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INSIGHTS INTERVIEW

Outreach and Access Are Keys to Reversing Health Care Inequities

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A survey of the NEJM Catalyst Insights Council finds disparities in care delivery, but also hope for the future.

When Maulik Joshi, DrPH, arrived at Hagerstown, Maryland-based Meritus Health as President and CEO at the end of 2019, the Covid-19 pandemic was only a couple of months away. Already he knew that the health inequities plaguing vulnerable communities would be amplified by the virus outbreak.

"Covid-19, to me, was no different in terms of the potential for care disparities [with underserved populations] than with asthma, diabetes, and cardiovascular issues. It just shined the light brighter," he says.

Nearly half of respondents to NEJM Catalyst's Insights Council survey on health equity feel similarly, with 48% of saying there are widespread disparities in care delivery in their organization (Figure 1) and 47% saying the pandemic has worsened their organization's ability to provide equitable access to care (Figure 2).

FIGURE 1

Nearly Half of Respondents Say Disparities in Care Delivery Are Widespread

How widespread are disparities in care delivery at your organization?

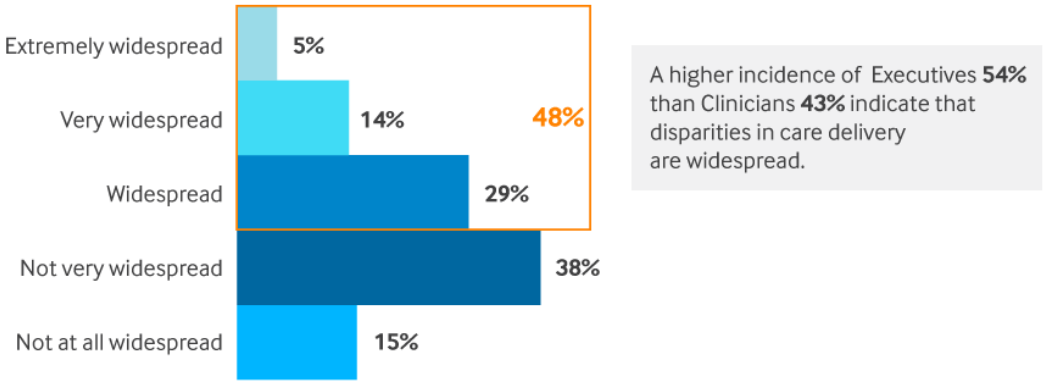

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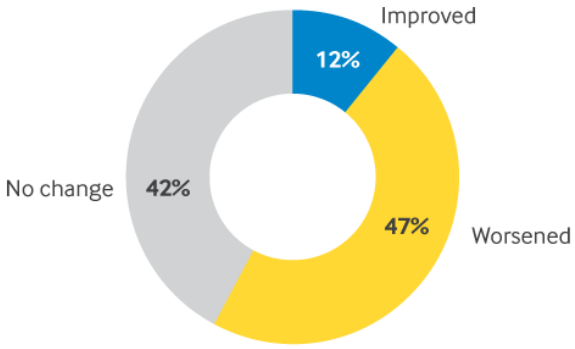
FIGURE 2

The Covid-19 Pandemic Has Largely Worsened Equitable Access to Care

How has Covid-19 affected your organization's ability to provide equitable access to care?



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With socioeconomic status known to be a determinant in health outcomes, and the poverty rate of Meritus Health's community at 27%, the health system launched a drive-through testing center

to provide free Covid-19 tests. "Since the start of the pandemic, we have done 100,000 Covid-19 tests. Participants don't need a doctor's note or an appointment. It is frictionless access," Joshi says.

As a result of the testing program, Meritus Health now has over 70,000 community members in its MyChart portal, which Joshi hopes will provide a vehicle to reach back out for vaccinations, screenings, diagnostics, and routine procedures. That's nearly half of the patient population in Meritus's service area.

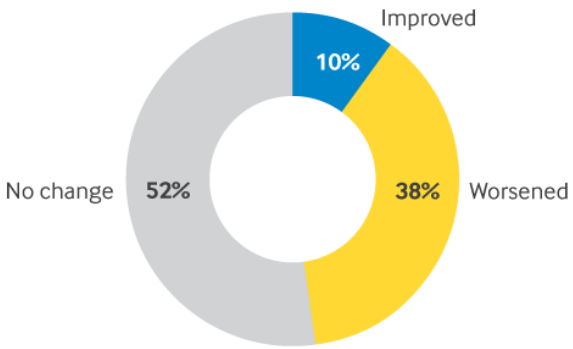
At Bergen New Bridge Medical Center, a safety-net provider that is the largest hospital in New Jersey, President and CEO Deborah Visconi, MHA, has created similar means of access during the pandemic, mobilizing medical vans to test for Covid-19 in communities that might not have equal access to care or transportation. "Turnout was our metric, as well as positivity rate, and we were successful in reaching thousands of people who otherwise may not have had access to testing," she says. "Unemployment rates are high and kids are home from school, making it difficult for parents to travel [to the hospital], so we brought testing to them."

While many Insights Council members say the quality of care during the pandemic has worsened (38%) or experienced no change (52%), Visconi is among the 10% of respondents who believe their organization has been able to improve equitable quality of care (Figure 3). As an example, she points to Bergen New Bridge's substance use disorder treatment and behavioral health services. "We pivoted our delivery of care to keep the service offerings intact, moving to virtual platforms and having groups meet outdoors, weather permitting," she says.

FIGURE 3

The Covid-19 Pandemic Has Not Affected Equitable Quality of Care Overall

How has Covid-19 affected your organization's ability to provide equitable quality of care?



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Neal Shipley, MD, MBA, FACEP, Medical Director at Northwell Health–GoHealth Urgent Care, says that while "urgent care is late to the health equity game," Covid-19 has provided a chance to catch up and reevaluate the role urgent care centers can play in eliminating disparities in care. "As Covid-19 has shown us, our communities need us now more than ever. We must fulfill our promise and respond to the needs of the communities we serve while also making sure ERs and inpatient beds aren't overwhelmed," he says. "During the [first] surge we kept patients out of the hospital, including performing thousands of Covid-19 tests, which left the hospitals free to do what they needed to do to keep running."

The urgent-care joint venture in and around New York City between Northwell Health and GoHealth, a private operator of urgent care centers, has presented both constraints and opportunities in terms of resolving health inequities, according to Shipley. One obstacle is that patients from underserved communities typically don't want the kind of help that can be offered even if providers inquire about the patient's social determinants of health. "They often don't even want their primary care physician, if they have one, to know they are there [at an urgent care facility]. If they don't have one, they aren't interested in us making a referral because urgent care has now become the place they expect to go for many of their health care needs," he says. Screening questions often seem out of context to the urgent care setting and "a waste of their time."

But the opportunity to improve health equity and get patients appropriate resources for better health and fewer hospitalizations was too important to let it go, Shipley says. Starting this year, Northwell Health–GoHealth urgent care providers will be screening patients for social determinants of health and offering them related resources from Northwell Health Solutions, a dedicated arm of Northwell Health with care management services employing physicians, social workers, and outreach workers.

David Crutchfield, MD, Medical Director at Maricopa County (Arizona) Correctional Health Services, can relate to patients who are hesitant to accept help as he faces a similar situation among the minority jail population. "We get a lot of refusals for care such as treatment for chronic illnesses, including diabetes and hypertension, which obviously can adversely impact inmates' health," he says. "Yet, we see from statistics that minority populations, particularly [those with] chronic conditions, have worse outcomes, so we need to find ways to fix that disparity."

The organization has many services in place to help prisoners when they are released from custody, including interpreter services and community planners to refer them to community treatment services. However, Covid-19 is making it challenging to schedule medical and behavioral health appointments for prisoners being discharged so that they don't experience disruptions in care.

Maricopa County Correctional Health Services has been able to amass its array of care delivery resources by studying inequalities in care. "If you can't quantify the problem, you can't get to the root of it and solve it," Crutchfield says.

Joshi believes that the health care industry should use the pandemic as an opportunity to elevate health equity. "You can't get quality unless you address disparities in care," he says.

Shipley sounds a note of optimism about health equity in the future, saying. "Covid-19 has pulled the curtains aside on what has been present in this country for decades, and things have already changed things for the better — and hopefully for good."

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