The Impact of Restructuring of the Program Manager Position

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1. Background
The Program Manager (PM) role at NYU Langone Health's Perlmutter Cancer Center oversaw staff in the Data Coordination Unit (DCU) of a Disease Management Group (DMG) and managed two to three DMGs, resulting in over 10 direct reports per PM. High turnover (22-35 percent) and primarily entry-level staff necessitated significant training and oversight. PMs also handled programmatic support, data reporting, and DMG meetings. In the Regulatory Affairs Unit (RAU), with only two management positions, oversight was challenging due to over 10 direct reports per manager and high turnover (26-31 percent). The restructuring plan aimed to increase DMG PMs from four to eight, assigning each 1-2 DMGs based on activity, and introducing a dedicated PM for pre-activation.

2. Goals
The goal of the PM restructuring was to facilitate enhanced program coordination and oversight, fostering a culture of consistent and streamlined communication within the DMGs, while simultaneously standardizing regulatory and data components across all DMGs. We also aimed to decrease activation timelines and increase staff retention.

3. Solutions and Methods
We presented the proposed restructuring of the PM role to PCC leadership, highlighting metrics on growth, network expansion, timelines, and audit findings to justify the need. After receiving leadership approval, we refined the job description to detail the expanded responsibilities for overseeing regulatory and data coordination. We then recruited and onboarded four additional PMs from the RAU or DCU within the clinical trials office (CTO), each with expertise in data management and regulatory or quality affairs. These PMs were assigned one large or two small DMGs, directly overseeing regulatory and data staff. Initially focusing on the most stable DMGs, we later expanded to all DMGs. One regulatory manager's position was revised to focus solely on pre-activation. We allocated a four-month transition period for all regulatory specialists across DMGs to gradually report to their PMs.

4. Outcomes
The restructured PM role has significantly improved operational efficiency and group cohesion within our DMGs, leading to enhanced staff retention rates in the RAU and DCU. Turnover rates decreased from 22 percent to 9 percent in 2023 for DCU and from 26 percent to 15 percent for RAU, while retention rates increased from 74 percent to 89 percent for DCU and from 63 percent to 84 percent for RAU. Assigning each PM to oversee one large or two small DMGs has improved program coordination. This streamlined approach, providing direct support to staff, has positively impacted our organization. Since 2020, we have passed all audits and had a 77 percent decrease in internal audit findings from 2021 to 2023. Standardized communication practices within each DMG have also improved. Investigators have praised the restructuring, feeling more supported under this new model.

5. Lessons Learned and Future Directions
By ensuring equitable bandwidth for roles and instituting this restructure, we've addressed operational concerns and enhanced communication and workflows in our CTO. This proactive measure has also helped mitigate retention challenges. Looking ahead, we plan to expand the PM role to include greater

involvement in pre-activation, improving operational effectiveness. The success of this DMG-based oversight led to a similar model in the CCU, with the introduction of a clinical RN team lead.