

Leading the Path to Becoming an Integrated Cancer Network

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Background

In 2015, the Oncology leadership team decided to pursue accreditation as an Integrated Network. This network was to include the four MedStar Health hospitals in the Baltimore region: MedStar Franklin Square Medical Center, MedStar Good Samaritan Hospital, MedStar Union Memorial Hospital, and MedStar Harbor Hospital. This network was to span from Baltimore city to east Baltimore County. MedStar Franklin Square Medical Center was and would remain the hub of Oncology services for the region. Each of this entities had been independently accredited by the American College of Surgeons Commission on Cancer for many years. The goal was to create a regional network that was conducive to interdisciplinary, intercampus collaboration that would provide quality safe care for oncology patients treated at MedStar Health entities.

PICOT

In the MedStar Baltimore region, how does entity-based care compared to regional based care impact the quality and safety provided to oncology patients.

Methods

- · Researched the requirements and process
- · Solicited executive leadership support
- Engaged legal, finance, marketing and other departments
- · Informed all stakeholders
- · Communicated expectations
- Leaders were assigned positions and assignments on the Cancer Committee
- · Additional committee members were assigned
- · Leaders monitored activities closely for compliance

Regional implementations:

- · Moved and consolidated services to align regionally
- · Added regional leadership roles and responsibilities
- · Implemented virtual cancer conferences
- · Implemented virtual cancer committee meetings
- · Instituted regional policies and procedures
- Restructured the Cancer Registry to support the region
- Rebranded marketing materials, lab coats and building signage
- · Set up each site for clinical trial accrual
- · Shared and cross trained staff
- · Conducted regional tumor specific meetings
- · Marketed oncology services regionally
- · Shared and reviewed referral patterns
- · Hosted education events regionally
- · Highlighted regional experts

Measures



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| Cancer Site |
|-------------------------------------|
| lead and Nedu 14 |
| Nigestive: 222 |
| Respiratory: 258 |
| Bones and Joints: 4 |
| Soft Tissue including Heart: 25 |
| Skins 136 |
| Ireast: 227 |
| Female Genital: 98 |
| Nale Genital: 150 |
| Jrinary: 96 |
| Tye and Orbit: 0 |
| Irain / CNS: 32 |
| Phyroid and Other Endocrine: 43 |
| ymphoma: 38 |
| Nyeloma: 15 |
| Jeolomia: 10 |
| Mesothelioma / Kaposi Sarcoma: 2 |
| Others 49 |
| Waldenstrom nacroglobulinemia: 0 |
| angerhans cell histiocytosis: 0 |
| PTLD: 0 |
| CRAND TOTAL: 1410 |

Medstar Integrated Caner Netwo

| Cence | er Site |
|----------------|------------------------------|
| Head | and Neck: 27 |
| Diges | tive: 335 |
| Respi | iratory: 357 |
| Bones | s and Joints: 5 |
| Soft 1 | Davue including Heart: 28 |
| Skire | 138 |
| Breas | it: 325 |
| Ferre | le Genital: 124 |
| Male | Geeltal: 176 |
| Urine | ry: 123 |
| Eye a | ed Orbits 0 |
| Ecals | / CNS: 46 |
| Thyre | old and Other Endocrine: G |
| Lymp | homa: 57 |
| Myelo | omai 31 |
| Lesdo | omia: 20 |
| Mesor Sarco | theliona / Kaposi ma: 6 |
| Other | 193 |
| | enstrom oglobulhernia: 0 |
| tange | erhans cell histiocytosis: 0 |
| PTLD | 0 |
| CULAN | ID TOTAL: 1561 |

*2021 data

Results

| Renewal | Complete | 2/12/2015 | INCP | Verified / Accredited |
|---------|----------|-----------|------|-----------------------|
| Renewal | Complete | 3/22/2018 | INCP | Verified / Accredited |
| Renewal | Complete | 3/31/2022 | INCP | Verified / Accredited |

Discussion

There were some uncomfortable decisions that had to be made but leadership stood together and executed the strategic plan. Within the integrated network the patients are given access to a wider range of providers and technology that may not have been afforded to them at one particular entity. If a patient has to travel to another entity for a particular portion of care, there is careful coordination to ensure they return to the provider they saw initially.

Limitation

Initially, disrupting historical bonds and referral patterns, consolidating services, and collaboration during cancer conferences was challenging. One entity privately continued to maintain its own cancer committee, cancer conferences, and regular cancer committee meetings for at least a year post integration. The Chief of Oncology committed to participating in cancer conferences to ask stimulating questions to foster trust and fluid communication.

Conclusion

Creating the MedStar Health Baltimore Cancer Network has greatly increased the quality of oncology care given to the patients in the region.

The multidisciplinary team strategically placed across the region allows patients to have quality treatment options near where they live and work.

Contact Information

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