We'll start in just a few moments! While you wait, share in the chat: What is the first word or phrase that comes to mind when you see "health equity in cancer care."

Experiencing technology issues? Contact Skylar Rea in the chat or at ReaSky@advisory.com





Innovation Showcase: Promoting equity in cancer care

A cross-industry event Sponsored by Pfizer



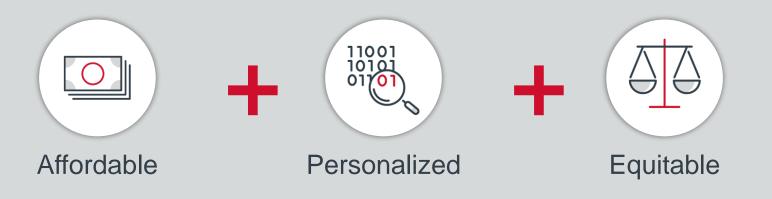
WELCOME REMARKS



© 2021 Advisory Board • All rights reserved • advisory.com

Refocusing on the ambition for cancer care

Ideal characteristics of cancer care





A

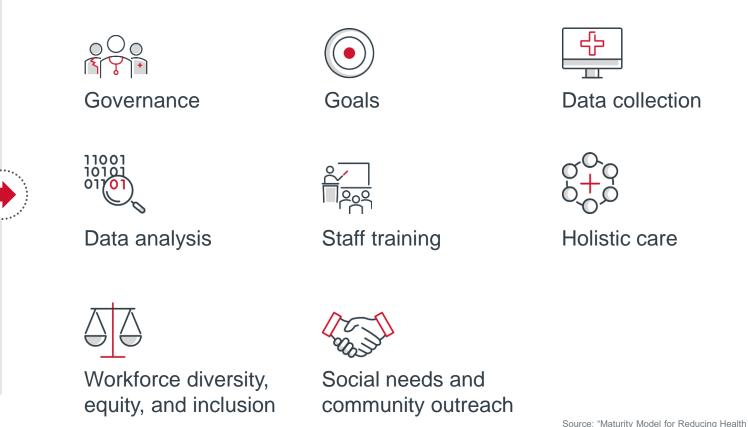
© 2021 Advisory Board • All rights reserved • advisory.com

Health equity must be integrated into oncology strategy

Select reasons to make health equity a strategic priority

- Growing cancer program accountability for outcomes and costs under riskbased payment models
- Existing disparities in patient experience may impact ability to attract and retain cancer patients
- Many oncology accreditation programs¹ have standards related to addressing health disparities

Dimensions of a cancer program health equity strategy



1. E.g., Commission on Cancer (CoC), National Cancer Institute (NCI).

Advisory Board

© 2021 Advisory Board • All rights reserved • advisory.com

Advisory Board interviews and analysis

5

Disparities," Advisory Board.

Today's presenters who will share their experiences

.....

Linda Burhansstipanov, DrPH, MSPH Native American Cancer Initiatives

Prado Antolino, MA, CT/CI Steven Gerst, MSN, RN-BC Moffitt Cancer Center

PRESENTERS

Ryan Nguyen, DO University of Illinois Cancer Center

Vikas Mehta, MD, MPH, FACS Montefiore Medical Center Kathryn Schmitz, PhD, MPH Penn State Cancer Institute

Holly Spinks, BSN, RN, CCM, CHWC, CNC, ACC Jasper Health

Elisa Soulier, MBA Castell, An Intermountain Healthcare Company

Caleb Levell, MA American Cancer Society

ADVISORY BOARD

Megan Director

Prianca Pai Caleigh Dwyer

Case studies are being shared for general informational purposes only. Any tactics your organization may seek to implement are subject to applicable law and your organization's review, including a legal, medical and tax assessment. Presenters and attendees are advised to consult with appropriate professionals before implementing any tactics.



 $\ensuremath{\mathbb{C}}$ 2021 Advisory Board • All rights reserved • advisory.com

Rules of the road

Presenters



When it's your turn, unmute yourself, turn your video on, and **introduce yourself**



Present your innovation's description and impact for **5 minutes**



Answer questions from audience during 5-minute Q&A

Attendees



Keep your mic **muted** throughout the presentation



Type your questions and comments into the chat on the right



Use the **reactions** to engage with presenters and peers in the chat



© 2021 Advisory Board • All rights reserved • advisory.com

Promoting culturally sensitive care



Leveraging cultural navigators at Native American Cancer Initiatives, Inc.

Native American Cancer Initiatives, Inc. (NACI) is a small, minority (American Indian), woman-owned business



Challenge

- Disparities exist within American Indian / Alaska Native (AI/AN) communities throughout the cancer continuum (outreach through end-of-life)
- Al community members encounter an average of 5+ barriers to accessing cancer care
- Barriers require individual solutions ٠
- Patient navigators (PN) want easier-to-use tools to support underserved patients



Innovation

- Cultural navigators ("Native Sisters" & "Brothers")
- Native Patient Navigators' Trainings
- Tool based on PN experiences with American Indians ٠
- Integrated into tablet software, NACI Care™
- **Next Steps:** Future needs
 - Dept Labor Code for Patient Navigation
 - Consistent funding (contracts, not grants)
 - Public health infrastructure within Indigenous programs
- Easy-to-use PN evaluation tools
- Help on how to market the tool



Impact

- Tool evolved to serve under-served navigation programs beyond AI population
- NACI Care[™] tracks & evaluates individual efficiency of each Native Sister and Brother & overall program
- Apple iPad collects data online & offline
- Easily tailored / customized reports
- 33 of the 35 metrics¹ included

^{1.} Metrics recommended by organizations such as Academy of Oncology Nurse and Patient Navigators (AONN+). Oncology Nursing Society, Commission on Cancer, and more.

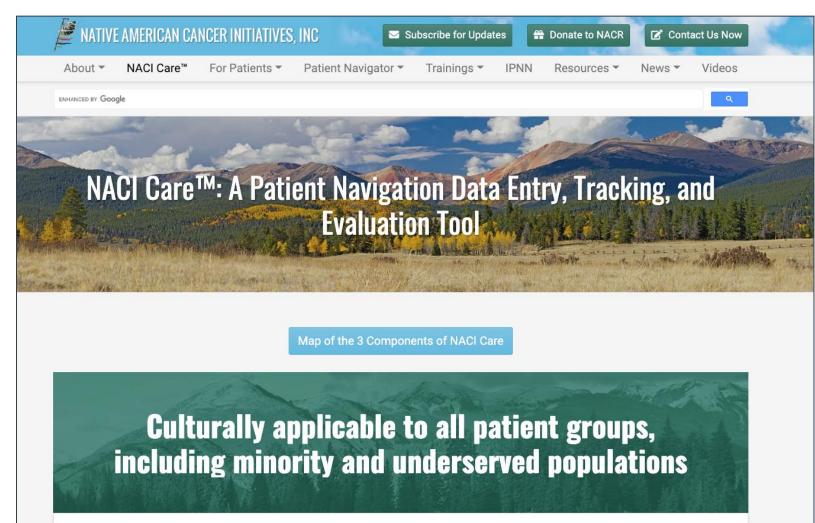


Q

Advisory Board interviews and analysis

Presented by Dr. Linda Burhansstipanov.

NACI Care website and patient quotes



Enrolled patient quotes:

"I was afraid of the all of the white coats and those people telling me what to do. **Native Sister listened to me and helped me find the path back to balance** and hope and happiness."

"[I] had to cherish the lessons cancer was gifting me...[I] needed to get back in balance while coping with cancer and cancer treatments...Native Brother was amazing in helping me through this journey"

Source: Native American Cancer Initiatives, Inc. (NACI), Pine, CO

1. https://natamcancer.org/NACI-Care

Advisory Board

© 2021 Advisory Board • All rights reserved • advisory.com



Implementing bilingual (EN-ES) discharge summaries at Moffitt Cancer Center

Based in Tampa, Florida, an NCI-designated Comprehensive Cancer Center committed to contributing to the prevention and cure of cancer



Challenge

- Language access is critical to delivering culturally sensitive care to cancer patients
- Current workflows to translate discharge summaries lead to delayed discharge for non-English speaking patients



Innovation

- Implementation of auto-text features within the patient's discharge summary
- Bilingual summaries automatically drop in patient's chart and portal
- **Next Steps:** Continue to optimize the process based on future challenges or Cerner upgrades



Impact

- Reduction of clicks and steps for the nursing staff, reducing clinician burnout
- Availability of bilingual summaries in the EHR

- Expedited patient access of summaries in their portal
- Open the door to multilingual capabilities for discharge summaries

Presented by Prado Antolino, MA, CT/CI; Steven Gerst, MSN, RN-BC.



Example of the auto-text feature in a discharge summary

Discharge Disposition

Discharge - Ordered -- 03/08/22 17:33:00 EST, Discharge Method: Wheelchair Discharge To: Discharged Home/Self Care

Informe de alta

Solicitud de alta: 8 de marzo de 2022 Alta a: Casa con autocuidados Método del alta hospitalaria: En silla de ruedas .

Advance Directive

Advance Directives such as living will and choice of healthcare surrogate are legal documents that can help to honor your goals and preferences. If you would like to create or revise your Advance Directive, contact Social Work office at 813-745-8407.

Voluntades anticipadas

Las voluntades anticipadas, tales como el testamento vital y la designación del suplente para casos de atención médica, constituyen documentos legales que pueden ser útiles para que se respeten sus objetivos y preferencias. Si usted desea redactar o actualizar las voluntades anticipadas, llame a la oficina de Trabajo Social al (813) 745-8407.

Source: Moffitt Cancer Center, Tampa, Florida.





Developing culturally sensitive clinical trial participation at University of Illinois at Chicago

Joint venture among two hospital systems and five community partners in Chicago, IL

The culturally sensitive media intervention will be piloted at UIC and Mount Sinai Hospital to

A similar approach by our research team found an increase in genetic counseling appointments from

determine the impact on Black women's enrollment in breast cancer clinical trials

50% to 70% following viewing of a culturally sensitive media intervention



Impact

- Black women are consistently underrepresented in breast cancer trials
- Need to identify systemic, multi-level barriers to equitable clinical trial representation using a community-based participatory research approach



- Interview breast cancer survivors, current patients, community organizations, and providers on perceptions of Black women participation in clinical trials
- **Next Steps:** Themes from interviews and focus groups will be developed into a culturally sensitive media intervention

PARTNERS:



equal 📥 hope









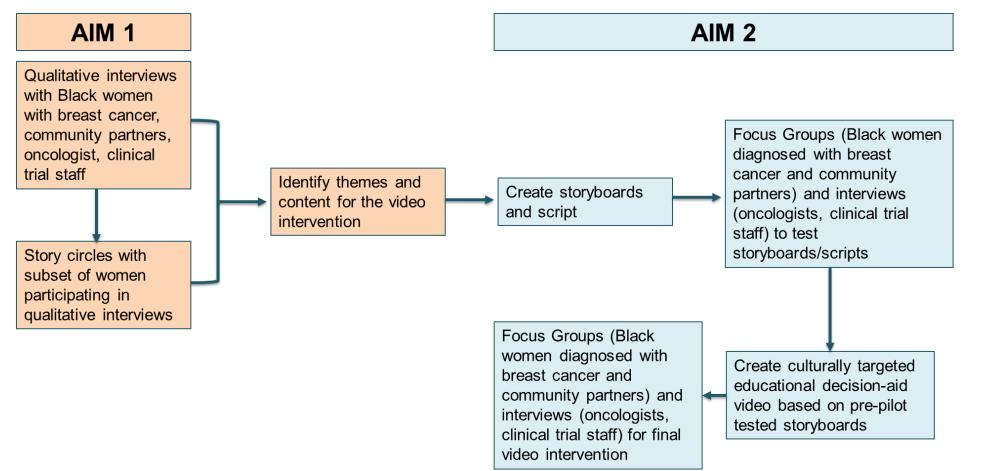
13

Presented by Ryan Nguyen, DO.



Culturally sensitive narrative intervention to promote participation in clinical trials

Using education and technology to bridge enrollment disparities



Source: UIC, Chicago, IL.

Roard

QUICK POLL

My organization has targeted programs or interventions to address the cancer needs of:

- A. People of color
- B. Women
- C. LGBTQ+ people
- D. Veterans
- E. Other (please share in chat)
- **F**. We don't have any targeted programs for underserved populations



Implementing technology-enabled navigation



 ${\ensuremath{\mathbb C}}$ 2021 Advisory Board • All rights reserved • advisory.com

Improving timeliness of oncology care at Montefiore Medical Center

10-member hospitals serving patients across the Bronx, Westchester and the Hudson Valley in New York



Challenge

- Disparities exist by race and socioeconomic status in timeliness and adherence to cancer treatment
- In a retrospective study of head and neck cancer patients treated at MMC, ~20% experienced:
 - Delay of > 60 days for time to treatment (TTI)
 - ~2x risk of mortality and recurrence
 - ~2x risk of experiencing delay: African American, Medicaid, diagnosis at another institution



Developed EHR-based navigation portal for oncology nurse navigators to decrease TTI and improve care efficiency

Montefiore Einstein Cancer Center

Created dashboard to track timelines of care in real-time and identify areas for performance improvement

Montefiore

• Next Steps: Expand navigation services to other cancer teams and further investigate "bottlenecks" in TTI

O Impact

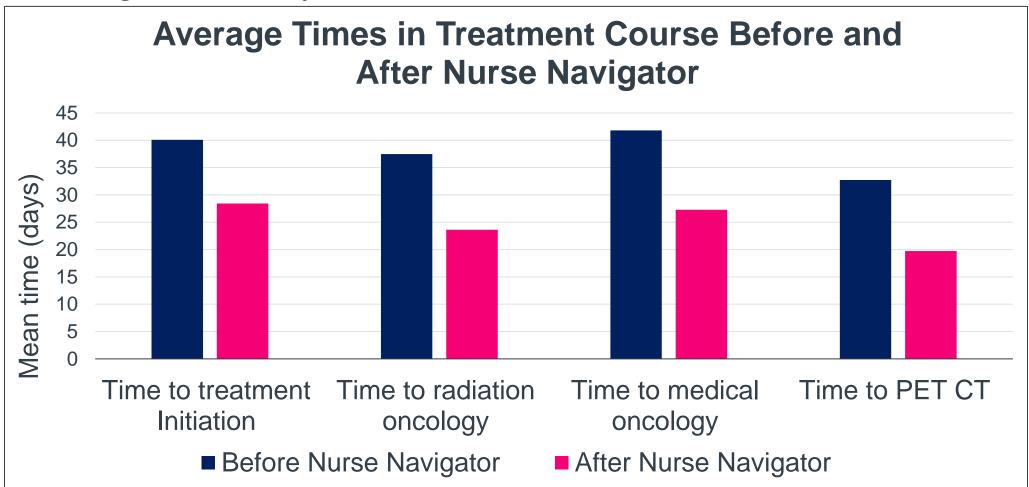
- Decreased TTI from a mean 40.1 days vs 28.4 days
- Number of patients who experienced TTI>60 days was reduced 14% to 1.9%

- OR 0.26 (p=0.02) for experiencing a clinically impactful delay in care with a navigator
- Proof of concept for expansion to other teams



Presented by Vikas Mehta MD MPH FACS

H&N Navigation Study Results



Source: Montefiore Medical Center, Bronx, NY



© 2021 Advisory Board • All rights reserved • advisory.com

Advisory Board interviews and analysis



Addressing holistic care needs with Nurse AMIE at Penn State Cancer Institute

AMIE: Addressing Malignancies In Everyday life - A tablet based supportive care platform to address health equity



Challenge

- Patients' often leave cancer care visits with unmet psychosocial needs and symptoms
- Patients want support without additional appointments and travel
- This challenge is exacerbated for rural and underserved patients

- Innovation

- Tablet based supportive care platform
 - Embeds personification
 - Asks symptom questions daily
 - Evidence based, guideline concordant self care interventions
- Next Steps: Currently testing Nurse AMIE in 344 RURAL advance cancer patients



Impact

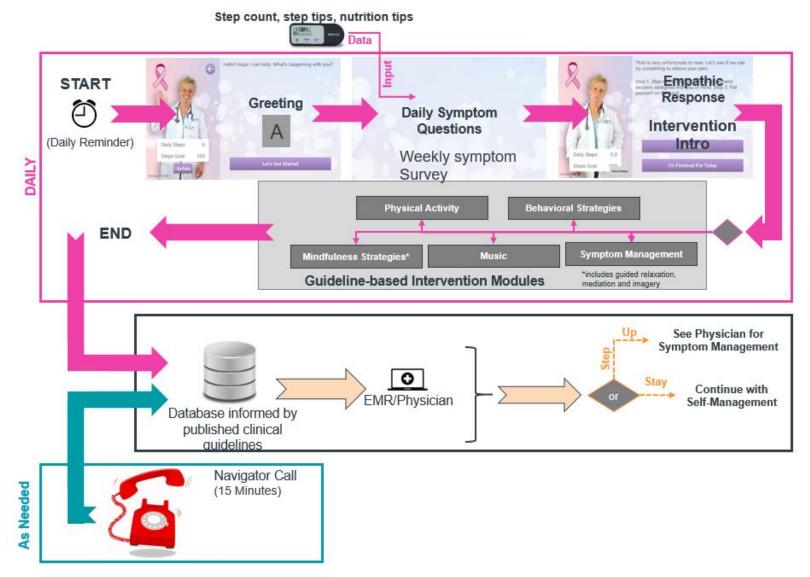
- Metastatic breast cancer patients in 3 pilot studies report high levels of engagement and satisfaction with the platform
- 83% of time patients report liking the interventions offered

- >68% of patients and providers report high acceptability of the tablet
- 49% of patients adhere to daily log-ins
- Pilot studies suggest a strong inverse relationship between self-reported step counts and symptoms



CY Multility Soard • All rights reserved • advisory.com 19 © 2021 Advisory Board • All rights reserved • advisory.com

Nurse AMIE user flowchart



rce: Penn State Cancer Institute, Hershey, PA.





Navigating the complexities of cancer care at Jasper Health

Delivering better, more empathetic care through personalized, insights-driven guidance



- High treatment costs present financial barriers to care for patients
- Navigating the complexities of cancer care causes high levels of stress and anxiety for patients and their caregivers



- Triage dashboard uses ePRO data and biometric data to risk stratify and prioritize patient interventions
- Patients and care coach team create shared actions plans to address psychosocial needs, sleep, physical activity, and financial needs
- **Next Steps:** Reaching more patients through partnerships and non-profit cancer organizations

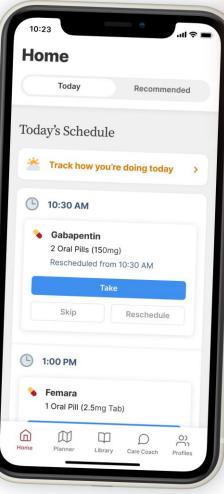
Impact

- Over 13,500 members served on our platform today
- 68% of members report having less stress/anxiety
- 78% of members report better medication adherence
- 93% of members find it easier to track appointments



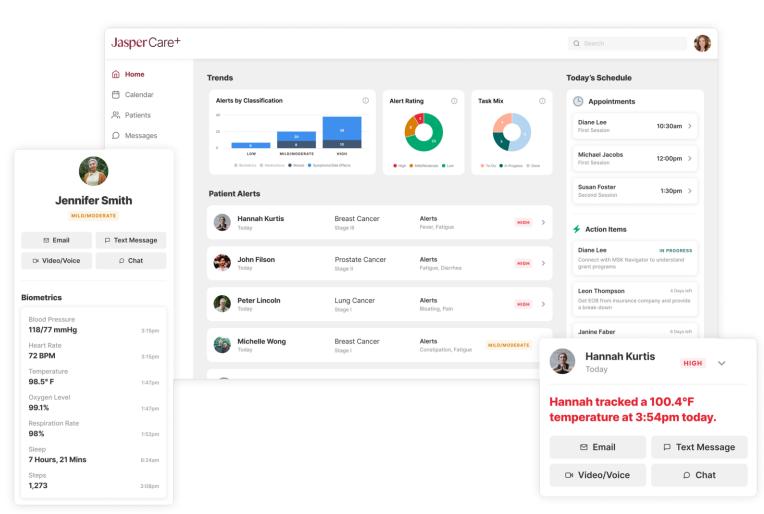
Presented by Holly Spinks, Chief Nursing Officer

Jasper Health's member solution and clinician dashboard





"Chris" found Jasper Health via a Facebook advertisement. She connected with a Jasper Care Coach and explained she was suffering from stage 3 breast cancer, living in her car, and uninsured. Our Care Coach connected her to Medicaid (which she was eligible for), resources to improve her living situation, and implemented regular coaching sessions to provide psychosocial support.



1. Patient names and data depicted on this slide are fictional and meant to illustrate the platform.



Advisory Board interviews and analysis.

Source: Jasper Health, Boise, ID.

QUICK POLL

At which point(s) in the cancer patient journey is your organization using technology to address disparities?

- A. Screening
- B. Diagnosis
- C. Treatment
- D. Survivorship
- E. Other (type in chat)
- F. We're not currently using technology to address disparities



Addressing the social determinants of health



© 2021 Advisory Board • All rights reserved • advisory.com

Addressing food insecurity at Intermountain Healthcare



Not-for-profit system of health services, medical group, and health plan (SelectHealth), and 33 hospitals



- Access, cost, and transportation issues can limit patients' access to nutritious food
- Nutritious food is essential to cancer prevention, healing and holistic recovery
- Food insecurity can impact both patients and their caregivers



Innovation

- Partnered with Green Urban Lunch Box (GULB) to deliver onsite farmers markets at no cost to patients at 4 cancer centers
- Secured funding through our hospital foundations
- Added registered dieticians on site for real time education
- **Next Steps:** Use data analytics to add rigor to scoping, targeting, and assessment of future food insecurity initiatives



Impact

- 30-50 patients attended each market
- 9,590 total pounds of produce delivered in 2019
- Cost of produce at each market: \$300-\$700
- Intermountain Nutrition Services launched CSA boxes for caregivers (employees)
- Intermountain Community Health made charitable donation in 2020 for GULB to donate 10,389 pounds of produce to the Utah Food Bank
- Scaled from 2 markets at 1 location to 42 markets across 4 sites in two years





Mobile farmers market promotion and images

Mobile Farmers Market

For cancer patients and their loved ones. "Enjoy locally-grown fruits and vegetables at no cost!"

Intermountain Cancer Services, with support of Intermountain Foundation, Is proud to partner with The Green Urban Lunch Box this summer to provide tasty fruits and vegetables at no cost to our cancer patients and their loved ones. Registered Dietitians will also be available at select markets to offer tips and recipes to help you on your healing journey.

Intermountain Medical Center	Utah Valley Cancer Center	LØS Hospital	McKay-Dee Cancer Center
Bidg. 3 Lobby 5121 S. Cottonwood St. Murray, UT 84107 801-507-3900	Sorenson Tower 1st floor (Radiation Oncology) 395 W. Bulldog Blvd. Provo, UT 84604 801-357-7575	7th Floor West 7 Conf. Room 8th Ave C Street Sait Lake City, UT 84143 801-408-1819	Suite 1670 4403 Harrison Blvd. Ogden, UT 84403 801-387-7150
THURSDAYS July 25 – Oct. 10 2 – 4 p.m.	EVERY OTHER MONDAY July 22 - Oct. 14 2 - 4 p.m. (no market on Labor Day)	FRIDAYS July 26 – Oct. 11 1 – 3 p.m. *Supplies are limited.	WEDNESDAYS July 31 – Oct. 16 2 – 4 p.m. First come first served.





Source: Intermountain Healthcare Salt Lake City, Utah.

Advisory Board

QUICK POLL

Which of the following social determinants of health is your organization currently targeting?

- A. Food insecurity
- B. Housing
- C. Transportation
- D. Health literacy
- E. Other (please share in chat)
- F. We're not currently targeting any social determinants of health



Advancing equitable cancer screening



 $\ensuremath{\mathbb{C}}$ 2021 Advisory Board • All rights reserved • advisory.com



Advancing equitable cancer screening at the American Cancer Society

The ACS National Consortium collectively addresses the pandemic's detrimental impact on cancer screening and care



- Cancer affects everyone, but it doesn't affect everyone equally
- The Covid-19 pandemic has compounded health inequities in cancer screening and care
- These inequities reflect long-standing disparities in health quality and health outcomes for underrepresented communities



- The consortium expects to catalyze change by identifying and accelerating sensible, but bold, cancer screening and care activities
- Hosted 829 participants virtually across 3 public forums to identify 10 critical barriers in screening and care
- Engaged 27 leading organizations to create 9 consensus recommendations to improve cancer outcomes nationwide
- Next Steps: Disseminate, Implement, Evaluate



Impact

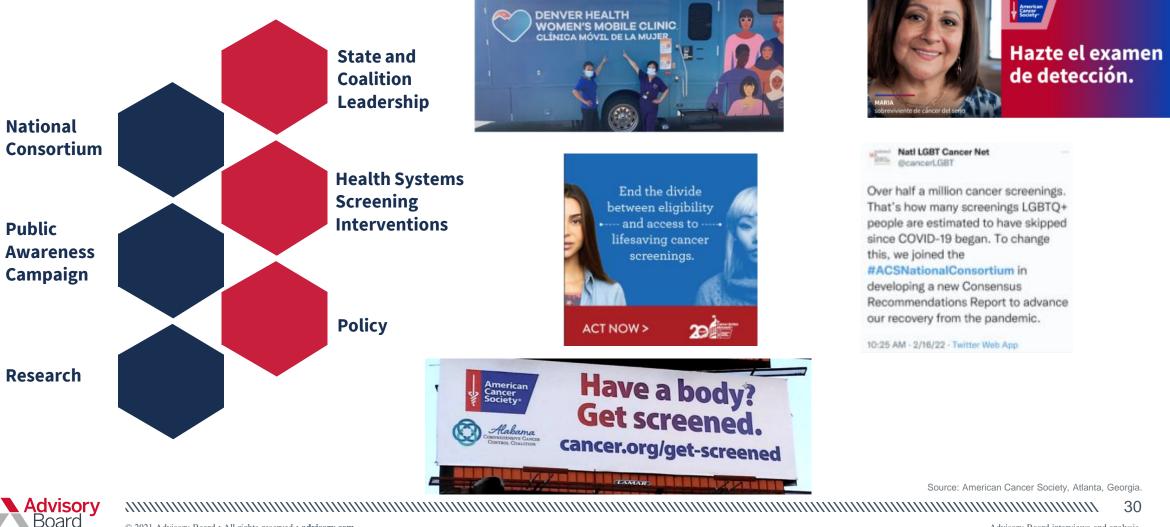
- 92% of member respondents were satisfied with efforts to improve collaboration across member orgs
- 91% of attendees reported learning something new and valuable during the Consortium's Issue Hub events
- 64% of members interviewed acknowledged the health equity efforts of the consortium
- 93% of members felt more informed on strategies they could use to recover and advance cancer screening during the Covid-19 pandemic

Presented by: Caleb Levell.



Health equity in focus around the ACS

The consortium was one component of a multi-faceted, multi-sector nationwide initiative to spotlight and alleviate barriers to care in the wake of Covid-19



 $\ensuremath{\mathbb{C}}$ 2021 Advisory Board • All rights reserved • advisory.com

Thank you so much!





CHAT IN

What's **one action or idea** you plan to bring back to your organization from today's showcase?



Thank you!

Please take 2 minutes to provide your feedback on this event.



2021 Advisory Board • All rights reserved • advisory.com



LEGAL CAVEAT

Advisory Board has made efforts to verify the accuracy of the information it provides to viewers. This report relies on data obtained from many sources, however, and Advisory Board cannot guarantee the accuracy of the information provided or any analysis based thereon. In addition, Advisory Board is not in the business of giving legal, medical, accounting, or other professional advice, and its reports should not be construed as professional advice. In particular, viewers should not rely on any legal commentary in these slides as a basis for action, or assume that any tactics described herein would be permitted by applicable law or appropriate for a given viewer's situation. Viewers are advised to consult with appropriate professionals concerning legal, medical, tax, or accounting issues, before implementing any of these tactics. Neither Advisory Board nor its officers, directors, trustees, employees, and agents shall be liable for any claims, liabilities, or expenses relating to (a) any errors or omissions in this report, whether caused by Advisory Board or any of its employees or agents, or sources or other third parties, (b) any recommendation or graded ranking by Advisory Board, or (c) failure of viewer and its agents to abide by the terms set forth herein.

Advisory Board and the "A" logo are registered trademarks of The Advisory Board Company in the United States and other countries. Viewers are not permitted to use these trademarks, or any other trademark, product name, service name, trade name, and logo of Advisory Board without prior written consent of Advisory Board. All other trademarks, product names, service names, trade names, and logos used within these pages are the property of their respective holders. Use of other company trademarks, product names, trade names, and logos or images of the same does not necessarily constitute (a) an endorsement by such company of Advisory Board and its products and services, or (b) an endorsement of the company or its products or services by Advisory Board. Advisory Board is not affiliated with any such company.

IMPORTANT: Please read the following.

Advisory Board has organized this webinar panel for the exclusive use of the attending audience. Each viewer acknowledges and agrees that this webinar panel and the information contained herein (collectively, the "Report") are confidential and proprietary to Advisory Board. By accepting delivery of this Report, each viewer agrees to abide by the terms as stated herein, including the following:

- 1. Advisory Board owns all right, title, and interest in and to this Report. Except as stated herein, no right, license, permission, or interest of any kind in this Report is intended to be given, transferred to, or acquired by a viewer. Each viewer is authorized to use this Report only to the extent expressly authorized herein.
- 2. Each viewer shall not sell, license, republish, or post online or otherwise this Report, in part or in whole. Each viewer shall not disseminate or permit the use of, and shall take reasonable precautions to prevent such dissemination or use of, this Report by (a) any of its employees and agents (except as stated below), or (b) any third party.
- 3. Each viewer may make this Report available solely to those of its employees and agents who (a) are registered for the workshop of which this Report is a part, (b) require access to this Report in order to learn from the information described herein, and (c) agree not to disclose this Report to other employees or agents or any third party. Each viewer shall use, and shall ensure that its employees and agents use, this Report for its internal use only. Each viewer may make a limited number of copies, solely as adequate for use by its employees and agents in accordance with the terms herein.
- 4. Each viewer shall not remove from this Report any confidential markings, copyright notices, and/or other similar indicia herein.
- 5. Each viewer is responsible for any breach of its obligations as stated herein by any of its employees or agents.
- 6. If a viewer is unwilling to abide by any of the foregoing obligations, then such viewer shall promptly return this Report and all copies thereof to Advisory Board.

