

# ASCO Quality Training Program

UCLA Health:  
Mapping the Oncology Landscape

# Team members

| <b>Role</b>                         | <b>Name</b>                              |
|-------------------------------------|--|
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# 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



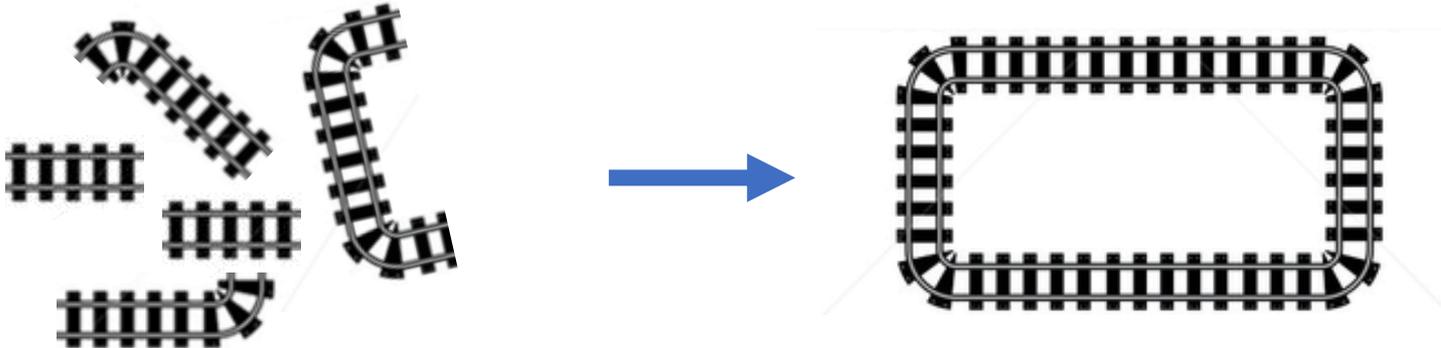
# Problem Statement

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

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**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**



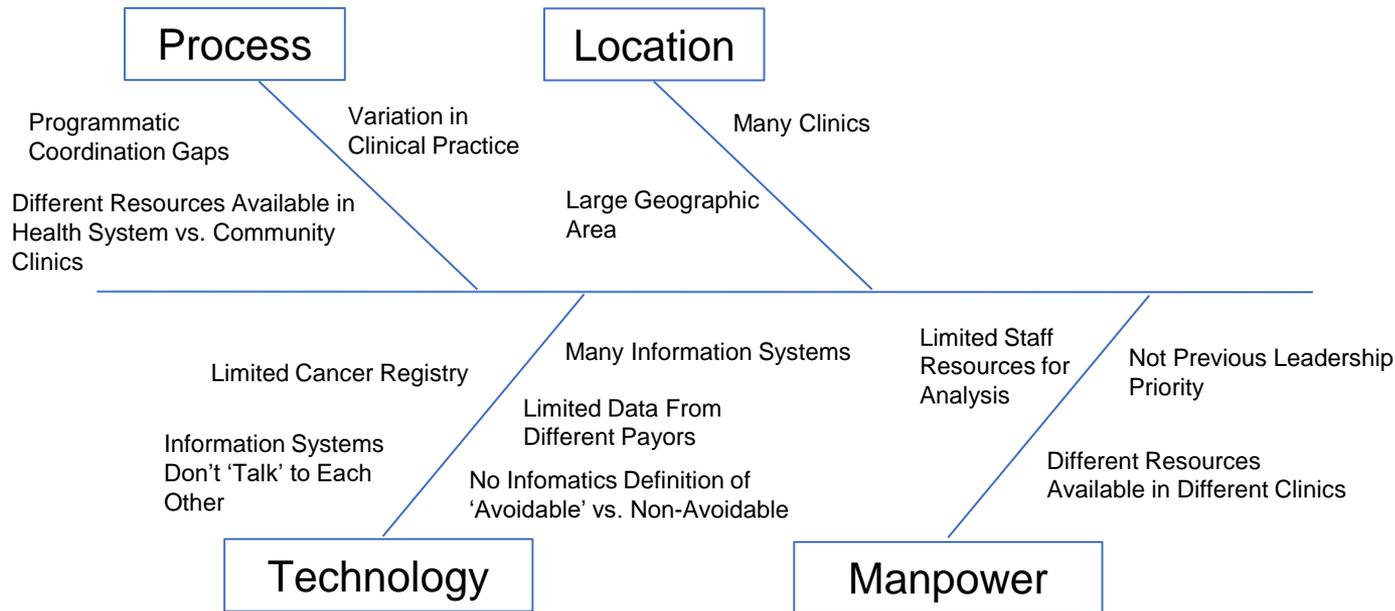
**Heme Onc  
Clinics in the  
Community**

**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:<br><i>(Exclusions, if any)</i>                    | UCLA Anthem Patients with Colorectal Cancer  |
| Calculation methodology:<br><i>(i.e. numerator &amp; denominator)</i> | Numerator = Avoidable Emergency Department (ED) visits for Patients Receiving Outpatient Chemotherapy*<br><br>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:<br><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<br>Ages 1 – 102, Median Age 64                        | 55% Female/ 45% Male<br>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<br>1.7 Average Admissions / 799 Patients<br>ALOS = 7 Days | 269 Admissions<br>2 Average Admissions / 135 Patients<br>ALOS = 6.4 Days        |
| Top Emergency Admission MSDRGs | Septicemia<br>Digestive Malignancy<br>Respiratory Neoplasm                 | Septicemia<br>Major Hematological & Immunological Dx<br>Nervous System Neoplasm |
| Readmission                    | 36% are Readmitted within 30 Days<br>63% are admitted again within 1 Year  | 10% Readmitted within 30 Days<br>59% Readmitted within 1 Year                   |
| Discharge Follow-Up            | 64% Follow-up within 7 Days<br>95% Follow-up within 30 Days                | 68% Follow-Up within 7 Days<br>96% Follow-Up within 30 Days                     |
| ED Stats                       | 1,325 ED Visits<br>2 Average Visits/ 674 Patient                           | 171 ED Visits<br>0.6 Average Visits/ 98 Patient                                 |
| Top ED Complaints              | Abdominal Pain<br>Shortness of Breath<br>Fever                             | Abdominal Pain<br>Fever<br>Shortness of Breath                                  |
| ED Follow-Up                   | 60% Follow-Up within 7 Days<br>92% Follow-Up within 30 Days                | 61% Follow-Up within 7 Days<br>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?’\*

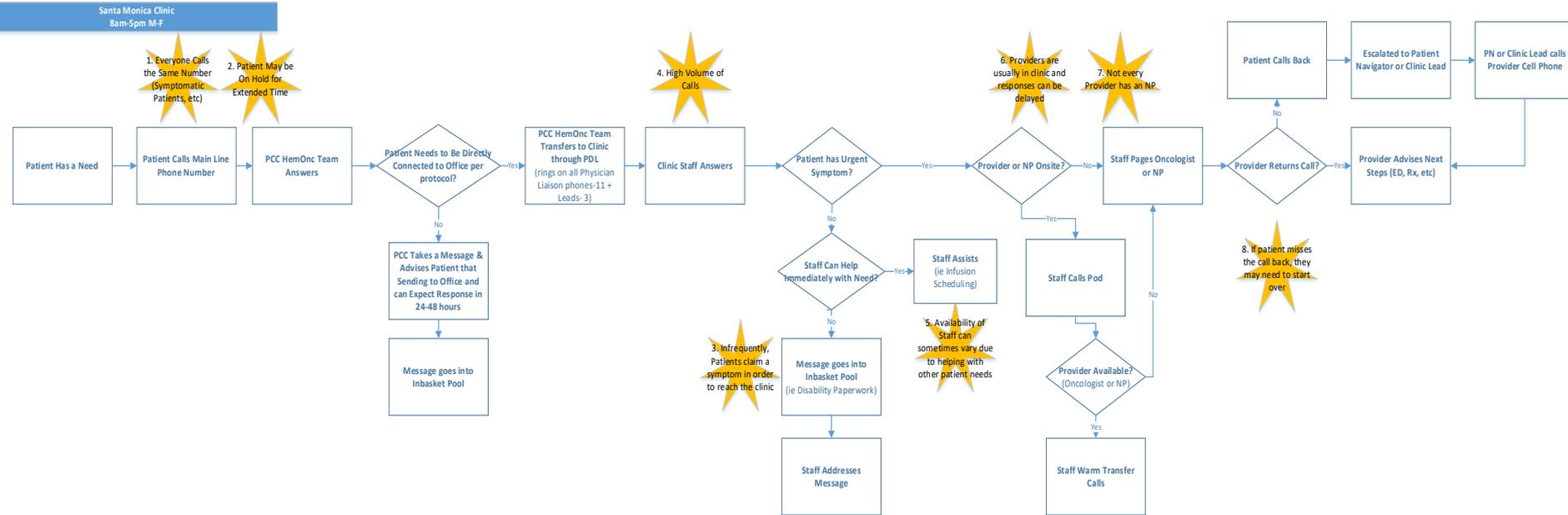
“The [PDL] phone rings all day long” –  
Care Team Member

“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

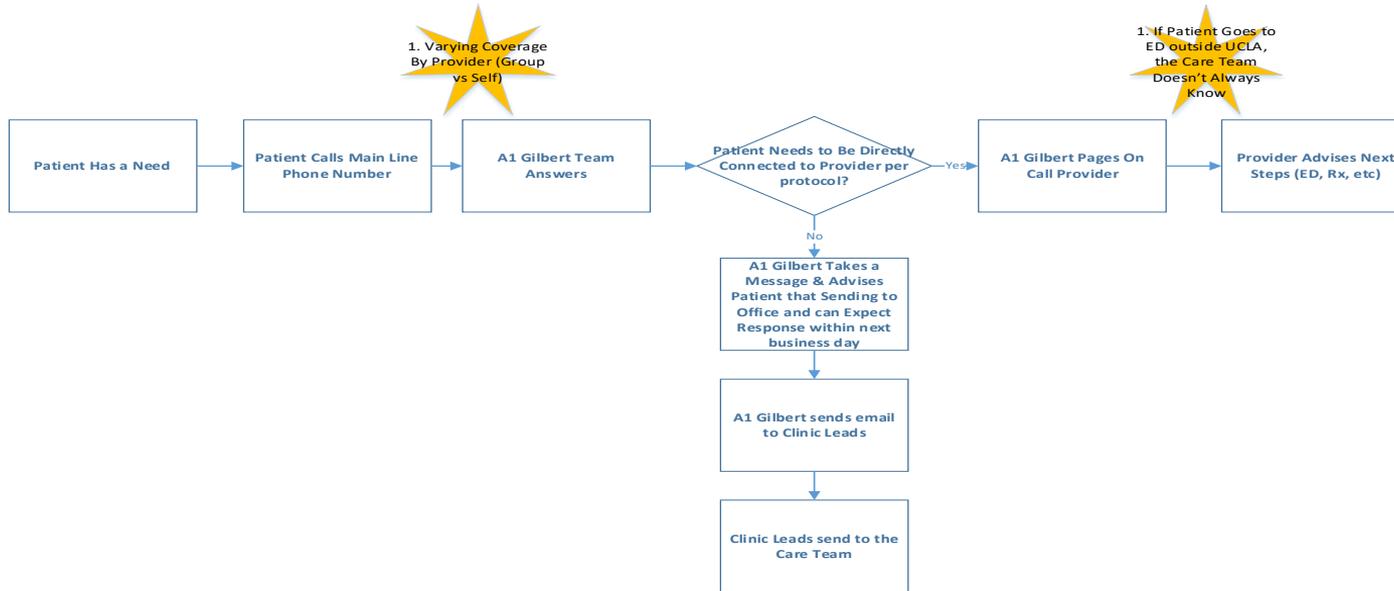
- Providers are usually assisting other patients in clinic and not immediately available to respond to calls.
- There are variations between providers in having NPs to also provide patient support

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

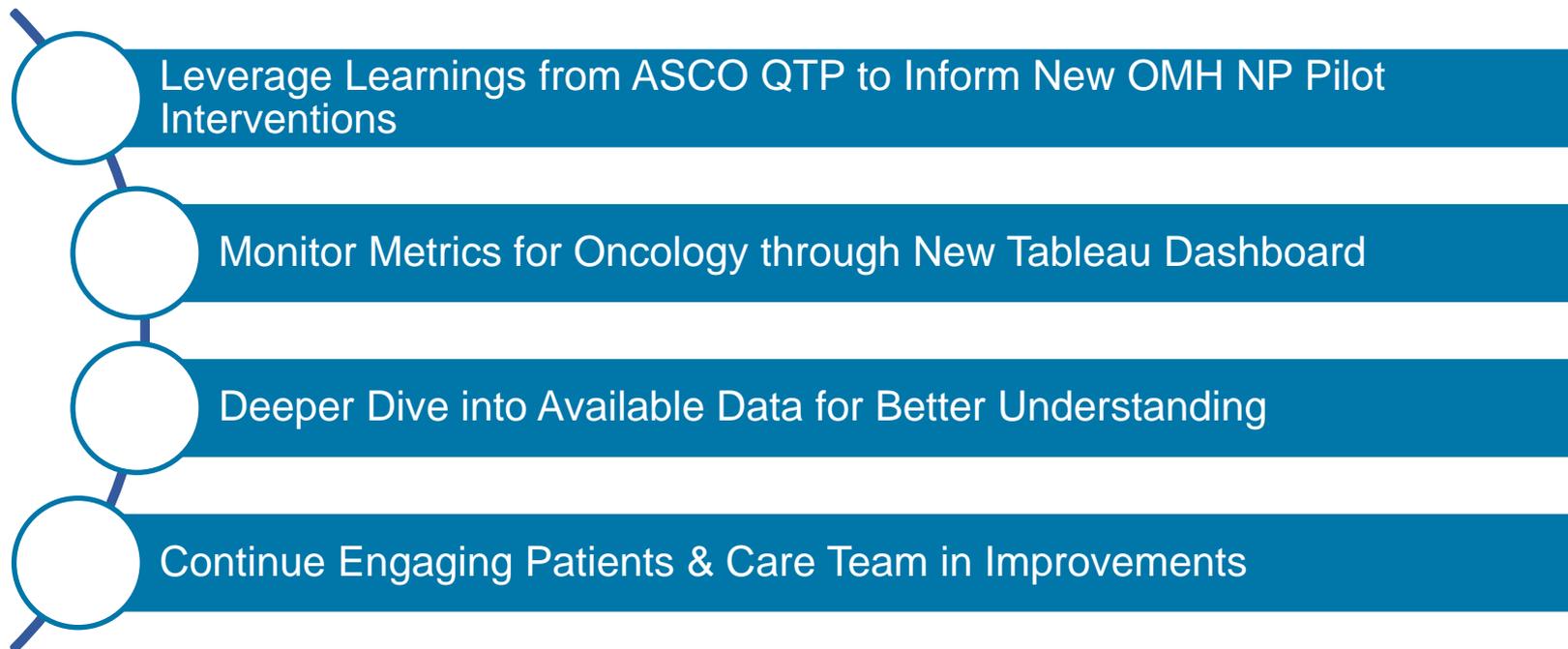
## Connection to Care:

### *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