

# Improving Cancer Care for Underserved Populations Considerations to Inform Health Policy



The United States cancer care system is highly fragmented<sup>1</sup>, with poor coordination between patients and providers and between clinical specialties. The burden of cancer falls disproportionately on some segments of the U.S. population, including racial and ethnic minorities; gender and sexual minorities; lower-income, uninsured, and underinsured populations; and rural populations<sup>2,3,4,5</sup>. In 2017, the Merck Foundation funded six grantee partners as part of a 5-year initiative – *the Alliance to Advance Patient-Centered Cancer Care*. The Alliance works to increase timely access to patient-centered care and reduce disparities in cancer care for under-served populations across the United States. Alliance program partners implemented interventions using novel technology solutions, specially trained personnel, and community partnerships. The Alliance National Program Office conducted a cross-site evaluation of these efforts. **Comprehensive, multi-faceted programs like these can improve access to high quality cancer care.**



## Select Alliance System-Level Changes in Health Care Delivery



The Georgia Cancer Center for Excellence at Grady Health implemented an EHR-backed solution to screen for SDOH and match newly diagnosed patients with cancer with an RN patient navigator.



The Johns Hopkins University School of Medicine developed the Transition of Care Plus Tool (ToC+), chosen by Cancer Center leaders as the preferred tool for survivorship care planning.



The Massachusetts General Hospital Cancer Center used physician referral and TopCare registry to identify at-risk patients and pair them with multicultural and multilingual patient navigators.



The Feinberg School of Medicine at Northwestern University adapted the 4R tool to support both newly diagnosed patients and cancer survivors with input from Federally Qualified Health Centers (FQHCs).



The Ohio State University Comprehensive Cancer Center implemented and expanded a text-based symptom management quality improvement program with patient navigation referrals.



The University of Arizona Cancer Center created permanent positions for bilingual staff to provide navigation and psychosocial services. Referrals are automated through the Distress Thermometer tool.



## Alliance Key Cross-Site Evaluation Findings - Underserved Patients\*

**Access to Care** - time between diagnosis and the first oncology specialist appointment



10.7 days between appointments in 2018  
8.6 days between appointments in 2019  
7.9 days between appointments in 2020

**Satisfaction with Care** - extent to which a patient is content with the health care received



80% reported “feeling heard” and  
66% “being understood”

**Quality of Life** - Well-being and ability to carry out activities compared to general population average



35% was lower than average  
46% was the same  
19% was above average

**Adherence to Treatment** - Rate of missed appointments with cancer provider



27% appointments missed in 2018  
17% appointments missed in 2019  
18% appointments missed in 2020

\*Defined as individuals who are Black, live in a rural setting, or do not speak English as their first language.

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# What are Opportunities for Improvement?

## Benefits of Medicaid Expansion for Underserved Patients with Cancer

- ▶ Medicaid expansion has improved receipt of timely cancer care treatment for many Black Americans, helping to reduce racial disparities in access<sup>6</sup>.
- ▶ States that have expanded Medicaid report lower racial- and income-related disparities<sup>7</sup>.
- ▶ Further Medicaid expansion could provide insurance coverage to over 2 million additional adults. States that have not yet expanded Medicaid are creating coverage gaps<sup>8</sup>.

## Community Health Workers (CHWs) and Patient Navigators Improve Outcomes

- ▶ Several Alliance interventions saw positive outcomes through utilizing CHWs and navigators, yet these services are rarely reimbursed by insurers.
- ▶ Navigation services have been shown to help reduce diagnostic resolution disparities associated with socioeconomic status, employment status, income, and education level<sup>9</sup>.
- ▶ Patient navigators have also helped improve screening rates among low-income and racial and ethnic minority women<sup>10</sup>.
- ▶ State contracts with Medicaid Health Plans can require that plans employ or provide for CHW services and can set minimum population ratios to ensure adequate services.
- ▶ Other financing options include providing incentives to private insurers for using CHWs<sup>11</sup>.

## The Certified Community Behavioral Health Clinics (CCBHCs) Model of Care Coordination

- ▶ CCBHCs are integrated delivery approaches that ensure that people with behavioral health needs get other primary care health screenings and treatments.
- ▶ CCBHCs can serve as links to cancer care for hard-to-reach populations living with severe mental illness or other mental health conditions.
- ▶ CCBHC Clinics have increased ability to reach and expand services for underserved populations<sup>12</sup>.
- ▶ Funding support to expand CCBHCs could improve coordination of care and reduce cancer disparities.

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