Methods (Continued)

Patient-Episode

- Episode Beginning Dates
  - Episode 3
    - 9/22/2012 – 11/22/2012
  - Episode 4

- Episode End Dates
  - Episode 3
    - 12/22/2012 – 2/22/2013
  - Episode 4

Assignment of Cancer Type

- Cancer type was assigned using ICD-9-CM diagnosis codes, and the cancer type resulting in the most evaluation and management visits was assigned to the episode.

Identification of Hospital Admissions

- Hospital admissions were identified from Medicare Part A inpatient claims that had at least 1 encounter at acute-care facilities or critical-access hospitals.

ED/OB Stays

- ED/OB stays that did not result in a hospital admission were identified from the Medicare Part A outpatient claims data.

Statistical Analyses

- Episode level: Total number of episodes, mean number of episodes per patient, and percentage of episodes with hospitalization and ED/OB stays were reported overall and by cancer type.
- Patient level: For each patient, the percentage of episodes with hospitalization and ED/OB stays was calculated.
- Distribution of proportions: Total number of episodes was characterized by mean, median, and interquartile range (IQR).
- Percentages of patients with hospitalization and ED/OB stays were summarized by median, 25th percentile, and 75th percentile for each cancer type.

Results

- The percentage of episodes with hospitalization was 25% overall, and was highest for acute leukemia (35%) and lowest for breast cancer (14%)

Results (Continued)

- The percentage of episodes with ED/OB stays was 23% overall, and was highest for head & neck (38%) and lowest for breast cancer (14%)

Limitations

- The sample size from the Medicare 20% sample data may not be sufficient for stable estimates of outcomes in less common cancer types.
- Some trigger events identified from Part E claims may not be for cancer treatment, because the qualifying cancer diagnosis codes were identified from other cancers, and durable medical equipment claims within the 90-day window before the fill date; however, since intravenous chemotherapy was commonly used in cancer treatment, we anticipate minimal misclassification.
- This study was performed in cancer patients with Medicare fee-for-service coverage. The findings may not apply to patients who are not enrolled in Medicare Part A and Part B.

Conclusions

- There was considerable cancer-specific and practice-specific variation in the percentage of 6-month ICD-9-CM episodes of care with hospitalization and ED/OB stays after chemotherapy.
- Variations among cancers are important considerations when evaluating practice performance within the OCM.
- Additionally, analyses are needed to understand practice and episode characteristics and the associated risk of outcome measures and costs.