Health Equity Report Card Pilot Project to Help Close the Care Gap Highlighted on World Cancer Day

NCCN joined 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. How the HERC pilot program came about and what it is meant to achieve are described herein.

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 healthcare, which can be attributed to historical and persistent structural racism in the United States 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, Commonwealth University Massey Cancer Center, and Shonta Chambers, MSW, Executive Vice President of Health Equity and Community Engagement, the Patient Advocate Foundation. In early 2021, the group developed the HERC to recommend actionable practice changes that, 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 multiphase pilot, 5 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 HERC will be able to serve as a roadmap for healthcare 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, CEO, 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 HERC provides a tangible approach that can help achieve that goal.”

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“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, NMQF. “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 reimagine 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.; 2seven 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 was published in the February issue of JNCCN.

Looking beyond race and ethnicity in the United States, research shows income, education, geographic 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% of all cancer deaths worldwide, and is expected to continue to grow.1

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)
- Worldwide

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

Reference


Terrance Mayes, EdD, and Loretta Erhunmwunsee, MD, Announced as Leaders for NCCN Forum on Equity

On January 17, 2023, NCCN announced the appointment of Terrance Mayes, EdD, of Stanford Cancer Institute as Chair of the NCCN Diversity, Equity, and Inclusion (DEI) Directors Forum; Loretta Erhunmwunsee, MD, of City of Hope National Medical Center has been named Vice Chair. They join more than 20 experts on diversity, equity, and inclusion in healthcare from leading academic cancer centers across the United States that comprise NCCN.

“There are significant disparities in cancer outcomes across race and ethnicity; this is unacceptable and must be addressed urgently and thoroughly. Increasing diverse representation among care providers is one overdue step toward improving the equity and quality of cancer care,” said Robert W. Carlson,
“Unfortunately, we have a long way to go, and the people doing this crucial work are often underfunded and overburdened. We’re happy to be able to use NCCN’s existing infrastructure to address some of that burden. Doctors Mayes and Erhunmwunsee are tremendous leaders with a clear vision for the future. We’re honored to have them at the forefront of this forum propelling academic centers to help all people with cancer live better lives.”

Recent studies have found the cancer mortality rate is 19% higher for Black men in America than White men, and 12% higher for Black women over White women. There are many different reasons for these disparities, including the impact of structural and interpersonal racism and social determinants of health. Research shows that following clinical guidelines is one way to reduce this imbalance in outcomes. Having diverse representation among healthcare providers—increasing trust and reducing opportunity for bias—is another.

Underserved racial and ethnic groups are critically underrepresented across oncology, and particularly in leadership positions. Black people currently represent 12.7% of the US population, but only 5% of active physicians; likewise, Hispanic people are 18.1% of the overall population and just 5.8% of doctors. When it comes to people in leadership positions, it falls to 3.5% and 3.8%, respectively.

The NCI has announced that all centers will need to design and implement a plan to increase diversity in faculty and workforce in order to remain eligible for federal designation and funding. The NCCN DEI Directors Forum will work together to provide support and resources in the development of these important plans, among other initiatives, to improve equity in cancer care systems.

“I am honored to serve as the inaugural chair of the NCCN DEI Directors Forum at such a pivotal time in our nation,” said Dr. Mayes. “The last several years have drawn into sharper focus the role that structural discrimination has played within the United States healthcare system. As a healthcare community, we have an obligation to act—I look forward to working with the NCCN DEI Directors Forum Members in advancing diversity, equity, and inclusion at all levels of cancer care.”

Dr. Erhunmwunsee added: “In order to achieve cancer health equity, cancer centers must identify and eliminate structural barriers and practices that undermine workforce diversity, equity, and inclusion. Initiatives that promote DEI must be truly prioritized by center directors and top system leadership with the appropriate funding and resourcing; otherwise, historically excluded groups will remain marginalized. I look forward to partnering with this forum of DEI leadership as we develop and implement policy and practice initiatives that advance DEI at a national level.”

The NCCN DEI Directors Forum will provide a venue to share challenges and best practices in advancing DEI initiatives in a timely fashion. The group will meet multiple times a year, both virtually and in-person, to formulate recommendations for the development of new and updated policies and practices to support DEI efforts.

The forum members also include:
- Julie Brabbs, MBA, University of Michigan Rogel Cancer Center
- Paul M. Buckley, PhD, Fred Hutchinson Cancer Center
- Luis G. Carvajal-Carmona, PhD, UC Davis Comprehensive Cancer Center
- Chyke A. Doubeni, MD, MPH, The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute
- Felicity T. Enders, PhD, Mayo Clinic Comprehensive Cancer Center
- Cathy Grant, MPA, CDM, Moffitt Cancer Center
NCCN’s work has always been rooted in the pursuit of equity in cancer outcomes by making sure every patient has access to care according to the latest evidence-based expert consensus recommendations,” said Dr. Carlson. “Our ongoing work with the NCCN DEI Directors Forum will help us continue to hold ourselves accountable and make sure we are always moving in the right direction.”

NCCN convened a working group in 2020 in collaboration with the American Cancer Society Cancer Action Network and the National Minority Quality Forum, which created a Health Equity Report Card (HERC)—a series of 17 actionable, measurable recommendations to reduce disparities in cancer care. A pilot project evaluating the feasibility of implementing the HERC as a tool for improving the quality and equity of care nationwide is ongoing. More on this project was announced on February 4 as part of the 2023 World Cancer Day “Close the Care Gap” campaign. Visit NCCN.org/wcd to learn more.

References