

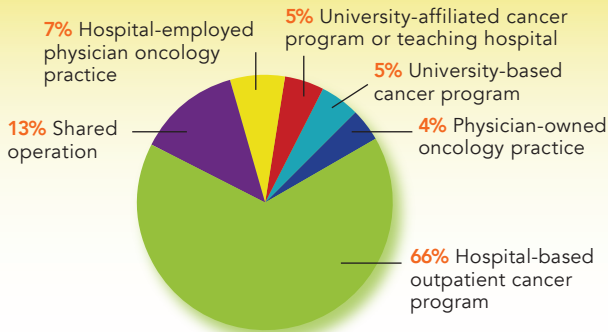


# 2015 TRENDS IN CANCER PROGRAMS

This annual survey, which began in 2009, provides key insight into nationwide developments in the business of cancer care. A joint project between the Association of Community Cancer Centers and Lilly Oncology, this report highlights 2015 findings.

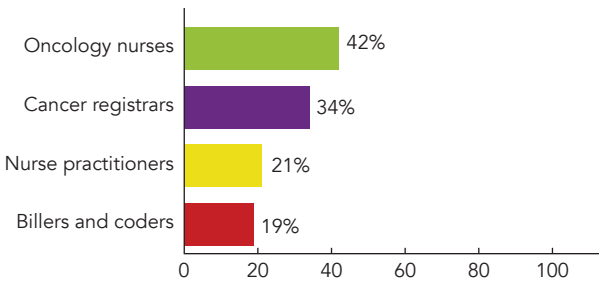


## WHO Took Our Survey?

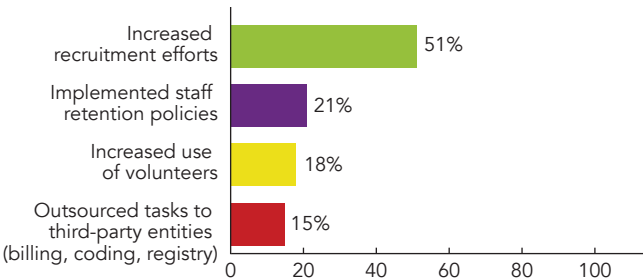


## Many Cancer Programs Continue to Experience STAFFING SHORTAGES

### STAFFING SHORTAGES (OUTSIDE OF PHYSICIANS)



### HOW ARE YOU ADDRESSING THESE STAFFING SHORTAGES?



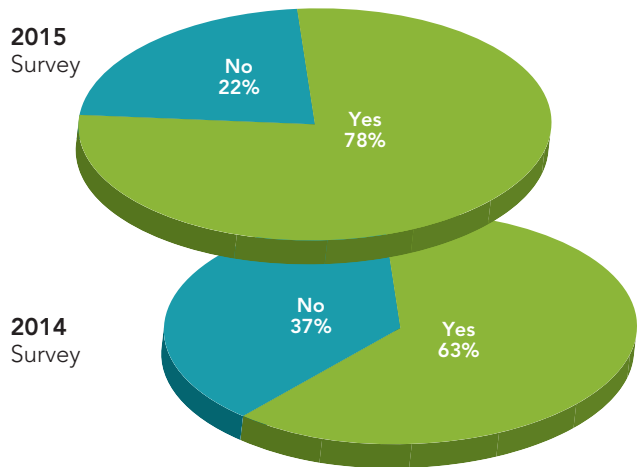
## BIGGEST CHALLENGES Facing Cancer Programs Today

- Lack of reimbursement for supportive care services: 65%
- Budget restrictions: 61%
- Lack of physical space: 49%
- Marketplace competition: 49%
- Ability to meet multiple accreditation requirements: 46%
- Cost of drugs: 45%
- Increased number of patients unable to pay for treatment: 44%



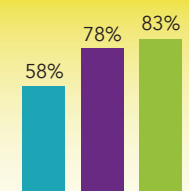
## More Cancer Programs are Employing PHYSICIAN EXTENDERS

### INCREASED USE OF PHYSICIAN EXTENDERS?

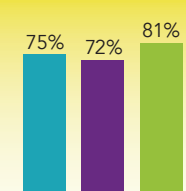


## GROWTH Areas

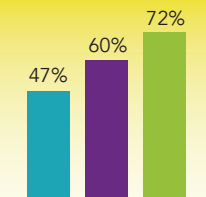
■ 2015 Survey  
■ 2014 Survey  
■ 2013 Survey



**ADVANCED DIAGNOSTIC TESTING OFFERED**



**GENETIC COUNSELING OFFERED**



**MOLECULAR TESTING OFFERED**

### HAS PARTICIPATION IN THE 340B DRUG PRICING PROGRAM PEAKED?

About half (52%) of programs say they participate in this drug discount program, compared to 59% in last year's survey. One-third report that they do not participate in this program. Of those programs who do not yet participate in the 340B Program, about half (49%) say they plan to participate in the future, down from 61% who gave the same response last year.



### Many Cancer Programs Continue to Prohibit **WHITE BAGGING AND BROWN BAGGING OF DRUGS.**

	2015 Survey	2014 Survey
Do NOT accept patient-provided or patient-delivered drugs	76%	80%
Do NOT accept injectable drugs supplied by specialty pharmacies	58%	66%
Restrict access to injectable drugs supplied by specialty pharmacies	42%	49%



### More Cancer Programs Have Implemented Quality and Compliance Initiatives Related to **ORAL DRUGS.**

More than half of programs (53%) now offer these programs, up from 34% in last year's survey. While one-third of programs (32%) do not yet offer quality and compliance programs for oral agents, this is down significantly from the 53% who reported last year that they did not have this type of program.

#### THESE QUALITY AND COMPLIANCE PROGRAMS...

	2015 Survey	2014 Survey
Teach/educate patients about issues related to oral medications	94%	43%
Proactively reach out to patients to ensure compliance	77%	28%
Track refills	68%	18%
Track if new prescriptions are filled	68%	20%
Proactively reach out to non-compliant patients	61%	18%

## DRUGS & BIOLOGICALS

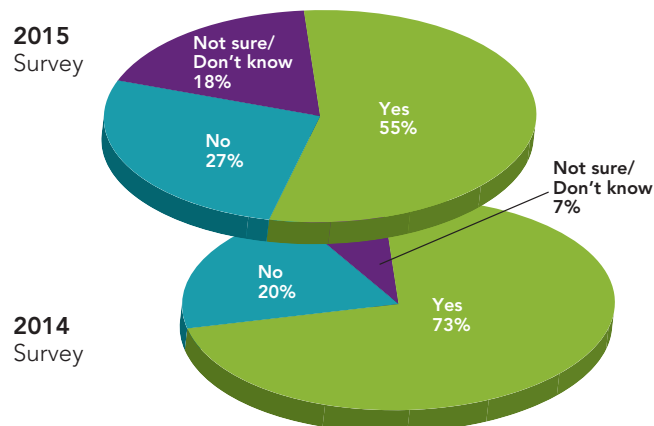
### ONCOLOGY NURSES provide the majority of the patient education related to oral medications

Two-thirds of programs (61%) say that oncology nurses are responsible for this patient education, up from 49% in last year's survey.



### Fewer Cancer Programs Have Their Own Purchasing Programs for **IV AND ORAL MEDICATIONS.**

#### IS YOUR CANCER PROGRAM RESPONSIBLE FOR DIRECTLY PURCHASING IV OR ORAL MEDICATIONS?

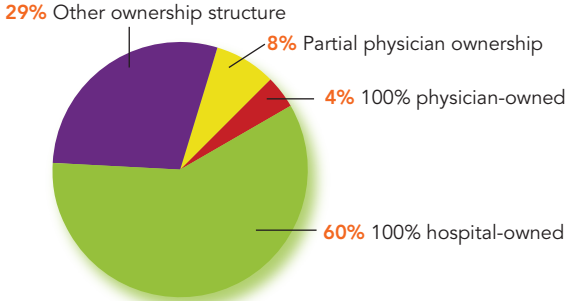




## Cancer Programs are Expanding Their **INFUSION SERVICES**.

Cancer programs report an average of 24 infusion chairs and beds, compared to the average 18.5 infusion chairs and beds as reported in last year's survey. Annual infusion encounters also saw an increase to 9,561 (2015 survey), up from 9,133 (2014 survey).

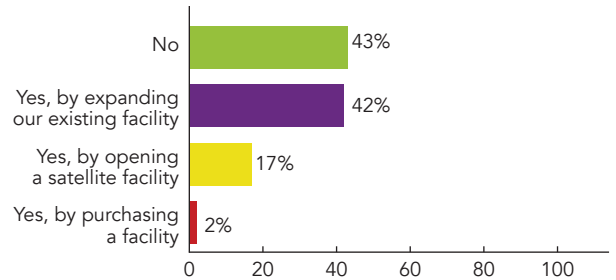
### OWNERSHIP STRUCTURE OF INFUSION SERVICES



## ABOUT HALF OF RESPONDENTS (52%) SAID

that their infusion center is **NOT** solely dedicated to cancer, comparable with the 55% of respondents that answered the same way in the 2014 survey.

### EXPANDING INFUSION SERVICES?

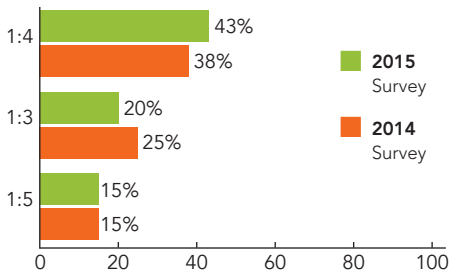


# INFUSION SERVICES AT A GLANCE

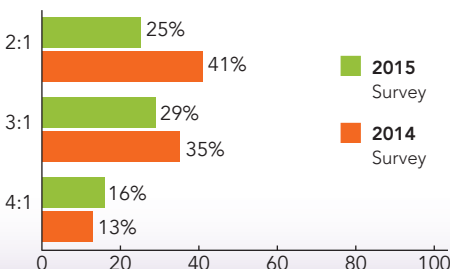


## **NURSE-TO-PATIENT** Staffing Ratios Remain Stable.

### MOST REPORTED RATIOS:



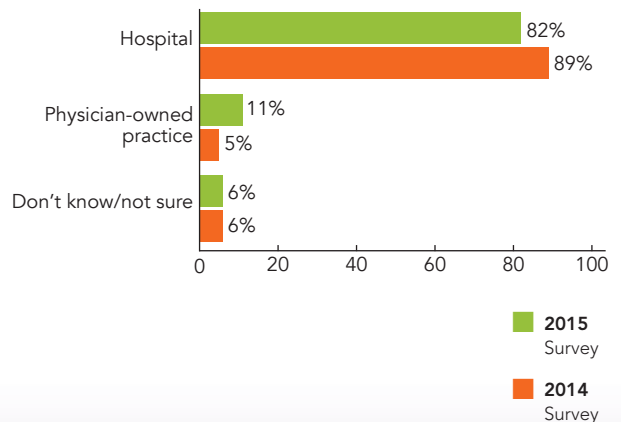
### AVERAGE NUMBER OF INFUSION PATIENTS PER INFUSION CHAIR PER DAY:



## Cancer Programs are Expanding Their **INFUSION HOURS**.

23% of programs now infuse patients on Saturdays, up from 17% in last year's survey; 18% of programs also infuse on Sundays, compared to 12% last year. These expanded practice hours are likely an effort to better meet the needs of working patients and caregivers.

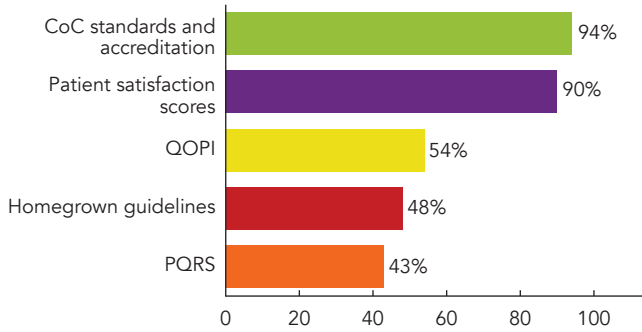
### WHO BILLS FOR INFUSED DRUGS?





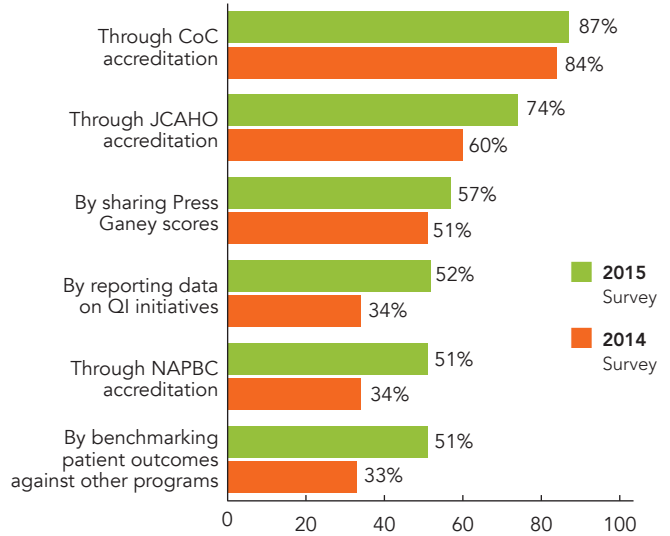
## USING METRICS TO MEASURE AND TRACK the Quality of Care is Now Standard Practice for Most Cancer Programs.

### PERCENTAGE OF PROGRAMS USING:



## More Cancer Programs are Using this Data to Show Payers the “VALUE” OF THE CARE PROVIDED

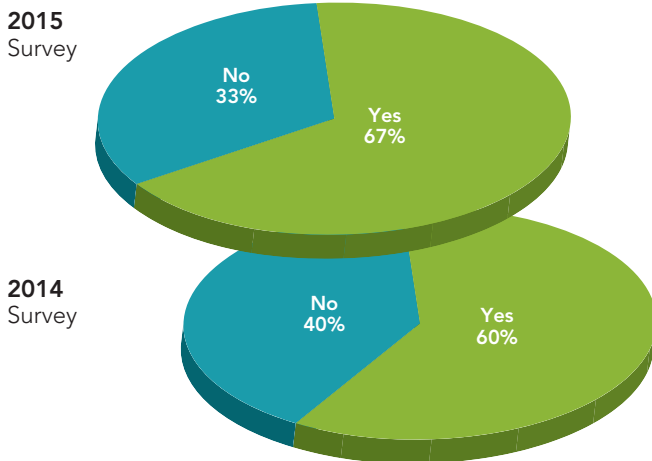
### PERCENTAGE OF PROGRAMS COMMUNICATING “VALUE” TO PAYERS...



# QUALITY



## ONCOLOGY DASHBOARD USE Continues to Rise



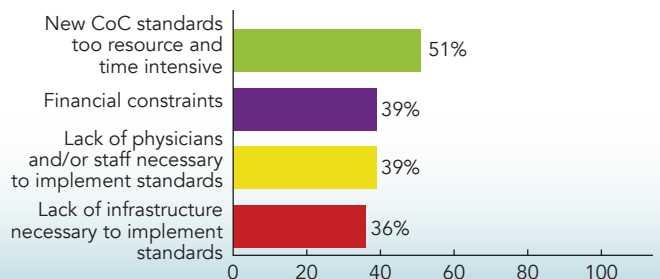
### TOP DATA COLLECTED

- Patient satisfaction scores 91%
- OP visits, including scheduled, unscheduled, emergency, and no-shows 75%
- Net revenues 74%
- Net expenses 67%

## Cancer Programs Still Challenged by CoC PATIENT-CENTERED STANDARDS That Went Into Effect in 2015.

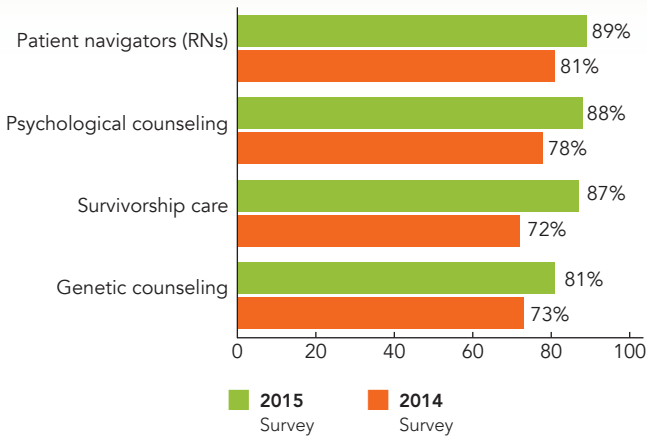
About half of programs (51%) have concerns about meeting Standard 3.3, survivorship care, followed by 41% of programs that are concerned about meeting Standard 1.9, clinical trial accrual.

### PROGRAMS REPORT THESE CONCERNS





## Cancer Programs Continue to Expand **PATIENT-CENTERED SERVICES**



**FINANCIAL ASSISTANCE RESPONSIBILITIES** are shared among cancer program staff, including financial specialists, reimbursement specialists, oncology social workers, and oncology nurse navigators.



## Cancer Programs Continue to Focus Efforts and Resources on **SURVIVORSHIP SERVICES.**

Of those programs not yet offering survivorship services, 63% are in the process of developing this service line. Compare this to the 2014 survey, where only 27% of respondents said they were in the process of developing survivorship services. Today 89% of programs provide treatment summaries, compared to 61% in last year's survey. Most programs (87%) also offer survivorship plans for patients; up sharply from 49% in the 2014 survey.

# PATIENT-CENTERED CARE



## Cancer Programs Continue to Focus Efforts and Resources on **PALLIATIVE CARE.**

Today, 92% of programs have a palliative care program, compared to last year's survey where 78% of programs said they had a palliative care program. Despite recent studies that find benefits to offering palliative care earlier in the care continuum, nearly 1/4 of programs (23%) wait until patients are considering hospice before offering palliative care education.



## Many Providers Do Not Offer the **FINANCIAL EDUCATION** Patients Want to Make Fully-Informed Treatment Decisions.

Despite studies that find that patients want to know the cost of their cancer treatment, more than half of programs (53%) do not provide an estimate of total treatment costs—including the patient's responsibility—prior to starting treatment. When educated about treatment costs, a growing number of patients are asking for more affordable treatment options. Programs report that 14% of patients "almost always" ask if there is a more affordable treatment option, up 11% from last year's survey. Nearly one-third of programs (31%) report that patients "sometimes" ask about more affordable treatment options, compared to 24% in the 2014 survey.

Most cancer programs (71%) have a **FOUNDATION OR PHILANTHROPIC ORGANIZATION** to help patients with financial needs, up from 68% in the 2015 survey.

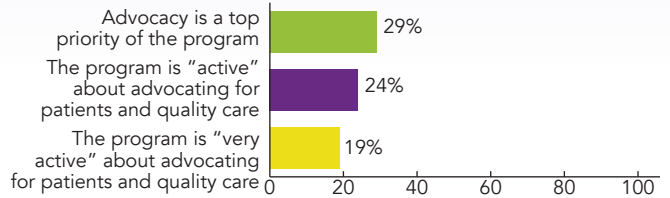


## Cancer Programs Continue to Grow **THEIR LUNG CANCER SCREENING SERVICES**

In the 2014 survey, 51% of programs offered this screening. This year, more than  $\frac{3}{4}$  of survey respondents (77%) offer this screening. This growth is likely the result of the national coverage determination by the Centers for Medicare & Medicaid Services to cover low-dose CT screening for lung cancer if certain eligibility requirements are met, which went into effect February 5, 2015.



## Cancer Programs Continue to Advocate on Behalf of Their Patients for **QUALITY CARE**



### TOP NEEDS IDENTIFIED BY COMMUNITY HEALTH NEEDS ASSESSMENTS:

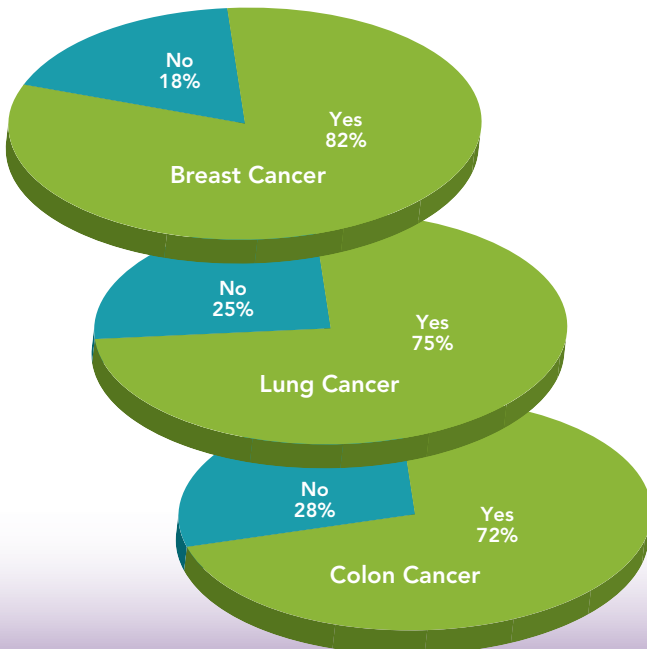
- Increased education about cancer prevention and healthy lifestyles 43%
- Financial assistance with practical needs, such as transportation, medications, childcare, etc. 37%
- Improved access to care by low-income, uninsured, or underinsured patients 33%
- Increased funding and resources for prevention and screening programs 29%
- Increased and better preventive public health education across the age spectrum 29%
- Increased awareness of resources available in the community 25%
- Information on early detection—especially breast, lung, and prostate cancer 25%

# OUTREACH, SCREENING & PREVENTION

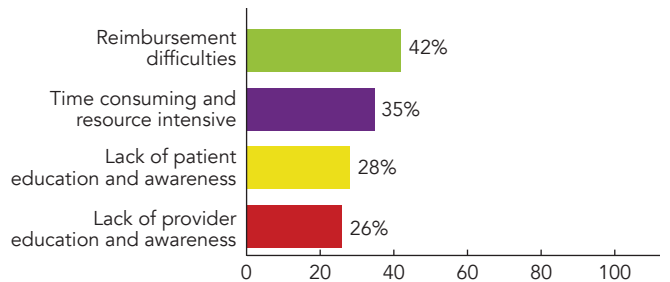


## The Majority of Cancer Programs Now Offer **MOLECULAR TESTING**

### PROGRAM OFFERS MOLECULAR TESTING TO PATIENTS WITH...



### IMPLEMENTATION CHALLENGES RELATED TO MOLECULAR TESTING...



## 1/3 of Cancer Programs (36%) are Challenged by the Increasing Number of Drugs that Require **COMPANION DIAGNOSTIC TESTS**

### CHALLENGES INCLUDE...

- Reimbursement difficulties 31%
- Use of these tests is time consuming and resource intensive 26%
- Lack of patient education and awareness of these tests 23%
- Lack of provider education and awareness of these tests 21%



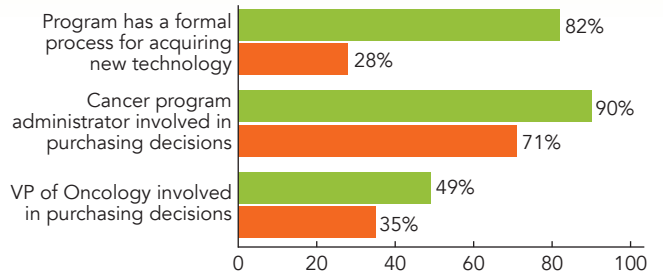
## MARKETPLACE CONSOLIDATION of the Oncology Community Continues to Slow.

77% of programs report no mergers or acquisitions in the past year in their local market, compared to 72% in the 2014 survey.

**More cancer program leaders joining the C-SUITE?**  
23% of cancer programs have a seat at the table during payer contracting negotiations, compared to only 10% in the 2014 survey.



## PURCHASING PROCESSES Are Changing, and Cancer Program Leadership has a Larger Role in Making Purchasing Decisions



## The Bottom Line of Most Cancer Programs Continues to IMPROVE.

When asked about their overall financial status for FY 2014, half (50%) of programs report that they exceeded budget expectations, up from 33% in last year's survey. Only 3% of cancer programs recorded a loss in 2014, down from 10% in the 2014 survey.

# THE MARKETPLACE & FINANCIAL OUTLOOK



## After a Few Lean Years, **CANCER PROGRAM BUDGETS** Appear to be Loosening Up.

### COST REDUCTION STRATEGIES INCLUDE:

	2015 Survey	2014 Survey
Reduced travel or education expenditures	71%	79%
Equipment purchase delays	52%	62%
Renegotiation of vendor contracts	50%	73%
Administrative cost cutting	44%	59%
Staff reduction	26%	45%
Hiring freeze	13%	30%
Salary freeze	10%	23%
Reduction of services	6%	23%

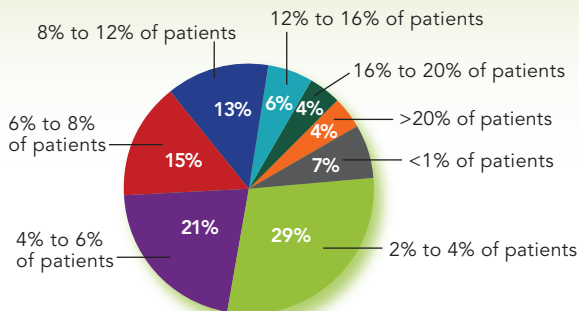


## REVENUE STRATEGIES Move Away From Consolidation and Increased Pricing in Favor of Leveraging Use of Mid-level Practitioners and Increased Advertising.

	2015 Survey	2014 Survey
Introducing new technologies and services	47%	52%
Increased online advertising	47%	38%
Increase use of mid-level practitioners	45%	27%
Physician practice ownership, purchase, or merger	18%	33%
Increased pricing	15%	27%

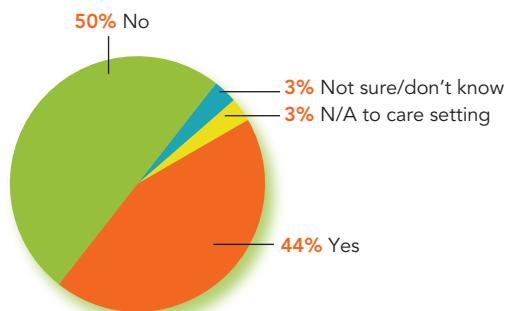
**61% OF RESPONDENTS SAID** the cancer service line is one of the hospital's top 3 performers, down from 75% of respondents who provided the same answer last year.

**PERCENTAGE OF NEW ANALYTIC CASES ACCRUED TO CLINICAL TRIALS**

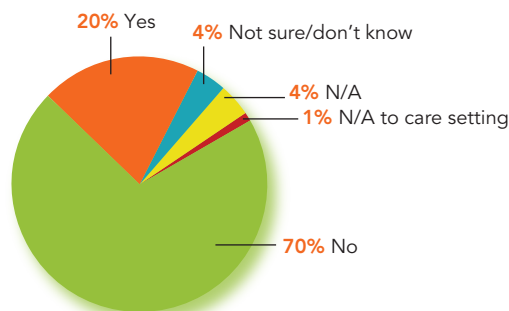


The vast majority of cancer programs (90%) have a RESEARCH PROGRAM.

**IS IT A CHALLENGE FOR YOUR CANCER PROGRAM TO MEET COC STANDARD 1.9?**



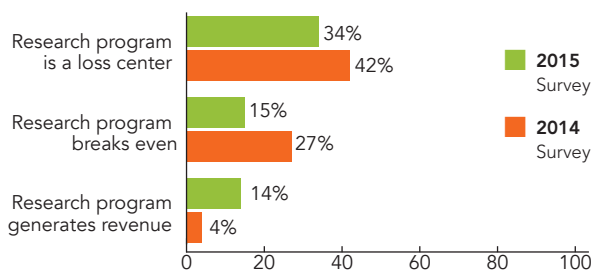
**HAS YOUR PROGRAM CONSIDERED DROPPING CoC ACCREDITATION BECAUSE OF THIS OR OTHER CHALLENGES RELATED TO THE CoC STANDARDS THAT WENT INTO EFFECT THIS YEAR?**



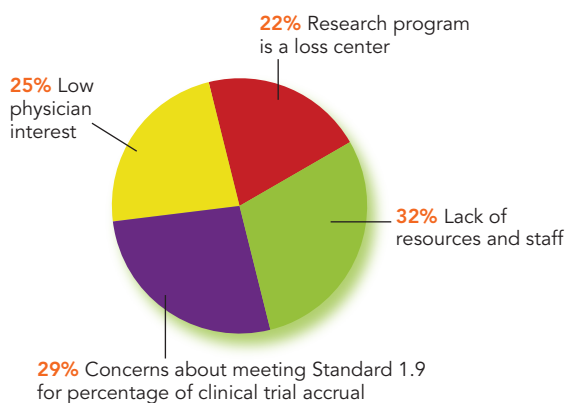
# RESEARCH & CLINICAL TRIALS



**Cancer Programs are Doing a Better Job of Managing Their RESEARCH PROGRAMS**



**BIGGEST BARRIERS FACING THE CANCER RESEARCH PROGRAM**



DESPITE THESE CHALLENGES, only 21% of respondents report that their cancer program has cut back on clinical trial accrual this past year. By comparison, 27% of the 2014 survey respondents said their program had cut back on clinical trial accrual.



Members can access the full 2015 Survey at [MyNetwork.accc-cancer.org](http://MyNetwork.accc-cancer.org). Not a member? Join today at [accc-cancer.org/membership](http://accc-cancer.org/membership).

The Association of Community Cancer Centers (ACCC) is the leading advocacy and education organization in multidisciplinary cancer care, with an estimated 60 percent of the nation's cancer patients being treated by a member of ACCC. Approximately 20,000 professionals from 2,000 hospitals and practices nationwide are affiliated with ACCC.