

Margins in Crisis: Evaluating and Improving Your Cancer Program's Financial Performance



Cancer programs nationwide face shrinking margins due to inadequate reimbursement and rising costs. Programs with access to capital are looking to increase profitability by building new facilities, adding linear accelerators with stereotactic radiosurgery and stereotactic body radiation capabilities, or developing tumor site centers of excellence. Others are exploring innovative financial models, including value-based care and partnerships with other entities to diversify or share income streams. Yet every cancer program has 3 opportunities to improve financial performance: (1) increase volumes, (2) increase revenues, and (3) lower costs. This article provides a practical guide for pursuing these opportunities within your cancer program.

Opportunity 1. Increase Patient Volumes Using a Data-Driven Approach

The first step in understanding your cancer program's potential patient volumes is gaining a comprehensive picture of your current patient volumes and corresponding financial performance. You can then evaluate the data to identify key drivers for growth or optimization. First, use your tumor registry to capture your program's analytic (or new) cancer cases and compare your defined service area with the market volume (using state registry or other available data) to determine the number of potential patients in your market. Break down cases by tumor site to identify specific site opportunities and by class to find where your referral chain may be fractured (ie, patients diagnosed by your cancer program who are treated elsewhere). Depending on the data quality, the ability to evaluate by other parameters (eg, referring providers, treatment locations) can help uncover additional potential target areas.

Segregating inpatient and outpatient data by oncology diagnosis codes will capture comprehensive volumes of patients with cancer across all hospital departments and services. Such analyses should evaluate tumor sites and service types, including surgery, radiation therapy, and medical oncology treatments. Volume, market share, and financial trend and benchmark comparisons will identify potential opportunities to expand or elevate your cancer program. These data may be easier to capture in community sites. In contrast, academic centers may be more challenged to view the complete financial picture due to the siloed nature of certain departments (eg, chemotherapy data reside in the pharmacy).

Perception of quality is increasingly tied to the patient experience. To best align your cancer program with what patients expect, evaluate how well your program supports their experience.

Understand Patient Behavior

Although a detailed review of your cancer program data should lead to quantifiable ways to reduce outmigration and increase volumes, understanding why patients choose other cancer programs is vital to impact change. Explore potential root causes through candid discussions with your referring and treating providers, as well as your patients. Key questions to ask include the following:

- Programmatically, how do you measure up to your competitors?
- Are referring providers educated on what you have to offer?
- What is the user experience for both the patients and the referring physicians?
- If a patient needs a complex surgery at an academic cancer center, are they aware they can return home for the rest of their treatment or for their imaging or laboratory tests?

Focus on the Patient Experience

Although patients with cancer tend to be less susceptible to some of the current industry disruption focused on a more retail care experience, ignoring this trend would be an impediment to any program desiring growth. Cancer programs that respond to patients' needs and seek to deliver an excellent care experience will be best positioned to increase volume.

In general, patients seek care that is accessible, convenient, and affordable. Perception of quality is increasingly tied to the patient experience. To best align your cancer program with what patients expect, evaluate how well your program supports their experience. For example, evaluate how easy it is to learn about the cancer program and make a consultation or patient appointment.

Although marketing can be costly, and creating a sustainable impact can be difficult, a user-friendly website will go a long way to generating awareness. Consider the following when evaluating your website:

- Do you offer patients self-scheduling through your website?
- Are patients able to make consults in a timely fashion?
- Do patients have access to second opinions?
- Are patients able to schedule same-day nurse calls, oncology urgent care, or virtual consults?
- Do patients know that financial navigators are available to reduce logistical, emotional, or financial burdens?
- Do patients understand that they may be able to receive some elements of care close to home or in their home?

Expand and Improve Screening Programs

Cancer screening continues to be a critical path to diagnosing patients early, and it affords the easiest opportunity to retain patients for treatment. Eligible cancer screening populations have continued to grow, with lung CT screening and colon cancer screening now recommended for younger individuals. At-home colon cancer screening tests are shown to increase overall rates of screening; a diagnostic colonoscopy is the appropriate follow-up test for any positive at-home test.

Implementing high-risk screening programs is also a way cancer programs can support the community and increase services to the hospital. High-risk programs may be comprehensive, supporting many cancers, or may be focused on one site, such as breast cancer screening. They can be promoted alone or may be integrated into existing screening protocols. For instance, integrating genetic screening into mammogram workflows can result in identifying patients with high-risk breast cancer and may support patients receiving regular breast MRI monitoring. Establishing relationships early builds familiarity with your program if future cancer treatment is required.

Today's hospital-based screening programs, however, must compete for patients with the growing number of freestanding imaging centers, as payers and employers favor nonhospital sites of care. It is important to evaluate how the technologies, facilities, patient experience, and competitive pricing for your screening services measure up to ensure patients will continue to use your program.

Strengthen Your Referral Network

Building relationships is the most significant driver of cancer screening and treatment growth. Cancer treatment typically starts with a screening or diagnosis by a primary care provider or a subspecialist such as a pulmonologist or gastroenterologist. These physicians are your greatest advocates for encouraging their patients to get cancer screenings or referring early if there is a diagnosis. Educating these providers on current guidelines and services available for patients is critical. Leverage navigators and your oncology physicians to establish and build strong relationships and make your cancer program the preferred referral choice.

Self-insured employers may also be critical customers as they look to control their health care costs while providing access to quality care for their employees. Seek opportunities to partner with these organizations to enhance their employees' screening adherence and offer streamlined referral for treatment, if required. These opportunities may lead to earlier diagnoses and be less costly during the patient's full continuum of care.

Consider Strategic Mergers or Alliances

Merging or forming alliances with other hospitals, health care systems, or clinics can result in shared resources, greater purchasing power, and a wider patient base. Forming strong partnerships with academic medical centers or other referral facilities and discussing operational and referral protocols may be critical to ensure patients return for appropriate and accessible local care. Depending on your market region and demographics, collaboration with and across rural areas can also drive volume, keeping appropriate care in the community while potentially providing access to complex oncology services through a predefined partnership. The halo effect from engaging in a partnership with a well-known brand—and ensuring the community is aware of this partnership through marketing efforts—may further increase market share. Keep in mind that mergers may come with trade-offs, such as loss of operational control or cultural misalignment.

Leverage Patient Navigators

Cancer navigators and advocates are extremely valuable for building patient relationships at the point of diagnosis, providing support during an uncertain time, and letting patients know what your cancer program has to offer at all points throughout their care continuum, including integrative and supportive care services. Navigators are valuable team members who help retain these patients throughout their cancer journey. With new Medicare reimbursement under the Principal Illness Navigation (PIN) billing codes, offering navigation support is more affordable to cancer programs than in the past. (For a refresher on billing for Chronic Care Management [CCM] codes, we refer readers to the *Oncology Issues* article "[The Centers for Medicare & Medicaid Services Will Pay for Patient Navigation—Now What?](#)")²

Treat and Market Benign Conditions

More oncology programs are expanding their ability to treat benign conditions, which may be an untapped area for growth. Radiation therapy, particularly with stereotactic radiosurgery technologies, can be leveraged to treat patients with osteoarthritis, Dupuytren contracture, or trigeminal neuralgia. The Centers for Medicare & Medicaid Innovation Center (CMMI) announced sickle cell disease as the first indication for the Cell and Gene Therapy Access Model.¹ Seeing patients with nonmalignant or benign diseases in current oncology clinics, however, may create bottlenecks for the referrals of patients with malignant diseases that may offer higher revenue streams. To avoid this bottleneck, consider creating dedicated nonmalignant/benign disease clinics to serve these patients.

Evaluate Service Offerings

Cancer programs can grow their patient volumes by expanding service offerings. To determine priorities, look to your program and market

data analyses for gaps in high-volume tumor sites or clinical services and evaluate what investments (subspecialists, staff, equipment, etc.) may be required and their potential financial return.

Wellness and supportive care services enhance the patient experience and outcomes. Ensure patients have access to nutrition, genetics counseling, psychosocial counseling, fitness programs, support groups, and other valued services. Although not always revenue-generating, some billing codes are beginning to be made available to offset costs through mechanisms such as CCM codes and are attractive programs for donor investment. (For specifics, we refer readers to the *Oncology Issues* article “[Managing Chronic Conditions in Oncology Patients](#).”)³

Survivorship programs continue to be a critical need, can contribute to program revenue growth, and often have a halo effect on other services in the health system. A 43.6% increase in cancer survivors is expected, from 18.1 million patients in 2022 to 26.0 million in 2040.⁴ Establishing a survivorship clinic can help retain patients for all their posttreatment needs, including screenings, prevention, symptom management, and other potentially revenue-generating cancer and noncancer support. These clinics offer the added benefit of easing oncologists’ patient load when managed by trained advanced practice providers. Partnering with survivorship program supportive services already in the community can help reduce the investment required to launch such a clinic.

Broaden Your Reach

Consider offering your services through expanded physical or virtual approaches to increase access to more patients. Offer additional outpatient services in the community, potentially in retail environments or within other partnered or aligned facilities. These visits may be for any services across the cancer continuum, such as diagnostic testing, surgical and medical oncology consultations, outpatient surgery, infusion or radiation therapy, palliative care, and more.

Virtual care, telehealth, and home care approaches should be explored and leveraged in all cancer programs to enhance access. Reimbursement and regulatory impacts for any of these options must be evaluated. Demonstrated and well-branded centers of excellence programs, together with preferred price offerings, may also have potential to achieve national reach.

Opportunity 2. Increase Revenues

Strategies to increase revenues include conducting a comprehensive evaluation and analysis of the cancer program’s reimbursement performance, optimizing billing and reimbursement, expanding chargeable services, and exploring revenue opportunities in offering clinical trials.

Evaluate Reimbursement Implications

Assess site-of-care impacts. Be aware of the site-of-care reimbursement policies from your primary payers and develop proactive mechanisms to optimize revenue generation. For example, Medicare currently pays lower rates for services delivered in freestanding facilities than in hospital outpatient departments (HOPDs). The likelihood Congress will adopt site-neutral payment reform, however, seems to be increasing daily. Hospitals need to understand the full impact of such reforms and prepare contingency plans in case of significant cuts to reimbursement.

Although commercial payers often follow Medicare’s lead, not all have fully adopted site-of-care policies, leaving room for strategic decisions about where service delivery is most financially beneficial. Conduct an analysis to evaluate the true impact. For example, identify those services that comprise 70% to 80% of your charges and calculate the difference in reimbursement for different sites of care, using Medicare reimbursement as a proxy. Then, steer services to site(s) that maximize revenue based on each payer’s reimbursement policies, ensuring these decisions do not compromise patient access to care. Be prepared, however, for adjustments to be made if site-of-care policies shift in the future.

Leveraging a medical financial aid digital platform automates the process of financial assistance enrollment and tracking, maximizing available funding with minimal administrative burden. This approach has been shown to yield significant financial relief for patients.

Manage patient-directed shifts. Patients naturally prefer lower-cost care settings whenever feasible, particularly those patients with high-deductible health plans, and price transparency laws are assisting patients in becoming more savvy consumers. Many patients will expect an estimate prior to services being rendered. Proactively ensure your patients receive estimates of expected charges before treatment. This shift can particularly impact revenue generation in HOPDs as opposed to freestanding or clinic-based settings. Be cognizant of whether your pricing is a deterrent for patients, leading them to choose other venues for components of their care. Financial advocates are effective at assisting patients with navigating toward cost-effective choices while connecting them with the financial support available to ensure they receive the care they need.

Create a patient financial assistance program. Many cancer programs have bad debt, whether from caring for uninsured or underinsured patients or commercially insured patients who encounter treatment or drug denials, high deductibles, co-pays, or other financial hardships in the course of their care. In 2024, the American Cancer Society’s Cancer Action Network™ conducted a survey that asked patients with cancer and cancer survivors about their experiences with medical debt. In all, 47% of those surveyed had incurred medical debt to pay for their cancer care, and 49% of those with debt owed more than \$5000. Concerning is the fact that 98% had health care coverage at the time they incurred the debt to pay for their care.⁵

Patient financial assistance programs are critical to support patients and help offset a cancer program's bad debt. Hospital and private philanthropic foundations, patient assistance programs and grants, and pharmaceutical co-pay programs are available, but access often is not optimized. Digital technology platforms support financial counselors and navigators by streamlining the identification and application process to allow patients or health care providers to quickly input relevant information, enabling systems to match patients with assistance programs that best fit their needs and stay enrolled in approved programs. This approach empowers cancer programs to close financial gaps and significantly enhance access to care for patients who are underinsured or financially burdened. It also simplifies what can often be a complex and time-consuming process for staff, who may not be fully aware of all the payer nuances associated with cancer treatment.

Enhance funding and philanthropy. As noted above, cancer programs should pursue all patient assistance funding sources and philanthropy to cover many services and support that do not generate revenue. Launch targeted fundraising campaigns to gather donations, particularly for specialized cancer research or treatments. Partner with pharmaceutical companies, biotech firms, and other health care providers for research funding, sponsorship of treatment programs, or cobranded initiatives. Pursue government and private sector grants dedicated to cancer research, patient support, and community health.

Identifying, securing, and managing these funding opportunities, however, can be complex and time-consuming. Leveraging a medical financial aid digital platform automates the process of financial assistance enrollment and tracking, maximizing available funding with minimal administrative burden. This approach has been shown to yield significant financial relief for patients. For example, a recent study at a National Cancer Institute (NCI)-designated comprehensive cancer center demonstrated that proactive financial assistance programs facilitated through a medical financial aid technology platform secured \$2.9 million in awards for patients receiving systemic therapy, with pharmaceutical co-pay programs covering 88% of the funds.⁶ (See **Case Study 1, right**, for additional details.) Organizations can recover more assistance dollars, reduce financial strain, and expand patient access to essential services.

Optimize Billing and Reimbursement.

Evaluate and negotiate. Get involved and educate your payer relations team on the impact reimbursement rates have on oncology treatments and the associated drugs, and request their support to negotiate on behalf of the oncology service line to maximize reimbursement rates and minimize denied claims. Conducting a regular review of the most impactful cancer services will provide specific data on the level of reimbursement needed to be sustainable.

Developing value-based care approaches provides leverage with payers, which are increasingly looking for cancer programs to follow pathways, demonstrate meaningful quality metrics, and streamline costs. Efforts to negotiate for provider-based bundled case rates are increasing, particularly for radiation oncology services (**Case Study 2**, below). These approaches could reduce administrative burdens and assure reliable payment for care. However, expectations for treatment preauthorization continue to be a barrier.

Case Study 1. Reducing Financial Hardship for Patients With Cancer⁶

- **Objective:** In July 2022, an NCI-designated comprehensive cancer center partnered with a medical financial aid technology to launch a patient financial assistance program, which included screening all patients receiving systemic therapy at infusion centers to identify financial distress and reduce their financial hardship related to cancer treatment.
- **Methods:** A medical financial aid technology partner was contracted to provide patient advocates and artificial intelligence (AI)-powered technology augmenting electronic health records (EHR) to match patients with premium and co-pay financial assistance programs. The remote patient advocates then assisted eligible patients with enrollment in the identified philanthropic foundations and pharmaceutical assistance programs. These advocates also managed claims, tracked enrollment, facilitated payments, and logged awards.
- **Results:** A retrospective analysis (May 2022–December 2023) compared the cohort of patients receiving philanthropic medical financial aid with others treated in the infusion center. Out of 90,719 patients, 1080 were matched for assistance, resulting in \$2.9 million in total awards. Pharmaceutical co-pay programs contributed 88% (\$2.5 million), and not-for-profit foundations 12% (\$354,000). The average matched award was \$2400 per patient. Most eligible patients were commercially insured and aged 27 to 64 years, highlighting the lack of assistance for those not covered by federal programs.
- **Conclusion:** Proactive financial assistance programs can alleviate financial distress for patients with cancer, particularly in high and medium-high Social Vulnerabilities Index (SVI) counties. Partnering with third parties can mitigate financial toxicity and promote equitable cancer outcomes. This study includes a diverse patient population, with 10% Black/African American and 39% Hispanic/Latino, with 96% residing in high or medium-high SVI counties.

Establish specialized revenue cycle operations. If possible, ensure your central business office has oncology-specific expertise to navigate the complexities of care or take the time to educate and provide resources to these staff. Oncology-trained revenue cycle staff will be more successful at establishing protocols to reduce payment denials. For a use case study on the benefits of providing training and tools to the revenue cycle team, we refer readers to the *Oncology Issues* article, “[Data Analytics + Business Intelligence = Operations Insights](#).”⁷ Depending on the nature of the service arrangement, hospitals are more frequently outsourcing billing to independent practices, management services organizations, or other professional billing companies to ensure expertise.

Improve denial management. Evaluate your data to identify common causes of denials, such as incomplete prior authorizations or incorrect coding. Maintain rigorous documentation practices to support medical necessity and ensure compliance with payer requirements. This documentation is critical not just to improve payments but also to reduce unnecessary cost burdens from contesting denials. Monitor trends to proactively address recurring issues, involving your providers and clinic staff when needed to support improvements.

Expand Chargeable Services

Implement new billable codes. Many hospital-based cancer programs have historically absorbed the expense of offering patient navigation

Case Study 2. Prior Authorizations: A Barrier to Timely Patient Care

By Regina Hargrove, R(T)(T) and Denise Gerlach

Prior authorizations often delay patient care, especially for cancer, causing financial strain and treatment delays.¹ Radiation oncology, in particular, faces high prior authorization hurdles, leading to unpredictable reimbursements and significant administrative burdens for providers and increased patient toxicity. For payers, the inefficiencies combined with a lack of quality measures associated with prior authorizations are counterproductive.

A NEW APPROACH: CASE RATES

An organization focused on radiation oncology revenue cycle, consulting, and management aimed to eliminate prior authorizations through a collaborative effort between payers and providers. This company developed an Oncology Clinical Integrated Network (CIN) that aimed to improve radiation therapy quality, cost, and efficiency through case rates by disease site.

THE PROCESS

Using Milliman data and input from more than 200 radiation oncologists, the company aimed to develop fair and accurate case rates based on expected hypofractionation rates for each disease site, using Medicare national averages. A physician champion reviewed the optimal number of treatments per disease site and modality to ensure accuracy.

QUALITY AND VALUE

To ensure that the quality of services is reflected in reimbursement, the Oncology CIN proposed the establishment

of a Quality Committee to work together with payers to analyze quality performance and set payment thresholds. This approach aimed to simplify case rates, support, and reward quality measures, eliminate prior authorization burdens, and unite an experienced team.

CHALLENGES AND LESSONS LEARNED

Despite efforts, payers did not fully support the initiative, highlighting challenges in developing and implementing case rates. The Radiation Oncology Alternative Payment Model was deemed too complex, whereas Cigna’s model, with 1 case rate for all cases was too simple. Renewed interest in case rates, however, is occurring, with the American Society for Radiation Oncology now proposing the Radiation Oncology Case Rate Program for Medicare. This renewed focus suggests the concept of case rates remains promising and may see further development and implementation in the future.

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and genetic counseling, using foundation support when available. As margins continue to tighten, this approach is becoming unsustainable. These services are now potentially billable under the right structures. PIN codes (HCPCS G0023, G0024), for example, allow monthly billing based on the amount of time spent performing services in 60-minute increments, with a 30-minute add-on code available. National rates under the 2025 Medicare Physician Fee Schedule for facility and nonfacility fees range from \$47.55 to \$77.96, respectively, for the 60-minute service. If these services are furnished in a physician practice operated as an HOPD, the hospital may receive an additional reimbursement under the Outpatient Prospective Payment System of \$92.50 under APC 5822 (for HCPCS G0023, not adjusted for labor costs).⁸

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If a cancer navigator were to bill just two G0023 codes (at \$77.96 each) for every patient, with an estimated 250 new patients annually, an estimated \$39,000 could be generated in Medicare reimbursement. This amount alone could cover more than half of a navigator's salary. As of June 1, 2025, the average annual salary for a patient navigator was \$58,946. According to Salary.com, salaries can range from \$44,161 to \$81,728, with most earning between \$51,207 and \$70,871.⁹ Genetic counseling similarly has codes available for billing. The challenge for hospital-based programs is that many of these staff will need to be restructured to report under a billable provider. With the opportunity for additional funding support, this effort is worth exploring.

Determine the value of your brand. Health care organizations are exploring a variety of ways to monetize their brands, and numerous smaller providers are seeking affiliations with larger organizations for access to this brand recognition. Building a strong brand and maintaining its relevance in the market involves sustained investment and strategic positioning. Although patients may not be willing to pay more to be treated at a health care facility with a distinguished brand, the choice of where they would seek care is affected by the perception of quality embedded within the entity's brand.

In an environment with significant competition for medical services, strategic investments that improve brand awareness are critical to ensure continued relevance of providers within their communities. You will be a step closer to monetizing your program's brand by working with legal experts to formulate compliant arrangements and valuation specialists to determine the fair market value of your brands in the context of these arrangements.¹⁰

Revenue Opportunities in Clinical Trials

Consider cost coverage and negotiation. Have a methodology for budgeting and pricing, including fee schedules for research infrastructure and procedures to ensure adequate coverage of administrative and clinical requirements across all sponsors. Negotiate with industry sponsors to ensure clinical trial budgets cover all associated costs—and are consistent with fair market value—such as study start-up and close-out expenses; time for recruitment activities; and pharmacy charges for storing, dispensing, and destroying medications, among other tasks to support sustainability.

Depending on the sophistication of your research enterprise, providers may not be aware they can negotiate or know the true costs associated with a trial to be able to negotiate effectively. Other areas often overlooked or not addressed proactively include making sure your clinical trial agreements ensure start-up items are nonrefundable regardless of study enrollment and establishing communication between your study and finance teams to maximize invoicing to sponsors.

Consider outsourcing the administrative and regulatory components of clinical trial support to reduce burden on program staff. This approach would allow research coordinators and nurses to focus on screening and monitoring patients for trials, likely improving their job satisfaction and retention—and increasing accruals and associated revenues.

Sustainability may become increasingly challenging for governmental trials if an indirect expense rate cap on grants is implemented, further necessitating strong financial management of the clinical trial enterprise. Lastly, diversify trial participation to include industry-sponsored studies, which often provide better financial terms than cooperative group trials.

Oncology team participation. Engage your oncologists in the trial budget and negotiation process to review the protocol for clinical needs (ie, ensure all required tests or scans are identified), aligning the expenses with the financial priorities. Strong relationships between clinical and administrative teams can enhance financial outcomes.

Opportunity 3. Lower Costs

Given the complexities of oncology care delivery, lowering the cost of care should include an equally multifaceted approach that examines cost-reduction strategies using all available tools. Many of the strategies identified below may be achieved through thoughtful assessment of opportunities and deployment of various process improvements. Health systems are increasingly turning to technology to streamline operations and reduce costs, with AI, business intelligence, and automation playing key roles. These efforts may further support an organization's efforts to reduce physician and staff burnout and improve retention.

Assess Drug Costs

Participating in the 340B Drug Pricing Program, if eligible, and affiliating with larger cancer programs to generate group purchasing power are the most effective approaches to drug cost reduction in the United States. Further ensure your cancer program has people and processes in place to use all available rebates and other cost-savings opportunities offered through manufacturer programs.

Evaluate Supply Costs

Investigate bulk purchasing programs with suppliers and participation in consortiums that can reduce the unit cost of supplies. When evaluating supply costs, the objectives should be to eliminate any waste related to unnecessary supply purchases and reduce unit prices through lower-cost products or negotiation.

Offset Non- or Underreimbursed Services

Offering supportive care services, such as navigation, genetic counseling, survivorship, or psychosocial support, is a required component of any comprehensive cancer program. These services, however, are often non- or underreimbursed by payers, which requires cancer programs to seek any avenues available to offset the expenses.

Support is growing for establishing agreements with payers for value-based care reimbursement that factor in the costs for support, yet universal acceptance is slow moving. In the meantime, identify other approaches. Costs may be offset with grant funding or partnerships with national organizations. Affiliate organizations may be able to share resources. Telehealth solutions can now extend access to staff across hospitals to maximize capacity. And some support services can be wholly outsourced to community programs or industry vendors. When outsourcing, focus on the approach to care and maintaining a high-quality patient experience that is seamless with the rest of the cancer program.

Evaluate Staffing Models

Strategies to optimize staffing models may include specialized teams with expertise, flexible scheduling, cross-trained staff, and team-based care models. Evaluate potential for innovative staffing models such as contract labor, outsourcing, or fractional staff across service lines. Also look outside your organization to share staffing across smaller regional cancer programs when only fractional support is needed.

Identify Opportunities for Workflow Efficiencies

The keys to this strategy are appropriately identifying and scoping the problem, as well as leveraging staff trained in process improvement to guide the work for optimal outcomes. Interventions may include leveraging the 5S method (sort, set in order, shine, standardize, sustain) for supply inventories, reducing care variations unique to the practice or program, and training staff to fully leverage technology already employed by the program.

Evaluate Treatment Scheduling to Optimize Operating Costs

Delinking patient appointments from infusion services can optimize operating costs in infusion therapy. Typically, when patients arrive, the process involves obtaining blood work, consulting with a physician, mixing the medication, and starting the infusion, assuming the patient is stable and can receive treatment that day. This process, however, can encounter various bottlenecks that disrupt the efficiency of the infusion suite.

Consider scheduling the blood work and office visit during one appointment, followed by the infusion on a subsequent day. This approach can enhance the efficiency of your infusion suite; however, flexibility should be provided to allow for patient preference, particularly for those traveling long distances for their care. In radiation

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therapy, appointments should similarly be evaluated for optimization, though, in this case, focus should be on ensuring services are being scheduled to consider same-date bundling restrictions.

Consider Site-of-Care Impacts

Different sites of care have both reimbursement impacts and different costs for care delivery, with freestanding locations—lacking higher-cost buildings and overhead that comes with hospital-based facilities—typically costing less. Evaluate and then direct patients to the most cost-effective sites for their care based on the results of a financial assessment. Consider whether locations should be consolidated and/or closed based on volume and financial analysis to further optimize costs to the program. Also implement workflows for acute patients to triage to the appropriate site of care, including establishing oncology-specific urgent care models or reimbursement models for HOPD vs outpatient.

Leverage Technologies to Optimize Quality Care Delivery

Technology platforms can be tailored or customized to meet complex needs, offering solutions that enhance efficiency and effectiveness of patient care and potentially reducing human error. AI tools are increasingly elevating cancer programs' ability to deliver enhanced screening and detection, with algorithms evaluating mammograms, MRIs, and CTs for cancers that may be missed by human experts while further assisting with streamlining documentation.

Advanced technologies and AI are being used to predict patient response to specific cancer drugs and therapies, allowing for more targeted, effective treatments. New digital tools are deployed across the continuum of care in other areas, such as remote patient monitoring, to identify and triage acute adverse effects earlier and reduce patient distress and potential readmissions. To deliver the best quality of care and optimize the delivery process for your program, collaborate with your information technology department and clinical providers, continually evaluate new technologies and AI tools, and determine what investments to make.

Evaluate Technology to Streamline Administrative Functions

For cancer programs looking to reduce rising labor costs or those lacking dedicated staff, technology platforms may offer a partial solution through optimizing the productivity of the existing workforce

As clinical workloads increase due to workforce shortages, leveraging automation can streamline administrative workflows, optimize financial assistance processes, and reduce operational burden—allowing health care teams to focus on patient care rather than manual financial tasks and work at the top of their licenses, aiding in satisfaction and retention.

or providing an outsourcing alternative to fill resource needs to manage these programs effectively. As clinical workloads increase due to workforce shortages, leveraging automation can streamline administrative workflows, optimize financial assistance processes, and reduce operational burden—allowing health care teams to focus on patient care rather than manual financial tasks and work at the top of their licenses, aiding in satisfaction and retention.

Technology can also enhance online scheduling for patients with cancer to reduce call center needs. EHR and software interfaces can automate data entry to enhance productivity of tumor registry case accessioning, genetic counseling assessments, or clinical trial eligibility. Technology and AI tools can automate effective clinical documentation to improve revenue cycle management with less effort. Some technology solution companies also offer staff to fully outsource service support, such as patient assistance solutions with financial navigators.

Technology applications can boost business intelligence capabilities of the administrative team, such as infusion optimization programs that make it easier for managers to enhance their chair and nurse scheduling. When deciding whether to invest in technologies to fill administrative functions, consider not just the positive impact on labor costs or cancer program operating efficiencies. Be informed of the investment costs required to collect, store, transform, and analyze the data and integrate these systems with the existing EHR.

Consider the Opportunity Costs Associated With High-Cost Regimens

Evaluate the financial implications of new and emerging technologies through the lens of opportunity costs. Cancer programs have limited resources, particularly in infusion centers, where patient volumes are limited by the number of available chairs and staff. Some health care organizations may find that the costs of delivering high-cost regimens exceed the reimbursement received. Programs must identify these situations where profit margins are at risk and consider how to best serve their limited capacity.

Scaling to Mitigate Costs

Few cancer programs wish to turn patients away because of the prohibitive costs of certain treatment regimens. To offset the impacts

of these regimens, create opportunities through scale. For instance, theranostics treatments, which involve radioactive materials, may require temporarily closing parts of patient care areas and pharmacy hoods, which can be cost prohibitive when supporting the needs of just a few patients. If the patient population for these treatments is large enough, consolidating treatments at a single location and scheduling multiple patients in a single day may provide enough patient volume to justify dedicating a portion of the infusion center to meet this need. This approach, however, may not be feasible for organizations where patient care areas cannot be restricted for extended periods. In such scenarios, it may be more advantageous to consider alternative sites of care for these treatment modalities.

Closing Thoughts

The financial performance of oncology health care organizations is under significant pressure due to the high costs associated with advanced treatments and technologies, coupled with inadequate reimbursement rates. Despite efforts to innovate through partnerships and value-based care models, many cancer programs struggle with balancing quality care and financial sustainability. Incremental opportunities to improve margins can be found by exploring various strategies to boost patient volumes, increase revenues, and lower program costs.

Evaluating cancer program data for opportunities, considering patient behavior and the care experience, and exploring strategic alliances are essential for volume growth. Seeking optimum negotiated reimbursement and patient assistance funding, leveraging new billing codes, expanding chargeable services, and maximizing clinical trial budgeting can lead to increased revenues. Cost-reduction strategies, which include evaluating drug and supply costs, improving staffing models, and using technology for efficiency, can further enhance the long-term financial viability of oncology care organizations.

There is no one-size-fits-all approach. Cancer programs, however, have myriad tools and tactics available that should be assessed and appropriately implemented to achieve greater financial sustainability. 

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