FROM LOW-VALUE TO HIGH-VALUE CARE: CENTERING EQUITY IN EVERY DECISION

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Health policy has the potential to improve lives millions at a time. *Equity-focused* health policy helps to ensure that improvements in health are distributed in a fair and just manner. It is not enough to maximize health for the population, health disparities ought to be minimized. This is the kind of health policy I hope to research and advocate for. Naturally, this drew me to the Margolis Internship Program because of its focus on health equity as a cross-cutting theme in the pursuit of evidence-based solutions. This reflection blog highlights some of the key lessons that have shaped my understanding of health equity while working at the Duke-Margolis Center for Health Policy.

As a student of health policy, I have become quite interested in system-level solutions to public and global health challenges. My education at UNC has exposed me to the complex world of using policy to improve health, and the vast methods of researching it. I sought this internship experience because I felt it was time to test my skills in the real world. At the Duke-Margolis Center for Health Policy, I have been involved in two projects, one focused on low-value care research with Dr. Corinna Sorenson, and the other focused on cost-effectiveness analysis with Dr. Gillian Sanders Schmidler. Although separate, these two projects are thematically similar: low-value care is essentially cost-ineffective care.

Low-value care

The U.S. spends a lot on health care, and unfortunately, some of it is spent on unnecessary care. Research on low-value care aims to shine a light on the harms and costs of health care that provides little or no benefit to the patient, such as inappropriate testing, treatment, and prescribing. The latter was the focus of my research project with Dr. Corinna Sorenson. We sought to investigate how the widespread use of telehealth during the pandemic influenced prescribing behavior. Inappropriate prescribing is a concern in telemedicine because of the altered dynamic in the patient-provider relationship –it is much more difficult to assess a patient's condition via a screen and even more difficult to determine what kind of medication would be most appropriate for them. But telehealth is likely here to stay, so it is critical to develop best practice guidelines and support these with evidence. Additionally, it is important to address equity gaps and ways to reduce them. Our research aims to add to the growing body of literature on this topic.

Cost-effectiveness analysis

With Dr. Gillian Sanders Schmidler, I have been researching implantable cardiac devices known as Cardiac Resynchronization Therapy or CRT. There are several cost-effectiveness analyses that have investigated the costs and benefits of CRT as a treatment for heart failure, with the aim of informing how to use our limited resources effectively. However, what has not been assessed is the outcome of CRT in diverse population groups, considering multi-layered factors such as comorbidity, race, ethnicity, and gender, among others. My task was to create a decision model that would help answer critical policy and clinical questions related to this question of how to make the best use of our resources. Essentially, the decision model demonstrates the trade-offs involved when one treatment is chosen over another. Additionally, I worked on compiling evidence to inform the model –to truly make it evidence-based.

Working on this project has challenged me to critically examine what equity looks like in health policy. Previously, my exposure to health equity had been focused on access –the literature seemed to suggest that if we just increased access to quality and affordable health care, people would be healthier. I'm realizing now that it's not so simple. There are mechanisms in our health system that make is such that even if people have access to high-quality and affordable care, they may still not get the most appropriate care. The decision-making process in health care is an imperfect science. Why, for example, are Black patients less likely to receive CRT as a treatment for heart failure? How can we make the decision-making process in health care not only more effective and efficient, but also equitable? I hope to continue working on answering this question in the future.

Over the course of the internship, I have developed an interest in a more expansive approach to economic evaluations, where we extend our analysis of an intervention beyond effectiveness (i.e. randomized control trials), efficiency (i.e. cost-effectiveness analyses) to explicitly evaluating equity (i.e. the reach of the intervention in terms of justice and fairness). Equity considerations in economic evaluations have been studied before, but often as a "secondary" objective. I'm much more interested in an integrative approach that places equity at the center of the evaluation.

Final thoughts

We learn by doing. I am grateful to the Duke-Margolis Center for giving me the opportunity work alongside passionate researchers who are spearheading the equity-focused, evidence-based movement towards better health care. I've also enjoyed learning about other research methods through the Journal Club discussions and Margolis Seminars, such as community-based participatory research. My background and experience in crowdsourcing has made me particularly appreciative of participatory approaches in research, where the community is an active participant in the process of finding solutions, and not just a recipient of 'our solutions' as researchers. I strongly believe that the voices of the people whose lives we seek to improve must in some way inform the interventions and solutions we propose. The Center differs from other research institutions in that there is a thorough focus on people-centeredness in the effort to achieve health equity. Overall, I am excited to pursue a research career in health policy, championing the move towards effective, efficient, and equitable health care.