

Strategic Planning—Getting Started: Mission, Vision, and Values

This column is a new addition to The Journal of Oncology Management. It is the first in a series addressing the strategic planning process. At the invitation of the editorial leadership, the column will present practical approaches about the many different elements of strategic planning to assist cancer program and oncology practice administrators in their professional and business development.

The first functional activity in an active cancer program strategic planning process is formulating, reviewing, or updating the mission, vision, and value statements. These statements serve as the foundation of any strategic plan. The role and difference of these statements are often not well understood by cancer program leaders.

The *mission statement* is a short, concise statement describing the cancer program's purpose and reason for existence. It serves as the framework for the *vision statement*, which is composed of the key characteristics that leadership desires the cancer program to become. The vision statement is market based and should reflect the overall direction desired for the program. The *value statements* define the guiding philosophies, ideals, and planning principles for the cancer program.

Developing the Mission Statement

The mission statement is a brief statement stipulating the cancer program's fundamental purpose:

- The statement must be consistent with the hospital's overall mission statement.
- It should be limited to 1 or 2 sentences describing the cancer program's purpose and reason for existing.

Table 1. Sample Mission Statement

Regionally oriented cancer program, demonstrated by leadership in service, compassion, education, clinical research, and the introduction to the community of new techniques to the community.

- Development of the mission statement should occur with a committee of cancer program physician and administrative leadership.
- The mission statement serves as the foundation for the vision statement.
- The mission statement must focus on defining the cancer program purpose. The role of "wordsmith" should be left to staff.
- An example mission statement is presented in Table 1.

Developing the Vision Statement

The vision statement is a brief statement describing what leadership wants the program to become in order to remain viable and competitive. In most markets, this statement will represent a significant difference from what the program currents resembles. In today's environment, it should represent a direction toward growth for most programs. An example vision statement is presented in Table 2.

- The statement must be consistent with the hospital's overall vision statement.
- The statement should describe the salient characteristics of what leadership desires the program to become in 10 years. It is used as a tool to communicate throughout the program and with physicians the desired direction and future state of the cancer program.
- The vision statement should be market based, that is, reflective of leadership's best estimate of what the market will look like in terms of size (need and demand), competition, program market position, service development, and payment policies.
- The vision statement serves as a functional framework to guide strategy development.

Developing the Values Statement

The values statements apply to all components of the cancer program strategic plan. They define the guiding

Table 2. Sample vision statement

Introduction

The Community Hospital cancer program will meet or exceed the American College of Surgeons Commission on Cancer standards to maintain accreditation as a community hospital cancer program, as a statement of the hospital's commitment to cancer program quality, and to serve the diverse needs of the community.

Strategic Direction and Vision

The Community Hospital's cancer program is a community-hospital-based program with the following key annual performance characteristics*:

- At least 700 new cancer cases.†
- At least 400 new radiation therapy cases.[†]
- At least 560 inpatient cancer discharges (where cancer is the primary or secondary diagnosis).§
- As evidenced by a quality program and consistent with the American College of Surgeons Commission on Cancer accreditation, the Community Hospital will meet or exceed the clinical research accreditation standard:
 - —At least 2% of new cancer cases enrolled annually into clinical research trials.
 - —At least 6% of new cancer cases enrolled annually into clinical research trials (commendation standard).
- To meet and exceed quality standards, the Community Hospital cancer program will maintain a programmatic critical mass (as described in the characteristics above) that also contributes to the program's financial viability.
- The Community Hospital and its physicians provide a thorough and functionally coordinated scope of diagnostic, treatment, wellness/education/detection, and referral services.
- The program is affiliated with a regional cancer program at least for the purpose of clinical research support.

philosophies, ideals, and planning principles for the cancer program.

- The statements typically are the hospital's value statements.
- For cancer programs, the statements should be discussed, understood, and applied to the program.
- Consistency of the values statements in their definition and application throughout an organization and among clinical programs should lead to a more homogeneous organizational culture.

Mission, vision, and values statements serve as the essential planning platform for strategy development. With these statements defined, cancer program leader-

ship can move to the next important level of the strategic planning process, strategy development, which will be the focus of the March/April 2004 Strategic Planning column.

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^{*}Assumes the new cancer case raw incidence rate increases 1.5% annually.

[†]Assumes a 15% P/SSA new cancer case market share (443 new cancer case; estimated market share of 10% in 2003).

[†]Assumes a 20% new radiation therapy P/SSA market share (205 new radiation therapy; market share of 15% in 2003).

[§]Assumes a 15% inpatient P/SSA market share and that the discharge rate does not change significantly from the current rate (412 discharges; estimated market share of 11% in 2003).