

2014 TRENDS IN CANCER PROGRAMS

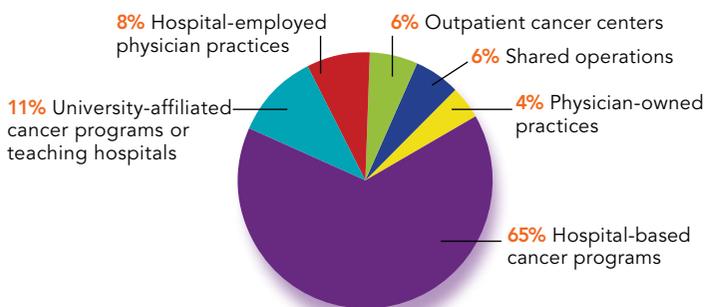


A joint project between ACCC and Lilly Oncology, this report highlights **YEAR 5 SURVEY RESULTS.**

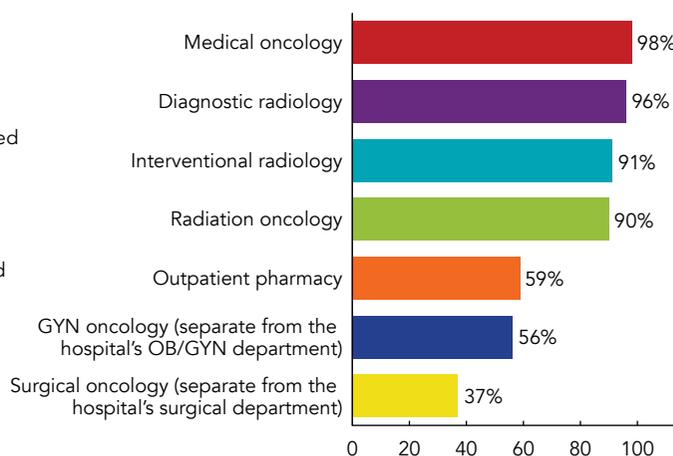


WHO Took ACCC's Survey?

One hundred and ten cancer programs submitted responses to the survey.



% PERCENTAGE of Programs Offering These Services

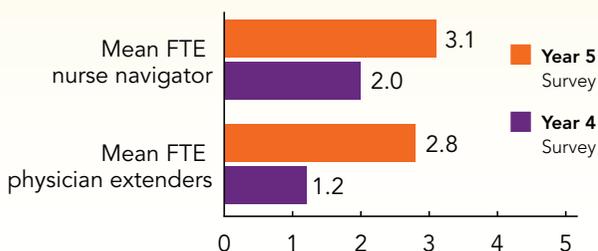


PHYSICIAN-EMPLOYMENT Holds Steady

The trend towards employed physicians appears to have slowed as the mean number of FTE providers is virtually unchanged from the Year 4 to Year 5 Survey across all settings—hospital employed, private practice, and affiliation through PSAs.

NURSE NAVIGATORS & PHYSICIAN EXTENDERS Needed STAT!

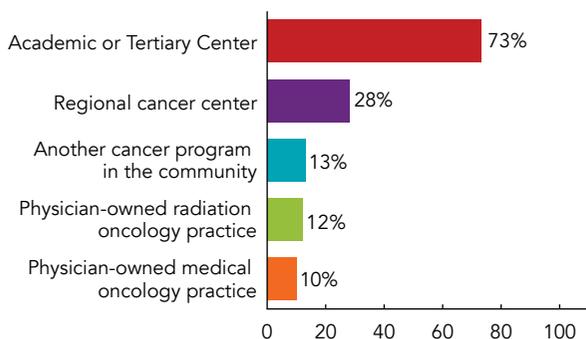
While the mean number of most FTE support staff remained static for the last 12 months, the Year 5 Survey revealed two growth areas.*



* This data is supported by 63% of respondents that reported increased use of physician extenders.



WHERE Do Programs Refer Patients for Services Not Offered?



28% of respondents are partnering with primary care providers (PCPs) to take over care of patients post-treatment.

DRUGS & BIOLOGICALS

73% of respondents say that drugs are a line item in the pharmacy budget; **24%** report that drugs are part of the cancer program's budget.

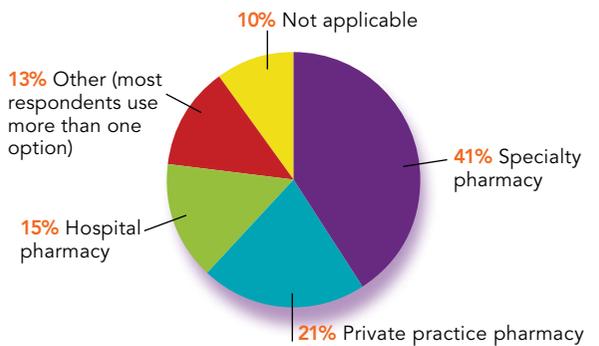
\$ PURCHASING Practices

- **93%** of programs have a formal process for adding new drugs to the formulary.
- **46%** purchase drugs through a single distributor; **54%** use multiple distributors.
- The vast majority (**83%**) use a single GPO and purchase medications through the pharmacy department (**83%**).
- **73%** of programs purchase IV or oral medications directly via their own purchasing program.



DISPENSING OF ORAL AGENTS Remains Flat

Even with the increasing number of oral agents coming to market and in the pipeline, only one-third of programs (30%) dispense oral agents. This percentage remains unchanged from the Year 4 and Year 3 Surveys. So where do programs send their patients who are on oral chemotherapy agents?



Only 34% of respondents have quality and compliance initiatives related to oral cancer drugs, down slightly from 39% in the Year 4 Survey.



PARTICIPATION IN THE 340B PROGRAM Continues to Soar!

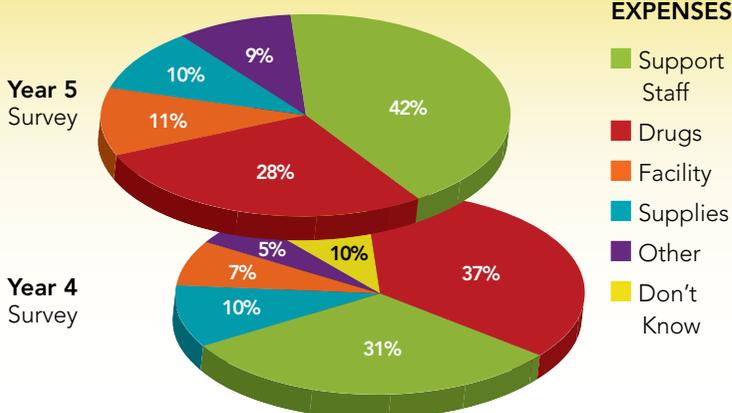
Nearly 60% participate in this drug discount program. Compare this number to 46% (Year 4 and Year 3 Surveys), 36% (Year 2 Survey), and 26% (Year 1 Survey). Of those programs that do not yet participate, 61% anticipate participating in the future. This year, 29% of programs report that they do not qualify for the federal program.



WHITE & BROWN BAGGING

- 80% of programs DO NOT accept patient-provided and/or patient-delivered drugs for infusion.
- 66% DO NOT accept injectable drugs supplied by specialty pharmacies that mail the drug to the cancer program and bill the health plan directly; 32% will accept injectable drugs under this model.
- Nearly half (49%) restrict access to some injectable cancer drugs; 39% do not restrict access to any injectables.

\$ SPENDING LESS on Drugs, More on Support Staff



One Respondent Says...

"My program currently accepts injectable agents from specialty pharmacies, but we may revisit this practice due to concerns about drug pedigree, patient safety, and financial losses."

INFUSION CENTERS At-a-Glance

Only **43%** report that their infusion center is dedicated solely to cancer.



- Average number of infusion chairs: 18.5
- Average number of infusion encounters annually: 9,133
- Average number of infusions per chair: 508
- 42% of respondents plan to expand their infusion services compared to 38% in the Year 4 Survey
- 17% of respondents say they infuse on Saturdays; 12% offer infusion services 7 days a week. (In the Year 4 Survey 6% infused Monday–Saturday; 10% infused 7 days a week.)

One Respondent Says...

“My program has a formal drug review process where our Pharmacy Infusion Committee reviews costs and reimbursement amounts, safety issues, efficacy of the drug, and time in infusion chair. If the drug passes this committee, it is then presented to the Therapeutics Committee.”

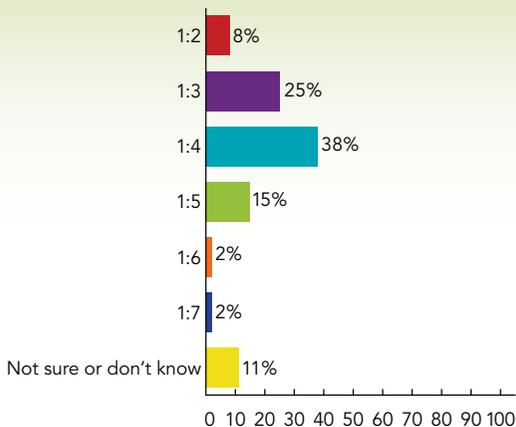


THE EXPANDING ROLE of the Oncology Pharmacy

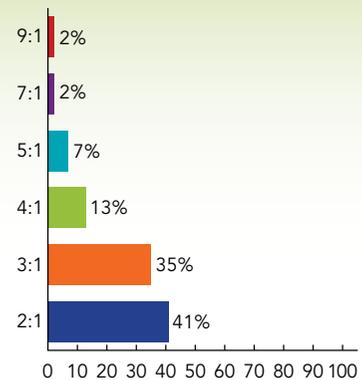
- Pharmacy technicians (53%) and pharmacists (44%) do nearly all of the chemo mixing today, allowing nurses to return to what they do best—direct patient care.
- Only 54% of respondents say that chemo mixing is done in the infusion center—compared to 61% in the Year 4 Survey; 42% report that chemo mixing is now done in the pharmacy, up from 32% in Year 4.

INFUSION NURSE-TO-PATIENT Ratio

While 63% of respondents say that their nurse-to-patient ratio varies “based on patient acuity,” only 35% actually use an acuity-based reporting system.



AVERAGE NUMBER OF PATIENTS per Infusion Chair, Daily

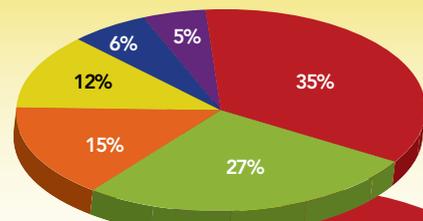


MAKING MORE on Radiation Services and E/M Visits

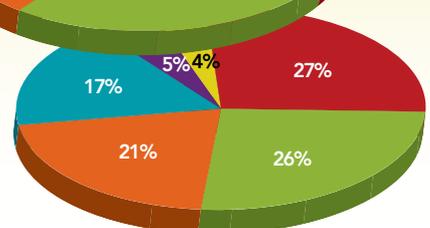
GROSS SERVICE CHARGES

- Radiation Therapy Services
- Drugs
- Drug Administration
- Don't Know
- Lab
- E&M Visits
- Other

Year 5 Survey



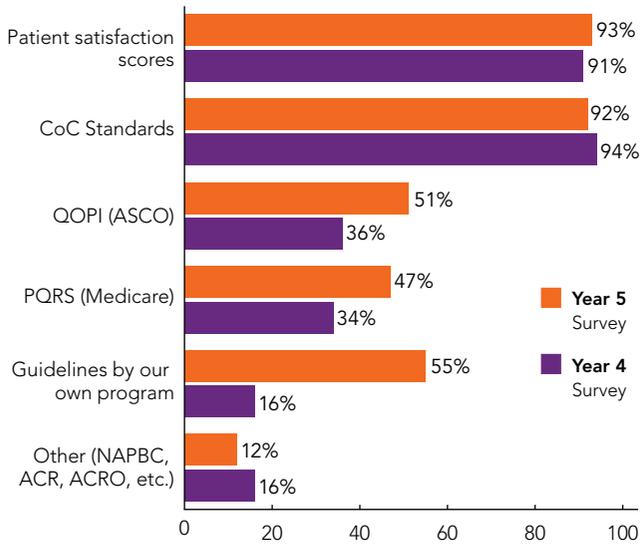
Year 4 Survey



QUALITY

95% of respondents are accredited by the American College of Surgeons Commission on Cancer (CoC).

METRICS USED to Measure & Track Quality*



*In the Year 4 Survey homegrown guidelines were included in an "Other" category with NAPBC, ACR, ACRO, etc.

SHOWING PAYERS THE QUALITY (AND VALUE) of Care Provided

Only 28% of respondents report that their payers now require quality measures and metrics, but most believe it is coming. To prepare, programs share this information with payers:

- CoC accreditation 84%
- The Joint Commission accreditation 60%
- Press Ganey survey results 51%
- NAPBC accreditation 34%
- Quality improvement initiatives 34%
- Patient outcomes benchmarked against other programs 33%

One Respondent Says...

"Our dashboard looks at several QOPI and CoC quality care metrics and cost per RVU. We analyze our data in cancer committee and look for opportunities to develop and then implement process improvements. We share quality data on our website and with our referring physicians. We also compare data with other regional cancer programs."



QUALITY IMPROVEMENT INITIATIVES Address Issues Such as...

- Time of referral to time of appointment
- Time of appointment to start of treatment
- Imaging wait times
- Chemotherapy in last 2 weeks of life
- Radiation therapy 30 days before death
- Pharmacy delivery time
- Palliative care referrals
- Palliative care standards & shared-cost models

PARTICIPATION IN ACOs is on the Rise



24% of respondents are currently involved with accountable care organizations (ACOs) that have an oncology component—up from 5% in the Year 4 Survey; 22% plan to participate in an ACO in the future.



DASHBOARDS Take Flight

60% of respondents use an oncology dashboard to collect information on:

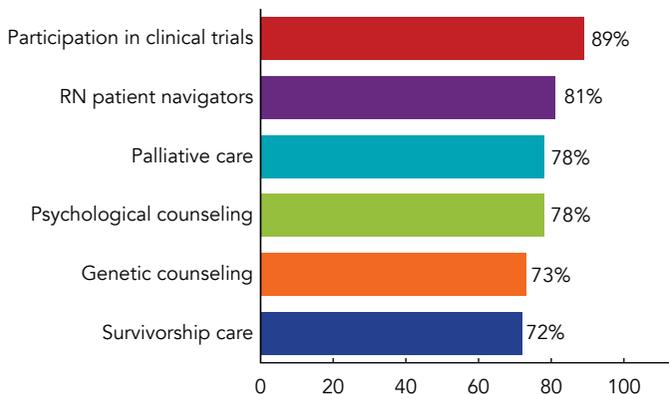
- Patient satisfaction 96%
- OP visits (scheduled, unscheduled, emergency, no shows) 71%
- Net revenues 61%
- Net expenses 59%
- 5-year disease-free survival by cancer site and stage 57%
- OP case mix (new and current patients, survivors, by disease site) 55%
- IP visits (scheduled, unscheduled, emergency, no shows) 45%
- Patients experiencing complications during treatment 43%
- Patients harmed as a result of errors 39%

PATIENT-CENTERED CARE

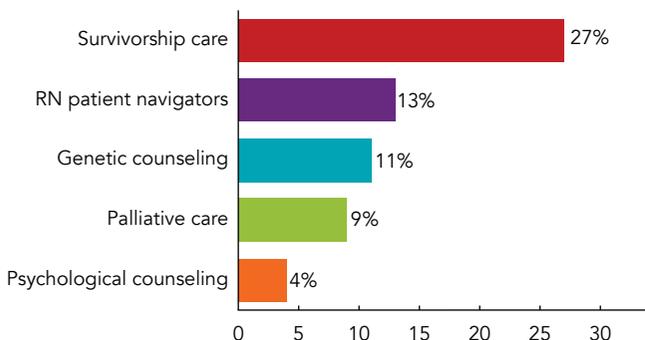
Payers and patients are demanding patient-centered care, and today's cancer programs are answering that call.



PERCENTAGE OF RESPONDENTS That Offer...



OF THOSE THAT DO NOT OFFER, Percentage that PLAN to Offer...



AND STILL MORE Patient-Centered Services...

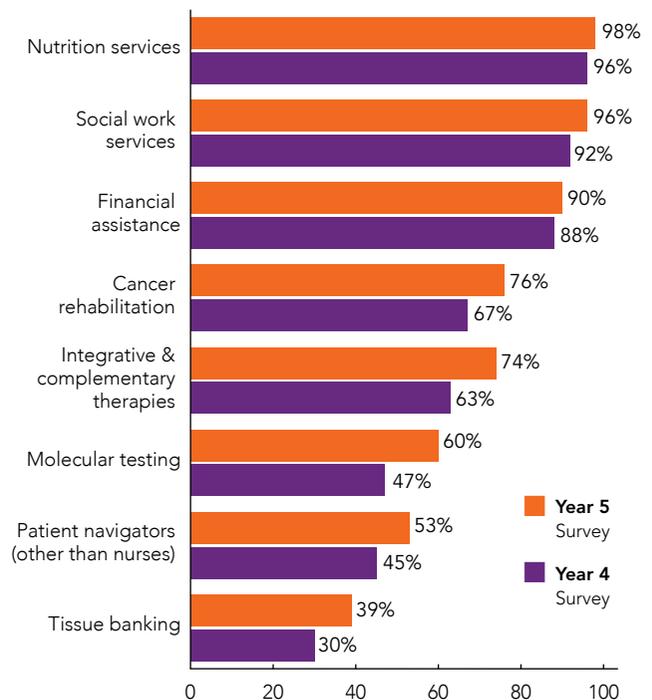
- 81% offer multidisciplinary conferences; top 5 sites: breast, lung, prostate, colorectal, and head and neck.
- 79% partner with a children's hospital to meet the needs of AYAs with cancer; 53% have a process in place to transition these patients to adult cancer programs.
- 63% have programs aimed at improving care for minority or underserved patients; efforts include community outreach, partnerships with local organizations, and navigation programs.
- 61% provide patient treatment summaries; 79% report that patients receive this at the end of active treatment.
- 31% have established a survivorship clinic; 49% provide survivorship care plans; 64% engage PCPs in follow-up care.

PERCENTAGE OF RESPONDENTS MAKING CHANGES OR IMPLEMENTING NEW PROCESSES to Meet CoC Standards in...

Survivorship services **84%**
 Distress screening **75%**
 Navigation services **57%**



OTHER GROWTH AREAS



FINANCIAL ADVOCACY— a Growing Field

- 90% of programs now offer financial assistance services.
- 84% of programs have "financial specialists" on staff; 26% have hired "reimbursement specialists." Only 10% report using nurse navigators and 6% report using social workers to perform these services.
- Only 14% of programs use third-party commercial financial assistance specialists that charge for services.

COMMUNITY NEEDS & OUTREACH

In the Year 5 Survey we added questions on outreach, prevention, and awareness efforts and found that: **98%** of programs conduct outreach and awareness initiatives, and **95%** have screening and prevention programs in place.



TOP NEEDS IDENTIFIED in Community Health Needs Assessments

- Improved access to care by low-income, uninsured, or underinsured patients (44%)
- Information on early detection—especially breast, lung, prostate, and colorectal screening (33%)
- Increased education about cancer prevention and healthy lifestyles (32%)
- Financial assistance with practical needs, such as transportation, medications, childcare, etc. (27%)
- Increased funding and resources for prevention and screening programs (24%)
- More and better preventive health public education across the age spectrum, with a focus on tobacco use (22%)



NEW COMMUNITY PROGRAMS Include...

- Tobacco cessation education
- Services for adolescents and young adults (AYAs) with cancer
- Mobile screening programs aimed at high-risk and low-income patients
- Nutrition, rehabilitation, and exercise programs
- Obesity education and weight-loss programs

LUNG CANCER SCREENING Continues to be a Hot Topic!

51% of programs have a lung cancer screening program in place; 88% charge patients for this service.



TO HELP MEET THESE NEEDS, Programs...

- Partner with other healthcare organizations to develop and host education events, such as healthcare fairs (78%)
- Host events, such as runs, walks, or bike races, to bring attention to a specific disease or cause (72%)
- Develop and run print, radio, television, and online ads (69%)
- Partner with community organizations, such as churches and civic groups, to conduct screenings (63%)
- Partner with academic institutions to offer opportunities to educate providers and patients (43%)

\$ TO HELP PAY FOR THESE EFFORTS, Programs...

- Host events, such as runs, walks, or bike races, to raise funds for a specific disease or cause (60%)
- Hold an annual gala, such as a silent auction or an exhibit of patient art, to raise funds (40%)
- Partner with community organizations, such as churches and civic groups, to host fundraising events (34%)
- Conduct staff-driven fundraising campaigns matched by the hospital or healthcare system (20%)

One Respondent Says...

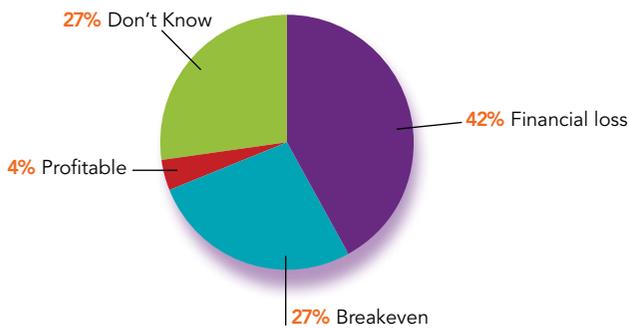
“As we continue to do outreach in the community, we utilize a Community Health Network that includes both internal and external staff from a variety of organizations. We also work with our clinical research staff to identify ways to engage the community in partnerships.”

RESEARCH & CLINICAL TRIALS

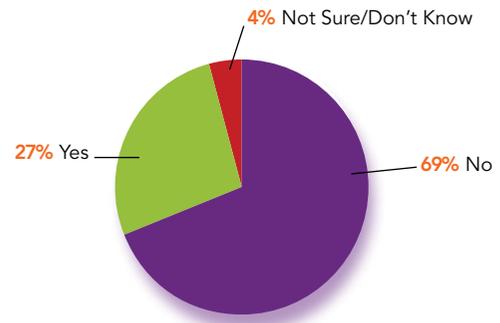
CLINICAL TRIAL PARTICIPATION STILL CHALLENGING

Although most programs (91%) offer patients access to clinical trials, nearly half (48%) enroll less than 5% of their new analytic cases. 74% of respondents say that the research program is part of the cancer service line.

\$ FINANCIAL HEALTH of the Research Program?



HAS YOUR PROGRAM CUT BACK on Clinical Trial Accrual This Past Year?



HOW DO CANCER PROGRAMS FUND Their Research Program?

| | |
|--|-----|
| Line item in the cancer program budget | 52% |
| Line item in the hospital budget | 32% |
| A mix of industry and non-industry clinical trials to ensure program breaks even | 12% |
| Line item in the budget of university affiliated with the cancer program | 8% |
| Other | 8% |



MEAN NUMBER OF FTEs Included in Research Program

| | |
|---|-----|
| Research coordinators | 8.5 |
| Principal investigators | 5.8 |
| Sub-investigators | 4.2 |
| Other (compliance, budget, research assistants) | 5.5 |



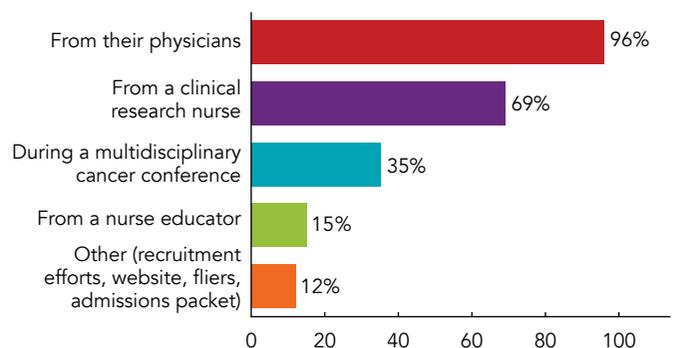
BIGGEST BARRIERS Facing Research Programs?

| | |
|---|-----|
| Lack of resources & staff | 68% |
| Concern about meeting new CoC standards for clinical trial accrual percentage | 36% |
| Low physician interest | 28% |
| Research program is financial loss for cancer program | 28% |

These data are reflected in ACCCExchange posts where member programs have expressed concern about meeting new CoC standards on clinical trial accrual that go into effect in 2015. In fact, 48% of respondents report that they are "making changes and/or implementing new practices" to meet this CoC standard. And cancer programs continue to recognize the importance and value of clinical trials. Only 27% report that they have "cut back on clinical trial accrual in the past year."



HOW DO PATIENTS LEARN about Clinical Trials?



THE MARKETPLACE & Financial Outlook

? CONSOLIDATION Slowing Down?

- 72% of respondents said they saw “no marketplace changes” this past year.
- Only 9% reported consolidation through affiliation, vs. 19% in the Year 4 Survey.
- While the Year 4 Survey showed a big jump in employed physicians, Year 5 data on hospital-employed medical, radiation, and surgical oncologists remains virtually unchanged.
- Yet, 16% of respondents acquired a physician-owned practice and 4% acquired another cancer program—up from 10% who reported acquisitions in the Year 4 Survey. (Note: The Year 4 Survey reported total acquisitions and did not separate practice and cancer program acquisitions.)

REVENUE GENERATING STRATEGIES UNCHANGED with the Exception of...



- **Increased** use of front-end billing; 24% of respondents report using this strategy, compared to 14% in the Year 4 Survey.
- **Fewer** programs are adding new technology and/or services—52% (Year 5 Survey) vs. 61% (Year 4 Survey).

RAC ATTACK

48% of respondents have been audited by a Recovery Audit Contractor (RAC); 28% report that the RAC audit has impacted the cancer service line.

YEAR 5 SURVEY FINDS FINANCIAL OUTLOOK Less Rosy

- Only 33% reported “exceeding their budget” during the last fiscal year, compared to 43% in the Year 4 Survey.
- 10% “recorded a loss” this last fiscal year—up from 4% in Year 4.
- Still, 58% say that their cancer program service line performs “better” than other service lines—with 75% reporting that the cancer program is one of the top 3 performing service lines.

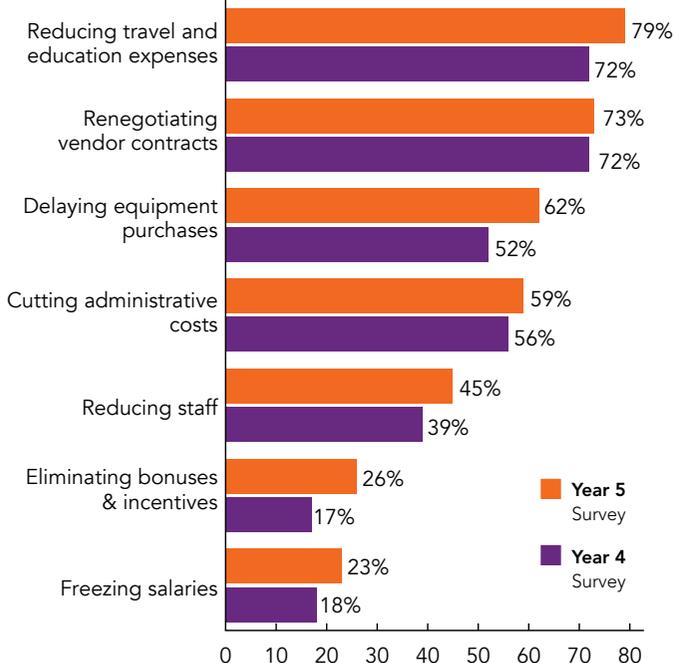


WHO HOLDS the Purse Strings?

Only 28% of respondents have a formal process for making purchasing decisions; however, more people have a seat at the table. When asked what staff are involved in purchasing, respondents shared this data:

| | |
|-------------------------------|-----|
| Cancer program administrators | 71% |
| Medical directors | 61% |
| Hospital COO | 59% |
| Physicians | 52% |
| Hospital CEO | 50% |

\$ COST-CUTTING STRATEGIES, More Programs are...



THE PROVIDER/PAYER Relationship

- 73% say that oncology is not involved with negotiating payer contracts
- 36% report dropping a payer because of an unfavorable contract
- Top 3 commercial payers are: BlueCross/BlueShield, UnitedHealthcare, and Aetna



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