# BASIC NEEDS HEALTH CARE

**4000%** more nonurgent telehealth visits occurred in March and April within one health system

**20%** of the average American's paycheck is spent on health insurance

#### **67%** of COVID-19 deaths in Chicago were Black people, even though the city's population is only 32% Black

**54%** of providers and 60% of medical students and residents have substantial symptoms of burnout

Facts adapted from the **Basic Needs: Health Care** Deep Dive **EVEN PRIOR TO THIS GLOBAL PANDEMIC,** health care in the United States has held a tension. There are incredible contributions, breakthroughs, and improvements that the health care delivery system can proudly claim, as well as systemic problems that chronically plague the sector. Despite pockets of excellence and innovation, the United States health care system continues to experience inefficiencies, challenges, and poor outcomes for populations in relation to the investment made.

The system's focus on acute, episodic, fee-for-service care has resulted in fragmented, inadequate, and/or inappropriate service delivery for many chronic physical and mental health conditions. Structural inequities and interpersonal bias have been drivers of adverse experiences and stark disparities. The pandemic has only amplified those problems, as seen in the greatly higher rates at which People of Color are contracting the virus and dying from it.

In addition to the direct impacts on patients, COVID-19 has had a substantial impact on our health care delivery system, from the supply chain to the well-being of the health care workforce. Drastic reductions in elective procedures have reduced revenue for many health care delivery systems. Hospitals and health systems that were struggling before COVID-19 are fighting to stave off insolvency. This crisis allows us the opportunity to examine the way care is delivered, coordinated, and paid for. We can use this disruptive moment to drive a radical redesign that achieves better, more equitable outcomes.

#### **KEY ISSUES**

- The United States has some of the worst health outcomes of any high-income country.
- Perverse financial incentives that drive inappropriate utilization contribute to excess costs and the crisis of affordability.
- Many Tribal Nations have not received promised federal health care funding for COVID-19 as of June 2020.
- A significant proportion of point-of-care clinicians are experiencing extraordinarily high rates of depression, anxiety, insomnia, and distress.
- We can expect a "second curve" of mental health problems among both health care workers and the public.
- If we design for recovery in health care **without the explicit use of an equity lens,** we will maintain or exacerbate inequities and injustices.

# **PIVOTAL MOVES** A SELECTION OF IDEAS FOR CHANGING COURSE

# **STRENGTHEN EMERGENCY READINESS**

Formally learn from what has and has not worked in the pandemic response so that we can be ready for the next surge.

Plan for rapid shifts and redeployments of facilities, supplies, workforce, and protocols, and intentionally bringing an equity lens to emergency response planning.

### DISRUPT TRADITIONAL OFFICE VISITS & PATTERNS OF OVERUSE

Partner with patients to design and improve the virtual care experience.

Attend to variable access to technology, such as the lack of internet access for some patients.

Assure ongoing appropriate payment for virtual services, language access, and access for undocumented people.

Use data and stories from this acute time of delay and avoidance to better define necessary and unnecessary services through a lens of equitable health outcomes.



**Together for West Philadelphia (TfWP)** is a collaborative nonprofit organization that aims to address inequities in access to health care, education, food access, and opportunity. Community, public, and private-sector stakeholders foster shared projects that maximize impact in education, employment, food justice, health equity, housing, and senior well-being. In order to break down silos and work better together, TfWP's partners share their time, ideas, and resources as part of this cohesive organization.

### **PIVOTAL MOVES: A SELECTION OF IDEAS FOR CHANGING COURSE**

# **CARE FOR CAREGIVERS**

Provide proactive support to help caregivers manage fear and anxiety in daily work.

Ensure psychological safety and provide opt-out mental health and well-being support.

For all health care workers, address meaning and purpose, choice and autonomy, wellness and resilience.

## **GROW PUBLIC HEALTH & PREVENTION**

Shift health care resources and the locus of control toward public health and social services.

Strengthen innovation and research in prevention and primary care.

Partner with states to launch a Community Health Service Corps that can scale up enhanced contact tracing, testing, and other crisis-management efforts.

### **SHARE POWER & DECISION-MAKING**

Move toward shared power and decision making.

Create partnerships between health care entities and local entities to identify and solve problems, building trust at every step.

Drive toward better, more equitable outcomes by supporting prototypes of asset-based community co-design.

### ADAPTED FROM THE **BASIC NEEDS: HEALTH CARE** DEEP DIVE

### CONNECTIONS

#### **BELONGING & CIVIC MUSCLE**

Health care entities have always played a prominent role in their communities, but there is increasing recognition that their value as anchor institutions extends beyond simply providing care to those who come through the door. They must form partnerships with their communities, learning from them and helping to organize around equity, inclusion, and comprehensive well-being.

#### **MEANINGFUL WORK & WEALTH**

The pandemic has taken a toll on health care providers at every level, imperiling their lives even as it strains their family lives and mental health. We must address this burden and do more to care for the caregivers.

#### PATH TO RENEWAL

America's health outcomes are among the world's worst, with unacceptable levels of racial inequity. Yet America spends 18% of its GDP on health care, higher than any comparable nation. Over 60% of bankruptcies are due to medical expenses. Hospitals and health systems that were struggling before the pandemic are being pushed toward insolvency. Renewing America's economy will require bold thinking to restructure the delivery of health care.

#### The Institute for Healthcare Improvement

recommends the following practices for health care, as it works in partnership with other sectors:

- Create a system that puts the people most affected at the center
- Prioritize equity as foundational and drive action at multiple levels
- Call out and then address racial inequity specifically
- Let data, both quantitative and qualitative, drive decision making
- Build and rely on trusting relationships to create sustainable systems
- Eliminate silos and advance cross-sector collaboration
- Cultivate mindsets and approaches for adaptive, complex challenges
- Build capacity and capability for transformation at the community level
- All teach, all learn, all lead