



Finger Lakes Hematology & Oncology

An example of practice excellence in integration of care among small practices

Finger Lakes Hematology & Oncology, PLLC, (FLHO) in Clifton Springs, N.Y., was originally an out-patient department of Clifton Springs Hospital and Clinic (CSHC) known as Finger Lakes Community Cancer Center.

Stephen M. Ignaczak, MD, and Bruce A. Yirinec, MD, are both board-certified in medical oncology, hematology, and internal medicine. Both practiced hematology and oncology at Clifton Springs Hospital's Finger Lakes Community Cancer Center prior to founding FLHO. Sandra Saltzer, RN, MS, OCN, was department director of Finger Lakes Community Cancer Center from 1991 until FLHO was established. In 2001 efforts were put forth by the hospital and these two physicians to create a private hematology and oncology practice.

After 18 months of planning, FLHO was established in October of 2002, and Saltzer became the practice administrator of the newly formed practice.

This was a venture encouraged by the hospital to maintain the medical oncology services for the community and provide financial benefits for both parties. The location and staff remained unchanged and from the patients' perception, nothing changed except the name. "Of course, behind the scenes a great deal changed since we were totally independent and needed to provide

everything for our patients and staff that once was provided by the hospital," Saltzer said, "The transition went well and we still work closely with the hospital to provide every possible service to our patients and the community."

By retaining the original office and nursing staff, and continuing to be housed (as a tenant) in the same area of the hospital, continuity was maintained for patients, including access to all necessary services. The hospital lab, radiology (interventional and imaging services), and radiation oncology are only a few steps away from the office and treatment area. The other important services provided by CSHC including a complementary medicine center, social services, and a retail pharmacy are housed within the hospital and are easily accessed from their office as well.

"Our integrated care philosophy has been a part of this practice since we were part of the hospital," Saltzer said. "Clifton Springs Hospital and Clinic (CSHC) was founded on this philosophy in 1850 by Dr. Henry Foster. The Sulphur Springs mineral baths were among the many options of care he offered his patients. His medical practice offered a balance of physical, emotional, and spiritual care. In the late 1800's his hospital was well known. CSHC still strives to embody this philosophy and does it well for such a small community hospital."



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— Sandy Saltzer, RN, MS, OCN

Incorporating integrated care into the mission of the practice

The mission of FLHO is described in this way: “Cancer can strike at any time along life’s path, bringing with it the heavy baggage of an unwanted journey. As a community oncology practice, Finger Lakes Hematology & Oncology is committed to easing this burden by providing expert hematology/oncology care in a rural setting easily accessible to our patients. Our area of expertise extends from cancer diagnosis to long-term survivor follow-up. Our team offers an individualized approach to meeting our patients’ oncology medical needs, never losing sight of each person’s unique characteristics and circumstances. We strive to incorporate patient autonomy and self-determination in the treatment decisions by educating our patients about their disease and treatment options. With our patients and their families, we celebrate the success of reaching treatment goals and we also share the sadness of losses. In addition to demanding a high level of excellence in delivering cancer care, our staff is dedicated to providing empathy and compassion. We are anchored by our commitment to serve, always mindful to treat others as we would want to be treated.”

“Our staff—both clinical and clerical—works together creating a caring personalized experience for all our patients,” Saltzer

said. “We strive to get to know each of them and in doing so, better understand their needs and what we can do to provide for them. We encourage a warm receptive environment and expect everyone to go the extra mile for our patients. Each of our new patients receives a packet, which includes information about the availability of services at Clifton Springs Hospital’s Integrative Center—‘The Springs’—offering acupuncture, massage, and mineral baths. FLHO staff helps coordinate referrals and appointments for our patients. We also encourage practitioners

from The Springs to provide their service while the patient is in our treatment suite for chemotherapy treatment.”

Innovative integrated care approaches

“We have invited the massage therapists from The Springs Integrative Center to give complimentary chair massages to both patients and accompanying family members to introduce them to the benefits of massage and relaxation,” Saltzer said, “We have a harpist volunteer who visits periodically and plays in our treatment suite. She creates a tranquil and soothing environment. The patients love it and look forward to her visits.”

As part of the holistic care offered at Clifton Springs, spiritual caregivers under the supervision of Gail Connors, the spiritual care director, visit regularly with cancer patients. Often they get referrals from nurses and physicians to make a visit. Patients are encouraged to openly grieve their loss of health and, through compassionate listening and therapeutic communication, patients’ acceptance of their disease is facilitated. Patients are offered comfort through prayer and presence. Often providers are a sounding board for issues that patients need to unload when family members are not ready to talk. “At times we are privileged





to journey with our patients from hearing the news that they have cancer, through years of treatments and eventually in their dying,” Connors said.

“Recently, as spiritual director, I was called to the cancer center to speak with a patient during her chemotherapy,” Connors said. “She was feeling anxious and discouraged. She talked of her husband not ‘getting it,’ and welcomed the listening ear. She asked if I had seen the movie *The Bucket List*. I had, and we talked about what her ‘bucket list’ might look like. Her list was all about family—spending time with her husband, children, and grandchildren. She needed to talk about dying and say the word out loud. We shared some tears, a lot of laughs, and we prayed that her upcoming bone marrow transplant would be successful.”

A few weeks later, Connors encountered her as an inpatient. The transplant had not worked and her disease had progressed to the point of no return. She chose to spend the rest of her time in one of their palliative care rooms, stating that she wanted to be surrounded by people she knew and loved and who loved her. Daily visits were made. “We talked about her approaching death,” Connors said. “She wasn’t so concerned about what would happen after she died; she was concerned about the dying process itself and what she could expect. She worried about maintaining her serenity and peace with her dying. I explained the process and she was comforted to know what would most likely happen. We talked about

taking one day at a time and enjoying each day as best she could. We prayed each time I visited for God’s light, comfort, and peace to fill and surround her. She was able to make the transition from doing battle with her disease to surrendering to it, thereby using her energy to live life to the very end and make more memories with her loved ones. She was a remarkably strong woman who died with grace and dignity.”

Walking the journey with patients is not always easy, but it is always necessary. A young mother of three was dying after a short, valiant battle with cancer. She would not talk about it or allow her family to

talk to her about it. “I think it was just too painful for her to accept,” Connors said. Spiritual care supported the husband and children, giving them an opportunity to grieve her impending death. “We talked about what life would look like without mom in the picture,” Connors said. “We planned an early Christmas with a tree and presents so the kids could share one last holiday with her. She allowed them that indulgence and it certainly comforted them to do something nice for her. I wished I could have made her burden lighter through sharing, but she chose to keep everything locked up inside. My duty was to support her in this decision, without judgment, allowing her to die her way, while comforting her family and encouraging them to let her go. This patient’s husband stayed in touch with me for a year, periodically seeking out my listening ear and comforting prayers for healing.”

Saltzer said there had been times where their integrated care approach ultimately resulted in better quality care, delivered more cost-effectively in a cooperative environment where, patient, provider, and payer believe their mutual goals were met. “The director of the integrated care department, Les Moore, NP, LAc has seen our





Stephen Ignaczak, MD



Bruce Yirinec, MD



Sandy Saltzer, RN, MS, OCN



patients on referral for both pain management and gastrointestinal side effects of their chemotherapy,” Saltzer said. “He has visited patients during their chemo treatment and administered acupuncture to help control their nausea and vomiting as well as help manage their pain. This has been a successful collaboration which has benefited the patient and also enabled the patient to reduce the need for some prescription medications.”

Providers work closely with Community Home Care and Hospice Services when needed to ensure continuity of care of their patients. Often patients needing end-of-life care are referred to the House of John, a private home for the terminally ill. Palliative care is provided in a homelike setting by volunteers at no cost to the patient or families. This home is located only three blocks from FLHO, and the providers and staff are able to visit frequently.

They also partner with the hospital to continue community services such as Cancer Survivor’s Day Celebration, Breast Cancer Awareness Walk, and the Annual Cancer Symposium aimed at both lay and medical attendees. This collaboration shows how a small community oncology practice of two physicians and a community hospital can provide superior services and support the surrounding community needs.

The two physicians participate in tumor boards at three local hospitals. They excel in communication with referring physicians and colleagues, Saltzer said. They are also very interested in

research and participate in clinical trials through Southwest Oncology Group—through their affiliation with University of Rochester and CTSU. They currently have 15 studies open to offer patients who may qualify and have 40 patients currently enrolled.

Due to the physicians’ interest in supporting medical education opportunities, their practice recently agreed to become a practicum site for medical students interested in oncology from the University of Rochester Medical School.

They believe their patients receive superior care both medically—based on NCCN and ASCO guidelines—and emotionally due to the individualized approach they take with each patient.

They are supportive of patients and families throughout the entire treatment process, and well into the future, where FLHO helps their patients cope with the challenges of survivorship. They are proud of their patients’ testimonials which are featured on their website, and which they believe speak for themselves and have been one of the major reasons the practice continues to grow.

These are just some of the examples of how Finger Lakes Hematology & Oncology demonstrates excellence in the area of integration of care. *Hematology & Oncology News & Issues* congratulates them as the 2008 HOPE Award winner among small practice entries as an example of practice excellence in the “Integration of Care” category. **H**