2016 TRENDS IN CANCER PROGRAMS

This annual survey, which began in 2009, provides key insight into nationwide developments in the business of cancer care. To better capture information from its multidisciplinary membership, this year ACCC developed 4 discipline-specific surveys. A joint project between ACCC and Lilly Oncology, this report highlights 2016 findings.

5 Top Challenges & Concerns

1. The cost of cancer care drugs **(83%)**
2. Reimbursement of non-revenue producing services that improve patient care, i.e., financial advocacy, navigation, survivorship **(66%)**
3. Transparency in commercial insurance policies so patients know exactly what plans do—and do not—cover **(65%)**
4. The need for physicians and mid-level providers to focus on direct patient care—not paperwork **(55%)**
5. Increased funding for cancer research and clinical trials **(53%)**

n=166: All respondents

FLASHBACK—Top Challenges Reported in the 2015 Survey

Lack of reimbursement for supportive care services **(65%)**
Budget restrictions **(61%)**
Marketplace competition **(49%)**
Ability to meet multiple accreditation requirements **(46%)**
Cost of drugs **(45%)**

IN THEIR OWN WORDS

"...Care planning should be reimbursed better...[We] cannot continue to make cuts while costs (drugs, staff, benefits, etc.) continue to go up."
Cancer Program Administrator

"Our strategic plan included a dedicated cancer program director to establish a standard of care across our system. We also have a dedicated VP that is focused on the growth of the cancer program across our 5 hospitals."
Cancer Program Administrator

"Paperwork continues to increase and takes away from the doctor and patient interaction."
Radiation Oncologist

"...[Payers should] work with those in the trenches [providers] to make pre-certifications easier...Get non-clinical personnel off the phones and let providers speak with decision makers."
Oncology Nurse

WHO TOOK OUR SURVEY

48% Administrators
29% Nurses
6% Medical Directors
17% Pharmacists

n=166: All respondents

Potential Impact of Medicare's Site-Neutral Payment Policy

61%—"The negative impact on our hospital-based program's bottom line will make it even more challenging to meet burdensome regulations, reporting, and accreditation requirements."

44%—"If this policy were to affect the 340B Drug Pricing Program, it would have a negative impact on the hospital."

44%—"We will need to consider the most appropriate or most cost-effective setting to deliver patient services, such as infusion."

42%—"The negative impact on our hospital-based program's bottom line may result in cuts to our supportive care services and other low- or non-reimbursed services."

n=79: Administrators only

How is Your Program Impacted by New Care Delivery Models?

- **58%** of survey respondents are partnering with primary care providers on outreach, screening, and prevention efforts.
- **54%** are working with primary care providers to streamline referral processes.
- **52%** are participating in an alliance of cancer programs to offer clinical trials.
- **43%** have developed and are following clinical treatment pathways to standardize care.

n=89: Administrators and Medical Directors

Association of Community Cancer Centers
This tool is a benefit of membership.

ACCC
Association of Community Cancer Centers

What Financial Assistance Do You Offer Patients?

✓ Help accessing pharmaceutical drug replacement programs **(77%)**

✓ Social workers who provide some financial assistance services **(73%)**

✓ Financial advocates or counselors **(64%)**

✓ Assistance with transportation costs and gas cards **(59%)**

✓ A philanthropic foundation that offers patient assistance **(49%)**

n=166: All respondents

FLASHBACK—2015 Survey

53% of cancer programs said they did not provide an estimate of total treatment costs—including the patient's responsibility—prior to starting treatment.

Most Providers Still Not Offering the Financial Education Patients Want

• Only **39%** of respondents report that financial advocates meet with all patients to discuss insurance options and cost of care.

• **39%** said that financial advocates meet with all patients to discuss co-pay programs and patient responsibilities.

• About **1/3 (33%)** report that they have a formal pre-authorization and cost estimate program.

• About **1/4 (26%)** said that financial advocates provide all patients with an estimate of care costs.

n=166: All respondents

We Measure the Value and/or Impact of Financial Advocacy Services By Tracking...

Measure	Percentage
Bad debt and charity write-offs	**63%**
The number of patients our financial advocates assist annually	**49%**
The dollar value of free drugs provided annually	**49%**
The utilization of philanthropic funds annually	**42%**
The dollar value of co-pay cards provided annually	**36%**

n=166: All respondents

IN THEIR OWN WORDS

"Both the pharmacy and the financial counselors are managed through departments other than the Cancer Center."

Cancer Program Administrator

"Treatment plans are reviewed with patients by financial counselors and advocates prior to beginning therapy."

Cancer Program Administrator

"[We] have put together a cost transparency group to determine how we can provide education and assistance to patients who have been prescribed high-cost chemotherapies or immunotherapies."

Cancer Program Administrator

> "Immunotherapy is kind of a new branch. All protocols are written by pharmacists with the help of oncologists."
>
> Oncology Pharmacist

> "[We] do not have a dedicated IT person for oncology; this is a barrier, especially in radiation oncology."
>
> Cancer Program Administrator

> "We have multiple accrediting organizations asking us to pull information...we created a matrix of the different accrediting bodies and their data requirements because they don't all ask for the same data."
>
> Oncology Pharmacist

> "I am surprised by how little support we get from EHR companies. ...none of the EHRs talk to each other."
>
> Medical Oncologist

> "[We] plan to have a symptom management clinic in the medical oncology practice where we'll use some aspects of telemedicine so the patients won't need to actually come into the office."
>
> Cancer Program Administrator

How is Staff Educated on New Treatments & Technology?

- **67%** of survey respondents receive education from professional organizations, such as ACCC, ASCO, and ONS.
- About half **(51%)** use ACCC-specific resources, including *Oncology Issues*, e-newsletters, and meetings.
- **50%** utilize online educational modules and webinars.
- Nearly half **(49%)** report that pharmacy educates staff about new products and therapies.
- Only **1/3 (36%)** have developed an internal professional education and development program.

n=166: All respondents

How is Staff Education Funded?

69% Staff is reimbursed for certification expenses.

53% Providers have a CE budget for meetings or self-learning.

33% Cancer program carves out CME time for providers and staff.

33% Cancer program budgets for providers to attend a national conference.

n=166: All respondents

How Is Your Cancer Program Using Technology to Remove Barriers to Care?

- While **67%** have a patient portal, **37%** say that providers and patients have been slow to adopt use.
- **37%** have videoconferencing capabilities so that physicians from multiple locations can participate in tumor boards.
- Less than **1/4 (23%)** participate in virtual tumor boards with providers and hospitals in the community.

n=166: All respondents

What Are Your Cancer Program's Biggest IT Challenges?

The **number one challenge**—prior authorizations that remain labor and time intensive **(75%)**. **Second:** getting EHRs to "talk to each other" and integrate data **(68%)**. **Third:** accessing data to monitor quality metrics, support market share analysis, and meet regulatory and accreditation requirements **(58%)**.

n=166: All respondents

We are Reducing Costs By...

✓ Engaging in LEAN initiatives focused on streamlining processes and improving quality of care—**62%**

✓ Working with physicians to reduce unnecessary hospitalizations—**60%**

✓ Adding services, including oncology rehabilitation, nurse call centers for symptom management, and nurse practitioner-based survivorship care—**57%**

✓ Tracking the frequency and use of high-cost medications—**56%**

✓ Developing best practices related to cost containment, such as use of lower cost medications—**48%**

✓ Monitoring advanced and high-risk patients to reduce unnecessary ER visits and hospitalizations—**43%**

✓ Exploring ways to partner with primary care providers to provide survivorship care—**36%**

✓ Requiring physicians to meet specific quality and cost management goals—**31%**

n=89: Administrators and Medical Directors

Impact of Community Health Needs Assessments?

• We support community efforts related to smoking cessation, exercise, and nutrition—**71%**

• We developed a navigation program so patients have a single point of contact—**46%**

• We developed (or are developing) programs to improve communication between the cancer program and community physicians—**34%**

n=79: Administrators only

New Services Added (or Plan to be Added) to Address Needs Identified By These Assessments?

81% Lung cancer screening program

61% Navigation services

57% Smoking cessation program

57% Wellness and/or exercise program

52% Financial advocacy services

41% Screening programs for underserved populations

39% Caregiver support programs

34% Patient transportation program

n=79: Administrators only

IN THEIR OWN WORDS

"[We] are adding a hospitalist to our inpatient services to allow for better coverage. Planning a symptom management clinic to prevent unnecessary wait times in EDs and hospitalizations."
Cancer Program Administrator

"Stay on formulary as much as possible. Keep less effective drugs off formulary. Use our financial counselors and pharmacists to help reduce patient cost."
Medical Director

"Nurse navigators coordinate care. Extended hours; we now provide urgent care throughout the day. Financial counselors meet with almost every patient."
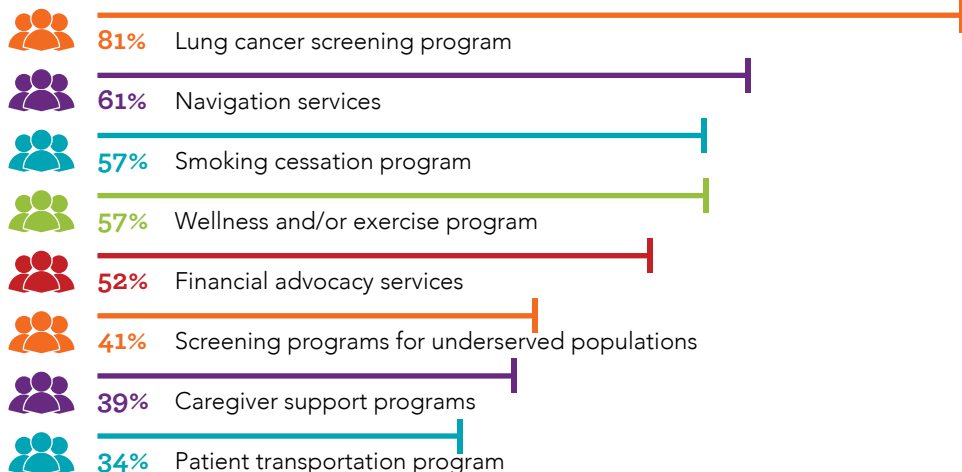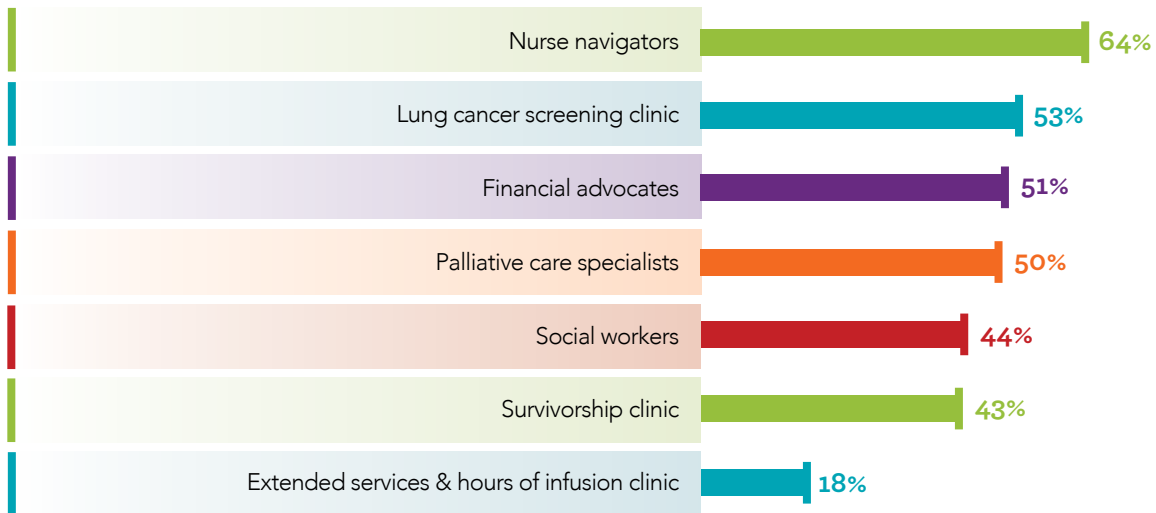Medical Director

"[We] just hired a community health specialist to help promote processes for better communication and interaction with community practices. A position is being created for a physician liaison...a touch point for interacting with community practices. Paid community health workers (promotoras) and volunteers are being utilized to reach members of the community for screening and other healthcare needs."
Cancer Program Administrator

"Working harder with fewer staff members. Jobs eliminated during attrition and employees not being replaced."
Medical Director

Staff and/or Services Added to Meet the Demand for Patient-Centered Care

- Nurse navigators — **64%**
- Lung cancer screening clinic — **53%**
- Financial advocates — **51%**
- Palliative care specialists — **50%**
- Social workers — **44%**
- Survivorship clinic — **43%**
- Extended services & hours of infusion clinic — **18%**

n=127: Administrators and Nurses

IN THEIR OWN WORDS

"We are implementing RN case management to provide clinical symptom management to prevent unnecessary hospitalizations or ER visits [and] developing an oral chemotherapy management program."
Cancer Program Administrator

"We have continually expanded staff over the last 16 years to keep up with demand and volume; we have also added additional outpatient locations in various markets."
Cancer Program Administrator

"A new MD who will be seeing patients for symptom management and survivorship follow-up. An NP will work alongside this doctor. We have also added nurse navigators for teaching patients and overseeing lung screenings and survivorship plans."
Oncology Nurse

n=127: Administrators and Nurses

How are Non-Reimbursable Positions Funded?

- **80%** of survey respondents said "we incur these costs to ensure quality, patient-centered care."
- **66%** said "we incur these costs to support accreditation efforts."
- **65%** said "we incur these costs [to improve] patient and physician satisfaction."
- **1/3 (33%)** said "we fund [these] positions out of revenue generated from medical and radiation oncology."
- About **1/4 (26%)** said "we fund [these] positions through community donations or philanthropy."

n=127: Administrators and Nurses

Resources Used to Develop Nurse Staffing Model?

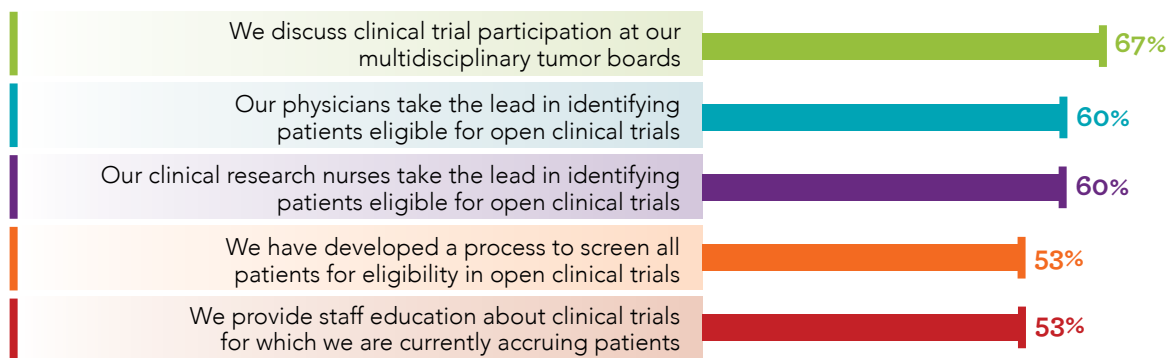|	
ONS resources and benchmark data	**43%**
ACCC resources and benchmark data	**35%**
Developed our own model based on patient acuity scale	**31%**

n=49: Nurses only

"We have developed our own [nurse] staffing model, which is based on the number of patient treatment chairs available plus our hours of operation."
Oncology Nurse

"Additional staff have been added over the past 2 years to [meet] CoC Standards...NP certified in palliative care and pain management, LCSW, financial advocate, patient navigator, and resource specialist."
Cancer Program Administrator

How Does Your Cancer Program Ensure Patient Access to Clinical Trials?

We discuss clinical trial participation at our multidisciplinary tumor boards	**67%**
Our physicians take the lead in identifying patients eligible for open clinical trials	**60%**
Our clinical research nurses take the lead in identifying patients eligible for open clinical trials	**60%**
We have developed a process to screen all patients for eligibility in open clinical trials	**53%**
We provide staff education about clinical trials for which we are currently accruing patients	**53%**

n=58: Nurses and Medical Directors

Opportunity for Improvement?

Only **17%** of survey respondents have developed a tool to help staff stay current with clinical trials that are accruing patients. Yet, such a tool might help programs challenged to meet CoC standards on percentage of patients accrued to clinical trials.

IN THEIR OWN WORDS

"We need to improve access so patients do not leave the community; improve screening rates by promoting and making the screening process simpler. We need better communication [with] community physicians."
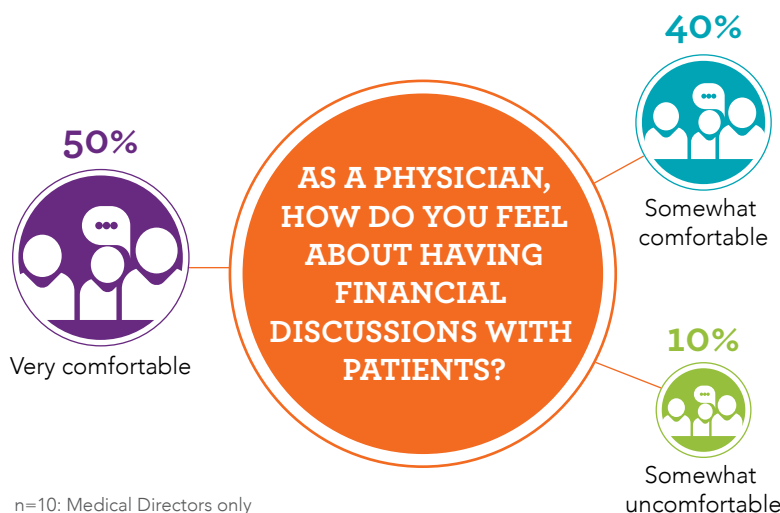
Cancer Program Administrator

"We use the community needs assessment to guide program development and community outreach in underserved and high-risk areas."
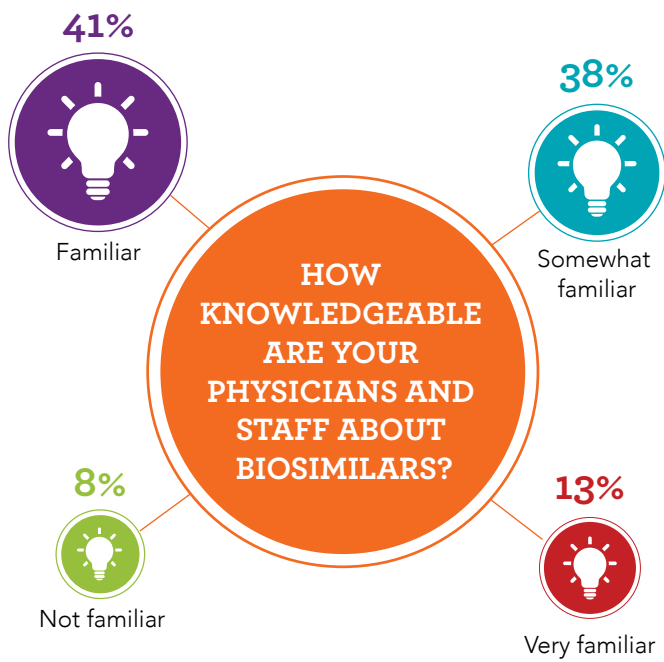
Cancer Program Administrator

"There is no playbook that tells you what to do. It changes from patient to patient, depending on how involved the patient wants to be...Patients have the right to decline information. You need to make sure that it's the patient's decision."

Medical Director

We Address Disparity & Patient Access Issues with...

- Patient navigators to help underserved patients **73%**
- Transportation options for patients **73%**
- Translation software to ensure patients can participate in shared decision-making **71%**
- Partnerships with community organizations in outreach efforts to underserved populations **54%**
- Education and resources to improve health literacy **46%**
- Satellite locations so patients can receive care in their own community **40%**

n=48: Nurses only

50% Very comfortable

AS A PHYSICIAN, HOW DO YOU FEEL ABOUT HAVING FINANCIAL DISCUSSIONS WITH PATIENTS?

40% Somewhat comfortable

10% Somewhat uncomfortable

n=10: Medical Directors only

HOW KNOWLEDGEABLE ARE YOUR PHYSICIANS AND STAFF ABOUT BIOSIMILARS?

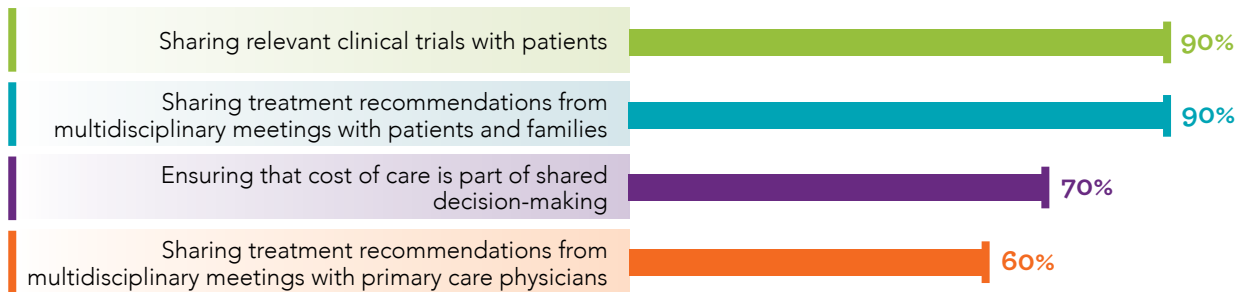**41%** Familiar

38% Somewhat familiar

8% Not familiar

13% Very familiar

n=39: Medical Directors and Pharmacists

"Pharmacists are more knowledgeable [than other staff] about biosimilars."
Oncology Pharmacist

"Affordability of care requires two conversations: total cost of care to the system and then the affordability for the patient."
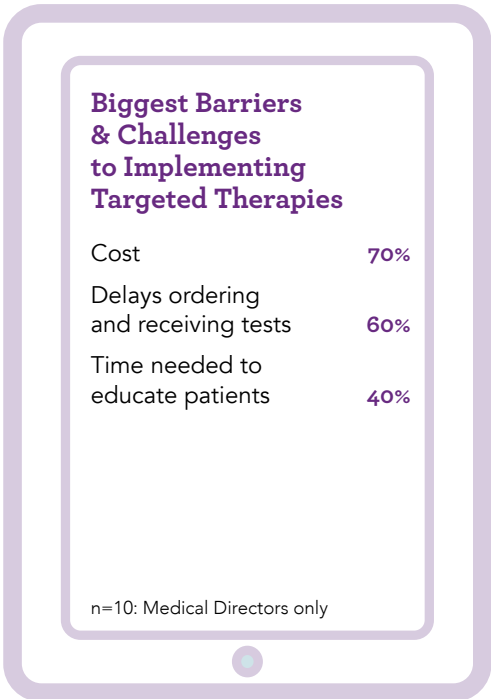Medical Director

How Does Your Cancer Program Conduct Shared Decision-Making?

Sharing relevant clinical trials with patients	90%
Sharing treatment recommendations from multidisciplinary meetings with patients and families	90%
Ensuring that cost of care is part of shared decision-making	70%
Sharing treatment recommendations from multidisciplinary meetings with primary care physicians	60%

n=10: Medical Directors only

"Physicians play very little role in financial discussions. We try to keep the physician blinded to cost. It is about giving the patient the right drug at the right time."
Medical Director

"Limited distribution policies have increased our pharmacy costs. We find specialty pharmacies to be very bad partners, and we welcome biosimilars."
Oncology Pharmacist

Biggest Barriers & Challenges to Implementing Targeted Therapies

Cost	70%
Delays ordering and receiving tests	60%
Time needed to educate patients	40%

n=10: Medical Directors only

Support for Patients on Oral Oncolytics

✓ Patients receive printed education materials, including safe handling procedures and the importance of adherence—**66%**

✓ A nurse provides education, including safe handling procedures and the importance of adherence—**58%**

✓ We track when a prescription for an oral medication is first filled—**48%**

✓ We track refills of oral medications—**42%**

n=77: Pharmacists and Nurses

FLASHBACK—2015 and 2014 Surveys

In 2015 only half of cancer programs **(53%)** had compliance programs related to oral oncolytics, up from **34%** in the 2014 survey.
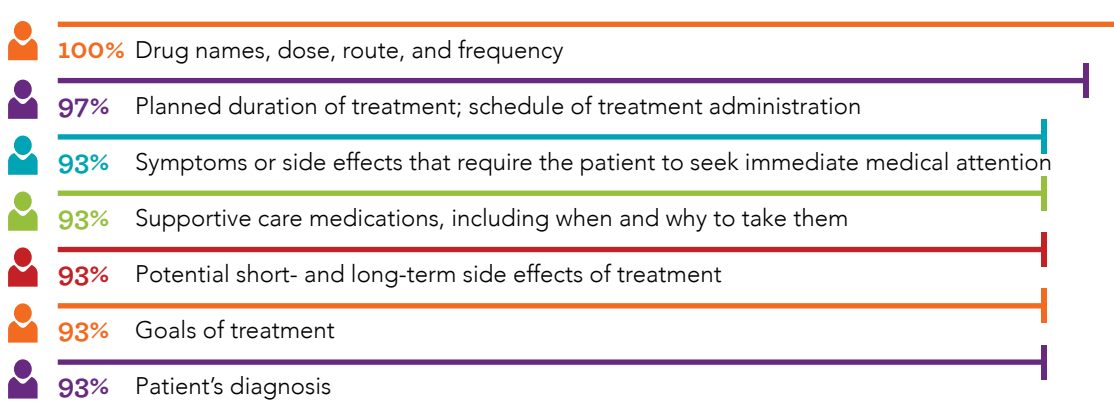
"[We] built 4 activities into the EHR [related to oral oncolytics] new QOPI standard, track compliance, promote adherence, and identify early toxicity."

Oncology Pharmacist

"The health system has to do a lot of follow-up that it didn't have to do before to ensure adherence and compliance...the pharmacy is held accountable for patient assistance and co-pay support."

Oncology Pharmacist

Patients on Oral Oncolytics Receive Education on...

100% Drug names, dose, route, and frequency

97% Planned duration of treatment; schedule of treatment administration

93% Symptoms or side effects that require the patient to seek immediate medical attention

93% Supportive care medications, including when and why to take them

93% Potential short- and long-term side effects of treatment

93% Goals of treatment

93% Patient's diagnosis

n=29: Pharmacists only

IN THEIR OWN WORDS

"We use our EHR to manage [patient] adherence and compliance... We do patient-reported pill counts and document adherence on an assessment sheet in our EHR."

Oncology Pharmacist

"[Patient] adherence and compliance is done through the drug company and specialty pharmacy programs. We don't really get involved."

Oncology Pharmacist

How Do You Monitor Patients on Oral Oncolytics for Adherence & Toxicity?

During scheduled follow-up visits—**86%**

At each visit by asking targeted questions—**59%**

Through scheduled outbound phone calls—**52%**

n=29: Pharmacists only

Members can access the full 2016 Survey at MyNetwork.accc-cancer.org.

Not a member?
Join today at accc-cancer.org/membership.

The Association of Community Cancer Centers (ACCC) is the leading advocacy and education organization in multidisciplinary cancer care, with an estimated 65 percent of the nation's cancer patients being treated by a member of ACCC. Approximately 23,000 cancer care professionals from 2,500 hospitals and practices nationwide are affiliated with ACCC.

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