

# Improving Health Care Quality for Black Patients Living with Serious Illness: A Catalogue of Interventions

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## INTRODUCTION

In May 2021, CAPC kicked off an investigative scan to understand what work is being done to improve the experiences of Black patients and families facing serious illness, across states and health care settings. After a thorough literature review and a national call for information, CAPC reviewed and categorized all found interventions. We then gathered input from a group of patients and caregivers to understand their priorities and how well they match what is currently being implemented.

## DATA SOURCES AND METHODS

Interventions were included in this catalogue from four sources:

1. A review of the peer-reviewed research in PubMed and Scopus
2. An internet search of relevant gray literature
3. A questionnaire sent to more than 150,000 health care professionals in December 2021-January 2022, soliciting information about their efforts to advance equity during serious illness
4. Interviews with subject matter experts on health equity and serious illness care

Reactions from 17 patients and caregivers were collected via survey and online focus groups conducted in May, 2022.

All intervention results were combined and categorized in a spreadsheet for analysis. SPSS (v24) was used for the descriptive analysis.

The CAPC team screened all information and submissions for eligibility, eliminated duplicates, and found a total of 144 initiatives to improve equity during serious illness in the US.

## DISCUSSION

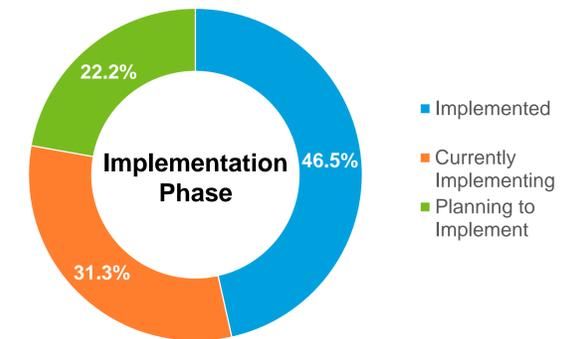
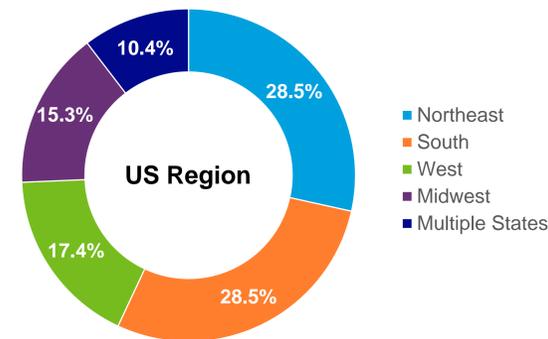
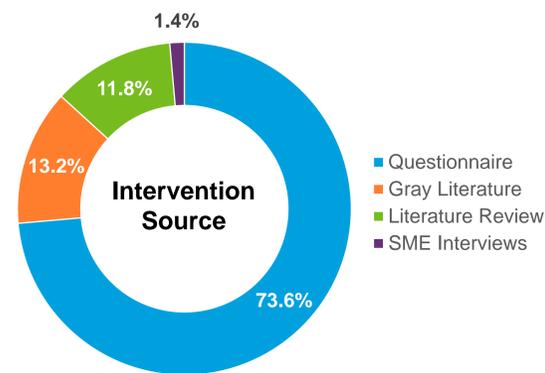
Through various sources we were able to identify over 100 interventions to improve care for Black patients living with serious illness and their families. Innovation is happening in all US regions and are in all stages of development. Interventions are also being implemented in a wide range of settings, both clinical and non-clinical, and cover a wide range of topics.

Community Engagement and Education was the most frequently cited topic, being included in more than one-third of all included interventions. Our efforts uncovered only nine interventions working to improve care affordability and accommodation of social needs, while the patient and caregiver focus group found that to be their top priority. Patients and caregivers also ranked care navigation as a high priority, while only 13.2% of the initiatives CAPC found included navigators. The relatively low use of lay navigators may be due to the lack of direct reimbursement for their services.

CAPC is continuing to learn more about the details of these equity initiatives, and will disseminate additional guidance on implementation.

## RESULTS

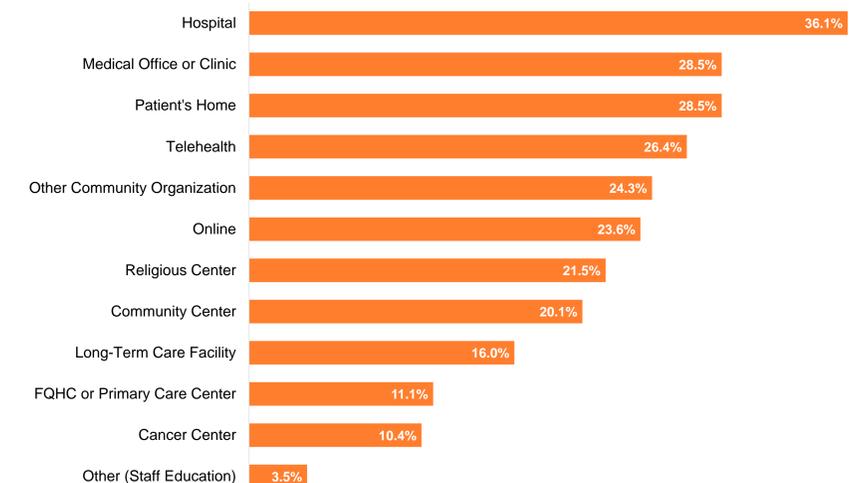
We found **144 interventions** to improve care quality for Black patients living with serious illness and their families.



### Intervention Topic Categories



### Intervention Settings



When asked to **rank intervention categories by their priority level for Black patients living with serious illness and their families**, a patient and caregiver focus group organized by CAPC prioritized the following:

1. Accommodation of Social and Affordability Needs
2. Community Education
3. Care Navigators
4. Provider DEI Training
5. Caregiver Support

**52.8%** of identified programs were **implemented by specialty palliative care teams**

### Intervention Examples:

#### The Chrysalis Initiative

#### Coaching and Navigation + Staff Education

- The Chrysalis Initiative provides patients with breast cancer with the tools to recognize and address racism in their cancer care
- Each patient is matched with a coach, who helps her to understand treatment options, recognize inequities, and get social/emotional support. Effective pain/symptom management is encouraged
- At the same time, Chrysalis works with cancer teams to review their own racial data and become educated on their decision-making and procedural barriers that lead to inequitable care

#### California Health System

#### Care Affordability

- This health system provides home-based palliative care, and requires patient cost-sharing per Medicare requirements
- To ensure equitable access, the program secured a grant to cover all patient costs, and marketed this opportunity to underserved communities

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