

Health Equity in Action: Understanding health inequities

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Health Equity in Action

Understanding health inequities

April 26, 2023



Housekeeping items



Now recording

A recording of this presentation will be shared with you via email.



Ask questions

Don't be shy! Use the **Q&A section** to submit questions to us directly.



Stay in touch

We'll provide contact information for all speakers at the end of the presentation.

Meet the speakers: panelists and moderator

Host



Kim Baich

Chief Diversity and Health
Equity Officer

PAN Foundation

Panelist



Joel Helle

Vice President of Physician
Service

CVS Specialty

Panelist



James Ridley, PharmD.

Senior Manager of Clinical
Affairs

PAN Foundation

Moderator



Dara Richardson-Heron, M.D.

Physician Executive, Patient Advocate,
Transformative Change Agent

Agenda

- **Introduction and welcome remarks**
- **Health equity primer**
- **Case study**
- **Panel discussion**
- **Questions**
- **Closing remarks**

We are a national, independent 501 (c)(3) organization dedicated to helping people with life-threatening, chronic, and rare diseases get the medications and treatments they need by assisting with their out-of-pocket costs and advocating for improved access and affordability.

SINCE 2004

1,000,000+

underinsured patients have received financial assistance from PAN.

\$4 billion+

in financial assistance provided by PAN.

Approximately 70

disease-specific funds offered by PAN at any given time.



HEALTH EQUITY WEBINAR SERIES

PAN seeks to help healthcare professionals and advocates acquire the practical knowledge needed to advance health equity in their patient care.

Our goal in hosting this webinar series is to empower healthcare professionals and advocates to implement practices that establish an equitable ecosystem for all patients.



Meet our speaker/moderator

“Physician by Trade, Advocate by Choice”

– Dara Richardson-Heron, M.D.

Physician Executive, Patient Advocate, Transformative Change Agent



Roadmap

Introductions

Health equity overview

- Define key terms
- The Cultural Humility Imperative and why it matters
- Root causes, structural/social drivers, and consequences of health inequities
- High level overview of key steps to help drive impact in the advancement of health equity

Case Study

- Real-world example demonstrating key tools, tactics, strategies and other steps organizations have successfully utilized to advance health equity

Questions and discussion

Definitions

Health equity*

When every person has the opportunity to “attain his, her or [their] full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”

Health disparities*

“Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.”

*Centers for Disease Control (CDC)

Definitions

Underserved populations*

Communities that include members of minority populations or individuals who have experienced health disparities.

Underserved populations may share one or more of the following characteristics:

- Receive fewer health care services.
- Face economic, cultural, and/or linguistic barriers to accessing health care services.
- Lack familiarity with the health care delivery system.
- Live in locations where providers aren't readily available or physically accessible.

**Department of Health and Human Services (HHS)*

Definitions

Vulnerable populations*

While underserved consumers have limited access to health care services, vulnerable consumers tend to experience more barriers to getting care.

Vulnerable populations may:

- Have high risk for health care problems
- Face significant hardships (e.g. financial, educational, housing)
- Have a limited ability to understand or give informed consent without using language services (e.g. patients with limited English proficiency)
- Lack the skills to communicate effectively in English

**Department of Health and Human Services (HHS)*



The Cultural Humility Imperative

♥ **CVS** specialty®

PAN Foundation

Definitions*

Culture

The attitudes, behavior, opinions and patterns of behavior shared by a society, or group of people.

Culturally competent care*

Respects diversity in the patient population and cultural factors that can affect health and health care, such as language, communication styles, beliefs, attitudes and behaviors.

Cultural proficiency*

Cultural proficiency is not just the acceptance of cultural differences, but rather is "a transformational process that allows individuals to acknowledge interdependence and align with a group other than their own. Culturally proficient health care, in particular, makes use of a patient's language and culture as tools to improve outcomes for that individual."



**American Academy of Family Physicians*

The Cultural Humility Imperative*

Cultural humility

Having a humble and respectful attitude toward people of other cultures. It involves ongoing self-exploration combined with a willingness to learn from others. It helps us recognize our cultural biases and realize that we can't know everything about a culture.

Three key principles:

1. We must continue learning throughout our lives because we are ever-changing based on what is going on with us and with our patients.
2. We must be humble about our level of knowledge regarding our patients' beliefs and values, aware of our own assumptions and prejudices, and active in redressing the imbalance of power inherent in the provider-patient relationship.
3. Finally, we must recognize the importance of institutional accountability.

* Melanie Tervalon; Jann Murray-Garcia, Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education, *Journal of Health Care for the Poor and Underserved*; May 1998; 9, 2; Research Library pg. 117

Root causes of health disparities

Racism and
discrimination

System and policy
level structural
drivers of health

Population and
community level
social drivers of
health

Health care system
and organizational
level

Individual level

Racism and discrimination

Classism, Sexism, Religious Intolerance,
Xenophobia, Ageism, Ableism, Heterosexism

System and policy level (structural drivers of health)

Racist, Unjust Policies, Unequal Distribution of Power,
Inequitable Investment in Communities, Exclusion

Population and community level (social drivers of health)

Availability of good-paying jobs, access to healthy foods, availability of affordable housing, access to quality education, convenient and affordable options for transportation, safety of neighborhoods

Healthcare system and organization level

Accessibility of providers, affordability of medications; access to affordable health insurance; availability of culturally and linguistically appropriate services and providers; quality of care

Individual level

Diet, exercise, etc.

Health inequities

Socioeconomic/Geographic	Disease specific	Racism/Conscious or unconscious bias
<p>The richest 1% of the U.S. population live approximately 14.6 years longer than the poorest 1%.</p> <p>Rural Americans are more likely to die from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke than their urban counterparts.</p>	<p>Hispanics/Latinos experience disproportionately high rates of diabetes, metabolic syndrome, and end stage renal disease.</p> <p>Racial/ethnic, gender, and sexual minorities often suffer from poor mental health outcomes.</p> <p>Age-adjusted suicide rates are highest among non-Hispanic American Indian/American Native people and non-Hispanic white people compared to other racial and ethnic groups.</p>	<p>> 56% of LGB, >70% of transgender individuals and > 90% of people with disabilities report experiencing discrimination in a healthcare setting.</p> <p>Older populations may not be given the option to consider newer and innovative treatments.</p> <p>Black women are 3X more likely to die from a pregnancy-related cause than white women.</p>

Sources:

- Chetty R, Stepner M, Abraham S, et al. The Association Between Income and Life expectancy in the United States, 2001-2014. JAMA. 2016;315(16):1750-1766.
- CDC: About Rural Health [cdc.gov](https://www.cdc.gov/rural/)
- CDC.gov and National Healthcare Quality and Disparities Reports <http://nhqrnet.ahrq.gov/inhqrdr/data/query>
- American Psychiatric Association: Mental Health Disparities: Diverse Populations [psychiatry.org](https://www.psychiatry.org/)
- National Healthcare Quality and Disparities Reports and US Department of Health and Human Services Office of Minority Health https://legacy.lambdalegal.org/sites/default/files/publications/downloads/whcic-report_when-health-care-isnt-caring.pdf
- Habr, D. We Must End Ageism in Cancer Clinical Trials. Scientific American. June 14, 2022
- <https://www.nytimes.com/2020/12/30/upshot/suicide-demographic-differences.html>
- <https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Diverse-Populations.pdf>



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discrimination

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Health care system
and organizational
level

Individual level

Key steps towards advancing health equity

1. Collect the right data and use it to identify health disparities, priority populations and potential programs, services & supports that align with your mission.
2. Define the goals and key elements of your organization's health equity strategy and align to performance.
3. Make sure organizational leadership is committed, and the appropriate level of financial and human capital are allocated to ensure success.
4. Engage your community using the Cultural Humility Imperative. Determine what natural alliances and partnerships your organization needs to implement an impactful health equity strategy (Remember the phrase: “Nothing about us without us!”).
5. Monitor/evaluate progress & provide regular updates on impact data, even publish outstanding work!

Key steps towards advancing health equity, continued

6. Lead by example. Demonstrate equity, empathy, respect, compassion and trust as key values externally and in your own organization.
7. Increase awareness internally and externally! Make sure that all key stakeholders are aware of your programs and know that your organization is an advocate, “leading the conversation” with the right partners, in the “rooms where it happens.”
8. Meet your constituents **wherever they are!**
9. Equitably allocate your time and resources to individuals/communities with the greatest needs. Always consider the impact of social drivers of health.
10. Remember: advancing health equity is a **team sport!** Authentic, culturally sensitive engagement from every member of your team is necessary to ensure that programs are user friendly, equitable, easy to access and most importantly, **impactful!**

CVS initiatives and case study

Joel Helle

Vice President of Physician Services
CVS Specialty

Our Health Equity Vision

CVS Health will be the industry leader in advancing health equity for our colleagues, consumers, clients, and communities by improving trust, access and quality of health for historically marginalized communities.

Our Health Equity definition

Everyone has a fair and just opportunity to be as healthy as possible



Fair and just

regardless of race, ethnicity, gender, sexual orientation, gender identity, preferred language, religion, geography, income or disability status



Healthy

means a complete state of physical, mental, and social well-being that is impacted by clinical and non-clinical drivers of health



Recognition of racism and discrimination

as key drivers of health outcomes, and the importance of working with communities to remove barriers to health



CVS Health Enterprise has committed to **4 key tactics** to decrease disparities and improve outcomes

- ✓ Data-informed strategies
- ✓ Culturally responsive patient education and care management
- ✓ Addressing social barriers to care
- ✓ Empowered providers



CVS HEALTH INITIATIVES

Addressing disparities within numerous conditions of focus

Enterprise Bold Actions

Women's Health

Mental Health

Heart Health

Specialty & Rare Conditions

Sickle Cell Disease (SCD)

HIV / Sexual Health

Pulmonary Arterial Hypertension (PAH)

Oncology



We have built a proprietary SDoH tool to better identify at-risk members and enhance our ability to address disparities in care



- Our comprehensive data set includes:
 - Member assessments through internal metrics
 - Various external sources (i.e. CDC, USDA, EPA, HRSA, community and third-party data)



- Standardized risk-profiling allows CVSH to:
 - Identify and analyze member disparities
 - Develop interventions to close gaps in care

Our focus is on social drivers of health (SDoH)

Economic condition

Education

Employment

Food access

Health care access

Health infrastructure

Housing

Transportation

Leveraging our assets and partnerships to improve outcomes and decrease disparities



Within local communities

Partnering with local and state organizations to bring meaningful solutions to patients

- Faith and community-based
- Local workforce and job training
- Mental health advocacy and support
- County and state Departments of Health
- Federal partners (NIH, CDC, HHS)



Throughout the nation

Maximizing strategies through our unique assets and relationships

- Physicians
- Health systems and institutions
- CVS presence
- Key national partnerships

We make access to care for patients easier by engaging and connecting with prescribers

In the physician's office



Creating transparency to cost, benefit design and medication history*

In the pharmacy



EHR connectivity eases administrative burden and simplifies patient onboarding

Behind the scenes



Driving cost savings for payors and their members using PBM capabilities*

Ongoing care



Delivering ongoing clinical support and connecting patients with financial assistance programs



We've looked at **Prior Authorization (PA) initiations** to better understand and address health disparities for at-risk members



Background

Our analysis shows lower rates of PA initiations across specific geographies with increased density of members with one or more SDoH needs

Our objectives

Understand specific challenges and barriers

Partner with providers and internal teams

Increase rates of PA initiations and reduce delays in accessing medications

Targeting

Initial focus on physician offices in 3 geographies:

- Bronx, NY
- Chicago, IL
- Miami, FL

Prescriber outreach campaigns on ICD 10 coding for Sickle Cell Disease (SCD) patients

To-date

In process of designing interventions

Looking to expand ICD 10 coding education beyond Specialty and PBM

James Ridley, PharmD.

Senior Manager of Clinical Affairs
PAN Foundation

Language barriers impacted patient care outcomes

Challenges

- Communication and translation
- Patients' overall health status suffered

Solutions

- On-demand in-language services
 - Bilingual staffing & translation
- In-language education materials
 - Signage, FAQ's
- 1:1 patient support
 - Teach-back method



Positive results in reducing language barriers



Increased medication prescription adherence

Educated patients about the risk of drug interactions and side effects



Improved patient retention and loyalty to healthcare providers after implementing 1:1 patient support



Increased trust within the local Spanish-speaking patient community



Reduce barriers by building trust and community outreach



Address trust issues

- Show empathy, understanding
- Diversify staff
- Recognize historical trust concerns
- Find ways to connect with patients who look like you



Increase visibility

- Participate in health fairs, community events
- Offer free health screenings
- Meet patients in faith-based or other local settings



Use health literacy principles in your practice

- Plain language
- Interactive communication
- Visual aids

Make healthcare more equitable to improve patient outcomes for all

- **Meet patients where they are**
- **Understand social drivers of health, such as:**
 - Discrimination
 - Socioeconomics
 - Implicit bias
- **Mentor next generation of healthcare professionals**
- **Ensure access to high-quality services**



Questions and discussion

What's next?

- **The next webinar in the Health Equity in Action series will be Thursday, June 22, 2023.**
- **In our next webinar we will:**
 - Learn about lessening barriers to mental health services
 - Hear from panelists as they discuss barriers they and their patients have faced accessing mental health

Thank you!

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