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Closing the gaps in cancer care: Access to advanced treatments and mental health services varies widely

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<https://www.chartis.com/insights/closing-gaps-cancer-care-access-advanced-treatments-and-mental-health-services-varies>

The Buzz This Week

Recent industry reports and discussions have underscored persistent gaps in the nation's cancer care landscape. Together, they present a picture of cancer care in transition—highlighting the promise of new treatments and approaches but also the workforce strains, mental health gaps, and structural hurdles that shape their implementation at the patient level.

On the treatment front, a September [Lancet Oncology Commission report](#) projected a 60% increase over the next 25 years in the demand for healthcare professionals trained in radiopharmaceuticals, therapies that combine radioactive materials with targeted molecules to directly deliver radiation to cancer cells. This accelerating interest in targeted radiation therapies has prompted concerns about whether health systems can recruit and retain the required specialists.

Meanwhile, a [broader issue](#) affects patients regardless of treatment type: undiagnosed mental health conditions. Depression, anxiety, and related disorders often go unrecognized in patients with cancer, complicating adherence to treatment and potentially influencing survival outcomes. This reality reflects a nationwide shortage of mental health professionals that leaves many communities with limited options for addressing these needs. Although some providers have taken steps to integrate mental health screenings, widespread access to such services remains uneven.

Additional insights from a recent event hosted by [The American Journal of Managed Care](#) reveal how these challenges intersect with the structure of care delivery. Academic medical centers (AMCs) continue to innovate and develop new treatment protocols. Some large integrated delivery networks (IDNs) and well-resourced community programs also offer complex therapies and clinical trials on par with AMCs.

However, many smaller-scale or rural cancer centers lack the financial resources, highly specialized personnel, and support infrastructure to implement these advances at the same level. As a result, patient access to the latest therapies and support services may differ sharply, depending on where they receive care.

Why It Matters

The shortage of specialized cancer healthcare professionals, under-diagnosed mental health issues for cancer patients, and inconsistent adoption of advanced therapies are more than operational hurdles for cancer programs. These issues are influencing patient outcomes and the overall quality of care.

Workforce shortfalls are a prime example. A national survey from the American Society for Radiation Oncology (ASTRO) reported that more than 9 in 10 radiation oncologists face clinical staff shortages, with more than half (53%) saying these shortages lead to treatment delays. Such delays are a direct impediment to timely, potentially curative interventions, especially as many new therapies demand highly trained personnel to deliver precise, targeted treatments. If these therapies cannot be administered as intended due to insufficient staffing, patients who could benefit are left without access in their local settings.

Beyond staffing issues, mental health care also significantly shapes patient outcomes. A study of 55,000 veterans with lung cancer found that those who participated in a mental health treatment program had a 20% to 25% lower risk of dying from the disease, underscoring the tangible survival benefits of addressing mental health needs. Undiagnosed depression or anxiety among individuals with cancer not only diminishes quality of life but may also reduce patients' willingness to continue therapy, follow medical advice, or adopt healthful behaviors.

Yet mental health screening and services vary widely by region and facility. Academic medical centers and larger hospital systems are more likely to integrate these services. At the same time, 37% of the US population lives in areas with mental health professional shortages, a problem compounded in rural regions.

Additionally, when the latest treatments and care models remain concentrated in academic health centers or a select few large community systems, smaller and more rural providers may struggle to keep pace. For example, promising radiopharmaceutical therapies that require specialized personnel and infrastructure might be readily available at a well-resourced center but inaccessible elsewhere. Such constraints can lead to disparities in outcomes that track closely with where a patient lives and the resources available at their local facility.

Broader dissemination of proven methods—from high-precision therapies to supportive services—can help narrow these gaps. Programs like the MD Anderson Cancer Network and the Penn Cancer Network are examples of collaborative systems of care between leading cancer centers and community hospitals. Through these alliances, local facilities can align clinical practices, access multidisciplinary expertise, and connect patients to advanced treatments and clinical trials—ultimately bringing higher-quality cancer care closer to home.

Collectively, these issues contribute to variations in care quality across regions and institutions. Advanced therapies alone are not enough to improve outcomes at scale. Where skilled staff, mental health support, and innovative approaches converge, patients stand a better chance of experiencing the full benefit of modern oncology care. Where they do not, advances may remain confined to select locales or patient groups, leaving meaningful progress unrealized.

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Floyd Pitts

Research Associate