



Palliative Care at OCSRI

Improving Care Transitions

About OCSRI

- Largest physician owned oncology network in Oklahoma with locations in Tulsa, Bartlesville, and McAlester.
- 7800 new cancer patients every year
- Manage approximately 21,000 active patients
- Use OncoEMR as electronic health record
- Currently retain 21 physicians on staff
 - Physician specialties include medical oncology, gynecologic oncology, radiation oncology, dermatology oncology, and oncologic surgery
- Approximately 18 APPs (advanced Practice Practitioners)
- Practice has an associated skin cancer center and breast surgery clinic to focus on the specialized needs of these patient populations



OCSRI: Improving Care Transitions

- **Background**
 - Practice recognized need for supportive care at the onset of treatment for palliative intent patients
 - Practice champions: GynOnc physicians, Advanced Practice Practitioner (APP) team, Nurse leadership, Social Worker, Physician leadership
- **Rationale**
 - Recognition that patients did not have easy access to palliative care or symptom management during palliative treatment
 - Absence of formalized palliative program within the practice, yet cost of care analysis on ambulatory care estimates savings of \$6,700-\$10,000 per patient
- **Challenges**
 - Determining organizational support for this model, as Palliative care is not a revenue producing service, but rather a value-based business model.
 - Required significant education regarding goals of supportive/palliative care for patients and the cancer therapy team, including physicians



Methods/Implementation

- Two distinct Models for implementation:
 - At Risk:
 - Satellite site for implementation
 - Limited patient referrals- started at 5 new patients per month admitted to the program
 - Weekly Home visits to offer
 - Hydration
 - Pain Support
 - Urgent care services as needed
 - Palliative Care Advanced Practice Practitioner in house
 - Increased access to care
 - Ability to see scheduled and urgent request patients
 - Work closely with cancer therapy team, including the social worker, and all physicians, as well as under the direct supervision of the champion physician for supportive care services
 - Relationships established early in care process, with introduction as part of the Cancer Therapy Team.
 - Palliative care referrals added to all stage IV treatment regimens

Results

- Measure performance
 - Beginning Expectation was broad and general as need identified by referring oncology provider
 - Current expectation- all stage IV patients will receive a palliative care referral with a practice wide goal of 75% adherence
- Metrics

Quality Measures	YTD 2016	YTD 2017	Target Jan 2018	18-Jan	18-Feb	18-Mar	18-Apr	18-May	18-Jun	18-Jul
Distress Screening										
Avoidance of Chemotherapy at EOL (chemo within 14 days of death)	11%	12%	<20%	8%	14%	15%	17%	10%	11%	12%
Referral to hospice (< 5 days prior to death)			<23%	0%	6%	15%	7%	5%	5%	11%

- Patient Satisfaction-
 - 92% of patients surveyed quarterly were very satisfied or satisfied with their symptom management.
 - 85% of patients were very satisfied or satisfied with their quality of life while receiving palliative care services.

Growing Pains



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Conclusion



Data to date suggest that the “At Risk” partnership was effective in ensuring timely, appropriate, quality palliative care in a particular geographic region.



Patients and family feedback indicate strong satisfaction with symptom management. Early introductions to the palliative care team made the hospice and end of life conversations more palatable.



Patients and family indicated ability to understand the care needs with the end of life conversations coming from the multi-disciplinary team, versus solely from the oncologist.