DisparIT Inc.

Business Proposal to Mitigate Racial Healthcare Disparities Using Information Technology Solutions

Prepared For: **Adventist HealthCare White Oak Medical Center**

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in partial fulfilment for the course

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Table of Contents

Executive Summary

Health Disparities affect certain groups of people in society based on their race, ethnic group or other factors and this is a serious problem. Every human being should have the right to equivalent healthcare irrespective of their color, caste or creed. This problem has been prevalent for decades and it is time when organizations like Adventist HealthCare take steps to improve this. Hospitals and providers should prepare as there is an increasing focus on reducing healthcare spending while improving healthcare quality through novel reimbursement models and this creates opportunities for financial success, opportunities for improved community health outcomes, opportunities for increased market share.

This report focuses on the critical issue of health disparity in society. The analysis is based around the healthcare organization 'Adventist HealthCare' which largely operates in the Maryland and Washington D.C. area. Our team has critically analyzed this institution and the environment it operates in to provide strong, cost effective solutions to them.

DisparIT is a team of diverse consultants aiming to bridge the gap in society by helping healthcare organizations promote inclusion of different communities and reduce disparities in healthcare services provided to underserved communities. We solve this problem through technology and the use of data - either available or through collection.

After analyzing AHC's model and comparing it to other healthcare organizations' implementations, we have decided to base our solution focused on community engagement and use of technology.

We plan to create an environment of inclusion through tech based targeted health literacy programs, collecting more representative data and generating insights, improving chatbot services and implementing kiosks for enhanced virtual experience of patients with AHC and to reach out to more underserved communities.

Meet the Team

Vision - We envision a world where all people have equal opportunity to high quality healthcare so they can live long, healthy, and productive lives.
Mission - To provide a customer-centric approach to providing healthcare and utilize data management to identify, analyze, and mitigate healthcare disparities.

Versatile. Our team consists of well-rounded individuals with expertise in the field of healthcare, information technology, marketing, and strategy development. We are up to date with the latest technological advances in the field of data analysis. To add to that, we have dedicated resources that understand the workings of healthcare organizations and have worked as strategic consultants and analysts for such institutions.

Excellence. Our team believes in providing our clients with best quality products. For us, customer experience is of paramount importance. We deliver products keeping in mind the values of the company.

Transparent. We like to keep the client involved throughout the process. Although initial requirement gathering and analysis involves communication with stakeholders, we keep clients engaged throughout the development process through demonstrations of incremental prototypes.

Detail-Oriented. Our team believes in documenting every step of the process in detail so that when the handover is complete, you would have access to a repository of troubleshooting tips for all possible issues that come up after go-live.

Committed to Security. We follow the best security practices. Each and every member of our team is highly skilled and trained at security compliance and risk mitigation. Cyber-security is one thing that we sincerely practice and pass it on to our clients after the project is completed.

Problem Solvers. We try to solve your problems by stepping into your shoes. We know that one strategy is not enough to devise a robust plan and thus, we listen to your concerns and take every minute detail into account before proceeding with the design and implementation.

Background and Organizational Assessment

What are health disparities and why are they relevant to your organization?

Healthy People 2020 defines a health disparity as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion." (Baquet et al., 2013)

Healthcare disparities have always existed, but the COVID-19 crisis has drawn attention to the long-standing inequities that are prevalent in the healthcare system today. For instance, new federal data reveals that African Americans and Latinos in the US have been three times more likely to contract COVID-19 than white residents and nearly twice as likely to die from it. (Sadeghi, 2020) In other states such as Illinois, Latinos contract COVID-19 nearly seven times the rate of cases compared to white people and African Americans have the highest mortality rate. (Sadeghi, 2020) While COVID-19 may have brought attention to the disproportionate health disparities that exist, black Americans have long suffered more than others with common diseases such as cardiovascular disease, maternal mortality, and poor cancer outcomes. In addition, Black patients are more likely to receive care at safety net hospitals that consistently have lower patient experience scores compared to non-safety net hospitals. (Shah, 2020)

Morally it makes sense that national, state, and local interventions are necessary to mitigate these prevalent inequities, however there is also a business case to be made for healthcare providers. Hospitals and providers should prepare as there is an increasing focus on reducing healthcare spending while improving healthcare quality through novel reimbursement models and this creates opportunities for financial success, opportunities for improved community health outcomes, opportunities for increased market share. A value proposition for Adventist HealthCare is summarized in **Figure 1** below.

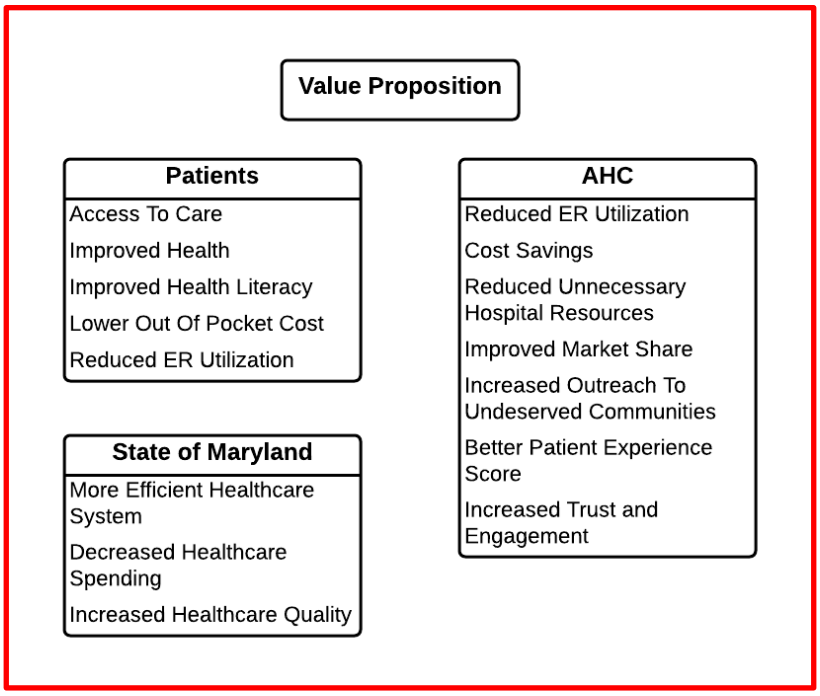

Figure 1: Value proposition of improving racial disparities for Adventist HealthCare, patients and consumers of healthcare services, and the State of Maryland.

Assessment of Adventist HealthCare

Internal Assessment

Adventist HealthCare is a faith based not-for-profit organization based out of Gaithersburg, Maryland. It is the first and largest provider of healthcare in Montgomery County, Maryland, and has served the D.C. region since 1907. In addition, Adventist HealthCare has a long-standing tradition as the largest provider of charity care and community benefit in Montgomery County. (Adventist HealthCare, 2020)

Adventist HealthCare mission is to extend God's care through the ministry of physical, mental, and spiritual healing and their vision is to provide a world-class patient experience to every person, every time. It believes in Respect, Integrity, Service, Excellence, Stewardship. (Adventist HealthCare, 2020)

Adventist HealthCare is focused on financial sustainability, growth and expanding, managing population health, improving patient safety and quality, and becoming the best place to work and grow. Adventist HealthCare has various medical facilities including Acute Care

Hospitals, Inpatient Rehab Facilities, Urgent Care Centers, Home Health Services and Outpatient Rehab Facilities. Moreover, it has received several awards for high quality medical services. For instance, Shady Grove Medical Center was recognized as a Medicare 5 star hospital, White Oak Medical Center has award winning cardiac services and also ranks in the top 10 percent of hospitals nationally for coronary bypass graft surgeries, and finally their home health division was named a top agency of 2019 HomeCare Elite for the ninth year in a row. (Adventist HealthCare, 2020)

Adventist HealthCare has a long history of providing high quality healthcare services in the DC-MD-VA areas and has strengths, weaknesses, opportunities, and threats to the shifting healthcare environment that are summarized in **Figure 2.**

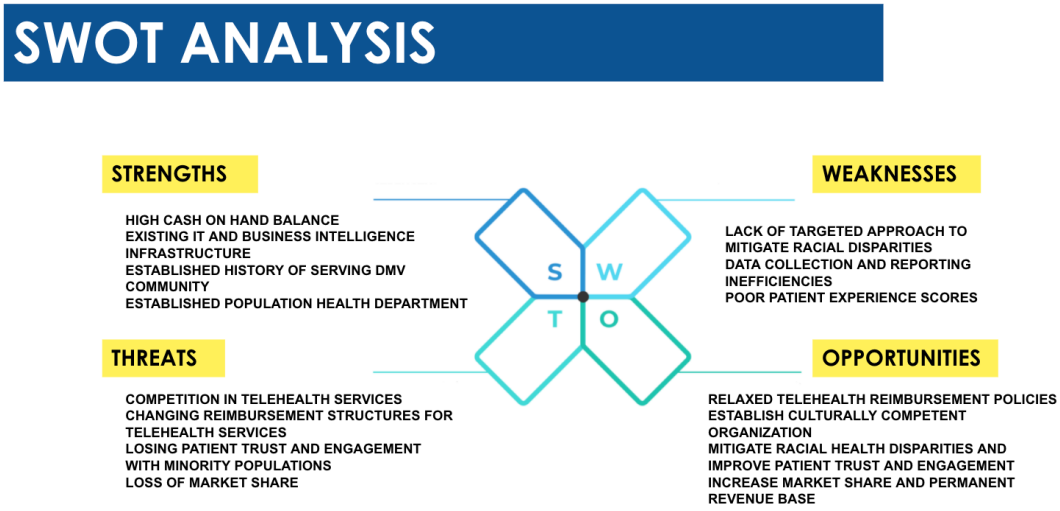

Figure 2: Strengths, Weaknesses, Opportunities, Threats Analysis of AHC White Oak Medical Center.

Through our internal assessment of Adventist HealthCare, we concluded that a targeted approach to mitigating racial disparities aligns with its goals of financial sustainability, growth and expansion, improved population health, improved patient safety and quality, and being the best place to work and grow.

Despite the ongoing COVID-19 pandemic, Adventist HealthCare has managed to nearly double their cash on hand as a result of improved revenue cycle collections and CARES Act funding. This can allow Adventist HealthCare to have the bandwidth to make investments into improving racial healthcare disparities. Additionally, Adventist HealthCare already has well established IT, Business Intelligence, and Population Health departments so the high cost initial

investments into these departments are something it has already dealt with. Although Adventist HealthCare has existing departments to address racial disparities, it has had a lack of a targeted approach to improving them. COVID-19 has put a spotlight on the existence of racial disparities, and this must be a priority moving forward. As part of the lack of targeted approach, Adventist HealthCare does not efficiently utilize its data capabilities. Real time data can be collected through their established data warehouse and can inform community health interventions. Dashboards by metrics such as ZIP code, race, medical conditions, and service line utilization should be used routinely to evaluate racial disparities.

Adventist HealthCare has the opportunity for increased cost savings, improved market share, and high patient engagement and should consider proposals to improve racial disparities. COVID-19 has quickly forced other health systems to roll out measures to alleviate racial disparities and can allow them to improve trust within the community thereby attaining market share. Adventist HealthCare has the capabilities to mitigate disparities with its strong, established corporate structure and should take advantage of this.

External Assessment

Adventist HealthCare operates in a unique regulatory environment. On January 1, 2014 Maryland instituted a new healthcare model called the All-Payer Model for hospitals, which transitioned the state's hospital reimbursement structure to an annual, global budget revenue that encompassed both inpatient and outpatient hospital services. (Haber et al., 2019)

The All-Payer Model was built on the existing hospital rate-setting system that has been in place since the 1970s. This model operated through an agreement with the Centers for Medicare and Medicaid Services (CMS) and exempted Maryland hospitals from Medicare's Inpatient Prospective Payment System and Outpatient Prospective Payment System. Maryland had to accomplish several things over a time period of 5 years including- limiting all-payer per capita inpatient and outpatient hospital growth to the previous 10-year growth in GDP, generating $330 million in savings to Medicare based on Medicare total hospital cost growth rate per beneficiary compared to the nation, reducing the 30-day readmission rate to the unadjusted national average, and reducing the rate of potentially preventable complications by 30 percent. (Haber et al., 2019) CMS monitored progress meeting the terms of the agreement each year and could end the agreement at any moment if the state was not in compliance.

Operating in this unique regulatory environment, Adventist HealthCare has advantages to implementing a plan to mitigate racial healthcare disparities. The Global Budget Revenue model is a unique model in that hospitals are conscious of the revenue they are allowed to charge patients. Adventist HealthCare White Oak Medical Center has a permanent revenue base of about $300 million. The Global Budget Revenue model creates incentives to keep costs of healthcare services down such that Maryland can achieve the promises made to CMS. Hospitals have a significant incentive to reduce costs because in this environment profit is driven by cost management rather than increased volume. Given that cost savings has such an impact on profit, Adventist HealthCare has an enormous opportunity to reduce potentially avoidable utilization by addressing racial healthcare disparities.

Healthcare disparities are prevalent in Maryland. Montgomery county consists of 45% of White population and has 55% of minority population which includes around 20% of African Americans and 18% Hispanic and 15% Asians. Prince Georges has a 63% African American population and only 18% White population. Both the counties are dominated by minorities and according to a report from 2010 African Americans and other minorities except Asians are underrepresented in the physician workforce. (Baquet et al., 2013) A survey conducted from 2004 to 2008 in Maryland shows that minorities compared to White communities had higher chances of not having health insurance with Non-Hispanic and African Americans having over two times higher chances of not having health insurance coverage and around five times higher for the Hispanic and Latino population. It was also reported that minorities had higher chances of not being able to afford care in previous years compared to white population. (Baquet et al., 2013)

As a leader in medical services for both PG and Montgomery County, Adventist HealthCare needs to take targeted steps towards racial health equity.

Approach and Conceptual Framework - DMAIC

Our approach for Adventist HealthCare was carefully considered. Adventist HealthCare operates under the Baldrige Excellence Framework and has a strong focus on the DMAIC process, so our team took a similar approach. The four steps to our proposal are

Defining the Problem

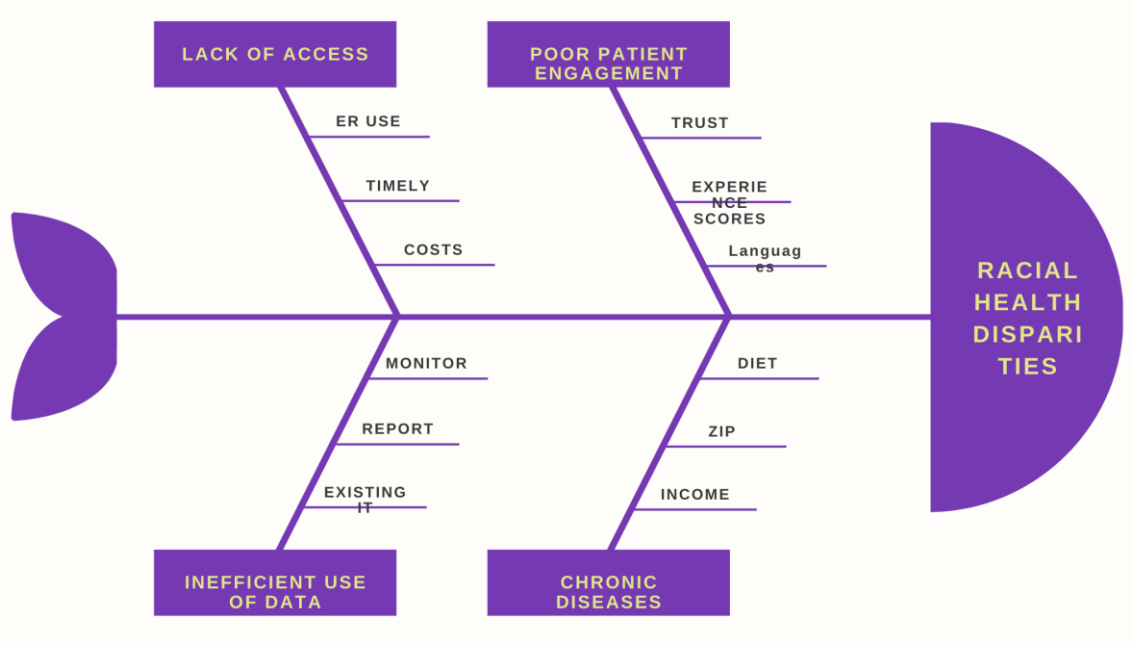

Figure 3: Fishbone diagram to identify root causes of racial health disparities.

Measuring

Health Disparities can be measured in many different ways. We focused on Health Disparities that arise due to racial inequality because Adventist HealthCare has its major operations in Prince George County and Montgomery County which are dominated by minorities. We used data gathered from Adventist HealthCare, COVID-19 data from the State of Maryland. Focusing on

mortality rates by race, utilization of medical services by race at AHC hospitals, patient experience data for White Oak Medical Center, chat bot capabilities, telehealth capabilities of AHC were some of the areas we worked on and measured the impact these things have on healthcare disparities.

Analyzing

We performed various analyses to look more into data and the problems in racial health disparities. The results were consistent with national data and high-level trends.

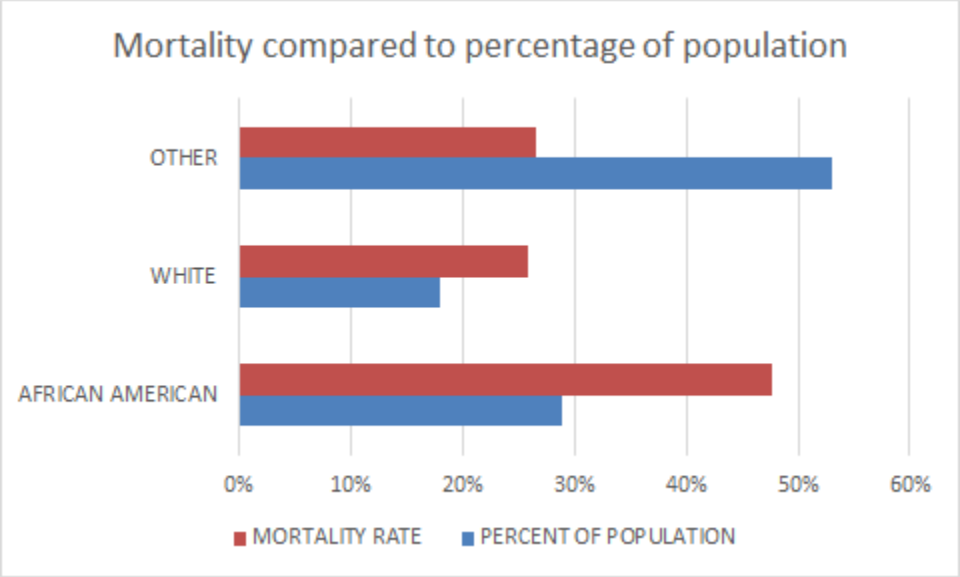

Figure 4: Mortality rate compared to percentage of population.

The first analysis was conducted using primary data for the mortality rate of patients that had healthcare services at AHC White Oak Medical Center from 2018 to 2019 and the results showed that although the African American constitute 28% of total population data, the mortality rate is much higher at 47%. The analysis suggests that mortality rate is not equitable among races and is higher in minorities compared to White population.

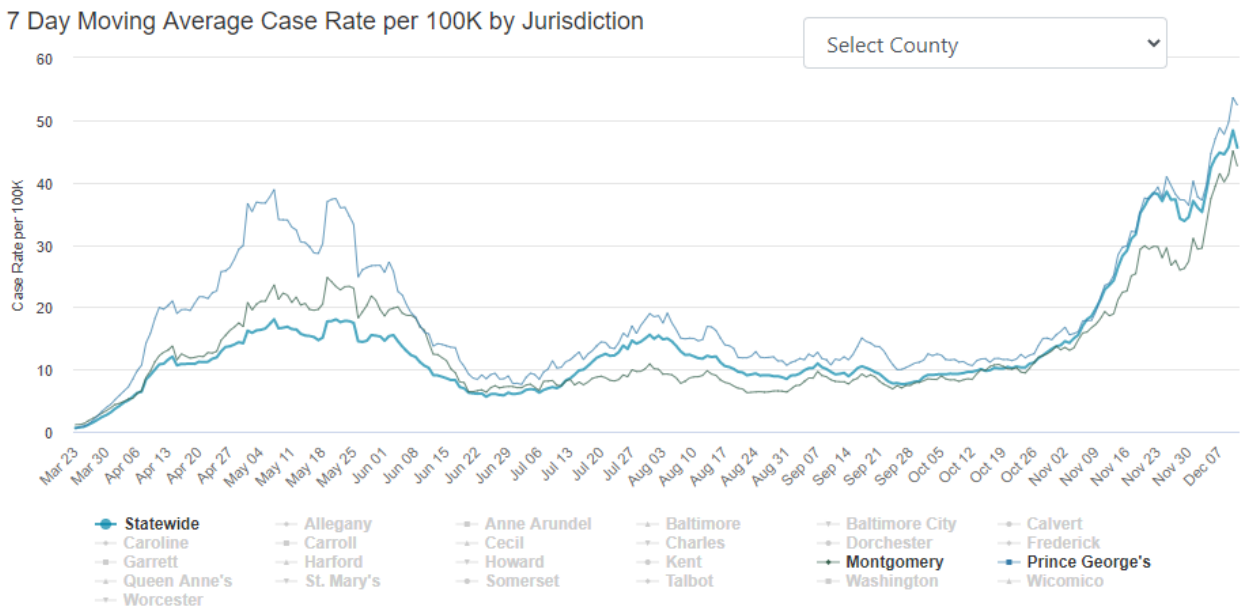

Figure 5: 7 Day Moving Average Case Rate per 100K (Maryland Department of Health, 2020)

Second analysis was conducted on COVID-19 data by comparing the 7-day moving average positive COVID cases per 100k population. The results showed that Montgomery and Prince George county have a higher moving average throughout the pandemic compared to the state average. Both counties are dominated by minority populations and experience a higher number of COVID cases compared to the state. The results help us understand that race is one of the important factors that leads to health disparities.

Implementation of Solutions

Adventist HealthCare has a commitment toward improving patient health outcomes across different segments of population. Its mission to combat racial disparities is only stifled by incomplete patient information profiling using technology. Though it has made strides in improving this problem, our team believes that with a strategy focused on utilizing data in a suitable way, further progress can be made toward this cause. As a strategic consulting firm, we put forward a four-pronged approach aligned with AHC's vision and mission to fight disparities. Our solution is built at the intersection of technology, cultural competence, patient awareness and inclusion.

Literature Review - Lessons Learned from Other Health Systems

In order to create tailored solutions to Adventist HealthCare, we critically evaluated other healthcare systems' approaches to mitigating health disparities in order to identify opportunities, challenges to implementation, and lessons learned. We analyzed public articles that discussed different cases of healthcare institutions that achieved measurable results in reducing healthcare disparities.

Dyrda discusses some of the organizations who have used different approaches to deal with the challenges (Dyrda, 2020). These organizations have known about the consequences of healthcare disparities and have used technology to collect data to improve the care. For example, Mass General Brigham (Boston) has ensured that technology is used in a way that no community is left behind just because they cannot access that technology. They are using text messaging and mobiles to reach out to multilingual patients and help them with the COVID education. (Dyrda, 2020) Moreover, CommonSpirit Health (Chicago) also believes in a similar concept that Technology can help them deal with inequities and can work well if it's part of collaborative and community-based effort. They are working on creating community-based referrals by creating networks. Bringing all community members together into a network would create a good experience for patients. (Dyrda, 2020) Kaiser Permanente believes that to address health inequities, they must also focus on nonmedical factors that influence people's health, including basic social needs such as housing and food security, transportation access and reliable childcare. Similar techniques can work for Adventist considering that it has similar outreach and size, but there will be some limitations. The project will only be successfully accomplished if there is support from government, other health organizations, health agencies, schools, foundations, and other community organizations.

A couple of cases in (L&M Policy Research, 2016) discusses how organizations have focused on cultural awareness and inclusion with the help of technology. Management at the Frederick Memorial Hospital actively gathered more data for different races and ethnicities and came up with initiatives to help the Hispanic community, especially people with conditions like inability to hear or speak. Highmark Health, apart from collecting all types of data, integrated it seamlessly with other departments workflows so it would be easier to access the data and reduce the burden of employees. They focused on community outreach by collaborating with community leaders such as church leaders by starting "Take Care of My Heart" which was so called a faith-

based learning collaborative to focus on improving cardiovascular health of the African American community. Adventist is already collecting the data demographics data and has a Business Intelligence team. With some effort they can come up with initiatives for community engagement, population health management, cultivating trust and engagement with the community and encouraging appropriate utilization of healthcare. However, this project could take a lot of time and resources to be accomplished.

All these organizations were able to achieve results in addressing healthcare disparity issues. From robust data collection to mandating employees undergo annual cultural competence training, efforts primarily focused on interventions within the walls of clinical settings. While this work is warranted and progress has been made, it's clear there's so much more to do. Based on the above approaches and our research on technology, we devised technology-based methodologies that can be implemented by Adventist HealthCare to address systemic racial inequity.

To summarize, the lessons that we can take from our assessment of the healthcare organizations are that before implementing a technical solution to plug the quality gaps, it is important to raise awareness and reach out to the community. All these institutions invested a lot of time and effort into developing standardized practices to engage with minority communities. This aids in data collection essential for implementation of technical solutions. Some of the organizations managed to achieve great results from these solutions. A key factor is to utilize technologies that all communities have access to. Before proposing our solution to AHC, we summarized lessons learned into: Implementing Culturally Competent Approach, Robust data collection and integration, hiring specialized staff, educating internal and external stakeholders on disparities and Community Engagement and Outreach.

Proposed Customized Solutions

The four pillars of our proposed solution are **Cultural Competence, Awareness and Education, Data Analysis, and Community Engagement and Outreach.**

The two major counties Montgomery and Prince Georges have a higher concentration of African American and Hispanic members. We propose to utilize geo-targeting to include these communities, using census data available in the public domain. Existing business intelligence capabilities at AHC can be utilized as a secondary retrospective source. Our team will create a dashboard that incorporates this geodata to bring out inconsistencies by region in these communities.

To understand patients and their views, DisparIT builds its services around bringing organizational change by emphasizing inclusion and building trust. Interpreters are provided by us and available to patients for in-person and tele-appointments. Moreover, patients are provided with educational information on issues prevalent in their demographic from the geodata and data from AHC. For example, as shown in Figure 4, the populations with higher mortality will be briefed on this statistic. They will be made to understand the factors that are playing against them, such as the lack of utilization of interactive healthcare and telemedicine services.

One way we leverage technology in our solution is the use of an automated chatbot to improve communication channels. It is an application that uses survey forms to collect relevant data from patients. The chatbot will be a part of the user interface on the AHC website. Screening questions that address Social Determinants of Health (SDOH) are a part of the chatbot. A community's health is not only dependent on its members' health, but on their environments (schools, workplaces, neighborhoods) and conditions (social, economic, physical), as outlined in SDOH. This preliminary information will allow AHC to better assess its patients and use its resources fruitfully. The chatbot increases collaborative care and shows patients that AHC cares.

AHC already has a chatbot, but its offerings are not in line with current needs. The pandemic has brought out disparities and has underscored the importance of eliminating disparities like never. Our chat bot enquires about COVID-19 testing, whether it is done by the patient, and suggests appropriate steps to be taken. The chatbot takes in symptoms from concerned patients and advises them to come in for a consultation or use telehealth services, thus increasing patient safety. If a patient has tested positive for a disease, say COVID-19, they are advised to self-quarantine and avoid unwarranted emergency visits (they can use one of the kiosks). The patient

invoice and estimated visit cost is shown to the patient based on their input. A patient can search up a physician in the AHC network and book a consultation.

We utilize a framework for retrospective data collection stratified by certain factors. The BI data warehouse at AHC is a valuable tool for this. We will utilize historical data of patients from identified minorities to use in our dashboard. We recommend AHC to conduct a Community Health Needs Assessment (CHNA) if needed. This data is used to create pop up wellness clinics/kiosks at high-risk zip codes.

On the telehealth front, we plan to optimize existing telehealth services to address racial disparities with attention to access to care, cost of care on both provider and consumer sides and quality of care. This includes installation of tech kiosks in supermarkets, schools, etc. These are equipped with cameras, blood pressure cuffs and thermometers. Within minutes, a user is connected to a certified physician, saving lost productivity in travelling, and costs from avoiding unnecessary urgent care visits. (These kiosks are in compliance with COVID-19 guidelines) (Galewitz, 2016). Another aspect of telehealth is remote patient monitoring- consultations from home at the convenience of patients. We market the availability of telehealth options across multiple communication channels, increasing AHC's reach to vulnerable patients. To use limited resources wisely, the collected data is used to tailored outreach based on patients' demographic information.

Automated text/emails and personalized messages are used to help patients identify benefits they are eligible for. Along with that, newsletters are used to provide the latest information to AHC's members. Emails and text messages are used to tailor care down to individual patients.

A machine learning team is hired to supplement the business intelligence unit at AHC to predict disparities and help the uninsured. Approximately 6.0% of the six million Maryland residents are uninsured (United States Census Bureau, 2010). Based on this, customized plans can be provided to them. The team will develop content aimed at filling the knowledge gap of individual patients.

Measures of Success

For our proposal to be successful, our team has created metrics to monitor progress and manage risk. We want to ensure Adventist HealthCare is able to monitor and address problems by establishing incremental targets for key performance indicators.

Goal 1 - Increase engagement and satisfaction of chatbot services.

Objective 1.1 - Achieve 80% satisfaction of chatbot services over two years.

Objective 1.2 - Increase utilization of chatbot services by 25% over two years.

Key Performance Indicators - Survey after chatbot interaction, utilization of services, chatbot utilization time, monthly report of trends.

Goal 2- Improved population data collection and utilization.

Objective 2.1 - Achieve 90% population data over two years.

Objective 2.2 - Use population data to improve proposed solutions according to trends.

Key Performance Indicators - Measure the quality of the data by looking at consistency and completeness, representativeness of data by comparing hospital population data with the census data where AHC operates.

Goal 3 - Increase access to healthcare and quality of services provided.

Objective 3.1 - Decrease Emergency Department Utilization for African American Population by 10% over two years.

Objective 3.2 - Observe measurable cost savings over two years.

Objective 3.3 - Identify and reduce ED Utilization by ZIP Code

Key Performance Indicators - Retrospective ED Utilization, Monthly Dashboard of Potentially Avoidable Utilization, P&L monthly, Medical Services by Demographics

Implementation and Integration Plan

To successfully implement our proposal, Adventist HealthCare also needs to consider how it will integrate it within their organization. We want to ensure that Adventist HealthCare can seamlessly integrate our proposed solutions and have a four-step plan to ensure success - Organizational Awareness and Approval, Documents and Materials Procurement, and Communication Plan.

Step 1 - Organizational Approval and Awareness

This step should be to approve the cost of the proposal and initial investment and identify stakeholders that need to be aware of the changes proposed. Healthcare staff buy in is crucial to ensure that change can be made. Stakeholders should have access to reporting and relevant updates. The implementation timeline should be finalized within this stage and a "Go Live" date should be selected.

Step 2 - Documents and materials Procurement

Training forms and materials related to marketing should be procured within this stage. Furthermore, documents related to reporting should be given to key stakeholders.

Step 3 - Communications Plan

Our team will create talking points for relevant health system leaders to communicate to both clinical and non-clinical staff. For the first few months we will establish a newsletter summary such that employees feel included in the process. Finally, we will schedule briefings to ensure teams are able to stay informed.

Conclusion

To address the issue of racial health disparities in the area where Adventist HealthCare serves, we proposed inclusive solutions which consider the community and use technology and data to reach every individual from different communities. After successful implementation of our solutions we expect reduction in health disparities due to race in a period of two years.

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