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AMERICAN SOCIETY OF CLINICAL ONCOLOGY

ASSOCIATION FOR CLINICAL ONCOLOGY

KNOWLEDGE CONQUERS CANCER

Changes in the Landscape of Oncology Care

Challenges and Progress Since 2013

Robin Zon, MD, FASCO, FACP
ASCO President Elect

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Factors Impacting Quality

From the 2013 Report

- Complexity of cancer treatment
- Demands for care from an aging population
- Shrinking workforce
- Cost of treatments
- Challenges with quality metrics

New Developments

- Integrating New treatment paradigms- Precision Medicine
- Care delivery / organizational change
- Practice health, workforce, burnout
- Evolution of ACA policies
- Heightened focus on equity
- Technology
- COVID-19 pandemic
- Artificial Intelligence



Overview

Scientific Advances

Care Delivery Challenges & Opportunities

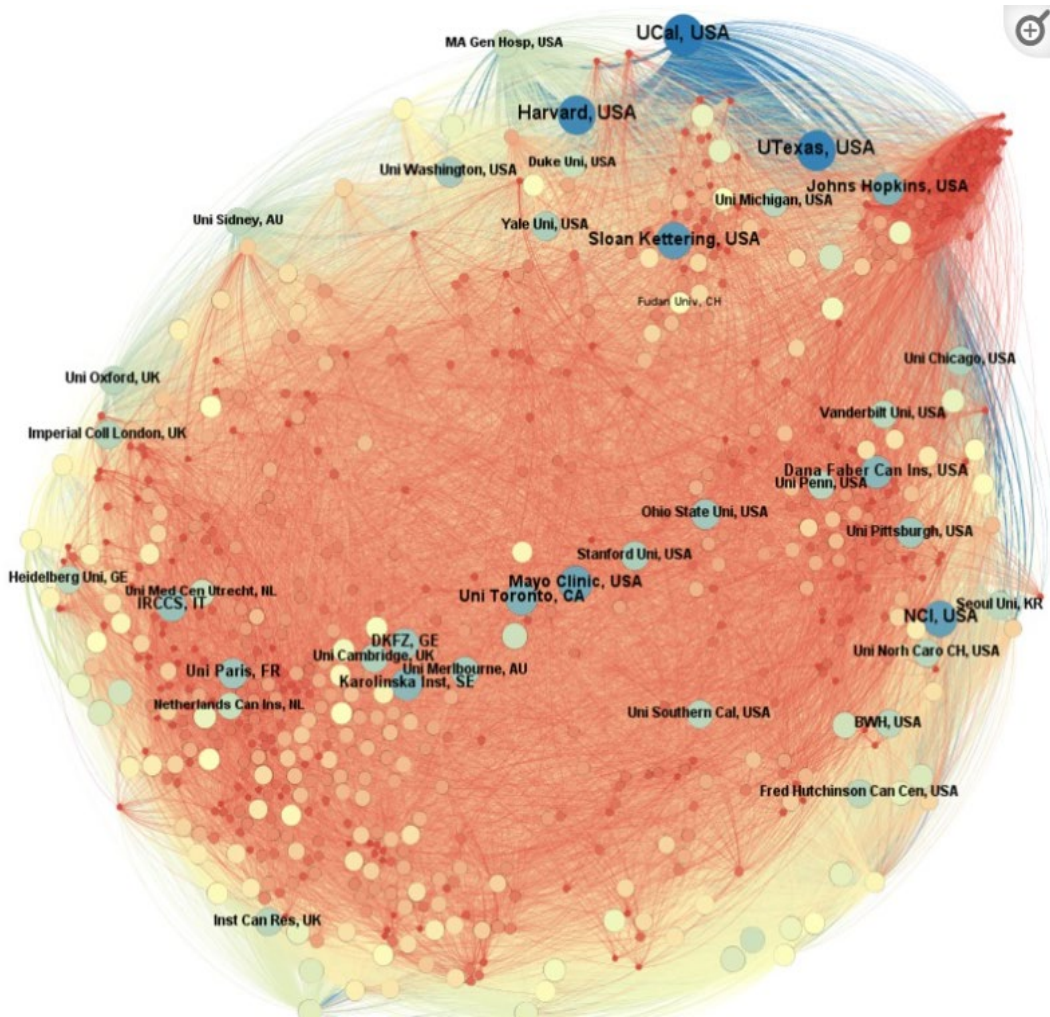
Technology

Developments to Watch

ASCO Priorities



Scientific Advances



- Oncology knowledge continues to explode: 2.7 million articles indexed with 'neoplasm' on Pubmed in 2015.
- Now the figure is nearly 4 million= 445/day 2015-2023.
- Managing this knowledge effectively is challenging for physicians, guidelines, and pathways.

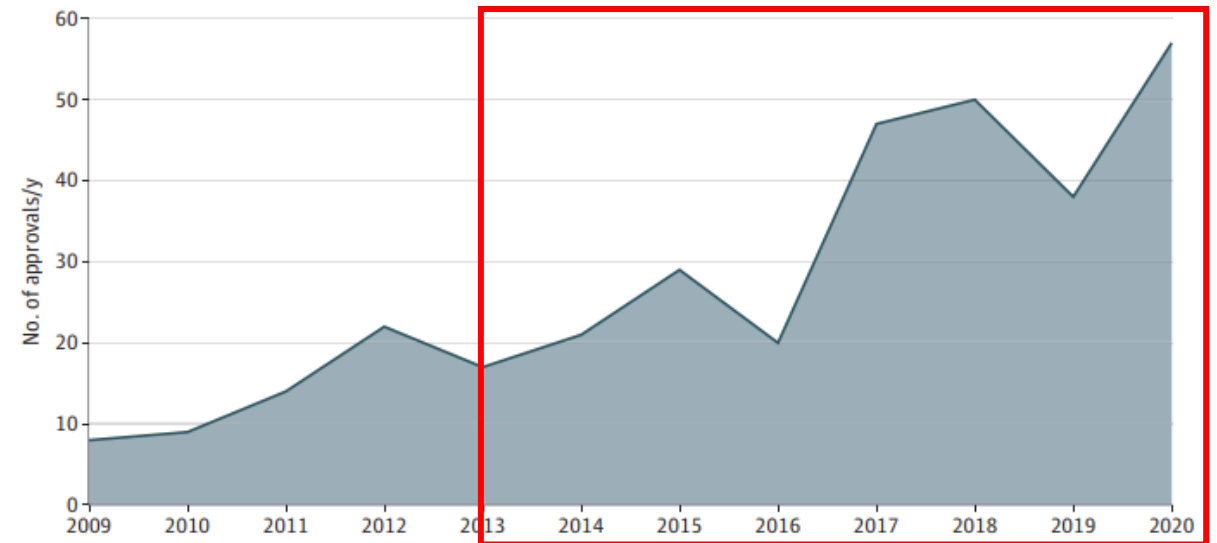
doi: [10.18632/oncotarget.25730](https://doi.org/10.18632/oncotarget.25730)

Oncology & Hematology Review, 2015;11(2):102-3

Scientific Advances

- Very promising new treatment paradigms: Precision oncology and biomarker-driven approaches; immuno-oncology
- Problems accessing testing and treatment, particularly in more rural areas or for Medicaid.
 - EGFR for Lung cancer

Figure 1. Total Number of Anticancer Drugs Approved by the US Food and Drug Administration From 2009 to 2020



JAMA network open 4.12 (2021): e2138793-e2138793.

ASCO Road to Recovery Recommendations: Cancer Research



- 1 Ensure that clinical trials are **accessible, affordable, and equitable** for patients
- 2 Design more **pragmatic, versatile, and efficient** clinical trials that are better integrated into routine clinical care
- 3 **Simplify, streamline, and standardize** protocol requirements and trial operations to minimize administrative and regulatory burdens on sites
- 4 Recruit, retain, and support a **well-trained clinical trial workforce** that is committed to providing patients with access to high-quality research
- 5 Promote **appropriate oversight and review** of clinical trial conduct and results

Pennell, Dillmon, Levit, et al. [American Society of Clinical Oncology Road to Recovery Report: Learning from the COVID-19 Experience to Improve Clinical Research and Cancer Care](#). Journal of Clinical Oncology. 2020. 39:2, 155-169.



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Care Delivery Challenges and Opportunities

Consolidation and Geographic Distribution

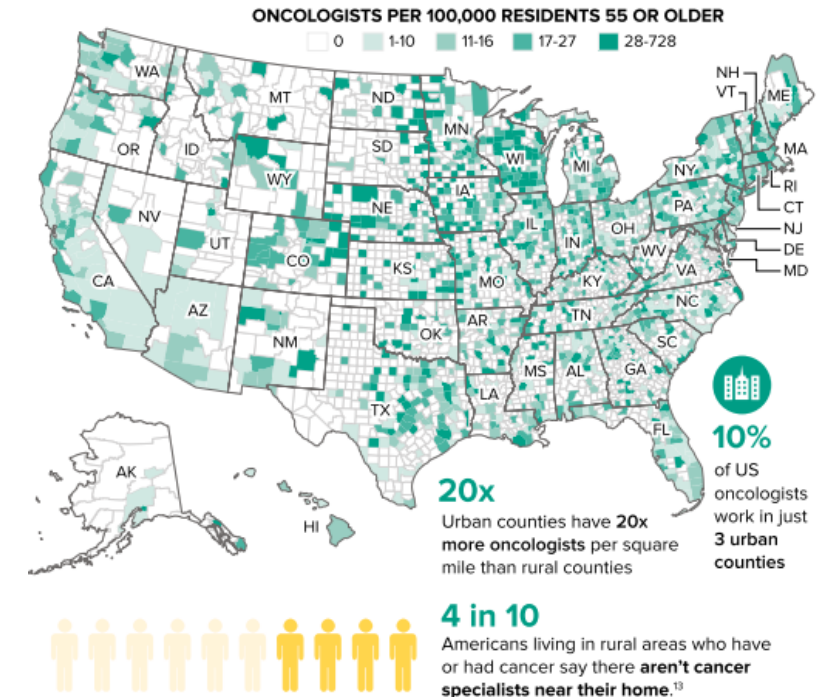
- *Practice Health, consolidation, burnout, and workforce issues affect the quality of care*
- The number of oncology practices is shrinking (-18%) while practice size is growing (40% of med onc in largest 5% practices).
 - Demand increases due to aging population and increase survivors
 - 20-25% nearing retirement age
- High rates of regional hospital consolidation tend to predict oncology practice consolidation.
- Oncologists are also not evenly distributed across the U.S. 19.3% U.S. pop rural, less than 7% of med onc bill from rural sites

IN FOCUS: Oncology Workforce in Rural America¹²

1 in 6
Americans live
in a rural area

66%
of rural counties have
no oncologist

32 million
Americans live in counties
without an oncologist



Practice consolidation among U.S. medical oncologists over time. Michael Milligan, Parsa Erfani, E. John Orav, Gabriel A. Brooks, and Miranda Lam. Journal of Clinical Oncology 2022 40:16_suppl, e13627-e13627



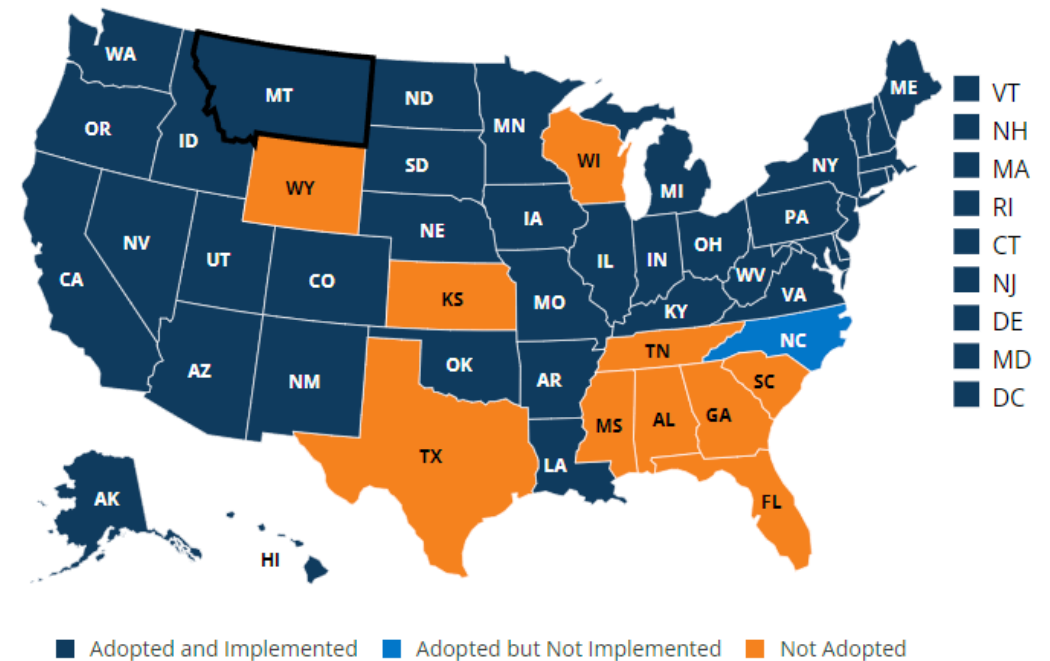
- Burnout in oncology remains an issue.
 - Increasing age (>40), RVU-only compensation, and being female were positively correlated.
 - Factors inversely correlated: frequently working with APPs. *But APPs also experiencing burn out with 33% intent to leave within 2 years*
 - Studies report COVID-19 exacerbated burnout.
- Workforce shortages are largely geographic.
- Between burnout factors, increasing consolidation & business pressures: practice health is seriously threatened.
- ***This in turn affects Quality of Care that patients receive!***

<https://doi.org/10.1182/bloodadvances.2021006140>

Evolution of ACA policies and programs

- Improvements in cancer outcomes tied to Medicaid expansion
 - Medicaid expansion continues but is far from complete
- CMMI payment models for oncology: Value – based OCM and now EOM
 - 8 of 12 process measures struggle to predict real patient outcomes
 - Cost-savings tied to measures remain a problem
- Other policy improvements; however, many Americans remain un- and under-insured, and care costs are too high.

State Uptake of Medicaid Expansion – July 2023



<https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

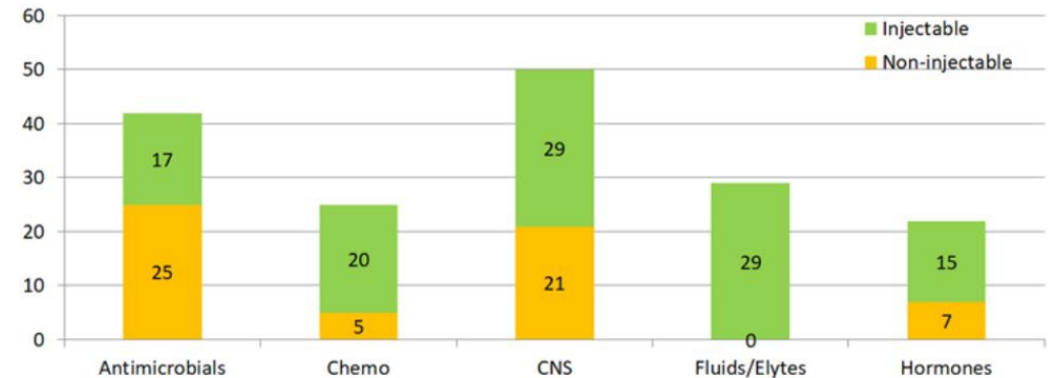
Costs of Care and Payer Pressure

- Pre-auths and denials increasing.
 - Newer practice - "Alternative funding"
- Drug shortages (cisplatin/carboplatin most severe in over a decade)
- States are not waiting for federal action and are moving with legislation to address many burdensome and utilization management issues
 - Not consistent across the states



National Drug Shortages
Active Shortages Top 5 Drug Classes

Active Shortages June 30, 2023



University of Utah Drug Information Service

Contact: Erin.Fox@hsc.utah.edu, @foxerinr for more information.



Technology

Technology

- Despite some progress, the vision of a learning health care system has been slower to materialize than hoped
- Efforts to integrate real-world evidence (RWE) continue.
 - FDA Sentinel program (2008)- dedicated to medical product safety; FDA RWE guidance for industry (2023).
 - EHR challenges:
 - Focus has been as a billing, not clinical, tool
 - Interoperability
 - Need for structured data elements





New Patient-Facing Technology - Pro's/Con's

- Telemedicine
- E-consent
- Patient-reported outcomes
- Remote patient monitoring

Pro	Con
Telemedicine improves patient access and convenience (travel time, costs).	Telemedicine raises conflicts regarding interstate licensure.
Patient access to health records.	Open access without provider setting context.
Enabling collection of e-consent, and patient-reported outcomes.	Challenging to fit within practice workflow; lack of standardized approach; outcomes linked to multiple providers.
Potential for real-time patient monitoring outside of care setting, allowing more timely response.	Information overload; difficult to filter and prioritize. Need infrastructure/resources to allow timely intervention.



New System-level Technology - Pro's/Con's

- Quality reporting
- Health Information Exchanges
- Potential for RWE integration and a true learning health care system

Pro	Con
More convenient transfer of records.	Interoperability issues persist between vendors/EHRs.
Meaningful Use paved the way for quality reporting.	Oncology quality measures being reported remain of limited value.
Decentralized clinical trials expand access and trial population diversity.	Decentralized trials are more complex; data quality concerns.
Learning health care system holds promise.	Until learning health care system is achieved, EHRs serve as billing tools and add administrative burden for little gain.



Developments to Watch

Inflation Reduction Act (IRA) implementation

- Positive impacts: cost containment, lower patient OOP spending.
- Oncology drugs largely excluded from first round of drugs to be negotiated (one exception: ibrutinib).
 - Oncology (Part B) likely in 2028
 - Industry asserting harm to innovation
 - Not all legislators support

IRA and Medicare



Part D Improvements



Medicare Drug Price Negotiation



Inflation Rebates in Medicare



Changes to Medicare Part B



Maintaining Equity Focus

- Backlash exists to EDI; Recent SCOTUS decision on affirmative action (Students For Fair Admissions, Inc. V. President And Fellows Of Harvard College)

Dobbs v. Jackson Women's Health Organization

- Geographic implications for health care workforce; potential impact on cancer care in persons of child-bearing age



Artificial Intelligence

- Applied to diagnostics, treatment , supportive/ palliative care
- May be able to assist with practice workflow
- Potential to help standardize data elements in EHR
- Avatars (CHATBOT, etc) is the future
- Addressing EDI remains a challenge
- Potential for quality improvement?





ASCO Priorities



ASCO Strategic Plan

MISSION

Conquering cancer through research, education, and promotion of the highest quality, equitable patient care.

VISION

A world where cancer is prevented or cured, and every survivor is healthy.

CORE VALUES

Evidence | Care | Impact

Over five years we will advance equity in access to cancer care and research, develop more sustainable work environments and improve the delivery of information that drives better patient outcomes.

5-year goals

ACCESS

Remove barriers and promote access to high quality, equitable care and patient-centered research

PROFESSION

Drive healthy clinical and research work environments that lead to fulfillment for oncology professionals

KNOWLEDGE

Be the trusted source for timely and high-impact evidence and continuous learning

Equity, Diversity and Inclusion

Global Impact

FLAGSHIP PROGRAMS

Clinical
Research

Conquer
Cancer Grants

Meetings

Publications

Advocacy

Practice
Support

Professional
Development



Call to Action

- 1) Working to improve equitable access to care and clinical research for patients with cancer
- 2) Improving the professional experience and the health of practices and the workforce
- 3) Improving the dissemination and implementation of knowledge, including the use of innovative technology



Thank You!