

# "Where We're Going We Don't Need Roads": Defining the Future of Oncology Infusion Care

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## Learning Objectives

- Learn how to effectively transition an inpatient treatment to the outpatient setting using innovative tactics to promote patient-centered care.
- Gain insight to strategies used, team members required, and financial implications.



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## Project Goal

- The purpose of this project was to create a new, cost-effective, patient-centered standard of care for oncology infusion patients.



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## Froedtert & the Medical College of Wisconsin Cancer Network

- Academic medical center in Milwaukee, WI
  - 2 dedicated oncology units
- Clinical Cancer Center
  - ~250,000 outpatient visits in 2017
- Ambulatory Cancer Network
  - 4 sites



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## Great Scott! Oncology Infusion Opportunity

- IV chemotherapy regimens
  - Challenges
    - Inpatient space
    - Improved outpatient reimbursement
  - Advantages
    - Outpatient resources
    - Collaborative, interdisciplinary team



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## Planning

- Goals
  - Decrease the patient's time in the hospital
  - Evaluate the financial impact of ambulatory administration
  - Assess number of inpatient bed days saved
- Target regimens
  - HIDAC: High dose cytarabine
  - R-EPOCH: Rituximab, Cyclophosphamide, Etoposide, Doxorubicin, Vincristine
  - AIM: Doxorubicin, Ifosfamide, Mesna
  - R-ICE: Rituximab, Ifosfamide, Carboplatin, Etoposide



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## Logistics

- Team Members
  - Nurses
  - Physicians/APPs
  - Pharmacists
- Evaluate current state
  - Treatment plans
  - Teaching materials
  - Processes
- High Level Interventions
  - Program overview for staff and patients
  - Treatment plan/infusion modifications
  - Standardized teaching plan




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## Solutions

- Every day labs
  - Evaluation of need
  - Creative lab scheduling
- Continuous infusions
  - Ambulatory pumps with CSTD
- Specific medication timing
  - Review of literature
  - Expert decisions
- Close monitoring
  - Use of oncology infusion area
  - Follow-up nurse visits
  - Telehealth components




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## Financial Implications

	HIDAC	R-EPOCH
Cost Savings related to Total Cost of Care *Drug cost included	58%	
Cost Savings related to Total Direct Costs *Drug costs excluded		30%
Cost Savings related to Drug Acquisition Costs	26%	52%

- 340B medication pricing
- Difference in cost of care between IP and OP




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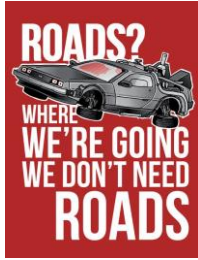
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Questions?



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