Hospital Summit Zeroes in on Cancer Care Trends

ACCC President Ernest R. Anderson, Jr., MS, RPh, (center) with ACCC President-elect Luana R. Lamkin, RN, MPH, (right) and ACCC Board Member Becky L. DeKay, MBA (left).

Hospital Summit participants, Randall Oyer, MD, from Lancaster General Hospital in Lancaster, Pa., and Debra Ishihara-Wong, APRN, MN, who came all the way from The Queen's Medical Center in Honolulu, Hawaii, to attend.

Nancy Fisker, MBA, RN, from Aspirus Regional Cancer Center in Wausau, Wisc., and Camille Utter, BSN, OCN, from Scotland Memorial Hospital in Laurinburg, N.C., participating in ACCC's 4th Annual Hospital Summit.

Christy Harrison, RN, MS, from Tallahassee Memorial HealthCare's Cancer Center, takes notes.

Attendees at ACCC's 4th Annual Hospital Summit, Dec. 12, 2008, learned about trends in cancer care and strategies to position their service lines to meet the challenges ahead. Speakers highlighted three major trends:

- A major shift in site of service is occurring. Under average sales price (ASP) contracts, community oncology practices are seeing further financial declines. As community oncologists reduce infusion services, hospitals' role will increase.
- Quality and transparency top the concerns of hospital leadership. However, cancer programs often do not have a method for consistently and accurately measuring the quality of the care they provide.
- The trend in market consolidation continues with new partnership models emerging—some competing directly with hospitals.

Major Site of Care Shift

Currently 65 percent of chemotherapy takes place in physician offices with about 25 percent being provided in the hospital setting. Over the next five years the numbers will shift in favor of hospitals, said Lee Blansett, senior vice president, MattsonJack DaVinci. That's because financial declines in community private practices are rapid under ASP contracts. Although patient volumes in practices rose from 2005 to 2007, profitability margins plunged a whopping 90 percent over the period. "There is futility in oncology practices adding low-margin procedures to replace the chemotherapy margin," said Blansett. "That delivers incremental but declining gains." As community oncologists reduce infusions, hospital cancer program patient volumes will increase.

Blansett provided highlights from ACCC's benchmarking survey, *Cancer Care Trends in the Community Hospital Cancer Center – 2008*. The survey results will be released in January 2009, and reported in-depth in the March/April 2009 *Oncology Issues.*

Bottom line: in the current environment, "most hospitals are doing well or very well," Blansett said, with most survey respondents characterizing their programs' financial status as good or very good.

Quality Care and Metrics

Meaningful pay for performance is still years away, according to presenter Amy Siegler, MBA, manag-

ing director, The Advisory Board Company. "Oncology is stuck at the starting gate regarding value-based purchasing because the cancer community is just beginning to get consensus around a very preliminary set of quality indicators, and data collection challenges remain."

Although quality and transparency are at the top of the hospital C-suite's agenda, cancer programs often do not have a method for consistently and accurately measuring the quality of the care they provide. The dearth of robust data and ongoing nature of treatment make gathering information on performance a significant challenge. Even with great information on hand, cancer programs may not have the resources and incentives needed to execute on the data and drive real change, according to Siegler.

Meaningful opportunities exist for hospitals to better understand their current performance and use data to drive quality improvement, according to Siegler. Metric selection, performance tracking, and quality improvement initiatives should continue to be pursued to prepare for pay for performance and to elevate program quality. Early metrics may be more about building a reporting infrastructure than understanding the most pressing quality deficiencies, said Siegler.

New Partnership Models Emerge; Some May Threaten Cancer Programs

Expanding on the trend toward market consolidation, Richard Emery, vice president and executive director, Trinitas Comprehensive Cancer Center, emphasized that some medical oncology private practices are at a crossroads. "Something has to change. Either they move to the hospital setting or they merge with other physicians." Hospitals need to be pro-active and talk to their medical oncologists in the community, and "understand the political landscape of the local market," said Emery.

In discussing radiation oncology trends, Emery highlighted an emerging model that presents a particular threat to hospital cancer programs. "Urologists are getting involved in radiation therapy. The urologists treat in a freestanding center, cutting off the hospitals entirely—their revenue is gone." In one scenario known as a block lease, a urology group may lease space at a radiation therapy facility, pay a fixed fee, and bill for services, without having the expense of purchasing a linear accelerator. Emery discussed strategies for hospitals to counter this trend.

State Medical Oncology Societies Host Membership Meetings

The following oncology state societies have upcoming membership meetings in the first quarter of 2009:

- Nevada Oncology Society, April 23, 2009, Las Vegas
- North Carolina Oncology Association, Feb. 27-28, 2009, Charlotte, N.C.
- South Carolina Oncology Society, Feb. 27-28, 2009, Charlotte, N.C.
- Virginia Association of Hematologists and Oncologists, March 5-6, 2009, Winchester, Va.

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