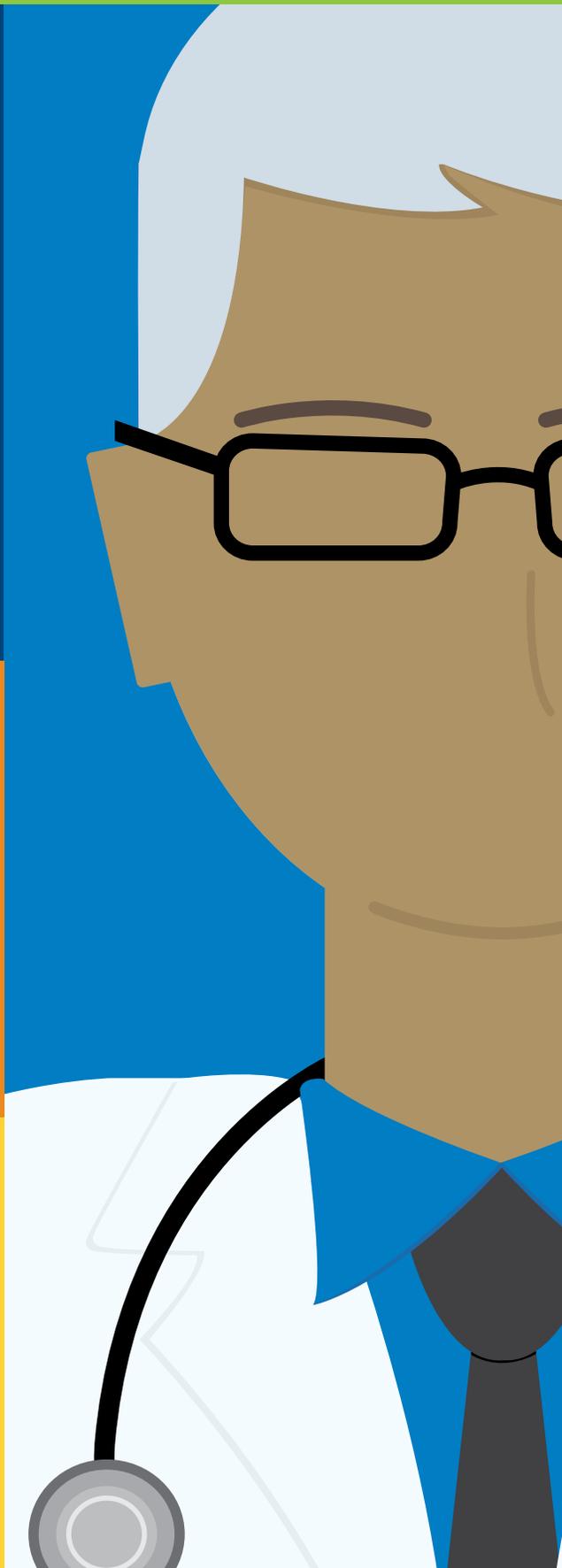


2017

STATE OF CANCER CARE IN AMERICA



AT A GLANCE

ASCO 2017

State of Cancer Care in America:

AT A GLANCE

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.

The full-text version is published in the Journal of Oncology Practice at ascopubs.org/doi/10.1200/JOP.2016.020743.

A digital version of the "At A Glance" is available at asco.org/state-of-cancer-care.



20.3 million

cancer survivors predicted by 2026, a **31% increase** from 15.1 million survivors in 2016.¹



2.1 million

cancer deaths averted since 1991.²



Progress & Opportunity

Tremendous activity is occurring across diverse stakeholders to improve the lives of patients with cancer.



52% of oncology practices share electronic health record (EHR) data with patients.



43% of physicians are already receiving some portion of their reimbursement under value-based systems.⁸



NEW APPROACHES: PRECISION MEDICINE AND IMMUNOTHERAPY

Greater investment in research is moving cancer care toward the full potential of precision medicine and treatment advances.

In 2016, the Food and Drug Administration approved:



16 new and expanded use cancer therapies³



First liquid biopsy diagnostic test⁴



First next-generation sequencing diagnostic test⁵

Meaningful improvements in survival for patients with some historically challenging diseases



vs.



of patients with metastatic melanoma **treated with new immunotherapy** in early clinical trial, alive after 5 years.⁶

of U.S. patients **diagnosed with metastatic melanoma** between 2006 and 2012, alive after 5 years.⁷

By creating momentum among public and private enterprises, the **Beau Biden Cancer Moonshot Initiative** launched



dozens of cutting-edge initiatives and cross-disciplinary partnerships. Congressional passage of the 21st Century Cures Act includes **\$352 million** in supplemental National Institutes of Health funding to support the initiative.

REAL-WORLD EVIDENCE AND DATA SHARING

Powerful learning systems



Measuring quality in real-time



Improved patient care



Providing clinical decision support



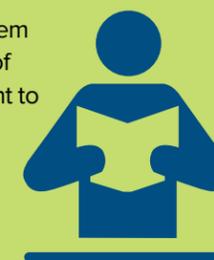
Enabling learning from every patient



Rapid Learning Systems Driving Cancer Innovation

CancerLinQ® is the learning health system developed by ASCO to use the power of data analytics to 'learn' from each patient to improve cancer care delivery and patient outcomes.

70+ vanguard practices representing more than 2,000 physicians.



PRACTICE TRANSFORMATION

Innovative payment models promote and incentivize high-quality cancer care, while reducing costs and paving the way toward value-based reimbursement.

MACRA

The Centers for Medicare & Medicaid Services (CMS) triggered significant practice transformation through implementation of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Physicians may choose from **two options to derive their Medicare payments** starting in 2019

Advanced Alternative Payment Models (APMs)

Merit-based Incentive Program (MIPS)

Clinical Pathways

58% of surveyed oncology practices used clinical pathways in 2016.

Clinical pathways are increasingly used to **improve quality and reduce cost** by promoting adherence to evidence-based treatment plans.

Challenges

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.⁹

Patients with fewer financial reserves reported **more pain and poorer quality of life**.¹⁰

55% of those who incurred debt owed \$10,000 or more and 3% declared bankruptcy.⁹

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.

8.6% Rate of uninsured Americans as of early 2016 vs 16.0% in 2010.¹¹

8% Increase in early stage colorectal cancer diagnoses between 2011 and 2013, after screening was offered without copay through Medicare.¹²

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 treatment¹³ **More side effects**¹⁴ **Higher costs of care**¹⁴

Appalachian residents have elevated risks of developing and dying from cancer.¹⁵

1 oncologist per 100,000 rural residents. vs. **5 oncologists per 100,000 urban residents.**

Despite rapid progress, major hurdles still impede patient access to high-quality cancer care.

THE PHYSICIAN PERSPECTIVE

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.

Cancer diagnoses in 2016 up **nearly 2%** from 2015.¹⁶

26.1 million Americans, all needing continued care, will be living with a history of cancer by 2040.¹⁷

Cancer is the leading cause of death in **22 states**.¹⁸

Cancer accounts for **1/4** of all deaths in the U.S.¹⁶

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.

Other top pressures facing oncology practices

41% Drug pricing **39%** Implementing electronic health records

Practices from common medical specialties spent a total of

\$15.4 billion and an average of **785 hours** per physician annually to meet quality reporting requirements.¹⁹

Medical practices complete an average of **37 prior authorization requirements** per physician weekly, taking an **average of 16 hours** of clinician time.²⁰

The Path Forward

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.



30%

of Medicare payments tied to alternative payment models (APMs) in 2016.²¹



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.

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.

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.



42%

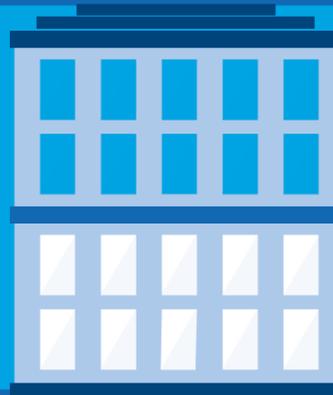
of surveyed oncology practices cannot integrate patient information from other EHR systems into their own.

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.





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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 ascopubs.org/doi/10.1200/JOP.2016.020743
for full-text of the 2017 State of Cancer Care in America Report.**

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REFERENCES

¹American Cancer Society: Cancer treatment & survivorship facts & figures 2016-2017

²Siegel RL, Miller KD, Jemal A: Cancer statistics, 2017. *CA Cancer J Clin* 67:7-30, 2017

³US Food and Drug Administration: Hematology/oncology (cancer) approvals & safety notifications. www.fda.gov/drugs/informationondrugs/approveddrugs/ucm279174.htm

⁴US Food and Drug Administration: cobas EGFR Mutation Test v2. www.fda.gov/Drugs/InformationOnDrugs/ApprovedDrugs/ucm504540.htm

⁵US Food and Drug Administration: Rucaparib. www.fda.gov/Drugs/InformationOnDrugs/ApprovedDrugs/ucm533891.htm

⁶Hodi FS, Kluger H, Sznol M, et al: Abstract CT001: Durable, long-term survival in previously treated patients with advanced melanoma (MEL) who received nivolumab (NIVO) monotherapy in a phase I trial. *Cancer Research* 76:CT001-CT001, 2016

⁷Howlader N, Noone AM, Krapcho M, et al: SEER Cancer Statistics Review (CSR) 1975-2013. seer.cancer.gov/csr/1975_2013

⁸Japsen B: More doctors to retire as MACRA and value-based pay hit. www.forbes.com/sites/brucejapsen/2016/09/21/more-doctors-to-retire-as-macra-and-value-based-pay-hit/#229f8aff4261

⁹Banegas MP, Guy GP Jr, de Moor JS, et al: For working-age cancer survivors, medical debt and bankruptcy create financial hardships. *Health Aff (Millwood)* 35:54-61, 2016

¹⁰Lathan CS, Cronin A, Tucker-Seeley R, et al: Association of financial strain with symptom burden and quality of life for patients with lung or colorectal cancer. *J Clin Oncol* 34:1732-1740, 2016

¹¹Cohen RAM, Martinez ME, Zammitti EP: Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–March 2016. www.cdc.gov/nchs/data/nhis/earlyrelease/insur201609.pdf

¹²Lissenden B, Yao NA: Affordable Care Act changes to Medicare led to increased diagnoses of early-stage colorectal cancer among seniors. *Health Aff (Millwood)* 36:101-107, 2017

¹³Kinlock BL, Thorpe RJ Jr, Howard DL, et al: Racial disparity in time between first diagnosis and initial treatment of prostate cancer. *Cancer Contr* 23:47-51, 2016

¹⁴Schmid M, Meyer CP, Reznor G, et al: Racial differences in the surgical care of Medicare beneficiaries with localized prostate cancer. *JAMA Oncol* 2:85-93, 2016

¹⁵Wilson RJ, Ryerson AB, Singh SD, et al: Cancer incidence in Appalachia, 2004-2011. *Cancer Epidemiol Biomarkers Prev* 25:250-258, 2016

¹⁶American Cancer Society: Cancer facts & figures 2016. <https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2016.html>

¹⁷Bluethmann SM, Mariotto AB, Rowland JH: Anticipating the “silver tsunami”: Prevalence trajectories and comorbidity burden among older cancer survivors in the United States. *Cancer Epidemiol Biomarkers Prev* 25:1029-1036, 2016

¹⁸National Center for Health Statistics: Changes in the leading cause of death: Recent patterns in heart disease and cancer mortality, 2016. <https://www.cdc.gov/nchs/products/databriefs/db254.htm>

¹⁹Casalino LP, Gans D, Weber R, et al: US physician practices spend more than \$15.4 billion annually to report quality measures. *Health Aff (Millwood)* 35:401-406, 2016

²⁰American Medical Association: Health Care Coalition Calls for Prior Authorization Reform. <https://www.ama-assn.org/health-care-coalition-calls-prior-authorization-reform>

²¹US Department of Health & Human Services: HHS reaches goal of tying 30 percent of Medicare payments to quality ahead of schedule. <https://wayback.archive-it.org/3926/20170127191335/> <https://www.hhs.gov/about/news/2016/03/03/hhs-reaches-goal-tying-30-percent-medicare-payments-quality-ahead-schedule.html>