The High Performance BMT Program....
Chart Your Course, or Someone Else Will!

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Laura Adams
Director of Business Development, Stanford Cancer Center
Administrative Director, BMT Program
BMT Administrator = Expert Navigator
1. Pay Attention  
20. Beware of Intersections  
3. Yield Anyway!  
22. Know How to Stop  
5. Don’t Drive Impaired  
27. Get Rid of Tailgaters  
6. Wear Your Seat Belt  
30. Know How to Recover From a Skid  
7. Buy and Use Safety Devices  
38. Don’t Prevent Others from Passing  
11. Chill Out!  
42. Exercise Prudent Courtesy  
12. Look Down the Road!  
45. Start Rested – Keep Fresh!  
13. Create Space  
50. Connect Your Mind to Your Eyes  
16. Always Signal Your Intentions  
51. Make Defensive Stops  
17. Know Your Blind Spots!  
64. Avoid Head Injuries  
19. Avoid Backing Up  
69. Use the Center Lane for Safety!
I. **Pay Attention**

II. Look Down the Road!

III. Always signal your intentions

   *(Case Study – one program’s experience with strategic planning)*

IV. Yield Anyway

V. Use the Center Lane for Safety
What lurks in the murky waters of your program’s future?

- Healthcare reform?
- Physician shortages?
- Increase/decrease in volume and demand?
- Staffing issues?
- Space concerns?
- Changes in reimbursement?
- New technologies, drugs, practices?
- Managed care or referring physician changes?
“If you’ve seen one BMT Program, you’ve seen one BMT Program!”

Shirley Johnson
City of Hope
Road Map for Discussion

I. Pay Attention

II. **Look Down the Road!**

III. Always signal your intentions

   *(Case Study – one program’s experience with strategic planning)*

IV. Yield Anyway

V. Use the Center Lane for Safety
What is strategic planning to you?

- The dusty binder I inherited on my bookshelf when I took this job?
- Loved and endorsed by all?
- A secret in my organization?
- Fun?
- A political minefield?
- Our best roadmap to the future?
Questions to consider...

- Your organization’s strategic planning process and infrastructure
- AMC or community hospital based program
  - If AMC, joint process with school?
- Service line organization
  - Does Oncology Service Line include inpatient and outpatient?
- Where does your BMT Program fit within the organization? The service line? The school?
- BMT program director/key physician(s) engagement
- Senior management support — school and hospital?
Questions to consider...  (cont.)

- BMT Program Components
  - Inpatient Unit
  - Infusion Treatment Area
  - Apheresis
  - Clinic
  - Cell Processing/Cellular Therapeutics Lab
  - Data Management
  - Research Labs
  - Pediatric program

- Owner/driver of process

- Internal/external facilitation

- Who pays the bill
Questions to consider... (cont.)

- Key stakeholder identification
  - Hospital and School
  - MDs and staff – BMT Program
  - MDs, departments, staff – external to program
  - Referring MDs
  - Partnerships

- Implementation
Road Map for Discussion

I. Pay Attention
II. Look Down the Road!
III. *Always signal your intentions*
IV. Yield Anyway
V. Use the Center Lane for Safety
One program’s strategic planning road trip....
Why a 10-year Strategic Plan?
Our Planning Considerations

- Our organization’s strategic planning process and infrastructure
  - Hospital-based Business Development Department, which incorporated strategic planning
  - School-based Office of Institutional Planning
  - Integrated Planning workgroup (new)

- AMC or community hospital based program
  - If AMC, joint process with school?
    - AMC, joint strategic planning process
Our Planning Considerations (cont.)

- **Service line organization**
  Does Oncology Service Line include inpatient and outpatient?

  - Six strategic service lines – Oncology, Cardiovascular, Neurosciences, Transplant (solid organ), Ortho, Core Surgery
    - Current service line structure in Oncology is Cancer Center, not Cancer Services
    - VP of Cancer Center

- **Where does our BMT Program fit within the organization? The service line? The school?**
  - BMT Administrative Director reports to the VP of Cancer Center (CC); direct reports are hospital-based and not included in current Oncology Service Line (SL)
  - Infusion Treatment Area in Cancer Center, included in Oncology SL; reports up to CC VP
  - BMT Clinic organized within Disease Management Grouping, included in Oncology SL; reports up to CC VP
  - Inpatient Nurse Manager/Unit reports to CNO, not included in Oncology SL
  - Division of BMT, Department of Medicine, School of Medicine
Our Planning Considerations (cont.)

- BMT program director/key physician(s) engagement
  - Absolutely

- Senior Management Support – school and hospital
  - VP of Cancer Center, VP of Business Development and Strategy - fully supported
  - School support at necessary levels unconfirmed

- BMT Program Components
  - Inpatient Unit
  - Outpatient Infusion Treatment Area, inc. Apheresis
  - Outpatient Clinic
  - Cell Processing/Therapeutics Lab
  - Research Labs
  - Data Management Group (dedicated)
  - Pediatric program – separate facility, shared research, utilize our Cell Processing/Therapeutics Laboratory and Data Management
Our Planning Considerations (cont.)

- Owner/driver of process
  - Administrative Director, BMT Program

- Internal/external facilitation
  - Internal, Integrated Planning workgroup

- Who pays the bill
  - No direct expense; staffed internally

- Key stakeholder identification
  - Hospital and School
    ✓ Dean, School of Medicine
    ✓ COO
    ✓ Chair, Department of Medicine
    ✓ CNO
    ✓ VPs, Cancer Center and Business Development
Key stakeholder identification

- MDs and staff – BMT Program
  - BMT Program Director
  - Key BMT Translational MDs
  - BMT DMG Physician Leader
  - Scientific Director, Cell Processing/Cellular Therapeutics Lab
  - Nurse Manager, Inpatient Unit
  - Clinical Director, Cancer Center (Infusion Area, Clinic)
  - Kate Tierney
  - Manager, Division of BMT

- MDs, departments, staff – external to program
  - Rad Onc
  - Managed Care

- Referring MDs
  - Interview Process

- Partnerships
  - Interview Process
With questions answered, our journey begins

- **BMT Administrative Director:**
  - re-confirms support from BMT Program Director and enlists support from key stakeholders and participants within BMT program;
    - Strongest selling point: goal of prospective/strategic support for staff and space
  - engages hospital business development group; who in turn engage school institutional planning group;
  - forms core working group;
  - and we’re off!
Planning Meeting #1

- Reviewed CIBMTR volume projections through 2015
- Reviewed our historical volume by diagnoses
- Discussion – what will the next 10 years see in the clinical and translational arenas

- Identified potential areas for growth – disease/treatment specific, and translational
- Discussed treatment types at risk
- Brainstormed concept of Cellular Therapeutics “Institute”
Planning Meeting #2

- Discussed disease types and their potential impact to transplant projections (at what point and what impact)
- Explored/expanded cellular therapeutics model and concept
- Reviewed excellent BMT Volume Projection Model developed by Business Development....
### BLOOD & MARROW TRANSPLANT PROGRAM 10 YEAR VOLUME PROJECTIONS

#### CIBMTR Projected Annual Growth Rate, 2008-2015

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#### SHC Adult Volume Average Annual Growth Rate, 2006-2010

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#### Competitor Volume Average CAGR, 2006-2008

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#### SHC Adult Volume Projected Annual Growth Rate, 2011-2020

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#### SHC Adult Volume IP/OP Average Split, 2008-2010

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Interviews

- Peer institutions
  - Programs with similar research and market presence

- Stanford Physicians
  - BMT
  - Hem
  - Onc
  - Rad Onc
  - Lymphoma
  - Chairs, Department of Medicine and Pediatrics
  - Cancer Center Directors – clinical and research
  - Program Project Grant (PPG) research project leaders
  - Other key leaders within School of Medicine

- Internal hospital stakeholders

- Referring MDs – internal, external, strategic partners
 Interviews identified program

- Strengths
- Weaknesses
- Opportunities
- Threats
- Strategic Priorities (top 3)

10 Year Look Forward – Managed Care/Governmental Payers
Then we approached a strategic intersection....

- Organizationally, strategic planning process experiencing a revival and renewed interest
  - Joint Planning Committee, SHC and School of Medicine
  - New Chair of Medicine (interim), CEO retirement

- Service Line Strategic Planning process launched
  - Cardiovascular Services, June 2010
  - Oncology next in queue
    - New Cancer Center Medical Director

- BMT “rogue” strategic plan, at programmatic level

- Cardiovascular plan advanced, Oncology preparation began
High-level decision to table BMT; roll into Oncology plan
Road Map for Discussion

I. Pay Attention

II. Look Down the Road!

III. Always signal your intentions

(Case Study – one program’s experience with strategic planning)

IV. Yield Anyway - ?

V. Use the Center Lane for Safety
Yield Anyway?

- BMT process had momentum and engagement
- BMT at risk of being “lost” in Oncology plan
- BMT Lab and cellular therapeutics component at even greater risk of being “lost”

But, heeding Uncle Bob’s advice to Avoid Head Injuries....

- BMT planning process tabled
- Intended to roll work into Oncology plan
Did I know our blind spots?

- Needed to better understand organizational process in the beginning.
- Garnered support at senior levels in both hospital and school for the process.
- Advocated more effectively to keep BMT process moving, at least BMT Lab/cellular therapeutics component(s).
Road Map for Discussion

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(Case Study – one program’s experience with strategic planning)

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V. **Use the Center Lane for Safety**
Safety in the Center Lane

- Oncology Strategic Planning processes began in fall 2010; scheduled for completion in summer 2011.

- Complex process with myriad of clinical and research interests, all competing for valuable resources.

- Timeframe, structure, resources do not allow us to delve into the level of detail for each of the oncology services as we were with BMT standalone.

- BMT’s unique qualities – processing lab, cellular therapeutics, programmatic structure – must be represented in Oncology strategic planning process for BMT to remain successful.
Continued Safety in the Center Lane

- Oncology planning has dedicated staff resources with in-depth knowledge of BMT; person-dependent, not process.

- Recent developments necessitate creation of standalone BMT Lab/Cellular Therapeutics business plan, currently underway.
“My interest is in the future because I am going to spend the rest of my life there.”

Charles F. Kettering (1876-1958)

American engineer
Inventor of the electric starter
Whatever road you choose to the future....

Start Rested – Keep Fresh!!!