Advancing Equity in Health Services for Veterans: Potential, Progress, and Opportunities in the Era of Health Care Reform

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Veterans Affairs
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Poll Question

- Advancing racial and ethnic health equity is an objective reflected in the Affordable Care Act. How many provisions within the law do you think intend to advance health equity?
  - Less than 10
  - 10 to 20
  - 21 to 30
  - More than 30

ACA's Vision and Promise

- Working to eliminate health disparities and advance health equity is central to the ACA.
- Over three dozen provisions directly address racial and ethnic health disparities, diversity, and cultural and linguistic competence.
- Dozens of other general provisions with major implications for racially and ethnically diverse populations.

ACA & Racial and Ethnic Health Equity Series

5 Reports, Nearly 60 Provisions on Advancing Health Equity

Report 1: Health Insurance Marketplace

- Culturally & linguistically appropriate marketing, outreach, and education
- Non-discrimination
- Special provisions for American Indians

Report 2: Health Care Safety Net

- Medicaid
- CHIP
- Health Centers
- DSH Payments
- Community Health Needs Assessment

Report 3: Health Care Workforce

- Primary Care
- Underserved Areas
- Workforce Diversity
- Cultural Competence
- National Healthcare Workforce Commission

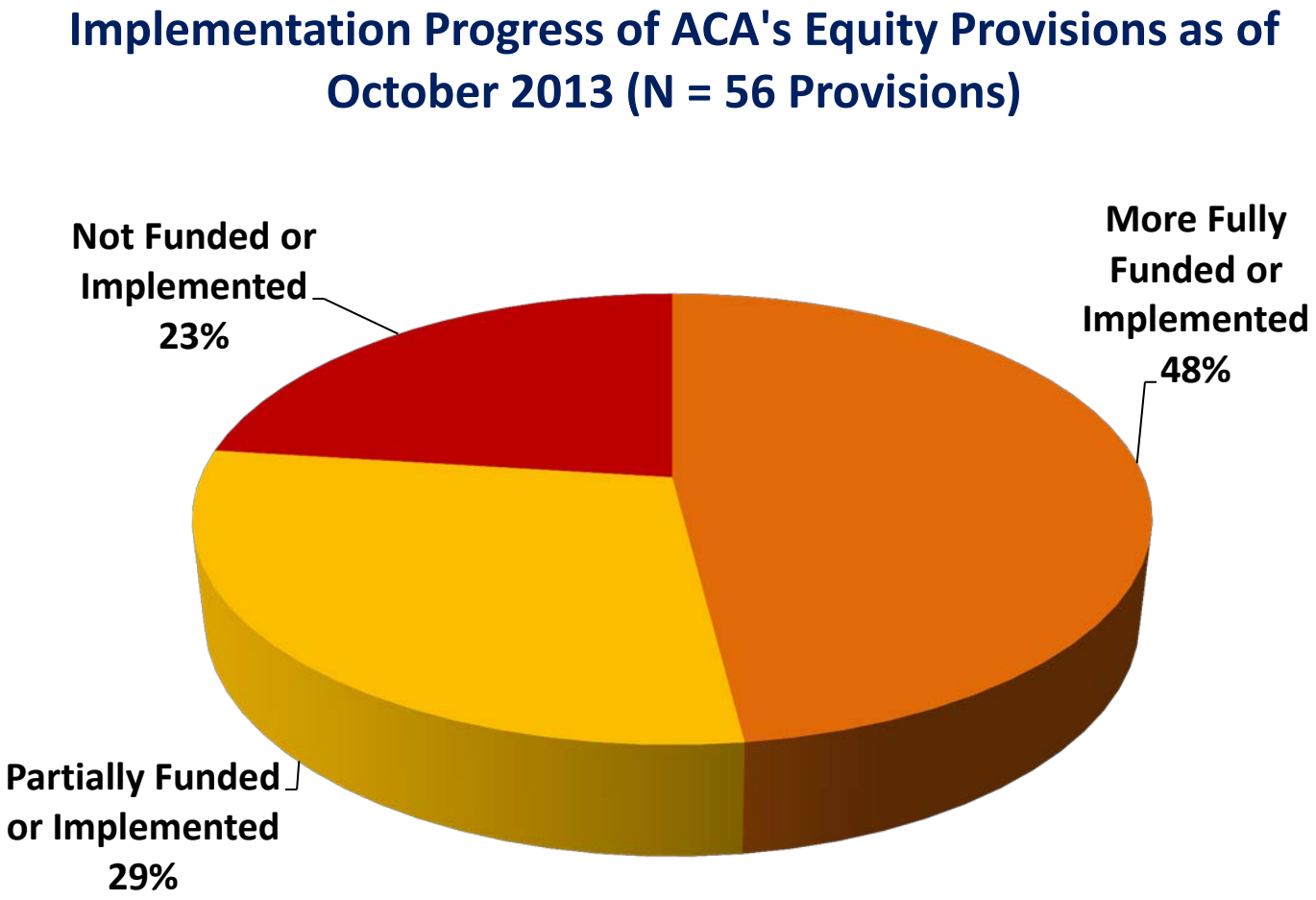
Report 4: Public Health & Prevention

- Prevention & Public Health Fund
- CTGs
- Obesity
- Cancer
- Diabetes
- Oral Health
- American Indian Health

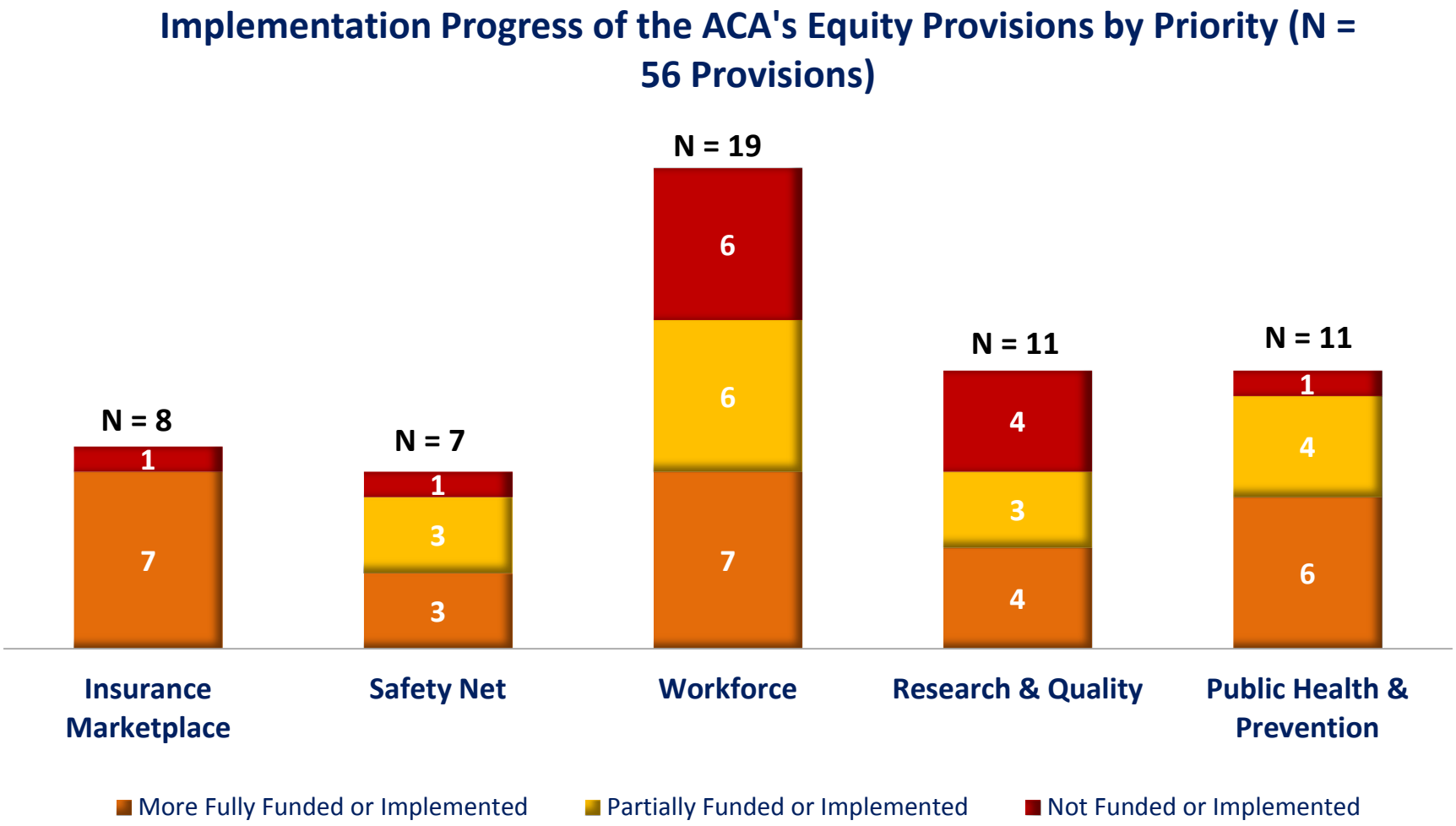
Report 5: Research, Quality & Innovation

- National Quality Strategy
- PCORI
- NIH/NIMHD
- CMS Innovation
- ACOs
- Medical Homes
- Agency OMHs
- Race/Ethnicity Data Standards

Overall Progress of ACA's Health Equity Objectives



Progress of ACA's Health Equity Objectives by Priority



Why Monitor ACA's Health Equity Provisions?

- Reasons you may already know:
  - Rapidly growing diversity.
  - Continued disparities in access, quality, and health outcomes by race and ethnicity.
  - Economic burden of disparities.

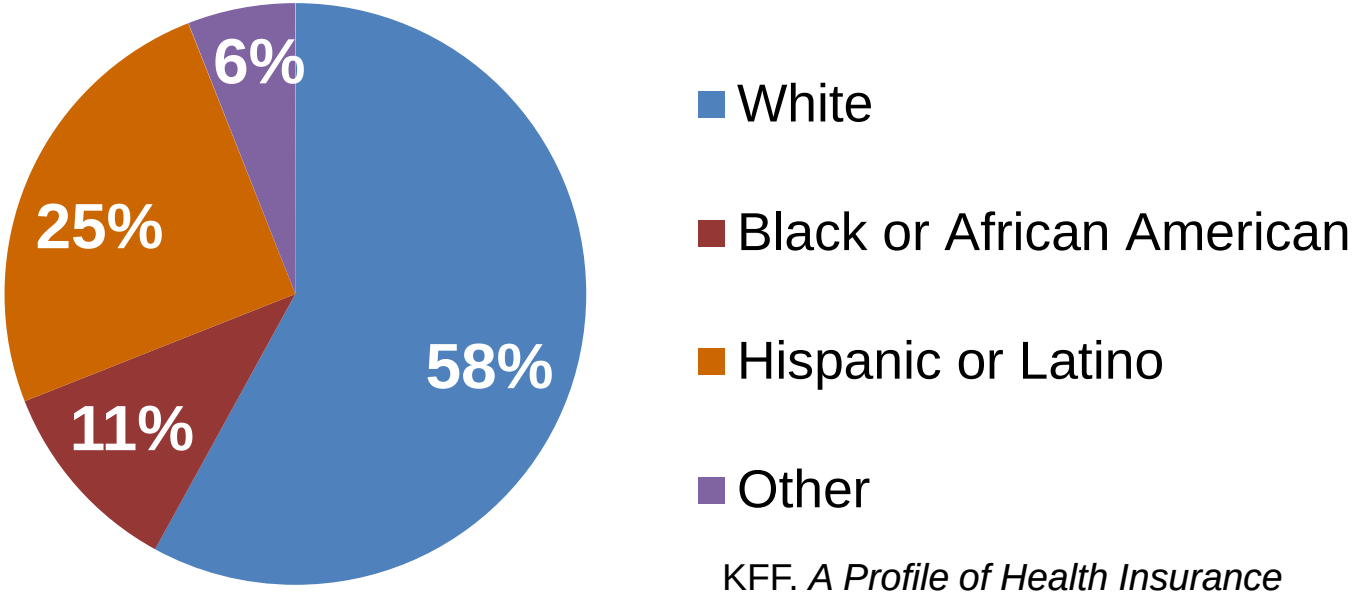
- But did you know…

  The ACA offers an unprecedented opportunity to enfranchise as many as 19 million racially & ethnically diverse individuals.

Health Insurance Marketplaces

Projected Enrollees by Race & Ethnicity

42% or over 12 million Non-Whites
25% will speak a language other than English at home



KFF. *A Profile of Health Insurance Exchange Enrollees, March 2011.*

Veterans in the Marketplace

Of 1.3 million uninsured veterans, 40% are eligible for subsidized coverage.
One-third of uninsured veterans are Non-White.
Urban Institute, 2012

How Are Marketplaces Addressing Disparities?

Source: Andrulis DP, Jahnke LR, Siddiqui NJ, and Cooper MR. Implementing Cultural and Linguistic Requirements in Health Insurance Exchanges, 2013. Texas Health Institute: Austin, TX. Available at: http://www.texashealthinstitute.org/health-care-reform.html

But there is still much work to be done…

Health Law Enrollment Efforts For Asian Americans Face Challenges Of Language Diversity, Cultural Differences

TOPICS: STATES, HEALTH REFORM, UNINSURED

By Ankita Rao
KHN Staff Writer
NOV 24, 2013

Health insurance enrollment by Hispanics is lagging in California

By Sandhya Somashekhar, Published: December 14 | Updated: Monday, December 16, 12:24 PM
mail the writer

Language Remains A Barrier In Latino Health Care Enrollment

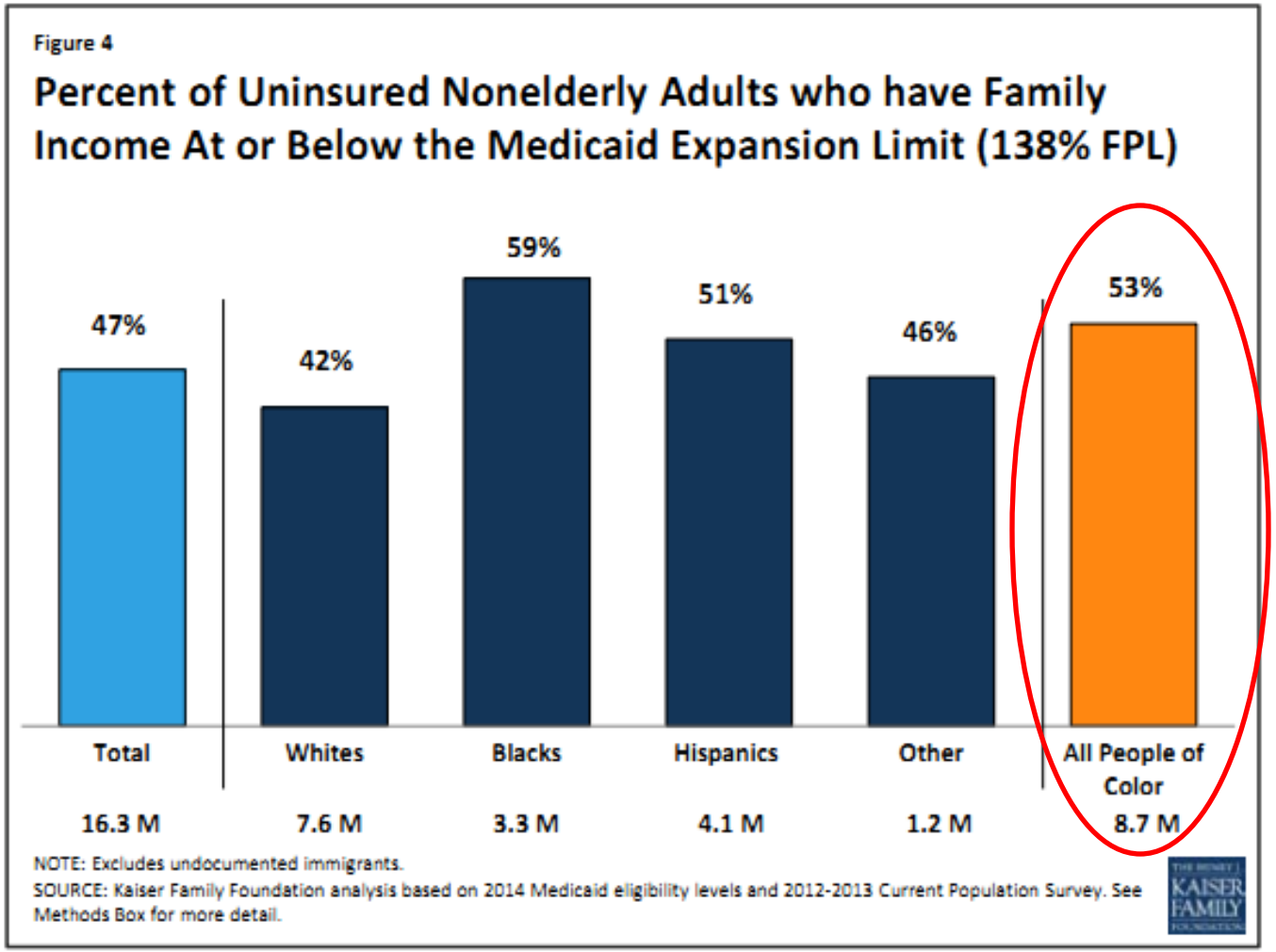
by CHERYL CORLEY

January 20, 2014 4:00 PM

With Black Community Awareness of Obamacare Benefits Falling Short of Expectations

Medicaid Expansion

Projected Eligible by Race & Ethnicity



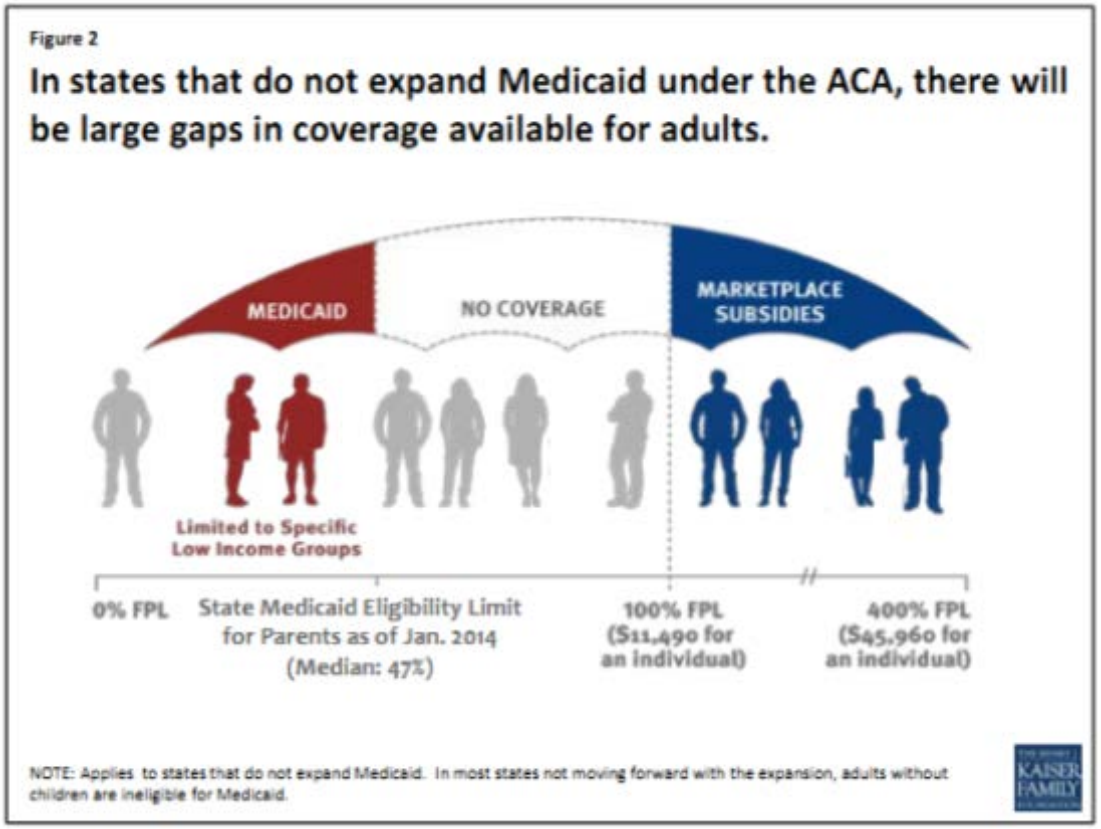
Veterans & Medicaid Expansion

Of 1.3 million uninsured veterans, nearly half have incomes below 138% FPL and are eligible for Medicaid if states expand.

Large proportion Non-Whites eligible.

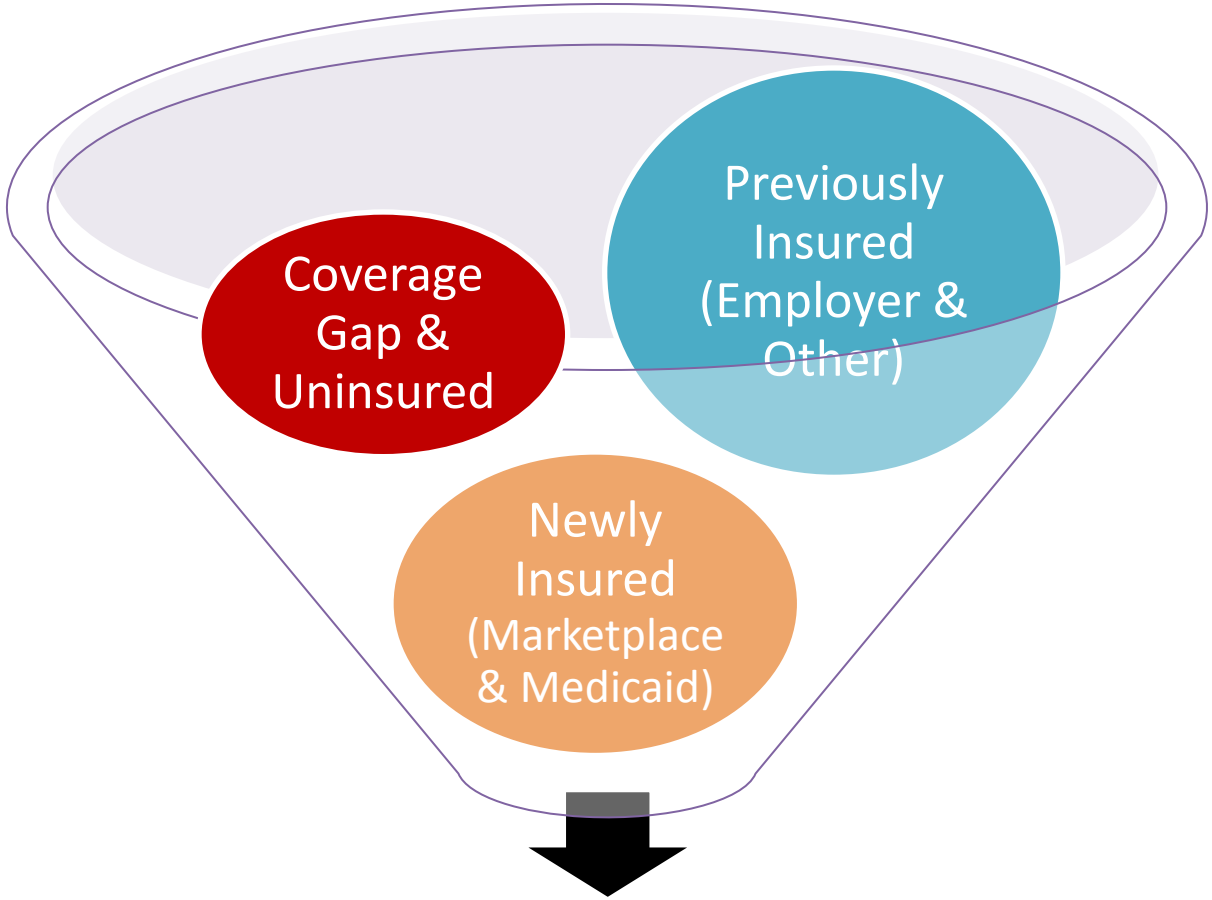
Urban Institute, 2012

ACA Coverage Gap

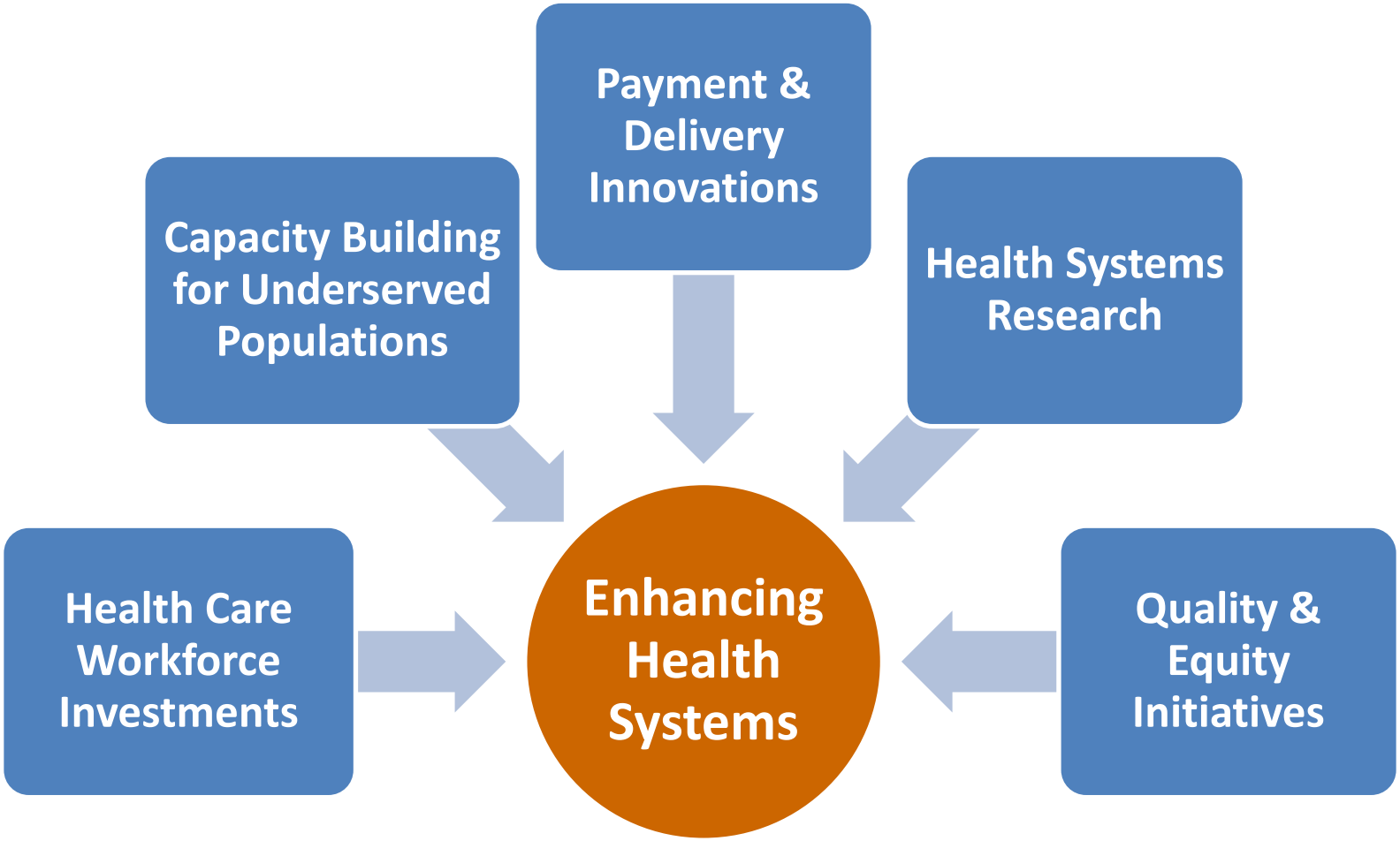


- Only 26 States Expanding Medicaid.
- 4.8 million people in coverage gap.
- More than half are non-white.
- Impact of state Medicaid decisions varies for racial/ethnic groups.
- *218,000 uninsured veterans fall in coverage gap*.

Evolving Health Care Environment



ACA Health System Reforms to Meet Growing and Changing Demand



Health Care Workforce Investments
Growing Supply of Primary Care Providers

- Primary Care Residency Expansion Program
- Expansion of Physician Assistant Program
- Nurse workforce development and diversity grants
- General and public health dentists
- Mental health providers
- Community health workers

Health Care Workforce Investments

Movement Toward Team-Based Approaches

Forbes

New Posts
+1 posts this hour

Most Popular
Why Companies Lose Talent

Lists
Most Promising Companies

+ Follow (243)

705 Share

236 Tweet

45 Share

22 reddit

20 g+1

99 Submit

PHARMA & HEALTHCARE | 11/04/2013 @ 3:59PM | 22,028 views

Doctor Shortage Could Ease As Obamacare Boosts Nurses, Physician Assistants

21 comments, 6 called-ou

Though a physician shortage appears inevitable as more Americans get health coverage under the Affordable Care Act, new research indicates new primary care models using nurse practitioners and physician assistants could "eliminate" the scarcity of primary-care doctors.

NBC NEWS HOME LATEST SEARCH

Physician assistants fill in at the fringes of health care

BY MAGGIE FOX

Health Care Workforce Investments
Enhancing Diversity and Cultural Competency

- **Investment in minority-serving institutions through 2019**
  - Historically Black Colleges and Universities
  - Hispanic Serving Institutions
  - Tribal, Asian, Alaska & Hawaiian Native Institutions
- **Support for training underrepresented minorities**
  - Centers for Excellence
  - Health Careers Opportunity Program
  - Scholarships for Disadvantaged Students
- **Cultural Competency Training**
  - Model cultural competency curricula
  - New demonstration to develop long term care provider training competencies—including cultural & linguistic competency

Capacity Building in Underserved Areas

- Significant support for health centers and clinics
- National Health Service Corps
  - ACA has grown the NHSC workforce three times
  - 46% practice at community health centers
  - 13% African American, 10% Hispanic, 9% Asian/PI & American Indian
- Redistribution of unused medical residency slots to underserved areas
  - 70% to hospitals in states with lowest resident-to-population ratios
  - 30% to hospitals located in rural or health professional shortage areas
  - Half of the hospitals receiving medical residents located in areas where at least 50% of the population is non-white

Payment and Delivery Innovations
Patient Centered Medical Homes (PCMHs)

10 provisions in the ACA with explicit mention of "health homes" or "medical homes" of which 6 also *specify* priorities for advancing racial/ethnic equity.

Priority	Provision	Fair/Good Progress	Equity Focus
State Action	Health Home State Option	✓	✓
Workforce & Delivery	Primary Care Residency & Physician Asst. Support	✓	✓
	Primary Care Extension Program*	✓	✓
	Community Health Teams		✓
	Community-Based Collaborative Care Network		
Research & Innovation	CMS Innovation Center	✓	
	Patient-Centered Outcomes Research Institute	✓	✓
Payment & Insurance	Quality & Disparities Incentives in Exchanges		✓
	Quality Reporting Amendments for Plans		
	Primary Care Medical Home Plan as QHP	✓	

Payment and Delivery Innovations

State Innovations around Medical Homes

- Sec 2703 in the ACA created a state option to provide health homes for Medicaid enrollees with chronic conditions to improve health outcomes

- 12 States with approved health home plans:

Alabama	Iowa	Ohio	Rhode Island
Missouri	Maine	Oregon	Washington
Idaho	New York	N. Carolina	Wisconsin

- <u>Current equity activities in state health homes:</u>
  - Culturally & linguistically appropriate patient communication
  - Culturally & linguistically appropriate individual & family support
  - Use of evidence-based culturally sensitive wellness and prevention
  - Patient health assessment to include measures of language/culture

Payment and Delivery Innovations
Accountable Care Organizations (ACOs)

- ACOs to hold providers accountable for cost and quality of full continuum of care for patients.
- CMS Innovation Center testing 2 types of ACOs:
  - Pioneer ACO Model
  - Advance Payment ACO Model
- Many concerns around ACOs and its unintended consequences for health disparities
  - E.g., practices with fewer profits, disproportionately serving low-income, diverse patients less likely partners
  - ACOs require active monitoring of disparities
  - Need for incentives to address disparities

Health Systems Research

Patient Centered Outcomes Research Institute

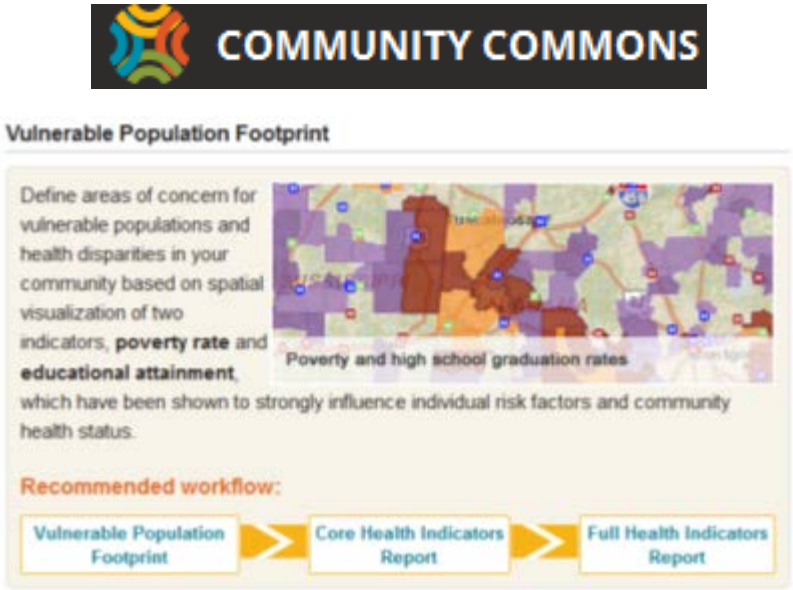
- One of five priorities is to "address disparities"
- PCORI's specific research topics for addressing disparities:
  - Health communications associated with competing treatments
  - Heart attacks among racial and ethnic minorities
  - Hypertension in minorities
  - Interventions for improving perinatal outcomes
  - Reducing lower extremity amputations in minorities
- Of 147 comparative effective research grants:
  - 14% *explicitly* address disparities
  - Nearly half include a secondary focus on diverse populations or disparities

Health Systems Research

Community Health Needs Assessment

Community Health Needs Assessment (CHNA): A Community Opportunity to Address Disparities

- The ACA requires nonprofit hospitals to conduct CHNA every 3 years & develop strategy to address needs
- Potential for CHNA to address broad community needs and disparities
  - Community-wide approach
  - Health provider collaboration
  - Opportunity to monitor disparities



Best Practices for Community Health Needs Assessment and Implementation Strategy Development:

A Review of Scientific Methods, Current Practices, and Future Potential

Quality & Equity Initiati

National Quality Strategy

- A national strategy to improve the delivery of health care services, patient health outcomes, and population health
- 6 NQS Priorities
- 2 *explicitly* aligned with addressing racial/ethnic disparities.

Priority Area	Long-Term Goal
Priority 2. Engaging Patients and Families	In partnership with patients, families, and caregivers—and using shared decision making process—develop culturally sensitive and understandable care plans.
Priority 3. Effective Communication and Care Coordination	Establish shared accountability and integration of communities and health care systems to improve quality of care and reduce health disparities.

Quality & Equity Initiatives

Offices of Minority Health

- ACA's commitment to equity at agency level
  - Elevation of federal OMH
  - Establishment of 6 agency-based OMHs
  - Elevation of National Center on Minority Health and Health Disparities to Institute level at NIH
- Opportunities for inter-agency collaboration
- Areas or actions of alignment
  - National Standards on Culturally and Linguistically Appropriate Services
  - National Quality Strategy

Challenges to Advancing Health Equity through the ACA

Funding & Sustainability

- More than half of the provisions received substantially less than authorized or no funding from the ACA.
- Declining support for minority health and health professions.
  - HCOP & COE programs
  - HHS' minority health initiatives
- Uncertain support for sustaining public health & prevention initiatives.

concerns.

Political Antipathy

Antipathy toward the law may thwart progress to advance equity in many states.

- Reluctance around marketplace
- In states not expanding Medicaid…
  - 2.6 million, low-income diverse individuals in coverage gap
  - Over 400,000 veterans in coverage gap, many of whom are minority
- Misinformation, and confused & reluctant consumers generally; for some, language barriers.

Billboard on 42nd St. Near Times Square

Time

- ACA's broader provisions are priority, but will equity issues be integrated?
  - Health insurance marketplaces
  - Medicaid expansion
- Measurable outcomes in short run (2-3 years)
  - Patient Centered Outcomes Research Institute
  - CMS Innovation Center
- Cultivating partnerships and collaborations takes time not available under many ACA provisions.

Equity is Not a Priority

- Implementing ACA's insurance provisions takes center stage, likely to limit attention to equity and diversity.
- Many minority health & underrepresented minority health professions provisions with declining support.
- Cultural competence is not a priority – almost no support!
- How to reframe equity in context of mainstream priorities?

Moving Forward: Leveraging the ACA to Advance Equity

Advancing Equity through Marketplaces

- "Window of Opportunity" to advance equity given support & attention to marketplaces.
- Equity must be integrated early on & be ongoing:
  - Leadership & governance
  - Navigator/assister recruitment & training
  - Outreach & enrollment
  - Language services and assistance
  - Community engagement
  - Measurement & evaluation

Building on Promising Health System Investments

- Collaborative opportunities to expand care for veterans living in rural and underserved areas
  - Federally qualified health centers
  - Nurse-managed clinics
- Best practices and lessons from ACA supported PCMHs and other delivery system reforms

Building on ACA's Community-Based Initiatives to Engage and Reach Diverse Communities

- Offers opportunity to break new ground in bringing communities more directly into health and health care programs.
- Offers direct role for philanthropy and private sector to leverage and expand, sustain, and evaluate community efforts.

Monitoring Impact of Programs on Disparities

- Evaluating payment and delivery reforms and innovations for their impact on racial/ethnic health disparities (e.g., PCMHs, ACOs)
- **Are innovations…**
  - ***Closing the gap*** (i.e., benefits greater for populations facing disparities)
  - ***Not changing the gap*** (i.e., all groups benefit equally)
  - ***Growing the gap*** (i.e., benefits greater for those facing few disparities)

Education & Advocacy for Advancing Equity

- Community forums to educate audiences on the ACA & opportunities to bridge disparities.
- State and local forums on "how to" effectively integrate diversity and equity into various ACA-supported activities.
- Continued advocacy around key disparities priorities:
  - Oral health disparities
  - Cultural competency education
  - Minority health professions programs

Closing Remarks

- Many provisions in place to advance equity.
- BUT time, dollars, launch challenges, misinformation, and active and passive resistance to the law threaten to deflect resources and delay or diminish the law's equity vision and potential.
- Need for active advocacy and efforts to keep equity high on the health care reform agenda and across priorities reflected in the ACA.

Contact Information

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For more information, visit our website:
http://www.texashealthinstitute.org/health-care-reform.html