




Oncology Home Care:
*A Strategy for Growth &
 Improved Clinical Performance*

Bringing the best of oncology care home

Our Story

- Oncology Care Home Health Specialists, Inc. started in 1989 in Newark, Delaware.
- Sustained an ADC of between 100-125 for 16 years.
- Multi-disciplinary team and sub-specialty programs that included pain management, wound and ostomy management, lymphedema management, and a post-mastectomy/breast surgery program.
- Evolved into an education and consulting company focused on helping other home care companies start oncology programs.




What's So Special About Specialty Care?

For Patients

- Improved symptom and medication management
- Optimized treatment outcomes through minimized or avoided treatment delays
- Improved quality of life/ peace of mind
- Enhanced psychosocial and caregiver support
- Reduced unnecessary ED visits and hospitalizations, reduced hospital length of stay

For Providers

- "Eyes and Ears" monitoring of the patient in the home
- Provision of concise, accurate clinical updates
- Reinforcement of patient teaching done at the office
- Reduction of calls to the office




**Trends That Support
Oncology Home Health**

- Population of US citizens over 65 to increase approximately 61% by 2020 to 55 million. (*US Census Bureau*)
- The number of Americans diagnosed with cancer will increase 55% by 2020 to 18.2 million. (*USA Today, 2007*)
- ASCO projects a shortage of approximately 4,080 oncologists in 2020. (*ASCO, 2007*)
- Home health expenditures are expected to rise by 150% to \$119 billion by 2017



The Market

- Approximately 7.6 million individuals currently receive home care. (US Census Bureau, 2004)
- 17,000 agencies provide care for acute and long term health conditions. (US census Bureau, 2004)
- In 2007, annual expenditures for home health were \$57.6 billion (does not include payments made directly by consumers). (CMS, Office of the Actuary 2008)
- Oncology patients represent between 4 and 5% of the total market. (CMS 2007)




**Oncology Home Care Specialization Supported by the Association
of Community Cancer Centers (ACCC)**

1) Agency must be accredited (i.e. JCAHO/CHAP) and support the following multidisciplinary services:

- ✓ Oncology nursing
- ✓ Clinical nutrition
- ✓ Pharmacy
- ✓ Psychosocial services
- ✓ Rehabilitation services
- ✓ Spiritual support
- ✓ Home health aide/homemaker services


2) Agency must have written policies and procedures for care of the cancer patient, which are compatible with those of the referring institution.



ACCC Cancer Program Homecare Guidelines Continued

3) "The home health agency staff is capable of providing appropriate and competent care for cancer patients and their families at any stage of the disease."

- **Rationale:**
Oncology care of the cancer patient requires specialized knowledge. Experienced oncology nurses and oncology social workers should be available to care for or consult on the care of the cancer patient at home. (See Chapter 4, Section 4, Oncology Nursing Services, and Section 6, Psychosocial Oncology Care.)"
- **Characteristics**
Access to oncology nurse experts, oncology clinical specs, or an oncology nursing team
Oncology nurses in home care should demonstrate competence and expertise in specified areas.
Ongoing staff education in the area of cancer services
Access to oncology social work experts with demonstrated expertise."




Oncology Home Care Specialization is Supported by Proposed Bundle Payment Structure

Specialists will likely be among the winners:

- Riskier patients require very specialized care.
- Specialists will have higher value to the bundles.
- It might take a few financial burnouts for an ACO (Accountable Care Organizations) to realize the value of using specialists.
- Red ink will create motivation to find a better solution.
- Home care agencies able to deliver a solution could be ready-made winners.

"All else being equal, providers who are first to build expertise will have the highest chance of surviving the first cut. This early expertise will be built on innovation, technology and ability to offer ACOs the clinical and process control they are certain to demand, all while delivering lower cost medical episodes with acceptable outcomes of all measures."

Lewis, J. (2011). "Home Health Care Prepares for Accountable Care Organizations and Payment Bundling", Home Care Technology Report 3/2/2011




Strategic Partnerships with Hospitals

2007 research study of 756 **Blue Shield of California** patients with late stage illness (75% were oncology patients) using a patient centered model that included home visits and telephone calls:

Results

- Hospital admissions were reduced by **38%**
- Hospital days were reduced by **36%**
- Emergency room visits were reduced by **30%**
- Hospice use increased by 62%, Home health use increased by **22%**
- High patient satisfaction rate of **92%**
- Patients had reductions in inpatient diagnosis indicative of uncoordinated care: nausea (-44%), anemia (-33%) and dehydration (-17%)
- The beneficiaries in the program had an average savings of **\$18,599 per patient** versus those patients not enrolled in the specialty model

Sweeney, L, Halpert, A, & Waranoff, J. (2007). Patient-centered management of complex patients can reduce costs without shortening life [Electronic Version]. The American Journal of Managed Care. 13(2):84-92.



Home Care Competition is Intensifying!

- Over 20,000 home care agencies in the United States
- Metropolitan areas are saturated:
 - For example, Chicago and Detroit have more than 600 agencies
- Very little differentiation between agencies



Benefits of an Oncology Home Care Program for Home Care Providers

- Create a strong market niche in a very crowded home care market and capture market distinction as a progressive and innovative provider.
- Add significant census size and revenue growth.
- Gain a market position as a powerful referral partner with hospitals, health care systems and hospices.



Key Success Factors for Oncology Home Care Programs

- Strong oncology clinical team leader
- Unwavering support by agency leadership
- Collaborative relationship with the Oncology Nursing Society (ONS)
- Comprehensive medication management processes
- IV therapy capabilities
- Oncology nurses on-call
- Extensive support tools for the oncology team



Comprehensive Support Tools

- 1) Multi-disciplinary Orientation Training Modules:
 - Nursing: Modules that include cancer basics, symptom management, psychosocial implications, oncologic emergencies, etc.
 - Medical Social Work: Modules that include coping, counseling, caregiver concerns, advocacy, survivorship, etc.
 - Home Health Aide: Modules that include cancer basics, symptom identification, end of life care, etc.
 - Therapy: In-service training includes treatment-related issues, cancer site-specific education, end of life care, etc.
- 2) Clinical Practice Guidelines: specific to the home care setting and outcomes driven



Support Tools Continued

- 3) Oncology Patient Education Tools: tied to Clinical Practice Guidelines to ensure outcome achievement.
- 4) Oncology Telephone Triage Tools: symptom/problem-based and linked to Clinical Practice Guidelines and potential oncologic emergencies.
- 5) Oncology Clinical Policies and Procedures: specific to the infusion needs of oncology patients.
- 6) Oncology Nursing Resource Guide: guidebook of helpful hints for oncology nurses in the field.
- 7) Oncology Marketing Toolkit: business development resource based on a 20 year proven track record



Case Study: The Oncology Home Care Program in Action

- 36 year old woman with aggressive metastatic breast cancer advanced to her spine, brain and femurs. A referral was made to the Oncology Home Care Program by the insurance case manager because the patient had been hospitalized monthly for six months with severe, uncontrolled pain. Each hospitalization was approximately six days in duration.



Case Study (continued)

Oncology Home Care Program response:

- Nursing visits 1-2/wk and assessment phone calls 2-3/wk for five months for:
 - ✓ intensive pain management as pain medication doses rapidly escalated
 - ✓ semiweekly communication with physician's office to provide clinical updates
 - ✓ guidance with other symptoms and side effects of chemotherapy
 - ✓ weekly lab draws from a central line
 - ✓ IV hydration at home twice for hypercalcemia



Case Study (continued)

Oncology Home Care Program response (cont'd):

- End of life care involving 6 nursing visits (patient refused hospice) which included:
 - ✓ IV opioid pain management for widespread cancer and bilateral fractured femurs
 - ✓ Nursing support through the dying process
- 4 social work visits for emotional support and counseling of patient and family
- 6 home health aide visits during last two weeks of life for personal care assistance



Outcomes & Estimated Savings

- **No** hospitalizations following admission to the Oncology Home Care Program
Estimated Savings: \$80,000-120,000
- Reduced physician office visits once home care was involved
Estimated Savings: \$2000
- Involvement of Home Health Services
Cost: \$10,000
- **Estimated Net Savings: \$72,000-102,000**

Additionally:

- Pain well controlled in the home environment
- Patient extremely grateful to stay home during intense illness
- Family appreciative of support to keep patient at home through her death



Growth Strategies For an Oncology Home Care Business Line

Marketing Assumptions

- An innovative oncology specialty provider will create a strong market niche that will assure a distinct market position in a competitive home care environment.
- A specialty program will create a fresh, new opportunity to dialogue with old referral sources.
- An oncology program will ensure a market position as a powerful referral partner for hospitals, health care systems and hospices.



Growth Strategies For an Oncology Home Care Business Line

Business Development/Marketing Plan: Target markets

- Oncologists/hematologists, radiation oncologists, cancer surgeons and their staff (in Oncology Care's experience 72% of referrals came from outpatient settings)
- Hospital cancer programs
- Cancer support groups
- Professional associations (ONS chapters, medical societies)
- Local non-profit organizations



Growth Strategies For an Oncology Home Care Business Line

Business Development/Marketing Plan: The Power of an Oncology Physician Advisory Board

- Seek first to understand, then to be understood.
- Engage in dialogue, seek recommendations and turn into action.
- Show physicians that their suggestions were used.
- Build trust and support.



Growth Strategies For an Oncology Home Care Business Line

Business Development/Marketing Plan: How to Build an Oncology Physician Advisory Board

- Recruit 10 to 12 oncology-related physicians.
- Meet three times per year.
- Request feedback regarding: new program/subspecialty development, practice support tools (i.e. clinical practice guidelines) and satisfaction with current program
- Reimburse \$200 to \$250 per dinner meeting for physician's time. This is within compliance-related guidelines.



Growth Strategies For an Oncology Home Care Business Line

Business Development and Marketing Tactics

- Sales Team Training
- Marketing to Medical Groups
- Marketing to Health Plans
- Monthly Case Studies
- Monday Morning "Facts-Fax/Email"
- Weekend Sweeps
- Partnership Development



Consider the Financial Opportunity

Total referral sources	20 oncologists
Generate	1000 referrals per year
Generate	250 average daily census
Impact on annual revenue	\$5,000,000



Consider the Financial Opportunity

Volume/Revenue	Year 1	Year 2	Year 3	TOTAL
SOC	123	246	369	738
ADC	30.75	61.50	92.25	184.5
Medicare SOC	79.95	159.90	239.85	479.70
Private SOC	43.05	86.10	125.15	254.25
Medicare rev	\$399,750	\$799,500	\$1,199,250	\$2,398,500
Private ins revenue	\$142,065	\$284,130	\$426,195	\$852,390
Total Revenue	\$541,815	\$1,083,630	\$1,625,445	\$3,250,890



"You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete"

Kurt Kazanowski RN, MS, CHE, *President*

Kkazanowski@ochomehealth.com
(734) 658-6162

www.ochomehealth.com
