



## Community Health System California Cancer Center

Investing in the Future

To cite this article: (1998) Community Health System California Cancer Center, *Oncology Issues*, 13:3, 15-16, DOI: [10.1080/10463356.1998.11904748](https://doi.org/10.1080/10463356.1998.11904748)

To link to this article: <https://doi.org/10.1080/10463356.1998.11904748>



Published online: 18 Oct 2017.



Submit your article to this journal [↗](#)



Article views: 1



View related articles [↗](#)

## Community Health System California Cancer Center

Investing in the Future

**T**he California Cancer Center at Woodward Park is the hub of cancer program activities within the Community Health System in Fresno, Calif. The cancer center opened in 1993 and was designed as an outpatient facility to house both medical and radiation oncology. "For the first time in this community, the center brought together radiation oncologists with medical oncologists, who committed their practices to a hospital venture," said Douglas Wong, M.D., Ph.D., director of radiation oncology. He and medical oncologist Chris Perkins, M.D., were instrumental in developing the cancer center.

The opening of the California Cancer Center coincided with a technology transformation that was placing new emphasis on radiation oncology. Before 1993, the system's aging radiation therapy equipment had been housed in the basement of a hospital outpatient department. "We knew we needed a more appropriate and accessible setting to better serve community needs," Wong stated. He and his colleagues also realized that the Community Health System needed to make a major capital purchase to upgrade its radiation therapy equipment. A decision was made to invest in digital machines, linear accelerators with dual energies and electron capabilities, and a record and verify system—cutting edge back then, standard now. The whole radiation oncology operations—from initial patient registration to simulation to dosimetry to treatment—would be electronically linked, leading to improved scheduling and better use of resources.

In 1993 the closest universities offering a prostate seed implant program were more than 300 miles from Fresno. Patients with prostate can-

cer were already coming to consultations interested in prostate seed implants. They were also willing to travel. At that time they had to travel out of state—UCSF and Stanford were not as well established as today. A decision was made to pursue a prostate seed implant program at the California Cancer Center to meet community need, not to gain marketing advantage.

"Our surgical colleagues asked us to look into a prostate seed program to see if we could provide this service locally," said Wong. "Although only a small minority of patients may choose seed implants, why should they have to leave the community at all?"

Wong and his colleagues moved cautiously, looking at the literature about implants and at its support from urologists. They recruited William Schiff, M.D., a urologist, to develop the program.

"We were very deliberate in how we set up the program. We wanted to be very cautious and selective about which patients are selected into the program," said Wong. "In fact, over the last five years we've had only 57 to 60 patients." Results are comparable to larger centers, he noted.

### MAINTAINING CLINICAL TRIALS

Although Community System's charter is specifically inclusive of research, maintaining clinical trials is becoming more of a challenge, according to Nita Edde-Jensen, R.N., service coordinator for nursing and an oncology nurse for twenty-five years.

"For us in the community, in the trenches with limited funds, it is increasingly difficult to find trials that are appropriate for us. Either we don't fit a patient's profile needs, or we can't generate enough interest

from our referring specialties to make participation tenable."

By 1993 financial constraints, cumbersome procedures, and excess paperwork had convinced the cancer center not to extend its CCOP.

"To the hospital's credit," said Edde-Jensen, "we argued that because of our charter, we must continue to provide access to research. The hospital has continued to fund what it had in the CCOP. If we don't offer clinical trials, our patients must travel 300 miles, which we do not consider appropriate."

The program discontinued all intramural clinical trials; instead, it formed the San Joaquin Valley Cooperative Group Outreach Program (CGOP). The CGOP participates in clinical trials offered by the Southwest Oncology Group and the Radiation Therapy Oncology Group. A redesign of the cancer registry and cancer research departments allowed greater efficiency to carry on these trials with fewer resources.

Every new patient entering the center is evaluated by research and registry staff. Charts are flagged with different studies for which a patient may qualify. Staff look for trials that generate enough interest, address clinical need, and are of such clinical utility and practicality that they will allow the trial to accrue patients at a reasonable rate. In addition, staff regularly attend national educational meetings to keep current on research-based requirements and available new treatments. Community Health System has also started looking at other sources for trials, including pharmaceutical companies.

### FUTURE PLANS: DISEASE MANAGEMENT

Since cancer is treated by multiple specialists and requires extensive

treatment plans that use expensive technologies, Community Health System is developing a program that uses a core group of physicians who can evaluate patients in a multidisciplinary manner and treat patients on standardized clinical pathways. The goal is to develop a better alternative to the managed care process: disease management.

Disease management is a process that seeks to optimize the health sta-

tus of a given patient population with a common diagnosis by more effectively integrating all programs of prevention, diagnosis, treatment, psychosocial support, and palliation. In contrast, managed care focuses on reducing costs by limiting provider reimbursement, lowering the utilization of services, and controlling the practice of medicine through financial and other nonmedical means.

At the California Cancer Center,

disease management strategies began with the development of a head and neck clinic. Patients see a number of physicians from different disciplines, including a radiation oncologist, medical oncologist, surgeon, nurse, social worker, dietitian, and dentist. The cancer program is looking to expand on that philosophy with more clinics specific to different types of cancer. ■

*The California Cancer Center is a state-of-the-art cancer treatment program in the Central Valley, offering outpatient services at the California Cancer Center at Woodward Park and inpatient services at Fresno Community Medical Center. The outpatient center at Woodward Park provides radiation therapy and medical oncology services, as well as laboratory, pharmacy, recreation therapy, nutrition counseling, and social services. The comprehensive program is accredited by ACoS. Due to the merger with the county hospital, which offers resident programs in four major areas, combined with its research facilities, the program now meets the teaching hospital program requirements. Community Health System's commitment to serving patients goes beyond its facility walls and out into the community.*

### VITAL STATISTICS

- Total inpatient hospital bed size: 836
- Dedicated cancer inpatient beds: 12
- Number of analytic cancer patients seen each year: 1,800

- Managed care penetration in the state: 46 percent

### PATIENT SUPPORT SERVICES

- The Navigator Program pairs volunteer cancer survivors with new patients.
- A variety of support groups includes general cancer support, prostate cancer support, a men's support group, and a

group designed for children whose parents or care givers have cancer.

- Community Hospice is comprised of a multidisciplinary team providing emotional and spiritual support, as well as pain management therapy.
- An education program is linked directly to ongoing programs for prevention and risk reduction.

