



## Delivery of High-Quality Cancer Care for American Indian and Alaska Native Communities

*Mark Doescher, MD, MSPH*

*Associate Director for Community Outreach and Engagement*

**Stephenson**

**CANCER CENTER**

*The UNIVERSITY of OKLAHOMA*

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# Delivery of High-Quality Cancer Care for American Indian and Alaska Native Communities

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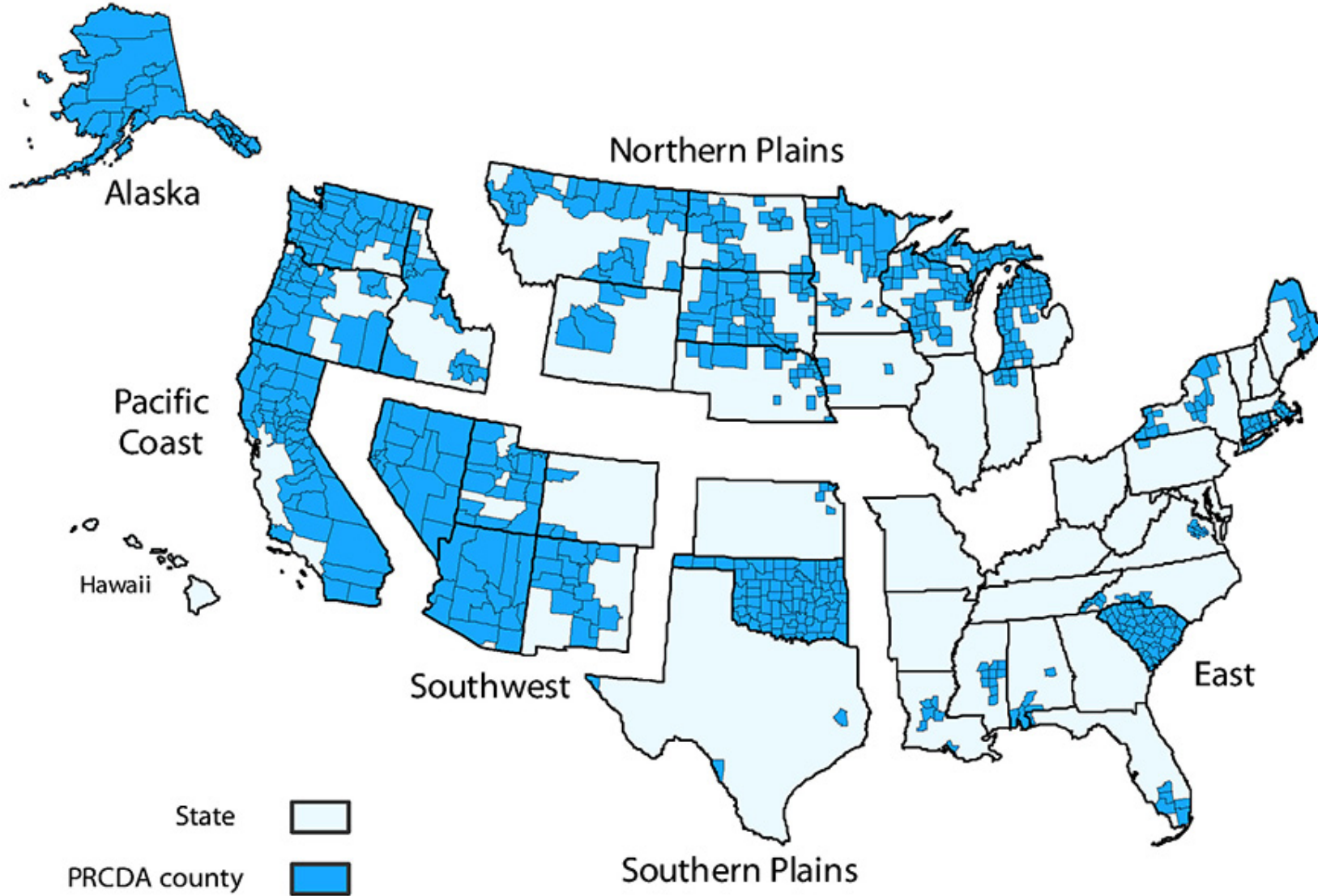
- I have no financial relationships to disclose.
- I will not discuss off label use and/or investigational use in my presentation.



- To describe American Indian and Alaska Native (AI/AN) communities and point out their heterogeneity
  - Indian Health Service - “I/T/U” system
- To highlight risk factors, cancer screening rates, and cancer burden in the US AI/AN population
- To present key challenges and proposed solutions to the delivery of high-quality cancer care in AI/AN communities by focusing on:
  - Costs
  - Workforce
  - Coordination of Care
  - Provider and Patient Awareness
  - Values, Culture and Tribal Sovereignty



# American Indian and Alaska Native Population - Purchased/Referred Care Delivery Area (PRCDA) Counties by Indian Health Service Region and State



## Indian Health Service, Tribal and Urban Indian Health (I/T/U) Facilities

### IHS

25 Hospitals  
55 Health Centers  
21 Health Stations

### Tribal

20 Hospitals  
280 Health Centers  
62 Health Stations  
134 Alaska Village Clinics

### Urban

43 Urban Indian Health Programs

# Selected characteristics and cancer rates: urban, rural and American Indian/Alaska Native populations

	US General population	US AI/AN population
<b>Families below federal poverty line<sup>1</sup></b>	<b>12.3%</b>	<b>24.3%</b>
<b>Uninsured aged &lt;65 years<sup>1</sup></b>	<b>13.2%</b>	<b>21.8%</b>
<b>Current smoking<sup>2</sup></b>	<b>16.1%</b>	<b>29.1%</b>
<b>Overweight or obese, adults<sup>2</sup></b>	<b>65.8%</b>	<b>71.5%</b>
<b>Fair or poor health status, adults<sup>2</sup></b>	<b>17.3%</b>	<b>29.9%</b>
<b>Up-to-date colorectal cancer screening<sup>2</sup></b>	<b>69.7%</b>	<b>61.2%</b>
<b>Up-to-date breast cancer screening<sup>2</sup></b>	<b>78.3%</b>	<b>74.9%</b>
<b>Up-to-date cervical cancer screening<sup>2</sup></b>	<b>80.2%</b>	<b>74.0%</b>
<b>All-cause cancer incidence rate (per 100k)</b>	<b>450.5<sup>3</sup></b>	<b>454.8<sup>4</sup></b>
<b>All-cause cancer mortality rate (per 100k)</b>	<b>146.0<sup>3</sup></b>	<b>141.1<sup>4</sup></b>

1. US Census Bureau, Current Population Survey, 2019; 2. CDC BRFSS, 3. CDC U.S. Cancer Statistics Data Visualizations Tool; 4. PRCDA Counties



# Cancer Care Challenges and Solutions: Accessibility - Costs

Inputs	Processes	Outputs	Outcomes
<p><u>Costs:</u></p> <ul style="list-style-type: none"> <li>• Direct costs</li> <li>• Indirect costs</li> </ul>	<p><u>Reduce financial barriers to care:</u></p> <ul style="list-style-type: none"> <li>• Increase federal funding for I/T/U facilities</li> <li>• Medicaid expansion</li> <li>• Reduce out-of-pocket (OOP) payments</li> <li>• Assist with transportation and lodging costs</li> <li>• Reduce amount of travel / deliver care locally</li> </ul>	<ul style="list-style-type: none"> <li>• Per capita IHS payments</li> <li>• N/% of patients with insurance coverage</li> <li>• Mean/median OOP costs</li> <li>• N/% of patients reporting financial barriers to care, e.g., financial hardship screening</li> <li>• N/% of patients receiving local care</li> </ul>	<ul style="list-style-type: none"> <li>• Increased access to and quality of cancer care services</li> </ul>



# Cancer Care Challenges and Solutions: Accessibility – Healthcare Workforce

Inputs	Processes	Outputs	Outcomes
<p><u>Workforce:</u></p> <ul style="list-style-type: none"> <li>• Core cancer workforce</li> <li>• Local community workforce</li> </ul>	<p><u>Increase health care workforce supply:</u></p> <ul style="list-style-type: none"> <li>• Cancer specialists of all types and staff</li> <li>• Rural surgery training tracks</li> <li>• Loan repayment</li> <li>• Community clinicians and staff</li> <li>• Rural primary care training tracks</li> <li>• Tribally affiliated health professions programs</li> <li>• Non-traditional workforce, e.g, patient navigators</li> <li>• Loan repayment</li> </ul>	<ul style="list-style-type: none"> <li>• N/% of cancer specialists providing care for I/T/U settings</li> <li>• N/% of primary care clinicians providing care in I/T/U settings</li> <li>• N/% of resident physicians in rural training tracks</li> <li>• N/% of students in tribally affiliated programs</li> </ul> <p>N /%of loan repayment recipient in Native communities</p> <ul style="list-style-type: none"> <li>• N of patient navigators/care coordinators in I/T/U settings</li> </ul>	<ul style="list-style-type: none"> <li>• Increased access to and quality of cancer care services</li> </ul>



# Cancer Care Challenges and Solutions: Accessibility and Coordination of Care

Inputs	Processes	Outputs	Outcomes
<p><u>Care Delivery and Coordination:</u></p> <ul style="list-style-type: none"> <li>• After hours care</li> <li>• Direct Clinical Outreach</li> <li>• Telehealth - Virtual Clinical Care</li> <li>• Information System Connectivity</li> <li>• Cancer Navigation</li> </ul>	<p><u>Align cancer care with patient needs:</u></p> <ul style="list-style-type: none"> <li>• Match clinic hours to patient schedules</li> <li>• Deliver cancer care in I/T/U settings</li> <li>• Deploy mobile units, e.g. screening</li> <li>• Reimburse virtual clinic visits and smartphone-delivered services</li> <li>• Support health information exchanges</li> <li>• Fund navigators to coordinate services for Native patients with cancer</li> </ul>	<ul style="list-style-type: none"> <li>• N/% of clinics with evening, weekend hours</li> <li>• N and type of visits</li> <li>• N/% screened by mobile outreach</li> <li>• N/%/type virtual visits or smartphone encounters</li> <li>• N/% of visits, labs, etc. entered in referral and local EHRs.</li> <li>• N/% of cancer patients navigated</li> </ul>	<ul style="list-style-type: none"> <li>• Increased access to and quality of cancer care services</li> </ul>





# Cancer Care Challenges and Solutions: Provider and Patient Awareness

Inputs	Processes	Outputs	Outcomes
<p><u>Topics:</u></p> <ul style="list-style-type: none"> <li>• Screening Guidelines</li> <li>• Treatment Guidelines</li> <li>• Survivorship Care: Surveillance</li> <li>• Palliative Care Services</li> <li>• Clinical Trials Awareness</li> </ul>	<p><u>Increase patient/provider awareness through:</u></p> <ul style="list-style-type: none"> <li>• Public service announcements (PSAs)</li> <li>• Community health education (CHE)</li> <li>• Academic detailing (AD), Continuing Ed. (CE)</li> <li>• CHE, AD, CE</li> <li>• Survivorship care plans (SCPs)</li> <li>• Oncology and primary care communication</li> <li>• CHE, AD, CE</li> <li>• Project ECHO</li> <li>• PSAs and CHE about ClinicalTrials.gov</li> <li>• AD, CE</li> <li>• NCORP</li> </ul>	<ul style="list-style-type: none"> <li>• N/type/reach of PSAs</li> <li>• N events/persons reached</li> <li>• N AD sessions/N participants</li> <li>• N sessions/N participants</li> <li>• N/% patients with SCP</li> <li>• N/% EHRs with accurate cancer info.</li> <li>• N/% rural or I/T/U systems providing palliative care</li> <li>• N/% of patients on clinical trials</li> </ul>	<ul style="list-style-type: none"> <li>• Increased demand for and quality of cancer care services</li> </ul>



# Cancer Care Challenges and Solutions: AI/AN Community Culture/Values/Tribal Rights

Inputs	Processes	Outputs	Outcomes
<p><u>Key areas:</u></p> <ul style="list-style-type: none"> <li>• Cancer center – community partnerships</li> <li>• Provision of informal care</li> <li>• Tribal Sovereignty</li> </ul>	<p><u>Provide “culturally competent” cancer care:</u></p> <ul style="list-style-type: none"> <li>• Build long-term trust with AI/AN communities</li> <li>• Convene AI/AN Community Advisory Boards (CABs)</li> <li>• Involve families and friends in cancer care prevention and treatment</li> <li>• Use tribal/IHS IRBs to protect individual and tribal rights</li> <li>• Protect tribal data sovereignty through data sharing agreements</li> <li>• Support specialized navigation to facilitate approvals from IHS purchased care and referral services and I/T/U clinics</li> </ul>	<ul style="list-style-type: none"> <li>• N/% of cancer patients from rural / Native communities</li> <li>• N/% of patients on clinical trials</li> <li>• N CAB meetings / N participants</li> <li>• N families or friends involved in cancer care</li> <li>• Documentation of required IHS/tribal IRB approvals.</li> <li>• N data use agreements</li> <li>• Number of PRCDA referrals approved and time to approval</li> </ul>	<ul style="list-style-type: none"> <li>• Increased access to and quality of cancer care services</li> </ul>

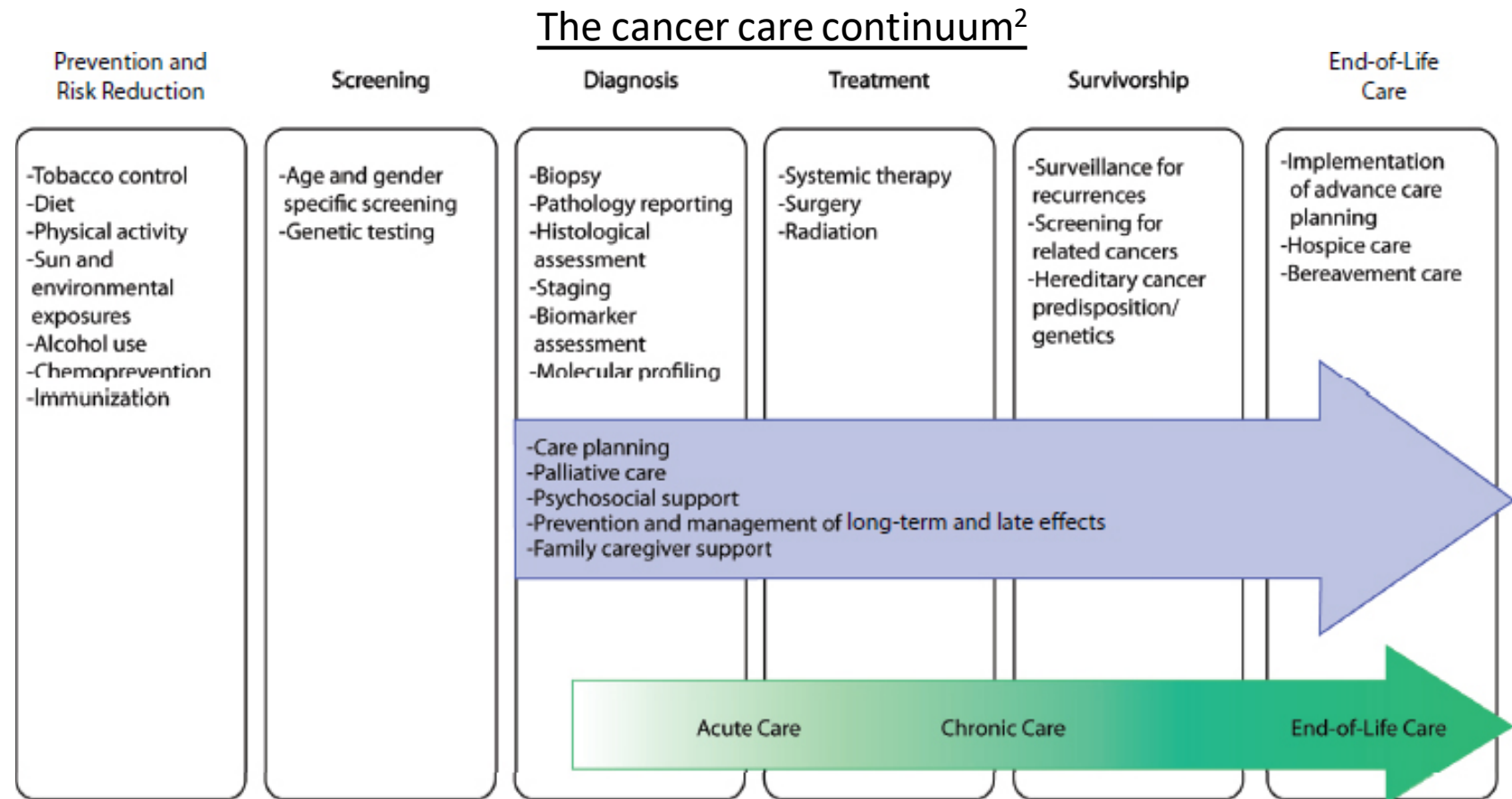


# Conclusion:

## The right care, in the right place, at the right time

Health care quality is defined as the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes.<sup>1</sup>

Ensuring that patients in AI/AN communities get the right care, in the right place, at the right time requires a high degree of coordination across multiple levels of health care delivery and across multiple locations.



**I truly hope this brief presentation will stimulate action to improve cancer care delivery in American Indian/Alaska Native communities.**

1. AHRQ. Understanding Quality Measurement". Available at: <https://www.ahrq.gov/patient-safety/quality-resources/tools/chtoolbx/understand/index.html>. Accessed Oct 2, 2021.

2. NCI. Cancer control continuum. 2013b. [June 13, 2013]. <http://cancercontrol.cancer.gov/OD/continuum.html>



# Thank You!

Questions?

Email: [Mark-Doescher@ouhsc.edu](mailto:Mark-Doescher@ouhsc.edu)

