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# VULNERABLE POPULATION CHALLENGES IN THE TRANSFORMATION OF CANCER CARE

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**OBJECTIVES:** *To consider current trends and future strategies that will bring about change in cancer care delivery for vulnerable populations.*

**DATA SOURCES:** *Institute of Medicine reports, literature review, clinical practice observations and experiences.*

**CONCLUSION:** *Vulnerable populations are older adults, both minorities and the underserved, children, and individuals at end of life. These groups pose unique challenges that require health system changes and innovative nursing models to assure access to patient-centered care in the future.*

**IMPLICATIONS FOR NURSING PRACTICE:** *In the future, attention to the needs of vulnerable populations, the growing aging cancer population and the improved outcomes in the pediatric and adolescent cancer population will all require new nursing services and models of care. System changes where nursing roles are critical to support the transition to earlier palliative care are projected.*

**KEY WORDS:** *cancer, older adults, minority and underserved population, health disparity, childhood cancer, palliative care.*

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In 2016, more than 1.68 million people are projected to be newly diagnosed with cancer in the United States (US)<sup>1</sup> and they join a population of more than 14.5 million cancer survivors.<sup>1</sup> The relative 5-year survival rate for all cancers has steadily increased from 49% during the period of 1975 to 1977, to 68% between 2004 and 2010.<sup>1</sup> Thus, cancer survivors are an ever-growing population with a projected increase to nearly 19 million by 2024.<sup>2</sup>

However, accompanying these positive statistics is the 2013 Institute of Medicine (IOM) report, “Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis” that delivered a bleak and somber outlook citing that “barriers to achieving excellent care for all cancer patients remain daunting.”<sup>3, pg 19</sup> These barriers include the growing demand for cancer care, complexity of the disease and cancer treatment, rising costs, and a shrinking workforce (Table 1). Overall, these barriers comprise a significant crisis in the delivery of cancer care.

Unfortunately, those who are the least likely to receive high-quality care are the most vulnerable populations. They include the elderly, minorities and underserved, children, and individuals at the end of life. Why? There are several reasons. First, cancer demographics are changing. The population age 65 years and older constitute the largest number of newly diagnosed cases.<sup>4</sup> Cancer is most common in older people, with 78% of all cancer diagnoses occurring in people ≥ 55 years of age.<sup>1</sup> The population age ≥ 65 years make up 60% of cancer survivors.<sup>1</sup> Their numbers are expected to

double between 2010 and 2030, contributing to a 31% increase in cancer survivors.<sup>1</sup> Therefore, the older population with unique care needs will comprise the largest number of those newly diagnosed with cancer, the largest number of cancer survivors, and the largest number of cancer deaths.

Second, costs of cancer care are escalating, resulting in significant disparities in access to high-quality cancer care. The Agency for Healthcare Research and Quality estimated that direct medical costs of cancer in 2011 were \$88.7 billion, with 50% of costs for hospital outpatient or doctor visits, 35% for inpatient hospital stays, and 11% for prescription drugs.<sup>5</sup> Out-of-pocket expenses for cancer survivors have likewise risen dramatically, thus creating financial toxicity.<sup>6,7</sup> Costs of cancer treatment and subsequent care negatively impact the most vulnerable populations, particularly the uninsured.<sup>8</sup> Ethnic minorities comprise the largest number of uninsured and are diagnosed with late-stage disease, incurring more extensive treatment that is more costly and often less successful.<sup>1</sup>

Third, the current system of health care impedes patient engagement. The health care system is not one that “supports all patients in making informed decisions that are consistent with their needs, values and preferences.”<sup>3, pg 35</sup> Moreover, many clinicians lack expertise in patient-centered communication and shared decision-making,<sup>3</sup> making patient engagement for vulnerable populations a continual challenge.

In 1990, the IOM first defined quality of care as “the degree to which health services for individuals and populations increase the likelihood of desired

**TABLE 1.**  
**Barriers to Achieving High-Quality Cancer Care**

Barriers	Reasons
Growing need for cancer care	Older adult population increasing
Complexity of cancer and its treatment	Major advances in understanding biology of cancer Precision medicine treatments
Rising costs of cancer care	\$88.7 billion in 2011 50% of costs for hospital outpatient or doctor visits Rising out-of-pocket costs resulting in financial toxicity
Workforce shortages	Limited geriatric cancer care providers Lack of integrated care delivery systems Few specialists trained in early palliative care
Health care system impedes patient engagement	Lack of patient-centered cancer focus Few strategies to improve patient self-management Lack of culturally sensitive care metrics

Data from Institute of Medicine.<sup>3</sup>

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