

# Lessons for Achieving Equity in Health Care Settings From Non-Obesity Fields



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- PCORI – Disparities consultant
- NIMHD National Advisory Council
- 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

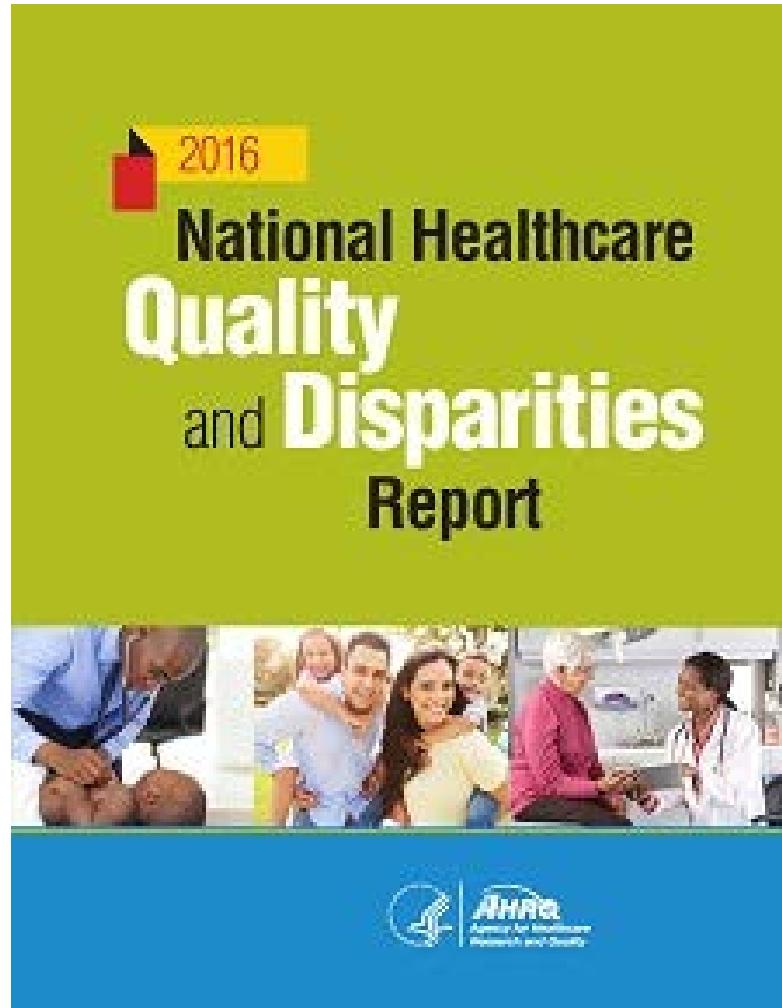
# 5 Lessons

- 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 Goal: Move the National Numbers



# No Magic Bullet

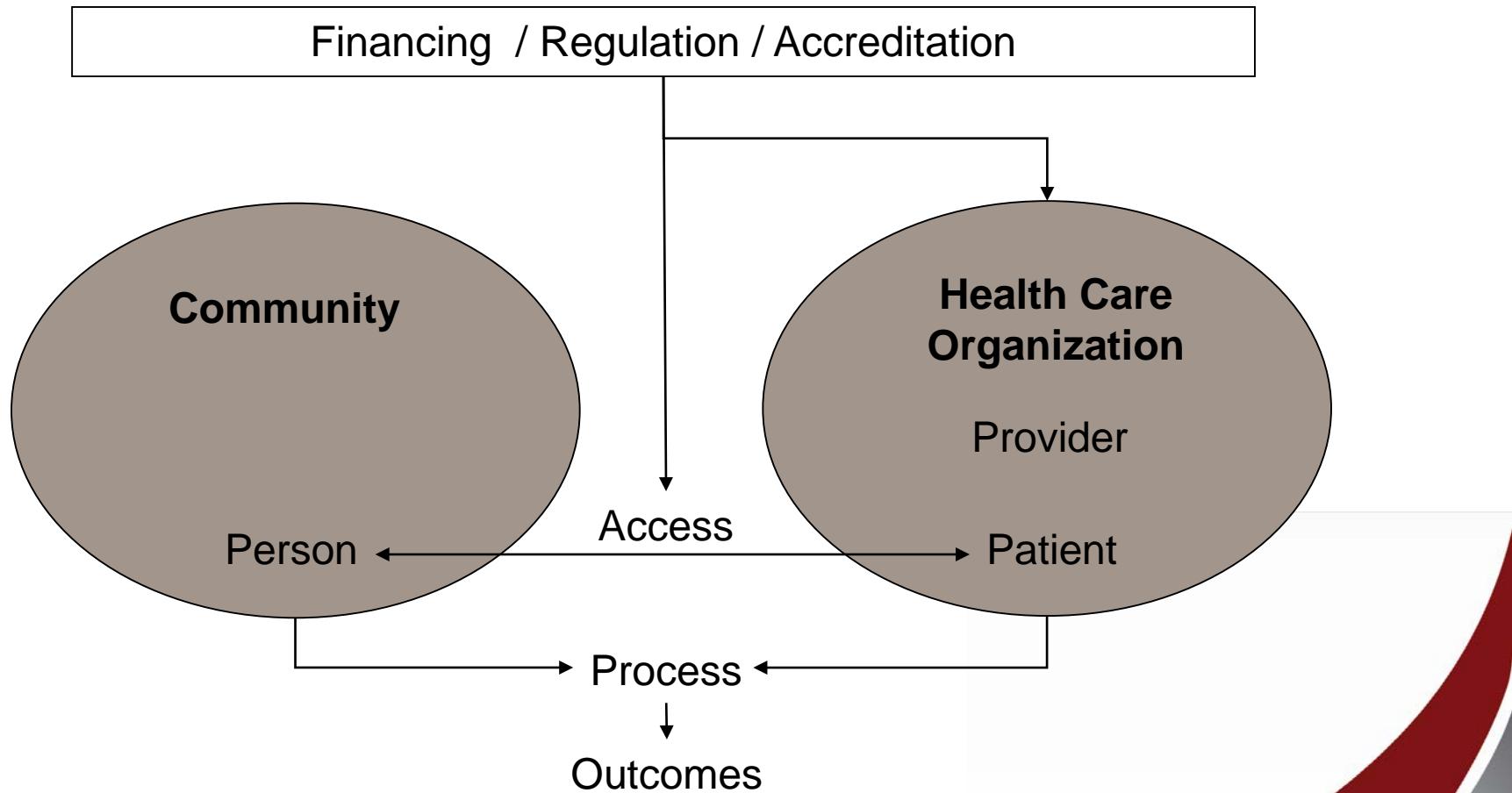
- Circa 2005 – Find disparities solutions
- Context matters
  - Patients and communities
  - Organization
  - Political and financial
  - History
  - Need to work thru your own solution
- Value of menu of evidence-based interventions; organizations like options/models

# 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



# Achieving Equity is a Process



# RWJF Advancing Health Equity: Roadmap for Reducing Disparities

- 1) Create culture of equity
- 2) Implement QI infrastructure and process
- 3) Make equity an integral part of quality
- 4) Design intervention(s) – equity lens
- 5) Implement, evaluate, and adjust intervention(s)
- 6) Sustain intervention(s)

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



[www.solvingdisparities.org](http://www.solvingdisparities.org)

# Quality Improvement

- Root cause analysis - no substitute for talking with the affected patients and communities
- Iteratively address specific barriers and facilitators to change

# Consolidated Framework for Implementation Research

- Intervention (relative advantage)
- Outer (external incentives)
- Inner (culture)
- Individuals (beliefs)
- Process (plan, execute, evaluate)



IMPLEMENTATION SCIENCE

Implement Sci 2009; 4:50.

# Address Social Determinants of Health

- Individual patient social needs
  - Screen, refer to community, info loop
  - Population health management - “High utilizers”
- Underlying structural drivers
  - Free, frank, fearless discussions about structural racism, colonialism, and social privilege
  - Intersectoral partnerships



# Power is the Issue

- Control over resources
- Control over the historical narrative
- Control over the framing of health disparity issues

# La Clinica – Washington, D.C.



# Address Payment and Incentives

Need business case



# 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

# National Quality Forum

## 4 I's for Health Equity

- Identify priority disparity areas
- Implement evidence-based interventions to reduce disparities
- Invest in health equity performance measures
- **Incentivize the reduction of health disparities and achievement of health equity**

NQF. A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity. September 14, 2017.

# NQF 10 Incentivize Recs

- Accountability
  - Stratified health equity outcome measures
- Redesign payment models to support health equity
  - Infrastructure – capitation
  - Specific processes - P4P
  - Integrate health and social services
- Tailor the safety net – QI and \$

An illustration featuring six stylized human figures of different ethnicities and attire (business suits, lab coat) working together to assemble a large, colorful puzzle. The puzzle pieces are shaped like gears, a lightbulb, and a checkmark. The background is a light blue with decorative teal swirls at the top.

## Accepting Applications to Advancing Health Equity's Learning Collaborative

Deadline: May 24, 2019, 3pm CDT

[MORE](#)

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

# Frame Equity as a Moral and Social Justice Issue

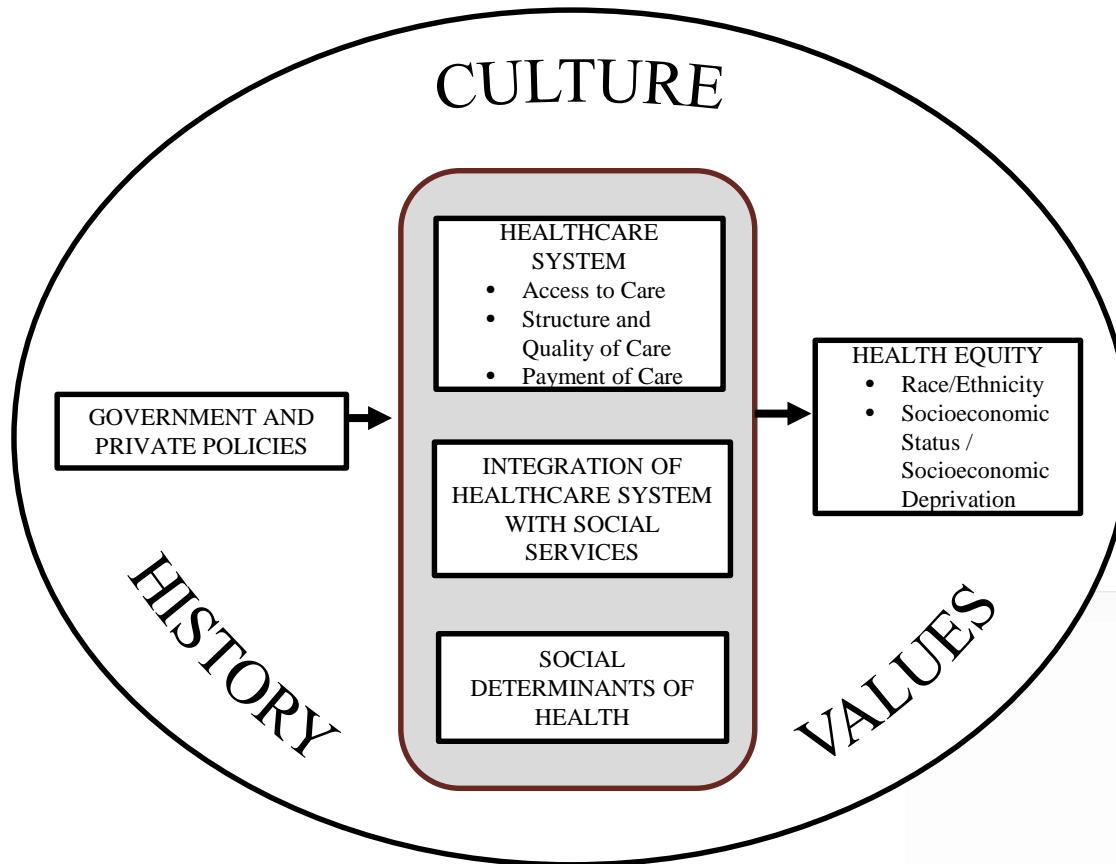
“Of all the forms of inequality, injustice in health is the most shocking and the most inhuman.”

- Dr. Martin Luther King, Jr. 1966

Distributive justice

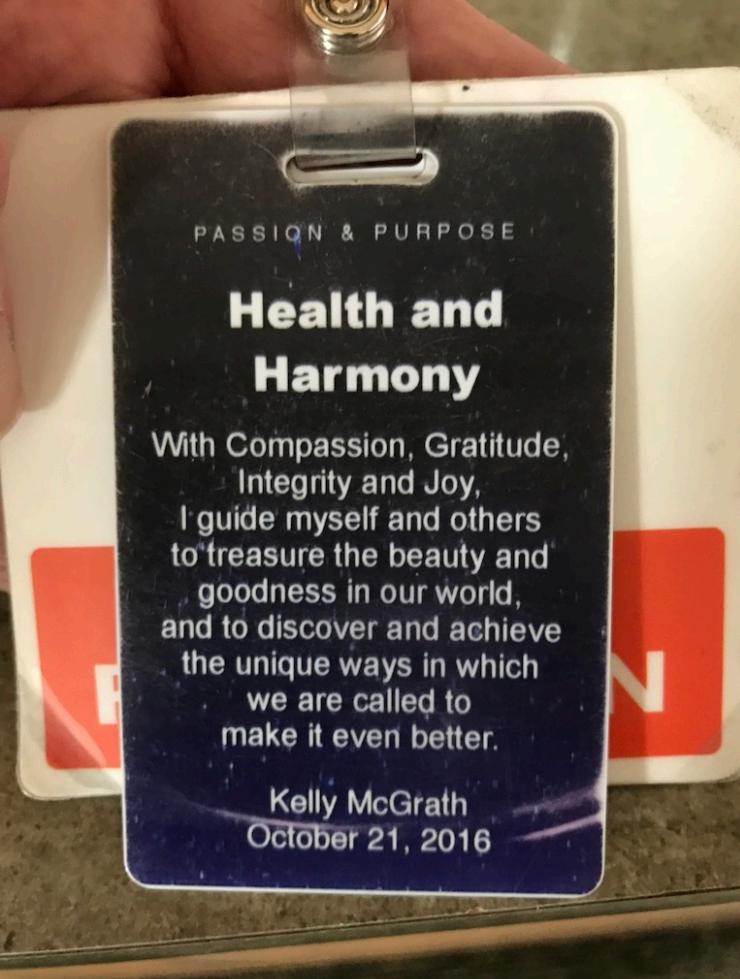
John Rawls – Veil of ignorance

# 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.

# St. Mary's/ Clearwater Valley Frontier Idaho



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# 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.