Health Care Disparities Among Serious Illness Populations

BACKGROUND

Healthcare disparities are differences between groups regarding access to quality care or health care coverage, leading to unequal outcomes and compromised quality of life for millions of Americans. Among populations with serious illness, health care has not always addressed the needs of communities historically marginalized and presently underresourced.

Though the Affordable Care Act (ACA) increased access to health insurance, many people remain un- or underinsured. Black, Indigenous, People of Color (BIPOC) Americans are more likely to be uninsured compared to White Americans.

For those living with serious illness, the obstacles are even greater. For example, non-White patients experience less access to high-quality home health care, which can be attributed to the lack of fewer health care providers in communities where they live. And despite the positive impact shared decision making can have for patients, Black patients are less likely to use advanced care planning products or have conversations on their health care wishes.

The cost of care can create a disproportionate burden to patients and their families. More than half of adults with high needs have low incomes, while at the same time experience more than 50 percent more physician visits than adults overall. Additionally, Black Medicare beneficiaries have nearly more than double the rate of cost-related problems than their White counterparts. Institutional racism creates systems that ignore the needs of communities of color and relegates them to resource deserts.

How would a more equitable healthcare approach better address the full range of patient needs and be more responsive to the differences in their environment, finances, culture, and overall well-being?

C-TAC BLUEPRINT FOR CHANGE

Utilize Core Principles to Improve Models of Care. C-TAC's core principles create a framework in which patient-centered, high-quality, and equitable care can be delivered. Such care includes an interdisciplinary team that focuses on the medical and nonmedical needs of patients, including the social determinants of health (SDOH).

Center the voices of patients. Meaningful engagement and feedback from the community improves how health care providers deliver care. Culturally and linguistically responsive health care services have been shown to improve outcomes for patients as have workforce training programs designed with their medical and nonmedical needs in mind.

Acting on behalf of patients is essential to securing the care they desire. However, those same patients are also their most effective advocates. Providing spaces where patients can share their stories and their challenges better inform strategies that lead to better care.

Utilize equity-informed assessments. Screening for the social needs of patients, in addition to their medical needs, more precisely educates providers on what community supports patients need for better outcomes.

Eliminate Co-Pays in Advanced Care Planning (ACP) Sessions and other financial obstacles. A [2020 report by the Office of the Assistant Secretary for Planning and Evaluation on ACP](#) showed that the co-pay associated with ACP sessions is a barrier to shared decision making conversations. As a result, underserved and under-resourced populations are less inclined to take advantage of these patient-centered conversations. (See Advance Care Planning Cost-Sharing as a Health Equity Issue [LINK])

Expand Accountable Care Organization Realizing Equity, Access, and Community Health (REACH) Model. The ACO REACH Model gives the Centers for Medicare & Medicaid (CMS) an opportunity to tests models with an equity focus.

Test Value-Based Models that Incentivize a Health Equity Approach in Care. Value-based payment models, especially those designed to be responsive to social determinants of health (SDOH), reduces the financial burden to patients and their families. It also ensures patients receive high-quality care and treatment.

Integrate Community Based Organizations (CBOs) into health care creating an interdisciplinary approach. CBOs can reduce disparities by filling in the gap between the hospital and home. Health-related social needs, like housing and food insecurity, have been impacted by decades of disparate government action. Community-informed and -led care addresses those social needs and improves outcomes, especially for historically marginalized communities.

Support Greater State Innovation on Medicaid and Palliative Care. Supporting states utilization of federal funds through Medicaid to support community-based organizations providing palliative care.

We call on Congress to:

- *Advocate for Equity-informed assessments.* Focusing on social determinants of health (SDOH) key areas defined by AHRQs (social context, economic context, education, physical infrastructure, and healthcare context) is a way existing systems can be reformed to improve health outcomes. Patient assessments that evaluate a patient's SDOH circumstances make for better referrals and services that augment the care patients receive.

- *Fund information campaigns in underserved communities to increase public awareness of available resources.* Using community-based organizations, especially Black, Indigenous, and People of Color (BIPOC)-led organizations as trust validators encourages use of health care services and lead to better health outcomes.

- *Expand telehealth services for advance care planning.* A permanent expansion of the pandemic-related flexibility under Medicare to allow for reimbursement of phone-based, audio-only ACP services thus increasing access to this valuable service.

- *Increase funding for the Racial and Ethnic Approaches to Community Health (REACH),* which is the only CDC program that funds communities working to reduce racial and ethnic health disparities.

REFERENCES

Disparities in Health and Health Care: 5 Key Questions and Answers https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/

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