Transitioning Specialty-Based Care in an Outpatient Setting: Lessons from Oncology

Gabrielle Rocque, MD, MSPH

6/7/18

Disclosures

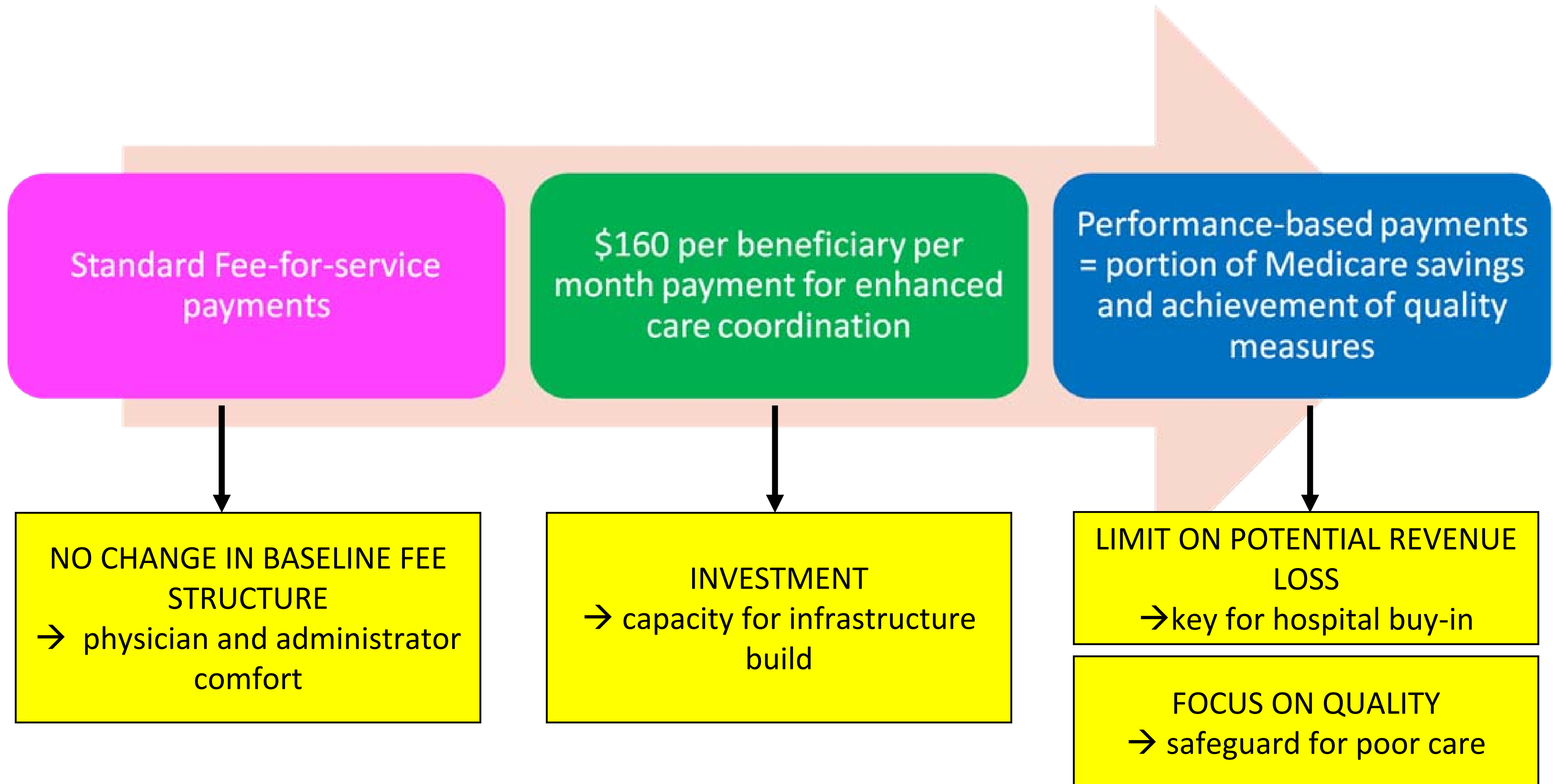
- Research Funding: Genentech, Pfizer, Carevive, Pack Health
- Consulting: Genentech, Pfizer

Portion of this work was made possible by Grant Number 1C1CMS331023 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services. The research presented was conducted by the awardee. The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies.

Health System Perspective:
Reasons to participate in alternative payment models from a specialty perspective

1. Opportunity to use new resources to transform our healthcare delivery system
2. Gain experience with value-based care
3. High expense population, room for improvement
4. Limited risk because not entire population
5. Provide leadership in helping define payment models
6. **Better care for patients**

Oncology Care Model (OCM) Overview

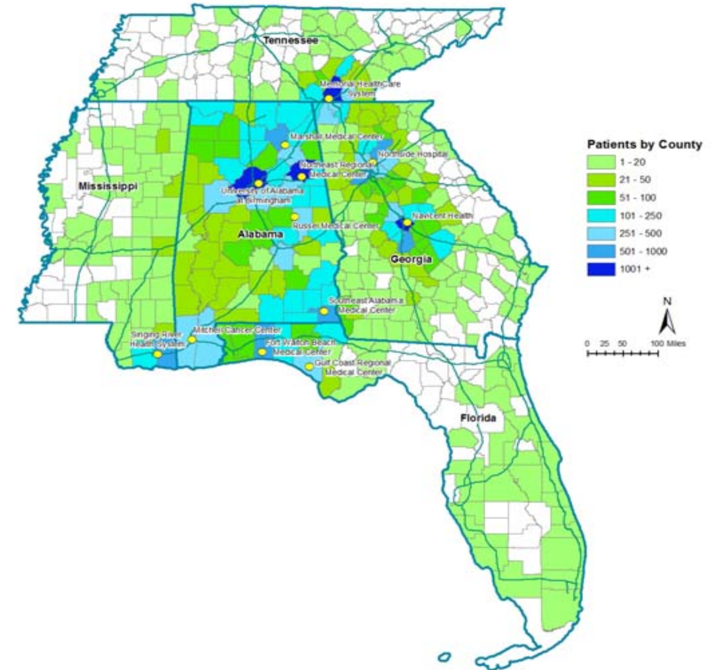


Where are the opportunities?

Evaluating Costs Within the Episodes

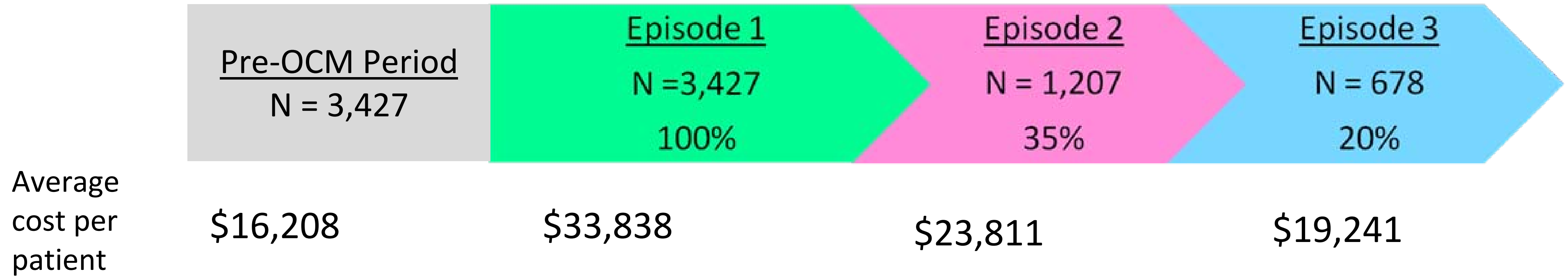
- Retrospective analysis of Medicare claims data from 2012-2014
- Data from Southeastern United States
- Evaluated costs within 6-month episodes triggered by initiation of chemotherapy
  - Total costs per episode
  - Type of cost

University of Alabama Cancer Community Network



Rocque GB, Williams CP, Kenzik KM, Jackson BE, Halilova KI, Sullivan MM, Rocconi RP, Azuero A, Kvale EA, Huh WK, Partridge EE, Pisu M. Where are the opportunities for reducing healthcare spending within alternative payment models? Journal of Oncology Practice. 2017 Oct 5

Progression Between Episodes

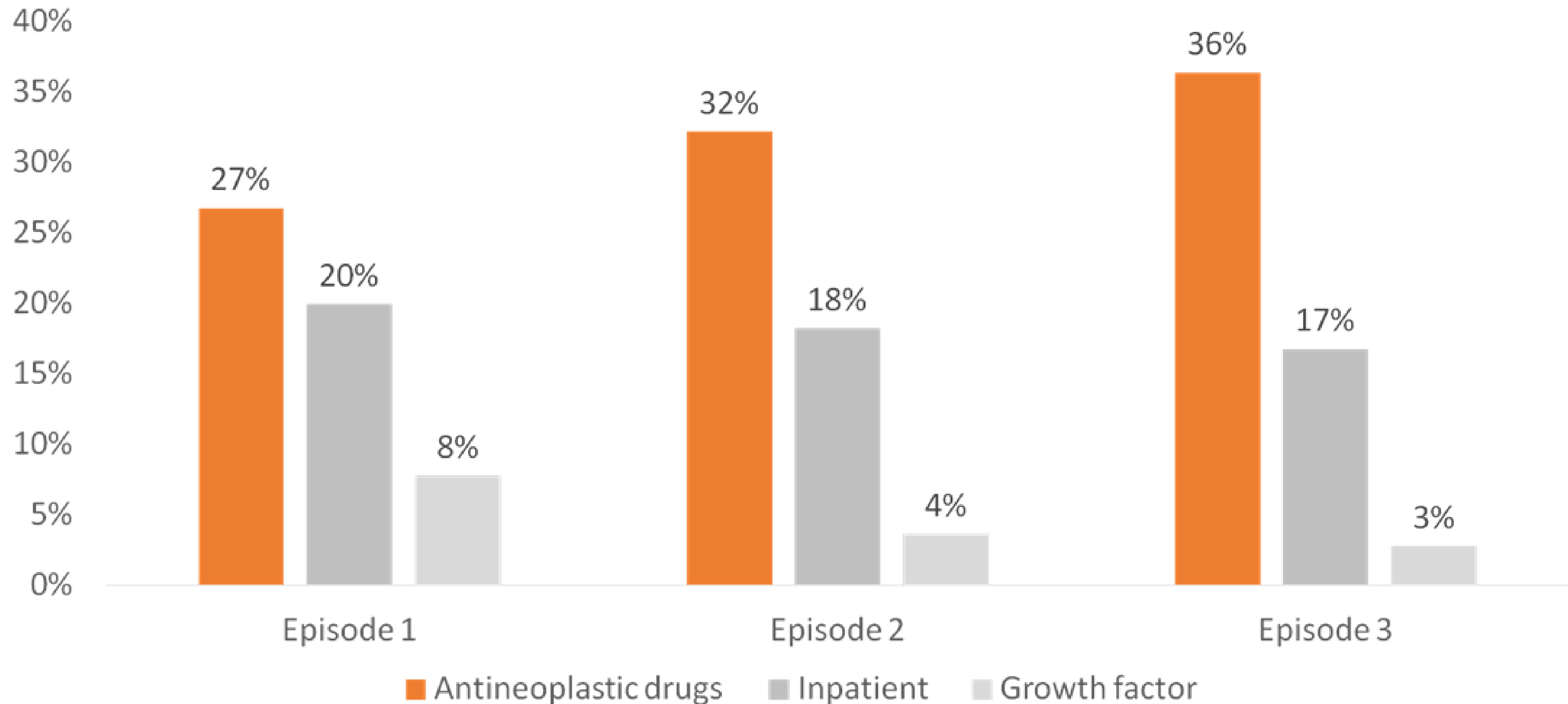


Model Considerations:

- Anti-cancer therapy triggered episodes exclude pre-OCM period claims
- Modest number of patients with multiple episodes
- Early intervention necessary to maximize benefit

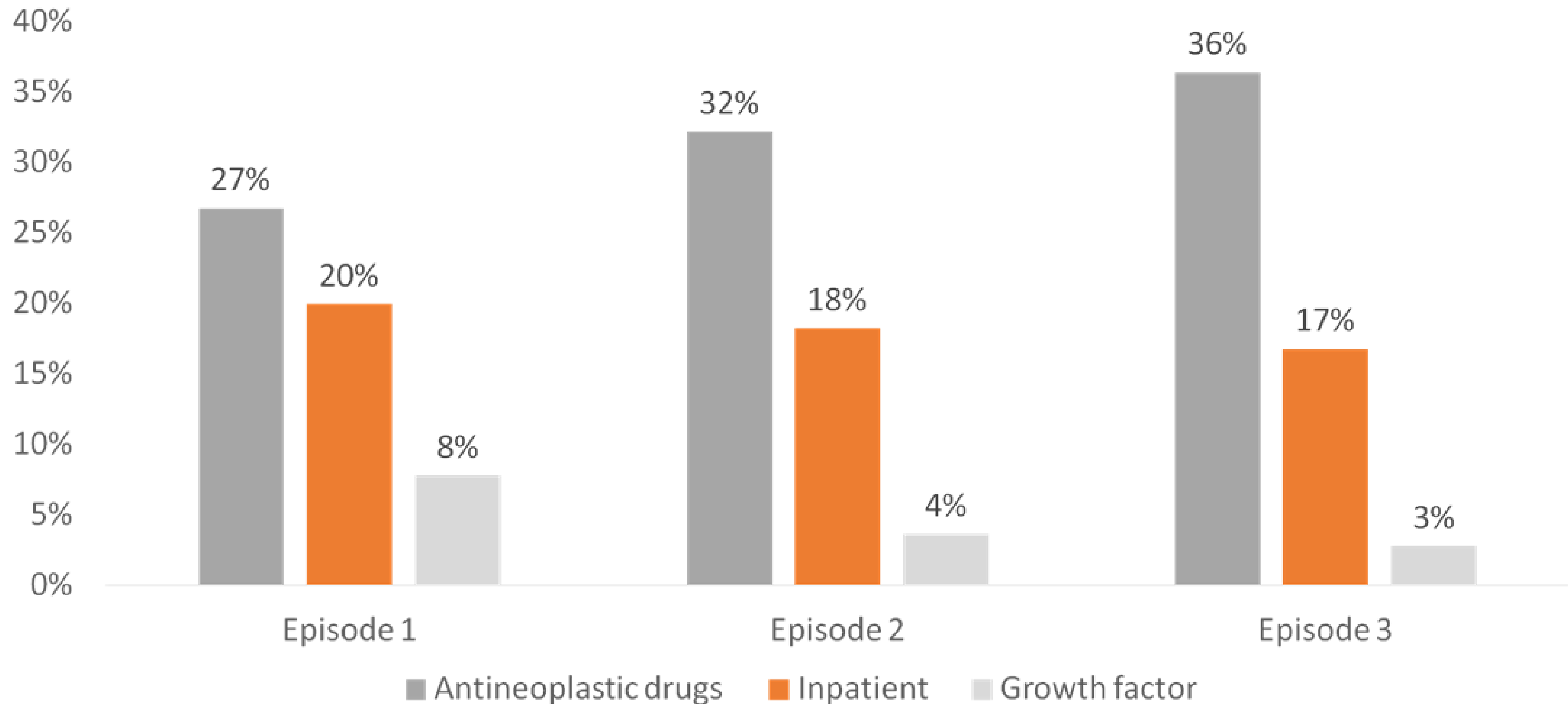
Rocque GB, Williams CP, Kenzik KM, Jackson BE, Halilova KI, Sullivan MM, Rocconi RP, Azuero A, Kvale EA, Huh WK, Partridge EE, Pisu M. Where are the opportunities for reducing healthcare spending within alternative payment models? Journal of Oncology Practice. 2017 Oct 5

Cost Breakdown by Episode



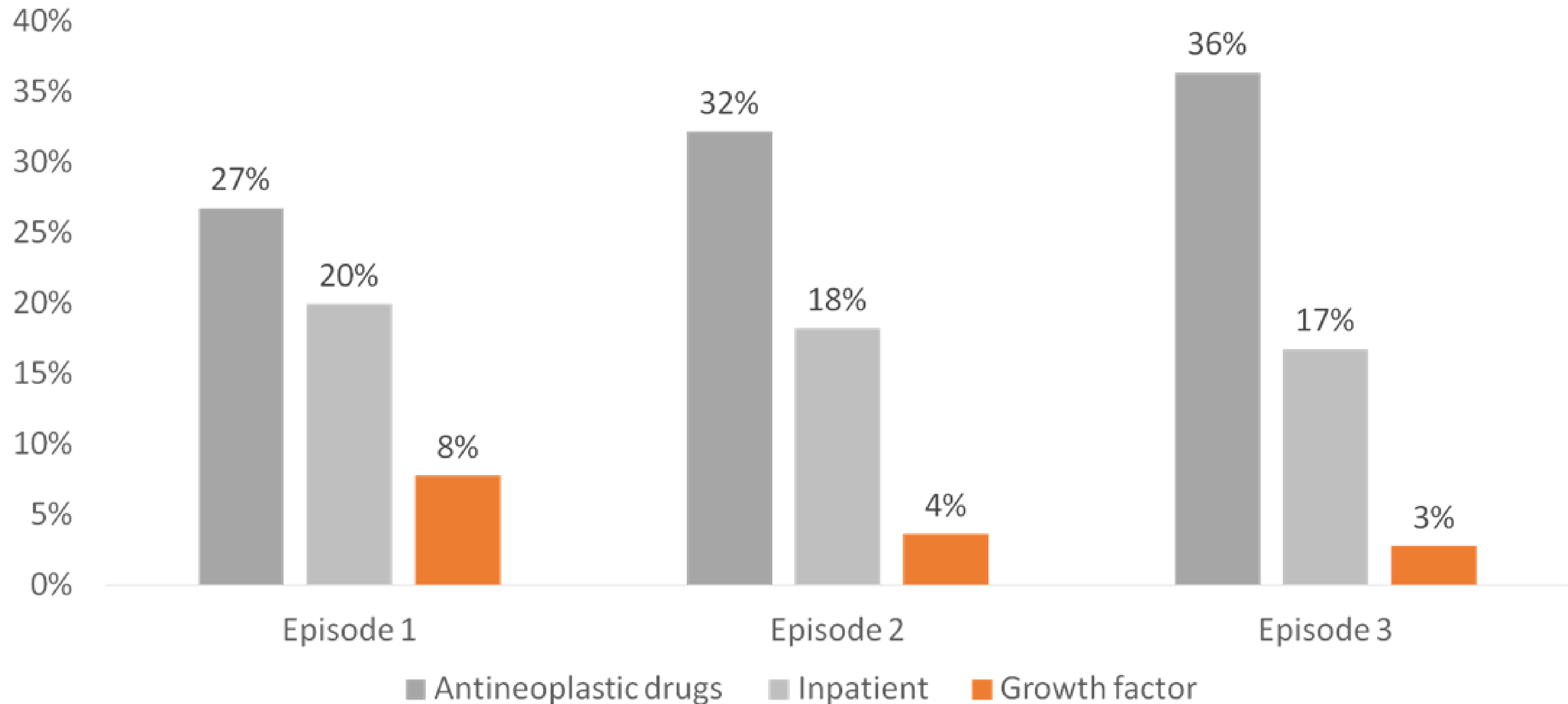
Rocque GB, Williams CP, Kenzik KM, Jackson BE, Halilova KI, Sullivan MM, Rocconi RP, Azuero A, Kvale EA, Huh WK, Partridge EE, Pisu M. Where are the opportunities for reducing healthcare spending within alternative payment models? Journal of Oncology Practice. 2017 Oct 5

Cost Breakdown by Episode



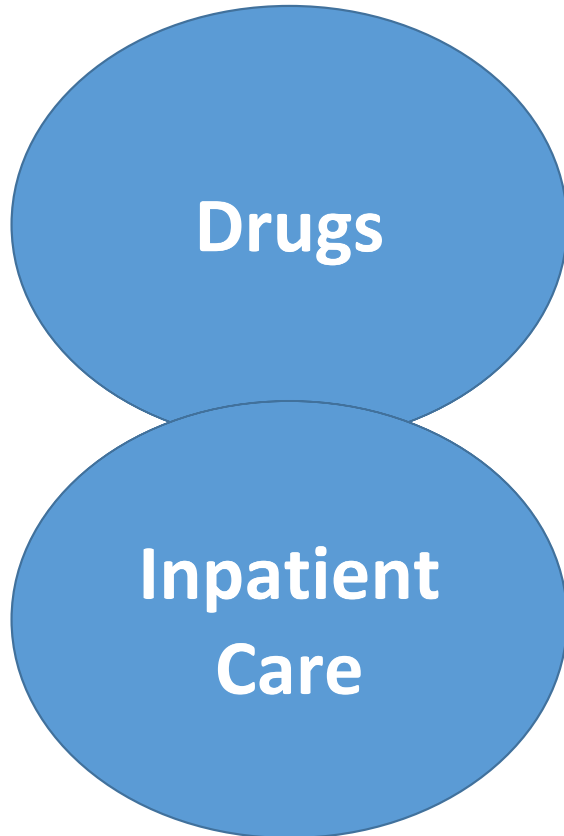
Rocque GB, Williams CP, Kenzik KM, Jackson BE, Halilova KI, Sullivan MM, Rocconi RP, Azuero A, Kvale EA, Huh WK, Partridge EE, Pisu M. Where are the opportunities for reducing healthcare spending within alternative payment models? Journal of Oncology Practice. 2017 Oct 5

Cost Breakdown by Episode



Rocque GB, Williams CP, Kenzik KM, Jackson BE, Halilova KI, Sullivan MM, Rocconi RP, Azuero A, Kvale EA, Huh WK, Partridge EE, Pisu M. Where are the opportunities for reducing healthcare spending within alternative payment models? Journal of Oncology Practice. 2017 Oct 5

Potential Options to Target



Standardize low cost, equally efficacious options

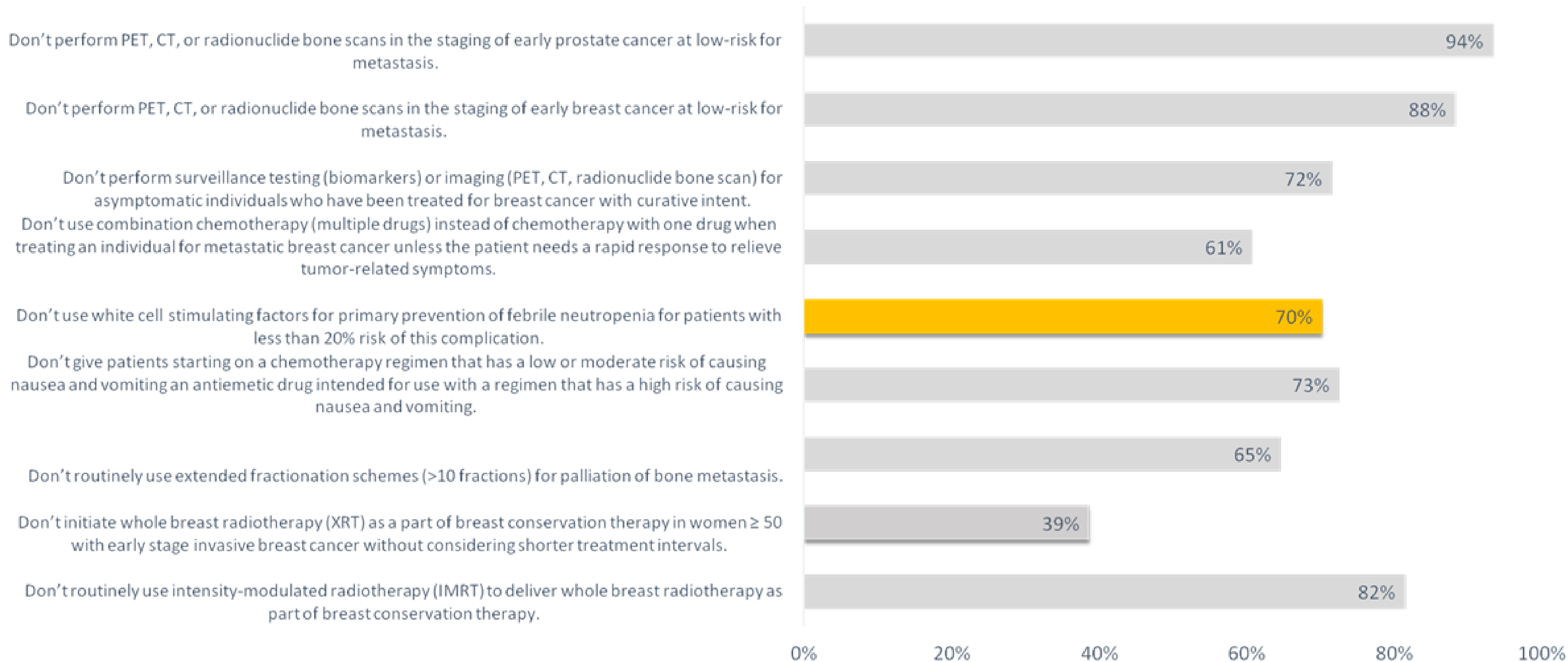
- Pathway Programs
- Formulary Review
- Generics medications and biosimilar medications

Coordination of care

- Navigation services
- Patient-reported outcomes
- Expanded access to services

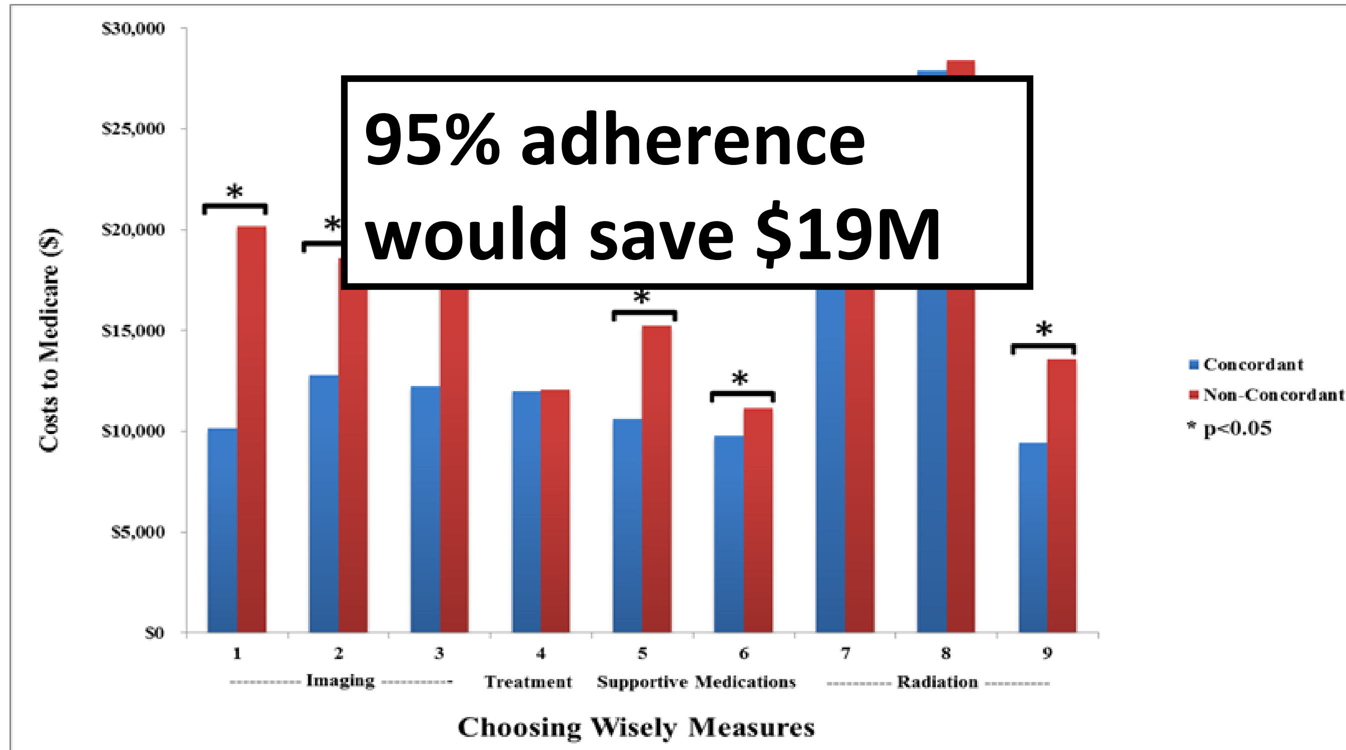
Can guidelines help us?

Choosing Wisely Guidelines



Rocque GB, Williams CP, Jackson BE, Wallace AS, Halilova KI, Kenzik KM, Partridge EE, Pisu M. Choosing Wisely in Oncology: Opportunities for Improving Value in Cancer Care Delivery? Journal of Oncology Practice. 2017 Jan;13(1):e11-e21.

Costs Associated with Not Choosing Wisely within UAB Cancer Community Network

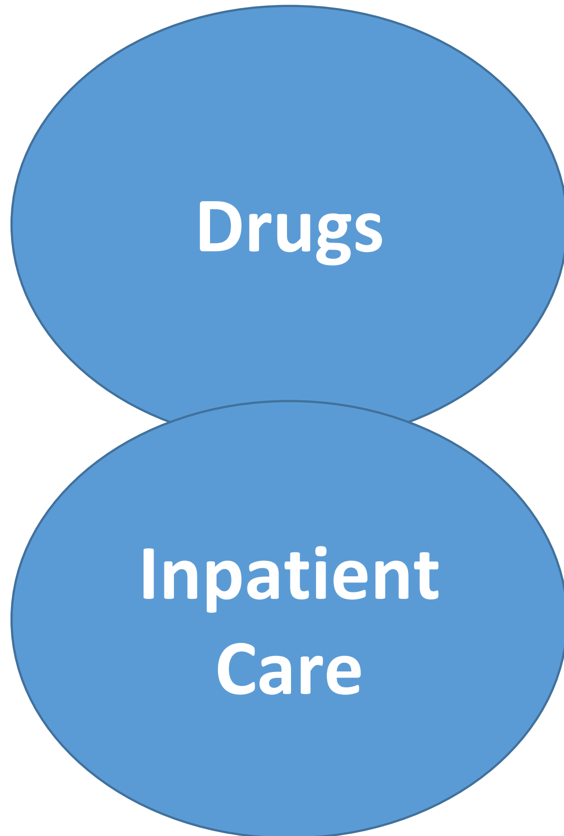


Rocque GB, Williams CP, Jackson BE, Wallace AS, Halilova KI, Kenzik KM, Partridge EE, Pisu M. Choosing Wisely in Oncology: Opportunities for Improving Value in Cancer Care Delivery? Journal of Oncology Practice. 2017 Jan;13(1):e11-e21. PMID 27845867

Targeting Drug Use (Growth Factor)

1. Review electronic order-entry templates for growth factor
    - Choice architecture → default of ”no”
    - Pharmacy leadership within effort
2. Breakdown by providers
3. Analyze of growth factor use and sepsis rates
4. Evaluate longitudinally

Potential Options to Target



Standardize low cost, equally efficacious options

- Pathway Programs
- Formulary Review
- Generics medications and biosimilar medications

Coordination of care

- Navigation services
- Patient-reported outcomes
- Expanded access to services

Lay Navigation: Improving Care Coordination

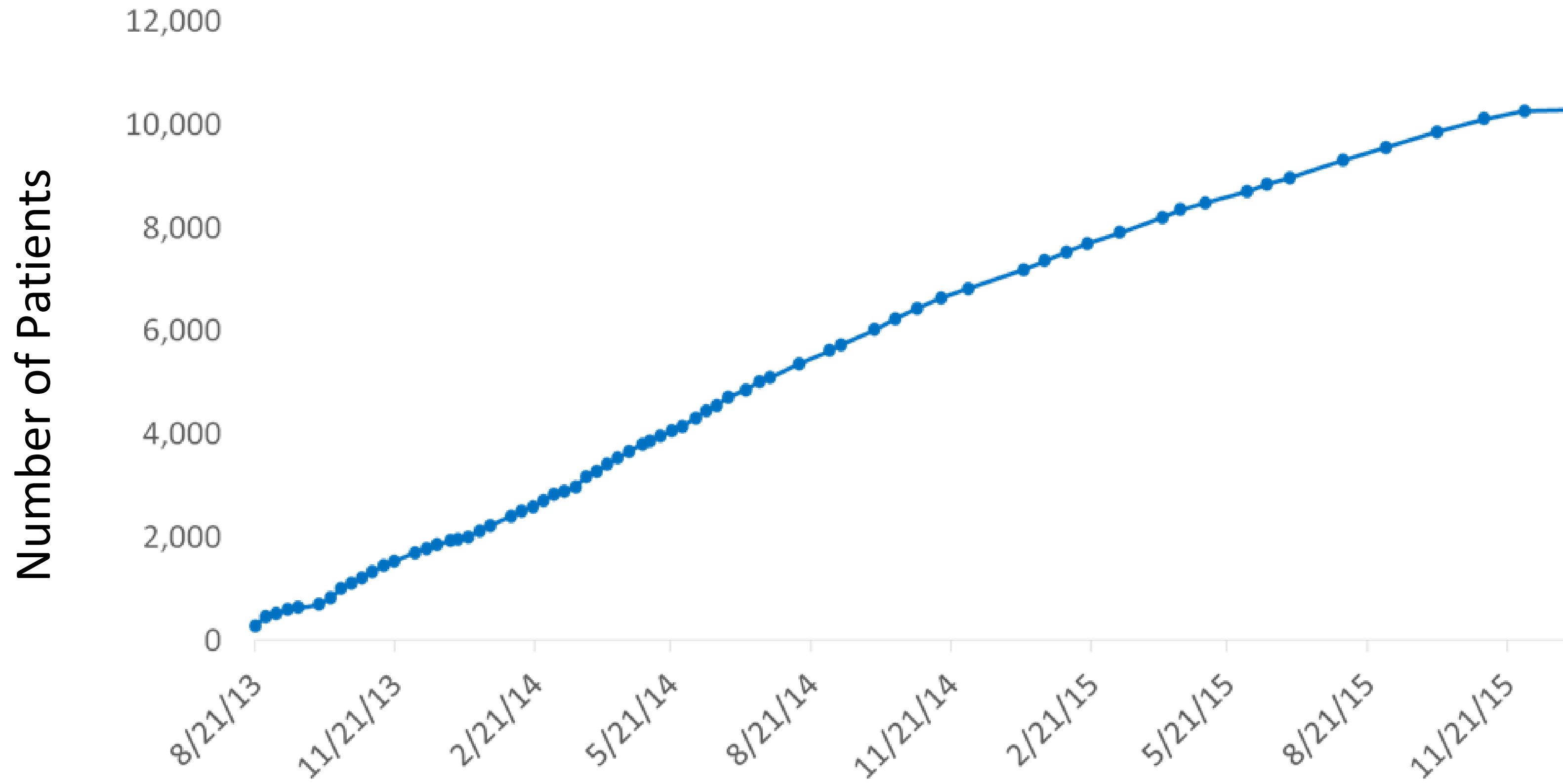
Patient Care Connect Program:

- ~40 lay (non-clinical) navigators
- Activities anchored by distress screening
- Provides extra layer of support to cancer patients across the continuum of care
- Proactive management of barriers to care

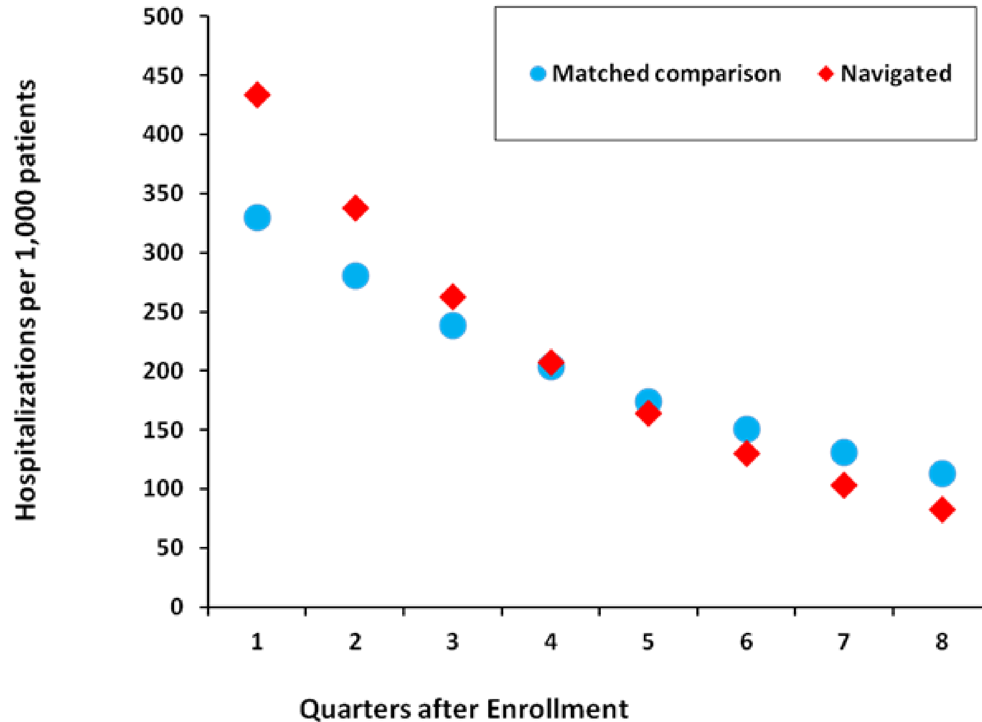
Funded by a Center for Medicare and Medicare Innovation Award (2012)

Rocque GB, et al. The Patient Care Connect Program: Transforming Health Care through Lay Navigation. Journal of Oncology Practice 2016 Jun;12(6):e633-42. PMID: 27165489.

Navigation Enrollment



Hospitalizations by Navigation Status

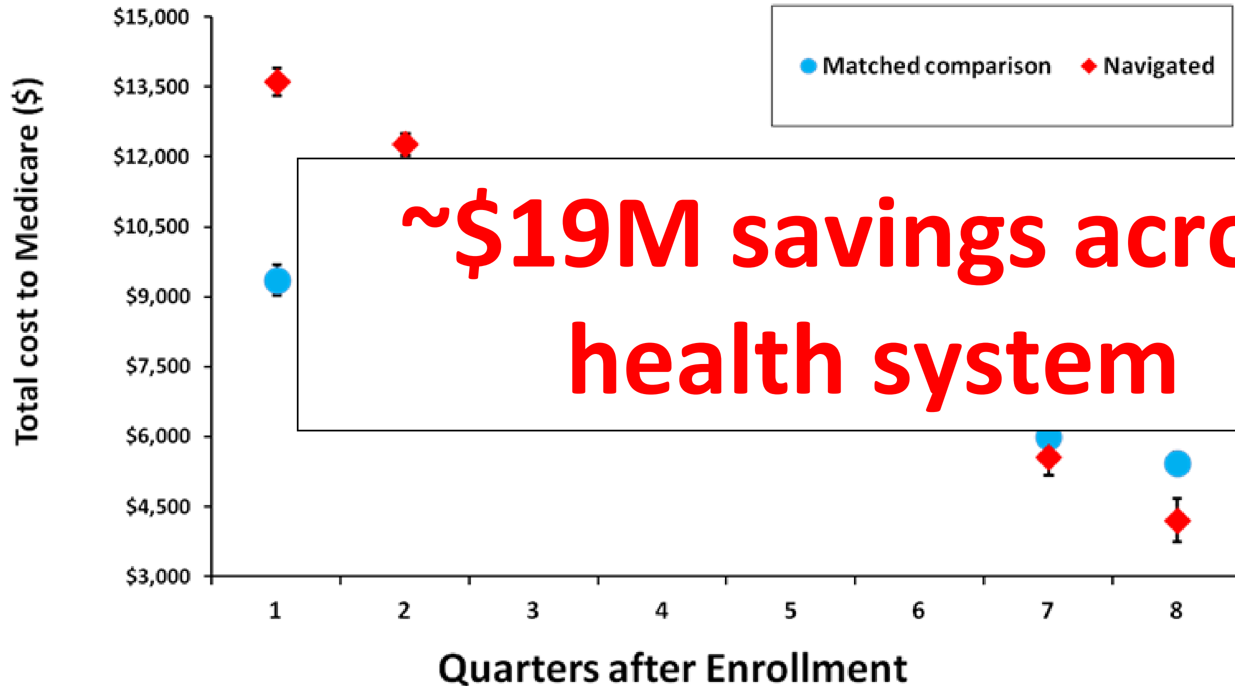


Per quarter reduction
(Navigated compared to matched comparison)

- 6% in ER visits
- 8% in hospitalizations
- 10% in ICU visits

Rocque GB, et al. Lay Navigation for Geriatric Cancer Patients Reduces Resource Utilization and Medicare Costs. JAMA Oncology. 2017 Jan 26. PMID 28125760.

Medicare Costs by Navigation Status



~$19M savings across health system

9 reduction per quarter for
ted patients compared to
avigated patients

Rocque GB, et al. Lay Navigation for Geriatric Cancer Patients Reduces Resource Utilization and Medicare Costs. JAMA Oncology. 2017 Jan 26. PMID 28125760.

9 of 10 patients would recommend the program to a friend or family member

Next Steps in Coordination of Care: Treatment Planning

GOALS

1. Better integrate navigation services
2. Appropriate use of patient-reported outcomes to guide services
3. Improve documentation within medical record
4. Communicate treatment plans to diverse stakeholders

Depression Within Cancer Care

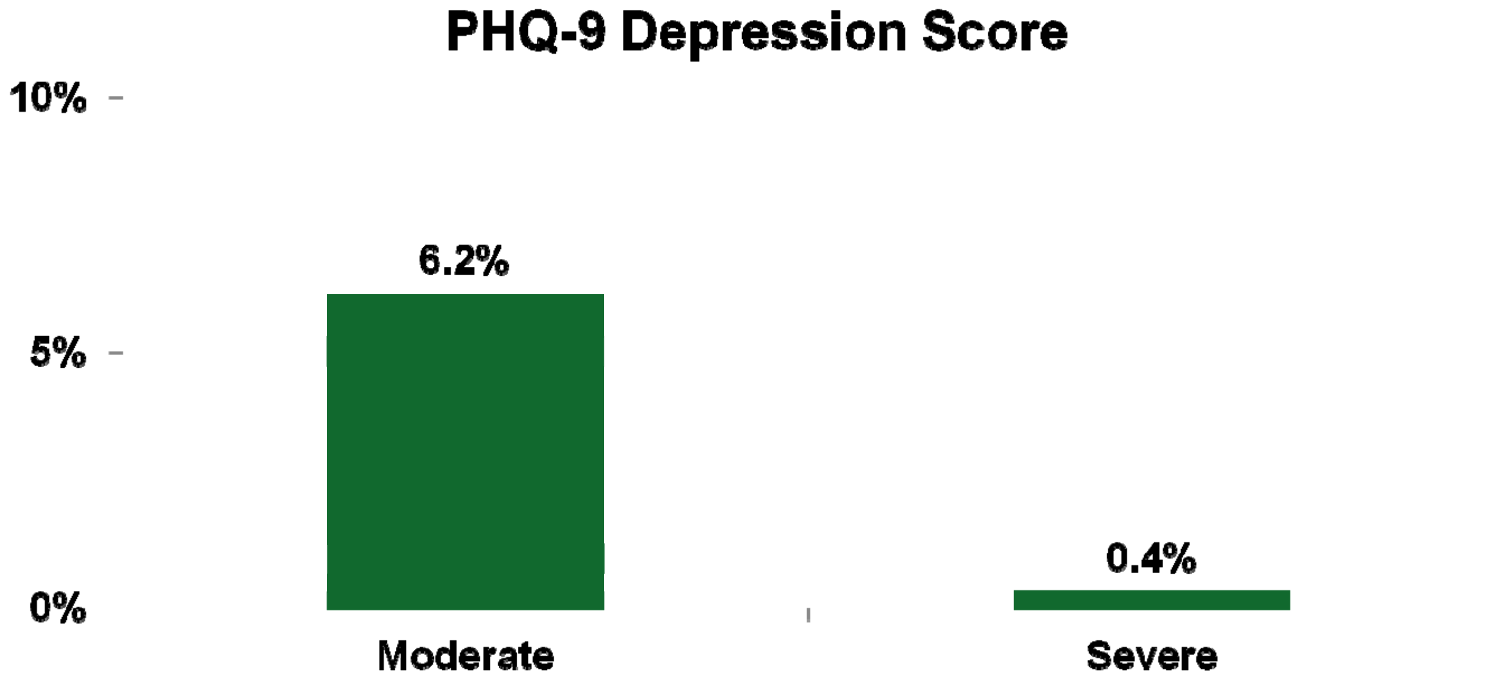
Depression in cancer patients is:

- Common, being seen in 8-25% of patients
- Associated with lower quality of life
- Associated with longer hospital stays
- Increases risk of all-cause mortality

Screening and treatment of depression is an optimal target to improve value

1. Krebber AM, Buffart LM, Kleijn G, et al. Prevalence of depression in cancer patients: a meta-analysis of diagnostic interviews and self-report instruments. *Psycho-oncology.* 2014;23(2):121-130.
2. Pirl WF. Evidence report on the occurrence, assessment, and treatment of depression in cancer patients. *J Natl Cancer Inst Monogr.* 2004(32):32-39.
3. Skarstein J, Aass N, Fossa SD, Skovlund E, Dahl AA. Anxiety and depression in cancer patients: relation between the Hospital Anxiety and Depression Scale and the European Organization for Research and Treatment of Cancer Core Quality of Life Questionnaire. *Journal of psychosomatic research.* 2000;49(1):27-34.
4. Grotmol KS, Lie HC, Hjermstad MJ, et al. Depression-A Major Contributor to Poor Quality of Life in Patients With Advanced Cancer. *Journal of pain and symptom management.* 2017;54(6):889-897.
5. Pinquart M, Duberstein PR. Depression and cancer mortality: a meta-analysis. *Psychol Med.* 2010;40(11):1797-1810.
6. Center for Medicare and Medicaid Services. Oncology Care Model. 2015; http://innovation.cms.gov/initiatives/Oncology-Care/. Accessed 2/14/15, 2015.
7. Nipp, R.D., et al., *The relationship between physical and psychological symptoms and health care utilization in hospitalized patients with advanced cancer.* Cancer, 2017. **123**(23): p. 4720-4727.

Modest Prevalence of Depression



Rocque GB, Williams CP, Kenzik KM, Jackson BE, Halilova KI, Sullivan MM, Rocconi RP, Azuero A, Kvale EA, Huh WK, Partridge EE, Pisu M. Where are the opportunities for reducing healthcare spending within alternative payment models? Journal of Oncology Practice. 2017 Oct 5

Risk of Moderate to Severe Depression

	Adjusted RR (95% CI)
Self Report: Curable	(ref)
Self Report: Incurable	2.12 (0.76-5.90)
ECOG performance status	2.53 (2.43-2.63)

Adjusted for age, cancer type, and sex

- Patients reporting lower performance status and incurable disease had >2 fold risk of depression

Need for better palliative care engagement

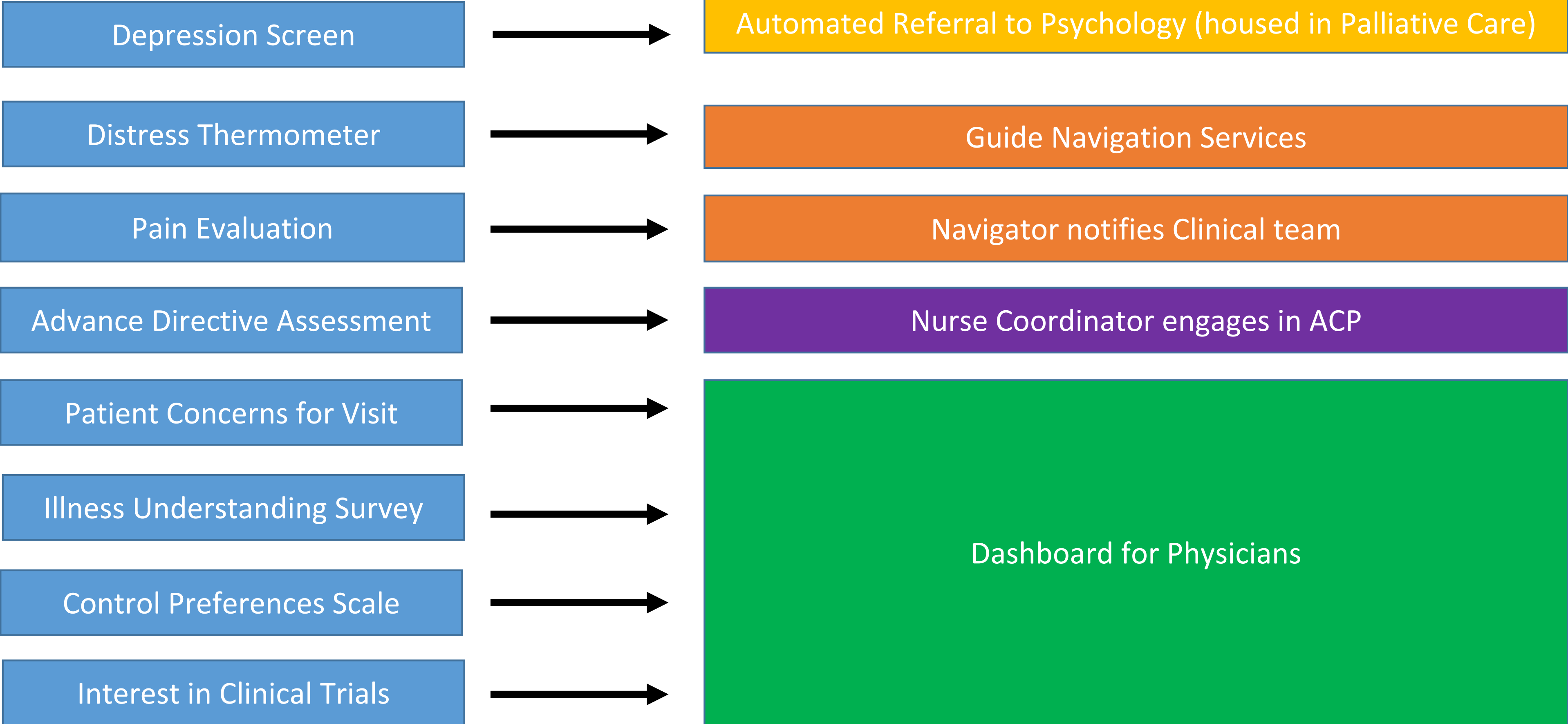
Rocque GB, Williams CP, Kenzik KM, Jackson BE, Halilova KI, Sullivan MM, Rocconi RP, Azuero A, Kvale EA, Huh WK, Partridge EE, Pisu M. Where are the opportunities for reducing healthcare spending within alternative payment models? Journal of Oncology Practice. 2017 Oct 5

System Changes to Address Depression

- Depression data presented to steering committees
- Hired 1.5 FTE behavioral health counselor
  - Housed in palliative care
  - Ability to refer to other providers
- Triggered referral system based on positive screening

Rocque GB, Williams CP, Kenzik KM, Jackson BE, Halilova KI, Sullivan MM, Rocconi RP, Azuero A, Kvale EA, Huh WK, Partridge EE, Pisu M. Where are the opportunities for reducing healthcare spending within alternative payment models? Journal of Oncology Practice. 2017 Oct 5

How to Use Patient-Reported Data



Treatment Care Planning | Distress/Symptom Management | Survivorship Care Planning

Patient's Concerns For 02/09/2017

1. Am I making the right treatment decision?
2. Can I continue to work throughout treatment?
3. I am worried about the costs of care

Recommended Referrals Edit

Fertility Counseling: Recommended based on patient responses
Genetic Counseling: Recommended based on patient responses
Smoking Cessation: Not recommended
Social Work: Recommended based on patient responses
Psychiatry: Not recommended
Nutrition Services: Not recommended
Interpreter: Not recommended

Patient Information Edit

Chemo Demo
MRN: 0222094802
DOB: December 13, 1975
Email: Optional
Dashboard updated: 02/16/2017

Breast
Cancer Type

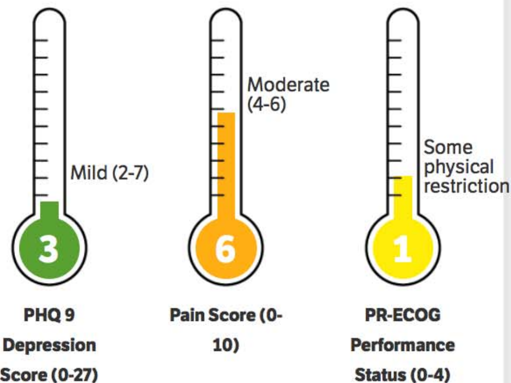
41
Years of age

Patient Treatment Values

Perception of Prognosis:
My cancer is curable: Yes
Patient Goals for Treatment:
To help me live longer: Yes
To make me feel better: Yes
To get rid of all of my cancer: Yes
Shared Decision Making Preference:
Have my doctor and I share responsibility for deciding what treatment is best
Advance Directives: No

Interested in clinical trials: Yes

Patient Reported Symptoms



Suicidal Ideation: Not at all

Current Cancer History Edit

2 - 2015
Date diagnosed

Stage II
Stage
T1 N1 M0

Laterality: Right origin of primary
Pathology: Invasive Ductal Carcinoma
Tumor Grade: Grade 2 (Intermediate Grade)
Staging Characteristics:
Biomarker Level:
Biomarker Status: ER Negative, PR Negative, HER2 Positive
Molecular Testing:
Other/Optional Comment: N/A

Early Results

National

- Only 25% of participants nationwide are anticipated to receive shared savings (ACCC Oncology Care Model Collaborative Workshop)

UAB

- Anticipates receiving shared savings
- Observed decreases in emergency department visits and hospitalization rates
- Received full points for quality metrics

5 Best Aspects of Payment Reform: Physician Perspective

1. Culture change
2. Interdisciplinary care
3. Increased supportive care services
4. The data
5. Opportunity for innovation

Methodological Challenges: Examples from the Oncology Care Model

1. Limited to Medicare patients
2. Patient attribution not always correct due to multispecialty practice
3. Misclassification of patients with multiple cancers
4. Some drug prices higher than Medicare target price for entire episodes
5. Winsorization methodology penalizes practices for outliers that may be beyond their control

Key Lessons in Specialty Care

1. Need to understand the patient population
    - Who are the patients?
    - Where are the big spending areas?
2. Identify opportunities to *improve quality of care* and lower costs
3. Flexible sending needed to build infrastructure
4. Leverage technology and partnerships to meet health system needs

Opportunity for a Win-Win-Win for patients, providers, and payer

Questions?