

2014 ASCO National Oncology Census

Here's your chance to be counted!

Last year, more than 8,000 oncologists in community practices, hospitals and academic medical centers shared with us the challenges they are facing every day. Their insights, chronicled in ASCO's 2013 [*The State of Cancer Care in America*](#), are driving ASCO's policy and advocacy. If we know about you—and your environment—we can do a better job of representing the profession. Please take a moment to update us—or if it is your first time—to participate in this critically important effort.

The survey is divided into two parts. Core questions about your practice should only take 10 minutes to complete. We hope you will also take a few extra minutes—about 5—to enrich that information with additional feedback on your unique challenges and practice environment.

These few minutes will help us better help you. Thank you for your time.

Welcome

*Basic Practice/Institution Information

Practice/Institution Name:	<input type="text"/>
Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
ZIP:	<input type="text"/>
Website:	<input type="text"/>
Phone Number:	<input type="text"/>

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Practice Contact Information

*Practice/Institution Contact Information:

Name:	<input type="text"/>
Degree:	<input type="text"/>
Position Title:	<input type="text"/>
Phone:	<input type="text"/>
Extension:	<input type="text"/>
Email Address:	<input type="text"/>

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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
- ☐ Practice, group, or outpatient department that is owned by a hospital or health system
- ☐ Government (Federal: Public Health System, Military, VA, etc. or State)
- ☐ Industry
- ☐ Locum Tenum or Retired
- ☐ I am practicing outside of the United States

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Please answer if you are Industry owned.

***How many oncologists work at your organization?**

[Industry End Here]

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Please answer if you are a Government Site

***How many oncologists work at your site?**

***Please select your work setting.**

- ☐ Federal Government
- ☐ State Government
- ☐ Other (please specify)

Sites of Care

***Does your practice/group have multiple sites of care?**

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

- ☐ Yes, I am providing data for all the sites
- ☐ Yes, but I am reporting data for only one site of a larger group
- ☐ No, my practice/group is a single site

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Please complete this page if you are filling out questionnaire for multiple sites.

***How many sites are you reporting for?**

Please provide 5-digit zip codes for these sites (please separate using a comma).

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Please complete this page if your site belongs to a larger group.

*** How many sites are in your practice/group?**

*** Please provide the name and 5-digit zip code of the main group and a contact for the group.**

Group Name:

ZIP:

Email Address:

Phone Number:

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*** Does your practice/group have a relationship with a company that provides professional management services (e.g., McKesson/US Oncology, Vantage Oncology, Athena Health, etc)?**

☐ Yes

☐ No

*** In the next 12 months, how likely is your practice to:**

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely
Purchase another practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Merge with another practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sell the practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Close the practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Satellite Clinics

***Does your practice have satellite clinics (i.e., sites that provide oncology services on a less than full-time basis)?**

☐ Yes

☐ No

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Please complete this page if you answered "yes" to having Satellite Clinics.

***How many satellite clinics do you have?**

Please provide the zip code(s) for each satellite clinic (separate using comma).

***On average, how many days per week does your practice send an oncologist to the satellite clinic(s)?**

***What types of services are offered at the satellite clinic(s)? (Check all that apply)**

- ☐ Chemotherapy
- ☐ Radiation therapy
- ☐ Diagnostic services
- ☐ Survivorship care
- ☐ Genetic screening
- ☐ Primary care
- ☐ Consultation
- ☐ Evaluation and Management services
- ☐ Other (please specify)

***If an Advanced Practice Provider (NP, PA) or non-oncologist physician is available to deliver care (including chemotherapy administration) at the satellite clinic when the oncologist is not present, please provide the days per week this occurs.**

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Practice Characteristics

* Specialty care provided at your practice (check all that apply):

- ☐ Gynecologic Oncology
- ☐ Hematology (benign)
- ☐ Hematology (malignant) and Oncology
- ☐ Medical Oncology (without hematology)
- ☐ Pediatric Hematology/Oncology
- ☐ Radiation Oncology
- ☐ Surgical Oncology
- ☐ Internal Medicine
- ☐ Hospitalist
- ☐ Pediatrics
- ☐ Gynecology
- ☐ Other (including non-oncology related), please specify below

* Number of oncologists who practice at this location:

Full-Time

Part-Time

Select:

* Number of Advanced Practice Nurses (NP, Doctor of Nursing Practice and Clinical Nurse Specialists) and/or Physician Assistants who practice at this location:

Advanced Practice Nurses

Physician Assistants

Select:

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***Which of the following would you identify as the greatest pressure your practice is experiencing currently? (Select your top TWO)**

- ☐ Competitive pressures
- ☐ Increasing Practice/Facility Expenses (e.g. staffing equipment, overhead, rent, administrative expenses, etc.)
- ☐ Drug pricing
- ☐ Drug shortages
- ☐ Local economic pressures
- ☐ Payer pressures
- ☐ Staffing issues (recruitment and retention)
- ☐ Clinical research issues (i.e., accrual, funding, relevant trials)
- ☐ Access to genomic testing (i.e., next generation sequencing)
- ☐ Other (please specify)

***What percent of your patient population is covered by the following payment methodologies? (Whole numbers only; answers must total 100)**

Fee-for-service (FFS)

Episodes of care/bundling

Capitation

Other non-FFS alternative payment models

Payment Models

***Are you considering or already implementing any novel delivery/payment models with payers (e.g., medical home, care coordination, pathway adherence)?**

☐ Yes

☐ No

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If you responded "yes" above, please complete this page about Payment Models

***Please estimate the proportion of the practice/institution's non-Medicare patients who might be included in any such program.**

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

***Describe the the type of program(s) you are already implementing or considering (select all that apply).**

- ☐ We are looking at payment models to reward care coordination services/medical home type behavior
- ☐ We are looking at payment models to reward pathway adherence
- ☐ We are looking at payment models to reward decreased utilization of ER/admission
- ☐ We will be paid only for coordination
- ☐ Our payment is based on a gain sharing arrangement

***Select the pathway you are already implementing or considering.**

- ☐ None
- ☐ Cardinal/P4
- ☐ Innovent
- ☐ Via
- ☐ Other (please specify)

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Optional Section

The following questions are *optional*. Your responses will help ASCO understand what the oncology community is currently facing.

Please be sure to submit your answers on the final page by pressing "SUBMIT."

Do you have an affiliation (practice/institution has a contractual agreement) with other providers/payers?

- ☐ Academic Medical Center
- ☐ Community Hospital
- ☐ Other Medical Center
- ☐ None

Is your practice/institution participating in an Accountable Care Organization (ACO)?

- ☐ No
- ☐ Yes (describe below)

Describe

Is your practice/institution included in provider networks for Federal- or State-based Insurance Exchange Plan(s) (through the Affordable Care Act, ACA)?

- ☐ Yes
- ☐ No, but we are included as an out-of-network provider
- ☐ No
- ☐ Other (please specify)

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Types of services provided at your practice: (check all that apply)

- ☐ Chemotherapy administration
- ☐ Nutritional counseling
- ☐ Social work
- ☐ Case management
- ☐ Imaging
- ☐ Lab
- ☐ Lab with molecular pathology (i.e. next generation sequencing)
- ☐ Pharmacy
- ☐ Radiation therapy
- ☐ Survivorship care clinic
- ☐ Genetic counseling
- ☐ Clinical trials
- ☐ Palliative care
- ☐ Other (please specify)

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EHR/EMR

Please review the below definitions to help you answer the next question.

A *basic EHR/EMR* is loosely defined as a computerized system that, at a minimum, can do the following tasks:

- Can store basic demographic information, problem list, and medication list with each patient
- Can store physician notes with every patient encounter
- Can store and view lab/imaging results

An *advanced EHR/EMR* could include some of the following functionality:

- Electronically send diagnostic or therapeutic plans and orders to internal staff or external entities (i.e., CPOE, e-Rx, labs)
- Electronically transfer patient data to other providers (complete medical history, treatment summaries, etc.)
- Connect to a personal health record (PHR)
- Support the physician with the diagnosis or treatment of a patient (e.g., clinical decision support)
- Aggregate clinical data to create analytical reports for population health monitoring, quality reporting, etc.
- Identify and provide relevant patient education (medication instructions, treatment plans, etc.)

Does your practice/institution use an electronic health/medical record (EHR/EMR)?

- ☐ We have an advanced EHR/EMR.
- ☐ We have a basic EHR/EMR.
- ☐ We are looking to implement one in the next 6 months.
- ☐ We do not use an EHR/EMR.

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Staffing Characteristics

At your site, indicate the number of active non-physician clinical staff who are (please report full-time staff as 1 and part-time staff as a 0.5):

Certified oncology nurses:

Non-certified RNs:

Licensed practical/vocational nurses (LPNs/LVNs):

Medical assistants:

Palliative medicine specialists:

Pharmacy staff (e.g., R.Ph, PharmD, Pharmacy technicians):

Imaging staff:

Laboratory staff:

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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:

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

Uninsured/Self-Pay:

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Patient Characteristics

Report the number of new patients your practice has seen in the last 12 months.

Does your practice capture race and/or ethnicity data on its patients?

- ☐ Yes, we capture race AND ethnicity data.
- ☐ Yes, we capture race data only (e.g., white, black, American Indian or Alaska Native).
- ☐ Yes, we capture ethnicity data only (e.g., Hispanic/Latino).
- ☐ No, we do not capture race or ethnicity data.

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How do you capture these data?

- ☐ Patient self-identifies via written questionnaire
- ☐ Patient self-identifies via verbal question
- ☐ Other (please specify)

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Approximate the percent of your patients who fall within the following race categories:

[illegible]

Approximate the percent of your patients who fall within the following ethnicity categories:

[illegible]

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Organizational Trends: Looking Forward

In the next 12 months, how likely is your practice/institution to become affiliated (affiliated to mean a practice has a contractual agreement with another entity) with:

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely
An academic medical center	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A community hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Another practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accountable Care Organization (ACO)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance Exchange Plan(s) (through the Affordable Care Act, ACA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the next 12 months, how likely is your practice/institution to lay off:

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely	N/A
Oncology physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-oncology physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician assistants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified oncology nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LPNs/LVNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrative staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the next 12 months, how likely is your practice/institution to hire the following positions:

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely	N/A
Oncology physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-oncology physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician assistants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certified oncology nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
LPNs/LVNs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other clinical staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administrative staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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In the next 12 months, how likely is your practice/institution to change its level of clinical trials participation:

[illegible]

In the next 12 months, how likely is your practice/institution to begin providing the following support services:

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely	Already provided
Nutritional counseling	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social work	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the next 12 months, how likely is your practice/institution to eliminate the following support services:

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely	N/A
Nutritional counseling	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social work	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case management	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the next 12 months, how likely is your practice/institution to change the mix of patients it treats?

[illegible]

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In the next 12 months, how likely is your practice/institution to change the volume of patients it treats?

- ☐ Very likely to decrease patient volume
- ☐ Somewhat likely to decrease patient volume
- ☐ Unlikely to change patient volume
- ☐ Somewhat likely to increase patient volume
- ☐ Very likely to increase patient volume

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Confirmation Page

Thank you for your time. Please submit your answers ASCO's 2014 National Oncology Census below.