

**ASCO<sup>®</sup>**

AMERICAN SOCIETY OF CLINICAL ONCOLOGY

## Welcome to the 2020 ASCO Survey of Oncology Practice Operations.

This survey has been developed by the ASCO Clinical Affairs department to collect and report data important to today's oncology practices. To receive the full value of survey participation, complete as much of the survey as you can and be as accurate as possible.

**Don't guess at your numbers** - that provides no value for you or for other survey respondents. We will use your data to develop valid benchmarks that will help you know how your practice compares to others.

If you do not have access to data required to complete the entire survey, incomplete surveys will be accepted. Again, be as accurate as possible.

### INSTRUCTIONS

All responses should be for calendar year 2019 or your most recently completed 12-month accounting period.

Unless otherwise specified, please answer all questions for the hematology/oncology division of your practice or institution. A small number of radiation oncology questions are included; this section will be expanded in the future. Definitions are provided in the survey tool.

### SURVEY NAVIGATION

When navigating through the survey, please use the Previous and Next buttons at the bottom of each page. DO NOT USE your browser's Back button.

If you start the survey but cannot complete it in one session, simply click on "Exit" in the top right corner of the screen. Use the same computer to log back into the survey, and you will be taken to your partially completed survey for completion.

### MATCHING PRINCIPLE

As you answer the survey questions, be sure to be consistent in your responses. For example, the number of FTE hematology/oncology physicians should match the wRVU reported and the revenue generated from that wRVU. One common situation is a practice where some percentage of physician time is spent providing services under a different contract and those services are not included in the wRVU being reported in the survey. In that instance, be sure to adjust the FTE HemOnc count accordingly.

### REPORTING FORMAT

Provide all financial responses as whole dollars; do not use dollar signs, commas, or periods in your responses.

CORRECT: 5125750

INCORRECT: \$5,125,750.00

Report all FTEs rounded to two decimal places (e.g. 4.75)

### QUESTIONS?

For questions about definitions or specific data fields, or technical questions regarding the survey tool, contact [David Harter](#).

PRACTICE DEMOGRAPHICS

\* 1. Please provide contact information. These are required fields.

**Practice Name:**

**Respondent First Name:**

**Respondent Last Name:**

**State/Province**

**Email Address**

**Phone Number (xxx-xxx-xxxx):**

\* 2. What is your role/position in the practice? (choose the best response)

- Physician
- CEO/Executive Director
- Practice Administrator/Office Manager
- Director of Finance/CFO
- Advanced practice provider (NP, PA)
- Nurse Manager/Nurse
- Billing Manager
- Pharmacist
- Other (please specify)

\* 3. Which best describes your current business structure? (choose one)

- Physician-owned oncology practice
- Physician-owned multi-specialty practice
- Health system (employed physicians, PSA, or other arrangement) with academic affiliation
- Health system (employed physicians, PSA, or other arrangement) without academic affiliation
- Other (please specify)

4. What physician specialties does your practice include? (choose all that apply)

- Hematology
- Medical Oncology
- Gynecologic Oncology
- Radiation Oncology
- Surgical Oncology
- Urology
- Other, oncology-related specialties
- Other, non-oncology specialties

5. If you selected either of the "other" choices above, please specify which other physician specialties your practice provides.

6. What services does your practice include? (choose all that apply)

- Drug administration services
- Laboratory services, basic (basic chemistry and hematology)
- Laboratory services, complex (flow cytometry, genomics, other)
- Imaging services
- Point-of-care dispensing pharmacy
- Psychosocial support
- Generic counseling
- Nutrition/dietary
- Clinical trials
- Other (please specify)

7. Did your practice participate in the Oncology Care Model (OCM) during the calendar year 2019?

- Yes
- No
- Not sure

PRACTICE FACILITIES

For this section, a full-time equivalent clinic is one that operates at least 40 hours per week (typically, at least 8 hours a day, 5 days per week). If you operate an office less than full-time, count as a partial FTE (for example, an office that is rented from the hospital for one day, every-other week, would count as 0.1 FTE).

8. How many full-time equivalent hematology/oncology clinics does your practice operate?

9. How many drug administration chairs does your practice operate? (include both infusion and injection-dedicated chairs)

10. How many full-time equivalent radiation oncology clinics does your practice operate?

11. How many linear accelerators does your practice operate? (this data point will be used with a later question regarding the number of EBRT treatments. Include only those linacs from which you bill the technical charges and can count the number of EBRT treatments)

PHYSICIAN STAFFING

**For each specialty, a full-time equivalent (FTE) physician is one who is in clinic, or surgical suite, four days per week, works on clinic business at least part of the fifth day each week, and shares call with other physicians in the practice.**

**The number of FTEs may be a whole number or decimal, depending on how much time the physician puts in at your practice.**

\* 12. FTE hematology/oncology physicians

\* 13. FTE radiation oncology physicians

\* 14. FTE gynecologic oncology physicians

\* 15. FTE surgical oncology physicians

\* 16. FTE urology physicians

\* 17. FTE other oncology-related physicians

\* 18. FTE other non-oncology-related physicians

PRACTICE VOLUME - HEMATOLOGY/ONCOLOGY

**wRVU**

The resource-based relative value system (RBRVS) assigns a relative value to each procedure code based on physician work, practice expense, and professional liability. Relative value units (RVU) are used by many payers (include Medicare) to determine reimbursement for services. RVUs are available on the [CMS website](#).

**wRVU** refers to the physician work component assigned to each code. Report **wRVU** in each of the following categories.

**Total hematology/oncology wRVU for the period. This is the sum of wRVU provided by all physicians in the hematology/oncology business unit of your practice in the 12-month period.**

\* 19. Total wRVU for all services personally provided by a hematologist, hematology/oncologist, or medical oncologist in the 12-month period.

**Hematology/oncology wRVU for advanced practice provider services billed "incident to" a hematology/oncology physician in the 12-month period.**

\* 20. wRVU, hematology/oncology, "incident to"

**Hematology/oncology wRVU for advanced practice provider services billed directly to the advanced practice provider's provider number AND not billed or attributed to a hematology/oncology physician in the 12-month period.**

\* 21. wRVU, hematology/oncology, APP direct

PRACTICE VOLUME - RADIATION ONCOLOGY

**wRVU**

The resource-based relative value system (RBRVS) assigns a relative value to each procedure code based on physician work, practice expense, and professional liability. Relative value units (RVU) are used by many payers (include Medicare) to determine reimbursement for services. RVUs are available on the [CMS website](#).

**wRVU** refers to the physician work component assigned to each code. Report **wRVU** in each of the following categories.

**Total radiation oncology wRVU for the period. This is the sum of wRVU provided by all physicians in the radiation oncology business unit of your practice in the 12-month period.**

\* 22. Total wRVU for all services personally provided by a radiation oncologist in the 12-month period.

**Radiation oncology wRVU for advanced practice provider services billed "incident to" a radiation oncology in the 12-month period.**

\* 23. wRVU, radiation oncology, "incident to"

**Radiation oncology wRVU for advanced practice provider services billed directly to the advanced practice provider's provider number AND not billed or attributed to a radiation oncology physician in the 12-month period.**

\* 24. wRVU, radiation oncology, APP direct

PracticeNET PARTICIPATION

# ASCO<sup>®</sup> PracticeNET

## Networking for Education and Transformation

25. The remaining practice volume questions are regarding the number of visits, infusion services, radiation management and treatment, and other services. If your practice is a PracticeNET member and has submitted complete data for 2019, please indicate this below, and this survey will skip the remaining volume questions and move on to the next section.

If you are unsure as to whether your practice participates in PracticeNET, [please contact us](#).

PracticeNET is a free business learning collaborative from ASCO's Clinical Affairs department. The program collects and aggregates data from its member practices and produces feedback to help those member practices optimize their business operations, payment methods, and other administrative practices. For more information on PracticeNET, [visit our website](#).

Is your practice currently participating in PracticeNET and submitting data on a regular basis?

- Yes
- No
- Unsure

PRACTICE VOLUME - HEMATOLOGY/ONCOLOGY

For each of the service categories listed, provide the **count of services delivered**, defined as the sum of all units of service billed for the specified codes in the 12-month period; include counts for all services rendered, whether or not payment has been received.

Collect this information from your practice management system and report for each of the listed categories for the hematology/oncology division of your practice. Report all service counts as whole numbers. Do not use dollar signs, commas, or periods in your responses.

26. Hematology/oncology, office/outpatient, new patients (99201-99205)

99201	<input type="text"/>
99202	<input type="text"/>
99203	<input type="text"/>
99204	<input type="text"/>
99205	<input type="text"/>

27. Hematology/oncology, office/outpatient, established patients (99211-99215)

99211	<input type="text"/>
99212	<input type="text"/>
99213	<input type="text"/>
99214	<input type="text"/>
99215	<input type="text"/>

28. Hematology/oncology, observation services (99217-99220)

99217	<input type="text"/>
99218	<input type="text"/>
99219	<input type="text"/>
99220	<input type="text"/>

29. Hematology/oncology, hospital, initial care (99221-99223)

99221	<input type="text"/>
99222	<input type="text"/>
99223	<input type="text"/>

30. Hematology/oncology, hospital, subsequent care (99231-99233)

99231

99232

99233

31. Hematology/oncology, hospital, discharges (99234-99236, 99238-99239)

99234

99235

99236

99238

99239

32. Hematology/oncology, office/outpatient, consultations (99241-99245)

99241

99242

99243

99244

99245

33. Hematology/oncology, hospital, consultations (99251-99255)

99251

99252

99253

99254

99255

34. Prolonged evaluation and management services (99358, 99359)

99358

99359

35. Chronic condition management (99487, 99489, 99490, G0506)

99497

99489

99490

G0506

36. Transitional care management (99495, 99496)

99495

99496

37. Advance care planning (99497, 99498)

99497

99498

38. Genetic counseling (96040, S0265)

96040

S0265

39. Virtual management (G2010, G2012)

G2010

G2012

PRACTICE VOLUME - DRUG ADMINISTRATION SUITE

For each of the service categories listed, provide the **count of services delivered**, defined as the sum of all units of service billed for the specified codes in the 12-month period; include counts for all services rendered, whether or not payment has been received.

Collect this information from your practice management system and report for each of the listed categories for the drug administration suite of your practice. Report all service counts as whole numbers. Do not use dollar signs, commas, or periods in your responses.

40. Drug admin, hydration (96360, 96361)

96360	<input type="text"/>
96361	<input type="text"/>

41. Drug admin, therapy, prophylaxis, or diagnosis (96365-99379)

96365	<input type="text"/>
96366	<input type="text"/>
96367	<input type="text"/>
96368	<input type="text"/>
96369	<input type="text"/>
96370	<input type="text"/>
96371	<input type="text"/>
96372	<input type="text"/>
96373	<input type="text"/>
96374	<input type="text"/>
96375	<input type="text"/>
96376	<input type="text"/>
96377	<input type="text"/>
96379	<input type="text"/>

42. Drug admin, chemotherapy (96401-96549, G0498)

96401

96402

96405

96406

96409

96411

96413

96415

96416

96417

96420

96422

96423

96425

96440

96446

96450

96521

96522

96523

96542

96549

G0498

PRACTICE VOLUME - RADIATION ONCOLOGY

For each of the service categories listed, provide the **count of services delivered**, defined as the sum of all units of service billed for the specified codes in the 12-month period; include counts for all services rendered, whether or not payment has been received.

Collect this information from your practice management system and report for each of the listed categories for the radiation oncology division of your practice. Report all service counts as whole numbers. Do not use dollar signs, commas, or periods in your responses.

43. Radiation oncology, office/outpatient, new patients (99201-99205)

99201	<input type="text"/>
99202	<input type="text"/>
99203	<input type="text"/>
99204	<input type="text"/>
99205	<input type="text"/>

44. Radiation oncology, office/outpatient, established patients (99211-99215)

99211	<input type="text"/>
99212	<input type="text"/>
99213	<input type="text"/>
99214	<input type="text"/>
99215	<input type="text"/>

45. Radiation oncology, office/outpatient, consultations (99241-99245)

99241	<input type="text"/>
99242	<input type="text"/>
99243	<input type="text"/>
99244	<input type="text"/>
99245	<input type="text"/>

46. Radiation oncology, treatment management (77427, 77431-77435, 77469)

77427

77431

77432

77435

77469

47. Radiation oncology, external beam radiation treatment (77371-77373, 77385, 77396, 77401-77412, G0339, G0340, G6003-G6016)

77371

77372

77373

77385

77386

77401

77402

77407

77412

G0339

G0340

G6003

G6004

G6005

G6006

G6007

G6008

G6009

G6011

G6012

G6013

G6014

G6015

G6016

PRACTICE STAFFING - OVERALL

**Instructions for the practice staffing section:**

All staff positions should be reported as full-time equivalents (FTE). One FTE staff is a person working 40 hours/week or 2080 hours/year. An FTE is calculated by dividing the number of hours worked per week by 40. Example: someone who works 20 hours/week would equal 0.5 FTE; 32 hours/week would equal 0.8 FTE.

Some staff positions may need to be counted in more than one category. For example, if the practice administrator spends one-third of his/her time on drug purchasing, 0.33 should be included in the "chemo admin" staff category, and the remaining 0.67 would be included as "Executive/senior management." Do not report more than 100% for any staff position and do not count any person/position more than once.

Note that staffing information is requested for the following areas, if applicable: administrative, hematology/oncology, drug administration services, radiation oncology, ancillary services (lab, imaging, oral), and clinical research.

For any category for which you do not have staff, please enter 0 - this helps us distinguish between practices without a certain staff type, versus those failing to answer the question.

48. FTE staff working in *ALL* departments/specialties in the practice. Include all staff, including advanced practice providers. Do not include physicians.

Annual compensation is defined as the sum of all W-2 pay made to all staff in all departments/specialties in the 12-month period. Do not include physicians.

Number of FTE staff

Total W-2 compensation

PRACTICE STAFFING - ADMINISTRATIVE

**Executive staff** - includes executives in all departments/specialties of the practice. Include all executive and senior management staff, all staff that report to the physician executive or the Board. Also include the physician executive. Do not include department level supervisors. Report on an FTE basis. For example, if the physician executive spends 20% of his/her time on management and 80% on patient care, report 0.2 in the Executive staff category and 0.8 in the appropriate physician category.

**Other managers** - includes any other managers not assignable to specific department, such as a Quality Manager or Compliance Officer. When a manager can be assigned to a specific department, such as a Treatment Suite Manager, assign them to the appropriate department or ancillary service.

**Front desk** - includes all front desk / reception staff at practice clinics.

**Financial advocates** - includes all staff involved in the patient financial navigation/counseling process in the practice, all departments/specialties. Duties may include estimating treatment costs; patient/family education regarding insurance benefits, limitations and patient financial responsibility; assisting patients to obtain financial and/or drug assistance; communicating with practice staff about patient financial issues. Estimate percentage of time all staff spend on these duties.

**Authorization staff** - includes staff responsible for the authorization of diagnostic and treatment services, including review of medical policy and obtainment of prior authorization, certification, or determination from managed care organizations.

**Other billing staff** - includes all staff involved in the billing and collecting process in the practice, all departments/specialties. Include staff responsible for charge entry, payment posting, coders, charge integrity staff (scrubbers), insurance verification, and all others involved in billing and collecting. Excludes: front desk, financial advocates, and authorization staff.

**Other administrative support** - includes all other staff not involved in direct clinical care.

REMINDER: FTE is defined as 2080 hours per year. Enter 0 if no employees fall into this category.

49. FTE Executive staff

50. Total W-2 compensation (executive)

51. FTE Other managers

52. Total W-2 compensation (managers)

53. FTE Front desk

54. Total W-2 compensation (front desk)

55. FTE Financial advocates

56. Total W-2 compensation (financial advocate)

57. FTE Authorization staff

58. Total W-2 compensation (authorization)

59. FTE Other billing staff

60. Total W-2 compensation (billing)

61. FTE Other administrative support

62. Total W-2 compensation (admin)

PRACTICE STAFFING - HEMATOLOGY/ONCOLOGY

**Advanced practice providers** - within the hematology/oncology business unit, includes nurse practitioners, physician assistants, and clinical nurse specialists acting as advanced practice providers involved in the co-management of patients' clinical needs.

**Nurse navigators/clinicians** - within the hematology/oncology business unit, includes nurses supporting patient management **other** than chemotherapy administration, research, or other ancillary functions.

**Medical assistants** - within the hematology/oncology business unit, includes medical assistants (credentialed and otherwise) supporting patient management.

**Social workers** - within the hematology/oncology business unit, includes bachelors-prepared, masters-prepared, and other social workers supporting patient management.

**Genetic counselors** - within the hematology/oncology business unit, includes genetic counselors engaged in counseling of patients, family members, and others on cancer risks and mitigation. Note: for APPs, nurses and others with training in genetic counselor, estimate their time spent in this work within the practice and subtract that FTE and compensation from the other categories.

**Nutritionists** - within the hematology/oncology business unit, includes nutritionists/dietitians engaged in counseling of patients' nutritional needs.

**Other clinical support** - within the hematology/oncology business unit, includes all other staff involved in direct clinical care.

REMINDER: FTE is defined as 2080 hours per year. Enter 0 if no employees fall into this category.

63. FTE Advanced practice providers

64. Total W-2 compensation (APP)

65. FTE Nurse navigators/clinicians

66. Total W-2 compensation (nursing)

67. FTE Medical assistants

68. Total W-2 compensation (MA)

69. FTE Social workers

70. Total W-2 compensation (social workers)

71. FTE Genetic counselors

72. Total W-2 compensation (genetics)

73. FTE Nutritionists

74. Total W-2 compensation (nutritionists)

75. FTE Other clinical support

76. Total W-2 compensation (clinical)

PRACTICE STAFFING - DRUG ADMINISTRATION SUITE

**Drug admin, nursing** - includes all nursing staff (RN, BSN, MSN) responsible for drug purchasing, chemotherapy teaching, drug mixing/preparation, drug delivery to patients, documentation of services provided, and management of these chemotherapy administration activities. If a nurse spends 60% of his/her time administering chemotherapy and 40% on other activities, include only 0.6 as "drug admin, nursing."

**Drug admin, pharmacy** - includes all pharmacy staff responsible for drug purchasing, chemotherapy teaching, drug mixing/preparation, documentation of services provided, and management of these chemotherapy administration activities. Include pharmacists and pharmacy technicians. If a pharmacist spends 70% of his/her time in the chemotherapy infusion pharmacy and chemo administration suite and 30% on other activities, include only 0.7 as "drug admin, pharmacy."

**Drug admin, other** - includes all other staff (MA, LPN, other) responsible for chemotherapy administration activities such as drug purchasing, chemotherapy teaching, drug mixing/preparation, documentation of services provided, and management of these chemotherapy administration activities. This may include medical assistants or administrative staff involved in drug purchasing. If a medical assistant spends 50% of his/her time in the chemotherapy suite and 50% in the exam room suite, include only 0.5 as "drug admin, other."

REMINDER: FTE is defined as 2080 hours per year. Enter 0 if no employees fall into this category.

77. FTE Drug admin, nursing

78. Total W-2 compensation (admin nurse)

79. FTE Drug admin, pharmacy

80. Total W-2 compensation (admin pharm)

81. FTE Drug admin, other

82. Total W-2 compensation (admin other)

PRACTICE STAFFING - RADIATION ONCOLOGY

**Advanced practice providers, radiation** - within the radiation oncology business unit, includes nurse practitioners, physician assistants, and clinical nurse specialists acting as advanced practice providers involved in the co-management of patients' clinical needs.

**Nurse, radiation** - within the radiation oncology business unit, includes nurses supporting patient management.

**Medical assistants, radiation** - within the radiation oncology business unit, includes medical assistants (credentialed and otherwise) supporting patient management.

**Physicists** - includes physicists time dedicated to patient treatment planning and management, and equipment safety. Include chief therapist time, except when also acting in an executive capacity with duties outside of radiation oncology.

**Dosimetrists** - includes dosimetrist time dedicated to patient treatment planning and management, and equipment safety.

**Radiation therapists** - includes radiation therapist time dedicated to delivery of radiation treatment. Include chief therapist time dedicated to supervising radiation staff.

**Other radiation support** - within the radiation oncology business unit, includes all other staff involved in direct clinical care.

REMINDER: FTE is defined as 2080 hours per year. Enter 0 if no employees fall into this category.

83. FTE Advanced practice providers, radiation

84. Total W-2 compensation (APP rad)

85. FTE Nurse, radiation

86. Total W-2 compensation (nurse rad)

87. FTE Medical assistants, radiation

88. Total W-2 compensation (MA rad)

89. FTE Physicists

90. Total W-2 compensation (physicists)

91. FTE Dosimetrists

92. Total W-2 compensation (dosimetrists)

93. Does your practice provide physics services to radiation oncologists not accounted for in the physician staffing section?

- Yes
- No
- Not sure

94. FTE Radiation therapists

95. Total W-2 compensation (therapists)

96. FTE Other radiation support

97. Total W-2 compensation (radiation)

PRACTICE STAFFING - ANCILLARY

**Laboratory staff** - includes all laboratory staff employed by the practice, serving patients of all departments/specialties.

**Imaging staff** - includes all laboratory staff employed by the practice, serving patients of all departments/specialties.

**Point-of-care dispensing, pharmacist** - includes credentialed pharmacists within the point-of-care (oral) dispensing unit, serving patients of all departments/specialties.

**Point-of-care dispensing, other** - includes all other staff within the point-of-care (oral) dispensing unit, serving patients of all departments/specialties.

98. FTE Laboratory staff

99. Total W-2 compensation (lab)

100. FTE Imaging staff

101. Total W-2 compensation (imaging)

102. FTE Point-of-care, pharmacist

103. Total W-2 compensation (POC pharmacist)

104. FTE Point-of-care, other

105. Total W-2 compensation (POC other)

PRACTICE STAFFING - CLINICAL RESEARCH

**Research, nursing** - includes nurses responsible for clinical research activities, to include: patient education, oversight of patient management and treatment, and documentation of clinical data elements.

**Research, data management** - includes research staff responsible for abstraction of clinical data elements and completion of data requirements from trial sponsors.

**Research, administrative** - includes management, contracting, compliance, and other administrative functions within the clinical research unit.

106. FTE Research staff, nursing

107. Total W-2 compensation (research nursing)

108. FTE Research staff, data management

109. Total W-2 compensation (research data)

110. FTE Research staff, administrative

111. Total W-2 compensation (research admin)

PRACTICE REVENUE

**Revenue** is defined as cash collections (collected revenue) for the 12-month period as reported on the practice's Profit & Loss Statement. This is all the money that was received by the business entity during the year for any service, regardless of when that service was provided. Total revenue is the same as gross income as reported on a cash-basis financial statement.

Provide all responses as whole dollars. Do not use dollar signs, commas, or periods in your responses.

112. Evaluation & management (E/M) services revenue. Defined as total collected revenue for all hematology/oncology E/M services.

113. Drug administration revenue. Defined as total collected revenue for all drug administration services.

114. Drug revenue (J & Q codes). Defined as total collected drug revenue.

115. Radiation oncology revenue. Defined as total collected revenue for all radiation oncology services.

116. Laboratory revenue. Defined as total collected revenue for all laboratory services.

117. Imaging revenue. Defined as total collected revenue for all imaging services.

118. Clinical trial revenue. Defined as total collected revenue from trial sponsors for clinical trial activities. Only report revenue not reported elsewhere.

119. Revenue, point-of-care dispensing. Defined as total cash collections for the period for the dispensing entity as reported on the practice's Profit & Loss Statement.

120. Other medical revenue. Defined as total collected revenue for all medical services not included above. Include unallocated collections, revenue from specialties other than hematology/oncology and radiation oncology, and all other medical services. Do not include any rebates or other cash attributable to drug purchasing. These should be applied as a reduction to the cost of drugs.

121. Revenue, non-medical (entire practice, all specialties). Defined as total collected revenue for services other than the provision of medical care. Examples include (but are not limited to) medical directorships, CMS incentive program shared savings, interest income, publication revenue, expert witness revenue.

122. Total revenue (entire practice, all specialties). Defined as total cash collections, medical and non-medical, for the business entity for the 12-month period as reported on the Profit & Loss Statement. Include ALL revenue. Do not include any rebates or other cash attributable to drug purchasing. These should be applied as a reduction to the cost of drugs.

PRACTICE EXPENSE

123. Cost of goods sold (COGS), infusion pharmacy. Defined as the total of all money paid for drugs (cost of drugs) for the infusion pharmacy less the amount you have received from any rebates or other programs that lower the cost of these drugs to your practice in the same period. (Deduct any rebates or other cash attributable to drug purchasing as a reduction to the cost of goods sold.) DO NOT include COGS for closed door/retail/dispensing pharmacy here.

124. Cost of goods sold, point-of-care dispensing. Defined as the total of all money paid for drugs for the dispensing entity, less rebates or other cost reductions received in the same period.

125. Cost of supplies, infusion pharmacy. Includes the cost of all supplies used in the infusion pharmacy and for chemotherapy administration - fluids, needles, syringes, etc.

126. Cost of supplies, laboratory services. Includes the cost of all supplies used in the laboratory, as well as chemical reagents.

127. Total IT direct expense (entire practice, all specialties). Report total IT direct expense for the 12-month period. Include software, hardware, license fees, interfaces, support, maintenance, upgrades, IT staff (W-2 salary). Report on a cash basis. If hardware or software was capitalized, report only the depreciation taken in the reporting period.

128. Total facility expense. Include rent, depreciation expense, interest, taxes, utilities, maintenance and repairs, janitorial, waste disposal, landscaping, etc.

129. Total practice expense (entire practice, all specialties). Defined as all cash expenses for the practice/business entity for the 12-month period. Include ALL expenses paid in the period - include COGPF, direct IT expense, all W-2 salaries (including physician salaries), and all other expenses for the period.

DRUG INVENTORY, INFUSION SERVICES

130. Beginning inventory. Defined as the value (replacement or actual cost) of the chemotherapy drugs on hand for infusion services at the start of the 12-month period. Do not include closed door/retail pharmacy or dispensing unit inventory.

131. Ending inventory. Defined as the value (replacement or actual cost) of the chemotherapy drugs on hand for infusion services by the end of the 12-month period. Do not include closed door/retail pharmacy or dispensing unit inventory.

ACCOUNTS RECEIVABLE

132. **Collectible accounts receivable** (also called net accounts receivable) is defined as gross accounts receivable less contractual allowances less allowance for bad debt less allowance for charity care.

Collectible accounts  
receivable at beginning of  
12-month period

Collectible accounts  
receivable at end of 12-  
month period

Thank you

Thank you for taking the time to complete this survey. We looking forward to providing you with useful information for your practice.

To find out more about PracticeNET, ASCO's network for operations benchmarking, please [email us](#) or go to our [website](#).