



Frequently Asked Questions

Q: Why is this change taking place?

A: Over the past several years the net income generated by the RCC has declined significantly due to lower reimbursement rates and higher pharmaceutical costs and is therefore no longer able to be self-sufficient. It will not be in a position to meet its future capital resource needs to maintain state-of-the-art technology and best practice comprehensive clinical care. This move will allow for more space and infusion stations at two infusion centers, one at Saint Vincent and one at UPMC Hamot. Moving medical oncology infusion services to the member hospitals will allow us to better leverage existing hospital services. In addition, the transfer of services will result in stronger links and coordination with the RCC support services and the hospital-based services, which are essential to oncology care. In turn, this is expected to allow for a greater focus on care coordination and quality initiatives.

Q: Will this change my care?

A: No, your care will not change. You will see the same doctors you see now. The only difference is that you will get your chemotherapy at a different location, to be chosen by you. Both member hospitals and the RCC will continue to work closely together to plan all aspects of your care.

Q: Will the times change?

A: The hours of treatment will be set by each hospital. We will have a better understanding of the available time later this summer and will update you as we know more information.

Q: Will I get to choose which hospital-based infusion center I will use?

A: Yes, patients will decide which hospital chemotherapy unit they will go to. Please keep in mind that your health insurance coverage may be a factor. Your choice may be impacted by the insurance plan (in-network facility/providers, and different co-pay, deductible, formularies, etc.). An RCC Financial Counselor or Social Worker will be able to help you in contacting your insurance carrier.

Q: Will my billing change?

A: It may. We suggest you check with your insurance company to understand your financial obligation and how your coverage works in this case. An RCC Financial Counselor or Social Worker will be available to assist you.

Q: Will my physician be at the hospital during treatment?

A: It depends. The RCC will be providing the medical management in both Member Hospital units. There will be an Advanced Practice Provider (APP) in the Infusion Unit. RCC also has a Medical Oncologist and another APP (Physician Assistant or Nurse Practitioner) scheduled to round at both hospitals. It will be the rounding physician who would be able to see you on-site if the APP in the Infusion Unit would need additional on-site support.

Q: Who will be my primary contact?

A: Throughout your journey, the RCC will assign a primary contact person, a Care Coordinator, for each patient seen by an RCC Physician. Your Care Coordinator (also called an Oncology Navigator) is a registered nurse (RN). He/she will be available to assist you through the various aspects of your care. As you go through potential treatment modalities and facilities, the specific individual RN assignment may change but you will always have one primary contact person to assist you.

Q: What happens if there is a problem during treatment; will I be able to see my doctor?

A: The RCC will have an Advance Practice Provider (APP) on-site at each of the Infusion Centers. In addition to the Advanced Practice Provider in the center, the RCC has a Medical Oncologist and another APP is scheduled to round at both hospitals. It will be the rounding physician who would be able to see you on-site if the APP (Physician Assistant or Nurse Practitioner) in the Infusion Unit would need additional on-site support.

Q: Where do I go for lab services?

A: The RCC and the hospitals all have laboratories. Prior to an infusion we will need to review a recent lab test. If you have not had a lab test at another location prior to the infusion, the specimen may be drawn in the specific infusion center and the test run prior to mixing the drugs and starting your treatment.

Q: Where will I get my injections?

A: All injections should be available in the Infusion units. Some injections will be available in at the Regional Cancer Center, although the Regional Cancer Center will not be providing injections for chemotherapy agents. Examples of non-chemotherapy injections include Vitamin B-12 and hormones.

Q: Where will I get have my ports flushed? Where will port draws be available?

A: All three locations (UPMC Hamot, Saint Vincent and the RCC) will be able to flush ports. All three locations have laboratories and will have nursing staff available to draw specimens from the ports.

Q: Will I have to pay for parking at the hospitals?

A: No, both hospitals will provide free valet parking and/or will validate your garage parking ticket. Additionally, there will be a concierge available to take you to the sixth floor for your UPMC Hamot treatment appointment. The Saint Vincent department is conveniently located on the first floor of the Hardner building.

Q: Will I have to go to the RCC before I go to the hospital for infusion treatment? Will I be able to see my physician and receive treatment the same day?

A: We will work with you to coordinate visit dates and times; it is not usually required that you see the physician immediately prior to starting your treatment. If there is a situation when it is important for you to visit with your physician at the RCC on the same day of your treatment, your appointment scheduled will be coordinated to allow for the travel time between the RCC and the hospitals.

Q: Who will manage the Infusion Units at the hospitals?

A: The Infusion units will be managed by the hospital management. The hospital leadership will be working closely with the RCC and RCC physicians will provide the medical management for the Infusion Center.

Q: Who will staff the Infusion Units at the hospitals?

A: The Infusion units will be staffed by the hospital. Some of the current RCC infusion staff will transfer to the hospitals. The RCC will also provide the physicians and physician extenders or “Advanced Practice Providers” for both hospital departments. The hospital staff and leadership will be working closely with the RCC and the RCC physicians.

Q: How will patients be referred to the two hospitals?

A: It is always the choice of the patient to determine his/her healthcare providers. Note that some insurance plans will direct patients to specific providers. The location will be determined by patient choice, patient insurance, and referring physician source/recommendation.

Q: Will the RCC continue to provide Chemotherapy Infusion services at 2500 West 12th Street?

A: The RCC will provide very limited chemotherapy infusion services for specific clinical trials not available at the hospitals and other special situations (to be determined). The RCC staff will be available to manage and counsel for oral chemo medications.

Q: What services will be staying at RCC?

A: Laboratory, Diagnostic Radiology, Radiation Oncology, Radiation Oncology physician offices and Medical Oncology/Hematology Physician offices, Care Coordination staff offices and meeting rooms for support groups and other oncology support services.

Q: Will RCC's hours change

A: The standard hours of operation will not change. The exact start and finish times on Monday through Friday may be adjusted based on the specific services provided at the Center.

Q: How will treatment be handled during the transition?

A: Your Care Coordinator and other RCC and Hospital staff will work with you to ensure continuity of care during the transition.

Q: How do we schedule appointments?

A: Your Care Coordinator or Oncology Navigator will work with you and the other involved parties (infusion center, insurance, etc.) to schedule your appointments.

Q: Can we get same day lab appointments?

A: Yes

Q: What if I am getting chemotherapy and radiation treatment simultaneously?

A: Your Patient Care Coordinator or Oncology Navigator will work with you and the other involved providers to coordinate your treatments.

Q: What happens to the Foundation?

A: The mission of the Foundation is to support the RCC in its mission to provide comprehensive services to cancer and hematology patients in the Erie Region. The mission of the RCCF would not change; it is rather that the specific strategy is changing - the location for those comprehensive services may continue to change as needed. Philanthropy will continue to be a vital part of the success of the RCC. It is by strategically relocating the infusion services to the hospital campuses that allows the community to take advantage of the discounted pharmaceutical pricing and thus maintain the ability to continue to provide high quality comprehensive services.

Q: Will the social workers and nutritionist still be available?

A: Yes, these employees will continue to be based at the RCC. The RCC staff will also be working more closely with hospital based Social Work and Nutrition staff.

Q: If I need financial support/counseling/etc... will I still have someone to talk to?

A: Yes, an RCC Financial Counselor and/or Social Worker will work with you and the hospital financial support staff on the financial aspects of your care.

Q: Will I be able to bring someone in with me during treatment?

A: The current infusion space at the RCC is limited and we have limited visitors to one per patient. The infusion stations at the hospital are larger and provide for more comfort and privacy so we expect that visitor access will be enhanced.

Q: What happens after treatment?

A: You will continue to see your physician and the RCC care team throughout the course of your journey – prior to treatment, during treatment and after treatment. Your patient care coordinator will work with you to setup your visits.