

Commonwealth Hematology-Oncology

An example of practice excellence in customer service, among large practices



Carol T. Mei, MD with a patient.

Commonwealth Hematology-Oncology (CHO) evolved from a cluster of individual oncology practices throughout the Greater Boston area to become one of the region's premier cancer care networks. According to CHO President, Walt Kagan, MD, PhD, the roots of CHO can be traced to the 1970s, when oncologists in the area got together to ponder the future of health care. "I started in private practice twenty-eight or twenty-nine years ago, and several of the other doctors in our group started solo practices around thirty years ago," Kagan said. Originally called South Shore Hematology-Oncology, it didn't take long for the practice to flourish. During the next seven years, the office expanded to four medical oncologists. The doctors shared the vision of providing high-quality, community-based care for local cancer patients. With the additional medical staff, the practice moved to a larger office in Quincy, Mass. in 1986—the site of its current headquarters. At that time, the group also opened satellite offices in other Massachusetts locations in Dorchester and Milton.

"We were all individual, independent, community-based cancer specialists in private practice," Kagan said. "We each to varying degrees added partners and grew little local pods of one, two, three, or four doctors. About fifteen years ago, many of us saw major change coming in the health care environment. Many of us predicted that we would not be able to continue practicing medicine in the same way. We would have to make significant investments in technology and facilities and expertise and that in the end we would be stronger by working together." In the '80s, as HMOs began nudging out indemnity insurance, these informal talks took on a more serious tone as solo practitioners began to feel the squeeze of managed care. "HMOs were getting more intrusive, and small offices were struggling to take care of patients," he said. "Lower reimbursements and higher expenses were weakening community hospitals, and smaller offices were struggling to pay their nurses and take care of patients. We began to ask ourselves, 'What is the future of health care, and what strategy is the best for providing community-based cancer care?'"

Although these early discussions were initially confined to informal get-togethers, they planted seeds for change that soon took root. "The benefits of sharing staff, software, centralized purchasing, and billing systems began to crystallize," Kagan said. "We came to realize that the best way to deliver high-quality, community-based care was to do it together, maximizing the synergies and economies of scale that would assure higher quality patient care." Many of the area's oncologists kept in contact with him.

In 1996, the practice increased the breadth of its medical expertise by merging with two oncologists based in Weymouth, Mass. To reflect its growing prominence

in the region, the practice adopted its current name, Commonwealth Hematology-Oncology. In 1998, CHO added six physicians from Methuen, Mass.-based Oncology & Hematology Associates. In 2001, CHO established a private office practice at Emerson Hospital in Concord, where three board-certified hem-oncs staff the CHO site. Later that year, CHO opened a two-physician office in Worcester, Mass. More recently, CHO established an office in Stoneham, Mass.

Throughout the past several decades, Kagan has led the group in setting new precedents in oncology care. “Along the way, we have done a lot of innovative things for community-based practices because we are completely independent. One of the first important things was that we were committed to ensuring that every individual physician who was practicing on his or her own was doing the right thing, and we asked ourselves, ‘How do we assure the quality of care?’ We started to meet on a monthly basis and developed our own disease guidelines. That was pretty innovative. Long before there were any [National Comprehensive Cancer Network (NCCN) guidelines], CHO had its own disease, and stage-specific guidelines for what we considered current state-of-the-art care for a specific disease state.” CHO was the first medical group in the state to establish treatment guidelines for all common malignancies.

It was also the first oncology practice in New England to develop specialized soft-



A radiation oncology technician provides treatments with pinpoint accuracy at Commonwealth Atrius Cancer Center in Weymouth, Mass.

ware for monitoring chemotherapy ordering. “We saw the deaths from chemotherapy overdoses at a nearby cancer center in Boston,” Kagan said. “We said among ourselves, ‘Those are good doctors, and good nurses, and that could happen to us. What are we going to do to prevent it?’ We felt that standardization of the chemotherapy regimen was key to reducing the risk of errors, and that computerized chemotherapy order entry was the future.” They helped develop a product called Intellidose, which Kagan believes is the national leader in chemotherapy ordering. “We worked with the company; we shaped the product, which is now used by over 400 medical oncologists around the country in both academic centers and practices. It standardizes every chemotherapy regimen that we use. We’ve got over 250 chemo regimens in the computer, and it sets limits. It is not possible to overdose a patient by mistake,” he said.

Customer markets

The pervasive theme at CHO is that everyone in the practice is committed to outstanding medical care, and everyone goes beyond the clinical to address the needs of the whole person. Put another way, the headline in one of their brochures reads, “We go the extra mile...so our patients don’t have to.” That pertains not

only to providing world-class care close to home and precluding the need to drive to downtown medical centers, but also doing whatever they can to help patients fight their disease while they help with their related challenges, including those of a financial nature.

Referring physicians, nurse practitioners, and hospital administrators

As a service to referring physicians, nurse practitioners, and hospital administrators, CHO publishes the community’s only cancer journal—*Journal of Community Cancer Care*—directed to the medical community. The *JCCC* examines a specific cancer each issue (to date, it has focused on breast and prostate cancer, and colon cancer is now in the works). The challenge is to present topical, easy-to-follow information on prevention, screening, and treatments to busy physicians who need to be apprised of the latest developments in cancer care to help them and their patients.

Their annual screening guidelines, which they develop in concert with the American Cancer Society (ACS) and the NCCN, is another program directed to local physicians. They focus on risk factors for all kinds of cancer, with the objective to prepare simplified information for physicians to share with their patients. Both the



Wait A. Kagan, MD, PhD



An infusion room at Commonwealth Atrius Cancer Center



Commonwealth Atrius Cancer Center

journal and the screening guidelines are distributed to almost 10,000 members of the Greater Boston medical community.

Patients, families, and the community

Kagan described CHO's customer/patient service philosophy as "the mother principle—in dealing with all our patients, we apply the standard of treating them with the same level of care and respect that would apply to our mother," he said. "At CHO, our patients are viewed as extended family members, and our motto is 'caring for the whole person,' going beyond the disease in addressing all the related support issues that are so critical."

For patients, families, and the community, CHO has an ongoing education partnership with the ACS, which includes patient information packets, on-site visits by ACS professionals, a support and referral system, and sponsorship of numerous events such as Making Strides and Relay for Life. CHO also provides testimony at key public hearings, and Kagan is a behind-the-scenes consultant to top public officials.

"We maintain resource centers at all our offices, as well as a comprehensive educational website (www.chomed.com) that includes the area's most extensive online database of patient support services," said Kagan. "In addition, we sponsor our own support groups and offer a free patient advocacy program that helps patients navigate the complicated reimbursement system."

"A patient was concerned about maintaining his family life with two young children during his treatment," Ann Stewart, patient advocate at CHO, said. "He wanted little disruption in daily activities to give his kids the emotional security that their dad was going to be all right. The patient also needed his appointments to be booked while his children were in school so that he could be home when they got off the bus."

"At CHO we made sure the patient had peace of mind so he could focus on his treatment. We maintained weekly visits during his appointments to 'map out a plan of action.' We formed a full team to work with the patient and handled his union benefits, social security, and helped with his medical records. The patient was able to continue his medical care, ensure his treatment was covered by any other hospitals or physicians, and received financial assistance beyond his initial hope."

A confirmation of CHO's patient outreach efforts can be seen in its Press Ganey patient satisfaction survey results when

compared with some 250 cancer centers included in the survey. Kagan points with justifiable pride to the consistent ranking in the 99th percentile in patient satisfaction categories. "An ongoing challenge we have met is maintaining our personalized approach even as our practice grows," he said.

"We are implementing a network-wide clinical trials program in cooperation with the National Cancer Institute," Kagan said. "We were the only group in the state chosen by NCI to provide this service, which allows community residents access to the most advanced protocols without having to drive downtown. We were the first community group to develop a sophisticated system for ordering and administering chemotherapy. We are now using eClinical Works and related programs at select office sites, and are transitioning Intellidose into a network-wide EMR."

Payers

The insurance community is a very important audience to CHO, and it is committed to open dialogue and education through such channels as meetings, industry articles, and a payer-directed newsletter currently under development. "We publish articles about insurance issues, and will address issues of common concern to payers and providers in the newsletter that is in the works," Kagan said. "A challenge we're addressing is how to present a common agenda for two groups that don't always agree."

Physicians and staff

The staff at CHO has chosen community-based cancer care as their profession, and they view their work as more than a job. "We are all committed to going the extra mile," Kagan said, "and we reinforce our goals and communicate about current projects and future initiatives through ongoing meetings with our board of directors, our managers, our physicians, our office managers, and our staff members. We provide staff with additional training through the use of health care consultants and our patient advocates who meet with staff regarding such issues as dealing with

stress, finding support groups, nutrition, and reimbursement issues. We also share information and news daily through our intranet and monthly through our employee newsletter.”

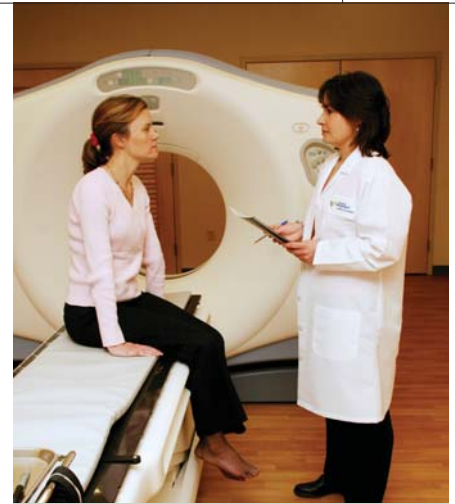
“We have made substantial investments in time and resources in areas such as staffing, recruitment, technology, and marketing,” said Jack Baker, the director of corporate finance for CHO. “Programs that have clearly resulted in better care include our clinical trials and patient advocacy, which benefit patients, insurers, and medical colleagues.

“Marketing efforts such as our production and mass mailings of screening brochures and our *Journal of Community Cancer Care* are more difficult to measure, but we have conducted surveys with recipients that show an extremely positive reception of these educational materials. For patients, we update our support services guide through

hard copies and an online database, which we believe is the most extensive in the area. Our patient education program is what we believe is a necessary investment that helps us realize our mission.”

“We compete with internationally renowned cancer centers nearby,” Kagan said. “The reason we are successful is because we do a good job. You’ve got to give better customer service. You have to give better service to the primary care physicians. You have to give better service to the local medical specialists. You’ve got to give better service to the community hospital. You have to give better service to patients; better service to their families. Then you will be rewarded with those people’s loyalties and those people’s referrals.”

These are just some of the examples of how Commonwealth Hematology-Oncology demonstrates excellence in the area of customer service. *Hematology*



Patients have easy access to integrated imaging services.

Oncology News & Issues congratulates them as the 2008 HOPE Award winner among large practice entries as an example of practice excellence in the “Customer Service” category. **H**