

How Reimbursement Impacts Supportive Cancer Care Services

BY KRISTIN MARIE FERGUSON, DNP, RN, OCN

ACCC members across all different disciplines, including dietitians, social workers, pharmacists, nurse navigators, financial navigators, genetic counselors, and more, often share with me the same phrase, “I’m the only [insert discipline here] in my clinic.” Many times, these staff are supporting a large patient volume in key care coordination and educational areas, such as nutrition, financial advocacy, side effect management, and genetic counseling.

Being the only staff member providing certain services in a clinic location brings challenges. For example, it limits the individual’s ability to participate in hospital or practice meetings where these team members can share their experiences, communicate patient needs, and attend continuing education events to maintain their license and update their learning. It can also have a negative impact on resiliency, morale, and workload. These clinicians worry when they take time off for their own medical appointments or vacations. They know that they will return to a large volume of patient referrals and an immense amount of work because no one else could assist patients in their absence.

Showing the value and measuring quality metrics for many supportive cancer care services is challenging. These challenges are one of the reasons that many supportive care services are not reimbursed under our current fee-for-service payment methodology. As the United States healthcare system moves to value-based and bundled payments under alternative payment models, it is now more important than ever for cancer programs and practices to quantitatively and qualitatively

measure to show the value these services bring to patients—not only to ensure adequate reimbursement but to justify increasing full-time employees in key roles, like those listed above.

Several bills were introduced to Congress this year advocating for reimbursement increases for different disciplines and roles, including:


- The Access to Genetic Counselor Services Act (H.R. 2144/S.1450)
- The Medical Nutrition Therapy Act of 2021 (H.R. 3108/S.1536)
- The Improving Access to Mental Health Act (S.870/H.R. 2035)
- The Pharmacy and Medically Underserved Areas of Enhancement Act (H.R. 2759/S.1362).

Elizabeth Fowler, JD, PhD, director for the Center for Medicare & Medicaid Innovation (The Innovation Center), recently commented that in the push toward a more value-based healthcare system, The Innovation Center is considering additional mandatory alternative payment models. This means that cancer programs and practices will need to focus in on how quality metrics are created, what services impact patient outcomes, and how supportive care services can improve these outcomes. Oftentimes, staffing shortages in supportive care services increase physician and advanced practice provider (APP) workload as these clinicians take on additional tasks, such as completing patient paperwork, offering financial assistance, and educating patients about nutrition or genetic counseling. Having additional, highly trained staff members who can effectively deliver on these types of supportive care services

improves patient satisfaction and frees up physicians and APPs to see more patients, reducing wait times.

In terms of achieving health equity, data reflect the need for higher levels of supportive care services for historically marginalized patient populations to help reduce—or even prevent—negative outcomes, such as financial toxicity, malnutrition, and/or untreated anxiety or depression.

In her 2021-2022 ACCC President’s Theme, Krista Nelson, MSW, LCSW, OSW-C, FAOSW, calls out the need to focus on health equity and social justice, to offer high-reach, high-impact supportive care services and innovative care delivery models that demonstrate measurable value, and to strengthen a culture that supports resiliency as an essential for practice. Ensuring that patients with cancer have access to high-quality supportive care services and measuring the impact of these services are essential to providing high-quality care. Ensuring that supportive care staff have the resources and time to reach all patients in need is essential to maintaining a resilient workforce that can provide these high-quality services.

Are you a program manager or administrator looking to “Make the Case” for hiring additional supportive care staff? ACCC has developed several business case studies to help at: acc-cancer.org/hiring-new-staff. In the next 12 months, ACCC plans to add two additional business case studies for oncology social workers and oncology pharmacists. 

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