



REIMAGINING SOCIAL CHANGE

# Learning Briefs: Equity in Specialty Care

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# About FSG

## 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.

### Understanding of US Health Care



### Expertise in Complex Systems



### Experience with Field Building



Robert Wood Johnson Foundation

Alliance Healthcare Foundation  
Advancing health and wellness for those in need.



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

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## 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 population<sup>1</sup>*



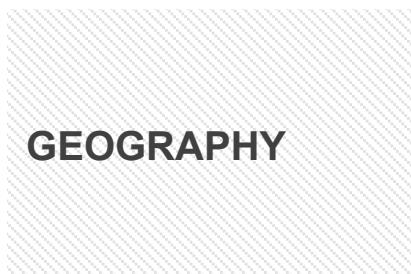
<i>Top Income Decile</i>	168
<i>4<sup>th</sup>-7<sup>th</sup> Decile</i>	184
<i>Bottom Decile</i>	220

Level of educational attainment is consistently correlated with cancer survival.



<i>White Population</i>	191
<i>Total Population</i>	193
<i>Black Population</i>	239

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



<i>Large Metro Area</i>	179
<i>Small Metro Area</i>	189
<i>Rural Area</i>	193

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

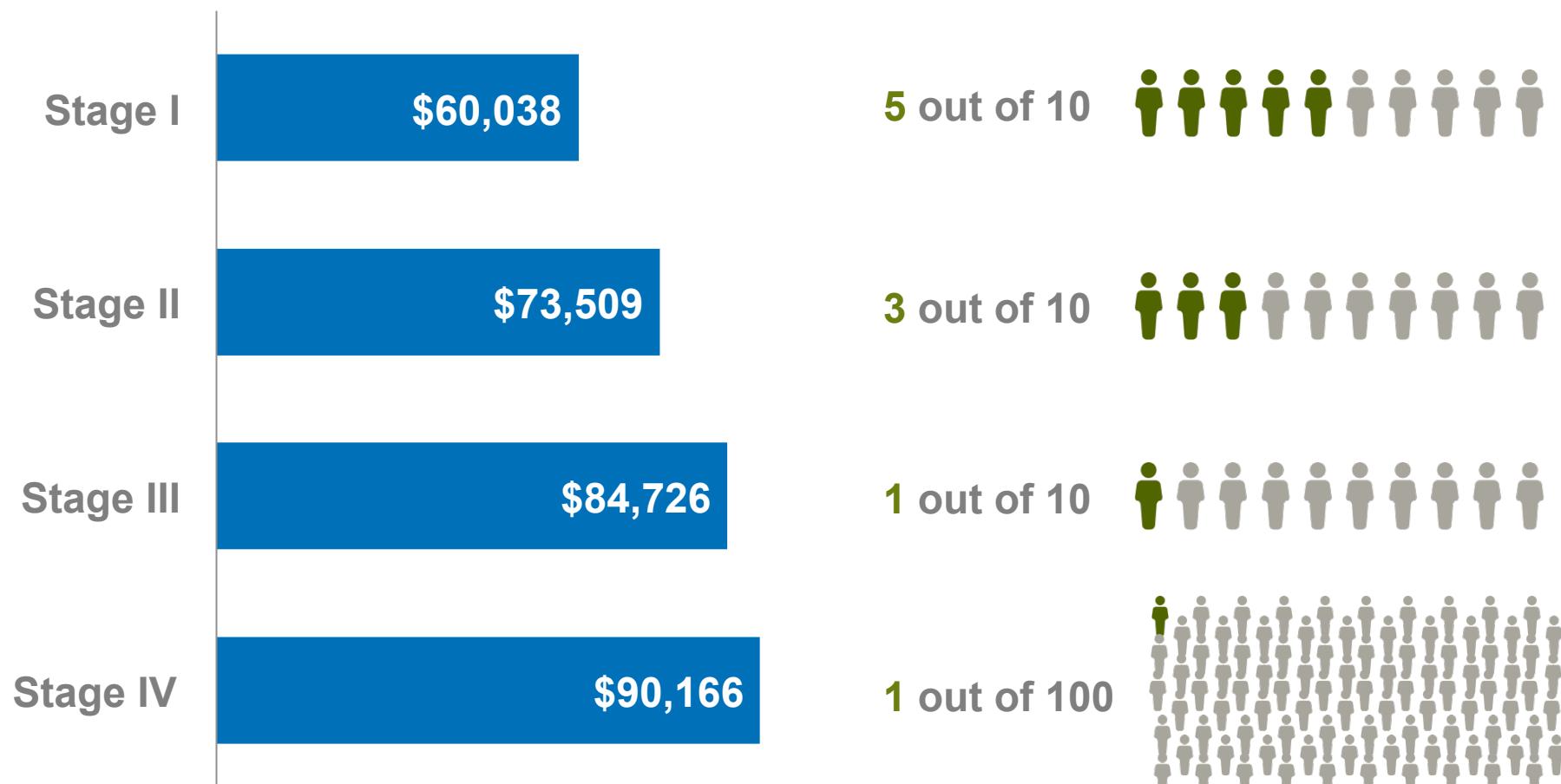
Patients from communities with household incomes below \$30K are **25% likely to die** within 30 days of lung surgery than wealthier patients

# These disparities drive both poor health outcomes and health systems costs

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

Mean California Medicare Spending in Year 1

Patient Likelihood of 5-Year Survival



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

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

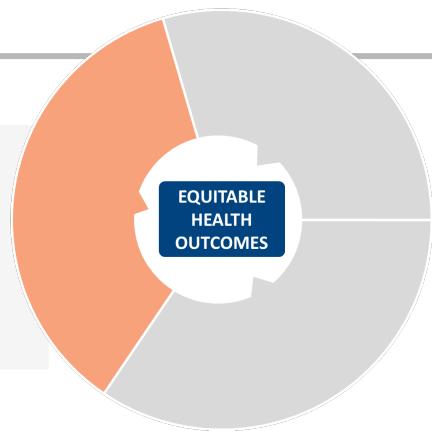


- Highlights **10 solutions categorized into three types**
- For each solution, the Briefs will provide a “state of the field,” that includes the following information:
  - The specific **challenges** addressed by these solutions
  - **Descriptions, examples and data** for each solution, with many **examples** 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

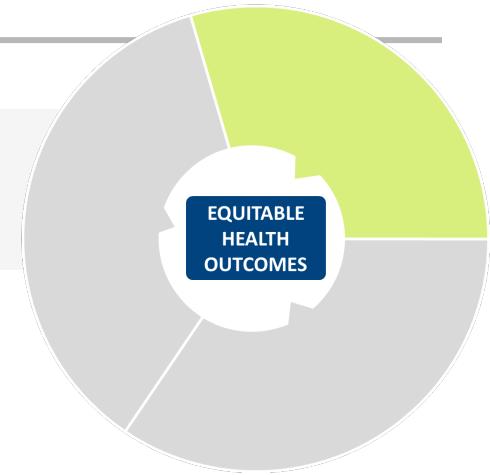
- ✗ Absence or delay in care due to insurance status
- ✗ Transportation time and cost
- ✗ Disparity in care environment and quality



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

## Barriers to Health Equity

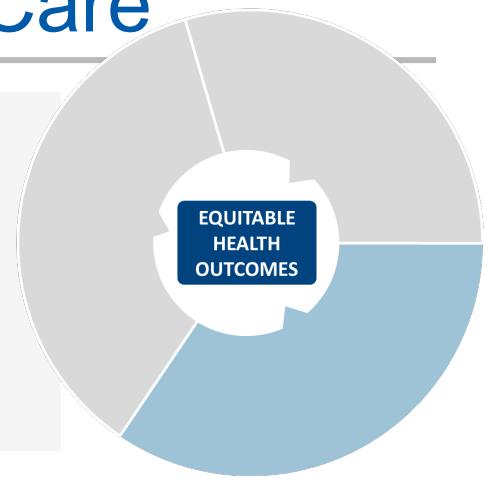
- ✖ Cultural and linguistic differences
- ✖ Provider implicit bias



# 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.

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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

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*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