U.S. Cancer Care System Poised for Transformation, but Challenges Loom Large

In “State of Cancer Care in America: 2017,” ASCO Lays Out Vision for Cancer Care Delivery System to Address Growing Patient Population, and Access, Affordability Challenges

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WASHINGTON – The U.S. cancer care delivery system is undergoing profound changes to better meet the needs of people with cancer, but persistent hurdles threaten to slow progress, according to the American Society of Clinical Oncology’s (ASCO) fourth annual State of Cancer Care in America report released today.

The report, published in the Journal of Oncology Practice and presented at a briefing on Capitol Hill, describes key areas of progress in cancer care, including new approaches for cancer diagnosis and treatment, improved data sharing to drive innovation, and an increased focus on value-based health care. However, access and affordability challenges, along with increased practice burdens, continue to pose barriers to high-value, high-quality cancer care.

Cancer care system facing challenges in all directions

The nation’s population is growing rapidly, changing demographically, and living longer – all factors contributing to a record number of patients with and survivors of cancer. Over the next ten years, the number of cancer survivors in the United States is expected to grow from 15.5 million to 20.3 million, and by 2040, 26.1 million Americans, all needing continued care, will be living with a history of cancer.

“Since 1991, we’ve been able to save 2.1 million lives because of significant advances in prevention, diagnosis, and treatment – something unimaginable even a decade ago,” said ASCO President Daniel F. Hayes, MD, FACP, FASCO. “But there’s still more work to be done to ensure that every patient with cancer, no matter who they are or where they live, has access to high-quality, high-value cancer care.”
**Patient Financial Distress.** The ASCO report underscores that, for many patients, even among those with health insurance, a cancer diagnosis can be financially catastrophic. While new treatments for cancer are offering better outcomes for many patients, treatments are also becoming more expensive, burdening both patients and the cancer care system as a whole. A 2016 study found one in three working-age cancer survivors incurred debt as a result of cancer treatment costs, and of those, 55 percent owed $10,000 or more. Patients with fewer financial reserves report more pain and a poorer quality of life.

**Healthcare Disparities.** Independent of insurance status, significant health disparities continue to persist. Race, ethnicity, socioeconomic status, and geography all impact patient health outcomes. For example, compared to white men, African American men with prostate cancer were more likely to experience longer wait times between diagnosis and treatment, more side effects from treatment, and higher costs of care. Residents in Appalachia have elevated risks of developing and dying from cancer.

**Administrative Burdens.** Against the backdrop of an influx of patients with cancer, the *ASCO State of Cancer Care in America: 2017* reports that oncology practices are facing increased practice burdens that divert time and resources from their patients. In fact, more than half of oncology practices identified increasing administrative and overhead costs as a top pressure – a trend that was even more profound in physician-owned practices. In 2016, practices from common medical specialties spent a total of $15.4 billion and an average of 785 hours per physician annually to meet reporting requirements. To address these challenges, the oncology workforce is evolving to include more non-physician providers, including advanced practice providers, nurses, and genetic counselors.

**Unparalleled momentum to improve the lives of patients with cancer**

Despite these challenges, *The State of Cancer Care in America: 2017* paints an optimistic vision about the future of the cancer care delivery system and highlights a groundswell of activity in the past year to improve cancer delivery.

**Treatment Advances.** Recent investments in biomedical research have led to major advances in precision medicine and immunotherapy, and new funding to continue the Beau Biden Cancer Moonshot Initiative and the National Institutes of Health (NIH) Precision Medicine Initiative offers additional promise. The Food and Drug Administration (FDA) approved 16 new and expanded use cancer therapies, along with two ‘first-ever’ cancer diagnostic tests – a liquid biopsy test for lung cancer mutations and a next-generation sequencing test to identify patients with advanced ovarian cancer eligible for a particular cancer treatment. The report also highlights the emergence of big
data initiatives, such as ASCO’s CancerLinQ®, that are designed to learn from each patient to improve cancer care delivery and patient outcomes.

**Practice Transformation.** The ASCO report also notes real progress towards value-based care delivery, triggered by the Centers for Medicare & Medicaid Services’ (CMS) implementation of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). MACRA spurs the development and implementation of innovative payment models in oncology care to promote and incentivize high-quality cancer care and pave the way toward value-based reimbursement. Already 43 percent of physicians (from all specialties) receive some portion of their reimbursement under value-based systems and 58 percent of oncology practices are using clinical pathways with a goal to improve quality and reduce cost.

“We’re greatly encouraged by the incredible progress that’s occurring across a diverse set of stakeholder groups, who are united in their quest to make a transformed cancer care delivery system a reality,” said Dr. Hayes. “With continued focus, we can ensure that the highest quality, highest value cancer care is available and affordable for all cancer patients. Oncologists should be incentivized to provide high-quality care at high-value, rather than by volume, as has been the case in the past.”

**ASCO’s Vision: The Path Forward**

In the *State of Cancer Care in America: 2017* report, the following ASCO recommendations set forth a policy framework to strengthen the current system and ensure patients’ access to high-quality cancer care well into the future:

- **Health Insurance.** 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 needed by patients in a timely manner. (ASCO has released a set of healthcare reform guiding principles to offer policymakers a framework for strengthening the cancer care delivery system.)

- **Federal Funding of the National Cancer Institute and FDA.** 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 Beau Biden Cancer Moonshot Initiative, and provide adequate resources to the FDA to review and approve the safety and efficacy of cancer therapies and diagnostics efficiently and quickly.

- **Payment Reform.** 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 care delivery settings. Furthermore, CMS should support testing of multiple models in oncology, including ASCO’s Patient-Centered Oncology Payment model, as potential advanced alternative payment models for oncology care.

- **Electronic Health Record (EHR) Interoperability.** To reach the full potential of cancer-specific rapid learning health systems and accelerate the pace of cancer research progress, the Administration should speed implementation of 21st Century Cures Act provisions to promote the interoperability of EHRs and prevent information blocking.
• **Administrative Burden.** As regulatory changes have significantly increased the administrative burdens healthcare 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.

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.

Please visit the *Journal of Oncology Practice* for the full text of the *State of Cancer Care in America: 2017*.

An illustrated and data-rich summary of the *State of Cancer Care in America: 2017* and links to downloadable graphics is also available.

Watch a live stream of the congressional briefing.

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**About ASCO:**

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](http://www.ASCO.org), explore patient education resources at [www.Cancer.Net](http://www.Cancer.Net), and follow us on Facebook, Twitter, LinkedIn, and YouTube.