

***Lancaster
General Health***

Lancaster General Health

Profile

Lancaster General Health is a regional not-for-profit \$1.3B member of Penn Medicine located in Lancaster, PA.

- 8,950+ employees
- 788 licensed beds
- 20 outpatient facilities and 64 physician practices
- 900+ physicians and dentists on the Medical and Dental Staff
- Lancaster General Health Physicians: more than 380 physicians, and more than 300 advanced practice providers

Lancaster General Health was re-validated as Stage 7 on the EMRAM and O-EMRAM in September of 2019.

The Challenge

Our oncology practice entered the CMS Oncology Care Model (OCM) in 2016. In addition to addressing the specific needs of the OCM program, our team was concerned about the cost effectiveness of care rendered, how to build an internal dataset rather than rely exclusively on retrospective CMS data, and how to adapt their workflow to meet the OCM program requirements while providing a usable dataset for monitoring their efforts.

The OCM program itself includes 14 quality measures (QMs), and requires adoption of the Institute of Medicine's (IOM) 12-point Cancer Care Management Plan.

At the outset, our spending on Medicare oncology patients was nearly 10% higher than the median for other OCM practices, despite a lower than median admission rate, higher use of hospice and greater than 90th percentile patient satisfaction, largely due to expensive pharmaceuticals.

The goals were primarily to implement the IOM Cancer Management plan, and by involving patients in shared decision making that included cost estimations, address (where appropriate and consensual) the high cost of pharmaceuticals. A compelling belief among the oncology team leadership has been that good data drives best decision-making.

Implementation Overview

Key participants involved in the process: Elizabeth Horenkamp MD (Managing Physician, Cancer Institute) Nikolas Buescher (Executive Director, Cancer Institute)



The team began by creating a daily huddle process, and using data assembled from a variety of sources, review performance on the 14 QMs. The data included a mix of in-Epic reports, generated SQL-based reports and rapidly re-adjusted amalgamation/ visualization into Excel. This interactive review, an illustration of Lancaster General’s commitment to LEAN methodology, stimulated ongoing process improvement efforts at the point of care as well as toward improved care coordination. Clear provider attribution, defined as placing the provider on the Epic Care Team, formed the basis for all subsequent performance reporting.

Proposed Oncology Treatment Care Plan for [REDACTED]	
Created on: 06/16/2019	
Diagnosis Stage	Pancreatic cancer metastasized to liver (CMS/HCC) (C25.9, C78.7) Cancer Staging Pancreatic cancer metastasized to liver (CMS/HCC) Staging form: Exocrine Pancreas, AJCC 8th Edition - Clinical stage from 6/18/2019: Stage IV (cTX, cN2, pM1) - Signed by Horenkamp, Elizabeth C, MD on 6/18/2019
Prognosis	Your cancer cannot be cured with treatments we have available today, however it may be controlled for months or years.
Treatment goals/expected response to treatment	Your cancer cannot be cured, so the goal of treatment is to control your cancer. Treatment to control your cancer can improve bothersome symptoms and may help you live longer. The potential benefit from therapy should be carefully weighed against the side effects.
Quality of life on treatment/patients likely experience	You are likely to have continual but mild side effects. Your usual activities may be limited but you should be able to take care of yourself throughout treatment.
Current Treatment Plan	Anticancer therapy: FOLFIRINOX- 5FU irinotecan and Oxaliplatin How it is given: Intravenous (IV) Number of cycles: as long as it is providing benefit A Cycle equals: 3 day(s) per week every 2 week(s) Surgery: Not indicated Radiation: Not indicated Palliative Care: Help with decision making and advanced symptom management Other options discussed: dental fra.
Who to call with a problem while on therapy	Call us first with any symptoms that occur while on therapy Post 3 Orange 544-9531 or after office hours call Main ABBCI 544-9400, For scheduling issues call 544-9496 Call your regular physician for refills on medications you were already on before therapy. Continue follow up for other medical problems with your regular physicians.
Support Services that we can provide: No fee for these services*	<ul style="list-style-type: none"> Social Work* and Financial Counseling* Nutrition* and Healthy Weight management Stress Management and Counseling Chaplain* Advance Care Planning* Same Day Symptom Management Visits Acupuncture and Massage Smoking Cessation Help*
Health Care Power of Attorney and/or Living Will	Advance Care Planning needs to be discussed at a later date.

The Care Plan is the central focus of the OCM model. The 12 major features include: diagnosis, prognosis, treatment goals, initial treatment plan, expected response to treatment, treatment benefits and harms, quality of life and patient’s likely experience, which clinicians have responsibility for which parts of care plan, advance care planning, plan to address psychosocial needs, survivorship plan, and estimated total and out-of-pocket costs.

Epic’s episode of care functionality combined with Beacon cancer module provided the mechanism for discrete staging of cancers and treatment plan. The huddle teams focused on patient-friendly wording for prognosis, treatment goals, quality of life and team contact information. Close collaboration with social services and other care coordination/support resources established a network of wraparound care.

QUOTE FROM ORGANIZATION EXECUTIVE:



Penn Medicine Lancaster General Health strives to deliver consistent and reliable outcomes and experiences for our patients. We engage our physicians, employees, and partners to achieve these results for the communities we serve. HIMSS provides the standards and best practices to optimize our electronic health record which allow us to drive innovation and to ensure quality and safety in all care environments.”

–Jan L. Bergen, President & Chief Executive Officer, Penn Medicine Lancaster General Health

ACP section in Rooming Tool

Advanced Care Planning

Has Advance Directives scanned in Epic? Yes No

Had ACP Discussion within 60 days as documented in Epic? Yes No

Is patient willing to meet with ACP facilitator? Yes No

This letter outlines the cost estimate for your upcoming cancer treatment, based on the initial treatment plan you selected with your provider and your insurance plan benefits. Below are the estimated cost of your treatment plan and insurance benefits.

Beneficiary	Co-insurance Allowed
Treatment Medications	\$2,500.00
Supportive Medications	\$ 77.00
Infusion Service Charges	\$ 270.00
Co-insurance Amount	\$2,847.00

Beneficiary	Co-insurance Allowed
Treatment Medications	\$ 1,111.30
Supportive Medications	Included
Infusion Service Charges	\$ 1,291.35
Co-insurance Amount	\$2,402.65

Your total out-of-pocket estimate is \$25,465.62.

Note: The out-of-pocket amount after primary insurance will be submitted to any additional insurance coverage(s) or assistance programs for consideration.

Advance care planning (ACP) documentation in Epic was emphasized. Prompting for missing ACP documents, and weekly dashboard review of ACP completions rates were added in addition to the baseline Epic header notification. Trained ACP conversation facilitators were employed to engage the patient more deeply than physician time constraints would typically allow.

Cost of care, particularly pharmaceutical costs, were detailed for the patient, allowing the opportunity to discuss the range of options and anticipated effectiveness relative to patient cost. Engaging the patient in shared decision making at this level allows patients to make informed decisions about the trajectory of their care.

Pain Assessment must be done every visit

Pain Scale: 0/10 1/10 2/10 3/10 4/10 5/10 6/10 7/10 8/10 9/10 10/10

Chronicity: Acute Recurring Chronic

Site: Abdomen Arms Back Face Feet Genitals Head Neck Pelvic Ribs Throat

Pain Location: Chest Ear Eye Face Finger Foot Genitals Groin Hand Head Hip Inguinal Jaw Knee Leg Mouth Neck Nose Perine Rib Cage Rectum Shoulder Stomach Throat Toe Tooth Unilateral Vagina Wrist

Assessment - Free Text

Go to RQIG (Review of Systems) tab to document Associated Symptoms

Has Active Pain Medications: YES NO Unknown

Has Active Opioid Regimen: YES NO Unknown

Has Active Opioid Regimen: YES NO Unknown

Jump to: **ORDER ENTRY**

Treatment plans are constructed from evidence-based guidelines, developed in conjunction with oncology colleagues at the University of Pennsylvania, and accessed via a link from within Epic. Point of care tools included an enhanced Rooming tool to guide both nurses and clinicians through each encounter so that important points of care were not overlooked due to competing demands. By creating this functionality, standard work protocol lists were enforced and distinct data was captured for analytics.

ORDER ENTRY

On the Order Entry page, the RQIG (Review of Systems) tab is used to document associated symptoms. Please see RQIG - ORDER ENTRY

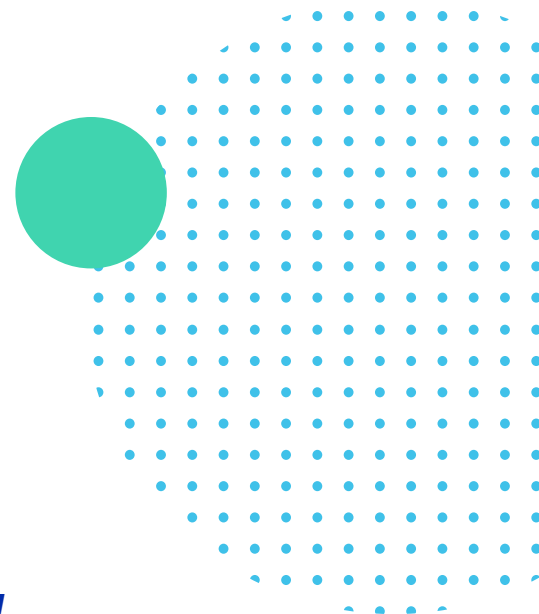
Has Active Pain Medications: YES NO Unknown

Has Active Opioid Regimen: YES NO Unknown

Has Active Opioid Regimen: YES NO Unknown

Jump to: **ORDER ENTRY**

Orange elements are completed by clinic staff. Blue elements must be completed by the Provider.



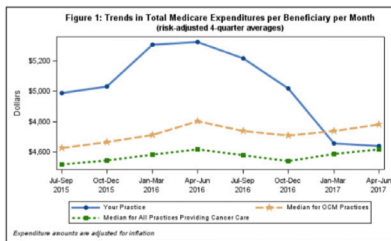
ONE SENTENCE THAT ENCAPSULATES THE EXPERIENCE AS A WHOLE:

Stage 7 recertification compels us to validate that our health information systems are not only technically viable but also usable and effective, as evidenced through process change and adoption to improve the care of our patients.

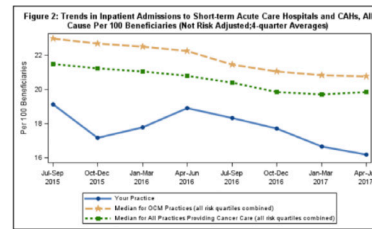
Resulting Value / ROI



Cancer Care Plan completion rates were monitored over time in response to several interventions including linkage to financial incentives (modes, short term boost) and competitive performance data sharing (marked, sustained improvement). The Care Plans were regarded by clinicians and patients as providing significant added value to the care experience.



Overall spend has decreased to levels below the OCM median based on last published OCM data. Internal data indicates spending levels remain similar to late 2017.



Admissions rates, already low at the outset, have decreased further. Internal data indicates spending levels remain similar to late 2017.

Lessons Learned

1. Clinician engagement on process transformation is difficult.
2. Data visualization is also a challenge, especially during the period of rapid revisions to workflow.
3. A robust global “Oncology dashboard” that provides more fully automated data collection and summarization would reduce the manual effort required to consolidate and visualize trends during huddles.
4. Physician documentation options across locations of care delivery (office vs hospital) can be difficult to integrate into a holistic view of care across the continuum.
5. Ongoing re-investment in Epic enhancements for oncology care and analytics can keep tools up to date and optimally useful over time.

Produced by

