



The 65th ASH Annual Meeting Abstracts

POSTER ABSTRACTS

903.HEALTH SERVICES AND QUALITY IMPROVEMENT -MYELOID MALIGNANCIES

Transportation Cost Is a Significant Barrier to Quality Care for Hematologic Malignancy Patients in a Minority-Rich, Socioeconomically Disadvantaged Population

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Background

Transportation to and from clinics is a barrier to care for cancer patients. Depending on treatment regimen, patients' clinic visits could be frequent, and this could lead to cumulative financial toxicity. We aim to study transportation costs as a barrier to care in hematologic malignancy patients with new cancer diagnosis and in patients referred for cellular therapy at a tertiary care academic Medical Center located in Bronx, NY. A deeper understanding of the role of financial toxicity in relation to transportation will help to understand the effect this may have on health outcomes and ways to overcome this barrier to medical care that predominantly affects minorities from low socioeconomic backgrounds.

Methods

This is an ongoing prospective survey-based study carried out at Montefiore Medical center, Bronx NY. Adult patients with either a newly diagnosed (ND) hematologic malignancy (HM) or those undergoing cellular therapy (CT), such as autologous, allogeneic stem cell transplant or CAR-T therapy are identified at Montefiore Oncology clinics. Patients who agree to participate are given a research team generated 5-question survey to gauge their concerns surrounding transportation for oncology visits. Responses are grouped according to cohort (ND vs CT). Sociodemographic information was collected, and race and ethnicity were self-identified. For patients with long-term follow-up, we also capture no-show rates. The study is approved by the local IRB.

Results

There were 72 patients across groups at the time of analysis. Forty-one patients completed surveys for the ND group and 31 for the CT group. Twelve (29%) and three (7%) patients identified their race as Black and White respectively in ND group with 8 (26%) and 4 (13%) as Black and White in the CT group, respectively. In ND, 22 (54%) patients identified their ethnicity as Hispanic/Latino with 17 (55%) in CT. The median distances between Montefiore Hospital and the patient's homes according to zip code were 3.59 miles (mi) with range 0-81.42 mi for ND and 3.47 mi with range 0-50.35 mi in the CT group.

Nearly 50% of patients in ND and CT groups reported concerns about access and cost of transportation to the oncology clinic. Insurance paid for transportation for only 12.5 and 17.9% of patients in ND and CT groups, respectively. Across groups, over half of patients (52.5%) used a personal vehicle to get to appointments in the ND group with 46.5% in the CT group.

Many of patients in the ND (18%) and CT (17%) group reported missing their appointments due to transportation issues. Ten percent of patients in ND and 13% in CT groups reported missing appointments due to caregiver issues. Fifty-nine percent of patients in ND and 47% in CT groups reported feeling comfortable with phone/video visits. Of patients with long term follow up and >10% no-show rates, 60% in ND and 50% in CT groups use a personal vehicle.

Conclusion

We report preliminary results from an ongoing prospective study evaluating transportation barriers to care for hematologic malignancy patients in an underserved population in Bronx. Even in a well-connected city such as New York City, half of patients with new hematologic cancer and those referred for cell therapy are worried about access and cost of transportation to and from medical appointments. Although the distance between clinic and home is less than 5 miles for over half of patients, patients are still missing appointments due to transportation and caregiver issues. Patients who travel using personal vehicles may also have difficulty driving due to chemotherapy or being accompanied for visits due to caregiver issues. As many novel cellular therapies recently approved are only available at tertiary centers, transportation is expected to be a bigger factor affecting social determinants of health. One potential solution is to incorporate more tele-visits as nearly half our patients are amenable to them. More information including follow-up surveys and the number of missed appointments is being collected to identify specific groups of patients who will benefit from interventions.

Disclosures Mantzaris: Kite, a Gilead company: Honoraria. **Konopleva:** Abbvie, Allogene Therapeutics, Cellectis, Forty Seven, Gilead Sciences, Genentech, Sanofi, MEI Pharma, Rafael Pharmaceuticals, Daiichi Sankyo Pharmaceutical, AstraZeneca Co., Menarini, Precision BioSciences.: Research Funding; AbbVie, Forty Seven, Precision Biosciences, Gilead Sciences, Genentech, Janssen, Sanofi, MEI Pharma, Daiichi Sankyo Pharmaceutical, AstraZeneca Co., Menarini.: Consultancy; Reata Pharmaceuticals.: Current holder of stock options in a privately-held company, Patents & Royalties. **Verma:** Stelexis: Current equity holder in private company, Honoraria, Other: Scientific Advisor; Eli Lilly: Research Funding; BMS: Research Funding; GSK: Research Funding; Celgene: Other: Scientific Advisor; Bakx: Current equity holder in private company, Other: Scientific Advisor; Curis: Research Funding; Incyte: Research Funding; Medpacto: Research Funding; Prelude: Research Funding; Acceleron: Other: Scientific Advisor; Novartis: Other: Scientific Advisor; Janssen: Honoraria; Throws Exception: Current equity holder in private company. **Shastri:** Rigel Pharmaceuticals: Honoraria; Kymera Therapeutics: Honoraria, Research Funding; Gilead Sciences: Honoraria; Janssen Pharmaceuticals, Inc.: Consultancy, Honoraria.

Table 1

Socio-demographics	New Diagnosis (ND) n=41	Cell Therapy (CT) n=31
Race		
Black/African American	12 (29%)	8 (26%)
Non-Hispanic White	3 (7%)	4 (13%)
Other or N/A	26 (64%)	19 (61%)
Ethnicity		
Hispanic/Latino	22 (54%)	17 (55%)
Non-Hispanic/Latino	19 (46%)	14 (45%)
Distance from Treatment Clinic		
Median	3.59 mi	3.47 mi
Range	0-81.42mi	0-50.35 mi

Table 2

Transportation Survey	Day 0	Day 0
	New Diagnosis	Cell Therapy
What mode of transportation do you use to come to medical appointments?		
a. personal vehicle	21 (52.5%)	13 (46.5%)
b. transportation - self paid	4 (10%)	5 (17.9%)
b. transportation – insurance paid	5 (12.5%)	5 (17.9%)
c. public transportation	10 (25%)	5 (17.9%)
Are you worried about access and cost of transportation to and from medical appointments?		
Yes	21 (53.8%)	15 (48.4%)
No	18 (46.2%)	16 (51.6%)
Have you missed an oncology appointment or treatment due to lack of transportation?		
a. never	32 (82.1%)	25 (83.3%)
b. sometimes	6 (15.4%)	4 (13.3%)
c. often	1 (2.6%)	1 (3.3%)
How do you feel about telephone or video visits in addition to in-person visits?		
a. I feel comfortable with phone/video visits	20 (51.3%)	12 (40%)
b. I prefer phone visits over video visits due to technological challenges	3 (7.7%)	2 (6.7%)
c. I always prefer in-person visits	16 (41%)	16 (53.3%)
Have you missed an oncology appointment or treatment due to caregiver issues such as not being able to arrange for childcare, or providing care to someone or having a caregiver yourself?		
a. never	35 (89.7%)	26 (86.7%)
b. sometimes	2 (5.1%)	3 (10%)
c. often	2 (5.1%)	1 (3.3%)

Figure 1

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