

# **Systems Perspectives: The Community Based Oncology Practice**

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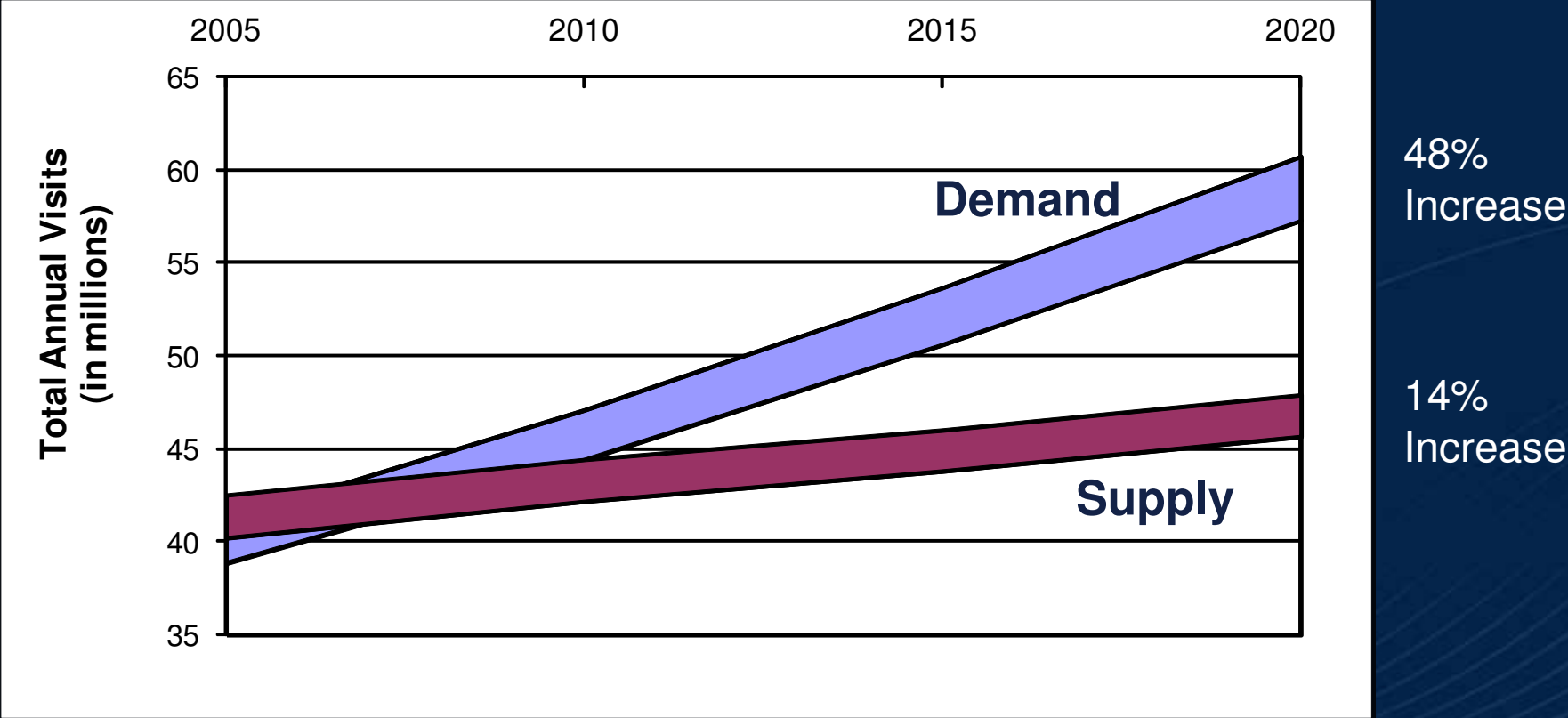
National Cancer Policy Forum Workshop  
**Ensuring Quality Cancer Care through the  
Oncology Workforce:**  
**Sustaining Research and Care in the 21<sup>st</sup> Century**  
October 20-21, 2008



# Goal of Community Practice

To ensure state-of-the-art cancer care in the community setting in a manner which is beneficial to the patient and rewarding to cancer care professionals

# Baseline Projections Reveal Significant Shortages in 2020



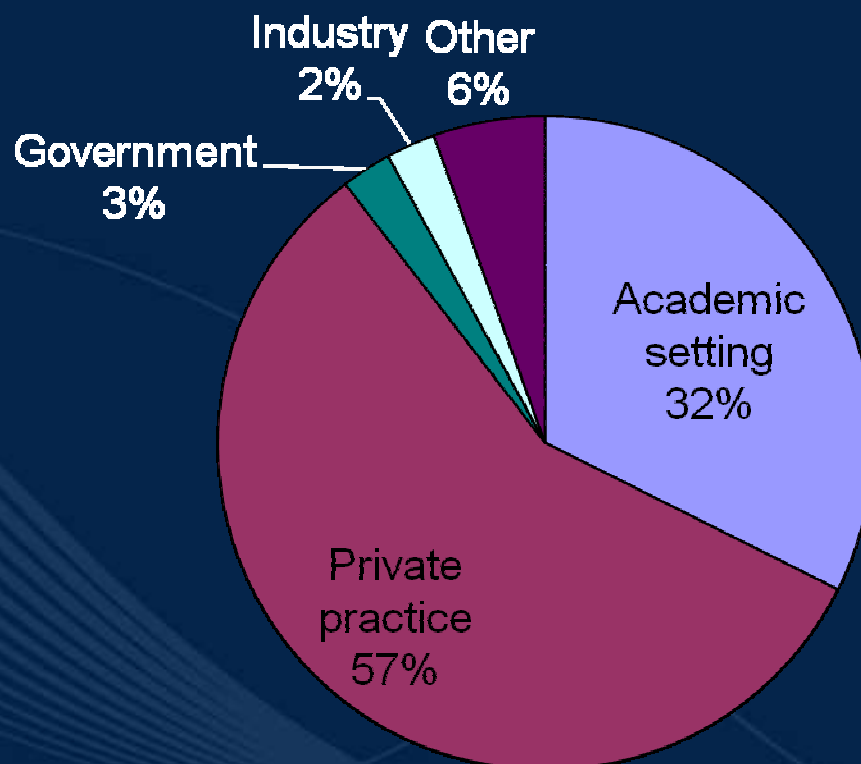
# Where are the Fellows Going?

Initial Practice Settings of Recent Graduates  
Based on Survey of Fellowship Program Directors

	<u>2005</u>	<u>2007</u>
Academic	38%	39%
Private Practice	57%	56%
Government	3%	3%
Industry	2%	1%

# More than Half of all Oncologists Practice in Private Practice Settings

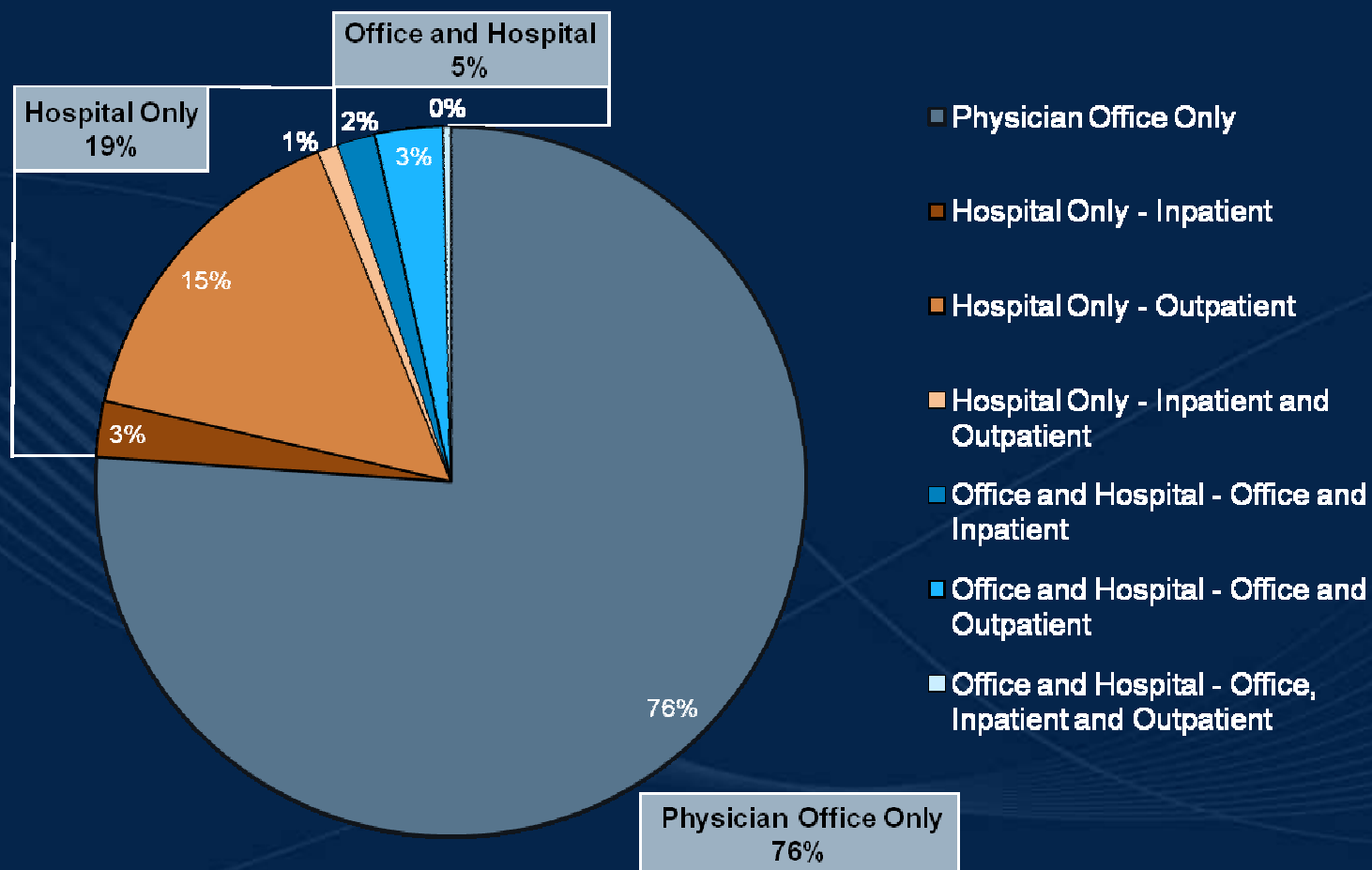
Data from 2005 Practicing Oncologist Survey



N=1,344

# Where are Patients Receiving Chemotherapy?

## Distribution of Medicare Patients Receiving Chemotherapy By Site of Service, 2006

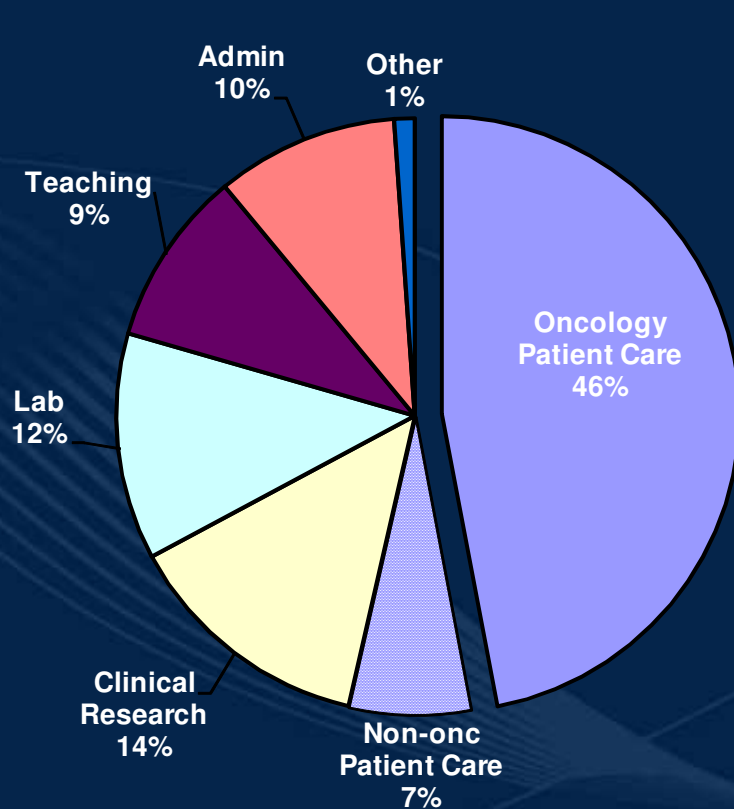


# Definition of “Office”

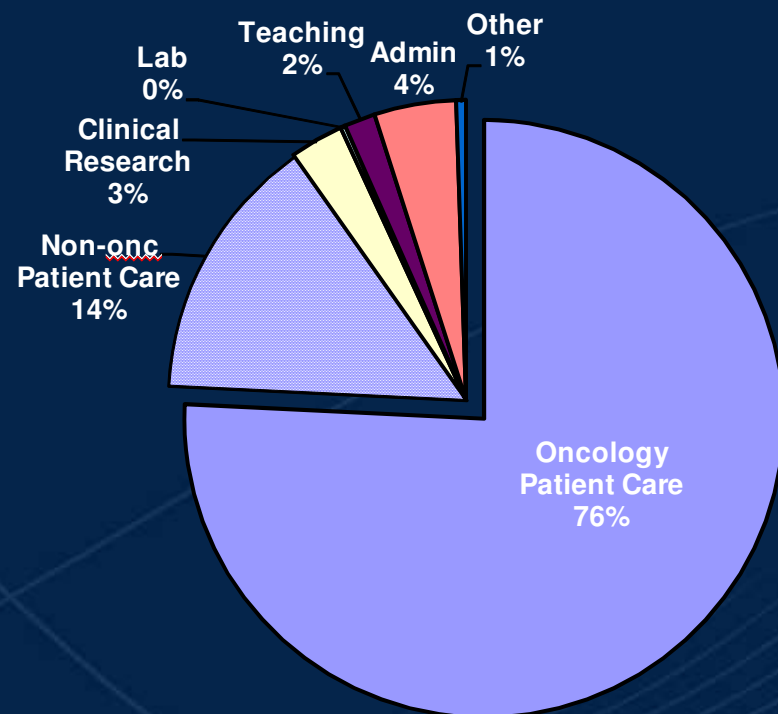
- Does not appear to be one clear and concise definition used by the health care industry
- ASCO’s interpretation of office-based chemotherapy, which is based on Medicare manuals, would have the following criteria:
  - Office space represents a direct cost to the physician (paid, leased or rented) and not typically in a hospital outpatient department area;
  - Nurses administering care are employed by physicians; and
  - Supplies and equipment represent a direct cost to the physician.

# Private practice oncologists spend 90% of time on patient care in contrast to 51% for academics

Academic Setting  
N= 438



Private Practice  
N=771





# COMMUNITY-BASED PRACTICE CHALLENGES

How to deliver state-of-the-art cancer care in an era of increased demand and diminishing resources?

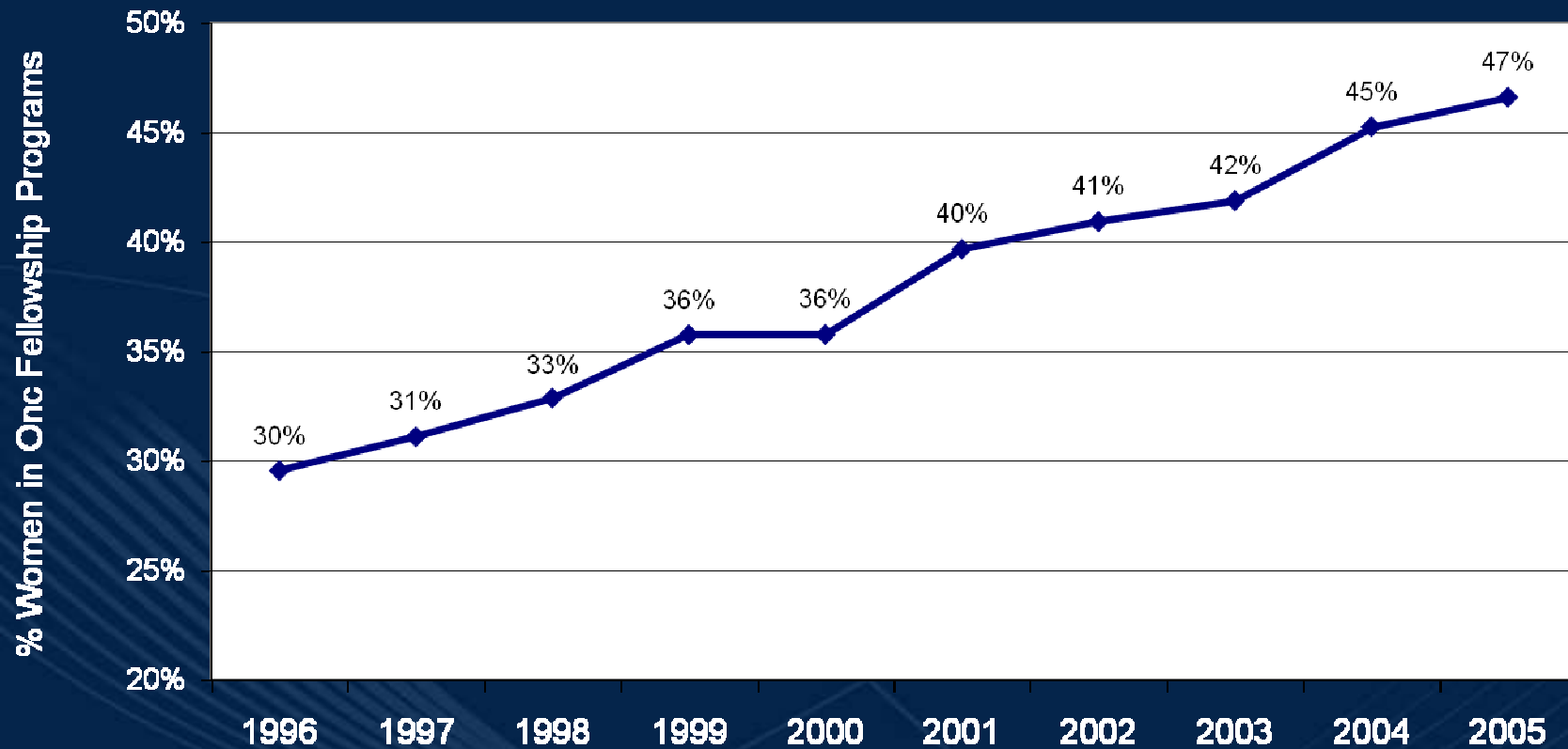
# Over Half of the Currently Practicing Oncologists are Aged 50 or Older

Age	Count	%
<35	344	3%
35-39	1227	11%
40-44	1643	14%
45-49	1881	16%
50-54	2075	18%
55-59	1899	16%
60-64	1246	11%
65-69	651	6%
70-74	329	3%
75+	238	2%

By 2020:

- 2,075 will be 65-69
- 4,363 will be 70+

# GME trends: Percent Women in the Oncology Continue to Increase



Source: JAMA Med Ed, 1997-2006 (excludes Gynecologic Oncology)



# Visits per oncologist (weekly)

		<b>Academic</b>	<b>Private Practice</b>	<b>Other</b>
	<b>Age Group</b>	<b>Mean Visits per Week</b>	<b>Mean Visits per Week</b>	<b>Mean Visits per Week</b>
<b>Male Oncs</b>	45 - 64 years	63.9	103.1	81.2
	Not 45-64	44.5	83.9	72.9
<b>Female Oncs</b>	45 - 64 years	55.5	90.6	76.5
	Not 45 - 64	39.4	70.5	57.5

# New Oncologists

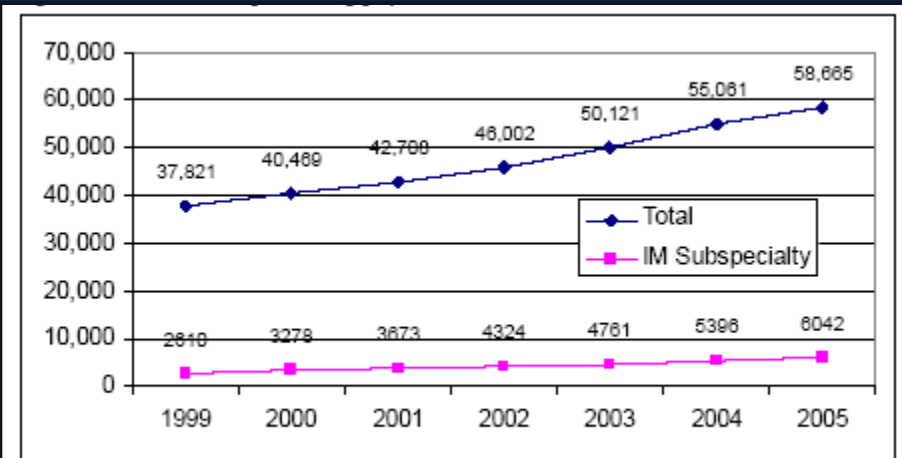
- Productivity (as measured in visits per week) is lower for physicians under 45 than it is for those aged 45-64
  - ASCO Survey of Practicing Oncologists (Spring 2006)
- 60% of respondents rated balancing home and personal life as extremely important
  - ASCO Survey of Graduating Fellows (Fall 2005)

# Retention

- How to keep qualified people in the workforce longer:
  - Those near retirement
  - Young parents
- Growing demand for work-life balance
- Solutions may include:
  - Innovative practice arrangements:
    - Job sharing
    - Part-time practice
    - Extended practice hours

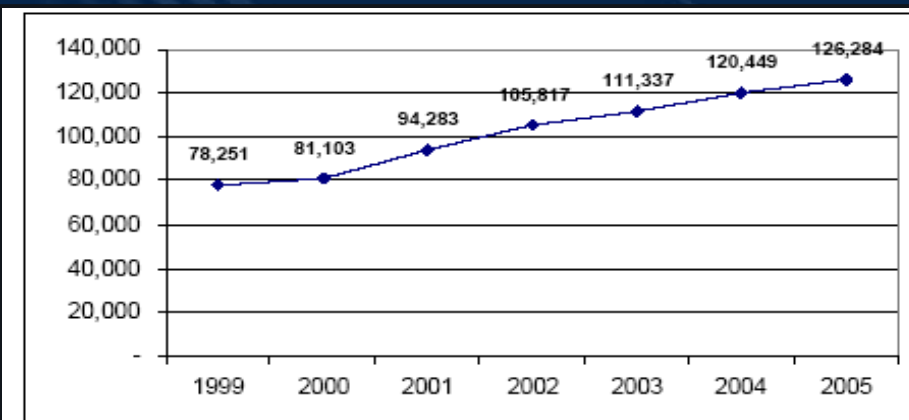
# Data from ASCO Study NPs & PAs

## Physician's Assistants



Source: 1991-1995 AAPA Membership Census Surveys and 1996-2005 AAPA Physician Assistant Cens

## Nurse Practitioners



Source: *The Nurse Practitioner Journal*, Vols.# 25-30

## Recruitment:

- Minority of PA's are in internal medicine subspecialties
- Only 1% of NP's specialize in oncology

# Use of Non-Physician Practitioners (Nurse Practitioners & Physician Assistants)

## Challenges include:

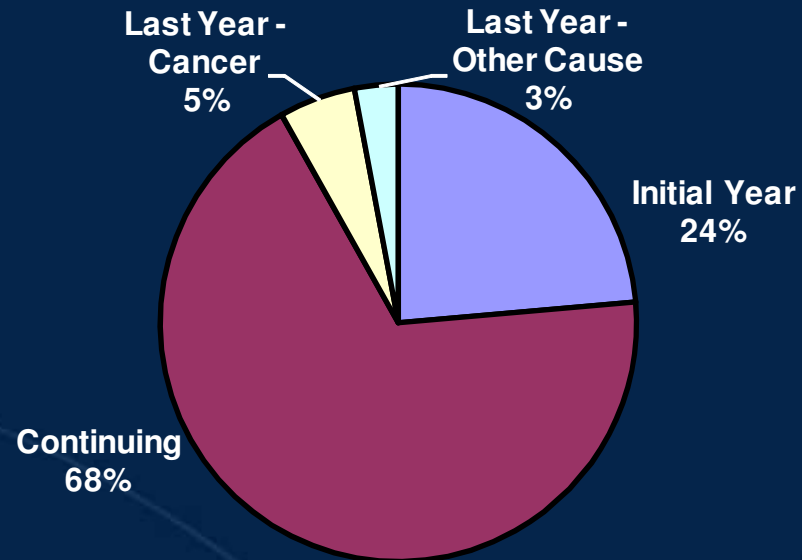
- Availability
- Providing competitive salaries
- Oncology-specific education & training
- Effectively collaborating

## Solutions may include:

- Outreach to non-physician practitioner training programs
- On-the-job training modules
- Document and share collaborative practice models



# Survivorship Care



By 2020, 81% increase in cancer survivorship

Oncologists Survey:

- 68% of oncologist visits are for patients 1 or more years post-diagnosis

# Survivorship Care

## Challenges include:

- Adapting survivorship model to different types of community settings
- Availability of primary care physicians in the community and their ability and willingness to managed survivorship care for patients (new or returning)
  - Internal Medicine also facing physician shortages
- Developing evidence-based treatment guidelines

## Solutions may include:

- Treatment plan and summary
- Increased coordination & communication
- Partnership to increase interest in internal medicine
- Survivorship care clinics

# Oncology Treatment Plan and Summary

- ASCO is developing a series of customizable, disease-specific chemotherapy treatment plans and summaries.
- Treatment plan captures:
  - Planned chemotherapy regimen, dose, cycles and duration
  - Major side effects of chemotherapy regimen
- Treatment summary describes:
  - Details of chemotherapy care delivered, major toxicities experienced, follow-up plan of care
- Colon Adjuvant Chemotherapy, Breast Adjuvant Chemotherapy, and general Cancer Treatment Plan and Summary templates available:

[www.asco.org/treatmentsummary](http://www.asco.org/treatmentsummary)



# Office Structure

How do you structure a practice to provide full array of oncology care?

- Psychosocial support
- Nutrition care
- Palliative care
- End-of-Life care (coordination with hospice)

Solutions may include:

- Partnering with other local medical offices/hospitals/cancer centers

# EHRs/EMRs

- Lack of oncology-specific
- Cost of purchasing
- Time associated with integration
- Good for legibility & documentation

How can we support practices to ensure that use increases productivity?

# [www.asco.org/ehrfielddguide](http://www.asco.org/ehrfielddguide)

THE ONCOLOGY ELECTRONIC  
HEALTH RECORD FIELD GUIDE:  
SELECTING AND IMPLEMENTING AN EHR



EHR Field Guide includes:

- Core functions of an oncology-specific EHR
- Planning, selection, purchasing and implementation phases
- Financial and operations considerations
- Post-implementation and patient safety

No ASCO “seal of approval”

EHR Symposium:  
September 2009

Target Audience: Clinical and administrative  
decision-makers in office-based oncology practices  
and hospital/academic-based cancer centers



# How to Meet the Challenges Ahead

# Workforce Strategic Plan

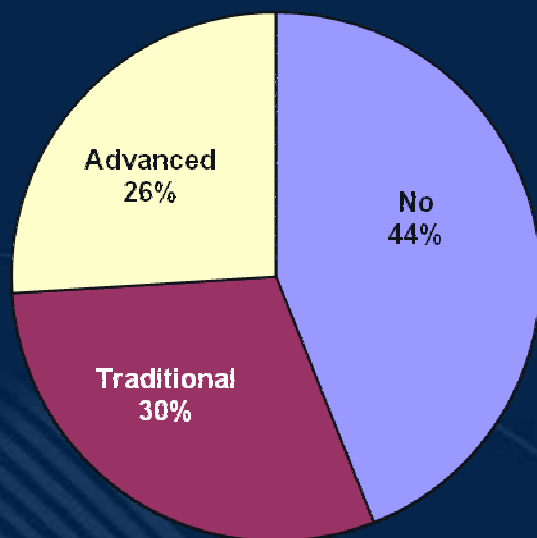
- **ASCO Board approved a 5-year strategic plan**
- **Goals and Objectives related to:**
  1. **Oncology Care Delivery**
  2. **Training Pipeline for New Oncologists**
  3. **ASCO Structure – Ongoing Advisory Group and Data Collection and Report**
- **Public release of plan and implementation details in a November *Journal of Oncology Practice* article**



# Pilot Program to Study Collaborative Practice

# Collaboration with NPs & PAs

## How Oncologists Report Working with NPs/PAs



### Advanced Activities:

- New patient consults
- Ordering routine chemo
- Invasive procedures

## Practicing Oncologists Survey Findings

- 56% Oncologists currently work with NP/PA
- Use of NPs and PAs yields higher visit rates
- 2/3s who work with NP/PA believe it benefits the practice (improved patient care and efficiency, physicians spend more time on complex cases, physician satisfaction)

# ASCO RFP to Study Collaborative Practice Models

- With support from Susan G. Komen for the Cure, ASCO is seeking proposals for exploring new oncology practice models and their impact on practice efficiency, productivity, and satisfaction.
- **Objectives:**
  - Inventorying and describing model practices involving oncologist collaboration with NPs and PAs.
  - Documenting impact of model arrangements on practice productivity and efficiency.
  - Documenting impact of model arrangements on patient, oncologist, and NP/PA satisfaction.
  - Understanding impact of model arrangements across practice settings.
  - Disseminating information on effective strategies for optimizing practice efficiency, quality of care, and professional satisfaction.



For more information, visit

[www.asco.org/workforce](http://www.asco.org/workforce)

or contact:

[workforce@asco.org](mailto:workforce@asco.org)