

Cancer Workforce Planning Discussion Guide

Introduction

Cancer programs are at risk of trying to meet tomorrow's challenges with yesterday's workforce. To avoid being left behind, cancer service line leaders must start planning ahead. This discussion guide is designed to help cancer service line leaders have a conversation with their HR team about how cancer care is changing in six key ways and, consequently, how the cancer care team must change.

Six Key Changes to Start Planning for in Cancer Care

- 1 Cancer will become the leading cause of death in America by 2030
- 2 America will become a majority-minority population by 2044
- 3 Health care providers will be accountable for the total costs of their patients' care
- 4 Technology will fundamentally reshape the patient-provider relationship
- 5 The American public will have access to an unprecedented amount of health care provider and treatment data
- 6 Genomic medicine will be the standard of care in oncology

Instructions

1. Read this entire document. Make notes about your responses to each question.
2. Discuss your answers with the cancer service line leadership team.
3. Make two prioritized lists of staffing needs—one for the next 12 months and one for the next three years.
4. Schedule a meeting with your HR team to discuss workforce planning.
5. Send this discussion guide with your notes to the HR team in advance of the meeting.
6. For each resource request, be prepared to discuss the business need, benefits, and drawbacks.



Resources to Help You Prepare

As you are working on this discussion guide, you may wish to reference some of our resources:

- To find local incidence estimates, use the [Cancer Incidence Estimator](#)
- For more information on the Oncology Care Model, you can reference our [OCM resources](#)
- For national benchmarking data, use our benchmark generators ([Infusion Center](#), [Support Services](#), [Medical Oncology Clinic](#))
- Check out our [Telehealth Primer: Reimbursement](#) to prepare to expand your telehealth services
- Use our [Cancer Patient Experience Survey resources](#) to find out what your patients want
- To prepare for personalized medicine, read our [Personalized Medicine Investment Playbook](#)

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Within each of the six sections below, consider the following questions and write notes in the available space:

1. Will we need to hire new staff in the next 1-3 years in order to meet this need?
2. What skills or qualifications will new staff need?
3. How will we fund the new positions (e.g., increased revenues, cost avoidance, grants, philanthropic support)?
4. Can we recruit staff from external sources? Or should we invest in upskilling existing staff?
5. When do we need to start recruiting (or training) to ensure that they are ready when we need them?

1 Cancer will become the leading cause of death in America by 2030

► **Background:** Cancer incidence is expected to rise as the population ages, with cancer becoming the top killer in the US by 2030. In fact, the number of new cancer cases will grow 45% from 2014 to 2030. At the same time, the cancer patient population will become more complex as patients present with multiple comorbidities. Greater than 60% of baby boomers will be managing two or more chronic conditions in 2030.

2 America will become a majority-minority population by 2044

► **Background:** The majority-minority crossover in the US is expected to occur by 2044. By 2030, minorities will be about 45% of the US population. There will be a 99% increase in cancer incidence among minorities between 2010 and 2030. Within cancer, health disparities are a major concern. In 2014, cancer was the leading cause of death for Hispanics in the US, and blacks have a 25% higher death rate than whites for all cancers combined.

3 Health care providers will be accountable for the total costs of their patients' care

► **Background:** Due to the high costs of cancer care, payers are searching for ways to control oncology costs. In 2015, Centers for Medicare and Medicaid Innovation announced the launch of a payment reform pilot for medical oncology called the Oncology Care Model. At the end of 2015, Congress ordered Health and Human Services to develop a payment pilot specific for freestanding radiation oncology.

Source: Colby SL, Ortman JM, "The Baby Boom Cohort in the United States: 2012 to 2060," Census, May, 2014, <https://www.census.gov/prod/2014pubs/p25-1141.pdf>; Medicare Chronic Conditions Dashboard, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Dashboard/Chronic-Conditions-State/CC_State_Dashboard.html; Colby SL, Ortman JM, "Projections of the Size and Composition of the U.S. Population: 2014 to 2060," U.S. Census Bureau, March, 2015, <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p25-1143.pdf>; Cancer Facts & Figures for Hispanics and Latinos, <http://www.cancer.org/research/cancerfactsstatistics/hispanics-latinos>; NCI, "Examples of Cancer Health Disparities," <http://www.cancer.gov/about-nci/organization/crhd/about-health-disparities/examples>; Oncology Roundtable interviews and analysis.

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4 Technology will fundamentally reshape the patient-provider relationship

▶ **Background:** With the introduction of new reimbursement and care delivery models within oncology, cancer programs are continuously being asked to improve care quality while lowering associated costs. Furthermore, as cancer patients become more consumeristic, they are demanding more convenient care. Telehealth can be used for a variety of purposes in oncology with the goals of improving access and extending care team capacity.

5 The American public will have access to an unprecedented amount of health care provider and treatment data

▶ **Background:** Cancer patients are starting to be more vocal and play a more active role in their health care choices. In fact, in our [2015 Cancer Patient Experience Survey](#), nearly 40% of patients indicated that they had read provider reviews online and 28% looked at quality performance websites. And almost 8% of patients switched cancer programs because they were dissatisfied with their care.

6 Genomic medicine will be the standard of care in oncology

▶ **Background:** With the rapid growth in molecular diagnostics and targeted treatments, cancer providers are able to deliver increasingly precise treatment tailored to patients' unique genomic profiles. A 2015 report by Personalized Medicine Coalition estimates that 73% of oncology drugs in the pipeline have the potential to be personalized medicine (using a diagnostic tool to identify specific biological markers to assess best treatment).

Source: Japsen B, "Doctors' Virtual Consults with Patients to Double by 2020," *Forbes*, August 9, 2015, <http://www.forbes.com/sites/brucejapsen/2015/08/09/as-telehealth-booms-doctor-video-consults-to-double-by-2020/#2d4da3675d68>; Lamkin P, "Wearable Tech Market to Be Worth \$34 Billion by 2020," *Forbes*, February 17, 2016, <http://www.forbes.com/sites/paullamkin/2016/02/17/wearable-tech-market-to-be-worth-34-billion-by-2020/#5ed1133a3fe3>; "The Daily Briefing," "Doctor Fitbit": How the Wearables Company Sees Its Future," April 20, 2016, <https://www.advisory.com/daily-briefing/2016/04/20/how-the-wearables-company-sees-its-future>; Ma C, "Role of Pharmacists in Optimizing the Use of Anticancer Drugs in the Clinical Setting," *Integrated Pharmacy Research and Practice*, no. 3 (2014): 11-24; Smith BD, et al., "Future of Cancer Incidence in the United States: Burdens Upon an Aging, Changing Nation," *Journal of Clinical Oncology*, 27, no. 17 (2009): 2758-2765; "When I'm 64: How Boomers Will Change Healthcare," American Hospital Association; "Biopharmaceutical Companies' Personalized Medicine Research Yields Innovative Treatments for Patients," Personalized Medicine Coalition; "Market Trends in Genetic Services," Booz Allen Hamilton; 2015 Cancer Patient Experience Survey; Market Innovation Council, "What Do Consumers Want from Specialty Care?" The Advisory Board Company, Washington, DC; Oncology Roundtable interviews and analysis.