



**EQUITY IN HEALTH
AND HEALTH CARE:**

**A Roadmap to
Collaborative Action**

**Wednesday, September 15
1-4:30 pm ET**

Agenda – September 15th, 2021

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1:00 PM ET	Welcome	Nelly Ganesan, Principal, Avalere Health & Wendy Warring, CEO, NEHI-Network for Excellence in Health Innovation	
	OPENING PANEL	Moderator: Kristi Mitchell, MPH, Health Equity Outcomes	
1:15 PM	Digital Health Solutions, Data-Driven Health Care, and Health Care Access: Three Ingredients for Health Equity	<ul style="list-style-type: none"> Dana Gelb Safran, PhD, CEO, National Quality Forum Eric Dozier, VP, North American Oncology, Eli Lilly & Company Gary Puckrein, PhD, CEO, National Minority Quality Forum Marshall Chin, MD, Professor of Healthcare Ethics, University of Chicago School of Medicine 	<ul style="list-style-type: none"> Michael Thompson, CEO, National Alliance of Healthcare Purchaser Coalitions Myechia Minter-Jordan, MD, CEO, CareQuest Institute for Oral Health Nakela Cook, MD, MPH, Executive Director, Patient-Centered Outcomes Research Institute
2:45 PM	Break		
	SPOTLIGHT BREAKOUT SESSIONS	<p>Digital Health Solutions Moderator: Jasmaine McClain PhD, Principal, Health Management Academy</p> <ul style="list-style-type: none"> Rachel Gold, PhD, Lead Research Scientist, Kaiser Permanente Center for Health Research Jorge Rodriguez, MD – Physician and Digital Health Researcher, Brigham & Women’s Hospital Ann Mond Johnson, CEO, American Telemedicine Association <p>Data-Driven Health Care Moderator: Tom Hubbard MPP, Vice President Policy and Research, NEHI</p> <ul style="list-style-type: none"> Jennifer Stoll, Executive Vice President, OCHIN Bryan Heckman, PhD, Director, Meharry Medical College Center for Study of Social Determinants of Health Shruti Kothari MPH, Director, Industry Initiatives, Blue Shield of California 	<p>Health Care Access Moderator: Laurie Zephyrin MD, Vice President, The Commonwealth Fund</p> <ul style="list-style-type: none"> Mark Fendrick, MD, Director, University of Michigan Center for Value-Based Insurance Design Lauren Powell, MPA, PhD, Vice President, Takeda, Health Equity & Community Wellness Kendra Smith, ACIP, MSUS, Vice President, Community Health, Bon Secours Mercy Health
2:55 PM	<ul style="list-style-type: none"> - Digital Health Solutions - Data Driven Health Care - Health Care Access 		
3:55 PM	Break		
4:00 PM	RAPID-FIRE ROUND-UP	Kristi Mitchell, MPH	
		<ul style="list-style-type: none"> Panel moderators provide high-level summary of breakout session discussions 	
4:20 PM	Summit Wrap-Up	Wendy Warring, CEO, NEHI-Network for Excellence in Health Innovation	
4:25 PM	Concluding Remarks	Julie Dunlap, Chief Diversity, Equity and Inclusion Officer and Vice President of Talent Management, Eli Lilly and Company	
4:30 PM	Summit Ends		

A Common Understanding of Definitions Is Necessary to Inform Collaborative Action to Improve Health Equity

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Health Equity

- Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities by attaining the highest level of health for all people

Health Disparities

- When groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; physical disability; or other characteristics historically linked to discrimination or exclusion are adversely affected

Health Inequities

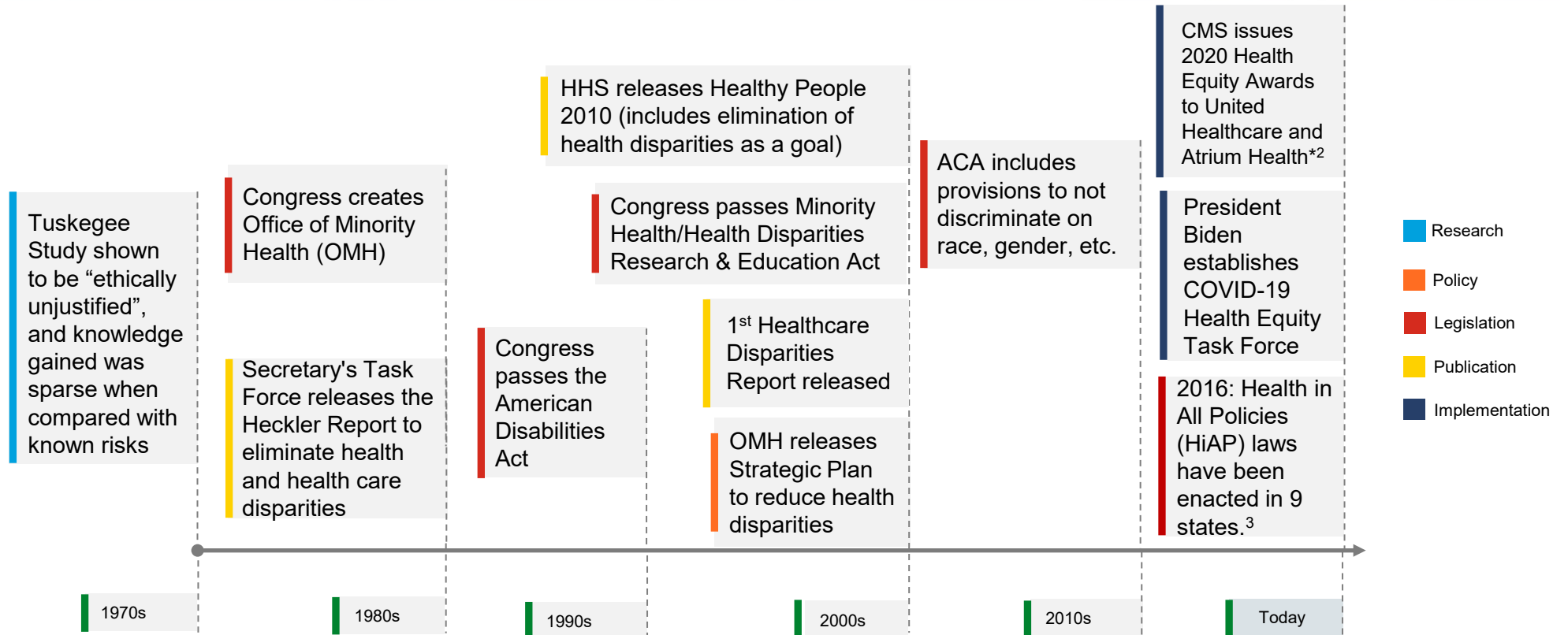
- Differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age

Social Determinants of Health

- Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks

We Know that a Focus on Health Equity Is Not New

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With both a disproportionate impact of the COVID-19 pandemic on marginalized communities and a national focus on racial equity, there is an impetus for more targeted initiatives to focus on disparities and health inequities

NOTE: Please note activities are not exhaustive, merely an illustration of the conversation around disparities

*The awards recognized efforts to reduce disparities in timely postpartum care for Black women and reduce the disparity gap in colorectal cancer screenings in Hispanic males, respectively

¹Think Cultural Health. “Health Equity Timeline.” Available [here](#).

²CMS. “CMS Health Equity Awards.” Available [here](#).

³The Policy Surveillance Program, A LAWAtlas Project. “Has A Health In All Policies (HiAP) law been enacted or amended in the jurisdiction?” www.lawatlas.org/datasets/hiap-laws

Multi-Stakeholder Approach to Addressing Health Equity Is Necessary for Change

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Objective: focus on collaborations that deliver equitable health care and health outcomes to diverse U.S. populations that suffer from longstanding disparities. Types of collaborations to consider include:

Partnerships

How do healthcare organizations partner with non-traditional stakeholders to advance health equity through connectivity, data, and access - and what do these types of partnerships yield?

Organizational Support

What are some examples of how organizations can support community-based infrastructure and other local organizations to deliver equitable care?

Policy and Advocacy

How do organizations engage in policy efforts and advance education around access barriers, best practices in data sharing and opportunities to advance equity?

Discussion on September 15th Will Focus on Digital Health, Data and Access

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Digital Health and Connectivity

- Telehealth: adoption of telehealth across different types of providers, patients' accessibility to telehealth, interoperability challenges
- Provider-facing tools and platforms: adequate reimbursement and coverage for adopting new digital health tools among insured and uninsured populations
- Broadband connectivity: establishment of technological infrastructure, measurement of digital equity, improvement of digital literacy



Data-Driven Healthcare

- Data collection: linkage to community-based organizations and resources, novel and non-traditional data sources, additional demographic stratification/aggregation
- Interpretation and dissemination of data: innovative analyses of data, translation of data into health equity initiatives
- Health equity metrics: development of scorecards, measures, and other tools using data



Access

- Access to healthcare: Medicaid expansion opportunities, supporting individuals in understanding and managing out-of-pocket costs, decentralization of clinical trials with incorporation of telehealth
- Redesign benefits and coverage: Integration of SDOH-related services, coverage of digital health solutions, inclusion of community services
- Improvement of provider reimbursement: support access to digital health solutions, data-driven decision-making, and referrals to community resources



Digital Health and Connectivity

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Telehealth

- There is limited uptake of telehealth services among underserved populations, including Medicaid patients and low-income and rural populations.¹
- Compared to hospitals in urban areas, rural hospitals are less likely to have HIE capabilities to routinely access patient information from providers in different settings.²
- During the pandemic, 33% of rural Americans lacked access to adequate broadband to support video-based telehealth visits.³

Provider-Facing Tools

- Compared to their non-Medicaid counterparts, Medicaid populations have lower adoption of mobile health tools for self-regulation and monitoring.⁴
- Although CMS expanded reimbursement for remote patient monitoring services during COVID-19, Medicare does not reimburse safety net providers for RPM (e.g., rural health centers).⁵

Broadband Connectivity

- 22% of Americans living in rural areas and 28% of Americans living on Tribal lands lacked access to broadband that met the minimum benchmark, compared to only 1.5% of those living in urban areas.^{6*}
- In 2016, 52% of U.S. adults reported having low levels of digital readiness and limited trust in the Internet.⁷

*FCC defines the minimum reasonable standard for broadband speed as 25 Mbps/3 Mbps.

HIE: Health Information Exchange; CMS: Centers for Medicaid and Medicare Services; RPM: Remote Patient Monitoring

1. Park et al. "Are State Telehealth Policies Associated With The Use of Telehealth Services Among Underserved Populations?" (December 2018). Available [here](#).

2. Chen et al., "Evaluating Telehealth Adoption and Related Barriers Among Hospitals Located in Rural and Urban Areas." (November 2020). Available [here](#).

3. FCC. "Connect2Health Data." Available [here](#).

4. Yang et al. "Patterns and Influencing Factors of eHealth Tools Adoption Among Medicaid and Non-Medicaid Populations..." (February 2021). Available [here](#).

5. PYA. "Providing and Billing Medicare for Remote Patient Monitoring and Treatment Management." (2021). Available [here](#).

6. FCC. "2020 Broadband Deployment Report." (April 2020). Available [here](#).

7. Horrigan. "Digital Readiness Gaps." (September 2016). Available [here](#).

Data Collection

- Lack of disaggregation by race and ethnicity masks existing disparities, which maintains inequities in resource allocation and access.¹
- CMS issued RFIs related to collecting health equity data in several CY2022 proposed rules, including: 1) collection of data elements that measure disadvantage and discrimination, and 2) collection of a standardized minimum set of demographic elements by hospitals at the time of admission.²
- Two-thirds of commercial health plans, half of Medicaid plans and more than a quarter of Medicare plans have race data missing for more than half of their membership, with ethnicity data sparser³

Interpretation and Dissemination of Data

- NY's Northwell Health System stratifies patient information by ReAL data to address workforce gaps, ensuring their diverse patient population is being served by a culturally competent workforce.⁴
- The DC Department of Health engaged community members in the dissemination of its "DC Health Equity Report" by using QR codes to distribute report findings and solicit feedback from the community.⁵

Health Equity Metrics

- Measurements of health equity include gaps in disparities or inequities—a reduction in these metrics indicates we are progressing toward achieving health equity.⁶
- VT convened a multi-sector HiAP Task Force to develop a statewide scorecard which tracks metrics across state agencies to measure progress towards health equity through cross-sectoral action and accountability.⁷

RFI: Request for Information; ReAL: Race, Ethnicity, and Language; HiAP: Health in All Policies

1. Kauh et al. "The Critical Role of Racial/Ethnic Data Disaggregation for Health Equity." (January 2021). Available [here](#).

2. CMS. "FY 2022 Medicare Hospital Inpatient Prospective Payment System and Long Term Care Hospital Proposed Rule." (April 2021). Available [here](#).

3. Manatt. Unlocking Race and Ethnicity Data to Promote Health Equity in California: Proposals for State Action. Available [here](#).

4. AHA. "Improving the Accuracy of ReAL Data." (May 2020). Available [here](#).

5. Salinsky. "Data-Driven Approaches to Achieving Health Equity." (January 2020). Available [here](#).

6. Liburd et al., "Addressing Health Equity in Public Health Practice: Frameworks, Promising Strategies, and Measurement Considerations." (January 2020). Available [here](#).

7. ASTHO. "Health in All Policies: Vermont's Push for Cross-Sector Collaboration Among State Agencies." Available [here](#).



Healthcare Access

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Access to Healthcare

- In 2018, 58% of the 27.3 million uninsured Americans were eligible for subsidized insurance coverage¹
- Typically, 70 percent of potential clinical trial participants live more than two hours from trial sites, so decentralization broadens trial access to reach a larger number and potentially a more diverse pool of patients²
- As of 9/12/21, 12 states have not adopted Medicaid expansion.^{3*}

Benefits and Coverage

- State Medicaid agencies have leveraged their DSRIP demonstrations, which link Medicaid funding to process and performance metrics, to integrate SDOH-related services into healthcare delivery.⁴
- Medicare Advantage plans have expanded supplemental benefits to include nonmedical benefits, e.g., broader use of transportation or meal delivery.⁵

Provider Reimbursement

- Gaps in coding and reimbursement for the use of remote patient monitoring technologies remain⁶
- Lack of sub-regulatory guidance has limited adoption of remote monitoring services among many providers.⁶
- In FY 2020, 31 states leveraged value-based reimbursement systems to contractually require Medicaid MCOs to screen enrollees for social needs and provide them with referrals to social services.⁷

*AL, FL, GA, KS, MS, NC, SC, SD, TN, TX, WI, WY

DSRIP: Delivery System Reform Incentive Payment; SDOH: Social Determinants of Health; RPM: Remote Patient Monitoring; MCO: Managed Care Organization

1. Tolbert et al. "Key Facts About the Uninsured Population." (November 2020). Available [here](#).

2. McKinsey and Company. No place like home? Stepping up the decentralization of clinical trials. Available [here](#).

3. KFF. "Status of State Medicaid Expansion Decisions." (August 2021). Available [here](#).

4. Artiga and Hinton. "Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity." (May 2018). Available [here](#).

5. Kornfield et al. "Medicare Advantage Plans Offering Expanded Supplemental Benefits: A Look at Availability and Enrollment." (February 2021). Available [here](#).

6. Jarrin et al. "Need for Clarifying Remote Physiologic Monitoring Reimbursement During the COVID-19 Pandemic: A Respiratory Disease Case Study." (March 2021). Available [here](#).

7. KFF. "10 Things to Know about Medicaid Managed Care." (October 2020). Available [here](#).

Additional Information Regarding the Summit

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Assistance and Support

- Please access the Summit using this Zoom Webinar [Link](#)
- If you have questions concerning the Summit, this presentation, or technical assistance accessing the meeting, please contact:
 - Lauren Bedel: lbedel@nehi-us.org; or
 - Mallory Yung: myung@avalere.com

Post-Summit Plans

- The discussions during this Summit will be used to inform a roadmap report that will be published later in the Fall of 2021.
- The roadmap will serve as a practical resources inclusive of practical ways different healthcare stakeholders can meaningfully collaborate to advance health equity