

THIS WEEK



Stakeholders target health disparities during pandemic

COVID-19 may be an invisible enemy that threatens all people, but evidence is mounting that it is disproportionately more lethal to racial and ethnic minorities and the poor as well as those with chronic conditions like diabetes.

To address these disparities, hospitals and health systems and various stakeholders have been working together to find new ways to share data and develop solutions.

California-based Sutter Health has taken steps to learn why certain racial, ethnic and socio-economic groups are being hit disproportionately hard by the pandemic. To help develop solutions, the organization's [Advancing Health Equity](#) team undertook a thorough data analysis of the nonprofit system's COVID-19 patients. The results, published recently in [Health Affairs](#), found that

African American COVID-19 patients are 2.7 times more likely to be hospitalized than their non-Hispanic white counterparts, and they tend to arrive at Sutter health care facilities sicker and with more severe symptoms.

The findings underscore the fact that race and ethnicity still play a pivotal role in determining how and when care is accessed. Despite having health coverage, African American COVID-19 patients may not seek testing and care until it is an emergency requiring hospitalization. But the real value of the study, notes Kristen M.J. Azar, R.N., MSN, MPH, Sutter Health's lead author for the study and research scientist within the Sutter Health Center for Health Systems Research, lies in its ability to inform Sutter Health's work in developing solutions that address equity gaps and to engage in community outreach in high-risk neighborhoods.

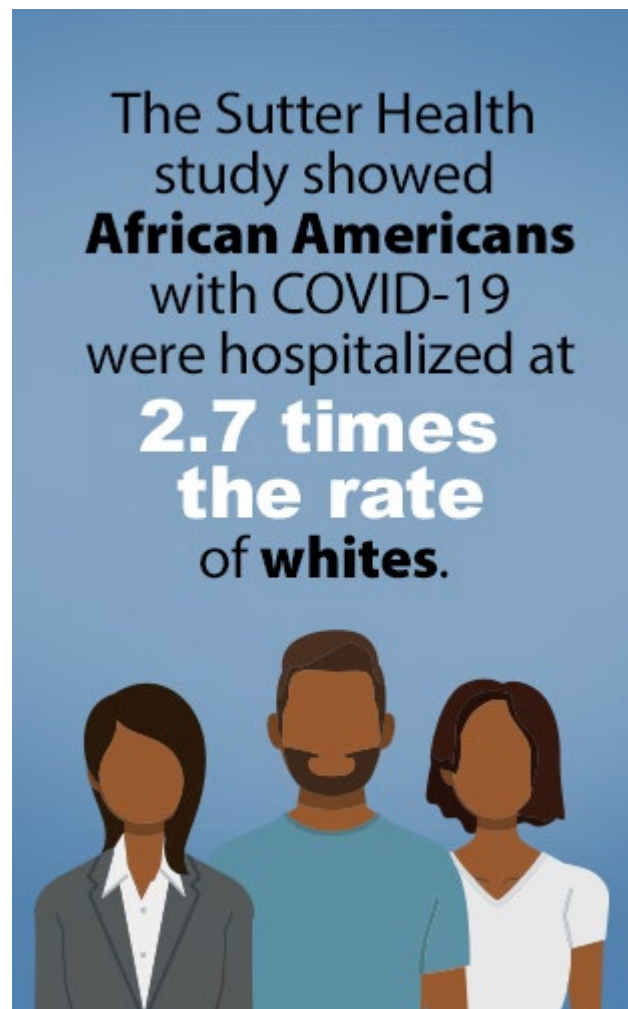
Community-based outreach, testing and access to culturally competent care within

the African American community hold the promise of earlier testing, diagnosis and the potential to have a positive impact on some of the disparities. In the case of COVID-19, early identification is especially important as this can reduce community spread of the disease.

LifeBridge Health, serving the greater Baltimore area, has developed cross-sector partnerships to improve equity of care to COVID-19 patients, and is taking part in a statewide Task Force on Vulnerable Populations for COVID-19.

The task force uses a data-driven approach to identify communities and individuals at highest risk for severe outcomes from COVID-19. It then uses data and mapping to guide the deployment of outreach and resources to vulnerable populations including homeless, elderly living in congregate dwellings and those with limited access to care.

Susan Mani, M.D., LifeBridge Health's chief population health officer, engaged a company called Socially Determined to leverage information from multiple data sources to generate a COVID-19 risk index for severe outcomes that was mapped on county, city and neighborhood levels throughout Maryland.



Risk scores for communities and individuals are shared with city health officials. Local health officials can take the data and mapping into account along with their local expertise to deploy their outreach, moving high-risk groups into hotels for social distancing, testing, etc.

Louisiana-based [Opelousas General Health System](#) (OGHS) in St. Landry Parish west of Baton Rouge, was able to rapidly improve communication across its mostly rural community of 90,000 residents to help address social determinants of health and other issues related to COVID-19. OGHS is part of the [Healthy St. Landry Alliance](#), a consortium of more than 25 local partners that includes other health care providers, local government, faith-based organizations and community groups.

As the pandemic hit, the alliance took the lead in managing the region's response by initiating daily conference calls to enhance communication, establishing a vital connection between health care providers and the community for COVID-19 resources and updates. These communications fed directly into the alliance's external relations efforts, allowing the parish to quickly inform and educate its residents on social distancing and other safety guidelines, as well as how to seek medical assistance.

Through its communications pipeline, trusted community partners such as local churches and faith-based organizations helped to pinpoint residents' needs, which OGHS and other alliance partners were able to address, e.g., mobilizing food banks and providing support for its diaper bank. To learn five actions to take to promote health equity during the pandemic, read this [AHA Institute for Diversity and Health Equity report](#).

COULD WE SEE \$250 BILLION IN CARE VIRTUALIZED?



If you're wondering how significant the long-term impact of the soaring use of telehealth services during the COVID-19 pandemic could be on health care, a [new analysis from McKinsey & Co.](#) pegs the number at \$250 billion.

That's a staggering figure for a variety of reasons, not the least of which is that pre-COVID 19 total revenues of telehealth players were estimated at \$3 billion for this year. If the prediction were to come true, telehealth spending could comprise roughly 20% of Medicare, Medicaid and commercial spending across outpatient, office and home health based on 2018 data used in the analysis.

The report's authors are quick to note that the numbers are preliminary and nonexhaustive, but the projection reflects the incredible growth and largely positive reaction of patients to using telehealth services during the pandemic.

Also, the adoption of telehealth surged from 11% to 46% of consumers during the pandemic. At the same time, providers have rapidly scaled offerings, with various sources reporting increases of 50 to 175 times at some organizations.

To achieve the kind of permanent shift to virtual care outlined in the report, the analysts advise

payers to develop a road map to accelerate value-based contracts that incentivize telehealth, build new product designs with virtual health and better integrate virtual health into care delivery. Health systems, they note, will need to prioritize a comprehensive digital front door for consumers, build virtual care capabilities and incentives for physicians, and better measure outcomes.

For more on how hospitals and health systems can better leverage virtual care models to improve care delivery and efficiency, read this [AHA Market Insights report](#).

DIGITALLY ENABLE AN EFFECTIVE COVID-19 BEHAVIORAL HEALTH STRATEGY

Throughout the COVID-19 pandemic, hospitals and health systems have leveraged digital solutions to reengineer care processes, develop new care protocols and create psychiatric units for those who test positive for the virus. Yet, many hospitals and health systems still need tools and guidance to help them make informed decisions given the myriad digital solutions on the market.



On June 17 at 1 p.m. ET, the AHA and Avia Health Innovation will host a webinar during which experts will share how hospitals and health systems successfully have deployed digital solutions to provide access to behavioral health care treatment during the COVID-19 pandemic. [Register now](#).

We want to hear from you! Please send your feedback to Bob Kehoe at rkehoe@aha.org.

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