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Managing Managed Care

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Managing Managed Care

**C**ontrolling quality and outcome and maintaining financial viability in today's market are getting tougher and tougher in the managed care environment," according to Robert Lunt, administrative director of the St. Joseph Regional Cancer Center in Albuquerque, N.M. To aggressively compete in the managed care arena, St. Joseph has concentrated on setting itself apart from all other hospitals and health care systems in the state also trying to provide high-quality health services while controlling costs.

There are about 50 large HMO-penetrated markets in the United States; Albuquerque is one of the top five. Despite a population of just 600,000, the actual number of city residents belonging to some kind of managed care system is relatively high. Seventy-eight percent of Albuquerque's population belongs to either a PPO, HMO, or Medicare. "The town is practically fully covered," reports Lunt.

St. Joseph's predicament is twofold. It must develop innovative management strategies to control costs to survive in such an extremely competitive market, and it needs to attract customers with technologies and services not offered by its competitors. So far, St. Joseph is succeeding at both.

### INNOVATIVE MANAGEMENT AND HIGH TECH

In 1993 The St. Joseph Healthcare System developed MedNet Medical Network of New Mexico—a network of physicians, including medical oncologists, who are affiliated with the hospital. Many physicians are actually employed by the hospital, and their office staffs are also St. Joseph employees. While most physician groups act independently of hospitals and set their own rates for treatment, MedNet ensures that

physicians stay within the hospital cost structure. As a result, the hospital and the physicians are more coordinated in their efforts to ensure quality and contain cost.

St. Joseph also has an exclusive agreement with FHP of New Mexico, a large HMO that is the hospital's primary provider of capitated care.

To set itself apart from the competition, St. Joseph has invested in state-of-the-art radiation therapy. Radiation oncology has been offered since 1943. Today, St. Joseph offers the only center in New Mexico performing radiosurgery. "We were first in the state with hyperthermia (1989). We were first with high-dose radiation therapy (1989). And we were first with the stereotactic frame (1994)," says Lunt. In addition, St. Joseph operates a 2500 linear accelerator, only one of twenty-five in the world for specialized treatment. "St. Joseph maintains its high-level quality product and stays very competitive in a dynamic market," says Lunt.

### SPECIAL SERVICES AND ONE-STOP SHOPPING

The Center for Breast Care, housed at the Northeast Heights campus, is a new addition to The St. Joseph Healthcare System, and is key to St. Joseph's innovative approach.

The emphasis at the Center is reducing patient anxiety as much as possible. Mammogram results are usually available in 24 hours, a rarity in most other programs, according to Sally Piscotty, administrative director of the Women's Care Program. "In other programs a patient usually must wait for an off-site physician to review the tests before getting the results."

Because a significant number of patients travel from various parts of rural New Mexico, the Center for Breast Care tries to facilitate services in a one-stop setting whenever pos-

sible. When a problem is detected, instead of referring the patient to physicians outside the Center, the physicians are brought in, sometimes the very same day. "We've actually had a woman come in with a lump, and the same day she had a mammogram and a breast exam, an examination of the lump by a physician, and a needle aspiration. The results were given back to her, and she was set up with an oncologist for future follow-up and surgical intervention, all in one day."

Physicians rotate through the Center so that any day of any week a physician is on call who can come in to see a woman with a problem. A nurse specialist oversees the whole process and is a resource for women with questions or issues that need to be resolved.

The Center's philosophy is that a woman never comes in "just" for a mammogram. The nurse always performs a breast exam and also teaches the woman breast self-examination. If she finds anything suspicious, the nurse then refers the woman to her primary physician or one from the Center.

At least 25 to 30 percent of the Breast Center's patients are of Hispanic origin. "There is some reluctance on the Hispanic woman's part to enter the system," Piscotty explains. "From a cultural standpoint, Hispanic women tend to feel uncomfortable touching their own breasts, and some of that tradition is still being passed on to the younger generations." Bilingual staff, from the front desk staff to the physicians, are on hand to assist with what can sometimes be a difficult situation for a Hispanic patient new to the system.

Native Americans living on the reservations and the pueblos are mainly served by the Indian Health Services (IHS) and Public Health Department through a grant for breast and cervical cancer screening, which is funded by the Centers for

Disease Control and Prevention. The Center for Breast Care participates in the grant as a referral site when an IHS patient has a problem and needs to be seen immediately. The Center also collaborates with IHS and X-Ray Associates to provide mobile mammography to this population and others throughout New Mexico.

#### **PREVENTION AND EARLY DETECTION**

The Breast Center focuses on acclimating the well woman to the regular checkup cycle. "We want her to be comfortable coming in for a checkup, without feeling intimidated, so that if one day she does

come in with a problem, we have an established, supportive relationship with her," says Piscotty.

Last October, the Center teamed with the American Cancer Society during its annual breast cancer awareness campaign, supplying \$39 mammograms to the general public and free mammograms to its own employees. As a result of the screening, breast cancer in its early stages was detected in three St. Joseph employees.

The Center has provided education and outreach to homeless women and those in domestic shelters and senior citizen homes through a grant funded by Avon and the National Association of

Breast Cancer Organizations.

Piscotty believes that St. Joseph's multidisciplinary approach to serving both the well woman and the woman who has cancer is what makes it stand apart from other programs. The Breast Center is just one of the elements that makes The St. Joseph Healthcare System work. Inherent throughout all parts of the system is a sense of pride that St. Joseph is considered a leader in today's changing health care times.

As Robert Lunt says, "This is a tough time in health care! But for a relatively small place, we've managed to stay extremely competitive." ■

*St. Joseph Hospital in Albuquerque, N.M., was a one-hospital system when it was founded in 1902. It has since evolved into The St. Joseph Healthcare System, with fully integrated medical staff at four campuses including the St. Joseph Medical Center, West Mesa Hospital, Northeast Heights Hospital, and Rehabilitation Hospital and Outpatient Center. The St. Joseph Regional Cancer Center houses a fully staffed oncology unit, which has been operational since 1977. The Cancer Center's radiation therapy center treats nearly 100 outpatients a day.*

#### **VITAL STATISTICS**

- Total system-wide bed size: 564
- Dedicated cancer unit beds: 34
- New analytic cancer patients seen each year: 1,000
- Current number of patients on NCI-approved protocols: 40
- Managed care penetration in New Mexico: 22 percent

#### **PATIENT SUPPORT SERVICES**

- The Center for Breast Care offers a full range of breast health services.
- Participation in American Cancer Society programs such as the Great American Smokeout, the Breast Cancer Detection Awareness Program, and "I Can Cope."
- HomeCare Hospice provides

comprehensive care to people diagnosed with a terminal illness. New Mexico Home I.V. Services is a licensed pharmacy providing pharmaceutical support for home infusion therapies, including chemotherapy.

- The radiation oncology social worker provides psychological assessment, counseling, and crisis intervention.

