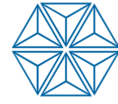
Bristol-Myers Squibb Foundation

Specialty Care for Vulnerable Populations

Care Collaborations & Patient Support



Bristol-Myers Squibb Foundation

The mission of the Bristol-Myers Squibb Foundation is to promote health equity and improve the health outcomes of populations disproportionately affected by serious diseases and conditions by strengthening community-based health care worker capacity, integrating medical care and community-based supportive services, and mobilizing communities in the fight against disease.

The Specialty Care for Vulnerable Populations initiative is addressing inequities in access to and utilization of specialty care services by medically underserved and vulnerable populations in the US. The goal of this national initiative is to catalyze sustainable improvement and expansion of specialty care service delivery in safety net settings to achieve more optimal and equitable outcomes for the people living with or at high risk for cancer, HIV, or cardiovascular diseases such as stroke, atrial fibrillation, and venous thromboembolism.

Grant making and partnership development will focus on two areas:

1) Health systems strengthening

- Complete systems of care and expand specialty care delivery capacity of safety net institutions through care and mentoring partnerships between community based providers and local and remote specialists/integrated specialty teams
- Develop effective care coordination models

2) Patient engagement and support

- Enhance patient engagement and community supportive services to optimize specialty care utilization and patient self-care
- Strengthen community outreach, patient navigation and disease and self-care education
- Support community based organizations to provide social support for patients, i.e. transportation, self and social stigmatization, nutrition, etc.

In supporting the development of innovative and evidence-based models of specialty care delivery, the Foundation also seeks to advance the work of translating the successful models developed through the grant projects into services and capacity sustained by reimbursement, other funding sources, and enabling institution-level and public policies.

Key indicators of success:

- Improved and expanded safety net provider and institution capacity to deliver specialty care
- Improved and expanded patient engagement and social support services
- Improved access to recommended specialty services among Medicaid, uninsured and underinsured patients
- Improved patient retention in and utilization of specialty care services
- Improved health outcomes and quality of life
- Sustained capacity, care collaborations, supportive services and connected systems of care

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Partners and Projects:

HIV:

The Washington AIDS Partnership working with the D.C. Department of Health HIV/AIDS, Hepatitis, STD and TB Administration received a grant of $684,711 for a three year project to support the development of innovative, community-driven, mobile approaches to retention in HIV care in Washington, D.C. The MAC AIDS Fund is also a funding partner providing an additional $500,000 in grant support.

CANCER:

Farmworkers Justice received a grant of $1,110,000 for a two year project entitled *Unidos Eliminando Barreras para la Prevención de Cáncer de la Piel* (United Eliminating Barriers to Skin Cancer Prevention) to promote community integration and reduce impact of skin cancer among farmworkers and their families.

The Anne Arundel Medical Center received a grant of $1.25 million for a three year project to expand its *Rapid Access Chest and Lung Assessment Program* to provide timely diagnosis and management of abnormal lung and chest findings of residents living in Anne Arundel, Calvert and Prince George counties.

The Association of Community Cancer Centers received a grant of $4.27 million for a three year project to develop the *Optimal Care Coordination Model,* to improve the access and quality of care provided to Medicaid patients with lung cancer treated in community oncology practices.

Ralph Lauren Center for Cancer Care in partnership with Memorial Sloan Kettering Cancer Center received a grant of $604,582 for a two year project to pilot a lung cancer screening and continuum of care access program for underserved and high risk populations in Harlem and northern Manhattan.

Maine Medical Center is the lead grantee for the *Maine Lung Cancer Coalition,* the first statewide multi-institutional and multidisciplinary approach in a $5 million, four-year grant expand access to lung cancer prevention, early detection, and treatment services for vulnerable, rural, underserved patient populations in the entire state of Maine. The Maine Economic Fund is also providing an additional $200,000 and Maine Medical Center has committed $1.6 million in grant support.

Project ECHO (Extension for Community Healthcare Outcomes) received a $10.2 million grant to explore the application of the ECHOTM model™ for telementoring and collaborative care to spread cancer care knowledge more quickly and improve the delivery of cancer services among rural and underserved populations in the United States, and South Africa.

Jefferson Health, an integrated health system and safety net providers in Philadelphia, received a $2.9 million grant as part of a $20M four-year, citywide lung cancer effort to change the culture of lung cancer in the city by reducing the stigma, increasing health care provider knowledge and cultural competency, improving service flows, and connecting individuals at high risk for lung cancer with screening programs focusing on low income, African American, and recent Asian immigrant populations. As part of a $20 million initiative to improve pulmonary health, Jefferson has already secured an additional $14 million of philanthropic investment from individual donors, foundations, and corporations.

Yale Cancer Center a NCI-designated Comprehensive Cancer Center, received a $1 million grant to build a *Cancer Disparities Firewall* to develop and implement bioinformatics tools, longitudinal patient navigation, clinical partnerships with community primary care providers and community health worker outreach to remove barriers to optimal cancer treatment and care in New Haven County targeting lung, breast, colorectal, and prostate cancer. Yale School of Public Health is a funding and collaborating partner and is contributing $116,734.

The Institute of Healthcare Improvement received $150,000 to kickstart the planning implementation of a learning collaborative for their *Pursuing Equity* initiative which is engaging nine healthcare organizations in advancing health equity through quality improvement processes. Participant projects will focus both on reducing clinical disparities and improving non-clinical contributors (social determinants of health and equity) of poor health and healthcare.

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SPECIAL FOCUS: Cancer Disparities in Asian Americans, Native Hawaiians, and Pacific Islanders

Cancer continues to be the leading cause of death in Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPIs) and there continues to be significant disparities across the cancer continuum of care. AANHPIs are comprised of more than 50 countries, posing a challenge for cancer control to address linguistic, cultural, and sociodemographic differences. In response to the inequities in access to quality cancer care faced by AANHPI populations in the US, a special focus request for proposal was issued under the Foundation's Specialty Care for Vulnerable Populations initiative. Each of the following organizations received three-year $750,000 grants:

The University of Hawai'i will strengthen telehealth infrastructure, provide cancer education and case management through Project ECHO, and train community health workers to improve delivery of cancer services and outcomes for Native Hawaiians and the US Affiliated Pacific Island communities of Guam, American Samoa, and the US Commonwealth of the Northern Marina Islands.

The University of California Irvine Chao Family Comprehensive Cancer Center will build a formal collaborative network as a hub/spoke model between community organizations, CalOptima primary and specialty care providers, and UCI specialists to provide more efficient and effective cancer care for low income MediCal Vietnamese, Korean, and Chinese patients in Orange County, California.

University of California Davis, in a collaborative partnership with the **Health and Life Organization** will prospectively identify and follow AANHPI patients across the cancer continuum to improve cancer prevention and control behaviors for lung, liver, GI and colorectal, cervical, and breast cancer and to create a New Patient Referral service between a FQHC-lookalike and NCI Comprehensive Cancer Center.

University of California San Francisco will create an in-person and virtual-based patient navigation program to enhance the quality of cancer care for English, Chinese, and Vietnamese patients newly diagnosed with colorectal, liver, or lung cancer in the Greater San Francisco Bay Area.

CARDIOVASCULAR DISEASE:

UNC Health Care received $1.74 million for a three year project to establish a network of five atrial fibrillation transitions clinics across the state of North Carolina to help more patients presenting in emergency department, urgent care and primary care settings to avoid hospitalization through linkage and quick access to a specialty cardiologist/ pharmacist team for management and patient education.

The American Heart Association received $1.77 million for a three year project to launch *Community Health* in Action, a collective impact effort involving the City of Baltimore Department of Health and Office of Minority Health, Johns Hopkins Health System and the region's Federally Qualified Health Centers aimed at improving access and quality of cardiovascular care for low-income and vulnerable populations affected by stroke, atrial fibrillation, hypertension, and venous thromboembolism.

Cooper Foundation (Urban Health Institute) received $984,653 for a three year project to pilot a Metabolic and Cardiovascular Disease Control Program focused on vulnerable, complex and high utilizer patients with cardiovascular disease in Camden City and includes integrated care teams that allow for supervised task-shifting of aspects of specialty services to primary care providers, shared medical appointments, and train health coaches to improve coordination of care and link social support for patients.

TECHNICAL ASSISTANCE:

FSG, a mission-driven, non-profit consulting group received a grant of $1.35 million for a three year effort to develop and disseminate a foundational white paper for the *Specialty Care for Vulnerable Populations* initiative on barriers to access and utilization of specialty care services by patients served by safety net providers and to provide ongoing technical assistance to grantees to develop sustainability plans and robustly engage payers, health systems, quality organizations and policymakers in designing and executing those plans.

The Harvard Law School Center for Health Law and Policy Innovation (CHLPI) received a grant of $564,235 for a three year effort to provide technical assistance in areas of policy recommendations on federal, state, and health plan levels to grantees under the *Specialty Care for Vulnerable Populations and Bridging Cancer Care US* initiatives.

BREAKING THE BARRIERS TO SPECIALTY CARE
PRACTICAL IDEAS TO IMPROVE HEALTH EQUITY AND REDUCE COST
A resource for policymakers, funders, payers, and providers

Developed by FSG REIMAGINING SOCIAL CHANGE
In partnership with Bristol-Myers Squibb Foundation

DEEP INEQUITIES IN HEALTH OUTCOMES PERSIST ACROSS SPECIALTY CARE TODAY

The ***five-year survival rate for lung cancer is 20% lower for black Americans*** than for white Americans with similar characteristics.

Low-income populations have a ***50% higher risk of developing heart disease*** than those with higher incomes.

For those with HIV, ***race/ethnicity, gender and socio-economic status are all correlated with rates of ART adherence*** and viral suppression.

Rural cancer patients experience higher mortality rates than their urban peers.

THESE DISPARITIES ARE DRIVEN BY A DIVERSE SET OF FACTORS

Geography — Only 3% of medical oncologists practice in rural areas – rural patients are forced to ***travel great distances***, incurring time and financial costs.

Community — Heart failure patients in low-income neighborhoods are 10% more likely to be ***readmitted to a hospital*** than those in wealthier areas.

Insurance — Patients on Medicaid can ***wait an average of 5 times longer*** to see an oncologist for diagnosis than patients on private insurance.

Quality of Care — Cancer patients treated at safety-net facilities have ***lower three-year survival rates*** than those receiving care at private cancer care centers

Providers — As a result of poor patient-provider interactions, black lung cancer patients are ***less likely to be referred to surgery*** or smoking cessation.

NEW SOLUTIONS ARE EMERGING TO IMPROVE EQUITY IN 3 KEY AREAS

These solutions have been shown to reduce ER usage, improve resource efficiency, lower the cost of care for patients with complex needs, and reduce medical errors.

Improving Specialty Care Availability

Solutions such as *telemedicine*, innovative partnerships between specialists and *primary care physicians*, and centralized *local referral networks* improve access to specialty care for low-income and rural populations and reduce long-term health costs.

Ensuring High-Quality Care

Acknowledgement of disparities among racial and ethnic groups is driving new efforts to mitigate provider *implicit bias*, establish *culturally-competent care*, and harness the power of *quality improvement* to identify and eliminate disparities in patient care.

Helping Patients Engage in Care

To improve health equity and control costs, specialty care actors are increasingly working to address the social determinants of health through *community outreach* to engage patients, introducing *patient navigation*, and incorporating *patient support.*

LEARN MORE

"*Breaking the Barriers to Specialty Care*" is a series of five issue briefs that capture the latest data and analyses on disparities for diseases such as cancer, cardiovascular disease and HIV/AIDS, case studies of effective solutions, evidence of health equity impact and cost effectiveness, and action steps for implementation and scale.

Case studies include: Project ECHO, Kaiser Permanente's language access program, HealthPartners "Partners for Better Health Goals" Initiative, United Health Group's Health Equity Service Program, Cedars-Sinai Heart Institute's community outreach approach, Cancer Support Community's distress screening protocol, and over 20 others.

Download the five briefs at http://www.fsg.org/publications/breaking-barriers-specialty-care