Challenge in Cancer Care Delivery at Safety Net Hosptials

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10/08/24

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DISCLOSURES

Nothing to disclose

What are safety net hospitals?

WHAT ARE SAFETY-NET HOSPITALS?

Often located in poor or underserved communities

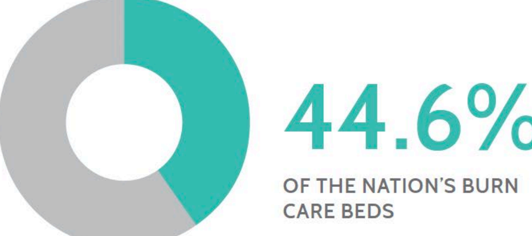
Tend to serve large numbers of racial and ethnic minorities

Can be rural or urban; public or non-profit

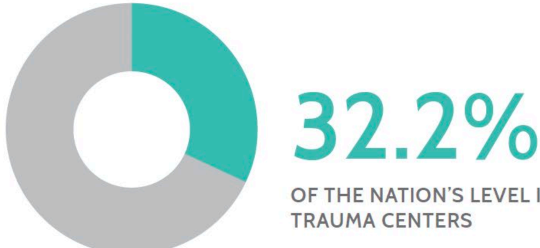
Almost all have a stated mission of serving a low-income population, regardless of insurance coverage, ability to pay or immigration status

SAFETY NET HOSPITALS PROVIDE NEEDED SPECIALTY CARE

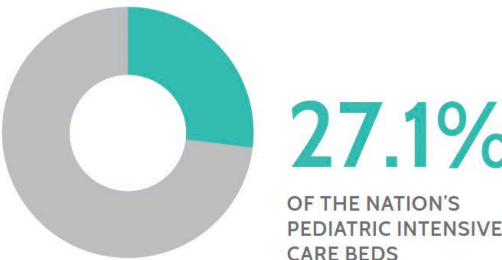
ESSENTIAL HOSPITALS OPERATE:



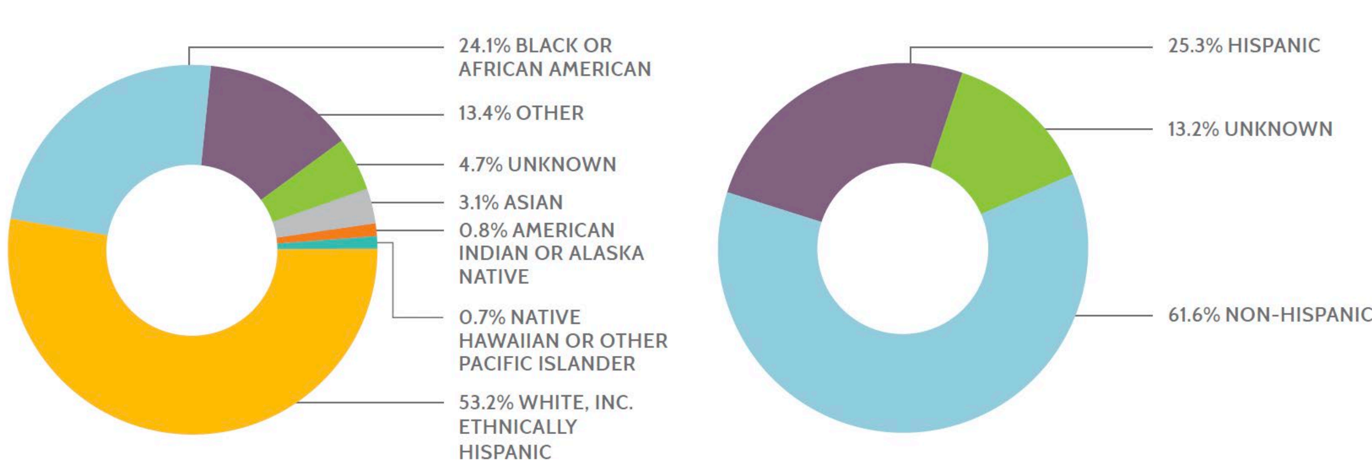
PSYCHIATRIC CARE BEDS AT 97 FACILITIES



NEONATAL INTENSIVE CARE UNIT BEDS AT 101 FACILITIES



INPATIENT DISCHARGES BY RACE AND ETHNICITY



SHOULDERING THE BURDEN OF UNCOMPENSATED AND UNDERCOMPENSATED CARE

10.1377/forefront.20180503.138516

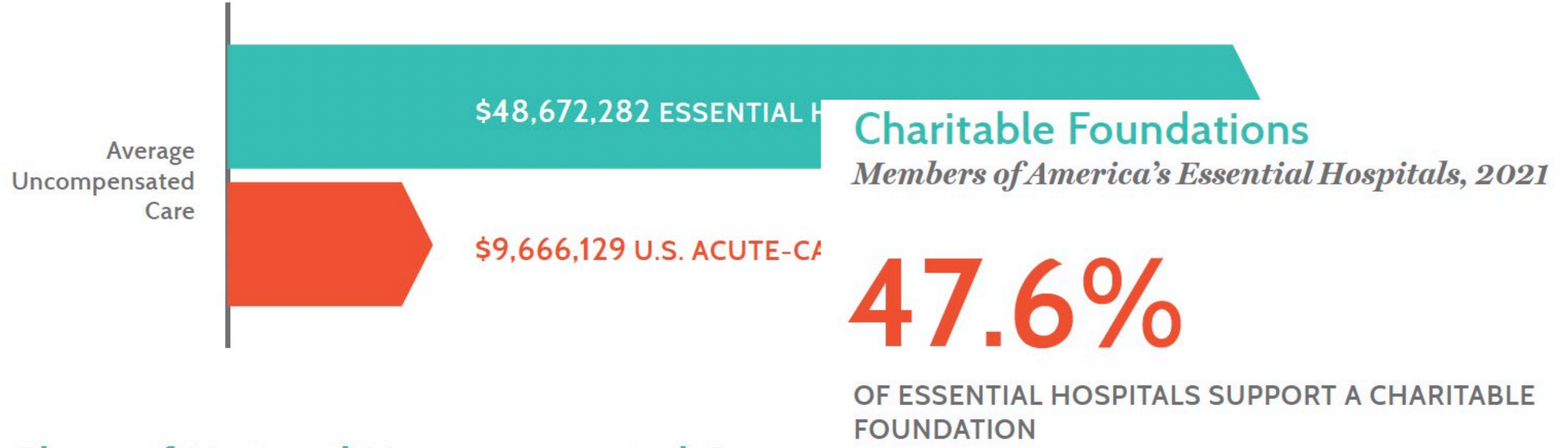
HealthAffairs

Safety-Net Health Systems At Risk: Who Bears The Burden Of Uncompensated Care?

Dhruv Khullar, Zirui Song, Dave A. Chokshi

Average Uncompensated Care

Members of America's Essential Hospitals versus Acute-Care Hospitals Nationwide, 2021



Charitable Foundations

Members of America's Essential Hospitals, 2021

47.6%

OF ESSENTIAL HOSPITALS SUPPORT A CHARITABLE FOUNDATION

Share of National Uncompensated Care

Members of America's Essential Hospitals, 2021

$9B = 24.3% $6.4B = 25.2%

National Operating Margins

Members of America's Essential Hospitals versus All Acute-Care Hospitals Nationwide, 2021

-1.4%

U.S. ACUTE-CARE HOSPITAL AGGREGATE

-8.6%

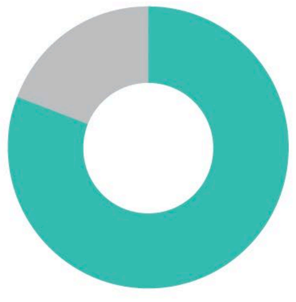
MEMBER AGGREGATE

-13%

MEMBER AGGREGATE WITHOUT MEDICAID DSH PAYMENTS

Number of Physicians Trained

Members of America's Essential Hospitals versus Other Acute-Care Hospitals, 2021



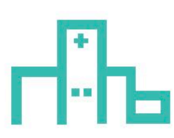
81%

OF MEMBERS ARE TEACHING INSTITUTIONS AS DEFINED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

30.4%

OF MEMBERS ARE ACADEMIC MEDICAL CENTERS AS DEFINED BY THE COUNCIL OF TEACHING HOSPITALS AND HEALTH SYSTEMS

Each member teaching hospital trained an average of 246 *physicians in 2021.*



Other U.S. teaching hospitals each trained an average of 81 *physicians.*

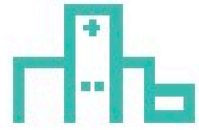
TRAINING THE NEXT GENERATION OF DOCTORS

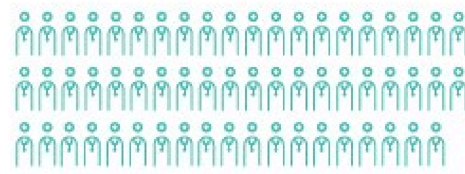
FIGURE 11

Number of Physicians Trained above Federal Funding Cap

Members of America's Essential Hospitals versus Other Acute-Care Hospitals, 2020

Of the 244 physicians, 59 *were trained beyond supported federal graduate medical education (GME) funding.*





*Other U.S. teaching hospitals trained less than one third of that number—*19 *were trained beyond supported federal GME funding.*

NYU Langone Health

MEETING SOCIAL NEEDS

Economic Needs in Essential Communities

Members of America's Essential Hospitals, 2021

Social Needs in Essential Communities

Members of America's Essential Hospitals, 2021

236,870

PEOPLE ARE EXPERIENCING HOMELESSNESS IN OUR COMMUNITIES

5.4 MILLION

PEOPLE SERVED BY ESSENTIAL HOSPITALS HAVE LIMITED ACCESS TO HEALTHY FOOD

SAFETY NET HOSPITALS

Primary sources of routine and lifesaving care for underrepresented and underserved communities throughout the country

Many are the only facilities offering level I trauma care, burn units, and neonatal intensive care in a given area

1 in 10 US residents is born in a safety net hospital

SAFETY NET HOSPITALS

Despite efforts by safety-net hospitals to improve access to care and provide high quality medical care and supportive services to vulnerable populations, disparities exist

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https://doi.org/10.1245/s10434-022-11576-3

REVIEW ARTICLE – BREAST ONCOLOGY

The Role of Safety-Net Hospitals in Reducing Disparities in Breast Cancer Care

Angelena Crown, MD[1], Kalpana Ramiah, DrPH, MSc[2], Bruce Siegel, MD, MPH[2], and Kathie-Ann Joseph, MD, MPH[3]

[1]Breast Surgery, True Family Women's Cancer Center, Swedish Cancer Institute, Seattle, WA; [2]America's Essential Hospitals, Washington, DC; [3]Department of Surgery, New York University School of Medicine, NYC Health and Hospitals, Bellevue, New York, NY

ABSTRACT Advances in breast cancer screening and systemic therapies have been credited with profound improvements in breast cancer outcomes; indeed, 5-year relative survival rate approaches 91% in the USA (U.S. National Institutes of Health NCI. SEER Training Modules, Breast). While breast cancer mortality has been declining, oncologic outcomes have not improved equally among all races and ethnicities. Many factors have been implicated in breast cancer disparities; chief among them is limited access to care which contributes to lower rates of timely screening mammography and, once diagnosed with breast cancer, lower rates of receipt of guideline concordant care (Wu, Lund, Kimmick GG et al. in J Clin Oncol 30(2):142–150, 2012). Hospitals with a safety-net mission, such as the essential hospitals, historically have been dedicated to providing high-quality care to all populations and have eagerly embraced the role of caring for the most vulnerable and working to eliminate health disparities. In this article, we review landmark articles that have evaluated the role safety-net hospitals have played in providing equitable breast cancer care including to those patients who face significant social and economic challenges.

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BREAST CANCER OUTCOMES AND DISPARITIES

Advances in breast cancer screening and systemic therapies have been credited with profound improvements in breast cancer outcomes. Indeed, the 5-year relative survival rate approaches 91% in the United States.[1] Although breast cancer mortality has been declining, oncologic outcomes have not improved equally among all races and ethnicities.

Many factors have been implicated in breast cancer disparities. Chief among these disparities is limited access to care, which contributes to lower rates of timely screening mammography, and once breast cancer is diagnosed, lower rates of receipt of guideline concordant care.[2] Hospitals with a safety-net mission, such as the essential hospitals, historically have been dedicated to providing high-quality care to all populations and have eagerly embraced the role of caring for the most vulnerable and working to eliminate health disparities.

HISTORY AND EVOLUTION OF SAFETY-NET HOSPITALS

Since the early 1800s, public hospitals and charity hospitals have been the primary source of care for patients without ready access to care, including the poor, members of marginalized racial and ethnic groups, immigrants, and others. Bellevue Hospital in New York has its roots in the city's 18th-century almshouse dispensaries. The Freedmen's Hospital (today Howard University Hospital), founded in 1862, was created to care for recently emancipated slaves.

Breast Cancer Screening in NYS

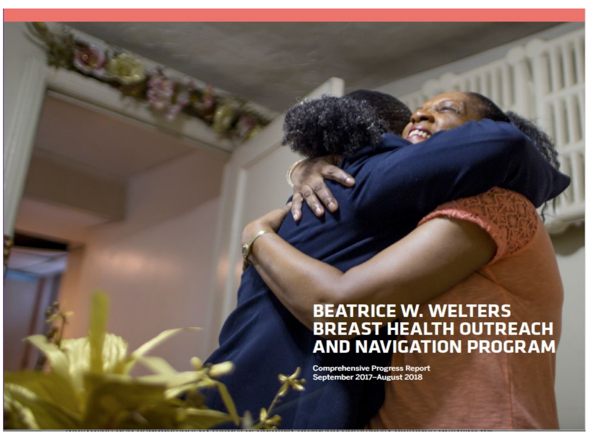
	2019	2020
Insured	83.7	83.1
Uninsured	76.7	66.3
Regular Provider	85.0	83.5
No Regular Provider	65.5	66.4

Note: Error bars represent 95% confidence intervals.

Behavioral Risk Factor Surveillance System, 2019, 2020

THE CANCER BURDEN IN NYC

- 20% of adult New Yorkers are uninsured
- 13.9% or 2.7 million people live below the poverty line
- 62.5% of New Yorkers over the age of 25 do not have a Bachelor’s Degree
- 12.8% of New Yorkers over the age of 25 do not have a high school diploma



The Beatrice W. Welters Breast Health Outreach and Navigation Program brings a vigorous focus on reducing barriers to, and disparities in, excellent screening and care for medically underserved women. The program also assists women in navigating the healthcare system through **one-on-one guidance** and **direct interaction**.

Through the **Welters Program**, patient navigators identify women who could benefit from breast cancer screening through outreach and educational programs in community venues that women routinely visit. Our patient navigators also help women secure breast health services, such as free or low cost mammograms, and provide them with active support, from diagnosis and treatment to survivorship.

This program aims to be a model for other cities to follow to improve outcomes in breast and other types of cancer.

Achieving the Mission

OUTREACH

Leverage and build relationships with community-based organizations (CBOs).

Place culturally congruent navigators at churches, salons, and other community sites.

EDUCATION

Develop and distribute educational materials.

NAVIGATION

Leverage insights from colon cancer program.

Navigate not only **to**, but **through,** screening, treatment continuum, and clinical trials.

RESEARCH

FLOW CHART

Community-Based Outreach & Education

48 churches & mosques
Beauty salons
Community Health Organizations

Educational Material & Outreach
Mobile Communications
Patient Videos
Web Presence
Printed Collateral
Local Advertising

Outreach Events
Culturally-Congruent Navigators
Capture Data
Patient disclosures
Text/mobile Follow-Up

Navigate to Screening

Screening Services

NYU Perlmutter sites
Bellevue sites
NYCSP sites
Lutheran sites (year 3)

Normal Mammo

Abnormal Mammo

Annual Follow-Up
Text/mobile

Diagnostic Services

NYU Perlmutter sites
Bellevue sites
Lutheran sites (year 3)

Cancer Diagnosis

Access to Latest Treatments

Tisch Hospital
NYU Perlmutter
Bellevue
Lutheran (year 3)

Navigation Through Treatment

Clinical Care
Radiation
Chemotherapy
Surgery

Supportive Services
Psychosocial Services
Support Groups
Art-Based Therapy
Transportation/Child Care
Wigs/Lymphedema Garments

Enrollment in Clinical Trials

Tisch Hospital
NYU Perlmiutter
Bellevue
Lutheran (year 3)

Survivorship

NYU Langone
Health

NYULMC CANCER PREVENTION NAVIGATION PROGRAM

- $4,050,000 grant awarded from the NYC Department of Health and Mental Health
- Allows expansion of Beatrice W. Welters Breast Cancer Program
- 7 additional patient navigators
- Outreach and navigation in beauty salons, barbershops and faith-based organizations
- Clinic-based navigation at six primary care sites, including NYU Brooklyn

Geographic Reach

Healthcare facility

Comprehensive Overview and Impact

Year Two Tailored Materials

Year One Tailored Materials

Who should be screened for breast cancer?
誰應該接受乳癌篩檢?

- **Women ages 20 to 39** should have clinical breast exams at least once every three years.
- **Women ages 40 to 69** should have mammograms every year.
- **Women ages 70 and older** should continue to have mammograms every year as long as they are healthy.

- **年齡介於 20 到 39 歲之間的女性。**至少應每三年接受一次臨床乳房檢查。
- **年齡介於 40 到 69 歲之間的女性。**每年應做一次乳房攝影檢查。
- **年滿 70 歲的女性。**只要身體仍然健康，每年都應做一次乳房攝影檢查。

How can I become involved with the Welters Program?
如何加入 Welters 計畫?

To participate in a breast cancer screening, learn more about the Welters Program, or host a presentation by our patient navigators, please call Anita McFarlane at 844-90B-WELL (844-902-9355) or email the Welters Program team at BeWell@nyumc.org.

Breast Cancer can Impact any Woman.
乳癌可能會影響任何一位女性。

That's why every woman – regardless of her race, ethnicity, religious and cultural background, income or insurance status – should have access to quality care.

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PERLMUTTER CANCER CENTER

Beatrice W. Welters Breast Health Outreach and Navigation Program

Beatrice W. Welters 乳房健康外展與指導計畫

NYU Langone Health

Who is Beatrice W. Welters?

Diagnosed and treated for breast cancer at NYU Langone Health's Perlmutter Cancer Center, philanthropist and former U.S. Ambassador Beatrice W. Welters recognized an opportunity to expand access to screening, diagnosis, and treatment for communities throughout New York City. To achieve this goal, she partnered with Perlmutter Cancer Center to launch the Welters Program in the fall of 2016.

Beatrice W. Welters Breast Health Outreach and Navigation Program
844-90B-WELL | 844-902-9355 | BeWell@nyumc.org

PERLMUTTER CANCER CENTER

Beatrice W. Welters Breast Health Outreach and Navigation Program

Expanding access to breast cancer screening and care across New York City

What is the Beatrice W. Welters Breast Health Outreach and Navigation Program?
Beatrice W. Welters 乳房健康外展與指導計畫是什麼?

The Welters Program helps medically underserved women in New York City access screening, diagnosis, treatment, and post-treatment services support by:
- Educating women about the risks of breast cancer
- Building community partnerships to connect women with screening services
- Guiding those with a breast cancer diagnosis through the latest treatment options with personalized support and assistance

Our patient navigators are central to the Welters Program. Working within their communities, our navigators organize outreach events at places of worship, nursing homes, community-based organizations or centers, and businesses, etc. to provide breast health information and encouragement to get screened and treated, if necessary.

What are some of the risk factors for breast cancer?
乳癌有哪些風險因子?

Although it's important to remember that many women who develop breast cancer have no known risk factors, you may be at greater risk if you:
- Are a women age 45 or older; however, average age at breast cancer onset is approximately 10 years earlier among Chinese women as compared with Western women
- Have a family history of breast cancer, or specific inherited genetic mutations, such as BRCA
- Are overweight, or consume alcohol
- Received a previous breast cancer diagnosis or abnormal cell growth in the breast (lobular carcinoma in situ/LCIS, atypical ductal hyperplasia), or underwent previous radiation therapy
- Experienced your first period before 12 years old, had a late pregnancy (age 30 or older), have never been pregnant, late menopause, or used hormone replacement therapy during menopause

What is the Beatrice W. Welters Breast Health Outreach and Navigation Program?

The Welters Program helps medically underserved communities in New York City access screening, diagnosis, treatment, and post-treatment services and support by:
- Educating communities about the risks of breast cancer
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What should you know about breast cancer?

What are some of the risk factors for breast cancer?

Who should be screened for breast cancer?

Refined Barriers to Screening Assessment

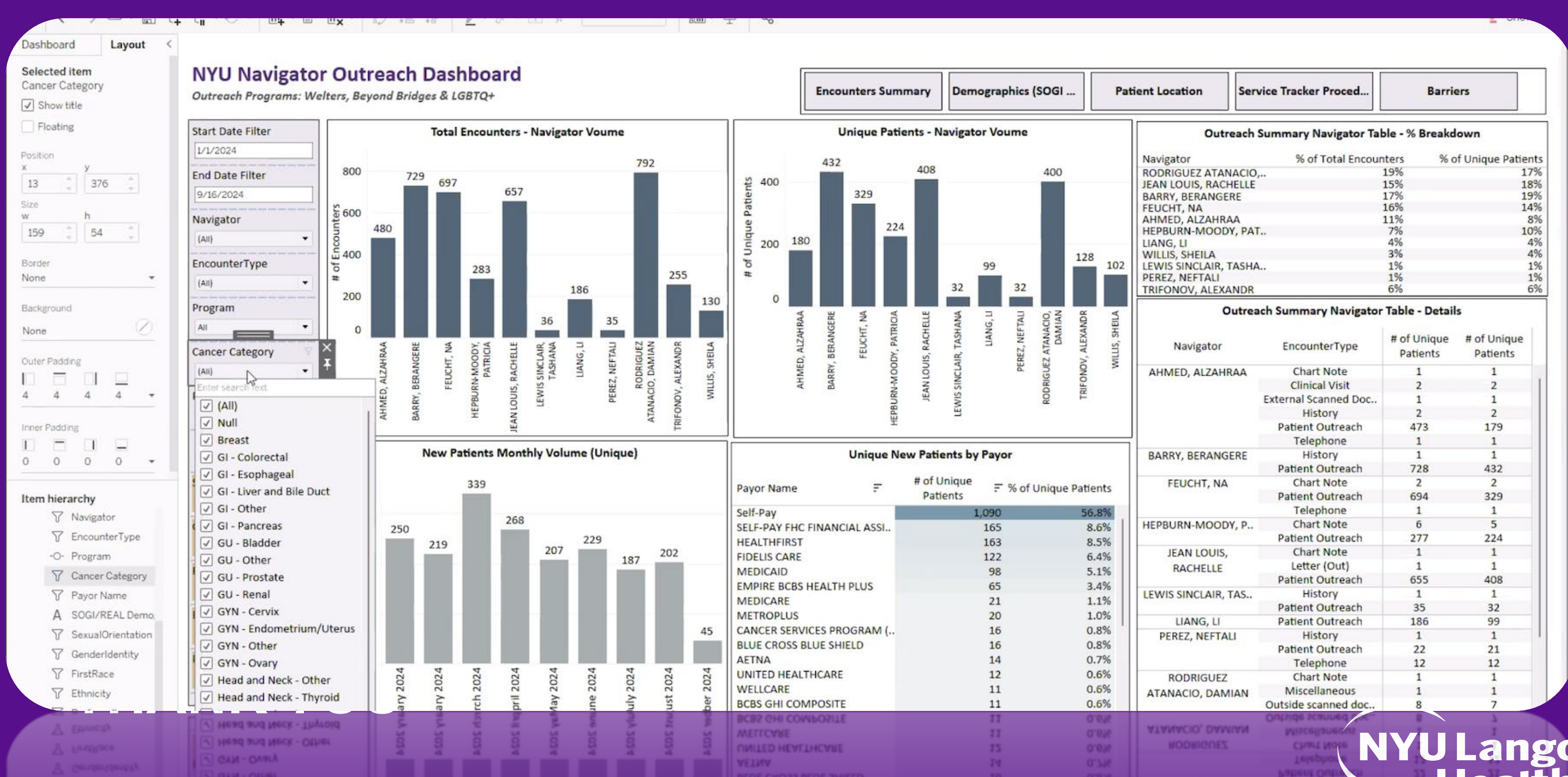
Updated barriers assessment based on *HealthLeads Social Needs Screening Toolkit*

Captures social determinants of health across fourteen domains

Domains:

- Financial resource strain
- Food insecurity
- Housing instability
- Utility needs
- Dependent care
- Transportation challenges
- Exposure to violence
- Education/health literacy
- Physical comorbidity
- Social isolation & support
- Immigration status
- Employment
- Mental health

Designed a new data management system



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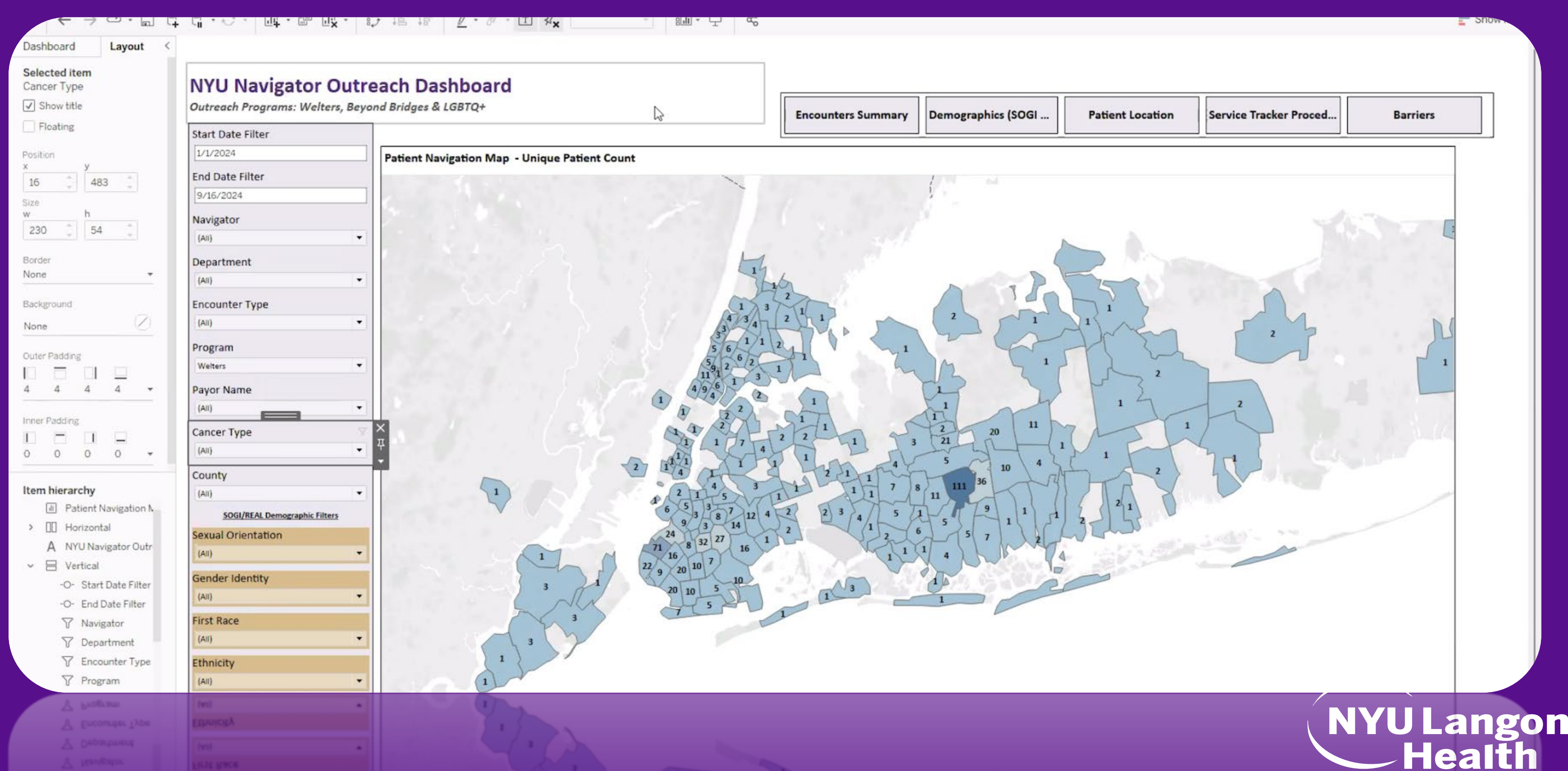
Designed a new data management system



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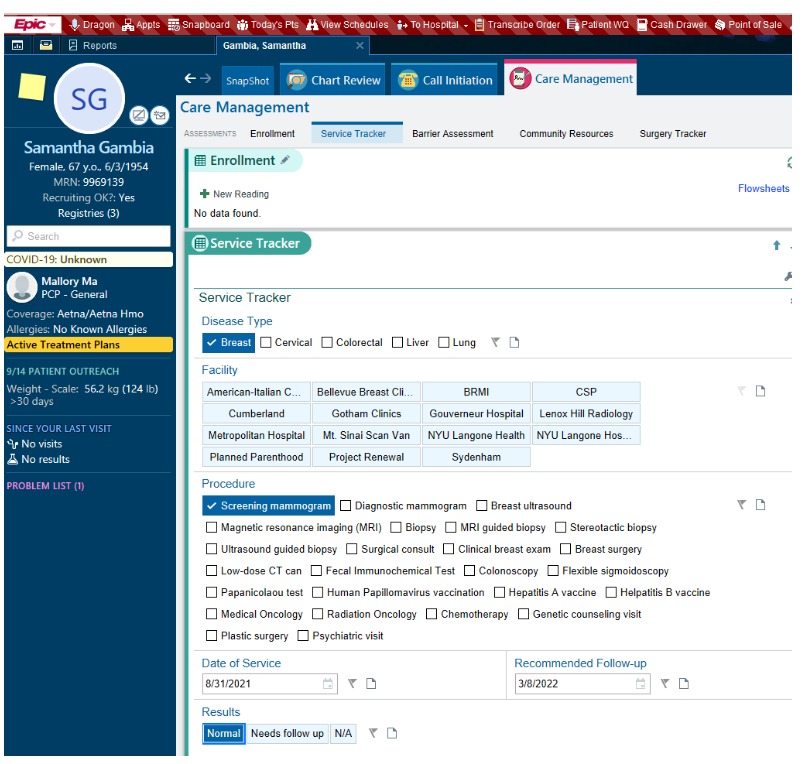
Designed new data management system



- **Designed and implemented Epic template for cancer-specific patient navigation.**
- **Navigators can document**:
  - Outreach encounters
  - Barrier Assessments
  - Community Resources provided
  - Health outcomes
- **Epic reports in development**
- **Potential to expand use to other disease sites.**

Addressing Social Needs

0 50 100 150 200 250 300

Transportation
Financial issues
Language
Insurance issues
Mental health counseling
Childcare support
Food insecurity
Housing
Immigration issues
Caregiver support
Family Counseling
Legal issues
Domestic violence

Social Referrals Made

Assessing Barriers to Care

GOD'S LOVE WE DELIVER

MSSI
MUSLIM SISTERS OF STATEN ISLAND

MAKE THE ROAD NEW YORK

MIX TECA

Muslims Giving Back

American Cancer Society

ALFADILA COMMUNITY SERVICES

CWHA
Caribbean Women's Health Association, Inc.

red door COMMUNITY
Where No One Faces Cancer Alone

CANCERcare

PROJECT RENEWAL
Renewing lives. Reclaiming hope.

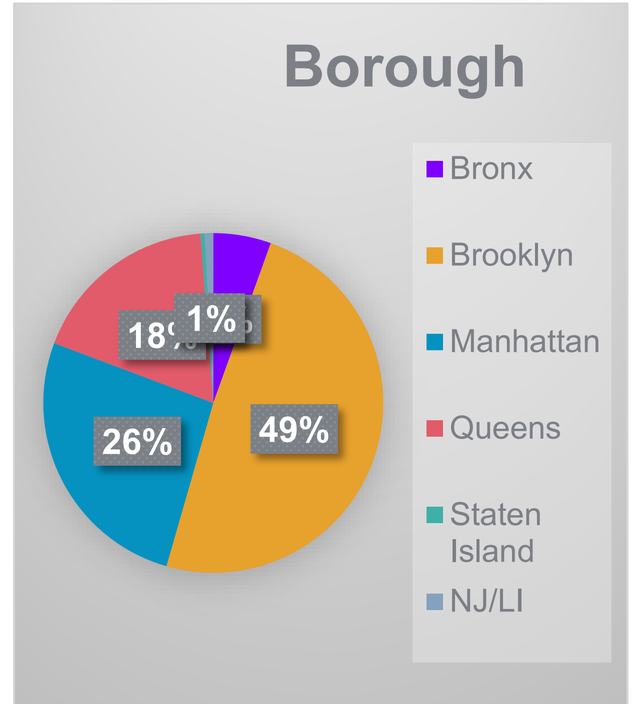
MTA

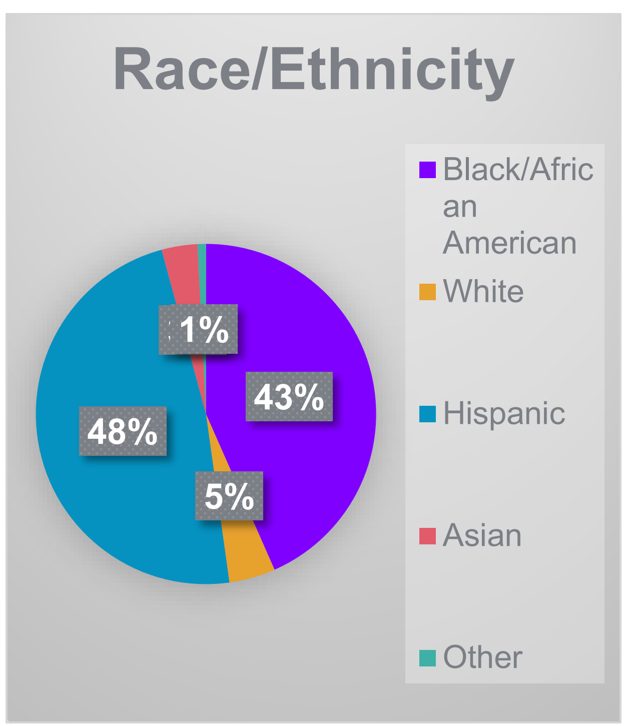
NYLAG
New York Legal Assistance Group

SHARE CANCER SUPPORT

susan G. komen

Year 1-5 Patient Demographics





Year 1-5 Demographics

Age

5%
8%
30%
51%

- Under 40
- 40-45
- 45-54
- 55-74
- >74

Welters Program—
Top 5 Neighborhoods by Zip Code

Brownsvil
le 13%

East
Flatbush
36%

Harlem
15%

Sunset
Park, 16%

Flatbush
20%

East Flatbush
Flatbush
Sunset Park
Harlem
Brownsville

Data from program inception—
August 31, 2022

Genetic Counseling

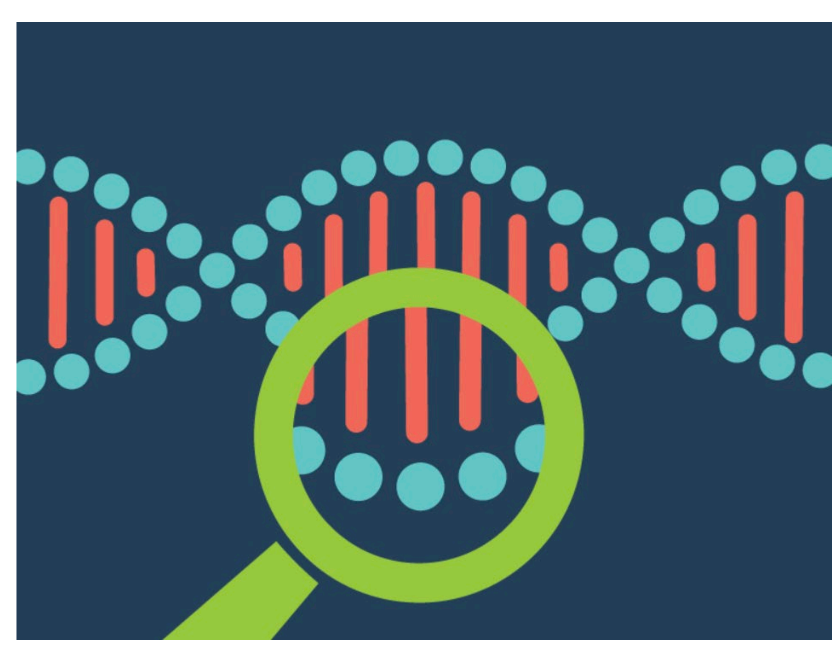
- Hybrid Genetic Counseling Services
- Decreased No-Show Rates
- Decreased Wait times
- Less In-person appointments for patients which means less time off from work!
- FORCE-Virtual support groups, men, young previvors, LGBTQIA+ members, Spanish speaking members, and Lynch syndrome carriers

Clinical Trials

- Prescreening of charts for clinical trials
- Increased activation of trials focusing on LABC, triple negative, as well as presurgical
- Patients can be transferred to NYU for eligible trials
- Integration of patient navigators into clinical trial education

SAFETY NET HOSPITALS-GENETIC TESTING

Despite NCCN guidelines for genetic testing, studies have found that fewer than 30% of African Americans and Hispanics were aware of genetic testing for cancer risk assessment and have detected high rates of misperception regarding its use These findings are alarming given that 22% of AA women who are diagnosed with invasive cancer and have a family history of tumor features associated with germline mutations ultimately test positive for a deleterious mutation

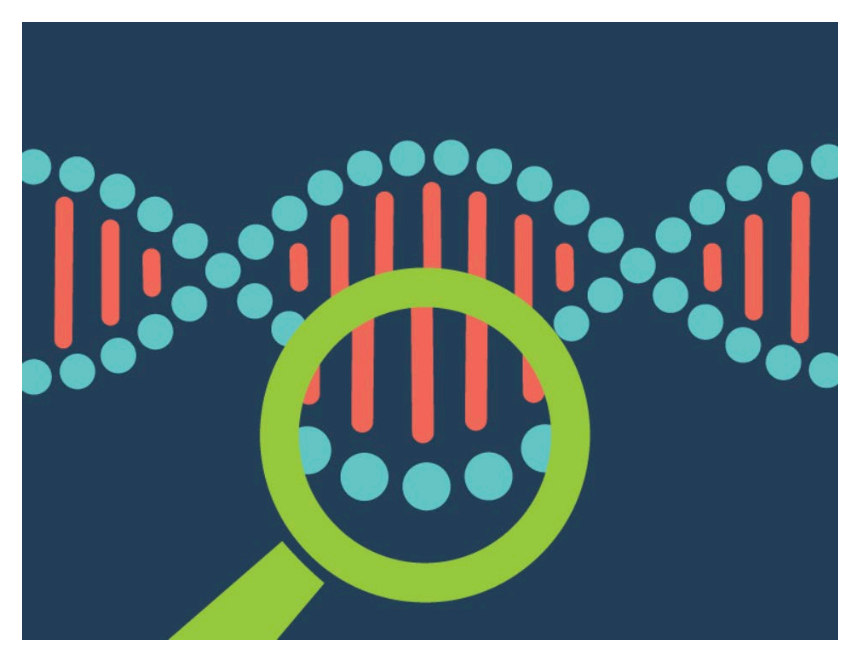


SAFETY NET HOSPITALS-GENETIC TESTING

Genetic testing rates strongly correlate with discussion of genetic testing by providers

Economic factors are also implicated in reduced genetic testing

There are financial assistance programs available that can help patients overcome these economic barriers



SAFETY NET HOSPITALS-RECONSTRUCTION

Postmastectomy breast reconstruction rates examined at Bellevue Hospital, a large city hospital in New York City

77.7% of the population studied received Medicaid, majority non-White population

73.6% of the patient population received postmastectomy breast reconstruction

Hispanic (89.1%) and Black women (80%) were most likely to receive reconstruction

33% received autologous reconstruction

Ann Surg Oncol (2019) 26:821–826
https://doi.org/10.1245/s10434-018-6994-4

ORIGINAL ARTICLE – RECONSTRUCTIVE ONCOLOGY

Breast Reconstruction in an Underserved Population: A Retrospective Study

Maxime M. Wang, BA, Elizabeth Warnack, MD, and Kathie-Ann Joseph, MD, MPH

Department of Surgery, New York University School of Medicine, New York, NY

ABSTRACT

Background. Breast reconstruction can help restore the shape and appearance of breasts after surgery. Studies have shown that minority and uninsured patients are less likely to receive breast reconstruction after mastectomy.

Objective. We sought to determine if post-mastectomy reconstruction varied by patient ethnicity and insurance status in a medically underserved population.

Methods. This was a retrospective study of mastectomy patients seen at Bellevue Hospital Center, a safety-net hospital in New York City, between January 2010 and December 2015. The Chi square test was used to compare patient characteristics versus type of reconstruction chosen and likelihood of reconstruction. Logistic regression was used to examine likelihood of reconstruction, controlling for patient insurance status, race, age, stage at presentation, and contralateral prophylactic mastectomy.

Results. Of the 750 patients included in the database, 220 underwent mastectomy. Overall, 73.6% of our patient population received breast reconstruction. Patients with Medicare insurance were less likely to get reconstruction compared with patients with other types of insurance (37.5%, $p = 0.04$). Hispanic patients were most likely to receive reconstruction (89.1%), followed by Black patients (80%) and Asian patients (66.7%) [$p = 0.03$]. There were no significant associations between patient race or stage at presentation and type of reconstruction. In a multivariate logistic regression, advancing age was associated with a decreased likelihood of reconstruction (adjusted odds ratio 0.91, $p < 0.001$).

Conclusions. In our underserved patient population, patients received breast reconstruction at rates higher than the national average. Institutional availability of patient navigators and preoperative counseling may contribute to more equal access to breast reconstruction.

INTRODUCTION

Disparities in health care have been demonstrated for minority and underserved patients in a variety of healthcare fields.[1–4] Low socioeconomic status is associated with fewer immunizations, fewer screening tests for cancer, and lower-quality hospital care.[1] Disparities in care have also been demonstrated for women with breast cancer. For example, women without private insurance, and minorities, are less likely to have timely mammograms.[5] Underserved women are also less likely to receive guideline-concordant care after diagnosis.[6] Disparities in care may translate into poorer outcomes. For example, Hispanic women have a lower incidence of breast cancer compared with White women, yet they have been shown to experience higher mortality rates.[7]

Breast reconstruction can restore the shape and appearance of the breast after mastectomy. The decision for reconstruction is often multifactorial. Greater access to plastic surgeons, greater health literacy, and private insurance status are associated with a greater likelihood of receiving post-mastectomy reconstruction.[8–11] Evidence suggests that racial and ethnic disparities may exist in the utilization of post-mastectomy reconstruction. Previous studies have suggested that minority patients are less likely to receive post-mastectomy reconstruction compared with White patients.[12–15] Specifically, several studies suggest that Hispanic patients are less likely than African American patients or White patients to receive reconstruction.[12,14]

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SAFETY NET HOSPITALS-CLINICAL TRIALS

- Only 3% of patients participate in cancer trials in the United States
- Participation rates for African-American patients remains one of the lowest at 1.3%
- Lack of access to clinical trials
- Bias on the part of clinicians and investigators that result in suboptimal enrollment of underrepresented groups
- Expansion of access of clinical trials in safety net access is needed

STRATEGIES FOR IMPROVING BREAST CANCER OUTCOMES

- Improve access to health care
- Flexible hours
- More sites in minority communities
- Assistance with travel, medical costs, child care

WHAT IS A SAFETY-NET HOSPITAL?

- There is no one definition for safety-net hospitals
- Having a universally accepted definition can help ensure funding for hospitals in need

NYU Langone Health

CANCER CARE AT SAFETY-NET HOSPITALS?

Improve access to cancer screening
Evidence-based multidisciplinary care
Patient navigation offering multilingual support to breast cancer patients through the entire continuum of care
Efforts made at screening as well as cancer treatment
Expansion of clinical trials at safety net hospitals

Thank you