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Part of the Allina Health System Integrating Oncology Care

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Integrating Oncology Care

United Hospital in Saint Paul, Minn., is one of four Allina hospitals in the metropolitan Minneapolis-Saint Paul region delivering oncology services through the clinical care model of the Allina Health System. Earlier this year, *Hospitals & Health Networks Magazine* rated the Allina system as one of the nation's most integrated health networks. Health networks were evaluated on utilization, contractual capabilities, financial position, physicians, services and access, and system-wide integration. Allina ranked second only to the Promina Health System in Atlanta, Ga.

According to Carol Wilcox, R.N., M.S., administrator of the cancer program at United Hospital, Allina's level of integration allows for improved leveraging of system resources around disease types, or disease management, which is the basis for Allina's clinical care model. The model is comprised of five components:

Best of practice. Local experts, primarily physicians, plan a course of action for a specific disease. Identification of the best of practice design is usually a six-month process, which includes a focus on the determinants of health (environment, genetics, health of the individual, and the choices made throughout the course of a lifetime) and how to influence them.

Prioritization. Efforts are channeled around certain disease types, based on preselected criteria such as volume, health improvement value to the community at large, social value, probability of success, ability to build on current strengths, opportunity for cost savings for the system, and a compelling market demand. Using these criteria, Allina selected breast and colorectal cancers as its highest cancer priorities.

Clinical action groups. Allina's strengths lie in having several established breast centers across the system and strong colorectal surgery providers. Multidisciplinary teams were formed to devise best of practice guidelines for breast and colorectal cancers, with an emphasis on screening, treatment, and identification of outcome measurement tools.

Corporate commitment. An integrated system must be willing to

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provide the financial support and resources to achieve outcome goals. A desire to improve outcomes is not enough, Wilcox said.

Outcomes. Resources are required to obtain and analyze data and to identify those variables that drive outcomes. Breast cancer outcomes currently under study include the number of women who received a mammogram in the last two years, the stage at which breast cancer is detected, and the cost per episode of care for breast cancer patients.

The ability to build consensus on oncology practice across the four Minneapolis-St. Paul metro hospitals appears to be the key to Allina's system collaboration. However, in achieving that consensus, the system

has had to consider the local culture and how it influences the practice of medicine. "Across the river in Minneapolis, there may be subtle differences in practice," Wilcox stated. More often than not, these differences do not seriously affect the overall quality of care, she added.

Consensus building can facilitate cost savings, as evidenced by a recent system-wide initiative to offer oncology-specific education to new oncology nurses undergoing chemotherapy training. As in the case of the curriculum development for chemotherapy administration classes, diminishing those differences to the greatest extent possible leads to the most effective use of resources.

ADDRESSING LOCAL NEEDS

United Hospital is also addressing a number of local initiatives more specific to its immediate region. The hospital is applying the clinical care model to the diagnosis, treatment, and follow-up of lung cancer. A United Hospital study had found wide variation in the diagnosis and treatment of a significant number of its lung cancer patients. The variation was attributed, in part, to an inconsistent referral pattern from primary care physicians to specialists.

A multidisciplinary team developed an algorithm for lung nodule mass work-up and treatment guidelines. The color-coded guidelines instruct both primary care and specialist physicians on their particular roles in treating patients with lung cancer. The guidelines review procedures for comparing a current X-ray to old film and include a list of risk factors to identify. The guidelines are intended to improve the line of referral to the most appropriate care giver and thus reduce unnecessary testing.

Wilcox described this process as eliminating non-value-added

actions. "We have to focus on those things that add value and help deliver positive outcomes and let go of those things that we have been doing as a matter of course, but that don't actually contribute to better outcomes," she said.

PROVIDER AND PAYER

Since United's 1993 merger with Allina Health System, the hospital's greatest challenge has been reconciling the provider side of health care with the payer side. Although this conflict may be inherent in any integrated health system, it does offer benefits, said Wilcox. "By having both provider and payer components, we are able to launch complex discussions around utiliza-

tion management decisions when resources are limited." According to Wilcox, those discussions center around Allina's six "Ethical Principles of an Integrated System," which include stewardship, respect, caring, advocacy, honesty, and confidentiality.

Wilcox maintains that being part of an integrated system has allowed United physicians a closer dialogue on patient care issues within the health plan. More often than not, physicians work collaboratively on initiatives with medical directors and administrators of the health plan. However, when conflict does arise, Allina's integration allows physicians to initiate dialogue more readily.

Screening is one area in which this kind of provider-payer collaboration pays off. Targets for screening are developed system-wide, with all components of the system—care delivery, the physician clinics, the Medica health plan, and corporate executives—at the table. As a result, screening initiatives are developed and implemented with a clearer vision, both in terms of desired outcomes and the resources required to obtain them. One particular goal in the area of breast cancer is to decrease the number of women who are diagnosed with Stage II-b or higher. "If we can accomplish this goal," Wilcox said, "everyone within Allina benefits." ■

United Hospital, in St. Paul, Minn., is the city's largest private, not-for-profit hospital. United Hospital is part of Allina Health System, a not-for-profit integrated health system. Oncology programs include high-dose chemotherapy with peripheral stem cell rescue, the Neuro-Oncology Institute, and the United Center for Breast Care.

VITAL STATISTICS

- Total institutional bed size: 572
- Dedicated cancer unit beds: 26
- Number of new analytic cancer patients seen each year: 1,400+
- Managed care penetration in the state: 46 percent

PATIENT SUPPORT SERVICES

- Medformation is a free community service that provides information on health and medical topics as well as physician referral services.
- The United Center for Breast Care offers sophisticated screening and diagnostic capabilities. A clinical nurse specialist coordi-

nates individualized services specific to patients' preventive, restorative, supportive, and/or palliative needs.

- Women Striving, Women Surviving is a support group led by skilled professionals for women with cervical, uterine, endometrial, or ovarian cancer.

- Clinical pharmacy expertise is provided to oncology patients and staff in the areas of drug information, drug use review, individualization of drug support and therapy, investigational drug handling, research activities, and monitoring of specialized chemotherapy infusion pumps.

