

UCSF

UC San Francisco Previously Published Works

Title

Reply to M.H. Kanter et al

Permalink

<https://escholarship.org/uc/item/7f60m7d2>

Journal

Journal of Clinical Oncology, 33(30)

ISSN

0732-183X

Authors

Rhoads, Kim F
Patel, Manali I
Ma, Yifei
et al.

Publication Date

2015-10-20

DOI

10.1200/jco.2015.62.5640

Peer reviewed

Reply to M.H. Kanter et al

The critique by Kanter et al¹ suggests that something more than system-level integration is required for best outcomes, perhaps including care teams, outreach, case management, and health care providers working to their full level of training. Although we can imagine this possibility, no actual evidence is provided to support this speculation. Published results on the Veterans Healthcare Administration facilities, a form of integrated health delivery system quite different from the one we studied,² found results similar to our own.^{3,4} The Veterans Administration system also operates under a single-payer system that works to minimize variations in care, such as promoting adherence to clinical guidelines, the active ingredient that our study suggests can make a difference in colon cancer disparities.² Our comparison cohort was one in which hospitals and provider groups may be networked but have highly variable administrative structures and respond to diverse incentives from multiple payers and purchasers—not exactly optimal conditions for reducing variations in care. Nonetheless, we still found that even these fragmented systems were associated with closure of the racial disparity gap when we accounted for the delivery of evidence-based care.

Future studies should delve more deeply into the granular mechanisms that allow integrated systems to achieve the same clinical outcomes for patients regardless of race. But as they currently stand, our results should be regarded as actionable evidence supporting a critical role for health care systems to eliminate cancer disparities. Promoting the widespread adoption of evidence-based guidelines is a clear step that any health system committed to reducing disparities can, and should, act on now.

Kim F. Rhoads, Manali I. Patel, and Yifei Ma

Stanford University School of Medicine, Stanford, CA

Laura A. Schmidt

University of California, San Francisco Philip R. Lee Institute for Health Policy Studies, San Francisco, CA

ACKNOWLEDGMENT

Supported by Grant No. 1R21CA161786-01 from the National Cancer Institute and a Harold Amos Medical Faculty Development award from the Robert Wood Johnson Foundation (K.F.R.).

AUTHORS' DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST

Disclosures provided by the authors are available with this article at www.jco.org.

REFERENCES

1. Kanter MH, Schottinger JE, Copeland R: Integration alone does not reduce health care disparities. *J Clin Oncol* 33:3519, 2015
2. Rhoads KF, Patel MI, Ma Y, et al: How do integrated health care systems address racial and ethnic disparities in colon cancer? *J Clin Oncol* 33:854-860, 2015
3. Zullig LL, Carpenter WR, Provenzale DT, et al: Examining potential colorectal cancer care disparities in the Veteran Affairs health care system. *J Clin Oncol* 31:3579-3584, 2013
4. Zullig LL, Carpenter WR, Provenzale DT, et al: The association of race with timeliness of care and survival among Veterans Affairs health care system patient with late-stage non-small cell lung cancer. *Cancer Manag Res* 5:157-163, 2013

DOI: 10.1200/JCO.2015.62.5640; published online ahead of print at www.jco.org on July 27, 2015

AUTHORS' DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST

Reply to M.H. Kanter et al

The following represents disclosure information provided by authors of this manuscript. All relationships are considered compensated. Relationships are self-held unless noted. I = Immediate Family Member, Inst = My Institution. Relationships may not relate to the subject matter of this manuscript. For more information about ASCO's conflict of interest policy, please refer to www.asco.org/rwc or jco.ascopubs.org/site/ifc.

Kim F. Rhoads

Stock or Other Ownership: Medivation

Manali I. Patel

Consulting or Advisory Role: Castlight Health

Yifei Ma

No relationship to disclose

Laura A. Schmidt

No relationship to disclose