Key Takeaways from the Oncology Roundtable
2014 National Meeting

1. Health systems working to advance population health goals should look to their oncology service lines for lessons on care management. Whereas other service lines have focused on acute care episodes, oncology has a long history of managing patients with serious and chronic illness over extended periods of time. Many of the processes that cancer programs have designed to meet patients' needs, including navigation and psychosocial support, can be applied to other service lines to reduce avoidable costs.

2. Population health creates a new mandate for service lines to collaborate to make more efficient use of resources and to improve the management of co-morbid patients. For example, palliative care has long been a core component of comprehensive cancer care, and under population health, hospitals have new incentives to increase palliative care for patients with other types of serious illness. As a first step, service line leaders need to communicate about their initiatives so that they can identify opportunities to work together.

3. Senior health care executives have high expectations for oncology growth. According to a 2014 Advisory Board survey, senior health care executives expect their organization’s oncology volumes to grow 25% in the next five years - more than any other service line. Yet cancer service line leaders report intense competition, making it difficult to maintain market share.

4. Low-dose CT lung cancer screening for high-risk patients is the single best opportunity for cancer programs to improve outcomes, reduce health care spending, and drive principled growth. One cancer program screened over 500 patients in 2013. Forty-five percent of those patients subsequently used downstream services, generating $475,000 in direct margin.

5. Although 10 million people in the U.S. are candidates for lung cancer screening, the average program screened just 25 patients last year. To attract more patients for lung cancer screening, best-in-class programs mine patient records to identify individuals who meet the screening criteria, market the program to referring physicians, and partner with local employers and community organizations.
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6. **Like lung cancer screening, survivorship care has the potential to improve patient outcomes, reduce health care spending, and grow volumes.** But most cancer programs are narrowly focused on providing treatment summaries and care plans, which by themselves are of questionable value. By broadening their focus, cancer programs can use survivorship services to strengthen ties with primary care providers, equip patients with the information and tools they need to improve their health, and keep patients loyal to the health system.

7. **Cancer programs still need to create survivorship treatment summaries and care plans -- the primary challenge is efficiency.** One case study cancer program has reduced the time required to create these documents to four minutes per patient by leveraging data already collected by the cancer registry.

8. **Cancer patients’ incur over $16,000 per year in expenses due to their disease, and that number is expected to increase as health plans shift more costs to patients and the costs of cancer care continue to rise.** In response, cancer programs must invest in financial counseling services to help cancer patients plan for and manage these expenses.

9. **Most patients lack a basic understanding of their health benefits, and consequently they are not planning for high medical bills.** According to a survey conducted by the American Institute of CPAs, 51% of Americans cannot correctly match the terms “copay,” “premium,” and “deductible” with their definitions. Providers that educate patients about their health benefits and out-of-pocket costs are more likely to collect patients’ portion of their bills.

10. **A financial counselor dedicated to working with cancer patients can secure an additional $1-2 million in revenues per year by helping patients tap into foundation and pharmaceutical-sponsored patient assistance programs.** Most cancer programs are not taking full advantage of these funds because it takes time and expertise to match patients to assistance programs and complete the applications. But cancer programs who fail to do so are doing a disservice to their patients and forgoing revenues.