Intersection of Health Economics & Equity

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Pressure Points

• Uninsured patients
• High deductible plans and cost-sharing
• High-Cost Care
• Widening income disparities between
  • Racial/ethnic groups
  • Rural/urban
  • College educated
Policies Affecting Equity

• Medicaid Expansion
  • Coverage gap for uninsured poor adults in states that have not expanded Medicaid
  • Incentivize remaining states to expand Medicaid
NOTES: Current status for each state is based on KFF tracking and analysis of state activity. Expansion is adopted but not yet implemented in MO and OK. (See link below for additional state-specific notes).

Policies Affecting Equity

- Clinical Trials
  - Medicaid coverage
  - Medical and non-medical costs
- Out-of-pocket costs
  - Small gaps in Medicaid coverage leading to large gaps in care (prevention, diagnosis, treatment)
    - Co-pays, cost sharing (screening vs. diagnostic tests, for example)
    - Monthly premiums (“trivial” amounts lead to lapse in coverage)
Policies Affecting Equity

• Disparities in information access
  • High speed internet, computers, training

• Navigator funds for trusted communities (e.g., faith-based communities)

• Cost assessments for interventions
  • Quick turnaround
  • “Back of the envelope” rather than full blown studies
Policies Affecting Equity

- Paid sick leave
- Workplace protections for part-time workers
  - Multiple jobs
  - Small employers
- Affordable coverage for people outside of the employer-based system who do not qualify for Medicaid expansion
Policies Affecting Equity

• What are the new directions for health economics to improve health equity?
• What data are needed?
• What collaborations would advance health economics research to improve equity?
  • NCI, CMS, States