

# spotlight

## Howard University Hospital, Cancer Center, DC



The concept of patient navigation in health care owes its origin to Harold P. Freeman, MD.<sup>1</sup> Born and raised in the District of Columbia, Dr. Freeman received his doctor of medicine from Howard University College of Medicine, where he completed his residency in general surgery at Freedmen's Hospital (now Howard University Hospital). In 1990, following an observation on the number of Black women who received a diagnosis of terminal breast cancer at Harlem Hospital Center, New York, New York, and in combination with findings from the American Cancer Society on the effects poverty has on the treatment of cancer and other chronic diseases, Freeman launched the first ever patient navigation program.<sup>2</sup> Dr. Freeman credits this innovation to his background and is one in a long line of Black scholars that Howard University has produced. Carla D. Williams, PhD, is another.

Dr. Williams is an associate professor of medicine and public and health at Howard University and serves as the interim director of the Howard University Cancer Center. Founded in 1932, the cancer center is 1 of 5 cancer programs in DC. It is adjacent to Howard University's main campus and is dedicated to delivering equitable and comprehensive cancer care to patients in DC, Maryland, and northern Virginia. Like many cancer programs within academic health systems, all Howard University Cancer Center's clinicians have a faculty appointment in the medical school. Dr. Williams said she believes this facilitates the education of health care professionals to deliver next generation cancer care through the lens of equity and diversity.

"Our history and founding have always been centered around health equity," said Dr. Williams.

"I think when you look at the people who have trained here, they carry that zeitgeist—that spirit to wherever they go." It is this spirit that inspired Dr. Freeman's innovation, and Dr. Williams said that is what makes Howard University Cancer Center unique. "Howard [University] is known as the capstone, as the mecca, so we have an obligation to train our physicians to transform how care is delivered," she said. "All of our graduates, who are now practicing throughout the country, carry that vision, and I am here to try and continue that legacy."

### Building Community Partnerships in Cancer Screening

Understanding the challenges underrepresented communities have in accessing health care, the cancer center created several robust screening programs—each of which Dr. Williams describes as a "true partnership," with community-based organizations. "Those partners are the ones navigating patients to us, and we have found that tailored navigation makes a big difference in whether patients show up for care," she said. "When our partners navigate their clients, patients are more likely to show up."

The Rosemary Williams Mammoday Program was developed as a high-risk breast cancer screening program that targets women who are uninsured, underinsured, or not able to easily access routine care. The program has since expanded to include all women in the area. Men Take Ten, which launched more than 15 years ago as a prostate screening program, has now grown into a general men's health program at Howard University Hospital.

"For some Black men, we know that there are various barriers to accessing primary care,

so we have been able to integrate diabetes, blood pressure, and oral cancer screening into the program," Dr. Williams said. "These are all designed to get people into care."

### Delivering Comprehensive Cancer Care

Patients are primarily referred to the cancer center through 1 of the 3 primary care clinics at Howard University Hospital. The cancer center is part of a group practice called the Howard University Faculty Practice Plan.

"We have all specialties represented here, and I believe this is beneficial to patients with cancer who present at the center, as they have access to multidisciplinary expertise," Dr. Williams said. For outpatient oncology services, patients must visit the Ambulatory Care Center—a physician center where the cancer clinics are open Monday through Thursday.

For the infusion suite, patients must visit the main cancer center—a 6-story standalone facility that offers infusion services on the first floor. The infusion suite has 10 chairs and is staffed by 5 nurses, 1 certified nurse assistant, and 1 medical secretary. Patients also have access to Howard University hospital pharmacy, which is staffed by 15 pharmacists and 20 pharmacy technicians. The cancer center employs 2 full-time equivalent (FTE) and 1 part-time medical oncologists, who also oversee all hematology cases. Further, the cancer center has 3 surgical oncologists, 2 breast surgeons, and 2 specialized colorectal surgeons. Patients can also access radiation oncology services here, as the cancer center offers intensity-modulated radiotherapy, stereotactic body radiotherapy, external beam radiation, and radium Ra 223 dichloride injections. The radiation oncology clinic is



staffed by 1 FTE and 1 part-time physician, 1 part-time dosimetrist, 1 FTE physicist, and 1 FTE registered nurse.

“We currently maintain 4 multidisciplinary tumor boards,” Dr. Williams said. “Patients are prospectively seen in these tumor boards, where we have all the specialties represented. That is where we can identify other challenges that patients may face.”

According to Dr. Williams, 10% to 15% of patients in DC choose to receive their cancer care at Howard University Cancer Center. A fair number of those patients come from Ward 7, on the east side of DC an area that Dr. Williams says has historically lacked cancer care services. “At different points in time, we have operated a satellite clinic in Ward 7, but unfortunately that has not been sustained without interruption,” Dr. Williams said. “Our challenge is [that] we don’t have a lot of medical providers, so it is hard to keep a satellite clinic running efficiently and effectively.” However, through a strategic partnership with Unity Health Care East of the River Health Center, the cancer center has maintained 1 satellite location where patients can access breast imaging services closer to home.


### Supportive Care

In early 2020, during the COVID-19 pandemic and when groceries and household items were in short supply, the cancer center opened a pantry. “It was developed so [that] our patients did not have to fight crowded stores to get simple household supplies like toilet paper,” Dr. Williams said. “Some our patients experience some level of food insecurity, so it also serves that purpose.” Now, patients with cancer can access healthy meal ingredients through this pantry.

The cancer center offers transportation services, as well as gas cards. “[The District of Columbia] has medical transportation services that patients can access, so we make sure they are signed up for that,” Dr. Williams said. “Many of our patients have financial barriers that are challenging, and we are just finding small ways to overcome those barriers.”

According to Dr. Williams, two-thirds of the patients with cancer that present to the cancer center are publicly insured, either through Medicaid or Medicare. Dr. Williams wagers that the cancer center has had to deal with issues of inequities and reimbursement of services from certain payers, years before the groundswell of health equity initiatives permeated the oncology space. “We want to make sure that there is equitable access to

good quality care despite insurance type and other kinds of disparities of health,” Dr. Williams said. “This is something that we have always done and, sometimes, we don’t think of it as a separate diversity and inclusion goal—it is really how we operate.”

In the 1970s, Howard University Cancer Center was one of the first National Cancer Institute–designated cancer centers. “It was a joint designation with Georgetown Community Hospital, Georgetown Cancer Center, and it represents what I [am] most proud of with our center,” Dr. Williams said. “We have endured. We have endured periods of known inequities long before there were mandates to address them. We were seeing patients who could not be seen anywhere else.” 

### Reference

1. Patient navigation: taking stock of the past and looking to the future. ACCCBuzz blog. January 11, 2023. Accessed June 12, 2023. <https://www.accc-cancer.org/acccbuzz/blog-post-template/accc-buzz/2023/01/11/patient-navigation-taking-stock-of-the-past-and-looking-to-the-future>
2. National Navigation Roundtable. History of Patient Navigation. Accessed June 23, 2023. <https://navigationroundtable.org/history-of-patient-navigation/>