Health Equity Roadmap

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- NQF Disparities Standing Committee
- PCORI – Disparities consultant
- NIMHD National Advisory Council
- Bristol-Myers Squibb Co. Health Equity Advisory Board
- Families USA – Equity and Value Task Force Advisory Council

Based on:

- Own research – multi-level interventions to reduce disparities
- RWJF Advancing Health Equity
- Merck Foundation Bridging the Gap
- Systematic reviews of literature
- University of Chicago experience
- National meetings and committees

Take-Home Messages

- Be intentional about advancing health equity
- Use Roadmap to Reduce Disparities
  - Culture of Equity
  - Systematic processes for care transformation and payment
- Be flexible for opportunities

Magical Thinking

- “We’re already doing quality improvement.”
- “We’re a safety-net organization. It’s who we are.”
- “The shift from fee-for-service payment to value-based payment and alternative payment models will fix things.”

Intentionality and the Invisible Hand

Daily Kos

A Rising Tide Does Not Necessarily Lift All Boats

- Not one size fits all
- Negative unintended consequences
  - E.g. cherry picking healthy patients
- Can't assume the "invisible hand" will work alone
- QI and payment with an equity lens

5 Lessons

- No magic bullet solution

- Achieving equity is a process
  - Culture
  - Quality improvement
  - Implementation and context
  - Sustainability

- Address social determinants of health
  - Individual patient needs
  - Underlying structural drivers

5 Lessons (cont.)

- Address payment and incentives
  - Healthcare organization – business case
  - Policymaker and payer
- Frame equity as a moral and social justice issue

"*Equity* is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. *Health inequities* therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. **They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms**."

NIH Definition of Disparities

The difference in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States

IOM Disparity Model

AHRQ National Healthcare Quality and Disparities Report

- www.ahrq.gov

Framework for Advancing Health Equity

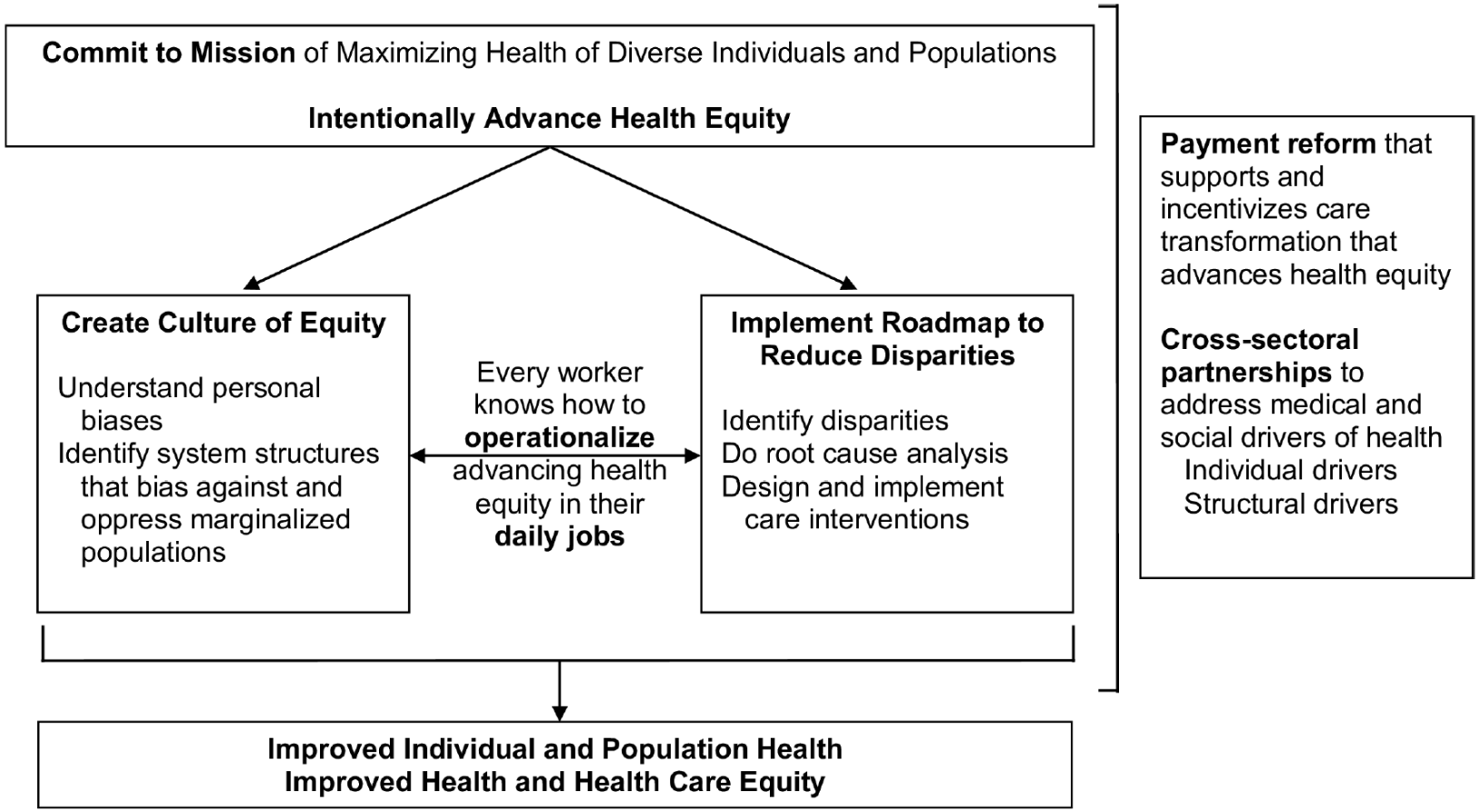

Figure 1 Framework for Advancing Health Equity.[9 18]

Chin MH. BMJ Qual Safety 2020

Advancing Health Equity

Lesson 1: No Magic Bullet

- Circa 2005 – Find disparities solutions
- Context matters
  - Patients and communities
  - Organization
  - Political and financial
  - History
  - Need to work thru your own solution
- Value of menu of evidence-based interventions; organizations like options/models

Lesson 2:
Achieving Equity is a Process Involving Culture and the Technical

Create Culture of Equity

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Identity and Self Perception

Structural: Free, Frank, Fearless Discussions

- Structural racism
- Colonialism
- Social privilege

COVID-19 Racial/Ethnic Disparities

- Higher comorbidities
- Higher exposures
  - Essential workers
  - Crowded housing
- Vaccine hesitancy – mistrust from historical and current discrimination
- Access barriers – transportation, employer-based health insurance

Do We Really Value Health Equity?: Are We Intentional?

- Mission statement
- Rewards and incentives
- Training
- Interpersonal
- Structural – e.g. hiring

Power is the Issue

- Control over resources
- Control over the historical narrative
- Control over the framing of health equity

Roadmap to Reduce Disparities

- Identify disparities
- Do root cause analysis
- Design and implement care interventions

Root Cause Analysis with Equity Lens

- No substitute for talking with the affected patients and communities

Evidence-based Interventions

- Multifactorial attacking different levers
- Culturally tailored QI
- Team-based care
- Families and community partners
- Community health workers
- Interactive skills-based training

Multiple Levels for Clinical and Policy Action

Chin MH et al. JGIM 2012; 27:992-1000

Bridging Culture and the Technical

- Every worker knows how to operationalize advancing health equity in their daily jobs

Ensuring Fairness in Machine Learning to Advance Health Equity

Be Flexible

- Not necessarily linear
- Go where there are opportunities

Lesson 3: Address Social Determinants of Health

- Individual patient social needs
  - Screen, refer to community, info loop
  - Population health management - “High utilizers”
- Underlying structural drivers
  - e.g. food insecurity, homelessness
  - Intersectoral partnerships

Castrucci and Auerbach. Health Affairs Blog 2019

La Clinica – Washington, D.C.

Lesson 4: Address Payment and Incentives

Need business case

Leadership Matters

Policy Gap

- Rhetoric about how nation values health equity and relative lack of policies that support and incentivize health equity

Policy Goals:

- Explicitly design quality of care and payment policies to achieve equity
- Hold the healthcare system accountable through public monitoring and evaluation
- Support with adequate resources

Advancing Health Equity

Align State Medicaid agencies, Medicaid managed care organizations, and health care organizations to achieve health equity

- Payment reform that supports and incentivizes care transformation that advances health equity

Value-Based Payment and Alternative Payment Models

- VBP - Designed to reward high quality care and health outcomes (e.g. P4P)
- APM - Predominantly non-FFS models designed to promote value and cost-efficiency
  - Frequently incorporate VBP principles
  - Many use FFS inside to distribute resources
  - Could provide effective mechanisms and incentives to fund infrastructure to address SDOH and advance health equity

Upfront Payment and Retrospective Payment

- **Upfront or prospective funding**
  - Cover infrastructure and work force for interventions – e.g. community health workers, team-based care, changes to IT systems to track equity
- **Retrospective payment**
  - Reward and incentivize reducing disparities and advancing health equity

Examples

- **Upfront payment**
  - PMPM care management payment
- **Retrospective reimbursement**
  - Fee-for-service
- **Retrospective value-based payment**
  - Pay for performance
  - Shared savings with quality metrics
- **Hybrid of upfront and retrospective value-based payment**
  - Maternity bundled payment with a quality withhold for a healthy birthweight baby

Payment Functionality

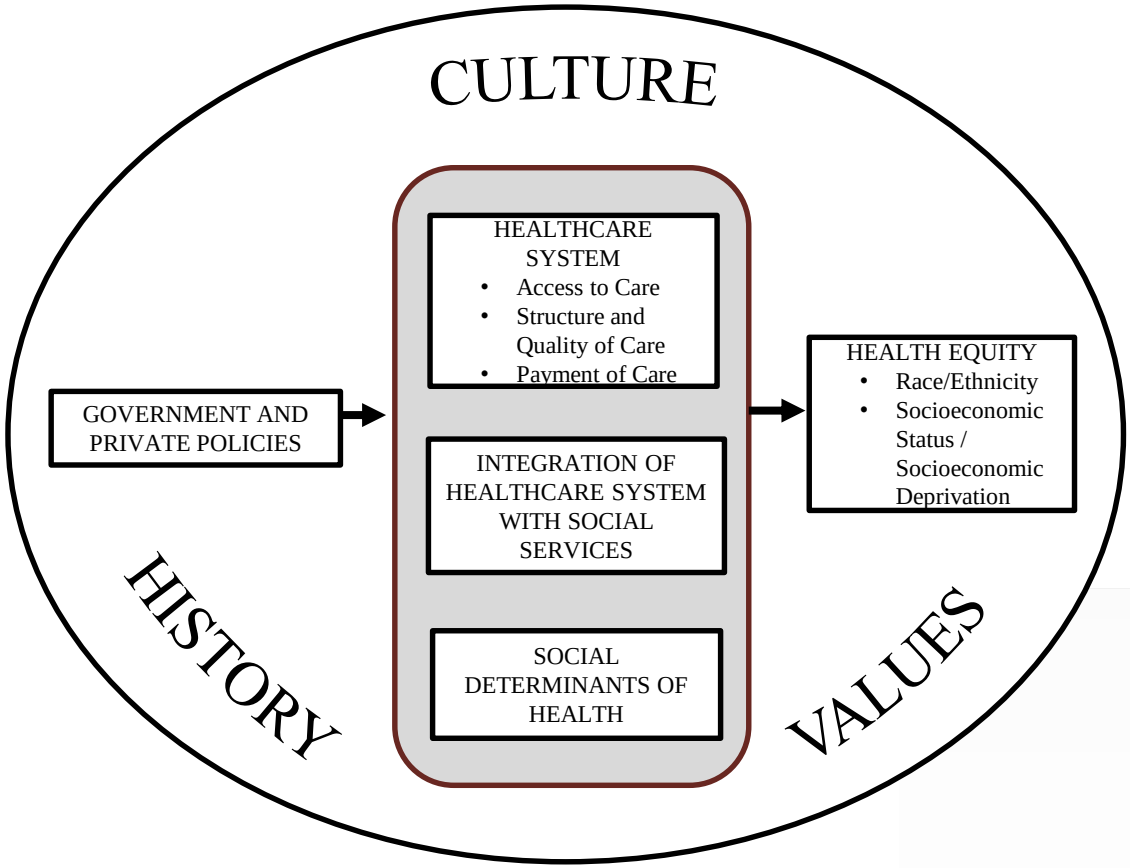
- What is being incentivized or is at financial risk? – e.g. outpatient care, inpatient care, total cost of care
- What is the magnitude of the incentive or financial risk?
- What patients/populations are you responsible for (population attribution)?
- What are the data analytic capabilities and arrangements?

Payment Functionality 2

- What is the relationship, if any, of savings to quality metrics?
- What are the appropriate payment targets to advance equity?
  - Absolute attainment – a specific outcome or score must be achieved
  - Relative attainment – achieve a score relative to a benchmark
  - Improvement – assess performance relative to a baseline
  - Pay for reducing disparities

Lesson 5: Frame Equity as a Moral and Social Justice Issue

Conceptual Framework



Chin MH, King PT, Jones RG, Jones B, Ameratunga SN, Muramatsu N, Derrett S. Lessons for achieving health equity comparing Aotearoa/New Zealand and the United States. Health Policy 2018.

Advocacy and Leadership

Chin MH. Movement Advocacy, Personal Relationships, and Ending Health Care Disparities. *Journal of the National Medical Association*. 2017.

- “Of all the forms of inequality, injustice in health is the most shocking and the most inhuman.”

  - Dr. Martin Luther King, Jr.

John Rawls

When is Movement Advocacy Necessary?

- When the injustice is great
- Power differential between oppressor and oppressed is large
- Willingness of the powerful to reform the system is low

Moonshots, Opioids, and Incentives

- “So, why do health disparities persist? A simple answer is that our country tolerates them.”

Chin MH. The Health Care Blog 2016.

Letter from Birmingham Jail

- “I have earnestly opposed violent tension, but there is a type of constructive, nonviolent tension which is necessary for growth.”

  - Dr. Martin Luther King, Jr.

Interpersonal Relationships, Trust, and Achieving Health Equity

- Self-awareness and commitment
  - Clinicians understanding their subconscious biases in shared decision making with pts
  - Administrators recognizing that how their clinic delivers care may systematically lead to worse outcomes
- Quality improvement with equity lens
- Safe non-threatening learning environment vs. discomfort to convince some of the need for change.

Reconciling Movement Advocacy and Trusting Relationships

Addressing Disparities Honestly

- “Dr. [Jennifer] Smith explained that a conflict is a personal narrative with a beginning, middle, and end. At the beginning, parties frequently experience powerful emotions such as anger, frustration, fear, and surprise, and often make assumptions based on their values and biases. The middle phase encompasses listening and telling, adjusting facts, and clarifying options. In the end, one can hope for agreement, compromise, and reconciliation, but at a minimum it should be possible to envision a new future with common facts, decreased emotion, and more clarity moving forward.”

Chin MH. JNMA 2017.

“I believe movement advocacy can break down ingrained structural barriers and policies that impede health equity, while clinicians, health care organizations, and advocates build trusting relationships and resolve conflict with mutual respect and honesty.”

Chin MH. JNMA. 2017.

“We must combine advocacy and relationship building to end disparities. Achieving health equity will require policy changes, and personalized clinical care and organizational transformation that are dependent on good will and trust.”

Chin MH. JNMA. 2017.

St. Mary’s/ Clearwater Valley Frontier Idaho

Leadership Matters

"Leadership matters. It is our professional responsibility as clinicians, administrators, and policymakers to improve the way we deliver care to diverse patients. We can do better."

Chin MH. NEJM 2014.