



ASO Author Reflections: Reinforcing the Safety Net: Supporting Safety-Net Hospitals in Mitigating Breast Cancer Disparities

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PAST

Advances in screening and systemic therapies have translated into significant improvements in breast cancer outcomes, with 5-year relative survival exceeding 90%; however, this aggregate figure conceals significant disparities across races and ethnicities.¹ Indeed, mortality rates among Black women with breast cancer are estimated to be over 40% higher than among White women.² These disparities are the result of complex interactions between unequal access to care, socioeconomic and biological factors, and structural racism. Safety-net hospitals have embraced the role of providing high-quality care to disadvantaged populations.

PRESENT

Despite the identification of contributing factors and garnering increased attention, marked disparities spanning all aspects of breast cancer treatment and outcomes persist.³ Women from underrepresented minority groups and lower socioeconomic status counties have inferior oncologic outcomes and are less likely to receive timely screening and care, undergo genetic testing, and access reconstruction and clinical trials. Safety-net hospitals have positioned themselves to help narrow these disparities through the delivery of medical care with multidisciplinary medical teams and through partnering with local governments to provide a wide range of social services such as

meal delivery services.³ Because three-quarters of patients receiving care at safety-net hospitals receive Medicaid or are uninsured, these hospitals provide almost \$7 billion in uncompensated care, threatening their financial viability.⁴

FUTURE

Importantly, having a larger proportion of patients with Medicaid insurance or no insurance has been associated with decreased quality-of-care scores.⁵ As a result, pay for performance models could further compromise the financial health of safety net hospitals and in turn worsen access to care and health outcomes. Expanding funding to safety-net hospitals and improving Medicaid reimbursement rates are critical to improving access to care for patients from disadvantaged populations and working toward the elimination of disparities in breast cancer outcomes.

DISCLOSURES Angelena Crown and Kathie-Ann Joseph declare no conflicts of interest.

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Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.