Greater Boston Urology's Dedham, Massachusetts, location. The group refers patients who require subspecialty care to this office after their initial diagnosis.

Practice Keeps Up With Technology Through Physician-Owned Business Model

By Ariela Katz

GREATER BOSTON UROLOGY (GBU), the largest physician-owned urology practice in Massachusetts, strives to offer comprehensive urologic care that includes up-and-coming diagnostics and treatments, such as the Prostate Health Index (PHI) blood test and high intensity–focused ultrasound (HIFU).

The practice also strives to improve outcomes from traditional medicine. It recognizes the necessity of prostate-specific antigen (PSA) testing to find out which patients are at risk of developing prostate cancer, but also that PSA testing is not fully reliable and may lead to unnecessary surgery and adverse events. GBU will not put a patient through a prostate biopsy or a diagnostic workup based on a single lab test because there other tests are now available to supplement the PSA and determine who is at risk. GBU utilizes the PHI test as a safer and more effective way to stratify prostate cancer risk than PSA alone.

According to Michael J. Curran, MD, practice chief executive officer, although results of national studies show prostate cancer is detected in 30% to 35% of biopsies, at GBU the use of supplemental tests has enabled physicians to achieve a positive biopsy rate of about 65%. The practice has halved the number of biopsies done on patients who may not have prostate cancer.

"There's a tremendous benefit not only for those individual patients, but for the community, because that overall care process is going to lower the cost of delivery or urological care," Curran said. "Because we mitigate problems with the most expensive part of the process, which is the biopsy, by reserving it for a more select group who are more likely to have prostate cancer, we can lower costs."

GBU also uses genomic testing as part of the decision-making process to decide what treatment plan would be best for patients with prostate cancer. "We can identify the patient through genomic testing who may be at much lower risk for having cancer-causing morbidity or mortality in the future, and some patients with prostate cancer can go on to a surveillance program instead of active intervention," Curran said.

The practice strives for minimally invasive outcomes for other genitourinary cancers. Most partial or radical nephrectomies are done laparoscopically or robotically.

At all GBU locations, advanced therapeutics for superficial bladder cancer treatment are offered in-office. For treatment of testicular cancer, patients are referred outside the practice for chemotherapy and radiation, although GBU coordinates with those cancer centers to manage care effectively and has in-house labs for diagnostic tests.

"There's not much need for our patients to go outside our practice when they have complex oncology needs or if they have relatively common cancers, such as bladder and prostate," Curran said. "We are comfortable managing those patients, and we try to cater to them; it's very easy to get the patient to a doctor who's going to be best for their needs. This way, the patients not only have a good outcome for their disease, but they also have a good experience."

HISTORY OF THE PRACTICE

GBU formed in 2011 as a merger of independent urology practices primarily in southern Massachusetts and has since grown to a team of 14 urologists, 1 urologic gynecologist, 1 pathologist, 4 physician assistants, and 79 other employees. They have 8 office locations in southeastern Massachusetts: Dedham, Falmouth, Framingham, Milton, North Easton/Brockton, Norwood, Plymouth, and Sandwich. The practice covers about 15% to 20% of total urology services in the state. All of the urologists practice general urology, with some concentrating on robotic surgery, advanced diagnostic techniques (primarily for prostate cancer), advanced therapeutics, or urologic gynecology.

The team can handle all aspects of urologic malignancies, managing patients with all stages of prostate cancer, and is currently the only group in New England offering HIFU for patients with prostate cancer.[1] According to Curran, GBU was one of the first practices in the region to offer 3D MRI fusion biopsy of the prostate and is the only independent urology practice in New England where a patient can get the PHI blood test.

In addition to physicians, GBU has administrators and other background support to share the responsibility for successful management. This includes a chief operations officer, a vice president of operations, a legal firm and a political lobbyist on retainer, and a certified coder and medical billing expert in GBU's centralized billing office.

PHYSICIAN-OWNED BUSINESS MODEL

GBU maintains its commitment to staying abreast of new technologies and techniques by keeping its physicians in control of the business. The practice reasons that the people who provide healthcare should be the same people who make the decisions about what technology or techniques to employ to deliver the best care.

At larger practices that are owned by hospitals or other entities that are not physician controlled, bureaucratic roadblocks may arise when physicians want to adopt new technology. The physicians first have to appeal to the institution or a board of directors to get the approval and funding, with the risk that their request could be turned down. GBU does not have this problem. "[Our independence] allows us a lot of freedom in adopting and incorporating new technology," Curran said."

The practice's philosophy is that physicians should also control how income is allocated. "The physician is the person who's been put there to understand the medical needs of the patient and where their cash should be applied," Curran said. Therefore, the physicians at GBU decided to maintain their control to provide the best care possible to their patients, as well as run the business as well as possible.

Michael J. Curran, MD

Although many practices are merging or partnering with larger nonurological entities, Curran believes that this trend does not necessarily equate with providing good healthcare. "Rather than turning to hospital networks, insurance networks, or venture capital, [practices] should be turning to their colleagues in the specialties or complementary specialties they're in to align with people who have the same goals as they do," he said.

When a new technique or technology is developed, the physicians who own GBU meet and discuss whether it is justified from a medical perspective to add it to their practice. When they agree to adopt it, they bring their case to the chief operations officer, who decides whether the addition makes sense financially or it would be better to partner with a facility that has the technique or technology already. For example, they have relationships with all of the major radiation centers in the area and are able to provide external beam radiotherapy for their patients with prostate cancer.

According to Curran, technology adoption can be done in a matter of hours or days instead of the weeks or months it would take for larger organizations, allowing GBU to consistently offer the latest and best care possible. This makes the practice stand out in the Boston metropolitan area, which has some of the largest and most distinguished medical centers in the country.

Another reason for offering the latest treatments is that patients tend to be well informed about them, mostly due to having the ability to research their disease online. They even ask for these treatments when they come into the office. "We view that as a really good thing. The more knowledge a patient has, the better that patient is going to be for themselves," Curran said. n

REFERENCE

Treatment sites. Commercial treatments and clinical trials. Focused Ultrasound Foundation website. fusfoundation.org/the-technology/treatment-sites/treatmentsites/list. Accessed May 11, 2018.

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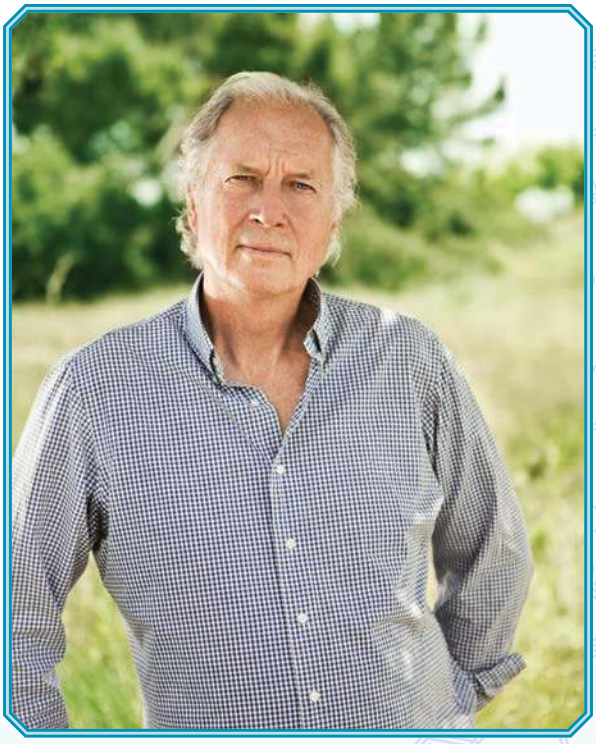

PRIMARY OBJECTIVE

- Progression-free survival

SELECTED INCLUSION CRITERIA*

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*Additional criteria may apply.

Lenvatinib, everolimus, and pembrolizumab are investigational in the treatment of first-line RCC. There is no guarantee that any of these investigational combinations will successfully complete clinical development, gain FDA approval, or become commercially available.

This information is current as of April 2017.

Reference: 1. Clinicaltrials.gov. Accessed April 13, 2017.