Health Equity Report Card Pilot Project to Help Close the Cancer Care Gap

The Health Equity Report Card will help tackle racial and ethnic disparities and improve the quality and equity of cancer care.

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The National Comprehensive Cancer Network (NCCN)—a not-for-profit alliance of leading cancer centers in the United States—joins the call to Close the Care Gap on World Cancer Day, a global awareness day organized by the Union of International Cancer Control (UICC) every February 4, by launching a new Health Equity Report Card (HERC) pilot program. This worldwide message acknowledges the many lives that are lost due to disparities in cancer outcomes. NCCN's work improving and facilitating quality, effective, equitable, and accessible cancer care so all patients can live better lives is ongoing around the world. Today's announcement explains more on how the HERC pilot program came about and what it is meant to achieve.

The impact of structural and interpersonal racism is one of the major causes of disparities in cancer outcomes in the United States. According to the American Cancer Society's Cancer Facts and Figures 2023, racial and ethnic disparities in the cancer burden largely reflect long-standing inequities in socioeconomic status and access to high-quality health care, which can be attributed to historical and persistent structural racism in the U.S. experienced by all people of color.

To help address these issues, NCCN, ACS CAN, and NMQF launched the Elevating Cancer Equity initiative in 2020, featuring a working group chaired by Robert A. Winn, MD, Director of the Virginia Commonwealth University Massey Cancer Center, and Shonta Chambers, MSW, Executive Vice President of Health Equity and Community Engagement at the Patient Advocate Foundation. In early 2021, that group developed the HERC to recommend actionable practice changes which, if implemented, would help providers and healthcare organizations identify and address discriminatory behaviors and bias in care delivery, address social determinants of health, and overcome systemic barriers to optimal care.

The 17 actionable practice changes from the HERC have been refined into an implementation plan including concrete metrics, sources of evidence, and a scoring methodology, all of which were vetted by oncology administrators and healthcare providers. In the first phase of a multi-phase pilot, five leading academic cancer centers are assessing the feasibility of implementing the HERC as a tool that can both meaningfully and feasibly measure and report on equitable care practices. Feedback through the pilot stages of implementation will be incorporated to ensure applicability

across care settings and geographies.

“Our hope is that the Health Equity Report Card will be able to serve as a roadmap for health care organizations working to improve their practice, a transparency tool for patients, and an assessment tool for payers and accreditation entities,” said Robert W. Carlson, MD, Chief Executive Officer, NCCN. “Inequities in cancer outcomes across race and ethnicity have numerous contributing factors, including different levels of access to comprehensive insurance coverage, bias and discrimination in care delivery, and social determinants of health such as neighborhood and built environment, access to economic and educational opportunity, and food insecurity due to historic and ongoing structural discrimination. This accountability tool will be more than just a checklist exercise; we hope it will result in interventions that lead to meaningful, sustainable systems changes.”

“All people diagnosed with cancer deserve to get the best care possible – regardless of income, race, ethnicity, gender identity, disability status, sexual orientation, age or geography,” said Lisa Lacasse, President, ACS CAN. “Ensuring equity in cancer care is critical to reducing cancer disparities and ending cancer as we know it, for everyone. The Health Equity Report Card provides a tangible approach that can help achieve that goal.”

“Despite significant advancements in the detection and treatment of cancer in recent decades, minoritized communities continue to bear the high cancer burden,” said Dr. Gary Puckrein, President and CEO of the National Minority Quality Forum. “Inequities in cancer care are the result of failure to consider the lives of black, brown, yellow, red, and poor people. If we’re going to close systemic gaps in cancer care, we must re-imagine how we are approaching care delivery and realign systems to reduce patient risk. This tool is a step in the right direction to identify what system changes are needed to affect change.”

The HERC pilot program at academic cancer centers is supported by contributions from AbbVie Inc.; 2seventy bio; Genentech, Inc.; Lilly; and Sanofi Genzyme. A second pilot program in the community hospital setting is also in early stages, with support from GlaxoSmithKline LLC; Lilly; Merck Foundation; and Pfizer Inc. A peer-reviewed article with more information on the program will be publishing soon in JNCCN—Journal of the National Comprehensive Cancer Network.

Looking beyond race and ethnicity in the United States, research shows income, education, geographical location, and discrimination based on gender, sexual orientation, age, disability, and lifestyle are all factors that can negatively affect cancer care and outcomes. The burden of cancer in low- and middle-resource countries is particularly significant, currently accounting for approximately 75% percent of all cancer deaths worldwide, and is expected to continue to grow.

NCCN is involved in several global endeavors to address these disparities, including the adoption of inclusive language in clinical and patient guidelines, plus ongoing collaborations in:

- Sub-Saharan Africa

- Latin America and The Caribbean
- Eastern Europe
- Middle East and North Africa (MENA)
- And Worldwide

Learn more about free resources to help close the care gap worldwide at NCCN.org/global, and view the 17 actions from the Health Equity Report Card at NCCN.org/wcd.

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http://beta.docker.cancerhealth.com/article/health-equity-report-card-pilot-project-help-close-cancer-care-gap