ASCO Quality Training Program

UCLA Health: Mapping the Oncology Landscape
# Team members

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tbody>
<tr>
<td>Project Sponsor*#</td>
<td>Naveen Raja, DO</td>
</tr>
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<td>Team Leader†</td>
<td>Barbara Jagels, RN, MHA, CPHQ</td>
</tr>
<tr>
<td>Core Team Member*</td>
<td>Emi Kamiya, MBA</td>
</tr>
<tr>
<td>Core Team Member*</td>
<td>Hanina Rosenstein, MSOD</td>
</tr>
<tr>
<td>QTP Improvement Coach</td>
<td>Grace Campbell, PhD, MSW, RN, CRRN, FARN</td>
</tr>
</tbody>
</table>
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 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

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
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 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.

*Source: UC Data Warehouse Tableau ‘Cancer Patient Demographics’; ‘Patient Trends’ UC Cancer Demographics Data from January- December 2020 Pulled 08.16.21
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
- Jonsson Comprehensive Cancer Center Research
- Health System Bowyer Heme Onc Clinic
- Heme Onc Clinics in the Community
- Surgical Oncology

UCLA Cancer Programs and Patients

ASCO
AMERICAN SOCIETY OF CLINICAL ONCOLOGY
KNOWLEDGE CONQUERS CANCER
Why don’t we have a clearer picture of Oncology care delivery at UCLA?

**Process**
- Programmatic Coordination Gaps
- Variation in Clinical Practice
- Different Resources Available in Health System vs. Community Clinics

**Location**
- Many Clinics
- Large Geographic Area
- Limited Staff Resources for Analysis
- Not Previous Leadership Priority
- Different Resources Available in Different Clinics

**Technology**
- Limited Cancer Registry
- Information Systems Don’t ‘Talk’ to Each Other
- Limited Data From Different Payors
- No Informatics Definition of ‘Avoidable’ vs. Non-Avoidable

**Manpower**
- Limited Resources for Analysis
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?
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure:</td>
<td>ED visits</td>
</tr>
<tr>
<td>Patient population:</td>
<td>UCLA Anthem Patients with Colorectal Cancer</td>
</tr>
<tr>
<td>(Exclusions, if any)</td>
<td></td>
</tr>
<tr>
<td>Calculation methodology:</td>
<td>Numerator = Avoidable Emergency Department (ED) visits for Patients Receiving Outpatient Chemotherapy*</td>
</tr>
<tr>
<td>(i.e. numerator &amp; denominator)</td>
<td>Denominator = Total Emergency Department (ED) visits for Patients Receiving Outpatient Chemotherapy within the specified timeframe</td>
</tr>
<tr>
<td>Data source:</td>
<td>Anthem Reports</td>
</tr>
<tr>
<td>Data collection frequency:</td>
<td>Monthly</td>
</tr>
<tr>
<td>Data limitations:</td>
<td>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</td>
</tr>
</tbody>
</table>

*Avoidable = Chemo-related side effects e.g., pain, nausea, vomiting, dehydration, diarrhea, sepsis, pneumonia, neutropenia, fever, anemia*
# Outcome Measure

## Baseline Data from Anthem

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

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

### 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

Source: Average from PES/ UCLA FPG Doctor Survey (Visit Dates Jul/2020 - Jun/2021); Filtered for Oncology Clinics; Interviews with 1 Patient & 5 Care Team Members
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

Source: Average from PES/ UCLA FPG Doctor Survey (Visit Dates Jul/2020 - Jun/2021); Filtered for Oncology Clinics; Interviews with 1 Patient & 5 Care Team Members
Process Map: Patient Calling During Office Hours

1. Everyone Calls the Same Number (Symptomatic Patients, etc.)
2. Patient May Be On Hold for Extended Time
3. Infrequently, Patients Claim a Symptom in Order to Reach the Clinic
4. High Volume of Calls
5. Availability of Staff can sometimes vary due to helping with other patient needs
6. Providers are usually in clinic and responses can be delayed
7. Nurse Pages Oncologist or NP
8. If patient misses the call back, they may need to start over

Santa Monica Clinic: 8am-5pm M-F

Patient Has a Need
Patient Calls Main Line Phone Number
PCC HemOnc Team Answers

Patient Needs to Be Directly Connected to Office per protocol?

PCC HemOnc Team Transfers to Clinic through PDL (rings on all Physician Liaison phones -11 + Leads -3)

Clinic Staff Answers

Patient has Urgent Symptom?

Staff Can Help Immediately with Need?

Staff Addresses Message

Message goes into Inbasket Pool

Staff Calls Pod

Staff Warm Transfer Calls

Staff assigns migration (on or off protocol)

Staff Schedules

Staff Mails

Staff page Oncologist or NP

Staff or NP Onsite?

Yes

Staff Calls Pod

No

Staff or NP Onsite?

Yes

Staff Returns Call

No

Staff Warm Transfer Calls

Patient Calls Back

Escalated to Patient Navigator or Clinic Lead

PM or Clinic Lead calls Provider Cell Phone

Provider Respends Next Steps (ED, Rx, etc.)
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

1. Varying Coverage
   By Provider (Group vs Self)

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

Patient Has a Need → Patient Calls Main Line Phone Number → A1 Gilbert Team Answers

Patient Needs to Be Directly Connected to Provider per protocol?

Yes

A1 Gilbert Pages On Call Provider → Provider Advises Next Steps (ED, Rx, etc)

No

A1 Gilbert Takes a Message & Advises Patient that Sending to Office and can Expect Response within next business day

A1 Gilbert Sends Email to Clinic Leads

Clinic Leads Send to the Care Team

1 of Patient Goes to ED outside UCLA, the Care Team Doesn’t Always Know
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

**Source: PCC HemOnc Queue Performance October 2021**
Next Steps

1. Leverage Learnings from ASCO QTP to Inform New OMH NP Pilot Interventions
2. Monitor Metrics for Oncology through New Tableau Dashboard
3. Deeper Dive into Available Data for Better Understanding
4. Continue Engaging Patients & Care Team in Improvements
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

<table>
<thead>
<tr>
<th>Total Population</th>
<th>10.2 Million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino</td>
<td>49%</td>
</tr>
<tr>
<td>White</td>
<td>27%</td>
</tr>
<tr>
<td>Asian / PI</td>
<td>15%</td>
</tr>
<tr>
<td>African American</td>
<td>9%</td>
</tr>
</tbody>
</table>

Sources: U.S. Census Bureau, 2018