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Examining the Role of Allied Health Managers in Identifying and Mitigating Barriers to Access Critical Healthcare for Socioeconomically Vulnerable Patient Populations A Review and Pilot Intervention

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Learning Objectives

- Evaluate Key Facets of Health Disparities in the US.
- Compare and Contrast Disparities Related to Specific Major Diseases.
  - COPD
  - Heart Failure (HF)
  - Diabetes
  - Cancer
- Describe the Major Barriers to Healthcare Equality
- Describe a Pilot Intervention Used in Nuclear Medicine Aimed at Overcoming Such Barriers and Reducing Disparities.
- Evaluate the Lessons Learned from the Pilot and Broader Implications for the Future.
- Share Selected References

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Health Disparities in the US

The U.S. spends over $3 trillion on health care each year, equivalent to~ $10,000 per person.

- Compared to other wealthy countries, US has the lowest life expectancy rate, & significant disparities in health outcomes.
  Where you live & how much money you make significantly impacts how healthy you can be.[1]

Only 10% of a person's health is determined by what happens inside a hospital or doctor's office.

Determinants of a person's health are predicated on their living circumstances

- **Housing**
- **Education**
- **Jobs**
- **Access to healthy foods,**
- **Safe places in which to live & work**
- **AHMs may address disparities by creating strategically integrated partnerships among public health agencies, health systems, private healthcare stakeholders & communities served.**

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Health Disparities in the US

In 2015, Life expectancy in the US was:

Highest: 87.7 Years for Asian/Pacific Islanders

Lowest: 75.7 Years for African Americans

Many Disparities persist, especially for poor and uninsured populations in all priority areas:

More than 1/2 of measures show that poor and low-income households have worse care than high-income households

Nearly 2/3 of measures show that uninsured people had worse care than privately insured people.

(Source- AHRQ 2016)

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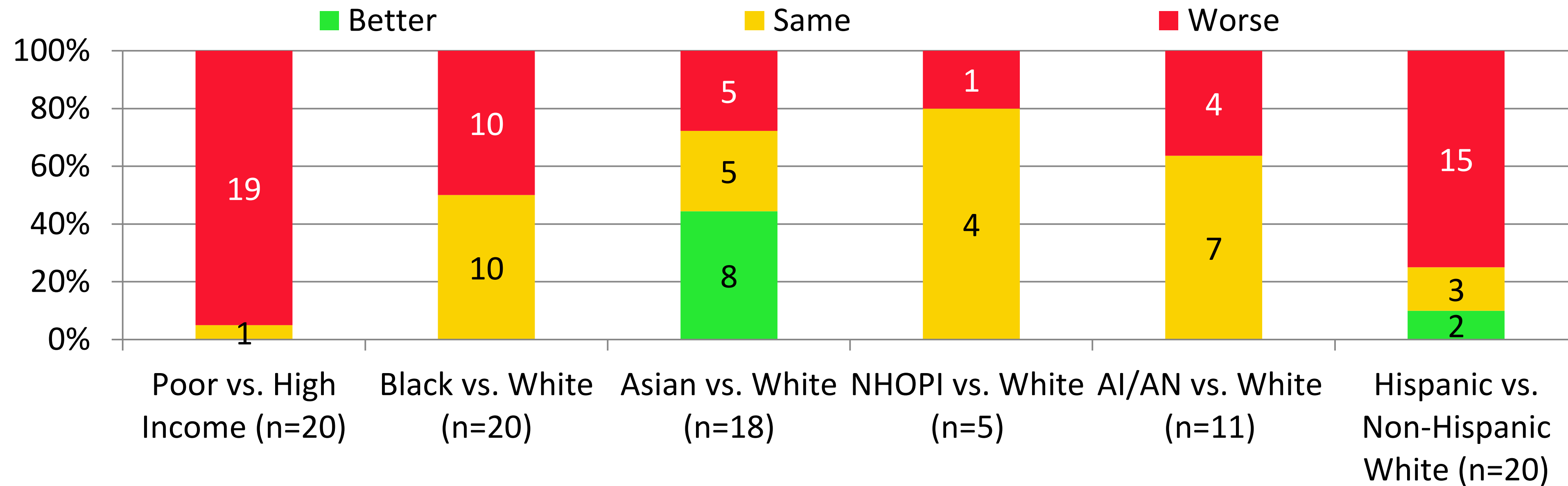
Number and Percentage of Access Measures for which Selected Socioeconomic Groups Experienced Better, Same, or Worse Access to Care (Compared with Reference Group)



Key: n = number of measures; NHOPI = Native Hawaiian or Other Pacific Islander; AI/AN = American Indian or Alaska Native.

Note: The measures represented in this chart are available in Appendix B. The number of measures is based on the measures that have data for each population group.

(Source CDC 2016)

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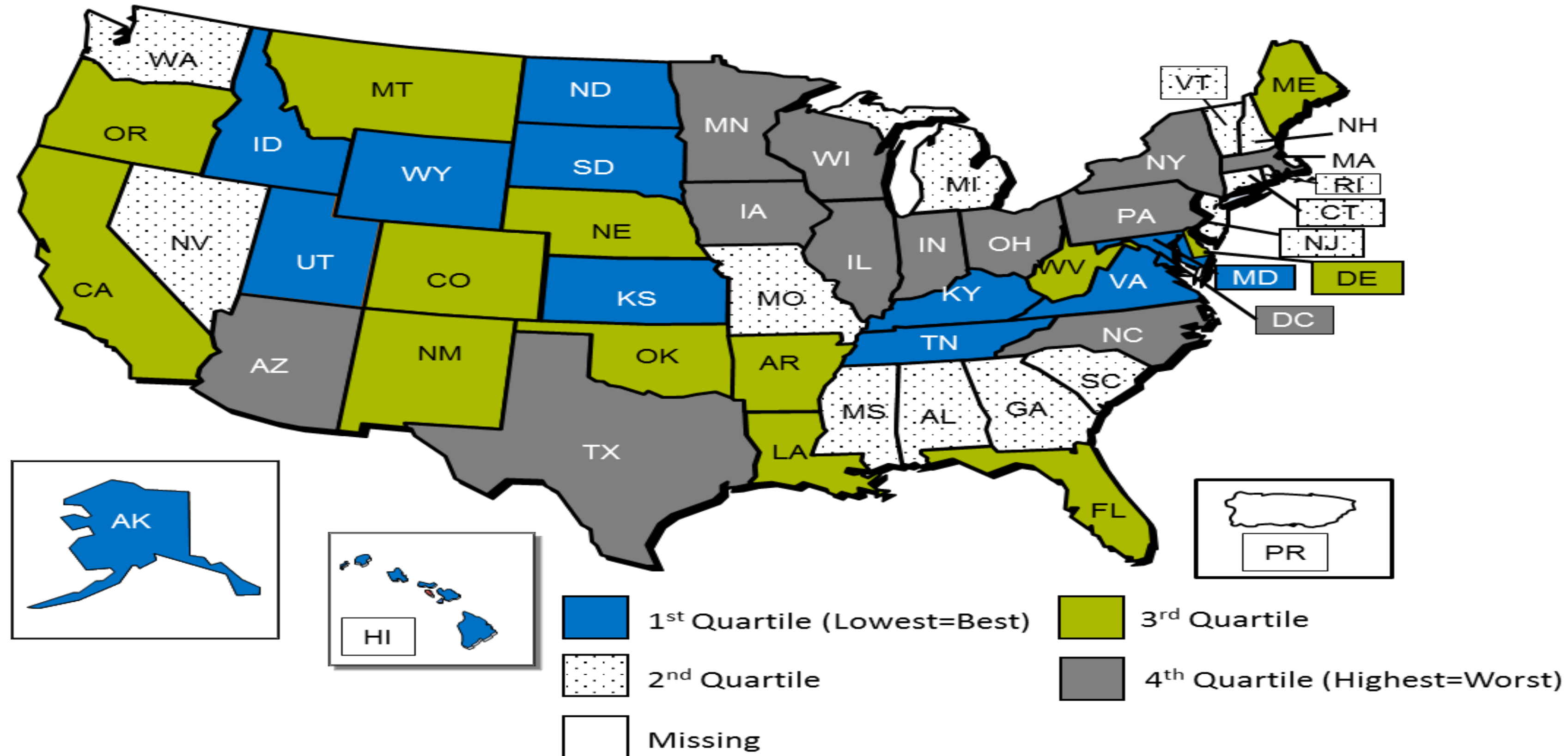
Average Differences in Quality of Care for Blacks, Hispanics, and Asians Compared with Whites, by State (Source, AHRQ, 2016)



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Minorities are Less Likely to be Enrolled in Disease Detection & Management Programs

SMOKING CESSATION PROGRAMS

PULMONARY AND CARDIAC REHABILITATION

DIABETES MANAGEMENT

CANCER SCREENING

Persistent Disparities in Care Coordination

- Trends in these disparities also show worsening over time:
  - From 2008 to 2014, the rate of poor adults with ED visits for **asthma** increased from 809 to 923 per 100,000 population compared with high-income adults, who showed a decrease from 348 to 310.
  - For poor children, the rate increased from 1,196 to 1,515/100,000 population compared with high-income children, whose rate remained stable (553 in 2008 and 549 in 2014).
  - Worsening disparities from 2007 to 2014 for ED visits for **mental health** among poor adults compared with high-income adults. (Source AHRQ 2016)

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Persistent Disparities in Care Coordination

- Significant disparities persist for the poor due to financial or insurance reasons.
- Significant disparities also persist for uninsured people who reported they were unable to get or were delayed in getting needed medical care due to financial or insurance reasons. (Source AHRQ 2016)[7]
- Heart failure & stroke are leading causes of death in US, yet poor rural patients have less access to HF monitoring & care.
- Pennsylvania-based Capital Blue Cross year-long remote Telehealth HF patient monitoring study on patients with HF saved $8,000 / patient & reduced hospitalizations by > 30 %.

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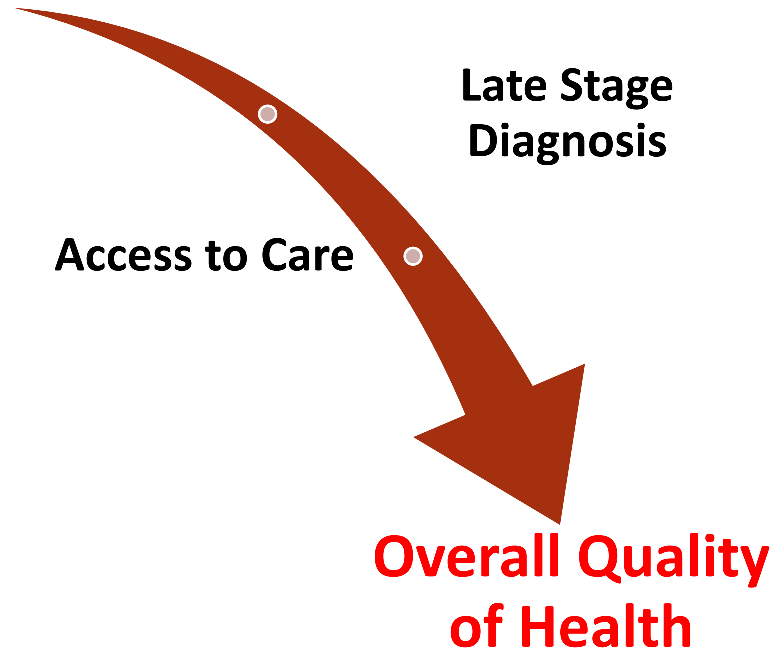

Socioeconomic Status and Health Status

Influences on health can be based on the individual behavior and/or geographic socioeconomic factors[6].

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Barriers to Accessing Healthcare Services for Socioeconomically Vulnerable Patients

Cultural Barriers

- Unfamiliar with U.S. health care practices.

Geographic Barriers

- Access is influenced by proximity to quality healthcare resources.

Health Education/Literacy Barriers

- Health literacy plays a significant role in health maintenance and early intervention.

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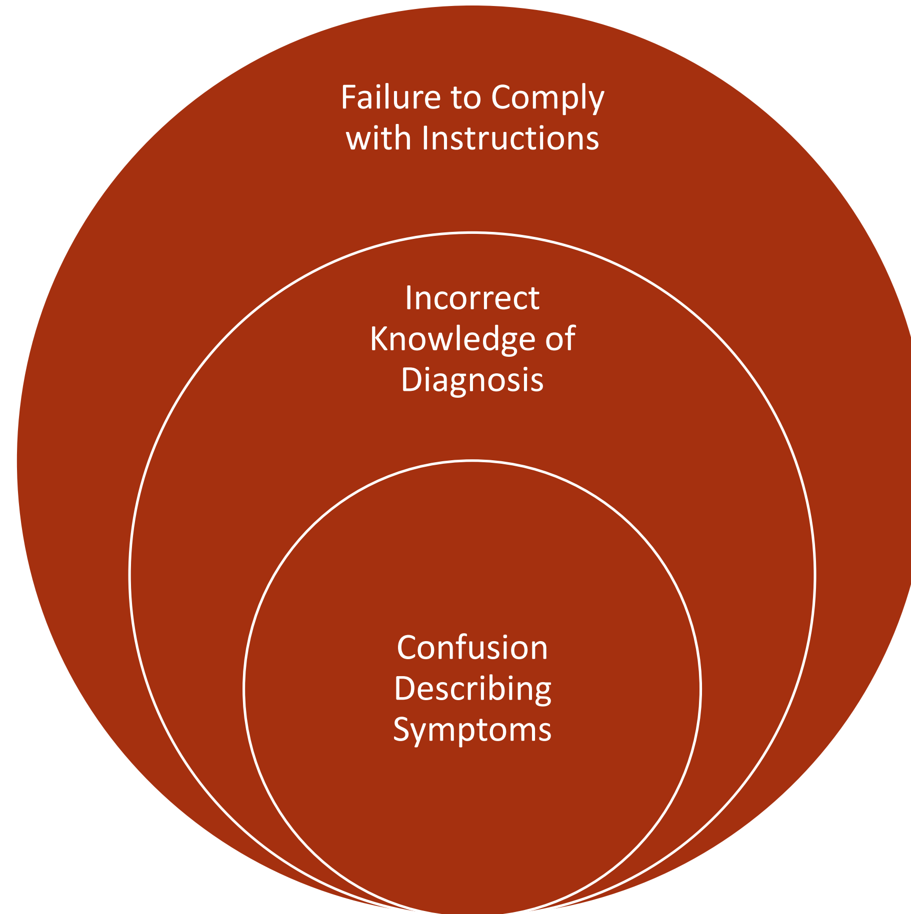
Barriers to Accessing Healthcare Services for Socioeconomically Vulnerable Patients

Language Barriers



Barriers to Accessing Healthcare Services for Socioeconomically Vulnerable Patients

Financial and Insurance Barriers

U.S. National Average of Uninsured Individuals in 2017[8] Ages 18-64	10.6%
Poor (<100% FPL)	24.2%
Near Poor (≥100% and <200% FPL)	23.4%
Not Poor (≥200% FPL)	8.1%

U.S. National Average that Delayed or Denied Care Due to Cost in 2015[9] Ages 18-64	7.3%
Poor (<100% FPL)	16.6%
Near Poor (≥100% and <200% FPL)	15.9%
Not Poor (≥200% FPL)	15.0%

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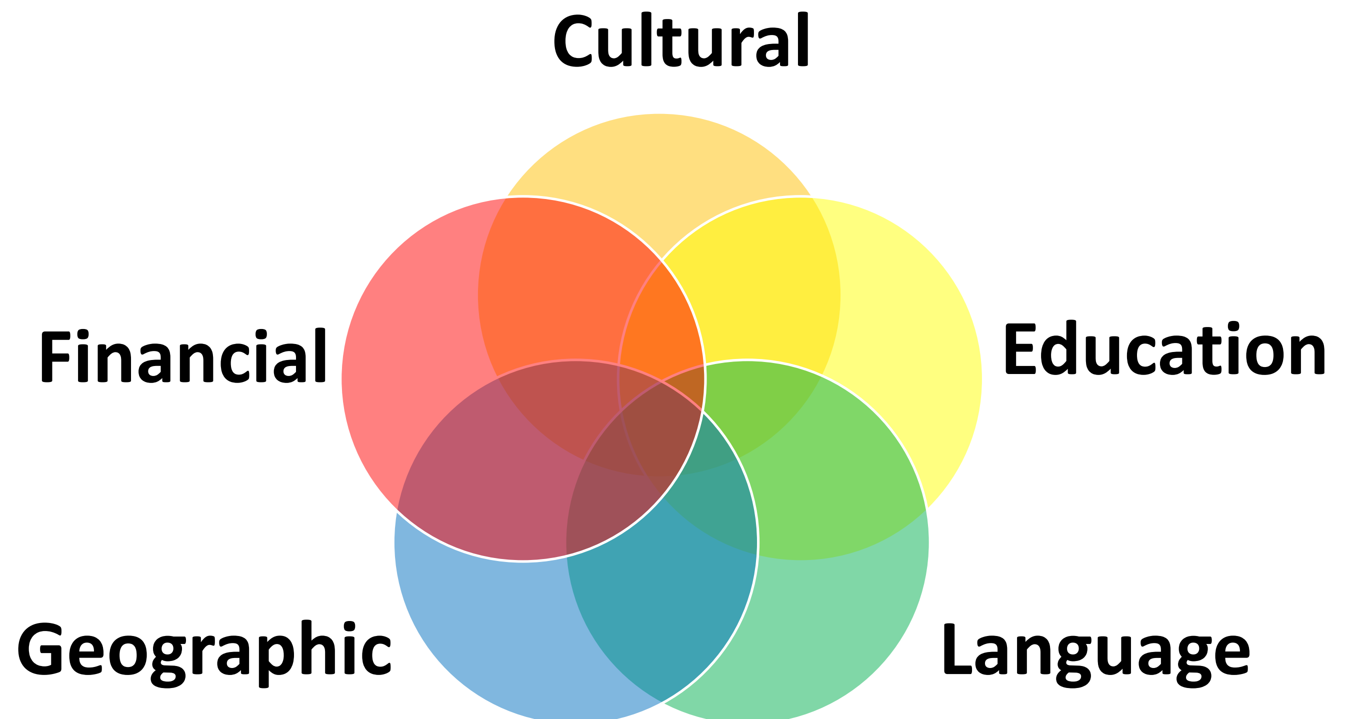
Barriers to Accessing Healthcare Services for Socioeconomically Vulnerable Patients

Previous Healthcare Experiences

- Decreased cancer screenings have been linked to:
  - Mistrust of healthcare providers
  - Previous negative experiences
  - Low self-efficacy



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Smoking, A Major Social Determinant of Health (and Avoidable Cause of Morbidity and Mortality)

- Approx. 15.0% of American adults smoke, but higher rates among minorities:
  - Nearly 32% for non-Hispanic American Indians/Alaska Natives
  - About 25% for non-Hispanic multiple race individuals
  - About 17% for non-Hispanic Blacks
  - Less than 15% for Whites

(Source: CDC 2016)

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Percentage of American Adults Diagnosed with Chronic Obstructive Pulmonary Disease (COPD), by Ethnicity (Source: CDC 2016)

American Indians and Natives; 11%

Multiracial: 10%

Non-Hispanic Blacks: 6%

Whites: 5%

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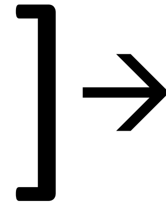
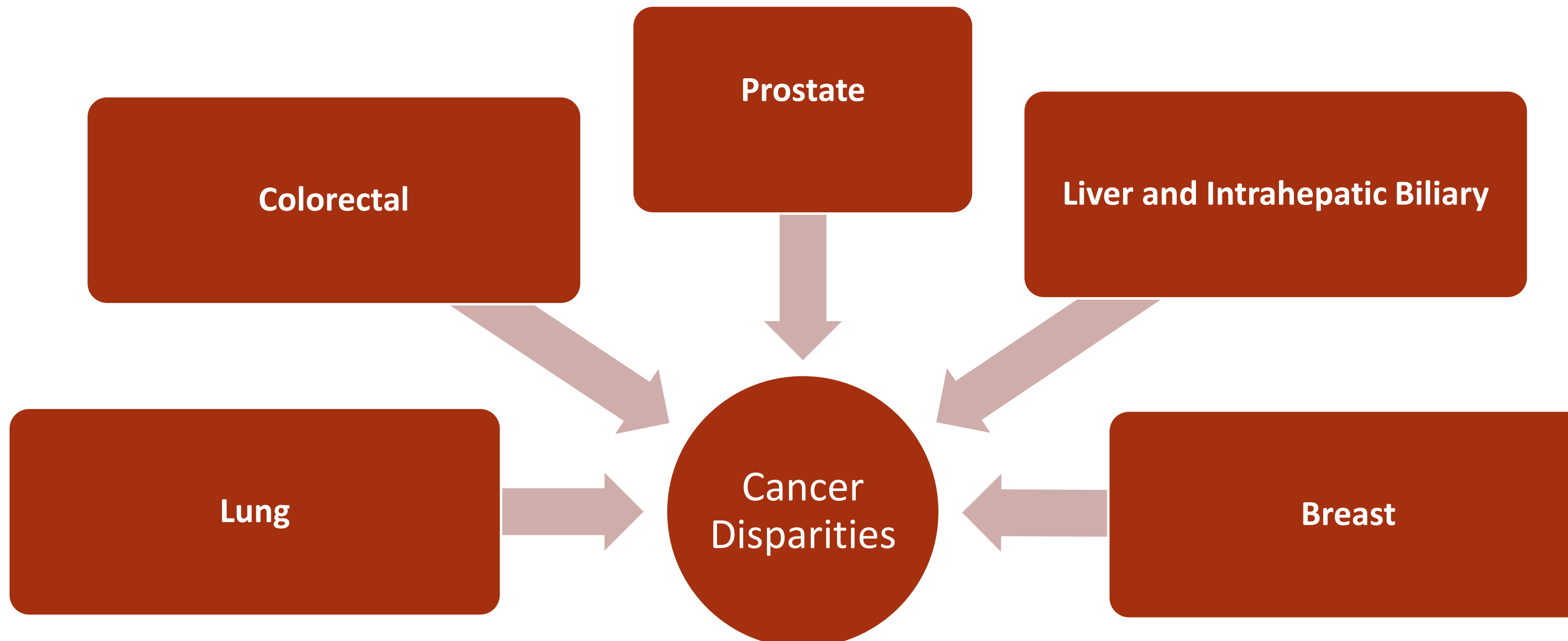
Disparities in Management of Cancer Diagnoses & Treatment

Cancer disparities among minority groups are in part a function of barriers to care relating to:

- Unavailability of early detection programs
- Lack of comprehensive insurance
- Cultural/language barriers
- Racial bias



All factors that are more likely to lead to an increased risk for cancer, later stage diagnosis, and poorer health outcomes[12].



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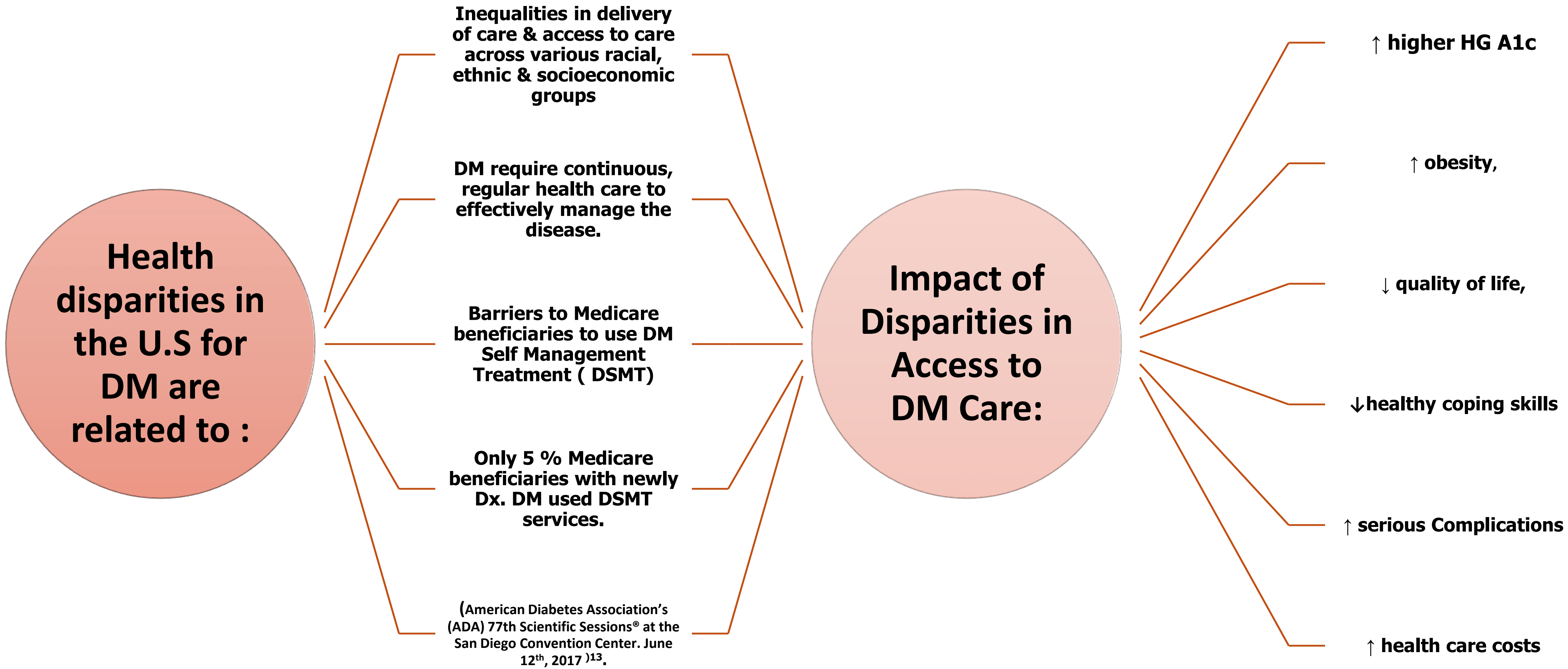
Disparities in Management of Diabetes (DM) & Treatment



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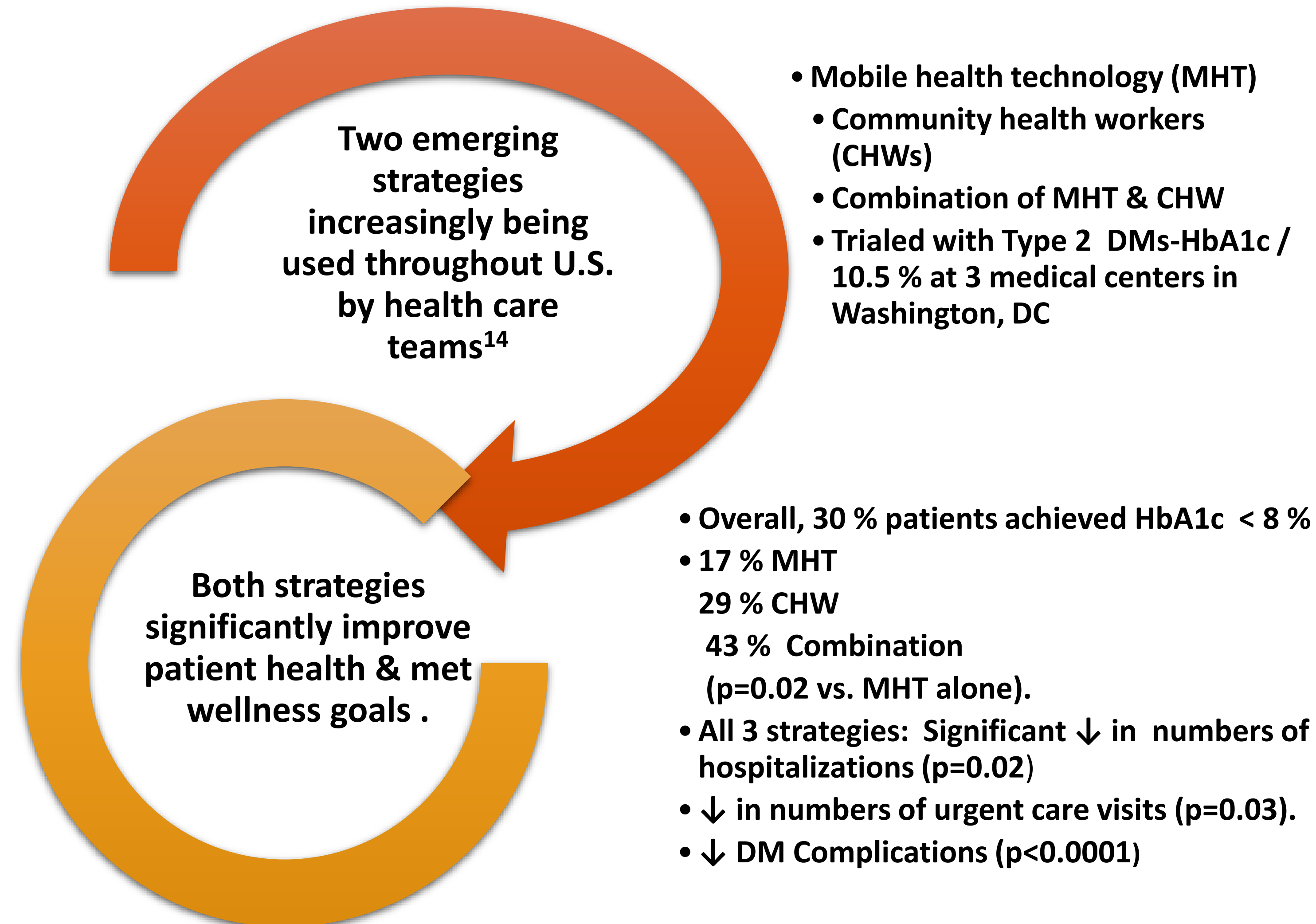
Mitigating Barriers to Management of Diabetes (DM) & Treatment



Legislation to Improve Access to Diabetes Self-Management

The Academy of Nutrition & Dietetics and Diabetes Advocacy Alliance Identified Barriers to DSMT that the legislation addresses

H.R. 5768 Introduced on May 10, 2018- Expanding Access to Diabetes Self-Management Training Act.

- **Expand access to permit non- primary MDs & qualified non-MD practitioners in coordination with MD managing individual's DM to order DSMT services.**
- **Extends initial 10 hours of DSMT covered by Medicare beyond 1st full year until fully utilized; provides for additional hours of DSMT as needed.**
- **Removes restrictions to coverage of DSMT & MNT furnished on same day.**
- **Removes patient cost sharing & excludes DSMT from deductible requirements.**
- **Revises Medicare Benefit Policy Manual to allow DSMT services by hospital outpatient dpt. at nonhospital site, e.g.; community-based location.**
- **Calls for CMMI to test effectiveness of virtual DSMT.**

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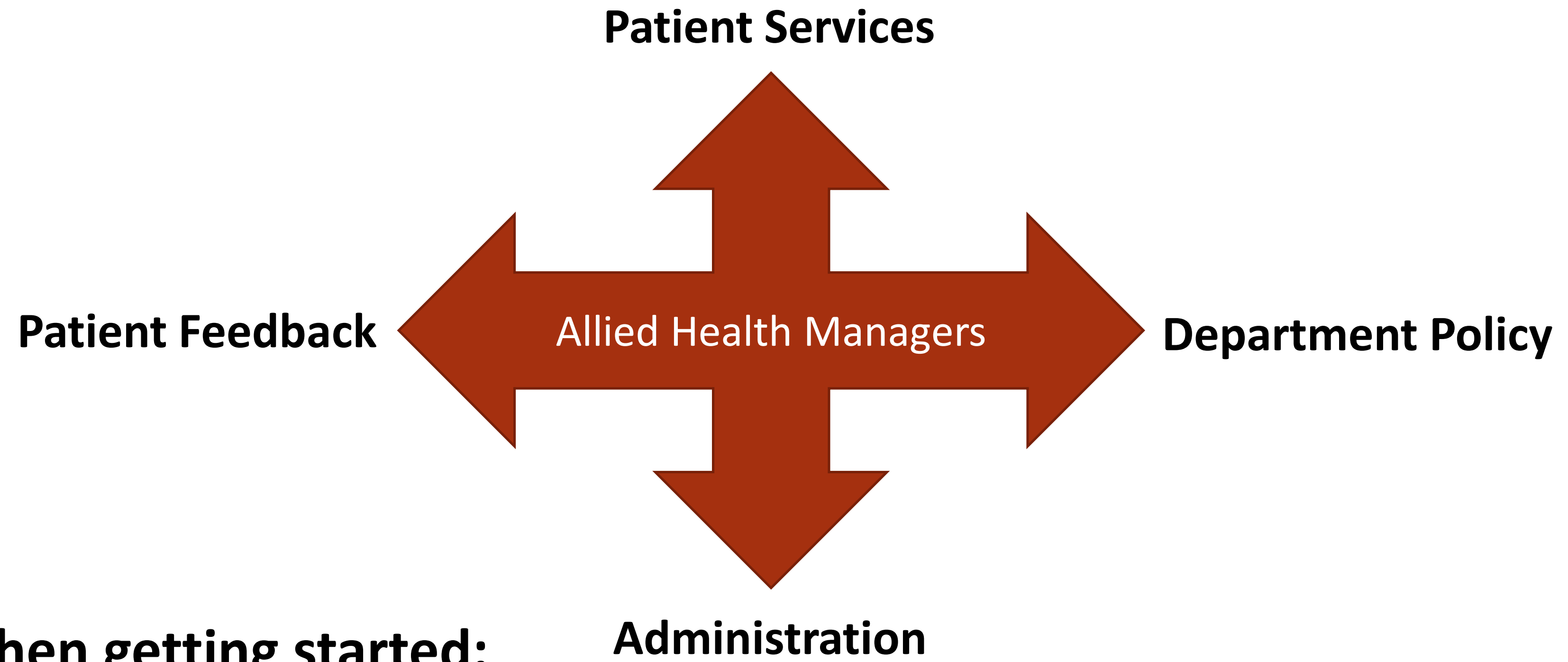
Allied Health Manager Pilot Intervention



Questions to ask when getting started:

- How to identify vulnerable patients?
- What are the barriers to care that these patients face?
- How to overcome these barriers to expand access?
- How to incorporate options to expand care into your facility?

Identifying and Mitigating Barriers for Patients with Metastatic Prostate Cancer

Barrier	AHM's Role	Strategy
Cultural or Religious	Express sensitivity to cultural opinions	Offer the opportunity to speak with pastoral services
Financial	Review patient's insurance status	Look for opportunities for financial assistance
Geographic	Ask patient if there are challenges to getting to your facility	Look for transportation funding
Health Education	Help patient to understand the process	Provide written instructions with important dates
Language	Ask patient is the preferred method of communication	Provide translation services or visual aids

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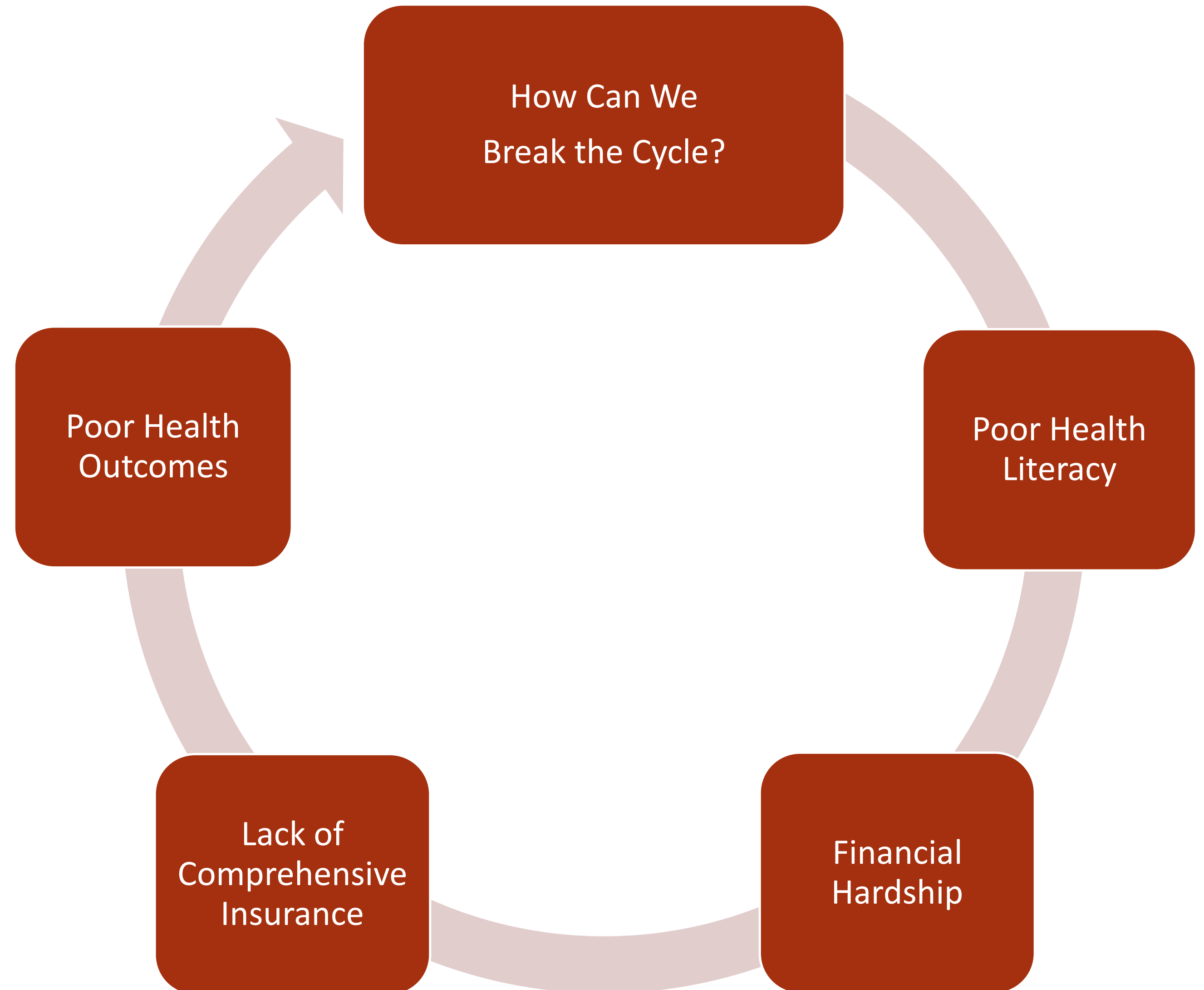
Once Vulnerable Patients Are Identified, What Can the AHM do to Help?

Focus on the barriers

- Look for alternative funding options
- Take time to educate patients
- Act as a resource throughout the process



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Identifying and Mitigating Barriers for Patients with Metastatic Prostate Cancer at University Hospital in Newark, NJ

A Pilot Intervention Designed to Remove Barriers to Care in a Vulnerable Population

Goals

- Increase access to palliative metastatic prostate cancer treatment.
- Educate the vulnerable population on the benefits of treatment and the importance of compliance to their health outcomes.
- Foster relationships with patients exposed to previous unsatisfactory healthcare experiences.

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Identifying and Mitigating Barriers for Patients with Metastatic Prostate Cancer at University Hospital in Newark, NJ

A Pilot Intervention Designed to Remove Barriers to Care in a Vulnerable Population

Process

- Preliminary screening process to identify barriers
    - Meet with patients to discuss financial and logistic status.
    - Review of insurance coverage
    - Review disease history
- Enroll patients in financial assistance funds and transportation services when applicable.
- Monitor patients throughout the treatment process.
    - Follow up phone calls
    - Follow up on lab work

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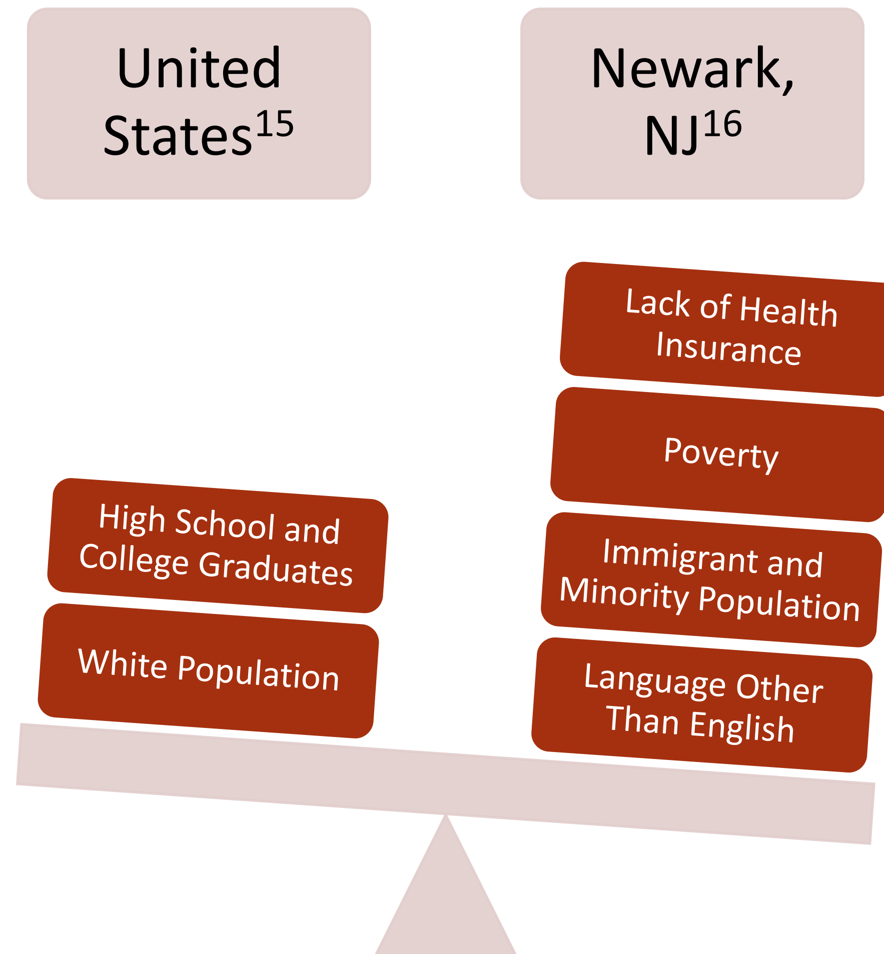
Socioeconomic Statistics of Newark, NJ Compared to the United States in 2016



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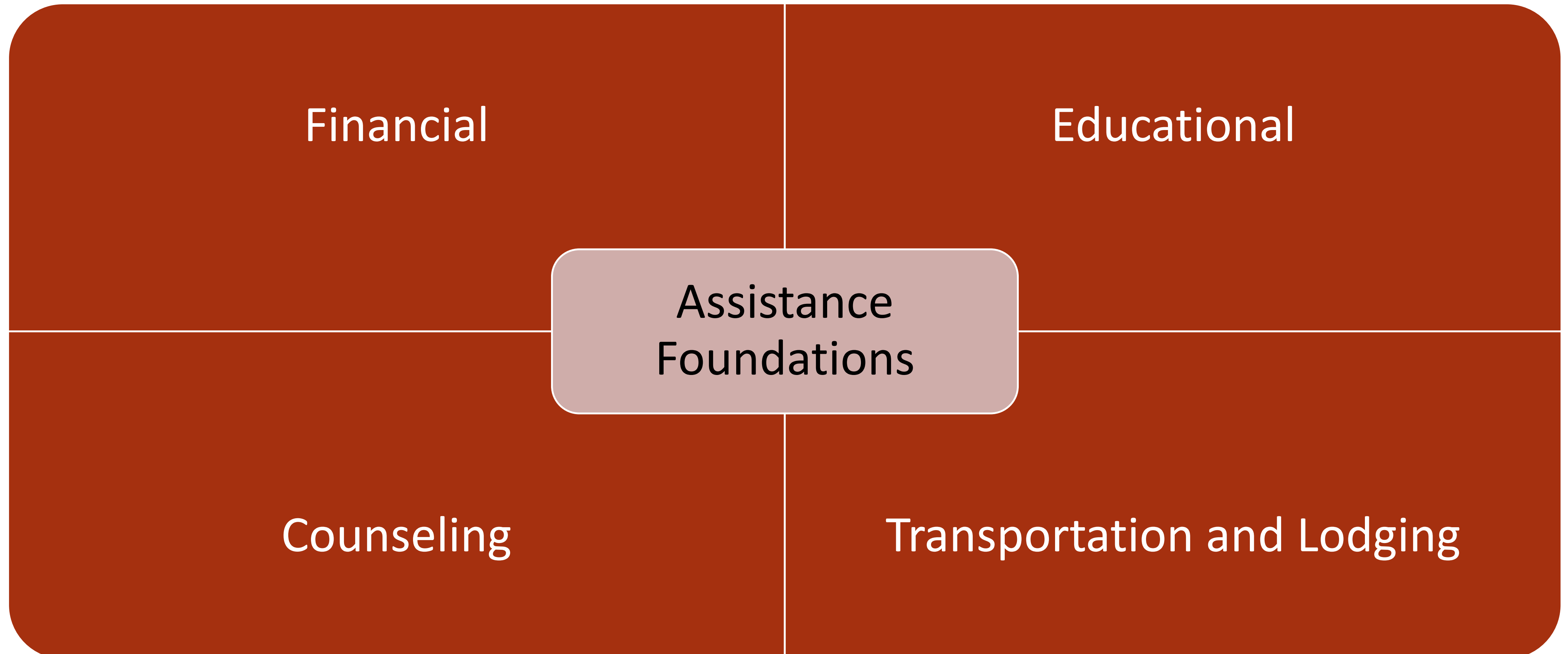
Opportunities for the AHM to Navigate



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Xofigo® is a palliative radioactive therapy that targets metastatic bone disease from prostate cancer and is used when traditional hormonal therapies are no longer successful. Benefits of this treatment include:

- Increase in life expectancy
- Increase in time to symptomatic skeletal events
- Decrease in prostate cancer blood markers (ALP and PSA) indicating better disease control

During your six-month treatment cycle, you may experience some of the following symptoms:

- Nausea
- Diarrhea
- Vomiting
- Swelling of the arms or legs
- Low blood cell counts

If you experience any of these symptoms, it is important to call 973-972-6022 to speak with a physician

Upcoming visits for this therapy

Reason for Visit	Date
Treatment #1	
Lab Work	
Treatment # 2	
Lab Work	
Treatment # 3	
Lab Work	
Treatment # 4	
Lab Work	
Treatment # 5	
Lab Work	
Treatment # 6	

If you have any questions or concerns please do not hesitate to call the division supervisor Michael Kortbawi at 973-972-6022

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Outcomes

Roughly 50% of patients referred are eligible for financial assistance.

- Charity Care
- High out of pockets expenses
- Transportation

Exploring assistance options has led to individuals accepting care in instances where they might have denied it due to out of pocket costs.

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Lessons Learned

1. Opportunities exist to overcome financial and transportation barriers.
2. Hospitals have established services for patients to overcome language barriers and address religious concerns.
3. Educating patients requires commitment and is critical in the trust building process.

Challenges to system implementation include:

- Availability of assistance funds
- How this initiative will fit into the existing hospital billing construct.
- Always be an advocate and don’t give up!

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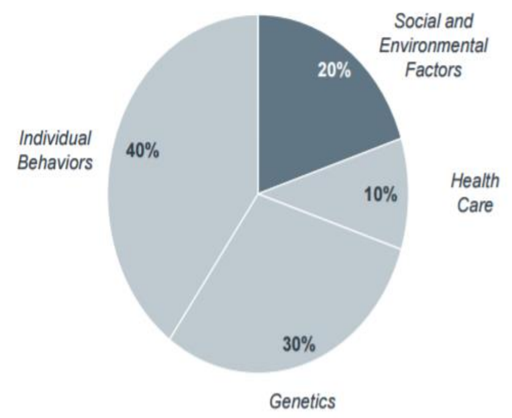
KEY TAKEAWAYS For Allied Health Managers

Most hospitals & health systems have a community outreach Sector or fund for supporting collaborative partnerships /projects.

Hospitals, local not-for-profit organizations, and health departments are pursuing the same objectives but have not coordinated to share valuable data, information, and resources.



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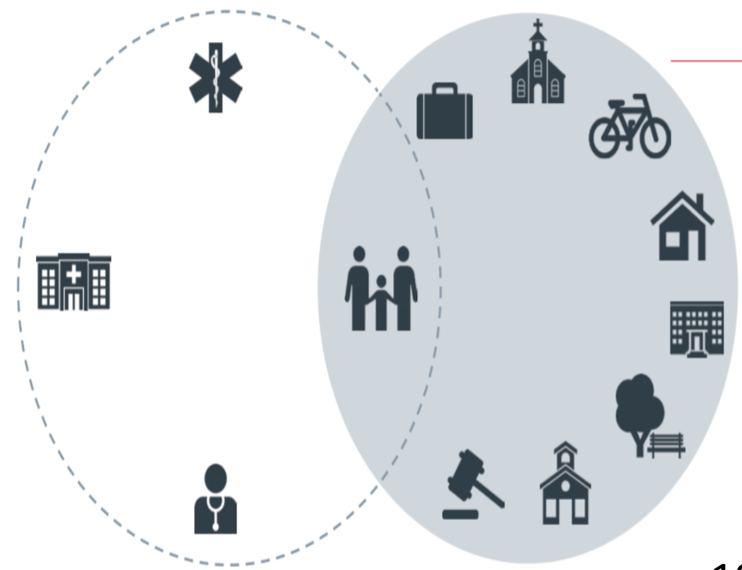

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Recommended Strategies for AHMs to Improve Access to Healthcare

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Recommended Strategies for AHMs to Improve Access to Healthcare

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Recommended Strategies for AHMs to Improve Access to Healthcare

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Additional Resources for AHMs

Example Organizations for Patient Assistance		
American Cancer Society https://www.cancer.org Information on available assistance for lodging, transportation, and food costs.	**Patient Advocate Foundation** https://www.patientadvocate.org Allows you to search a national financial assistance directory	**Patient Access Network Foundation** https://panfoundation.org Search for assistance by disease
RxAssist http://www.rxassist.org A database that allows you to search for assistance programs by drug name	**The National Organization for Rare Diseases (NORD)** https://rarediseases.org Financial assistance and patient education	**Cancer.net** https://www.cancer.net Offers links to organizations to provide financial assistance, housing assistance, travel assistance
The HealthWell Foundation https://www.healthwellfoundation.org Search for financial assistance by disease specific funds	**Cancer Care** www.cancercare.org Offers financial assistance, counseling, and educational workshops	**Cancer Financial Assistance Coalition** https://www.cancerfac.org A search engine that allows you to find organizations that can financially assist patients with a wide range of services associated with the process of battling cancer

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