

ICLIO National Conference

One example of I-O Clinical program in a
Community Setting

Carole Miller, MD
Cancer Center Director
Saint Agnes Hospital

9.30.16

Philadelphia, Pa.



INSTITUTE
FOR CLINICAL
IMMUNO-ONCOLOGY



accc-iclio.org

Building blocks of Successful I-O program

- Multidisciplinary care/Shared decision making
- Expertise in administration/evaluation and recognition of immune related side effects
- Patient education and support
- Clinical trials
- Administrators who understand and support the development of program

MARYLAND: A Cautionary Tale

- In 2014 Maryland received approval for a demonstration waiver from CMMI (Centers for Medicare and Medicaid Innovation Center) to operating a unique hospital reimbursement model.
- Waiver required Maryland to cap annual hospital revenue growth to 3.58% while achieving \$330 million in Medicare savings over a 5-year period.
- In response to this new waiver agreement, Maryland's Rate Commission created a fixed revenue model for each Maryland hospital called the GBR - Global Budget Revenue which establishes a prospective revenue base which is based on 2013 hospital volumes.

Incentives: Fee-for-Service vs. GBR

Fee for Service Model

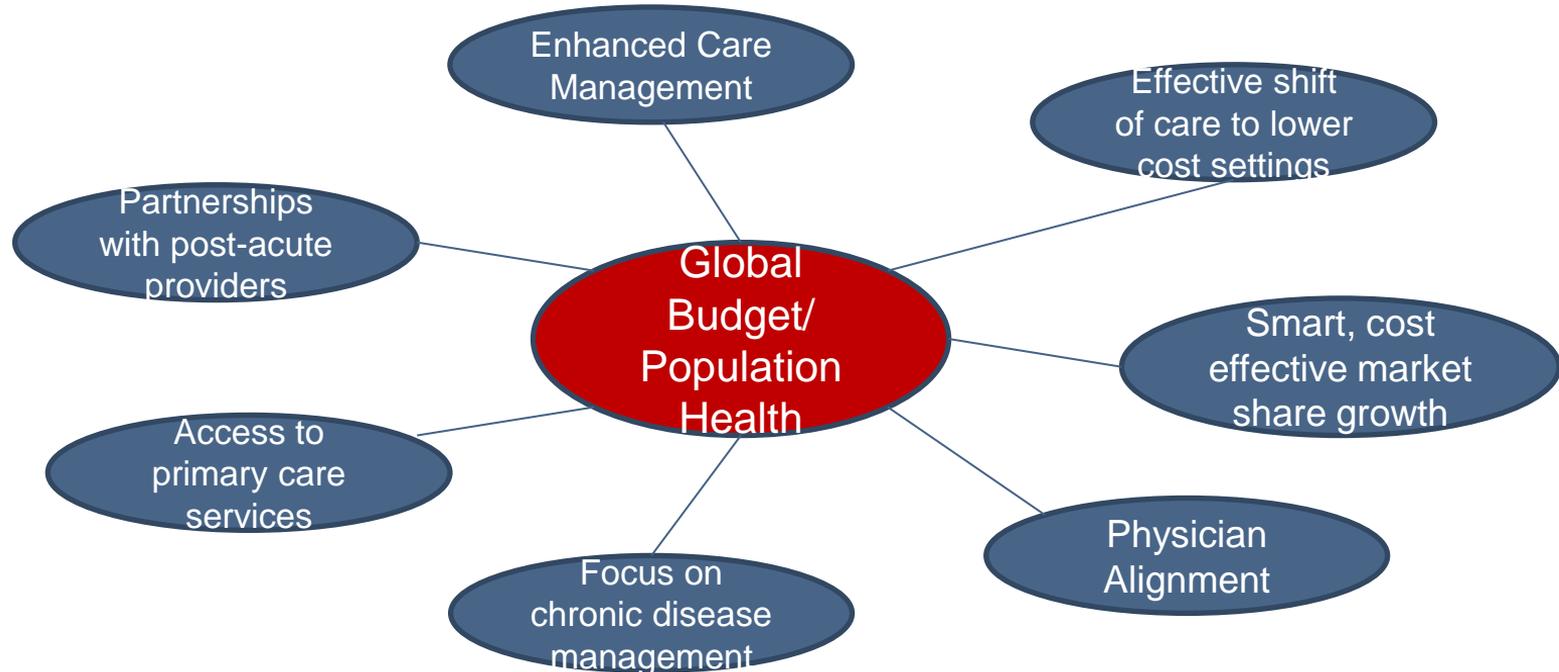
- Volume growth
- Case-mix growth
- Inpatient per case utilization
- Hospital setting preferred over lower level setting
- Inpatient status preferred over outpatient status
- Emergency department throughput
- Bed turnover

VS.

Global Budget Revenue Model (GBR)

- Reduce avoidable volumes with effective case management and quality improvement.
- Thoughtful controlled shift to lower cost settings.
- Focus on chronic disease management
- Partnerships with sub-acute and long-term care facilities
- Physician alignment
- Investment in Health Information Exchange

Global Budget/Population Health Initiatives



MARYLAND: A Cautionary Tale

- The fixed nature of revenue under the Global Budget Revenue (GBR) Model provides financial incentives for hospitals to ensure patients are provided high quality, well-coordinated care throughout the continuum of care.
- Through better coordinated care where providers are better aligned, unnecessary testing and avoidable hospital admissions can be prevented thus decreasing the total cost of care for Maryland residents.
- One flaw of the GBR model: Since the revenue cap is based on 2013 volumes, hospitals do not see increases in their revenue cap for new technology and drugs (i.e. Immunotherapy). Therefore alternative settings of care must be considered for new drugs such as Immunotherapy.

Saint Agnes Hospital

- Member of the Ascension Health Network
- Sole Ascension in Maryland
- Loosely aligned clinical programs with University of Maryland
- 275 bed teaching hospital (IM, surgical residents, no Fellows)
- Hospital based Cancer Center (Regulated Space)
- 8 Medical Oncologists

I-O Dream Team

- Physician champions – development of local criteria and guidelines
- Clinical coordinators – NP /nurse navigator
- Core infusion nurses
- Financial Counselor/Social work
- Oncology Pharmacist

Patient Selection

- Patients presented at tumor board if possible to assess clinical eligibility (Weekly lung, GI, Heme)
- Approved indication versus Compendia/NCCN recommendations
- Screened for possible clinical trial participation
- Financial review with preauthorization (Commercial) or review against approved indication (Medicare)
- Financial counselor meets with patient, applies for appropriate patient assistance
- If not approved indication, request free drug

Patient Education

- New patient orientation visit
- Patient/caregiver meet with Nurse Navigator/ACS Navigator/Social Work/Financial Counselor/Nutrition (One on One)
 - Full visit if first treatment (approximately 90 minutes)
 - Expedited if subsequent (approximately 60 minutes)
 - Provides patient education binder/IO specific wallet card
 - Provides specific IO toxicity guides
 - Clear guidelines of indications for telephone call with wording
 - Reminder 24 hour/7 day access with phone numbers

Saint Agnes Immuno-oncology Center

- Separate space outside of cancer center infusion center
- Initially one day a week with expansion as needed
- Dedicated group of nurses with goal to provide expertise in evaluating immune related side effects /administration of drugs/ patient and caregiver education
- Drug expensed and prepared in cancer center pharmacy

Management of Toxicity

- Patients seen by MD/NP within 2 days prior to each infusion.
- Immune mediated symptom checklist reviewed before each dose by RN Positives reviewed with MD/NP
- Drug specified followup tests included in care plans
- ER and hospitalists educated about immune mediated toxicities and management
- **MOST IMPORTANT** continued reinforcement to patients and family about the signs and symptoms of I-O toxicity

It Takes a Village

- To safely bring this exciting new treatment options to appropriate patients
- To continue to evaluate new agents/combinations
- To figure out how to manage the escalating costs facing our patients and providers

Thanks to my favorite villagers



Thank you!
Carole B Miller MD
Saint Agnes Cancer Center
Baltimore MD



INSTITUTE
FOR CLINICAL
IMMUNO-ONCOLOGY

