### Health Equity in Action: Understanding health inequities

## The webinar will begin soon!



Dial-in number: +1 305-224-1968 Webinar ID: 895 8975 7373 Passcode: 897 011



## Please check your audio







# Health Equity in Action Understanding health inequities

April 26, 2023

**CVS** specialty<sup>®</sup>







## Housekeeping items





#### Now recording

#### Ask questions

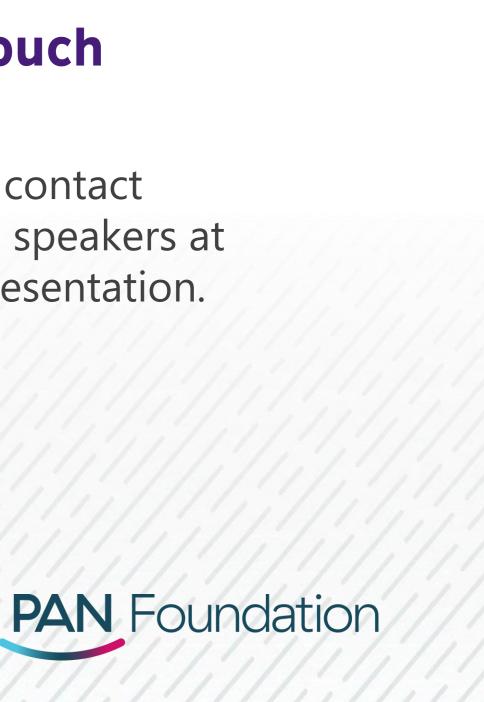
A recording of this presentation will be shared with you via email. Don't be shy! Use the **Q&A** section to submit questions to us directly.





#### Stay in touch

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



### Meet the speakers: panelists and moderator







**Kim Baich** Chief Diversity and Health **Equity Officer** 

**PAN** Foundation

#### 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





- 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.
- Lack familiarity with the health care delivery system.

\*Department of Health and Human Services (HHS)

Face economic, cultural, and/or linguistic barriers to accessing health care services.

Live in locations where providers aren't readily available or physically accessible.





## 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)
- services (e.g. patients with limited English proficiency)
- Lack the skills to communicate effectively in English

\*Department of Health and Human Services (HHS)

Have a limited ability to understand or give informed consent without using language









# The Cultural Humility Imperative







## **Definitions\***

#### Culture

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





## 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:

- what is going on with us and with our patients.
- power inherent in the provider-patient relationship.
- Finally, we must recognize the importance of institutional accountability. 3.

\* 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



1. We must continue learning throughout our lives because we are ever-changing based on

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







## Root causes of health disparities

### Racism and discrimination

### Health care system and organizational level



### System and policy levelstructural drivers of health

Population and community level social drivers of health



### Individuallevel





## **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









## Health inequities

#### Socioeconomic/Geographic

#### Disea

The richest 1% of the U.S. population live approximately 14.6 years longer that the poorest 1%.

Rural Americans are more likely to die from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke than their urban counterparts.

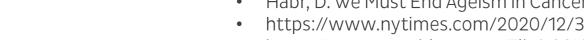
Hispanics/Latino experience dispr rates of diabetes and end stage re

Racial/ethnic, ge minorities often health outcome

Age-adjusted su among non-Hisp Indian/American non-Hispanic wł to other racial ar

Sources.

- CDC: About Rural Health cdc.gov
- 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
- 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





ase specific	Racism/Conscious or unconscious bias
OS	
roportionately high es, metabolic syndrome, enal disease.	> 56% of LGB, >70% of transgender individuals and > 90% of people with disabilities report experiencing discrimination in a healthcare setting.
ender, and sexual	discrimination in a meaturicate setting.
	Older populations may not be given th option to consider newer and innovative treatments.
uicide rates are highest panic American n Native people and hite people compared nd ethnic groups.	Black women are 3X more likely to die from a pregnancy-related cause than white women.

• 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.

https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Diverse-Populations.pdf







## Root causes of health disparities

### Racism and discrimination

### Health care system and organizational level



### System and policy levelstructural drivers of health

Population and community level social drivers of health



### Individuallevel





## Key steps towards advancing health equity

- programs, services & supports that align with your mission.
- performance.
- human capital are allocated to ensure success.
- and partnerships your organization needs to implement an impactful health equity strategy (Remember the phrase: "Nothing about us without us!").
- 5. work!



1. Collect the right data and use it to identify health disparities, priority populations and potential

2. Define the goals and key elements of your organization's health equity strategy and align to

3. Make sure organizational leadership is committed, and the appropriate level of financial and

4. Engage your community using the Cultural Humility Imperative. Determine what natural alliances

Monitor/evaluate progress & provide regular updates on impact data, even publish outstanding



## 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.
- the right partners, in the "rooms where it happens."
- 8. Meet your constituents wherever they are!
- Always consider the impact of social drivers of health.
- equitable, easy to access and most importantly, **impactful**!



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

9. Equitably allocate your time and resources to individuals/communities with the greatest needs.

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,





# CVS initiatives and case study







## JoelHelle

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.



#### Fair and just

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



### **Our Health Equity definition** Everyone has a fair and just opportunity to be as healthy as possible



#### 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







©2023 CVS Health and/or one of its affiliates. Confidential and proprietary

**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





**DATA-INFORMED STRATEGIES** 

### 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







#### **ADDRESSING SOCIAL BARRIERS TO CARE**

# 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)

**CVS** specialty<sup>®</sup>



#### Throughout the nation

Maximizing strategies through our unique assets and relationships

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



#### **EMPOWERED PROVIDERS**

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

#### In the physician's office



In the pharmacy



Creating transparency to cost, benefit design and medication history\*

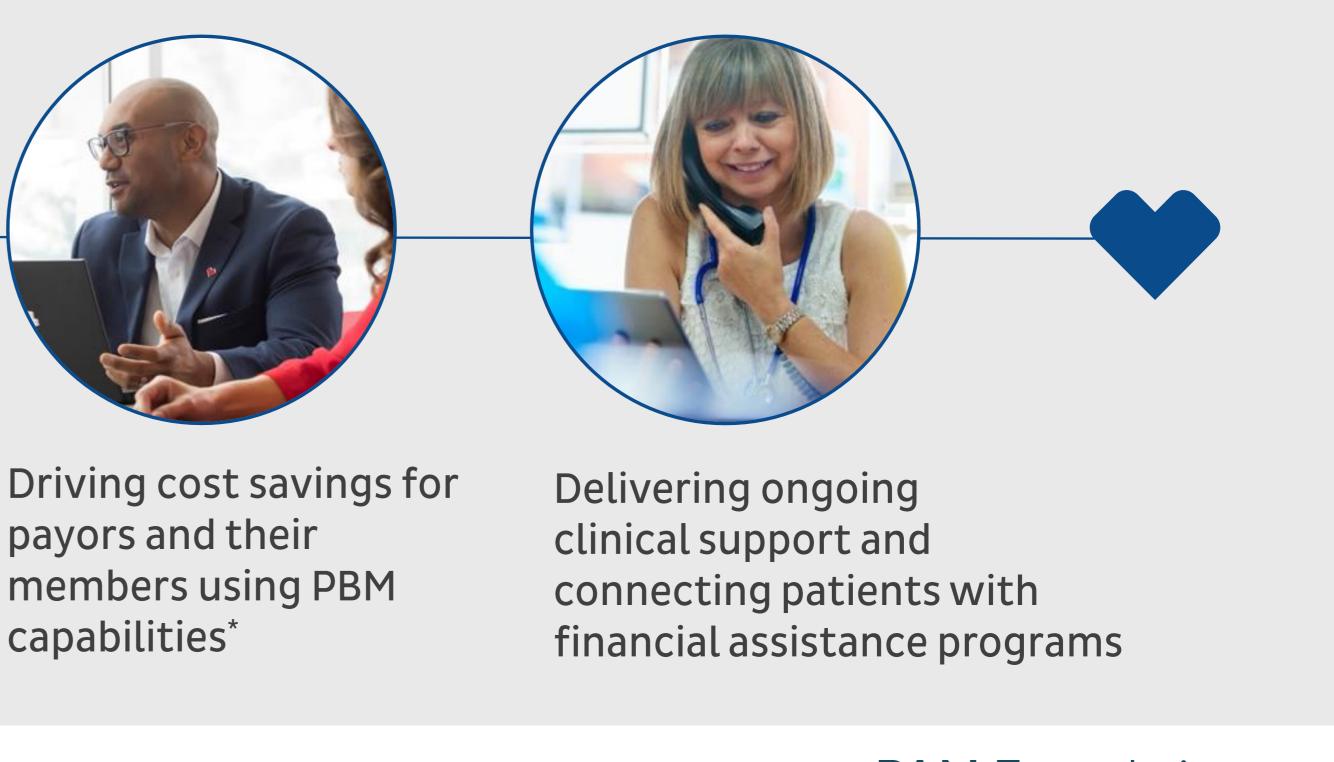
EHR connectivity eases administrative burden and simplifies patient onboarding



\*Available for PBM clients and CVS Caremark members only.

#### **Behind the scenes**

Ongoing care





## 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

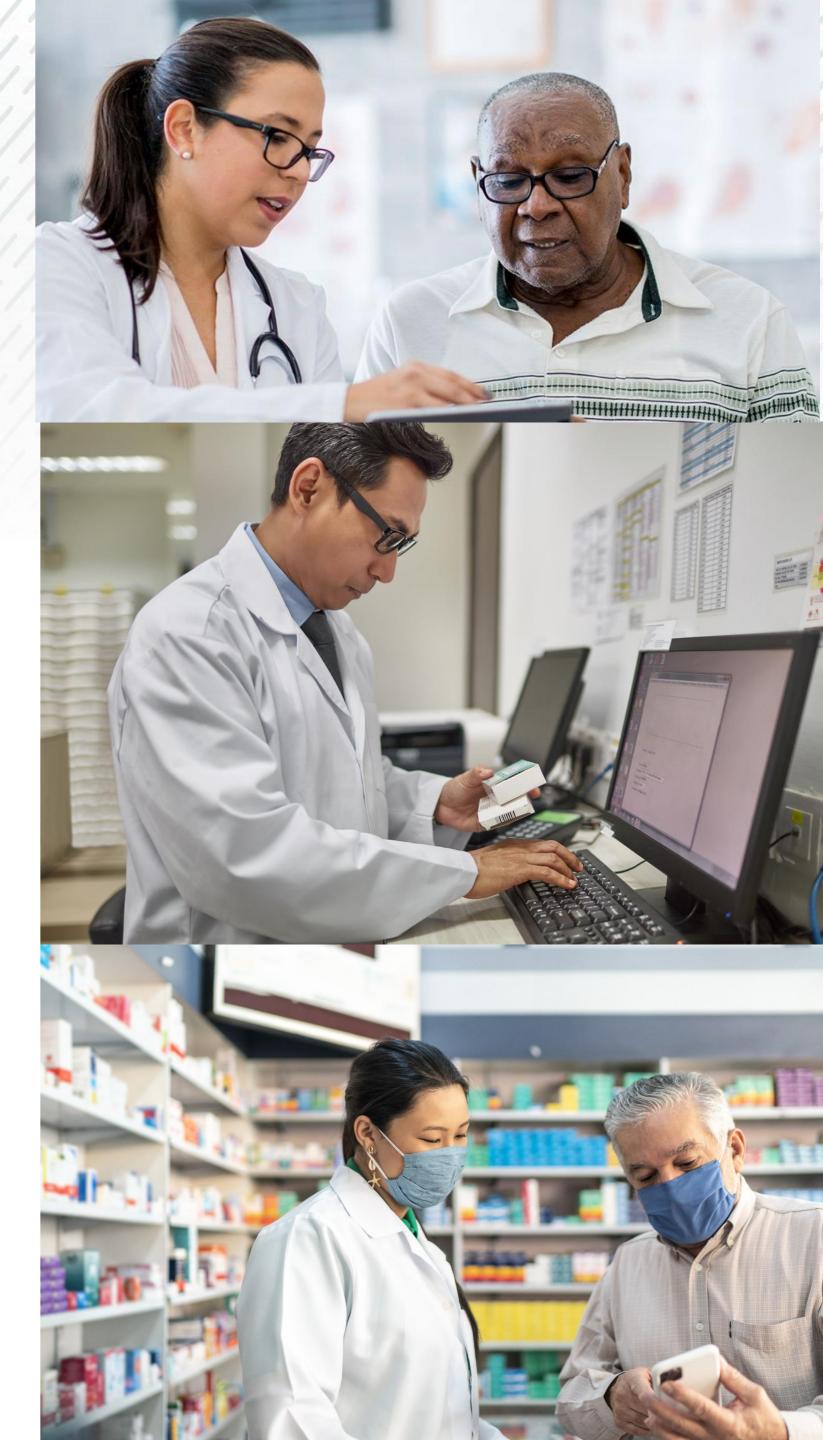
#### Challenges

 Communication and translation

Patients' overall health status suffered

#### Solutions

- On-demand in-language services Bilingual staffing & translation ullet
- 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 Spanishspeaking patient community





Reduce barriers by building trust and community outreach



#### **Address trust issues**

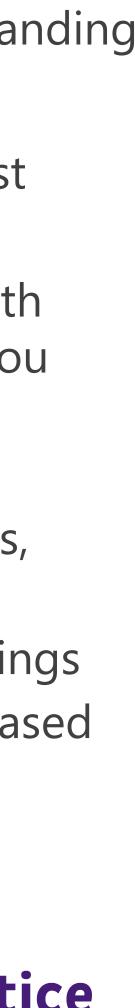
- Show empathy, understanding
- Diversify staff
- Recognize historical trust concerns
- Find ways to connect with patients who look like you

#### **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?

June 22, 2023.

#### • In our next webinar we will:

- Learn about lessening barriers to mental health services
- accessing mental health



#### The next webinar in the Health Equity in Action series will be Thursday,

Hear from panelists as they discuss barriers they and their patients have faced





# Thank you!

#### CONTACT

#### Kim Baich

Chief Diversity and Health Equity Officer PAN Foundation kbaich@panfoundation.org

#### Dara Richardson-Heron, M.D.

Physician Executive, Patient Advocate, Transformative Change Agent doctordara1@icloud.com



#### Joel Helle

Vice President of Physician Services CVS Specialty Joel.Helle@CVSHealth.com

#### **James Ridley, PharmD.** Senior Manager of Clinical Affairs PAN Foundation

jridley@panfoundation.org



