SIMPCO

Quantifying Inequities for Illinois

Illinois Budgeting for Results

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Questions for Your Consideration

- What is the problem/challenge we're attempting to fix?
- How does Illinois define success?
- What are we doing, and why are we doing what we're currently doing?
- What are best practices relative to achieving the goal?
- How is the State performing relative to achieving the goal?
- How can voids in performance and best practices be implemented?

What is the problem / challenge we're attempting to fix?

Health Care Disparities

Blacks experience disease disproportionately than whites in the following ways:

- The rates of premature death (death before age 75 years) from stroke and coronary heart disease is higher
- The infant mortality rate for non-Hispanic black women was more than double that for non-Hispanic white woman.
- Homicide rates were 665% higher.
- Higher prevalence of obesity.
- Blacks report fair or poor self-rated health, more physically unhealthy days, and more mentally unhealthy days.
- Both life expectancy and expected years of life free of activity limitations caused by chronic conditions are significantly greater for for whites than for blacks.
- Preventable hospitalization rates are higher.
- Blacks continue to experience higher rates of human immunodeficiency virus (HIV) diagnoses. Compared with whites, a lower percentage of blacks diagnosed with HIV were prescribed anti-retroviral therapy and a lower percentage of blacks had suppressed viral loads.
- The 2010 preterm rate for black infants was approximately 60% higher than that for whites.
- Diabetes prevalence is higher among non-Hispanic blacks.

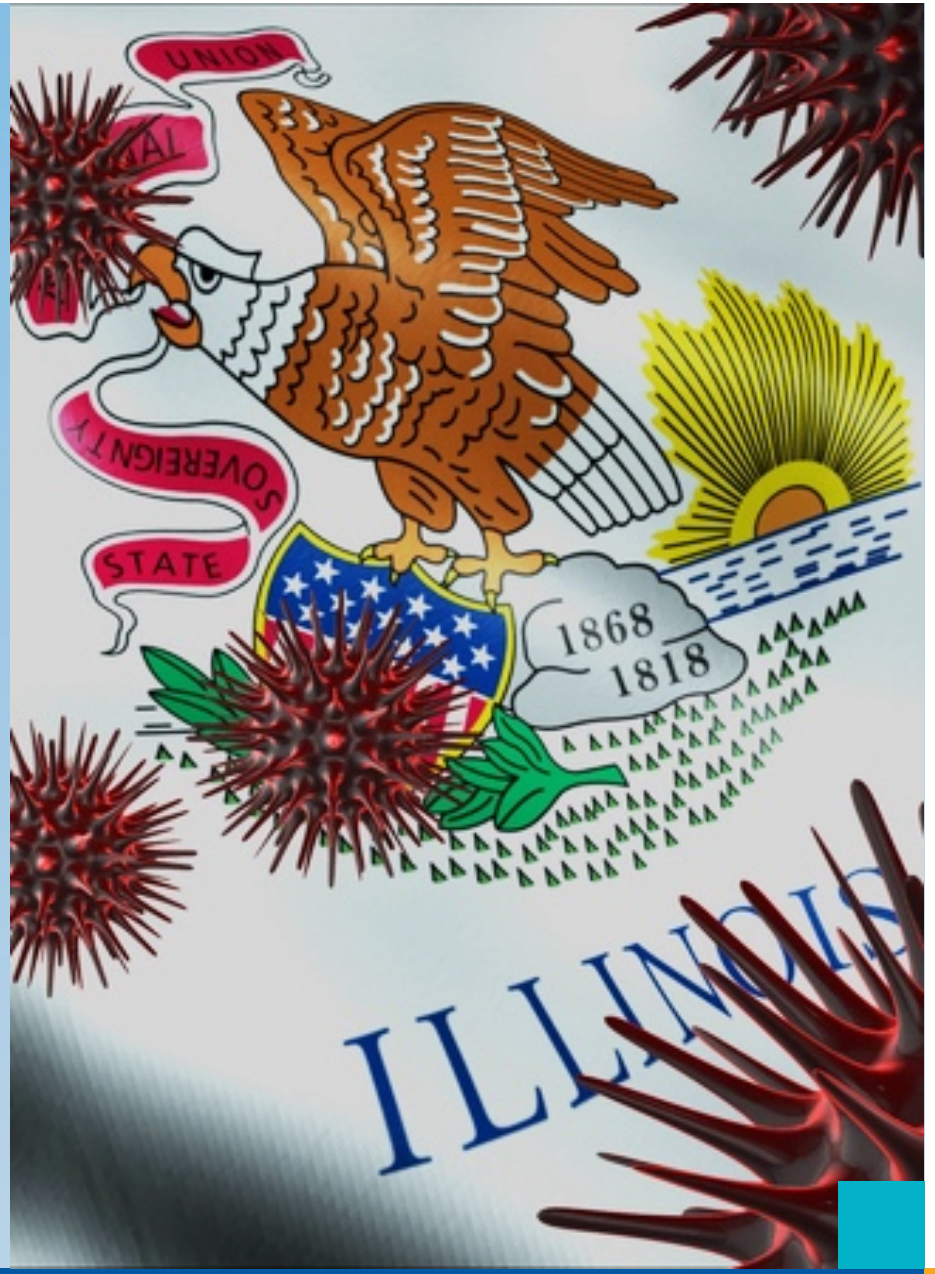
Source: CDC Health Disparities and Inequalities Report—U.S.

How does Illinois define success?

What are we doing, and why are we doing what we're currently doing?

What are best practices relative to achieving the goal?

How is the State performing relative to achieving the goal?



Illinois Health Rankings: US News

- Illinois overall ranking: 22nd
  - Health care access: 19th
  - Health care quality: 26th
  - Public health design: 13th

  - Source: https://www.usnews.com/news/best-states/rankings/health-care

Illinois Health Rankings United Health Foundation

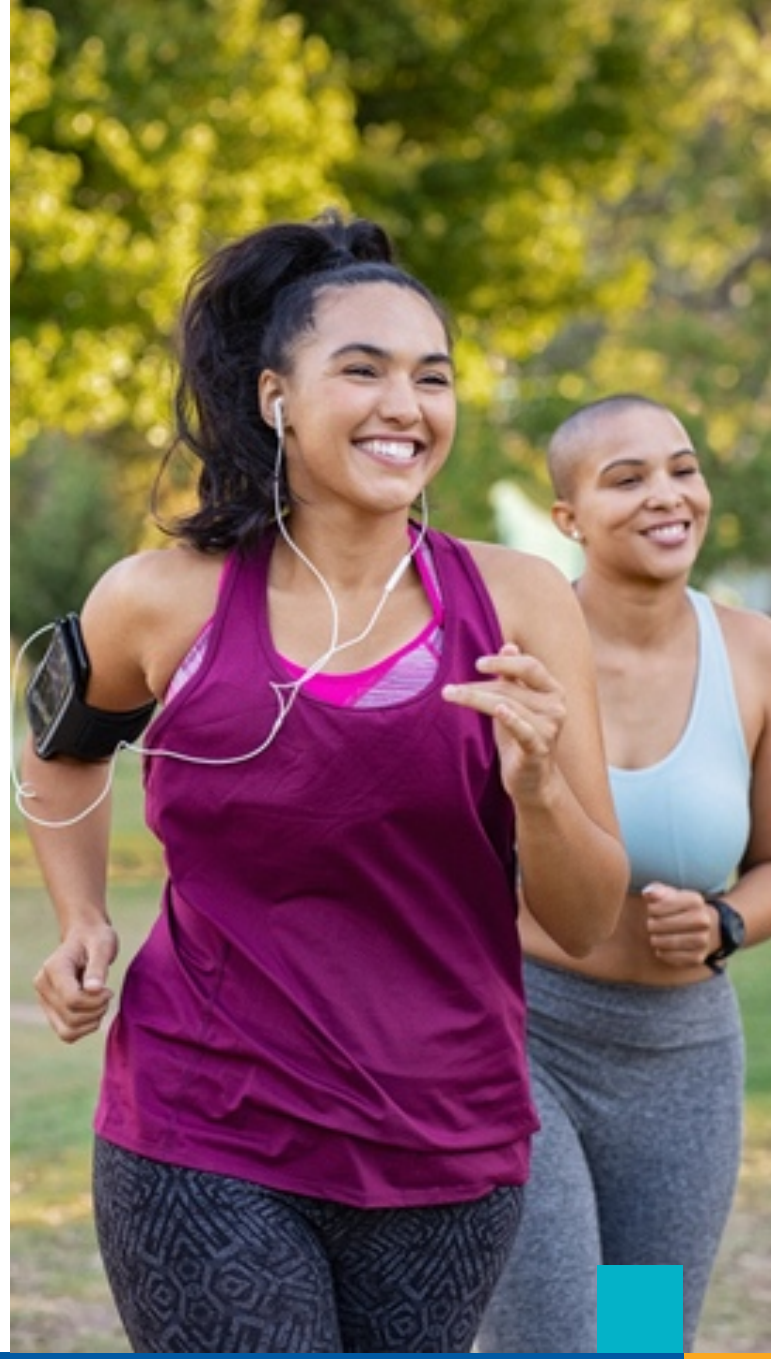
America's Health Rankings: United Health Foundation

Overall ranking: 26th

Health care disparities: 35th

https://www.americashealthrankings.org/explore/annual/measure/Overall/state/IL

How can voids in performance and best practices be implemented?



Differentiating activity and accomplishment

Illinois needs an outcomes-based approach to health care, not just an “evidenced-based” approach.

https://dph.illinois.gov/forms-publications

One More Question:

Why is the current system producing such dramatic clinical and financial inequities?

US Life Expectancy Trends

Year	Caucasian		African-American (Non-Hispanic)	
	Male	Female	Male	Female
1900	46.6	48.7	32.5	33.5
1950	66.5	72.2	59.1	62.9
1990	72.7	79.4	64.5	73.6
2000	74.9	80.1	68.3	75.2
2017	76.4	81.2	71.5	78.1

MCO Spend with BEP Firms, FY2020

PLANS	Caucasian	Black	Hispanic	Asian	Total	FY20 % Goal
BCBS	$3.46M	$7.67M	$2.47M	$1.03M	$14.6M	$22.6M
CountyCare	$1.34M	$0.93M	$0.09M	$5.03M	$4.88M	$18.3M
IlliniCare	$8.93M	$10.9M	$0.04M	$4.22M	$24.1M	$23.7M
Meridian	$1.49M	$7.21M	$0.14M	$2.69M	$13.6M	$39.8M
Molina	$1.93M	$0.007M	-	-	$1.94M	$11.0M
NextLevel	$0.21M	$2.30M	-	$0.21M	$2.73M	$3.50M

IL Health and Family Services Managed Care Organization (MCO)

Business Enterprise Program (BEP) Spend from FY20

FY 2020

- **0.15% of total MCO spend**
- 24% of BEP funds
- Total MCE Spend: $19B
- Total spent on Black businesses: $29M

FY 2016

- 0.05% of total MCO spend
- 4.98% of BEP funds
- Total MCE Spend: $9.6B
- Total spent on Black businesses: $5.0M

Source: IL Dept. of Health and Family Services

Budgeting for Results in Healthcare

Reimaging Healthcare

Elevate health prevention and promotion and place it on par with the pursuit of excellence in curative care.

Budgeting for Results in Healthcare

Separate external and internal performance assessments of the MCO program

These should consider how to objectify and measure the following:

- Financial consequences of change relative to successes and concerns with the status quo.
- Clinical consequences of change relative to successes and concerns with the status quo.

Budgeting for Results in Healthcare

Aligning Incentives

Contractually predetermining accountability for identified and agreed upon key performance indicators is reasonable and should be a standard part of contracting.

Budgeting for Results in Healthcare

Culturally Specific Participation and Service Delivery

A system that is functionally a shared monopoly between five multibillion-dollar vendors limits innovation and reduces desired levels of culturally sensitive and specific approaches to community care.

Budgeting for Results in Healthcare

Building a System of The Practice of Public Health

Elevate and prioritize health promotion and health prevention in the State's efforts to produce healthcare outcomes

Summary

- The design of Illinois' public health care system is better than the implementation of that system, based on outcomes data.
- Opportunities to strengthen Illinois' public health care system include appropriate prioritization of health prevention and health promotion and development of specific efforts to encourage patient self-empowerment .
- Illinois' health care disparities are largely attributable to social influencers of health and an overreliance on curative care considerations by historically excluded communities, access to which is limited by hospital, medical and food islands.
- Solutions must go beyond diversity and inclusion toward equity and ownership of healthcare delivery systems by diversity communities.
- IDPH could assume a larger role in administering preventive health care programs.

My Fundamental Question About The System

Why is there such an overwhelming focus on curative (sick) care at every level of Illinois' health care programming?

Health care is not simply curative care.

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