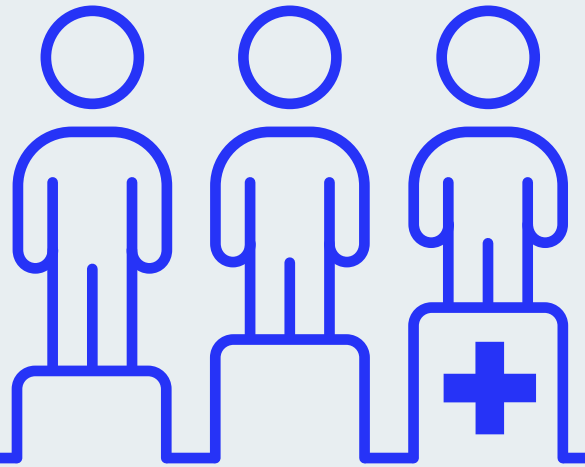
Health Equity in Community Oncology



COA Membership Survey Report

October 2022

In Collaboration With

COMMUNITY ONCOLOGY ALLIANCE
Innovating and Advocating for Community Cancer Care

vantage health technologies

A part of the

BROADREACH™ group

A NOTE FROM **DR. JOHN SARGENT**, CO-FOUNDER OF THE BROADREACH GROUP AND VANTAGE HEALTH TECHNOLOGIES AND **ALTI RAHMAN**, CHAIR OF THE HEALTH EQUITY COMMITTEE OF THE COMMUNITY ONCOLOGY ALLIANCE

According to The American Cancer Society, health equity means "everyone has a fair and just opportunity to prevent, find, treat, and survive cancer."

Everyone should have an equal opportunity to receive quality healthcare, regardless of geography, race, gender or personal circumstances. In practice, this ideal is far from a reality. And nowhere is the gap in health equity more apparent than in cancer outcomes in America today.

These inequities deeply affect why someone develops cancer and the treatment they receive: a lack of knowledge of or access to preventative screenings, implicit bias, lack of health insurance, lack of funds to afford care or proximity to accessible treatment can all make or break patient outcomes. And the costs are staggering. In 2018, U.S. patients paid $5.6 billion out of pocket for cancer treatments such as surgical procedures, radiation and chemotherapy. [source]

The Community Oncology Alliance (COA) is a member group of over 13,000 physicians at 5,750 independent oncology and urology practices across the United States. Our members are deeply passionate about providing the best care for all patients, regardless of zip code, economic status, race, ethnicity, or gender. Understanding the patient care experience and growing inequities is vital to breaking down barriers and ensuring the best possible care. COA partnered with Vantage Health Technologies to conduct a market survey to understand how community oncology practices across the U.S. address health equities today. Vantage and the entire BroadReach Group's founding vision is a world where access to good health enables people to flourish. Understanding this important area is critical to fulfilling this vision.

This paper not only synthesizes where these providers are on their health equity journeys, but it offers a roadmap to address these inequities and improve patient outcomes for everyone.

John Sargent

Dr. John Sargent
CO-FOUNDER, BROADREACH GROUP

Alti Rahman

Alti Rahman
HEALTH EQUITY COMMITTEE CHAIR, COMMUNITY ONCOLOGY ALLIANCE

What is Health Equity?

> When everyone has a fair and just opportunity to prevent, find, treat, and survive cancer.

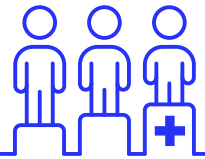
AMERICAN CANCER SOCIETY (ACS)

Health equity can only exist when everyone has an equal opportunity to live a healthy life. This ability is often determined by factors such as race and ethnicity, social standing, gender, religion, sexual identity, disability, religion and native language. Health inequities are caused by the uneven distribution of social determinants of health (SDOH), such as education, housing and the neighborhood environment (e.g. access to safe sidewalks, presence of public green spaces), access to transportation, employment opportunities, the law and the justice systems, health care and public health systems. [source]

> **Ensuring health equity for our patients is a moral and ethical imperative. The community oncology model is well suited to understand our diverse patients and ensure the cancer care system puts their needs first.**

DR. KASHYAP PATEL, MD – CEO, CAROLINA BLOOD AND CANCER CARE PRESIDENT, COMMUNITY ONCOLOGY ALLIANCE

These inequities cost the U.S. healthcare system $320 billion annually. If left unchecked, these costs are estimated to rise to over $1 trillion by 2040. [source] Beyond healthcare costs, socioeconomic disparities have a huge impact on whether or not someone survives a cancer diagnosis. From 1991 to 2016, the overall cancer death rate in the U.S. declined by 27%, yet socioeconomic disparities in cancer mortality widened. [source] As a country, we spend twice as much money on cancer care — roughly $200 billion in 2020 – than 22 other high-income countries. Yet, U.S. cancer mortality rates are only slightly better than average for all the countries studied. [source] As a country, we spend more money per patient on cancer care, but patient outcomes do not reflect this truth.



Survey Methodology

The Community Oncology Alliance and Vantage Health Technologies surveyed 123 executives and leaders within community oncology practices across the country to understand how important health equity is within their organizations, and what steps they are taking to address health inequities today and in the future. The survey ran for 4 weeks over August and September, 2022.

Respondents were asked to answer a 13-question online survey, with 11 multiple choice and two open-ended questions.

All responses are self reported and anonymous.

The following report includes a summary of the findings, expert analysis of the results and a recommended roadmap for oncology practices to address health equity within their patient populations.

123 respondents from COA membership

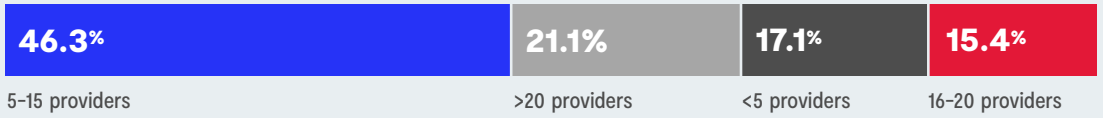
Survey Key Findings

The first 5 questions frame who responded to the survey

QUESTION 1.

How many providers are within your practice?

(PHYSICIANS AND APP'S)



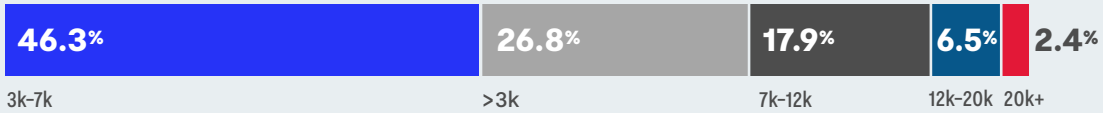
QUESTION 2.

What is your job title?

represent **executive, director or manager levels** within the organizations.

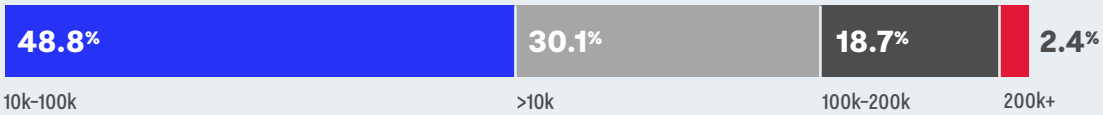
QUESTION 3.

How many new patients do you see per year?



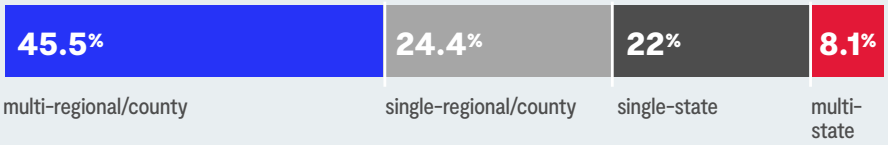
QUESTION 4.

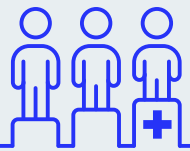
What is your total active patient population?



QUESTION 5.

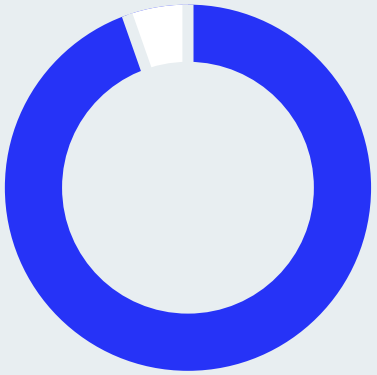
How would you categorize your organization?





QUESTION 6.

How important is it for your organization to address disparities/ inequities in health outcomes & quality measures?



96.7%

of those surveyed believe it's important for their organization to address **disparities/inequities in health outcomes and quality measures**

58.5%

reporting it to be **extremely important**

10.6%

stating it is **mission critical**

27.6%

assessed it was **somewhat important**

Why does this matter?

This shows us that community oncology providers overwhelmingly agree that addressing disparities in health outcomes and quality measures is both relevant and important. It shows that oncology practices of all patient population sizes and geographical reach unanimously recognize the inequities and have a desire to do something about them. However, as you will see later in the survey, there is an ethos of "trying our best" versus concrete action plans.

QUESTION 7.

For approximately what percentage of your population do you have race, ethnicity & language data?

	**3** respondants (2.4%)	**Don't know** if they have this data for their care population
	**6** respondants (4.9%)	Have this data for 0-25% of their care population

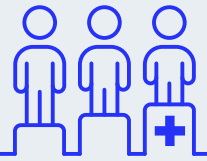
Less than 8% of those surveyed either don't know if they have any race, ethnicity or language data on their care population or only have this data for up to 25% of their population.

The rest of the organizations represented fall somewhere in the middle:

	**12** respondants (9.8%)	Have this data for 26-50% of their care population
	**56** respondants (45.5%)	Have this data for 51-75% of their care population
	**46** respondants (37.4%)	Have this data for 76-100% of their care population

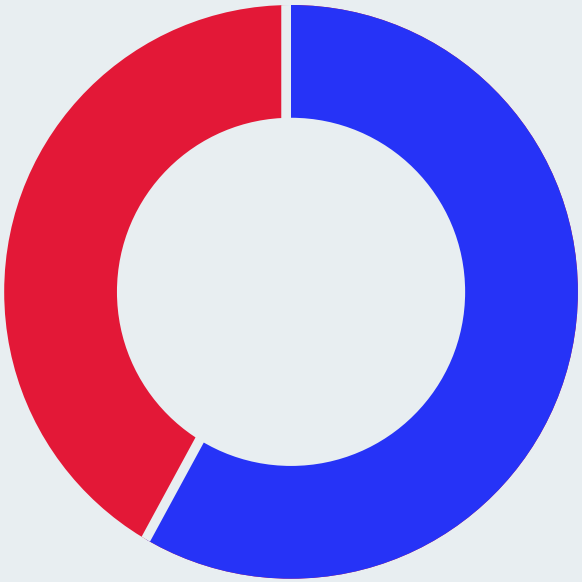
Why does this matter?

It's essential to understand the population you are serving to provide appropriate care and understand what resources you need to invest in to do so. For example, if your patient-reported data shows you that more than half of your patients do not speak English as their primary language and you do not have any non-English speaking personnel on staff, this cultural and language barrier may be negatively affecting your patients.



QUESTION 8.

Is your race, ethnicity and language self-reported or recorded internally?



61.8% of respondents say their practices have the **staff record** this information

38.2% of the practices have their **patients self-report**

Why does this matter?

Race, ethnicity, language and geography are common denominators that create a sense of shared life experiences between the patient and their care provider. Matching patients to care providers based on these common characteristics can help build trust and equity, thereby promoting a better experience of care, navigation of services and health literacy for the patient. It is therefore interesting to note how this information is collected.

QUESTION 9.

Does your organization provide culturally and linguistically appropriate, person-centred care today?

e.g.

Do you offer Implicit Bias Training and Cultural Humility? Are patients matched with a doctor or nurse that can speak to them in their home language?

Why does this matter?

Culturally and linguistically appropriate care can help build trust with patients. This leads to higher engagement and a better care experience. Data shows us that when care is provided in a patient's native language, health outcomes improve. [source] It's essential to understand the population you are serving and how best to connect with the population within cultural and linguistic parameters. If the language used in providing care doesn't reflect the population being served, they could be less likely to get the care they need or experience optimal results from the care given.

With a percentage of organizations surveyed reporting that they do not have race, ethnicity or language data on their patients or caregiving employees, it's clear that there is a fundamental gap in true person-centered care.

20.3%

of those surveyed **do not** provide culturally and linguistically appropriate, person-centered care today and only provide care in English.

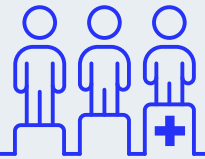
While more than half,

61%

say they **do** offer care in other languages in some instances, but not universally.

18.7%

report this as a focus and deliver in multiple languages.



QUESTIONS 10 & 11.

Does your organization have a roadmap to promote health equity across your people, process and technology?

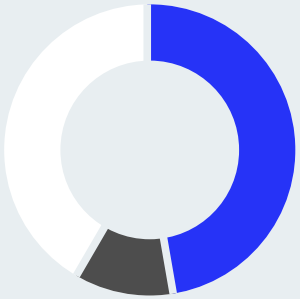
If you responded "partially" to this question, do you anticipate this to be a priority within the next 12-18 months?

Why does this matter?

Much can be done to further health equity, but it can feel overwhelming. A roadmap is a staged plan of action that allows you to break down priorities into bite-sized chunks and set a S.M.A.R.T. plan toward meaningful improvement.

<40.7%

of the respondents say their organization has **a partial, but not a formal roadmap** for promoting health equity across their people, process and technology.



Of those that responded **partial**,

46.3%

are unsure if it will be a priority in the **next 12-18 months.**

Only **14.6%** said that it will be a **priority**

55.3%

don't have a roadmap at all

QUESTION 12.

What do you see as the biggest barrier in operationalizing and furthering your health equity initiatives?

e.g.

trained workforce, lack of data etc.

Why does this matter?

Words matter. These words were chosen and written in free text by our survey respondents and reflect the greatest challenges they see in actioning health equity in their oncology groups.

The responses fell into several categories:

- **budget**
- **lack of or outdated systems**
- **data challenges**
- **resource limitations (including human resources)**
- **timing and prioritization**
- **training and knowledge**

Lack of time and resources were the most common answers, with some alluding to the small size of their practice. With smaller practices, processes to provide care in a culturally sensitive way can be difficult because they require more resources (human and budgetary) than what exists. Barriers to patient care are also common from the patient side, with financial assistance often needed to get the baseline treatment they need.

QUESTION 13.

How do you currently provide/ promote equitable care processes in your practice?

We asked this for the final question of our survey.

Why does this matter?

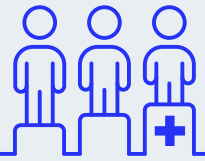
Community oncology practices' focus on health equity needs to be more than a "doing the right thing" approach. There needs to be specific guidelines and practices that tie into compensation models. One example is the Medicare and Medicaid Innovation (CMMI)'s Oncology Care Model of value-based payment that recently tested a form of quality patient care to financial reward. Without a program like this, there are gaps in how cancer treatment is funded. It's going to take the private market to close the gap.

The responses fell into four categories:

1. **Quality patient care**
2. **Patient pathways/navigators**
3. **Multilingual staff/language matching**
4. **Education**

The two most common responses fell into the first two categories with the sentiments of **"we do the best we can for our patients"** and that the practices represented rely on nurse navigators and patient pathways for their patients' care.

These responses are not surprising, as community practices already have the ethos that they will do **"what is best"** for a patient and are by nature adaptable.



Where do we go from here?

The snapshot survey indicates that while leaders and providers within oncology practices recognize that health equity is extremely important for their populations, they lack a clear roadmap to systematically and strategically address it.

For most health organizations, the barrier to advancing health equity initiatives is greater than one specific issue. As we see in the data, it could be a lack of concrete patient data, a limited budget or staffing resources, or any combination of reasons.

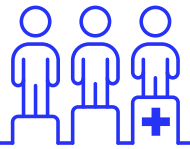
To better understand the real-world challenges of health inequity in oncology care and how providers can take steps toward achieving equitable care, we spoke with Alti Rahman, Chairman of the Health Equity Committee for COA; Susan Sabo-Wagner, Executive Director of Clinical Strategy for Oncology Consultants, a community oncology group serving 12 communities in the greater Houston, Texas area, Dr. Chris Esguerra, Chief Medical Officer for San Mateo Health Plan and Dr. John Sargent, co-founder of Vantage Health Technologies within BroadReach Group. Rahman states,

> **First, I'd like to make clear that our Members at COA are doing an incredible job caring for the complex needs of patients with cancer around the country. COA is deeply committed to collaborating as a body of practices to advocate for patients.”**

This paper looks at some of the barriers and possible solutions to address these barriers, such as matching patients with providers who speak their language, accessing additional support for patients in need of resources like food, transport, and more, and having a clearer oversight of the data driving performance so that meaningful action can be taken to care for patients.

According to the American Cancer Society, at least 42% of newly diagnosed cancers are potentially avoidable. Susan Sabo-Wagner explains how healthcare inequities can quickly influence whether a patient survives a cancer diagnosis or not. “In general, cancer can be considered a chronic illness or an acute illness, depending on what it is. When you have a patient with cancer that has an inequitable opportunity to access care from the beginning, it can either produce a more advanced cancer because the person either didn't have enough health literacy to understand their symptoms or get tested, or they didn't have access to screening.”

Even after the diagnosis itself, SDOH factors can affect whether or not a person even can access treatment. “The payer may approve the treatment, and depending on what the out-of-pocket cost is [for the patient], we run into another inequity. Maybe they can afford it, but it's going to require that they come into the office five days a week, every four weeks, and they don't have enough money for gas, or they don't have a car, or they have four children and are a single mother,” explains Sabo-Wagner. “The inability to adhere to or access treatment means that a large percentage of people are dying early from a cancer diagnosis. They shouldn't have to die just because they didn't have enough money to pay their insurance out-of-pocket expenses, didn't have enough health literacy to get in for a screening, or their primary care provider didn't believe them that they had anything more than a cough.”



Community models of care to overcome social determinants of health

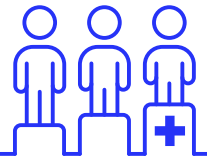
Knowing that these SDOH and health inequity deeply influence cancer care, Alti Rahman is also not surprised by the survey results. While not a perfect solution, community oncology models like the members of COA leverage to directly address these issues head-on.

> The operative word in community oncology is 'community.' It's synonymous with being adaptable, we're not surprised by the responses. The nature of a community practice is to be able to give [the patient] the best treatment for them. ”

Two major barriers to furthering health equity stated in the survey are resources and funding. These care processes and the additional effort that is required to provide care in a culturally-sensitive way are completely unfunded. Rahman says, "From a payer standpoint, they look at any patient with breast cancer as the same, regardless of their socioeconomic background and barriers to care. So these programs have to do their best to fund the counselors, nurse navigators, patient advocates, the community health workers. They have to do this on their own."

Dr. Esguerra points out that providing equitable care requires providers to look closely at their patient population. If they looked in the mirror, would your care teams closely resemble who they see? Health systems should ask themselves, "Do I have the right type of provider? Am I hiring staff that reflects the population I am serving, whether it's language, ethnicity, sexual orientation or more?" explains Dr. Esguerra.

Without the proper budget or human resources available to fund and staff these important programs, operationalizing health equity can be impossible.



A TIME FOR INTROSPECTION

What questions do we need to ask ourselves?

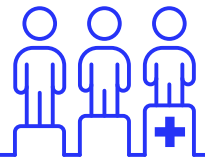
Dr. Esguerra explains the key questions health systems should be asking themselves: "Do I have the right type of provider? Am I hiring staff that reflects the population I am serving, whether it's language, ethnicity, sexual orientation or more?"

For example, if your patient population is dealing with inequalities related to sexual orientation or gender identity, do you have providers on staff who are educated on and specialize in supporting LGBTQ issues? If you don't know, that's why data about your staff is important.

There's also a large amount of cultural nuance that needs to be considered, especially when thinking about connecting with patients whose first language is not English. Translation in and of itself can be problematic. "For example, when you simply translate patient communications written for an English-speaking audience into Spanish, you may miss the nuance and idioms that exist when you write communications for a Spanish-speaking audience in Spanish," says Dr. Esquerra. It's a small, simple change, but writing patient communications directly in the patient's native language can go a long way in reaching your intended audience in a way that's culturally more relevant.

These kinds of changes can feel overwhelming. Solutions are often multi-faceted and interconnected. There are interventions and improvements you can make directly, research that can be done to identify partners who can help implement change and community outreach needed to find the local organizations who are already addressing some of these issues, so that you can support them along the way. "It's a useful framework because it addresses power dynamics and adds a component of self-reflection and interrogation of what it is you're doing internally," Dr. Esguerra explains.

> It's not about doing things to a population to address inequities, it's more about respecting what's already going on and identifying the components that can be supported. ”



The role of technology in addressing health inequities

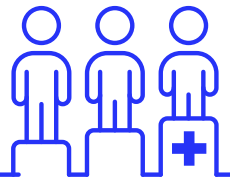
Technology can play a vital orchestration role in supporting oversight, management and execution of impactful health equity programs, explains Dr. John Sargent, co-founder of Vantage Health Technologies. Aside from basic data capture, protection and management, Artificial Intelligence (AI) can take disparate data sources such as SDOH and personal health data to surface key insights on populations and individuals. AI can also guide practitioners and plans to take decisive, targeted action.

Dr. Esguerra explains, "For true improvement in health equity, unless your population is homogeneous, you're going to have to address things in a much more targeted way." To do this, data collection is a component of a larger necessary framework. "Everyone focuses on data — or lack of data — as a gap and gets stuck there. Data is the thing that will help you understand that there is a problem, but do you know how to understand the problem?"

All data is biased, so it's important to understand how that bias might adversely impact the quality and level of care delivered to beneficiaries. To do this, one should go beyond technology and nurture people who understand how data is captured, collected, modified and applied across different processes. While technology plays a pivotal role, a focus on people and processes is equally if not more important for a true systemic transformation. Dr. Sargent explains

> **In community oncology specifically, technology solutions are being used to track and evaluate the effectiveness of health equity interventions, practitioners are incredibly busy and under pressure. Technology can help to surface which patients require additional support to engage with their treatment, and it can provide simple next steps for the provider to follow, saving time and saving lives.**

Technology is a means to an end — not a silver bullet. It's a vital tool that is not a replacement for human action but an enabler. Predictive models can help predict patient behavior and treatment adherence and adjust risk scores, while dashboards help visualize information and next best actions. There are various organizations, including Vantage, that have developed solutions to help drive equitable health outcomes for target populations.



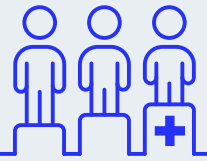
Hope is at hand: technology in action

One example of a health equity program in action is a pilot project started in 2021 by Oncology Consultants called the H.O.P.E. Initiative (Holistic Oncology Patient Equity).

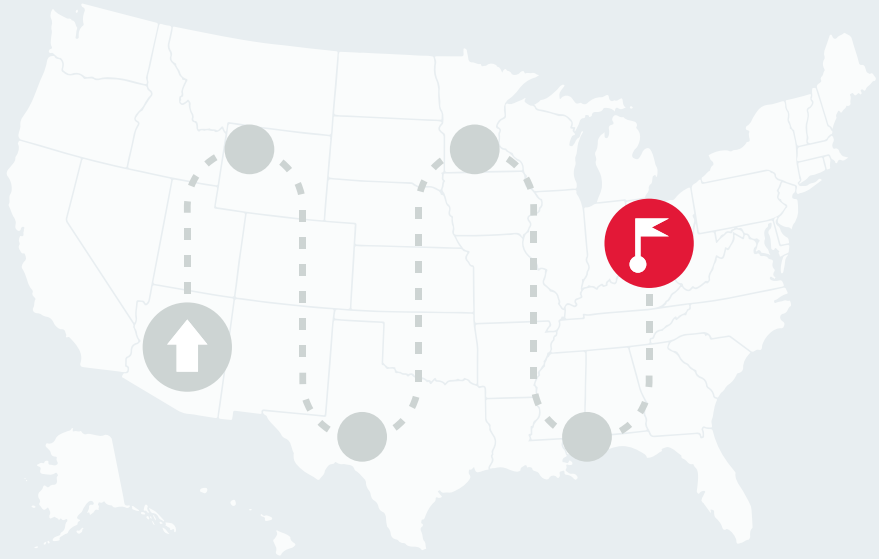
The group chose two offices that served different populations: one office in a predominantly low-income area where environmental pollutants and comorbidities were high, and another office in a more affluent neighborhood.

All new oncology patients in either office were interviewed by community health advocates to identify their needs and challenges. The results showed that transportation was the number-one patient issue, followed by food security. The value of the in-person interview vs. a basic patient survey was that the advocate could build trust and address the patient's needs on day one of care via provided resources. The ultimate goal is to impact treatment adherence, knowing that it has a direct impact on treatment outcomes. While still a pilot, it's a plan of action with a clear roadmap for addressing patient inequities to improve patient outcomes.

The next step in this program is to implement Vantage's *Population Health Oversight Solution for Oncology* to understand the program's performance, to recommend next best actions and drive equity within the system.



Addressing health equity in the US is a journey



From our data collection and understanding of the larger industry, the U.S. is still in the early days of actively addressing health equity in oncology. COA and community oncology practices are taking action to address health inequities through advocacy, discovery and patient support. Some organizations — many of whom have a strong mission and vision that are guiding their work in this area — are much further along than others.

The data in this survey shows us that there is progress being made, but much more work to be done.

Where to from now?

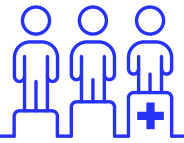
The key is to take action and get started.

There is broad acknowledgement that health equity is important but there is inertia and confusion over where or how to start addressing health equity for underserved populations. Health equity should be seen as a lens to view and plan better and more inclusive health plans.

It's a journey, but here's what can you do today to start the journey:

1. **Understand your goals for health equity** within your organization
2. **Assess your organization's readiness for change** and get stakeholder/ leadership buy-in
3. **Understand your organization's current state,** to what extent are they addressing health equity and calculate the return on investment
4. **Create a plan of action:** a roadmap to prioritize actions and timing steps to address inequities

It's essential that we all start this health equity journey as access to good health enables people to flourish.



How can Vantage help?

VANTAGE SOLUTION: POPULATION HEALTH OVERSIGHT FOR ONCOLOGY

Harnessing the power of next-best-actions to further health equity and improve treatment outcomes in oncology care

The challenge

- Cancer outcomes for vulnerable patients are inequitable when social challenges go unaddressed.
- These unmet needs can impact a wide range of outcomes for the patient and the practice cost of care, quality of care, experience of care and even mortality.
- Often, oncology providers only get reimbursed for the clinical services they provide and when they do get reimbursed for addressing social challenges, it is seldom equitable– primarily because it is difficult to make a consistent link between these services and improvements in health outcomes.
- Payer contracts, including new fee-for-value arrangements, require oncology providers to identify and address disparities in health and healthcare caused by factors such as race, ethnicity, geography, and language.

Who is this for?

Community oncology providers committed to creating and maintaining a sustainable model for patient health equity and payer reimbursements by addressing social challenges.

Oncology Roles

EXECUTIVE	NURSE SUPERVISOR	COMMUNITY HEALTH WORKERS (CHWS)
• Understand patient population, risks, and impact on outcomes • Address gaps in care at the population level • Negotiate equitable reimbursement terms with payers for providing SDoH services	• Support team of nurse navigators and patient advocates to operationalize, stratify and address the right patients at the right time • Optimize team productivity and manage burnout	• Do what it takes to help patients get all the social, economic, behavioral and environmental support they need to battle cancer • Prioritize outreach to high-risk patients & document support provided to optimize reimbursement

How does Vantage help?

AI-GENERATED NEXT-BEST-ACTION + BEST PRACTICE WORKFLOWS = IMPROVED ONCOLOGY OUTCOMES

Vantage uses AI to analyze clinical and social determinants data to identify clinical and non-clinical factors impacting cancer care. Vantage then recommends next-best-actions to improve outcomes for the patient and the practice.

Vantage provides streamlined workflows to support oncology teams risk-stratify, make referrals to services and longitudinally track the impact of these actions on patient outcomes like cost of care, patient experience and others.

Vantage establishes a link between social needs and health outcomes through a process of continuous learning. This ensures high-efficacy care of the patients. Practice executives leverage these outcomes to negotiate better reimbursement terms and participate in value-based models with confidence.

How can Vantage help?

VANTAGE SOLUTION:
POPULATION HEALTH OVERSIGHT FOR ONCOLOGY

Harnessing the power of next-best-actions to further health equity and improve treatment outcomes in oncology care

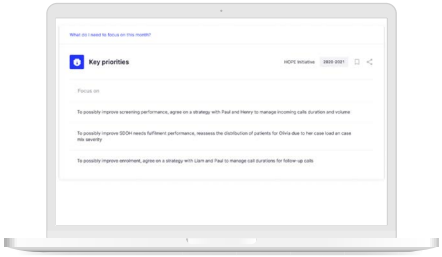
Technology in Action

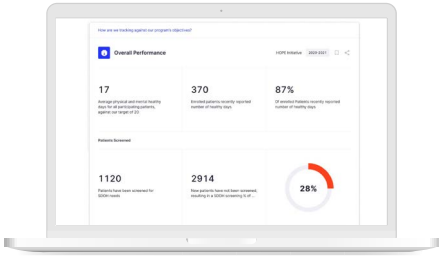
- To illustrate further, an insight delivered to a nurse supervisor inbox could read:

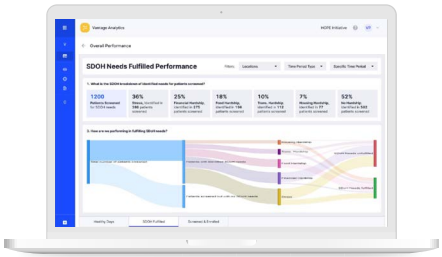
> *Assign these 8 rising-risk patients to these two Spanish-speaking Social Workers and help facilitate transportation for upcoming chemotherapy.*

This could reduce avoidable ED Utilization over the next 3 months.

- At this point, the nurse supervisor could execute this recommendation using the Vantage workflow tools or they could try to better understand how Vantage came to this conclusion by navigating to the application.
- Executing on a recommendation triggers a cascade of specific actions Community Health Workers would need to take in order to improve health outcomes.







Actions performed by the operational roles cascade up as next best action insights for practice executives.

Vantage can support these roles:

- **Appropriate hiring decisions:** Inform culturally and linguistically appropriate hiring decisions for CHW roles
- **Improve population health:** Address variability in outcomes by sub-populations (eg. Race, ethnicity, language etc)
- **Inform payer interactions:** Demonstrate longitudinal performance across service level agreements (SLAs) for equitable reimbursements

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Vantage is designed to address health disparities as defined by the Centers for Medicare & Medicaid Services (CMS). Our platform is aligned with the Health Equity goals laid out by CMS for the next decade and is primed for helping providers succeed in upcoming value-based payment models.

Contributors

Vantage voices

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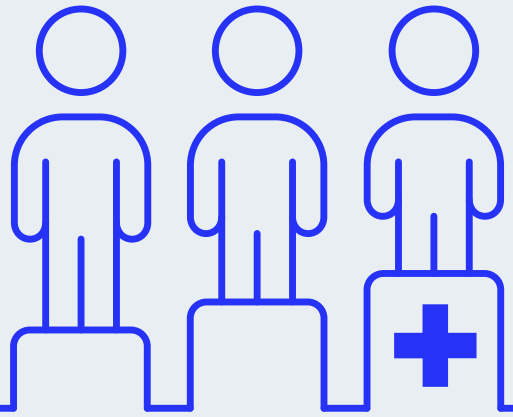

BroadReach Group is a global social enterprise that harnesses health technology and innovation to empower human action. They bring nearly two decades of deep healthcare expertise combined with world-class technology solutions to help organizations deliver better health outcomes, improved efficiency of scarce healthcare resources, cost savings, enhanced organizational performance, and more sustainable health systems. BroadReach delivers this value through two businesses. **BroadReach Health Development** delivers digitally-enabled implementation management and technical assistance services to address the world's most complex health challenges. **Vantage Health Technologies** delivers solutions for health organizations and their teams on its AI Vantage platform.

For more information, visit **broadreachcorporation.com**

Vantage Health Technologies sees a world where access to good health enables people to flourish. Their solutions, powered by the Vantage AI-enabled platform, go beyond dashboards, providing next best actions to payers and providers to improve outcomes, decrease costs, and optimize resources. Vantage Health Technologies believes that data alone cannot solve the world's most complex health challenges; it also requires a deep understanding of the social, cultural, and economic context in which people live. Vantage Health Technologies is part of BroadReach Group.

For more information, visit **vantagehealth.tech**

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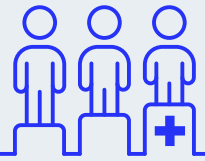
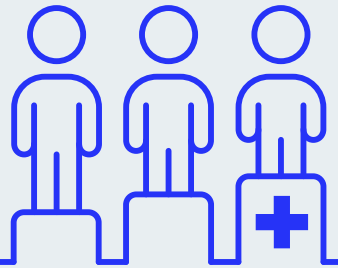


COMMUNITY ONCOLOGY ALLIANCE
Innovating and Advocating for Community Cancer Care

About the Community Oncology Alliance: COA is a non-profit organization dedicated to advocating for community oncology practices and, most importantly, the patients they serve. COA is the only organization dedicated solely to community oncology where the majority of Americans with cancer are treated. The mission of COA is to ensure that patients with cancer receive quality, affordable, and accessible cancer care in their own communities. More than 5,000 people in the United States are diagnosed with cancer every day and deaths from the disease have been steadily declining due to earlier detection, diagnosis, and treatment.

Learn more at **CommunityOncology.org**

@oncologyCOA
CommunityOncologyAlliance



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