

The University of Toledo Medical Center CENTER FOR BREAST CARE

I. GOAL

- a. interdisciplinary patient-focused care for benign and malignant breast disease
- b. "all-inclusive" - medical disciplines including surgery, plastics, medical oncology, radiation oncology, pathology, and radiology working in tandem
- c. non-medical disciplines addressing issues such as psychosocial, sexual, genetic, family counseling, and palliative care

II AFFILIATION/ MODEL

- a. breast imaging center
- b. women's health/wellness center
- c. cancer center (med/rad oncology)
- d. surgical specialties center

III. LOCATION NEEDS

- a. at least 3 exam rooms with ability to view images (film screen/digital)
- b. room with ultrasound for biopsies or minor procedures
- c. waiting area with refreshments/ patient bathroom
- d. education center with on-line access for patients, education CDs/videos, books, brochures, newly diagnosed patient handbook
- e. office/consultation area
- f. room for interdisciplinary conference equipped with AV for pathology, radiology, etc

IV STAFF

- a. physicians- general, oncologic or breast surgeons, PCP with interest in breast disease
- b. nurse practitioner or PA with training as a breast health navigator
- c. RN, LPN, MA
- d. scheduler
- e. receptionist
- f. ancillary services – social work, dietician, etc
- g. volunteers – team of trained survivors to offer assistance with clinical or clerical duties, and to develop a support group/speaker program

- h. breast health coordinator – streamline diagnostics for patients who are referred for a new problem; follow-up on abnormal studies; schedule biopsies by working with the referring physician, surgeon, radiologist

IV CHALLENGES

- a. funding
- b. facilities
- c. need to increase referral base/screening volume
- d. breast radiologist and access to state of the art breast imaging for screening and diagnostics
- e. dedicated breast/surgical pathology
- f. access to clinical trials

Clinical Enterprise Outreach and Growth

Self Critique and ideas for
Improvement/ Spring 2007

Medical Oncology

- Challenges:
 - Physician staff: 4 physicians, goal of site-specific specialization for all; **crucial next recruitment**
 - Adequate ambulatory support (quality and numbers)
 - Space at Ruppert with poor esthetics and cumbersome patient flow
 - In-patient unit without a clear oncology focus
 - No access to co-operative groups clinical trials, limited access to novel therapy and industry trials
 - Starting a Fellowship program

Medical Oncology Successes in 2006

- Recruited an OCN nurse practitioner who works closely with hospital nursing leadership
- Ambulatory staff re-structuring
- Increased awareness amongst nursing staff of need for certification; **tuition reimbursement, on-site college classes/role of CON faculty, monthly nursing grand rounds, guidelines for symptom management, RN empowerment**
- First steps towards serious clinical research
- Application for Fellowship underway: **dialogue with basic scientists utilizing existing assets**

Community Partnership

A Proposal for Fund Raising for a
Women Center

Rationale

- Women asking to participate in decision making process
- Choice of health care facility for other family members influenced by women in the household
- Changes in disease detection and management necessitates coordinated care
- Changes in reimbursement based on performance and patient outcomes

Why not a '*Breast*' Center?

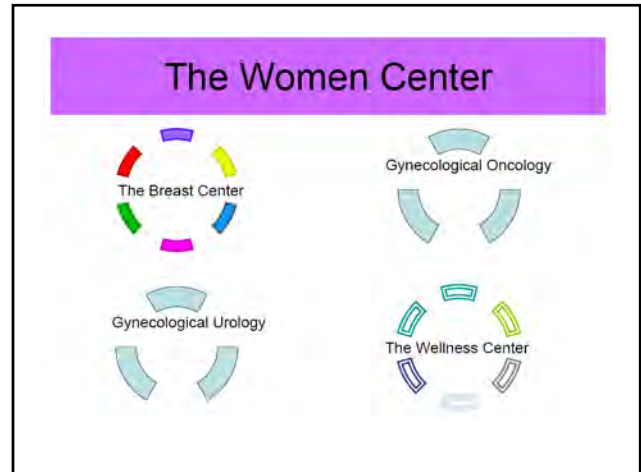
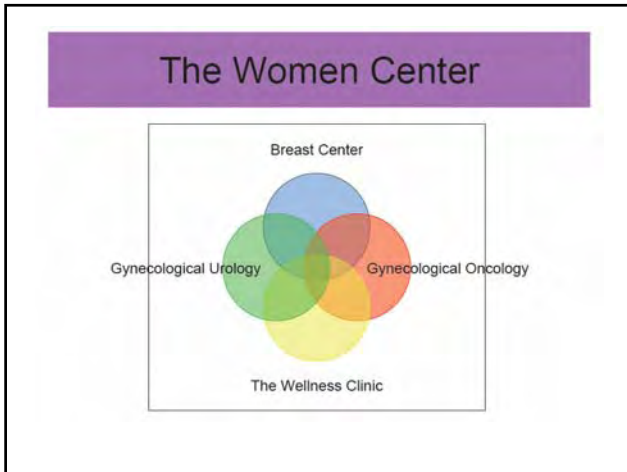
Breast centers are **not** money-makers

But watch for

Spin-off revenue

Also.....

- Capitalize on existing assets
- 1)Gynecological Oncology
- 2)Other services that can be packaged to position the center for excellence



Changing trends in Breast Care

- population-based screening mammography resulting in the diagnosis of smaller lesions
- breast conservation/new technology
- impact of adjuvant cytotoxic chemotherapy on survival
- post-mastectomy reconstruction
- chemoprevention

New Roles

- Radiology
- Pathology
- Surgery
- Radiation Oncology
- Medical Oncology
- *Psycho-oncology*
- *Care Coordination*

Results

- Focused multidisciplinary facilities of excellence
- New paradigm: **The patient is the focal point and no single specialist is the quarterback**

New Problems

- Need to share diagnostic and therapeutic responsibility with other physicians
- Physician interactions (turf battles)
- Need for sub-specialization
- Referral patterns



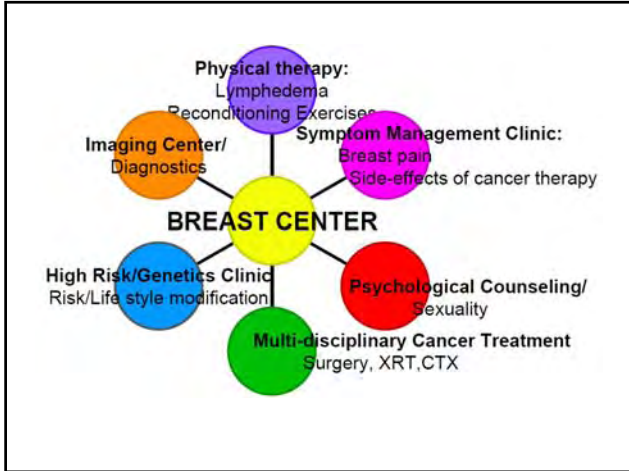
ONCOPOLITICS

Key Factors for Success

- Dedicated imaging
- Medical leadership
- **Management Guidelines development**
- Pretreatment planning conference
- **Staff development and education**
- **Data collection and information systems**

Create New Programs

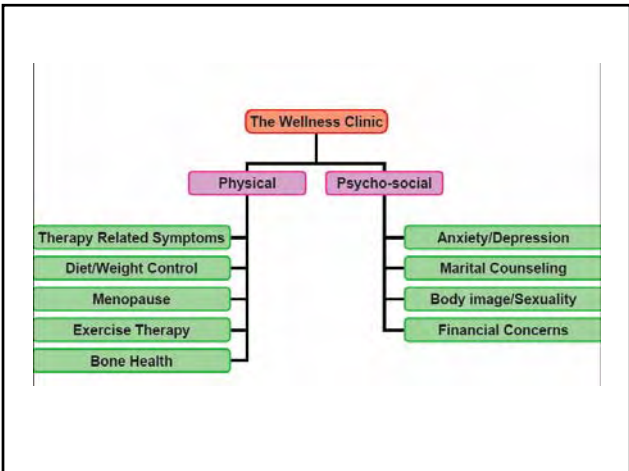
- Lymphedema program
- Psychosocial program
- High risk / Genetic testing program
- Second opinion program
- **Peer counseling program**
- **Community support program**
- **Clinical research program**



The Wellness Center

Pre-requisites

- Appropriate staffing: a physician extender (typically services provided by staff members (RN's, dieticians, social workers) who do not bill for their services = **LOST REVENUES**)
- Consensus building to ensure collaboration by physicians who would potentially refer patients
- Appropriate marketing to the community to generate self-referrals



Satisfaction

- Patients
- Community
- Hospital
- Physician / Staff

Marketing and Growth Strategies UT Oncology

John J. Feldmeier, D.O., FACRO
Chairman Radiation Oncology
Interim Associate Director
UT Cancer Center

The Market is Extremely Competitive

- Promedica \$60 Million Upgrade
- Like Plans for Mercy System
- Even Small regional centers such as Sandusky, Tiffin and Lima have new easily recognizable and multi-disciplinary centers

Our Circumstances

- "Cancer Institute" with Recruitment of Drs. Staren and Braun
- Efforts for Multi-disciplinary Clinics
- Breast Clinic Initially Successful
- It suffered with Departure of Dr. Staren
- Rest Never successful
- Major Problem: Space and co-location of clinics (Radiation buried in basement)

Ideal World

- New Above Ground Cancer Center to include Infusion Center, Radiation Equipment, Space for Multi-disciplinary Clinics and Outpatient Surgical Procedure Rooms
- This should be our long-term goal
- Challenge obviously financial support

Interim Goals

- Promote Special Niche Elements:
 - Women's Cancer
 - Strengths in Surgical, Gynecologic, Medical and Radiation Oncology (Brachytherapy)
 - Head and Neck Cancer
 - Sarcoma/Melanoma
 - GU Oncology

Consider

- Women's Cancer Initiative
- Patient Navigator to Meet and Greet Patient
- Phase 1 Chemotherapy Program
- Clinic for the Complications of Cancer Care
 - My Parochial Interest in Hyperbaric Oxygen
 - Other Meaningful Interventions

Initial Efforts

- Focus on Quality of Life Issues
- Focus on the Collective Expertise and Reputation of our Faculty
- Modest Investment in Advertisement to Enhance this Reputation Further
- Don't Require Large Expenditures of Capital Revenues
- Provide Otherwise Unavailable Services

Long Term Goals

- Free Standing Above Ground Center
- Treatment Capabilities
 - State of the Art Radiation Equipment
 - Infusion Center
 - Outpatient Surgery Capabilities
- Procedure Rooms
- Diagnostic Capability

Cancer Care

- A Community Need
- We Can Do it Better
- An Appropriate Part of an Academic Institution
- We Can Generate Revenue for the Medical Center

Clinical Enterprise Outreach and Growth

Scope Of This Presentation

- A. To explore options for expansion of clinical cancer service.
- B. Recommendation for location and configuration of ambulatory cancer service expansion.
- C. To explore innovative risk sharing model for UTMC and hospital.
- D. Recommendation for specialty physician recruitment.

Background

Cancer Service at UTMC

Service	Location	Specialty Coverage
Med Onc.	Ruppert Center	Incomplete
Surgical Onc.	Main Hospital 2 nd Floor	Incomplete
Radiation Oncology	Main Hospital Basement	Complete
Diagnostic Radiology	Main Hospital 1 st Floor	Complete

Background

Cancer Service at UTMC

Current Status

- Cancer Service is non-cohesive
- Multi disciplinary treatment on basis of personal referral
- Support from administration is suboptimal
- No existing integrated cancer service

Background

Cancer Patient Volume UTMC

Year	Number of New Patient
2002	503
2003	561
2004	560
2005	691
2006	668

*Increased patient volume due to direct physician generated referral, rather than hospital based referral.

Background

Existing Cancer Center NW Ohio

Location	Capability	Budget (Million \$)
Findlay	Functional	-----
Sandusky	Functional	-----
Bryan	Functional	-----
Defiance	Functional	-----
St. Lukes	Functional	-----
Lima	Functional	-----
Tiffin	Functional	-----

Background

Existing Cancer Center NW Ohio

Location	Capability	Budget (Million \$)
Toledo Hosp.	Developing	43 Million
St. Vincent's	Developing	14 Million
St. Charles	Developing	10 Million
UTMC	Developing	No budget
Wood County	Non-Existent	-----
Dundee	Non-Existent	-----
Monroe	Non-Existent	-----

Background

Comprehensive Cancer Center

1. University of Michigan: 50 Miles
2. Karmanos: 75 Miles
3. Case Western: 110 Miles
4. Cleveland Clinic: 110 Miles
5. Art James: 120 Miles

Background

Population Base

Potential Referral Base: 1.5 Million
Definite Referral Base: 450,000

Population base is not going to increase in the next 10 years.

Cancer Patients Population

Future Projection

1. Will the number of new cancer patients increase in NW Ohio?
2. Will referral to UTMC increase from existing cancer center in greater Toledo area?
3. How can we increase the number of cancer patients to UTMC?

Cancer Patients

Future Projection

1. Total number of cancer patients in greater Toledo area will not increase.
2. Number of referrals from functional cancer centers will decrease.
3. Toledo Hospital Cancer Center will be our biggest competition.

Cancer Patient Population

Clinical areas we cannot compete against other cancer centers.

1. Comfort and ease of getting treatment near home.
2. Accessibility to standard cancer care.

Cancer Patient Population

Clinical area the outside cancer center cannot compete with us.

1. Full fledged cancer hospital offering integrated seamless service from diagnosis to end outcome.
2. Highly specialized cancer physician.

Cancer Patient Population

Projection of Growth at UTMC

1. Our best strategy is direct marketing to the patients so that they demand to be treated at UTMC.
2. Current direct marketing methods are fundamentally flawed and divisive.

Cancer Patient Population

Projection of Growth at UTMC

1. Identifiable full fledged Cancer Hospital (not out patient Cancer Center).
2. Effective quality service.
3. Recruitment of highly specialized physicians.

UT Cancer Hospital

Identifiable physical structure with in-patients, out-patients and ancillary services.

1. 60 Bed hospital with provision for expansion to 100 bed hospital.
2. Ambulatory care service 160,000 sq. ft. facility.
3. Cancer Education and clinical cancer research center 12,000 sq. ft.
4. Total projected cost: \$120 Million & Equipment.

UT Cancer Hospital

Ambulatory Service

- Designated specialized cancer service.
- Radiation Oncology 30,000 sq. ft.
- Diagnostic radiology 30,000 sq. ft.

Ambulatory Service

Specialized Cancer Service

1. Center for Thoracic Oncology.
2. Center for GI Oncology.
3. Center for Gynecologic Oncology.
4. Center for Breast Disease.
5. Center for Urologic Oncology.
6. Center for Hepatobiliary Oncology.
7. Center for Neuro Oncology.
8. Center for Head & Neck Oncology.

Ambulatory Service

Specialized Cancer Service

9. Center for Skin & Soft Tissue Tumor.
10. Center for Cancer Genetics.
11. Center for Cancer Prevention.
12. Center for Experimental Therapy.
13. Center for Palliative Care.
14. Center for Cancer Rehabilitation.
15. Centralized Infusion Center.

B. Recommendation for Satellite Cancer Clinic

1. Outside Toledo & Suburbs
-it will be counter productive.
2. In Toledo & Suburbs
-it will not be cost effective

C. Explore Model for Risk Sharing with UTMC Physician

- No recommendation for risk sharing.
- Recommend against hiring outside service for treatment and diagnostic procedures.

D. Recommendation for Recruitment of Physician for UT Cancer Hospital

1. Integration of radiation therapy Department to UTMC.
2. Neuro Oncologic Surgeon.
3. Colorectal Surgeon.
4. Immunologist.
5. Geneticist.
6. Experimental Chemotherapist.

UT Family Medicine

Linda French, MD

Department of Family Medicine

- 6 FTE faculty physicians plus chair
- 1 part time psychologist
- 3 academic support staff
- 16 clinical support staff (MCOP)
- 2 FTE employed physicians for student health on main campus
- 4 non-physician faculty have appointments but are not on our department budget

Clinical Practice

- 14,000+ clinic visits 2005-2006
- Hospital census 5-6
- Nursing and group home care 2-3 sessions per week
- Employee clinic 4 sessions per week
- Student health - 10,000 visits 2005-2006

New Clinics April 2007

- Residency practice at St. Luke's
 - 12 residents
 - 3 faculty
 - psychologist
- Faculty practice at Ruppert
 - All but student health doctors have at least one session per week