Hospital affiliation

The Wyandot Memorial Hospital in Upper Sandusky will affiliate with University Hospitals in Columbus.

Administrators at the 51-bed community hospital in Wyandot County will sign an agreement to become a member of the Health Care Consortium of Ohio, which University Hospitals sponsors.

Under the agreement, physicians, nurses, pharmacists and other medical professionals at Memorial will have increased access to Ohio State's medical education programs. They also will assist in the education of medical professionals training at the University.

The consortium may help its affiliates implement community health services not available at individual hospitals.

For more information, call 293-3737.
OSU adds four hospitals to health care network

By CAROLYN HIRSCHMAN

Ohio State University Hospitals has added four hospitals to its consortium of rural hospitals.

Joining the Healthcare Consortium of Ohio during the past two months were: 66-bed Fayette County Memorial Hospital, Washington Court House; 205-bed Greene Memorial Hospital, Xenia; 105-bed Knox Community Hospital, Mount Vernon; and 99-bed Barnesville Hospital, Barnesville. All facilities are within 75 miles of Columbus.

The new affiliations bring to six the number of consortium members. University Hospitals started the group in October 1991 to forge stronger ties between it and rural hospitals in Ohio. Mary Rutan Hospital, Bellefontaine, and Wyandot Memorial Hospital, Upper Sandusky, were the first two members.

U.S. Health Corp., parent company of Riverside Methodist Hospitals and Grant Medical Center, started a similar group in October 1991. Its Hospital Alliance of Ohio has 10 members. Like OSU Hospitals, Riverside is attempting to get business from rural hospitals in exchange for providing them with greater medical expertise.

Members of the OSU alliance retain their ownership and management but gain better access to University Hospitals' resources, said Gerald Maier, OSU Hospitals' associate executive director.

"Our initiatives are intended to push on three fronts," he said. They include improving rural hospitals' access to OSU's continuing medical education programs, exposing OSU medical students to rural-hospital experience and improving communication between rural doctors who refer patients to OSU Hospitals and their counterparts in Columbus.

In exchange, 923-bed OSU Hospitals hopes to get increased referrals from these hospitals and lessen the gap between urban and rural hospitals, Maier said.

"The consortium is really on the cutting edge of where medicine is going," said Barnesville Hospital Administrator Richard Doan.

Under the affiliation, Barnesville Hospital expects to use OSU Hospitals' programs to fulfill education requirements for doctors, nurses, technicians and other medical staff, Doan said.

Access to continuing medical education classes in rural areas is not always readily available, he noted.

The agreement may lead to a satellite hookup to receive OSU's televised medical education series, Doan said. Barnesville Hospital is now a radio subscriber.

The facility also hopes to snare OSU medical residents for summer rotations, forming a possible base to recruit doctors to its 40-member medical staff, he added.

Like other consortium members, Barnesville Hospital sends some patients to OSU to get heart operations and other complex treatment, though it is not required to do so.
For Immediate Release  

GOOD SAMARITAN MEDICAL CENTER AFFILIATES WITH THE OHIO STATE UNIVERSITY HOSPITALS

COLUMBUS, OHIO -- The Ohio State University Hospitals has entered into an agreement with Good Samaritan Medical Center in Zanesville to provide high-risk obstetrical services through Good Samaritan's prenatal clinic.

Under the agreement, Good Samaritan has access to Ohio State physicians who specialize in treating medical problems associated with high-risk pregnancies.

"Being affiliated with one of the nation's top academic medical centers and premier perinatal centers enables us to better serve our community," said Tom Barone, president of Good Samaritan Medical Center. "This relationship means quicker access to some of the nation's top high-risk obstetricians, which means better health care for our high-risk patients."

The agreement also provides Good Samaritan access to the programs of the Healthcare Consortium of Ohio, which University Hospitals sponsors. Physicians, nurses, pharmacists and other medical professionals at Good Samaritan can attend Ohio State medical education programs through the consortium, as well as assist in the education of medical professionals training at the University.

Jerry Maier, associate executive director of University

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Hospitals, says the affiliation will strengthen the high-risk obstetrics programs in each hospital.

"Part of the mission of Ohio State is to provide a quality education, so it's important that medical students and residents have exposure to the needs and problems of high-risk obstetrics patients in communities like Zanesville," said Maier. "At the same time, our medical staff can provide a level of care that is well known and respected nationally."

Other Ohio hospitals belonging to the consortium are Wyandot Memorial Hospital in Upper Sandusky; Mary Rutan Hospital in Bellefontaine; Barnesville Hospital in Barnesville; Knox Community Hospital in Mount Vernon; Greene Memorial Hospital in Xenia; and Fayette County Memorial Hospital in Washington Court House.

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Contact: David Irwin, Hospitals Communications, 614-293-3737
For Immediate Release

Dec. 6, 1993

MERCY MEDICAL CENTER AFFILIATES WITH THE ARTUHR G. JAMES CANCER HOSPITAL AND RESEARCH INSTITUTE, UNIVERSITY HOSPITALS

COLUMBUS, OHIO -- Mercy Medical Center in Springfield, Ohio, has become the eighth member of the Healthcare Consortium of Ohio.

The medical center has signed an affiliation agreement with the Arthur G. James Cancer Hospital and Research Institute and Ohio State University Hospitals, co-sponsors of the consortium. The agreement formally links the radiation therapy programs of the two medical institutions, solidifying an informal relationship of cooperation between Mercy and Ohio State that has existed for nearly 20 years.

The James is one of 27 comprehensive cancer centers in the country designated by the National Cancer Institute, and the only one in Ohio.

"These affiliations are key to making the unique services at an NCI designated comprehensive cancer center available to all citizens of Ohio," said Dennis Smith, Director of Administration at the James.

The agreement also provides Mercy access to the programs of the consortium. Physicians, nurses, pharmacists and other medical professionals at Mercy can attend Ohio State medical education programs through the consortium, as well as assist in the education of medical professionals training at the University.

(more)
Cancer specialists from the James will continue to provide medical education for the Mercy radiation therapy staff. In addition, as the specialized cancer treatment needs of local patients are identified, the James will provide support and accept clinical referrals for radiation therapy patients.

"With health care reform now everyone's priority, this new relationship between Mercy and Ohio State opens new opportunities for our organizations to prepare and respond to changes in the health care delivery system," said Jerry Maier, associate executive director of University Hospitals.

Dr. Ganesh Potdar, medical director of the Mercy Radiation Therapy Department, explained the significance of the new medical partnership. "Our link with one of the most comprehensive medical centers in the nation will strengthen our efforts to offer the best possible radiation therapy treatments for our cancer patients," he said. "We may confidently assure our patients that they have access to advanced treatments as they become available."

The Mercy Radiation Therapy Center also will serve as a site for clinical training of Ohio State students enrolled in the radiation therapy program and residents in the Radiation Oncology Department.

The James has a unique radiation therapy department, which includes an intraoperative radiation therapy suite and a stereotactic radiation therapy room. These facilities allow radiation to be delivered during surgery, offering the latest innovation in cancer care.

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Contact: Dave Irwin, University Hospitals, 614-293-3737 or Linda Montler, The James, 614-293-3159.
No Place Like Home

The James teams up with community hospitals to ensure the best treatment for people with cancer.

By Darrell E. Ward

Currently, The James and University Hospitals have established close links with 12 hospitals in central Ohio. The hospitals make up the Healthcare Consortium of Ohio, a collaboration that brings services from The James and University Hospitals to community hospitals.

It's a collaboration designed to provide lower-cost, high-quality medical care to people all over central Ohio and allow cancer patients in central Ohio and the surrounding region to obtain cancer care locally whenever possible.

The collaboration also ensures that if a patient needs specialized care, consultations and referrals can be made more smoothly and easily.

“The biggest advantage of these agreements is convenience to the patients,” said Ungerleider. “People who live in smaller communities an hour away from Columbus are extremely appreciative of being able to receive their treatment closer to home, which might involve a 10-minute, rather than two-hour, drive.”

In some cases, that closeness can make the difference between receiving treatment or foregoing it. A lymphoma patient at Mary Rutan Hospital in Bellefontaine told her doctor that if she couldn’t get her chemotherapy there, she wouldn’t get it at all, said Willie Stoltzfus, an oncology nurse and the coordinator for the cancer clinic at Mary Rutan. The patient was an older woman with an elderly husband who didn’t get around well.

As an affiliate of Ohio State, and with the help of oncologists from The James, Mary Rutan Hospital began providing chemotherapy on an inpatient basis, and that woman became the first patient to be admitted for treatment. Until then, the hospital provided chemotherapy only to outpatients.

“If we’d been unable to provide that service for her, she would have stopped her treatment,” said Stoltzfus.

The woman’s refusal to travel isn’t unusual. “Some patients over 60 with cancer will go without treatment rather than drive to Columbus,” said Shirley Braddock, an oncology nurse at Knox Community Hospital in Mt. Vernon. She noted that many patients require chemotherapy treatments once a week for six months to two years.

“These are sick people. They are exhausted and often nauseous from their treatment. The last thing they want is an hour’s drive home from Columbus.”
“The biggest advantage of these agreements is convenience to the patients.”

She pointed out that obtaining medical and social services is a struggle for many older patients who are too sick to do things for themselves. For example, those who don’t have family to drive them to clinic appointments must rely on volunteer drivers. But volunteer drivers have become hard to find—especially for the long drive to Columbus—because of liability concerns, she said.

Knox Community Hospital has been affiliated with Ohio State University Hospi-
tals and The James for about two years. Because of it, Knox Community offers a
daily cancer clinic where patients receive chemotherapy on an outpatient basis. Ei-
ther Ungerleider or Brent Behrens, both board-certified oncologists, visits the clinic
twice a month.

During one of those visits, Ungerleider saw 27 patients in one day. Several were new
patients; others came for a diagnosis, for a check on the progress of their disease, or to
have their medication adjusted. The num-
ber of patients seen in the clinic since it opened “is well over 200,” said Braddock.
“It’s still a growing relationship, and I
think it’s been a real benefit to patients.”
Because of it, she said, “we offer the best of
both worlds—a blend of urban and rural
health care.”

The affiliation agreement has facilitated
this blending by improving the relationship
between the physicians at Knox Commu-
nity and those at Ohio State. “It’s helping
our physicians feel very comfortable about

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calling doctors at The James for advice.”

Sometimes patients also need additional advice—a second opinion. They can get that, too, from The James. But they won’t necessarily have to get their treatment at The James—they might well be able to return to their community physician and hospital for care.

“If someone comes here for a second opinion, and it indicates that the best treatment is one that can be received in his or her community, we will send the patient home for treatment rather than admit him or her here in Columbus,” said Dennis Smith, director of administration at The James.

Some 85 percent of cancer-patient care takes place in community hospitals, not in academic centers or free-standing cancer hospitals such as The James. “In this day and age,” said Ungerleider, “the cancer care in community hospitals is, in general, excellent.” There are, of course, exceptions, and there are also different levels of community hospitals. They range from private, city-based hospitals with hundreds of beds to rural hospitals with 60 beds and small medical staffs.

Ungerleider is also director of community oncology medicine for The James. He serves as a sort of ambassador for The James, working to establish relationships between the cancer hospital and community hospitals. Ungerleider was a good choice for the job: between 1969 and 1990, he ran his own private practice; before that, he was a medical oncologist at Ohio State. In 1990, he rejoined The James. This experience has given him an understanding of the problems and concerns of community physicians and local hospitals, as well as of an academic medical center.

Even the smallest of hospitals can provide excellent medical care, but smaller hospitals have more limited resources, whether those resources are in the form of expensive technology or a particular specialist.

Ungerleider said, “Our affiliation with local hospitals,” enables us to provide resources, expertise, service, and cancer education to people in smaller communities. If a local physician determines that a patient can be better served at a larger center like The James or University Hospitals, it enables us to make a smooth transfer.

The strengths of a major cancer hospital lie in the ability to bring together experts from many specialties to help treat complex or unusual cases. This combining of expertise and skills is known as interdisciplinary care. Such areas might include surgery, medical oncology, radiation therapy, and psychiatry, for example.

In addition, The James and University Hospital also provide programs that continuously test new drugs and other cancer treatments through clinical trials, which are also referred to as protocols. “This is one of our primary missions,” said Ungerleider. “It means that patients will have access to bone-marrow transplant for breast cancer and advances in treatment for ovarian cancer, lung cancer, and non-Hodgkin’s lymphoma.

In recent years, The James has hosted a number of multi-day cancer conferences for physicians, nurses, and medical researchers. Ohio State, for example, held an international symposium on boron neutron capture therapy, a highly experimental treatment for certain so-far incurable cancers.

The conference attracted researchers from 20 countries.

Next year, The James will host a major international symposium on peptides, small proteins that perform a variety of important tasks in the body and that promise to provide a number of new treatment possibilities.

Academic medical centers also often provide less formal, more artistic forms of medical education. An example of this was the art display Healing Legacies, which The James brought to Columbus last October (see the Autumn/Winter 1994 issue of Frontiers).

Such opportunities are open to all in the community. The medical staffs of hospitals affiliated with Ohio State, however, benefit from additional opportunities for training and education. Oncologists from The James, for example, have helped community hospitals organize a tumor board to provide specialized cancer education.

A tumor board brings local physicians together with cancer specialists from several areas—surgery, medical oncology, radiology, radiation oncology, and pathology, for example—to discuss the diagnosis, treatment, and outcome of particular cases.

When The James helps affiliates develop their own oncology program, their nurses often come to The James for specialized training. Ungerleider and other physicians from The James also present talks to the nurses and medical staffs of affiliate hospitals.

Other medical-education opportunities provided by academic health centers like Ohio State range from conferences tailored for local and regional physicians to major symposia open to local medical professionals but that also attract professionals from around the world.

In November, for example, The James sponsored the first Oncology Update. Designed for local and regional physicians, the conference brought in clinician-researchers from such places as Duke University, Loyola University, and the Cleveland Clinic Foundation. They presented issues relating to...
also had a private practice in Delaware, Ohio. He has studied the relation between primary care physicians and consultant physicians and how they can be improved. He has also looked at the role of family physicians in the management of cancer patients.

Williams notes that while cancer ranks second as a cause of death in Americans, patients with tumors—both benign and malignant—make up about 3 percent of all office visits to family physicians. While this would seem to give family physicians limited experience with cancer management, he notes that family physicians are very experienced in applying the principles of comprehensive care to a variety of chronic problems. Such illnesses make up a third of a family physician’s practice, he said.

This experience will be put to good use, he said, as growing numbers of insurance companies and health maintenance organizations require that family physicians play point person in directing their patients’ care and that patients see their primary care physician first to determine if referral to a specialist is needed.

But he worries about the future health of some community hospitals. “In the present environment of managed care, the continuation of some of these hospitals is at risk,” said Williams. “As an academic health center, we should ask how we can help community hospitals use the resources they have and how we can give them the kind of assistance that will help them keep their patients in town.”

The affiliation agreement between Ohio State and community hospitals seeks to provide such assistance. It also provides a forum for an exchange of needs between member hospitals.

“These agreements were designed to help our rural community partners succeed,” said Gerald Maier, associate executive director of network services.

The decision to establish relationships with community hospitals goes back to the 1987 strategic plan for University Hospitals. The intent then was to improve relations with hospitals and their medical staffs who refer patients to University Hospital, and to help remedy a shortage of doctors in rural communities. But, said Maier, “with the dramatic changes in the health-care system that are taking place, these linkages have become very important to our survival and to their survival.”

The affiliation agreement was written up in 1991, again to strengthen Ohio State’s relationship with referring hospitals, but also with another, more idealistic motive in mind, said Maier. “With health care changing dramatically, we felt that as medical educators, we ought to take a leadership role in shaping how health care is provided in central Ohio. We wanted to develop a model agreement that benefits rural communities and academic health centers, a model that others could emulate.”

Communications between rural hospitals and community physicians and university physicians have become even more important with the changes under way in the health care industry. “We want the individual hospital affiliations to help strengthen communications between doctors in rural areas and our doctors here,” said Maier.

Communication is also important to build trust between specialists and the primary care physician who refers patients to the specialist—and who then wants that patient to be returned to his or her care.

Sometimes the specialist doesn’t send the patient back to the family physician out of concern that the primary-care physician cannot provide adequate follow-up care. But both trust and communications grow as local physicians and academic doctors work closely through the affiliation agreement.

Today, insurance companies and other third-party payers are dictating many of the changes in health care in order to reduce cost, said Dale Thornton, administrator of ambulatory services and community outreach for The James. “Third-party payers are making the assumption that all hospitals provide quality care, so all hospitals are equal in their eyes. What they want to know is what’s going to cost to provide that care.”

This new mindset changes a hospital in the Ohio State network, the affiliation agreements will likely become more tightly knit to provide better integrated health care, said Thornton. “The goal is to have member hospitals work closely to provide low-cost, high-quality, continuous care to a patient.”

In the near future, said Maier, “we must be able to show employers and insurers that we have a network that will take care of the health-care needs of your community, whether that means providing care right there in the community or in another location when necessary.”

It means reducing duplication of equipment, said Maier. “Institutions of the future may not be able to make an independent decision to purchase expensive equipment; that may become more of a network decision: you may want an MRI, but if there’s one at hospital X you may be told the network can’t afford another one.”

Will this be difficult? “I think hospitals are learning that they will be unable to survive alone; that to survive, they must be part of a group, and that members of the group will have to surrender some of their autonomy,” said Maier.

These groups amount to strategic alliances of hospitals. Alliances such as Ohio State’s Healthcare Consortium of Ohio will allow members to maintain some autonomy. This, in turn, keeps local health care in the hands of people who live and work in the community and not in the hands of people who live 200 miles away.

“We’re going through a very exciting but also very anxiety-producing time in this industry,” said Maier. “The system is changing, but the speed at which it’s changing is controlled by others. Nor do we have total control over how the system’s going to look after the transition. So while it provides some opportunities, it also provides anxiety because we don’t know where we’re going to be three years from now.”

Right now, though, The James and University Hospitals are working with their affiliates so that when the dust settles, patients like Mary Smith will be pleased.

Darrell E. Ward is a senior medical writer in the Office of University Communications. He concentrates on cancer research and clinical progress at Ohio State.
Aug. 16, 1994

LAWRENCE COUNTY MEDICAL CENTER AFFILIATES
WITH OHIO STATE UNIVERSITY MEDICAL CENTER

COLUMBUS, Ohio -- Lawrence County Medical Center in Ironton has signed an agreement to become the latest affiliate with The Ohio State University Medical Center in the Healthcare Consortium of Ohio.

The consortium, sponsored by Ohio State, provides Lawrence County Medical Center and the eight other consortium hospitals with access to resources and programs that strengthen the efforts of the medical and administrative staffs to provide quality medical care.

Through the Healthcare Consortium of Ohio, physicians, nurses, pharmacists, and other medical professionals at 186-bed Lawrence County Medical Center can attend Ohio State medical education programs, as well as assist in the education of medical professionals training at the University.

Robert Griffith, chairperson of the Lawrence County Medical Center Board of Trustees, says the signing of the agreement is a milestone in the history of the Lawrence County Medical Center.

"The Ohio State University Medical Center is one of the finest teaching and medical facilities in the country," said Griffith. "We will continue to operate as separate hospitals but will have the knowledge and expertise of their administration and medical staffs available to us on a daily basis. This will make even better the excellent care already provided here at Lawrence County Medical Center."

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Griffith said reform and managed care are today’s buzzwords in healthcare. "These words are shaping the future of healthcare’s delivery system. This affiliation will permit Lawrence County Medical Center to grow and be this area’s leader in the new healthcare environment."

Terry Vanderhoof, president and chief executive officer of Lawrence County Medical Center, says the consortium is a very prestigious group of hospitals.

"Obviously, we are thankful to Ohio State for providing all of us within the consortium this opportunity," he says. "There is no finer group of hospitals working together in the state of Ohio."

Jerry Maier, associate executive director of University Hospitals, says the Healthcare Consortium of Ohio is beneficial to all member hospitals. "The consortium promotes and facilitates an exchange of ideas and programs which enable member hospitals to successfully address changes taking place in the health care industry," says Maier.

"These affiliations also enable the Medical Center to honor its commitment to provide educational opportunities and support patient care services," Maier added. "Ultimately, all citizens, especially those served in affiliate communities, benefit from these partnerships."

The Ohio State University Medical Center is nationally known for its medical services. As recently as the July 18, 1994 issue of U.S. News & World Report, the Medical Center was listed as being one of "America’s Best Hospitals." The magazine reported the Medical Center’s AIDS, cardiology, endocrinology, geriatrics, orthopedics, otolaryngology, rheumatology, urology, and rehabilitation programs are among the best in the nation. University Medical Center was the only central Ohio hospital among the 114 listed in the magazine.

Other Ohio hospitals belonging to the Healthcare Consortium of Ohio are Wyandot Memorial Hospital in Upper Sandusky; Mary Rutan Hospital in Bellefontaine, Barnesville Hospital in Barnesville; Knox Community Hospital in Mt. Vernon; Greene Memorial Hospital in Xenia; Fayette County Memorial Hospital in Washington Court House; Good Samaritan Medical Center in Zanesville; and Mercy Medical Center in Springfield.

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David Crawford, University Medical Center, 614-293-3737
Ironton medical center joins health care group

By Joy Warner
Lantern staff writer

The Lawrence County Medical Center in Ironton, Ohio recently signed an agreement to join The Ohio State University Medical Center as the latest partner in the Healthcare Consortium of Ohio.

The Healthcare Consortium was founded by University Hospitals and the Arthur G. James Cancer Hospital and Research Institute.

The consortium provides the Lawrence County Medical Center and the eight other consortium hospitals with resources and information to improve and strengthen medical communication, said Pam Edson, a spokeswoman for OSU Hospitals.

"The consortium is an aid for all these health professionals," Edson said. "It consists of programs with non-academic practice settings that enhance access to continuing communication."

The consortium allows physicians, nurses, pharmacists and other medical professionals at the 186-bed Lawrence County Medical Center to attend OSU medical education programs and assist in the education of medical professionals training at the university, a news release said.

The OSU Medical Center is nationally known for its medical expertise. The July 18, 1994, issue of "U.S. News & World Report" listed the medical center as being one of "America's Best Hospitals," Edson said.

The OSU Medical Center was the only central Ohio hospital among the 114 listed in the magazine.

The magazine said the medical center's AIDS, cardiology, endocrinology, geriatrics, orthopedics and rehabilitation programs are among the best in the country.

The other Ohio hospitals in the consortium are Wyandot Memorial Hospital in Upper Sandusky, Mary Rutan Hospital in Bellefontaine, Barnesville Hospital in Barnesville, Knox Community Hospital in Mt. Vernon, Greene Memorial Hospital in Xenia, Fayette County Memorial Hospital in Washington Courthouse, Good Samaritan Medical Center in Zanesville and Mercy.
2 regional hospitals join with OSU

Two hospitals, the East Ohio Regional Hospital in Martins Ferry and Greenfield Area Medical Center in Greenfield, have signed agreements to affiliate with the University Medical Center and the Health care Consortium of Ohio.

The consortium sponsored by Ohio State gives hospitals access to resources and programs that strengthen their efforts to provide quality medical care. The consortium now includes 13 hospitals.

For additional information, call 293-3737.