ASCO® American Society of Clinical Oncology
Making a world of difference in cancer care

2013 ASCO National Oncology Census

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Have You Been Counted?

Were you among the 5,000-plus oncologists, across the full range of practice settings, who were represented in the 2012 ASCO National Oncology Census? If so, we thank you for participating in this critically important research initiative.

Preliminary census findings, published in the *Journal of Oncology Practice*, provided a foundational understanding of the current dynamics in today's oncology practice, while underscoring a critical need to dig deeper into the impact that economic, social, and political pressures will have on the future practice of oncology.

Whether you did – **or did not** – participate in the 2012 ASCO National Oncology Census, we ask you now to complete the following survey. The results of which will be used to identify oncology practice trends over the entire oncology practice community. **Please note that this year's census has been significantly streamlined and simplified to minimize the time required to answer the survey questions.**

All questions marked with a red star (*) must be answered.

Basic Practice Information

***Practice Name**

***Address 1**

Address 2

***City, State**

***Zip Code**

***Practice Website**

How is your practice owned (i.e., who writes the checks)? *
- (1) Private community practice characterized as a corporation, partnership or other legal entity
- (2) Private 'integrated' group practice that is part of a large health care system (including practices captured within closed health care systems [e.g., Mayo, Geisinger, Scott & White, Kaiser, etc.])
- (3) Institutional non-academic, employed physicians (including non-academic hospital, 501 a or 501 c3, or entities that are captured by part of the institution)
- (4) Institutional non-academic, contracted physicians
- (5) Academic practice (with academic teaching, academic research activities)
- (6) Government (Federal, PHS, Military, VA, etc. or State)
- (7) Other, please specify below

Specialties at your practice (check all that apply): *
- [ ] Gynecology Oncology
- [ ] Hematology
- [ ] Hematology/Oncology
- [ ] Medical Oncology
- [ ] Pediatric Hematology/Oncology
- [ ] Radiation Oncology
- [ ] Surgical Oncology
- [ ] Other (including non-oncology related); please specify below

Does your practice have a relationship with a company that provides professional management services (e.g., McKesson/US Oncology, Vantage Oncology, Athena Health, etc)? *
- (1) Yes
- (2) No

Number of oncologists at this practice?

Number of those that are FTE?

Which of the following would you identify as the greatest pressure your practice is experiencing currently? Choose only one. *
- (1) Competitive pressures
- (2) Cost pressures
- (3) Drug pricing
- (4) Drug shortages
- (5) Local economic pressures
- (6) Payer pressures
- (7) Staffing issues (recruitment and retention)
- (8) Other, please specify below

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	○	○	○	○	○
Merge with another practice	○	○	○	○	○
Sell the practice	○	○	○	○	○
Close the practice	○	○	○	○	○

Is your practice one site of service for a larger practice? *
- (1) Yes
- (2) No

What percent of your patient population is covered by the following payment methodologies? Total must equal 100%.

Fee-for-service (FFS)

Episodes of care/bundling

Other non-FFS reimbursement system

FFS plus added reimbursement (e.g. PMPM)

Other

Are you considering any novel delivery/payment models with payers? *
- (1) Yes
- (2) No

This next set of questions is optional.

Answers are not required, but any information will help ASCO understand what the oncology community is currently facing.

Note that your practice contact information is required at the end of the survey.

Affiliation (practice has a contractual agreement) of the practice with other providers:
- (1) Academic medical center
- (2) Community hospital
- (3) Other medical center

Does your practice use an electronic health/medical record (EHR/EMR)? Please note the definitions below:
- (1) We have an advanced EHR/EMR.
- (2) We have a basic EHR/EMR.
- (3) We are looking to implement one in the next 6 months.
- (4) We do not use an EHR/EMR.

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 clinical notes for each patient encounter
- Can store and view laboratory 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 receive results (i.e., labs, pathology, radiology, consultations, hospitalizations, etc.)
- Connect to a personal health record (PHR)
- Provide clinical decision support tools for the treatment of a patient (e.g., drug decision support)
- Aggregate clinical data to create advanced reports for population health, monitoring, quality reporting, etc.
- Identify and provide relevant patient education (medication instructions, treatment plans, etc.)

Types of services provided (check all that apply):
- [ ] Chemotherapy
- [ ] Nutritional counseling
- [ ] Social work
- [ ] Case management
- [ ] Imaging
- [ ] Lab
- [ ] Pharmacy
- [ ] Radiation
- [ ] Survivorship care clinic
- [ ] Genetic counseling
- [ ] Clinical trials

Staffing Characteristics

In your practice, indicate the FTE number (defined as 40 work hours per week) of active non-physician clinical staff who are:

Nurse practitioners:

Physician assistants:

Certified oncology nurses:

Non-certified RNs:

Licensed practical or vocational nurses:

Doctor of Nursing Practice (DNP):

Palliative care/hospice practitioners:

Pharmacy staff

Imaging staff

Laboratory staff

Medical assistants:

Patient Characteristics

Describe your current payer mix based on patient population. Report a percentage for each category indicated using integers 0-100. Total should equal 100%.

Medicare (FFS, PFFS service and HMO)

Medicaid

Private or commercial (including ERISA and other commercial insurance)

Uninsured or self pay

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

Organizational Trends: Looking Forward

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

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely
An academic medical center	○	○	○	○	○
A community hospital	○	○	○	○	○
Another practice	○	○	○	○	○

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

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely	N/A
Oncology physicians	○	○	○	○	○	○
Non-oncology physicians	○	○	○	○	○	○
Nurse practitioners	○	○	○	○	○	○
Physician assistants	○	○	○	○	○	○
Certified oncology nurses	○	○	○	○	○	○
LPNs/LVNs	○	○	○	○	○	○
Other clinical staff	○	○	○	○	○	○
Administrative staff	○	○	○	○	○	○

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

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely	N/A
Oncology physicians	○	○	○	○	○	○
Non-oncology physicians	○	○	○	○	○	○
Nurse practitioners	○	○	○	○	○	○
Physician assistants	○	○	○	○	○	○
Certified oncology nurses	○	○	○	○	○	○
LPNs/LVNs	○	○	○	○	○	○
Other clinical staff	○	○	○	○	○	○
Administrative staff	○	○	○	○	○	○

In the next 12 months, how likely is your practice to reduce salaries for:

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely	N/A
Oncology physicians	○	○	○	○	○	○
Non-oncology physicians	○	○	○	○	○	○
Nurse practitioners	○	○	○	○	○	○
Physician assistants	○	○	○	○	○	○
Certified oncology nurses	○	○	○	○	○	○
LPNs/LVNs	○	○	○	○	○	○
Other clinical staff	○	○	○	○	○	○
Administrative staff	○	○	○	○	○	○

In the next 12 months, how likely is your practice to raise salaries for:

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely	N/A
Oncology physicians	○	○	○	○	○	○
Non-oncology physicians	○	○	○	○	○	○
Nurse practitioners	○	○	○	○	○	○
Physician assistants	○	○	○	○	○	○
Certified oncology nurses	○	○	○	○	○	○
LPNs/LVNs	○	○	○	○	○	○
Other clinical staff	○	○	○	○	○	○
Administrative staff	○	○	○	○	○	○

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

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely	N/A
Eliminate clinical trials	○	○	○	○	○	○
Reduce participation in trials	○	○	○	○	○	○
Increase participation in trials	○	○	○	○	○	○

In the next 12 months, how likely is your practice to change its policies with regard to Medicare patients?

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely	N/A
No longer accept Medicare patients	○	○	○	○	○	○
Take a limited number of Medicare patients	○	○	○	○	○	○
Increase uptake of Medicare patients	○	○	○	○	○	○

In the next 12 months, how likely is your practice to change its chemotherapy administration policies?

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely	N/A
Begin sending patients elsewhere for chemotherapy administration	○	○	○	○	○	○
Begin administering chemotherapy onsite	○	○	○	○	○	○

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

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely	N/A
Nutritional counseling	○	○	○	○	○	○
Social work	○	○	○	○	○	○
Case management	○	○	○	○	○	○

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

	Very Unlikely	Somewhat Unlikely	Neither Likely or Unlikely	Somewhat Likely	Very Likely	N/A
Nutritional counseling	○	○	○	○	○	○
Social work	○	○	○	○	○	○
Case management	○	○	○	○	○	○

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

	Very Likely to Decrease	Somewhat Likely to Decrease	Unlikely to Change	Somewhat Likely to Increase	Very Likely to Increase	N/A
Medicare patients	○	○	○	○	○	○
Medicaid patients	○	○	○	○	○	○
Private-insured patients	○	○	○	○	○	○
Uninsured patients	○	○	○	○	○	○

In the next 12 months, how likely is your practice to change the volume of patients it treats?
- (1) Very likely to decrease patient volume
- (2) Somewhat likely to decrease patient volume
- (3) Unlikely to change patient volume
- (4) Somewhat likely to increase patient volume
- (5) Very likely to increase patient volume

Practice Contact Information

This information is required.

***Name**

***Degree**

***Phone Number**

Extension

***Position Title**

***Email Address**

SUBMIT

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