

First Annual Health Equity Benchmarking Survey

**Insights and analysis from
Becker's & TruLite Health's
survey of healthcare executives**

Achieving true health equity will require sustained effort on a massive scale. Considerable work needs to be done before comprehensive progress can be made, but recent research shows that equity is on health systems' radar and they are actively engaged in addressing this issue.

In May and June 2022, *Becker's Hospital Review* and TruLite Health conducted the first survey to benchmark the health equity efforts underway at more than 100 healthcare organizations. Alan Roga, MD, founder and CEO of TruLite Health, recently spoke with *Becker's Hospital Review* about the survey's findings and how health systems are striving to improve health equity in their communities.

While health equity has been a problem for years, COVID shined a spotlight on this critical issue

During and after the COVID-19 pandemic, the outcome differentials on the clinical side heightened not only the clinical interest in health equity, but also the moral imperative to tackle this issue. In response, many clinicians started to study health equity much more intensively.

"If you are an African American woman and you're pregnant, the likelihood that you will have complications and die from your pregnancy is higher in the United States than it is in Mongolia," Dr. Roga explained. "Or if you are a Native American, your life expectancy would be longer living in the Democratic Republic of Congo than in the United States. Statistics like those are hard for us to imagine, but they're true."

While improving the patient financial experience can present health systems with significant challenges, the strategic importance of doing so is clear. This e-book examines the barriers to advancing the patient financial experience and offers ideas to overcome them.





Many clinicians have started to look at healthcare through a completely new lens. "Historically, many clinical formulas have used race in their algorithms. One example is glomerular filtration rates," Dr. Roga said. "In clinical circles, however, there are a lot of questions about its use. Clinicians are also looking at social determinants of health (SDOH) and their impact on outcomes but that focus alone hasn't moved the needle on patient outcomes."

Although the momentum to address health equity in the wake of COVID-19 started in the clinical arena, the government soon got involved. CMS has created the ACO Realizing Equity, Access and Community Health (REACH) Model to promote health equity through payment incentives.

"Outside of the moral imperative, I think we are starting to recognize the substantial economic

impact associated with inequity in the health system," Dr. Roga said. "Deloitte recently conducted a study that estimates the annual cost of health inequity at around \$320 billion."

The economic impact of health inequities affects the health system, clinicians and the patient. Integration of health equity information and education at the point of care can drive down costs through earlier diagnosis, personalized care and higher levels of patient engagement.

The societal response to health equity also can't be ignored. Health system leaders are seeing increased interest and increased pressure from their boards, communities and clinicians to demonstrate progress on equity. All of these factors are leading to a significant amount of organizational change.

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Health systems are rapidly embracing health equity programs at the organizational level. The Becker's and TruLite Health survey revealed that:

- 85 percent of healthcare organizations have either deployed or plan to deploy health equity programs
- 65 percent are focused on enterprise wide deployments
- 67 percent have hired a health equity officer or leader

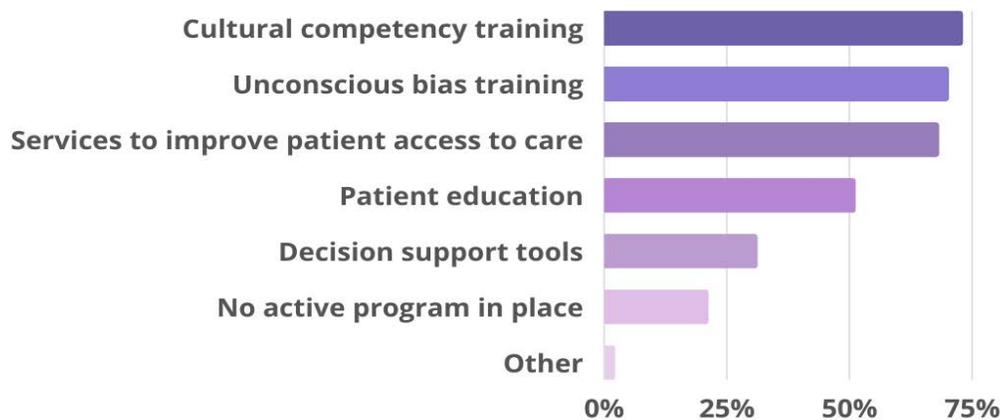
"Our survey shows that there's clearly a focus on building strategic leadership teams around health equity both administratively and clinically," Dr. Roga said. "These teams, however, face competing priorities, such as staff resourcing. This can create barriers to executing on health equity plans."

Another key finding is that management teams are supporting health equity programs with significant budget allocations. More than half of respondents (56 percent) indicated that their organizations are spending in excess of \$500,000 per year on health equity programs and 80 percent said that they have already funded health equity plans.

"This is a very important issue that has engaged key stakeholders from the board to executive management and all the way down to frontline caregivers," Dr. Roga said. "Most health equity programs, however, are still in the very early stages – our survey found that most initiatives have started within the last three years – and they focus primarily on staff training around cultural competency, bias and social proof."



If your organization has an active Health Equity program, what elements are currently implemented?



Achieving health equity goals will require clinical integration, tools at the point of care and analytics

While physicians and care teams are supportive of programs to address health equity, survey respondent noted that in general, hospitals and health systems aren't yet providing front-line caregivers with adequate tools or support at the point of care. This is consistent with another survey finding which suggests organizations are giving low priority to clinical guidelines, EHR integration and analytics to measure the impact on health equity. Less than 10 percent of health systems are focusing on clinical interventions, leaving a large gap in opportunities to address health equity issues at the point of care.

The challenge for many health systems will be progressing past competency and bias training. According to Dr. Roga, "If we really want to improve care, demonstrate a focus on health equity and build trust with patients, we need to look at clinical integration with the electronic health record which is the single source of truth and the primary workflow tool for most systems. Seamless integration into EHR workflows is a high leverage point for improving education and appropriate interventions in care, but our survey found that it's not widely included in the program focus at most organizations."

Providers need tools at the point of care to educate patients and cultivate trust with communities. In addition, analytics are essential. "We have to provide opportunities for care teams to proactively engage patients and encourage them to advocate for their own care," Dr. Roga said. "Analytics that measure those outcomes are key. Unfortunately, most organizations don't have the analytic or reporting tools they need to drive clinical, social and behavioral interventions at the point of care."

At the macro level, clinical analytics tools are required to manage the overall competency of the provider pool. These enable health equity executives to look across large numbers of providers to identify where greater engagement or clinical tools are needed.

At a more tactical level, health systems need analytics tools to link health equity measures with chronic care management. According to Dr. Roga, "As we researched our approach to solving this problem, we worked with experts to detail an analysis of chronic care costs across populations. We have found that it can be 20 to 50 percent more expensive to care for diverse population patients than a white population patient."

A market is forming for health equity services, but sophisticated solutions are required to move the needle

Health equity is a high priority for healthcare organization boards and senior management, as well as local communities. As a result, these strong tailwinds are accelerating development of the market for health equity solutions.

"It's definitely not too late for hospitals and health systems to get involved," Dr. Roga said. "We're still in very early innings. Health equity is a complicated issue and our survey shows that organizations are still grappling with finding the right approach. In a few years, I believe health systems will deploy enterprise-level solutions. I think it's time to address health equity at all organizations, not just the select system level."

Important priorities must be established for different time horizons:

- In the *short term*, success will be measured by how well health systems engage communities of color in their care. "We need to look at how we are doing on outcomes like hemoglobin A1C levels, readmission rates and all the standard measures that we look at to validate whether programs are moving the needle," Dr. Roga said.
- In the *medium term*, healthcare organizations must consider governmental programs. That means understanding what the ACO REACH model looks like, as well as CMS population health measures. "How can we get past satisfaction and readmissions-related metrics and focus on specific, quantifiable quality measures around disease management tools that are specific to ACO REACH and CMS population health?" Dr. Roga asked.
- *Long term*, hospitals and health systems must look at how health equity programs can have a material impact on driving down the cost of care.



Conclusion

Health inequity is a system-level issue that requires a system-level solution. The challenge is that it will take significant time, effort and investment to change decades of deeply ingrained processes and practices.

"This is one of the biggest public health crises that I've seen in my career as a physician and we've only just started to talk about health equity in a meaningful way," Dr. Roga said. "I'm pleased to see that health system leaders and employees are actively engaged. We can't underestimate how complex this issue is, however. To address health equity effectively, it will take clinical, social and behavioral interventions."

For more information, please go to our website at [TruLiteHealth.com](https://www.TruLiteHealth.com) or send us an email at Info@TruLiteHealth.com.



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