Oncology Medical Home: Effect on cost of care

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The Oncology Medical Home **Our Way Forward**

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www.comehomeprogram.com

Goals of COME HOME

- 1. Get patients what they need, when they need it even if they don't know they need it!
- 2. Address the issues that patients want addressed while managing the cancer
- 3. Lower the risk of our patients' going bankrupt
- 4. Redefine quality to include the technical goal of delivering the right care and the customer service goal of respecting the time, wishes and goals of the patient

Barriers to COME HOME Goals

- 1. Lack of funding for triage services
- 2. Lack of funding for patient and family education
- 3. Prior authorization and co pay processes
- 4. Physician schedules
- 5. Physician and nursing fear of loss of control
- 6. Work life balance

Barriers for Patients

- 1. Don't bother the doctor
- 2. I can't pay the co pay
- 3. Panic
- 4. lack of understanding the "system"

What contributes to total cost of care?

- Chemotherapy and other treatments
 - Medical Oncologists have little control
 - Pass through costs
- ED Visits and Inpatient Admissions
 - North Carolina 2008 data¹: 37,760 ED Visits
 - 63.2% resulted in admissions
 - Mostly for symptom control
 - GI, Pain, Neurological Symptoms, Malaise, Injury Fever
 - COME HOME Data: 32 53% of ED Visits result in admissions
- Medical homes have been shown to reduce inpatient admissions by 15-50%
- COME HOME Practices saw a 9.5% reduction in IP admissions in the first year of the program (from 38.28% to 34.63%)

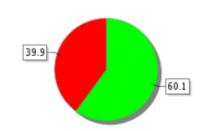
Our innovative model includes eight important components:

- 1. Robust use of health IT systems (EMR, PMS, lab systems, etc.)
- 2. An ongoing relationship with a personal oncologist to provide first contact and continuous, comprehensive care
- 3. Physician-led team-based care, where every member of the team works at the top of their license
- 4. Patient and Family orientation, with Patient Education on how a patient can best benefit from the new system
- 5. Integrated and coordinated care with automated real-time decision support system to provide aggressive symptom management
- 6. Evidence-based medicine and performance measures to assure quality and safety and generate true outcomes data
- 7. Enhanced access, such as late hours and same-day appointments
- 8. Payment models to recognize the value-add of a medical home

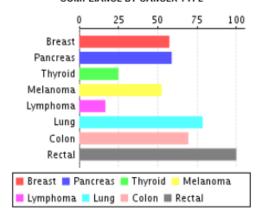
OVERALL COMPLIANCE

OVERALL EVENTS

COMPLIANCE BY CANCER TYPE



Event Type	Compliant	Non-Compliant	Percent Compliant
StructuredData	520	297	63.6
Quality	93	54	63.3
Diagnostics	108	127	46.0
Treatment	14	10	58.3



Compliance Non-Compliance

OVERALL COMPLIANCE

OVERALL EVENTS

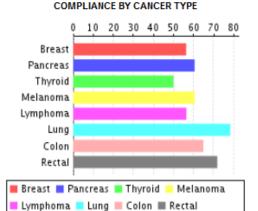
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Your Practice



Compliance
 Non-Compliance

Event Type	Compliant	Non-Compliant	Percent Compliant
StructuredData	2725	1630	62.6
Quality	480	319	60.1
Diagnostics	589	635	48.1
Treatment	30	113	21.0



COME HOME Patient Population

26,548 unique patients through 3/31/2015

Utilization (some pts counted more than once):

•≥1 triage encounter: 88%

•≥1 patient education encounter: 13%

•≥1 same day appointment: 21%

•≥1 clinical pathway: 3.4%

Characteristic	Percent
Female	52.3%
White	88.1%
Black	6.3%
Asian	2.2%
Native American	1.4%
Other/Unknown	2.0%
Not Hispanic	74.4%
Hispanic	12.1%
Unknown	13.5%
Commercial/Private	44.8%
Medicare FFS	23.6%
Medicare Advantage	22.6%
Other	9.0%
Breast Cancer	44.9%
Lung Cancer	17.1%
Colon Cancer	16.4%
Other	21.6%

Summary of Findings

- NMCC Post-COME HOME compared with NMCC in the Pre-COME HOME period:
 - 35.9% drop in % of patients with ED Visits
 - 43.1% drop in % of patients with IP Admissions
 - 23.8% drop in inpatient days
 - \$4,784.08 (22.4%) drop in six month total cost of care
- NMCC Post-COME HOME compared with contemporaneous data from the Albuquerque MSA:
 - COME HOME patients are 50.2% as likely to have an ED Visit
 - COME HOME patients are 43.6% as likely to have an IP Admission
 - COME HOME patients spend 2.71 fewer days in the hospital
 - COME HOME patients cost Medicare \$2,149.28 (11.5%) less