Association of Community Cancer Centers

2016 ACCC Trends Survey-Physicians

* 1. Name:

2. Title:

3. Organization:

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6. What is your program doing to help reduce costs? (CHECK ALL THAT APPLY)

- [ ] Partnering with PCPs to provide integrated and more cost effective services to the community.
- [ ] Partnering with community providers to deliver care, such as mammograms, outside of the hospital setting.
- [ ] Exploring ways to partner with PCPs to provide survivorship care.
- [ ] Embedded a primary care provider within the cancer program.
- [ ] Developed best practices related to cost containment, such as use of lower-cost medications as appropriate.
- [ ] Create order sets to utilize most cost effective supportive drugs (e.g. anti-emetics)
- [ ] Adopt guidelines and/or pathways
- [ ] Monitor compliance
- [ ] Tracking the frequency and use of high-cost medications.
- [ ] Development of cancer drug formulary in-house.
- [ ] Require physicians to meet specific quality and cost management goals.
- [ ] Working with physicians to reduce unnecessary hospitalizations.
- [ ] Partnering with clinics in rural locations so patients can have labs done prior to treatment appointments.
- [ ] Established a high-risk clinic with a goal of preventing cancer and reducing hospitalizations.
- [ ] Development of cancer urgent care services.
- [ ] Monitor advanced and high-risk patients in efforts to reduce unnecessary ER visits and hospitalizations.
- [ ] Engaged in any LEAN initiatives, such as streamlining processes, improving quality of care, and improving revenue stream.
- [ ] Eliminating duplication of services through automated reminders generated by EHR and/or patient portal.
- [ ] Affiliating with a multi-specialty practice to eliminate duplication of services.
- [ ] Planning to move cancer-related services to one location to take advantage of economies of scale.
- [ ] Adding services to reduce cost of care, including oncology rehabilitation, nurse call centers for symptom management, and nurse practitioner-based survivorship care.
- [ ] Providing advanced care planning and/or end-of-life discussions early in treatment.
- [ ] Other (please specify)

7. How is your cancer program impacted by new care delivery models? (CHECK ALL THAT APPLY)

- [ ] Applied to be a part of the Oncology Care Model (OCM).
- [ ] Selected to be part of the Oncology Care Model ()CM)
- [ ] Participating in an accountable care organization (ACO).
- [ ] Participating in an oncology medical home (OMH).
- [ ] Working with payers to develop a new care delivery model.
- [ ] Developing a pay-for-performance model.
- [ ] Reviewing ways to bundle services in anticipation for CMS bundling services.
- [ ] Developing a population-based health model at our hospital.
- [ ] Developed and following clinical treatment pathways to standardize care.
- [ ] Partnering with an academic program to provide specialized care and to ensure seamless transition of patients between care settings.
- [ ] Participating in an alliance of cancer programs to offer clinical trials.
- [ ] Partnering with PCPs on outreach, screening, and prevention efforts.
- [ ] Working with PCPs to streamline referral process.
- [ ] Developed a hospital-employed physician referral basis.
- [ ] Other (please specify)

8. How is your cancer program employing technology to remove barriers to care? (CHECK ALL THAT APPLY)

- [ ] PCPs and referring physicians participate in treatment planning conferences via teleconference.
- [ ] Videoconferences with our academic partner program as needed.
- [ ] Virtual tumor boards with an academic partner program.
- [ ] Virtual tumor boards with providers and hospitals in our community.
- [ ] Virtual tumor boards with 3rd party laboratories.
- [ ] Videoconferencing capabilities so that physicians from multiple locations can participate in tumor boards.
- [ ] A telegenetics program.
- [ ] We use telemedicine technology to reduce unnecessary office visits.
- [ ] We are exploring virtual patient visits.
- [ ] Patient portal.
- [ ] Oral chemotherapy monitoring tool sent to patients and returned back to pharmacy via the patient portal.
- [ ] We have a patient portal, but our providers and patients have been slow to adopt use.
- [ ] Tablet-based tool for patient assessments and screenings.
- [ ] Kiosks in each clinic that patients can use to streamline check-in and other processes.
- [ ] Implemented physician scheduling via mobile devices.
- [ ] Researching ways to have patients complete information remotely and send to cancer program ahead of appointment.
- [ ] We use translation software to ensure patients can participate in shared decision-making.
- [ ] Other (please specify)

9. What are your cancer program's biggest IT challenges? (CHECK ALL THAT APPLY)

- [ ] Funding IT hardware, software, and personnel.
- [ ] Getting different EHRs to talk to each other and integrate data.
- [ ] EHR not oncology-specific.
- [ ] Chemo ordering.
- [ ] Patients who do not have the resources to participate in our patient portal.
- [ ] Hardware and software costs for telemedicine and virtual tumor boards; when one program updates all other programs must also update to remain compatible.
- [ ] Prior authorizations remain labor and time intensive.
- [ ] Accessing data necessary to monitor quality metrics, support market share analysis, and meet increasing regulatory and certification requirements.
- [ ] Having fields/tabs to capture, pull and share relevant data (e.g., molecular testing status/results).
- [ ] Ability to provide cost estimates prior to treatment (chemotherapy, radiation, surgery, imaging).
- [ ] Other (please specify)

10. How does your program conduct shared decision-making between physicians, cancer program staff, and patients? (CHECK ALL THAT APPLY)

- [ ] Patients and caregivers can participate in tumor boards.
- [ ] Primary care physicians (PCPs) are asked to participate in tumor boards.
- [ ] Treatment recommendations from multidisciplinary meetings are shared with patients and caregivers by the physician.
- [ ] Treatment recommendations from multidisciplinary meetings are shared with patients and caregivers by the advanced nurse practitioner.
- [ ] Treatment recommendations from multidisciplinary meetings are shared with patients and caregivers by the nurse navigator.
- [ ] Treatment recommendations from multidisciplinary meetings are shared with PCPs by the physician.
- [ ] Treatment recommendations from multidisciplinary meetings are shared with PCPs by the advanced nurse practitioner.
- [ ] Treatment recommendations from multidisciplinary meetings are shared with PCPs by the nurse navigator.
- [ ] Communication tools are used to ensure treatment options and outcomes are clearly communicated with patients and caregivers.
- [ ] Clinical trials are identified and shared with patients when relevant.
- [ ] Training staff in formal shared decision making.
- [ ] Educating patients in shared decision making and that they have choices.
- [ ] Shared decision making required, documented and tracked.
- [ ] Other (please specify)

11. What staff member(s) are responsible for cost of care discussions? (CHECK ALL THAT APPLY)

- [ ] Physicians
- [ ] Advanced nurse practitioners
- [ ] Nurse navigators
- [ ] Oncology social workers
- [ ] Pharmacists
- [ ] Financial advocates
- [ ] Billing and collections staff
- [ ] Other (please specify)

12. From a physician perspective, how do you feel about having financial discussions with patients? (CHECK ALL THAT APPLY)

- [ ] I am very comfortable having financial and cost of care discussions with patients.
- [ ] I am somewhat comfortable having financial and cost of care discussions with patients.
- [ ] I am somewhat uncomfortable having financial and cost of care discussions with patients.
- [ ] I am very uncomfortable having financial and cost of care discussions with patients.

Other (please specify)

13. At your program, these financial discussions with patients are delivered by: (CHECK ALL THAT APPLY)

- [ ] Physicians
- [ ] Mid-level practitioners
- [ ] Oncology nurses
- [ ] Nurse navigators
- [ ] Oncology social workers
- [ ] Financial advocates
- [ ] Billing and collections staff
- [ ] Other (please specify)

14. Which of the following statements most accurately reflects your belief? (CHECK ONLY ONE)

- ○ Cost of care is an important part of shared decision making.
- ○ Cost of care should be taken into account when making treatment decisions.
- ○ Cost of care should NOT be taken into account when making treatment decisions.
- ○ Cost of care should be shared with patients prior to making treatment decisions.

15. What financial assistance do you offer patients? (CHECK ALL THAT APPLY)

- [ ] We employ financial advocates (counselors).
- [ ] We use social workers to provide some financial assistance services.
- [ ] We have a philanthropic foundation that offers patient assistance.
- [ ] We use pharmaceutical drug replacement program(s) that provide “free” drugs for the indigent or those unable to afford medications.
- [ ] Our financial advocates meet with all new patients to discuss insurance options and cost of care.
- [ ] Our financial advocates provide all patients with estimates of care costs.
- [ ] Financial counselors do risk assessment and meet proactively with HIGH-RISK patients
- [ ] Our financial advocates meet with ALL patients to discuss co-pay programs and patient responsibilities.
- [ ] Financial counselors do not meet with patients until financial difficulties are identified
- [ ] We provide assistance with transportation costs and gas cards.
- [ ] We have pharmacy and financial counselors available but they are managed outside of the cancer program.
- [ ] We have a formal preauthorization and cost estimate program.
- [ ] Our pharmacy revenue team oversees patient assistant programs, op-pay and deductible assistance, foundation applications, and urgent needs fund.
- [ ] Other (please specify)

16. How do you measure the value and/or impact of your financial advocacy services? (CHECK ALL THAT APPLY)

- [ ] We track the number of patients our financial advocacy team assists annually.
- [ ] We track the utilization of philanthropic funds annually.
- [ ] We track the dollar value of free drugs provided annually.
- [ ] We track the dollar value of the co-pay cards provided annually.
- [ ] We track bad debt and charity write-off.
- [ ] Other (please specify)

17. How does your cancer program ensure patient access to clinical trials? (CHECK ALL THAT APPLY)

- [ ] We have developed a process to screen all patients for eligibility in open clinical trials.
- [ ] We provide staff education about clinical trials for which we are currently accruing patients.
- [ ] We have developed a tool that helps staff stay current with clinical trials that are accruing patients.
- [ ] Our physicians take the lead in identifying patients eligible for open clinical trials.
- [ ] Our clinical research nurses take the lead in identifying patients eligible for open clinical trials.
- [ ] Our nurse navigators take the lead in identifying patients eligible for open clinical trials.
- [ ] We discuss clinical trial participation at our multidisciplinary tumor boards.
- [ ] Our research staff works with cancer registry and members of the cancer care team to identify patients that may benefit from clinical trial participation.
- [ ] We have information about clinical trials available to patients in our waiting and exam rooms.
- [ ] We direct patients to our website for information about available clinical trials.
- [ ] Other (please specify)

18. How knowledgeable are you about biosimilars (CHECK ONLY ONE)

- ◯ Very familiar
- ◯ Familiar
- ◯ Somewhat familiar
- ◯ Not familiar

19. What are the major challenges and/or barriers your cancer program faces when implementing targeted therapies? (CHECK ALL THAT APPLY)

- [ ] Complex and burdensome testing processes
- [ ] The high cost of targeted therapies
- [ ] Inadequate reimbursement for targeted therapies
- [ ] Ensuring that staff is educated and up-to-date on the latest targeted therapies
- [ ] The time that is needed to educate patients and caregivers about targeted therapies
- [ ] The time that is needed to screen patients for eligibility.
- [ ] Tissue acquisition.
- [ ] EHR incompatibility.
- [ ] Communication between different disciplines
- [ ] Delays for ordering and/or receiving test results to determine therapy
- [ ] Need for additional training for the multidisciplinary team
- [ ] Other (please specify)

20. How is staff educated on new treatments and technology, such as immunotherapy? (CHECK ALL THAT APPLY)

- [ ] We host physician and staff Lunch & Learns.
- [ ] We have an internal professional education and development program.
- [ ] We partner with an academic program to provide CME and CEU opportunities.
- [ ] We offer education opportunities through our School of Medicine.
- [ ] We have a telehealth professional education program with academic partner.
- [ ] Our pharmacy educates staff about new products and therapies.
- [ ] Our oncologists host monthly education sessions for staff, including updates to available clinical trials.
- [ ] We host disease-site specific conferences, including screening, diagnostics, and treatment.
- [ ] We host discipline-specific education conferences.

- [ ] We host an annual ASCO Review Meeting to present the most relevant scientific data.
- [ ] We use our treatment planning conferences to educate staff on new technology and treatments.
- [ ] We have made it mandatory for staff to attend Grand Rounds.
- [ ] We have made it mandatory for staff to attend tumor boards.
- [ ] We educate PCPs using focused mailings on specific types of cancer.
- [ ] Our hospital nurse educator develops education opportunities onsite.
- [ ] Our staff utilizes online education modules and educational webinars.
- [ ] We utilize web-based subject matter specialists vetted by our educators.
- [ ] We allow drug reps to provide informal lunches and formal dinner presentations.
- [ ] We allow drug reps to provide education in the infusion area.
- [ ] Our oncology-certified pharmacist acts as “gatekeeper” for industry-sponsored education.
- [ ] We do not allow drug reps access to our cancer program.
- [ ] We receive education from professional organizations, such as ONS, ASCO, ACCC, AOSW, etc.
- [ ] We disseminate white papers and clinical and programmatic journals to staff.
- [ ] ACCC resources, including journal, e-newsletters, and meetings.
- [ ] We participate in Institute for Clinical Immuno-Oncology (ICLIO) educational opportunities (e.g., webinars, meetings, newsletters)
- [ ] We receive education through our membership to the Oncology Roundtable.
- [ ] Other (please specify)

21. How does your cancer program fund staff education? (CHECK ALL THAT APPLY)

- [ ] We carve out CME time for all providers and staff.
- [ ] We use philanthropy to pay for staff to attend educational conferences.
- [ ] We reimburse staff for certification expenses.
- [ ] We offer bonuses for certification and re-certification.
- [ ] Providers have a CE budget for travel to meetings or self-learning.
- [ ] We budget for specialties to include a national conference annually.
- [ ] Other (please specify)

22. What challenges or concerns would you share with your Congressional representative? (CHECK ALL THAT APPLY)

- [ ] Ways to eliminate ineffective care as an option to cutting reimbursement for useful and life-saving services.
- [ ] Parameters or ceilings for new chemotherapy and immunotherapy drugs.
- [ ] How manufacturer restrictions for oral oncolytics, such as specialty pharmacies and narrow distribution channels, have had a negative impact on my ability to provide safe, quality patient care.
- [ ] Regulation of vial size to reduce or eliminate drug waste as is required in European countries.
- [ ] Transparency in commercial insurance policies so patients know exactly what plans do (and do not) cover.
- [ ] Reducing the “standards” that must be met as they are time and resource intensive for programs already challenged by reimbursement cuts.
- [ ] The cost of cancer drugs remains a big concern for patients and providers.
- [ ] Increased funding for cancer research and clinical trials.
- [ ] Increased funding for underserved populations.
- [ ] Reimbursement of non-revenue producing services that improve patient care (i.e., navigation, survivorship, financial advocacy).
- [ ] Federal oral parity legislation.
- [ ] Concerns about the Medicare Part B pilot.
- [ ] Discontinuation of bundling of services.
- [ ] The need for policymakers talk to the soldiers in the trenches to define quality.

- [ ] The creation of true measures that reflect quality care.
- [ ] A process for cancer programs to monitor other programs to ensure standards of care are met and efficiencies shared.
- [ ] The need to streamline coding, billing, and payment requirements.
- [ ] The removal of prior authorizations for all diagnostic tests and procedures.
- [ ] The need for physicians and mid-level providers to focus on direct patient care—not paperwork.
- [ ] Medicare Part D to pay for vaccinations given at a cancer program.
- [ ] Societal expectations for value of care
- [ ] Societal expectations for access to care
- [ ] I see no value to these conversations.
- [ ] Other (please specify)