



Making our communities healthier!



We hope you find this information of benefit to your practice. The CERCIT research initiative is impacting clinical cancer care for Texans. The Regional Centers of Texas AHEC East are partnering with investigators to share information from the CERCIT Project with health care professionals in our communities. Investigators are from the University of Texas Medical Branch, the University of Texas MD Anderson Cancer Center, Rice University and the Texas Cancer Registry.

Study supports close coordination of care to impact unplanned hospitalization rates for elderly patients with GI cancer

Patterns and Predictors of Unplanned Hospitalization in a Population-Based Cohort of Elderly Patients With GI Cancer

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A podcast commentary titled Keeping Older Cancer Patients out of the Hospital: A Community Affair by Dr. Martine Extermann is available at <http://jco.ascopubs.org/site/podcasts/archive/2014/oct-dec2014.xhtml>.

A recent study by investigators with the Comparative Effectiveness Research on Cancer In Texas (CERCIT) project examined the incidence of unplanned hospitalizations in 30,199 elderly Texas patients diagnosed with GI cancer.

According to lead author, Dr. Joanna-Grace Manzano, unplanned hospitalizations among elderly patients with GI cancer are common, with some of the top reasons being potentially preventable. This suggests that comorbidity management and close coordination among involved health care providers could impact unplanned hospitalizations and should be promoted.

The study described and quantified patterns of early unplanned hospitalization among Medicare recipients with GI cancer and identified contributing risk factors. The retrospective cohort study used linked Texas Cancer Registry and Medicare claims data from 2001 to 2009. It focused on GI cancer because these cancers have some of the highest proportions of cancer care cost attributable to hospitalizations, which suggests that unplanned hospitalizations may be common in this population.

National expenditures for cancer care amounted to \$124 billion in 2010 and are projected to increase to \$173 billion in 2020. Identified reasons include the high cost of cancer therapeutic agents, the intensity of care, and hospitalizations—both planned and unplanned. While planned hospitalizations are considered to be part of the patient's program of care, unplanned are not, and presumably, could be preventable. Unplanned hospitalizations have been proposed as a quality metric in other countries, with the assumption that they are adverse outcomes of care. Among cancer patients, unplanned hospitalizations may delay scheduled treatment and adversely impact disease outcomes and quality of life.

"A better understanding of unplanned hospitalizations in the cancer population is needed, particularly among those older than 65 who likely have other illnesses," said Manzano, an assistant professor in internal medicine at the MD Anderson Cancer Center.

Of 60,837 inpatient claims evaluated in this study, more than half (58%) were unplanned. The rate of unplanned hospitalization was estimated at 93 events per 100 person-years. Some of the most common reasons for unplanned hospitalization were fluid and electrolyte disorders, pneumonia, congestive heart failure, urinary tract infection and chronic obstructive pulmonary disease. These are conditions that could be treated in the outpatient setting through early and appropriate care and through good comorbidity management. Risk factors identified included black race, low socioeconomic status, high comorbidity scores, advanced cancer stage and dual eligibility for Medicare and Medicaid.

The study findings support a renewed emphasis on close coordination among primary care providers, oncologists, and inpatient teams throughout a patient's entire cancer trajectory to limit treatment interruptions caused by unplanned hospitalizations. In addition, careful appraisal of risk factors could help identify patients requiring closer follow-up by their primary care physicians and oncologists.

While there are limitations to the study, the findings provide useful data for policymakers and health care providers that can inform decisions about resource allocation and coordination efforts among all providers caring for a patient with cancer. Knowing who is at risk for an unplanned hospitalization also opens up opportunities for guidance and patient education during the active phase of treatment.

Other authors include CERCIT investigators Drs. Ruili Luo, Linda Elting, Marina George and Maria Suarez-Almazor. Funding for CERCIT is provided by the Cancer Prevention Research Institute of Texas (CPRIT). To learn more visit <http://www.txcercit.org/>.

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