

Provider Perspectives on Disparities in Access to Precision Medicine: A View from Psychiatry

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Roundtable on Genomics and Precision Health

Understanding Disparities in Access to Genomic Medicine: A Workshop

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Brian K. Ahmedani, PhD

Director of Psychiatry Research / Research Scientist

Center for Health Policy & Health Services Research

Henry Ford Health System

Background

- Henry Ford Health System: A large health system in Detroit and the surrounding metro area, which also operates a health insurance plan cover 10-20% of patients
 - Offers many different viewpoints
 - Diverse urban setting, with wide range of income, education, race/ethnicity, age.
- Expertise in precision medicine (*All of Us*, HF Cancer Center)
- Particular background in Psychiatry.



Stigma

- Health Professional Stigma

- Providers have preferences on treating patients with specific conditions.
 - There are already disparities in the care we provide – that likely won't change with the innovation of a new complex approach (and it the disparity may get more pronounced).
 - Conditions considered “Behavioral” vs. “Not”
 - Example, some patients are already more likely to be screened for, and treated for, behavioral health conditions. Would we expect that their access to precision medicine care would be different?

Provider Decisions

- Provider Decisions / Prioritization
 - Providers have to make decisions that are based on the best available information (including their evaluation / perception of the patient based on observation).
 - Can the patient comprehend precision medicine care (cognitive disability, mental health, etc)?
 - Is it likely that the patient will make it to the appointment?



Questions about Insurance and Coverage

■ Insurance Status

- Patients with certain conditions (i.e., Behavioral Health) are disproportionately more likely to have Medicaid or to have no insurance.
 - An extra step is needed to work across multiple systems to coordinate care (e.g., private system working with public mental health care).
 - Extra work creates more gaps in care, which creates more opportunities for people to fall through the cracks.
- If some payers cover precision medicine and others do not, it will be extra work for providers to determine which patients are eligible; this often leads to no one or very few having access.



Availability of Resources

- Workforce shortages, staff turnover, limited appointment time slots, and long wait times plague care in some departments and settings more than others.
 - For example, it can take 3 months (at best) to get a psychiatry appointment.
- On-site Biobank and Genetic Counselors.
 - Well-resourced, private systems will have access sooner than public and/or community systems.
 - Patients with certain conditions are more likely get care in systems with more resources, than others.



Knowledge of Precision Medicine

- Certain clinical disciplines have more knowledge of precision medicine than in others (it's promoted more).
- The science is further along in many disciplines than in others.
 - For example, Cancer vs. Behavioral Health.



Precision Medicine Could Provide Solutions

- Tailoring treatments may lead to fewer needed appointments to “find the right medicine or dose.”
 - Thus freeing up appointment time slots for other patients.
- Identifying markers and customizing treatments may lead to less stigma, especially if treatments work (i.e., behavioral conditions can be treated successfully).
- Lower levels or “relapse”/ recidivism may lead to provider satisfaction.
- Widespread insurance coverage could lead to increased uptake.
- *All of Us* and other Precision Medicine programs may have the greatest impact in areas where diseases are most stigmatized.

