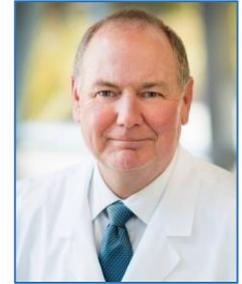


## Thomas Buchholz, MD tells a story about Strategic Planning



Dr. Buchholz served as Executive VP and Physician in Chief from 2014 to 2017. In an interview conducted in 2018, he tells this story of the institution's move to improve patient experience. The terminology in the sidebar is taken from *Play to Win* by A.G. Lafley and Roger L. Martin, and is intended to stimulate discussion of their strategic planning model.

### *A Plan for Patient Care and Patient Experience*

There's such a power of being told you have cancer, the feeling of helplessness. And even if the appointment's not for a week, to have an assurance that, okay, we got this, and we have a plan, someone cares, ..., instead of being approached to say, "Oh, we might be able to get you appointment. We have to review your pathology first. Can you go find your pathology slides?" The patients don't even know what the term "pathology" means, and feel all of a sudden a lack of empowerment. They're trying. They go to their referring physician, who oftentimes doesn't want to lose the case to MD Anderson, and is going to put up barriers, and people feel trapped, and they feel helpless.

This is really helping people at a time of sometimes the most critical psychologically important need for them. And it's very much in keeping with our core value of caring. You really are forever remembered in these people's lives as a really important person who helped them at their hour of greatest need.

We're not going to be a back of the yellow pages cosmetic dentist or cosmetic plastic surgeon who has most beautiful waiting room ... because we're going to have it all focused on economic rewards for the institution. Where we want to be is to help people in their journey for cancer, and to do it in the way that provides the best outcome for them, outcome meaning medical outcome—that's the most important; outcome meaning survivorship. Outcome meaning financial outcome. The whole package. And we have to look at that in totality, and prioritize it.

The inability to get into the institution. Important one, right? So someone reaches out to us to receive care at MD Anderson, is a great candidate for care at MD Anderson, but never comes to MD Anderson, it's kind of a failure on MD Anderson's part. Our degree of success cannot just be measured from the time that the patient gets in. It has to be measured from the time that access starts.

Strategic Problem

Winning Aspiration

Where will we play?

How will we win?

What capabilities must be in place?

What management systems are required?

Patient access is really an organizational, administrative hurdle that had confronted MD Anderson for some time.

Strategic Problem

... And then patient experience, too. How can we enhance what it's like to be a patient? Patients love their providers. We have a tremendously caring environment. But it's not uncommon for patients to be sitting in waiting rooms for extended periods of time. It's not uncommon to see people with 12-hour days at MD Anderson, where if it was run more efficiently they could be in and out. It's not uncommon to have sometimes have seen the patient not be the first consideration. Am I going to say, "I want all my patients to come and be scheduled at 8:00 in the morning," because one time a patient didn't show and I was there doing nothing from 8:15 to 8:30, and it was a real downtime, so that can never happen again? So all my patients come at 8:00, and there's never an interruption in my schedule, but unfortunately that means someone else is being seen at 11:00, because there's a whole bunch of patients and they've had to wait three hours. So it's choices like that. Shifting our culture to become more patient-centric was a major goal of not just mine, but a recognition within our institution as a way that we need to move forward.

Winning Aspiration

Where will we play?

How will we win?

Patient financial health: we don't want patients to become bankrupt because of performing procedures that weren't preauthorized. We don't want our institution to not have the resources to put back into our wonderful education and academic missions, because we don't get paid for the work that we do.

What capabilities must be in place?

We have to have administrative expertise, that system operational expertise, to really facilitate that care for the patients. We also have to have an agreement that this is an important tenet that we're trying to achieve. And I think we are able to make headways in that. We are able to come up with—strategic plan really helped that. We had a plan about access. We had a plan about patient flow. We had a plan about enhancing the efficiency by which we work, through prefilling out a lot of data, through not being duplicative, and that leads to the Epic implementation of getting an electronic system that works for both the patient and the provider to deliver more efficient care. So we did a lot of transformative things. Sometimes in the long run they're good; in the short term there's a lot of pain, and there's a lot of stumbles, and there are things that—mistakes are made. And it's quick to say, "Let's go back to the old way."

What management systems are required?

**Strategic Problem:** MD Anderson is not creating a patient experience that is fully aligned with the core value of caring and assisting the patient through the cancer journey; this creates related financial problems for the patient and the institution.

**Aspiration:** Prioritize the goal of assisting patients in their cancer journey in the way that provides the best outcome for them, medically, and with medical outcomes, in terms of patient experience and survivorship, and the patient's and the institution's financial outcomes.

**Where:** Other academic cancer centers in Houston, also competing with academic centers nationally

**How:** Enhance what it is like to be a patient from the moment the patient reaches out to the institution; guarantee financial outcomes for the patient and the institution.

**Capabilities for this initiative:** We have a culture that prioritizes problem solving when it comes to patient experience and patient outcomes.

**Management systems:**

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## **About This Content**

This interview clip was taken from an in-depth interview conducted for the Making Cancer History Voices Oral History Project. This ongoing project currently contains almost 500 interview hours with MD Anderson institution builders.

The transcript has been edited from the original.

The content is available for public use.

**Interview link:** <https://mdanderson.libguides.com/BuchholzT>

### **Citations: Please provide the following information**

Interview Subject's name, Date of Session, Historical Resources Center, Research Medical Library, The University of Texas MD Anderson Cancer Center.

**To request an audio file, photographs, or for information about the interview and photo collections, contact:**

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