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An Optimal Care Coordination Model (OCCM) for Medicaid Patients With Lung Cancer: Results From the Beta Model Testing Phase of a Multisite Initiative in the United States

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Supplementary Table 1: Patient demographics and baseline clinical characteristics aggregated across all testing sites by Medicaid/dual-eligible vs. non-Medicaid payer status (N=926)

	Medicaid/ dual-eligible	Non- Medicaid*	
Characteristic, %	n=257	n=669	P value
Sex			
Female	48.2	51.6	
Male	51.8	48.4	0.3655 ⁺⁺
Age group			
<90 years	99.6	98.1	
≥90 years	0.4	1.9	0.1289§
Race			
Caucasian	68.8	88.8	
Black or African American	8.2	2.8	
Other [†] /not reported	23.0	8.4	<0.0001 ⁺⁺
Missing=2			
Ethnicity			
Hispanic/Latino	3.5	1.8	
Not Hispanic/not Latino	81.3	90.9	
Not reported	15.2	7.3	0.0003 ⁺⁺
Employment status			
Currently employed	14.4	21.5	
Retired	26.1	51.9	
Unemployed	33.9	8.5	
Unknown	25.7	18.1	<0.0001 ⁺⁺
Median (range) age at diagnosis (years)	61 (39, 88)	70 (39, 89)	<0.0001
Smoking status			
Active	47.5	28.6	
Former	44.0	59.8	
Never	7.4	7.9	
Not reported	1.2	3.7	<0.0001 ⁺⁺
Type of smoking: cigarettes			
Yes	80.9	70.5	
No	19.1	29.5	0.0014 ⁺⁺
Median (range) duration of smoking (years)	40 (2, 67)	40 (3, 69)	0.8927
Median (range) pack-years	44 (4, 220)	40 (1, 240)	0.5577
Median (range) number of comorbidities	2 (0, 6)	2 (0, 5)	0.0115
Patients with any prior cancer(s)			
Yes	87.2	78.9	
No	12.8	21.1	0.0041 ⁺⁺
Aggregate staging			
Stage 0	0.4	0.3	
Stage I–IIA	23.7	23.6	
Stage IIB	7.0	6.1	
Stage IIIA	9.7	10.2	
Stage IIIB–C	7.0	5.1	
Stage IV	28.0	21.7	
Insufficient/not reported	24.1	33.0	0.1456 ⁺⁺

Column percentages may not add up to 100.0% because of rounding. Statistical significance was assessed at an alpha level of 0.05, without adjustments for multiple comparisons (Rothman KJ. *Epidemiology* 1990;1:43-46.).

*Commercial insurance, Medicare only, military insurance, none, or self-pay

tAsian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other, and Unknown ttp value based on chi-square test

[§]P value based on Fisher's exact test

P value based on median 1-way analysis

- Most frequently selected beta OCCM assessment areas
 - Prospective multidisciplinary case planning (3 testing sites): Different formats of multidisciplinary case discussion, such as traditional biweekly (in-person) tumor board, virtual tumor board, and multidisciplinary team huddle, were used

Supplementary Figure 1: Select quality metrics for the different formats of prospective multidisciplinary case planning







Data in panel B are first quartile, median, and third quartile.

Patient access to care, including timeliness of care (2 testing sites)

At 1 testing site, median time from detection of a suspicious lesion to positive diagnosis was **16** (6, 26) days for Medicaid/dual-eligible patients vs. **18.5** (8.5, 44.5) days for commercially insured patients (P=0.68)

Tobacco cessation, including evaluation of use (2 testing sites)

At a testing site offering cessation services with program referrals, **55.6%** (10/18) of active smokers among Medicaid/dual-eligible patients expressed readiness to quit compared with **43.2%** (16/37) of active smokers among all patients

At a testing site offering the Freedom from Smoking[®] program, **54.5%** (6/11) of

active smokers among Medicaid/ dual-eligible patients expressed readiness to quit compared with

21.3% (10/47) of active smokers among all patients

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- Data analysis: Meredith A. Ray; Vikki G. Nolan; and Nicholas R. Faris
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