

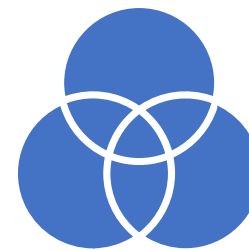
# Intersection of Health Economics & Equity

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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



# 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