



COMMUNITY ONCOLOGY FELLOWS INITIATIVE

FACTS & FALLACIES

Hematology, Oncology and Radiation Oncology practice in the community setting is extremely vibrant, diverse and inspiring. In addition to the exciting and ever changing clinical practice, a physician can develop other areas of interest such as clinical research, write up of scientific or position papers, informatics, patient advocacy, and community involvement. Oncologists in the community setting do have control of their work load, schedules and can deliver the most up-to-date quality care.

The practice of hematology/oncology in the community setting has not been accurately represented, likely because teaching institutions are not privy to the nuances of working in the private practice setting. We want to set the record straight.

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CLINICAL TRIALS

FALLACY: You will never participate in clinical trials.

FACT: Private practice community oncologists are very much involved in clinical trials. At Florida Cancer Specialists, for example, there are currently 25 active clinical trials in place.

PUBLISHING & PRINTING

FALLACY: You will never have the opportunity to submit scientific or position papers or present at scientific meetings

FACT: Community oncologist submit over 50% of the papers published at national and local oncology meetings

ON-CALL

FALLACY: You will be on-call every weekend and every holiday

FACT: The majority of private practices in this country provide fair and equitable call schedules for their physicians.

STATE -OF-THE-ART-CARE

FALLACY: The most current treatments are only available at large hospitals or academic medical hospitals.

FACT: Almost 55% of all cancer patients are treated in the community oncology setting where they receive high quality state-of-the-art-cancer care

COST OF CARE

FALLACY: Community practices are smaller so the cost of care must be higher

FACT: A Leavitt Partners March 2017 review of ten studies conducted between 2011 and 2016, found that, on average, the cost of care was 38% higher in the hospital outpatient department as compared to physician office care.

(Leavitt Partners, Cancer Treatment Costs Are Consistently Lower in the Community Setting versus the Hospital Outpatient Department: A systematic Review of the Evidence; March 2017; Lia Win-feld, PhD, David Muhlestein, PhD, JD.)

PATIENT INTERACTION

FALLACY: Hospital-based care allows the physician to spend more time with each patient

FACT: Community oncology practices set their own pace; hospitals often give physicians a patient and/or RVU quota which, if not met, affects their personal salary.