



BETTER HEALTH CARE WITH LESS HEALTH SPENDING

The Stanford Clinical Excellence Research Center (CERC) is discovering new care delivery methods to solve our nation's persisting crisis in the affordability of excellent care.

MORE CLINICAL SITES EMBRACE CERC'S ONCOLOGY CARE MODEL

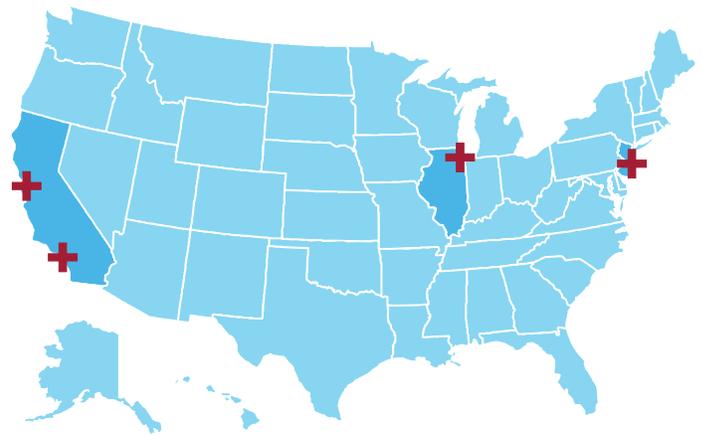
Dramatic results from the first two tests of CERC's late-stage cancer care model have garnered the attention of clinical practices throughout the United States and led to multiple new opportunities for further refinement by Stanford researchers.

Following a successful randomized trial for veterans led by former CERC fellow and Stanford oncologist Manali Patel, MD, at the Veterans Affairs Palo Alto Health Care System and similar results for seniors treated at Anthem's CareMore division, proof of the model's effectiveness for working-age patients is now underway at clinics in New Jersey and Illinois.

Dr. Patel and her team at CERC found that cancer patients who were helped to articulate their personal goals for care with a non-clinical worker reported greater satisfaction and incurred much lower health costs in their final month of life. The findings were published in *JAMA Oncology*.

At the VA, patients who met periodically with a lay health worker to discuss their care goals were six times less likely to visit the emergency room, selected hospice care at a greater rate, and incurred 90 percent less spending during the last month of life with no impact on measures of health-care quality. In the CareMore study of seniors living in Southern California, patients were 40 percent less likely to spend their last days in a hospital bed as a result of rapid access to a nurse authorized to initiate medications for pain and nausea.

In addition to the expansions in New Jersey and Illinois, a health insurer will extend the CERC oncology care model to health-care systems serving an additional 15 percent of the U.S. population during 2020.



The map above shows where CERC's oncology care model is expanding in areas across the United States.

2019-2020 FELLOWS EXPLORE CAREGIVING AND COMMUNITY HOSPITAL EFFICIENCY

CERC's ninth fellowship class arrived August 1, bringing together six accomplished physicians and behavioral scientists with backgrounds ranging from obstetrics and ICU care to child psychiatry. The first-ever all-female CERC class comes from throughout the United States and Hong Kong. Each was selected for her commitment to reducing the cost of excellent care.

Following six weeks at CERC "bootcamp," one team set out to uncover approaches to mitigating the household-wide cost of caring for patients with severe chronic illness. The "Caring for Caregivers" team will examine methods to safely reduce not just the direct cost of care to patients with severe chronic illness, but also costs incurred by unpaid caregivers—most often, an adult daughter—including lost earnings from interruption of her career trajectory, and an often-dramatic decline in the caregiver's own health. The team will use comprehensive Danish national databases to explore adverse effects on caregiver's lifetime earnings, as well as on health-care and social services spending for family caregivers and chronically ill patients as a household unit.

A second team seeks to surface scalable methods that will allow community hospitals to provide high-quality care at Medicare payment rates. Community hospitals today account for 5,300 of the 6,200 total hospitals in the United States—serving all but two million of the 36 million patients who are admitted annually to U.S. hospitals.



Andrea Jonas, MD
Pulmonology and
Critical Care



Sirina Keesara, MD
Obstetrics and
Gynecology



Lironn Kraler, MD
Vascular Neurology



**Sarah Rosenbaum,
MD, MPH**
Child Psychiatry



**Winnie Sung,
MCBhB**
Clinical Oncology



**Wing Hang "Venus"
Wong, PhD**
Child Psychiatry

CERC SELECTED TO ASSESS A CITY-WIDE TEST OF DEMENTIA CARE MODEL IN EMERGENCY ROOMS

Two-thirds of home-dwelling seniors with Alzheimer's disease are admitted to the hospital each year, and of those, one in three suffer permanent cognitive or physical loss. But with a tailored environment and the right mix of geriatric specialists, emergency departments have the potential to bring down the number of needless inpatient admissions—and with them the high risk of delirium.

CERC researchers are assisting three of San Francisco's largest hospitals in evaluating such a tailored care model for patients with dementia. Associate Fellowship Director Nick Bott, PsyD, a member of the CERC fellowship class of 2016-17, will apply elements of CERC's model to assist the University of California San Francisco, Zuckerberg San Francisco General Hospital, and Kaiser Permanente San Francisco to evaluate age-friendly care in their emergency departments. This work will help patients with dementia avoid costly and life-threatening hospital stays.

