



NCI Community Cancer Centers Program Program Overview – Billings Clinic

- A. **Name and location of hospital: Billings Clinic, Billings, Montana**
- B. **Name of cancer center: Billings Clinic Cancer Center**
- C. **Identify PI and key personnel with contact information (very brief bios) for each of the pilot focus areas:**

- **Disparities**

Karyl Blaseg, RN, MS, OCN, is Clinical Coordinator of Cancer Programs at Billings Clinic and will act as community, education and navigation expert on the NCCCP pilot project team. As coordinator of care navigation, Ms. Blaseg directs the activities of five cancer care navigators who provide seamless care for cancer patients and their families by offering education, support and guidance to help patients and families cope with the many challenges associated with a cancer diagnosis.

A **Regional Nurse Navigator** (to be hired) will work specifically in non-metropolitan areas of our vast region to expand cancer research participation opportunities and support services to underserved and frontier areas. The regional care navigator will work with local individuals, agencies and organizations to increase prevention awareness, offer screenings and facilitate the increased availability of community-based cancer care services including research through outreach clinics, increased use of telemedicine and other collaborative initiatives. The regional care navigator will develop and implement regional care protocols, resulting in reduced time to problem resolution and improved quality of care.

- **Clinical Trials**

PI/Cancer Center Director: W. Thomas Purcell, MD, MBA, Medical Oncologist.

Dr. Purcell joined Billings Clinic in 2003 as the Chairman of the Department of Oncology/Hematology and the Director of the Billings Clinic Cancer Center. Dr. Purcell leads the multidisciplinary cancer program at Billings Clinic with a focus on comprehensive cancer patient care and access to clinical research and trials.

Pilot Project Physician Director, James Burke, MD, Medical Oncologist and Hematologist, is the Director of Cancer Research at Billings Clinic. Dr. Burke has extensive research experience in clinical trials. Dr. Burke oversees the selection and conduct of all oncology clinical trials for Billings Clinic including regional CCOP, industry and Billings Clinic-instituted trials.

Kathy Wilkinson, RN, BSN, OCN, Clinical Coordinator of Cancer Research at the Billings Clinic Cancer Center, will serve as a cancer research expert for the NCCCP pilot project. Ms. Wilkinson works collaboratively with Dr. James Burke in the clinical trials initiative to provide new therapies to cancer patients in the region. Current clinical trials range from large, NCI phase 3 studies to phase 1 human gene and immunotherapy trials.

- **IT**

Chris Stevens, Billings Clinic Chief Information Officer, will provide expert assistance and administrative leadership to the NCCCP pilot program in the area of informatics and implementation of the Cancer Biomedical Informatics Grid, caBIG™. Mr. Stevens has been CIO at Billings Clinic since 1995 and has 25 years of leadership experience in the implementation of technology in health care settings.

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Lee Camblin, MBA, Director of Information Systems at Billings Clinic, will assist the CIO as a network and informatics expert, assisting the NCCCP pilot initiative in the development of a Regional Health Information Organization (RHIO) and implementation of the Cancer Biomedical Informatics Grid, caBIG™.

- **Biospecimens**

Jeffrey K. Smith, MD, Chief of Pathology, will oversee all anatomical and clinical laboratory matters related to the NCCCP initiative, including implementation of first generation guidelines for NCI-supported biorepositories in community hospitals and work collaboratively with IT resources to participate in the Cancer Biomedical Informatics Grid, caBIG™. Dr. Smith holds a Master of Science in Computer Science earned prior to medical training. Dr. Smith has particular expertise in biomedical design and in molecular pathology.

Mark Lubbers, Director of Billings Clinic Laboratory Services, will assist the Chief of Pathology in creating and implementing guidelines for a NCI-supported biorepository.

- **Quality of Care**

Jo Duszkievicz, RN, MSA, is the Administrative Director of the Billings Clinic Cancer Center. Ms. Duszkievicz will act as Project Manager for the NCCCP pilot program for program administrative and sub-contracting oversight, monitoring and reporting. Ms. Duszkievicz has 25 years of experience in clinical cancer settings, first as a Registered Nurse on an oncology unit, leading to progressive leadership positions including Director of Cancer Nursing Programs and Services in Dearborn, Michigan, for over 15 years. She is a member of the Montana Cancer Control Coalition, serving on the Communication and Education committees, and member of the Yellowstone County Advisory Council for the American Cancer Society.

Elaine Watkins, RN, MSN, Director of Quality at Billings Clinic, will assist the NCCCP pilot project assure program quality by monitoring program activities and reporting of quality indicators.

- **Survivorship**

Amber Ussin-Davey, MA, LCPC, Oncology Social Worker. Amber assists patients and their families with financial, practical and psychosocial concerns. She also provides individual and family counseling and assists patients in accessing the Cancer Center's support groups and programs.

D. Describe the model for medical staff for cancer center (e.g., employed, private practice, contracts, specialty company contract, combination)

Billings Clinic Cancer Center provides a tertiary, academic-like point of reference for clinical settings, decision-making and program development. All Billings Clinic physicians are united in a multispecialty group practice, integrated and working together to serve approximately 1,300 new cancer patients each year. The Cancer program is physician-led and staffed by physicians trained at NCI-designated cancer centers. This intentional alignment of philosophy and organizational resources has resulted in a consistent increase in patient accruals to clinical trials from approximately 10 patients four years ago to 125 in 2005 and 121 in 2006.

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E. Provide the number of physicians in the cancer program – note cancer program specific medical staff credentialing if applicable

Billings Clinic Cancer Center Medical Staff, Specialties, Sub-Specialties

Medical Oncologists	Title	Areas of Interest
W. Thomas Purcell, MD	Medical Director, Cancer Center, Department Chief	Colorectal Cancers, Business/Strategic planning
Donald Twito, MD (<i>retiring 06/2007</i>)	Medical Oncologist	Clinical Research, Cancer Conferences
Diane Jones, NP	Nurse Practitioner	Breast Cancer, Wellness Programs
Medical Oncologists/Hematologists		
James Burke, MD	Director, Cancer Research	Tranlational Research
Jorge Nieva, MD	Medical Oncologist, Hematologist	Neuro-oncology, Head/Neck, Translational Research
Roger Santala, MD	Medical Oncologist, Hematologist	Hematologic disorders
Brock Whittenberger, MD	Program Leader, Hematologic Malignancies	Stem Cell Transplantation, Hematologic malignancies
Radiation Oncologist		
Christopher Goulet, MD	Radiation Oncologist	Breast Cancer, Brachytherapy, Head/Neck
John Schallenkamp, MD	Lead Radiation Oncologist	Prostate Cancer, Breast, Radiation toxicities
Gynecologic Oncologist		
Randall Gibb, MD	Director, Gynecologic Oncology	Gynecologic cancers, hereditary cancers, clinical research
Program Leaders		
Scott Dull, MD	Program Leader, Gastrointestinal Program	GI cancers
Terry Housinger, MD	Program Leader, Breast Program	Breast Cancer, Brachytherapy, Head/Neck
Richard Melzer, MD	Program Leader, Genitourinary Program	Prostate Cancer, Breast, Radiation toxicities
Catherine Stephens, MD	Program Leader, Thoracic Program	Lung Cancer
Pediatric Oncology		
Paul H. Kelker, MD	Pediatric Oncology	Childhood cancer and hematology
Dermatology		
Mark S. Jones, MD	Dermatologist	Mohs Surgery
J. Michael Wentzell, MD	Dermatologist	Mohs Surgery
Palliative Care		
Deric O. Weiss, MD	Internal Medicine	Palliative care, Pain management, Hospice care
Support Medical Staff		
Jeffery Smith, MD	Chief, Pathology	Pathology
Ronald Darby, MD	Chief, Diagnostic Imaging	Diagnostic Radiology
Naturopath		
Roberta Bourgon, ND	Lead Cancer Wellness Program	Integrative Medicine

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F. Describe multi-disciplinary care model

The multidisciplinary, site-specific programs at Billings Clinic have been developed to coordinate patient care for those with a diagnosis of cancer, to provide state-of-the-art consultation and treatment protocols, both standard and research based, and to provide an avenue for interdisciplinary and multidisciplinary collaboration. The program is collaborative and consultative in nature, resulting in a comprehensive, seamless system in one location under the direction of a single program director.

Six site-specific multidisciplinary programs are currently in place, each with physician leadership and assigned cancer care navigator. The physician leaders work within a team of providers and support personnel to provide the oversight necessary to ensure the success of each multidisciplinary program from a clinical, quality and process perspective. Other multidisciplinary team members include physicians from medical and radiation oncology, surgery, pathology, radiology, and naturopathy as well as nurse care navigators, social workers, research nurses, dietitians, therapists and spiritual support resources that are dedicated to the care to that site-specific cancer.

G. Provide a brief overview of community demographics

Billings Clinic Cancer Center serves a five-state region (Montana, Wyoming, Idaho, North Dakota and South Dakota) where there is no NCI Cancer Center or Comprehensive Cancer Center. The total market population in the region is 4.23 million. More than 56% of the area population will be over the age of 45 by 2010 (US Census). Per capita income in the region ranks 47th in the nation, and one in five residents is uninsured. Most live in remote, medically-underserved rural and frontier communities where lack of access to comprehensive medical care is a significant disadvantage. The area population is primarily White, and 4% are Native American. The region has higher than national average rates of oral and skin cancer.

H. Describe the philosophy on community outreach and list five major activities to reach disparate populations – note if the organization participates in a formal and ongoing community coalition to address unmet health need

Billings Clinic is a demonstrated leader in the development of coordinated, community-based approaches designed to effectively address health and health-related issues, particularly those issues that expand opportunities for underrepresented and disadvantaged members of the community to participate and benefit.

Major activities to reach disparate populations include:

- Cancer Screenings: Billings Clinic has taken an active and aggressive role in cancer screening. Through the Montana Breast and Cervical Health Program, mammograms and pap smears are available to women age 50 and over who meet income guidelines. For women not eligible for this program, free or reduced cancer screening services are made available through the Women's Wellness Fund. In 2005-06 Billings Clinic provided cancer screenings and follow-up care for 525 women at a total cost of \$73,084.
- Cancer Care Navigators at Billings Clinic are Registered Nurses who are available to assess the medical, emotional, social, spiritual, and financial needs of cancer patients and families by ensuring timely testing, procedures, appointments and treatments so that services are coordinated in a seamless manner between departments. In addition, navigators are available to

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attend physician appointments with the patient to help the patient understand the treatment plan and clarify options presented.

- Montana Family Medicine Residency Program: In response to the critical shortage of physicians choosing to practice in Montana and the surrounding region, Billings Clinic partnered with Yellowstone County City County Health Department to establish a Montana Family Practice Residency Program in 1996. The 3-year program trains six new medical school graduates each year and graduates are eligible to take the National Board examination in Family Medicine at the successful completion of the program. Participants receive training at Yellowstone County’s Deering Clinic, a federally-qualified Health Center, and participate in six-week clerkships with Billings Clinic physicians in internal and family medicine, psychiatry, pediatrics, general surgery and obstetrics/gynecology. The program has graduated 47 physicians in the past ten years, with 60% retention of graduates who choose to practice in Montana with the vast majority choosing to practice in rural or underserved areas, with Indian Health Service or at a Critical Access Hospital.
- School-Based Programs: Billings Clinic actively partners with the Billings Public Schools to offer a variety of innovative school-based programs designed to support prevention of risky behaviors, increase early knowledge of healthy living fundamentals and attract a broad spectrum of youth to future careers in healthcare. For example, programs such as ‘Life is Hard’ (a head injury awareness program provided by Billings Clinic to approximately 11,000 local high school students) has expanded in scope to include prevention information addressing the high regional prevalence of smoking and smokeless tobacco use.
- Public Education: The Cancer Resource Center, housed in the Billings Clinic Cancer Center and staffed by trained American Cancer Society volunteers, provides cancer-related information to patients, families and the public. Billings Clinic clinicians offer public and professional education opportunities on topics of cancer prevention, screening, treatment and new research.

I. 2006 new cancer cases – provide in RFP format

Reporting Source: Billings Clinic Cancer Registry

Primary Site	2006
	Newly Registered Patients
Buccal Cavity & Pharynx	41
Lip	23
Tongue	2
Floor of Mouth	3
Salivary Glands	4
Gum & Other Mouth	1
Nasopharynx	1
Tonsil	6
Oropharynx	1
Hypopharynx	0
Digestive System	206
Esophagus	10
Stomach	8

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Small Intestine	4
Colon, excluding rectum	83
Cecum	22
Appendix	3
Ascending Colon	13
Hepatic Flexure	3
Transverse Colon	5
Splenic Flexure	2
Descending Colon	4
Sigmoid Colon	29
Large Intestine, NOS	2
Rectum & Rectosigmoid Junction	45
Rectosigmoid Junction	4
Rectum	41
Anus, Anal Canal & Anorectum	5
Liver & Intrahepatic Bile Duct	7
Liver	6
Intrahepatic Bile Duct	1
Gallbladder	2
Other Biliary	3
Pancreas	37
Retroperitoneum	0
Peritoneum, Omentum & Mesentery	2
Other Digestive Organs	0
Respiratory System	158
Nose, Nasal Cavity & Middle Ear	3
Larynx	12
Lung & Bronchus	141
Trachea, Mediastinum & Other Respiratory Organs	2
Bones & Joints	2
Bones & Joints	2
Soft Tissue	10
Soft Tissue including Heart	10
Skin, excluding Basal & Squamous***	180
Melanoma of the Skin	169
Other Non-Epithelial Skin	11
Breast	171
Breast	171
Female Genital System	84
Cervix Uteri	41
Corpus and Uterus, NOS	18
Corpus Uteri	18
Uterus, NOS	0
Ovary	21
Vagina	2
Vulva	2
Other Female Genital Organs	0
Male Genital System	210

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Prostate	199
Testis	7
Penis	3
Other Male Genital Organs	1
Urinary System	62
Urinary Bladder	34
Kidney & Renal Pelvis	27
Ureter	1
Other Urinary Organs	0
Eye & Orbit	1
Eye & Orbit	1
Brain & Other Nervous System	29
Brain	13
Benign/Borderline Primary Intracranial & CNS	16
Endocrine System	40
Thyroid	31
Other Endocrine including Thymus	9
Lymphoma	53
Hodgkin Lymphoma	4
Hodgkin-Nodal	4
Non-Hodgkin Lymphoma	49
NHL-Nodal	34
NHL-Extranodal	15
Myeloma	20
Myeloma	20
Leukemia	33
Lymphocytic Leukemia	16
Acute Lymphocytic Leukemia	2
Chronic Lymphocytic Leukemia	13
Other Lymphocytic Leukemia	1
Myeloid & Monocytic Leukemia	16
Acute Myeloid Leukemia	10
Acute Monocytic Leukemia	0
Chronic Myeloid Leukemia	6
Other Myeloid/Monocytic Leukemia	0
Other Leukemia	1
Other Acute Leukemia	0
Aleukemic, Subleukemic & NOS	1
Mesothelioma	4
Mesothelioma	4
Kaposi Sarcoma	0
Kaposi Sarcoma	0
III-Defined/Unspecified	47
III-Defined/Unspecified	47
Invalid	0
Invalid*	0
Total	1,351

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J. 2006 patients on clinical trials – provide in RFP format

**Protocols By Anatomic Cancer Site
Reportable Patients/Participation in Therapeutic
Reporting Period 1/1/2006– 12/31/2006**

Disease Site	Newly Registered Patients
Head and Neck (lip, oral cavity, pharynx, eye, orbit)	1
Digestive System (esophagus, stomach, small intestine, colon, rectum, anus, liver, pancreas)	22
Respiratory (nasal/sinus, larynx, lung/bronchus)	13
Blood and Bone Marrow (leukemia, multiple myeloma, other)	13
Bone (Primary)	
Connective Tissue	
Melanoma	1
Other Skin Cancer	
Breast Cancer (male and female)	33
Female Genital (cervix, ovary, other)	1
Male Genital (prostate, other)	4
Urinary System (kidney, bladder, other)	3
Brain & CNS (benign, malignant, other)	1
Endocrine System (thyroid, other)	
Lymphatic System (NHL, Hodgkin's lymphoma)	2
Unknown Primary	
Other/Ill-defined	10
TOTAL:	104*

Accrual Rate = (104/1261) 8.2%

*Note that for this record the instructions were to just record by site and patient enrolled in more than one trial were only counted once.

K. Number of patients on clinical trials and % NCI-sponsored trials – provide in RFP format

Reporting Period 1/1/2006-12/31/2006

Total # of Clinical Trials	# of NCI Sponsored Clinical Trials
116	93
# of Patients Accrued	# of Patients Accrued NCI
121*	98

*This is the total accrued as some patients were on more than one Clinical Trial.

*81% of all patients enrolled in clinical trials are on a NCI sponsored clinical trial.

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L. Describe the focus of linkages with NCI-designated cancer centers or other academic research institutions

An affiliation with the Mary Crowley Medical Research Center (MCMRC) in Dallas, Texas, allows Billings Clinic physicians and patients have access to novel therapies for cancer encompassing a wide range of cancers including rarer tumor types.

A second affiliation is the first formal joint investigation with Johns Hopkins University for cancer research. This Phase 1/2 study is aimed at metastatic colon cancer.

Billings Clinic is the major tertiary care referral center in a vast region that is not served by an NCI-approved Cancer Center. Billings Clinic has significantly expanded cancer programs in the past five years to serve the needs of the regional population. For those that cannot be optimally treated in Billings, well-established referral patterns exist between Billings Clinic and the Mayo Clinic, Fred Hutchinson Cancer Research Center and the University of Colorado.

M. Describe the status of electronic medical records at the hospital and cancer center

Billings Clinic operates a robust electronic medical records system that continues to be refined and expanded to improve patient care and treatment outcomes. Specific initiatives include a physician portal (BillingsClinicDoc), a patient portal, and alerts, reminders and scorecards.

N. Describe the experience with biospecimen collection and banking

The Billings Clinic laboratory does not currently have a program or relationship for biospecimen banking. However, the laboratory has an interest in biospecimen banking initiatives, and has sufficient on-site space and informatics system capability to begin such a program under the NCCCP pilot initiative. Biospecimen banking would require additional personnel to implement.