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PRECISION ONCOLOGY

Elevating the perspective: How health systems can solve genomic testing at scale

The business and delivery of cancer care are rapidly evolving.

Researchers have advanced precision medicine so fast that it's hard to keep up in practice. In fact, as a recent survey of over 20 C-suite and Divisional Director leaders at community health systems, academic health systems, community oncology practices, and oncology networks illustrates, providers sometimes struggle to translate test results into actionable treatment decisions.[1,2]

One of the factors influencing this situation is the fact that most leadership teams face a constant stream of new financial pressures, especially as per-case reimbursements drop and value-based care gains momentum. Meanwhile, cancer centers continue to appeal to, attract, and retain patients by emphasizing the best-in-class nature of their clinical treatments, as well as their ability to enroll patients in clinical trials tailored to their individual diseases.

Not only does greater clinical trial participation provide additional treatment options for late-stage patients with minimal out-of-pocket cost, it's also beneficial from a business standpoint. Clinical trial participation could create a source of supplemental revenue, along with the stature of offering cutting-edge cancer treatment, both of which contribute positively to patient referrals and retention.[1]

Financial constraints and autonomy collide

As health systems work to navigate these headwinds and reduce the cost of diagnostics, they perform limited biomarker testing instead of comprehensive genomic profiling, leading to missed opportunities to improve care and make treatment a core part of a holistic, individualized patient journey.

One reason why is financial stewardship.

Genomic testing used to be both incredibly expensive and rarely reimbursed, so many doctors learned how to protect their patients from huge bills. This could mean some clinicians test too few patients. Some might order a single-gene assay instead of a full CGP panel. Others might wait to test until the disease progresses. In some instances, payors may not yet realize the advantages of comprehensive upfront testing and may only incentivize single biomarker testing. Limited access to patients and molecular diagnostic testing due to cost and coverage becomes a frequent concern for clinicians.[1]

Leaders broadly recognize the impact molecular diagnostic testing can have on speed-to-care, reducing over- and under-treatment, and limiting treatment-related toxicities, as well as the risks of conservative testing if facing rapidly advancing disease.[1,3] But starting a therapy early can be equally risky if it begins before the care team receives a test result that could illuminate a more tailored therapy.

Another factor is clinician autonomy. Many doctors fully embrace precision medicine. But their drive to assess each test individually could push them to work with multiple labs and technologies. Not only could this mean they might not choose the best possible lab partner for the duration of the case, it could also further exacerbate the challenges associated with already complex workflows.[1]

When physicians order multiple cancer tests but receive results in different formats and systems—and on inconsistent timelines—the variation could result in new administrative burdens and reimbursement surprises. Relying on multiple testing labs and locations also creates difficulties efficiently utilizing tissue blocks. In fact, over 70% of health systems cite tissue insufficiency as the top reason why cancer patients may not take part in biomarker testing or receive the results in time to influence therapy decisions.[2]

This added administrative overhead can feel particularly overwhelming as budgets constrict and human resources remain scarce.

Beyond variation, comprehensive genomic profile testing produces significant amounts of data, which is simultaneously invaluable and challenging to manage. Not all systems and practices are capable of receiving, storing, and using the data generated by molecular diagnostics in the same ways. Community health systems and smaller oncology practices in particular may recognize the value of the data generated by increased testing, but often lack the resources to manage and effectively utilize it.[1]

Furthermore, not every laboratory has the same stance on sharing data back to the health system, which often leaves organizations with laboratory test result reports only—but not the raw data that could benefit their research, trials, and practice.

Care standards and revenue goals often depend on aligning more patients with the latest therapies and clinical trials. But it's difficult for health systems to efficiently get what they need out of the data when it's so fragmented.

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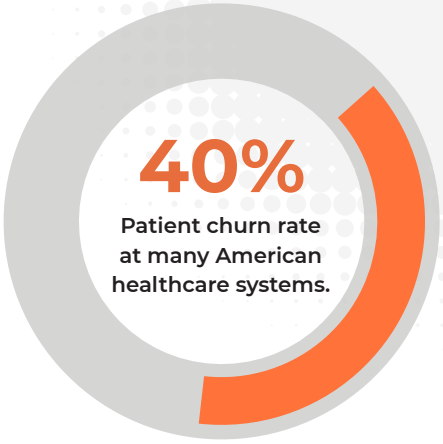
A focus on discrete stages obscures the broader view

As cancer care evolves, these discrete approaches to testing make it difficult for health systems to keep pace.

Patients might not always receive the most personalized treatments at the right time, which could put both their health outcomes and finances at risk. To this end, nearly one-third of health systems say it takes too long to receive test results—patients either refused to wait for a therapy or passed away before one could be offered.[2]

Health systems, meanwhile, could fail to match patients with clinical trials, limiting treatment options while causing them to lose patients to other systems. This may explain why many health systems now see patient churn rates above 40 percent.[4 5]



As a result of this rapid churn, as well as payors who pay for quality and quantity, health systems could see their reimbursements decline—at the same time the costs of complexity continue to escalate. Labor costs in particular are expected to grow by six to ten percent over the next several years, further straining finances as reimbursements fall. [6]

These risks to patient outcomes and satisfaction, as well as reimbursements, show that when it comes to precision medicine in cancer, many health systems have their focus too centered on discrete stages for an individual patient or disease type. The trouble with this approach is that it obscures the larger issue: solving the strategic and operational difficulty of genomic testing at scale—across entire patient populations as well as the entire cancer continuum.

To elevate genomic testing in cancer care, organizations need to make best practices more accessible to both clinicians and patients. That means designing a comprehensive genomic testing program that begins with multiple cancer types and disease stages—and integrates effective screening.

They must streamline their precision medicine workflows from both a technology and efficiency perspective.

And they need to align more patients with the latest therapies and clinical trials, while capturing and keeping emerging treatment opportunities inside the health system.

Persistent challenges prevent change

When done correctly and effectively, elevating genomic testing in cancer care could make personalized care available to more patients sooner—in a much more cost-effective manner—while boosting brand equity and competitive differentiation.[7 8 9 10 11]

However, several pressing challenges stand between health systems and these results:

Scientific innovation can quickly outpace clinical adoption

Fragmented testing creates more administrative complexity and potential care deficiencies

Maintaining an edge in a competitive landscape remains challenging

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The innovation-adoption gap

Physicians want to give their patients the best—the best tests, the best treatments, the best care, and the best experience. But it can be difficult to deliver quality at scale when the best is always getting better.

This innovation doesn't just reside in the lab. It's impacting decisions around pre- and post-diagnostic care pathways, including who should be tested for what, which test options and ordering systems should be used, or how to interpret test result data. At the health system level, fragmented or outdated care pathways create additional bottlenecks when it comes to translating test results, genomic profiles, or real-world evidence data into actionable treatment protocols.

All the while, it's patients who pay the physical, emotional, and financial toll while they wait anxiously for what's next. If they opt for therapy at their doctor's recommendation, only to learn from subsequent tests that it's less effective than another option, it could negatively impact the patient's outcomes, along with the system's quality and reimbursement performance and reputation.

Health systems can address this challenge by making best-practice genomic testing more accessible to both physicians and patients.

When they're free to efficiently order from a broad portfolio of exemplary tests across different cancer types and disease stages, organizations can simplify testing without sacrificing quality. They can then help clinicians identify the right patients for testing faster and more consistently by implementing HIT integrations into the EHR, such as embedded ordering and resulting or automated best practice pop-up alerts. As for patients, health systems can help them feel more informed and connected along their journeys by offering digital communication tools built to limit the anxieties associated with testing and treatment selection.

By making it easier to integrate advanced genomic testing practices into their care pathways, organizations can accelerate evidence-based care in a way that helps to support clinician autonomy and drive better patient outcomes.

Fragmented testing, greater complexity, more deficiencies

An uptick in new diagnostic tests and influx of newly screened cancer patients is a good sign of progress. Yet, for many health systems, it also signals a rapid increase in their administrative burdens, as well as greater pressure on their bottom lines.

On average, physicians spend over 16 minutes per patient visit on documentation.[12] Factor in the complexity of genomic testing—the heaps of data to process, the multiple vendors and labs to coordinate throughout the country, and so on—and that number may jump higher for oncologists and urologists.

Understandably, this pushes many physicians to delegate testing tasks to non-clinical staff, who place orders in multiple portals and transfer results data manually from PDFs to the EHR.

But dedicating time to unnecessary or low-value activities could create capacity concerns that quickly balloon into budget issues as turnover rates climb and margins decrease. The heavier the workload becomes, the greater the risk of testing delays, data entry errors, and staff burnout.[13] [14]

Health systems can drive greater standardization—without sacrificing clinician autonomy—by focusing on streamlining their precision medicine workflows.

Often, delivering quality care proactively—and with greater speed and simplicity—begins with a formal workflow assessment from an expert resource. The aim here is to identify ways to automate the ordering and resulting of genomic testing data in EHR and HIT systems, as well as other potential areas of optimization. For example, health systems could identify opportunities to reduce turnaround and test-to-treatment times. Or they could tackle complex financial questions by tapping into reimbursement assistance.

Taking this collaborative approach should enable organizations to improve and optimize technology, allocate staff and budget more efficiently, and bring better control and predictability to their precision medicine workflows.

Solidifying the health system's leadership position

Expanding patient volumes is critical to any health system's ability to continue delivering high-quality cancer care, particularly in the face of declining reimbursements. Many might see growth as a result of opening more locations and advertising in new markets, but reach alone may not be enough.

Patients will search far and wide for the best doctor, treatment, or care experience. Without sufficient patients and advanced technologies, organizations could struggle to recruit elite physicians. Nor will they find enough candidates to fill specialized clinical trials. A lack of top-tier physicians and a limited complement of clinical trials may make it harder to attract patients, deliver a positive experience, and retain them over the long term.

With the right portfolio of tests, health systems can align patients with the latest therapies and clinical trials—and capture emerging treatment opportunities that aid in both patient acquisition and retention.

By collaborating with experts to build custom data mining solutions, organizations could resurface eligible patients and match them to new treatments or trials. Pair this with a broad, high-quality portfolio of genomic tests, and health systems will be able to cast a wider net, capturing more patients earlier in their cancer journeys.

Patients will always have choices. But if health systems are able to build their brand equity and referrals in this this way, they may increase the likelihood patients choose them, stay with them, and refer their family and friends to them.

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Conclusion

As financial and competitive pressures escalate alongside rapid advances in cancer care, health systems often see their perspective on testing limited to specific stages for individual patients or disease types.

Not only does this approach jeopardize both patient outcomes and financial results, it also threatens to leave health systems further behind the latest innovations in precision medicine.

Health systems may counter this adverse momentum by taking three key steps: make best practices clearer and more accessible to both clinicians and patients; lean on technology to simplify precision medicine workflows; and capture new treatment opportunities by aligning more patients with the latest therapies and clinical trials.

With the right approach to this shift—as well as the right support—health systems will be well positioned to elevate genomic testing in cancer care.

About Exact Sciences

A leading provider of cancer screening and diagnostic tests, Exact Sciences relentlessly pursues smarter solutions providing the clarity to take life-changing action, earlier. Fueled by the success of Cologuard and Oncotype DX, Exact Sciences is investing in its product pipeline to take on some of the deadliest cancers and improve patient care. Alongside its visionary collaborators and in partnership with communities, Exact Sciences unites the best resources to help advance the fight against cancer.

For more information, please visit healthsystems.exactsciences.com.

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