Cancer Access Survey Questions

Survey participants included 14 academic medical center-based cancer programs/centers; five community-based cancer programs/centers; and two freestanding, independent cancer centers. The survey included 23 standard questions regarding organizational background, access goals and metrics, scheduling/registration systems,]]use of virtual care/telehealth, care team model, and referral management, among others. Follow-up discussions focused on specific challenges and performance optimization initiatives being implemented to improve access to care.

Background

1. What best describes your cancer program/center?
   - Freestanding, independent cancer center
   - Community-based cancer program/center
   - Academic Medical Center-based cancer program/center

2. Which best describes your cancer program accreditation?
   - American College of Surgeons Commission on Cancer
   - NCI Designated Clinical Cancer Center
   - NCI Designated Comprehensive Cancer Center
   - Other: [Write in]

Access

3. What is your organizational goal for newly diagnosed cancer patients or patients with suspicion of cancer to be scheduled and undergo an initial visit at your cancer center?
   - Less than 3 business days
   - Within 3 business days
   - Within 7 business days
   - Within 14 business days
   - Greater than 14 business days
   - We have no organizational goal

4. What is your goal for benign hematology patients to be scheduled and undergo an initial visit consult in your cancer center?
   - Less than 3 business days
   - Within 3 business days
   - Within 7 business days
   - Within 14 business days
   - Greater than 14 business days
   - We have no organizational goal

5. If you have a goal as indicated above, how do you perform against your goal?
   - All patients are offered an appointment within our target timeframe
   - Most patients are offered an appointment within our target timeframe (with the exclusion of patients seeking care at specific sub-specialties)
   - It depends on the clinic/department – some are more successful at achieving the access goal than others

6. Do you collect records on patients prior to scheduling?
   - Yes – we collect all patient records prior to scheduling the patient appointment
   - No – we schedule patients without records, then collect records (with the goal of having most, if not all, records in before the patient appointment)
   - It depends – we collect patient records on select patient populations prior to scheduling

7. What best describes the scheduling systems at your cancer center?

- We have a centralized call/contact center that supports scheduling solely the cancer center/cancer clinics
- We have centralized call/contact center that supports the cancer center and other subspecialty areas
- We have decentralized scheduling; new and existing patients call a single cancer center number or contact individual clinics or departments to schedule services and treatment
- We have a hybrid; some cancer center specialties are scheduled centrally while others are decentralized

8. If you have a centralized call/contact center as indicated above, what services are provided by the centralized call/contact center? *[check all that apply]*

- **Appointment Scheduling and Support:**
  - New to hospital/health system patient scheduling
  - New to clinic patient scheduling
  - Existing patient scheduling for clinics
  - Support of online scheduling
  - Scheduling diagnostic appointments, e.g., imaging, lab
  - Scheduling procedures/treatments, e.g., endoscopy, infusion
  - Scheduling allied health services, e.g., PT, OT, speech
  - Surgery scheduling
  - Centralized template management (Design and change control process for all scheduling templates)
  - Access analytics (Monitoring and reporting of key performance indicators such as appointment lag, schedule utilization, no show rate, etc.)
  - Medical records collection in preparation for visits
  - Appointment reminders
  - Find-a-Doc service
- **Referral/Transfer Management:**
  - Referral database ownership, i.e., active data management
  - Referral provider relationship management efforts
  - Referral process management; i.e., how referred patients get into the system
  - Acute care intake
  - Curbside consult service (Coordinating provider-to-provider communication where advice or opinion is given; patient not usually seen by consulting provider)
  - Back referral service (Ensures referring physician participates in continuity of care and receives patient back)

- **Revenue Cycle Services:**
  - Patient registration/intake
  - Patient financial clearance
  - Financial counseling
  - Handling of patient billing inquiries
- **Other:**
  - Please describe

9. What best describes your cancer center as it relates to physician referrals?
   - We have a dedicated physician referral line within our call/contact center
   - We have a dedicated physician referral line within our individual clinics
   - We have a dedicated physician referral line operated elsewhere (e.g., through our physician liaisons)
   - We have a hybrid model: some clinics utilize a centralized referral line or program, while others handle physician referrals directly
   - We do not have a dedicated physician referral line
   - Other: please describe

10. What best describes your cancer center as it relates to physician referrals?
    - Third next available appointment
    - Time from referral to treatment
    - New patient lag time - time from new patient scheduling to first appointment
    - Patient satisfaction (related to scheduling/access questions)
    - New patient volume by month
    - Provider utilization (% of provider template that has scheduled appointments)
    - No-show rate
    - Patient wait times within clinics
    - Same day/next day patient cancelation rate
    - Bump rate (provider- or clinic-initiated cancelations)
    - Other _____

11. What operational standards do you have in place to ensure you have the resources and space to support your access goals?
    - Room utilization by provider
    - APP-to-provider ratios
    - APP-to-visit volume ratios

- RN-to-provider ratios
- RN-to-visit volume ratios
- MA-to-provider ratios
- MA-to-visit volume ratios
- Other _____

12. Some organizations create "panel size" expectations by specialty (e.g., how many total new patients can a single provider in the specialty support given the ongoing needs of the patient population). Are you currently measuring provider panel sizes? If so, how do you use the information? *[Check all that apply]*
    - We do not measure panel sizes today.
    - We have panel size expectations by provider that are used to help us understand when we might need additional providers within the given specialty.
    - We have panel size expectations by provider that are used to measure productivity.
    - We have panel size expectations by provider that are used to inform template design (e.g., the number of new patient slots per provider).

Care Team

13. How do you use Advanced Practice Providers within your ambulatory clinics? *[Check all that apply]*
    - Predominately shared visits with physicians
    - Predominately independent visits during active treatment
    - The practice model depends on the clinic and/or provider
    - We do not have APPs supporting ambulatory care

14. Do your Advanced Practice Providers see new patients?
    - Yes – we consistently have our APPs conduct first visits
    - Yes – in some areas we have APP first visits
    - No – our physicians always see new patients

15. If yes, please indicate which clinical areas are supports by APP first visits. *[Fill in the blank]*

Programs

16. Does your cancer center have a dedicated oncology urgi-care/symptom management center/clinic?
    - Yes – it is open 24/7
    - Yes – it is open weekdays
    - Yes – it is open weekdays and weekends
    - The cancer center does not have a dedicated urgi-care center, but we have plans to design and build one
    - The cancer center does not have a dedicated urgi-care center

17. Which best describes your Survivorship Program?
    - We have no formal Survivorship Program
    - We have a formal Survivorship Program that is supported by an independent Survivorship clinic
    - We have a formal Survivorship Program, that is embedded within specialty-specific clinics
    - We have a formal Survivorship Program, with patients receiving survivorship care in either an independent Survivorship Clinic or within their specialty-specific clinics

18. Does your cancer center use virtual provider/tele-health visits?
    - Yes – we use them across sub-specialties
    - Yes – we use them within selected sub-specialties
    - No – but we have plans to roll them out in the next year
    - No - we have no plans to begin using virtual visits over the next year

19. What types of visits are supported via virtual care/tele-health? *[Check all that apply]*
    - New patient visits
    - Existing patient visits
    - Post-operative surgical visits
    - Navigation visits
    - Symptom checks
    - Review of second opinion
    - Other? Please describe

20. What best describes your second opinion program? *[Check all that apply]*:
    - We do not have a formal second opinion program
    - We have a formal second opinion program where patients can submit records and we provide written documentation to the patient (and/or their referring provider) about the recommended treatment
    - We have a formal second opinion program where patients can submit records and we provide a

video visit to the patient (and/or their referring provider) about the recommended treatment

- We have a formal second opinion program where patients come on site to see a provider in person

Final

21. Would you like a blinded copy of the results of this survey? Note, all responses will be deidentified and provided in summary only. If yes, please include your name and email address below.
    - Name:
    - Email Address:

22. Would you be agreeable to speaking with someone from Chartis Oncology Solutions to learn more about access within your cancer center? If yes, please include your name and email address below.
    - Name:
    - Email Address:

23. Would you be interested in participating in additional surveys related to:
    - Navigation services
    - Ambulatory care team structure
    - Supportive care services
    - Digital health
    - Performance metrics associated with access or financial performance

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