



REIMAGINING SOCIAL CHANGE

Learning Briefs: Equity in Specialty Care

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About FSG

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FSG is a mission-driven consulting firm that supports leaders to create large-scale, lasting social change. Through strategy, evaluation, and research FSG helps many types of actors – individually and collectively – make progress against the world’s toughest problems.

Understanding of US Health Care



Expertise in Complex Systems



Experience with Field Building



The Foundation partnered with FSG to build understanding of equity in specialty care

About the FSG Insight Series on Equity in Specialty Care

Brief 1
The Need for Equity in Specialty Care

Brief 2
Increasing Availability of Specialty Care

Brief 3
Ensuring High-Quality Care

Brief 4
Enabling Patient Engagement in Care

Brief 5
A Call to Action

Purpose: Build **understanding of health equity in specialty and cancer care**, highlight solutions that reduce disparities, and make the case for system-wide action

Content: Solutions-focused briefs, including case examples, value propositions and **practical recommendations** for adoption and scale

Research: Extensive **literature review and interviews** with over fifty practitioners and experts in the field

Audiences: FSG and BMSF will share findings to **spur conversation and action by key groups**, such as payers, specialty care providers, and health care professionals

Timing: **May 2016**

Enormous disparities in specialty and cancer care remain today

Rates of cancer mortality, per 100,000 population¹

SOCIOECONOMIC STATUS



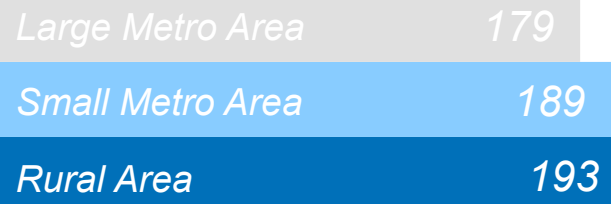
Level of **educational attainment** is consistently correlated with cancer survival.

RACE AND ETHNICITY



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

GEOGRAPHY



97% of medical oncologists in the United States practice in **urban areas**.

Disparities exist throughout the patient pathway

INEQUITABLE HEALTH OUTCOMES

The age-adjusted lung cancer incidence rate among black men is ~32 - 51% higher than for white men.

The five-year survival rate for lung cancer is over 20% lower for black Americans than for white Americans.

Income and education levels are also highly correlated with lung cancer mortality.



RISK FACTORS FOR DISEASE

Black smokers are **20%** more likely to have lung cancer than white Americans who smoke the same amount



TIMELY SCREENING AND DIAGNOSIS

Black Americans are far more likely to have a **late-stage diagnosis** than white Americans



FOLLOW-UP WITH SPECIALIST

Patients on Medicaid wait **5 times longer** to see an oncologist than patients on private insurance.



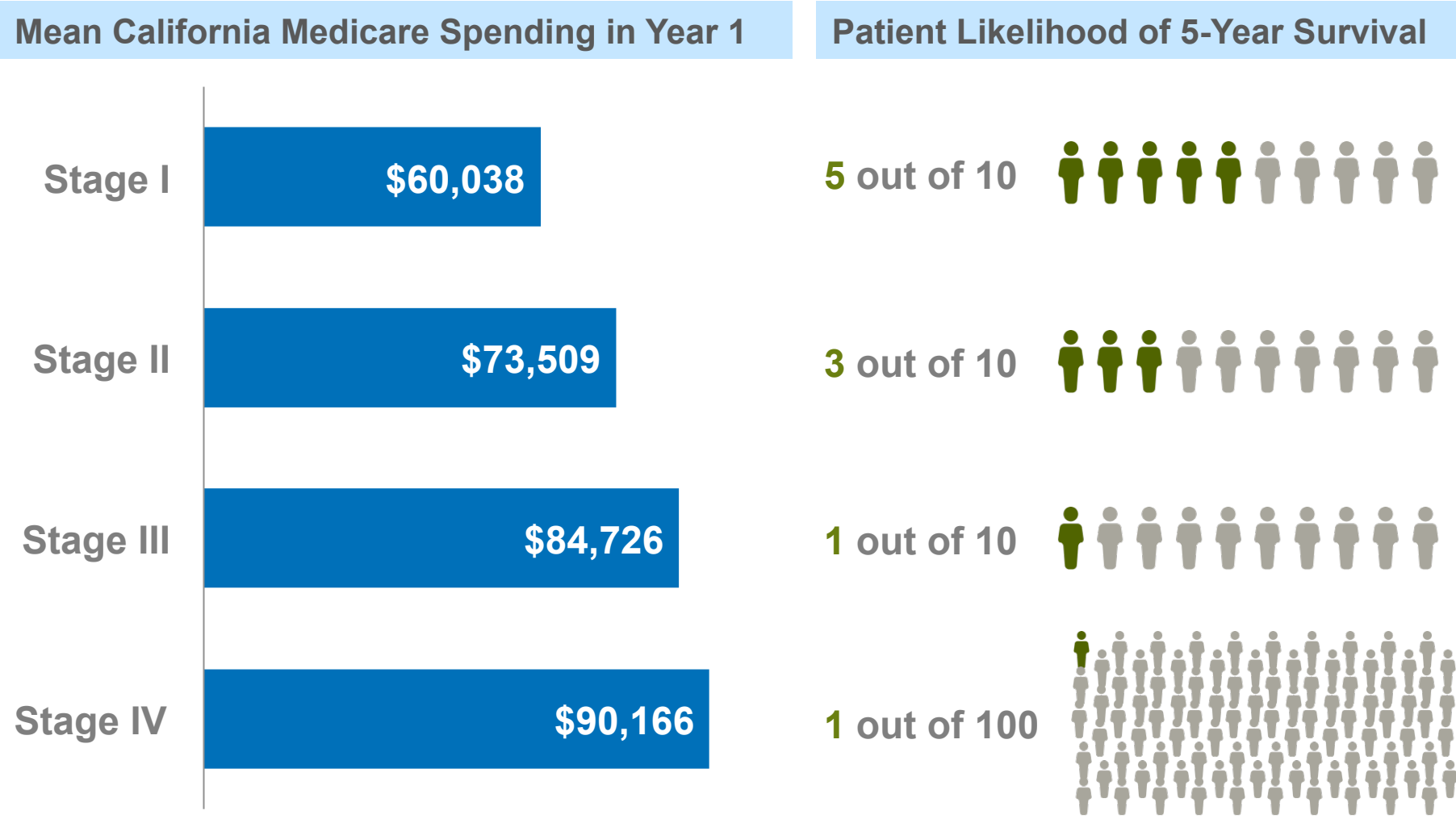
HIGH-QUALITY CARE

Black Americans are **20-70% less likely** to receive life-saving treatment than white Americans

Patients from communities with household incomes below \$30K are **25% likely to die** within 30 days of lung surgery than wealthier patients

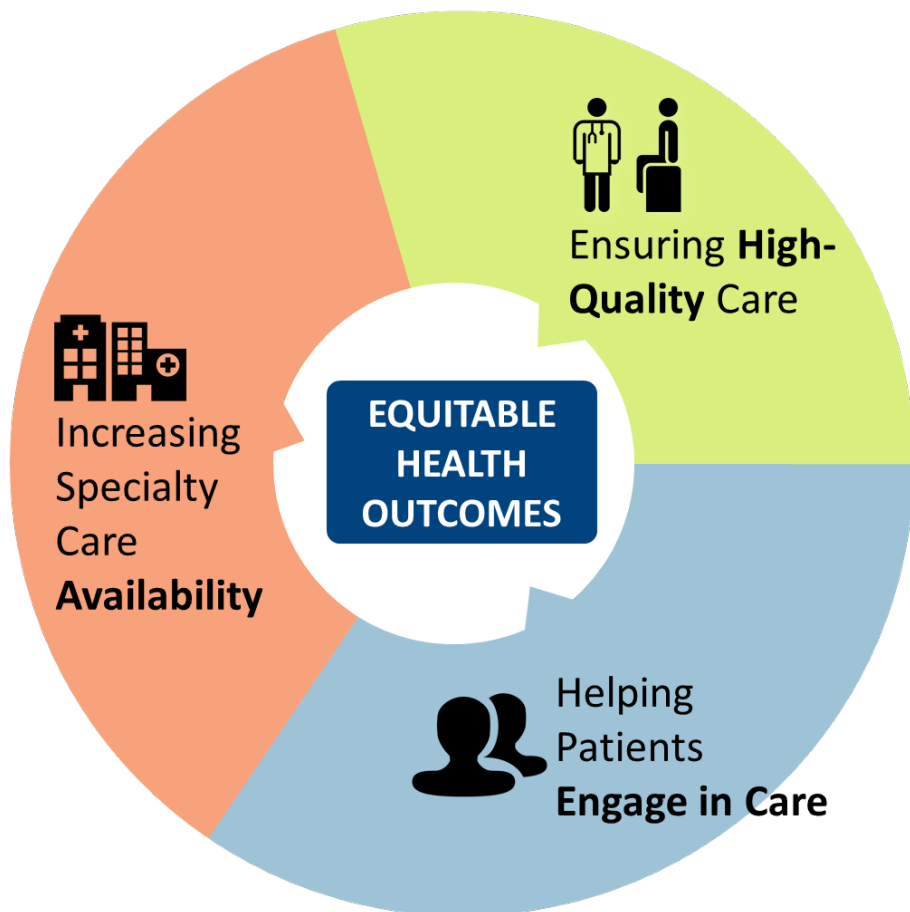
These disparities drive both poor health outcomes and health systems costs

The health outcome and financial costs of late diagnosis in lung cancer



Today's health landscape provides an opportunity to address these disparities

The Briefs highlight solutions for equity in specialty care and what's needed to move forward

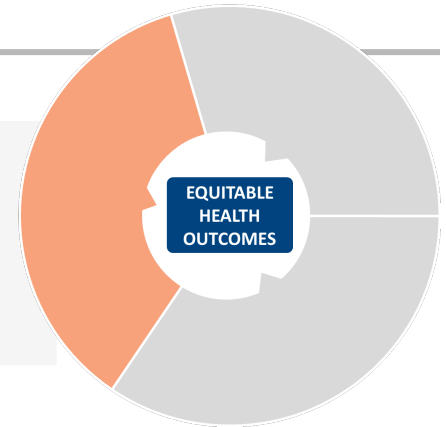


- Highlights **10 solutions categorized into three types**
- For each solution, the Briefs will provide a “state of the field,” that includes the following information:
 - The specific **challenges** addressed by these solutions
 - **Descriptions, examples and data** for each solution, with many **examples** and references to existing research
 - The **value proposition** of these solutions for patients, payers and providers
 - What’s needed to **scale** the solutions, where to start, and success factors
- We hope to **add to this body of research** with case studies, lessons learned and evidence from your work

Brief 2 Snapshot: Increasing Specialty Care **Availability**

Barriers to Health Equity

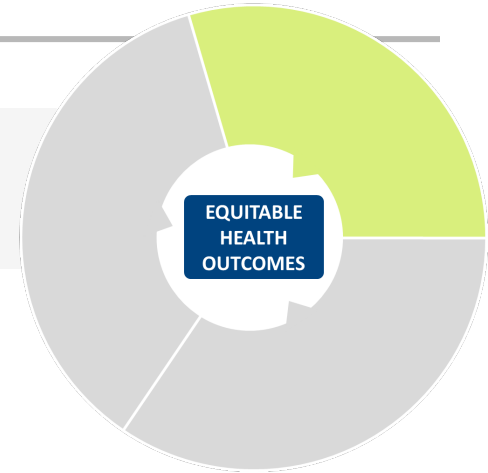
- ✘ Absence or delay in care due to insurance status
- ✘ Transportation time and cost
- ✘ Disparity in care environment and quality



Brief 3 Snapshot: Ensuring **Quality** Specialty Care

Barriers to Health Equity

- ✘ Cultural and linguistic differences
- ✘ Provider implicit bias

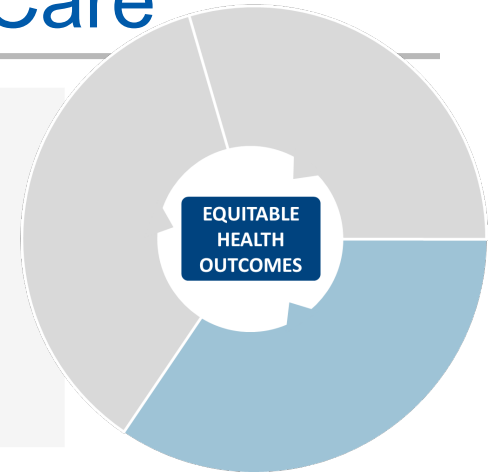


Brief 4 Snapshot:

Helping Patients **Engage** in Specialty Care

Barriers to Health Equity

- ✘ Social and community context
- ✘ Ability to navigate the health & ins. system
- ✘ Stigma and lack of disease awareness
- ✘ Financial burden
- ✘ Psychological burden
- ✘ Distrust of the health system



Across these examples, we saw five consistent elements that enabled sustainability and scale.

1

Effective **use of data to identify disparities and track impact** is an essential component of initiatives to improve equity in specialty care.

2

Taking a **community-based approach** is necessary to fully address health disparities, even for specialty care.

3

Efforts to address health equity require **leadership with a systems orientation and an equity mindset**.

4

An **enabling policy environment** is essential to help programs that reduce disparities in specialty care thrive and to encourage and incentivize participation from system actors at all levels.

5

While every organization must take action to address health disparities, no one provider, payer, policy maker or patient can change the system in isolation. **Collaboration is fundamental**.

Brief 5 Snapshot: Calls to Action

Embedding these solutions in specialty and cancer care will require action from actors throughout the system. This series will end on a “call to action.”

STATE & FEDERAL POLICYMAKERS

- Focus on specialty care in innovation
- Establish supportive regulations
- Share best practices

COMMERCIAL PAYERS

- Leverage member data to identify disparities
- Partner to create new delivery models

HEALTH CARE PROVIDERS

- Develop internal equity capabilities
- Assess equity needs
- Partner to reach and support patients

PROFESSIONAL ASSOCIATIONS

- Expand focus on health equity
- Build member capacity to identify/address disparities

PATIENT ADVOCACY GROUPS

- Strengthen focus on underserved populations in education, advocacy efforts

PRIVATE FOUNDATIONS

- Grow focused support for specialty care
- Provide support for collaborations and systems solutions