

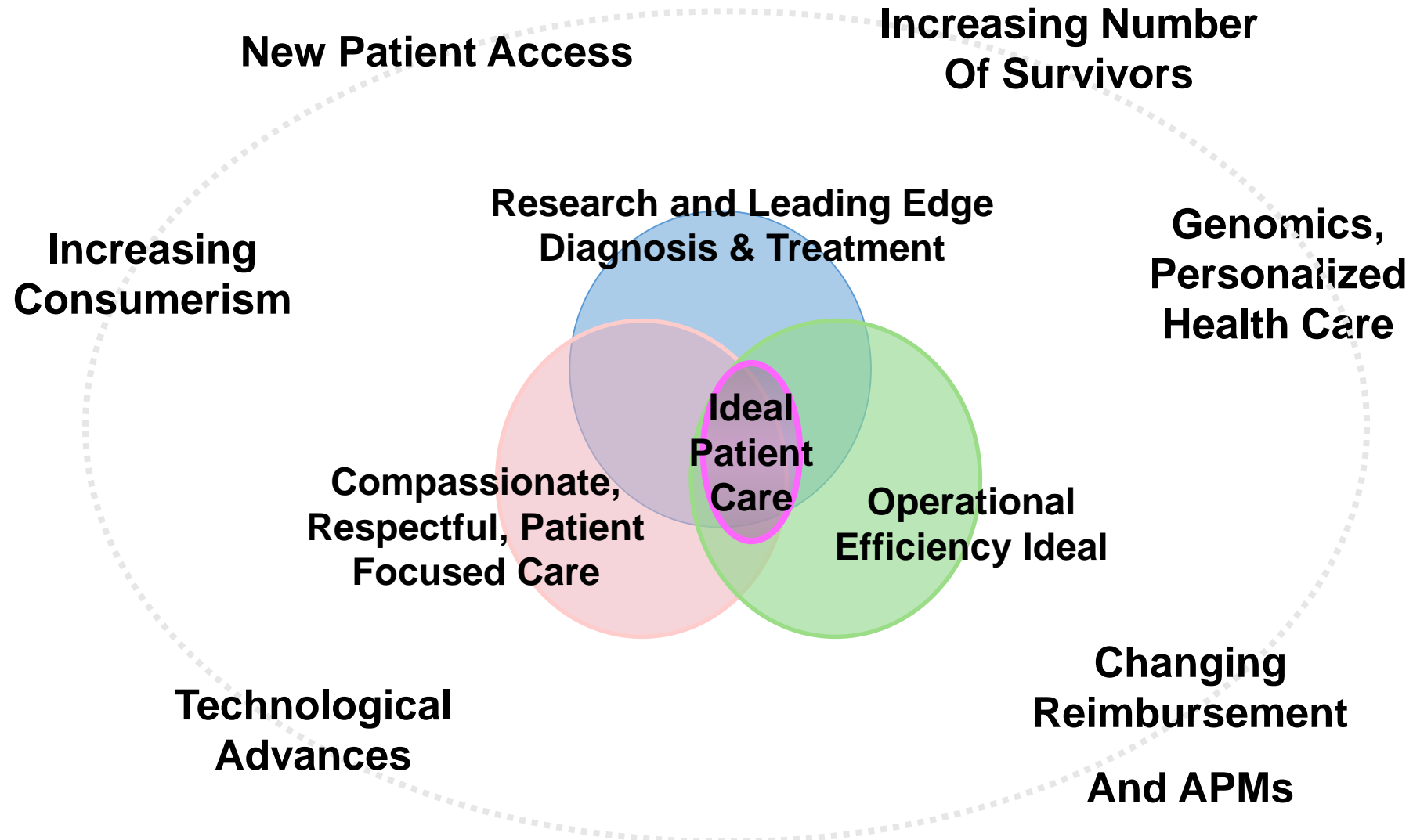
The Oncology Careforce: Challenges in Current Practice

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February 2019



Oncology's Landscape

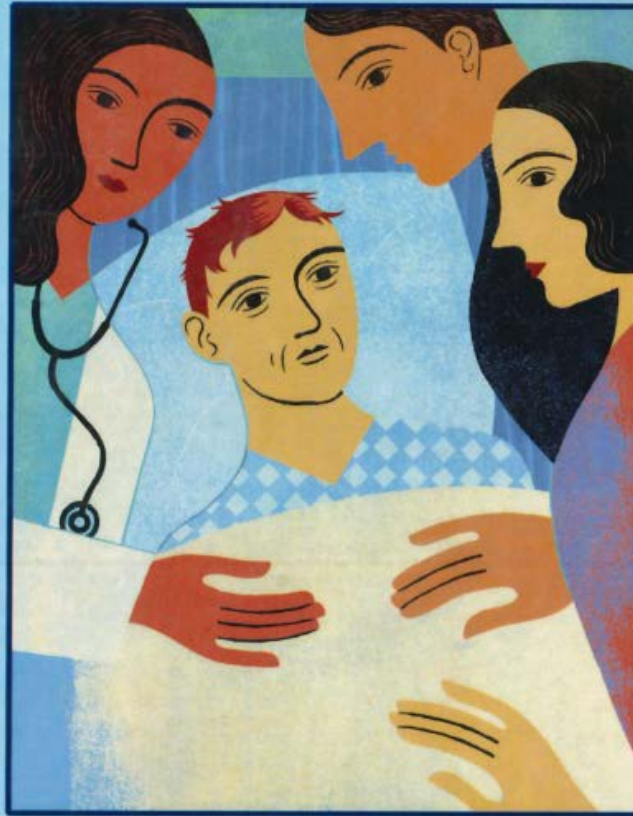


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ENSURING QUALITY
CANCER CARE
THROUGH THE
ONCOLOGY WORKFORCE
SUSTAINING CARE IN THE 21ST CENTURY

WORKSHOP SUMMARY



2009

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

IOM Workshop 2009

TABLE 3 Oncologists' Views on Addressing Workforce Shortage

		Significant Potential (Percent)
Increase efficiency	Reduction of paperwork and regulations	61
	Improved IT such as electronic medical records	43
Increase/extend oncology workforce	Increased use of NPs/PAs	36
	Train more clinical oncologists	34
	Increased use of oncology nurses and CNS	32
	Create incentives to delay retirement	28
Increase use of related care providers	Hospice and palliative care providers	26
	Social workers, counselors, and patient educators	24
	Hospitalists	20
	Pain and symptom management specialists	17
	Primary care providers to care for patients in remission	15

SOURCE: Salsberg presentation (October 20, 2008) and 2006 Practitioner Survey, ASCO.

Cancer Care and Cancer Survivorship Care in the United States: Will We Be Able to Care for These Patients in the Future?

By Lawrence N. Shulman, MD, Linda A. Jacobs, PhD, RN, Sheldon Greenfield, MD, Barbara Jones, PhD, MSW, Mary S. McCabe, RN, MA, Karen Syrjala, PhD, Lisa Diller, MD, Charles L. Shapiro, MD, Alfred C. Marcus, PhD, Marci Campbell, Sheila Santacroce, PhD, APRN, CRNP, Marjorie Kagawa-Singer, PhD, MN, RN, and Patricia A. Ganz, MD

Lance Armstrong Foundation and the LIVESTRONG Survivorship Center of Excellence Network; Dana-Farber Cancer Institute, Boston, MA; University of Pennsylvania, Abramson Cancer Center, Philadelphia, PA; Center for Health Policy Research, University of California, Irvine, Irvine; Jonsson Comprehensive Cancer Center, University of California, Los Angeles, Los Angeles, CA; University of Texas, Austin, TX; Memorial Sloan-Kettering Cancer Center, New York, NY; Fred Hutchinson Cancer Research Center, Seattle, WA; Ohio State University, Columbus, OH; University of Colorado Cancer Center, Denver, CO; Lineberger Cancer Center, University of North Carolina, Chapel Hill, NC; and Yale University, New Haven, CT

Abstract

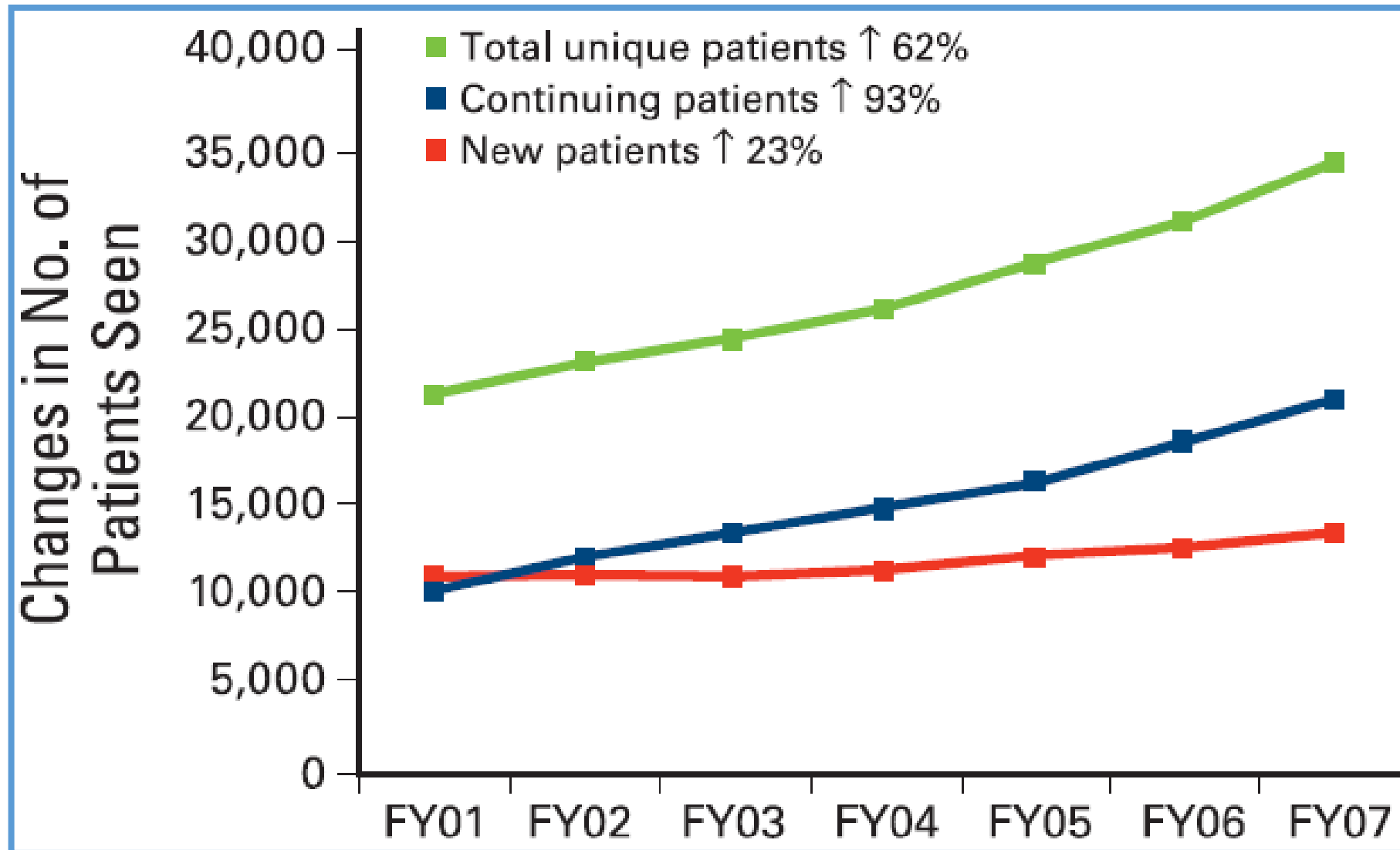
Studies have predicted a shortfall in the workforces of oncologists and primary care physicians in the coming years. These estimates are based on the number of current physicians, those leaving the profession, and the rate of new physicians joining each profession, as benchmarked against the number of patients needing care. For active cancer treatment, and particularly for the care of cancer survivors, it is likely that current calculations underestimate the shortfalls which will occur in the next 5 to 10 years. Ever more complex cancer therapies are leading to better outcomes with improved cure rates and prolonged survivals

even for patients who ultimately succumb to their disease, resulting in a substantial increase in utilization of health care resources. Due to these factors, utilization of health care resources by cancer patients and cancer survivors is climbing at a rate greater than would be predicted by patient numbers alone. The combination of an increased number of patients utilizing more resources calls into question the ability of our healthcare system to meet the needs of cancer patients and cancer survivors in the future. It is crucial that innovative models of care (utilizing non-physician providers) be developed and evaluated to assure quality care and services for this growing population.

Abstract

Studies have predicted a shortfall in the workforces of oncologists and primary care physicians in the coming years. These estimates are based on the number of current physicians, those leaving the profession, and the rate of new physicians joining each profession, as benchmarked against the number of patients needing care. For active cancer treatment, and particularly for the care of cancer survivors, it is likely that current calculations underestimate the shortfalls which will occur in the next 5 to 10 years. Ever more complex cancer therapies are leading to better outcomes with improved cure rates and prolonged survivals even for patients who ultimately succumb to their disease, resulting in a substantial increase in utilization of health care resources. Due to these factors, utilization of health care resources by cancer patients and cancer survivors is climbing at a rate greater than would be predicted by patient numbers alone. The combination of an increased number of patients utilizing more resources calls into question the ability of our healthcare system to meet the needs of cancer patients and cancer survivors in the future. It is crucial that innovative models of care (utilizing non-physician providers) be developed and evaluated to assure quality care and services for this growing population.

Clinical Growth over Time



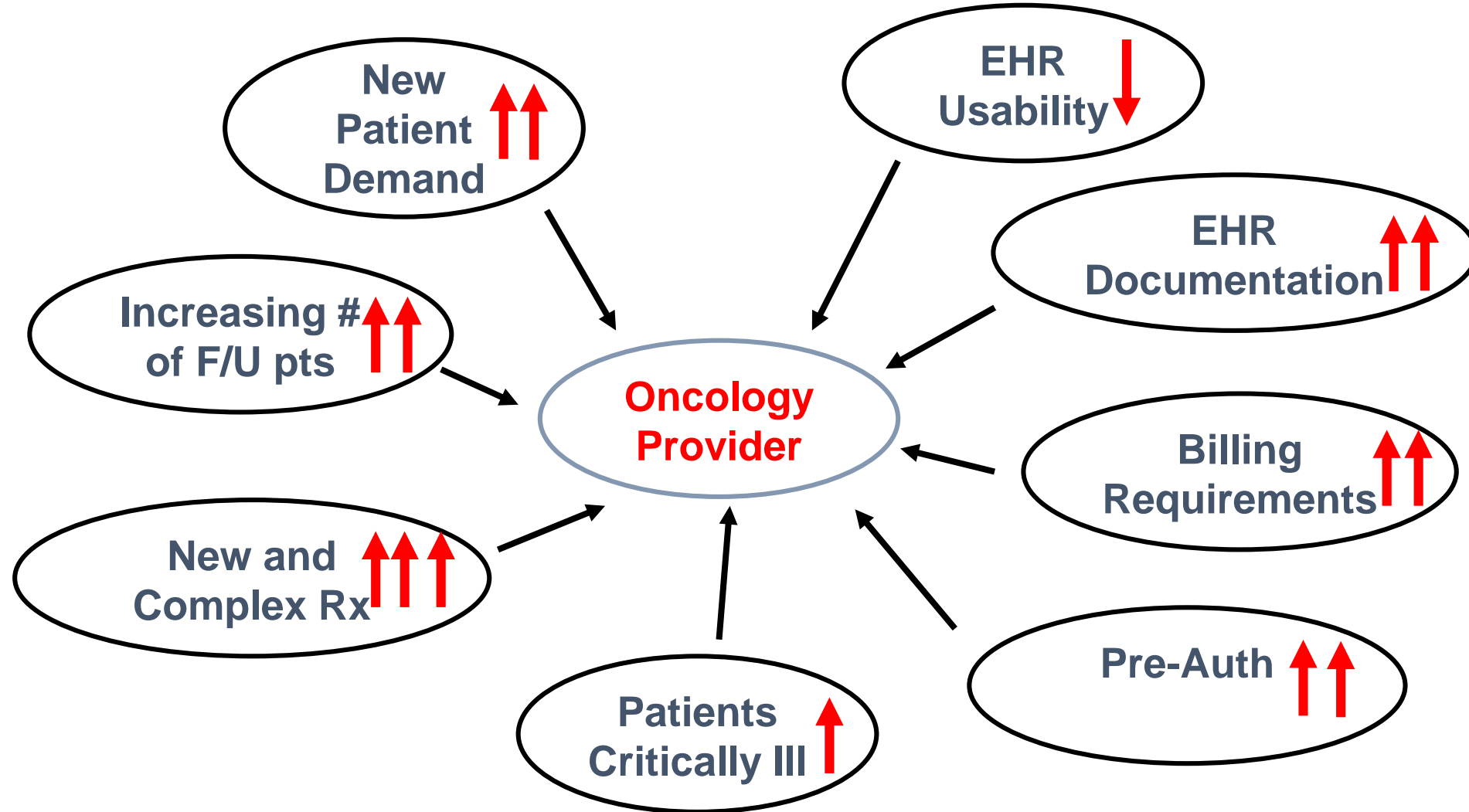
10 years later.....

- What has changed?
- What can we learn from the 2009 workshop and where it has led us?
- What will our field look like in 2029?

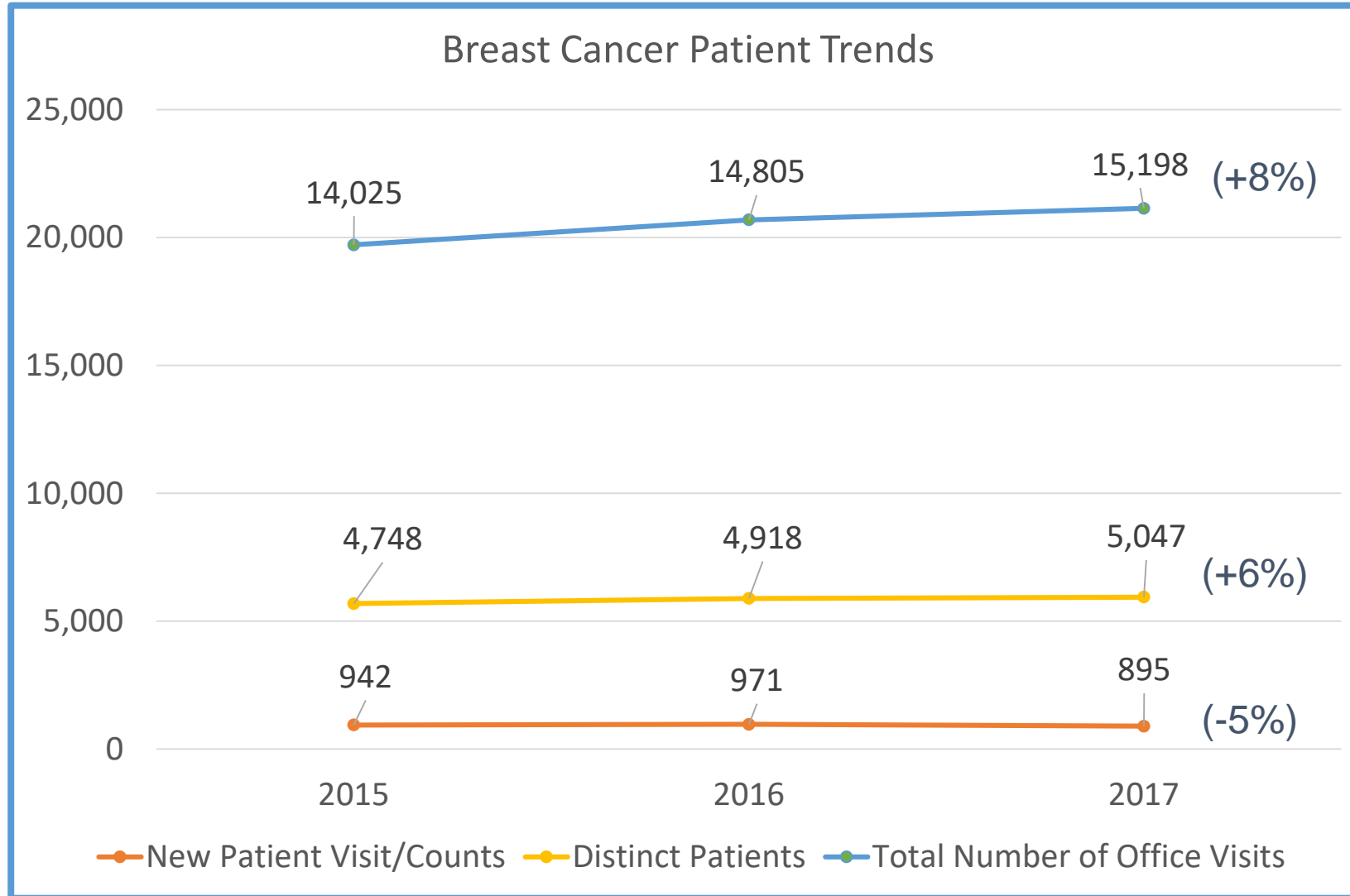
“Those who fail to learn from history are condemned to repeat it.”

Winston Churchill, 1948

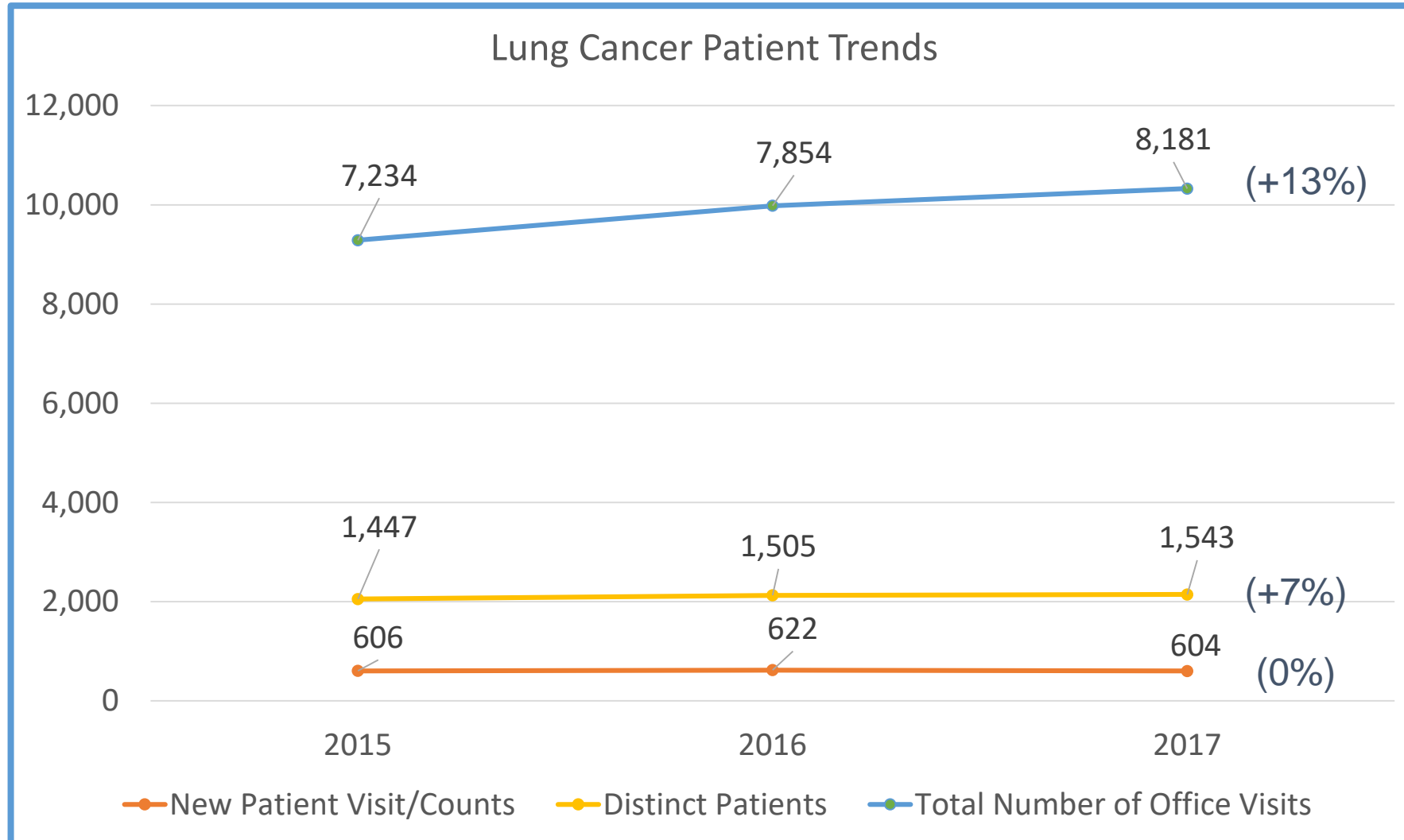
Oncology Provider's Nightmare



Academic Breast Cancer Practice



Academic Lung Cancer Practice



This is no time to put our heads in the sand.....

“Facts are stubborn things, and whatever may be our wishes, our inclinations, or the dictums of our passions, they cannot alter the state of facts and evidence.”

John Adams

“We have too many high sounding words, and too few actions that correspond with them.”

Abigail Adams

What are the possibilities???

1. Recruit and train MANY more oncology providers
2. Not meet the needs of the growing number of cancer patients in the US
3. Make oncology practice and care MUCH more efficient

Options???

- ◆ **Innovative practice models**
 - Redefined roles
- ◆ **Reduction of administrative burdens**
 - Pre-auths and documentation, and others
- ◆ **Reduction in practice inefficiencies**
- ◆ **Improvement of EHR efficiencies/usability**
- ◆ **Better use of technology**

Plan for a road forward.....

- ◆ All complaining ***MUST*** be associated with a proposed solution
- ◆ Solutions ***MUST*** be steeped in reality
- ◆ Proposed solutions ***MUST*** be associated with a realistic implementation plan

Plan for a road forward.....

- ◆ Small incremental changes will not get us to where we need to be
- ◆ So...be constructive, but be bold
- ◆ By high noon tomorrow we need to have recommendations on how to move forward – nothing will be in the workshop book that is not said at the workshop

Thank you!!

