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 Foundation engages partners to develop, execute, evaluate and promote innovative programs to help patients with lung cancer in the United States; HIV and comorbid diseases such as cervical and breast cancers, tuberculosis and mental health disorders in sub-Saharan Africa; hepatitis B and C in China and India; veterans’ mental health and well-being in the U.S.; type 2 diabetes in the U.S.; and to build cancer nursing capacity in Central and Eastern Europe.

In 2015, the Bristol-Myers Squibb Foundation launched a new grant making initiative to address inequities in access to and utilization of specialty care services by vulnerable populations in the U.S. The goal of this national initiative is to catalyze sustainable improvement and expansion of specialty care service delivery by safety net providers to achieve more optimal and equitable outcomes for the people they serve at high risk of with 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, e.g. transportation, psychosocial, 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 support the work of translating the successful models 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 capacity to deliver specialty care
   • Improved and expanded patient engagement and social support services
   • Improved access to recommended specialty services among Medicaid and medically underserved populations
   • 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:

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 (RACLAP) to provide timely diagnosis and management of abnormal 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 an optimal care coordination model for community oncologists in order to improve the diagnosis, treatment and care of Medicaid lung cancer patients.

Maine Medical Center is the lead grantee for the Maine Lung Cancer Prevention and Screening (LungCAPS) Initiative, 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 providing $200,000, Maine Cancer Foundation $400,000 and the Maine Medical Center $1.6 million in grant support.

The Ralph Lauren Cancer Center 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.

Farmworkers Justice received a grant of $750,000 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 establish community prevention and care networks that encompass use of workplace outreach, migrant health clinics, and National Cancer Institute Comprehensive Cancer Centers to serve migrant farmworkers and their families at high risk for melanoma and other skin cancers in Florida and California.

The Washington AIDS Partnership working with the D.C. Department of Health HIV/AIDS, Hepatitis, STD and TB Administration and Whitman Walker Health 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 $500,000 in grant support.

Project ECHO (Extension for Community Healthcare Outcomes) received $10.2 million grant to explore the application of the ECHO\textsuperscript{TM} model for telementoring and collaborative care to spread cancer care knowledge more quickly and improve the delivery of cancer services among underserved populations primarily in the United States, but also in Africa.

Institute for Healthcare Improvement (IHI) received $150,000 to kickstart the planning, coordination, execution and follow up of their Pursuing Equity initiative bringing 9 health system leaders committed to advancing health equity. Participants will focus both on reducing clinical disparities in 2 disease areas and improving non-clinical contributors (social determinants) that perpetuate inequality in their communities.

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 and engagement white paper for the initiative, Breaking Barriers to Specialty Care: Practical Solutions to Improve Health Equity and Reduce Cost (June 2016), and to provide ongoing technical assistance to grantees to develop sustainability plans and robustly engage payers, health plans, health systems and quality organizations 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 one-on-one technical assistance to grantees and develop tailored “policy & advocacy roadmaps” for sustaining and scaling effective models of care through state and federal policy change.
Knowledge resources for current and potential partners and grantees on inequities in specialty and cancer care created by FSG in partnership with the Bristol-Myers Squibb Foundation:

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

**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**
- **Community**
- **Insurance**
- **Quality of Care**
- **Providers**

Only 3% of medical oncologists practice in rural areas – rural patients are forced to travel great distances, incurring time and financial costs. Heart failure patients in low-income neighborhoods are 10% more likely to be readmitted to a hospital than those in wealthier areas. Patients on Medicaid can wait an average of 5 times longer to see an oncologist for diagnosis than patients on private insurance. Cancer patients treated at safety-net facilities have lower three-year survival rates than those receiving care at private cancer care centers. 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**

- **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 wellness approach, Cancer Support Community’s distress screening protocol, and over 20 others.