Evaluating Support Services in Office-Based Oncology Practice: A Collaboration Between ASCO and AOHA

By Joan DaVanzo, MSW, and Julia Doherty, MHSA

The complex nature of cancer and symptom management is no secret to oncologists and their support staff members. Cancer patients need extensive support services, which are not often required in other physician practices. Precise measures of these services and the associated cost is lacking.

The American Society of Clinical Oncology (ASCO) and the Administrators in Oncology/Hematology Assembly (AOHA) of the Medical Group Management Association recognize that despite the importance of chemotherapy support services, there has been little information or research to assess the nature of these services and the extent to which they are provided. In an effort to categorize and measure the type of services in support of patients receiving chemotherapy, ASCO and AOHA conducted a two-phase research study of medical oncology practice activities in this important area.

Survey Design

In the first phase of the ASCO and AOHA research effort conducted in 2004, a typology of chemotherapy support services provided in conjunction with chemotherapy visits was identified. The initial study involved site visits to 14 oncology practices (12 geographically diverse community oncology practices and two faculty-based oncology practices). Six categories of support services (each containing a list of services and tasks) were identified in this first study phase:

- Care Coordination
- Patient and Family Education
- Psychosocial Support
- Nutrition and Wellness Counseling
- Financial Assistance and Counseling
- Preventive Services

ASCO then engaged the Lewin Group to determine the extent to which oncology practices provide support services in conjunction with chemotherapy. It was hoped that with this information, both policymakers and stakeholders within the oncology community would gain an increased understanding of both the actual services provided and, ultimately, their associated costs.

During this second phase of the study, which is the focus of this article, the Lewin Group was commissioned to quantify the extent to which oncology practices devote time to each type of support service and identify the staff members involved in providing them. Lewin conducted a nationwide survey of medical oncology practices in which surveys were mailed to more 1,800 medical oncology practices. Due to a

low rate of response to the initial mailing, the survey was shortened and additional practices (beyond the original 1,800 practices that were initially contacted) were invited to participate.

Of the 123 practices that responded, 114 practices representing 721 medical oncologists and hematologists offered and provided at least one type of chemotherapy support service. Responding practices were distributed evenly across the four US Census Bureau regions: the Northeast, Midwest, West, and South. More than 75% of the responding practices identified themselves as a “private oncology practice/clinic.” Most frequently, practices were owned by either one physician or multiple physicians, as opposed to a hospital, health system, or a group of organizations (physicians, hospitals, health systems). Almost two thirds of respondents indicated participation in clinical trials. Table 1 summarizes key characteristics of responding practices.

Major Findings

For the purposes of this study, support services were broken into six categories as shown. The survey instrument included a detailed list of potential services that were included in each category. For instance, the support service called “Care Coordination” included 10 potential functions or tasks. Respondents were asked to indicate the support services offered by their practices during calendar year 2005 from the comprehensive list, which had been developed earlier in phase I of the study. Responses were analyzed to determine the extent to which the listed services were provided in oncology practices in conjunction with chemotherapy services throughout the country. Although the survey response rate

Table 1. Key Characteristics of Responding Practices

Practice Characteristic	Respondents Providing Support Services (N = 114)	
	No.	%
Practice locations	3.40*	
Practices providing chemotherapy services	111	97.37
Full-time medical oncologist/hematologist in practice	6.872†	
Practices participating in clinical trials	77	67.54

* Based on 105 of the 114 survey respondents that provided a response to this question.

† Based on 105 of 114 survey respondents providing data regarding full-time medical oncologist/hematologists.

Table 2. Support Services Provided

Support Service Description	Practices Offering the Indicated Support Service (N = 114; %)
Care coordination	
Assess and discuss patients' needs for medical, psychosocial, social, spiritual, and financial support	91
Triage phone calls from patients and their families regarding medication changes, prescription refills, symptom management, laboratory results, and other concerns	99
Follow-up via telephone with patients who have experienced severe adverse effects or adverse reactions	98
Obtain referrals from primary care physicians for office visits and procedures performed at the practice	97
Obtain referrals for office visits and procedures performed by other providers	84
Schedule appointments for tests, scans, and other procedures	97
Communicate with other service providers (current or former) with whom the patient has contact to discuss developments affecting that patient, answer questions, and incorporate feedback from other providers into the treatment plan	98
Provide diagnosis and treatment documentation to other facilities providing care to patients (eg, reference labs or radiation oncology facilities)	99
Coordinate and help patients plan for home health services, extended care placements, and hospice services	97
Discuss research studies available, assess candidacy, and enroll in research studies as appropriate	85
Patient and family education	
Provide a formal, face-to-face education session covering drugs, symptoms, adverse effects, diagnostic tools, and resources available at the practice and in the community	97
Discuss, as needed, details of the patient's condition and treatment plan (eg, test results, chemotherapy regimen, treatment progress, pain management, nutrition, and avenues of support)	99
Follow-up with patient after physician visits, new patient orientation sessions, and/or general education sessions to ensure proper understanding of information provided	82
Provide a telephone number that patients can call at any time with questions or to report symptoms	97
Provide information packages that contain educational materials on topics such as coping with cancer and its adverse effects, information on the specific disease, treatment protocols, managing treatment-related fatigue, nutrition, choosing alternative therapies, paying for treatment, and available services at the facility and in the community	97
Provide a full-service resource library with books, pamphlets, journal articles, videos, and audiotapes that can be used during chemotherapy sessions or can be taken home	71
Recommend Web sites with information on state and local cancer resources, including patient and caregiver support groups	89
Provide Internet access for patients who would like to perform independent research	31
Provide instruction on administering shots and changing dressings	89
Psychosocial support	
Provide emotional support and formal and informal counseling sessions in which patients are encouraged to talk freely about the social difficulties and emotional anxieties that may arise during the care process	75
Evaluate and manage physical and emotional symptoms associated with the disease and its treatment, both in-person and by telephone	94
Identify community-based resources that can provide assistance with transportation, housing, personal care, cleaning, shopping, and nutritional needs	85
Make referrals for additional professional intervention if the level and nature of the patient's distress are more complex than can be addressed through support given by facility staff	89

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Table 2. Support Services Provided (continued)

Support Service Description	Practices Offering the Indicated Support Service (N = 114; %)
Provide advice and information on local and national cancer support groups that are available within the community, including support groups for children and grief recovery programs designed for those who have lost loved ones	93
Conduct “whole person” assessments to determine support services required by patients and their families	63
Provide access to prayer lists, spiritual support groups, and religious caregivers of various denominations and faiths for patients and families who request spiritual guidance and support	32
Facilitate patient-driven support groups for patients and their families	48
Provide access to loaned medical equipment such as hospital beds and wheelchairs	30
Provide special classes for patients such as Journaling Group and Mind-Body Skills Group	21
Nutrition and wellness counseling	
Respond to patient requests for information on complementary services, such as herbal therapies, including an evaluation of the pros and cons of therapies being considered	68
Provide nutrition supplements and nutrition counseling to help patients maintain a healthy food regimen while on chemotherapy	75
Provide access to a nutritionist	42
Provide complementary services, including massage therapy, yoga therapy, and art therapy	11
Preventive services	
Facilitate public education programs for family members, friends, and members of the community who want to understand cancer, cancer treatment, and the needs of cancer patients	60
Participate in community screening clinics for cancer, including skin, breast, and cervical cancer	47
Conduct hereditary risk assessment and genetic testing for cancers, including breast, ovarian, colorectal, and melanoma	58
Financial assistance and counseling	
Conduct insurance research to verify patient’s benefits, coverage, and limitations	96
Enroll patients in pharmaceutical assistance programs sponsored by drug manufacturers	96
Submit precertifications and authorizations to payers as needed	98
Assess eligibility for local, state, and federal resources and assist patients to complete the necessary enrollment forms, such as those for Medicaid, disability programs, and state pharmaceutical assistance programs	81
Identify funding sources, including grants and charitable foundations that provide for both clinical and nonclinical needs	61
Conduct financial counseling sessions to evaluate fully the patient’s insurance coverage and available financial resources and educate patients on various aspects of health insurance, such as deductibles, copays, coinsurances, and benefit limitations	82
Develop payment plans to help patients meet their financial obligations	94
Evaluate physician’s treatment plan in the context of patient’s insurance coverage and financial resources	86
Assist family members locate temporary or part-time work when patients have to relocate for treatment	5

was somewhat low, this effort did yield useful findings. A summary of the services within each category of support that respondents indicated were provided is presented in Table 2.

This study also examined several other trends related to the effect on time and cost spent on support services in oncology

practices, including the number of full-time oncologists per practice, number of locations, payer mix, and clinical trials participation. Following are several key findings from the study.

- On average, larger practices, as measured by the number of full-time oncologists, tend to provide more

chemotherapy support services, as did practices with more than one location.

- Practices that provide care primarily to privately insured patients (rather than patients with publicly funded insurance) tend to provide more chemotherapy support services.
- Practices participating in clinical trials generally spent more time on chemotherapy support services than those practices not participating in clinical trials, except in the case of psychosocial support and preventive services. It is possible that practices choosing to participate in clinical trials were more likely to participate in the survey.

Finally, the survey did collect general data on time spent by administrative and clinical staff members on each level of support service. Those data are not presented here because significant variations in the reported times suggested the need to further validate the responses.

Frequency of Support Services Offered and Provided

Practices were asked how often the average patient was offered or provided with each support service, and to report this as an average percentage of the visits made by that patient. Responses are categorized by the median percentage of time support services are offered in Table 3. There were fewer responses to this question because it was not specifically asked on the initial, lengthier version of the survey.

Staff Involved in Providing Support Services

The vast majority of financial counseling services were provided by administrative staff as were more than half of the care coordination services. The remaining services were primarily provided by clinical staff other than nurse practitioners and medical oncologists.

Table 3. Median Percentage of Time for Support Services Offered and Provided

Support Service	Median Time Support Service (%)	
	Offered (n = 39)	Provided (n = 39)
Care coordination	100.0	97.5
Patient and family education	100.0	88.0
Psychosocial support	92.5	50.0
Nutrition and wellness	60.0	47.5
Financial assistance and counseling	80.0	60.0
Preventive services	15.0	10.0

Conclusions and Next Steps

This study offers an important perspective on the nature of chemotherapy support services as well as the types of support services being offered and provided by oncology practices across the United States. ASCO and AOHA can build on these data to better inform decision making about coverage and reimbursement for these services and to support recognition of the full range of cancer care services by the Centers for Medicare & Medicaid Services, as well as other payers.

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