Access to Quality Cancer Care

Quality cancer care requires safety, efficacy, timeliness, and a patient-centered approach coordinated by an interprofessional team with the integration of evidence-based practices to continuously improve care (Institute of Medicine, 2013). Without essential services targeted at reducing cancer risk, morbidity, and mortality, persons may suffer from an increased incidence of cancer, decreased quality of life, or less-than-optimal outcomes. Lack of, or inadequate, healthcare coverage adversely affects health and cancer care on multiple levels. Uninsured and underinsured individuals are less likely to receive preventive care or obtain screening, more likely to receive inadequate or delayed treatment, and more likely to die prematurely than those with adequate health insurance coverage (National Academy of Sciences, Engineering, and Medicine, 2022; Wakefield, et al., 2021; Yabroff et al., 2020).

To ensure quality cancer care, the Oncology Nursing Society (ONS) advocates for the inclusion of oncology nurses on the interprofessional team and in the planning and implementation of cancer care and prevention services. Oncology nurse expertise and contributions are evident in diverse roles across the continuum of cancer care and in all settings (Jones, et al., 2021; Wakefield et al., 2021). ONS affirms the essential roles of oncology nurses and oncology advanced practice registered nurses (APRNs) in increasing healthcare access, promoting clinical excellence, managing symptoms, improving quality of life, documenting outcomes, and increasing the cost effectiveness of care. In addition, APRNs have autonomy in their practice as determined by state practice acts and should assume responsibility and accountability to their full scope of practice, for health promotion and maintenance, as well as the assessment, diagnosis, and management of patient problems.

It is the position of ONS that:

- All persons will have access to equitable, comprehensive, affordable healthcare without discrimination, including populations who are at risk, vulnerable, underserved, or underrepresented.

- Essential services, provided by oncology nurses in all oncology subspecialties, include prevention and risk reduction, screening, early detection, access to clinical trials, and treatment, as well as palliative, psychosocial, survivorship, and end-of-life care. Persons at risk for or living with cancer continue to receive essential care provided by oncology nurses during local and global health emergencies.

- Evidenced-based continuing educational programs and clinical practice guidelines will be available to oncology nurses to ensure that a well-prepared oncology nursing workforce will be equipped to meet the needs of people at risk for or living with cancer.

- The oncology nursing workforce will be as diverse as the people and communities in which they serve.

- Holistic, culturally sensitive, quality cancer care requires equitable access to healthcare professionals via telehealth or in person visits across specialties with an understanding of how cancer and cancer treatments affect wellness.
Advocacy efforts at the local and federal levels will support affordable health insurance coverage, oral agent parity, lower insurance premiums and costs of care for all.

Persons will have access to a full choice of healthcare providers, including APRNs. APRNs are authorized by their state-defined nurse practice acts, APRNs work independently or in collaboration with a designated physician partner. As such, reimbursement for care provided by APRNs will be included in federal, state, third-party, and private payer reimbursement systems. Full integration of reimbursement for care provided by APRNs across all cancer care settings is supported.

Approved by the ONS Board of Directors, March 2012.


References


