

ASSOCIATION OF BLACK CARDIOLOGISTS

Improving Health Care Access For Minority and High-Risk Populations **SUMMARY OF RECOMMENDATIONS**



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Association of Black Cardiologists Roundtable: Improving Health Care Access for Minority and High-Risk Populations Summary Recommendations

*Developed in collaboration with participants of the Improving Health Care Access for
Minority and High-Risk Populations Roundtable*

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Introduction

One of the pressing issues facing health care providers and the general population today is the concern of access to care, specifically to newer medications or devices. From a health equity standpoint, access improvements cannot be achieved without promoting inclusive methods and solutions that give visibility to the access barriers faced by minorities and high-risk patients. At the outset, it is important to acknowledge that many factors contribute to access challenges. Research has identified areas of concern that include social determinants, cost of treatments, drugs costs, patient fees, and therapy selection. In addition, it is essential to understand the challenges within the context of the current cardiovascular environment.

Research has shown that the rate at which mortality from cardiovascular disease is declining has slowed in the United States.¹ As cardiovascular disease continues to be the leading cause of death for Americans, this plateauing of mortality rates adversely impacts racial and ethnic groups who have preexisting challenges to health care.² Access to health care providers, insurance, and innovative therapies therefore becomes imperative to halting this stagnation. As expressed by Tom Freiden, MD, the former director of the Center for Disease Control (CDC), “even one preventable death is one too many.”³ Suboptimal access can also lead to downstream non-adherence, an issue which a recent paper in the *Journal of the American College of Cardiology*

stakeholders continue to work on access-related issues, as research has shown that health care access affects morbidity and mortality across different populations.²

¹Sidney, Stephen et al. (2016). Recent Trends in Cardiovascular Mortality in the United States and Public Health Goals, *JAMA Cardiology*, 1, 594-599. doi:10.1001/jamacardio.2016.1326

² Brown, E. Richard; Ojeda, Victoria D.; Wyn, Roberta; & Levan, Rebecca. (2000). Racial and Ethnic Disparities in Access to Health Insurance and Health Care. UCLA Center for Health Policy Research. UCLA: UCLA Center for Health Policy Research. Retrieved from: <https://escholarship.org/uc/item/4sf0p1st>

³Center of Disease Control and Prevention. (2013). Vital Signs telebriefing on heart disease and stroke deaths. Retrieved from <https://www.cdc.gov/media/releases/2013/t0903-vs-heart-disease.html>

Roundtable Proceedings

To address the critical issue of access against the backdrop of a changing health care landscape, the Association of Black Cardiologists (ABC) convened 18 thought leaders in conjunction with the American Heart Association Scientific Session in New Orleans on November 11, 2016 for the ABC Roundtable: Improving Health Care Access for Minority and High-Risk Populations. The Roundtable consisted of experts in various key cardiovascular areas such as heart failure, stroke, hyperlipidemia, familial hypercholesterolemia, and other disease categories adversely impacting minority populations. In addition, participants came from an array of health care sectors including government, advocacy organizations, health plans, providers, academia, and industry. Participants assembled with the objective of addressing the complex and long-term issues related to patient access among minority and high-risk populations in a solutions-oriented manner.

Understanding the Barriers

In order to focus their discussion on urgently needed solutions, Roundtable participants first worked to identify the top barriers currently inhibiting optimal access among minority and high-risk populations. Consensus ideas included: 1) access to identifiable primary care 2) timely referral to specialists 3) sub-optimal levels of trust and cultural competence among underserved populations, 4) the impact of socio-economic determinants, and 5) the ultimate intersection of cost and access. An in-depth discussion of these barriers revealed both how far reaching the roots of the access dilemma extend—from where a person is born, to how many primary care providers (physicians, nurse practitioners, physician assistants, or others) and specialists practice in their area, to what their copay may be. It also includes the extent to which patients can identify with the providers they see, as well as how the access burden can be disproportionately shouldered by certain communities, such as the elderly or minorities.

Identifying Solutions

To help address the barriers described above, the diverse group of Roundtable participants ultimately identified five consensus-driven solutions that can enhance access and positively impact minority and high-risk communities.

1. Advocate for policy changes that encourage providers to accept Medicare and Medicaid

A prominent challenge faced by underserved communities in the U.S. is that those with chronic conditions or high-risk patients are often unable to get appointments to see a primary care provider or specialist. This often occurs because of the lack of primary care providers or specialists in close proximity that accept their Medicaid plans. To meet this challenge, a policy change is needed that incentivizes providers to accept both Medicare (including managed Medicare) and Medicaid plans. The Affordable Care Act expanded Medicaid enrollment in multiple states, which improved access. However, some providers may avoid certain health plans due to poor past experiences with reimbursement; this phenomenon greatly inhibits access. As part of this solution, Roundtable participants believe that multiple stakeholders should rally together to better understand the situation and articulate clear, concise policy adjustments that will both better support provider reimbursement and give patients more options.

2. Standardize and centralize the prior authorization process to decrease paperwork and improve communications

Multiple stakeholders have described personal experiences with health plan prior authorization processes that have prevented minority and high-risk populations from receiving innovative treatments, thus impacting patient health. Stories often referenced common challenges such as lack of transparency, lack of communication, and inconsistencies. Other groups, including a coalition led by the American Medical Association, have also recently highlighted how aggressive prior authorization programs can negatively impact patient-centered care.⁴

Roundtable participants believe that developing a standard process for prior authorization can greatly reduce paperwork and limit ineffective communication between health care providers and health plans or other payers. Appropriately centralizing the process for prior authorizations via designated health plan employees could also serve to improve communication and accountability. Patients with cardiovascular disease and their providers would then have a resource to better navigate the prior authorization process from start to finish.

3. Advance telemedicine and telehealth practices and resources that can aid minority populations

Telemedicine and telehealth may allow patients to use every day technological tools as means to support their health and wellbeing. The virtual platform at the core of telemedicine and telehealth helps to bridge direct and indirect distance challenges that are often unique to minority and high-risk patients, including transportation barriers or geographic access to providers and specialists. There is a great opportunity to use existing telemedicine and telehealth tools to expand access by giving patients more options to address their medication or care needs with a trusted provider or specialist. Telemedicine and telehealth can also be used as a means to help patients monitor and store vitals, which can enrich how patients engage with providers. Roundtable participants believe that additional research must first be conducted to evaluate and assess existing telemedicine and telehealth tools and resources. A focus should be placed on tools and resources that are proficient in boosting access in minority communities.

4. Promulgate pharmacy programs that improve patient access

Stakeholders across many sectors have agreed that the pharmacy setting is a promising, but as of now, underutilized resource for responding to access challenges. Pharmacists are highly trained, integrated into many electronic health systems, and tend to be high-touch with patients, sometimes seeing them multiple times per month. Therefore, pharmacists create strong opportunities for patient engagement, education, and prior authorization assistance for restricted medications. Some exciting pharmacy-based programs related to access are already known, such as those that support specialty pharmacy or biometric testing technologies, which expand access to diagnostics and analytics.

⁴ American Medical Association. (2017). Health Care Coalition Calls for Prior Authorization Reform. Retrieved from <https://www.ama-assn.org/health-care-coalition-calls-prior-authorization-reform>

More research can be done, however, to identify, describe and promulgate existing pharmacy-based programs that help reinforce a constructive patient/provider dialog, help patients better understand their drug options and insurance questions, or expand data collection on various diseases or disorders. Roundtable participants concurred that a focused, multi-sector working group of experts could be convened to further determine which pharmacy-based programs offer key best practices.

5. Expand the utilization of community health worker concept to address access challenges

The community health worker concept was designed to successfully utilize patient engagement to help high-risk and minority individuals navigate a range of health care needs. However, in general, this group remains an underutilized resource. Currently, community health workers specialize in disease state education and patient outreach. Roundtable participants agree that community health workers can expand their outreach and education capabilities by assisting patients to respond to prior authorization denials, to overcome barriers to seeing health care providers, to better access medications, or to address other common challenges. Community health workers can also aid in collecting and sharing patient data with the community to better inform future solutions. Community health workers are some of the most opportune people to serve as on-the-ground advocates to help mitigate access challenges relevant to their respective communities, thus helping patients with cardiovascular disease better navigate the system.

Call to Action

As cardiovascular and public health stakeholders, we believe there is a critical need to improve patient access to care and innovative therapies by crafting definitive, collaborative solutions that expand existing services or capabilities, streamline processes, or address problematic policies. As participants in the ABC Roundtable: Improving Health Care Access for Minority and High-Risk Populations, we encourage groups and organizations around the U.S. to join us in advancing Roundtable-identified solutions to aid minority or high-risk populations.

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About the Association of Black Cardiologists (ABC)

Founded in 1974, the Association of Black Cardiologists, Inc., (ABC) is a nonprofit organization with an international membership of 1,700 health professionals, lay members of the community (Community Health Advocates), corporate members, and institutional members. The ABC is dedicated to eliminating the disparities related to cardiovascular disease in all people of color and seeks to promote the prevention and treatment of cardiovascular disease, including stroke, in blacks and other minorities and to achieve health equity for all through the elimination of disparities. The association's aggressive goal is to reduce cardiovascular disease by 20% by 2025.

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