

# REFLECTIONS ON PROGRESS, CHALLENGES, AND NEXT STEPS FOR HEALTH CARE REFORM

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# Undeniable Progress

- **Decrease in Numbers of Uninsured**

- Among the non-elderly, the number of uninsured has dropped from 46.5M in 2010 to 28.9M in 2019

- **Increases in Cancer Screening**

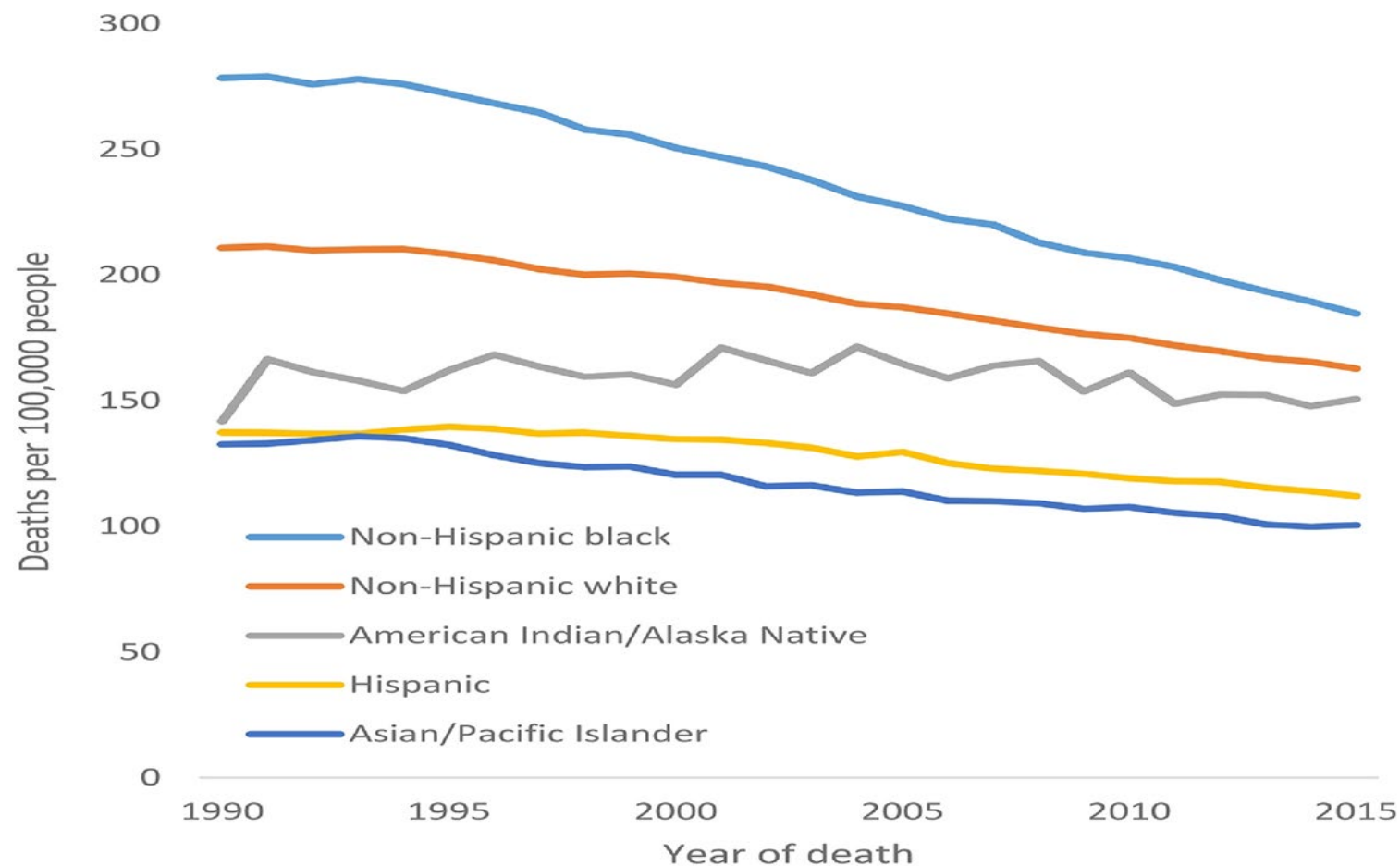
- The ACA led to wide expansions in coverage for screenings, vaccinations and other preventative care in private insurance, Medicare and Medicaid

- **Consumer Protections**

- The ACA provided new protections for cancer patients, notably the prohibitions against health underwriting and lifetime and annual limits

# Unfinished Business

## *Persistent Disparities in Outcomes*



\* - CA: A Cancer Journal for Clinicians, Volume: 68, Issue: 5, Pages: 329-339, First published: 10 July 2018, DOI: (10.3322/caac.21460)

# ASCO Policy Statement on Cancer Care Disparities and Health Equity

- **Equitable access to high quality care**
  - Social determinants of health
  - Unconscious bias
- **Equitable access to research**
  - Increase trial participation by racial/ethnic minorities
  - Clinical Treatment Act
- **Address structural barriers**
  - Increase screening for underserved populations
  - Support providers serving underserved
- **Increase awareness and action**

# COVID-19: Road to Recovery

## Report on Recovery of Research and Care Delivery



ASCO SPECIAL ARTICLES

American Society of Clinical Oncology Road to Recovery Report: Learning From the COVID-19 Experience to Improve Clinical Research and Cancer Care

 Check for updates

[Nathan A. Pennell](#), MD, PhD<sup>1</sup>; [Melissa Dillmon](#), MD<sup>2</sup>; [Laura A. Levit](#), JD<sup>3</sup>; [E. Allyn Moushey](#), MSW<sup>3</sup>; [Ajaj S. Alva](#), MD<sup>4</sup>; [Sibel Blau](#), MD<sup>5</sup>; ...

## Highlights:

- Virtual consent for trials
- Integrate trials to routine care
- Streamline regulatory requirements
- Retain expanded telemedicine access
- Affordable insurance
- Protect Medicaid access
- Focus on provider/patient wellness



# We Know What Works

## *The Delaware Screening Initiative*

### Program

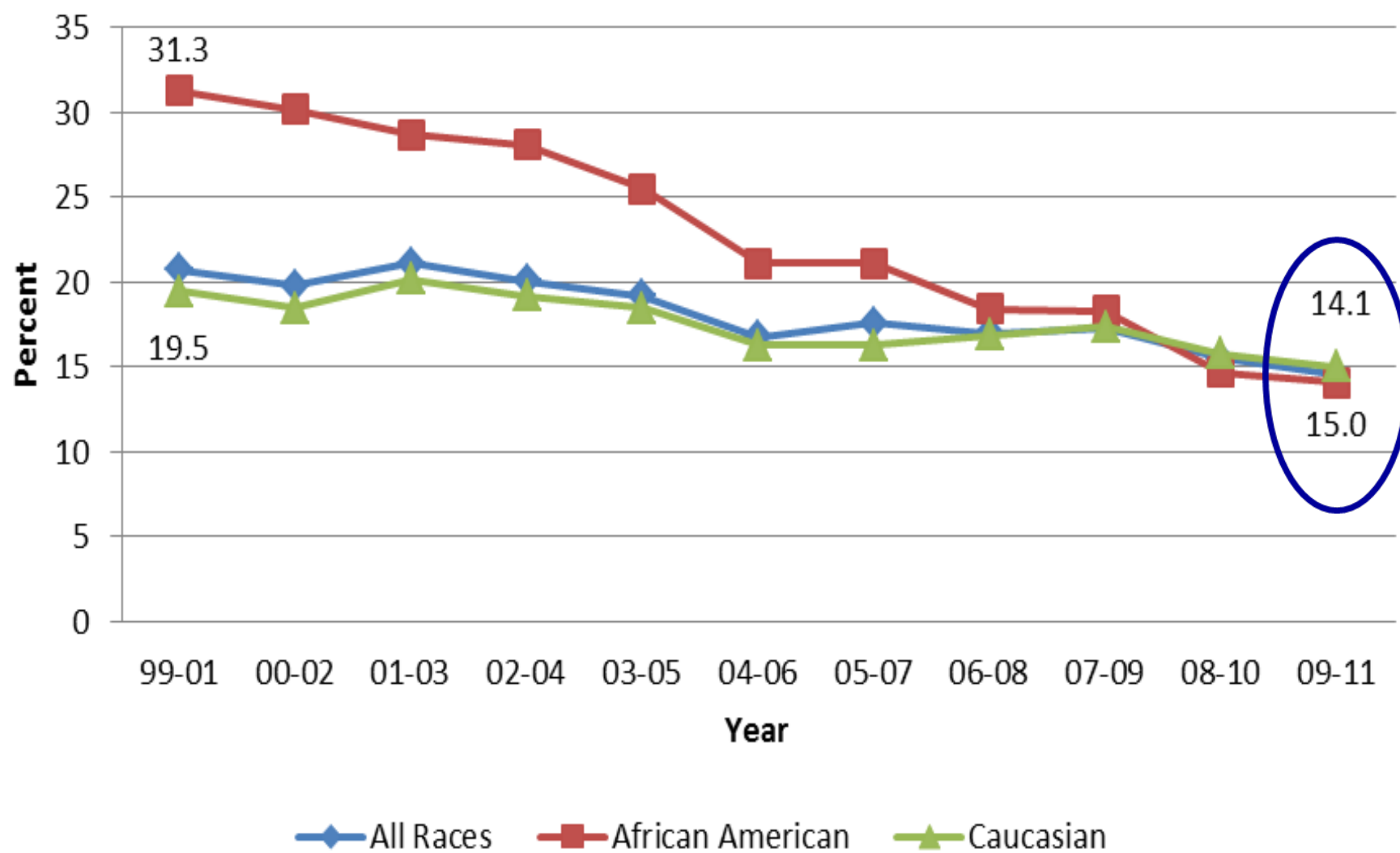
- Coverage for screening and treatment
- Patient navigation for screening and care coordination
- Case management

### Results

- Elimination of screening disparities
- Equalization of incidence rates
- Reduced percentage of African Americans with regional and distant disease from 79% to 40%
- Near elimination of mortality differences

Grubbs et al. JCO 2013

Age-Adjusted Colorectal Cancer Mortality Rates by Race; DE 1999 - 2011



# The Delaware Lesson?

- Health care is a community enterprise
- Expanded access to screening and care improves outcomes AND can lower cost to the system



# A Result Worth Repeating

*"...the State of Delaware has shown us that if we have the will, there is a way."*

NUMBER 16 • JUNE 1, 2013  
JOURNAL OF CLINICAL ONCOLOGY

COMMENTS AND CONTROVERSIES

## Eliminating Racial Disparities in Colorectal Cancer in the Real World: It Took a Village

Stephen S. Grubbs, Delaware Cancer Consortium, Dover; and Helen F. Graham Cancer Center, Newark, DE  
Stacy N. Polite, The University of Chicago, Chicago, IL  
John Carney Jr, US House of Representatives, Washington, DC  
William Bowser, Delaware Cancer Consortium, Dover, DE  
Jill Rogers, Delaware Division of Public Health, Dover, DE  
Nora Katuskes, Delaware Cancer Consortium, Dover; and Helen F. Graham Cancer Center, Newark, DE  
Paula Moss, Delaware Cancer Consortium, Dover, DE

# Oncologists are Willing and Able

## A Story from Michigan

# Collaborative Quality Initiatives (CQIs)



**CQIs transform care processes, improve outcomes, save money, and enhance community well being**

- Statewide quality improvement initiatives, **developed and executed by Michigan physicians and hospital partners** with funding and support from BCBSM and our HMO subsidiary, Blue Care Network
- CQIs utilize comprehensive **clinical registries** which includes patient risk factors, processes of care, and outcomes of care
- Physicians, hospitals, and health systems **collect data and collaborate** to measure and **improve the standard of care in Michigan** by focusing on reduction of errors, prevention of complications, and improvement of patient outcomes



# How CQIs are Transforming Health Care



## *The CQI Influence*

- **Novel best practices** and approaches are being developed in Michigan and **implemented worldwide**
- Over the last three years, findings have been **published** in academic peer-reviewed literature **more than 150 times**
- **Presentations** have been made to **national** and **international** audiences spanning tens of thousands; work of the CQI program has been profiled in over 35 countries on 5 continents
- **Other states** (Pennsylvania, Illinois, South Carolina, etc.) have implemented their own quality improvement programs **using our CQIs as a model**



**CQIs have lowered complication and mortality rates for thousands of patients, and have resulted in substantial avoided costs**



*Cost avoidance evaluations over 7 years*

*Select CQI quality initiatives evaluated for cost avoidance  
based on that which can be measured in claims data*

*Actuary Certified*



# No time to lose

- **Enhanced funding of our national research enterprise**
- Remove barriers to care and insurance
- Identify and address social determinants of health
- Test new care and payment models—scale what works





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