OPTUM®

Addressing health inequities to improve outcomes for all

The role CMOs play in creating a safe, equitable health system

One of the most inspiring aspects of the health profession is to witness the impact that medical action can have on people's health and continued well-being.

Health care is an inspired, mission-driven calling. Medical professionals defend us against injury, disease, birth defects and the infliction of natural disasters.

But health care is not yet succeeding at protecting our health from other destructive forces. Gender inequity and social determinants rob people of their health, their lifespan and their quality of life. These forces lead to greater human suffering and rising cost. They create unfair, yet avoidable differences in health and health outcomes. These differences are both unethical and financially unsustainable.

A CMO can create greater visibility for this issue. They can share the data they have on disparate clinical outcomes, utilization and quality scores to help their CFO calculate the high cost of unchecked bias in their health system. They can illustrate to their CEO how inequities impact the workforce, contract performance and relationships with the broader community. With alignment across the C-suite, the CMO can initiate a cultural and sustainable shift. They can support and develop the dialogue that leads to change. They can take the lead in helping their staff recognize their own unconscious and confirmation bias. And they can integrate social determinants of health (SDOH) into their care plans.

Blacks, American Indians and Alaska Natives (AI/ANs), and Native Hawaiians/ Pacific Islanders (NHPIs) received worse care than whites for about **40% of quality measures.**[1]

African American children have **three to six times higher rates** of ED visits, hospitalizations and mortality attributable to asthma compared to white children.[2]

AI/AN people have the **highest rates of type 2 diabetes** in the United States.[3]

Start with the people you see every day

The clinicians who are delivering care see firsthand who is suffering from bias and inequity. People with social disparities frequently are seen in the emergency room due to food, transportation or housing insecurity. Health care providers see patients who have difficulties with the language that instructions are written in or who can't afford medications. Many face behavioral health issues. And many more don't trust the health system because it doesn't see them clearly, reflect their culture or meet them where they are.

Many clinicians are also aware of people who are on the edge — physically and financially. These are the people they don't often see in person, but they know are in their population. They don't qualify for the safety net, but they can barely afford health care. They aren't acutely ill, but they likely have a chronic disease brewing within. They don't trust the system or its cost, so they risk just disappearing out of sight unless they become severely ill.

CMOs can be strong advocates for the analytics, delivery channels and resources that can address these barriers. They can take the lead in redesigning services and staffing strategies around specific patient needs.

Build a sightline to unrecognized bias

Many of us unknowingly contribute to inequity. Sometimes unconscious bias comes between a well-intended clinician and their patient. While providers certainly don't intend to treat patients differently, they may unconsciously take a different tone with patients with Medicaid coverage versus those with commercial coverage. Office staff may unwittingly cause the patient to feel unwelcome, disregarded or disrespected. And some doctors may not recognize how cultural differences are creating barriers between them and their patient relationship.

Confirmation bias is another culprit. According to the Association of American Medical Colleges, 40% of first- and second-year medical students believed that Black people were not as sensitive to pain as white people, and therefore were less likely to treat the pain of Black people appropriately.[7]

This is a dramatic example, but certainly not the only situation where beliefs interfere with proper care.

Unconscious and confirmation bias on the part of medical staff can inflict physiological and psychological trauma on patients. It also perpetuates the cycle of structural bias. Racism and sexism are both public health crises. CMOs can address these widespread causes of illness and premature death by helping medical staff recognize that bias exists.

Fewer than one-third of adults of color with a mental illness receive treatment, compared to half of white adults.[4]

Individuals with disabilities are at a **high risk for poor health outcomes** such as obesity, hypertension, falls-related injuries and depression.[5]

"Structural and systemic racism is a root cause of preventable harm and death across U.S."[6]

CMOs can help focus the issue for their organization

Identify the people who are not achieving optimum levels of health

Health plans commonly look at who is overutilizing, higher than average readmission rates and low-quality scores. Providers know who is not coming in for primary care visits or following up on a care program. Employers can tell who has attendance or performance issues. Local police, fire and emergency medical teams know where their resources are most often sent. CMOs can collect data from multiple sources to identify hotspots worthy of further examination through a health equity lens.

Focus on clinical outcomes

While it may take many interim steps to get there, achieving equitable health outcomes is a worthy, mission-driven goal. And a CMO needs to be able to see where outcomes are not measuring up. Identify one or two clinical priorities within your population where you can act quickly. Then begin to look at the underlying causes of inequity that are having a negative impact.

Build an internal understanding of social determinants of health (SDOH)

Physicians are adept at connecting with their patients. But organizations need to take responsibility to help physicians understand when an individual's top-of-mind concerns supersede their health goals. Organizations need to be able to recognize when their consumers or employees are coping with the most essential challenges of obtaining food, shelter and safety. These fundamental needs must be addressed before the focus can shift to health-related activities. An early health equity goal can be building that shared understanding of how SDOH are influencing health behaviors at the individual level.

Revisit the equity of your data

Many organizations don't have systems that can intake complete data. Can your system capture data about types of indigenous people, mixed race, gender identity, language or SDOH? Even if requested manually, this data can be improperly collected based on unconscious bias. Is your data correct? Do you have processes to validate it?

CMOs will want to examine their system's capacity to collect, manage and share more holistic information about consumers. You may have to start with what you have and then amend. Consider reaching out across your health ecosystem to make more complete individual patient profiles a shared health equity goal. The granularity of the demographics will support more tailored approaches for each individual's care.

40% of LGBTQ respondents seriously considered attempting suicide in the past 12 months. **More than half** of transgender and nonbinary youth have seriously considered suicide.[8]

African-American women are **three times more likely** to die of pregnancy-related causes than are white women.[9]

Uninsured adults with diabetes have **60% fewer office visits with a physicians** and 168% more emergency department visits.[10]

"If you can't measure it, you can't improve it."

CMOs can create cultural momentum for health equity

Health equity will be achieved with a combination of intelligent data and human understanding. As CMOs start to gather external reference points, they can also focus internally — creating an empathetic culture capable of embedding health equity into every decision your organization makes.

Encourage dialogue

Begin by having conversations with people who are actually delivering care. Strive for a culture where listening to and engaging in conversations about equity is valued and respected. Encourage storytelling — and from voices you haven't heard before. This helps to create a broader narrative around health equity. It can help your community organically build rich perspective and erode old narratives that are grounded in structural bias.

These employees may also be consumers of your health organization or ecosystem. They may be able to provide firsthand accounts of unseen or under-recognized bias from their own care experiences. Listening to their perspectives may be surprising or even shocking. But it is an accessible and efficient way to start to develop the outside-in viewpoint. Encourage and reward this task force for any creative ideas that might help recognize bias and identify barriers to care.

Train and mentor

No one wants to feel that they're treating others unfairly. Talking about bias can be uncomfortable. Recognizing one's own bias can be daunting. But you can't get rid of bias any other way. Support conversations with adequate training and mentoring. Create a psychologically safe space for coworkers and patients to share their views. Make it an early goal to be able to recognize bias in oneself. It's important to lead by example.

Invite employee perspectives

Part of building the culture is pulling in voices that might otherwise go unheard. Consider a Health Equity Task Force. Include employees from across the organization. Invite volunteers who:

- Are energized by the topic
- Reflect your consumers
- Cut across all levels of seniority
- Have varied skillsets
- Provide diversity in age, gender, cultures, lived experiences

Reconsider how health care is delivered

Ask for feedback

Find out how your consumers feel about their health experience. Learn about the frustrations they face in trying to see a doctor or get their medication. Find out what burden the health system is putting on them physically, financially and emotionally in order to receive care.

Are the right care services available in their neighborhood? Are the hours convenient? Are they concerned about missing work for a doctor visit? Is transportation a long, drawn-out challenge? Are they caring for others and unable to leave home easily? Does their job or personal circumstance prevent them from accessing care as it is currently offered? Do they have to choose between paying for groceries or paying for health care?

Use short surveys or exit interviews to ask them how they felt during their care encounters. Did they feel comfortable and respected? Or were they made to feel "less than" because of their finances, race, ZIP code, culture, employment, gender or sexual orientation?

Align perspectives and feedback

Compare consumer feedback to internal viewpoints. Do they match? If not, the dissonance indicates there is more bias to remove and more perspective to gather. Every employee who connects to a consumer needs to be able to identify if they are suffering or feeling disenfranchised. Outcomes and feedback are clear measures of how well you are doing. Commit to a continual gathering and sharing of consumer perspectives and performance metrics.

Expand into the community

No one organization can solve health equity alone. Employers can't make up for decades of structural bias. Providers can't reasonably address health conditions if the patient can't access services or life-saving medication. And health plans can't reduce the total cost of care if social determinants diminish every effort.

And every community is unique. But as awareness begins to take shape within your organization, leaders will emerge. CMOs should encourage and support those leaders to invest time in community outreach. Build your outreach through genuine relationships. Natural credibility can be established and perhaps lead to productive cross-community collaboration.

Each of these activities is foundational to shining a light on levels of bias, social determinants and the impact they have on individual health. With an eyes-wide-open foundation in place, CMOs can begin to set incremental, measurable, short-term goals that will evolve the culture and behaviors of the organization and help to achieve the equitable outcomes we seek.

Infant mortality rates are 11 deaths per 1,000 for Black children, 8 for Native American children, 5.2 for Hispanic/Latino children, and 4.8 for white children.[11]

Hispanics are **two and a half times more likely** to be uninsured than whites (19.0% vs. 7.5%)[12]

Health care professionals exhibit the same levels of **implicit bias** as the wider population.[13]

When patients with limited English language proficiency are hospitalized, they receive adequate informed consent less than one-third of the time.[14]

Meet our experts

Omar Baker, MD, FAAP
Chief Medical Officer, Optum

EVP, Strategic Initiatives and Innovation, OptumHealth

Sumit Dutta, MD
Chief Medical Officer, OptumRx

Janice Huckaby, MD
Chief Medical Officer,
Maternal-Child Health, Optum

Amy Nguyen Howell, MD, MBA, FAAFP
Chief of the Office for Provider Advancement (OPA)

Senior National Medical Director, Optum

Mylynn Tufte
Practice Lead, Population Health,
Optum Advisory Services

About Mylynn

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11000 Optum Circle, Eden Prairie, MN 55344