

Oncology Patient Centered Medical Home™ *Transforming the Landscape of Oncology Care*

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Oncology Patient-Centered Medical Home™

Care coordination model that:

- Promotes a value-based agenda
- Facilitates physician accountability
- Encourages Clinical Integration
- Enhances communication and coordination with primary care PCMH
- Promotes collaboration with payers
- Focus on patient needs and evidence based care

Roadmap

- Practice Evolution
- Oncology Patient Centered Medical Home
- Performance Outcomes
- The Medical Neighborhood
- Economic Impact
- Stakeholder Benefits
- Payer Contract Negotiations

Practice Evolution

CMOH: 2003 – 2010 Clinical Integration

- Re-engineer processes of care - IT infrastructure/support
- Streamline and standardize care
- Minimize clinically irrelevant physician activity
- Maintain a patient-centric approach
- Fix accountability at the patient-physician locus
- Communication, coordination, access, engagement
- Documentation of Value
 - Superior quality of care and lower cost
- **Credentials**

Patient Centered Medical Home Primary Care Initiative

Patient Centered Primary Care Collaborative

- 40 year old concept: ACP, AAFP, AAP, AOA
 - Partnership with personal physician, coordinating/integrating/documenting care, promotion of quality and safety, enhanced access, whole person orientation, reduced acute events, utilization, and improved outcomes
- NCQA emerged as standard setting entity
 - 9 Standards
 - 3 levels of recognition

**CMOH: First Oncology Practice Recognized by
NCQA as a Level III Medical Home**

- NCQA PPC-PCMH™ Level III recognition 4/15/10
- Coordination of oncologic related services
 - Diagnostic, surgical, radiation, chemotherapy, through survivorship phase of care
 - Primary care team addresses non-oncologic issues
- Intense level of communication with primary team, surgeons, radiation, home care & hospice

**Oncology Patient Centered
Medical Home™**

OPCMH™ Focus

- Collaboration - clinical support/treatment team
- Adherence - evidence based guidelines
- Prevention - complications of disease/therapy
- Access to care – clinical calls, unscheduled visits
- Patient Education = Active patient engagement
 - Medication, evaluation & treatment compliance
 - Proactive reporting of symptoms, early treatment of complications of disease and therapy
 - Promotion of patient directed goals of therapy

OPCMH™ Relevant Parameters
Service and Operations

Care-Team Approach to Oncology

- Patient Engagement/Orientation
- Financial Navigation
- Nurse Practitioners
- Physicians
- Patient Navigators
- Chemotherapy Nurses

OPCMH™ Relevant Parameters
Clinical Management

Processes of Care/Access

- Standardized patient assessment
- Standardized documentation
- Patient navigation/tracking
- Telephone triage/Patient portal

Disease Management

- Define, measure, reduce potentially avoidable complications
- Palliative Care Coordination
- Demand access utilization

OPCMH™ Relevant Parameters

■ **Quality standards:**

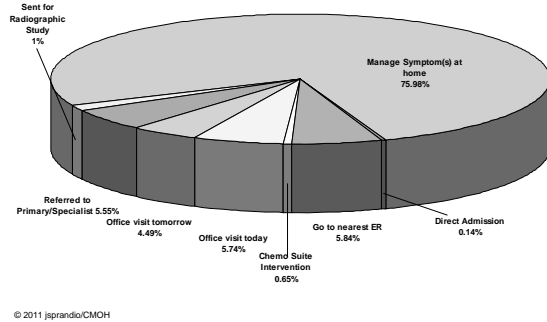
- Adherence to EB treatment guidelines
- Performance Status documentation
- Medication Reconciliation
- Palliative Care/Symptom management
- Disease management standards
- Communication/Coordination
- End of life care/Shared decision making
- Outcomes/Relative dose intensity
- Disease and High-Risk registry

OPCMH™ Relevant Parameters

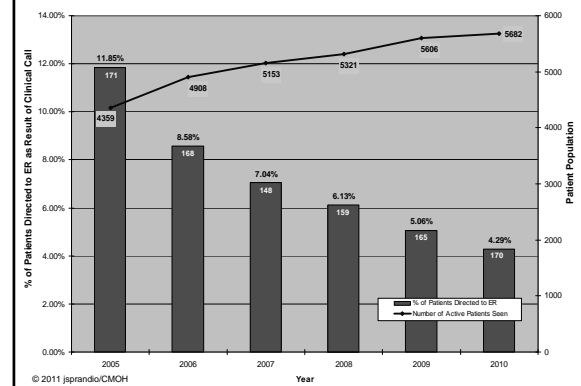
- **Patient Experience**
 - CAHPS-PCMH: Consumer Assessment of Healthcare Providers and Systems (2012)
- **Utilization**
 - Chemotherapy guideline adherence
 - Hospital admissions
 - Emergency room
 - Imaging
 - Laboratory

Performance Outcomes

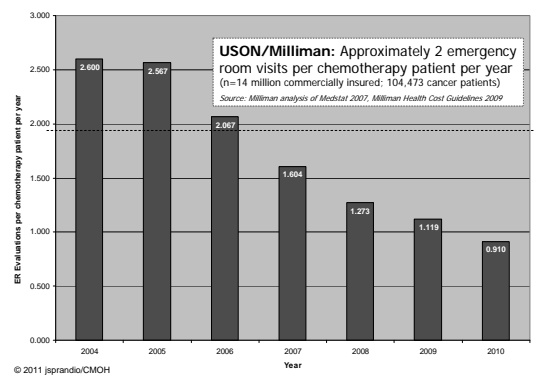
Outcomes of Clinical Phone Calls to the Nurse Triage Line from 2006 to 2010 (n=13,881)



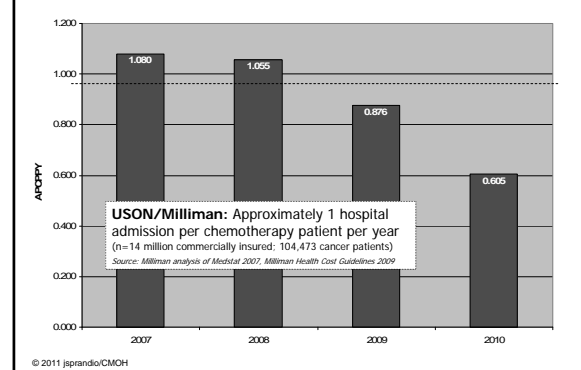
Percent of Patients Directed to ER (as a Result of a Clinical Call) versus Total Number of Active Patients across entire practice

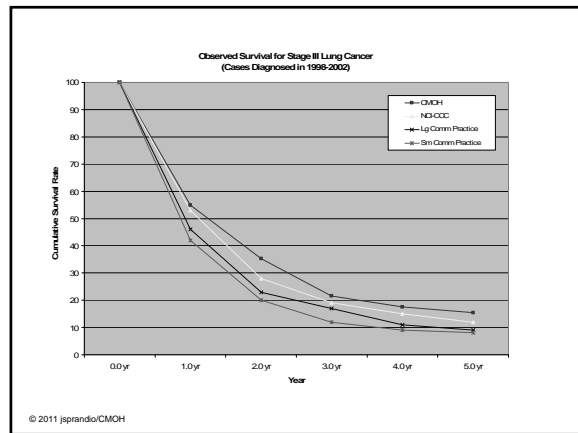
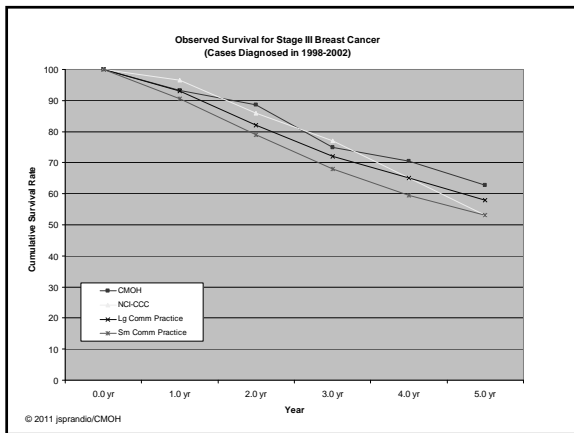
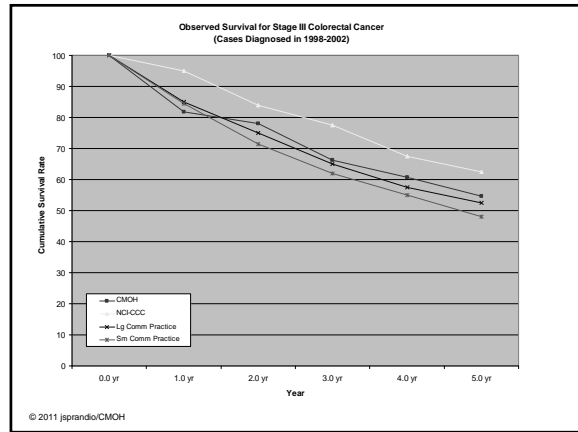
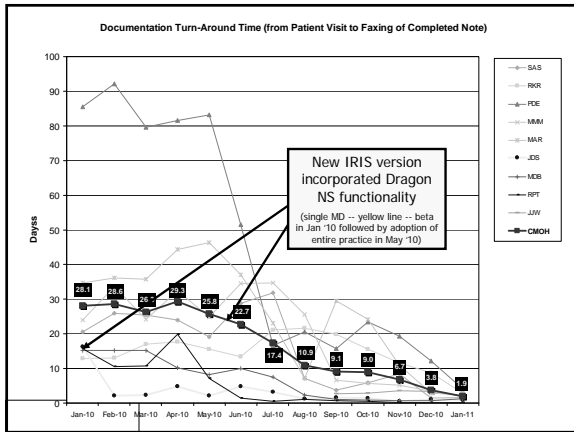


Average emergency room (ER) Evaluations at Delaware County Memorial Hospital of the Drexel Hill office population per chemotherapy patient per year, 2004-2010.



Average Admissions per Chemotherapy Patient Per Year (APCPY) for Delaware County Memorial Hospital patient population, 2007-2010





OPCMH™ End of Life Care

- **Performance Status**
 - Standardized assessment
 - Longitudinal tracking
 - Influences ongoing treatment decisions
 - Auditing for PS decline (targeting ECOG 3)
- Ongoing Documentation of End-of-Life care discussions
 - Initial visit for patients with known Stage IV disease
 - Documentation of ongoing discussion with decline in Performance Status
 - Promotion of shared decision making
- Started focusing on EOL discussions in 2011

OPCMH™ End of Life Care Preliminary Data

- Hospice Average Length of Stay (ALOS):
 - 2009: 26 days
 - 2010: 32 days } **23% increase**
- Increased EOL focus may decrease 2011 Utilization numbers:
 - **39.3%** of our total Hospital Admissions in 2010 were in last 30 days of life
 - **23.8%** of our total ER Evaluations in 2010 were in last 30 days of life

The Medical Neighborhood

OPCMH™: Horizontal Integration with like-minded Practices

- OPCMH™ processes of care and disease management
- Standardize data points within shared/separate EMR
- Share and refine strategies of delivery of care
- Monitor potentially avoidable complications
- Monitor and address OPCMH “gap analysis”
- Share and act on outcomes data
- Collective negotiations with Payers (Clinical Integration)

OPCMH™ Toolkit

Essential tools for bending the cost curve

- OPCMH Practice Orientation Template
- Disease Specific Patient Education
- Standardized Chemotherapy Orientation Template
- Standardized Patient Assessment Process
- Standardized Symptom Management Instructions
- Telephone Triage Algorithms
- Standardized Progress Note Templates
- Coordination of Care Agreements with PCMHs
- Standardized Survivorship Careplans
- Standardized “Voice of the Patient” Satisfaction Surveys
- IRIS Software Suite....

OPCMH™ IRIS Software Suite

Structural basis of OPCMH™ operations and service

- Personalized Patient Assessment and Verification Tool
- Screening and Immunization prompt
- Enhanced Patient Queuing/tracking program
- Longitudinal performance status & NCI graded symptom tracking
- Point of Care data presentation to the physician
 - **Speech-recognition integration**
 - **Immediate completion and auto-dissemination of documentation.**
- Physician document and lab management review
- Palliative and End-of-Life Care Management
- Test results and appointment tracking
- Physician performance metrics
- Unscheduled visit utilization tracking
- Portal access for patients and referring physicians

Medical Neighborhood

Policy Paper, ACP Council of Subspecialty Societies (CSS)

- CSS established a Workgroup to address the relationship between PCMH care model and specialty/subspecialty practices
- Efforts began 2007, publication October 2010
- Highlights:
 - Established definition of Patient Centered Medical Home Neighbor
 - Approved a framework to categorize interactions between PCMH and PCMH - N
 - Approved guiding principles of the development-of-care coordination agreements between PCMH and PCMH - N

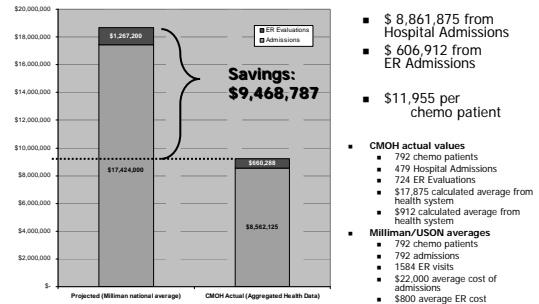
Neil Kirschner, Ph.D.
American College of Physicians, Senior Associate
Regulatory and Insurer Affairs

OPCMH™: Vertical Integration with Primary Practices

- Interface with Primary Care PCMH and facilitate data sharing, allowing enhanced management of:
 - Initial hematology/oncology evaluation
 - Establishment of “point of first triage”
 - Identify Potentially Avoidable Complications
 - Embed Case Management into processes of care
 - Avoid duplication of Lab and radiographic studies
 - Engagement in End of life care discussions
 - Improved transition of care from inpatient setting
 - Standardization of survivorship care plans
 - Standardization of referral of high risk patients

Economic Impact

2010 Estimated Savings to Payers



- \$ 8,861,875 from Hospital Admissions
- \$ 606,912 from ER Admissions
- \$11,955 per chemo patient
- CMOH actual values
 - 792 chemo patients
 - 479 Hospital Admissions
 - 724 ER Evaluations
 - \$17,875 calculated average from health system
 - \$912 calculated average from health system
- Milliman/USON averages
 - 792 chemo patients
 - 792 admissions
 - 1584 ER visits
 - \$22,000 average cost of admissions
 - \$800 average ER cost

OPCMH™ Payer Economic Impact

- **Projected % Reduction in Cancer Care Cost**
 - 1-3 Chemotherapy pathways program
 - 4-6.3 Inpatient hospitalizations (5-25% reduction)
 - .6-1.1 ER evaluations (20-40%)
 - .1-.4 Diagnostics
 - .9-1.9 End-of-life care coordination
- **Total 6.6 – 12.7 % reduction**

Adapted from international consultants evaluation of OPCMH application to cancer care

OPCMH™ Practice Economics

Expense Reduction: Efficiencies cover Technology Expense

- Nine physicians (8.4 FTE), 3 service locations
- 49 FTE. Support staff to fulltime physician ratio 5.5 (8.2)
- Transcription costs eliminated (\$220,000/yr)
- Net reduction of staff by 10 to 11 FTEs
- Administrative, hardware, hosting, networking cost

Revenue reduction: Payer alignment needed year 2

- Reduction in number of office visits per chemotherapy patient per year as a result of OPCMH services, patient education/engagement
- Reduction in inpatient revenue
- Reduction in chemotherapy drug administration

Revenue decline/recovery:

- 15 months of operational losses, recovery 6/11
- Increased oncology volume and market share

Stakeholder Benefits

What Cancer Patients Want

- Patient-centered care
- Personal relationship with physician
 - Explanation
 - Prediction
 - Plan of treatment/intervention
- Care coordination/communication
- "On demand" access to care (triage/visits)
- Best possible clinical outcome

What Oncologists Want:

*Standardization of the science of medicine
so we can practice the art of medicine*

- Standardized data assembly/presentation
- Decision support at the point of care
- Improved physician efficiency
 - Maximize “time, touch and teaching” opportunities
 - Develop personal relationships with patients
 - Make complex medical decisions
- Immediate coordination/communication capabilities
- Stabilization of practice revenue

What Payers Want:

Bend the Cost Curve

- Reduction in unnecessary expenditures:
 - Increased patient engagement
 - Immediate access to office based care
 - Improved coordination of care between all parties
 - Processes of care focused on the reduction of potentially avoidable complications of disease, therapy and associated co-morbid conditions
 - Reduction in hospital admissions/ER evaluations
 - Adherence to chemotherapy guidelines/pathways
 - Rational care at the end of life
 - Documented patient directed goals
 - Based on patient’s clinical condition / performance status
 - Not based on arbitrary rules regarding number of lines of therapy, or purely driven by financial concerns

What Purchasers Want:

Improved Value Proposition

- Better
 - Evidence based care – what works
 - 100% patient satisfaction
 - Best possible outcomes
- Faster
 - Improved access – triage, same day service
 - Improved coordination – eliminate intrinsic delays
- More Affordable
 - Take away the waste
 - Do the right thing

Payer Options

Transitional vs Transformational

Third party Oncology Management solutions

- Narrow focus on chemotherapy costs
 - 26% of total spent on cancer care
- Partially advances the quality-of-care agenda
- Limited advancement of the value proposition from a patient service, disease management and payer perspective
- Current payer options are *Transitional* at best

Payer Options

Transitional vs Transformational

OPCMH™ is Transformational

- Care beyond chemotherapy pathway adherence
- Processes of care focused on demand for quality, value and demonstration of results
- IHI triple aim: Quality, Experience, Efficiency
- Future cancer care providers of choice:
 - Better, Faster, More Affordable

Payer Contract Negotiations

Payer Response
Improved Value Proposition

- OPCMH contract 9/30/10
 - Pathways program
 - ER evaluations, Admissions, Re-admissions
- National Payer
 - NCCN Guideline Adherence
 - Paying for process of care, OPCMH services
 - ER evaluations, Admissions, End-of-Life care
 - Shared saving with memorialized payments
- Local Payer
 - Willing to review/mirror national payer OPCMH contractual platform

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Questions?

*For more information on OPCMH readiness assessments,
implementation, and payer contracting strategies contact*

info@opcmh.com