Reducing Disparities in Palliative and End of Life Cancer Care Delivery – The Effect of Community and Academic Partnerships Manali I. Patel MD MPH MS Assistant Professor, Division of Oncology, Stanford University Staff Oncologist, VA Palo Alto Health Care System

Decades of Descriptions of Disparities

Racial and Ethnic Disparity in Palliative Care and Hospice Use

Evaluation of Racial Disparities in Hospic Use and End-of-Life Treatment Intensity in the REGARDS Cohort

Racially Associated Disparities in Hospice and Palliative Care Access: Acknowledging the Facts While Addressing the Opportunities to Improve Racial and Ethnic Disparities in Palliative Care: A Systematic Scoping Review

COMMENTARY | VOLUME 34, 100833, APRIL 01, 2021

Denied the right to comfort: Racial inequities in palliative care provision

Racial and Ethnic Disparities in Palliative Care

Drivers of racial/ethnic differences in perceived end-of-life care quality: More questions than answers

Racial and ethnic disparities in palliative care utilization among gynecological cancer patients

Examining Regional Differences in Nursing Home Palliative Care for Black and Hispanic Residents

Disparities in Palliative Care

Does ethnicity affect pain management for people with advanced disease? A mixed methods crossnational systematic review of 'very high' Human Development Index English-speaking countries

Far, Far Fewer Interventions

Effect of Apoyo con Cariño (Support With Caring) Trial of a Patient Navigator Intervention to Improve Palliative Care Outcomes for Latino Adults With Advanced Cancer A Randomized Clinical Trial A randomized trial of a multi-level intervention to improve advance care planning and symptom management among lowincome and minority employees diagnosed with cancer in outpatient community settings

Manali I. Patel, MD MPH MS^{1,2,3}, Sana Khateeb, MPH¹, Tumaini Coker, MD MPH MBA^{4,5}

THE BLOG HEALTHY LIVING HOSPICE END OF LIFE CARE

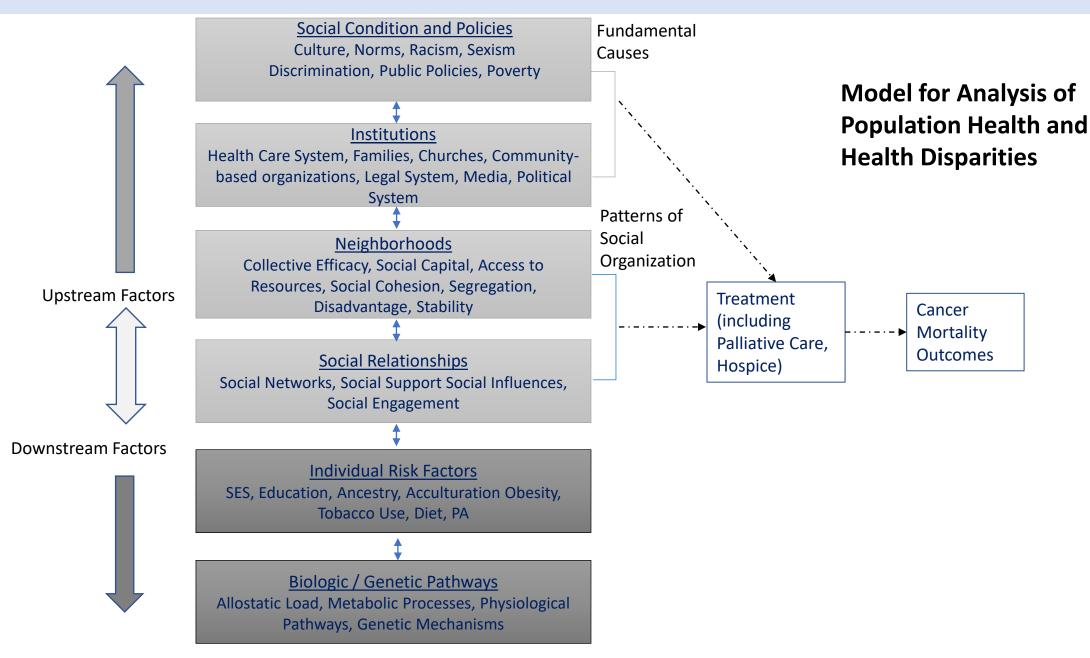
Project HOPE: Overcoming Demographic Barriers to Hospice Care

Gundersen Health System Leads the Way in Documenting Patients' End-of-Life Wishes Project Equity: Improving Health Equity for People with Serious Illness

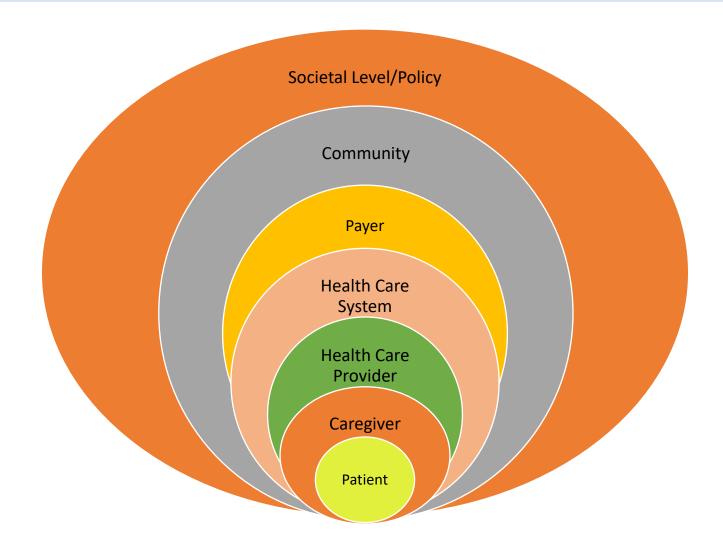
Improving Health Equity for People with Serious Illness



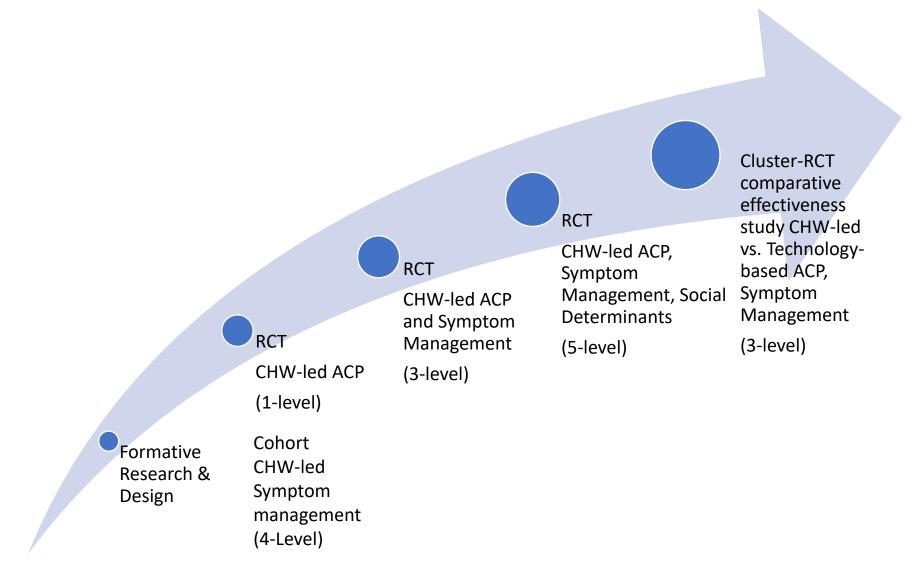
To Achieve Health Equity, We Need a Paradigm Shift



Health Equity is a Multi-level Choice

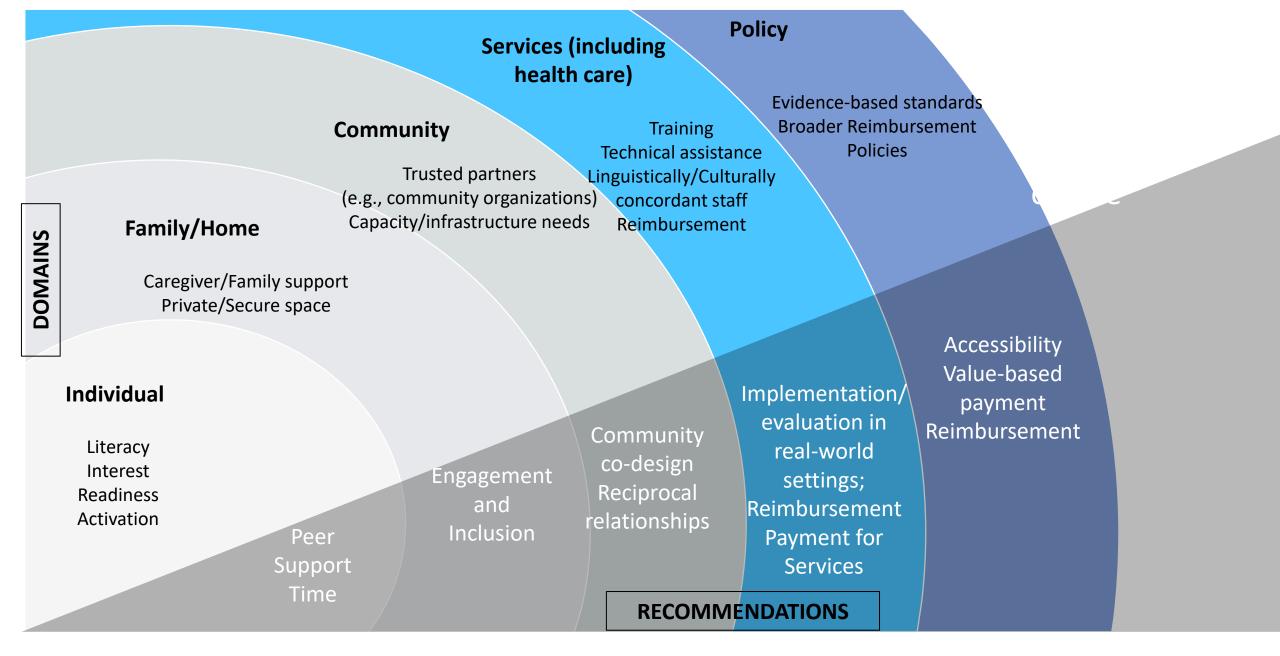


Progression of Multilevel Stakeholder-Engaged Research

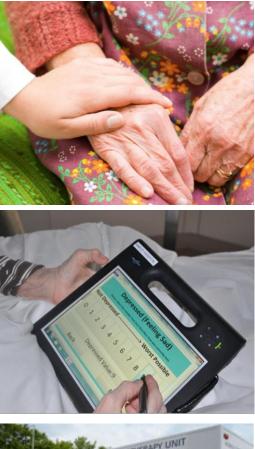


Formative Research

	Redesigning Cancer Care Delivery: Views From Patients	
	and Caregivers	
	Manali I. Patel, Vyjeyanthi S. Periyakoil, Douglas W. Blayney, David Moore, Andrea Nevedal, Steven Asch, Arnold Milstein, and Tumaini R. Coker	
	Original Article	
	Delivering End-of-Life Cancer Care: Perspectives of Providers	American Journal of Hospice & Palliative Medicine [®] 2018, Vol. 35(3) 497-504 © The Author(s) 2017 Reprints and permission: sagepub.com/journalsPermissions.nav DOI: 10.1177/1049909117719879 journals.sagepub.com/home/ajh ©SAGE
	Manali I. Patel, MD, MPH, MS ^{1,2} , Vyjeyanthi S. Periyakoil, MD ² , David Moore, PhD ³ , Andrea Nevedal, PhD ² , and Tumaini R. Co	bker, MD, MPH⁴
CARE DELIVERY	of Health Oave Dever Overen institute	
Perspectives on Cancer Ca	of Health Care Payer Organizations	
on Cancer Ca	are Delivery Redesign: A	
National Chu	4.	
Manali I. Patel, MD ^{1,2} ; David Moore	1V	



Intervention Design



Well-trained Community Health Worker

- Educates and Engages Patients and Caregivers
- Goals of care, Advance Directives, Palliative Care

Proactive Symptom Assessment

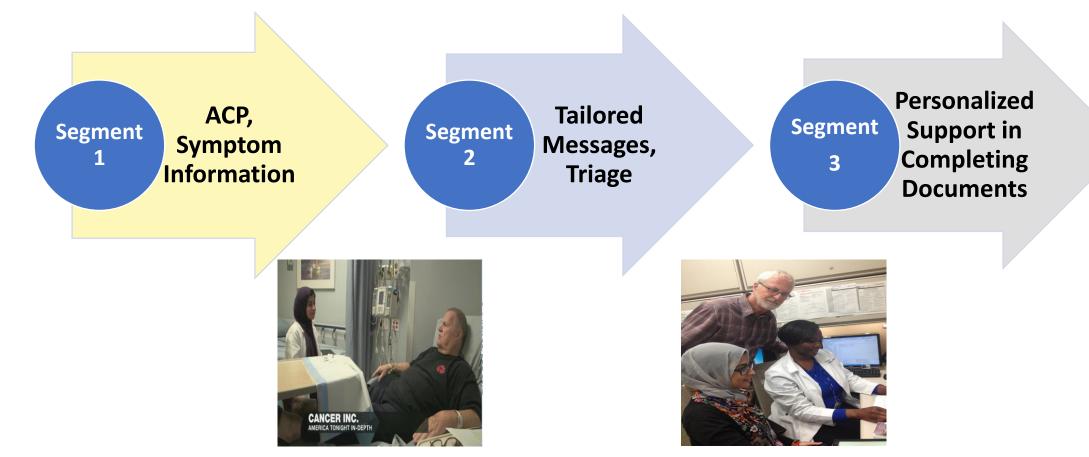
- Symptom Algorithms
- Medication Bundles

Home and Community-based Care

- Delivery of treatments and visits in home
- Leverage telemedicine

¹Patel JOP 2017; ²Patel Amer Journal Hospice and Palliative Care 2017; ³Patel JOP 2015;

Community Health Worker-Led Advance Care Planning



VA Office of Patient Centered Care & Cultural Transformation (Patel), California Health Care Foundation (Patel), NIH KL2 (Patel) Patel et al. JAMA Oncology 2018

Community Health Worker-Led Symptom Management



Patel JAMA Netw Open 2020; Journal Clinical Oncology OP 2020

Original Investigation

October 2018

Effect of a Lay Health Worker Intervention on Goals-of-Care **Documentation and on Health Care** Use, Costs, and Satisfaction Among **Patients With Cancer** A Randomized Clinical Trial

Manali I. Patel, MD, MPH, MS^{1,2,3,4}; Vandana Sundaram, MPH⁵; Manisha Desai, PhD⁵; et al

Author Affiliations | Article Information

JAMA Oncol. 2018;4(10):1359-1366. doi:10.1001/jamaoncol.2018.2446



Original Investigation | Health Policy

Association of a Lay Health Worker Intervention With Symptom Burden, Survival, Health Care Use, and Total Costs Among Medicare Enrollees With Cancer

Manali I. Patel, MD, MPH, MS; David Ramirez, MD; Richy Agajanian, MD; Hilda Agajanian, BA; Tumaini Coker, MD, MPH, MBA

EQUITY IN CANCER CARE Recap

Association of a Lay Health Worker–Led Check Intervention on Goals of Care, Quality of Life, and **Clinical Trial Participation Among Low-Income** and Minority Adults With Cancer

Manali I. Patel, MD, MPH, MS^{1,2,3}; Sana Khateeb, MPH¹; and Tumaini Coker, MD, MBA^{4,5}

CARE DELIVERY

Lay Health Worker-Led Cancer Symptom Screening Intervention and the Effect on

Tri-Part Collaboration

Manali I, Patel, MD, MPH, MS^{1,2}; David Ramirez, MD³; Richy Agaianian, MD⁴; Hilda Agaianian⁴; Jay Bhattacharya, MD, PhD¹; and Kate M. Bundorf, PhD¹

> Lay Health Workers' Perspectives on **Delivery of Advance Care Planning and** Symptom Screening Among Adults With **Cancer: A Qualitative Study**

Manali I. Patel, MD, MPH, MS^{1,2,3}, Sana Khateeb, MPH¹, and Tumaini Coker, MD, MBA^{4,5}

> End-of-Life Cancer Care Redesign: Patient and Caregiver Experiences in a Lay Health Worker-Led Intervention

Manali I. Patel, MD, MPH, MS^{1,2,3}, David Moore, PhD⁴, and Tumaini R. Coker, MD, MBA^{5,6}

VA Office of Patient Centered Care & Cultural Transformation (Patel 2012-2015); California Health Care Foundation (Patel 2014-2016); NIH Stanford KL2 (Patel 2013-2015); NIMHD K23MD013474 (Patel 2017-2020)

Original Investigation

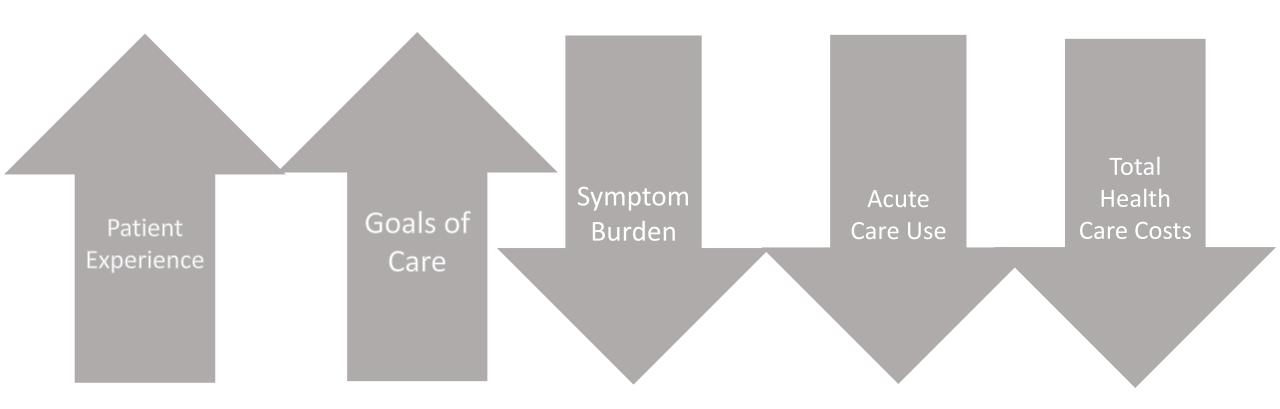
June 30, 2022

Effect of a Community Health Worker Intervention on Acute Care Use, Advance Care Planning, and **Patient-Reported Outcomes Among Adults With Advanced Stages of Cancer** A Randomized Clinical Trial

Patient-Reported Satisfaction, Health Status Manali I. Patel, MD, MPH, MS^{1,2,3}; Kristopher Kapphahn, MS⁴; Marilyn Dewland, RN⁵; et al Health Care Use, and Total Costs: Results Frc JAMA Oncol. 2022;8(8):1139-1148. doi:10.1001/jamaoncol.2022.1997

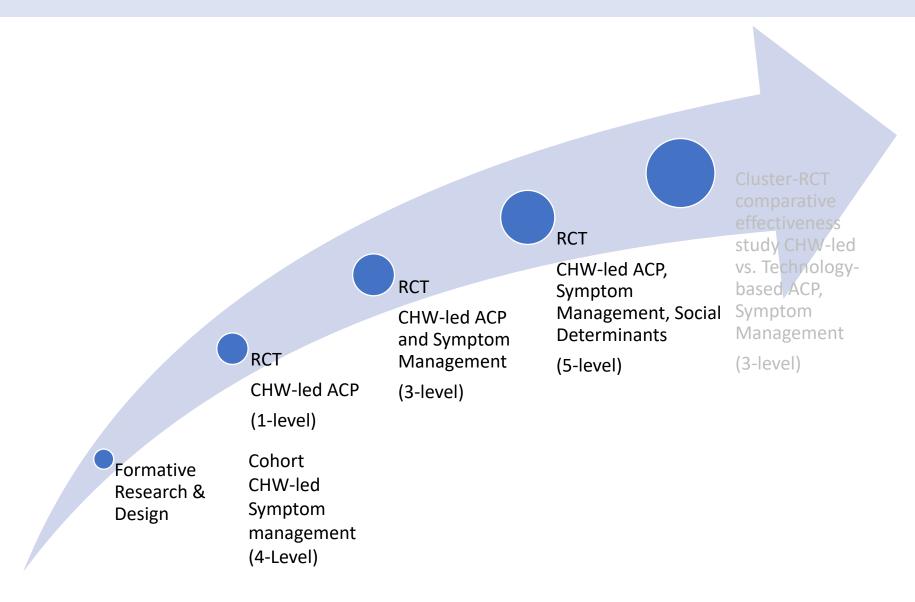
6

Summary of Findings



Annual COST SAVINGS \$2.5 Million – \$3.34 Million

Progression of Community-Based Research



Community-Led Adaptation of Evidence-Based Interventions



Introduciendo el Programa de Cuidado del Cáncer

Un equipo de confianza para acompañarle a usted y a su familia

Ser diagnosticado con cáncer es difícil y atemorizador. Pero gracias a su fondo de salud, usted no tiene que enfrentarlo solo(a). ¡Permítanos ayudarle!

Acerca de nuestro Programa de Cuidado del Cáncer

Nuestro Programa de Cuidado del Cáncer aratulto está diseñado para miembros que son diagnosticados con cáncer. Una vez havamos evaluado sus necesidades, le buscaremos el equipo que más se adapte a usted, formado por asesores y enfermeras quienes le acompañarán a usted y a su familia en todo el proceso. Nos aseguramos de que usted entienda sus opciones y que los médicos sepan lo que usted quiere.

Asesores del paciente y cómo le ayudamos

Nosotros, sus asesores, entendemos la jornada que debe recorrer. Le servimos como quías compasivos y fuentes de información confiables. Le ayudaremos a asegurarle de que sus necesidades están siendo satisfechas:

Hablando con sus proveedores de atención a la salud y ayudándole a obtener respuestas a sus preguntas;

- Averiguar más sobre los procedimientos y tratamientos;
- Orientándolo a los recursos y servicios de su comunidad-
- Apoyándole a comunicarse cuando hay barreras culturales o de idi
- Ayudándole a e pueda tomar la Dándole apovo





"Los asesores del paciente y enfermera de oncología fueron de ayuda incalculable durante la batalla contra el cáncer pancreático que sufría mi esposo. Sin ellos no habríamos podido navegar en el sistema. Se los voy a agradecer siempre."

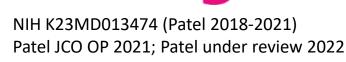
"Nunca podremos agradecerle lo suficiente por toda la ayuda y apoyo que nos brindó durante esta difícil jornada."

-Lo que dicen los miembros de familias

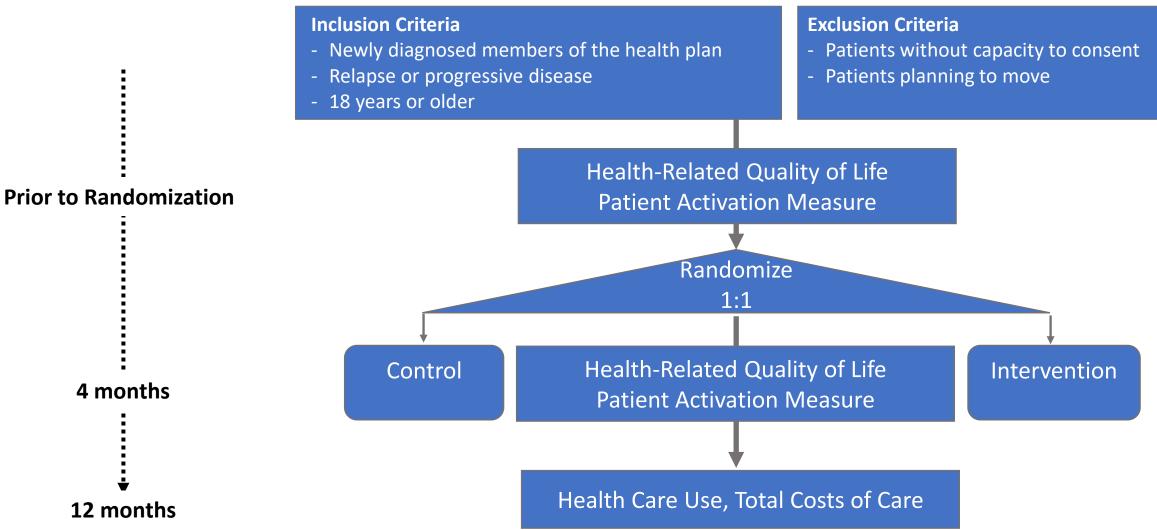
¡Comuníquese con nosotros para más información!

SERVING OUR COUNTRY **#UNITEHERE!**

Manali Patel^{1,2,3} · Nevedal Andrea² · Bhattacharya Jay³ · Tumaini R. Coker^{4,5}

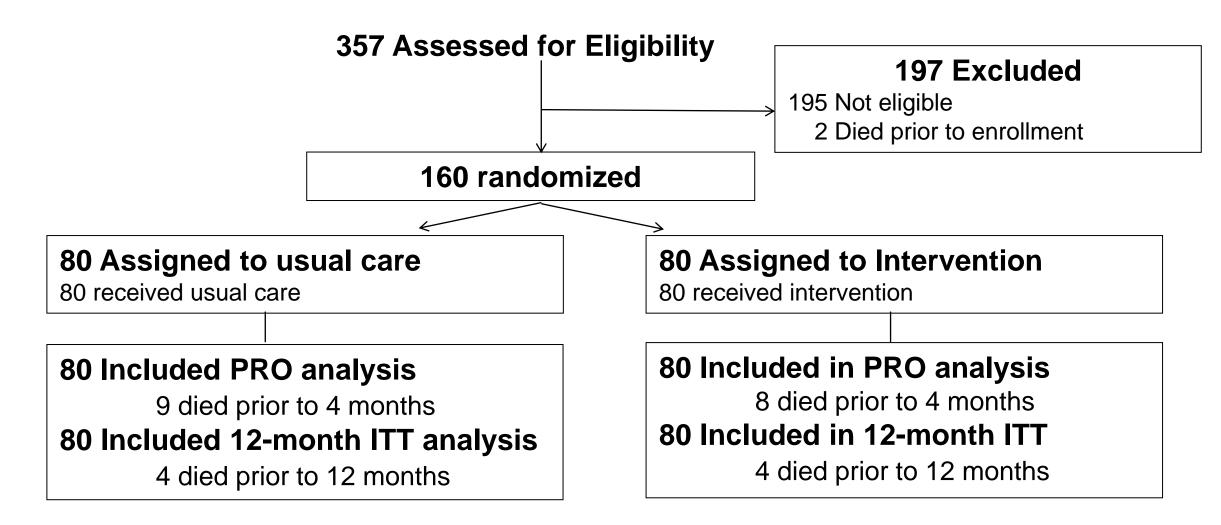


Methods



NIH K23MD013474 (Patel 2018-2021) Patel JCO OP 2021; Patel under review 2022

Results: Consort Diagram



Results: Demographic Characteristics

Characteristics	Overall n=160	Control n=80	Intervention n=80
Sex—no (%)			
Female	85 (53.1)	43 (53.8)	42 (52.5)
Age-median years (range)	58 (21-89)	58 (31-89)	58 (21-80)
Ethnicity – no (%) Latino or Hispanic	47 (29.4)	21 (26.3)	26 (32.5)
Race and Ethnicity—no (%) → Black or African American White American Indian Southeast Asian Vietnamese Chinese Native Hawaiian	44 (27.5) 35 (21.9) 2 (1.3) 12 (7.5) 10 (6.3) 9 (5.6) 1 (0.6)	23 (28.8) 17 (21.3) 0 (0.0) 7 (8.8) 6 (7.5) 5 (6.3) 1 (1.3)	$21 (26.3) \\18 (22.5) \\2 (2.5) \\5 (6.3) \\4 (5.0) \\4 (5.0) \\0 (0.0)$

Results: Demographic Characteristics

Characteristics	Overall	Control	Intervention
	n=160	n=80	n=80
City—no (%) →Atlantic City Chicago	108 (67.5) 52 (32.5)	53 (66.3) 27 (33.8)	55 (68.8) 25 (31.3)
 Annual Household Income (USD)- no (%) Less than \$25,000 →\$25,000 to \$34,999 \$35,000 to \$49,999 	24 (15.0)	10 (12.5)	14 (17.5)
	103 (64.4)	50 (62.5)	53 (66.3)
	33 (20.6)	20 (25.0)	13 (16.3)
Education Level—no (%) →Less than High School High School 2-year college or Bachelor's Degree	129 (80.6) 25 (15.6) 6 (3.8)	61 (76.3) 15 (18.8) 4 (5.0)	68 (85.0) 10 (12.5) 2 (2.5)



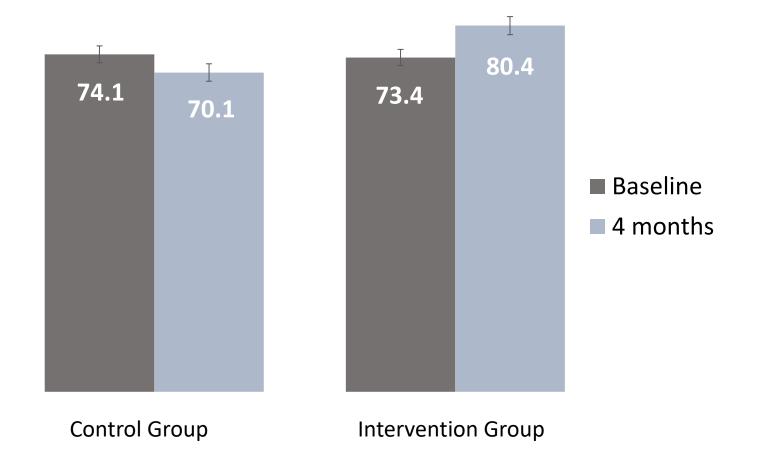
Results: Clinical Characteristics

Characteristics	Overall N=160	Control Group n=80	Intervention Group n=80
Cancer Diagnosis—no (%)			
→Breast	37 (23.1)	22 (27.5)	15 (18.8)
→Gastrointestinal	30 (18.8)	16 (20.0)	14 (17.5)
Genitourinary	19 (11.9)	10 (12.5)	9 (11.3)
Lung	21 (13.1)	10 (12.5)	11 (13.8)
Ovarian	13 (8.1)	5 (6.3)	8 (10.0)
Malignant Hematologic	18 (11.3)	7 (8.8)	11 (13.8)
Head and Neck	18 (11)	2 (2.5)	5 (6.3)
Other (skin, soft tissue, brain)	15 (9.4)	8 (10.0)	7 (8.8)
Cancer Stage—no (%)			
	29 (20.3)	18 (25.4)	11 (15.3)
II. II.	23 (16.1)	14 (19.7)	9 (12.5)
III	25 (17.5)	11 (15.5)	14 (19.4)
\rightarrow IV	64 (44.8)	27 (38.0)	37 (51.4)
Not Staged	2 (1.3)	1 (1.4)	1 (1.4)



Results: Health Related Quality of Life (Primary)

Health-Related Quality of Life Mean Scores

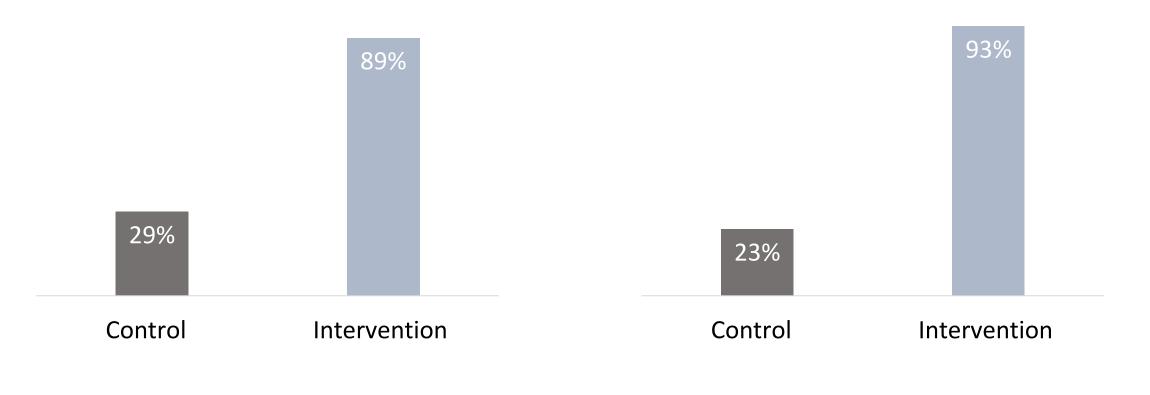




Results: Goals of Care (Secondary)

Goals of Care Documentation

Advance Directive Documentation





Results: Patient Activation (Secondary)

65.4 т 54.6 **Patient Activation** 53.4 53.5 Baseline 4 months **Mean Scores**

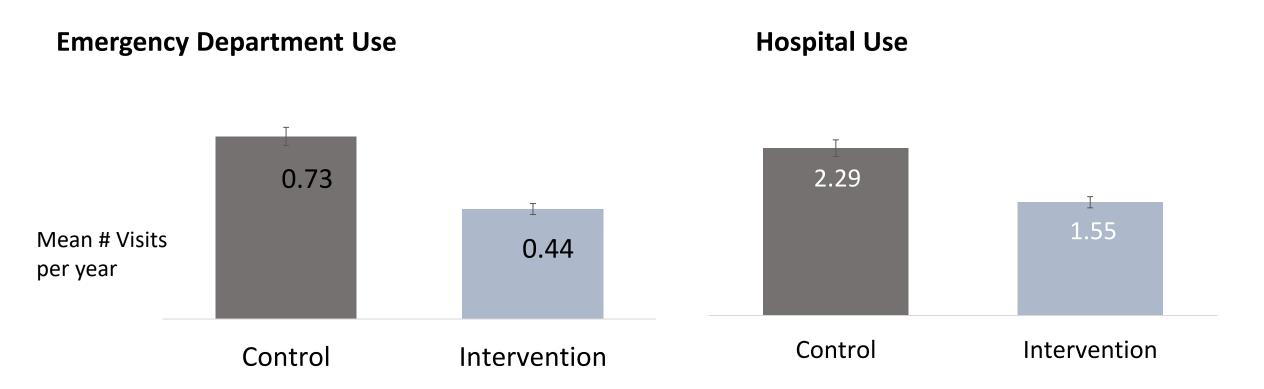
Control

Intervention

Measure

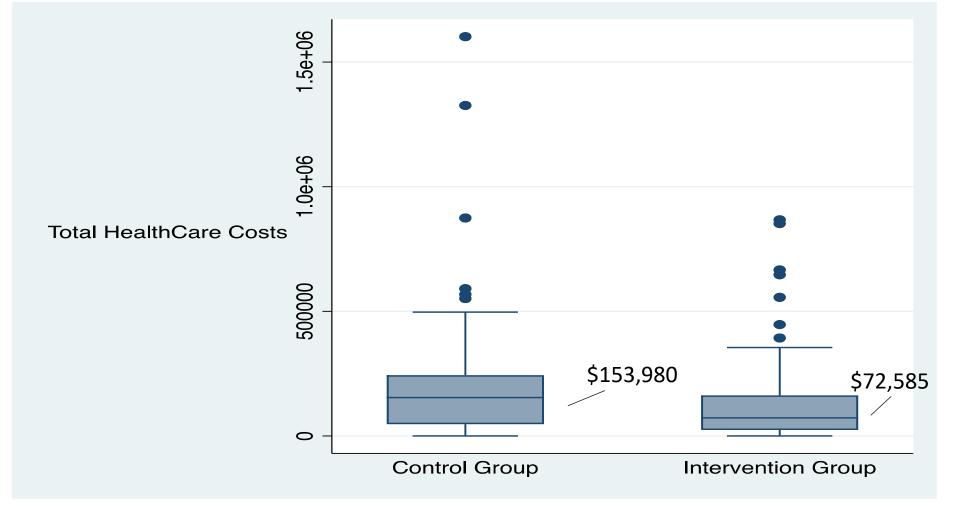


Results: Health Care Use (Secondary)



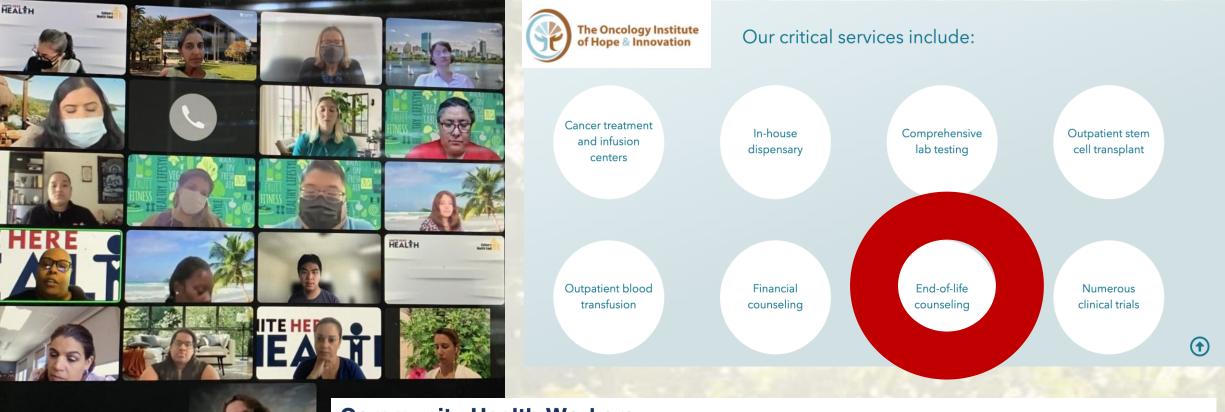


Results: Total Cost Data (Secondary)





Translation to Practice and Policy



Community Health Workers

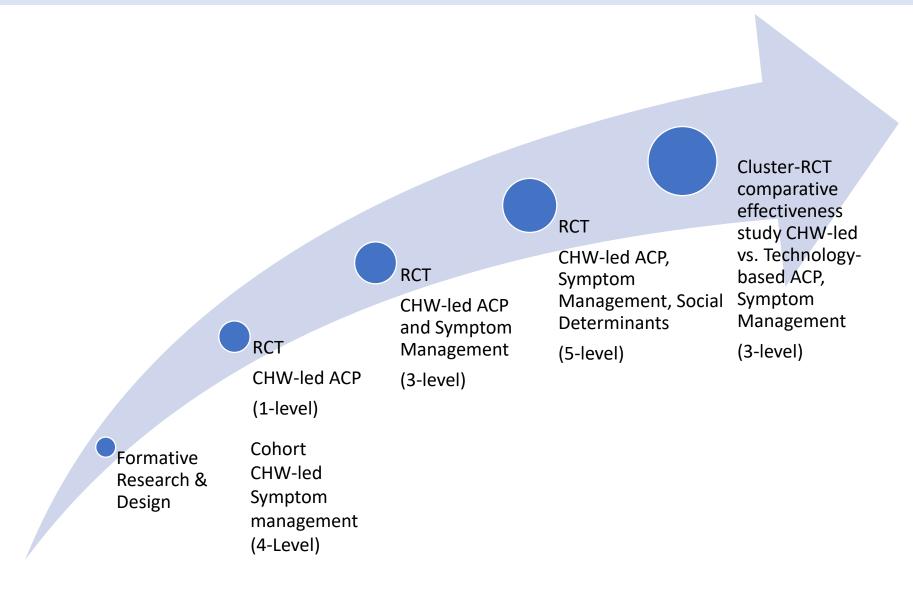
DHCS Proposal to add Community Health Workers

The Department of Health Care Services (DHCS) is adding Community Health Worker (CHW) services as a Medi-Cal benefit starting July 1, 2022.

DHCS conducted four stakeholder meetings to receive input on how to meet federal requirements for the SPA to add CHW services. Based upon stakeholder input, DHCS formally submitted <u>SPA 22-0001</u> to the Centers for Medicare & Medicaid Services (CMS) on April 29, 2022. CMS has until July 30, 2022, to take action on the SPA. DHCS expects to publish the Medi-Cal Provider Manual section for CHW services in July 2022, and will seek stakeholder input on the policy in fee-for-service in May.

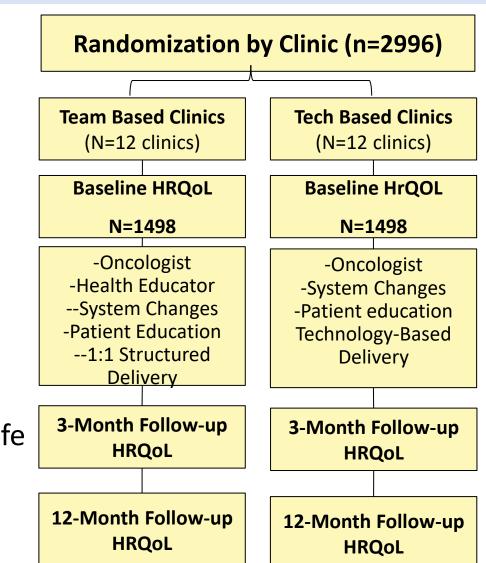
If you have any questions, please feel free to send them to CHWBenefit@dhcs.ca.gov. DHCS appreciates your collaboration and partnership on this important effort.

Progression of Community-Based Research



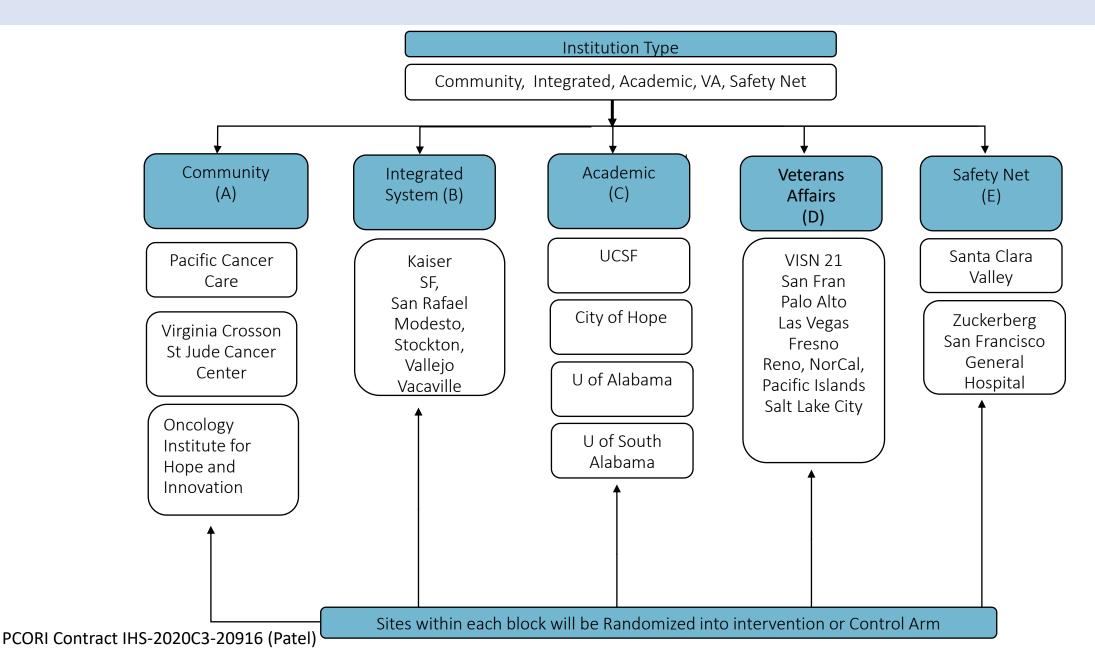
Evaluating the Comparative Effectiveness of Multilevel Interventions For Supportive Cancer Care

- Randomized 24 clinics to study
- Matching factors: Site-level
- Multilevel, multicomponent
 - Team Based
 - Technology Based
- **Outcome:** Health-related Quality of Life



PCORI Contract IHS-2020C3-20916 (Patel 2022-2027

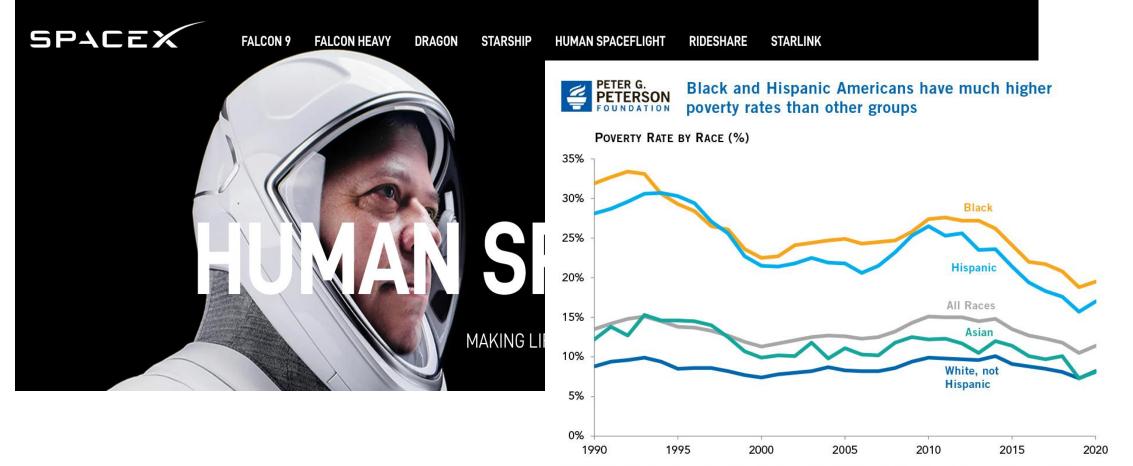
Sites and Stratification



Health Equity is a Choice



Health Equity is a Choice



SOURCE: United States Census Bureau, Current Population Survey, 1960 to 2021 Annual Social and Economic Supplement, September 2021.
© 2021 Peter G. Peterson Foundation PGPF.ORG

Unity in our Quest for Health Equity



'To be horrified by inequality and early death and not have any kind of plan for responding — that would not work for me' - Paul Farmer

Questions?

PCC DARTNERSHIPS CANCER CARE

PROGRAM RESEARCH

KNOWLEDGE CENTER

OUR TEAM /

CONTA

Some account services will no available until you sign in agair



All patients and their loved ones deserve care that is equitable.

At Partnerships to Advance Cancer Care (PACC) our research aims to improve patient experiences and the quality of care they receive.

LEARN MORE

https://www.paccresearch.org Email: manalip@Stanford.edu Twitter: @manalipateImd