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## Background

Participation in value based care models such as the Oncology Care Model (OCM)<sup>1</sup> incentivize practices to reduce hospitalizations and emergency department (ED) visits. CMS' Center for Medicare and Medicaid Innovation (CMMI) developed the OCM as the first cancer-specific alternative payment model with the aim to decrease Medicare spending while improving quality of care. The preliminary evaluation of the OCM<sup>2</sup>, which covers the first three performance periods, failed to show a reduction in ED visits and hospitalizations. One hypothesis for this is that the incentives within the model were not enough to offset the burden placed on staff for ensuring compliance with the OCM program.

In order to assess our own healthcare resource utilization, Texas Oncology embarked on a quality initiative and found that most ED visits occurred during regular business hours. Prolonged patient call back times were consistently rated poorly on satisfaction surveys and often led to ED visits for symptoms that could be managed in our offices. Initially we had no insight into call back times. We then partnered with Navigating Cancer (NC) to implement an electronic patient management technology solution with the goal of improving symptom resolution while also providing a tool to minimize staff burden.

## TAKEAWAYS:

Electronic patient management technology solutions with PDSA cycles of quality improvement can markedly reduce call back times, especially for symptom related calls.

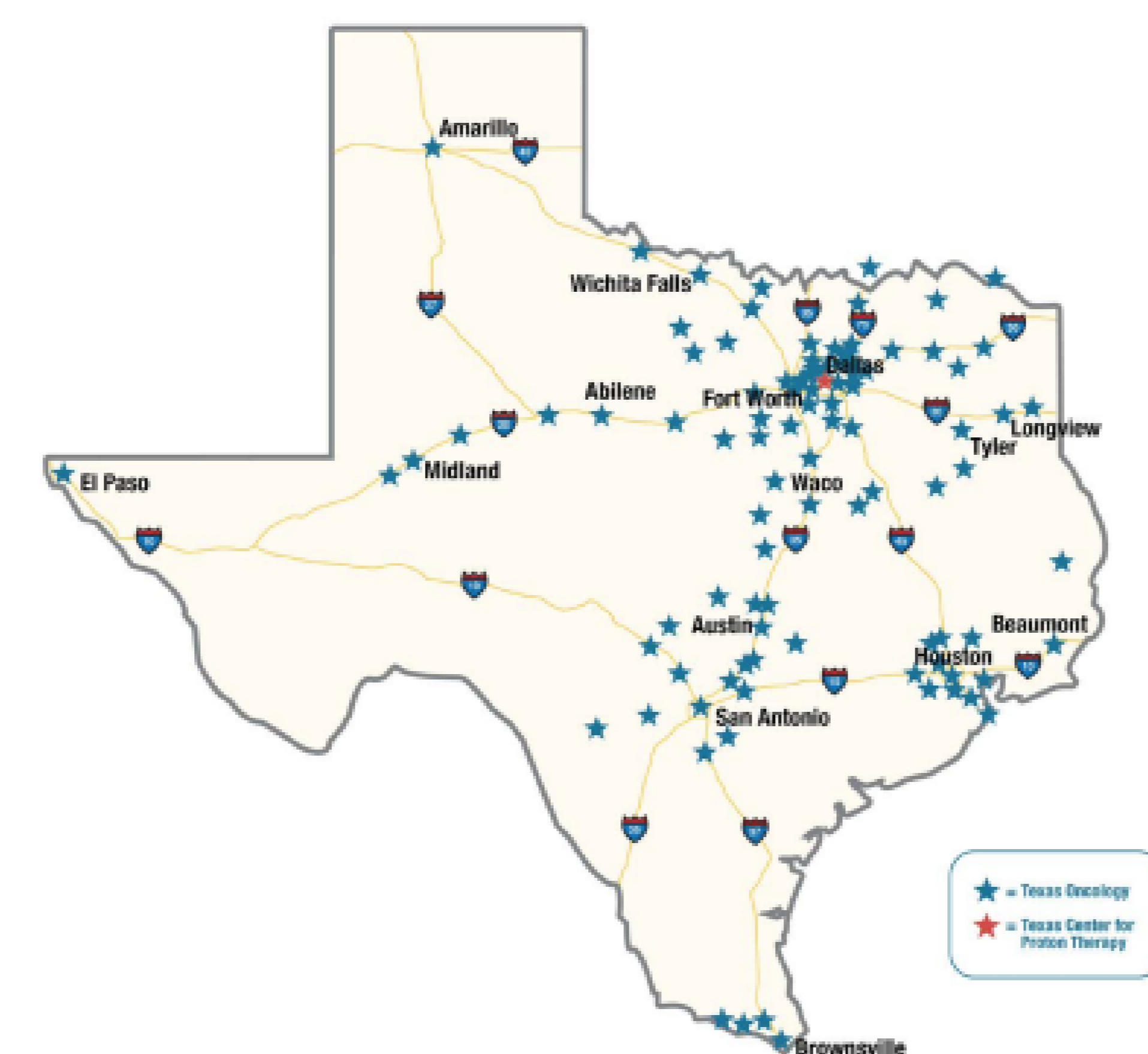
Utilization of an electronic dashboard allowed us to continue this initiative during the global COVID-19 pandemic as it enabled our staff to work remotely.

8% of symptom-related incidents were associated with hospital avoidance by nursing assessment, and further investigation is warranted to validate the impact of this technology on healthcare resource utilization.

For more information on this research:  
[NavigatingCancer.com/Publications](https://www.navigatingcancer.com/Publications)

## Methods

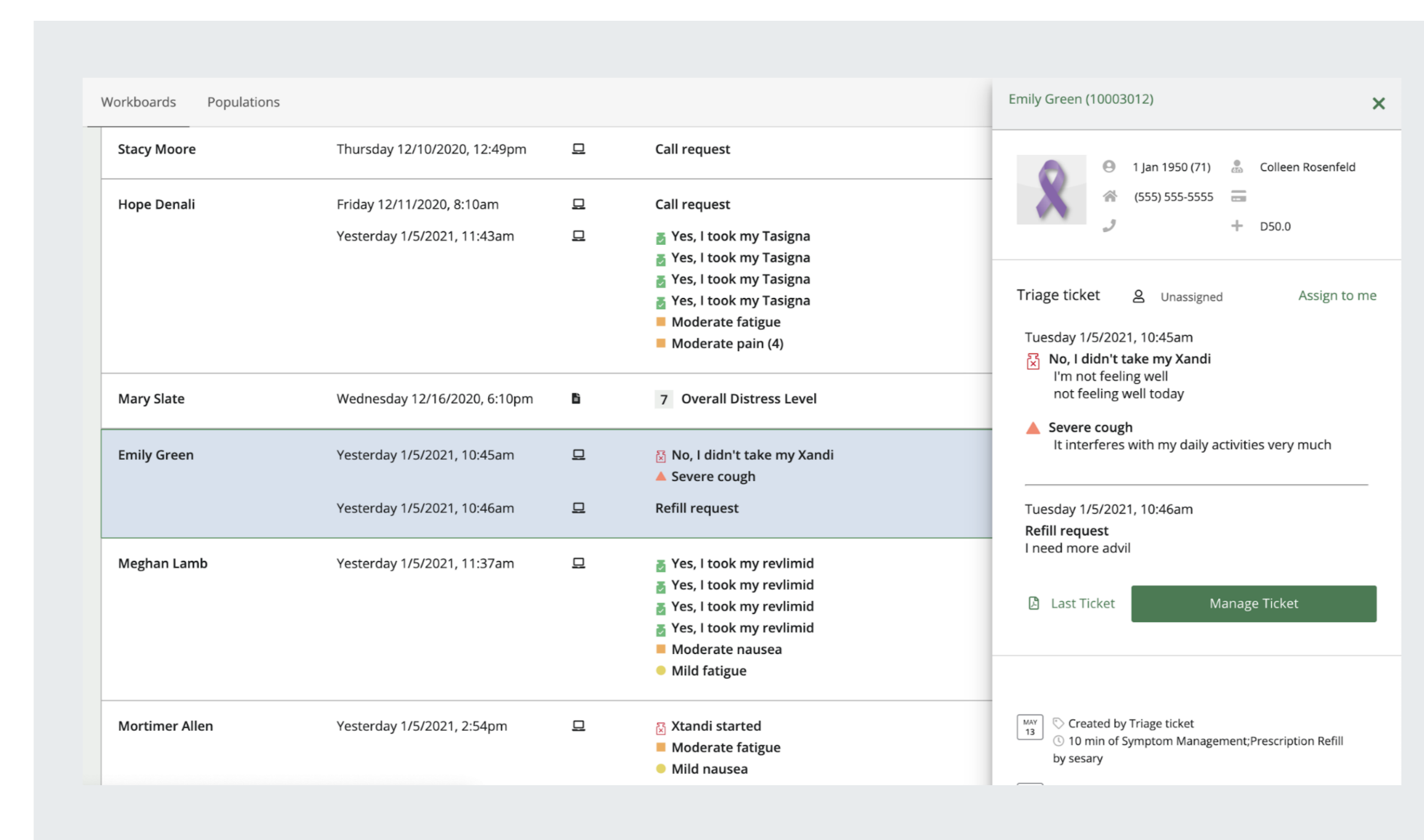
For each of our 200 locations, call volume was estimated based on clinic volume. We then reallocated or hired dedicated triage nurses and operators. Incoming calls were entered into the NC dashboard as incidents. Operators followed system generated prompts which then routed incidents based on symptom priority. Incident volumes and resolution times were tracked. We instituted PDSA cycles at all locations with a goal of less than 90-minute resolution of symptom-related incidents Utilizing the electronic dashboard allowed us to continue this initiative during the COVID-19 public health emergency as our staff could work remotely. Nurses were able to document if a potential ED visit was avoided. These data points allowed our practice to establish comprehensive and strategic action plans for quality improvement.



Texas Oncology site map

## Navigating Cancer: Care Management (Triage) Tool

Texas Oncology partnered with Navigating Cancer to implement an electronic patient management technology solution. Navigating Cancer is at the forefront of delivering digital solutions to improve the lives of cancer patients, offering the most broadly deployed oncology patient management platform in the U.S. The company is backed by industry-leading patient satisfaction ratings and currently supports over a million patients, thousands of oncology care providers, dozens of pharmaceutical manufacturers, and several payer models nationwide to lower costs, improve patient satisfaction, and drive better outcomes.



- Document all inbound patient calls and incidents, which are visible to the entire care team.
- Streamline care coordination with automated task assignments to ensure issues are routed to the appropriate team member.
- Utilize symptom management pathways to reduce variability in the way clinics triage, manage, and document symptoms and side effects.
- Provide resolutions and send home care instructions to close the communication loop with patients.

## Results

Implementation occurred on a rolling basis starting in Q3 2019 across 210 sites of service at Texas Oncology. We finalized implementation of Navigating Cancer's Care Management solution in February 2020. Total incidents for 2020 were over 1 million, averaging over 5000 per location.

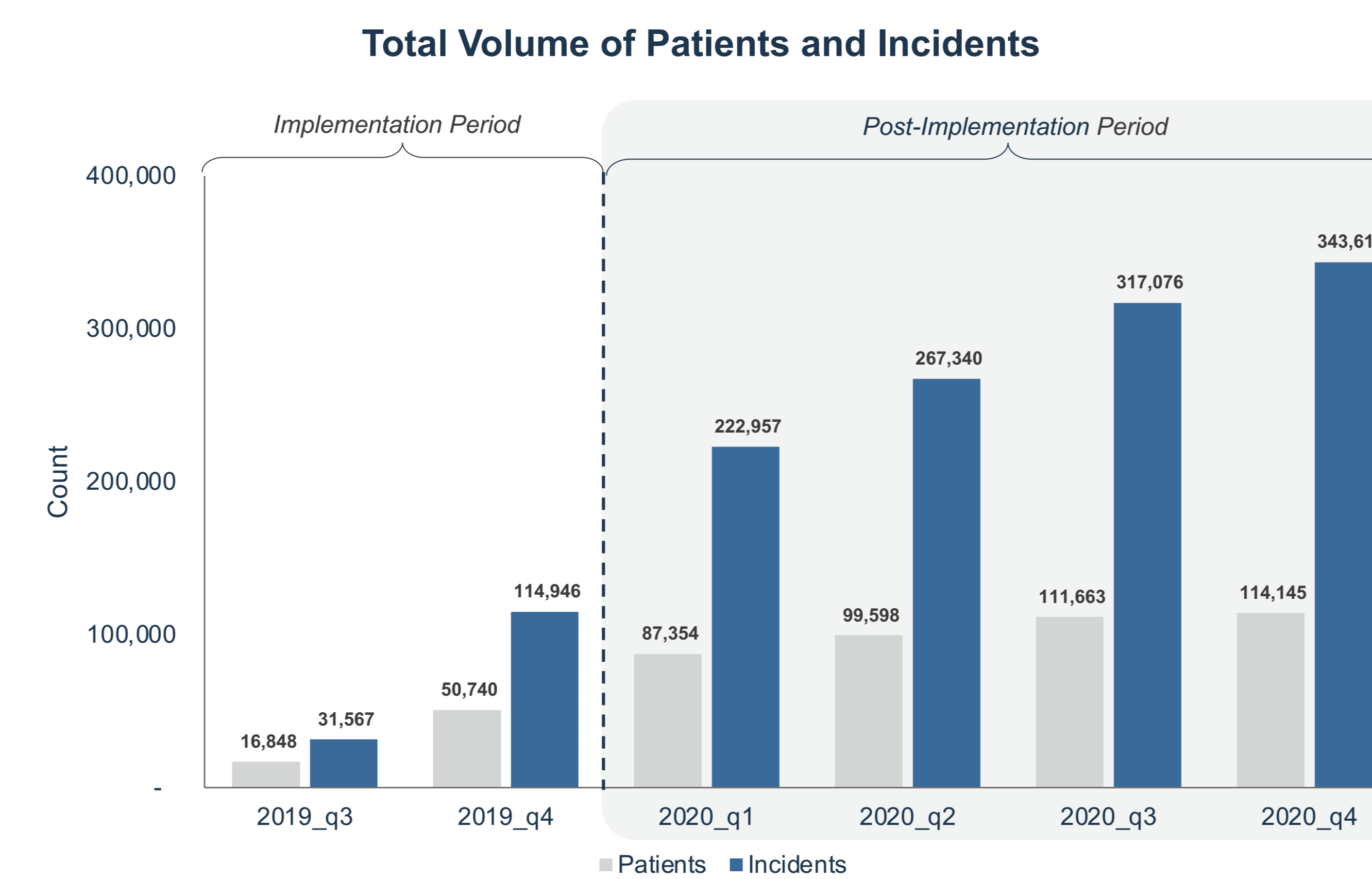


Figure 1: Total Incidents and patients captured in 2020. 35% growth in triage volume from the 1st half of 2020 to the 2nd half of 2020

## Improvement in Resolution Times for All Incidents and Symptom-Related Incidents

With quality improvement PDSA cycles, resolution time for all incidents started at 3.2 hours pre-implementation and improved to 2.2 hours in December of 2020.

Resolution times for symptom-related incidents started at 2.3 hours pre-implementation and ended at 1.5 hours in December of 2020.

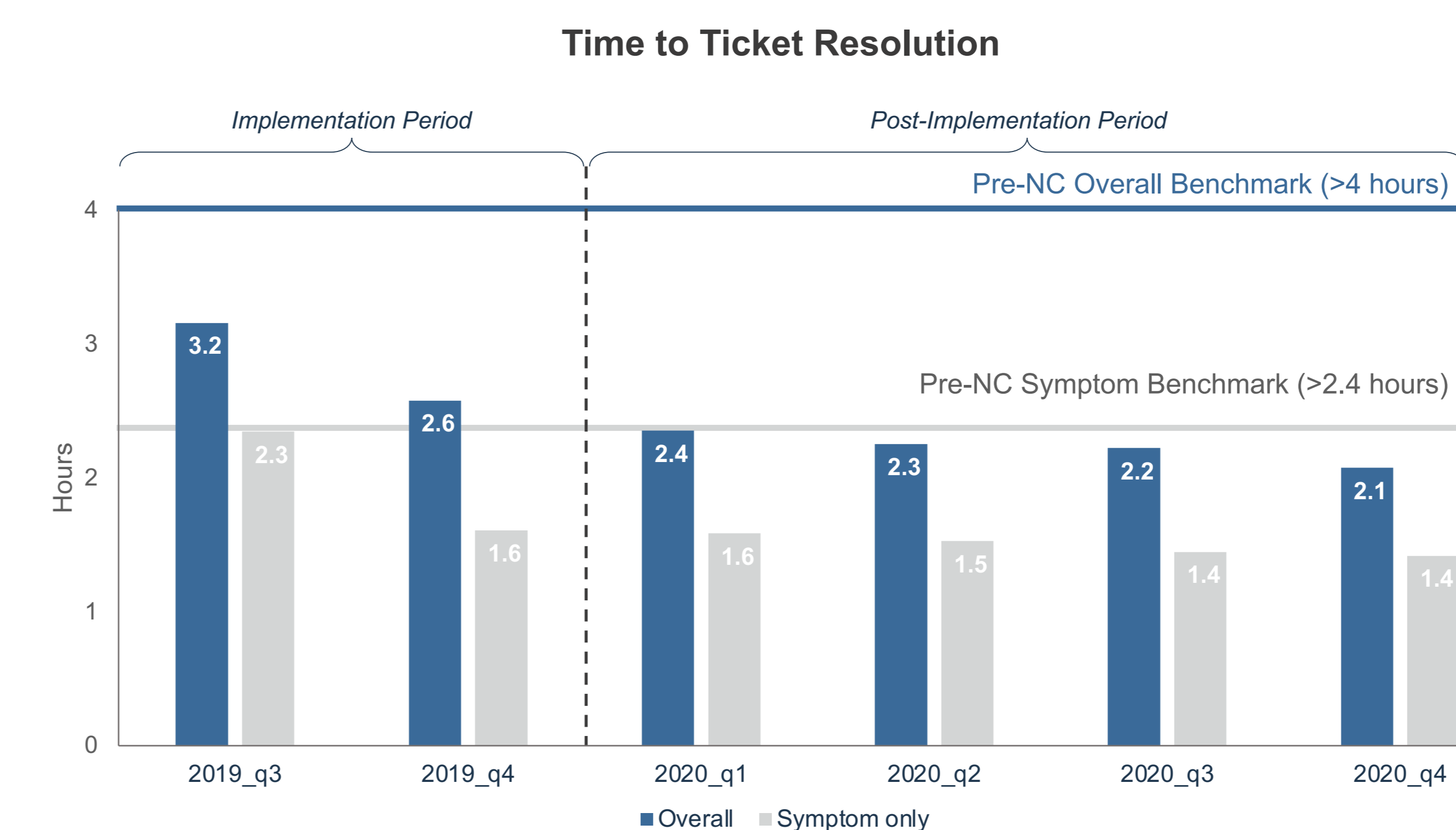


Figure 2: Time to Ticket Resolution

## Symptom-Related Incidents

62% of symptom-related incidents resolved in <1 hour during 2020.

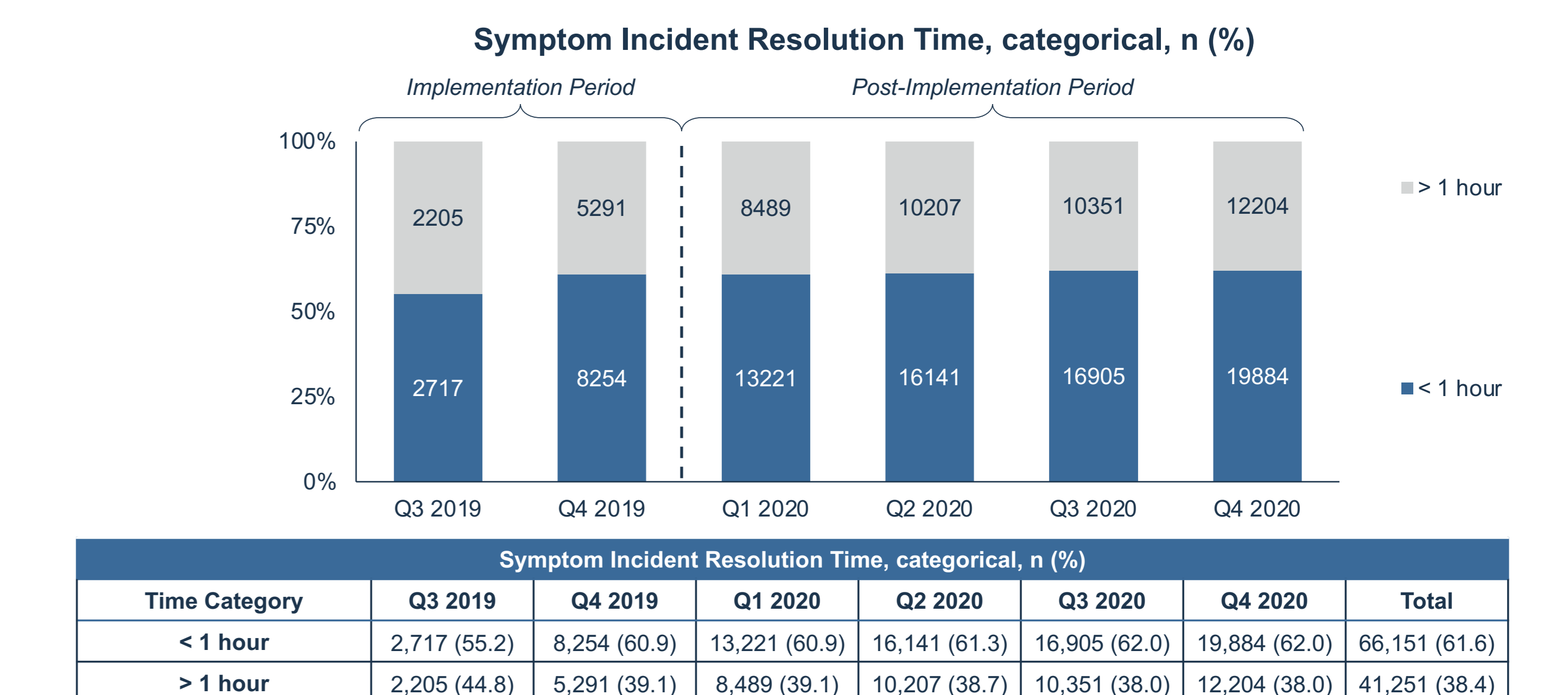


Figure 3: Symptom incident resolution time

## Hospital Avoidances

8% of symptom-related incidents resulted in definite or probable hospital avoidances by nursing assessment. Shortness of breath, vomiting, chills, and weakness were the top symptom types addressed for hospital avoidances.

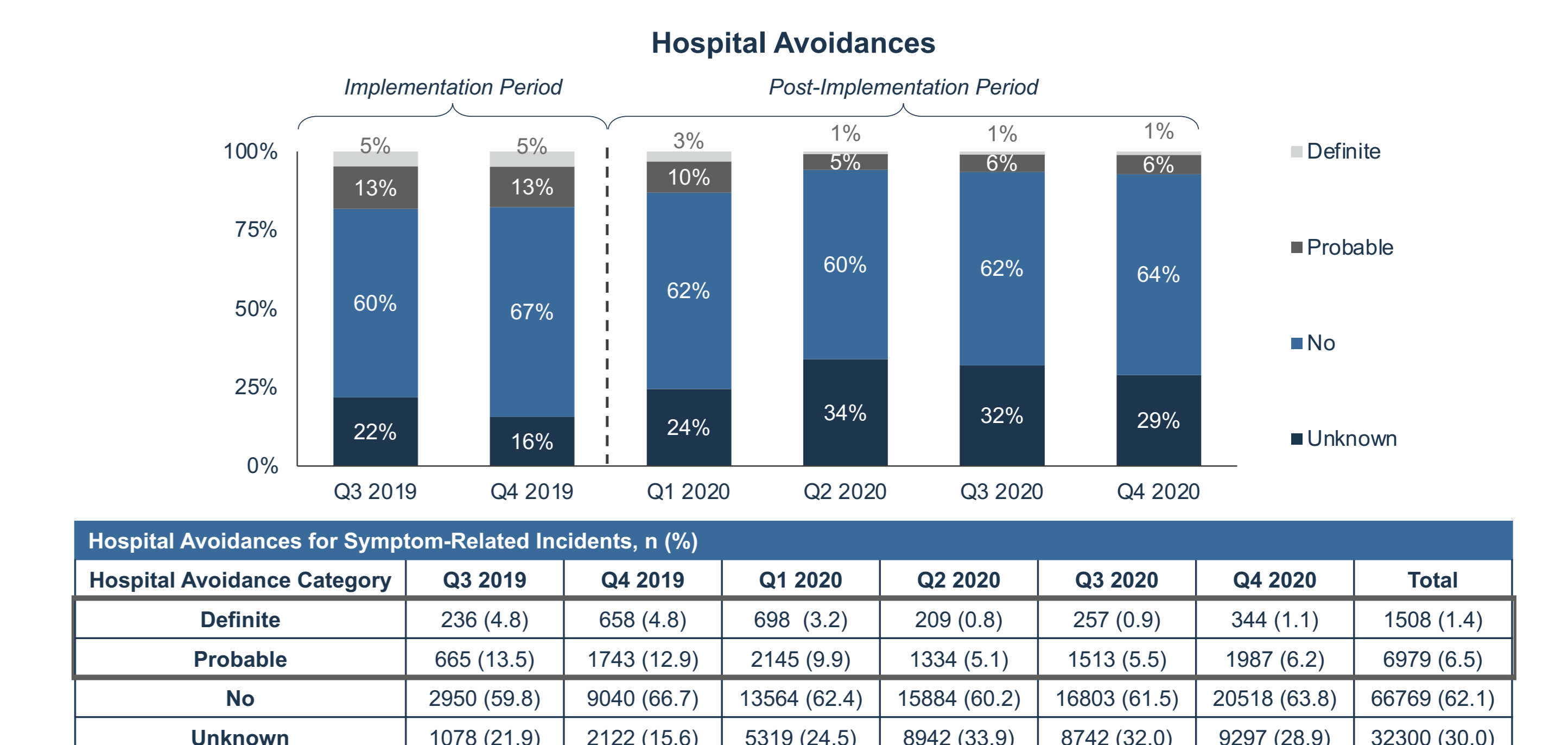


Figure 4: Hospital Avoidances

## Discussion

- Quality improvement processes can markedly reduce call back times with an electronic patient management technology.
- Our preliminary data support the findings that managing symptoms in a timely fashion will lower ED visits and hospitalizations by nursing assessment.
- We plan to report on actual ED and hospitalization outcomes when available.
- Future patient satisfaction surveys will address patient perceptions of call back times.

## References

1. <https://innovation.cms.gov/innovation-models/oncology-care>
2. <https://innovation.cms.gov/data-and-reports/2021/ocm-evaluation-pp-1-5>