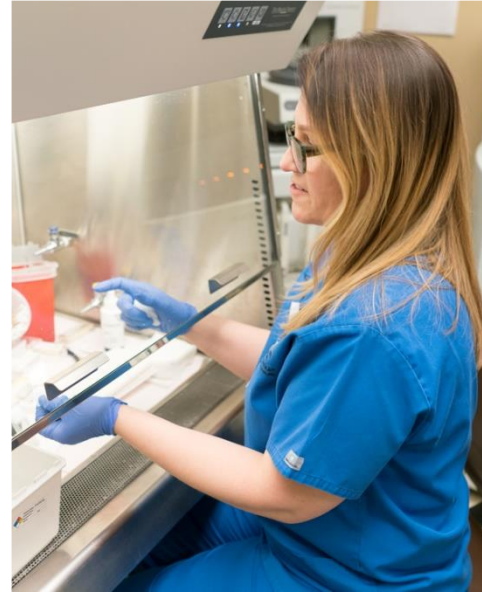


Improving Patient Choice & Access to Cancer Care



Georgia House of Representatives 2017-2018 House Rural Development Council

Georgia Southern University

September 19, 2018

Critical questions to enable reform

1

What changes in CON would allow more access to cancer treatment in Georgia?

2

How do you believe these changes would affect cancer treatment accessibility around the state?

3

What would be the impact in Rural Georgia and Urban Georgia?

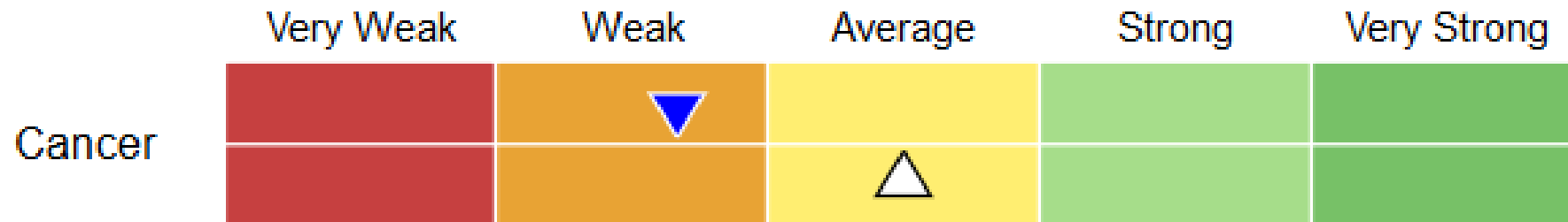
Georgia performs significantly lower on cancer quality measures when compared to other top-performing states



Georgia Cancer Quality Measures Compared to Achievable Benchmarks

National Healthcare Quality and Disparities Report (NHQDR)

NHQR quality measures specific to cancer are compared to achievable benchmarks, derived from the top-performing states



Measures must move closer to the benchmark to properly address growing number of cancer cases



In 2018, the American Cancer Society projects the state of Georgia will have 56,920 estimated new cancer cases and 17,730 estimated deaths.

Measure	Estimate	Benchmark	Distance to benchmark (%)
<i>Measures that are close to benchmark</i>			
Colorectal cancer deaths per 100k population per year	15.8	11.6	36
Breast cancer deaths per 100k female population per year	22.6	15.9	42
<i>Measures that are far from benchmark</i>			
Lung cancer deaths per 100k population per year	45.2	28.0	61

Source: American Cancer Society
National Healthcare Quality and Disparities Report (NHQDR)

1

What changes in CON would allow more access to cancer treatment in Georgia?

What is a Destination Cancer Hospital?

- Product of a compromise reached in the 2008 Session
- A licensed general hospital defined as a 'Destination Cancer Hospital' (DCH)
- Limits the Georgia patient population to no more than 35% on an annual basis – at least 65% of the patient population must be out-of-state
- \$2M penalty for failure to comply with the 35/65 ratio
- DCH requirements
 - No more than 50 beds
 - Must provide at least 3% Indigent and Charity Care
 - Must provide services to Medicaid and Medicare patients
- Allows for special CON exemptions for certain services and equipment



In 2018 to-date, in-state patients represent 38% of CTCA Atlanta's population



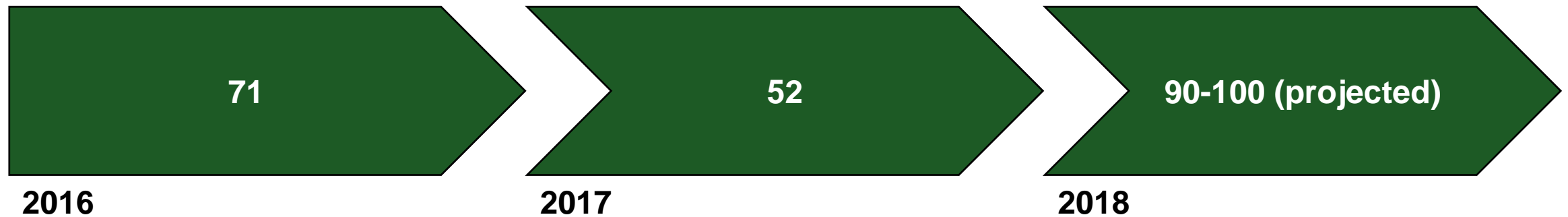
CTCA Atlanta patient origin

January – August 2018

Origin	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	Total
In-state	133	118	106	112	86	105	93	97	850
Out-of-state	176	159	190	171	180	187	178	158	1,399
Total	309	277	296	283	266	292	271	255	2,249
% In-state	43.0	42.6	35.8	39.6	32.3	36.0	34.3	38.0	37.8

CTCA is facing an increased amount of denials and delays

Patients denied or delayed care



Patients face difficult decisions at the intersection of life advancements and informed, empowered medical treatment

In the face of natural disasters, CTCA is willing, but unable to assist

Patient testimonial video
<https://vimeo.com/253252754>
(password: ctca)

Solutions to create more access and choice for all Georgia patients

Change 'Destination Cancer Hospital' designation

- Designate CTCA as a 'General Hospital' that specializes in cancer care
- Place CTCA under general CON rules and regulations
- Eliminate special CON exemptions

Remove additional restrictions

- Remove 35% / 65% in-state/out-of-state patient ratio
- Remove 50 bed statutory limit and create a path for bed growth

Increase access requirements

- Raise requirement to provide at least 5% Indigent and Charity Care
- Continue to provide care for Medicaid and Medicare

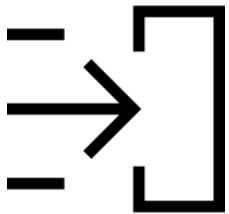
2

How do you believe these changes would affect cancer treatment accessibility around the state?

Proposed changes would allow for...



Additional choices



Greater access



Enhanced options (i.e.,
specialty care)



Increased competition



Heightened innovation



Creative collaboration

Right Care...Right Place...Right Time



Cancer care is complex and personal



Importance of delivering quality care that is coordinated and efficient



Value of specialty care – cancer as sole focus



Sense of urgency: speed to care, turnaround times, efficiency



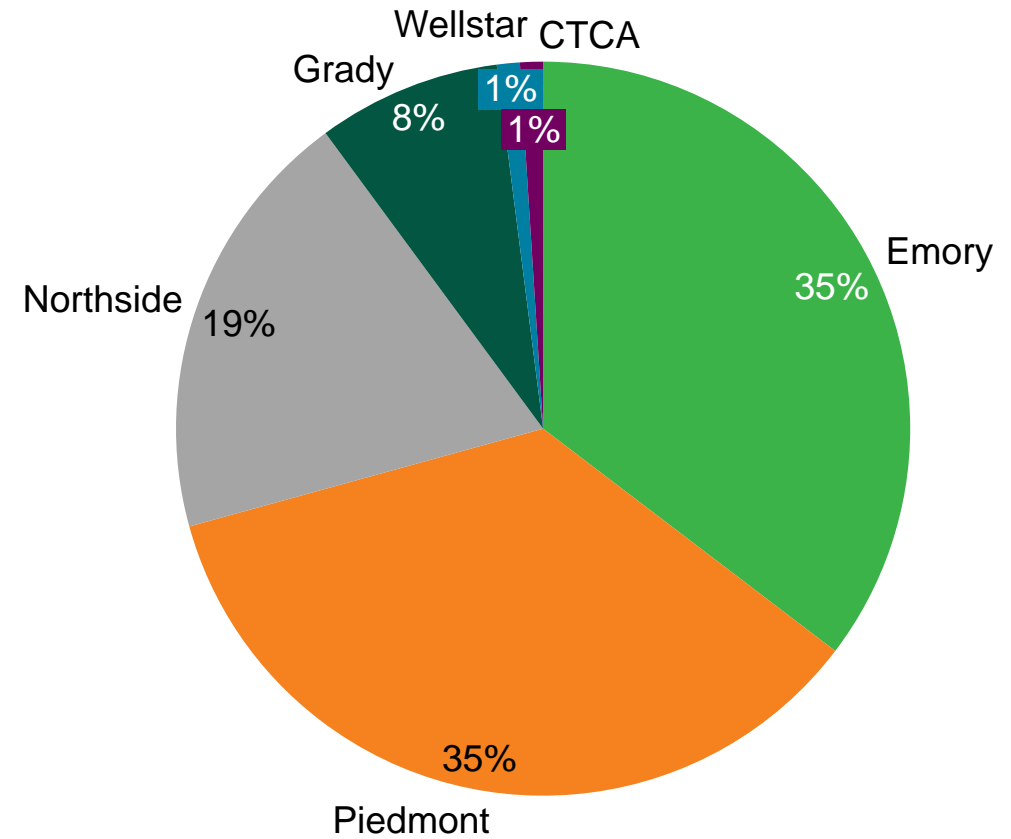
Resources: Clinical talent, treatments, technology under one roof

3

What would be the impact in Rural Georgia and Urban Georgia?

Rural patient migration

Hospital	Inpatient + Outpatient Surgery	% of Total
Emory	1,658	37
Piedmont	1,646	35
Northside	878	18
Grady	350	8
Wellstar	67	1
CTCA	63	1
Total	4,662	100

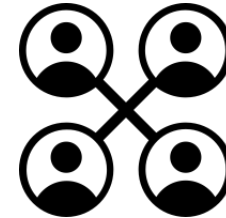


Increased access to CTCA for rural patients opens a variety of collaborative and innovative channels to improve care



Prevention and screenings

- Rural non-profit organizations
- Rural employers
- Rural Churches
- Georgia Firefighters



Collaborations and partnerships

- Mercer University Medical School
- Morehouse School of Medicine
- Rural providers and hospitals

Education for PCPs

Early detection & diagnosis



Treatment



Survivorship



Physician relations

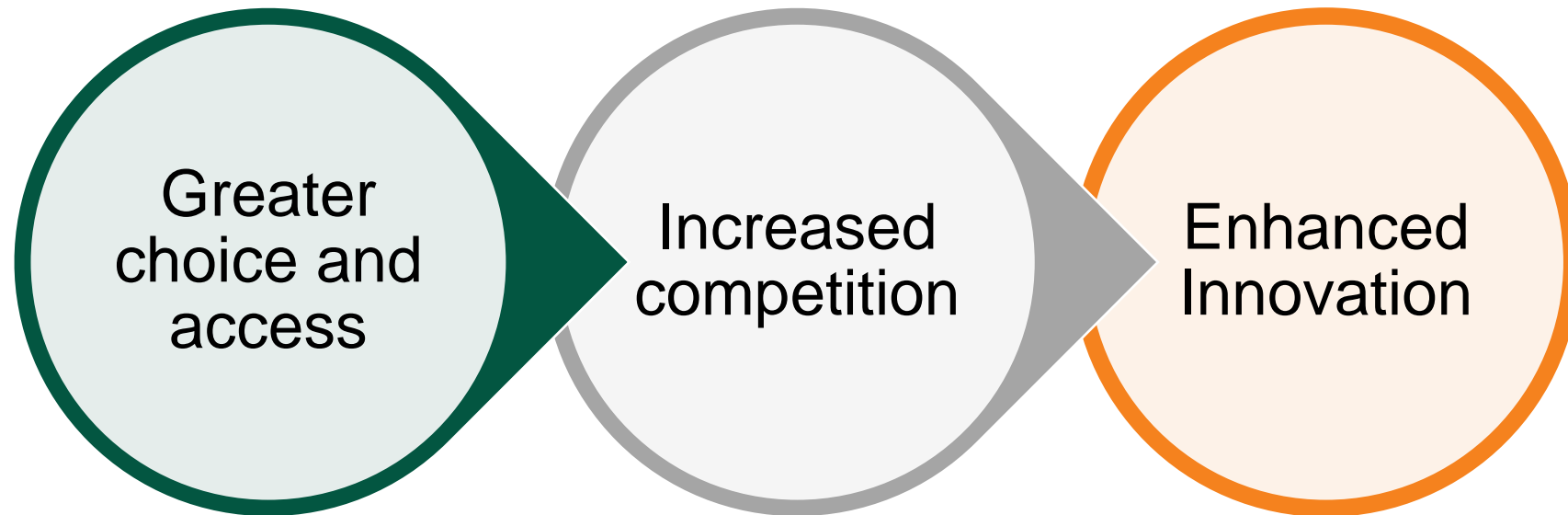
Sharing patients across the continuum of care / co-management of rural patients



Telehealth

Access to specialty treatment is limited in rural areas – telehealth enables patients to reach providers they need without leaving home

Increased choice and access drives innovation in care delivery for urban patients

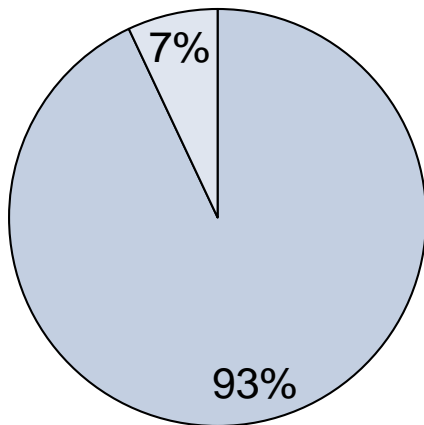


Georgia voters strongly support reform for greater choice and increased access

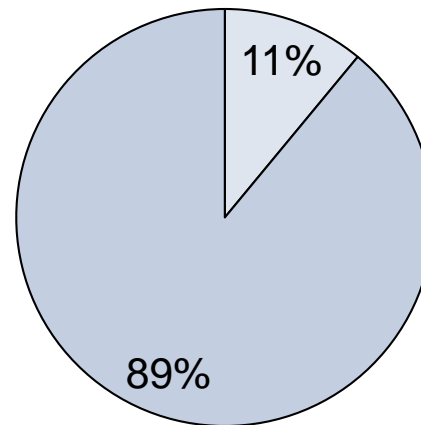
n = 600 registered Georgia general election voters

Yes
No

Should Georgia residents battling cancer have the right to **choose any hospital for their treatment?**



Should cancer treatment centers and hospitals in Georgia be forced to **limit the number of cancer patients they can treat?**



Should state laws be reformed to allow cancer treatment centers and hospitals to **treat more cancer patients who are Georgia residents?**

