OhioHealth's Multidisciplinary Breast Clinic

by Luana Lamkin, RN, MPH

The OhioHealth System is a 10-hospital system in central Ohio and the surrounding areas. In Columbus, three of these hospitals (Riverside Methodist Hospital, Doctors Hospital, and Grant Medical Center) comprise a total of 1,100 staffed beds. This three-hospital entity, known as Central Ohio, sees 3,700 new analytic cancer patients annually.

For nearly two years, patients at OhioHealth System have benefited from the establishment of a successful multidisciplinary second opinion breast clinic, also known as the second opinion clinic (SOC). OhioHealth physicians have embraced the SOC because of the collegiality they find, the patient benefit, and the personal learning. The biggest physician complaint continues to be the time commitment needed to participate in the multidisciplinary clinic. Only two physicians have withdrawn from the panel; both cited the time commitment away from their offices as the reason for leaving. SOC patient satisfaction rating has consistently been between 95 to 99 percent "excellent" experiences. Anecdotally, more thank-you letters are received from patients about this clinic than any other single breast cancer program component.

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Roadmap for Start of a Successful Multidisciplinary Clinic

Multidisciplinary care at OhioHealth System started back in 2001 when Thomas Sweeney, MD, spearheaded a small group of physicians with experience in second opinion clinics. Initially, this group met with all the physicians who care for breast cancer patients at two OhioHealth System hospitals. (Later the program was expanded to include the third hospital.) The purpose of these meetings was twofold: to encourage physicians to actively participate in a multidisciplinary clinic, and to gain acceptance of the program and future referrals to it.

At first, physician reaction was mixed. Many practitioners expressed some hesitation fearing they would lose their patients referred to the clinic, would lose their autonomy in managing patients, and would lose office time that they would be devoting to the clinic. Because the physician pool represented two previously competing hospitals and competing practices, finding physicians who would commit to the start-up multidisciplinary clinic was somewhat problematic. Identifying physicians well suited to serving on the clinic's panel of rotating physicians also presented a challenge. Ideal candidates were physicians who had up-to-date clinical expertise in their field, a team orientation to their practice, and a strong degree of common sense.

Eventually physician buy-in was obtained and the SOC was developed under the auspices of the Breast Health Program, which is a major part of the cancer services at the OhioHealth System. Four primary goals were established for the SOC:

- Meet the educational needs of women with breast cancer
- Standardize the treatment approach to breast cancer
- Create a centralized source for second opinions
- Compete with the local university system.

How the SOC Works

The SOC operates weekly from 12 to 3 p.m. on Wednesdays, with one to four patients being seen each week. The clinic is held in the radiation oncology department of one of the hospitals where a conference room and three exam rooms are available.

In advance of each clinic, a breast health nurse gathers and prepares all the slides, radiologic data, and a clinical summary of each patient presented. The SOC physicians who rotate on the panel of experts always include the following specialties: medical oncology, radiation

oncology, breast surgery, plastic surgery, pathology, and diagnostic radiology. Also serving on the committee are a breast health nurse and a breast cancer survivor volunteer. Frequently the group is expanded to include more than one representative from a specialty and may also include professional visitors.

Patients may be referred to the SOC by physicians or may be self-referred. The breast health nurse coordinates referrals that are phoned in. In general, patients are seen in the SOC after a positive biopsy but before treatment; after initial surgery; or after a recurrence of their disease.

Once a patient is referred to the SOC, the breast health nurse selects a lead physician based on the stage of disease or the specific question the patient has asked. The lead physician sees the patient individually, completes a history and physical, and gathers personal information from the patient. The physician then confers with his or her SOC colleagues in a conference room, where all slides and radiographic results are reviewed. After the group sees the patient as a team, the professional group reconvenes and determines a cohesive recommendation for future treatment.

The lead physician then meets with the patient individually and gives the patient the groups' consensus recommendation. The lead physician dictates a lengthy consultation report that is sent to both the patient and the attending physician. If the recommendation is different than the attending physician's treatment plan, the lead physician telephones the attending physician that day to explain the rationale. This last step has been crucial in gaining referring physician trust.

Financial Impact and Analysis

The second opinion clinic is free to patients, and physicians are not paid for their participation. OhioHealth System has elected not to bill patients for the service because the Medicare APC (GO-175) pays less than $80 for this service. The small reimbursement amount does not overcome three obstacles to billing for the multidisciplinary service.

First, all physicians, even those who did not practice at the site of the clinic, would have to gain hospital privileges at a cost of nearly $500 per physician. Second, if the cancer program billed Medicare patients for the SOC services, the program would have to bill other patients who are uninsured or whose insurance would not pay for such services. The concern is that some patients might forego using the SOC if out-of-pocket costs are high. Last, if revenue were realized from the second opinion clinic, ethically OhioHealth System would be obligated to pay the physicians for their time and services. Splitting the $80 revenue between the specialty physicians would result in each receiving a very small—even offensively small—amount. The pathologists, however, do bill patients for reviewing slides that come from outside the system.

The program is able to offset some of the SOC's operational costs by accepting donations, and some patients make donations soon after their experience. Recently, the SOC has been funded locally by the Moore Foundation, which is covering the direct clinic expenses for one year. This funding source was the result of collaborative efforts between the hospital foundation and a breast health nurse who wrote the grant application.

SOC expenses are borne largely by the panel of physicians. The costs associated with the SOC include a breast healthcare nurse (a 0.4 full-time employee registered nurse at $460/week) and the time of the six participating physicians, which works out to about $2,700/week at an estimated $150/hour. Annually, the physicians donate about $135,000 of their time each year, while the hospital supports about $23,000 of the cost of the SOC.

On the positive side, OhioHealth System has realized significant downstream revenue from the SOC. During the last 15 months, 53 percent of the patients referred to the SOC who had received their initial diagnosis outside the system elected to become patients of the system. These new patients have resulted in an additional $284,472 in gross revenue and a $66,924 contribution margin—defined as profit after direct expenses.

Looking Ahead

Although one of the program goals of the multidisciplinary clinic is to compete with the local university system, little work has been done to market the SOC. A promotional marketing card was mailed to primary care physicians in the referring area, and the physicians' relations team includes this card in its conversations with primary care physicians. Recently the first newspaper advertisements were run in local neighborhood papers. Some concern exists that a "free" clinic ad might result in an overwhelming backlog of patients seeking a second opinion.

While the SOC is expensive in terms of physician-time commitment, the clinic has achieved its original goals of meeting breast cancer patients' educational needs; standardizing treatment approaches; creating a central source for second opinions; and competing with the local university by providing this service in our system.

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