Access to Telehealth (AcT) for Underserved Breast Cancer Patients

Memorial Sloan Kettering Cancer Center
•Immigrant Health and Cancer Disparities Center

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Background

U.S. patient portal/telehealth services grew exponentially during COVID-19, but inequitable access exacerbated underrepresented cancer patients' outcomes disparities. In a cross-sectional survey, STREAMING (Studying Telehealth Related knowledge and Evaluation Among Minoritized and Immigrant Groups), among low socioeconomic status cancer patients (N=75), idenitified patient portal/telehealth barriers included lack of technology familiarity/trust and lack of infrastructure.

AcT addresses these barriers for medically underserved breast cancer patients in New York City. AcT has 3 goals:

1) To improve healthcare access through the provision of patient portal/telehealth-capable device/home internet service
2) To build patient portal/telehealth visit knowledge and skills through language-specific navigation
3) To increase diverse breast cancer patients' portal/telehealth visit uptake

Methods

To identify eligible participants, we administered a portal/telehealth needs assessment (internet, portal/telehealth-capable devices, portal/telehealth skills) at 15 NY-area cancer clinics.

Eligibility criteria:

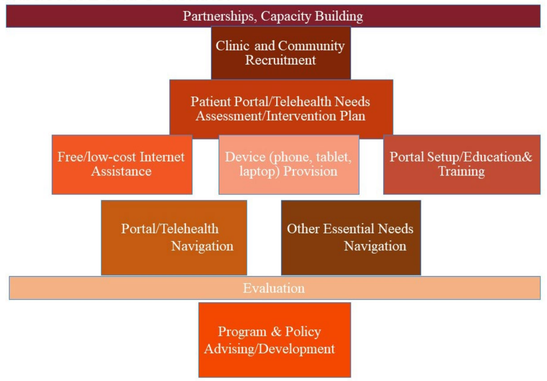
1) Breast cancer diagnosis
2) Currently receiving treatment for cancer diagnosis (chemo, radiation, hormonal therapy, etc) or in active follow-up
3) Demonstrated portal/telehealth/technology access need

AcT's multilingual team:

i) Provides devices[through a vital partnership with the MSK IT Department, which provides refurbished devices/configures devices)/broadband access
i) Troubleshoots infrastructure issues
ii) Navigates patient portal/telehealth visits

All materials are available in Spanish, Arabic, Bengali, Chinese, Russian, and French. Interpreter services bridge other languages.

We assess impact at 2 and 6 months.



Results

AcT Project Participant Demographics (n=346)

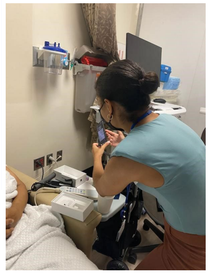
Race	
Asian	20 (5.8%)
Black/African American	151 (43.6%)
White	42 (12.1%)
Native American/Alaskan Native	1 (.3%)
Native Hawaiian/Pacific Islander	0
Don't Know	35 (10.1%)
Some Other Race	85 (24.6%)
Missing	12 (3.5%)
Ethnicity	
Hispanic or Latino	138 (39.9%)
Language	
English	228 (65.9%)
Spanish	106 (30.6%)
Arabic	2 (.6%)
French	1 (.3%)
Other	9 (2.6%)

Age	
18-29	2 (.6%)
30-49	87 (25.1%)
50-64	157 (45.4%)
65+	83 (24%)
Missing	17 (4.9%)
Cancer Stage	
0 (pre-cancerous)	10 (2.9%)
I	65 (18.8%)
II	93 (26.9%)
III	50 (14.5%)
IV	64 (18.5%)
Other/Active Follow-Up	20 (5.8%)
Don't Know	33 (9.5%)
Refused	1 (.3%)
Missing	10 (2.9%)

Partnerships Created	**58** 31 community 24 clinical 3 governmental
Individuals/Groups Educated	**9,878** 9,143 patients and community members 735 health professionals/administrators
Patients Screened	**622**
Total Participants Eligible and Enrolled in AcT	**346**
Participants Navigated To Date	**309**
Devices Distributed	**294** 81 smartphones 88 tablets 126 laptops
Participants with Completed 2-month Follow-up Surveys	**166**
Percentage of Participants Expressing Satisfaction with Care and Provider Trust	**98%**
Percentage of Participants: Quality of Life Improved	**97%**
First-Time Patient Portal Users @ 2 months	**37/41(90%)** initial non-users who completed 2-month f/u assessments used the portal for the first time after our navigation
First-Time Video Telehealth Visits @ 2 months	**24/86 (28%)** initial non-users who completed 2-month f/u assessment had a video telehealth visit for the first time after our navigation
First-Time Phone Telehealth Visits @ 2 months	**23/78 (29%)** initial non-users who completed 2-month f/u assessments did a phone telehealth visit for the first time after our navigation
Participants with Completed 6-month Follow-up Surveys	**26** 100% trusted their healthcare providers and were satisfied with care 81%: level of satisfaction with health increased since AcT navigation

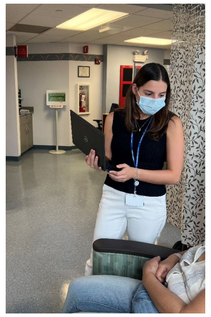
Participant Narrative

Our team of AcT navigators recently distributed a laptop to DD, a 44-year-old Haitian Creole-speaking breast cancer patient who had no access to the patient portal or internet and had never used telehealth services. DD was taking English classes and said that the laptop would also be useful for school. The navigators helped her activate her MyChart account and taught her how to use it. After showing her the features of the laptop, her primary navigator asked DD if she wanted to change the laptop language to Haitian Creole; the patient stated she preferred the language to remain as English so that she could continue practicing the language. The navigator let her know about Duolingo and bookmarked it on her computer. The patient expressed that she was so glad she received this laptop because she had been feeling despondent since her surgery. She said that having the laptop would allow her to practice more English and give her more access to the healthcare system. In her 2-month follow-up survey, she said she frequently uses MyChart to review test results, check upcoming appointments, request medication refills, and communicate with her care team. She has also participated in a video telehealth visit with her oncologist since our navigation and stated that "the device and navigation better connect me to all my doctors".



Discussion

- AcT has demonstrated the importance/impact of a linguistically tailored portal/telehealth access intervention, built on strong IT partnerships, to help bridge the digital divide
- Importantly, program uptake was high among those aged 65+, and among those with Stage iV cancers
- 47% of participants received help with portal navigation
- The patient portal is a vital digital tool for empowering patients and potentially improving health outcomes. Patients are eager to access features such as appointment scheduling/re-scheduling and messaging their provider. Proper infrastructure (electronic devices and affordable broadband and cellular service plans) has been a consistently observed need.
- Because of the AcT successes, a wearable technology (BP/glucose monitors) pilot has begun
- AcT is informing creation of more user-friendly multilingual patient portal interfaces
- Many AcT patients also have other essential needs (food, legal, transportation, financial assistance) that play a role in ensuring technology access/telehealth uptake and thus need to be addressed simultaneously



Next Steps

- Expansion to patients with all cancer types
  - Institutionalize device refurbishing/donations
- RCT to document outcomes
- Integrate AcT into equity platforms (e.g. IHCD's Integrated Cancer Care Access Network (ICCAN,) national equity platforms)
- Data sharing to impact city- and state-level policy

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