

WHITEPAPER

MAY 2022

# Effective and Practical Ways to Impact Health Inequity Now:

A guide to asking the right health equity questions to influence market access strategies



# Table of Contents

Introduction and background.....3-5

Focus prevention efforts on those who truly need it..... 6

Examine your pharmacy dispensing strategy  
through a refined lens.....7

Consider food insecurity and financial  
and logistical toxicity..... 8

When designing patient support programs, think  
more about the patient than the prescription..... 9

Develop patient support communications from  
a health equity perspective..... 10

Tackle trust issues and cultural hurdles  
head-on through targeted education..... 11

Think critically about representation  
when modeling healthcare data ..... 12

Summary ..... 13

About Archbow Consulting, Entrée Health,  
and Valuate Health Consultancy ..... 14



# Introduction

As advisors to organizations in the biopharmaceutical space, we're trusted with closely monitoring trends that influence how healthcare may or may not be accessed. Of late, one trend is garnering more scrutiny than others—health equity.<sup>1</sup>

Health disparities and inequities have likely been a problem for as long as there has been healthcare, but the COVID-19 pandemic put a long overdue spotlight on this global issue. In addition, the unintended financial impact caused by health disparities is potentially holding the U.S. economy back by \$8 trillion.<sup>2</sup> Health disparity has broader implications and is impacting us all, taking an unnecessary clinical, access, and economic toll.

Our clients, their lead trade organizations (PhRMA, BIO), government entities (CMS), and payers (AMCP) have instituted new health equity goals and initiatives. That's excellent news; except, unmet social determinants of health remain a big issue. What's more, many market access teams are scratching their heads about how they can solve a problem that leading healthcare organizations around the world are struggling to meaningfully impact.

That's why we pulled together our experts to write this whitepaper. My colleagues within the Entrée Health Market Access Network of Agencies and Consulting Firms—Archbow Consulting, Entrée Health, and Valuate Health Consultancy—have been working day in and day out to identify meaningful and practical ways that market access teams can decrease health inequity within their spheres of influence.

As with most good solutions, making strides in equalizing opportunities for good health starts with asking the right questions. In this whitepaper, we've provided practical lists of questions spanning distribution, access, and affordability that market access teams can use to begin impacting Health Equity today.

## About the Expert

### **Caleb DesRosiers, JD, MPA, Senior Principal Valuate Health Consultancy**

As a former policy and reimbursement executive at the Centers for Medicare and Medicaid Services, Pfizer, Roche, and former and current board member of Medicaid health plans and community-based health systems, Caleb has been actively involved in developing strategies to improve health outcomes for underserved populations. Caleb was involved with launching and advising the Ethnic Minority Rheumatoid Arthritis Consortium, a unique patient registry funded by industry, that seeks to leverage data to expand access and improve outcomes for minority populations. [Learn more about Caleb on LinkedIn.](#)

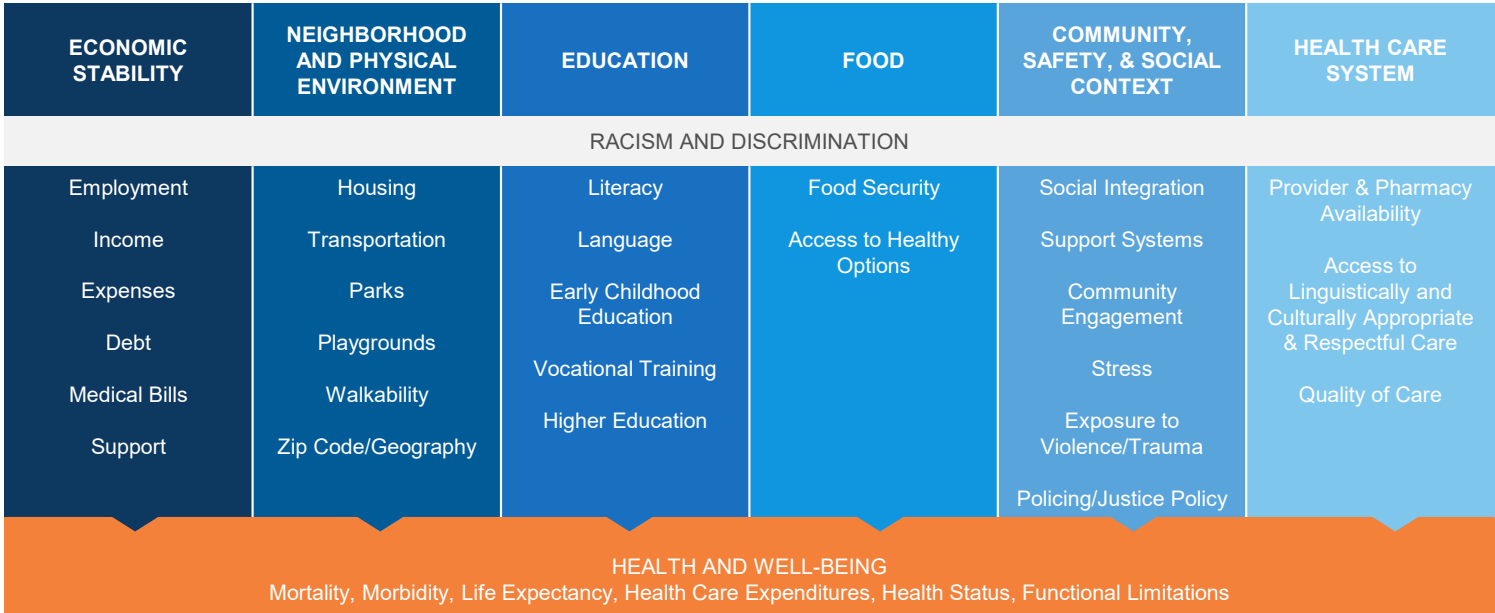
# Background

## Health Inequity Defined

According to the World Health Organization, health inequities are defined as systemic differences in health for certain populations due to the external circumstances surrounding where they are born, live, and work, as well as their age.<sup>1</sup>

Multiple complex determinants may impact health inequity, including genetics, behavior, and a range of social factors. Within these social factors are many socioeconomic considerations fueled by racism and discrimination, including education, unequal access to healthcare and food, environmental and physical influences, and economic stability.<sup>2</sup>

### HEALTH DISPARITIES ARE DRIVEN BY SOCIAL AND ECONOMIC INEQUITIES



Source: Kaiser Family Foundation.

These disparities can lead to devastating health outcomes for impacted populations. A US study that examined key measures of health from 1999-2014 found that Black mothers experienced higher rates of both preterm births (11.1%) and infant mortality (11.11 per 1,000) than any other ethnic group. This same study also found that Black individuals were more likely to experience hypertension compared with other groups, and Hispanic children had the highest prevalence of childhood obesity compared with other youths.<sup>3</sup>

Even the stress associated with racism, including the experience of ongoing microaggressions and implicit biases, can negatively impact health. One literature review found that racism was associated with both poor mental health, including depression, anxiety, and psychological stress, as well as poor physical health.<sup>4</sup> Unfortunately, even healthcare professionals can unintentionally compound these health inequities through implicit biases.<sup>5</sup>

Payers are assessing ways to impact and reverse the tide of health disparities via benefit design changes.<sup>3</sup> Manufacturers may be able to align or augment their market access strategies and payer partnership opportunities based on AMCP priorities<sup>4</sup>—in no order of importance—which are as follows:



## PRIORITY CONSIDERATIONS IDENTIFIED BY PARTICIPANTS<sup>4</sup>

DATA	<ul style="list-style-type: none"> <li>▪ Increase diversity in clinical trial enrollment, strengthen trial designs to better detect possible heterogeneity among patient responses, and expand subgroup reporting</li> <li>▪ Augment data available within health care delivery systems by, for instance, more thoroughly and efficiently collecting patient demographic information into medical records</li> <li>▪ Recognize that biases may be unintentionally built into current algorithms and artificial intelligence platforms</li> </ul>
FORMULARY PROCESS	<ul style="list-style-type: none"> <li>▪ Incorporate robust diversity data into drug monograph tools used in formulary development (e.g., the AMCP Formulary Monograph Template)</li> <li>▪ Provide annual equity training for pharmacy and therapeutics committee members</li> <li>▪ Add committee representation that reflects an organization's minority membership or a member with expertise in equity</li> <li>▪ Create a subcommittee to evaluate equity in formulary decisions</li> </ul>
BENEFIT OFFERINGS	<ul style="list-style-type: none"> <li>▪ Acknowledge and consider that racial disparities may exist in initial benefit design process</li> <li>▪ Consider variable cost-sharing and premiums, such as on a sliding scale based on income</li> <li>▪ Offer a preventive medication benefit with a low or \$0 copay</li> <li>▪ Adjust cost-sharing models in disease states by which minority or other at-risk populations are disproportionately affected</li> </ul>
PATIENT ACCESS	<ul style="list-style-type: none"> <li>▪ Consider benefit flexibility to improve access</li> <li>▪ Use automated tools such as real-time benefit checks and electronic prior authorization to assist those with less time or fewer resources to navigate benefits and utilization management</li> <li>▪ Expand access to the care delivery network, such as by relocating clinics or pharmacies along public transportation lines</li> <li>▪ Enhance care coordination through more systematic engagement of pharmacists, community partners, and health navigators</li> <li>▪ Develop patient outreach programs with simplified materials to improve health and health insurance literacy</li> </ul>
OTHERS	<ul style="list-style-type: none"> <li>▪ Identify opportunities for new or revised programs around payment incentives or disincentives for health care providers who participate in equity efforts</li> <li>▪ Share best practices and case studies in peer-reviewed journals such as JMCP</li> </ul>

Some health plans or programs are moving beyond framework and funding pilots and/or initiatives. For example, North Carolina Medicaid launched the Healthy Opportunities Pilot,<sup>5</sup> a \$650 million experiment to test whether the government should spend health care money to address social problems to improve health. As many as 13,000 to 20,000 Medicaid recipients could soon get help with food and shelter each month.

Medicaid-managed care plans will choose which patients will be eligible for extra help. Recipients must have at least one medical condition and at least one “social risk factor.” The project will collect data to demonstrate the impact of these services on overall health.

Pharmaceutical-sponsored patient assistance programs (PAPs) and/or HUB services could assess these supplemental benefits and consider seeking waivers and/or adding food, transportation, and shelter to their PAP programs for eligible patients based on similar “social risk factors”. In addition, as benefit designs get amended, manufacturers may want to explore discussing with payers and governmental entities safe harbor use of rebates to fund supplemental benefits focused on social determinants of health. With this data and resource allocation, companies can target patients impacted by health disparities and publish outcomes results, while ensuring a meaningful impact.

## How can your organization make a positive impact?

Health inequity is a complex and deeply rooted issue in the United States, so market access teams understandably may wonder where and how to begin to make a positive impact. But manufacturers can play a role in addressing these inequities, starting with an intentional examination of the market access services and programs detailed here. As frameworks, data, and programs are implemented to tackle this pressing issue, our team is available to provide strategic guidance as needed.

<sup>1</sup> CMS defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

<sup>2</sup> [cms.gov](https://www.cms.gov)

<sup>3</sup> [altarum.org](https://www.altarum.org)

<sup>4</sup> [amcp.org](https://www.amcp.org)

<sup>5</sup> [jmcp.org](https://www.jmcp.org)

<sup>6</sup> [ncdhhs.gov](https://www.ncdhhs.gov)

## REFERENCES

[who.int](https://www.who.int)  
[ncbi.nlm.nih.gov](https://www.ncbi.nlm.nih.gov)  
[journals.plos.org](https://journals.plos.org)

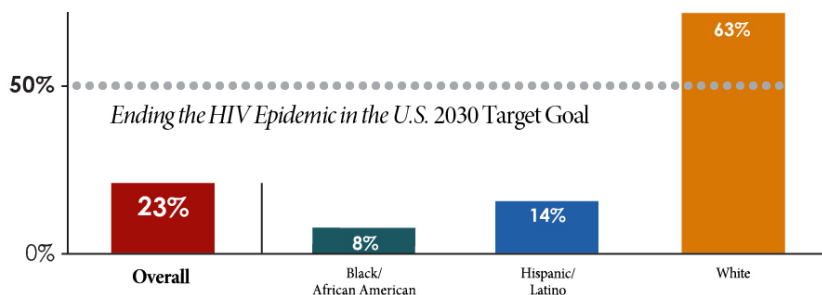
# Focus Prevention Efforts on Those Who Truly Need it Most

As a collective society, anyone who is motivated to protect themselves and protect others should have equal opportunity to do so. Equal opportunity to access prevention and wellness is especially critical when it concerns infectious diseases, such as HIV. Can the industry be more proactive? We believe so.

When it comes to HIV prevention, we are not reaching everyone in this country that would benefit. Unfortunately, HIV is still occurring at rates that threaten our ability to meet national goals, and a disproportionate number of new HIV infections can be found among Black and Hispanic/Latino populations. Cisgender women are also not being adequately reached.<sup>1</sup> As shown in the chart below, there is a notable disparity in the use of pre-exposure prophylaxis (PrEP).<sup>2</sup>

## ONLY 23% OF PEOPLE ELIGIBLE FOR PrEP WERE PRESCRIBED IT IN 2019

PrEP use in the United States by Race/Ethnicity, 2019



For more information, visit [cdc.gov/nchhstp/newsroom](https://cdc.gov/nchhstp/newsroom)



Health equity is about creating an environment whereby all people have equal opportunity to be healthy. As a first step, manufacturers need to take inventory of the existing equity landscape within their therapeutic area. Third-party consultants can often help manufacturers make targeted enhancements to their provider and patient support services functions. Now is the right time to incorporate health equity strategic conversations into patient journey work, including market access considerations.

## About the Expert

**Tony Gibson, MHA, Principal**  
**Valuate Health Consultancy**

As a former health plan and hospital executive, Tony has nearly 3 decades of experience working in managed care and the pharmaceutical industry. Tony is currently completing health equity coursework at Johns Hopkins School of Medicine and the Center for Health Equity. [Learn more about Tony on LinkedIn.](#)

## Ask these Questions:

- What dimensions of health equity are of greatest interest to our payer and IDN customers?
- How are disease trends impacting discreet populations within different insurance models?
- How well has our organization incorporated the voice of the healthcare consumer, patient, or potential patient in care models and product fulfillment design?
- In what ways can HCPs and health plan members be empowered to take preventive measures?
  - Are manufacturer-driven educational efforts effective in reaching the most affected populations?
  - Could community engagement and deployment of wellness advocates have a positive impact on disease awareness and product adoption?
  - Which social determinants of health are barriers to access? How are social determinants interfering with product uptake and adherence?
- Where can we strategically align with payers, health systems, and specialty pharmacies so that customers can contribute to our brand's health equity goals?

## REFERENCES

- 1 US Statistics. HIV.gov website. [hiv.gov](https://hiv.gov)  
2 HIV infection, risk, prevention, and testing behaviors among transgender women. CDC website. <https://www.cdc.gov/nchhstp/>

# Examine Your Pharmacy Dispensing Strategy Through a Refined Lens

We all know that the best medication in the world isn't effective if it never reaches the patient, making pharmacy dispensing network strategies an essential linchpin in any product's commercial success.

Many patients are easy to reach. Local big-box drug stores, convenient HCP offices, and home delivery are viable for a large portion of the population; so, it can be easy to think that a standard dispensing strategy will cover the majority of a product's potential patients.

However, when market access teams dig a little deeper and consider the challenges their unique patient populations may face, it becomes clear that pharmacy network decisions aren't as simple as they were once believed to be.

Health inequities in pharmacy dispensing may take the form of:

- Not accounting for geographical limitations when shipping medications. This may include theft concerns in specific neighborhoods on certain days of the week/month, transient patients who don't have a permanent mailing address, or even locations where FedEx/USPS/UPS cannot deliver
- Language and cultural barriers that may hinder the intake process at a specialty pharmacy
- Technology requirements for companion Medical Devices for Prescription Digital Therapies (PDTs) that can't be met by patients with limited access to expensive personal devices (such as smartphones), technology, Wi-Fi, or even charging stations
- Patients who suffer from mental health issues or addiction and may require more intensive personal outreach

Pharmacies are a fantastic conduit between manufacturers and patients, and pharmacies have the tools and resources to effectively address potential inequities when given good direction by manufacturers.

## About the Expert

**Kevin Cast, Partner  
Archbow Consulting**

Kevin Cast's career in the pharmaceutical and biotech industry includes experience in pharmaceutical companies, PBMs, service providers, and specialty pharmacies over 3 decades. Today, as a founding partner of Archbow Consulting, Kevin helps manufacturers develop and deliver effective and efficient commercial strategies. [Learn more about Kevin on LinkedIn.](#)

## Ask these Questions:

- What geographical limitations do our patients face when trying to receive their medication?
  - Are patients in a neighborhood that experiences more theft on certain days of the week/month?
    - There are package tracking companies that can provide predictive analytics to guide best practices for shipping
  - If patients don't have a permanent home, what is the best way to receive and stay adherent to their medication?
  - Should specialty-at-retail medication (where patients can pick up their specialty medications at a retail location instead of that medication being shipped to their home) be readily available?
- How can the pharmacy's team members be best matched with patients to limit language, culture, and sensitivity barriers?
  - If most or all patients are of one gender, race, or religion, would patients be more comfortable speaking to someone with a similar background?
  - Do call center hours properly account for nighttime workers, different time zones, and the busy schedules of single parents and caregivers?
- What are the technology requirements associated with our product, and how many potential patients really have full access to that technology?
  - If dispensing a PDT, what questions should the pharmacy be asking to ensure technology needs are met and that limitations are addressed?
  - Should the pharmacy be contracted to provide training to non-tech savvy patients?

# Consider Food Insecurity and Financial and Logistical Toxicity

While the cost of care has been a concern for more than a decade, the full financial, emotional, and social impact on patients and caregivers wasn't understood until recently.

When we speak of financial toxicity, we generally focus on the out-of-pocket spending related to covered services: deductibles, co-payments, and coinsurance.

Logistical toxicity describes a class of challenges that has less to do with healthcare coverage and more to do with the challenges of accessing care and maintaining quality of life during and after treatment. This may include seeking or affording transportation to care, lodging while traveling for treatment, loss of income during treatment, or unpaid bills for household expenses such as rent and mortgage payments.

A Journal of Cancer Survivorship manuscript reported that more than 8% of cancer survivors have food insecurity, defined as being without reliable access to affordable, nutritious food. Experts have correlated food insecurity to treatment nonadherence and distress and have found this population to include Medicare, Medicaid, and commercial insurance patients.

High-deductible health plans are not going away anytime soon. However, manufacturers can take steps today to assess and address food insecurities and financial and logistical toxicity. Often, working with third-party consultants allows manufacturers to step back and strategically consider the big picture while identifying high-impact tactics that preserve revenue, such as fighting food toxicity through companies like [Mom's Meals](#).

## Ask these Questions:

- If our product should be taken with food, do we proactively ask our patients if they have access to food?
- What is the real financial picture our patients face when covering the cost of their care?
  - In addition to the medication cost, what other care-related expenses are causing strain for patients and caregivers?
- Other than providing co-pay support, how can we support patients where they are?
- Which factors can negatively influence treatment outcomes, such as poor nutrition, inability to travel for treatments, and stress?
- How can we work with payers to ensure that we maximize the value of therapies while reducing logistical and financial toxicities for patients?

## About the Expert

**John Hennessy, MBA, Principal**  
**Valuate Health Consultancy**

John has oncology expertise working in community and academic practices in physician offices and hospital settings. He worked previously as the Executive Director of the Kansas City Cancer Centers and as Vice President of Operations for Sarah Cannon. John is an ASCO member and volunteer, he served on the Board of Trustees for the ACCC and is the Vice President of the Board of Directors for the Young Survival Coalition. [Learn more about John on LinkedIn.](#)

## REFERENCES

Zafar SY, Abernethy AP. Financial toxicity, Part I: a new name for a growing problem. *Oncology*. 2013;27(2):80-81.

[pubmed.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/lungevity.org)  
[lungevity.org](https://lungevity.org)  
[accc-cancer.org](https://accc-cancer.org)  
[pubmed.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov)



# When Designing Patient Support Programs, Think More About the Patient Than the Prescription

Patient support program design has evolved over the last few decades, but one thing remains the same: Prescribers, and their unique needs, tend to overshadow the needs of patients and caregivers. When viewing patient support through the health equity lens, patients should be the focus.

To be successful in identifying and addressing potential inequities, manufacturers should add a layer of patient engagement that comes **before** journey mapping and program design/redesign. This new layer may come in the form of partnering with advocacy groups, conducting patient-focused market research, or even forming patient advisory panels. The essential element in engaging patients earlier in the planning process is to incorporate their feedback to influence the initial design rather than asking them to simply react to what's already been created.

Common health equity oversights in patient support program design may include:

- Focusing only on affording medication instead of viewing holistic patient expenses such as transportation, housing, and healthy food
- Assuming patients have access to and/or can afford to purchase over-the-counter remedies to combat common side effects of the drug
- Not accounting for language disparities of patients and caregivers, beyond English and Spanish, when staffing call centers
- Failing to address the educational needs of patients who are new to the nuanced and complicated American healthcare system

The good news for patient services teams is that potential inequities can be identified and mitigated with advanced planning and foresight. Third-party consultants can help with health equity assessments of existing programs or targeted health equity design strategies that marry product characteristics to diverse patient needs.

## Ask these Questions:

- How can we hear directly from patients and caregivers on barriers, concerns, and unseen influencers before we start journey mapping?
  - Does this panel or market research group accurately reflect the diversity of our patient population, spanning geography, race, gender, socioeconomic background, etc?
- What do patients need to effectively meet the unique qualifications of our product?

For example:

- If the product is cold chain, do our patients all have access to refrigerator space?
- If the product needs to be mixed with water, do our patients all have access to clean, running water?
- If the product is infused by an HCP, do our patients have access to transportation to an infusion center?
- Which patients may be overlooked in our market access strategies, how can we identify them early, and what can we do to address their needs?

## About the Expert

**DeWayne Manning, Partner**  
**Archbow Consulting**

DeWayne Manning draws on 25 years of experience to advise clients on specialty product reimbursement, patient access programs, business process optimization, technology integration, and data management. He is a founding Partner of Archbow Consulting. Learn more about [DeWayne on LinkedIn](#).

# Develop Patient Support Communications From a Health Equity Perspective

Another key area to focus on is ensuring your access and reimbursement communications are culturally inclusive and effectively reach your target audience. Whether it's a co-pay brochure, a HUB website, or other access-related educational materials, it's important that tools resonate with your patient population and truly address their needs.

## Understand your target audience

When you're building a patient support program, each disease state will have a different target patient population, all of whom have communications considerations to address. Start by conducting research to learn:

- What is your target patient's ethnic and cultural background?
- What might their socioeconomic conditions look like?
- What are their worries and preferences when it comes to engaging with patient support programs?

While secondary research is a great place to start, talking to patients directly through focus groups or one-on-one in-depth interviews will provide the most valuable insights.

## Communicate appropriately

Health literacy standards apply for all patient populations. Even patients who are literate or well-versed in healthcare can have trouble understanding health-related information. In the market access space, payment and distribution processes can be particularly challenging to understand.

## Reach your patients where they are

Lastly, when you're building a communications plan, consider how your target patients take in and absorb information. If they have trouble getting to the doctor's office, then a physical co-pay card may not be helpful. Perhaps they rely more on their mobile phone than a computer for digital information, as many lower-income individuals do<sup>1</sup>. If so, you'll want to ensure that your educational materials are mobile-friendly from a design, language, and user experience (UX) perspective. Ultimately, offering resources that can be available in print, downloadable online, or sent via email ensures you're covering your full population.

## About the Expert

### Alex Mindlin, Principal, Creative Market Research Valuate Health Consultancy

Alex Mindlin has over 10 years of experience in the Market Access space, specializing in strategic content development and validation. She has experience working on brands in rare disease, oncology, gene therapy, CNS, diabetes, cardiovascular disease, and obesity. Her work spans multiple market access channels, including payer, reimbursement support, specialty pharmacy, employer, and pull-through. [Learn more about Alex on LinkedIn.](#)

## Ask these Questions:

- Am I using stigmatizing language?
  - Example: Say “people with lower incomes” rather than “poor people,” or “people who are uninsured” rather than “the uninsured.” The latter phrases unfairly define people by their socioeconomic status
- Does this imagery accurately and respectfully reflect the patient population?
  - Example: A brochure about an access and reimbursement program for sickle cell anemia, a disorder that predominantly impacts African American people, may garner distrust or feel irrelevant if it depicts White patients
- Are instructions relevant to everyone?
  - Example: A distribution fact sheet explaining that a medication will be shipped to one's home is not necessarily considering a patient without a permanent home or with a home in a neighborhood where theft is common

<sup>1</sup> [pewresearch.org](https://www.pewresearch.org)

# Tackle Trust Issues and Cultural Hurdles Head-on Through Targeted Education

The problem of “medical mistrust” is well-documented in medical literature and defined as a lack of trust in or suspicion of the medical organization. It can lead to many adverse health consequences such as lower utilization of healthcare and poorer management of health conditions including HIV, cancers, and diabetes.

Medical mistrust is often cited as a phenomenon associated with racial minorities.<sup>1</sup> However, we must acknowledge the areas which have failed, and are failing to meet, the needs of all patients.

For many people of color, historical mistreatment combined with contemporary experiences of discrimination in healthcare cause medical hesitation. Inequities in access to health insurance, healthcare facilities, and treatments to institutional practices make it more difficult for Black Americans to obtain care.<sup>2</sup> In fact, a recent study found that most healthcare providers appear to have an implicit bias in terms of positive attitudes toward Whites and negative attitudes toward people of color.<sup>3</sup> Recent studies show that female patients and people of color are more likely to have their symptoms dismissed by medical providers.

Those inappropriately dismissed are beginning to stand together, calling their experience “medical gaslighting.”<sup>4</sup> Moreover, there is an underrepresentation of minority physicians which can lead to mistrust in doctor-patient relationships. A Stanford University study paired Black men with either Black or non-Black doctors. The men seen by Black physicians were more likely to engage with them and even consent to preventive services like cardiovascular screenings and immunizations.<sup>5</sup>

One of the most effective ways manufacturers can make an impact today is to raise public and provider awareness of racial/ethnic disparities in care, educating on causes and interventions to reduce disparities. This is an approach some manufacturers have already implemented to support women around the globe with maternity care and survival. Third-party consultants can help manufacturers raise public and provider awareness through a variety of strategies, including education campaigns, training for culturally competent conversations, and research to determine perceptions and possible gaps in understanding.

## Ask these Questions:

- How well do our patients trust their HCPs and local health systems?
  - Market perception studies or targeted focus groups organized by advocacy organizations can help uncover this answer
- What are some product-specific areas to watch?
  - For example, if Black women are 2 to 3 times more likely to die from pregnancy or childbirth-related complications than White women, is there an opportunity to educate OBGYNs and their nursing staff about this trend?
- What existing communication channels can we use to educate HCPs on potential bias?
- What new communication channels should we establish to educate HCPs and the market on medical mistrust?
- How can Market Access collaborate with the company's Corporate Communications team to release educational messages to the market?
- How can institutions better run and design clinical trials with appropriate representation of the patient population?

## About the Expert

**Diane Petrone, MBA, Principal**  
**Valuate Health Consultancy**

Diane Petrone is a dynamic commercial leader with more than 15 years of experience designing and executing brand strategies within the pharmaceutical industry. She specializes in gross to net preservation and access optimization. [Learn more about Diane on LinkedIn.](#)

1 BEHAVIORAL MEDICINE 2019, VOL. 45, NO. 2, 79–85 <https://doi.org/10.1080/08964289.2019.1619511>  
2 [commonwealthfund.org](https://www.commonwealthfund.org)

3 Hall WJ, Chapman MV, Lee KM, Merino YM, Thomas TW, Payne BK, Eng E, Day SH, Coyne-Beasley T. Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review. *Am J Public Health*. 2015 Dec;105(12):e60-76

4 [nytimes.com](https://www.nytimes.com)

5 [labblog.uofmhealth.org](https://labblog.uofmhealth.org)

# Think Critically About Representation When Modeling Healthcare Data

Data analytics has taken advantage of the size, complexity, and availability of healthcare data to revolutionize the healthcare industry, providing unique and actionable insights into health across the treatment chain from early detection to treatment. As analytical techniques and the technical capacity to link data from disparate sources have developed, data analytics has contributed to improvements in multiple aspects of public health.

Healthcare data play a key role in identifying the dimensions of disparity in health outcomes, e.g., variation in social, environmental, and economic conditions at the root of health inequities. However, addressing health equity through data analytics requires the data are a representative and accurate representation of all communities, and the analysis adequately captures critical information. The generation and analysis of healthcare data can exacerbate health inequity when they reinforce systemic biases by failing to adequately characterize the people behind healthcare decisions.

Incomplete or misleading understandings of health inequities can result from:

- Asking the wrong questions to incomplete populations. Data that are not representative of populations result in a misleading and incomplete understanding of how healthcare outcomes vary among groups
- Missing upstream socioeconomic determinants of health. This yields a partial understanding of the sources of health inequity
- Inducing bias into conclusions from analytical techniques with missing information or biased assumptions in data inputs
- Misinterpreting the results of health equity analyses from marginalized groups

Data analytics is useful for characterizing disparate health outcomes and their sources, which is a critical component of understanding healthcare inequities. Knowing how data can mislead or reinforce health inequity means that the proper research design and analysis can be used to improve insights into the healthcare landscape, including identifying opportunities to increase Market Access and improve overall health outcomes.

## About the Expert

**Terrill Paterson, PhD, Analyst**  
**Valuate Health Consultancy**

Terrill has over 10 years of experience in quantitative analysis, working with a wide variety of data streams. His work has focused on innovative approaches to answering research questions, robust methods to assess and improve models, and creative ways to explain complex problems and results to non-technical audiences. [Learn more about Terrill on LinkedIn.](#)

## Ask these Questions:

- How can we combine engagement and healthcare data to better understand upstream factors of healthcare decisions?
  - What are the best practices for using the tools from big data to inform research?
  - What is the best design for the overlap of healthcare and engagement data to provide the most robust picture of a population?
  - If marginalized groups are under-represented or missing from data, what is the best way to fill in the information gap?
- How can a more holistic approach to understanding people provide insights on factors underlying healthcare decisions and outcomes?
  - Why does participation in healthcare markets vary among groups of people?
  - What are the most important social determinants of inequities in health outcomes?
  - Are there caveats to the conclusions for marginalized groups that limit our understanding?
- How can we leverage the relationship between the human behavioral landscape and decisions by patients and providers to improve market access and health outcomes?
  - How can a better understanding of people help identify underserved groups?
  - What is the optimal strategy for developing and deploying marketing narratives to increase awareness and access to products?



# Summary

Health inequity is a large, global issue that none of us can solve on our own, but each of us can impact through our individual roles. By asking the right questions, market access teams can start to identify ways to make significant differences in the lives of the patient populations they're committed to serving.

In this whitepaper, we've only begun to scratch the surface on health equity as it applies to Market Access, and we expect this to be a leading topic of conversation in the industry for some time to come. Our hope is that the questions posed within provide an actionable way for manufacturers to begin making positive changes now.

Our teams are actively engaging with our clients daily to workshop health equity concerns, create and refine strategies to address the most pressing issues, and proactively design future programs in ways that identify and eliminate barriers that may have previously gone unrecognized. Like you, we believe that people deserve equitable access to the healthcare they need. Contact us today if our learnings in this space can be of help to your team.

## About the Expert

**Nina Manasan Greenberg, PhD, Chief Creative Officer**  
**Entrée Health**

Since she first co-authored a book on quality improvement in health plans, Nina's spent 23 years in the Market Access space. As our CCO, she believes deeply that the best strategies deserve the magical combination of unique brand insights, a strong user experience, and clear and cogent communications. [Learn more about Nina on LinkedIn.](#)

# About Us

## About Archbow Consulting

Archbow Consulting helps pharma and biotech companies reach their commercial goals with strategic and tactical approaches to distribution, pharmacy, and patient access. Our integrated approach to commercial planning streamlines end-to-end commercial optimization in a way that gives clients a competitive edge. Archbow's leadership team has an average of 25+ years of real-world experience that we apply to anticipate and proactively solve the challenges manufacturers face.

## About Entrée Health

Entrée Health is a full-service market access communications agency providing strategy and executional excellence from pre-launch to LOE. Our services include value and HEOR communications, reimbursement support and hub communications, pull-through, branding and identity development, and training and meeting facilitation. Whether we are gearing up for launch or preparing for competitive entrants to the market, our team of experts develops award-winning, highly impactful communications to move your business.

## About Valuate Health Consultancy

Valuate Health Consultancy helps life sciences companies understand, uncover, and navigate the market access barriers that stand between the life changing products they bring to market and the patients that need them. Our team is comprised of former payers, PBM and trade executives, health policy attorneys, Market Access executives, and clinicians who bring extensive real-world experience to our clients' business. Backed by a specialized Market Access data analytics team, we identify market risks, analyze performance, gather insights from your corporate customers, and synthesize a comprehensive view of your Market Access challenges and opportunities to inform strategic planning and action because people deserve access to the healthcare they need.



Archbow Consulting, Entrée Health, and Valuate Health Consultancy are sister companies under the Value and Access division of Omnicom Health Group. Learn more about our united organizations [here](#).

## Connect with Archbow Consulting

 [Archbow Website](#)

 [LinkedIn](#)

 [Twitter](#)

 [Email](#)

## Connect With Entrée Health

 [Entrée Health Website](#)

 [LinkedIn](#)

 [Email](#)

## Connect With Valuate Health Consultancy

 [Valuate Website](#)

 [LinkedIn](#)

 [Twitter](#)

 [Email](#)