Transforming the Business of Oncology through Science and Technology
Opportunities in Patient-Centered Care Delivery Models

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- Jennie Crews, M.D., M.M.M., Medical Director, SCCA Network and Research Integration
- Madelyn T. Herzfeld, R.N., B.S.N., O.C.N., Chief Executive Officer, Carevive Systems, Inc.
- Andrew J. Shin, J.D., M.P.H., Senior Director, Policy and Strategic Partnerships
Opportunities in Patient-Centered Care Delivery Models

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  Foley & Lardner LLP
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What Determines Health?

- Genetics: 20%
- Healthcare: 20%
- Social, Environmental, Behavioral Factors: 60%

Adapted from McGinnis et al., 2002
Opportunities in Patient-Centered Care Delivery Models

- Kelly Hall, Managing Principal of Transformative Impact, Heath Leads
  khall@healthleadsusa.org
Mismatch Between Drivers of Health & Spending

Patients’ lives outside the clinic drive vast majority of health outcomes

The Health Leads Vision

We envision a healthcare system that addresses all patients’ basic resource needs as a standard part of quality care.
Health Leads Solutions

20+ years of empowering healthcare organizations to integrate social needs into care delivery with learning, consulting, & technology solutions:

**Design**
Create your social needs strategy through our interactive workshops or hands-on consulting

**Implement & Improve**
Integrate social needs into care delivery through our implementation services and Collaborative

**Enable**
Manage patients and track success using our Reach social needs technology
Clinical Partners

Healing and caring for the community for over 150 years.

University Hospitals

dayton children's

BOSTON MEDICAL CENTER

 Exceptional care. Without exception.

THE DIMOCK CENTER

Codman Square Health Center

JOHNS HOPKINS MEDICINE

Contra Costa Regional Medical Center & Health Centers

A Division of Contra Costa Health Services

NYC HEALTH + HOSPITALS

MASSACHUSETTS GENERAL HOSPITAL

Children’s Hospital of Wisconsin

Plus, more than 200 provider organizations that have participated in one of our Prepare Workshops or Collaboratives
Core Elements of Social Needs Integration

**Patient Identification & Screening**
Identify target patient population, define most critical needs/scope of services

**Workforce**
Identify a workforce who is able to provide services to your patients/members/population

**Workflow**
Outline processes, communications and systems to integrate into workflow

**Resource Directory**
Compile & maintain high quality resource data, prioritized by patient/member needs

**Outcomes & ROI**
Define clinical results you would expect to see and how to measure impact

**Leadership & Change**
Engage stakeholders to make a standard part of care and drive adoption
# Social Needs Screening Tool

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last 12 months, did you ever <em>eat less than you felt you should</em> because there wasn't enough money for food?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>In the last 12 months, has your <em>utility company shut off your service</em> for not paying your bills?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Are you worried that in the next 2 months, you may not have <em>stable housing</em>?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Do problems getting <em>child care</em> make it difficult for you to <em>work or study</em>? <em>(leave blank if you do not have children)</em></td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>In the last 12 months, did you ever <em>skip medications to save money</em>?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>In the last 12 months, have you ever had to go without <em>health care</em> because you didn't have a way to get there?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Do you ever need help <em>reading hospital materials</em>?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Are you <em>afraid you might be hurt</em> in your apartment building or house?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>If you checked YES to any boxes above, <em>would you like to receive assistance</em> with any of these needs?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Are any of your needs urgent? <em>For example: I don't have food tonight, I don't have a place to sleep tonight</em></td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>
Social Needs Interventions at Work

One Health Leads-enabled facility saw **58% of patients** screen positive for basic resource needs – 30% more than estimated by its clinical team.

Health Leads-supported clinicians are **70% more likely** to report that their clinic has adequate support in securing needed resources for patients.

**69% of patients** surveyed reported they’re more likely to recommend a clinic to friends and family because of Health Leads’ services.
Oncology + Unmet Social Needs

• Mounting research supports social needs interventions in oncology

• Low income individuals = higher cancer diagnosis and mortality rates

• Cancer patients = especially vulnerable group due to intensity of treatment protocols

• Financial instability, food insecurity, transportation among top challenges facing cancer patients

A Patient’s Story

• Mother recently diagnosed with cancer, no longer able to work due to the intensity of her treatments

• Health Leads connected her to SNAP (food stamps), cash assistance and disability benefits

• Assistance right at the hospital, where she was already frequently visiting for treatment
Questions to Consider

• How often do unmet social needs arise during your patient visits?
• Is the oncologist-patient relationship better poised to include conversations about unmet social needs?
• Do one-off programs (i.e. transportation services) work as well as a comprehensive social needs intervention?
• ROI?
Contact

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Managing Principal of Transformative Impact
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Opportunities in Patient-Centered Care delivery Models

Jennie Crews, MD MMM
Medical Director, SCCA Network and Research Integration
What is Patient-Centered Care?

“care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions”

- IOM

“patient-centered, evidence-based, high-quality cancer care that is accessible and affordable to the entire U.S. population regardless of the setting where cancer care is provided”

- ASCO
<table>
<thead>
<tr>
<th>Six Elements of Patient-Centered Care</th>
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<tbody>
<tr>
<td>Communication, education and shared knowledge</td>
</tr>
<tr>
<td>Involvement of family and friends</td>
</tr>
<tr>
<td>Coordination, collaboration, and team care</td>
</tr>
<tr>
<td>Sensitivity to non-medical and spiritual dimensions</td>
</tr>
<tr>
<td>Respect for patient needs and preferences</td>
</tr>
<tr>
<td>Free flow and accessibility of information</td>
</tr>
</tbody>
</table>

From environmental scan, ACCC Achieving Excellence in Patient-Centered Care
Barriers to Patient Centered Care

- Misaligned financial incentives
- Bureaucracy
- Fragmentation
- Lack of provider education
- Lack of transparency
- Lack of interoperability
- Industry consolidation
- Time
- Complexity
- Missing input from patient

Empowering Patients, Engaging Providers
The Future of Patient-Centered Care in Oncology
ACCC Fall 2016
Requirements for Patient-Centered Care

• Patient Engagement/Personalized Medicine
  – Patient Preferences
  – Cultural, ethnic, gender and sexual orientation
  – Patient involvement (clinical trial design, data)
  – Patient reported outcomes

• Cultural transformation of oncology practice
  – Team-based care, including PCP
  – Education and training of providers
  – Proactive rather than reactive approach

• Tools to support the Oncology Team
  – Value decisions
  – Transparency

• Aligning Incentives
Economic Impact

• Non-reimbursed services (Navigation, SW, Financial Counselor, Nutritionist, Complementary Therapies)
  – ACCC 2016 Trends Survey: 66% Cancer Programs cite this as a top challenge
  – MSTI: 55.45 FTE at at cost of $2.57 million

• Provider time
  – Patient centered value discussions
  – Data reporting: 785.2h /MD/y at cost of $40,000/MD

• Data/Analytics/Technology
  – ACCC 2016 Trends Survey: 65% Cancer Programs cite transparency as a top challenge
  – Interoperability and data reporting are #2,#3 IT issues
  – Capital and Operating Costs

1 Dan Zuckerman, Nicole Bradshaw, Crista Burnham St. Luke’s MSTI
So, how do we get to patient-centered care?
The Business of Cancer Patient Engagement

- Madelyn T. Herzfeld, RN, BSN, OCN
  Chief Executive Officer
  Carevive Systems, Inc.
  maddy@carevive.com
  305-778-1870
Why Patient Engagement Matters

Value-Based Payments Require Valuing What Matters to Patients

If the United States intends to pay on the basis of value, it is essential to ask patients what they value, and then deliver on those priorities.

JAMA, 2015
I can afford my co-pay for the treatment my doctor recommends.

My treatment plan is aligned with my goals. I am high-risk but will follow the surveillance plan.
Prior Studies

- Meta-analyses support that integrating PROs into routine oncology practice improves communication, patient satisfaction, HRQL, and costs.

Detmar, 2002
Velikova, 2004
Kotronoulas, 2014
Patient-Reported Outcomes

• Symptoms are common among cancer patients
  – Symptom management is cornerstone of cancer care

• Patient-reported outcomes (PROs): gold standard for assessing symptoms in clinical research

• But not yet standard to collect PROs in routine care
Symptom monitoring with patient-reported outcomes during routine cancer treatment: A randomized controlled trial

Ethan Basch, Allison Deal, Mark Kris, Howard Scher, Clifford Hudis, Paul Sabbatini, Lauren Rogak, Antonia Bennett, Amylou Dueck, Thomas Atkinson, Joanne Chou, Dorothy Dulko, Laura Sit, Allison Barz, Paul Novotny, Jeff Sloan, Deborah Schrag

October 2015
QOL Change from Baseline to 6 Months

Any Change
P < 0.001

<table>
<thead>
<tr>
<th></th>
<th>Usual Care</th>
<th>STAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved</td>
<td>53%</td>
<td>34%</td>
</tr>
<tr>
<td>Unchanged</td>
<td>29%</td>
<td>28%</td>
</tr>
<tr>
<td>Worsened</td>
<td>18%</td>
<td>3%</td>
</tr>
</tbody>
</table>

> 6 Points
P = 0.0059

<table>
<thead>
<tr>
<th></th>
<th>Usual Care</th>
<th>STAR</th>
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</thead>
<tbody>
<tr>
<td>Improved</td>
<td>53%</td>
<td>34%</td>
</tr>
<tr>
<td>Unchanged</td>
<td>36%</td>
<td>28%</td>
</tr>
<tr>
<td>Worsened</td>
<td>11%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Overall, mean scores: 1.4 vs. 7.1 point drop (p < .001)
Cumulative Incidence of Admissions

**Emergency Room Visits**

41% vs. 34% of Patients

P=0.02

**Hospitalization**

49% vs. 45% of Patients

P=0.08

Time receiving chemotherapy: mean 6.3 vs. 8.2 months (p=0.002)
Case Example: Testing PRO + Telephone Triage in $5.5M PCORI-Funded Grant

N=1,000

Patients from 50 Cancer Centers in the Alliance for Clinical Trials in Oncology Foundation

Randomize

Patients self-report 12 common symptoms weekly at/between visits
  → Alerts for moderate/high or worsening symptoms sent to nurses with embedded symptom management recommendations from Carevive
  → Patients receive Carevive symptom self-management advice

Usual care (no symptom self-reporting)
  ➢ Nurses/patients will be provided one time only with evidence-based symptom management pathways from Carevive, at study start

Outcomes
  • Overall survival
  • Emergency room/hospital visits
  • Physical function
  • Symptom burden
  • Quality of life
  • Clinician/patient perspectives about relative benefits/burdens

Follow for up to 1 year or until death or discontinuation of chemotherapy/hospice
PROs are Needed to Risk-Stratify Patients for Treatment and Monitor De-Conditioning

Cancer center customers apply interventions in the Carevive platform to monitor higher-risk populations (e.g., increased pt. assessments, mobile access, care plan modifications, increased navigation touchpoint).

**TIME**

Carevive *dynamically* categorizes patients into risk categories for treatment adherence, ED visits, admissions & 30-day readmissions with each patient self-assessment.

- **Diagnosis (e.g., metastatic disease)**
- **Treatment (e.g., concomitant chemo/rad)**
- **Other clinical variables (e.g., co-morbidities)**
- **Patient-Reported Outcomes (e.g., psychosocial physical, functional)**
- **Socioeconomic factors**
- **Geographic factors**
The Need for Shared-Decision Making

“The financial consequence of cancer is a reality I wish oncologists would address directly when suggesting a treatment plan. Oncologists often ask about physical and mental issues associated with a cancer diagnosis but they shy away from asking about a patient’s financial well-being and if costs would impact my decision.” – Donna Piunt (cancer patient)

“I was preparing to send the prescription to the pharmacy when [my patient] looked at me earnestly and asked if he could think about it. RV was in his 60s and in otherwise good health. He was still working. Despite my efforts, he chose hospice. Oncologists convince ourselves that treatment is what the patient, or their family, wants...it is not always true.” – Dr. Kalaycio, CC (medical oncologist)

By Matt Kalaycio, MD, FACP
The Business of Patient Engagement: MACRA/APMS
The Oncology Care Model

• In April 2016, CMS Announced the Oncology Care Model (OCM) and most commercial payers are participating.

• Payment: Traditional FFS plus PBPM plus performance payment.

• PBPM: Requires delivery of enhanced patient services (i.e., documented care planning, 24/7 patient access to care team, navigation)

• Performance payment: CMS gets first 4% of savings of total cost of care, participating practice gets 100% of savings up to 16% of total costs. The maximum savings amount is 20%.
Transformation Efforts Likely to Continue with New Administration

- Focus on Risk and Value Supported by New Administration
- Key Questions Looming with Change in Leadership
  - How will existing CMMI programs operate and evolve?
    - Core concepts of ACOs and bundling will likely remain the same; program details and terminology likely to change gradually
    - Initiatives could accelerate if spending reduction is dominant in discussion
  - Will MACRA implementation proceed and how will it change?
    - Difficult to change the final rule once published but program guidance, rollout support and enforcement may be impacted
    - Much of MACRA framework is statutory-big changes dependent upon Congress
  - What is the outlook for performance measurement and transparency initiatives?
    - Focus on robust quality measurement and data collection likely to continue regardless of election outcome, as well as efforts to publish information
    - Health IT and data exchange trends unlikely to slow but focus could expand to vendors, patients

Adapted from McDermott Consulting, 2016
Requirements
Carevive Lessons Learned

• Process needs to be established to collect PROs in between clinic visits. Waiting to collect PROs at the clinic visit is too late to act.
• Process needs to be established to act when a patient reports something requiring attention.
• PRO data needs to be presented to the care team clearly and concisely in their EMR ahead of the visit
• Process approval requires clinician and administrative executive champions
• Process success requires patient engagement, which is typically driven by oncologist/oncology nurse request
• Data must be consumed in an analyzable format
Take-aways

• Delivering value-based care requires an understanding of what the patient values.
• Meta-analyses support that patient engagement and integrating PROs into routine oncology practice improves communication, patient satisfaction, HRQL, and decreases costs.
• Focus on Risk and Value Supported by New Administration.
• Patient engagement is the key to value-based models.
• Integrating the patient’s voice requires changes in clinical workflow process, technology, and clinical expertise.
Achieving Patient-Centered Care Through Compassion

Andrew J. Shin, JD, MPH
Senior Director, Policy and Strategic Partnerships
The Schwartz Center for Compassionate Healthcare
Summary

• What is compassion?
  – Neuroscience
  – Organizational
  – Barriers

• How compassion impacts:
  – Patient/Provider Experience
  – Quality and Costs

• Takeaways
“Compassionate care…means recognizing the concerns, distress and suffering of patients and their families and taking action to relieve them. It is based on active listening, empathy, strong communication and interpersonal skills, knowledge of the patient as a whole person including his or her life context and perspective, and the ability to work together to relieve distress.”

- The Schwartz Center for Compassionate Healthcare
What distinguishes compassion from empathy and sympathy?

- Cognition
  - Feeling “as if”

- Emotion
  - Feeling sorry “for”

- Empathy
  - Feeling “with” + action

- Sympathy

- Compassion

The Schwartz Center Compassion Model

- Action
- Attention
- Recognition
- Emotional Resonance
- Cognitive Processing
- Emotion Regulation
- Altruistic Motivation, Intention
- Empathic Concern
- Understanding

©The Schwartz Center for Compassionate Healthcare

2017 Cancer Center Business Summit
<table>
<thead>
<tr>
<th>The Schwartz Center Compassionate Care Framework™</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus attention</strong></td>
</tr>
<tr>
<td><strong>Recognize verbal and nonverbal cues</strong></td>
</tr>
<tr>
<td><strong>Listen actively</strong></td>
</tr>
<tr>
<td><strong>Elicit information about the “whole person”</strong></td>
</tr>
<tr>
<td><strong>Value others with nonjudgment positive regard</strong></td>
</tr>
<tr>
<td><strong>Ask about and respond to emotions, concerns, distress, suffering</strong></td>
</tr>
<tr>
<td><strong>Share information and decision-making</strong></td>
</tr>
</tbody>
</table>
What inhibits wellbeing and compassion?

- Workload, staffing
- Documentation, regulatory requirements
- Discontinuity, fragmentation of care
- Time pressure
- Loss of community
- Conflicting values
- Loss of autonomy, sense of control
- Staff input not elicited, acted on
Compassion feels rewarding

Provider Experience Drives Patient Experience

To what extent does your organization:

1) acknowledge and reward acts of compassion shown to patients and families
2) acknowledge and reward acts of compassion to each other (co-workers)
3) provide regular counseling/pastoral care to employees who were distressed
4) provide forums to discuss psychosocial aspects of care delivery
5) whether or not they had compassionate caregiver awards

McClelland LE, Vogus TJ. Health Serv Res. 2014;49:1670-83
Patient Outcomes

WHEN:
Patients have physicians who rate themselves as empathetic and compassionate

THEY:
Are more in control of diabetes and have fewer hospitalizations

WHEN:
Patients rate their clinicians as “more caring”

THEY:
Exhibit improved psychological adjustment after a cancer diagnosis

WHEN:
Cancer patients have a strong therapeutic alliance

THEY:
Have emotional acceptance, decreased ICU utilization at end of life

THEY:
Heal faster

Patients rate their physicians as having empathy

Contextual errors: The cost of not listening

Communication skills:
What’s your understanding?
What concerns you most?  

The 10 domains of context:
Access to care, finances, relationships, transportation, emotional state, beliefs...

Contextual errors: The cost of not listening

<table>
<thead>
<tr>
<th>Case</th>
<th>% Error-free</th>
<th>Estimated cost of errors/case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncomplicated</td>
<td>73%</td>
<td>$30</td>
</tr>
<tr>
<td>Bio-medically complex</td>
<td>38%</td>
<td>$231</td>
</tr>
<tr>
<td>Contextually complex</td>
<td>22%</td>
<td>$224</td>
</tr>
<tr>
<td>Both complex</td>
<td>9%</td>
<td>$224</td>
</tr>
</tbody>
</table>

Overall projected costs – $174,000 across 399 patient visits:

- Under-use (necessary services missed)
- Over-use (unnecessary services ordered)
- Misuse (necessary missed + unnecessary ordered)
Takeaways

• Patient-centeredness is a relational goal, not just individual.

• Payment/delivery reform should support and measure initiatives that support compassionate care.
  – Clinician wellbeing
  – Patient experience of compassion
  – Care delivery focused on the compassionate care framework