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)

- Oncology nurses: 42%
- Cancer registrars: 34%
- Nurse practitioners: 21%
- Billers and coders: 19%

HOW ARE YOU ADDRESSING THESE STAFFING SHORTAGES?

- Increased recruitment efforts: 51%
- Implemented staff retention policies: 21%
- Increased use of volunteers: 18%
- Outsourced tasks to third-party entities (billing, coding, registry): 15%

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?

- 2015 Survey: Yes 78%, No 22%
- 2014 Survey: Yes 63%, No 37%

GROWTH Areas

- ADVANCED DIAGNOSTIC TESTING OFFERED: 2015 Survey 58%, 2014 Survey 78%, 2013 Survey 83%
- GENETIC COUNSELING OFFERED: 2015 Survey 75%, 2014 Survey 72%, 2013 Survey 81%
- MOLECULAR TESTING OFFERED: 2015 Survey 47%, 2014 Survey 60%, 2013 Survey 72%
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 2014
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%

DRUGS & BIOLOGICALS

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...

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

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?

2015 Survey

- Yes 55%
- No 27%
- Not sure/Don’t know 18%

2014 Survey

- Yes 73%
- No 20%
- Not sure/Don’t know 7%
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**

- **60%** 100% hospital-owned
- **29%** Other ownership structure
- **8%** Partial physician ownership
- **4%** 100% physician-owned

**EXPANDING INFUSION SERVICES?**

<table>
<thead>
<tr>
<th>Option</th>
<th>2015 Survey</th>
<th>2014 Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>43%</td>
<td>42%</td>
</tr>
<tr>
<td>Yes, by expanding our existing facility</td>
<td>17%</td>
<td>12%</td>
</tr>
<tr>
<td>Yes, by opening a satellite facility</td>
<td>2%</td>
<td>1%</td>
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</table>

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

**MOST REPORTED RATIOS:**

<table>
<thead>
<tr>
<th>Ratio</th>
<th>2015 Survey</th>
<th>2014 Survey</th>
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<tbody>
<tr>
<td>1:4</td>
<td>43%</td>
<td>38%</td>
</tr>
<tr>
<td>1:3</td>
<td>20%</td>
<td>25%</td>
</tr>
<tr>
<td>1:5</td>
<td>15%</td>
<td>15%</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Ratio</th>
<th>2015 Survey</th>
<th>2014 Survey</th>
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</thead>
<tbody>
<tr>
<td>2:1</td>
<td>25%</td>
<td>14%</td>
</tr>
<tr>
<td>3:1</td>
<td>29%</td>
<td>29%</td>
</tr>
<tr>
<td>4:1</td>
<td>16%</td>
<td>17%</td>
</tr>
</tbody>
</table>

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?**

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>2015 Survey</th>
<th>2014 Survey</th>
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</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>82%</td>
<td>89%</td>
</tr>
<tr>
<td>Physician-owned practice</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Don’t know/not sure</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

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

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

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.

TOP DATA COLLECTED

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

PROGRAMS REPORT THESE CONCERNS

- New CoC standards too resource and time intensive
- Financial constraints
- Lack of physicians and/or staff necessary to implement standards
- Lack of infrastructure necessary to implement standards
Cancer Programs Continue to Expand PATIENT-CENTERED SERVICES

PATIENT-CENTERED CARE

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.

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

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 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 ¼ of programs (23%) wait until patients are considering hospice before offering palliative care education.
Cancer Programs Continue to Grow THEIR LUNG CANCER SCREENING SERVICES

In the 2014 survey, 51% of programs offered this screening. This year, more than ¾ 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.

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%
- Lack of provider education and awareness 21%
- Use of these tests is time consuming and resource intensive 26%
- Lack of patient education and awareness of these tests 23%
- Reimbursement difficulties 42%
- Lack of patient education and awareness 28%
- Time consuming and resource intensive 35%
- Reimbursement difficulties 42%

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.

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

COST REDUCTION STRATEGIES INCLUDE:

<table>
<thead>
<tr>
<th>Strategy</th>
<th>2015 Survey</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Reduced travel or education expenditures</td>
<td>71%</td>
<td>79%</td>
</tr>
<tr>
<td>Equipment purchase delays</td>
<td>52%</td>
<td>62%</td>
</tr>
<tr>
<td>Renegotiation of vendor contracts</td>
<td>50%</td>
<td>73%</td>
</tr>
<tr>
<td>Administrative cost cutting</td>
<td>44%</td>
<td>59%</td>
</tr>
<tr>
<td>Staff reduction</td>
<td>26%</td>
<td>45%</td>
</tr>
<tr>
<td>Hiring freeze</td>
<td>13%</td>
<td>30%</td>
</tr>
<tr>
<td>Salary freeze</td>
<td>10%</td>
<td>23%</td>
</tr>
<tr>
<td>Reduction of services</td>
<td>6%</td>
<td>23%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Strategy</th>
<th>2015 Survey</th>
<th>2014 Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introducing new technologies and services</td>
<td>47%</td>
<td>52%</td>
</tr>
<tr>
<td>Increased online advertising</td>
<td>47%</td>
<td>38%</td>
</tr>
<tr>
<td>Increase use of mid-level practitioners</td>
<td>45%</td>
<td>27%</td>
</tr>
<tr>
<td>Physician practice ownership, purchase, or merger</td>
<td>18%</td>
<td>33%</td>
</tr>
<tr>
<td>Increased pricing</td>
<td>15%</td>
<td>27%</td>
</tr>
</tbody>
</table>

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

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.


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.

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ACCC
Association of Community Cancer Centers

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