

PATIENT ACCESS

Cancer Diagnostic Clinics May Ease Long Waits for Care

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Nearly every specialty and service line in the US is experiencing capacity constraints and longer wait times for appointments—and cancer programs are no exception. And while delayed access is understandably frustrating for all patients, for those with a suspicion of cancer, it can be excruciating.

But even once a patient reaches a cancer center, they may encounter further delays. Scheduling the patient with the wrong provider resource due to a lack of necessary medical records or an imprecise cancer diagnosis slows the treatment planning process and strains already limited oncology resources. The growing demand for oncology services—driven by both the rapidly aging population and improved detection methods—has led to overbooked providers and extended wait times for patients. Collectively, these factors compound the time it takes to initiate cancer treatment, impacting clinical outcomes and adding emotional strain to patients.

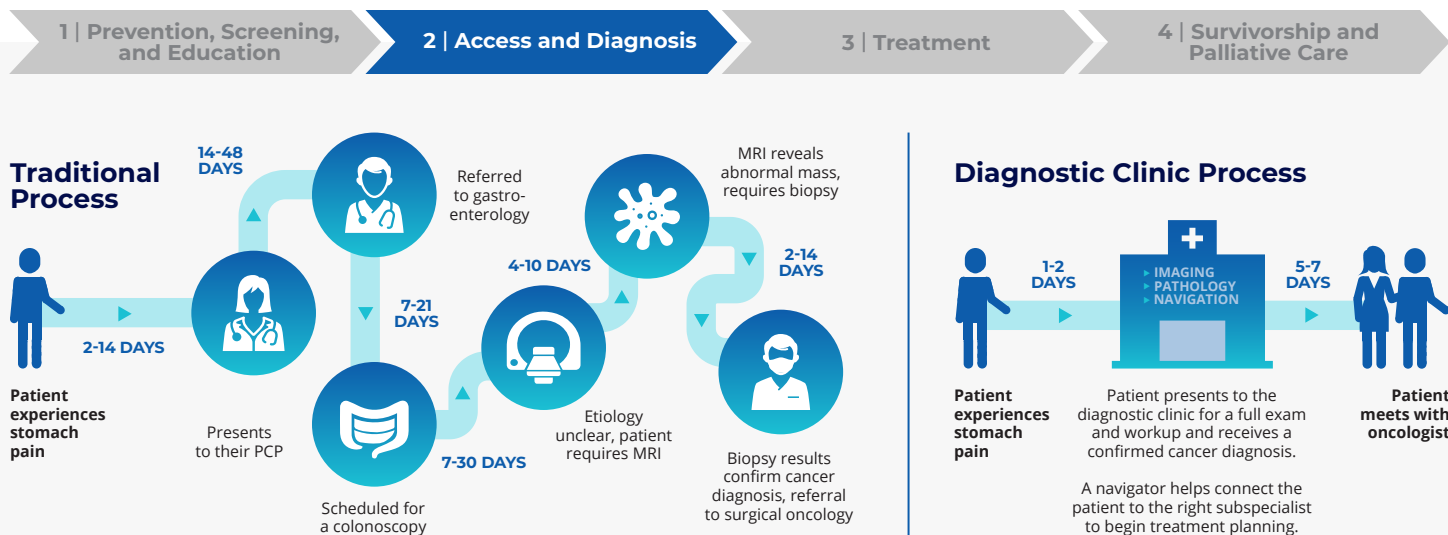
Dedicated Cancer Diagnostic Clinics

Enter the dedicated cancer diagnostic clinic. Designed to be an extension of a system's cancer program and potentially branded as such, diagnostic clinics have been sprouting up at cancer centers across the country in recent years to help address common challenges with patient access. Operating models vary; some clinics occupy physical space (typically a check-in area and exam rooms), while others exist as virtual resources for patients. In most cases, existing imaging and lab resources are used; however, there are some larger, more robust programs that dedicate these assets to the diagnostic clinic.

Unlike traditional cancer clinics, which require a confirmed diagnosis for entry, diagnostic clinics focus solely on reducing the time it takes to get a diagnosis and streamlining access to oncology providers. While appointment criteria vary by organization, these clinics offer a way for patients to connect with an oncology-trained provider to address prediagnosis symptoms (e.g., a suspicious finding on a lab or imaging study, positive multicancer blood test, palpable lump). Some clinics even accommodate patients who have a cancer-related concern but do not have any clinical evidence pointing to the suspicion of cancer. ▶

The delay in accessing care often starts well before a patient reaches an oncologist. An [ECG study](#) of more than 3,000 physician practices across the US revealed that the average time to third next available appointment, a common access metric, is 38 days. This includes 29 days for primary care, 37 days for OB/GYN, and 48 days for gastroenterology—three specialties that screen for cancer and initiate the referral process to oncology.

FIGURE 1 • THE DIAGNOSTIC CLINIC’S ROLE IN THE PATIENT JOURNEY AND IMPACT ON ACCESS TIME



NOTE: The times depicted in the traditional process above are sourced from a mixture of ECG’s 2023 patient access study and ECG client experience.

For those without a primary care provider (PCP), these clinics also bridge a care gap. For example, when a patient presenting in the ED has a suspicious finding that could be cancer, diagnostic clinics present a reliable alternative to ensure the patient does not go unseen.

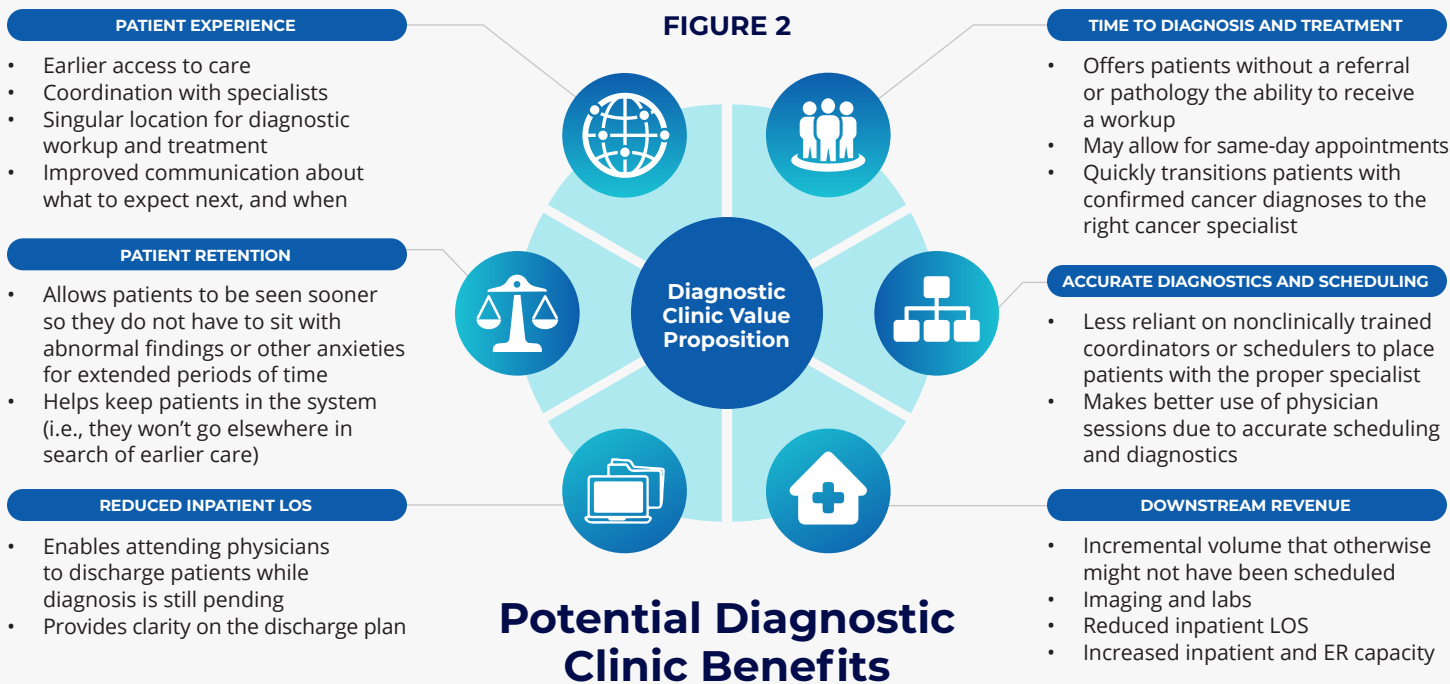
Figure 1 depicts where in the patient journey a diagnostic clinic visit might occur to demonstrate its benefits from an access standpoint. Beyond serving as a new access point, diagnostic clinics have the potential to offer other significant benefits. A 2022 study¹ found that patient wait time from diagnostic clinic referral to biopsy was 17.6 days, compared to approximately 41 days in the control group. The cancer programs we interviewed target a 14-day or shorter turnaround to see the patient, complete the diagnostic workup, and develop a treatment plan.

Considerations for Implementation

When implementing or expanding a diagnostic clinic, system leadership must consider several key factors: patient visit criteria, staffing, operating model, and structure.

- ✓ **Visit criteria** will directly influence clinic volume and should:
 - Be developed with input from surgical oncologists, subspecialists, and radiologists.
 - Include the flexibility to adjust over time to align with capacity and financial goals.

- ✓ Successful program **staffing** should:
 - Start small (1 to 2 FTEs) and grow as the clinic gains insight into its patient population and resource needs.
 - Include experienced oncology advanced practice providers who are supported by a care navigator and medical director.
- ✓ The preferred **operating model** should:
 - Consider preliminary forecasts for program volume (i.e., lower-volume settings may warrant a virtual clinic). This includes assessing patient need and accessibility.
 - Evaluate provider and team accessibility.
 - Examine initial and ongoing operational costs.
- ✓ An effective clinic **structure** should:
 - Support scaling when patient volumes fluctuate or when visit criteria are modified.
 - Be enabled through service-level agreements with departments like pathology and imaging to support defined turnaround times for patients with a concern for cancer. ▶



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Figure 2 highlights the additional benefits programs can glean through the successful implementation of a diagnostic clinic.

Importantly, these clinics aren't a panacea for throughput challenges. Effective referral and scheduling processes remain essential to avoid backlogs. Without strong referral coordination and scheduling workflows, adding another access point will likely further strain cancer programs.

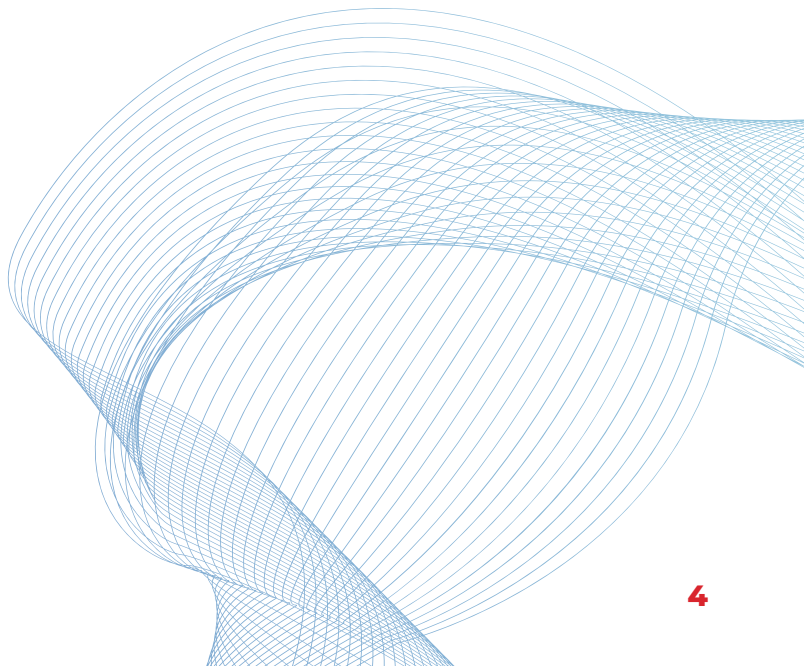
A Win-Win Solution

There are no quick solutions to the challenges around patient access. But when a patient is diagnosed with cancer, every moment counts. By getting patients scheduled with the right type of oncology subspecialists in a timely manner, diagnostic clinics will help improve

access, reduce patient anxiety during and after a cancer diagnosis, and serve as a differentiator from competitors' programs. Most importantly, they will help organizations better serve the growing number of oncology patients without a commensurate increase in providers. ■

REFERENCES

1. Adrienn N. Bourkas et al., Impact of an Accelerated Diagnostic Assessment Program on the Timeliness of Cancer Diagnosis and Treatment. JCO Oncol Pract 19.



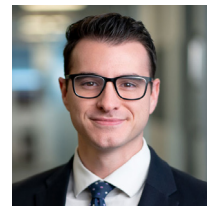
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