Peer Comparison Report Practice Recommendations

The following table has information about program measures and practice recommendations you may want to consider.

Questions?

Please email us at **physician_engagement@uhc.com.**

Performance Measures (Oncologists Only)*

Measure	Description	Practice Recommendations
Admission to Hospice for Three Days or Less	Sum of oncology hospice admissions, with duration of three days or less, during which the member died relative to the sum of all oncology hospice admissions, regardless of duration, that culminated in a member's death.	• Educate staff and patients about the purpose and benefits of hospice care and early hospice admission. • Provide access and/or referral to home hospice services. • Implement standardized advanced care planning discussions. • Integrate palliative care into routine cancer care (e.g., via referral to specialist, hiring dedicated staff for palliative care within the practice, automatic referrals within the care pathway). • Provide psychological support for patients and family members.

Post-Chemotherapy Treatment Hospital Admission Rate	Sum of outpatient (OP) chemotherapy treatments with subsequent complication-related inpatient admission within 30 days of the OP chemotherapy treatment relative to the sum of all OP chemotherapy treatments.	• Optimize chemotherapy treatment processes to proactively reduce the risk of inpatient admission. • Talk with patients about home care needs and planning prior to the chemotherapy. • After chemotherapy, ensure they understand all home care instructions, have a follow-up oncologist appointment scheduled, and both have and understand all prescriptions prior to leaving the chemotherapy appointment. • Checklists and other tools are widely available through organizations such as the American Cancer Society. • Identification of high-risk patients and early intervention by case management also may help.
Post-Chemotherapy Treatment All Cause Hospital Admission Rate	Sum of OP chemotherapy treatments with subsequent all cause inpatient admission within 30 days of the OP chemotherapy treatment relative to the sum of all OP chemotherapy treatments.	
Post-Chemotherapy Treatment Emergency Department (ED) Visit Rate	Sum of OP chemotherapy treatments with a subsequent complication-related ED visit within 30 days of the OP chemotherapy treatment relative to the sum of all OP chemotherapy treatments.	• Provide access to a licensed clinician who has access to patients' medical records outside of practice hours. • Use protocol-driven nurse triage lines for support between clinic visits and/or after hours. • Educate patients on symptoms to monitor and how to contact the practice after hours before using the ED. • Educate patients about how to contact the practice after hours in case of emergency medical needs. • Offer extended clinic hours (e.g., evening hours, weekend hours). • Provide access to same-day appointments and/or urgent care visits. • Implement a structured process for routine and timely follow-up on hospitalizations, ED visits and stays in other institutional settings. • Work with targeted hospitals where the majority of patients receive services to develop partnerships and achieve timely notification and transfer of information following hospital discharge and ED visits. • Use the risk stratification process to identify and target care management services to patients whom the team believes
Post-Chemotherapy Treatment All Cause Emergency Department (ED) Visit Rate	Sum of OP chemotherapy treatments with a subsequent all cause ED visit within 30 days of the OP chemotherapy treatment relative to the sum of all OP chemotherapy treatments.	

		to be at high risk (e.g., multiple comorbidities, complex condition). a) Assign a risk status to each patient (e.g., assign a risk level from 1 to 4), which could be determined in different ways (e.g., clinical intuition, aggressiveness of treatment/known complications, disease stage, social determinants, age, data-based algorithms). b) Assign patients to a risk cohort (e.g., elderly patients, patients with certain comorbid conditions, risk of depression). • Monitor and conduct personal outreach (via phone or home visit) to patients after initial treatments (or when symptoms are anticipated), sick patient visits (e.g., urgent care, same-day visit, ED visit, hospitalization) and/or if a patient is high-risk. • Use technology in conducting follow-up (e.g., eVisits, two-way video visits, remote monitoring). • Use productivity measures that include non-visit-based care (e.g., time spent on asynchronous communication via email or patient portal). • Develop compensation strategies for care team members that align incentives to Oncology Care Model practice transformation activities and quality metrics. • Develop compensation strategies that reward value and team-based care.

*Source: Oncology Care Model: Key Drivers and Change Package; Published June 1, 2018

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