

# DEVELOPING A STELLAR ONCOLOGY HOMECARE PROGRAM

## *Changing the Rules of the Game*

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Buckminster Fuller, one of history's most successful agents of change, shared an essential business premise that remains poignant and timely to this day—*You [organizations] never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.*

Fuller's insightful comment resonates with many oncology providers who have long known that to change oncology care and the resulting outcomes, new and innovative solutions are often the best path to success. The same principles apply in the home healthcare world, which represents the final frontier for oncology specialization. Every point on the oncology healthcare continuum has developed and evolved its specialty capabilities. The home healthcare sector, however, has lagged far behind. Patients are often discharged home to the care of a team of generalists with little specialized knowledge in cancer care. Imagine the anxiety experienced if after knee replacement surgery, one went home without follow-up care by providers experienced in the recovery process. Now, imagine returning home from an aggressive chemotherapy treatment in the hospital to a homecare team with little or no oncology expertise. In home healthcare, oncology patients truly represent an underserved yet growing clientele.

Research supports the benefits of directing a specialty program toward oncology patients in the homecare setting. A 2007 research study of 756 Blue Shield of California patients with late stage illness (75 percent were oncology patients) using a patient-centered model that included



phone calls and home visits from specialty trained staff found that:<sup>1</sup>

- Hospital admissions were reduced by 38 percent.
- Hospital days were reduced by 36 percent.
- Emergency room visits were reduced by 30 percent.
- Patient satisfaction rates were 92 percent.
- Patients in the study had reductions in inpatient diagnosis indicative of uncoordinated care, including nausea (-44 percent), anemia (-33 percent), and dehydration (-17 percent).
- Ultimately, hospice use increased by 62 percent and home healthcare use increased by 22 percent.
- Beneficiaries in the program achieved an average savings of \$18,599 per patient versus those patients not enrolled in the specialty model.

A second study published in the *Journal of Clinical Oncology* in 2009 focused on a specialized program that used homecare visits and phone calls to report on symptoms of 164 patients with breast or colon cancer who were receiving oral chemotherapy.<sup>2</sup> Researchers found significant improvements in mucositis, diarrhea, constipation, nausea, pain, fatigue (first four cycles), and insomnia. The study also showed that unplanned service utilization, particularly the number of unplanned inpatient days, was lower in the



group participating in the specialty program—57 days versus 167 days.

### An Expanding Market Opportunity

There will be no shortage of cancer patients in need of home healthcare in the near future. The current homecare market includes approximately 7.4 million individuals,<sup>3</sup> between 4 and 5 percent of which are oncology patients.<sup>4</sup> Home health expenditures are expected to rise by 150 percent to \$119 billion by 2017.<sup>5</sup> The number of Americans living with cancer has also been steadily growing, with a projected 55 percent increase to 18.2 million people by 2020.<sup>6</sup> Such sharp growth will place significant demand on an already stretched healthcare system. Many in the healthcare field think that payers will push providers to deliver the majority of care in the outpatient and homecare settings.

But exactly who will deliver this care? The American Society of Clinical Oncology (ASCO) projects a shortage of approximately 4,080 oncologists by 2020.<sup>6</sup> The pressure on the other practitioners and disciplines that comprise the outpatient oncology team will only intensify as the shortage grows. This situation puts homecare agencies in a unique position to help.

Despite the increasing patient population, a growing number of homecare providers are competing for the

same patients in often over-crowded marketplaces. These homecare providers are struggling to find distinctive competitive niches, while continuing to deliver services through broad and general teams to maintain lean cost structures. The reality—a financial investment in oncology infrastructure may drive more than enough revenue into the homecare business to offset increased expenses for providing specialized homecare and also generate attractive return on investment (ROI). Not only is this model clinically sound, it represents a significant business opportunity for homecare providers seeking to differentiate their businesses in an increasingly competitive marketplace.

Homecare providers looking to develop services for oncology patients should first assess four major areas:

1. The expanding market and inherent opportunity for oncology homecare
2. The competencies and capabilities required for launching a successful program
3. The essential components of a quality oncology home care program
4. Payment and insurance reimbursement.

Development of a successful oncology homecare business line requires the focused commitment of agency leadership on a number of imperative program elements. Professional training and development, carefully crafted clinical support tools, and cutting-edge technology serve to support oncology homecare and should be aggressively incorporated into any specialty program.

### Required Competencies

Oncology presents a unique opportunity for homecare providers, however, the skills and knowledge required to deliver appropriate care to the oncology patient in the homecare setting are complex. The Association of Community Cancer Centers (ACCC) within its *Cancer Program Guidelines* has included specific guidelines for homecare of the oncology patient. ACCC's guidelines state that the home healthcare agency must be accredited by a national organization and must provide the following multidisciplinary services:<sup>7</sup>

- Oncology nursing
- Clinical nutrition
- Pharmacy
- Psychosocial services
- Rehabilitation services
- Spiritual support.

Additionally, ACCC guidelines state that:<sup>7</sup>

- Home health aide and homemaker services are available
- The home health agency must have written policies and procedures for care of the cancer patient, which are compatible with those of the referring institution

- A physician-authorized plan of treatment specific to each patient is established.

Experienced oncology staff nurses and oncology social workers should be available to care for or consult on the care of the cancer patient at home. Furthermore, the clinical team must have the tools and ongoing professional development to remain knowledgeable about current clinical needs and practices. In brief, home healthcare agency staff must be capable of providing appropriate and competent care for cancer patients and their families at any stage of the disease.

### Key Program Components

An essential component of an oncology homecare specialty program is the homecare delivery “team.” This clinically specialized group should live the philosophy of “*Oncology is all*

## AN ESSENTIAL COMPONENT OF AN ONCOLOGY HOME CARE SPECIALTY PROGRAM IS THE HOME CARE DELIVERY “TEAM.”

*we do, all day, every day.*” The most successful teams include a program leader (manager) who is an oncology-certified nurse and a staff of home healthcare aides, therapists, MSWs, nutritionists, and nurses—all of whom have been intensively trained in oncology and have completed an extensive orientation program. Standardized care should be practiced according to oncology clinical practice guidelines. A clinical nurse specialist should be on staff and staff RNs should be oncology certified with executive level support, including financial incentives for staff that are pursuing specialty certification.

Key programmatic elements include:

- **Expert lab value management** that recognizes the critical importance of drawing and processing time-sensitive and STAT labs. RNs should be educated as to the importance of lab values and be able to speak intelligently to the physician office regarding results and changes.
- **Expert medication management** that focuses on implementing systems to process frequent medication changes (IV and oral) and provides current medication lists to homecare staff as needed. The oncology homecare staff should be positioned to anticipate changes in treatment and respond quickly and appropriately.
- **On-call coverage** that ensures that oncology nurses are available 24 hours a day and are able to triage urgent care needs (e.g., oncologic emergencies) at all times. Regularly updated orders (especially patient medication lists) and symptom triaging algorithms should be used by the on-call RN to facilitate rapid, appropriate response to patient needs.
- **IV certification by all nurses.** Since at least 40 percent of all home-based oncology patients have IV needs, all RNs should be IV- and chemo-certified; all should be proficient with central lines and blood product administration.
- **Clinical subspecialists** that are available to strengthen the team and enhance the care available to patients. Subspecialties may address some of the more common areas of clinical need such as lymphedema management, post-breast surgery care, pain management, and

wound and ostomy care. These subspecialists, which often include nurses and therapists, serve as resources to the oncology homecare team, and develop referral relationships with appropriate physicians, hospitals, and community cancer centers. These subspecialists may also serve on interdisciplinary committees and programs at partner or referral organizations.

- **A range of tools**, such as patient education tools and clinical practice guidelines, that provide the necessary support to the oncology homecare delivery team. (See Table 1, page 45 for examples.)

### The Current Reimbursement Landscape

Not surprisingly, payment for home-based oncology services remains locked in a restrictive model encumbered by paperwork requirements and bureaucratic authorization procedures. Medicare and other third-party payers generally cover skilled nursing, rehabilitation (physical therapy, occupational therapy, speech therapy), social work, registered dietitians, home healthcare aides, and certain limited IV medications (the costs of drugs only—not administration). Occasionally, payers also cover private duty services—particularly under supplemental or long-term care policies. Generally, coverage criteria require that: 1) a physician must order homecare and sign a plan of care, 2) the patient is homebound, and 3) the homecare agency is licensed and certified. Additionally, at least one of the following services must be needed:

- Intermittent skilled nursing care needed or given on fewer than 7 days each week or less than 8 hours each day over a period of 21 days or less
- Physical therapy or speech therapy
- A continuing need for occupational therapy.

Medicare pays for homecare prospectively on a per episode (60 days) basis. A single payment per episode is calculated using a complicated set of criteria that are determined by the patient’s diagnosis, clinical and functional status, and service requirements.

Reimbursement from managed care organizations (and some private payers) is more complicated, generally using a fee-for-service, per visit payment structure. This scenario makes aligning incentives with Medicare a challenge. To receive reimbursement from managed care organizations, providers must be credentialed through The Joint Commission or CHAP (Community Health Accreditation Program) to show evidence of quality. Pre-authorization approvals for homecare visits are usually only granted a few at a time with subsequent approvals based on clinical reports and case manager discretion.

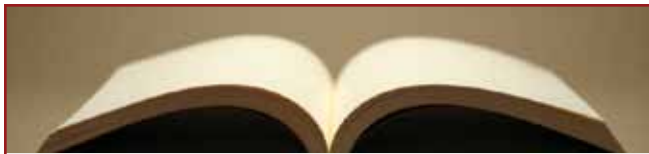
### Our Technology-Driven Future

Exciting technology options for home-based oncology care do exist and are improving every day. This new business model and clinical approach has the potential to offer important benefits, including:

- Improved clinical outcomes
- Decreased costs
- Increased patient and provider engagement.

Use of mobile and web-based technology, including cell phones, hand-held devices, tablets, and computers, increases





**Table 1. Support Tools for the Homecare Oncology Team**

- Oncology orientation modules and multidisciplinary training, including post-tests for competency
- Outcomes-focused oncology clinical practice guidelines
- Oncology patient education tools derived from clinical practice guidelines
- Oncology telephone triage tools
- Oncology clinical policies and procedures
- Oncology nurse resource guides that include helpful information to support the daily care of oncology patients
- Sales and marketing guidelines
- Ongoing clinical education and programmatic updates.

daily. Full expansion of these tools into robust clinical support systems is on the near horizon. New technology solutions promote information sharing and collaboration between the patient and clinical team, and among clinical team members. The “portability” of these new technology solutions—the ability to carry technology anywhere—dramatically expands the consumer’s access to homecare support. Advancements in technology are allowing expansion of the concept of “homecare” to now become “anywhere you are” care. For patient care, evolving software technology (soon available on mobile devices) may be particularly useful for:

- Care team coordination
- Communication—messaging features to enhance and reinforce patient coaching
- Assistance with medication and sign and symptom management
- Appointment reminders
- Tailored and timely patient education
- Emotional support and encouragement
- Caregiver integration
- Care plan and personal health record (PHR) functions
- Survivorship support.

For the clinical team, evolving technology offers an array of provider support tools that meet a range of needs, including:

- Decision support through the provision of medication adherence, sign and symptom data, and practice guidelines and algorithms
- EMR, lab, and pharmacy scheduling integration
- Population management
- Scheduling efficiencies
- Longitudinal tracking and reports via an expert system that tracks events and sends appropriate alerts.

Ultimately, the combination of an expert specialty team armed with appropriate technology can help the healthcare

system improve throughput, work efficiencies, and clinical outcomes by:

- ✓ Reducing emergency department visits and re-hospitalizations
- ✓ Prompting the reporting of symptoms and side effects, thus enhancing timely interventions
- ✓ Helping improve system-wide efficiencies (extending current staff capabilities) by improving adherence to visit, test, and appointment schedules via enhanced pushed reminders
- ✓ Identifying high-risk patients through targeted alerts
- ✓ Enhancing communication between the patient and care team
- ✓ Reducing length of hospital stay
- ✓ Working to obtain earlier hospital discharges where a patient is returned home with a specialized care team and technology-based support, improving the comfort of patients, caregivers, and providers.

Current reimbursement requirements challenge healthcare innovators to provide new and exciting technology options for homecare delivery and motivate them to aggressively fight for a new definition of “home bound.” Because payment is often based on home “visits” to patients, there is little room for recognition of “cyber” visits or electronic and telephonic interaction. Over time, reimbursement must adapt to a patient population that is more actively engaged in using an expanding homecare delivery system that employs technology to deliver care versus an onsite homecare team.

It is not difficult to imagine a future where any cancer patient who needs homecare will be greeted by a highly specialized, high-tech home healthcare team. The current model of one size fits all will become obsolete. As an industry, the goal of the cancer care community should be to raise the bar for the level of care received by the oncology patient and ensure that the highest quality of care is available in every setting of the care continuum. Every patient with cancer returning home deserves to receive specialty care. 📧

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