



Integrating Practice Consistency Across Care Systems

Kamadi Camp MBA, PMP

Director of Clinical Programs – Solid Tumor

LEARNING OBJECTIVES

1. Summarize an Enterprise Approach to Integrating Pathways into Practice



2. Distinguish Various Factors that Create Hurdles to Implementing Consistent Care

3. Translate Key Performance Indicators into Opportunities

TEAMWORK MAKES THE DREAM WORK!



HCA HEALTHCARE OVERVIEW



270,000 colleagues



1,800 sites of care



21 states and two countries



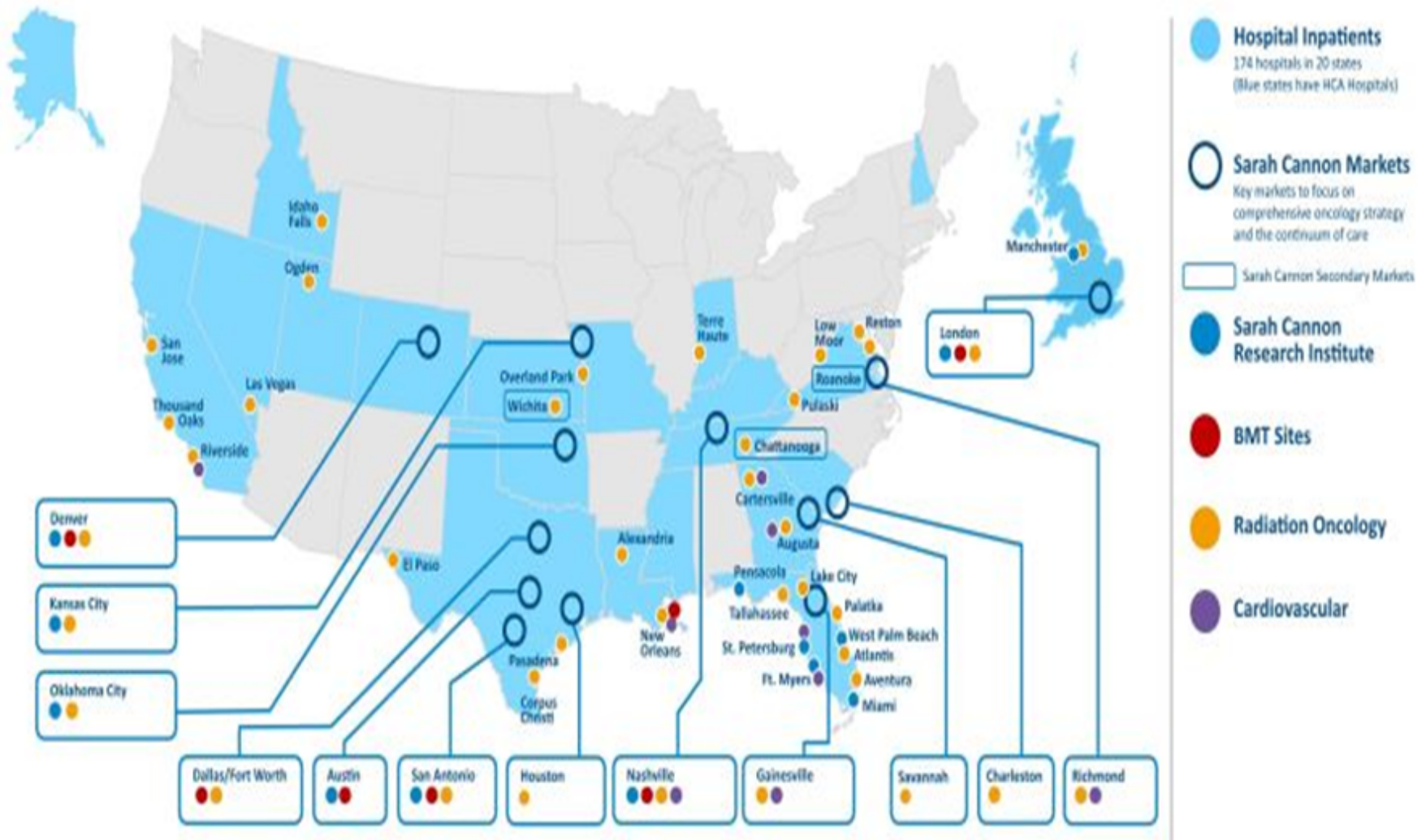
30+ million patient encounters annually



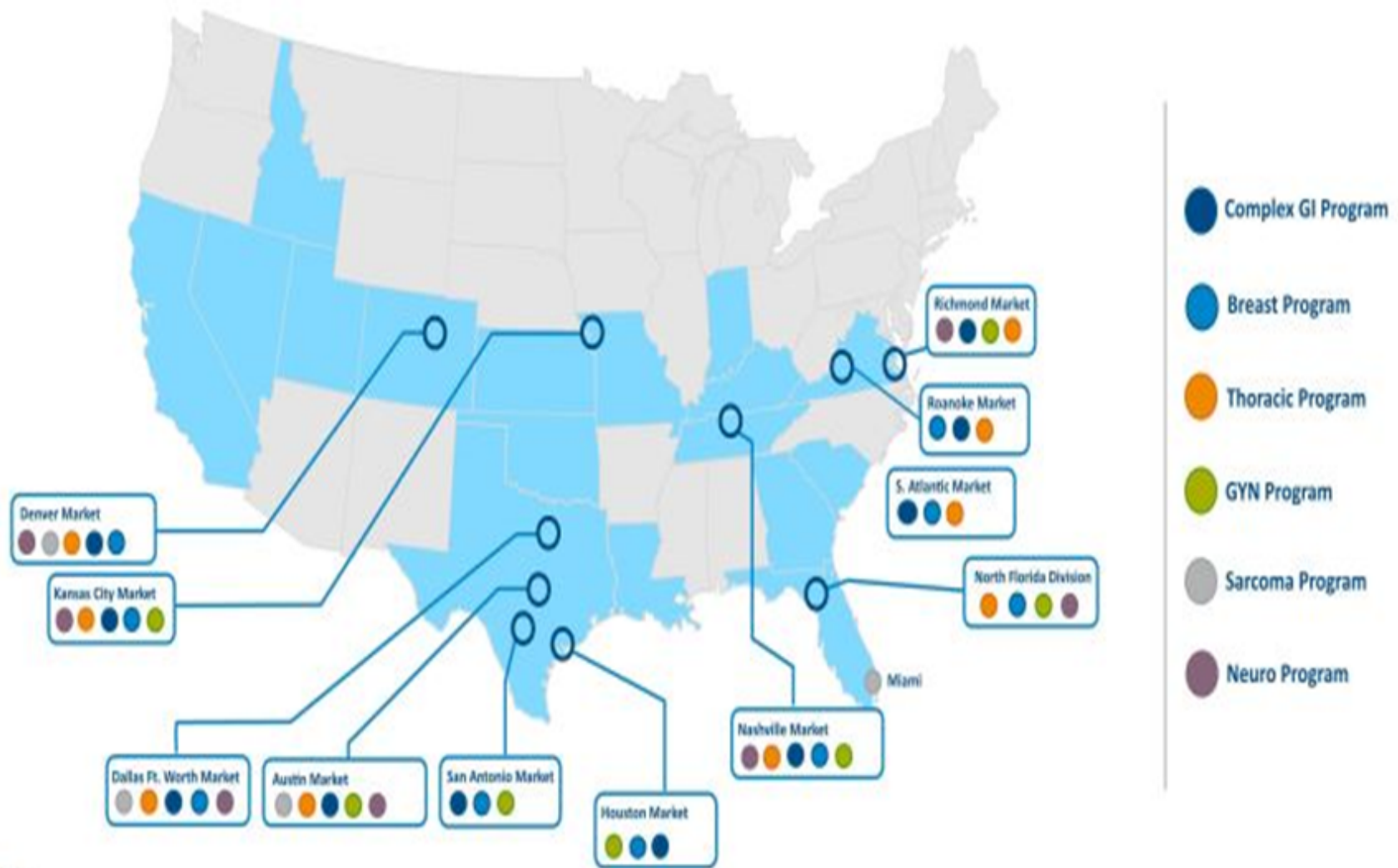
2018 ANNUAL HCA HEALTHCARE PATIENT TOUCHPOINTS



HCA/SARAH CANNON ASSET OVERVIEW



CLINICAL PROGRAMS SOLID TUMOR PROGRAM FOOTPRINT



CLINICAL PROGRAMS COMMUNITY IMPACT 2020

Local
Workgroup
Meetings
225+

8 Solid Tumor
Programs

22
Pathways
Developed

**CLINICAL
PROGRAMS
COMMUNITY
IMPACT**

15
Markets

Engaged
Physicians
350+

64
National Leadership
Meetings & Tumor
Conferences

9365+
Patients
Impacted

OUR MISSION

Our Mission

People who live with cancer – those who work to prevent it, fight it, and survive it – are at the heart of every decision we make. Bringing the most innovative medical minds together with the most passionate caregivers in their communities, we are transforming care and personalizing treatment. Through clinical excellence and cutting-edge research – together – we are redefining cancer care around the world.



Howard Burris, MD

Chief Medical Officer



C. Fred LeMaistre,
MD

Physician-in-Chief,
Hematology



Dax Kurbegov, MD

Physician-in Chief,
Clinical Programs



Richard Geer, MD

Physician-in-Chief,
Surgical Oncology



Stephanie Graff, MD

Director, Breast Cancer
Research,
HCA Midwest Health



Andrew Kennedy, MD

Physician-in-Chief,
Radiation Oncology



Susan Garwood, MD

Director, Lung Cancer
Program, TriStar Health

ENTERPRISE INTEGRATION

SUMMARIZE AN ENTERPRISE APPROACH TO INTEGRATING PATHWAYS INTO PRACTICE



OBJECTIVE 1

WHAT ARE PATHWAYS FOR SARAH CANNON?



OBJECTIVE 1

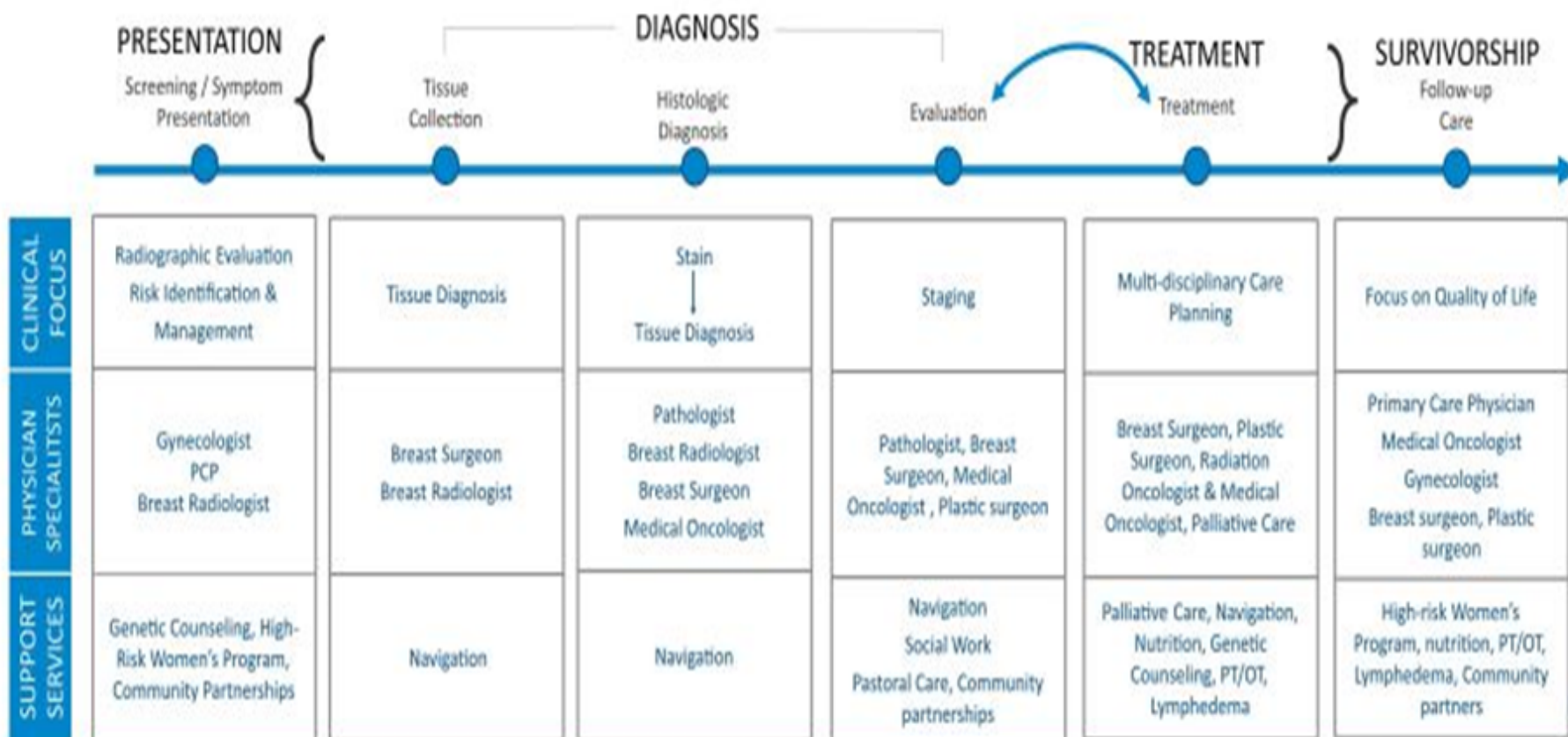
Clinical Pathways aim to improve, in particular, the continuity and coordination of care across different disciplines and sectors

Standardize evidence-based practice throughout Network

Utilization and distribution of expertise across National Network

Provide synchronicity to enact impactful change

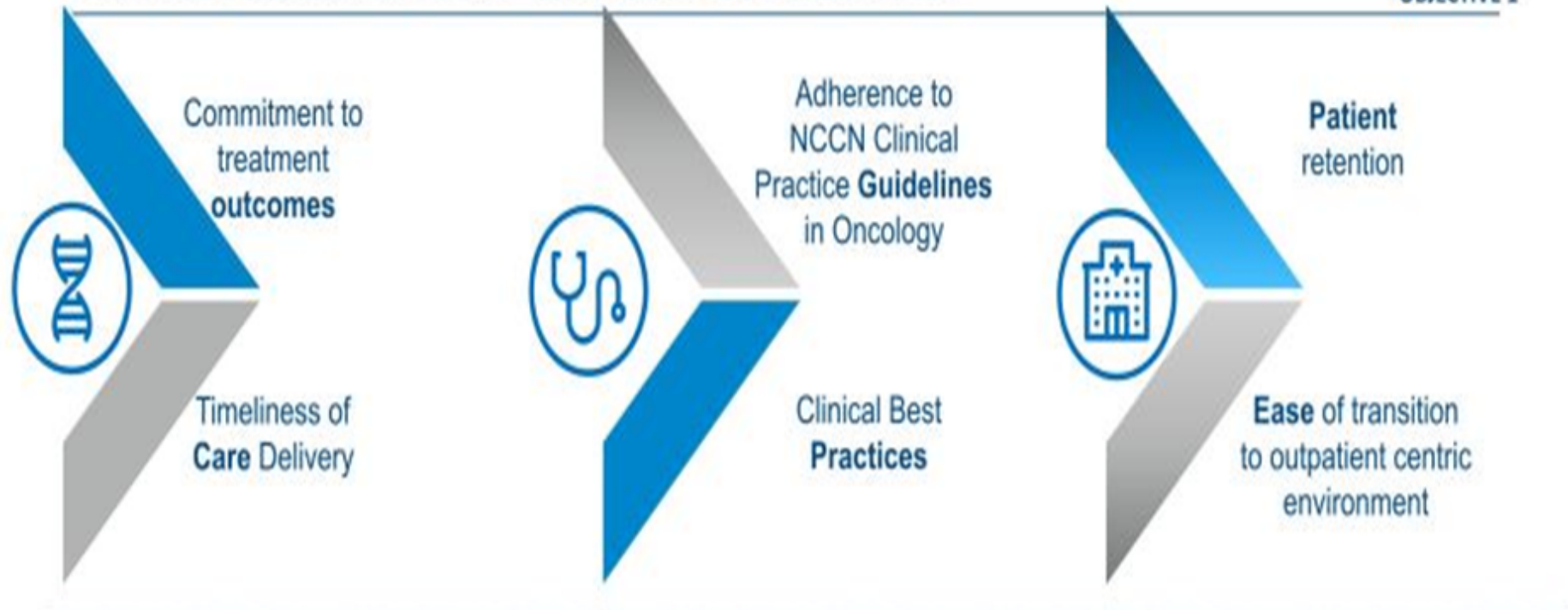
Provides Metrics and Standards for Navigation





OBJECTIVE 1

CLINICAL PATHWAYS AND THE VALUE TO PATIENTS



25 days

Average time from Diagnosis to treatment for navigated patients



Overall MDM adherence metrics

(January through November 2019)

Complex Gastro-Intestinal: 73%

Breast: 65%

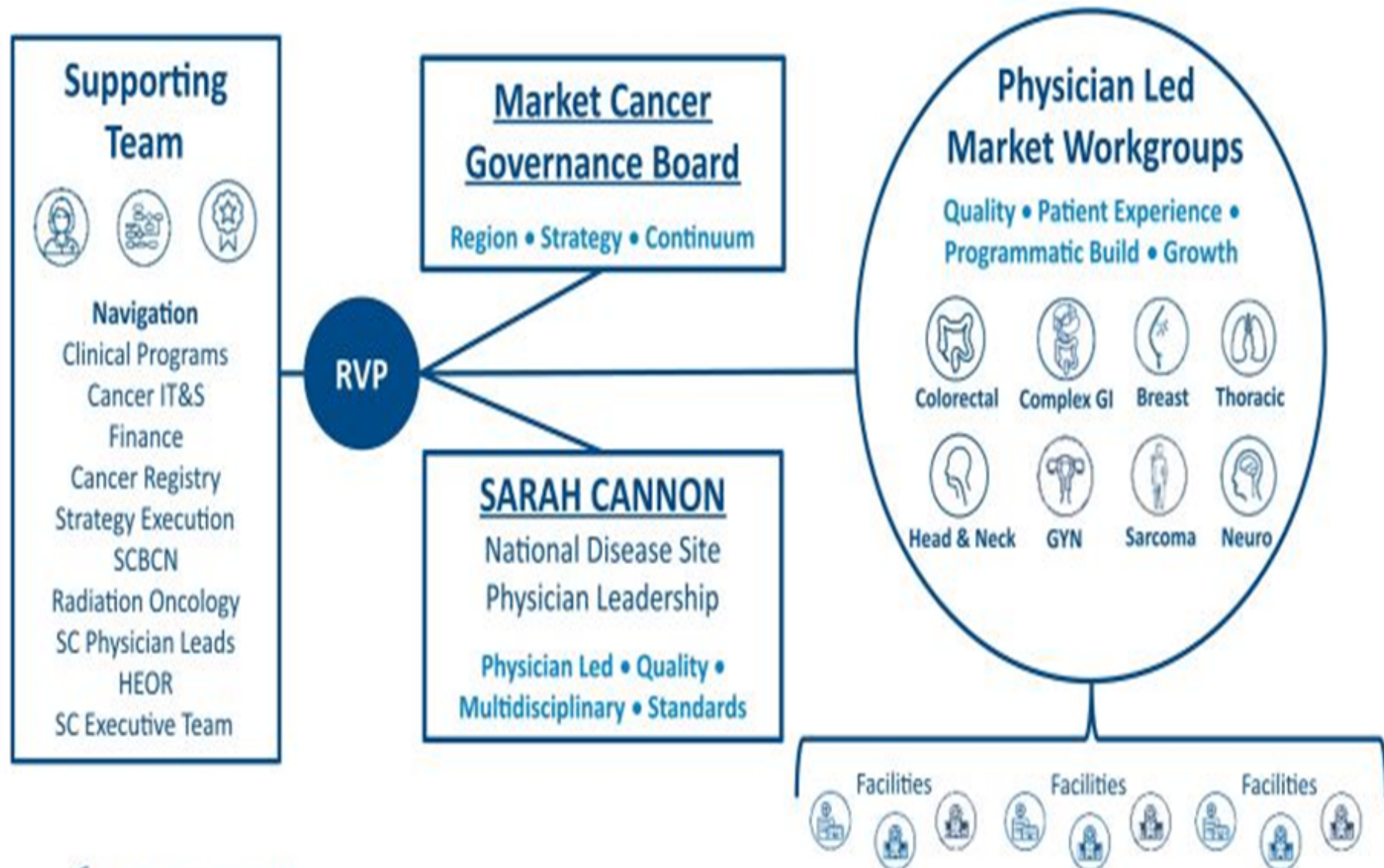
Thoracic: 72%

97%

Navigated patient retention rate



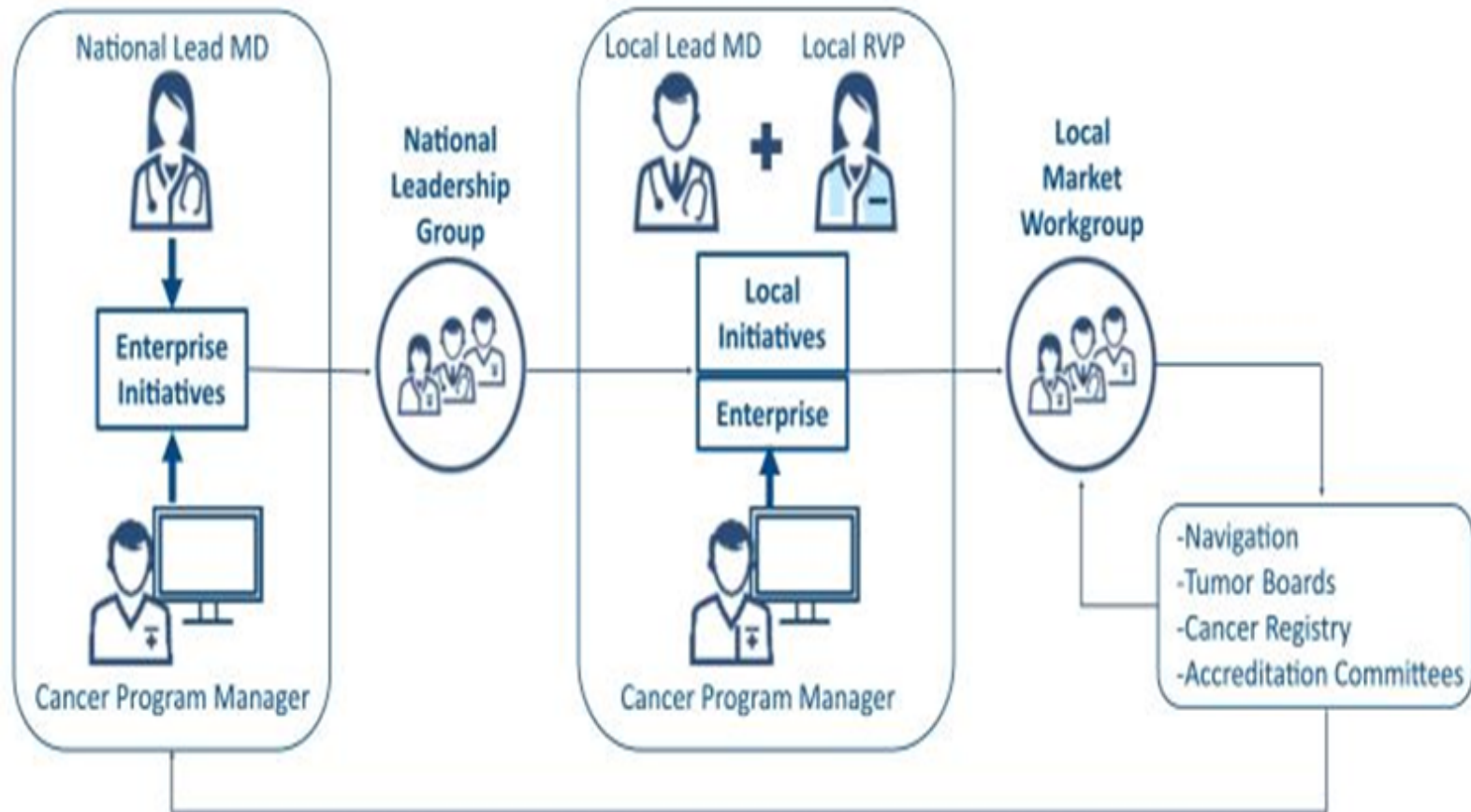
SARAH CANNON CANCER GOVERNANCE MODEL





CONSTANT PROGRESSIVE COMMUNICATION

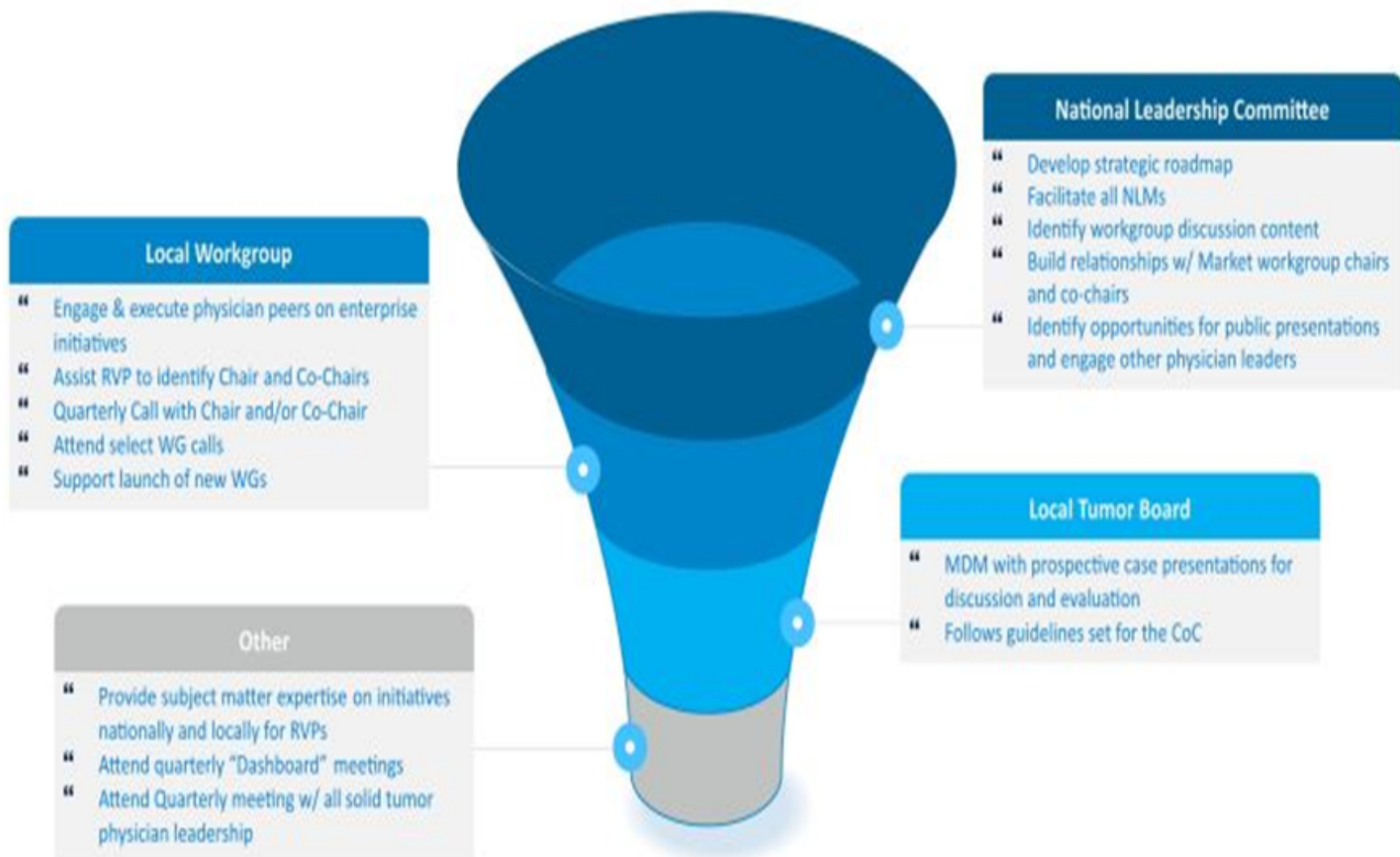
INDIVIDUAL WORKGROUPS: Breast, Complex GI, Thoracic, GYN-Onc, Sarcoma, Neuro



DIVISION/MARKETS: Austin • Dallas • Denver • Houston • Kansas City • Nashville • North Florida • Capital • San Antonio



HIERARCHY OF INFLUENCE





PATHWAY DEVELOPMENT: WHAT YOU NEED TO KNOW



Development

4 - 6 MONTHS



Physician

- Physician engagement
- Pathway build
- Define adherence metrics



Navigation

- Assist with data accuracy
- Ensures workflow is feasible



Pilot

3-6 MONTHS

- Define the pathway workflow process
- Implement pathways in practice
- Review metric for data concerns or issues
- Work groups review and discuss findings

- Review reports for data entry concerns and accuracy
- Define care coordination barriers



Operational

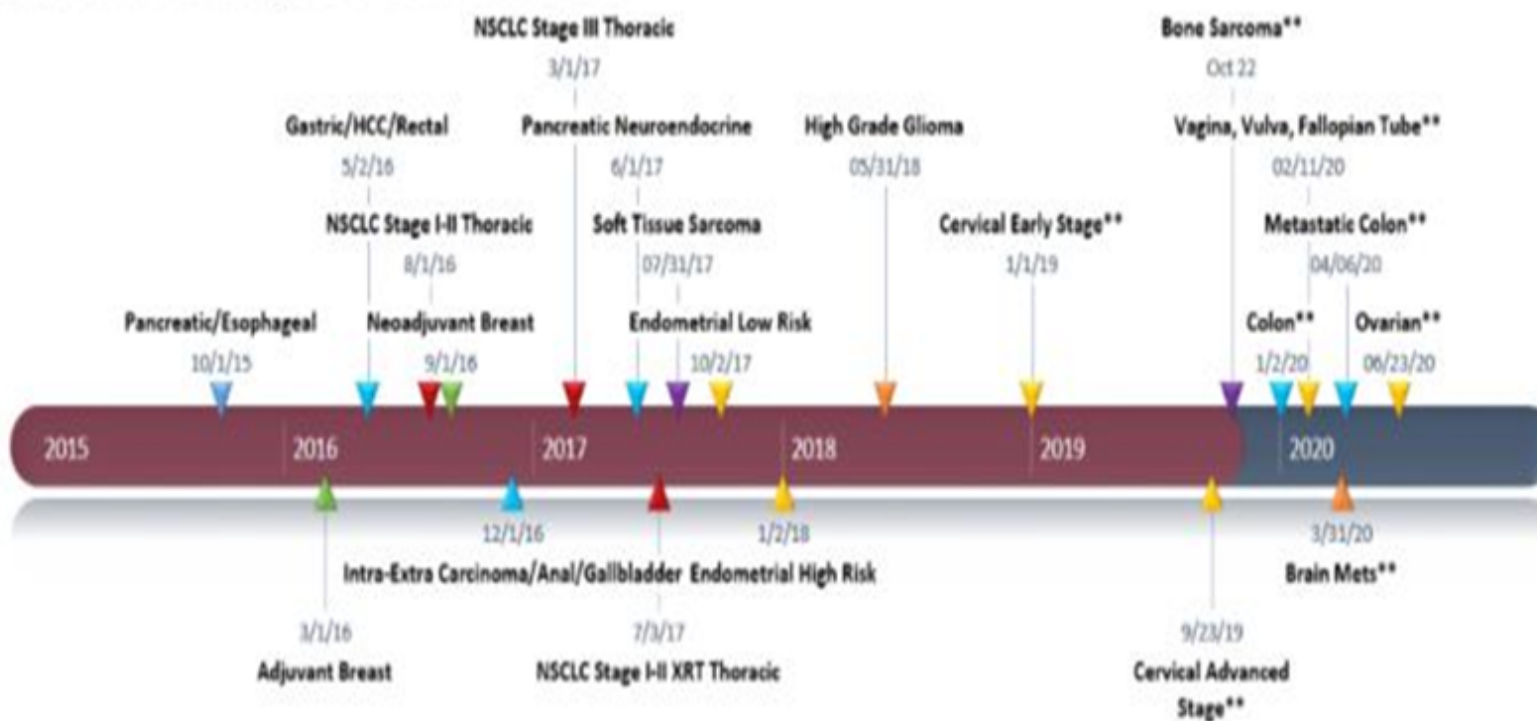
ONGOING

- Distribute adherence data across Sarah Cannon enterprise
- Communicate on pathway improvements and enhancements
- Participate and define outcomes research opportunities

- Fall-out report review for accuracy
- Work with physician for best practice alignment
- Communicate effectively to new physicians regarding role responsibilities
- Educate and assist other navigators



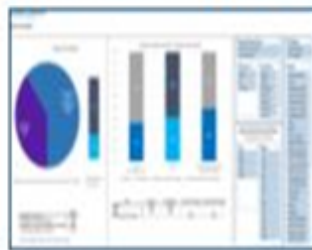
Clinical Pathways Go-Live Timeline





REPORTING

Overall Adherence Report



- Monthly Operational Pathways
- Contrasts Navigated vs Non
- Core vs Non Market

CP3R Data Reports



- Tumor Specific Quality Measures
- Comparative Data for Physicians
- Fosters Pre-Emptive Awareness of Quality

Tumor Specific Adherence Reports

- Tumor Specific Pathways
- Pathway Specific Adherence Metrics
- Filterable by Navigator/Physician



Trended Adherence/Fall-Out Reports

- Pulls Non-Adherent Patients for Navigation Review
- Details Reason for Non-Adherence
- Displays Non-Adherent Reason Trends



Adherence Report Visuals



- Built Quarterly for Presentations
- Contrasts Different Patient Cohorts

Outcomes Measures Report



- Displays Survivorship and 30 Day Post-Op Mortality Rate for Different Patient Cohorts




OPPORTUNITY-OBSTACLES

DISTINGUISH VARIOUS FACTORS THAT CREATE HURDLES TO IMPLEMENTING CONSISTENT CARE



OBJECTIVE 2



 PEOPLE	 PROCESS	 TECHNOLOGY
<ul style="list-style-type: none">• Getting Started• Not Feeling Involved	<ul style="list-style-type: none">• Staying Current• Lack of Integration	<ul style="list-style-type: none">• Data Collection• Data Accuracy• Outcomes



Example Opportunity Number 1



Data Collection

- Adherence Philosophy
- Observation
- Delivery

Example Opportunity Number 2



Physician Engagement

- Employment models
- Comprehensive Engagement
- Corporate
- We Already Use/Follow Pathways

WHAT DOES SUCCESS LOOK LIKE?

TRANSLATE KEY PERFORMANCE INDICATORS INTO OPPORTUNITIES



OBJECTIVE 3

PATHWAYS IMPROVE PATIENT CARE



9365+

Patients on Pathway
(Breast, Complex GI, Thoracic)

2015	2016	2017	2018	2019
50	1099	2046	2840	3095



Complex GI Pathways



350+

Engaged Physicians across 10 Markets
(Austin, Capital, Continental, Dallas, Houston, Kansas City, Nashville, N. Fla, San Antonio, S. Atlantic)

2015	2016	2017	2018	2019
15	65	60	125	100



Thoracic Pathways



Breast Pathway



■ Pathway Adherence ■ Non-Pathway Adherence | Baseline prior to Pathway implementation

CONFIDENTIAL - Contains proprietary information. Not intended for external distribution.

¹Data Range: 10/15 - 12/19



OBJECTIVE 3

Clinical Programs – Research Studies

1

HEOR 12 – Ongoing Prospective Study

Neoadjuvant Therapy for Borderline Resectable Pancreatic Cancer Patients

- Determine if chemotherapy prior to surgical resection will improve resectability and survival rates for patients with borderline resectable pancreatic cancer
- Evaluate the ability to establish a protocol-driven multidisciplinary approach to borderline resectable pancreatic cancer in the community setting across multiple Sarah Cannon centers

2

HEOR 14 – Abstract Pending

The Effects of Navigation and Pathways on Pancreatic Cancer Patients

- Investigate effectiveness of Navigation and Pathways programs on pancreatic cancer patient post-op mortality and survival, and compare program outcomes to outcomes of similar patients from national data (SEER).

3

HEOR 15 – Abstract Presented at ASCO

Impact of Breast Cancer Pathway Implementation on Genetic Referrals and Testing

- Genetic counseling and testing (GC/T) for breast cancer associated genetic mutations are important components in the appropriate management of newly diagnosed breast cancer.
- Pathways were used to help appropriately select patients who meet criteria across the Sarah Cannon Cancer Network (SCCN).

4

Upcoming Clinical Program Research Studies

- Surgery vs. SBRT
- Outcomes after surgery for early stage cervical cancer
- Value of Enhanced Surgical Recovery (ESR) in Complex GI surgical procedures across SC markets
- The effects of adherence to pathways on outcomes for lung cancer patients



LEVERAGING THE SCOPE AND SCALE OF CLINICAL PROGRAMS

345+ Tumor Specific Markets Assessed  5 Signature 24 Comprehensive 30 Core

HRWP

 Consistently and appropriately identifying women, who are high risk from the

20%

screening mammogram patients, then manage those women through genetic counseling/testing, risk management interventions and surveillance

Colorectal Tumor Program Development

addressing the **3rd** most common cancer diagnosed in U.S.

improving care in young men and women with oropharyngeal cancer associated with HPV infections

70%

Head & Neck Tumor Program Development

Pathology Standardization



White Paper -Breast- -Thoracic-

Molecular Profiling

Algorithms developed for application across HCA enterprise.



Virtual Market Assessment

96hr 

Reduction in market assessment process



Programmatic Dashboard

gathering - developing - reporting
programmatic health information that informs by tumor site

Brain Mets



utilizing AI to identify metastatic brain tumors via Radiology Reports

~4%

expected cases/year (breast & lung)

MDM

increasing local breast tumor boards adherence of multidisciplinary meetings to 100%



Developing Documenting Deploying

Survivorship

Ensuring Commission of Cancer accredited markets and facilities have the appropriate knowledge and tools to comply 100% with the new survivorship standards



In 2019:

43

 National Meetings

New Market Workgroups kicked off across Enterprise **16**

22 Active Pathways (4 additional in draft)



OBJECTIVES

 OBJECTIVE 1	 OBJECTIVE 2	 OBJECTIVE 3
Summarize an Enterprise Approach to Integrating Pathways into Practice	Distinguish Various Factors that Create Hurdles to Implementing Consistent Care	Translate Key Performance Indicators into Opportunities

QUESTIONS?





THANK YOU