

Health Equity, the Quintuple Aim?

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The COVID-19 global pandemic forced practitioners, healthcare leaders, and policymakers to first accept, then understand, and finally begin to grapple with the profound health inequities present in our society. The

problem is so pervasive that a recent JAMA article made a call to elevate health equity as the fifth aim for healthcare improvement.¹ After reading this article, it's clear that social work expertise and interventions have never been more important to comprehensive cancer care. As a discipline, social workers have addressed the needs of low-income and vulnerable populations—as well as the psychosocial and spiritual domains of care for patients facing a diagnosis—for more than 100 years.

If we address social determinants of health, including access to care, patients will have better outcomes, and our healthcare system will save money delivering care to those patients. The paradox that many healthcare organizations have a hard time accepting—and adopting—is that to save money, they must spend money. Healthcare savings will come if we invest in comprehensive cancer care, including social work. In a recently conducted ACCC national survey designed to help explain benchmarking for and barriers to comprehensive cancer care, lack of sufficient reimbursement, staffing, and budget were identified as the top challenges to comprehensive cancer care delivery.

At the end of the day, however, healthcare is a business. And with all businesses, investment requires documentation of return on investment in the form of a business case study or *pro forma*.

To help its member programs and practices demonstrate return on investment in comprehensive cancer care services, ACCC developed a series of business case studies, the latest of which support the hiring of oncology social workers and oncology pharmacists. Access these resources online at acc-cancer.org/business-briefs.

When looking to hire any staff, including social workers, one of the most common

questions asked remains, “How many do we need?” ACCC is looking to help there as well. The Association convened an expert group of social workers who designed a survey to get a sense of the current state of oncology social work; for example, number of social workers per new patients or per provider. These data will help inform and drive psychosocial research moving forward. Remember, we need to have basic benchmarking data before we can assess value.

Even after your cancer program or practice has made the commitment to grow its workforce to support the delivery of comprehensive cancer care, you now face the hurdle of hiring. The grim reality is that people are leaving healthcare in droves, and so we must be innovative to entice a new—and diverse—workforce. Now is the time for disciplines, like oncology social work and oncology pharmacy, to recruit and mentor Black, Indigenous, and People of Color into our fields. Now is the time for oncology programs and practices to work with human resources to develop creative solutions to recruit and train diverse staff at every level, including senior leadership. Health equity requires that our oncology care teams look like the patients we treat and the communities we live in.

For my last “President’s Message,” I close with a note of significant gratitude of the incredible honor it is to collaborate with and support a community committed to multidisciplinary cancer care, as well as the opportunity to share my journey with you. Even during a pandemic, I was heartened that so many of you took the time to support each other with simpler concerns, like daily check-ins and mindfulness activities, as well as highly complex issues, such as equity, diversity, and inclusion.

I am so grateful to all the staff, volunteers, and ACCC members who have taught me so much, and I look forward to our continuing growth as an organization under the leadership of ACCC 2022-2023 President David R. Penberthy, MD, MBA.

Reference

1. Nundy S, Cooper LA, Mate KS. The quintuple aim for health care improvement: a new imperative to advance health equity. *JAMA*. 2022;327(6):521-522. doi:10.1001/jama.2021.25181.

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