**Appendix**

*Program Description*

The COME HOME and PCCP models were both multisite, multistate interventions with different approaches to oncology care. Exhibit A.1 compares features of the two programs.

**Exhibit 23.2:** Comparison of COME HOME and PCCP Models

|  | **COME HOME** | **PCCP** |
| --- | --- | --- |
| **Program Overview** | COME HOME is an oncology patient-centered medical home model that provided integrated, coordinated care to cancer patients through three main program components: 1) triage pathways, 2) enhanced access, and 3) treatment pathways.  COME HOME targeted patients belonging to all payers | PCCP used lay navigators to help improve adherence to care plans and to educate cancer patients and survivors about how to find and use the resources they need, with the goal of empowering patients, caregivers, and families to better advocate for themselves in their care.  PCCP targeted Medicare patients |
| **Program Goals** | Improve health outcomes, enhance patient care, and reduce cost for active cancer patients | Improve patient-centered outcomes across the cancer care continuum (e.g., active cancer, cancer in remission, and advanced cancer) |
| **Site Characteristics** | Seven community oncology sites in New Mexico, Texas, Georgia, Ohio, Florida, and Maine  Practice size ranged from 12 beds with nine physicians to 55 beds with 18 physicians  All sites had electronic health records in place prior to implementing COME HOME | 12 hospital sites throughout Alabama, Florida, Georgia, Mississippi, and Tennessee  Hospital size ranged from 81 beds with four physicians in urban Alabama to 822 beds with 109 physicians in Atlanta, Georgia  Some sites had existing nurse navigation programs and/or social work staff |

*Program Study Population*

In both the COME HOME and PCCP models, patients were included in the program regardless of what type of cancer they had. We have three main purposes for including the four most common cancers (breast cancer, colorectal cancer, lymphoma, and lung cancer) in these programs in our analyses:

1. We are able to maintain comparability of our results across the COME HOME and PCCP models
2. We are able to produce program effect estimates that are most representative of the overall program population, as the majority of patients in these program have one of these four types of cancers.
3. We are able to match program patients to comparison patients within each cancer type (e.g., we ensure that a breast cancer participant in the COME HOME program is matched to a comparison patient at a COME HOME comparison site with breast cancer), which is significantly more difficult for groups with fewer patients because of the small sample size.

*Identifying Patients undergoing Chemotherapy*

To identify patients undergoing chemotherapy, we used a combination of ICD-9, CPT/HCPCS, MS-DRG, BETOS, and Revenue Center codes to identify patients who were receiving injection or infusion of chemotherapy drugs, or were otherwise classified on claims as being in chemotherapy during the three months before or after program enrollment.(1, 2)

However, we are limited in our ability to identify patients who are on chemotherapy, as we only used Medicare Part B claims for these analyses. Part B claims do not include information on prescription drugs (these data are found on Part D claims), so we cannot reliably identify patients who are receiving oral chemotherapy via a prescription. It is estimated that approximately 20 percent of patients receive oral chemotherapy, whether alone or in conjunction with intravenous chemotherapy.(3, 4)

**Figure S1. Unadjusted Estimates for Utilization Outcomes for COME HOME**

**Figure S2. Unadjusted Estimates for Utilization Outcomes for PCCP**

**Figure S3. Unadjusted Estimates for Cost Outcome for COME HOME**

**Figure S4. Unadjusted Estimates for Cost Outcome for PCCP**

\*p<0.05; \*\*p<0.01; \*\*\*p<0.001

**References**

1. Du XL, Key CR, Dickie L, et al. External validation of Medicare claims for breast cancer chemotherapy compared with medical chart reviews. Med Care. 2006;44(2):124-31.

2. Center Centers for Medicare & Medicaid Services. CMS Oncology Care Model Code List. 2016. Available at: https://innovation.cms.gov/Files/x/ocm-cancerncodelist.xlsx. Accessed December 1, 2016

3. Weingart SN BE, Bach PB, Eng K, et al. NCCN Task Force Report: oral chemotherapy. J Natl Compr Canc Netw 2008;6(3):S8-S14

4. Zerillo JA, Stuver SO, Fraile B, et al. Understanding Oral Chemotherapy Prescribing Patterns at the End of Life at a Comprehensive Cancer Center: Analysis of a Massachusetts Payer Claims Database. J Oncol Pract. 2015;11(5):372-7.