Cancer Service Line Leadership: Baylor Health Care System

Featuring a live event on November 6, 2012, from 12:00–3:00 p.m. ET
Baylor Health Care System | Dallas

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Cancer care is different from so many of the interactions that hospitals have with their patients. Cancer is a long episode from diagnosis through survivorship. It requires a personalized care plan that not only clinically and genetically fits with that patient’s particular type of cancer, but also has the personal touch and compassion a patient would expect going through a life-threatening episode. Baylor Health Care System, already the second-largest volume cancer provider in the state of Texas, has made a multimillion-dollar bet on expanding its cancer care, and along with that its emphasis on care navigation, access to clinical trials, and an alignment with physicians that blends the best of academic medicine and community care.
Priorities for the Cancer Patient Experience: Coordination and Compassion

BY JIM MOLPUS

To Cynthia Robinson-Hawkins, RN, remembers when she got her cancer diagnosis 23 years ago. She was a labor and delivery nurse at the time and despite her medical training, was just as unprepared as any patient.

“I didn’t know anything about cancer and all of sudden you hear ‘The Big C.’ You have cancer,” she says. “I didn’t know where to go, what was going to happen, or who was going to do what. I didn’t know anything.”

That experience is not unusual even today in cancer treatment, which can be a disconnected, confusing chain of appointments, tests, and results that can quickly overwhelm a cancer patient. Now in her role as manager of the patient navigation program at the Baylor Charles A. Sammons Cancer Center at Dallas, Robinson-Hawkins wants patients to be focused only on beating cancer, not on fighting through the treatment itself.

“I tell patients that they should not be worried about who, what, when, where, and how,” she says. “They should be focusing on their cancer and getting well because we all know that the stress of cancer or the stress of trying to figure out where to go and what to do is not helping you overcome your disease in any way.”

Baylor Health has invested more than $275 million in improving cancer facilities in the past year with the opening of the outpatient Baylor...
CASE STUDY // LESSON 1 PRIORITY FOR THE CANCER PATIENT EXPERIENCE

Charles A. Sammons Cancer Center at Dallas in late 2011 and the inpatient Baylor Cancer Hospital in February 2012. Combined into a single campus, the two facilities are meant to position Baylor’s cancer services as a destination hospital for those in North Texas and elsewhere to seek care. John McWhorter, president of Baylor University Medical Center at Dallas, says for that goal to be reached, service and coordination have to be at the forefront.

"Embarrassingly enough, hospitals generally don't do a good job of helping the patient and family navigate through all these options," McWhorter says. "I think that's why our patient navigation office has been such a hit."

The six full-time cancer navigators have several roles. The first, as a facilitator, is to help patients manage appointments or referrals so that, for example, they can see a team of specialists in a single day rather than spread out over a week or two. For instance, a patient with a renal mass might need to see as many as four specialists: a urologist, a surgeon, a medical oncologist, and a radiation oncologist, Robinson-Hawkins says.

"Why can't we get those initial appointments scheduled all on the same day?" Robinson-Hawkins says. "That patient makes one trip down here. He may see the urologist at 8:00. He will see the oncologist at 11:00, and he will see the radiation doctor at 2:00. A patient's time is not wasted. Gas is not wasted. We're coordinating the care of the patient to make sure we're all on the same wavelength. And then the navigators will get everything that that physician needs to make an informed medical decision—from medical records to CT scans to x-rays to a patient's pathology slides."

Facilitation comes with familiarity, which is why the staff navigators are divided into focus areas: one handles newly diagnosed breast cancers that are found in the imaging center; another handles lung cancer, bone tumors, and head and neck cancer; a third, blood disorders, bone marrow transplants, and skin cancer; a fourth, GI, prostate, and kidney cancer; and Robinson-Hawkins handles...
breast and gynecological cancers. A sixth, a precision medicine navigator, will be responsible for a new program still in development. In addition, two team members who are not nurses support the navigators by interacting with patients, and by handling databases and oncology studies.

“We broke them up by disease and disease processes because I want each navigator to become close with that physician and close with that physician’s team,” Robinson-Hawkins says. That closeness had an unintended consequence: Some of the physician office nursing staff thought the navigators were there to take over their responsibilities. Once the navigators were able to demonstrate that their role was coordinating care, not providing it, the office nursing staff saw the value, Robinson-Hawkins says.

An equally important role for the navigator is as an educator. After the initial diagnosis or referral, the navigator will work with the patient to research the condition and suggest where to find trusted sources for reference and education about what to expect in treatment, Robinson-Hawkins says.

“We are there to educate the patient to make sure they’re making the right decision for them and their family,” she says. “Every patient is different. Nobody is the same. You know, when you have cancer people like to tell you their aunt had the same kind of cancer and they did this or that. What worked for their aunt may not work for them. So if you educate the patient on the disease, the treatment, and what can and what is going to happen, they have a better outcome.”

The nature of cancer as a life-threatening disease means that compassion has to ride along with navigation. Robinson-Hawkins stresses that the navigators are not counselors, but they are there to recognize the signs that a patient may have a social or behavioral issue that could affect his or her outcome, and to connect that patient with a broader support team of social workers, chaplains, and psychologists. Robinson-Hawkins recalls a cancer patient who was about to be
discharged, but started talking about suicide. With the intervention of a social
worker, it was clear that the patient was not suicidal, but alone.

"The social worker figured out there's nobody there to help him along," she says.
"So then we have all of these community resources that you can utilize. And
you've just got to keep a closer eye on him because he is by himself." Another
patient who had head and neck cancer was not responding well to treatment at
another hospital, and had become withered and lost his voice.

One of the navigators was able to find a physician with a new course of treat-
ment, and the therapists and nutritional counselors to help him recover,
Robinson-Hawkins says. Navigators at their best can intervene to put patients in
the right place, but the rest is up to the patient.

"It's very important for patients to understand that if they're not participatory
in their care, it's not going to work," Robinson-Hawkins says. "We do all we can
to make sure that they're involved. But while we can tell patients all day what to
do, they've got to be willing to participate and be involved in it."

Too often the missing piece in service is hardest to measure: compassion. "There
is no question that we don't get to have a bad day," McWhorter says. "Our staff
cannot have a bad day, because these patients just received news that is the
worst news they've ever received. So, no question, service has to be at the fore-
front of everything we do."•
The National Institutes of Health defines a clinical trial as “a prospective biomedical or behavioral research study of human subjects that is designed to answer specific questions about biomedical or behavioral interventions.” There are other definitions in the industry, some using terms like “efficacy” or “systematic investigation.” What you almost never see in any definition of clinical trials is the word cure, or at least the hope for a cure. That is precisely the word a cancer patient investigating a clinical trial wants to hear.

While Baylor does some bench science, basic research is not the focus as it would be in an academic medical center cancer program. Alan Miller, MD, PhD, chief of oncology at Baylor Health Care System and medical director of Baylor Charles A. Sammons Cancer Center at Dallas, says Baylor is “probably doing more Phase 1 trials than most university-based centers.” Miller, who spent more than 25 years in university-based academic cancer programs, says the focus in academic cancer is first on how many National Institutes of Health research grants they can secure.

Click here to read more in the full case study, which is available to those who purchase access to this Rounds event.
Hybrid Alignment: Academic Medical Center and Private Practice Cancer Model

University-based academic cancer centers can offer the latest in treatment and clinical trials, but may not offer the convenience of a community hospital. Community hospital cancer programs offer care close to home, but may not offer the latest therapies. Baylor Health Care System—a system with 30 hospitals, 3,534 licensed beds, and more than $4 billion in total operating revenue—is trying to manage a hybrid in cancer care to borrow the best of both.

“What we have here is a very unique institution, because it’s not a community hospital, private practice oncology cancer program, and it’s not a university-based, laboratory research-intensive medical center,” Miller says. “It is an academic medical center in the community that combines a large institution with a private practice medical staff. And the goal, therefore, is to marry the best of those two things, the academic medical center and the private practice way of doing things to create a hybrid that provides academic-level care with the personal touch, compassion, and amenities that are seen in the private practice world.”

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Cancer Service Line Excellence

LIVE from host
BAYLOR Health Care System

November 6, 2012
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FEATURING SPEAKERS:

John McWhorter, President, Baylor University Medical Center, Dallas

Alan Miller, MD, Chief of Oncology, Baylor Health Care System, and Medical Director, Baylor Charles A. Sammons Cancer Center

Daniel Von Hoff, MD, Physician-in-Chief at the Translational Drug Development Institute, Phoenix, and Advisor to Baylor Charles A. Sammons Cancer Center

Cynthia Robinson-Hawkins, RN, MBA, Manager, Patient Navigation Program, Baylor Charles A. Sammons Cancer Center

Steven Paulson, MD, Chairman and President, Texas Oncology

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