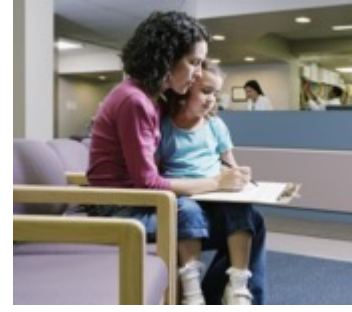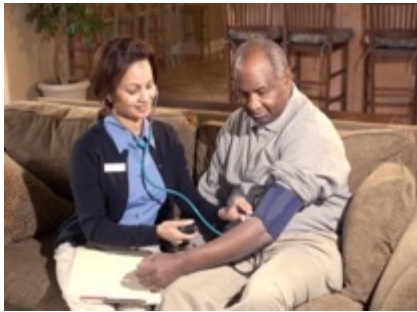# The Roadmap to Advance Health Equity

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Presenter Disclosure
Marshall Chin, MD, MPH

Board Member/Advisory Panel:

CMS LAN Health Equity Advisory Team, BCBS Health Equity Advisory Panel, Bristol-Myers Squibb Co. Health Equity Advisory Board

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CMS HCP LAN HEAT and RWJF Advancing Health Equity

- Align payment, care transformation, and health equity across diverse stakeholders

Sustainable change at scale for health equity
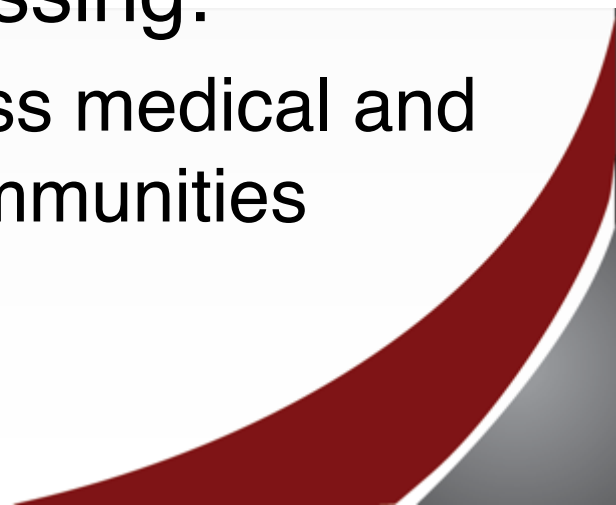
Real-World Operations

- 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

Chin MH. NEJM 2021

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

Connect the Dots on Pathway to Health Equity

Imaginary Magic Carpet

Where Now
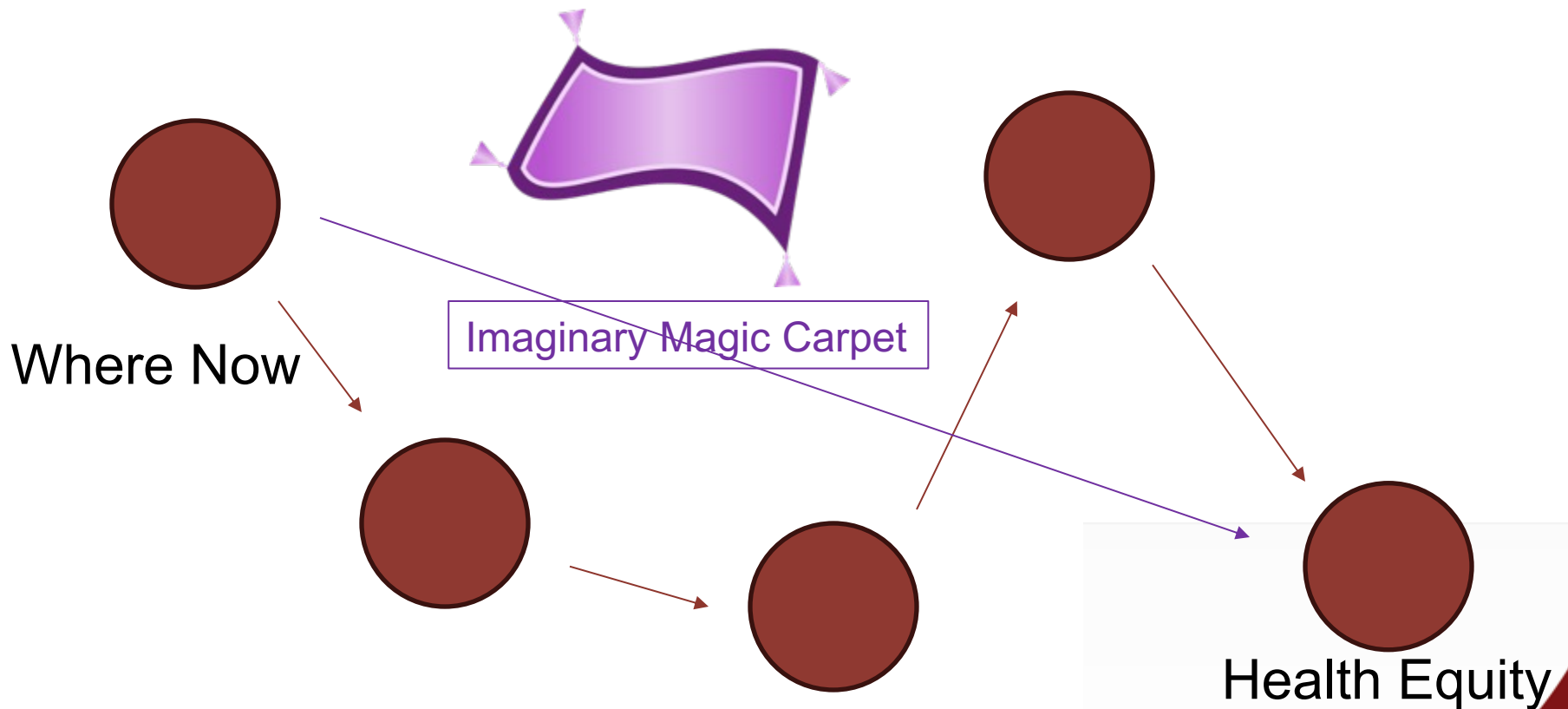
Health Equity

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

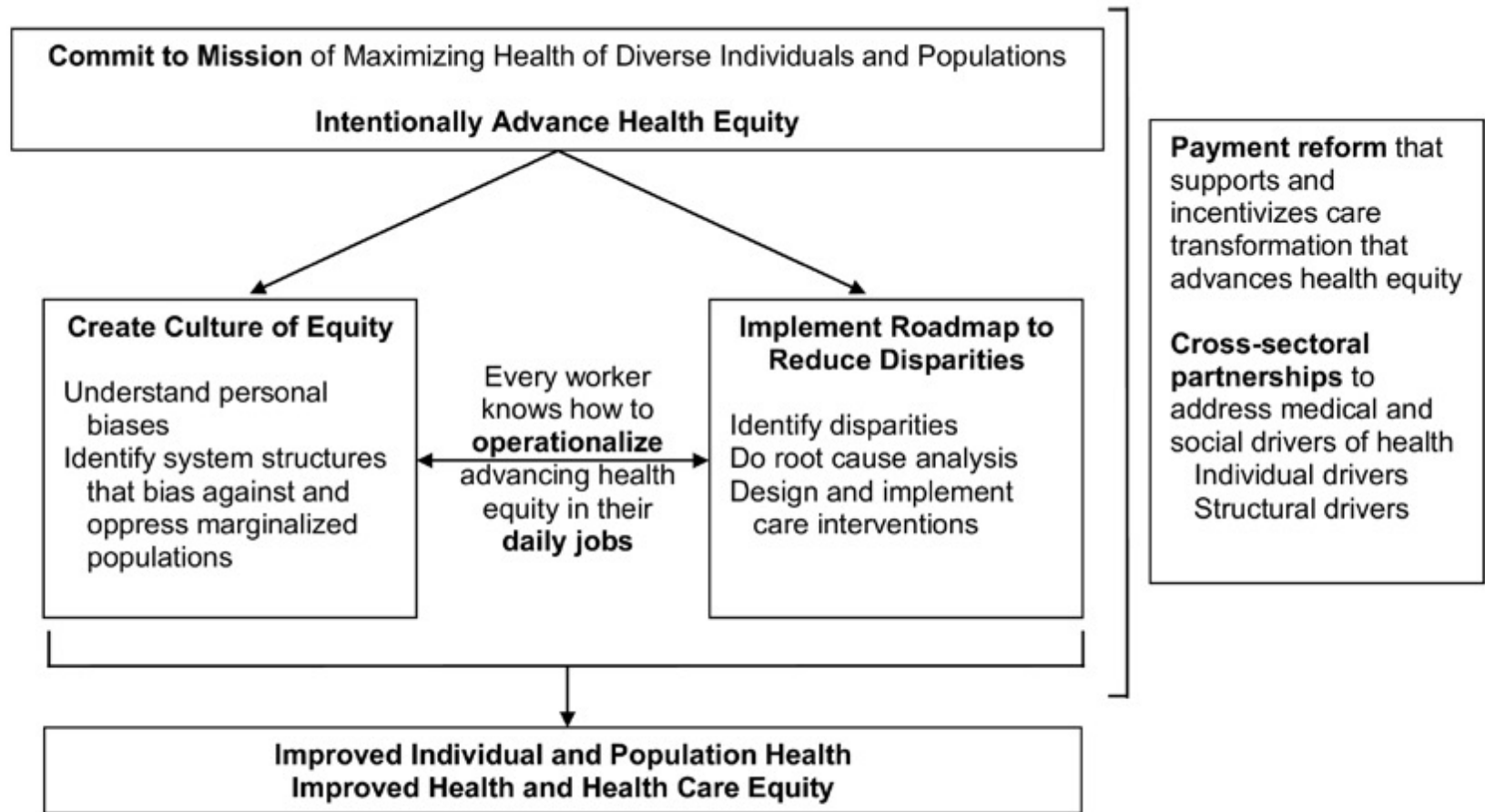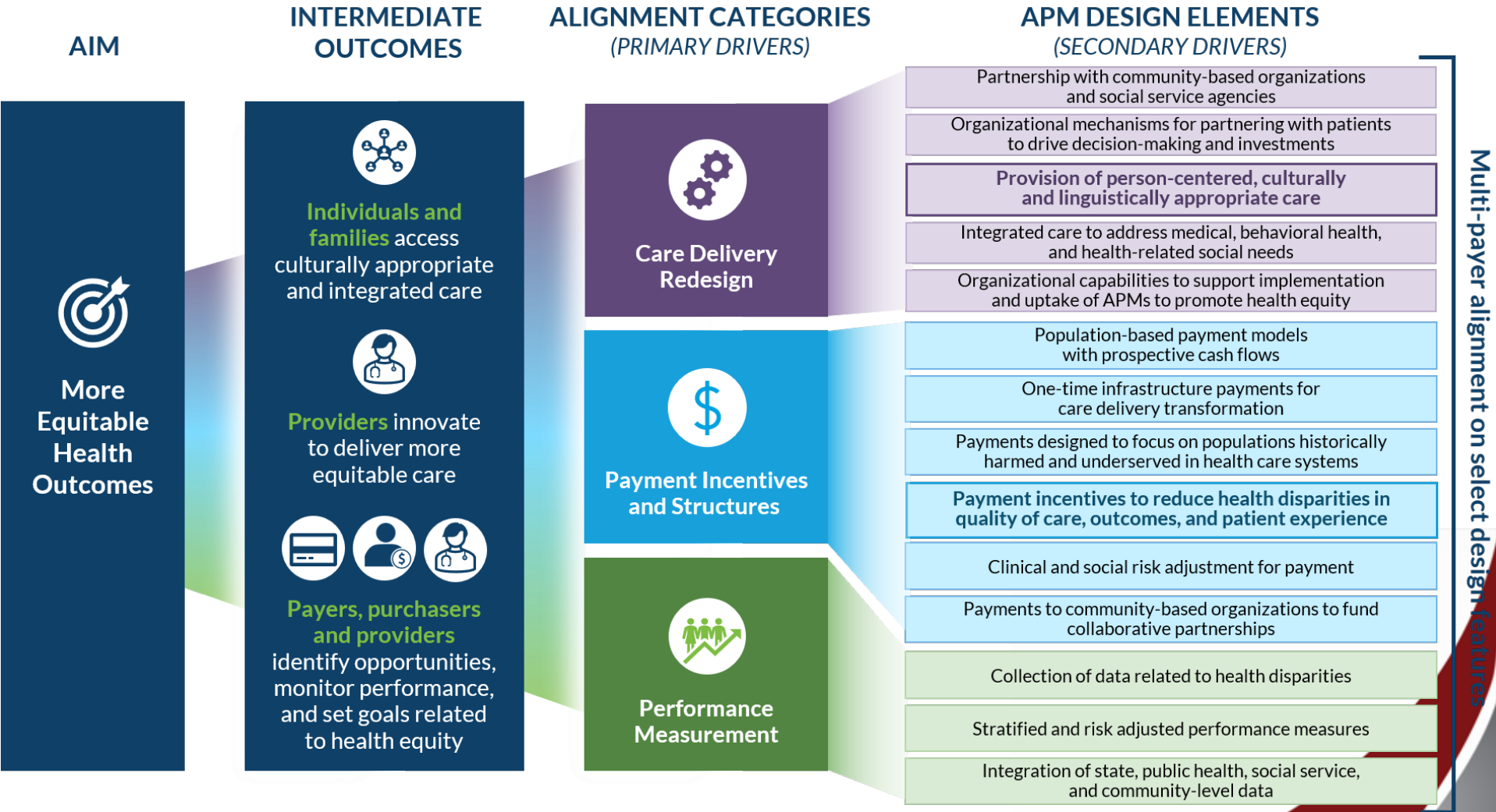# RWJF Roadmap to Advance Health Equity

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

CMS HCP LAN Health Equity Advisory Team Theory of Change: How APMs Advance Health Equity

AIM

INTERMEDIATE OUTCOMES

ALIGNMENT CATEGORIES *(PRIMARY DRIVERS)*

APM DESIGN ELEMENTS *(SECONDARY DRIVERS)*

More Equitable Health Outcomes

- **Individuals and families** access culturally appropriate and integrated care
- **Providers** innovate to deliver more equitable care
- **Payers, purchasers and providers** identify opportunities, monitor performance, and set goals related to health equity

Care Delivery Redesign
- Partnership with community-based organizations and social service agencies
- Organizational mechanisms for partnering with patients to drive decision-making and investments
- **Provision of person-centered, culturally and linguistically appropriate care**
- Integrated care to address medical, behavioral health, and health-related social needs
- Organizational capabilities to support implementation and uptake of APMs to promote health equity

Payment Incentives and Structures
- Population-based payment models with prospective cash flows
- One-time infrastructure payments for care delivery transformation
- Payments designed to focus on populations historically harmed and underserved in health care systems
- **Payment incentives to reduce health disparities in quality of care, outcomes, and patient experience**
- Clinical and social risk adjustment for payment
- Payments to community-based organizations to fund collaborative partnerships

Performance Measurement
- Collection of data related to health disparities
- Stratified and risk adjusted performance measures
- Integration of state, public health, social service, and community-level data

Multi-payer alignment on select design features

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
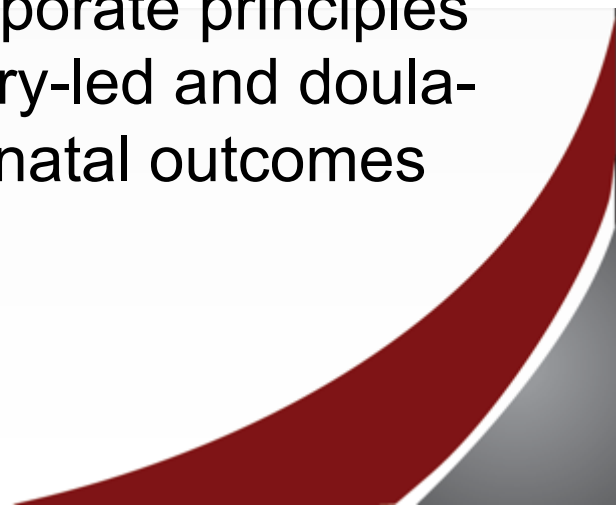
Effective Equity Interventions

- **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

Anti-Racist Care Transformation: Obstetric Racism

- Racism drives much of the Black-white inequities in pregnancy-related mortality rates, preterm births, and low birthweight births (Lett 2023; Julian 2020)

- Presence of community support persons during childbirth can reduce patient-reported experiences of obstetric racism (Lett et al. Ann Fam Med 2023)

- Community-informed models that incorporate principles of reproductive justice such as midwifery-led and doula-supported care can improve Black perinatal outcomes (Julian et al. Semin Perinatol 2020)

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 $\longleftrightarrow$ 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

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

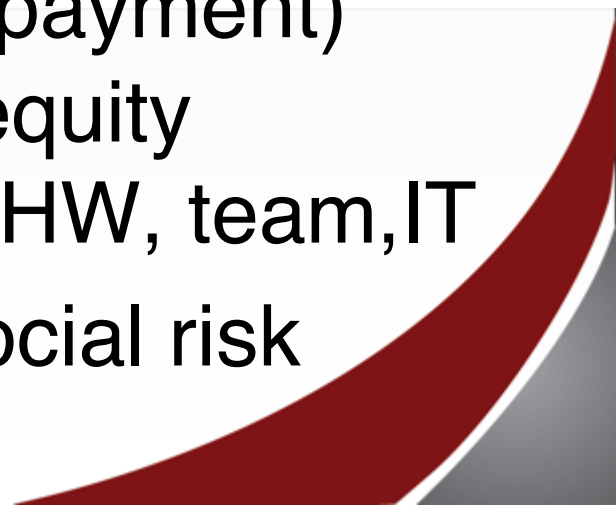- Incentivize and support advancing health equity

Advancing Health Equity Through APMs 2021
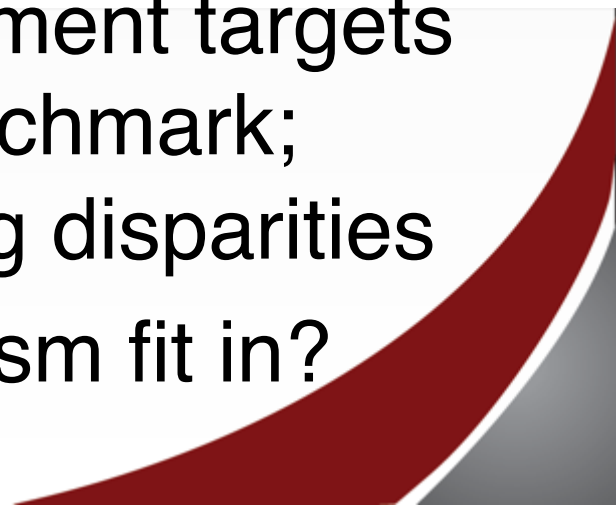Advancing Health Equity Through APMs 2022
Chin MH. J Clin Endocrinol Metab 2021
Gunter KE, et al. Milbank Q 2021

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 – e.g. SDOH, CHW, team,IT

- Risk adjusting payment for social risk

Payment Functionality

- What is being incentivized or is at financial risk? – e.g. 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 appropriate payment targets to advance equity? e.g. – benchmark; improvement; pay for reducing disparities

- Where do equity and anti-racism fit in?

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

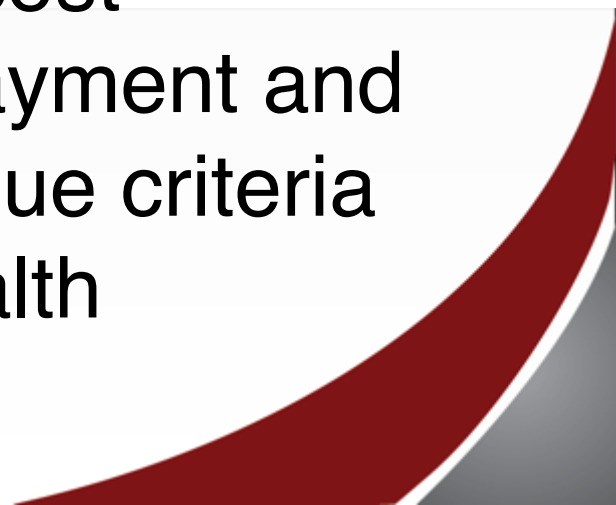Singletary & Chin. AMA J Ethics. 2023.

History of Medicaid and Racism: Rep. Wilbur Mills & Pres. Johnson

The LBJ Telephone Tapes.

Improve Scope of Insurance Coverage to Meet Medical and Social Needs

- Cover health-related social needs

- Encourage health care delivery organizations to partner with community-based organizations (CBOs) and local governments to address structural SDOH

- Change from cost saving or cost neutrality requirements for payment and care model innovations to value criteria that emphasize equitable health outcomes

CMS Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health (REACH) Model

- Health Equity Plan to identify health disparities and specific actions intended to mitigate the health disparities

- Beneficiary-reported demographic and social needs data

- Increased payment caring for most disadvantaged decile of members

State Medicaid Examples

- State contracting arrangements with Medicaid managed care organizations

Oregon Coordinated Care Organization 2.0

- Risk-adjusted global budgets; bonuses if meet performance metrics
- Health-related services
  - Flexible services
  - Community benefit initiatives – community-level SDOH
- SDOH screening incentive metric

Center for Health Systems Effectiveness. OHSU. 2021

Oregon CCO 2.0 Early Results

- Increase in Health-Related Services spending

- 57% community-benefit: Housing, Food security, Training, Community capacity building

- 24% individual benefit
  - Training, transportation, case management
  - Food, social support, home services, housing

California Medicaid: More Flexible Funding

- Enhanced care management
- Community supports
- Population health management
- Capacity-building for providers
- Care of justice-involved persons transitioning to the community

Thank You!

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