

Striving for Health Care Equity by Closing the Cancer Care Gap



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“If you were to ask me what the 1 magic thing would be, it would be that we would adopt a concept of 1 team, one fight nationally, and that we would be able to have our structures and our coordination of care.”

In the ongoing fight against cancer, achieving equitable access to quality care is a critical challenge, according to Robert A. Winn, MD.

Winn recently wrote a 2024 forecast focusing on achieving health equity in the oncology space for the American Association for Cancer Research (AACR).

He spoke about the persistent disparities in cancer outcomes among different populations, and he emphasized the distinction between equity and disparity. Additionally, he noted the positive trajectory toward achieving health equity, outlining the crucial role of addressing systemic barriers and resource allocation in creating a level playing field for all patients.

Q / What does health equity mean or look like in the oncology space?

Winn / This is an important conversation about what equity looks like. Equity is more of a principle: When all obstacles are removed, people get the same care at the same time in the same manner, and even potentially get the same outcomes. I say that because when people talk about equity, that is something that we’re striving for. What exists currently are disparities. We know that African American individuals [with multiple myeloma] tend to do less well. It turns out that work that’s been

done has shown that when you have the same access to care, when the barriers are removed like the social part, the structural parts are removed, you can obtain [equity]. African American individuals right now will have a different outcome than, say, their White counterparts. We call that a disparity because it’s not something that may inherently be an issue of their biology, in the context of African American individuals are just “going to have worse outcomes with multiple myeloma.” The disparity accounts for the fact that, whatever that biology is, there are additional forces and obstructions to being able to get the care.

Equity is much more of a principle of having an even playing field. As we know, the unfortunate reality is that is not true everywhere.

Q / How can you see healthy equity impacting or changing for patients with cancer throughout 2024?

Winn / Several things on the horizon may be game changers for improving and moving toward equity. For example, the fact that, at some point, we allowed Medicaid to pay for clinical trials. This new ruling by the Centers for Medicare & Medicaid Services [CMS] that allows for the reimbursements of navigation—ie, getting people to navigate you from point A to point B—will also assist us in getting toward a more equitable society in the context of oncology. There’s still work to do. We will always talk about when new drugs come out. There is usually a sort of nonintentional divide. For example, when immunotherapy came out, we wrote in *The New York Times* and everywhere else about the immunotherapy divide. New therapies, new technologies, and new screening mechanisms usually don’t reach all communities equitably. That’s still a struggle. We are making some good progress, but we need to make more progress in the area of biomarker testing, for example, in lung cancer and all these other [cancers]. With the reimbursements from CMS, Medicaid paying for clinical trials, and many other things that we could talk about, we are trending toward the health equity goal. We’re not there yet.

Q / What should be the biggest focus for underserved populations to achieve health equity?

Winn / It's not so much that the [underserved populations often live in areas of] persistent poverty, rural areas, or areas where there are high populations of minorities.... I think it's the structures. When people say, "Well, what can be done? How do we make care more accessible? How do we make the quality of that care standard, so that whether you have \$1 million or \$1, you're getting equitable care?" That's a challenge because it takes resources. When people ask those questions, I say, "I don't know that we'll ever achieve a definitive equity." We can certainly do better. We can certainly work with, for example, federally qualified health centers in a different way than we are now in 2024. [We can make] sure that screening and follow-up care and survivorship...are embedded more in those federally qualified health centers or community health centers. I think we could do better by working with our community hospitals. This is what the Association of Community Cancer Centers and others are trying to do; [they are examples of] where you have your academic centers and the community health centers working together in partnership. If you were to ask me what the 1 magic thing would be, it would be that we would adopt a concept of 1 team, 1 fight nationally, and that we would be able to have our structures and our coordination of care better and more organized than we have it now.

Q / How do you hope to educate your colleagues on this issue?

Winn / The education part of this is exciting for us. I hope that the AACR Cancer Disparities Report is just 1 tool



to not only get my colleagues but to also get people within the community and those people who are in charge of our resources a little bit more up to speed and aware. This report has, on its own, been substantiated. I was part of the first one in 2020 and the second one in 2022. I'm happy to be part of [the 2024] one as well and leading the charge of the 2024 report. That's one element that we hope will be able to help educate people and bring awareness. The other one is just [the] good old-fashioned [strategy of] having our professional bodies, whether they're AACR, AACI [Association of American Cancer Institutes], American Cancer Society, or ASCO [American Society of Clinical Oncology], all working on 1 accord, and that is to bring to the attention that cancer is not like it used to be in the 1950s. It is not necessarily a death sentence if you can get to the right place and get the right care at the right time.

Q / Is there anything you're focusing on at your institution that may break the mold that other institutions can follow?

Winn / We've philosophically flipped the script where it has always been in cancer, this focus on creating a molecule that becomes a medicine and then we stop. Once it becomes a medicine and it gets into a trial, how do we get people from diverse backgrounds, rural communities, areas of persistent poverty, and minority communities into our trials? In addition to focusing on the basic discovery that is the molecule becoming medicine, we have at Massey focused on the back half of that, and which is, how do these techniques get disseminated and diffused across communities? Can it result in an impact? We are a very proud comprehensive cancer center, which means that it starts with having a community focus and then having our research and support benefit those efforts to have a broader impact so everyone can benefit from the science we generate from our centers more equitably. ■

REFERENCE

Experts forecast 2024, part 2: achieving cancer health equity. News release. AACR. January 12, 2024. Accessed February 16, 2024. <https://shorturl.at/cMQR8>