DISCUSSION QUESTIONS
1. At each of the steps proposed, what are the current barriers and opportunities?
2. What resources do clinics have to respond to oncology patient needs outside of the ED?
3. How can these initiatives be funded?
4. Are there new value or outcome-based approaches to help fund these interventions?
5. Could providers bill for telehealth to fund the call line?
INTERVENTION WORKING GROUP

HOSPITALIZATIONS & ED USE DURING TREATMENT CONTINUED

WORKING GROUP PURPOSE
Explore intervention protocol[s] to decrease the rate of avoidable hospitalizations and emergency department [ED] use by cancer patients during treatment.

KEY POINTS
• A combination of factors contribute to cancer patients seeking care in the ED:
  • Limited clinic hours
  • Patient understanding of symptom self-management
  • Patient access to urgent care resources
  • Many oncology clinics may not have the necessary resources to provide urgent care

CONSENSUS
Recognizing varying clinic characteristics [rural or urban, low or high volume] the working group recommends a step-by-step approach to symptom management in order to prevent unnecessary ED use for frequent symptoms.

DATA REVIEWED
Based on HICOR data, some of the most frequent diagnoses during inpatient and ED visits may be preventable.

Most Frequent Non-Cancer Diagnosis Codes 90 Days Post Chemo/Radiation Initiation

- Pain
- Fatigue
- Malaise
- Dyspnea
- Nausea
- Vomiting
- Diarrhea
- Anorexia
- Cognitive impairment
- Sleep disturbance
- Insomnia
- Psychological distress
- Constipation
- Lumbar pain
- Malaise/fever
- Syncope
- Weakness
- Headache
- Fever
- Infection
- Abdominal pain
- Chills
- Dysuria
- Dysphagia
- Hematuria
- Hemoptysis
- Edema
- Night sweats
- Alopecia

Initial Analysis:
N=Unique non-cancer diagnosis codes recorded during an inpatient stay or emergency department visit 90 days from treatment initiation
Sample=4,473 Patients; 12% had an inpatient stay; 11% had an emergency department visit

REFERENCES