UNDERSTANDING THE ONCOLOGY MEDICAL HOME

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What Cancer Patients Want

• Patient-centered care
• Personal relationship with physician
  o Explanation
  o Prediction
  o Plan of treatment/intervention
• Care Coordination
• “On Demand” access to care (triage/visits)
• Best possible clinical outcome
What Oncologists Want

• 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 – for making complex medical decisions
• Immediate coordination/communication capabilities
• Stabilization of practice revenue
What Payers Want

- Increased patient engagement
- Immediate access to office based care
- Improved care coordination between all parties
- Processes of care focused on the reduction of potentially avoidable complications of disease, therapy, or comorbid conditions
- Reduction in hospital admissions and ER visits and exceptional end of life care
- Adherence to guidelines/pathways
What Purchasers Want

- Evidence based care
- 100% patient satisfaction
- Best possible outcomes
- Improved access – triage, same day service
- Improved coordination – eliminate intrinsic delays
- Take away the waste
- Do the right thing
Patient Centered Medical Home

• New care concept currently piloted in primary care

• Goal of comprehensive, coordinated, and personalized care

• Crafted over the past 40 years by the ACP, AAFP, AAP, and AOA
National Committee for Quality Assurance

• Private not-for-profit founded in 1990

• Dedicated to improving health care quality

• Recognized as quality standards leader by government, health care community, and payers
NCQA
PCMH General Standards

• Enhance Access/Continuity
• Identify/Manage Patient Populations
• Plan/Manage Care
• Provide Self-Care Support/Community Resources
• Track/Coordinate Care
• Measure/Improve Performance
NCQA’s 9 Key Requirements for a Medical Home

- Enhanced patient access to care and greater communication
- Patient tracking and registry system with preventive screening reminders
- Patient management and adherence based on nationally accepted, evidence-based treatment standards
- E-prescribing and physicians’ ordering system
- Tracking of referrals
NCQA’s 9 Key Requirements for a Medical Home

- Strategies that ensure patient self-management and support for avoiding potential of treatment and disease related complications
- Tracking of tests and patient compliance monitoring
- Continually reporting and improving performance
- Advanced electronic communication system with portal for patients and referring physicians
• Transform the mission such that as a practice or institution we assume ownership of all the patient’s cancer related needs in a highly personalized way, leveraging technology and an enhanced care team to actively monitor and streamline treatment while optimizing outcomes
Tenets of the Oncology Medical Home

• Comprehensive care delivery
• Improved patient engagement
• Enhanced patient access
• Coordination of care across the continuum
• Use of all disciplines of the care team
• Implementation of a disease registry
Tenets of the Oncology Medical Home

• Adherence to guidelines
• Full implementation of the EMR
• Strategies for avoidance of potential complications of treatment and disease
• Practice/Institution-wide quality measurements and improvement efforts
• Structured or standardized care for patients with chronic conditions
PMCH Score Card

- Primary Care 2,974
- Oncology 1
Consultants in Medical Oncology & Hematology, P.C.

• Work, passion and dedication of Dr. John Sprandio

• Created the first level 3 NCQA recognized Oncology Patient Centered Medical Home**

• CMOH recognized 4/15/10 as a Medical Home
CMOH Model

- Coordination of oncologic related services of all disciplines through survivorship phase of care

- Primary Care team addresses the non-oncologic issues (Neighborhood)
CMOH Model

- 9 Physician (8.4 FTE)
- 3 Service locations suburban Philadelphia
- 49 FTE staff
CMOH Care Model

*Promote value based agenda
• Facilitate physician accountability
• Encourage clinical integration
• Enhance communication and coordination with primary care PCMH
• Promote collaboration with payers
• Focus on patient needs and evidence based care
Standardize!

- Practice orientation template
- Disease specific patient education
- Chemotherapy orientation template
- Patient assessment process
- Symptom management instructions
- Telephone triage algorithms
- Progress note templates
Standardize!

- Survivorship care plans
- Patient satisfaction surveys
- Employee/care team satisfaction surveys
- Oncology specific EMR
- Chemotherapy guidelines and pathways
- Treatment guidelines and pathways
Patient Centric

- Phone triage access and emphasis
- Same day clinic based care
- Patient education on availability and access
- Patient education on symptom management
- Tracking care
CMOH Outcomes 2005-2010

• Nurse triage phone line:
  o Referred 11.8% of 4369 calls to ER in 2005
  o Referred 4.3% of 5682 calls to ER in 2010
CMOH Outcomes 2005-2010

- ER visits per chemotherapy patient per year:
  - 2005: 2.5
  - 2010: 0.91
CMOH Outcomes 2005-2010

• Hospital admissions per chemotherapy patient per year:
  - 2007: 1.08
  - 2010: 0.61
Clinical Outcomes

• Similar if not slightly better outcomes with national and regional comparative data for:
  
  o Stage III Colon
  o Stage III Breast
  o Stage IV Lung
End of Life Care

- In 2010 39.3% of hospital admissions were in the last 30 days of life
- In 2010 23.8% of ER visits were in the last 30 days of life
- New focus on EOL care
- Hospice length of stay increased 23% from 26 days in 2009 to 32 days in 2010
Estimated Cost Savings to Payers

- Estimated savings of $9,468,787 in 2010 to payers
  - $8,861,575 in hospital admissions
  - $606,912 in ER visits
- Estimated cost to benchmark of $19.2 million
- Using Milliman benchmark data (and where the practice was benchmarked in 2005)
Practice Savings and Benefits

• Reduction of practice staff FTE from 49 to 39
• Reduction in transcription cost of $220,000 annually
• Improved physician satisfaction with efficiencies
• Improved volume with referring physician satisfaction
• Improving volume with payer and purchaser satisfaction
All or Nothing?

- Converting to an Oncology Medical Home doesn’t have to be an all or nothing phenomenon
- All aspects aimed at improved quality
- Improved access is first step
- Standardization of evidence-based practice is a must
- Quality for patients, quality for providers, and quality of outcomes