

# A VISION FOR THE FUTURE

### DIVISION OF HEMATOLOGY/ONCOLOGY STRATEGIC PLAN

2018 / 2023

# TABLE OF CONTENTS

A Letter from the Division Chief	1
Purpose & Process	2
Current Snapshot of Division	3
Mission, Vision, Values, & Goals	4
Goals, Tactics, Measures of Success	5
Concluding Comments	5



## DEAR COLLEAGUES,

The following pages contain an overview of the Division of Hematology/Oncology's Strategic Plan for the next three to five years. We were fortunate to receive thoughtful contributions from many members of the Division and health system stakeholders. Our plan builds upon the successes of the Division and addresses the challenges we face as a result of the significant changes taking place in the health system and in the healthcare industry. This plan will focus our efforts, articulates our Division's mission and values, and will serve as a foundation for how we collectively work together to achieve our goals.

Our Strategic Plan includes four goals related to patient centeredness, engagement, innovation, and economic sustainability. Our continual improvement across these four dimensions will be the yardstick by which we will measure our progress. Focusing on our goals will advance our Division as a continuing national leader in hematology oncology patient care, a premiere setting for learning and mentoring, and a global leader in developing highly visible discoveries that truly impact patients' lives.

Our work on the Strategic Plan has just begun. Every member of the Division of Hematology/Oncology plays a vital role in achieving our goals. We will create a detailed roadmap that is both executable and measurable. The Strategic Plan is also a living document. We will need to make adjustments along the way, leveraging our successes and learning from our failures. The execution of the plan will ensure the Division stands strong in the face of a changing healthcare environment. In the coming months, I will continue to connect with you and our community to share our progress and request your engagement. Through this process, our Division will renew and expand the significant contributions to all those we serve—patients, colleagues, staff, and our trainees.

Much appreciation is extended to everyone from within and beyond the Division for all the excellent and thoughtful contributions to this plan. And we are indebted to Carolyn Hewson and Monica Heuer from Penn Medicine Academy for their assistance in guiding us through the process and to Regina McDermott for her administrative support.

Finally, the most gratifying part of this process has been to hear from all of you how much you care about our patients and one another, and how much you value our community. Ours is a special and remarkable Division.

Thank you,

Lym Schuchter

Lynn M. Schuchter, MD C. Willard Robinson Professor of Medicine Chief, Hematology/Oncology

# n-Harvey ESS

Carried Across," 2013 / Jake Beckman & Lizzy Hindman-Harvey

### PURPOSE

Our planning process aimed to establish a strategic direction for the Division of Hematology/Oncology that will focus our actions, activities, and investments over the next three to five years in a manner that strengthens our local, national and international reputation as leaders in our fields and optimizes our tripartite mission of clinical care, education and research



### **PROCESS**

A planning team comprised of faculty and staff with complementary and diverse perspectives based on their roles and experience worked closely with staff from the Penn Medicine Academy to conduct the foundational work required to develop our strategy. The process sought input from numerous individuals to understand the current state of the Division and where it needs to head in the future.

This work was focused on developing a consensus about the current state of the Division and the opportunities (and challenges) that exist and included four major activities:

- Interviews with 36 faculty members, APPs, administrators and senior leaders from the Division, Department and health system, including all ranks and tracks as well as multiple practice sites and disease groups.
- A review of key metrics and accomplishments to gain an understanding of the ٠ Division's current performance.
- A core planning team that engaged diverse perspectives around the strengths, ٠ challenges and opportunities facing the Division.
- A half-day retreat that included approximately 50 members of the Division and • provided an opportunity to discuss ideas and perspectives across roles and settings.

The Division of Hematology/Oncology remains remarkably strong and productive, fulfilling its mission of providing outstanding clinical care and preserving a tradition of strong educational and research programs.

### SUMMARY OF CLINICAL ACTIVITY FOR FY18

Metric	Actual	Change
TOTAL OUTPATIENT VISITS	179,156	9.6% increase over prior year
TOTAL NEW PATIENT VISITS (9.6% of total visits)	17,280	4.2% increase over prior year
TOTAL INFUSIONS	87,477	13.5% increase over prior year
TOTAL ADMISSIONS TO HUP	2,484	9% decrease over prior year
TOTAL BLOOD AND MARROW TRANSPLANTS	280	2% decrease over prior year
% OF PATIENTS SEEN WITHIN 2 WEEKS FY18 Q4	58.60%	0.8% increase over same quarter prior year
% OF ONCOLOGY PATIENTS SEEN WITHIN IN 2 WEEKS FY18 Q4	63.4%	

### **SUMMARY OF FINANCIALS FOR FY18**

Metric	Value	Change
TOTAL GROSS PATIENT REVENUE FY18	\$157,367,342	23% increase over prior year
TOTAL NET PATIENT REVENUE FY18	\$77,735,368	23% increase over prior year
TOTAL OPERATING EXPENSE FY18	\$102,846,235	20.5% increase over prior year

### **SUMMARY OF RESEARCH ACTIVITY FOR FY18**

Metric	Actual	Note
TOTAL DIRECT AND INDIRECT RESEARCH FUNDING, FY18	\$31.3M	This does not include grants and clinical trials that are run through the Cancer Center.





## MISSION, VISION, VALUES & GOALS

A STRATEGIC PLAN BEGINS WITH A CLEAR SENSE OF MISSION AND THE FUNDAMENTAL VALUES THAT ARE CENTRAL TO OUR WORK AND HOW WE WILL ACHIEVE SUCCESS.

### MISSION

The mission of the Hematology/Oncology Division is to provide expert and compassionate care to adults with cancer and blood disorders while turning great science into practical benefits for more people every day.

### VISION

The Hematology/Oncology Division is a world leader in hematology and medical oncology through its unparalleled and comprehensive clinical care with a cuttingedge portfolio of transformative clinical, translational, and basic science research. This is complemented by an innovative, top-ranked educational fellowship. Key to achieving our goals is honoring our commitment to excellence and professionalism and providing a supportive, collaborative and high quality work environment for all our faculty, APP's, nurses and staff.

## VALUES

#### EXCEPTIONALISM.

We will continue to reach for exceptionally high levels of performance in everything we do.

### INNOVATION.

We will use our creativity and skills to transcend existing limitations in the delivery of care and application of new therapies.

### COHESION.

We are inclusive and supportive of each other in thought and perspective.

#### COMPASSION.

We ensure that our patients and their families feel deeply cared for from the moment they enter our practices.

### HUMILITY.

We recognize that we are part of a greater mission and are grateful for what we can do for our patients. We value team approaches to patient care and research, and recognize the unique contributions of each team member.

### INTEGRITY.

We hold ourselves to consistently high moral and ethical standards.

### PROGRESSIVE.

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We embrace and are responsive to new and pioneering ideas.



### **OUR GOALS**

To promote our mission, the Hematology/Oncology Division has committed to four goals that will serve as the focus of our activities and investments over the next 3-5 years:

#### **Patient Centeredness**

Lead the nation in the delivery of state-of-the-art, compassionate care that optimizes quality of life and patient outcomes.

#### Engagement

Expand and enhance collaboration, communication, accountability, professional development and ownership.

#### Innovation

Drive innovation by translating new discoveries into practice.

#### **Economic Sustainability**

Create a nimble and fiscally sustainable and successful Division.



"The Cure," 2010 / Brower Hatcher

LEAD THE NATION IN THE DELIVERY OF STATE-OF-THE-ART, COMPASSIONATE CARE THAT OPTIMIZES QUALITY OF LIFE AND PATIENT OUTCOMES.

## PATIENT CENTEREDNESS

#### **Rationale:**

Patient-focused care that leverages our unique strengths as an integrated health system ensures both quality patient care, high value care and provider satisfaction. A core tenet is that the standard of care for our patients always includes state-ofthe-art clinical research. Technically sophisticated care and compassionate care are not at odds in our system. We are also experts in thoughtful, empathic end-of-life care when our best treatments and technologies have met their limits.

### **Strategies and Tactics:**

### Drive excellence in patient care in the out-patient and in-patient settings.

- Optimize the efficiency and effectiveness of the delivery of care in the ambulatory setting.
- Improve clinical operations in partnership with the Cancer Service Line and the Department of Medicine.
- Determine optimal staffing ratios and right scope and level of practice for all clinical staff.
- Create an exceptional inpatient experience that enhances overall well-being for our patients who require admission.

### Create networked approach to individualized patient care.

- Provide seamless coordinated care-- aligning the right providers at the right time for a given patient, disease and stage, including thoughtful, strategic and appropriate use of our highly skilled cadre of community physicians and their teams.
- Expand number and role of patient navigators to expertly direct patients to the right providers across the health system and Division.
- Assist patients throughout the continuum of care, including, when appropriate, expert and compassionate end-of-life care.

### Incorporate research into clinical care at all locations.

- Develop infrastructure for patients and providers (internal and external) to identify available clinical trials, assess eligibility and enroll patients quickly and efficiently.
- Develop a process to increase the availability of clinical trials at all locations and thereby realize part of the goal to establish a truly integrated Division.

### Bring new knowledge and new technologies to the delivery of care.

- Use our internal expertise in 'big data' analytics and AI to become innovators in the delivery of high value care and the ability to demonstrate improved patient outcomes.
- Collaborate with outside experts to facilitate the development, testing, and implementation of novel strategies in which we first re-imagine and then re-invent cancer care. This includes partnering with the Penn Medicine Center for Health Care Innovation, Wharton, and external groups.

# MEASURES OF

- New technologies in place to deliver improved patient care such as, using patient reported outcomes data to identify patients at risk for symptoms, toxicity, and unplanned acute care.
- Reduced variation in care through clinical pathways and guidelines.
- Increased percentage of patients with implemented Cancer Survivorship Care Plans.
- Improved Advanced Care Planning and End of Life Care for patients with cancer.
- Implementation of a new quality dashboard (emergency department visits, readmissions, etc.).
- Use the New Patient Pavilion (the new hospital) as an unparalleled once in a lifetime opportunity to reimagine cancer care and develop a truly exceptional process for inpatient cancer care and transition to home and the community.
- Improved patient experience as measured by Press Ganey and other scoring systems.
- Creation of an effective cross-site scheduling process for outpatients and support services that meets the needs of our patients.



DRIVE INNOVATION BY TRANSLATING NEW DISCOVERIES INTO PRACTICE.

## INNOVATION

### Rationale

Penn is already a leader in transforming the care of patients with cancer and serious blood disorders. But the stakes are now higher than ever with the insights and promise from recent basic biomedical discoveries in cancer genetics and immunology. Turning this veritable explosion of information into useful therapies for patients will require taking risks in an entrepreneurial, dynamic and competitive research environment. This will almost certainly involve new funding and collaboration models, strategic partnerships and methods for transmitting knowledge to learners, payers, patients and funding agencies. Threats to innovation are everywhere; they've always been there. Our campus is different from that of many of our peers, however, and constitutes a uniquely diverse and strong academic ecosystem, including resources we've barely tapped in the past. As members of this campus and community, Penn Medicine, the Abramson Cancer Center and the Division are uniquely poised to continue to make new cancer and other biomedical discoveries and bring them to our own patients throughout the rest of the world.

### **Supporting Strategies and Tactics**

### Expand our deep tradition of conducting the highest impact trials, the ones that change practice.

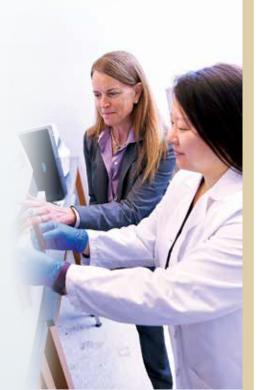
This will require the continuous recruitment and nurturing of our talented, energetic, and engaged clinical investigators.

- Increase further the number of national protocols led by Division faculty.
- Create an infrastructure to perform a greater number of investigator initiated, Penn-led, clinical trials.
- Develop mechanisms to determine appropriate research subject/clinical research staffing ratios, and create the proper infrastructure to support and retain research staff.
- Open and improve access to more clinical trials at all locations.
- Determine the proper balance of clinical and research time to ensure research productivity.

#### Create an environment that allows for new, translatable discoveries.

Among other considerations, this will require substantial investment in systems as well as people, including bioinformatics and electronic databases, to allow interrogation of our voluminous but often inaccessible patient level data (genomic and clinical), so that we can use the data to formulate thoughtful hypotheses and perhaps even discover some of the solutions in the existing information.

- Invest in technology and resources to advance our basic, translational, outcomes and clinical research. This will require innovative partnerships, including funding models and collaborations we may not have thought of previously.
- Identify our top five priority areas for research.
- Establish an infrastructure (from trial concept on through to initiation and patient accrual) that allows investigator-initiated trials to expand and prosper. These are the high risk, high reward studies that drive innovation, and they need to be easier to perform.



### MEASURES OF **SUCCESS**

- Increased enrollment on therapeutic clinical trials.
- More open clinical trials at satellite locations.
- Increased the number of presented abstracts at high profile scientific meetings and articles in high impact publications.
- Increased number of grants obtained by fellows, instructors and faculty.
- Created a work environment that supports the recruitment and retention of the most talented research support staff.
- Expanded infrastructure for clinical trial accrual at other practice sites.
- Clearly defined clinical full-time employee positions and expectation of roles.
- Improved transparency in accounting for clinical trials dollars to support faculty salaries.



EXPAND AND ENHANCE COLLABORATION, COMMUNICATION, PROFESSIONAL DEVELOPMENT AND OWNERSHIP.

### ENGAGEMENT

#### Rationale

Our people are our greatest asset. Our faculty, nurses and staff who pioneer discoveries, teach our trainees and care for our patients are essential to support and advance our three-part mission (clinical care, research and education). We must be able to recruit and retain top talent. We must be able to increase diversity in our faculty. Greater engagement enhances faculty, nurse and staff productivity and retention, improves the patient experience and outcomes, and enables the Division to accelerate research and provide outstanding education. Engagement across practice sites will lead to better coordination of care and improved research collaborations.

### **Supporting Strategies and Tactics**

### Refresh Division organizational structure to reflect the current size.

- Staffing ratio analysis along with assessment of roles and skills of employees across the Division.
- Create a comprehensive management strategy and infrastructure that supports the tripartite mission of the Division — clinical, education and research.

### Establish a strong system-wide identity to reinforce our sense of community.

- New methodologies to enhance communication across the Division.
- Better integration of all clinical sites- both at the people level as well as programmatically.
- Champion an inclusive culture that sustains diversity and innovative personal and professional development for the Division's staff.
- Improve employee retention and engagement.

### Improve faculty and staff career development.

- Create a comprehensive strategy that supports career development, mentorship, and builds leadership skills.
- Enhanced mentorship structure for faculty, APPs, nurses and staff and build leadership skills.



### Optimize ability of faculty to balance research, clinical, and personal time.

 Guidelines for appropriate staffing ratios related to APPs, nursing, administrative and research staff.

# Increase diversity and URMs in the hematology/oncology fellowship and the faculty.

- Develop new relationships with administrators and faculty at institutions that serve large numbers of minority students and trainees.
- Establish yearly dinner with URM medical students and Penn Medicine residents and Division Faculty as well as informal get-togethers. Use these to identify new mentorship opportunities.

# MEASURES OF

- A new organizational structure and new model for Division governance.
- Guidelines for appropriate staffing ratios related to APPs, nursing, administrative and research staff.
- System-Wide Communication Tool to link our various sites.
- Lower staff turnover and improved employee engagement scores.
- Improved physician wellness scores.
- Enhanced mentorship structure for faculty, APPs, nurses and staff.
- Greater transparency and communication regarding roles and responsibilities.
- Increased URM fellows and faculty.
- Bottom line: everything works better.



CREATE A NIMBLE AND FINANCIALLY SUSTAINABLE DIVISION THAT DELIVERS THE HIGHEST VALUE CARE.

## ECONOMIC SUSTAINABILITY

### **Rationale:**

Delivering high value services that achieve quality outcomes will strengthen our reputation in the market. Hematology/Oncology has grown rapidly in recent years and achieved a number of key financial and quality goals. However, market and payer changes require a renewed and ongoing focus on sustainability, growth, and ability to support the Division's mission.



PERELMAN CENTERFOR Advanced Medicine

Abramson Cancer Center

### **Supporting Strategies and Tactics**

#### Grow program volumes.

- Develop a regional strategy to support growth in partnership with Cancer Service Line and Penn Medicine.
- Prioritize key programs with higher growth opportunities in collaboration with Cancer Service Line.

#### Deliver highest value care.

- Create ongoing review of cost of care and patterns of care within practices and optimize clinical decision making to achieve outstanding patient outcomes.
- Create more efficient clinical operations to find cost-saving opportunities.

#### Improve long-term financial outlook for the non-clinical missions.

- Promote clinical trials and grant writing to decrease unfunded research.
- Expand our philanthropic support.

Identify and pursue new revenue models and new models of care that increase efficiency while preserving/improving staff wellness.

# MEASURES OF

- Increased new patient volume by 5-10% annually (with appropriate increase in providers).
- Maintained or increased net operating margin of 1.5% annually.
- Decreased unfunded research year over year.
- Sustained or improved net operating margins year over year.
- Implemented divisional dashboard capturing relevant metrics.
- Increased philanthropic support to the Division in partnership with Penn Medicine Development and the Abramson Cancer Center.

# OVER THE PAST **10 YEARS**

The Division has experienced considerable growth over the past 10 years. Growth has occurred in the number of patients seen, new faculty, advanced practice providers, practice locations and clinical and basic science research. The Division now includes 127 faculty, 60% men and 40% women. Today, the Division employs 475 people and serves hundreds of thousands of patients in the region and from afar. Its research endeavors have led to four U.S. Food and Drug Administration approvals within the last several years.

 72%
 74
 127

 INCREASE
 FY08
 FY18

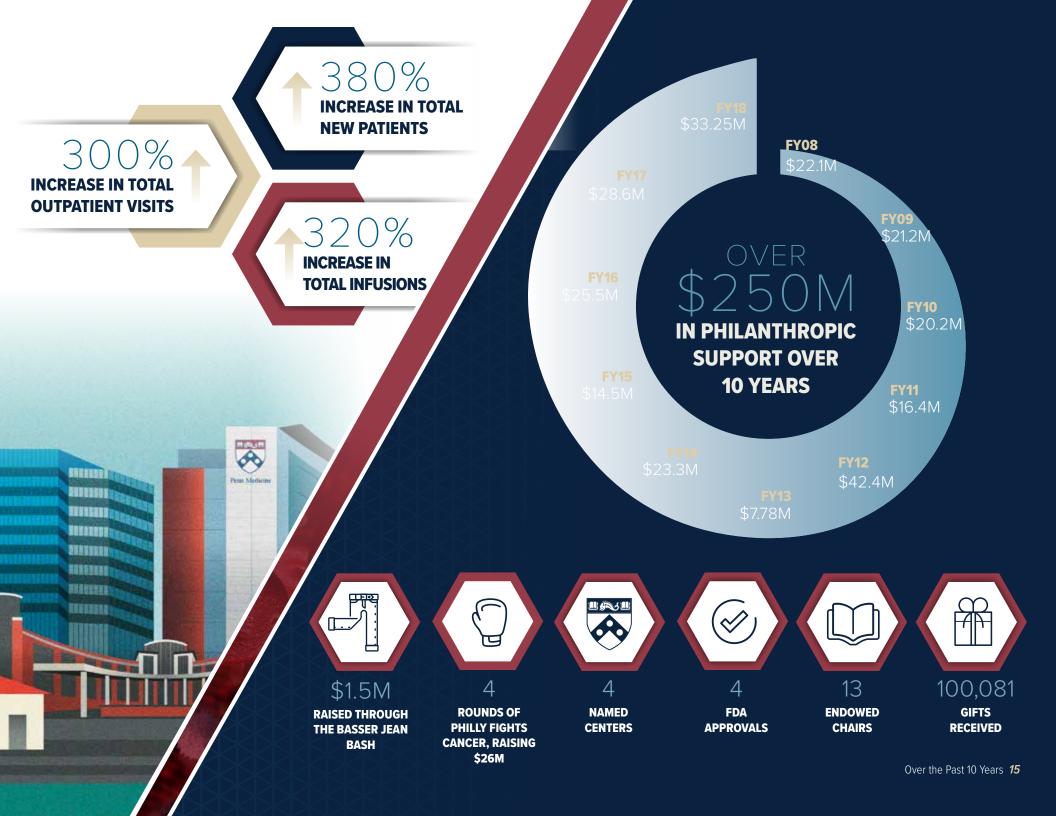
 IN FACULTY
 FY08
 54

 INCREASE
 FY08
 54

 INCREASE
 FY08
 54

 INCREASE
 FY08
 54

 INCREASE
 FY08
 FY18



# CONCLUDING COMMENTS

With this plan, the Hematology/Oncology Division's forward looking process builds on the lessons and achievements of our half century as a Division. While no one underestimates the challenges in these goals, there is an overriding belief that over the next 5 years, we can and will transform the outlook for patients with cancer and serious blood disorders. With this plan we will foster inclusion, engagement and professional development of all members of the Division across our practice locations.



PENN PRESBYTERIAN

MEDICAL CENTER

Penn Medicine

### Penn Medicine

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VALLEY FORGE



WE WILL FOSTER INCLUSION, ENGAGEMENT AND PROFESSIONAL DEVELOPMENT FOR ALL IN THE DIVISION ACROSS OUR PRACTICE LOCATIONS.

