

non-adherence included Hispanic/Latina ethnicity, lack of health insurance, lack of a normal provider of women's health care, and cigarette smoking. Race, education level, method of contraception, age, and body mass index were not found to be associated with adherence.

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Conclusions: The enrollment phase of this pilot RCT found non-adherence rates similar to nationwide rates. The strongest predictors of adherence were having a regular women's health care provider ($p < 0.001$) and having health insurance ($p < 0.013$). The intervention and follow-up phases of this RCT are in progress and will provide robust preliminary data regarding potential efficacy of the behavioral interventions. In addition, the identification of covariates associated with non-adherence will inform the refinement of these interventions. Next steps will include using the foundation provided by this pilot RCT to conduct a large-scale multisite RCT of behavioral interventions to catalyze cervical cancer screening adherence among ED patients.

□ THE SMILOW CANCER HOSPITAL ONCOLOGY EXTENDED CARE CLINIC: A FACILITY DEDICATED TO MANAGING ONCOLOGIC URGENCIES AND EMERGENCIES



Background: The burden of acute care among cancer patients, estimated to exceed \$70 billion by 2020, represents approximately 50% of all costs of advanced cancer care and accounts for 70% of nationwide regional variation in these costs. The Centers for Medicare and Medicaid Services proposed value-driven Rule OP-35 includes a mandate to reduce acute care use among oncology patients. Emergency departments (ED) are the gateway to much acute care use and their 60% oncology patient admit rates are more than double general rates. Keeping oncologic urgencies and emergencies out of the ED has the potential to increase value for oncology care delivery. Here we describe the launch of a dedicated oncology urgent care clinic that offers same-day treatment for oncologic urgencies/emergencies, as well as unplanned supportive care needs and, where necessary, facilitates direct admission to the inpatient service.

Methods: The Smilow Cancer Hospital (SCH) Oncology Extended Care Clinic (OECC) is a six-bed urgent care center dedicated to serving the > 10,000 active analytic cases of the SCH Care Network, which includes a tertiary academic center and 10 Connecticut-wide community practices. The OECC operates 365 days from 7 AM–11 PM with primary staffing by four Advanced Practice Providers and five Registered Nurses and attended by an American Board of Internal Medicine–certified

hospitalist in collaboration with the primary oncologist. Situated within the hospital, the OECC can access resources typically restricted to inpatients, including same-day subspecialty consults, STAT diagnostic testing, and care coordination. The OECC can also trigger a Rapid Response Team, which enables caring for high-acuity patients; only respiratory collapse, cardio/cerebrovascular urgencies, and shock are outside the scope of practice.

Results: During the first 13 months of operation, the OECC staffed 2855 visits across 1570 unique patients, including 1089 with solid tumors, 449 with liquid tumors, and 32 patients with benign hematologic needs. While 953 patients visited the OECC once, 145 had four or more encounters. Gastrointestinal oncology (256 patients, 459 visits), leukemia (170 patients, 374 visits), and thoracic oncology (150 patients, 255 visits) frequented the OECC most. Altogether, 863 (30.2%) visits were for clinic overflow (e.g., transfusion) and 1994 visits were for urgent indications. Urgent care visits resulted in a 43.3% admission rate with genitourinary cancer (odds ratio [OR] 1.91; 95% confidence interval [CI] 1.07–3.41), head and neck cancer (OR 3.93; 95% CI 2.26–6.92), and bone marrow transplantation (OR 2.15; 95% CI 1.19–3.88) independently associated with admission. Common indications for admission included intractable pain (102/151 visits, 67.5%), neutropenic fever (94/101 visits, 93.1%), and bowel obstruction (30/41 visits, 73.2%).

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Conclusions: The OECC shows a substantial reduction in overall admission rates in the urgent care setting compared with historic levels. Determination of impact on Smilow patient ED presentation rates and on overall cost of care are ongoing.

□ CHARACTERISTICS OF UNSCHEDULED EMERGENCY DEPARTMENT REVISITS IN CANCER PATIENTS



Background: The quality of patient care in the emergency department (ED) can be assessed by unscheduled revisits. Identifying characteristics of the patients with revisits may help optimize diagnostic and management strategies. Cancer patients consume more ED resources than non-cancer patients, and identifying the factors that lead to fewer revisits may alter patient outcomes and save expenses for both the patient and the hospital.