



## US cancer care system in “highly volatile state,” cancer group says

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The US cancer care system is in a “highly volatile state” because of growing demand, soaring costs, and changing models of healthcare delivery, a new report from the American Society of Clinical Oncology has said.<sup>1</sup>

The report found that care of patients with cancer has made great advances in the United States in recent years, with more than two thirds of patients (68.5%) now living beyond five years of diagnosis, up from just under half (49%) in 1975. But it said that the nation’s cancer care system was coming under increasing stress as demand for services outstripped the growth in the number of practicing oncologists and as oncology practices struggled to cope with new financial pressure, a growing administrative burden, and a “proliferation of cost-containment programs.”<sup>1</sup>

Because of the growing number of elderly people, the US is projected to see a 45% increase in the incidence of cancer by 2030, yet the size of the oncology workforce has remained essentially unchanged, the report said. In addition, the oncology workforce is aging, with 50% of practicing medical oncologists now being over the age of 50 and nearly 20% aged 64 or older. “With oncology medical training taking at least 10 years from medical school entry, this trend suggests a training pipeline unable to replace physicians who are retiring,” the report said.

All types of oncology practice, whether owned by hospital and health systems or physicians, identified payer demands, rising costs, competition, and drug prices as the most important pressures on their businesses, the report found. Of particular concern was the growing requirement that certain tests and treatments be preauthorized by the insurance companies. “Ninety-four percent of respondents reported that preauthorization requirements increased demands on staff time,

89 percent indicated that it delayed or interrupted patient care, 72 percent said it decreased patient satisfaction, and 64 percent reported it complicated medical decision making,” the report said.

Another area of concern was the growing cost of drugs. The average monthly cost of a branded cancer drug has more than doubled over the past decade to \$10 000, the report noted. Today, seven drugs now cost more than \$100 000 a year, up from only four such drugs in 2010, while some drugs cost as much as \$270 000 a year per patient, the report said. These and other cost pressures are leading health insurers and government programs to pursue a variety of cost control strategies that are changing the practice of oncology, including administrative control on utilization, quality monitoring, and alternative payment models, such as bundled or episode based payment, the report said.

Among its recommendations the report calls for oncology professionals “to articulate the essential services any plan must include to achieve high-quality, high-value care”; for Congress to “provide a fair, adequate, and stable payment environment for oncology practice”; and for private insurers to partner with the government, patients, and providers to test “promising new payment and care delivery models so the impact of alternative strategies on the entire cancer care delivery system can be determined.”

1 American Society of Clinical Oncology. The state of cancer care in America, 2015: a report by the American Society of Clinical Oncology. [www.asco.org/practice-research/cancer-care-america-2015/welcome](http://www.asco.org/practice-research/cancer-care-america-2015/welcome).

Cite this as: *BMJ* 2015;350:h1605

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