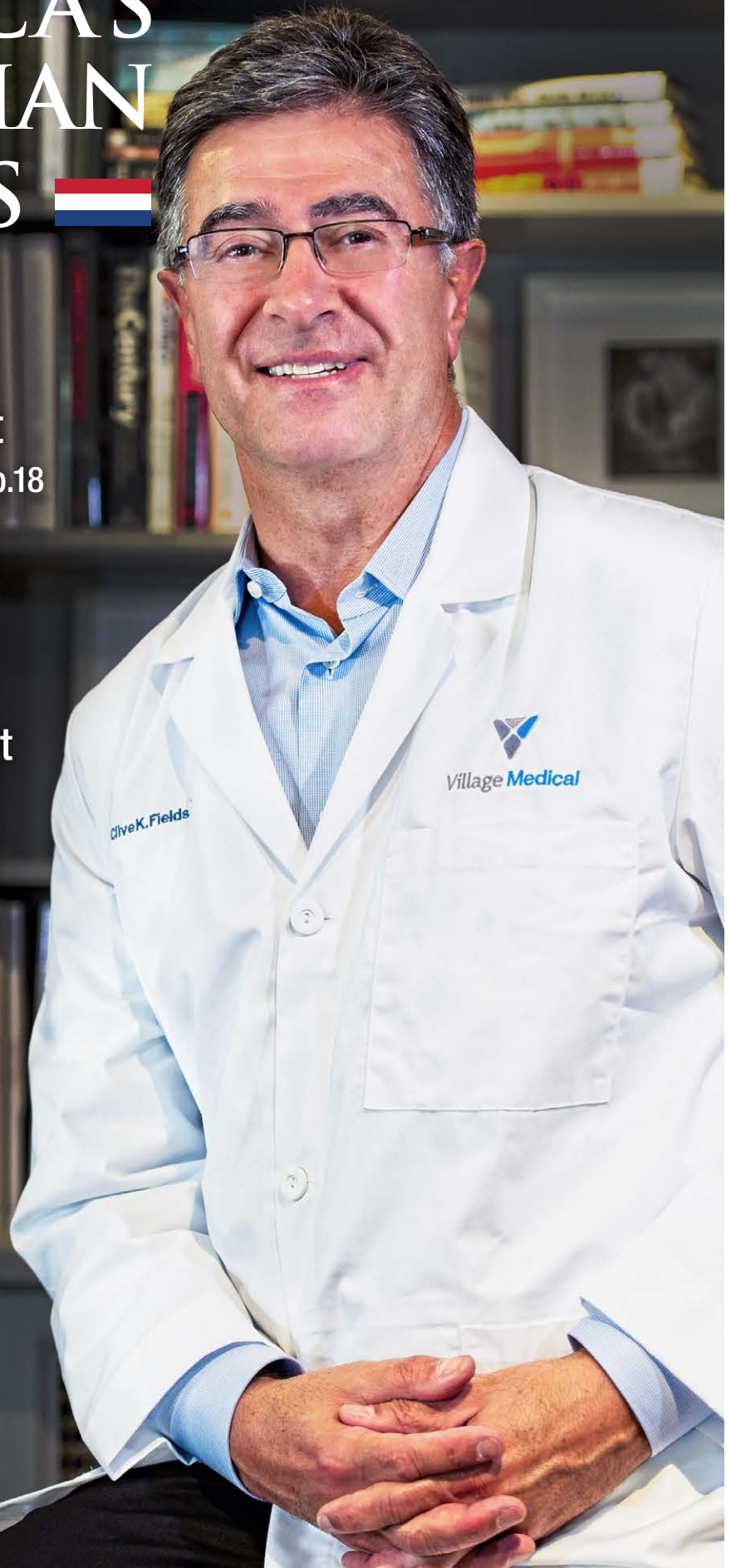


AMERICA'S PHYSICIAN GROUPS

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New APG Collaborative Addresses Health Equity and Social Justice

BY LURA HAWKINS, MBA, VP, MEMBER SERVICES, AMERICA'S PHYSICIAN GROUPS

“The collaborative will create opportunities for education, problem-solving, and collaboration among APG members and partners.”

America's Physician Groups is proud to announce that it has created a new collaborative focusing on health equity and social justice (HESJ) to address the systemic issues that create challenges for individuals from certain populations to access quality, affordable healthcare. The collaborative will create opportunities for education, problem-solving, and collaboration among APG member organizations and partners.

The program's goals include:

- Sharing ideas and priorities within APG member and partner organizations
- Creating an environment where issues and ideas can be shared without judgment
- Fostering collaborations between organizations and individuals with similar goals and priorities
- Sharing successes, challenges, and best practices

There will be quarterly meetings with a year-end summit. Members and partners will share programs and goals at each of the meetings, with guest speakers offering advice through keynote presentations. Topics that will be considered for discussion include:

- Patient care and cultural considerations
- Staffing and leadership diversity
- Unconscious bias
- Existing tools and programs
- Social determinants of health (SDoH)
- Social and geographic isolation

The collaborative is led by the HESJ Steering Committee, which includes two APG members and two APG partner representatives. Here are some insights and comments from each Steering Committee member.

Pete Fronte, Altura

APG's Health Equity and Social Justice Collaborative is an excellent platform to learn and apply best practices to support the evolution of patient-centered healthcare. Altura's perspective revolves around supporting and encouraging diversity in clinical



Pete Fronte, MBA



Adrienne Wagner, MHSA, FACHE



Alyssa Canter



Sheila Sudhakar, MD

trials and health studies of all types. Many APG members conduct studies or can be affiliated with organizations that are enabling studies in the communities they serve.

Whether it is a COVID-19, Alzheimer's, mental health, or cancer study, based on various surveys and public opinion polls, over 81% of people would likely join a study if they were informed by a trusted health-related resource such as a doctor, nurse/medical assistant, or other healthcare professional. This is especially true for underrepresented populations.

Diversity and equity in health studies includes two important factors. First, it is important to have data related to the safety and efficacy of new and existing interventions to ensure that underrepresented populations (e.g. minorities, elderly) are able to contribute their unique characteristics. As an example, Hispanics/Latinos make up 17% of the population, but less than 1% of participants in NIH-funded research and between 6%-7% of all clinical trials. African Americans comprise 13% of the population but only 5% of clinical trial participants. Second, providing access to clinical trials and health studies allows for equitable distribution and access that can bring value to individuals in the short term and like populations in the long run.

Adrienne Wagner, The Everett Clinic, Part of Optum

When approached about the idea of this collaborative, I was really excited at the prospect of taking all the combined experience and wisdom of the top medical groups across the country and working together to create greater equity, fairness, and advancement for marginalized populations that we all serve (and more importantly, those we do not currently adequately serve). Health equity and social justice are both concepts that are anti-competitive in nature, and so calling this a collaboration was really the most fitting way to describe the work we will be doing together to solve large-scale problems that we all seem to be facing.

Equity is a key pillar of quality as described in the Institute of Medicine's Six Domains of Quality.¹ We've recently been challenging our organization and our teams to think about that concept more broadly and not just in the closed way we used to, which is to say offering the care we deliver equitably to those we serve. Now we are challenging what it really means to deliver equitable care to our communities, beyond our walls, and what it means to have an equitable care delivery system, including diversity and inclusion among our own teammates and providers.

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Alyssa Canter, Oscar

Oscar is a new partner to APG and, as an organization, we are pleased to have an opportunity to serve as a Co-Chair on the Health Equity & Social Justice Collaborative. Oscar strives to make a healthier life accessible and affordable for all. We recognize that health disparities will continue to persist without addressing culturally competent care that contributes to health outcomes. Innovation and collaboration are key to achieving meaningful change, and this new collaborative is a forum to ignite those discussions through idea-sharing and relationship-building.

On a personal level, I am excited to be part of this forum. Addressing health access and the social determinants of health is a passion of mine and an area of policy I have studied and worked on over the years. There is much more work to be done across the healthcare sector, and I am looking forward to collaborating in this forum to carry forward the discussion.

Sheila Sudhakar, MD, Cigna Medical Group

As primary care physicians, one of our biggest challenges and frustrations is that we know what and how care needs to be provided for our patients to achieve optimal health and cost outcomes. But unless social determinants of health are addressed, it is hard for patients to understand, let alone prioritize, clinical recommendations. While we, as providers of care, want to do all we can to help our patients, it is the underlying SDoH and behavioral health (BH) issues that lessen our ability to deliver optimal outcomes. This is contributing to the decreased interest in practicing medicine and in joining the primary care workforce, which is hurting our already existing clinician shortage.

From a population health perspective, it has been known for years that SDoH impact the underlying opportunity to improve health and outcomes. Addressing SDoH has shown significant return on investments by decreasing inpatient admissions and increasing adherence to clinical recommendations. From a healthcare business perspective, while organizations have continually attempted to mitigate healthcare costs and improve quality outcomes through various initiatives, without addressing and improving health disparities and SDoH, our ability to make meaningful impacts will remain limited. The pandemic

has brought SDoH and BH to the forefront as critical opportunities that need solutions as the landscape of the overall population has deteriorated due to job loss, decreased incomes, increased food insecurities, and worsening underlying BH issues.

I hope through this collaborative that we, as a national group of diverse perspectives and experiences, can learn, develop, and implement sustainable solutions to address SDoH that will have positive effects for generations to come. With varying economies, worsening chronic health conditions, and widening health disparities, our need to solve for SDoH will only become greater along with the many other challenges we are facing in the U.S. healthcare system.

I look forward to collaborating with APG members and partner organizations as we strive to address health equity and social justice! Additional goals of the collaborative include creating a robust webpage with tools and links to education and information, the creation of a Best Practice Case Studies Manual, and creating core interest groups. ○

This program is open to all APG member physician organizations and APG partner organizations. For additional information, please contact Lura Hawkins, MBA, at LHawkins@APG.org.

Reference:

¹ Institute for Healthcare Improvement. *Across the Chasm: Six Aims for Changing the Health Care System*. <http://www.ihl.org/resources/Pages/ImprovementStories/AcrossTheChasmSixAimsforChangingTheHealthCareSystem.aspx>

HESJ Steering Committee

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