

BARRIERS TO CANCER CARE IN UNDER SERVED POPULATIONS

Ralph Lauren Center for Cancer Care's
Model

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A Typical Case – History and Physical Exam

- 59 year old AA female who noted a lump in her left breast one year prior to presentation. Patient did not seek medical care until the mass started to break through skin.
- Core needle biopsy at a local hospital revealed “invasive apocrine carcinoma grade 3, estrogen and progesterone receptor positive and Her 2 neu 3+.”
- Patient refused treatment at the time of the biopsy.
- Several months later she sought care at a freestanding radiation therapy center and after PET confirmed no evidence of distant disease, was treated with a course of radiation therapy.
- She presented to the Ralph Lauren Cancer Center after the completion of radiation complaining of breast pain
- The patient believed that she had a skin cancer, that radiation was supposed to cure her and was adamant that she wanted no further treatment.
- On physical exam, she was noted to have a 7cm necrotic breast mass in the lower outer quadrant of her left breast with a purulent foul smelling discharge. Radiation skin changes were noted. No axillary nodes were palpable.

Impression and Plan of Care

- The patient was prescribed narcotic pain medication which was filled and delivered by a local pharmacy allowing her to receive her first dose before leaving the office.
- Her breast wound was cleaned and dressed by our oncologist nurse and a referral was made to home care for continued wound care.
- The patient was given a bag of groceries from our food pantry, a MetroCard and asked to return in one week.
- Pathology was reviewed and reported as a “poorly differentiated ductal carcinoma with apocrine features.”
- After developing a comfort and partnership with our oncology nurse navigator and lay navigator, she agreed to chemotherapy, was treated with Herceptin and Taxotere with excellent clinical response and went on to eventually have a mastectomy.

THE RALPH LAUREN CENTER FOR CANCER CARE

Our Services

- Cancer Screening:
 - Breast
 - Colon
 - Prostate
 - Lung
- Genetic testing
- Individual smoking cessation counseling sessions
- Nutrition counseling and education

- Cancer Treatment:
 - Medical Oncology Diagnosis and Treatment
 - Onsite Infusion room and Oncology Pharmacy
 - Breast Surgeon
 - Radiation and Surgical Oncology other than breast is referred out

SCREENING AND TREATMENT
HOUSED IN ONE CENTER

Our Patient Population

- Low-income minorities
- 85% African American or Hispanic
- 70% immigrants
- Average household income: \$28,000
- 85% on Medicaid
- High prevalence of obesity, diabetes and HIV
- Drug, alcohol, and tobacco use are common

Patient Navigation

Patient Navigation is at the core of our model of care.

- Who Are Patient Navigators?
 - *Patient Navigators are trained, culturally competent health care workers who work with patients, families, physicians and the health care system to ensure cancer patients' needs are appropriately and effectively addressed*

What Do Patient Navigators Do?

- Provide emotional support and information on what to expect to cancer patients
- Help patients understand their diagnoses
- Coordinate appointments with providers to ensure that patients with suspicious findings receive timely diagnosis and treatment
- Arrange transportation and/or child/elder care for visits to cancer treatments
- Arrange language translation or interpretation services
- Access support systems
- Access available financial support and assist with related paperwork
- Coordinate follow-up to community outreach support services.

The Science Behind Navigation

- Paskett et al provided a literature review of published studies, 33 met criteria for review
- Majority of studies focused on cancer screening and found a favorable impact
 - One study of diagnostic follow up – inconclusive
 - One study of stage at diagnosis – positive
- Seven treatment outcome studies
 - 5 were inconclusive
 - 2 showed improvement in emotional distress and quality of life among low income patients

NCI funded Patient Navigation Research Program

- Patient navigation increased rates of resolution of abnormal cancer screening findings and decreased the time it typically takes for patients to receive a diagnostic resolution.
- Patient navigation increased rates of treatment initiation among patients who typically failed to begin treatment within 90 days of a cancer diagnosis.
- Navigated patients reported improved quality of life and increased satisfaction with the health care system/cancer care compared with non-navigated patients.

Our Oncology Care Model

- Patients have easy access to care
 - Appointments are available within 24 hours
 - 24 hour access to physicians
 - Walk in for acute needs
- Accept all insurances, as well as uninsured
- Every patient assigned a care team
 - Medical Oncologist
 - Nurse Navigator
 - Lay Navigator

Additional Patient Services

- Financial support and counseling
- Food pantry
- Free metro cards
- Legal services
- Free haircuts for patients
- “Restaurant program”
- Pending grant for clinical social worker

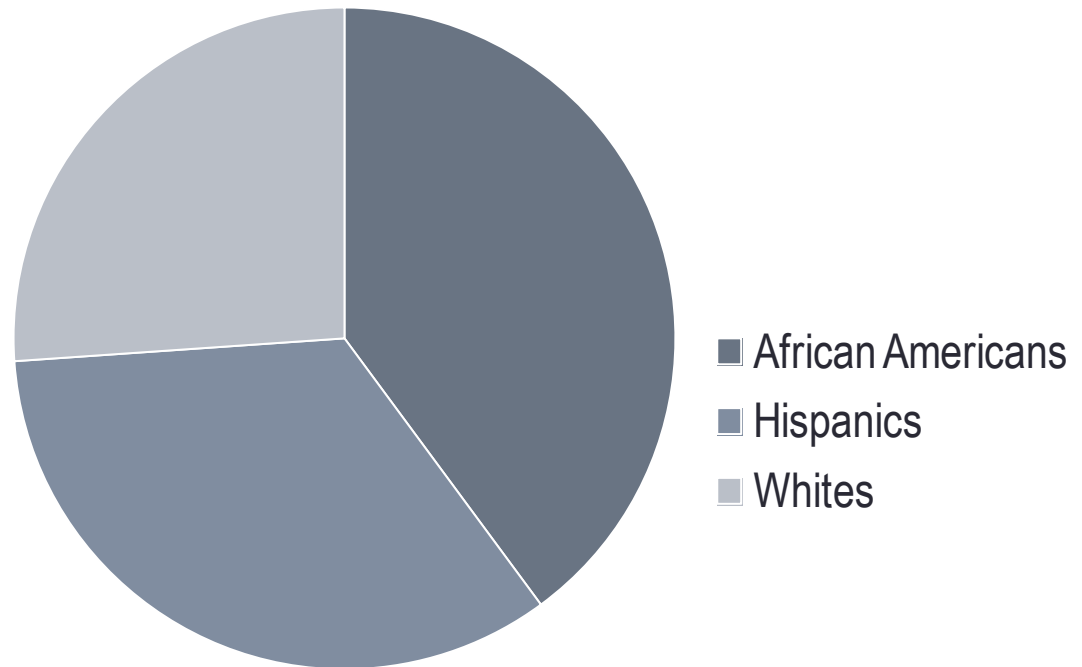


Economic Hardship and Race

Those in the minority population are more likely to experience economic hardship one (1) year after diagnosis?

- Of the **3,432** survivors that they surveyed, **14%** were African-American, **7%** were Hispanic, and **79%** were White.
- African-Americans and Hispanics surveyed had lower education and income than Whites.

Reports Of Economic Hardship 1 Year After Diagnosis



Reports of economic hardship (approximate):

- **68%** of African- American
- **58%** of Hispanics
- **44.5%** of Whites

Debt and Survivorship

Longitudinal study of women diagnosed with nonmetastatic breast cancer in 2005 to 2007 reported to the SEER registries of metropolitan Los Angeles and Detroit.

- Surveyed 3,133 women approximately nine (9) months after diagnosis and four (4) years later.
- 12% reported having medical debt four (4) years post diagnosis.
 - Reports of debt varied significantly by race:
 - 9% of Whites
 - 15% of Blacks
 - 17% of English-speaking Latinas
 - 10% of Spanish-speaking Latinas

Financial Navigators

Target population:

- Uninsured
- Underinsured (relative to the patient's income status)
- Patients on high-dollar oral medications who need assistance with their co-pays
- COBRA recipients
- Medicaid patients with a spend-down
- Patients with Medicare A/B only
- Patients who are entering into the Medicare system
- Every patient with advanced-stage disease

Tasks

1. Assist patients with enrollment in the right insurance for their needs
2. Help with obtaining short and long term disability
3. Enroll patients in appropriate patient assistance programs
4. Enlist outside help, case workers, legal aide
5. Communicate with providers
6. Listen to patients needs and advocate on their behalf

Our financial navigator meets with over 1,000 patients per year and enrolls >30% in insurance plans

RLCCC Breast Health Program

National Results

- Percentage of women 40 and older who had a mammogram in the past 2 years- 62%
- Percent completion for patients who receive a biopsy recommendation-80.6%
- Time from abnormal results to biopsy-21.6 days
- Adherence rate to treatment plan -86%

RLCCC Results

- Percentage of women 40 and older who had a mammogram in the past 2 years- 92%
- Percent completion for patients who receive a biopsy recommendation-90%
- Time from abnormal results to biopsy-7 days
- Adherence rate to treatment plan -100%

Nutrition Program

Registered Dietitian (RD) hired January 2016 courtesy of a grant from Memorial Sloan Kettering

- Goals:
 - Maintain/improve the nutrition status of cancer patients despite their challenging diagnosis and the side effects of treatment
 - Decrease cancer risk in patients without cancer
 - Help patients better manage conditions, such as diabetes
 - Provide strategies for overcoming barriers to healthy eating
- RLCCC Patients:*
- Obese: 40%
- Overweight: 33%
- Normal Weight: 24%
- Underweight: 4%

Barriers to Good Nutrition: Reported by Patients & RD

- Lack of nutrition knowledge and a misperception about what is considered a healthy weight
- Lack of financial resources; expense of food
- Limited availability of fresh, healthy foods in neighborhood
- Access to unhealthy foods at all hours
- Unhealthy foods brought into the home by others
- A dislike for the taste of nutritious food and a disinterest in cooking
- Challenging work schedule
- Missing teeth
- Physical ailments: lack of appetite, nausea, lack of strength to shop and cook, difficulty swallowing

Accomplishments

- 500 one-on-one nutrition counseling sessions to date
- 25% connected to resources that make healthy eating more affordable:
 - GrowNYC's Fresh Food Box and Healthy Bucks Programs
- Reduced unnecessary, and potentially harmful, use of supplements
- Provided healthy recipes and food demos
- Nutrition seminars provided to over 200 community members
- 1300 bags of healthy groceries provided to patients

Patients report implementing strategies to accomplish the following:

- Increase calorie/protein intake (malnourished patients)
- Diminish side effects of treatment, such as gastrointestinal issues
- Lose weight
- Manage health conditions like acid reflux and anemia

Grants in 2015-2016

Abbott Fund

American Society of Clinical Oncology (ASCO)- Quality Oncology Practice Initiative (QOPI)

Arthur & Pollock Spiegel Foundation

Bloomberg Philanthropies

Bristol-Myers Squibb Foundation

Center for Medicare & Medicaid Innovation – Oncology Care Model

CBS – Eco Media

The Hyde & Watson Foundation

Jack Rudin Foundations

Memorial Sloan-Kettering Cancer Center

National Breast Cancer Foundation

New York City Council

Pink Pony Fund

Polo Ralph Lauren Foundation

Robin Hood Foundation

Stavros Niarchos Foundation

The New York Community Trust – Fashion Targets Breast Cancer

The Peter and Carmen Lucia Buck Foundation

Challenges

- Patients experience multiple societal issues that are difficult to control
 - Poverty
 - Lack of education
 - Addiction
 - Homelessness
- Revenue from patient services is inadequate to sustain programs
 - Most Medicaid plans will not reimburse for nutrition services
 - Smoking cessation must be done by an MD or NP for reimbursement
 - Many chemotherapy drugs are “underwater”
 - No billing code for navigation

Challenges

- No show rate for colonoscopy > 50% despite extensive outreach and education, navigation and text messaging program
- Lung cancer screening uptake has been extremely low given high rate of smoking and aggressive outreach
 - 52 screened
 - 150 additional are eligible
- Intense resources needed to keep patients on track
 - Tracking grids
 - Texting
 - Multiple phone calls

Challenges

- Staff burnout
- Inability to “reward” exceptional staff
- Hard to compete in a competitive market for employees

IT'S WORTH IT

“The nurses and doctors really enjoy what they do. They care for me. They make me feel fine.”

Patient