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Meeting Patient Expectations and Improving Patient Experience During Cancer Treatment

Strategies for Hospital Cancer Programs

Scientific advances have led to a significant reduction in cancer mortality and increased survival rates, yet the number of annual cancer diagnoses continues to grow, with over two million new diagnoses expected in 2024.¹ Estimated U.S. cancer expenditures for 2025 are \$222 billion compared to \$201 billion in 2020 and are forecast to increase significantly as the population ages.² Recent studies suggest that over 40 percent of Americans will be diagnosed with cancer in their lifetimes.³ With more patients being identified as at-risk or diagnosed earlier in life and living longer after diagnosis, patient needs and expectations for their care are dramatically changing. New treatments are more individualized and the focus of treating patients through an episode of care has shifted to the longitudinal management of patients which requires new programs and services.

Cancer is a group of more than 100 diseases that develop across time and can affect nearly every part of the body. Treating cancer requires coordination across different specialists and often involves surgical interventions, and many cancer patients require access to second- and third-line treatments. As such, hospitals with integrated cancer programs are the main providers of cancer care.⁴ In addition to serving as one of the major critical clinical programs necessary to meet the needs of their patient population, for a large number of hospitals, cancer programs are significant contributors to hospital revenues. Further, patients undergoing treatment for cancer often enter into long term relationships with hospitals for follow-on care, making positive experiences to retain patients even more important.

Access to cutting-edge treatments and clinical trials have long been critical differentiators for hospital cancer programs. Studies are increasingly showing the importance of and impact of patient-centered care and patient experience of care on quality and outcomes.⁵ While cancer programs are working to address these patient needs and expectations, they often require significant changes and programmatic investment, which can be challenging in an era of margin pressures and workforce shortages. Nevertheless, leading cancer programs are prioritizing meeting patient expectations related to the experience of care and improving timely access to treatment through operational changes, new patient support programs, and in some cases, partnerships with emerging companies.

Navigating the Cancer Landscape

Cancer remains a life-changing and generally unexpected event for patients and their families, with most unprepared to navigate the complexity of treatment, especially with the urgency that is required. Many once-fatal cancers have become manageable long-term chronic diseases, with longer life expectancy than ever before. That longevity makes quality of life as important to patients as survivorship, which adds an additional dimension for cancer programs to provide. Where cancer treatment once fully interrupted daily lives, a growing number of patients continue to work and manage personal and family obligations while receiving treatment (depending, of course, on the specific diagnosis and care plan). Balancing therapies with the stresses of continued patient productivity and expanded expectations creates new challenges for health care providers.

Today, patients expect their care experiences to be organized to recognize and accommodate their needs and preferences, including the availability of and easy access to more support through the cancer journey and more individually tailored, better coordinated care.

Access to clinical trials is an important indicator of the quality of cancer care,⁶ yet less than eight percent of adult cancer patients participate⁷ and there is a significant underrepresentation of minority and older patients in clinical trials.⁸ While many cancer patients express willingness to participate in clinical research, providing access to clinical trials, with all the infrastructure and clinical practice culture requirements, continues to prove challenging for many hospitals.

Cancer is a complex disease, even more so for patients with multiple chronic conditions in addition to their cancer diagnosis and/or health-related social needs that affect their ability to receive treatment. Hospitals have worked hard to create integrated and comprehensive cancer programs, seeking to advance well-coordinated, patient-centered care, yet many patients want—and need—more support and convenience.

As patient expectations for better access and more coordinated services continue to evolve, not everything that hospitals will need to provide will come with incremental revenue attached. Care navigation, logistical coordination, improved communication, and compassion will become “table stakes” for providers hoping to establish longitudinal relationships with complex patients.

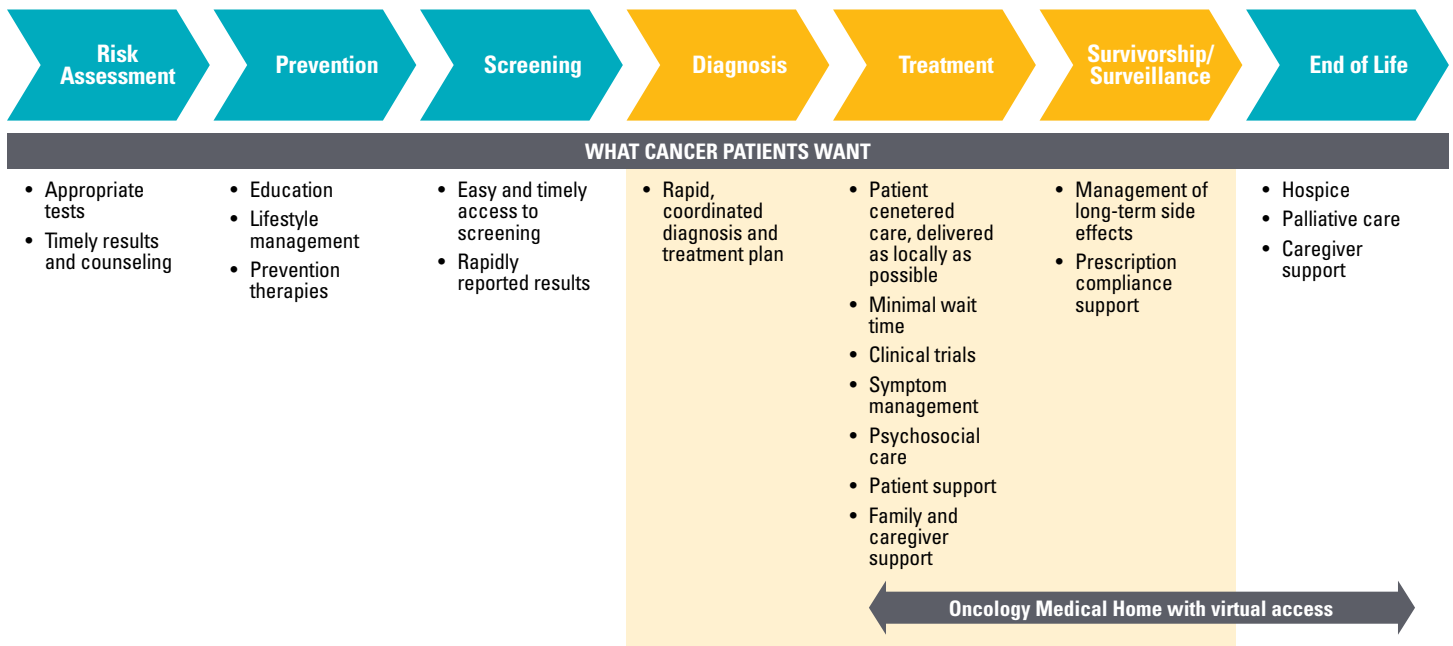
Evolving Patient Expectations

Patients expect their cancer care be individualized and for their episodes of care to be organized around their needs and preferences, not dictated by convenience to the providers. As reflected in Figure 1, patients are prioritizing quality of life and greater consideration of their individual needs as they move across the care continuum, particularly seeking:

- **Comprehensive care**—Patients with a cancer diagnosis or those at risk for cancer are looking to their provider not only for the latest treatments and access to clinical trials, but also for programs that identify cancer risk, offer prevention strategies, and support their quality of life during and after treatment or through long-term episodes of care. As many patients will live with cancer or the side effects of treatment for many years, they want ongoing support to meet their needs.
- **Convenient care**—Patients want less disruption in their lives and value easy and timely access to necessary services, less waiting time, and more real-time or rapid bi-directional communication with providers. This is particularly valuable to patients needing to maintain their and/or their families’ ability to work as they often face financial pressures, no small part of which includes maintaining their health insurance or managing health care co-payments.
- **Care close to home**—For patients who must travel a distance for expert treatment, providers should be sensitive to the disruptive nature of travel and schedule services accordingly. Given the increasingly longitudinal nature of cancer treatment episodes, patients prefer as much support as close to home as possible or virtually and the continued advance of technology facilitates such a migration of care toward home-based care. An evolving workforce and training programs focused on different skill sets will be needed to support new distributed care models.

Figure 1. Patient Expectations across the Cancer Care Continuum

With highlighted components being this article's areas of focus



Strategies for Hospital Cancer Programs to Meet Patient Needs and Reduce Fragmentation of Care

While the experience of care for cancer patients spans the continuum reflected in Figure 1, here we focus on diagnosis, treatment, and survivorship as we highlight selected strategies that some hospitals and health systems are employing to enhance the experience of cancer patients, including by partnering with new entrants to provide more tailored experiences.

Below are some of the expectations that patients have in each of these areas and approaches that select cancer programs are pursuing to meet them.

Timely Access During Diagnosis

The most critical area for a cancer program to address is access for patients and referring physicians when cancer is suspected or diagnosed. Patients and referring physicians alike are looking for user-friendly triage with:

- A live person answering the phone
- Expanded hours for the access center (e.g., 8 a.m. to 6 p.m.)
- An e-mail option to request an appointment
- Timely access to a clinician for access-related triage questions (e.g., nurse or advanced practice provider)
- Timely first appointments, optimally in less than five days, sooner preferred
- Ease of registration and aid in getting the necessary records
- A communication loop back to the referring primary care provider or specialist
- Access resources that speak other languages common in the patient population

Efficient Patient-Centered Access to Care

A cancer diagnosis is frightening, and its treatment is complex. Patients want a confirmed diagnosis and treatment plan as soon as possible and for the experience to meet their needs and for providers to be supportive. To support patient-centered care, hospitals should consider some of these actions:

- Coordinating scheduling for all cancer specialists by disease site, such as having all breast surgeon, medical oncologist, and radiation oncologist scheduling handled by the same scheduler team so that the patient can be seen by all on the same day whenever possible (see example).
- Providing access to patient navigators to address barriers and/or communicate with the patient especially at the start of treatment, including navigators who speak the patient’s primary language.
- Offering a financial navigator to support the patient access staff to explore ways to address financial burden often associated with cancer diagnoses.

Leading Practice	
Centralizing Cancer Center Scheduling	Reducing Patient and Caregiver Wait Time
<p>An academic medical center’s cancer center central phone line only scheduled appointments for hematology/oncology physicians. All other referrals went to various clinical departments. The efficiency of scheduling appointments and supporting patients with registration varied widely across departments and the medical center lacked ready access to a clinical resource to help triage based on patient needs. As other cancer centers in their region had improved patient access, referring physicians, including those in their system, were pressured to send patients elsewhere.</p> <p>Recognizing that incremental improvements would not be sufficient, a plan was developed to restructure and centralize cancer center patient access, appropriately resourced for an efficient operation. This included securing buy-in from physicians and many other areas, including marketing, communications, and information technology. As a result, patients were able to be seen next day if needed by a cancer physician or scheduled for a multi-specialty appointment within four days.</p>	<p>A cancer center wanted to reduce the time patients wait for chemotherapy infusion on the day of treatment, as this was a dissatisfier for patients and their caregivers. The normal workflow was for the patient to arrive at the infusion center, have blood drawn for lab work, wait for lab results to be reviewed and, if acceptable, for the pharmacy to mix the chemotherapy. A workgroup piloted a modified workflow with buy-in from physicians, the pharmacy, and the lab. Physicians agreed to order lab work for the day before treatment and the pharmacy would mix the chemotherapy before the patient arrived so treatment could begin upon their arrival. The Cancer Center increased communication with patients and offered convenient lab location options. The new workflow worked well and there was very little waste of chemotherapy as the no-show and cancellation rate was very low. This enabled the infusion center to operate more efficiently, and patient and caregiver satisfaction increased with reduced wait time.</p>

Treatment and Follow-up

As patients seek access to the latest treatments and high-quality cancer care, as well as related supportive services—such as symptom management, psychosocial support, caregiver support, and financial counseling—they want their treatment experience to be efficient and convenient for them and their caregiver. Some specific actions that hospital cancer programs are taking include:

- Reducing waiting time on the day of treatment (see example) so patients and their caregivers can have a better experience and less disruption in their lives

- Managing symptoms through a variety of care delivery channels, such as:
 - An Oncology Medical Home staffed by an oncology advanced practice provider and/or oncologist
 - Weekend and after hours urgent care for cancer patients staffed by Oncology providers
 - Virtual urgent care via telehealth
 - Easy access to hydration in different care delivery settings such as in radiation therapy for one-stop for the patient (e.g., for head and neck patients) or through immediate urgent care access in infusion centers
 - A home care partnership for home hydration and other symptom management services with a payment model to support
- Providing more support for patients, such as through:
 - Addressing the social determinants of health with more proactive programs to assess patient needs (transportation, child care, nutrition, caregiver support) from the start of treatment
 - Recognizing the unique challenges of older cancer patients by setting up a geriatric oncology program to meet the needs of older patients and their caregivers⁹
 - Developing disease site-specific support programs, such as for brain cancer patient care givers, as they are often older, and the patients face cognitive issues that can lead to hospitalizations and delay discharge¹⁰
 - Offering live and virtual psychosocial care, beyond what is required for Commission on Cancer Accreditation,¹¹ as part of the cancer program or via a partnership for these services for **all** patients (see example)
 - Monitoring medication compliance for oral chemotherapy patients at home and addressing barriers to compliance (e.g., symptoms, complexity of schedule, education of caregiver) with cancer program staff, pharmacy staff, or through a partner organization such as a home care program with this expertise and a funding model to support

Leading Practice: Offering Psychosocial Care to Cancer Patients Through Treatment

Many cancer programs offer one or two psychosocial sessions to patients but not ongoing support through long courses of treatment. These resources are not readily available in the community and/or often do not match the needs of cancer patients. A regional health system with a large cancer program in five locations established a relationship with a large psychiatry group to make psychosocial care available to every patient with providers who are trained to work with cancer patients.

In this program, patients are screened using a distress thermometer and referred by the social worker to a psychiatrist or a psychologist and seen either in the cancer center or virtually. Services are billed through the cancer center and while the revenue does not cover the cost, this care is now embedded into the care delivery model and contributes to patient and physician satisfaction. It also enables seamless coordination with palliative and end of life care, ensuring all patient support is organized through the cancer journey for the patient.

Access to Clinical Trials

Most cancer patients are not offered, or do not elect to participate in, cancer clinical trials. The reasons are many and include provider barriers to offering clinical trials, such as lack of an efficient infrastructure and support for physician participation in trials at the point of care, lack of trust by some populations to participate in trials, and the inherent challenges associated with enrolling older adults in trials despite the fact that the incidence of cancer rises with age.¹² The burden of participation with additional testing and monitoring visits is also a barrier. Hospitals can embrace strategies for decentralized trials where they identify trial requirements that can be managed, often with technology solutions, with the patient at home or close to home.¹³

Acknowledging the financial challenges for hospitals to offer clinical trials—especially the infrastructure expenses—efforts to mitigate those costs through improved efficiency and some investment can pay dividends in higher patient volumes. Patients prefer cancer programs that offer more opportunities for clinical trials; the opportunity to differentiate a cancer program merits an analysis of the relative costs of a trials infrastructure compared to potential for increased market share.¹⁴

Patient Experience Gaps and New Entrants

Emerging Companies

In response to unmet patient experience needs, a new generation of companies has been forming to address the gaps that cancer programs traditionally have not fully met. These companies, often startups, are investing in both technology and personnel to develop cancer care “companion platforms,” engage patients by tracking symptom management and patient reported outcomes, implement remote monitoring, provide services like navigation and psychosocial care, and make services more accessible and affordable. Of note, some of these new entrants have been established by cancer survivors and/or their family members. See Appendix for the types of services new entrants are offering.

While this third-party market is still formative, many payers and employers are experimenting with new companies to improve patient experience and expand support services for patients with cancer. Some hospitals are partnering with and investing in technology-driven service companies to provide more comprehensive support for patients. Much like the recent digital health boom, not all of these new entrants and companies will ultimately scale, but they do represent the “front wave” of change that will establish new standards of consumer expectation. With business and reimbursement models still evolving, it is important and informative for hospitals to keep abreast of this emerging trend as they focus on developing programs to improve the experience for their cancer patients.

Artificial Intelligence (AI)

Hospitals, research institutions, and private companies have made significant investments in studying and developing applications for AI in cancer research, diagnosis, and treatment. Attention is more recently being paid to how AI may be leveraged to improve patient and care giver experience and to foster better patient engagement.

AI may be used to improve scheduling, identify optimal patient education resources, translate and synthesize complex materials, and provide ways for patients to share self-reported outcomes in a more meaningful way, among many other applications. AI chatbots are being piloted to help patients navigate symptoms, improve patient education (including teaching patients about genetics and cancer), and provide social and emotional support for patients navigating cancer. In time, remote patient monitoring is expected to lead to greater predictive capabilities, ultimately resulting in the ability to anticipate a patient’s decompensation and to intervene proactively to reduce avoidable emergency department utilization and hospitalizations.

AI-enabled operational improvements and physician workflow enhancements also offer promise for patient experience by freeing up care team members to spend more face time with patients and by automating follow up steps. AI is being used to help match patients to clinical trials. AI can potentially help care teams identify patients at risk for missing appointments or experiencing challenges in adhering to care plans so that providers can provide reminders and supportive resources more proactively. Accessing AI is often done through partnerships with companies that have been able to develop advanced solutions.

A Note on More Accessible Culturally Competent Care

Despite improvements in cancer outcomes, significant health disparities persist, particularly for certain population groups defined by race, ethnicity, disability, gender identity, geographic location, income, and other characteristics. In particular, these disparities extend beyond access to encompass how different patients traverse the health delivery system. Attention needs to be focused not only on access disparities, but on experiential disparities as well.¹⁵

Conclusion

Over the past two decades, considerable emphasis has been placed on the coordination of cancer care across specialties and disciplines and across the continuum in an effort to address fragmentation, which undermines both quality and patient satisfaction. Traditional payment models do not support many of the investments that providers must make to improve patient experience; in fact, the payment system has contributed directly to the problem of fragmented episodes of care. The emergence of new entrants into the market with a focus on patient experience is both evidence of the delivery system's shortcomings and a source of risk for even more fragmentation unless implemented in close association with hospitals and health systems. For hospitals to be the providers of comprehensive, longitudinal cancer care for their patients, it will be essential that expanding patient expectations—for better access, improved navigation/coordination, less disruption to their employment and social productivity, and a measurably higher quality of life (not just survival)—be met, either directly by the providers or through partnerships.

With scientific advances, particularly in genetic medicine, cancer treatments are becoming more targeted and highly individualized, but cancer care is more than just the treatments themselves. As success in raising survival rates has led to more cancer survivors, additional attention needs to be focused on the experience of patients during the course of their episodes of care and on the quality of their lives both during and after treatment.

Appendix

Examples of Services to Improve the Patient Experience in Development by New Entrants

- **Access and Diagnosis**

- **Care Coordination and Navigation**—Several companies are recognizing the need to help patients with suspected cancer to access rapid assessment and navigate the best hospital(s) or physician group(s) and the cancer specialty to see, as well as to navigate challenges and delays with insurance authorization. These companies are engaged by payers, patients, and, in some cases, employers as a benefit offering.

- **Treatment and Patient Support**

- **Cancer journey navigation**—Some companies are using digital strategies to provide oncology support and navigation services for cancer patients. These companies are partnering with cancer programs and payers.
- **Lower cost or more convenient infusion services**—Patients want treatment to be convenient for themselves and their family members, minimized waiting time to interfere with work, and lower out-of-pocket costs. Community-based infusion centers and home infusion are becoming more available for some cancer treatments and are increasingly preferred by payers. Pharmacy companies and others are providing these services.
- **Nutrition**—Cancer patients, particularly head and neck patients, face nutrition issues. At least one new company has been established to support the nutrition needs of cancer patients and partner with cancer programs.
- **Psychosocial support**—Psychosocial care or emotional care is not always available for cancer patients—these services are offered by some new cancer care management companies, or in some cases, by cancer patients who have organized a company to provide peer support from other patients or survivors. Some market directly to patients and others are partnering with cancer programs.
- **Virtual symptom management**—Companies are offering virtual symptom management for cancer patients with the goal of reducing emergency department utilization and allowing patients to avoid travel when possible. Services are currently offered directly to patients or to payers for their members.
- **AI informed Symptom management and provider team extension**—One company uses AI to predict and identify patients in need of symptom management. They offer 24/7 virtual symptom management, patient education, and care plan adherence in partnership with hospitals and oncology physicians. In some markets, they partner with a mobile urgent care company to serve cancer patients.
- **Oncology Medical Home**—As patients seek easy access to a provider to support symptom management and other needs during and after cancer treatment, some new companies are offering comprehensive primary care for cancer patients.

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