



Disclosure Statement

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INTERNATIONAL
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Conquering Thoracic Cancers Worldwide

Economic Impact of Internist Co-Management in a Private Lung Cancer Unit: A Four-Year Cost-Avoidance Analysis

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Conflicts of interest

The authors declare no conflicts of interest.

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Claude (Anthropic) was used only for language refinement, editorial organization and layout support. AI did not generate, alter or manipulate any study data; the authors bear full responsibility for all content.



Economic Impact of Internist Co-Management in a Private Lung Cancer Unit: A Four-Year Cost-Avoidance Analysis

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01 INTRODUCTION

- Internist–oncologist co-management has improved inpatient efficiency in academic oncology settings, reducing LOS and readmission rates [1,2].
- Ambulatory emergency oncology pathways are increasingly recognized as fundamental for sustainable acute cancer care.
- Robust operational data from European private cancer centers remain absent; no previous study has provided a standardized economic evaluation using official governmental tariffs.
- Objective: to assess the four-year trajectory of a private lung cancer unit before and after internist integration, applying Spanish National Health System (SNS) and Catalan Health Service (CatSalut) reference costs.

02 METHODS

Design: longitudinal pre–post cost-avoidance analysis at UOMI Cancer Center / Clínica Mi Tres Torres (Barcelona), 2022–2025.

Pre-intervention (2022–2024): oncologist-led model.

Post-intervention (2025): internist co-management with dedicated ambulatory emergency pathway.

Data sources: admissions (n=90,787), visits (n=791,994), billing lines (n=927,094).

Primary endpoint: standardized cost avoidance.

Monetization: activity valued with CatSalut Ordre SLT/168/2024 (oncology discharge €2,674.64; day-hospital €261.65; emergency €113.07); cost avoidance with SNS RAE-CMBD 2022 definitive tariffs (hospitalization €4,050; bed-day €671, SIAE 2022).

Baseline: the oncology emergency category was nonexistent before 2024 (0 visits 2022–2023), providing a natural pre-intervention baseline.

Statistics: Mann-Whitney U (continuous); Fisher exact test (proportions). Oncology trends benchmarked against non-oncology clinic activity as an internal comparator.

LIMITATIONS

- Pre–post design without multivariable adjustment for clinical severity (TNM, ECOG, Charlson) precludes causal inference.
- Cost-avoidance projections use public SNS tariffs in a private setting and may not reflect true marginal resource consumption or distinguish variable from sunk costs.
- Bivariable tests assume episode independence; repeated admissions within patients were not modeled.
- Mortality comparison severely underpowered (estimated power 31%).

03 RESULTS

€431,430

Total standardized cost avoidance — 96% from ambulatory resolution

€566,660

Activity value 2025, CatSalut tariffs

88.4%

Oncology emergencies resolved without admission (84/95) — 617 bed-days avoided

17.3% vs 7.0%

Oncology vs clinic-wide year-on-year growth — internal comparator

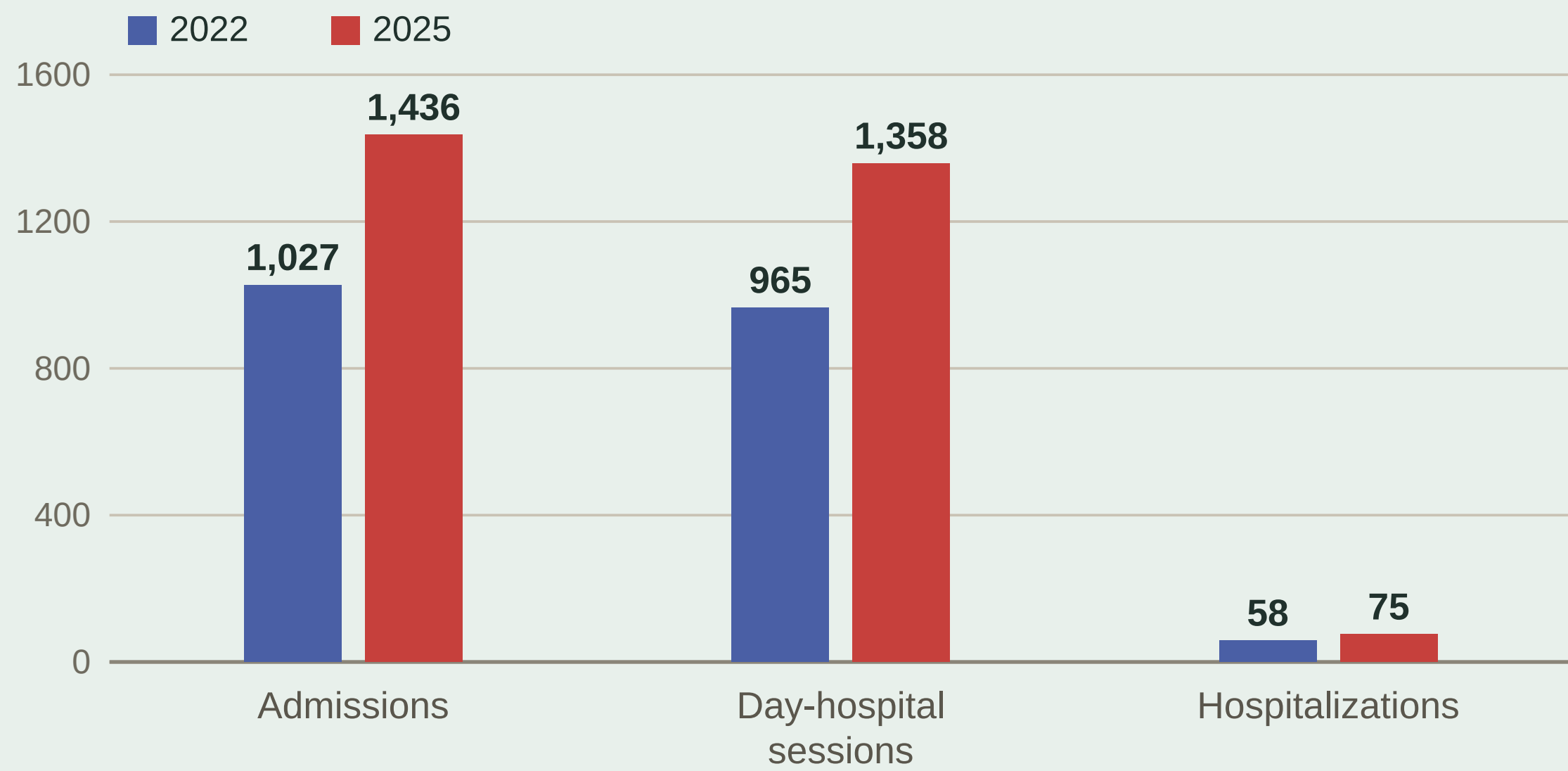


Figure 1. Oncology activity, 2022 vs 2025 (+39.8% admissions).
In 2025: 1,436 admissions in 782 patients (median age 62; 52% female).

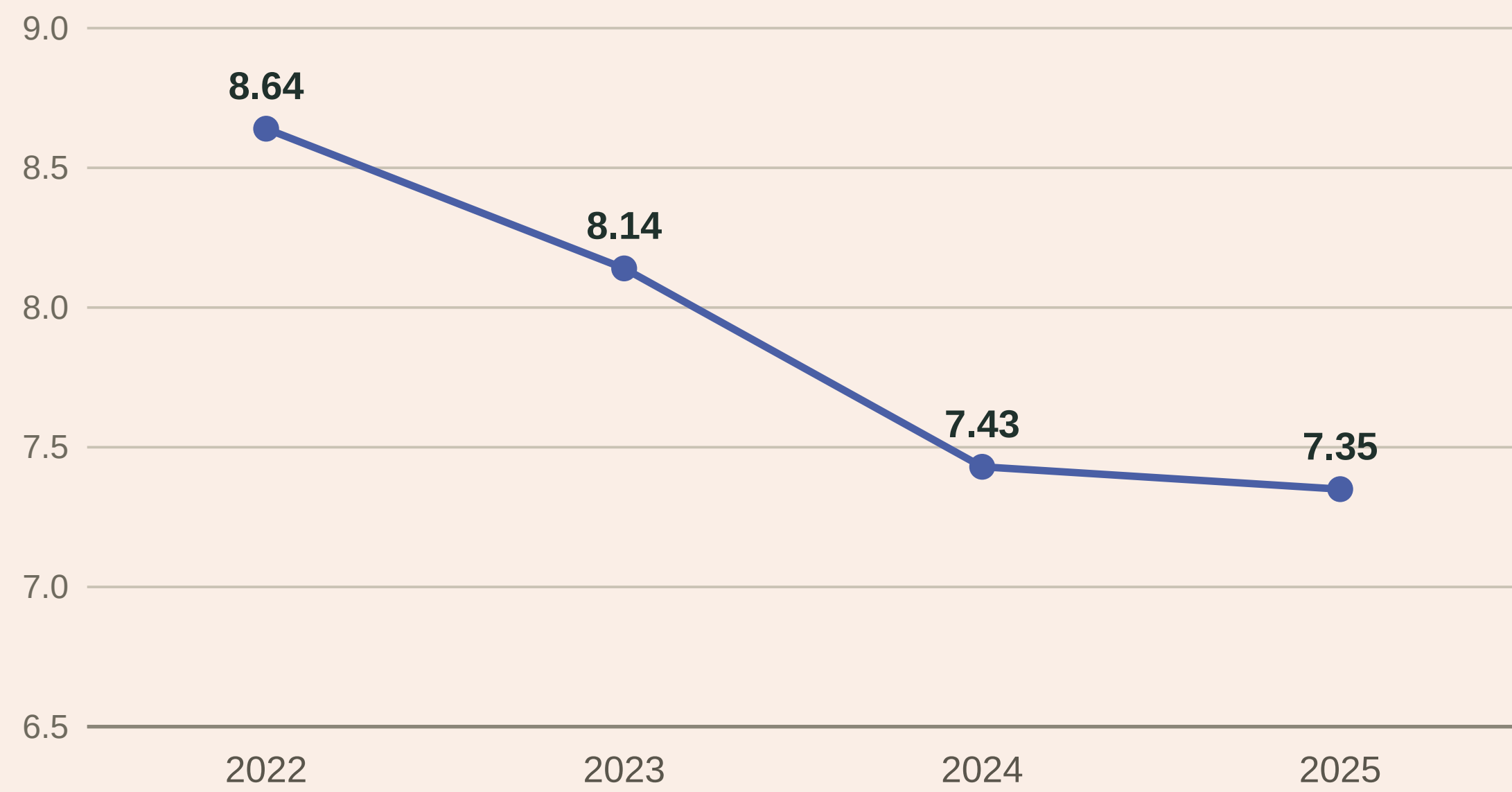


Figure 2. Mean LOS by year (days).
Downward trend despite higher volume (Mann-Whitney U, pre vs post p=0.84; not significant).

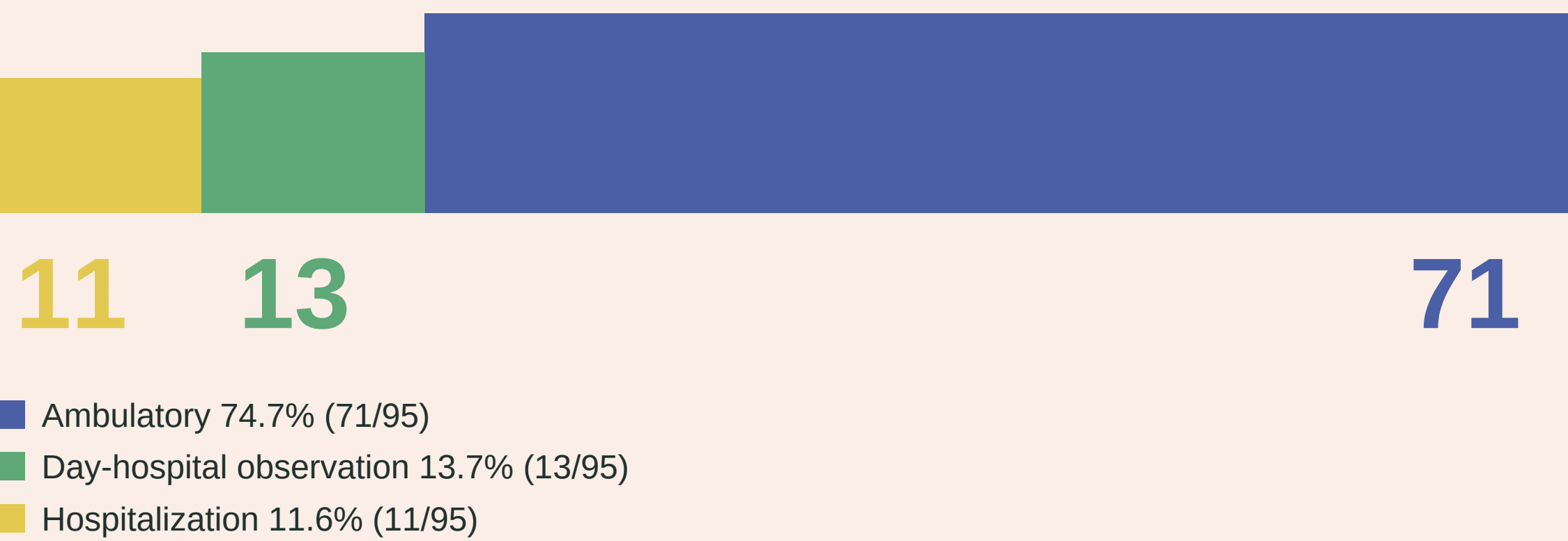


Figure 3. Disposition of 95 oncology emergency visits.
Resolution = no inpatient admission on the same or next day, cross-referenced with the admission registry.

Bed-days avoided (617)

€414,007

Referrals retained (5 to 0)

€13,373

Sensitivity Analysis

€207,000 → €414,000

assuming 50–100% of resolved emergencies would have been admitted

30-day Readmissions

15.9% → 14.7%

Fisher p=1.00; not significant

Figure 4. Cost avoidance components (SNS RAE-CMBD 2022 tariffs).

Total standardized cost avoidance €431,430; 96% from ambulatory resolution.

04 DISCUSSION

- Internist co-management generated €566,660 in activity value and €431,430 in standardized cost avoidance using verified governmental tariffs; admission prevention was the primary driver (96%).
- Oncology-specific growth (17.3% year-on-year) outpaced clinic-wide growth (7.0%), supporting an intervention-driven effect.
- Oncology mortality was numerically lower (8.0% vs 15.9%; Fisher p=0.22) but severely underpowered (estimated power 31%). The companion clinical analysis (P2.08.04) uses a pooled 2022–24 window: 17.3% to 8.0%, p=0.057 — different comparison windows, same direction.
- The pre–post design without severity adjustment precludes causal inference; tariff-based projections may not reflect marginal resource consumption.

05 CONCLUSION

Internist co-management generated €566,660 in activity value and €431,430 in standardized cost avoidance — 96% from ambulatory resolution of oncology emergencies — while absorbing +39.8% admission growth at stable LOS. The pre–post design precludes causal inference; findings support internist co-management as an operationally and financially viable configuration for private comprehensive cancer units.

Future research: multivariable severity adjustment (TNM, ECOG, Charlson), interrupted time-series analysis and multi-center replication.

06 ACKNOWLEDGEMENTS

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Companion analysis: clinical outcomes of the same cohort are presented in poster P2.08.04 at this conference.

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