Solving Disparities Through Payment and Delivery System Reform

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- PCORI – Disparities consultant
- NIMHD National Advisory Council
- National Advisory Board, Institute for Medicaid Innovation
- Families USA – Equity and Value Task Force Advisory Council

South Cove Community Health Center Boston Chinatown

68 year old Chinese woman recently returned from Hong Kong. Fever, coughing mucus, fluid in lungs

Teenage Moms

Goals from January 2018 Webinar

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

Today's Goals

- Place your pioneering work within wider context of social and political change advancing health equity
  - Cultural, values-driven component
  - Technical component
- Share lessons learned comparing Aotearoa/New Zealand and the United States
- Deeper dive into payment reform and care transformation to achieve equity

Agenda

- Aotearoa/NZ – US basic statistics
- Reminder conceptual framework and levels of intervention
- 5 lessons
- Advocacy and leadership

Neither Aotearoa / NZ or U.S. is paragon for equity

- Commonwealth Fund equity rankings of 11 Western countries
  - Aotearoa / NZ - #8
  - U.S. - #11

Land of the Long White Cloud

Aotearoa / New Zealand

Demographics and Geography

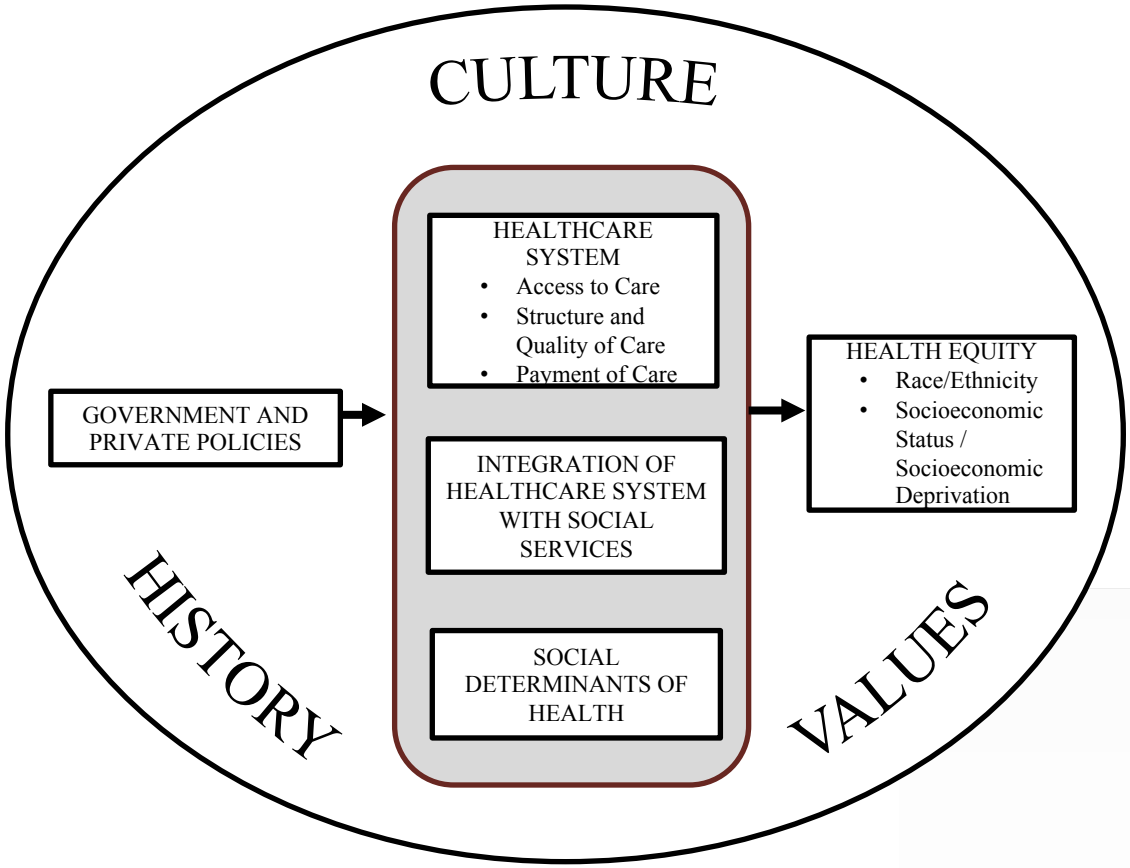
Aotearoa / NZ

- 4.6 million residents
- 1/34 geographic size of US
- Minorities
  - Maori 15%
  - Asian 12%
  - Pacific peoples 7%

United States

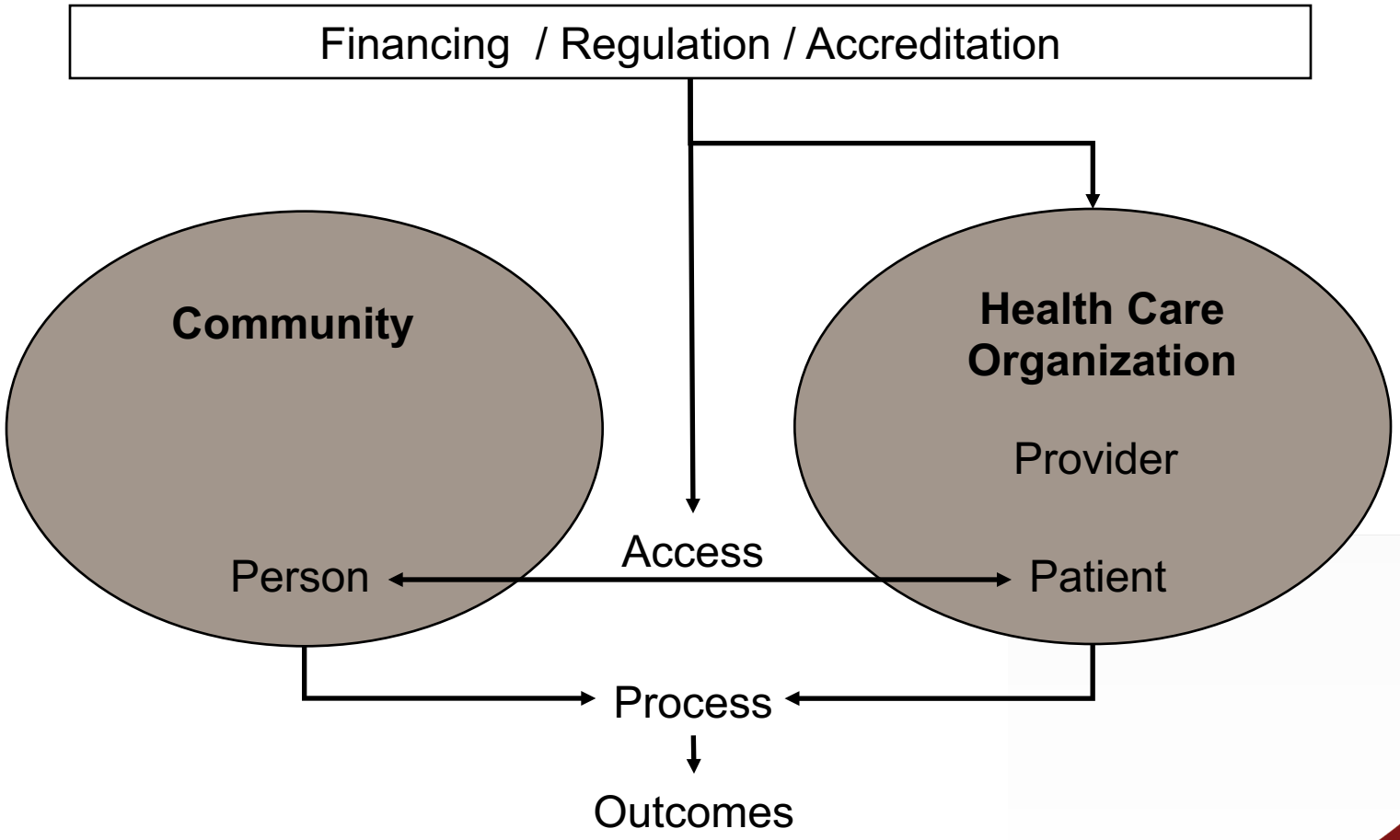
- 326 million residents
- Colorado = A/NZ
- Minorities
  - Hispanic 17%
  - African-American 14%
  - Asian 6%
  - American Indian/AN 1.7%
  - Pacific Islander 0.4%

Conceptual Framework



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. Health Policy 2018.

Multiple Levels for Policy Action



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

Lesson 1 for U.S.

- Question whether we have our national cultural values appropriately balanced

American Mythology

Liberalism

- Liberty, individualism, limited constitutional government

Utilitarianism

- Maximize utility – well-being, pleasure
- Produce most good
- Greatest good for greatest number
- Consequences

Communitarianism

- Responsibility of the individual to the community and the social importance of the family unit

Distributive Justice

- Socially just allocation of goods in a society

Safety Net

Aotearoa / NZ

- All citizens and permanent residents can access publicly funded health and disability services for preventive, inpatient and outpatient hospital services, primary care, prescription drugs, mental healthcare, dental care for schoolchildren, home support services and long-term residential care for older adults, hospice, and disability support

United States

- 2016 – 8.6% uninsured
- Medicaid
- ACA – variable Medicaid expansion

A/NZ: Underbudgeting and Queues

Underbudgeting and Queues

Lesson 2

- Explicitly design quality of care and payment policies to achieve equity, hold the healthcare system accountable through public monitoring and evaluation, and support with adequate resources

A/NZ National Health Strategy

- *Acknowledging the special relationship between Māori and the Crown under the Treaty of Waitangi*
- Best health and wellbeing possible for *all New Zealanders*
- c. An improvement in health status of those currently *disadvantaged*
- e. Timely and *equitable access for all New Zealanders* to a comprehensive range of health and disability services, *regardless of ability to pay*

U.S. Healthy People 2020

- A society in which all people live long, healthy lives
- *Achieve health equity, eliminate disparities, and improve the health of all groups (Race/ethnicity, gender, SES, Disability, LGBT, Geography*).

Where’s Equity?

Funding Formulas

Aotearoa / NZ

- National Population-based funding formula adjusted for NZ Index of Deprivation (ethnicity, sex, age)
- Very Low Cost Access Funding – practices with 50% lower quarter social deprivation, Maori, Pacific peoples

United States

- Disproportionate Share Hospital payments for uncompensated care
- Selected case-mix adjustment (e.g. – increased payment for dual eligible Medicaid/Medicare patients in Medicare Advantage)

A/NZ Childhood Immunization

- In 2007, immunization rates were 74% for non-Māori-non-Pacific people and 59% for Māori.
- By June 2012, the gaps had largely disappeared; rates for NZ European children were 93% vs. 92% for Māori.

How?

- Minister of Health makes equity priority
- Accountability – quarterly public immunization scorecard rates ranking District Health Boards
- Collaboration - share best practices, systems, community outreach
- Competition – public reporting, pay for performance

National Quality Forum, National Academy of Medicine, Health and Human Services ASPE Reports

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

NQF – HTN in Afr-Am Example

Anderson AC, O'Rourke E, Chin MH, et al. Promoting health equity and eliminating disparities through performance measurement and payment. Health Affairs 2018; 37:371-377.

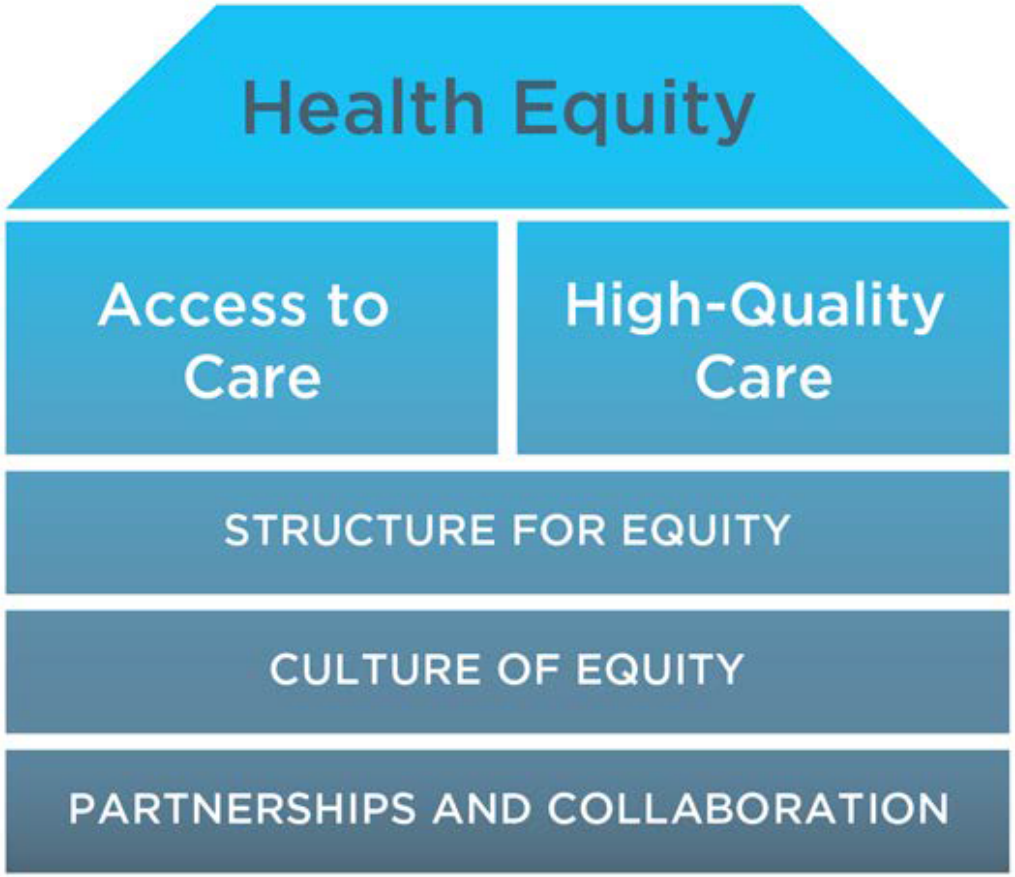
Identify Priority Disparity Areas

- Size of the disparity
- Strength of evidence for disparity reduction strategies
- Ease and feasibility of improvement

Implement Evidence-based Interventions

- Lifestyle modification – diet, exercise, stress
- Teams, peer navigators, CHWs
- Home BP monitoring and telephonic counseling
- Treatment intensification program
- Culturally tailored self-management
- Stress – address structural racism

Health Equity Performance Measures



Incentivize Health Equity

- Adjust for patient's social risk
- Stratify performance measures
- Reward improving outcomes, reaching absolute performance threshold, reduce disparities
- Incentivize addressing social determinants of health
- Payment models to support infrastructure and upstream services

Families USA Health Equity and Value Task Force

- Payment systems that sustain and reward high-quality, equitable health care
- Support safety net and small community providers in delivery system reform
- Building robust and well-resourced community partnerships
- Ensuring transparent, representative evidence base
- Equity focused measurement
- Diverse health care workforce

Māori Sudden Unexpected Death in Infancy Prevention

- Wahakura (traditional flax woven basket) versus the gold standard bassinet
- Master flax weavers create wahakura and teach mothers about safe sleeping practices, dec smoking, & breastfeeding

Lesson 3

- Address all determinants of health for individuals and communities with coordinated approaches, integrated funding streams, and shared accountability metrics across health and social sectors.

Social Determinants of Health

- Health outcomes
  - Health care 10%
  - Social determinants 30-40%
- High utilizing patients
- ACOs
- Population health management

Documentary:What Counts Health Leads / Nicole Newnham

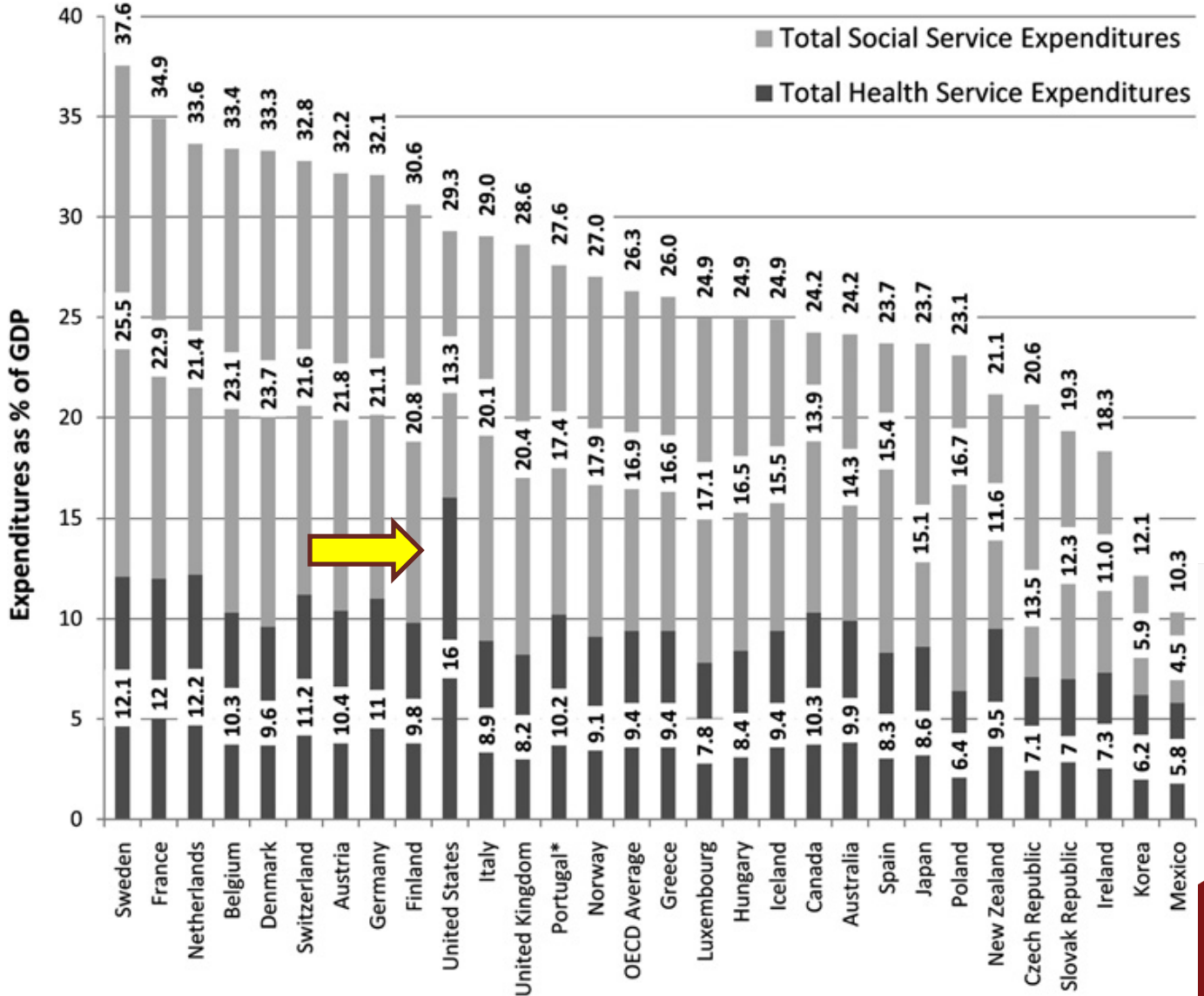
Process of Systematic Change

- Pilot work and demonstration projects
  - Proof of concept
  - Funders – local, foundation, demo programs
- Development and dissemination of model programs
- Advocacy – local, organizational, governmental
- State and federal legislation and regulations supporting and funding the novel approaches

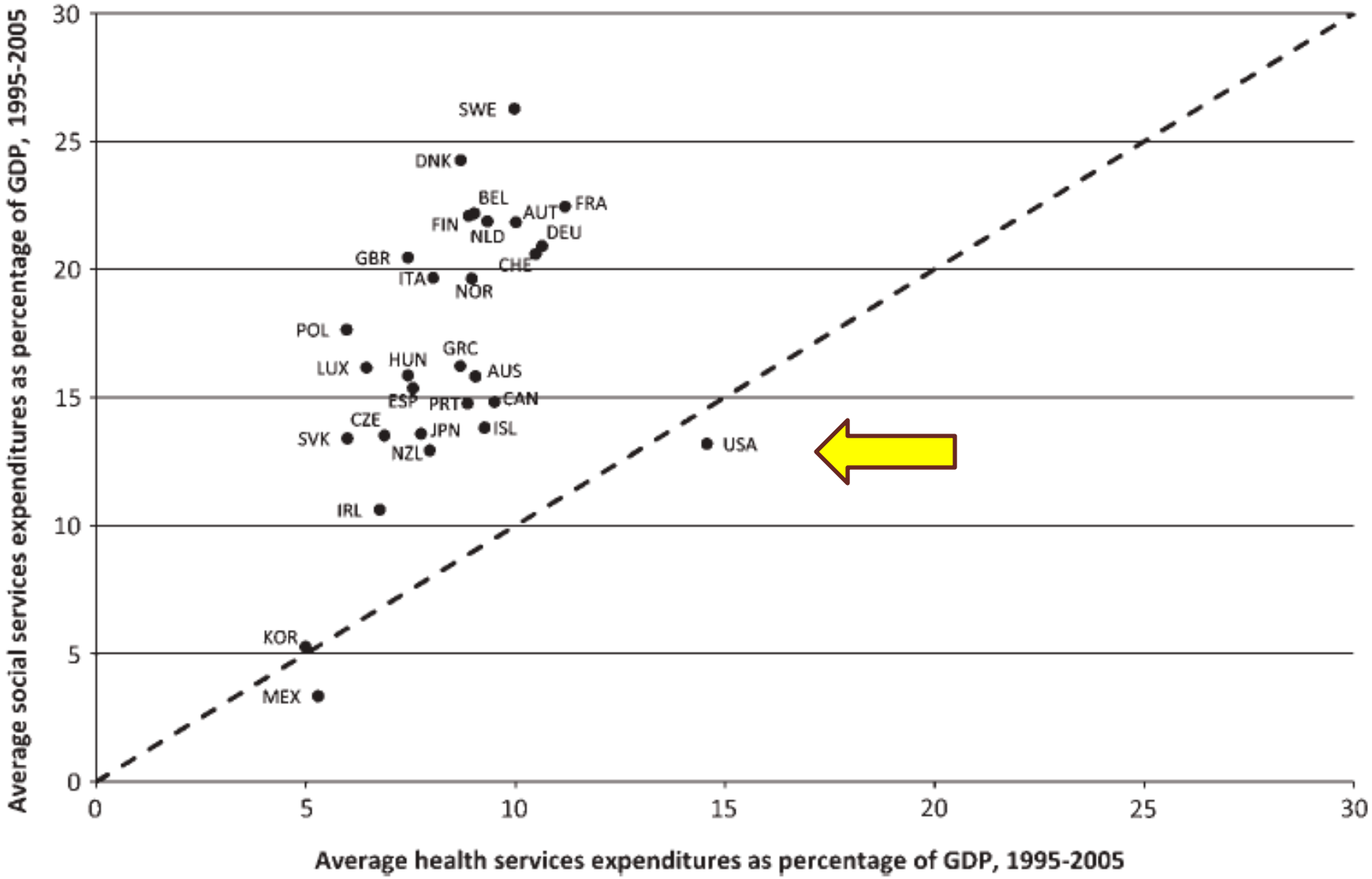
Necessary Ingredients for Addressing SDOH

- Creating hubs and partnerships of health care and community organizations integrating the two
- Robust funding streams
  - Grants
  - Reform of underlying health care and social service funding

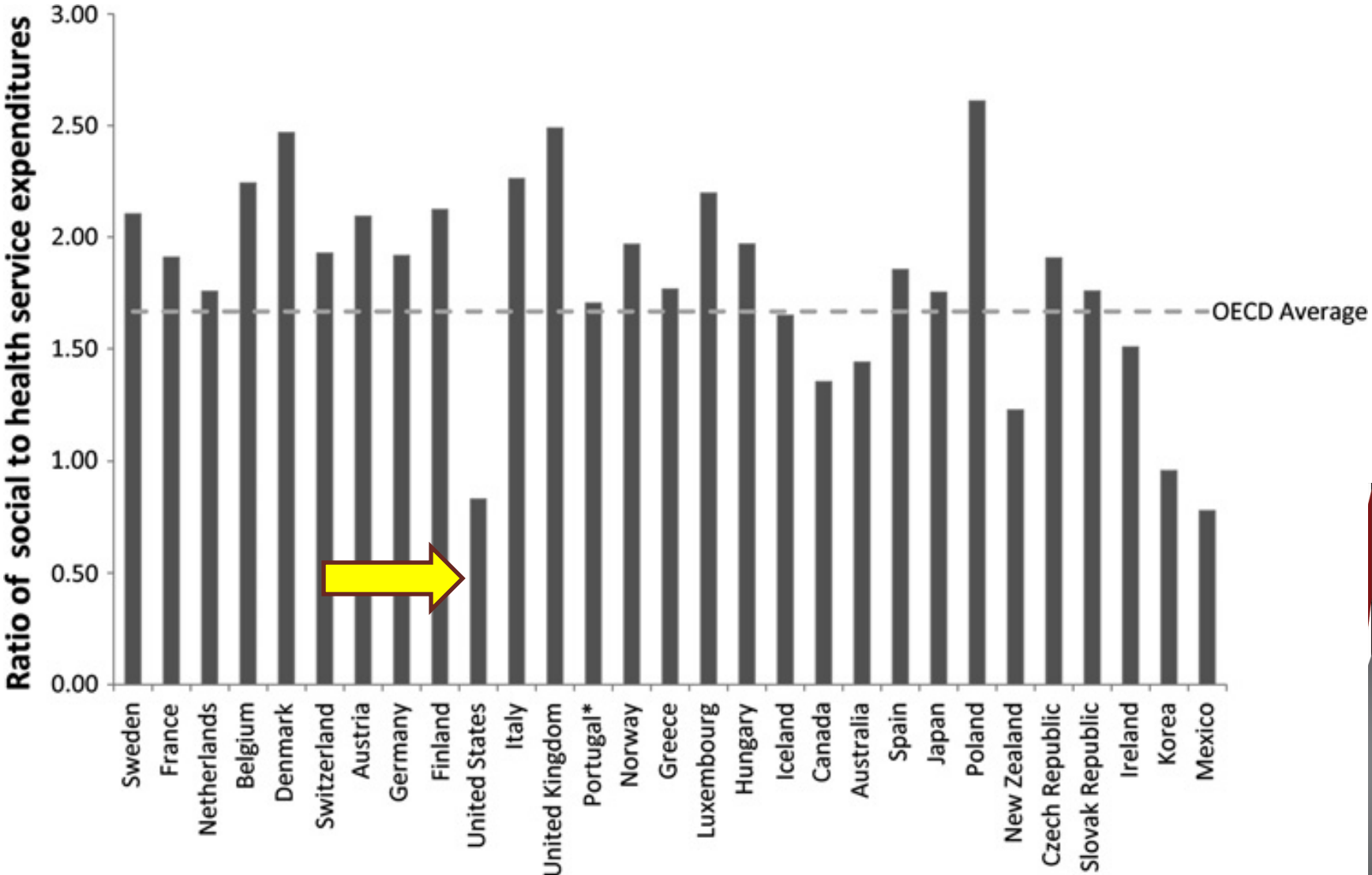
Europe and U.S. Spend Similar % GDP on Combined Health & Social Service



Europe Spends Higher Ratio on Social Services than Health



U.S. Has Lower Ratio Social Service:Health Spending



Higher Ratio Social:Health Spending Has Better Health Outcomes

- Infant mortality
- Maternal mortality
- Low birth weight
- Potential life years lost

Bradley EH et al. BMJ Qual Safety 2011

Health Plans and Organizations

- Sufficiently large population to serve
- Limited turnover of population
- Prevention rewarded instead of costly emergency and inpatient care

State Medicaid Models for Health Equity

- Minnesota's Hennepin Health Safety-Net ACO
  - Blewett LA & Owen RA. AJPH 2015.
  - Sandberg SF, et al. Health Affairs 2014.
- Oregon Coordinated Care Organization (CCO)
  - McConnell KJ, et al. Health Affairs 2017.
- Massachusetts ACOs

Lesson 4

- Share power **authentically** with racial/ethnic minorities and promote indigenous peoples' leadership and self-determination.

Nuka System of Care for Alaska Native People

- Alaska Native people took control of their healthcare system from the federal Indian Health Service: customer-owners who tailored the system to meet their needs through a self-determined process

Nuka 2

- Key principles were shared responsibility, commitment to quality and continuous improvement, and family wellness
- Prepaid care; PCMH; Rural outreach
- Increase access/quality; Dec. utilization

Lesson 5

- Have sincere, **honest** discussions about structural racism, colonialism, white privilege, and implicit biases, ensuring that policies and programmes explicitly address root causes.

Journal Reviewer

- *“The language used is at times moralistic eg calls for "Authenticity" and "Honesty" in the text “*
- *“Share power **authentically**”*
  *“Have sincere, **honest** discussions about structural racism, colonialism, white privilege, and implicit biases…”*
- Response
  - Yes, equity is a moral issue (Culture, Values)
  - These words objectively capture the reality

Response to Reviewer

- “Racial/ethnic minorities and indigenous peoples often mistrust majority institutions because of a history of discrimination, oppression, broken promises, and egregious ethical violations such as experimentation on them (e.g. Tuskegee Syphilis Study).”

Power is the Issue

- Control over the historical narrative
- Control over resources

Treaty of Waitangi 1993 Documentary

- "How do we make this founding document work for New Zealand….it really has to work for both of us [Maori and non-Maori]….Not to have it as something that forces us to look back, but really forces us to look forward."
  – Jim Bolger, Prime Minister

Racial/Ethnic Minority Students in U.S. and New Zealand

Lessons for U.S.

- “Culture eats strategy for lunch” - Values
- Communitarianism, Distributive Justice

Advocacy and Leadership

Chin MH. Movement Advocacy, Personal Relationships, and Ending Health Care Disparities. *Journal of the National Medical Association*. 2017.

Moonshots, Opioids, and Incentives

- “So, why do health disparities persist? A simple answer is that our country tolerates them.”
- “way we pay for medical care largely does not support efforts to achieve health equity.”

Chin MH. The Health Care Blog 2016.

Reconciling Movement Advocacy and Trusting Relationships

Addressing Disparities Honestly

- “Dr. [Jennifer] Smith explained that a conflict is a personal narrative with a beginning, middle, and end. At the beginning, parties frequently experience powerful emotions such as anger, frustration, fear, and surprise, and often make assumptions based on their values and biases. The middle phase encompasses listening and telling, adjusting facts, and clarifying options. In the end, one can hope for agreement, compromise, and reconciliation, but at a minimum it should be possible to envision a new future with common facts, decreased emotion, and more clarity moving forward.”

Chin MH. JNMA 2017.

“I believe movement advocacy can break down ingrained structural barriers and policies that impede health equity, while clinicians, health care organizations, and advocates build trusting relationships and resolve conflict with mutual respect and honesty.”

Chin MH. JNMA. 2017.

“We must combine advocacy and relationship building to end disparities. Achieving health equity will require policy changes, and personalized clinical care and organizational transformation that are dependent on good will and trust.”

Chin MH. JNMA. 2017.

New Zealand and Health Equity

Ministry of Health, Wellington

Spectrum of Advocacy

- “Our core role and great privilege is to care and advocate for our individual patients. ..we can do much within and beyond the walls of our clinics … to support our patients. Many impactful actions along the spectrum of advocacy may be right for you...Our obligation to our patients includes advocating for them when their health and well-being are threatened.”

Tan et al. JGIM 2017