Securing the cancer continuum of care model for racially and ethnically diverse and medically underserved populations

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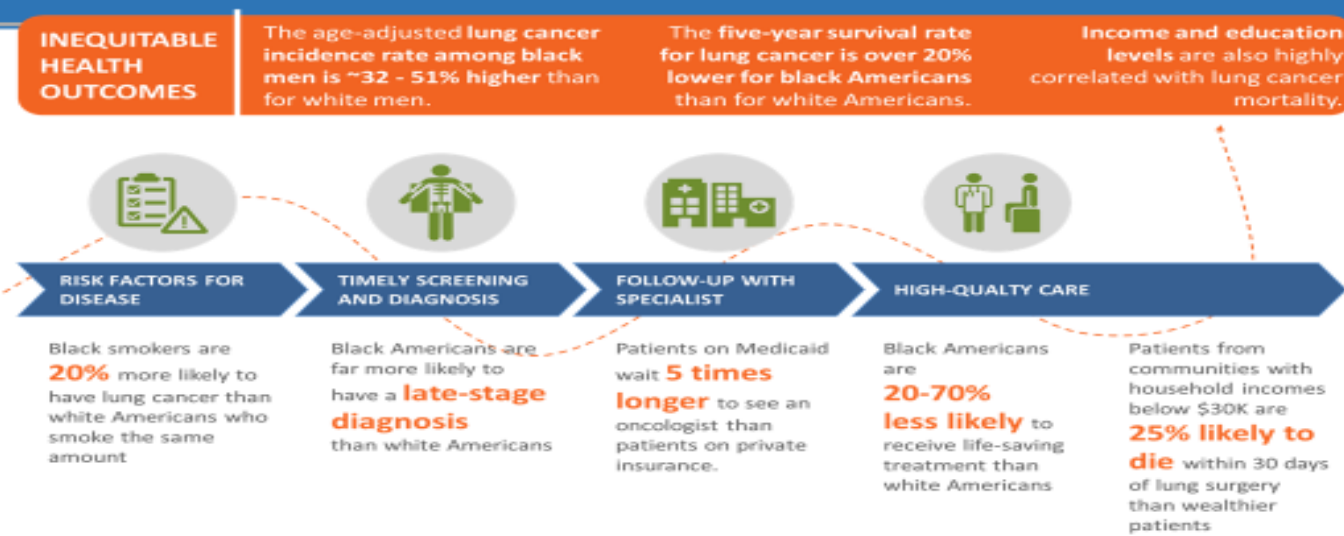
ABSTRACT

Disparities in access to cancer care and treatment outcomes among racial, ethnic and underserved populations have been observed for decades. Despite a plethora of national and local initiatives aimed at addressing these disparities, progress to date has been limited. Guided by the domains of the cancer care continuum (CCC) established by the IOM/NASEM[1] the Diverse Cancer Communities Working Group[2] (CWG) will deliver a framework with domains, processes and activities which when disseminated and implemented in the US, will contribute in an impactful way to addressing cancer care disparities. This adapted framework is intended to guide researchers, health care leaders and policy leaders to promote health equity in cancer outcomes.

OBJECTIVES

1. Identify gaps to equitable care and outcomes for persons from racially and ethnically diverse and underserved populations in the cancer care continuum.
2. Describe programs and policies that have successfully enabled diverse and underserved patient populations access to care across the cancer care continuum and delineate strategies for expanding their implementation nationwide.
3. Develop the foundation for theoretical underpinning of an evidence-based, practical continuum of care framework applicable to racial and ethnic minorities & medically underserved populations..

Disparities exist throughout the patient pathway

BMS Foundation & FSG
https://www.bms.com/assets/bms/us/en-us/pdf/breaking-the-barriers-to-specialty-care-full-series.pdf

METHODS

To achieve our goal, we utilized methodology similar to that used to identify best practices in recruiting diverse patients into cancer clinical trials.[3] We conducted an environmental scan to identify strategies and associated experts who successfully provided community and/or patient-centric, IOM defined domain standards in our population of interest. The environmental scan was conducted between March and September 2018, resulting in the identification of 84 unique experts and 44 unique patient organizations. The identified experts had documented processes and best practices along the six CCC domains as follows: Prevention & Risk Reduction (29%); Screening (30%); Diagnosis (11%); Treatment (8%); Survivorship (18%); and End-of-Life (5%). Of the 84 participants, 26% are experts in all six domains, 36% are experts in multiple domains, and 14% are also experts in Patient Navigation. An expert survey was conducted to identify highest areas of impact and to optimize expert input at a live expert roundtable. Experts Identified opportunities to close gaps *between the CCC domains* with specific emphasis and on screening, diagnosis, treatment and survivorship.

Notable Practice/Solutions : Screening to Diagnosis

Notable Practice/Solutions : Diagnosis to Treatment
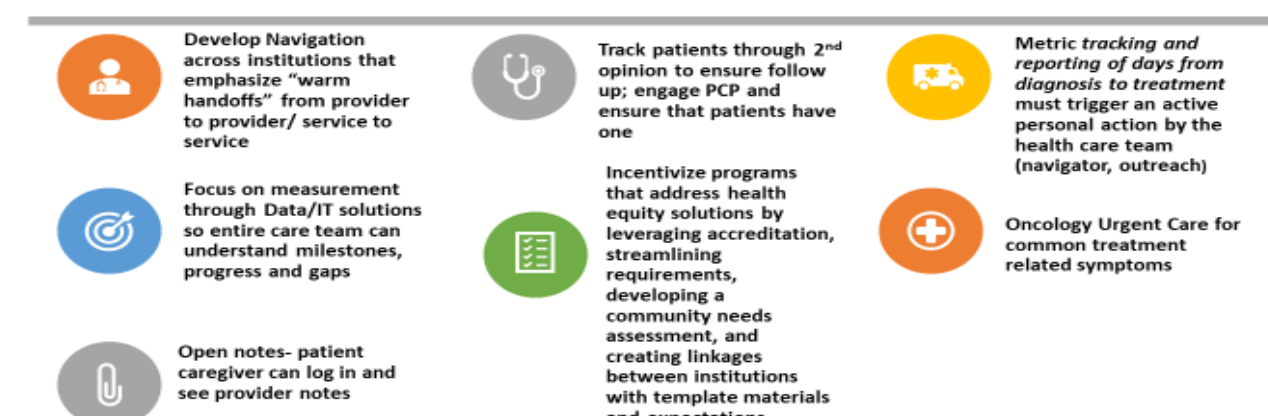
RESULTS

Notable Practices/Solutions; Treatment to Survivorship

CONCLUSIONS

Highest cross-cancer-continuum areas of impact included 1) patient navigation which addresses barriers to enable patients to progress successfully along the cancer continuum of care, 2) excellence in community engagement, a necessary mandate to build trust in among minority and underserved populations, and 3) implementation of health care system changes based on real world examples ; with the understanding that health care system change is often effectively sustained by long-term policy implementation that ultimately increases access, utilization and standardization across the continuum.

REFERENCES

[1] Institute of Medicine 2013. Delivering High-Quality Cancer Care; Charting a New Course for a System in Crisis. Washington, DC: The National Academies Press. https://doi.org/10.17226/18359
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[3] Regnante JM, Richie NA, Fashoyin-Aje L, Moon S, Chen, Jr et al: US Cancer Centers of Excellence strategies for increased inclusion of racial and ethnic minorities in clinical trials. J Oncol Prac DOI 10.1200/JOP.18.00638

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