Advancing Equity through the DC Health Benefit Exchange

William Borden, MD
Chief Quality & Population Health Officer
Interim Chair of Medicine

GW Medical Faculty Associates

Tremendous burden of cardiovascular disease

- Cardiovascular disease (CVD)
  - *Heart attack*
  - *Stroke*
  - *Peripheral artery disease*

- CVD leading cause of death in U.S.
  - *Nearly 1 million deaths in US, 19 million worldwide (2020)*
  - *More lives lost than all forms of cancer and chronic lower respiratory disease combined*
  - *CVD accounted for 12% of US healthcare costs 2018-2019*
  - *High financial burden linked to forgoing or delaying care in heart disease patients*

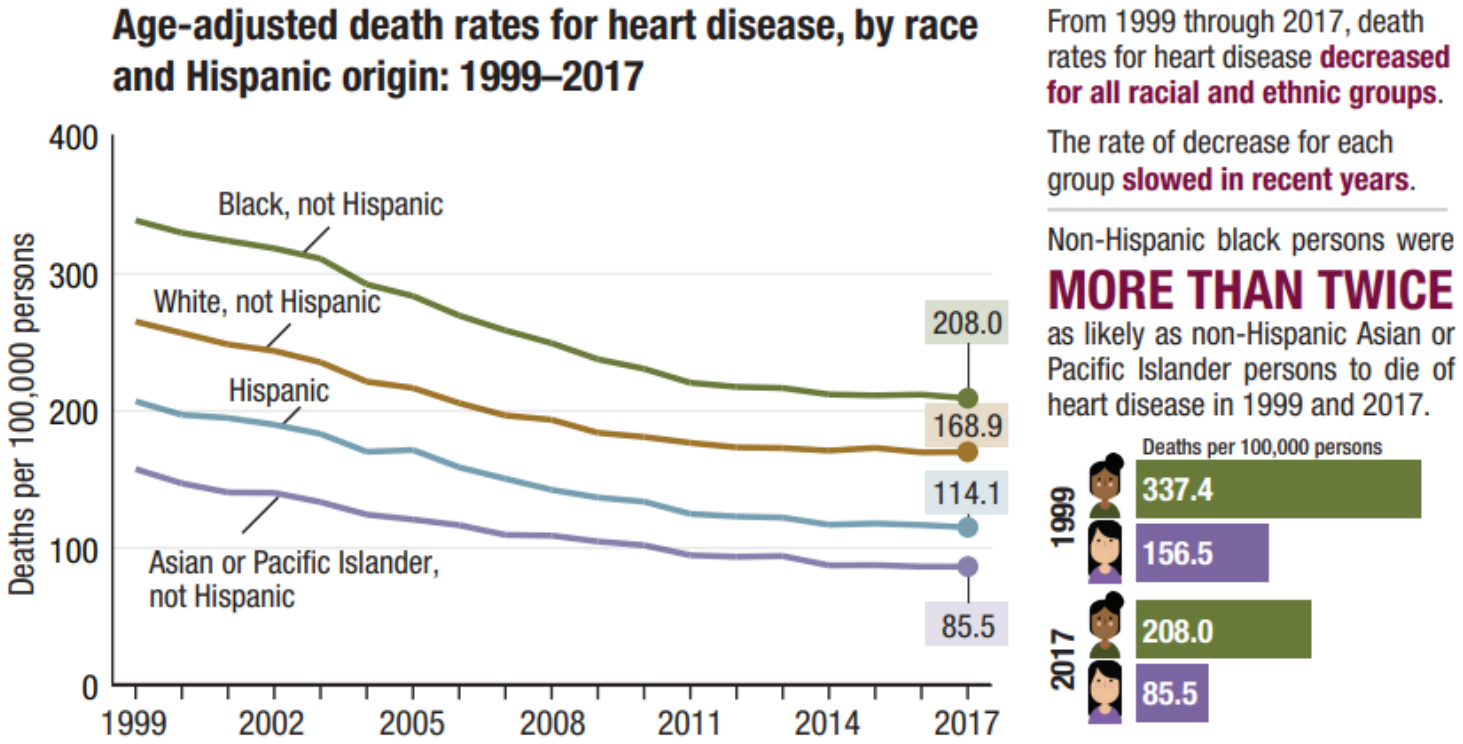
- American Heart Association, Heart Disease & Stroke Statistics, 2023
- Bernard D, Journal of the American Heart Association, 2019.

CVD risk factors are common

- Smoking
- High Cholesterol
- High blood pressure
- Overweight/obesity
- Diabetes
- Physical inactivity
- Nutrition
- Sleep

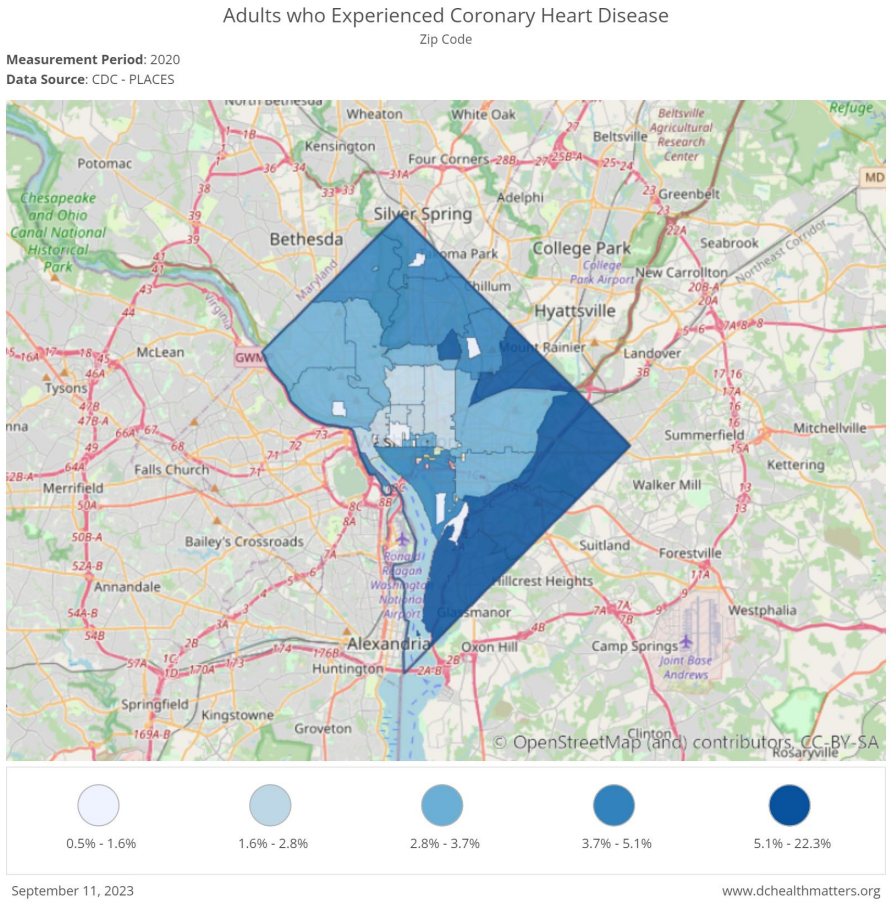
- American Heart Association, Heart Disease & Stroke Statistics, 2023

Disparities in CVD exist nationally



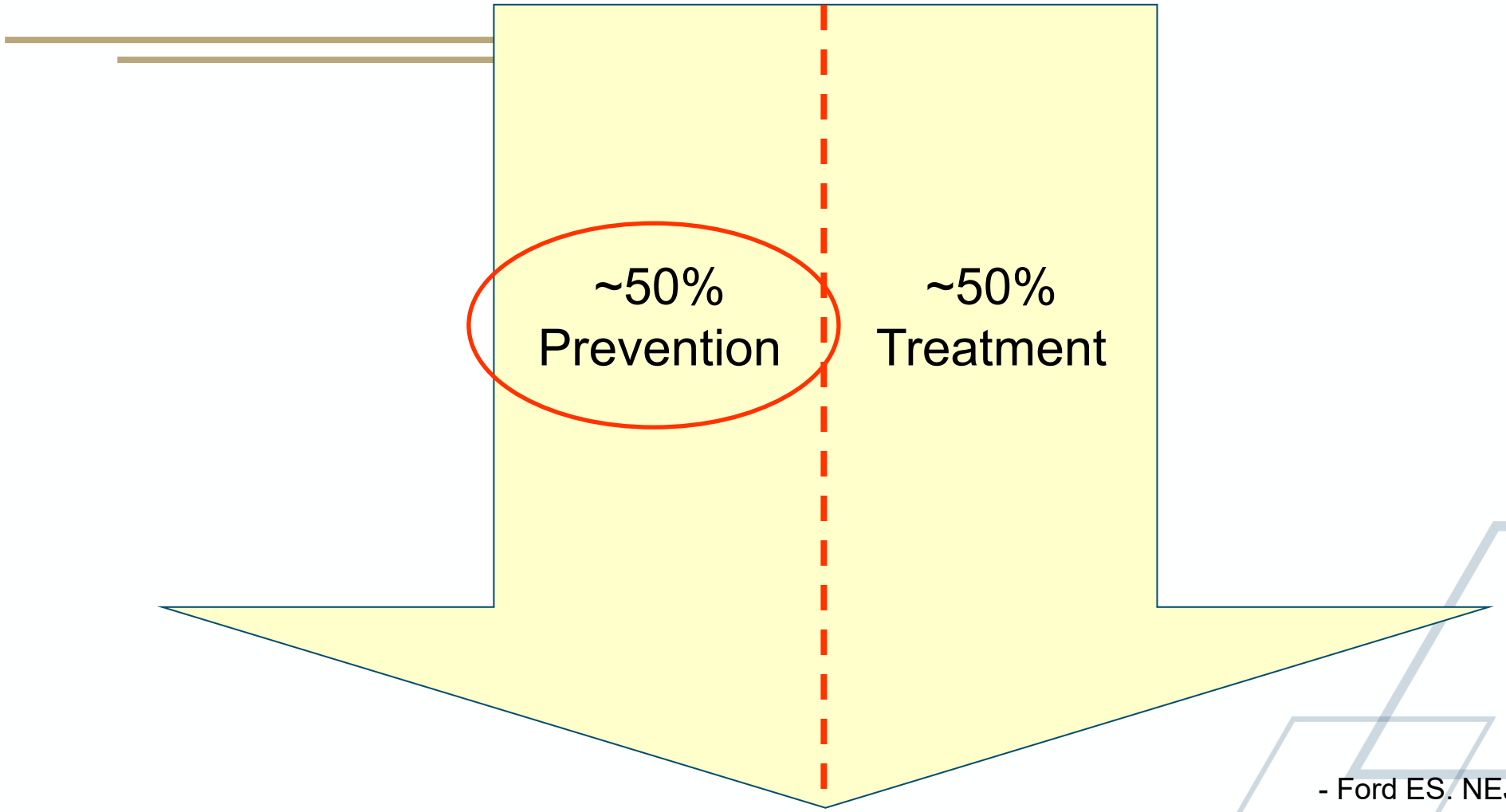
- Centers for Disease Control. Health, United States Spotlight: Racial and Ethnic Disparities in Heart Disease, April, 2019.

Disparities in CVD exist in DC



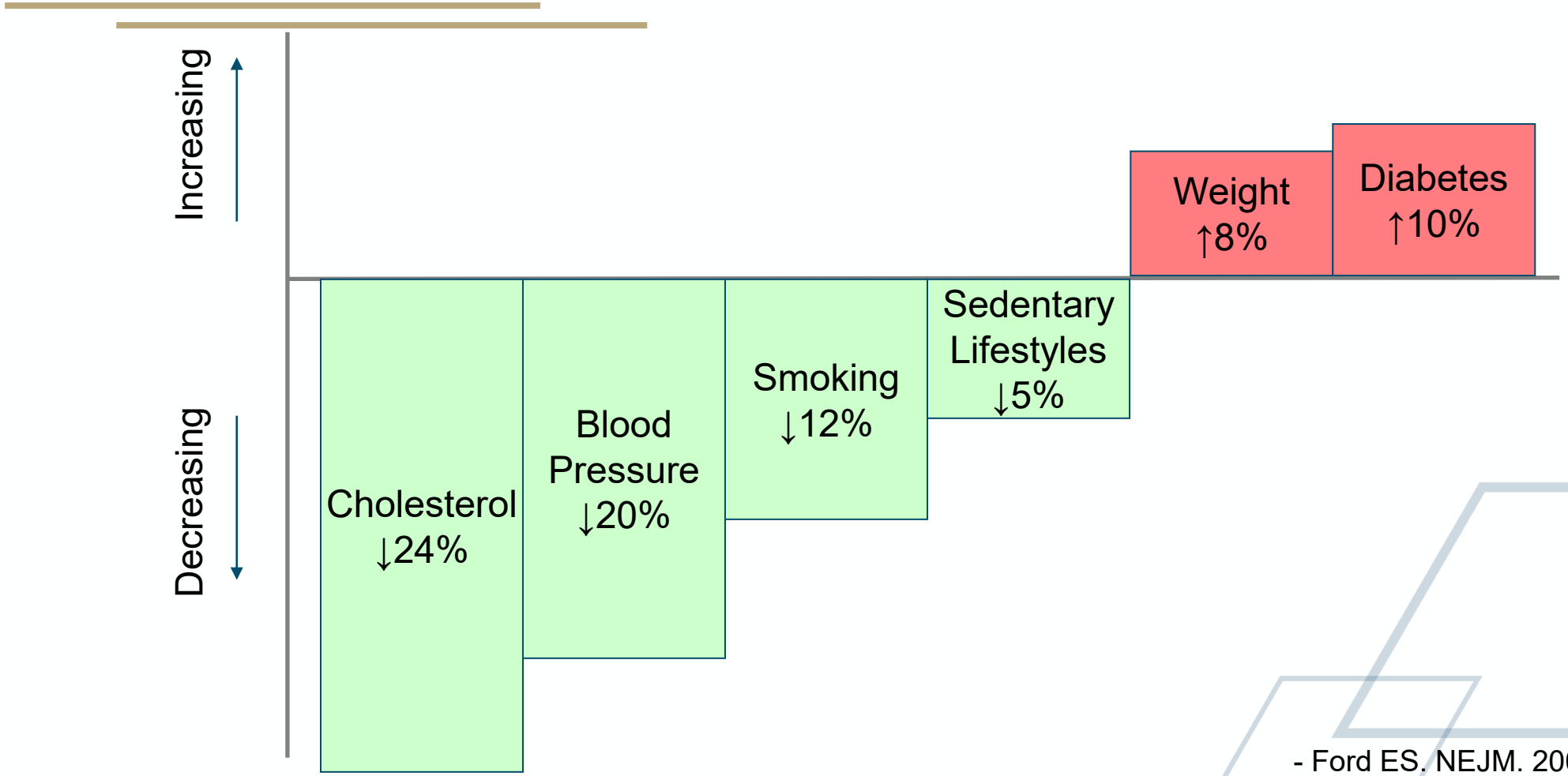
- DC Health Matters, 2023

50% Reduction in MI Deaths



- Ford ES. NEJM. 2007.

Decrease in Heart Disease Deaths



- Ford ES. NEJM. 2007.

Eliminating co-pays after heart attack

- Patients after heart attack prescribed heart medicines, and randomized to:
  - *Full prescription coverage*
  - *Usual prescription coverage*
- Outcomes
  - *Better medication adherence*
  - *Same in primary endpoint (first major vascular event or revascularization)*
  - *Fewer major vascular events or revascularization*
  - *Fewer first major vascular events*
- No increase in total spending
  - *Patient costs decrease*

- Choudhry NK et al, New England Journal of Medicine, 2011.

Giving payment vouchers after heart attack

- Patients after heart attack prescribed anti-platelet medicine, and randomized to:
  - *Voucher for prescription coverage*
  - *Usual prescription coverage*

- Outcomes
  - *Better medication adherence*
  - *No significant improvement in patient outcomes*

- Wang TY, et al. JAMA, 2019.

Eliminating co-pays for patients at high risk

- Patients with high cardiovascular risk, and randomized to:
  - *Full prescription coverage*
  - *Usual prescription coverage*
- Outcomes
  - *Better medication adherence*
  - *No significant improvement in patient outcomes*
- No increase in total spending

- Campbell DJT, et al. Circulation, 2023.

Summary

- High burden of cardiovascular disease with inequities
  - *Effective interventions to prevent and treat CVDs*
- Randomized clinical trials of limited medication cost reduction
  - *Modest improved adherence*
  - *No overall improvement in outcomes, though some suggestions*
  - *Disconnect between adherence and outcomes may be due to impact size and cost related*
  - *Needs more study in patients with low income and as intervention to improve equity*
- Overall impact of combined reduced cost-sharing on outcomes and equity may be beneficial
  - *Medications, visits, procedures, tobacco cessation, home BP monitoring, cardiac rehab*

Thank you

William Borden, M.D.
wborden@mfa.gwu.edu