Communicating Oncology’s Strategic Value – Part 1

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The Executive Perspective

1. Competing for Resources
2. Communicating Oncology’s Strategic Value
3. The Future of Service Line Strategy
Perspectives on Service Line Performance

Advisory Board Surveys of Executives, Service Line Leaders

Executive Surveys

- Organization of services, service lines
- Oversight over service lines

Service Line Leader Surveys

- Time spent on service line strategy
- Service line leader allocation of time
- Areas of oversight
- Level of market competition
- Allocation of time across responsibilities
- Clarity of institutional priorities

Gap Analysis Questions

- Satisfaction with information sharing, communication
- Perceived service line alignment with institution priorities
- Prioritization of service line performance categories
- Rating of current service line performance across categories
- Value of service line leadership skills
- Threats to service line growth

Source: Executive Perspectives of Service Line Leadership Survey; Oncology Roundtable interviews and analysis.
Need to Strive for Greater Alignment…

… And Clearer Communication

**CXO Rating of Agreement**
n=50

The SL’s activities are fully aligned with the hospital/health system’s strategic priorities

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Tend to Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>4</td>
<td>24</td>
<td>40</td>
<td>32</td>
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</table>

This SL leader provides me with sufficient information to support their strategic decision making

<table>
<thead>
<tr>
<th>Disagree</th>
<th>Tend to Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>10</td>
<td>20</td>
<td>43</td>
<td>27</td>
</tr>
</tbody>
</table>
Executives Juggle Multiple Responsibilities

Approximately what percentage of your time do you spend on service line strategy?

*Percentage of CXOs reporting percentage time spent*

n=84

- 0-10%: 29%
- 20%: 25%
- 30%: 13%
- 40% or more: 29%

CXOs Managing Service Line Directors

- Average number of service lines these CXOs oversee: 5

CXOs Managing the Managers of Service Line Directors

- Average number of service lines these CXOs oversee: 7

Source: Executive Perspectives of Service Line Leadership Survey; Oncology Roundtable interviews and analysis.
Little Direction on Allocating Time Across Categories

**Importance of Performance Categories to Oncology Service Line Success**

*CXO Rating Based on 5-point Likert Scale*

n=48

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Clinical Quality</td>
<td>4.7</td>
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<tr>
<td>Patient Experience</td>
<td>4.6</td>
</tr>
<tr>
<td>Growth Strategy</td>
<td>4.5</td>
</tr>
<tr>
<td>Physician Alignment</td>
<td>4.4</td>
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<tr>
<td>Cost Containment</td>
<td>4.1</td>
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<tr>
<td>Regulatory Compliance</td>
<td>3.9</td>
</tr>
<tr>
<td>Care Redesign</td>
<td>3.8</td>
</tr>
<tr>
<td>Staff Management</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Source: Executive Perspectives of Service Line Leadership Survey; Oncology Roundtable interviews and analysis.
The X Factor

Different Job Titles, Different Priorities

Importance of Performance Categories to Oncology Service Line Success

Percentage of COOs, CNOs rating as extremely or very important

COO n=13, CNO n=12

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>COO</th>
<th>CNO</th>
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</thead>
<tbody>
<tr>
<td>Regulatory Compliance</td>
<td>54%</td>
<td>75%</td>
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<tr>
<td>Cost Containment</td>
<td>50%</td>
<td>85%</td>
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<tr>
<td>Physician Alignment</td>
<td>92%</td>
<td>75%</td>
</tr>
<tr>
<td>Care Redesign</td>
<td>62%</td>
<td>50%</td>
</tr>
<tr>
<td>Staff Management</td>
<td>62%</td>
<td>58%</td>
</tr>
</tbody>
</table>
### Executive Perspective on Service Line Leadership

**Softer Skills Considered Critical**

#### CXO Ranking of Skills Important for Service Line Leadership

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Skill</th>
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<tbody>
<tr>
<td>1</td>
<td>Building and strengthening relationships</td>
</tr>
<tr>
<td>2</td>
<td>Service orientation and customer focus</td>
</tr>
<tr>
<td>3</td>
<td>Communicating effectively</td>
</tr>
<tr>
<td>4</td>
<td>Financial acumen</td>
</tr>
<tr>
<td>5</td>
<td>Change management</td>
</tr>
<tr>
<td>6</td>
<td>Process management</td>
</tr>
<tr>
<td>7</td>
<td>Clinical expertise</td>
</tr>
</tbody>
</table>

**“Soft” Skills**

- Building and strengthening relationships
- Service orientation and customer focus
- Communicating effectively

**“Hard” Skills**

- Financial acumen
- Process management
- Clinical expertise

*Source: Executive Perspectives of Service Line Leadership Survey, 2014; Oncology Roundtable interviews and analysis.*
Oncology Is Mission Critical

Cancer Program Remains a Top Priority

Expected Change in Volumes over the Next 5 Years

*Includes Inpatient and Outpatient Volumes*

<table>
<thead>
<tr>
<th>Service Line</th>
<th>% Change</th>
<th>n</th>
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</thead>
<tbody>
<tr>
<td>Oncology</td>
<td>25%</td>
<td>80</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>21%</td>
<td>72</td>
</tr>
<tr>
<td>Cardiology</td>
<td>18%</td>
<td>60</td>
</tr>
<tr>
<td>Neurology</td>
<td>18%</td>
<td>68</td>
</tr>
<tr>
<td>Imaging</td>
<td>14%</td>
<td>62</td>
</tr>
</tbody>
</table>

Source: 2014 Advisory Board Executive Perspectives on Service Line Strategy Survey; Oncology Roundtable interviews and analysis.
Prioritization Not Translating to Dollars

“I have been asking for a new FTE for a navigation position for three years. I put it in our proposed budget, but it’s consistently rejected.”

Oncology Program Director, Community Hospital

“Our site service line leaders have some resource allocation challenges. Hospital leadership sometimes doesn’t understand cancer, so it’s difficult to secure resource support.”

System Oncology Leader, Multi-hospital Health System

Source: Oncology Roundtable interviews and analysis.
Hospital Margins Under Pressure

Expense Growth Outpaces Revenue Growth for First Time in Years

**Annual Operating Revenue and Expense Growth**

*Not-for-Profit Hospitals, 2010-2012*

- 2010: Revenue Growth 4.4%, Expense Growth 4.3%
- 2011: Revenue Growth 5.4%, Expense Growth 5.0%
- 2012: Revenue Growth 5.2%, Expense Growth 5.5%

Expense growth surpassing revenue growth for first time since FY 2008

**Long-Term Revenue Pressure**

- Decelerating growth in reimbursement
- Shifting payer mix as Baby Boomers hit Medicare rolls and Medicaid expands
- Deteriorating case mix due to increasingly chronic, comorbid population

Factors Increasing Scrutiny of Service Line Investments

Decreasing Margins
Declining hospital margins mean there are fewer resources to go around

Competing Priorities
Various sectors within the hospital compete for shrinking pool of funds

Need to Minimize Cost Growth
Execs leery to invest in non-reimbursed services, such as navigation and distress management

Source: Oncology Roundtable interviews and analysis.
More Competing Priorities on the Horizon

Executives’ Attention Increasingly Divided

Issues Demanding Hospital Investment

- MD Practice integration
- Hospital M&A
- Regulatory mandates
- Quality reporting

Today

- Meaningful Use
- Coverage expansion
- ICD10
- Care transformation

Tomorrow

Source: Oncology Roundtable interviews and analysis.
A Challenging Environment for Service Lines

Obstacles to Effective Service Line Advocacy

- Difficulty translating institutional goals into service line initiatives
- Unclear or unrealistic executive expectations for service line performance
- Limited ability to monitor, analyze performance data

Source: Oncology Roundtable interviews and analysis.
Oncology’s Fit Not Always Clear

Service Line Leaders Get Mixed Messages

Example Communication Breakdowns

““Our hospital’s current priority is to focus on the transition to value-driven payment models.”

Hospital COO, Community Hospital

Cancer program still operating in FFS environment; executives unwilling to support utilization reduction efforts

“The system’s three year plan is centered on increasing the quality of care for patients.”

Hospital CEO, Multi-hospital Health System

Executive team denies request to expand outpatient palliative care

Source: Oncology Roundtable interviews and analysis.
Great Expectations for Oncology

But Growth Is Getting Harder

Cancer Program Growth Strategies c. 2004
Relies on capital investments

- Multifunctional LINAC
- da Vinci robot
- Facility upgrades
- Satellite facilities

Cancer Program Growth Strategies c. 2014
Relies on ‘soft’ returns

- Bone marrow transplant
- Clinical research
- Navigation
- Tumor site program development

“I want to know what hard ROI I can expect from the oncology service line.”

Hospital COO, Community Hospital

Source: Oncology Roundtable interviews and analysis.
Challenge 3: Lack of reliable performance data

Performance Data Often Out of Reach

Obstacles to Performance Reporting

- Archaic Data Systems
- Inconsistent Data Entry
- Poor Data Integration
- Lack of Standard Metrics
- Data Analysts’ Limited Time
- Limited Reporting Capabilities

Source: Oncology Roundtable interviews and analysis.
Communicating Oncology’s Strategic Value

Provide a More Complete Account of Oncology’s Contributions

1. Refine ICD-9/ICD-10 based reporting
2. Teach Executives about Oncology’s Complexities
3. Reinforce Key Messages with an External Voice

Explicitly Link Service Line Initiatives to Institutional Goals

4. Understand Executives’ Priorities
5. Balance Institutional and Service Line Goals
6. Report Back on Performance

Craft a Compelling Case for Continued Investment

7. Collect Evidence to Build the Case
8. Know Your Audience
9. Reframe Data to Clarify the Need
10. Connect the Dots
11. Invest for Long-Term Success

Source: Oncology Roundtable interviews and analysis.
Communicating Oncology’s Strategic Value
Provide a More Complete Account of Oncology’s Contributions

1. Refine ICD-9/ICD-10 based reporting
2. Teach Executives about Oncology’s Complexities
3. Reinforce Key Messages with an External Voice
No Margin, No Mission

Quality and Service Paramount, But Dependent on Financial Sustainability

How Important Are Each of the Following to Oncology Service Line Success?

Percentage “Extremely Important” or “Very important;” n=55

- Clinical Quality: 95%
- Patient Experience: 91%
- Growth Strategy: 91%
- Physician Alignment: 89%
- Cost Containment: 79%
- Regulatory Compliance: 71%
- Staff Management: 62%
- Care Redesign: 58%

Source: 2014 Advisory Board Executive Perspectives on Service Line Strategy Survey; Oncology Roundtable interviews and analysis.
How Do You Define the Oncology Service Line?

Multiple Factors Complicate Financial Analyses

<table>
<thead>
<tr>
<th>Physician Specialties</th>
<th>Hospital Departments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Oncology</td>
<td>Infusion</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Radiation Therapy</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Inpatient Medicine</td>
</tr>
<tr>
<td>Thoracic Surgery</td>
<td>Surgery</td>
</tr>
<tr>
<td>Radiology</td>
<td>Imaging</td>
</tr>
<tr>
<td>Pathology</td>
<td>Lab</td>
</tr>
<tr>
<td></td>
<td>Pharmacy</td>
</tr>
</tbody>
</table>

- Direct Oversight
- Indirect Oversight
- No Oversight

Source: Oncology Roundtable interviews and analysis.
Lesson #1: Refine ICD-9/ICD-10 based reporting

ICD-9 Analysis Offers a More Complete Picture

Outpatient Service Line Rankings

Traditional Analysis

Hospital Outpatient Contribution Profit

ICD-9-Based Analysis

Hospital Outpatient Contribution Profit

1) Oncology defined as radiation therapy and chemotherapy.

Source: Oncology Roundtable interviews and analysis.
Transitioning to ICD-10 (Someday)

An Opportunity to Revisit Diagnosis-Based Service Line Definitions

Numbers of ICD-9 vs. ICD-10 Codes

- Diagnosis (CM)
  - ICD-9: ~14K
  - ICD-10: ~4K
- Procedure (PCS)
  - ICD-9: ~69K
  - ICD-10: ~72K

Key Considerations for Cancer Programs

- Reimbursement
- Physician Documentation
- Patient Access

Source: Oncology Roundtable interviews and analysis.
Going Beyond Primary Diagnosis

Including Five Levels of Codes Increases Revenues 260%

Service Line Definition Analysis at Advocate Health Care

- Traditional service line definition underreported services provided to cancer patients
- Service line leader identified need for new service line definition
- Service line leader, finance staff calculated oncology patient capture at various diagnosis levels
- Goal was to capture 80% of patients with a listed diagnosis of cancer
- Analysis reveals extending definition to five diagnosis codes captures 80-90% of oncology patients
- Service line definition expanded to include patients that have a diagnosis of cancer listed within the first five diagnosis codes
- Service line leader successfully makes the case for expanded definition
- Under new definition, oncology service line revenue increases by 260%

Source: Advocate Health Care, Oak Brook, IL; Oncology Roundtable interviews and analysis
Case in Brief: Advocate Health Care

- 11-hospital health system based in Oak Brook, Illinois
- Recognizing that the traditional oncology service line definition significantly undervalued the cancer program’s financial contributions, service line administrator worked for several years to redefine service line
- Initial service line definition included pre-determined list of MS-DRG codes and those patients with a primary diagnosis of cancer for inpatient services, and a primary diagnosis of cancer for outpatient services
- Analysis of billing records showed that expanding the service line definition to patients with a diagnosis of cancer within the first five listed diagnoses captured 80-90% of cancer patients
- Analysis used to make the case to executives to expand service line definition across the Advocate Health Care system
- As a result of the expanded definition, oncology service line revenues, including outpatient and inpatient oncology services, increased by 260%
Additional Analytical Approaches for Consideration

Methods for Defining Service Line’s Financial Contributions

1. ICD-9 Analysis
   - Captures all revenues and services used by patients with a diagnosis of cancer

2. Downstream Revenue Analysis
   - All services and procedures generated by a cancer screening or a cancer diagnosis

3. Expected Value Analysis
   - Calculate services provided to a new cancer patient for a full year following diagnosis

4. Activity-Based Cost Accounting
   - Assigns a cost to every activity involved in providing care for a patient; provides more complete picture of resource utilization

Source: Oncology Roundtable interviews and analysis.
# Optimal Approach Driven by Program Needs

## Resource Requirements

<table>
<thead>
<tr>
<th>ICD-9/ICD-10</th>
<th>Expected Value Analysis</th>
<th>Downstream Revenue Analysis</th>
<th>Activity Based Costing</th>
</tr>
</thead>
</table>
| • Standard billing and clinical systems currently at use in most hospitals  
• Advanced decision support capabilities helpful, not essential | • Tumor registry with complete, up-to-date patient information  
• Advanced decision support capabilities, standardized data pulls | • Advanced decision support capabilities  
• Linkage between systems at satellite locations and hospital systems | • Advanced activity based cost accounting with necessary systems support  
• Ability to link departmental systems into system |

## Challenges

<table>
<thead>
<tr>
<th>ICD-9/ICD-10</th>
<th>Expected Value Analysis</th>
<th>Downstream Revenue Analysis</th>
<th>Activity Based Costing</th>
</tr>
</thead>
</table>
| • Appropriate ICD-9/10 code not always used in OP setting  
• Gaining executive buy-in often challenging | • Linking volumes with financials often difficult  
• Time consuming to replicate for tumor sites | • Defining appropriate patient population for analysis  
• Linking volumes with financials | • Very resource intensive, with long roll-out period  
• Implementation of ABC system usually hospital-wide decision |

## Application

<table>
<thead>
<tr>
<th>ICD-9/ICD-10</th>
<th>Expected Value Analysis</th>
<th>Downstream Revenue Analysis</th>
<th>Activity Based Costing</th>
</tr>
</thead>
</table>
| • Demonstrating oncology’s total contribution to hospital  
• Making the case for oncology as a strategic priority | • Strategic planning by tumor site  
• Determining utilization by service, department  
• Gaining hospital-wide buy-in for cancer investments | • Justifying capital investments  
• Capturing volumes, finances from satellite services | • Payer negotiations  
• Budgeting, resources allocation  
• Valuable in all aspects of program management |

Source: Oncology Roundtable interviews and analysis.
Provide Context and Comparisons

Exemplar Case for Presenting Data

Oncology Financial Analysis

Analyses reflect following criteria:

- ICD-9 codes, DRG and/or oncology specialist ID #

Cancer-related care equals:

- 12% of Neurosurgery ($10.9 million) – not included
- 11% of Transplant Surgery ($5.1 million) – not included
- 49% of Thoracic Surgery ($3.3 million) – included

Oncology has 1:1 inpatient/outpatient revenue ratio. Rest of the hospital has more than a 2:1 inpatient/outpatient revenue ratio. *Any contract with unfavorable outpatient reimbursement will disproportionately negatively impact oncology.*

Includes service line definition by highlighting included and excluded cases

Presents service line data in context of hospital finances

Highlights data-driven conclusions, key takeaways

Source: Oncology Roundtable interviews and analysis.
Financial Analysis Only One Piece of the Pie

Service Line Value Extends Beyond Financial Reporting

Oncology Service Line Value

- Screening & Prevention
- Margin Performance
- Patient Experience
- Clinical Quality
- Community Benefit
- Survivorship
- Distress Screening
- Tumor Boards
- Outpatient Palliative Care
- Patient Navigation

Source: Oncology Roundtable interviews and analysis.
Lesson #2: Teach Executives about Oncology’s Complexities

Not Speaking the Same Language

Oncology Often Unfamiliar Terrain to Executives

What are you doing to grow inpatient volumes?

Why aren’t your inpatient volumes higher?

How are we investing in inpatient cancer services?

Why are we investing in a survivorship program when there is no ROI?

What is the Commission on Cancer?

Why do we need business plans for each tumor site?

Source: Oncology Roundtable interviews and analysis.
A Picture Is Worth a Thousand Words

Pie Charts Illustrate Importance of Oncology’s Outpatient Business

 Advocate’s Service Line Strategic Growth Meetings

- Monthly meetings with VP of Business Development, CEO, COO, CFO, and all service line leaders
- Service line leaders present in turn on respective service line negative variances
- Oncology administrator consistently questioned on her “poor” inpatient performance

Typical Charge Ratio

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Cancer Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>71%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>29%</td>
</tr>
</tbody>
</table>

Service line administrators can use similar comparisons to demonstrate the outpatient nature of the oncology service line

Source: Advocate Health Care, Oak Brook, IL; Oncology Roundtable interviews and analysis.
A Picture Is Worth a Thousand Words (cont.)

Case in Brief: Advocate Health Care

- 11-hospital health system based in Oak Brook, Illinois
- All service line administrators required to participate in monthly growth meetings in order to discuss respective service line performance
- Growth meetings include CEO, CFO, COO, VP of Business Development, and all other service line leaders
- Executives were continually concerned with oncology’s inpatient volumes, despite the oncology service line administrator explaining that the service line largely operated in the outpatient setting
- Oncology administrator presented data showing inpatient and outpatient gross revenue for the hospital in comparison to the inpatient and outpatient gross revenue for the oncology service line
- Data on inpatient and outpatient gross revenue helped make the case to focus on outpatient volumes when evaluating the oncology service line’s performance

Source: Advocate Health Care, Oak Brook, IL; Oncology Roundtable interviews and analysis.
Tell the Whole Story

Additional Context Can Enhance Executive Understanding and Buy-In

**Explain Trends in Cancer Treatment**

- Report trends in hypofractionation for radiation therapy, resulting decrease in number of procedures
- Trends and business impact of new therapies

**Highlight Differences across Tumor Sites**

- Explain that each tumor site has its own business strategy
- Tumor site specific performance monitoring provides most accurate perspective

**Provide Benchmarks**

- Provide external benchmarks when possible
- Compare to other outpatient-oriented service lines

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**Changing Mindsets**

“I had to teach executives to think about **cancers**, not cancer.”

*Cancer Service Line Administrator,*
*Community Hospital located in the Midwest*

Source: Advocate Health Care, Oak Brook, IL; Oncology Roundtable interviews and analysis.
Executive Cancer Committee Attendance Offers Varied Benefits

Broward Leadership Invited to Cancer Committee

- Hospital experienced executive leadership turnover
- Seeking to engage new leadership, service line leader invites CEO, COO, CFO to every other monthly cancer committee meeting

Cancer Committee Provides Additional Context

- Cancer committee shares information on service line initiatives as well as updates on key business units
- Executives gain enhanced understanding of service line specific issues such as cancer registry and outpatient palliative care

Executives Push to Expand Model

- Executives very engaged during cancer committee discussions
- Executives derive significant value from participation and are pushing to attend similar cardiovascular service line meetings

Source: Broward Health, Fort Lauderdale, FL: Oncology Roundtable interviews and analysis.
Case in Brief: Broward Health

• Five-hospital health system based in Fort Lauderdale, Florida
• In an effort to engage new hospital leadership, oncology service line leader invited hospital CEO, COO, and CFO to attend every other cancer committee meeting
• Executive team is very engaged in the cancer committee discussions and have gained better understanding into cancer service line program and operations
• Executives now understand service line specific issues, such as the value of outpatient palliative care, cancer registry, and clinical research
• Success of the initiative has led executives to expand the model by attending cardiovascular service line meetings as well
Maximizing Dedicated Leadership Participation

Enlist Leadership Input at Key Strategic Points

**Key Implementation Tips**

1. Consider executive participation in meetings where the service line will be discussion top issues that executives typically do not understand or in meetings where you’ll be reviewing annual or bi-annual service line performance data.

2. Invite executive participation in service line strategy discussions in order to solicit input and ensure service line strategy is in line with broader institution goals.

3. Send meeting agenda to invited executives in advance and clearly delineate where you would want their input.

4. Provide contextual information or benchmarks where possible to enhance executive understanding and present information in context of larger hospital objectives or trends.

5. Build in time to debrief with executives after their attendance at a service line meeting.

Source: Oncology Roundtable interviews and analysis.
Lesson #3: Reinforce Key Messages with an External Voice

Available Within Your Membership

Resources to Support Your Efforts

- **Ready-to-Use Oncology Market Trends Slides**
  - Ready-to-use slides outlining key oncology market trends and service line updates

- **Oncology Service Line Issue Briefs**
  - Short issue briefs outlining key oncology topics, such as quality and service line growth

- **Oncology Roundtable Customized Web Conferences**
  - Customized web conferences presented by Oncology Roundtable experts on a topic of your choice

Source: Oncology Roundtable interviews and analysis.
Key Takeaways

1. **Refine ICD-9/ICD-10 based reporting**
   
   Since evaluating service line financial performance is a top priority for executives, cancer program leaders should capture the service line’s contributions as completely as possible. While oncology is consistently a top revenue performer within the hospital, its financial contributions are typically underreported due to a limited service line definition and financial reporting methods.

2. **Teach Executives about Oncology’s Complexities**
   
   To demonstrate the oncology service line’s value beyond financial contributions, cancer program leaders should engage executives to build mutual understanding of service line complexities. Improved understanding of the oncology service line’s context allows executives to engage in more nuanced analysis of service line value.

3. **Reinforce Key Messages with an External Voice**
   
   External information and benchmarks can be helpful in making the case for the service line to hospital executives. Oncology Roundtable resources, including market trend slides and private label webconferences, can be the starting point for fruitful executive engagement in service line strategy.
Communicating Oncology’s Strategic Value – Part 1

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