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Providence Health System Providence Cancer Centers

A Lesson in Planning

For nine months beginning in December 1995, a multidisciplinary task force from Providence Saint Joseph's Medical Center in Burbank, Calif., set out to redefine its cancer program to best meet the needs of the community, medical staff, and the Providence Health System. An emphasis was placed on coordinating and standardizing care, and all aspects of the cancer program were evaluated. Throughout this comprehensive review, the Providence Health System's core values of respect, compassion, justice, excellence, and stewardship served as guides for all decision making.

The task force was comprised of thirteen members, ranging from the regional medical director and operations director to the director of social services and the technician supervisor of imaging services. By January 1996, the task force had compiled SWOT (Strengths, Weaknesses, Opportunities, and Threats) analyses. Early on, fragmentation in the delivery of cancer

Cancer patients in California's San Fernando Valley are served by Providence Cancer Centers at two comprehensive facilities within the Providence Health System: Providence Saint Joseph's Medical Center (PSJMC) in Burbank and Providence Holy Cross Medical Center (PHCMC) in Mission Hills. Radiation therapy services are provided by Valley Radiotherapy Associates Medical Group at PSJMC, PHCMC, and at a free-standing facility, Valley Radiation Oncology Center (VROC). The Providence Health System serves residents in Alaska, Washington, Oregon, and California's San Fernando Valley. The system includes nineteen acute-care hospitals and ten long-term care facilities.

VITAL STATISTICS

- Total hospital bed size: 604 (PSJMC); 257 (PHCMC)
- Dedicated cancer unit beds: 33 (PSJMC); 20 (PHCMC)
- Number of analytic cancer patients seen each year: 1,400 (PSJMC); 600 (PHCMC)
- Managed care penetration in the state: 49 percent

PATIENT SUPPORT SERVICES

- PSJMC and PHCMC both provide general and breast support groups. A newly diagnosed support group is offered at PSJMC and a prostate cancer support group (the only one in the area) at PHCMC.
- A new Breast Center opened at PSJMC; one will open at PHCMC next spring. Ongoing seminars, education, and discussions are offered at an on-site auditorium, area malls, church groups, and community events.
- A quarterly newsletter and calendar are distributed as a community information service.
- Both institutions continue research affiliations with major NCI-sponsored national cooperative groups, including the RTOG, NSABP, SWOG, and GOG.
- The Personal Appearance Rehabilitation Service, provided by Bebe Tamberg, addresses the cosmetic and image issues of the whole person. Tamberg is certified at breast prostheses fittings and has expertise in hair loss alternatives, corrective make-up, and skin care, as well as post-mastectomies supplies.

Providence Saint Joseph's Medical Center

Providence Holy Cross Medical Center

services emerged as a key weakness. The growing number of specialties, committees, and departments had begun to strain lines of communication and efforts at coordination. Most important, patients were being treated largely by individuals in different departments, rather than by coordinated teams.

A competitive environment that includes nineteen cancer centers within twenty miles, including such prestigious institutions as City of Hope, UCLA, USC/Norris, and Cedars-Sinai, provided added incentive for the Providence Cancer Centers to restructure and consolidate services.

IMPROVING COMMUNICATION AND OUTCOMES

Regional Medical Director Raul Mena, M.D., points to the weekly Cancer Planning Conference as having the greatest impact on standardizing care. Inspired by a recommendation from the National Cancer Policy Board regarding initial cancer management, the Cancer Planning Conference ensures that many different members of the oncology team agree on each treatment plan before any treatment takes place. "If we were all to do that, the quality of cancer care in this country would be improved dramatically," Mena commented.

Each weekly conference includes all radiation and medical oncologists, the manager of research, and members from cancer data services (which includes the tumor registry). Cases are reviewed at first diagnosis until a consensus is reached about appropriate options in treatment. At the same time, possible candidates for clinical trials are identified. According to Mena, "The majority of cancer cases are not controversial when you're talking among professionals. Therefore, they're well suited for our Cancer Planning Conference." Controversial or complicated cases are presented at a weekly tumor board. A separate Breast Center Conference follows the same general process.

Once the Cancer Planning Conference was well established, two unanticipated benefits became evident. The prospective treatment planning allowed all patients the opportunity to be considered for clinical trials, and standardization of care changed from concept to reality. "You begin to achieve a new level of standardization of care that is made by common agreement between all the medical and radiation oncologists," Mena emphasized. "If we were to give one gift to other cancer centers so they can improve the care of their patients, it would be the Cancer Planning Conference. It's been that effective."

> ...Close cooperation, coordination, and consistent communication between radiation and medical oncologists led to greater standardization of care.

With improved efficiency and coordination of care, better outcomes soon materialized. Mena cites Providence Saint Joseph's breast conservation rate of 83 percent as one example of improved outcomes. The national average for breast conservation is only 48 percent. Other examples of improvements can be found throughout the system. The average length of stay for DRG-148 (surgery for cancer of the colon or rectum), for instance, declined from 12.4 days in 1995 to 9.6 days in 1997. Average costs for this DRG were also reduced from $14,360 to $12,400 over the same two-year period, without any increase in morbidity or mortality.

SERVICE LINES

When the task force neared completion of its work to coordinate cancer care, the Providence system acquired Holy Cross Hospital in Mission Hills. Rather than repeating the same SWOT analyses, the task force adapted the Providence Saint Joseph's model to meet the similar needs of the Mission Hills community. The integration of Holy Cross into the Providence system was facilitated by proximity (Providence Holy Cross is only 14 miles from Providence Saint Joseph's), close personal and academic relationships, and a high degree of overlap in the staffing of the two centers.

In the end, close cooperation, coordination, and consistent communication between radiation and medical oncologists led to greater standardization of care. "The key," according to Operations Director Buzz Hermann, "is that we approached issues across service lines, not traditional departments, which tend to have a limited focus. A service line approach looks at the entire care continuum."

Treating the whole person—body, mind, and spirit—is a critical mission of the Providence Cancer Centers. The goal is for patients and families to become full participants in their care and help them gain control of their lives.