

A Public-Private Partnership* to Support Breast Care for Low-Income Women in New York City: An Evaluation of the Breast Treatment Task Force

Alexandra Kamler, MPH;¹ Janice Zaballero;² Kayla Aberholden;² Julia A. Smith, MD, PhD;³ and Kumbie Madondo, PhD^{1,3}
¹The New York Academy of Medicine; ²Breast Treatment Task Force; ³Icahn School of Medicine at Mount Sinai

BACKGROUND

- Breast cancer is one of the leading causes of premature death among women. In New York City (NYC), over 5,000 women are diagnosed with, and over 1,100 women die from breast cancer annually.¹
- The Breast Treatment Task Force (BTF), a non-profit organization in NYC, partners with 30 NYC outpatient-imaging centers in NYC to facilitate free breast cancer screening, diagnostic follow-up, and treatment for women who are often ineligible for the state-run Cancer Services Program (see map below for community and medical partner locations).



- BTF assists with ultrasounds, biopsies, MRIs, and other diagnostic follow-up procedures for low-income, uninsured patients.
- In-kind donations by outpatient-imaging centers, radiology centers, surgeons, pharmaceutical companies and hospitals cover the majority of the costs for diagnostic follow-up, surgeries and chemotherapy treatments, allowing BTF to pay greatly reduced rates for patient services.
- This poster presents findings from an evaluation of the BTF program conducted by The New York Academy of Medicine (the Academy).
- The purpose of the evaluation was to gain insight from:
 - BTF patients on program perceptions, strengths, and recommendations.
 - Outpatient imaging center site managers for their motivation to partner with BTF, partnership strengths, opportunities for program expansion, and recommendations.

METHODS

- Semi-structured interviews were conducted by Academy staff via phone. Interviewees included 6 outpatient-imaging center site managers (in English) and 23 BTF patients (in English, Spanish, and Mandarin) who received BTF services in the past year.
- BTF patient demographic data was collected via a questionnaire before each interview.
- Topics for outpatient imaging center site managers included: their experiences serving BTF patients, current partnership strengths and challenges, and potential for expansion to serve more BTF patients.
- Interview topics for BTF patients included: their experiences and perceptions of the BTF program regarding program coordination, satisfaction with the Project Renewal Scan Van (a mobile mammogram van) and outpatient-imaging centers, program strengths, and recommendations for improvement.
- All interviews were audio-recorded. Transcripts (English and Spanish) and interview summaries (Mandarin) were managed and coded using NVivo, a software package for qualitative data analysis.

¹ Siegel RL, Miller K, Jemal A. (2016). Cancer statistics, 2016. Retrieved from <http://oncolibrary.wiley.com/doi/10.3322/caac.21332>.
² Niu V et al. (2013). Cancer survival disparities by health insurance status. *Cancer Med* 2(3): 403-411.

FINDINGS

BTF Patient Participant Demographics

- The average age of participants was 40 years old, about half lived in Queens (52%, n=12) and about half had a college degree (48% n=11).

Table 1: Participant Demographics

	English (n=10) n (%)	Spanish (n=8) n (%)	Chinese (n=5) n (%)	All (N=23) n (%)
Age				
18-29	2 (20%)	1 (13%)	1 (20%)	4 (17%)
30-39	2 (20%)	1 (13%)	2 (40%)	5 (22%)
40-49	4 (40%)	6 (75%)	1 (20%)	11 (48%)
50+	2 (20%)	0 (0%)	1 (20%)	3 (13%)
Race/Ethnicity*				
Hispanic/Latino	2 (20%)	7 (88%)	0 (0%)	9 (39%)
Black/African American	2 (20%)	0 (0%)	0 (0%)	2 (9%)
Asian	3 (30%)	0 (0%)	5 (100%)	8 (35%)
White	2 (20%)	0 (0%)	0 (0%)	2 (9%)
Other	1 (10%)	1 (13%)	0 (0%)	2 (9%)
Borough				
Brooklyn	4 (40%)	1 (13%)	0 (0%)	5 (22%)
Manhattan	3 (30%)	1 (13%)	1 (20%)	5 (22%)
Queens	3 (30%)	5 (63%)	4 (80%)	12 (52%)
Other**	0 (0%)	0 (0%)	1 (20%)	1 (4%)
Main language spoken at home*				
English	6 (60%)	8 (100%)	0 (0%)	14 (61%)
Spanish	2 (20%)	0 (0%)	0 (0%)	2 (9%)
Chinese	0 (0%)	0 (0%)	3 (60%)	3 (13%)
Other	2 (20%)	0 (0%)	2 (40%)	4 (17%)
Education				
Not HS graduate	0 (0%)	2 (25%)	2 (40%)	4 (17%)
HS graduate/Voc training	0 (0%)	4 (50%)	2 (40%)	6 (26%)
Some college, no degree	2 (20%)	0 (0%)	0 (0%)	2 (9%)
College degree or higher	8 (80%)	2 (25%)	1 (20%)	11 (48%)
Work Status				
Employed full time	4 (40%)	1 (13%)	3 (60%)	8 (35%)
Employed part time	2 (20%)	2 (25%)	2 (40%)	6 (26%)
Not working/Unable to work	3 (30%)	4 (50%)	0 (0%)	7 (30%)
Student	1 (10%)	0 (0%)	0 (0%)	1 (4%)

*Other includes: Korean, Japanese, Cantonese & Fuzhou
**Other includes: Lawrence, NY

BTF Patient Interview Findings

Patient Coordination

From first contact onward, all participants positively described the speed that BTF staff scheduled and coordinated their care, and the emotional support BTF provided.

So that, to me, I'd never received that anywhere else—not even in a doctor's office—people following up with so much care...I don't even have words to describe how much care she had for the whole situation. She was like, "Call me as soon as you're done. I want to know how it went. I'll get back to you immediately. I'll check with the doctors and see what they said." So, just like that, it was like having a family member with you the whole time. (BTF patient, English 6)

Language Services

BTF's patient coordination and language services were noted as extremely important for the Spanish and Mandarin speaking participants.

No, I think that both things [free services and patient coordination services] are important because, if a person doesn't have insurance, and can't pay, then it's important for it to be free. And even worse that if in this country, I don't manage the language well, and there's BTF who can help me, and coordinate for me, then that's important, too. (BTF patient, Spanish 2)

Outpatient-Imaging Center Services

Participants described their experiences receiving care at outpatient-imaging centers quite positively. Most cited short wait times (≤ 1 hr.), friendly and welcoming staff that made them feel comfortable, and high quality care. Participants also noted that being treated like every other paying patient was particularly significant to their experience.

And when I was there, they didn't treat me like some foreign patient. They treated me just as another patient that was probably paying. They worked really well and they're follow-up worked really well. Their ability to be very immediately caring worked really well. (BTF patient, English 1)

FINDINGS (CONT'D)

Outpatient-Imaging Center Site Manager Findings

Motivation to Partner with BTF and Partnership Strengths

Participants' reported their motivation to partner with BTF centered around serving patients who could otherwise not afford them and who do not already know about their services, and because of current equipment underutilization.

To be sure that we're reaching all ethnic groups—and that we're able to reach a vast majority of patients. And they tend to be in lower income neighborhoods, which is why I think it's important for us to partner with organizations like BTF, because the majority of our patients are middle-class. (Outpatient-imaging center interviewee 5, Manhattan)

Participants' whose sites had a long-standing relationship with BTF described consistent communication as a partnership strength, emphasizing the care and commitment BTF shows their patients.

I think the fact that we have great communication...they're very professional, they're very adequate in their information. They're very caring for the patients. They follow-up on a constant day-to-day basis, and I do believe wherever they're getting the means, it should grow for them because they're doing an amazing job. (Outpatient-imaging center interviewee 6, Manhattan)

Provision of Low Cost Services

All participants reported that their staff welcomed the opportunity to provide free or reduced cost services to patients in need. In addition, participants emphasized that regardless of ability to pay, patients at their sites received the same quality of care and were treated with the same level of respect as patients with commercial insurance.

Opportunities for Expansion

The majority of interviewees expressed interest in and described opportunities for their center to serve more BTF patients. Participants cited underutilization of their facility's equipment, staffing flexibility and same-day appointment slots that could be filled by BTF patients.

The staff is able to extend hours, as well as our office...if there are a lot of patients, then the staff will stay later they'll come in earlier...We haven't reached it [our max] yet and we don't reject patients. If the patient wants to come, we're gonna go ahead and do it for them, if they're willing to wait. (Outpatient-imaging center interviewee 1, Manhattan)

I think every day, four or five appointment are available you know, same day appointments, it's not a problem. So, I mean, we could take maybe at least four or five patients from BTF every day without any issues. (Outpatient-imaging center interviewee 4, Queens)

LESSONS LEARNED

- BTF's partnerships with outpatient-imaging centers suggest that strategic public-private collaborations are likely to help low-income women to access breast cancer screening, diagnostic and treatment services.
- Evaluation recommendations include continuing to work with program partners to provide appropriate language services to BTF patients, ensuring that all staff and partners have full information to effectively carry out the program, and increasing BTF's outreach.

*For the purposes of this poster, a public-private partnership is defined as the collaboration of BTF programs, NYS Cancer Services Program, Project Renewal Scan Van, private imaging centers and public hospitals to deliver screening, diagnostics and treatment to NYC low-income uninsured and underinsured patients.