

From the Editor's Desk



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Strengths, Weaknesses, Opportunities, and Threats

The SWOT analysis, whereby leaders assess an organization's *strengths*, *weaknesses*, *opportunities*, and *threats*, is a useful and time-tested leadership tool. You may have encountered it in strategic planning exercises in hospitals, health care systems, or other business settings. The SWOT analysis is a structured, systematic way of thinking about, and exploring areas for business development, for resource deployment (including physical, personal, and intellectual resources), and areas of vulnerability needing improvement or development. *JOP* has featured a variety of practice, process, and quality improvement tools. Perhaps it is time to do a SWOT analysis on our discipline.

A strength of the practice of oncology that first comes to mind is its scientific and evidence basis. Almost all of our potentially curative, supportive, and palliative treatments are scientifically derived, with validated clinical trial evidence to support them. This allows the treatments we offer to be evidence based and quality focused. The motivation, caring, and compassion of our colleagues (very few of us are drawn to oncology who do not have care of the sick and vulnerable cancer patient as our primary life mission) is also our strength. Another strength of our current service model is team-based practice. Oncology patients receive care from teams with highly developed areas of expertise. These teams include our oncology nurses, office managers and staff, chemotherapy nurses in offices and cancer treatment centers, as well as a highly skilled and dedicated array of other physicians—surgeons, radiation oncologists, pathologists, and diagnostic radiologists and their respective teams, to name a few. When necessary, we also coordinate hospice and palliative care services for our patients, as well as dietary, social work, and other support services. This complex, evidence-based, caring team approach is the strength of our discipline.

As I see it, we have two main weaknesses. The most obvious is that despite the decreases in cancer-related mortality we have in the United States, we don't cure everybody, or even everybody whom we should cure. The second weakness I see is our inefficient allocation of our limited personal time and energy with the patient—the 15, 20, or even 90 minutes that we spend with patients is never enough to meet their needs or fully coordinate the complexities of care. Related to the time problem is a reimbursement problem. Many commentators forecast the bankruptcy of our current payment system as increasing demands for services clash with the limited resources available for reimbursement.

Identification of opportunities is often informed by the analysis of weaknesses. Because we don't cure everybody, there are still problems that await repair, including resolving access-to-care barriers; development of clinical trials to test new agents and combinations of agents; and new treatment strategies that can be designed, executed, and reported. The coming changes in health care reimbursement mechanisms will create opportunities to add value to and be compensated for the quality and efficiency that are so valued by second- (eg, the patient or family) and third-party payers. The forecasted shortage of trained oncologists is an opportunity to redesign care-delivery models and perhaps re-establish what economists refer to as "pricing power."

Threats to our professional efforts may come from these same second- and third-party payers, who will continue to press their desire to pay less for the services we are currently organized to deliver. The aging of the oncology workforce and the aging of the population threaten to overwhelm our current oncology care system. A potential "threat," albeit one with a happy outcome, is that cancer will be cured with a simple measure or measures, and we will have little to do. The basic and clinical scientists with whom I speak tell me that this is unlikely, but let us work toward making this happy "threat" be realized.

A SWOT analysis; there you have it.

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