



Cancer care closer to home:



Dr. McKellar ensures rural patients get quality care

Darke County, OH, is a rural area situated on the Ohio/Indiana border. It is the birthplace of famed sharp-shooter Phoebe Ann Moses, better known as Annie Oakley, who became legendary for her ability to support her family by hunting and selling game that showed few signs of gunshot damage due to her precise aim.¹

Today, Daniel P. McKellar, MD, FACS, and the other health care professionals at the Wayne HealthCare Cancer Program have developed a reputation in this rural county as sharp-shooters of a different kind. They are known for precisely targeting and eradicating cancer through the delivery of consistently high-quality care.

“There was such a tremendous need for quality cancer care treatment in this area,” said Dr. McKellar, Chair-Elect of the American College of Surgeons’ (ACS) Commission on Cancer (CoC). “Before we started offering chemotherapy at our facility, patients often had to travel 70 miles round-trip to Dayton and back for their chemotherapy. For patients receiving radiation they travel that distance each day for six weeks,” added Dr. McKellar, who anticipates the new radiation center will open sometime this year.

by Tony Peregrin

Pictured this page, clockwise from left: Wayne HealthCare Center; Dr. McKellar (center) in surgery; Dr. McKellar.

Building from the ground up

Wayne HealthCare, which operates the cancer program, sprang from the humblest of roots. It was founded as Greenville Hospital in 1922, coincidentally the same year as the ACS established what is now known as the CoC. In 1941, the facility's name was changed to Wayne Hospital, and the bed capacity increased to 50. The institution grew incrementally over subsequent years, steadily increasing in capacity and adding a nursing unit in 1971 and a rehabilitation center in 1999.

In 2010, a \$47 million construction/renovation program was completed and the facility was renamed Wayne HealthCare. As part of this expansion, the Wayne HealthCare Cancer Program was able to enhance its diagnostic and treatment capabilities.

Dr. McKellar noted two significant milestones in particular: the launch of the facility's infusion center (after meeting nursing training standards and pharmacy requirements), enabling the center to provide chemotherapy to patients who previously would have had to travel to Dayton for such treatment; and a partnership with Dayton Physicians and Premier Health Partners to develop a radiation therapy facility located in Darke County.

The cancer program received a three-year accreditation from the CoC that same year, with commendations in all eight available areas, and was one of a select number of hospitals in the U.S. to receive the CoC's Outstanding Achievement Award (see boxed item, page 25, for a list of these eight standards). Dr. McKellar, the cancer program's medical director, said he was proud of the facility's accomplishments, particularly in light of the challenges associated with building such a program from the ground up in a non-urban environment.

One other important milestone for this CoC-accredited facility is a service that goes beyond the current mandated standards and requirements—the opportunity for patients to participate in clinical trials, including state-of-the-art treatment trials, cancer control trials, and cancer prevention trials. In fact, last year, the facility enrolled 6 percent of its patients in national clinical trials.

“Our goal was not only to meet the standards but to exceed them,” explained Dr. McKellar. “By joining with the Dayton Clinical Oncology Program (DCOP), we are able to offer cancer patients national clinical trials through a grant from the National Cancer Institute.”

DCOP is a not-for-profit consortium of Ohio and Indiana hospitals that provide cancer patients with opportunities to participate in national clinical trials. Participating institutions involved in these clinical trials have, according to Dr. McKellar, led to valuable improvements in how cancer patients are treated.

“Patients with cancer want to receive the best possible therapy for their disease,” said Jill Brown, RN, BSN, Wayne HealthCare cancer care coordinator, in a press release announcing the initiative.² “In most cases, this does not mean they have to travel to large academic medical centers. Community-based research offers patients access to national clinical trials offering new treatments without leaving home.”

Returning to his roots

Throughout his career, Dr. McKellar's primary goal has been to improve the quality of care for cancer patients. He is a board-certified surgeon with extensive experience in caring for patients with breast and colon cancer, as well as melanoma and other skin cancers. He attended Loyola University's Stritch School of Medicine in Chicago, IL, where he received the President's Medallion—the highest honor for a graduating student. He performed his surgical residency at Wright State University, Dayton, OH, which was followed by four years of service in the U.S. Air Force. After being in private practice for several years, he joined the staff at Wayne HealthCare as a full-time general surgeon and director of the cancer program in 2009. Previously, Dr. McKellar had been treating cancer patients in Darke County on a part-time basis, but two considerations compelled him to join the staff full-time: the caliber of physicians, nurses, and other medical professionals at Wayne HealthCare; and the opportunity to serve the rural community.

“I had been practicing for many years in Dayton, in an urban area,” explained Dr. McKellar. “I was a director of a large cancer program there. At the time, Wayne was in the process of losing one of its surgeons, and since I had a large referral base in the area, I agreed to help out a day or two a week. I eventually joined the staff full-time. I enjoy seeing these patients, who are largely from the farming community and also the elderly. I grew up in a rural area.”

Developing a rural cancer center

Wayne HealthCare administrators approached Dr. McKellar about developing a cancer program (the first such program in Darke County) because

patients were being forced to travel to Dayton instead of receiving treatment closer to home near family and other support systems.

“I felt very strongly that the patients should be treated in an accredited program,” said Dr. McKellar,

Standards with Commendation*

The Wayne HealthCare program received a commendation from the Commission in all eight of these standards in 2010. Since then, the standards have been revised and were released this year. The Commendation rating (1+) is valid for eight (22 percent) of the standards, as follows:

Standard 2.11

Each year, the cancer committee or other appropriate leadership body analyzes patient outcomes and disseminates the results of the analysis.

Standard 3.3

For each year between surveys, 90 percent of cases are abstracted within six months of the date of first contact.

Standard 3.7

Annually, cases submitted to the National Cancer Data Base (NCDB) that were diagnosed in 2003 or more recently meet the established quality criteria and resubmission deadline specified in the annual Call for Data.

Standard 4.6

The guidelines for patient management and treatment currently required by the CoC are followed.

Standard 5.2

As appropriate to category, the required percentage of cases is accrued to cancer-related clinical trials on an annual basis.

Standard 6.2

Each year, two prevention or early detection programs are provided on-site or are coordinated with other facilities or local agencies.

Standard 7.2

Other than cancer conferences, all members of the cancer registry staff participate in a local, state, regional, or national cancer-related educational activity each year.

Standard 8.2

Annually, the cancer committee, or other appropriate leadership body, implements two improvements that directly affect cancer patient care. The improvements are documented.

*Commission on Cancer. *Cancer Program Standards 2009, Revised Edition*. Available at: <http://www.facs.org/cancer/coc/cocprogramstandards.pdf>. Accessed February 10, 2012.

lar, who went out on a limb to develop the cancer program when he left his practice in Dayton to begin a solo practice in Darke County. “I was used to a large, urban center that had resources available, such as a full-time cancer program administrator, a breast cancer navigator, and a palliative care program. It was very challenging to identify the resources that we needed in order to become accredited [by the CoC].”

“I know a lot of surgeons who may be in the process of trying to become accredited sometimes get discouraged, particularly those in smaller programs,” added Dr. McKellar. “But I would bet the majority of smaller programs have the resources already available. They simply need to be identified and then developed. It’s not insurmountable—the standards really are what we should be doing for the patients anyway.”

In addition to identifying resources, Dr. McKellar also suggested that cancer center programs—particularly those in community-based hospitals—seeking accreditation simply focus on what they do best. “There are certain types of cancers that we don’t treat surgically at Wayne HealthCare. Surgically, we focus on breast cancer, colon cancer, melanoma, and other skin cancers, but our oncologists provide chemotherapy for the majority of cancer types, and when our radiation facility opens, the radiation oncologists will have the expertise to treat the majority of cancer types as well. Know your limits, and be reasonable as far as what cancers you are treating,” advised Dr. McKellar.

Dr. McKellar’s experience as a CoC surveyor was a key asset in starting the cancer program at Wayne HealthCare. CoC-accredited cancer programs are surveyed on a triennial schedule, and the CoC staff match a surveyor to each program due for a review. The surveyor’s role is to assist in accurately defining the program’s standards and verifying that the facility’s cancer program is in compliance.³

“I started in 2003 as a surveyor, and initially, I was just going to do it temporarily as a way to understand the goals of the Commission and better assist my program in keeping our accreditation,” explained Dr. McKellar, Chair of the CoC Accreditation Committee. “I really wanted to have the opportunity to visit other cancer programs and see what they were doing. I learned so much from every single cancer program that I visited as a surveyor—and I’ve had the opportunity to review 150 cancer programs across the country.”

Cancer program standards 2012

As Chair of the CoC Accreditation Committee, Dr. McKellar had assisted in the extensive revision of the CoC's standards for cancer programs, and in August 2011, the Commission released the new standards titled *Cancer Program Standards 2012: Ensuring Patient-Centered Care*. This manual replaces the *Cancer Program Standards 2009: Revised Edition*, and according to Dr. McKellar, the new standards focus on patient-centered needs, quality of care, and outcomes. New standards are available at <http://www.facs.org/cancer/coc/cocprogramstandards2012.pdf>.

“Our previous [set of] standards, which mainly focused on diagnosis and treatment, had some gaps in it,” admitted Dr. McKellar. “The new standards address the full continuum of care. The standards still address diagnosis and treatment, but now the focus has been expanded to cover areas such as survivorship, psychological distress, patient navigation, palliative care, and genetics services.”

Of particular note is a new standard that requires CoC programs to reach specific performance levels on measuring quality for treating patients with breast, colon, and rectal cancers. The CoC, through its National Cancer Data Base (NCBD), has the only system available in the U.S. to apply these quality measures and feed data back to its programs to evaluate how they are performing. This system, in turn, allows them to develop a cancer care program that renders care along a continuum of continuous quality improvement.

“The National Cancer Data Base Rapid Quality Reporting System gives real-time feedback to health care providers,” added Dr. McKellar. “It acts as a reminder system—if your patient had this particular diagnosis, then he or she should have received this particular care. It’s fantastic and a real improvement in quality of cancer care and assuring that patients receive all components of their care and don’t fall through the cracks.”

Five elements that are integral to the success of a CoC-accredited cancer program, regardless of whether it is a small, rural or a large, urban cancer program, are as follows:

- The clinical services provide state-of-the-art pre-treatment evaluation, staging, treatment, and clinical follow-up for cancer patients seen at the facility for primary, secondary, tertiary, or quaternary care.
- A multidisciplinary cancer committee leads the program through setting goals, monitoring activity, evaluating patient outcomes, and improving care.
- The cancer conferences provide a forum for

multidisciplinary patient consultation and contribute to physician education.

- The quality improvement program is the mechanism for evaluating and improving patient outcomes.
- The cancer registry and database is the basis for reporting and monitoring the quality of care.³

Chair-Elect of the CoC

As one of the first rural surgeons to be elected Chair-Elect of the CoC, Dr. McKellar intends to draw, at least partially, on his experiences in developing the cancer program at Wayne HealthCare to help the Commission—and its more than 1,500 accredited cancer programs in the U.S.—continue to define and exemplify modern oncology care.

“It’s a tremendous opportunity for me to be practicing in a rural center and be elected chair of the Commission,” said Dr. McKellar, who assumes the role of Chair in October. “More than 70 percent of the COC-accredited cancer programs are community programs. I think sometimes health care professionals may have the wrong idea that the Commission focuses more on larger programs—but that’s not really true. We know that cancer patients want to be treated close to home but [also] want the assurance that they will receive high-quality care. One of my goals will be to determine how we can improve quality of care specifically at these community cancer programs—and we’ve started on that goal by developing these new standards.”

As a rural, community-based surgeon, Dr. McKellar says that his patients will continue to inspire him to grow and improve Wayne HealthCare and the CoC. “They keep me going. I see what they are going through, what their needs are, and how they deal with their situations and that is what really inspires me. They want to receive quality care right here, close to home, and we want to continue to make that possible.” □

References

1. Darke County Visitor’s Bureau. Available at: <http://visitdark-county.org/about-us>. Accessed February 8, 2012.
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3. Commission on Cancer. *Cancer Program Standards 2012: Ensuring Patient-Centered Care*. Available at: <http://www.facs.org/cancer/coc/cocprogramstandards2012.pdf>. Accessed February 8, 2012.

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