HSCT in 2020
System Capacity Initiative

Transplant Benefit Design

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September 15, 2010

Financial Disclosure – None

System Capacity Challenge

- Balancing Value Based Benefit Designs with Necessary Services
  - **~57% of people** with private insurance are in self-funded accounts where the employer retains risk and pays directly for costs
  - **~43%** Fully insured – Transfer risk to the health plan by paying per employee premiums
  - **Maximums**: Medical Benefit Lifetime Caps; Transplant Specific Carve Outs for Transplant
  - **Search Coverage**: Variation in search coverage; many plans have insufficient coverage
  - **Travel**: Utilization of designated centers of excellence networks that provide for the highest level of benefit may result in travel for the member

System Capacity Challenge: Benefit Maximums

Anthem Solution

Benefit Maximums:

- Removed lifetime caps for fully insured groups; Health Care Reform
- Reinsurance
- Removed separate Transplant benefit and maximum

System Capacity Challenge: Search Coverage

Anthem Solution

Search Fees:

- Covered under the member's medical benefit
  - Communicated appropriate coding to Providers and have systems set to recognize and adjudicate the claims correctly
  - Separated search fees from global case rate reimbursement

System Capacity Challenge: Travel and Lodging to Distant Centers

Anthem Solution

Travel and Lodging Benefit:

- Available to members traveling greater than 75 miles to designated center
- Adopt and follow IRS Reimbursement Guidelines
- Provide travel and lodging for one companion/caregiver for adult recipients; provide travel and lodging for two companions when recipient is a minor
- Dedicated claim unit for members to submit expenses

Implementation of Solution

- Stakeholders engaged
  - Product Development
  - Actuary
  - Legal

- Resources needed
  - Dedicated Case Management
  - Coding Specialists
  - Claim Platforms that Support Benefit Differentials

Impact on System Capacity

- Successful adoption of new benefit structure with fully insured population!

HSCT in 2020
System Capacity Initiative

Home Away From Home Program

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Yale Comprehensive Cancer Center
Yale Smilow Cancer Hospital

September 15, 2010

Financial Disclosure – None

System Capacity Challenge

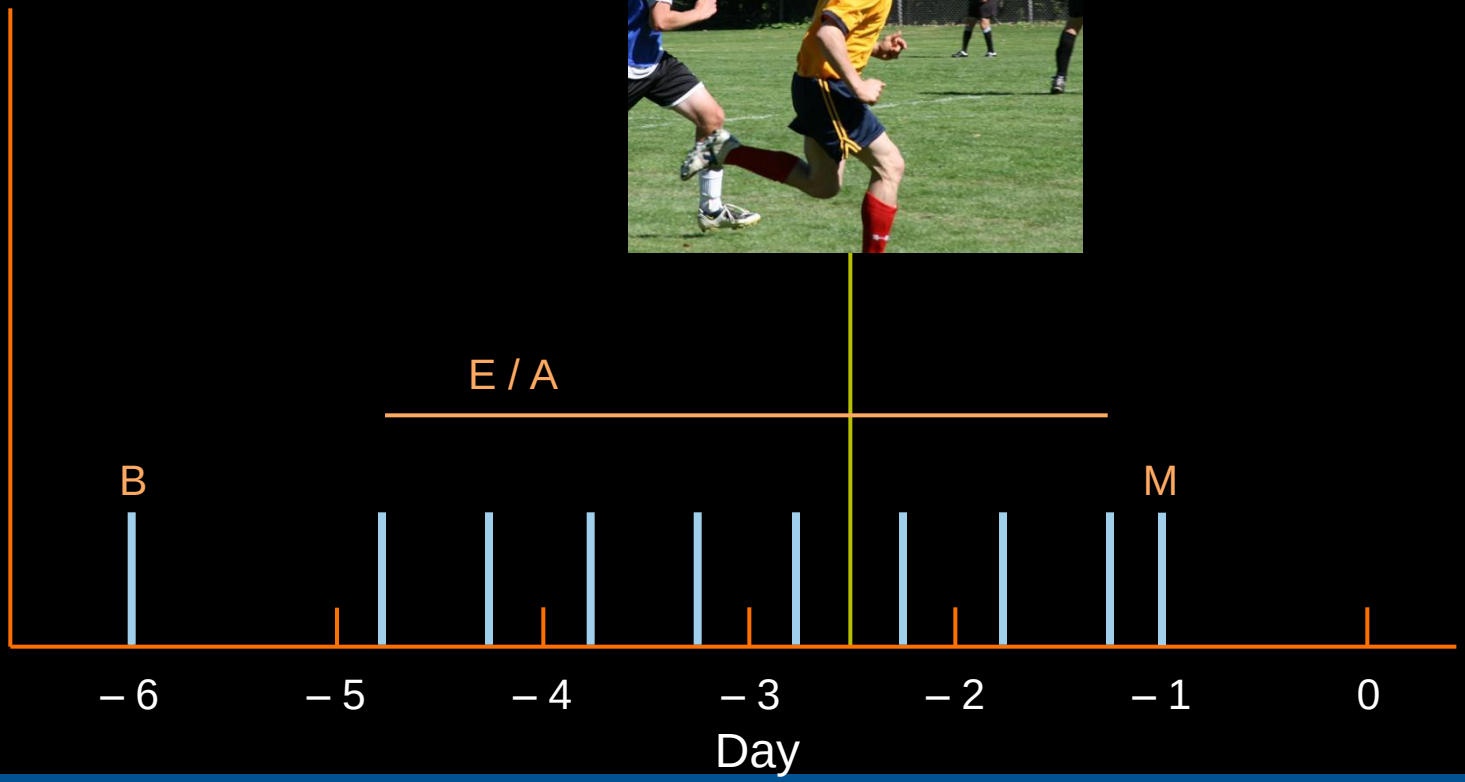
- Increase inpatient bed capacity

Solution Identified

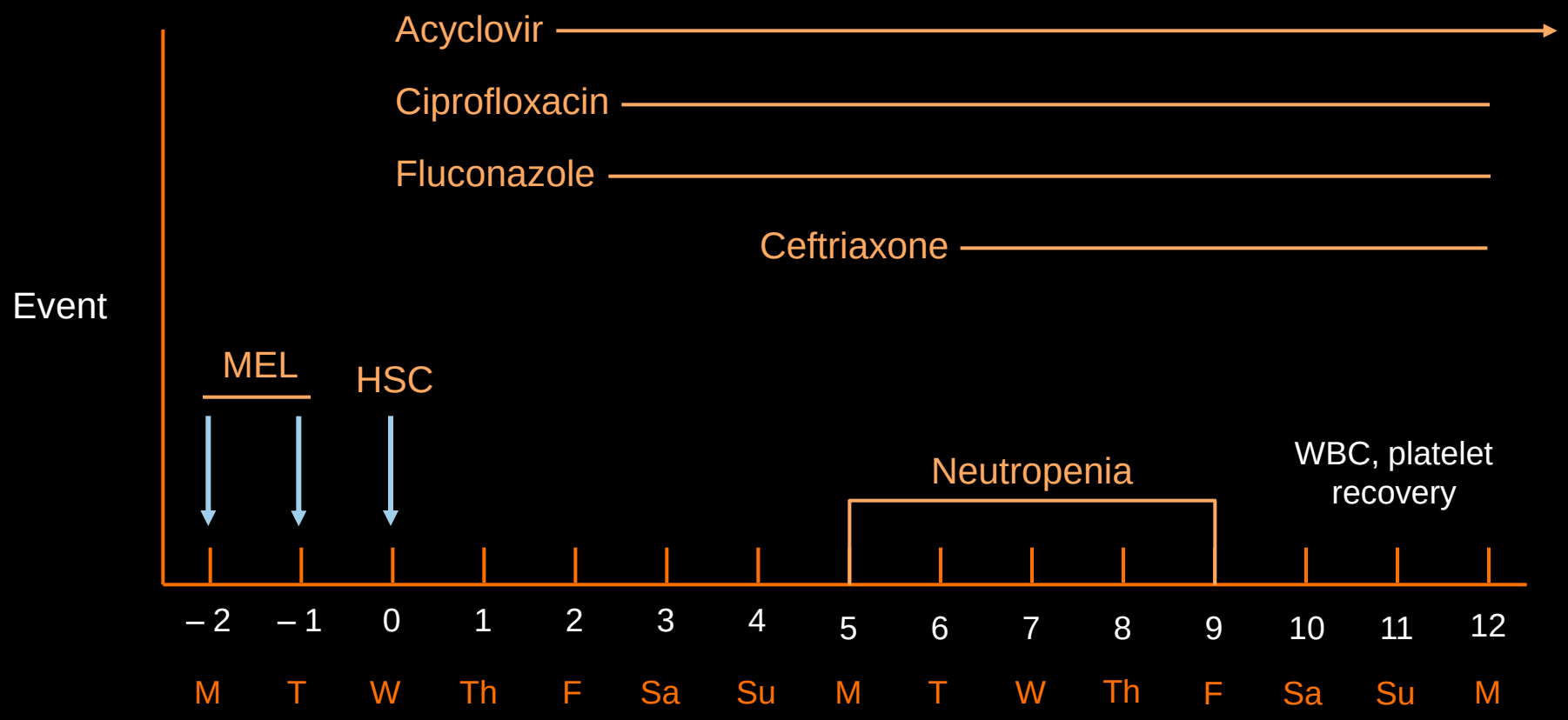
- Develop outpatient autologous program
- Implement day hospital program for allogeneic patients

BEAM Regimen

"In The Game"



High Dose Melphalan



Implementation of Solution

- Stakeholders engaged
  - Clinical staff to manage care for outpatient population
  - Reliable caregiver
  - Foundation/hospital willing to support program
- Resources needed
  - Weekend staff
  - Richard D. Frisbee III Foundation support
  - Hotel (shuttle service, 5 min. away, suites including full kitchen)
  - Program for direct admission

Premier Hotel

Implementation of Solution

- Obstacles experienced
  - Needs outgrew initial commitment
  - 1st year 274 hotel nights
  - 2nd year 409 hotel nights
  - 3rd year 531 hotel nights
- Steps taken to overcome
  - Hospital supplemented foundation support

Impact on System Capacity

- Increased bed capacity
- Decreased length of stay
- Increased patient satisfaction
- Decreased nosocomial infections
- ? increased recovery

HSCT in 2020
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Adventures in Outpatient Transplantation

Richard T Maziarz, MD
Knight Cancer Institute
Oregon Health & Science University

September 15, 2010

Financial Disclosure – None

System Capacity Challenge

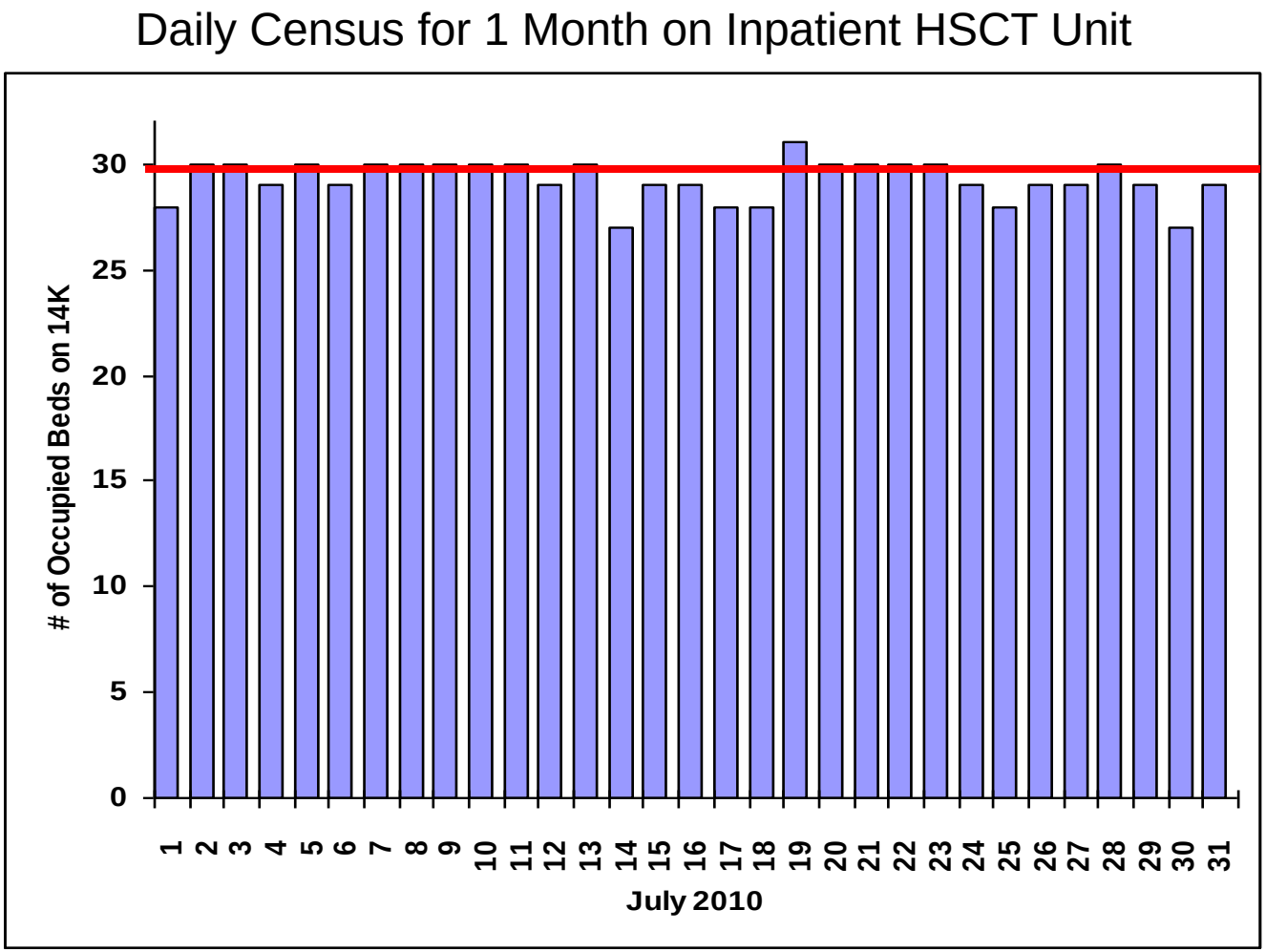
How can we continue to deal with expanding patient volumes with limited availability of physical resources?

OHSU built a new hospital building and opened a new transplant / leukemia care unit in March 2009

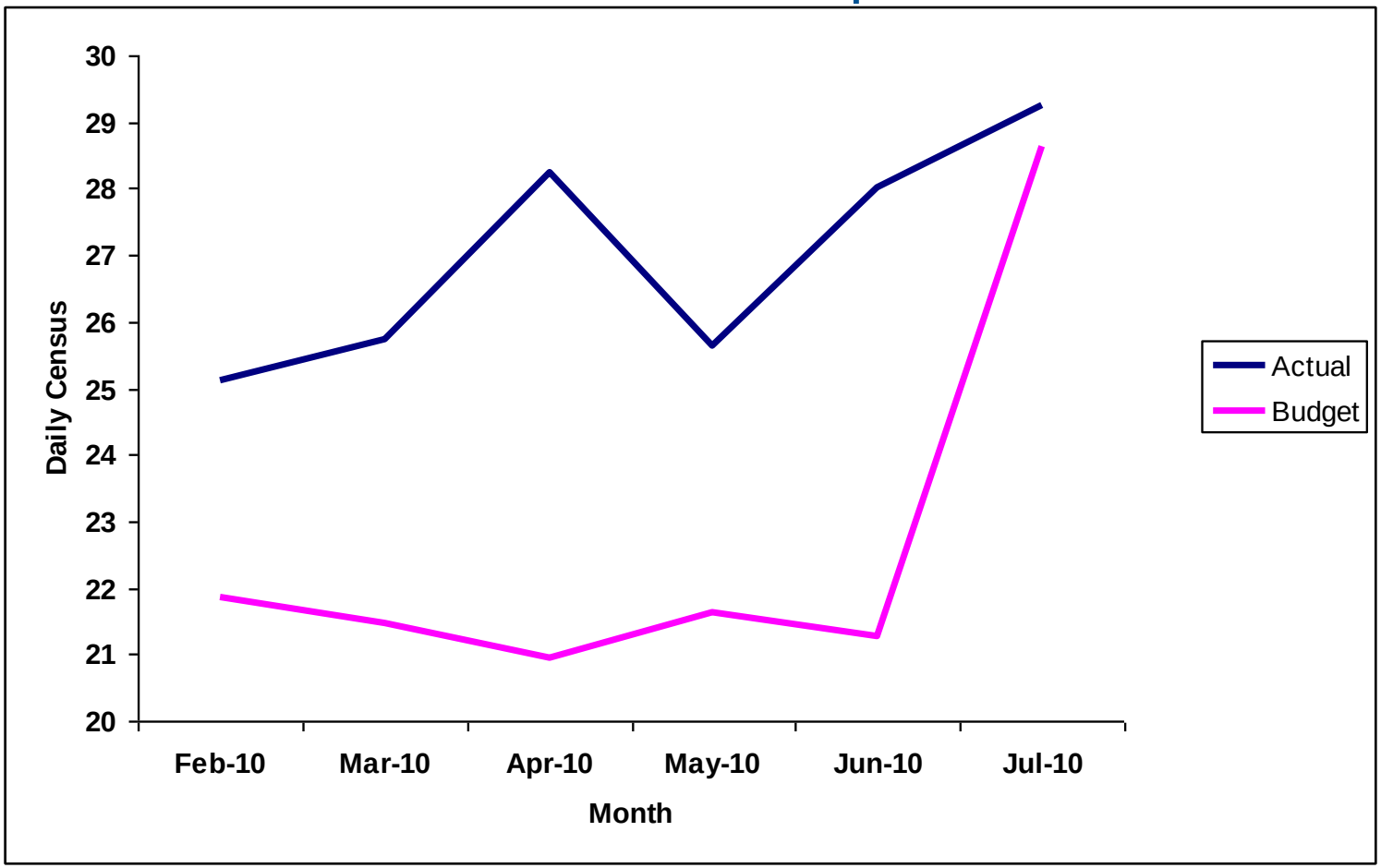
Knight Cancer Institute Bone Marrow Transplantation Unit

- Dedicated and experienced staff
- HEPA filtration for entire floor
- 30 bed unit, with planned 10 bed spillover to neighboring general med/surg oncology floor
- Recruitment of new faculty
- Expansion of advanced practice provider team
- Expansion of dedicated transplant Inf Dis specialist team

16 months pass…… Where are we today?



Consequences of rapid growth: Disparity Between Budgeted Census and Actual Census on an HSCT Inpatient Unit



Potential Issues & Solutions

- *Expand inpatient transplantation beds*?
  - OHSU is ~560 bed hospital and sole Oregon academic medical center
  - Rapidly expanding orthopedic, cardiology and oncology programs
  - Competition for inpatient beds
  - Consideration of Dean & hospital administration to "cap" size of transplant program

Potential Issues & Solutions

- *Export patients to other hospitals?*
  - OHSU adult HSCT program – agreement with a large community hospital with a) OHSU Community Oncology offices and b) its own autologous HSCT program i.e. NorthWest Marrow Tx Program
  - Expanded hospital interactions
  - Day to day patient management?
  - Revenue loss vs joint venture?
  - Patient satisfaction?
  - Marketing strategies?

Potential Issues & Solutions

- *Expand outpatient HSCT options*?
  - Current CHM outpatient facilities - 16 infusion chairs, five infusion rooms, 10 exam rooms, averaging 70 visits on most days
  - 7 day service; 10 hr days; experienced staff
  - No identifiable additional available space in current facility→ requisite expansion to 14-16 hr service / day
  - Decreasing pt tx stay by 7 days→ Decrease ~1050 hosp / days / year

Considerations:

- *Expand outpatient HSCT options*?
  - Impact of case rate inlier clauses
  - Impact on caregivers
  - Lack of outpatient housing benefits
  - Lack of availability of specialized transplant nursing staff
  - Effect on reimbursement for drugs
  - Payment schedules
  - Issues of infection for allogeneic pts
  - Unexpected impact on UHC outcomes reporting
  - Referral back to community: Outreach Clinic

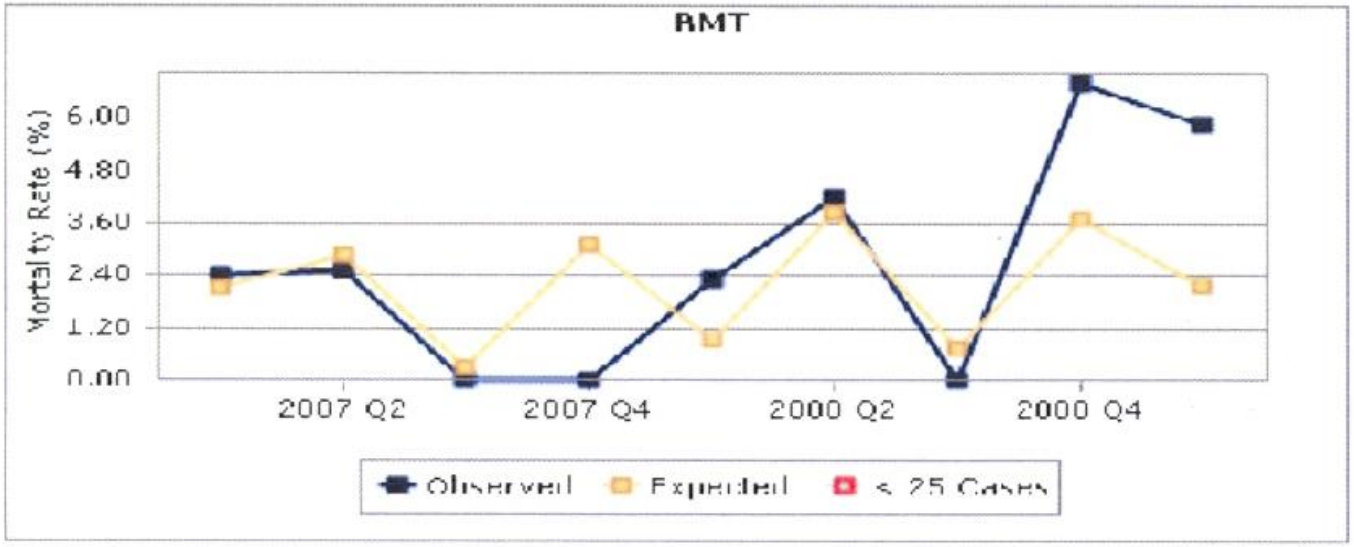
Example: OHSU Caregiver Studies

- Medication adherence is of great concern
- Providers expect to be called while family members exhibit independent decision making re: symptoms
- Patients' emotional distress is the most difficult symptom to manage
- Caregiving does not get better in first 100 days

UHC BMT outcomes data: Death in Hospital during Tx Stay

	Relative Performance	Denom (Cases)	Obs/Exp Ratio	UHC Median	Rank	# Hospital w/ Same Rank
Current Quarter		34	2.73	0.93	53/ 56	1
Recent Year		173	1.53	1.01	53/ 58	1

	Current Quarter	Last Quarter	Recent Year
Cases (denom.)	34	44	173
Observed Deaths	2	3	7
Expected Deaths	0.73	1.62	4.55
Observed Mortality (%)	5.88	6.82	4.05
Expected Mortality (%)	2.15	3.69	2.63
Observed/Expected Ratio	2.73	1.84	1.53



Who currently receives outpatient allo HSCT?

- Older patients
- Greater comorbid status
- Older caregivers
- Generally reduced intensity, but conventional tx can be given as outpatient for allo HCST patient
- Readmissions for complications, sometimes late in course

Implementation of Solution

- Stakeholders engaged
  - Hospital administration
  - Provider team
  - Nursing
  - Social workers
  - Selected payers

- Resources needed
  - Space
  - Personnel
  - Housing
  - Other

Impact on System Capacity: Outpatient allogeneic HCST

- Feasible
- Doable
- Patient safety assured
- Decreases bed utilization

- Attention to unintended consequences?
  - Positive
  - Negative