



Pioneering Oncology Practice **ENHANCES** Value-Based Care

Written by Julie M. Bethlenfalvy
Photography by Tracy Doyle

OHC (Oncology Hematology Care, Inc.) is passionate about its patients' care. The independent, physician-owned practice is the region's leader in providing breakthrough cancer research and treatments for adults with cancer and blood disorders for more than 30 years.

For the last several years, OHC has spearheaded several innovative services to enhance patient care, improve quality and reduce overall cost to patients and payers. OHC also aligned with the U.S. Oncology Network (USON), one of the nation's largest associations of community-based oncology practices that supports high-quality, value-based care like OHC. Through this network, OHC has been able to benchmark best practice with other independent cancer practices across the nation.

OHC was selected as one of 187 nationwide practices to participate in the Oncology Care Model (OCM).

"We're evolving toward value-based care and away from what we used to call 'fee-for-service.' You'd come in, you'd see us and you'd get a bill," says E. Randolph Broun, M.D., president and chairman of the board at OHC. "Now, it's a much more comprehensive approach. We look at [the patient's] social, medical and financial needs, and make sure that they're part of the decision-making process."

Launched in July 2016 and led by the Centers for Medicare and Medicaid Innovation (CMMI), the OCM project focuses on reducing the cost of care while

improving the quality of care and enhancing patients' lives. OCM tracks a series of initiatives, including emergency room utilization, hospital admission rates and utilization costs and hospice usage. These factors also are compared across types of cancers.

"Ten years ago, cancer care was in crisis," says OHC medical oncologist and chief medical officer, Karyn M. Dyehouse, M.D. "OCM is an effort to change that landscape."

Among the 16 USON independent practices participating in OCM, OHC is leading the pack. Regarding hospital admissions, OHC decreased its inpatient admissions significantly, below the national average.

"To move the dial just a few percentages is considered a win-win. Avoiding unnecessary hospital visits for our cancer patients with early intervention is critical," says Dyehouse. "We are making a difference for our patients."

Based on a 2016 report in which CMS surveyed hundreds of patients, cancer patients reported a significant improvement in their patient experience. OHC rose to the 70th percentile.



First row, left to right: Suzanne M. Partridge, MD, medical oncologist; Jennifer W. Gerson, MD, radiation oncologist; Michelle Nguyen, RN, BSN, research nurse; Liza Burneka, MSN, AGPCNP, BC, AOCNP, advanced practice provider; Kim Mullins, DNP, APRN-BC, AOCNP, radiation nurse practitioner; and Sandy Dugle, RN, OCN, treatment nurse. **Second row, left to right:** Jess Rogers, RN, BSN, CMSRN, call center triage nurse; Pam Hilgeman, financial navigator; and Amy Sheldrick, RN, BSN, ONC, nurse navigator

Also, the OCM project analyzes costs associated with community-based oncology care and treatments. In 2017, XCenda, a global consultancy group, studied the financial outcomes of patient treatments with one of three different types of tumors: breast, lung or colorectal cancer.

Results from this report are eye opening. There is an enormous difference in costs between hospital-employed cancer practices and independent community cancer practices, like OHC. During one year for patients across all tumor types, patients spent 59.9 percent more for chemotherapy in a hospital outpatient setting than at a community cancer practice. To put it in dollars, that's \$90,144 more per year, per patient for the same treatment.

"A hospital outpatient fee schedule is significantly higher than anything we charge in our offices," says Broun. "Every time a patient interacts with a hospital-employed physician through the offices of the hospital, costs skyrocket. It brings a lot of money to their bottom line. They have a huge infrastructure they have to support.

"But we can show that by simply shifting care from a hospital outpatient unit into one of our offices reduces the cost of care dramatically without decreasing patient

outcomes and satisfaction."

One of the programs implemented by OHC was based on its own study. OHC realized its patients were going directly to the emergency room instead of calling OHC first, consequently increasing their out of pocket expenses.

"Only 30 percent of our patients called us," says Dyehouse. "Invariably, if a cancer patient shows up in the emergency room ... cancer patients end up getting admitted."

In response, OHC launched its Call Us Early-Call Us First initiative in spring 2017. It is an oncology nurse triage center that helps patients manage their symptoms early before they become critical. OHC hired additional nurse practitioners and opened same day urgent care appointments to increase access to care. Its urgent care appointments are open during business hours every day. OHC is also the only group in the city that provides weekend hours for patients needing to be seen and to avoid a visit to the ER.

"We can use our treatment suites in lieu of a hospital visit and provide antibiotics, IV fluids and anti-nausea medicine. It's almost like a walk-in. This saves Medicare



Dr. E. Randolph Broun, OHC president, and Dr. Karyn M. Dyehouse, medical oncologist and OHC chief medical officer.

\$10,000-\$12,000 per patient visit. OHC can do that for \$300," says Dyehouse. "And a cancer patient is often at risk for infection, so we want to keep them out of the hospital setting if at all possible."

"Of course, that's not every situation," adds Broun. "We'll get phone calls at night and someone will clearly need to go to the emergency room."

When a patient calls OHC, a highly trained, certified oncology nurse will answer and work with the patient. And there's always a physician available if they're needed. If a patient calls in with nausea, the nurse asks previously designed questions to determine the severity of that patient's symptoms.

"They follow pathways [like a protocol] and algorithms," says Dyehouse.

Algorithms, in layman terms, are a series of questions,

unnecessary hospital admission costs.

Another community initiative that OHC supports is The Health Collaborative, which links all of the local health systems information to a central portal. OHC receives real-time notification from this portal when their patient is seen in the ER or is admitted to the hospital. This notification allows OHC to follow its patients closely and if they're discharged home, OHC calls them for follow-up in case the patient forgets.

"Cincinnati is lucky to have The Health Collaborative," says Dyehouse. "Not every major city has such an institution."

Additionally, OHC includes a treatment-planning appointment, which is part of OCM. This comprehensive treatment plan makes sure all bases are covered for the patient, including social barriers such as finances and

transportation, as well as insurance concerns and whether the diagnosis is curable or palliative. After their diagnosis and before their treatment starts, an OHC patient meets with a nurse practitioner, a nurse navigator and a financial navigator. The nurse practitioner collaborates with the doctor and puts the treatment plan together.

"It opens the door for shared decision making. They can be an advocate for the patient," says Dyehouse, adding that shared decision making is a hot topic right now in the health industry.

Broun agrees that it is ex-

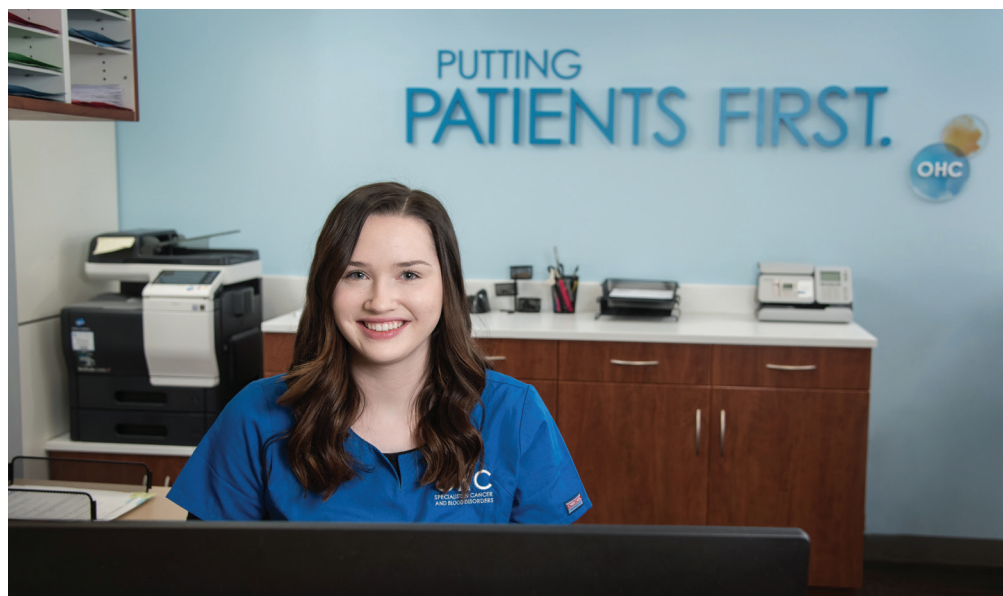
remely important for patients to have a say in their health care.

"If I went for an appointment with my doctor, I'd like to learn about the disease and be able to say, 'Yeah, that sounds like a reasonable approach,' even if it's the only approach to the problem," he says. "Just to have that ability ... you can make patients feel much more comfortable with the whole decision-making process and they are more likely to be compliant with decisions made."

Although OCM was created for Medicare patients, OHC offers it to all of its patients.

"We think this was the right thing to do," Dyehouse says.

OHC has 16 doctor offices in Ohio, Kentucky and Indiana. For more information, call 888.649.4800 or visit ohcare.com.



and each question answered will give you a different pathway to the best treatment.

"We've designed algorithms for each symptom that a patient may call for: nausea, chest pain or fever. Then there are decision points that we've given the nurses. If the nausea is mild, then we'll give the patient anti-nausea medicine. We've armed nurses with the tools to effectively intervene ... to provide real-time interventions," Dyehouse says.

The next day, a nurse will call the patient to see how they're doing. For example, they may ask if the anti-nausea medication was effective. If not, or if the symptoms have become more serious, the nurse will instruct the patient to come to OHC.

Overall, OHC's unique symptom management program saves patients from avoidable trips to the emergency room, and it saves insurance providers