



Oncology Outcomes

Introduction to Cancer DM

Gus Manocchia, MD – BCBS of RI

Rick Lee – Quality Oncology

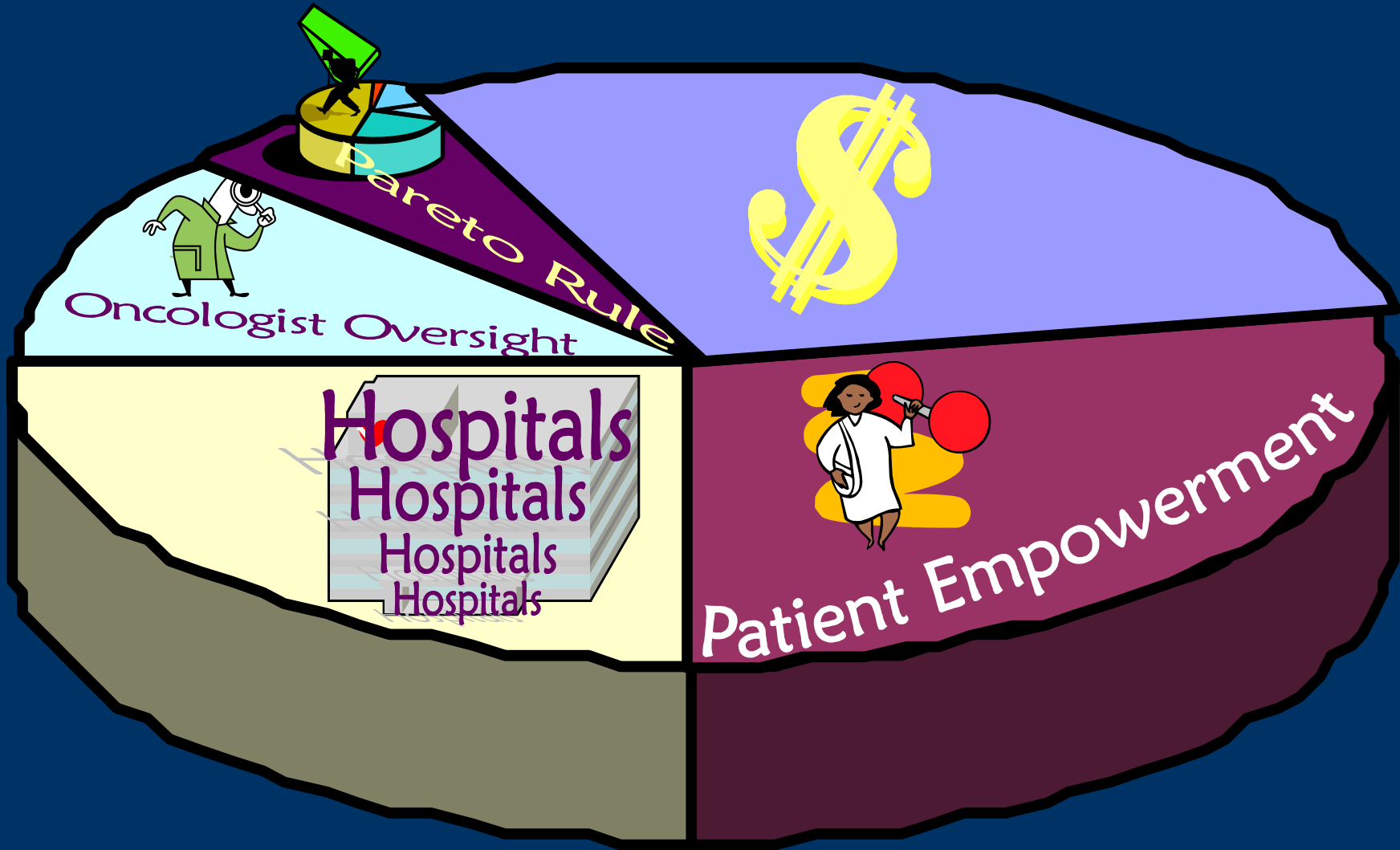
May 13, 2003



Who Gets Cancer?

- 77% of cancer cases are diagnosed in people > 55
- 1,334,100 new cases are diagnosed each year
- Direct Cost of cancer in 2002 was \$60.9 Billion

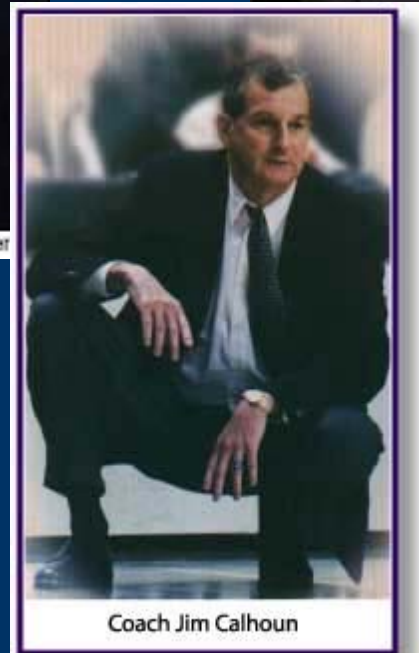
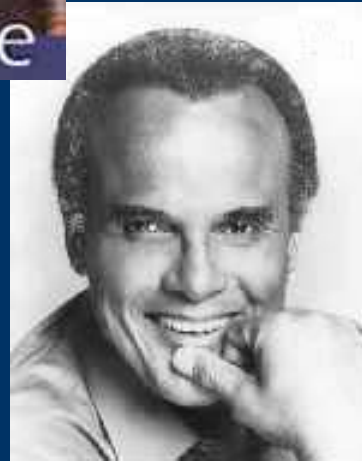
Why Manage Cancer?



“When you have a hammer, everything looks like a nail”



Courtesy U.S. Sen



Coach Jim Calhoun



Prostate Cancer: 1st Referral = Intervention

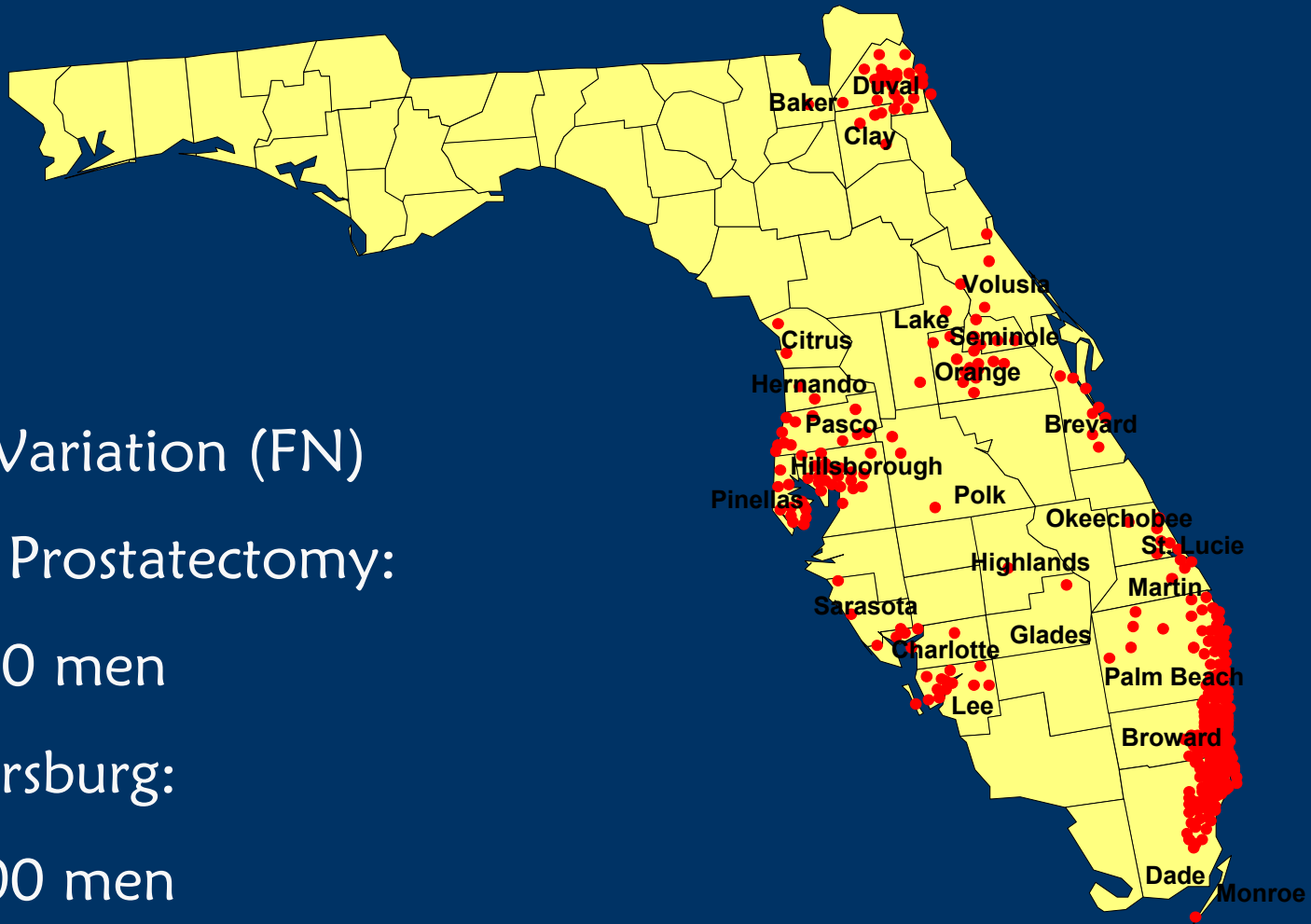
240% Variation (FN)

Tampa Prostatectomy:

1.0/1000 men

St. Petersburg:

3.4/1000 men

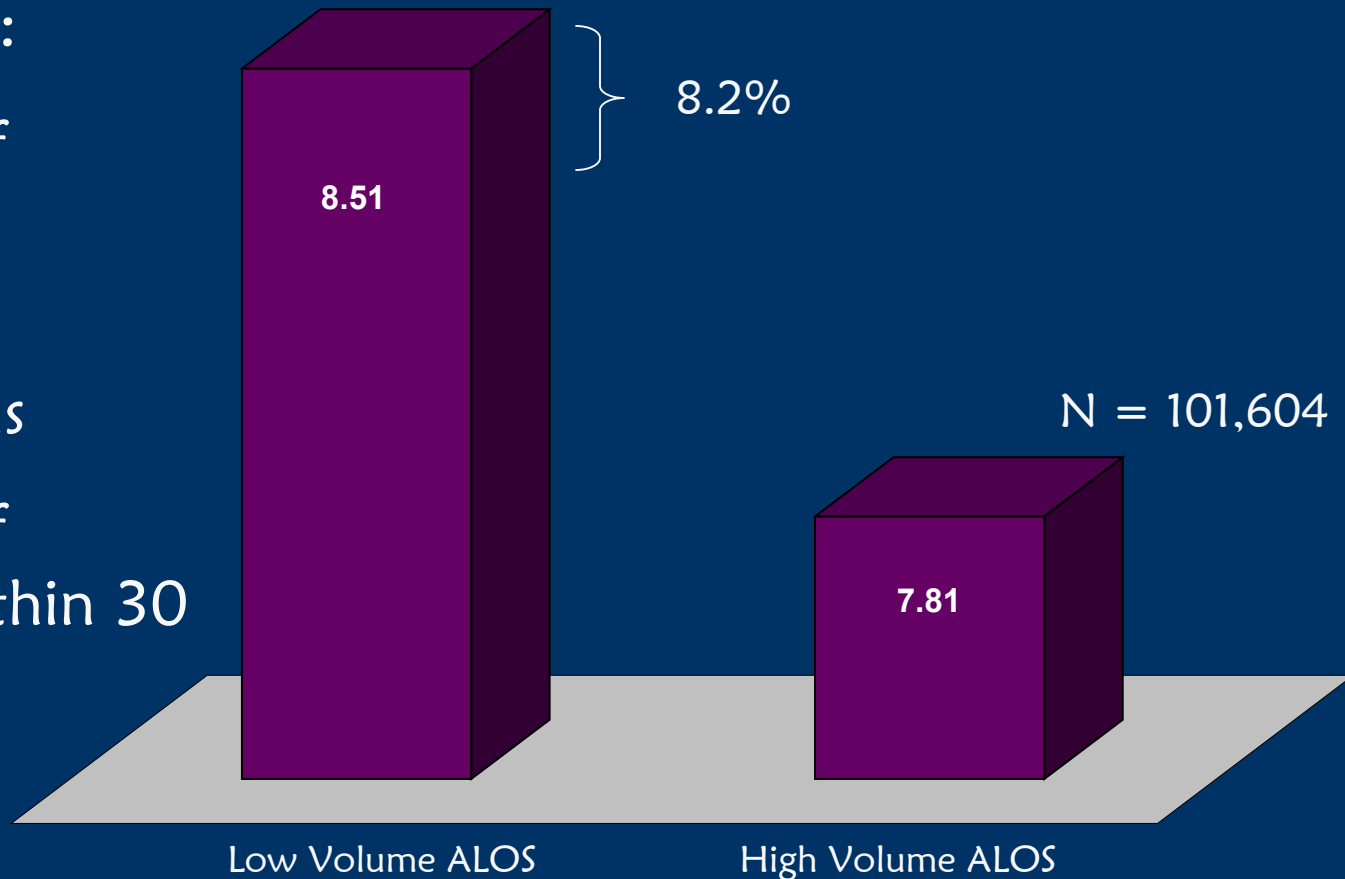


Source: Wennberg, J. *Dartmouth Atlas of Health Care* (1998)

Prostatectomy: High Volume Caseload Better

High volume correlates positively with:

- Lower risk of readmissions
- Serious complications
- Lower risk of mortality within 30 days





Patient Issues Regarding End of Life

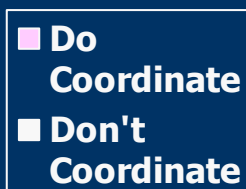
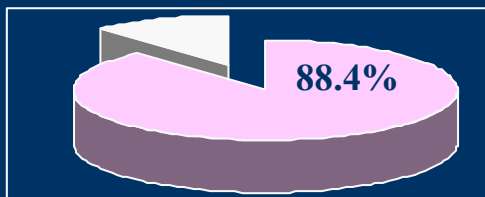
- 80% want to avoid hospitalization and intensive care at end of life
- Chance of being in intensive care is 45% in last 6 mos.
- 70% wish to die at home; 25% of Americans die at home
- 28% of hospice patients die within first week of admission

Dying in America, Last Acts' 11 Committees, Nov 2002

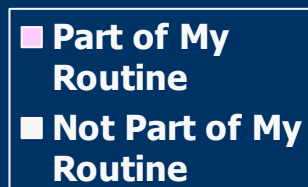
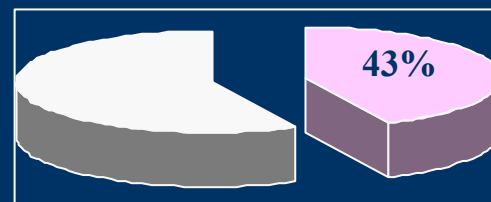


Coordination of End of Life Care

Theoretical



Actual



Poll of 800 Oncologists in the European Society of Medical Oncologists, surveyed in July 2002 by N Cherny, MD

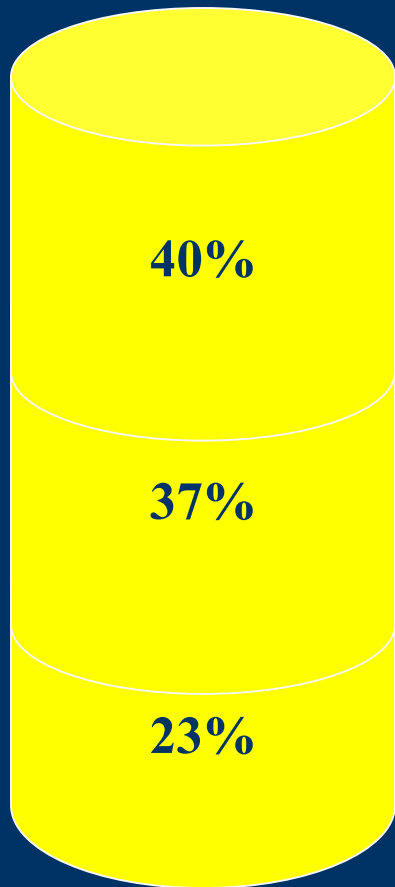


Today's Unmanaged Cancer Physicians

- Undersupplied
- Too many patients/MD: 8 minutes/patient
- Reactive
- Resent oversight
- Treatment variation near end of life
- Rely on hospitals for emergencies
- Averse to alternative medicine
- Don't welcome discussing death with patients



Communication About Death With Patient



Physician overly optimistic in projecting likelihood and date of death

Physician levels honestly with patient

Physician refuses patient request to prognosticate

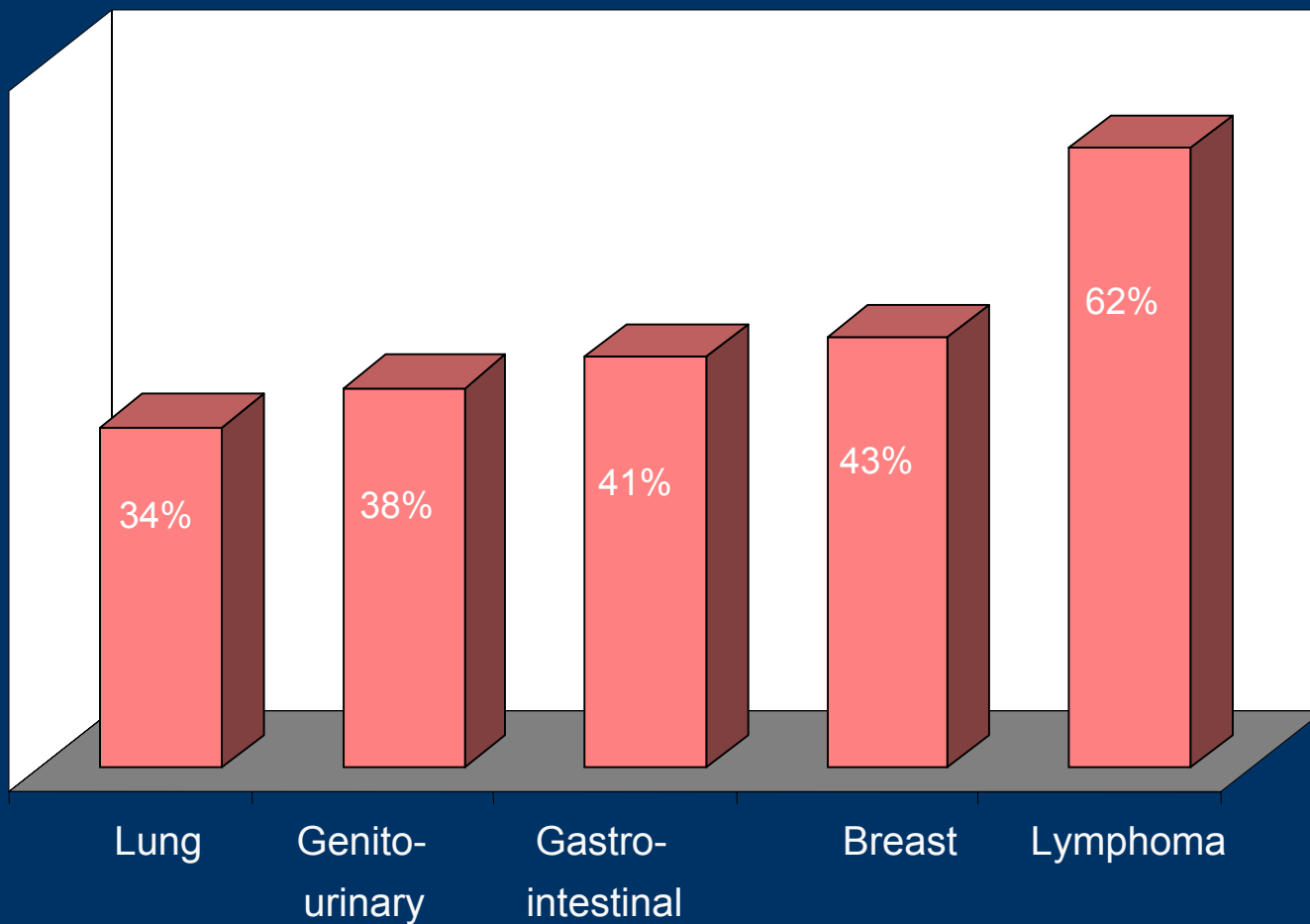


“Are My Side Effects Life Threatening?”

- Fatigue
- Hair Loss
- Stomatitis
- Mucositis
- Diarrhea
- Tissue Damage
- Acne
- Dry Skin
- Anemia
- Nausea and Vomiting
- Infection
- Irritable Bowel
- Kidney and Bladder damage
- Constipation
- Fluid retention
- Peripheral Neuropathy



Cancer Patients Receive Inadequate Analgesia



N = 522



Summer 2000:

Dot Com Bombing

Al vs. George

BCBSRI Decides to Act

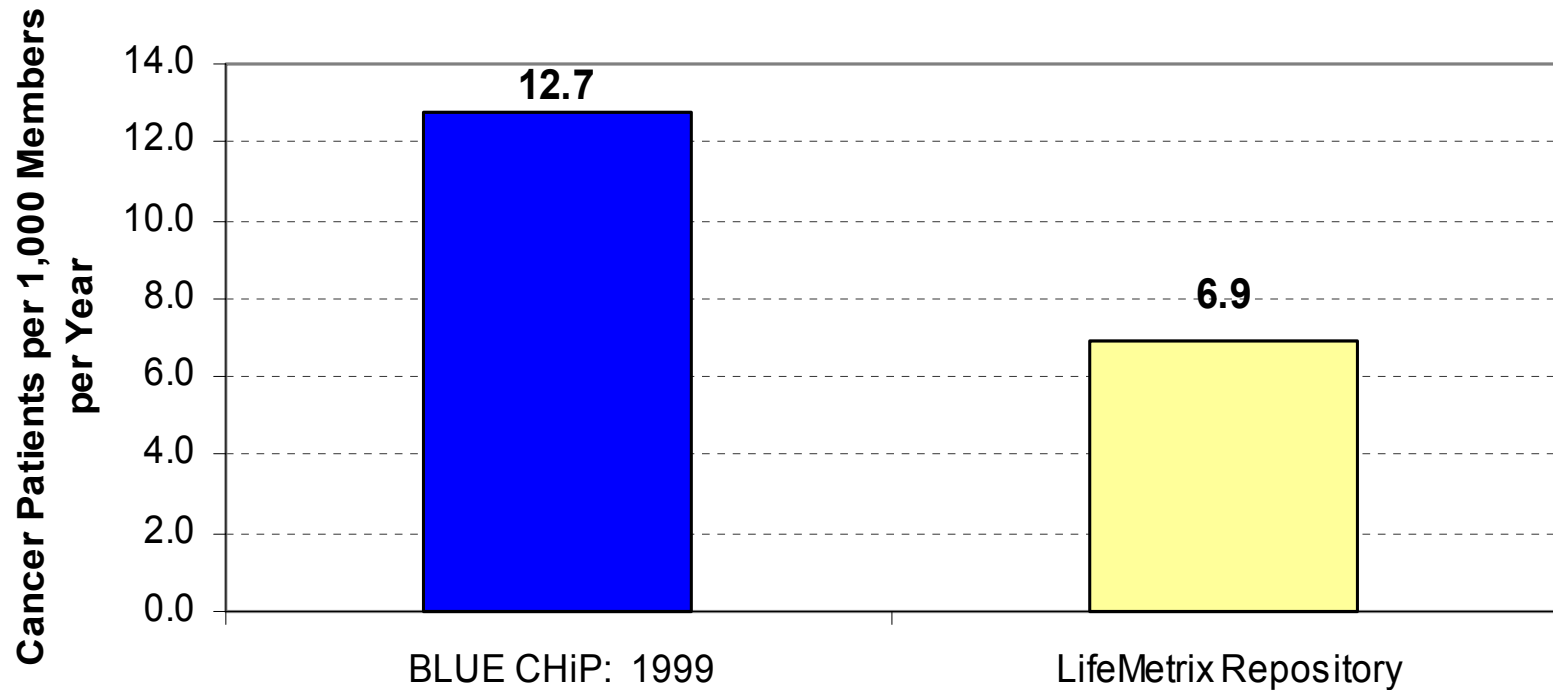


BCBS of Rhode Island Project

- BCBS Membership vs. Other Health Plans
 - Higher prevalence
 - More inpatient use
 - More short stays that could be averted
 - Much greater ER use
- Program Expectations
 - Move chemo out of hospital
 - Increase hospice use and LOS
 - Avert unnecessary ER visits

Commercial Cancer Prevalence

Commercial Cancer Prevalence Comparison: *85% Higher than Repository*

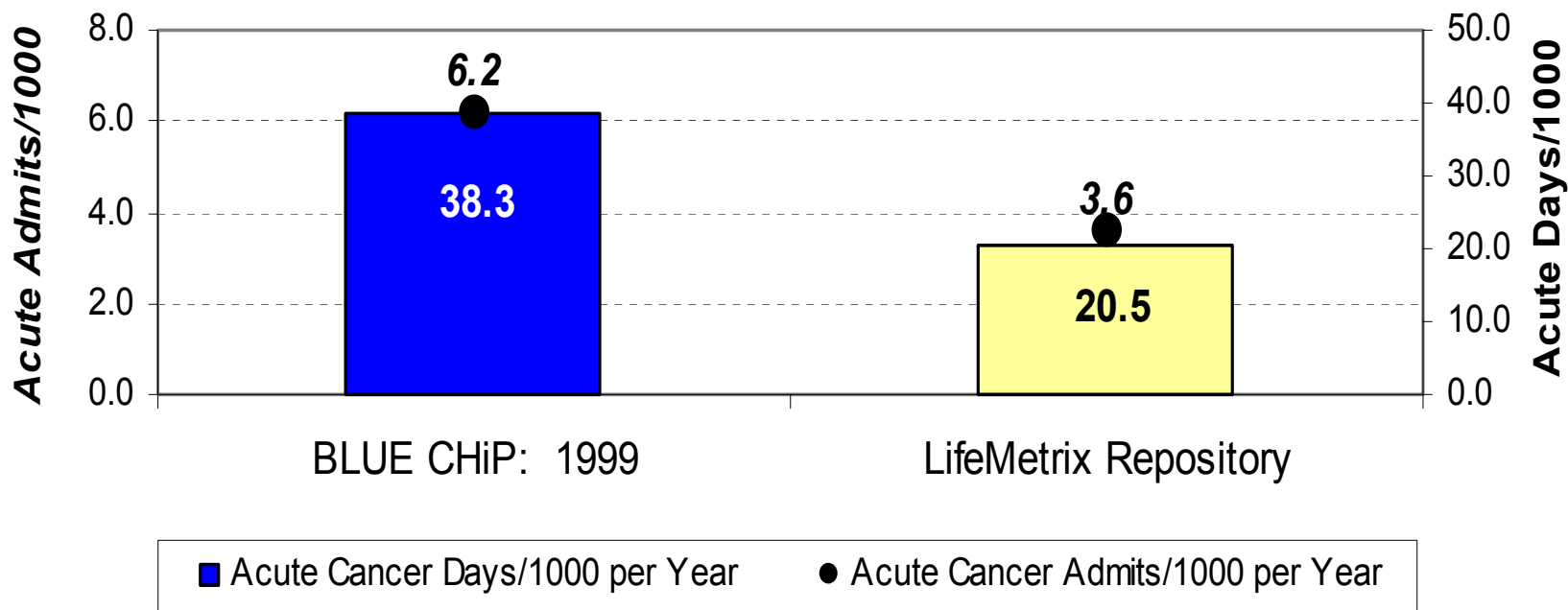


1999 Blue CHiP data: 625 Malignant Cancer Patients out of 49,082 Commercial HMO members.



Hospital Use - Commercial

Commercial Acute Hospital Days/1000 Comparison: *87% Higher Than Repository*

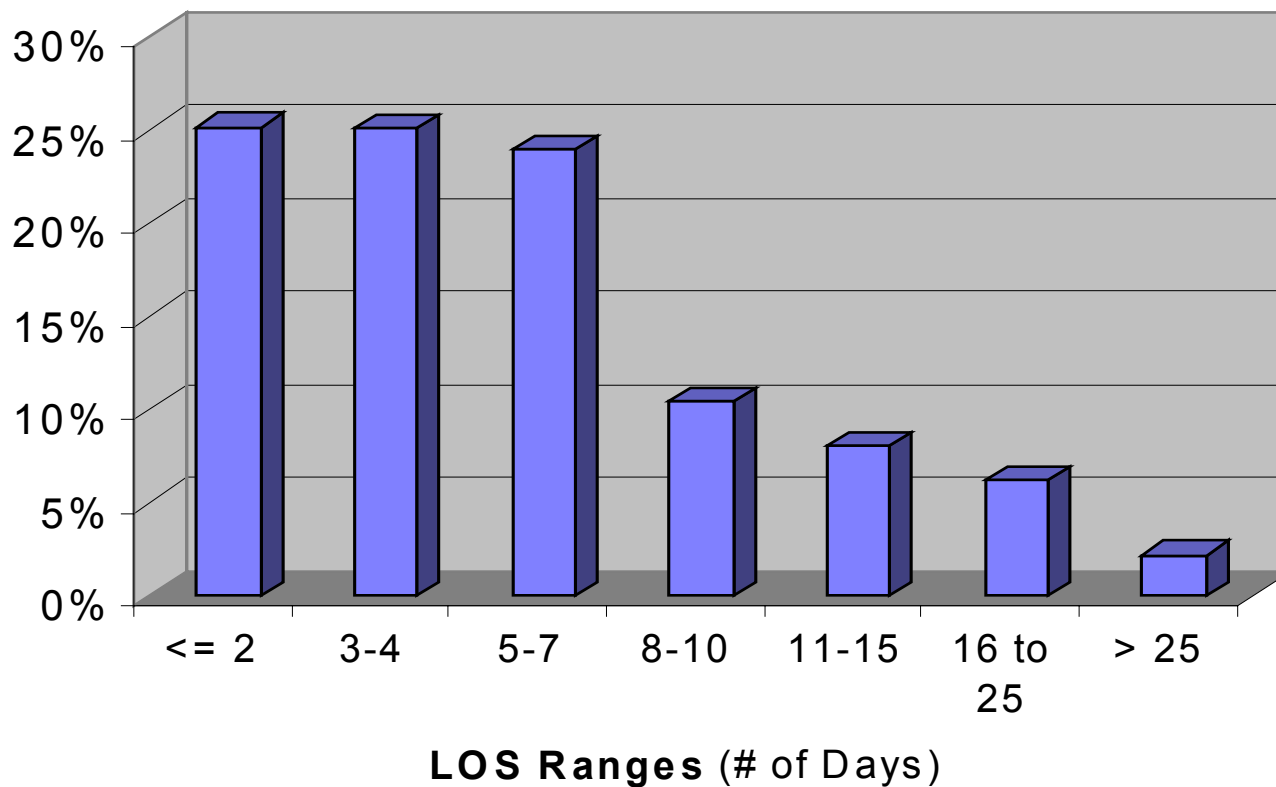


1999 Blue CHIP data: 303 Admissions lasting 1,882 days from 49,082 Commercial HMO members.



Admission Volume and Costs by Length of Stay

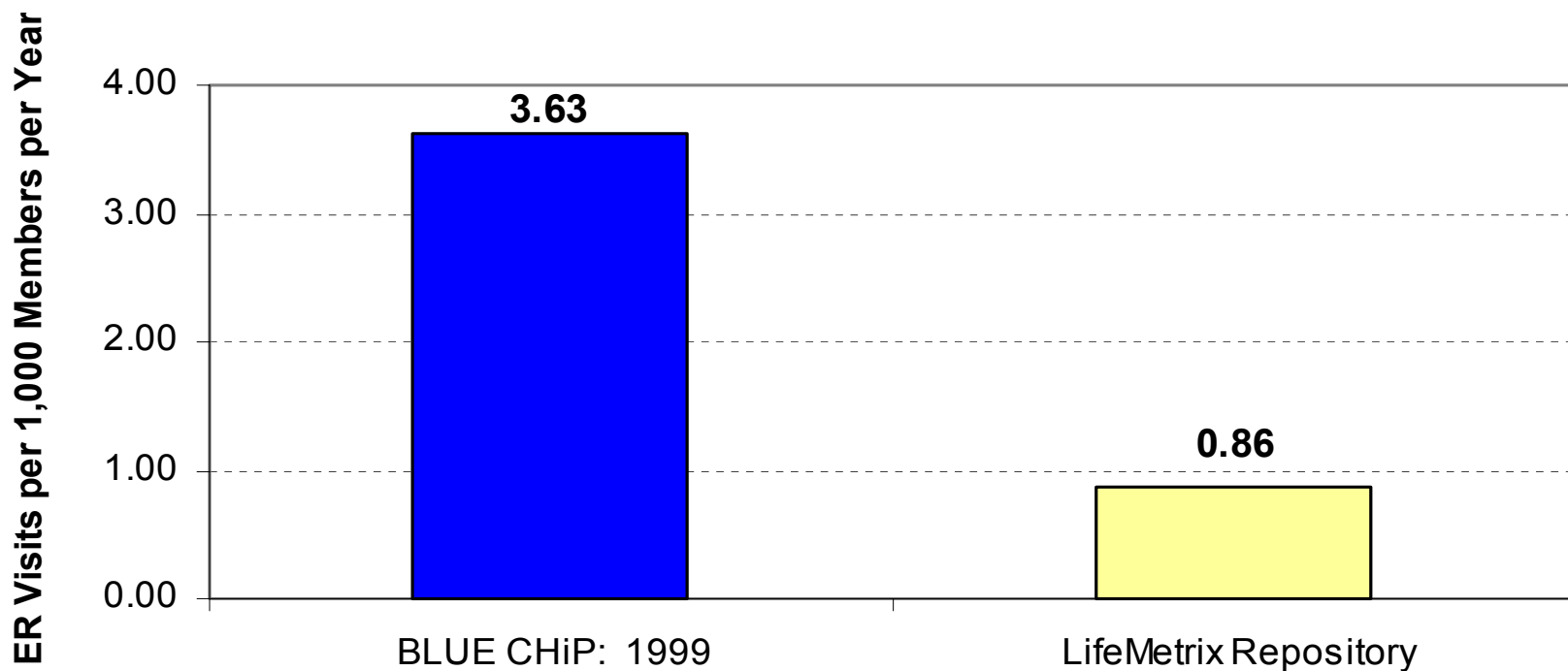
Distribution of LOS for all Blue CHIP Members





ER Visits - Commercial

**Commercial Emergency Room Visits/1000 Comparison:
3.2 Times Higher than Repository**



1999 Blue CHiP data: 178 ER visits from 49,082 Commercial HMO members.



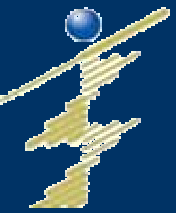
PROVIDER RESPONSE IN R.I.

- Reasons many physician groups unwilling to participate:
 - “We have our own staff providing this care”
 - “This is just another layer of bureaucracy between me and my patient”
 - “This is too much paperwork for which I receive no compensation”
 - “How can a telephonic nurse in Virginia give my patient the same level of assistance as my in-house nursing staff or me?”



LESSONS LEARNED

- Convene Provider Forums... include:
 - Surgeons,
 - PCPs,
 - Medical Oncologists,
 - Radiation Oncologists
- Obtain “buy-in” from high volume groups
- Work proactively with the Payer Contracting Dept.
- Reimburse for referrals to program
- Widely publicize any early successes



How QO Performs Cancer Disease Management



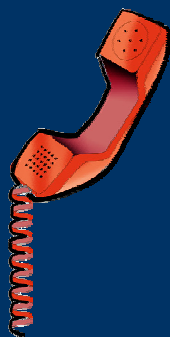
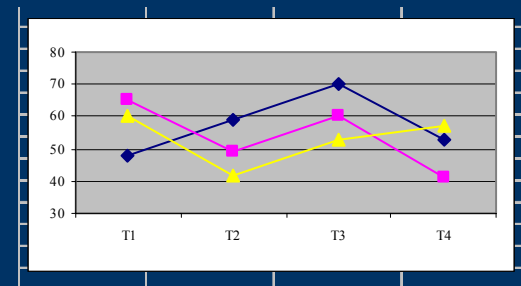
What is QO?

- Largest cancer care management company in U.S.
- 17 clients; >5 million lives
- Founded in '93; 3 offices (FL,CA,VA)
- Offers a Provider and Patient solution
- Licensed Oncology Nurse Care Managers
- 24/7 access and support
- Focus: Manage hospital usage more effectively
- URAC accredited
- 5000 patients under management today



QO's Management Tools

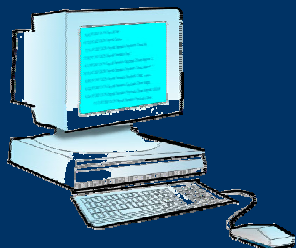
Data Analysis



Telephonic Nurse Care Management



Treatment Authorization Guidelines

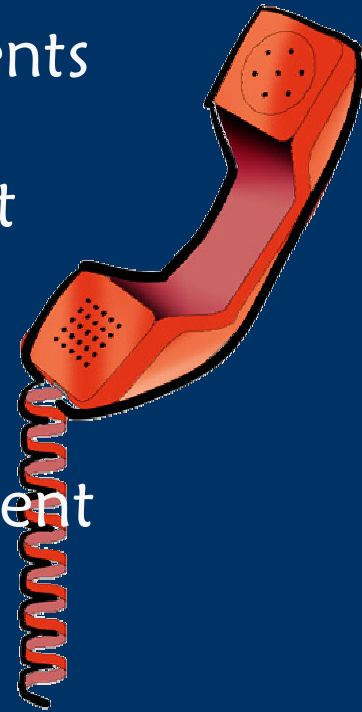


Integrated Care Management System



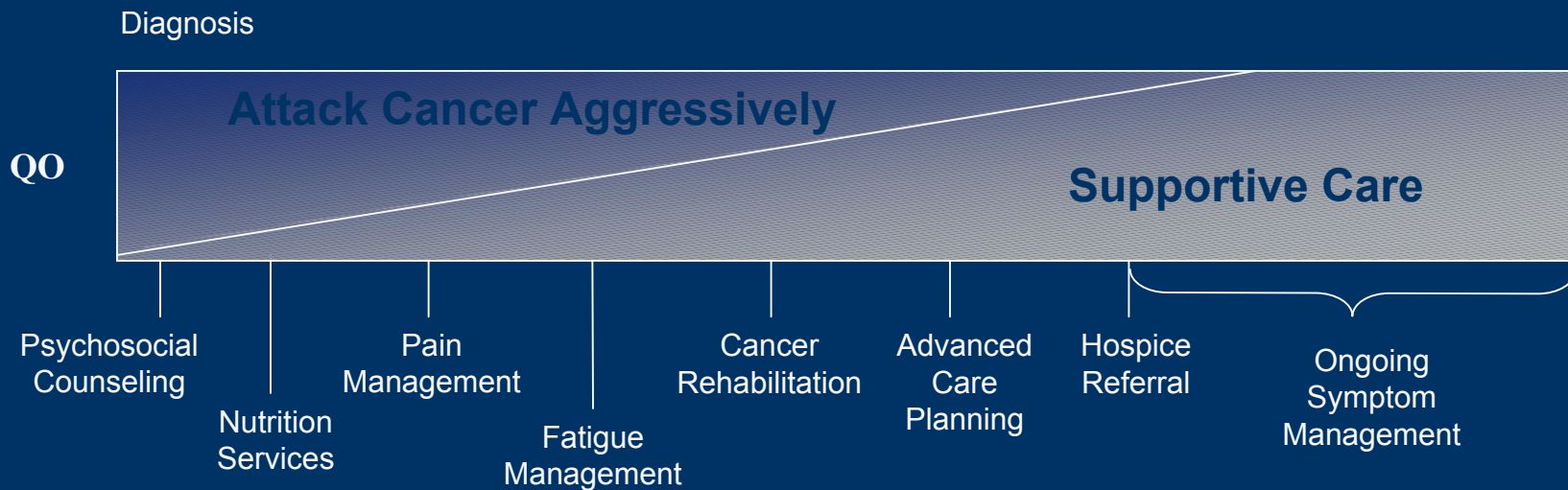
Outsourced Telephonic Care Management

- QO role begins at identification of cancer patients
- 28% of cases are stratified for active case mgmt
- Seasoned Oncology RNs in call centers
- Proactive Counseling and Side Effect Management
- Treatment Plan = Roadmap for proactive CM
- 24 x 7 access
- Peer-to-Peer Medical Director Consultations



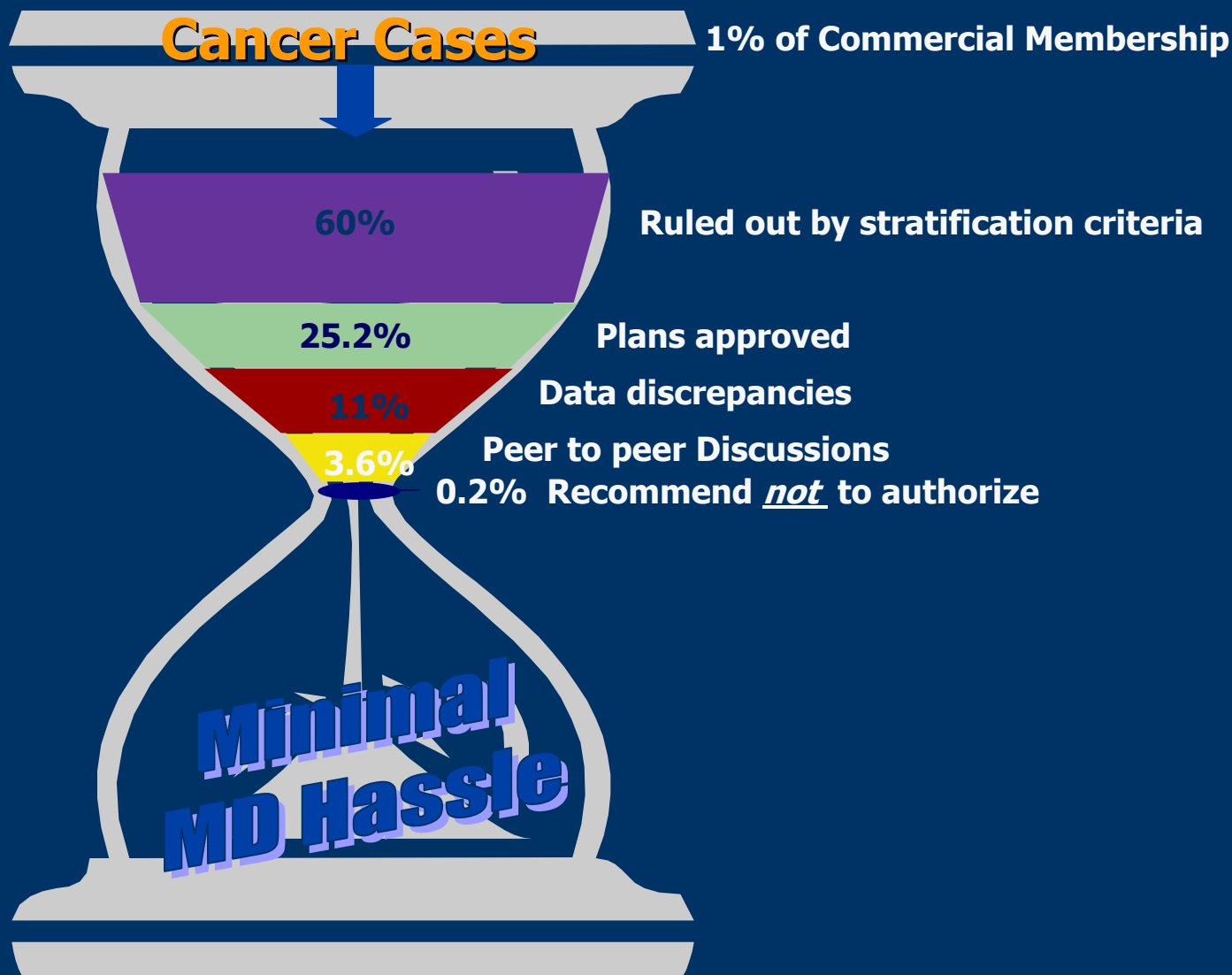


Communication About Values With Patient





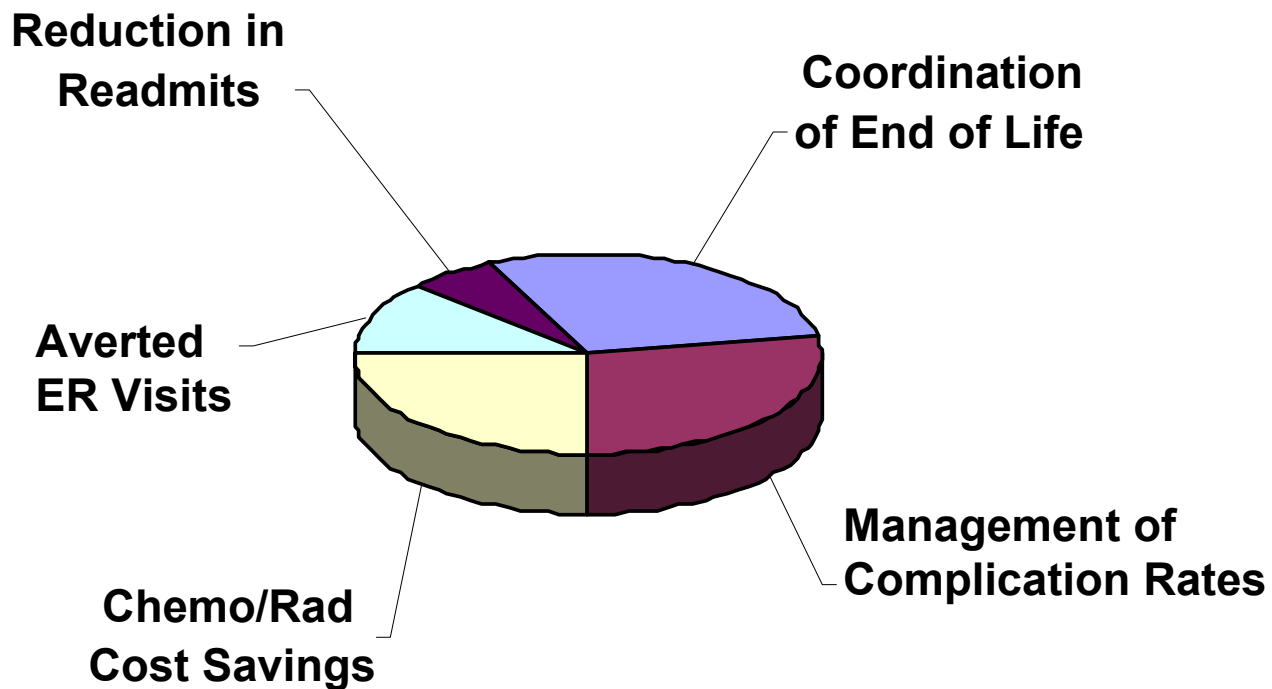
QO's Historical Experience with Treatment Plan Reviews





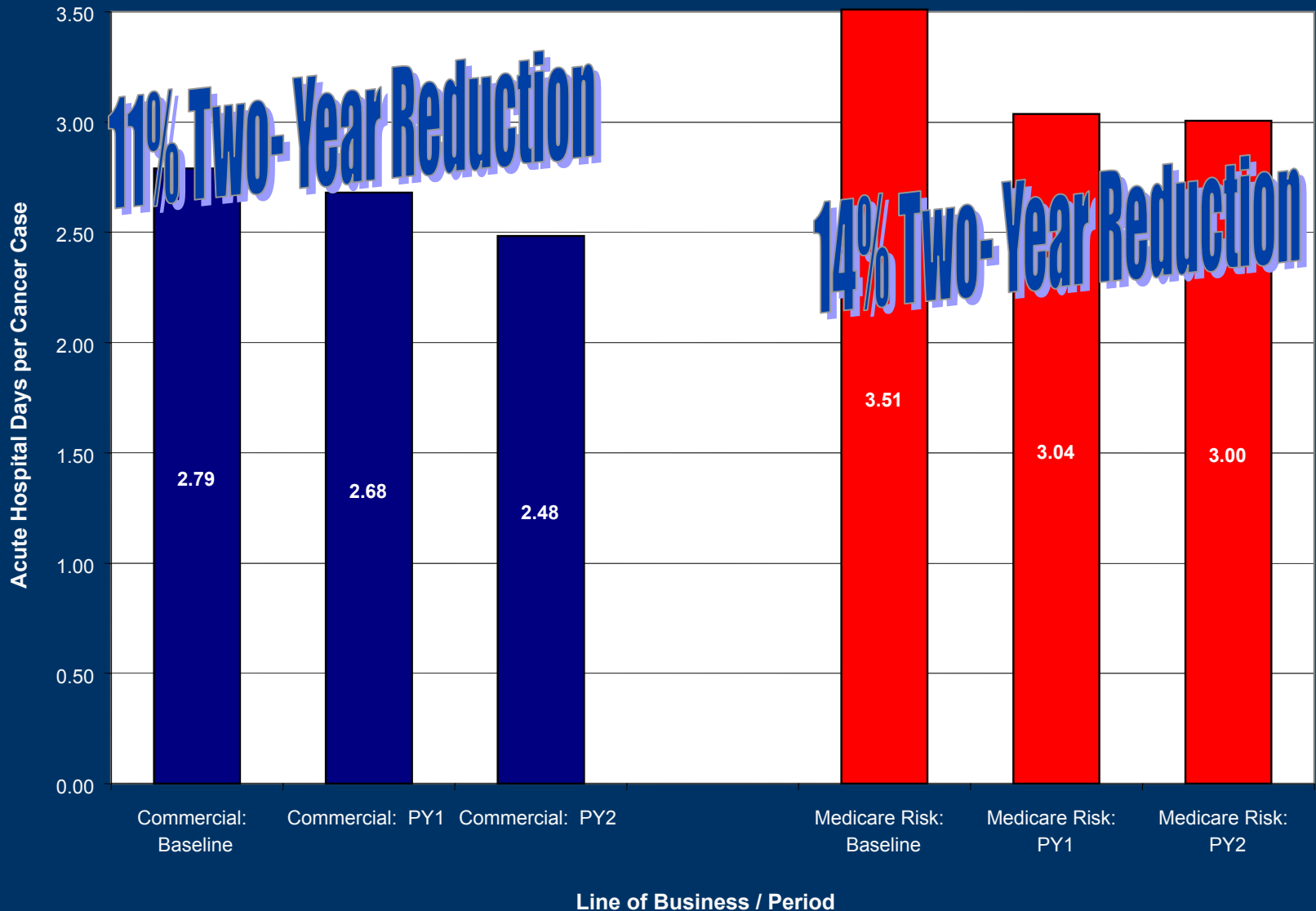
Areas of Impact

Savings by Category





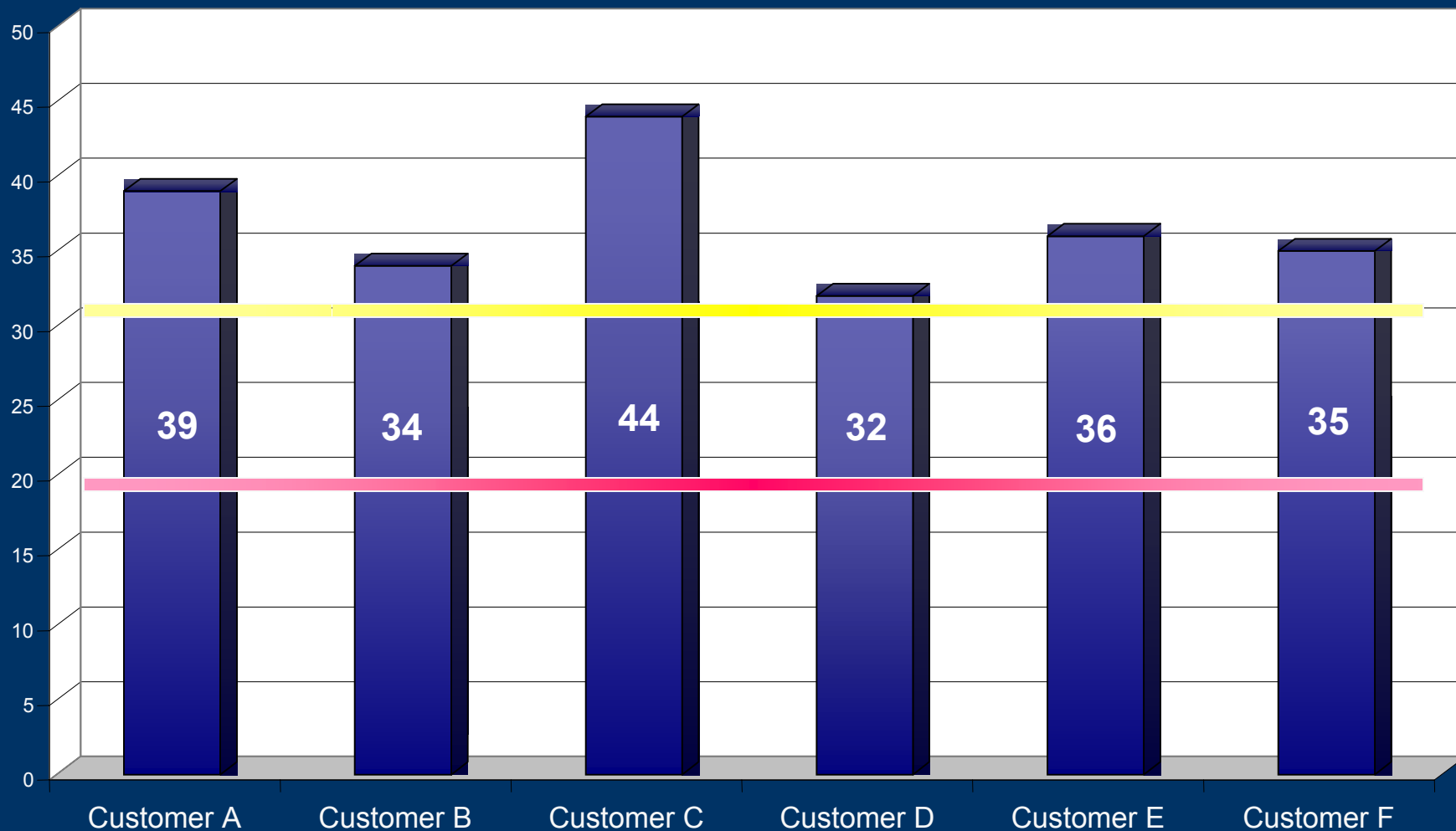
QO's Primary Impact on Hospital Days





Better Hospice Usage-ALOS

Average Length of Stay in Hospice (Days)

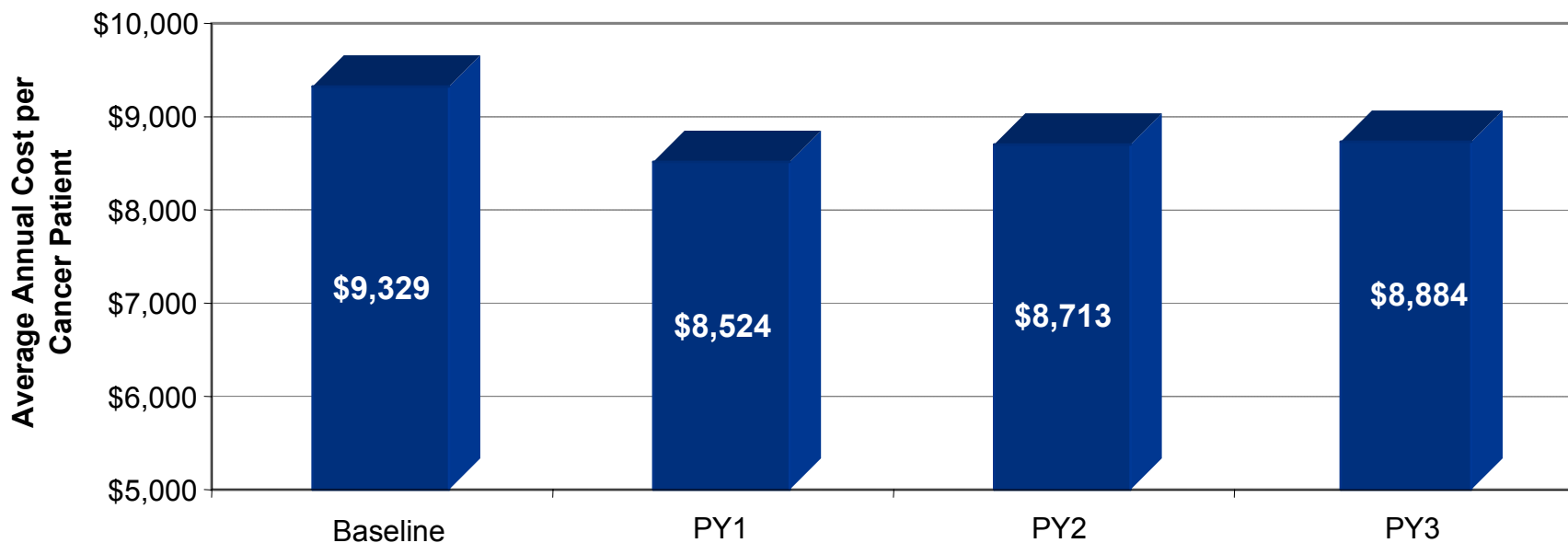


QO Goal = 30 Days

Medicare Hospice ALOS for cancer = 18 Days



Client A: Feb '99 – Jan '02

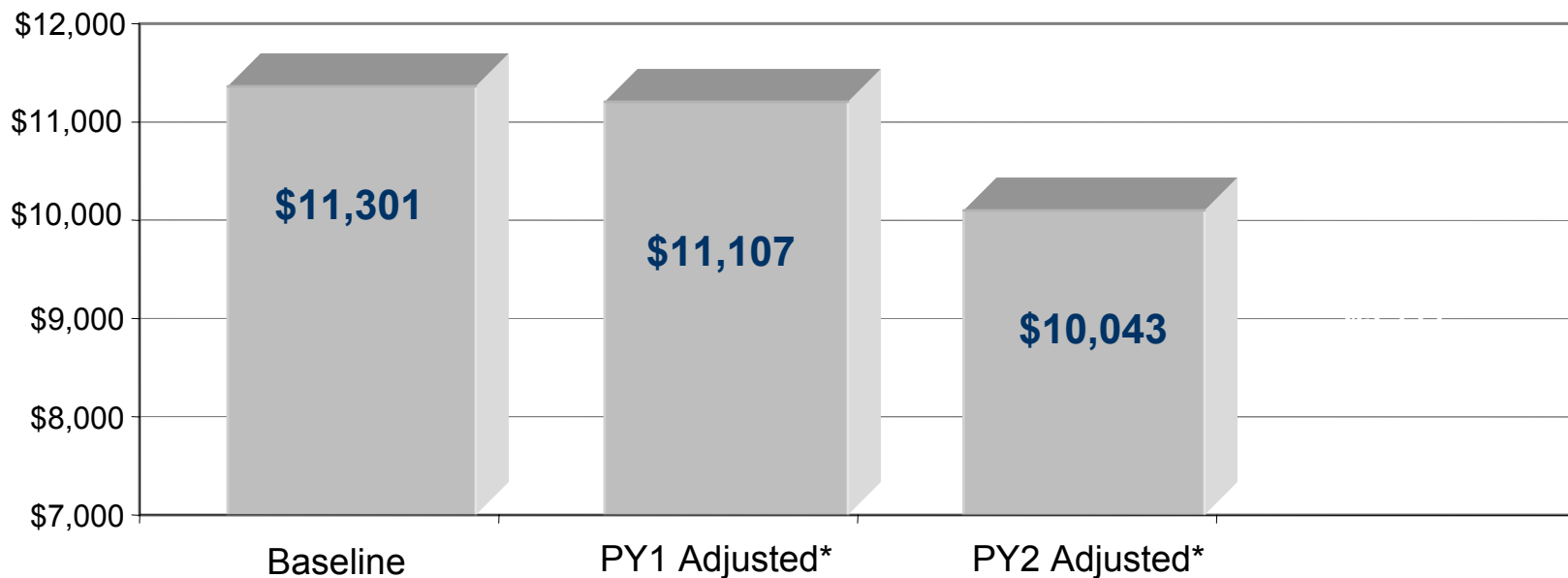


Adjusted Using Cancer Cost Inflation per Milliman USA

Three Year Net Savings: \$16+ million



Client C: Sept '99 – Aug '01



***Program Administrative Costs Included and Inflation Adjustment per Milliman USA**

Two Year Net Savings: \$1.5 million

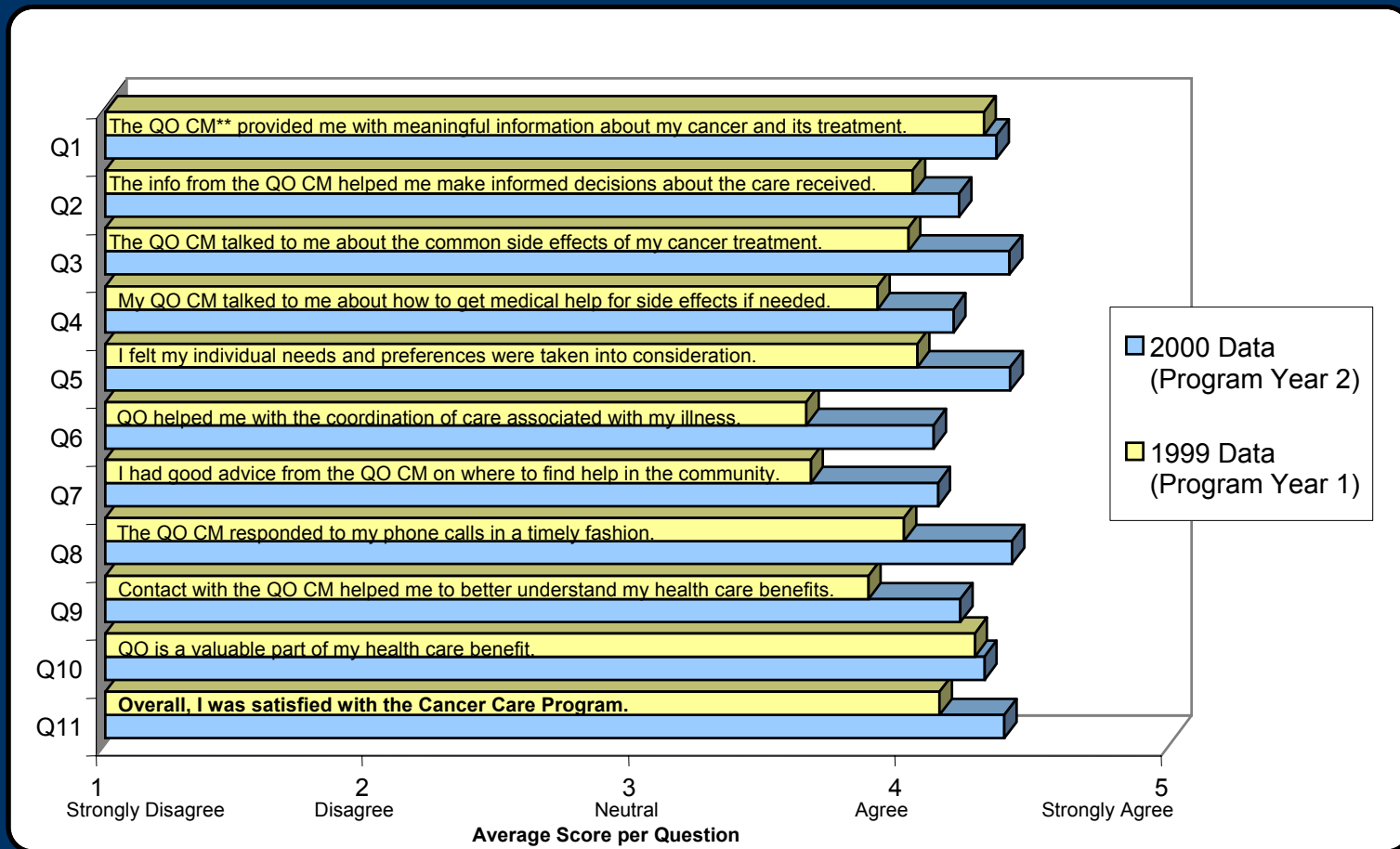


Physician Satisfaction

<i>Question</i>	<i>Average Score</i>		
	<i>PY1</i>	<i>PY2</i>	<i>PY3</i>
QO's CM Staff is courteous and helpful.	4.12	4.20	4.25
QO's CM Program is easy to work with.	3.79	3.95	3.96
QO's CM Staff answer the phone in a timely manner.	3.75	3.89	3.98
QO's CM Staff return phone calls in a timely manner.	3.70	3.77	3.85
Info requested from QO regarding my patient(s) is conducted professionally.	4.22	4.20	4.26
Answers to an urgent referral are obtained from QO promptly.	3.76	4.03	4.06
Obtaining authorizations from QO for my patient(s) is timely.	3.66	4.00	3.94
Our office communicates successfully with QO via fax transmission.	3.91	4.04	4.10
The Orientation provided by QO's PR reps was informative.	3.76	3.81	4.09
QO's PR reps conduct themselves professionally.	4.08	4.27	4.37
Overall, you were satisfied with the interactions you had with QO.	3.85	4.00	4.10
	3.86	4.00	4.09



Patient Satisfaction Scores



Results are from an actual QO client in an established market.

Over 500 surveys were mailed over the two years, generating a 37% response rate (versus a targeted response rate of 30%).

CM = Care Manager or Care Management

What Do Patients Say About QO?

Carol Stock Kranowitz, M.A.
5710 Old Chester Road, Bethesda, Maryland 20817-3848

July 15

Ms. Sarah Parkerson
Director of Quality Oncology
1430 Spring Hill Road
#106
McLean, VA 20012

Dear Ms. Parkerson,
From Memorial Day 2001, when my husband Alan was officially diagnosed with lung cancer, to Memorial Day 2002, when he died, Alice Wilkerson gave him meaningful care.

Alice also gave me considerable support during this extraordinarily difficult year. I loved spending time with her, too.

with warmest regards,
Carol Kranowitz

36 FRIDAY, JUNE 7, 2002 5 AM VA

METRO

OBITUARIES

Alan Kranowitz, Reagan White House Official

By GRAEME ZEELINSKI
Washington Post Staff Writer

Alan Michael Kranowitz, 61, a business lobbyist who had been a top legislative official in the Reagan White House and had worked as a lobbyist for federal agencies during the Nixon and Ford presidencies, died of lung cancer June 3 at Sibley Memorial Hospital in Washington.

He had lived in the Washington area since 1964 and in Bethesda since 1978.

As senior vice president for government relations of the National Association of Wholesaler-Distributors since 1989, Mr. Kranowitz headed various business coalitions on issues ranging from health care and tax reduction to tort reform and deregulation. Most recently, he headed the Tax Relief Coalition of

business groups that successfully lobbied for many provisions in President Bush's tax package of 2001.

In the early 1990s, he served in a similar capacity for the Healthcare Equity Action League, an umbrella group that was one of the major opponents to the health care reform proposals of then-President Bill Clinton.

In the 1990s, Mr. Kranowitz led efforts by business groups to duplicate and counteract the AFL-CIO's grass-roots organizing efforts in legislative races and also was heavily involved in business lobbying for the House Republicans' "Contract With America" legislative agenda.

Mr. Kranowitz, a native of New Britain, Conn., was a graduate of Yale University.

He was an aide from 1965 to 1970 to Sen. Thomas J. Dodd (D-Conn.).

From 1971 to 1975, he was the Senate liaison to the Department of Housing and Urban Development. In the late 1970s, he was a lobbyist for the Office of Management and Budget and later was director of the Senate Republican Policy Committee. From 1979 to 1985, he was chief of staff to Rep. Thomas G. Loeffler (R-Tex.).

He joined the Reagan White House as its House lobbyist in 1985 just as revelations of the covert assistance to contra rebels in Nicaragua were being made public.

He addressed questions raised by congressional leaders about Latin American policy and also worked for the success of tax and welfare-reform proposals in a Democratic-controlled House.

In those efforts, he was known within the White House for his un-

canny ability to predict votes.

"He was an unbelievably good vote-counter," said Kenneth Duberstein, Reagan's chief of staff, in an interview yesterday. "We relied heavily on him in determining what was possible and doable."

Mr. Kranowitz served briefly in 1989 as a staff member to then-Rep. Bob Michel, the House Republican leader, and then-Rep. Dick Cheney, House Republican Whip.

In the late 1980s, he was appointed by Reagan to serve on the council of the U.S. Holocaust Memorial Museum.

He was a member of the Yale Club of Washington.

Survivors include his wife of 35 years, Carol Stock Kranowitz of Bethesda; two sons, Jeremy L. of Takoma Park and David S. of Hope, R.I.; two sisters; and a granddaughter.

SUNDAY, JUNE 9, 2002 C7

DEATH NOTICES



KRANOWITZ, ALAN M.
Mr. Kranowitz, July 3, 2002 of Bethesda, MD. Beloved husband of 35 years to Carol S. Kranowitz. Son of Jerome L. Kranowitz and his wife, Ann. Predeceased by his wife, Melissa C. Hope. He is survived by his wife, Melissa C. Hope, a graduate of East Haddam High School, and his daughter, Denise K. Mann, Boston, MA and North Carolina. Mr. Kranowitz was a member of the United States Holocaust Memorial Museum, 100 Woodmont Road, Washington, DC 20024-2124. Please visit and sign the guestbook at www.funeralhome.com. Arrangements by KODNER'S BETHESDA CREMATION & BURIAL HOME.

THE NEW YORK TIMES OBITUARIES MONDAY, JUNE 10, 2002

Alan Kranowitz, 61, Reagan Legislative Adviser

By The New York Times

WASHINGTON, June 9 — Alan M. Kranowitz, whose knack for bipartisan politics during his tenure as chief Congressional liaison for Ronald Reagan helped further the president's second-term legislative agenda, died on June 3 at a hospital here. He was 61 and lived in Bethesda, Md.

He died after a long battle with lung cancer, his wife, Carol, said.

Mr. Kranowitz was deputy assistant to the president for legislative affairs and later led that office. Some considered him one of Mr. Reagan's legislative frontmen on fiscal issues.

"It was absolutely unbiased, straightforward advice," said Ken

Duberstein, a former chief of staff for Mr. Reagan. Mr. Kranowitz's advice "was fundamental to how we could do anything legislatively in the last couple of years of the Reagan White House."

Mr. Kranowitz began his career in the offices of former Senator Thomas J. Dodd, Democrat of Connecticut, and in 1971 became a Senate liaison for the Department of Housing and Urban Development. In the Ford administration, he served as assistant director for legislative affairs in the Office of Management and Budget.

Before joining the Reagan administration in 1985, Mr. Kranowitz served as chief of staff to former Representative Thomas G. Loeffler,

Republican of Texas.

At the end of Mr. Reagan's second term, Mr. Kranowitz served briefly as an aide to Dick Cheney, who was then the House minority whip. When Mr. Cheney was appointed secretary of defense, Mr. Kranowitz accepted a position with the National Association of Wholesaler-Distributors, where he finished his career as senior vice president.

Born in New Britain, Conn., Mr. Kranowitz graduated from Yale in 1963 and studied international relations at Georgetown University. In addition to his wife, he is survived by two sons, Jeremy and David; and a granddaughter.