



INSIGHTS FROM THE BDO CENTER FOR HEALTHCARE EXCELLENCE & INNOVATION

## CANCER CARE IN 2020

By Elizabeth Koelker, BS, MHA, FACHE

While 2019 brought many changes to the landscape of cancer care, 2020 promises even greater disruption to business as usual.

For cancer administrators and healthcare leaders, two eternal truths remain, as lifespans and the aging population continue to grow:

1. Clinicians are diagnosing more people with cancer than ever before
2. The cost of caring for cancer patients is higher than ever before

Treating cancer—the number two cause of death in the U.S. behind heart disease—is the largest driver of care costs, amounting to about **\$150 billion** in healthcare spending. Creating a more sustainable, holistically minded model for cancer care is an industry imperative—one which we expect providers to make meaningful strides towards in 2020.

### LOOKING BACK: HOW BABY BOOMERS CHANGED CANCER CARE DELIVERY

Healthcare leaders are acutely aware of the impact Boomers have had on our industry over the past decade. Every cancer administrator knows that the first round of Boomers—Americans born between 1946 and 1964—started turning 65 in 2001. Most healthcare executives have internalized the staggering statistic that 10,000 Baby Boomers will hit retirement age *every day* from now until 2030.

And while we have known that cancer risk increases with age, it is estimated that by 2030 **more than 70% of all cancer diagnoses will occur among adults older than 65**. As Baby Boomers began entering that age bracket, increasing their overall risk of developing a cancer diagnosis, they redefined the profile of a cancer patient in the process. Their familiarity with and use of technology—along with their expectations for a more consumer-centered healthcare experience—demanded that cancer programs provide whole-person care.

The most successful cancer programs have:

- ▶ Prioritized **multidisciplinary care teams** that help treat not only the physical effects of cancer, but also the impacts it can have on patients' entire lives
- ▶ Created convenient **access to and experiences around care**
- ▶ Embraced and adapted to the **digital transformation** of new technologies, communication and education, and even clinical care delivery
- ▶ Achieved **financial viability through tight operational control** in response to changing reimbursement models—a top concern for [more than one in five](#) (23%) mid-market healthcare CFOs—and compounding supply costs, especially related to drug expenses.

## LOOKING FORWARD: FOCUS AREAS FOR CANCER PROGRAMS

As we enter a new decade, cancer programs should anticipate even greater disruption to the status quo. In fact, [33% of healthcare organizations](#) overall are considering transforming their entire operating model in 2020—with hospitals, the primary providers of cancer care, making up 66% of them.

For cancer programs to be successful in this new era of care delivery, they must focus on:

### 1. Political and Regulatory Changes:

- ▶ **Stay current with proposed and approved coverage of services:** CMS, for example, is [considering](#) expanding coverage of next-generation gene sequencing beyond late-stage cancers to many types of ovarian and breast cancers. A final coverage determination is due in early 2020. While awaiting this determination, cancer programs should perform internal analyses of current practices, capacity for expansion and potential impact of change.
- ▶ **The Safe Step Act** has the potential to dramatically impact cancer care delivery. The law seeks to limit the use of step therapy, a practice whereby patients must first try less expensive medication alternatives before insurers will cover costlier options. While this law has stalled in the House, similar legislation is in progress in several states.
- ▶ **Presidential executive orders** have the potential to disrupt healthcare delivery. Successful organizations will monitor developments around these proposals closely to assess and strategize for impact to their established business models. One example is the Trump administration's executive order, [Improving Price and Quality Transparency in American Healthcare](#), which led to [two new rules](#) from CMS. [The first](#), recently finalized, is already facing legal opposition. If it *does* move forward, starting in January 2021, hospitals would be required to disclose the prices they negotiate with

insurance companies and prices they charge patients who are paying directly. The second rule would require most employer-based group health plans to provide estimates of out-of-pocket costs for covered services.

**BDO'S QUICK TAKE:** In this environment, patients—and integrated care arrangements—will favor organizations that focus on improving the cancer patient experience to be a more holistic, integrated process.

### 2. Patient Experience:

- ▶ **Identify the links between financial, mental and physical health and provide support around them:** One of the most immediate and high-impact changes hospitals and cancer centers can make is recognizing the relationship between financial, mental and physical health, and connecting patients with resources that can help them manage all aspects from the beginning. It's also important that cancer treatment providers create a connected, integrated care management system that makes the experience for the patient as seamless as possible.
- ▶ **Better recognize financial toxicity and proactively help patients manage it:** More than [three out of five](#) cancer patients report financial difficulties connected to a cancer diagnosis. Cancer treatment is also a stress multiplier that can contribute to negative outcomes, as cancer patients are twice as likely to file for divorce and nearly three times more likely to declare bankruptcy which, itself, carries an [almost 80% greater risk of mortality](#).
- ▶ **Offer more comprehensive services** in the areas of pain management, integrative medicine (massage, reflexology, acupuncture, etc.), and cancer-specific mental and behavioral health needs: While traditionally these might be seen as too costly for providers to take on, they have been shown to improve patient outcomes overall and in turn, lower risk for unnecessary readmissions and reduce overall care costs. Early mental health screening, in particular, is crucial, as cancer patients with previous mental health conditions are [almost twice as likely](#) to die from their cancer. Contrary to historical viewpoints, it *is* possible to run a high-quality cancer practice that provides a holistic, patient-centric level of care in a way that's financially sustainable for the organization.

**BDO'S QUICK TAKE:** By addressing these areas to create a better, holistic patient experience, healthcare organizations can cultivate important brand markers in an increasingly competitive cancer care space.

### 3. Digital Transformation to Bridge Care Gaps

- ▶ **Artificial intelligence (AI), telemedicine and patient self-reporting** are several areas that will be key differentiators between *good* cancer programs and *top* cancer programs. In fact, [for seniors](#) specifically, providers say digital tools like these could mitigate the social determinants of health most crucial to improving elder care: familial support (63%) and access to transportation (44%). Successful programs will keep pace with tech advancements, adapting and implementing them into the standard of care. Examples include just-in-time digital patient education, integration of AI-backed wearables and other tools to remotely manage symptoms.
- ▶ **Investing in technologies that produce cost savings** may be equally as important as services that generate revenue. An example is a digital interface that texts patients on specific days after starting chemotherapy. The patient is asked, via text message, to take their temperature and reply with his or her outcome. The provider is then alerted

of temperatures above the established threshold, allowing them to proactively implement clinical interventions in the ambulatory setting, thereby decreasing risk to the patient, along with emergency department use and hospital readmissions.

- ▶ **Achieving better clinical assessment through electronic communication** is possible by providing the vocabulary, creating a safe space for reporting and streamlining patient/provider communication.

**BDO'S QUICK TAKE:** Many patients tend to view their time with their doctors as a rationed commodity, or they may be uncomfortable bringing up certain ancillary physical and mental health issues associated with their disease in person. Digital support that provides regular touchpoints with patients throughout cancer treatment can help make them feel more comfortable mentioning and asking questions around conditions that arise from treatment.

[LEARN MORE](#) about transforming cancer care.

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