



Memorial Sloan Kettering
Cancer Center

Regionalizing Acute Care After Complex Oncologic Surgery

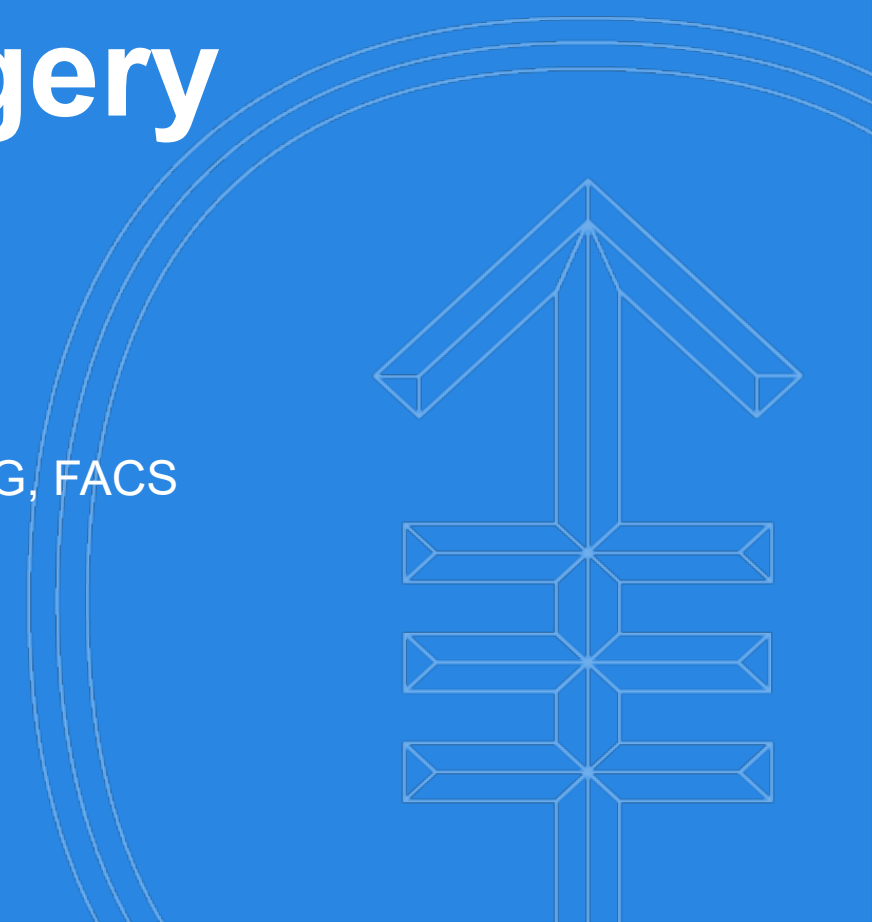
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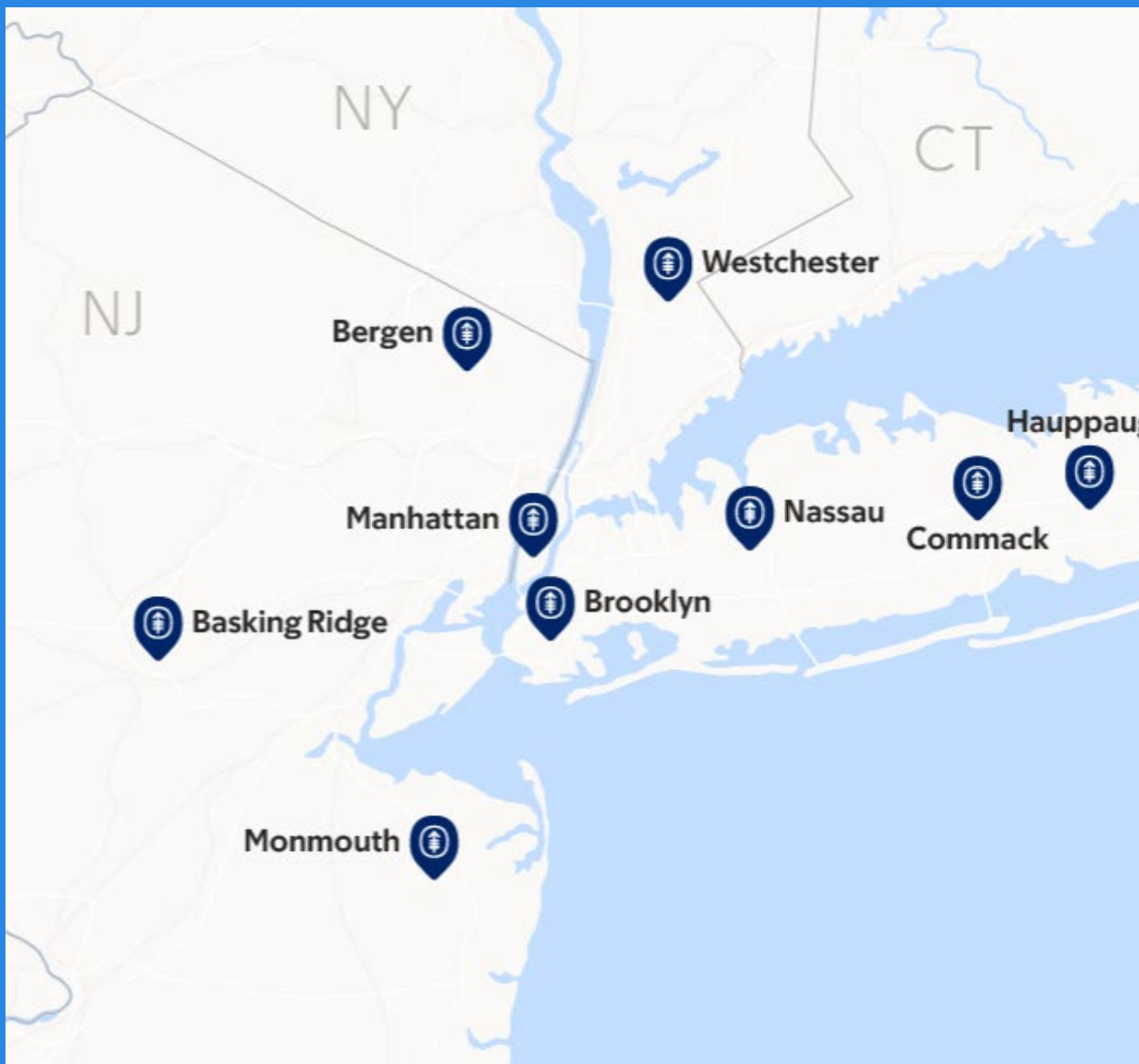
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Central
**Urgent Care Center
(UCC)**

24-7
MD & APPs

Regional
**Symptom Care Clinic
(SCC)**

5 – 7 days / week, some extended hours
APPs
Surgery-specific training

Share Care Program

Care Fragmentation

- Surgical context:

Receiving postoperative care (90 days) at a facility
other than the original surgery facility

- Strong association with outcomes:
 - 25-33% increases in perioperative mortality
 - Worse 5-year overall survival



Research Question:

Is regionalized acute care
after oncologic surgery

1. Being utilized appropriately?
2. Safe?
3. Patient-centric?

Establishing Regionalized Acute Care Across a Health Care System to Decentralize Postoperative Care After Oncologic Surgery

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Research / Quality Assessment

- Methods
 - All surgeries, Jan 2019 – June 2021
 - Pre- and post-COVID
 - Cohort accessing UCC or SCCs
 - Multilevel modeling



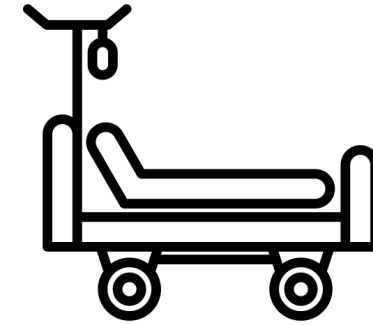
Research / Quality Assessment



n = 7,937



RVU: 450,000+



>32,000
Readmission
Days

UCC / Centralized
71%

SCC / Regional
29%

TABLE 1. Baseline Characteristics of Surgical Patients at the Time of Their Initial Surgery, Stratified by Whether They Presented to the Centralized UCC or One of the Regionalized SCCs for Their First Acute Care Visit Within 90 Days After Surgery

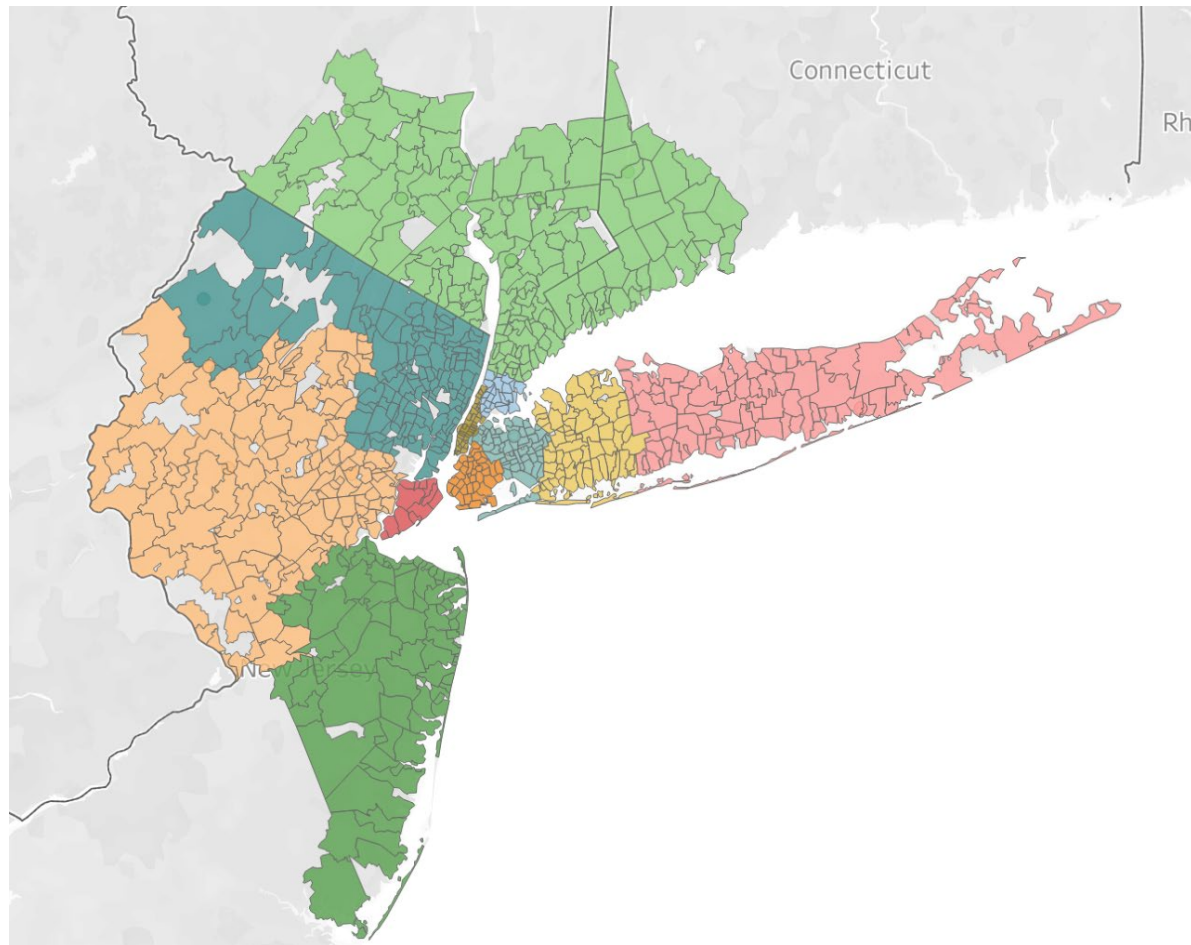
Characteristic	UCC		SCC		P
	No. or Median	% or IQR	No. or Median	% or IQR	
No.	4,946	70.7%	2,046	29.3%	
Age at surgery	61 years	50-71	63	53-71	<.001
Female sex	2,812	56.9%	1,247	61.0%	.002
ASA class					<.001
I or II	1,130	22.9%	519	25.4%	
III	3,419	69.3%	1,428	70.0%	
IV or V	382	7.8%	93	4.6%	
Cumulative work RVUs for index surgery	43	18-85	36	11-65	<.001
Surgeries requiring overnight observation or inpatient admission	2,863	57.9%	887	43.4%	<.001
Length of stay after index surgery for surgeries requiring at least overnight observation	5 days	2-7	4	2-7	.004

Abbreviations: ASA, American Society of Anesthesiologists; RVUs, relative value units; SCCs, symptom care clinics; UCC, urgent care center.

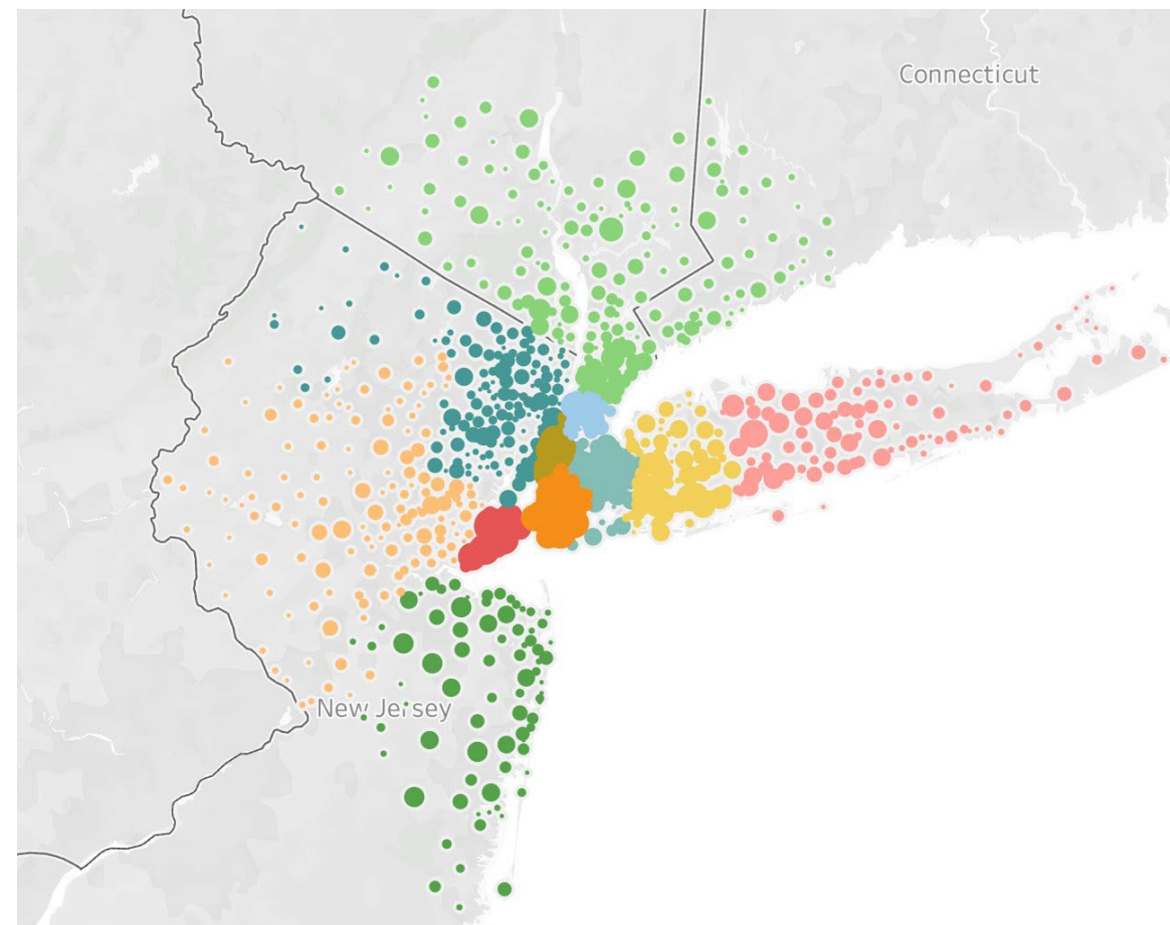


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MSKCC Catchment Area
Zip Codes



Density of MSKCC Patients
Accessing UCC or SCC



Results

- Clinical
 - Disposition
 - UCC: Admission 53%
 - SCC: Home 72%
 - Return visits to SCC
 - 3%
 - 90-day mortality similar between groups
 - ~5%; $p = 0.517$
- Patient-centric measures
 - Travel distance
 - 11 miles vs 27 miles
 - Efficiency
 - UCC: 6 hrs
 - SCC: 2 hrs
 - Financial toxicity
 - Similar
 - *Out-of-pocket not studied*

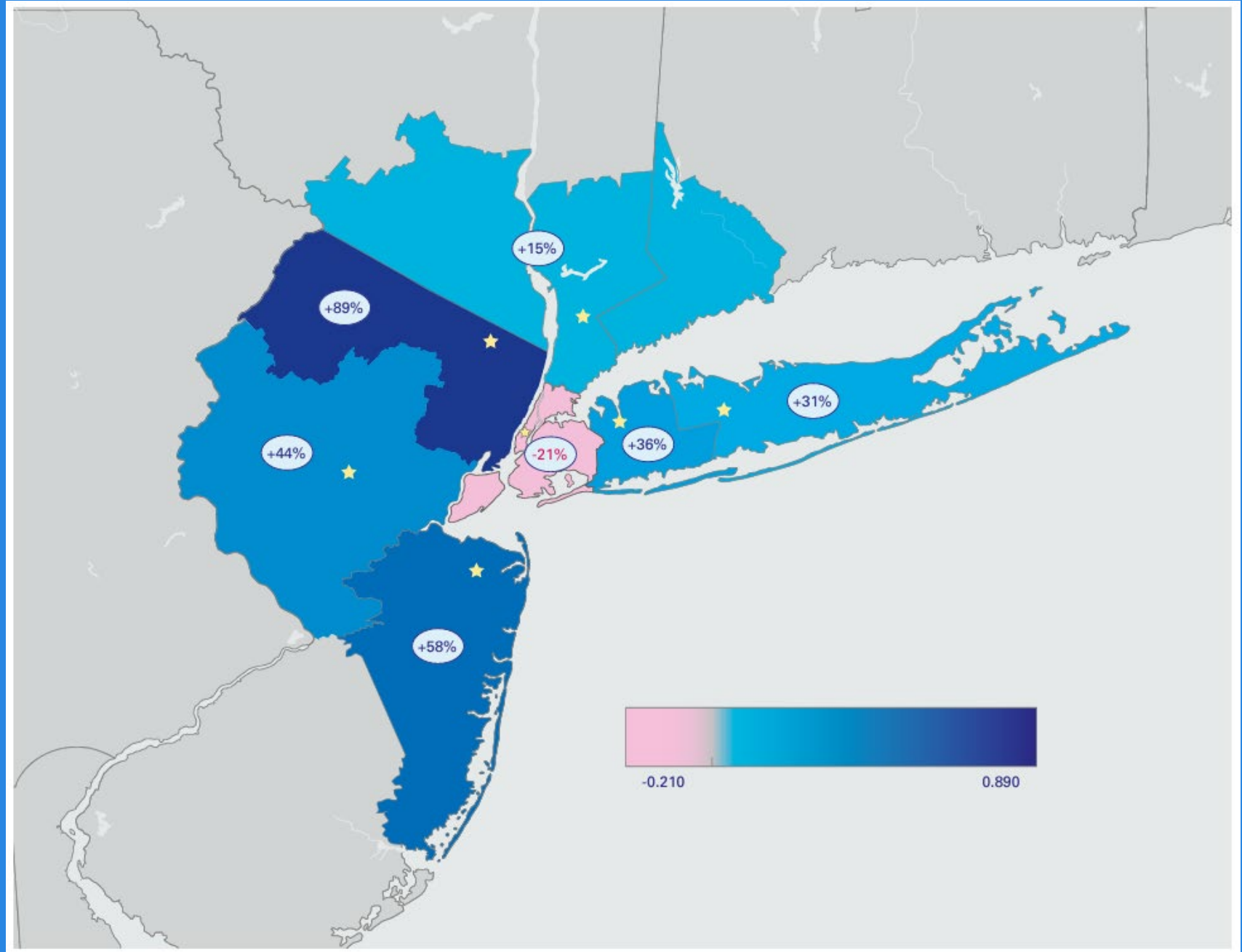


Utilization

Pre-COVID:
March 2019 – Feb 2020

COVID:
March 2020 – June 2020

Post-COVID:
July 2020 – June 2021



Conclusions

- Regionalized acute care after complex oncologic surgery is:
 - Safe
 - Accessible
 - Increasingly utilized
- Next steps
 - Financial implications / patient-reported outcomes
 - Support increased utilization (providers)



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