

Digital as an enabler of health equity and enterprise growth

Health Management Academy
industry insights briefing

Roundtable summary

July 23, 2021

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Health equity professionals from Ernst & Young LLP recently helped lead a discussion about the vital role digital technology must play to enable health equity among patients and drive growth for health care enterprises. The virtual conversation, hosted in late July by the Health Management Academy (HMA), offered insights to health care organizations about how to address the critical issue of widespread disparities that impede the delivery of effective care to disadvantaged patient populations.

Health equity is sadly absent in modern American life. It is an aspirational goal that can be achieved when all people have the opportunity to reach their full health potential, and when no one is limited from doing so because of their social position or other socially determined circumstances.¹ However, the COVID-19 pandemic has prioritized the opportunity to close the health equity gap. The following is a summary of key themes that emerged from the HMA's discussion.

Recognizing health equity as a strategic imperative

Health disparities abound across the US and are largely driven by social determinants of health, such as access to a quality education, affordable health care, food security and safe living conditions. Systemic bias and stereotyping are known to play a role in perpetuating health disparities. An enterprise-wide strategic approach to solving this problem is essential. That is, health payers, providers, biopharma and others must be willing to re-engineer their business models. Current systems, which lack financial incentives to induce providers to strive for equity, should be overhauled. A good starting point would be payers rallying around the issue, developing portfolios of health equity metrics and paying providers that perform well on such measures.

Health equity as a check-the-box initiative is doomed to fail. Digital speeds execution and does so most efficiently if the enterprise itself has a health equity strategy and an enterprise digital strategy in place under the umbrella of the broader enterprise strategy.

While the industry, like many others, recognizes digital as an enabler of business strategy, the extent of the existing digital divide is not as well understood. The pandemic-induced boom in telehealth services has offered an eye-opening, and sobering, reality. About 65% of care was remote at the pandemic's peak, and that percentage is expected to settle in the 25% to 40% range. While telehealth was beneficial to many patients, it has a flip side: the digital divide left behind many of the very populations that were at an elevated risk of contracting the virus.

¹ "Attaining Health Equity," Centers for Disease Control and Prevention website, www.cdc.gov/nccdcph/dch/programs/healthycommunitiesprogram/overview/healthequity.htm, accessed 20 July 2021.



As health organizations develop and revise their digital platforms and connectivity strategies, they should consider a range of factors related to the digital divide, including access issues and device preferences (which may be partly driven by a lack of choices). Some 23% of US households lack a desktop or laptop computer; that number jumps to more than 30% among Black and Hispanic households. Around 17% of low-income households are more likely to have a smartphone than a desktop or laptop. Thus, organizational strategies must be drafted in a way that ensures that digital isn't an impediment to health equity for those already vulnerable to disparities.

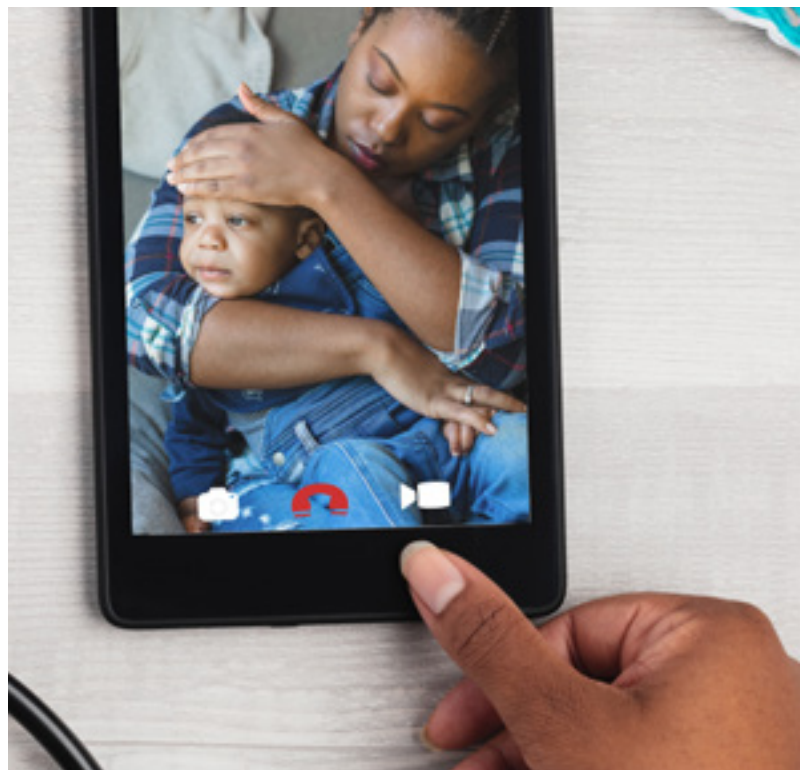
Deploying technology as an enabler to care

Efforts to address inequities through technology to this point have included a focus by some payers and health systems on distributing smart devices to underserved populations. These initiatives have heavily targeted Medicaid patients, but have also been deployed in some cases to reach Medicare patients and rural populations. For those lacking broadband access, libraries have been a source of connectivity for some patients, while some health organizations have collaborated on telehealth pods. Infrastructure grants have been used as a tool to assist in expanding connectivity at or near patients' homes.

A better understanding of the social determinants of health will be essential for health care enterprises as they address inequities. By knowing these social factors, organizations can make sure they're providing the right technology and infrastructure to support individuals and interact with them based on their preferences. Digital technology can give organizations more data so they have visibility not only into patients' clinical profiles, but also population health profiles and socioeconomic profiles. This can spur the development of composite risk scores and individual care plans through

platforms powered by machine learning. Ultimately, digital will assist health systems and health care providers in eliminating care variation along multiple dimensions.

This also means eliminating waste in health care. Once systems establish metrics aligned with visibility of the health equity performance, scorecards and dashboards could be assessed, outlier performance could be identified and systems could then work to close gaps. Proactive risk scores can be used to identify how to connect patients with resources that can prevent unnecessary returns to the hospital and the doctor's office.





Adding long-term value by eliminating disparities

Advances in health equity drive long-term value for health care businesses. Organizations often have struggled to understand the return on investment in social initiatives, but the business case for committing to health equity is compelling. The elimination of health disparities adds value for consumers, employees and society, and that value can be tracked and measured.

In the consumer realm, for example, an organization focusing on equitable health outcomes can compile data that allows it to measure access to care. This type of focus, held to account against a meaningful metric, can help the enterprise broaden its demographic and enhance customers' affinity for the brand. In doing so, the enterprise can seize an opportunity to increase market share and revenues. In terms of employee value, a focus on diversity, equity and inclusion can be measured using employee engagement scores and, ultimately, help the business achieve increased workforce health and resiliency through deliberate promotion and rewarding healthy life choices, resulting in less absenteeism and a more vibrant, diverse workforce. In broader society, health businesses that focus on health literacy can use and track their progress through community partnerships to reduce disparities.

Infrastructure improvements that are executed in the name of achieving health equity also factor into the long-term-value equation. Progress toward a business focus on enhanced technology can be measured by the capital allocation, which, in turn, can drive more efficient capital spending. Taken together, these elements can boost enterprises' revenues and reduce overhead.

Discussion panelist Bert Zimmerli, Executive Vice President and Chief Financial Officer of Intermountain Healthcare, offered insights about his company, which has established health equity as both a fundamental pillar and a value. Equity is a board-level goal at Intermountain, which has also installed a chief equity officer, as well as equity leaders, at the clinical level. Zimmerli outlined a principle-based approach that he and his not-for-profit organization follow. It includes the philosophy that "not-for-profit should never mean not as efficient." The company also operates as a system, striving to eliminate unnecessary variation and waste across its 25 hospitals and more than 200 clinics. This means not performing any procedure that does not add value, a stance that is sometimes at odds with the prevailing fee-for-service system in the US. He also emphasized an overarching value: always do the right thing. That principle fuels decisions that provide the best community benefit. Zimmerli encouraged health organizations to examine their priorities and ask: "Are we putting our money where our mouth is, and are we spending our time where it deserves to be spent?"

Conclusion

Below are four steps that health care organizations should take to make progress toward achieving health equity:

- 1 Enlist the board in the conversation. Health equity is an enterprise-wide imperative; as such, discussions about how to proceed should start at the top of the organization.
- 2 Develop metrics and determine how to hold people accountable for providing equitable care. This requires a willingness from stakeholder groups to re-engineer their business models and devise a health equity strategy that is executed in conjunction with an enterprise digital strategy and the broader enterprise strategy.
- 3 Get your own house in order. Large organizations are likely to see some of the same health inequities in their employee populations that are present in the general patient populations they serve. Addressing disparities in their organizations can enhance their understanding of the broader disparities they seek to eliminate.
- 4 Coordinate services for those who lack the ability to pay; identify gaps in access; and use grants, donations and ecosystem partners to fill those voids. Often, these may be the very patients whose services are least managed and coordinated by health systems. Taken together, these actions offer a greater opportunity to eliminate waste, as well as generate a financial return.

We have reached a pivotal moment in US history. The health equity gap is not a new problem, nor is it a new topic of conversation in our society. Attempts have been made to address it, but many of these efforts have been plagued by a general lack of commitment. Indeed, several billion dollars have been spent by payers, providers and pharmaceutical companies in recent decades on social impact investing to address the determinants of health, yet disparities persist. This is partly due to the lack of a sustained effort. However, the societal outcry about the moral imperative to right this wrong has reached a crescendo. Social impact investments are being made; encouraging as they may be, many of these may not be part of a broader strategy. Now is the time for health care organizations, other businesses, political advocates and community leaders to act on the momentum of sentiment toward methodically eliminating health disparities and instituting metrics that provide short-term and long-term goals for accountability.





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