ACCC Hospital Survey 2012

1. Introduction

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 hospital 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.

In recognition of the time you are spending to complete this survey, ACCC will send you a final report that will allow you to compare your responses to those from other programs around the country, and even benchmark your program with similar programs.

We anticipate that it will take about 30 to 45 minutes to complete this survey. Please note that the focus of the survey is on the ambulatory outpatient services your program offers. In order to complete the survey in as little time as possible, please be sure you have the following information handy:

• Payer mix
• Staffing levels (FTEs)

We have also provided a link to a copy of the survey that you can print out in sections and will help you gather data from various individuals within your cancer program, as necessary.

Thanks again.

2. Contact Information

1. In case we need to follow-up on any responses and to ensure we deliver the benchmarking results to the correct individual, please provide your contact information below.

Name	
Institution	
City	
State	
Preferred Email Address	

3. Characteristics of Your Cancer Program

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

- [ ] Shared operation (an arrangement where resources are shared between two entities, such as private practice and hospital)
- [ ] Hospital-based cancer center
- [ ] Outpatient cancer center
- [ ] University-affiliated cancer program
- [ ] Hospital-employed physician oncology practice
- [ ] Private physician oncology practice, not hospital-employed

Other (please specify)

2. What percent of your cancer program is owned by each of the following? (YOUR ENTRIES MUST SUM TO 100%, if you are not sure place 100 in the Not sure box)

Hospital owned	
Physician owned	
Other	
Not sure/don't know	

3. Which of the following best describes your cancer program? (Select only one response)

- ◯ For profit
- ◯ Not-for-profit (IRS 501(c) (3))
- ◯ Not sure/don't know

4. Which of the following does your program provide? (Select only one response)

- ◯ Inpatient services only
- ◯ Outpatient services only
- ◯ Both inpatient and outpatient services

5. Based on billed charges, is oncology one of the top 3 service lines in the hospital / institution? (Select only one response)

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

4. NUMBER OF CASES AND CLINICAL TRIALS

1. How many new analytic cancer cases do you see per year in your program? If you are not sure/don't know type a "?" in the box.

new cases/yr

2. What percentage of new analytic cases are on clinical trials? If you are not sure/don't know type a "?" in the box.

% of patients

3. What percentage of these trials are sponsored by each of the following types of organizations? If you are not sure/don't know type a "?" in the box.

Study Group (eg, COG, RTOG, GOG, CALGB, ECOG, SWOG) %

Pharmaceutical Company %

5. CANCER PROGRAM MANGEMENT

***1. Is the cancer program's senior manager fully dedicated to the cancer program? (Select only one response)**

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

***2. What other service lines or services report to the same manager? (SELECT ALL THAT APPLY)**

- ☐ Cardiology
- ☐ Orthopedics
- ☐ Pediatrics
- ☐ Women's Services
- ☐ Pharmacy Services
- ☐ Surgical Services
- ☐ Not sure/don't know

Other (please specify)

6. SERVICES PROVIDED

ACCC Hospital Survey 2012

***1. For each of the following services, please indicate if it is: (SELECT ALL THAT APPLY)**

	Included in the cancer service line	Managed as a separate hospital department	Not offered	Not sure/don't know
Medical oncology	☐	☐	☐	☐
Radiation oncology	☐	☐	☐	☐
Surgical oncology that is separate and distinct from the hospital surgery department	☐	☐	☐	☐
Diagnostic radiology	☐	☐	☐	☐
Interventional Radiology	☐	☐	☐	☐
Gynecologic oncology that is separate and distinct from the hospital GYN department	☐	☐	☐	☐
Infusion of non-chemo fluids/antibiotics to non-oncology patients	☐	☐	☐	☐

2. Which of the following programs does the oncology service line offer/conduct? Select all that apply AND FOR EACH SERVICE LINE SELECTED, also select ALL the funding sources.

	Offered	Funded through GENERAL OPERATING FUNDS	Funded through ENDOWMENT	Funded through PHILANTHROPY	Funded through GRANTS	Funded through STATE FUNDING	Funded through TRIAL SPONSORS	Funded through PATIENT PAYS	Funded through INSURANCE	Not sure/don't know
Clinical research	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Integrative/Complementary medicine	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Survivorship	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Patient navigators - RNs	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Patient navigators - Other	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Genetic counseling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Tissue banking	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Social work services	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Psychological counseling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Nutrition	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cancer rehabilitation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Blood and Bone Marrow Transplantation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Financial counseling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Molecular Testing	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Advanced Diagnostic testing (e.g. ALK, EGFR)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
End of Life Care (Advanced Care Planning)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Palliative Care	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Other (please specify)

7. FELLOWSHIP/TRANING PROGRAMS

***1. Do you have a physician fellowship-training program in place? (Select only one response)**

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

8. FELLOWSHIP/TRANING PROGRAMS (cont.)

***1. How many fellowships slots do you have in each of the following areas? How many slots are filled?**

	Fellowship Slots	Number of Slots Filled
Medical oncology		
Hematology oncology		
Radiation oncology		
Gynecologic oncology		
Surgical oncology		
Pediatric oncology		
Neuro-oncology		
Orthopedic oncology		
Urologic oncology		

Other (please specify and provide # slots and # of slots filled)

9. PROFIT AND LOSS TRACKING

***1. Do you have sufficient data to track the Profit & Loss of the Oncology program? (Select only one response)**

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

10. PROFIT AND LOSS TRACKING (cont.)

***1. Do you track the Profit & Loss of the Oncology program? (Select only one response)**

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

11. QUALITY METRICS

1. What current metric(s) do you utilize to measure and track the quality of your cancer program(s)?

- [ ] QOPI (ASCO)
- [ ] Commission on Cancer (Amer. Coll. of Surg)
- [ ] PQRS (Medicare)
- [ ] Patient satisfaction scores
- [ ] None

Other (please specify)

***2. Would you (or someone at your program) be interested in being part of a peer network related to measuring the quality of cancer care delivery in hospitals, for the purposes of sharing best practices? (Select only one response)**

- ◯ Yes
- ◯ No

12. DRUG DISCOUNT PROGRAMS AND ACCOUNTABLE CARE ORGANIZATIONS

***1. Are you participating in the 340B Drug Discount Program? (Select only one response)**

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

13. DRUG DISCOUNT PROGRAMS AND ACCOUNTABLE CARE ORGANIZATIONS (cont.)

***1. Does your program have plans to participate in the 340B Drug Discount Program in the future? (Select only one response)**

- ◯ Yes
- ◯ No, even though we qualify
- ◯ No, we don't qualify
- ◯ Not sure/don't know

***2. Does your program have plans to participate in an Accountable Care Organization in the future? (Select only one response)**

- ◯ Yes
- ◯ No
- ◯ Already participating in an ACO involving cancer care
- ◯ Not sure/don't know

14. PROGRAM CONSOLIDATION

***1. Within the last year has your program merged with another cancer program? (Select only one response)**

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

***2. Within the last year has your program acquired another cancer program (or part of another program)? (Select only one response)**

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

***3. Within the last year has your program affiliated with another cancer program? (Select only one response)**

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

***4. In your primary market area, IN THE LAST YEAR has there been consolidation (merger, acquisition) of cancer programs? (Select only one response)**

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

***5. In your primary market area, IN THE LAST YEAR has there been consolidation (merger, acquisition) of physician oncology practices? (Select only one response)**

- ◯ Yes
- ◯ No
- ◯ Already participating in an ACO involving cancer care
- ◯ Not sure/don't know

***6. In your primary market area, IN THE LAST YEAR has there been divesting of physician oncology practices? (Select only one response)**

- ◯ Yes
- ◯ No
- ◯ Already participating in an ACO involving cancer care
- ◯ Not sure/don't know

***7. In your primary market area, IN THE NEXT ONE TO TWO YEARS do you anticipate consolidation (merger, acquisition) of cancer programs? (Select only one response)**

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

***8. In your primary market area, IN THE NEXT ONE TO TWO YEARS do you anticipate consolidation of physician oncology practices? (Select only one response)**

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

9. How many other cancer programs (of all types) exist within your primary market area? If there are none of a particular type of cancer program, please enter 0. If you are not sure/don't know type a "?" in the box.

Hospital-based for profit?	
Hospital-based not-for-profit?	
Community-based (medical office) programs?	
University hospital settings?	

15. IMPACT OF THE ECONOMY

ACCC Hospital Survey 2012

***1. Which of the following strategies is your institution using to reduce costs? (SELECT ALL THAT APPLY)**

- [ ] Hiring freeze
- [ ] Staff reduction
- [ ] Construction project delays
- [ ] Equipment purchase delays
- [ ] IT improvement delays
- [ ] Reduced travel or education expenditures
- [ ] Renegotiation of vendor contracts
- [ ] Administrative cost cutting
- [ ] Reduction of services
- [ ] Divestiture of assets
- [ ] Salary freeze
- [ ] Eliminated bonuses/incentives
- [ ] Not sure/don't know

Other (please specify)

***2. Which of the following strategies is your institution using to increase revenues? (SELECT ALL THAT APPLY)**

- [ ] Increased physician-to-physician liaison
- [ ] Increased TV or radio advertising
- [ ] Increased print advertising
- [ ] Increased online advertising
- [ ] Increased physician lecture opportunities
- [ ] Increased physician practice ownership/purchase/merger
- [ ] Increased pricing
- [ ] Increased coding reviews
- [ ] Changed resources to front-end billing
- [ ] Increased use of mid-level practitioners
- [ ] Increased screening activities
- [ ] Introducing new technologies or services
- [ ] Opened an outpatient pharmacy
- [ ] Not sure/don't know

Other (please specify)

***3. Which of the following changes in patient needs, if any, have you seen over the past 12 months? (SELECT 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 specify)

***4. Compared to last year, are you seeing more patients referred to your cancer program for expensive drugs that they are unable to pay for? (Select only one response)**

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

16. PATIENT INSURANCE COVERAGE

The next set of questions deal with changes in patient mix with regard to insurance coverage.

***1. Have you seen a change in the number of Medicare patients for whom you provide chemotherapy infusions? (Select only one response)**

- ◯ Increase
- ◯ Decrease
- ◯ No change
- ◯ Not sure/don't know

17. PATIENT INSURANCE COVERAGE (cont.)

1. By what percentage has this increased or decreased? If you are not sure/don't know type a "?" in the box.

% increase/decrease

2. Please allocate the percentage of patients with each of the following types of insurance being treated by your program. (YOUR ENTRIES MUST SUM TO 100%, if you are not sure place 100 in the not certain box)

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	
Not sure/don't know	

18. COMMERCIAL PAYERS - TOP 3

1. Please list the 3 commercial insurance companies for patients being treated by your program

1.
2.
3.

***2. Have you seen a change in the number of commercially insured patients for whom you provide chemotherapy infusions? (Select only one response)**

- ◯ Increase
- ◯ Decrease
- ◯ No change
- ◯ Not sure/don't know

19. PATIENT INSURANCE COVERAGE (cont.)

1. By what percentage has this increased or decreased? If you are not sure/don't know type a "?" in the box.

% increase/decrease

20. PATIENT INSURANCE COVERAGE (cont.)

***1. Have you seen a change in the number of uninsured or underinsured patients for whom you provide chemotherapy infusions? (Select only one response)**

- ◯ Increase
- ◯ Decrease
- ◯ No change
- ◯ Not sure/don't know

21. PATIENT INSURANCE COVERAGE (cont.)

1. By what percentage has this increased or decreased? If you are not sure/don't know type a "?" in the box.

% increase/decrease

2. Of those patients that are either uninsured or underinsured patients for whom you provide chemotherapy infusions, what percentage do you refer to an external patient assistance program? If you are not sure/don't know type a "?" in the box.

% referred

3. To which programs do you commonly refer patients? If you are not sure/don't know type a "?" in the box.

Pharmaceutical sponsored programs %

Not for profit programs such as Needy Meds %

Advocacy programs such as PAF %

22. ELECTRONIC MEDICAL/HEALTH RECORDS

***1. Does your program utilize electronic medical/health records (EMR/EHR)? (Select only one response)**

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

23. ELECTRONIC MEDICAL/HEALTH RECORDS (cont.)

ACCC Hospital Survey 2012

*1. What type of software is currently used? (SELECT ALL THAT APPLY)

- [ ] ARIA, Varian
- [ ] Centricity Electronic Medical Record, GE Healthcare
- [ ] Cerner system (e.g., PowerChart)
- [ ] ChemoSAFE
- [ ] Eclipsys
- [ ] Epic system (e.g., Beacon)
- [ ] IC-Chart Electronic Health Record, InteGreat
- [ ] IntelliDose, IntrinsiQ, LLC
- [ ] McKesson Horizon
- [ ] Meditech
- [ ] Misys EMR
- [ ] MOSAIQ / MultiAccess, IMPAC Medical Systems, Inc.
- [ ] NextGen EMR & NextGEN EPM
- [ ] OncoEMR, Altos Solutions, Inc.
- [ ] TouchWorks, Allscripts
- [ ] Not sure/don't know

Other (please specify)

*2. Is your program in the process of implementing another type of EMR/EHR software? (Select only one response)

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

***3. What type of software is your program in the process of implementing?**

- [ ] ARIA, Varian
- [ ] Centricity Electronic Medical Record, GE Healthcare
- [ ] Cerner system (e.g., PowerChart)
- [ ] ChemoSAFE
- [ ] Eclipsys
- [ ] Epic system (e.g., Beacon)
- [ ] IC-Chart Electronic Health Record, InteGreat
- [ ] IntelliDose, IntrinsiQ, LLC
- [ ] McKesson Horizon
- [ ] Meditech
- [ ] Misys EMR
- [ ] MOSAIQ / MultiAccess, IMPAC Medical Systems, Inc.
- [ ] NextGen EMR & NextGEN EPM
- [ ] OncoEMR, Altos Solutions, Inc.
- [ ] TouchWorks, Allscripts
- [ ] Not sure/don't know

Other (please specify)

***4. Would you be interested in being part of a peer network related to your EMR/EHR for the purposes of sharing best practices? (Select only one response)**

- ◯ Yes
- ◯ No

24. MEDICATION PURCHASING/INVENTORY MANAGEMENT

***1. How does your program purchase cancer drugs? (Select only one response)**

- ◯ Single distributor
- ◯ Multiple distributors
- ◯ Not sure/don't know

***2. How does your program purchase cancer drugs? (Select only one response)**

- ◯ Single GPO
- ◯ Multiple GPOs
- ◯ Not sure/don't know

***3. Does your program have a dedicated pharmacy in your ambulatory outpatient oncology services? (Select only one response)**

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

***4. Does your program accept injectable drugs supplied by specialty pharmacies (who mail you the drug and bill the health plan directly)? (Select only one response)**

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

***5. Does your program restrict access to any injectable cancer drugs from use in the cancer program? (Select only one response)**

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

***6. Is your program responsible for directly purchasing IV or oral medications via its own purchasing program? (Select only one response)**

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

25. PURCHASING PROCESS

***1. How is the medication purchasing conducted? (Select only one response)**

- ◯ General materials management/purchasing in the hospital
- ◯ Dedicated pharmacy buyer in materials management in the hospital
- ◯ Pharmacy department in the hospital
- ◯ Not sure/don't know

Other (please specify)

***2. Does your hospital have a contract with a commercial payer that reimburses your program for oral cancer drugs that are dispensed? (Select only one response)**

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

26. INFUSION CENTER(S)

Infusion Center Space Dedicated to Providing Infusions for Outpatients

***1. Is the infusion center dedicated to cancer? (Select only one response)**

- ◯ Treat only cancer
- ◯ Treat cancer and hematology
- ◯ Treat cancer, hematology and other specialty disorders
- ◯ Not sure/don't know

2. What percentage of patient visits in this clinic are pediatric vs. adult? (YOUR ENTRIES MUST SUM TO 100%, if you are not sure place 100 in the not certain box)

Adult

Pediatric

Not sure/don't know

3. How many IV infusion chairs/beds do you have? If you are not sure/don't know type a "?" in the box.

Chairs/Beds

4. How many of the IV infusion chairs/beds in your infusion center fall into each of the following types? If there are no infusion chairs/beds of a particular type, please enter 0. If you do not know the number of infusion chairs/beds please enter "?".

Hospital owned

Included in cancer program but not hospital owned

5. What is your nurse-to-patient staffing ratio in the infusion center?

Nurses:

to # Patients

27. EXPANSION OF INFUSION CENTERS

***1. Do you have plans to expand your infusion center (including both adult and pediatric chairs/beds)? (Select only one response)**

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

***2. Do you have plans to expand to a satellite facility? (Select only one response)**

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

***3. Who bills for the majority of the infusion drugs used to treat cancer? (Select only one response)**

- ◯ Hospital
- ◯ Physician practice
- ◯ Not sure/don't know

28. ACTIVITIES WITHIN INFUSION CENTERS

***1. Which days of the week is chemotherapy administered in this infusion center? (SELECT ALL THAT APPLY)**

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday
- [ ] Sunday
- [ ] Not sure/don't know

***2. What percentage of chemotherapy infusions are mixed by each personnel type? (YOUR ENTRIES MUST SUM TO 100%, if you are not sure place 100 in the not sure box)**

Nurse	
Pharmacy personnel	
Other	
Not sure/don't know	

3. If you allocated a percentage to other for mixing chemotherapy infusions please specify the other personnel, else skip to the next question.

***4. Where is the mixing pharmacy located? (Select only one response)**

- ◯ In the infusion center
- ◯ In the hospital pharmacy
- ◯ Other location
- ◯ Not sure/don't know

29. ACTIVITIES WITHIN INFUSION CENTERS (cont.)

***1. Do you accept patient-provided / patient-delivered drugs for infusion? (Select only one response)**

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

***2. Are cancer drugs part of your oncology program budget, part of the pharmacy budget, or part of another program's budget? (SELECT ALL THAT APPLY)**

- [ ] Oncology program budget
- [ ] Pharmacy budget
- [ ] Another program's budget
- [ ] Not sure/don't know

3. If you selected "Another program's budget" for where cancer drugs are budgeted please specify the other program, else skip to the next question.

30. ORAL CANCER DRUGS

***1. Does your program dispense oral cancer drugs (eg, Tarceva, Sutent, Femara, Xeloda) for use outside of your facility? (Select only one response)**

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

***2. Do you have quality/compliance initiatives related to oral cancer medications that you employ with patients? (Select only one response)**

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

31. ORAL CANCER DRUGS (cont.)

***1. Does this quality/compliance program: (SELECT 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
- [ ] None of these
- [ ] Not sure/don't know

32. TECHNOLOGY

***1. For this section, please think about the equipment available to the cancer center. If you are not sure or the number is not available, please select Not sure/Don't know from the drop down menus.**

	Available in the cancer center	Not in the cancer center but on the hospital campus
How many linear accelerators (LINACs) does your program have in place?		
How many are budgeted for purchase in the next fiscal year?		
How many computed tomography (CT) scanners does your program have?		
How many are budgeted for purchase in the next fiscal year?		
How many magnetic resonance imaging (MRI) machines does your program have?		
How many are budgeted for purchase in the next fiscal year?		
How many ultrasound imaging machines does your program have?		
How many are budgeted for purchase in the next fiscal year?		
How many PET or PET/CT machines does your program have?		
How many are budgeted for purchase in the next fiscal year?		
How many stereotactic radiotherapy (SRT) machines does your program have?		
How many are budgeted for purchase in the next fiscal year?		
How many electromagnetic navigational bronchoscopy (ENB) machines does your program have?		
How many are budgeted for purchase in the next fiscal year?		
How many endobronchial ultrasound (EBUS) machines does your program have?		
How many are budgeted for purchase in the next fiscal year?		

33. RADIO FREQUENCY ABLATION

***1. Does your program provide radiofrequency ablation (RFA)? (Select only one response)**

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

***2. Is there equipment for RFA budgeted for purchase in the next fiscal year? (Select only one response)**

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

***3. Does your program offer: (SELECT ALL THAT APPLY)**

- ☐ Gamma Knife
- ☐ CyberKnife
- ☐ IMRT
- ☐ IGRT
- ☐ Xoft
- ☐ Proton beam therapy
- ☐ Prostate brachytherapy
- ☐ Digital mammography
- ☐ da Vinci or other robotic surgical system
- ☐ MammoSite
- ☐ Tomotherapy
- ☐ ARC therapy
- ☐ Not sure/don't know

34. MEDICAL STAFF RELATIONSHIPS

1. Please indicate the number of full-time equivalent positions (FTEs) for each type of contractual relationship between the physician and the cancer program/hospital for each type of physician. Physicians who are part time should be counted as partial FTEs. Please include physicians employed by your 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 you have partial FTEs, please round the sum to the nearest whole number. If the FTE number is not available please select Not sure/don't know from the drop down menus.

	Medical/Hem Oncologist	Radiation Oncologist	General Surgeon	Board Certified Surgical Oncologist	Gynecologic Oncologist
Paid employee of program/hospital/medical school					
Professional service contract					
Joint venture (not paid by hospital)					
Private practice					
Other					

If you used the Other row, please specify

***2. Which of the following types of support do you offer your community oncologists who are not paid employees? (SELECT ALL THAT APPLY)**

- [ ] Medical director fees
- [ ] Leasing space in or adjacent to the hospital
- [ ] Leasing employees from the hospital
- [ ] Increased pay for on-call services to the hospital
- [ ] Partnering on equipment purchases
- [ ] Clinical research support
- [ ] None of these supports
- [ ] Not sure/don't know

Other (please specify)

35. STAFFING (Average in Your 2011 Fiscal Year)

ACCC Hospital Survey 2012

***1. Please complete the chart below, indicating the number of full-time equivalent positions (FTEs) included in the budget for your cancer program. Please include only 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 no FTEs of a particular type, please enter 0. If you do not know the number of a particular type of FTE, please enter a "?". If you have partial FTEs, you may enter a decimal, but your total must be at least 1.**

Number of non-physician diagnostic radiology FTEs	
Number of radiation oncology technician FTEs	
Number of dosimetry personnel FTEs	
Number of medical physicist FTEs	
Number of physician extender FTEs (i.e., RNP / PA, clinical nurse specialists (CNS))	
Number of NP FTEs specifically	
Number of RN FTEs with oncology nursing certification	
Number of RN FTEs in total	
Total number of pharmacists supporting the cancer center	
Number of pharmacy technician FTEs	
Number of psychologist or social workers focused on mental health counseling FTEs	
Number of oncology social worker or other individuals focused on financial counseling FTEs	
Number of non-mental health FTEs (e.g., case managers, etc.)	
Number of non-physician laboratory staff FTEs	
Number of genetic counselor FTEs	
Number of rehabilitation / wellness personnel FTEs	
Number of nutritionists or dietitian FTEs	
Number of administrative staff FTEs (receptionists, other clerical, Hospital information system, excludes billing and collections)	
Number of billing and collection FTEs (dedicated to facility whether or not physically present)	
Number of senior administrative / executive management staff for clinic	
Number of clinical research personnel	
Number of survivorship personnel FTEs	
Number of FTE nurses focused on chemotherapy administration	
Number of FTE oncology coders / billing coders (dedicated to facility whether or not physically present)	
Number of FTE nurse patient navigators	

Number of FTE social worker patient navigators

Number of FTE lay person patient navigators

2. In 2012 what was the number of infusion patients per chair per day?

pts/chair/day

3. In 2012 what was the number of infusion patients per FTE nurse per day?

pts/FTE nurse/day

*4. Are you using an acuity-based system to determine staffing levels? (Select only one response)

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

36. VOLUME AND COST INFORMATION

Just as with all the other information in this survey, any data entered for your institution will never be shared with anyone, ever. This information is only shared in aggregate.

1. What were the total billed charges for your cancer program in fiscal year 2011? If you are unsure, please enter a "?" in the box provided

$ Billed

*2. Please fill out the chart below based on percentages of annual billed charges for your total cancer center in the 2011 fiscal year. (YOUR ENTRIES MUST SUM TO 100%, if you are not sure place 100 in the Not sure box)

Medicare with supplemental

Medicare without supplemental

Medicaid

Commercial/HMO

Charity care

Self pay

Not sure/don't know

***3. Please fill out the chart below based on percentages of 2011 GROSS charges to your cancer program, by service category. (YOUR ENTRIES MUST SUM TO 100%, if you are not sure place 100 in the Not sure box)**

Drug administration	
Laboratory	
Drugs	
Radiation	
Other evaluation and management	
Other	
Not sure/don't know	

***4. Please fill out the chart below based on percentages of 2011 cancer program expenses by service category. (YOUR ENTRIES MUST SUM TO 100%, if you are not sure place 100 in the Not sure box)**

Drugs	
Support staff	
Supplies	
Facility	
Other	
Not sure/don't know	

37. SIZE OF PROGRAM

1. In 2011 how many patients entered your cancer program? If you are unsure, please enter a "?" in the box provided

# patients	

2. In 2011 what were the number of patient visits to your cancer program by service category? If you are unsure, please enter a "?" in the appropriate box(es) provided.

Infusion	
Radiation therapy	
E&M	
Other	

3. Some cancer programs may be able to demonstrate the amount of downstream revenue they generate for the hospital system. If you are able to do this please enter the 2011 total billed charges to your hospital system generated by your cancer program. If you are unsure, please enter a "?" in the box provided

$ Billed charges

4. How would you characterize the overall financial status of your cancer program in 2010 versus 2011? (make one selection for each year)

	2010	2011
Cancer program financial status		

***5. Have you used commercial reimbursement specialists? (Select only one response)**

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

38. SOCIAL MEDIA

***1. Do you access the ACCC Facebook page? (Select only one response)**

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

***2. Which social media outlets do you use to market your program, if any? (SELECT ALL THAT APPLY)**

- ☐ Facebook
- ☐ YouTube
- ☐ Twitter
- ☐ None
- ☐ Not sure/don't know

Other (please specify)

39. SOCIAL MEDIA (cont.)

ACCC Hospital Survey 2012

1. How have you measured the success of these social media marketing efforts, if at all?

2. How successful have you been at building an online community?

- ◯ Not at all successful
- ◯ Somewhat successful
- ◯ Successful
- ◯ Very successful
- ◯ Not sure/don't know

***3. Do you plan to use social media in the next one to two years? (Select only one response)**

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

40. Survey Completed!!!

You have completed the survey. Please click "Done" to submit. Thank you!

41.

1. Please specify the other location(s) of the mixing pharmacy.