



American Society of Clinical Oncology



Request for Proposals for
The ASCO Study of Geographical Access to Oncology Care
Funded by Susan G. Komen for the Cure®

Summary of the RFP:

The ASCO Study of Geographical Access to Oncology Care will analyze supply and demand for oncology services in a given state(s). The project will conduct a census of oncologists and delivery sites in a given state(s) and, using this information, superimpose location of cancer patient populations and Medicare Claims data for chemotherapy services in that same area.

Deadlines:

Responses are expected to ASCO by January 8, 2010. The contractor is expected to be selected in January and notified no later than February 5, 2010.

Contact Information:

Please direct responses and any questions to Amy Hanley at the American Society of Clinical Oncology at (571) 483-1640 or amy.hanley@asco.org. ASCO's mailing address is 2318 Mill Road, Suite 800, Alexandria, VA 22314.

Request for Proposals for

The ASCO Study of Geographical Access to Oncology Care

Funded by Susan G. Komen for the Cure®

Description:

The ASCO Study of Geographical Access to Oncology Care, funded by Susan G. Komen for the Cure®, will develop data on geographic access to care in one or two states through an analysis of 1) the distribution of oncologists and oncology care delivery sites, 2) proximity of cancer patients to these providers and sites of care, and 3) claims data on where chemotherapy services are actually rendered. This project is intended as a feasibility study to inform ASCO's long term strategy for workforce and service delivery monitoring. While the primary focus of the project is the delivery of chemotherapy services, ASCO would like respondent feedback on the feasibility of also including radiation therapy services and radiation oncologists in this project.

Background:

In its March 2007 report on the oncologist workforce, ASCO projected a significant shortfall in the supply of oncologists by 2020. Although the number of practicing oncologists will continue to increase, it will do so at a far slower rate than the expected increase in demand expected to occur as a result of demographic shifts in the United States. The projected rise in demand is driven by the doubling of the number of Americans older than age 65 and an 81% increase in people living with, or surviving, cancer. Demand for visits to oncologists is expected to increase 48% by 2020, while supply will rise by only 14%. This translates to a shortfall of between 9.4 and 15.0 million visits—or between 2,550 and 4,080 oncologists.

Without specific demographic information for U.S. oncologists and their practices, it is impossible to understand how access issues are playing out in specific geographic areas. Absent this understanding, policy solutions and other interventions may be inadequate or may address the wrong problem. Although the 2007 workforce study projected overall supply and demand figures, there are insufficient data to appropriately tailor interventions to local/regional barriers.

ASCO's 2007 workforce study involved incidence and prevalence data from the National Cancer Institute's Surveillance Epidemiology and End Results (SEER <http://seer.cancer.gov>) database, as well as claims information from the SEER-Medicare linked database (<http://healthservices.cancer.gov/seermedicare/>). Proposals should provide specific comment as to whether SEER-Medicare data should be used on this project, whether they should be combined with other information collection efforts, or if alternate data sources are more appropriate.

Objectives:

This project will conduct a census of oncologists and delivery sites in a given state(s) and, using this information, superimpose demand for oncology services in that same area. The goal is twofold: 1) to identify distribution/access issues in a given area and, 2) to gain insight on long term strategies for monitoring oncology workforce shifts in relation to the location of cancer patients on a larger scale, throughout the United States. By

developing ongoing and specific monitoring of the oncology workforce, ASCO can initiate or recommend strategies to overcome access gaps and other workforce challenges. There is currently no reliable inventory of U.S. oncologists and practices and no ongoing monitoring system that allows trend analysis critical to understanding and addressing projected shortages. While this project will examine access issues in a limited region, the process will provide insight to inform conducting this type of assessment on a larger scale.

Outcomes/Evaluation Measures:

The specific measures will be developed in conjunction with the contractor. In general, ASCO expects to determine success of the project based on the quality of data gathered, the ability to create a methodology that can be used in ongoing monitoring, and the ability to generate conclusions or future research questions based on the data.

Intellectual Property:

The project will generate the following Intellectual Property:

- 1) Methodology developed for this study and/or any future larger studies.
- 2) Final manuscript detailing study results for submission to peer-reviewed journal, such as *Journal of Clinical Oncology* and *Journal of Oncology Practice*.
- 3) Raw data collected.

Expected Deliverables:

Deliverables are expected to include the following:

- 1) Written report of study that will include: inventory of oncologists and oncology practices in the selected state(s) (census); documentation of location of the patient population to identify potential access concerns; claims data for that same area to evaluate where patients are receiving oncology care; and recommendations for continuing this study for the remaining states.
- 2) Written article suitable for journal publication detailing the methods and findings of this project.

Target Audience:

Professional societies, patient advocacy organizations, policy makers, health services researchers, media/press

Projected Budget:

The budget for this feasibility study is approximately \$170,000, including up to 15% in overhead expenses. ASCO is interested in ideas that reach beyond the stated goals of this proposal, including options for building on this effort to implement ongoing data collection across the U.S. and for a broader range of oncology specialties.

Proposed Project Term and Timeline:

The proposed term of the project is approximately thirteen months, to be completed by April 2011. The contractor will be selected by ASCO's Workforce Advisory Group (WAG) in January 2010, with a planned start date of March 2010. Response to this Request for Proposals is due to ASCO by January 8, 2010.

ASCO's Volunteer and Staff Leadership:

The work of the contractor will be overseen and informed by ASCO staff and the WAG. The WAG, is a focused group of academic and community practice oncologists and a health services researcher who provide strategic and tactical advice to ASCO's Board on assuring a strong oncology workforce. Additionally, ASCO's State Societies may also be willing to assist in collecting census related data. Once a state(s) is selected, ASCO will facilitate a relationship between the state society and the contractor.

Brief Description/Scope of Work:

Successful contractor(s) will: (1) provide rationale for the selection of state(s) (2) develop metrics to evaluate success of the data collection methodology and quality of the data, (3) compile the data in format(s) useful to ASCO's membership and other relevant stakeholders in the oncology and policy communities; (4) recommend methods of communicating study results to the oncology community; (5) provide recommendations for strategy to collect this data on broader scale , and (6) provide recommendations for future research on access to care issues identified.

Proposal Requirements:

Potential contractors shall include the following items in their proposal:

- 1) A cover letter indicating the submission of the proposal, with pertinent contact information;
- 2) A brief (not more than 10 pages) plan of how the agency would approach work with ASCO, including how the agency addresses timelines, budget and approval processes with the client;
- 3) Methodology for identifying and collecting data;
- 4) Feasibility of collecting data on both hematologists/oncologists and radiation oncologists and sites of service, as well as claims data on chemotherapy services and radiation therapy;
- 5) Metrics to evaluate success of the data collection and quality of the data;
- 6) A detailed budget describing how funds will be allocated, including in-kind contributions;
- 7) A description of the firm's qualifications, including, but not limited to, knowledge of healthcare/oncology field, geospatial analysis, and/or experience with Medicare claims data analysis;
- 8) Staffing plan for the project and resumes of key staff who will be working on the project;
- 9) A description of previously completed projects that are comparable to ASCO's effort;
- 10) Other pertinent samples of work the agency has carried out; and
- 11) A list of three references of organizations with projects of similar scope.

We appreciate your consideration of this request; please direct responses and any questions to Amy Hanley at the American Society of Clinical Oncology at (571) 483-1640 or amy.hanley@asco.org.

DETAILED PROJECT INFORMATION

The ASCO Study of Geographic Access to Oncology Care funded by Susan G. Komen for the Cure® will analyze supply and demand for oncology services in a specific geographic area. This will be accomplished through analysis of: 1) the distribution of oncologists and oncology care delivery sites in one to two states; 2) proximity of cancer patients to these providers and sites of care; and 3) Medicare claims data for oncology services rendered in these geographic regions. This proposal has been developed by the ASCO Workforce Advisory Group (WAG), which has been charged by ASCO's Board of Directors to implement a five-year strategic plan addressing oncology workforce challenges. Chief among these challenges is a projected shortfall of 2,500-4,000 oncologists (25-40% of current supply) by 2020, a trend identified in ASCO's 2007 report on the oncology workforce. The report's conclusion was based upon analysis of economic trends and secondary data sources, which are extremely useful in overall projections. However, there is a significant gap in knowledge about specific numbers and distribution of oncology providers, how this distribution affects access in communities across the country, and what actions may be needed to address substantial increases in demand projected in the next decade.

Rationale:

Without specific demographic information for U.S. oncologists and their practices, it is impossible to understand how access issues are playing out in specific geographic areas. Absent this understanding, policy solutions and other interventions may be inadequate or may address the wrong problem. Although the 2007 workforce study was able to project overall supply and demand figures, there are insufficient data to appropriately tailor interventions to local/regional barriers. For example, it is not clear from existing data the number and location of oncologists in solo or small practices – and these providers may be critical to ensuring access in small communities. If there are a significant number of small or solo practices—and if the current economic environment makes this an unsustainable practice model—the oncology community will need to work towards solutions that assure continuity and quality of care for patients in these communities.

This project would conduct a census of oncology professionals in one or two states, assessing their practice location and setting, practice size, number and location of satellite clinics, range of services provided in each location, access barriers specific to their location/community, and intentions to remain in practice. Using information of this kind—and matching it to incidence and prevalence—can begin to identify both existing and future gaps in service.

Methodology:

Phase I of the project would be to conduct the provider census. This would involve a multi-faceted strategy which could include mail/email/phone surveys, contact with state licensing boards, work with ASCO State/Regional Affiliates, matching to ASCO membership lists, and local networking. A master list of oncologists and practices/sites would be developed for the chosen state or geographic region. Types of information may include: number of physicians; number of practice sites; number of new patients seen; physician age, gender, and race/ethnicity; medical school debt; practice hours, including evening and weekend openings; plans for retirement; thoughts on moving practice or adding to the practice; how much internal medicine is practiced and if only oncology is practiced at the site; as well as types of insurance that are accepted. Additional information would be developed on fellowship training programs located within the selected state, including the number of slots.

A second phase of this project would be to overlay cancer incidence and prevalence against the distribution of oncologists and oncology practices. ASCO has considered the use of SEER data produced by the National Cancer Institute (NCI) on this aspect of the project as the Society did on the 2007 workforce study. The contractor should consider if SEER incidence data or if other data sources would be most appropriate for this project.

A third phase of the project would include review of Medicare Claims data for chemotherapy services to determine where services are being provided and what types of providers are providing them. These data would be compared to the findings from the first and second phases. Again, the contractor should consider if SEER/Medicare claims data or other data sources should be utilized.

Additionally, ASCO would like to know the feasibility of also researching and mapping radiation oncologists and radiotherapy facilities to see if this can be accomplished in the given time frame and budget.

Choice of State(s) – The contractor is expected to advise ASCO in the selection of state(s) and provide rationale for the selection. ASCO is interested in states that have both urban and rural areas. Additional consideration could be given to states with diverse populations, including geographic setting, ethnic/racial populations, income levels, etc.

We appreciate your consideration of this request; please direct responses and any questions to Amy Hanley at the American Society of Clinical Oncology at (571) 483-1640 or amy.hanley@asco.org.