



Positive Quality Intervention: Role of Pharmacy in Equitable Breast Cancer Care

Description: This PQI identifies strategies to promote health equity within breast cancer care and highlights the role of pharmacists in this process.

Background:

Health equity (HE) is the state in which each person can obtain their highest level of health in a fair and just manner. Continual efforts to address injustices, overcome systematic barriers to health and health care, and eliminate preventable health disparities are necessary to reach a state of HE for all patients.¹ Several factors affect HE, including racial disparities, social determinants of health (SDOH), lack of universal access to health care coverage, and varying institutional reimbursement practices.^{1,2}

Disparities in HE can have significant adverse effects on cancer patients' morbidity, mortality, and quality of life.^{3,4} This is especially true in minority breast cancer patients. Racial disparities in breast cancer care have been linked to underuse of screening mammography and lack of follow-up on abnormal results.⁵ Black women are at a substantially higher risk of developing triple-negative breast cancer (hormone receptor and HER2-negative; TNBC), a particularly aggressive form of the disease with high mortality rates.^{5,7} Surveillance, Epidemiology, and End Results (SEER) data from the California Cancer Registry of women diagnosed with breast cancer between January 1, 2006, and December 31, 2009 revealed that TNBC incidences were higher in Black women than any other ethnic or racial group of all ages (20% vs 13% Hispanic, 9% Asian, 9% White).⁶ Another SEER-based study showed Black women with TNBC had a significantly higher risk of all-cause mortality compared with White women (hazard ratio: 1.39, 95% CI: 1.29-1.51), and the risk of breast cancer-specific mortality was significantly higher in all subtypes of breast cancer in Black compared with White women.⁷ Additionally, Black and Hispanic patients with TNBC are 18% and 13% less likely, respectively, to receive guideline-adherent treatment (including surgery, radiation, and/or chemotherapy) compared to White patients.⁸

To achieve HE for these and all cancer patients, it is essential to identify barriers to accessing high quality care so health care professionals can support patients in overcoming these challenges. Pharmacists play an integral role in the health care team by providing evidence-based recommendations, optimizing transitions of care, and improving accessibility to treatment.^{3,8} Through a multidisciplinary approach, pharmacists, physicians, nurses, and other members of the care team can address the complexity of health inequities.



PQI Process:

Table 1. Pharmacist Activities to Support Equitable Breast Cancer Care

| Goal | Supporting Activities |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Collaborate with other members of the healthcare team and the healthcare system | <ul style="list-style-type: none"> Engage physician, social work, financial counseling, and nursing partners to devise workflows centered around equitable care (see Supplemental Resources 2-4) Work with financial counseling and patient navigator partners to create financial toxicity assessment to screen for financial barriers (see Supplemental Resources 5-8) Participate in Pharmacy & Therapeutics Committee to advocate for addition of guideline concordant therapies to health system formulary |
| Devise strategies to ensure culturally competent care and respect for diverse patient populations | <ul style="list-style-type: none"> Pursue education around cultural competency/humility, SDOH, and caring for sexual & gender minority patients (see Supplemental Resources 9-13) Provide patients with resources that align best with their health literacy level Use interpreter services with patients who do not speak English as primary language and ensure education sheets are available in a variety of languages Review patient education materials for non-gendered language |
| Implement a trauma-informed approach to care | <ul style="list-style-type: none"> Identify internal leaders to initiate awareness of trauma-informed care and empower them to lead initiatives around programming and peer support Educate the care team about the impact of trauma on health and the value of trauma-informed care (See Supplemental Resources 19 & 20) Allow patients to have a voice in their treatment plan and offer as much transparency as possible for why this plan is being offered Actively avoid re-traumatization |
| Support clinical decision making and utilize technology to aid in equitable, guideline concordant care | <ul style="list-style-type: none"> Serve as literature expert and advocate for evidence-based medicine Support use of evidence-based clinical treatment pathways and treatment algorithms (see Supplemental Resources 14) Contribute to building treatment, monitoring, and supportive care order sets that incorporate guideline-based treatment recommendations Implement a process by which clinicians can submit requests for optimization and/or updates to pathways/order sets |
| Measure impact on health equity progress | <ul style="list-style-type: none"> Contribute to quality improvement initiatives to further health equity objectives (see Supplemental Resources 2, Section E. Quality Improvement) Create a committee of providers, pharmacists, and nurses to create metrics & evaluate impact of health equity initiatives Implement a system of documentation to capture and track monetary assistance secured for patients via clinic resources to measure return on investment in clinic resources |

**Patient-Centered Activities:**

Patient Education

- Prepare individualized patient education plan prior to initial encounter tailored to include review of disease state, goals of care, estimate for cost of treatment, logistics of treatment (frequency of administration, necessary monitoring, etc.)
- Provide comprehensive review of prescribed treatment regimen including review of diagnosis, treatment mechanism of action, method of delivery (IV vs oral), start date, schedule, duration, and potential side effects; in patient's primary language, using interpreter services when indicated
- Assess for potential financial toxicity related to treatment and discuss available options for patient assistance
 - Consider financial concerns beyond treatment related costs including office visit copays, scans, labs, childcare, etc.
- Review the clinic's contact information and provide patient with phone numbers and instructions on what to do if questions or issues arise after hours

Focus on patient engagement and feedback

- Provide patient with clinic satisfaction surveys at least twice yearly in effort to assess proficiency of healthy equity initiatives and effect on patient perceived level of care and outcomes (see Supplemental Resources 16)
- Consider implementing periodic patient focus groups to solicit feedback on available clinic resources and consider forming a Patient and Family Advisory Council (see Supplemental Resources 16 & 17)

Supplemental Resources:

1. [NCODA Connect Webinar Series: The Role of Pharmacy in Equitable Cancer Care](#)
2. [Oncology Medical Home: ASCO and COA Standards](#)
3. [Oncology Medical Home Standards Manual](#)
4. [About - Oncology Medical Home \(medicalhomeoncology.org\)](#)
5. [Financial Advocacy \(acc-cancer.org\)](#)
6. [COST: A FACIT Measure of Financial Toxicity](#)
7. [Association of Community Cancer Centers: Financial Advocacy Services Guidelines](#)
8. [NCODA Financial Assistance Tool](#)
9. [Cancer Disparities and Health Equity: A Policy Statement From the American Society of Clinical Oncology](#)
10. [American Association for Cancer Research: Cancer Disparities Progress Report 2024](#)
11. [Caring for LGBTQ+ Individuals | ASCO](#)
12. [CE Program: Cultural Competence and Cultural Humility \(Module 1\) - Overview | Rise 360 \(articulate.com\)](#)
13. [Social-Determinants-of-Health-in-Cancer_NCODA_PQI.pdf](#)
14. [American Society of Clinical Oncology Criteria for High-Quality Clinical Pathways in Oncology](#)
15. [English OMH Patient Survey Version 10 120814.doc \(live.com\)](#)
16. [Sample CMS/CAHPS Patient Satisfaction Survey](#)
17. [Forming a Patient and Family Advisory Council](#)
18. [Patient and Family Advisory Council for Quality at MSK](#)
19. [Fact Sheet: What is Trauma-Informed Care](#)
20. [Laying the Groundwork for Trauma-Informed Care](#)

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