

ABSTRACT

BACKGROUND

The logistics and costs of navigating cancer treatments have become a principal contributor to patients' reduced quality of life, and it also prevents patients from participating in clinical trials. It's imperative we reduce the burden of cancer for patients and their caregivers, and this requires moving from traditional "brick and mortar" based care to the home.

GOALS

A care delivery model where patients diagnosed with cancer can receive a significant part of their treatment within the home environment through home infusions, combined with advanced telemedicine, remote monitoring capabilities, in-home visits, supply chain support, and a rapid response network.

OBJECTIVES

PRIMARY OBJECTIVE

To compare mean patient-reported rating of cancer care using a modified questionnaire from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Cancer Care Survey after 8 weeks between patients randomized to receive care at home and care in the clinic.

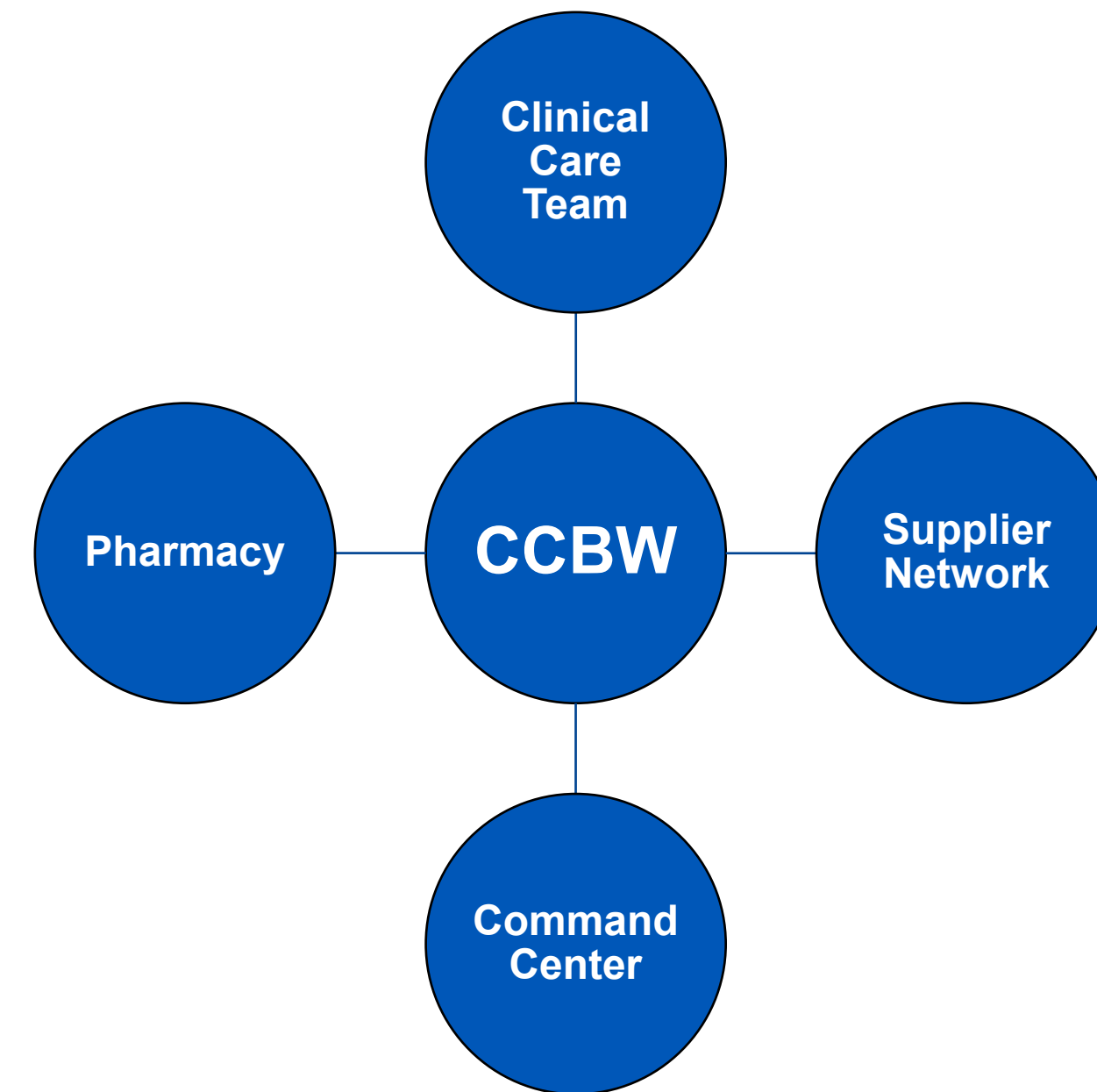
SECONDARY OBJECTIVES

To evaluate the proportion of patients who indicate a preference for home infusion, outpatient infusion, or no preference.

To evaluate the portion of patients who indicate comfort with receiving infusions at home

METHODS

FIGURE 1

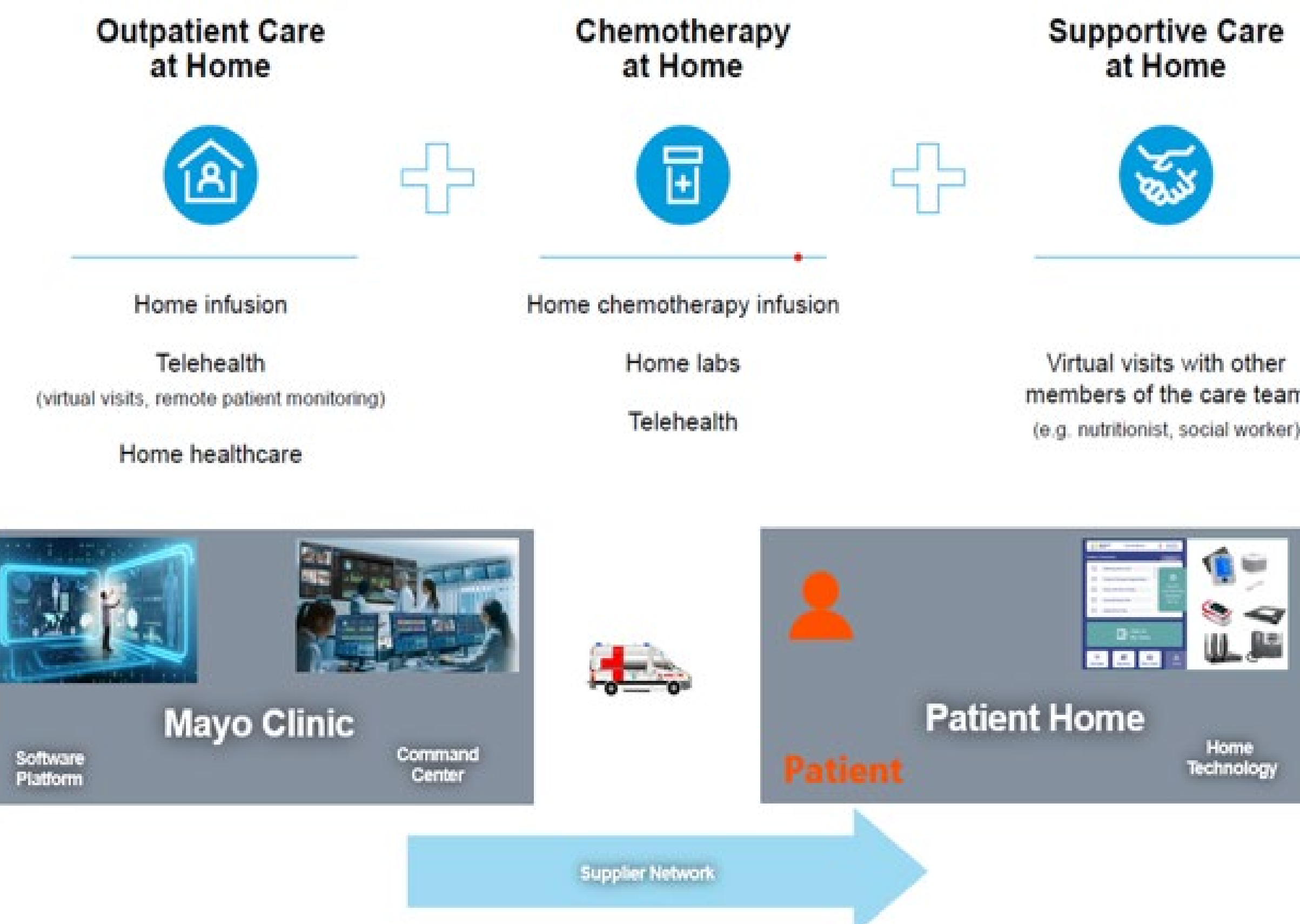


PRIMARY ENDPOINT

Mean patient-reported rating of cancer care after 8 weeks compared between arms using a two-sample t-test. This hypothesis test will use patient ratings from a single 0-10 item from the CAHPS Cancer Care Survey assessing "your overall cancer care experience". All patients meeting the eligibility criteria who have signed a consent form, have begun randomized treatment, and who have completed the rating scale after 8 weeks will be included in the statistical analysis.

Assuming primary endpoint data are available for 160 patients, this study has 80% power to detect a 0.45 standard deviation difference in the mean patient-reported rating of Cancer CARE between arms using a two-sample t-test with a two-sided alpha of 0.05.

FIGURE 2



OUTCOMES

- We have established an infrastructure that includes a hematology oncology clinical care team, home infusion pharmacy, a supplier network, and a centralized command center (Figure 1).
- We have activated the first ever NCI designated clinical trial providing outpatient care at home, chemotherapy at home, and supportive care at home (Figure 2).
- As of May 2024, we have safely administered >140 intravenous chemotherapy infusions in the home without the occurrence of any adverse events.

FUTURE DIRECTIONS

- Collect data on patient understanding and acceptability of cancer care at home.
- Develop strategies for overcoming cancer care delivery disparities and barriers of access to care for underserved communities.
- Infrastructure for decentralized cancer clinical trials.
- Expansion of service offerings and service areas to reach a broader patient population.
- Build additional capabilities to decrease ED utilization and hospital admissions.