Insights Series

Issue 36
siemens-healthineers.com/
transforming-care-delivery

Built to care: cancer centers for the future

A thought leadership paper on "Optimize clinical operations"
authored by ECG Management Consultants

SIEMENS Healthineers

Preface

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Executive summary

Integrated multi-disciplinary cancer centers are becoming an increasingly popular care delivery model for providers in the U.S. and elsewhere. However, the planning, construction and operation of such centers present unique challenges.

This paper provides an overview of the complexities and challenges associated with such centers. These include the need for flexibility in order to serve the increasing numbers of cancer patients expected in the years ahead; a stronger focus on the needs and priorities of patients who want to be more engaged in their own care; and a need for adaptability in order to be able to integrate new technologies and equipment as these come to market.

Strategic planning is vital when considering a cancer care center, taking into account both medium- and long-term goals. Issues regarding oncology programs that must be carefully evaluated include the planned facility's leadership, the role it will play in education, research, and cancer prevention, and the extent of its diagnostic capabilities, treatment resources, and supportive care resources.

Business planning is also essential incorporating rigorous and realistic financial projections, volume estimates, and plans regarding facility sizing. This should include precise plans regarding the number of exam rooms, square footage requirements, and capital asset requirements—all of which are essential to support operational change as the center grows and evolves to meet the changing needs of patients and providers. Finally, this paper provides insights into the numerous aspects of activation and transition planning which are necessary to ensure operational readiness of people, technology, and the facility itself.

A familiarity with these planning steps can help to ensure that cancer care centers, both large and small, effectively serve the needs of their stakeholders and are able to operate on a solid financial and operational foundation.

Introduction

Effective cancer care depends on a carefully aligned series of measures that can include clinical interventions, pharmaceutical therapies, emotional support, careful monitoring of various factors and indicators, lifestyle changes, and others. Yet, effective treatment also requires facilities, "bricks and mortar," where many of these services can be delivered; facilities where patients, their families, and a wide range of experts and caregivers can work efficiently together to ensure that cancer patients receive the best possible care.

Increasingly, cancer services are being aggregated into single spaces. For providers, this facilitates seamless care across the cancer care continuum and enhances operational efficiency. For patients, who are becoming more actively involved in decisions regarding their own care, these multidisciplinary centers offer the convenience of comprehensive care in one location.

The trend toward integrated, multidisciplinary cancer centers is gaining momentum in many parts of the world, and is particularly common in the U.S. A careful analysis of the move toward integrated cancer centers reveals a number of factors that are crucial to their success. This paper aims to identify the factors that healthcare providers should consider when deciding to build new cancer centers, and provides an overview of the issues, and potential challenges, associated with such an undertaking—from initial planning, to the development of growth strategies, to business and financial decision-making, to having the right people and technologies are in place to ensure operational readiness.

The focus of this paper is on the U.S., where many such cancer centers are already operational. Yet many of the conclusions and recommendations contained in this paper have broader applicability and can provide guidance to healthcare providers working in a wide range of healthcare systems and under different reimbursement models.

Background

Despite the recent COVID-19 pandemic that has swept across the United States and the negative financial impact it has had on the U.S. healthcare system, the confluence of a rapidly aging population, a growing rate of cancer incidence, and aging and undersized facilities underscore the need for development or growth of new cancer programs. Taking into account the impact of numerous challenges in the dynamic American healthcare industry—for example, changing treatment patterns, emerging and costly therapies, and an often turbulent reimbursement landscape—it is more important than ever to apply a rigorous planning process to the design of any new facility. If not, errors such as oversizing, undersizing, or not allowing for sufficient flexibility can have significant adverse implications for years or even decades. But for healthcare systems and integrated networks that take the time to conduct due diligence and thoroughly analyze and understand their market, a properly designed and constructed cancer center can be the catalyst for an exceptional new chapter in the organization's history.

Most cancer care is provided in the outpatient setting, and most organizations will focus their cancer centers on providing these types of ambulatory services. In recent years, the ambulatory care center market segment has seen significant growth. According to a CBRE analysis of the most recent U.S. Census Bureau data, the number of outpatient centers in the United States increased 51 percent from 26,900 in 2005 to 40,600 in 2016; the growth in the outpatient space continued through 2019, with more than 2.1 million square feet of new space being completed in the fourth quarter.[1,2] Cancer centers are a significant contributor to this exponential growth.

Many cancer centers were not designed to be adaptable, which creates barriers to incorporating new technologies and/or approaches to care. As cancer services continue to evolve with new treatments and equipment, it is key to create a physical space that is flexible and able to accommodate both medical and technical advances.

"In an era of infinite challenges and finite resources, health systems must employ a very rigorous approach to strategic planning to ensure that financial resources are optimally deployed. Many organizations find value in bringing structure to their planning process by adopting a planning rubric."

Matthew Sturm, Principal, ECG Management Consultants

Need for additional capacity

Cancer disproportionally impacts the elderly population. Given the aging demographics of the United States, the number of new cancer patients is projected to continue to grow for years to come. Centers for Disease Control and Prevention data indicate that new cancer cases have increased approximately 20 percent for each of the last two decades, a trend that is anticipated to continue beyond 2020.[3] The growth in patient volumes is straining many cancer programs, particularly those that were built five or more years ago. Cancer centers with spatial limitations face throughput issues and may experience longer wait times for first available appointments. In addition, cancer centers with limited space often rely on outside labs, pharmacies, and support services, creating additional bottlenecks in the system that extend patient wait times at each step of their treatment.

Patient centricity

Patients expect the highest quality healthcare experience at the most accessible and affordable location possible. Moreover, cancer treatment presents unique facility challenges to accommodate both the clinical (e.g., immunocompromised) and psychological (e.g., healing environment) needs of patients. Contemporary cancer centers are specifically designed to meet these challenges and offer patients a holistic care environment.

Aging environments

Many cancer centers were not designed to be adaptable, which creates barriers to incorporating new technologies and/or approaches to care. As cancer services continue to evolve with new treatments and equipment, it is key to create a physical space that is flexible and able to accommodate both medical and technical advances.

To effectively address each driving factor described above, hospitals, health system leaders, and integrated networks must first explore the four main phases of new cancer center planning and understand the dependencies between each phase. The remainder of this article details these phases and explains the complexities that must be considered when pursuing a cancer center facility project.

The solution

Phase one: Strategic planning

Cancer care is perhaps the most dynamic field of medicine. Clinical innovation and rapidly changing treatment protocols require program flexibility, and reimbursement restraints and expectations for improved clinical outcomes and enhanced access to care require continual quality improvement.

These and other transformational pressures on the cancer care delivery system not only heighten the importance of strategic planning (so that organizations are well prepared to respond to these changes) but also increase the complexity of planning. In a recent planning guide, ECG shed light on the potential strategies that organizations may pursue in response to these specific challenges.[4] Notably, responding to many of the forces transforming the cancer marketplace will require facility solutions; therefore, it is critical to address these requirements throughout the strategic planning process.

Only a few years ago, health systems defined long-range planning to encompass a 10 or 15 year time frame. Today, most organizations consider 3 to 5 years to be long-term planning, given the pace of change in the industry and the level of disruption. Therefore, organizations that have not developed or refreshed their cancer program's strategic plan in the last three years should do so.

Strategic framework

As Michael Porter wrote, "The essence of strategy is choosing what not to do."[5] In an era of infinite challenges and finite resources, health systems must employ a very rigorous approach to strategic planning to ensure that financial resources are optimally deployed. Many organizations find value in bringing structure to their planning process by adopting a planning rubric. Commonly, entities use a four-part planning framework that progresses from defining the organization's purpose to identifying supporting goals and strategies and finally to articulating specific tactics (see Figure 1).

Figure 1
Strategic Planning Framework

The first phase of the planning process involves defining key foundational elements unique to the organization and its aspirations. The mission and vision play an important role in charting a long-term course for the organization and provide a foundation upon which all future decisions will be made.

Following the development of foundational elements, the framework focuses on directional elements: goals and strategies. These elements provide increasing levels of granularity to the strategic plan and begin to shape the organization's roadmap. The goals articulate what the organization will achieve to realize its vision, and the strategies describe how it will pursue these goals.

The implementation stage involves determining specific tactics to execute the strategies; these should be precisely defined actions. For example, a tactic to enable development of the requisite research support infrastructure is to hire a research coordinator during the next fiscal year.

Key strategic factors for oncology programs

When developing an oncology strategic plan for an organization, there are many topical areas or cancer program capabilities to assess, including:

- Physician and administrative leadership and expertise
- Screening, education, and prevention
- Diagnostic capabilities
- Treatment resources
- Facilities and technology
- Supportive care resources
- Research efforts
- Quality improvement.

These areas should be developed at the cancer site-specific program level, with the organization first determining the appropriate sequence of planning efforts (e.g., which tumor sites to begin with). For each of the topical areas noted above, cancer program leadership should consider current program capabilities and marketplace competition and how they impact strategy and tactic development. These eight topical areas, including detailed components, are presented in Figure 2.

Growth strategies

Realizing larger strategic aspirations requires program growth—whether it is achieving scale or generating financial performance to support key investments. Most related initiatives are organized into one of two categories: growth in place and regional expansion.

Growth in place focuses on increasing market share within an established service area. As previously noted, detailed plans (strategies and tactics) should be developed for site-specific programs. For the facility, specific investments may be necessary to modernize the program (to keep up with community standards) or to differentiate it from competitors (from either a clinical or aesthetic perspective). In other cases, additional capacity to accommodate growth is warranted.

Alternatively, regional expansion moves beyond growth in place, focusing on expansion of the geographic area served. Regional expansion is typically considered once an organization has attained high levels of performance in its existing service area and clinical portfolio. When contemplating regional expansion, three factors must be addressed: deciding where to expand, establishing the number of new sites desired, and defining a development strategy (i.e., build versus buy).

If the organization opts for regional expansion, new facilities may be needed. Part of strategic planning includes determining whether there are existing clinical resources in the area to acquire or whether new services need to be developed. Outreach via telemedicine or telehealth must also be taken into consideration. This analysis will inform the scope of facility renovation or construction required to support the new locations and the new remote and/or virtual services.

Figure 2
Cancer program capabilities

Physician/Administrative Leadership and Expertise
- Cancer leadership (clinical and administrative dyad)
- Dedicated and subspecialized surgeons and oncologists for tumor sites
- Physician champions for tumor sites

Quality Improvement
- Cancer site-specific reporting
- Real-time data that actively informs program (re)design
- National quality initiative participation
- Preparation for value-based care

Research Efforts
- "Critical mass" of research studies, scientists, and grants
- Dedicated research staff
- Collaboration with other entities

Supportive Care Resources
- Dedicated navigators
- Social work, psychological, nutritional and financial, counselling, etc.
- Integrated palliative care
- Seamless transition to survivorship

Screening, Education and Prevention
- Adherence to national guidelines
- Genetic counseling services
- Fomalized community outreach
- Integration with primary care/ other specialties

Diagnostic Capabilities
- Seamless evaluation
- Imaging expertise
- Access to advanced diagnostics

Treatment Resources
- Multidisciplinary care teams
- Prospective tumor boards
- Clinical pathways utilized in 90% of application cases

Facilities and Technology
- Electromagnetic technology
- Interventional oncology
- Pharmacognetics
- Dedicated and updated space

Phase two: Business planning

Business planning is a critical element that may be completed prior to or in coordination with the next phase, which is facility planning. The business plan objectively quantifies the need for and financial viability of the construction project. This plan typically consists of three elements:

- Volume projections
- Preliminary facility sizing
- Financial feasibility.

First, clinical volumes, at both service and modality levels, must be modeled. The volume projections will be based on the goals and aspirations articulated in the strategic plan, combined with underlying assumptions. These assumptions correlate with planning strategies and include percentage growth or market capture, volumes at the service level (e.g., surgery, imaging, radiation, and medical oncology), and assumed service utilization rates (e.g., the number of treatments per patient). Volume modeling is an iterative process; it is critical that the projections are as accurate as possible, because they serve as the basis for all subsequent analyses. Given the importance of these values, it is also imperative to ensure that key organizational stakeholders agree with the underlying assumptions used to create the projections, as well as with the projected numbers.

After calculating the clinical volumes anticipated for the new cancer center, these values are translated into projected estimates for facility requirements. Typically, at this stage, preliminary sizing estimates focus on total square footage requirements to support the various clinical departments and attendant clinical volumes. A precise calculation is not needed at this point, and there will be no architectural renderings or block diagrams. Rather, the intent is to estimate total square footage so that initial project costs may be calculated.

Next, financial projections are developed for the cancer program based on all historical information that is available (e.g., revenue and expenses per unit of service) and that will consider the projected new volumes. The analysis will factor in the contemplated financial investments, including facility construction and equipment, to develop a holistic perspective. The result from this analysis is typically expressed on a net present value basis, where multiple years of future returns are compared to near-term financial investments. Any project with a positive net present value is considered financially viable.

Phase three: Facility planning

Having established a strategic direction for the cancer program and qualitatively defined facility needs (e.g., space for expansion, capacity for new technology, and new outreach locations), the next step is to translate the plans into quantitative measures used to define the details of the project and allow for a financial viability assessment.

First, the volume projections are translated into objective values that include the number of exam rooms, square footage requirements, and capital asset requirements. The analysis is based on plans to develop clinical services, offer innovative technologies, and account for anticipated demographic changes. This assessment should project both near-term (e.g., 3 years) and long-term (e.g., 10 years) facility requirements. As a part of this process, the organization should take a close look at its current operational performance compared to industry benchmarks. The development of a new or expanded facility often presents key opportunities to improve workflows, enhance the use of human resources, and better serve patient needs. The organization should take advantage of this effort to drive operational change in a way that improves levels of service, efficiency, quality, and satisfaction.

It is important to validate the calculated resource requirements (e.g., room totals) by running the projected volumes through a stress test, created by using a throughput and utilization model. Some levers in the model, such as cancer center hours of operation, will be predetermined by the project leaders. Other variables layered into the analysis include expected exam and treatment minutes per case, room turnaround times, and utilization percentage factor by room type. These analyses prevent facility undersizing by accounting for periods of inefficiency.

Before completing the sizing analysis, it is also key to evaluate the impact of other strategic and industry factors not addressed during prior phases. These may include local building regulations, innovations regarding the built environment (e.g., patient-centered design, green design, Planetree, and sustainability/LEED), and different technologies. By taking these factors into consideration, the organization is better prepared to plan a facility that will meet longer-term needs. In addition, it is important to create a space that is adaptable to ever-evolving clinical care and technology trends. Design flexibility must be tempered to avoid building unnecessary space.

The financial capabilities supporting the built environment should also be accounted for beginning with the facility cost. There is a fine balance between determining what is needed and planning for the unexpected (e.g., scale and types of equipment and the space or rooms to accommodate them).

"It is critical to develop an oversight planning team to serve as the central communication group, facilitate information exchange, and be the decision-making authority for various project work streams. This team will also regulate change management and establish structures and tools needed (i.e., dashboards, issues trackers, budgets, and a master schedule) for the cancer center project to be successful."

Matthew Sturm, Principal at ECG Management Consultants

Phase four: Activation and transition planning

At this planning phase, the budget is directional and is used to assist the decision-making process. The final budget is based on full schematic design floor plans developed by the design team. If the final design aligns with the agreed-upon program, estimates should be within 8 percent to 10 percent of the final project budget. These budget variances usually correlate with the addition of higher-quality finishes, public amenities, and equipment. The cost model should consider multiple factors, including:

- The sum of all department gross square feet
- General circulation and other remaining building department gross square feet
- Major medical equipment needed for treatment and clinical support areas
- Project fees (e.g., site development and permits)
- Additional capital fees (e.g., minor movable equipment, IT, and contingency fees)
- Inflation.

The desired level of IT and medical equipment innovation must also be determined in the facility planning stage. In cancer care, new and improved technologies and medical solutions are introduced at an exponential rate; therefore, organizations should include a contingency amount when designing a new cancer facility. Acknowledging that patients desire the latest technologies and services as essential to their treatment plans, how forward thinking and state of the art do you want your cancer center to be? How much can you afford? What is on the horizon for cancer care that is critical to include in the scope and practice of your new facility? These questions should be asked as part of the final step in facility planning.

For patients, their family members, physicians, and staff, opening a new cancer center provides the organization with the opportunity to expand and establish world-class levels of service, efficiency, quality, and satisfaction. For success, the health system must prepare staff to provide patient care in the new facility and prepare the new facility for staff to provide patient care. This entails a resource-intensive, transformative process focused on converting design plans and a construction site into an operational healing environment that is integrated with the rest of the health system.

It is critical to develop inter- and intra-departmental workflows, refine inter-building relationships, and cultivate an exceptional patient and family experience in the new environment. Though it is often challenging to fully comprehend these changes, especially for operational staff who have never been through such a project, activation and transition planning is one of the most important and exciting phases of the facility development process.

Organizational readiness

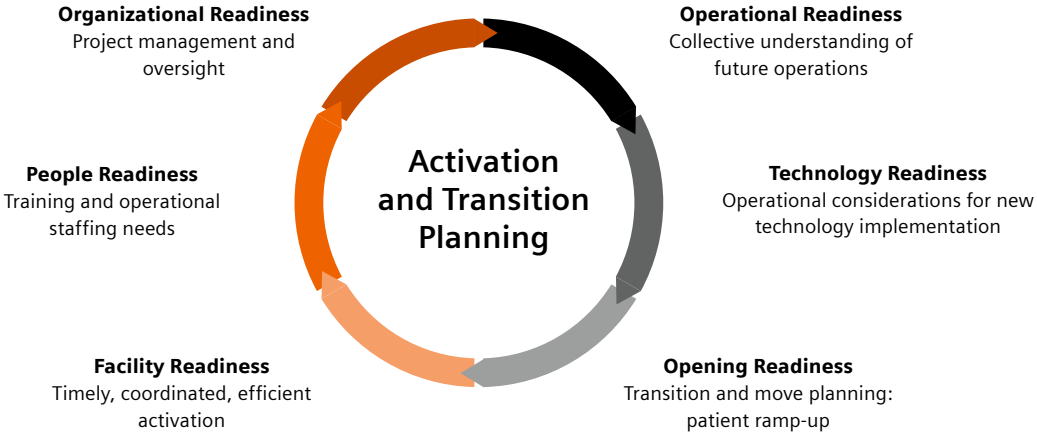
It is critical to develop an oversight planning team to serve as the central communication group, facilitate information exchange, and be the decision-making authority for various project work streams. This team will also regulate change management and establish structures and tools needed (i.e., dashboards, issues trackers, budgets, and a master schedule) for the cancer center project to be successful. This type of team is typically composed of health system operations, administration, and nursing leadership and cancer center physicians. The importance of physician membership on this oversight team cannot be overstated, because active stakeholder involvement is critical to the success of the project. The ultimate deliverables are a workforce and a building that are in sync and well prepared to provide safe and quality care.

Operational readiness

The health system and cancer center oversight team must establish a collective understanding of the care delivery model in the new cancer center. Building upon where the architects, designers, and planners left off, operational readiness is the time during which floor plans are reviewed, operational workflows are customized and optimized for the new space, and consensus is built on inter- and intra-departmental processes. Form work groups for each area within the cancer center that will encompass direct patient care or be directly affected by changes in the patient care process. Examples of work groups within the operational readiness category include the following:

- Medical oncology/hematology
- Radiation oncology
- Surgical oncology
- Infusion
- Pharmacy
- Lab
- Registration
- Care coordination
- Case management/social work
- Financial navigation
- Materials management
- Environmental services.

Figure 3
Readiness Categories



The work groups will meet to develop operation manuals that define the high-level scope of services within each department; key rooms and spaces; staffing and volumes; performance metrics; operational workflows; and departmental routes for patients and their families and for staff.

People readiness

Opening a new cancer center poses unique challenges—most notable, preparing clinicians and staff to deliver high-quality care in new ways in a new environment. Once processes are established by the operational readiness work groups, it is critical to train to any new standards through multiple methods of education. Staff must be oriented to the new building, department space, and workflows within the cancer center. Training can be conducted through in-person walk-throughs, as well as via online learning modules. In addition, it is key during this readiness phase to communicate with the staff and the community as often as possible to keep them informed of progress and expectations. Newsletters, newspaper articles, blog posts, and town hall meetings are suggested to convey transparent and up-to-date messages.

Technology readiness

Many organizations are installing state-of-the-art technology (e.g., magnetic resonance imaging guided linear accelerators and proton therapy) to attract patients who are seeking the latest treatment innovations. However, the new equipment and treatment modalities present challenges to staff who may be unfamiliar with them or have been trained to use other devices. Therefore, a plan must be in place to procure and install the equipment, as well as train staff on its uses.

Facility readiness

New cancer center activation is highly dependent on the successful completion of construction and facility handover, which must be thoroughly planned and aligned to minimize risk. Significant IT, medical equipment, furniture, casework, and fixtures must be installed; building systems must be tested; and security plans for the building must be implemented. This process involves multiple stakeholders throughout the organization, including facilities, biomed, engineering, security, supply chain, and environmental services, to ensure that the building is compliant to code and regulatory standards.

Opening readiness

Finally, to prepare for a safe and timely opening that is aligned with the strategic plan and organizational goals, it is critical to focus on planning for the opening day. There are various exercises that can be done with the cancer center leadership team to determine how to best transition into the new space, while assuring patients that they will receive high-quality care during the move. Because most cancer centers are ambulatory in nature, planning is significantly less intense than for a hospital setting, where patients must be physically transferred to a new space during their inpatient stay. Scenario planning can be conducted for all details of the transition process, including time and day of the week, equipment move scheduling, opening sequence of departments, and notification to the community of the official closing of the old space. If necessary, a command center can be implemented to ensure that any real-time issues are escalated quickly and addressed immediately to eliminate any impact to patient care.

Closing thoughts

Any major construction project has the potential to create a lot of energy and excitement for an organization or program. This is especially true for cancer centers, where patients and donors have emotional attachments to the center and often participate in some of the planning efforts. A well-organized and well-planned cancer center project can pay dividends for years to come through improved patient experience, increased employee engagement, better care coordination, and potentially improved clinical outcomes. With one chance to "get it right," organizations should be certain to take the necessary time for thorough due diligence and strategic planning to make certain that the facility is appropriately designed and sized to meet its aspirations.

Suggested follow-up on

siemens-healthineers.com/insights/transforming-care-delivery

- Insights Series, Issue 29: Dealing with the "Surge after the Surge": Key strategies for a successful post-pandemic cancer program. Available at: **siemens-healthineers.com/insights/news/cancer-care-after-covid**
- Insights Series, Issue 7: Do one thing, and do it better than anyone else. Available at: **siemens-healthineers.com/insights/news/martini-klinik-specializationoptimization.html**
- Insights Series, Issue 5: Reducing the fear and anxiety associated with breast cancer screening. Available at: **siemens-healthineers.com/insights/news/redesigning-patient-experience.html**

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Matt is co leader of ECG's Oncology Services practice. Utilizing more than 17 years of experience, he assists clients with developing and expanding their oncology programs through improved clinical coordination, enhanced physician leadership, and increased clinical capabilities. Matt has established a track record of developing innovative solutions to complex problems and focused his career on improving access to high-quality clinical care, especially for those with life-threatening conditions. To this end, he works with health systems to create enhanced, sustainable, and comprehensive care delivery models. Matt has completed nearly 130 oncology-related engagements with over 70 clients. He views every oncology project as an opportunity to aid in the war on cancer; his technical expertise, relentless drive, and collaborative approach yield enduring benefits for the clients and organizations he serves. Matt's work has included developing strategic plans, providing support in launching new clinical modalities, and assisting programs with growth and expansion opportunities through acquisition and partnership. He has also helped several leading cancer centers pursue NCI comprehensive designation and develop new or expanded services. Recently, Matt worked with an NCI center to develop a regional growth strategy that enabled the organization to provide care to more patients and expand the reach of its clinical research enterprise. The strategy involved a combination of opening new greenfield sites, collaborating with other healthcare organizations, and acquiring existing oncology providers. In addition, Matt also regularly speaks at industry conferences and has authored pieces on current trends in oncology for leading publications.

Meagan O'Neill
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Blending her policy background and analytical expertise, Meagan helps clients take advantage of opportunities in their markets to improve the delivery of healthcare. Meagan's experience with strategic initiatives across the healthcare industry helps her clients gain a comprehensive understanding of the issues they encounter and identify actionable and lasting solutions. Meagan has nearly 10 years of experience working in consulting and project management for healthcare organizations. At ECG, Meagan assists providers with strategic and financial planning on initiatives related to service line development, organizational restructuring, and business and affiliation planning. Meagan's detailed understanding of key service lines, combined with her systems-level work on broader strategic initiatives, enables her to approach the complexities of program planning from a health system viewpoint. Meagan is an emerging leader in the firm's Oncology practice and has led dozens of oncology engagements spanning a broad range of project types, including planning, affiliations, transactions, physician alignment models, and financial analysis. She is passionate about helping cancer organizations navigate the challenges of a rapidly evolving field and evaluate opportunities that will ultimately lead to more sustainable and successful programs.

Lili Hay
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Lili's experience on both the provider and payor sides of the healthcare industry positions her to work with clients to solve a broad range of strategic issues. She is passionate about improving patient access to care and utilizing information systems and technology to drive strategic business decisions. At ECG, Lili focuses on service line strategic planning, business planning for new and expanded clinical programs, and the development of hospital-provider affiliations. She dedicates a substantial portion of her work to helping oncology programs design better offerings to meet the needs of the communities they serve. Her experience in this area encompasses capabilities such as identifying strategic options for program differentiation, conducting strategic and operational program reviews to ensure long-term performance, and developing financial feasibility models and business plans for new oncology programs and service offerings. Prior to joining ECG, Lili was a healthcare management consultant with Milliman, where she focused on operational consulting to improve functionality and efficiency for a wide range of healthcare organizations, including health insurance companies and accountable care organizations.
In this role, she designed and implemented numerous quality-management programs, assessed medical management functions against best practice recommendations, and conducted benchmark analyses to help organizations understand and manage healthcare cost and utilization trends.

ECG Management Consultants

ECG specializes in providing consulting assistance to leading healthcare providers across the U.S. In November 2019, ECG entered into a partnership agreement with Siemens Healthineers, the global leader in medical technology and digital health transformation. ECG has a dedicated group of Oncology Consultants, dedicated to the work of improving cancer care and performance. This team has worked with more than 1,000 cancer centers, hospital, health systems and oncology practices to enhance strategies, improve performance, and expand access to value-based cancer care. As an independent affiliate, ECG collaborates with the Siemens Healthineers' global Enterprise Services practice, providing subject matter expertise, smart counsel, and pragmatic solutions.

References

1. CBRE. 2019 U.S. medical office trends: steady market fundamentals support thriving investor demand. December 4, 2019. [cited 2020 Jun 25]. Available from: **cbre.us/research-and-reports/US-Medical-Office-Trends-Steady-Market-Funda¬mentals-Support-Thriving-Investor-Demand-December-2019**

2. CBRE. Outpatients centers on the rise as average asking rent for U.S. medical office buildings reaches record high. [cited 2020 Jun 25]. Available from: **cbre.us/about/media-center/2018-medical-office-building-report. Published December 20, 2019**

3. CDC. Expected new cancer cases and deaths in 2020. Available from: **cdc.gov/cancer/dcpc/research/articles/cancer_2020.htm. Published August 16, 2018**

4. ECG Management Consultants. Planning for the future in oncology: a framework for your team. [cited 2020 Jun 25]. Available from: **ecgmc.com/thought-leadership/articles/planning-for-the-future-in-oncology-care-a-framework-for-your-team-1**

5. Porter M. What is strategy? [cited 2020 Jun 25]. Available from: **iqfystage.blob.core.windows.net/files/CUE8taE5QUKZf8ujfYlS_Reading+1.4.pdf**

At Siemens Healthineers, we pioneer breakthroughs in healthcare. For everyone. Everywhere. By constantly bringing breakthrough innovations to market, we enable healthcare professionals to deliver high-quality care, leading to the best possible outcomes for patients. Our portfolio, spanning from in-vitro and in-vivo diagnostics to image-guided therapy and innovative cancer care, is crucial for clinical decision-making and treatment pathways.

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As a leader in the industry, we aspire to create better outcomes and experiences for patients no matter where they live or what health issues they are facing. We innovate sustainably to develop scalable solutions that can be tailored to the needs of healthcare providers, and the local health infrastructures.

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Published by Siemens Healthcare GmbH · HOOD05162003278365 · Online · 0622 · © Siemens Healthcare GmbH, 2022