



Advancing Health Equity through System Transformation: Strengthening the Evidence Base to Achieve Health Equity

Sinsi Hernández-Cancio, Director of the Center on Health Equity Action

Denisse Sanchez, Policy Analyst

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Speakers



Sinsi Hernández-Cancio

Director of the Center on Health Equity Action for System Transformation, Families USA



Denisse Sanchez

Policy Analyst, Families USA

Agenda

- I. Center on Health Equity Action for System Transformation
- II. Evidence for Equity Initiative
- III. Questions and Answers



CENTER ON

HEALTH EQUITY ACTION

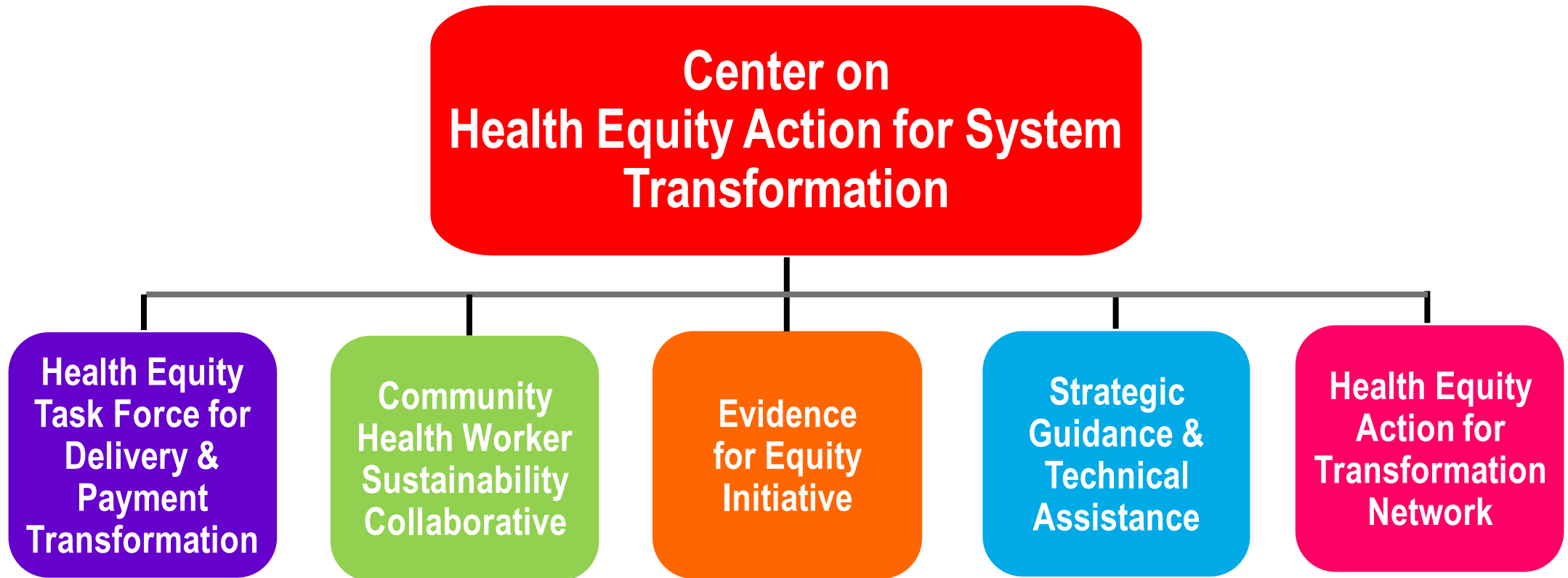
FOR SYSTEM TRANSFORMATION

AT **FAMILIESUSA**

Center on Health Equity Action for System Transformation Objectives

- ▲ **Build and fuel a movement for equity-focused health care system transformation** by galvanizing and coordinating action among diverse organizations and community leaders.
- ▲ **Channel and translate the power of the most innovative thinking** from top thought leaders and policy experts into concrete, actionable strategies and recommendations for community leaders, stakeholders, and decision-makers to use.
- ▲ **Work with leaders who represent communities of color and other underserved groups to enhance their capacity** to elevate the urgency of tackling inequities through health system reform and engage effectively in system transformation by providing critical strategic guidance, training, tools, and technical support.

Center on Health Equity Action for System Transformation Initiatives



WHY?

Health system transformation will only succeed if it solves for health equity

Cost of Health Inequities

- Moral Cost = 3.5 million lost life years
- Health Care System Cost = \$93 billion
- Economic Costs = \$135 billion
- By 2050 fixing health inequities will add \$230 billion yearly to the US Economy.

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Demographic imperative to fix them quickly

- 2011: majority of births of color
- TODAY: Majority of kids under ten are of color
- 2020: 18 and under
- 2045: entire nation

Divergent health system transformation paths



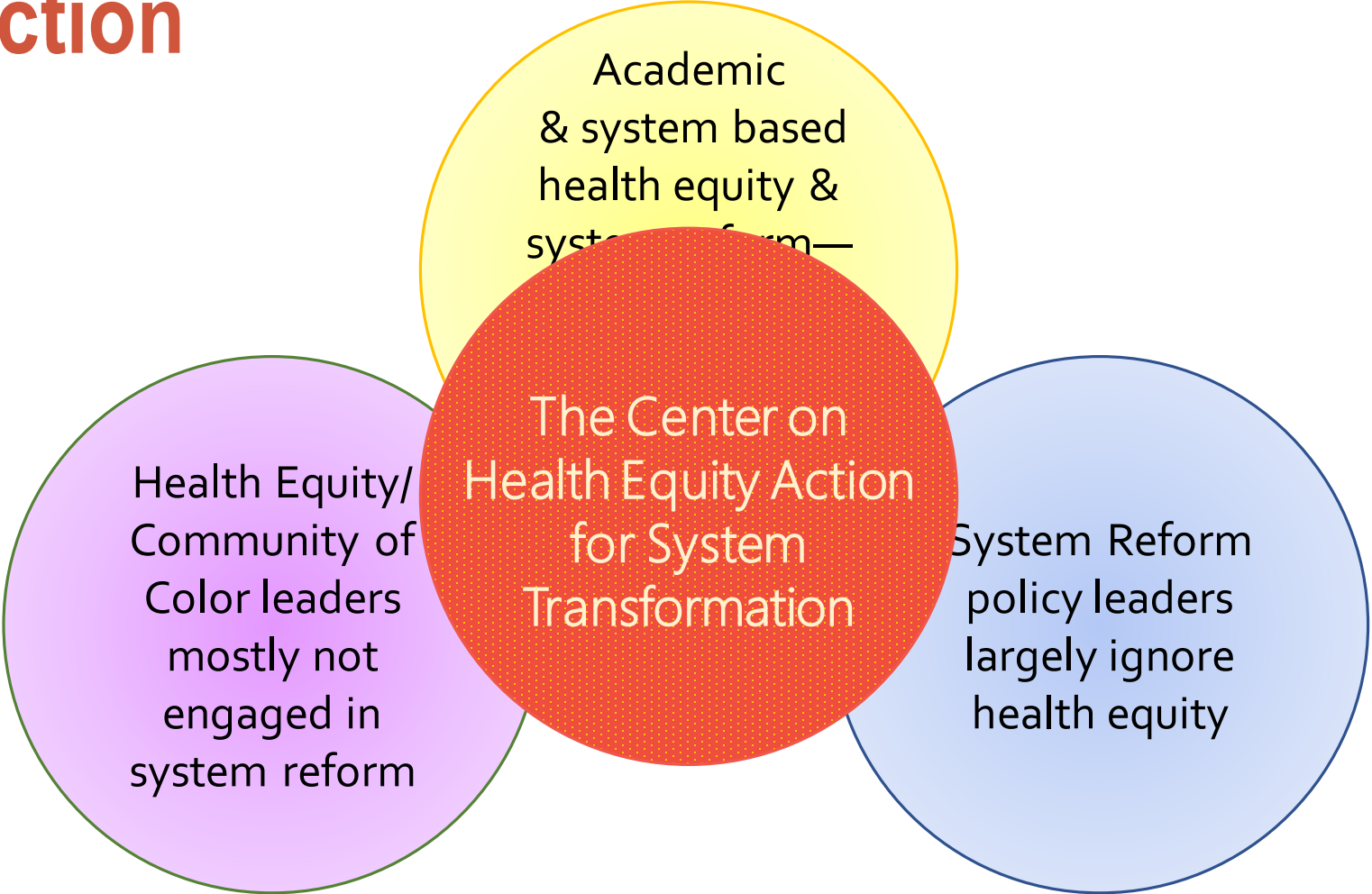
Problem: silos and no representation

Health Equity/
Community of
Color leaders
mostly not
engaged in
system reform

Academic
& system based
health equity &
system reform—
not translated to
policy
development &
advocacy

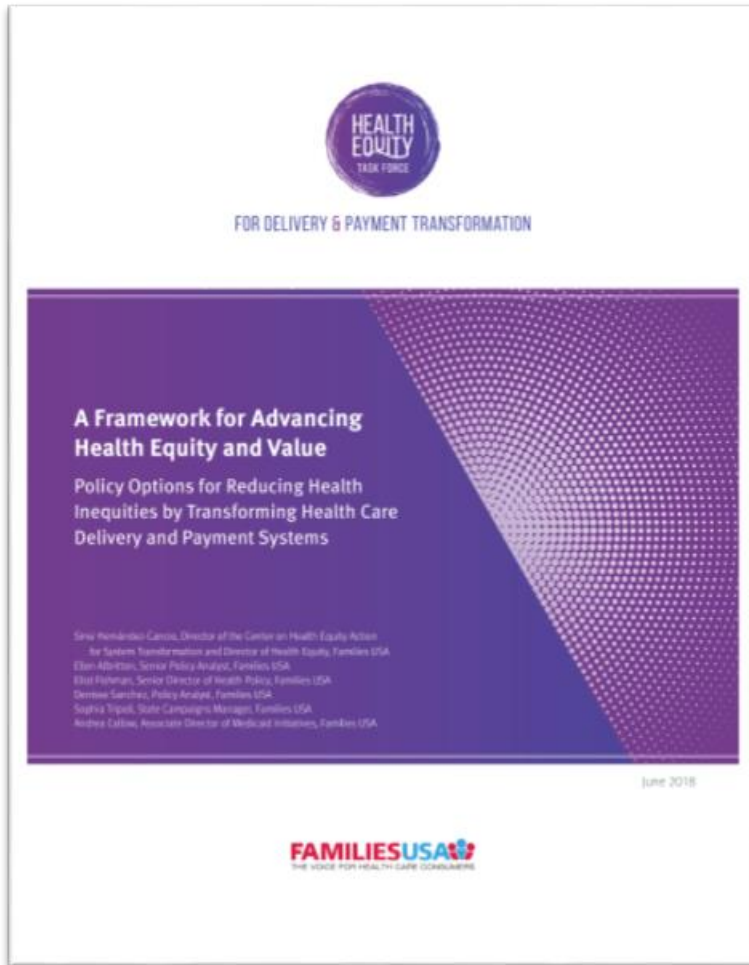
System Reform
policy leaders
largely ignore
health equity

Solution: a National Center to Bridge Silos and Catalyze Action



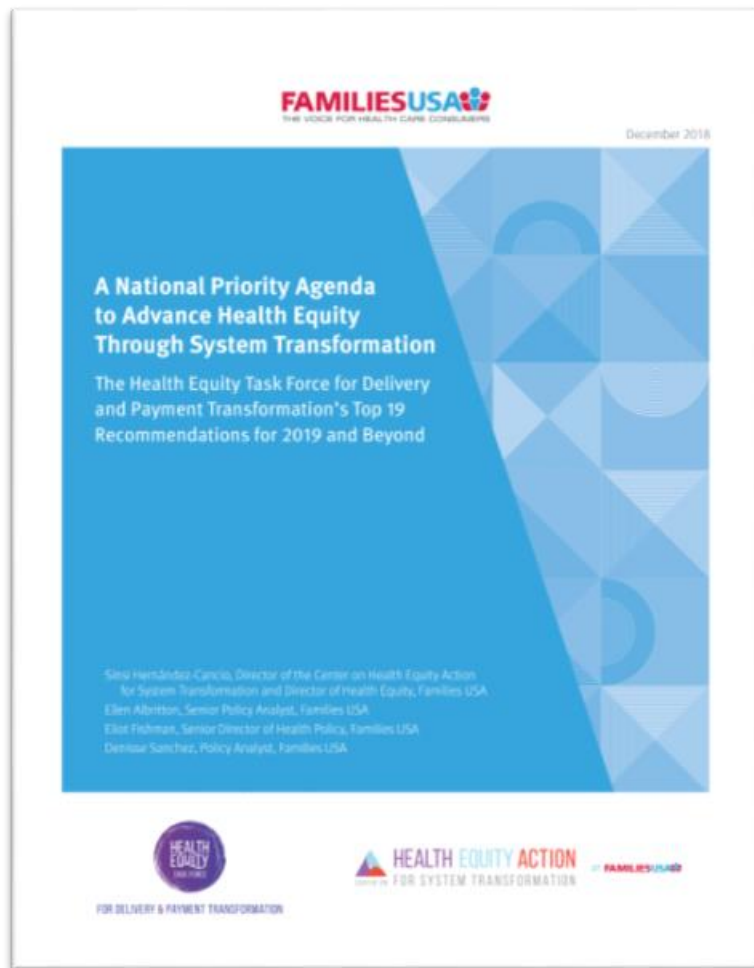
Our Work

A Framework for Advancing Health Equity & Value



- ▲ Guidance on achieving meaningful inclusion of community leaders in decision making
- ▲ Rubric for assessing health equity impact of programs and policies
- ▲ Framework of six domains needing action to achieve a transformed, efficient, high value, high quality, and **EQUITABLE** health system
- ▲ 86 concrete policy options for the six domains, across the federal, state, and private sector levels

A National Priority Agenda: 19 for 2019 and Beyond



- ▲ Consensus Top Recommendations from Task Force
- ▲ Prioritizes top 2-4 recommendations by domain
- ▲ Total of 19 recommendations, 17 actionable at the state level

Policy Domains for Achieving a Transformed, High-Value, Equitable Health Care System

Payment Systems that Sustain and Reward High-Quality, Equitable Health Care

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Equity-Focused Measurement
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Evidence Base that is Transparent and Representative

Policy Domains for Achieving a Transformed, High-Value, Equitable Health Care System

Growing a Diverse
Health Care Workforce
that Drives Equity and Value

Payment Systems that Sustain and Reward
High-Quality, Equitable Health Care

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that Accelerates Reductions in Health Inequities

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Policy Domains for Achieving a Transformed, High-Value, Equitable Health Care System

Investing to Support
**Safety Net and Small
Community Providers**
in Delivery System Reform

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**Safety Net and Small
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Growing a Diverse
Health Care Workforce
that Drives Equity and Value

Building Robust
and Well-Resourced
Community Partnerships

Payment Systems that Sustain and Reward
High-Quality, Equitable Health Care

Equity-Focused Measurement
that Accelerates Reductions in Health Inequities

Evidence Base that is Transparent and Representative



Evidence
for Equity
Initiative

Roadmap

- **The Problem:** Our current evidence base is not representative or transparent
- **Key Terms:** Research methods to strengthen the evidence base
- **Potential Solutions:** Comparative Effectiveness Research (CER) and Patient-Centered Outcomes Research (PCOR)

The Problem

Underlying Limitations of Current Evidence

THE FACTS

- “Evidence-based” medicine is the foundation of value based care.
- Most treatments provided in the U.S. are not well-supported by evidence (Institute of Medicine).
- Historically, health systems and clinical research have excluded communities of color and other groups.

THE QUESTIONS

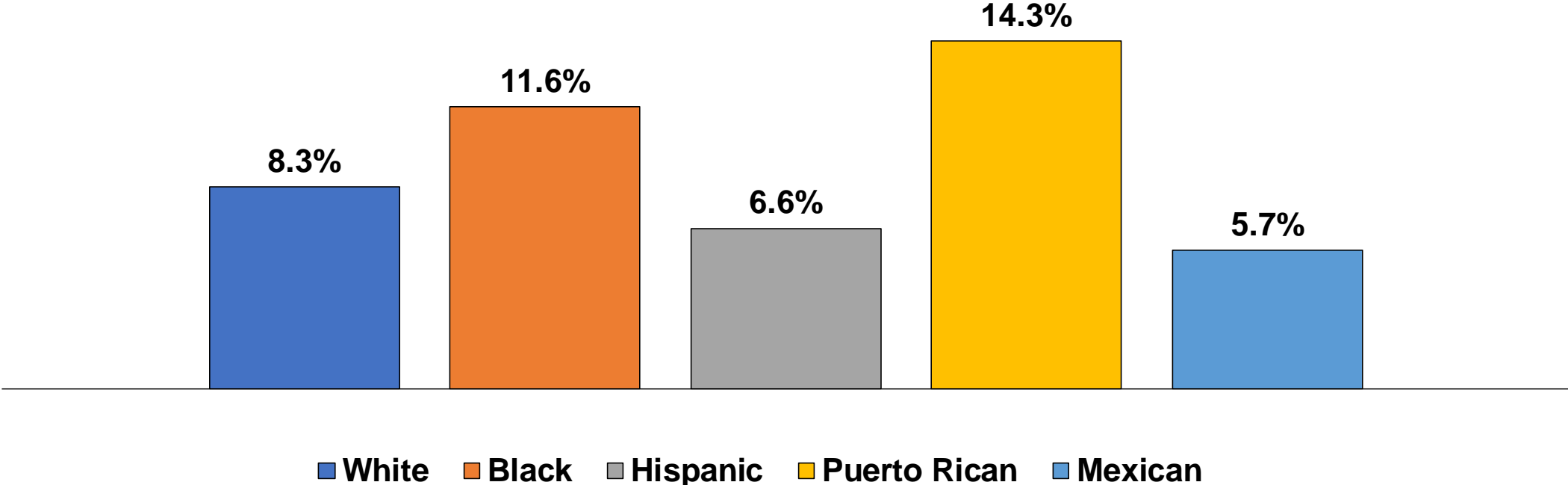
- Can health care system transformation solve for equity if the evidence it relies on is neither representative nor transparent?
- Are we reinforcing inequities by building a system based on incomplete and biased data?

Background

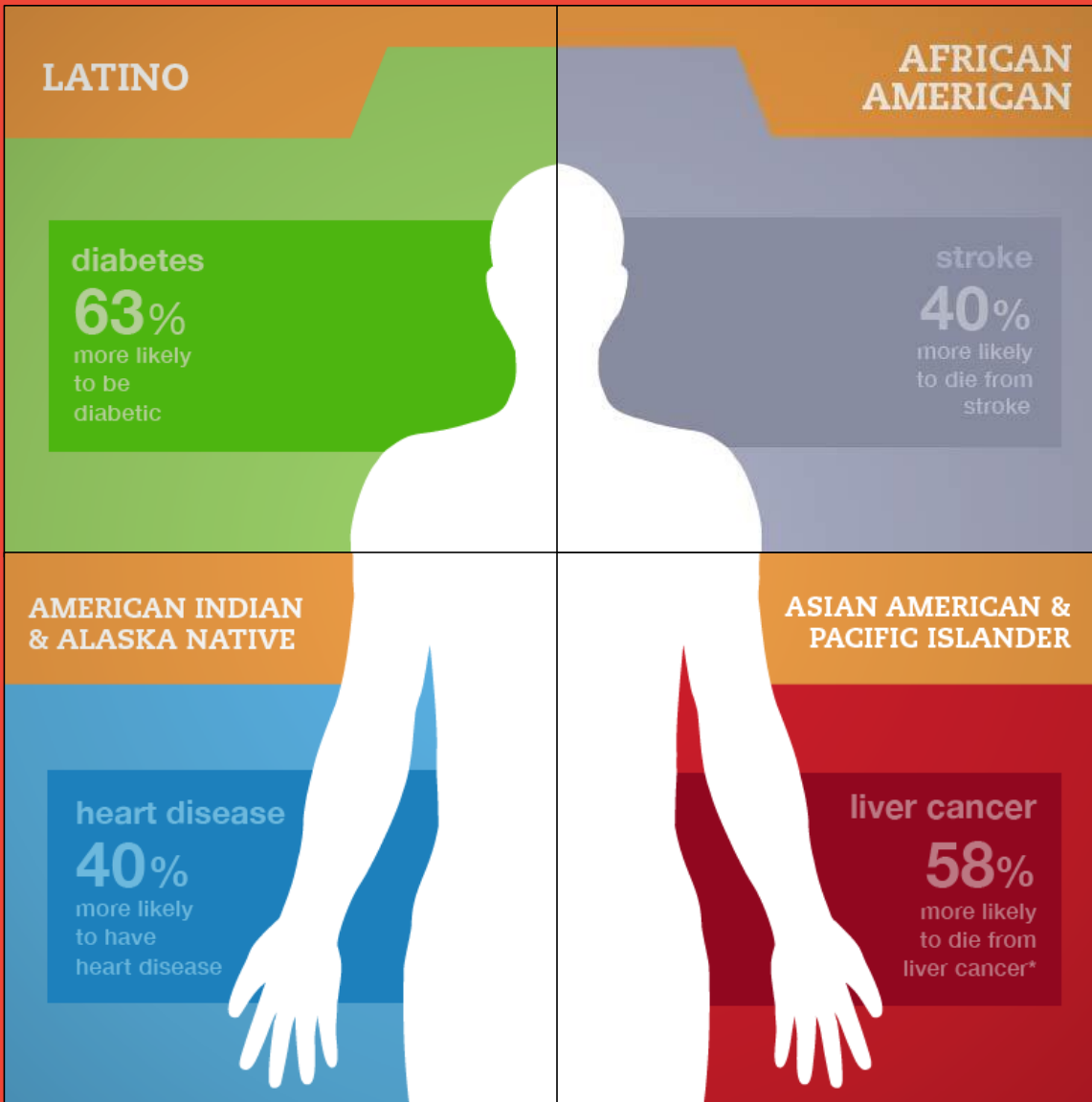
1. Medical research has focused on average effectiveness and safety of medications, medical devices, and treatments.
2. Research subjects have mostly been young white males, but results are generally assumed to apply to everyone, defaulting into a “one-size-fits-all” approach.
3. Even when subjects are more diverse, researchers don’t always disaggregate data.
4. Research generally focuses on what scientists, providers, and payers want to know, and rarely on what matters most to people.

Significance of Subgroup Analysis

Percent with Current Asthma (2016)



Centers for Disease Control and Prevention. (n.d.) *Most Recent Asthma Data*. Retrieved February 19, 2019.



Health Inequities

So why have some communities been underrepresented in research?

Barriers to Participation of Communities of Color in Research

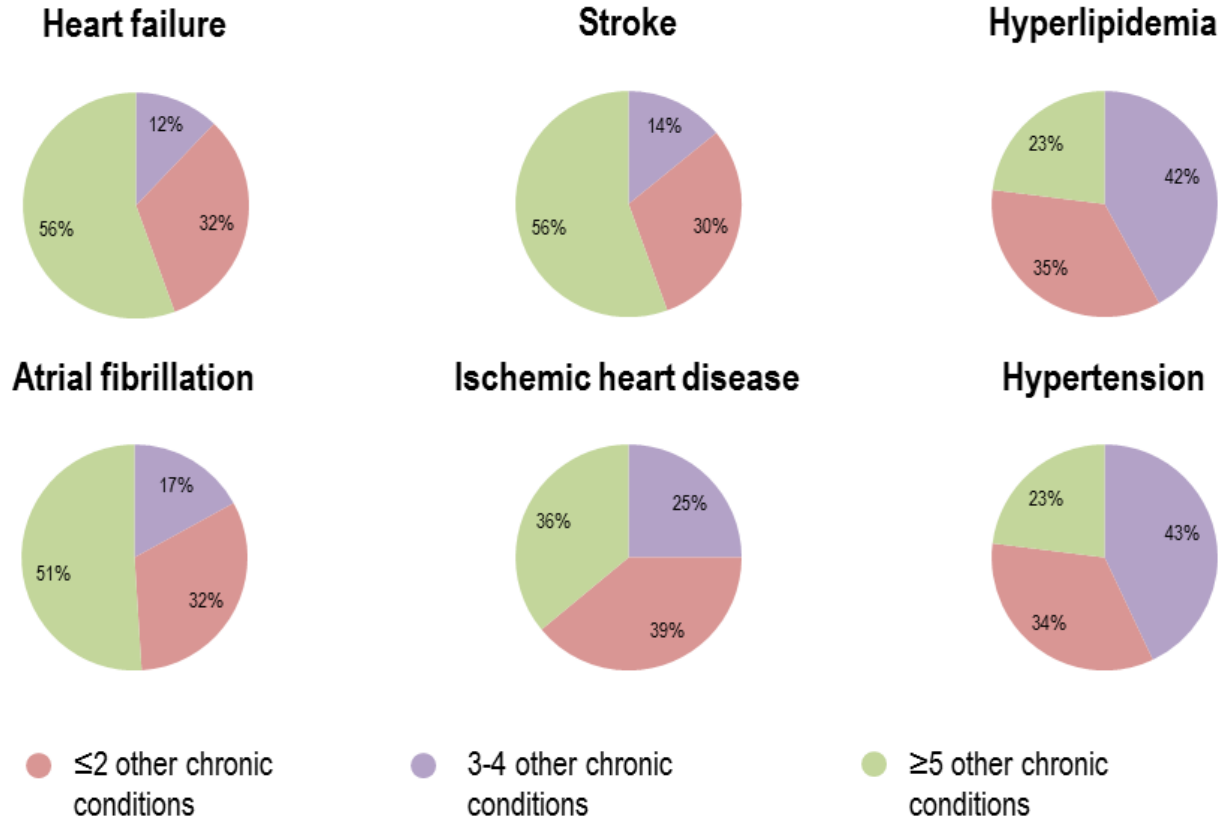
1. Mistrust resulting from a long history of gross unethical research practices.
2. Paucity of researchers of color.
3. Inadequate researcher training to undertake studies among communities of color.
4. Financial challenges.



Clinical Research Gap

- African American and Latinos constitute 33% of the total U.S. population, but only 6% of all participants in federally funded studies.
- Less than 5% of federally funded lung disease research has focused on people of color in the last 20 years despite higher prevalence of lung-related diseases and mortality among African Americans.
- Racial and ethnic minorities have the highest burden of cancer but are the primary target of less than 2% of the National Cancer Institute's clinical trials.

People with Co-Morbid Chronic Conditions



Rich, M.W. (September 2016). *Multimorbidity in Older Adults with Cardiovascular Disease*.

Negative Impact of Clinical Research Gap

- **Asthma Medication and Puerto Ricans and African Americans**
 - Higher rates of asthma compared to whites
 - Albuterol, the first-line treatment for asthma attacks is less effective
 - Higher likelihood to go to ER for asthma attacks
 - More likely to die from asthma.
- **Blood Thinner and Native Hawaiians and Pacific Islanders**
 - Coronary heart disease diagnoses are triple that of whites.
 - 75% of Pacific Islanders have a genetic trait that causes adverse effects from clopidogrel, a common blood thinner used to prevent strokes and heart attacks, increasing their risk of the very condition it was formulated to prevent.
- **Blood Thinner and Asian Americans**
 - 86% of Asian Americans are hypersensitive to warfarin, a common blood thinner. At higher doses they would be at risk of excessive bleeding.

Critical Need for Representation

Incorrect assumptions will contribute to:

- Widening inequities
- Poor health outcomes
- Rising costs

Potential Solutions: CER and PCOR

Key Terms

- **Randomized clinical trials (RCTs):** Considered the gold standard of research methods. Participants are divided randomly into separate groups that test a treatment vs a different treatment, or a placebo. Chance creates groups that are similar enough to allow for a fair comparison of results and arrive at an average.
- **Comparative effectiveness research (CER):** Research that compares the benefits and harms of two or more existing health care options to determine which works best for which patients.
- **Patient-centered outcomes research (PCOR):** Research compares two or more existing health care options to determine which works best for which patients, and under which circumstances, based on the needs, preferences, and outcomes most important to patients and those who care for them.

Comparative Effectiveness Research

	CER	RCT
Setting	Variety of settings, including community based; “real-world settings”	Mostly academic settings
Participants	Diverse populations and subgroups; “real-world populations”	Those with access to academic settings
Criteria	Inclusionary	Exclusionary
Outcomes	Designed to tease out variations	Aggregated; average

Patient-Centered Outcomes Research

PCOR helps people and their caregivers communicate and make informed health care decisions, allowing their voices to be heard in assessing the value of health care options. This research answers patient-centered questions like:

- “Given my personal characteristics, conditions, and preferences, what should I expect will happen to me?”
- “What are my options and what are the potential benefits and harms of those options?”
- “Of all available options, which is best for me?”

PCOR and Health Equity

- Includes of diverse populations that can generate priorities and questions directly responsive to the needs of different communities.
- Meaningfully engaged patients help improve the quality, relevance, and impact of research
 - Can inject multi-dimensional perspectives.
 - Challenge implicit biases held by researchers (majority white).

Patient-Centered Outcomes Research Institute (PCORI)

“[A]ssist patients, clinicians, purchasers, and policymakers in making informed health decisions by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and **managed through research and evidence synthesis that considers variations in patient subpopulations**, and the dissemination of research findings...”

PCORI Projects

- CER research with a focus on patient priorities
- Focus on the research topics, questions, and outcomes that are most important to patients and those who care for them.
- Be guided by priorities developed through close partnerships with a range of health care stakeholders—including patients, caregivers, scientists, clinicians, health systems, and insurers.
- Include patients not only as subjects, but also as partners who help determine what to study and how.

PCORI Projects: Health Equity Examples

- Does using a mobile app tailored to hepatitis work better than one that is not to get Asian-Americans to increase hepatitis B and C screening?
- What is the best way to ask patients about their sexual orientation and gender identity in an ER, having a nurse ask or having them fill out a form?

Strengthen Evidence, Close the Health Care Research Gap, Advance Health Equity



Schonhort, K. & Shah, B.R. (July 2018). *What is the Valley of Death*. Retrieved February 19, 2019.

QUESTIONS?



<https://familiesusa.org/initiatives/center-health-equity-action-system-transformation>

Sign up for the Health Equity Action for Transformation (HEAT) Network
<https://goo.gl/forms/sx7mDPxY73LMMjGt2>