

Importance of Addressing Patient Identity

Patients are people first—individuals with varying backgrounds, circumstances, and life experiences—therefore next-level cancer care should consider the unique needs and preferences of patients and identify opportunities to personalize care in the community oncology setting. Care teams who relate to patients on an individual level and take the time to understand what their home life looks like, who they want involved in their care, and what stressors they may be experiencing, can have a tremendous impact on a patient’s treatment journey and outcomes. Understanding a patient’s identity—their race, ethnicity, gender and sexual identity, geography, socioeconomics, and/or other personal characteristics—and recognizing and combating implicit bias can lead to more effective prevention strategies as well as reduce health inequities.

Purpose

The Association of Community Cancer Centers (ACCC)—with its partners the Virginia Mae King Foundation, SHARE, the Latino Cancer Institute, Cancer Support Community, Stupid Cancer, and in collaboration with Pfizer—embarked on a journey to explore how well care teams identify and honor patient goals and preferences. Through comprehensive patient and provider surveys launched in 2022 to gauge perceptions on healthcare injustice and implicit bias, a suite of powerful tools and resources have been developed to help multidisciplinary cancer care teams personalize care around a patient’s unique characteristics, goals, and preferences.

Who Took Our Survey?

Provider Demographics (n=85)

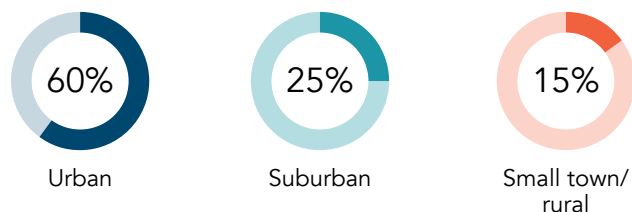
Role	
Program Administrator	30%
Nurse	25%
Financial Advocate/Navigator/Counselor	13%
Social Worker	11%
Physician	8%

*13% represented other multidisciplinary roles or did not identify a specific role.

Area of Practice	
Community Cancer Program	30%
Hospital/Hospital System	25%
Academic/NCI Cancer Program	13%
Private/Physician Practice	11%
Veteran Affairs Cancer Program	8%

*13% did not identify a specific area of practice.

Cancer Program Setting

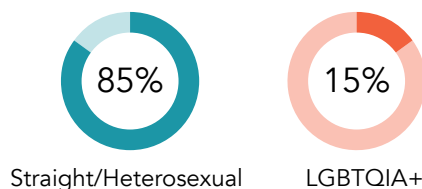


Patient Demographics (n=148)

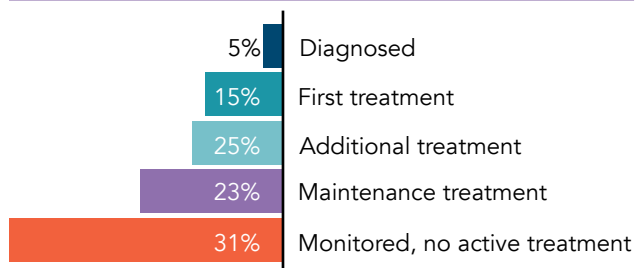
Race/Ethnicity	
White	68%
Black or African American	24%
Hispanic	17%
Asian	7%
American Indian or Alaska Native	5%
Native Hawaiian or Other Pacific Islander	1%
Different identity	2%

*Some participants chose to report 2 or more races or ethnicities.

Sexual Orientation



Treatment Status



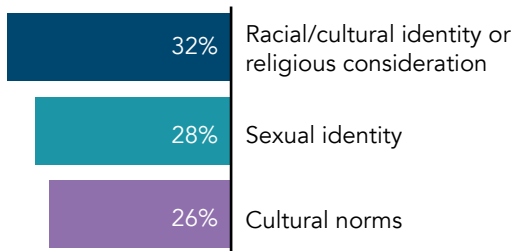
Best Practices for Personalizing Care



Tip #1: Build Conversations and Personalize Care Around Patient Identity

While important conversations with patients take place related to topics such as insurance coverage and finances, transportation, and caregiver support, few providers report initiating conversations related to cultural norms, racial/cultural identity or religious considerations or sexual identity.

Percentage of Providers Discussing Patient Identity Topics



45% of providers surveyed **discuss clinical trial options** with patients, an area which already suffers from underrepresentation and low participation among underserved populations.

Patients also reported feelings of dissatisfaction with their level of involvement in the decision-making process about tests and treatments they received.

When building conversations and care around a patient's identity, remember to:

- ✓ Consider what makes your patient unique
- ✓ Ask about personal preferences, such as preferred name, pronouns, and languages and document these preferences for the entire care team to reference
- ✓ Identify any personal or unique circumstances that may impact care and decision-making
- ✓ Offer additional resources to support your patient beyond the visit

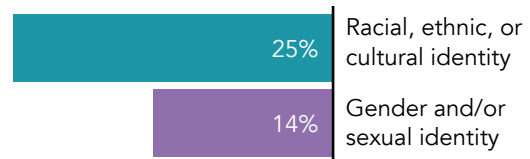


Tip #2: Recognize Signs and Employ Strategies to Overcome Implicit Bias

Patient perceptions on inclusivity and feeling understood by providers was limited. While approximately 60% of patients felt that they received appropriate accommodations and support to meet challenges they faced (eg, economic, age-related, language barriers), identity presented an area of concern.

20% of patients were **not satisfied and did not feel their identity was understood by providers.**

Identities Reported as Misunderstood by Patients



Recognizing and acknowledging a patient's individual identity and learning to recognize the signs of implicit bias can help reduce disparities in care.

To promote equity in care, remember to:

- ✓ Ask questions rather than make assumptions about your patient to avoid implicit bias
- ✓ Ensure all patients are provided with the same information about available resources to avoid differentiating between patients who may or may not need additional support
- ✓ Establish systemic processes for screenings and clinical trial enrollment to promote equity
- ✓ Utilize universal health literacy best practices with all patients to ensure all patients understand their care



Tip #3: Enhance Provider and Patient Communication

Effective communication requires patience, effort, and understanding by both providers and patients. Analysis of patient and provider surveys revealed **differences between the services and support providers believe are routinely offered to patients and what services and support patients were offered during visits.***

Providers State These are Talked About		Patients State These are Talked About
72% of providers reported that information about financial support for medical expenses are offered to patients	Financial Support 	22% of patients reported being offered information about financial support
71% of providers believed transportation services are offered to patients	Transportation 	18% of patients reported being offered transportation
66% of providers believed patients are offered genetic counseling	Genetic Counseling 	30% of patients reported being offered genetic counseling
57% of providers reported that they ask about or screen patients for clinical trial eligibility	Clinical Trials 	15% of patients reported being asked or screened for clinical trials

*Provider and patient surveys were not in a matched sample.

To enhance provider and patient communication, remember to:

- ✓ Keep communication simple and use plain language without complex medical jargon
- ✓ Use the “teach back” or “repeat back” method to ensure patient understanding
- ✓ Be attentive to non-verbal expressions, such as body language, tone, posture, and eye contact for clear, effective communication
- ✓ Understand your patient’s language preference and arrange for appropriate interpretation or translation support when necessary; if a caregiver is present, take the time to understand how they will support the patient and share available resources

Curated Resources

To help multidisciplinary care teams better understand how to personalize care, ACCC and its collaborative partners have developed the **Personalizing Care Video Series**. This collection of videos, based on real-world experiences observed in the community care setting, can help care teams recognize implicit bias and utilize effective strategies to personalize care. Access this video series here:

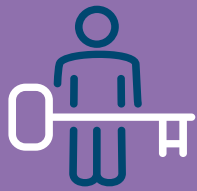


← Scan here for VIDEO RESOURCES

ACCC has curated a **resource library** of nationally available publications, tools, videos, and relevant assets to help care teams facilitate the personalization of care for patients. Access this collection of resources which explores key concepts related to health equity, health literacy, implicit bias, social determinants of health, vulnerable populations, and more here:



← Scan here for RESOURCE LIBRARY



Key Takeaways for Personalizing Care for Patients of All Backgrounds



Initiate patient conversations that incorporate a patient's individual characteristics, values, lifestyle, and unique circumstances



Ensure patient discussions consider identity factors and social determinants of health (eg, race, culture, sexual identity, religious considerations, financial situation) that may impact care or decision-making about treatment



Consistently utilize universal health literacy best practices with all patients (e.g., communicate clearly, use plain language, utilize teach-back method) to ensure equity in care



Learn to recognize the signs of implicit bias and healthcare injustice to reduce disparities in care



Ensure every patient is informed about available services (eg, financial support, transportation services, clinical trials) to avoid implicit bias



Practice humility and regularly reflect on competence level of personalizing care for patients

Find additional information and resources at: acc-cancer.org/personalizing-care.

A publication from the ACCC education program, "Personalizing Care for Patients of All Backgrounds." Learn more at acc-cancer.org/personalizing-care.

The Association of Community Cancer Centers (ACCC) is the leading education and advocacy organization for the cancer care community. For more information, visit acc-cancer.org.

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Thank you to our program partners:



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