



VASCULAR CURES, SEPTEMBER 2021

VASCULAR HEALTH INNOVATION SUMMIT

PROMOTING HEALTH EQUITY IN
VASCULAR RESEARCH & CARE



PARTICIPATING ORGANIZATIONS

Abbott | American Heart Association (AHA) | American Limb Preservation Society (ALPS) | American Diabetes Association (ADA) | Amgen | Boston Scientific Boston University | Cardiovascular Coalition | Cardiovascular Systems, Inc. (CSI) | Cook Medical | Dartmouth | Duke University | Emory University | Food and Drug Administration (FDA) | Harvard University | The Iowa Clinic | Janssen | Kaiser Permanente | LimFlow | LunaDNA | Mayo Clinic | Medtronic | Moving Analytics | National Heart, Lung, and Blood Institute (NHLBI) | Northwestern University | OptumCare | San Antonio Vascular and Endovascular (SAVE) Clinic | Stanford University | Society for Vascular Surgery (SVS) | TotalCME | University Health Network | UC Davis | UCLA | UCSF | University of Arizona | University of Chicago | University of Florida | University of Maryland | University of Massachusetts | University of Miami | University of Michigan | University of Nebraska | University of Pennsylvania | University of Pittsburgh | University of Utah | University of Washington | USC | Vanderbilt University | The Way To My Heart | Washington University in St. Louis | Yale University

CLOSING THE HEALTH EQUITY GAP AS A COMMUNITY

Vascular Cures is a champion of forums in which diverse specialties and sectors of healthcare come together to collaboratively address timely topics and pressing, unmet needs. The 2021 virtual Vascular Health Innovation Summit convened a multi-disciplinary, multi-stakeholder group of approximately 73 key players and patients from 38 institutions to address the topic “Promoting Health Equity in Vascular Research & Care”. The virtual meeting consisted of a half-day of presentations from vascular health leaders followed by a Patient Partners panel and afternoon breakout sessions. These brainstorming sessions provided the opportunity for participants to discuss innovative strategies to accelerate collaborative solutions around health equity in both care and research.

SUMMIT OBJECTIVES

- Identify priority needs in vascular health equity that align across stakeholder type
- Leverage the expertise of thought leaders in disparities and social determinants of health with the unique perspectives of stakeholders and patients in clinical care and research to ultimately develop integrated approaches to addressing health disparities
- Map out high-impact, collaborative projects to address priority issues anchored in the patient experience and preferences

KEYNOTE SPEAKERS

Aruna Pradhan, MD MPH, Harvard

The State of Vascular Health Inequity in Research & Care

Lee Kirksey, MD, Cleveland Clinic

PAD: Closing the Equity Gap in Vulnerable Patients

Misty Humphries, MD, UC Davis

Development of Remote Limb Preservation Programs

Samantha Minc, MD, West Virginia University

The Social Determinants of Health & The Role of Community-Engaged Research in Amputation Prevention

Kim Smolderen, PhD, Yale

Blind Spots of Representation in PAD Care Continuum: Contemporary National and International Data

Kevin Heath, MD MPH, Optum Care

Equity Opportunities and Limitations in Health Systems Analysis & Implementation

LIGHTNING ROUND PRESENTATIONS

ADA, Health Equity Now · Shagun Bindlish, MD & Alan Kissick

AHA, PAD National Initiative · Amy Pollak, MD

SVS, VISTA Program · Jens Jorgensen, MD & Peter Lawrence, MD

Cardiovascular Coalition, ARC Act · Jason McKittrick, MBA

Janssen, Change Network · Joy-Lee Pasqualoni

Food Deserts and Vascular Health · James Iannuzzi, MD, MPH

Patient Language for Diagnosing PAD · Rebecca Brown, PhD, RN

Stem Cell & Gene Therapy for Limb Preservation · Omaid Velasquez, MD

Patient Partner PANEL

“Understanding the Patient Experience: How Language, Perceptions, and Culture Impact Engagement”


Moderator: Dr. Dominique Woods



“It's heartbreaking that it's 2021 and this is still happening, especially in rural areas. I know that we can make the change with patient advocacy through Vascular Cures. I'm not going to have to worry about my nephew or grandchildren because we're doing the work right now. Education and seeking out where the people of color are will help.” - Patient Panelist

Our panel of patients and advocates shared remarkable insights into the nature of health equity in vascular disease. There was substantial discussion about the reality of building equity into the day-to-day research and care that is provided to communities across the country, since engaging those communities has proven to be a significant challenge. While different mechanisms and strategies were put forth in order to support equity in research and care, respectively, the underlying truth was echoed across a diverse array of stakeholders and specialists: making a concerted effort to engage patients and partners in the development and dissemination of vascular interventions is paramount.

The patient panel further reinforced this value; patients and caregivers were outspoken about the fact that providers and researchers benefit from leveraging the lived experiences of those with vascular disease. The research and care breakout sessions provided avenues for specialists in each area to debate and collaborate in order to identify the most substantial priority unmet needs in vascular disease.



Breakout Session

HEALTH EQUITY IN CARE

Moderator: Manesh Patel, MD – Chief of Cardiology & Clinical Pharmacology, Duke

Disparities are notable in chronic vascular conditions, such as PAD, where health outcomes are both serious and measurable. Life expectancy differences of up to 30 years have been seen in some communities. Primary barriers to equity include lack of public and provider awareness, access to care, implicit bias, and limited system-level incentives. On the flip side, there are some timely opportunities that can be leveraged to address “low-hanging fruit”. These include recent momentum behind vascular disease awareness, technology-enabled remote care adopted as a result of the pandemic, and the broader use of value-based care models that promote more equitable care strategies. At the core, Vascular Cures believes a patient-centered care framework that prioritizes the realities of the patient experience and preferences can help overcome key barriers to closing the vascular health inequity gap.

KEY TAKEAWAYS




Lack of public awareness disproportionately affects high-risk communities, but each community's presentation and causes are unique. ***We need to reach at-risk individuals where they are by leveraging grassroots channels, in ways that are community-specific, use clear language and focus on empowerment.***

Lack of provider awareness disproportionately affects high-risk communities, especially when it comes to early diagnosis. ***We need to focus educational efforts on community-based primary care practices. Prioritizing social workers and care coordinators may greatly enhance impact.***

Access to quality, specialty care is a leading barrier to optimal health outcomes for vulnerable communities. ***We need to both directly support patients in accessing care (e.g. transportation, insurance) and bring care and wellness into high-need regions (e.g. leverage technology to build capacity, incentivize specialists to relocate).***

Implicit bias around underserved patient populations still exists and is directly impacting care practices on a systems level. ***Care systems, professional societies, and individual practices need to prioritize strategies to address institutional bias (e.g., better cultural competency and active anti-discriminatory screening and care practices).***

Representation matters: medical school diversity has not changed in the last 30 years ***We need both push and pull strategies from educational and professional societies to create a care culture that looks like the patient population***



Breakout Session

HEALTH EQUITY IN RESEARCH

Moderator: Michael Conte, MD – Chief of Vascular & Endovascular Surgery, UCSF

The lack of representation in research trials and studies is a symptom of a larger issue: inequitable investment in the wellbeing of vulnerable communities. Underrepresented populations include racial minorities, individuals of low socio-economic status, and other vulnerable groups. The Health Equity in Research breakout group discussed both how to increase diversity in clinical studies and what new research could address critical knowledge gaps in our understanding of vascular health equity. There are many opportunities to actively implement inclusive practices and close the health equity gap in and through vascular research

KEY TAKEAWAYS

Minorities are grossly underrepresented in major trials for marketing authorization/product approval, including a lack of high-risk and diverse patient populations. The reasons for underrepresentation are still not well understood, but recent research suggests that patients are simply not being asked. ***We need to reach and engage vulnerable and minority communities more effectively. Additional incentives or requirements from grant-makers and regulators could be a meaningful strategy to “mandate” equitable research.***

The categorization of persons into race and ethnic groups for the purposes of research is more nuanced than our current systems allow and is reflective of a historic and evolving power dynamic between populations of interest and those doing the labeling. ***We need better tools to characterize and evaluate complex racial classifications.***

Race, income level, place of residence, and other identifiers impacting health disparities are not always identifiable in current databases due to privacy and liability issues (e.g. health systems and registries). ***We need large datasets that can ethically and transparently evaluate the impact of social determinants of health on vascular health outcomes and wellness.***

Vascular and research literacy is lacking in patients, even those who have engaged in research. More broadly, we lack a universal language to describe vascular diseases. ***We need better educational strategies and clearer language to patients beyond research participation.***

We do not have a clear understanding of the molecular relationship between race, social determinants of health, and disease. ***We need studies to better understand if there are epigenetic changes or mRNA differences that could be predictors or measures in vulnerable populations.***