

Current State of Cancer Care Access

Select Survey Findings

| SEP 21, 2020

<https://www.chartis.com/insights/current-state-cancer-care-access>

Access Goals

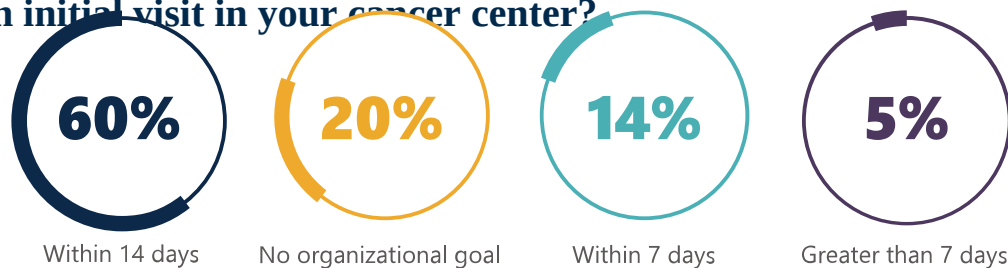
Most cancer centers aim to see newly diagnosed cancer patients within 5 to 7 days — significantly above Chartis leading practice of 2 to 3 days. While a few centers in more competitive markets reported a more aggressive goal of 3 days or less, it is clear that substantial opportunity exists to get patients in sooner and decrease wait times. Setting and working toward an appropriate best practice goal serves to reduce patient stress/anxiety, maximize speed to intervention/treatment to optimize outcomes, and attract and retain patients. **For benign hematology patients, the goal in most organizations is within 14 days.** Longer lag times for both newly diagnosed cancer and benign hematology patients are often associated with higher cancelation and no-show rates, along with higher levels of patient and referring physician frustration.

What is your organizational goal for newly diagnosed cancer patients or patients with a previous cancer to be scheduled and undergo an initial visit?



*Percentages total more than 100% due to rounding.

What is your goal for benign hematology patients to be scheduled and undergo an initial visit in your cancer center?



*Percentages total less than 100% due to rounding.

The ability of organizations to achieve their goals is variable. **Most respondents indicate that performance against goal is specialty specific**, as some disease-specific programs/clinics are more successful than others. **Only two respondents reported that “all patients are offered an appointment within our target timeframe,” suggesting that delay in accessing needed services remains a significant concern for most.** With the current backlog of newly diagnosed patients and expected increases in returning patient volume post-surge, more will need to be done to meet new patient demand in a timely and efficient manner.

33%

of those surveyed will schedule patient visits without records.

53%

of surveyed cancer centers provide centralized scheduling for cancer (and other) services.

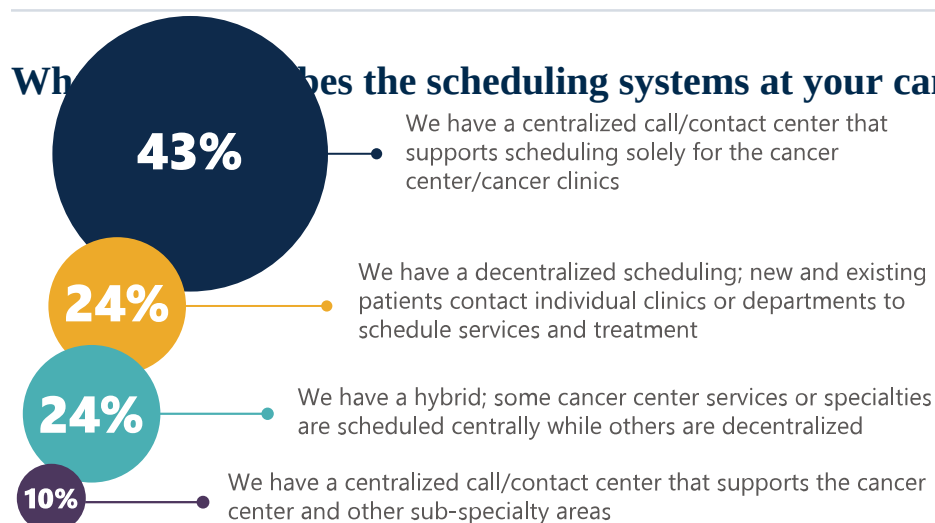
Scheduling Model – Centralized vs. Decentralized

Fifty-three percent of surveyed cancer centers provide centralized scheduling for cancer (and other) services. The rest rely on either a hybrid or primarily decentralized model requiring new and existing patients to contact individual clinics or departments to schedule services and treatment. This can be frustrating and time-consuming for patients who need to coordinate and schedule multiple visits with different services. Overall satisfaction with centralized centers varies. One surveyed organization reported a 70 percent

turnover rate for centralized staff and expressed a need to “reimagine” the objectives, roles and training of centralized staff with an added focus on care coordination, while another organization described an extremely effective leading practice that includes robust training of contact center personnel, in-person introductions of new providers during onboarding, and weekly in-person meetings with call center and clinic physician and administrative leadership. In our experience, this leading practice does not happen nearly as often as it could or should.

Of the cancer centers with a centralized contact center, the majority offer new and existing scheduling, appointment reminders, patient registration/intake and records collection. Very few offered Find-a-Doc services, centralized template management or support of online scheduling.

What types of scheduling systems does the scheduling systems at your cancer center?

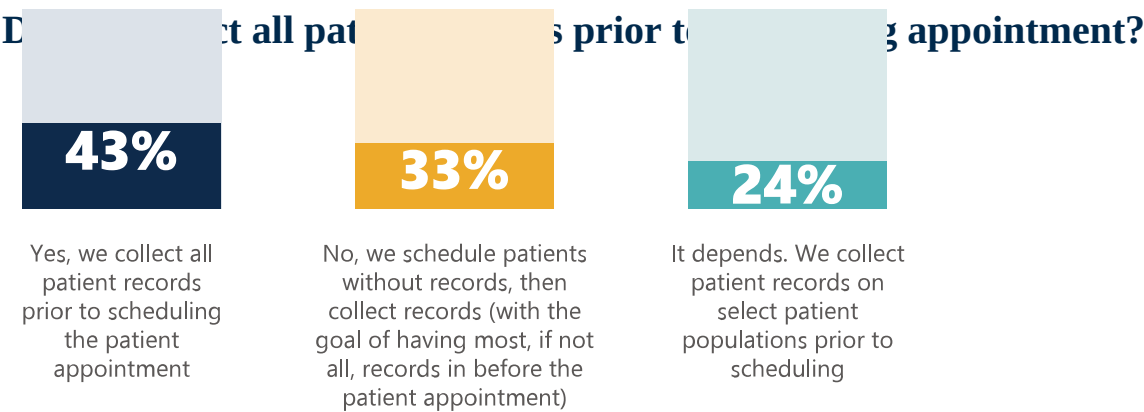


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Services Provided by Centralized Contact Center



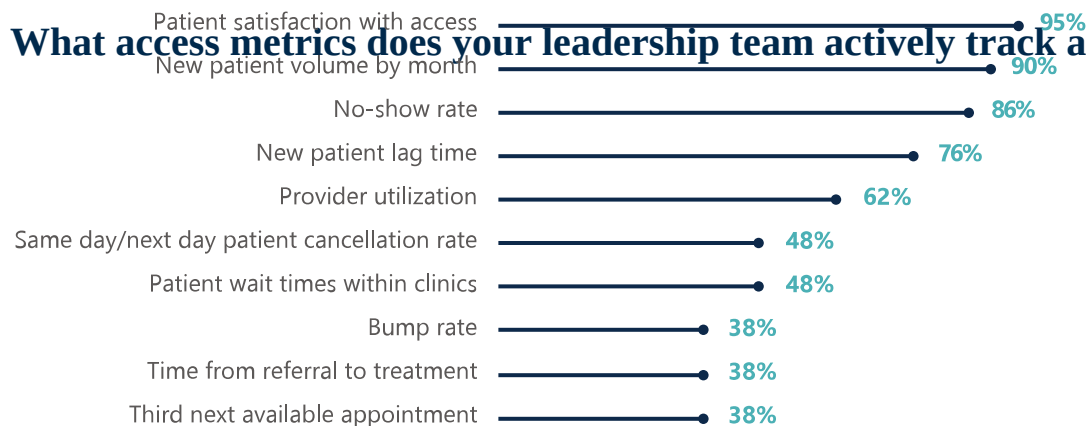
Only 33 percent of those surveyed will schedule patient visits without records, while the rest will not schedule patient appointments for all or select patient populations until they collect all patient records. The primary reasons for collecting the records in advance of scheduling are provider preference and ensuring the visits are maximally productive (i.e., scheduled with the right provider at the appropriate time of patient need). And yet, this practice frequently causes delays in scheduling and significant patient and referring provider frustration. Chartis experience suggests that appropriate processes can be put in place to ensure that records are obtained prior to the visit and scheduling adjustments can be made when records indicate a required change. These processes can include partnering with referring providers to send records electronically or outsourcing to a third party for records collection. Outsourcing is an expensive proposition, but one academic medical center (AMC) credits the move to third-party record collection with reducing days to appointment for new surgical patients from 7 to 8 days down to 3 to 4 days.



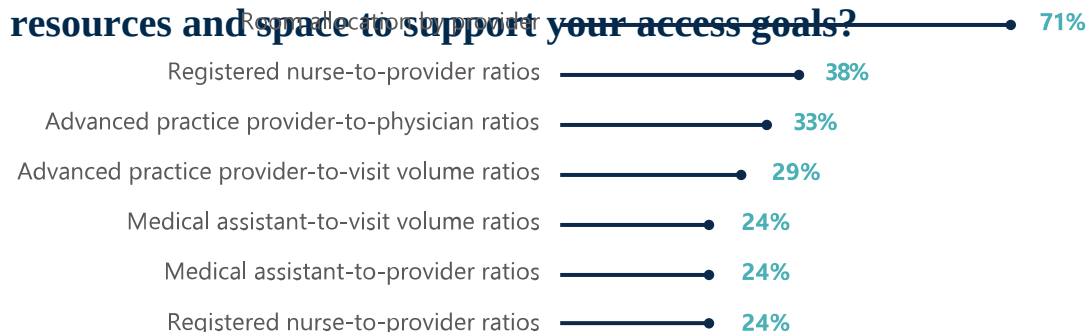
Metrics

The majority of surveyed cancer centers track an array of access metrics, establishing a baseline for continuous measurement and monitoring that can inform process improvement initiatives. Far fewer track operational metrics or set operational targets to ensure they have the space and resources to support their access goals.

What access metrics does your leadership team actively track and follow?



What operational standards do you have in place to ensure you have the resources and space to support your access goals?



MEASURING PATIENT SATISFACTION — EXAMPLE FROM THE FIELD:

One AMC is using a third-party customer experience platform to survey patients via text within four hours of leaving the facility on whether they would recommend their physician and/or the organization. This immediate feedback loop allows managers to assess and resolve — in real time — issues around wait times, care coordination, etc.

Reflecting on these survey findings, it is clear that much opportunity remains to improve cancer care access. Survey responses suggest an industry struggling to achieve appropriate access goals and often falling short of best practice. **The COVID-19 crisis has further complicated demand patterns and heightened the need for innovative approaches to expand access and address patient needs and preferences.** Cancer centers and programs will need to double-down on their efforts to streamline scheduling, optimize capacity, expand modalities of care, and improve patient experience and access for newly diagnosed and returning patients. Setting aggressive access goals, offering provider and staff training, and monitoring

progress are critical but not sufficient. Organizations must also look at the underlying processes, policies, structure and staffing that support achievement of their goals, as well as their culture, expectations and system of accountability.

Our [next article](#) highlights a range of both “tried-and-true” and more innovative solutions currently being developed and deployed in cancer centers across the country to improve patient experience and increase access while facing an uncertain and unpredictable future.

Enabling Cancer Care Access to Meet Patient Need

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