Evidence-Based Strategies for Reducing Health Disparities

August 27, 2019 | 2:30-3:30 pm EDT

Please stand by, this webinar will begin shortly

STATE Health & Value Strategies
Driving Innovation Across States

A grantee of the Robert Wood Johnson Foundation

www.shvs.org
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State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University’s Woodrow Wilson School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

Support for this webinar was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.
Welcome from State Health and Value Strategies

Dan Meuse
Deputy Director
State Health and Value Strategies
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Today’s Facilitator and Presenter

**Michael Bailit**
President
Bailit Health

**Marshall Chin, MD, MPH**
Richard Parrillo Family Professor of Healthcare Ethnicities
Co-Director, Advancing Health Equity: Leading Care, Payment, and Systems Transformation
University of Chicago
Housekeeping Details

All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box at the bottom right of your screen.

After the webinar, the slides and a recording will be available at www.shvs.org.
Agenda

1. Health equity webinar series
2. Recap of webinars one and two
3. Overview of scientific literature on approaches for reducing disparities, and disparity intervention studies
4. Experiences and lessons learned in providing technical assistance
5. Conversation with Dr. Chin
6. Wrap-up
Webinar Series Overview

• This series of five webinars is designed to assist state Medicaid agencies in improving health equity through their contracted Medicaid managed care organizations.

• The webinars are open to all interested state Medicaid agencies and any interested state agency partners (e.g., departments of public health).

• Webinars will be supplemented with virtual office hours: telephone calls for interested states with content experts on topics of state’s choosing.
Webinar One: Advancing Health Equity in Medicaid
Managed Care: An Introduction for States

• Many different definitions of health equity
• Achieving health equity requires a long, strategic process engaging diverse stakeholders with diverse agendas
• UCSF's Paula Braveman described the basic elements of health equity: justice, focusing on the disenfranchised, and looking upstream at root causes
• Health Equity Solutions’ Tekisha Everette shared her personal perspective on health inequity and its contributing factors, including those generated in the health care system
• Opportunity for Medicaid managed care programs is to go upstream, addressing obstacles to health experienced by groups that have been socially disadvantaged
Webinar Two: Health Equity and Medicaid Managed Care – Data Collection and Measurement

- Examined five steps for using measurement in the pursuit of health equity

- **Michigan**: Stratifying quality measures by region, race/ethnicity, gender, etc. - and using withholds & auto-assignment to reward performance in reducing racial disparities and improving regional performance rates

- **Minnesota**: Working with MNCM to conduct race and ethnicity analyses, including statewide and medical group performance rates stratified by race, Hispanic ethnicity, preferred language, and country of origin
Where to Locate Webinars One and Two

- Slides and recordings may be found on the SHVS website:

Evidence-Based Strategies for Reducing Health Disparities

Marshall Chin, MD, MPH
Richard Parrillo Family Professor
Co-Director, Advancing Health Equity: Leading Care, Payment, and Systems Transformation
University of Chicago
Disclosures / Funding

- William Evans Visiting Fellow, University of Otago, Dunedin, New Zealand
- NIDDK P30 DK092949
- Merck Foundation
- Robert Wood Johnson Foundation
- HRSA HHSH250201300025I
- CDC Community Preventive Services Task Force
- Co-Chair, NQF Disparities Standing Committee
- 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
Cautionary Tale: Year 6 of University of Chicago Medicine Equity Effort

- Just how far have we really advanced?

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### Diversity & Inclusion Strategy Overview

This enterprise-wide strategy encompasses the University of Chicago Medicine and Biological Sciences Division and the Pritzker School of Medicine. The full version of the strategy, developed through facilitated sessions with clinicians, faculty, administrators, students, and staff from across the enterprise, includes action items and metrics for monitoring and assessing progress and goal attainment.

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<tr>
<th>DIVERSITY</th>
<th>INCLUSION</th>
<th>EQUITY</th>
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<td><strong>Goals</strong></td>
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<td>Recruit, promote and develop faculty, leadership, staff, students and trainees that are representative of the patient populations and communities we serve.</td>
<td>Build/sustain an inclusive environment that is recognized as a model internally and externally for promoting respect, valuing differences between people, ideas and encouraging engagement.</td>
<td>Transform to a culturally and linguistically competent organization without variation in patient outcomes across populations as measured by stratified performance metrics.</td>
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<th>Objectives</th>
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<td>- Recruit diverse internal and external candidates for faculty, leadership and professional positions</td>
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<td>- Provide leadership development for all faculty, leadership, staff, students and trainees with a particular focus on minorities and women</td>
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<td>- Develop pipeline programs and talent review processes to identify and mentor diverse candidates at all levels of the organization for promotion and advancement</td>
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<td>- Utilize the BSD Diversity Committee and Trainee Committee to support the diversity objectives for our population of graduate students, postdocs and fellows</td>
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<td>- Ensure that diversity, inclusion and cultural competence knowledge, skills and behavioral expectations are integrated into key human resources processes</td>
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<td>- Provide venues such as Diversity Dialogues and Resource Groups (e.g. Lesbian, Gay, Bisexual, Transgender) for discussing challenges and opportunities related to diversity, inclusion and cultural competence and to develop mechanisms to address them across the UCMBSD</td>
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<td>- Implement Business Diversity Best Practices across the enterprise</td>
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<td>- Institute practices for cultural and linguistic competence, and health literacy to impact patients' health outcomes and experience</td>
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<td>- Institutionalize on-going training for all faculty, administrators, leadership, and staff in cultural and linguistic competency, health literacy, and patient-centered care</td>
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<td>- Actively involve patients and families in their own care and quality improvement initiatives</td>
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<td>- Integrate equity indicators and methods into the UCM quality improvement processes to improve health outcomes and the patient experience</td>
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Diversity & Inclusion Steering Committee | D & I Faculty Advisory Board | Human Resource Committee | Diversity & Equity Committee
Innovations Pilot Grant: Implementing Equity into Everyday Organizational Processes

• “Impact of this project would be huge if able to accomplish and publish on this novel work as well as create an equity metric for the organization to track and lastly not just educate--but demonstrate change in behaviors/workflows as a result of this work/intervention.”
Equity Grant Criticisms

• “I worry it may be difficult to free the staff to participate.”
• ”The biggest issue I have with the proposal is … impact of these 15 projects on operations without evidence of resources/support allocated.“
• “Only worry is the ambitiousness of the project and need for broader team to support change management and sustainability throughout a 10 month period of mentorship.”
Is Achieving Health Equity Realistic?

- We know a lot about what health care interventions reduce disparities.
- Do we truly value health equity?
- The forefront of addressing structural drivers of disparities (social determinants of health) and aligning payment and equity.
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
  – Health care organization – business case
  – Policymaker and payer

• Frame equity as a moral and social justice issue
Lesson 1: 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

Financing / Regulation / Accreditation

Community
Person

Health Care Organization
Provider
Patient

Access

Process

Outcomes

Chin MH et al. JGIM 2012; 27:992-1000
Lesson 2:
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
1) Create culture of equity
2) **Implement QI infrastructure and process**
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Chin MH et al.  JGIM 2012; 27:992-1000
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
RWJF Advancing Health Equity: Roadmap for Reducing Disparities

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

www.solvingdisparities.org
IOM 6 Pillars of Quality 2002

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable
## New IOM Framework 2010

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<th>Crosscutting Dimensions</th>
<th>Components of Quality Care</th>
<th>Type of Care</th>
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<td>Health Systems Infrastructure Capabilities</td>
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Ensuring Fairness in Machine Learning to Advance Health Equity
Alvin Rajkomar, MD*; Michaela Hardt, PhD*; Michael D. Howell, MD, MPH; Greg Corrado, PhD; and Marshall H. Chin, MD, MPH

Machine learning is used increasingly in clinical care to improve diagnosis, treatment selection, and health system efficiency. Because machine-learning models learn from historically collected data, populations that have experienced human and structural biases in the past—called protected groups—are vulnerable to harm by incorrect predictions or withholding of resources. This article describes how model design, biases in data, and the interactions of model predictions with clinicians and patients may exacerbate health care disparities. Rather than simply guarding against these harms passively, machine-learning systems should be used proactively to advance health equity. For that goal to be achieved, principles of distributive justice must be incorporated into model design, deployment, and evaluation. The article describes several technical implementations of distributive justice—specifically those that ensure equality in patient outcomes, performance, and resource allocation—and guides clinicians as to when they should prioritize each principle. Machine learning is providing increasingly sophisticated decision support and population-level monitoring, and it should encode principles of justice to ensure that models benefit all patients.

For author affiliations, see end of text.
This article was published at Annals.org on 4 December 2018.
* Drs. Rajkomar and Hardt contributed equally to this work.
NASA Houston 1960s
RWJF Advancing Health Equity: Roadmap for Reducing Disparities

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www.solvingdisparities.org
Consolidated Framework for Implementation Research

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

Lesson 3: 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.
Lesson 4: 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 health care system accountable through public monitoring and evaluation
• Support with adequate resources
A Rising Tide Does Not Necessarily Lift All Boats

• QI and payment with an equity lens
• Not one size fits all
• Not generic QI or generic payment
• Can’t assume the “invisible hand” will work alone
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 10 Incentivize Recs

• Collect social risk factor data
• Use and prioritize health equity outcomes measures
• Prioritize measures in the domains of equitable access and equitable high-quality care for accountability purposes
• Invest in preventive and primary care for patients with social risk factors
NQF 10 Incentivize Recs

• Redesign payment models to support health equity
  – Upfront $ - Capitation - Infrastructure
  – Later money based on performance – P4P
    • Specific processes
    • Absolute thresholds, relative improvement, Pay for reducing disparities

• Link health equity measures to accreditation programs
NQF 10 Incentivize Recs

• Support outpatient and inpatient services with additional payment for patients with social risk factors

• Ensure organizations disproportionately serving individuals with social risk can compete in value-based purchasing programs
NQF 10 Incentivize Recs (cont)

• Fund care delivery and payment reform demonstration projects to reduce disparities

• Assess economic impact of disparities from multiple perspectives
  – Business case
  – Societal perspective
Align State Medicaid agencies, Medicaid managed care organizations, and health care organizations to achieve health equity.
Demonstration of Value

• Are we holding interventions to improve health equity to a higher standard than other treatments?
  – E.g. compared to new medications, procedures, and devices which may have unfavorable societal cost-effectiveness ratios but are covered by insurance
Lesson 5: 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

GOVERNMENT AND PRIVATE POLICIES

INTEGRATION OF HEALTHCARE SYSTEM WITH SOCIAL SERVICES

HEALTHCARE SYSTEM
- Access to Care
- Structure and Quality of Care
- Payment of Care

HEALTH EQUITY
- Race/Ethnicity
- Socioeconomic Status / Socioeconomic Deprivation

CULTURE

HISTORY

VALUES

St. Mary’s/Clearwater Valley Frontier Idaho
“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.
Discussion

The slides and a recording of the webinar will be available at www.shvs.org after the webinar
• Michael Bailit will pose several questions to Dr. Chin.

• We will then open up the discussion for your questions entered in the webinar Q&A box.

• The slides and a recording of the webinar will be available at www.shvs.org after the webinar.
Next Two Health Equity Series Webinars

• **September 24**: Using MCO Contract and Performance Requirements to Advance Health Equity
  – **Presenter**: Mary Beth Dyer, Bailit Health

• **October 22**: Topic TBD
  – Please send your suggestions to mtrinity@bailit-health.com
Wrap-Up

• Should you wish to identify health equity-related topics that you would like addressed during virtual office hours calls with other states or other content experts, please email Margaret (mtrinity@Bailit-health.com).
Thank You

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