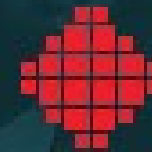

Equity in Health Outcomes Could Save Trillions. Where Do We Go from Here?

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**ADVANCING HEALTH EQUITY
WOULD SAVE \$3.8 TRILLION**



**PARTNERSHIP TO FIGHT
CHRONIC DISEASE**



Empowering people with chronic conditions¹ to achieve better health outcomes would save \$2.7 trillion in medical costs and \$1.1 trillion in less absenteeism over 10 years.

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.



\$3.8 trillion could be saved in reduced medical and lost work productivity if the U.S. health care system committed to providing evidence-based health care guidelines and tools to empower patients in communities of color and committed to redressing social and structural determinants of health, like systemic racism.



Due to disparities in treatment and other social and structural inequities, **Black and Hispanic patients with chronic disease are projected to incur over \$471 Billion in medical costs** as compared to White patients with chronic disease.



Black, Hispanic, and Asian people with insured and one or more chronic conditions could save over **\$900 Billion in medical costs and over \$350 Billion in lost productivity costs over 10 years** by reducing chronic disease, allowing them to live healthier lives with their families.



Millions of Americans live in Primary Care Health Professional Shortage Areas which limits access to primary care. **On average, only 46% of areas have adequate access to primary care**, as defined by U.S. HHS.

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/pfod-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

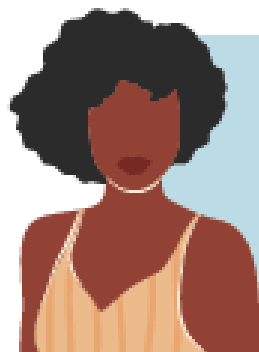
Elevating the data relative to health care goals provides for better identification of challenges, implementation of programs and policies and measurement of success.

But what do we DO about it now?

HEALTHCARE DISPARITIES IN DISEASE CONTROL COST BILLIONS

OVERALL ADDED
MEDICAL COSTS FROM
DISPARITIES IN DISEASE
CONTROL COMPARED
TO WHITE PEERS

**\$471
BILLION**
OVER 10 YEARS



BLACK
PATIENTS
**\$236
BILLION** ↑



HISPANIC
PATIENTS
**\$235
BILLION** ↑

Note: Health disparities estimates measure the savings if people of color had the same level of disease control as Whites of the same age and insurance status. Health equity estimates measure the savings if all people achieved recommended targets for disease control.



Achieving health equity can be advanced by improving access, addressing social determinants of health, and overcoming structural racism. By removing barriers to care and treatment, we can overcome health disparities, advance equity, reduce costs, and improve overall health.

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

IMPROVE ACCESS TO PRIMARY CARE

TIMELY ACCESS TO PRIMARY CARE NOT AVAILABLE FOR MANY

PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS:



US Population Living in a Health Professional Shortage Area

84 million

% of Primary Care Professional Access Need Met

46%

SOLUTIONS INCLUDE:



Address shortages and enhance workforce diversity



Build on telehealth success

Source for shortage data: Kaiser Family Foundation, Primary Care Health Professional Shortage Areas as of Sept. 2021.

POTENTIAL POLICY SOLUTIONS:



Addressing high out-of-pocket costs



Reducing the prevalence of high deductible health plans



Capping or eliminating out-of-pocket costs for chronic disease medicines to improve access and adherence to medicines for all populations and close health disparities gaps

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.