The U.S. cancer care delivery system is quickly transforming to better meet the needs of people with cancer. Advances in risk assessment, prevention, disease detection, drug development, and care delivery are leading to reduced rates of incidence and mortality for many common cancers, with more patients surviving their disease.

Despite these gains, more people will be diagnosed with common aging-associated cancers as the U.S. population continues to grow and age. Ensuring patients’ access to affordable, high-quality care remains a critical challenge.

This “At A Glance” provides an overview of the American Society of Clinical Oncology’s (ASCO) fourth annual State of Cancer Care in America report, which describes the progress in cancer care delivery and the challenges confronting the cancer care community.


A digital version of the “At A Glance” is available at asco.org/state-of-cancer-care.
Despite rapid progress, major hurdles still impede patient access to high-quality cancer care.

**The Patient Perspective**

**Rising cost of care**

Even among patients with health insurance, a cancer diagnosis can be financially catastrophic. Treatment is becoming more expensive, burdening patients and the cancer care delivery system as a whole.

- **About one in three working-age cancer survivors incurred debt as a result of cancer treatment costs.**
- **55%** of those who incurred debt owed $10,000 or more and 3% declared bankruptcy.
- **8.6%** Rate of uninsured Americans as of early 2016 vs 16.0% in 2010.
- **8%** Increase in early stage colorectal cancer diagnoses between 2011 and 2013, after screening was offered without copay through Medicare.

**Health insurance coverage**

A wide body of evidence ties insurance coverage to improved health outcomes. In recent years, patients with cancer have had greater access to health insurance with protections against lifetime spending caps, annual limits, and higher premiums due to pre-existing conditions.

- **26.1 million Americans, all needing continued care, will be living with a history of cancer by 2040.**
- **Cancer accounts for 1/4 of all deaths in the U.S.**

**Disparities in care**

Independent of insurance status, significant health disparities persist by race, ethnicity, socioeconomic status, and geography:

- Compared to white men, African American men with prostate cancer experienced:
  - Longer wait times between diagnosis and treatment
  - More side effects
  - Higher costs of care

- Appalachian residents have elevated risks of developing and dying from cancer.

**An evolving workforce**

The U.S. oncology workforce is responding to the needs of a rapidly growing patient population, innovative treatment options, and a dramatically changing practice landscape.

- **12,100 physicians** delivered hematology and medical oncology care in 2016 to cancer patients.
- **24%** of oncology practices have at least one genetic counselor on staff, showing growing use of genetic testing for personalized cancer care.
- **36%** of oncology practices that employ advanced practice providers (nurse practitioners and physician assistants) reported hiring more in the past year.

**Practices under strain**

Oncology practices report increasing administrative burden and cost-saving measures are draining resources and squeezing time spent with patients.

- **More than half** of oncology practices surveyed identified increasing administrative and overhead costs as a top pressure.
  - Drug pricing
  - Implementing electronic health records

Other top pressures facing oncology practices:

- **Drug pricing**: 41%
- **Implementing electronic health records**: 39%
- **Other**: 37%

Medical practices complete an average of 37 prior authorization requirements per physician weekly, taking an average of 16 hours of clinician time.

**An influx of patients with cancer**

America’s population is growing, changing demographically, and living longer – all factors contributing to record numbers of new cancer patients and survivors.

- **8%** Increase in early stage colorectal cancer diagnoses between 2011 and 2013, after screening was offered without copay through Medicare.

**Challenges**

- Drug pricing
- Implementing electronic health records

**Drug pricing**: 41%

**Implementing electronic health records**: 39%

**Other**: 37%
ASCO is optimistic about the future of the cancer care delivery system, but recognizes the challenges of delivering the highest quality care for all patients with cancer. Building on efforts currently underway, the following ASCO recommendations set forth a framework to strengthen the current system and ensure patients’ access to cancer care well into the future.

Ensure Access to Affordable, High-Quality Cancer Care
All people with cancer should have health insurance that ensures access to high-quality cancer care delivered by a cancer specialist and provides the full range of services patients need in a timely manner.

Support Development of Cancer Treatments
To ensure the ongoing development and delivery of promising new treatments for patients with cancer, the federal government should provide adequate funding and infrastructure support for cancer research, continue funding the Cancer Moonshot Initiative, and provide adequate resources to the Food and Drug Administration to review and approve the safety and efficacy of cancer therapies and diagnostics efficiently and quickly.

Develop Patient-Centered Payment Models
As the nation moves from a volume-based to value-based healthcare reimbursement system, public and private payers should work with oncology providers and patients to develop new payment models that support patient-centered cancer care across healthcare teams and care delivery settings. Furthermore, the Centers for Medicare & Medicaid Services should support testing of multiple payment models in oncology, including ASCO’s Patient-Centered Oncology Payment model.

Promote EHR Interoperability
To reach the full potential of cancer-specific rapid learning health systems and accelerate the pace of cancer research, it is essential to speed implementation of the 21st Century Cures Act provisions to promote interoperability of electronic health records (EHRs) and prevent information blocking.

Reduce Administrative Burden
As regulatory changes have significantly increased the administrative burdens providers face, policymakers and payers should streamline and standardize documentation and reporting requirements so that oncology professionals are able to focus adequate time and resources on their patients.

Top 3 strains on oncology practices
- Increasing expenses
- Drug pricing
- Implementing EHRs

A Transformed Cancer Care System on the Horizon
All stakeholders have a role to play – capitalizing on these opportunities and addressing challenges will take greater commitment and collaboration than ever before. ASCO remains dedicated to supporting the efforts of policymakers to strengthen the nation’s cancer care delivery system on behalf of all patients with cancer and their providers. For more information, please contact policy@asco.org.

42% of surveyed oncology practices cannot integrate patient information from other EHR systems into their own.
Founded in 1964, the American Society of Clinical Oncology, Inc. (ASCO®) is committed to making a world of difference in cancer care. As the world’s leading organization of its kind, ASCO represents more than 40,000 oncology professionals who care for people living with cancer. Through research, education, and promotion of the highest-quality patient care, ASCO works to conquer cancer and create a world where cancer is prevented or cured, and every survivor is healthy. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation. Learn more at www.ASCO.org, explore patient education resources at www.Cancer.Net, and follow us on Facebook, Twitter, LinkedIn, and YouTube. Visit ascoaction.asco.org for the latest cancer policy developments.


Visit asco.org/state-of-cancer-care for a digital version of the “At A Glance.”

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