Oncology Issues

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Sisters of Providence Health System in Oregon Providence Regional Cancer Program

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Since 1993 staff at the Providence Health System have been working to develop a formal network of four freestanding hospitals to provide more comprehensive cancer services to the Portland area. Previously, the hospitals had been loosely affiliated and reported independently to the Sisters of Providence headquarters in Seattle. Today, with four facilities and one-third of the Portland area market share, the network allows more efficient and effective management within one of the most heavily penetrated managed care markets in the country.

The network is comprised of two large community teaching hospitals, Providence Portland Medical Center (483 beds) and Providence St. Vincent's Medical Center (450 beds), both with well developed cancer programs. The cancer programs of the two smaller hospitals, Providence Milwaukie (55 beds) and Providence Newberg (44 beds), rely on the larger medical centers for selective support.

CONSOLIDATION AND STREAMLINING

Tumor registry functions were the first to be consolidated within the new network. Now the four hospitals are served by one tumor registry. Administrative functions were also streamlined. Where previously there had been multiple cancer program managers, today a regional program director for the cancer program oversees all sites. Medical leadership from the four different institutions came together to form the Regional Cancer Leadership Committee, a physician-driven committee that is the guiding force for the cancer program as a whole.

The cancer program supports an integrated bench, clinical, and health services research capability that is regionally recognized and unique in a community hospital setting. A single Institutional Review Board oversees participation in local and national cancer clinical research trials across the system.

Although Providence Portland and Providence St. Vincent Medical Centers are only twelve miles apart, both have dedicated inpatient oncology units and full-fledged radiation oncology centers. By having one physicist manage both radiation oncology centers and by sharing staff between centers, the system realizes significant cost savings. Common forms, records, and billing procedures help streamline administrative services.

The decision to keep the centers separate was intentional, based not only on the high numbers of patients each center was serving, but also on the kinds of patients and where they live. "Looking at the market from a geographic access perspective, we have to consider that many of our patients undergoing radiation therapy come for treatment every day, often for a period of several weeks. Treatment must be accessible," explained Stephen Franey, regional director of the cancer program.

Local culture and tradition were also contributing factors in the decision to maintain two centers. In Portland the Willamette River divides the city from east to west, and Portland residents tend not to travel from the one side to the other. "We had to consider how local traditions impact patient access," noted Franey.

For now the bottom line is patient volume and quality care. "Currently we have enough volume in each of the two separate sites to still be efficient and effective. Once that is no longer the case, we will have to look at the advantages of consolidation," Franey said.

BUILDING RELATIONSHIPS AND EFFICIENCIES

In 1983 Sisters of Providence established the Providence Good Health Plan, which contracts with Interhospital Physicians Association, a multispecialty IPA, and has recently formed the Providence Medical Group, a statewide group of primary care practitioners.

"Our plan is to build constructive working relationships with physicians to create an integrated physician/hospital partnership with aligned incentives," said Franey. Sisters of Providence plans to implement an electronic medical record system to link physicians with acute and ambulatory services in a health provider network.

Integration has allowed the two smaller hospitals, Providence Milwaukie and Providence Newberg, access to the larger hospitals' information and support services, such as cancer counseling, supportive care, and educational programs. Franey plans to build a fully integrated support services system among all four hospitals. Sisters of Providence is performing a study to look at the current support services the hospitals provide and how they can better meet the needs of patients, families, and physicians.

A Regional Oncology Quality Integration Team (ROQIT) has replaced the separate quality teams from each organization and is responsible for the continuum of quality and outcomes measurement for cancer services at all sites. "Not only have we reduced the number of meetings," Franey said, "but people's energy and attention are now focused on a collective set of objectives. We are working much more in unison."

Becoming more efficient is a process that takes time, said Franey, and will not be fully realized until the Sisters of Providence is accredited by JCAHO and ACoS as one orga-

nization with multiple sites. Franey hopes to achieve this accreditation by 1998. All four hospitals must still have independent multidisciplinary cancer committees in accordance with ACoS, and it is not unusual for the program to endure a JCAHO and ACoS survey at one site or another at least once a year.

In the interim, Franey is trying to educate the accrediting bodies. "From an accreditation perspective, we need these committees," Franey explained, "but on an operating level, our ROQIT and Regional Cancer Leadership Committee have already taken their place."

According to Franey, a difficult challenge has been transitioning staff as well as patients away from the "our hospital" to "our system" way of thinking. For example, people tend to give money to the hospital where they or someone they know received treatment, not to a "health system." As a result, cancer fundraising campaigns continue at individual hospitals. But as the regionalized, integrated cancer program develops, Franey expects further integration to occur, particularly in the area of development. "Despite the system's separate facilities, the Regional Cancer Program has become the commonality that will unify the system." ■

The Sisters of Providence Health System in Oregon, comprised of Providence Milwaukie Hospital, Providence Portland Medical Center, Providence St. Vincent Medical Center, and Providence Newberg, employs more than 7,300 people, making it the second largest employer in Portland. The Sisters of Providence provides comprehensive cancer care to a population of more than 1.7 million people in the Portland, Ore., area.

VITAL STATISTICS

- Total system-wide bed size: 1,032
- Dedicated cancer unit beds: 33
- New analytic cancer patients seen each year: 2,727
- Current number of patients on NCI-approved protocols: 300
- Managed care penetration in Oregon: 39.6 percent

PATIENT SUPPORT SERVICES

- The Supportive Care Team is a multidisciplinary group comprised of social work, pastoral care, nursing, grief counseling, and volunteer staff who provide patient advocacy and pain management services.
- Each of the system hospitals offers both individual and group cancer counseling programs designed for patients, families, and friends.
- Hospice services provide education and training, financial consultation, and emotional and spiritual support to patients and families.
- Cancer-specific groups provide support for breast and prostate cancer patients as well as progressive relaxation and guided imagery.
- Health Resource Centers provide free literature, a lending library, and free computerized information about medications.
- Providence Bridges for Children provides information and support for seriously ill children and their families.


Providence Portland Medical Center


Providence St. Vincent Medical Center


Providence Milwaukie Hospital


Providence Newberg Hospital