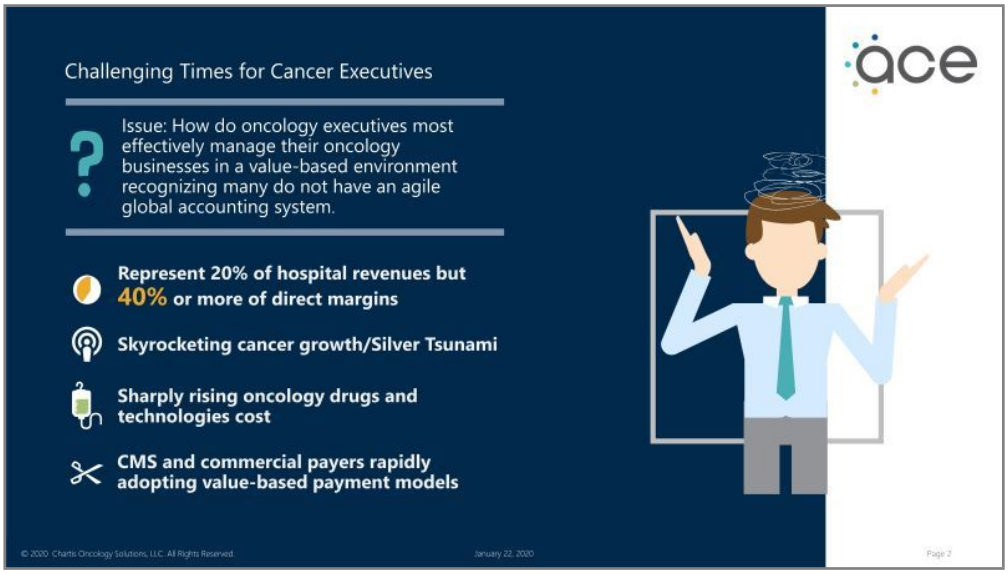
association of cancer executives
Connecting All Oncology Leaders
Measuring and Monitoring Oncology Service Line Performance
ACE 2020 Annual Meeting: New Orleans, Louisiana
January 22, 2020
CHARTIS oncology solutions
Reimagining Cancer Care
THE CHARTIS GROUP
On the vanguard of healthcare.


Challenging Times for Cancer Executives
Issue: How do oncology executives most effectively manage their oncology businesses in a value-based environment recognizing many do not have an agile global accounting system.
Represent 20% of hospital revenues but 40% or more of direct margins
Skyrocketing cancer growth/Silver Tsunami
Sharply rising oncology drugs and technologies cost
CMS and commercial payers rapidly adopting value-based payment models
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Barriers to Financial Management and Reporting
Service Line Definition
Establishing the service line definition within the organization is foundational to financial management
Siloes vs. Wholesale View
Many organizations view the independent operating units of cancer services to measure performance vs. virtually accounting for the service line in total and managing interdependencies
Analytics/BI Access
Competing priorities across the organization impact comprehensiveness of analytics and business intelligence reporting
BI Timeliness
Slower access to analytics/BI impacts timeliness of data reporting further limiting real-time business management and decision making
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It All Begins with a Definition

Defining the scope of the oncology service line is foundational. Once established, the definition serves as the basis for identifying inclusion/exclusion of patient and service types when assessing, accounting for and calculating impact and return on investment. The oncology service line definition provides an understanding of how the program performs as a whole thereby setting a baseline/starting point for which to measure growth and success in the out years. Chartis Oncology Solutions identifies the service line using the six core elements described below.

NEW CANCER CASES
A newly diagnosed case receiving all or part of his/her course of therapy at provider. Represents analytic cases only.

HEMATOLOGY/ONCOLOGY NEW PATIENTS
New patients within CPT code ranges: 99201-205; 99241-245; and, 99251-255 for office and hospital services. Represents any patient not receiving services in the practice in the last three years.

RADIATION ONCOLOGY COURSES OF TREATMENT
Any new or retreat course of therapy at provider. Represents courses of treatment as opposed to individual, discrete patients.

ONCOLOGY INPATIENTS
Any inpatient with a 24-hour or longer hospital stay. Represent admissions with a primary or first secondary ICD10 diagnosis within the code range C00-D48, Z51.11, Z51.0

OUTPATIENT INFUSION CLINIC ENCOUNTERS
Chemotherapy and related patient encounters occurring within the outpatient infusion clinic/cancer center.

ONCOLOGY OUTPATIENT ANCILLARY SERVICES
Any less than 24-hour outpatient encounter. Represents outpatients/ services at provider defined by a primary or first secondary ICD10 diagnosis within the code range C00-D48, Z51.11, Z51.0

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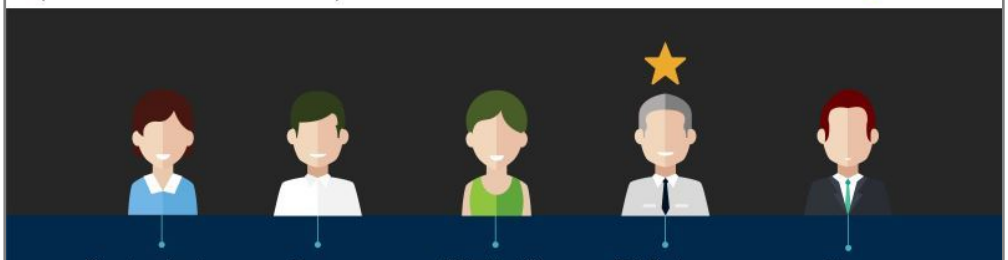
Establishing a data monitoring and reporting team is essential for report run cadence and interpretation.



Oncology Service Line Executive | Tumor Registrar | RT & Med Onc Department Representatives | IT & Business Analytics Representative | Finance Department Representative

Team **Establishing a data monitoring and reporting team is essential for report run cadence and interpretation.**

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What types of analytics should you be producing and reporting?

- Market Dynamics
- Patient Origin
- Tumor Registry Deep Dives
- Market Share/Retention/Outmigration
- Statistical & Referral Trends
- Operational Effectiveness (Staffing, FFE, IT, Satisfaction, Etc.)
- Financial Trends & Payer Implications
- Tumor-Specific Drill Downs
- Medical Staff Mix & Resource Needs
- Coding & Billing Documentation
- Access and Throughput (Patient/MD/Staff) Analytics
- Comparison to National Benchmarks
- Competitive Landscape & National Trends
- Adherence to Established Program Goals

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Comprehensive Business Intelligence Across the Service Line

Many cancer executives can accomplish robust service line management tracking and monitoring by establishing a cadence of 6 reports from their decision support/BI teams and using these powerful data sets to identify and drive quality and performance improvement in a range of areas.

- **Market Sizing**
  - Service Area
  - Incidence
  - Market Estimator
  - Pop Inc
  - Market Utilization
  - Market Breakdown
- **New Cancer Cases**
  - Map
  - Market Share
  - Market Share Trends
  - Disease Site
  - Class of Case
  - Patient Origin
- **Volume**
  - Inpatient
  - State IP
  - Outpatient
  - Inpatient Surgery
  - State IP Market Share
  - State IP Service Area
  - State IP Tumor Group
- **Med Onc**
- **Rad Onc**
  - Courses
  - Captured
  - Outmigration
  - Courses by Disease
  - Volumes by Modality
  - Volumes by Provider
  - Volumes by Referring
- **Financials**
  - Virtual Budget
  - Scenarios
  - Inpatient Financials
  - OP Financials
  - Tumor Site Financials
  - IP Revenue - PCP
  - OP Revenue - PCP
  - OP Cancer Revenue
  - Cancer Payments - Attending
  - MCR Payments - RO Tech
- **Benchmarks**
  - CMS Part B
  - Ad Hoc
  - ONC iQ
  - Inpatient Benchmarks
  - Key Performance Indicators

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WHAT STANDARDIZED REPORTS ARE NEEDED TO MONITOR PERFORMANCE?

TUMOR REGISTRY
Analytic case counts, class of case mix, disease mix, staging and patient origin

MEDICAL AND SURGICAL INPATIENTS
Medical and surgical IPs defined by 1° and 2° ICD-10 codes

INPATIENT STATE DATA
State IP database medical and surgical IPs defined by 1° and 2° ICD-10 codes

ONCOLOGY-RELATED OUTPATIENTS
OP ancillary encounters defined by 1° and 2° ICD-10 codes

ONCOLOGY-RELATED OUTPATIENTS
Charge level detail by CPT/HCPCS code

RADIATION ONCOLOGY AND INFUSION CLINIC
Payer mix and collections, profit/(loss) statement and staffing and assets

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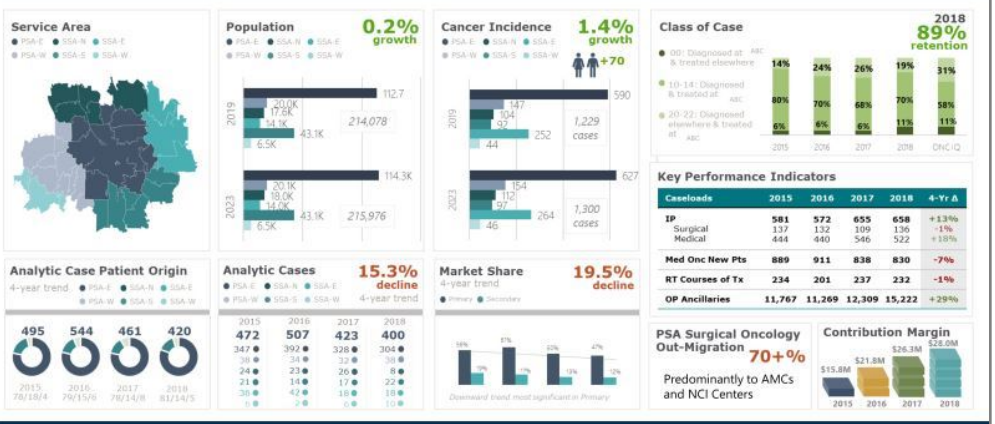
Creating Your Cancer Program Dashboard: *Example 1*



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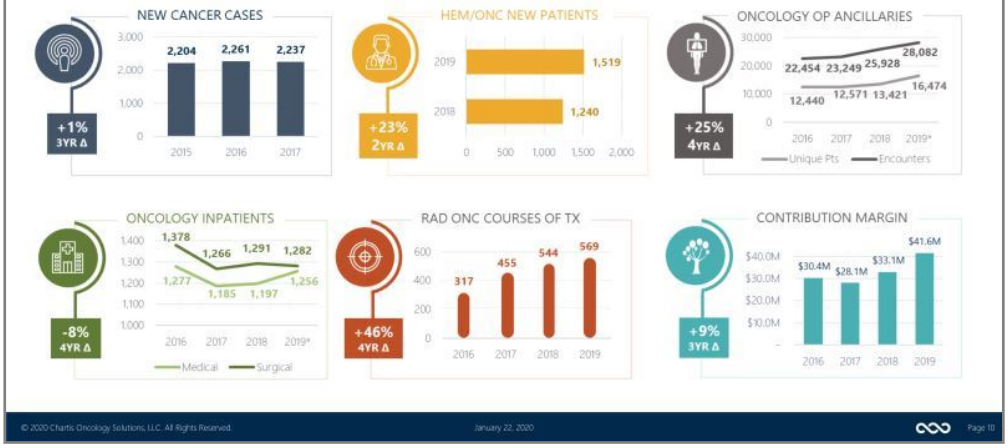
Creating Your Cancer Program Dashboard: *Example 3*



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Creating Your Cancer Program Dashboard: *Example 4*

Inpatient surgical services trends are declining for the most recent three years, with medical and radiation oncology driving contribution margin growth.

	New Cancer Cases('15-'17)	IP Oncology Admissions *Medical*	IP Oncology Admissions *Surgical*	OP Encounters *Encounters*	OP Encounters *Unique Patients*	Medical Oncology New Patients[2]	Radiation Therapy Courses of Tx	Contribution Margin
CY 2015/ FY 2016	1,896 New Cancer Cases	-- Medical Admission	-- Surgical Admission	-- Encounters	-- Unique Patients	- New Patients	-- Courses of Tx	$-- Contribution Margin ($-- per NCC)
CY 2016/ FY 2017	1,961 New Cancer Cases	551 Medical Admission	954 Surgical Admission	49,816 Encounters	13,170 Unique Patients	2,775 New Patients	593 Courses of Tx	$32.7M Contribution Margin ($16.7K per NCC)
CY 2017/ FY 2018	1,904 New Cancer Cases	635 Medical Admission	926 Surgical Admission	49,214 Encounters	13,440 Unique Patients	2,798 New Patients	641 Courses of Tx	$36.7M Contribution Margin ($19.3K per NCC)
FY 2019	- New Cancer Cases	679 Medical Admission	862 Surgical Admission	54,594 Encounters	14,061 Unique Patients	3,192 New Patients	716 Courses of Tx	$38.6M Contribution Margin
3 / 4 YR Δ	+0.4% New Cancer Cases	+23.2% Medical Admissions	-9.6% Surgical Admissions	+9.6% Encounters	+6.8% Unique Patients	+15.0% New Patients	+20.7% Courses of Tx	+18% Contribution Margin

Data Source: Tumor Registry; Hospital provided inpatient and Outpatient data | [1] New Cancer Cases reflect CY 2015-2018; CY2018 data not available at the time of reporting | [2] No Medical Oncology patients prior to February 2017.
*2019 Data Annualized | OP encounters represent unique accounts billed, excluding Medical Oncology and Radiation Therapy

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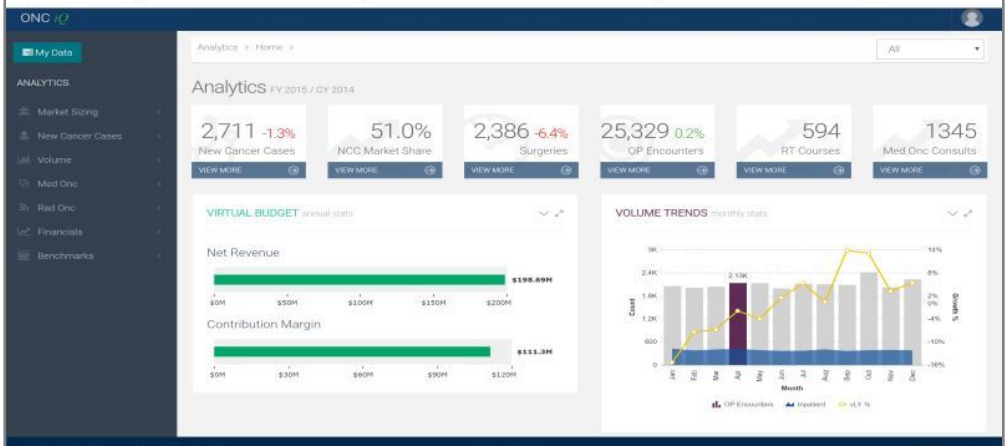
Creating Your Cancer Program Dashboard: *Example 2*



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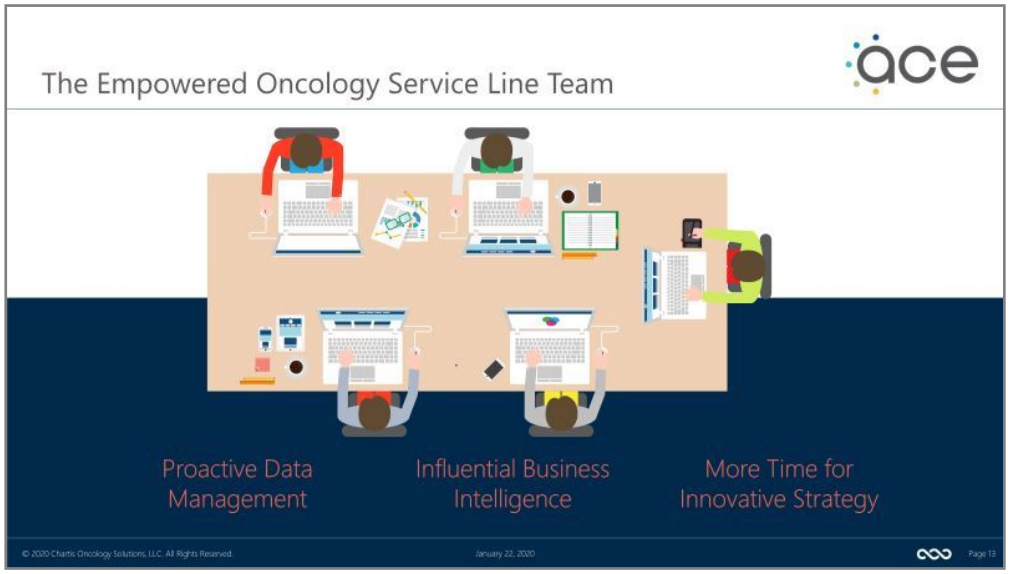
The Empowered Oncology Service Line Team
ace
Proactive Data Management
Influential Business Intelligence
More Time for Innovative Strategy
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Reimagining Cancer Care
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