



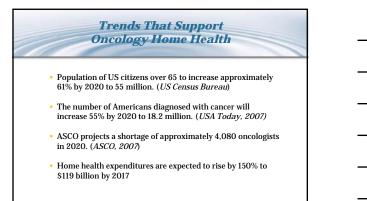
What's So Special About Specialty Care?

For Patients

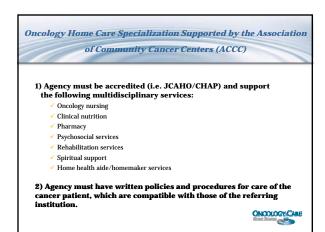
- · Improved symptom and medication management
- Optimized treatment outcomes through minimized or avoided treatment delays
- Improved quality of life/ peace of mind
- Enhanced psychosocial and caregiver support
- Reduced unnecessary ED visits and hospitalizations, reduced hospital length of stay

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 officeReduction of calls to the office
- ONOLOGYCARE







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."

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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 chinical and process control they are certain to demand, all while delivering lower cost medical episodes with acceptable outcomes of all measures."

ons and Payment Bundling" Home Care Ter Lewis, J.



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%

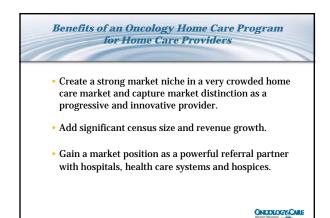
*Patients had reductions in inpatient diagnosis indicative of uncoordinated care: <code>nausea</code> (-44%), <code>anemia</code> (-33%) and <code>dehydration</code> (-17%)

•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 co without shortening life [Electronic Version]. The American Journal of Managed Care. 13(2),84-92.

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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

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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



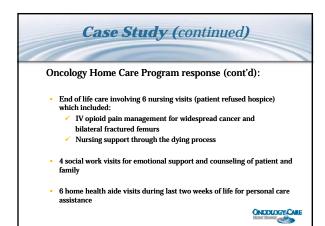
Case Study: The Oncology Home Care Program in Action

 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.

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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
 - \checkmark weekly lab draws from a central line
 - $\checkmark~$ IV hydration at home twice for hypercalcemia



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

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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: 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.

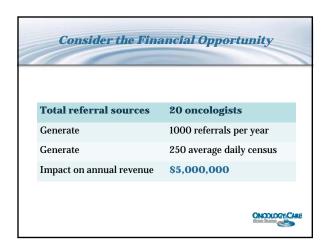
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Growth Strategies For an Oncology Home Care Business Line

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.





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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

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