Successful opening for Oncology practice

Hospital Continues to Build the Lone Tree Brand

By Tyler Smith

Amid much expansion bustle on the Anschutz Medical Campus, University of Colorado Hospital’s Lone Tree Health Center (LTHC) in the south metro area quietly continues to grow.

“We want staff to get familiar with the routines,” Hurley said. In the first week, the practice handled six infusion cases and 12 office visits, she reported.

“Volume will be decreased for the first two weeks,” added LTHC Director Debra Carpenter. “We want to work out the kinks and give people an opportunity to work on Epic and staffing levels and to become familiar with the clinic.”

Still, patient demand is quickly ramping up. The practice ran at 75 percent of a normal schedule this week and plans to be at full strength next week, Hurley said. Cindy Milazo, RN, practice manager for the UCH Cancer Center, said nine infusions were scheduled for Wednesday, May 22 alone.

The multidisciplinary group practice, which opened in early December 2012, launched its Medical Oncology unit May 7. Six physicians, one nurse practitioner and staff provide oncological subspecialty care (see box). The unit includes eight chairs and two private rooms for chemotherapy infusion supervised by two certified nurses, and six exam rooms. An on-site pharmacist and tech compound the infusion drugs. On-site lab services and imaging, including CT, MRI, PET and ultrasound also provide support.

The first week went very well, said Amy Hurley, LTHC’s assistant program director, with staff and leadership from other center practices, as well as the Anschutz Cancer Pavilion, contributing to a smooth transition. For the first week, she added, the Oncology practice ran at about 50 percent of a full schedule.

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Amy Hurley (left), assistant program director at LTHC, and Debra Carpenter, program director, show one of the chemotherapy infusion bays in the recently opened Oncology practice.

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An oncology patient who visits LTHC has access to a host of other clinical services, including GI, internal medicine, orthopedics, cardiology, ENT, audiology, physical medicine and rehabilitation, as well as clinical lab and radiology support.

"Patients who need other services can go to one facility and hit them all in one day," Hurley said. "That's a big patient satisfier."

A south-metro anchor also provides relief for the frequently crowded main campus, said Carpenter. For example, an existing patient who lives far from campus could drop in to LTHC for, say, a blood draw or imaging test, saving a long drive while preserving consistency of care, she noted.

"We’re learning how to leverage what is unique here,” said Messersmith as he sat in one of the oncology exam rooms at LTHC last week. “We’re not offering ‘doc in a box.’ We’re giving patients access to specialized, multidisciplinary care and to clinical trials.”

The strength of the LTHC practice, Messersmith maintained, is that it offers patients a relatively small team of familiar faces as well as access to the Cancer Center’s entire line of oncology services, including multidisciplinary tumor boards, where medical, surgical and radiation oncologists gather to discuss cases from a variety of perspectives and develop unified plans of care.

A break room for families and loved ones of infusion patients features a variety of teas and reading materials.

In addition to Messersmith, who splits his two days of clinic time evenly between LTHC and the main campus, and his subspecialist colleagues, Eamon Berge, MD, a medical oncology fellow, serves as the center’s generalist “anchor.” He sees a wide variety of cancer patients at LTHC and shuttles back to the main campus one day a week, Messersmith said.

Wells Messersmith, MD, a GI and pancreatic cancer specialist, spends one day a week at the Lone Tree practice.

More than doc in a box. Wells Messersmith, MD, a medical oncologist specializing in GI and pancreatic cancer, said the new practice aims to offer patients more than mere convenience.
“He was trained here and knows the system,” he said. “Patients have consistency.”

Messersmith said many patients currently treated at the Cancer Center live in the LTHC area and face barriers of time and distance. An additional facility gives treatment teams and patients more flexibility. For example, a patient could schedule pre- and post-surgical rounds of chemo at LTHC and head to the main campus only for the surgery.

Similarly, the second facility potentially broadens the pool of candidates for clinical trials, Messersmith noted. He said the hospital is providing support for a research coordinator to assist with completing necessary pre-trial work such as “Statement of Investigator” forms required by the Food and Drug Administration before a trial can take place.

Outreach efforts seem to have paid off for the center as a whole. It finished its first week in December with 138 patient visits, Hurley said. A month later, that number nearly doubled, to 264 a week. By the end of April, it had more than tripled, to 480 weekly visits.

Adding oncology services should increase volume further, especially as providers, both internal and external, understand and communicate the benefits to patients, Carpenter said.

“The real advantages come from physicians referring between one another,” she said. “Our hand doc might refer his patient to our cardiology team. Oncology could be the same. Our ultimate goal is to become a one-stop shop.”

**Good neighbors.** Meanwhile, the LTHC plans to build its outreach efforts to let patients and physicians in the surrounding areas know of its new services.

“We have to be a member of the community,” Carpenter said. “Patients will learn about us and trust us with their care as we extend our community outreach program.”

Working with the hospital’s marketing team, the center sent out direct mailers and developed advertising for local newspapers and television. In addition, the physician relations team is arranging breakfast and lunch meetings with community providers. On the horizon are patient-education events, hosted at LTHC, with physicians on hand to introduce themselves, provide information and answer questions.
The Oncology Provider Team

In addition to nurses and a broad range of support staff, the new Oncology practice at Lone Tree Health Center has a regular roster of seven specialty clinical providers. They include:

» Kian Behbakht, MD, gynecologic oncology
» Elaine Lam, MD, urologic oncology
» Wells Messersmith, MD, GI and pancreatic oncology
» Anne Leyba, ANP, advanced nurse practitioner, GI oncology
» Tom Purcell, MD, lung and medical oncology
» William Robinson, MD, breast and hematologic oncology and melanoma
» Eamon Berge, MD, medical oncology