ASCOD PracticeNET is a benchmarking collaborative of hematology/oncology practices of all sizes and settings. Practices submit monthly data on practice activity and receive a series of practice-specific and benchmarking reports.

A group of 37 practices have submitted data in order to analyze the impact of COVID-19 on practice operations. The following report is a preliminary analysis of activity for these select practices.
The displayed states are represented in this report. Practices in these states participate in PracticeNET’s Advanced dataset, which allows for greater analysis of patient, provider, and practice patterns.

Each quarter and as additional practices are added to this dataset, we will publish additional report versions to asco.org.
Glossary

About our calculations: Calculations presented this report are presented as averages of individual physician rates. Individual rates are adjusted on the basis of a physician's FTE (see below).

Adjusted Physician FTE: PracticeNET uses a standardized definition of a full-time equivalent physician, titled “Adjusted Physician FTE,” in order to compare the relative productivity. An Adjusted Physician FTE is a physician who sees patients on 4 outpatient clinic days per week, with up to 7 weeks of time off. Physicians who see patients for less than 4 outpatient clinic days per week are prorated in the calculation.

New Patient/Consult: New patient and consult visits include CPT codes 99201-99205 and 99241-99245. During the public health emergency, new patient/consult visits may be performed in the office or via telehealth.

Established Patient: Established patient visits include CPT codes 99211-99215. During the public health emergency, established patient visits may be performed in the office or via telehealth.

Hospital Visits: Hospital visits include CPT codes 99217-99226, 99231-99236, 99238, 99329, 99251-99255, 99291, and 99292. During the public health emergency, inpatient visits may be performed in the hospital or via telehealth; however, we did not observe telehealth-based hospital visits in our data.

Telehealth: New patient and consult visits, established patient visits, hospital visits, and other services may be delivered via telehealth (real-time audio/video) to a patient’s home during the public health emergency.

E-visits: E-visits include CPT codes 99421-99423. E-visits are patient-initiated communications via online patient portals.

Telephone EM: Telephone evaluation & management visits include CPT codes 99441-99443. Telephone visits may be used for patients without audio/video capabilities.

Virtual Check-ins: Virtual check-ins include CPT codes G2010 and G2012. Virtual check-ins are brief communications not related to a visit, which may be performed via telephone, audio/video, secure text messaging, e-mail, or use of a patient portal.

Work Relative Value Units: In the Medicare payment system, each service performed by a provider is assigned a work relative value unit (wRVU, correlated with the average amount of time spent by the provider. wRVU's are a primary metric to gauge productivity and staffing needs in a cancer practice.
PracticeNET COVID-19 Report - Impact on Hematology/Oncology Practice Activity

# Visits per Adjusted Physician FTE

- New Patient/Consult Visits (In Office or Telehealth)
- In-Office Established Patient Visits
- Hospital Visits
- Telemmedicine Visits (Telehealth/E-Visit/Telephone EM/Virtual Check-In)
New Patients/Consults (all settings), Cancer vs. Benign Hematology, per Adjusted Physician FTE

Dx Category 1
- Solid neoplasms
- Blood neoplasms
- Benign hematology
- All Diseases
- Historical Average

PracticeNET COVID-19 Report - Impact on Hematology/Oncology Practice Activity
Proportion of Office Visits Performed via Telehealth

- **In Office**
- **Telehealth (Audio/Visual)**
- **Telephone EM**
- **E-Visit**
- **Virtual Check-In**

**PracticeNET COVID-19 Report - Impact on Hematology/Oncology Practice Activity**

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<th>Month</th>
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PracticeNET COVID-19 Report - Impact on Hematology/Oncology Practice Activity

Proportion of Telehealth Visits by Type

- Telehealth (Audio/Visual)
- Telephone EM
- E-Visit
- Virtual Check-In

March '20: 40%
April '20: 64%
May '20: 70%
June '20: 7% 27%
July '20: 72%
August '20: 72% 23%
September '20: 76%
October '20: 71%
November '20: 70% 27%
December '20: 73%
January '21: 75%
February '21: 71%
March '21: 72%
April '21: 73%
May '21: 72%
June '21: 72%
PracticeNET COVID-19 Report - Impact on Hematology/Oncology Practice Activity

Infusion Visits, by Primary Purpose, per Adjusted Physician FTE

Primary Purpose of Infusion Visit: Chemo Admin, Hydration, NonChemo Admin

Graph showing the percentage of infusion visits for Chemo Admin, Hydration, and NonChemo Admin over time from July '19 to June '21.