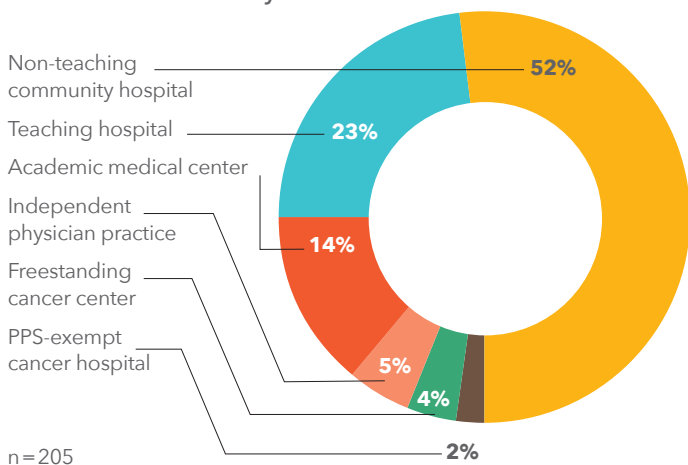


Highlights from the A joint survey of the Association of Community Cancer Centers (ACCC) and the Oncology Roundtable 2018 Trending Now in Cancer Care Survey

Who Took Our Survey



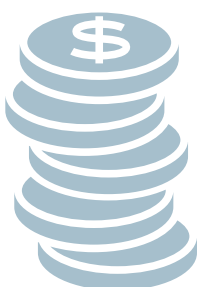
Top Threats to Future Cancer Program Growth

(Percentage of respondents that ranked these threats in top 5)

- 48%** Reimbursement requirements from payers
- 48%** Cost of drugs and/or new treatment modalities
- 40%** Uncertainties in drug pricing reform policies
- 36%** Workforce planning (e.g., recruiting and retaining staff)
- 36%** Marketplace competition
- 31%** Cost of new treatment processes and equipment
- 30%** Shifting reimbursement from fee-for-service to value-based care
- 29%** Physician alignment around services and program goals
- 25%** Cuts to fee-for-service reimbursement
- 23%** Payers shifting additional costs to patients (e.g., high-deductible health plans)

Top 5 Opportunities for Cost Savings

(Percentage of respondents that ranked these opportunities in top 3)

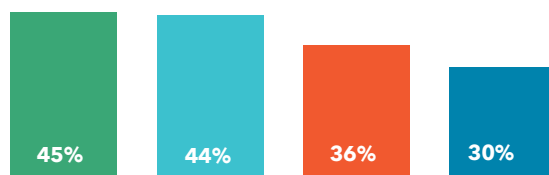


- 54%** Clinical standardization—down from 63% in 2017
- 54%** Symptom management
- 42%** Drugs—down from 62% in 2017
- 41%** Care coordination
- 39%** Non-clinical staff (e.g., financial advocates, billing and coding specialists)—up from 22% in 2017

4 Investments Most Likely to Yield ROI

(Percentage of respondents that ranked these investments in top 3)

- Care coordination
- Increasing the number of sub-specialists (for example breast specialists, GYN oncologists)
- Symptom management
- Screening services



Marketplace consolidation slows between 2017 and 2018 surveys, with respondents reporting:



- 59%** No consolidation in their marketplace
- 18%** Merging with or acquiring a health system or hospital—(down from 21%)
- 14%** Affiliating with a cancer program—(down from 18%)
- 14%** Merging with or acquiring an independent physician practice—(down from 16%)
- 13%** Entering into a PSA or co-management agreement—(down from 16%)

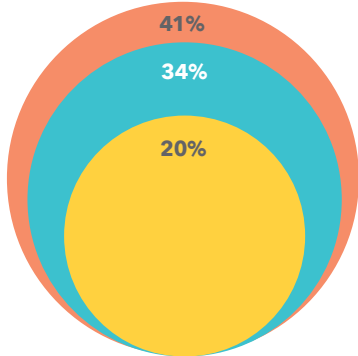
At the same time, satisfaction with mergers, acquisitions, affiliations, and/or agreements has increased.



- 48%** Very satisfied (up from 21% in 2017)
- 48%** Satisfied (49% in 2017)
- 3%** Not too satisfied (compared to 21% neither satisfied or dissatisfied in 2017)
- 0%** Not at all satisfied (compared to 7% dissatisfied and 3% very dissatisfied in 2017)

IT Challenges & Barriers to Care

How is your cancer program addressing EHR interoperability challenges?



- Replaced existing oncology module with the organization's EHR module
- Developed custom interfaces between oncology module and EHRs
- Extracted data from source systems and deposited it in a data repository

19% report that their cancer program has not yet addressed interoperability challenges; only 3% report "no interoperability challenges."

Positives—and Negatives—of EHRs

- EHRs improve care coordination—**14%** say this technology has "significantly improved" and **55%** say it has "somewhat improved" care coordination.
- Nearly **70%** of respondents say that EHRs have lengthened the workdays of physicians and staff.
- EHRs have had a negative impact on physician and staff well-being—**10%** report EHRs have "significantly worsened" and **49%** report that EHRs have "somewhat worsened" provider well-being.
- **41%** feel that EHRs have had a negative impact on provider-patient interactions during appointments.
- **1/4** (26%) say that EHRs have had a negative impact on physician and staff retention.



6 Most Popular Services CURRENTLY PROVIDED via Telehealth



- 35%** Genetic counseling
- 20%** Oral chemotherapy adherence education & support
- 19%** Symptom management consults
- 18%** Second opinions
- 16%** Follow-up visits for patients in active treatment & survivorship visits
- 15%** Nutrition counseling & financial navigation



6 Most Popular Services Respondents PLAN TO PROVIDE via Telehealth in the Next 2 Years

- 33%** Survivorship visits
- 29%** Genetic counseling
- 28%** Oral chemotherapy adherence education & support
- 28%** Symptom management consults
- 27%** Symptom monitoring & medication management
- 24%** Nutrition counseling, palliative care consults & financial navigation

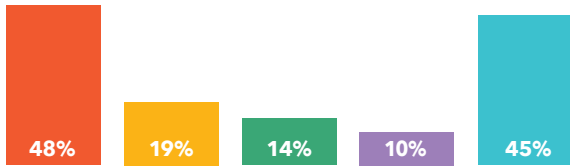
5 Biggest Barriers to Telehealth

- 70%** Reimbursement
- 64%** Operational changes required (e.g., staffing or technology requirements)
- 41%** Provider reluctance
- 41%** Capital required to invest in technology
- 27%** Regulatory requirements



Which of the following provider-to-provider applications do you currently use telehealth for?

- Tumor boards
- Molecular tumor boards
- Supportive care consults with subspecialists (e.g., genetic counseling)
- Diagnostic consults with other specialists (e.g., pathology, radiology reads)
- Almost half of respondents do not use telehealth for any provider-to-provider communication.

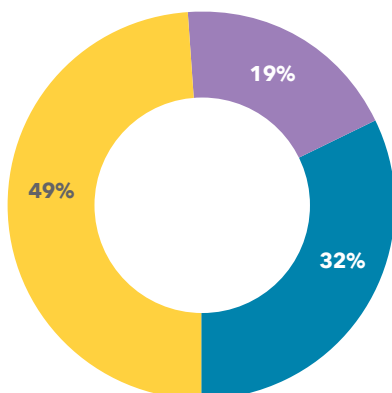


Most Popular Strategies to Address Healthcare Disparities and/or Access-to-Care Issues

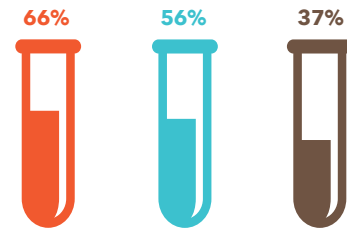
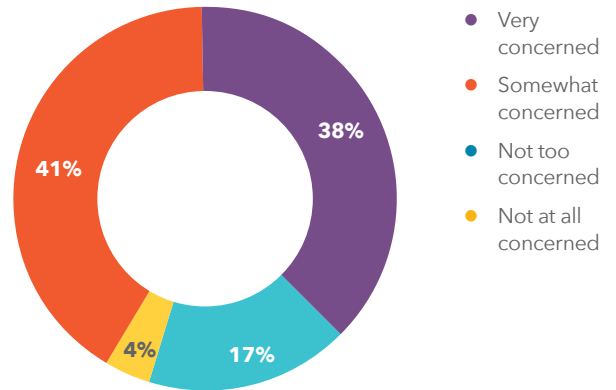
- 84%** Partner with community organizations in outreach efforts to underserved populations
- 83%** Use translators or translation software to ensure patients can participate in shared decision-making
- 80%** Use nurse navigators to help underserved patients
- 67%** Partner with organizations to provide transportation for patients
- 61%** Offer education and resources to patients and caregivers to help improve their health literacy
- 38%** Open satellite locations so patients can receive care in their own communities
- 37%** Implement a transportation program to ensure patients can get to their treatment visits
- 35%** Use lay navigators to help underserved patients

In the past 12 months, has a cancer patient refused treatment because of financial worries?

- Yes
- No
- Not sure



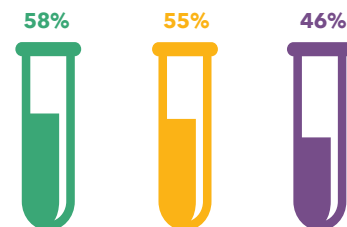
To what extent are you concerned with cancer patients refusing treatment because of financial worries?



3 Biggest Patient-Driven Challenges to Offering Clinical Trials

1. Lack of patient understanding of the clinical trial process
2. Lack of patient awareness of clinical trial options
3. Patient concerns surrounding historical stigma related to clinical trials

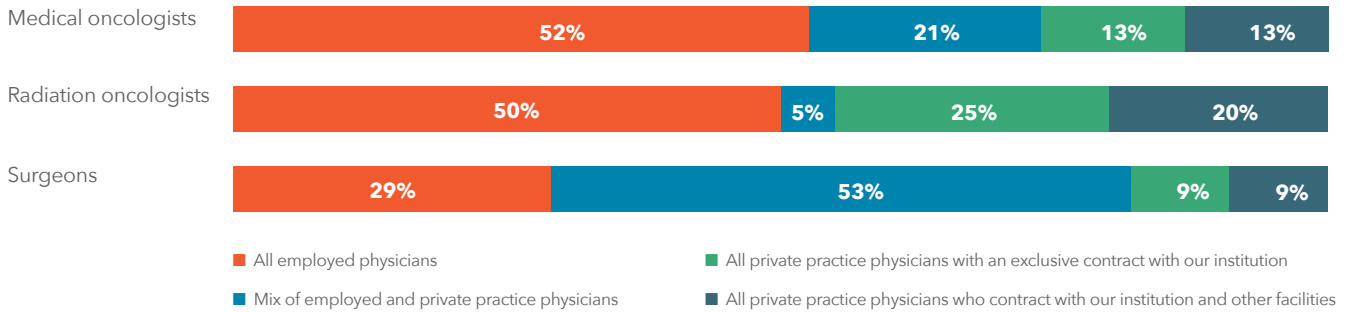
3 Biggest Programmatic Challenges to Offering Clinical Trials



1. Program infrastructure (e.g., technology to identify eligible patients and track outcomes)
2. Staff resources & training
3. Physician engagement & awareness

Staffing & Services

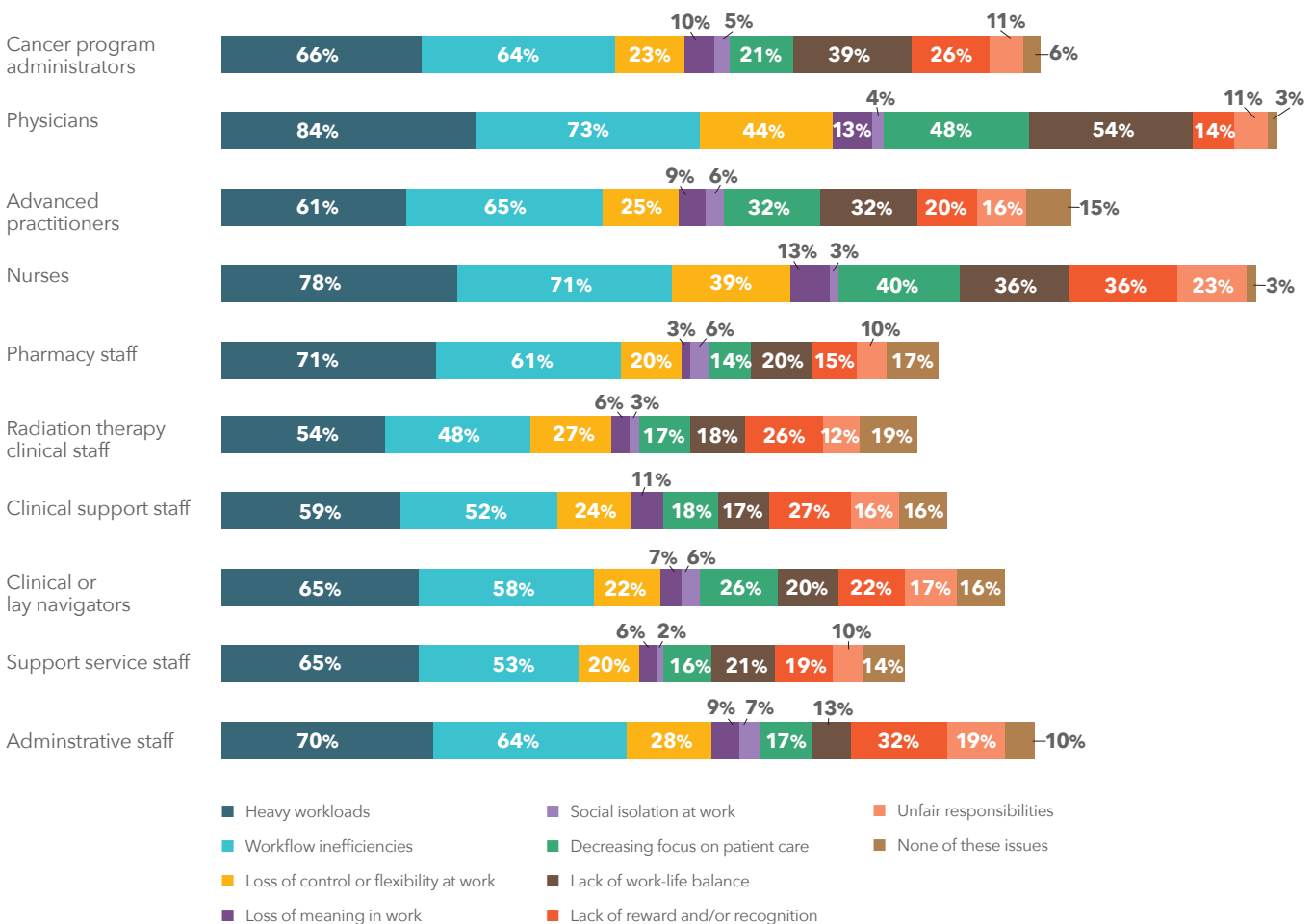
Which statement best describes your organization's relationship with physicians?



In a typical workday, which of the following issues are concerns for you?

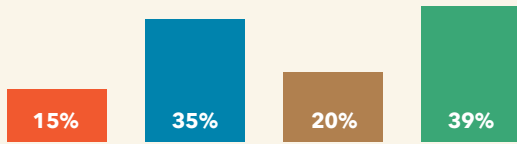


In a typical workday, members of my cancer care team have expressed concerns about these issues:



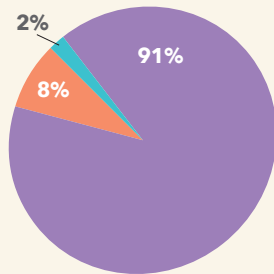
Live Polling of Attendees at the 2018 ACCC National Oncology Conference

Staff and clinician wellness and resiliency are part of our strategic framework at my cancer program or practice:



- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

Do you measure staff and clinician burnout in your cancer program of practice?



- Yes
- No
- Not sure

> 1/3 (38%) of those polled said staff turnover is a problem at their cancer program or practice.

Most Popular Strategies to Combat Burnout

- Establishing a staff recognition program
- Encouraging staff team-building activities
- Surveying staff periodically to assess professional well-being
- Reimbursing staff for participating in professional development
- Re-evaluating "who does what" to ensure the right person completes the right task
- Defining professional wellness as a strategic employee priority



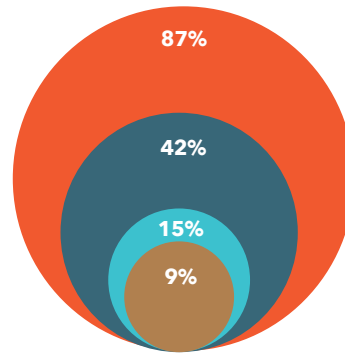
1/3 of survey respondents (33%) reported no physician turnover in the last 12 months.

5 Most Popular Reasons Why Physicians Left

- 44% Personal reasons
- 30% Too many bureaucratic tasks
- 30% Retirement
- 20% Difficulties with employer and/or health system
- 14% Inadequate work-life balance



What types of advanced practitioners does your cancer program use?

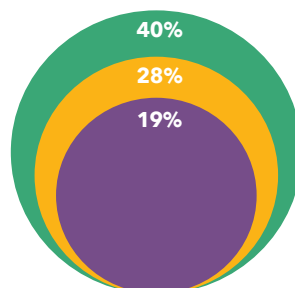


- Nurse practitioners—an increase from 81% in 2017
- Physician assistants
- Clinical nurse specialists—down from 21% in 2017
- We do not use advanced practitioners—down from 12% in 2017

5 Most Popular Tasks Performed by Advanced Practitioners

- Symptom management—88% in 2017 **95%**
- Follow-up patient visits in the outpatient clinic—84% in 2017 **88%**
- Survivorship visits **66%**
- One-on-one patient education—56% in 2017 **61%**
- Inpatient visits **59%**

1/2 of survey respondents (55%) reported no turnover of advanced practitioners in the last 12 months.



3 Most Popular Reasons Why Advanced Practitioners Left

- Personal reasons
- Compensation
- Too many bureaucratic tasks

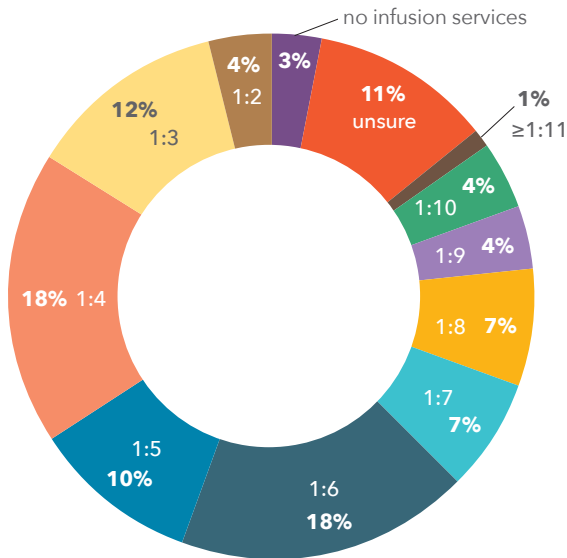
1/4 of survey respondents (26%) said their cancer program saw a nursing turnover rate of 1-5%; 20% reported a nursing turnover rate of 6-10%.

6 Most Popular Reasons Why Nurses Left

- 56%** Personal reasons
- 34%** Compensation
- 34%** Retirement
- 20%** Inflexible scheduling or lack of scheduling options
- 17%** Emotional stress from oncology field
- 17%** Nurse-to-patient ratios



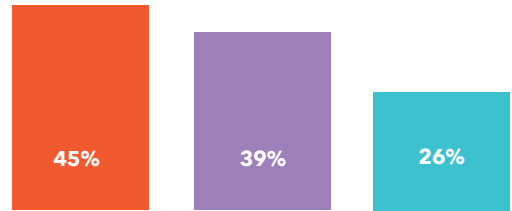
Average Daily Nurse-to-Patient Ratio:



> 1/2 of survey respondents (60%) reported no turnover of cancer program administrators in the last 12 months.

3 Most Popular Reasons Why Administrators Left

- 45%** Lack of support from executives or physicians
- 39%** Personal reasons
- 26%** Difficulties with employer and/or health system



87% say the pharmacist is dedicated to cancer program.

78% say the pharmacy technician is dedicated to cancer program.



Top 5 Tasks Regularly Performed by Pharmacists

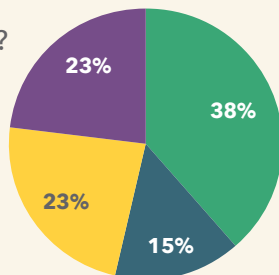


- 85%** Dispense drugs
- 80%** Mix drugs
- 66%** Maintain USP standards
- 45%** Provide staff education
- 36%** Manage on-site specialty pharmacy

Live Polling of Attendees at the 2018 ACCC National Oncology Conference

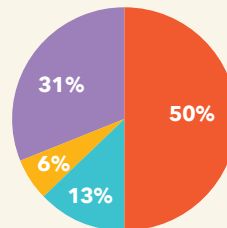
What is the patient load of your nurse navigators?

- 38%** Less than 100
- 23%** Between 100-200
- 15%** Between 200-400
- 23%** Not sure



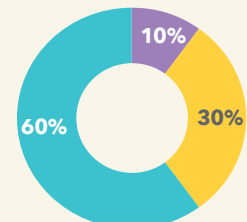
How is navigation assigned at your program?

- 50%** It is disease-specific
- 13%** It is acuity-based
- 6%** It is provider-specific
- 31%** Other

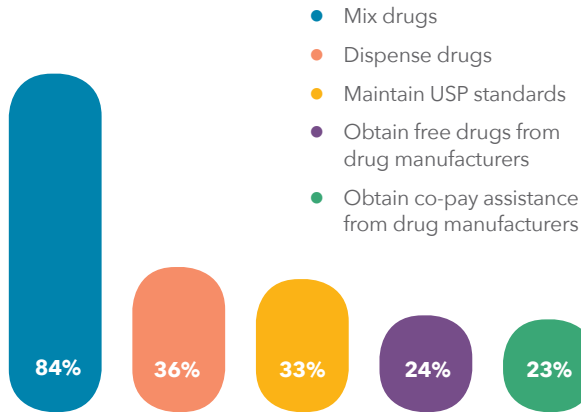


How our navigators track patients:

- 60%** Excel worksheet
- 30%** EHR
- 10%** Database



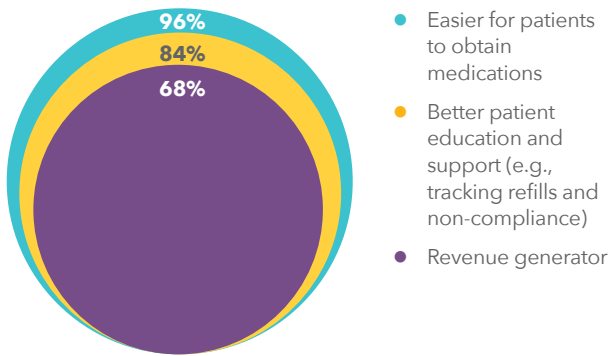
Top 5 Tasks Regularly Performed by Pharmacy Techs



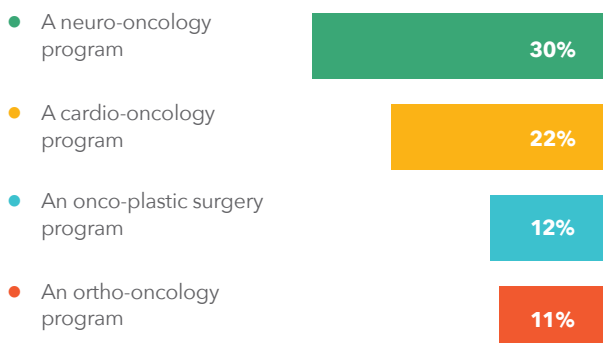
41% programs have opened a specialty pharmacy; an additional **29%** plan on opening one in the next **2 years**.



Top 3 Benefits of a Specialty Pharmacy



Cross-Specialty Clinics Can Act as a Marketplace Differentiator; Respondents Report These Clinics in Place



Medical oncologists order most biomarker tests, followed a distant second by pathologists.

3 Biggest Barriers to Biomarker Testing

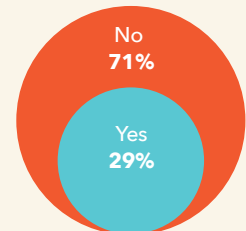
- 68%** Concerns about insurance coverage
- 63%** Payer reimbursement requirements (e.g., CMS "14-Day Rule")
- 37%** Insufficient protocols for collecting adequate tissue samples



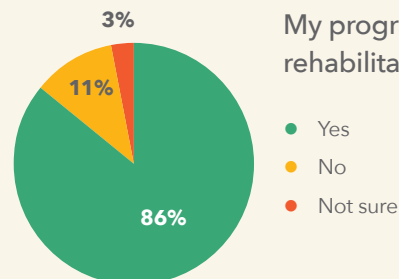
~ **3/4** of respondents (72%) say that **cost and reimbursement are the biggest challenges to offering immunotherapy treatments.**

Live Polling of Attendees at the 2018 ACCC National Oncology Conference

My program offers pre-rehabilitation services



My program offers rehabilitation services



My program has a process in place to refer patients to an exercise program

Yes: **71%** No: **23%** Not sure: **6%**



Supportive Care

Most Popular Support Services CURRENTLY Provided

- 95%** Screening services
- 95%** Nutrition services
- 89%** Spiritual and/or pastoral care
- 88%** Navigation services
- 88%** Genetic counseling
- 87%** Psychosocial counseling
- 86%** Smoking cessation counseling
- 85%** Financial advocacy



Most Popular Supportive Care Staff RECENTLY ADDED

- 16%** Nurse navigator
- 15%** Financial advocate
- 14%** Genetic counselor
- 14%** Palliative care advanced practitioner
- 13%** Dietitian
- 12%** Palliative care physician



Most Popular Support Services BEING ADDED in the Next 2 Years

- 38%** Urgent symptom management clinic
- 31%** Survivorship clinic
- 26%** Symptom management phone triage center
- 21%** High-risk clinic
- 19%** Chemo cold caps
- 17%** CAM (e.g., mind body interventions)
- 16%** Cancer rehabilitation and/or pre-habilitation
- 15%** Palliative care services



Survey respondents report that supportive care services—most of which are **NOT REIMBURSED BY PAYERS**—are paid for out of the organization's operating budget, followed second by funds raised by the organization (e.g., grants, corporate gifts, individual donors.)



81% of programs have dedicated financial advocacy staff to help patients understand costs, optimize insurance, and find external financial assistance. They also:

- 83%** Sign patients up for Medicaid
- 81%** Obtain free drugs from drug manufacturers
- 81%** Obtain co-pay assistance from drug manufacturers
- 80%** Obtain support for drugs through private foundations
- 71%** Provide out-of-pocket cost estimates
- 70%** Sign patients up for supplemental, secondary, and or prescription drug insurance



< 1/2 of cancer programs (39%) directly manage financial advocacy staff—65% report that these staff members are managed under Billing, Revenue Cycle, or Patient Access.

The **Association of Community Cancer Centers (ACCC)** is the leading education and advocacy organization for the multidisciplinary cancer team. ACCC is a powerful network of 25,000 cancer care professionals from 2,100 hospitals and practices nationwide. ACCC is recognized as the premier provider of resources for the entire oncology care team. For more information visit acc-cancer.org or call 301.984.9496. Follow us on Facebook, Twitter, and LinkedIn, and read our blog, ACCCBuzz.



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