

spotlight

Queens Medical Associates Queens, New York



Queens Medical Associates occupies 18,000 square feet on the third floor of a mixed-use retail and professional building. The medical oncology practice is in the center of a densely populated urban area and thriving commercial district. For 16 years, Queens Medical Associates has provided medical oncology services and functions as the medical oncology division of NewYork Presbyterian Queens Hospital. The practice is the source of medical oncology services for a population of about 2.2 million people where more than 100 different languages are spoken.

Culture-Based Model

Serving such a dense and diverse patient service area requires innovative and efficient coordination of care. To better address individual patient needs, the treatment teams are largely organized around culture and ethnicity rather than by disease site.

In Queens, a primary care physician's first reflex in referral to an oncologist is based on the patient's ethnicity; patients want to be treated by someone who understands their culture. "With such diversity, we are fortunate to employ providers who speak approximately 75 different languages," explains Susan Dicosola, MS, CMPE, Executive Director of Queens Medical Associates. In complementary fashion, when our physicians refer on to downstream services, they refer to physicians they know are similarly staffed and speak the patient's language.

Translations, documents, and electronic communication are produced in five official

languages: English, Spanish, Mandarin, Russian, and Korean. Plans are underway to add a sixth team, with a physician who speaks Hindi and Bengali starting in November 2017.

According to Dicosola, this team structure has been evolving since the practice's inception. The six treatment teams can connect with their patients with cultural competency, communicating in their native languages, while also recognizing how their cancer may be related to their genetic make-up.

The practice is dedicated to providing the latest treatments especially through clinical trials based on the genetic mutations in its vast gene pool. Ongoing investment in research infrastructure and staffing make Queens Medical Associates a prime contact for clinical research organizations and trial sponsors given its extreme genetic diversity. Patients are provided with translated informed consent documents and materials in the five official languages.

Staffing for the practice includes 6 physicians, 6 physician assistants, 8 medical scribes, 8 medical assistants, 11 nurses, 1 nurse navigator, 4 infusion nurse technicians, 5 pharmacists, 2 research staff, 8 laboratory technicians, 17 billing staff, and 2 social workers.

Minimum Space, Maximum Efficiency

Dicosola recognizes the challenges of serving such a large patient population in a smaller physical space, "Like equipping a boat, you must optimize every inch of space!"

While Queens Medical Associates refers patients out for radiation, surgery, and imaging, its robust in-office dispensing service has helped the practice grow. As more anticancer medications are approved in the oral form, the practice has converted a few of the infusion chairs into "non-oncology" chairs for patients receiving IV anti-transplant rejection medication or rheumatology medication, for example. And, since pharmacists are on-site, they can counsel patients chairside, discussing side effects face-to-face. Pharmacists ensure better adherence by answering patient questions and communicating with the physician directly.

The entire infusion area contains 26 treatment chairs, 4 beds, and 8 "fast-track" chairs. Dicosola describes the infusion area as very open, with some patients even visiting on their days off from treatment to check in with their friends, other patients. She credits the nursing staff with creating a sense of community among patients and throughout the practice. "There is a lot of laughter and patients actually tell us that 'this is going to sound kind of weird, but now I actually look forward to coming here,'" said Dicosola.

Queens Medical Associates staff have worked over the years to develop and finesse workflow processes to yield maximum efficiency. The practice has a long experience using an EHR (electronic health record), and over the years has tweaked its system to improve workflow.

With a constant focus on efficient service delivery and robust physician



support, Dicosola's motto is "right work, right time." In a further move toward patient-centered care, each physician team includes a medical scribe to maximize physician engagement with patients during medical appointments. The structure of the treatment teams means each physician has at least one physician assistant and a scribe. These supporting staff roles are one of the best investments to support physician productivity, according to Dicosola.

To prevent lengthy patient wait times, staff work to be extremely responsive to both physicians and patients. "We make sure that we resolve provider issues quickly. If a physician walks in and says, 'I need...' we try to fix it before he or she finishes the sentence," said Dicosola.

This fine-tuned workflow allows physicians to spend more time with patients and has resulted in higher patient satisfaction scores. Dicosola describes the daily atmosphere of the practice as busy, but not rushed. Each staff member has a clear idea of his or her role on the cancer care team and they all work in concert.

Strengthening Patient Support

Like many cancer programs in the U.S., Dicosola lists unreliable transportation as an oft-cited barrier for patients to access treatment. Dicosola estimates about one-third of patients take mass transit, one-third drive, and the remaining third use


some form of medical transport. For example, many patients come from the neighborhood of Flushing, which is only four miles away from Queens Medical Associates. And while New York City does have a robust transit system, some patients may have to take two buses or make several connections to get to their treatment and home, a journey that can be tiresome even without undergoing cancer treatment. The practice does have funds available for car services or gas subsidies to help ease this burden.

Queens Medical Associates uses a social work model of navigation to help patients experiencing financial hardship or barriers to treatment. Two full-time patient navigation social workers coordinate in tandem with the nurse navigator to make sure patient needs are addressed from both the clinical and social work sides.

As a participant in the Centers for Medicare & Medicaid Services Oncology Care Model (OCM), Queens Medical Associates is taking on new care initiatives. The practice is currently developing an outpatient palliative care program, which will be termed Supportive Care to overcome any stigma associated with the term palliative care, with a dedicated palliative care physician slated to begin Aug. 1, 2017.

The practice will offer full-time supportive care services on-site and will include inpatient hospital consulta-

tion. As this new program grows, Queens Medical Associates plans to launch a home-based supportive care service as well.

Queens Medical Associates will also embark on a new survivorship initiative with patients with metastatic disease. Dicosola notes that, in the ongoing initiative to educate patients about curative versus palliative treatment, it can be insensitive to give metastatic patients a survivorship plan, but it is also important to acknowledge their needs while in long-term treatment. Therefore, staff developed the term "Maintenance Plans" for the care plan this subset of patients will receive, signifying their need for maintenance of active treatment and moving them into the supportive care phase more naturally. 

Select Supportive Care Services

- Social work
- Navigation
- Clinical trials
- Look Good, Feel Better

Number of new analytic cases seen in 2016: 1,500