

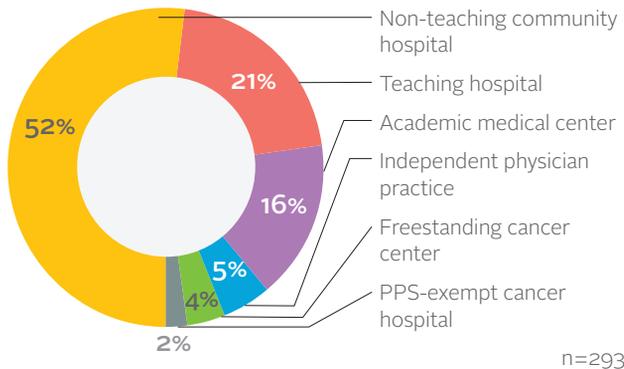
Highlights from the 2017 Trending Now in Cancer Care Survey

A joint survey of the Association of Community Cancer Centers (ACCC) and the Advisory Board Oncology Roundtable.

ACCC Members can access full survey results at: acc-cancer.org/trends

This resource is a benefit of membership

Who took our survey?

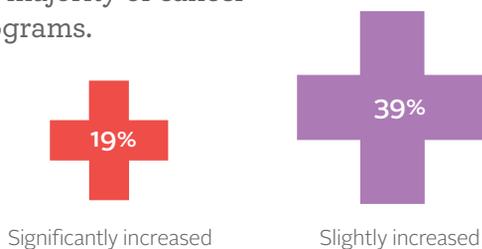


Top Threats to Future Cancer Program Growth

(Percentage of respondents that ranked threat in top 5)

- 68% Cost of drugs and/or new treatment modalities
- 47% Physician alignment around services and program goals
- 46% Changes in healthcare coverage
- 44% Cuts to fee-for-service reimbursement
- 43% Shifting reimbursement from fee for service to value-based care
- 35% Marketplace competition

Market competition has increased for the majority of cancer programs.



Top Opportunities for Cost Savings

(Percentage of respondents that ranked opportunity in top 3)

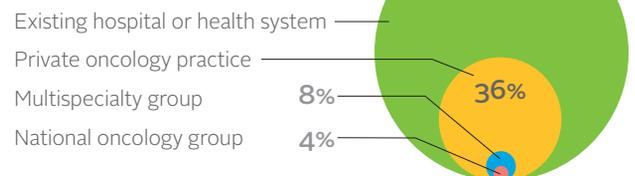
- 63% Clinical standardization
- 62% Drugs
- 28% Supplies
- 24% Capital expenses (e.g., radiation and imaging equipment)
- 22% Non-clinical staff (e.g., financial advocates, billing and coding specialists)



Marketplace consolidation continues with survey respondents reporting that:

- They merged with or acquired a health system or hospital—21%
- They affiliated with a cancer program (e.g., for research, branding, access to subspecialists)—18%
- They merged with or acquired an independent physician practice—16%
- They entered into a professional services agreement or co-management agreement—16%

What type of group has your cancer program or practice decided to partner with?



How satisfied has your organization been with this merger, acquisition, affiliation, or professional services or co-management agreement?

- Satisfied—49%
- Very satisfied—21%
- Neither—21%
- Dissatisfied—7%
- Very dissatisfied—3%



Top Reasons Driving These Marketplace Partnerships



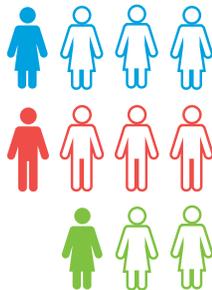
IT Challenges & Barriers to Care

Top 3 Biggest IT Challenges for Cancer Programs

- 37%** EHR interoperability
- 22%** Automating data abstraction
- 17%** Insufficient support from IT team

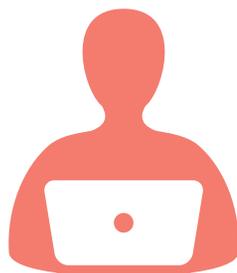
Survey respondents report using multiple EHR platforms.

- **1 in 4** use **four** or more EHR platforms.
- **1 in 4** use **three** EHRs.
- **1 in 3** use **two** EHRs.



While half of survey respondents (**51%**) report that their EHR platforms have interoperability capabilities (i.e., the capability to transmit a summary of a patient's care to other systems), nearly 1 in 3 (**31%**) say their EHRs do **NOT** have that capability.

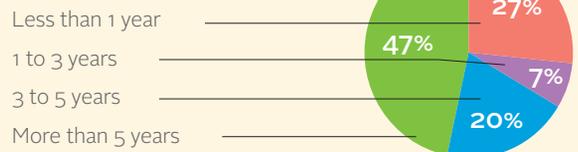
The vast majority of survey respondents (**80%**) say that their EHR system(s) have increased the workload of their physicians and staff.



Half of survey respondents say that their EHR has “slightly decreased” the time providers are able to spend with patients; **16%** report clinician time with patients has “significantly decreased” after EHR adoption.

Live polling of attendees at the 2017 ACCC National Oncology Conference

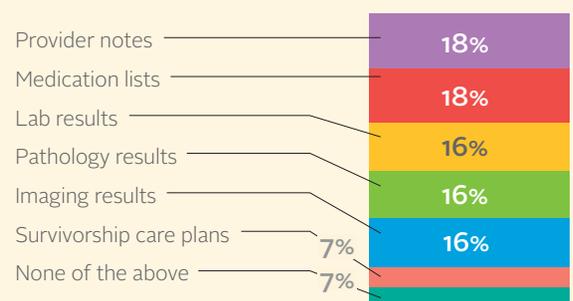
How long has your cancer program been using your MAIN EHR system?



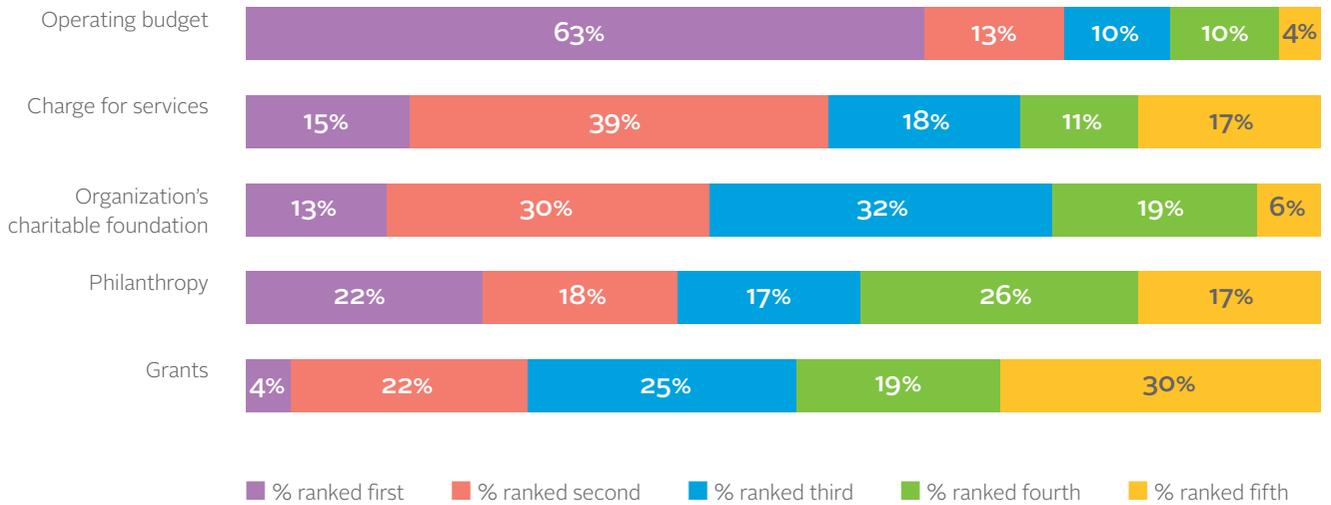
What type of patient portal are you using?



What types of reports can your EHR directly communicate to providers outside of your cancer program?



How does your program fund non-reimbursed services (e.g., financial, navigation, and nutrition services)?



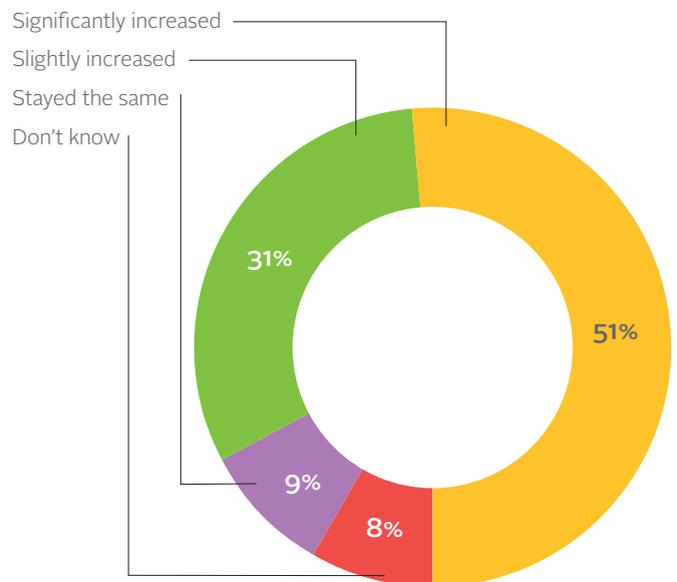
What strategies do you use to address healthcare disparities and/or access-to-care issues?

- 84%** Partner with community organizations in outreach efforts to underserved populations
- 84%** Use translators or translation software to ensure patients can participate in shared decision making
- 80%** Use nurse navigators to help underserved patients
- 73%** Offer education and resources to patients and care-givers to help improve their health literacy
- 61%** Partner with organizations to provide transportation for patients
- 40%** Open satellite locations so patients can receive care in their own communities
- 39%** Implement a transportation program to ensure patients can get to their treatment visits
- 35%** Use lay navigators to help underserved patients

Only **27%** of survey respondents report that their oncologists participate in a molecular tumor board, with the biggest barrier to molecular testing being concerns about insurance coverage (**82%**).



In the past 12 months, the percentage of services requiring pre-authorizations has:



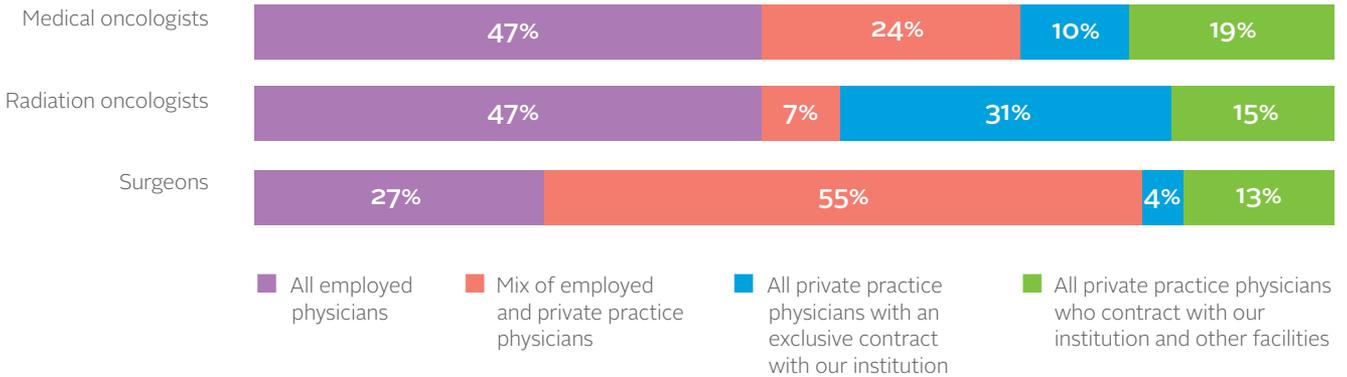
Biggest Barriers to Clinical Trials

- 28%** Patient interest
- 27%** Physician engagement and awareness
- 23%** Program infrastructure (e.g., lack of means to identify eligible patients and track outcomes)



Clinical Staffing & Services

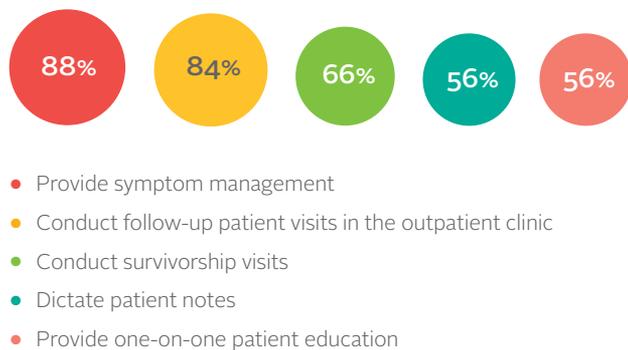
Which statement best describes your organization's relationship with physicians?



What types of advanced practitioners does your cancer program use?

- 81% Nurse practitioners
- 41% Physician assistants
- 21% Clinical nurse specialists
- 12% We do not use advanced practitioners

Top tasks performed by advanced practitioners:



 More than half of survey respondents (60%) report FTE vacancies for oncology nurses; nearly half (47%) have vacancies for medical oncologists; and 1 in 3 (35%) have open positions for advanced practitioners.



Use of oral chemotherapy continues to increase—34% of survey respondents say the percentage of patients receiving oral therapies has significantly increased, while 49% report a slight increase.

What staff members are dedicated to helping manage patients on oral therapies?

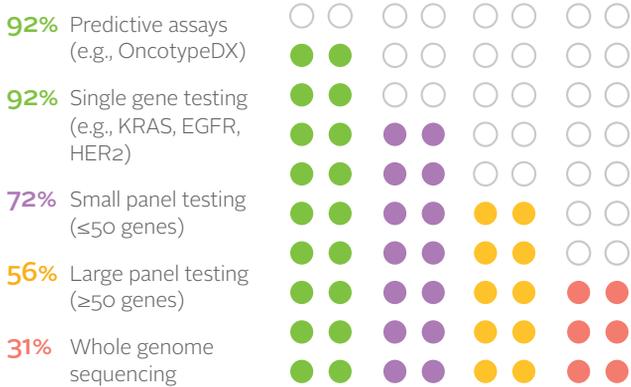
- Nurse(s)
- Physician(s)
- Advanced practitioner(s)
- Pharmacist(s)



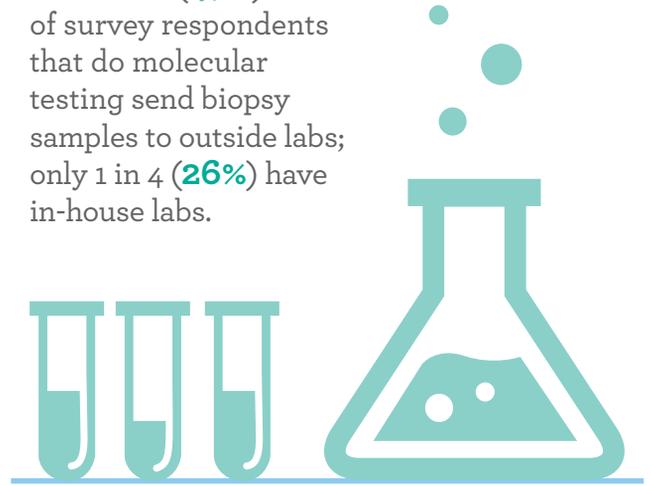
Despite nearly all providers (96%) prescribing immunotherapeutic agents, providers are split on management of immune-related adverse events and side effects, with 33% reporting they are “very comfortable” and 32% reporting they are “very uncomfortable” with this type of management.



For which of the following types of molecular testing does your cancer program send biopsy samples?



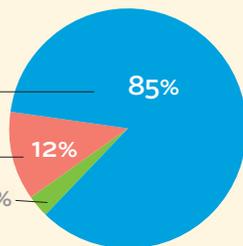
About half (47%) of survey respondents that do molecular testing send biopsy samples to outside labs; only 1 in 4 (26%) have in-house labs.



Live polling of attendees at the 2017 ACCC National Oncology Conference

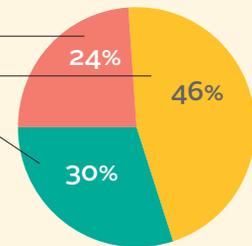
My cancer program's infusion clinic treats:

- Both hematology/oncology and non-hematology/oncology patients
- Hematology/oncology patients only
- Not sure



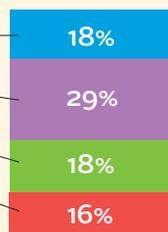
How many patients are assigned to a nurse on an AVERAGE day at your infusion center?

- 4-6 patients per nurse
- 7-9 patients per nurse
- 10-12 patients per nurse



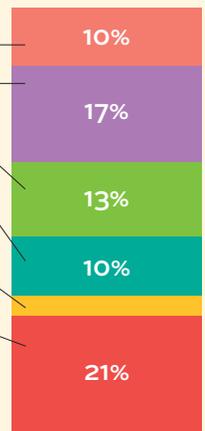
Most popular answers for how many TOTAL patients are seen daily in your infusion center:

- 16-30 patients
- 31-45 patients
- 46-60 patients
- 61-75 patients



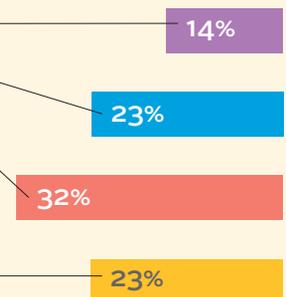
What clinical services does your infusion center offer on the weekends?

- Chemotherapy/immunotherapy infusions lasting less than 4 hours
- Injections
- Hydration
- Clinical triage/walk-in services
- We do not have weekend hours but we plan on implementing them within the next 12 months.
- We do not have weekend hours and do NOT plan on implementing them.



Most popular responses on the length of orientation programs for nurses with 1+ years of NON-ONCOLOGY experience:

- 4-6 weeks
- 8-10 weeks
- 10+ weeks
- We only hire nurses with experience in oncology



Supportive Care



Despite the uncertain healthcare environment and cuts to reimbursement, cancer programs continue to grow their service lines to meet the demand for personalized, patient-centered care.

- **19%** are currently developing and **15%** plan on developing symptom management clinics in the next year.
- **19%** are currently developing and **13%** plan on developing symptom management phone triage centers in the next year.
- **12%** are currently developing and **19%** plan on developing high-risk clinics in the next year.
- **14%** are currently developing and **13%** plan on developing complementary and alternative services in the next year.
- **20%** are currently developing and **14%** plan on developing survivorship clinics in the next year.

Telehealth Takes Off!



1 in 3 cancer programs plan on using this technology to offer genetic counseling and survivorship visits in the next 2 years.

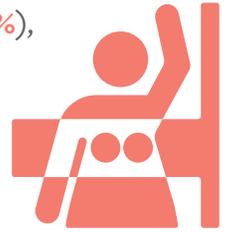


1 in 4 cancer programs plan on using this technology to offer symptom management consults, symptom monitoring, and oral chemotherapy adherence and support in the next 2 years.



1 in 5 cancer programs plan on using this technology to offer nutrition counseling, psychosocial counseling, medication management, and second opinions in the next 2 years.

The majority of cancer programs offer breast (**94%**), lung (**83%**), and colorectal cancer (**63%**) screening programs.



Survey respondents invest in additional staff.

- **18%** added palliative care physicians in the last year; **14%** plan to add them in the next year.
- **16%** added palliative care advanced practitioners in the last year; **15%** plan to add them in the next year.
- **18%** added nurse navigators in the last year; **11%** plan to add them in the next year.



- **12%** added genetic counselors in the last year; **13%** plan to add them in the next year.

Top 3 screening programs being developed in the next year at surveyed organizations:

1. Head and neck cancer (**13%**)
2. Gynecologic cancer (**11%**)
3. Colorectal cancer (**9%**)



1 in 4 cancer programs report FTE nurse navigator (**25%**) and registrar (**26%**) vacancies.



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



Survey respondents report referring these cancer patients to their financial advocates:

- 41%** ALL patients who indicate financial concerns
- 32%** ALL uninsured patients
- 31%** ALL patients

Top 6 Responsibilities of a Financial Advocate:

- 86%** Providing out-of-pocket cost estimates
- 86%** Signing patients up for Medicaid
- 80%** Signing patients up for primary insurance
- 78%** Signing patients up for supplemental, secondary, or prescription insurance
- 77%** Providing total cost of treatment estimates
- 62%** Transportation assistance

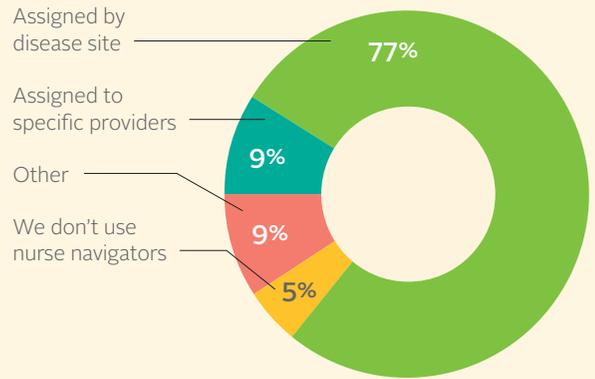


Only **1 in 4** survey respondents own a specialty pharmacy, but **20%** plan to open a specialty pharmacy in the next year. Why?

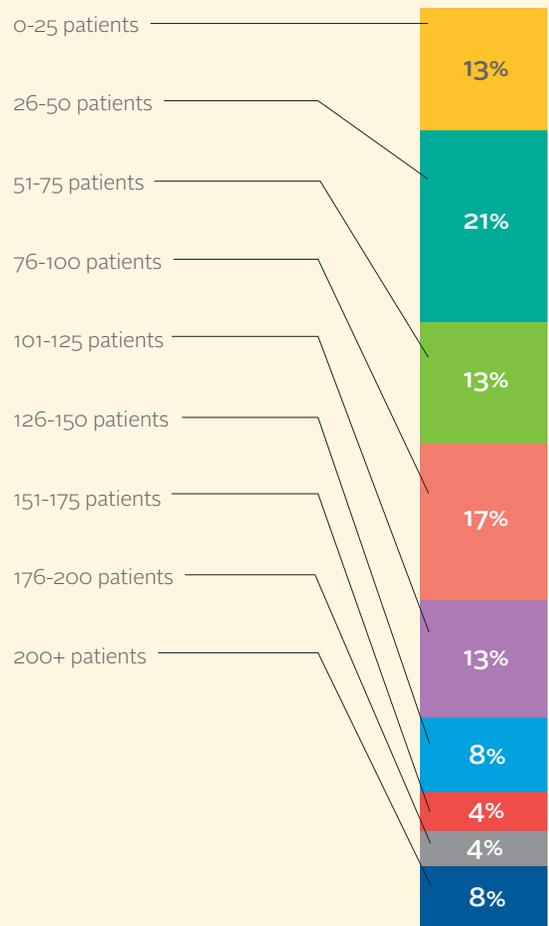
- 91%** To make it easier for patients to obtain medications
- 88%** To generate revenue for the organization
- 81%** To improve patient education and support (e.g., track refills and improve compliance)

Live polling of attendees at the 2017 ACCC National Oncology Conference

How are nurse navigators in your program assigned a patient load?



How many patients does a nurse navigator at your cancer program actively manage at any given time?



Accreditation & Quality Care

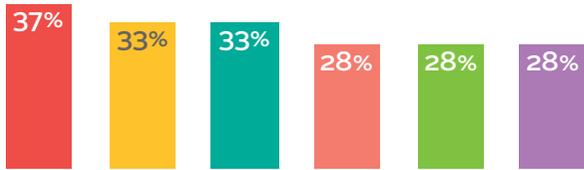
Cancer programs continue to struggle to meet patient-centered Commission on Cancer (CoC) standards.

- **Half** find it “very challenging” to meet Standard 3.3 Survivorship Care Plan.
- **1 in 5** find it “very challenging” to meet Standard 1.9 Clinical Research Accrual.



Survey respondents report that these CoC standards are “somewhat challenging” to meet:

- Standard 1.9 Clinical Research Accrual
- Standard 3.1 Patient Navigation Process
- Standard 3.2 Psychosocial Distress Screening
- Standard 3.3 Survivorship Care Plan
- Standard 2.3 Genetic Counseling and Risk Assessment
- Standard 2.4 Palliative Care Services



How have respondents derived value from accreditation(s) and/or quality reporting programs?

- **84%** use them to drive internal quality improvement efforts.
- **40%** use them to help market the cancer program to referring providers.
- **31%** use them to help attract self-directed patients.



84%



40%



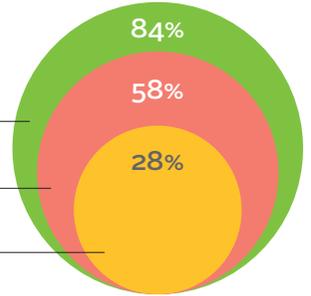
31%

How do survey respondents collect their clinical quality care data?

Extracted from cancer registry

Automated extraction from EHR

Manually extracted from paper charts

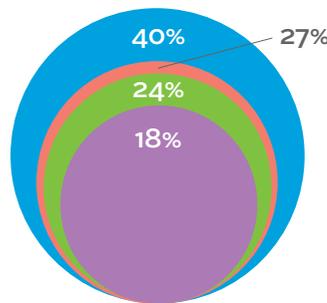


The Pathways Most Traveled?

- **1 in 3** cancer programs have developed and implemented their own clinical pathways for medical oncology (**32%**) and radiation oncology (**30%**).
- **1 in 4** use Value Pathways powered by NCCN for medical oncology; only **14%** of cancer programs are using them in radiation oncology.

Survey respondents report their oncology service line is participating in these value-based contracts:

- Shared savings or accountable care organization (ACO)
- The Oncology Care Model (OCM)
- Pay-for-performance (including pathways compliance bonus)
- Bundled payments, case-rate payments, and/or episode-based payments with private payers (excluding the OCM)



Despite both public and private payers moving from fee-for-service to value-based reimbursement, **1 in 3** cancer programs are still **NOT** participating in value-based contracts.