AbsoluteCare®
BEYOND MEDICINE

The Need for Need-Based Care

How to Achieve Equity in Healthcare

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WHAT IS HEALTH EQUITY?

Health equity is the ability of everyone—regardless of socio-economic status, race, location, heritage, ability, or circumstance—to achieve their highest level of health.

Solving for Health Equity

Two people have just been diagnosed with high cholesterol. One is a middle-class man; the other, an unhoused woman living on government subsidies. Both have been prescribed a statin drug to lower their cholesterol and advised to exercise and eat a healthier diet, with fewer processed foods and more fresh fruit and vegetables, then report to the doctor in three months for a retest.

The middle-class man has a physician he sees regularly, a convenient bedside table on which to store his medication, a nearby supermarket and a good weekly budget for groceries, refrigeration for those groceries, and transportation to get him to and from his trips to the doctor, the pharmacist, and the grocery store. He still struggles with exercise and eating right, but he will do his best and return for his checkup.

The woman uses the emergency room for primary care. If she doesn't return in three months, a doctor will not remind her. Her medication is stored in her backpack, and because she doesn't always know where she'll be sleeping, taking her meds is not top of mind. Without transportation and refrigeration, she relies on what she finds at the local convenience store—mostly packaged foods. Bananas and other fresh fruits and vegetables, if they're available, are expensive and need storage and preparation.

For the middle-class man, the highest level of health is within reach. The woman, however, faces far too many obstacles. So how do we attain the lofty goal of heath equity with her? The traditional approach has been to focus on disease treatment and prevention, to educate patients and get them involved in their own care, which works fine when few barriers exist. But to achieve it for all, we must consider the social drivers of health—especially housing, food, and transportation—part of healthcare.

It requires that we give everyone, regardless of circumstance, the opportunity to be in optimal health. It is a goal that asks for us to address the fairness of our housing opportunities, our food security, and our transit systems.

HOW DO WE ATTAIN THE LOFTY GOAL OF HEATH EQUITY?

The traditional approach has been to focus on disease treatment and prevention, to educate patients and get them involved in their own care. But health equity is not only about access to treatments. It's about access to excellent health.

The Poverty-Health Connection

In 2021, in the U.S., a wealthy country of nearly 332 million people, 11.6 percent of its residents lived in poverty.[1] For 38 million people—many of them people of color of Hispanic or indigenous heritage—getting access to even the most basic needs is a constant struggle. The unaffordability of safe housing, decent food, and reliable transportation affects every aspect of life, increasing stress and wreaking havoc on physical and emotional health. Poverty *literally* makes you sick—and keeps you that way.

Lower income Americans and people of color, many of whom rely on Medicaid to pay for healthcare expenses, are more prone to heart disease, stroke, diabetes, depression, and severe complications from COVID.[2] Infant mortality is significantly higher, and life expectancy is significantly lower. This population is more likely to be obese, sedentary, smokers, and alcohol or other drug users. And many of the messages around people with lower incomes from their built environment (e.g., fast-food restaurants and convenience stores, lack of green spaces) reinforce poor health.[2]

People living in poverty have a much harder time getting healthcare. Seeing a medical doctor for any need at all requires an expensive upheaval of routines. In fact, an episode from The Commonwealth Fund's podcast series *The Dose* took a look at the typical barriers to care faced by the poor: from taking unpaid time off work and searching for transportation and child care to the biases they face from the providers they've just disrupted their lives to see.[3] That's if they can find a doctor willing to take Medicaid, which is trickier for providers to bill[3] and pays less than private insurers, making it less worth the hassle for doctors to participate in the program.[4]

If all has gone right, often there remains the affordability of medications and specialist visits for chronic conditions; access to time, transportation, nutrition, and follow-up appointments; and patient trust—a huge obstacle for this community.

Healthcare: A Human Right

In 1986, Congress passed the Emergency Medical Treatment and Labor Act (EMTALA), essentially establishing healthcare as a human right by forbidding hospital emergency rooms from denying or limiting the care of patients based on their ability to pay. This "anti-dumping law," as it is called, results in stiff penalties for facilities that fail to comply.[5]

Once a patient is within 260 yards of a hospital, EMTALA kicks in—but only for patients seeking emergency services.[5] Though the language of the Congressional Act leaves much room for interpretation, it establishes a kind of equity as law, forever changing how we provide treatment to the underserved members of society. Before the act was passed, poor and minority patients were sometimes "dumped"—sent, without consent, to inferior facilities—a practice deemed unethical. Disturbing stories about patients dying in parking lots due to hospitals' practice of performing "wallet biopsies" are well-documented and disproportionately involved minorities, the poor, and Medicaid members.[6]

Though most hospitals in the country did not engage in the practice of dumping prior to EMTALA's passage, the law's effects have been far-reaching. First, it affirmed the right of patients to get necessary medical treatment. But it also established the hospital emergency department as the first line of defense for many of these lower income patients—a practice that has now become a costly habit.

In 2020, emergency room use was highest for patients on Medicaid and other state health insurance programs and for non-Hispanic Black Americans.[7] Persons experiencing homelessness are up to 18 times more likely to use the emergency room at least once a year.[8] It has become a healthcare convenience store frequented by those who, because of their financial status and social drivers of health (transportation, housing, food security, etc.), have no primary care physician and are not actively engaged in managing their own health.[9]

Moving the Locus of Care Beyond Medicine™

The Role of Housing, Food, and Transportation in Health Equity

Hospitals are far from the ideal model of healthcare institutions; however, they do one thing right in triaging care. Hospitals allocate resources based on medical need rather than ability to pay. If a patient requires one-to-one nursing in the intensive care unit—expensive, life-sustaining procedures; gastric tubes for nutrition; ventilation for oxygenation—this is what our hospitals provide. It's when the patient is discharged back into the community that the core principle of allocating critical resources based on need rather than ability to pay often disappears.

Value-based healthcare companies have emerged to fill this void. Instead of focusing on seeing as many patients as possible, providers are focused on ensuring that patients actually improve their health outcomes. Payment for these providers comes from the value, rather than the volume, of services they deliver. It allows them to employ specialty clinicians and other support staff to practice at the top of their license to encourage quality outcomes, and it allows for patients' care coordination. Value-based healthcare aligns incentives across all the key stakeholders of healthcare: for patients, this means lower cost and better health outcomes; for payers, reduced risk and cost control; for providers, higher satisfaction and fulfillment; and for society, reduced healthcare spending and better overall health.[10]

AbsoluteCare is a good example of how value-based healthcare and innovation work together to bring optimal health to its members. More health plans are partnering with medical centers like AbsoluteCare, which not only staff full-time primary care physicians and behavioral health specialists to provide direct access to care, but also employ resource specialists and social workers to assist members in finding and paying for housing, getting assistance with food (including enrollment in Food Is Medicine programs), and transporting members to and from their appointments. And we tend to all these needs without judgment.

> To achieve health equity, though—to give patients what they need rather than simply what they can afford—we must address more than just physical and behavioral health.

The First Word in Healthcare: Housing

On January 26, 2023, the results of a Biden Administration Housing-First initiative were announced. More than 140,000 Americans experiencing homelessness were provided with more than 100,000 permanent residences.[11] Housing First is a research-backed strategy for ending homelessness; however, the impact on all areas of people's lives cannot be understated: it's enormous.

On the governmental level, Housing First helps reduce healthcare costs by between $900 and $29,400 per person, per year.[12] It helps its beneficiaries with substance use and mental health issues, improves their ability to adhere to medical and healthy lifestyle recommendations, brings greater employment opportunities, and contributes to a reduction in alcohol and other drug use.[12]

Often, though, people need help accessing these services, and that's where organizations like AbsoluteCare come in. We are the catalyst, helping members complete housing assistance paperwork and navigating them through the system. We also help our members with their security deposits, rent, moving costs, and home furnishing.

How Food Is Medicine

According to The BMJ, "One of every five deaths across the globe is attributable to suboptimal diet, more than any other risk factor, including tobacco."[13] Though the research is early, evidence suggests that incorporating nutrition into healthcare will lead to lower healthcare costs and improved outcomes. Food can play a crucial role in the prevention, maintenance, and treatment (and sometimes even the reversal) of disease.

AbsoluteCare recognizes the challenges our members face when it comes to managing their chronic conditions through nutrition. That's why we work with several Food Is Medicine programs such as Moveable Feast in Baltimore and MANNA in Philadelphia. These organizations tailor meals to members' needs so they are getting not just provisions but regenerative, recuperative foods.

Many of our newer centers feature food pantries with dry goods. With our members, it's important to address that built environment—the nearby bodegas and fast-food places, where food is cheap but not so nutritional. Since our members will be making their choices from among a plethora of pre-packaged foods, helping them choose the healthiest of these is one role of our providers.

How Transportation Can Help Increase Member Engagement

In 2017, the American Hospital Association reported that more than 3.5 million people miss their doctors' appointments due to lack of transportation.[14]

But the following year, a study found that *simply* offering free Lyft rides was not enough to improve no-show rates. The study was small and local—800 West Philadelphians—but telling: "Solutions that don't address other barriers may not be enough," said the study's lead author.[15]

AbsoluteCare understands the need to go beyond to address barriers to care. We send vans to transport most members to their appointments; we text, call, and knock on doors to remind members of their appointments; and our care managers build relationships and dig into root causes for barriers to making it to visits, and then work with our members to address them. AbsoluteCare's data shows that, when coupled with a proactive approach to care, providing transportation can cut down the no-show rate by nearly half.[16]

How Housing is Healthcare: A Member's Story

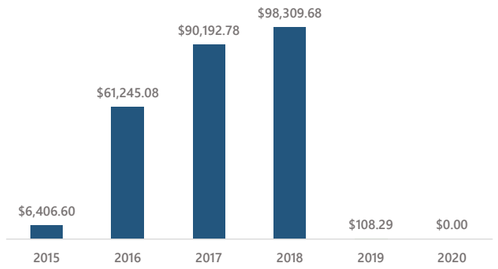
JB came to AbsoluteCare in July of 2017 at age 56. A 30-year history of alcoholism led to complications including GI bleeds, pancreatitis, and a 2014 pedestrian accident that left him with a broken femur, scapula, and pelvis. Following the accident, JB slept on friends' couches before experiencing full-time street homelessness. JB suffered from osteoarthritis, chronic knee pain, and an unsteady gait in addition to alcoholism.

> At the time of his enrollment to AbsoluteCare, he had been to the ED 153 times in 213 days, with 45 days as an inpatient. Many of these were visits to detox programs; others were secondary to injuries sustained from falls. But most of these visits were the result of homelessness—lack of a safe place to stay. The cost was over $200,000.

Though he had expressed interest in sobriety, he couldn't commit to inpatient treatment, and he didn't have a support system of family and friends. Homelessness was all he knew. Still, we persisted. AbsoluteCare helped JB get an apartment, not contingent on his sobriety. He moved in and engaged with his care team weekly.

Within a year, JB's gait had improved. He was clean-shaven and well-dressed, and he had reached his first goal of gaining five pounds. He'd developed relationships with friends and neighbors, who would check in on him occasionally. His hospital utilization dropped to zero.

Cost of Claims Before vs. After AbsoluteCare Housing



Our new plan of care included reapplying for disability, signing up for food delivery, and getting JB a cellphone. Stable housing had transformed JB before our eyes. But in the fall of 2020, he suffered a relapse in alcohol use and started consorting with dangerous people. He invited them into his home to drink, and they refused to leave, beating JB up badly.

Thanks to the trust we had established, AbsoluteCare was his first call. He asked for help from us and the police department. With a community partner, we helped him move quickly to a group living environment. Though JB was resistant to living in this type of environment in the past, his traumatic experience made him glad to be living with others. He continues to thrive in this environment, enjoying human interaction and three-square meals a day. Though he still struggles with alcohol and tobacco use, we remind him that addiction is a lifelong illness and that we respect and care for him judgment-free.

Living on a fixed income has made it necessary to drink and smoke less; he simply can't afford it. He walks daily and relies on anti-inflammatory creams and rest to help him deal with the days when his pain is less tolerable.

In over five years with AbsoluteCare, JB has remained consistent with his provider visits. His trusting relationship with his interdisciplinary care team was forged over time and through the twists and turns on his road in recovery. He is a wonderful example of what health equity should look like, and what care beyond medicine™ can accomplish.

About AbsoluteCare

AbsoluteCare offers health services tailored to the most vulnerable members of society using a risk-bearing, PCP-driven care model. We treat the most clinically complex members of the communities we serve—many of whom face behavioral health, substance use, and SDoH challenges. We tend exclusively to the needs of the high-risk population who persistently represent a disproportionate amount of unnecessary utilization and cost, regardless of whether they are engaged with other PCPs.

We deliver this care in our Comprehensive Care Centers and in the communities we serve. In over 20 years, AbsoluteCare has achieved unprecedented outcomes by addressing medical and psychosocial issues and life's hardships that exacerbate chronic health conditions and complicate access to care. AbsoluteCare is headquartered in Columbia, Maryland, and currently operates in seven markets: Baltimore and Prince George's County, MD; New Orleans, LA; Cleveland and Columbus, Ohio; and Philadelphia and Pittsburgh, PA. We have treated tens of thousands of chronically ill individuals, living up to the mission of providing care that goes beyond medicine™.

For more information, visit absolutecare.com.

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