

# Addressing Medical and Social Needs, Culture and Anti-Racism, and Payment



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# Disclosures

## Board Member/Advisory Panel:

CMS LAN Health Equity Advisory Team, BCBS Health Equity Advisory Panel, Bristol-Myers Squibb Co. Health Equity Advisory Board, Families USA – Equity and Value Task Force Advisory Council

## Consultant:

AHRQ

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HEALTH EQUITY  
ADVISORY TEAM



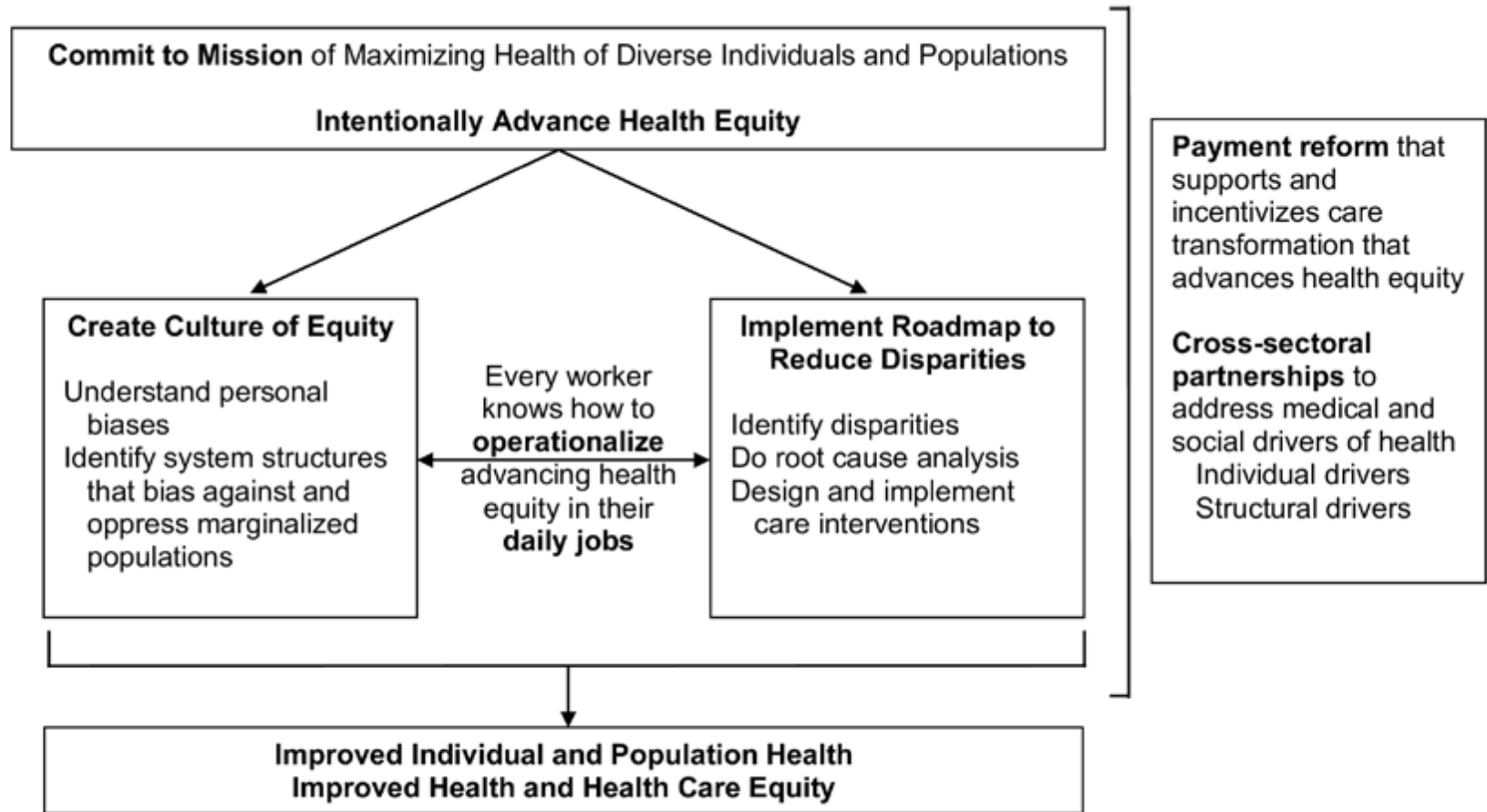
The Health Care Payment Learning & Action Network is an active group of public and private health care leaders dedicated to providing thought leadership, strategic direction, and ongoing support to accelerate our care system's adoption of alternative payment models (APMs).

Align State Medicaid agencies, Medicaid managed care organizations, and healthcare delivery organizations, and community-based organizations to achieve health equity

# Take-Home Messages

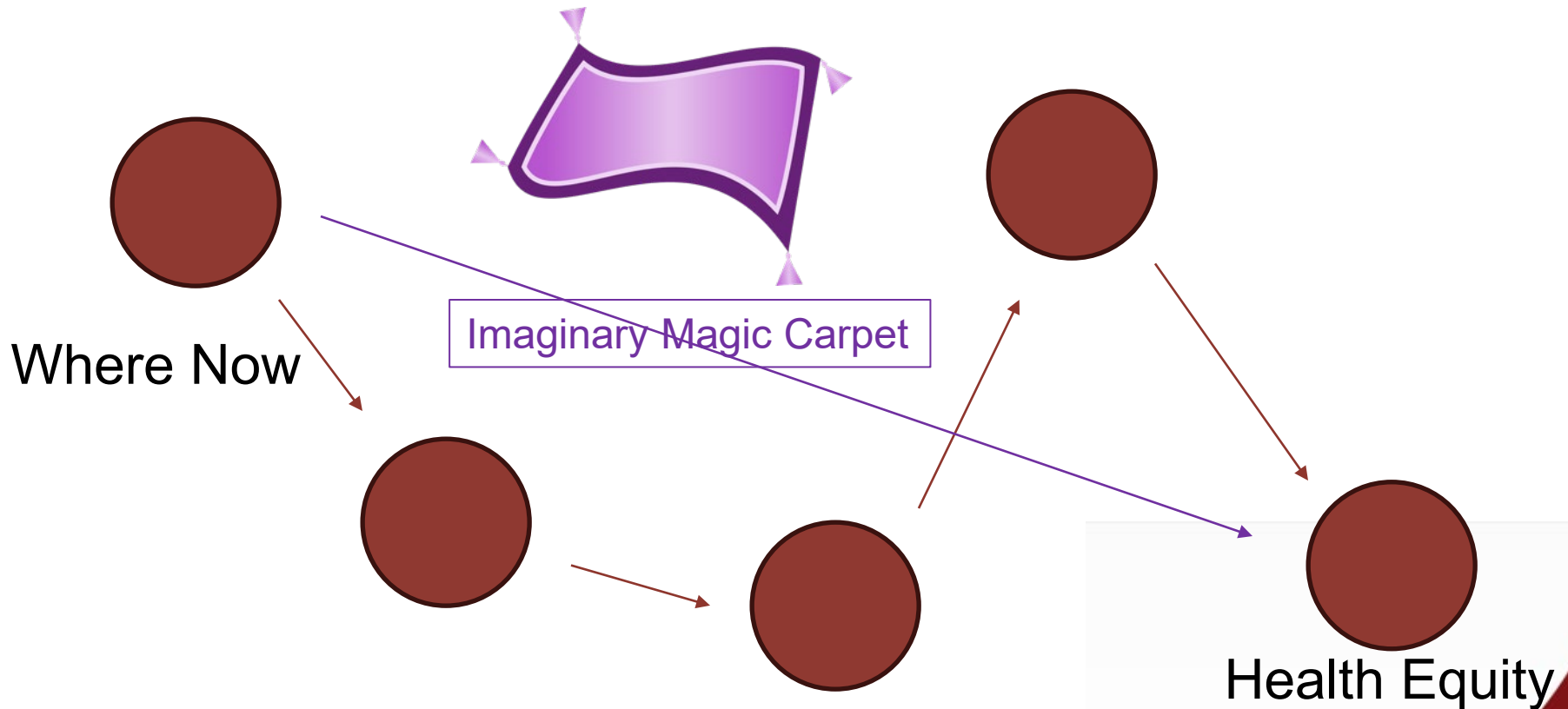
- If sustainable national health equity is the goal, no magic bullets exist
    - Literature on individual interventions provides puzzle pieces but does not assemble the picture
  - Sustainable state and national transformation to advance health equity requires simultaneously addressing:
    - System transformation to address medical and social needs of persons and communities
    - Culture and anti-racism
    - Payment
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# Framework for Advancing Health Equity



**Figure 1** Framework for Advancing Health Equity.<sup>9 18</sup>

# Connect the Dots on Pathway to Health Equity



Payment reform that supports and incentivizes care transformation that addresses medical and social needs to advance health equity.



# “Performative, Virtue Signaling” vs. Substantive, Authentic Actions to Advance Health Equity



Karen Dale, RN, MSN  
Co-Chair, CMS LAN Health Equity Advisory Team

# Real-World Operations

- Health care workers are humans with competing demands and priorities
- Health care systems are inertial battleships generally not designed to advance health equity
- Money drives much behavior; health care payment systems generally not designed to advance health equity



# System Transformation to Address Medical & Social Needs


- Identify inequities
- Root cause analysis **with communities**
- Design interventions **with communities**

Chin MH, et al. J Gen Intern Med 2012

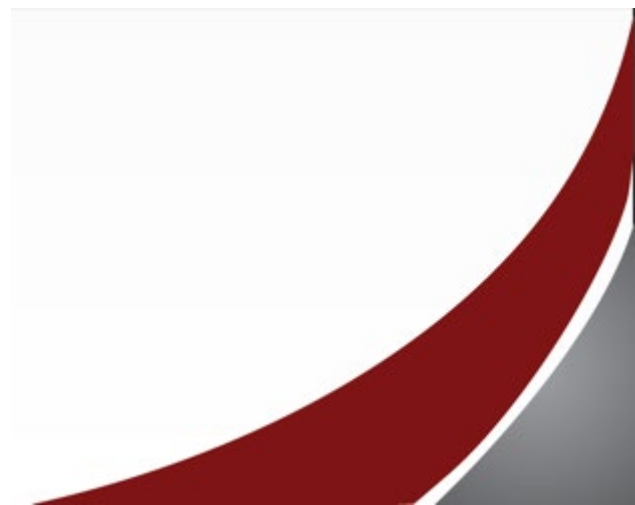
Cook SC, et al. American Psychologist 2023



# Identify Inequities

- Stratify data by social identity (e.g.- race, ethnicity)
  - Do not be paralyzed by data issues or perfect being enemy of the good
  - Can start by talking with health care staff and community to identify inequities
- 

# Root Cause Analysis


- Partner with patients and communities to do root cause analysis
  - Health care staff of racial/ethnic minoritized groups are not proxies for patients of racial/ethnic minoritized groups
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# Effective Equity Interventions

- **Holistically address medical and social needs; effective communication and strong relationships with patients; close follow-up and monitoring of patients**
- Multifactorial interventions
- Culturally tailored
- Team-based care - nurses
- Community health workers
- Families and communities

Chin MH. J Clin  
Endocrinol Metab 2021

Chin MH, et al. Health  
Promot Pract 2014



# Culture and Anti-Racism

- Whole organization has to buy-in for scalable, sustainable health equity
  - Equity is intentional and prioritized
  - Employees given time and resources to succeed in equity responsibilities
  - Employees trained how to operationalize equity in daily jobs regardless of position
- Must address culture and anti-racism for adequate buy-in from leadership and staff

Todić J, et al. Acad Med 2022

Cook SC, et al. American Psychologist 2023

# Bias and Equity Training Must be Accompanied by Structural Reform

Bias and  
Equity Training



Structural  
Reform

- Bias/equity training enables success of structural reform
- Structural reform enables success of bias & equity training

Vela MB, et al. Ann Rev Public Health 2022

Todić J, et al. Acad Med 2022



# Structural Racism

## **Race                      vs.                      Racism**

“Why do Black children with asthma have higher rates of hospitalization than white children with asthma?”

“Why is our health system less successful helping Black children with asthma avoid hospitalization than white children with asthma?”

Cook SC, et al. American Psychologist 2023



# Racism & Systems of Oppression: Power is the Issue

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

Chin MH, et al. Health Policy 2018



# Payment and Financing

- Payment – how providers paid for service
- Financing – how money obtained for payment

Potentially:

- Enable health care organizations to do the right thing
- Incentivize and support advancing health equity

Advancing Health Equity Through APMs 2021


Advancing Health Equity Through APMs 2022

Chin MH. J Clin Endocrinol Metab 2021

Gunter KE, et al. Milbank Q 2021

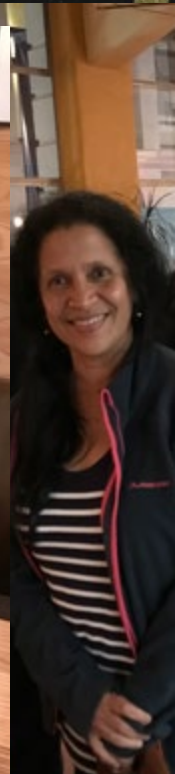


# Reform Payment to Support and Incentivize Care Transformation to Advance Health Equity

- Value-based payment and performance-based incentives that reward equitable processes and outcomes (e.g. pay for reducing disparities)
  - Upfront funding (e.g. capitation, per member per month, bundled payment) supporting infrastructure for equity interventions
  - Risk adjusting payment for social risk
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# Anti-Racist Financing and Payment Reform

- Increase & sustain access to insurance
- Increase scope of insurance coverage to meet medical and social needs
- Reform payment to support and incentivize equity care transformations
- Institute managed-care contracts standards for racial equity
- Support safety net
- Bolster an anti-racist culture of equity





# Free, Frank, Fearless Discussions

- Structural racism, colonialism, social privilege
- Ethics - distributive justice, human rights, social justice

Chin MH, et al. Health Policy 2018

Peek ME, et al. Acad Med 2020

Chin MH. NEJM 2021

Chin MH. J Clin Endocrinol Metab 2021

- Are we committed to:
  - Mission of maximizing health of all?
  - Fair and just opportunity for health?
- Will we intentionally advance health equity?

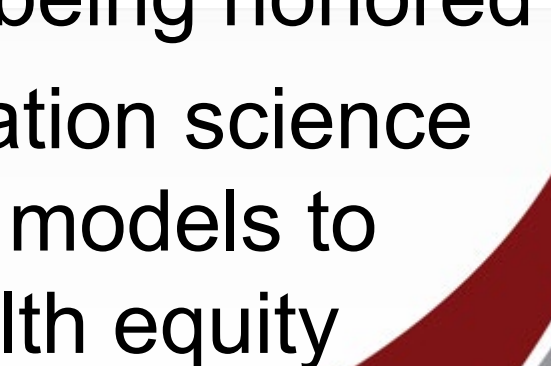
# Public Supports Fair and Just Opportunity for Health

- “Our Society Should Do Whatever Is Necessary to Make Sure That Everyone Has an Equal Opportunity to Be Healthy”
  - 66.6% agree or strongly agree

RAND Corporation. Development of the Robert Wood Johnson Foundation National Survey of Health Attitudes. 2016.



# Recommendations for Unequal Treatment Revisited Committee

- Integrate:
    - Addressing medical and social needs
    - Culture and anti-racism
    - Payment and financing
  - Examine why the public's support for health equity & ethical mission are not being honored
  - Incorporate practical implementation science lens - move from demonstration models to what is required for national health equity
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# References 1

- Advancing Health Equity Through APMs: Guidance for Equity-Centered Design and Implementation. Centers for Medicare and Medicaid Services Health Care Payment Learning and Action Network Health Equity Advisory Team. December 15, 2021. Available at: <http://hcp-lan.org/workproducts/APM-Guidance/Advancing-Health-Equity-Through-APMs.pdf>
- Advancing Health Equity Through APMs: Guidance on Social Risk Adjustment. Centers for Medicare and Medicaid Services Health Care Payment Learning and Action Network Health Equity Advisory Team. November 2022. Available at: <http://hcp-lan.org/workproducts/APM-Guidance/Advancing-Health-Equity-Through-APMs-Social-Risk-Adjustment.pdf>
- Chin MH. Advancing health equity in patient safety: a reckoning, challenge, and opportunity. BMJ Quality and Safety. 2020 Dec 29;bmjqs-2020-012599. doi: 10.1136/bmjqs-2020-012599.
- Chin MH. New Horizons - Addressing healthcare disparities in endocrine disease: bias, science, and patient care. J Clin Endocrinol Metab. 2021 Apr 10;dgab229. doi: 10.1210/clinem/dgab229.

# References 2

- Chin MH. Uncomfortable truths – what COVID-19 has revealed about chronic-disease care in America. *N Engl J Med*. 2021 Oct 23. doi: 10.1056/NEJMp2112063.
- Chin MH, Clarke AR, Nocon RS, Casey AA, Goddu AP, Keesecker NM, Cook SC. A roadmap and best practices for organizations to reduce racial and ethnic disparities in health care. *J Gen Intern Med* 2012; 27:992-1000.
- Chin MH, Goddu AP, Ferguson MJ, Peek ME. Expanding and sustaining integrated health care – community efforts to reduce diabetes disparities. *Health Promotion Practice* 2014; 15 (Suppl 2):20S-39S.
- 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; 122:837-853. pii: S0168-8510(18)30131-3. doi: 10.1016/j.healthpol.2018.05.001.
- Cook SC, Todić J, Spitzer S, Quintana V, Singletary KA, McGinnis T, Patel S, Montasir S, Ducas A, Martin J, Glenn N, Shaw M, Chin MH. Opportunities for psychologists to advance health equity: using liberation psychology to identify key lessons from 17 years of praxis. *American Psychologist*. 2023 Feb-Mar;78(2):211-226. doi: 10.1037/amp0001126.

# References 3

- Gunter KE, Peek ME, Tanumihardjo JP, Loehmer E, Cabrey E, Crespo R, Johnson T, Yamashita BR, Schwartz EI, Sol C, Wilkinson C, Wilson J, Chin MH. Population health innovations and payment to address social needs of patients and communities with diabetes. *Milbank Quarterly* 2021 Sep 1. doi: 10.1111/1468-0009.12522.
- Peek ME, Vela MB, Chin MH. Practical lessons for teaching about race and racism: successfully leading free, frank, and fearless discussions. *Acad Med* 2020; 95(12S):S139-S144. doi: 10.1097/ACM.0000000000003710.
- Singletary KA, Chin MH. What should anti-racist payment reform look like? *AMA J Ethics* 2023;25(1):E55-66. doi: 10.1001/amajethics.2023.55.
- Todić J, Cook S, Spitzer-Shohat S, Williams J, Jackson J, Battle B, Chin MH. Critical theory, culture change, and achieving health equity in healthcare settings. *Acad Med* 2022; 97:977-988. doi: 10.1097/ACM.0000000000004680. Epub 2022 Jun 23.
- Vela MB, Erondy AI, Smith NA, Peek ME, Woodruff JN, Chin MH. Eliminating explicit and implicit biases in health care: evidence and research needs. *Annual Review of Public Health*. 2022 Apr 5;43:477-501. doi: 10.1146/annurev-publhealth-052620-103528. Epub 2022 Jan 12.



# Thank You!

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