
Evidence-based Strategies for Advancing Health Equity

March 17, 2021
1–2:30 p.m. PT



Presenter



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Co-Director, Advancing Health Equity: Leading Care,
Payment, and Systems Transformation
University of Chicago

Building Health Equity Through Value-Based Payment

Marshall Chin, MD, MPH

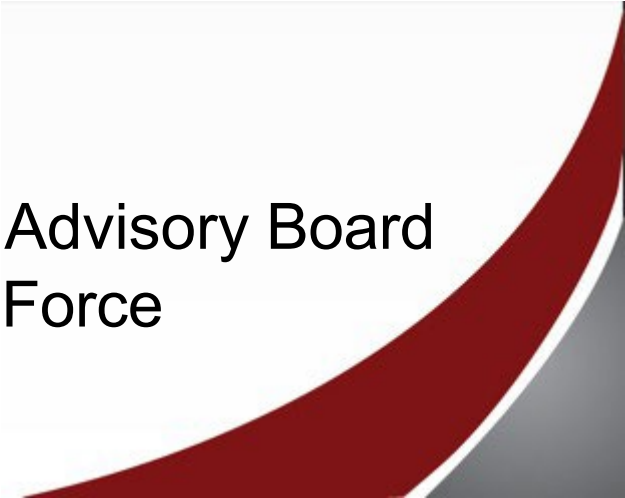
Richard Parrillo Family Professor

Co-Director, RWJF Advancing Health Equity

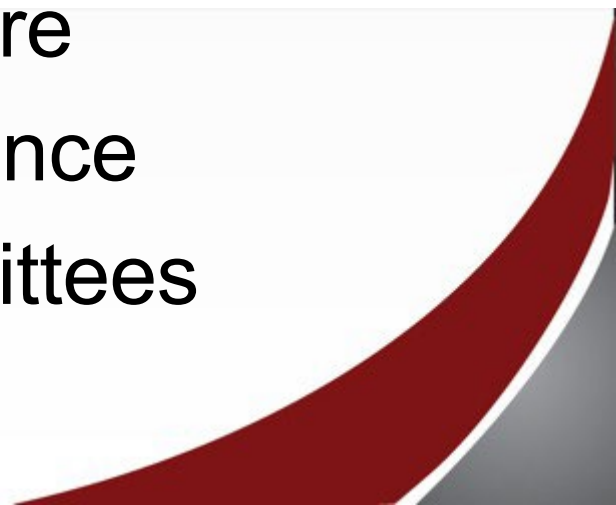
University of Chicago



Disclosures / Funding

- William Evans Visiting Fellow, University of Otago, Dunedin, New Zealand
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 - Robert Wood Johnson Foundation
 - HRSA HSH250201300025I
 - NQF Disparities Standing Committee
 - PCORI – Disparities consultant
 - NIMHD National Advisory Council
 - 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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Based on:

- Clinician
 - 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
- 

Take-Home Messages

- Be intentional about advancing health equity
 - Impossible to separate payment, care delivery, and culture for success
 - Involve frontline from beginning
 - Use Roadmap to Reduce Disparities
 - Culture of Equity
 - Systematic processes for care transformation and payment
 - Be flexible for opportunities
- 

Need Business Case



Equality vs. equity

Equality



Equity



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RWJF June 30, 2017

<https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html>

World Health Organization

*“Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. Health inequities therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. **They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms.**”*

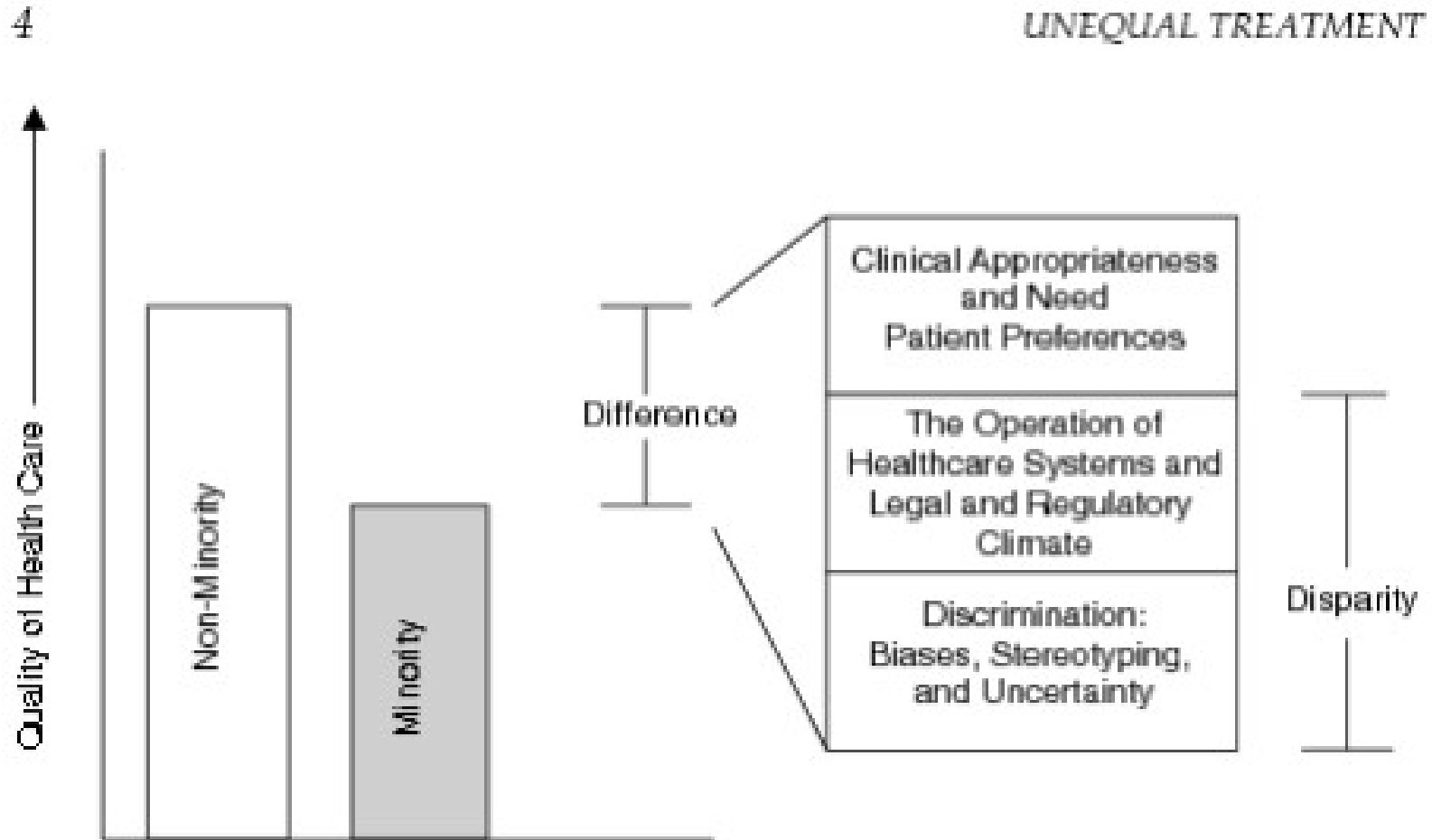


NIH Definition of Disparities

The difference in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States



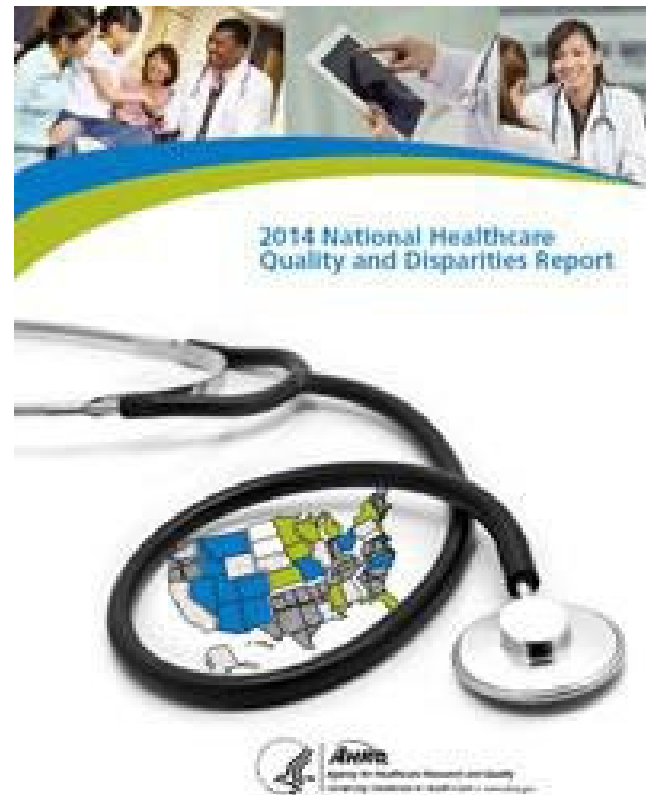
Differences, disparities and discrimination: populations with equal access to health care



Source: Gomes and McGuire, 2001. [Institute of Medicine 2003](#)

AHRQ National Healthcare Quality and Disparities Report

www.ahrq.gov



Framework for Advancing Health Equity

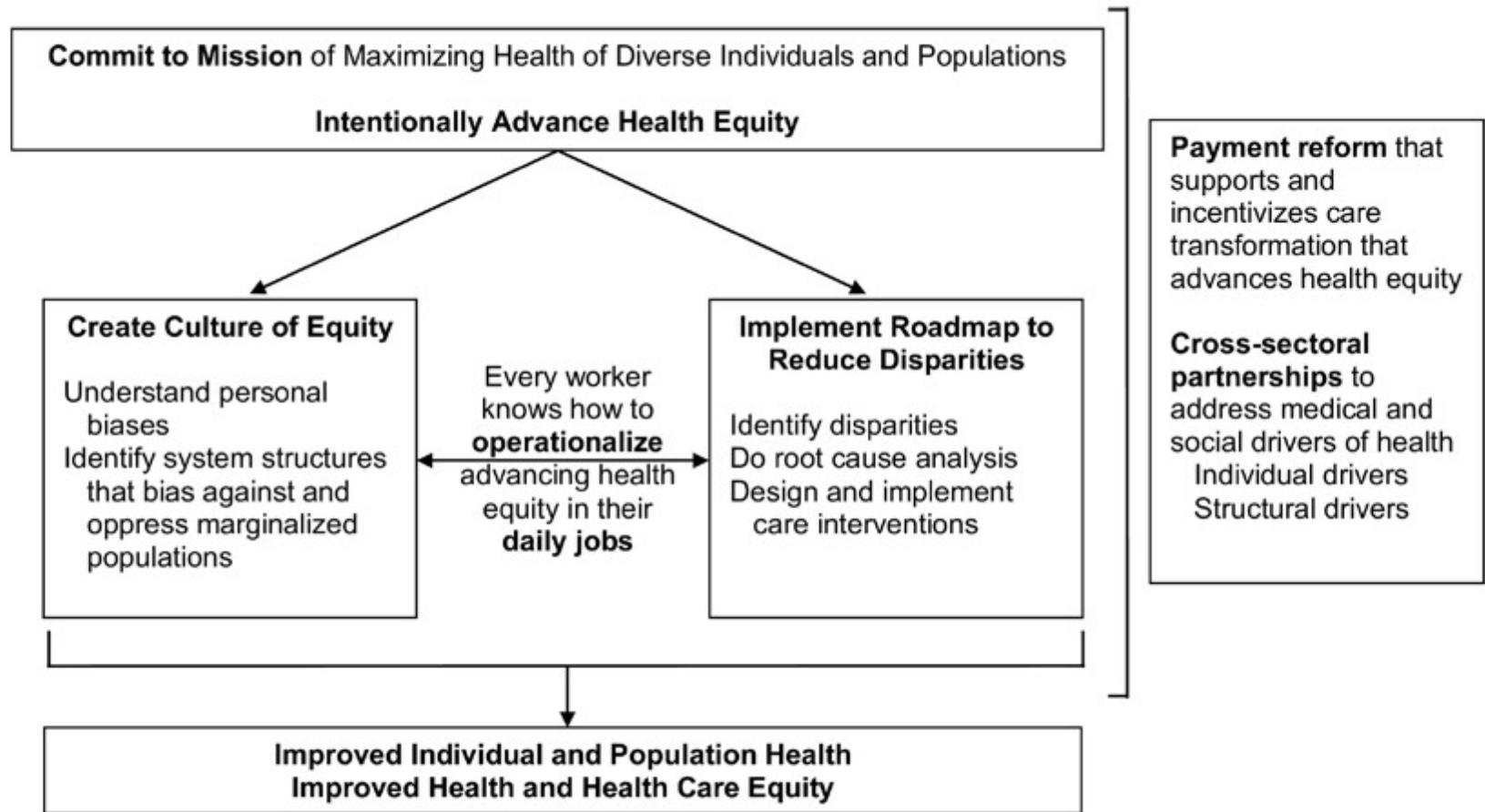


Figure 1 Framework for Advancing Health Equity.^{9 18}

Chin MH. BMJ Qual Safety 2020

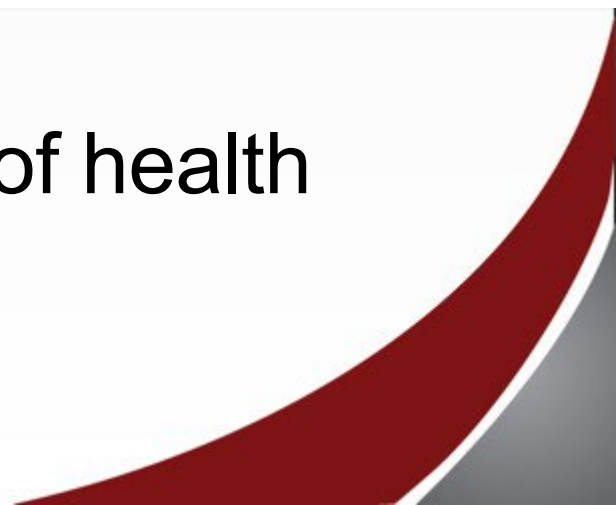
Magical Thinking: The Invisible Hand

- “We’re already doing quality improvement.”
- “We’re a safety-net organization. It’s who we are.”
- “The shift from fee-for-service payment to value-based payment and alternative payment models will fix things.”

A Rising Tide Does Not Necessarily Lift All Boats

- Not one size fits all
 - Can't assume the “invisible hand” will work alone
 - Negative unintended consequences
 - For example, cherry picking healthy patients
 - View QI and payment with an equity lens
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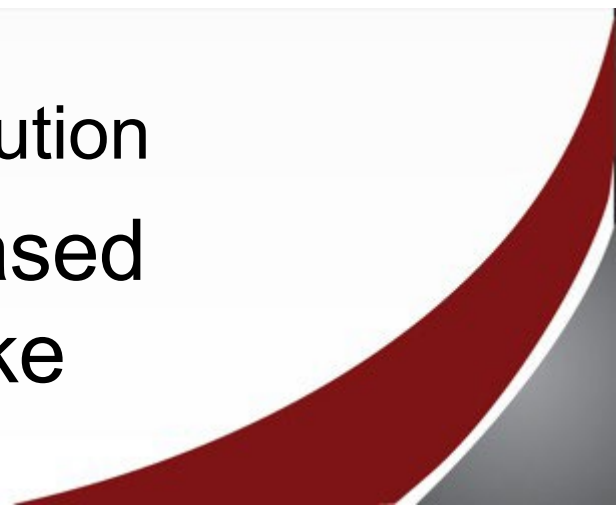
5 Lessons

- 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
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Lesson 2:

Achieving Equity is a Process Involving Culture and the Technical



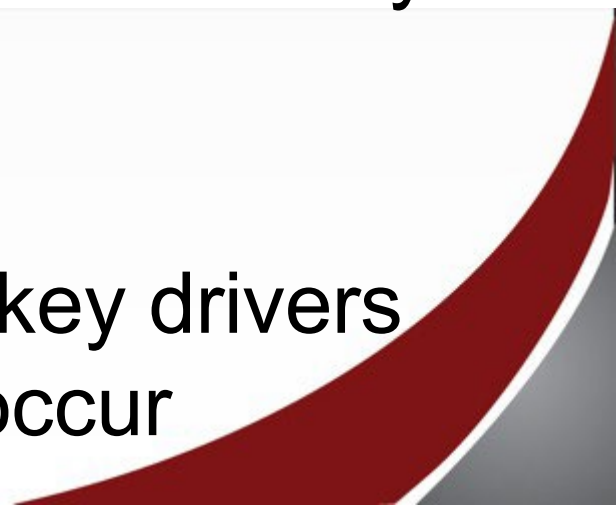
Create Culture of Equity

“Culture eats strategy for breakfast.”

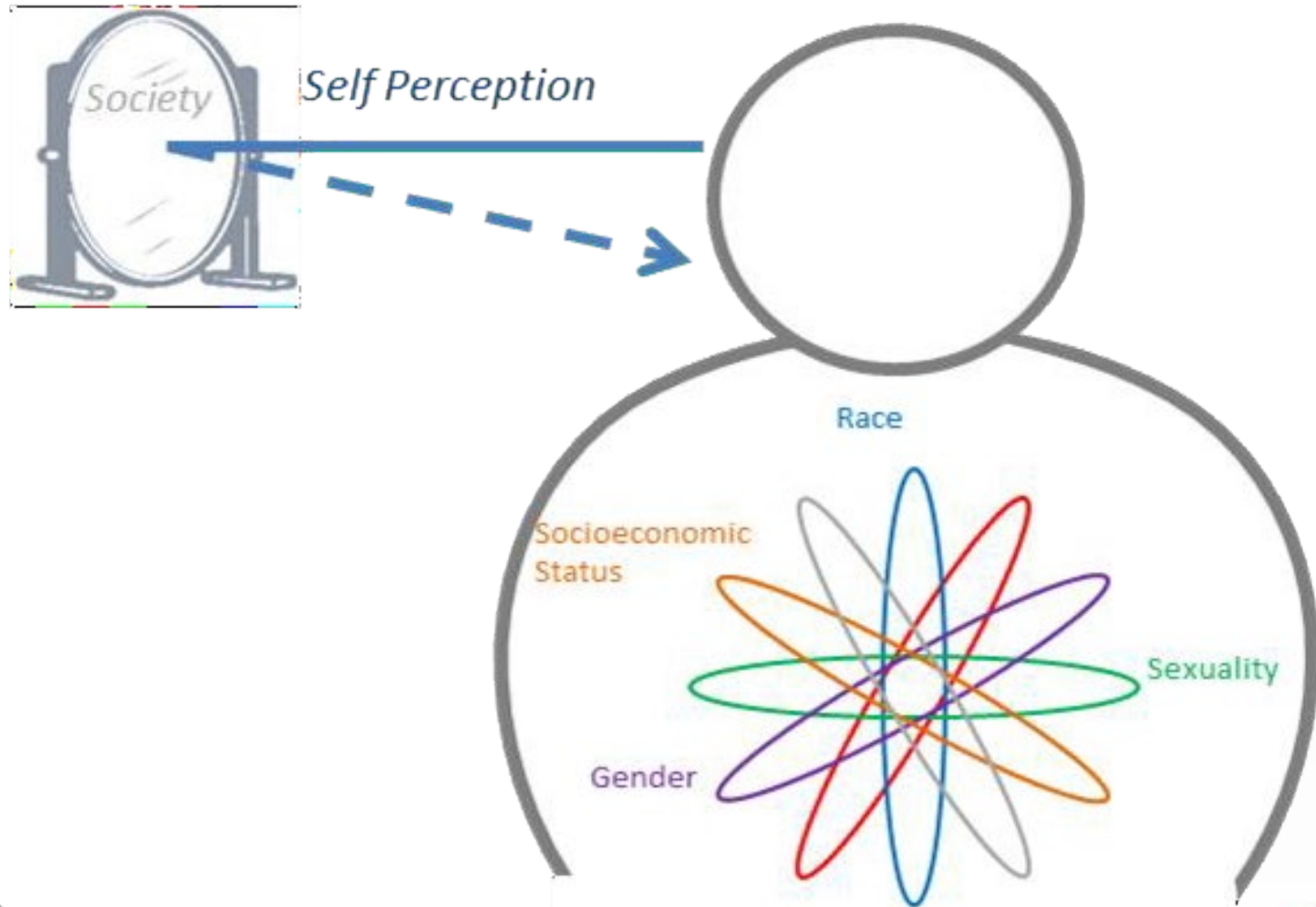
- Peter Drucker



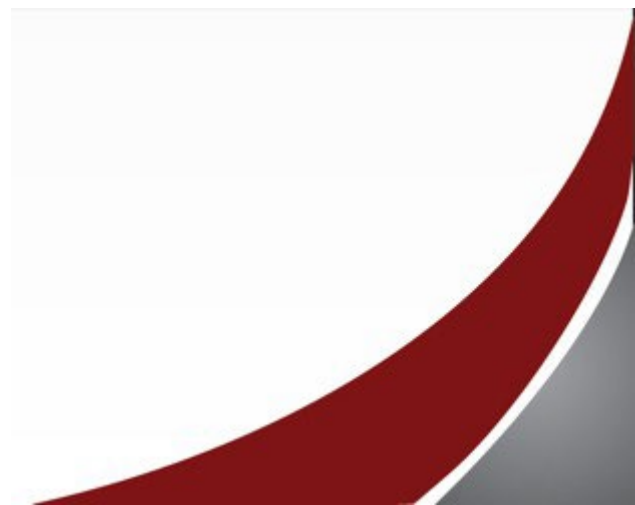
Why Culture of Equity is Important

- Effective equity interventions won't occur and/or be sustained unless equity prioritized
 - Buy-in across organization won't occur unless equity understood, valued, and prioritized; whole organization necessary
 - Individual behavior
 - Organizational structures
 - Organizations won't address key drivers unless the hard discussions occur
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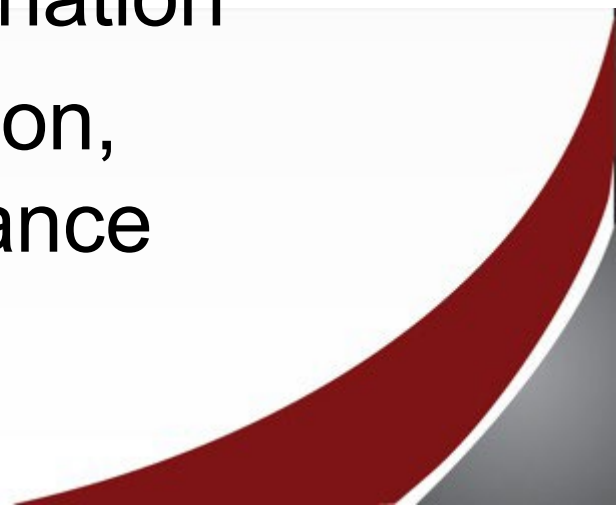
Identity and self perception



Structural: Free, Frank, Fearless Discussions

- Structural racism
 - Colonialism
 - Social privilege
- 

COVID-19 Racial/Ethnic Disparities

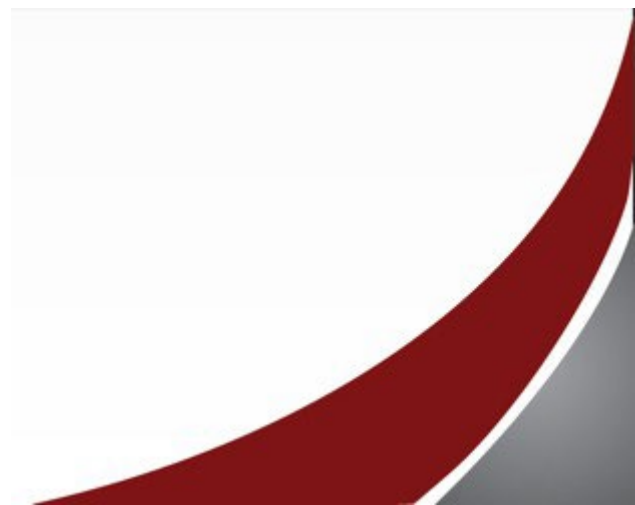
- Higher comorbidities
 - Higher exposures
 - Essential workers
 - Crowded housing
 - Vaccine hesitancy – mistrust from historical and current discrimination
 - Access barriers – transportation, employer-based health insurance
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Structural Racism

- Police brutality / criminal justice system
- Housing redlining
- Etc.

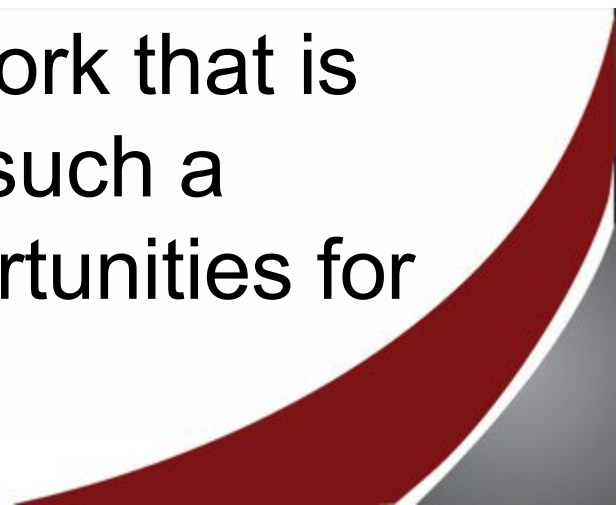


Do We Really Value Health Equity?: Are We Intentional?

- Mission statement
 - Rewards and incentives
 - Training
 - Interpersonal
 - Structural – e.g. hiring
- 

Rooney Rule Jacksonville Jaguars

Chris Doyle and Urban Meyer

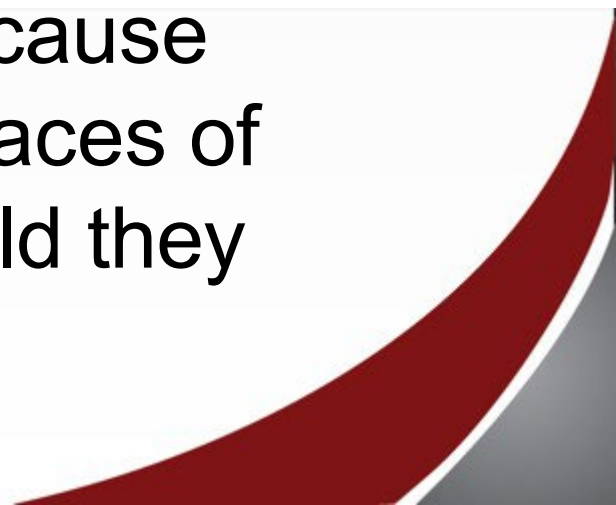
- Urban Meyer: “The allegations that took place, I will say I vetted him. I know the person for close to 20 years and I can assure them there will be nothing of any sort in the Jaguar facility.” [Source](#)
 - Fritz Pollard Alliance Rod Graves: “reflects the good ol'boy network that is precisely the reason there is such a disparity in employment opportunities for Black coaches.” [Source](#)
- 

Nashville Urged to Address Racism in Its Ranks – NY Times 2/13/21

Mickey Guyton and Morgan Wallen

- Wallen video racial slur
- Guyton tweets:
 - “The hate runs deep.”
 - “How many passes will you continue to give?”
 - “So what exactly are y’all going to do about it. Crickets won’t work this time.”
- Songs: “Black Like Me”
 - “What Are You Gonna Tell Her?”

NY Times 2/13/21

- **Rissi Palmer:** “In the female experience, you understand what it is to be the underdog, to come into a situation that’s mostly white-male-driven and try to assert yourself.”
 - **Amanda Shires:** “I’d assume a lot of males aren’t speaking out because they’re comfortable in their places of power and money. Why would they want it to change?”
- 

Army Regulation 670-1 2014



FEMALE UNAUTHORIZED HAIRSTYLES



❑ Multiple braiding



❑ Headband is not



❑ Twists are not

(1/4) in diameter

[Source](#)

“I don’t think they’ve taken into consideration that black hair is different hair. We can’t wash our hair every day....You can relax your hair. But then there’s certain hair that will not stand up against the relaxer. And if you press your hair, it’s not going to hold if you’re out in the field for a week or so.”

Lt. Col. Patricia Jackson-Kelley (ret.)

Conversations about race and power



Harpo Productions/Joe Pugliese

Power is the Issue

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

Chin et al. Health Policy 2018

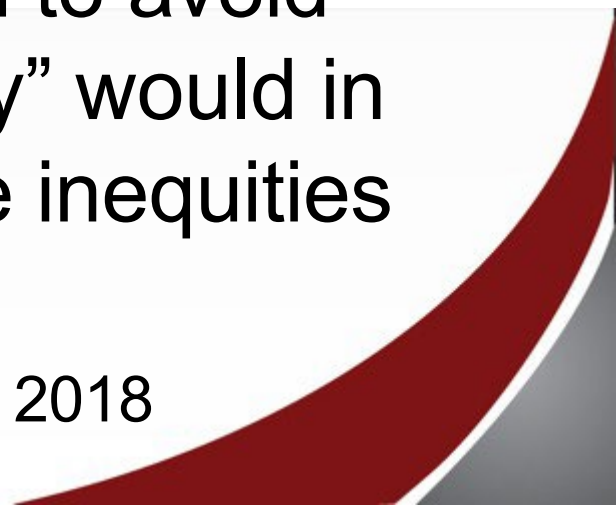


White Fragility: Robin DiAngelo

“White fragility” - Racial stress can lead to defensive emotions and behaviors in whites such as anger, fear, guilt, argument, silence, or withdrawal.

“Discomfort cannot be a reason to avoid dialogue, for then “white fragility” would in essence be a tool to perpetuate inequities in the power structure.”

Chin et al. Health Policy 2018



Teaching about Race and Racism

Ground rules

- Create a psychologically safe learning space
- Create expectations for civil discourse
- Reward those that lean into the conversation
- Avoid curricular violence
- Take the individual blame out of the conversation about racism and bias.



Language and communication

- Be precise and consistent
- Start with stories, not numbers

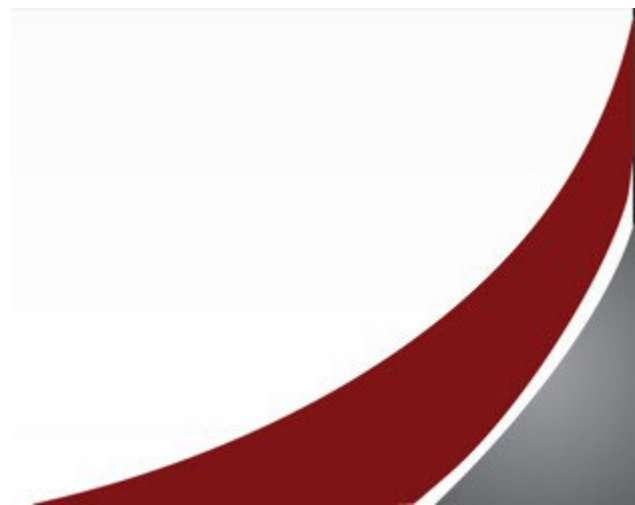
Social constructs, intersectionality and bidirectional bias

- Talk about race as a social construct before talking about racism
- Explain that race/racism is part of a larger framework of understanding marginalized social identities

Structural racism, solutions and advocacy

- Engage in “free, frank, and fearless discussions” about structural racism, colonialism, and White privilege
- Teach about solutions and how to be a leader and advocate

Discussions

- Definitions within organizations and across stakeholders – e.g. “equity”
 - Interpersonal and structural
 - Experiential, stories
 - Safe space
- 

Roadmap to Reduce Disparities

- Identify disparities
- Do root cause analysis
- Design and implement care interventions

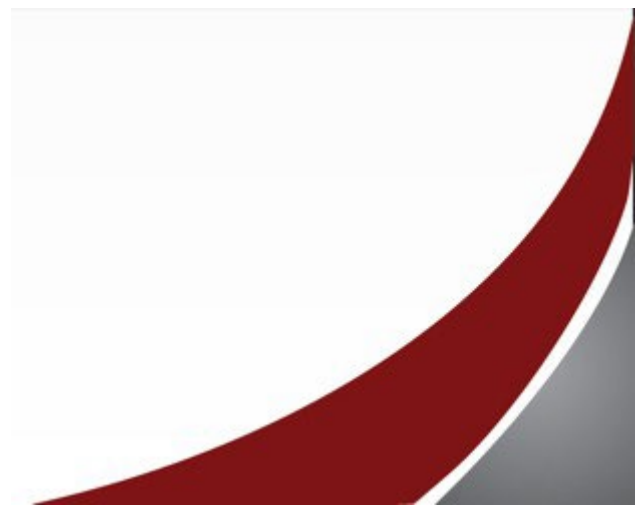


Root Cause Analysis with Equity Lens

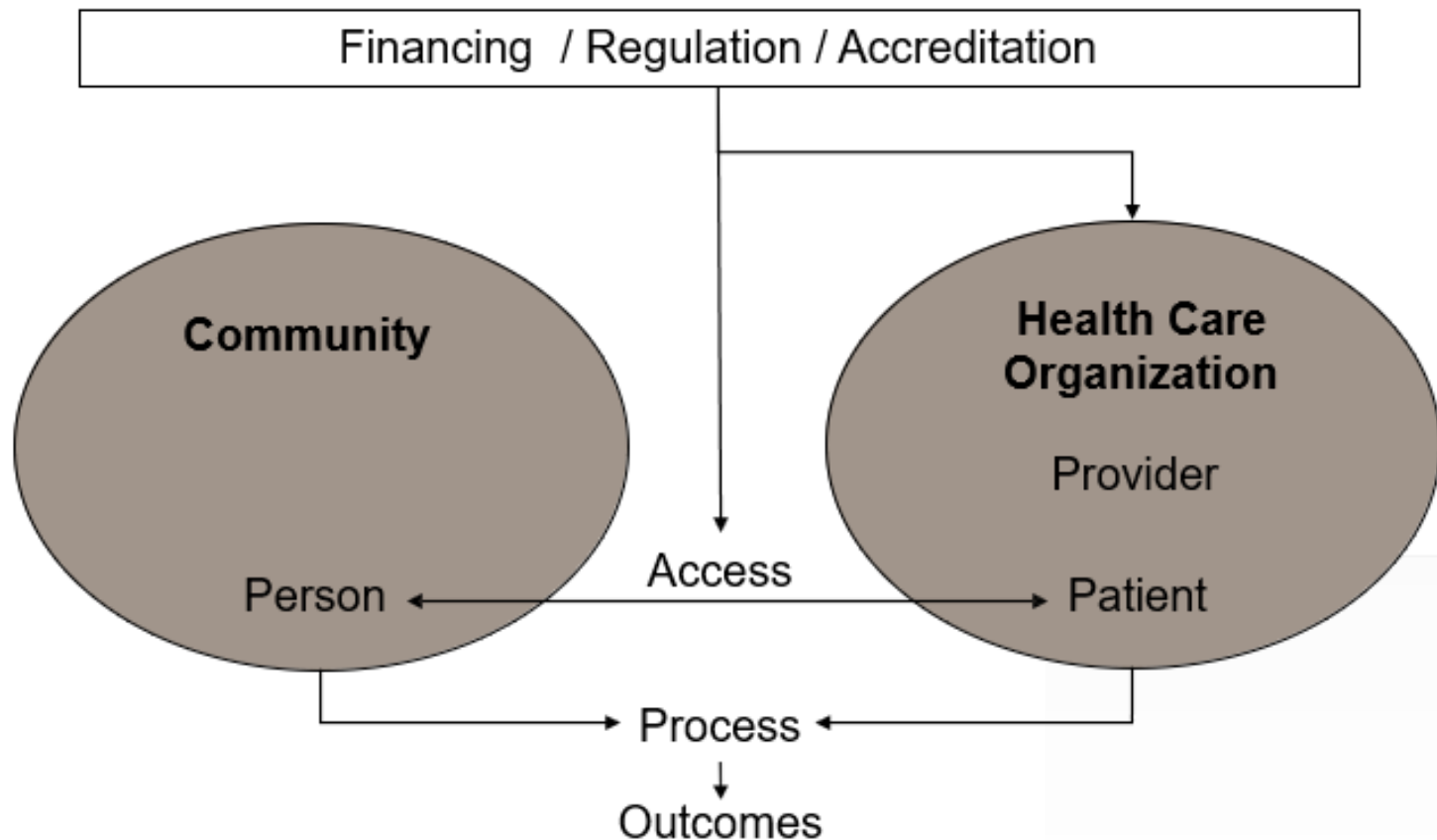
No substitute for talking with the affected
patients and communities



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



Bridging Culture and the Technical

- Every worker knows how to operationalize advancing health equity in their daily jobs



Example

SPECIAL ARTICLE

Annals of Internal Medicine

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.

Ann Intern Med. doi:10.7326/M18-1990

Annals.org

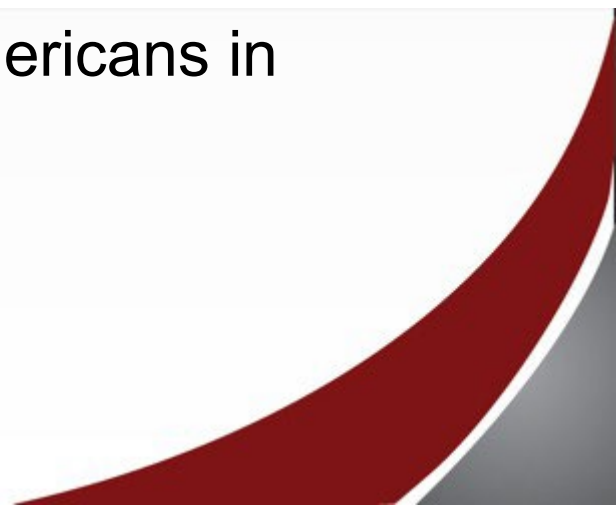
For author affiliations, see end of text.

This article was published at Annals.org on 4 December 2018.

* Drs. Rajkomar and Hardt contributed equally to this work.

Case study 2: Reducing length of stay

Imagine that a hospital created a model with clinical and social variables to predict which inpatients might be discharged earliest so that it could direct limited case management resources to them to prevent delays. If residence in ZIP codes of socioeconomically depressed or predominantly African American neighborhoods predicted greater lengths of stay (18), this model might disproportionately allocate case management resources to patients from richer, predominantly white neighborhoods and away from African Americans in poorer ones.



Be Flexible

- Not necessarily linear
- Go where there are opportunities
- Simultaneously work on foundational reform and reform where immediate opportunities



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
 - For example, food insecurity, homelessness
 - Intersectoral partnerships
- 

La Clinica – Washington, D.C.



Home / About Us / Featured Stories / Bridging the Gap in Diabetes Care

**BRIDGING THE GAP:
REDUCING DISPARITIES IN
DIABETES CARE**

This new initiative will bring together the health care sector and other sectors to support innovative approaches to diabetes treatment and management.



Lesson 4: Address Payment and Incentives

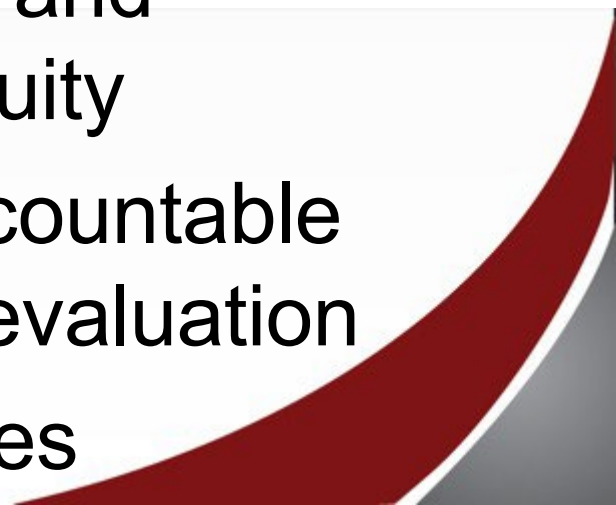
Need business case



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 healthcare system accountable through public monitoring and evaluation
 - Support with adequate resources
- 

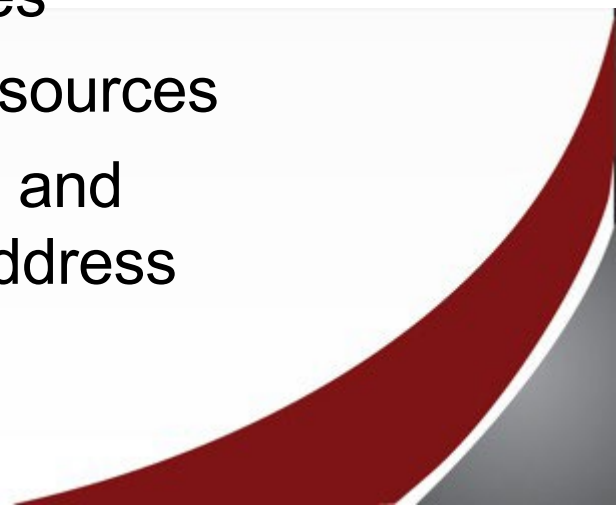


Align State Medicaid agencies, Medicaid managed care organizations, and health care organizations to achieve health equity

Payment reform that supports and incentivizes care transformation that advances health equity



Value-Based Payment and Alternative Payment Models

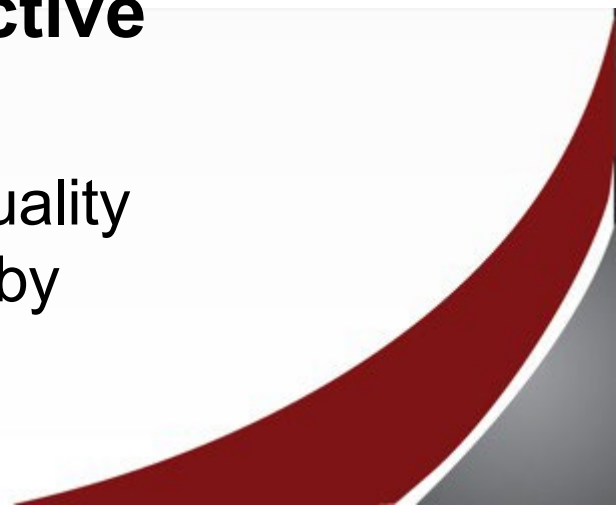
- VBP - Designed to reward high quality care and health outcomes (for example, pay for performance)
 - APM - Predominantly non-FFS models designed to promote value and cost-efficiency
 - Frequently incorporate VBP principles
 - Many use FFS inside to distribute resources
 - Could provide effective mechanisms and incentives to fund infrastructure to address SDOH and advance health equity
- 

Upfront Payment and Retrospective Payment

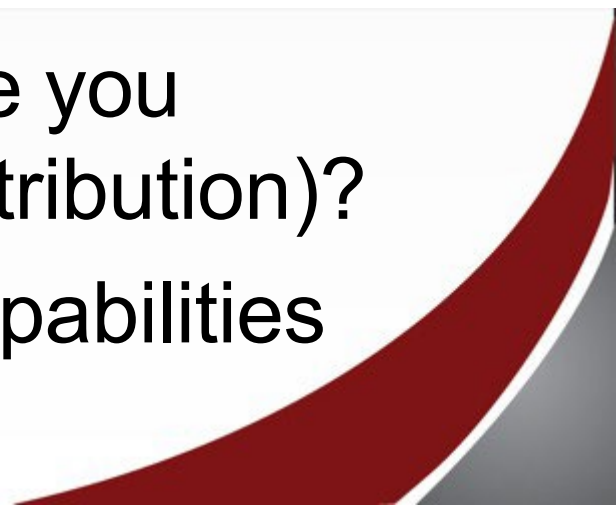
- **Upfront or prospective funding**
 - Cover infrastructure and work force for interventions – for example, community health workers, team-based care, changes to IT systems to track equity
- **Retrospective payment**
 - Reward and incentivize reducing disparities and advancing health equity

Source: Gunter et al. Milbank Q. In press. Patel et al. 2021; NAM The Future of Nursing 2020-2030. In press.

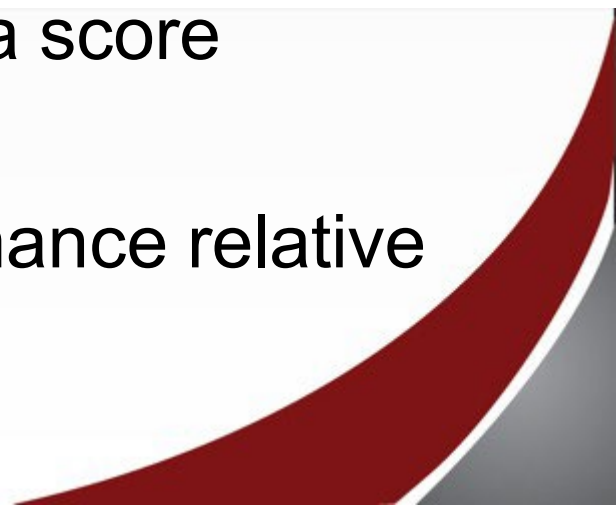
Examples

- **Upfront payment**
 - PMPM care management payment
 - **Retrospective reimbursement**
 - Fee-for-service
 - **Retrospective value-based payment**
 - Pay for performance
 - Shared savings with quality metrics
 - **Hybrid of upfront and retrospective value-based payment**
 - Maternity bundled payment with a quality withhold for a healthy birthweight baby
- 

Payment Functionality (1 of 2)

- What is being incentivized or is at financial risk? – for example, outpatient care, inpatient care, 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 data analytic capabilities and arrangements?
- 

Payment Functionality (2 of 2)

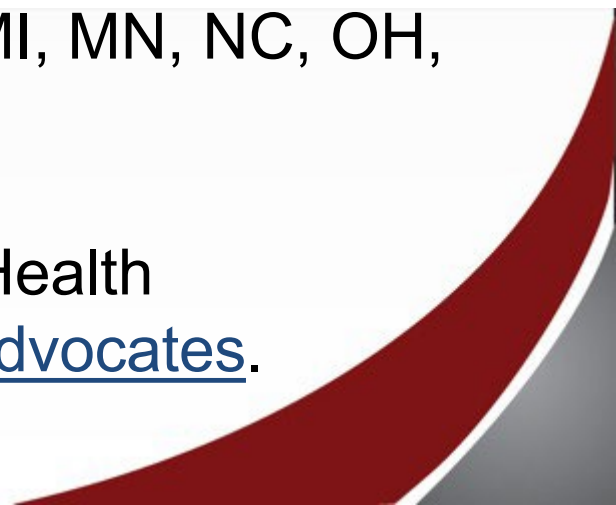
- What is the relationship, if any, of savings to quality metrics?
 - What are the appropriate payment targets to advance equity?
 - Absolute attainment – a specific outcome or score must be achieved
 - Relative attainment – achieve a score relative to a benchmark
 - Improvement – assess performance relative to a baseline
 - Pay for reducing disparities
- 

Resources

Patel S, Smithey A, Tuck K, McGinnis T. [Leveraging value-based payment approaches to promote health equity: key strategies for health care payers](#). Advancing Health Equity: Leading Care, Payment, and Systems Transformation. 2021.

Bailit Health. RWJF State Health and Value Strategies. [Medicaid Managed Care Contract Language: Health Disparities and Health Equity](#). D.C., KY, MI, MN, NC, OH, OR, VA, WA, Covered CA

Center for Community Engagement and Health Innovation. [Medicaid ACO Checklist for Advocates](#).



Lesson 5: Frame Equity as a Moral and Social Justice Issue



Advocacy and Leadership

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

- Dr. Martin Luther King, Jr.



Distributive Justice

"The principles of justice are chosen behind a veil of ignorance."

- John Rawls

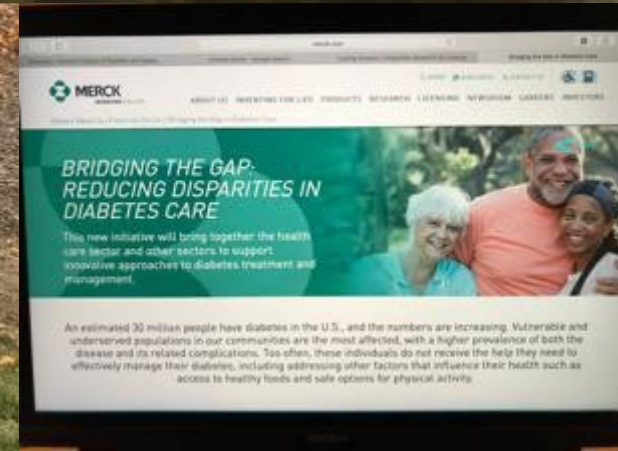


“So, why do health disparities persist? A simple answer is that our country tolerates them.”

Chin MH. The Health Care Blog 2016.



St. Mary's, Clearwater Valley Frontier Idaho



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.



Questions?



HEALTH POLICY AND ANALYTICS
Delivery Systems Innovation

Contacts

- For more information about this presentation, contact OHA.VBP@odhsoha.Oregon.gov
- Find more resources for value-based payment models on [OHA's VBP webpage](#)
- [Sign up for the Transformation Center's technical assistance newsletter](#)