



# Strengthening Trust and Equity in Primary Care

Wednesday, January 29, 2020 12:00-1:00 ET



# Welcome & Updates

**Become a Member!**

**Save the Date: PCC 2020  
Annual Conference**

***November 5 & 6***

**Moderator introduction**

# The Health Equity Curricular Toolkit

<https://www.aafp.org/patient-care/social-determinants-of-health/everyone-project/health-equity-tools.html>

## PATIENT CARE

Clinical Recommendations by Topic

Clinical Recommendations by Type

Well-being and Prevention

Public Health Emergencies

Social Determinants of Health

Access to Health Care

Cultural Proficiency

Early Childhood Literacy

PTSD & TBI: Caring for Veterans

AAFP Policies on Health Equity Issues

The EveryONE Project®

Workforce Diversity

Interdisciplinary Collaboration

Advocacy for Health Equity

Education and Practice-Based Resources

EveryONE Project Strategic Priorities

AAFP Center for Diversity and Health Equity

Neighborhood Navigator

## Health Equity Curricular Toolkit

The Health Equity Curricular Toolkit was championed by the Health Equity Team of Family Medicine for America's Health and inspired by the Starfield II Health Equity Summit. This toolkit provides a structured curricular tool to facilitate exploration of some of the most pressing questions around **social determinants of health, vulnerable populations, and economics and policy**. The toolkit also provides resources to promote skill-building to confront drivers of persistent and pervasive inequities.

This toolkit is intended for clinical and public health learners and primary care faculty who would like an opportunity to further explore this area that often was not intentionally and adequately prioritized in past medical school and residency curricula.

The Guidebook to the Health Equity Curricular Toolkit includes a description of the socio-ecologic framework; the modular design; facilitation strategies; a glossary of definitions and health equity resources; and a worksheet to promote real-time application of an equity lens. This is accompanied by **14 modules** including an **introductory prerequisite 2-part module**. Three short videos were also developed to assist with use of the toolkit.

### Guidebook

- [A Guidebook to the Health Equity Curricular Toolkit \(57 page PDF\)](#)

### Introductory Prerequisite 2-part Module

- [Making America Healthier for All: What Each of Us Can Do \(Part 1\) AND Shifting the Paradigm Toward Social Accountability \(Part 2\) \(14 page PDF\)](#)

### Health Equity Modules

#### Social Determinants of Health Modules

- [Identifying and Addressing Patients' Social and Economic Needs in the Context of Clinical Care \(6 page PDF\)](#)
- [Communities Working Together to Improve Health and Reduce Disparities AND Community Health Improvement Plans and Patient-Centered Primary Care Homes as Tools to Address Health Disparities \(8 page PDF\)](#)
- [Improving Patient Outcomes by Enhancing Student Understanding of Social Determinants of Health AND An Action Learning Approach to Teaching the Social Determinants of Health \(8 page PDF\)](#)
- [Understanding Health Experiences and Values to Address Social Determinants of Health \(6 page PDF\)](#)

#### Vulnerable Population Modules

- [Why Rural Matters \(6 page PDF\)](#)
- [Racism, Sexism, and Unconscious Bias \(8 page PDF\)](#)
- [Immigrant Populations in a Nation of Changing Policy \(5 page PDF\)](#)
- [Intersectionality—The Interconnectedness of Class, Gender, Race and other Types of Vulnerability \(5 page PDF\)](#)
- [People with Disabilities \(Developmental and Intellectual\) \(4 page PDF\)](#)

#### Economics and Policy Modules

## DIVERSITY, EQUITY AND INCLUSION

- Diversity Home
- Diversity Activities >
- Committee and Partners
- Diversity Events
- A Message from the Chair of the Diversity Committee



"Soaring Toward Change" paper cranes folded by members of the DFMCH in December 2014, marking a departmental commitment to diversity, inclusivity and health equity.

*Our vision:* To ensure TRUST

- T (Tracking)
- R (Recruiting)
- U (Unlearning and learning)
- S (Sustaining and retaining)
- T (Training and transformation)





# Today's Speakers



**Dominic Mack**

Morehouse School  
of Medicine



**Evelyn Figueroa**

University of Illinois  
College of Medicine



**Daniel Wolfson**

ABIM Foundation



*Moderator:*

**Jennifer Edgoose**

University of Wisconsin  
School of Medicine and  
Public Health

# Aims and Trust in US Healthcare (Are We Leaving the Underserved Behind)

Dominic H. Mack MD, MBA

Director, National Center for Primary Care

Professor, Family Medicine

Morehouse School of Medicine

[dmack@msm.edu](mailto:dmack@msm.edu)





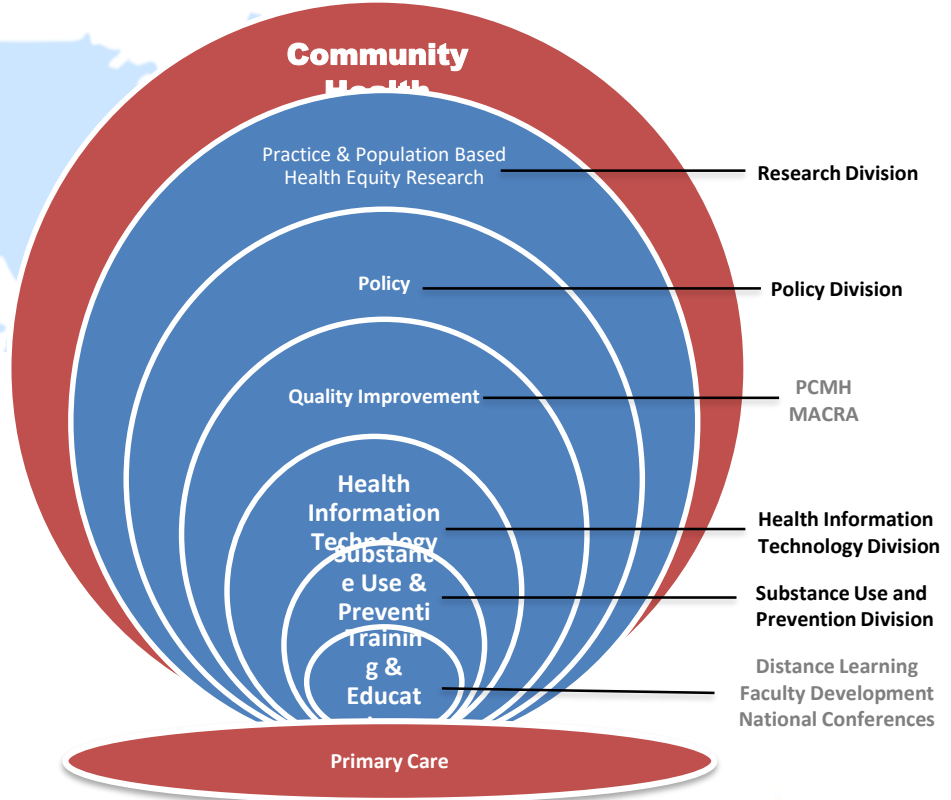
Atlanta-based; national leading educators of primary care physicians

Leading the creation and advancement of health equity.



Strengthening the primary care system through education, research and training to improve health outcomes while advancing and sustaining health equity.

The NCPC has four divisions that work synergistically to strengthen the primary care system and manifest the vision of our center.



# Mis-Aim/Mis-trust

- Cost
  - Business of Medicine
  - Work Environment
- Convenience
  - Access to Care
    - Insurance coverage
    - Technology
- Care
  - Population Healthcare Quality
  - Patient Satisfaction



# Practice Environment

# 2009- Healthcare Evolution Begins

## ***February 2009***

American Recovery & Reinvestment Act

– HITECH Act

- Meaningful Use of Electronic Health Record
- CMS incentive program for Medicaid and Medicare

## ***November 2009***

Affordable Care Act (ACA)

## ***April 2015***

The Medicare Access and CHIP Reauthorization Act (**MACRA**)

Aim  ***Cost, Care & Convenience***

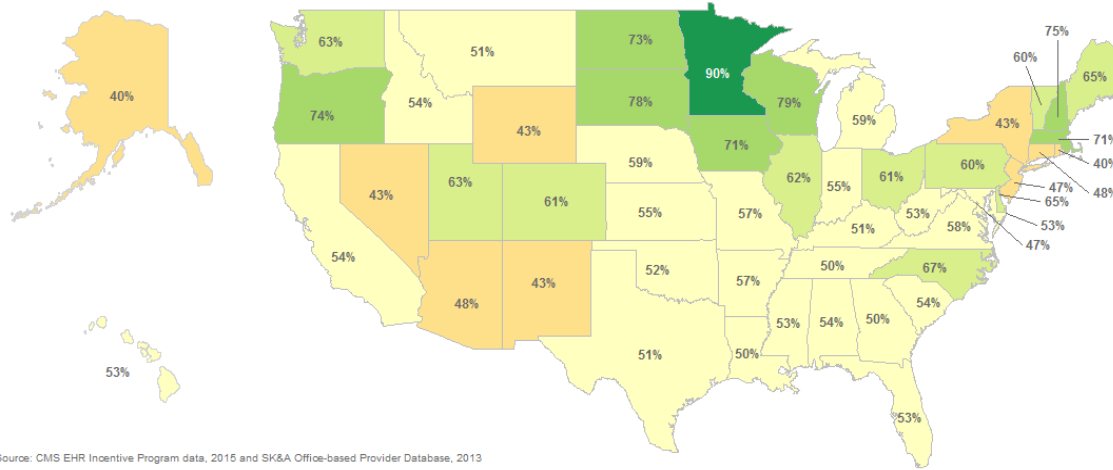
# Office-Based Health Care Participation in CMS EHR Incentive Programs

## \$31,148,357,611 (2011-2015)

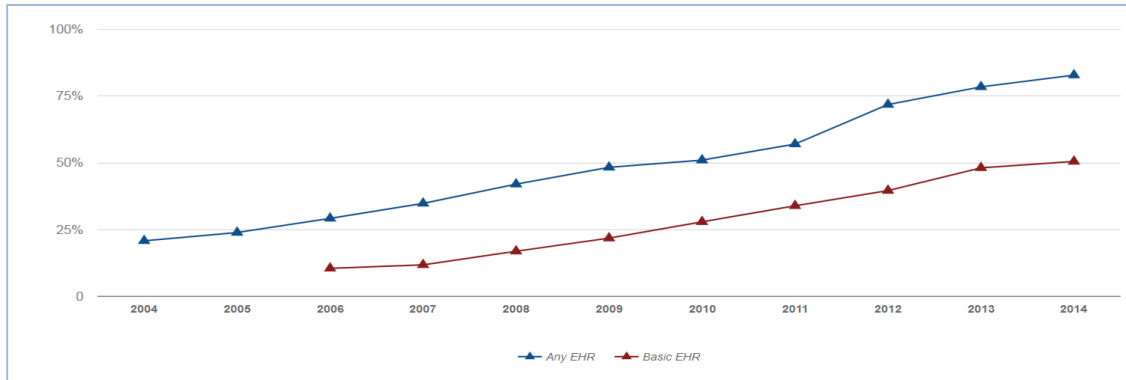
Percent of Physicians that have Demonstrated Meaningful Use of Certified Health IT | 2015

56% of Physicians have Demonstrated Meaningful Use of Certified Health IT

■ 0% ■ >0-9% ■ 10-19% ■ 20-29% ■ 30-39% ■ 40-49% ■ 50-59% ■ 60-69% ■ 70-79% ■ 80-89% ■ 90-99% ■ 100%

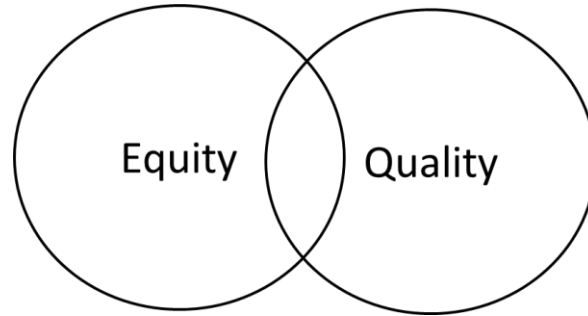


Source: CMS EHR Incentive Program data, 2015 and SK&A Office-based Provider Database, 2013



# The Health Problem

## Practice Innovations Can Widen Gaps in Disparities



Improving quality for all does not necessarily reduce disparities for racial and ethnic minorities

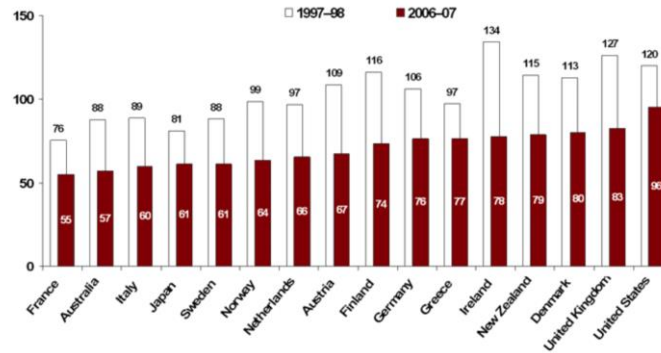
Annual Health Care Disparities Report, 2011- AHRQ

## Why focus on Underserved

- Poverty and poor health are inextricably linked
- 5% of the population accounts for almost half of total health care expenses.
- Patients w/ multiple chronic conditions cost up to 7X as much as patients with only one condition.
- The 15 most expensive health conditions account for 44 % of total health care expenses.

### U.S. Lags Other Countries: Mortality Amenable to Health Care

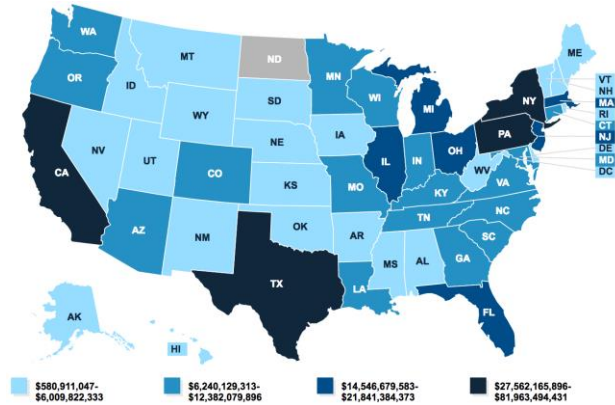
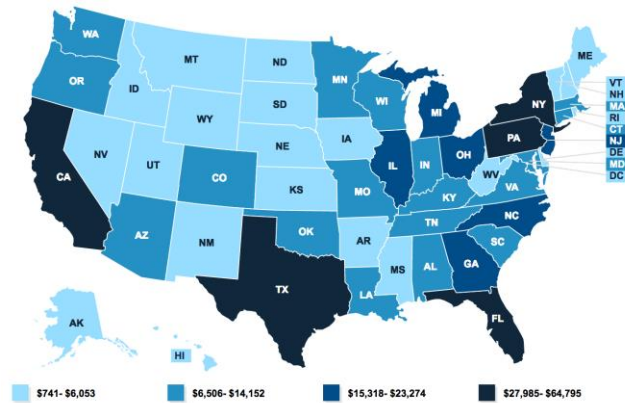
Deaths per 100,000 population\*



\* Countries' age-standardized death rates before age 75, including ischemic heart disease, diabetes, stroke, and bacterial infections. Analysis of World Health Organization mortality files and CDC mortality data for U.S.  
Source: Adapted from E. Nolte and M. McKee, "Variations in Amenable Mortality—Trends in 16 High-Income Nations," *Health Policy*, published online Sept. 12, 2011.



# Total Medicare Spending by State- 2014

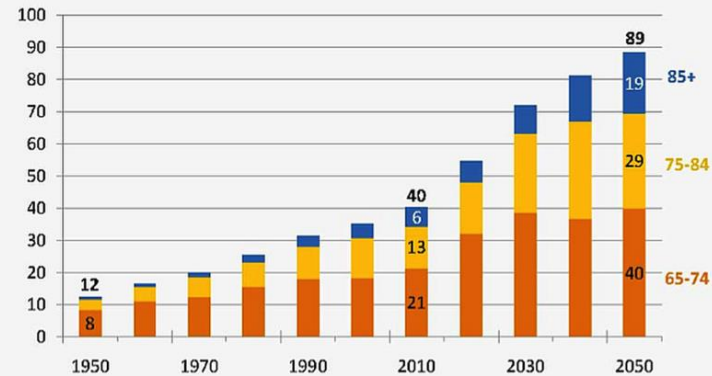


## Health disparity among seniors

- Elderly (age 65 >) made up around 13 percent of the U.S. population in 2002, but consumed 36% of total personal health care expenses.
- Nearly half (45%) of elderly had incomes 2X the poverty thresholds in 2013, compared to 33% of older adults

**As the boomers reach 65, then 75, then 85, the population in each age bracket will swell; the age mix of the old will shift upward.**

Population 65+, millions



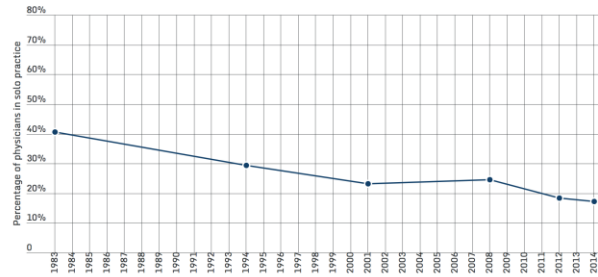
Source: U.S. Census Bureau, 2002b and 2008d.

A-8  
Stanford Center on Longevity



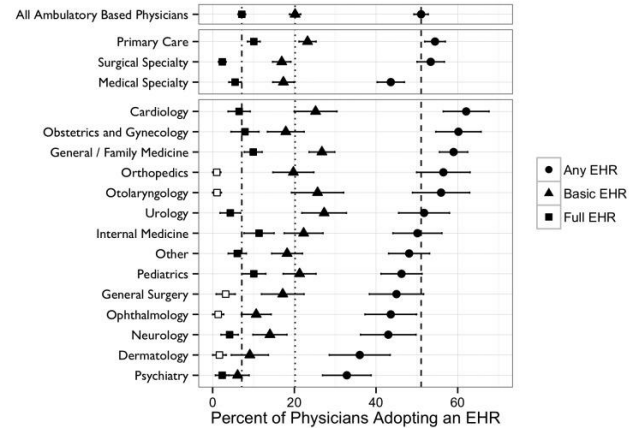
## Solo Practice Has Declined

Exhibit 1  
Solo Practice Has Declined Over the Past Three Decades



Source: Kane CK, Emmons DW, "New Data on Physician Practice Arrangements," American Medical Association, 2013; Kane CK, "Updated Data on Physician Practice Arrangements: Inching Toward Hospital Ownership," American Medical Association, 2015.

## Tech Gap Impacts Mental Health



# Disparity in Practice

American Family Physician

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<< Previous article Apr 1, 2015 Issue Next article >>

## Graham Center Policy One-Pager

### Smaller Practices Are Less Likely to Report PCMH Certification

PDF PRINT COMMENTS SHARE + f t

MELANIE RAFFOUL, MD; STEPHEN PETTERSON, PhD; MIRANDA MOORE, PhD; ANDREW BAZEMORE, MD, MPH; and LARS PETERSON, MD, PhD  
*Am Fam Physician.* 2015 Apr 1;91(7):440.

Despite efforts to achieve broad transformation of primary care practices into patient-centered medical homes (PCMHs), certification rates have lagged in small and solo practices. The challenges these groups face with the transformation and certification processes should be addressed to continue national momentum toward reshaping the nation's primary care platform.

## Disparities in Primary Care EHR Adoption Rates

Abstract: This study evaluates electronic health record (EHR) adoption by primary care providers in Georgia to assess adoption disparities according to practice size and type, payer mix, and community characteristics. Frequency variances of EHR "Go Live" status were estimated. Odds ratios were calculated by univariate and multivariate logistic regression models. Large practices and community health centers (CHCs) were more likely to Go Live (>80% EHR adoption) than rural health clinics and other underserved settings (53%). A significantly lower proportion (68.9%) of Medicaid predominant providers had achieved Go Live status and had a 47% higher risk of not achieving Go Live status than private insurance predominant practices.



Disparities in EHR adoption rates may exacerbate existing disparities in health outcomes of patients cared by these practices. Targeted support such as that provided

# Are We Really Trying to Achieve Equity?

Social Determinants of Health

## How Socioeconomic Status Affects Patient Perceptions of Health Care: A Qualitative Study

[Nicholas C. Arpey](#),<sup>1</sup> [Anne H. Gaglioti](#),<sup>2</sup> and [Marcy E. Rosenbaum](#)<sup>1</sup>

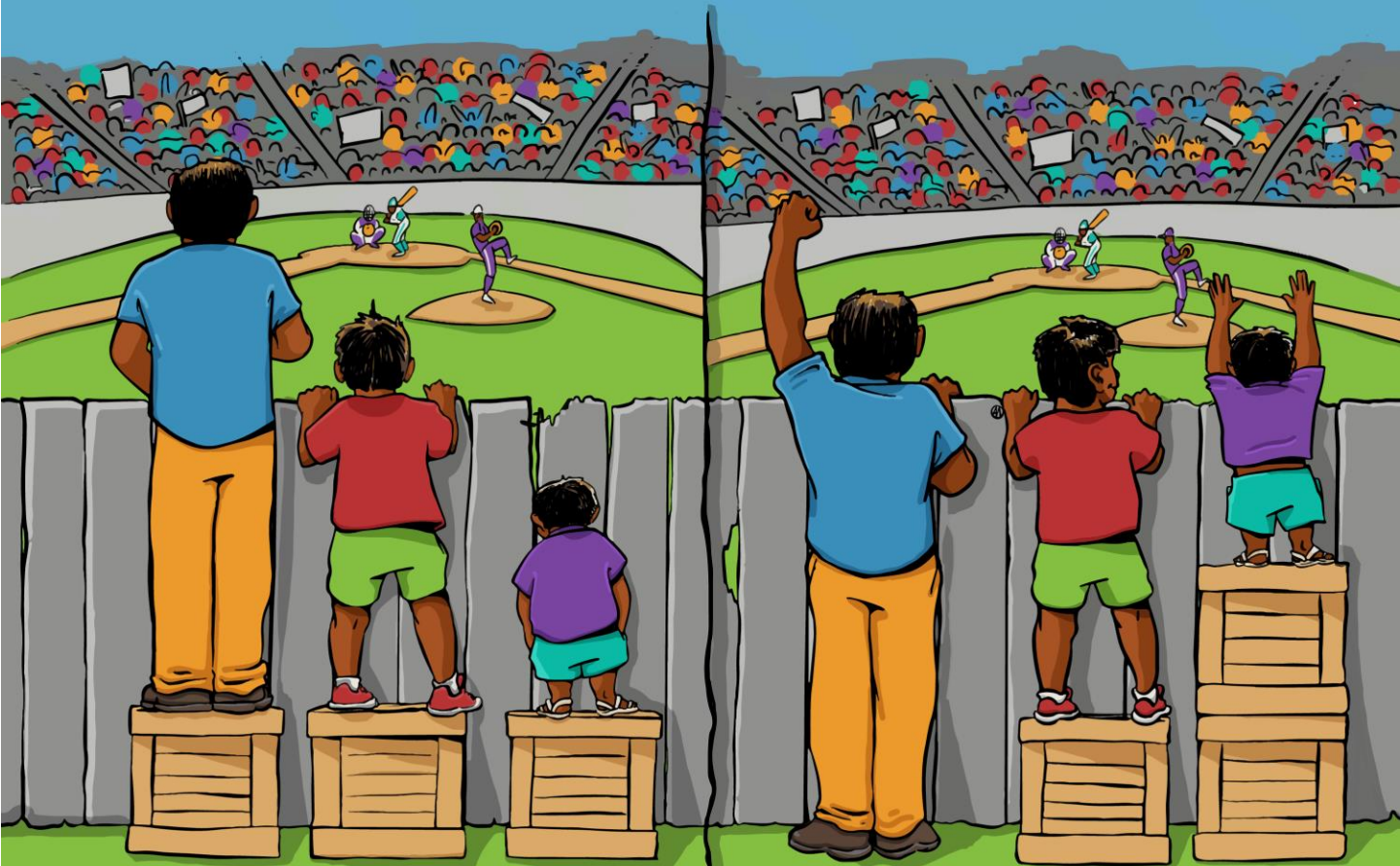
▶ [Author information](#) ▶ [Copyright and License information](#) [Disclaimer](#)

This article has been [cited by](#) other articles in PMC.

### Abstract

Go to:

**Introduction:** Clinician perceptions of patients with low socioeconomic status (SES) have been shown to affect clinical decision making and health care delivery in this group. However, it is unknown how and if low SES patients perceive clinician bias might affect their health care. **Methods:** In-depth interviews with 80 enrollees in a state Medicaid program were analyzed to identify recurrent themes in their perceptions of care. **Results:** Most subjects perceived that their SES affected their health care. Common themes included treatment provided, access to care, and patient-provider interaction. **Discussion:** This study highlights complex perceptions patients have around how SES affects their health care. These results offer opportunities to reduce health care disparities through better understanding of their impact on the individual patient-provider relationship. This work may inform interventions that promote health equity via



**EQUALITY**

**EQUITY**

## History Is Important

(Discrimination, Racism= Inequity, Disparity)

### **1940 Detroit Housing and the FHA**

1. FHA refused housing loans to a white developer for any real estate in or around black neighborhood
2. Until a wall was built between the blacks and white
3. Then funding was obtained.
4. Helped to create two divergent Americas.

<https://www.vox.com/2016/6/6/11852640/cartoon-poor-neighborhoods>

### **2015 Hepatitis C: New Treatment in Medicaid Patients**

- Sofosbuvir approx. \$1000/pill (treatment course \$84,000)
- Medicaid patients 7.5 X more likely to have HCV
- Strict behavioral criteria around abstinence and compliance
- ❖ Therefore Utilization of Sofosbuvir is limited where much needed

"Restrictions of Hepatitis C Treatment for Substance-Using Medicaid Patients", Cost Versus Ethics; J.M. Liao & M. Fischer, AIPH June 2017



**Kids born between 1955 and 1970, and the neighborhoods they grew up in**



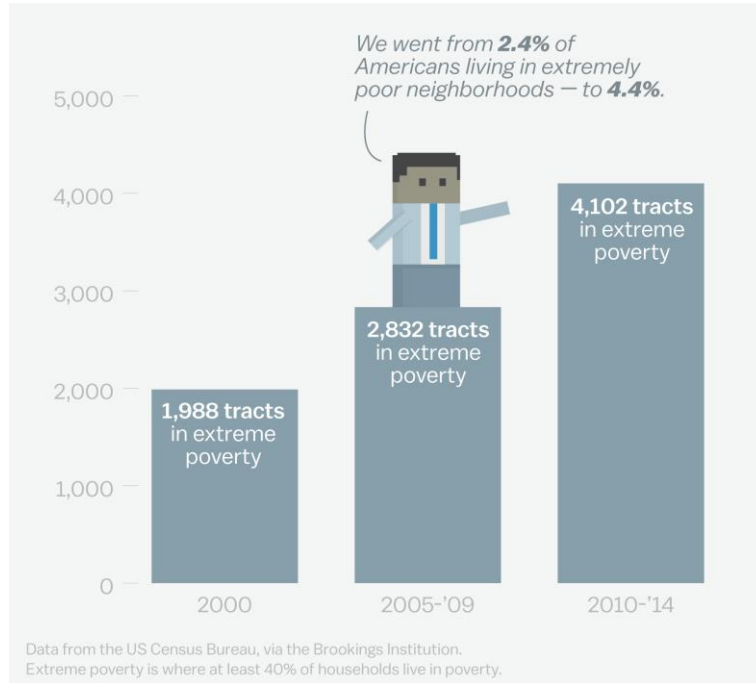
Data from *Neighborhoods and the Black-White Mobility Gap*, by Patrick Sharkey

**Kids born between 1985 and 2000, and the neighborhoods they grew up in**



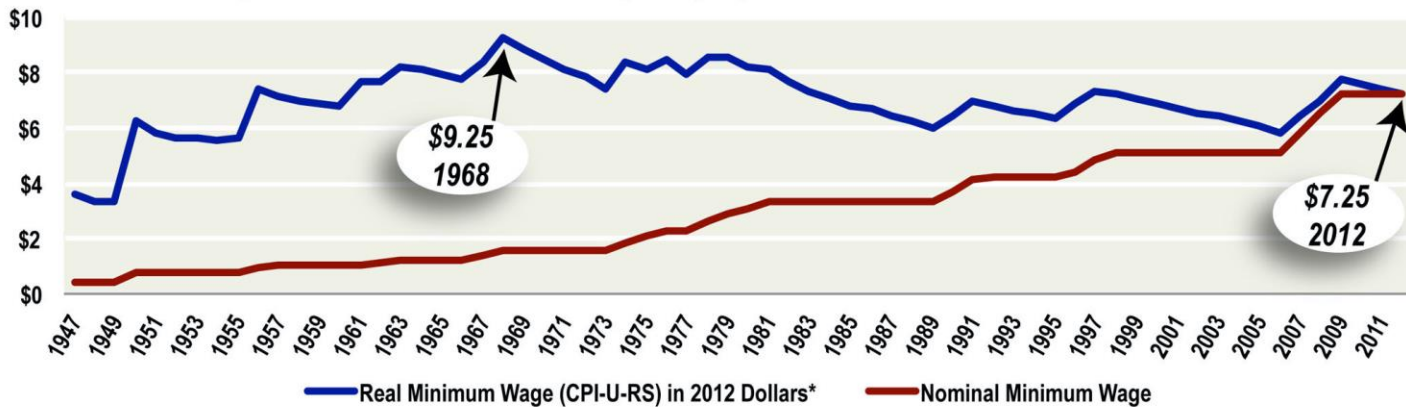
Data from *Neighborhoods and the Black-White Mobility Gap*, by Patrick Sharkey

*“Poverty and poor health are inextricably linked”*



# Wealth and Poverty

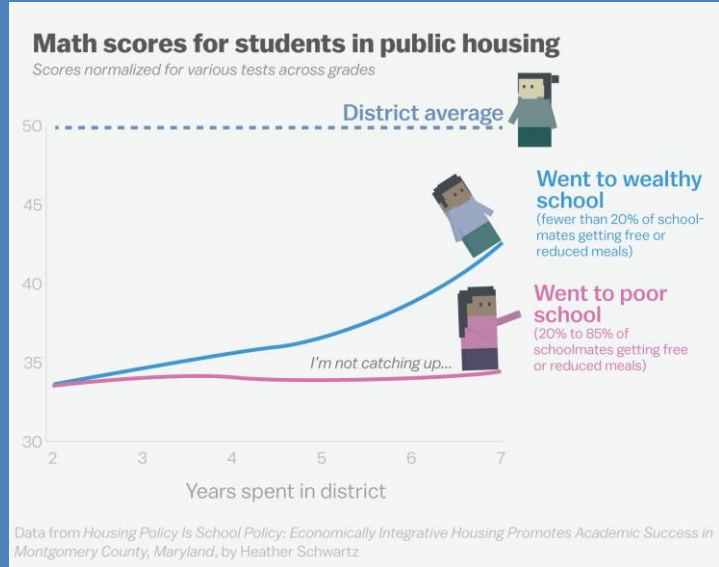
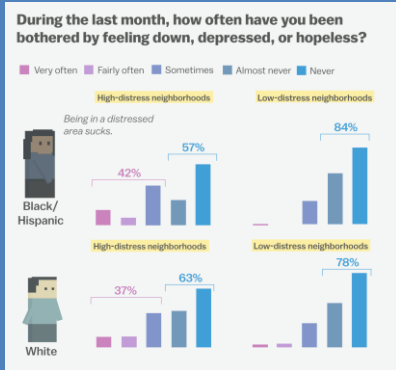
Figure 1. Federal Minimum Wage Buying Power Down 22 Percent Since 1968



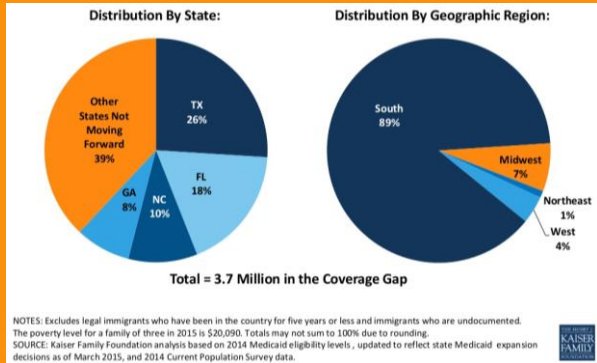
\*We use the preferred CPI-U-RS (Consumer Price Index Research Series Using Current Methods) index of inflation, compared to the commonly cited benchmark of \$10.50 using the basic CPI. Source: IPP analysis of Bureau of Labor Statistics data.



# Economics- Mental Health- Education

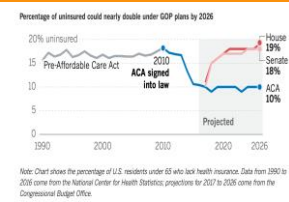


# Southern States Reject Medicaid Expansion



Los Angeles Times

March 8 2017

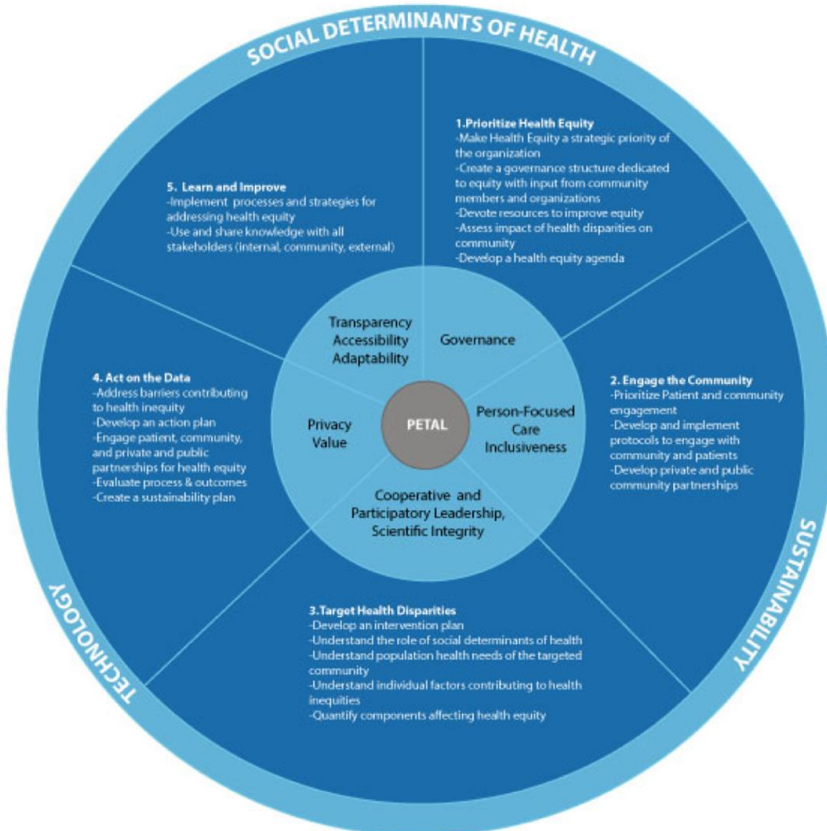




# Closing the Gap on Health Disparities

# NCPC

## Integrating Health Equity into Learning Health Systems PETAL Framework



## Core Components of the **PETAL** Framework

- ❖ Prioritize health equity
- ❖ Engage the community
- ❖ Target health disparities
- ❖ Act on the data
- ❖ Learn and improve

This framework is applicable at many levels, from the individual clinician to programs spanning single organizations to multi-institutional systems.



# Using spatially adaptive floating catchments to measure the geographic availability of a health care service: Pulmonary rehabilitation in the southeastern United States

Kevin A. Matthews <sup>a</sup>  , Anne H. Gaglioti <sup>b</sup>, James B. Holt <sup>a</sup>, Anne G. Wheaton <sup>a</sup>, Janet B. Croft <sup>a</sup>

 **Show more**

<https://doi.org/10.1016/j.healthplace.2019.01.017>

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## Highlights

- Introduces spatially adaptive floating catchments (SAFCs) and

# MSM Innovation Research

## ***Providers serving high Medicaid populations, small practices and rural health centers are adopting EHRs at slower rates***

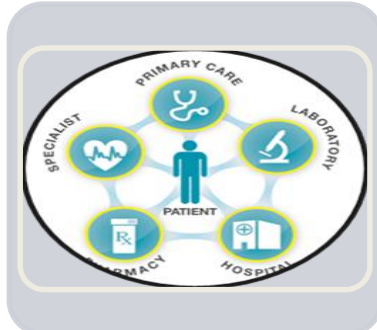
Mack, D., Zhang, S., Douglas, M., Sow, S., Strothers, H., Rust, G. (2016). Disparities In primary care EHR adoption rates. J Health Care Poor Underserved.

## ***Telemedicine utilization for Medicaid patients is low and predominantly used for behavioral health treatment***

Douglas, M., Xu, J., Heggs, A., Wrenn, G., Mack, D., Rust, G. Assessing Telemedicine Utilization Using Medicaid Claims Data. Psych Svcs.

## ***Policy gaps result in missed opportunities to advance health equity by recording informative patient demographic data in EHRs***

Douglas, M., Dawes, D.E., Holden, K.B., Mack, D. (2014). Missed Policy Opportunities to Advance Health Equity by Recording Demographic Data in Electronic Health Records. Amer J Pub Health.



## Health Information Exchange

# ***Policies, funding and state involvement play a role in HIE adoption by FQHCs in the Southeast***

Report in progress.

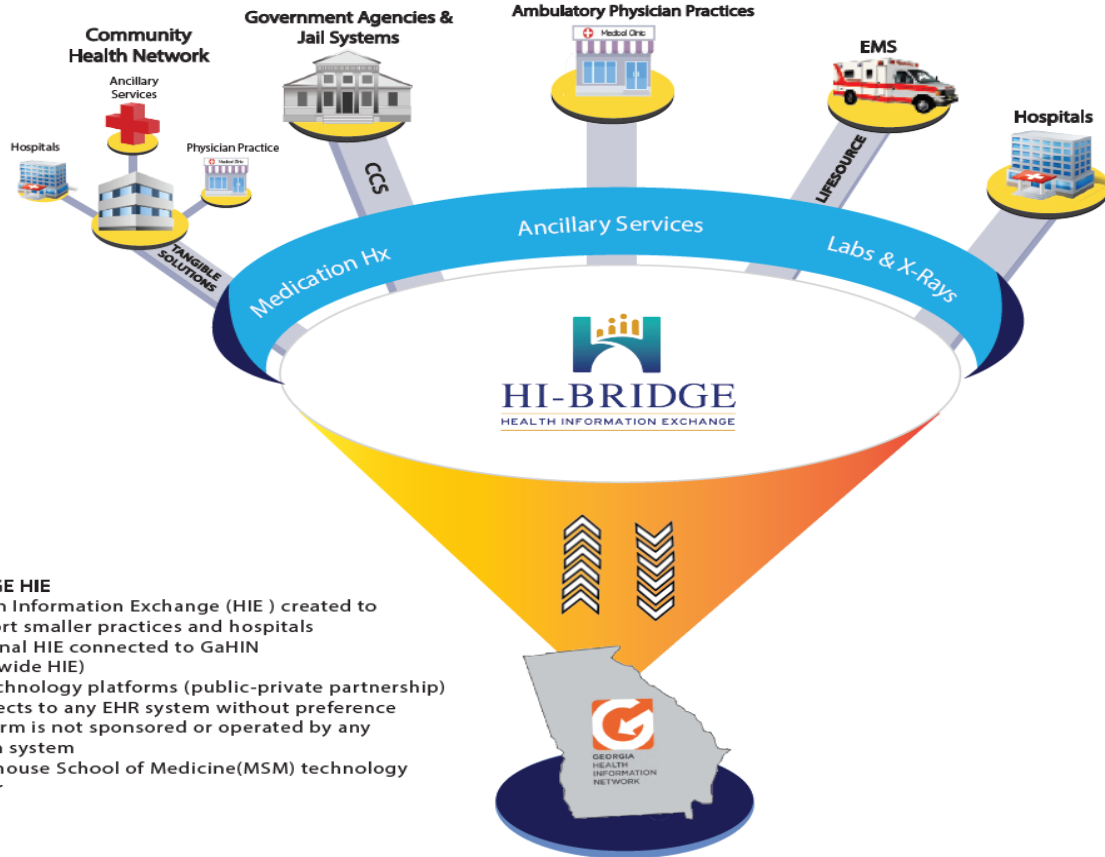
- *Methods: formative research – qualitative interviews with Primary Care Association leadership in HHS Region IV states*
- *Increase awareness of challenges and facilitators to FQHC adoption – report/publication, webinar, conference presentation*
- *Work with HHS Region IV partners to reduce barriers to adoption*
- *Future research:*
  - *Structured qualitative interviews and surveys of additional stakeholders to assess state-level and practice-level factors associated with adoption of HIE in underserved communities*
  - *Secondary data analysis to assess state-level and practice-level factors associated with adoption of HIE in underserved communities*

# Community Level Contextual Data





# HI-BRIDGE Health Information Exchange (HIE)



## HI-BRIDGE HIE

- o Health Information Exchange (HIE ) created to support smaller practices and hospitals
- o Regional HIE connected to GaHIN (statewide HIE)
- o All technology platforms (public-private partnership)
- o Connects to any EHR system without preference
- o Platform is not sponsored or operated by any health system
- o Morehouse School of Medicine(MSM) technology center



NATIONAL CENTER  
FOR PRIMARY CARE



Dominic H. Mack MD, MBA  
Director, National Center for Primary Care  
Professor, Morehouse School of Medicine  
[dmack@msm.edu](mailto:dmack@msm.edu)





# Striving for Healthcare Equity in an Underserved Academic Setting

Evelyn Figueroa, MD, University of Illinois at Chicago  
Professor of Clinical Family Medicine  
Family Medicine Residency Program Director  
UI Health Pilsen Food Pantry Founder & Director



# Disclosures

1. No relevant financial relationships to disclose

HEAL+H  
CARE IS A  
HUMAN  
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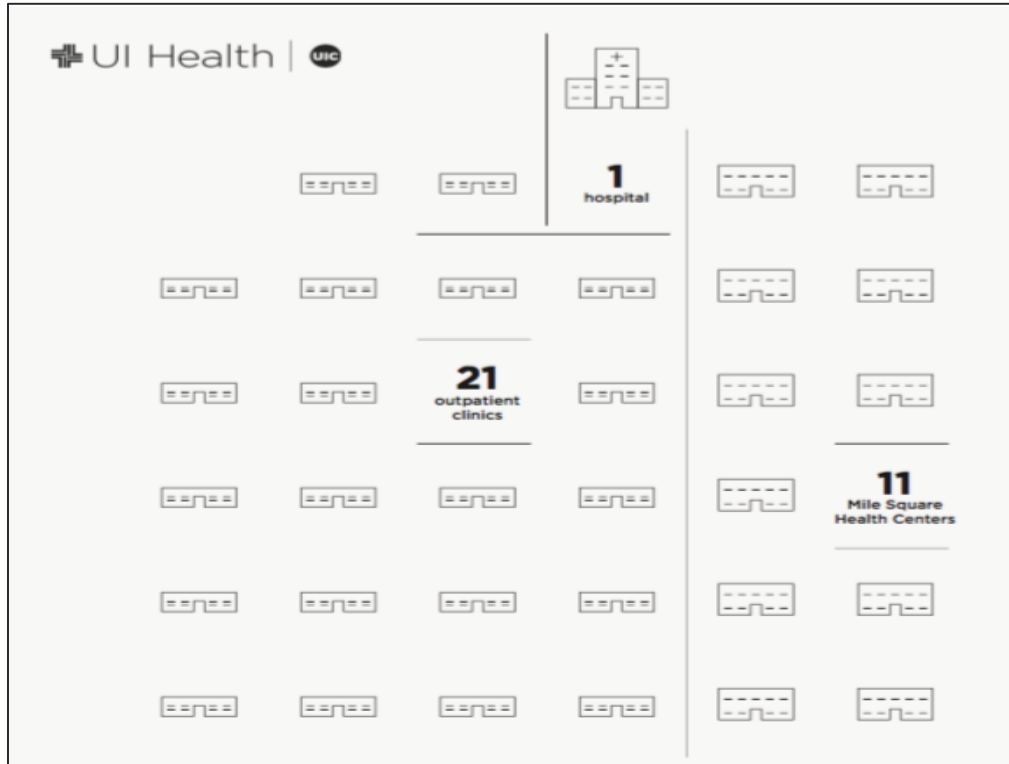
# + Learning Objectives

By the end of this session, attendees will:

1. Describe common social determinants that affect impoverished communities
2. Be able to describe a service learning model that can be used with learners of all levels
3. Envision innovative approaches for teaching about health equity for future generations

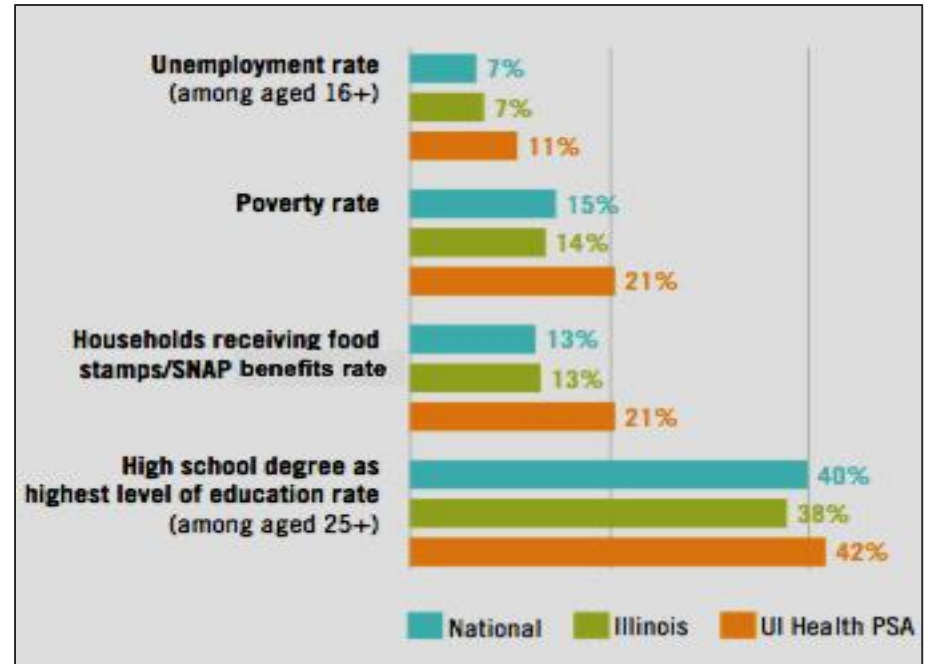
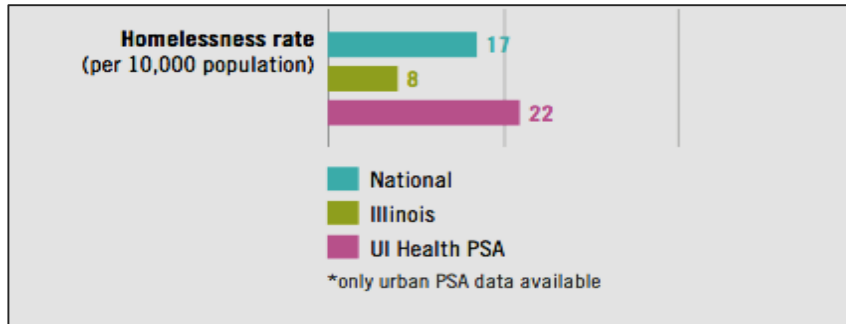
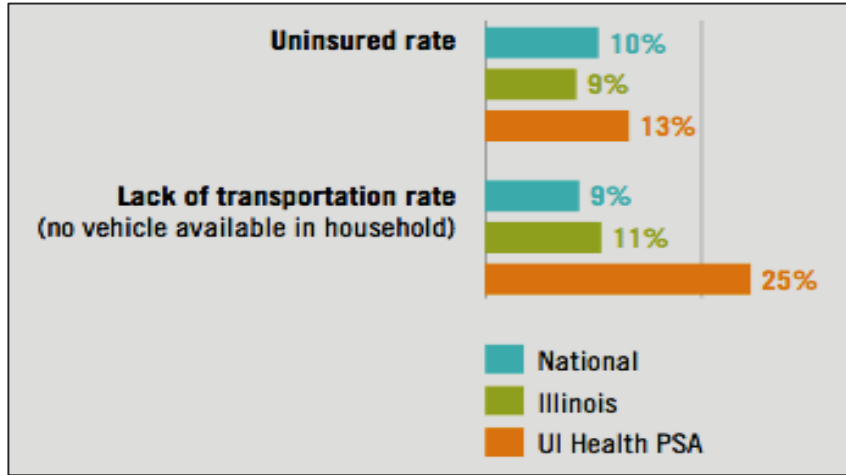


# + UI Health Stats




- 489,958 outpatient visits (FY2017)
- 46,547 emergency room visits (FY2017)
- Provider Service Area (PSA) spans over 50 Chicago zip codes, prominent ones are majority non-white populations

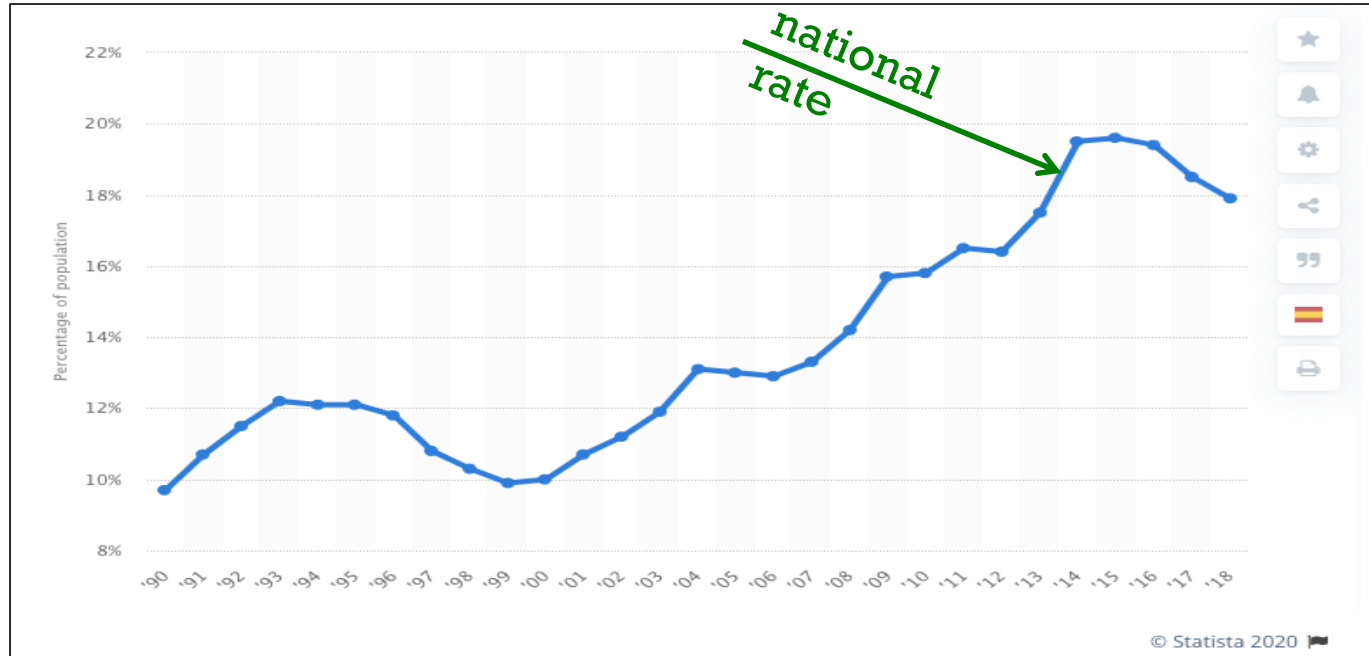
# + The UI Health Community





UI Health = 42% 

# UI Health Patients Have Medicaid at Over Twice the National Rate





# + Addressing Social Determinants is Part of the Care My Patients Must Receive if I Want to Promote Wellness and Equity



- Focused work to understand my patients' stories and earn their trust
- Allyship training
- Exploring the UI Health community
- Medical Director, Pacific Garden Mission homeless shelter
- Awareness of structural violence affecting my patients:
  - Racism
  - Sexism
  - Heterosexism
  - Poverty bias
  - Xenophobia
  - Income inequality
  - Unfair housing practices



# FRESH PRODUCE



**PILSEN  
FOOD  
PANTRY**



# BIBLIOTEQUITA PILSEN

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# + Incorporating Service Learning Into My Learners' Environment



- Family Medicine residents
- Pediatrics residents
- Medical students
- Dietitian interns
- Social work interns
- Pharmacy students
- Business students
- Undergraduate students
- High school students
- Grammar school students

# + The Pilsen Social Health Initiative: *A Vision for an Office for Social Action for Health*



- Pilsen Food Pantry
- Pilsen Little Library
- Social work office
- Medical supply lending library
- Legal aid clinic
- Employment programs
- Community meeting spaces




*An initiative of the ABIM Foundation*

# Trust and Equity in Primary Care



FOUNDATION®



“Trust is the glue of life. It's the most essential ingredient in effective communication. It's the foundational principle that holds all relationships.”

*-Stephen Covey*



# Why Focus on Trust?

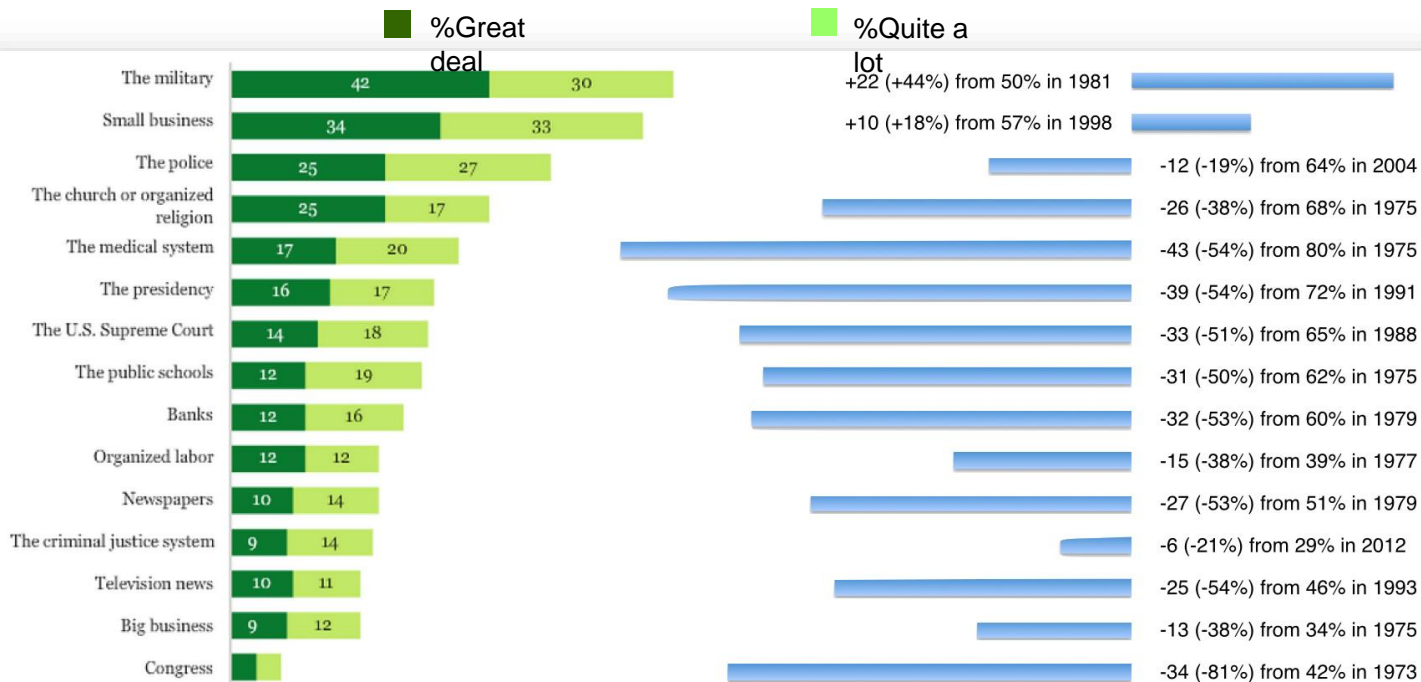
- Significant erosion over the past four decades
- Increase of misinformation, attacks on science
- Better health care outcomes, higher value care
- Link to professionalism





# Many Sectors of Society Experience Drop in Trust

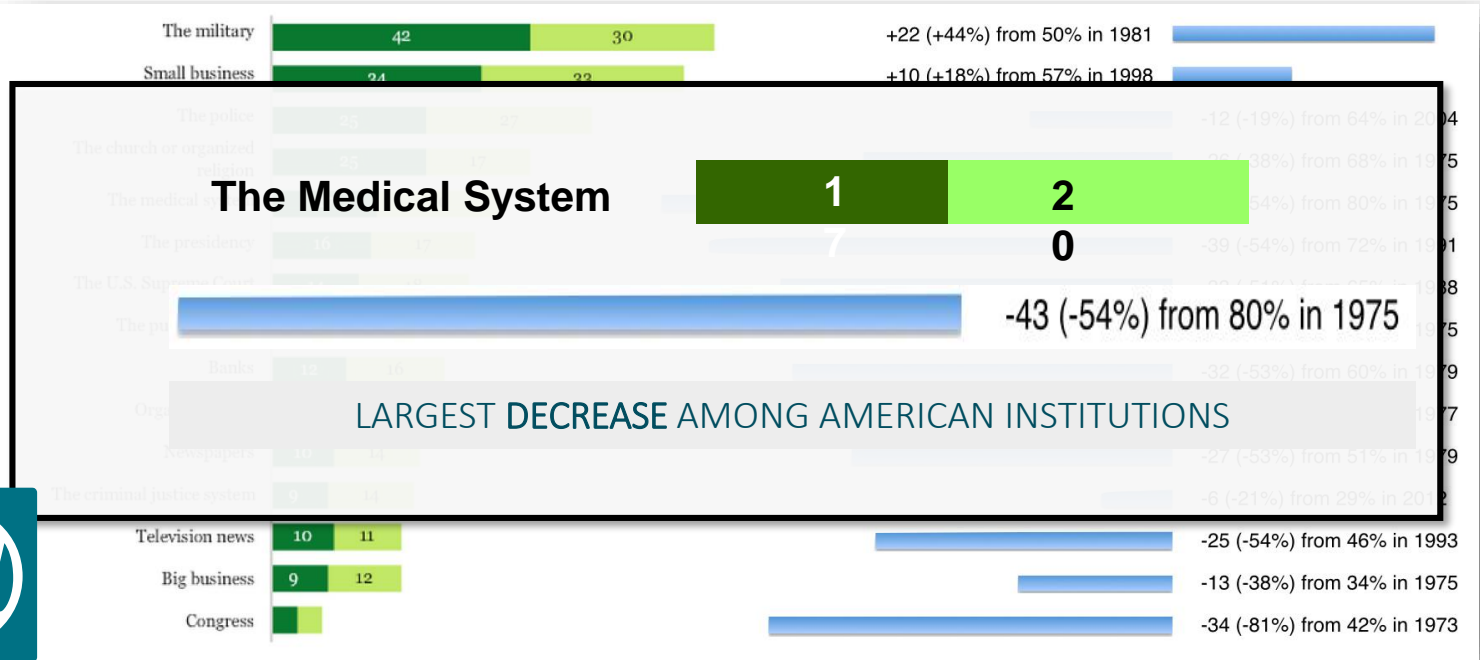
*How much confidence do you have in these American institutions?*



# Confidence in Medical System At New Lows

*How much confidence do you have in these American institutions?*

■ %Great deal      ■ %Quite a lot



LARGEST DECREASE AMONG AMERICAN INSTITUTIONS



# System Factors Affecting Trust

- **Equity**
- Community integration
- Transparency
- Patient engagement
- Environment
- Leadership
- Research integrity



**TheUpshot**

THE NEW HEALTH CARE

## *Race and Medicine: The Harm That Comes From Mistrust*

Racial bias still affects many aspects of health care.



# Patient/Physician Factors Affecting Trust

- Fidelity
- Honesty
- Confidentiality
- Competence
- Health literacy
- Perceived COI
- Power dynamics
- Continuity of care



A screenshot of the American Economic Association (AEA) website. The top navigation bar includes links for Membership, About AEA, Log In, Journals, Annual Meeting, Careers, Resources, EconLit, and EconSpark. The main content area displays the article "Does Diversity Matter for Health? Experimental Evidence from Oakland" by Marcella Alsan, Owen Garrick, and Grant Graziani. The article is published in the American Economic Review, Vol. 109, No. 12, December 2019, pages 4071-4111. A "Download Full Text PDF (Complimentary)" button is visible. The abstract states: "We study the effect of physician workforce diversity on the demand for preventive care among African American men. In an experiment in Oakland, California, we randomize black men to black or non-black male medical doctors. We use a two-stage design, measuring decisions before (pre-consultation) and after (post-consultation) meeting..." A yellow callout box at the bottom of the screenshot contains the text: "Care for African-American patients is better when they see African-American doctors".

Care for African-American patients is better when they see African-American doctors

# Advancing a Conversation on Trust

JAMA Network

JAMA® Journals Enter Search Term

January 24, 2019

**Viewpoint**

Trust in Health Care

**A Framework for Increasing Trust Between Patients and the Organizations That Care for Them**

Thomas H. Lee, MD, MSc; Elizabeth A. McGlynn, PhD; Dana Gelb Safran, ScD

**This Issue** Views 12,321 | Citations 0 | Altmetric 250 | Comments 3

**Viewpoint** | Trust in Health Care

March 22, 2019

**Why Physicians Should Trust in Patients**

Rachel Grob, PhD<sup>1</sup>; Gwen Darien, BA<sup>2</sup>; David Meyers, MD<sup>3</sup>

**New Online** Views 6,268 | Citations 0 | Altmetric 58 | Comments 1

**Viewpoint** | Trust in Health Care **ONLINE FIRST** **FREE**

April 11, 2019

**From Distrust to Building Trust in Clinician-Organization Relationships**

**New Online** Views 4,429 | Citations 0 | Altmetric 61 | Comments 3

**Viewpoint** | Trust in Health Care **ONLINE FIRST** **FREE**

April 10, 2019

**Building Trust Between the Government and Clinicians**

Person to Person and Organization to Organization

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» Author Affiliations | Article Information

JAMA. Published online April 10, 2019. doi:10.1001/jama.2019.4499

Editorial Comment

**This Issue** Views 8,627 | Citations 1 | Altmetric 114 | Comments 1

**Viewpoint** | Trust in Health Care

June 7, 2019


**Building Trust in Health Systems to Eliminate Health Disparities**

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» Author Affiliations

JAMA. 2019;322(2):111-112. doi:10.1001/jama.2019.1924

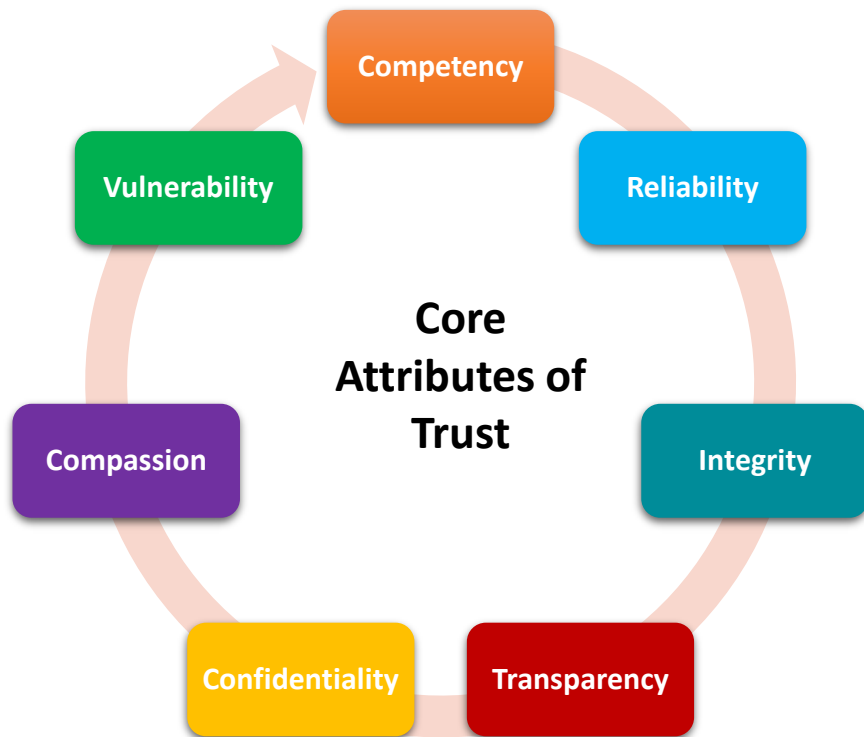
Editorial Comment



# TRUST

## PRACTICE CHALLENGE

- Open call to identify and promote existing practices that foster trust in health care
- 68 submissions
- 24 meritorious practices
- 8 winners



### Exemplary Submissions

- Use of graphic medicine (comic strips) to improve patient-physician engagement involving EHR
- Dedicated clinic program (primary, specialized care) for LGBTQ community
- Shared data collection, reporting on clinical performance



# Introducing BUILDING TRUST

- ✓ Elevate the importance of trust as an essential organizing principle to guide operations and improvements in health care
- ✓ Build a community of organizations interested in addressing trust as a means to achieve better health care





# Five Simple Rules

1. Define the problem or challenge
2. Describe *the exemplar practice that improved trust*
3. Define what success looks like
4. Stick with your sector
5. Identify scalability and replicability



# 2020 Forum: Building Health Equity Through Trust

- **People**

- Workforce diversity, workforce training, bias awareness

- **Tools**

- Community engagement, health research recruitment
- Evidence/Algorithm Bias

- **Practices**

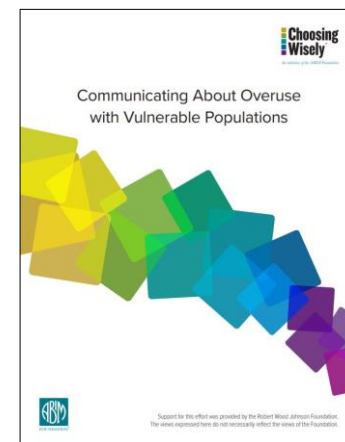
- Performance improvement
- Primary care and patient safety
- Diagnostic bias
- Social determinants of health



An initiative of the ABIM Foundation

# Survey of Vulnerable Populations

- 50% expressed low levels of trust in providers or cynicism about care decisions – citing financial influences and conflicts of interest
- Some expressed experiencing bias based on insurance status
- Many expressed desire for trusting, long-term relationship with clinicians



“Communicating About Overuse with Vulnerable Populations,”  
ABIMF Foundation White Paper, 2019

# Societal Cost of Health Care Disparities

## Poorer population health

- Minority populations receive fewer effective health services than whites, and at risk of receiving more ineffective care
  - Unnecessary cardiac screening
  - Preoperative testing
- Poor health outcomes, lower quality of life



Schpero, William L et al. "For Selected Services, Blacks And Hispanics More Likely To Receive Low-Value Care Than Whites." *Health affairs (Project Hope)* vol. 36,6 (2017): 1065-1069. doi:10.1377/hlthaff.2016.1416

# Financial Cost of Health Care Disparities

- Disparities amount to nearly \$93 billion in excess medical care costs
- \$42 billion in economic losses due to lost productivity per year and premature deaths



W. K Kellogg Foundation and Altarum Report, “The Business Case for Racial Equity: A Strategy for Growth” April 2018

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# Questions?



# Questions for the panel



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**Evelyn Figueroa**

University of Illinois  
College of Medicine



**Daniel Wolfson**

ABIM Foundation



*Moderator:*

**Jennifer Edgoose**

University of Wisconsin  
School of Medicine and  
Public Health





**Thank you!**