Solving Disparities Through Payment and Delivery System Reform

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RWJF Finding Answers: Solving Disparities Through Payment and Delivery System Reform
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- CMS (NQF collaboration), CMMI (technical assistance)
- Former President, SGIM
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Learning Objectives:
Health Care Organization Perspective with Community

- Review what works to reduce disparities
- Outline payment reform to achieve equity
- Discuss role of leadership and advocacy to improve equity

A Roadmap and Best Practices for Organizations to Reduce Racial and Ethnic Disparities in Health Care

Chin MH, et al. JGIM 2012; 27(8):992-1000

www.solvingdisparities.org

National Academy of Medicine – Systems Practices for Care of Socially At-Risk Populations

Centers for Medicare and Medicaid Services – CMS Equity Plan for Improving Quality in Medicare

Roadmap Principles

- No magic bullet
- Systematic process - awareness and prioritization of achieving equity, tailoring of solutions to local organizational and patient contexts, iterative QI addressing specific barriers and facilitators to change, implementation science.
- Menu of evidence-based interventions – organizations/providers like options/model

Roadmap for Reducing Racial and Ethnic Disparities in Care

1) Recognize disparities and commit

2) Implement QI infrastructure and process

3) Make equity an integral part of quality

4) Design intervention(s)

5) Implement, evaluate, and adjust intervention(s)

6) Sustain intervention(s)

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

Roadmap Step 4 - Interventions

- Evidence-based strategies
  - Multifactorial attacking different levers
  - **Culturally tailored QI**
  - Team-based care
  - **Families and Community partners**
  - **Community health workers**
  - Interactive skills-based training

Payment / Value-Based Purchasing

Motivation

- Intrinsic
  - Professionalism
  - Do the right thing
- Extrinsic
  - Financial
  - Other rewards

Payment / Value-Based Purchasing

- Pay for performance
- Infrastructure - Preventive and primary care
  - e.g. community health workers
- Social determinants of health / population health

MACRA (Medicare Access and CHIP Reauthorization Act)

- 2019 – Quality Payment Programs
  - Merit-Based Incentive Payment System (MIPS)
  - Advanced Alternative Payment Model (APM)
- Quality metrics, Health IT, Cost accountability

Where’s Equity?

Creating the Business Case for Achieving Health Equity

Chin MH. JGIM 2016; 31:792-796.

National Academy of Medicine – Systems Practices for Care of Socially At-Risk Populations

Equity Leadership Forum – American Hospital Association, the Joint Commission

Families USA

National Quality Forum

CMS and Private Payors Align the Financial Incentives

- Require public reporting of stratified disparities data
- **Pay for reducing disparities**
  - Include **equity accountability measures** in payment programs – structure/process/outcome
- **Strengthen incentives for prevention and primary care**
  - Update MD RVU payment schedule – cognitive
  - Global payment / shared savings – flow of money
  - **Intersectoral** partnerships – **Social determinants**

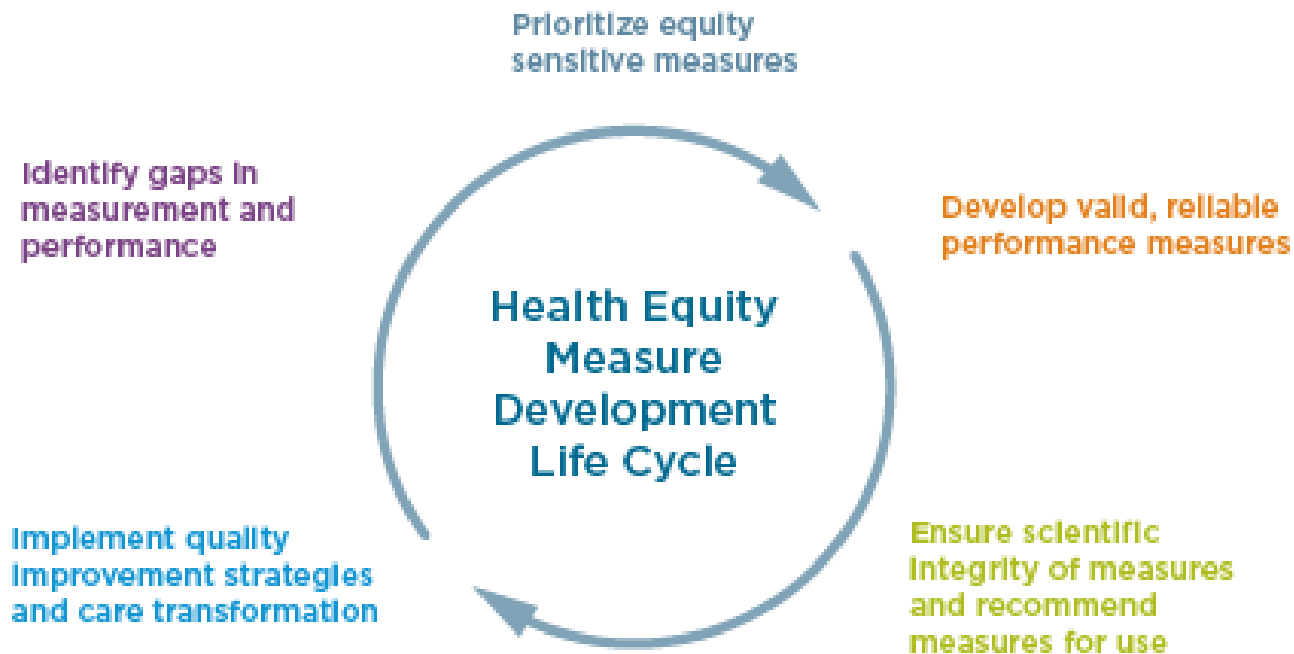
Chin MH. JGIM 2016.

Align the Financial Incentives 2

- Align equity measures across public & private payors
- **Take care of safety net providers**
  - Adequate payment
  - Calibrate DSH reductions to insurance expansion
  - Support for quality improvement
  - **Risk adjustment** to create level playing field
- Conduct payment and delivery **demo** projects
- **Have explicit equity lens - payment and QI**

Identify Disparities

NQF



Incentivize the reduction of disparities through measurement

Incorporate equity accountability measures into payment and reporting programs	Align equity accountability measures across payers	Incentivize preventive care, primary care, and addressing the social determinants of health	Assist safety-net organizations serving vulnerable populations	Conduct and fund demonstration projects to test payment and delivery system reform interventions to reduce disparities

Disparities in health and healthcare are identified and eliminated

NQF Draft Equity Measure Domains

- **Culture of equity**
  - Equity is high priority
  - Cultural competency – organization, leadership, staff
    - Workforce diversity
    - Awareness of cumulative structural disadvantage
  - Advocacy
  - Safe and accessible environment

NQF Draft
Equity Measure Domains 2

- **Structure of equity**
  - Capacity and resources
    - Identify patients' social risk factors
    - Reporting and improvement of stratified performance data
    - Learning systems – QI with equity lens
    - Population health management
  - Community needs assessment
  - Policies and procedures
  - Transparency, public reporting, accountability

NQF Draft
Equity Measure Domains 3

- **Equitable access to care**
  - Availability
  - Accessibility
  - Affordability
  - Convenience

NQF Draft
Equity Measure Domains 4

- **Equitable high-quality care**
  - Continuous improvements across clinical structure, process, and outcome performance measures stratified by social risk factors
  - Evidence-based interventions to reduce disparities
    - Team-based care
    - Community health workers
    - Culturally-tailored interventions
    - Support for self-care

NQF Draft
Equity Measure Domains 5

- **Collaboration, partnerships and linkages for equity**
  - Improved integration of medical, behavioral, oral, and other health services
  - Collaboration across health and non-health sectors
  - Community and health system linkages
  - Community engagement and long-term partnerships and investments
  - Build and sustain social capital and social cohesion

Finding Answers: Solving Disparities Through Payment and Delivery System Reform

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

Movement Advocacy, Personal Relationships, and Ending Health Care Disparities

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Conflict of interest: Dr. Chin co-chairs the National Quality Forum (NQF) Disparities Standing Committee. He is the Immediate Past-President of the Society of General Internal Medicine and a member of the America's Essential Hospitals Equity Leadership Forum. He has provided technical assistance to the Center for Medicare and Medicaid Innovation and is a member of the National Advisory Board of the Institute for Medicaid Innovation. The views expressed in this commentary do not necessarily represent the views of the National Quality Forum, Society of General Internal Medicine, America's Essential Hospitals, Centers for Medicare and Medicaid Services, Institute for Medicaid Innovation, National Institutes of Health, Robert Wood Johnson Foundation, and Merck Foundation.

Abstract: Deep-rooted structural problems drive healthcare disparities. Compounding the difficulty of attaining health equity, solutions in clinics and hospitals require the cooperation of clinicians, administrators, patients, and the community. Recent protests over police brutality and racism on campuses across America have opened fresh wounds over how best to end racism, with lessons for achieving health equity. Movement advocacy, the mobilizing of the people to raise awareness of an injustice and to advocate for reform, can break down ingrained structural barriers and policies that impede health equity. However, simultaneously advocates, clinicians, and health care organizations must build trusting relationships and resolve conflict with mutual respect and honesty. Tension is inherent in discussions about racial and ethnic disparities. Yet, tension can be constructive if it forces self-examination and spurs systems change and personal growth. We must simultaneously advocate for policy reform, build personal relationships across diverse groups, and honestly examine our biases.

Keywords: Disparities ■ Advocacy ■ Equity ■ Race ■ Ethnicity

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Some people felt that the United States had entered a "post-racial" period in which the color of one's skin did not matter.[1–3] Their hopes have been shattered. Police brutality against racial/ethnic minorities has been caught on cellphone and dashcam video, and minority students have been systematically mistreated and marginalized in our universities. Movement advocacy, the mobilizing of the people to raise awareness of an injustice and advocate for reform, has spread across the nation over these issues. These protests over policing and higher education can inform our approaches to ending health care disparities. Tension is inherent in discussions about racial/ethnic disparities, but it can be constructive. We are most likely to achieve health equity if we simultaneously advocate for policy reform, build personal relationships across diverse groups, and honestly examine our biases.

HEALTH AS A HUMAN JUSTICE ISSUE AND THE ROLE OF MOVEMENT ADVOCACY

Dr. Martin Luther King, Jr. famously stated, "Of all the forms of inequality, injustice in health is the most shocking and the most inhuman."[4] When the injustice is great, power differential between oppressor and oppressed is large, and willingness of the powerful to reform the system is low, then movement advocacy is necessary. Think the 1960s Civil Rights Movement, or Rodney King, Freddie Gray, Laquan McDonald, and the police departments of Los Angeles, Baltimore, and Chicago. Deeply rooted structural problems in culture, attitudes, and procedures resulted in systematic discrimination and violence against racial and ethnic minorities. Movement advocacy compels action through public outcry. This advocacy has not led to quick fixes, but has started the journey to a better place, judging by advances since the Civil Rights Movement began and improvements in the Los Angeles Police Department and its relationship with communities since a federal court ordered systematic reform.[5]

Health care disparities are central human justice issues. People are dying from disparities on a much larger scale than from police brutality. Note, for example, the estimated 3.1 million low-income Americans shut out of insurance coverage in 20 states that rejected the Affordable Care Act's Medicaid expansion.[6] Advocates inside and outside the health professions need to make health equity such a high priority that policymakers, administrators, and clinicians enact reforms to improve access to care and systems of care for all patients.[7,8] These interventions include expanding health insurance, tailoring care to

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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.

"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.

Payment and Delivery System Reform

- “Equity must be a priority in all health policy issues.”

Leadership Matters

"Leadership matters. It is our professional responsibility as clinicians, administrators, and policymakers to improve the way we deliver care to diverse patients. We can do better."

Chin MH. NEJM 2014.