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Re-engineering Cancer Care

In 1992 administrators and staff at Saint Alphonsus Regional Medical Center in Boise, Idaho, began re-engineering cancer care delivery based on a Demming total-quality model.

"Primary goals were to create a program that focused increased attention on individual health care consumers—both the patient and the referring physician—and to reduce hospitalizations through aggressive case management," said Pat Wolfla, Saint Alphonsus Cancer Treatment Center administrative director. "We wanted to supply a continuum of cancer care—not to refer away patients for medical management."

Although the medical center already had a significant surgical base, it lacked the medical management of cancer. The new approach shifted to team arrangements of clinical and support services staff. Physicians who valued working together were brought on board. Four surgeons were already oncology trained and looking for collaborative opportunities. The surgeons agreed that patients could benefit from a more patient-focused system.

"One of the nice things about starting a program from scratch is not having history to overcome. We did not have to change our employee mind-set about how care should be provided," said Wolfla.

Restructuring meant that the Cancer Treatment Center had to do business differently and look at empowerment of its employees. "Employees came to realize that they were the ones who put the quality in care," noted Wolfla.

Today, the campus of the Saint Alphonsus Cancer Treatment Center combines medical and surgical oncology with chemo-infusion, radiation therapy, an in-house pharmacy dedicated to oncology (both chemotherapy therapeutics and take-home drugs), in-house hematological labs, and delivery and execution of care that is outpatient driven and highly collaborative.

Cancer care resources are provided through a multidisciplinary case management approach. Oncology team members have both an inpatient and outpatient focus. The team includes a dedicated oncology social worker who does intake assessments and support, a dedicated chaplain, two clinical pharmacists, and a dedicated nutritionist. In addition, the program has an active home health component.

At weekly rounds, physicians review patient charts and have the opportunity to hear from the entire team as the care plan is coordinated and modified. Together, team members perform a function analogous to case managers.

The hospital reports almost universally positive responses from physicians to the introduction of case management services. Case managers typically serve as a liaison with referring physicians, allowing them to have more accurate and up-to-date information concerning the progress of their patients' treatment. Equally important, case management programs typically reduce the physicians' burden of administrative and other nonclinical work.

Satisfaction surveys that are mailed to patients' homes track the quality of services provided by the hospital in general and by the hospital's oncology teams. Success is measured through a Gallup telephone survey and patient satisfaction surveys. Satisfaction of team members is equally important.

"Caregivers should feel empowered and good about the care they give," said Wolfla. "We hope those feelings will translate into good, cost-effective care."

PATHWAYS TO SUCCESS

The use of care paths figures prominently in the hospital's efforts to coordinate patient care. A quality action team came up with a design for all pathways. "If you don't have a master plan on which pathways are written, it is difficult to compare variances," said Wolfla. "Obviously, the way you look at carpel tunnel syndrome and the way you look at neutropenia are different."

Over the past two years, a number of clinical pathways in orthopedic services have been developed and standardized. Wolfla hopes that at least two care maps in the cancer program will be in use this year.

"The bigger the institution and the more physicians involved in certain DRGs, the more difficult is the process of developing care paths," said Wolfla, "and the greater the win." She notes that her institution is lucky to have oncologists on board who see pretty much eye to eye on how to best deliver treatment.

THE TEAM APPROACH

Two years ago, before starting the cancer medical management team approach, tumor boards at Saint Alphonsus were retrospective. Today, prospective tumor boards are held every Friday, and four cases are presented. Often 25 physicians and staff attend.

"What you have is the merging of radiology, pathology, medical oncology, radiation oncology, and surgery," said Wolfla. "This provides intellectual exchange among physicians."

Often the family practice physician who referred a patient will attend. In addition, a monthly cancer conference focuses on those experiences most meaningful to family practice physicians.

In December, Saint Alphonsus started its first intraoperative radiation surgery procedure, performed closely with surgery and anesthesiology. Soon, the center will perform its first stereotactic radiosurgery procedure in collaboration with the neuroscience division of the Idaho Neurological Institute.

"A single physician just can't do it all alone," said Carolyn Collins, M.D., medical director at the Cancer Treatment Center at Saint Alphonsus. "With a team approach, patients receive better care, and medical staff share in the triumphs as well as the burdens."

The team approach requires a commitment from the chief executive on down and additional education for everyone involved, according to Wolfla.

THE BIRTH OF MANAGED CARE

Unlike its more populous western neighbors, Idaho has little experience with managed care. Only recently did Saint Alphonsus enter into its first managed care agreement. Providing well managed, patient-focused care will likely make the cancer program leaner and meaner down the road, reducing unwanted hospital stays, according to Wolfla.

Idaho rates 50 out of 50 states in per capita spending on health care (1991). "We have been very cost-effective in the state," said Wolfla. "Part is due to the population base we have and to the good quality of life. There is value in Idaho just because it is Idaho and not New York or Los Angeles." For instance, Wolfla estimates that the hospital's cost of delivering a chemotherapeutic regime compared to San Francisco is probably one half.

"I feel very blessed we don't have excessive bad debt. What's more, we are profitable in DRGs—not big time, but we are still making between $300 to $500 with them," Wolfla said.

Medical Director Carolyn Collins sees patient-focused care and the team approach as vital to the success of the cancer program. The cancer treatment team works together to educate and empower patients to actively participate in their own healing.

"Working together can help spread out the sadness among the team. Practice becomes more fun...not so lonely," concluded Collins. "The overall outcome is positive for the staff as well as for patients." ■

Founded in 1894, Saint Alphonsus Regional Medical Center in Boise, Idaho, is a voluntary, not-for-profit member of the Holy Cross Health System. The multidisciplinary Cancer Treatment Center opened in 1992. It incorporates radiation therapy, chemotherapy infusion service, dedicated pharmacy, hematology lab, and a resource room. A dedicated oncology team serves both inpatient and outpatient oncology support needs.

VITAL STATISTICS

- Total institution bed size: 269
- Dedicated cancer unit beds: 12
- New cancer patients seen each year: 645
- Managed care penetration in the state: 1.4 percent

SOCIAL SUPPORT SERVICES

- A resource center with books and videos is available for patients and their families to learn more about treatment options.
- Community cancer screening includes prostate and skin programs. Close to 7,000 screening mammograms have been performed in its American College of Radiology-approved service.
- Psychological counseling is available for patients and their families at the Cancer Treatment Center.
- On-site financial counselors help patients understand insurance coverage and locate community resources as needed.