Patient-centered care (PCCC) as a roadmap to success in Alternate Payment Model (APM): A case study-based learning

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INTRODUCTION

As Carolina Blood and Cancer Care transitions, we look at oncology caregivers focused on both high-quality and short-term care in mind. In order to achieve the health-care model, we have a clear understanding of the oncology system.

The US Healthcare system is in a state of crisis. Despite spending the highest amount on individual health in the world, the US ranked at the bottom of the 17 most developed countries for both quality and outcomes. We have a fragmented system that is out of control, and patient's are not seeing any corresponding gains in either lifespan of life quality. Significantly driving this trend within the oncology world is the traditional buy-and-bill approach to cancer care; an approach that has relegated payer-driven care to the point where it is of little value to the patient, and the insurance provider as well.

Our transition has been mindful of the clinical outcomes of the patients we serve. We recognize the importance of patient-centered care in oncology, and we are committed to delivering high-quality, personalized care that meets the needs of each individual patient. Our goal is to provide a comprehensive and holistic approach to cancer care that addresses all aspects of the patient's experience.

RESULTS

The population health impact of our practice transition was profound. In the year following the transition, we observed a reduction in hospitalizations and ER visits among our patients. We also saw an improvement in patient satisfaction and engagement.

As a whole, the underserved population in South Carolina has seen population health measures among the cancer patients we serve improve both measurably and in a value-based care and PCC.

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