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September 29, 2021

The Honorable Cheri Bustos
1233 Longworth House Office Building
United States House of Representatives
Washington, D.C. 20515

The Honorable G.K. Butterfield
2080 Rayburn House Office Building
United States House of Representatives
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The Honorable Tom Cole
2207 Rayburn House Office Building
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The Honorable Markwayne Mullin
2421 Rayburn House Office Building
United States House of Representatives
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Representatives Bustos, Butterfield, Cole, and Mullin,

On behalf of the Association for Clinical Oncology (ASCO), we applaud your bipartisan commitment to improving health outcomes through the work of the Congressional Social Determinants of Health (SDOH) Caucus.

ASCO represents nearly 45,000 clinical oncologists, researchers, and other oncology professionals who care for patients with cancer from all backgrounds. We are pleased to submit the below responses to the questions posed in your request for information and look forward to working with you as the Caucus takes shape.

Experience with SDOH Challenges

What specific SDOH challenges have you seen to have the most impact on health? What areas have changed most during the COVID-19 pandemic?

ASCO's [Road to Recovery Report: Learning from the COVID-19 Experience to Improve Clinical Research and Cancer Care](#) addresses opportunities to make cancer care and research more accessible to and equitable for patients in every community by applying lessons learned in the response to the COVID-19

pandemic and includes specific recommendations regarding SDOH. As described in the 2020 Report, “the novel coronavirus pandemic and resulting public health emergency prompted urgent responses across all sectors of society, including economic, social, and healthcare measures intended to protect the safety of patients and healthcare workers and to mitigate disruptions in care.”

The report includes specific recommendations about the importance of data collection “to understand the impact of COVID-19 on patients with cancer, including its effect on SDOH” as well as ensuring “COVID-19 registries are collecting appropriate data on SDOH.”

ASCO has compiled a wide range of resources to support clinicians, the cancer care delivery team, and patients with cancer to help ensure that individuals with cancer receive high-quality care as the nation continues to respond to the COVID-19 pandemic at <https://www.asco.org/covid-resources>.

What types of gaps in care, programs, and services serve as a main barrier in addressing SDOH in the communities you serve? What approaches have your organization, community, Tribal organization, or state taken to address such challenges?

The role of nutrition, stress, health literacy, financial toxicity, and other social factors in cancer care are well-characterized, but rarely are these data systematically gathered in the clinic. Gathering this data would facilitate both targeted support for individuals as well as future research that ensures that the cancer patient receives the right level of social care at the right time. Healthy People 2030 specifically mentions the need to screen for social needs in order to help ameliorate the impact of SDOH on health outcomes.

In ASCO’s statement, *Cancer Disparities and Health Equity: A Policy Statement from the American Society of Clinical Oncology* (Patel et al, 2020), the Society identified four strategic goals and underlying recommendations, including addressing structural barriers through the optimal use of SDOH in cancer care, education, practice, and policy development.

To better understand how the Society can best support our members in addressing these issues, ASCO recently surveyed its U.S. members about their understanding and interest in addressing health equity issues in their professional practices. One key finding is that “ASCO members do not currently feel completely or very prepared to address health disparities. They want to be empowered through practical resources and support that they can use with their patients, such as scripts for discussing equity, as well as additional training on social determinants of health.” (ASCO Domestic Member Survey: Perceptions of Health Equity, December 2020 – February 2021, <https://www.asco.org/news-initiatives/current-initiatives/health-equity>).

ASCO has developed several educational resources designed to help oncologists increase their cultural literacy, humility, and competence. These courses arm providers with communication strategies to minimize bias and discrimination. The full listing of modules can be viewed here: <https://elearning.asco.org/coursecollection/cultural-literacy>. In addition, ASCO has developed a free educational series to help the oncology community learn more about the role of SDOH in cancer care and cancer outcomes. A new podcast series on SDOH was created by 2020-2021 ASCO President, Dr. Lori Pierce, as part of ASCO’s new Equity Initiative. The series aims to increase oncologists’ understanding of the SDOH and bring awareness to the barriers to care experienced by patients. The series is free and available at: https://www.youtube.com/playlist?list=PLwVG_3RvChvHU-lyE_fc5IFGxbOg11WTZ

Are there other federal policies that present challenges to addressing SDOH?

While insurance coverage alone does not mitigate the impacts of SDOH, it is one area where federal policies have a big impact. Medicaid expansion has been shown to improve cancer care outcomes as data from a Journal of Oncology Practice article shows:

- The uninsured rate for patients in expansion states with a new diagnosis of lung or colon cancer decreased by at least 50 percent;
- The uninsured rate for patients in expansion states with a new diagnosis of breast cancer decreased by over 40 percent;
- The decline in the rate of uninsured did not decrease for patients living in non-expansion states (Trends in Insurance Status Among Patients Diagnosed With Cancer Before and After Implementation of the Affordable Care Act, ASCO Journal of Oncology, 2018 <https://ascopubs.org/doi/full/10.1200/JOP.2017.027102>)

Improving Alignment

What opportunities exist to better collect, understand, leverage, and report SDOH data to link individuals to services to address their health and social needs and to empower communities to improve outcomes?

A significant challenge to overcome in the pursuit of equity is standardized data capture, metrics and reporting. In 2017, ASCO released a joint statement with the American Association for Cancer Research (AACR), the American Cancer Society (ACS), and the National Cancer Institute (NCI) to foster cooperation across the cancer research community.¹ The current peer-reviewed research supports the assertions in the joint statement-- disparities are driven by a range of multi-level patient, community, and structural factors, including inequities in health care quality and delivery. Our collective understanding of the underlying drivers of cancer disparities is growing, but the joint statement makes several recommendations for continuing to advance the research on, and the science of, disparities. The first recommendation, *defining and improving data measures and tools for cancer disparities research*, is particularly relevant. According to the joint statement, patient data are often incomplete, inaccurate, or overly-simplified and usually do not consider many social and community factors. Moreover, cancer disparities research is limited by a lack of comprehensive, consistent data on factors that impact disparities in cancer care and patient outcomes, including a patient's social status and demographics, community and lifestyle factors, and biology and genetics. Widespread variation in data collection methodologies has also compromised the utility of select data sets for disparities research. Having a recognized standard set of demographic questions and variables would demonstrably benefit stakeholders' ability to document, understand, and begin to address systemic inequities.

Best Practices and Opportunities

¹ Polite, Blase N., et al. "Charting the future of cancer health disparities research: a position statement from the American Association for Cancer Research, the American Cancer Society, the American Society of Clinical Oncology, and the National Cancer Institute." *Cancer research* 77.17 (2017): 4548-4555.

What are some programs/emergency flexibilities your organization leveraged to better address SDOH during the pandemic (i.e., emergency funding, emergency waivers, etc.)? Of the changes made, which would you like to see continued post-COVID?

Telehealth flexibilities such as the elimination of the geographic and originating site restrictions in Medicare should be made permanent. Telehealth can increase access to care for patients with cancer while reducing treatment burden and disruption to patient lives. Providers who use telemedicine have reported that its benefits include decreased travel time for patients, immediate access to care, early detection of health issues and complications, increased patient autonomy, reduced caregiver burden, and increased patient satisfaction with health care.ⁱ Additionally, virtual visits can provide effective follow-up and enhanced convenience compared with traditional office visits. Telehealth interventions in chronic disease management have been shown to lead to a decline in hospital admissions/re-admissions, length of hospital stays, emergency department visits, and a reduction in mortality.ⁱⁱ

In addition to greatly benefitting immunocompromised patients during a global pandemic, the expanded use of telehealth has also helped providers reach historically underserved populations, including rural populations and those that might find the need to take off work, find childcare, and arrange transportation to an in-person visit prohibitive. However, there is more work to be done to address the digital divide that can lead to inequities in the effective use of telemedicine.

ASCO believes federal and state governments should promote universal access to high-speed broadband through expanding digital infrastructure. Reliable broadband connections are still needed in many areas of the U.S. in order to successfully make telemedicine fully accessible. Efforts should be made to expand broadband access across the U.S.

Which innovative state, local, and/or private sector programs or practices addressing SDOH should Congress look into further that could potentially be leveraged more widely across other settings? Are there particular models or pilots that seek to address SDOH that could be successful in other areas, particularly rural, tribal or underserved communities?

An editorial written by Dr. Reginald Tucker-Seeley, Chair of ASCO's Social Determinants of Health in Cancer Care Task Force, provides a few examples of "efforts to facilitate the integration of screening and addressing SDOH and social needs in health care delivery" and programs that have been shown to have an impact. Specific examples include, Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE), Health Leads, and Centers for Medicare and Medicaid Services Innovation Center-funded Accountable Health Communities. See, Social Determinants of Health and Disparities in Cancer Care for Black People in the United States, DOI: 10.1200/OP.21.00229 JCO Oncology Practice 17, no. 5 (May 01, 2021) 261-263.

Transformative Actions

Alternative payment models help to measure health care based on its outcomes, rather than its services. What opportunities exist to expand SDOH interventions in outcome-based alternative payment models and bundled payment models?

ASCO recently released a major update to our Patient-Centered Oncology Payment Model (PCOP), an alternative payment model designed to support transformation in cancer care delivery and reimbursement while ensuring that patients with cancer have access to high-quality, high-value care.

PCOP addresses an array of pressures facing cancer care, including the growing financial burdens on patients and families and increasing administrative burdens on practices as a result of expanding utilization management requirements.

ASCO's model transforms cancer care using three major approaches:

- improved care delivery and coordination through an oncology medical home framework, which has shown improved outcomes and reduced costs
- a performance-based reimbursement system that relies on patient-centered standards and transitions to bundled payments
- consistent delivery of high-quality care using clinical pathways that adhere to ASCO criteria.

PCOP would be implemented in "communities" - multidisciplinary networks of oncology provider and practices; federal, state, and private payers; employers; and regional health networks - aligned to support patient-centered cancer care.

The Centers for Medicare and Medicaid (CMS) and the Center for Medicare and Medicaid Innovation (CMMI) issued a Request for Information about next steps following the completion of the agency's Oncology Care Model (OCM) in 2021. ASCO intends to submit PCOP as a way to expand the OCM experience and serve as an appropriate next step in innovation following the conclusion of OCM's performance periods.

A critical element of transformation, particularly for new models of care, is measurement and evaluation. With SDOH in mind, which are the most critical elements to measure in a model, and what differences should be considered when measuring SDOH outcomes for adults vs children?

ASCO and the Community Oncology Alliance (COA) recently published standards for the Oncology Medical Home (OMH), which "includes a process for measurement of outcomes to facilitate continuous quality improvement". Additionally, health equity is a major component and included as a global statement in the standards, "Health equity is achieved when everyone has the opportunity to attain their highest level of health³⁹; equity is a priority for practices throughout the continuum of cancer care. Within each domain of these standards, practices should be guided by the ASCO policy statement on cancer care disparities and endeavor to (1) ensure equitable access to high-quality care, (2) ensure equitable research, (3) address structural barriers, and (4) increase awareness and action.⁴⁰". DOI: 10.1200/OP.21.00167 JCO Oncology Practice 17, no. 8 (August 01, 2021) 475-492.

How can Congress best address the factors related to SDOH that influence overall health outcomes in rural, tribal and/or underserved areas to improve health outcomes in these communities?

Recently, more attention has been paid to how the SDOH impact cancer care and outcomes. In September 2019, the National Academies of Sciences, Engineering, and Medicine (NASEM) released recommendations for integrating social care into the delivery of healthcare, providing overarching goals and recommendations to design and build a healthcare system and workforce that inherently address

these needs and achieve better health outcomes (National Academies of Sciences, Engineering, and Medicine. 2019. *Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25467>). This was followed by the American Cancer Society publication of its framework *Understanding and Addressing Social Determinants to Advance Cancer Health Equity in the United States: A Blueprint for Practice, Research, and Policy*, offering a multilevel conceptual framework for understanding and addressing social determinants to advance cancer health equity (Alcaraz et al, Cancer, Jan/Feb 2020, <https://pubmed.ncbi.nlm.nih.gov/31661164/>).

Open Forum

Is there any other information you would like to share?

It is important to remember that screening for social needs is useful only insofar as resources to address those needs exist in the community, are available for referral, and patients can be successfully navigated to those resources. Additionally, meeting individual social needs is not by itself sufficient to addressing underlying social structures (and therefore, SDOH more broadly). ASCO remains committed to advocacy work to continue the goals of health care reform, to reduce the financial toxicity of cancer care, and to improve the policy landscape to reduce the burden of cancer for individual patients and their families.

As part of ASCO's commitment to addressing inequities in cancer care, a Social Determinants of Health Task Force has been established and is charged with articulating recommendations for how ASCO can address SDOH through its three pillars of Research, Education, and Quality in order to reduce the burden of cancer care and its treatment.

Thanks again for the opportunity to respond on these critical issues. Should you have any questions, feel free to reach out to Amanda Schwartz, ASCO's Director of Congressional Affairs, at Amanda.schwartz@asco.org or 571-483-1647.

Sincerely,



Howard "Skip" Burris, MD, FASCO
Chair of the Board
Association for Clinical Oncology

ⁱ Cox A, Lucas G, Marcu A, et al. Cancer survivors' experience with telehealth: a systematic review and thematic synthesis. *J Med Internet Res*. 2017;19:e11

ⁱⁱ Bashshur RL, Shannon GW, Smith BR, et al. The empirical foundations of telemedicine interventions for chronic disease management. *Telemed J E Health*. 2014;20(9):769-800.