

BREAKING THE BARRIERS TO SPECIALTY CARE

PRACTICAL IDEAS TO IMPROVE HEALTH EQUITY AND REDUCE COST

A resource for policymakers, funders, payers, and providers

DEEP INEQUITIES IN HEALTH OUTCOMES PERSIST ACROSS SPECIALTY CARE TODAY

The **five-year survival rate for lung cancer is 20% lower for black Americans** than for white Americans with similar characteristics.

Low-income populations have a **50% higher risk of developing heart disease** than those with higher incomes.

For those with HIV, **race/ethnicity, gender and socio-economic status are all correlated with rates of ART adherence** and viral suppression.

Rural cancer patients experience higher mortality rates than their urban peers.

THESE DISPARITIES ARE DRIVEN BY A DIVERSE SET OF FACTORS

-  **Geography**
-  **Community**
-  **Insurance**
-  **Quality of Care**
-  **Providers**

Only 3% of medical oncologists practice in rural areas – rural patients are forced to **travel great distances**, incurring time and financial costs. Heart failure patients in low-income neighborhoods are 10% more likely to be **readmitted to a hospital** than those in wealthier areas. Patients on Medicaid can **wait an average of 5 times longer** to see an oncologist for diagnosis than patients on private insurance. Cancer patients treated at safety-net facilities have **lower three-year survival rates** than those receiving care at private cancer care centers. As a result of poor patient-provider interactions, black lung cancer patients are **less likely to be referred to surgery** or smoking cessation.

NEW SOLUTIONS ARE EMERGING TO IMPROVE EQUITY IN 3 KEY AREAS



Improving Specialty Care Availability
 Solutions such as *telemedicine*, innovative partnerships between specialists and *primary care physicians*, and centralized *local referral networks* improve access to specialty care for low-income and rural populations and reduce long-term health costs.

Ensuring High-Quality Care
 Acknowledgement of disparities among racial and ethnic groups is driving new efforts to mitigate provider *implicit bias*, establish *culturally-competent care*, and harness the power of *quality improvement* to identify and eliminate disparities in patient care.

Helping Patients Engage in Care
 To improve health equity and control costs, specialty care actors are increasingly working to address the social determinants of health through *community outreach* to engage patients, introducing *patient navigation*, and incorporating *patient support*.

These solutions have been shown to reduce ER usage, improve resource efficiency, lower the cost of care for patients with complex needs, and reduce medical errors.

LEARN MORE

“*Breaking the Barriers to Specialty Care*” is a series of five issue briefs that capture the latest data and analyses on disparities for diseases such as cancer, cardiovascular disease and HIV/AIDS, case studies of effective solutions, evidence of health equity impact and cost effectiveness, and action steps for implementation and scale. Case studies include: Project ECHO, Kaiser Permanente’s language access program, HealthPartners “Partners for Better Health Goals” Initiative, United Health Group’s Health Equity Service Program, Cedars-Sinai Heart Institute’s community outreach approach, Cancer Support Community’s distress screening protocol, and over 20 others. Download the five briefs at <http://www.fsg.org/publications/breaking-barriers-specialty-care>