Patient-Centered Scheduling

Costs & Benefits of Extending Practice Hours

A Special Report from the
ASSOCIATION OF COMMUNITY CANCER CENTERS

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Some cancer programs—confronted with crowded waiting rooms, strained infusion resources, and harried staff—have responded to the excess patient volume by remaining open for care on nights and weekends. Because this decision is driven by necessity, it is relatively easy to make, especially when physical expansion of the program is not realistic. However, for cancer programs not facing these types of challenges, the question of whether to expand practice hours is more complex. On the one hand, there are clear and important benefits to offering patients greater access. At the same time, as with any expansion of service, there are real costs. This brochure describes the benefits and costs associated with extended practice hours. Content is largely drawn from a series of interviews of ACCC member programs that currently offer evening and/or weekend care or are on the verge of doing so.

Patient Benefits

The most immediate benefit of extended hours will be to make care more "convenient" for patients. In some instances the conveniences will be small ones—faster commutes to and from the cancer program, easier parking while there, shorter waits after arrival, and a generally calmer environment as there will likely be fewer patients treated simultaneously. Yet, for at least two groups of patients, the ability to schedule their visits outside of the standard workday is of critical importance. One group—typically the younger and healthier patients—are individuals who continue to work while undergoing treatment; the second group are patients who rely on actively employed caregivers to help them get to and from their appointments. While a few days off from work may have limited consequences for some patients and caregivers, the negative impact on others can be substantial in terms of both immediate and long-term earning potential.

Expanding the hours of operation at a cancer program also has clinical consequences for patients. Most notably, expanded hours can reduce ER visits for patients who need care on nights and weekends. According to a 2012 survey by the Centers for Disease Control and Prevention (CDC), "my doctor's office was closed" was cited by almost half (48 percent) of all patients going to ERs as the reason for their visit.[1] Given the number of life-threatening conditions that can arise with little warning in patients actively undergoing chemotherapy (e.g., dehydration caused by severe emesis, infections caused by weakened immune systems) cancer patients are in frequent need of emergency care. Getting that care at the cancer program rather than going to the ER is of clear benefit to patients.

Keeping cancer patients out of the ER is also likely to reduce the rates at which they are admitted for care, a benefit both to patients and payers. And, in those instances where an admission is advisable, arranging for patients to be admitted directly from the cancer program allows them to avoid the lengthy waits common in most ERs.

Finally, expanded hours of practice make it possible to offer patients a number of regimens that require administration during "off-hours" (see Table 1). Cancer programs that do not have weekend or evening hours sometimes arrange for weekend doses of these regimens to be given at hospitals, but that solution is not ideal.

Provider Benefits

Providers can realize four main benefits from extending patient care hours:

1. The additional time allows providers to "decompress" the work week by reducing the number of patients per hour (or per day) to a more manageable number. In turn, this decompression leads to a better work environment for staff (and a better visit experience for patients).
2. A cancer program that offers weekend chemotherapy and supportive care services is attractive to patients and caregivers, especially in markets where your competitors conform to the standard work week. In turn, these expanded hours can grow your patient volume.
3. When a cancer program is open, a certain percentage of phone consults will likely lead to patient visits. When this happens during extended hours, it means that the cancer program is converting uncompensated care to compensated care. In turn, this can improve the cancer program's bottom line.
4. Providers often face every day operational pressures that can take their focus off the main reason they chose to become clinicians—a desire to help people. Extended hours are not a panacea for those pressures, but one interview respondent emphasized that the principal benefit of weekend care was that it raised physician morale: "We felt that weekend hours really helped our patients."

Payer Benefits

The benefit to payers is clear. ER visits and hospital admissions increase the cost of care. By reducing the number of ER visits, as well as the number of hospital admissions, extended hours should reduce the total costs of caring for cancer patients. Further, patients would rather receive care from their cancer care provider, which can improve patient satisfaction scores. Satisfied patients often translate to satisfied payers.

[1] CDC. Emergency Room Use Among Adults Aged 18–64: Early Release of Estimates From the National Health Interview Survey, January–June 2011. May, 2012.

The Costs of Extended Practice Hours

Whereas the benefits of weekend and evening hours can extend to patients, payers, and providers, the costs are borne entirely by the cancer program. Some portion of those costs will include the incremental expenses for "turning on the lights" (e.g., utilities, custodial services), but the bulk of these costs are related to staffing the added hours. Many cancer programs limit their weekend hours to supportive care (i.e., hydrations and injections) for which nursing and administrative staff are sufficient. Other cancer programs offer some, but not all, chemotherapy regimens, avoiding the first infusion in a cycle or those agents that have higher risks. Still other cancer programs offer a full range of anti-cancer regimens. At the "high-end" of the cost continuum are programs that offer weekend patients the full array of social, financial, and psychological services available during the standard work week. Clearly, the costs of extended hours of care for any cancer program will depend on the model they adopt. (The more limited model of supportive care was the most prevalent one used by the ACCC member programs interviewed for this report, followed by programs that offered specified regimens. At the time of these interviews, no cancer program offered the full set of services on the weekend, but some were considering doing so.)

Assessing Value

If a cancer program is considering extending its practice hours, the first step is to study how extended hours will impact the program, physicians, staff, patients, and caregivers. Use the suggested indicators listed below for each of the four dimensions identified in Table 2 to help develop a value proposition for the cancer program.

1. Quality of Care

- How long is the waiting time for emergency hydration at the hospitals your patients currently use and what impact, if any, does the time have on patient outcomes?
- How many hospital admissions (over the course of a month) occurred on days your cancer program was closed? Of these, what percent do you think could have been avoided if patients had access to supportive care at your cancer program?

2. Patient Volume

- How many of your new patients are actively employed?
- How frequent are requests for weekend infusion and/or injection appointments? (Your schedulers will have the best insight into this indicator, especially if asked to gather the information prospectively.)
- How many cancer programs in your local market

Table 1. Cancer Drugs Whose FDA-Approved Dosing Schedules Present Challenges

Drug	Target Condition(s)	Therapeutic Objective	Dosing Schedule	Challenge
Arsenic trioxide	Acute promyelocytic leukemia	Induce remission and consolidate therapy	Up to 60 intravenous doses (each requiring 1-2 hours to administer) for induction and 25 daily doses (over a 5-week period) for consolidation.	Offering weekend infusions would reduce the time to achieve remission and to complete therapy.
Azacitidine	Myelodysplastic syndrome subtypes, various forms of anemia, and chronic myelomonocytic leukemia.	First-line therapy	Subcutaneous or IV administration daily, for 7 days.	Weekend closings interrupt daily dosing schedule.
Cladribine	Hairy cell leukemia	Treatment of active, symptomatic disease	Continuous infusion for 7 consecutive days.	7-day schedule requires pump refill on weekends.
Cytarabine	Acute non-lymphocytic leukemia, acute lymphocytic leukemia, and chronic myelocytic leukemia (blast phase)	Induce remission	Treatment for 7 days, given via continuous infusion or daily doses that are 12 hours apart.	Non-continuous option requires that cancer program be open for minimum of 12 hours per day.
Decitabine	Myelodysplastic syndrome subtypes, various forms of anemia, and chronic myelomonocytic leukemia.	First-line therapy	1) Continuous infusion over 3 hours, repeated every 8 hours for 3 days or 2) 1 hour infusion every day for 5 days.	First dosing schedule requires care every 8 hours.
Omacetaxine*	Chronic myeloid leukemia	Treat patients that have stopped responding to previous therapy	Administered subcutaneously twice daily for 14 consecutive days every 28 days (until response is achieved).	Requires more than 12 hours per day and weekend infusions.

*On May 5, 2014, the FDA modified the label for omacetaxine to allow for the drug to also be self-administered by patients (or by their caregivers) after appropriate training.

Table 2. A Tool to Help Assess the Feasibility of Extending Hours of Care

Dimension	Impacted Sector	Pros	Cons	Questions for Consideration
Quality of Care	Patients	Reduces disruptions in care; maintains continuity in physician-patient interactions.	None	How frequently do your patients visit the ER for hydrations?
		Reduces weekend visits to ER and hospital admissions resulting from those visits.		How many of your patients are admitted to the hospital on weekends for supportive care that could have been provided by your program?
		Reduces the need for off-label scheduling of some regimens.		How constrained is your program's scheduling by the absence of weekend and/or evening chemotherapy services?
Quality of Work	Cancer Program, Physicians & Staff	"Decompresses" the work week.	Eliminates "weekends off" policy.	How many key employees are parents of school-age children?
				What are your current patient volumes, including growth projections?
Costs of Care	System-wide	Reduces per patient costs by reducing ER visits and hospital admission rates.	None	Will your payers reward these cost savings?
	Cancer Program	None	Costs related to pharmacy and physician services can be substantial.	Can your cancer program take on costs incrementally?
			Offering a full-range of services (social work, financial assistance) would increase costs to the cancer program.	Will you have to offer financial incentives to retain (attract) clinical and support staff?
	Patient	Reduces the amount of time patients and caregivers need to take off from work.	None	How many of your patients and/or their caregivers have full-time jobs or other full-time obligations?
Revenue	Cancer Program	Could lead to increased volumes by attracting patients for whom weekend care is attractive.	None	How will supply and demand affect your ability to provide weekend care for patients in your marketplace?
		Demonstrated per-patient cost savings can lead to better payer contracts.		To what extent do (or will) your payers incentivize you to reduce total per patient costs (as opposed to the total practice billings)?

offer weekend chemotherapy?

3. Staff Morale

- How frequently (and for how long) does your cancer program stay open beyond regularly scheduled hours?
- What percentage of your staff are parents of school-age children or have other weekend obligations (e.g., religious observance) that would present barriers to weekend work?

4. Program Finances

- Do you currently participate in any risk-sharing agreements with payers that are based on total care costs?
- How amenable would your payers be to incentivizing your cancer program for admissions avoided?

While each of these dimensions are important and, to some extent, inter-related, the first dimension is likely the most important one. That is, the initial question a cancer program should ask is whether its patients are negatively impacted by lack of weekend access. If the answer is "no," then a decision about extending hours can be put off. However, if there is reason to conclude that patients are relying on hospitals for their care more than is necessary, then the question of whether to open on weekends—even if only to provide limited services—takes on greater urgency. Fortunately, as payers begin to focus more on total patient costs, it is likely that any change that keeps patients out of the ER will not only improve patient outcomes but also a cancer program's bottom line.

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