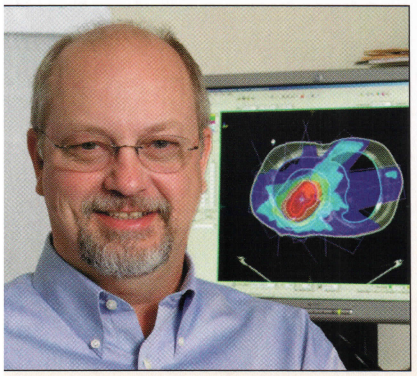
Managing technology

The technology landscape is ever-changing, ever-evolving, and the cost is ever-increasing, particularly where radiation therapy is concerned. Keeping up with this dynamic environment takes a concerted, full-time effort.

"The technology for radiation therapy is changing tremendously, almost daily it seems," said ***Larry Burchell***, Radiation Services director for ***Florida Cancer Institute***. "And managing the communication between all the different technologies, transferring patient data from one to the next, and bringing staff online is a full-time job."



Managing today's technology means practices must understand their competitive, strategic and financial needs from a variety of markets and be able to balance them accordingly.

"It's a balancing act of what equipment best fits the strategic direction practices are looking at, keeping a handle on their current inventory and accessing what future upgrade paths are available," said ***Stacy Hartman***, Cancer Services Center regional director, West Region. "It is certainly an interesting dynamic, given how fast things are changing."

Terri Thompson, Cancer Center Services regional director, Central Region, feels it is equally important to determine if the current technology used in a practice is still standard practice in the community, or if there has been a shift to another method of treatment.

"The technology gives us different alternatives and methods of treating our patients, as well as defining how we treat them," said Thompson. "If it is brand-new technology in your practice, particularly if it is very specialized, you have to really study your patient population and ask, 'Before we spend this money, are we going to have a patient population that is going to benefit from it?'"

Patient inquiries

Patient demand is another important factor in changing technology. The impact of advertising and the Internet have been significant, particularly where patient education is concerned. Never before have patients been more educated about their treatment options, including the kinds of technology they expect to be available.

"In general, people are more proactive about taking control of managing their care and seeking out the best method of treatment," said Thompson. "Anyone can go on the Internet and look around the whole world to find their type of diagnosis and how it's treated. Patients have a spectrum of institutions to choose from that offers a broad range of treatments for a particular disease."

Laurie Snyder, Cancer Center Services regional director, Southwest, agrees. "A lot of vendors market directly to patients now," she said. "At the bigger centers, patients have called and asked for a particular type of technology, so obviously, everyone is more informed."

Consulting to the practices

To stay abreast with the shifting technology advancements, US Oncology practices rely on these directors almost as consultants to guide them in making decisions about when and where to invest resources.

"Our communication is primarily with the practices to find out their strategic directions and the particular type of treatments they are offering," said Hartman. "It's about deciding when and where to get into the game with the new technologies. Are you a first responder to jump in, or do you wait for it to mature a little bit and then jump in? That all ties back to the practice's strategic direction."

A hard look at technology configurations, volume assumptions and associated costs is also required. "We look at this in regards to what kinds of patients can be

treated with this technology, and what reimbursement is appropriate," said Snyder. "This helps us generate a performance business analysis."

This analysis allows for the development of a three-year rolling capital plan that gives practices an idea of what they have, where they want to go and how they can streamline future technology upgrades.

"We review that annually with the practice and ask, 'Is this still where you want to go?'" said Hartman.

Free-flowing information

One of the best ways US Oncology tracks and manages network technology is through RADMAP™, a structured framework that allows all equipment to communicate together. Hartman likens RADMAP to a big extension cord.

"Each practice establishes an internal radiation network that contacts the overall network," she explained. "It allows all of the radiation-related equipment to be completely integrated into a network for information to flow to and from within that practice."

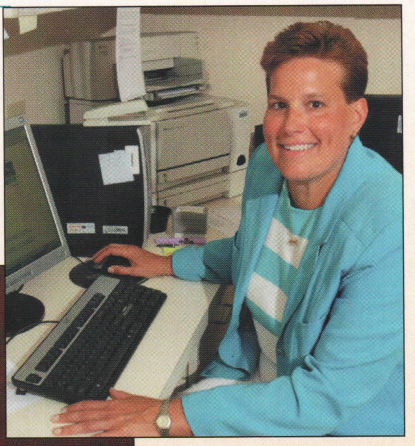
Demonstration sites also play a key role in managing technology and enhancing the free-flow of information throughout the US Oncology network.

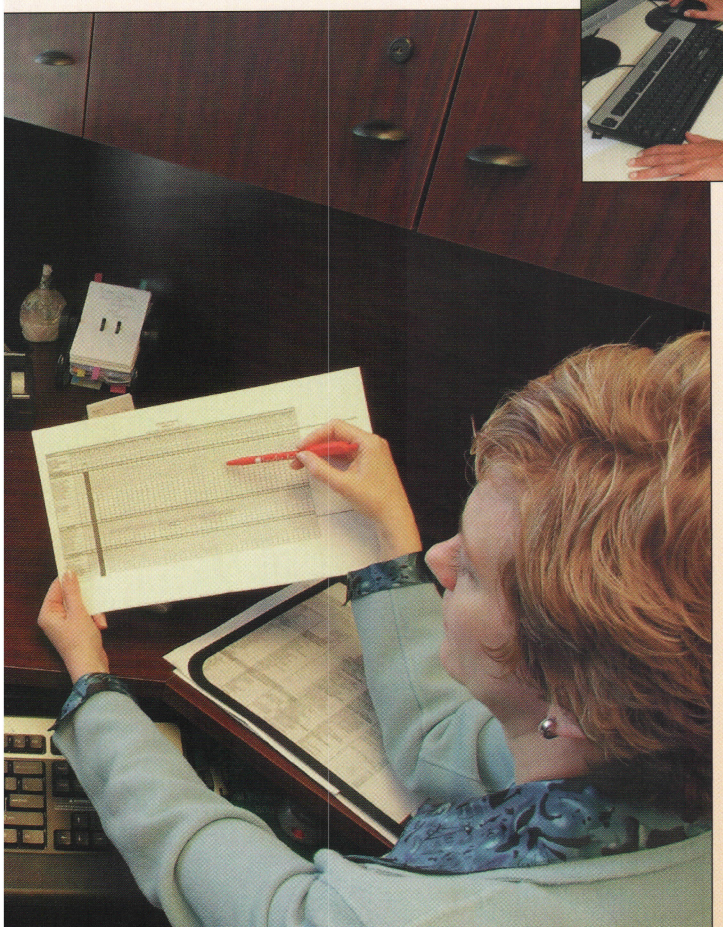
"They allow us to get a good look at the product, kick the tires, so to speak, and then provide the information to the network," said Hartman. Conversely, vendors receive hands-on product and software information, which allows them to incorporate future changes.

"We tell them what we like, don't like and what we wish it would do," said Hartman. "It allows US Oncology practices to have a significant role in future product developments."

Ultimately, these vendor partnerships can drive technology changes that can influence the development and management of future technology.

"We give direct feedback to the vendor," said Thompson. "Having input from the end-user usually makes it a more useful tool."





Helping guide practices' technology decisions are (clockwise, from far left) Larry Burchell; Laurie Snyder (center), with Andrea Armstrong, practice administrator, and Mary Kay Griggs, chief radiation therapist (left and right, respectively), in Webster, Texas; Stacy Hartman; and Terri Thompson, with John Myers, director of imaging services for Kansas City Cancer Center.

A learning network

Of course, none of the management of technology would be possible without the culture of learning that characterizes US Oncology.

"Between the regions, we like to share best practices," said Hartman. "When something new comes along, rather than reinventing the wheel with each implementation, we can readily share that through the regional teams. It's very easy if you have a group of people focused on a particular segment of software or implementation to rapidly share that throughout the network. Then people don't have to start from ground zero."

This exchange of ideas is one of the biggest advantages of being part of the US Oncology network.

"Someone from a practice can ask me a question, and I can turn around and send that question out to a particular group of users and get instantaneous responses from various people in the network," said Thompson. "Clinical and staff members of the practices are extremely good at sharing information that assists the network." ▲