

The **leading voices** in **ONCOLOGY** on the future state of cancer care

The way cancer programs deliver and are reimbursed for care is rapidly changing. But the long-term impact of that change is unclear. While none of us has a crystal ball to see into the future, we consulted a dozen oncology leaders to get their take on where cancer care is headed in the next decade. **Here's what they said:**

ABOUT THIS EXERCISE:

We asked each participant to map their vision of cancer care in 2030 along four "axes of uncertainty." Each axis represents a driver impacting cancer care. We expect the selected drivers to have both a high impact and an uncertain trajectory (as opposed to predictable trends like the aging patient population). Then, participants explained how the industry may evolve (or not) to reach the envisioned end state and the associated challenges. For each axis below, the sound waves represent where each leader believes cancer care will be in 2030.

In **2030**, will cancer treatment...

...be categorized as **traditional** or **personalized**?

OUR ANALYSIS

"Personalized" is a subjective term, but in its ideal state delivers treatment tailored to an individual's molecular and genetic makeup, as well as socioeconomic and demographic characteristics. Surveyed leaders noted that big data and rapid advances in technology will continue to drive clinical innovations, particularly in targeted treatments and immunotherapy. However, as trials become more specialized, we'll need to collaborate on new ways to develop and run research—and pay for expensive therapies. We anticipate that the rapid pace of innovation, pressure to control treatment costs, and increasing consumerism will continue to push cancer care toward increasingly personalized treatment options.

TRADITIONAL



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CHALLENGES

- Keeping pace with the speed of innovation will require investments in data infrastructure, as well as provider and patient education.
- Costs are not predictable.
- Reimbursement lags behind scientific advances.
- Providing equitable access to all patients who could benefit may not be feasible.

...have **no** or **total** price and quality transparency?

OUR ANALYSIS

Consumers indisputably want more transparency, and CMS and third-party websites are applying renewed urgency to deliver a transparent marketplace. However, the structural barriers to full transparency are significant, particularly in a specialty as complex as oncology. The leaders who participated in this exercise agreed the push for transparency will continue. But they differed over how soon—or even if—we'll see an oncology market in the next decade that allows patients to compare providers based on meaningful quality and cost data.

NONE



Compete for consumers by offering transparency and other **incentives that consumers prioritize** when choosing where to get cancer care.

advisory.com/cancerpatientsurvey

CHALLENGES

- It's difficult to provide meaningful cost estimates when cancer is complex and often changes.
- Consumers have difficulty understanding quality and cost data, especially in oncology.
- There is no consensus on how to define and demonstrate quality in cancer care.

...be delivered in **traditional** or **new** care settings?

OUR ANALYSIS

Oncology leaders we surveyed forecast that cancer care delivery in 2030 will occur primarily in new settings. These range from patients' homes and retail spaces to physician offices and freestanding clinics. Respondents noted that oral cancer medications, payer pressure, capacity constraints, telehealth, and patient preference would drive much of this change.

We anticipate that more care will shift away from the hospital, but the size of this change depends on what we consider a "new setting." This is itself a topic of debate. For instance, we forecast growth in telehealth for oncology care but don't think most cancer care interactions will occur virtually. And we agree with the respondents' consensus about home infusion; cancer infusion services in a home setting are not reimbursed sufficiently to become the norm anytime soon.

TRADITIONAL



Learn about the state of **oncology telehealth** and how this investment can advance your program's goals.

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CHALLENGES

- Patient safety in new settings must be shown to be comparable or better than in a hospital.
- Reimbursement for telehealth and home-based care is uncertain and currently limited.
- Provider and executive resistance slows adoption.
- Site shifts require changes in training and new ways to promote patient and family engagement.
- Home-based care requires investing in different infrastructure and skills.
- Many patients are uncomfortable with the notion of home-based care.

...be paid for under a **fee-for-service** or **value-based** model?

OUR ANALYSIS

Responses to this question varied. But most oncology leaders foresee a continued balance of both payment systems. We agree. The current lack of clear results from oncology payment reform pilots means that providers and payers will continue to iterate on existing models and experiment with alternative models. Responding to continuous changes puts cancer programs at risk of investing in ineffective program redesign initiatives. To avoid this, cancer programs should prioritize investments that are wins in both worlds, such as evidence-based care, improved access, symptom management, and data infrastructure.

FEE-FOR-SERVICE



Subscribe to our blog, **Oncology Rounds**, for reimbursement updates and our recommendations on how to prepare for changes.

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CHALLENGES

- There is no clear, universal definition of "high-value" cancer care.
- Some costs are beyond providers' control, including drug costs.
- It's difficult to share EHR data between payers and providers.
- Quality measures are process based, not outcome based.
- Current metrics and physician incentives often don't facilitate changes.

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