



HEALTH EQUITY AND HEALTH VALUE

The ongoing transition toward a higher value healthcare system provides a crucial opportunity to address one of the most egregious deficiencies in U.S. healthcare - health disparities. The hope of many is that value-based care transformation will benefit all individuals, especially with the federal reengineering of alternative payment models (APMs) to increase focus on underserved populations. However, the historical realities underscore the risk that, if not done thoughtfully, the scaling of value-based care through Advanced APMs will inadvertently increase health disparities by selectively improving care for some populations and not others.

To fully address health inequity, the U.S. healthcare system needs to acknowledge and respond to three important facts.

- 1. An equity-driven healthcare system must be supported by payment models that incentivize equitable outcomes. Our current system is wrought with structural distortions and misaligned incentives that create disparities in care outcomes.*
- 2. Our workforce needs to reflect the diversity of the patient populations we serve. Research shows improved patient outcomes and fewer disparities of care in culturally competent care models with a workforce that mirrors the characteristics of the patient population served.*
- 3. Our healthcare workforce also needs to have the skills to address health inequities in a targeted way. Improving equity will require entirely new skill sets such as interdisciplinary team-based care, community-based SDOH intervention planning, and reporting on disparity impacts to improve equity.*

The first fact is the domain of America's payers — the largest of which, the Centers for Medicare & Medicaid Services, has signaled clearly that health equity will be the cornerstone of its alternative payment model strategy going forward. The latter two facts — the necessity of a diverse workforce that is trained in the delivery of equitable, high-value care — drive our [healthcare education](#) strategy.

Additionally, the [Institute for Advancing Health Value](#) has made health equity a primary consideration in all our work as we support equity-minded stakeholders in their efforts to achieve greater health value. A first step in that work has been to incorporate health equity into our seminal resource — the Health Value Atlas.

Included below is a subset of capabilities (33) from the Health Value Atlas that we have identified as having outsized potential to advance health equity within the context of value-based care



operations. For a full explanation of the value-based care capabilities concept, please see our complete Health Value Atlas [here](#).

We consider this work to be only the beginning of an open and honest industry-led conversation about how to provide the best possible care to all populations. We look forward to your feedback, challenges, and additions to this important resource.

VALUE-BASED CARE CAPABILITIES WITH HEALTH EQUITY RELEVANCE

Domain: Facilitate Access to Care

Adapt hours of operation to meet population needs

Provide options for patients to receive services remotely

Address patients' transportation barriers to care

Deliver in-person care at home as appropriate

Prioritize geographic convenience for served populations

Use alternative provider types to increase available capacity

Minimize financial barriers to care for the patient

Manage patient referrals and appointments between providers

Domain: Collaborate Across the Care Continuum

Build and manage provider relationships

Identify patient candidates for targeted interventions

Track patient movement through the care continuum

Provide resources and support to external provider partners

Domain: Deliver Patient-Centered Care

Engage patients in making informed decisions and participating in their own care

Educate patients about their health status and care

Design care processes around patient needs and preferences

Involve patients in organizational decision-making

Design care facilities around patient needs and preferences

Demonstrate respect and empathy in patient interactions

Anticipate and address unspoken or emerging health needs

Deliver care in a predictable and replicable manner



Domain: Expand Reach Beyond Care Settings

Deliver care at non-traditional locations

Deliver care through non-traditional partners, providers, and channels

Domain: Practice Evidence-Based Medicine

Extract actionable information from data

Domain: Understand Patient Population

Collect medical and non-medical data

Aggregate medical and non-medical data into a reliable data set

Domain: Manage Financial Outcomes

Remove internal barriers to investing in non-traditional activities

Domain: Address Non-Medical Factors

Address patient social needs directly and through collaboration with partners

Build and manage relationships with non-provider partners

Consider non-medical needs and barriers in care planning

Domain: Adapt to Value

Align vision, mission, values, and strategy with value-based care

Involve internal and external stakeholders in organizational decision-making

Dedicate resources to training and empowering workforce to deliver value-based care

Domain: Redesign Care Processes

Identify and prioritize processes to improve

Note: Some of these organizational competencies exist in more than one domain.

OUR MISSION:

The Institute for Advancing Health Value brings together the nation's leading accountable care organizations, top performers, and industry leaders who know what it takes to succeed in the value-based care environment.

Through industry collaboration, we have identified and continue to refine the organizational care delivery capabilities needed for provider organizations to succeed in risk-bearing payment models. The shared knowledge is synthesized in the [Health Value Atlas](#) — the next iteration of the Accountable Care Atlas.



OUR ACTIVITIES:

The Institute is a non-profit, peer-learning, member organization focused on accelerating the transition to value-based care. We have identified the organizational care-delivery competencies needed for providers to succeed in risk-bearing payment models. As the value-based care movement progresses, organizations are transitioning from “what to do” to “how to do it.”

The Institute brings together a broad range of value-minded health care leaders who can benchmark and learn from one another's successes, developing best practices that achieve the genuine vision of value-based care, benefitting patients, providers, and payers.

In collaborative forums, members contribute their understanding and experience in the real world of value-based care implementation. Members participate in developing a framework of competencies and build competency-specific resources and tools for their peers. Membership in the Institute enhances market intelligence, provides peer-learning and networking, and offers a platform to make a difference to the industry.

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