ASSOCIATION OF CANCER EXECUTIVES UPDATE

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Early Bird Registration Open

IOLC BARCELONA 2022

Register here.

Reminders

ACE RANCHO MIRAGE 2023

ACE Rancho Mirage 2023 Sponsorships are now available with a 10% summer discount!

LOOKING FOR A NEW OPPORTUNITY?

Be sure to visit the ACE Job Board.

MEMBER SPOTLIGHT

2022-2023 ACE FELLOWSHIP CANDIDATES

Caitlin Campbell

Title, Organization:
Director of Strategy & Operations at the Allina Health Cancer Institute at Allina Health

Years in the field: **10+ years**

Broc Pollinger

Title, Organization:
Manager of Patient Support Services at St. Luke's University Health Network

HAVE SOME NEWS TO SHARE?
Please send to Brian Mandrier at brian@mandriergroup.com

Caitlin Campbell, MHA, is the Director of Strategy & Operations at the Allina Health Cancer Institute at Allina Health, overseeing operations and program development. Caitlin has over ten years of experience in clinical service line leadership, medical group practice management and business development.

TELL US A LITTLE ABOUT YOUR PROGRAM? SIZE, SERVICE AREA, ANY OTHER INTERESTING FACTS:

Allina Health is dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin. A not-for-profit health care system, Allina Health cares for patients from beginning to end-of-life through its 90+ clinics, 11 hospitals, 15 retail pharmacies, specialty care centers and specialty medical services, home care, and emergency medical transportation services. The Allina Health Cancer Institute has 10 locations, providing comprehensive cancer care to over 50,000 patients per year including over 6,500 new cases annually.

WHAT PART OF YOUR WORK ARE YOU MOST PASSIONATE ABOUT?

Working with clinicians to develop and implement new programs and services, consistently advancing and improving patient care and experience.

WHAT IS A KEY CHALLENGE THAT YOU SEE FACING THE FIELD OF CANCER CARE?

Navigating value-based care and changing reimbursement landscape.

Broc Pollinger currently works for St. Luke's University Health Network as the Manager of Patient Support Services. Broc has worked in various roles and most recently education. Broc has an extensive background in social services, case management, mental health, and education. Broc has high critical thinking skills, enjoy process development, and is savvy with technology. Broc holds a Master's Degree in Social Work from Temple University. He is licensed in Pennsylvania and New Jersey and is a Certified Oncology Social Worker. Broc currently resides in Plainfield Township (Pennsylvania) with his wife Kerianne, son Jackson, daughter Harper, dog Shelbee, and two cats Diesel and Faith. In his spare time, he enjoys spending time with his family, outdoors, and either poolside or at the beach. Broc has a passion for cars, house projects, and gardening.

TELL US A LITTLE ABOUT YOUR PROGRAM?

St. Luke's University Health Network is a large rural health system consisting of 13 hospitals, 10 infusion centers, 4 radiation locations, and various specialties within Oncology. We are a non-profit institution with grass roots imbedded in the community. Our network has always been about supporting local business and institutions. St. Luke's University Health Network was established in 1872 in Bethlehem to support the health and wellness of local Bethlehem Steel workers. We have since, continued to expand our network into local communities branching in all directions including East into New Jersey, South toward Philadelphia, and Northwest toward Hersey Pennsylvania.

WHAT PART OF YOUR WORK ARE YOU MOST PASSIONATE ABOUT?

I am very passionate about improving patient experience, quality of care, and reducing barriers to patient regardless of social economic status.

WHAT IS A KEY CHALLENGE THAT YOU SEE FACING THE FIELD OF CANCER CARE?

Key challenges we are facing as a health network include staff shortages, financial loss/increase in expenses, delays in supply chain, and economic impact both at an institutional and patient level. Post-Pandemic we have experienced an influx of late-stage diagnosis which has impacted the entire system. Patients are not only dealing with late diagnosis but are also impact by the economic challenges. It appears patients are requiring more intervention and resources than ever before.

What to Ask When Maintaining Linked Infusion Appointments

BY OBEHI UKPEBOR

In certain infusion centers, where there is room to do so, linking a patient's infusion treatment to other appointments has clear benefits. A patient who can see their oncologist right before or after their treatment is saved extra travel between separate appointments. Getting labs done immediately to clear for infusion also saves time, as does scheduling radiation or other treatment in an adjacent time slot. For these patients, undergoing tiring treatments and traveling long distances for care, minimizing their time in the infusion center is more than simply convenient, but vital to their health and wellbeing.

But linking these appointments deeply complicates scheduling for infusion centers. Doing so predictably and in a way that truly minimizes wait time is as intricate as directing connecting flights through a hub airport.

Like flights, infusion appointments depend on a complex system of supply and demand to begin and move forward on time. They must account for the availability of nurses, chairs, and drugs, and the varying lengths of other appointments. Appointments and services with oncologists, clinics, labs, pharmacies, and radiation rely on their own supply and demand patterns. One service cannot begin until many other tasks in different areas have been completed, and no appointment can begin on time unless many others do as well.

To manage linked appointments, infusion center leaders must balance the needs of the patient with the reality of the center's operations. They must minimize wait times while accommodating delays and ensuring all resources are being fully utilized, rather than sitting idle while they wait for scheduled patients who are late.

Maintaining linked appointments in the infusion center requires thoughtful strategizing and powerful tools throughout the whole center to support. To do so effectively, start by finding answers to the following.

1. WHICH INFUSION APPOINTMENTS, LINKED OR UNLINKED, SHOULD BE SCHEDULED IN NON-PEAK HOURS?

A frequent challenge with infusion appointment scheduling, particularly when many clinician visits and other first services begin early in the day, is a "peaky" schedule that becomes overloaded in the midday. Such schedules are more likely to cause bottlenecks, keep nurses busy during lunch time, and make accommodating add-on appointments difficult or impossible.

Moving just a few patients from these peak hours to non-peak hours goes a long way to alleviating midday schedules. Linked infusion appointments will inevitably be scheduled during these times, but some can be moved, and non-linked appointments are generally viable options to shift to the day's less-utilized "shoulders" in the early morning and late afternoon.

Patients who may be a good match for non-peak hours might include any who do not have clinic visits, or had their clinic visit the previous day; non-oncology or supportive care patients receiving simpler or one-off treatments; patients who have shorter travel times; and patients who prefer to receive treatment before or after their workday. Schedulers can offer eligible patients who are accustomed to midday appointments the first pick of non-peak hours.

Adjusting scheduling to alleviate peak hours leaves more room for linked infusion appointments to arrive at those times. Fitting linked appointments into those hours, in a way that suits the patient and center operations, is the next step.

2. HOW LONG IS THE "JUST RIGHT" INFUSION BOOKING WINDOW?

A "booking window" makes a range of appointment times available between appointments, for instance between clinic and infusion, rather than leaving a static amount of time between them. Simply booking an infusion 30 minutes after the doctor's visit is the wrong answer. Instead, a booking window must be long enough to accommodate patients going between appointments and potential delays, and short enough to prevent the excessive wait times linked appointments are designed to prevent.

Finding the feasible minimum and maximum time for a booking window is key. The minimum can be based on the center's historic patterns of how much time is realistically needed between certain appointments on a given day and time, and the actual amount of time between the clinical and infusion appointment being scheduled. The maximum should allow for as much time as possible that does not negatively impact patient flow. Determining minimum and maximum times consistently will create linked appointments that function effectively within the daily infusion schedule.

3. HOW SHOULD THE INFUSION CENTER OPTIMIZE SCHEDULING TEMPLATES TO ACCOMMODATE BOTH LINKED AND UNLINKED APPOINTMENTS?

Moving qualified infusion appointments to non-peak hours, and developing booking windows, will relieve some infusion scheduling pressures and support appointment linking. But unpredictable factors like late-running services and unexpected patient outcomes can still derail the day's schedule. Creating the most efficient schedule, one that considers the needs of every service, staff member, appointment, and patient to their optimal degree, also involves a level of math that is simply beyond the manual ability of infusion schedulers. An analytics tool to build optimal scheduling templates, which a center's staff can customize with peak/non-peak considerations and booking windows, provides the most solid foundation for better infusion scheduling.

To learn more about supporting better infusion scheduling with analytics tools, see iQueue for Infusion Centers or visit our infusion resource page.

Putting RTLS Data to Work in Oncology Care RTLS

BY JEANNE KRAIMER, PRODUCT MARKETING MANAGER, MIDMARK RTLS

The past two years have brought many new challenges and obstacles, mostly arising from the COVID-19 pandemic – fewer cancer screenings, physical and emotional strain for staff and patients and the potential spread of contagions to an already vulnerable population of patients. Meeting these ongoing challenges while still delivering high patient satisfaction requires innovation and the right data to make more informed and timely decisions.

Recently, an oncology center in the Northeast used data from the Midmark RTLS real-time locating system (RTLS) Patient Flow Optimization solution to kick off a process improvement effort to reduce the time patients spend waiting in common areas and lessen potential exposure to contagions.

The cancer center identified one area for improvement: Two processes, Lab and Intake, were being completed in two different locations, creating three waiting periods in three different waiting rooms. Could lab draw be completed during the intake process? This would not only eliminate an extra waiting period but also free up space for other uses.
The cancer center identified one area for improvement: Two processes, Lab and Intake, were being completed in two different locations, creating three waiting periods in three different waiting rooms. Could lab draw be completed during the intake process? This would not only eliminate an extra waiting period but also free up space for other uses.
Taking meaningful actions to improve processes can either involve a leap of faith, or accurate and timely data. Rather than hoping for the best, the cancer center turned to the data Midmark RTLS provides, as well as the expertise of our Customer Success team. Using Midmark's new Tableau®-based reporting suite, together they analyzed the data to uncover:

1. How long do patients spend in the intake and lab processes, and how long do they wait before and after?
2. How many patients go through these processes?
3. Does the physical space where intake is completed have the capacity to also handle lab draws?
4. Do phlebotomists have capacity to float between the intake locations and increase their patient load?

The data clearly showed that the peak patient load could be handled not only by the staff, but also in the existing intake locations. This gave the cancer center confidence to champion the change, complete with a business case that was borne out by the data: the center could reduce the time patients spend in common waiting rooms (and in the clinic overall) by 10-15 minutes. And, the previous rooms used for lab draws could be converted into more productive space.

COLLABORATION WITH RTLS AND ACTIONABLE DATA

Healthcare is awash in an over-abundance of data. In fact, one might say that oncology administrators are rich in data but poor in information. When discussions turn to how to improve the patient experience, infusion chair utilization or staffing, managers can access a wealth of information from disparate systems, but in the end, they often end up with more questions.

Midmark RTLS has worked with numerous cancer centers to help improve the patient experience and staff workflow by providing not only real-time information for improved in-the-moment operations, but also historical metrics. With guidance from our Customer Success team of experienced clinicians and administrators, this data helps uncover the true patient experience – and the data is available for patients treated today, unlike months-old patient satisfaction surveys.

Learn how Midmark RTLS can help your oncology center can improve communication and productivity at midmark.com/oncology.

* Tableau is a registered trademark of Tableau Software, LLC.

Oncology's Proactivity and Path Forward After the Pandemic, with Dr. Catheryn Yashar

BY RON DIGIAIMO, MBA, FACHE, DR. CATHERYN YASHAR, MD, FACRO, FABS, FACR, FASTRO, BEN ADAMS, BRI DRIGGER

Cancer growth and cancer care have never stopped in the world of oncology and the COVID-19 global pandemic. Hospitals and cancer centers faced unique challenges and were forced to adapt quickly to ensure the safety of cancer patients, at increased risk for COVID-19. Across the nation, we saw oncologists, healthcare workers, and patients overcome challenges and produce incredible solutions that may be with us for years post-pandemic. We sat down to obtain lessons learned and information that can be shared from Dr. Catheryn Yashar, MD, FACRO, FABS, FACR, FASTRO, professor, and vice-chair of the Department of Radiation Medicine at the University of California San Diego School of Medicine. Dr. Yashar provides her perspective on cancer care operations, obstacles that faced her team, and the emergence of key takeaways from the global pandemic as we begin to emerge into a post-pandemic world.

COMBATTING CANCER-RELATED COMPLICATIONS WITH PROACTIVITY

"I cannot over-emphasize how proud I am of my team at UCSD" Dr. Yashar began, "with being proactive and helping us be among the first in our region to provide testing and vaccines for our staff and our community." The University of California's San Diego School of Medicine led the area in COVID-19 testing, then the following year, became the first supercenter in Southern California for vaccination. Leading the front lines during both the beginning of the pandemic and vaccine rollout is truly impressive, and Dr. Yashar credits the exceptional UCSD team with pushing forward and leading the way. Additionally, during the worst of the pandemic, initiating screenings at the door for every employee and cancer patient were essential in protecting the facility. Maintaining safety helped ensure peace of mind in the community, as the permeated fear of high-volume hospitals and clinics impacted everyone, especially increased risk patients with cancer. Keeping these measures in place and being proactive from the beginning were the key to success for UCSD.

This proactivity was far from easy for the entire staff to maintain, as adding COVID-19 testing to elective and nonelective surgeries, emergency testing, and countless other procedures took a physical and mental toll. Extended hours impacted doctors, staff, and cancer patients, as we have seen in numerous cases around the nation. Patient fear of doctor visits and follow-up appointments were eased in part by telemedicine; implementation was quick and effective, thanks to the extra time and effort was put in by the UCSD's team, and teams across the nation.

One of the key technological advancements outside of oncology and healthcare that greatly impacted COVID-19's spread was Apple's contact tracing alert system, which let phones know when they were in close contact with a user at risk. UCSD worked in conjunction with Apple to develop this application, which Dr. Yashar highlighted as a point of pride for the entire organization. Slowing the spread of COVID-19 at the beginning of the pandemic was made possible due to partnerships across industries, and cooperation across the nation. As we continue to advance, roll out vaccinations nationwide, and combat the pandemic, remembering the steps taken to get here is important in outlining our path forward.

GETTING TO KNOW DR. CATHERYN YASHAR

Dr. Yashar operates as both professor and provider at the UC San Diego School of Medicine, with touchpoints in care, research, and leadership in her role. When we asked her of the initial interest that drove her to healthcare, and oncology specifically, she described herself as a restless spirit throughout her career, with cancer care offering a fast and ever-changing challenge. Not one to stay still for too long, Dr. Yashar reflects on her pivot from being an OBGYN to entering radiation oncology, taking every opportunity to volunteer for committees, and entering the academic side of research to further expand her horizons beyond just the oncology practice.

"Medical and radiation oncology always fascinated me because we have so much to learn. The research opportunities are vast, and there are no signs of it slowing down in the future," Dr. Yashar stated, "and every patient has a different

story, support system, and cultural background that affects how the cancer impacts them." The "care" in cancer care is incredibly important to Dr. Yashar, as combining medical expertise with empathy and understanding of each individual patient's situation goes beyond diagnosis and standard care.

"Crafting a treatment plan and guiding them through diagnosis, therapy, and hopefully recovery can be difficult, but it is interesting and rewarding."
When a cancer patient has a family or support system, tailoring these treatment plans requires asking about their abilities and needs for cooking, cleaning, transportation, and everyday household operations, discovering what changes are necessary in order to provide the best situation. "I have had more than one conversation with family members where the patient has talked about being exhausted from going home every day and cooking dinner, and my response would be to ask who else can contribute in the house, adults, older children, or otherwise, in reducing stressors and exhaustion?" Dr. Yashar said, "and looking at the total picture, I think that is imperative in oncology."

While patient care is at the center of every oncologist's drive to provide, research provides another interesting avenue for medical professionals to pursue. Intersecting with academics, Dr. Yashar's work as a professor at the University of California creates meaningful touchpoints with the future of both cancer care technology and providers. To this point, Dr. Yashar notes that seeing medical students struggle to sit on the sidelines during the pandemic was difficult, as their role had to be postponed at the beginning of the pandemic. She described the feelings of her students, saying "They were training to be doctors, and yet during one of the biggest global health crises we have ever faced, they were excluded."

Furthermore, Yashar's ascent to leadership positions came through prioritizing her work values and principles, which she believed guided her and so many of her colleagues through the ranks in health care. Her mantra? "Say yes, do a good job, and do it well and expeditiously! So the next time someone needs something done, they know to reach out to you."

Dr. Yashar went on to speak highly of the volunteering and fellowship opportunities that led to leadership opportunities at the American College of Radiation Oncology (ACRO), the American Society of Radiation Oncology (ASTRO), and the American Brachytherapy Society (ABS). Getting to know the people and operations behind great care was the step she needed to implement ideas and solutions to her many roles. Intellectual curiosity would lead to asking why certain practices and operations were done, and the committees and people she surrounded herself with provided the knowledge and ability to implement them. Now, as vice-chair of Clinical Affairs, one of the UCSD Health System's associate Chief Medical Officers, and a leader of the Breast Cancer and Gynecologic Cancer Treatment Sections, there are thousands of touchpoints in operations and care that her restless spirit can continue to drive and improve.

The final day began with a keynote presentation from Timothy Mullet, MD, UK Markey Cancer Center. The day continued with sessions discussing Transition Clinic for Care - Use of Virtual Visits to Manage Readmissions, Rate of Adoption of New Cancer Drug Therapies, Positive Disruption During Covid-19: Redefining the Comprehensive Breast Cancer Model, Workplace Safety - Cancer Center Influence of Heath System Safety, Improving Patient Care in Cancer Value Stream and Costs and Benefits of an Exercise Oncology Program.

FOUR TAKEAWAYS FROM THE PANDEMIC: THE FUTURE FOR ONCOLOGY AND HEALTHCARE

1. Proactive Solutions Made the Difference

Every system, facility, oncology practice, and team faced unique challenges during the pandemic, to ensure safety, efficiency, and the best possible care under stressful circumstances. However, during this time, progress towards these goals was swift, and results were overall positive. The nation as a whole continues to recognize the sacrifices healthcare workers made, and in the realm of medical and radiation oncology, the effect on every increased risk cancer patient was felt.

As we look to the future, in a post-pandemic America, increased safety measures and innovations in health care will remain fixtures. The "new normal" is

not just an overused phrase. Years down the line, the early 2020's will undoubtedly be the starting point of a widespread shift toward more cautious and mindful operations in healthcare and otherwise, all off the back of swift, impactful, and proactive work to provide the best care when it was needed most.

2. Students and Residents Need to be Active and Involved

Dr. Yashar viewed the stress and discontent of medial students, residents, and all learners during the pandemic through her roles in education and operations. For many, "being forced to stay home was difficult" and there were so many opportunities for socialization, hands-on learning, and idea-exchange that were unfortunately lost. Moving forward, these next few years will be incredibly interesting to see how they recover, and how our education and training adapts along with them.

3. Telehealth is Here to Stay and Evolve

The rise of telehealth in its applicability held enormous benefit for physicians and the legal precedent for technology and innovations in healthcare. With physicians across all of healthcare continuing to uncover the true value of telehealth in everyday operations, we could see certain specialties adopt permanent practices quicker than others, depending on usefulness. Radiation oncologists will probably prefer to do treatment visits in person, for example, but follow-ups and visits with patients could see successful integration. Alternatively, as technology is explored, and knowledge is advanced, individualized treatment plans for other specializations are seeing more and more implementation.

4. People from All Organizations, Industries, and Backgrounds Stepped Up

Mid-pandemic, at the Mexican border, there were many overwhelmed facilities and providers facing instability. This was not a unique case, of course, as around the world, everyone was facing stretched hours, breakdowns of communication, and difficulties providing acceptable, much less exceptional care that patients needed. However, despite their own struggles, teams of physicians from the University of California stepped up to partner with and help defend against the virus' surge, providing support where needed.

A simple story, and thankfully not a unique one, as across the world, cooperation and camaraderie shined brightly. There is no doubt that division lines were drawn in certain areas, but when it came to helping each other pull through the worst of the pandemic, people and organizations stepped up. Establishing and holding onto that cooperation drives progress and goodwill for everyone and may be a key to emerging from the pandemic stronger and better than ever before.

ABOUT REVENUE CYCLE CODING STRATEGIES & RC BILLING

Revenue Cycle Coding Strategies has provided specialty medical coding, revenue cycle, and compliance consulting services, as well as educational and training materials to the healthcare industry for over 20 years. RCCS's key to excellence lies in its extensive team of specialized coding experts and industry leaders, who create and implement customized revenue cycle solutions. Its comprehensive consulting solutions include billing auditing and assessments, compliance reviews, in-depth process mapping, and customized outsourced options, providing our clients the assistance they need to thrive in the complex and ever-changing healthcare industry.

RCCS' sister company, RC Billing, is the largest privately held oncology company based in the US. Founded in 2003, RC Billing is the provider of choice for over 350 of the nation's top medical, radiation, and surgical oncology practices. Their team is made up of experts with oncology-specific clinical backgrounds, years of experience, and a passion for oncology. RC Billing specializes in putting revenue-enhancing billing and collection systems in place that will help streamline operations and improve profitability where possible.

REGISTER NOW

Achieving Health Equity in the Enhancing Oncology Model by Implementing Collaborative Care Guidance

BY GREER MYERS, PRESIDENT, GUIDEWAY CARE

Health equity in oncology is achieved when all cancer care patients have an equal opportunity to access, receive and benefit from quality health care services. However, despite efforts over the past decade by policymakers and stakeholders to equalize health equity and patient outcomes, medically underserved populations in the United States continue to share a disproportionate burden of cancer.

Inequalities in cancer care are linked to Social Determinants of Health (SDOH), which include socioeconomic factors; modifiable cancer risk factors; psychologic factors; environmental factors; health care access and experiences; as well as biological and genetic factors. Healthcare organizations must recognize and resolve to not only talk about the issue, but also take actions to eliminate the barriers inherent in health equity. For cancer care patients, the consequences of these disparities are even more pronounced, especially in lower-income populations and among minority groups.

According to research, oncologists claim SDOH significantly impact outcomes for cancer patients. The American Cancer Society also acknowledges that a prognosis for cancer is correlated with the quality of care receive based

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: KFF.org

on SDOH factors. Additional research indicates that while clinical care accounts for less than 20% of health outcomes in the United States, SDOH contribute to the greatest influence. Among primary SDOH categories (Figure 1), financial security (83%) stood out as the most significant burden followed by access to transportation (58%), health literacy (53%) and social isolation (43%).

SUCCESSFULLY ACHIEVING HEALTH EQUITY FOR CANCER CARE PATIENTS IN THE ENHANCING ONCOLOGY MODEL

The American Association for Cancer Research recommends an equitable path forward for all cancer patients, which entails the use of patient advocates and navigators who can resolve SDOH-related disparities, the vast majority of which are non-medical in nature. To further illustrate this point, the recently released CMS Enhancing Oncology Model RFA contains the following number of references: 48 to disparities, 40 to health equity, 31 to patient navigation, 18 to care management and 5 to SDOH.

Guideway Care recently celebrated it's 10th year partnering with health care organizations to solve health equity related patient barriers. The company's origins began through a $15 million CMMI grant to prove the thesis that lay cancer navigators could improve quality, patient satisfaction and decrease cost. The program was very successful with published studies. Since then, Guideway has continued its work in oncology, but has also evolved to serve most other areas of value-based care (VBC).

Guideway Care hires and extensively trains Care Guides who successfully address SDOH and disparity-related barriers. Care Guides build peer-to-patient relationships that allow for the identification and resolution of non-clinical barriers and the escalation of clinical barriers to the proper clinical teams. This peer-to-patient relationship leads to a uniform care experience that creates value for all stakeholders in the care continuum. Guideway studies have shown that more than 80% of the identified barriers do not require clinical escalation, which substantially improves capacity within the partner's clinical team.

Promptly addressing the physical, practical, emotional, informational, spiritual and familial barriers that impact patients both improves clinical quality and decreases cost. The Care Guides' use of Guideway's proprietary platform, which guides and informs patient activation, is critical to not only the success of the peer-to-patient relationship, but also captures and communicates relevant data back to healthcare organizations (such as those data elements required under the Enhancing Oncology Model).

Not only is the platform critically important for capturing SDOH data and disparity related barrier resolution, but it is also very important for operational improvement. For example, Guideway can validate impact and performance. For one oncology program operating under a VBC model for three years, Guideway Care Guides had 70K encounters with 6k patients, resolved 98% of 6K barriers, with an average time to resolution of 9.6 days, logged 135K activities, and drove greater than 30% improvement in visit compliance. During that time Guideway captured 5.1M data points.

For hospitals, health systems, payers and provider organizations operating within value-based arrangements, this comprehensive approach to caring for all patients, including oncology, positively impacts patient outcomes, quality scores, operational costs and total cost of care. This efficient partnering model is critical to realize the goal of achieving health equity and parity.

Please contact Guideway Care if you would like to learn more about partnering to improve health equity and outcomes within your organization. To view case studies and white papers visit www.guidewaycare.com.