Equity in Health Outcomes Could Save Trillions. Where Do We Go from Here?

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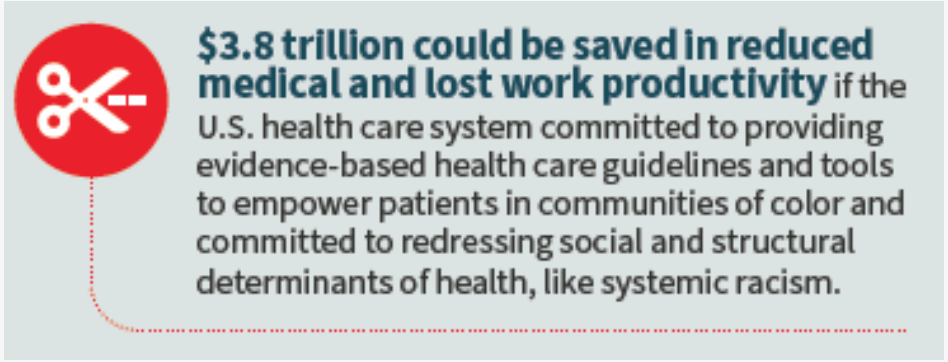
July 2023

A recent analysis from the Partnership to Fight Chronic Disease (PFCD) and conducted by Global Data Plc identifies myriad costs of health inequity and potential solutions to save lives and healthcare dollars among insured people diagnosed with a chronic condition.



The Big Picture

Table 1. Prevalence of Key Chronic Conditions among Adults by Race and Ethnicity					
MEPS 2020 ADULTS 18+ (Weighted N = 256,074,588)					
	All Adults	Hispanic	NH White	NH Black	NH Other/unknown
Condition	Prevalence	Prevalence	Prevalence	Prevalence	Prevalence
Diabetes	10.2%	10.4%	9.6%	12.1%	11.2%
COPD	7.2%	4.8%	7.8%	8.2%	5.8%
Heart Failure	0.7%	0.2%	0.8%	0.8%	0.5%
Mood disorders	9.0%	4.6%	11.5%	3.8%	6.3%
Kidney Disease	0.2%	0.1%	0.2%	0.2%	0.3%
Hypertension	24.1%	16.3%	26.3%	27.2%	19.1%
Hyperlipidemia	17.9%	12.2%	20.7%	14.2%	14.4%
Arthritis	1.6%	1.4%	1.7%	2.1%	1.1%
Heart Disease	7.0%	3.7%	8.4%	5.7%	4.9%
Trauma	9.0%	5.3%	11.1%	6.2%	5.7%
Breast Cancer	0.8%	0.4%	1.0%	0.7%	0.2%
Cancer	5.5%	1.8%	7.6%	2.5%	1.9%

Primary prevention barriers: coverage limitations, OOP costs, access barriers, & misinformation

Secondary/tertiary prevention barriers: high OOP costs, un- & under-insurance, coverage barriers & utilization management

IMPROVE MEDICATION ADHERENCE

MEDICATION ADHERENCE TO TREAT CERTAIN DISEASES REMAINS LOW

DISEASE	WHITE	BLACK	HISPANIC	ASIAN	OTHER NON-HISPANIC
Diabetes (oral medication)	66%	57%	56%	61%	60%
Hypertension	70%	60%	59%	65%	64%
High Cholesterol	65%	56%	53%	59%	58%
Asthma	75%	72%	63%	93%	72%
Arthritis	60%	57%	61%	77%	56%

Note: Medication adherence is estimated by the days a person has a medicine over a specific time. Adherence rates derived from peer-reviewed literature.

SOLUTIONS INCLUDE:

- **Address disproportionate impact of high deductible health plans**
- **Lower out-of-pocket costs for chronic care medicines**

A breakdown by different disease states highlights significant opportunities across racial and ethnic groups.

SAVINGS FROM ACHIEVING EQUITY DUE TO IMPROVED DISEASE CONTROL	NON-HISPANIC				HISPANIC	TOTAL
	WHITE	BLACK	ASIAN	OTHER		
US Total Medical Savings (10 Years)	**$1.4 T**	**$376 B**	**$73 B**	**$117 B**	**$382 B**	**$2.3 T**
Type 2 diabetes	$428 B	$127 B	$26 B	$39 B	$143 B	$763 B
Hypertension	$309 B	$90 B	$19 B	$27 B	$103 B	$549 B
High cholesterol	$227 B	$67 B	$14 B	$20 B	$60 B	$388 B
Asthma	$165 B	$44 B	$8 B	$17 B	$47 B	$282 B
HIV	$193 M	$350 M	$17 M	$29 M	$235 M	$824 M
Arthritis	$269 B	$47 B	$5 B	$13 B	$29 B	$365 B

Note: Estimated savings by condition are accomplished by meeting recommended clinical goals: A1c < 7% (T2 diabetes); blood pressure < 130/80 mm (hypertension); reduced LDL (high cholesterol); increased control & controller Rx use (asthma); viral suppression (HIV); and fewer people with reduced limitations (arthritis). www.fightchronicdisease.org/pdcd-in-the-states

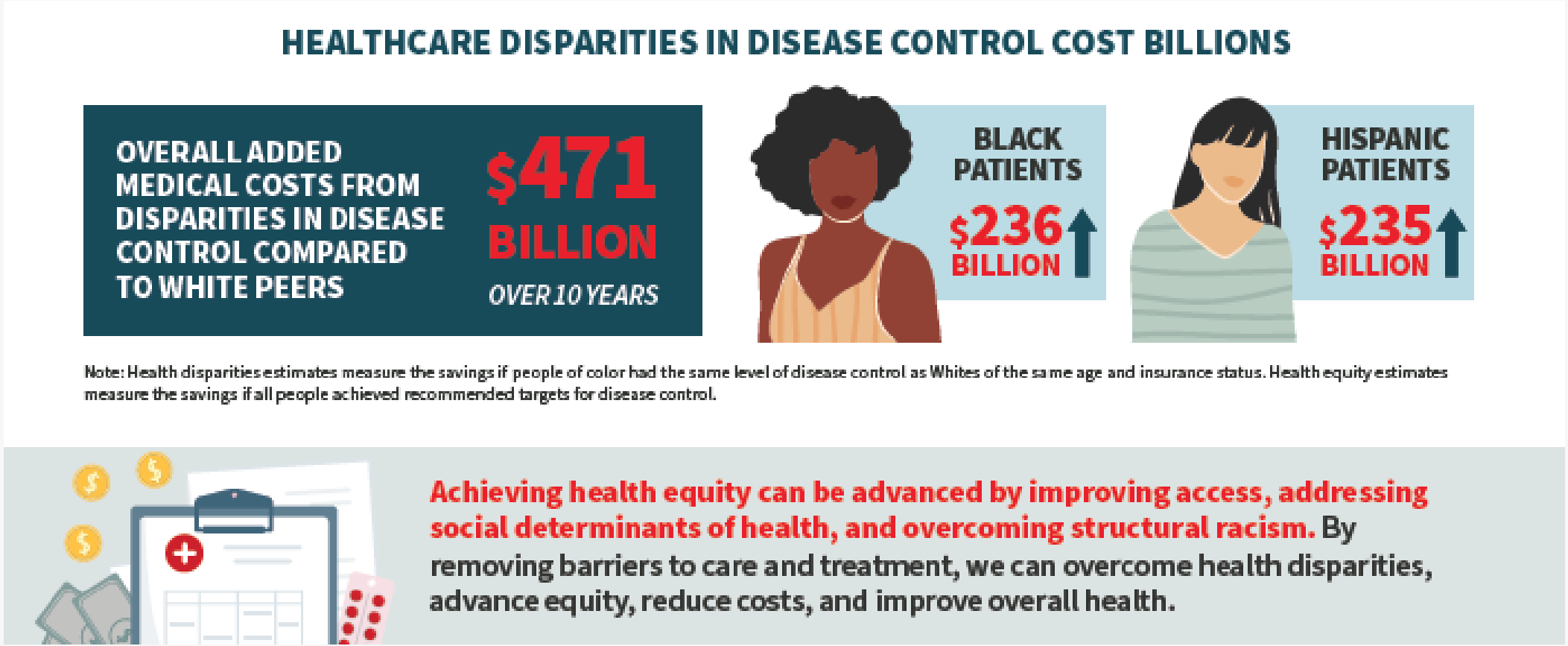
AMONG NON-WHITE PATIENTS, BETTER MEDICATION USE COULD SAVE BILLIONS IN MEDICAL SPENDING (OVER 10 YEARS):

$631 MILLION savings from viral suppression among people with HIV

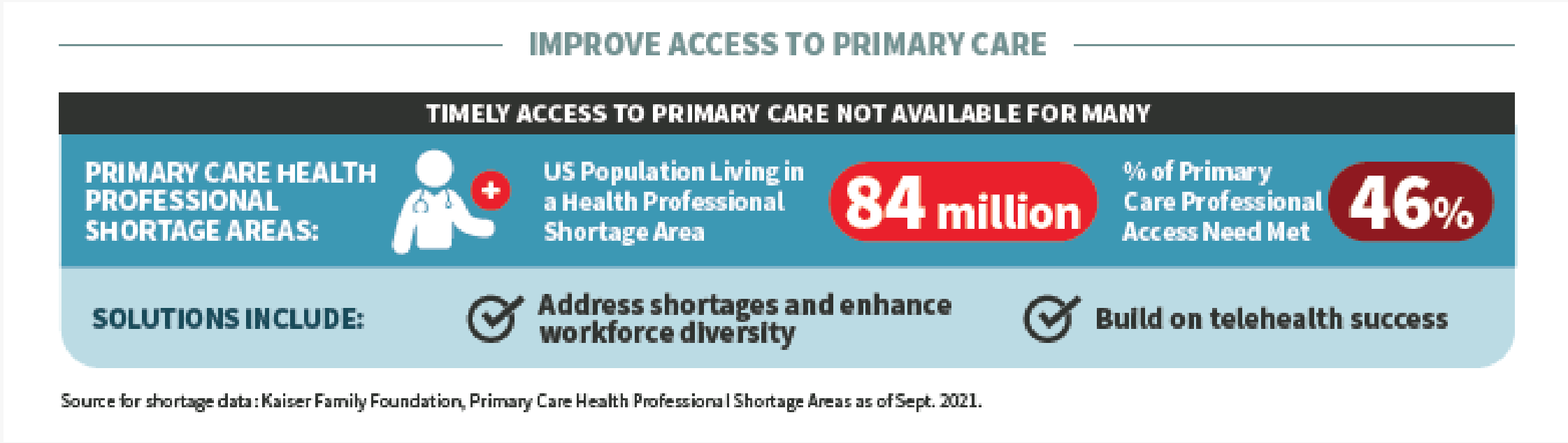
$95 BILLION savings for people with arthritis

Elevating the data relative to health care goals provides for better identification of challenges, implementation of programs and policies and measurement of success.

But what do we DO about it now?



Advancing solutions that address multiple factors affecting poor health demands engagement across all sectors in order to benefit ALL people across the healthcare continuum.



We CAN and MUST do a better job!

Collaboration is critical to turning this data into action that achieves measurable results.

- **Countering negative connotations of health equity by showing health equity benefits everyone.**
- **Helps support investments in solutions – offsets on medical spending and economic opportunity gains.**
- **Provides support for variety of policy interventions that address burden of chronic illnesses.**

We welcome opportunities to brainstorm and to further this discussion among a variety of partners and others.