

A Tale of Two Cancers



Bill



Christopher

Deborah Day Laxson

November 6, 2025

Christopher's favorite cookie



BUSINESS realisms

HEALTH CARE realisms

Christopher is both Customer AND Patient

The **CUSTOMER** is always at the center of any process.

DATA HANDOFFS and ultimately payments ***must be accurately and timely managed.****

Time is **MONEY.**

Cookie as a metaphor



The **PATIENT** is always at the center of any process.

DATA HANDOFFS and ultimately payments ***must be accurately and timely managed.****

TIME is LIFE.

**Data handoffs and ultimately payments are always between two individuals, regardless of their company of employment or their position in the chain of command. (Think fingers on the keyboard) (If using AI, how is AI being trained?)*

Front Room
Exam Room
Back Room

Data Handoffs: Accurate and Timely?

Receive (input)
Process (change it)
Reply (output)





Christopher's Goal: Attend daughter's graduation ceremony 5/24/2025





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731 days

sports injury

187 days

Adult onset, Ewing Sarcoma, soft tissue

415 days

Rare / aggressive cancer; early detection critical

Jan 24-> Jul 24: 1st line treatment: shrink, control, contain tumor
Apr 24: Tumor board deemed surgical removal not an option
Jul 24: 1st line treatment stopped; no longer effective
Aug 24: potential of clinic trial – ended up as missed opportunity
Oct 24 --> Jan 25: 2nd line treatment started; not tolerated well
Jan 25: treatments stopped; bowel obstruction diagnosed caused by cancer growth
Jan 13, 2025: Christopher moved to hospice
Jan 15, 2025: Christopher died



128 days

05/24/2023

11/27/2023

1/15/2025

05/24/2025



365 days by the numbers 11/27/2023 to 11/27/2024

51 days in the hospital for chemotherapy

5 individual weeks IE

6 individual days VA

20 days Irinotecan & TMZ

8 additional nights in the hospital from various complications.

114 other visits to medical facilities:

8 ER visits

1 ER visit follow up

8 visits to Cancer Urgent Care

1 surgery (dual power port)

1 Intervening Radiology (port issues)

36 days of Radiation

146 needle sticks

PEOPLE & PROCESS

EFFECTIVENESS &

**~293 submissions /
approvals / payments**

5 MRI

9 CT

8 x-rays

3 PET scan

7 ultrasounds

2 Thoracentesis draw

1 fluid catheter install

At-home oxygen off and on since Sept

1 broken collar bone

2 Echo

8 EKG

16 visits for transfusion

19 units of blood

3 units of platelets

When the handoffs failed: Impact to Christopher

“Mom, I shouldn’t have to do this. I can’t even just be sick. I’m still trying to make it to my daughter’s graduation. I’m still working full time and don’t have time for this – but realistically I won’t have time if I don’t.”



\$6,000 bill not paid by insurance to primary care clinic that became Chris’ responsibility

PROVIDERS

Missed applying for clinical trial due to communication break down between provider and Chris

Impasse between provider and payor as both were waiting for response from other – Chris facilitated conversations between provider and payor to get the ball rolling again

Time delay: More than once resulting ~28 days cumulative delay in resuming or changing treatment plans



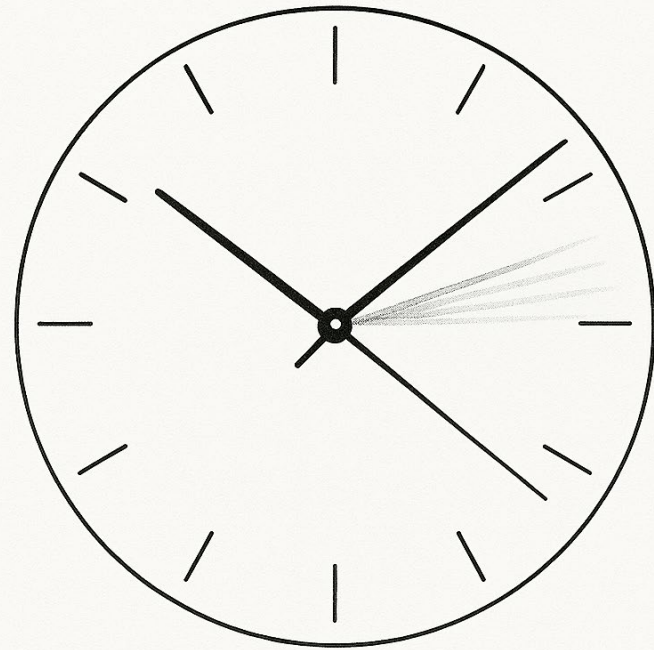
Bill's Diagnosis: Multiple Myeloma

Bill's Goal: More Time

Diagnosed in ER

Lytic lesions visible in major bones on X-Ray

Went from "normal" to 'terminal' in 4 hours



Diagnosed: Oct 28, 2008

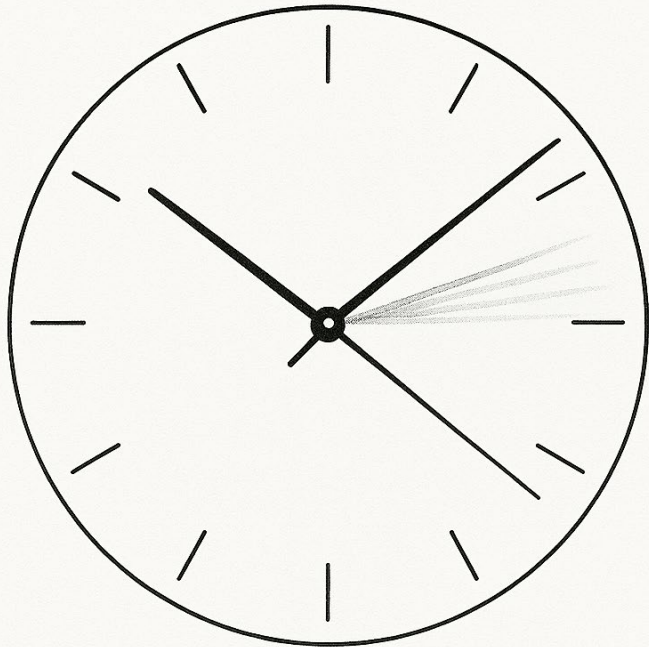
Treatment:

- Chemo (IV)
- Stem Cell Transplant
(case manager assigned)
- Chemo (Oral)



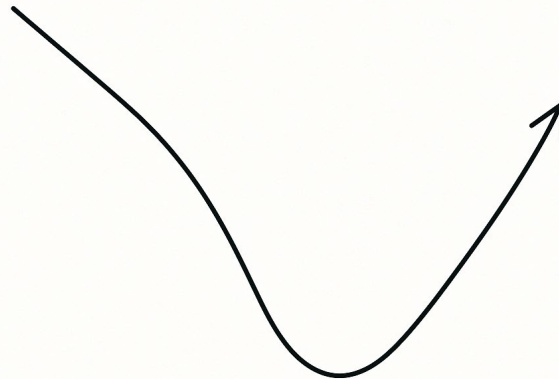
Bill's Goal: More Time Bill's Reality

2008 - 2011



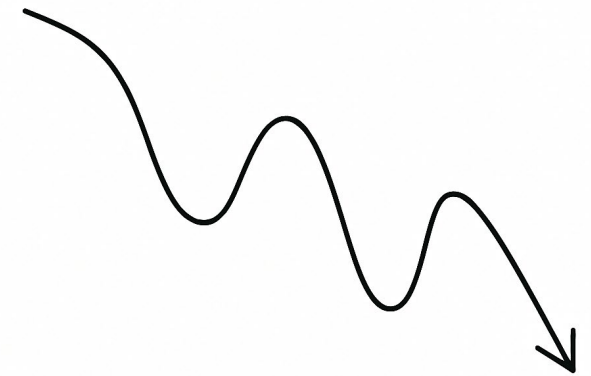
Assumption:

Extended time would become useable time.



Reality:

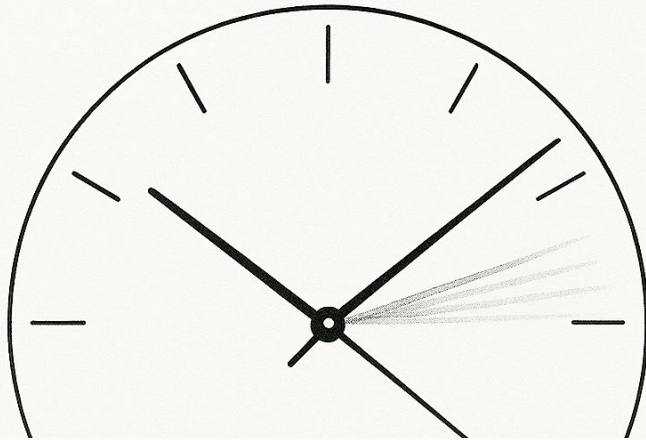
Extended time was net zero gain – the time extended was not quality time.



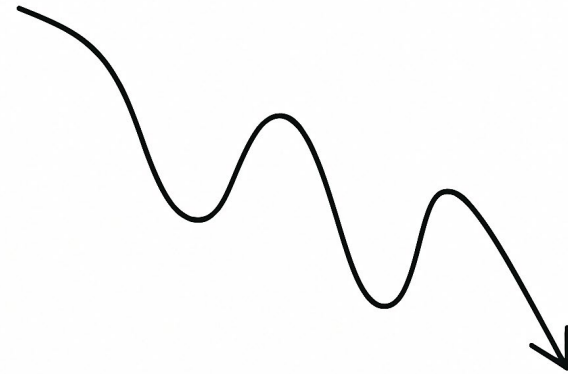


Bill's Words One Month Before He Died

2008 - 2011



Bill died February 2011 after spending 10 days in a medically induced coma in the ICU with pneumonia with an underlying condition of Multiple Myeloma

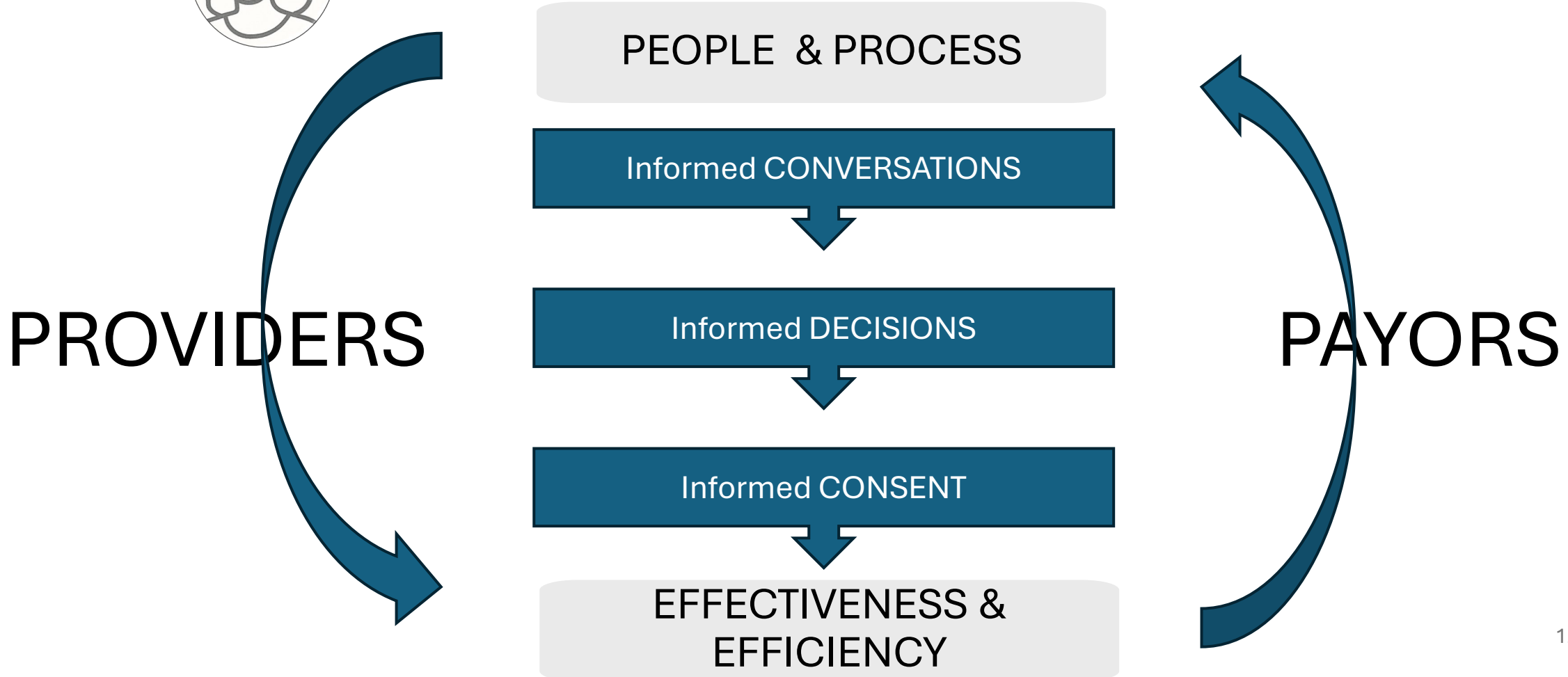


I wish I would have known at the beginning
what I know now
I wouldn't have done a thing and
focused on living rather than not dying.



Did Palliative Care Help Bill?

Could Palliative Care Have Helped Deb?





Did Palliative Care Help Christopher? But First – what is palliative care?

Key words:

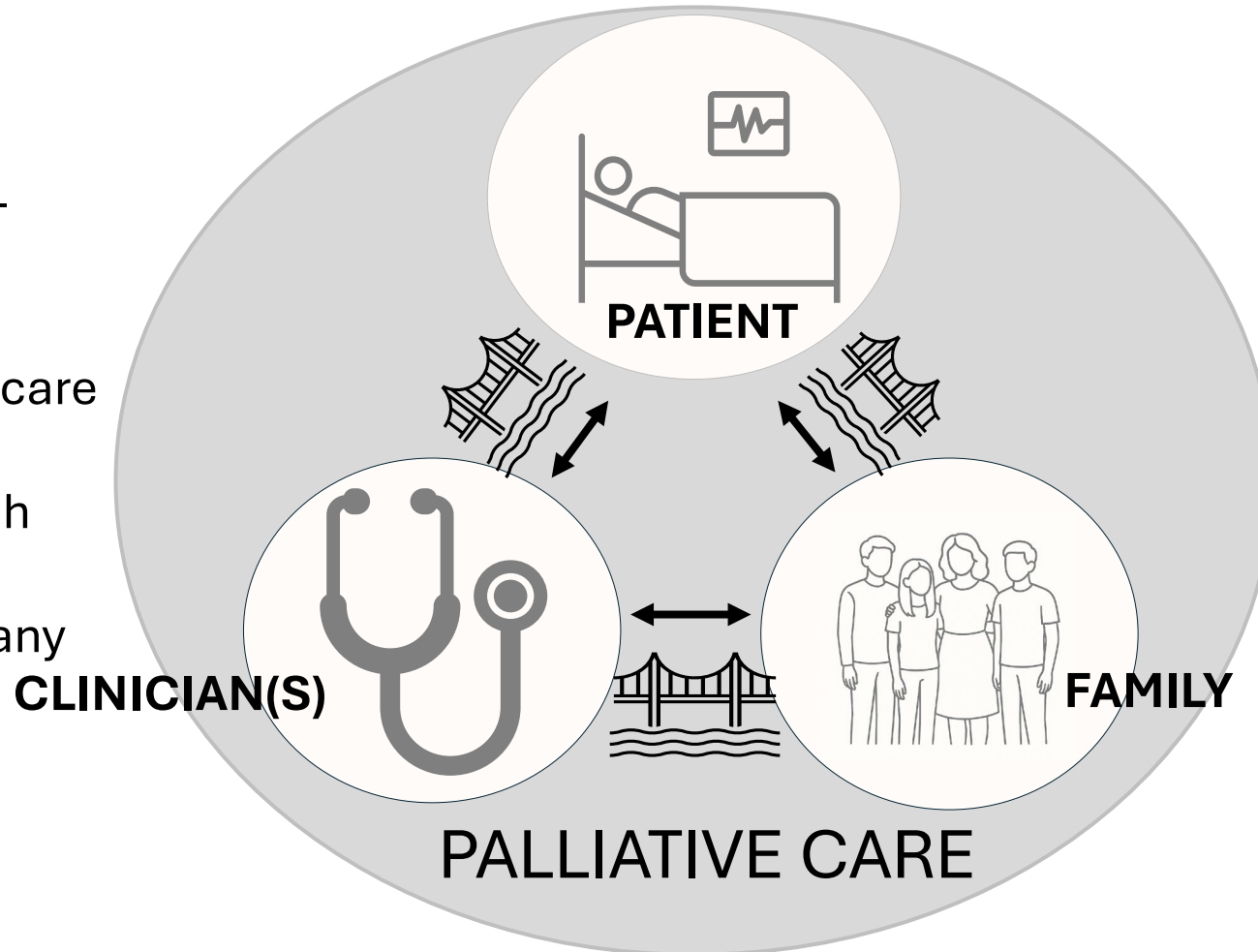
Serious illness or life-limiting condition

Specialized **medical** care

Team-based approach

Essential support at any age or any stage

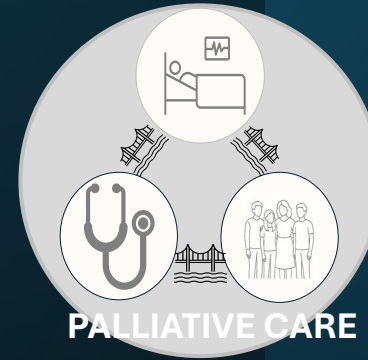
Often provided with curative treatment



The goal of palliative care is to improve the quality of life for both the patient and the patient's family or care partner.



Did Palliative Care Help?
 YES – with Clinician
 YES – with Family



Is More Palliative
 Care Enough?
 NO

Patient Registration

Insurance verification

Prior Authorization

CLINICIANS

PROVIDERS

Medical Coding

Claim Rejection
automated

Submit inquiry or claim to payor

Submit final bill to patient

Christopher didn't need more help with
 pain and symptom management.

He needed more help with the pain and
 suffering resulting from administrative burden.

And don't forget
 PHARMACY, SECONDARY,
 or TERTIARY INSURANCE

Payments

Appeals

PAYORS

Approve or deny

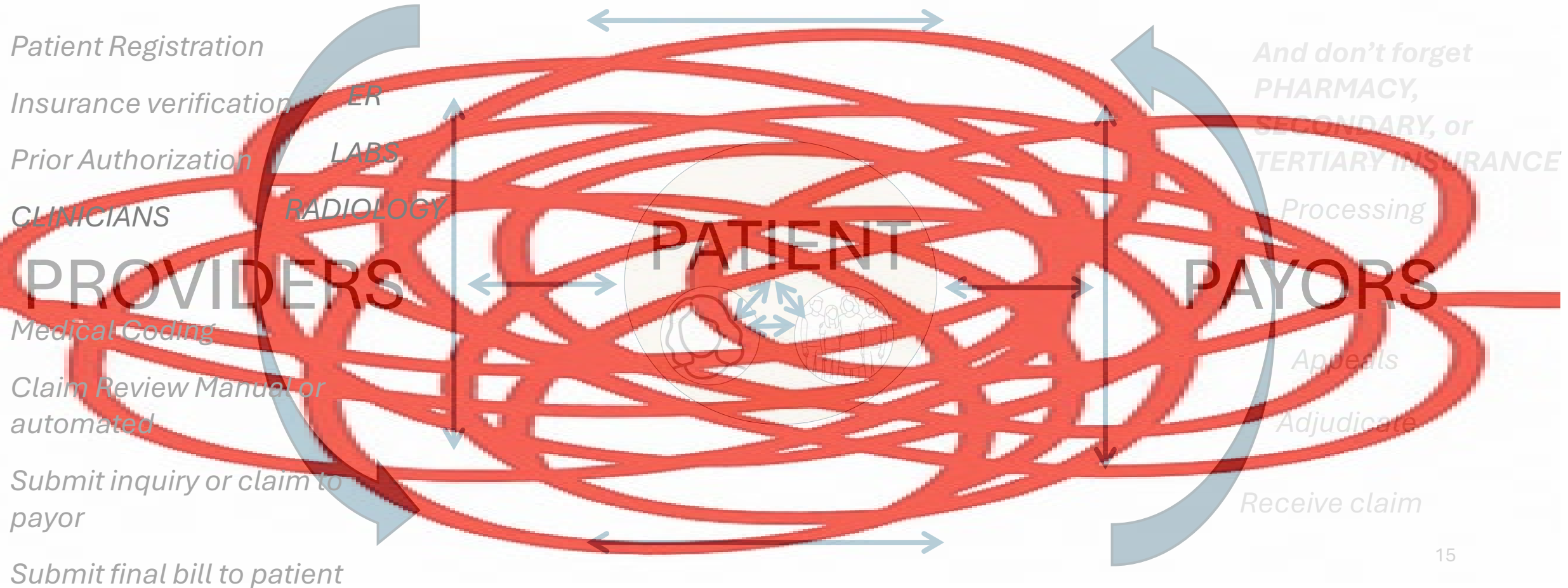
Communicate

Receive inquiry or claim

EFFICIENCY



How Can Today's Workshop Help?



Christopher's words from FB post 40 days before he died

Some days I can't walk. Some nights I can't sleep. Some days it's just a normal day. Some days are a struggle to find the good in them, others are easier. None have been easy.

We're managing. We know the challenges will be tough in the future too. We'll manage them too.

Thanks for reading, thanks for caring, and thanks for being my friends.



*Christopher and Bill
don't get a "do over."*



*Today we get an
opportunity to "do better."*