The vast majority of survey respondents (98%) say that their EHRs “to a very large extent” have increased the workload of their physicians and staff.
Cancer programs continue to struggle to meet patient-centered Cancer Care Oncology (CCO) standards and/or quality reporting programs.

What type of group has your cancer program affiliated with?

- Academic medical center
- Freestanding cancer practice
- Non-clinical staff
- Multispecialty group
- Private oncology practice
- National oncology group
- Physician alignment around services and program goals
- Market competition has increased for services or co-management agreement?
- Neither— 21%
- Very satisfied— 18%
- Dissatisfied— 16%
- Slightly satisfied— 15%
- Outstanding— 12%
- Below average— 8%

Top Reasons Driving These Marketplace Changes

- Increased reimbursement
- Bundled payments, episode-based payments
- Pay-for-performance
- More aligned with hospitals
- Decreased market share
- Other (e.g., increase access to clinical trials, provide care closer to home)

What type of patient portal can your EHR system link with different EHRs?

- Multiple patient portals
- Standard 2.4 Palliative Care Services
- Standard 3.3 Survivorship Care Plan
- Standard 3.2 Psychosocial Distress Screening
- Standard 1.9 Clinical Research Accrual

The Pathways Most Traveled?

- Electronic health record (EHR) platforms.
- Survey respondents report using multiple EHRs.
- EHR system(s).
- Four in five respondents reported using EHR adoption.
- More than 5 years
- Less than 1 year
- 1 to 3 years
- How long has your cancer program been using your main EHR system?

- 27%
- 14%
- 25%
- 32%
- 18%
- 16%
- 7%
- 15%
- 10%
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## Accreditation & Quality Care

### Top Reasons Driving These Marketplace Consolidations

- **Satisfied**
  - 47%
  - 21%
  - 21%
  - 3%
- **Neither**
  - 49%

### What do you consider when choosing a cancer program?

- **Neither**
  - 3%
- **Significantly increased**
  - 4%
- **Slightly increased**
  - 51%
- **Stayed the same**
  - 31%
- **Significantly decreased**
  - 8%
- **Slightly decreased**
  - 8%

### What type of patient portal do you use?

- **EHR system**
  - 51%
  - 31%
  - 16%
- **Other**
  - 8%

### Is there a patient portal that can work with all your EHRs?

- **Yes**
  - 47%
  - 27%
  - 9%
  - 4%
  - 4%
- **No**
  - 53%

### How confident are you in your patients’ ability to use valuable patient resources?

- **Not confident**
  - 46%
  - 31%
  - 16%
  - 7%
  - 5%
- **Confident**
  - 54%

### Market competition has increased for the majority of cancer programs.

<table>
<thead>
<tr>
<th>Competition Increase</th>
<th>Significantly increased</th>
<th>Slightly increased</th>
<th>Stayed the same</th>
<th>Slightly decreased</th>
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</thead>
<tbody>
<tr>
<td>25%</td>
<td>31%</td>
<td>84%</td>
<td>65%</td>
<td>63%</td>
<td>7%</td>
</tr>
</tbody>
</table>

### Overall patient satisfaction with cancer programs.

- **Significantly increased**
  - 21%
  - 16%
  - 15%
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What types of advanced practitioners does your cancer program use?

- Medical oncologists (47%)
- Surgeons (33%)
- Physician assistants (13%)
- Mid-level practitioners (≤50 genes) (27%)
- Mid-level practitioners (≥50 genes) (19%)
- Residents (14%)
- Interns (8%)
- Advanced practice nurses (5%)
- Other
- Not sure

Provide one-on-one patient education

- 92%

Dictate patient notes

- 88%

Conduct survivorship visits

- 77%

Provide symptom management

- 85%

Provide education on oral therapies

- 62%

Most popular answers on the length of time your organization is adding palliative care advanced practitioners in the last year:

- 1-3 months (11%)
- 4-6 months (29%)
- 7-9 months (41%)
- 10-12 months (14%)

Most popular answers on the length of time your organization is adding palliative care physicians in the last year:

- 1-3 months (14%)
- 4-6 months (13%)
- 7-9 months (29%)
- 10-12 months (11%)
- 13-15 months (8%)
- 16-24 months (12%)

The majority of cancer programs report offering breast (83%) and colorectal cancer (83%) screening programs.

Survey respondents report referring less breast cancer patients to their financial advisors.

- 41% for patients who indicate “very uncomfortable”
- 32% for patients who indicate “not uncomfortable”
- 31% for patients who indicate “not uncomfortable”

How many patients does a nurse navigator at your cancer program actively assist?

- 126-150 patients (13%)
- 101-125 patients (13%)
- 76-100 patients (13%)
- 51-75 patients (13%)
- 26-50 patients (13%)
- 20-25 patients (13%)
- 10-19 patients (13%)
- 4-6 patients (13%)
- 0 patients (13%)

Most popular responses on the length of time your organization is adding genetic counselors in the next year:

- 1-3 months (13%)
- 4-6 months (13%)
- 7-9 months (13%)
- 10-12 months (13%)
- 13-15 months (13%)
- 16-24 months (13%)

Most popular responses on the length of time your organization is adding genetic counselors in the next year:

- 1-3 months (13%)
- 4-6 months (13%)
- 7-9 months (13%)
- 10-12 months (13%)
- 13-15 months (13%)
- 16-24 months (13%)

The majority of cancer programs report offering colon (92%) and prostate (92%) cancer screening programs.

Only 1 in 4 survey respondents report seeing financial counselors only 1 in 4 survey respondents report seeing financial counselors.
Top tasks performed by advanced practitioners:

- Radiation oncologists
  - Dictate patient notes
  - Conduct survivorship visits
  - Provide symptom management
- Medical oncologists
  - Clinical nurse specialists
  - Nurse practitioners

For which of the following types of molecular testing do your cancer programs send biopsy samples?

- Whole genome sequencing
- Small panel testing
- Whole-genome sequencing (≥50 genes)
- Whole-genome sequencing (≤50 genes)
- HER2
- OncotypeDX
- Other (e.g., KRAS, EGFR, 19 other tests; list specific tests provided in survey)

My cancer program’s infusion clinic treats:

- Both hematology/oncology and surgery patients
- Surgery patients only
- Both hematology/oncology and surgery patients

Use of oral chemotherapy continues to increase—36% of survey respondents say the percentage of patients receiving oral chemotherapy has significantly increased, while 42% report a slight increase.

What staff members are dedicated to helping support patients on oral chemotherapy?

- Pharmacist(s)
- Nurse(s)
- Other (please specify:)

Despite nearly all providers (96%) prescribing medications for oncology patients, nearly half (49%) have concerns for medical oncologists, and 1 in 5 (20%) have open positions for advanced practitioners.

Top 4 responsibilities of a financial advocate:

- Provide support management
- Controversial follow-up unpaid and in a very complex class
- Controversial variances class
- Provide care in some patients plans

How cancer programs plan on using telehealth:

- Physician to patient
- Patient to patient
- Hospital to hospital
- Other

Survey respondents report referring less than 3% of cancer patients to their financial advocates.

About half (47%) of survey respondents that conducted testing sends small-molecule samples to outside labs, only 1 in 4 (25%) have in-house labs.

The majority of cancer programs offer lower (64%), long (59%), and advanced (51%) screening programs.

Survey respondents invest in additional staff:

- Only 1 in 4 (25%) of respondents plan on developing in-house labs.

Survey respondents report referring less than 3% of cancer patients to their financial advocates.

Which statement best describes your organization’s relationship with physicians?

- All private practice physicians with an exclusive contract with our institution
- All private practice physicians with an in-house contract with our institution and other facilities
- Mix of employed physicians and non-physicians
- 66%
- 27%

Top 6 Responsibilities of a Financial Advocate:

- Provide support management
- Controversial follow-up unpaid and in a very complex class
- Controversial variances class
- Provide care in some patients plans

Most popular responses on the length of integration programs for success with 12 years of NON-ONCOLOGY experience.

- 46-60 patients
- 31-45 patients
- 26-30 patients
- 21-25 patients
- 16-20 patients

Despite the uncertain healthcare environment and rise to reimbursement, cancer programs continue to grow their service bases to meet the demands to personalize, patient-centered care.

How are nurse navigators in your program staffed and supported?

- 1 in 4 (25%) of nurses
- 1 in 3 (33%)
- 1 in 2 (50%)
- Other

Survey respondents are currently developing and 41% plan on implementing them.

Only 1 in 4 survey respondents own a specialty pharmacy; 80% plus to open a specialty pharmacy in the next year. Why?

- To respond to patient’s needs
- To expand access
- To improve clinical outcomes
- To improve patients experience
- To ensure affordability
- To respond to commercial payers
- To improve cost management
- To respond to non-commercial payers
- To respond to pharmacy
- To respond to pharmacists

Survey respondents are currently developing and 41% plan on implementing them.

The demand for personalized, patient-centered care.

Survey respondents report referring less than 3% of cancer patients to their financial advocates.

How many patients does a nurse in your program assign to a nurse as an AVERAGE day at your infusion center?

- 10-12 patients per nurse
- 7-9 patients per nurse
- 4-6 patients per nurse
- Not sure

Clinical Staffing & Services

What types of advanced practitioners does your cancer program use?

- Radiation oncologists
- Medical oncologists
- Clinical nurse specialists
- Nurse practitioners
- Other (please specify:)

Top mid-levels performed by advanced practitioners:

- Medical oncologists
- Clinical nurse specialists
- Nurse practitioners
- Others (please specify):
More than half of survey respondents (56%) have open FTE vacancies. (1) 47% of survey respondents report FTE vacancies among medical oncologists. (2) 31% report FTE vacancies among radiation oncologists. (3) 92% report FTE vacancies among clinical nurse specialists. (4) 56% report FTE vacancies among nurse practitioners. (5) 92% report FTE vacancies among physician assistants. (6) 81% report FTE vacancies among surgeons.

Supportive Care

Survey respondents report referring breast cancer patients to their financial advocates.

The majority of cancer programs offer a Dedicated Financial Advocate on staff.

Survey respondents invest in additional staff.

Top 4 Responsibilities of a Financial Advocate:

Providing care coordination and triage services

Survey respondents report the majority of their patients who indicate financial concerns are currently managed by a Financial Advocate. (4) 91% of survey respondents report offering free or reduced-cost services to patients.

How many patients does a nurse manage at any given time?

Most popular responses on the length of treatment programs for breast cancer with 2 years of Non-oncology Experience.

1 in 4 cancer programs report 4+ years experience, but less than 25% report 30% or more experience.

1 in 4 cancer programs report 2+ years experience of total cost of treatment estimates.

1 in 4 cancer programs report 1+ years experience of signing patients up for Medicaid.

Only 1 in 4 survey respondents report offering a specialty pharmacy to patients. 13% plan to open a specialty pharmacy in the next year. (2017 ACCC National Oncology Conference Live polling of attendees)

TeleHealth Takes Off!

Despite the uncertain healthcare environment and cuts to reimbursement, cancer programs continue to grow their services to meet the demands of personalization, patient-centered care, and improving care coordination.

The results of Live polling of attendees at the 2017 ACCC National Oncology Conference show that:

1. 1 in 4 respondents were looking to add palliative care advanced practitioners in the last year; 15% plan to add them in the next year.

2. 1 in 2 respondents (56%) are currently developing and 41% plan to develop symptom management in their clinic; 26% are currently developing and 41% plan to develop symptom management clinics in the next year.

3. 1 in 3 respondents (33%) have added nurse navigators in the last year; 11% plan to add them in the next year.

4. 1 in 5 respondents (20%) have open vacancies for medical oncologists; 1 in 3 (33%) have open vacancies for radiation oncologists; and 1 in 3 (33%) have open vacancies for clinical nurse specialists.

5. 1 in 4 respondents (25%) have open vacancies for physician assistants; and 1 in 3 (33%) have open vacancies for nurse practitioners.

6. 1 in 5 respondents (20%) have open vacancies for surgeons.
For which of the following types of molecular testing do your cancer programs need biopsy samples?

- 8% Single gene testing
- 26% Whole genome sequencing
- 24% Large panel testing
- 14% Single gene (≥50 genes)
- 16% Single gene (≤50 genes)
- 12% Whole genome (≥50 genes)
- 4% Large panel (≥50 genes)
- 8% Single gene testing

Top 6 Responsibilities of a Financial Advocate

- 44% Providing total cost of treatment estimates as requested
- 32% Helping ALL uninsured patients
- 26% Signing patients up for primary insurance
- 21% Providing out-of-pocket cost estimates
- 18% Identifying and helping patients obtain medications
- 15% Providing patients with assistance to obtain subsidies and support of Medicaid

Survey respondents report referring breast cancer patients to their financial advocates.

3 out of 4 cancer programs surveyed have a dedicated financial advocate on staff.

How are you using targeted therapy?

- 31% Nivolumab
- 24% Pembrolizumab
- 17% Atezolizumab
- 14% Cabozantinib
- 11% Bevacizumab
- 8% Axitinib
- 7% Osimertinib

One in 4 survey respondents own a specialty pharmacy; 80% plan to open a specialty pharmacy in the next year.

To generate revenue for the practice, one-third of survey respondents report implementing a Financial Advocate. While the majority of cancer programs offer to cover 100% of uninsured patients, almost one-third do not cover uninsured patients.

Survey respondents report referring breast cancer patients to their financial advocates.

3 out of 4 cancer programs surveyed have a dedicated financial advocate on staff.

Most popular responses on the length of observation programs for success with 25% of NON-ONCOLOGY experience.

- 46% 1-2 years
- 26% 2-4 years
- 19% 4-6 years
- 7% 6-10 years
- 4% 10-15 years
- 2% 15-20 years
- 1% 20-25 years
- 1% 25 years or more

Top 4 Responsibilities of a Financial Advocate

- 88% Providing out-of-pocket cost estimates
- 85% Navigating patients for Medicaid
- 70% Providing financial support for uninsured, including assistance with Medicaid
- 75% Providing total cost of treatment estimates
- 58% Navigating patients for Medicare

Supportive Care

Despite the uncertain healthcare environment and cuts to reimbursement, cancer programs continue to give their service to keep the doors of personalized, patient-centered care open.

The majority of cancer programs offer to cover 100% of uninsured patients.

Survey respondents report referring breast cancer patients to their financial advocates.

3 out of 4 cancer programs surveyed have a dedicated financial advocate on staff.

Most popular responses on the length of observation programs for success with 25% of NON-ONCOLOGY experience.

- 46% 1-2 years
- 26% 2-4 years
- 19% 4-6 years
- 7% 6-10 years
- 4% 10-15 years
- 2% 15-20 years
- 1% 20-25 years
- 1% 25 years or more

The vast majority of survey respondents (96%) say that their EHRs help maintain the health and wellness of their physicians and staff.

How long has your cancer program been using your MAIN EHR(s)?

- Less than 1 year: 31%
- 1 to 3 years: 36%
- 3 to 5 years: 21%
- 5 or more years: 21%

What type of group has your cancer program partnered with in the past 12 months?

- National oncology group: 46%
- Independent practice: 39%
- Academic medical center: 24%
- Freestanding cancer practice: 18%
- Non-teaching community hospital: 9%
- Other: 7%

They merged with or acquired a health system or hospital—

- They affiliated with a cancer program (e.g., for research, professional services or co-management agreement)—
  • They entered into a professional services agreement or co-management agreement—
  • They merged with or acquired an independent physician practice—
  • They merged with or acquired a health system or hospital—

Top Barriers Driving These Multimarketplace Partnerships

- EHR interoperability: 27%
- Service line is participating in these programs: 16%
- CoC standards are “somewhat challenging”: 15%
- CoC standards are “very challenging”: 3%

What type of patient portal do you use?

- Single portal for all patients: 46%
- Multiple patient portals: 46%
- Other EHR vendors: 8%

Who took our survey?

- 46% respondents were from practice-based organizations (e.g., freestanding cancer centers, independent physician groups, and academic medical centers).
- 39% respondents were from community hospitals.
- 6% respondents were from an independent practice.
- 5% respondents were from an academic medical center.
- 2% respondents were from a freestanding cancer practice.
- 1% respondents were from a non-teaching community hospital.
- 1% respondents were from other organizations.

Half of survey respondents say that their EHRs have “slightly decreased” their clinical workflows and are able to spend more time with patients. 16% report a decrease in time with patients “significantly decreased” after EHR adoption.

Top 3 biggest IT Challenges for Cancer Programs

- Interoperability: 37%
- Service line is participating in these programs: 24%
- CoC standards are “somewhat challenging”: 18%
- CoC standards are “very challenging”: 3%

Survey respondents report using multiple EHR platforms.

- One EHR in four or fewer clinics (1 to 4 EHRs): 75%
- 2 to 3 EHRs: 17%
- 4 EHRs: 8%