

REDUCING ACUTE CARE UTILIZATION WITH ENHANCED SUPPORTIVE CARE IN ONCOLOGY

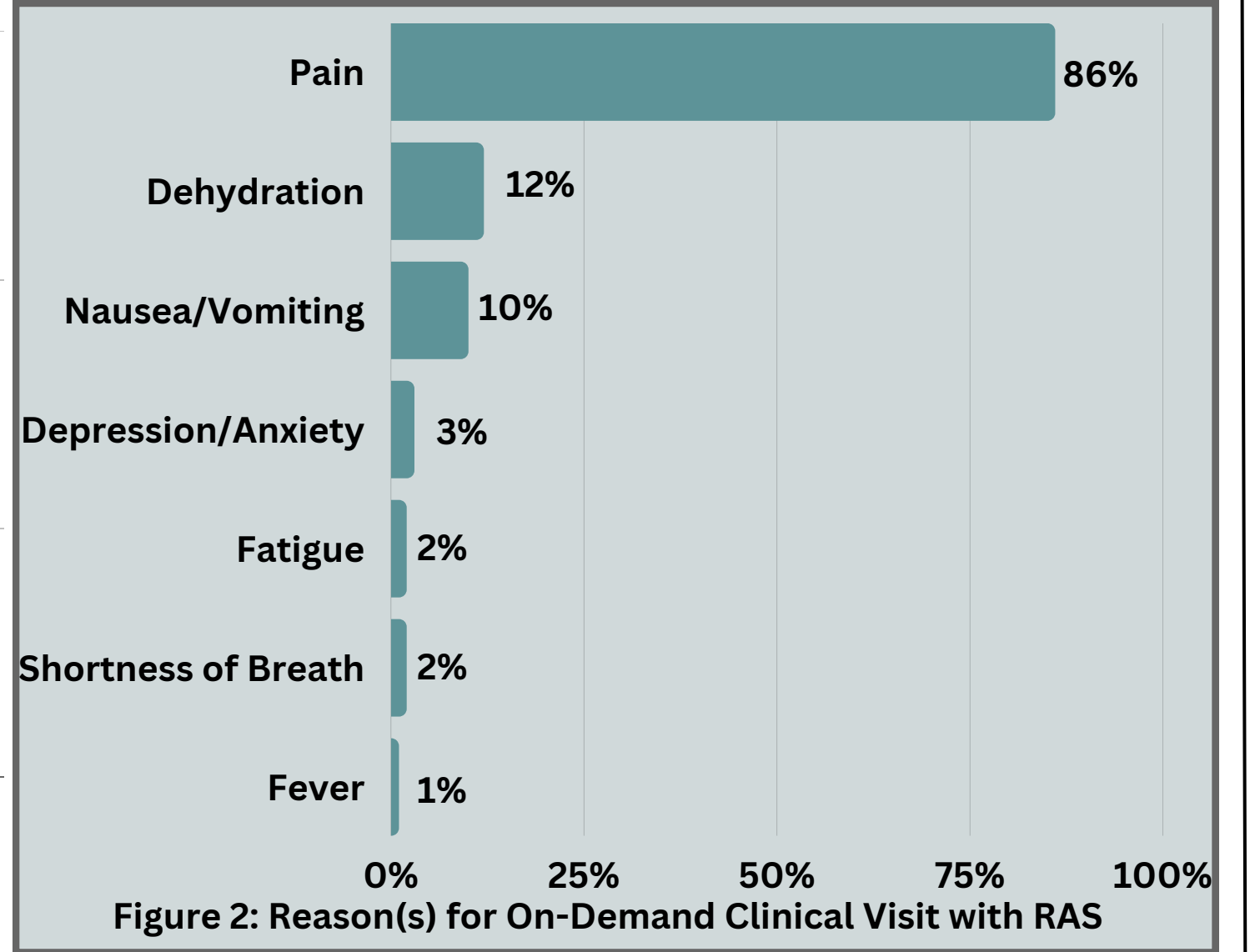
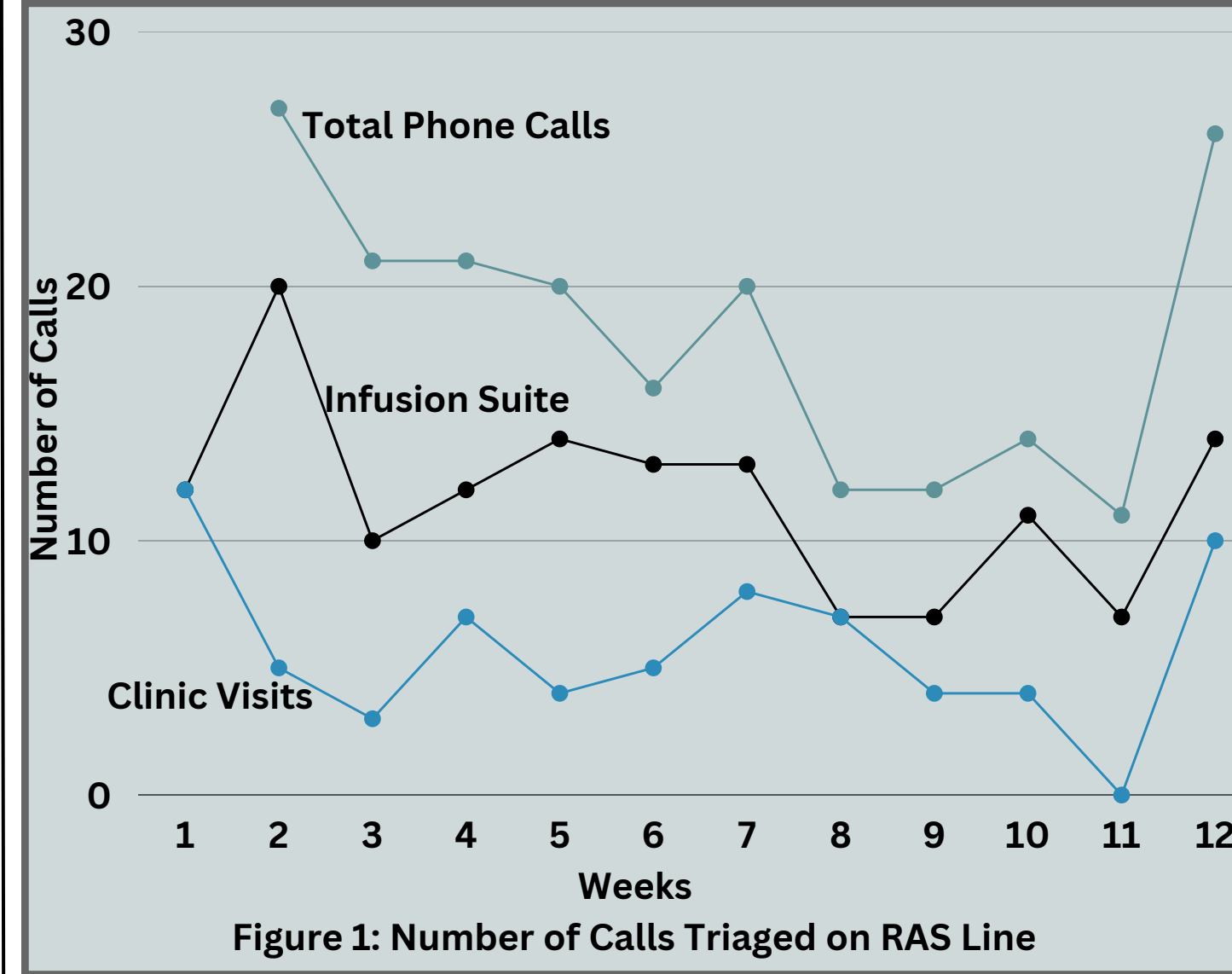
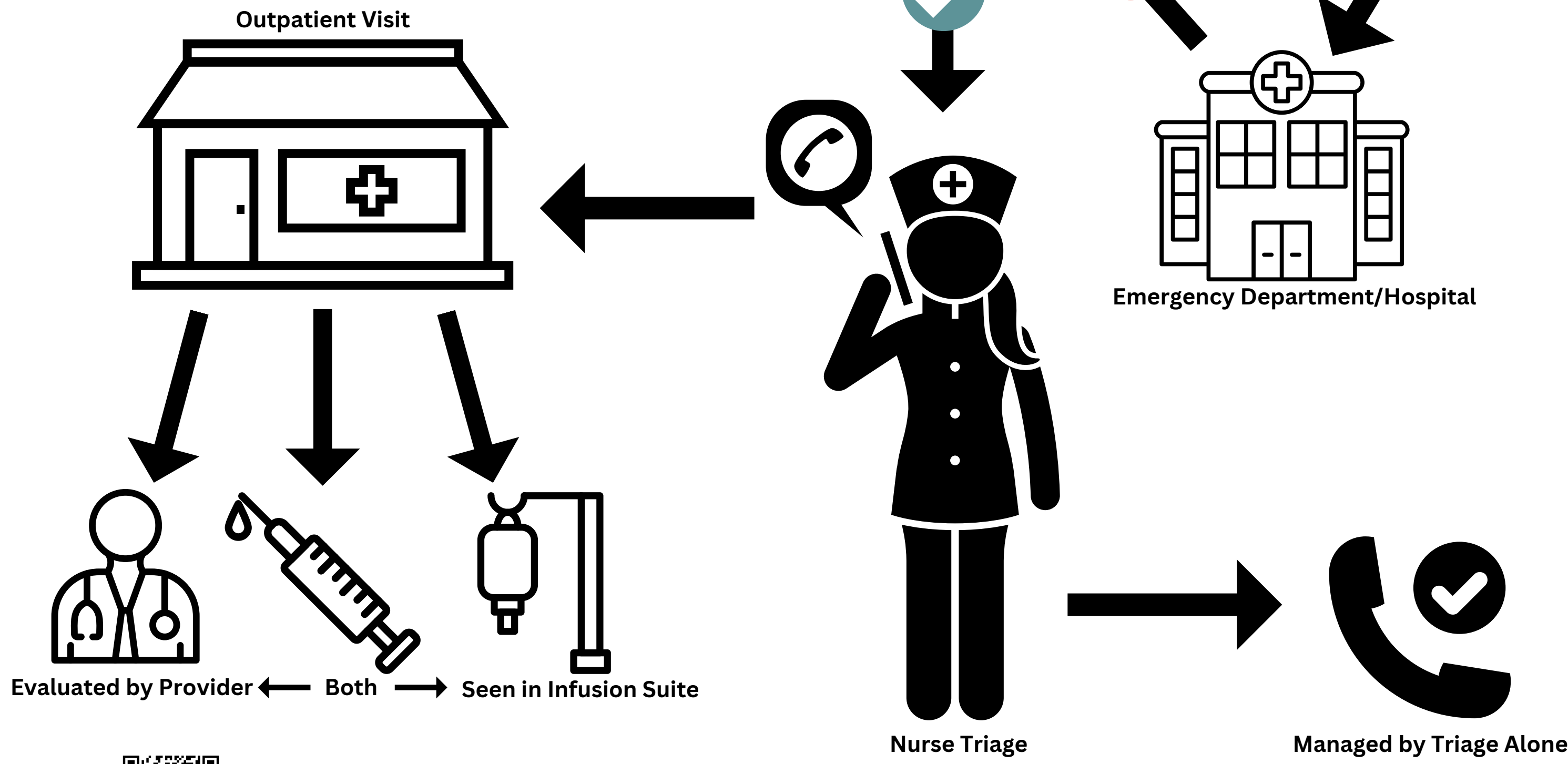
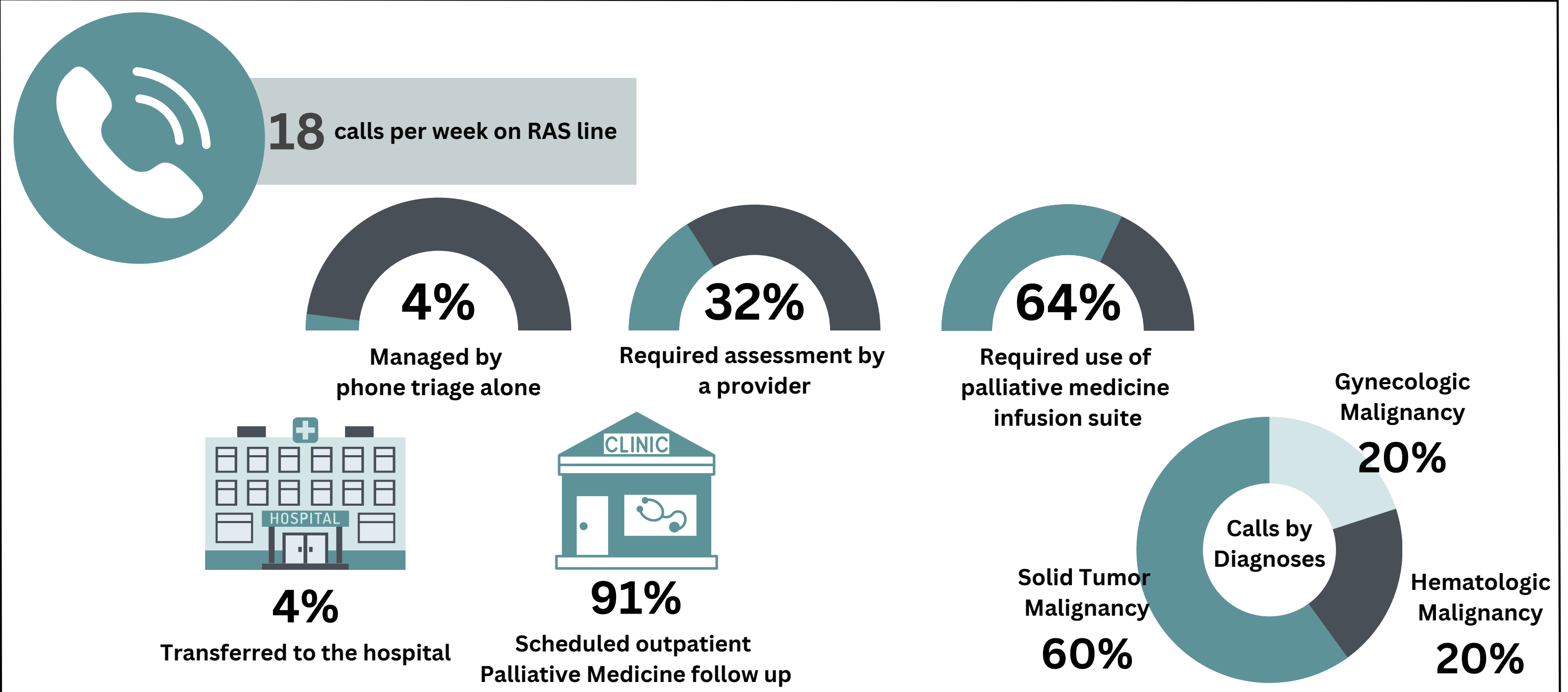
Introduction

- Symptom burden causes patients to present to the emergency department (ED)
- >60% of these ED visits result in hospital admission
- Acute care utilization (ACU) includes ED visits and hospitalizations and increases the cost of care
- Enhanced supportive care (ESC) with personalized assessment and symptom management improves quality of life, reduces chemotherapy related mortality, and lowers costs
- The Levine Cancer Institute (LCI) Rapid Access Service (RAS) is an outpatient ESC model combining telephone triage, on-demand acute symptom management, and dedicated palliative infusion suite
- The RAS goal is immediate assistance for poorly controlled symptoms related to cancer and/or cancer treatments to reduce ACU

Methods

- Care teams advised to call the RAS phone during office hours for symptom-related concerns
- Calls to the RAS phone triaged by a palliative medicine nurse
- Concerns addressed by phone, same day visit, and/or appointment in the infusion suite, as appropriate
- Calls tracked for 12 weeks (August to November 2020)

Results



Conclusion

The Rapid Access Service, an enhanced supportive care outpatient clinical model for acute symptom management with telephone triage, on-demand clinical assessment, and specialist infusion suite, reduces acute care utilization.

