

ASCO[®]

AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER

ASCO Practice Leadership Series

Practice Scorecards

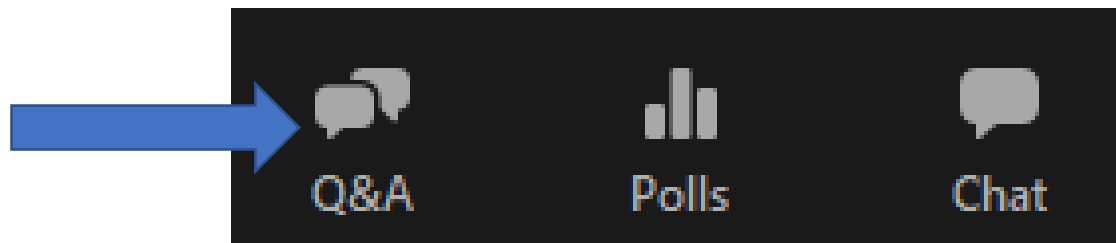
Thursday, June 16, 2022

ASCO[®] PracticeNET

Networking for Education and Transformation

Welcome!

- Please mute your phones
- Q&A session at the end
 - Use the Q&A button in the bar at the bottom of your Zoom window
 - Type in your question
 - We will address questions in the order they are received



Speakers



Molly Mendenhall
Director of Quality and Compliance
Oncology Hematology Care

OHC SCORECARDS

Molly Mendenhall, BSN, RN

DIRECTOR OF QUALITY AND COMPLIANCE

OHC

SPECIALISTS IN CANCER
AND BLOOD DISORDERS

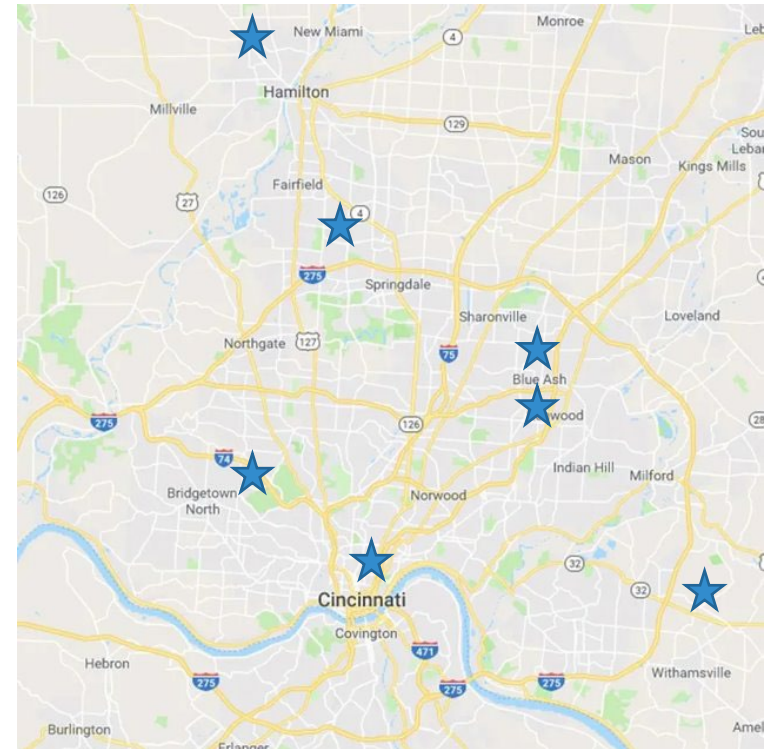
OHC PRACTICE OVERVIEW

7 Locations around Cincinnati, Ohio
~50 providers (MDs and APPs)

*Part of The US Oncology Network

Specialties

- Medical Oncology
- Radiation Oncology
- Gyn Oncology/Surgery
- Bone Marrow Transplant
- Breast Surgeons
- Supportive Services
 - Palliative Care
 - Genetic Specialists
 - Medically Integrated Pharmacy
 - Labs
 - Diagnostics



OHC PRACTICE OVERVIEW

Value Based Care Programs and Certifications

- Oncology Care Model (OCM/CMS)
- United Healthcare Episode Program
- Aetna Oncology Medical Home
- Anthem Oncology Medical Home
- QOPI
- JCO (laboratory)
- ACR (Radiation)
- ACHC (Pharmacy)

OHC SCORECARD BEGINNING

January 2017

- First practice scorecard looked specifically only at “OCM teaches”.
- Very minimalistic
- Only tracked weekly “teaches” trending and compliance overall.

1/23/2017	61	37	23	59%
Central	26	13	13	47%
Blue Ash	15	10	5	67%
Kenwood	11	3	8	27%
East	14	10	3	73%
Anderson	8	6	2	75%
Clermont	3	2		67%
Eden Park	1	1	0	100%
Maysville	2	1	1	50%
North	12	8	4	49%
Hamilton	4	3	1	75%
Healthplex	7	5	2	71%
Wilmington	1	0	1	0%
West	9	6	3	58%
Lawrenceburg	3	1	2	33%
Mercy West	6	5	1	83%

OHC SCORECARD EVOLUTION

- OHC made the decision to incorporate scorecards throughout the entire practice in 2018
- Front line staff scorecards were the 1st scorecards to go live
 - Included quality requirements for the Oncology Care Model program
- Recipients: Front Desk, Medical Assistant, Nurses (navigators/TX suite), APPs, and MDs

OHC QUALITY

“Every staff member at OHC owns quality, not just one person.”

- Key areas we focused on:
 - Transparency
 - Competition
 - Metric and program requirements
 - Staff Buy-in
 - Culture change / change management
 - Quality education for all staff members

OHC DATA

OHC has an internal Sr. Data Analytics Specialist who generates scorecards with the following programs:

- EMR data (*McKesson IKnowMed G2*)
- Data analytics program (*Practice Insights*)
- Billing system (*Athena IDX*)
- SQL server
- Reporting Services
- Excel
- Data / Financial Data Warehouses

OHC DATA COMPILATION

- **Data Downloads:** We received data downloads weekly from EHR , billing system, and data analytics warehouse
- **Initial Implementation:** 6-12 months of implementation and development time for all reports with automation and scorecards
- **Weekly prep:** 10-15 hours a week spent on scorecard/report delivery and maintenance

OHC CHANGE MANAGEMENT

- **Buy-in:** Provider, executive team, front line staff
- **Goals:** Allowing for 'exceptions'
- **On-site management:** Having a leader to coordinate with data analyst and report issues from staff and educating Leads/Managers for on-site management
- **Road shows:** Consistent rounding to sites on measures, the 'why' behind metrics and requirements
- **Troubleshooting:** investigation of data, feedback from sites. ***If the data is wrong, staff buy-in and trust will be difficult to win back. Important to educate that: data is never going to be perfect.***

OHC SCORECARD BENCHMARKS

Scorecard targets and goals

- National benchmarks (CMS/MIPs)
- Internal benchmarks
- Red/Yellow/Green stop light colors for quick glance

2018

1/5/2018						
Metrics	EAST	CENTRAL	NORTH	WEST	SPRINGFIELD	Target
Pain Care Plan	71%	100%	83%	75%	57%	80%
PHQ-9	68.90%	76%	75%	87.60%	94%	50%
Advance Care Plan	84.20%	78.20%	84%	95.30%	85%	80%
Treatment Plan Complete (Active OCM Patients)	44%	30%	35%	43.80%	32%	>90%
Site	Region	Pain Care Plan	PHQ-9	Advance Care Plan	Treatment Plan Complete (Active OCM Patients)	
Anderson	East	1 of 2, 50%	21 of 33, 63.6%	23 of 29, 79.3%	59 of 114, 51%	
Clermont	East	2 of 2, 100%	18 of 18, 100%	12 of 13, 92.3%	14 of 43, 32%	
Eden Park	East	0 of 0	11 of 12, 91.7%	7 of 8, 87.5%	14 of 31, 45%	
Maysville	East	2 of 3, 66.7%	9 of 11, 81.8%	6 of 7, 85.7%	8 of 24, 33%	
Blue Ash	Central	1 of 1, 100%	44 of 60, 73.3%	39 of 53, 73.6%	56 of 163, 34%	
Kenwood	Central	5 of 5, 100%	32 of 40, 80%	33 of 39, 84.6%	30 of 115, 26%	
Fairfield	North	9 of 11, 81.8%	44 of 53, 83%	45 of 50, 90%	41 of 112, 36%	
Hamilton	North	1 of 1, 100%	22 of 32, 68.8%	21 of 28, 75%	25 of 71, 32.5%	
West Chester	North	0 of 0	6 of 11, 54.5%	8 of 10, 80%	7 of 24, 29%	
Lawrenceburg	West	3 of 3, 100%	19 of 25, 76%	23 of 24, 95.8%	28 of 64, 43%	
Mercy West	West	9 of 13, 69.2%	59 of 64, 92.2%	59 of 62, 95.2%	64 of 146, 43%	
Springfield	SPG	4 of 7, 57.1%	51 of 54, 94.4%	35 of 41, 85.4%	77 of 240, 32%	

...VS NOW

Weekly Compliance By Site for 2021 - H2 (July-Dec)							
End of 2021							
Metrics	EAST	CENTRAL	NORTH	WEST	PRACTICE TOTAL	Target	
Pain Score Documented	99%	98%	98%	99%	99%	>93%	
Pain Care Plan	97%	99%	98%	98%	98%	>93%	
PHQ-9	93%	96%	86%	96%	93%	>83.39%	
Advance Care Plan	97%	99%	95%	99%	98%	>95%	
Provide Patient Access (end year)	97%	94%	90%	95%	92%	>90%	
Treatment Plan Complete (Active OCM Patients)	99%	95%	96%	98%	96%	>93%	
Site	Region	Pain Score Documented	Pain Care Plan	PHQ-9	Advance Care Plan	Provide Patient Access (end year)	Treatment Plan Complete (Active OCM Patients)
Eastgate	East	920 of 928, 99%	143 of 147, 97%	175 of 188, 93%	177 of 182, 97%	2601 of 2691, 97%	164 of 166, 99%
Blue Ash	Central	613 of 620, 99%	69 of 70, 99%	150 of 157, 96%	172 of 172, 100%	1784 of 1852, 96%	144 of 151, 95%
Kenwood	Central	397 of 411, 97%	62 of 62, 100%	74 of 77, 96%	78 of 81, 96%	1123 of 1220, 92%	60 of 62, 96%
Fairfield	North	546 of 553, 99%	79 of 81, 98%	103 of 120, 86%	111 of 120, 93%	1527 of 1698, 90%	108 of 113, 96%
Hamilton	North	207 of 213, 97%	20 of 20, 100%	47 of 54, 87%	51 of 51, 100%	610 or 660, 92%	50 of 51, 98%
Mercy West	West	687 of 693, 99%	83 of 85, 98%	149 of 155, 96%	171 of 172, 99%	2157 or 2264, 95%	114 of 116, 98%

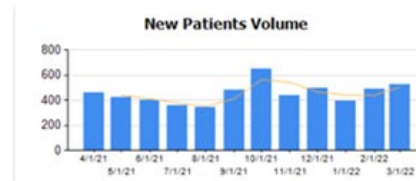
OHC SCORECARD ADDITIONS

As our initial scorecard became accepted as a normal part of OHC culture (*staff having the data in their own hands*) we broadened our scope to create dashboards/scorecards for most areas in the practice:

- Front Line Scorecard (weekly)
- Provider Scorecard (monthly)
- Survivorship Scorecard (weekly)
- Commercial VBC Scorecard (weekly)
- NSCLC Biomarker Testing (weekly)
- ACHC Pharmacy scorecard (quarterly)
- Staging Reports (monthly)
- HCC Comorbidities (weekly)
- Operations Dashboard (monthly)
- Biosimilars (monthly)
- Unfinished Charting (weekly)

OHC OPS DASHBOARDS

New Patients	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Grand Total
Med/Hem	116	126	132	53	60	145	175	106	190	158	54	113	1428
Med/Onc	195	107	51	99	143	64	127	106	52	111	164	180	1399
Rad	72	99	128	107	81	195	150	64	101	70	109	88	1264
Gyn	75	91	88	101	59	78	197	163	150	54	162	143	1361
Grand Total	458	423	399	360	343	482	649	439	493	393	489	524	5452



Unique Patient Volume

Unique Pts	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Grand Total
Med	934	1,207	1,484	1,932	1,810	2,176	1,264	1,802	1,789	1,760	2,186	1,531	19,875
Rad	276	234	232	141	201	111	189	216	90	176	105	116	2,087
Gyn	138	112	159	249	203	144	187	97	253	124	174	74	1,914
Total	1,348	1,553	1,875	2,322	2,214	2,431	1,640	2,115	2,132	2,060	2,465	1,721	23,876



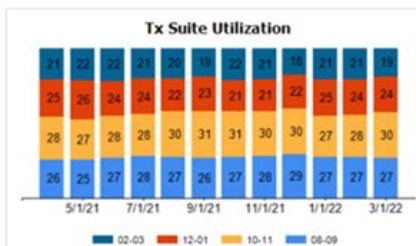
Overall Satisfaction

Net Promoter	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Average
Overall	9.6	9.5	9.8	9.2	9.3	9.7	9.3	9.9	9.2	9.3	9.7	9.7	9.5
APP	9.5	9.4	9.9	9.7	9.9	10.0	9.7	9.3	9.8	9.5	9.2	9.8	9.6
Doctbr	9.9	9.7	9.9	9.4	9.4	9.8	9.6	9.4	9.9	9.4	9.7	9.4	9.6
Facility	9.4	9.6	9.5	9.4	9.8	9.9	9.8	9.4	9.6	9.7	9.8	9.4	9.6
MAs	9.7	9.5	10.0	9.5	9.7	9.3	9.5	10.0	9.2	9.9	9.4	9.9	9.6
Nurses	9.4	9.7	9.3	9.8	9.9	9.5	9.3	9.9	9.2	9.8	9.6	9.6	9.6
Schedule	9.8	9.2	9.9	9.3	9.5	9.9	9.8	10.0	10.0	9.9	9.6	9.8	9.7
RadThera	9.4	10.0	9.3	9.5	9.8	9.3	9.2	9.3	9.8	9.9	9.4	9.8	9.6
Lowest Score	9.4	9.2	9.3	9.2	9.3	9.3	9.2	9.3	9.2	9.3	9.2	9.4	9.2



Tx Suite Utilization

Tx Suite	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Appointments												
08-09	448	435	512	507	503	495	517	494	542	481	460	525
10-11	496	459	525	515	560	589	587	541	569	482	467	591
12-01	429	445	450	439	407	431	397	379	419	436	409	469
02-03	370	374	418	377	370	355	412	374	336	368	349	371
% of Appts												
08-09	26%	25%	27%	26%	27%	26%	27%	28%	29%	27%	27%	27%
10-11	29%	27%	26%	28%	30%	31%	31%	30%	30%	27%	28%	30%
12-01	25%	26%	24%	24%	22%	23%	21%	21%	22%	25%	24%	24%
02-03	21%	22%	22%	21%	20%	19%	22%	21%	19%	21%	21%	19%



OHC PROVIDER SCORECARDS

Providers	Oct '20 - Sep '21	Feb '22 - Apr '22	Feb '22 - Apr '22	as of 05/16/2022	as of 05/16/2022	Feb '22 - Apr '22	as of 5/16/2022		
	Hospice 3+ Days	No Chemo w/i 14 days	Regimens 5 biz days out	Controlled Substance	Worklist Queue	Specialty Pharmacy Usage	HCC Compliance		
Broun		90%	55%	60%	100%	89%	80%		
Chua	57%	83%	90%	85%	100%	100%	89%	Hospice 3+ Days Percent of patients in hospice 3+ days before date of death, according to OCM data Green 60+ Yellow 50-59.9 Red < 50	No Chemo w/i 14 days Percent of patients that did not have IV chemotherapy within 14 days of death, patients deceased in the prior 3 months Green 90+ Yellow 70-89.9 Red < 70
Drosick	76%	70%	88%	95%	100%	95%	75%		
Essell	67%	100%	51%	79%	100%	100%	58%		
Herms	65%	88%	81%	81%	100%	100%	71%		
Islas-Ohlmyer	67%		40%	71%	100%	88%	86%		
Johns	71%	100%	74%	93%	100%	100%	56%		
Kudalkar	55%	50%	95%	71%	100%	100%	73%		
Lang	57%	71%	68%	78%	100%	100%	80%		
Leuenberger	44%	81%	76%	85%	100%	100%	84%		
Mettu		0%	65%	96%	100%	100%	90%		
Partridge	75%	100%	82%	77%	80%	100%	94%		
Patel	50%	83%	54%	75%	100%	100%	56%		
Ward	73%	50%	90%	95%	100%	100%	82%		
Waterhouse	65%	80%	70%	78%	100%	100%	69%	Regimens 5 days out Percent of regimens created 5+ business days before start of treatment, regimens created in prior three months Green 90+ Yellow 70-89.9 Red < 70	Controlled Substance Percent of patients with controlled substance that have a contract, scripts within the past 2 years, as of current month Green 80+ Yellow 70-79.9 Red < 70
Weisenberger	76%		92%	79%	100%	100%	83%		
Bowling			100%	2%	100%	100%	55%		
Gubbi			100%	73%	100%	100%	88%		
Wrenn		100%		19%	100%	100%	77%		
Grass					100%		77%		
Levick					100%		57%		
Mosbacher						40%	54%		
Pratt					100%		59%		
Sacco					100%				
Shaughnessy					100%		81%		
Melchior				100%	100%		63%		
Tremelling					100%		55%		
Brady				81%	100%	100%	58%	Worklist Queue Number of G2 worklist items that are not completed as of the date listed at the top of the column, as of current month Green 100 Red < 100	Pharmacy Usage Percent of new oral prescriptions for selected specialty medications written in the prior 3 months sent to OHC retail pharmacy Green 90+ Yellow 80-89.9 Red < 80
Bunting				92%	100%		97%		
Burneka				100%	100%		84%		
Gillespie				50%	100%				
Gottmann					100%		75%		
Jones				89%	100%	100%	60%		
Kolish				82%	100%				
Liming				89%	100%		71%		
Mancini				73%	100%		92%		
Moorman				84%	100%		69%		

OHC CLINICAL SCORECARDS

2022 Treatment Plan Summary			
	Numerator	Denominator	Compliance
Central	237	254	93%
Blue Ash	172	182	95%
Kenwood	65	72	90%
East	253	275	92%
Eastgate	253	275	92%
North	183	194	94%
Fairfield	134	142	94%
Hamilton	49	52	94%
West	159	170	94%
Mercy West	159	170	94%
Grand Total	832	893	93%

	Done or Scheduled		Not done	
	Percent	Patients	Percent	Patients
OHC Blue Ash	78%	8	22%	6
OHC Eastgate	75%	26	25%	8
OHC Hamilton	100%	5	0%	0
OHC Kenwood	50%	2	50%	2
OHC Mercy West	75%	21	25%	7
OHC Fairfield	86%	25	14%	4
Grand Total	70%	87	34%	27

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End of 2021									
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PHQ-9	93%	96%	86%	96%	93%		>83.39%		
Advance Care Plan	97%	99%	95%	99%	98%		>95%		
Provide Patient Access (end year)	97%	94%	90%	95%	92%		>90%		
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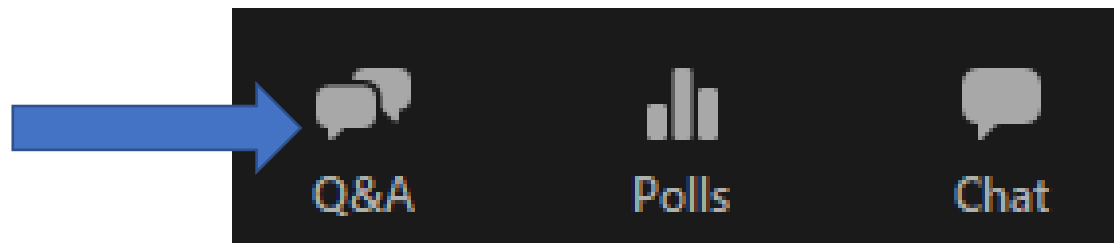
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HOW TO GET STARTED?

- Start small
- Start with lower goals and increase as your team has successes
- Normalize performance sharing culture
- Achieve top-level buy-in first to help frontline staff buy-in follow suit

Questions?

Use the Q&A button in the bar at the bottom of your Zoom window



Learn More About PracticeNET

- Free oncology business benchmarking program
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- Covers multiple service lines
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 - Gynecologic oncology
 - Oncology Care Model
- Must have at least 1 ASCO member at your practice
- Contact us at practicenet@asco.org

Next Call

- Thursday, July 21
 - Implementing the Oncology Medical Home Standards
 - ~ OR ~
 - 2023 Medicare Physician Fee Schedule Proposed Rule
- 3rd Thursday of each month, 4:00pm Eastern Time

<https://practice.asco.org/calendar>