



Goshen Center for Cancer Care

An example of practice excellence in integration of care among medium practices

— Thomas Keating

Building care all under one roof

A woman, standing by the window, looks through the glass out at the ice-covered grass beyond her front porch. Ten minutes ago, she was crying. The tears have now dried, leaving footprints on her face in the form of glistening lines, similar to the frozen water outside.

She's now in deep, frozen thought.

The reason she was crying is simple: She just received news she has breast cancer.

The reason she is staring off is complicated: She's going to have to deal with the arduous task of beating the cancer—the countless hospital visits, the decision of which method to attack the cancer, whether it be by way of radiation, surgery, or chemotherapy. She knows she'll have to miss work. She knows she'll be all over town seeing different physicians and waiting weeks for tests to come back. What she doesn't know is what to tell her husband and her family.

She wishes she could speed up the long process. And as she looks at the iced-over grass, she fears the delays might inhibit her from even beating the cancer at all. She fears she might not be able to see that ice ever melt.

But to the doctors at Goshen Center for Cancer Care in Goshen, Ind., there's no reason she should have to make any tough decisions or wait. This is because at Goshen CCC, all the treatment is under one roof. The best method is chosen quickly without those delays.

“Currently, a woman who develops breast cancer will likely have a diagnosis made perhaps by a surgeon or perhaps by a radiologist,” Goshen CCC's medical director and surgical oncologist Douglas J. Schwartzentruber, MD, FACS, said. “Then usually a physician orders a mammogram, sees a suspicious mass on the mammogram; then a needle biopsy is ordered, which could be performed by any type of oncologist. In most cases there would be a delay in getting a biopsy—anywhere from three to seven days.”

In order to treat the cancer, the woman would start by seeing one member of the team, which would be a surgeon, to decide if surgery is possible. If not, she'd be referred one to two weeks later to a radiation oncologist. Then one to two weeks later to a medical oncologist to plan her treatment.



“On top of everything, each specialist runs different practices and has different schedules,” Schwartzentruber said. “Rarely are they in the same room discussing that patient. The breast cancer patient may have to wait weeks to get appointments for all these doctor visits and in the process she may be confused and certainly time delayed.”

Integrated care eliminates time delays

Schwartzentruber said he thinks Goshen CCC can avoid this through the “integrated care” system they have in place. “If we have all physicians under one roof, we can solve the problems she may have,” he said.

Under that lone roof is a staff of more than 80 that includes 10 oncologists—either surgical, radiation, or medical oncologists—two naturopathic physicians, 20 registered nurses, four nurse practitioners, counselors, oncology-specific registered dietitians, and a patient care advocate. They also have four medical assistants, a clinical pharmacist, two pharmacy technicians, two physicists, five radiation therapists, one dosimetrist, three research staff members, two cancer registry staff mem-

bers, two administrators, and more than 20 support staff members.

“Every critical member of that team is under one roof, meaning they are all employed by this cancer center so that we can quickly have the different providers interact with the patient, but also communicate very rapidly to come up with a plan,” Schwartzentruber said. “We wouldn’t even have to wait for biopsy results, because we have a pathologist to give a diagnosis on the spot, which is very typical in community cancer centers.”

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Every Monday, all the specialists have a meeting about breast cancer to discuss the management of that cancer. And they often have weekly meetings like this they

call “case conferences.” It’s a time where the physicians—joined by pathology and radiology staff—review Goshen CCC’s more complicated cases and develop multiple treatment options.

“Our medical doctors, naturopathic doctors and pathologists come together to talk about specific breast cancer patients at the weekly Breast Conference and a similar conference meets regularly to discuss cases dealing with liver metastases,” said Marcia Prenguber, ND, one of Goshen CCC’s naturopathic physicians. “Finally, the entire Center for Cancer Care team comes together to review all in-patient cases and all new outpatient cases from the previous week. Reviewing these cases is a key part of treatment planning, allowing the staff who will be working with the patient to discuss the evaluation and treatment design.”

“That patient will get one message that is not inconsistent or time delayed,” Schwartzentruber said. “They will very quickly have answers and will move on with the treatment.”

Another interesting aspect of the Goshen CCC is its clinical research team. Goshen CCC currently is involved in 43 active clinical studies. “We have a clinical nurse present with multidisciplinary sessions,” Schwartzentruber said. “Many times there might be an option to enroll in a clinical trial, which may bring additional benefits to the patient. Many patients nowadays are

very savvy and always looking for that new option to give them the upper hand. Those are the perfect candidates to participate in our clinical trials.”



The evolution of the center

The cancer center started in 1996, when Goshen Health System recognized the need for comprehensive cancer services in Goshen, Ind., a city of about 30,000 people

located about 100 miles east of Chicago. Schwartzentruber said the center was created because the people in the region were clamoring for an integrated system.

Goshen Health formed a partnership with the Cancer Treatment Centers of America in 1998 and broke ground on the cancer treatment expansion project, which was completed in December 2000.

In February 2001, Goshen Health then bought the remaining 50% ownership of the joint venture and transferred the assets and operations into a separate Goshen General Hospital department, creating The Goshen Center for Cancer Care at Goshen General Hospital.

Currently, Goshen CCC has a 110-bed center that treats around 700 cancer patients per year, a number Schwartzentruber said, which has grown every year.

“The reality is patients are asking for this type of multidisciplinary care. It’s become a

desired and popular way to practice oncology,” Schwartzentruber said. “But there are many ways to try and do that. Our model, being all under one roof, makes it much easier. There are no outside interests and no competing practices within. We’ve eliminated those competitive forces so we can be truly integrated to deliver what I think is the optimal care.”

The national Press Ganey patient satisfaction survey has listed Goshen CCC in the 95th to 99th percentile in patient satisfaction over the past two years. “We feel very good about that,” Schwartzentruber said. “Our patients are saying that we’re meeting their needs.”

Schwartzentruber said he feels that one of the luxuries this integrated care system allows is the ability to focus more on the patients. Each physician is paid a salary and the financial incentives are not driving the practice—care is.



Douglas J. Schwartzentruber, MD, FACS, medical director and surgical oncologist of the Goshen Center for Cancer Care.



Daniel Bruetman, MD, director of medical oncology, and board-certified medical oncologist at the Goshen Center for Cancer Care.

Balancing economics and quality care

“If you look at today’s medical economics,” Schwartzentruber said, “many of the services we believe are so essential cannot be billed for.” Goshen CCC’s naturopathic physician services are an example of this. There are several complementary and alternative medicine (CAM) treatments used at Goshen CCC. “As a team, we believe in those services enough that we have been willing to financially make allowances to support them.”

“Our doctors and staff are committed to working with the whole patient—body, mind, and spirit,” Prenguber said. “These services include nutrition, acupuncture, counseling, and psychoneuroimmunology to help patients manage stress, increase coping skills, and use emotional health to promote healing.”

Every specialist works exclusively for Goshen CCC and is face-to-face with patients and coworkers daily—constantly mapping out the most effective treatments and challenging each other to make what

Although Schwartzentruber thinks the idea of working with a group is the best system, he thinks it’s going to be hard to convince individual practices to change to this model.

“If you go into any community, many of the patterns of care are already established so all of the specialty groups are financially separate groups. It’s very hard to make them employees of a hospital system. There might be a group decision that might negatively impact an individual.”

But in their system, there’s no financial disincentive to allow a patient to be treated by another specialty. “Even though in medicine we try not to allow economics to drive our decision making, it can influence the way we ultimately practice medicine,” Schwartzentruber said. “By virtue of having a salary, that takes away the pressure of having to see a fixed number of patients to meet a particular quota and it allows us to spend as much time as we need with the patients.”

Any decision made is a specialist-to-specialist recommendation that does not generate any profit for the individual because they are all paid on salary, thus avoiding any violation of self-referral Stark laws.

But Schwartzentruber said there is a community culture that has helped the attitudes and the approach relating to patients.

“There is a culture of collaboration and cooperation in this community that makes

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The CAM staff is active in treatment planning and implementing therapies as part of the holistic program of care for each individual patient. An education component, featuring one of the CAM therapies, is included each week during the regular meeting for the entire Center for Cancer Care team. Learning about new therapies recommended by CAM staff provides medical doctors and nurses a better understanding of how the therapy influences cancer treatment.

is already the most comprehensive care, even better.

“For any model like this to be successful, it has to be supported from the bottom up and the top down to be able to make this a reality,” Schwartzentruber said. “In a traditional private practice model that is more financially driven, many of these services are not reimbursed.”

So what’s stopping everyone from adopting this model of integrated care?



James A Wheeler, MD, PHD, director of radiation oncology and board certified radiation oncologist at Goshen Center for Cancer Care.



Marcia Prenguber, ND, director of integrated care and board-certified naturopathic physician at Goshen Center for Cancer Care.

it very comfortable for our cancer model to display that level of interdisciplinary communication and collaboration,” he said. “But I think these are teachable features and parameters from the point of view that we could export some of the ways in which we are meeting patient needs.”

He said there is a very strong interest among cancer centers around the country to do that.

“Every community may have their sets of limitations, but ultimately the goal is to get all disciplines that are relevant to the management of that patient in one room.”

Hematology & Oncology News & Issues congratulates Goshen Center for Cancer Care as the 2008 HOPE Award winner among medium practice entries as an example of practice excellence in the “Integration of Care” category. 