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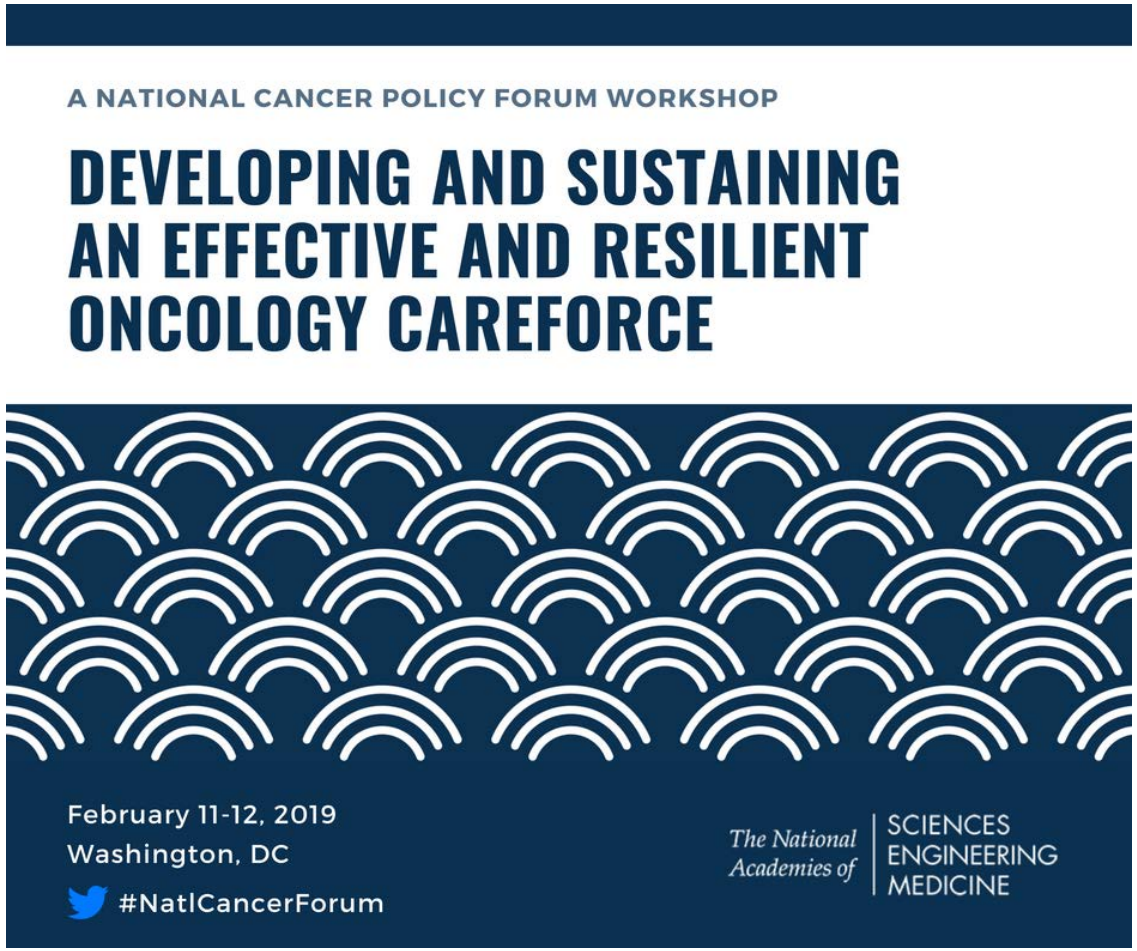
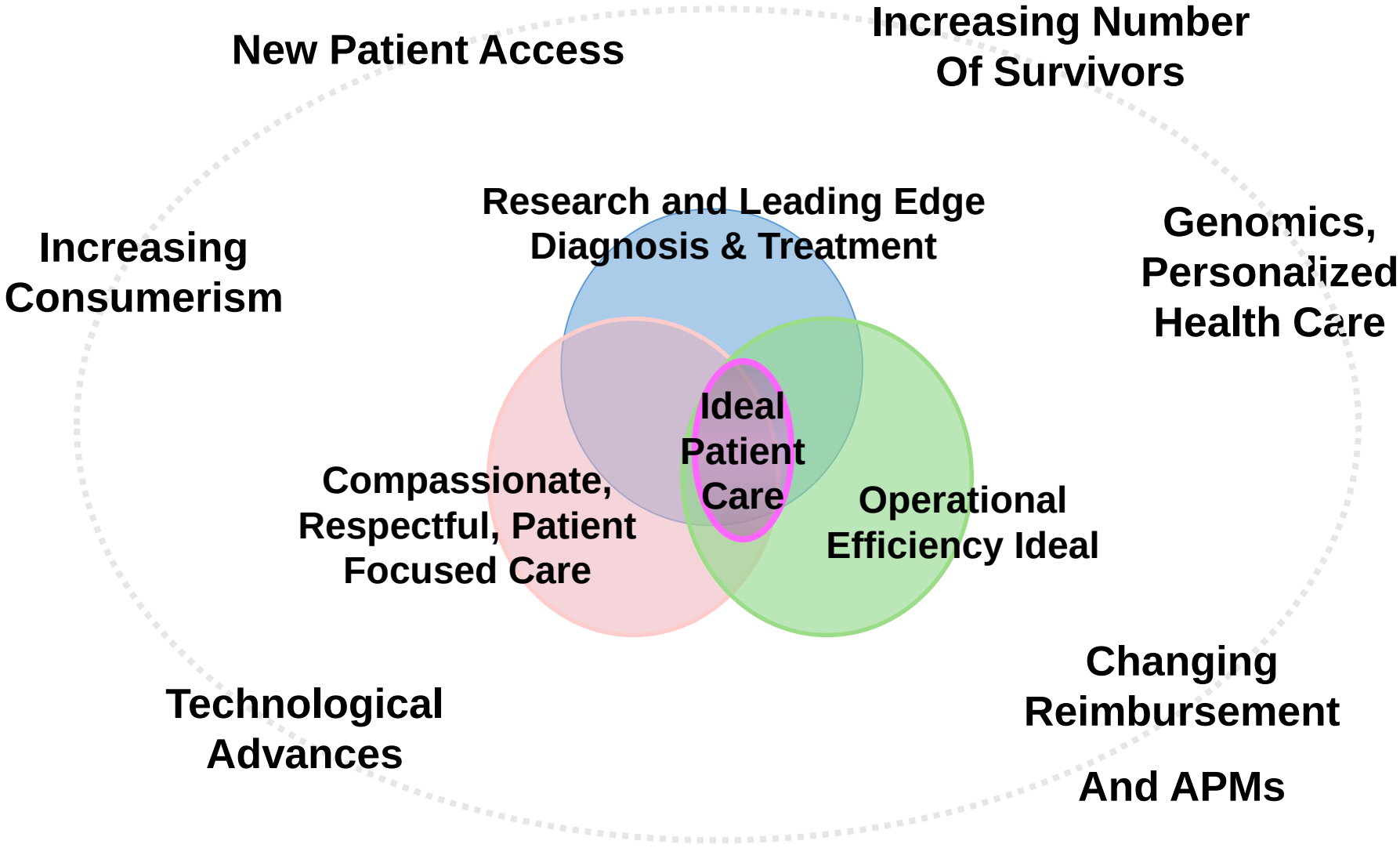


Lisa Kennedy Sheldon and Lawrence Shulman
Co-Chairs, Workshop Planning Committee

Oncology's Landscape



Let's be realistic about the data!!

- Absolute numbers of new cancer patients diagnosed/year in US rising

- Incidence and mortality decreasing (very good news!!) – and results in increased number of patients surviving
  - Long-term survivors needing a life-time of care
  - Short-term survivors requiring care for a longer period of time
    - If you see 100 new lung cancer patients/yr, and they survive 1 year, you are caring for 100 patients at any one time
    - If you see 100 new lung cancer patients/yr, and they survive 2 years, you are caring for 200 patients at any one time – double in spite of new patient intake level

- Number of providers relatively stagnant

What are the possibilities???

1. Recruit and train MANY more oncology providers

2. Not meet the needs of the growing number of cancer patients in the US

3. Make oncology practice and care MUCH more efficient

CULTURE OF THE ONCOLOGY PRACTICE

- What can we change at the practice level – things “in our control”
- And can we effect change broadly across the US

- Leadership
- Culture
- Teamwork

- Better ecumenical practice structures
- Mutual self care for practitioners

- *All of this with the patient at the center*

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ONCOLOGY PRACTICE STRUCTURE

- Who is the on the team?
- Physicians, APPs, RNs, navigators, survivorship/follow-up professionals, palliative care professionals
- How is the practice structured?
- How do these professionals work together?
- How can the care givers be better incorporated into the team and supported
- How do we improve both the patient experience and the provider experience?
  - Better navigation through the cancer journey
  - Each professional doing what they do best
  - Reduce frustrations for both patient and providers
- *Do will have the will to change our practice model??*

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ONCOLOGY PRACTICE AND OUTSIDE FORCES

- EHR usability – how much is in our control and how much determined by vendor
  - How can we better partner with vendors
  - How much is determined by compliance, regulations and payment
  - Remember that EHRs serve many specialties

- Interaction with the payors
  - How do we partner to provide the care patients should receive while appropriately controlling costs?
  - Can pre-auths be automated or eliminated, at least to a large degree
  - Where are we and where are we going with alternative payment models
    - Have been easier with some surgeries – hip replacements, etc
    - More challenging with cancer – such a heterogeneous set of diseases and treatments, that often span years, and therapies are rapidly changing – along with associated costs
    - What have we learned from the Oncology Care Model? –
    - from Aetna's Oncology Medical Home?

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TECHNOLOGY

- Medicine is behind most other fields – banks, commerce (Amazon, etc)
- Technology is not a stand alone – it is a partnership with the humans in the care team
- How can technology improve interactions between patients and care team?
- How can technology better support patients and their care givers?
- How can technology improve efficiency of the care team?

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“Success is the ability to go from failure to failure with no loss of enthusiasm.”

“Difficulties mastered are opportunities won.”

Winston Churchill

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WHERE NOW??

- “All change is to be resisted!!”
- Inertia
- Turning the battleship
- Dys-coordination of sources of revenue, and streams of expenses

- *If we don’t change and find a better way, both patients and their care givers, and oncology professionals will suffer…and in a progressive way.*
- *Ultimately it is up to the “Collective” Us!*

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WORKSHOP PLANNING COMMITTEE

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MICAH WINOGRAD
SHARYL NASS

Thank You!!!

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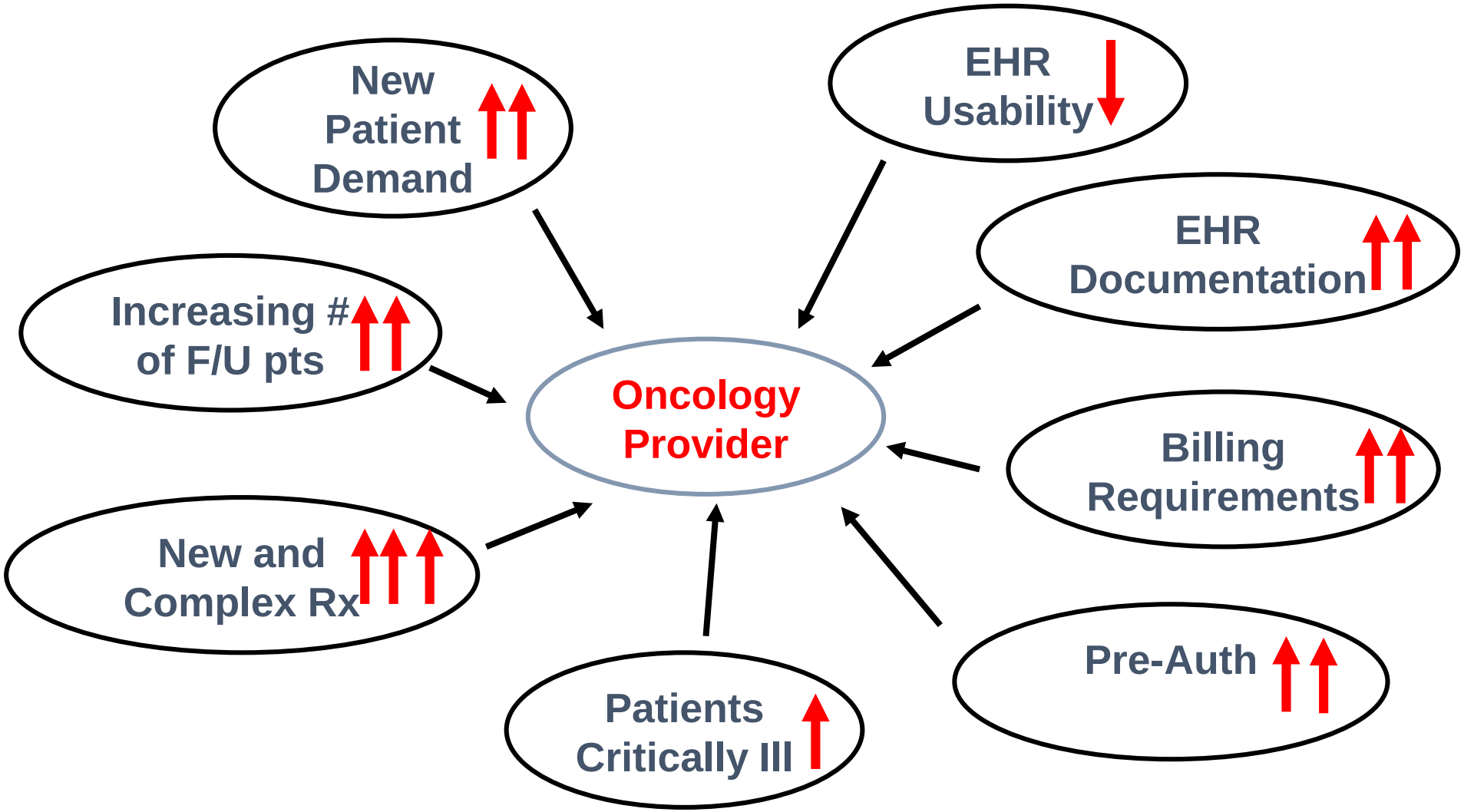
Options???

- Innovative practice models
  - Redefined roles
- Reduction of administrative burdens
  - Pre-auths and documentation, and others
- Reduction in practice inefficiencies
- Improvement of EHR efficiencies/usability
- Better use of technology

Oncology Provider's Nightmare



Plan for a road forward……

- All complaining *MUST* be associated with a proposed solution
- Solutions *MUST* be steeped in reality
- Proposed solutions *MUST* be associated with a realistic implementation plan

Plan for a road forward……

- Small incremental changes will not get us to where we need to be
- So…be constructive, but be bold
- By high noon tomorrow we need to have recommendations on how to move forward – nothing will be in the workshop book that is not said at the workshop

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Merck
National Comprehensive Cancer Network
Novartis Oncology
Oncology Nursing Society
Pfizer Inc.

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SESSION 1

- Increasing number of cancer patients needing care
  - Incidence and mortality going down!! – but….
  - Absolute numbers of cancer patients diagnosed increasing
  - Improved survival leads to significant increase in survivors and therefore in prevalence …. And…
  - This leads to substantial increase in patients needing acute and survivorship care
  - We need to care for these patients while erasing disparities and reducing costs

- Oncologists only slight increase and we will see a wave of retirees
- APPs play a significant role in acute and follow up care – teamwork is key
- Nurses are the largest % of the medical workforce
- Uneven distribution of nurses in US both numbers and expertise
- Staffing metrics uncertain
- Many nurse vacancies, and turnover a problem
- Nurse burnout and compassion fatigue

- Caregivers – hard to measure numbers – but critical – and highly stressed
  - Lack of training, lack of integration into care team, fragmentation of healthcare
  - Issues of missed work, economic stress

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SESSION 2

- Leadership
  - Aspirational vision, strategy to get there, focus on results
  - Joe Simone – always hire people who are smarter than you
  - Continuous re-invention – the world is continually changing at an increasing rate
  - Intentionally develop work-place culture – eliminate incivility – core values start at the top and without that you can't expect those below to behave differently
  - Excellence, collaboration, respect, integrity, passion, innovation
  - High Performance teams
    - Football team – players at every position of equal import – intentionally created
    - Mutual trust and respect at all levels and take care of each other

- Burnout and resilience – MD backlash about "one more thing to do" – sense of hopelessness
  - Clinician skills intersecting with workplace factors
  - Leadership style has major effect on physician burnout
  - Realizing I was burned out was harder than having cancer
  - Proactive mental health treatments
  - Improved EHR usability – new certification requirements
  - Clinician time on adm work and MD turnover
  - Chief wellness officer – clinician rating of leadership
  - New incentives for collaboration and teamwork
  - Create opportunities for renal that are built in

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SESSION 2

- Cancer care is siloed – leading to misconceptions of what everyone is doing and gaps in care
- Need to move from groups to teams, manage interdependent work – characteristic – recognized as a team, committed to achieving team level objectives that have been agreed on, work interdependently, and engage in regular reflection about what we do and how we work together – shared mental models – mutual trust
- We need a different team model

- Payors use of clinical policy to guide care and reduce adm burden
- Standardize quality measures and specifics across payors
- Standardized measures embedded in EHRs
- Access for payors to EHRs – need standardization of interoperability

- EHR usability – tasks need to represent real world complexity of work performed by clinicians and patients – technology and tools – organization – tasks – environment – people (clinicians and pts)
  - Barriers – complexity of environment, study near misses and unintended harms
  - How do we decouple clinical documentation from billing and compliance/regulatory requirements
  - Need a multi-level approach between vendors, clinicians, paor

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SESSION 3

- Cancer survivorship
  - APP collaborative team based care
  - PCP limited workforce and much of survivorship care too complex, changing, evolving
  - Good survivorship care = good cancer follow up care
  - Pathway development
  - All specialties involved
  - Need better technology

- Palliative care
  - Integrated care with oncology team
  - Pathway driven care
  - Home care management app – integrated with pt and care team
  - Telehealth support for pts

- Navigation
  - GPS = great patient support
  - Part of the solution to high-value care
  - Integrated member of team – proactive rather than reactive
  - Standardization of navigation role
  - Outcome measurement of nurse navigation

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SESSION 4

- Technology
  - Voice recognition, scribes, voice interaction with EHR
  - Texting patient interactions
  - Remote monitoring
  - GoFundMe – to help cover expenses
  - Transportation – uber/lyft
  - Clinical Outcome Measures – survival, disease control, avoidance of adverse outcomes, adherence, efficiency of care (pt thru put)
  - Patient Work Measures

  - Automated daily monitoring of hospice pts – coaching and provider alerts for certain thresholds – reduction in severity of sx, also greater caregiver resilience
  - Penny management of oral cancer treatment and sx
  - Project ECHO
  - Scribes - +/-
  - E-consults – better than curbside consults – structured and documentation, improve access, reduce marginal value referrals, meaningful connection between providers, cost-saving
  - Robin – pt texting
  - Goals of care

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Thank you!!