Bristol-Myers Squibb Foundation: Supporting Sustainable Innovations in Health Equity

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Introduction to the Bristol-Myers Squibb Foundation

- Returning Veterans in the U.S.
- Lung Cancer in the U.S.
- Specialty Care in the U.S.
- Type 2 Diabetes in the U.S.
- Cancer in Central and Eastern Europe
- Hepatitis in China & India
- HIV and Cervical Cancer in Africa

The mission of the Bristol-Myers Squibb Foundation is to promote health equity and improve the health outcomes of populations disproportionately affected by serious diseases.
Bristol-Myers Squibb Foundation Approach & Work

**Outreach & Engagement on Health Equity**
- Healthcare and medical leadership
- Sectors: government, non-profit, civil society, business, academia, other foundations
- Complementary and reinforcing efforts: community development and social justice

**Accountable Grant Making**
- Focus on vulnerable and medically underserved populations *with their involvement and partnership*
- Supporting innovation and R&D for health equity / new models of care and support
- Health system strengthening
- Integrating community supportive services and clinical services
  - Social determinants of health
  - Social determinants of equity
- Mobilizing communities and community strengths to fight disease and promote health (SDOH, SD Equity)
- Changing mindsets on impact and contributing factors on health equities and role to play in addressing them
- Measurement: capacity, access, quality, health outcomes, quality of life, patient centered outcomes

**Technical Assistance for Sustainability**
- Policy & Advocacy: Harvard Law School Center for Health Law & Policy Innovation
- Health plans and health systems engagement for financing and resources: FSG

**Sharing & Spreading Knowledge**
- Grantee learning collaborative & summit with National Network of Public Health Institutes
- Peer reviewed publications, conference presentations, tools, case studies, stories

**Speaking Out**
- Op-eds and think pieces
- Publications and presentations
- Policymaker and health leadership education re health inequities and exposure to work of BMSF grantees
- Peer foundations
GOAL
Improve access to and utilization of specialty care services, and health outcomes of vulnerable populations living with cancers, HIV and cardiovascular disease

Health systems strengthening
Complete systems of care and expand specialty care delivery for Medicaid, medically underserved and vulnerable patients through collaborations among specialists and community based care/primary care providers

Patient engagement and support
Enhance patient engagement and community supportive services to optimize specialty care utilization and self care

Translate the successful models into services and capacity sustained by reimbursement, other funding sources and enabling institution-level and government policies.
Disparities in Cancer Incidence and Death Rate for Females by Race & Ethnicity
Disparities in Cancer Incidence and Death Rates for Males by Race & Ethnicity

Source: CDC
Lung Cancer Incidence and Death Rate for Females by Race & Ethnicity

Lung and Bronchus Cancer
Incidence Rates by Race and Ethnicity, Female, United States, 1999–2013

Lung and Bronchus Cancer
Death Rates by Race and Ethnicity, Female, United States, 1999–2013
Lung Cancer Incidence and Death Rate for Males by Race & Ethnicity

**Lung and Bronchus Cancer**
Incidence Rates by Race and Ethnicity, Male, United States, 1999–2013

Death Rates by Race and Ethnicity, Male, United States, 1999–2013
Examples of Grantee Health Equity Projects

Building cancer services & continuum of care for high-risk populations

- Lung cancer screening services for Medicaid and African Americans in Harlem and Upper Manhattan (Ralph Lauren Cancer Care Center)
- Skin cancer prevention, treatment and care services for Hispanic and migrant farmworkers in AZ, FL and CA (Farmworker Justice)

Mobilizing a network of cancer care providers on health equity

- Optimal Care Coordination Model for lung cancer Medicaid patients (Association of Community Cancer Centers)

Expanding proven quality improvement packages to safety net settings

- Rapid lung cancer diagnosis and treatment plan protocol extended to primary care practices/FQHCs and community hospitals serving low income and minority patients at high risk (Anne Arundel Medical Center); improving health system equity in clinical services and social impact through QI (Institute for Healthcare Improvement)
Examples of Grantee Health Equity Projects

- **Care delivery in response to high-risk patient preferences**
  - Home-based and community-based HIV/AIDS services for patients who have fallen out of care *(Washington AIDS Partnership)*

- **Bringing coordination, innovation and equity to statewide lung cancer screening, treatment and care efforts**
  - Statewide multi-institutional, multidisciplinary approach to improve lung cancer prevention, screening and treatment services in Maine *(Maine Medical Center)*

- **Upskilling community based providers via telehealth, case based learning, and ongoing care collaborations**
  - NCI CCCs specialists are linked with community based cancer care providers and utilize tele mentoring and collaborative care model to cascade knowledge, task shift and improve prevention, screening, treatment, care and survivorship *(Project ECHO for Cancer Care)*
Breaking the Barriers to Specialty Care
Practical Ideas to Improve Health Equity and Reduce Cost
Disparities in lung cancer along the patient pathway

**Risk factors for disease**
- Black smokers are **20% more likely** to have lung cancer than white Americans who smoke the same amount.

**Timely screening and diagnosis**
- Black Americans are far more likely to have a **late-stage diagnosis** than white Americans.

**Follow-up with specialist**
- Patients on Medicaid wait **5 times longer** to see an oncologist than patients on private insurance.

**High-quality care**
- Black Americans are **20-70% less likely** to receive life-saving treatment than white Americans and are **30% less likely** to be referred to smoking cessation.
- Patients from communities with household incomes below $30K are **25% likely to die** within 30 days of lung surgery than wealthier patients.
Changing Mindset: Equity in Specialty Care Briefs 2,3,4

Increasing Specialty Care Availability
to better enable access to specialty care for rural and low-income populations.
For more analysis, examples, and solutions, see Brief 2: Increasing Specialty Care Availability

Ensuring High-Quality Care
to better meet the needs of low-income and minority patients engaged in specialty care.
For more analysis, examples, and solutions, see Brief 3: Ensuring High Quality Specialty Care

Helping Patients Engage in Care
by addressing the social factors that impede patients’ ability to promote and protect their own health, engage in care, and adhere to treatment.
For more analysis, examples and solutions, see Brief 4: Helping Patients Engage in Specialty Care

Over 30 case studies of effective programs and interventions
Across these examples, we saw five consistent elements that enabled sustainability and scale.

1. Effective **use of data to identify disparities and track impact** is an essential component of initiatives to improve equity in specialty care.

2. Taking a **community-based approach** is necessary to fully address health disparities, even for specialty care.

3. Efforts to address health equity require **leadership with a systems orientation and an equity mindset**.

4. An **enabling policy environment** is essential to help programs that reduce disparities in specialty care thrive and to encourage and incentivize participation from system actors at all levels.

5. While every organization must take action to address health disparities, no one provider, payer, policy maker or patient can change the system in isolation. **Collaboration is fundamental**.
Thank you!

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