

Cancer Program Archetypes

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The features of a hospital or health system’s oncology program are largely a function of its scale, physician specialization and alignment, and unique care model requirements of the community. In our work with more than 2,000 organizations, we have discovered four archetypes that describe, in broad strokes, the types of cancer programs we serve and the common threads that bind them. These archetypes inform not just a calibration of capability to scale and market access, but the roadmap by which our clients identify growth priorities and key inflection points. While there is no substitute for a tailor-made assessment and cancer strategy, these profiles and our Next Intelligence framework will provide you reliable guideposts in your program’s journey.

Archetype	Profile	Common Priorities
 <p>The Community Cancer Center</p>	<p>Nearly 80 percent of cancer care is delivered in community settings in the United States, much of it in small “Community Cancer Centers.” These centers typically serve less than 1,000 new cancer patients each year, often through close-to-home access for high-frequency services like infusion and radiation therapy. While not highly specialized, these centers are the lifeblood for millions of Americans in need of cancer care access.</p>	<ul style="list-style-type: none"> • Provider continuity • Access management • Quality and accreditation • Patient retention
 <p>The Regional Cancer Network</p>	<p>Many cancer centers are now part of larger health systems, and by virtue, participants in larger ecosystems of oncology. These “Regional Cancer Networks” often serve 1,000–2,500 new patients each year, have some sub-specialized cancer surgery, and deliver an integrated continuum of cancer care — often across multiple care environments, geographies, and allied physician practices.</p>	<ul style="list-style-type: none"> • Sub-specialization transition • System standardization • Provider alignment • Physician leadership
 <p>The Hybrid Community Academic Institute</p>	<p>The “Hybrid Community Academic Institute” is a new classification in the taxonomy of cancer centers. These centers treat 2,500–5,000+ patients and are nearly all multi-site, vertically integrated health systems. The hybrids leverage scale toward specialization, rare and complex programs, high-end technology, and destination facilities while borrowing elements of NCI/academic care that drive oncologic reputation.</p>	<ul style="list-style-type: none"> • Sub-specialist recruitment • Research enterprise build • Organizational redesign • Destination facilities
 <p>The NCI/Academic Cancer Program</p>	<p>The “NCI/Academic Cancer Program” shares many attributes of the hybrid model, plus the unique teaching and basic/translational science elements that are hallmarks of academic hospitals. While some are freestanding, most are highly matrixed within universities and medical schools, sub-specialized at a tumor-specific level, innovation-oriented, and increasingly moving “off-campus” to reach cancer patients.</p>	<ul style="list-style-type: none"> • Tertiary/quaternary referrals • Research advancement • Adjuvant care retention • Regionalization and access

Cancer Volume / Scale

Cancer Program Archetypes

THE NEXT INTELLIGENCE TOOL FOR CANCER PROGRAMS SEEKING COMPREHENSIVENESS IN CATEGORY

	 The Community Cancer Program	 The Regional Cancer Network	 The Hybrid Community Academic Institute	 The NCI/Academic Cancer Program
Scale	<ul style="list-style-type: none"> <1,000 New Cancer Cases (single site) 	<ul style="list-style-type: none"> 1,000–2,500 New Cancer Cases (multi-site) 	<ul style="list-style-type: none"> 2,500–5,000+ New Cancer Cases (multi-site) 	<ul style="list-style-type: none"> 2,500–5,000+ New Cancer Cases (single/multi-site)
Specialization	<ul style="list-style-type: none"> None (General Surgery) None (General Med Onc) 	<ul style="list-style-type: none"> Limited <i>Breast</i> <i>Lung</i> <i>CRC</i> <i>GU</i> <i>GYO</i> None (General Med Onc) 	<ul style="list-style-type: none"> Broad <i>H&N</i> <i>Neuro</i> <i>HPB</i> Limited <i>Breast</i> <i>Lung</i> <i>Hem</i> 	<ul style="list-style-type: none"> Complete <i>Ortho</i> <i>Sarcoma</i> Complete <i>GYO</i> <i>GU</i> <i>HPB</i> <i>GI</i>
Care Continuum	<ul style="list-style-type: none"> General tumor board General diagnostics Limited infusion EBRT/IMRT Palliative referral Social workers 	<ul style="list-style-type: none"> Disease-specific tumor boards Limited radiology specialization Comprehensive infusion HDR/SBRT/SRS Outpatient palliative clinic Nurse navigators/limited digital toolsets 	<ul style="list-style-type: none"> Multidisciplinary prospective review Specialized radiology and pathology Bone marrow transplant Gamma Knife/CyberKnife Symptom management program Disease-specific navigation/digital 	<ul style="list-style-type: none"> Multidisciplinary consults/clinics Full clinical genomics support Cellular therapy MRI-guided/Proton Therapy Oncology Urgent Care 2nd opinion/remote platforms
Research	<ul style="list-style-type: none"> Limited/non-interventional Limited accruals 	<ul style="list-style-type: none"> Limited interventional (Phase III/IV) 3–5% accrual of NCCs 	<ul style="list-style-type: none"> Primarily interventional (Phase I–III) 5–15% accrual of NCCs 	<ul style="list-style-type: none"> First in human (Phase I) >15% accrual of NCCs
Infrastructure	<ul style="list-style-type: none"> +/- Small format cancer center 	<ul style="list-style-type: none"> Cancer center + infusion/RT satellites 	<ul style="list-style-type: none"> Destination cancer center 	<ul style="list-style-type: none"> Destination center +/- cancer hospital
Organization	<ul style="list-style-type: none"> Oncology Administrator Independent medical staff 	<ul style="list-style-type: none"> Part-time Medical Director Partially aligned medical/surgical oncology 	<ul style="list-style-type: none"> Full-time Medical Director Fully aligned medical/surgical oncology 	<ul style="list-style-type: none"> NCI Director/academic chairs Faculty practice model

About The Chartis Group

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