Healing health inequities

Understanding patients
and populations

A view of healthcare spending

3.6 Trillion
The amount the US regularly spends on healthcare per year[1]

$11K
The average amount spent per person per year on healthcare

54.4%
Percentage of the US population that received healthcare insurance coverage from an employer for at least part of 2020

11th
The place the US consistently ranks among 11 developed nations on a range of measures, including health equity[2]

Introduction

According to the United States government's Centers for Disease Control and Prevention (CDC), the US regularly spends more than $3.6 trillion (about $11,000 per person) a year on healthcare expenditures.[1] That is far more than other nations, even those with much larger populations. Does everyone benefit equally from that spending?

The unfortunate answer: No. Not even close compared to other developed nations.

The Commonwealth Fund reports that the US consistently ranks last among 11 developed nations (Australia, Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States) on a range of measures, including health[2]

Unfortunately, this is nothing new. The report has been made five times since 2000 with a consistent last place result for the US healthcare system.

The US has a long way to go to address equity issues in healthcare resource distribution and overall quality of care. No single institution or initiative will solve these problems alone. This report, however, explores one avenue that can organize and catalyze progress. And it draws on the established structure of healthcare benefits distributed through employers.

In 2020, 54.4% of the population received healthcare insurance coverage from an employer for at least part of the year. Health insurance coverage alone does not alleviate equity concerns because challenges to health equity are rooted in systemic issues such as racism, social class, access problems due to geography, and other barriers that originate outside the healthcare system itself. Employers that offer insurance as part of their benefits packages have a potential role to play in reducing equity disparities in general, and an obligation to reduce them for employees.

At Accolade, health equity is rooted deeply in our origins and informs everything we do. With that said, the aims of this report are to:

- Define health equity and place it in context.

- Show how a personalized healthcare approach can address equity.

- Explain how Accolade's Personalized Healthcare solution operationalizes those factors.

Employers have a significant role to play in the lives of their employees. Delivering healthcare benefits that can encompass medical science and the challenges of health equity improves both the business and the social fabric of the communities those businesses serve.

What is Health equity?

Health equity is a complex, expansive topic. Definitions can help navigate that landscape. The World Health Organization (WHO) defines the concept of health inequity as:

"Health inequities are systematic differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies."

The CDC defines health equity as, "Every person having the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances." The organizing point is that challenges in "health equity" stem from issues in the social environment with roots outside of the healthcare industry.

Despite its origin outside the industry, health inequity has clear impacts on health and well-being at the individual and population levels. The Kaiser Family Foundation (KFF) has identified six sources of inequity. These are not mutually exclusive categories. Rather, they overlap and work in concert together to heighten the impact of any one negative social force.

6 challenges to equity are...

1. **ECONOMIC STABILITY:** The ability to pay for services, including income and employment situations, the size of medical bills, competing expenses and other financial factors.

2. **NEIGHBORHOOD AND PHYSICAL ENVIRONMENT:** Certain limitations can be part of the built environment and social structures within a community such as a lack of adequate public transportation or childcare services.

3. **EDUCATION:** Literacy and language barriers fall into this category, along with issues stemming from the lack of adequate education or early education resources for at-risk youth.

4. **FOOD:** One of the foundations of health and well-being is access to quality food sources and any associated skills for food preparation and meal planning.

5. **COMMUNITY, SAFETY AND SOCIAL CONTEXT:** Violence, a lack of social support systems or a lack of policing in an area can impact health and well-being.

6. **HEALTHCARE SYSTEM:** The ability to access health coverage, find available providers – with linguistic and cultural competence – and the quality of care also play a major role.

The insidious health effects of racism and discrimination

The KFF believes that a unique social force in the construction of healthcare inequities is "racism and discrimination." This force does not stand alone as a singular category, but cuts across all others. Institutional racism can be found in any of the six sources of inequity. Take, for instance, neighborhoods and physical environments. Neighborhoods that are historically minority-based all too often lack adequate schools, policing (or are over-policed), public transit, jobs, healthcare resources and quality grocery stores as a basis for constructing balanced diets.

Unfortunately, discrimination transcends race and infects many other social factors. Religious minorities can be targets of discrimination. Discrimination also impacts the LGBTQ+ community in varied ways. Some aspects of discrimination against this community have distinct health and well-being impacts, whether that's HIV treatments, hormonal needs of transsexuals or a host of other issues.
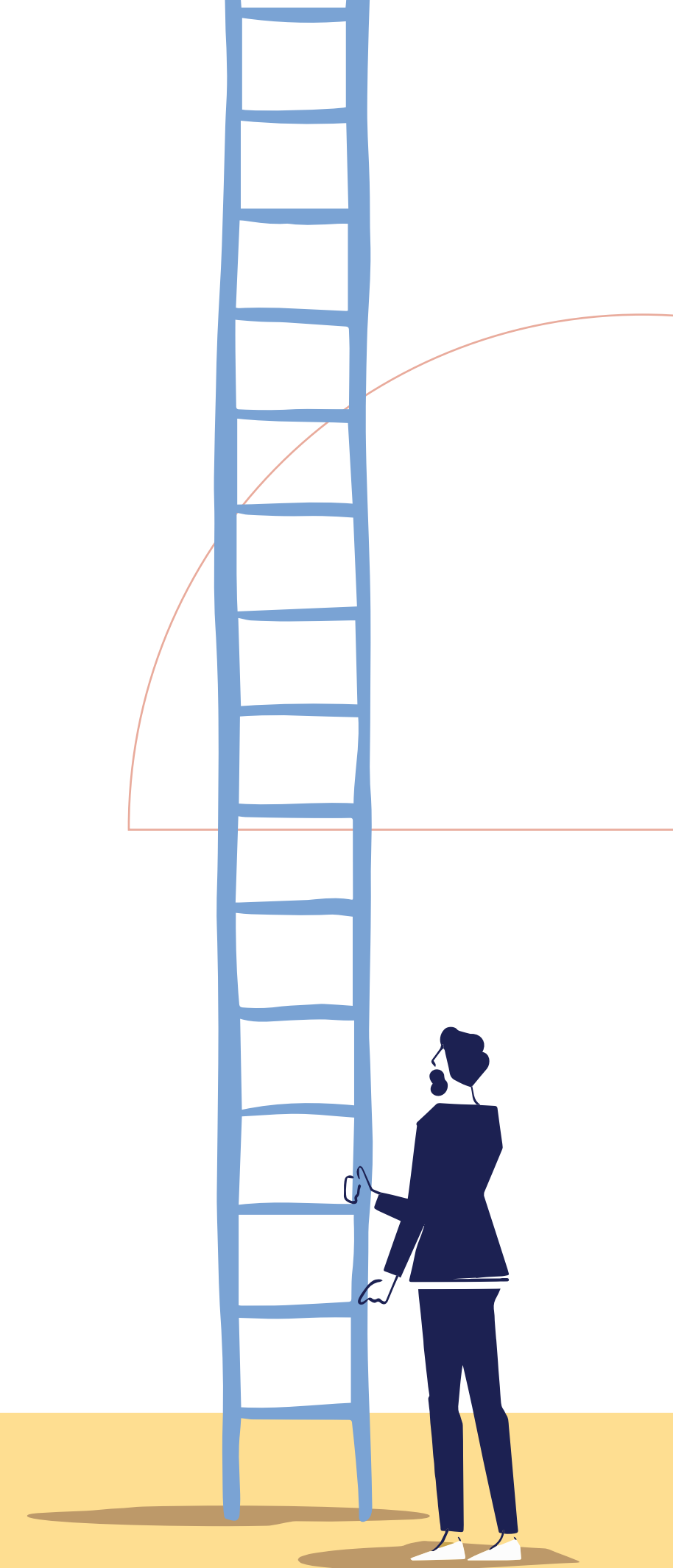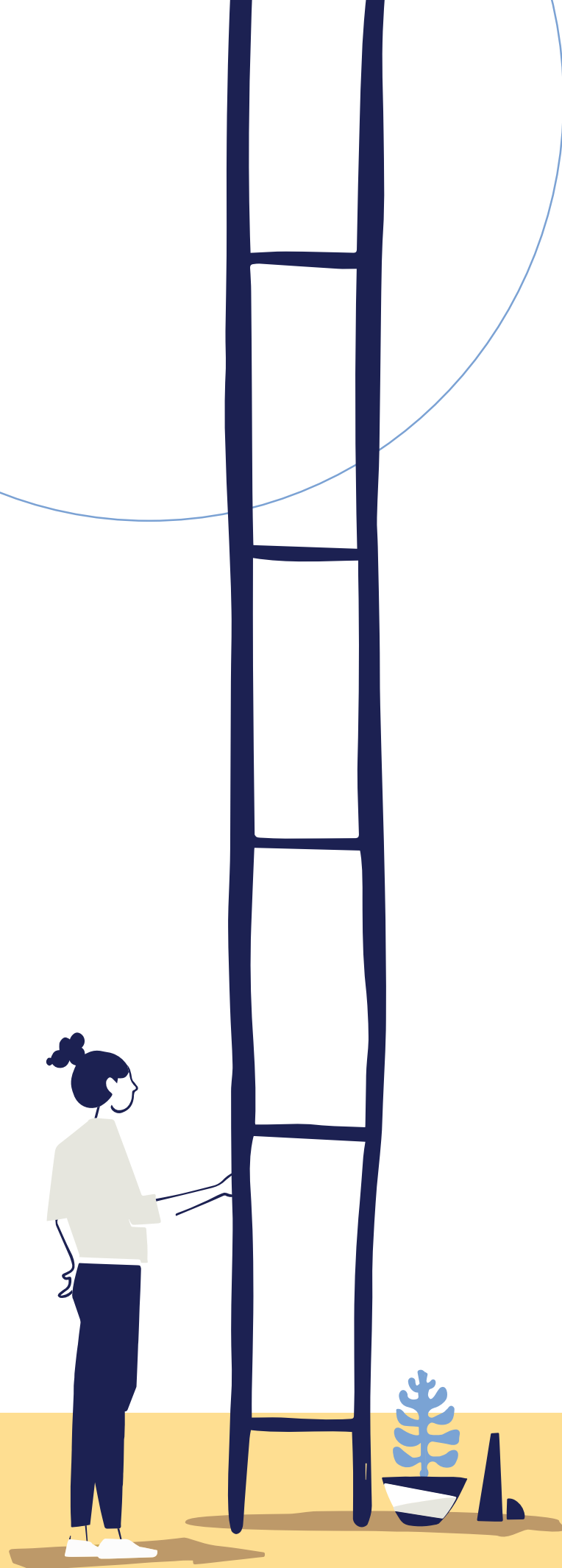
These inequities can result in lower life expectancy and a raft of chronic conditions, such as diabetes, that can go under-treated because of the inherent limitations of access, affordability, and even the ability to explain life circumstances to someone who can appreciate them and take them into consideration in designing treatment. Underlying all these categories — and exacerbated by racism and discrimination in particular — are the mental health impacts of these inequitable situations. These impacts have grown over the past few years.

The Journal of the American Medical Association reported that US COVID-19 infection rates are **three times higher** *in historically African American versus white counties. Death rates are* **six times higher***.*

While the COVID-19 pandemic did not create these problems, it certainly heightened them. As with so many other things, the pandemic accelerated existing trends in health inequity.
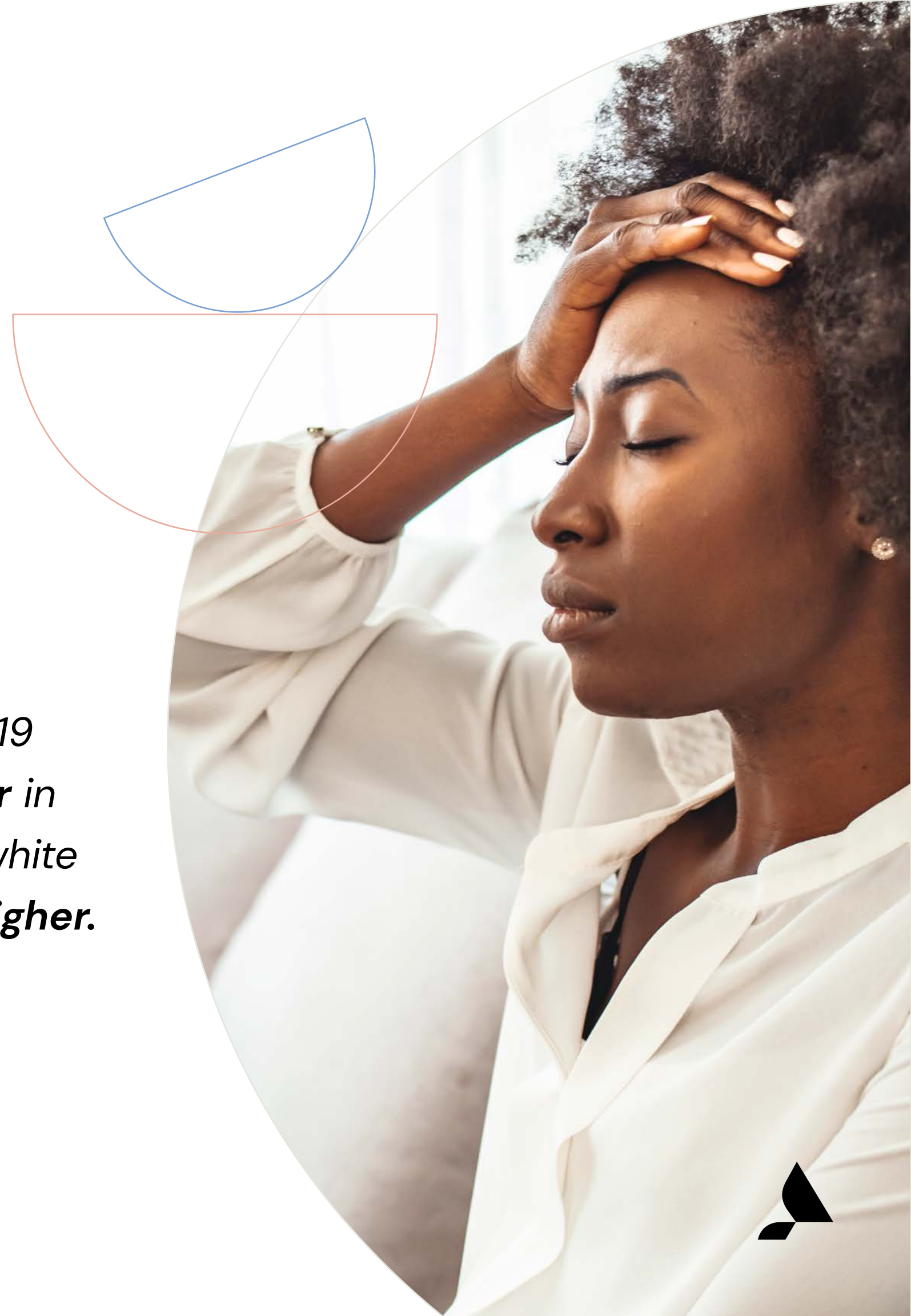
Moving toward a more equitable healthcare future

The *New England Journal of Medicine* reported that the US healthcare system has made some progress on several issues in the health system. However, equity "lags behind the others." The writers urge those in and around the healthcare industry to "play a major role in seeking to improve health outcomes for disadvantaged populations."

We agree. As the source of healthcare benefits for a significant part of the population, employers can take up this charter as well. Accolade works with customers to do just that. Accolade's leaders are fully committed to addressing health equity concerns and have architected the company with that in mind. We will detail some of our specific actions in designing programs in a moment. First, it is worth looking at the mindset we bring to addressing the problem.

At Accolade, we believe a personalized healthcare approach is the best way to improve health equity issues.

What is Personalized Healthcare?

At Accolade, we developed and refined our solutions and approach for mroe than 13 years, successfully helping millions of members achieve better clinical outcomes. We do this through

Personalized Healthcare, a new category of healthcare built on three pillars:

- **PERSONAL:** We provide human connections and tailored approaches to improve individual health outcomes.

- **DATA DRIVEN:** Accolade uses real–time data to understand the entire population, detect events and provide proactive interventions.

- **VALUE BASED:** We eliminate silos, use a comprehensive patient view and stay with people every step of the way.

How Personalized Healthcare can address health inequity

The ability to address health inequities requires Personalized Healthcare to have some key characteristics, including patient centricity and individualized population health. Together, these two focal points create a cooperative spectrum of care and information that enhance individual treatment plans and create a broader view of the populations that might be impacted by these social determinants of health.

Patient centricity is central to Personalized Healthcare

A care team needs to know their patient. Obviously, they need to understand the patient's various medical conditions, prescription drugs, test results and other aspects of modern medical science. However, truly knowing a patient means making a conscious effort to understand what their life looks like and the types of barriers they may experience. For example:

• Where does this patient live?

• What is the patient's transportation situation?

• Are they a member of a community that is a known or potential target of discrimination?

Answering these questions means having real conversations and asking questions about life circumstances that are relevant to a person's care. Perhaps they need help finding childcare or affordable transportation to a clinic. Our providers can even go the extra mile to check bus schedules to ensure a patient can access the care they need.

Health equity needs to be built into care by understanding what is unique about each person and their circumstances. This contextual understanding of social determinants forms the basis of our entire approach to healthcare, guides our work with each member and informs the care plans we design and put into action.

It is documented that contextual care works. A study in the journal *BMJ Quality & Safety* found that Accolade is more than 30% more likely than other providers to identify contextual factors and incorporate them into care plans.

The value of understanding a patient's situation

A patient-centric care team can utilize outside resources, including national population research. For instance, a patient may fit within certain demographics or face situations that might indicate the need for individual well-being concerns. There may even be community-specific information about which the patients are unaware, such as the healthcare impact of pollution in a particular region.

A patient-centric care team will develop a relationship with every patient, inform them about these potential concerns and build risk factors into a care plan that helps them overcome these challenges. Another relevant aspect of a patient-centric care team is the makeup of that team.

- Can members of that care team truly understand the patient's life experiences?
- Can the patient feel accepted and identify with members of the care team?
- Can the patient understand and communicate with their care team?

When that care team represents and reflects the patients they serve, it can result in higher levels of trust, improved relationships and better outcomes. We strive to have care teams that reflect the diversity of the members we serve. This allows us to bring empathy and understanding to each interaction, connecting with them where they are most comfortable. These interactions are not simply transactional. Our approach goes beyond just treating the symptoms. We take the time to develop relationships with our members so we can have a deeper understanding of their complete healthcare needs, challenges and obstacles.

Bridging gaps and integrating delivery

Helping people manage barriers includes not just providing patient-centric care and building patient-provider relationships, but also improving access to care. Our virtual-first approach to primary care helps remove barriers, such as lack of nearby health facilities, that prevent underserved populations from seeking care. Virtual primary care puts patients back in control by eliminating the need to travel, spend time in waiting rooms and take extensive time off from work. Additionally, it allows providers to maintain engaged, ongoing relationships with patients.

Our virtual care solution also emphasizes collaborative, tightly integrated services that are coordinated with behavioral health support. This allows us to address both the physical and mental health needs of patients and their families. Chronic medical conditions are often accompanied by depression or anxiety and mental health is a key part of a holistic view of the patient. Effective treatments for some medical conditions require behavioral modifications. Understanding these factors and how they impact certain populations is an important part of ensuring that each patient is seen and heard.

The Accolade approach to Personalized Healthcare ensures that whole-person care is there whenever people need it via our 24/7 Care Team. This includes access to doctors, nurses and therapists. The Care Team uses an AI-powered platform that delivers intelligent insights, informing the care we provide and the guidance we offer the member. Powered by our Care EQ model, we can deliver a uniquely human experience by harnessing the power of data, clinical assessments and empathetic listening.

How individual data impacts population health

While larger datasets can be used to understand an individual patient's situation, the opposite can also be true. Patient-centric care builds a rich dataset about an individual, which can then be anonymized and abstracted to understand population health. This spectrum of health information — from the individual level to the population level — can help ensure that inequities are not hiding in the population data.

By deriving population data through patient-centric care teams, employers can feel confident that individual employee situations are not getting lost in aggregated population data. So, employers can respect the privacy of individuals and look at the populations that are vulnerable to inequities. This might include minorities or people in rural areas with limited healthcare access. In addition, this full spectrum of data impact can be enhanced with technology tools such as analytics and artificial intelligence (AI) that can detect patterns in large volumes of data.

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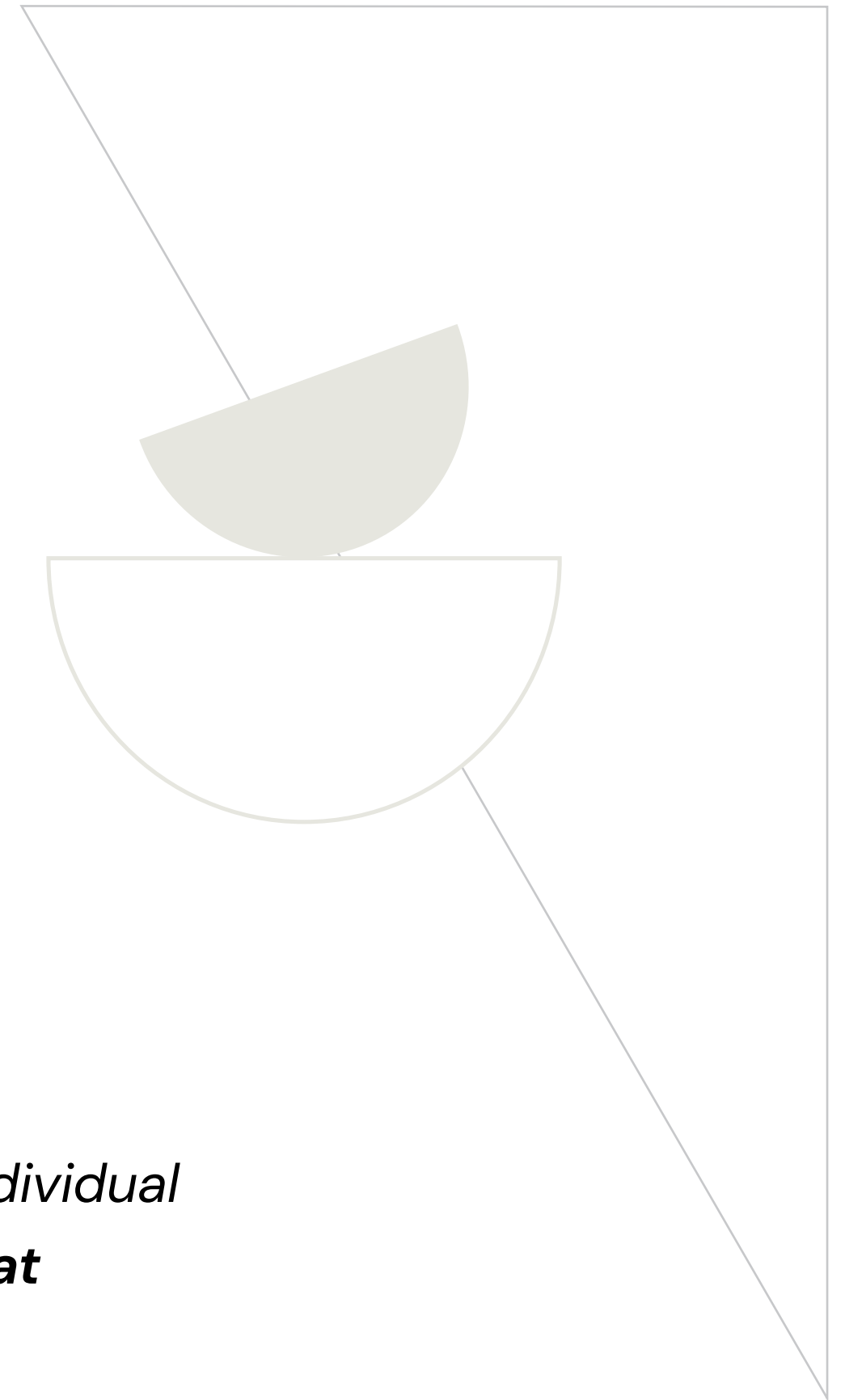
How Accolade uses technology

Our focus on health equity even extends to our technology. Accolade's advanced AI, called True Health Engine, is one of the most comprehensive engagement platforms in the industry. It works behind the scenes to integrate data from clinical notes, including mental health support interactions, Care Team member conversations and doctor visits. It also factors in utilization management and health benefits data, creating a 360-degree, longitudinal profile of each member.

We train our AI models to provide this whole-person profile in an unbiased way. This provides visibility into the health and needs of the population as well as the outcomes that result from our programs. We use robust, data-driven dashboards to help us understand the social determinants that can identify and flag areas of healthcare that aren't being addressed within defined populations. This methodology uses zip code, occupation, age, gender and other data to identify potential healthcare issues early before they become costly or require multiple providers and long-term medication.

For example, our models account for neighborhood-level data like whether an individual lives in a place where there is a shortage of health professionals. That allows us to better understand them, make note of it in their profile and ensure this fact is available to the Care Team every time they engage that member.

Solutions to a complex problem

Patients are not just walking collections of symptoms, any more than employees are simply a means of production. They are human beings living in a complex social world where health inequities are an unfortunate reality.

No single company or initiative can achieve health equity for all. It must be built into our health programs from top to bottom. At Accolade, we are committed to being a catalyst for change for employers and employees. We strive to holistically understand our members, their healthcare needs and the context in which they live. We do this because every person deserves healthcare as unique as they are. Accolade stands ready to build a healthcare system that helps them get it.

To learn more how Accolade's Personalized Healthcare approach can help you and your employees, contact us now.

Sources

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