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An Integrated Model

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Deaconess Billings Clinic An Integrated Model

Deaconess Hospital and Billings Clinic became the integrated Deaconess Billings Clinic in 1993. Based on the similarly integrated models of the Mayo Clinic in Rochester, Minn., Virginia Mason Clinic in Seattle, Wash., and Cleveland Clinic in Cleveland, Ohio, the DBC integration brings together the 272-bed hospital with the 140-physician, multispecialty clinic, including three oncologists. The DBC, located in Billings, Mont., serves a population of 400,000, roughly half of the state's total population, which is primarily concentrated around Billings. DBC clinic physicians account for about half the physicians in the community; there is only one other medical oncology practice in Billings, and only twenty oncologists in the entire state.

While the hospital and clinic entities remain physically separate (but situated on the same campus), integration of data systems has streamlined patient care and provided a more accurate representation of the DBC cancer population. With integration has come a merging of the hospital and clinic cancer registries, and earlier this year, implementation of a system linking patient registration and demographic data that can be transmitted throughout the DBC network.

Integration has brought with it savings gained from streamlining processes. In addition, the DBC, with its large, multispecialty group and a wide market share, is an attractive model for winning managed care contracts.

Yet demographic challenges exist in providing oncology services to what is, by national standards, a relatively small population spread over an expansive geographic region. DBC has met these challenges by weighing patients' needs for services

against the feasibility of doing so, without duplicating services. For example, DBC has entered into a number of arrangements with community partners to pool resources and expand services. In partnership with St. Vincent's Hospital, also in Billings, DBC operates the Northern Rockies Cancer Center, providing radiation therapy since 1988.

DBC is also a founding member of the Montana Cancer Consortium, a collective group of hospitals recently awarded a CCOP grant. Participating hospitals hail from the state's larger cities (Missoula, Great Falls, Billings), which are hundreds of miles from each other. Data management is coordinated through a central office in Billings. Together, these hospitals make a significant impact on the national research program, ranking third nationally in CCOP accruals to the Southwest Oncology Group (SWOG).

OUTREACH, MONTANA STYLE

A typical day in the life of Donald I. Twito, M.D., might go something like this: Following early a.m. rounds at the hospital, Twito drives five minutes to the local airport, where he boards a propeller plane that takes him 320 miles away to a DBC outreach clinic based in a rural hospital in eastern Montana. After seeing about twenty-five patients, Twito re-boards the plane for the hour-long trip back to DBC, where he makes a final set of rounds before going home.

Twito is medical director of the cancer program at DBC, and one of the program's three medical oncologists who travels several times a month to a total of ten "local" communities to provide medical oncology services to patients. According to Twito, physician colleagues on the East Coast are especially aghast to learn of his schedule. "In Montana,

oncology care is 'close' to home when it's seventy miles away," Twito explained. "It's a trade-off people make to live here."

The DBC outreach program is anchored by a cadre of local nurses who have been trained by DBC staff in chemotherapy administration. These nurses are stationed at hospitals located in more remote areas of the state where they are specifically designated to administer chemotherapy to patients with cancer.

Originally oncology nurses traveled with physicians to provide chemotherapy. However, awareness of the important role of the oncology nurse led to creation of a more permanent oncology presence within the local communities, according to Kathy Wilkinson, R.N., DBC outreach coordinator and clinic nurse. "Our nurses in the community are able to form long-term relationships with patients, which facilitates education and follow-up." Wilkinson and other DBC staff serve as a resource for the outreach nurses as new drugs become available and treatments develop.

The DBC outreach program enables patients to receive chemotherapy in their own communities when they would otherwise have to travel to Billings. The program also has established a vital referral link for patients in these communities who require more complex treatments such as stem cell transplant.

A TRANSPLANT TEAM

In July 1997 DBC and St. Vincent's Hospital opened a stem cell transplant center within the Northern Rockies Cancer Center. The unit is a joint venture of the two institutions and Response Oncology, a company that specializes in developing and operating stem cell transplant programs. To date, more than twenty patients have been

treated, a significant number for a new, small community transplant center. The center is staffed by one full-time nurse employed by Response Oncology and two DBC/St. Vincent nurses who divide their time between the stem cell unit and the inpatient units of their respective hospitals.

In addition to providing funds for start-up costs, the partnership with Response Oncology allows DBC and St. Vincent's to benefit from the expertise of Response Oncology clinicians experienced in stem cell transplant, according to Laurel Stark, coordinator for the

stem cell program. The same protocols and treatment plans from other Response Oncology centers across the country are followed, which facilitates research. "You can't open a brand-new stem cell center and expect to do NCI-based studies right away," Stark said. "We're building a solid track record first."

DBC oncologists are responsible for primary oversight of their patients receiving stem cell transplants. This setup ensures continuity of care for patients, important for the many DBC patients living beyond the immediate Billings area. In the past year roughly half of DBC transplant

patients have hailed from places as far as Glasgow, Mont., about 400 miles away. Although these patients must leave their local communities to receive the transplant, the DBC outreach program ensures that patients will receive treatment from the same oncologist who initiated their care. Without this referral network, these patients would have had to travel 600 to 1,000 miles to Denver or Salt Lake City to receive a transplant under the care of a new physician. Through the outreach program, Twito said, "DBC is maintaining continuity of care across Montana." ■

Deaconess Billings Clinic (DBC) is a community owned and governed nonprofit medical foundation. At its core is the Billings Clinic, a multispecialty physician practice, and the JCAHO-accredited Deaconess Medical Center. The system serves the approximately 400,000 people of eastern Montana, northern Wyoming, and western portions of North and South Dakota. Radiation oncology services are provided through the Northern Rockies Cancer Center, a partnership of Deaconess Billings Clinic and St. Vincent's Hospital, also in Billings.

VITAL STATISTICS

- Total institutional bed size: 272
- Dedicated cancer unit beds: 16
- Number of analytic cancer patients seen each year: 670
- HMO penetration in the state: 3 percent

PATIENT SUPPORT SERVICES

- Through the DBC Healthline, registered nurses assist patients and their families in searching for

DBC doctors and health care professionals as well as for specific health information.

- DBC's Adult Preventive Care Guidelines handbook is available to the community for advice in seeking preventive care, uncovering risk factors, and improving overall health.
- Through telemedicine, DBC

provides the American Cancer Society's "I Can Cope" program to patients at rural hospitals throughout eastern Montana.

- The Albert Bair Women's Resource Center offers a full range of health assessments and education, mental health services, seminars and retreats, screenings, and referrals.

