

# **Addressing Disparities through Health Policy: Lessons from Clinical Practice**

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**JudyAnn Bigby, M.D.**  
**ACLGIM Summit**  
**December 8, 2014**

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# Objectives

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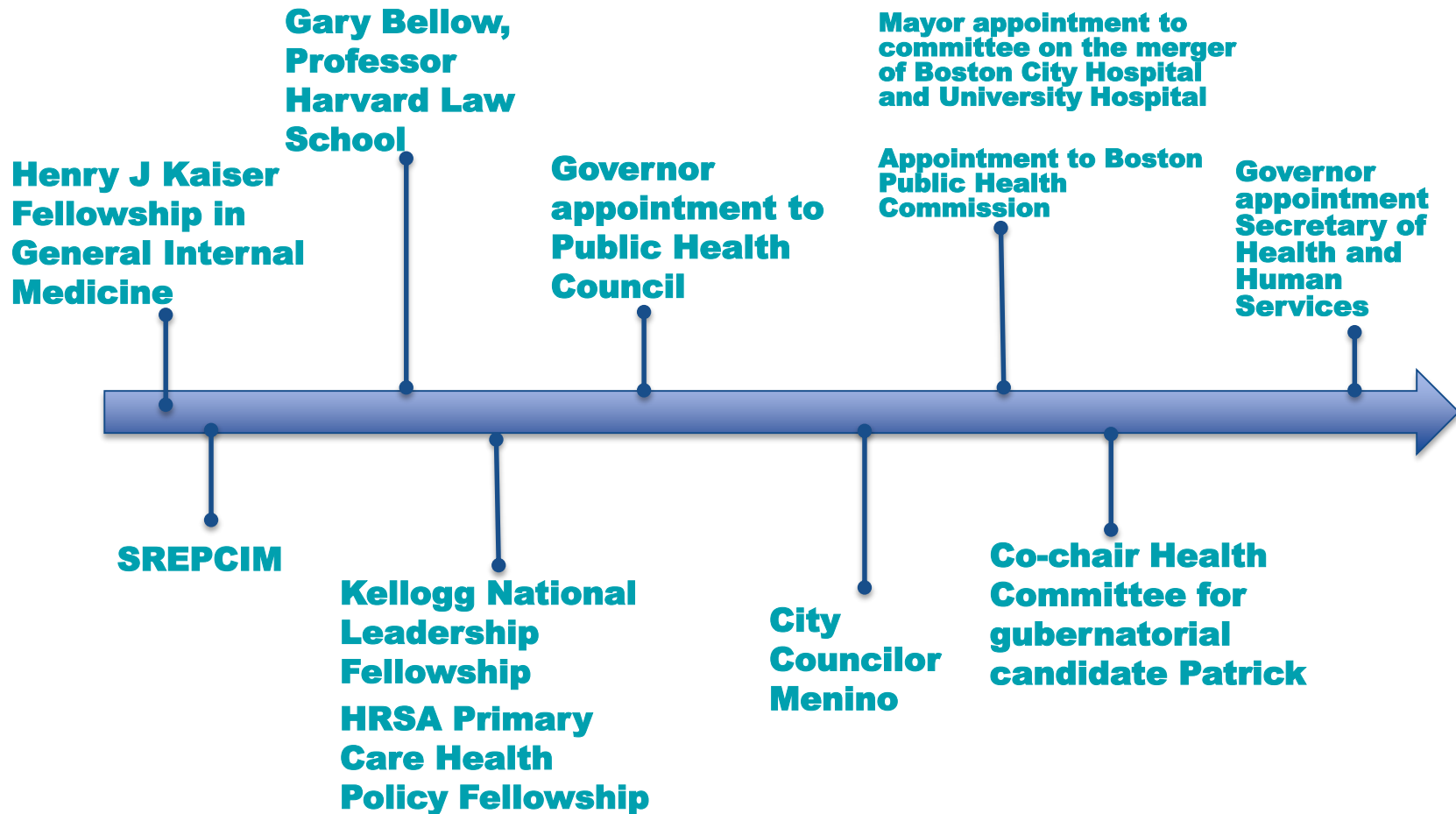
- **How does a general internist “do” policy?**
- **Addressing disparities at multiple levels**
- **General internal medicine role in developing leaders**

# Career Path

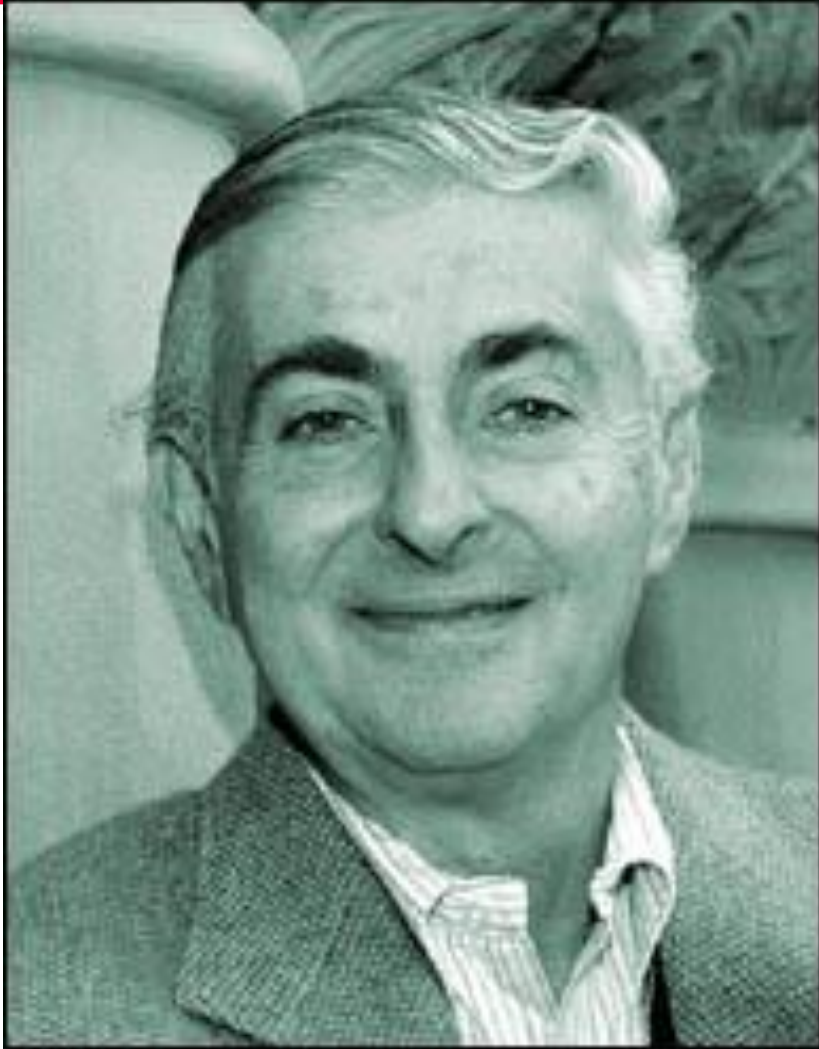
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- Patient stories
- Serendipity

# Serendipity



# Gary Bellow



- 1962 -1965 deputy director of the Legal Aid Agency for the District of Columbia
- 1966 -1968 deputy director of California Rural Legal Assistance (client United Farm Workers )
- 1968 -1971 associate professor of law at the University of Southern California (United Farm Workers and Black Panther Party)
- 1972 professor Harvard Law School; 1993 Louis D. Brandeis Professor of Law ; director JP Legal Services Center

# Medical Legal Services Project

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- **How can legal and medical system work together to serve the common needs of sick, poor people?**
  - **Elderly, < 150 percent FPL, patients from adult medicine clinic**
  - **56 percent black, 23 percent Latino**
- **Funding from a variety of foundation grants**
- **Project components**
  - **Develop computerized screening tool to identify entitlements for which patients are eligible**
  - **Train medical and law students to advocate for patients**
  - **Assess effect on health**
    - **BP and diabetes**
    - **Access to medications**
    - **Continuity of care**

# Medical Legal Services Project: Findings

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- 40 percent of patients who consented to screening were entitled to at least 1 benefit
  - Food stamps
  - SSI and Medicaid
  - Increased AFDC grant
  - SSDI
  - Housing
  - Domestic violence
  - Child welfare
- Only 25 percent of patients received their benefits
  - Medical and law students intervened at agency level
  - Increased receipt of benefits to 45 percent
  - Appeals and challenges referred to legal services center

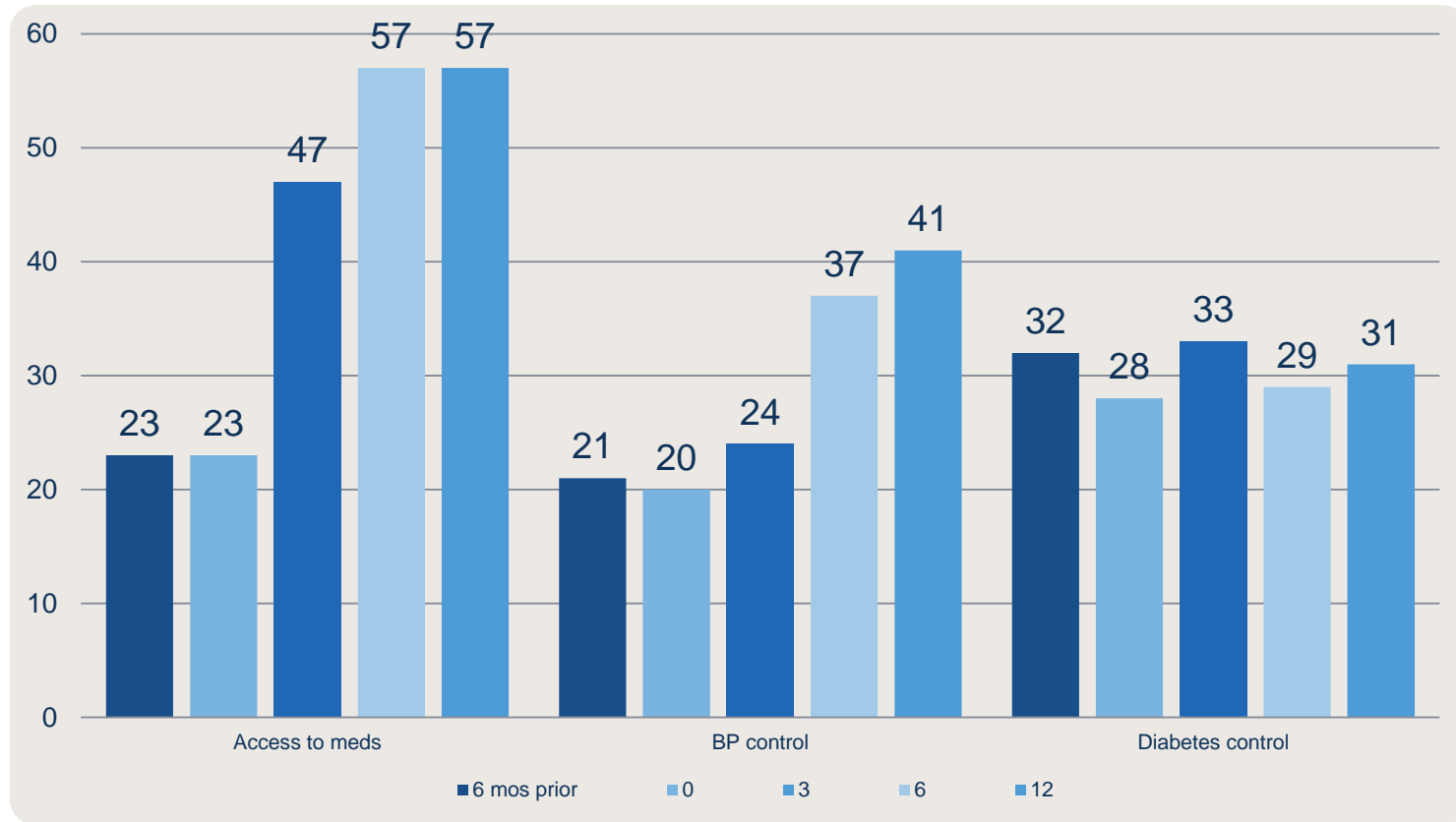
# **Medical Legal Services Project: Policy Implications**

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- **Welfare agency repeatedly denied benefits to which patients were entitled**
  - **Nearly all appeals ended in reversal of agency decision**
- **Meeting with Welfare Commissioner to review findings**
  - **Obscure Title XIX regulation regarding “out stationing welfare workers”**
- **Moved uninsured to Medicaid**
  - **Medicaid paid less than Massachusetts uncompensated care pool for inpatient admissions**



# Medical Legal Services Project: Health Implication



Source: Bigby J, Bellow G, Patton R, Bandele F. Results from the Medical Legal Service Project Legal Aid Review 1990

# **Black Infant Mortality:**

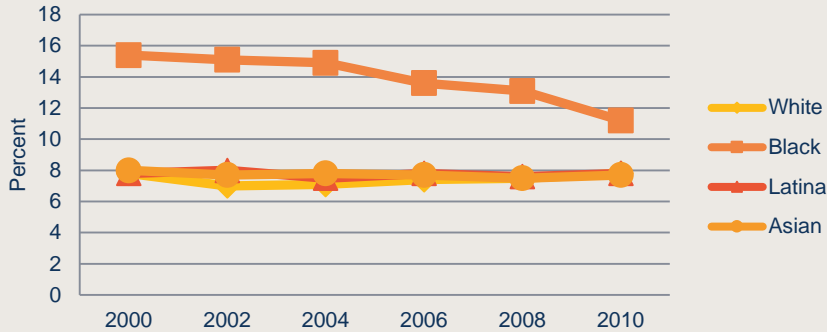
## **~~In the shadows of world class medicine~~**

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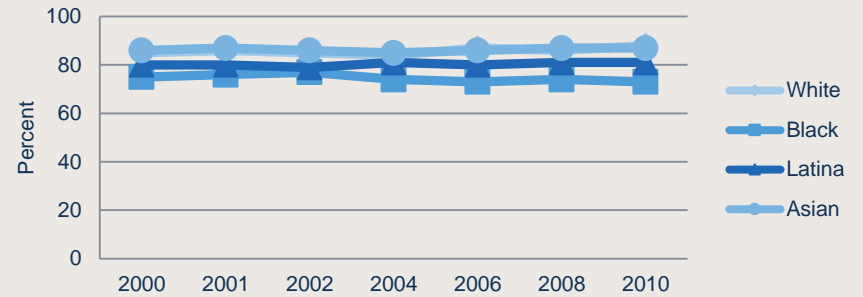
- **Boston Globe investigates the different factors in Boston's high infant mortality rate by looking at the racial and economic factors involved; finds the poor receive little assistance in prenatal care**
- **City mobilized multiple efforts for pregnant women**
- **Infant mortality as a women's health problem**

# Boston Infant Health Trends

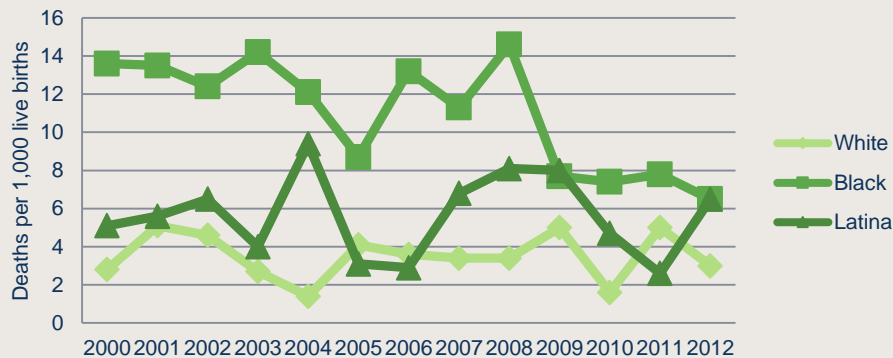
## Preterm Percent by Race/Ethnicity



## Percent with Adequate PNC, by Race/Ethnicity



## IMR by Race/Ethnicity



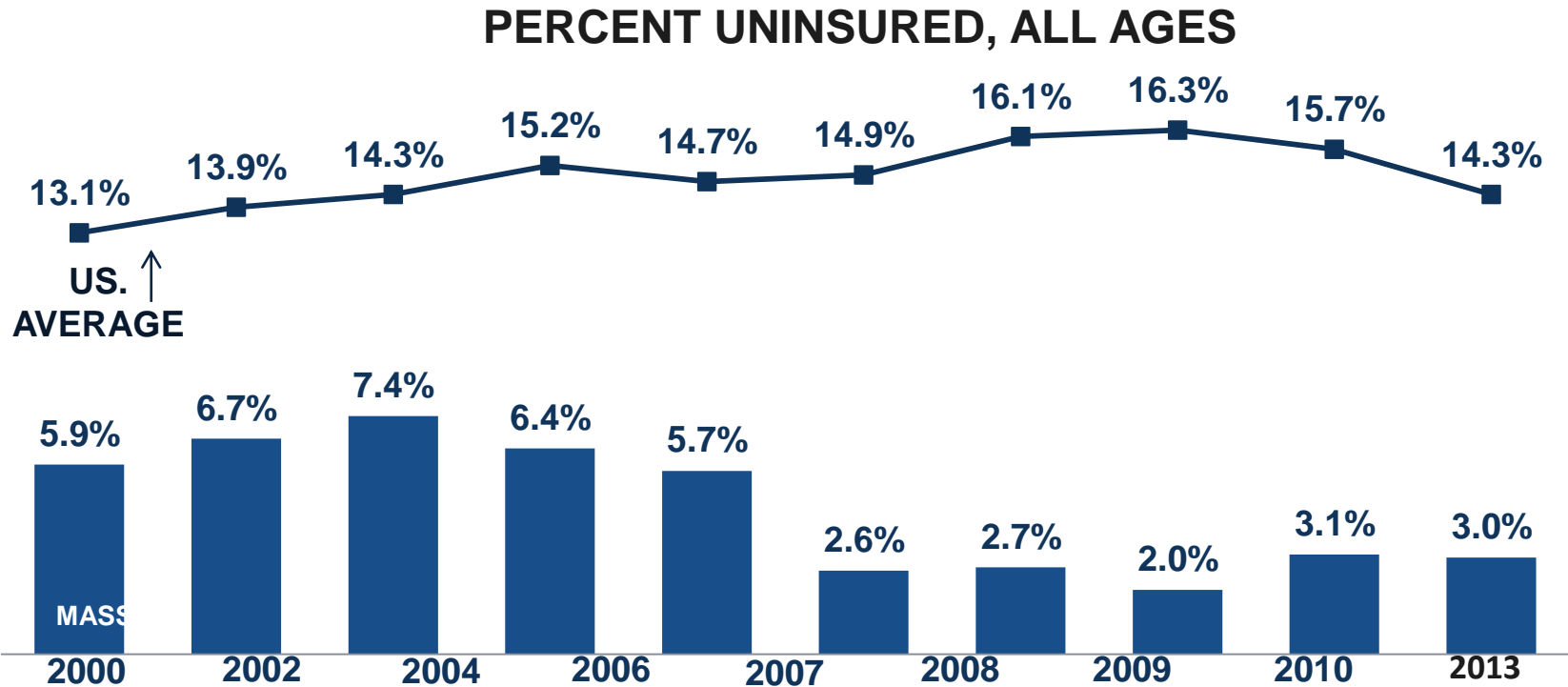
Source: Massachusetts Department of Health and Boston Public Health Commission

# **Black Infant Mortality: Strategies to Intervene on Women's Health**

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- **Infant mortality as a women's health problem**
- **Increased attention to health status of women entering pregnancy**
- **Increased attention to health status prior to pregnancy**
- **Increased attention to planned pregnancy**
- **Increased attention to peer supports**
- **Centering Pregnancy**

# Massachusetts has the lowest rate of uninsurance in the US

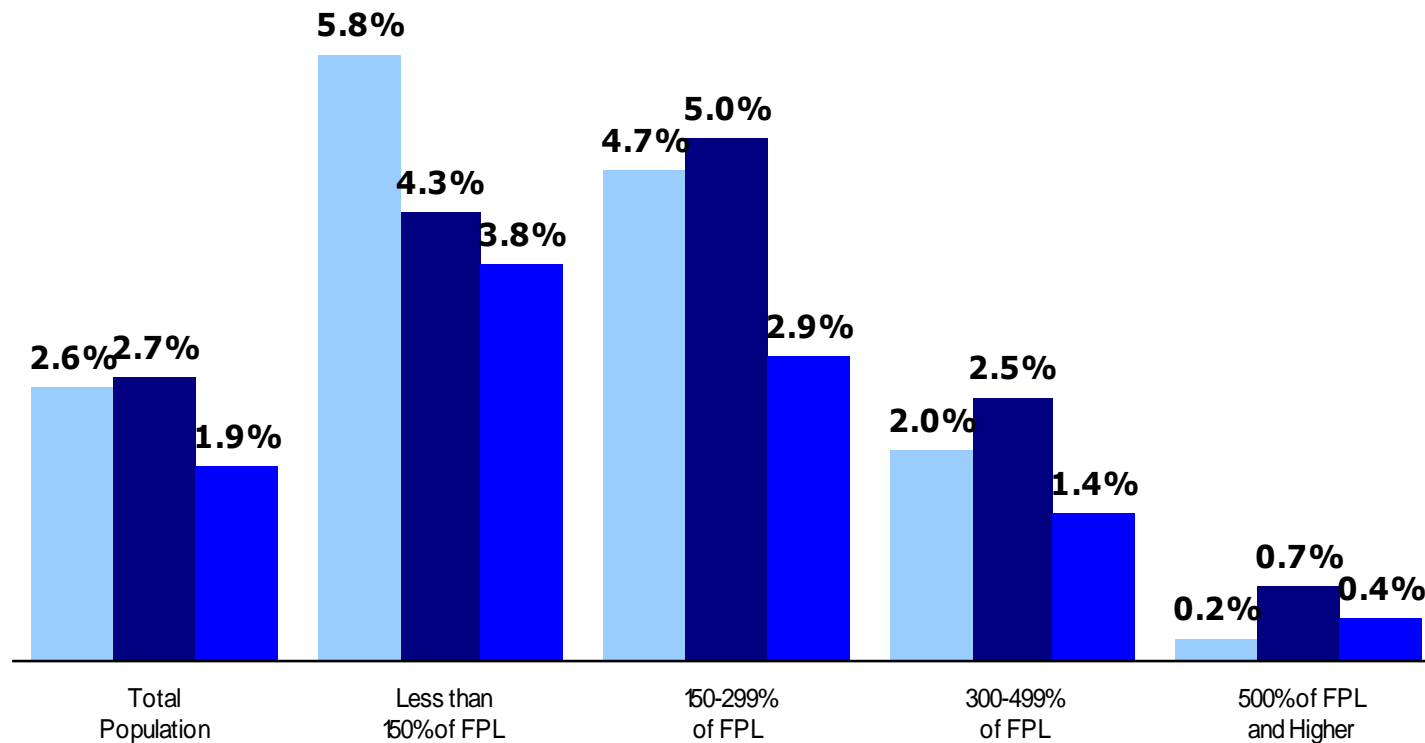


NOTE: The Massachusetts specific results are from a state-funded survey — the Massachusetts Health Insurance Survey (MHIS). Using a different methodology, researchers at the Urban Institute estimated that 507,000 Massachusetts residents were uninsured in 2005, or approximately 8.1 percent of the total population. Starting in 2008, the MHIS sampling methodology and survey questionnaire were enhanced. These changes may affect comparability of the 2008 and later results to prior years. The national comparison presented here utilizes a different survey methodology, the Current Population Survey, which is known to undercount Medicaid enrollment in some states.

SOURCES: Urban Institute, *Health Insurance Coverage and the Uninsured in Massachusetts: An Update Based on 2005 Current Population Survey Data In Massachusetts, 2007*; Massachusetts Center for Health Information and Analysis (formerly the Division of Health Care Finance and Policy) *Massachusetts Health Insurance Survey* data for years 2000, 2002, 2004, 2006, 2007, 2008, 2009, 2010, 2011; U.S. Census Bureau, Current Population Survey, Health Insurance Historical Tables (HIB Series).

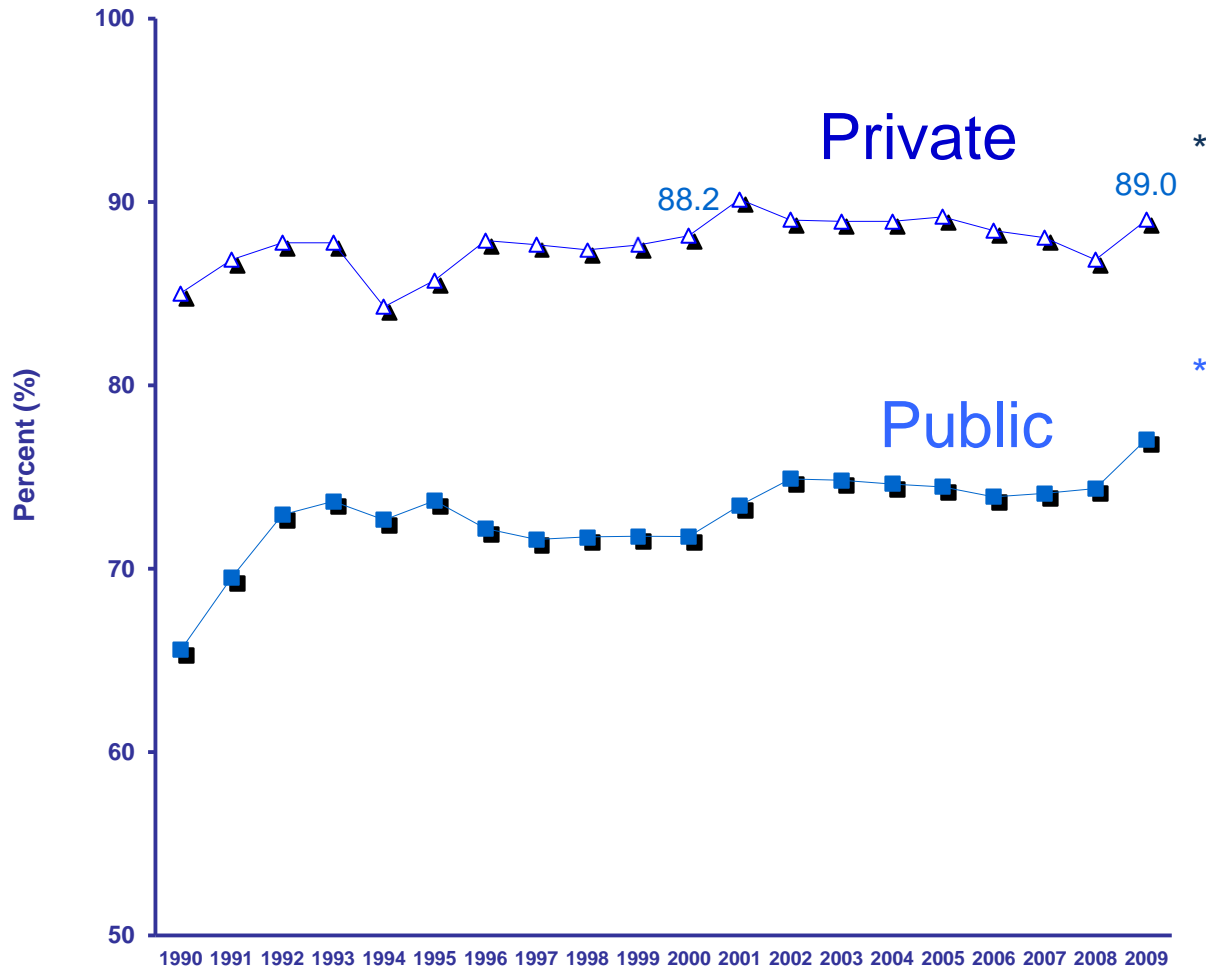
# Percent of Uninsured Massachusetts residents by Federal Poverty Level (FPL), 2008-2010

■ 2008 ■ 2009 ■ 2010



Source: Urban Institute tabulations on the 2008, 2009, and 2010 Massachusetts Health Insurance Survey. For more information, please visit [www.mass.gov/dhcfp](http://www.mass.gov/dhcfp). Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

# Trend in adequate Prenatal Care by source of PNC payment, MA: 1990-2009



\* Annual Percentage Change Statistically Significant all categories ( $p \leq 0.05$ )

Source: Massachusetts Department of Public Health, Massachusetts Births 2009

# Opportunities in Massachusetts

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- **Chapter 58 mandated \$270 million rate increase in Medicaid payment to hospitals**
  - Tied to performance on disparities
  - **Challenges**
    - Minority MassHealth patients received their care in a limited subset of hospitals. Approximately two-thirds black and Latinos received their care from 10 of 62 acute care hospitals and 90 percent came from 20 hospitals
    - Recession led to cuts in the funds
- **Office of Health Equity**
  - Set policy, issued report card
- **APCD**
  - Ensuring adequate race and ethnicity data



# General Internal Medicine

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- Opportunities to partner with public health departments on intersection of public health and medicine

# Primary care and public health pre-reform

Clinical preventive services, primary care, disease management



Insured

Insurance payments

Uninsured

Public health funds

Grants, hospital community benefits

Clinical and community collaboration such as use of nonclinical CHW or patient navigator and patient trainings and education



Community health programs



# General Internal Medicine

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- **Opportunities to partner with public health departments on intersection of public health and medicine**
- **Reform training to provide educational opportunities to increase exposure to policy**
- **Strong advocacy by SGIM and other primary care organizations recognizing policies to address disparities require focused, targeted intervention**