



## High Value, Patient-Centered Care: Where's the Greatest Return on Investment?

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*Our vision is a nation where the best health and health care are  
equally accessible and affordable to all.*

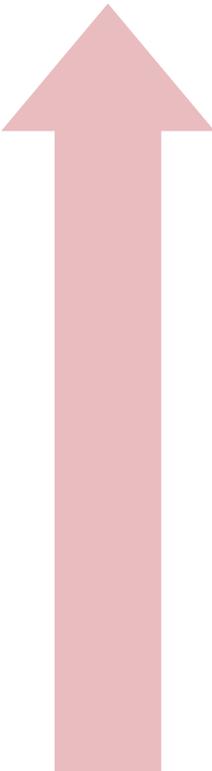
# Introduction

## Defining Terms and Concepts

# What is Valuable?



# Key Concepts

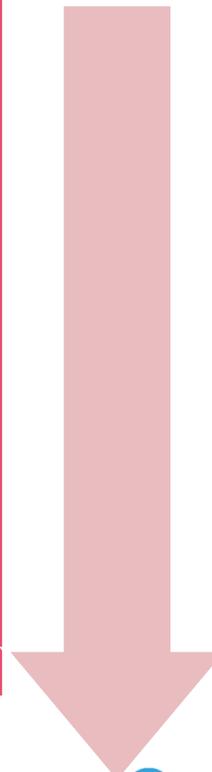


## High Value Healthcare Services

Healthcare services that are of proven value and have no significant tradeoffs. The benefits of the services so far outweigh the risks that all patients with specific medical conditions should receive them.

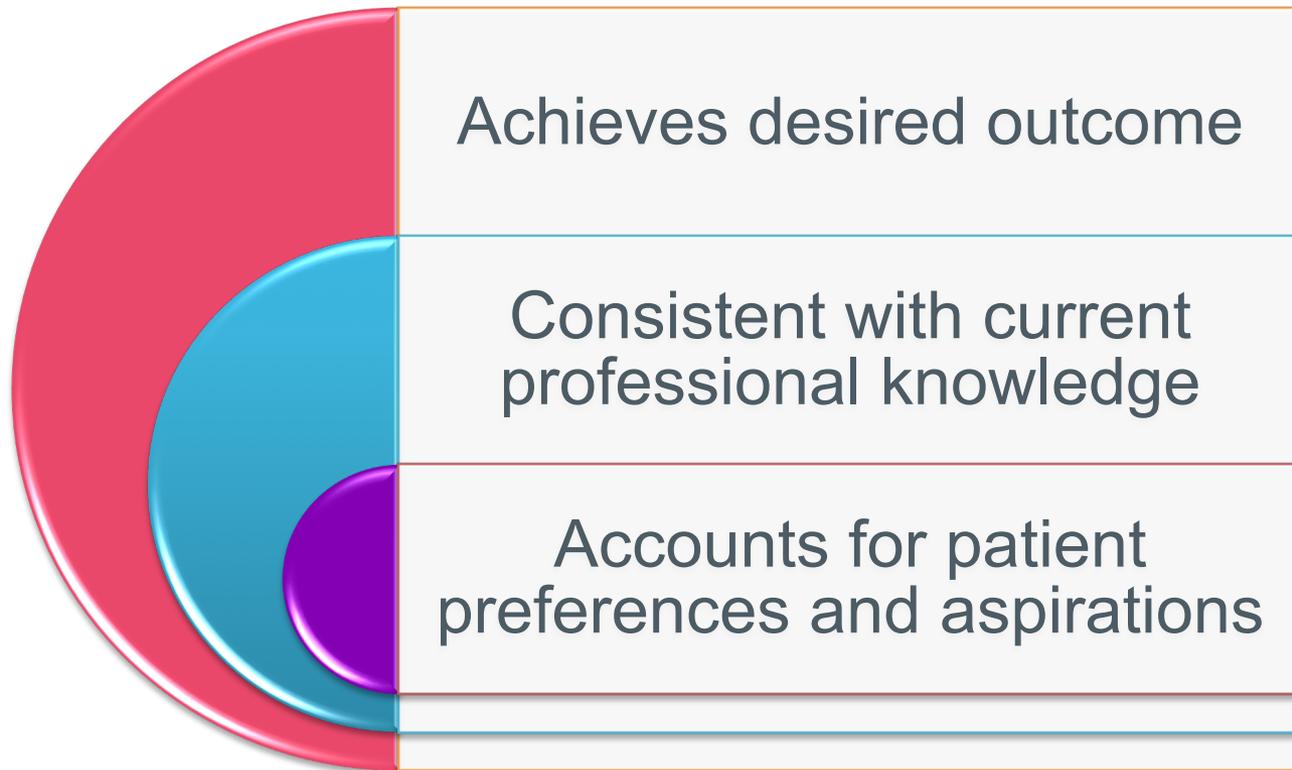
## Low Value Healthcare Services

Unnecessary, inefficient healthcare services that provide low or no benefit to the patient; some of these services cause patient harm.



# Key Concepts

## Appropriate Care



# Key Concepts

## Measuring Value

### Return on Investment

- The economic benefit derived from a program in relation to its costs

### Social Return on Investment

- The financial impact AND the social impact of the investment
- Includes social, environmental, economic and other outcomes.

# Addressing High Value and Low Value Care in the Context of Persistent Health Inequities

# Disparities in the Provision of Low- and High-Value Care

## Inequities in the provision of care are a significant driver of health care based racial and ethnic health inequities

- Evidence on disparities in low-value care is mixed.
- Evidence of disparities in high-value care is clear
  - Racial and ethnic minorities reported lower receipt of high value care and preventive services—even holding income and health insurance constant.
  - Hispanics had lowest rates of cholesterol screenings and among those with diabetes, the lowest rate of A1C tests.
  - American Indian women had the lowest reported rates of mammography screening for women over 40.
  - Asian and Pacific Islander women had the lowest reported rates of Pap smear screenings.
  - Latinos had lower rates of tobacco use screening and smoking cessation counseling than non-Hispanic whites.

# Failure to Receive the Standard of Care

People of color are less likely to be provided with the standard of care for their conditions than white people across many conditions.

## Asthma



Blacks & Latinos Less likely to use controller medications, higher frequency of ED use



Rescue medication less effective, higher death rates

## Diabetes



Blacks and Latinos in recommended services including A1C, retinal exams, and cholesterol screenings



Higher rates of amputation, ESRD, mortality

# How can we solve this?

- Seek targeted universalism
- Beware of unintended consequences
- Promising example of how decision aids can serve an “equalizing” function.
- More research needed that is disaggregated by race and ethnicity and other factors.

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