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, autoimmune diseases (rheumatoid arthritis, lupus) and cardiovascular diseases (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
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 ECHO™ 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. Additional funding partners include the Korman Foundation, David and Esperanza Neu, The AmerisourceBergen Foundation, and The Free to Breath Foundation.

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.
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 utilization of health coaches to improve coordination of care and link social support for patients.

TECHNICAL ASSISTANCE FOR GRANTEES:

**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.

For more information, please visit our website at [www.bms.com/foundation](http://www.bms.com/foundation) or contact patricia.doykos@bms.com