



Oncology Roundtable

# 10 Insights from the **Cancer Patient Experience** Survey

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# #1: What Do Cancer Patients Want?

More than ever before, cancer program leaders are challenged to invest their limited resources in the right services—ones that will both attract new patients and improve the patient experience.

## Survey Background

To assist our cancer program members, we developed and administered a national survey to answer the following questions:

- When cancer patients chose a cancer provider, which factors weigh most heavily in their decision?
- Which cancer program services and features are most valued by patients?
- How do cancer patients define quality? Where do they look for quality information?

We collected data from over 600 respondents, including cancer patients undergoing treatment and survivors diagnosed within the past five years.

## Survey Methodology

Our survey included:

- Demographic questions
- Quality-related questions
- MaxDiff questions

MaxDiff analysis is a technique commonly used in market research to determine which product features matter most to consumers and which matter least. Respondents are shown a list of features and asked to indicate the best and worst (or most and least important). Respondents are asked the question multiple times, but each time they choose from a slightly different list of features.

By analyzing the responses, it is possible to quantify the relative value respondents place on different features. See the graphics below for an example of how MaxDiff analysis could be used in designing the perfect family car and how to interpret the resulting utility scores.

### Creating the Perfect Family Car

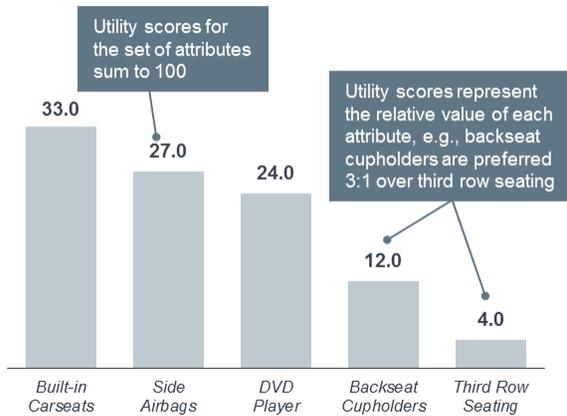
Which of the following would be the <b>most</b> and <b>least</b> important to you when choosing a car?			Which of the following would be the <b>most</b> and <b>least</b> important to you when choosing a car?			Which of the following would be the <b>most</b> and <b>least</b> important to you when choosing a car?		
	Most	Least		Most	Least		Most	Least
Backseat cupholders	<input type="checkbox"/>	<input type="checkbox"/>	DVD player	<input type="checkbox"/>	<input type="checkbox"/>	Built-in carseats	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Third row seating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Side airbags	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Backseat cupholders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DVD player	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Third row seating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Side airbags	<input type="checkbox"/>	<input type="checkbox"/>

Attribute Ranking	
#1	Built-in carseats
#2	Side airbags
#3	DVD player
#4	Backseat cupholders
#5	Third row seating

## Importance of Family Car Features

Utility Scores



## Advantages of MaxDiff Surveys

- 1 Allow researchers to understand the magnitude of difference between ranked attributes
- 2 Force respondents to choose between attributes, preventing ceiling effects

## Survey Respondents

We collected respondents' demographic information, including age, gender, tumor type, race, education, income, location, insurance status, and provider type. While there was fairly even distribution across most factors, there were some predictable biases. For example, the sample skewed toward younger patients and patients with breast and skin cancer. Unfortunately, the sample was not racially diverse—91% of respondents were Caucasian.

**A note on the survey's limitations:** *This research is attitudinal in nature, not behavioral. It does not ask respondents about their historical choices; rather, it asks them about their stated preferences and hypothetical choices*

## Survey Results

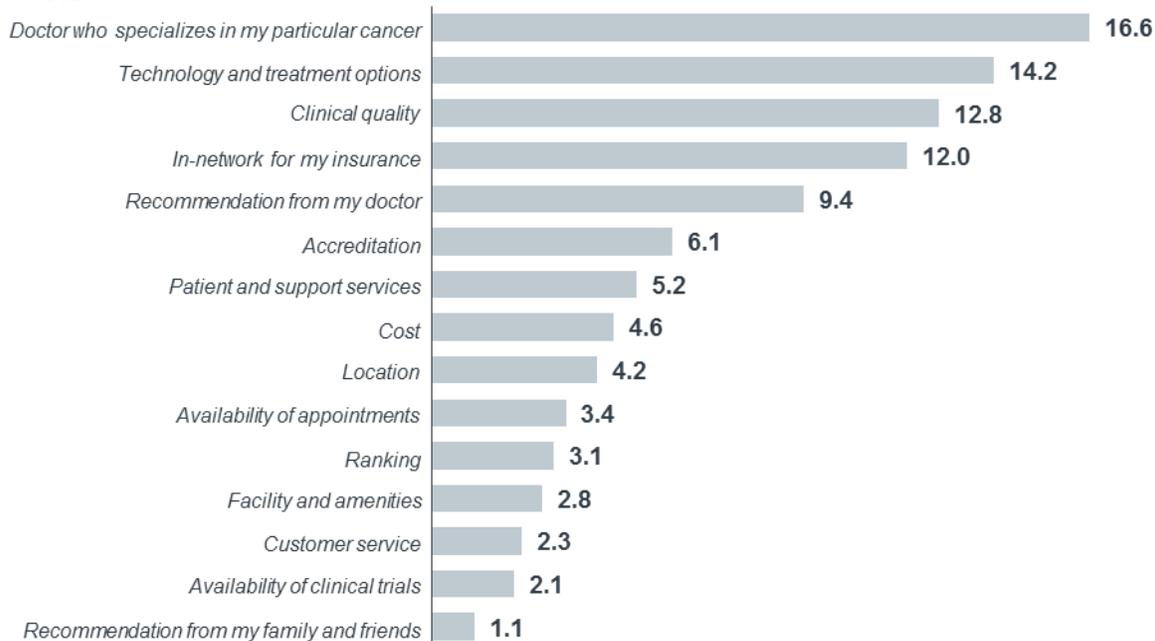
### MaxDiff #1

For the first MaxDiff question in The 2015 Cancer Patient Experience Survey, respondents were asked to indicate which feature is most and least important to them when deciding where to go for their cancer care. They were shown five features in one screen and were asked this question 12 times.

#### When deciding where to go for your care, which feature is most and least important?

Mean Utility Score

n=602



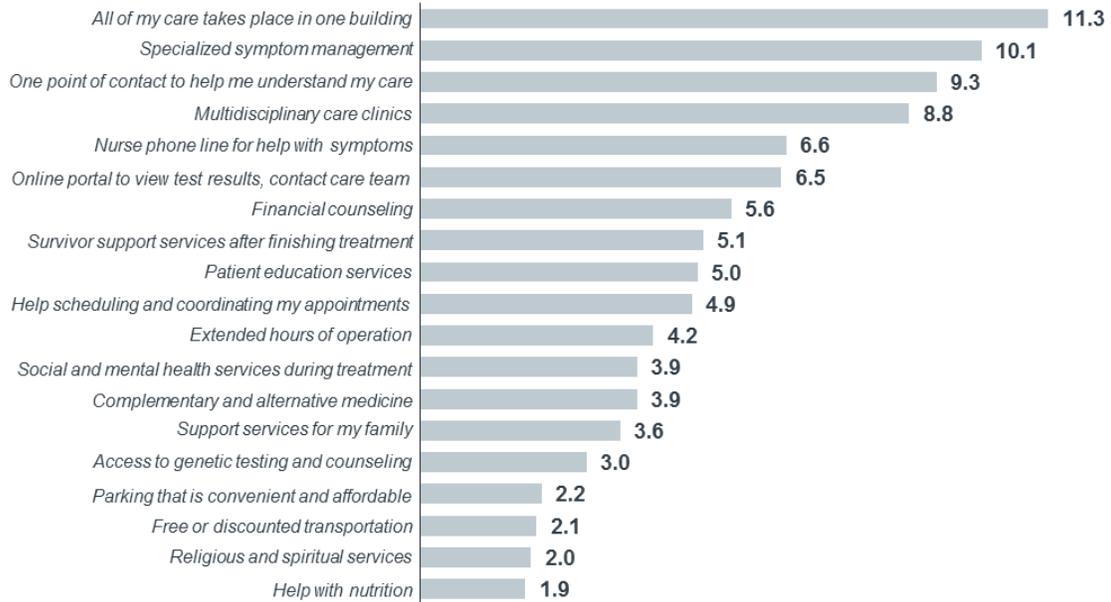
## MaxDiff #2

For the second MaxDiff question, respondents were asked to indicate which service offered by a cancer center would have been most valuable and least valuable to them throughout their experience. They were shown five services in one screen and completed this question 14 times.

### Which services would have been most valuable and least valuable to you?

Mean Utility Score

n=577



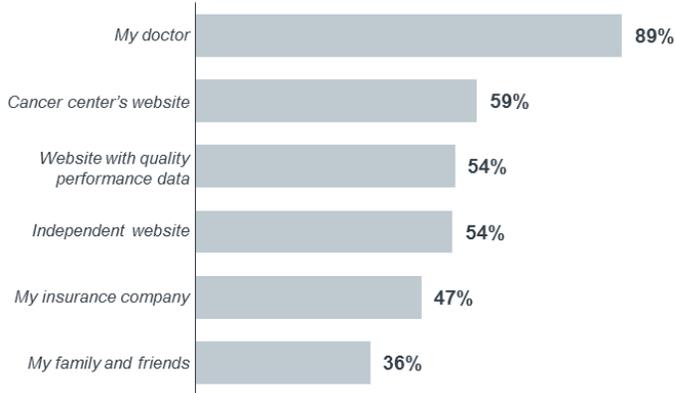
## Quality Questions

We also asked cancer patients a series of questions to understand how they think about quality in cancer care.

### If you were asked to judge the quality of a cancer center, which four sources would be most important to you?

Percentage of patients indicating each source

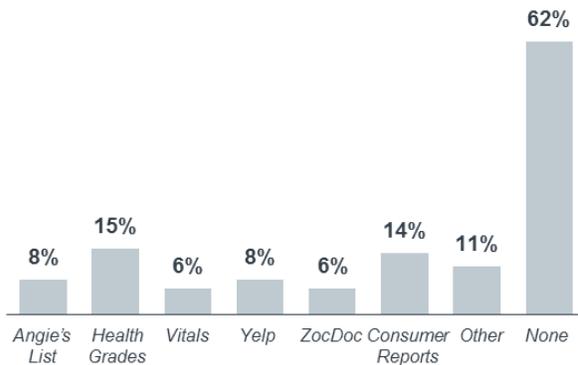
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### Which websites have you searched for patient reviews on the cancer center or cancer center's doctors?

Percentage of patients indicating each source

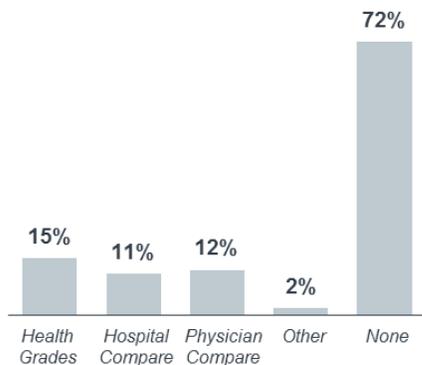
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### Which websites have you searched for quality performance data on the cancer center or cancer center's doctors?

Percentage of patients indicating each source

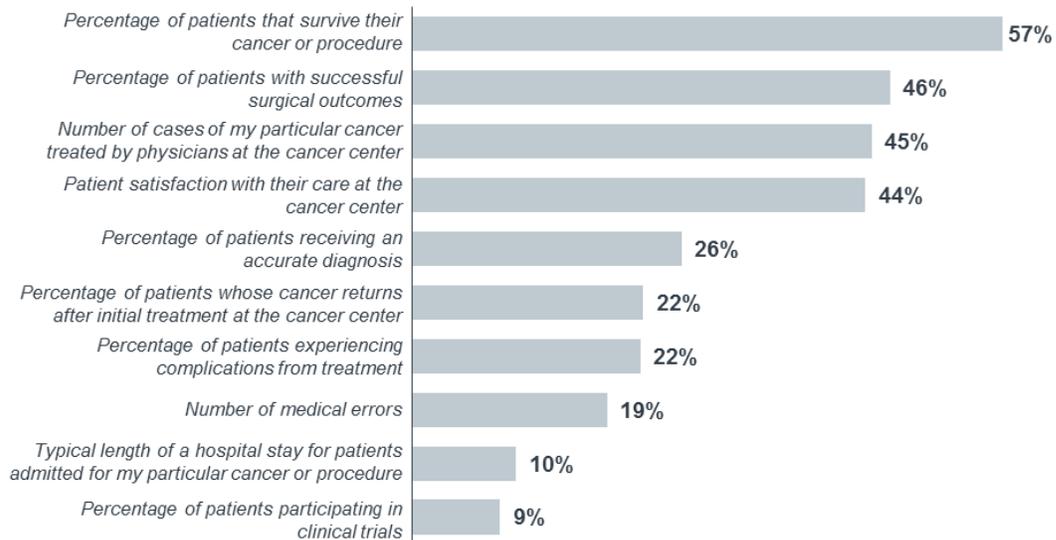
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**If you were asked to judge the quality of a cancer center, which three pieces of information would you most want to know?**

*Percentage of patients reporting metric as important*

n=602



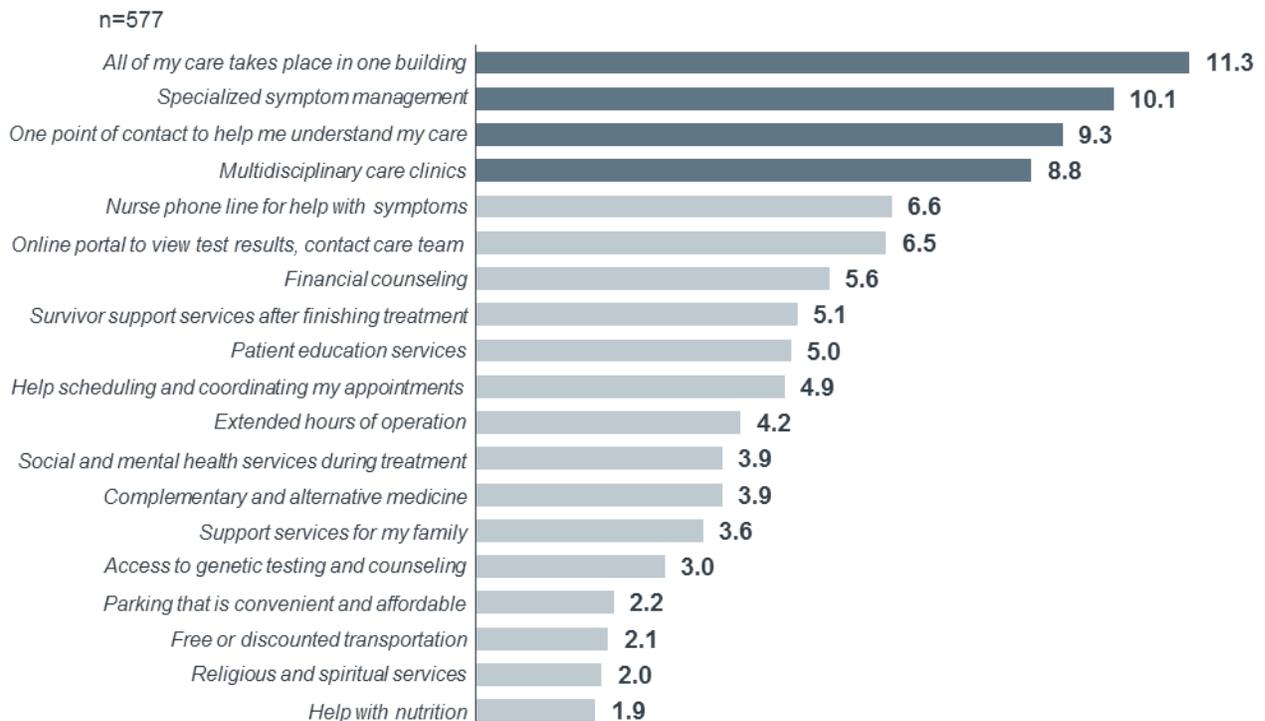
## #2: Making It Easy to Be a Cancer Patient

Having cancer is never easy, but cancer programs can take steps to improve the experience for patients and families. To help you decide where to invest your limited resources, we asked approximately 600 cancer patients about their preferences for cancer program services and discovered what they care most about—convenience and coordination.

### Cancer patients want convenient, coordinated care

In The 2015 Cancer Patient Experience Survey, we asked patients which services would have been most and least valuable to them during their care. Out of 19 services included in our survey, four stood out:

#### Mean Utility Scores for Cancer Program Services



Underlying the top factors are the themes of convenience and coordination:

**#1 service:** “All of my care takes place in one building (e.g., imaging, doctor’s visits, treatment)” was the top rated feature with 37% of respondents ranking this #1 overall. These data confirm what many health care executives have long suspected: co-location of services is important to patients and consequently has the potential to be a powerful market differentiator.

Of course, not every cancer program can afford to build a new facility that houses all cancer-related services. But every cancer program should consider where patients must go to access care (e.g. laboratory, imaging, infusion, clinic) and take steps to ameliorate the burden for them. For example, [MD Anderson](#) added a large tree sculpture to help mark the way to the hospital’s diagnostic center, pharmacy, chapel, and blood donation services.

**#3 service:** “One point of contact to answer my questions and help me understand my care” ranked third overall. Nearly 11% of respondents ranked this #1 and 57% of respondents ranked it within their top five.

These data reflect the fact that cancer patients often have questions during and after treatment, but they don’t know where to turn for answers. Moreover, many are hesitant to contact their physicians for fear of “bothering them.” But allowing patients’ questions to go unaddressed can lead to confusion and distress, or,

even worse, complications that could have been avoided. Consequently, it's essential to provide every patient with a single point of contact.

#4 service: "Multidisciplinary care clinics or meetings where my entire team discusses my case" was the fourth most valuable service overall. Over 10% of respondents ranked it as the most valuable, and nearly 50% ranked it within their top five.

Although many cancer patients aren't familiar with the term "multidisciplinary clinics," they want every member of the care team, including support staff, to be knowledgeable about their particular case. As one cancer patient told us, "Team-based care is so important—I want everyone to be talking about me and on the same page about how they're handling my care."

### **Related Resources**

For help with facility planning, see [Patient-Centric Service Flow](#) from *Redesigning Cancer Care Delivery for the Era of Accountability* and [Hospitals take design cues from malls, airports](#)

Resources on navigation include [Maximizing the Value of Patient Navigation](#) and [Elevating the Patient Experience](#)

For information on multidisciplinary care, see [Elevating the Patient Experience, Next-Generation Tumor Site Strategy, Volume 1](#), [Next-Generation Tumor Site Strategy, Volume 2](#), and [Multidisciplinary Care Coordinators](#)

For best practices on phone triage, see [Urgent Care for Cancer Patients](#) and [Good call: Oncology practice's phone triage curbs ED visits.](#)

# #3: A New Generation of Cancer Care Consumers Beginning to Emerge

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Although the majority of cancer patients defer to their physicians when choosing a provider or treatment, a new type of cancer care consumer is emerging—one who is more active in his/her care, more likely to challenge his/her providers, and more interested in having a seat at the decision-making table. Read on to see how consumerism is taking shape in cancer care.

## **The next generation of cancer patients will act more like consumers**

Traditionally, cancer patients have not acted like consumers—they tend to be deferential to their physicians, report high levels of satisfaction with their care, and are unlikely to switch cancer providers – even if they experience service failures. (A recent article, [Is It OK to Fire My Oncologist?](#), demonstrates this mindset.)

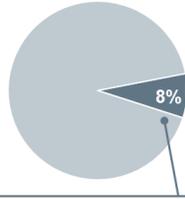
Nevertheless, patients are starting to play a more active role in their health care choices. This shift has been triggered by several factors:

- The media, which is constantly scrutinizing the health care industry
- The internet, which provides consumers with readily accessible information about their disease and providers
- Health plan cost shifting, which is increasing patients' financial responsibility

Although cancer patients are largely considered the most deferential patient population, we found evidence of a shifting mindset in The 2015 Cancer Patient Experience Survey:

- Patients aren't relying solely on their doctor's recommendation. When we asked patients which feature is most important when deciding where to go for care, "recommendation from my doctor" ranked fifth. Only 32 respondents selected this as the most important feature overall. In contrast, almost five times as many respondents (147) selected "cancer center is in-network for my insurance" and eight times as many (261) chose "doctor who specializes in my particular cancer" as the most important feature. Patients under 55 placed less importance on "recommendation from my doctor" than older patients, indicating they are more likely to be self-directed.
- Patients are looking for information about cancer providers online. 38% of survey respondents indicated that they had read provider reviews online, and 28% looked at quality performance websites.
- Younger patients are more willing to change cancer providers if they are dissatisfied with their care. Almost 8% of respondents switched cancer programs because they were dissatisfied with their care. Of those "switchers," 72% were under 55 years old.
- Patients want to play an active role in their health care decisions. As shown in the graphic below, "switchers" were allowed to write in the reason they changed cancer providers. The written responses ranged in reasoning, but many of them referred to a lack of shared decision making.

**Percentage of Patients Who Changed Cancer Centers Due to Dissatisfaction**



**Demographics:**

- 80% female
- 59% breast cancer
- 72% aged 18-54
- 46% live in the West

**Patient Reasons for Changing Cancer Centers**

n=46

Reason	Percentage of Respondents
I wanted a more convenient location	39%
They did not offer the treatment I wanted	22%
I was unhappy with how my doctors and/or nurses treated me	17%
I was unhappy with the service I received	4%
<b>Other</b>	<b>17%</b>

**“Other” Reasons for Changing Providers**

- “I was treated well but I was only offered one option for treatment and **wanted more options**”
  - “Refused to treat me unless I followed with **blind obedience**”
  - “**Wrong kind of treatment**, his answer to all problems was surgery causing me more problems”
- The next generation of cancer patients has high expectations for their care. When asked what the most important factor is when deciding where to go for care, patients aged 18-54 scored non-clinical features, like customer service, patient support services, and facility and amenities, higher than older patients. Throughout their care, younger patients tend to value non-treatment-related services, like survivorship, financial counseling, and complementary and alternative medicine, more than their older counterparts.

**Essential for cancer programs to meet the demands of cancer care consumers**

Cancer programs need to be aware of the priorities of younger patients and make every effort to meet those priorities since this population is more likely to be self-directed when selecting a cancer provider. Once they’re in your system, it’s critical to meet their expectations since they will be more willing to change providers if they are dissatisfied with their care.

For help implementing patient support services, refer to the following resources:

- [Urgent Care for Cancer Patients](#)
- [Oncology Distress Screening and Management](#)
- [Cancer Patient Financial Navigation](#)
- [The Survivorship Challenge](#)
- [Integrating Palliative Care into Oncology Practice](#)

## #4: Cost Matters—More Than You Think

As price transparency and patient cost shifting increase, the public’s concern over the cost of their health care grows. But as [Steven Brill attests](#), patients’ perspective changes when they are diagnosed with a life-threatening illness, such as cancer.

So it’s unclear what—if any—role cost plays in cancer patients’ decision making process. The 2015 Cancer Patient Experience Survey suggests that costs might play a bigger role than you think.

### “Cancer center is in-network for my insurance” influences patients’ choice of provider

When we asked respondents which feature was most important to them when selecting where to go for cancer care, “cancer center is in-network for my insurance” was the 4<sup>th</sup> most important feature overall. Compared to other respondents, patients aged 55-64 ranked in-network status significantly higher—equal to “clinical quality.”

In fact, over 24% of respondents said this would be the most important factor in their decision. The only feature that more respondents ranked at the top was “doctor who specializes in my particular cancer” – 43% of respondents preferred this over all other features. In contrast, only 5% of cancer patients said that “recommendation from my doctor” would be the most important factor.

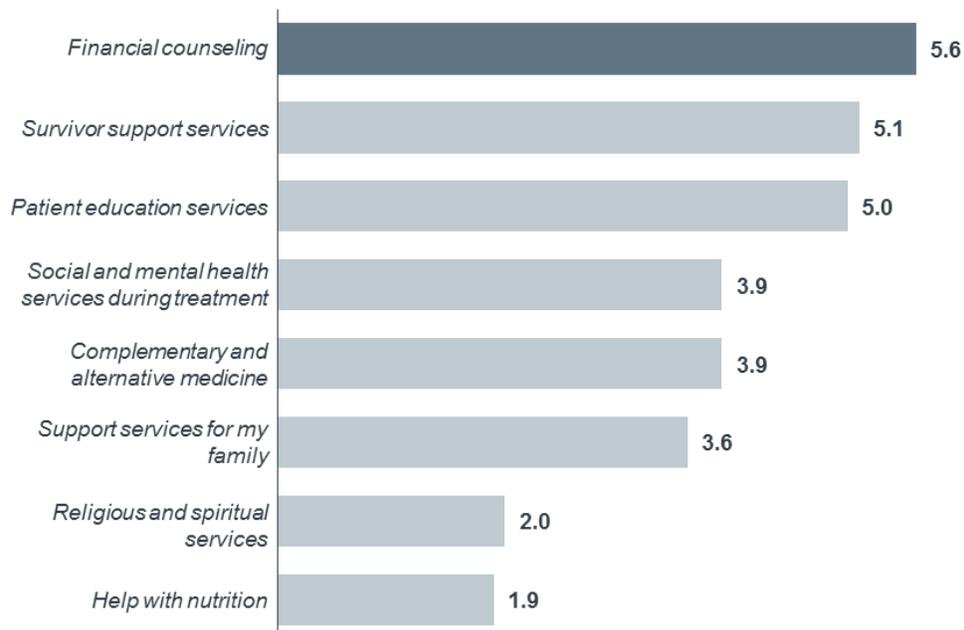
Although “cost” ranked significantly lower, it was still the 8<sup>th</sup> most important feature out of 15. Respondents placed more importance on cost than location, availability of appointments, and customer service.

### Patients value financial counseling services

We also asked survey respondents which cancer program services would have been most valuable to them during their experience with cancer. Financial counseling ranked 7 out of 19 total services, and nearly 30% of respondents scored it within their top five. As shown in the graph below, financial counseling was the most valuable among all non-treatment-related services.

Financial counseling also ranked 4<sup>th</sup> among newly diagnosed patients and 5<sup>th</sup> among cancer patients between 18 and 54 years of age.

**Average Utility Scores for Non-Treatment-Related Services**



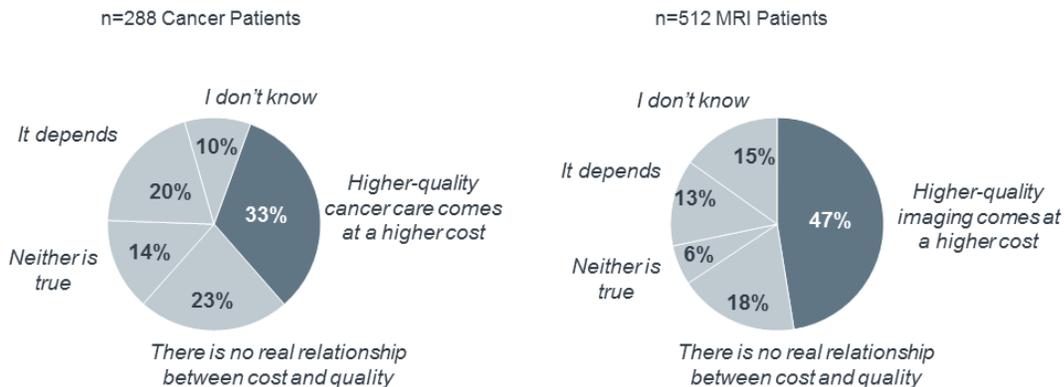
## Few cancer patients associate low cost with low quality

One of the survey questions also aimed at uncovering how cancer patients connect cost and quality. Half of the survey participants were asked, “When it comes to cancer care, do you think that higher-quality cancer care comes at a higher cost, or is there no real relationship between the two?” The other half were asked, “When it comes to cancer care, do you think that lower-quality cancer care comes at a lower cost, or is there no real relationship between the two?”

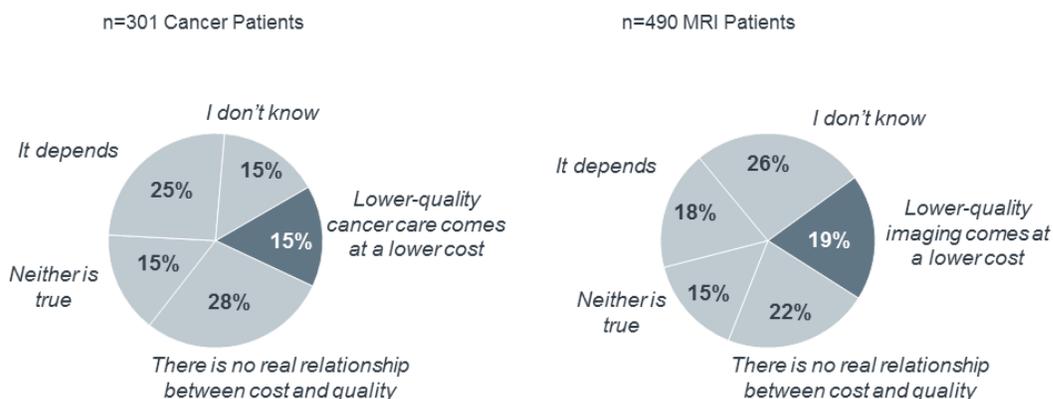
Overall, only about 15% of cancer patients believe that “lower-quality cancer care comes at a lower cost.” Low-cost providers shouldn’t be concerned that patients will automatically assume they provide lower-quality care. However, about 33% of cancer patients believe “higher-quality cancer care comes at a higher cost,” indicating that patients are more likely to believe that higher cost equates to higher quality.

When we compare the responses of cancer patients to those of patients who have had an MRI within the past year, there are some interesting differences. Imaging patients are more likely to believe that higher cost correlates to higher quality. In contrast, cancer patients are more likely to think there is no real relationship between cost and quality or that “it depends.” This suggests that cancer patients, who likely have more experience with the health care system, better understand the complexity of health care costs.

### Relationship Between High Quality Care and High Cost



### Relationship Between Low Quality Care and Low Cost



## Cancer providers must develop robust financial navigation programs

As cancer costs and patient responsibility for those costs continue to climb, providers need to be ready to talk about costs, explain insurance benefits, and help patients manage their finances. Make sure you’re prepared by reading [Cancer Patient Financial Navigation](#).

## #5: Meet Your Cancer Patient Researchers

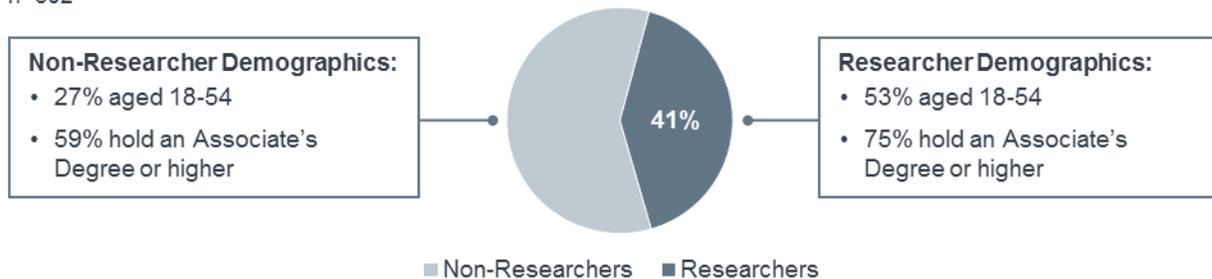
The 2015 Cancer Patient Experience Survey revealed that a growing number of cancer patients are researching providers online. To attract this population of self-directed patients, it's critical to know who they are and what they're looking for in a cancer program.

### Many cancer patients are actively looking for quality information online

When asked if they had looked online for quality performance data or reviews of cancer providers, 41% of survey respondents indicated that they had. We've dubbed this group of patients "the researchers." As seen in the graphic below, they tend to be young and educated.

### Demographics of Researchers and Non-Researchers

n=602



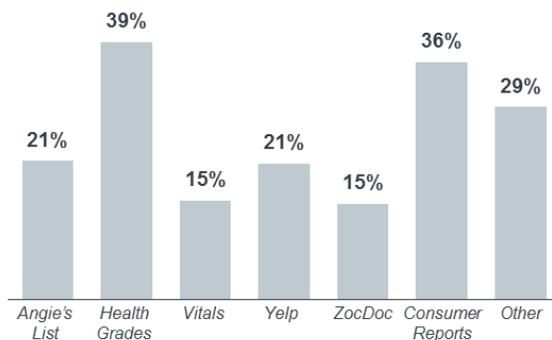
### Searching high and low for provider information

Overall, 38% of survey respondents indicated that they had read provider reviews online, and 28% looked at websites with quality performance data. As shown in the charts below, researchers looked at multiple websites in each category—suggesting they're searching for as much information as they can get when making a decision about where to go for their care.

#### Which websites have you searched for patient reviews on the cancer center or cancer center's doctors?

Percentage of Researchers Indicating Each Source

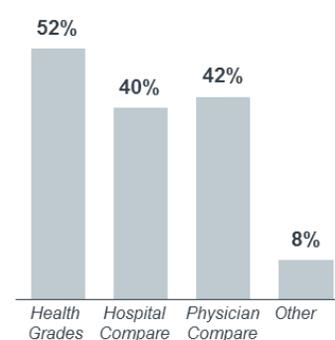
n=231



#### Which websites have you searched for quality performance data on the cancer center or cancer center's doctors?

Percentage of Researchers Indicating Each Source

n=171



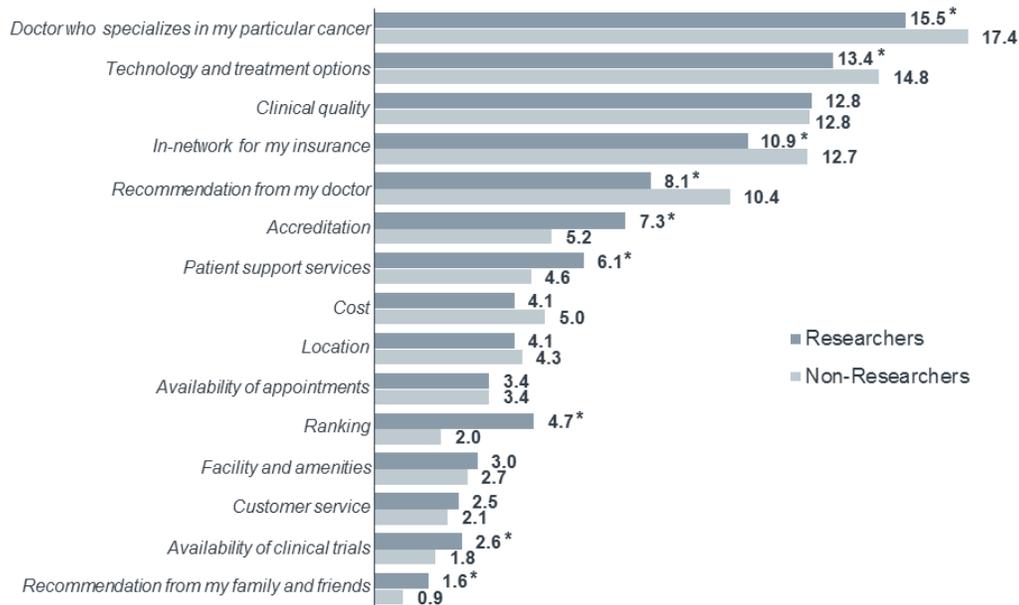
## Researchers care more about accreditation, ranking, and support services

When we asked patients which features were most important when selecting a cancer provider, both researchers and non-researchers ranked the same five features at the top. But, there were key differences in how strongly researchers valued certain features compared to non-researchers.

### When deciding where to go for your care, which feature is most and least important?

Mean Utility Scores<sup>1</sup>

n=249 Researchers, 353 Non-Researchers



<sup>1</sup> Values with a \* indicate statistically significant (p<0.05) differences.

While non-researchers clearly distinguish the top five features from the rest, the distinction is not as sharp for researchers. In particular, researchers place significantly less importance on “recommendation from my doctor,” suggesting that they are more likely to act independently than other patients.

In contrast, researchers care significantly more about:

- Accreditation (e.g., accredited by the American College of Surgeons’ Commission on Cancer)
- Patient and support services (e.g., someone to help coordinate my care, nutrition management)
- Ranking (e.g., ranked by US News and World Report, featured in a “top doctors” report)
- Availability of clinical trials
- Recommendation from my family and friends

Cancer programs that are ranked, accredited, or offer a wide array of support services should make this information easy for researchers to find—we know they’re looking for it.

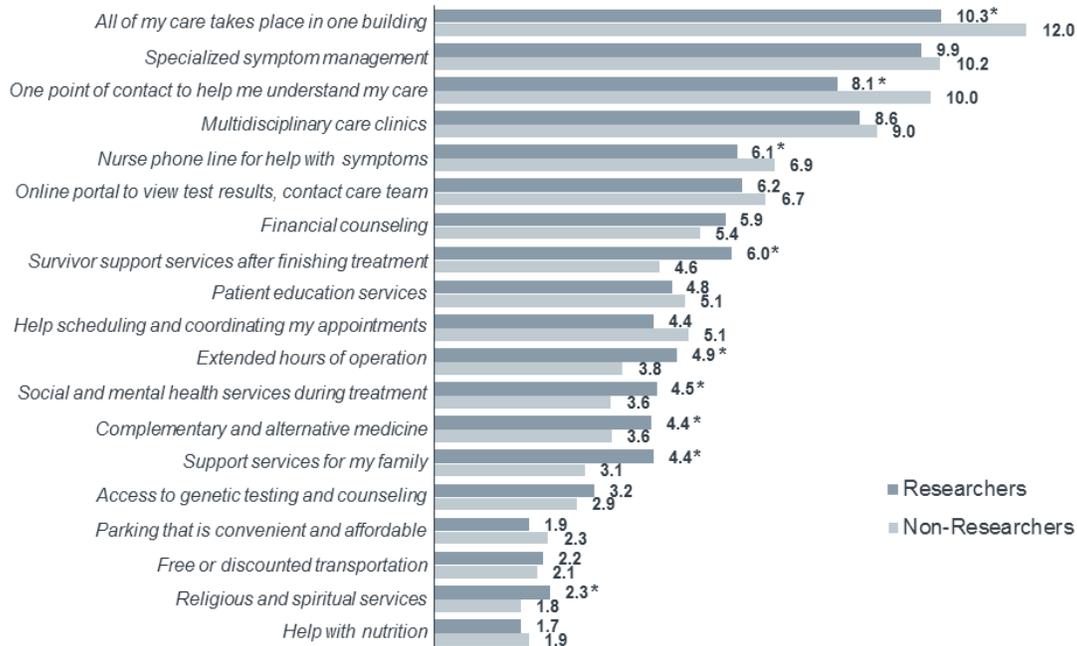
## Researchers want holistic support

We also asked survey respondents which cancer program services they would value most and found that researchers' priorities differed from non-researchers.

### Which services would have been most valuable and least valuable to you?

Mean Utility Scores<sup>1</sup>

n=224 Researchers, 353 Non-Researchers



1) Values with a \* indicate statistically significant (p<0.05) differences.

Compared to non-researchers, researchers are more interested in holistic support, placing significantly more value on:

- Survivor support services for me after I finished treatment (e.g. counseling, support groups, rehab services)
- Social and mental health services for me during treatment (e.g., patient support groups, counselors)
- Complementary and alternative medicine services (e.g., acupuncture, yoga, massage) or referral to such services
- Support services for my family members (e.g., counselors, family support groups, cancer resource center)
- Religious and spiritual services (e.g., chaplain, prayer services, onsite chapel)

### Related Resources:

- [The Survivorship Challenge](#)
- [Oncology Distress Screening and Management](#)
- [Cancer Center of the Future](#)

# #6: How Well Do You Know Your Younger Cancer Patients?

You know younger cancer patients differ from older patients. But what are they looking for in a cancer provider? And which services do they value most?

## Younger patients more likely to be self-directed, value accreditation and ranking

When deciding where to go for their cancer care, younger patients (18-54) place less importance on clinical features, like physician specialization, technology and treatment options, and clinical quality. They also place significantly less importance on “recommendation from my doctor,” indicating that they will act more independently when selecting a cancer provider.

In comparison to patients over 55, younger patients place significantly more importance on:

- Accreditation (e.g., accredited by the American College of Surgeons’ Commission on Cancer)
- Patient support services (e.g., someone to help coordinate my care, nutrition management)
- Ranking (e.g., ranked by US News and World Report, featured in a “top doctors” report)
- Facility and amenities
- Customer service
- Availability of clinical trials

In fact, younger patients believe “ranking” is more than twice as important as patients 55 and over.

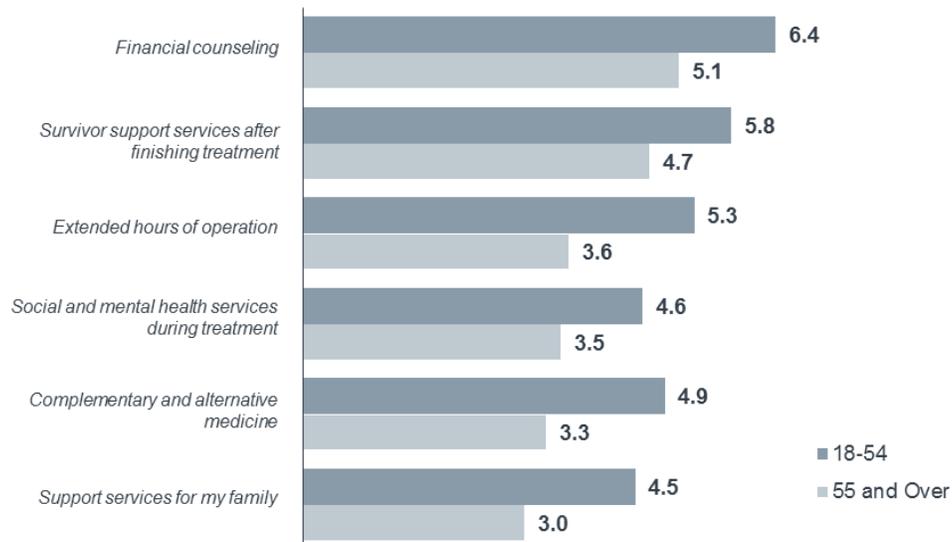
## Younger patients value comprehensive support services during treatment

Throughout their experience with cancer, younger patients also place significantly more value on a number of services than their older counterparts.

### Which services would have been most valuable and least valuable to you?

#### Utility Scores<sup>1</sup>

n=222 Patients Age 18-54, 355 Patients Age 55 and Over



<sup>1</sup> Scores shown are those that patients 18-54 care significantly ( $p < 0.05$ ) more about than patients 55 and over.

# #7: How to Attract—and Retain—Breast Cancer Patients

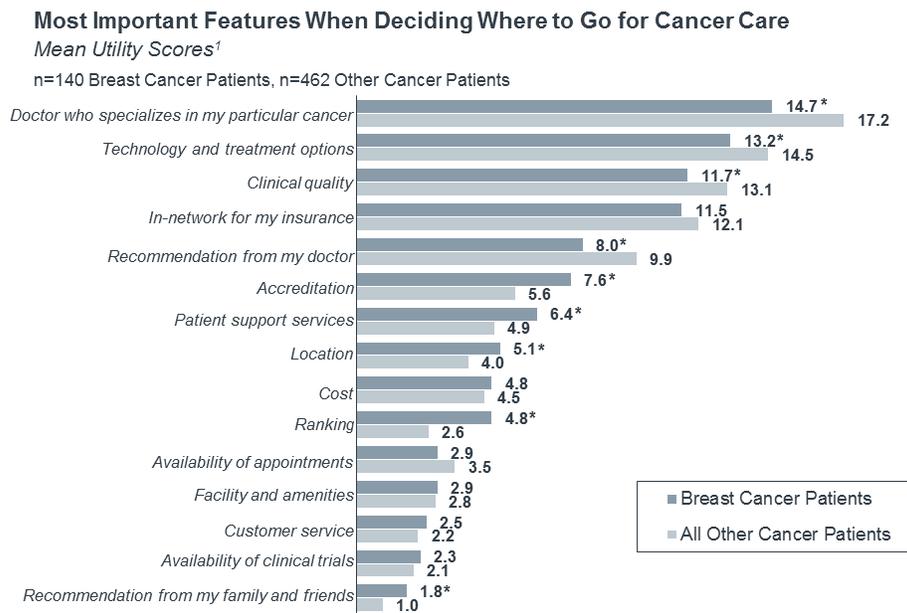
Breast cancer patients are often the most engaged and vocal consumers of cancer care. And because breast tends to be the highest volume tumor site, cancer program leaders need to understand how to appeal to this population, both when they are choosing cancer treatment providers and during the course of their care. The 2015 Cancer Patient Experience Survey reveals that breast cancer patients are unique—they care about a wider range of program features than other cancer patients and they are the most likely to change providers when dissatisfied with their care.

## Breast cancer patients care about accreditation and ranking

When asked which features were most important when selecting a cancer provider, breast cancer patients ranked five features at the top:

- Doctor who specializes in my particular cancer
- Technology and treatment options
- Clinical quality (e.g., survival rates, infection rates)
- Cancer center is in-network for my insurance
- Recommendation from my doctor

As shown in the graph below, breast cancer patients place importance on a wider range of features compared to other patients. In other words, they are more likely to indicate that every feature is important to them. While other cancer patients clearly prefer the top five features, the distinction is less clear for breast cancer patients.



In particular, breast cancer patients place significantly more importance than other cancer patients on:

- Location (e.g., how close the cancer center is to my home or work)
- Patient support services (e.g., someone to help coordinate my care, nutrition management)
- Recommendation from a family member or friend
- Ranking (e.g., ranked by US News and World Report, featured in a "top doctors" report)
- Accreditation (e.g., accredited by the American College of Surgeons' Commission on Cancer)

In fact, breast cancer patients value “accreditation” (utility score of 7.6) almost as much as “recommendation from my doctor” (utility score of 8.0). To attract self-directed breast cancer patients, cancer programs should highlight the features that matter most to them in marketing efforts and on the cancer program website.

### Breast cancer patients want support for themselves and their families

When asked which services would be most valuable to them during their cancer experience, breast cancer patients ranked the same top four services as other cancer patients.

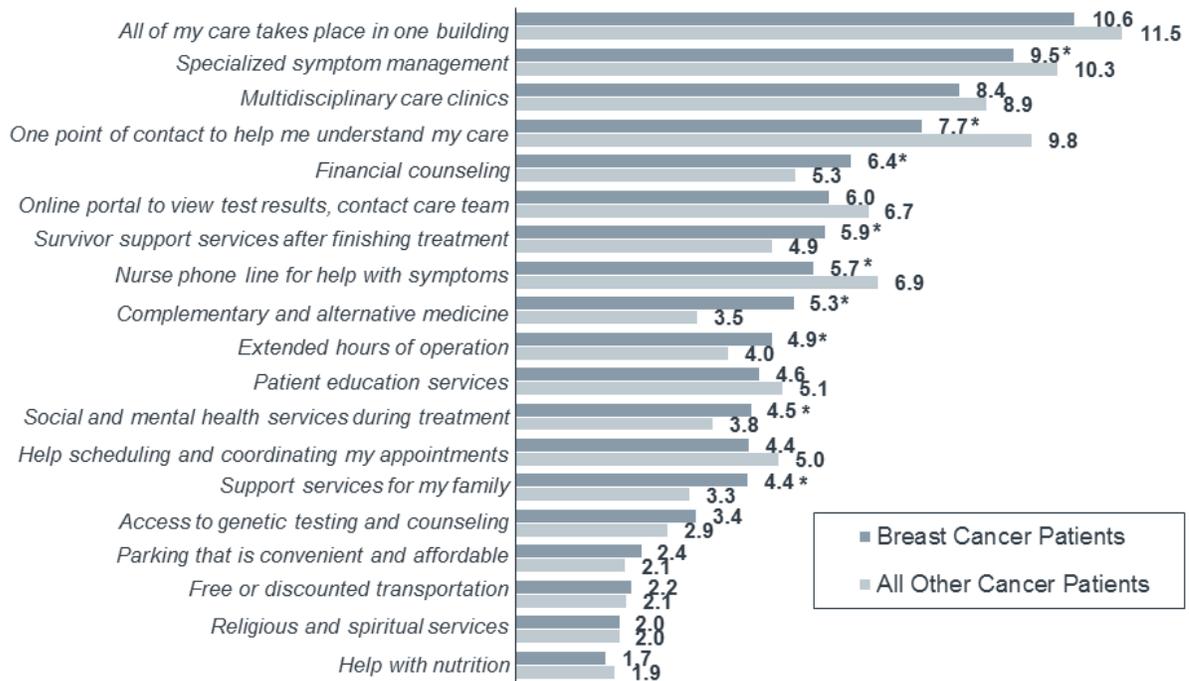
However, compared to other respondents, breast cancer patients place significantly more value on:

- Financial counseling (e.g., help understanding my bills, help managing my insurance, help finding financial aid)
- Survivor support services for me after I've finished treatment (e.g., counseling, support groups, rehab services)
- Support services for my family members (e.g., counselors, family support groups, cancer resource center)
- Social and mental health services for me during treatment (e.g., patient support groups, counselors)
- Complementary and alternative medicine services (e.g., acupuncture, yoga, massage) or referral to such services

### Most Valuable Cancer Program Services

#### Mean Utility Scores<sup>1</sup>

n=139 Breast Cancer Patients, n=438 Other Cancer Patients



1) Features with an asterisk indicate statistically significant (p<0.05) differences.

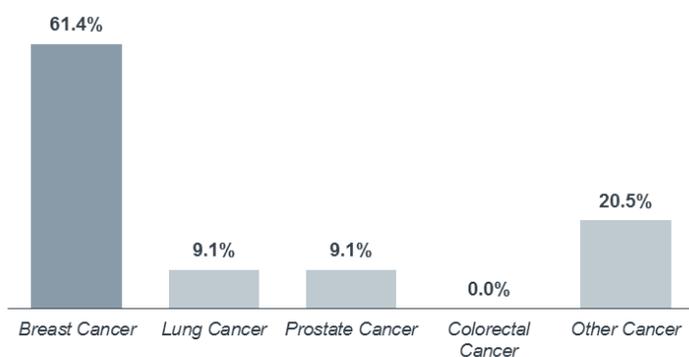
## Breast cancer patients more likely to change cancer providers

The importance of meeting breast cancer patients' needs is underscored by the fact that they are more likely to change providers if they are dissatisfied with their care. Over 61% of survey respondents who switched cancer centers at some point during their care were breast cancer patients.

### Patients Who Switched Cancer Centers

Percentage of Respondents by Tumor Type

n=44



## Related Resources

For more information on how to help patients manage the cost of care, read [Cancer Patient Financial Navigation](#).

To learn more about developing a survivorship program, see [The Survivorship Challenge](#).

For help identifying and meeting patients' psychosocial needs, see [Oncology Distress Screening and Management](#).

For more information on accreditation, watch [The Accreditation Imperative](#) and use the [Commission on Cancer Accreditation Crosswalk](#).

# #8: The Unique Preferences of Newly Diagnosed Cancer Patients

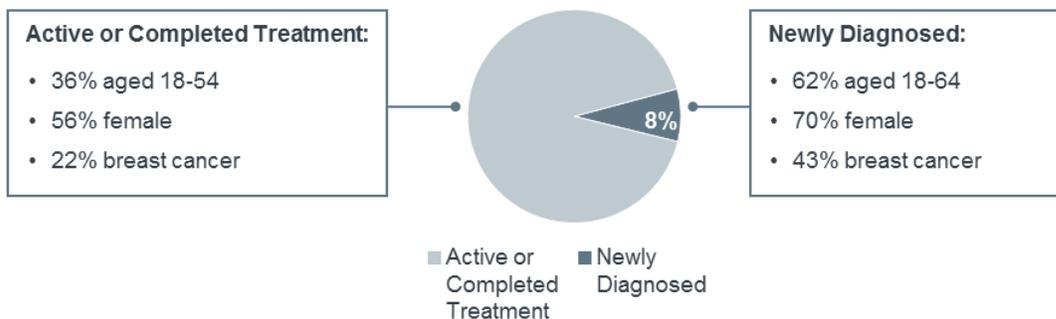
When patients are first diagnosed with cancer, they are scared and overwhelmed. But they are also motivated to choose a top-notch provider. As cancer patients begin to take more active roles in selecting providers, cancer programs should pay particular attention to the preferences and priorities of one group of patients—the newly diagnosed.

## Who are the newly diagnosed?

The 2015 Cancer Patient Experience Survey defines newly diagnosed patients as respondents who were diagnosed within two months of taking the survey. When compared to the overall respondent profile, the 47 newly diagnosed patients are more likely to be young, female, breast cancer patients.

### Demographics of Newly Diagnosed Patients

n=47 Newly Diagnosed Patients<sup>2</sup>, n=536 Patients in Active Treatment<sup>3</sup> or Completed Treatment



## What do newly diagnosed patients want from a cancer care provider?

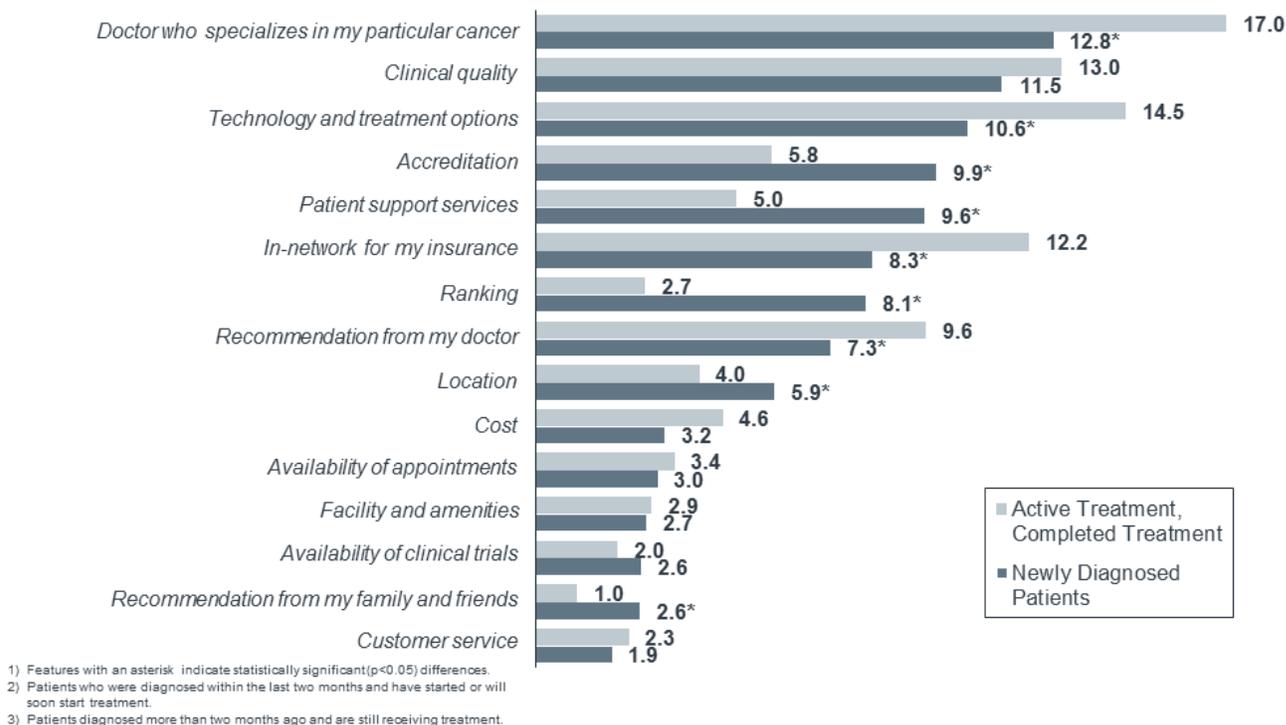
When asked what is most important when deciding where to go for their care, newly diagnosed cancer patients care significantly more about five features:

- Accreditation (e.g., accredited by the American College of Surgeons' Commission on Cancer)
- Patient support services (e.g., someone to help coordinate my care, nutrition management)
- Ranking (e.g., ranked by US News and World Report, featured in a "top doctors" report)
- Location (e.g., how close the cancer center is to my home or work)
- Recommendation from a family member or friend

## Most Important Features When Deciding Where to Go for Cancer Care

### Mean Utility Scores<sup>1</sup>

n=47 Newly Diagnosed Patients<sup>2</sup>, n=536 Patients in Active Treatment<sup>3</sup> or Completed Treatment



### What are the implications for cancer care providers?

- **Announce accreditation and ranking front and center.** Because newly diagnosed patients care significantly more about accreditation and ranking, cancer program should display this information prominently on their websites.
- **Ensure awareness of support services.** Cancer programs should also include clear and comprehensive information on patient support services on their websites. Furthermore, everyone in the cancer center should be prepared to describe these services and their value to prospective patients.

### Which services do newly diagnosed patients value?

Newly diagnosed patients' prioritization of support services begs the question: *which* services do they value most? According to The 2015 Patient Experience Survey, five services top the list:

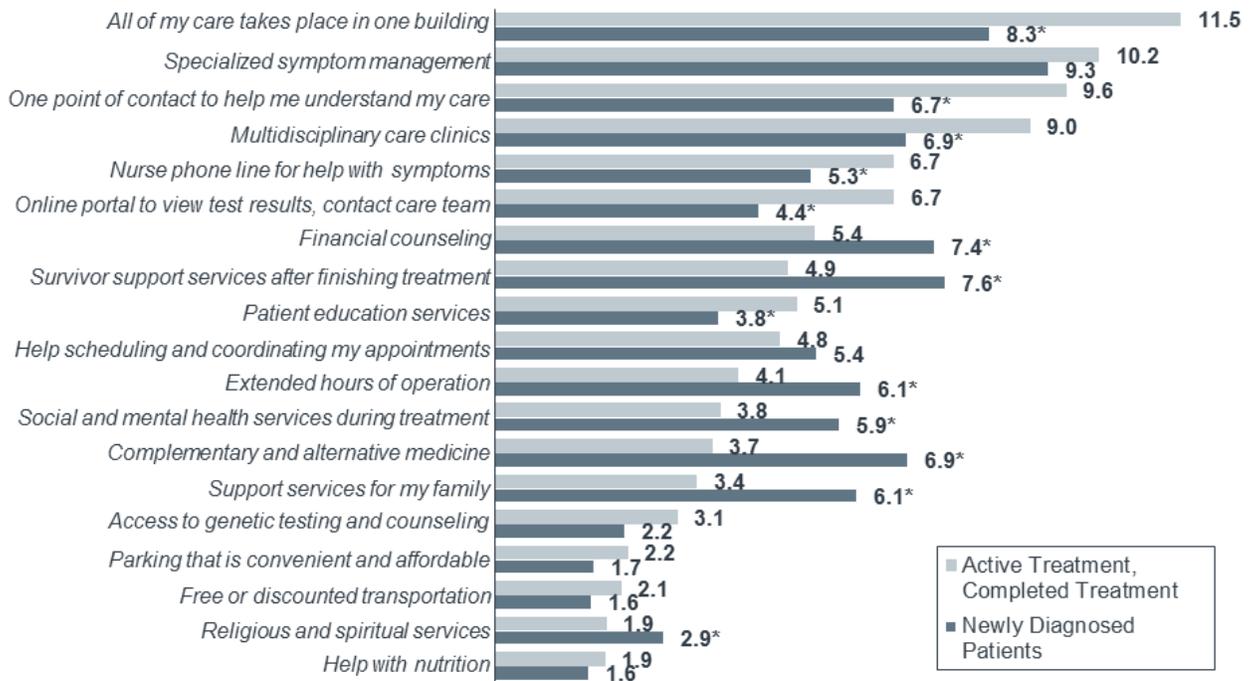
1. Specialized symptom management services (e.g., help managing my pain, fatigue, nausea)
2. All of my care taking place in one building (e.g., imaging, doctor's visits, treatment)
3. Survivor support services for me after I finished treatment (e.g., counseling, support groups, rehab services)
4. Financial counseling (e.g., help understanding my bills, help managing my insurance, help finding financial aid)
5. Multidisciplinary care clinics or meetings where my entire care team discusses my case

As shown below, their priorities differ significantly from patients who are in active treatment or who have completed treatment. This suggests that patients' preferences change over time. Cancer programs need to ensure that their message and services resonate with patients during each phase of care.

## Most Valuable Services During Cancer Care

### Mean Utility Scores<sup>1</sup>

n=46 Newly Diagnosed Patients<sup>2</sup>, n=512 Patients in Active Treatment<sup>3</sup> or Completed Treatment



- 1) Features with an asterisk indicate statistically significant (p<0.05) differences.
- 2) Patients who were diagnosed within the last two months and have started or will soon start treatment.
- 3) Patients diagnosed more than two months ago and are still receiving treatment.

**Use the following resources to excel in the areas cancer patients prioritize:**

Attend one of our [national meetings](#).

Leverage the [Commission on Cancer Accreditation Crosswalk](#) to achieve accreditation.

Use best practices from [Oncology Marketing Strategy](#) to advertise to patients and referring physicians alike.

# #9: Cancer Patient Preferences Shift as They Move Across the Continuum

The type of treatment a patient receives can have a significant impact on his/her experience. For example, undergoing surgery is very different from receiving chemotherapy, radiation therapy, or a mix of all three. Consequently, the treatment modality greatly impacts what matters to cancer patients—both when they're choosing a provider and during their care.

## Drivers of choice vary across treatment modalities

When deciding where to go for their care, patients receiving surgery cared more about the following features than patients who received radiation therapy and/or chemotherapy:

- Doctor who specializes in my particular cancer
- Technology and treatment options
- Clinical quality (e.g., survival rates, infection rates)
- Recommendation from my doctor
- Cancer center is in-network for my insurance
- Availability of appointments

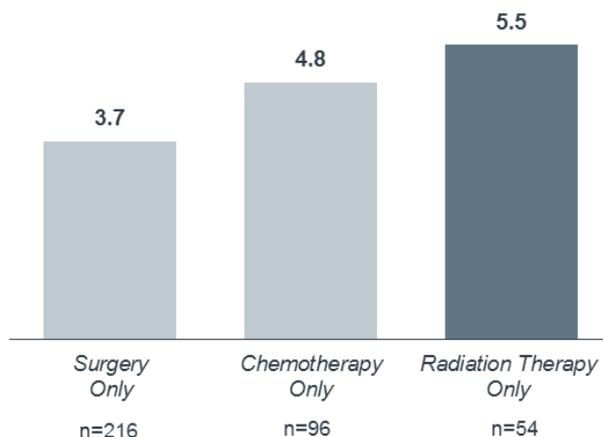
Compared to patients receiving surgery and/or radiation therapy, chemotherapy patients care significantly more about the following features:

- Patient support services (e.g., someone to help coordinate my care, nutrition management)
- Accreditation (e.g., accredited by American College of Surgeons' Commission on Cancer)
- Ranking (e.g., ranked by US News and World Report, featured in a "top doctors" report)

In contrast, patients who received radiation therapy cared most about location when choosing a provider. As shown below, the importance of location correlated with frequency of appointments. Patients who have surgery see their care team much less than patients receiving chemotherapy or radiation therapy. Chemotherapy may require visits on a weekly or biweekly basis, while radiation therapy patients typically receive treatment every day for many weeks.

## Importance of "Location" When Choosing a Cancer Center

*Mean Utility Score by Treatment Modality*



## Improving the patient experience during treatment

The services that patients would value most also varied according to treatment modality.

Patients receiving surgery care more than radiation therapy and/or chemotherapy patients about:

- All of my care takes place in one building (e.g., imaging, doctor's visits, treatment)
- One point of contact to answer my questions and help me understand my care
- Multidisciplinary care clinics or meetings where my entire care team discusses my case
- A phone line I can call at any time to talk to a nurse about my symptoms (e.g., nausea, pain)

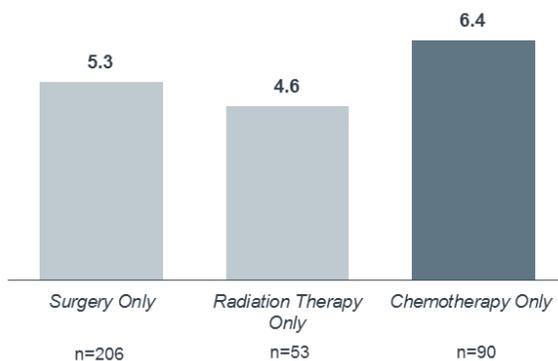
Chemotherapy patients valued the following services than other patients:

- Financial counseling (e.g., help understanding my bills, help managing my insurance, help finding financial aid)
- Survivor support services for me after I've finished treatment (e.g., counseling, support groups, rehab services)
- Complementary and alternative medicine services (e.g., acupuncture, yoga, massage) or referral to such services
- Support services for my family members (e.g., counselors, family support groups, cancer resource center)
- Extended hours of operation (e.g., cancer center is open late Monday-Friday, cancer center is open on weekends)

In particular, financial counseling was highly valued—it was the 5<sup>th</sup> most important service to chemotherapy patients.

### Value of "Financial Counseling"

Mean Utility Score by Treatment Modality



For best practices on helping cancer patients manage the cost of care, see [Cancer Patient Financial Navigation](#)

Patients who received radiation therapy also valued a number of services more than chemotherapy and/or surgery patients:

- All of my care takes place in one building (e.g., imaging, doctor's visits, treatment)
- Multidisciplinary care clinics or meetings where my entire care team discusses my case
- Survivor support services for me after I've finished treatment (e.g., counseling, support groups, rehab services)
- Support services for my family members (e.g., counselors, family support groups, cancer resource center)
- Patient education services (e.g., chemo class, stress management)

Find guidance on developing and marketing a survivorship program, see [The Survivorship Challenge](#).

# #10: Everything Matters to Someone

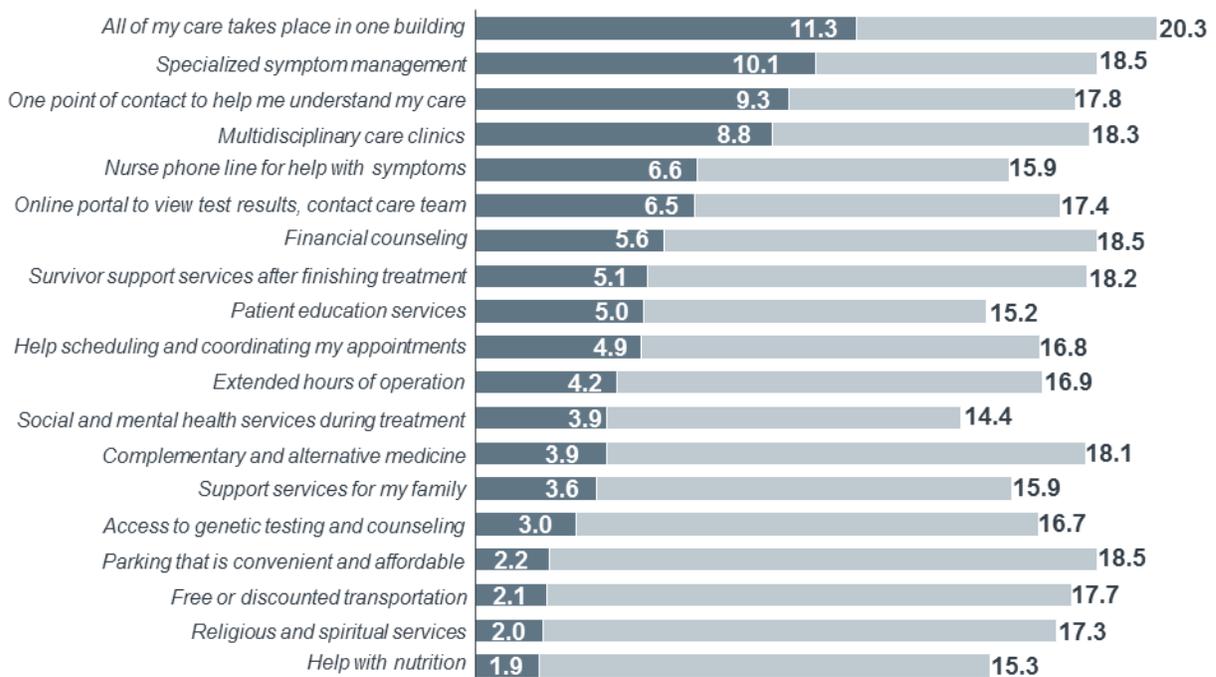
The 2015 Cancer Patient Experience Survey showed that the majority of patients place the highest value on services that improve coordination and convenience. But to be truly patient-centered, cancer programs need to consider the wide range of patients' preferences—and the truth is that every service matters to some of your patients.

## Maximum utility scores show range of patient preferences

Most of our survey analyses compare average utility scores across features and services. (Utility scores quantify the relative value patients place on any one service.) But we can also analyze the maximum utility score for each service—that is, the highest score any one respondent gave to a particular service. When the data are presented this way, as in the graph below, it becomes clear that average scores mask real differences among patients. For example, while some patients would never use complementary and alternative medicine, others highly value this service.

### Mean and Maximum Utility Scores for Cancer Program Services

n=577



## Taking a closer look at your patients' needs

Cancer program leaders need to assess what matters most to their specific patient population. Even though “help with nutrition” scored last in the survey, many cancer programs have discovered high demand among their patients for nutrition counseling. Others have surveyed their patients and found that they want extended complementary and alternative medicine offerings. Therefore, it's critical to gather feedback directly from your patient population so you aren't missing an opportunity to improve patient care.

For more information on how to accomplish this, see [Gathering Actionable Feedback from Cancer Patients and Families](#) and the [Cancer Patient and Family Advisory Council Toolkit](#).

## **Partnering to provide more services**

Of course, not every cancer program can or should provide every service that patients value. Rather, program leaders should seek opportunities to partner with other cancer providers, community groups, or national organizations to expand their portfolio of offerings. By partnering with other groups, cancer centers can connect their patients to a diverse number of services, such as support groups, education resources, or nutrition programs, in a cost- and resource-effective way.

To identify strategies for forging partnerships, see [Model #2: Outsourced Survivorship Services](#) in *The Survivorship Challenge*, [Priority 6 - Identify Partnership Opportunities to Expand Survivorship Services](#) in *Elevating the Patient Experience* and [Lesson #10 - Don't Ignore the Outliers](#) in *Inside the Mind of the Cancer Patient*.