

# Can Healthcare Be Equitable?

Addressing disparities in health is key to achieving progress toward health equity, but in a complex environment how can these goals be achieved?

According to the World Health Organization, equity is “the absence of avoidable or remediable differences among groups of people.”

From a healthcare perspective, what this means in terms of patient care is that equity goes beyond access to resources to encompass inequalities that infringe on fairness and human rights.

The Robert Wood Johnson Foundation describes health equity as “the ethical and human rights principle that motivates us to eliminate health disparities, which are differences in health or its key determinants, such as education, safe housing, and freedom from discrimination that adversely affect marginalized or excluded groups. Disparities in health and in the key determinants of health are the metric for assessing progress toward health equity.”

Tackling health inequities is both crucial and complex. Christopher Tobias, Ph.D., president of Dudnyk, is forthright in his belief that healthcare is a basic human right and that by providing greater access, more comprehensive coverage, and a wider understanding we can take the first steps toward creating a more equitable healthcare system.

“As the wealthiest and most powerful nation in the world, with the most incredible scientific and medical discoveries, as well as herculean initiatives in the biotech and pharma industry that demonstrate incredible clinical improvements, we should have a system that benefits everyone,” he says. “Yet, even with

these unparalleled strengths, millions of people struggle each day to gain access to the best treatments and to pay for their medication, and feel unprotected by our healthcare system.”

As Nancy Berg, CEO and executive director of ISPOR, notes healthcare globally is under immense pressure and healthcare decision-making has become more and more complex. “While many stakeholders struggle with similar issues, they meet those issues with differing priorities depending on where they live and their perspectives,” she says.

There are many U.S. agencies that track and report on health disparities, among them the Agency for Healthcare Research and Quality (AHRQ). According to its 2018 report, more than half of access measures have shown improvement, while one-third showed no improvement and 14% were found to be worsening. The report also found that racial and ethnic disparities persist, with whites receiving better care than most other ethnic groups.

“Healthcare can and should be more equitable by focusing on patients first and foremost,” says Guy Chamberland, CEO at Tetra Bio-Pharma. “This includes undue costs that burden patients and need to be considered when prescribing medicine or treatments.”

Lori Styles, senior medical director at AbbVie says an equitable healthcare system can be achieved through having a single payer healthcare system where everyone is treated equitably.



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**DR. CHRISTOPHER TOBIAS**  
Dudnyk

groups, although disparities based on race persist. “Additionally, increases in healthcare spending have become relatively stable — on average, about 9% of GDP in 2016 and 2017 — although there is wide variation among OECD countries,” she says.

Outside the United States, in Canada, for example, patients don’t have to pay out-of-pocket for doctor or hospital visits, Mr. Chamberland says.

“Generally, the Canadian healthcare is publicly funded and privately delivered,” he says. “However, even this system doesn’t pay for everything. For reimbursement, insurers look at effectiveness and safety of new medicines to determine insurance coverage.”

It is important for the life-sciences industry to improve patient access to novel treatments,



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**GUY CHAMBERLAND**  
Tetra Bio-Pharma

## Improving Outcomes

Despite concerns over healthcare equity, Ms. Berg says many populations are experiencing improved levels of health. For example, CDC data shows life expectancy at birth for all Americans increased from 72.6 years to 78.8 years between 1975 and 2016. In that same period, more Americans have made use of healthcare resources, and use of mammograms and colorectal tests increased for all racial and ethnic

says Daniel O'Connor, president and CEO of OncoSec Medical.

"When results from clinical trials suggest that investigational therapies may offer benefits for patients facing life-threatening conditions, it is the obligation of the healthcare industry to bring that therapy to those patients as quickly and equitably as possible," Mr. O'Connor says.

This is notable in some therapeutic areas. In cancer, for example, some of the largest gains in cancer survival can be achieved by ensuring equity in access to quality care to all individuals, says Dan Rhodes, co-founder and CEO of Strata Oncology.

Studies have found that cancer disparities can be attributed to many factors, including socioeconomic status, geography, ethnicity and race, and sex. For example, non-Hispanic Blacks have diagnostic evaluation less often than non-Hispanic Whites, and are less likely to receive referral to specialty care, and have fewer follow-ups for abnormalities found in tests. "Achieving positive outcomes in cancer treatment requires that the right patient receives the right care at the right time," Mr. Rhodes says. "To improve clinical outcomes, routine tumor molecular profiling and local access to cutting-edge clinical trials must become a central component of care for all patients with advanced cancer."

However, he notes that fewer than 5% of patients with cancer are enrolled in a clinical

trial. "It's also critical that we ensure both broad access to tumor molecular profiling and appropriate patient diversity in clinical trial participation given that racial and ethnic groups may experience disparate responses to drugs," Mr. Rhodes adds.

**DANIEL O'CONNOR**  
OncoSec Medical



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Mr. O'Connor says that participation in clinical trials should be the primary route by which patients get access to investigational therapies and contribute to the collection of safety and efficacy data needed to support regulatory approval worldwide.

"For patients with a serious or immediately life-threatening disease who are ineligible or unable to participate in a clinical trial, other programs, such as expanded access programs may be an option to ensure that all patients are receiving the treatments they need," he says.

Dr. Tobias says even with biotech and pharma companies continuing to invest in clinical R&D, private foundations helping to support those struggling with challenging medical needs, and healthcare coverage reaching out to do more, it still often feels as though we are slipping backward. "Above all, we should establish that no child, senior, disabled person, parent, sibling, or friend struggling with a treatable medical disease ever goes without the best care available," he says. "We've eradicated devastating diseases from this planet, placed humans safely on the moon,

**BLACKS,  
AMERICAN INDIANS  
AND ALASKA NATIVES  
(AI/ANS), AND NATIVE  
HAWAIIANS/PACIFIC ISLANDERS  
(NHPIS) RECEIVED WORSE CARE  
THAN WHITES FOR ABOUT 40%  
OF QUALITY MEASURES.**



Source: 2018 National Healthcare Quality and Disparities Report, Executive Summary, AHRQ

and joined our allies in defeating world tyrants — surely, we can channel this resolve to provide healthcare as a basic human right that everyone deserves, no matter their socioeconomic class, disability, gender identity, or diagnosis. This may be a tough order, but I am confident we can ensure that the healthcare system of the greatest nation in the world treats each and every one of its citizens equally."

Ms. Berg notes that cutting-edge therapies complicate the value-determination process of patients, payers, and society, creating challenges for the healthcare budget-planning process. "These increasingly complex, innovative treatment options, combined with the growing focus on healthcare equity and increased access to healthcare, present a demanding combination of issues for decision-makers," she says. "To meet these challenges, healthcare decision-makers will need to define value by including multiple perspectives and local contexts, while considering new approaches to managing affordability and strengthening existing approaches to healthcare evaluation." <sup>PV</sup>

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**NANCY BERG**  
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