ASSOCIATION of CANCER EXECUTIVES

Learnings from the Oncology Care Model: An Interactive Session on The Care Transformation Journey – Challenges, Victories, and Opportunities for Participants in CMS' Oncology Care Model

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Parkland

Dallas–Fort Worth TX Metropolitan Statistical Area[1]

<u>7.1 million people</u>

- Urban core surrounded by large rural population
  - 47% Non-Hispanic White
  - 29% Hispanic
  - 15% Non-Hispanic Black
  - 25-33% uninsured

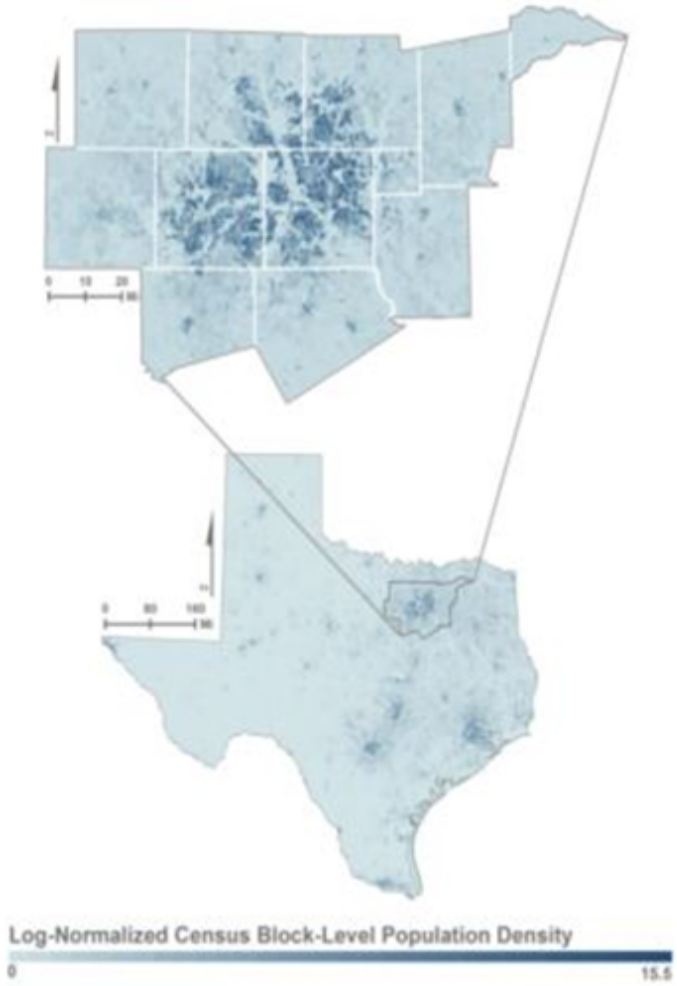
<u>Late stage diagnoses exceed national rates</u>

- Breast
- Colon
- Lung

<u>Cancer mortality exceeds national rates</u>

- Cervical
- Hepatocellular
- Kidney

[1]12 counties including Dallas and Tarrant, as designated by the US Office of Management and Budget



Parkland

Parkland & UTSW

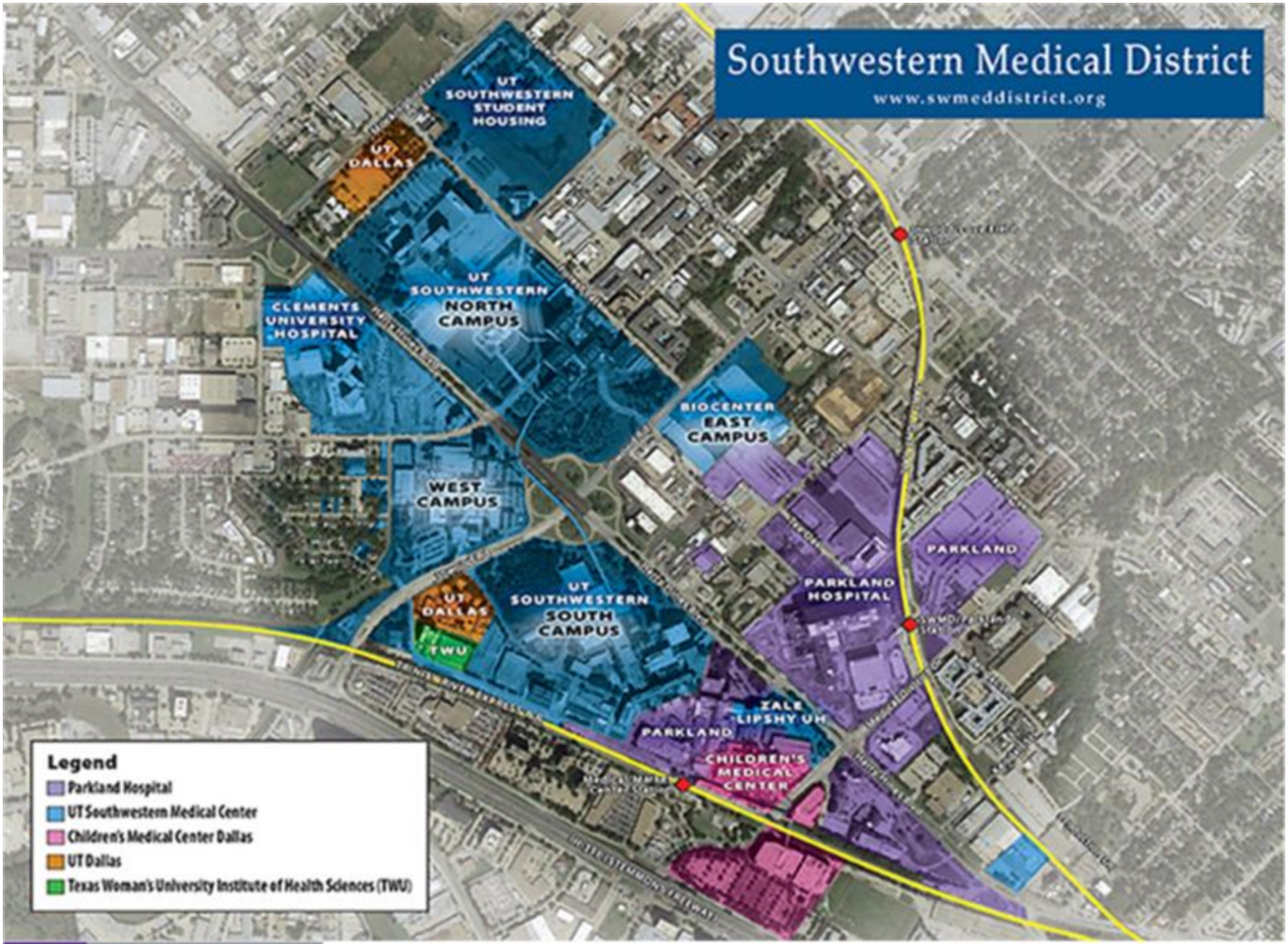
Parkland

- Dallas County Public Hospital
- Serves primarily low-income and indigent patients
- 20 Community-Based Clinics
- Numerous Outreach and Education Programs
- Access to UTSW Clinical Trials Program
- 100% of Cancer Physicians are UTSW Faculty

UTSW

- NCI Designated Comprehensive Cancer Center (2015)
- Serves primarily private-pay and Medicare patients
- 3 Outpatient Cancer Clinics
- Embedded Supportive Care Programs, Palliative Care, Pain Management, Rehabilitation
- Integrated Clinical Trials Program
- Robust Pharmacy Services (Retail and Specialty)

Parkland


Southwestern Medical District
www.swmeddistrict.org
UT SOUTHWESTERN STUDENT HOUSING
UT DALLAS
UT SOUTHWESTERN NORTH CAMPUS
CLEMENTS UNIVERSITY HOSPITAL
BIOCENTER EAST CAMPUS
WEST CAMPUS
PARKLAND
PARKLAND HOSPITAL
UT DALLAS
TWU
UT SOUTHWESTERN SOUTH CAMPUS
ZALE LIPSHY UH
PARKLAND
CHILDREN'S MEDICAL CENTER
Legend
Parkland Hospital
UT Southwestern Medical Center
Children's Medical Center Dallas
UT Dallas
Texas Woman's University Institute of Health Sciences (TWU)

Parkland

Cancer Care at Parkland & UTSW

Parkland	UTSW
~ 2,355 new cancer cases/year	~ 7,000 new cancer cases/year
Cancer Care is organized in multi-disciplinary clinics, focused on type of cancer	Cancer Care is organized in multi-disciplinary clinics, focused on type of cancer
28 bed inpatient unit	64 bed inpatient unit in Clements University Hospital
48 Infusion Chairs	90 Infusion Chairs
Outpatient services provided at 1 location	Outpatient services provided at 3 locations
Patients have higher acuity (delayed care, with more advanced cancers)	Patients with late-stage disease often exceed the national average

Parkland

Lahey Hospital & Medical Center

Beds:
345

Patient admissions and observations:
30,288; Occupancy averages 98%

Awards

Health Grades Distinguished Hospital for Clinical Excellence

Lowest cost academic teaching hospital in the United States

100 Hospitals and Health Systems with Great Neurosurgery and Spine Programs by Becker's Hospital Review

Department of Transplantation was again named an Institute of Excellence for adult liver transplants by Aetna

Program Highlights

Level II Trauma Center

An academic teaching hospital for Tufts University School of Medicine

Pioneered a model for low-dose CT lung cancer screening

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Cancer Institute

Keeping Care Local

Lahey Health System

Hospitals (6 Campuses; Outpatient Centers)
Affiliates: Three affiliated hospital members in Derry, Nashua and Portsmouth NH
Primary Care/Specialist Physicians (~1,400 employed and affiliated physicians)
Behavioral Health Services (outpatient, inpatient, addiction, children/youth, emergency services)
Senior/Continuing Care Facilities (skilled nursing, assisted living, hospice)
Home Health & Hospice
Accountable Care Organization (60% of patients are treated by Lahey Health through risk arrangements with their payers)

Cancer Services: Seven cancer centers in Massachusetts and New Hampshire

Lahey Health
Cancer Institute

About Lahey Health Cancer Institute

Key Statistics

Cancer Cases: 5,400 total cases and 4,900 analytic cases
Affiliates: Three affiliated hospital members in Derry, Nashua and Portsmouth NH
Number of Medical Oncologists/Hematologists: 31
Number of AP's: 15
Number of Radiation Oncologists: 10

GYN Oncologists: 3
Breast Surgeons: 11
Thoracic Surgeons: 12

Number of Ambulatory Infusion Chairs/Beds: 139

Comprehensive Research Program: Main Members of NRG and SWOG; Members of ECOG,/ACRIN, Alliance; Clinical Trials, Translational Basic Science Research and Animal Laboratory, and Comparative Effectiveness Research Institute

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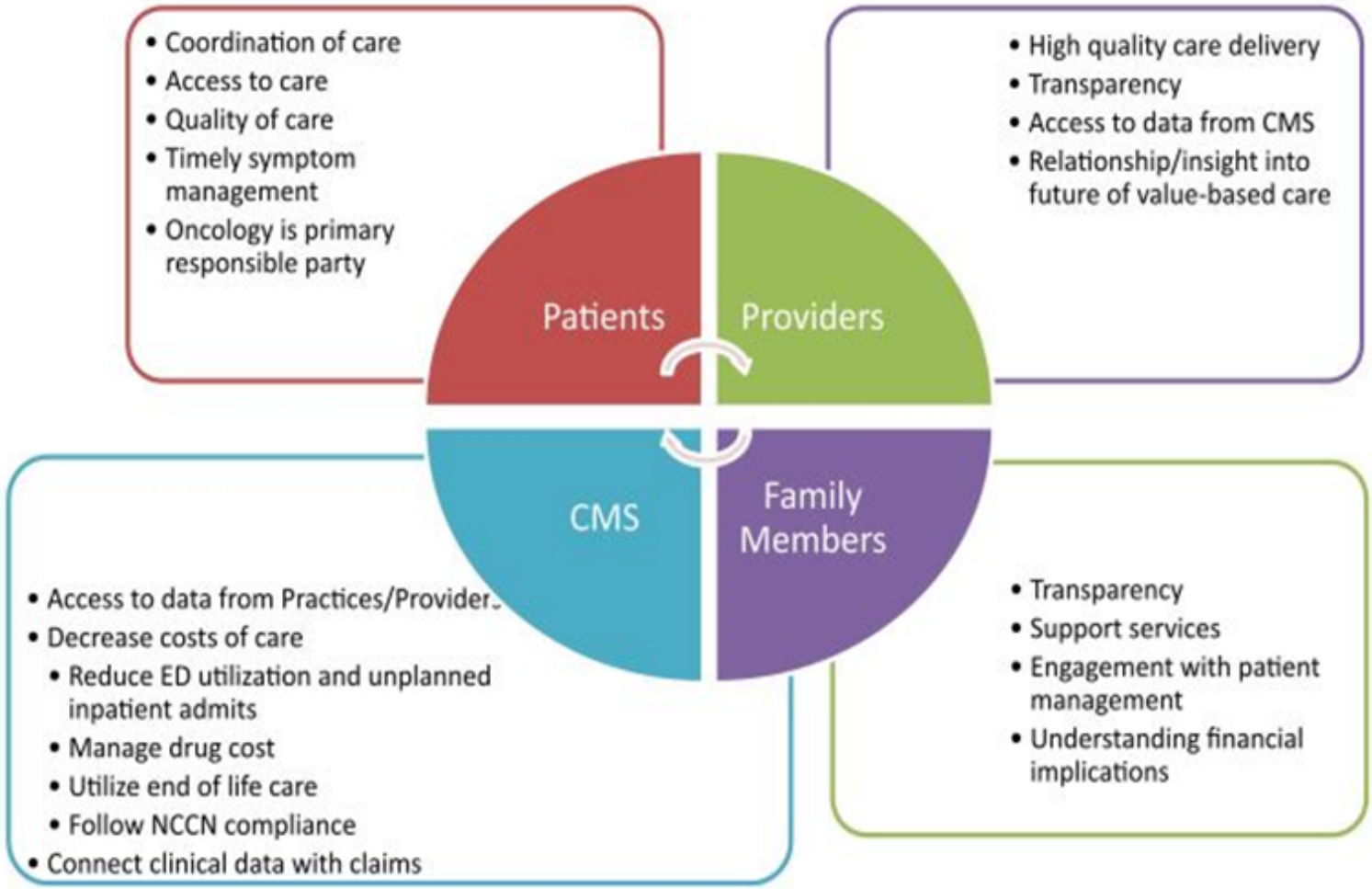
1. What does OCM mean for our stakeholders?



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Challenges and Core Requirements: What It Meant for Us?

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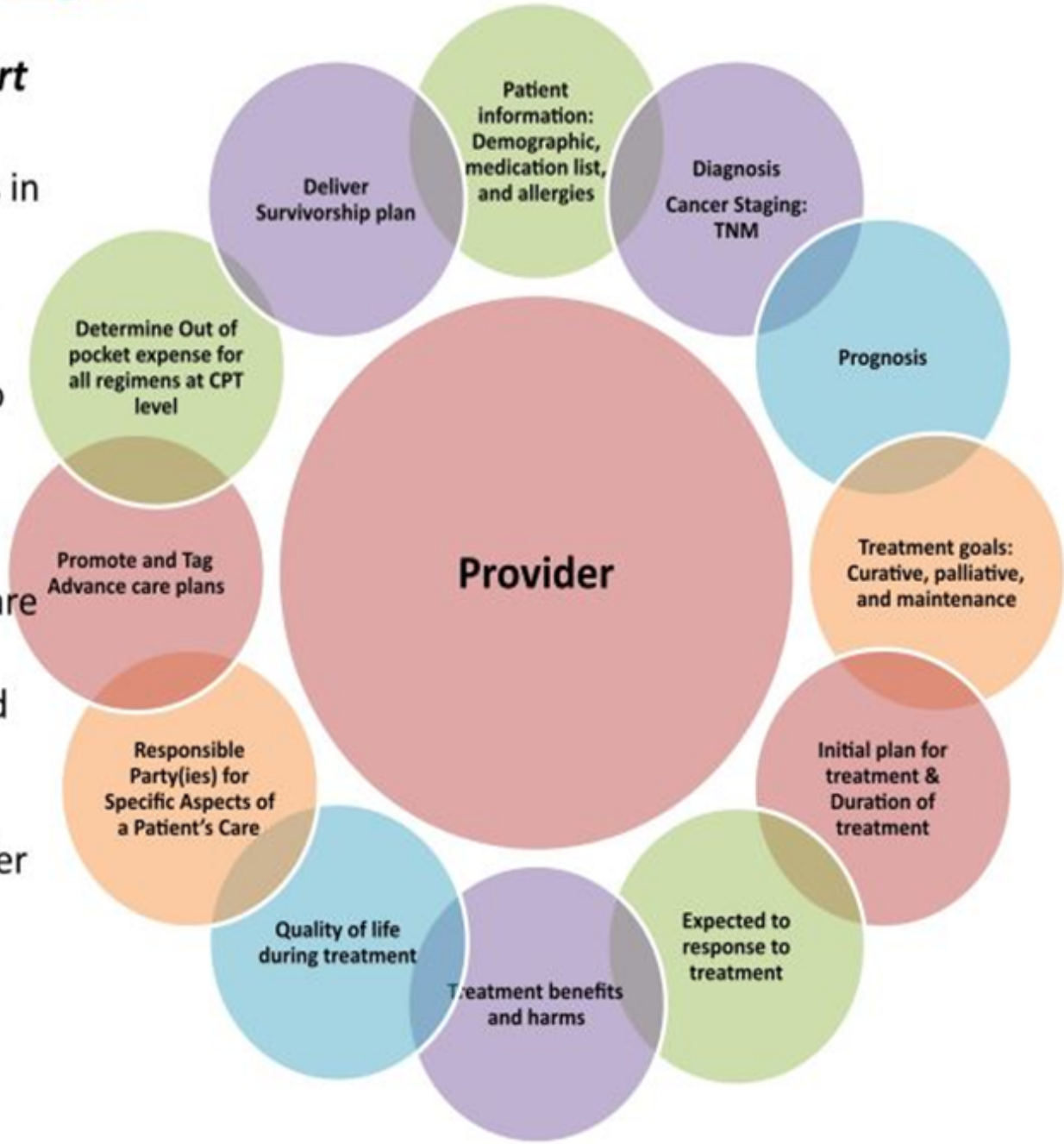
OCM Enhanced Services

- Provide OCM Beneficiaries with 24/7 access to an appropriate clinician who has real-time access to the Practice's medical records
- Provide core functions of patient navigation to OCM Beneficiaries
- Document the 13 components of the Institute of Medicine Care Management Plan within the OCM Beneficiary's' chart
- Attest that OCM Beneficiaries are treated with therapies that are consistent with nationally recognized clinical guidelines and be able to report

Infrastructure Changes

EPIC Fields Built to Report On:

1) MD to Stage all patients in EPIC
2) Fields define prognosis, treatment goals, and expected to response to treatments.
3) Treatment benefits & harm
4) Train staff to become Care Team Members
5) Report out on Advanced Care Plan, if on file
6) Report on medication reconciliation by provider at each visit



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CMMI Data Registry for OCM Patients

Clinical Data: All Cancer Types

- Initial diagnosis date
- Current clinical status
- Cancer Stage: TNM
- Disease-specific data
  - Breast – histology; estrogen and progesterone receptor status, HER2amplification status; prognostic multi-gene assay performed/results
  - CNS (Central Nervous System) - tumor grade, tumor type, resection
  - C/R – KRAS, NRAS, BRAF mutations
  - Malignant Melanoma – BRAF mutation
  - Multiple Myeloma – disease status, revised ISS, remission/relapse
  - Leukemia – remission/relapse
  - Lung – histology; EGFR, ALK, ROS1 mutations
  - Lymphoma – disease status, tumor type, clinical stage

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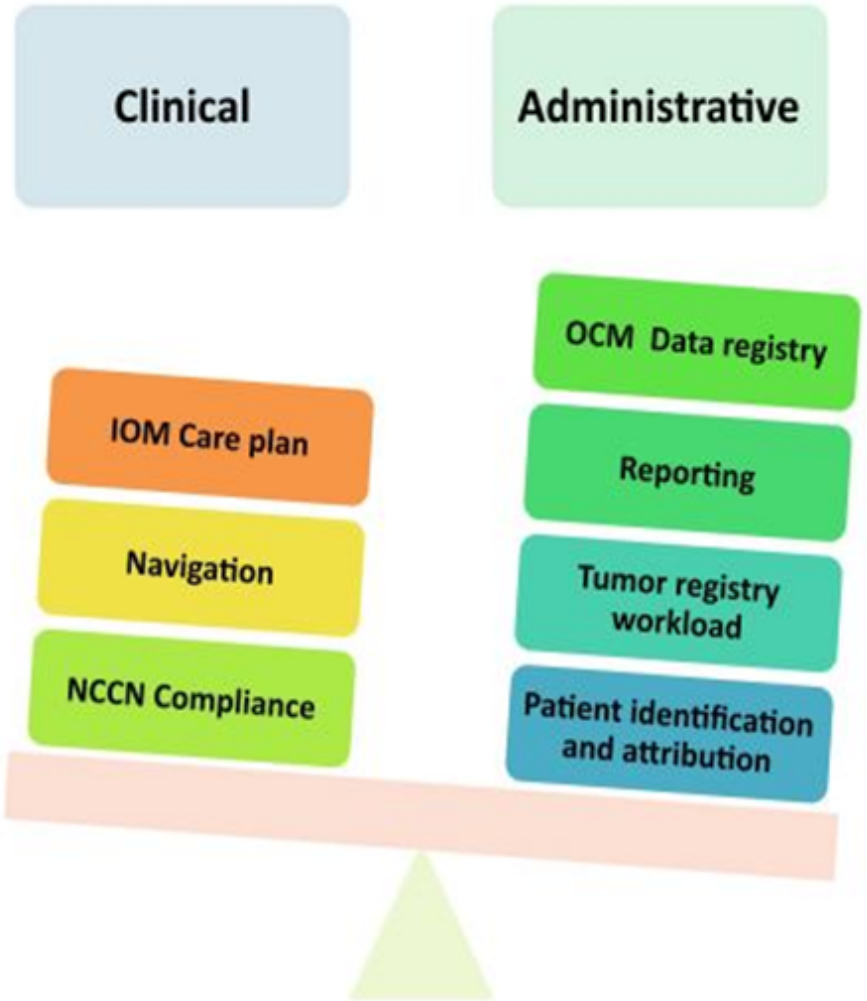
2. Challenges and Core Requirements



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3. Challenges in Population Management

- Do you utilize nurse navigators for population management?
- Do you use risk stratification approach to prioritize workload and manage patients differently?
- If yes, what risk stratification methodology do you use?
- What strategies do you employ to prevent ED visits and unplanned admissions?
- Based on these Interventions, what lessons have been learned?

Risk Stratification – UT Southwestern & Parkland

- Risk stratification methodology specific to oncology patients undergoing chemotherapy is not readily available; SCCC initiated project to apply to an acuity formula
  - Initiation Phase
    - Immediate Physician leader involvement at SCCC and PHHS
    - Analysis of current ER/Urgent Care Visits
    - Transdisciplinary Team engagement
  - Development Phase
    - Areas of high acuity identified using current oncology publications (Donze' (2016, 2017), Bell(2017)) to apply to the OCM beneficiary population
      - » Hemoglobin <12, Sodium <135mmol/L, Urgent Care or Emergency visit (within 12 months), Total Medications >10 (proxy for co-morbidities), Liver Disease present, High Co-morbidities, Multi-agent Chemotherapy
  - Testing/Validation Phase
    - Risk Stratification algorithm applied to beneficiary recipients and compared to AAMC DataGen data analysis for ED/Urgent Care visits
    - Validation workflow in place and process to be initiated to confirm patients contain known risk factors for increased risk
  - Implementation Phase
    - Anticipated to "go live" with new process Spring 2019

Lahey Health
Cancer Institute

Patient Risk Stratification - Lahey

- Identify those patients most at risk for hospitalization hence most likely to benefit from early intervention via Elderly Risk Assessment (ERA) tool validated by Mayo Clinic.
- Risk factors were screened to determine their statistical significance in the model and programmed to calculate from the Problem List in EPIC.
- Aim is to daily management of high risk patients via Nurse Navigation.
- The scores based on the instrument ranged from -7 to 32.

Oral Chemo Starts Clarity

Navigator - Oral Treatment

Lahey Health

Date Range: 10/31/2017 to 11/01/2017
Facilities: BUR/PEA

Patient Name	Risk Score	MRN	Ordering Provider	Date Generated	Medication	Prescription Name	Prescript Date	Next Visit / Disease Site
[redacted]	-0.2	[redacted]	MCKENZIE, JAMIE E	11/01/2017	ANASTROZOLE 1 MG TABLET			05/02/18 15:40 *Breast/GYN*
[redacted]	1.0	[redacted]	MCKENZIE, JAMIE E	11/01/2017	TAMOXIFEN 20 MG TABLET			01/22/18 15:00 *Breast/GYN*
[redacted]	2.7	[redacted]	GUNTURU, KRISHNA S	11/01/2017	SORAFENIB 200 MG TABLET			11/10/17 07:30 *GI/GU*

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4. Survivorship Strategy

- Are you compliant with COC / NAPBC Survivorship Care Plan requirements?
- Are you utilizing APs?
- How do you address surgery only patients that are associated with your tax ID that never have medical or radiation oncology services?
- What processes and reporting do you use to increase completion rates of the ?
- What interventions have been employed & lessons learned?

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5. Challenges in Achieving PBPs

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QUESTIONS

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