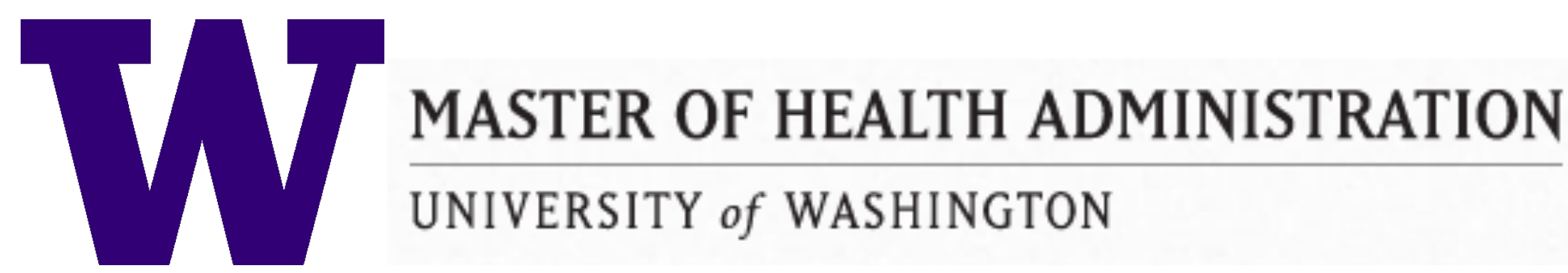


# Local Care, Universal Lessons: A Strategic Review of the Providence Regional Cancer Partnership

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## INTRODUCTION

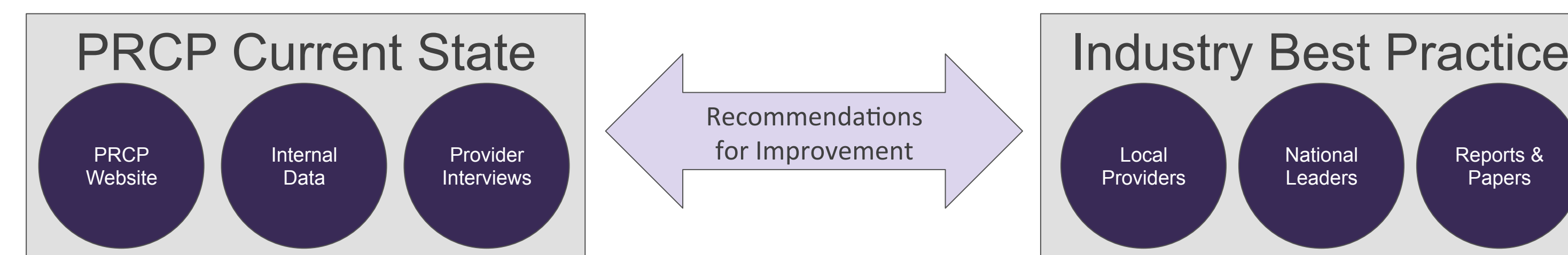
Cancer is one of the most common causes of death and one of the costliest conditions to treat. As competition increases and health care providers face financial pressures from declining reimbursement and costly treatments, many organizations are turning towards partnership models in order to better manage cancer care for their communities. Such collaborative models present unique challenges to strategy development, including lack of data transparency and ambiguous lines of accountability. Furthermore, academic medical centers and tertiary cancer “centers of excellence” threaten the market position of local and regional cancer organizations. This study evaluates the ability of the Providence Regional Cancer Partnership (PRCP) to meet the cancer care needs of Snohomish County, WA, and in doing so, it attempts to address the following research question:

**How does one evaluate a regional cancer partnership’s strategic market position?**

In response to this question, we propose an assessment of the following: clinical practice, data utilization, community engagement, marketing and communication, and financial self-understanding.

## METHODS

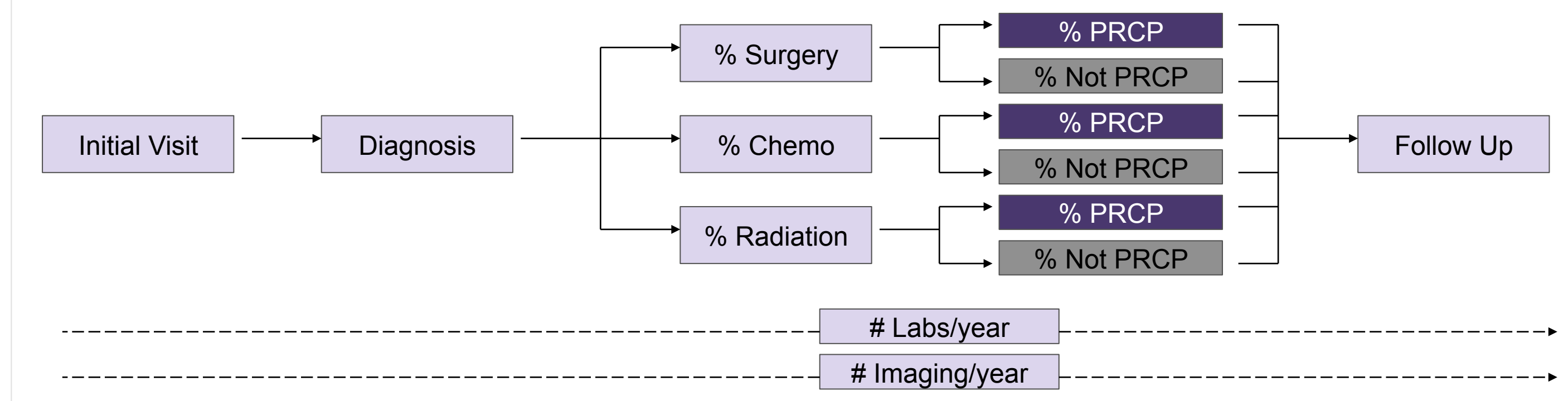
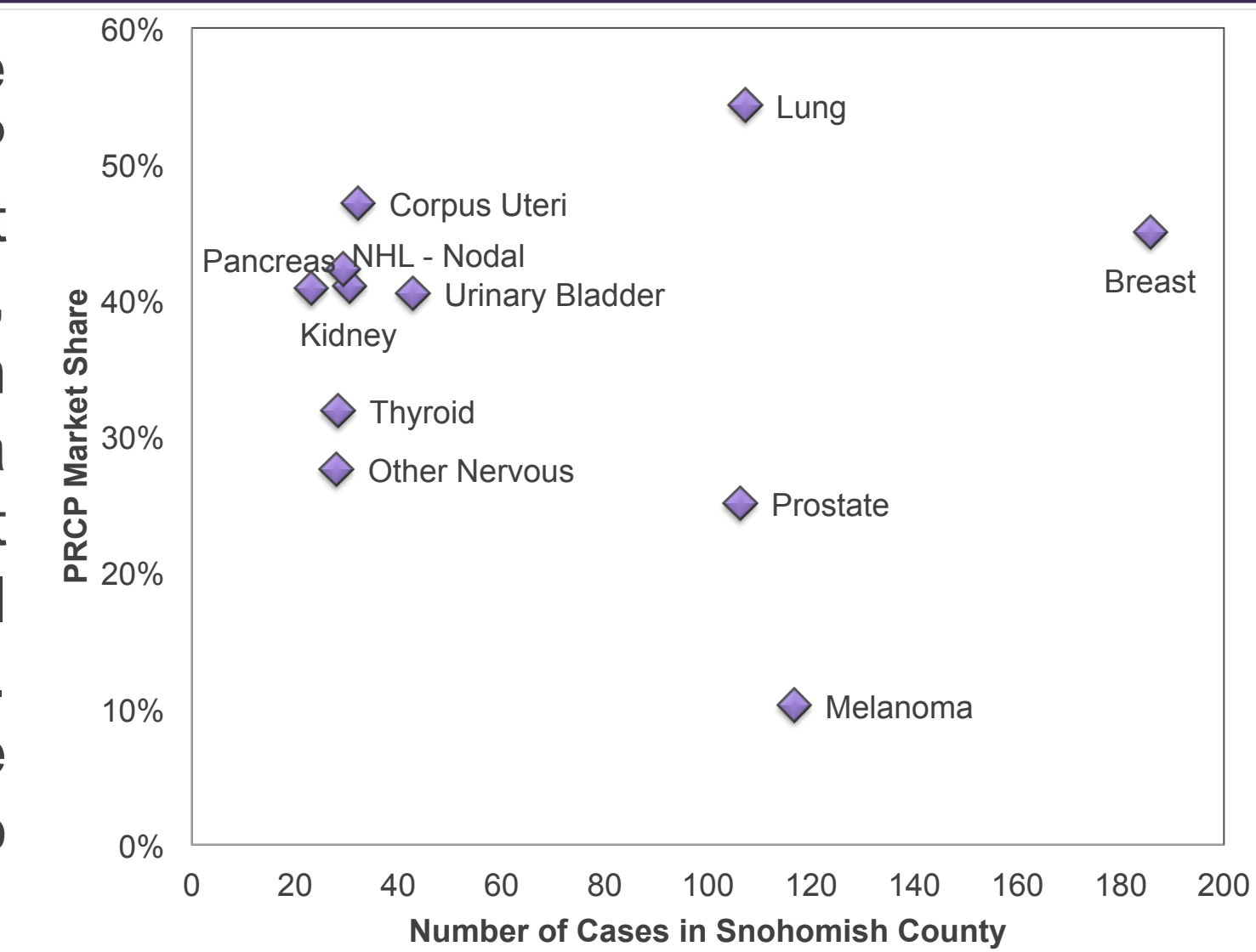
Using an evidence-based focused action research model, the authors conducted a ten-week explanatory study to include: literature review, competitor and market assessment through publicly-available resources, provider interviews, and a review of internal data and documents. A qualitative gap analysis was used to evaluate PRCP’s strategic offerings and make recommendations. The diagram below depicts the methodology and sources employed to develop recommendations for PRCP’s programmatic offerings and communication efforts.



To create a model for valuation of the service line, Snohomish County tumor registry data was used to identify top tumor site opportunities for PRCP. Using clinical pathways created by Cancer Care Ontario, Cancer Council Victoria, and the National Institute for Health and Care Excellence, a framework was created to which referral data and contribution margins could be applied to calculate the financial value of PRCP to sponsoring organizations.

## FINANCIAL VALUATION

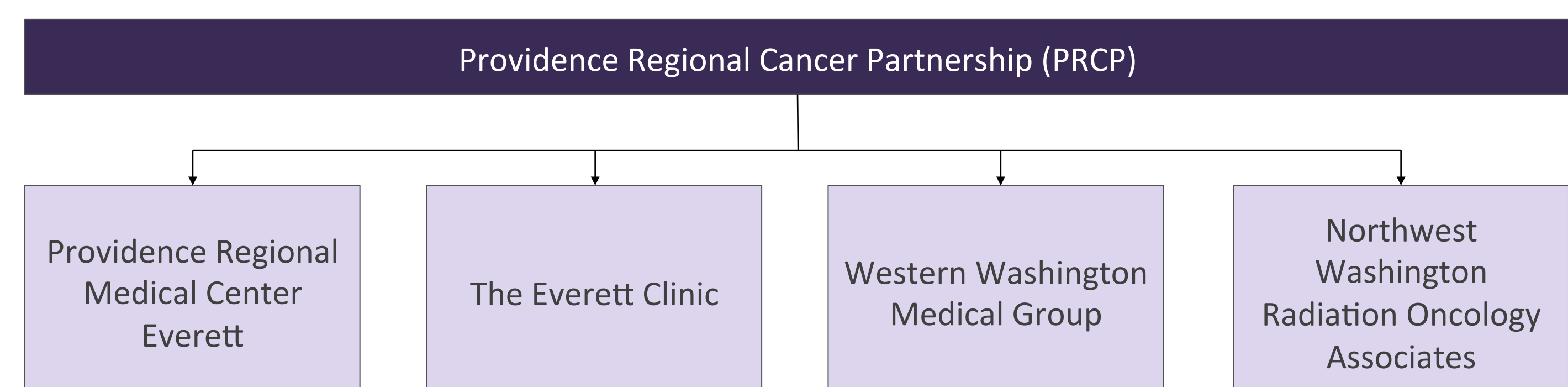
Tumor registry data indicated the greatest opportunities for PRCP based on prevalence and market share are cancers of the breast, lung, prostate, and skin. Interviews with PRCP providers revealed that a simplistic patient pathway is most appropriate to estimate the financial contribution of each patient to PRCP. A model was created to guide the valuation of patients according to cancer type.



More data transparency would be required to understand the breakdown of patients according to treatment option and referral destination.

## ABOUT PRCP

Founded in 2007, the Providence Regional Cancer Partnership (PRCP) is the fourth-largest cancer program in the Puget Sound region. A collaboration between four health care organizations based out of Snohomish County, PRCP strives to be a “comprehensive, regional, state-of-the-art, single destination designed exclusively for the cancer patient and family with integrated and seamless clinical, operational, and business processes.”



PRCP provides tertiary oncology services to the 750,000 residents of Snohomish County with robust breast and lung cancer programs. Additional support services including financial counseling, classes, and access to cancer resources through a partnership with the American Cancer Society are offered to patients. Despite modest growth in volumes in recent years, PRCP faces aggressive competition from Seattle-based and surrounding health care organizations. Consequently, the comprehensive financial performance of PRCP remains unknown due to the complex interactions of partner entities.

## PROGRAMMATIC GAP ANALYSIS

A review of industry publications revealed three programmatic themes on which cancer providers were focusing: (1) innovative clinical practice, (2) enhanced data utilization, and (3) meaningful engagement of patients and community members. A fourth theme, effective communication of value to consumers, was added due to its relevance to strategy development. A competitor assessment showed that PRCP is on par with competing local and regional cancer programs, but had opportunities to improve according to national best practices.

	Clinical Practice	Data Utilization	Community Engagement	Marketing & Communication
<b>Best Practice</b>	<ul style="list-style-type: none"> <li>Med &amp; Rad Onc</li> <li>Precision Therapy</li> <li>Genetic Testing</li> <li>Low-dose CT Scan</li> <li>Oral Medications</li> </ul>	<ul style="list-style-type: none"> <li>Interoperability</li> <li>Quality Tracking</li> <li>“Big Data” Storehouses</li> </ul>	<ul style="list-style-type: none"> <li>Engage Survivors</li> <li>Patient Navigators</li> <li>Prevention &amp; Cessation</li> </ul>	<ul style="list-style-type: none"> <li>Interactive Website</li> <li>Social Media</li> <li>Personal Storytelling</li> </ul>
<b>PRCP</b>	<ul style="list-style-type: none"> <li>Med &amp; Rad Onc</li> </ul>	<ul style="list-style-type: none"> <li>Multiple Sources</li> <li>Barriers to Transparency</li> </ul>	<ul style="list-style-type: none"> <li>Some Survivorship Programs</li> <li>Breast Cancer Navigators</li> </ul>	<ul style="list-style-type: none"> <li>Simplistic Website</li> <li>Focus on PRCP</li> </ul>
<b>Gap</b>	<ul style="list-style-type: none"> <li>Precision Therapy</li> <li>Genetic Testing</li> <li>Prevention and Screening</li> <li>Oral Medication</li> </ul>	<ul style="list-style-type: none"> <li>Centralized Data Warehouse</li> <li>Automated Tracking</li> <li>Increased Data Sharing</li> </ul>	<ul style="list-style-type: none"> <li>Expand Navigators</li> <li>Smoking Cessation Initiative</li> </ul>	<ul style="list-style-type: none"> <li>Two-Way Communication</li> <li>Use Social Media as Tool</li> <li>Personalization and Storytelling</li> </ul>

**We believe PRCP can create a competitive advantage in local markets by reaching beyond the profile of a regional health care provider.**

## CONCLUSION

In order to compete in a growing healthcare market that is ever-wider in terms of geographic reach and driven by consumer choice, cancer programs must benchmark treatment options and resources against national cancer care leaders. They must also maintain the personalization and accessibility unique to local and regional health care providers. Multi-organizational partnerships allow smaller systems to share in this investment, but can succeed only by capitalizing on each partner’s unique competencies. True partnership requires not only shared investment, but also shared accountability, aligned strategies, and data transparency. The Providence Regional Cancer Partnership is just one example of a health care organization facing a crossroads between traditional practice and service that is innovative, consumer-focused, and forward thinking. The organization’s ability to maintain a long-term and competitive strategic advantage will depend on leadership’s actions and investments in the short term.

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