

A Prostate and Genitourinary Multidisciplinary Oncology Clinic in a Multi-Hospital System

BY RICHARD B. REILING, MD, FACS

In Brief

At Presbyterian Cancer Center in Charlotte, N.C., we are seeing a higher incidence of prostate cancer as the population ages. The good news is that we are also seeing an increased public awareness—especially related to the need for screening and evaluation for men in the African-American community who are at greater risk for this disease.

Effective, mutually exclusive, and/or complementary treatment options currently exist for prostate cancer. So in one sense, our Prostate and Genitourinary Multidisciplinary Oncology Clinic functions similarly to a second-opinion clinic model in that newly diagnosed prostate cancer patients are given the opportunity to fully understand their disease and the treatment options so that they can make informed healthcare decisions. Our Prostate and Genitourinary Multidisciplinary Oncology Clinic also serves as a resource for men with complicated prostate cancers and for men

who have completed initial treatment to discuss additional treatment options, including the benefits of clinical trials. Finally, the clinic can benefit patients in their palliative care course of progressive prostate cancer, providing them the same opportunity to discuss treatment options that affect quality of life.

Our physicians understand that the Prostate and Genitourinary Multidisciplinary Oncology Clinic is not just a service for men who are unsure about which therapy option to accept. The program serves a much-needed educational purpose for patients in their initial encounters with GU tumors, as well for patients who are experiencing recurrences. For example, our experience has been that many men come to the Prostate and Genitourinary Multidisciplinary Oncology Clinic without really understanding what their Gleason scores mean, what their surveillance PSAs are, and what they could be doing to improve their overall prognosis.

Presbyterian Cancer Center's multidisciplinary oncology clinics—as currently structured—began in the mid-1990s. The multidisciplinary breast clinic was the first to be implemented. Observing the success of the breast clinic model, urologic and radiation oncologists recognized that such a multidisciplinary clinic approach could be beneficial for patients with prostate and other cancers. In 2001 Presbyterian Cancer Center initiated the Genitourinary (GU) Multidisciplinary Oncology Clinic.

We soon found that the majority of the patients we were seeing in the GU multidisciplinary clinic were prostate cancer patients. To reflect this, the clinic is now referred to as the Prostate and Genitourinary Multidisciplinary Oncology Clinic. Today this clinic is a practical option for our patients and their families and provides referring physicians an in-network option for a second opinion. Often patients migrate to the source of the second opinion for eventual treatment, providing additional opportunity to keep the patient in the healthcare system. This clinic sees about 80 new cases per year of which about 95 percent are prostate cancer patients, representing about 20 percent of the Cancer Center's new prostate cancer patients.

Urologist Daniel L. Watson, MD, has been a driving force in the creation of Presbyterian Cancer Center's Pros-

tate and Genitourinary Multidisciplinary Oncology Clinic. In championing the program, Dr. Watson wanted to mirror a multidisciplinary prostate program that he had participated in at Dana-Farber Cancer Institute, which included medical oncologists, radiation oncologists, and urologists—an approach easily accomplished in an academic setting. Implementing the model in a community-based setting in which physicians are independent providers is challenging. However, Presbyterian Cancer Center had the model of its successful Multidisciplinary Breast Clinic to show that it could be done.

In the Prostate and Genitourinary Multidisciplinary Oncology Clinic, patients are seen by a team that includes a urologist, radiation oncologist, medical oncologist, dietician, nurse navigator, social worker, and research staff (see Figure 1). A diagnostic radiologist and pathologist participate in the clinic's discussion phase and are available if the patient or his family feels that speaking with these providers will help make a decision or alleviate anxiety about an image or diagnosis.

Patient referrals to the Prostate and Genitourinary Multidisciplinary Oncology Clinic come from the hospital's network physicians, from urologists and medical oncologists outside of the network, and self-referrals. When Internet users find our unique program and are



Charlotte, North Carolina



Richard B. Reiling, MD, FACS, (left) with Daniel L. Watson, MD (right)

eager to participate, we have received referrals from across the country and even from other countries.

Today, the Prostate and Genitourinary Multidisciplinary Oncology Clinic is overseen by the Prostate Advisory Board, which consists of providers and hospital administrators. The Board meets periodically to discuss all aspects of the program and reports to the medical staff-appointed Cancer Committee.

How the Clinic Works

Within one week of when a patient registers for the Prostate and Genitourinary Multidisciplinary Oncology Clinic, his appointment is generally scheduled. Clinic staff, an RN manager and an associate, receive the information in a des-

ignated hospital clinic area. All of the Cancer Center's multidisciplinary oncologist clinics are coordinated and staffed at this location with occasional assistance from other personnel, especially our nurse navigators.

Clinic staff gathers and prepares all the information needed for the clinic visit, obtaining imaging and pathologic studies to provide to physicians in advance so that they may prepare for the conference. This information gathering and coordinating probably represents the most time consuming and sometimes frustrating aspect of the multidisciplinary oncology clinics. The nurse navigators specific to each clinic are of great assistance in this process, especially in talking with outside diagnostic imaging centers and with the prospective patient. On the day of the scheduled appointment, the patient arrives at the Prostate and Genitourinary Multidisciplinary Oncology Clinic one hour before the actual physician interviews and examinations. The clinic manager (along with the RN and the assistant) serves as the principal contact. During this time period, the patient undergoes an in-take by the nursing staff and is visited by other staff members (such as dietitian, research coordinator, physical therapist, social worker) as needed or requested. (See sample clinic visit schedule, page 56.)

Generally, three to four patients participate in the Prostate and Genitourinary Multidisciplinary Oncology Clinic in a half-day block. As a team, physicians discuss each case and then a physician from each specialty—urology, radiation oncology, and medical oncology—visits personally with the patient and his family. After every physician has seen the patient, the team reconvenes to determine the best course of treatment. Finally, one of the physicians returns to the patient to review the recommended plan and answer any questions (see Figure 2, page 55). At the conclusion of the Prostate and Genitourinary Multidisciplinary Oncology Clinic, a physician dictates a detailed report for the referring physician.

Effective communication between our Prostate and Genitourinary Multidisciplinary Oncology Clinic and referring physicians is critical to the success of the program. We are sensitive to the needs and perceptions of our referring physicians—particularly those outside of our network. For example, some patients participating in the Prostate and Genitourinary Multidisciplinary Oncology Clinic have asked our physicians to assume the role of care provider. Our physicians are careful to maintain a "separation" and continue to work with referring physicians so that referral patterns are not "broken" and there is no perception that our physicians are taking over patient care. In other words, even though the Prostate and Genitourinary Multidisciplinary Oncology Clinic is seen as a tremendous tool in the diagnosis and treatment of prostate cancer, it is only one part of the larger, compre-

hensive cancer program at Presbyterian Hospital.

We closely track and monitor physician performance in the Prostate and Genitourinary Multidisciplinary Oncology Clinic. The Cancer Center, although not a separate credentialing body of the hospital, monitors the following:

- Physician participation in cancer conferences
- Accuracy of staging
- Concurrence with national, evidence-based guidelines
- Accrual in clinical trials.

Our medical director oversees all aspects of care management, which includes, for the most part, the six competencies of the Accreditation Council of Graduate Medical Education, comprising knowledge as well as self-evaluation, system-based practice, and professionalism. Adherence to these competencies ensures our commitment to fulfilling our vision of providing remarkable patient care.

Physician Buy-In

One of the key elements to the success of a Prostate and Genitourinary Multidisciplinary Oncology Clinic at a community hospital is physician commitment. A physician champion(s) is a must. Providers participating in the multidisciplinary clinic must share and accept a common goal—better care of cancer patients without necessarily a financial incentive.

Often, the first step to establishing a Prostate and Genitourinary Multidisciplinary Oncology Clinic is to gather several specialists together to discuss the concept of such a clinic and its benefits to patients and staff. If this group of specialists is able to come to consensus and agree that a Prostate and Genitourinary Multidisciplinary Oncology Clinic is workable, the next step is to get buy-in from *all* the specialists involved. Altruism and professionalism from all participants is necessary to an effective and successful Prostate and Genitourinary Multidisciplinary Oncology Clinic.

One challenge can be physician reimbursement. Consider reimbursing the physicians participating in your Prostate and Genitourinary Multidisciplinary Oncology Clinic a set fee for every clinic they attend. This practice allows physicians to receive some compensation for their time away from their productive office practices. Keep in mind, however, that physicians participating in the multidisciplinary clinic cannot individually bill the patient for E&M (evaluation/management) services.

Another important component of buy-in is to secure every participating physician's commitment to make the Prostate and Genitourinary Multidisciplinary Oncology Clinic work. For physicians, this means committing to attend the multidisciplinary clinic on time and to never cancel without advanced notice. Surgeons, especially, must consider operating room time scheduling and the potential for delays on scheduled clinic days.

In establishing our Prostate and Genitourinary Multidisciplinary Oncology Clinic, Presbyterian Cancer Center was fortunate to be able to partner with one main urology group. Only a few surgeons at the practice specialized in oncology, so the rest of the group referred their prostate cancer patients to these specialists. A scenario in which every urologist, including those with low volumes of cancer patients, insisted on being a part of a Prostate and Genitourinary Multidisciplinary Oncology Clinic would be challenging. It is not as critical for participating radiation and

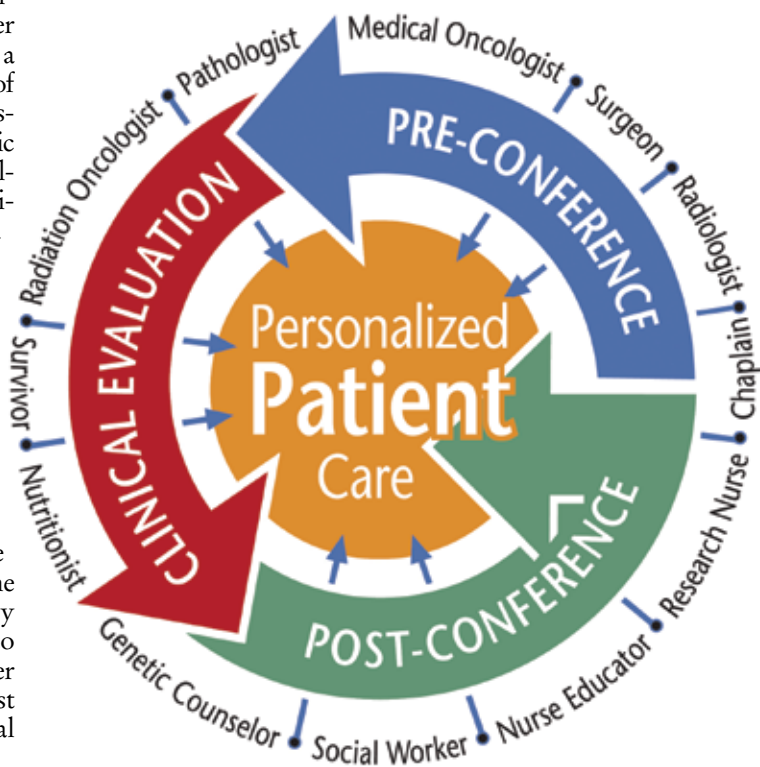
medical oncologists to have the same type of specialty with regards to prostate cancer. However, radiation oncologists should be experienced in brachytherapy treatment—both catheter and seed placement.

Institutional Support

In addition to physician buy-in, commitment, and support, the Prostate and Genitourinary Multidisciplinary Oncology Clinic must have institutional support. This support includes a commitment to acquire highly trained staff and advanced technology. Usually a high-performing and successful multidisciplinary clinic will have access to:

- Dedicated nurse navigator(s)
- New technology, such as the da Vinci Surgical System, intensity-modulated radiation therapy (IMRT), and brachytherapy
- Clinical trials
- A molecular laboratory
- Genetic counseling
- Supportive resources, such as social workers and financial counselors.

Figure 1. Presbyterian Cancer Center's Multidisciplinary Clinic Team



Presbyterian Cancer Center provides all of these services at its Prostate and Genitourinary Multidisciplinary Oncology Clinic, as well as others services that complement our comprehensive cancer program, including palliative care and pain management, hospice, outreach facilities, and the Buddy Kemp Caring House—a dedicated psychosocial support program located off-campus in a pleasant residential setting (see Buddy Kemp Caring House Client Information Sheet, page 57).

Figure 2. Presbyterian Cancer Center Multidisciplinary Clinic Process



Quality Indicators

Because multiple physicians from multiple specialties see every patient in our Prostate and Genitourinary Multidisciplinary Oncology Clinic, we have identified several quality indicators. For example, we review pathology (whether it is from an internal or external pathology department), especially in regard to the Gleason staging. Imaging studies are likewise reviewed.

Presbyterian Cancer Center has adopted NCCN guidelines, and our Prostate and Genitourinary Multidisciplinary Oncology Clinic uses these guidelines to monitor the care plans of our prostate patients. Deviations from NCCN guidelines are documented, along with the reason for the deviation. We monitor and evaluate other quality parameters, including:

- Pathologic margins at time of resection
- Long-term incidence of incontinency
- Evidence of long-term proctitis
- The number of patients who have the option to initially see both surgical and radiation oncologists.

It makes little sense to monitor a parameter that cannot be measured or one that is not in need of modification, or to not evaluate variations in the monitoring process. Accordingly, our medical director oversees and is able to substitute or add QA options to the Prostate and Genitourinary Multidisciplinary Oncology Clinic. In general, we have found that consistent performance is an excellent way to improve overall patient care.

Budget Considerations

At Presbyterian Cancer Center, one budget covers all of the multidisciplinary cancer clinics. We accept these clinics as “loss leaders,” although this corporate strategy may not be ideal or even possible for other community cancer centers. The issue of quality of services delivered is paramount; however, cancer programs cannot operate at a constant loss. In the long term, we have found that the down-stream revenue generated from our multidisciplinary clinics more than pays for their upfront costs. For example, every new patient into our healthcare system generates \$15,000-20,000 of revenue (excluding any reimbursement to private physi-

cians). If the patient chooses to receive radiation therapy, we also see a very satisfactory return on investment. Finally, do not overlook revenue related to diagnostic imaging and laboratory studies.

A common challenge faced by community cancer centers is that most data captured is inpatient data, while most oncology care is provided as an outpatient service. At Presbyterian Cancer Center, we use multiple resources to collect the following patient data: demographic, financial, cancer registry, and QA. Having these data on our multidisciplinary clinics readily available means that inventory, costs, outputs, and reimbursement is transparent to participating physicians.

As part of Novant Health, Presbyterian Cancer Center has a specific business planning process conducted in conjunction with the Finance Department and the Business Planning Department. In general terms, when any new program is being considered, our business planning process evaluates the following components:

- **Market share.** Is this an area for possible expansion?
- **Physician champion(s).**
- **The health system-wide view.** As part of a multi-hospital system, how will this program impact other programs? In other words, we attempt to ensure that there is a true addition to market share—not just shifting from one program to another
- **Vision.** Does the program complement the health system's vision?

Community Impact and Outreach

Presbyterian Cancer Center has annual community outreach goals, including educating the community about early detection and prevention of prostate cancer. Along with the American Cancer Society and other community groups, we partner to reach underserved and high-risk populations.

Parish nursing. We work with parish nurses at local churches to conduct health fairs, screenings, and educational programs. We offer a special training program to teach parish nurses about health education programs that are available through the hospital. When appropriate, we also work directly with pastors who have played an important role in helping spread the message of the importance of

prostate education and screening and the services available in the community.

Community relations. We network with local businesses and organizations to provide information on cancer prevention and early detection through health screenings and health fairs in the local community.

Survivorship programs. We offer extensive support services for patients and their families regardless of where the patient received treatment for his or her cancer. Programs include support groups, such as a long-standing prostate cancer support group, individual and family counseling, case management, and rehabilitation and wellness.

Physician education. When developing our Prostate and Genitourinary Multidisciplinary Oncology Clinic, an important element was to ensure that all physicians in the Novant Health network are aware of the advantages of this integrated program. We educate network physicians about the Prostate and Genitourinary Multidisciplinary Oncology Clinic through presentations at departmental meetings, lunch-time office visits, brochures, emails, and by “word of mouth.” We also reach out to regional and referring physician practices with information about our Prostate and Genitourinary Multidisciplinary Oncology Clinic in a variety of ways including via brochures, personal letters, and occasional phone calls.

Lessons Learned and Future Directions

Creating a Prostate and Genitourinary Multidisciplinary Oncology Clinic in a community cancer center is an ongoing project and will not be perfected until the disease itself is under complete control. Presbyterian Cancer Center continues to strive for excellence both in quality and patient satisfaction. The program has learned from its own operations and adjusted accordingly to issues such as scheduling, location, support personnel resources, and costs. There is still much to be gained in the future with regard to reimbursement, especially for the multidisciplinary clinics, which are not readily recognized by Medicare and other payers.

Our future goal is to have the resources to provide multidisciplinary clinics or a similar multidisciplinary approach for all cancer patients. Currently time and resources do not permit us to fully realize this goal. It should be noted, however, that any patient who is sent to one of our multidisciplinary clinics is not refused—regardless of the individual’s ability to pay!

Richard B. Reiling, MD, FACS, is medical director of Presbyterian Cancer Center in Charlotte, N.C., and former president of the Association of Community Cancer Centers.



What Should I Expect During My Urology Clinic Appointment?

Before Your Appointment

Try to eat lunch before you come. You will be here approximately 3-4 hours and we want you to be comfortable while you are here. We also provide light refreshments for your convenience.

During Your Appointment

12:30 -1:00 PM

A staff member will escort you from the waiting room to the clinic. We check your weight and bring you to your exam room. You will be in this room for the remainder of the appointment. We check your vital signs.

1:00-2:00 PM

Individual cancer care team members will see you, including:

- A nutritionist—to help with nutritional concerns related to cancer and cancer treatment
- A social worker—to offer information on support groups, and other counseling and practical concerns
- A urology nurse navigator—to help answer questions after you leave the clinic
- A clinic nurse—to prepare you for the clinic and organize your information for the team.

1:00-2:00 PM

During this time, your case is presented and discussed in our pre-conference with the multidisciplinary oncology clinic team. Your pathology and radiology tests are reviewed by our radiologist and pathologist, and a preliminary plan is discussed. You are also considered for eligibility in clinical trials and, if indicated, a member of our research staff may see you later during the appointment.

2:00-3:00 PM

The physicians will see you, including:

- A urologist—to talk about surgery and anti-hormonal drug treatments
- A medical oncologist—to talk about drug treatments, including chemotherapy
- A radiation oncologist—to talk about radiation therapy treatments.

3:30-4:00 PM

The multidisciplinary team meets for its post-conference to discuss your case and come up with its final recommendations. One of the three physicians will come back to your exam room to discuss the final recommendations and offer you another chance to ask questions. This physician will call your referring physician with our recommendations. A written report is also forwarded to your referring physician. *If you are self-referred, please let this physician know to which physician you would like us to communicate our recommendations.*

Please keep in mind, all times are approximate and may vary depending on the needs of the patients attending the clinic.

Buddy Kemp Caring House Client Information Sheet

Name: _____ DOB: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

May we leave a message for you if you are not at home? YES NO

Type of Cancer: _____ Date of Diagnosis: _____

Primary Care Physician: _____ Surgeon: _____

Radiation Oncologist: _____ Medical Oncologist: _____

Hospital that provides your care: _____

Marital Status: _____ Name of Spouse or Significant Other: _____

Names and ages of children: _____

Would you like to be able to have (more) children? YES NO

Employer: _____ Occupation: _____

How would you describe your personal support system? _____

The following are problems commonly experienced by patients and families dealing with a cancer diagnosis. Please check areas of concern for your or your family:

- | | | |
|----------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Managing Emotions | <input type="checkbox"/> Pain Management | <input type="checkbox"/> Communicating with the Healthcare Team |
| <input type="checkbox"/> Loss of Faith | <input type="checkbox"/> Sexuality or Fertility | <input type="checkbox"/> Communicating with Family or Friends |
| <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Body Images | <input type="checkbox"/> Communicating with Children |
| <input type="checkbox"/> Fatigue/Endurance | <input type="checkbox"/> Work or School | <input type="checkbox"/> Caregiving |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Finances | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Hospice/End of Life | | |

Are you already discussing these issues with a social worker from Buddy Kemp Caring House? YES NO

May our social worker call you to discuss these issues? YES NO

On a scale of 1 to 10, with 10 being the highest, how *depressed* do you feel? 1 2 3 4 5 6 7 8 9 10

Does fatigue, depression, or pain interfere with your ability to perform your normal routine? YES NO

If yes, please describe: _____

Are you having trouble sleeping? YES NO

Are you having suicidal thoughts? YES NO

Are you frequently tearful? YES NO

Are you presently in counseling? YES NO

Have you sought counseling or psychiatric services in the past? YES NO

List any antidepressants, anti-anxiety, or sleep aids you are currently using: _____
