Community Hospitals Link Arms With Prestigious Facilities to Raise Profiles

Local hospitals can use partnerships to offer access to specialists and treatment at the larger institutions — though famous names don't guarantee quality care.

February 7, 2019 By Sandra G. Boodman

After seven years of a vigorous fight, Jim Hart worried he was running out of options.

Diagnosed with prostate cancer at age 60, Hart had undergone virtually every treatment — surgery, radiation and hormones — to eradicate it. But a blood test showed that his level of prostate-specific antigen, which should have been undetectable, kept rising ominously. And doctors couldn't determine where the residual cancer was lurking.

"I didn't like the sound of that," said Hart, a retired international oil specialist for the federal government. "I wanted it gone," he added, especially after learning that he had inherited the BRCA2 gene, making him vulnerable to other cancers.

So when Andrew Joel, Hart's longtime urologist at Virginia Hospital Center in Arlington, mentioned the hospital's membership in the Mayo Clinic Care Network and suggested consulting specialists at the Rochester, Minn., hospital for a second opinion, Hart enthusiastically agreed.

A Mayo immunologist told Joel about a new PET scan, not then available in the Washington area, that can detect tiny cancer hot spots. Hart flew to Mayo for the scan, which found cancer cells in one lymph node in his pelvis. He underwent chemotherapy at Virginia Hospital Center and five weeks of radiation at the Mayo Clinic. Since September 2016, there has been no detectable cancer.

"This collaboration was sort of a magic process," Hart said. "I feel very fortunate."

'Benefit By Association'

Hart's experience showcases the promise of a much-touted but little understood collaboration in health care: alliances between community hospitals and some of the nation's biggest and most respected institutions.

For prospective patients, it can be hard to assess what these relationships actually mean — and whether they matter.

Leah Binder, president and chief executive of the Leapfrog Group, a Washington-based patient safety organization that grades hospitals based on data involving medical errors and best practices, cautions that affiliation with a famous name is not a guarantee of quality.

“Brand names don’t always signify the highest quality of care,” she said. “And hospitals are really complicated places.”

Affiliation agreements are “essentially benefit by association,” said Gerard Anderson, a professor of health policy and management at the Johns Hopkins Bloomberg School of Public Health. “In some cases it’s purely branding and in other cases it’s a deep association.”

A key question is “how often does the community hospital interact with the flagship hospital? If it’s once a week, that’s one thing. If it’s almost never, that’s another,” Anderson said.

Feeling ‘Plugged In’

To expand their reach, flagship hospitals including Mayo, the Cleveland Clinic and Houston’s MD Anderson Cancer Center have signed affiliation agreements with smaller hospitals around the country. These agreements, which can involve different levels of clinical integration, typically grant community hospitals access to experts and specialized services at the larger hospitals while allowing them to remain independently owned and operated. For community hospitals, a primary goal of the brand-name affiliation is stemming the loss of patients to local competitors.

In return, large hospitals receive new sources of patients for clinical trials and for the highly specialized services that distinguish these “destination medicine” sites. Affiliations also boost their name recognition — all without having to establish a physical presence.

In some cases, large hospital systems opt for a different approach, largely involving acquisition. Johns Hopkins acquired Sibley Memorial and Suburban hospitals in the Washington, D.C., area, along with All Children’s Hospital in St. Petersburg, Fla. The latter was re-christened Johns Hopkins All Children’s Hospital in 2016.

New York’s Memorial Sloan Kettering Cancer Center has embraced a hybrid strategy. It operates a ring of facilities surrounding Manhattan and has forged alliances with three partners in Connecticut, Pennsylvania and Florida.

“Every one of these models is different,” said Ben Umansky, managing director for research at the Advisory Board, a Washington-based consulting firm.

Local hospitals, he said, particularly those operating “in the shadows of giants,” may be better able to retain patients “by getting a name brand on their door. … There is a sense that they are plugged in.” (Virginia Hospital Center, for example, competes with Hopkins, MedStar Washington Hospital Center, which has an alliance with the Cleveland Clinic, and the Northern Virginia-based Inova system.)

Doctors can obtain speedy second opinions for their patients and streamline visits for those with

complex or unusual medical needs, processes that can be daunting and difficult without connections.

Dr. Michael Kupferman, senior vice president of the MD Anderson Cancer Network, said it seeks to "elevate the quality of cancer care" by forming partnerships with "high-quality [hospitals] to keep patients at home and provide the imprimatur of MD Anderson."

Virginia Hospital Center's association with Mayo is "not just a branding affiliation, it's a deep clinical affiliation," said Dr. Jeffrey DiLisi, senior vice president and chief medical officer at the Arlington facility.

Despite extensive marketing, many patients seem unaware of the linkage. "We still think a lot about 'How do we communicate this?'" DiLisi said.

Although affiliation agreements differ, many involve payment of an annual fee by smaller hospitals. Officials at Mayo and MD Anderson declined to reveal the amount, as did executives at several affiliates. Contracts with Mayo must be renewed annually, while some with MD Anderson exceed five years.

Acceptance is preceded by site visits and vetting of the community hospitals' staff and operations. Strict guidelines control use of the flagship name.

"It is not the Mayo Clinic," said Dr. David Hayes, medical director of the Mayo Clinic Care Network, which was launched in 2011. "It is a Mayo clinic affiliate."

Of the 250 U.S. hospitals or health systems that have expressed serious interest in joining Mayo's network, 34 have become members.

For patients considering a hospital that has such an affiliation, Binder advises checking ratings from a variety of sources, among them Leapfrog, Medicare and Consumer Reports, and not just relying on reputation.

"In theory, it can be very helpful," Binder said of such alliances. "The problem is that theory and reality don't always come together in health care."

Case in point: Hopkins' All Children's has been besieged by recent reports of catastrophic surgical injuries and errors and a spike in deaths among pediatric heart patients since Hopkins took over. Hopkins' chief executive has apologized, more than a half-dozen top executives resigned and Hopkins recently hired a former federal prosecutor to conduct a review of what went wrong.

"For me and my family, I always look at the data," Binder said. "Nothing else matters if you're not taken care of in a hospital, or you have the best surgeon in the world and die from an infection."

Cancer During Pregnancy

Bryan Mills, chief executive of Community Health Network, was unhappy with his oncology service.

Specialists at the Indianapolis-area hospitals he headed were competing against each other and patients were being ill-served. So Mills cold-called MD Anderson and, in 2012, Community joined its network.

“We needed something we could rally around,” Mills said.

“This is really not about a competitive advantage to me, but about providing optimal care,” said Mills, whose network competes with three other systems including one run by the University of Indiana, which operates a National Cancer Institute-designated center.

“One hundred percent of the work we do is audited by MD Anderson,” Mills said. “We can get second opinions almost instantly.”

Mills said he believes that the affiliation, which is prominently displayed on Community’s website, has attracted patients. In 2012, he said, Community treated about 2,000 cancer patients. In 2018, the number was 5,000.

Among them is Kamaljit “Kelly” Kaur. Shortly before Christmas 2015 the Greenwood, Ind., licensed practical nurse was diagnosed with inflammatory breast cancer, a rare and aggressive form of the disease usually discovered at an advanced stage. At the time, Kaur was 35 and five months pregnant with her third child.

Kaur said that her Indiana doctors conferred with MD Anderson oncologists and used “their guidelines to treat me. I felt comforted by that, like it was the right choice for me.” Her biggest concern, she said, was the health of her baby.

During the final months of her pregnancy, Kaur received weekly chemotherapy. Her son was born healthy and at full term in February 2016. She then underwent a bilateral mastectomy, followed by more chemo and radiation. Kaur said she has been cancer-free since January 2017, when she finished treatment. The collaboration, she said, “helped me get through this.”

Kaur’s Indiana oncologist, Dr. Anuj Agarwala, said he thought the MD Anderson involvement was helpful, because it reassured Kaur and him by concurring with his recommendations. He said he presented his treatment plan to specialists in Houston and “they didn’t change anything.”

Overall, he said, “it really doesn’t affect what I do very much. We are following national guidelines and not giving off-the-wall treatment.”

Initially, Agarwala said, some Community oncologists bristled at having their charts audited by Houston specialists, a resistance he said has diminished.

The affiliation has strengthened safety measures involving the administration of chemotherapy and has made the informed consent process more rigorous, Agarwala said, to the benefit of patients. “Overall it has been a valuable relationship.”

“The population I work with don’t have the resources to get care outside of their hometown,” he added, “and feel more confident with the input of a world-class institution.”

So did Dr. James Ouellette, a cancer surgeon with Premier Health in Dayton, Ohio, which joined the MD Anderson network in 2016.

In November 2018, Ouellette removed a huge and rare malignant tumor from Joanne Dotson’s abdomen during a four-hour surgery. The solitary fibrous tumor was in a dicey location: It had grown so large it was displacing Dotson’s liver and compressing her vena cava, a major vein that carries blood to the heart.

Dotson, 70, said she had never heard of MD Anderson until her doctors mentioned it.

The affiliation, she said, did not affect her choice of hospital or surgeon, in whom she had confidence.

“I wasn’t even worried,” she said. “His hands are God’s hands,” she said, referring to Ouellette.

Her surgeon felt differently.

“While I was very glad Mrs. Dotson wasn’t worried, I was, with a big surgery like that,” Ouellette said. Before the operation, Ouellette said he conferred with an MD Anderson surgeon, radiation oncologist and medical oncologist about how best to treat the grapefruit-size growth. As a result of those discussions, Ouellette said, he altered the initial treatment plan.

Getting a Vibe

Virginia Hospital Center officials say that only a handful of the approximately 170 patients, the vast majority with cancer diagnoses, who annually receive second opinions from Mayo wind up getting treatment there. Most of those who do, DiLisi said, received care unavailable at his hospital.

“The patients [that affiliates] send us are more complex patients,” said Mayo’s Hayes. “We have a broad and deep bench of specialists.”

Even so, it’s often doctors who suggest a second opinion, not patients who request one. Joel said he mentions the option to those urology patients from whom he gets “a vibe” that they might be interested.

DiLisi said that the affiliation can save patients time and money.

“We get them as good a second opinion as they would get at Hopkins,” DiLisi said, without incurring the costs and additional testing involved. “And they don’t have to drive to Baltimore.”

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