Background
Oncology patient population is associated with high healthcare utilization. Urgent care centers for cancer patients represent an opportunity to triage and potentially prevent Emergency Department (ED) visits and inpatient admissions.

Fox Chase Cancer Center (FCCC) developed a specialized urgent care center, the Direct Referral Unit (DRU), in 2012.

Objectives
- Assess the average charges for visits to the DRU and ED.
- Determine the clinical impact of the DRU on resource utilization.
- Analyze ED visit patterns prior to and after the institution of the DRU.

Methods
Data was abstracted from all patients at FCCC with a minimum of three outpatient visits who received chemotherapy, immunotherapy, radiation, or surgery.

ED visits occurred at Jeanes Hospital, which serves as ED triage for FCCC patient admissions. Visits to other EDs were not included.

ED or DRU visits (index visits) occurred from January 2004-June 2018; data analysis was performed for data from January 2014 – June 2018 due to issues with data capture among two hospital systems.

The following data points were assessed for patients with an index visit. We used regressions and Chi-squared tests for analyses. Cluster corrected standard errors were utilized for repeated measures when appropriate.

Results

- **Chemotherapy, Immunotherapy and Radiation Utilization Within 30 days of Index Visit**
  - DRU visits were more common (compared to ED visits) within 30 days of chemotherapy, immunotherapy or radiation treatment.

- **Inpatient Admissions by Index Visit Type 2014-2018**
  - Similar ratio of DRU vs ED visits yielding admission

- **Number of visits to FCCC DRU or Jeanes ED (per pt)**
  - ED visits increased over time despite use of the DRU
  - DRU utilization has been consistent since institution in 2011

- **Chemotherapy, Immunotherapy and Radiation Utilization**
  - Chemotherapy, Immunotherapy and Radiation Utilization within 30 days of index visit

- **Inpatient Admission or Re-Visits to the DRU or ED Within 30 Days of Index Visit**
  - Inpatient admissions within 30 days of an index visit were more common coming from the DRU

- **Conclusions**
  - ED visits increased over time despite access to the DRU, suggesting a need for greater access to the DRU and increased care needs in our patient population
  - Cost savings were considerable for DRU visits compared to ED visits

 upholstered
The Direct Referral Center: Clinical Outcomes and Experience with a Specialized Urgent Care Center for Oncology Patients
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