As we approach medical care in the future, we have begun to see a more complete view of care. We have begun to see the creation of sustainable healthcare models to serve population health: reducing cost and serving more people. This is “the big picture” focus. To complement the population health model, we have also seen a focus on individualized customer care. A recent change is developing from a more paternalistic medical model to one which focuses on partnering with each individual patient and their family to create a personalized health journey. This focus is on serving all aspects of patient care. Some have termed this the “holistic” or “complete care” model. Others have termed it “concierge” or “white glove” level of care.

The goal is the greatest level of service: prevention, screening, education, diagnosis, staging, treatment, follow-up and survivorship. All aspects are important to patients. We want to provide the latest innovations in prevention and treatment, from novel surgical procedures to new medications. We also want to focus on how to support the patients in all of these steps by providing financial, psychosocial, educational and communication assistance.

To better understand how to facilitate that level of care, we turn to our patients. We need to better understand them, their struggles, their triumphs, their views and their needs.

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Jo Young Switzer, like many others, is someone who has experienced the cancer journey. Jo and her husband Dave worked in higher education for a combined total of 84 years. For the last 10 years, Jo served as President of Manchester University. In 2014, seven days after their retirement, Jo was diagnosed with breast cancer. Jo then began the difficult, but important, journey toward health. Jo and her husband Dave are 100% committed to helping Parkview make the cancer journey as positive as it can be for our patients, their families and their friends.

The following is an excerpt from an interview with Jo.

What do you recall of the first time you were told you had cancer?

I recall that day very clearly. The physician who did the scan told me I had a small lump in my breast, and that I would have a lumpectomy, radiation, and everything would be fine. The process described to me seemed simple enough. Once I began the treatment process, I found out it would be much more difficult than that.

Did you have any prevention or screening from your primary care physician or other specialists?

I had regular mammograms my entire life. My OB/GYN who did my annual physical felt a lump, and began the process of diagnosis and staging. Annual physical examinations and routine cancer screenings are extremely important because they can prevent cancer or diagnose it at an earlier stage.

Did anyone in your first degree family have cancer? What was their reaction to your diagnosis?

My mother died of colon cancer, and my cousin had breast cancer. However, the cancer journey was very new to me and my family. This was a life-changing learning experience for me and my family.

Can you describe the diagnosis and staging process?

Diagnosis and staging are very important aspects of cancer care. The proper stage leads to the right treatment plan. I thought the diagnosis and staging process was all done well. However, the initial sentiment that it would be a simple treatment and cure made things more difficult as the treatment process became more complex.

What about communication and the medical specialists?

Dr. Deladisma (my breast cancer specialist), and her office, was extremely helpful in the education process. She gave honest, detailed answers. I appreciated her honesty, which helped to clarify any delays in the process. She also provided clear, unbiased details about the treatment process and alternatives. This clarity was very helpful and improved my understanding.

For me, and I don’t know if all patients are this way, I liked the honesty about what to expect.

What role did your primary care doctor play?

The primary care physician (PCP) plays an important role in monitoring the overall health picture and helping to prevent and screen for cancer. They serve to remind patients about screenings such as mammograms. After my cancer was detected, my primary care physician was good about following along with the journey and taking care of other healthcare issues. It is important for the primary care physician to remain informed, as they have a long-term relationship with their patients.

What was the most difficult aspect of treatment?

Despite the fact that I had no complications, recovery from surgery was very difficult. There were multiple drainage tubes, post-operative pain and other aspects to post-operative recovery that took quite a bit of time to get better from. The radiation was not as difficult to recover from but I had 36 treatments. I assume everyone reacts differently to radiation — for me it made me very tired.

How was the support and coordination around your needs?

My husband was my main support system. He was great about taking care of me. Dave drove me to appointments when I was tired and was there for my appointments and recovery. Having a support system is a crucial part of cancer care.

During my time in the waiting room for radiation, it really opened my eyes to the fact that people have quite a bit of variability in their ability to get back and forth to treatments, financial concerns and their ability to get through the process.

Having nurse practitioners, navigators and others educated and trained by the physicians can help in the education and support process.

Continued on the following page.
Do you worry about getting cancer again?

Day to day, I don’t worry about cancer coming back. With that said, not so long ago I had a scare. There were some post-radiation sites that had tightness and scarring. Fortunately, the workup was negative. During that process, I had a greater appreciation for the fear of recurrence that some cancer survivors can face.

What can we do better in terms of improving the patients’ cancer care experience?

I think we can better refine the approach to communication with patients. Thinking about that first conversation, it can be crucial to setting expectations and the tone for the following journey.

My husband Dave had an excellent idea about how to set expectations: If patients could have a road map of their journey in the beginning, it can both ease expectations and help them prepare for the road ahead. These high level details (and I know they may change depending upon certain tests and outcomes) can control anxiety and help the patients and their families understand better what may lie in the road ahead.

As we move forward on our journey toward the creation of a new regional cancer institute, which aims to provide the highest level of care for our patients, we think of stories like that of Jo Young Switzer. The institute will have to offer the best in terms of clinical expertise, innovative procedures and medical trials. In addition, we must keep in mind the patient experience. Our care delivery must be oriented to the perspective and personalized journey of our patients and their families in order to provide the best care.

For me, and I don’t know if all patients are this way, I liked the honesty about what to expect.