

## Welcome to the 2016 ASCO Oncology Practice Census and Trends Survey!

Dear Oncology Leader,

Since 2012, ASCO has conducted an annual census of oncology practices to identify trends in health care. Your response provides us with invaluable data supporting our work on behalf of the oncology community when we meet with federal agencies, Members of Congress, and other stakeholders in oncology care delivery and research.

Last year with your help, ASCO collected valuable information through the 2015 Oncology Practice Census from nearly 13,500 oncologists practicing at 700 practices in over 2,100 sites nationwide.

Your practice has been selected to participate in the full 2016 Oncology Practice Census and Trends Survey. Your participation is crucial to our understanding of your challenges. In recognition of your added time completing the full survey, ASCO will thank you with your choice of either:

- Early access to ASCO Annual Meeting housing before it opens to members (20 spaces available); OR
- Gift Card to Amazon - OR - Donation to the Conquer Cancer Foundation in your name (\$100 for first 150 respondents and \$50 for all other respondents)

The data and insights we collect will be chronicled in ASCO's March 2017 State of Cancer Care in America report and will help drive ASCO's policy and advocacy efforts.

Your participation in this survey is vital to the oncology community. If you have any questions, please contact ASCO at [census@asco.org](mailto:census@asco.org) or 571-483-1763. If you would like to preview the survey prior to beginning, please request a copy by email at [census@asco.org](mailto:census@asco.org).

Sincerely,

Daniel F. Hayes, MD, FASCO  
President, American Society of Clinical Oncology

## Practice Information

### \* Basic Practice/Institution Information

If you need to make changes to your practice's address as it appeared on the Practice Central listing, please enter the correct address here. Otherwise, please just enter the name of your practice.

Practice/Institution  
Name:

Address Line 1:

Address Line 2:

City/Town:

State:

ZIP:

Website:

Phone Number:

## Practice Contact Role

\* What best describes your *primary* role in your practice/institution (choose only one):

- ☐ Administrator (non-clinician)
- ☐ Physician – patient care
- ☐ Physician – administrative/management
- ☐ NP or PA – patient care
- ☐ NP or PA – administrative/management
- ☐ Nurse – patient care
- ☐ Nurse – administrative/management
- ☐ Other (please specify)

## Ownership Type

\* How is your practice/institution owned (i.e., who writes the checks)?

- ☐ Physician-owned practice or group (including multi-site network)
- ☐ Academic practice (including full-time academic practices; practices with an academic affiliation; and state-funded institutions)
- ☐ Practice, group, or outpatient department that is owned by a hospital or health system

How many oncologists work at your organization? Please provide your answer numerically.

How many oncologists spend the majority of their time in the clinic providing direct patient care? Please provide your answer numerically.

How many oncologists spend the majority of their time in non-clinical activities, such as administration, teaching or research? Please provide your answer numerically.

Please select your work setting.

- ☐ Federal (include federal agencies such as NIH/NCI, public health system, FQHC, VA, military)
- ☐ State/County/City (include state/county/city agencies, public health/safety net hospitals; DO NOT include academic medical centers)
- ☐ Other (please specify)

Industry (placeholder)

How many oncologists work at your organization? Please provide your answer numerically.

## Academic Affiliations with Private Practices

Please note: If your academic practice has multiple types of affiliations with private practices, ASCO is interested in your academic practice reporting ONLY on behalf of those private practices that are OWNED by your academic practice. Please exclude non-owned private practices from your responses that follow.

If your academic practice has non-ownership affiliations with one or more private practices, please provide the names of those practices and a practice administrator name and contact email so ASCO can follow-up to get responses for those non-owned private practices.

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## Sites of Care

\* Does your practice/group have multiple sites of care? Include all locations where services are provided by oncologists.

Please note, your responses for the remainder of the survey should be based on your answer to this question.

- ☐ Yes, and I am providing data for all the locations.
- ☐ Yes, but I am providing data for only some of the locations of the practice.
- ☐ Yes, but I am reporting data for only one location of the practice.
- ☐ No, my practice/group is a single location.



## Number of Sites Reporting

\* How many locations are you reporting for? Please provide your answer numerically.

## Total Number of Sites

\* How many locations are in your practice/group? Please provide your answer numerically.

## Types of Physicians at Your Practice

\* Provide the number of physicians in each category:

Gynecologic Oncology

Hematology/Medical Oncology

Pediatric Hematology/Oncology

Radiation Oncology

Surgical Oncology

Hospitalists

Primary Care (internal medicine, family practice, geriatrics, etc.)

Urology - General

Urology - Oncologic

Other (including non-oncology related) physicians

Please specify which types of physicians are included in the Other (including non-oncology related) physicians count.

## Advanced Practice Providers

\* Provide the number of Nurse Practitioners who are employed by your practice/institution in each setting.

Gynecologic Oncology

Hematology/Medical Oncology

Pediatric Hematology/Oncology

Radiation Oncology

Surgical Oncology

\* Provide the number of Physician Assistants who are employed by your practice/institution in each setting.

Gynecologic Oncology

Hematology/Medical Oncology

Pediatric Hematology/Oncology

Radiation Oncology

Surgical Oncology

## Payer Mix

\* Describe your current payer mix based on charges generated. Report a percentage for each category indicated using whole numbers 0-100. Total must equal 100.

Medicare (fee-for-service):

Medicare Advantage (HMO):

Medicaid (including Medicaid HMO):

Private/Commercial (including BCBS, and other commercial insurance):

Uninsured/Self-Pay:

## Patient Characteristics

Report the number of new oncology/hematology patients seen in the last 12 months. Please use the following definition of a new patient:

A new patient is defined as “one who has not received any professional services from the physicians/qualified health care professional or another physicians/qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.” (CPT 2016)

## Patient Characteristics

Report the total number of oncology/hematology patient visits in the last 12 months at your practice(s). Please use the following definition of patient visit:

A patient visit is a discrete billable exchange (e.g., E&M, infusion, CT scans) between a cancer patient and a provider (i.e., physician, nurse practitioner, physician assistant or other medical staff member).

## Clinical Trials

Does your practice/group conduct clinical trials?

- ☐ Yes – both government-funded and privately-funded
- ☐ Yes – only government-funded
- ☐ Yes – only privately funded
- ☐ No



## Clinical Trials

Over the past 12 months, did your practice/institution (oncology division only) change clinical trials participation?

	Began conducting for the first time	Increased the number of trials	Did not change the number of trials	Decreased the number of trials	Completely ceased conducting trials	N/A: Do not and have not conducted trials of this type
Federally-funded clinical trials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commercially-funded clinical trials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Practice TIN

Please provide your practice's taxpayer identification number (TIN).

## Site Gains/Losses

\* Has your practice/institution (oncology division only) opened, closed, purchased, and/or sold a site of oncology care delivery over the past 12 months? [check all that apply]

- ☐ Closed
- ☐ Purchased
- ☐ Sold
- ☐ Opened
- ☐ Joint-venture
- ☐ No change

## Effects of Site Changes

\* What was the impact of this action on patient access to cancer care services?

- ☐ Significant reduction in patient access (i.e., loss of an oncology practice within a community)
- ☐ Minimal reduction in patient access (i.e., patients have small increase in travel time/distance to new location)
- ☐ Minimal increase in patient access (i.e., patients have small decrease in travel time/distance to new location)
- ☐ Significant increase in patient access (i.e., added an oncology practice within a community and/or expanded services offered to patients)
- ☐ Unsure

Please explain the reason for this action.

## Practice Staffing by Day

\* Please indicate the total number of physicians who are present in your oncology clinic during a routine work week.

Please report physicians who are in clinic all day as a 1.0 count and physicians who do a half-day clinic as a 0.5 count for that day. For days when a clinic is not available, please include a 0 count. Please report for oncology clinic only.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

\* Please indicate the total number of nurse practitioners who are present in your oncology clinic during a routine work week.

Please report nurse practitioners who are in clinic all day as a 1.0 count and nurse practitioners who do a half-day clinic as a 0.5 count for that day. For days when a clinic is not available, please include a 0 count. Please report for oncology clinic only.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

\* Please indicate the total number of physician assistants who are present in your oncology clinic during a routine work week.

Please report physician assistants who are in clinic all day as a 1.0 count and physician assistants who do a half-day clinic as a 0.5 count for that day. For days when a clinic is not available, please include a 0 count. Please report for oncology clinic only.

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

## Evening and Weekend Availability

Please check all days of the week in which your practice offers an evening clinic –oncology clinic only:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Please check all the weekend clinic hours that your practice offers –oncology clinic only:

- ☐ Saturday morning
- ☐ Saturday afternoon
- ☐ Saturday evening
- ☐ Sunday morning
- ☐ Sunday afternoon
- ☐ Sunday evening

## Patient-Related Costs

\* How often do providers/staff in your practice/institution discuss patient-related costs of treatment options with patients and/or caregivers?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Don't know/Not applicable



## Patient-Related Costs

\* What are the reasons for your indicated frequency of these discussions (check all that apply)?

- ☐ Clinicians/staff don't have time.
- ☐ Information about my practice's cost of treatment is not available.
- ☐ Information about patient-specific coverage and personal finances is not available (i.e., coinsurance, coverage, personal financial information).
- ☐ Lack of staff with expertise.
- ☐ Other (please specify)

## Patients Delaying Treatment

\* For your patients who decide to defer/delay treatments, how frequently is the cost of treatment a primary reason?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Don't know/Not applicable

## Discussing Patient-Related Costs

\* Please select the clinicians or office staff whom most often discuss patient-related costs of treatment options with patients and caregivers at your practice/institution (select up to three).

- ☐ Oncologist
- ☐ Nurse practitioner, physician assistant, nurse
- ☐ Social Worker
- ☐ Financial Counselor
- ☐ Billing Staff
- ☐ Other, please specify
- ☐ Don't know

\* Does your practice/institution (oncology division only) use resources or tools to help facilitate discussion of the patient-related costs of various treatment options with patients and caregivers?

- ☐ Yes
- ☐ No
- ☐ Unsure

## Discussing Patient-Related Costs

Please provide information on the resources/tools your practice uses for discussing patient-related costs with patients and caregivers.

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## Practice Pressures

\* Practice/Institution Pressures: Please rank the top THREE pressures your practice/institution (oncology division only) is currently experiencing.

	1st Highest	2nd Highest	3rd Highest
Clinical research (i.e., reporting, accrual, funding, relevant trials)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competitive Pressures (including pressure from a hospital to purchase your practice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug pricing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug shortages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EHR implementation/Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Genomic testing (i.e., obtaining multiplex testing, interpretation of results, incorporation into EHR, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing practice/facility expenses (i.e., staffing, equipment, overhead, rent, administrative expenses, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local economic pressures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient ability to pay	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payer pressures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staffing issues (i.e., recruitment and retention)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please give details if you chose "Other"

## Payer Pressures

Which payer pressures are your top concerns?

- ☐ Coverage issues (e.g., restricted formularies)
- ☐ Narrow provider networks
- ☐ Pathways
- ☐ Payment (e.g., timeliness, amount, other issues)
- ☐ Prior authorization
- ☐ Reporting (e.g., Physician Quality Reporting System)
- ☐ Other (please specify)

## Clinical Pathways Programs

\* Please select as many responses as appropriate from the list below to indicate all the different Clinical Pathways Programs your practice/institution (oncology division only) is complying with.

- ☐ Practice not required to comply with Clinical Pathways Programs
- ☐ Cardinal Health/P4 Healthcare
- ☐ Caret/Michigan Oncology Clinical Treatment Pathways Program
- ☐ eviti (NantHealth)
- ☐ ION/Nucleus Pathways
- ☐ Value Pathways powered by NCCN
- ☐ New Century Health
- ☐ Practice/institution-developed pathways
- ☐ Via Oncology/Pathforward
- ☐ Wellpoint Cancer Care Quality Program/Anthem
- ☐ Other, including payer-developed pathways not listed above: (please specify)

## Insurance Denials

\* Based on your experience in the past 12 months, please select 3 items/services that insurers most frequently deny.

- ☐ Clinical trials
- ☐ Genetic cancer testing (Hereditary)
- ☐ Imaging – Diagnostic
- ☐ Imaging – Surveillance
- ☐ Imaging – Therapeutic
- ☐ Multi-gene tumor genomic testing (Panel testing)
- ☐ Off-label drug use (meeting Medicare evidence requirements)
- ☐ On-label drug use
- ☐ Off-pathway services/drugs
- ☐ Other (please describe)

\* Please indicate the number of full-time equivalent staff in your practice who are primarily devoted to prior authorizations or appeals to insurance companies.



## Alternative Payment Models

Alternatives to Fee-for-Service Payment:

Payers are employing Alternative Payment Models that:

- Increase accountability for both quality and total cost of care and
- Emphasize a greater focus on population health management, as opposed to payment for specific services.

Examples of alternative payment models include:

- Accountable Care Organizations (ACOs),
- Patient-centered medical home models,
- Bundling payments for episodes of care, and
- Integrative care models.

\* According to the definition above, is your practice/institution (oncology division only) participating in Alternative Payment Models with any payers?

- ☐ Yes
- ☐ No
- ☐ Unsure

## Alternative Payment Models

Please list the payers that are offering Alternative Payment Models:

Which Alternative Payment Model(s) is your practice/institution (oncology division only) using? (Check all that apply.)

- ☐ Accountable Care Organization (ACO, See: [CMS website](#))
- ☐ ASCO's Patient Centered Oncology Payment (PCOP) model
- ☐ Bundling
- ☐ Capitation
- ☐ Episodes of Care
- ☐ Medical Home
- ☐ Shared Savings

Other (please describe)

Please estimate the total proportion of the practice/institution's (oncology division only) non-Medicare patients who are included in all Alternative Payment Model(s).

- ☐ Less than 10%
- ☐ 10% to 40%
- ☐ Over 40%

## Alternative Payment Models

Please indicate why your practice/institution (oncology division only) has not participated in Alternative Payment Models.

- ☐ We do not have access to payers (other than Medicare) that offer Alternative Payment Models.
- ☐ Our practice is engaged with one or more payers and actively preparing for Alternative Payment Models.
- ☐ Other (please describe)

Alternative Payment Models

Please list the payer(s) with which your practice is working.

## Medicare Payment Policy

\* Has your practice/institution (oncology division only) made changes or is anticipating needing to make changes in your day-to-day operations in order to comply with Medicare payment policy modifications (e.g., Merit-Based Incentive Payment System (MIPS), Physician Quality Report System (PQRS), Value-Based Payment Modifier (VBPM), etc.)?

- ☐ Yes, we have made significant changes.
- ☐ Yes, we have made minor changes.
- ☐ No, but we anticipate needing to make changes.
- ☐ No, and we do not need to make changes.
- ☐ Unsure

Please describe:

## Patient Portals

A *patient portal* is a secure online website that gives *patients* 24-hour access to personal health information from anywhere with an Internet connection. Using a secure username and password, *patients* can view health information such as: recent doctor visits, discharge summaries, medications, and test results.

\* Does your practice/institution (oncology division only) provide access to a patient portal (as described in this question)?

- ☐ Yes, we have a patient portal that meets this definition.
- ☐ Yes, we have a patient portal, but it does not meet this definition.
- ☐ No, we do not have a patient portal
- ☐ Unsure

## Patient Portals

What percentage of your patients access the portal?

- ☐ 1-10%
- ☐ 11-20%
- ☐ 20% or more
- ☐ Unsure

## Primary Care Provider Access

Please indicate your level of agreement with the following three statements:

	Strongly Agree	Somewhat Agree	Neither Agree Nor Disagree	Somewhat Disagree	Strongly Disagree	Not Applicable/Don't Know
My community has sufficient quantity of primary care providers to provide non-cancer related primary care to cancer patients and survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary care providers in my community are willing to provide non-cancer related primary care to cancer patients in active cancer treatment and survivors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary care providers in my community are willing to provide ongoing survivorship care to patients following active cancer treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## PQRS

In the past 12 months, has your practice received a negative payment adjustment for the Physician Quality Reporting System (PQRS)?

- ☐ Yes, for not participating.
- ☐ Yes, for not meeting reporting requirements.
- ☐ No
- ☐ Unsure

## Meaningful Use

The CMS Medicare and Medicaid EHR Incentive Program ("Meaningful Use") has resulted in nearly all academic practices and most private practices implementing electronic health records (EHRs). The following questions pertain to EHRs and the Meaningful Use program:

\* Has your practice/institution (oncology division only) successfully attested to Meaningful Use Stage 1 (i.e., received or will receive incentive payment)?

- ☐ Yes
- ☐ No
- ☐ Unsure

## Meaningful Use Level 1

Why hasn't your practice/institution (oncology division only) successfully attested to Meaningful Use Stage 1 (i.e., received or will receive incentive payment)?

## Meaningful Use Level 2

Has your practice/institution (oncology division only) successfully attested to Meaningful Use Stage 2 (i.e., received or will receive incentive payment)?

- ☐ Yes
- ☐ No
- ☐ Unsure

## Meaningful Use Level 2

What specific measure(s) are you unable to achieve, in order to attest to Meaningful Use Level 1 or 2 (check all that apply)?

- ☐ Computerized Physician Order Entry (CPOE) for Medication, Laboratory and Radiology Orders
- ☐ e-Prescribing (eRx)
- ☐ Record Demographics
- ☐ Record Vital Signs
- ☐ Record Smoking Status
- ☐ Clinical Decision Support Rule
- ☐ Patient Ability to Electronically View, Download, & Transmit (VDT) Health Information
- ☐ Clinical Summaries
- ☐ Protect Electronic Health Information
- ☐ Clinical Lab --Test Results
- ☐ Patient Lists
- ☐ Preventative Care
- ☐ Patient-Specific Education Resources
- ☐ Medication Reconciliation
- ☐ Summary of Care
- ☐ Immunization Registries
- ☐ Use of Secure Electronic Messaging
- ☐ Syndromic Surveillance Data Submission
- ☐ Electronic Notes
- ☐ Imaging Results
- ☐ Family Health History
- ☐ Report Cancer Cases
- ☐ Report Specific Cases

## Interoperability

\* Is your practice/institution (oncology division only) able to electronically integrate patient information from other practices or providers into your EHR (i.e., without rekeying data, NOT only through uploading an image file or .pdf)?

- ☐ Yes. We are able to integrate information consistently.
- ☐ Yes, although only with select circumstances.
- ☐ No
- ☐ Never attempted
- ☐ Unsure

## Interoperability

How often is there a charge to your practice/institution for obtaining this information?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Don't know/Not applicable

## Exportation of EHR Data

\* If one of your patients wants to export an electronic copy of some of their EHR data, is your practice/institution (oncology division only) able to accommodate this request?

- ☐ Yes, we can send all EHR data (including summary of care), and the data is in a format that can be integrated into another EHR.
- ☐ Yes, we can send limited EHR data, and the data is in a format that can be integrated into another EHR.
- ☐ Yes, but only as an image or .pdf file.
- ☐ No
- ☐ Never attempted
- ☐ Unsure



## Exportation of EHR Data

Why isn't your practice/institution (oncology division only) able to accommodate the request? (check all that apply)

- ☐ Our EHR does not support this functionality.
- ☐ Our EHR vendor contract prevents us from sending data externally.
- ☐ Our patient portal restricts the data available.
- ☐ We don't have a patient facing tool that allows this.
- ☐ Other (please describe)

## Affordable Care Act Plan Networks

\* Is your practice/institution (oncology division only) included in Affordable Care Act plans' networks sold on the health insurance marketplace/exchange in your state?

- ☐ Yes. We are included in all plans available in our geographic area.
- ☐ Yes, but we are included in only select plans.
- ☐ No, but we are able to receive payments as an out-of-network provider.
- ☐ No, we are not included in any plan networks nor paid as an out-of-network provider.
- ☐ No, we were prevented from participating.
- ☐ Unsure.

\* Have you withdrawn from any Affordable Care Act plan networks?

- ☐ Yes
- ☐ No
- ☐ Never included in ACA plans
- ☐ Unsure

Affordable Care Act Plan Networks

Please explain the reason for dropping out of the Affordable Care Act Plan Networks.

## Oncology Physician Employment

\* Oncology Physician Employment (please include oncology specialists who work within the hematology, medical oncology, gynecologic oncology, pediatric hematology/oncology, radiation oncology, and surgical oncology departments):

Over the past 12 months, has your practice/institution (oncology division only) changed the number of oncologist positions?

(Note: Please report changes in the number of oncologist positions, NOT changes due to position vacancies or transitions.)

- ☐ Increased the number of oncology physician positions
- ☐ Decreased the number of oncology physician positions
- ☐ Kept the same number of oncology physician positions

## Oncology Physician Employment

\* Please indicate the reason(s) for increasing the number of oncologist positions.

- ☐ Increase in number of patients
- ☐ Desire for decreased workload for oncology physicians
- ☐ Expansion of types of services offered
- ☐ Other (please describe)

\* Please indicate how the length of hiring time has compared to previous years.

- ☐ Significantly longer
- ☐ Slightly longer
- ☐ No difference
- ☐ Slightly less time
- ☐ Significantly less time

## Oncology Physician Employment

\* Please indicate the reason for decreasing the number of oncologist positions.

- ☐ Decrease in number of patients
- ☐ Retirement of oncologists and decision not to replace.
- ☐ Inability to recruit/retain
- ☐ Reduced oncology services offered
- ☐ Financial reasons
- ☐ Other (please describe)

## APP Employment

\* Oncology Nurse Practitioner (NP) and Physician Assistant (PA) Employment (please include only NPs and PAs who work within the hematology, medical oncology, gynecologic oncology, pediatric hematology/oncology, radiation oncology, and surgical oncology departments):

Over the past 12 months, has your practice/institution (oncology division only) changed the number of oncology NPs/PAs positions?

(Note: Please report changes in the number of oncologist positions, NOT changes due to position vacancies or transitions.)

- ☐ Increased the number of oncology NPs/PA positions
- ☐ Decreased the number of oncology NPs/PA positions
- ☐ Kept the same number of oncology NPs/PA positions
- ☐ Practice/institution (oncology division only) does not employ oncology NPs/PAs

## APP Employment

\* Please indicate how the length of hiring time has compared to previous years.

- ☐ Significantly longer
- ☐ Slightly longer
- ☐ No difference
- ☐ Slightly less time
- ☐ Significantly less time

\* Please indicate the reason for increasing the number of oncology NP/PA positions.

- ☐ Desire for decreased provider workload
- ☐ Expansion of types of services offered
- ☐ Increase in number of patients
- ☐ Other reason (please describe)



## APP Employment

\* Please indicate the reason for decreasing the number of oncology NP/PA positions.

- ☐ Decrease in number of patients seen by practice/institution (oncology division only)
- ☐ Retirement of oncology NP/PA and decision not to replace.
- ☐ Financial reasons
- ☐ Inability to recruit oncology NP/PA
- ☐ Inability to retain oncology NP/PA
- ☐ Reduced types of services offered
- ☐ Other reason (please describe)

## Genetic Counseling

\* Please indicate how your practice accesses genetic counselors.

- ☐ Employs a genetic counselor
- ☐ Refers to a genetic counselor
- ☐ Contracts with academic institution
- ☐ My practice does not access genetic counselors.
- ☐ Other (please describe)

Thank You for Your Participation!

**Thank you for your participation! We appreciate your time and effort to assist ASCO, so we would like to offer you a gift to show our gratitude for your involvement.**

**We are offering either Early Access to the 2017 ASCO Annual Meeting Housing or an Amazon Gift Card or a donation to the Conquer Cancer Foundation made in your name. Choose one from this category.**

**Please be aware that we are only offering one choice per participant, but rest assured that you will receive something for your time and effort. We appreciate all that you do to help ASCO advocate on behalf of the oncology community!**

Early Access to 2017 Annual Meeting VIP Housing Reservation (20 Available)

☐ I would like early access to make a VIP Housing Reservation for the 2017 ASCO Annual Meeting. I understand that these are in limited supply and will accept my choice provided below if the VIP Housing Reservation Access is no longer available.

Amazon Gift Card ~or~ Conquer Cancer Foundation Donation

- ☐ I would prefer an Amazon Gift Card.
- ☐ I would prefer a donation to the Conquer Cancer Foundation in my name.

If there are any important concerns or issues affecting your practice/institution that we have not touched on in the previous questions, please share your comments here. Thank you very much for your time and contributions.