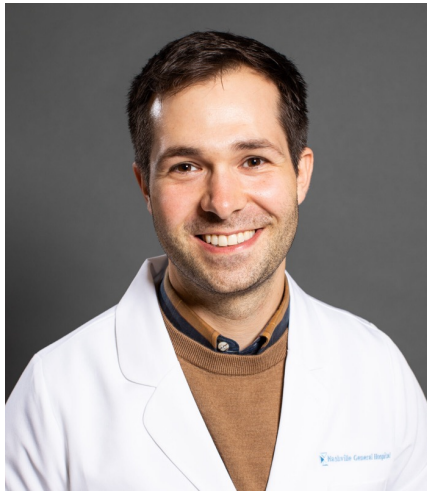
COA Patient Advocacy Network

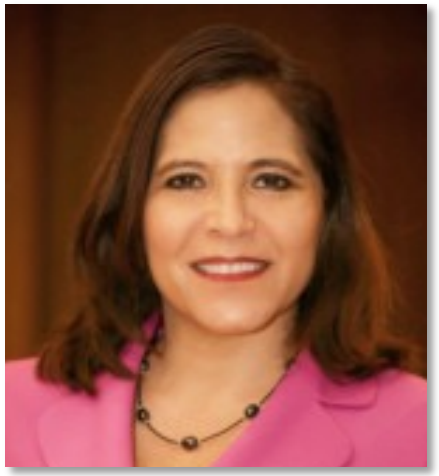
advocacy CHATS

EDUCATIONAL CONVERSATIONS ON CANCER ADVOCACY & POLICY

Health Equity and Patient Care: How to be an Impactful Clinical Equity Champion



Richard L. Martin III, MD, MPH
Director, Health Equity and Community Engagement
Tennessee Oncology



Rose Gerber, MS
Director of Patient Advocacy & Education
Community Oncology Alliance

How to be an Impactful Clinical Equity Champion

CPAN Advocacy Chats:
Educational Conversations on Cancer Advocacy & Policy
July 17, 2024

Dr. Richard L. Martin III, MD, MPH
Director, Health Equity and Community Engagement
Tennessee Oncology

Why?

43 y/o black male (he/him/his)

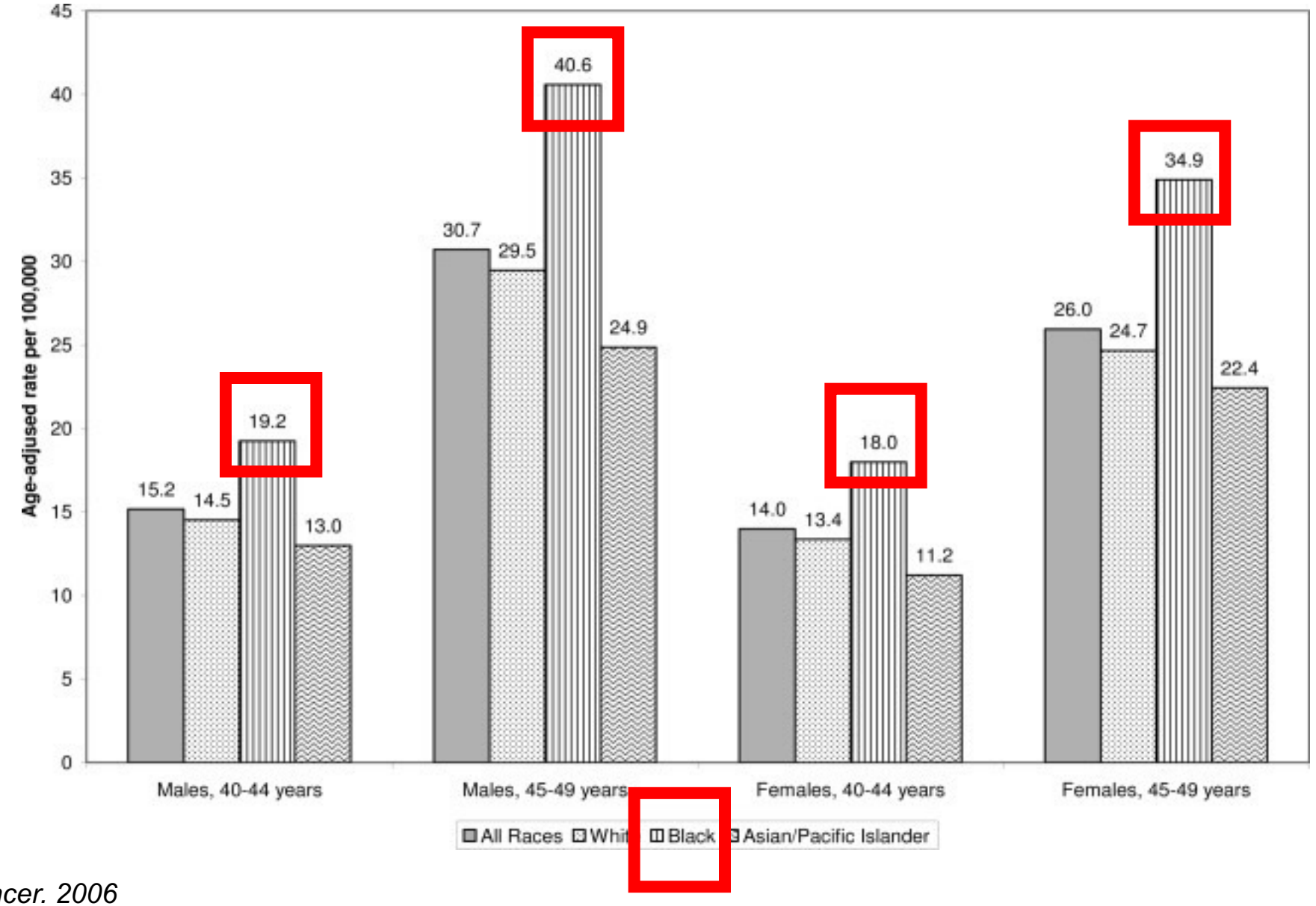
New metastatic colon cancer
No significant PMH, works out, cares about fitness

FH: Colon Cancer in Mother 60s deceased

Patient is devastated.
Asks how this could have happened to him?

<u>What do you tell him?</u>

Colorectal cancer in U.S. adults younger than 50 years of age, 1998–2001



Fairley et al. Cancer. 2006

U.S. Preventive Services TASK FORCE

Updated Colorectal Cancer (CRC) Screening Recommendations 2021

- Average Risk Age 45-49 (Category B)
- Racially Focused Recommendations: **NONE**

<u>Rationale for Expanding Screening Guidelines</u>

Incidence has always been high among young Blacks

Now increasing in young Whites and Hispanics/Latinos

Insufficient empirical evidence on benefit/harm of earlier CRC screening in Blacks

NCI CISNET modeling does not support different screening strategies by race

USPSTF Recommendation Statement. JAMA. 2021

Why?

63 y/o black female (she/her/hers)

New metastatic NSCLC adenocarcinoma.
50 pack year smoking history (no LDCT screening)
ECOG2, CKD2, HTN, COPD

FH: sarcoidosis

NGS: No current molecular targets, PDL1 70%
Patient interested in immunotherapy and wants to know data supporting use

<u>What do you tell her?</u>

Immunotherapy Trial Representation

Tumor Type	Clinical Trial and Treatment Agent	Trial Design and Population	Sample Size (N)	Racial Composition (%, N)*			
				Caucasian	Black or African American	Asian	Other
Melanoma	CheckMate 067[35] Nivolumab +/– ipilimumab	Global phase III, previously untreated	945	**97.5%**	**0%**	**1.1%**	**1.5%**
				921	0	10	14
	CheckMate 037[36] Nivolumab	Global phase III, previously treated	405	**98.3%**	**0.7%**	**0.5%**	**0.5%**
				398	3	2	2
Squamous cell carcinoma of the head and neck	CheckMate 141[37] Nivolumab	Global phase III, previously treated	361	**83.1%**	**3.6%**	**11.9%**	**1.4%**
				300	13	43	5
Non–small cell lung cancer	CheckMate 057[38] (non-squamous) Nivolumab	Global phase III, previously treated	582	**92%**	**3%**	**3%**	**3%**
				533	16	17	16
	KEYNOTE 010[39] Pembrolizumab	Global phase II/III, previously treated	344	**72%**	**4%**	**21%**	**1%**
				246	13	73	5
	OAK Trial[40] Atezolizumab	Global phase III previously treated	850	**70%**	**2%**	**21%**	**7%**
				598	16	180	56
Renal cell carcinoma (clear cell)	CheckMate 025[41] Nivolumab	Global phase III, previously treated	821	**88%**	**1%**	**9%**	**3%**
				720	5	74	22
Urothelial carcinoma	IMvigor211[42] Atezolizumab	Global phase III, previously treated	931	**72.1%**	**0.3%**	**12.7%**	**14.8%**
				671	3	118	138
Gastric and gastroesophageal junction cancer (PD-L1+)	KEYNOTE 059[43] Pembrolizumab	Global phase II, previously treated	259	**77.2%**	**1.9%**	**15.8%**	**5.0%**
				200	5	41	13

*General U.S. population racial composition: 76.6% white, 13.4% black or African American, 5.8% Asian, 18.1% Hispanic or Latino.

Nazha et al. ASCO Ed. 2019

Why?

39 y/o transgender Latina (she/her/hers)

PMH: Transitioned with gender affirming surgery and hormones ~10yrs ago, asthma, T2DM

FH: TNBC Mother Age 65 (dx 2mo ago)

Interested in breast cancer screening given her mother's recent diagnosis.
Wants to know if USPSTF and NCCN guidelines include her?
Wondering if her chance of BRCA1/2 mutation is greater than white women?

What do you tell her?

Transgender Patient Data*

Extrapolated risk from cisgender women HRT studies

- Gooren et al (2013) Incidence Rate = 4.1 per 100,000py TW, 170 per 100,000py CW
- Brown and Jones (2015) Incidence Ratio = 0.7 (95% CI 0.03, 5.57) vs. CM

Institutional Best Practices

- Fenway Health
- UCSF Center for Excellence for Transgender Health
- Endocrine Society Clinical Practice Guidelines

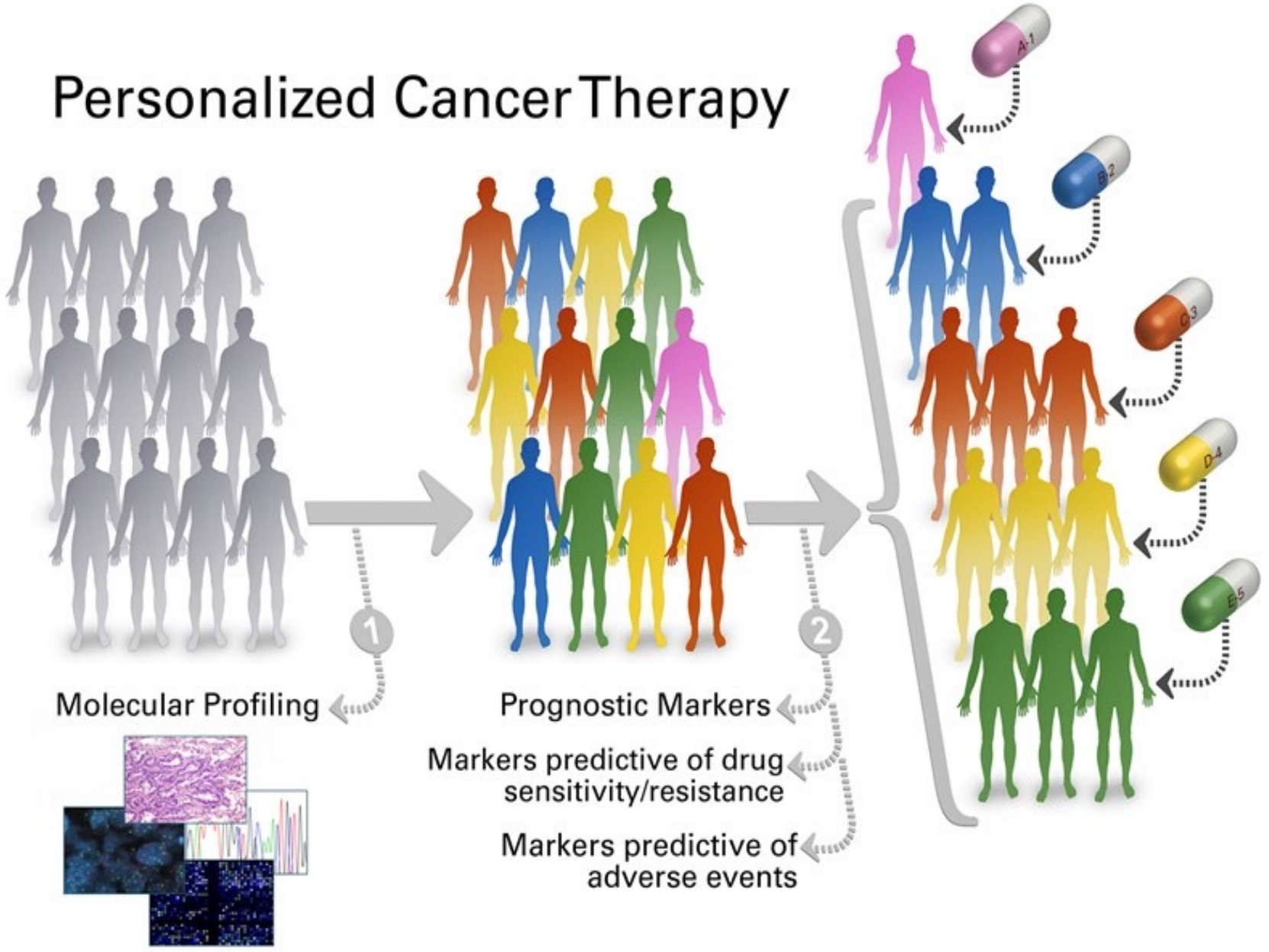
LatinX and Non-White Hispanic Data**

- Lower BC incidence, but younger age, more TNBC
- BRCA1/2 pathogenic allele frequency may be higher
  - Regional BRCA 1/2 variants
  - More VUS due to incompletely understood
- NCCN eligible for BRCA 1/2 testing
  - ~10% NHW
  - ~25% LatinX

**Parikh et al. RadioGraphics. 2019*
*** Herzog JS, et al. Nature. 2021*
***Weitzel et al. J. Am. Soc. Clin. Oncol. 2013*

CURRENT DATA

- Cell of Origin
- Stage
- Molecular
- Prior Lines of Therapy
- Concurrent Therapies
- Performance Status
- Co-Morbidities
- Consent



Courtesy: Sheikh Khalifa Bin Zayed Al Nahyan Institute for Personalized Cancer Therapy at MD Anderson Cancer Center









Objectives

1. Making the Value Argument: Why Equity, Why Now?
   - Aligned Incentives
   - Impetus for Change

2. Getting Buy In: From the Top Down? From the Bottom Up?
   - Involving Executive, Corporate, Payer Stakeholders
   - Involving Staff, Patients, and Community Stakeholders

3. From Plan to Action:
   - Building internal and external capacity
   - Commit

Disclosure and Conflicts of Interest

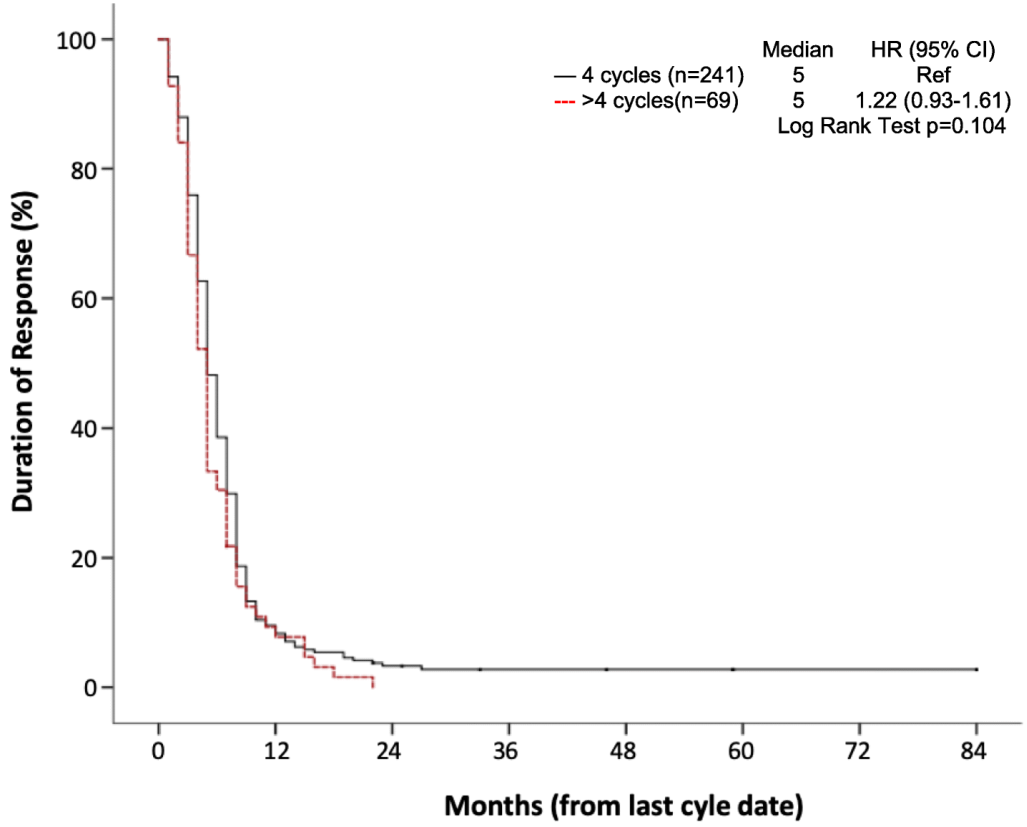
- None to report

Why Equity? Why Now?

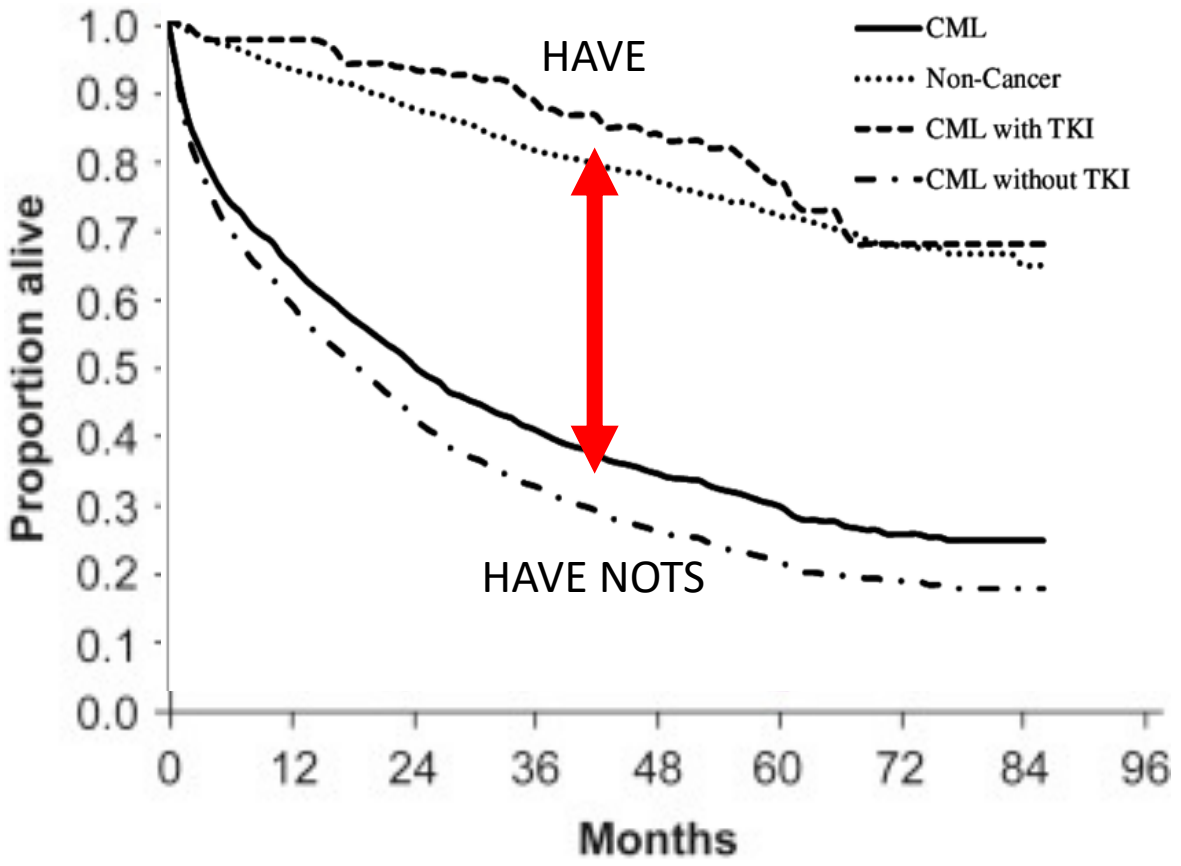
- **Values:** Justice, Solidarity, Integrity, Compassion
- **Duty:** Hippocratic Oath, Service to All

Why Equity? Why Now?

1900 - 2000

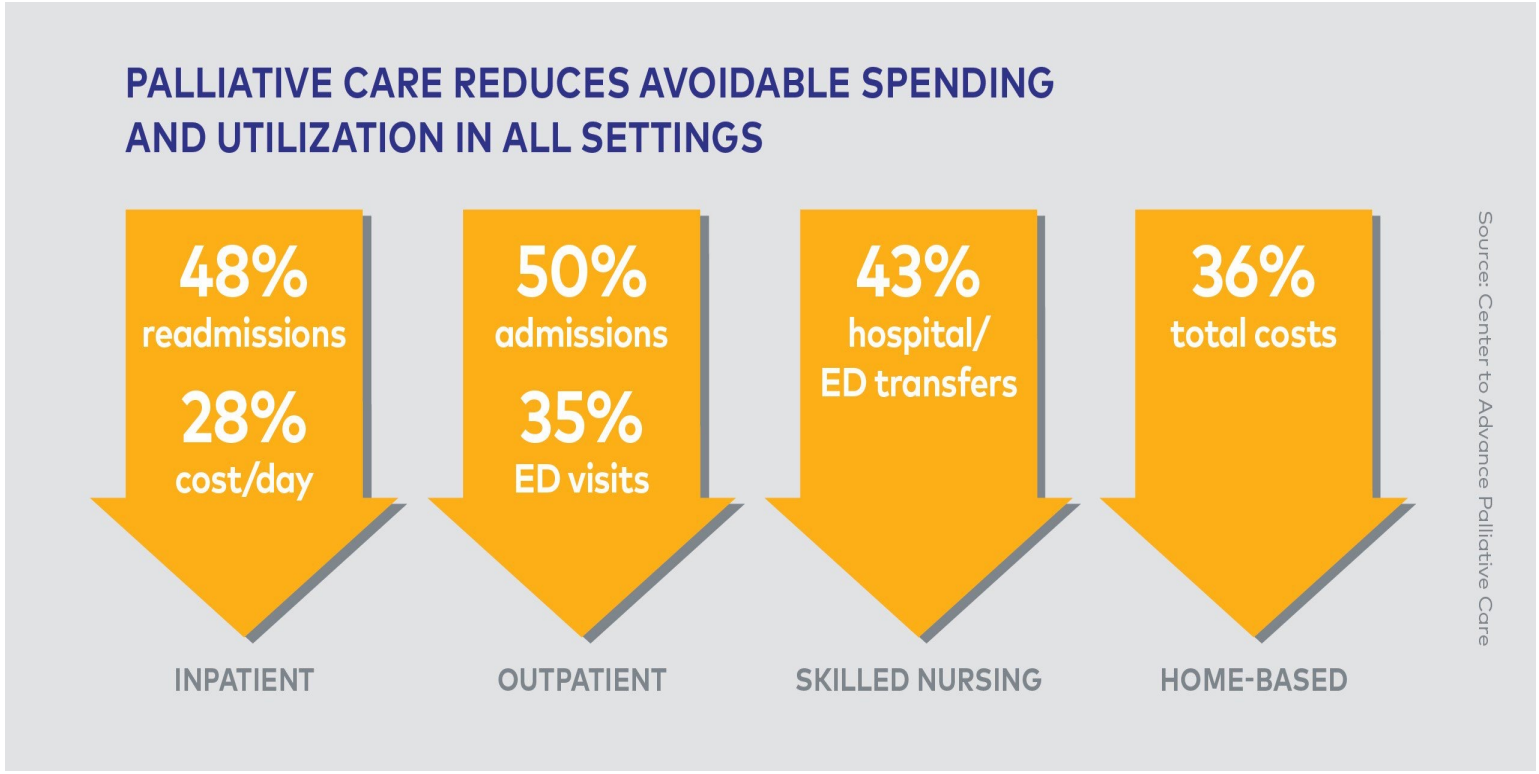


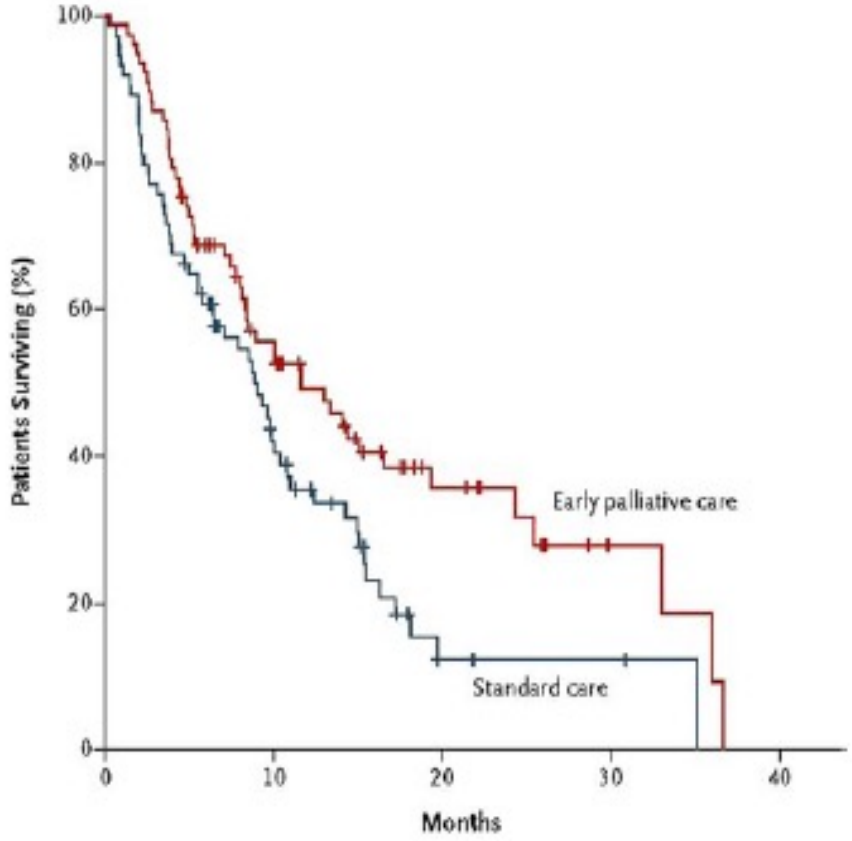
2000 - present



Redefining “Cancer Care”

High Value = Reduced Costs, Improved QoL, and Survival





Redefining “Cancer Care”

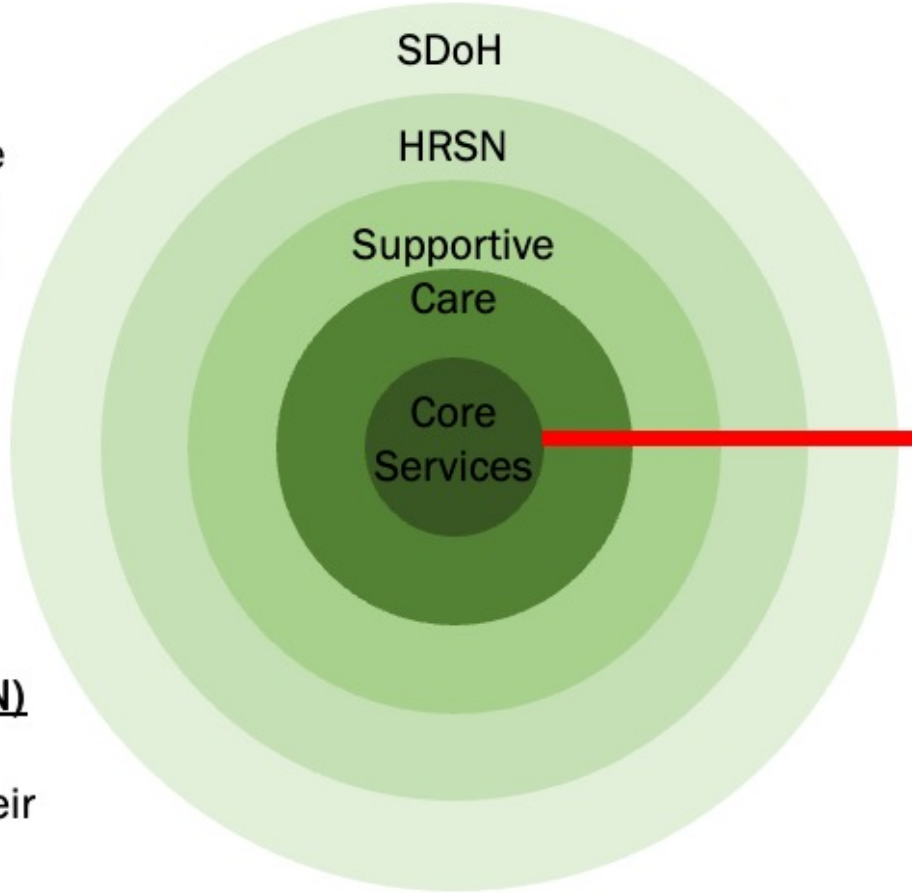
High Value = Reduced Waste, Improved QoL, Treatment Adherence

	Medication			
Food Insecurity	Skipped	Reduced	Delayed	Unaffordable
None	1.00	1.00	1.00	1.00
Low	2.51	2.54	2.62	2.94
High	3.71	3.80	4.03	4.27

Herman et al. AM J Public Health 2015

At what level are we accountable?

Social Determinants of Health (SDoH)
Conditions in the environment where people are born, grow, work, live and age that shape and influence health outcomes.



Medicine Grappling with Following Questions

- Accountability
- Duty
- Expertise
- Awareness
- Control
- Impact on Core Services
- Proximity to Outcomes
- Effort/Cost

Health Related Social Needs (HRSN)
Social and economic needs that individuals experience that affect their ability to maintain health and well-being.

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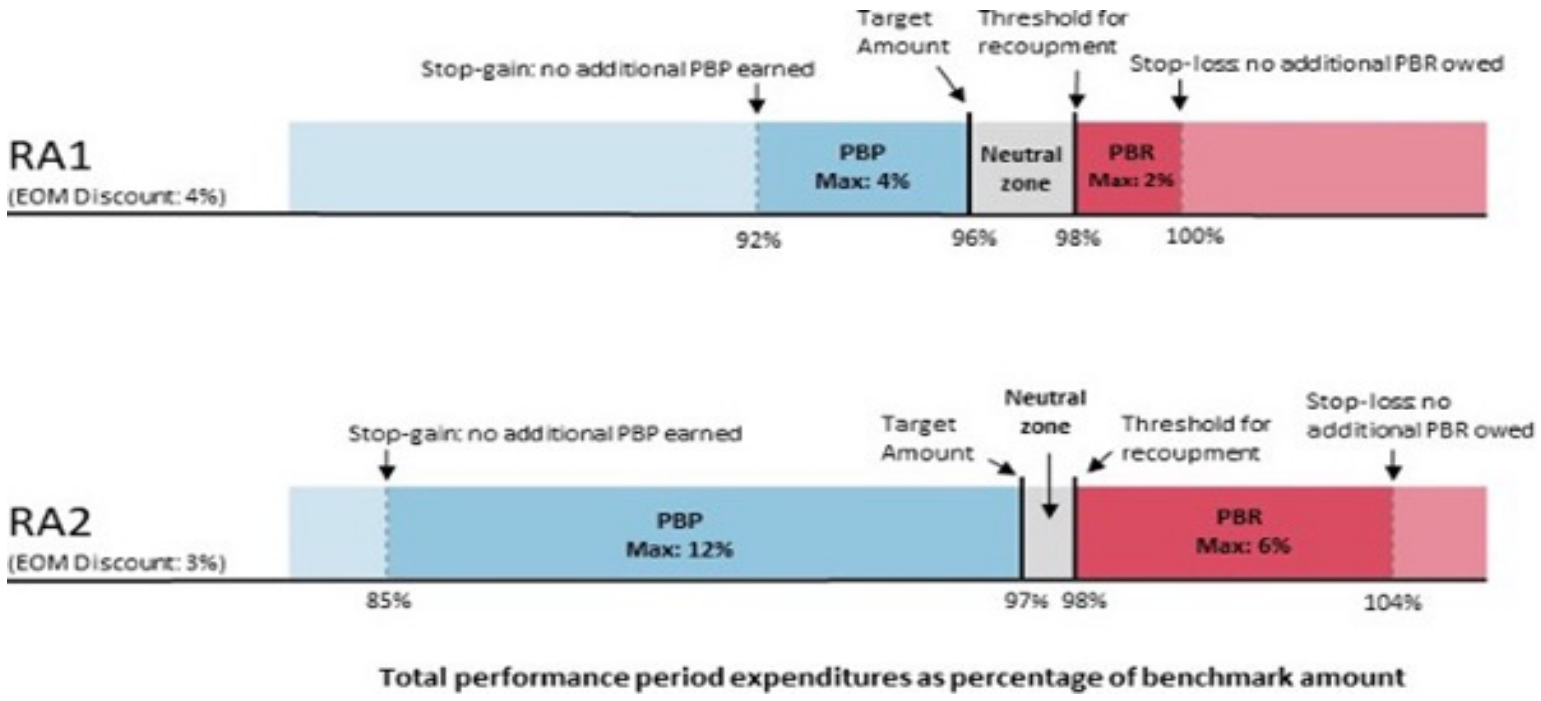
NEWS | 16 February 2023

FDA to require diversity plan for clinical trials

US regulatory agency makes 'big change' to increase the number of participants from under-represented groups in drug testing.



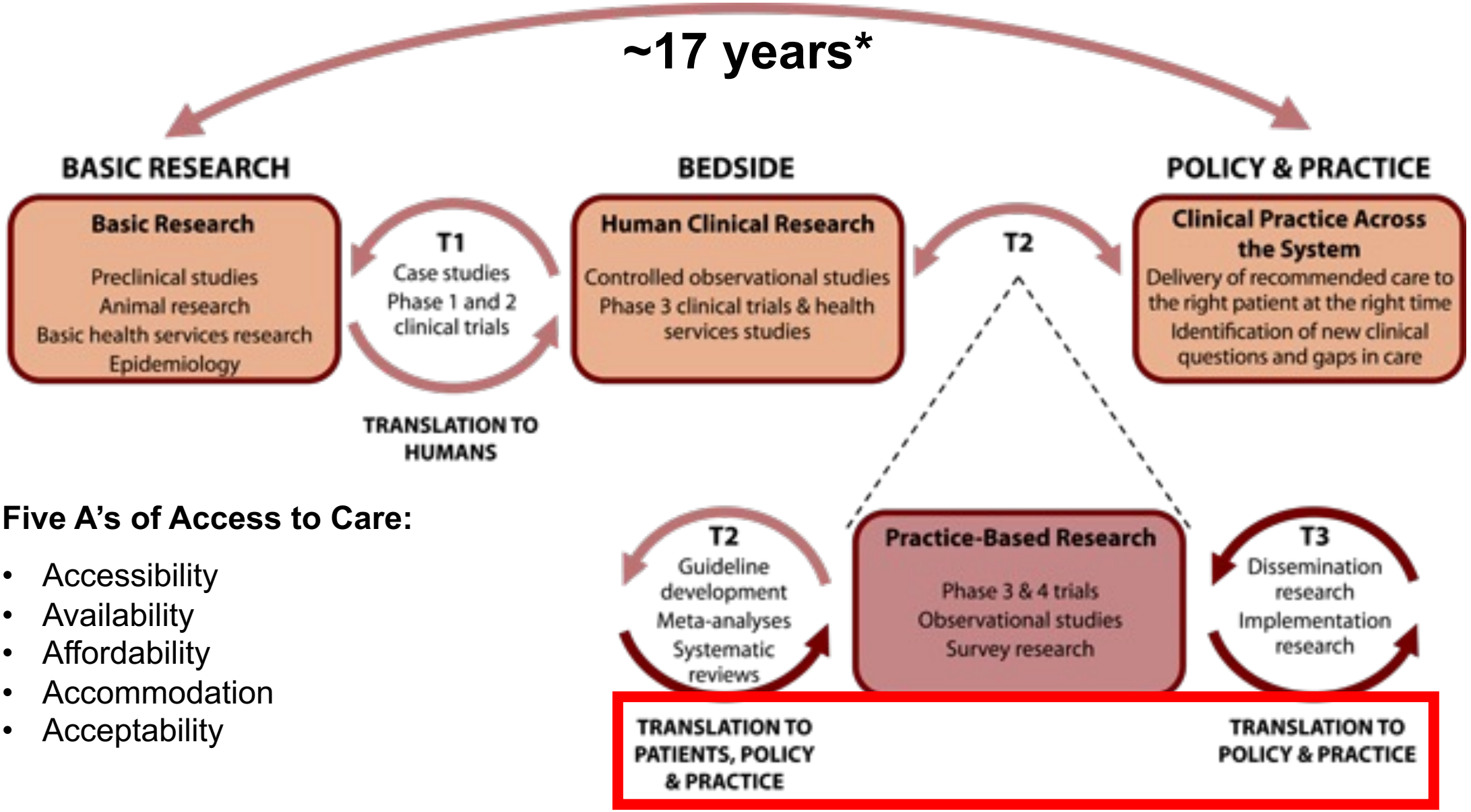
Enhancing Oncology Model

EOM seeks to improve quality of care and equitable health outcomes for all EOM beneficiaries, including but not limited to:

	EOM Requirement	Description
1	Incentivize care for underserved communities	**Differential MEOS payment** to support Enhanced Services (base: $70 PBPM; $30 PBPM, outside of TCOC accountability, for dual eligible beneficiaries) TCOC benchmark will be **risk adjusted for multiple factors**, including, but not limited to, dual status and low-income subsidy (LIS) status
2	Collect beneficiary-level sociodemographic data	EOM participants will collect and report **beneficiary-level sociodemographic data** to report to CMS for purposes of monitoring and evaluation
3	Identify and address health-related social needs (HRSN)	EOM participants will be required to use **screening tools** to screen for, at a minimum, three **HRSN domains:** transportation, food insecurity, and housing instability Example HRSN screening tools: • NCCN Distress Thermometer and Problem List • Accountable Health Communities (AHC) Screening Tool • Protocol for Responding to and Assessing Patient's Assets, Risks, and Experiences (PRAPARE) Tool **Collect ePROs** from patients, including a HRSN domain*
4	Improved shared decision-making and care planning	EOM participants will be required to **develop a care plan** with the patient, including discussion of prognosis and treatment goals, a plan for addressing psychosocial health needs, and estimated out-of-pocket costs
5	Continuous Quality Improvement (CQI)	EOM participants will be required to develop a **health equity plan** as part of using data for CQI

Center for Medicare Services. June 2022

Source: CenterWatch. FDA Approved Drugs for oncology



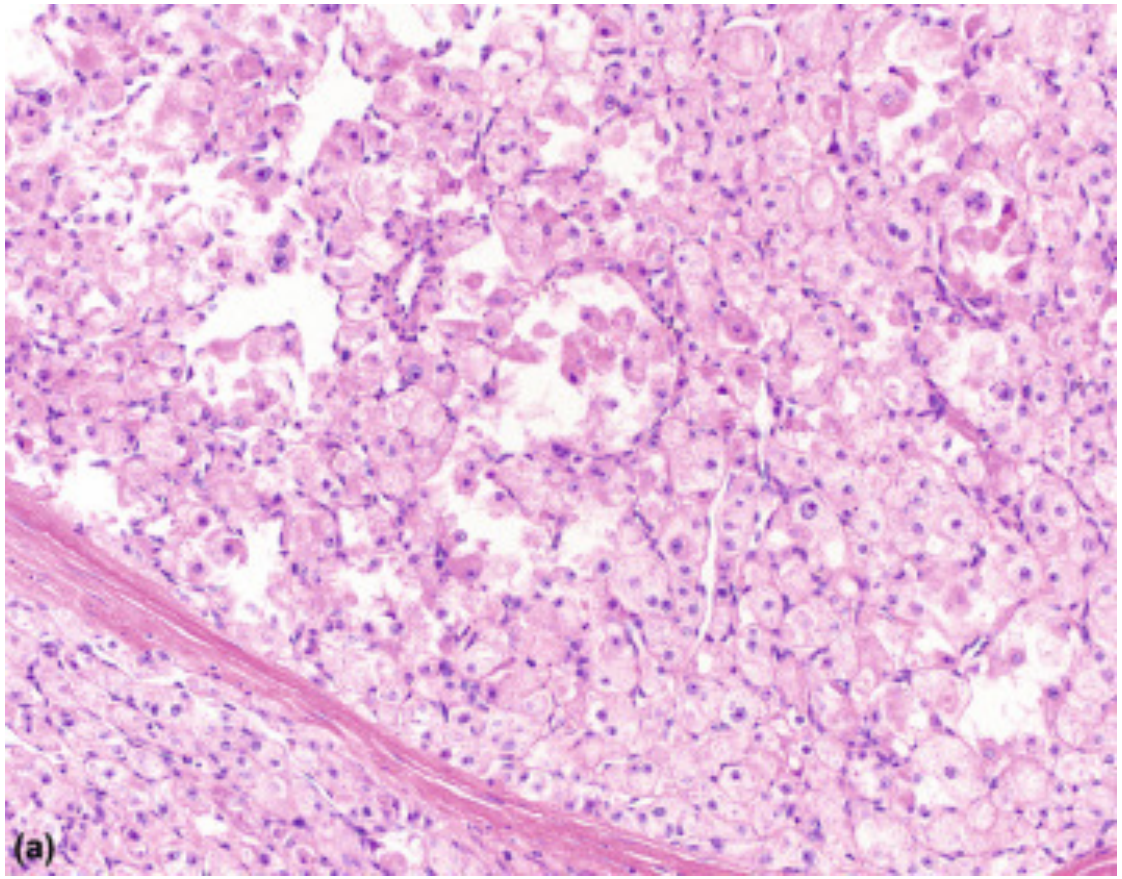
Five A's of Access to Care:

- Accessibility
- Availability
- Affordability
- Accommodation
- Acceptability

**Morris, Wooding, and Grant. J R Soc. Med. 2011*

Westfall et al. Practice-based research – "blue Highways" on NIH roadmap. JAMA. 2007; 297(4): 403–406 (adaptation).

NSW Health and Medical Research Strategic Review 2012. NSW Ministry of Health. Page 4 (adaptation).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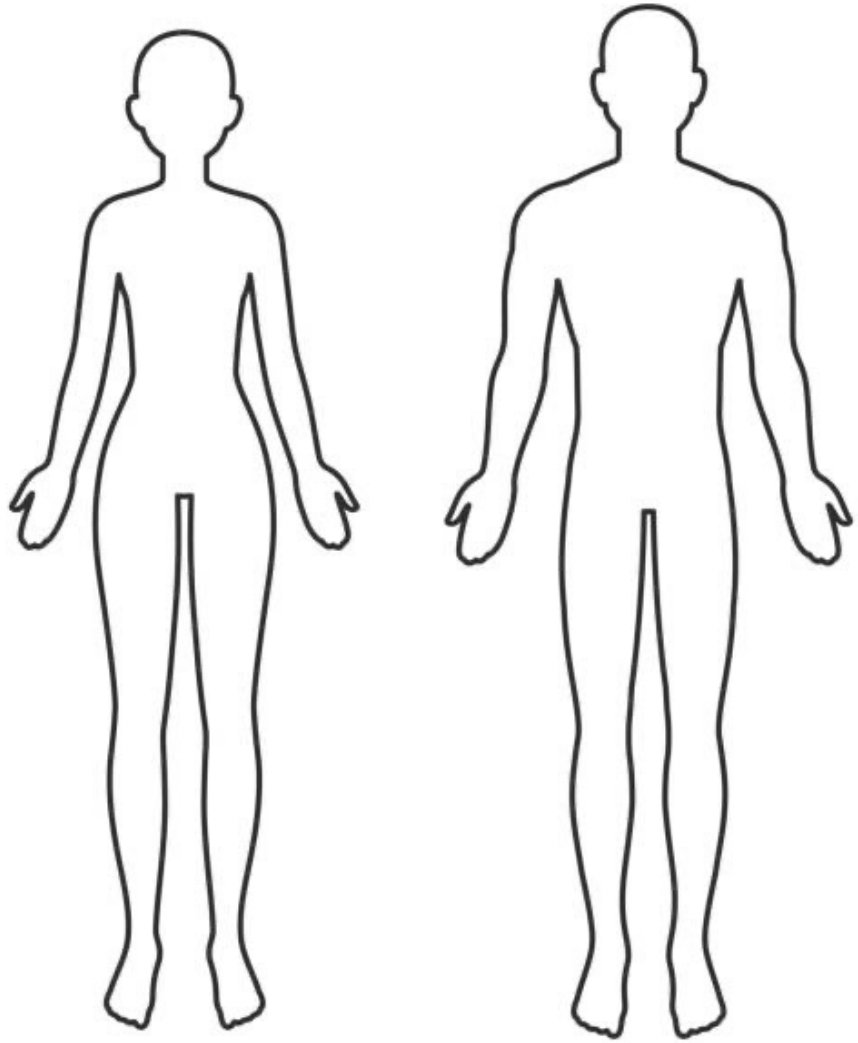


Trial Matching Services

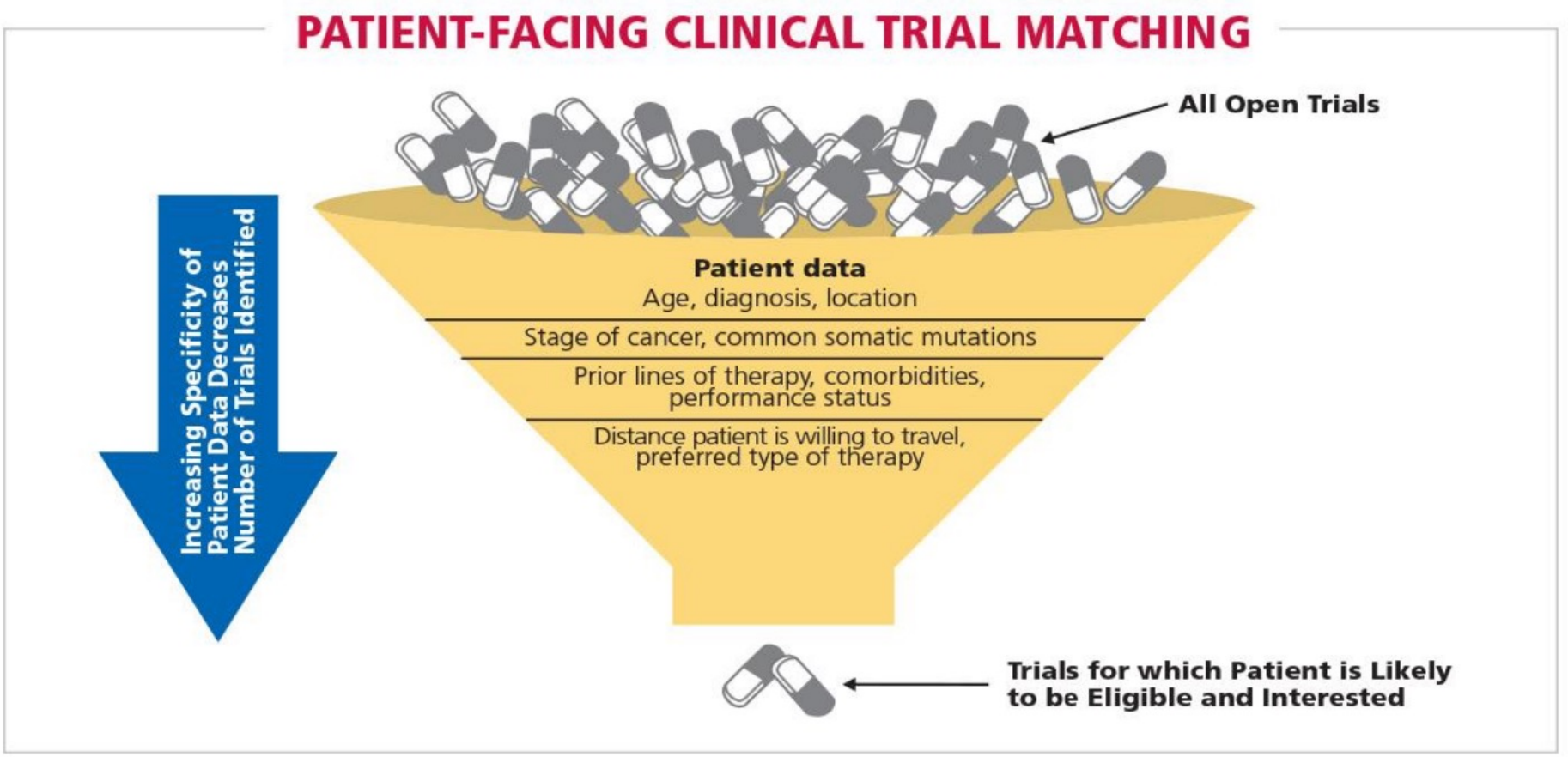


Figure 1: Consideration of additional patient data further refines the clinical trials considered for a patient and makes a match more accurate. Data may include clinical characteristics like genetic mutations, but may also include patient preference data such as location of the trial or type of therapy.

American Cancer Society. Cancer Action Network. 2018

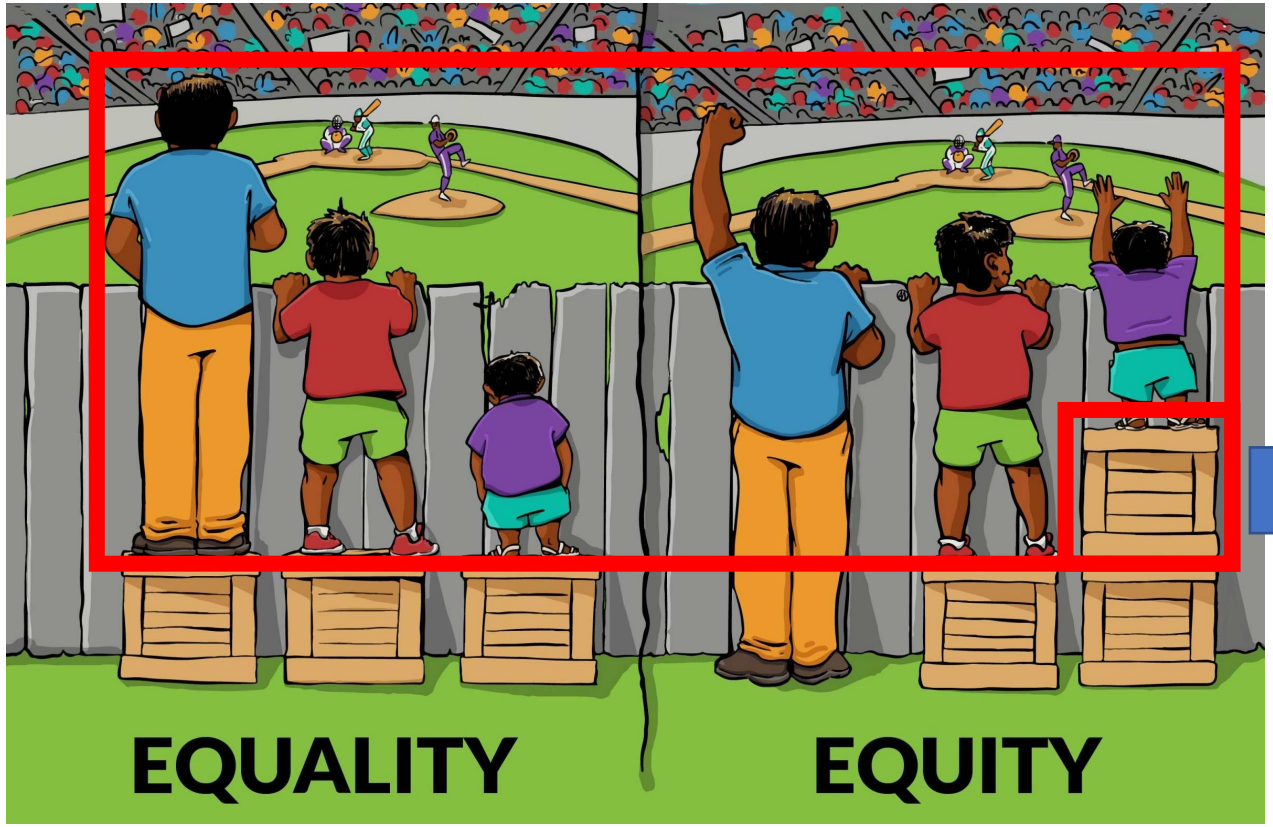
What is Equity?

DISPARITY

???

Health *Equity*

DISPARITY



Get to know your people

Stakeholders

PFLAG NASHVILLE

NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PEOPLE
NAACP
FOUNDED 1909

GILDA'S CLUB MIDDLE TENNESSEE
An Affiliate of the
CANCER SUPPORT COMMUNITY

AL-MAHDI ISLAMIC CENTER

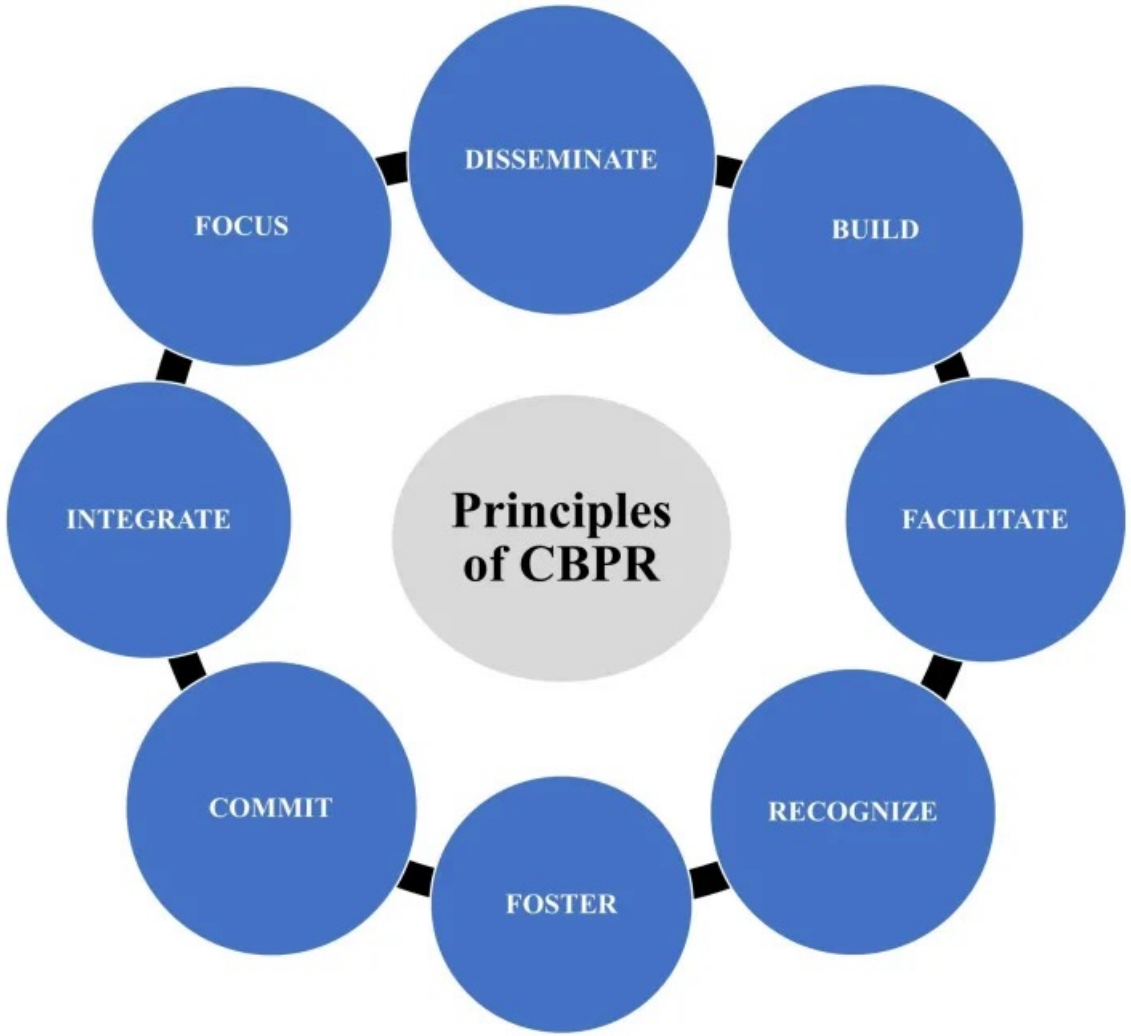
conexión américas

Helping People. Changing Lives.
Tennessee Association of Community Action

THE HEIMERDINGER FOUNDATION

American Cancer Society®

MHA
Mental Health America
of the MidSouth



Community informed

Community as adviser

Community involved

Community as collaborator

Community directed

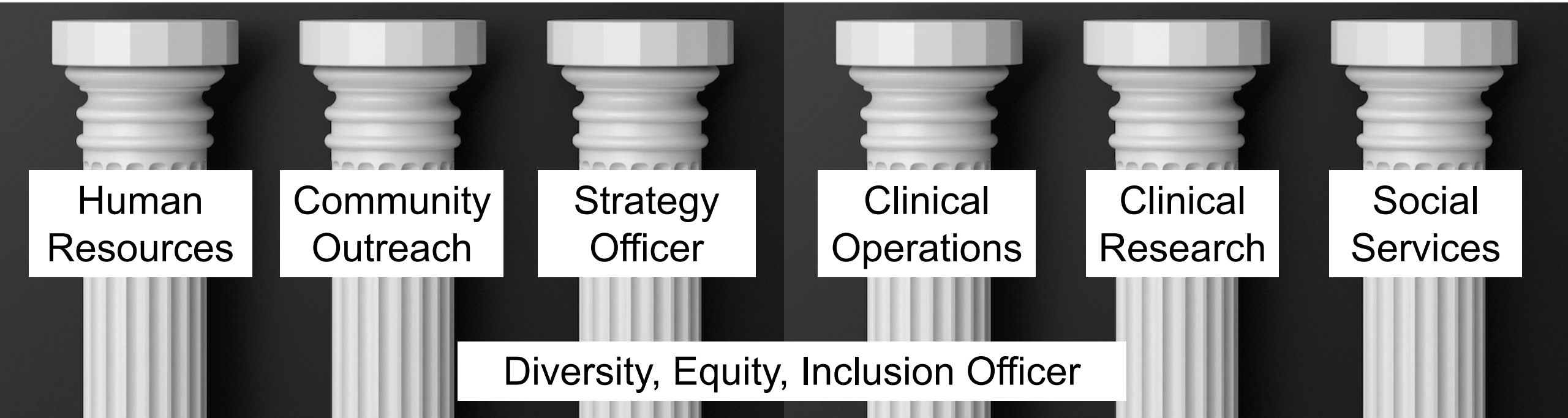
Community as leader

Greater Community Engagement

Strategic ‘Logic Model’ Framework

Inputs, Resources, Priorities, Plan

Operations, Delivery, Outcomes, Analytics



EDITORS' PICK

12 Ways CEOs And Companies Fail Chief Diversity Officers

4. CDOs Are Hired Into Haphazardly-Conceived Jobs

In too many businesses, CEOs jumped on the 'everybody else is doing it bandwagon' and created CDO positions without being entirely clear about what the role was really supposed to be and do. In the weeks after George Floyd's

5. CDO Roles Are Lopsidedly HR-Focused

Like financial operations, communications, human resources, marketing, and legal affairs, DEI should be a cross-business function. In many places it's isolated to one area of the company: HR. Some DEI professionals ascend to the CDO job

8. DEI Work Isn't Deeply Connected To The Business Strategy

It's painfully apparent to many CDOs that the work they lead isn't nearly as connected as it should be to other parts of the business. With the exception of demographic representation numbers, the CEO and executive leadership team usually don't have the same expectations for KPIs; the same shared, enterprise-wide accountability standards; and the same strategic concern for DEI as they do other things. Most CDOs strongly believe that good business strategy has DEI deeply, measurably, and sustainably imbedded into its every dimension.

S Harper. Forbes. February 2023

Objectives

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Tennessee Oncology IMPACT Program

- Advanced Practice Provider (Leadership)
- Four Regions: North, South, East, Central
- Three Domains
    1. Service
    2. Education
    3. Advocacy

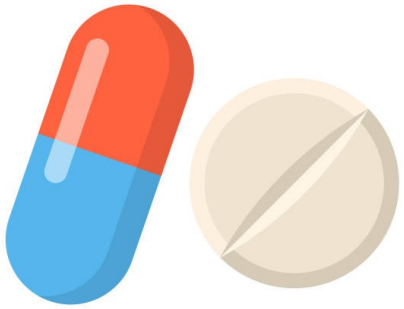
Volunteer Recruitment

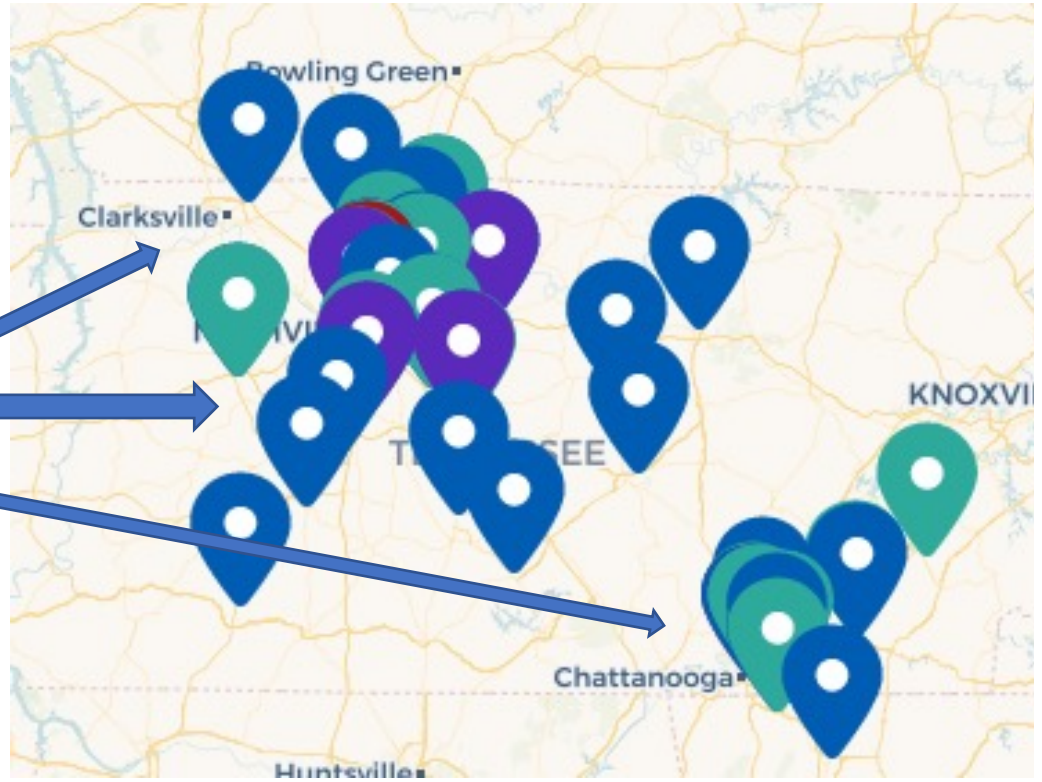
Strategy:

- Align outreach efforts with Tennessee Oncology's core mission
- Build capacity by growing volunteers, training pipeline
- Improve sustainability through replicating successful projects

Tennessee Oncology “Food is Medicine” Program

SECOND HARVEST FOOD BANK of MIDDLE TENNESSEE
Feeding Hope®





THOUGHT EXPERIMENT:
Replace “DRUG” with “Health Related Social Need”
Could current infrastructure, policies, and processes be reconfigured to help?

Tennessee Oncology “NEST” Program

- NEST = Navigated, Embedded, Supportive Care via Telehealth

- Expands access to Supportive Services to remote rural communities
- Hybridized telehealth with local clinic navigation/support
- Community guidance and feedback via longitudinal Advisory Boards

Other Upcoming Projects

- Patient Intake Process
  - Accessible (language, literacy, etc.)
  - Action Oriented (responses linked to orders)
  - Standardization (identify opportunities, subgroup trends)

- Wellness Center
  - Vendor Space, Link with Trainees
  - Spiritual, Mental, Physical, Social Services
  - Community Event Space

- Reimbursement
  - Principle Illness Navigation
  - Principle Care Management
  - Chronic Care Management

Take Aways

- Better systems are more equitable
- Equity is foundational across cancer care services
- Make it Easy – Repurpose Current Operations for HRSN/SDOH
- Venturing out always begins with a first step
- Stay Humble and Listen – YOU ARE NOT THE EXPERT
- Build Human Capacity – which is aligned with support diverse people
- Commit and Hold Yourself Accountable
- Keep showing up!!!









QUESTIONS?

advocacy CHATS
EDUCATIONAL CONVERSATIONS ON CANCER ADVOCACY & POLICY

Thank You!

Richard L. Martin III, MD, MPH

We're taking an Advocacy Chat Break for August.

See you Wednesday, September 18, at 12:00 pm ET