Implementing and Evaluating an Oncology Rapid Assessment Clinic

**Problem**

- ED utilization by oncology patients remained elevated when compared to national peers
  - Feedback from the Patient & Family Advisory Council indicated that this was because there is no alternative option for urgent care that required more than a 15-minute ambulatory visit
  - Many patients were going to the ED that were more appropriately seen in a different setting
- In FY21, a protocol was developed to enable patients presenting to the ED to be rerouted to ORAC
- It was hypothesized that creating an urgent care setting for oncology patients would have a positive impact on ED utilization and the Readmission rate for oncology patients

**Goal**

- The primary goal of ORAC was two-fold:
  - Reduce ED utilization of oncology patients
  - Reduce readmissions rate of oncology patients

**Intervention Design**

- The initial intervention was to create a new care environment at UCM for oncology patients who need treatment between visits.
  - Historically, patients in this setting were limited to the ED. The Oncology Rapid Assessment Clinic (“ORAC”) was launched to provide an urgent care like environment for oncology patients
- The second intervention was to expand the number of patients seen in ORAC
  - To do this, training and marketing was created to gear programming to expand the offering from a Med Onc pilot to one that supports Radiation Oncology, Gyne Oncology and Surgical Oncology.
  - Additionally, the need to find dedicated space resulted in ORAC being embedded within the Care Transitions Clinic

**Conclusions**

- Enabling patients to be seen at the right setting, at the right location, at the right time will offer the patients an ability to be seen in a timely manner
- In addition to reducing E.D. utilization, there has been a multi-year decline in the cancer readmission rate as patients are able to be seen more appropriately between visits
- Training recently started to prepare the CTC Advanced Care Providers to be able to treat surgical oncology patients as well; thus further expanding the potential reach of ORAC

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