Horizon Healthcare Services, Inc.
Transforming Care in New Jersey

- Establish transformative patient-centered partnerships based on quality not volume of services.
- Reduce variation in care to eliminate waste and inefficiencies.
- Align financial incentives by emphasizing safety and quality outcomes.
- Restore physician leadership and decision making to improve the patient relationship and increase administrative efficiency.
- Promotes access to high-quality, affordable health care while improving the patient experience.
Episodes of Care – Patient-Centered Care Delivery

**Payer** pays a single price for:
- All clinical services (office visits, inpatient, Rx, diagnostics).
- One bundle for a discrete diagnostic condition.
- From the onset of symptoms until treatment is complete.

**Member** benefits from:
- Improved safety as a result of tracking treatment and quality measurement.
- Easy navigation through complex system of care.
- Enhanced relationship with oncologist.
- A superior member experience.

**Physician** assumes a leadership role for safety and quality outcomes, including:
- Overall survival.
- Disease-free progression.
- Appropriate treatment (e.g. Rx efficacy and safety).
- Functional status.
“A Learning Health care Information Technology System for Cancer”

“The committee’s conceptual framework for a high-quality cancer care delivery system calls for implementation of a learning health care IT system: a system that “learns” by collecting data on care outcomes and cost in a systematic manner, analyzing the captured data both retrospectively and through prospective studies, implementing the knowledge gained from these analyses into clinical practice, evaluating the outcomes of the changes in care, and generating new hypotheses to test and implement into clinical care. A learning health care IT system is a key requirement for implementing the components of the committee’s conceptual framework for high-quality cancer care. In the committee’s conceptual framework (see Figure S-2), a learning health care IT system supports patient-clinician interactions by providing patients and clinicians with the information and tools necessary to make well-informed medical decisions.”

Institute of Medicine Sept 2013
A common sorting language (patient specific disease characterization to the highest level of relevant clinical/molecular phenotype) to allow for meaningful comparisons of clinical and cost outcomes and for common bundle inclusion criteria.

Bundled reimbursement must be accompanied by transparent real time outcome reporting to ensure that expected clinical outcomes are not compromised.

Bundled reimbursement must reward better clinical and cost outcomes, not just cost and be associated with financial risk.

Bundled reimbursement must be enabled for all existing and future EHR.

Bundled reimbursement should be tied to attaining or exceeding an expected clinical outcome and not compliance to a specific therapy pathway.
COTA (Cancer Outcome Tracking and Analysis) enables you to improve cancer care outcomes, control cost and go “at-risk?”

**COTA Sorting**
- Sort patients at time of diagnosis to the highest level of clinical/molecular fidelity

**COTA Outcome Tracking & Analysis**
- Track outcomes in real time
  - Overall survival (OS)
  - Progression free survival (PFS)
  - Response Rates
  - Toxicity
  - Drug Utilization (dose and dose intensity)
  - Cost

**COTA Alerts**
- Alert physicians in real-time at key points
  - At diagnosis
  - At progression
  - At dose change/drug change/toxicity
  - Trending towards variance from desired outcome
Instant access to incidence of disease by cancer

COTA Graph for: Lymphoma
From Year: 2010 To Year: 2013 RISK:All

All lymphomas
COTA has all important variables you need to consider for a particular cancer.

All clinical and molecular variables pertinent for lymphoma.
COTA: Outcomes Tracking

1. Type of Therapy
   - Anti-neoplastic drugs
   - Cellular Therapy
   - Radiation Therapy
   - Surgery

2. Best Response (Time to TO)
   - Stable
   - PR
   - CR w/ residual abn, but PET neg
   - CR

3. Survival
   - OS
   - PFS

4. Dose Intensity Delivered
   - Regimen
   - Component

5. Toxicity
   - Incidence
   - Severity

6. ECOG Performance

7. Cost
Real-time benchmarking of outcomes between 2 parties

Dr. John Doe v. the rest
- Dr. John Doe (blue)
- Rest of institution (black)

Meter measures whether Dr. John Doe’s outcomes are tracking positively or negatively
COTA Reports: Outcomes vs. Toxicity

No Grade 3 Toxicity Incidence

Grade 3 Toxicity Incidence

Survival Percentage

Time

Overall Progression Free Cost
Physicians will get alerted based on their preferences.

Triggers for COTA Alerts:

- At new patient diagnosis
- Toxicity, Dose intensity change
- At disease progression
- Trending towards variance from desired outcome

Prospective time or cycle dependent alerts:
- Side effect alerts
- Diagnostic test reminders

Text:
- You have 5 new alerts
  Mar 1, 2013 7:00am
- You have 7 new alerts
  Mar 8, 2013 7:00am

Email:
- COTA
  You have 5 new alerts
  Mar 1, 2013 7:00am
III Anthracycline Chemotherapy Bundle
• ER positive/Her2 negative/<5mm, node negative/extensive lymphovascular invasion
ER positive/Her2 negative/5mm-5cm/ node negative/Oncotype 11-25
ER positive/Her2 negative/5mm-5cm/ node negative/Oncotype>26
• Age<70/ PS 0-2
• ER positive/Her2 negative/5mm-5cm/node negative/Oncotype>26
• Age≥70/ PS 0-2,
• ER positive/Her2 negative/>5cm/ node negative/Age<70/ PS 0-2
ER positive/Her2 negative/>5cm/node negative/Age≥70/PS 0-2
• ER positive/Her2 negative/<5mm/ 1-3 node positive MICROMETS
ER positive/Her2 negative/5mm-5cm/ 1-3 node positive MICROMETS/ Oncotype 11-25
• ER positive/Her2 negative/5mm-5cm/ 1-3 node positive MICROMETS/
Oncotype>26/Age<70/PS 0-2
• ER positive/Her2 negative/5mm-5cm, 1-3 node positive MICROMETS/Oncotype>26/Age≥70/PS 0-2
• ER positive/Her2 negative/>5cm/ 1-3 node positive MICROMETS/ Age<70/ PS 0-2
• ER positive/Her2 negative/>5cm, 1-3 node positive MICROMETS/Age≥70/ PS 0-2
ER positive/Her2 negative/<5mm, 1-3 node positive MACROMETS
ER positive/Her2 negative/5mm-5cm/ 1-3 node positive MACROMETS/Oncotype<11
ER positive/Her2 negative/5mm-5cm/ 1-3 node positive MACROMETS/Oncotype 11-25
ER positive/Her2 negative/5mm-5cm/ 1-3 node positive MACROMETS/Oncotype>26/Age<70/ PS 0-2
III Anthracycline Chemotherapy Bundle

YEAR 1

• Consult: Level 5 visit (#1)
• Chemotherapy Regimen:
  A. Adriamycin, Cytoxan (x4 Q 2 wks), Taxol (x4 Q 2 wks) – Dose Dense (A)
    a. Drugs: (Pass through)
       i. Adriamycin (J9181) (#4)
    b. Administration:
       i. IV push (96375) (#28)
  c. Visits: Level 5 (99215) (#8), Level 4 (#3)
  d. Labs: CBC (#12), Chem (#4), Vitamin D (#3), PT/PTT (#1), CA 27-29 (#3)

B. Adriamycin, Cytoxan (x4 Q 2 wks), Taxol (x 12 Q wk) – Dose Dense (B)
  a. Drugs: (Pass through)
  b. Administration:
  c. Visits: Level 5 (99215) (#16), Level 4 (#2)
  d. Labs: CBC (#19), Chem (#4), Vitamin D (#3), PT/PTT (#1), CA 27-29 (#3)

C. Adriamycin, Cytoxan Taxotere (TAC) (x6 Q 3wks)
  a. Drugs: (Pass through)
  b. Administration:
     i. IV push (96375) (#60)
  c. Visits: Level 5 (99215) (#6), Level 4 (#3)
  d. Labs: CBC (#111), Chem (#4), Vitamin D (#3), PT/PTT (#1), CA 27-29 (#3)

• Imaging: RCCA guidelines (pass through)
  A. Bone Density (#1)
  B. Mammography (#2)
  C. Full body PET/CT (#1) (T3N1, T4, N2, N3)

• Cardiac Function: ECHO/MUGA (#1)
• Radiation (pass through)
  A. Lumpectomy (breast)
  B. 1-3 nodes with extra nodal extension (axilla)
  C. 4 or more lymph node involvement (axilla)
  D. Inflammatory (breast and axilla)