

2023 VIZIENT CONNECTIONS SUMMIT

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SEPT. 18–21, 2023
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Cancer Service Line Executives Peer-to-Peer Meeting

Kasey Bowden MSN, FNP, AGACNP, Assistant Professor, University of Colorado School of Medicine,
Medical Director, CU Cancer Center CARE Clinic

Director of Value-Based Care, CU Division of Medical Oncology

Heather Corrigan, PA-C, Senior Instructor, University of Colorado School of Medicine, Clinical Lead, CU
Cancer Center CARE Clinic

Cory Jones, Associate Principal, Sg2, Chicago, Ill.

Setu Shah, MPH, Consultant, Intelligence, Sg2, Chicago, Ill.

Jim Wallace, MD, Cancer Service Line Leader, The University of Vermont Medical Center

Alex Zafirovski, Chief Administrative Officer, Robert H. Lurie Comprehensive Cancer Center of
Northwestern University

Janet Schuerman, AVP, Performance Improvement, Vizient

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Cancer Service Line Strategic Network Advisory Committee



Jim Wallace, MD
(Network Chair)
Cancer Service Line
Leader
*The University of Vermont
Medical Center*



Robert Figlin, MD
Deputy Director
Cedars-Sinai Cancer
Cedars-Sinai Medical Center



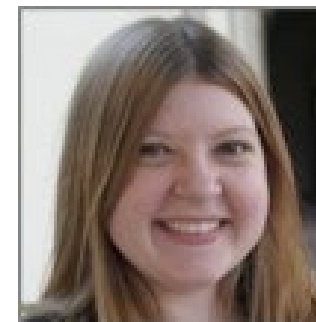
Christi Longnecker
Vice President,
Oncology Services
*Alvin J. Siteman
Cancer Center,
Barnes-Jewish
Hospital*



Alex Zafirovski
(Network Vice-Chair)
Chief Administrative Officer
*Robert H. Lurie
Comprehensive Cancer
Center of Northwestern
University*



Mike Koroscik
Vice President,
Oncology
Allina Health



Denise Morse
Director, Quality
and Value Analytics
*City of Hope
Medical Center*

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Thank you to our outgoing Chair, Jim Wallace!



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Today's agenda (9:45 – 11:45 a.m.)

- Care Clinic: Using Innovation and Collaboration to Improve the Quality, Delivery and Experience of Cancer Care
- Making it Concrete: Using Metrics with a Reason
- Applying the Concepts: Roundtable and Facilitated Discussion
- Morning Wrap-Up

Lunch will be served in Encore

Re-convene in Brahms I - IV

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This afternoon's agenda (1 – 3 p.m.)

Combined session with Cardiovascular Service Line Executives

- Service Line Structures and their Financial Implications
- Building an Integrated Profit and Loss Model for Service Lines
- An Innovative, Inexpensive Method to Help Providers Feel Valued
- Wrap-Up

Join us for Interprofessional Executive Forum Sessions:

- Clinical Trial Equity: Achieving Representation and Improving Outcomes for All
- Interdisciplinary Approaches to Service Line Integration and Optimization

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What is the most pressing issue you're currently facing?

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What do you hope to gain by attending the Vizient Summit?

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Learning Objectives

- Describe an effective clinical model to reduce costs, reduce preventable acute care and improve patient-reported outcomes in cancer care.
- Discuss strategies for success in emerging alternative payment models supporting value-based care.
- Describe successful strategies to design and engage administrative and clinical service line leaders for success.

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School of Medicine
UNIVERSITY OF COLORADO

CARE Clinic: Improving the Quality, Delivery and Experience of Cancer Care

Kasey Bowden MSN, FNP, AGACNP

Assistant Professor, University of Colorado School of Medicine

Medical Director, CU Cancer Center CARE Clinic

Director of Value-Based Care, CU Division of Medical Oncology

Heather Corrigan, PA-C

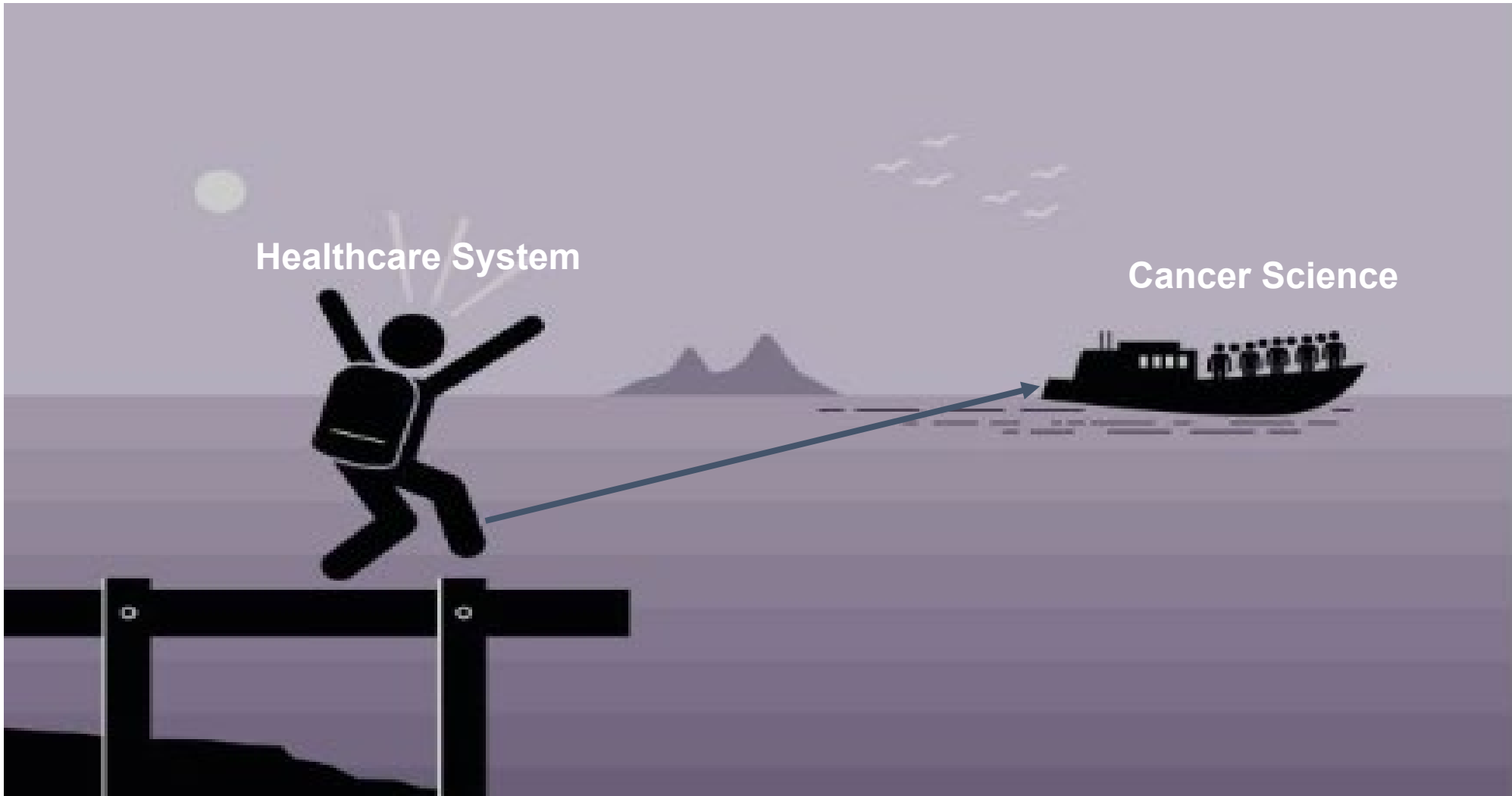
Senior Instructor, University of Colorado School of Medicine, Clinical Lead, CU Cancer Center CARE Clinic

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Healthcare System

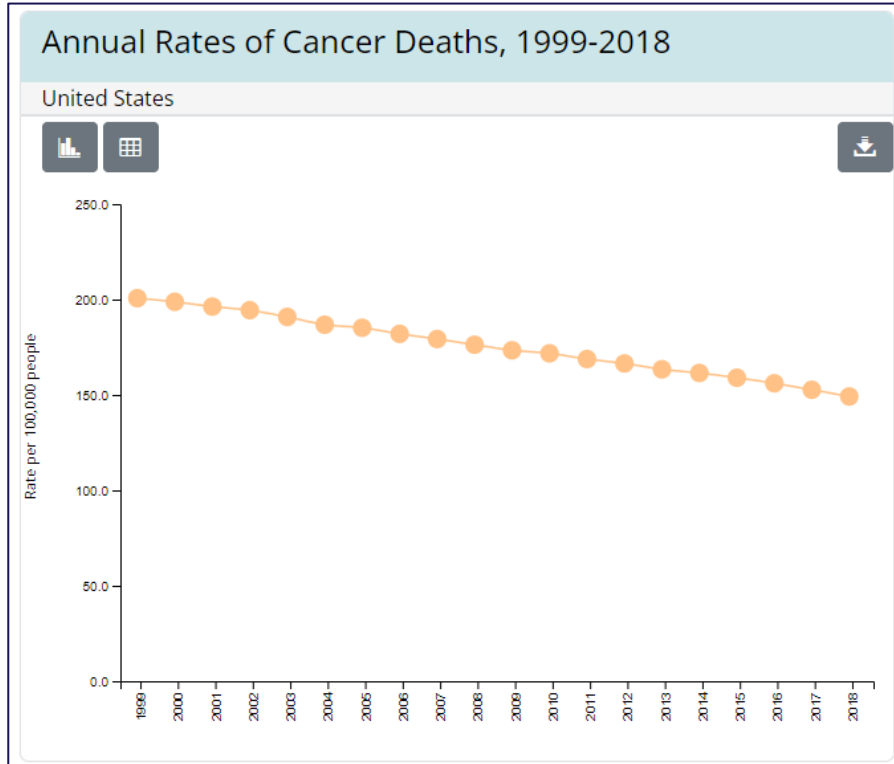
Cancer Science



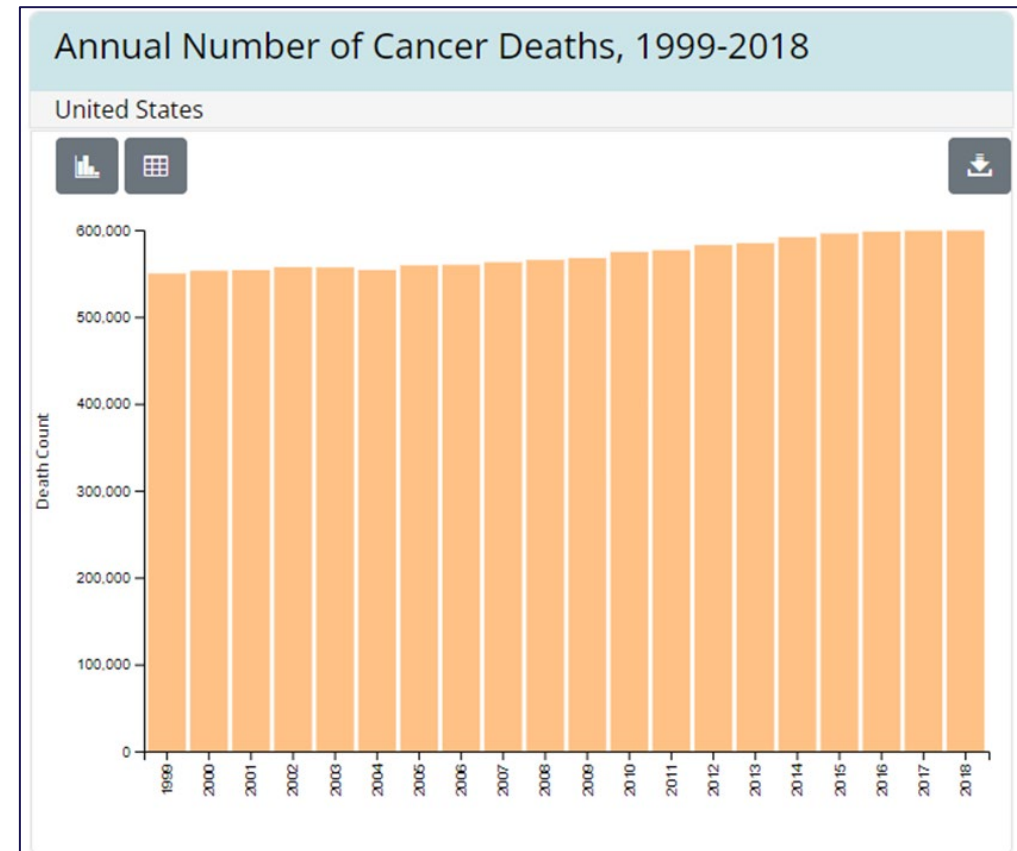
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Background



The death rate from cancer in the US declined by **29%** from 1991 to 2017



While annual rates of new cancers and cancer deaths are decreasing overall, the annual number of new cancers and cancer deaths has **increased**

Source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in June 2021.

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Patient Experience

- Patients receiving chemotherapy have on average one hospital admission and two ED visits per year
- 50% of ED Visits and 40% of admissions are directly related to treatment toxicities
- Single center studies for patients receiving chemotherapy reveal 30-day readmission rates of approximately 22-27% nationally
- Acute care episodes have many downsides including but not limited to:
 - Reduces patients' quality of life
 - Delays treatment
 - Increased risk for nosocomial infections
 - Augments health care costs
 - Increases burden on caregivers

Schleicher, S. Oncology payment models fall short of desired goals. *OncologyLive*, Vol 21/No.3, Issue 03. February 5, 2020.

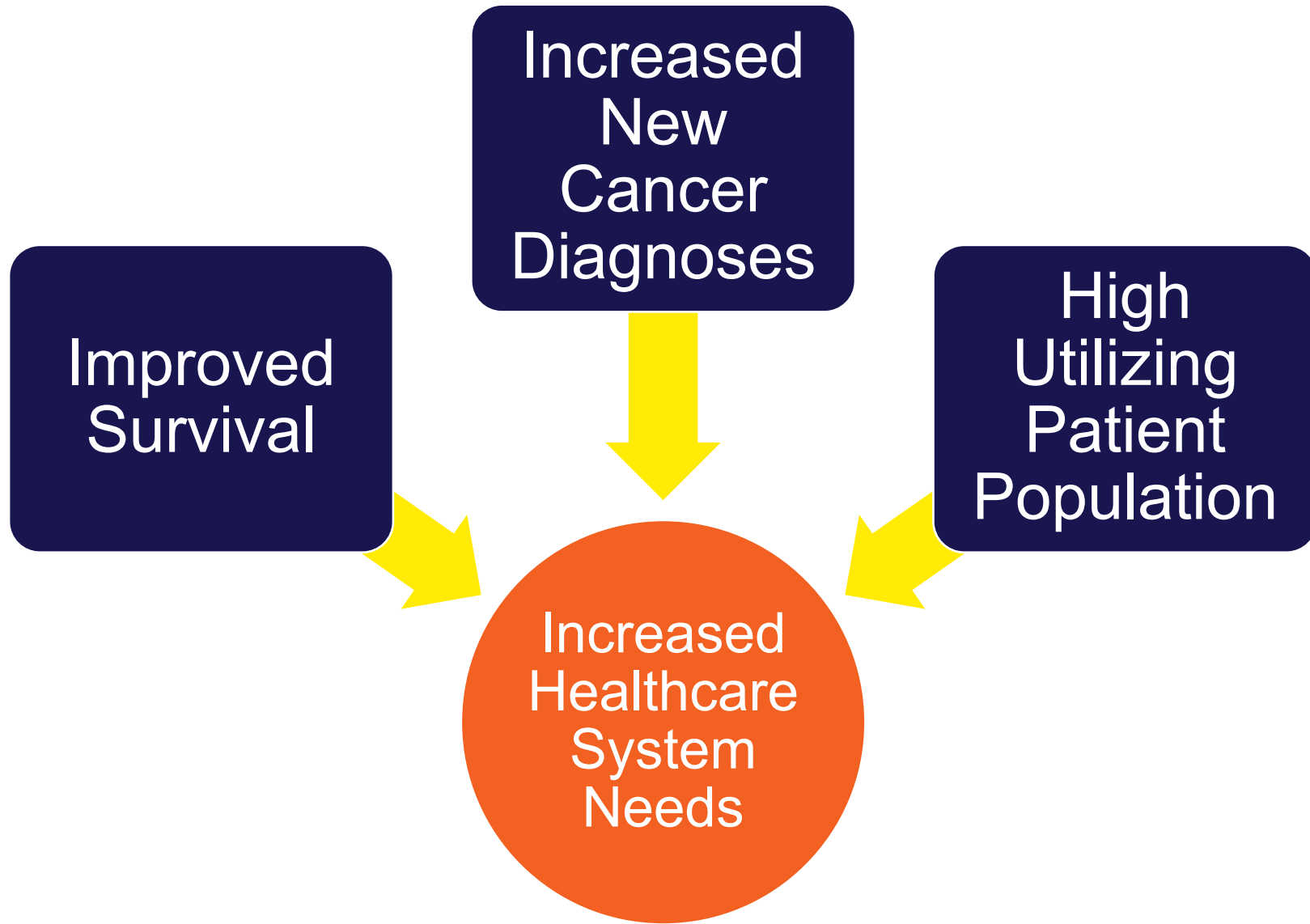
Daly, B. Et al. Misery loves company: Presenting symptom clusters to urgent care by patients receiving antineoplastic therapy. *JOP*, 2018.

Kolodziej, M. et al. Benchmarks for value in cancer care: An analysis of a large commercial population. *JOP* 7:301-306, 2011.

Brooks, GA, et al. Acute hospital care is the chief driver of regional spending variation in Medicare patients with advanced cancer. *Health Aff (millwood)* 33: 1793-1800, 2014

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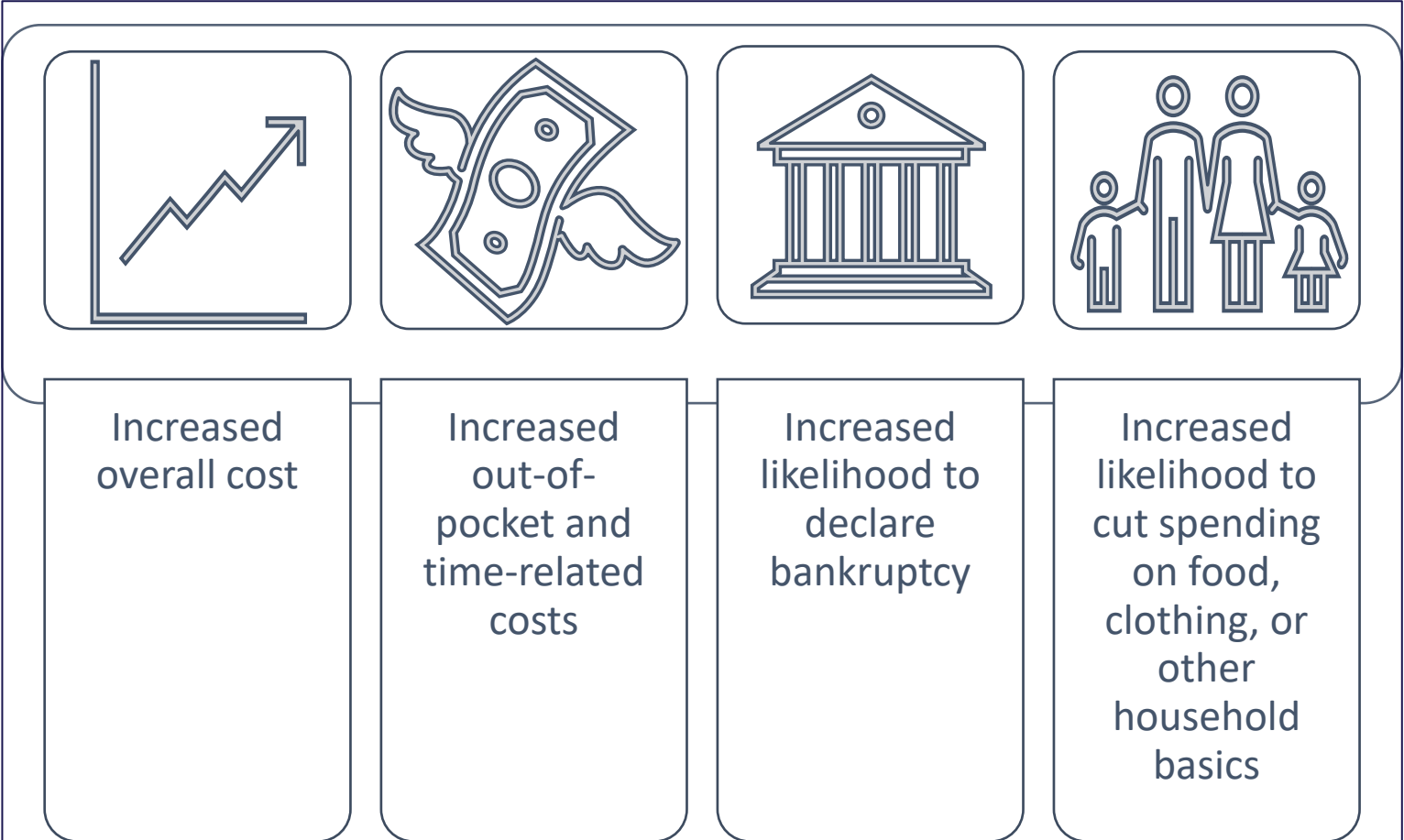
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Financial Impact



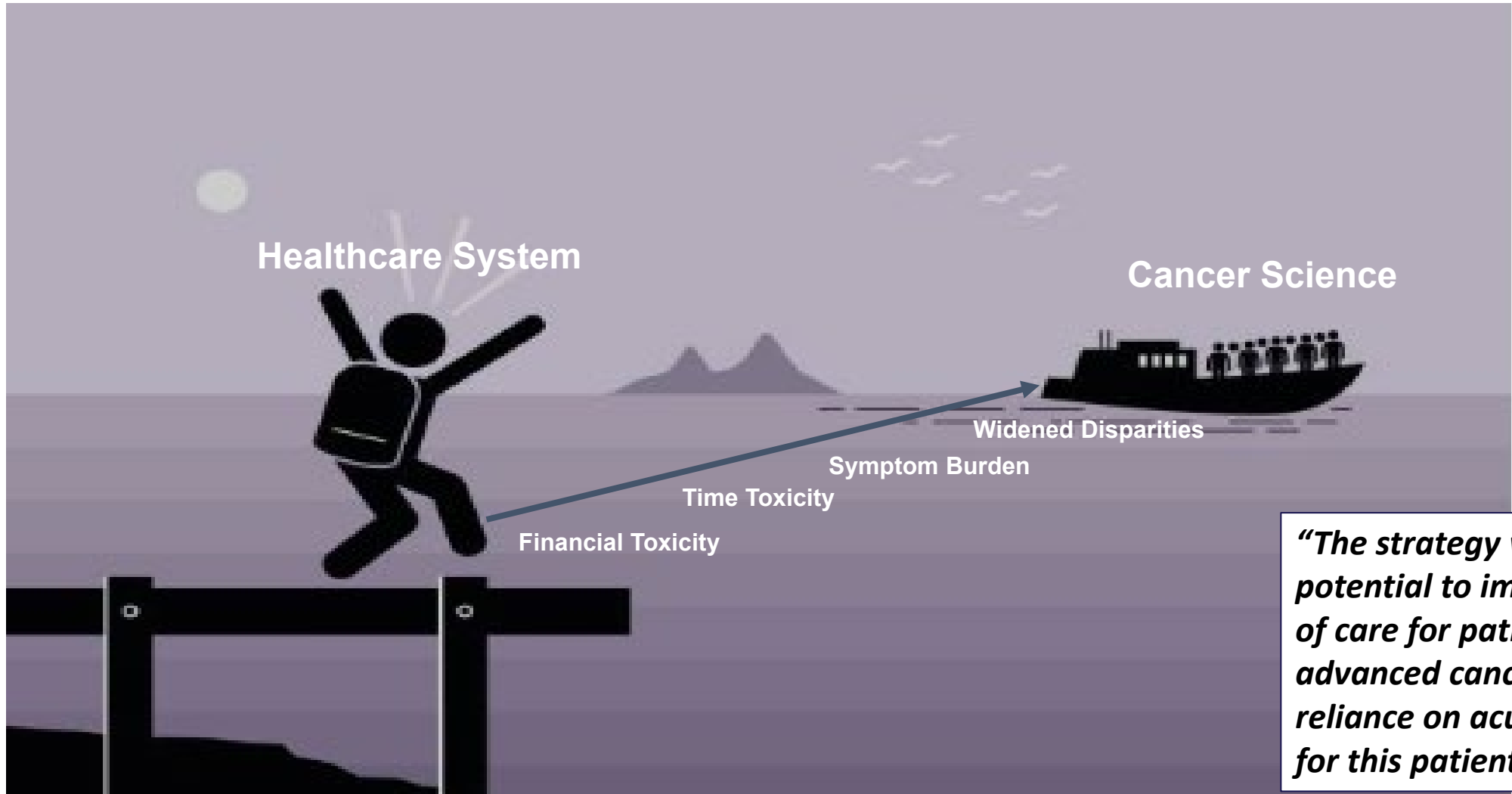
Reidy-Iagunes D, Fumiko-Chino M, Aviki, E. The Cost of Cancer: Advice on Insurance, Planning, and Paying for Treatment. *Cancer Straight Talk from MSK Podcast*, Air date May 24, 2022.

Jennifer L. Moss, Casey N. Pinto, Shobha Srinivasan, Kathleen A. Cronin, Robert T. Croyle. **Persistent Poverty and Cancer Mortality Rates: An Analysis of County-Level Poverty Designations.** *Cancer Epidemiology Biomarkers & Prevention*, 2020; 29 (10): 1949 DOI: 10.1158/1055-9965.EPI-20-0007

Yabroff KR, Mariotto AM, Tangka F, et al. Annual Report to the Nation on the Status of Cancer, Part II: Patient Economic Burden Associated With Cancer Care. *JNCI* Oct 26, 2021. DOI: 10.1093/jnci/djab192.

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“The strategy with the greatest potential to improve the value of care for patients with advanced cancer is to reduce reliance on acute hospital care for this patient population.”

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University of Colorado CARE Clinic

- Multi-disciplinary clinic dedicated to improving the quality, value and experience of cancer care through proactive, patient-centered approaches to advanced symptom management and urgent care tailored to the unique needs of oncology patients.

Capabilities:

- IV intervention including pain/nausea medications, IV fluids, IV Electrolyte repletion, blood products
- Full laboratory evaluation, blood/respiratory/urine cultures, UA, stool samples
- Xray, Ultrasound, CT, MRI
- **Procedures** including paracentesis and thoracentesis

CARE Clinic

Clinical Assessment and Rapid Evaluation Clinic

We are here to provide you with a same day clinic visit to help you manage your cancer related symptoms that may include:

Nausea	Vomiting	Pain
Dehydration	Diarrhea	Constipation
Rash	Fever	Fatigue

The **CARE** Clinic is staffed by oncology advanced practice providers and nurses. We are able to see you on the same day but you must call first to make an appointment.

The **CARE** Clinic is located in the Anschutz Cancer Pavilion, 1665 Aurora Court, Aurora, CO Room ACP 2257

It is on the second floor on the north end of the hallway. Follow the signs.

Hours of Operation

9 AM to 6 PM - Monday through Friday (last appointment is at 4 PM)

8 AM to 5 PM - Saturday (last appointment is at 3 PM)

8 AM to 5 PM - Sunday (last appointment is at 3 PM)

Contact

Please call 720-848-4870 and ask for the CARE clinic. Patients will be seen by appointment only.

If you have a medical emergency, call 911 or go directly to the closest emergency room.

Learn more at uchealth.org

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Clinical Adaptations – 2019-2022

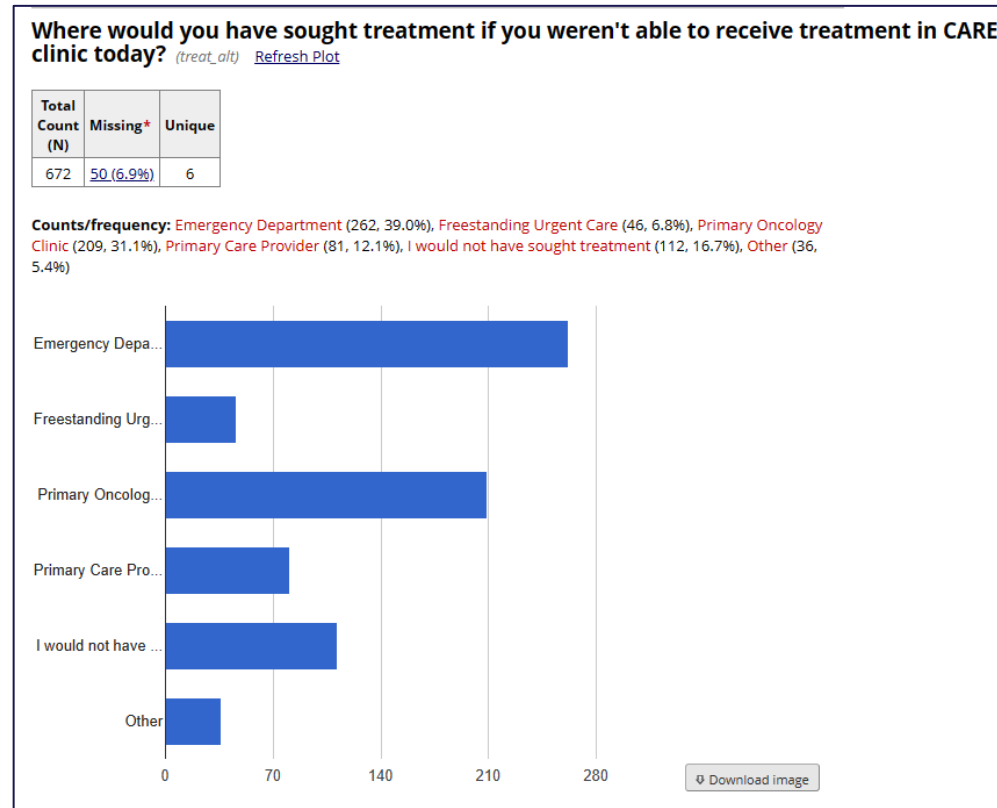
- Collaborative model – Hospital Medicine/Oncology
- Increased to 7d/week coverage
- Added procedural services
- Radiology Partnership
- **Added RN Navigator, Transitions of Care Coordinator**
- Fellow/Resident Rotation/ and Education, APP Lecture Series
- Implemented Collaborative Case Review
- Dashboard Creation: Preventable ED visits, Inpt. Med Onc. Dashboard, CARE Dashboard
- QI Projects including: Steroid Rx and PJP Ppx, Early Pall Care for Advanced GI Malignancies, Glucose Mgmt. Pathway Creation
- Participation in value-based care pilots/programs with payers and organizations

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Outcomes

- 39% of pts. report they would utilize ED if CARE was not available
- 50% decrease in 30-day preventable ED visits since Jan 2019
- Costs analysis: CARE visits range from 33-50% of cost of ED visit for same services rendered based on claims-based data***



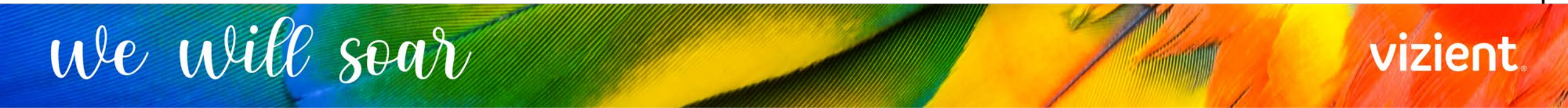
Chemo ED Visits and Admissions

Preventable Visit Detail: *Data Similar to OP-35*

All Available

7/1/2022 - 12/31/2022

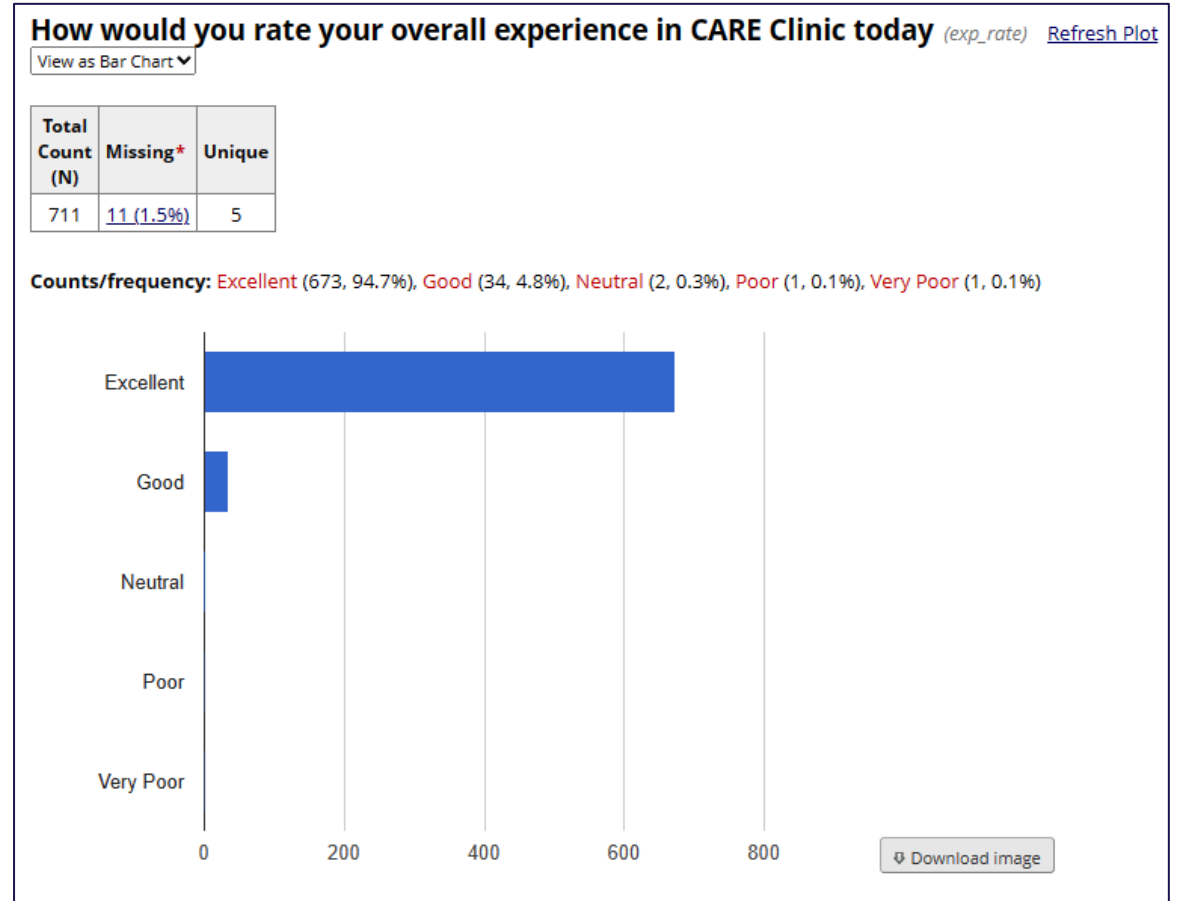
Geography Facility Department	Patients with Preventable Visit	Unique Patients	% Patients with Preventable Visit	% Patients with Preventable ED Visit	% Patients with Preventable Admission
⊞ Metro Denver	360	2,265	15.9%	5.7%	10.2%
⊞ Northern Colorado	226	1,200	18.8%	9.3%	9.5%
⊞ Southern Colorado	204	795	25.7%	12.6%	13.1%
Total	787	4,224	18.6%	8.0%	10.6%



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Patient Feedback

- *“I am very grateful this clinic is available to me. Reinforced that I am not going through this alone.”*
- *“CARE Clinic is such blessing to us!!!! The thought of trying figure out where to go for issues that occur with cancer is a little scary. Please keep this concept going, great customer service.”*
- *“I can't say enough how thankful I am that this department was available to me when I desperately needed care. This process and the effects of chemo can be very frightening. This is exactly what I needed. The staff is great. Thank you again. DO MORE OF THIS!”*



“Unbelievably outstanding care. I could never have imagined this level of compassion, efficiency, responsiveness and competence existed on this planet. I am so very grateful.”

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Improving Care Delivery: Urgent Palliative Care

Solution: Embedded palliative care physician in CARE clinic
1/2 day/week to see pts at high-risk for acute care utilization

Anschutz Medical Center

Urgent Palliative Care Pathway

What: A new clinical pathway to address urgent palliative care needs

Who: Any patient who is NOT already seen by palliative care with EITHER:


- 1) Uncontrolled symptoms that may require hospitalization
- 2) A prognosis of weeks without an end-of-life care plan
- 3) Has been seen in CARE clinic more than 3 times in 1 month.

How: To schedule a patient

- 577-AMC CARE CLINICAL URGENT PALLIATIVE CARE via *epic secure group chat*
- Include: Name, MRN, Reason for consult

When: Evaluation within 7 days (or sooner)

Where: Visit spaces each Tuesday in CARE clinic.

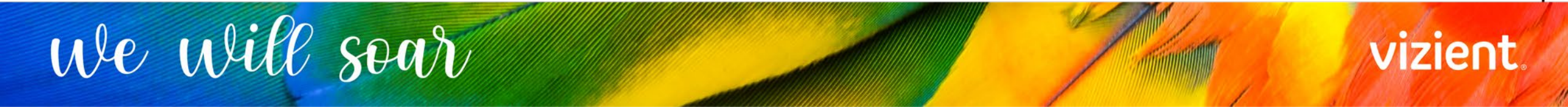


In Epic Chat:

- Select 'Groups'
- Type 'amc palliative' in the 'To:' field
- Attached your patient
- Select AMC CARE Clinical Urgent Palliative Care to begin the secure chat.

AMC Cancer Center
Palliative Care and CARE Clinic
1665 Aurora Ct.
Aurora, Colorado, 80045
uchealth.org

uchealth



Lessons Learned

- Oncology-specific urgent care is a useful method to reduce unplanned acute care, lower costs, and improve patient experience.
- Ensuring the appropriate resources, financial models, and shared metrics of success is imperative for successful adaptation.

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Future Directions, Key Take Aways

- Cancer science has outpaced the healthcare system, resulting in increased symptom burden, time toxicity, financial toxicity, and widened disparities for patients and families receiving anti-cancer treatment.
- Oncology-specific urgent care is a useful method for reduction of unplanned acute care and improving the value, delivery, and experience of cancer care.
- Continued innovation and system-level adaptation is necessary to meet evolving needs of oncology patients.

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Questions?

Contact:

Kasey Bowden, kasey.bowden@cuanschutz.edu

Heather Corrigan, heather.corrigan@cuanschutz.edu



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Making It Concrete: Using Metrics With a Reason

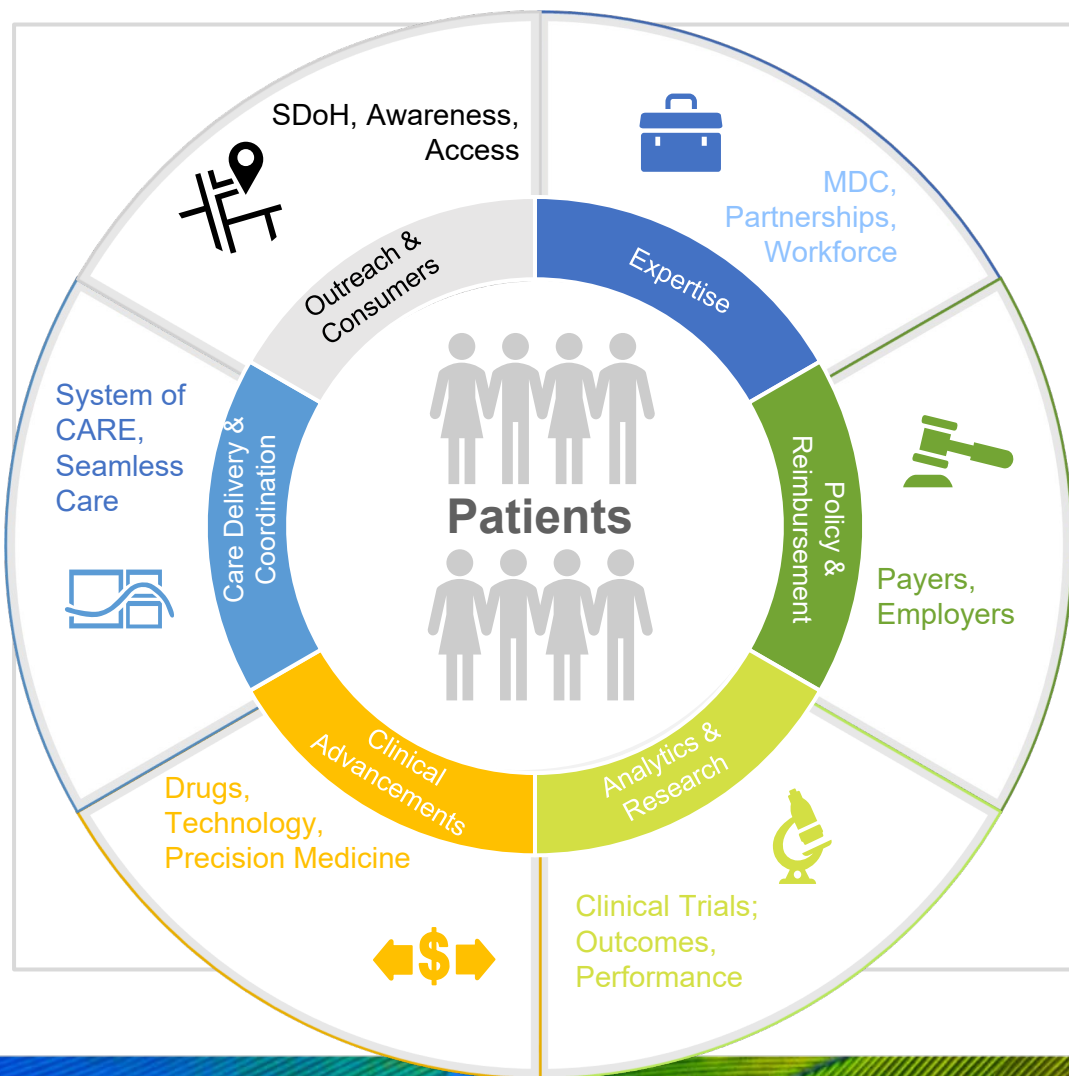
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Comprehensive Care Delivery Requires Understanding Patient Centered Care



Specific considerations top of mind:

- Multiple key entry points – seamless + coordination of care
- Evolving consumer expectations – expertise + subspecialty
- Increased prioritization on value – quality + experience + cost
- Therapeutic advancements – drugs + technology + AI
- Intensifying competitive landscape – scalability + affiliation
- Growing population health demand – outreach + disparities
- Mounting data requirements – longitudinal + benchmarks

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Adapting to Evolving Needs of Breast Care Patients is Critical to Remaining Competitive and Compliant

Updated ACS and NAPBC Breast Care Standards Shift Focus from Physicians to Patients

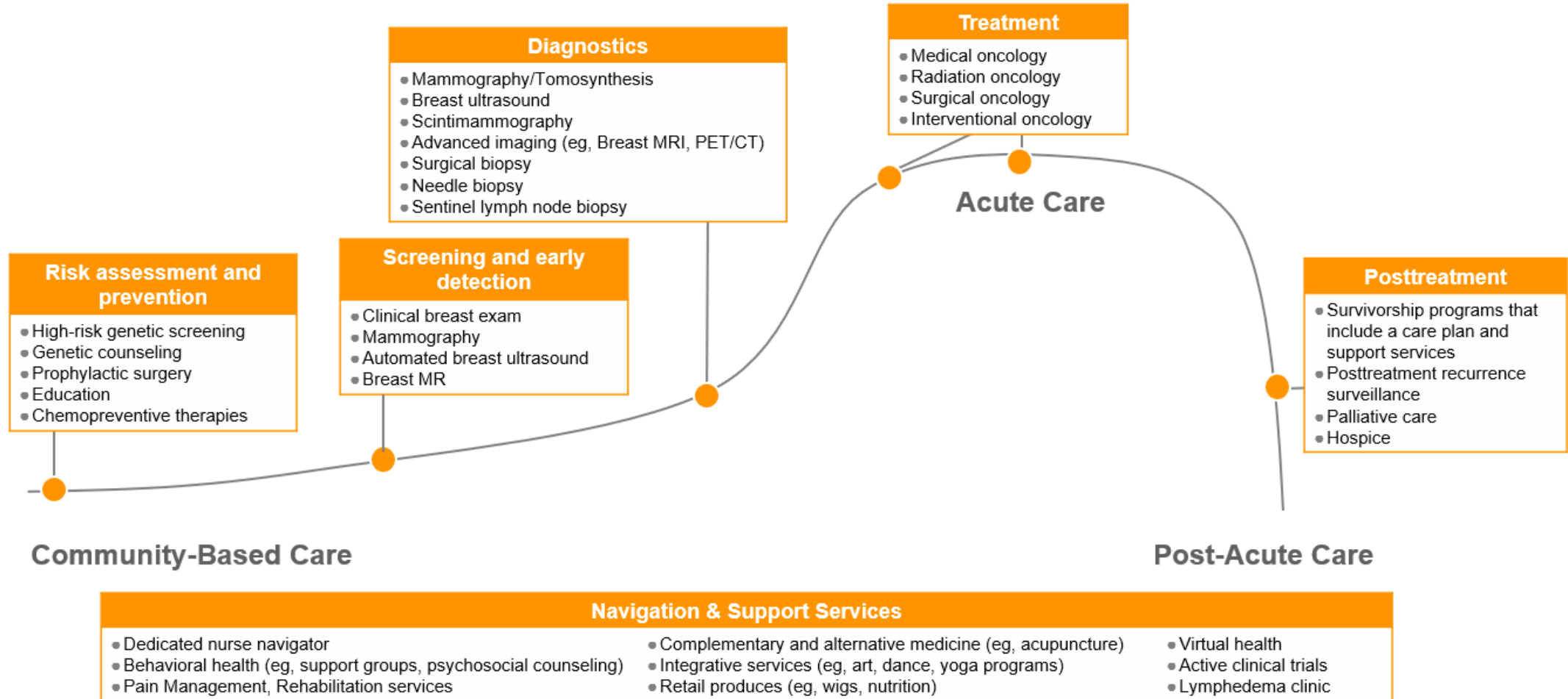
- **Involve patients in the decision-making process** and ensure they have the educational materials to make the best decisions for their care
- Focus on preparing patients for surgery and treatment in a comprehensive manner
- Identify potential barriers that may prevent optimal patient care and try to **preemptively address complications** that may arise after surgery or treatment, such as mobility concerns or lymphedema
- Develop and implement a protocol to **address patient navigation** throughout the patient journey

Source: [NAPBC Optimal Resources for Breast Care \(2024 Standards\)](#).

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Comprehensive Services Along the Breast Care Path



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Quality and Operations Data and Metrics Drive Breast Cancer Strategy

Sociodemographic Data

Vizient Vulnerability Index

Women with Education Domain vulnerabilities more likely to have secondary cancer diagnosis



Parkland Health: Community Breast Health Program

Timeliness of Care

Vizient Clinical Data Base

Biopsy to surgery time intervals (>30 days) varied **35%** to nearly **70%** across systems



RWJ Barnabas: Same Day Breast Results Program

Urgent and Emergent Care

Sg2 Forecast & Vizient Clinical Data Base

+5% growth by 2028;
50% of ED patients ultimately admitted



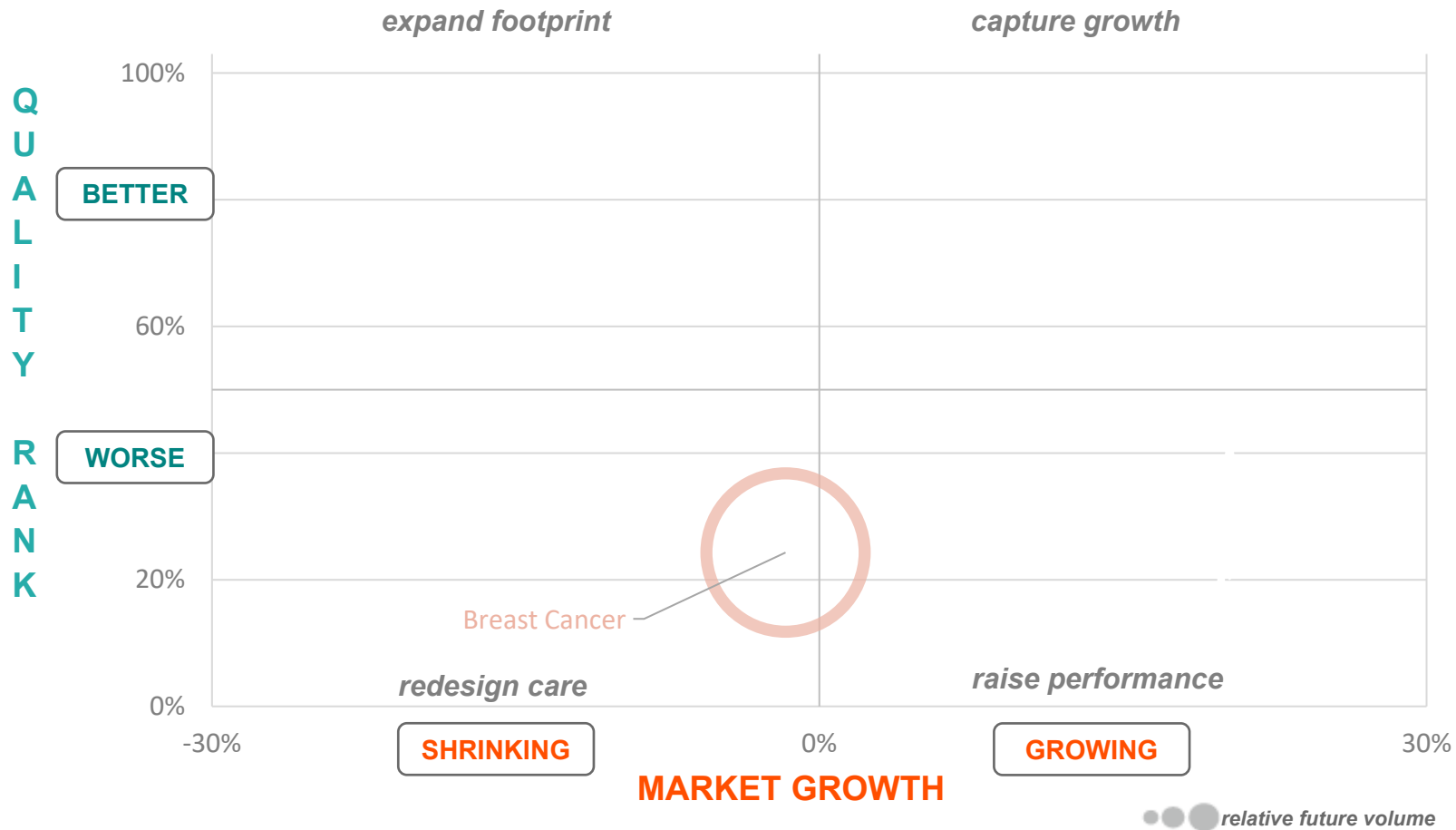
Advocate: Emergent Care Management Program

Source: Analysis of Vizient Clinical Data Base, Q4 2016–2019, Q1 2023; Vizient Research Institute. Vizient® Clinical Data Base used with permission of Vizient, Inc. All rights reserved; Impact of Change®, 2023; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2019. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2021; The following 2021 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2023; Sg2 Analysis, 2023.

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Utilizing Metrics for Aligning Quality with Growth



Key Takeaway
 Leverage data to balance and identify specific disease growth and quality

Vizient Clinical Data Base, 2022 Annual Quality and Accountability Calculator leveraging AMC Cohort; Parameters weighted equally across Cost, Length of Stay, Mortality and Readmissions. Impact of Change®; Claritas Pop-Facts® Sg2 Market Demand Forecast Version: 2021; 2022-2027 AMC Case Study Example.

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Lessons Learned

- 1 Multiple** considerations are required to deliver comprehensive cancer care.
- 2 Leverage** Systems of CARE framework to evaluate and pursue seamless coordinated care.
- 3 Adapt** program service offerings to meet evolving patient needs and expectations.
- 4 Utilize** multiple metrics for identifying key areas for growth, assess program performance and improve quality of care.

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Key Takeaways

Core principle for Systems of CARE effectiveness is strategy and metrics are interdependent that should not be deployed in isolation.

Sustainability of high-quality value-based care models, requires leaders to tailor specific actions based on market and organizational factors.

Performance and cultural accountability drives administrative and clinical service line success.

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Questions?



Contact:

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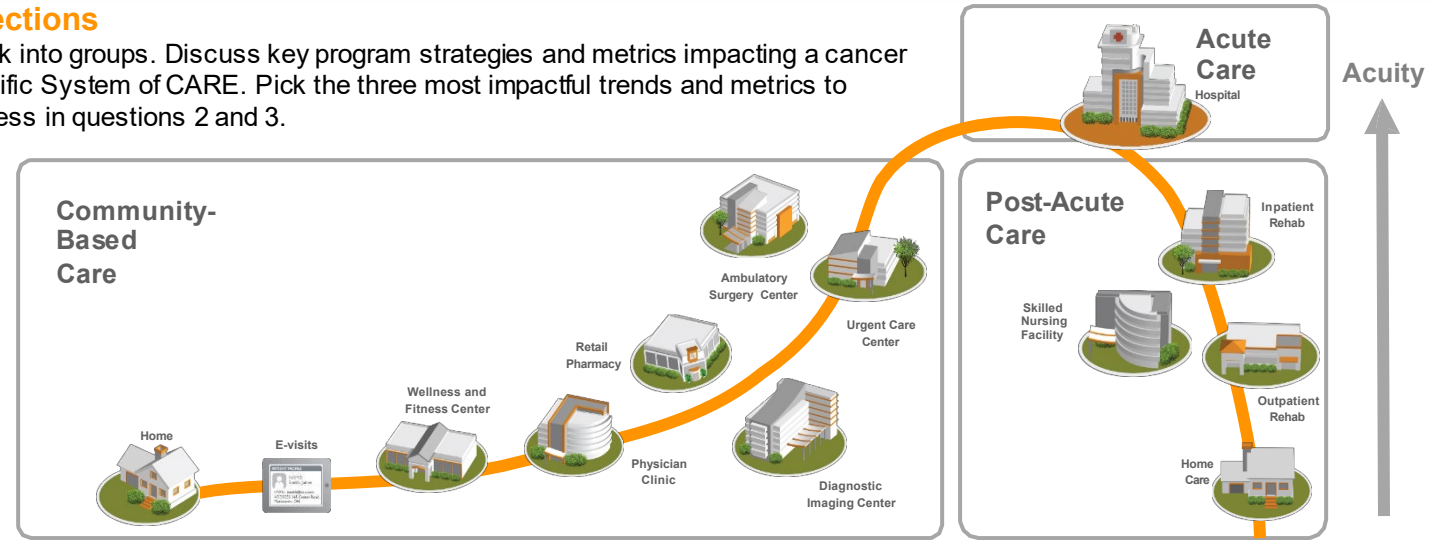
SMALL GROUP DISCUSSION

Provider Considerations

- Smart Growth
- Health Equity Focus
- New Care Models
- Site-of-Care Shifts
- Digital Health Adoption
- Payer Policy
- Workforce Limits
- Nontraditional Providers
- Rising Acuity
- Limited Capital
- Tight Margins

Directions

Break into groups. Discuss key program strategies and metrics impacting a cancer specific System of CARE. Pick the three most impactful trends and metrics to address in questions 2 and 3.



In response to the trends and metrics presented:

1. What trends are impacting the System of CARE pathway for cancer programs?

2. What trends do you feel need to be prioritized across the System of CARE?

3. What metrics (ie. performance, clinical, growth, operations) need to be utilized?

Key question 1

What trends are impacting the System of CARE pathway for cancer programs?

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Key question 2

What trends do you feel need to be prioritized across the System of CARE?

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Key question 3

What metrics (i.e. performance, clinical, growth, operations) need to be utilized?

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Key question 4

From this discussion, what will you start to do differently?

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Cancer Service Line Executives Peer-to-Peer Meeting Wrap-Up

Janet Schuerman, AVP, Performance Improvement, Vizient

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Key Takeaways

- Oncology-specific urgent care is a useful method for reduction of unplanned acute care and improving the value, delivery, and experience of cancer care
- Continued innovation and system-level adaptation is necessary to meet evolving needs of oncology patients.
- Strategy and metrics are interdependent and should not be deployed in isolation.
- High quality value-based care models require tailoring to specific actions based on market and organizational factors.
- Performance and cultural accountability drives administrative and clinical service line success.

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Questions?

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Contact:

Janet Schuerman, janet.schuerman@vizientinc.com

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