

Redesign of a Breast Center into a Comprehensive Women's Center

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Summary of the Problem

Given that hospitals are facing a need to drive volume growth as cost efficiencies have achieved all that can be expected, strategies within the scope of responsibility of the author were explored to drive volume growth. A Comprehensive Women's Center (CWC) is a concept designed to enhance the quality of both patient care and the care experience while increasing patient volumes to hospitals by detection of conditions requiring additional diagnostic interventions or therapeutic interventions. The transition of Breast Centers into Comprehensive Women's Centers was a project developed by the Assistant Vice President, Quality and Oncology Service Line Director with assistance from the company's Breast Coordinators and distributed for adoption as consistent with the strategic plans of the facilities.

Description of the Problem

Because of the current role of the candidate as essentially an internal consultant to company owned facilities, the lack of line responsibility precludes implementation mandates but rather proposals are developed for adoption at the facility's determination. There is an ongoing need to drive volume in hospitals to generate additional revenue as reimbursement declines. Looking at traditional services within the hospital for potential expansions is one way to explore new volume drivers. The concept of expanding a Breast Center into a Comprehensive Women's Center is predicated on the fundamental notion that consumers will become more involved in making healthcare decisions, particularly as healthcare information is more widely dispersed through multi-media channels. The empowered consumer is already being recognized with self-pay CT scans for lung cancer screening and other traditional diagnostic tests being offered in a screening modality. Although facilities across the country continue to increase the number of screening mammograms annually in Breast Centers, national statistics show that compliance with

mammography guidelines has not improved dramatically despite massive media attention and the inclusion of screening as a reimbursed service under Medicare. Expanding an existing Breast Center into a Comprehensive Women's Center attracts new patients by diversifying services offered from mammography and breast related services alone to providing services such as bone densitometry, cholesterol screening and even children's immunizations.

Adding new services such as bone densitometry for osteoporosis screening, cholesterol screening, blood sugar determination and even lung, colon, cervical or ovarian screenings will attract women for their screening of interest. It will also provide the hospitals the opportunity to expand the scope of services consumed by making screening examinations a simple and attractive process. As screenings increase, it is logical to assume that additional patients with a need for additional diagnostic or therapeutic interventions will be identified.

The expansion of an existing Breast Center into a Comprehensive Women's Center requires the cooperation of physicians and staff. While screening may be considered a revenue source for some physicians, the opportunity to attract new patients to the facility may be received positively by the Medical Staff. Expanding services may be accomplished with minimal cost since implementing screening programs utilizes minimal new equipment and the Center may be used as an access point to refer patients to other departments of the hospital for actual care delivery.

In addition to screening availability, other services such as menopause clinics, diet and nutrition counseling and wellness related services are also attractive to consumers. By broadening the scope of services offered, the Comprehensive Women's Center will attract new sources of revenue and may help to offset the diminished reimbursement for mammography being experienced by many Breast Centers.

Under the direction of the Assistant Vice President, Quality and Oncology Service Line Director, and with the assistance of internal Breast Coordinators, discussions and market research began to explore this potential volume driver strategy.

Administrative Decisions

After discussion via electronic communication and teleconference with those involved, a decision was made to develop a White Paper describing the rationale and implementation points for expanding an existing Breast Center into a Comprehensive Women's Center. This strategy has been used successfully both by the author and by other services within the company. It was felt that facilities should be provided information to document why this service expansion should take place as well as suggested methods for increasing volume in a Center. Because each facility makes decisions based on their strategic mission, the descriptive information provided for a rationale must clearly state why this approach is an advantage to a facility. The information that follows was included in the White Paper.

The Agenda for Research on Women's Health for the 21st Century from the National Institutes of Health and *Healthy People 2010* from the Department of Health and Human Services outline trends related to women for the coming decade. Women, whether single or married, still remain the primary drivers of healthcare. Any service that can encourage or serve as a positive experience for the female consumer is a powerful tool for developing hospital loyalty. They also appreciate the convenience and individualized services afforded through seamless women's and children's services. With the increasing percentage of women in the workforce, with or without children, finding time for a visit to the doctor or annual screenings is difficult. The consumer, whether male or female, is becoming increasingly knowledgeable, empowered and demanding of high quality and personalized service. In two polls conducted by Johnson & Johnson and shared with the company in a meeting, 92 percent of women said they follow medical news and 76 percent rated magazines as important sources of information on reproduction, sexual health and healthy lifestyles.

In women, compliance with healthcare screening guidelines averages at best 50 percent. As women age, there is an increased interest in personal appearance and anti-aging strategies. More than two thousand women a day are reaching menopause and little in the way of services has been provided to this growing population. In the United States, it is estimated that more than 11 million women suffer from some form of incontinence. Most importantly, in transient

communities with high moving rates, screenings may be the first contact a facility has with a potential patient.

The current life expectancy for women is 80 years. In the year 2001, there will be over 50 million peri-menopausal, menopausal and post-menopausal women in the U.S. Nearly two-thirds of these women will seek some type of medical advice or treatment option. Women are still considered primary drivers of healthcare decision-making. The Comprehensive Women's Center has the ability to capture the single most powerful demographic—the aging baby boomer. In addition, the CWC is expected to attract younger working women who have less time to participate in traditional health services, especially if extended hours or modified weekend hours are offered—for example, hours on Saturday. The more informed consumer is described in multiple articles and presentations related to future trends in healthcare. The concept of the CWC focuses offerings on this new consumer.

Should a hospital decide to expand the concept of the Breast Center into a Comprehensive Women's Center, the facility should expect increased revenue from reimbursed or self-pay screenings and incremental business from referrals as a result of positive screenings. There is also the potential of increased revenue from new patients attracted to the facility because of the availability of a comprehensive range of screenings available in one site. Providing a CWC may also receive a positive reception from the community due to the facility's perceived concern for the population's health. With competition for new patients increasing and with not all women having children, a Center may provide a positive first exposure for the facility with a population that may not routinely use the facility.

In a time of stringent cost reductions, the opportunity to drive volume through new services is beneficial to the facility. With a greater public media attention to screening for disease, coupled with focused advertisements outlining the services, the marketing of this service will capitalize on public attention and interest to attract patients. Reimbursement for services is payer and location specific and should be evaluated carefully, but it is expected that some self-pay based on interest is a potential. Just as unassigned patients in existing Breast Centers may

be referred on a rotating basis to Medical Staff, so too can other patients identified as in need of a physician referral.

In a focus group process conducted by an outside company, participants were asked to rate the attributes and benefits of a list of characteristics of a Comprehensive Women's Center. Extended hours, staffed by Physicians, free health and fitness talks, blood screening availability, and body fat tests were ranked as important or very important components. The perceived benefits to the participant were an efficient use of time, being informed about diet and nutrition, and that the CWC fills in healthcare needs between the doctor and the fitness center. There was also much interest in reliable vitamin counseling accompanying diet and nutrition information. Participants also indicated a high degree of interest in a "caring" place to go for healthcare where they did not feel rushed and could get answers to questions they might have.

A primary component of a Comprehensive Women's Center highlights screening as both a product and service to the consumer. The goal of this model is to attract patients for care while generating referrals to the hospital. Its success depends on physician cooperation, centralized scheduling with proactive suggestions of additional services that can be utilized, and a commitment from the hospital to encourage highly personal service and consumer amenities. Services may include ultrasound, mammography, bone densitometry, CT scans, cholesterol and blood sugar measurement, general health risk assessment and other services determined to be attractive to a facility's market.

Today's health conscious environment indicates that wellness related goods and services, personal care and disease related adaptive devices can be sold successfully in a specialized setting or niche market format. Massage, aromatherapy products, lotions and bath products, wigs, breast prosthesis, and other products can be made available to consumers during their visit to the Center. Utilizing products routinely sold in hospital gift shops or pharmacies can simplify the acquisition process for consumer products. Self-help books, free brochures and Internet access in an extension of the patient resource library are options for the CWC.

In the areas of obstetrics, women's health, diabetes, cancer, cardiology and others, the CWC can serve as either an extension of the hospital to provide services or a new outpatient

conference site that can attract consumers/patients for education. Nutrition counseling, disease specific education and behavioral modification, such as smoking cessation programs are limited examples. Combining a comfortable, attractive site for traditional hospital classes such as childbirth or other patient education classes may provide a more positive attraction to attendees and offers an exposure to the full services of the CWC. Offering education programs related to disease entities is also a way to interact with a potential patient population for the CWC. Outpatient rehabilitation programs, cardiac rehabilitation, lymphedema management services and others may be offered. Senior citizen services may also be offered to attract a population that needs screenings. Extended hours will also attract a working population who find traditional hospital hours to be unfriendly.

The atmosphere of any CWC should be calming and the décor attractive. The physical appearance of the Center is critical as this may be the only opinion of the facility a new patient may have. Additionally as consumers pay for these services out of pocket, there will be a greater expectation that the setting is comfortable and welcoming. Space could include a children's play area, perhaps with "baby sitters" while mom undergoes her screening exams. These services are routinely offered at spas and even malls, so offering it in the Comprehensive Women's Center is not without precedent. Upkeep should be stringent and refreshments may be offered. Juices and water are always popular and are perceived as healthy.

Offering space, for example, to a Massage Therapist allows the Center to offer the service without incurring cost. Providing space for a hair salon with expertise in wig also will increase traffic into the CWC. Being creative with services that transition well into the CWC may offer differentiation from other Centers in the area.

Results

The White Paper that was developed that addressed the preceding information was distributed via email to the CEO's, CNO's and Oncology Managers of company facilities in 2002. Because of the autonomous nature of facilities within the company, hospitals are free to

implement or not implement suggested programs based on local market strategies and issues. As of June 2003, 50 facilities are currently in varying stages of completion to expand their Breast Centers into a more Comprehensive Women's Center and as an extension of this process, Breast Care Coordinator positions have been added in approximately 20 facilities. Additional facilities are approaching the virtual CWC model, as resources are not as significant. All facilities have indicated an increased awareness of the potential for this strategy. Because of the difficulty of tracking revenue generated from outpatient procedures that are screening in nature, the author has relied on self-reporting from Centers as the measure of adoption and facility satisfaction with the service.

The information shared with the facility included how to take their existing Breast Center and expand it's services to become a CWC. Successful facilities implemented a project team as suggested to explore both the internal and external issues related to either transitioning a Breast Center into a Comprehensive Women's Center or developing a totally new Center. Medical staff support, senior leadership support from the facility and non-territorial staff are crucial to success as team members. Because the CWC crosses multiple hospital department lines, a clear team approach should be defined before the project begins. Radiology, clinical service lines and other managers may all aggressively seek ownership of the Center. "Sibling rivalry" between managers related to the designation of the line manager for the Center can derail the project if not anticipated. An important question that was addressed is whether this concept is a strategic fit with the facility's mission. Several hospitals indicated that they supported the concept and might implement in the future but that current resources were insufficient to take on an additional project. Financial, space, technology and staff considerations are imperative before beginning any project.

Some of the external considerations that must also be considered if the plan to move ahead with a CWC is made are: How will the physicians react? Is the Center competing for the same population for screening as the Family Practice physician? Is there competition in the community with comparable services? Will the market demographics support the concept that consumers are willing to pay some out of pocket monies for screening or health related care?

These questions were addressed in the White Paper, but the facilities felt that more interaction with the physicians was needed as the scope of the project was addressed. Several facilities chose not to implement this strategy as their physicians owned mammography units and did not want the hospital to compete. One facility that originally gave up the idea because there was a physician owned center on their campus has recently stated that they are going to implement the program despite the physician complaint. Currently there is no hospital owned Breast Center so this will be a de novo CWC.

A few facilities utilized a Women's Focus Group approach at points in the development process. Inviting individuals in the community to participate in a Focus Group about what they would like in a CWC generated reams of data that should contribute to the success of their venture.

Another option for some facilities involved developing a virtual CWC. If a facility had an existing Breast Center with sufficient space or adjacent space for expansion, many services can be offered immediately with a minimum of cost incurred. The Center may also be viewed as an entry point and actual services may be provided elsewhere. Services, such as CT scans in radiology for lung cancer screening or blood drawn but sent to the facility laboratory, can be coordinated through an attractive entry point without duplicating expensive equipment. Ultrasound for ovarian screening utilizes a portable device that can be brought to the Center as appointments are made for the service. A screening device for bone density is relatively inexpensive although a full scanner usually found in Radiology is mandatory if screening indicates a need for follow-up. Anecdotal comments from the Breast Coordinator email panel demonstrate that this approach is being utilized by facilities that do not have the resources to physically relocate all services into one site.

One of the more effective strategies was providing space for consumer or health related products and information that encourages patients to browse while waiting for their screenings. If a mammogram is scheduled and the woman looks through a book on osteoporosis, she may choose to add that procedure to her screening. The psychology of shopping rather than waiting for a test, may also lead to enhanced satisfaction with the experience even if the service provided

is delayed. Products offered were already available in other parts of the facility and a relocation to the CWC was relatively simple. Consignment of specialty products was reported by one facility, but record keeping will increase as others are brought into the retail side of the venture. Health risk assessments, whether paper and pencil or computer based, was another option that was offered by several facilities. These assessments are usually complimentary since they often generate the recommendation for a consultation with their physician and a screening examination.

Expanding the Breast Center into a Comprehensive Women's Center is a relatively inexpensive undertaking and can generate additional revenues, patient visits and facility interactions for a hospital. Using a team approach and considering both the clinical and non-clinical attractions of a Comprehensive Women's Center was key to facilities that have implemented this approach. Putting together a team across disciplines from obstetrics to cardiovascular services to oncology to plastic surgery that can discuss the potential services that could be offered in a Comprehensive Women's Center proved to be a dynamic way to increase the attractiveness of the CWC to a broad population base. Most facilities are reporting an increase in screening volumes primarily due to physician referral as their involvement in the planning process enfranchised them in the success of the Center.

Resources

1. *The Agenda for Research on Women's Health for the 21st Century*; National Institutes of Health, www.nih.gov
2. *Healthy People 2010* U.S. Department of Health and Human Services, November 2000
3. The Breast Coordinators Email Panel, Company Proprietary Email List Serve