

Equitable Health Systems Funding Opportunity

Decreasing Health Disparities: Data Collection and Analysis

Because the health care system is undergoing a sweeping shift driven by rising costs, poor outcomes, and federal reform, it is moving away from traditional reimbursement methods built on individual payments for each medical service to a concept called value-based care. Value-based care is meant to encourage population health improvement and keep people out of the hospital.

The movement toward value-based care takes many forms in North Carolina. Networks called Accountable Care Organizations work to integrate groups of doctors, hospitals, and other health care providers to deliver high quality, coordinated care to a defined patient population such as Medicare recipients. Attempts to transform the health system also are reaching into neighborhoods to coordinate clinical care with social services and community-based organizations. This model is referred to as Accountable Care Communities. Accountable Care Communities aim to address some of the underlying drivers of poor health outcomes such as food insecurity, substandard housing, inadequate transportation, and interpersonal violence.

The Trust has an overarching goal of achieving equitable health outcomes. During the implementation of value-based care over the next several years, we want to ensure people with low incomes and people of color are directly engaged in reform efforts and have an equitable opportunity to enjoy improved health and well-being.

The largest experiment implementing value-based care in North Carolina that most impacts low-income communities is the remaking of the state's Medicaid

program. Medicaid is a joint state and federal program that pays for the care of approximately 2 million North Carolinians, or about 20 percent of the state's population. Most Medicaid recipients are children, pregnant women, seniors, and people with disabilities. Value-based care and Medicaid reform hold the promise to provide better care at lower costs. But a change of this size and scale also can reproduce or exacerbate the deficiencies and disparities of the current structure.

Goal

Leverage payment reforms and value-based care implementation to narrow systemic racial and ethnic inequities in health outcomes.

Strategy

Conduct community-based evaluation, research, and planning that engages residents in the process to collect data, identify gaps, and determine best practices to address goals

Timeframe

Call-by date: **September 20, 2022**

Application deadline: : **October 13, 2022**

Geographic Focus

Statewide

Opportunity Details

The Trust is interested in hearing from applicants who can independently collect and analyze data to understand how the shift to Medicaid managed care is impacting patient outcomes. This work could follow particular populations or conditions such as maternal health or chronic disease management. Potential grantees could also analyze data systems or algorithms used to shape services for vulnerable residents. We are especially concerned about how reform is impacting racial, ethnic, and geographic inequities in health. The Trust may support several approaches to this analysis. Applicants should be able to

communicate about their research in ways that are digestible to the general public.

Contact

To schedule a conversation about this opportunity, please contact Senior Program Officer Madison Allen for an initial consultation at madison@kbr.org or 336-816-7039