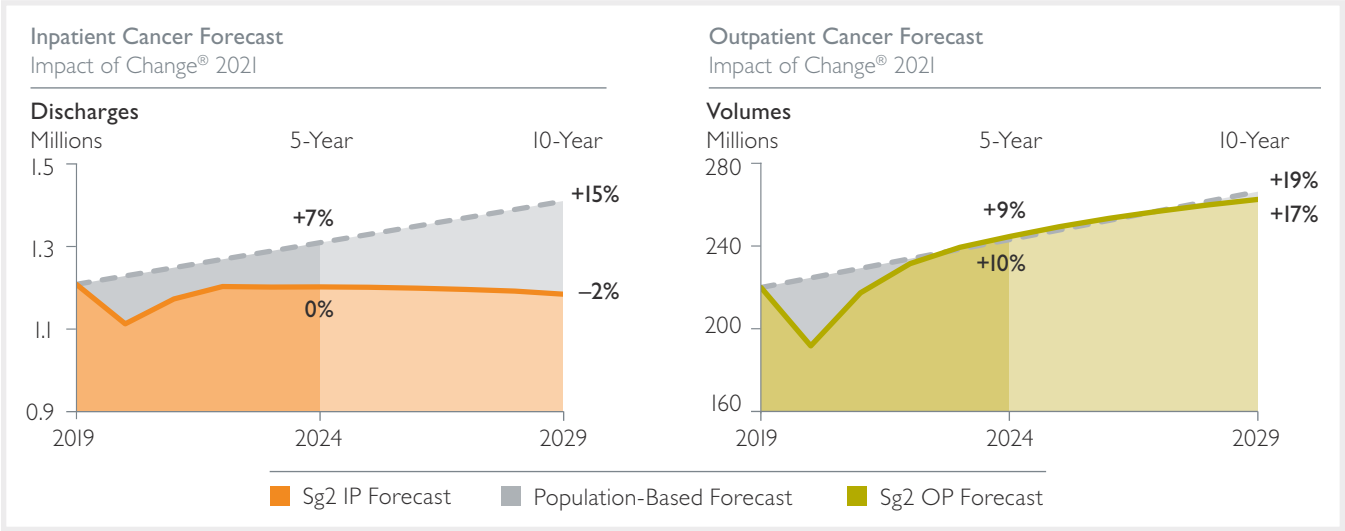
Snapshot 2021
CANCER

LANDSCAPE

Today's cancer programs face increasing competition and complexities in their local markets as well as on a national level. Fast-paced evolution of treatments and technologies, heightened revenue pressures, an increasingly savvy consumer base and the ongoing ramifications of COVID-19 are just some of the dynamics currently at play. Meanwhile, magnified emphasis on value-based care is raising awareness of relative market position on cost and quality, forcing cancer programs to curb practice variation in the face of new payment models. Amid this tumultuous landscape, demand for cancer services continues, primarily in the outpatient setting. As cancer leaders look to keep pace, optimizing every decision point along the cancer care continuum will be crucial to maintain market share and facilitate future growth.



TOP TRENDS

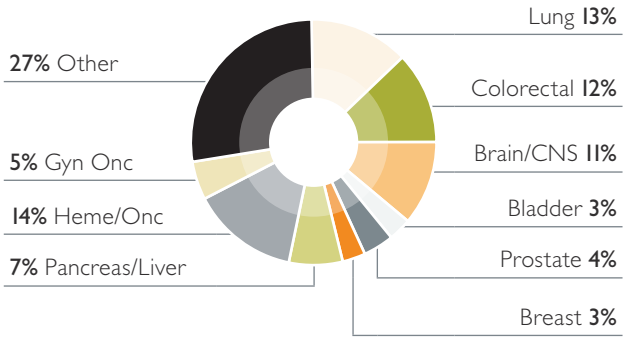
- Efforts to advance new payment models that support a shift toward value and emphasize ongoing cost reduction remain a payer priority as CMS looks to roll out its Radiation Oncology Model in January 2022 and fine-tune the replacement for its recently extended Oncology Care Model.
- Revised and proposed screening recommendations in lung, colorectal and breast cancer, along with increased adoption of tumor-specific screening programs and molecular testing, are reshaping screening and downstream services and drawing emphasis to cancer health disparities.
- A boom in direct-to-consumer service offerings (including DTC genetic screening tests) is creating urgency for novel patient and physician (eg, primary care, GI) engagement approaches that encourage consumer data sharing and expand access points.
- Advanced clinical therapeutics and technologies, including innovative new cancer drugs (eg, enzalutamide for prostate cancer, entrectinib for certain genetic tumor signatures), emerging immunotherapies, molecular-based diagnostic tools and increasing use of genetics, are furthering progress and growing increasingly prevalent.
- Leading programs are aligning resources (eg, advanced care capabilities, a broad array of specialists and subspecialists, innovative research, clinical trials) to enable new models of destination medicine.
- Programs are focusing on digital offerings (eg, remote patient monitoring) that expand access points, help keep patients closer to home and minimize adverse events requiring urgent care.

Note: Analysis excludes 0–17 age group. DTC = direct-to-consumer; GI = gastrointestinal. **Sources:** Impact of Change®, 2021; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2018. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2018; The following 2018 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2021; Sg2 Analysis, 2021.

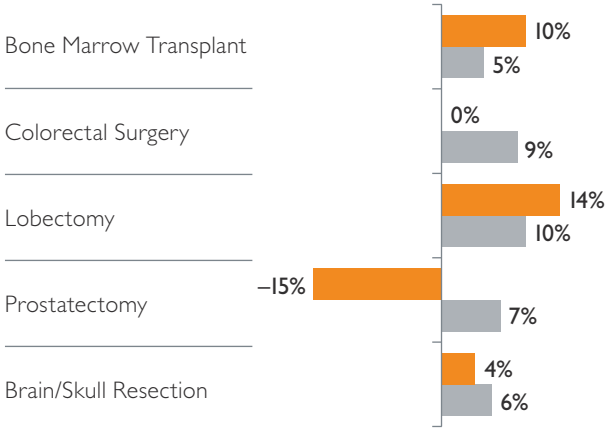
Sg2 health care intelligence

Inpatient Cancer Discharges
Impact of Change® 2021, 2019

Total Volume: 1.2M

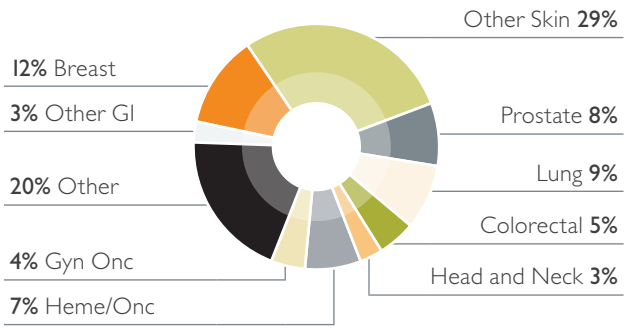


Inpatient Procedure Forecast
Impact of Change® 2021, 2019–2024

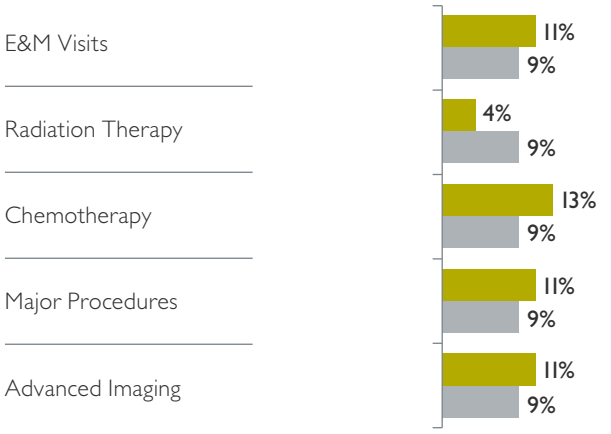


Outpatient Cancer Volumes
Impact of Change® 2021, 2019

Total Volume: 21IM



Outpatient Procedure Forecast
Impact of Change® 2021, 2019–2024



Sg2 IP Forecast Population-Based Forecast Sg2 OP Forecast

ACTION STEPS TO DRIVE VALUE

- Solidify an oncology consumer strategy by creating a well-coordinated offering for all cancer patients. Deploy an array of highly integrated staff (eg, disease-specific navigators, extenders) and services (eg, social support, integrated palliative/hospice care, survivorship) as well as ancillary support (eg, financial counselors, education).
- Expand program offerings to include advanced treatment approaches (eg, hypofractionation, combination therapy) and technologies (eg, interventional oncology, cross-sectional imaging) as well as innovative offerings (eg, targeted immunotherapies, adaptive radiation therapy).
- Improve access and amplify care equity by offering convenient, cost-effective and targeted screening and diagnostic testing.
- View forthcoming payment models as an opportunity to collect useful practice data, identify areas for cost reduction (eg, ED utilization), improve patient experience and develop care teams (eg, multidisciplinary, survivorship) with strong integration.
- Elevate existing (eg, virtual visits, patient portals) and explore new uses of digital and virtual health (eg, digital applications to manage adverse events).

Note: Analysis excludes 0–17 age group. Tumors are grouped by Sg2 CARE Family: Heme/Onc includes leukemia, non-Hodgkin lymphoma, multiple myeloma and Hodgkin lymphoma; Gyn Onc includes cervical and other female genital cancers, including precancer, uterine and ovarian cancers. Other Skin includes nonmelanoma skin cancer. Percentages may not add to 100% due to rounding. CNS = central nervous system; E&M = evaluation and management; gyn onc = gynecologic oncology; heme/onc = hematology/oncology. **Sources:** Impact of Change®, 2021; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2018. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2018; The following 2018 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2021; Sg2 Analysis, 2021.

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