

Patient-Reported Outcomes and Symptom Management Pathways to Reduce Preventable ED Visits and Hospitalizations for Patients with Cancer

BIDMC Center for Healthcare Delivery Science Innovation Grant Project (2017-2018)

Mohana Roy¹ , Brian T. Halbert¹ , Scott Devlin², and Jessica A. Zerillo³

Beth Israel Deaconess Medical Center, ¹Department of Medicine, ²Center for Healthcare Delivery Science, ³ Division of Hematology/Oncology

Introduction

- There is growing interest on improving quality and decreasing unnecessary emergency department (ED) use and hospitalizations in cancer patients
- The Centers of Medicare and Medicaid Services Oncology Care Model (OCM) has designed a multi-payer model focused on providing higher quality, more coordinated oncology care and a proposal slated to begin in 2020 specifically seeks to reduce preventable ED visit sand hospitalizations for patients receiving outpatient chemotherapy
- Routinely collecting patient reported outcomes (PRO) is increasingly being used to proactively manage care, instead of relying on traditional patient-initiated contact
- A 3 clinician retrospective review of 100 ED discharges at BIDMC found that about 40% were potentially preventable
- We found that three target symptom categories (**pain, fever, and gastrointestinal symptoms**) accounted both for highest proportion of overall visits and potentially preventable visits (Figure 1)

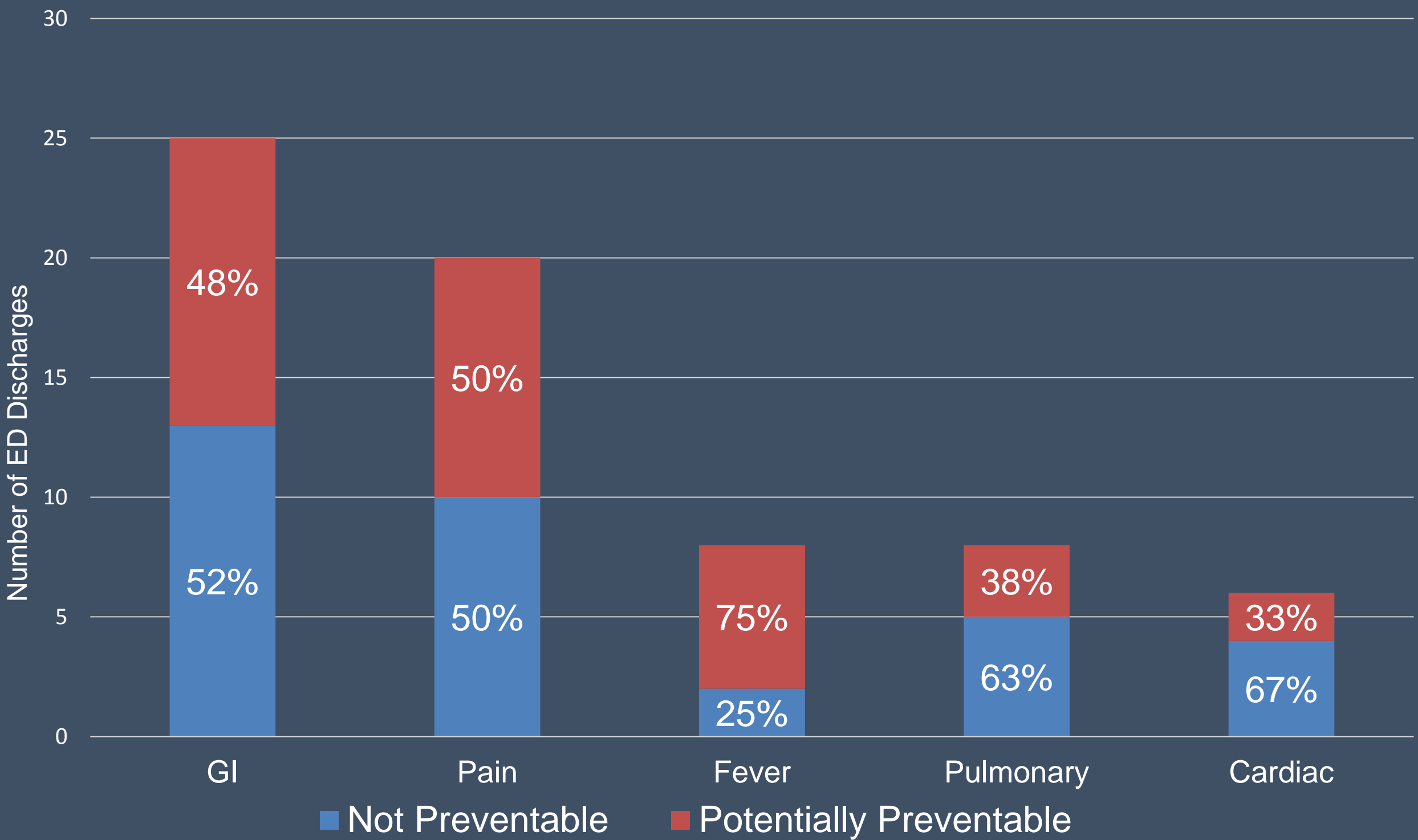


Figure 1: Symptom categories and potential preventable chart review rating of BIDMC cancer patients discharged from the ED (April-May 2016, February-March 2017)

Aims

Major Aim: To reduce ED visits through the development and implementation of symptom management pathways

Phase 1: Develop and implement standardized symptom management pathways for the most common preventable ED visits and hospitalizations in medical hematology/oncology

Phase 2: Design an electronic collection tool for proactive patient-reported outcomes and pilot implementation in gastrointestinal (GI) oncology

The Team

- **Core Team:** Mohana Roy- Internal Medicine; Brian Halbert- Oncology Hospital Medicine; Jessica Zerillo,- Hematology/Oncology; Scott Devlin- Center for Health Care Quality
- **ED Team:** Carrie Tibbles, Patrick Tyler, Jared Anderson, David Chiu- Emergency Medicine
- **Data Collection:** Victor Novak, Stephanie Li- Health Care Quality
- **Collaborators for designing outpatient pathways:** Shapiro 7 and 9 BMT and Oncology nurse coordinators and nurse practitioners (especially Carol Pilgrim, Danielle Wright, Jo Unherhill) Hematology/Oncology attendings (Ayad Hamdan, Ben Schlechter, Robin Joyce, Malgorzata McMasters), Infectious Disease attendings (Mary LaSalvia, Carolyn Alonso), Palliative Care attending (Mary Buss), Pharmacist (Morgan Smith)

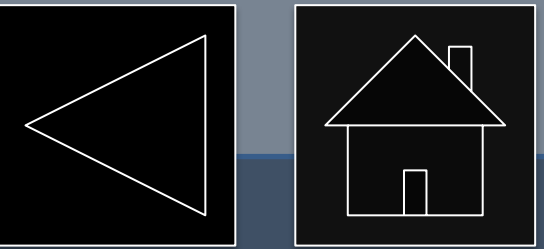
Interventions and Progress to Date

1. Designing outpatient and ED pathways
2. Building process for triage and using pathways in the clinic phone call setting
3. Preliminary data collection with pharmacy chemotherapy codes, baseline demographics, ED visit and hospitalization information
4. Meetings with collaborators as shown on the left
5. Working with media services to create pathway packets
6. RedCap set up to create PRO questionnaire



For more information, contact:

Mohana Roy, MD PGY3 Internal Medicine mroy1@bidmc.harvard.edu



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Progress to Date

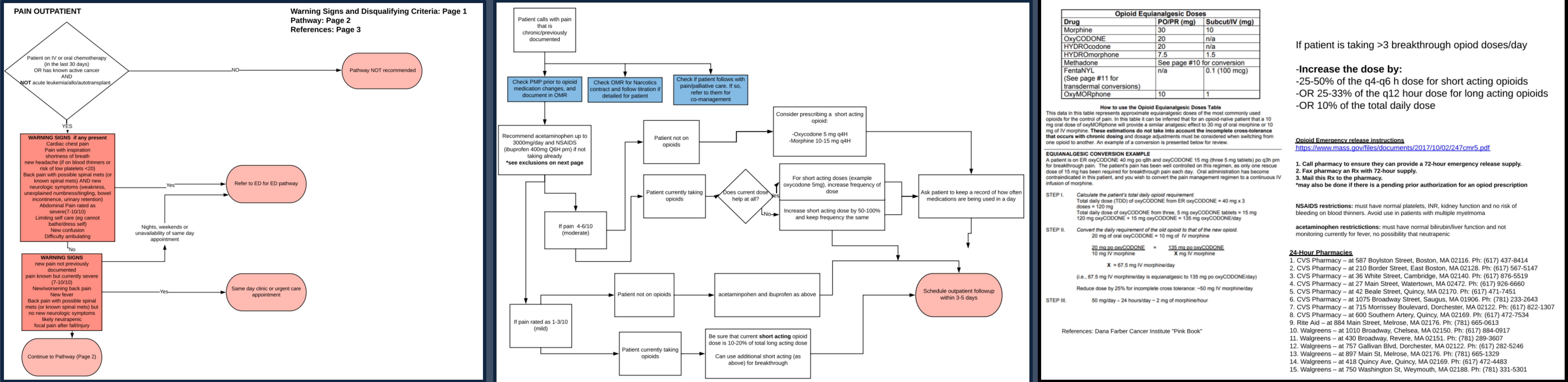


Figure 2: Current Pathway Design Model shown above, with sample Pain Pathway. All pathways have been designed in 3 sections: 1) Instructions and Warning Signs 2) Pathway 3) References

Lessons Learned and Next Steps

- Generalizing care for a heterogeneous and complex patient populations is challenging
 - Developing clinical pathways is an iterative process that requires involvement of multiple stakeholders
 - Developing a new system for clinical action also requires creation of guidelines for a best practice process
 - It is important to discuss how best to collect outcomes data in the most standardized way possible, especially in quality improvement projects
- Planned launch of outpatient pathways at the end of March 2018
 - Start recruitment for pilot PRO project in the BIDMC GI oncology group
 - Create online link for PRO survey with plan to disseminate survey through PatientSite
 - Baseline data analysis with pre-post comparison

For more information, contact:

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