

Leveraging Quality Measurement to Drive Equitable Cancer Care for Transgender Individuals

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Background

Transgender and gender-diverse populations face access and care inequities across the cancer care journey. Efforts to reduce these disparities must include identifying and addressing the specific care needs of transgender individuals.

Goal

Identify quality measurement tactics that could be used as levers to drive oncology care improvement for transgender and gender-diverse individuals.

Prevention

LGBTQI+ individuals are more likely to experience health and social risk factors associated with the development of cancer.¹

Access to Health Care

Transgender individuals are more likely to face uninsurance and experience coverage denial. They also may avoid care due to fear of mistreatment or harassment.¹⁻²

Screening

Provider inexperience and discomfort and insurance-related barriers result in lower screening rates.²

Diagnosis & Treatment

Transgender patients may be diagnosed at later stages and are less likely to receive treatment.³

Outcomes

Transgender patients have worse mortality rates across several cancer types.³

Measurement Tactics

Improve Quality Foundations

Review clinical guidelines to ensure inclusion of transgender individuals.

- Since clinical guidelines serve as a key evidence base for quality measure development, it is imperative to include unique considerations for transgender and gender-diverse populations.

Promote systematic documentation of sexual orientation and gender identity (SOGI) data.

- Policymakers, providers, and payers should consider SOGI data collection incentives or requirements.
- Patients must be assured of safety before SOGI data are collected. Key components of this are inclusive signage, inclusive nondiscrimination statements, HCP cultural humility, and communications training.

Update and Stratify Existing Measures

Revisit existing quality measures to ensure the inclusion of transgender individuals.

- Measure stewards such as NCQA, CMS, and ASCO should revisit any gender-based measures to ensure use of inclusive language and specifications.
- NCQA recently updated their *Breast Cancer Screening* and *Cervical Cancer Screening* measure details, but changes have not been widespread.

Stratify existing quality measures by gender identity.

- To identify gaps in care, quality measure stratification can help highlight inequities and pathways for improvement across payers, providers, and healthcare organization.
- Poor SOGI data documentation and small sample sizes are barriers to stratification.

Develop New Quality Measures

Consider new quality measures specific to the care needs of transgender individuals.

- To support data capture and identification of unique health needs, payers and providers could be held accountable for capturing gender identity information via a *Documentation of Sexual Orientation and Gender Identity Information* quality measure.

Develop new measures to address broader care gaps that disproportionately impact transgender individuals.

- Evaluating and stratifying *patient-reported experience of stigma* during care in patient experience measures (e.g., CAHPS), would elevate the patient voice and allow for tailored solutions to promote equity.
- Measuring *insurance-level barriers to care* (e.g., rates of prior authorization, payment delay, claim denial, or overturned denials) could promote care access and equity.

Ensure Representation Throughout Next Steps

The quality efforts recommended above require meaningful representation and engagement of transgender individuals to be most effective. This includes representation of transgender individuals in care delivery, research, and the development of clinical guidelines, quality measures, and insurance coverage policies.

References:

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3. Jackson, S. S., et al. (2021). Cancer Stage, Treatment, and Survival Among Transgender Patients in the United States. *Journal of the National Cancer Institute*, 113(9), 1221–1227.

