Challenges and Opportunities of Outreach Clinics

Sam Lubner, MD FACP
Dan Mulkerin, MD
• No disclosures to report
Objectives

• Discuss the strategic importance of outreach clinics in oncology
  • Review examples of outreach practice models
• Identify challenges unique to individual clinics
• Virtual outreach
• Future directions
Outreach defined

- Cancer treatment activity distant from the main cancer center
- Tasks that can be uniformly performed
  - Initial consultation
  - Follow-up visits
  - Chemotherapy administration
Outreach defined

• Variability
  • Radiotherapy
  • Pathology
  • Radiology
  • Surgery
  • Non MD services: genetics, health psych, remote or onsite pharmacy support

• Each outreach site has individual relationships with either local hospital or larger healthcare system for these services
UW Carbone Cancer Center Model

Comprehensive Cancer Center

- A matrix center within the UW School of Medicine and Public Health (SMPH)/UW-Madison
  - Madison population: 250,000
  - Population range of outreach sites: 5,000-150,000
- 3 - 4,000 new cancer patients per year at main site
- UW Health affiliated, serving a catchment area of 36 contiguous counties.
  - 2016 Catchment analysis - Expanded from 16 to 36 counties
  - >75% of patients within catchment
Outreach goals

• Clinical goal-mission statement
  • Provide the highest quality cancer care to as much of the region as practicable.

• All other goals flow from this core goal.
• Research goal
  • Identify possible current clinical trial subjects for enrollment either at the main cancer center or with a prespecified limited menu of clinical trials available at outreach sites
    • Would require approval of IRB from main site, and where applicable, IRB of outreach site
  • Identify future clinical trial subjects
  • Measurement of success: increase in clinical trial accrual
Institutional Buy-In

Provide our members modern research platforms and tools

• Accommodate biomarker/precision-driven clinical trials in our infrastructure
• EHR data sharing across catchment for growing Outcomes research
• Expand Precision Medicine Molecular Tumor Board and recent SMPH Precision Medicine Initiative
• Support unified Wisconsin Oncology Network
• Expand access to imaging excellence (WONIX)
Outreach goals

• System goals
  • Identify patients in need of referral to main center for specialized services
    • Radiotherapy
    • Surgical oncology
    • Organ transplant
    • Bone marrow transplant
  • Save local sites from spending money that will essentially go to waste
    • e.g. building a linear accelerator in a rural hospital with no hope of recouping revenue
  • Support financial/academic missions of main center
Outreach goals

• Public relations goal
  • Integrate the model of care within a local framework, and get the message out to the broader community of the availability of high-quality cancer care in their location, and if needed, a regional leader in cancer care
  • Measure of success: referral reputation, increase in # of new referrals to local site, main cancer center
Opportunities

• Branding
• Financial drivers
  • Referrals back to mothership
  • 340B/critical access hospitals
  • Ability to sell insurance contracts
  • Specialty pharmacy
    • Delivery of oral oncolytics to regionally distributed patients
• Population management (We are not an OCM site)
Risks/Challenges

• Travel support and FTE effort of MD/RN
• Clinical coverage from main site (MD, RN, other) – underfunded necessity and source of vulnerability
• Contracting with each partner
• RN education/uniformity of drug delivery
• Pharmacy expertise
• Rad onc support – physics, etc.
• Parsing of surgical cases OK for community vs. referred to mothership
• Creating unintentional non-compete zones with future partners
• Patients with non overlapping insurance
Staffing model: UW Cancer Care at Johnson Creek

- MD faculty (H/O and R/O), at outreach site full time
- RNs employed by partner healthcare systems
  - Housed solely at outreach site
- Clinic space owned/operated by main healthcare delivery system
  - As part of a joint venture with two other systems...
Advantages/Disadvantages: Johnson Creek

- Consistent access, requires big enough market
- Standardization of treatment between outreach clinic and home site
- Continuity of care over time
- No travel expenses-staff consider this their ‘home’
- Research opportunities-UW branding, UW IRB
- Unified EHR
  - QI opportunities therein
- Vacation coverage?
Staffing model: Beaver Dam Community Hospital, Portage Divine Savior, others

- MD from main cancer center travels to outreach site (1 day/week)
  - Clinic space essentially rented from local site
  - Some locations have Professional Service Agreement
- RNs employees of local healthcare delivery system
  - Operate independently when MD not present
- Clinic space owned/operated by local healthcare delivery system
Advantages/Disadvantages: Beaver Dam Community Hospital, Portage Divine Savior, others

- Build regional foothold
- Build relationships as health care delivery systems seek to merge/grow/affiliate on a larger scale
- Have to negotiate who collects revenue for chemotherapy, responsibility if patients get sick
- Local systems at risk for acquisition
• MD from main cancer center travels to outreach site (1 day/week)
• RNs employees of main healthcare delivery system
  • On other clinic days, RNs work for other subspecialty groups
• Clinic space owned/operated by main healthcare delivery system
Advantages/Disadvantages: Sauk Prairie Clinic

• Build a regional foothold
• No on-site pharmacy—have to courier chemotherapy from main pharmacy
  • No crash cart, limited chemotherapy choices
• Close enough where can provide overflow for main campus
• No research infrastructure
Staffing model: Affiliation agreement

- All staff (MD/RN/etc) employed by local site
- Members considered affiliates of main cancer center, retain responsibilities locally
Advantages/Disadvantages: Affiliation agreement

• Functionally independent
  - No need for sick coverage/vacation coverage
• Retains local reputation/relationships within community
• Increases regional reputation
  - Choose partners carefully
• Test case for possible merger activity
• Revenue sharing?
Which model to choose?

- Each model poses challenges and opportunities
- Importance of initial negotiation
- Adaptability of models
- Understanding when a model fails
It is a gamble...

• You’ve got to know when to hold ‘em
  • Importance of building regional relationships for the system as a whole, even if operating at an initial loss

• Know when to fold ‘em
  • Not enough patient volume to sustain presence, with alternative regional opportunities for patients

• Know when to walk away
  • Regional partner unwilling to adhere to the system as set up

• Know when to run
  • Other healthcare delivery system acquiring regional partner
Other ways to set up relationships (Virtual Outreach)

• Case conferences
  • Audio or video conferences on an established, regular basis to discuss appropriate cases across the system

• Research conferences
  • Where research is taking place, or interest in starting, invite to discussions

• Molecular Tumor Board
  • So much information now available, all can benefit, could blossom into other relationships

• State Society Meetings
  • Building goodwill across the region
What it takes to successfully implement

• Up front negotiation with mutual benefit in mind
  • Availability of oncologic care in a small town is a big deal
• Flexibility of MDs and staff
  • Willingness to do promotion/face to face with referring
• Creative design of model to fit the system
  • Applying a universal model that does not take into account the peculiarities of an individual system is set up to fail
• Leverage technology
  • Tumor boards, research opportunities
• Flexibility to operate at a loss to start
  • Wisdom to cut bait if it becomes a persistent loss center
Questions?

Thank you.