



Survey on the Impact of Sequestration on Community Cancer Care

Summary of Results

Released March 14, 2013

Survey Background

- The Community Oncology Alliance (COA) conducted a survey of oncology facilities by asking practice administrators to participate in an online survey. The stated purpose of the survey was to ascertain if oncology providers were planning for the implementation of the 2% sequestration reduction in Medicare payments effective April 1, 2013 and, if so, if they would make any changes to the care and treatment of Medicare patients.
- COA sent out several communications via email to various lists that reach at least 85% of community oncology practices (private and hospital owned), as well as some academic institutions. The survey was open for approximately one week. No compensation was provided.
- A total of 331 surveys were completed and used in compiling results by COA.

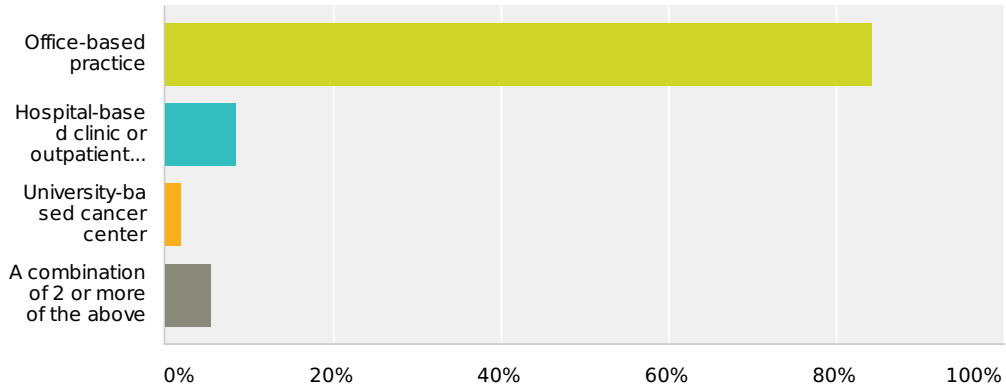
Results & Analysis

- The results by specific question are attached, including open-ended “other” responses
- Excluded in the attached reporting of results were 331 line-item responses to questions 5-7. The compiled responses to these questions were that the facilities responding accounted for 2,349 oncologists, 901 mid level providers, and 1,151,469 Medicare patients.
- Results show a significant difference between the sequester payment reduction applied to cancer drugs and services versus just services.
- In isolating office-based community oncology practices, where the majority of cancer patients are treated, 72% of practices reported that they planned to take one or more of the following actions if the sequestration payment reduction was applied to Medicare reimbursement *for both cancer drugs and services*:
 - Not treat any Medicare patients without supplemental insurance.
 - Not treat any new Medicare patients.
 - Will see Medicare patients for office visits only. Patients will be sent elsewhere for treatment.
- Using internal oncology census data, and that publically available from the American Society of Clinical Oncology, the results were extrapolated to the universe specifically of community oncology practices that are privately owned. Relying on results provided by Milliman on the analysis of the cost differential between private and hospital-based outpatient administration of chemotherapy¹, estimates were made on the annualized cost to Medicare if practices either stop treating new Medicare patients and/or send Medicare patients to the hospital for treatment. The estimates, which relate specifically to a sequester reduction to payment *for both Medicare drugs and services*, are as follows:
 - Annualized cost of not treating new Medicare patients is \$750,946,500
 - Annualized cost of sending all current Medicare patients to the hospital for treatment is \$1,280,022,500
- The estimated impact of the sequestration reduction of over \$2 billion per year is for chemotherapy treatment only and does not include the cost of practices not treating Medicare patients with no supplemental insurance, which was not estimated due to data limitations.

¹ *Site of Service Cost Differences for Medicare Patients Receiving Chemotherapy*, Milliman, October, 2011

Q1 Which of these categories best describes your oncology practice? Choose only one.

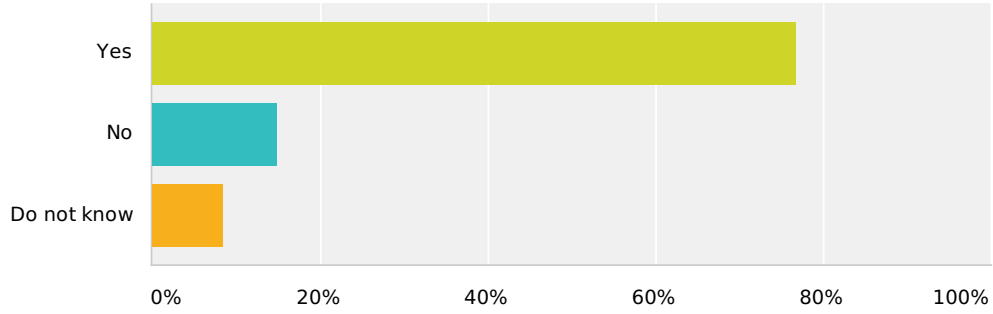
Answered: 331 Skipped: 15



Answer Choices	Responses
Office-based practice	84.29% 279
Hospital-based clinic or outpatient department	8.46% 28
University-based cancer center	1.81% 6
A combination of 2 or more of the above	5.44% 18
Total	331

Q2 Is your practice currently analyzing the impact, if any, of sequestration on providing cancer treatment to your patients?

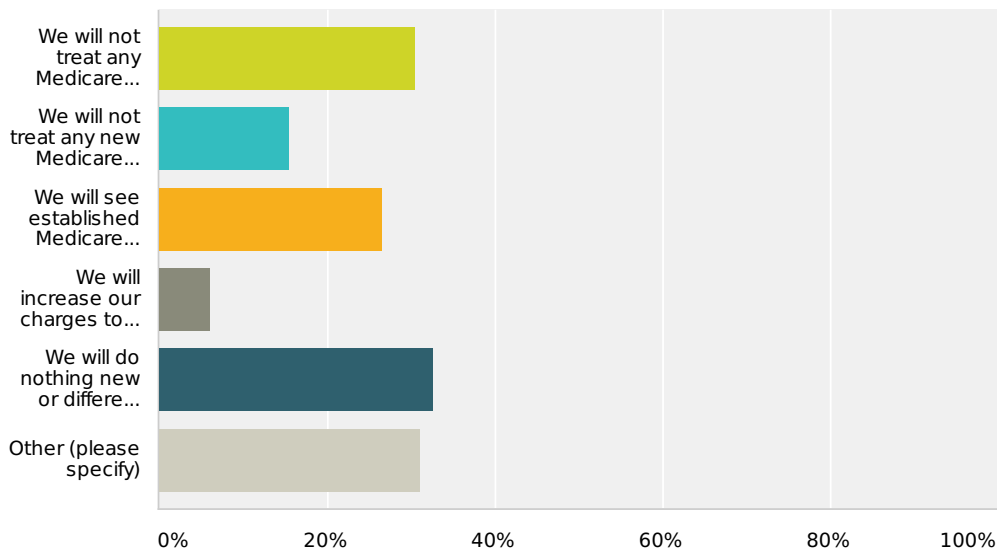
Answered: 331 Skipped: 15



Answer Choices	Responses	
Yes	76.74%	254
No	14.80%	49
Do not know	8.46%	28
Total		331

Q3 If sequestration reduces Medicare payments for services (services only; NOT including drugs) by 2%, what will your practice do? Services include all oncology and hematology related evaluation and management visits, drug administration, imaging, radiation, and other. Select all that apply.

Answered: 331 Skipped: 15



Answer Choices	Responses
We will not treat any Medicare patients without supplementary insurance.	30.51% 101
We will not treat any new Medicare patients.	15.41% 51
We will see established Medicare patients for office visits only. Patients will be sent elsewhere for treatment.	26.59% 88
We will increase our charges to patients covered by private insurance.	6.04% 20
We will do nothing new or different in treating Medicare patients.	32.63% 108
Other (please specify)	31.12% 103
Total Respondents: 331	

#	Other (please specify)	Date
1	Being 70% Medicare, and having commercial contracts, you cannot cost shift therefore increasing charges to commercial is of no financial gain.	3/12/2013 7:48 AM
2	May go off network with medicare, and charge medicare patients directly out of network.	3/11/2013 2:58 PM
3	Unknown	3/11/2013 10:29 AM
4	We will continue to help our existing and new Medicare patients, but will likely be more aware of additional services we can offer such as our laboratory and tissue donation programs, which enable us to capture additional revenue.	3/11/2013 10:28 AM

Medicare Sequestration

#	Other (please specify)	Date
5	Increasing private ins will not produce anything. Reimb levels are fixed regardless of charge levels	3/11/2013 10:24 AM
6	we are viewing this now	3/11/2013 10:23 AM
7	we are 75% Medicare, we will probably be out of business if this occurs.	3/11/2013 10:10 AM
8	Unsure	3/11/2013 9:55 AM
9	We are still analyzing but we have already made announcements that specific specialties will not treat new Medicare patients in our multi-specialty practice.	3/11/2013 9:32 AM
10	Still evaluating this	3/11/2013 8:54 AM
11	Other billing services	3/11/2013 7:26 AM
12	Continue to treat - but more stringent rules if kept in house...(more staff to find available funds). if no foundation/funds available, may be sent to hospital.	3/11/2013 7:03 AM
13	We as a hospital will have to absorb the loss which will lead to cuts in staff and eventually quality of care	3/11/2013 6:17 AM
14	We may send Medicare patients without a supplement insurance to the hospital for same day chemo infusions or obtain their chemo medications through their pharmacy benefit (white bagging) if needed	3/11/2013 4:57 AM
15	We may not survive. We live on a 1% profit margin.	3/9/2013 12:24 PM
16	Where will these patients go?	3/9/2013 6:13 AM
17	We may consider closing our practice permanently.	3/8/2013 3:29 PM
18	Undetermined. As hospital-owned clinics, we are as of yet unclear re: the impact. As a non-profit hospital, we are obligated to treat everyone.	3/8/2013 3:09 PM
19	Potentially will have to cut hiring, raises, retirement, etc. for employees.	3/8/2013 2:33 PM
20	WE WILL LIMIT THE AMOUNT OF MC PATIENTS WE TREAT. WILL HAVE TO KEEP THE RATIO OF MC PATIENTS TO NO MORE THAN 30% OF OVERALL PRACTICE.	3/8/2013 1:51 PM
21	we will eliminate other non-paid services, and stop giving drugs where we are underwater	3/8/2013 12:30 PM
22	We will limit the number of Medicare patients we see.	3/8/2013 10:11 AM
23	We will be evaluating each regimen individually for options	3/8/2013 8:52 AM
24	Alignment with large healthcare system.	3/8/2013 8:45 AM
25	consider not seeing m-care patients	3/8/2013 7:52 AM
26	We will have to look at reducing staff and we already are below average in our Labor cost	3/8/2013 7:52 AM
27	Our physicians have already taken a cut in pay and all employees have taken a cut of 10% in salary. We are trying to make our charges as accurate as possible and all had to sign a paper stating that we have been informed that if we incorrectly completely a charge causing the cancer center to lose money once we would be given a warning. On the second event we would be fired.	3/8/2013 7:49 AM
28	decrease other costs	3/8/2013 7:20 AM
29	The doctor will be only treating one problem and ask them to return for another problem, causing increased cost to Medicare, and annoyance to our patients. This is not how their brain functions, but by the continual reduction in reimbursement, actions have to be taken	3/8/2013 6:58 AM
30	we have no choice as Medicare patients comprise at least 50% of our patient population	3/8/2013 6:15 AM
31	Try to see how to manage the situation for now. Based on which, further steps will be taken can, if we cannot manage.	3/8/2013 6:14 AM
32	Freeze on hiring/buying/upgrading except for essentials.	3/8/2013 3:48 AM
33	do not know yet	3/7/2013 8:24 PM
34	We will review each patient's regimen and consider alternative sites of treatment where necessary.	3/7/2013 5:13 PM
35	do not know at this time	3/7/2013 2:16 PM
36	undecided-in discussion	3/7/2013 1:53 PM

Medicare Sequestration

#	Other (please specify)	Date
37	We will not be able to treat all medicare patients in our office even if they have a 2ndary insurance. This will be handled on a case by case basis and costed out. The problem will be that our patients will have no where to go to be treated as our hospital system will not put new drugs on formulary and that leaves generic chemotherapy drugs as the only drugs patients will be able to get in the hospital system.	3/7/2013 1:47 PM
38	We have not made the determination yet	3/7/2013 1:34 PM
39	And if necessary cut other costs such as staff, food for patient, limit updating of equipment.	3/7/2013 1:13 PM
40	The hospital is a not-for-profit public facility. What services will be curtailed is unknown but I feel strongly that this has already been looked at by the administration and they have a plan in place. It will trickle down to the frontline staff eventually, but unfortunately patients pay the price in a reduction of quality health care (which by-the-way I thought was the whole reason behind healthcare reform.....)	3/7/2013 1:12 PM
41	Considering not accepting any new Medicare patients.	3/7/2013 1:08 PM
42	We are currently discussing our options.	3/7/2013 12:29 PM
43	We will analyze each protocol necessary to treat patient and send patient off site for treatment if protocol is under water.	3/7/2013 11:50 AM
44	We will evaluate each patient on an individual basis - but we will be sending more patients outpatient for their chemotherapy treatments and they will have to wait longer for those treatments.	3/7/2013 11:38 AM
45	We are analyzing the decision to send patients elsewhere for treatment but that decision has not been made. We most probably will decrease evaluation opportunities for Medicare patients.	3/7/2013 11:35 AM
46	Each treatment will need to be evaluated to ensure that cost of drugs, supplies and staff is covered by the reimbursement, if not these patients will not be able to be treated in the office setting.	3/7/2013 11:31 AM
47	We will have to see how much of a negative impact this will be. We may be forced out of business as a small group and forced to be employed by the hospital.	3/7/2013 11:22 AM
48	will need to evaluate and come up with a strategy	3/7/2013 11:03 AM
49	we are unsure what we will do. all these cuts are going to put private physicians out of practice. There is not much more we can take.	3/7/2013 10:48 AM
50	We are wrestling with how to balance/justify increasing charges on non medicare to support our desire to continue to serve our medicare pts	3/7/2013 10:47 AM
51	We have not choice but to see the patients, we are the only oncology physicians in community and are here to take care of our community. I guess that means even if we have to take out a loan to do so.	3/7/2013 10:41 AM
52	Our actions will be decided upon in coopreation with our employer, the hospital	3/7/2013 10:36 AM
53	evaluate drug and service costs	3/7/2013 10:17 AM
54	We are still deciding how to handle this. We will NOT stop seeing Medicare patients.	3/7/2013 10:00 AM
55	I am not clear on what we will do as a practice or institution. Clearly if the impact is such that it will hurt our ability to continue our mission then we would have to consider some type of limitation on the number or size of our medicare population that we can care for. However, again I am not sure how this would work nor if it would be feasible.	3/7/2013 9:59 AM
56	We may have to lay off employees due to lower collection rates.	3/7/2013 9:48 AM
57	see if patients eligible for any additional covered services in our office. Research ways to reduce expenditures	3/7/2013 9:42 AM
58	UNDECIDED	3/7/2013 9:36 AM
59	possible staff lay-offs	3/7/2013 9:24 AM
60	Depending upon our costs of drugs tallied against the drug reimbursement on a case by case basis will determine where the patient will be sent for treatments.	3/7/2013 9:12 AM
61	Not sure yet but all of the options above are on the table.	3/7/2013 9:12 AM
62	need more info before considering other options	3/7/2013 8:48 AM
63	We will make a determination on a case by case basis on whether we will treat in the office or send elsewhere.	3/7/2013 8:37 AM

Medicare Sequestration

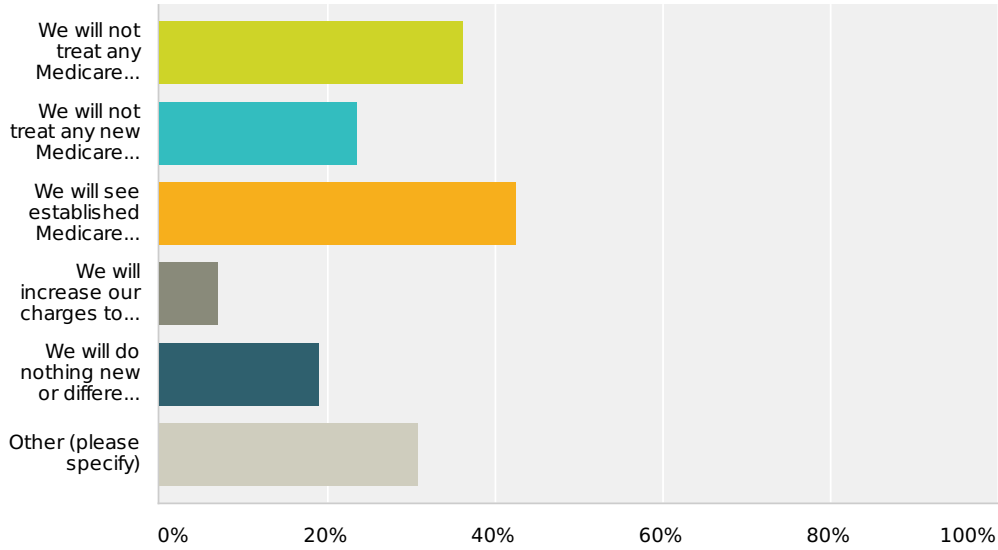
#	Other (please specify)	Date
64	could be any of the above	3/7/2013 8:33 AM
65	cutback nursing services available for chemotherapies that will still be provided in office	3/7/2013 8:32 AM
66	We may limit the new Medicare patients coming into our practice.	3/7/2013 8:12 AM
67	INCONCLUSIME AS YET	3/7/2013 7:52 AM
68	We will limit the number of new Medicare pts we see.	3/7/2013 7:13 AM
69	We are seriously considering limiting the amount of Medicare patients seen in the office.	3/7/2013 6:55 AM
70	Reduce staff and hours	3/7/2013 6:09 AM
71	will access each individual treatment and see where it stands and make a decision based on the this-- if underwater we will send to hospital	3/7/2013 5:36 AM
72	Still deciding	3/6/2013 4:46 PM
73	Every treatment will be evaluated to see if we can treat in the office or send to hospital	3/6/2013 3:47 PM
74	We will continue to vet eachpatient on a case to case basis	3/6/2013 3:01 PM
75	Still evaluating. We will continue to see our established Medicare patients, but we are still determining if there is any way we can see new Medicare patients here (rather than sending them elsewhere).	3/6/2013 2:44 PM
76	We will be forced to consider some level of staffing and/or cut back in benefits for our staff.	3/6/2013 2:12 PM
77	We will evaluate the impact of our drug cost to the new cut of 2%. Reducing staff, or other overhead will have to be consider too.	3/6/2013 1:47 PM
78	Not sure yet.	3/6/2013 1:20 PM
79	It is not known what we will do at this time.	3/6/2013 12:59 PM
80	we will have to seek direction from TxO board	3/6/2013 12:25 PM
81	No decision at this time	3/6/2013 12:20 PM
82	Patients will have nowhere in the county to receive treatment. Our local hospital is turning patient away now.....	3/6/2013 12:03 PM
83	We will definitely have to make this up somewhere else. As part of a large hospital system our profit margin is close to 2 % now so with a 58% Medicare payer mix this cut will certainly affect operations.	3/6/2013 12:02 PM
84	A cost/reimbursement analysis will be performed for each Medicare patient to determine whether treatment would be given in clinic or at area hospitals. Covering the cost of an underwater drug with reduced admin rates is bad for business too.	3/6/2013 11:59 AM
85	I do not know of any changes at this point	3/6/2013 11:53 AM
86	Currently still analyzing. We have not determined how we will proceed	3/6/2013 11:50 AM
87	We will continue our current practice & compare the reimbursement with our cost & if above break even, will continue to treat in office	3/6/2013 11:45 AM
88	We will have to look at each situation and determine what we can/will do.	3/6/2013 11:45 AM
89	We have not come to a final decision regarding the Medicare population but there will be changes.	3/6/2013 11:44 AM
90	medicare only is already being sent elsewhere unless patient assistance has been obtained. Charges won't be increased. Cuts to operating budget are being evaluated. Staffing cuts are being prepared which doesn't help economy recover	3/6/2013 11:44 AM
91	We will continually look for ways to decrease costs - possibly alter value added services that ultimately decrease overall heath care costs but are no longer sustainable in the new market.	3/6/2013 11:43 AM
92	We have not decide yet.	3/6/2013 11:43 AM
93	In the short-term (<6 months), will do nothing new or different in treating Medicare patients. In the long-term, will assess impact of cuts and make decisions based on financial impact for late 2013 and beyond.	3/6/2013 11:36 AM
94	Limit new medicare	3/6/2013 11:34 AM

Medicare Sequestration

#	Other (please specify)	Date
95	Doctors are concerned that there will be a delay in payment after April 1 and are seriously considering sending every patient to the hospital out-patient.	3/6/2013 11:27 AM
96	We would definitely consider the possibility of sending all MCR patients to the hospital for treatment but we have not made that final decision as of yet	3/6/2013 11:19 AM
97	with out mix we estimate that we will be OK. any further than this, then more extreme measures will have to be taken.	3/6/2013 11:17 AM
98	We are anticipating employee lay offs (already are down to the bone in staffing).	3/6/2013 11:15 AM
99	this will be determined on a case by case based upon the cost of the regimen	3/6/2013 11:10 AM
100	have not discussed anything as of yet	3/6/2013 11:09 AM
101	Unsure, still analyzing impact	3/6/2013 11:08 AM
102	Medicare patients will be treated at the local hospital.	3/6/2013 10:41 AM
103	We will also commence laying staff off. This will cause a decrease in service and access to both medical and radiation oncology care in central Missouri.	3/6/2013 10:32 AM

Q4 If sequestration reduces Medicare payments for services and drugs by 2% (drug payment is reduced from ASP + 6% to ASP + 4.3%), what will your practice do? Select all that apply.

Answered: 331 Skipped: 15



Answer Choices	Responses	Count
We will not treat any Medicare patients without supplementary insurance.	36.25%	120
We will not treat any new Medicare patients.	23.56%	78
We will see established Medicare patients for office visits only. Patients will be sent elsewhere for treatment.	42.60%	141
We will increase our charges to patients covered by private insurance.	6.95%	23
We will do nothing new or different in treating Medicare patients.	19.03%	63
Other (please specify)	30.82%	102
Total Respondents: 331		

#	Other (please specify)	Date
1	Being 70% Medicare, and having commercial contracts, you cannot cost shift therefore increasing charges to commercial is of no financial gain.	3/12/2013 7:48 AM
2	If drug payment is underwater we will not treat those patients	3/12/2013 5:28 AM
3	Will treat no differently for a month and then reevaluate.	3/11/2013 2:11 PM
4	Unsure at this time, still looking at all options.	3/11/2013 12:17 PM
5	Rx out if possible.	3/11/2013 11:36 AM
6	Unknown	3/11/2013 10:29 AM

Medicare Sequestration

#	Other (please specify)	Date
7	We will continue to help our existing and new Medicare patients, but will likely be more aware of additional services we can offer such as our laboratory and tissue donation programs, which enable us to capture additional revenue. We will work harder to help Medicare patients who have no secondary insurance, but may have to refer some of those patients to the local hospital for some services.	3/11/2013 10:28 AM
8	Increasing private ins will not produce anything. Reimb levels are fixed regardless of charge levels	3/11/2013 10:24 AM
9	we are a small 2 MD practice with NO buying power, My patients will have to be treated at Local Hospital where they get to bill 3 times as much and get reimbursed for it.	3/11/2013 10:19 AM
10	may have to sell	3/11/2013 10:10 AM
11	Unsure	3/11/2013 9:55 AM
12	We are still analyzing but for Oncology there will be changes for Medicare patients. We have continued to treat Medicare patients in our infusion department for years at a loss but as our other non Medicare contracts expire we know this will change. We want to treat Medicare patients but this is very difficult financially in infusion and injection therapy	3/11/2013 9:32 AM
13	We may close the office soon	3/11/2013 9:31 AM
14	we will review our tmt library for clinical and economic efficacy	3/11/2013 9:10 AM
15	Each regimen will be evaluated for profit/loss	3/11/2013 8:54 AM
16	we will see patients...but find funding for part not covered. if cost of drug still more than reimbursement, patients will be treated in outpatient setting---where sadly cost is higher for patients.	3/11/2013 7:03 AM
17	same as above	3/11/2013 6:17 AM
18	Ask patients to purchase their own drugs and discontinue purchasing for the patient's benefit	3/8/2013 3:29 PM
19	The physician will seriously consider joining a hospital.	3/8/2013 2:21 PM
20	WE WILL LIMIT THE AMOUNT OF MC PATIENTS WE TREAT. WILL HAVE TO KEEP THE RATIO OF MC PATIENTS TO NO MORE THAN 30% OF	3/8/2013 1:51 PM
21	drugs that are underwater will be sent to the hospital	3/8/2013 12:30 PM
22	We will have to limit the number of Medicare patients we infuse.	3/8/2013 10:11 AM
23	We will be evaluating each regimen individually for options	3/8/2013 8:52 AM
24	Alignment with large healthcare system.	3/8/2013 8:45 AM
25	It could close this office	3/8/2013 8:05 AM
26	We will have to look at reducing staff and we already are below average in our Labor cost	3/8/2013 7:52 AM
27	See reply to # 3.	3/8/2013 7:49 AM
28	certain drugs we infuse we barely make 2% on the reimbursement - so those drugs for patients will have to be sent elsewhere, which those offices will probably be in the same predicament.	3/8/2013 6:58 AM
29	This will have ah huge adverse effect on our practice but we have to continue to treat our patients. If cuts continue to Medicare physician fees then we will have to re-evaluate whether or not we will take new Medicare pts or if we can even continue to see existing Medicare pts.	3/8/2013 6:15 AM
30	To wait and see for sometime whether we will be able to manage and if not take necessary steps.	3/8/2013 6:14 AM
31	same as above	3/8/2013 3:48 AM
32	will cut staff	3/7/2013 8:53 PM
33	do not know yet	3/7/2013 8:24 PM
34	Certain Medicare patients who need expensive drugs will be sent to the hospital for treatment.	3/7/2013 7:37 PM
35	unsure	3/7/2013 3:15 PM
36	do not know at this time	3/7/2013 2:16 PM
37	Over 50% of our treatments will be shifted to the hospital. We will be forced to decrease staff.	3/7/2013 1:57 PM
38	undecided - in discussion	3/7/2013 1:53 PM

Medicare Sequestration

#	Other (please specify)	Date
39	Please reference above statement for question #3	3/7/2013 1:47 PM
40	pending administrative direction by the parent organization	3/7/2013 1:42 PM
41	We have not made the determination yet	3/7/2013 1:34 PM
42	this is a not-for-profit public hospital- not sure exactly how this will be handled, but my guess is that all admissions/treatments will be heavily scrutinized with some possible denials	3/7/2013 1:12 PM
43	We will outsource to specialty pharm for drugs, I can't afford the hit, and they have the staff and resources to look for assistance, if there is no supplemental these patients will be sent elsewhere.	3/7/2013 1:08 PM
44	We will probably have to send more patients to outpatient infusion department at hospital	3/7/2013 12:54 PM
45	We are currently discussing our options. Will likely analyze each treatment for cost vs reimbursement.	3/7/2013 12:29 PM
46	Some of our patients will have to travel to receive treatment if our services are cut	3/7/2013 12:21 PM
47	Patients will be sent elsewhere for treatment	3/7/2013 12:20 PM
48	We will analyze each protocol necessary to treat patient and send patient off site for treatment if protocol is under water.	3/7/2013 11:50 AM
49	We will find it very difficult to continue treating pts, and will ask them to sign a special waiver making them personally responsible for drug costs	3/7/2013 11:36 AM
50	Again, each treatment would have to be analyzed as to cost vs reimbursement and individually decided on whether to treat in office or elsewhere.	3/7/2013 11:31 AM
51	This for sure would put us over the edge and not be able to treat chemotherapy patients and let staff go.	3/7/2013 11:22 AM
52	Right now we brown bag everyones drugs due to the reimbursement is less than the cost. Cannot afford to buy and bill drugs.	3/7/2013 10:48 AM
53	May be a combination of sending to the hospital and seeing in the office. 2% reduction puts most of our Genentech drugs below cost for reimbursement.	3/7/2013 10:41 AM
54	Our actions will be decided upon in coopreation with our employer, the hospital	3/7/2013 10:36 AM
55	will do more brown bagging	3/7/2013 10:28 AM
56	probably continue ones already on treatment in office and evaluate future ones	3/7/2013 10:17 AM
57	not sure	3/7/2013 10:17 AM
58	Again, we are still deciding how to handle this. We will NOT stop seeing Medicare patients.	3/7/2013 10:00 AM
59	The 2% cut will be so severe that some drugs will be underwater	3/7/2013 9:59 AM
60	as above	3/7/2013 9:42 AM
61	On a case by case basis depending upon our drug costs versus the drug reimbursement, we will determine where the patient will be treated.	3/7/2013 9:12 AM
62	Not sure yet but all of the options above are on the table.	3/7/2013 9:12 AM
63	We have not come to a final decision	3/7/2013 8:57 AM
64	Same as above	3/7/2013 8:37 AM
65	restrict chemotherapy administration based on drug and number of hours of infusion time	3/7/2013 8:32 AM
66	We may limit the new Medicare patients coming into our practice.	3/7/2013 8:12 AM
67	INCONCLUSIVE AS YET	3/7/2013 7:52 AM
68	We may not have a choice but to treat pts (no place in WNY to refer patients); will look at costs associated w/ ordering drug fm specialty pharmacy vs just giving it out of stock as is current practice	3/7/2013 7:18 AM
69	We will send all our Medicare pts to the hospital for treatment.	3/7/2013 7:13 AM
70	Regimens will be closely monitored.	3/7/2013 7:03 AM
71	perhaps need to review staffing	3/7/2013 6:21 AM

Medicare Sequestration

#	Other (please specify)	Date
72	Reduce staff and hours	3/7/2013 6:09 AM
73	same as above	3/7/2013 5:36 AM
74	Still deciding	3/6/2013 4:46 PM
75	Same as number 3. If we are under water significantly we will send out for treatment	3/6/2013 3:47 PM
76	Less likely to treat Medicare patients with drugs in the outpatient setting.	3/6/2013 3:01 PM
77	We will see established Medicare patients, but in some cases we may have to send them elsewhere for treatment. As noted above, we are in the process of determining how if and how we can serve new Medicare patients	3/6/2013 2:44 PM
78	We will send more MCR patients to hospital OP	3/6/2013 1:54 PM
79	Reducing staff and overhead	3/6/2013 1:47 PM
80	Each therapy will be evaluated individually. If drug cost is greater than reimbursement, patient will be treated elsewhere - more than likely hospital environment.	3/6/2013 1:37 PM
81	We have not made a decision at this time.	3/6/2013 12:59 PM
82	seek directions from TxO board and other TxO practices	3/6/2013 12:25 PM
83	ANALYZE EACH REGIMEN TO SEE IF WE MAKE COST OR NOT. IF NOT, THE PATIENT WILL HAVE TO GO TO HOSPITAL FOR ANY TREATMENTS.	3/6/2013 12:24 PM
84	send patients to hospital based infusion centers	3/6/2013 12:20 PM
85	Patients will have nowhere in the county to receive treatment. Our local hospital is turning patient away now.....	3/6/2013 12:03 PM
86	We will definitely have to make this up somewhere else. As part of a large hospital system our profit margin is close to 2 % now so with a 58% Medicare payer mix this cut will certainly affect operations.	3/6/2013 12:02 PM
87	Again cost/reimbursement analysis will be performed before each treatment and plan benefits/out of pocket expenses also reviewed. Those patients with large out of pocket	3/6/2013 11:59 AM
88	I am not aware of planned changes	3/6/2013 11:53 AM
89	Currently still analyzing. We have not determined how we will proceed	3/6/2013 11:50 AM
90	We will continue our current practice & compare the reimbursement with our cost & if above break even, will continue to treat in office	3/6/2013 11:45 AM
91	We will have to look at each situation and determine what we can/will do.	3/6/2013 11:45 AM
92	This alteration would begin on a small scale	3/6/2013 11:43 AM
93	See answer above.	3/6/2013 11:36 AM
94	WE WILL TRY TO GET THE HOSP TO TAKE THOSE PATIENTS BUT IT IS UNLIKELY THAT THEY WILL!	3/6/2013 11:34 AM
95	We have so many drugs currently underwater, the drug cut will put us out of business.	3/6/2013 11:33 AM
96	Same response as above	3/6/2013 11:19 AM
97	as noted above	3/6/2013 11:17 AM
98	Our local hospitals will not treat out-patient oncology patients so if we don't treat patients they will have to travel hours away for treatment. We will not be able to sustain our business.	3/6/2013 11:15 AM
99	have not discussed anything as of yet	3/6/2013 11:09 AM
100	Unsure, still analyzing impact	3/6/2013 11:08 AM
101	We'll send patient's elsewhere for treatment if cost of regimen exceeds new medicare allowable. This would also include medicare patients with supplementary (secondary) insurance.	3/6/2013 10:55 AM
102	not sure	3/6/2013 10:34 AM

Question 5-7 responses omitted – 331 line item answers (see survey)

Q8 Please provide any additional information on how sequestration would impact, if at all, your practice and the patients you treat.

Answered: 162 Skipped: 184

#	Responses	Date
1	We will be unable to treat patients in our office and will need to send to the outpatient hospital infusion center. This will cause cut backs to employees and cause a huge financial burdeon to our practice. I believe in the long run will force us to be hospital employed and the loss of three staff positions.	3/13/2013 6:28 AM
2	This would have a devistating effect on private community cancer centers. This would continue to force more private practice community oncologists out of business. It is not in the best interest of the country, the patients, the payors or the providers because this would drive up the cost of cancer care and it would not be the best site of care for the patient.	3/12/2013 7:48 AM
3	most likely we would have to close our doors, we could nor pay more fora drug tan we are reimnursed.	3/11/2013 2:25 PM
4	May need to lay off staff and close satellite offices.	3/11/2013 2:07 PM
5	We will have to send patients to the local hospital to recieve treatment if this were to happen because we check reimbursement on every treatment plan before the patient has the treatment.	3/11/2013 1:43 PM
6	We always analyze the reimbursement vs. the cost of drugs on all treatment plans, whether it be oncology related or hematology related. If it is found that reimbursement is significantly less than cost, patients are referred to the hospital for treatment. Sequestration would more than likely cause reimbursement to be alot less than the cost on more treatment plans, therefore we will probably have more patients sent to the hospital for treatment.	3/11/2013 1:43 PM
7	Patients will be seen less frequently for follow-up so there will be more ER visits made by patients if patients encounter problems post chemo treatments which in normal circumstances they will be asked to come to the clinic to be checked and treated. ER visits in our area cost dearly compared to office visits. Mathematically, the federal government is not saving at all. Go figure!!!!	3/11/2013 12:22 PM
8	All staff took a paycut last year in order for our pactice to survive. If the sequester is implemented, It's likely we'll be asked to do the same this year and will lose valuable employees.	3/11/2013 12:04 PM
9	definite negative impact any way you look at it. can barely survive now.	3/11/2013 11:36 AM
10	pts will go to hosp[ital for chemo that will dramatically increase cost	3/11/2013 11:06 AM
11	We will have cutbacks in our staff. Also, possibly number of Oncologist needed. We should not build the new Cancer Treatment Center we are in the process of building.	3/11/2013 10:49 AM
12	As with any cuts to Medicare, it will continue to make it harder and harder for us to practice QUALITY medicine and to give patients the personal care they need. It forces choices between quality and quantity.	3/11/2013 10:28 AM
13	May result in staff layoffs and reduction in medical home services. Could lead to closing the practice if reimb continues to be lower than costs. Total costs would increase to the Medicare program if pts have to be treated elsewhere	3/11/2013 10:24 AM
14	community based oncology will not be able to maintain practices with this funding cut. If patients are treatment in hospital centers the cost of care is much greater which will just increase the over all problem.	3/11/2013 10:23 AM
15	Treatment options may need to be changed based on the margin of the current treatment	3/11/2013 10:19 AM
16	With reimbursement going down, we keep costs down by keeping patients as much as possible out of hospital settings. The decrease in reimbursement for OP services is horrible & affects the patients best interest.	3/11/2013 10:19 AM
17	we are already at a break even or loss on the cost of doing business and have lost 3 oncologist due to the financial risk and failure. They are all employed by hospitals. To say that another 2% is not an issue is just wrong. At what point do we stop.	3/11/2013 10:19 AM
18	it'd cripple us	3/11/2013 10:10 AM

Medicare Sequestration

#	Responses	Date
19	For our practice, pay cuts, loss of benefits, firing employees.	3/11/2013 9:39 AM
20	Practice is hard to remain in business. Patients will not be able to access chemotherapy in 30 miles.	3/11/2013 9:31 AM
21	This event could take us to the edge of closure. It will impact hiring,current employee benefits, and any updating in the practice. (new EHR)	3/11/2013 9:19 AM
22	Eventually, the practice would stop taking Medicare patients	3/11/2013 9:15 AM
23	there is concern about the removal for the in office ancillary exception rule, which will force the oncologist to divest imaging labs radiation and or drugs	3/11/2013 9:10 AM
24	This would have a tremendous impact. We are already having difficulty covering costs	3/11/2013 8:54 AM
25	will not be able to see medicare patients	3/11/2013 8:45 AM
26	We believe sequestration will cause a significant decrease in revenue if implemented. We will assess the impact monthly and make decisions as needed. It was going to be a year with less funds from Meaningful Use - now the impact from sequestration may compound the losses and force unwanted changes, such as limiting care for Medicare beneficiaries.	3/11/2013 7:33 AM
27	All aspects of practice will be affected. Every cost reviewed...beyond being reasonable. Potential limits in staff benefits/increases as additional staff will be needed to find necessary funds to keep patients in-house. More md time needed for proper care for those patients sent to hospital...lab review. If reduced by 2% the dominos will start to fall as bcbs rates nearly mirror drug reimbursement of medicare at this moment.	3/11/2013 7:03 AM
28	Whenever there are cuts it effects everyone, decrease in funds decrease in health care providers	3/11/2013 6:17 AM
29	Compliance and patient care will suffer when patients are not treated under the direct supervision of their physician	3/11/2013 6:03 AM
30	This measure will likely push us out of business.	3/11/2013 5:52 AM
31	It moves the line over even further preventing those underinsured patients from gaining access to efficient affordable care.	3/10/2013 2:30 PM
32	Sequestration coupled with rising drug costs is going to cripple the practice severely not to mention limit access to care for our patients!	3/9/2013 5:51 PM
33	Close our practice	3/9/2013 4:15 PM
34	Will make more drugs underwater, but not all. Mostly not your commonly used antineoplastics and targeted therapy. Cuts are gonna happen, how else is the budget going to get decreased. Why doesn't COA invest some energy towards manufactures selling directly to practices essentially cutting out distributors. There would be significant savings to community oncology if we can cut out the middle man. This would make cuts like these easier to absorb. COA completely overlooks this option	3/9/2013 10:40 AM
35	To whom will the lawmakers (Democrats and Republicans) for their healthcare? Yes, doctors. Rheumatologists, Oncologists, Internists, Gastroenterologists, Ophthalmologists, and the list goes on and on	3/9/2013 6:13 AM
36	Reduce staffing.-longer wait times for the patients	3/9/2013 3:25 AM
37	We spend so much time doing social work to get foundation assistance, chronic illness funds etc now. We are not able to continue as is now, if that happens April 1st, it will devastate us as we are now.	3/8/2013 5:03 PM
38	If the organization determines this puts us at risk, we will most likely cut ancillary services such as social workers, dieticians, and complementary therapies.	3/8/2013 3:09 PM
39	It would hurt our practice because it the cuts would not allow us to continue to look at quality measures and try to improve, rather it would make us look at cutting the extra important things that we do that do not get reimbursed.	3/8/2013 2:57 PM
40	We cannot give chemotherapy drugs whose cost is not covered. That will last about one month, then the practice goes bankrupt.	3/8/2013 2:33 PM
41	Sequestration is a 2% reduction in Medicare payments. Cosequently our revenue will be reduced by that amount and we will not be in a position to provide pay increases or bonuses to our staff. If it is also applied to drugs we cannot operate as a community oncology practice and the physician will join a hospital instead of incurring loss.	3/8/2013 2:21 PM

Medicare Sequestration

#	Responses	Date
42	With any additional cuts, especially to drug reimbursement, we will no longer be able to absorb the financial negative impact of treating Medicare patients in our office. For some drugs, the ASP +6 reimbursement is sometimes underwater for Medicare. If our practice is no longer treating Medicare patients, we will need to rethink the number of offices, space for treatments and the number of chemotherapy nurses we need to employ. It would also affect the number of ancillary staff we employ. The sequester cuts will be a game changer if they become permanent.	3/8/2013 2:18 PM
43	AT THE CURRENT MC RATES WE ARE UNDERWATER ON MOST OF THE DRUGS AS IS SO THIS WILL BE A DISASTER. ALSO WE SERVICE MOST OF THE RURAL COMMUNITIES WITHIN A 75 MILE RADIUS OF SHREVEPORT THAT CAN NOT GET TO THE "BIG CITY" FOR TREATMENT, AND THAT WILL HAVE TO CEASE.	3/8/2013 1:51 PM
44	its convient for most patients being its a shorter wait time. Its more one on one treatment.	3/8/2013 1:11 PM
45	Answer to question 7 is approx 5500 patients seen per year. Did not accept entry	3/8/2013 1:11 PM
46	Our ongoing existnace is threatened	3/8/2013 12:30 PM
47	it could impact the number of chemotherapy treatments we would be able to do in our facility	3/8/2013 12:08 PM
48	We currently treat uninsured patients, and usually can get drugs for them through drug company programs. The sequestration cuts could limit the amount of care we provide to uninsured patients	3/8/2013 11:31 AM
49	Medicare patients form 30 percent of our patient population and therefore this cut will have a significant impact.	3/8/2013 10:50 AM
50	2 Rheumatologist using infusables	3/8/2013 10:27 AM
51	We struggle already with payments and reimbursements this is just going to make things more difficult in a free standing practice.	3/8/2013 10:12 AM
52	We were considering expanding and opening an office in an underserved area, but now we will not be able to. We will delay upgrading our technology, equipment. Will likely not hire new staff.	3/8/2013 10:01 AM
53	We cannot subsidized the medical care of Medicare patients. If our costs are not covered, we cannot stay in business. Medicare patients will definitely suffer from this government booboo.	3/8/2013 9:21 AM
54	We will be forced to looking at other ways to cut the cost of overhead.	3/8/2013 9:02 AM
55	Seq will increase hospital based treatements and drive the cost to deliver healthcare for the Medicare population up greatly.	3/8/2013 8:51 AM
56	Will not treat Medicare patients in the office, but will send them to the hospital outpatient infusion center	3/8/2013 8:39 AM
57	Most practitioners already just break even on drugs. If we take a 2% cut, the loss will be too great.	3/8/2013 8:33 AM
58	We would not be able to afford to treat patietns as we would be paying to treat them. We want to be here to treat the patients but we have to be able to financial run the buisness and with continued cuts it is getting next to impossible. I think that cuts should be done at the hospital level. They are charging 3 times the amount and reimbursed 3 times the amount of a community oncologist. i think you should lool at how is actually saving money and who actually is raises the cost of helathcare.	3/8/2013 8:27 AM
59	May not be able to sustain losses and continue to keep clinic operational under current model.	3/8/2013 8:10 AM
60	We would be underwater on drugs across the board. We could not afford to treat Medicare in the office, resulting in losing 30% of staff (job loss) and Medicare would experience higher cost to treat patients in the outpatient hospital setting (facility fee, etc) Patients would not get the one on one treatment that they do here presently and some have even gotten lost in the hospital system, to follow-up. Quantity, not quality, is what our patients experience elsewhere--especially in hospital systems that just need the patient numbers to meet NCI guidelines, primarily to receive funding for trials, etc, being done	3/8/2013 8:05 AM
61	This will affect the quality of care for our patients. With the additional documentation requirements with meaningful use, the additional information payers are requesting for authorizations, and now futher cuts in reimbursement, we will have to look at ways to cut cost which more than likley will be to reduce staff. Our labor costs are currently lower than the average oncology practice in our network, I can not imagine becoming leaner than were we are.	3/8/2013 7:52 AM

Medicare Sequestration

#	Responses	Date
62	I think that our physicians would continue to treat Medicare patients. We also provide care for indigent patients by seeking patient assistance and charging very small fees for doctor visits. If there are 2 different regimens to choose from the doctors choose the less expensive one for the indigent as long as the possible outcome is judged to be equal. Our physicians are excellent, and very caring about their patients. They work very hard to keep our practice going despite the cuts in healthcare coverage.	3/8/2013 7:49 AM
63	Only Budgetary cuts left are to labor costs, therefore, we will be releasing employees	3/8/2013 7:44 AM
64	We are a small office, costs for all aspects of the office continue to increase. If reimbursements continue to decrease we will never be able to continue to provide the same level of care to our patients. We would have to cut corners somewhere to be able to stay in practice, if we cut staff, the patient loses because they will not receive the care that we provide now. If we cut in services we provide, the patients lose because they will not have the same one on one care that they receive in an office setting. I think we all need to keep in mind that we are all getting older and someday that will be the care we receive.	3/8/2013 7:37 AM
65	Recruiting physicians into the practice.	3/8/2013 7:33 AM
66	We will continue to treat Medicare patients because we are oncologists and they make up such a large percentage of our patients, we have no choice.	3/8/2013 7:24 AM
67	We could have layoffs, no salary increases for staff, less patient care given, due to reimbursement cuts.	3/8/2013 6:58 AM
68	This will greatly impact our ability to treat medicare patients.	3/8/2013 6:19 AM
69	Cut back on staff reduce in office infusion	3/8/2013 6:19 AM
70	It will definitely affect our practice because we are already having problems with the cut backs done earlier and will be unable to meet the ends which might lead most of the solo practice oncologist to shut down the door.	3/8/2013 6:14 AM
71	Because the majority of our patients end up on medicare, these cuts on top of all of the other cuts we have been through over the past 10 years, is devastating to our practice.	3/8/2013 5:56 AM
72	None. Does not mean a thing except to administrators . lobbist and health providers who care more about money, their second homes then taking care of patietns. We make a grest living. Is 2% going to make that much of a living. BS!	3/8/2013 5:33 AM
73	Becoming more difficult but also stressful for patients who are concerned if physicians will continue to see them.	3/8/2013 3:48 AM
74	We do research and this will cause us to let some of our coordinators a d support staff go. This is a huge impact on research funding!	3/7/2013 10:28 PM
75	we will not be able to treat medicare patient in office and will need to send to hospital which will only increase taxpayers expense. Also, we need to cut other expense such staff or cut office other expenses.	3/7/2013 8:53 PM
76	we may need to stop giving chemotherapy in the office and cut back on staff	3/7/2013 8:37 PM
77	not sure	3/7/2013 8:24 PM
78	We will be constantly re-evaluating our participation in Medicare; with the desire to continue treating this growing patient population, but with the realization that we may not be able to continue treating them. Our costs will soon be higher than Medicare reimbursement. We simply will not be able to continue treating Medicare patients.	3/7/2013 7:16 PM
79	It is a disaster and a disgrace to put seniors in this untenable situation.	3/7/2013 6:52 PM
80	This is all Bullshit.	3/7/2013 3:09 PM
81	may need to close some sites of service, re-evaluate services offered	3/7/2013 2:16 PM
82	We will be forced to shift our patients to the hospital to receive their treatment. We will reduce our staff and space.	3/7/2013 1:57 PM
83	This 2% can hurt a small 2 doctor practice like ours	3/7/2013 1:53 PM

Medicare Sequestration

#	Responses	Date
84	The 1000 patient number referenced above are patients with Medicare as their primary insurance only. With the reductions planned for 2013 it will be impossible for the private practices to continue to see and treat Medicare patients. Practices in the Northeast are already becoming hospital owned at a alarming rate. We are looking at all patients whether Medicare or private insurance being treated within a hospital based/owned system that we know will cost all payors more. Numerous studies have been done that prove hospitals cost the payors more money than private practices; especially the oncology patients.	3/7/2013 1:47 PM
85	WE operate 5 linear accelerators to administer radiation therapy each day. The cost to finance and operate the equipment is substantial and is fixed costs for the most part. A 2% cut would greatly impact the operations of these machines during a time when Medicare reimbursement rates for radiation therapy have already been significantly cut for 2013.	3/7/2013 1:34 PM
86	if our practice sees that our reimbursement is affected to the degree as mentioned above, we will have no other choice but to send medicare patients who have no supplemental insurance elsewhere to receive therapy.	3/7/2013 1:27 PM
87	We try and provide any service to these patients while the are in the clinic. With these cuts we will not be able to provide all that is needed and will refer out.	3/7/2013 1:13 PM
88	This is huge! Many of our patients are subsisting on Medicare/Medicaid and already have insurmountable medical costs and choices to make. By cutting payment for services many treatments may be viewed in a different light by providers and less costly treatments (albeit not as effective) may be used. Since the Oncologists manage their own private practice, it is hard to say how they will adjust to these reimburesment reductions. I believe it would be safe to say that some type of adjustment will be made and this puts the quality of the health care provided in grave jeopardy, especially for patients who are diagnosed with cancer.	3/7/2013 1:12 PM
89	Unfortunately everything impacts now. I've cut staff, and 2 of 3 largest Medicare advantage plans in our area require a 20% drug copay, requiring a lot of time getting authorizations, finding assistance, out sourcing to specialty pharmacies. some patients are opting out of the best possible treatment or opting out all together. (HmMMM, think that's what insurers are hoping for?) I'd venture to guess Oncology spends more time on unreimbursable services than most other specialties. Almost every radiological test must be prior authorized(even though almost100% are approved) few if any supplies are paid, drugs are underwater just for cost, not to mention, inventory, ordering, mixing..... No wonder there are few solo practices and fewer new oncologists. Any practice that's " buy and bill" is in survival. 10-15 years ago hospitals closed their chemo infusion because they were losing so much money when practices close where will these patients get care? If a patient is fortunate to live near a cancer center,they can get there care there but how many can that center absorb? Personalized compassionate care is going to be obsolete soon. Very sad indeed.	3/7/2013 1:08 PM
90	We cannot add additional needed staff. We may have to reduce staff, which will severely decrease the quality and timeliness of all our service for all of our patients. Will also keep us from implementing practice improvements such as new, badly needed practice management system and EMR. This is just the tip of the iceberg. Not only will this impact patients, it will result in lost employment since their is already such a small profit margin for the amount of work we have to do to get paid.	3/7/2013 12:29 PM
91	Since we are hospital based, if the private oncologists reduce the number of patients they treat, our number will also decrease.	3/7/2013 12:21 PM
92	Pray!	3/7/2013 12:20 PM
93	Could cause lay off of staff.	3/7/2013 12:11 PM
94	Most treatment protocols are barley above water. Further cuts to reimbursments will mean 1. Protocols currently with narrow profit margins will no longer be treatment options for patients. 2. It will be more diffcult for patients to find doctors willing to treat if the patient does not have a secondary insurance.	3/7/2013 11:50 AM
95	WE MAY START ASKING PATIENTS TO BROWN BAG DRUGS, DEFINITELY CUTS OUT MEDICAID PATIENTS AND CUT BACK MEDICARE ADVANTAGE PATIENTS	3/7/2013 11:42 AM
96	Uncertain future for continuing to treat	3/7/2013 11:36 AM
97	It will severely impact treatment opportunities and limit new patient evaluations.	3/7/2013 11:35 AM
98	We just completed a PSA with the local hospital so we are not going to be doing anything different for now.	3/7/2013 11:33 AM

Medicare Sequestration

#	Responses	Date
99	The work involved with getting a patient onto treatment has increased significantly over the years and reimbursement is down, the impact this will have on reimbursement will not allow us to provide the "manpower" it takes to keep an office up and running and adequately deliver chemotherapy to patients in the office setting. Further cuts to drugs would be detrimental, there are so many drugs now that are reimbursed below our cost.	3/7/2013 11:31 AM
100	We will have to lay off employees and physicians and this will basically close our doors as we were already at break even with Medicare...we cannot afford to lose money providing care to these patients. We are an independent practice, this is truly unbelievable for our cancer patients as there is not an alternative for them, they will have to drive long distances...we have already prepared our letters to patients and have our ad ready to go in the newspaper.	3/7/2013 11:30 AM
101	We would be forced to no longer give chemotherapy to Medicare patient as we would not be able to cover the cost of drugs. We are already in the red with some drugs. We would be forced to send these patients to the hospital and hence cut our staff by at least 2.0 FTE. We are a small community Gyn Oncology group with no affiliation to any other group.	3/7/2013 11:22 AM
102	Our office is currently running in a deficit and cannot afford any more cuts. What has happened to oncology in the last four years is unacceptable and something should be done.	3/7/2013 10:48 AM
103	It(sequestration) is intended to create fear, I choose to ignore it. Just proves that the government could careless about patients and providers.	3/7/2013 10:43 AM
104	It will reduce an already reduced physician compensation by aproximately \$30,000 per physician for a year at our medicare mix of 60%.	3/7/2013 10:41 AM
105	It should be against the law. This is ridiculous.	3/7/2013 10:30 AM
106	Will have to reduce expenses by laying off ancillary employees.	3/7/2013 10:28 AM
107	We live in an area with large government employer. Patients will not get their mammograms, colonoscopies, preventative care and thus the cancer will not be detected early enough to effect a potential cure. It will set cancer care back 20 years.	3/7/2013 9:59 AM
108	I cannot take any more cuts my drug bills are increasing and I will be filing bankruptcy	3/7/2013 9:49 AM
109	--	3/7/2013 9:38 AM
110	More patients would be sent to hospital for treatment.	3/7/2013 9:36 AM
111	we are hospital based, non-profit with a 80% Medicare payer mix.	3/7/2013 9:35 AM
112	We are the only oncology group in all of Monterey County - if we don't take care of these patients, they will all be forced to go to hospitals *in and out of Monterey County** to get their treatment - costs will be significantly higher and the patients will have to travel much further to be treated.	3/7/2013 9:34 AM
113	Patients will be treated at other facilities, staff will be laid off	3/7/2013 9:24 AM
114	We will disenroll from medicare and direct our current medicare patients to seek treatment elsewhere.	3/7/2013 9:21 AM
115	We are really in a wait and see mode although that is just burying our heads in the sand. There is no clear strategy for trying to run 50% of a business with no profit.	3/7/2013 8:57 AM
116	This will most likely shut our doors, the margins are too thin.	3/7/2013 8:33 AM
117	We have to make staff cuts and will no longer be able to provide the level of service we are currently providing. Possibly not treating Medicare patients at all. In a rural community, this will have a HUGE impact on the facility to take over care, in a facility already strapped and unable to provide what they are currently doing.	3/7/2013 8:16 AM
118	Dependent on the cuts put into action and the percent of impact to our practice, we would have to evaluate closely our losses. Perhaps increasing Medicare patient population to our local 430b hospital system (as we are not 430b) to reduce the impact to our bottom line. We are already struggling to administer drugs in our office without having to carve the drug out to a Specialty Pharmacy- losing the loss of the drug % to help our office. Any lowering of Medicare reimbursement that is only paid pennies on the cost right now, would cause serious decison making on further treatment to this population. Unfortunately, shifting the care of the patient to a hospital setting causes complications to a continuum of care to a very sick and elderly population that is battling cancer- not the population you want to shift to a busy, mechanical hospital environment.	3/7/2013 8:12 AM
119	Every Medicare case will be cost evaluated. Staff layoffs will be imposed.	3/7/2013 7:44 AM

Medicare Sequestration

#	Responses	Date
120	Even more woresome is all the Medicare Advantage Plans and other carriers paying current Medicare rates	3/7/2013 7:32 AM
121	Unable to estimate number of Medicare patients per year; however, 70+% of our patient poplation is composed of Medicare aged patients.	3/7/2013 7:24 AM
122	We are considering not seeing any new Medicare pts	3/7/2013 7:13 AM
123	Look to find any other possibly ways to become more efficient in order to stay an independent oncology practice.	3/7/2013 7:03 AM
124	If we were not hospital based now, we would be sending all Medicare pts to hospital. things change when you are now part of a hospital system.	3/7/2013 7:02 AM
125	This is a scary thought that cancer care is being put on the chopping block yet again! We must stop these cuts. Practices are closing all over the country and costs will NOT decrease as a result. Costs to the healthcare system will increase and out patient's access to care will suffer!	3/7/2013 6:55 AM
126	At this point hard to say we need to know the big answer on the cut for drugs	3/7/2013 6:21 AM
127	Reduce Staff and hours	3/7/2013 6:09 AM
128	We would probably have to layoff 1 person to balance the financial impact on our practice. That means increasing the workload on other. We not be offering raises or incentive compensation this year.	3/7/2013 5:59 AM
129	It pushes us closer to not being able to survive in community cancer care and having to look at being bought out by a hospital	3/6/2013 3:47 PM
130	Our practice is already underwater on some drugs that we give to Medicare patients. The amount that we are underwater, as well as the quantity of drugs that we lose on will increase with an additional 2% cut. We will most likely have to send patients receiving certain drugs elsewhere for treatment. It has been our policy to treat everyone, even if the cost of their drugs exceded Medicare reimbursement. However, if sequestration impacts drugs, we believe that for the first time we will have to send some Medicare cancer patients to other facilities (hospitals).	3/6/2013 2:44 PM
131	We are all ready running a very low margin business model so losing income on services or medications would require us to make some level of additional sacrifice in terms of jobs, salaries, or benefits. We are one of the low cost providers in our market already and it is unfair for us to endure further cuts that hurt us more and other settings like academic medical centers will not be forced to make any changes as they are paid more advantageously than our private practice.	3/6/2013 2:12 PM
132	This cut could possible close our office due to our percentage of medicare patients. We are already sending many patients to the hospital at this time for treatment that would have been treated in our office due to higher cost and lower reimbursement	3/6/2013 2:00 PM
133	close outside offices, evaluate reducing overhead etc.	3/6/2013 1:47 PM
134	If we are underwater on the drug then even if the patient has a supplement insurance they would be sent to the hospital.	3/6/2013 1:45 PM
135	Staff lay offs and no future expenditures for equipment	3/6/2013 1:37 PM
136	We would seriously reduce our number of new Medicare patients seen. We would a significant amount of our treatments and infusions at other facilities such as the hospital. The hospital setting is a far more expensive and inefficient place of service for the patient.	3/6/2013 1:13 PM
137	It will cause us to evaluate in what capacity we can see and treat medicare patients	3/6/2013 12:59 PM
138	devastating to our practice and patients; we live in a largely indigent community	3/6/2013 12:25 PM
139	Staffing may need to be cut, hold on any raises. Patient care could be compromised due to not being able to provide treatment in our office	3/6/2013 12:21 PM
140	We are the only group practice in the County, all others have gone out of business. Sequestration would force us to inform patients that chemo will no longer be available at our office since we have a 65% Medicare patient population	3/6/2013 12:03 PM
141	The above number (2800) is number of Medicare 1st hour infusion encounters/injections/2012 - there is no way we could absord the 2% loss.	3/6/2013 12:00 PM
142	Medicare patients would still be see in our office for E&M but treatments in clinic would be greatly reduced if reimbursement is minimal.	3/6/2013 11:59 AM

Medicare Sequestration

#	Responses	Date
143	It will put a severe bind on us. Once we know what the drug reimb. would be, we will analyze each individual drug. We will try to treat as many patients as we possibly can, but cannot use drugs which are underwater to the point of not being able to make up with infusions. (We know that does not cover the cost of treating). Bottom line - we really don't know.	3/6/2013 11:50 AM
144	It is too soon to determine exactly what impact this will have.	3/6/2013 11:45 AM
145	We will generate significant losses. This negative outcome will effect longevity. If we can't see our current volume of patients, they will be routed to the University where costs are significantly higher for all payers.	3/6/2013 11:43 AM
146	Close down other departments not generating revenue, ie; Foundation, Research, remote locations	3/6/2013 11:43 AM
147	The sequestration makes it even more difficult to continue doing business as a freestanding center. We're seeing many practices selling out to hospitals. The sequestration will further that push, which will diminish the number of freestanding oncology centers. CMS is not taking into consideration the financial impact that this shift will cause as many Part B facilities will soon be reimbursed as Part A rates once they merge with hospitals. This shift will promptly nullify any short-term savings that the sequestration hopes to achieve.	3/6/2013 11:37 AM
148	Possible cost cutting measures like reduced staff. Possible change in model of operations, e.g. change from community based to hospital based.	3/6/2013 11:36 AM
149	we have a 65% medicare population was my answer to above, I do not have specific numbers if we send out the medicare population we will likely need fewer staff	3/6/2013 11:34 AM
150	In many regimens, we have to rely on admin to cover drug expenses because reimbursement is less than the cost of drugs. The only other oncologist in our city went out of business a month ago due to expenses exceeding income. This could put us out of business as over 85% of our patients are Medicare.	3/6/2013 11:33 AM
151	If we do not treat medicare patients my fear is we will be forced to close. Further cuts to the fee schedule seem unsustainable. Since the news of sequestration, the doctors are considering layoffs for an already scaled down (ancillary staff) practice	3/6/2013 11:27 AM
152	Due to how close practices are running now with little or no margin on their services, sequestration wilol probably be what breaks the camels back!	3/6/2013 11:24 AM
153	This will necessarily cause us to look internally too and see if we can reduce some of our expenses, meaning FTEs.	3/6/2013 11:17 AM
154	It was budgeted...more of a global system impact...reduction in capital spending and staffing	3/6/2013 11:14 AM
155	The cut will also impact raises for staff members and the decision to cut staff. The possibility of selling out and being a facility owned practice is more of a possibility.	3/6/2013 11:11 AM
156	We will have to do something, but we have not really discussed this as a group yet	3/6/2013 11:09 AM
157	40 % medicare population.	3/6/2013 11:08 AM
158	If drug payment is reduced, that will cause more drugs to be underwater. We will stop treating patients whose drugs that are underwater by more than \$10.	3/6/2013 11:01 AM
159	Most likely force a second look at partnerning with a hospital system.	3/6/2013 10:55 AM
160	We just hired a new MD to replace one who retired. We may not be able to keep her! Or, may have to let our NP go. Sad!	3/6/2013 10:41 AM
161	It could very well close our doors.	3/6/2013 10:40 AM
162	I am unable to get Number 7 to populate...we trate 15,000 medicare patients per year.	3/6/2013 10:39 AM