#### COMMUNICATION STRATEGIES

# New Facility Offers Comprehensive, Convenient Care

#### BY RHODA WEISS

he integrated delivery network of the future will be highly interactive. Physicians will need access to office space and medical equipment—but also to other physicians. Many patients will see both primary care physicians and specialists regularly, as well as other healthcare professionals. Frequent opportunities to touch base with patients and healthcare providers will help educators and volunteers work more effectively.

The ideal way to maximize opportunities for communication among these various constituencies is to offer a full continuum of services in one easily accessible location. Columbia-Presbyterian/ Eastside's new medical offices in New York City do just that.

#### INTEGRATED DELIVERY PROTOTYPE

Columbia-Presbyterian/Eastside moved into its new 93,000-square foot Midtown Manhattan office facility in March. It provides office space to more than 150 physicians and dentists in New York—all on the faculty of either the Columbia University College of Physicians & Surgeons or School of Dental and Oral Surgery.

Print advertisements introducing the site emphasized its accessibility to people who live or work in New York City, as well as the range and quality of its services. A headline for an advertisement in the *New York Times Magazine* announced the opening of "World-Class Physicians Offices in a New World-Class Location." The ad went on to describe Columbia-Presbyterian/ Eastside as a "spacious medical offices site offering the most comprehensive range of services to meet the total healthcare needs of children and adults of all ages in all stages of life."

The integrated medical office campus—which offers every type of primary and specialty physician and dental practice, as well as the full range of services to assist the physician in making a diagnosis or during care—is unique to New York, says Deborah Irving, Columbia-Presbyterian vice president for practice site development and proj-



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ect manager. "It is a prototype of the community- and consumer-oriented delivery model reform plans are attempting to achieve," she notes.

Irving points out that Midtown Manhattan is dotted with private physicians' offices, many of which are on first floors of apartment buildings zoned for professional use. This arrangement has the advantage of placing physicians close to residents, but it does not offer residents convenient access to a full range of physician and dental specialists in one location.

At Columbia-Presbyterian/Eastside, "patients can schedule the full range of medical, screening, and treatment appointments in one setting," Irving says. She adds that the consolidation of services also has advantages for physicians, who can often simply walk down the hall for a consultation.

#### **A COMMUNITY RESOURCE**

With its conference center and strong emphasis on wellness and education, Columbia-Presbyterian/Eastside is an important community asset. In conjunction with business, volunteer, and community groups, a wide variety of education and outreach programs are offered to the public and local businesses. Its Center for Women's Health cosponsors programs on- and off-site with local YWCAs, hotels, women's magazines, banks, schools, and community and religious organizations. Another important community service is Columbia-Presbyterian/Eastside's on-site Center for Patient Education. The center's offerings include interactive, computerbased, disease-specific programs about the potential advantages and disadvantages of the various treatment options.

Physicians and volunteer groups help coordinate and deliver the educational programs. For example, volunteer groups arrange weekly lectures for women at high risk of developing breast cancer. Another weekly lecture series features physicians and dentists speaking on medical topics of interest to consumers.

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### **FACILITY DESIGN**

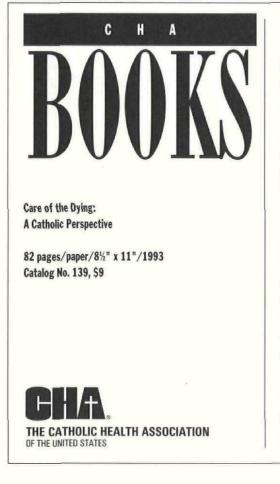
The inside construction of the office facility was tailored to meet the specific needs of physicians and dentists. "The spaces were custom designed to physician and dental practice specifications," Irving says. "We were able to build space that enables each physician specialist—whether in medicine, neurology, pediatrics, ophthalmology, orthopedics, surgery, imaging, or others—to have his or her own consultation and examination rooms. Each office suite has its own waiting and reception area to provide comfort, privacy, and convenience.

Another unique feature in this office

site is its "boulevard" concept. In planning the facility, the project team noticed that most large entrance lobbies go unused. With square footage costs in New York City significantly higher than in the rest of the nation, the team decided to make the entrance lobby small, yet have doormen greet patients and help them find where to go.

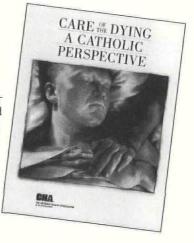
The team also extended the boulevard concept to the hallways on each of the facility's three floors. "As you walk onto each floor, you are greeted by beautiful pieces of art, as well as warm colors, elegant finishes, and comfortable furniture," says Irving. Because many Columbia-Presbyterian/Eastside clients use a wide range of physician and dental services, they spend a great amount of time at the facility during the day. Using the art work and flower arrangements with careful attention to colors and shapes—the team created an airy and aesthetically pleasing atmosphere to make office visits more pleasant.

Although the new facility has not been opened long enough to yield meaningful data on its success, the public has clearly been impressed by what it has seen. "People say they can't believe something like this exists in New York City," Irving says.



## Care of the Dying: A Catholic Perspective

The way we care for the dying is influenced by the cultural, political, and clinical contexts in which we live, as well as by the theological, moral, and pastoral framework we endorse. The widespread anticipation of dying as a "tortuous" process characterized by pain, solitude, and expense is reflected in the increasing support for physician-assisted suicide.



The Catholic tradition, on the other hand, believes the primary goal in caring for the dying is to help them live well until they die. What is needed is an environment hospitable to dying as part of the natural course of human life. *Care of the Dying: A Catholic Perspective* articulates this message in four parts:

- Part I: Cultural Context
- Part II: Social and Political Context
- Part III: Clinical Context
- Part IV: Theological, Moral, and Pastoral Response

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