About FSG

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

About the FSG Insight Series on Equity in Specialty Care

**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 population

<table>
<thead>
<tr>
<th>SOCIOECONOMIC STATUS</th>
<th>Top Income Decile</th>
<th>4th-7th Decile</th>
<th>Bottom Decile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>168</td>
<td>184</td>
<td>220</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RACE AND ETHNICITY</th>
<th>White Population</th>
<th>Total Population</th>
<th>Black Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>191</td>
<td>193</td>
<td>239</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>Large Metro Area</th>
<th>Small Metro Area</th>
<th>Rural Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>179</td>
<td>189</td>
<td>193</td>
</tr>
</tbody>
</table>

Level of educational attainment is consistently correlated with cancer survival.

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

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

<table>
<thead>
<tr>
<th>Mean California Medicare Spending in Year 1</th>
<th>Patient Likelihood of 5-Year Survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage I</td>
<td>$60,038</td>
</tr>
<tr>
<td>Stage II</td>
<td>$73,509</td>
</tr>
<tr>
<td>Stage III</td>
<td>$84,726</td>
</tr>
<tr>
<td>Stage IV</td>
<td>$90,166</td>
</tr>
</tbody>
</table>
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

Example Value Propositions

- Streamlining of charity by the Carolina Health Net program reduced cohort ED visits by 47% and ED charges by 41%.
- Use of telemedicine to monitor patients at home reduced costs 19% with improved patient satisfaction

A great frustration of every clinician is that when their patients need care that goes beyond their skills, they struggle greatly to find someone who will accept their patients.

PCP capacity building to provide appropriate specialty care

Telemedicine

Coordinated telemedicine networks to streamline charity care

Dan Hawkins, NACHC
Brief 3 Snapshot: Ensuring **Quality** Specialty Care

### Barriers to Health Equity
- Cultural and linguistic differences
- Provider implicit bias

---

**Example Value Propositions**

- Improved trust allows for more frequent care and earlier diagnosis.
- Early diagnosis in HIV can save up to 50% of cumulative care costs.
- Interpreter services more than doubles use of primary care services and reduces rates of medical errors by 50 – 75%.

---

*You're going to see [implicit bias] in every hospital. It's going to be an issue.*

Dr. Rene Salazar
UCSF
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

If [patient navigation program] results were those of a clinical trial for a drug, we would likely see pressure for fast tracking through the FDA.
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.**
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