

# Challenges and Opportunities of Outreach Clinics

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- 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

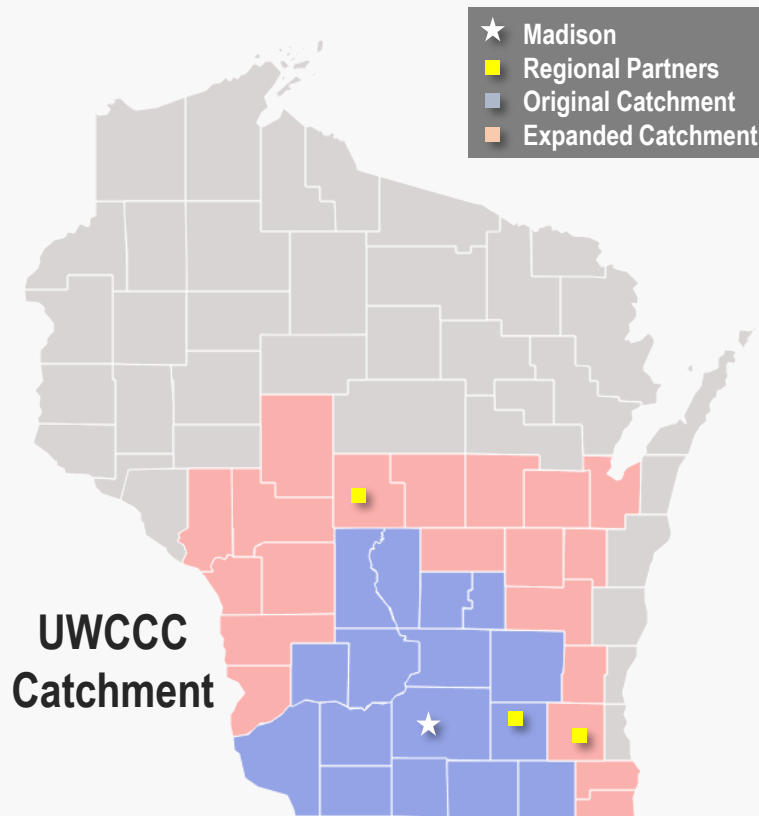
# Outreach defined

- 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

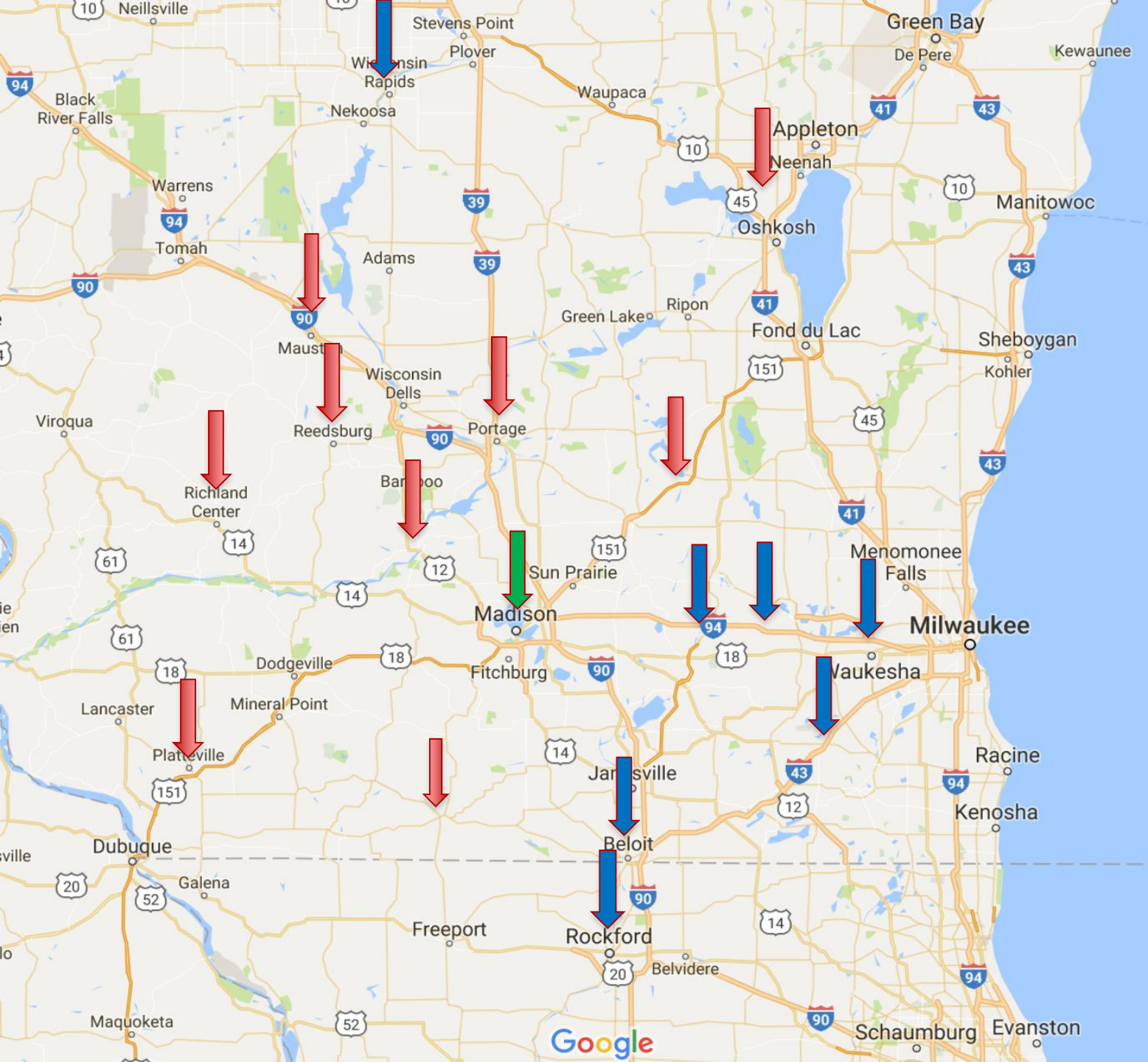


## Comprehensive Cancer Center

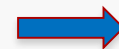
- A matrix center within the UW School of Medicine and Public Health (SMPH)/UW-Madison
  - Madison population: 250,000
  - Population range of outreach sites: 5,000-150,000
- 3 - 4,000 new cancer patients per year at main site
- UW Health affiliated, serving a catchment area of **36** contiguous counties.
  - 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.



UW faculty  
satellite clinics



UW regional  
affiliates



Four Hospitals  
Many clinics



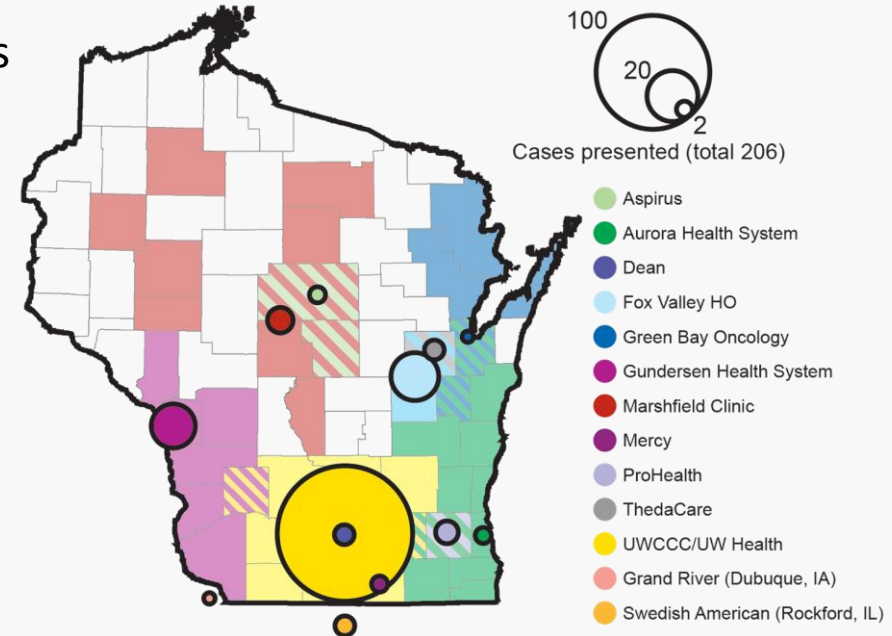
# Outreach goals

- 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)



**Wisconsin Precision Medicine Collaborative Sites**

# 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



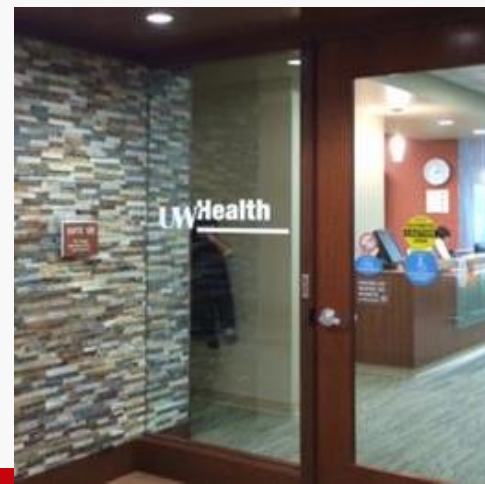
# Staffing model: Sauk Prairie Clinic

- 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?

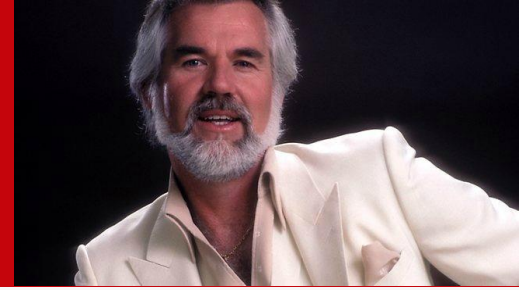




# Which model to choose?

- 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



An aerial photograph of a cityscape. In the foreground, there is a large green field, possibly a sports field, with a goalpost visible. To the right of the field is a large, modern hospital complex with several tall buildings and a central tower. The hospital is surrounded by parking lots filled with cars. In the background, there is a dense urban area with many buildings and a body of water, likely a lake or river, under a clear sky.

Questions?

Thank you.



**Carbone Cancer Center**  
UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH