Achieving Health Equity after COVID-19

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June 12, 2020
COVID Patient Profile

Census
- 402 COVID+ Cases as of 6/6/20

Patient Population
- Inpatient: 43%
- ED/Obs: 57%

Race & Ethnicity
- Hispanic or Latino: 85%
  - Other: 3%
    - Black or AA: 12%

Gender
- Male: 53%
- Female: 47%

Age
- Median Age: 45

Payor Distribution
- Medi-Cal: 65.1%
- Indigent: 11.7%
- Emergency Relief: 9.2%
- Medicare: 7.0%
- Commercial Insurance: 6.0%
- Self Pay: 0.7%
- Other: 0.2%
- 0% 25% 50% 75%

Homeless Rate
- 4.0%
  - with median inpatient LOS of 10.1 days.
COVID has exposed long-standing health disparities

COVID Mortality Rates LA County

- White 15/100,000
- Asian American 21/100,000
- Latino 29/100,000
- Pacific Islander 30/100,000
- African American 31/100,000
Why are more black and brown people dying from COVID?

- Occupational exposure/essential workers with inadequate protection
- Insufficient testing and tracing
- Crowded housing/inability to isolate
- Poorly treated chronic health conditions, including mental health and substance use
- Delays in seeking care/ poor quality care
- Living in low-income communities that lack quality employment, education, food, recreation, transportation, and health care
Structural Health Care Inequities

• No or Lower quality health insurance
  o Medi-Cal pays very low rates compared to Medicare and commercial insurance

• Underinvestment in outpatient care, prevention, and disease management
  o 1,200 physician deficit (700 specialists and 500 primary care)
  o Less trained, underfunded community providers
  o Primary care, allied health professionals and FQHCs cannot meet all health needs
  o Emergency department serves as medical home
• Lack of diversity in health professions

• Federal funding for graduate medical education is higher in affluent hospitals - based on Medicare patient volume

• Federal COVID funding disproportionately given to hospitals in more affluent communities - based on Medicare patient volume and net patient revenues

• MKCH targeted for cuts in supplemental funding due to state budget deficit, potentially undermining a successful model
How we are addressing health care inequities

• Providing high quality, culturally sensitive care

• Expanding access to outpatient care, prevention, and disease management
  • Recruiting and supporting well-trained, diverse providers
  • MLK Community Medical Group - primary and specialty care, medical and behavioral health

• Expanding telehealth services
• Implementing population health programs – street medicine, Food Rx, diabetes disease management, etc.
How we are addressing health care inequities

• Training diverse health care professionals

• Advocating for better funding for outpatient care, prevention, and disease management
Potential Policy Solutions

- Universal health insurance
- Increase Medi-Cal payments to the same level as Medicare
- Pay more for outpatient care, disease management and population health (and not just to FQHCs)
- Integrate funding and delivery of medical and behavioral health care
- Reduce barriers and increase payments for telehealth services
- Provide more equitable funding for medical training
Questions