
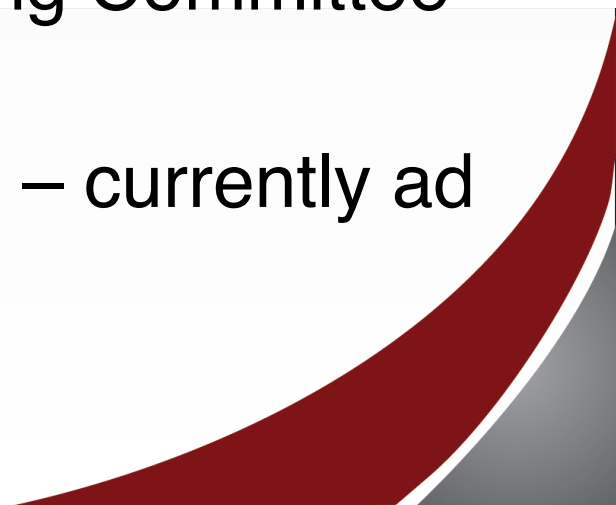


Health Equity in Action: Aligning Payment and Care Transformation


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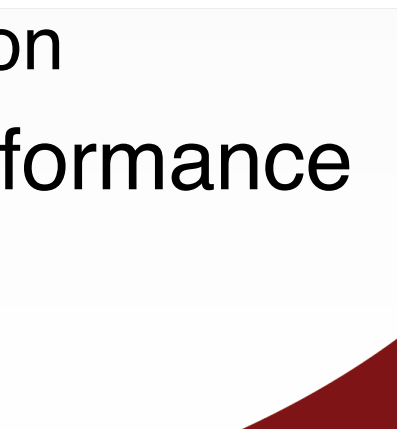
Disclosures / Funding

- NIDDK P30 DK092949
 - Merck Foundation
 - Robert Wood Johnson Foundation
 - AHRQ U18 HS023050
 - CDC Community Preventive Services Task Force
 - Co-Chair, NQF Disparities Standing Committee
 - PCORI – Disparities consultant
 - NIMHD National Advisory Council – currently ad hoc
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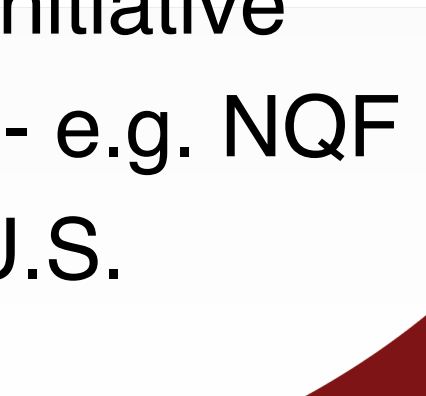
Goals

- Review what is known about how to achieve health equity
 - Introduce landscape of using payment reform and care transformation to achieve equity
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Agenda


- Define equity
 - Conceptual framework
 - Health care and social determinants within context of history, culture, and values
 - Multiple levels of intervention
 - Place
 - Implementation science
 - Economic drivers and motivation
 - National Quality Forum – Performance measurement and payment
 - Our 3 RWJF grantees
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My Perspectives

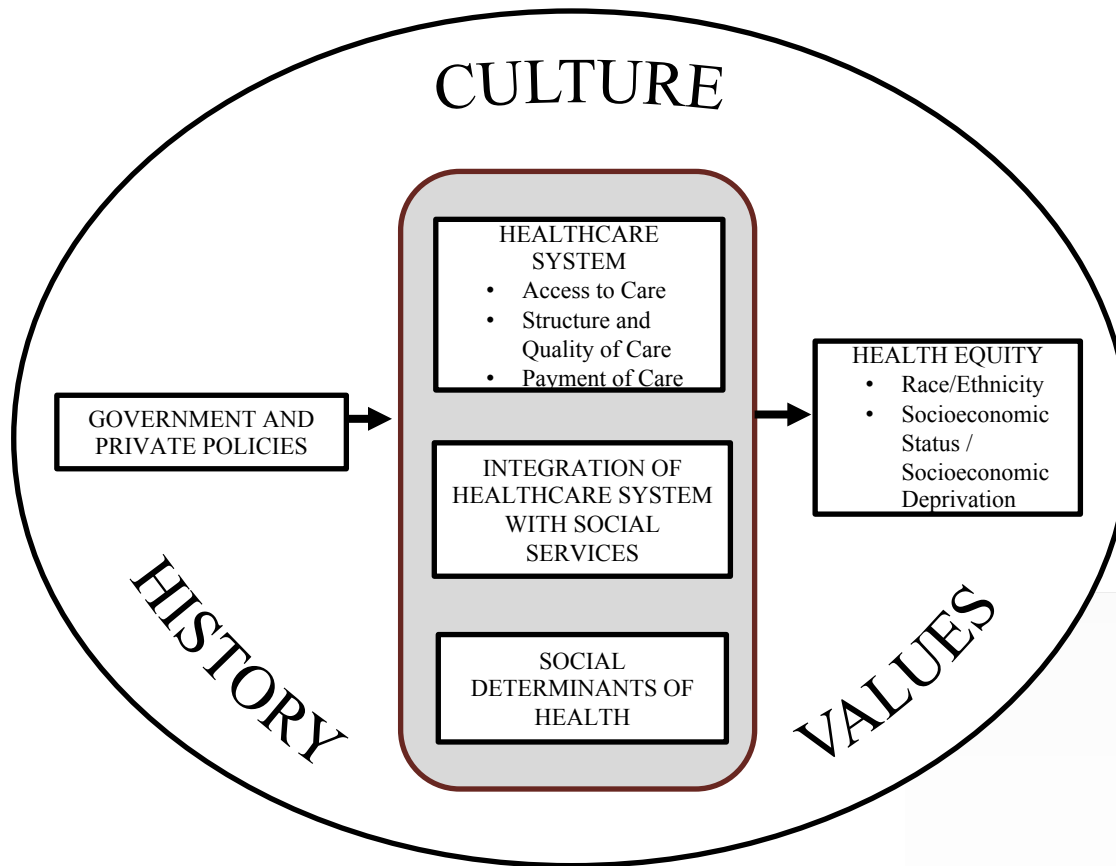
- General internist – urban academic centers in Chicago, San Francisco, Boston; Boston Chinatown CHC
 - Multilevel, mixed method researcher
 - RWJF Finding Answers – TA to frontline
 - University of Chicago equity initiative
 - Multistakeholder committees - e.g. NQF
 - Aotearoa/New Zealand and U.S. comparison
- 

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.”



Conceptual Framework – Cut #1



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. Under review.

History: Treaty of Waitangi 1840



History: Civil Rights Act of 1964

- “We are confronted primarily with a moral issue. It is as old as the scriptures and is as clear as the American Constitution. The heart of the question is whether all Americans are to be afforded equal rights and equal opportunities, whether we are going to treat our fellow Americans as we want to be treated.” Discussing the right of African Americans to be served in a public restaurant, he declared “This seems to me to be an elementary right. Its denial is an arbitrary indignity that no American in 1963 should have to endure, but many do.”

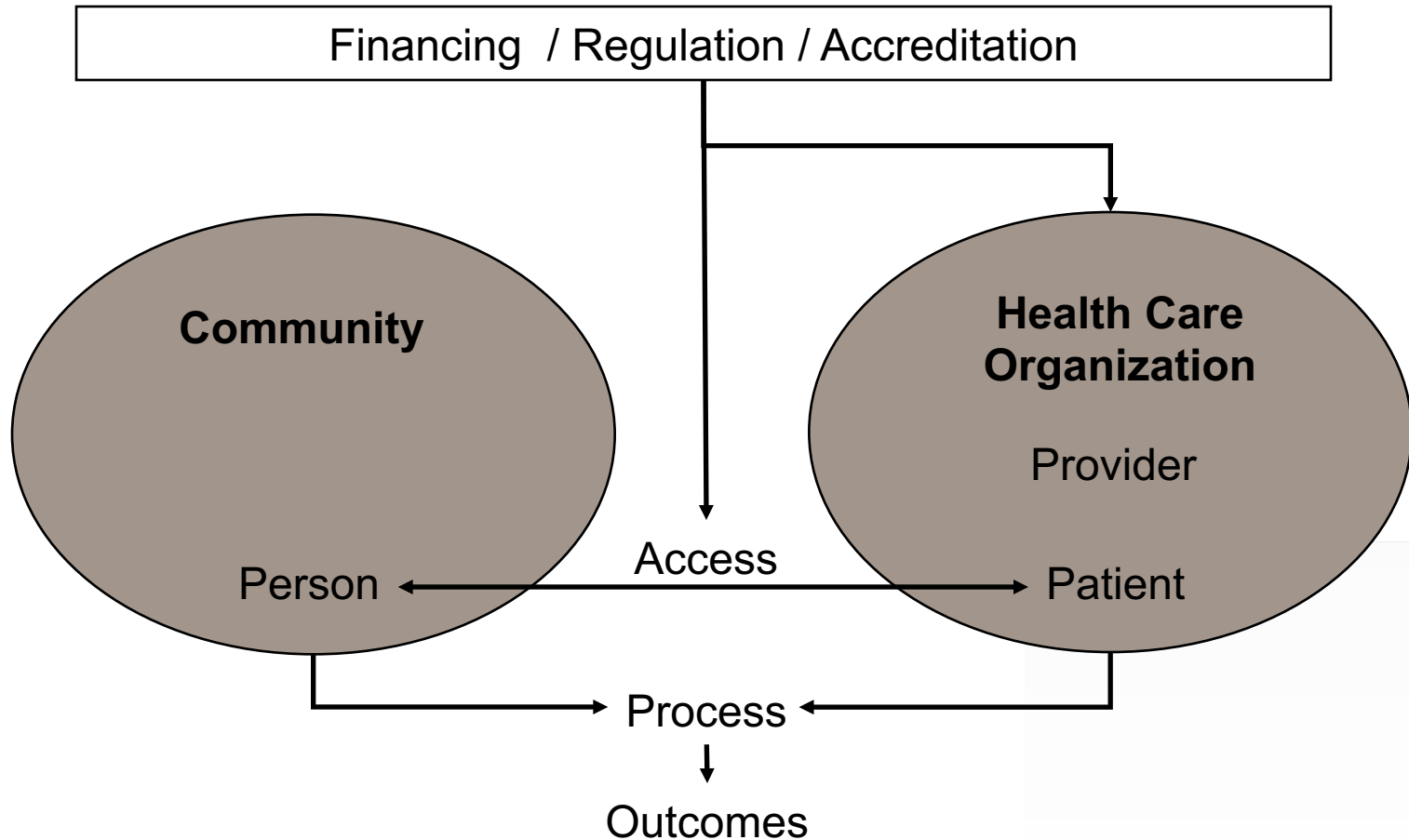
- President John F. Kennedy, 1963

Culture and Values: Liberalism, Communitarianism, Distributive Justice



Conceptual Framework Cut #2

– Multiple Levels



Challenge of DM and Obesity

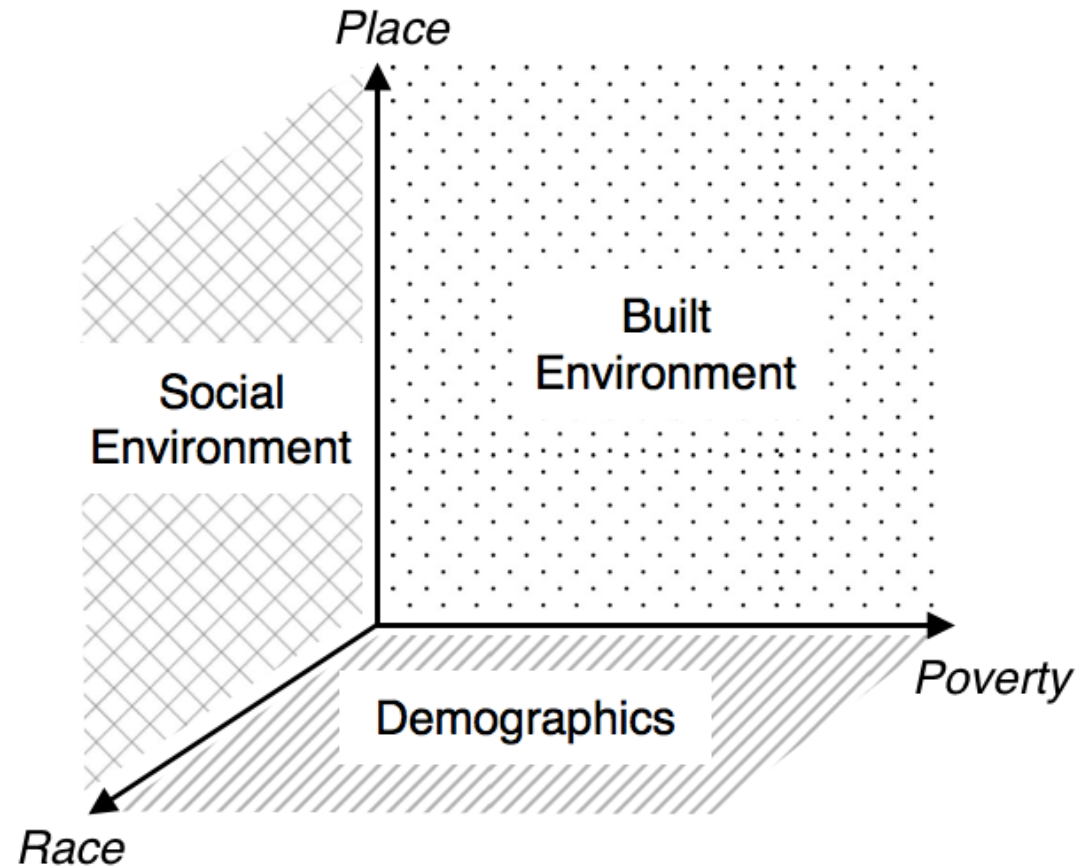


A Diabetic Foot Ulcer



Conceptual Framework Cut #3 – Place

Elizabeth Tung, MD



Tung E, et al. J Urban Health 2017.

Intersectionality

- Combination of intersecting systems of oppression that perpetuate discrimination and disadvantage based on factors such as race, class, sex, and gender identity.

Crenshaw K. University of Chicago Legal Forum 1989, p. 140.



Shared Decision Making for Chronic Conditions: Experiences of LGBTQ African American Patients

“When I used to identify as a [black] male, there is this idea that I was dangerous, right. So I’d walk in and I had a white nurse practitioner, their body language would change.”
(Pansexual Transgender Woman)

“I don’t wear an ‘I am a lesbian’ sign- so you don’t see that. But I do wear the ‘I am black’ sign. There’s almost this preconception that I am going to be somehow less of a patient.” (Lesbian Woman)

Conceptual Framework Cut #4 – Implementation Science and Changing Behavior



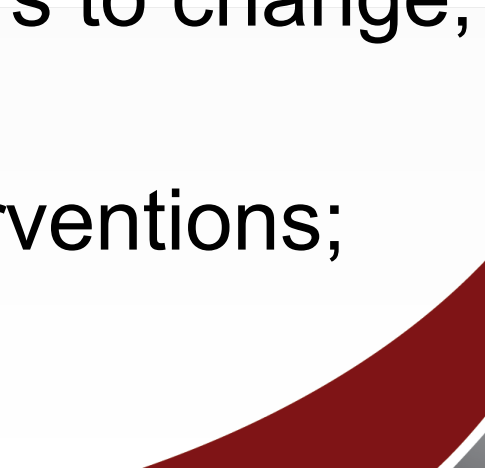
Roadmap to Reduce Disparities

www.solvingdisparities.org

Chin MH, et al. JGIM 2012



Roadmap Principles

- No magic bullet
 - Systematic process - awareness and prioritization of achieving equity, tailoring of solutions to local organizational and patient contexts, iterative QI addressing specific barriers and facilitators to change, implementation science.
 - Menu of evidence-based interventions; organizations/providers like options/model
- 


Roadmap for Reducing Racial and Ethnic Disparities in Care

- 1) Recognize disparities and commit
- 2) Implement QI infrastructure and process
- 3) Make equity an integral part of quality
- 4) Design intervention(s)**
- 5) Implement, evaluate, and adjust intervention(s)
- 6) Sustain intervention(s)

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



Evidence-based Interventions

- Multifactorial attacking different levers
 - Culturally tailored QI
 - Team-based care
 - Families and Community partners
 - Community health workers
 - Interactive skills-based training
- 

Consolidated Framework for Implementation Research

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

Damschroder et al. Implement Sci 2009; 4:50.



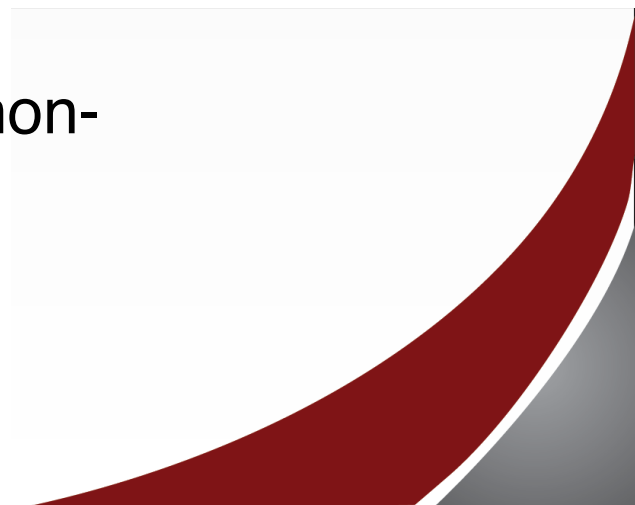
Conceptual Framework Cut #5 – Economic Drivers and Motivation



UChicago Medicine




Values and the Business Case for Equity

- **It's the right thing to do**
 - **Business Case – Align incentives**
 - Global payments
 - Population health
 - Community needs assessment for non-profits
- 

FQHC Leadership Meetings



Behavior Change Theory

- Beliefs and knowledge
 - Why innovations are good
 - Social norms
 - It's the culture / QI collaboratives
 - Environmental factors
 - Incentives
 - Self-efficacy
 - Coaching / QI collaboratives
- 

Motivation

- Intrinsic
 - Professionalism
 - Do the right thing
- Extrinsic
 - Financial
 - Other rewards

Where's Equity?



Disparities Context: Quality of Care and Payment Policies



National Quality Forum Equity Measurement Domains

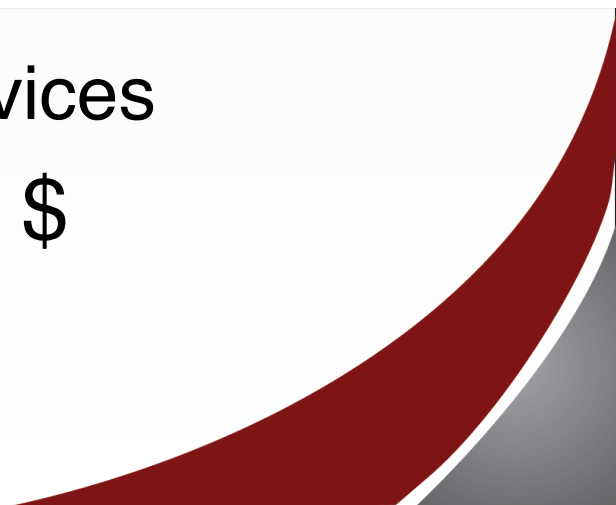


NQF 4 I's for Health Equity


- 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. A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity. September 14, 2017.

NQF 10 Incentivize Recs

- Accountability
 - Stratified health equity outcome measures
 - Redesign payment models to support health equity
 - Infrastructure – capitation
 - Specific processes - P4P
 - Integrate health and social services
 - Tailor the safety net – QI and \$
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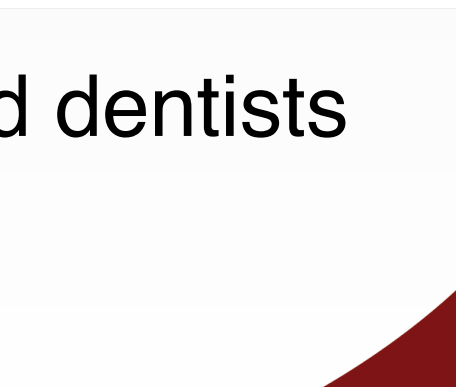
NQF 10 Incentivize Recs (cont)

- Fund care delivery and payment reform demonstration projects to reduce disparities
 - Assess economic impact of disparities from multiple perspectives
 - Business case
 - Societal perspective
- 


RWJF Finding Answers: Solving Disparities Through Payment and Delivery System Reform




Univ. of Washington & Advantage Dental

- Improve dental care for low-income mothers and children in Oregon
 - Prevention, Low complexity: Community-based expanded practice dental hygienists
 - High complexity: Office-based dentists
 - Capitated, global budget
 - Team-based P4P
- 


George Mason & Fairfax County

- DM, HTN, cervical cancer disparities – 3 public clinics
 - Population health mgtmt; Care mgtmt
 - Capitated, global budget
 - Team-based incentive
 - RVU productivity
 - Processes of care
- 

Mount Sinai, NYC

- Timely postpartum care for at-risk mothers
 - Social worker and care coordinator
 - P4P – Ob-Gyns
- 


Organizational Motivation to Reduce Disparities

- Generate evidence
 - Make the business case
 - More efficient care
 - Disparities reduction
- 

“Every dollar that you spend on a child that doesn’t need any care, is a dollar you’re taking away from someplace else. And the company in particular because it uses this global budgeting approach is concerned about caring for adults because Oregon has an adult benefit on their Medicaid. And so if they can be more economical about the way they care for children, then they will have more money to spend on the adults because the adults are by far more expensive.”

-Project Leadership

Non-financial Motivation to Reduce Disparities


- Aligns with personal and professional identity
 - Improve care processes and patient outcomes
- 

“So I think that’s probably been the biggest gain I have gotten out of this. I mean, that incentive is great and all, but it is really – it’s being able to transform the care that we deliver in these clinics.”

- Health Care Org, Senior Manager




Benefits of Individual and Team-based Financial Incentives

- Engages staff across roles
 - Collective goal
 - Routinizes behavior change
- 

“I think when incentives came in and they identified certain key points that we need to look at and give that holistic care, then it became a standard. And so everybody is doing the same thing, not just this provider over here. All three sites are doing the exact same thing. So it’s now standardized.”

- Nurse Clinic Manager


Challenges of Individual and Team-based Financial Incentives

- Financial incentives may not prompt care delivery changes in all settings
 - Other resources may offer more tangible benefits
- 

“A lot of clinicians do things because it’s the right thing to do especially if people make it easy for them to do it. So it’s not about the financial incentive, it’s about the non-financial incentive.... the struggle in clinical medicine is that we often don’t have the resources we need to take the best care of our patients. And so I thought the primary part of this study that was going to be most impactful was this extra resource [social worker and navigator] and making it easier for clinicians to do the right thing.”

- Project Leadership

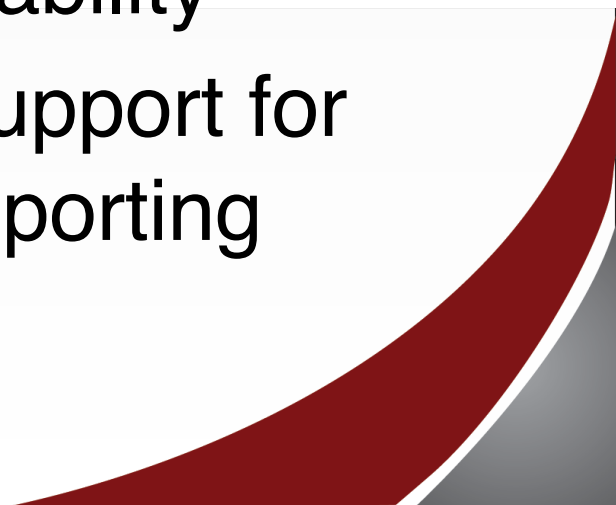
Implementation Facilitators

- Buy-in and leadership support
 - Align with organizational priorities
 - Data tell a compelling story about previously unknown disparities
 - Staff engagement
- 

“I think everybody was sort of like me. “Oh we don’t treat people differently or we don’t have any disparities between our populations. And then lo and behold the data show that we do....So I don't know that we’ve changed our behaviors yet in addressing disparities, but I think we’re moving in that direction because we started the discussions around what is the real root cause of why there are disparities and what can we do to change this.”

- Payer, Design/Implementation Team

Implementation Challenges

- Linking incentives to individuals in health care organization
 - Addressing concerns from community stakeholders
 - Unexpected organizational changes impact continuity and sustainability
 - Information technology (IT) support for accurate data tracking and reporting
- 

“....making it meaningful to the individual providers when these incentives are paid at the practice level. Part of the system change is at the practice level, not just kind of the payer level and the policy level. And they didn't have the practices figure out how to tie those payments back to providers and how they want to organize their practices around that kind of performance incentive.”

- Payer, Design/ Implementation Team

Eliminating Health Disparities



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.

