, cancer rehab, survivorship, CAM) will gather input from constituents and produce a report to be presented at a leadership retreat on Integrative Oncology to occur May 17, 2013.
3. A grant will be submitted April 5th to develop a cancer rehabilitation navigation tool.
4. Plan to solicit philanthropic funds is under development.

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**Collaborators: Dr. Jun Mao, Dr. Joe Carver, Dr. Chi Dang, Phil Okala, Terry Fadem,
 and members of the Integrative Oncology Working Group**



Purpose

The purpose of this project is to bring together the appropriate leaders to develop the vision and business plan for Integrative Oncology at the Abramson Cancer Center.

Background, Challenge

Our goal at Penn Medicine is to be recognized nationally as the most accomplished and respected School of Medicine and Health System. One way we do this is by innovating and developing systems that improve the experience of patients.



Integrative Oncology

Integrative Oncology is becoming an aspect of major peer cancer centers. Penn has many services that fit under this rubric, but there is thought to be value in coordinating these services under a single umbrella to increase visibility and uptake of services. This would bring a 'value added' to the quality seeking consumer who has multiple competitive choices as to where s/he would go for cancer treatment in the Philadelphia area.

Patient Navigation

A system that navigates patients to the already existing (and expandable) services that address the psychosocial, emotional, and allied health needs of patients could increase market share in the region and improve patient satisfaction, while concurrently improving patient outcomes.

Opportunity

Dr. Jun Mao has led the Integrative Oncology Working Group for several years now.

Last spring, Dr. Mao led a retreat to plan next steps to coalesce the 16 autonomous component programs into a unified, comprehensive Integrative Oncology Clinical Program at the Abramson Cancer Center.

A need was identified that a vision and business plan were needed to move this agenda forward.

Methods/Approach

Between October 2012 and March 2013 the following project activities have taken place:

Engaging Cancer Center Leaders

(Jun Mao, Chi Dang, Caryn Lerman, Joe Carver)

Gathering Evidence/Expertise from Technology Savvy Colleagues

(Patient Reported Outcomes Working Group, Michael Ashburn, Jim Metz)

Learning from business/finance gurus about sustainable models

(Kevin Mahoney, Phil Okala, Beth Johnston, Bob Wynne, Gary Kurtzman, Roy Rosin, Terry Fadem, Phin Barnes)

Engaging Key Stakeholders

(Integrative Oncology Working Group, Linda Jacobs, Carrie Stricker, Steve Palmer, Mously LeBlanc, Andrea Branas)

Iterate, Iterate Iterate to develop a shared vision

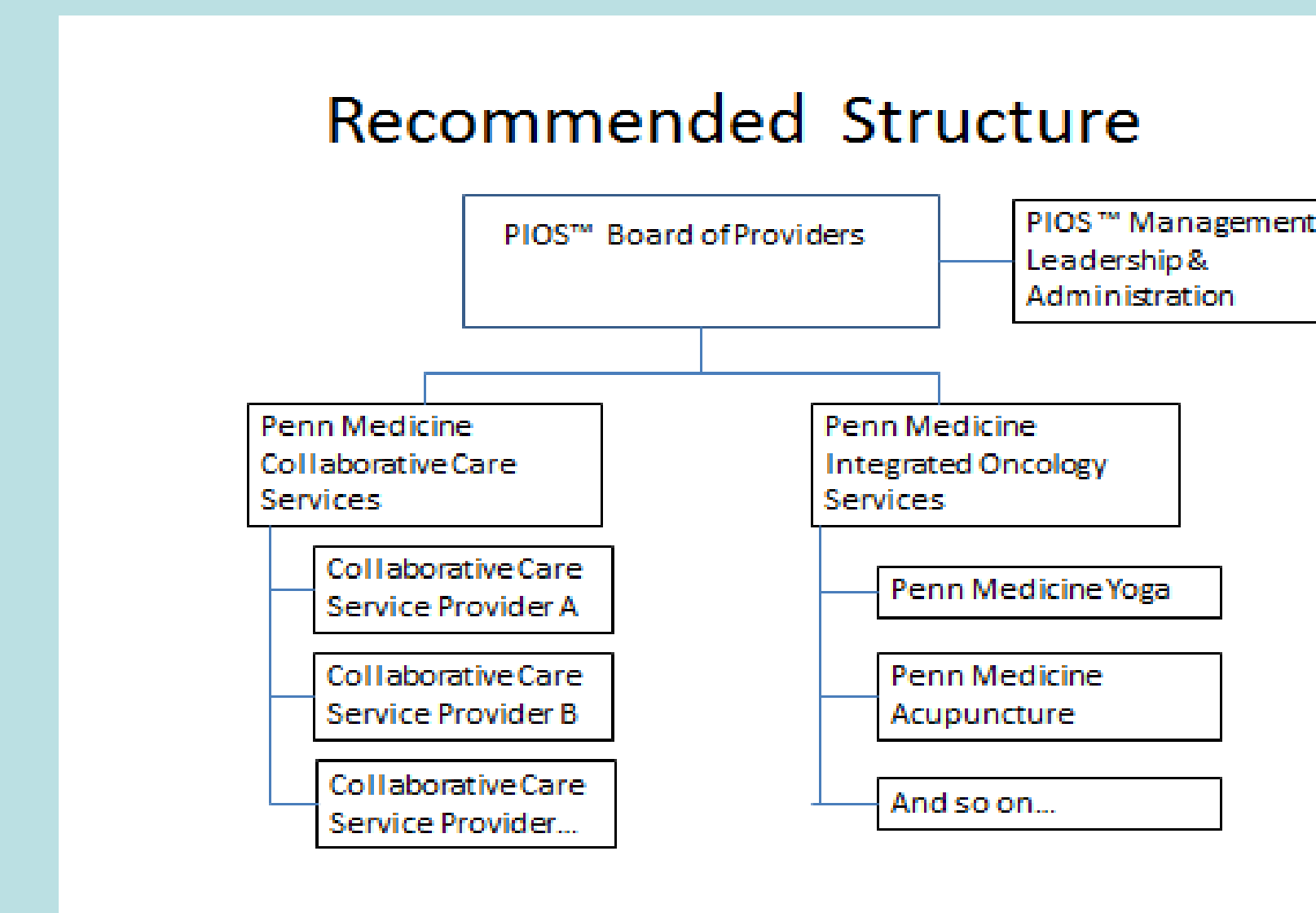
Develop a grant to develop a navigation tool for one aspect of integrative oncology (cancer rehabilitation)

Key Issues Identified

Structural

A strength of Penn is the entrepreneurship and autonomy. There are 16 individual programs that are considered key parts of 'integrative oncology' that already exist and are currently autonomous. Some are already quite successful.

Any structure for organizing these programs will need to create value for these leaders as well as for the cancer center. As such, the recommended structure is as follows:



Financial

Possible models for building and sustaining a program of integrative oncology include:

1. Philanthropy
2. Grants
3. Fee for service
4. Use of program infrastructure as a referral base for reimbursable services (e.g. cancer rehabilitation and physical therapy)
5. Corporate partnerships (e.g. branding of 'Abramson Cancer Center' line of nutrition products or fitness activities)
6. Training fees (e.g. branding of 'Abramson Cancer Center' training for acupuncture, fitness, nutrition, massage, or other service protocols)

A combination of these options may be needed.

Technological

There is broad recognition that in order to grow and integrate consistency of care, technology will play a role with patients, providers, and affiliated business entities.



Marketing and Strategic

There is a need to build awareness among patients and providers, and the program must be considered a strategic priority by Penn Medicine to be successfully integrated.

Outcomes and Evaluation

Focus group and meeting input catalyzed a new vision and the start of the business plan.

Dr. Jun Mao was named Penn's first Director of Integrative Oncology, thus ensuring that the institution has made a firm commitment to the growth of this area.



Next Steps

1. Integrative Oncology Working Group meetings spring 2013 led by Dr. Jun Mao
2. Working groups formed for core areas
3. Leaders from core areas produce reports to be presented at a leadership retreat on Integrative Oncology May 17, 2013.
4. A grant will be submitted spring 2013 to develop a cancer rehabilitation navigation tool.
5. Plan to solicit philanthropic funds is under development.