



# Making health equity part of the value of value-based care

Health disparities connected to race, ethnicity, gender, sexual orientation, gender identity and other factors historically linked to discrimination or exclusion contribute significantly to healthcare costs in America. They account for \$93 billion in excess medical costs and \$42 billion in lost productivity due to premature deaths.<sup>1</sup>

The bottom line: Where a person lives and works and the social, structural and economic barriers they face contributes significantly to their well-being.

While value-based care continues to reshape the healthcare system, improving the health of all populations demands not only providing quality care to all patients, but also *equitable* care.

**Health equity is the elimination of unjust, avoidable and unnecessary barriers in health and healthcare.** These barriers can be a result of a person's background, where they live, the resources they have or systemic factors such as racism and discrimination.

Achieving health equity requires clinicians and health plans alike to address inequities themselves, as well as the root causes of them, such as but not limited to poverty, limited economic mobility, low health literacy, mistrust in the healthcare system and cultural biases by those who work in the healthcare system. Understanding these key issues can help the industry drive sustainable change.

**Value-based care positions practices to drive change through the integration of resources, infrastructure and programs designed to remove barriers. However, value-based models alone cannot do it.**

Population-level factors, such as the physical, built, social, and policy environments, can have a greater impact on health outcomes than individual-level factors<sup>2</sup>, therefore this is where sustainable, large-scale change must start, experts say.



Accurate and universal measurement and data practices need to be put in place to support the advancement of health equity. Policies need to be established at local and national levels to improve population health and provide expanded access to social and community resources. Finally, the infrastructure of the healthcare system must be reinforced with organizational structures and functions, such as training and education,

that support health equity.<sup>2</sup>

Many clinician groups have begun work on addressing health equity within their own practices. In Phoenix, for example, [Equality Health](#) (EH) is focusing on cultural competency within its multi-disciplinary care management team.

“We equip providers to interact, communicate and treat patients in the most culturally competent manner possible,” said Sharla Fisher, senior vice president of client success. “Our multi-disciplinary care management team is paired with external social and cultural engagement resources that ultimately drive positive outcomes at a lower cost.”

The care management team—consisting of nurse practitioners, nurses, social workers, pharmacists, community health workers and chaplains—serves as an extension of the practice. Through the care management team, EH partners with over 270 community-based organizations to address myriad physical, social and emotional needs.

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*Dr. Mark Angelo, interim CEO and president of DVACO*

**The cultural care focus begins with training that empowers clinicians and care teams to approach patients with an understanding of their respective cultural perspectives, both from clinical and non-clinical viewpoints.**

“Our cultural care training ensures practices understand how cultural values, preferences, and beliefs impact disease management, health utilization, prioritization, and prevention,” Fisher said. “With over 30 population-specific modules, our curriculum is adapted to meet the needs of Latino/Hispanic, African American/Black, Native American/American Indian and Asian American-Pacific Islander populations, as well as specific demographic sectors of our community including seniors, teenagers/young adults, and pediatric populations.”

As a result, EH patient engagement in its care management programs increased because when a patient feels understood, they more easily establish trust with their provider and engage in a more positive way. EH’s care management team successfully enrolls 75% of patients in its care management programs once making initial contact. **The approach has resulted in lower hospital readmission rates for the practice’s attributed Humana membership — from 16.4% in 2020 to 9.5% in 2021.**

Value-based practices like Equality Health are incentivized to address whole-person health. Given their primary driver is value and not volume, they are positioned to keep their patients healthy and recirculating cost savings back into their holistic care model.

Pennsylvania-based [Delaware Valley Accountable Care Organization](#) (DVACO) is targeting health disparities among its cardiac patients.

DVACO works with Philadelphia-area cardiologists to identify and eliminate racial disparities relative to access to the transcatheter aortic valve replacement (TAVR) procedure, a treatment for severe aortic stenosis (AS). TAVR is a minimally invasive procedure for AS that has been associated with lower risk of major bleeding and vascular complications, and up to a 43% shorter length of inpatient stay than the traditional surgical treatment, according to a study published by Healio.

DVACO has completed an initial analysis and data suggests patients from predominantly black areas are less likely to access cutting-edge treatment than patients from predominantly white areas.

“We are trying to better understand why we are seeing this treatment more frequently among patients in predominantly white areas,” said Dr. Mark Angelo, interim CEO and president of DVACO. “Especially given that heart disease and complications are the leading cause of death in black communities and this treatment has been shown to improve health outcomes. Our analysts continue their in-depth exploration to examine disparities in aortic stenosis care more broadly and help cardiologists to develop solutions that eliminate these disparities.