Designing a Research Agenda for High-Value, Equitable Care:
A Summary Brief

February 2024

Introduction

As health care costs continue to rise and health disparities persist, the need to redesign our health care system to deliver better, more equitable care is paramount—and we must have a strong evidence base grounded in the needs of our communities to inform this work. In response to this urgent need, AcademyHealth launched a project in October 2021 with funding from The Donaghue Foundation to advance research on high-value, equitable care. Building on previous work funded by The Donaghue Foundation and the ABIM Foundation to address low-value care, the current project set out to:

- frame and define high-value, equitable care;
- generate a research agenda aimed at improving health care value and equity;
- disseminate and gain traction for the research agenda; and
- foster a diverse and inclusive research community focused on high-value, equitable care.

This brief serves as a foundational document, outlining the background, context, and rationale for our newly developed research agenda dedicated to advancing high-value, equitable health care. AcademyHealth worked in close collaboration with key stakeholders to ensure our efforts address the needs of health care systems, researchers, patients, and the broader community. By addressing the complexities of health disparities and articulating the significance of prioritizing value, we aim to pave the way for informed discussions and actionable insights that contribute to the overarching goal of advancing health equity for all.

Approach

AcademyHealth engaged in a collaborative process to outline a guiding framework for developing a research agenda on high-value, equitable care. The guiding framework consisted of a definition for high-value, equitable care as well as a driver diagram of the primary and secondary drivers needed for achieving high-value, equitable care. To ensure our efforts were aligned with the broader research landscape, AcademyHealth identified relevant definitions and frameworks and commissioned a literature review of recent evidence on health care value and equity.

AcademyHealth then worked with key stakeholders to create a prioritized list of research questions for a research agenda on high-value, equitable care.

Developing a Guiding Framework

In March 2022, AcademyHealth convened a diverse consensus group of 20 stakeholders to establish a guiding framework for this effort. Over the course of three virtual meetings, as well as interim online exchanges, AcademyHealth worked with consensus group members to: (1) define what high-value, equitable care

is; (2) outline a set of key primary drivers that must be achieved in order to attain the goal of high-value, equitable care; and (3) identify subsequent secondary drivers to describe how the primary drivers would be attained.

Assessing the Research Landscape

To inform our work, AcademyHealth identified relevant definitions, frameworks, drivers, and efforts focused on advancing health care value and equity. Our work built on the foundational contributions of the Institute of Medicine, including two key reports, *Crossing the Quality Chasm: A New Health System for the 21st Century* and *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, along with The Commonwealth Fund's highly pertinent work on *Attaining Equitable High-Value Maternity Care*.

AcademyHealth also commissioned a scoping literature review of recent evidence to ensure our work was aligned with the body of research in this area. Given the vast literature on equity and health care value respectively, the review focused on recent review articles and influential reports. AcademyHealth and the consensus group provided initial guidance for the targeted literature review, and the draft definition and primary drivers served to inform the search strategy. Initial findings from the literature review, in turn, informed the development of the research topics and questions for the prioritized research agenda.

Agenda-Setting Process

In June 2023, AcademyHealth led a collaborative process for generating the research agenda with a broad set of stakeholders based on the definition and drivers. Approximately 50 stakeholders came together in a virtual convening to outline key research priorities and questions as well as infrastructure needs (e.g. data, methods, measures). Over the course of a three-hour meeting, participants generated a host of research questions and topic areas for each of the primary drivers.

Following the convening, AcademyHealth compiled and reviewed the wealth of ideas generated, curating and streamlining them into a cohesive set of research questions, which were then shared back out to the stakeholder group for further refinement.

In the Fall of 2023, the stakeholder group engaged in a follow-up asynchronous prioritization process using an online platform,

Codigital, where they had an opportunity to further develop, refine, and prioritize the research questions within each of five primary drivers and a sixth cross-cutting domain of research infrastructure. A total of 149 questions were prioritized.

At the conclusion of the Codigital prioritization process, AcademyHealth compiled all of the prioritized research questions and highlighted the top five ranked questions in each driver/domain to create a final research agenda for high-value, equitable care.

Results

AcademyHealth explored a number of considerations over the course of our collaborative work, including appropriate language for describing diverse populations, balancing expanded expectations of the health system, and reconsidering how accountability is determined.

The proposed definition and drivers were intended to develop a discrete set of research questions on what new evidence is needed *to inform the choices and actions by decisionmakers within health systems, as well as actions by stakeholders who drive the behavior of health systems* (i.e., federal and state policymakers and regulators, health plans and employers). Importantly, we acknowledge that health systems have an opportunity and responsibility to go beyond clinical services delivery to advance the overall health and wellbeing of communities through their actions. However, this does not encompass all evidence that others need to improve population health and drive equity within communities more broadly.

Definition and Drivers of High-Value, Equitable Care

The work of the consensus group resulted in the development of a definition for what high-value, equitable care means, as well as a set of five primary drivers and a host of secondary drivers. The primary drivers focus on the components that must be in place to achieve high-value, equitable care, and the secondary drivers focus on strategies for which evidence might be needed to achieve high-value, equitable care. The definition, primary drivers, and secondary drivers are presented in the driver diagram below.

Driver Diagram for High-Value, Equitable Care

Definition

High-value, equitable care exists when diverse individuals' needs and preferences for health care are met in ways that:

- are timely and easily accessible to all and support equal opportunities for health;
- are respectful, collaborative, culturally responsive, and provided without bias or discrimination;
- increase the likelihood of achieving optimal health outcomes for all;
- are affordable for all individuals and society; and
- are supported by evidence.

Primary Drivers
What needs to be achieved to meet your aim?

Secondary Drivers
How are you going to do it?

Aim – To Achieve High-Value, Equitable Care for All

A Fair and Just Culture of Whole-Person Health for All

The health care system is aligned to provide holistic care that addresses patients' overall health and wellbeing.

- Dismantling structural racism from within our health care system
- Representative leadership committed to value, diversity, equity, and social justice
- Mitigation of adverse impacts of the social determinants of health individually and at the population level
- Holistic, high-quality care plans that are co-created with individuals and their families
- Informed shared decision-making/patient-centered decision-making

Care That is Accessible to All Patients

All patients are able to receive the care they need.

- Universal health insurance
- Anticipation of diverse needs based on disability, geography, language, culture, health literacy, and digital divide
- Expanded covered services for social needs as part of care
- Affordable health care costs
- Timely access to care when and where needed by patients

Health System Centered Around Primary Care

Primary care serves a key role in providing continuous and coordinated care within the broader health system.

- Policies and payment models that support continuous relationships that address whole person needs
- Innovation in types of care providers (e.g., doulas, community health workers)
- New health care workforce training approaches, including inter-professional teams

Adequate Health System Capacity to Deliver Care

Health care organizations have appropriate policies, technologies, staffing and other resources to support patient needs.

- External payment policies and practices (public and private) align and reward health system behavior and infrastructure investments, including community resources
- Health information technology and digital health infrastructure that supports innovation and data/information sharing across systems (e.g., electronic health records, Regional Health Information Organizations, registries, connectivity, and telehealth) while ensuring data security and privacy
- Data collection and use aimed at improving equity and value, e.g., collecting REAL (Race, Ethnicity, Ancestry and Language) and SOGI (Sexual Orientation and Gender Identity) data, incorporating patient-generated data, measurement to reduce low-value care
- Inclusion of trusted community providers (e.g., diverse representative clinicians, community health workers, and practices)
- Stable, resilient, prepared, and diverse health care workforce, with a focus on retention strategies and advancement opportunities

Health System Accountability for Outcomes

Health care organizations are held accountable by policies, payers, communities and patients for health outcomes.

- System accountability for improving quality, value, and equity from the patient/family perspective and societal perspective
- New risk adjustment approaches that drive value AND equity for patients
- Aligned performance measures that minimize perverse incentives
- Public reporting on progress
- Diversified governance of health care systems that includes patient and community representatives

Research Agenda for Achieving High-Value, Equitable Care

The definition and driver diagram formed the basis for generating topics and questions for the research agenda. Framed around the five primary drivers and a sixth cross-cutting domain of research infrastructure, the prioritized research agenda includes a total of 30 research questions—the top five research questions per driver/domain as prioritized during the agenda-setting process. The final research agenda is presented below (the comprehensive list of 149 questions will be available in the full report, forthcoming).

Research Agenda on High-Value, Equitable Care

A Fair and Just Culture of Whole-Person Health for All

1. How can insights from interventions to dismantle racism and improve equity in other sectors (e.g., housing, education) be applied to health equity?

2. How can research be designed to effectively capture the nuanced ways in which people are truly encountering and perceiving discrimination in their real-life experiences, e.g., starting with qualitative research to guide measurement on a broader scale?

3. What are the best strategies for supporting and understanding what matters most to patients, especially those who are not as forthcoming or may have language or other barriers to engagement?

4. What are effective methods for measuring structural racism within health systems across all interactions (e.g., patient-clinician; clinician-management, etc.)

5. What is a comprehensive methodology to assess the social and economic implications for patients and families, when receiving and foregoing care, to contribute to a more meaningful understanding of value, considering factors such as total cost, time away from work, transportation, and caregiving responsibilities that often go unaccounted for?

Care That is Accessible to All Patients

1. How can we move beyond accessibility as it relates to insurance status to studying how people actually access care, e.g., urban vs. rural populations, people's sense of belonging or lack of belonging in accessing care?

2. What are the access, quality, and cost tradeoffs for providers and patients between in person and virtual care?

3. What is the return on investment of providing and reimbursing for care delivery modalities that maximize access for patients, e.g., remote medical monitoring devices for Medicaid populations, home visiting, mobile health units, rural telehealth? How do we address the commercial determinants of pricing versus health? (Return on equity versus return on investment)

4. What is the impact of state policymaking across sectors on patient access to care, including direct health policy and adjacent policy arenas., e.g., infrastructure policies/investments or telecommunications regulations that could lead to lack of infrastructure investment in some communities, clinicians leaving certain geographic areas, etc.?

5. Which health services and specialties (e.g., primary care, behavioral health care, obstetrics care) are most difficult to access among Medicaid-insured, under-insured, and uninsured populations? What are key short-term and long-term policy strategies for increasing access to these services?

Health System Centered Around Primary Care

1. What are the most critical outcomes in primary care, and which of these outcome measures are validated and suitable for utilization as accountability measures?

2. What are effective, sustainable, and scalable models of the integration of mental health into primary care? Are there payment models to support consultations with primary and specialty care providers?

3. What sort of payment systems/models will support equitable integration of primary care with community-based organizations that collectively support addressing social determinants of health?

4. What policy changes are needed to support innovation in types of primary care providers, including doulas, social workers, and community health workers, e.g., workforce training, career paths for advancement?

5. How do we ensure retention of the primary care workforce and increase the number of primary care providers available to underserved populations?

Adequate Health System Capacity to Deliver Care

1. How do we integrate social needs data and medical care, building the evidence for effective referral/feedback loops on health outcomes and unmet health needs?

2. What are effective strategies for encouraging health system quality/safety programs to integrate equity into existing frameworks (as opposed to seeing it as something extra)?

3. How do health system capacity needs vary by community context? How do we measure when capacity is optimally aligned with community needs?

4. How should health care providers be better trained to work with interdisciplinary teams (community health workers, navigators, physician assistants, nurse practitioners, etc.) to support whole person health?

5. How do we reverse the underinvestment in safety net providers to support diverse patient needs based on disability, geography, language, culture, health literacy, digital divide?

Health System Accountability for Outcomes

1 What metrics will hold health systems accountable for delivering high-value, equitable care? That is, care that is beneficial and both affordable and low burden to patients (compared to alternatives, including no treatment).

2 How can health care systems measure and report on their impact on equity in ways that allow the patients and communities they serve to hold them accountable?

3 How can health care systems be incentivized to prioritize investments in individuals that address not only clinical health concerns, but also health-related social needs, e.g., supporting health literacy?

4 How do we establish accountability tools that give as much consideration to equity as they do to value?

5 How can new models for equity accountability be designed and tested to ensure they improve outcomes?

General Research Infrastructure

1 How do we develop a payment and policy structure that incentivizes health systems to both conduct research (e.g., demonstration projects to identify strategies that are working to enhance access to care from a community perspective) and increase the quality and applicability of real-world evidence?

2 The Centers for Medicare & Medicaid Services and the Center for Medicare and Medicaid Innovation develop and evaluate delivery models, largely for those 65 and older. What are strategies for funding, piloting, and evaluating large, new delivery models for the rest of the population?

3 How can the research, academic, and funding infrastructure be re-designed to create accountability for equitable engagement of patient and community involvement in research, e.g., revising mandates for publication, tenure; providing co-investigator roles for patients/community, compensation, and opportunities for co-authoring; and engaging patients and community in decisions about the flow of research funding?

4 How do we standardize collection and measurement of quality and outcomes data related to health equity, e.g., race, ethnicity, and other social determinants of health? What are the barriers that prevent collection of REAL (Race, Ethnicity, Ancestry and Language) and SOGI (Sexual Orientation and Gender Identity) data? What are the best strategies for asking about and storing SOGI data?

5 What culturally responsive frameworks across the US would be most useful when drafting interventions aiming to address the primary drivers of high-value, equitable care?

Conclusion

While the driver diagram and research agenda are organized by primary driver, the drivers and research questions are interrelated. As such, we recognize that there is crossover between each of the drivers, and that many of the research questions may align with more than one driver. Given the cross-cutting nature of the concepts being explored, a key theme that emerged throughout the course of our work was the importance—and challenge—of aligning disparate systems and entities to arrive at a more holistic approach to attaining good health for all. As AcademyHealth focuses on disseminating and gaining traction for the research agenda, we will align our efforts with those of related initiatives. Key audiences for outreach will include those involved in our research agenda development process as well as other researchers, patient groups, health system leaders, policy audiences, and funders.