THE CONFLUENCE OF ACADEMIC AND COMMUNITY ONCOLOGY

Steve Paulson, MD

Texas Oncology

April 1, 2023

Endorsed by

IASLC INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
Conquering Thoracic Cancers Worldwide

Accredited by

MEC THE MEDICAL EDUCATOR CONSORTIUM

Presented by

IDEOlogy Health
Creating Aha! Moments In Healthcare

Academic Oncology

Pros:

- Opportunity to teach and interact with students, house staff and fellows
- Clinical responsibilities usually flexible and less time commitment than in private practice
- Visibility/credibility on the national stage
- Research opportunities:
  - Bench/lab based
  - Clinical trial involvement
- Salaried and less dependence on costs, payers, etc

Cons:

- Lower compensation
- Reporting structure
- Less autonomy
- Competition for trials, funding, etc

Traditional Community Oncology

Pros:

- More autonomy for schedule, hospital relationships, employment model
- Better compensation
- Flexibility on practice location and style
- Change anything about the practice, except where it is

Cons:

- Typically compensation tied to production
- Intellectual stimulation must come from your own efforts (No teaching opportunities easily available-must be sought on own initiatives)
- Research opportunities less available
- Challenges dealing with payers, and their agents, as well as hospitals
- Business management issues (personnel, CAPEX, drug purchasing, etc

"The Confluence"

Large community-based practices:

- Management expertise
- Access to capital
- Development of de-centralized cancer delivery systems (cancer centers with radiation, imaging, and outpatient infusion) that bring care to the patient where they live
- Development of tools: (Trapelo, Pathways, Carevolve) that facilitate correct ordering, treatment
- Large patient databases that:
  - Creation of a searchable database that allows identifying all patients within a practice with specific, actionable molecular targets and clinical treatment status
  - Data assimilation and use to create RWD for control arms of trials
  - Ability to identify patients for clinical trials
  - Ability to advise physicians of the availability of new indications for targeted therapies

The Confluence

Large patient base:

- 1.6M patient records
- Roughly 4.5% of new cancer patients in the US
- Diverse patient base with access to broad demographics
- Ability to identify patients with rare molecular variants for trial accrual
- Hybrid practice allows physician to be lead accrue/ PI on high profile studies
- Broad geographic footprint allows access to extensive patient base
- Telemedicine minimizes the patient inconvenience for traveling for trial accrual
- Centralized PI support minimizes deviations and reinforces appropriate trial management

Patient Experience

Access to care

- Shorter to time to appointments
- Referring physician generally knows oncologist and facilitates the “handoff”
- Records are usually more available to the community-based oncologist
- Patient can stay at or close to home with less out of pocket costs
- Less disruption of family and work related obligations
- Better opportunity to establish familiar relationship with staff and care team
- Readily available if there is a complication, or new problem

Cost of care

- Patient much more concerned about “burdening” family with cost/family more focused on outcome
- Cost in community ((non-hospital based) is 50-75% less cost to payer than equivalent care
- Other additional costs, like parking, facility fees, higher cost of ancillaries, repeat of tests add to the burden

Patient Experience

But what about outcomes?

- Pathologic evaluation does matter
  - When in doubt get another opinion
  - Molecular profiling may eventually help with organ of origin testing
  - Experience does matter here
- Surgical expertise, experience and frequency of performing procedure does effect outcomes
- Diagnostic pathways do enable better testing and decision-making
- Treatment pathways help evidence-based treatment discussions/decisions with better outcomes
- Access to KOLs in the space also leads to better outcomes
- Access to clinical trials and new therapies may give the patient a better opportunity to do well
- Targeted tools (with internal alerts) may alert clinicians to new clinical trials or new indications for existing therapies that their patient might be a candidate for

So Where is the Intersection of Community and Academic Cancer Care??

To truly advance cancer care, improve outcomes, and reduce cost of care, we are going to have to continue to develop new more effective, less toxic, less costly treatments:

- Broad molecular profiling of all patients with advance disease
- Access to clinical trials with “facilitated identification” of patients through molecular directories
- Making trials available with broader access
- Ready access to technology and new imaging modalities
- Radiopharmaceutical imaging and treatment availability
- Cellular therapies becoming more manageable from toxicity and cost perspectives

Collaboration, not competition