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### ACCC Annual Meeting, CANCERSCAPE

Register today for sessions on The State of Healthcare Under the New Administration—A Democrat and Republican Point/Counterpoint; The Advisory Board Presents the State of Today's Cancer Programs; What Cancer Programs Can Do Thrive — Not Just Survive — MACRA; Drug Pricing Under the Trump Administration; The ACA: What's Going, What's Staying, and What About Those State Health Exchanges? [accc-cancer.org/CANCERSCAPE](http://accc-cancer.org/CANCERSCAPE).



### Trends in Cancer Programs

Key findings from this year's survey include top challenges and concerns, the potential impact of Medicare's site-neutral payment policy, financial education for patients, and much more! [accc-cancer.org/trends2016](http://accc-cancer.org/trends2016).



### Metastatic Breast Cancer Resources & Tools

A workbook featuring three model community cancer programs that have exhibited consistent, thorough, and integrated support for this patient population, links to the Cancer Experience Registry,<sup>®</sup> and more. [accc-cancer.org/metastaticbreastcancer](http://accc-cancer.org/metastaticbreastcancer).



### How to Model Your Emergency Response to Triage Immunotherapy Patients

Strategies to help respond to—and triage—immunotherapy patients. Learn how one cancer program instituted a model to address immuno-oncology symptom management, staff training, and patient education needs, resulting in greater access to coordinated care, a reduction in hospital and ED admissions, and cost savings. [accc-iclio.org](http://accc-iclio.org).

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# fast



## What Are We Paying Our C-Suite Physician Leaders? (Median compensation 2016 vs. 2013)

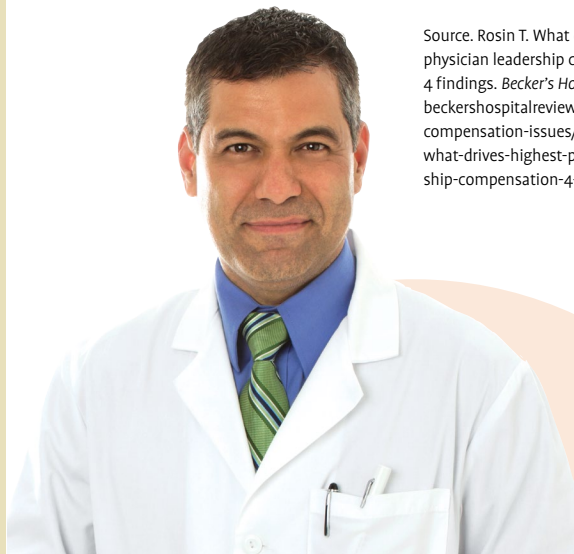
- Emerging Roles, C-Suite—\$499,000 vs. \$469,000, **up 6%**
- Chief Executive Officer/President—\$437,500 vs. \$410,000, **up 7%**
- Chief Medical Officer—\$388,000 vs. \$365,000, **up 6%**
- Chief Information Officer/Chief Medical Information Officer—\$372,500 vs. \$315,000, **up 18%**
- Chief Quality/Patient Safety Officer—\$375,000 vs. \$375,000

Source: 10th Biennial Physician Leadership Compensation Survey. [cejkaexecutivesearch.com/2016-physician-leadership-compensation-survey](http://cejkaexecutivesearch.com/2016-physician-leadership-compensation-survey).

## 4 Drivers of Physician Leadership Compensation

1. The growing role of “big data” drives up compensation.
2. Working at the corporate level and holding higher degrees and certifications opens the door to higher pay.
3. Physician leaders whose compensation is most aligned with organizational goals earn more.
4. Outside of the C-suite, pay goes up as focus on clinical initiatives increases.

Source: Rosin T. What drives highest physician leadership compensation? 4 findings. *Becker's Hospital Review*. [beckershospitalreview.com/compensation-issues/what-drives-highest-physician-leadership-compensation-4-findings.html](http://beckershospitalreview.com/compensation-issues/what-drives-highest-physician-leadership-compensation-4-findings.html).



# facts

## survey

**Study finds mental distress may have a greater impact on quality of life than chronic illnesses, such as cancer, chronic pain, and cardiovascular disease, highlighting the importance of addressing psychological distress.**

Source: Williams AM, et al. Quality of life across medical conditions and psychological factors: implications for population health management. *Qual Life Res.* 2016; 25(6):1475-1485.

### Improvement Needed!

While a majority of healthcare professionals say they discuss steps their patients can take to lower their risk of cancer, less than **1/3** of patients say those discussions have taken place, according to a WebMD/Medscape survey. The survey found that only **27%** of consumers could recall their healthcare professional broaching a cancer prevention discussion, even though more than **70%** of healthcare professionals say that they do. This gap is particularly wide with respect to discussions on family history and vaccinations for hepatitis B and human papillomavirus (HPV), which are known to prevent liver and cervical cancer, respectively.

Source: WebMD. Survey: Doctor/Patient Gap On Cancer Prevention. [webmd.com/cancer/news/20161025/webmd-cancer-prevention-survey#1](http://webmd.com/cancer/news/20161025/webmd-cancer-prevention-survey#1).

### How Can Radiology Improve Its Service to Oncology?

- Rich reports including images, measurements, annotations, etc.—**23%** of survey respondents
- The ability to deliver a summary report for complex cases with multiple exams—**22%** of survey respondents
- Image-based lesion tracking to show treatment response—**20%** of survey respondents
- Improved communication—**17%** of survey respondents
- Structured reports following pre-defined templates—**10%** of survey respondents

Source: Report: How Can Radiology Improve Its Service to Oncologists? [sectra.com/medical/about/campaign/rsna2016/pdfs/how\\_can\\_radiology\\_improve\\_its\\_service\\_to\\_oncologists.pdf](http://sectra.com/medical/about/campaign/rsna2016/pdfs/how_can_radiology_improve_its_service_to_oncologists.pdf).

### Positive Results for States that Expanded Medicaid

Hospitals located in the **19 states** that implemented the Medicaid expansion had significantly increased Medicaid revenue, decreased uncompensated care costs, and improvements in profit margins compared with hospitals located in the 25 states that did not expand Medicaid.

Source: Blavin F. Association between the 2014 Medicaid expansion & hospital finances. *JAMA.* 2016;316(14):1475-1483.