EXECUTIVE BRIEFING

How to Keep Your Cancer Patients Out of the ED

Three Practices to Improve Urgent Care

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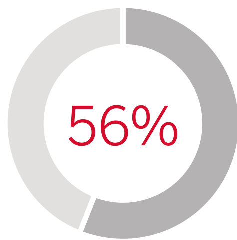
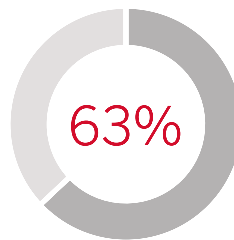
To reduce avoidable costs and deliver high-quality care, cancer programs need to find effective strategies to keep their patients out of the ED.

Throughout their course of care, many cancer patients experience severe side effects including fatigue, pain, and nausea. When these symptoms aren't addressed in a timely way, they drive ED visits and hospitalizations that—if the symptoms were resolved promptly—could have been avoided.



Percentage of Medicare patients receiving chemotherapy who visit the ED each year



Percentage of ED visits by Medicare patients receiving chemotherapy that result in a hospitalization

This utilization accounts for significant avoidable costs. The actuarial firm Milliman estimates that the average cost for a chemotherapy-related ED visit is **$800**. And if the visit results in hospitalization, the cost goes up to **$22,000**.

ED visits also negatively impact patient quality of care and satisfaction for myriad reasons:

- Immunocompromised patients are at risk of infection in the ED
- Patients are unfamiliar with ED clinicians
- ED and cancer care teams don't usually have care coordination protocols
- ED clinicians and staff don't have oncology-specific training and expertise
- Patients may endure long delays in the ED

Starting in 2020,[1] CMS will hold providers accountable for ED visits and hospitalizations by Medicare beneficiaries receiving chemotherapy.

Realizing that this ED utilization significantly impacts both cost and quality, CMS plans to hold providers accountable for ED visits and hospitalizations through the Outpatient Quality Reporting program.

OP-35: Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy

- Tracks cancer patients[2] having an ED visit or inpatient admission for one of ten conditions within 30 days of receiving chemotherapy
- Consists of two scores—one for inpatient admission rates and one for ED visit rates
- Impacts hospitals' outpatient Medicare payments beginning in 2020
- First cancer-specific measure in Outpatient Quality Reporting program

Ten Conditions Included

1. Anemia
2. Nausea
3. Dehydration
4. Neutropenia
5. Diarrhea
6. Pain
7. Emesis
8. Pneumonia
9. Fever
10. Sepsis

1) The data collection period is CY 2018 for submission in 2019, affecting payment year 2020.

2) Excludes leukemia patients.

There are **three best practices** for cancer programs to reduce avoidable use of the ED and hospital.

Practice 1 Identify the drivers of avoidable ED and hospital utilization

Practice 2 Make it easy for patients to report their symptoms to their care team

Practice 3 Dedicate resources to manage urgent symptoms in the cancer center

Cancer programs need to determine the most effective strategies given available resources, organizational goals, and their patients' needs. Read on to learn specific strategies and review case studies to start tackling this problem.

To learn additional strategies and review more case studies, Oncology Roundtable members can read *Urgent Care for Cancer Patients*, available on **advisory.com/or**

First, understand the size and the scope of the problem.

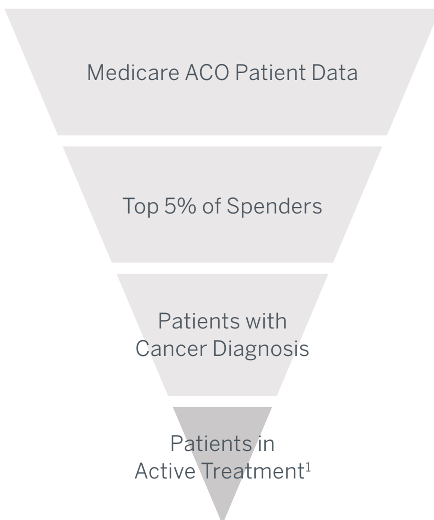
To address avoidable ED and hospital use, leaders must begin with an in-depth analysis to answer the following questions:

- How many cancer patients visit the ED each month?
- How many of those patients are hospitalized?
- Why are patients visiting the ED?
- When do visits occur?
- Are there specific factors, such as tumor site, comorbidities, or lack of support at home, that are associated with increased ED visits and hospitalizations?
- What types of services and treatment are patients receiving in the ED?

To answer these questions, Cone Health performed a hot-spotter analysis of their costliest cancer patients.

Cone Health Cancer Center's Hot-Spotter Analysis

ACO Data Analysis



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Patient Chart Analysis (Excerpt)

Risk Factors

- Tumor site (34% were blood and lymphatic cancers)
- Stage (33% were stage IV)
- Comorbidities (72% had 3 or more comorbidities)
- Services used (e.g., ED or hospital utilization)

Factors Not Contributing to Risk

- Gender
- Age
- Treatment
- Distance from cancer center

1) Defined as having at least three outpatient visits in the previous year.

Across one year of data, program leaders found that...

90% Of hot-spotters had at least one ED visit, with a median of 4.5 visits

60% Of hot-spotters were hospitalized, with one patient having 9 unplanned admissions

Patients visited the ED due to symptoms that—if addressed proactively—could have been managed in the outpatient setting, such as:

Anemia	Diarrhea	Nausea	Pain	Sepsis
Dehydration	Fever	Neutropenia	Pneumonia	Vomiting

In response, Cone is implementing targeted solutions, including creating a symptom management clinic, improving integration of palliative care, and developing partnerships with other hospital-based departments to improve management of comorbid patients.

To manage symptoms outside of the ED, providers need to know about them. Encouraging patients to report their issues is critical.

A major reason for ED visits and unplanned hospitalizations is that cancer programs rely on patients to ask for help managing their symptoms. Unfortunately, patients often fail to report their symptoms or wait until they need immediate help—at which point an ED visit is required.

10%

Of symptoms identified by systematic assessment are voluntarily reported to the care team by cancer patients

38%

Of active cancer patients do not report symptoms because they do not want to bother their doctor

There are three strategies to make symptom reporting easier for patients:

Strategy 1: Standardized phone triage

Strategy 2: Remote symptom monitoring

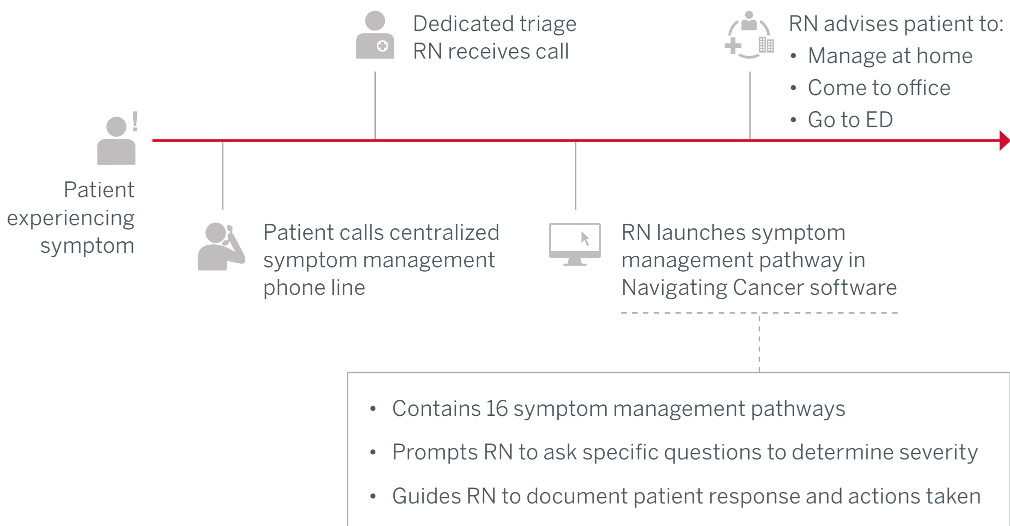
Strategy 3: Proactive support of high-risk patients

Strategy 1: Standardized phone triage

When programs tell patients to call with their symptoms, the programs need to answer the calls and triage issues appropriately.

The Center for Cancer and Blood Disorders is a private oncology practice located in Texas. It recently centralized phone-based triage across its nine sites to ensure patients' needs were being addressed immediately, systematically, and effectively. The practice partnered with Navigating Cancer, a patient relationship management software firm. Their software helps the two nurses dedicated to managing the line by providing clinical decision support for phone triage.

Phone Triage at The Center for Cancer and Blood Disorders



Looking at one month of data, the dedicated nurses successfully managed a high number of phone calls **immediately and independently, successfully keeping patients out of the ED and hospital.**

One Month of Data	
Number of RNs dedicated to phone triage	2
Number of oncologists in practice	18
Number of symptom management calls	317
Number of calls managed immediately	307 (97%)
Number of calls managed without physician intervention	152 (48%)
Number of calls where same-day appointment scheduled	54

$432,000

Estimated savings per month from preventing ED visits and subsequent hospitalizations[1]

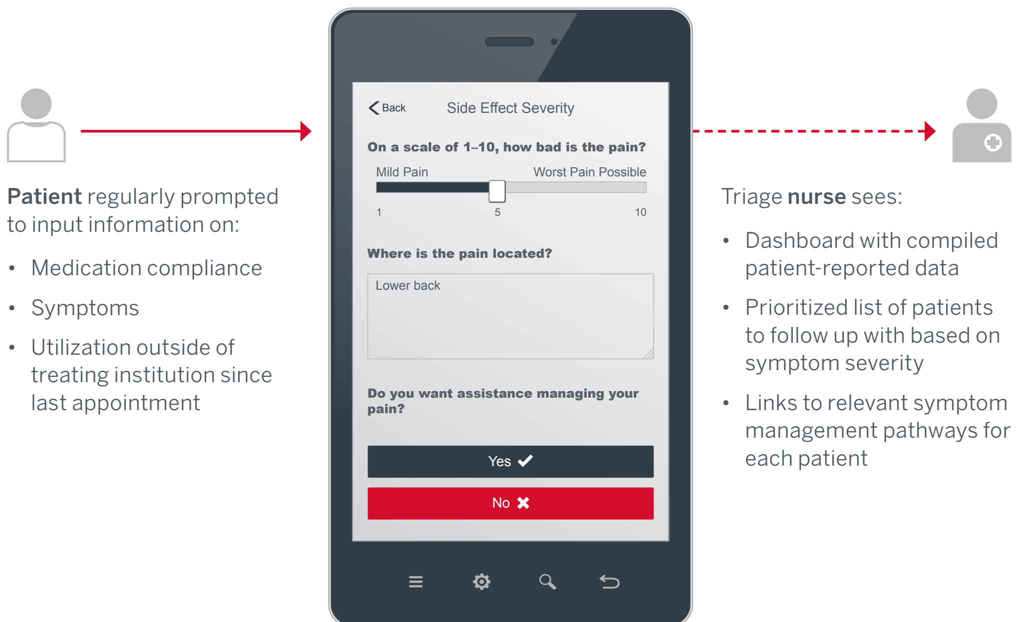
1) Assumed an average cost of $8,000 per ED visit and potential subsequent hospital charges.

Strategy 2: Remote symptom monitoring

Patient self-reporting apps can dramatically decrease utilization and even improve survival.

To help patients report their symptoms at any time from any place, the Center for Cancer and Blood Disorders is also using Navigating Cancer's Patient Link platform and Health Tracker mobile app. Patients receive text messages on a regular basis—either daily, weekly, or monthly—to prompt them to briefly report their symptoms and adherence to oral medications. If a patient indicates a side effect, the survey asks follow-up questions to assess severity and asks if the patient wants help from the care team.

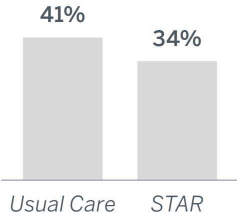
Health Tracker App



This type of intervention can dramatically improve patient care, as demonstrated by a randomized control trial of advanced cancer patients at Memorial Sloan Kettering. Patients in the intervention group were prompted on a weekly basis to report on 12 common symptoms using the web-based Symptom Tracking and Reporting (STAR) platform. Nurses received email alerts when patients reported severe or worsening symptoms. Physicians received symptom reports each time patients came in for a clinic visit.

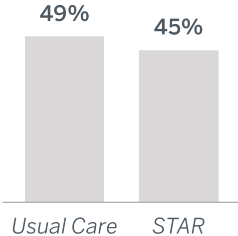
STAR Intervention Results

Percentage of Cancer Patients Visiting the ED Across One Year



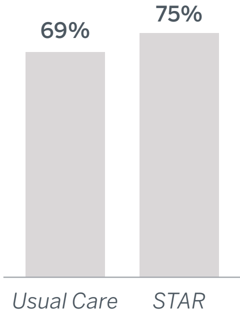
17%
Decrease

Percentage of Cancer Patients Hospitalized Across One Year



8%
Decrease

Percentage of Cancer Patients Alive at One Year



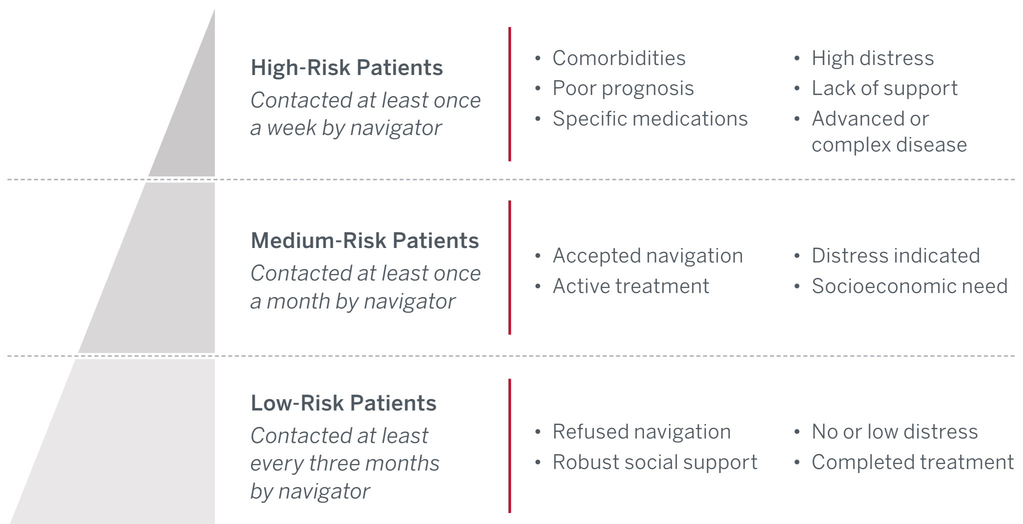
9%
Increase

Strategy 3: Proactive support of high-risk patients

There are physical, social, economic, and behavioral factors that increase patients' risk of winding up in the ED.

To deliver proactive, resource-efficient support to these high-risk patients, navigators at University of Alabama at Birmingham (UAB) tailor their interventions according to the patients' risk level. At every patient interaction, navigators perform distress screening to identify issues and barriers to care, using care maps to guide these interactions and resolve every individual issue.

Characteristics of Navigated Patients at UAB



UAB's navigation program has significantly reduced avoidable utilization by cancer patients and resulted in tremendous cost savings across the network.

RESOURCE UTILIZATION

Compared to non-navigated patients, navigated patients had...

6%
Additional decrease in **ED visits** per quarter

8%
Additional decrease in **hospitalizations** per quarter

11%
Additional decrease in **ICU admissions** per quarter

COST SAVINGS

$781
Additional reduction in **total costs of care for each navigated patient** per quarter[1]

$19M
Approximate **total savings** for all navigated patients across the network in one year

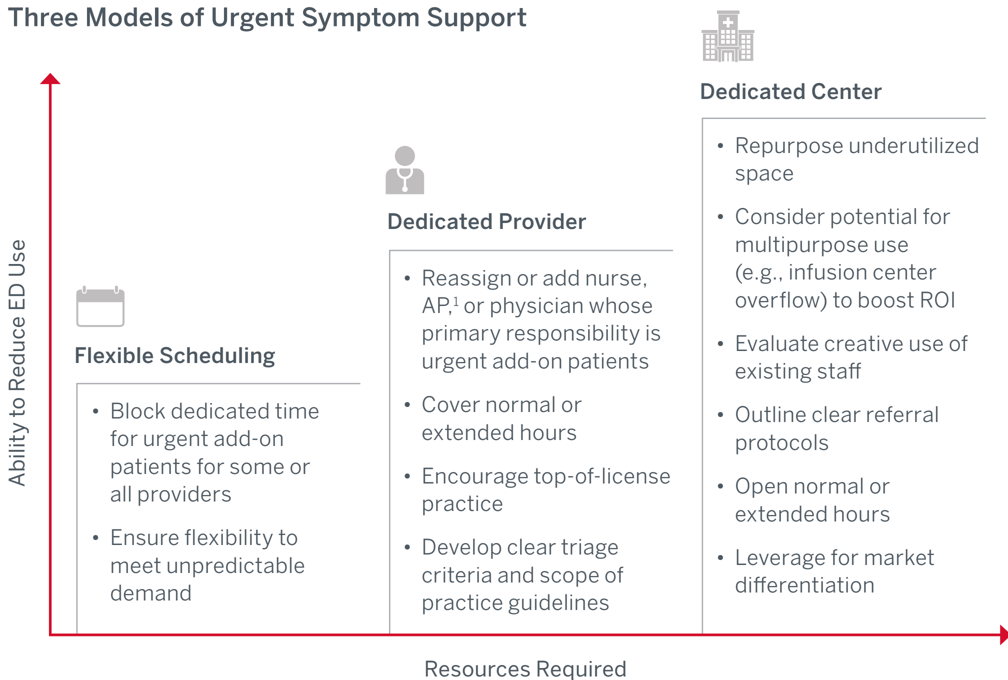
1) Excludes Part D claims.

Once patients report their symptoms and side effects, cancer programs need to care for those symptoms in the most appropriate setting—ideally, on an outpatient basis.

All too often, patients report symptoms to their care team but are still sent to the ED because clinicians don't have time to see the patients, there isn't space in the clinic, or the clinic is closed.

To successfully drive down ED visits, cancer programs need to invest in urgent symptom support. There are a range of options available—from adding time into providers' schedules for same-day patients to dedicating a provider to manage urgent needs to creating a cancer-specific urgent care center.

Three Models of Urgent Symptom Support



While flexible scheduling isn't a new idea, cancer program leaders must weigh the benefits and costs to ensure that their approach is financially sustainable and meets patients' needs. Keep reading to see how other programs have implemented dedicated providers and centers for managing patients' urgent symptoms.

1) Advanced practitioner.

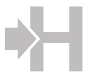
DEDICATED PROVIDER

Dedicating a clinician to urgent symptom management can **decrease ED visits and improve patient satisfaction.**

Leaders at Anne Arundel Medical Center realized that physicians were at capacity, making it difficult for them to quickly respond to nurses' and patients' symptom management questions. To better manage patients' urgent needs, program leaders created a new role—one nurse practitioner embedded within medical oncology whose priority is seeing patients with urgent symptoms.

To ensure appropriate use of the nurse practitioner's time, program leaders created standard protocols of care, scheduling processes, and patient and caregiver education materials. In addition, they created standardized referral criteria for their phone triage nurses to use when patients call into the center.

Within eight months of creating this position, the cancer program measured the following results:



35%

Decrease in ED visits per month on average

45%

Decrease in inpatient admissions from ED for pain and weakness per month on average

13%

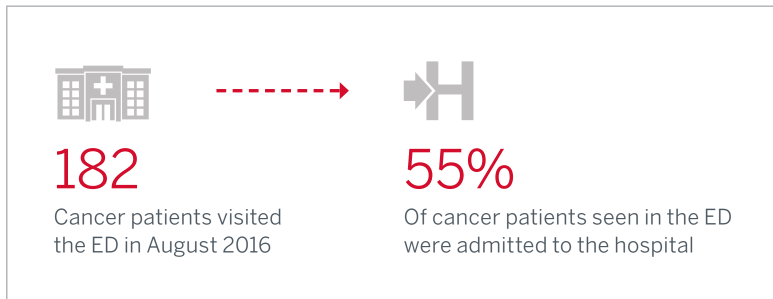
Increase in patient satisfaction with cancer program

DEDICATED CENTER

Some organizations will have the volumes and/or financial incentives to create a **dedicated urgent care clinic** for cancer patients.

The Medical College of Wisconsin Froedtert Hospital is participating in the Center for Medicare & Medicaid Innovation's Oncology Care Model, which requires participants to decrease costs and improve quality. To ensure success in the model, cancer program leaders performed an in-depth analysis of ED use.

Froedtert's Analysis of Cancer Patient ED Use



Common Reasons for ED Visits

- Fever
- Nausea or vomiting
- Mild shortness of breath
- Pain control
- Bleeding
- Cold or flu-like symptoms
- Dehydration
- Diarrhea
- Fatigue
- Home infusion pump concerns
- Rash

In response, leaders made the case to hospital executives of the need to develop a 24-hour cancer clinic to manage patients' urgent needs.

Staffing

- Two RNs or one RN and one technician (MA[1] or CNA[2]) per shift
- One RN flexes between outpatient and inpatient oncology if not needed in 24-Hour Cancer Clinic
- Pull from oncology float pool of 8–9 RNs and 3–4 technicians

Operations

- Housed in inpatient hematology-oncology unit
- Four infusion chairs
- Open 24/7
- Supervision provided by outpatient team and AP nocturnist in hematology-oncology unit

Sample Services Provided

- Supportive care (e.g., fluids, electrolytes, antibiotics, blood products, IV medications)
- Basic diagnostics (e.g., EKG, imaging)
- Urgent labs
- Home infusion pump concerns

Patients Seen by Referral

- Hematologic oncology
- Medical oncology
- Radiation oncology
- Surgical oncology

1) Medical assistant.

2) Certified nursing assistant.

To drive referrals to the clinic, the program has deployed multiple strategies:

1. Created easy-to-access information for oncologists, including contact information on name badges
2. Provided education and referral criteria to staff answering phone calls
3. Created patient education handouts and flyers
4. Developed triage algorithms for ED staff and clinicians

During the first five months of the clinic's operation, referrals more than tripled. Moreover, the clinic has significantly impacted resource utilization, quality of care, and patient satisfaction.

> "This is way better than having to go to the ER or an urgent care [center]. You know exactly what I need and know what to do, and you get it done."
>
> Cancer Patient, Froedtert Hospital

Other Results

11%

Decrease in ED utilization across first ten months of 24-hour clinic opening

60%

Decrease in hospital admit rate at 24-hour clinic compared to ED[1]

$2,269

Decrease in patient diagnostic charge per 24-hour clinical admission compared to ED admission

$1,554

Decrease in patient diagnostic charge per 24-hour clinic discharge compared to ED discharge

1) 24-hour clinic admit rate is 18%, while ED admit rate is 45%.

More Resources

Oncology Roundtable members have access to additional resources to better support their patients' needs.

- **Urgent Care for Cancer Patients**

  Most cancer patients will suffer severe symptoms at some point during their treatment and turn to the ED for care. Unfortunately, the ED is not the ideal place to manage cancer patients' symptoms. Find four tactics in this research report for improving urgent symptom management.

- **Oncology Distress Screening and Management**

  Due to the Commission on Cancer requirement and pressures from value-driven reimbursement, cancer programs need to renew their focus on meeting patients' physical, emotional, and psychosocial needs. Read this report to learn strategies to integrate distress screening into cancer center workflow, make distress reporting easier, and standardize distress management.

- **Launch Cancer Care Transformation**

  Due to the aging population and rising cost of treatment, cancer care is projected to cost the US nearly $200 billion by 2020. At the same time, health care organizations are experiencing increased margin pressure, an accelerated shift to risk, expansion through mergers and acquisitions, and growing health care consumerism. This infographic is your guide to three key opportunities and sample case studies for delivering high-quality care while reducing costs.

- **Six Opportunities to Get the Most Out of Your Patient Navigation Program**

  Navigation can make a big difference in guiding your patients through the complexity of cancer care, but many organizations struggle to define the navigator's role, measure productivity, and demonstrate navigation's impact on patients. Use the resources in this toolkit to get the most out of your navigation program.

To learn more and access additional resources, visit **advisory.com/or**

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