National Hispanic Medical Association

Cardiovascular Disease & Hispanics Policy Recommendations

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2018

NHMA & NHHF– Who are We?

- Established in 1994 in DC, NHMA is a non-profit 501c6 association representing 50,000 Hispanic physicians in the U.S.
- Mission: to empower Hispanic physicians to improve the health of Hispanic populations with Hispanic medical societies, residents, students and public and private partners.
- Established in 2002, NHMA's foundation, National Hispanic Health Foundation, a non-profit 501c3 foundation for research & education activities – affiliated with NYU Wagner Graduate School of Public Service.

Chronic Care $ for 5+Conditions

- Total Cost = $635B or 30% of total personal spending $2T (2010)
  - 9M dual eligible (Medicare/Medicaid)
  - 2.3M Medicare only
  - Those with private insurance
  - Those on Medicaid who are disabled
- Of this amount, States paid $110B in Medicaid
- Acute, Subacute, Long Term Care
- Data driven, Cost savings

Social Determinants of Health

- Poverty
- Housing, built environment
- Family Support, social isolation
- Education and Literacy
- Food Security
- Employment
- Transportation
- Criminal Justice Involvement
- Domestic violence
- QALY

Source: Center for Health Care Strategies, Inc., Dec. 2016

Patient-Centered Care

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- Aftercare services education
- Target care to the most in need
- Care Coordination (physicians/nurses):long-term and home-care
- Teach families, care givers self-management skills, ER visits
- Maintain functional physical activity to decrease declining mobility and to assess activities of daily living
- Reimbursement higher if physicians in the Patient-Centered medical home or health home (clinics)
- Enhanced state match for Medicaid medical home models

NHMA Cardiovascular Summits

- Purpose: to bring together healthcare professionals, community leaders and policymakers to develop recommendations on ACCESS, PREVENTION and MEDICAL EDUCATION to improve Latino patients with CVDz
- 2017 Summits with 300 participants
  - Austin, March
  - NYC, June
  - Los Angeles, August
- Report to be discussed in 2018 – Congress, Latino Conferences, Social Media and Media

Latino Individual's Barriers

- Mentality of Fatalism – E.g., "Si Dios Quiere"
- Literacy
- Shame
- Lack of trust in physicians who have no cultural competence/language
- Language: Cultural competency – Inherent bias present
- Time & Resources
  - Family schedules, Multiple Jobs, Money for Transportation, Cargivers (family)
- Insurance – Lack of equitable coverage/care/medications
- New medications' high prices but effectiveness
- Under representation in research & screening (Ex: ACC/AMA Guidelines)
- Immigration Status
- Subgroup research needed – CVDz (HTN, cholesterol, MI, Stroke) varies

Prevention Policy - Community

- Promote awareness of cardiovascular disease prevention
  - Obesity, Diabetes, High Blood Pressure, Cholesterol, Smoking Programs
  - Federal clinics, NHSC, PHS, Indian Health Service, prisons, substance abuse and other programs that are local
  - Surgeon General and Region Directors leadership campaigns
- Provide individuals and families with information and tools to be able to follow provider's advice in daily life, such as health literacy, language services, health system navigation, and self-care in community.
- Worksite Wellness Programs – stress reduction, healthy behaviors
- Family Programs – Community – Parks, Senior Centers

Prevention Policies - Community

- Nutrition
  - Incorporate nutrition classes in education for children/adolescents
  - Develop Latino-based diet cooking, shopping programs – home involvement
  - Continue to support WIC, SNAP, school meal programs
  - Promote locations that offer healthy foods
- Physical Activity
  - Home care should include education on activity
  - School policies should include PE - should have educational component with strong evaluation & data collection for better outcomes
  - Know what patients' like to do – increase routine of dancing, walking, jogging

Prevention Policies - HealthCare

- Improve Behavioral Health, creating an effective behavioral system that is efficiently integrated with other health sectors in order to ensure that the complete needs of complex patients are addressed.
- Data collection/metrics to measure racial/ethnic health disparities.
- Collaborate with the health care systems, providers and payers to show the value of greater investment in community based prevention approaches that address underlying determinants of poor health and chronic disease
- Educate clinicians and the public about coverage improvements for clinical preventive services as outlined in the Affordable Care Act.

Prevention Policies - Healthcare

- Education programs for all Providers needed
- Know who has biggest influence on patients
- Multigenenerational education (technology, apps, cell phones)
- Understand what motivates people to make healthy changes
- Culturally competent translation services
- Print materials in Spanish & plain language
- Respect the social condition of the patient
  - American Heart Associations "Life's Simple 7" Metrics
  - Reduce fast food/sodas/sugar advertising, focus on home cooking/water
- Assessment of Mental health
- Funding needed for prevention services

Access Policies - Community

- Urban Planning
  - For transportation, housing, parks, bike/walking zones
  - Disease-focused community outreach, local collaboration and communication
  - Advocacy for pt/family centered care
  - Senior centers should be a focus for outreach/include more patients with CVDz
- Immigrants Access to Healthcare
  - Safe Havens Centers to minimize fear
  - Sanctuary Health Centers and Zones

Access Policies - Healthcare

- Increase state funding for targeted Medicaid plus low SES population programs like clinics, local health departments, coalitions with non-profits, Latino health professional orgs.
- Utilize Healthcare educational initiatives, reminders.
- Checklists for CV disease.
  - Learn what to look for
  - Learn about the benefits of lifestyle changes
  - Have standardized guidelines for follow-up & monitoring adherence
- Payment system for social services – seniors, meals, transportation, home health.
- Coordinated care: (RNs): health plans & providers about chronic dz patients.
- Clinical guidelines for lipid screening (ACC/AHA differ) should be consistent and used.
- Enforce access based on Language and Race/ethnicity, Social Determinants of Health.

Access Policies - Healthcare

- Address how services are utilized/address Barriers (E.g., Long wait time)
- Dwindling Capacity of Providers, develop patient navigators/cargiver programs
- Serious Access Issues (PCP to Patient ratio)
- Coordinate Care across point of care: acute/chronic/rehab/long term/home
- Connect Home Health Care with community programs (focus on the middle class for solutions of funding new programs)
- Expand use of health information technology to remind, provide feedback and incentivize clinicians and health care systems.
- Physical and Behavioral Health needs convergence

Access policies – Insurance Reform

- Expand access to comprehensive statewide data with flexible reporting capacity to meet state and local needs.
- Provide equitable and affordable access to high quality health care using a patient centered approach.
- Expand modalities of primary care services to include reimbursable email, phone based care, web portals for self management, group visits, and integrated medical and behavioral health visits.
- Expand public and private insurance coverage of and reimbursement authority for community, preventive services per evidence-based guidelines.
  - Population Health programs including philanthropy
  - Evidence-Based Programs
  - Adherence to follow-up appointments
  - Transparency on medications formularies, networks of physicians
  - Adjust authorizations, applications for enrollment, and appeals processes

Medical Education Policies

- Curriculum
  - Introduce preventive medicine/social determinants of health into curriculum
  - Team based training needed – esp with pharmacists, dietitians, nurses, doctors
  - Pilot programs with teaching clinics, community hospitals and Latino residents, doctors – mentoring
  - Medical Spanish mandate
- Cultural Competence
  - Making it more visual to educate – (using visuals to better educate by considering different learning styles and attention grabbing)
  - Trust building, Case Studies/Families
  - Scope of work issues – need more nurses, allied health, pharmacists participation
- Incorporate Humanism with Interactive/Inter-personal skills
- Offer a course that immerses health professionals in the community to develop understanding.

Medical Education Policies

- Institutional Racism/Biases of Providers re: Patients
  - More care coordinators to translate the care/funding needed/connect the dots
  - Ongoing training/grants for certification/Job description of community health workers
  - Access through partnership with providers – health systems and CBOs/insurance philanthropy should increase
- Targeted list of doctors & clinics for reduced/discount services/copayment – charity care
- Caregiver training → Hispanics with heart patient's needs

Medical Education - Diversity

- Offer a course that immerses health professionals in the community to develop understanding.
- Create an affinity group with National Hispanic Medical Association about educating healthcare professionals.
- Offer internships/Immersive experiences to work with/and in the Latino communities
  - And with a mentor (humanism, CVH) – understanding the patient population & improving advocacy on the patients behalf
- Hospital staff going into the community (Latino) to present about preventive care among Latinos
  - Joint Community & Medical Representatives to provide credibility on both levels
- Elevate the role of our Latino physicians and other health professionals
- What is the role of accreditors around Diversity, Cultural Competence preparation and Continuing Education?
- How do you leverage community service/service learning in the early phases of education to increase students' awareness of health careers --- STEM, Community College students, Higher Education Act

Medical Education - Coordinated Care

- Primary Care physicians in teams – nurses, pharmacists, mental health professionals, others
- Coordinated Care by nurses – integrated health care system
- Reimbursement based on Value, Quality and performance bonuses
- EMR -Information systems across the continuum – data analytics
- Care Management and support for patient self-management and caregivers
- CME – lifelong learning medical home approach

Hispanic Health Research

- Patient-Centered Health Research
  - Less than 2% medical faculty are Latino
  - Research Training for Jr. Faculty at NHMA Annual Conference
  - More diverse research on SES & impact on cardiovascular health
- Clinical Trials
  - 18% of Hispanic/Latinos participation in clinical trials
  - SOL study, All of Us Research should be supported

Leadership is Key

- Promote awareness of and demand for clinical and community preventive services to reduce Cardiovascular Disease.
- Support adequate funding for evidence-based projects focusing on increasing awareness of and access to clinical and community preventive services.
- Support adequate government reimbursement for preventive services and expanded access to insurance coverage that includes preventive care benefits.
- Support a "health in all policies" approach to legislation.
- Participate in/lend support to local community initiatives that increase access to high-quality chronic disease prevention and management services.

How to contact NHMA & NHHF

- NHMA - www.nhmamd.org
- NHHF - www.nhmafoundation.org
- Portal - www.hispanichealth.info
- Region Policy Forums – Sept –Oct 2018
- NHMA 22nd Annual Conference – Future Hispanic Health, Gaylord Hotel, WDC, Mar 22-5, 2018 #NHMA2018

- Like Us on Facebook- https://www.facebook.com/nhmafoundation/ or nhmamd
- Follow us on Twitter @NHMAmd

@The_NHHF @ElenaRiosMD

- For more information contact Elena Rios, MD, MSPH, President and CEO, NHMA and NHHF at erios@nhmamd.org or erios@nhmafoundation.org

- Contribute a tax-deductible donation to NHHF or Amazon Smile Today.