



FUTURE OF CANCER CARE

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CANCERX | MOFFITT CANCER CENTER | DIME (DIVERSITY IN MEDICINE EDUCATION SOCIETY)

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What are the biggest challenges faced in the large-scale improvement of cancer care across the U.S?

From my perspective, the most significant challenges for cancer care are (1) health disparities, (2) the cost of cancer care and (3) effectively increasing awareness of the risk factors. There are substantial inequities impacting cancer risk, diagnosis, treatment, clinical trial access and outcomes in diverse populations. It is essential we identify the optimal ways to reduce patient disparities to truly be effective in our country and in our society. The rising costs of cancer care

affect patients, families and even the patients' employers. According to the American Association for Cancer Research, cancer care costs in the United States are projected to exceed \$245B by 2030. Controlling healthcare costs is an ongoing battle. With costly cancer treatments, the mental health, clinical outcomes and survival rates of patients can be impacted. Additionally, treatment costs can vary from academic centers and hospitals to independent oncology practices. Community oncology practices, however, can help contain costs as they are up to 40% less for the same quality cancer care treatment. In addition to the genetic profile, diet, physical activity, weight, and tobacco and alcohol use are key factors impacting cancer risk.

What is the current impact of the diminishing number of oncologists on patient outcomes, and what widespread strategies can be implemented to counteract these effects?

Substantial numbers of healthcare providers (physicians, advanced practice providers and other clinicians) have left the workforce in the past few years. Contributing to the reduction in



oncologists are physician burnout due to stress, staffing shortages and retention difficulties, increased administrative responsibilities, reimbursement challenges and the long-term effects of the COVID-19 pandemic. With fewer oncologists and supporting staff, diagnosis and treatments may be delayed. When the ability to be seen by an oncologist is delayed, the disease may progress and impact patient outcomes including the survival rates. Recruiting oncologists and staff continues to be a challenge with the aging of the current physician population as well as the lack of physicians electing to specialize in oncology after medical school. To counteract the decrease in oncologists, it is critical to encourage more physicians to pursue an oncology career path. This can be accomplished through outreach by increasing diversity in the workforce and reducing administrative burdens through enhanced technology and optimized processes.

How is the American Oncology Network (AON) enhancing cancer care?

AON can aggregate volume and attain economies of scale. We support our

member physicians and practices through the transition to value-based reimbursement models that improve the patient experience and help to reduce the per capita cost of cancer care. Since our start in 2018, AON's goal has been to support community-based oncology practices, providing a robust, clinically integrated platform. AON provides comprehensive support, access to revenue-diversifying adjacent services and practice management expertise that empowers physicians to make cancer care better. For patients, this translates to care-enhancing services (such as access to clinical research, a centralized medically integrated specialty pharmacy, diagnostics and pathology), a dedicated care management team and a variety of financial assistance programs. All of these services ensure that the patient experience remains at the forefront of cancer care. AON, one of the nation's fastest-growing networks of community oncology practices, announced its participation in the Enhancing Oncology Model (EOM), a new value-based cancer care framework launched by the Center for Medicare and Medicaid Innovation, to improve health outcomes and reduce total costs of care.