

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

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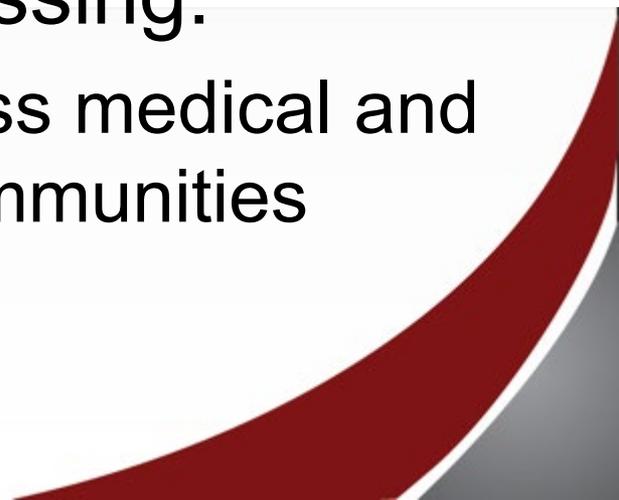
HEALTH EQUITY
ADVISORY TEAM



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

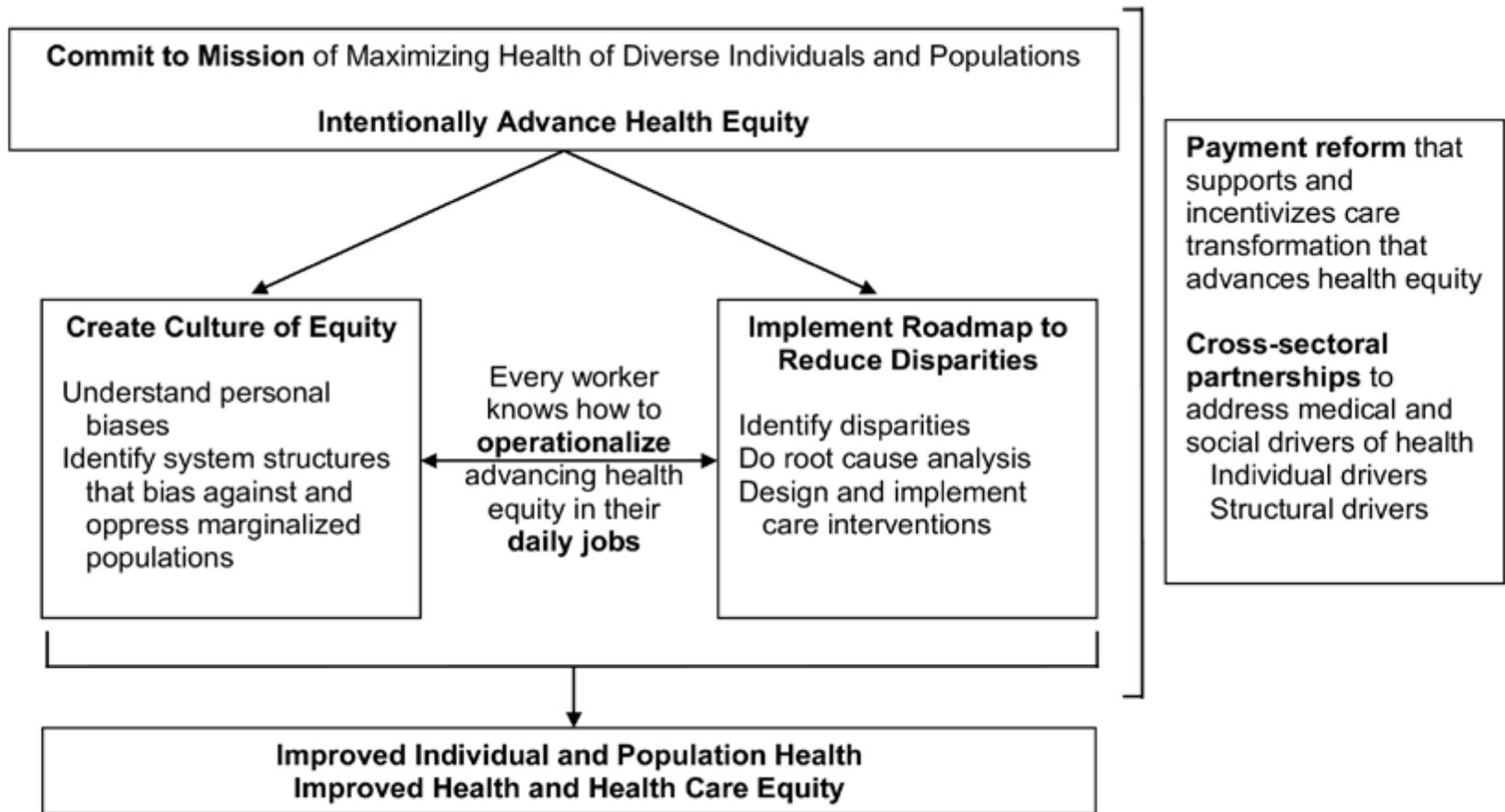
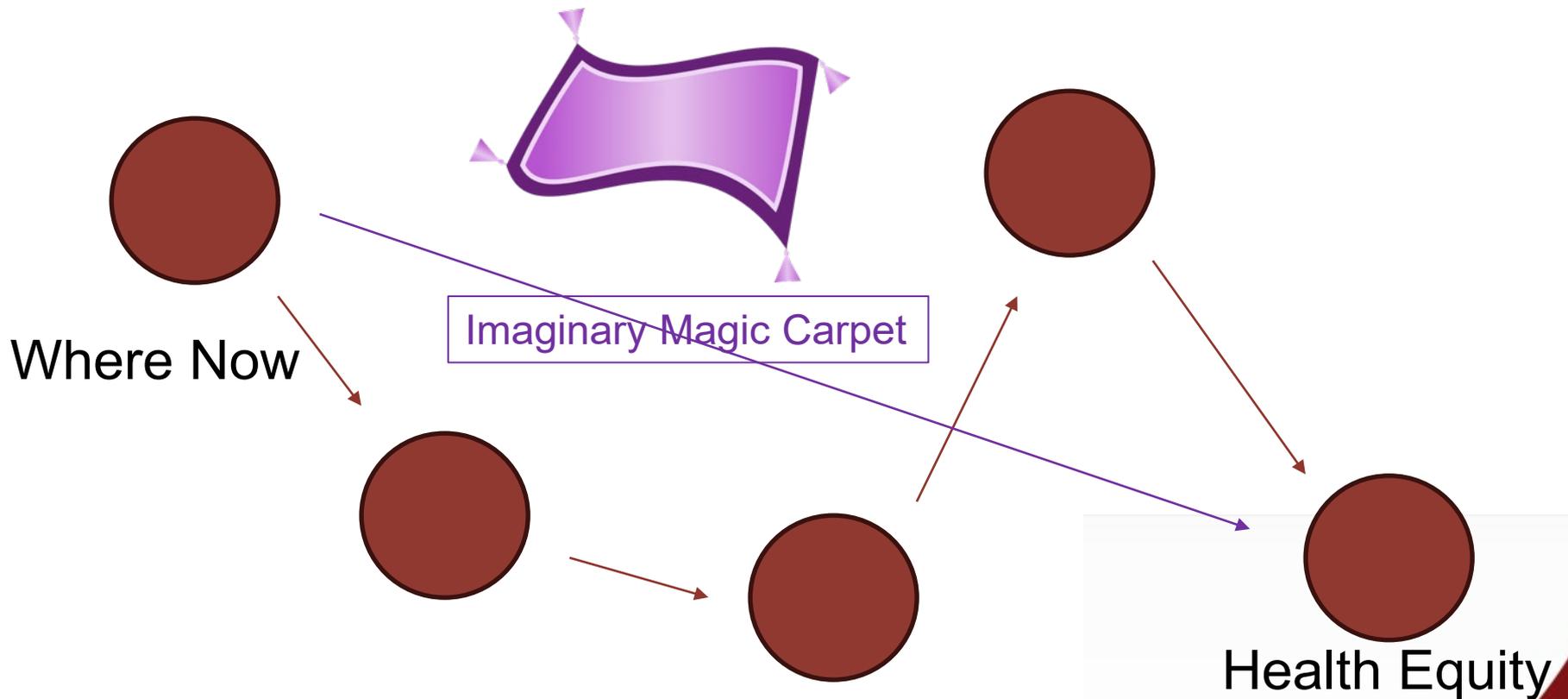


Figure 1 Framework for Advancing Health Equity.^{9 18}

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

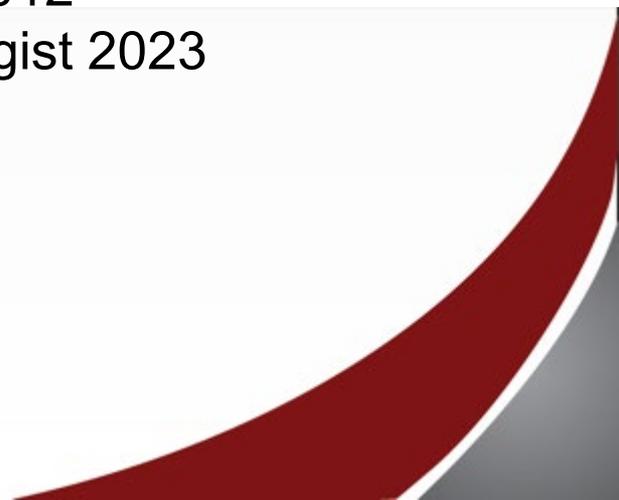
- Health care workers are humans with competing demands and priorities
- Health care systems are inertial battleships generally not designed to advance health equity
- Money drives much behavior; health care payment systems generally not designed to advance health equity

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
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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?

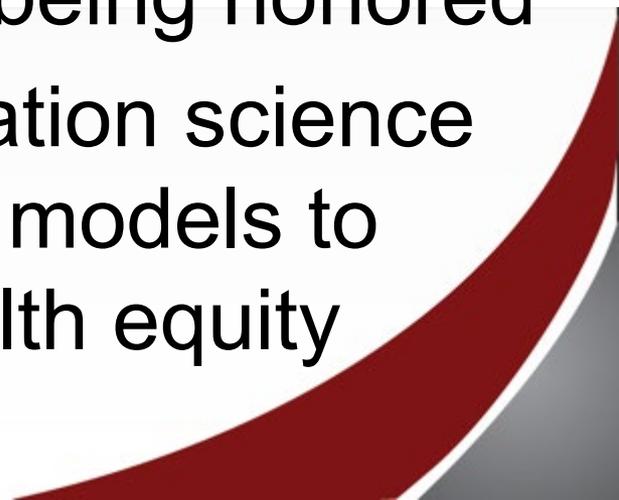
Public Supports Fair and Just Opportunity for Health

- “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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Thank You!

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