

## **ACCC 2015 Trends in Cancer Programs**

### **1. INTRODUCTION**

As the delegate representative to ACCC, thank you for agreeing to participate in this survey sponsored by the Association of Community Cancer Centers (ACCC). Our goal is to provide our members information on how cancer programs are structured and resourced to meet the ever-changing needs of cancer patients. Characteristics you provide on your specific cancer program are strictly confidential. All feedback will be aggregated and blinded in the final report and thus not attributed to any individual participant.

## 2. DEMOGRAPHICS

1. In case we need to follow up on any response, please provide your contact information below:

Name of individual completing survey.

Email of individual completing survey.

Cancer program name.

City and state.

2. Which of the selections below best describe your cancer program? Select only one.

Hospital-based outpatient cancer center

Freestanding cancer center

Physician-owned oncology practice

Hospital-employed physician oncology practice

University-affiliated cancer program or teaching hospital

University-based cancer program

Shared operation (an arrangement where resources are shared between two entities, such as private practice and hospital)

### 3. CANCER SERVICE LINE

Some of the questions in this survey ask for numbers or percents that total to 100. When entering any numbers, do not use commas, percent signs, or anything other than numerals. The survey will only accept numerals.

1. What are the biggest challenges facing your cancer program? (CHECK ALL THAT APPLY)
  - Ability to purchase new equipment
  - Ability to implement new technology, such as genetic testing
  - Ability to meet multiple accreditation requirements
  - Budget restrictions
  - Cost of drugs
  - Increased number of patients unable to pay for treatment
  - Increased number of specialty pharmacies and REMS programs
  - Lack of physical space
  - Lack of reimbursement for supportive care services (financial assistance, navigation, survivorship, etc.)
  - Lack of time to conduct staff training and education
  - Marketplace competition
  - Staff burnout
  - Staffing shortages
  - Other (PLEASE IDENTIFY)
2. How many new analytic cancer cases do you see annually in your cancer program?
3. In the previous fiscal year, what was the total number of patient visits to your cancer program?
4. In the previous fiscal year, what was the number of patient visits to your cancer program by service category?
  - Infusion
  - Radiation therapy
  - E&M Visits
  - Supportive care visits (dietitian, genetic counseling, survivorship, etc.)
  - Other
5. Is the cancer program's senior manager fully dedicated to the cancer program?
  - Yes
  - No
  - Not sure/don't know
  - Not applicable
6. Which of the following does your cancer service line offer? [**Options are: "Offered," "Not Offered," or "Plan to Offer."**]
  - Medical Oncology
  - Radiation Oncology
  - APBI (Accelerated partial-breast irradiation)
  - 3D CRT (3D conformal radiation therapy)
  - Gamma Knife
  - CyberKnife
  - IGRT (Image-guided radiation therapy)
  - IMRT (Intensity-modulated radiation therapy)
  - IORT (Intra-operative radiation therapy, such as Xoft)
  - MammoSite
  - Proton beam therapy
  - Prostate brachytherapy
  - SRS (Stereotactic radiosurgery)
  - SBRT (Stereotactic body radiation therapy)
  - Tomotherapy
  - VMAT (Volumetric modulated arc therapy)

Surgical Oncology that is separate and distinct from the hospital surgery department  
Da Vinci or other robotic surgical system  
Diagnostic radiology  
Digital mammography  
PET  
MRI  
CT  
PET/CT  
Interventional Radiology  
Gynecologic Oncology that is separate and distinct from the hospital OB/GYN department  
Infusion of non-chemo fluids/antibiotics to non-oncology patients  
Clinical research  
Integrative and complementary medicine  
Survivorship  
Patient navigators (RNs)  
Patient navigators (Other)  
Genetic counseling  
Tissue banking  
Social work services  
Psychological counseling  
Nutrition services  
Cancer rehabilitation  
Blood and bone marrow transplantation  
Financial counseling  
Molecular testing  
Advanced diagnostic testing  
End-of-life care (advanced care planning)  
Palliative care  
Screening & prevention  
Outreach & awareness  
Outpatient pharmacy  
Other (please specify)

7. For those services you do not currently offer, where do you send your patients for this service? (CHECK ALL THE APPLY)

Refer to a physician-owned medical oncology practice  
Refer to a physician-owned radiation oncology practice  
Refer to another community cancer program  
Refer to a regional cancer center  
Refer to an academic or tertiary center  
Our cancer program offers all services  
Other (please specify)

**4. STAFFING**

1. Please indicate the number of FTEs for each type of contractual relationship between the physician and the cancer program for each specialty. Physicians who are part-time should be counted as partial FTEs. Please include physicians employed by your cancer program as well as those who treat patients as part of your cancer program. If there are none of a particular type of FTE, please enter “0”. If the FTE number is not available, please select “Don’t know/not sure” from the dropdown menu. If you used “Other” row, please specify.

	Med/Hem Oncology	Radiation Oncology	General Surgeon	Surgical Oncology	GYN Oncology
Paid employee of cancer program/hospital/medical school					
Professional/managed services contract					
Joint venture (not paid by hospital)					
Private practice					
Other					

2. Please indicate the number of FTEs included in the cancer program budget. Please only include those outpatient FTEs whose compensation is paid by the cancer program itself. If any FTEs are shared with the hospital for inpatient services, count this as a partial FTE according to percentage of time assigned to the cancer program. One FTE is equivalent to 40 hours per week. If there are none of a particular type of FTE, please enter “0”. If the FTE number is not available, please select “Don’t know/not sure” from the dropdown menu

Administrative staff (e.g. clerical, excludes billing and collections)	
Billing and collection staff	
Clinical research personnel	
Cancer registrars	
Dosimetry staff	
Financial advocates or other staff trained to provide financial counseling	
Genetic counselors	
Integrative/complementary medicine staff (massage therapist, acupuncturist, etc.)	
Lay navigators (not nurses or social workers)	
Medical physicists	
Non-mental health personnel (case managers, etc.)	
Non-physician diagnostic radiology staff	
Non-physician laboratory staff	
Non-physician practitioners (NP, PA, CNS, etc.)	
Nurses focused on chemotherapy administration	
Nurse patient navigators	
Nutritionists or dieticians	
Oncology coders/billing coders (do not have to be on site)	
Oncology social workers	
Pharmacists supporting the cancer program	
Pharmacy technicians	
Psychologists or social workers focused on mental health counseling	
Radiation oncology technicians	
Rehabilitation staff (OTs, PTs, etc.)	
RNs with oncology nursing certification	
RNs in total	
Senior administrative/executive management staff	

Survivorship staff	
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3. What strategies have you adopted and/or plan to adopt to meet the upcoming predicted physician shortage?
  - Increased use of physician extenders
  - Partnering with a school of medicine to develop a fellowship program
  - Partnering with primary care providers to take over care of patient post-treatment
  - Other (PLEASE IDENTIFY)
  
4. Has your cancer program been impacted by staffing shortages in other areas. (CHECK ALL THE APPLY)
  - Billers and coders
  - Cancer registrars
  - Clinical research staff
  - Dietitians
  - Medical dosimetrists
  - Medical physicists
  - Nurse navigators
  - Nurse practitioners
  - Oncology nurses
  - Radiation therapists
  - Social workers
  - Other (PLEASE IDENTIFY)
  
5. To alleviate these staffing shortages my cancer program has: (CHECK ALL THE APPLY)
  - Outsourced tasks to third-party entities (billing and coding, cancer registry, etc.)
  - Scaled back on certain services
  - Used temps for non-medical functions
  - Increased use of volunteers
  - Implemented staff retention policies
  - Increased recruitment efforts

## 5. RESEARCH & CLINICAL TRIALS

1. What percentage of new analytic cases are put on clinical trials?
  - Less than 1 percent
  - 2 to 4 percent
  - 4 to 6 percent
  - 6 to 8 percent
  - 8 to 12 percent
  - 12 to 16 percent
  - 16 to 20 percent
  - More than 20 percent
  
2. Is your cancer program finding it challenging to meet CoC Standard 1.9 on the percentage of patients that must be accrued to clinical trials?
  - Yes
  - No
  - Not sure/don't know
  - N/A to the care setting
  
3. Has your cancer program considered dropping its CoC accreditation because of this or other challenges related to the CoC standards that went into effect this year?
  - Yes
  - No
  - Not sure/don't know
  - Not applicable
  - N/A to the care setting
  
4. How is the financial strength of your research program?
  - It is a loss center
  - It breaks even
  - It brings in revenue
  - Not sure/don't know
  - N/A to the care setting
  
5. Have you cut back on clinical trial accrual in the last year?
  - Yes
  - No
  - Not sure/don't know
  - N/A to the care setting
  
6. What are the biggest barriers facing your research program? (CHECK ALL THAT APPLY)
  - Research program is a loss center for the cancer program
  - Lack of resources and staff
  - Low interest from physicians
  - Concerns about meeting new CoC standards for percentage of clinical trial accrual
  - Other
  - N/A to the care setting
  
7. My cancer program offers molecular testing to patients with: (CHECK ALL THE APPLY)
  - Breast cancer
  - Lung cancer
  - Colon cancer
  - Other (please identify)

8. My cancer program is faced with these challenges when implementing molecular testing: (CHECK ALL THE APPLY)

Lack of provider education/awareness

Lack of patient education/awareness

It is time-consuming and resource intensive

Reimbursement difficulties

Resistance or lack of understanding from patient

Other (please identify)



## 6. SURVIVORSHIP SERVICES

1. Does your cancer program offer survivorship services?
  - Yes
  - Not
  - Not sure/don't know
  
2. Your survivorship team includes: (CHECK ALL THAT APPLY)
  - Survivorship coordinator
  - Oncology nurse
  - Oncology social worker
  - Patient navigator
  - Physician
  - Other team members (PLEASE IDENTIFY)
  
3. Do you provide patients with treatment summaries?
  - Yes
  - No
  - Not sure/don't know
  
4. When is the treatment summary given to patients?
  - When the patient is first diagnosed
  - At some point during active treatment
  - At the end of active treatment
  
5. Do you send these treatment summaries back to referring physicians?
  - Yes
  - No
  - Not sure/don't know
  
6. Do you provide patients with a survivorship plan?
  - Yes
  - No
  - Not sure/don't know
  
7. When is the survivorship plan given to patients?
  - When the patient is first diagnosed
  - At some point during active treatment
  - At the end of active treatment
  
8. Do you send survivorship plans back to referring physicians?
  - Yes
  - No
  - Not sure/don't know
  
9. Do you engage the patient's PCP in this follow-up?
  - Yes
  - No
  - Not sure/don't know

## 7. PALLIATIVE CARE SERVICES

1. Does your cancer program offer palliative care services?
  - Yes
  - No
  - Not sure/don't know
  - N/A to the care setting
  
2. Our palliative care team includes:
  - Oncology nurse
  - Oncology social worker
  - Patient navigator
  - Physician
  - Chaplain
  - Other team members (PLEASE IDENTIFY)
  
3. Where in the care continuum are patients educated about your palliative services?
  - When the patient is first diagnosed
  - At some point during active treatment
  - At the end of active treatment
  - When the patient is considering hospice care

## 8. LUNG CANCER SCREENING

1. Does your cancer program offer lung cancer screening?
  - Yes
  - No
  - Not sure/don't know
  - N/A to the care setting
  
2. Our lung cancer screening team includes:
  - Medical oncologist
  - Pathologist
  - PCP (primary care provider)
  - Pulmonologist
  - Oncology nurse
  - Radiation oncologist
  - Radiologist
  - Thoracic surgeon
  - Other team members (PLEASE IDENTIFY)
  
4. Do you charge patients for this service?
  - Yes
  - No
  - Not sure/don't know
  
5. If you provide lung cancer screening free of charge, how does your cancer program pay for this service?
  - Hospital/practice assumes cost
  - Philanthropic entities
  - Funded by grant(s)

## 9. QUALITY METRICS

1. What current metric(s) do you use to measure and track the quality of services provided at your cancer program?
  - QOPI (ASCO)
  - Commission on Cancer (American College of Surgeons)
  - PQRS (Medicare)
  - Patient satisfaction scores
  - Guidelines developed by our cancer program
  - None
  - Other (PLEASE IDENTIFY)
2. For the measures selected, briefly describe how you use this data.
3. Currently, what quality improvement (QI) initiatives is your cancer program working on?
4. Does your cancer program use a dashboard?
  - Yes
  - No
  - Not sure/don't know
5. What key performance indicators and/or data do you collect? (CHECK ALL THAT APPLY)
  - IP visits (scheduled, unscheduled, emergency, no shows)
  - IP case mix (new patients, current patients, survivors, disease site)
  - IP discharges
  - OP visits (scheduled, unscheduled, emergency, no shows)
  - OP case mix (new patients, current patients, survivors, disease site)
  - OP Discharges
  - Patients experiencing complications during treatment
  - Patients harmed as a result of errors
  - 5-year disease free survival by cancer site and stage
  - 5-year progression free survival by cancer site and stage
  - Patient satisfaction scores
  - Net revenues
  - Net expenses
  - Other (PLEASE IDENTIFY)
6. Is your cancer program concerned about meeting the new CoC standards that went into effect this year? If so, which ones? (CHECK ALL THE APPLY)
  - Distress screening
  - Patient navigation
  - Percentage of patients accrued to clinical trials
  - Survivorship
  - Other (PLEASE IDENTIFY)
  - N/A to the care setting
7. These concerns are related to: (CHECK ALL THE APPLY)
  - Lack of physicians and/or staff necessary to implement standards
  - Standards are too resource and time intensive
  - Financial constraints make it difficult to expand or add services to meet standards
  - Lack of necessary infrastructure to implement and support these standards
8. How do you show payers the "value" of the quality care that you provide? (CHECK ALL THE APPLY)
  - Share Press Ganey and other formal survey results
  - Report back on quality improvement initiatives going on at the cancer program
  - Patient outcomes benchmarked against other cancer programs

CoC accreditation  
JCAHO accreditation  
NAPBC accreditation  
ACRO accreditation  
Other (PLEASE IDENTIFY)

9. Have any of your payers begun requiring or contracting for quality measures and metrics?

Yes  
No  
Not sure/don't know

10. Is your cancer program participating in an Accountable Care Organization?

Yes  
No  
Not sure/don't know

11. If you are not yet in an ACO, does your cancer program plan to participate in an Accountable Care Organization in the future?

Yes  
No  
Not sure/don't know

## 10. THE MARKETPLACE & FINANCIAL OUTLOOK

1. Within the last year, has your cancer program (CHECK ALL THE APPLY):
  - Merged with another cancer program
  - Acquired another cancer program (or part of another program)
  - Affiliated with another cancer program
  - Acquired a physician practice office
  - None of the above
  - Not sure/don't know
2. For the LAST FISCAL YEAR, how would you characterize the overall financial status of your cancer program?
  - Exceeded budget
  - Met budget
  - Broke even
  - Recorded a loss for the year
  - Not sure/don't know
3. For the PREVIOUS FISCAL YEAR, how would you characterize the overall financial status of your cancer program?
  - Exceeded budget
  - Met budget
  - Broke even
  - Recorded a loss for the year
  - Not sure/don't know
4. From a financial perspective, how is the cancer program service line performing against other service lines in the hospital? (SELECT ONLY ONE RESPONSE)
  - Better
  - Same
  - Worse
  - Not sure/don't know
  - N/A to the care setting
5. From a financial perspective, is the cancer program one of the top 3 performing service lines in your hospital?
  - Yes
  - No
  - Not sure/don't know
  - N/A to the care setting
6. Please allocate the percentage of patients with each of the following types of insurance being treated by your cancer program (ENTRIES MUST SUM TO 100%)
  - Medicare without secondary insurance (i.e., fee-for-service only)
  - Medicare with secondary insurance (i.e., retiree benefit or Medigap)
  - Medicare Advantage
  - Medicare/Medicaid dual coverage
  - Medicaid
  - Uninsured
  - Commercial payers
  - Charity care
  - Self-pay
  - Not sure/don't know
7. What were your percentages of annual billed charges for your cancer program in the last fiscal year? (ENTRIES MUST SUM TO 100%)
  - Medicare without secondary insurance (i.e., fee-for-service only)
  - Medicare with secondary insurance (i.e., retiree benefit or Medigap)

Medicare Advantage  
Medicare/Medicaid dual coverage  
Medicaid  
Uninsured  
Commercial payers  
Charity care  
Self-pay  
Not sure/don't know

8. By service category, what were your percentages of annual gross charges for your total cancer program in the last fiscal year? (ENTRIES MUST SUM TO 100%)
- Drug administration
  - Laboratory services
  - Drugs
  - Radiation therapy
  - E&M visits
  - Other (PLEASE IDENTIFY)
  - Not sure/don't know
9. What were your percentages of cancer program expenses by service category for the last fiscal year? (ENTRIES MUST SUM TO 100%)
- Drugs
  - Support staff
  - Supplies
  - Facility
  - Other
  - Not sure/don't know
10. When it is time to negotiate payer contracts, does the cancer program have a seat at the table?
- Yes
  - No
  - Not sure/don't know
11. Has your cancer program ever dropped a payer because of an unfavorable contract?
- Yes
  - No
  - Not sure/don't know
12. Which of the following strategies is your cancer program using to reduce costs? (CHECK ALL THE APPLY)
- Hiring freeze
  - Staff reduction
  - Construction project delays
  - Equipment purchase delays
  - IT improvement delays
  - Reduced travel or education expenditures
  - Renegotiation of vendor contractors
  - Administrative cost cutting
  - Reduction of services
  - Divestiture of assets
  - Salary freeze
  - Eliminated bonuses/incentives
  - Not sure/don't know
  - Other (PLEASE IDENTIFY)
  - None of the above

13. Which of the following strategies is your cancer program using to increase revenue? (CHECK ALL THE APPLY)

- Increasing physician-to-physician liaison
- Increasing TV or radio advertising
- Increasing print advertising
- Increasing online advertising
- Increasing physician lecture opportunities
- Increasing physician practice ownership/purchase/merger
- Increasing pricing
- Increasing coding reviews
- Changing resources to front-end billing
- Increasing use of mid-level practitioners
- Increasing screening activities
- Introducing new technologies or services
- Opening an outpatient pharmacy
- Not sure/don't know
- Other (PLEASE IDENTIFY)

14. Has your cancer program had a RAC audit this year?

- Yes
- No
- Not sure/don't know

15. How did the RAC audit impact the cancer program? (CHECK ALL THAT APPLY)

- Audit findings resulted in billing and coding changes
- Audit findings involved additional staff training
- Audit required extensive commitment of staff time and resources
- Audit found that hospital was underpaid for services
- Audit found that hospital was overpaid for services
- Audit resulted in a fine
- Other (PLEASE EXPLAIN)



## 11. PURCHASING RESPONSIBILITIES

1. Do you have a formal process for acquiring new technology for the cancer program?  
Yes  
No  
Don't know/not sure
2. In the past fiscal year (2014) what new equipment and/or technology did your cancer program purchase?
3. For this fiscal year (2015) does your cancer program plan to purchase or acquire any equipment and/or technology?
4. For the next fiscal year (2016) does your cancer program plan to purchase or acquire any equipment and/or technology?
5. The following staff are involved in purchasing decisions. (CHECK ALL THAT APPLY)  
Cancer Program Administrator  
Director, Radiation Oncology  
Hospital Board of Directors  
Hospital CEO  
Hospital COO  
Medical Director  
Physicians  
VP of Oncology Services  
Other staff (please specify)

## 12. INFUSION SERVICES

1. Is the infusion center dedicated to cancer? (CHECK ONLY ONE)
  - Yes
  - No
  - Not sure/don't know
2. How many IV infusion chairs/beds do you have?
3. What is your average number of infusion encounters annually?
4. By percentage, how many the IV infusion chairs/beds in your infusion center fall into each of the following categories. If there are no infusion chairs/bed in a category, please enter "0". If you do not know, please leave this question blank.
  - Hospital-owned
  - Included in the cancer program, but not hospital-owned
  - Physician-owned
5. What is your nurse-to-patient staffing ratio in the infusion center?
  - 1:2
  - 1:3
  - 1:4
  - 1:5
  - 1:6
  - 1:7
  - Other
6. In the past 12 months, what was the average number of infusion patients per chair per day?
  - 2:1
  - 3:1
  - 4:1
  - 5:1
  - 6:1
  - 7:1
  - Not sure/don't know
  - Other (PLEASE IDENTIFY)
7. Do you have plans to expand your infusion services by? (CHECK ALL THAT APPLY)
  - Opening a satellite facility
  - Expanding an existing facility
  - Purchasing an existing facility
  - We have no plans to expand
  - Not sure/don't know
8. Which days of the week is chemotherapy administered in the infusion center? (CHECK ALL THAT APPLY)
  - Monday
  - Tuesday
  - Wednesday
  - Thursday
  - Friday
  - Saturday
  - Sunday
9. Who bills for the majority of the infusion drugs used to treat patients in your center?
  - Hospital

Physician-owned practice  
Not sure/don't know  
Other (PLEASE IDENTIFY)

### 13. DRUGS & BIOLOGICALS

1. Is your cancer program participating in the 340B Drug Pricing Program? (CHECK ONLY ONE)
  - Yes
  - No
  - Not sure/don't know
  - N/A to the care setting
  
2. Does your cancer program have plans to participate in the 340B Drug Pricing Program in the future? (CHECK ONLY ONE)
  - Yes
  - No, even though we qualify
  - No, we don't qualify
  - Not sure/don't know
  - N/A to the care setting
  
3. Does your cancer program accept injectable drugs supplied by specialty pharmacies that mail you the drug and bill the health plan directly? (CHECK ONLY ONE)
  - Yes
  - No
  - Not sure/don't know
  
4. Does your cancer program restrict access to any injectable cancer drugs from use in the cancer program? For example, from a specialty pharmacy. (Select only one response.)
  - Yes
  - No
  - Not sure/don't know
  
5. Do you accept patient-provided/patient-delivered drugs for infusion? (CHECK ONLY ONE)
  - Yes
  - No
  - Not sure/don't know
  
6. Is your cancer program responsible for directly purchasing IV or oral medications via its own purchasing program? (CHECK ONLY ONE)
  - Yes
  - No
  - Not sure/don't know
  
7. Cancer drugs are included in the:
  - Oncology program budget
  - Pharmacy budget
  - Hospital budget
  - Another program's budget (PLEASE IDENTIFY)
  - Not sure/don't know
  
8. Do you have quality & compliance initiatives related to oral cancer drugs that you employ with patients? (CHECK ONLY ONE)
  - Yes
  - No
  - Not sure/don't know
  
9. If yes, does this quality/compliance program: (CHECK ALL THAT APPLY)
  - Track filling for new prescriptions
  - Track refills
  - Include a patient teaching program

Reach out to patients who are not compliant  
Reach out to patients proactively to ensure compliance  
Other (PLEASE IDENTIFY)  
Not sure/don't know

10. Who provides this education? (CHECK ALL THAT APPLY)

Advanced practice nurse  
Clinical nurse specialist  
Nurse practitioner  
Oncology nurse  
Pharmacist  
Pharmacy technician  
Physician  
Physician assistant

11. Is your cancer program facing challenges related to the increasing number of drugs that require FDA-approved companion diagnostic tests?

Yes  
No  
Not sure/don't know

12. These challenges include: (CHECK ALL THAT APPLY)

Lack of provider education/awareness  
Lack of patient education/awareness  
Use of these companion tests is time-consuming and resource intensive  
Reimbursement difficulties  
Resistance or lack of understanding from patient  
Other (PLEASE IDENTIFY)

#### 14. PATIENT & FINANCIAL ASSISTANCE SERVICES

1. Do you estimate total treatment costs and the patient's responsibility prior to starting treatment?  
Yes  
No  
Not sure/don't know
2. What staff person performs this function?  
Financial specialist  
Reimbursement specialist  
Oncology social worker  
Oncology nurse navigator  
Other (PLEASE IDENTIFY)
3. Is the patient's financial responsibility communicated to patients?  
Yes  
No  
Not sure/don't know
4. When the total treatment costs are communicated to patients, how often do patients ask if there is a more affordable treatment option? (CHECK ONLY ONE)  
Almost always  
Frequently  
Sometimes  
Almost never
5. How often do your patients ask about the cost of treatment prior to starting on a treatment regimen? (CHECK ONLY ONE)  
Almost always  
Frequently  
Sometimes  
Almost never
6. Have you seen a change in the number of UNINSURED patients in the past year?  
Increase  
Decrease  
No change  
Not sure/don't know
7. Have you seen a change in the number of UNDER-INSURED patients in the past year?  
Increase  
Decrease  
No change  
Not sure/don't know
8. Which of the following changes in patient needs, if any have you seen over the last year? (CHECK ALL THAT APPLY)  
More patients needing help with transportation expenses  
More patients needing help with hotel expenses  
More patients needing help with co-pays or co-insurance  
More patients needing help with prescription drug expenses  
More patients with no or inadequate insurance  
Not sure/don't know  
Other (PLEASE IDENTIFY)
9. Our patient and financial assistance team includes: (CHECK ALL THAT APPLY)

Financial advocate  
Oncology social worker  
Oncology nurse navigator  
Pharmacist  
Pharmacy technician  
Reimbursement specialist  
Other staff (PLEASE IDENTIFY)

10. Our patient and financial assistance team: (CHECK ALL THAT APPLY)

Verifies benefits  
Researches prior authorization needs  
Verifies patients' out-of-pocket cost(s), including deductibles and co-pays  
Identifies financial barriers to treatment  
Assesses patient eligibility for state and/or federal patient assistance programs  
Researches available community resources  
Helps patient access pharmaceutical patient assistance programs  
Helps patient access co-pay assistance programs  
Helps patient access other foundation and/or non-profit resources  
Develops payment plans with patient  
Identifies resource to help with non-medical financial needs like transportation and childcare  
Assists with claim denials and appeals  
Assists with medical necessity reviews  
Answers insurance and billing questions

11. Do your cancer program and/or hospital have a foundation or philanthropic organization to help patients with financial needs?

Yes  
No  
Not sure/don't know  
N/A to the care setting

12. It offers assistance for: (CHECK ALL THAT APPLY)

Co-pays  
Deductibles  
Transportation costs  
Childcare  
Food  
Other household bills  
Other (PLEASE IDENTIFY)

## 15. OUTREACH AND COMMUNITY SUPPORT

1. What were the top 3 needs identified in your community health needs assessment?
  - Increased and better preventive health public education across the age spectrum, with an emphasis on tobacco use
  - Increased education about cancer prevention and healthy lifestyles (e.g., diet and exercise) for adults and children
  - Information on early detection with an emphasis on breast, lung, prostate, and colorectal screening.
  - Increased funding and resources available for prevention and screening programs for low income, uninsured, and underinsured patients
  - Improved access to care by low income, uninsured, or underinsured
  - Increased awareness of resources available in the community
  - Financial assistance with practical needs, such as transportation, medication, childcare, etc.
  - Reducing language and cultural barriers that impede patients' ability to navigate the healthcare system and communicate providers
  - More support groups and/or programs, including cultural and language-specific offerings and services for family members
  - Community partnerships to provide support services for minorities and low income populations
  - Innovative approaches to the physician shortage in rural and economically stressed communities
  - Development of strategies to increase clinical trial access in underserved communities
  - Other (PLEASE IDENTIFY)
  - N/A to the care setting
2. What programs are you developing to meet those needs?
3. How active is your cancer program in advocating for your patients and quality care?
  - Not active
  - Somewhat active
  - Active
  - Very active
  - A top priority for your cancer program
4. With regards to specific advocacy efforts, our cancer program has (check all that apply).
  - Written letters to congressional representatives
  - Signed petitions on issues affecting my cancer program and/or cancer patients
  - Visited the offices of my congressional representatives
  - Participated in a Capitol Hill visit
  - Other (PLEASE IDENTIFY)
5. Has a congressional representative ever visited your cancer program?
  - Yes
  - No
  - Not sure/don't know
6. Would you like assistance from ACCC to arrange a visit from your Congressional representative?
  - Yes
  - No

SURVEY COMPLETE. Please click "done" or "Exit Survey" to submit. Thank you!