



PARTNERSHIP FORUM

No.1 = 2021

Racial Health Disparities:
A Closer Look at Benefit Design

MARCH 23-24, 2021



Moderator Welcome

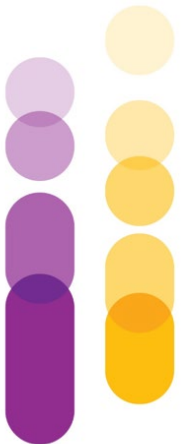
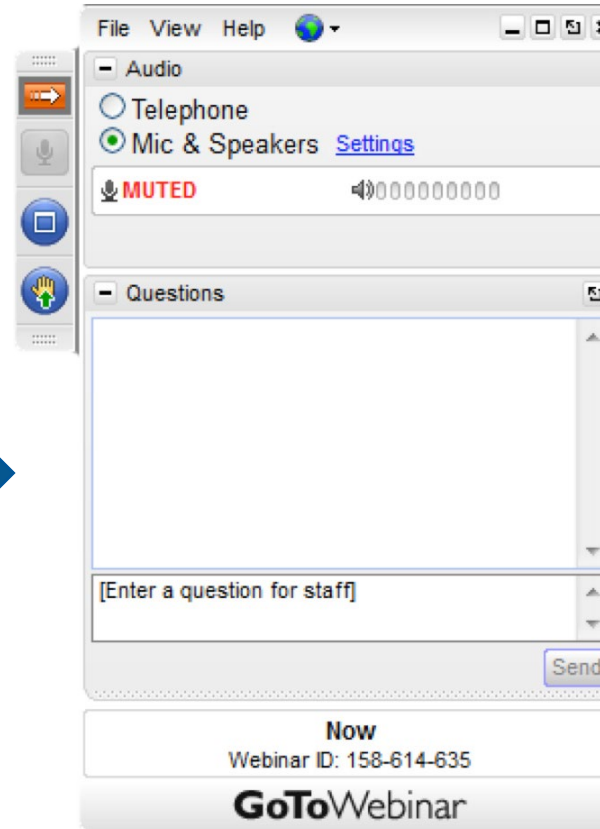


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How to Ask Questions



AMCP Partnership Forums

Collaboration for Optimization



The virtual, hands-on AMCP Partnership Forums bring key decision makers in managed care, integrated care, the pharmaceutical industry, and others together to discuss and collaborate on tactics and strategies to drive efficiencies and outcomes in integrated care and managed care.

Partnership Forums

- Proactive, collaborative approach
- Provide a voice
- Gain consensus and remove barriers
- Stakeholders work together on common goals and interests
- Have high visibility
- Find common ground and actionable results

2021 Partnership Forums

1. Racial Health Disparities: A Closer Look at Benefit Design
2. Digital Therapeutics: The Evolving Role of Digital Therapeutics
3. Addressing Evidence Gaps in the Expedited Approval Process: Payer Perspectives

National Pharmacy Organizations A Joint Statement



In June 2020, AMCP joined thirteen other national pharmacy organizations in a joint statement taking a stand against racial injustice and committing to goals to ensure that the care provided by pharmacists and within pharmacies upholds the highest standards.

PHARMACY ORGANIZATIONS UNITE TO TAKE A STAND AGAINST RACIAL INJUSTICE

National Pharmacy Organizations Unite to Take a Stand Against Racial Injustice

The recent deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and too many others have ignited strong emotions and continue to shed a glaring light on the day-to-day experiences of Black Americans. Sadly, racism and discrimination are a thread that has been woven into the fabric of this country for far too long.

Adding to the challenges of the global pandemic of COVID-19, which disproportionately impact communities of color, there is a greater public health crisis plaguing our country: racism and discrimination. People of color and other marginalized groups experience a continuum of systemic racism, discrimination, and injustices that result in ongoing health inequities created by numerous factors impacting social determinants of health.

As pharmacists, we took an oath that includes, as its first statement, "I will consider the welfare of humanity and relief of suffering my primary concerns." Humanity includes all people, and we have the responsibility in this country to care for those who are disproportionately suffering. As health care professionals, we are trained to provide the best care to all and to "advocate for change that improves patient care." Advocating against racism, all forms of discrimination and injustice can improve patient care. This is an urgent priority.

- We, as a profession, stand in unity to advocate for the dismantling of systems that have historically marginalized and oppressed Black Americans in this country.
- We stand and advocate against police brutality and law enforcement misconduct.
- We advocate for measures that eliminate inequities resulting from racism and discrimination in every facet of our profession, including patient care,

pharmacist and pharmacy technician continuing education, student pharmacist education, workplace practices, pharmacy school admissions, leadership opportunities, and organizational policies.

- We advocate for health equity in marginalized communities to eliminate disproportionate health outcomes.

The time is now to engage in intentional dialogue and action. All forms of racism, discrimination, and injustice are unacceptable. We must all listen, learn, and collectively address this crisis directly. We encourage self and team accountability for upholding actions and social justice to bring forth peace and healing in our communities. The profession of pharmacy, represented by the organizations signed onto this statement, will begin actions to ensure that the care provided by pharmacists and within pharmacies upholds the highest standards. These actions include but are not limited to—

1. Working together to provide opportunities to address health care disparities and strengthen affected communities.
2. Providing pharmacist, student pharmacist, and pharmacy technician education on social injustices and systematic challenges impacting health care.
3. Delivering strategies that focus on change through communications, partnerships, and solutions to address health care disparities.
4. Continuing dialogue among pharmacy organizations and stakeholders to identify and implement change.

Let us work together now to weave new threads that embrace our diversity, honor our humanity, and support people of color and any marginalized populations for the benefit and promotion of current and future generations.

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Our Faculty



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Agenda

- Background
- Forum findings and recommendations
- Q&A
- Next steps and action items



Forum Goals

- Identify potential structural issues within the current formulary and benefit design processes that may lead to racial health disparities or inequality.
- Identify viable solutions to reduce racial health disparities in the use of drugs and related therapies.

Why are we talking about this?

- The delivery of healthcare as we know it is fundamentally *transforming*, with greater emphasis on:
 - Patient-centeredness
 - Health and wellness promotion (as opposed to a focus on disease)
 - Population health and community engagement
 - Health Equity
- Racism is a major social determinant of health and access to quality health care

Racial Disparities in Health

- African Americans have higher death rates than Whites for 12 of the 15 leading causes of death.
- Blacks and American Indians have higher age-specific death rates than Whites from birth through the retirement years.
- Minorities get sick sooner, have more severe illness and die sooner than Whites
- Hispanics have higher death rates than whites for diabetes, hypertension, liver cirrhosis & homicide

History and Effect on Health Care Practice

Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

Kelly M. Hoffman^{a,1}, Sophie Trawalter^a, Jordan R. Axt^a, and M. Norman Oliver^{b,c}

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Edited by Susan T. Fiske, Princeton University, Princeton, NJ, and approved March 1, 2016 (received for review August 18, 2015)

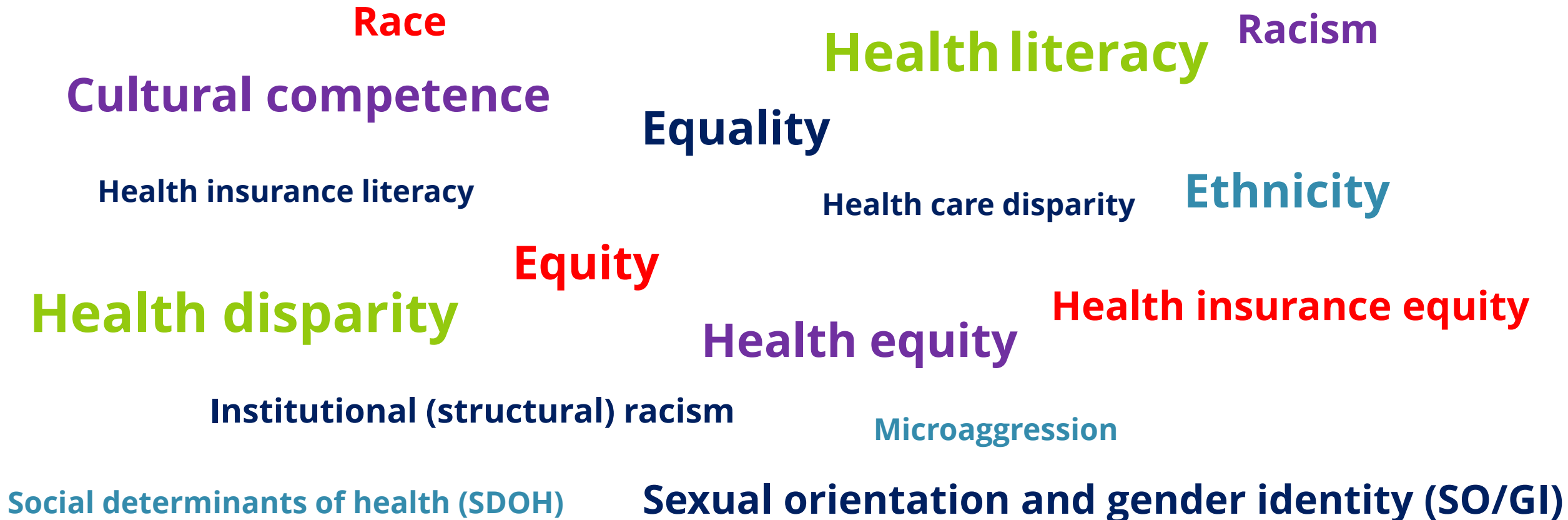


Formulary and Benefit Design: Challenges and Opportunities



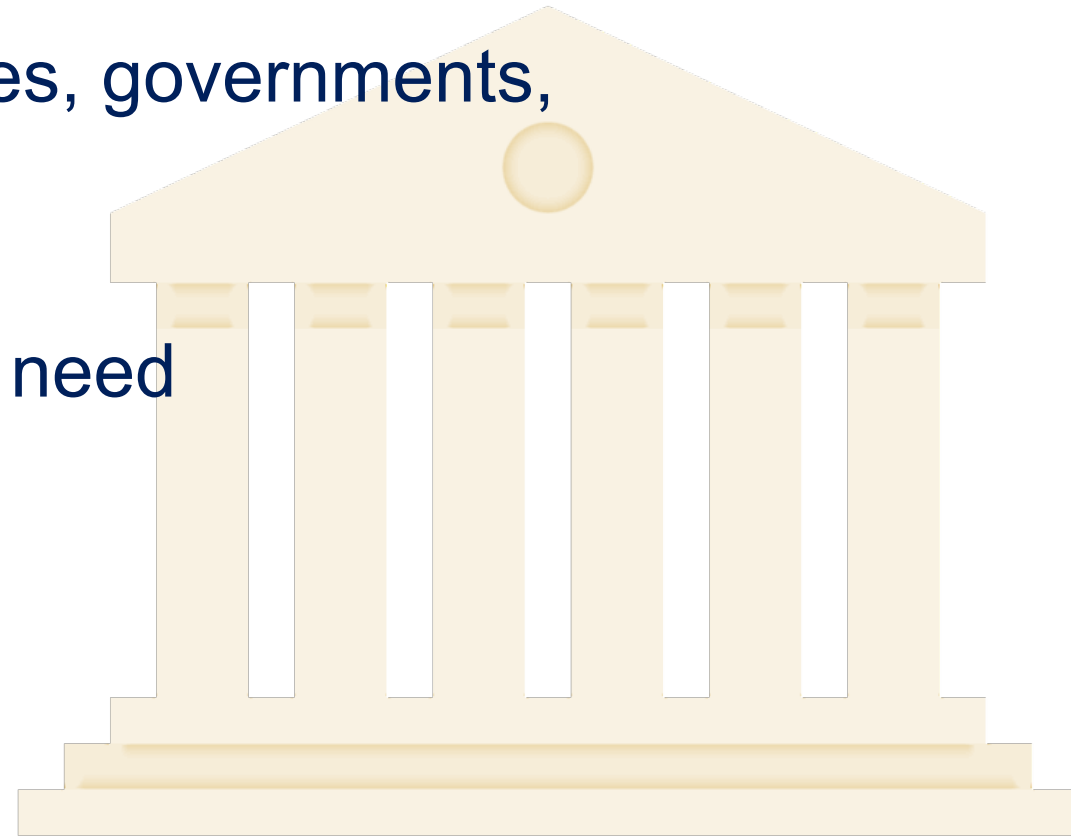
Priority Considerations to Advance Equity in Formulary and Benefit Design

The importance of understanding terminology related to building greater equity



Institutional (structural) racism

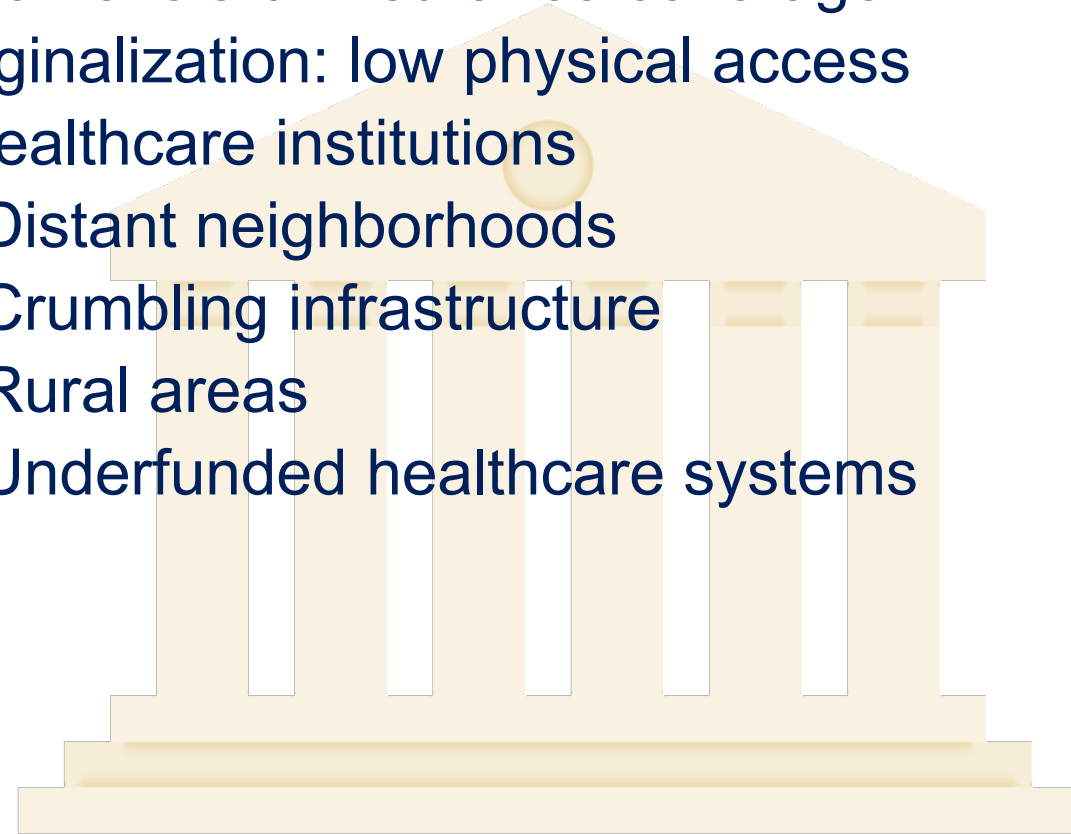
- Differential access to the goods, services, and opportunities of society by race
- Normative, sometimes legalized
- **STRUCTURAL**, codified into our policies, governments, and institutions
- No identifiable perpetrator
- Often evident as inaction in the face of need



Institutional racism in health and medicine



- Health disparities related to the social determinants of health
 - Poverty-related illnesses (low birth weight, infant mortality, asthma, infectious diseases, cancer, depression, cardiovascular disease)
 - Unhealthy default decisions (food deserts, smoking)
 - Toxic environment (lead contamination, trauma)
 - Greater risk for injury and suicide (American Indian/Alaska Native)
- Access to quality healthcare
 - Limited health literacy (education)
 - Lower levels of insurance coverage
 - Marginalization: low physical access to healthcare institutions
 - Distant neighborhoods
 - Crumbling infrastructure
 - Rural areas
 - Underfunded healthcare systems



Priority Considerations to Advance Equity in Formulary and Benefit Design

Use frameworks available to address and cope with racial bias in the health care setting

CHARGE2 Framework

C	Change your context: Is there another perspective that is possible?
H	Be Honest: With yourself, acknowledge and be aware.
A	Avoid blaming yourself: Know that you can do something about it.
R	Realize when you need to slow down.
G	Get to know people you perceive as different from you.
E	Engage: Remember why you are doing this.
E	Empower patients and peers.

INTERRUPT Framework

I	Inquire: Leverage curiosity. "I'm curious, what makes you think/say that?"
N	Non-threatening: Convey the message with respect. Separate the person from the action or behavior. "Some may consider that statement to be offensive." Communicate preferences rather than demands. "It would be helpful to me if..."
T	Take responsibility: If you need to reconsider a statement/action, acknowledge and apologize. Address microaggressions, and revisit them if they were initially unaddressed.
E	Empower: Ask questions that will make a difference. "What could you/we do differently?"
R	Reframe: "Have you ever thought about it like this?"
R	Redirect: helpful when individuals are put on the spot to speak for their identity group. "Let's shift the conversation..."
U	Use impact questions: "What would happen if you considered the impact on...?"
P	Paraphrase: making what is invisible (unconscious bias) visible. "It sounds like you think..."
T	Teach by using "I" phrases: Speak from your own experience. "I felt x when y happened, and it impacted me because..."

Priority Interventions Identified

Data



- Increase diversity in clinical trial enrollment, strengthen trial designs to better detect possible heterogeneity in patient response, and expand subgroup reporting
- Augment data available within health care delivery systems by, for instance, more thorough and efficient collection of patient demographic information into medical records
- Recognize that biases may be unintentionally built into current algorithms and artificial intelligence platforms

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Formulary Process



- Incorporate robust diversity data into drug monograph tools used in formulary development – for example, the AMCP Format or monograph templates
- Provide annual equity training for Pharmacy & Therapeutics committee members
- Add committee representation that reflects an organization's minority membership or a member with expertise in equity
- Create a subcommittee to evaluate equity in formulary decisions

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Benefit Offerings



- Acknowledge and consider racial disparities in initial benefit design process
- Consider variable cost-sharing and premiums, such as on a sliding scale based on income
- Offer a preventive medication benefit with a lowered or zero-dollar copay
- Adjust cost-sharing models in disease states where minority or other at-risk populations are disproportionately affected

Priority Interventions Identified

Patient Access



- Consider benefit flexibility to improve access
- Utilize automated tools, such as real-time benefit checks and electronic prior authorization, to assist those with less time or fewer resources to navigate benefits and utilization management
- Expand access to the care delivery network, such as by relocating clinics or pharmacies onto public transportation lines
- Enhance care coordination through more systematic engagement of pharmacists, community partners, and health navigators
- Develop patient outreach programs with simplified materials to improve health and health insurance literacy

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Other Considerations



- Identify opportunities for new or revised programs around payment incentives or disincentives for health care providers that participate in equity efforts
- Share best practices and case studies in peer-reviewed journals, such as JMCP

Priority Interventions Identified

Quality metrics specific to equity

- Prior authorization approval and denial rates
- Adherence among various patient sub-groups
- Other measures influenced by disparities





Policy, Education, and Training Considerations

Considerations to Advance Equity



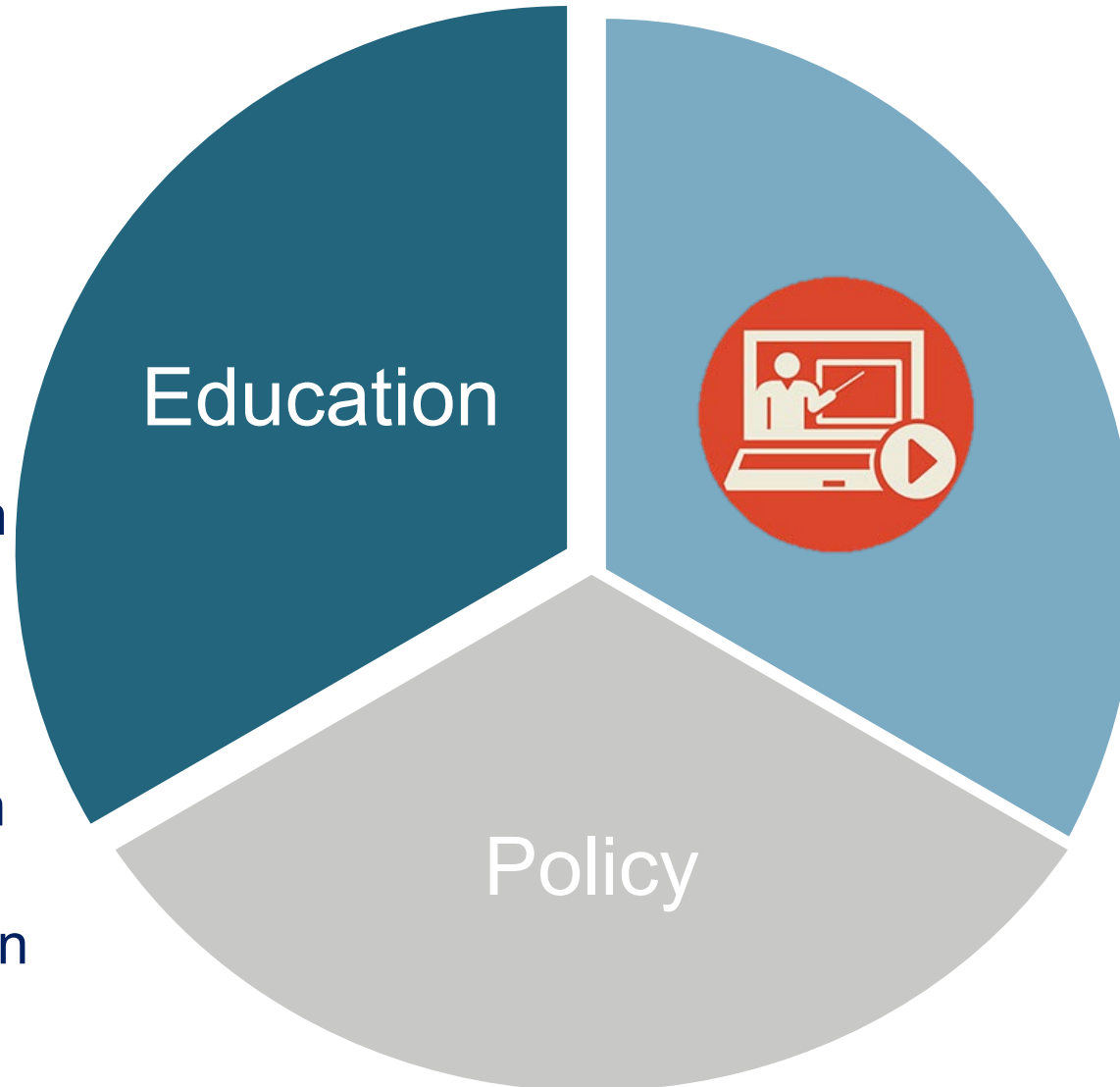
Considerations to Advance Equity

- Data collection standards
- Nondiscrimination standards
- Clinical trial design and data access



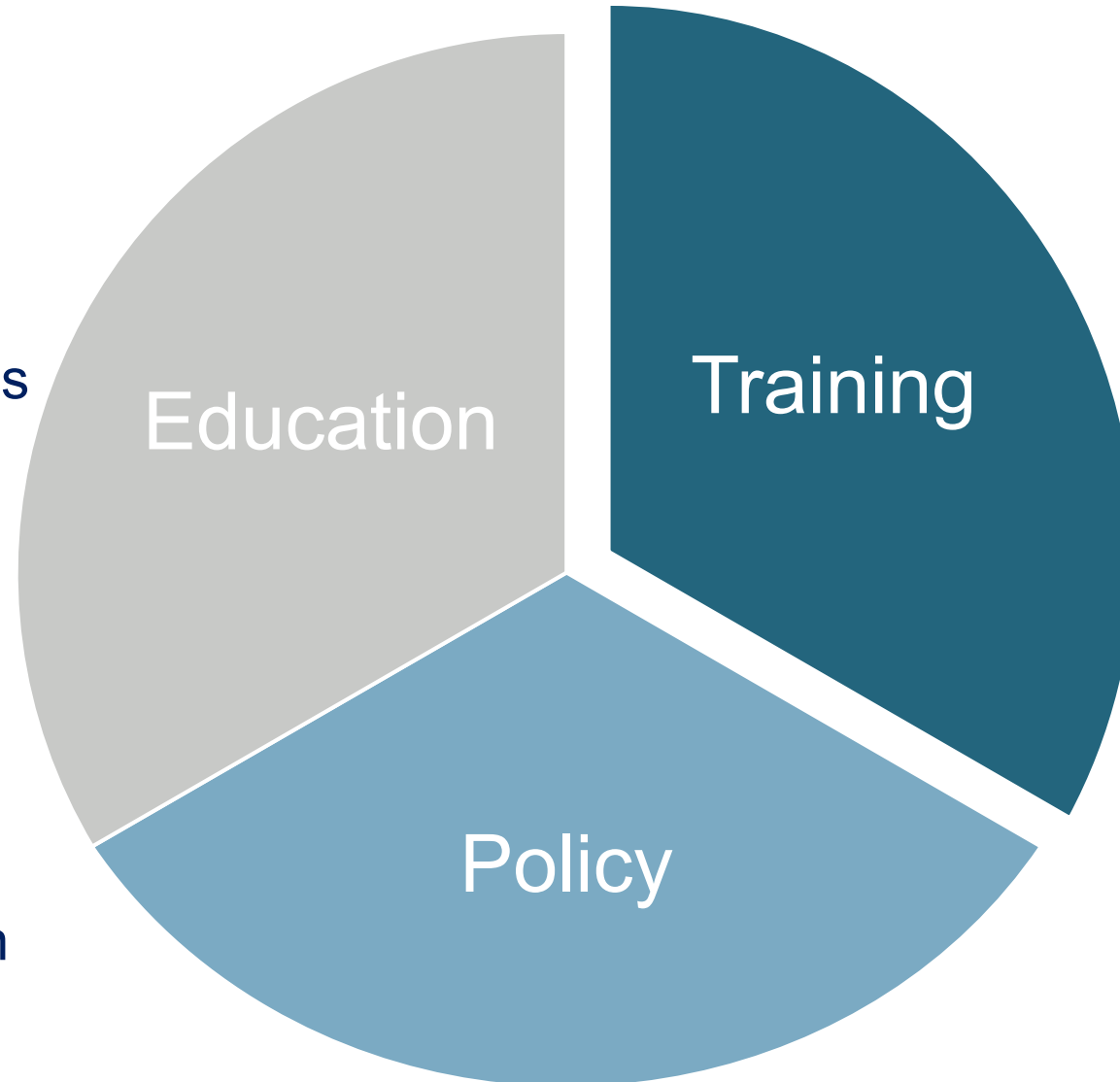
Considerations to Advance Equity

- Foundational education for all health care providers
- Health sciences curriculum updates
- Patient education
- Data collection standards
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Equity training

- P&T committee
- Health care employees and leadership
- Terminology, implicit bias, cultural competency

Good practices for data utilization

Transparency to outside stakeholders

Summary

- Health disparities are deeply rooted and complex
- It is critical to acknowledge that systemic racism exists
- Proactive strategies are needed to improve equity, and to view patients holistically
- Mitigate existing gaps in clinical trial and health care delivery system data
- Increase diversity and equity in formulary development and benefit offerings
- Improve access for patients in disadvantaged groups
- Education and training on topics such as equity-related terminology, systemic racism, implicit bias, and cultural competency among others were highlighted
- Evolving current policies or developing new policies was also seen as being an opportunity

Key Messages

- The U.S. struggles with the legacy of racism, and all levels of racism can affect health and access to opportunities for wellness
- Unconscious bias plays a significant role in shaping healthcare disparities, and there are ways to mitigate and address it
- Despite our best intentions, the high stress atmosphere in healthcare leads to microaggressions which affect communication, engagement and quality of care.
- There are productive and meaningful ways to address these challenges

What You Can Do Next

- Evaluate systems through a lens of increasing equity
- Improve gaps in data
- Address diversity and equity in formulary development
- Consider patient interactions with the system
- Recognize cost-related factors that affect equity
- Commit to patient-centered care
- Share best practices and case studies

Next Steps



EXECUTIVE SUMMARY

Racial Health Disparities: A Closer Look at Benefit Design

As disparities due to race, ethnicity, and socioeconomic factors persist in health care, the COVID-19 pandemic brought these disparities to the forefront. In an effort to identify potential structural issues within the current formulary and benefit design processes that can lead to racial health disparities or inequities—and propose viable solutions to reduce these disparities, AMCP convened a virtual multidisciplinary stakeholder forum March 23–24, 2021. The forum included more than 40 experts representing payers, pharmacy benefit managers, integrated delivery systems, health economists and analysts, patient advocates, academicians, biopharmaceutical manufacturers, and other key stakeholders from the managed care setting.

Several principles emerged from the forum discussion as key in efforts to mitigate racial health disparities:

- **Acknowledge that structural racism exists** and impacts the provision of health care, including the formulary development and benefit design processes.
- **Integrate proactive strategies to improve equity**, beginning with education and training throughout health care organizations.
- **View patients holistically** and understand the compounding effect of social determinants of health.

continued on next page

WATCH FOR FOLLOW-UP

The Partnership Forum is just the beginning of AMCP's efforts around racial health disparities and the role of managed care pharmacy. Our next steps will be to:

- **Publish a proceedings document** on all findings and recommendations from the Partnership Forum in an upcoming issue of AMCP's *Journal of Managed Care + Specialty Pharmacy (JMCP)* and disseminate it widely to decision makers around the country.
- **Host a forthcoming webinar** to report these findings and recommendations.
- **Refocus AMCP's strategic plan** to identify the role that managed care pharmacy can play in recognizing and reducing racial health disparities.
- **Provide educational opportunities** around racial health disparities and examples to prevent them from occurring.
- **AMCP will review and update current policies** to reflect the need for changes in the practice of managed care pharmacy and public policy to address racial health disparities.

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AMCP | Academy of Managed Care Pharmacy

AMCP Partnership Forum Provides Actionable Steps to Address Issue of Racial Health Disparities

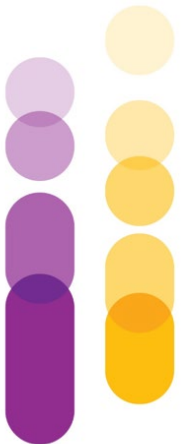
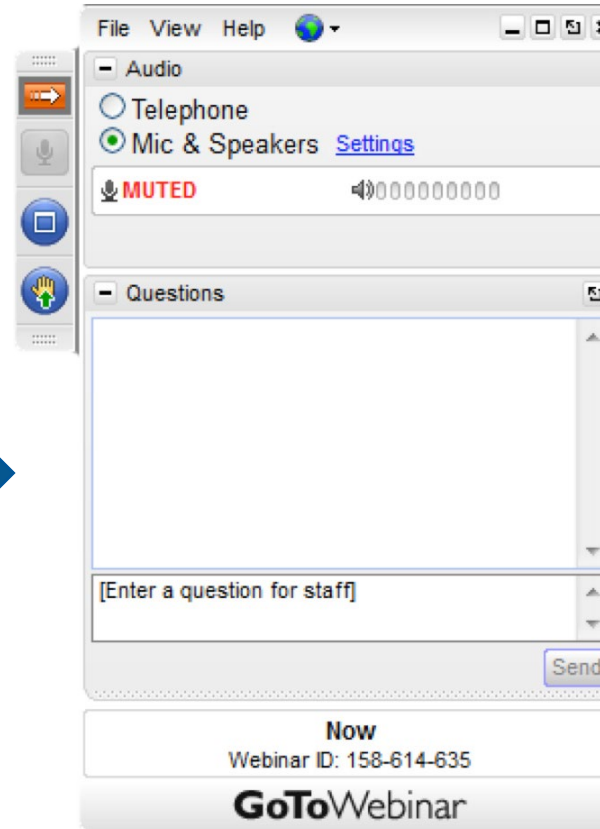
3/31/21



Alexandria, Va., March 30, 2021 — Last week, more than 40 experts representing payers, pharmacy benefit managers, integrated delivery systems, health economists and analysts, patient advocates, academicians, pharmaceutical manufacturers, and other key stakeholders in the managed care setting convened virtually for AMCP's Partnership Forum, "Racial Health Disparities: A Closer Look at Benefit Design." The purpose of the forum was to identify potential structural issues within the current formulary and benefit design processes that may lead to racial health disparities or inequality and identify viable solutions to reduce racial health disparities in the use of medications and related therapies.



How to Ask Questions





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Mission

To improve patient health by ensuring access to high-quality, cost-effective medications and other therapies.