

Self-assessment tool

Health equity in cancer care

Addressing health equity in cancer care is a pressing issue, with disparities in access, outcomes, and timely treatment. This self-assessment tool is designed to help hospitals and health systems self-evaluate key dimensions that impact equity of care.

Published – December 2025

Read time – 15 minutes

Audience

- Physicians, medical groups, hospitals, and health systems that provide cancer care



How to use this self-assessment tool

Disparities in cancer treatment and survivorship persist across racial, socioeconomic, geographic, and other demographic lines. Addressing these inequities is vital for organizations dedicated to improving patient outcomes in cancer care. Improving equity also requires acknowledging that unconscious bias may exist in systems, processes, and interactions. Advisory Board interviewed clinicians who are working towards more equitable patient outcomes to identify six key areas of focus for advancing health equity:

- System support
- Access to biomarker testing and precision care
- Data
- Collaboration
- Patient engagement
- Referrals and resources

This self-assessment tool is designed to help organizations evaluate their current practices and identify opportunities for improvement. Each page of the tool includes detailed subcategories with descriptions of foundational, progressing, and best practice approaches within each focus area. Discussion questions are provided to help your team reflect on where your organization currently stands and envision actionable steps to strengthen your health equity efforts. While working through this tool, consider what changes you might make to advance your organization's health equity practices.

This research is based on Advisory Board interviews and analysis. Six clinicians who are advancing health equity in cancer care within their organizations informed this tool by sharing their practices and approaches.

System support

SPONSORED BY



How does our organization prioritize health equity?

Health equity initiatives are more likely to succeed — and be sustained long-term — if they are supported by health system leadership and allocated sufficient resources.

Leadership

●○○ Foundational

Champions embedded in the organization are working toward health equity goals, but efforts may lack broader leadership support

○○● Progressing

Leadership supports some health equity initiatives, but may lack a broad commitment to health equity goals

○○● Best practice

Organizational leadership has broad commitment to health equity initiatives

Resources

●○○ Foundational

Organization is using existing resources to work toward health equity goals

○○● Progressing

Organization has started investing in health equity initiatives but hasn't identified a case for long-term or robust resources

○○● Best practice

Organization has a strong case for securing new resources for health equity initiatives, justified by mission, impact, or other methods

Community collaboration

●○○ Foundational

Organization accepts input from community when it is given to them

○○● Progressing

Organization reaches out and requests community input on a case-by-case basis

○○● Best practice

Organization has relationships with community partners and consistently seeks input for decisions

Discussion questions

- What resources do I need to execute on my health equity goals and how can I secure them?
- What have been the challenges in getting broad leadership support for health equity initiatives?
- What current projects or initiatives could use community input?

Data

SPONSORED BY



How does our organization use data to drive more equitable care?

Data may inform current course of action and serve as a real-time warning system when equity goals are not being met. Best-in-class use of data includes both consistency in gathering data, as well as a strategy to use the data to take action where appropriate.

Patient treatment progression

Foundational

Clinicians monitor individual patient treatment progression but lack a system for analyzing it across all patients

Progressing

Data around treatment progression milestones is sometimes available but may not be easily accessible or real time

Best practice

Organization has a system that shows real time when treatment milestones are missed to allow for follow-up

Visibility of outcomes data by common inequities

Foundational

Clinicians have access to some outcomes data, but it is not consistently broken down along equity lines

Progressing

Clinicians have access to outcomes data that is broken down along equity lines; data is not in an easily accessible or usable format

Best practice

Clinicians have easy access to frequently updated outcomes data broken down to specifically examine inequities

Patient social determinants of health (SDoH) tracking

Foundational

Clinicians or other staff may be aware of patient SDoH but do not track these needs in a standard way

Progressing

All patients are screened for SDoH factors, but there may not be a robust follow-up process when needs are identified

Best practice

All patients are screened for SDoH, and the organization has dedicated staff time to connect patient to relevant resources

Discussion questions

- What data around health equity, treatment progression, outcomes, and SDoH does my organization already track? What data don't we track currently, that would be helpful towards our health equity goals?
- How is the data that is currently being collected being used to improve equity? Are there further opportunities to use our existing data more effectively?

Social determinants of health (SDoH)

Nonmedical factors affecting health, like socioeconomic status and geographic location¹

1. <https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html>

Collaboration

SPONSORED BY



How does our organization support collaboration and information sharing?

Ongoing advancements in oncology research can make it difficult for clinicians to stay up-to-date and to ensure that care is consistently aligned with the highest quality guidance. This challenge is greater for cancer patients with comorbidities, as their treatment must consider overlapping conditions and potential drug interactions. Creating avenues for collaboration and continuing education among clinicians can potentially help ensure all patients — with or without comorbidities — receive high quality care.

Continuing education for clinicians

Foundational

Clinicians keep up-to-date on clinical best practices on their own as new research and guidelines are published

Progressing

The organization offers clinicians some resources for keeping up with advances, but still relies primarily on clinician initiative

Best practice

The organization provides clinicians with resources like conferences, trainings, and protected time to stay updated on clinical best practices

Multi-specialty collaboration

Foundational

When patients present with comorbidities, clinicians refer care for areas outside their specialty

Progressing

Clinicians collaborate informally with other specialties as needed to ensure aligned treatment across comorbidities

Best practice

Systems or forums exist (e.g., multi-specialty forums) to consistently discuss treatment plans, comorbidities, and patient progress when appropriate

Prescription drug interaction monitoring

Foundational

Clinician is responsible for identifying potential drug interactions during patient consultations

Progressing

Organizations have standardized protocols or tools to monitor potential drug interactions (e.g., EHR warnings or checklists)

Best practice

The organization has dedicated staff (e.g., clinical pharmacists) to help monitor for drug interactions and advise on treatment protocols

Discussion questions

- What support does our organization offer for clinician training on comorbidities and patient care?
- Do our clinicians have enough time in their schedules to adequately collaborate with others?
- What steps can my system take to improve communication and offer a multi-disciplinary approach to patient care?
- How do clinicians across different care teams and specialties at our organization collaborate? What formal or informal avenues exist?



Access to biomarker testing and precision care

How does our organization enable equal access to biomarker testing and precision medicine?

Biomarker testing and precision medicine may allow cancer treatments to be tailored to the unique genetic and molecular characteristics of a patient's tumor, which has the potential to improve patient outcomes. Expanding access to these tools can help address health disparities.

Biomarker testing

Foundational

Biomarker testing completed inconsistently, no standardized process for timely result integration and treatment

Progressing

Biomarker testing performed consistently, but results may be inconsistently used due to delays, accessibility issues, or incorrect referrals

Best practice

Biomarker testing is consistently performed; results are easily accessed by clinicians and used for timely treatment when applicable

Precision medicine and specialty care

Foundational

Patients see a generalist or specialist based on factors like chance and geography, not clinical appropriateness

Progressing

Specialists and generalists informally collaborate to ensure precision medicine cases get the right specialist input

Best practice

There is a referral system or direct communication avenue to ensure access to precision medicine and specialist care

Access to clinical trials

Foundational

Organization refers or enrolls eligible patients in clinical trials when the opportunity presents

Progressing

Clinical trial enrollment is actively sought for all eligible patients, but the organization does not provide outreach or additional support

Best practice

Organization invests staff time (e.g., a research coordinator) to foster patient confidence in clinical trials and enrolls all eligible patients

Discussion questions

- What issues do our clinicians face when using biomarker test results? Are the results easy for clinicians to access, or do they have to search through pages of medical records?
- How do I co-manage my patients with other specialists/generalists? What steps can I take to improve communication and offer a multi-disciplinary approach to patient care?
- What strategies are in place at my organization to help ensure diverse populations enroll in clinical trials opportunities?

Patient engagement

SPONSORED BY



How does our organization support patients along the care journey?

Patients who have lower levels of health literacy or trust in healthcare may struggle to adhere to treatment plans. Creating systems for patient engagement can potentially help patients better understand their treatments and build trust with their providers, ultimately having the potential to lead to better adherence and better outcomes.

Patient education and trust

Foundational

Clinicians educate patients and build relationships with patients during appointments, as time allows

Progressing

Organization has scaled resources (written or digital) with accessible language to ensure patients understand their treatment

Best practice

Organization has members of the clinical team (e.g., clinic nurses or nurse navigators) who explain treatments, answer questions, and provide support to patients outside of appointments

Care navigation

Foundational

Patients usually manage their own care journey, including making appointments, getting referrals, and consulting their clinicians about needs

Progressing

Staff in other patient-facing roles (e.g., nurses, social workers, or administrative personnel) may assist patients in navigating the healthcare system as needed

Best practice

Trained staff help patients by coordinating appointments, providing education, connecting to resources, and offering emotional support

Scheduling flexibility

Foundational

Patient visits are scheduled in a timely manner where there are openings; time and location flexibility is limited

Progressing

Efforts made to schedule visits promptly and consider patient convenience (e.g., grouping appointments), but flexibility in time and location is limited

Best practice

Intentional efforts are made to schedule patients conveniently, (e.g., same-day imaging and consults) when possible

Discussion questions

- How do we currently engage with our patients during clinical interactions?
- Are our educational materials accessible and understandable for all patients?
- If our organization tracks patient experience ratings, do some groups of patients report better experiences than others?



Referrals and resources

How does our organization link patients to resources?

Patients' nonclinical needs — which may include lack of stable housing, food insecurity, unreliable transportation, lack of childcare, inability to take time off at their job for treatments, and more — might prevent patients from being able to adhere to their treatment plans. Addressing these needs removes barriers to care and may ultimately improve outcomes.

Referrals to outside organizations

●○○ Foundational

Organization has identified community resources that meet non-clinical needs (e.g., housing, food, transportation); patients are given contact information when needed

○○● Progressing

Organization is building partnerships with community organizations and frequently refer patients when risk factors are identified

○○● Best practice

Organization has strong partnerships with community organizations and has staff members (e.g., social workers or nurse navigators) to assist patients in making those connections

Financial navigation

●○○ Foundational

Basic financial navigation and guidance may be offered to patients, including general information about costs and insurance coverage

○○● Progressing

Financial navigators help patients understand their insurance and treatment cost estimates

○○● Best practice

Financial navigators help patients understand insurance and costs, work to obtain insurance coverage, and apply for financial or pharmaceutical assistance programs

Discussion questions

- What nonclinical needs do our patients commonly have? How can we better meet our patient population's nonclinical needs to help them appropriately adhere to their treatment plans?
- How can we deepen partnerships with community organizations to help ensure patients are receiving the nonclinical resources they need?
- Is our staff trained to appropriately support patients with the financial aspect of their care? Are we proactive or reactive about these services?

SPONSORED BY



At Pfizer, we're in relentless pursuit of breakthroughs that change patients' lives. We innovate every day to make the world a healthier place.

Our unique resources allow us to do more for people. Using our global presence and scale, we're able to make a difference in local communities and the world around us.

Pfizer supports the global healthcare community's independent quality improvement initiatives to improve patient outcomes in areas of unmet medical need that are aligned with Pfizer's medical and/or scientific strategies. For more information, please visit www.pfizer.com.

This self-assessment tool is sponsored by Pfizer, an Advisory Board member organization. Representatives of Pfizer helped select the topics and issues addressed. Advisory Board experts maintained final editorial approval, and conducted the underlying research independently and objectively. Advisory Board does not endorse any company, organization, product, or brand mentioned herein.

To learn more, view our [editorial guidelines](#).

SPONSORED BY

**Project director**

Jenny Heipp
heippj@advisory.com

Contributing researcher

Summer Thoma, Research Analyst

Research oversight

Maddie Langr, Director of Custom Research

Contributors

Dr. John Marshall, MD
Chief Medical Officer, Lombardi
Comprehensive Cancer Center
MedStar Health

Dr. Samuel Cykert, MD
Professor of Medicine
UNC School of Medicine

Dr. Luis Raez, MD, FACP, FCCP,
FASCO
MCI Medical Director
Memorial Cancer Institute (MCI)

Erin Pierce, NP
Clinical Investigator
Ochsner Health

Dr. Paul Leger, MD, MPH
Medical Oncologist
MedStar Health

Joy Gibson
Clinical Systems Specialist
Tennessee Oncology

LEGAL CAVEAT

This report is sponsored by Pfizer, an Advisory Board member organization. Representatives of Pfizer helped select the topics and issues addressed. Advisory Board experts wrote the report, maintained final editorial approval, and conducted the underlying research independently and objectively. Advisory Board does not endorse any company, organization, product or brand mentioned herein.

This report should be used for educational purposes only. Advisory Board has made efforts to verify the accuracy of the information contained herein. Advisory Board relies on data obtained from many sources and cannot guarantee the accuracy of the information provided or any analysis based thereon. In addition, Advisory Board is not in the business of giving legal, medical, accounting, or other professional advice, and its reports should not be construed as professional advice. In particular, readers should not rely on any legal commentary in this report as a basis for action, or assume that any tactics described herein would be permitted by applicable law or appropriate for a given reader's situation. Readers are advised to consult with appropriate professionals concerning legal, medical, tax, or accounting issues, before implementing any of these tactics. Neither Advisory Board nor its officers, directors, trustees, employees, and agents shall be liable for any claims, liabilities, or expenses relating to (a) any errors or omissions in this report, whether caused by Advisory Board or any of its employees or agents, or sources or other third parties, (b) any recommendation or graded ranking by Advisory Board, or (c) failure of reader and its employees and agents to abide by the terms set forth herein.

Pfizer has obtained distribution rights to this content for the purpose of customer education. It is the policy of Advisory Board to enforce its intellectual property rights to the fullest extent permitted under law. The entire content of this report, including any images or text, is copyrighted and may not be distributed, modified, reused, or otherwise used except as provided herein without the express written permission of Advisory Board. The use or misuse of the Advisory Board trademarks, copyrights, or other materials, except as permitted herein, is expressly prohibited and may be in violation of copyright law, trademark law, communications regulations and statutes, and other laws, statutes and/or regulations.



655 New York Avenue NW, Washington DC 20001
202-266-5600 | advisory.com