Focus on Staff

Supportive Care Services Address Many Patient Needs

The breast cancer diagnosis came as one in a series of tragic events in the lives of 38-year-old Mrs Gray and her husband. She had weathered several miscarriages and had recently lost her mother to breast cancer.

The couple met with her oncologist intending to discuss a treatment plan, but before the conversation began, Mrs Gray started to sob and couldn't stop. "She couldn't engage at all at that point," explained Sandy Schindler, a licensed clinical social worker with California Cancer Care (CCC). "I was asked to see her and I could talk openly with her about her fears and help her to understand them."

Caring for patients comprehensively, to address their practical and emotional needs alongside their medical needs, occupies an important place in today's oncology practices. This article surveys four practices that are deeply engaged in providing diverse supportive care services. It also provides resources suggested by administrators within these practices for learning more about such services.

California Cancer Care Inc: Early Adopters of Integrative Oncology

"More patients are opening their minds to complementary and alternative services at the same time that practices are looking for new revenue sources," says Harvey Bichkoff, MPH, the chief executive officer for CCC. More than a decade ago, two physicians, David Gullion and Mike Turbow, shared a vision of an integrative oncology practice that led to CCC reaching its current advanced state in supportive care. At that time, Gullion consulted national leaders in alternative healing, including author Rachel Naomi Remen.

CCC (www.calcancercare.com) has two main sites and three satellite locations. Its total payroll of eighty includes eleven physicians and six midlevel providers.

Patients can choose from a long list of services. "We started with a few: Jin Shin Jyutsu (Japanese acupressure), nutritional counseling and guided imagery. We've expanded to include psychological services, massage therapy, and acupuncture," says Bichkoff. The practice also offers classes in art for healing and expressive dance. An exercise program is offered in collaboration with a local health club.

Although CCC charges for all of its support services, "it's really hard to make any kind of money on them," says Mr Bichkoff. "Most services are not reimbursed by insurance and the patients pay out of pocket. We also have a nonprofit foundation, which we use to raise money for scholarships to

Stephanie K. Dutton, MPA, CMPE, shown right, works with a patient at Kansas City Cancer Center.

give to patients who can't afford to pay." Many CCC patients have the means to pay as the center is situated in the affluent San Francisco Bay area, a market crowded with providers of alternative services.

The center, however, only hires providers with an exceptional understanding of cancer patients. "We only hire highly experienced practitioners and they don't come cheap. But there's only so much we can charge. Still these are important services," says Bichkoff. "In terms of demand, acupuncture and the psychosocial services seem to do pretty well," he reports.

"Looking forward, we are focusing on prevention; also wellness counseling and genetic counseling," he says. "Survivorship is another big area we're discussing."

Bichkoff says that to incorporate a rich mix of services, the medical staff, especially the nurses, must be accommodating. "We've experimented with practitioners being in the chemotherapy room doing foot and shoulder massages or art therapy with patients."

Physicians too must value these services because they are costly and not necessarily profitable.

"The advantages to patients are great. A cancer diagnosis is huge. People need to talk and feel supported and comforted," says Bichkoff.

The Jones Cancer Clinic: Home-Like and Highly Supportive

Small and personal in feeling, The Jones Cancer Clinic strives to individually gauge and then meet each patient's needs

for support. With a main clinic in Tennessee and two in Mississippi, Jones has 59 employees including three doctors, three nurse practitioners, 11 nurses, one lymphedema specialist, two pharmacists and one social worker (www.cancercareofmemphis.com).

Ellen Eisen, LCSW, Jones' certified oncology social worker, says of the clinic's support services, "As a social worker, I look at that particular person and their environment, all aspects of strength and stress. One patient may need a wig. Another may need help paying a utility bill or arranging transportation. We see who needs copay assistance, who has had to stop working or scale back, who has a history of depression or anxiety. I provide crisis intervention and therapy for individuals and families. I see how we can help with our own resources and when we need to make a referral."

When it comes to complementary therapies, Eisen proceeds slowly because her community in the mid-South has limited familiarity with these approaches. She has brought in a meditation teacher and has, at times, educated patients regarding hypnosis for pain management.

She runs support groups for patients and did, for awhile, offer exercise classes after hours in the waiting room, the only space then available. Bringing patients back in the evening was less than ideal so the classes have been discontinued for now. They may be resumed once a new building, which the practice recently acquired, is ready for use.

"I like our smallness," Eisen says. "When people come here they feel like they are coming home. As a social worker, I weave myself in and out of the structure that this practice provides."

Kansas City Cancer Center: Honored by the Institute of Medicine for Aspects of Supportive Care

The Institute of Medicine recently recognized Kansas City Cancer Center (KCCC; www.KCCancerCenters.com) as one of only two practices in the country that are currently models for serving patients' psychosocial needs. KCCC's program includes an antidepressant initiative, cooperative efforts with community-based groups, and its work in the realm of survivorship (www.iom.edu/CMS/3809/34,252/47,228.aspx).

"The more support we provide, the better a patient will feel going through treatment," says Stephanie K. Dutton, MPA, CMPE, KCCC Practice Director. The center offers services at its own sites and works with local organizations offering support services. KCCC includes 10 clinical sites and employs 35 physicians and 10 nurse practitioners.

Nurse practitioners screen patients for depression on their initial visit and at every subsequent visit. The nurse practitioner collaborates with the physician to best manage any depression through medication and referral to community based support services, many of which are gratis. KCCC works with community groups including the local chapter of the American

To Learn More

Several sources for this article mentioned participating in the Administrators in Oncology/Hematology Assembly, part of the Medical Group Management Association (www.mgma.com). Gullion also mentioned these resources:

- (1) Comprehensive Cancer Care: Materials from this 2003 meeting held by the Center for Mind-Body Medicine and the University of Texas at Houston Medical School are available (www.conference.recording.com/altmed/cmb23.html)
- (2) Commonweal offers a weeklong residential support program for people with cancer. It also runs the Commonweal Cancer Project which addresses patients and health professionals. (www.commonweal.org/index.html)
- (3) Institute of Medicine. 2007. Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs. Washington, DC: The National Academies Press. Free Executive Summary available at www.nap.edu/catalog/11,993.html

Cancer Society, Turning Point, and Cancer Action. The center supports these groups financially and through volunteer efforts. "We believe that staying connected with these groups is part of our mission," says Dutton.

KCCC offers a Survivorship Program. After completing treatment, patients receive a LiveStrong Survivorship Notebook providing information to help them navigate their lives as survivors. Topics covered include risk of recurrence, follow-up care, and sexuality.

The center also employs financial advocates at each clinic site to help patients handle insurance coverage issues and link them to other sources of support.

Van Amburg & Busiek, MDs LLC: Offering Diverse Services in a Special Setting

Patients in this practice benefit from the fact that Van Amburg & Busiek, MDs, is not only physically attached to St Luke's Hospital but also has strong ties to that institution. A small-sized practice, the group employs 20 people total, with four physicians, two nurse practitioners and 14 others.

The practice is owned by the physician practice management arm of the hospital, explains Melanie Maze, APRN-BC, OCN, clinical research/clinical services manager. "To me, it's the best of both worlds," she says, "We have access to lots of services offered by the hospital but we're autonomous in running our practice. We do our own accounts receivables and billing."

Working with the hospital, they offer patients many supportive services and would like to offer even more.

The practice focuses strongly on nutrition. “Patients complete the Scored Patient-Generated Subjective Global Assessment screening tool when they first come in. A score less than four on that assessment triggers a nutritional consult. Often, they are already debilitated when we first see them,” explains Ms Maze. Nutritional services are free to patients. “The hospital absorbs the nutritionist’s salary on days she sees outpatient oncology patients.”

The practice used to submit charges for nutritional support to the patient’s insurance company and charge the patient if coverage was lacking. “But patients choose not to access these services if they have to pay,” says Ms Maze. “They’re thinking about overall costs of this disease. They don’t put a high priority on nutrition, but we do.”

To cushion monetary blows patients must suffer, one financial coordinator works doggedly to obtain available copayment assistance. Another obtains all needed prior authorizations for costly medicines. Ms Maze says, “She makes sure that when patients get to the pharmacy, they aren’t hearing that they have to pay X, Y, and Z. She double

checks, even though our practice wouldn’t lose money if prior authorization were not obtained, the patient would.”

Two nurse practitioners handle new patient education. The hospital also has a cancer education center staffed by an oncology-certified nurse who runs support groups. In addition, patients have access to a social worker, yoga classes, and scheduled massages through the hospital.

Survivorship keenly interests the center’s team, but staffing new services is problematic. “Setting up a program for patients after treatment isn’t so much a monetary issue as figuring out who will do it. If someone on staff does that, what aren’t they going to do that they are currently responsible for?” says Maze.

She adds, “Coming from a nursing background, I find the area of complementary therapies really interesting.”

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MARK YOUR CALENDAR FOR THE 2008 BREAST CANCER SYMPOSIUM

The 2008 Breast Cancer Symposium (September 5-7, 2008, Washington, DC) has expanded this year to a 2 1/2 day event to provide more feature presentations on the latest multidisciplinary research from selected, theme-based translational and clinical abstracts, as well as related educational sessions. This symposium offers an opportunity for clinically relevant, in-depth discussions of how and when to translate new findings into patient care and how to be more selective about breast cancer therapy. For more information, visit www.breastcasymposium.org.

March 2008: Abstract submission opens.

April 2008: Symposium registration and housing reservations open online.

May 16, 2008: Abstract submission deadline.