

# Delivering Cancer Care More Safely and Equitably in a Post-Pandemic Era

---

Lori J. Pierce, MD, FASTRO, FASCO

Chair of the Board, American Society of Clinical  
Oncology

July 27, 2021

# Exposing Existing Issues

## Existing Gaps in Cancer Care Delivery and Research Exacerbated by Pandemic

- Screening
- Access
- Care Delivery
- Research
- Equity
- Physician Well Being

# Opportunities as We Emerge

- **We need to do better than pre-pandemic**
- **We can learn from this experience**
- **Some adaptations should be permanent**
- **We need to prepare for next PHE**

# 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>; [Ajjal 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
- Increase grants to underserved
- Affordable insurance
- Protect Medicaid access
- Focus on provider/patient wellness

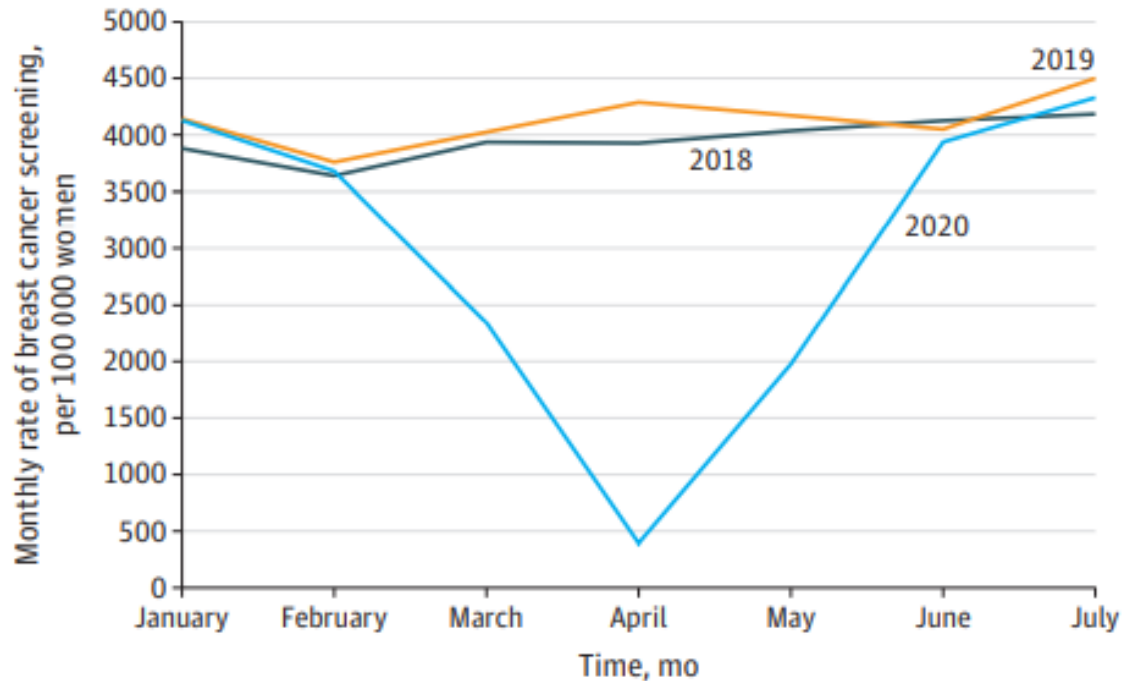
# Pre-COVID Screening Disparities

Cancer Screening among Certain U.S. Population Groups				
	BREAST CANCER SCREENING RATE*	CERVICAL CANCER SCREENING RATE*	COLORECTAL CANCER SCREENING RATE*	PROSTATE CANCER SCREENING RATE†
<b>Race and ethnicity</b>				
Whites	71.8	83.2	63.7	37.1
African Americans	74.3	85.3	59.3	30.7
Hispanics	72.1	78.6	47.4	25.5
American Indians/ Alaska Natives	56.7	76.9	48.4	N/A
Asians	66.1	75.8	52.1	17.4
<b>Household income</b>				
<139% of federal poverty threshold	58.7	75.2	46.9	N/A
>400% of federal poverty threshold	78.8	89.7	70	N/A
<b>Education</b>				
Less than high school	60.3	71.2	46.7	N/A
College graduate	78.9	89.5	70.7	N/A
<b>Health care coverage</b>				
Uninsured	35.3	63.8	25.1	10.2
Private insurance	76.7	86.8	65.6	29.8
<b>Sexual orientation</b>				
Gay	77.2	74.6	69.3	N/A
Straight	71.8	83.3	62.5	N/A
*Data from (18) †Data from (223)				

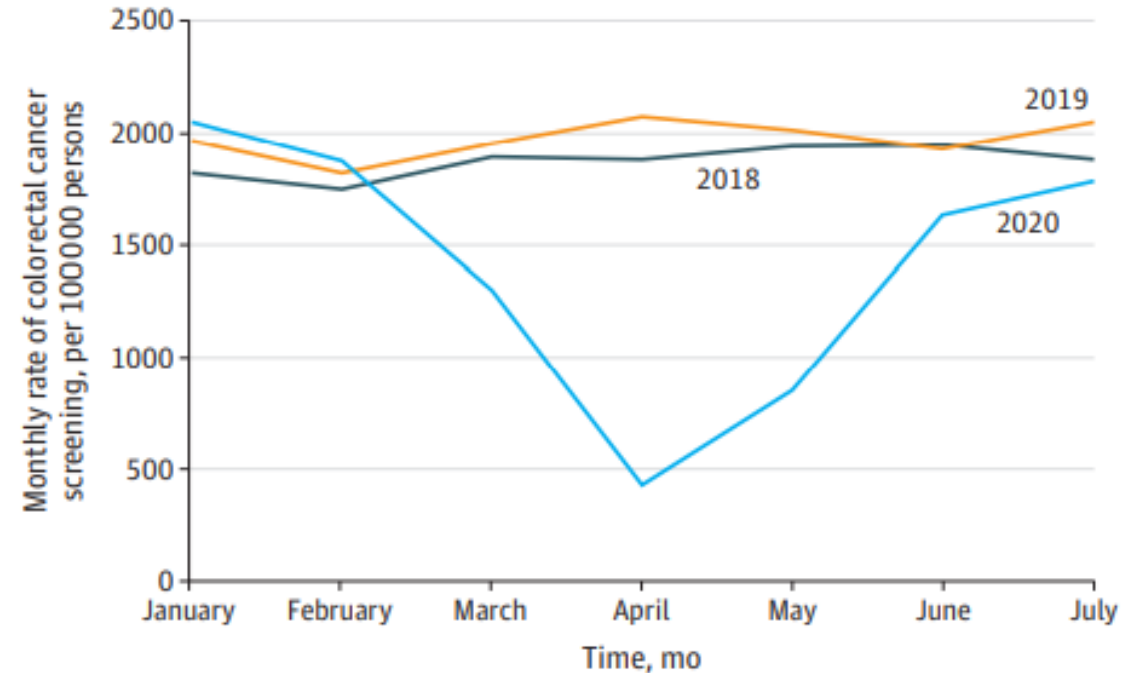
AACR Cancer Disparities  
Progress Report 2020

# Pandemic Screening Delays

**A** Breast cancer screening among female enrollees



**B** Colorectal cancer screening among enrollees

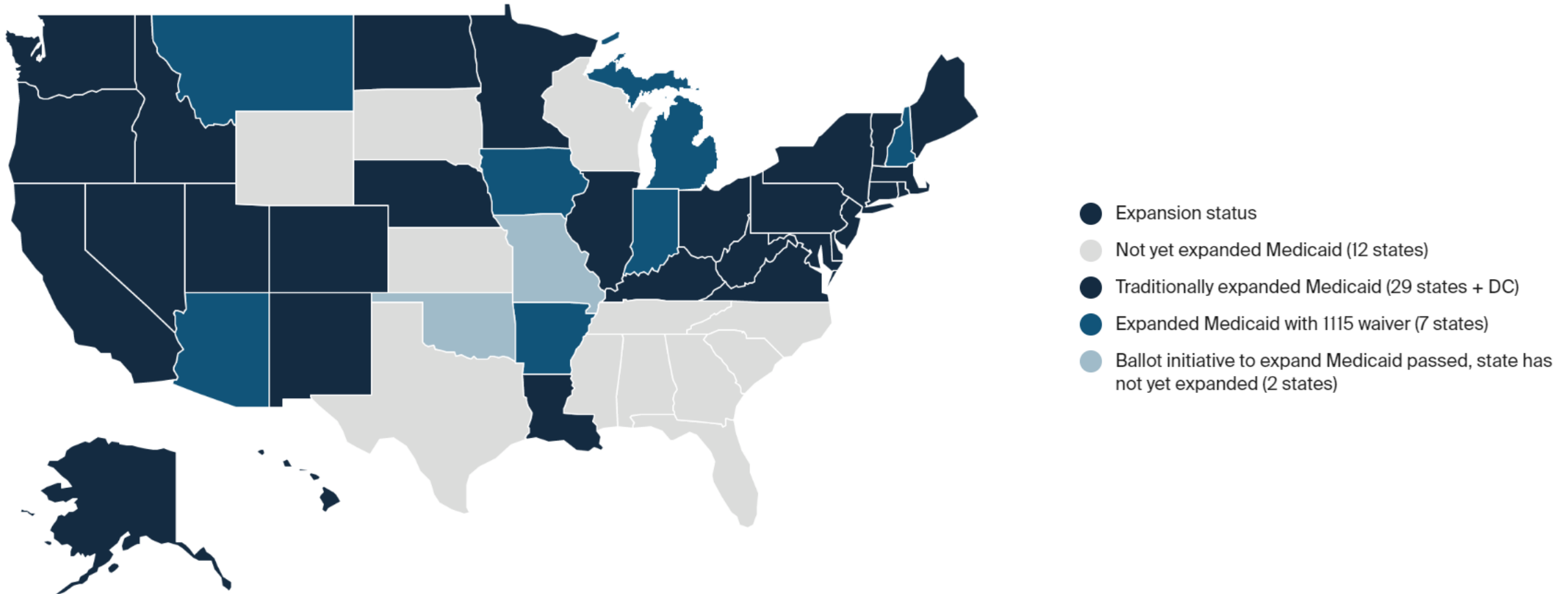


[Association of Cancer Screening Deficit in the United States With the COVID-19 Pandemic | Breast Cancer | JAMA Oncology | JAMA Network](#)

# What We Know:

- The **ACA led to wide expansions** in coverage for screenings, vaccinations and other preventative care in private insurance, Medicare and Medicaid, **however**
- There remains an **uneven experience** in the U.S., including worse survival for racial and ethnic minorities, populations with lower income and education levels and patients living in rural areas.
- **Data collection will be critical** to evaluating the impact of screening delays, particularly on marginalized populations

# Medicaid Expansion

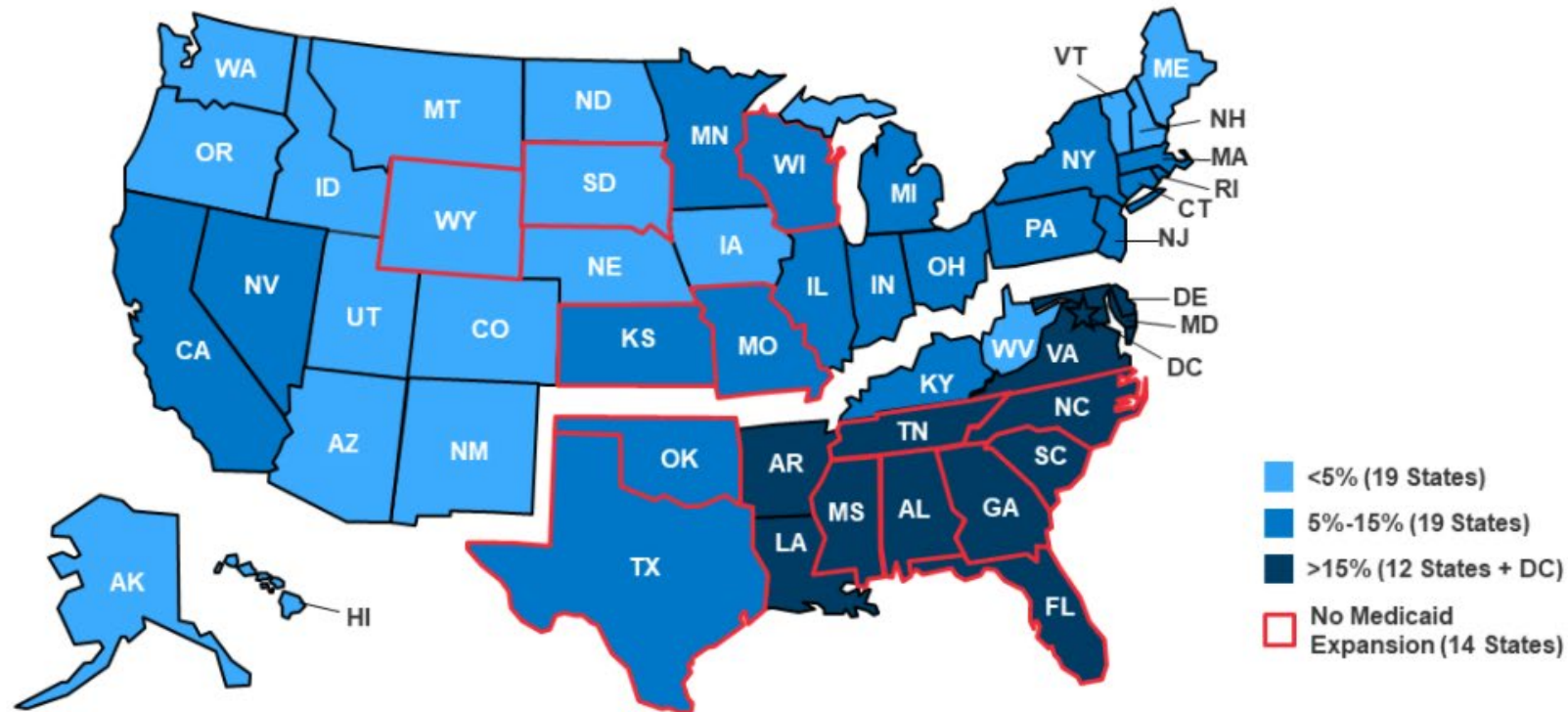


## Status of Medicaid Expansion and Work Requirement Waivers | Commonwealth Fund



## Disproportionate Impact

## Share of Total Nonelderly Population that is Black by State and Medicaid Expansion Status as of April 2020



Note: Includes nonelderly individuals 0-64 years of age and non-Hispanic Blacks.

Source: KFF analysis of 2018 American Community Survey, 1-Year Estimates and KFF, Status of State Action on the Medicaid Expansion Decision, as of April 2020, <https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>.



**KFF**  
HENRY J KAISER  
FAMILY FOUNDATION

# Implementing 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

# 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  
Shane 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 Hoss, Delaware Cancer Consortium, Dover, DE

# Telemedicine

- Lessons learned on appropriate use of telemedicine
- Patient Factors
  - Patient Satisfaction
  - Access for vulnerable populations
  - Education

# Coming Soon! ASCO Telemedicine Standards

In 2020/2021, ASCO convened an expert panel to examine telehealth use in oncology and develop standards and practice recommendations.

## ISSUES DISCUSSED BY PANEL -

- Which patients should be seen via telehealth versus in-person?
- How should we discuss the establishment of the physician-patient relationship within the context of telehealth?
- What are the roles of Advanced Practice Providers and Allied Health Professionals in telehealth?
- How best can we incorporate telehealth in cancer clinical trials?

# ASCO Policy Statement on Cancer Care Disparities and Health Equity (August 2020)

- **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
- **Increasing awareness and action**
  - Facilitating awareness of inequities
  - Equipping practices with the tools to assess and address inequities

# Removing Coverage & Access Roadblocks

- Hub and Spoke Models
- Careful Use of Innovative Care Models – Inclusive of full continuum of care
- Utilization Management
  - Step Therapy
  - Prior Authorization





# COVID-19 Intensifies Burnout for Oncologists



# ASCO Well Being Task Force 5-Year Plan

*“Cancer care is delivered in clinical and research environments where patients, clinicians, and practices thrive”*

