

Sarah Cannon Moves More Than 75% of CAR-T Therapies to Outpatient Setting

Case Study

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CAR-T Therapies to Outpatient Setting

Summary.

Sarah Cannon, the Cancer Institute of HCA Healthcare, embarked on a transformative initiative to manage the growing demand for CAR-T therapy. Faced with the increasing volume of potentially high-acuity cases and limited inpatient capacity, the goal was to safely transition a substantial portion of CAR-T therapy to an outpatient model.

Through a partnership with Current Health, over 75% of CAR-T therapies were transitioned to outpatient care using a high-touch remote monitoring system of technology and services, leading to significant improvements in resource efficiency and patient satisfaction.

More than 75%

CAR-T therapies
moved to outpatient
settings

1,200+

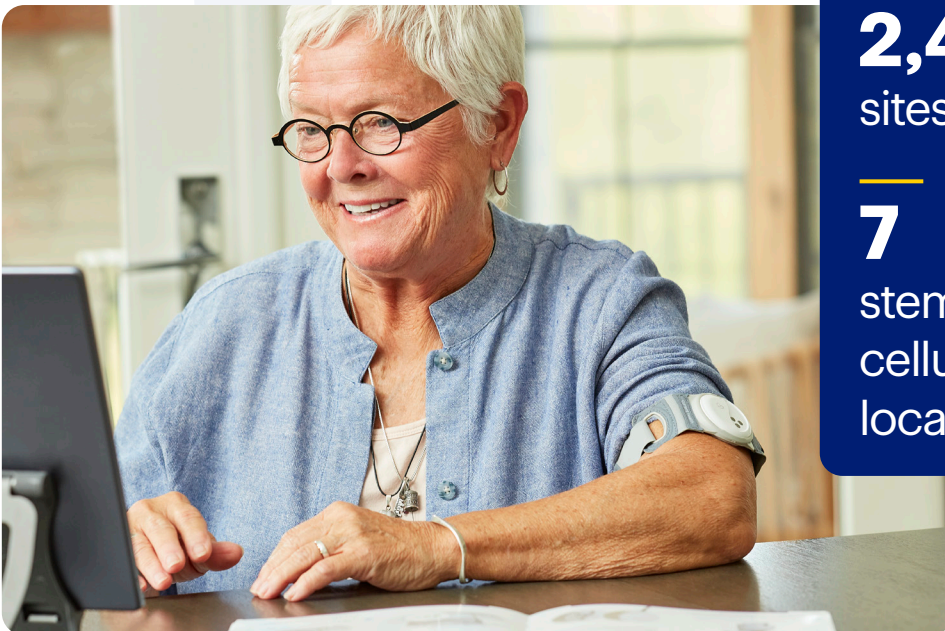
bed days saved in
first 100 patients



Sarah Cannon **at a glance.**

The Sarah Cannon Cancer Institute of HCA Healthcare fosters a global oncology service line that solidifies and expands HCA Healthcare's position in cancer care.

HCA Healthcare offers integrated cancer services with convenient access to cutting-edge therapies for those facing cancer at 182 hospitals and more than 2,400 sites of care. Sarah Cannon Transplant & Cellular Therapy Network (SCTCTN) provides hematopoietic cell transplants and cellular therapy, with more than 1600 transplant & cellular therapy procedures in 2023.



182
hospitals

2,400+
sites of care

7
stem cell and
cellular therapy
locations



Challenge.

Oncology patient populations require intensive and time-sensitive care, where the safety and quality of treatment are critical.

Recognizing the complex needs of oncology patients and the resource-intensive nature of CAR-T therapy, Sarah Cannon identified a pressing need to expand high-touch outpatient services. Anticipating a significant increase in patient numbers, based upon active clinical trials, they focused on evolving their care delivery methods to maintain safe and high-quality care for the growing population.

Reducing the baseline 16-day inpatient CAR-T therapy duration.



Goals.

1

Optimize CAR-T therapy delivery by strategically determining appropriate location of care with the use of remote monitoring.

3

Minimize inpatient resource strain by shortening the 16-day utilization of high-cost hospital beds.

2

Improve outcomes by leveraging technology for early detection of life-threatening complications, including Cytokine Release Syndrome (CRS) and Immune effector cell-associated neurotoxicity syndrome (ICANS).

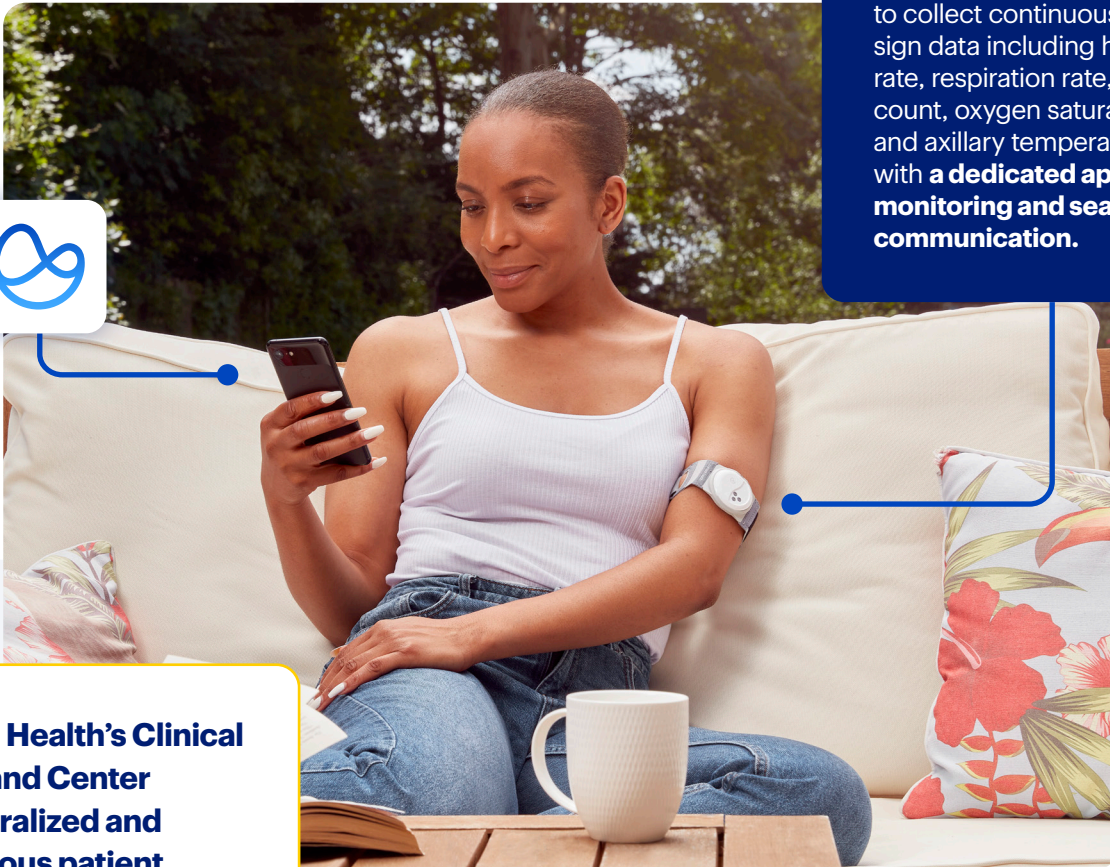
4

Improve patient and caregiver experiences and increase treatment access by reducing length of stays.

Solution.

[Explore the Current Health Solution](#)

An advanced remote patient monitoring (RPM) system tailored for CAR-T therapy patients.



A system involving **Current Health's wearable devices** to collect continuous vital sign data including heart rate, respiration rate, step count, oxygen saturation, and axillary temperature, with **a dedicated app for monitoring and seamless communication.**

Current Health's Clinical Command Center for centralized and continuous patient monitoring and support

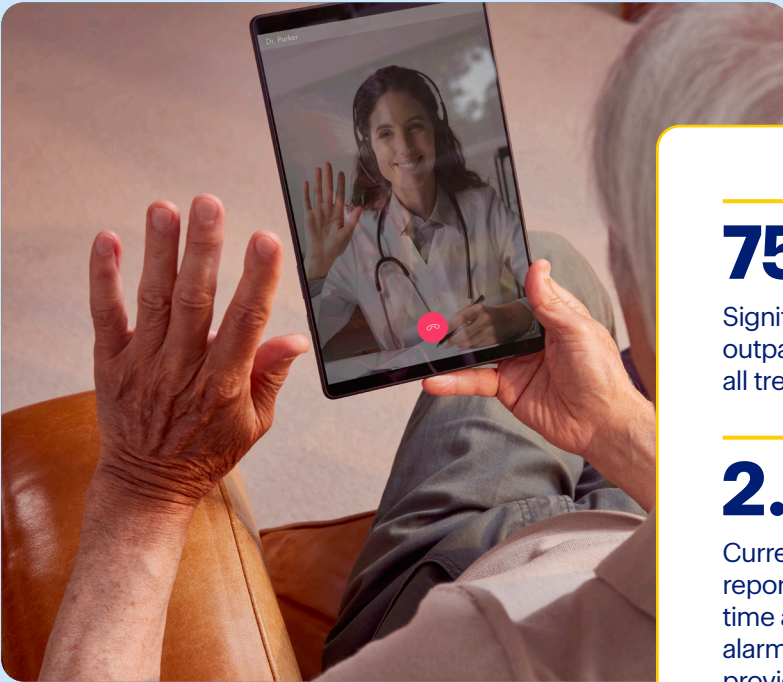
An experienced team of Registered Nurses, Medical Assistants, and Technical Associates provides daily engagement and 24/7/365 support. This is crucial for triaging, managing and escalating the needs of patients at high risk of cytokine release syndrome and neurotoxicity.

"Patients heal better outside the hospital, if they can get these complicated therapies with risk for significant complications safely in the outpatient setting. We have leveraged technology and developed clinical pathways to innovatively care for patients receiving CAR-T therapies, where patients are closely monitored, are quickly triaged to a higher level of care in case they develop complications, and overall are able to spend more time outside the hospital. Most importantly, we have accomplished this standardized approach to care across a network of several cell therapy programs."

Navneet Majhail, MD, MS, FASTCT, Physician-in-Chief of Blood Cancers, Sarah Cannon Transplant & Cellular Therapy Network



Results.



Patients valued the at-home care and responsive support from the Clinical Command Center, notably appreciating continuous updates and reassurance during critical times.



“We underestimate the demands we place on caregivers. They’re responsible not only for monitoring signs of CRS and neurotoxicity, but also for handling transportation, meals, and all basic care. Additionally, they must report any issues they observe. One caregiver, reflecting at the end of her husband’s therapy, said, ‘I was so anxious and apprehensive about being the caregiver.’ Once she realized that there was a team in the background continuously monitoring her husband, ‘it took so much stress off of me.’”

Tonya Cox, Assistant VP of Operations for Sarah Cannon, Transplant, and Cellular Therapy Network

75%

Significant shift of CAR-T therapies to outpatient settings, accounting for 75% of all treatments.

2.3-minute

Current Health’s Clinical Command Center reports an average 2.3-minute response time and 25-minute resolution time for alarms, with only 11 alarm escalations to providers per month across 4 programs.

17%

of patients avoided hospitalization. Hospitalized patients had a median stay of four days, compared to 16 days of planned inpatient CAR-T therapy.

1,200+

More than 1,200 hospital bed days saved in the first 100 patients in the program.





For more information please visit our website: currenthealth.com