



THE UNIVERSITY OF  
**CHICAGO**  
MEDICINE

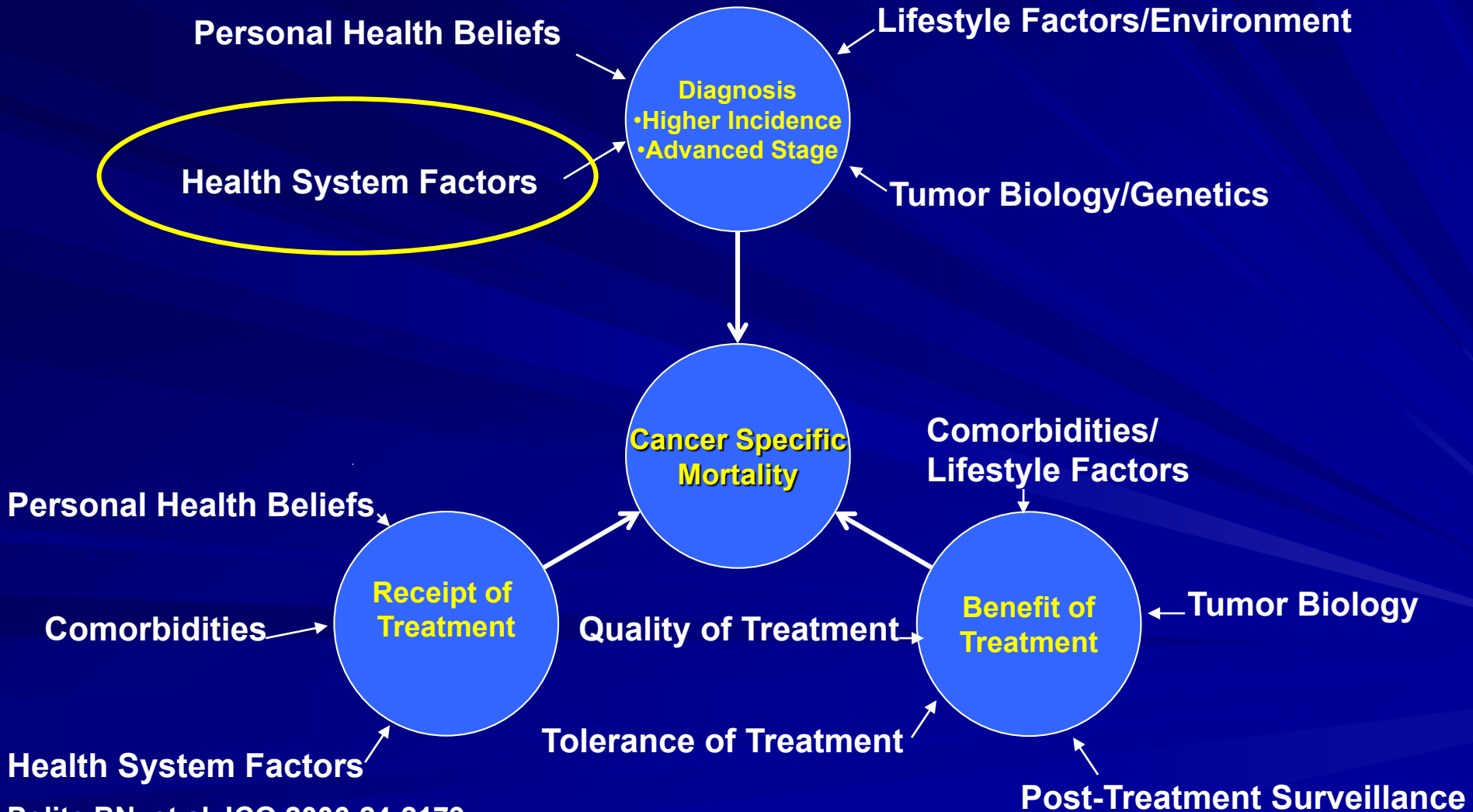
# Achieving Health Equity in Cancer: A Call to Action

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**Professor of Medicine**

**Executive Medical Director for Cancer  
Accountable Care**

# An Oncology Health Disparities Model



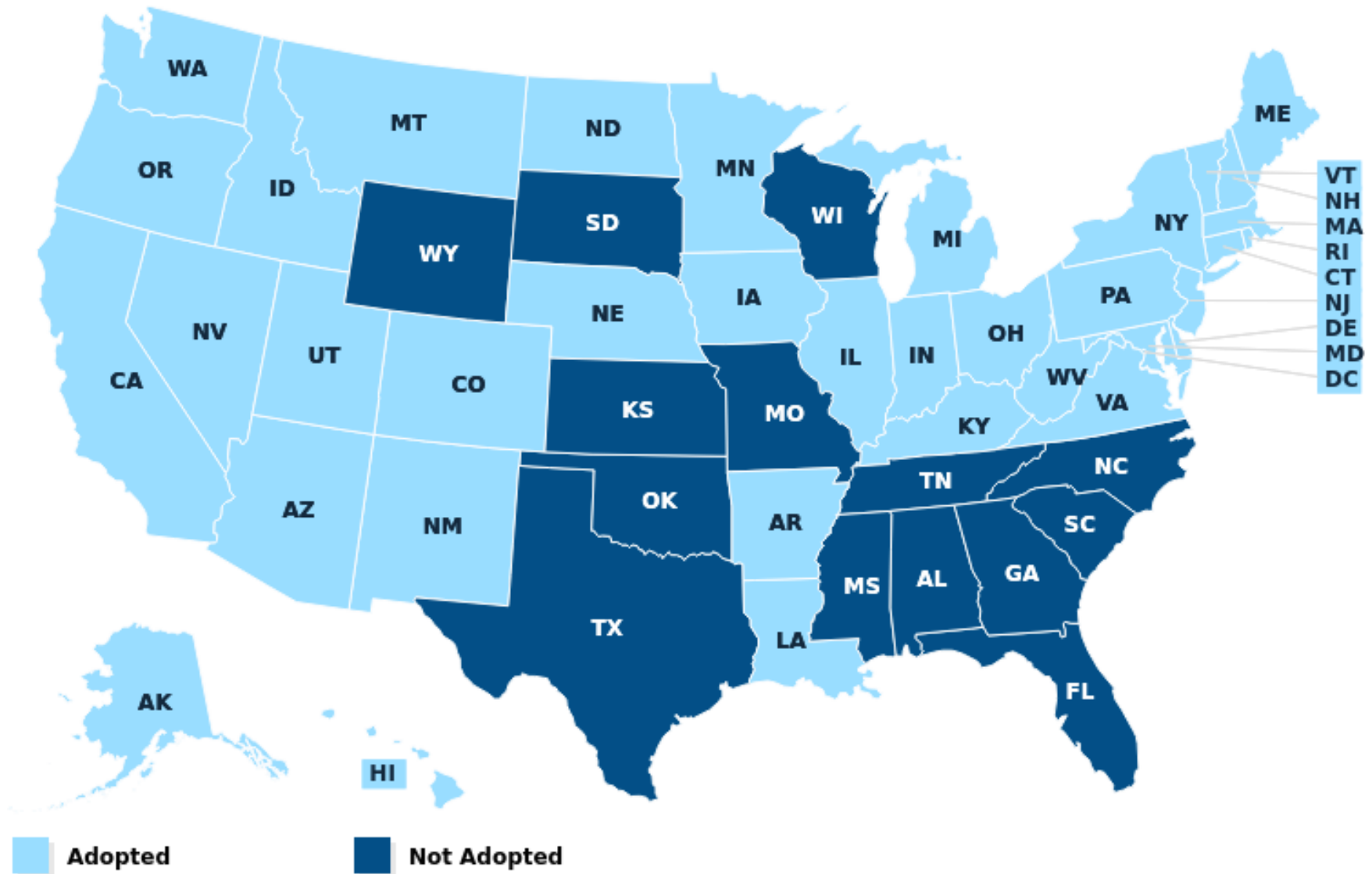
# An Oncology Health Disparities Model-Simplified

- Encourage diet and lifestyle changes
- Asymptomatic people need to be screened
- Once screened they need to be diagnosed
- Once diagnosed they need to be treated appropriately and in a timely fashion
- Once treated they have to be followed appropriately and advised on lifestyle changes
- If we do these things, cancer-specific mortality disparities will be dramatically reduced if not eliminated

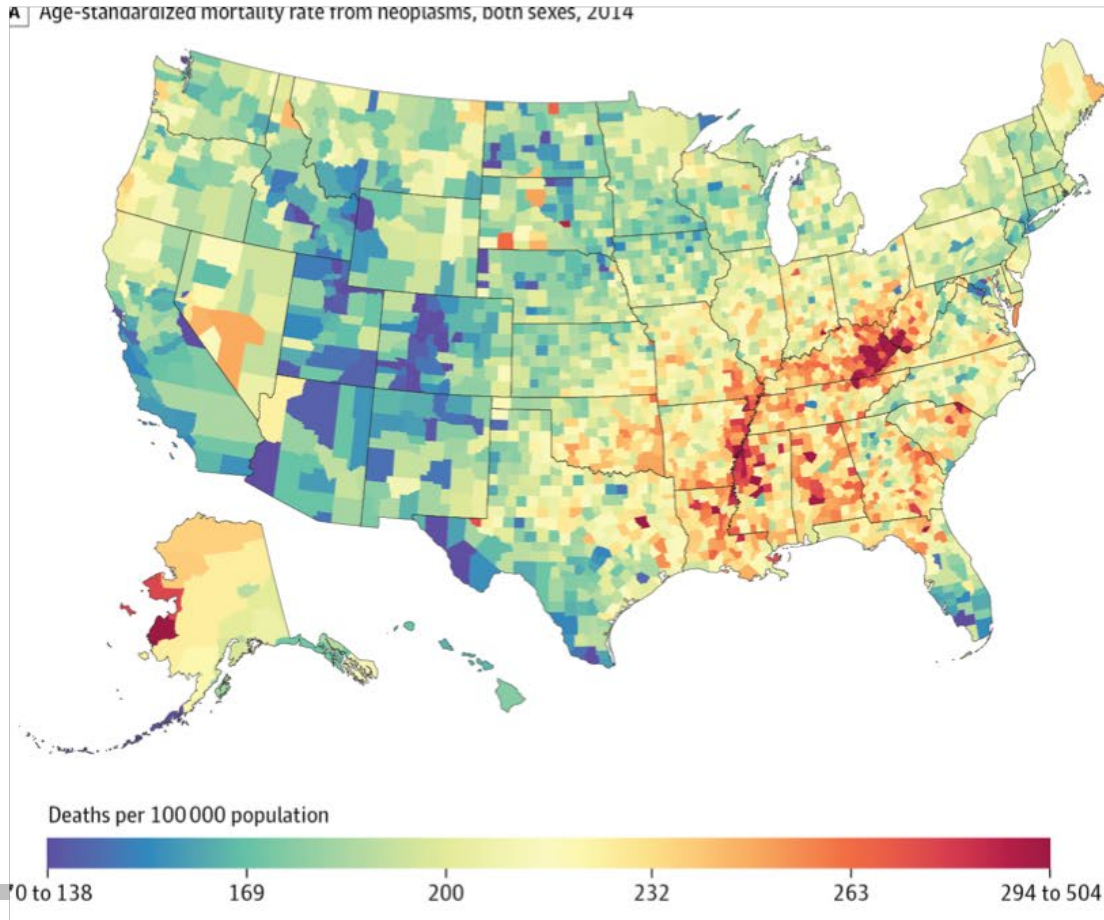
# Public Policy and Public Health

# MEDICAID EXPANSION- FEBRUARY 2020-

37 adopted (including DC) and 14 have not adopted



# Cancer Death Rates by County-Health Care Systems Matter

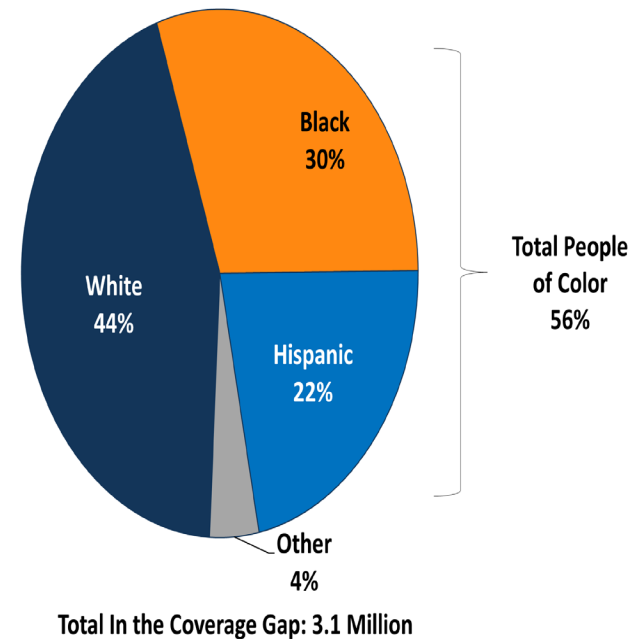


# Medicaid Expansion & Health Equity

- In states not expanding, 3.1 mil in coverage gap, of which 56% are non-white
- 6 in 10 Blacks live in states not expanding Medicaid

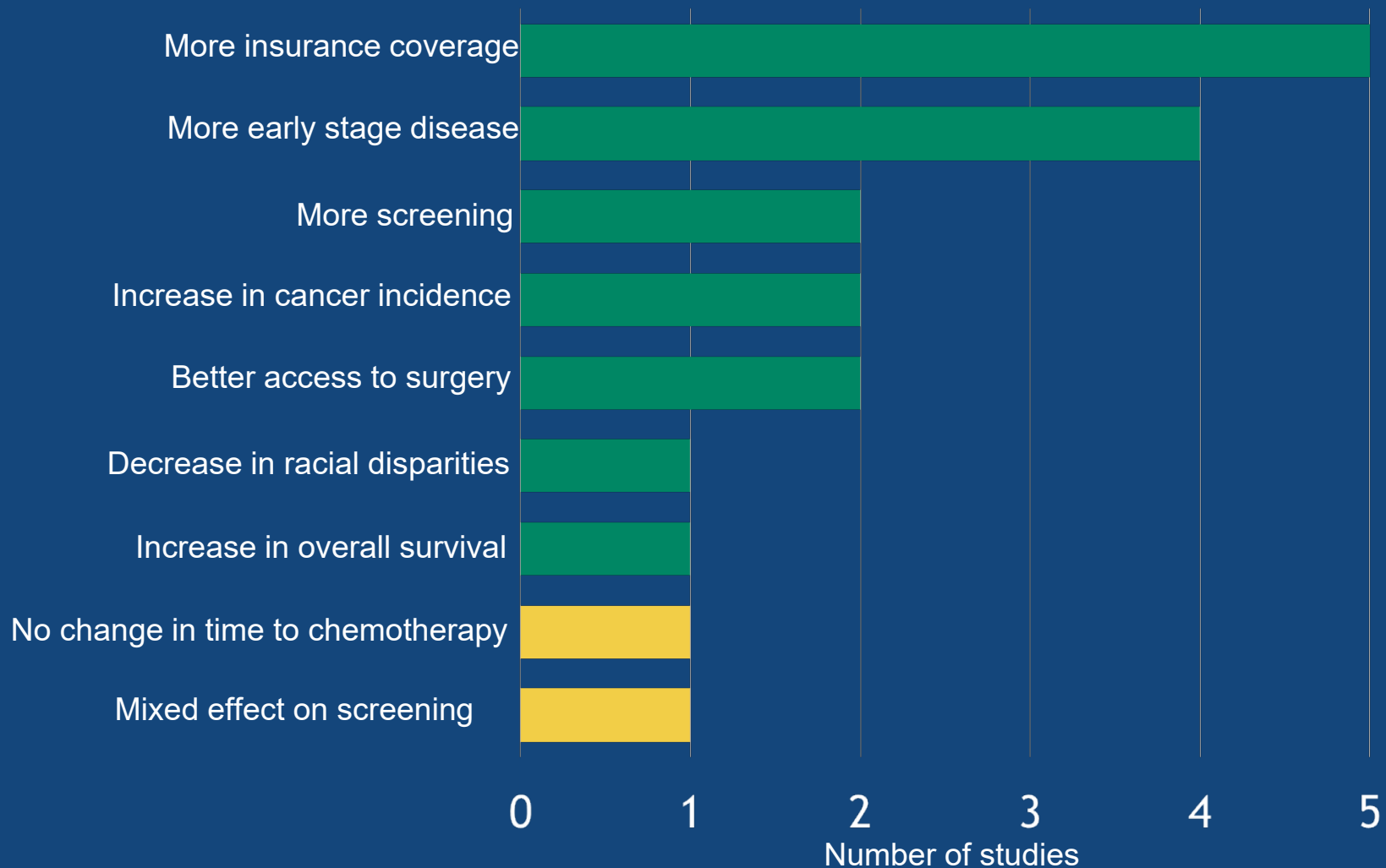
Figure 5

Distribution of Poor Nonelderly Uninsured Adults in the Coverage Gap by Race/Ethnicity



SOURCE: Kaiser Family Foundation analysis based on 2015 Medicaid eligibility levels and 2015 Current Population Survey.

# What do we know about Medicaid expansion and cancer?



2018; Han et al, JAMA Onc 2018; Moss et al, JOP 2018; Eguia et al, Ann Surg 2018, Hendryx et al, Med Care 2018; Alharbi et al, PLoS One 2019; Wright et al, Cancer 2016; Soni et al, Am J Public Health 2018; Gan et al, J Am Coll Surg 2019; Ajkay et al, J Am Coll Surg 2018



**This is a Fixable Problem**

# Get Checked.

**50 or older?  
It's time for a colonoscopy-NOW!**

**Colon cancer kills, but it doesn't have to. Colonoscopy can prevent colon cancer and save your life. Most insurance plans, including Medicare and Medicaid, cover colonoscopy.**

2.04



The New York City Department of Health and Mental Hygiene  
Michael R. Bloomberg, Mayor  
Thomas R. Frieden, M.D., M.P.H., Commissioner  
[nyc.gov/health](http://nyc.gov/health)



Talk to your doctor. Or  
call **311** for information.



Legendary R&B Vocalists,  
Nick Ashford and Valerie Simpson

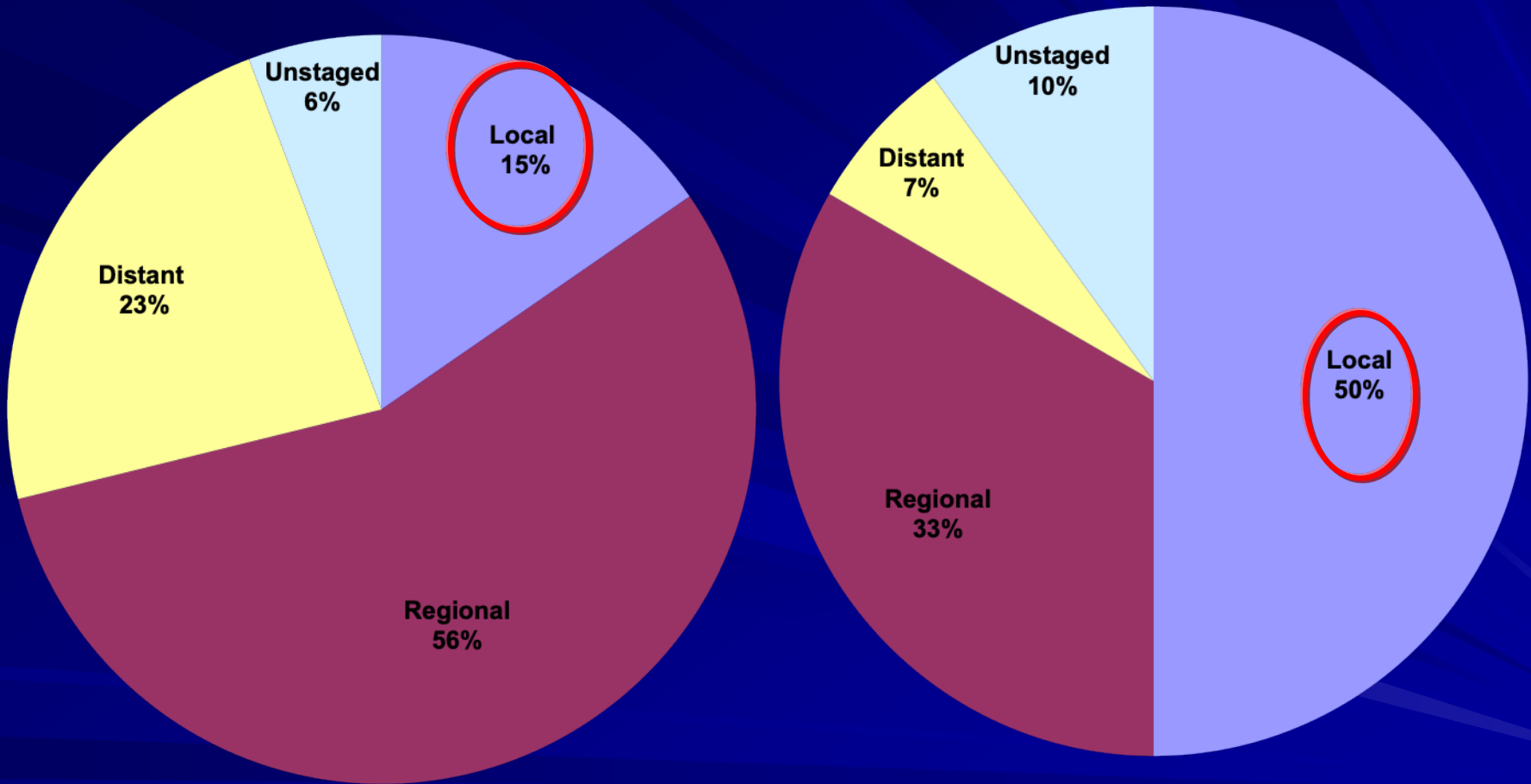
# New York City Example

- In 2003 to increase awareness of and access to colonoscopy, the New York City Department of Health and Mental Hygiene
  - **Starts crafting health messages to physician and patients about benefits of colonoscopy**
  - **Coupled with Open Access Colonoscopies**
  - **Provides Patient Navigation**
- Results
  - **Between 2003 and 2013, they increased colonoscopy rates from 40% of the eligible population to greater than 70%**
- Results for African Americans
  - **35% to 70% increase during this same time period (Disparity Eliminated!)**
- Leading to a “Tipping Point” in New York City
  - **Most eligible patients who have not yet been screened know someone who has and is more agreeable to it**
- Neugut AI, Am J Public Health 2009;99:592
- Itzkowitz SH, Cancer 2016

# Delaware Cancer Consortium Plan 2002

- ❖ Create a comprehensive statewide colorectal cancer (CRC) screening program
  - ❖ Screening Navigator and Coordinator program (Began 2005)
  - ❖ Reimburse for colorectal cancer screening of uninsured and underinsured (100% to 250% FPL)
  - ❖ Case manage every Delawarean with an abnormal colorectal cancer screening test
  - ❖ Screening for Life (began paying for CRC in 2002)
  - ❖ Over 5000 CRC screens
  - ❖ Delaware Cancer Treatment Program (Began in 2004)
    - ❖ Reimburse up to 24 months of cancer treatment for uninsured (household income up to 650% FPL)
    - ❖ Over 1000 persons (all cancers) treated to date
  - ❖ Health Disparity Elimination
    - ❖ Engage and recruit under served populations for screening to reduce CRC disparity

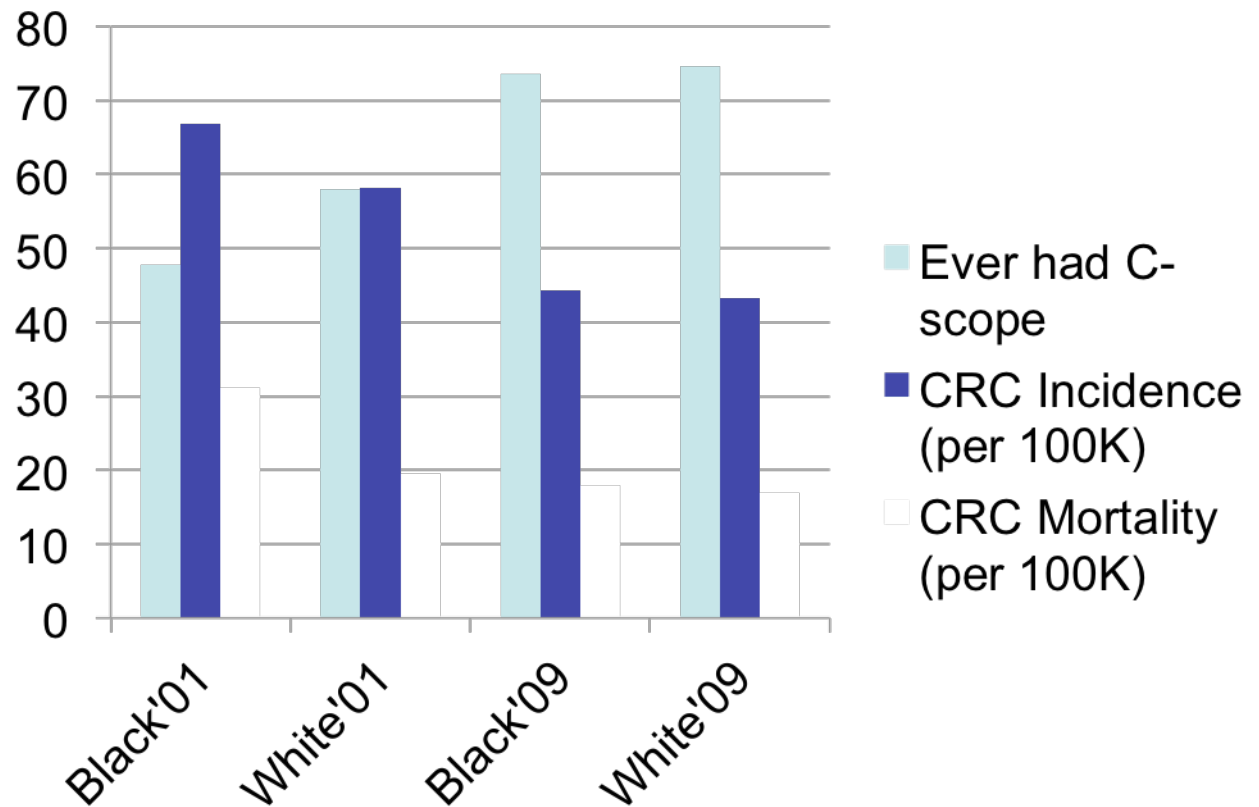
# Colorectal Cancer by Stage of Diagnosis, African Americans, Delaware 2001 and 2009



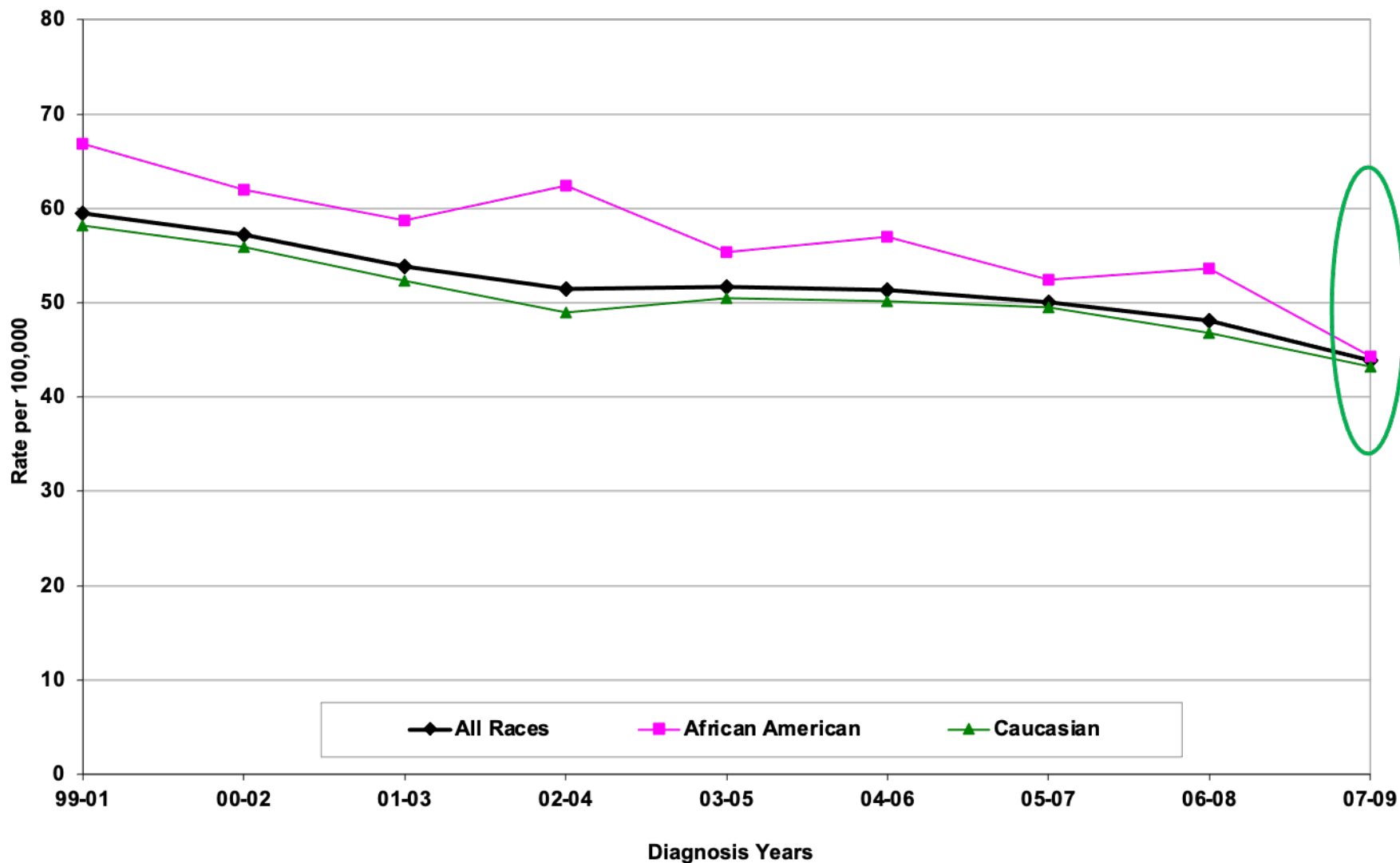
2001

# Colonoscopy Rates

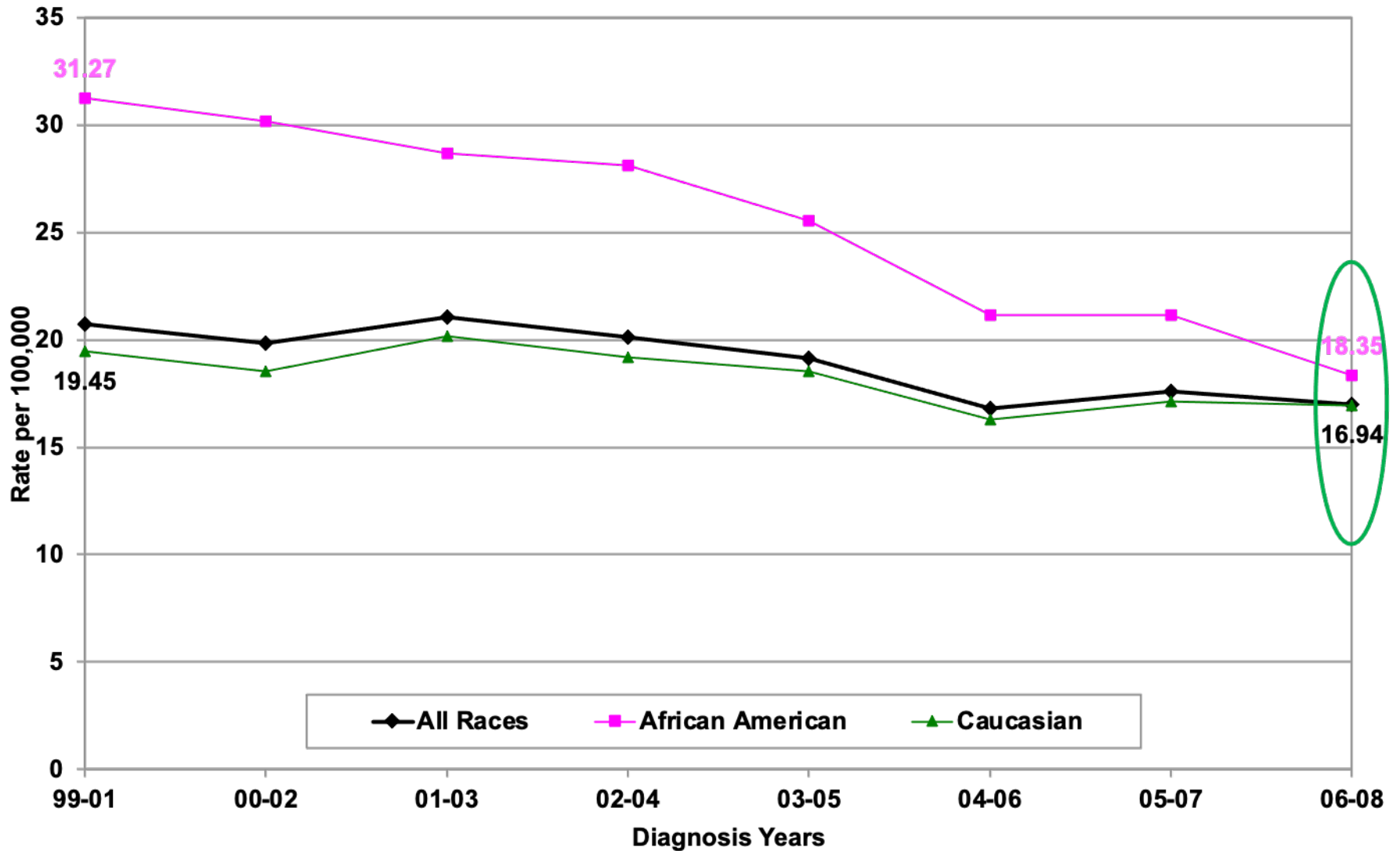
- Colorectal ca screening pgm
- CRC navigator & care coordinator
- CA Rx pgm for the uninsured



### Age-Adjusted CRC Incidence Rates, Rolling 3-Year Averages, by Race: Delaware, 1999-2009



**Age-Adjusted CRC Mortality Rates, Rolling 3-Year Averages, by Race:  
Delaware, 1999-2008**





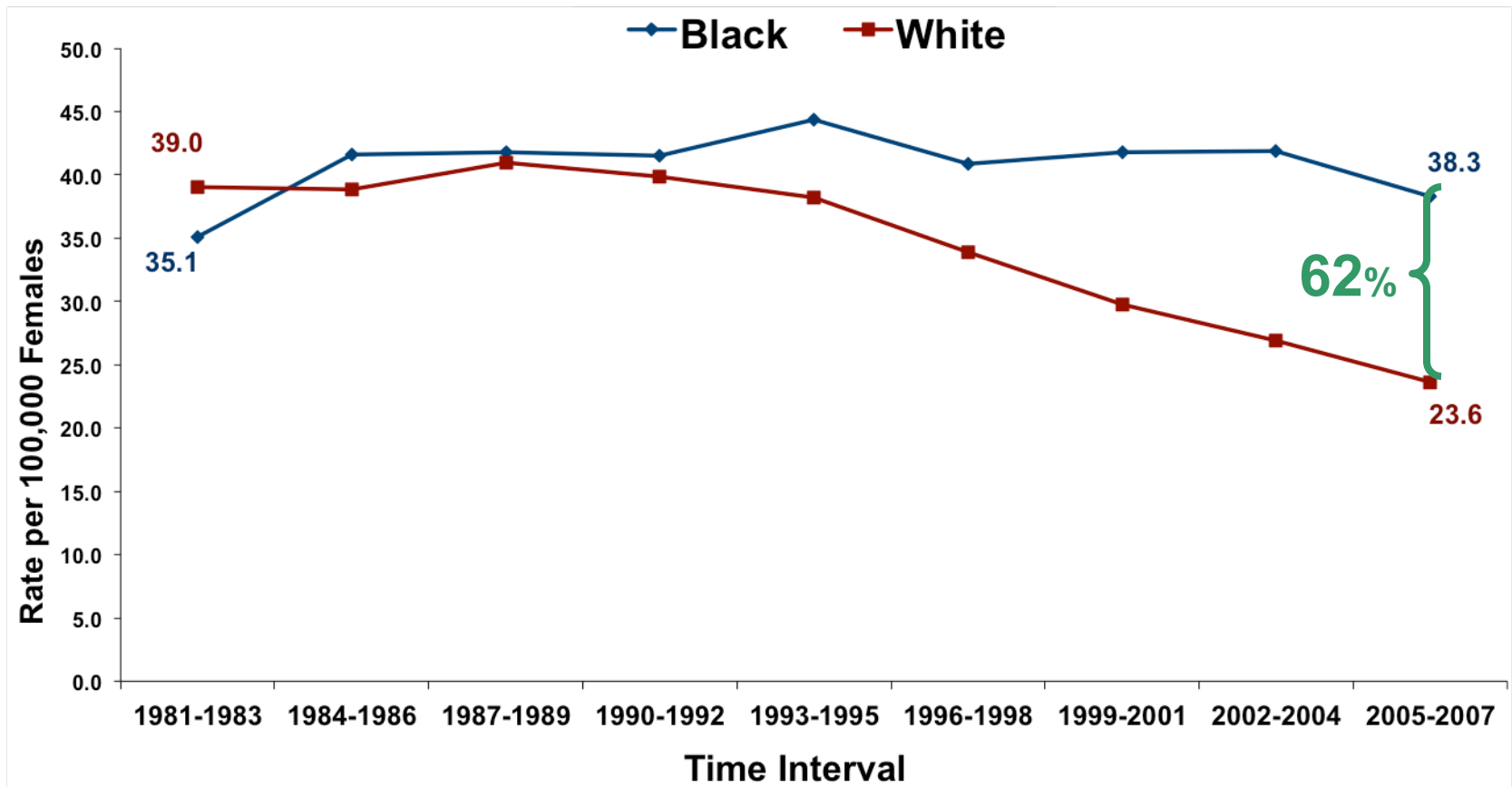
# The Metropolitan Chicago Breast Cancer Task Force



312-942-3368

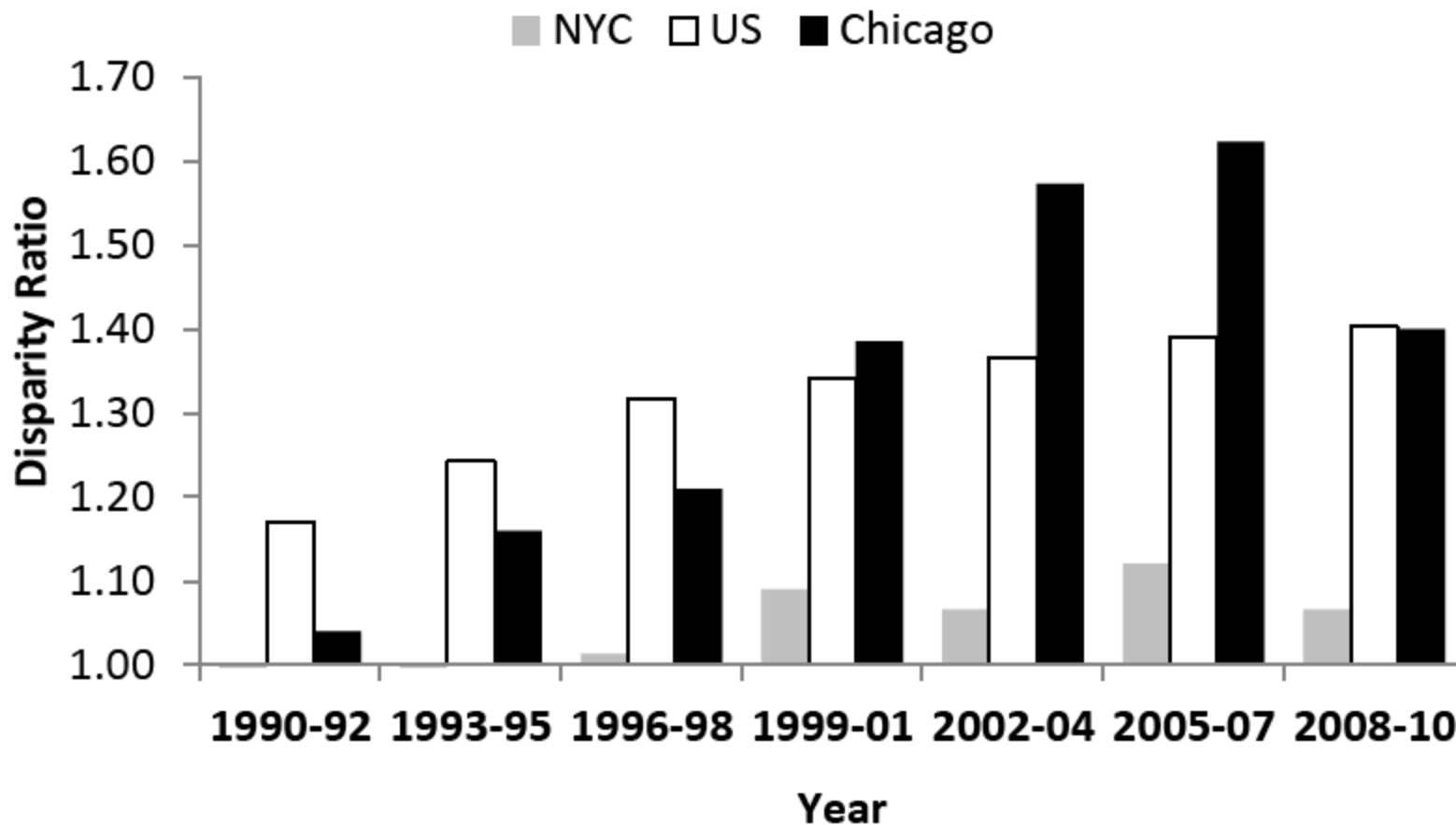
<https://equalhope.org/>

# Black and White Breast Cancer Mortality Chicago 1981-2007



*Age-Adjusted Female Breast Cancer Mortality for Chicago, Per 100,000 Population*

**Figure 5.** Black: White Disparities in Breast Cancer 3 Year Age-Adjusted Average Annual Mortality Rates in Chicago, New York City and the United



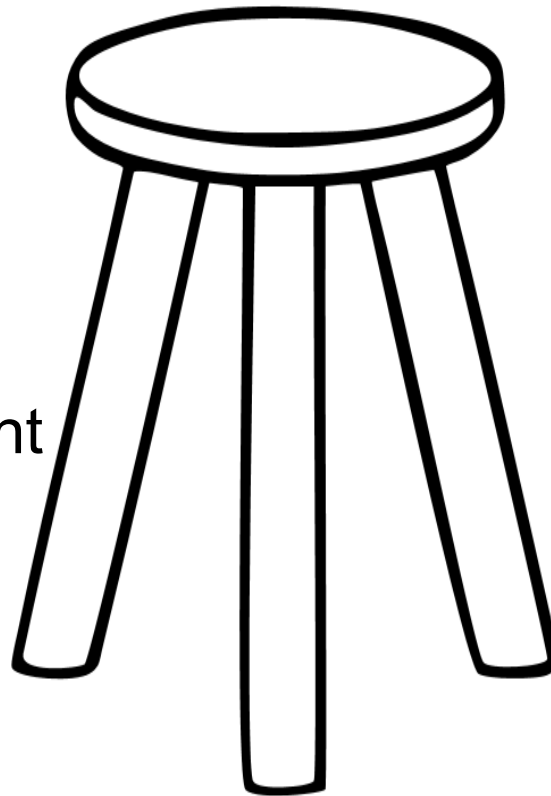
Data Source: New York State Cancer Registry,  
Illinois Department of Public Health Vital Statistics, National Center for Health Statistics

# Metropolitan Chicago Breast Cancer Task Force

## History

- Formed in 2007
- Breast Cancer Summit: A Call to Action
- Wrote a report suggesting 3 areas that might drive this health inequity
  - Unequal Access to mammography
  - Unequal Quality of mammography
  - Unequal Quality and access to treatment
- Task Force established as a non-profit in 2008

# Our Approach



Quality Measurement  
And Improvement

Education and  
Patient Navigation

Advocating for Change

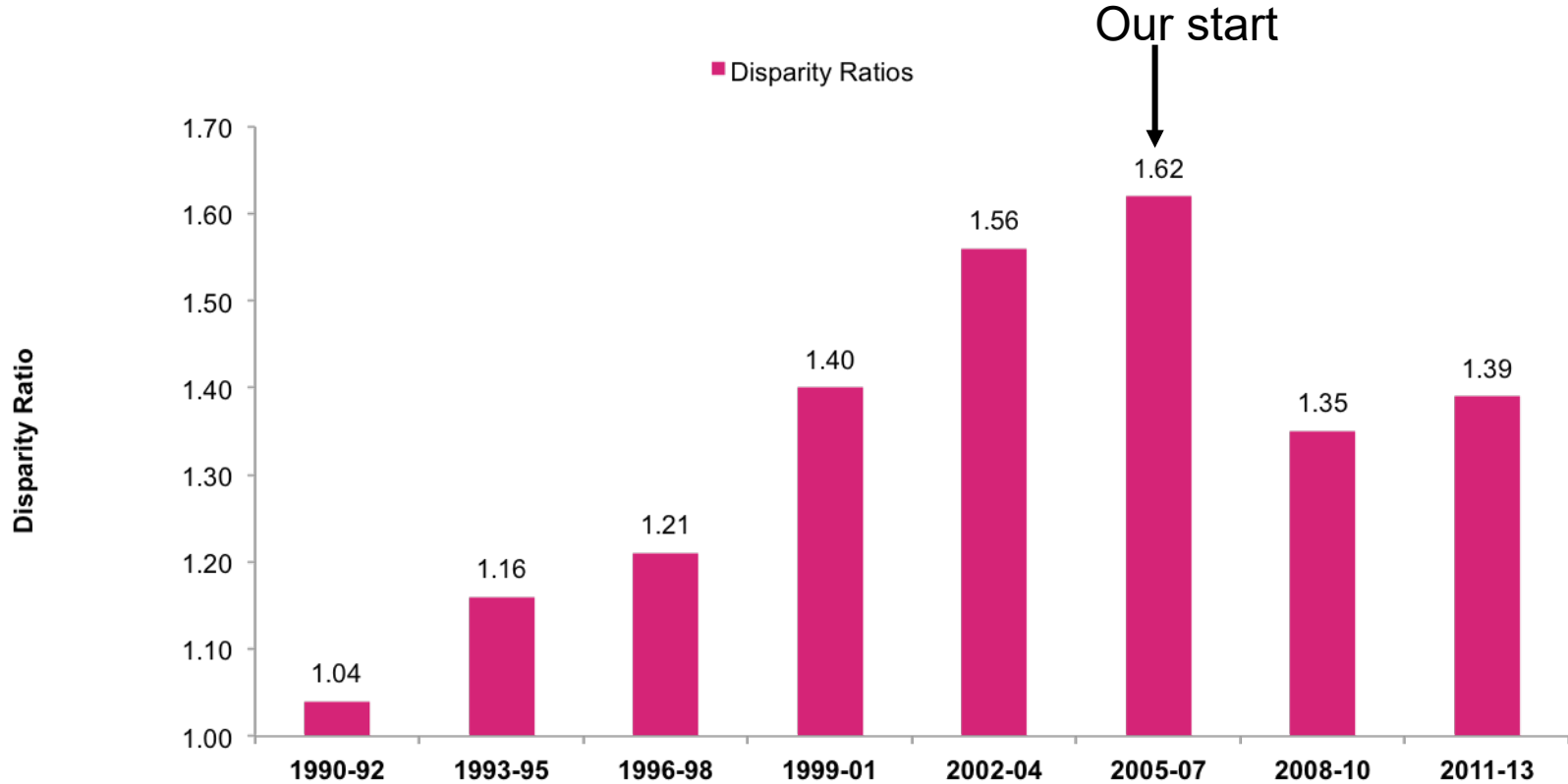
# Getting the Lay of the Land : The Chicago Breast Cancer Quality Consortium



- Mapping Resources
- Measuring Quality
  - Mammography
  - Treatment
- Looking at Care Processes

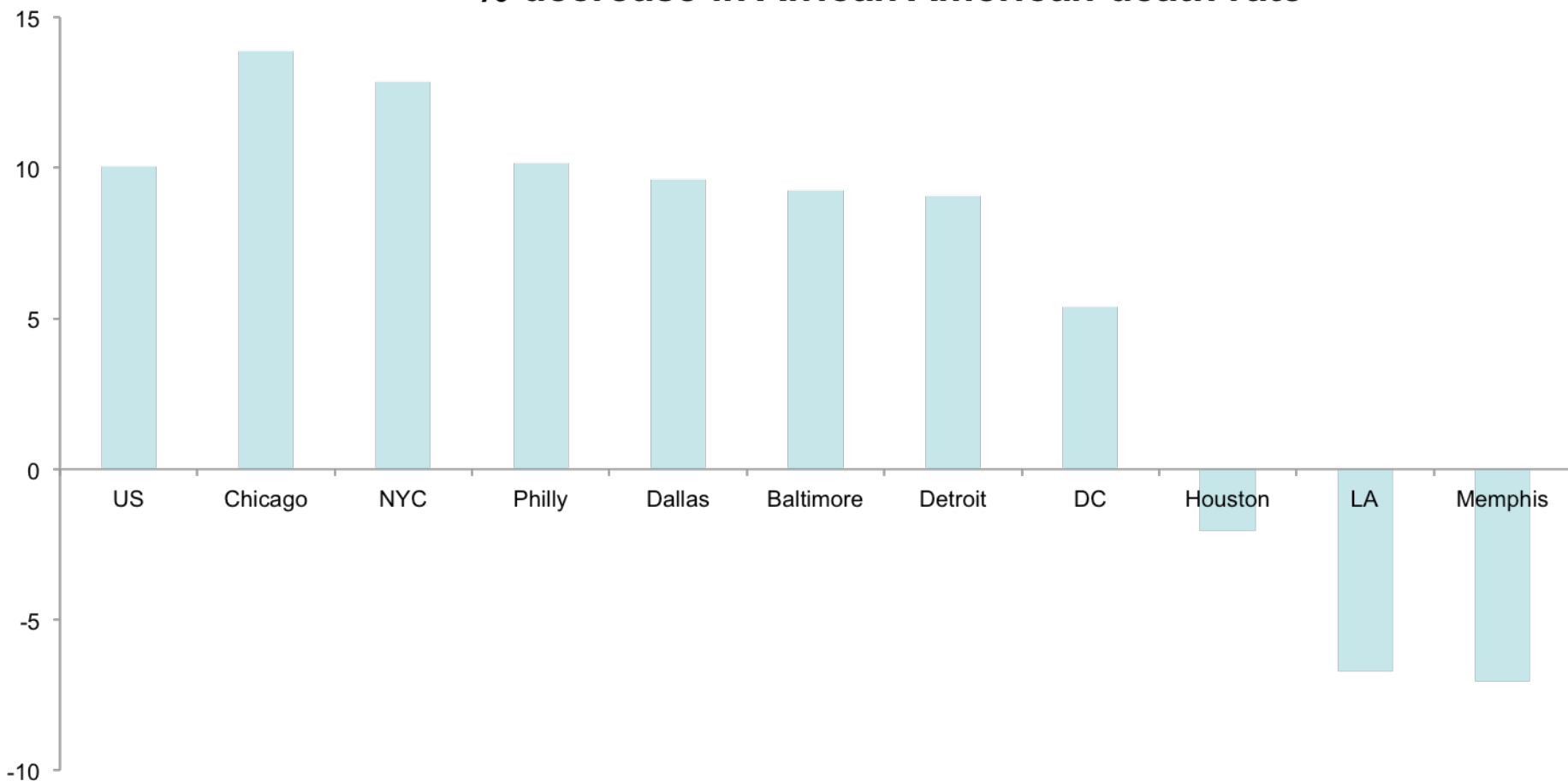
# Today: Sustained Improvement

How much higher is the death rate for African American women compared to White women in Chicago



# Chicago leads the nation in reducing breast cancer mortality for African American women

**% decrease in African American death rate**





# We Treat Our Packages Better than Our Patients



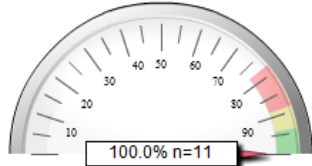
# Rapid Quality Reporting System (RQRS)- More a Vision than a Reality

- Allows ***expedited*** data entry of a critical subset of items specifically relevant to anticipated standard of care treatments.
- Enables accredited cancer programs to report data on patients ***concurrently***.
- Shows cancer programs ***up-to-date concordance*** rates relative to the state, other similar programs, and all CoC accredited programs across the country.
- Provides hospitals ***timely notification of treatment expectations*** allowing providers to intervene when patients have not received all components of treatment.

**\*Required participation as of January 1, 2017**

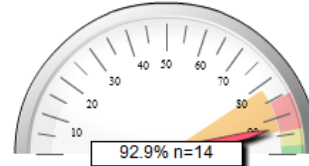
# Real Clinical Time Reported for Measure Compliance

## BREAST MEASURES



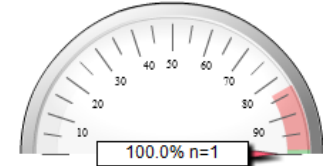
Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer.

**BCSRT**



Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or stage IB - III hormone receptor positive breast cancer.

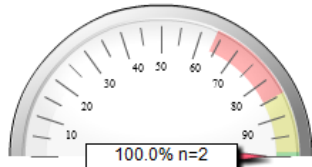
**HT**



Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under 70 with AJCC T1cN0M0, or stage IB - III hormone receptor negative breast cancer.

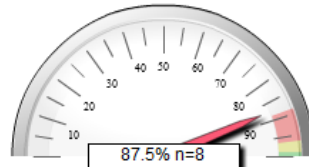
**MAC**

## BREAST MEASURES



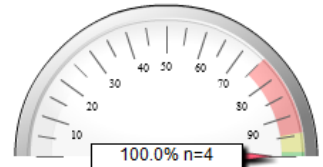
Radiation therapy is recommended or administered following any mastectomy within 1 year (365 days) of diagnosis of breast cancer for women with  $\geq 4$  positive regional lymph nodes

**MASTRT**



At least 12 regional lymph nodes are removed and pathologically examined for resected colon cancer.

**12RLN**



Adjuvant chemotherapy is considered or administered within 4 months (120 days) of diagnosis for patients under the age of 80 with AJCC Stage III (lymph node positive) colon cancer.

**ACT**

## COLON MEASURES

# Final Take Homes

- No Low-Income Person should be without Health Care Insurance in 2021.
- The Money is in early diagnosis and screening (about 60% of the answer)
- This is not only doable but is being done
- Navigating High Risk patients continues to be critical
- **WARNING**: The disparity gap will widen in the molecular era if current trends continue
- We must (AND CAN) know in real time when our patients are not being treated according to standards and have a method to intervene
- **State Medicaid Programs and Medicaid Managed Care Organizations must be held accountable for health equity outcomes**