

ASCO Quality Training Program

UCLA Health:
Mapping the Oncology Landscape

Team members

Role	Name
<i>Project Sponsor[#]</i>	Naveen Raja, DO
<i>Team Leader⁺</i>	Barbara Jagels, RN, MHA, CPHQ
<i>Core Team Member[*]</i>	Emi Kamiya, MBA
<i>Core Team Member[*]</i>	Hanina Rosenstein, MSOD
<i>QTP Improvement Coach</i>	Grace Campbell, PhD, MSW, RN, CRRN, FARN

Institutional Overview

Mission and Vision

Our mission is to deliver leading-edge patient care, research, and education.

Our vision is to heal humankind, one patient at a time, by improving health, alleviating suffering and delivering acts of kindness.

UCLA Health is comprised of:

- Ronald Reagan UCLA Medical Center
- UCLA Santa Monica Medical Center
- UCLA Mattel Children's Hospital
- Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA
- UCLA Health Clinics
- UCLA Faculty Practice Group
- David Geffen School of Medicine at UCLA
- Jonsson Comprehensive Cancer Center

UCLA Health Facts:

- More than 670,000 unique patients per year
- 2.8 million outpatient clinic visits
- More than 73,000 emergency department visits
- 36,000 hospital stays
- 3,200 total faculty
- 3,050 clinical faculty
- 150 basic science faculty
- 1,300 residents and fellows
- 3,800 registered nurses
- 32,000 employees



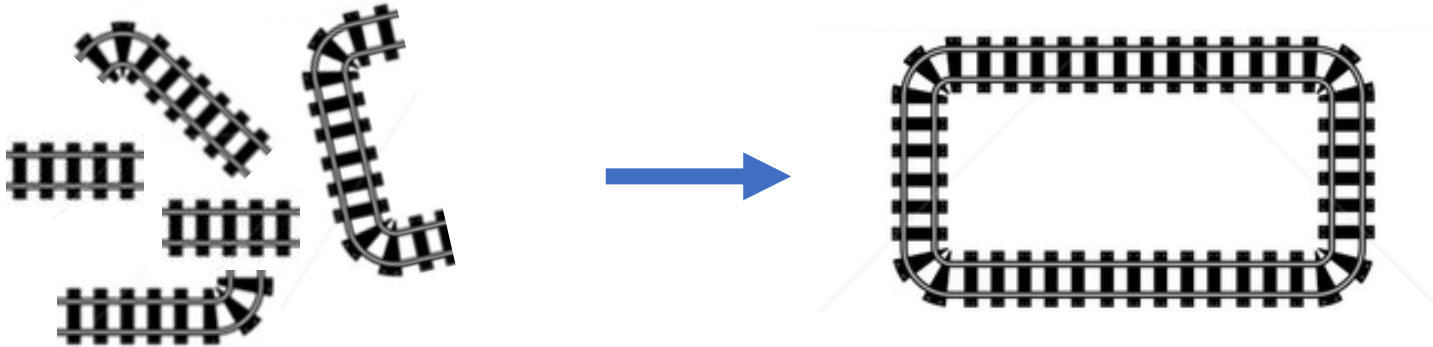
Problem Statement

Cancer is top costing condition at UCLA. Of UCLA cancer patients in 2021 ($n=23,444$), about 1700 (1%) per year are Anthem members.

- Anthem data suggest that UCLA does not meet performance targets on several measures, including Avoidable ED Visits.
- The Anthem Oncology Medical Home (AOMH) model is intended to improve improve the patient journey, manage financial risk, and decrease total cost of care, but UCLA cancer service lacks a way to assess and measure defined workflows that would support the AOMH model.
- This understanding will facilitate implementing interventions using AOMH as small tests of change with the Anthem population, as a scalable model to be implemented in our the entire cancer population in the future.

Aim Statement

Currently our avoidable ED visit rate for all Anthem cancer patients is 8.1%. By December 1, 2021, we will gain insight into the ED visit rate at UCLA Health Cancer Service by understanding locations of service, timing of services, and reasons for seeking acute services for our patients.



Understanding the Context: Many Entry Points to Care



**Santa Monica,
UCLA Medical Center**



**Ronald Reagan,
UCLA Medical Center**

**Radiation
Oncology onsite
and in
Community**



**Heme Onc
Outpatient
Infusion Centers**

**UCLA Cancer Programs
and
Patients**

**Jonsson
Comprehensive
Cancer Center
Research**



**Health System
Bowyer Heme Onc
Clinic**



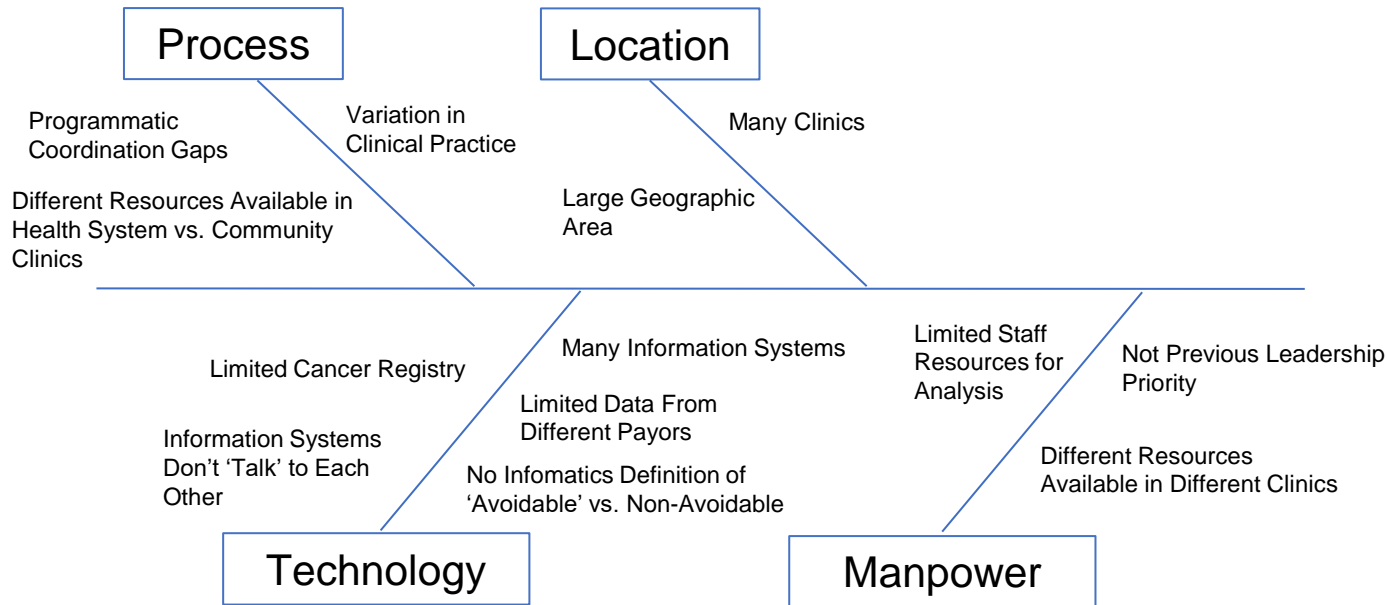
**Heme Onc
Clinics in the
Community**

**Surgical
Oncology**



Cause and Effect Diagram

Why don't we have a clearer picture of Oncology care delivery at UCLA?



Data Collection Plan

Patient Journey +

Demographics & Utilization

- Anthem Oncology Patients with Colorectal Cancer
 - Ages, Median Age
 - Gender
 - Zip Codes
 - Anthem Risk Category
 - Primary Cancer Site
 - Regimen
 - Attributed Oncology Provider & Practice
- Utilization
 - Average ED visits
 - Most Common Reasons for Visit + Most Common Days of Week + Location + Diagnosis
 - Average Admissions
 - Average LOS + Most Common Reasons for Admission + Location + Diagnosis
 - Anthem Designated as Preventable Admissions
 - Advance Directive present
 - Contact with Palliative Care (1+ visits)

Experience & Opportunities

- Utilization Pathway
 - Who did they talk to first? How did they make their next appointments? How did they know what to do?
- Experience
 - What was great about the experience? What was hard? (both care team & patient views)
- Opportunities
 - What might we do better? How might we intervene to prevent ED visits & Admissions?

Outcome Measure

Baseline Data Summary

Item	Description
Measure:	ED visits
Patient population: <i>(Exclusions, if any)</i>	UCLA Anthem Patients with Colorectal Cancer
Calculation methodology: <i>(i.e. numerator & denominator)</i>	Numerator = Avoidable Emergency Department (ED) visits for Patients Receiving Outpatient Chemotherapy* Denominator = Total Emergency Department (ED) visits for Patients Receiving Outpatient Chemotherapy within the specified timeframe
Data source:	Anthem Reports
Data collection frequency:	Monthly
Data limitations: <i>(if applicable)</i>	Limitations of Anthem data i.e. Missing Helpful fields; Lack of clear Anthem definitions; Hard to Link with Clinical Data; Limited Availability of Outside Records

Outcome Measure

Baseline Data from Anthem

Rule Name	Denominator	Numerator	Baseline	90th percentile	Minimum Target (10% gap closure)	Maximum Target (20% gap closure)	National Benchmark population mean	Metric Weight	Max PMPM Incentive	Perf Gate (25th percentile)
Pathway Adherence	327	219	67.0%	82.6%	68.5%	70.1%	70.3%	45.0%	\$ 21.07	67.0%
Avoidable ED Visits	605	56	8.1%	4.0%	7.7%	7.2%	9.3%	15.0%	\$ 7.02	11.8%
Avoidable Admissions	605	102	16.0%	11.6%	15.6%	15.1%	17.9%	25.0%	\$ 11.71	21.9%
Emetogenic Risk Composite	712	457	64.2%	80.5%	65.8%	67.4%	68.7%	15.0%	\$ 7.02	60.8%
Emetogenic: Low Risk	335	242	72.2%	NA	NA	NA	77.2%	NA	NA	NA
Emetogenic: Moderate Risk without carboplatin	130	59	45.4%	NA	NA	NA	40.6%	NA	NA	NA
Emetogenic: Moderate Risk with carboplatin	97	82	84.5%	NA	NA	NA	62.5%	NA	NA	NA
Emetogenic: High Risk	150	74	49.3%	NA	NA	NA	71.3%	NA	NA	NA

Oncology Medical Home Population Utilization Matrix

	Advanced Cancer	Anthem Advanced Cancer
Volume	3,006 Patients	570 Patients
Demographics	55% Female/ 45% Male Ages 1 – 102, Median Age 64	55% Female/ 45% Male Ages 12 – 94, Median Age 64
Attribution	38% Primary Care	44% Primary Care
Palliative Care	13% Palliative Care Encounter	12% Palliative Care Encounter
Admissions Stats	1,646 Admissions 1.7 Average Admissions / 799 Patients ALOS = 7 Days	269 Admissions 2 Average Admissions / 135 Patients ALOS = 6.4 Days
Top Emergency Admission MSDRGs	Septicemia Digestive Malignancy Respiratory Neoplasm	Septicemia Major Hematological & Immunological Dx Nervous System Neoplasm
Readmission	36% are Readmitted within 30 Days 63% are admitted again within 1 Year	10% Readmitted within 30 Days 59% Readmitted within 1 Year
Discharge Follow-Up	64% Follow-up within 7 Days 95% Follow-up within 30 Days	68% Follow-Up within 7 Days 96% Follow-Up within 30 Days
ED Stats	1,325 ED Visits 2 Average Visits/ 674 Patient	171 ED Visits 0.6 Average Visits/ 98 Patient
Top ED Complaints	Abdominal Pain Shortness of Breath Fever	Abdominal Pain Fever Shortness of Breath
ED Follow-Up	60% Follow-Up within 7 Days 92% Follow-Up within 30 Days	61% Follow-Up within 7 Days 90% Follow-Up within 30 Days

Summary of Findings for Anthem Advanced Cancer:

- Opportunity to Refer Anthem Advanced Cancer Population to Palliative Care
- Observed Low 30 Day Readmission for Anthem Advanced Cancer
- Observed Lower Average ED Visits per Patient
- Opportunity to Improve Discharge & ED Follow-Up within 7 Days & 30 Days for Anthem Advanced Cancer Patients

A Caring Care Team

96.4%

Satisfaction with Quality of
Patient-Doctor Interaction

95.7%

Satisfaction with Courteous and
Helpful Office Staff

“UCLA is really good about hiring human beings who also happen to be brilliant” – Patient

“[We] want the patient’s time with us to smooth and easy” – Care Team Member

“[I] just want to help these patients” – Care Team Member

Potential Contributors to ED Use: On Having Symptoms

83.7%

Satisfaction with ‘How often did you get an answer to a medical question when you called during office hours?’*

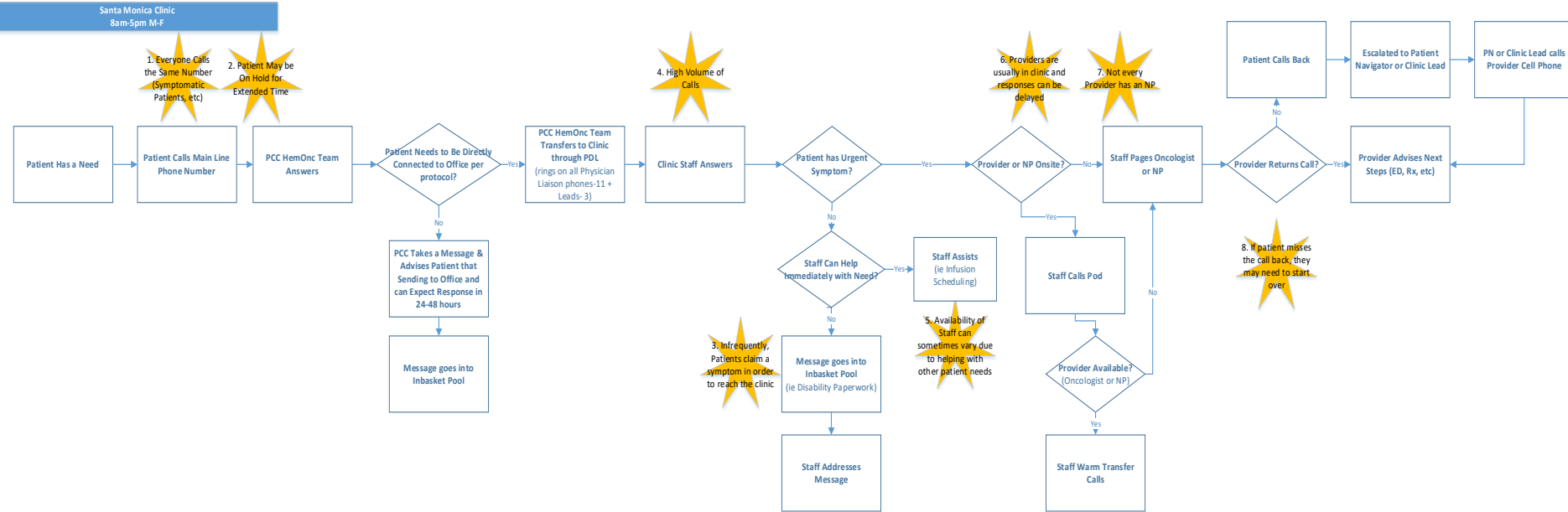
“The [PDL] phone rings all day long” –
Care Team Member

“It can be nerve wracking to wait for a response [from a doctor]” – Care Team Member

“Patients are afraid to go to the ED...[they are] worried they will be sitting there for hours and not taken care of” –
Care Team Member

“[I] don’t want someone sitting in pain with intractable vomiting in the ED for 6 hours” – Care Team Member

Process Map: Patient Calling During Office Hours



Insights:

Data, Interviews & Patient Experience Survey

Connection to Care:

What does the process show?



Overall: Everyone wants to help, but there are many steps to getting help when a patient is symptomatic.

Everyone call the same number. The PCC* has 3 HemOnc Call Queues.

- In October 4% (599/16,105) calls were abandoned.
- Though most calls were answered in ~2.5 minutes, patients could sometimes be on hold for up to 1 hour 53 minutes with queues up to 25 patients waiting.**
- Knowledgeable patients sometimes claim symptoms to get through to the office.

Clinic staff who can assist are sometimes delayed due to helping other patients

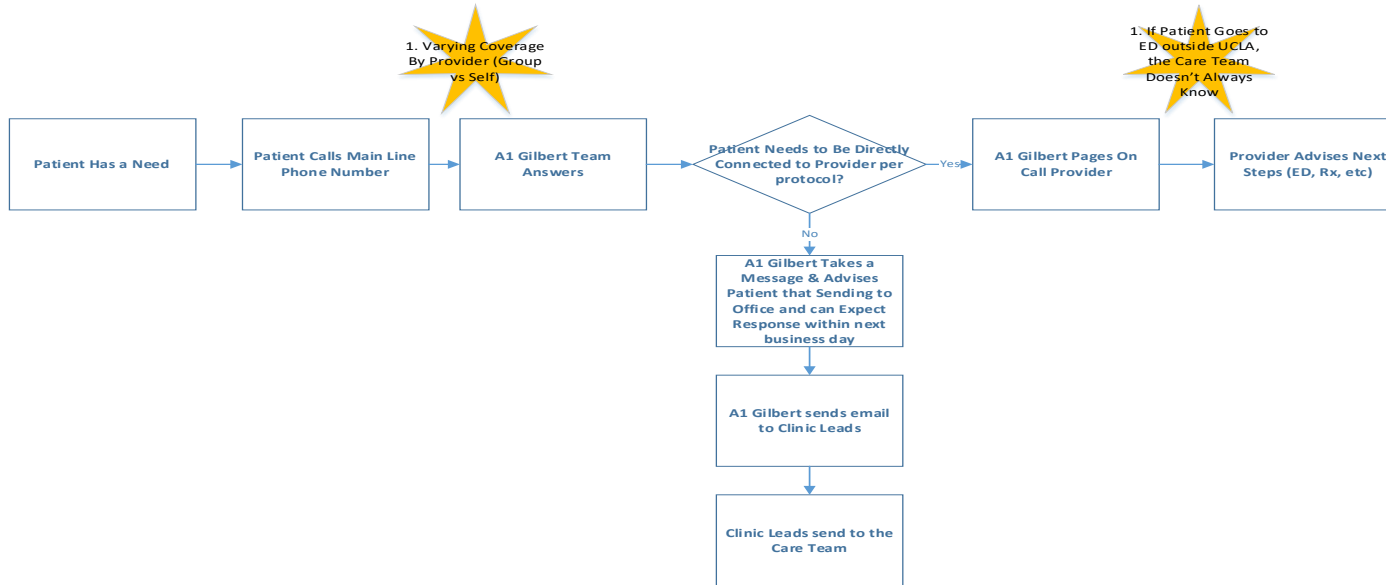
- Providers are usually assisting other patients in clinic and not immediately available to respond to calls.
- There are variations between providers in having NPs to also provide patient support

If a provider calls a patient back and the call is missed, the patient has to restart the process.

*PCC = Call Center; PCC HemOnc Team is specially trained for the needs of oncology patients
**Source: PCC HemOnc Queue Performance October 2021. Delays are most common on Mondays.

Process Map: Patient Calling After Office Hours

Santa Monica Clinic
5pm – 8am M-F + Sat + Sun



Insights: Data & Interviews

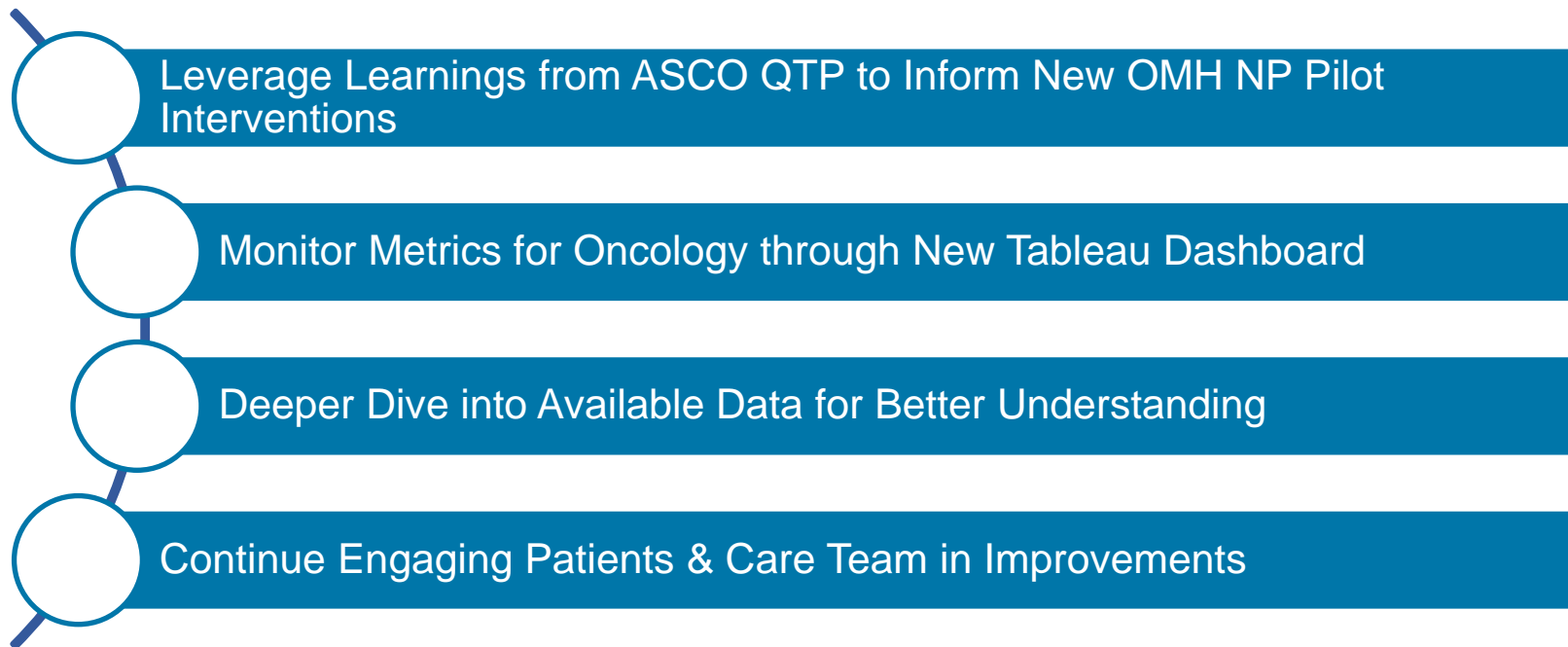
Connection to Care:

What does the process show?



- Some providers cover themselves; others have coverage groups
- If the patient goes to the ED or is admitted over the weekend to non-UCLA facility, there is no current process for alerting the ambulatory care team

Next Steps



Appendix

UCLA Health: Mapping the Oncology Landscape

Understanding the Context: UCLA's Cancer Program is Vast

LA County = Most Populous and Diverse County in the U.S.



Population size = **10.2 million**

Los Angeles County would be the **9th largest state by population**

Majority minority population **73% minority**

Latino Population **50%**

Languages Spoken **225**



Total Population	10.2 Million
Latino	49%
White	27%
Asian / PI	15%
African American	9%

Sources: U.S. Census Bureau, 2018