hfma

VIRGINIA-DC HFMA 2025 FALL CONFERENCE

Health Equity Data

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Learning Objectives

1. Explain the impact of Social Determinants of Health (SDOH) on patient access, engagement, and financial outcomes.
2. Assess how current revenue cycle and patient financial processes can either mitigate or exacerbate health inequities
3. Apply practical strategies within their daily workflow to promote health equity and improve the patient financial experience

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Who is Responsible for Health Equity?

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An All too Common Story

Let me introduce you to Brenda…

1. Single Mother of 2
2. 35 years of age
3. Working 2 jobs to support her children.

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An Analysis

Without pointing fingers… who was responsible for this preventable death?

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An Analysis

Without pointing fingers… who was responsible for an amenable death?

The Health System?

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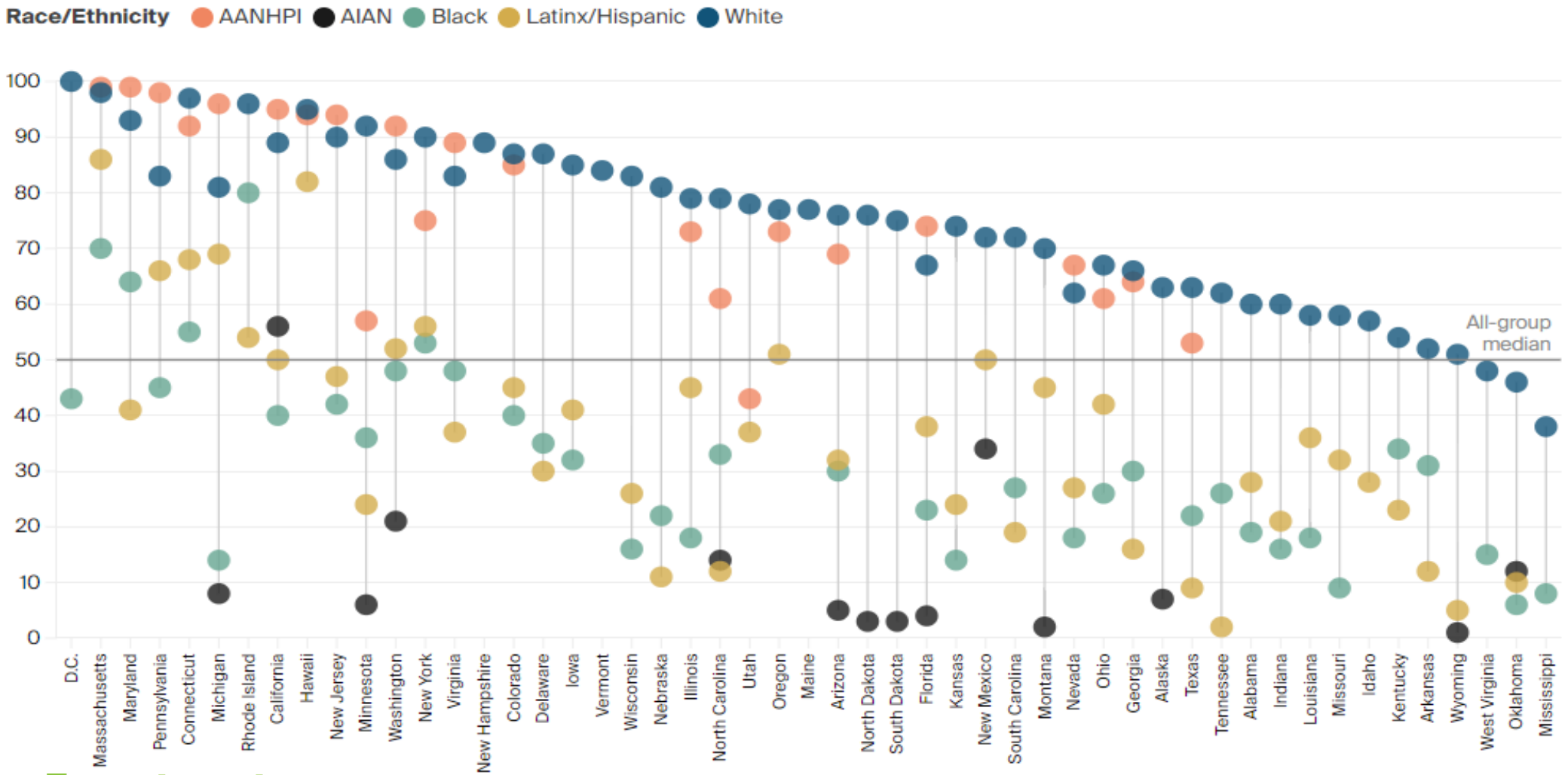
Health System Performance Scores



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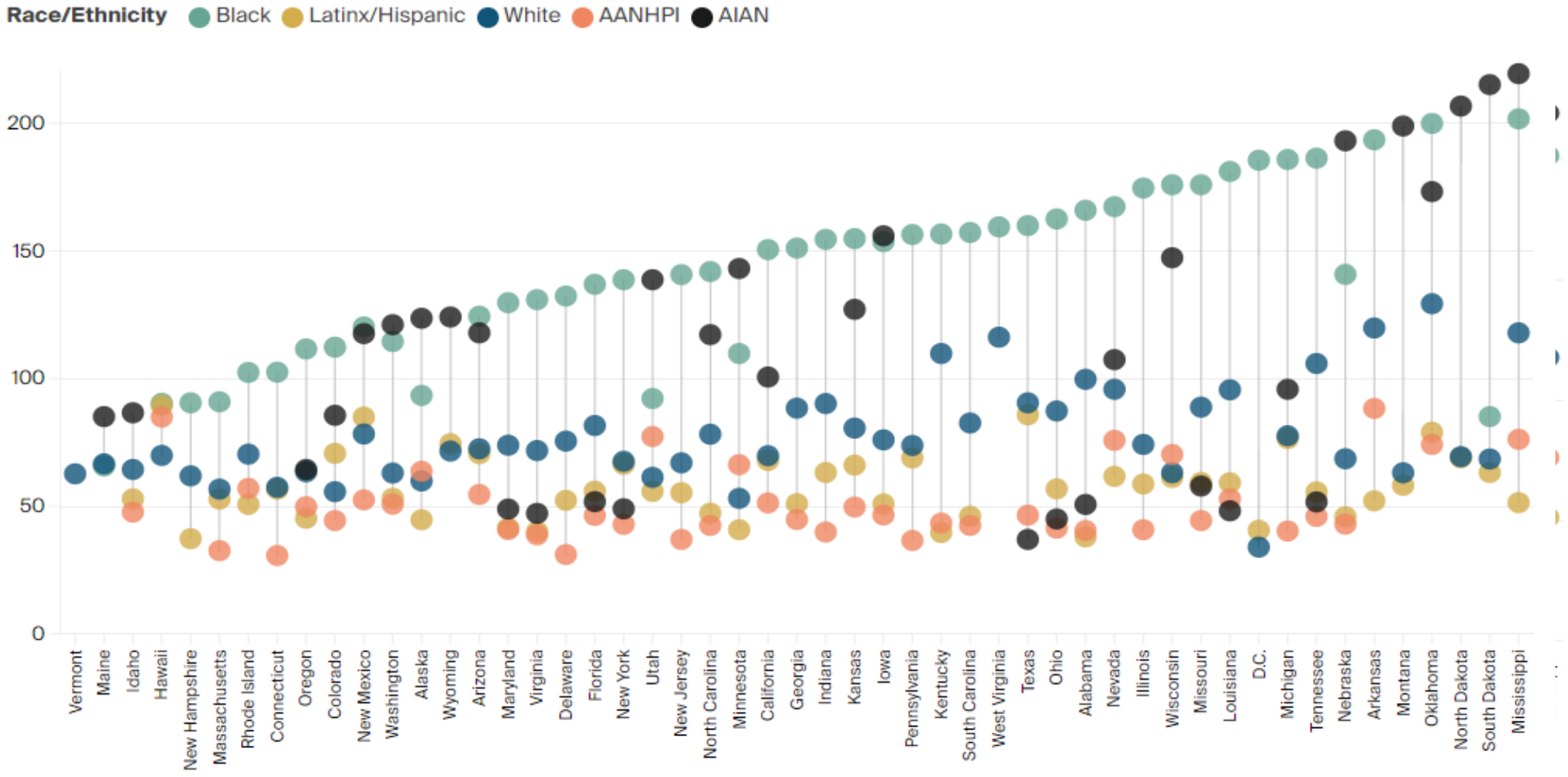
Mortality Amenable to Healthcare



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An Analysis

Without pointing fingers… who was responsible for an amenable death?

The Health System? … I used to be here.

Insight- If performance Scores do not have a 1:1 correlation to outcomes, it cannot be considered the sole responsibility of the provider or health system to manage patient outcome.

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An Analysis

Without pointing fingers… who was responsible for an amenable death?

So… the patient is responsible for their care… right?

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An Analysis

Without pointing fingers… who was responsible for an amenable death?

So… the patient is responsible for their care… right?

Not So Fast… a few data points may help.

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We Can’t Turn a Blind Eye

- On average, 18,000 mortalities are the result of a non-terminal condition with medical intervention.
- 75% of uninsured adults under the age of 65 went without treatment due to fear of medical debt.
    - Where do these patients go when there is a need…
- Think of Brenda’s story…
    - She could choose working or debt
    - She could choose food or debt
    - She could choose housing or debt.

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Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF
HENRY J KAISER FAMILY FOUNDATION

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An Analysis

Insight- The patient is responsible for their care?

Any pressure in Economic Stability, Physical environment, Education, Food, or Community is putting pressure on the patient, you can beg and plead with the patient to set a follow up appointment and they will not go…

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An Analysis

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So, What do we do!?

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Reimagining Our Roles

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The Price of Greatness is Responsibility

Sir Winston Churchill

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Let’s Turn This Around…

What is the financial impact to Health Systems due to the high cost of care and fear of medical debt for uninsured patients?

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Let’s Turn This Arounds…

What is the financial impact to Health Systems due to the high cost of care and fear of medical debt for uninsured patients?

1. 60-70% of uncompensated care is attributed to uninsured patients
2. 50-55% of uninsured, uncompensated care comes through ED Services
3. Less than 25% of uninsured patients make a follow up appointment
4. 2.2 = The average number of visits to the emergency room per uninsured patient.

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Average financial loss of $2,400 per ED visit = 2-3% NPR loss (total loss per hospital due to uncompensated care is 5-6% among all departments)

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Let’s Turn This Arounds…

Average financial loss of $2,400 per ED visit = 1-4% NPR loss (total loss per hospital due to uncompensated care is 5-6% NPR among all departments)

- If ED visits account for the majority of uncompensated care, is it not reasonable to assume that unscheduled care = uncompensated care?

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The Hard Truth

- As a population health leader, it was easy to discuss the importance of leveraging data to increase health outcomes.
- The cold reality… closing care gaps is never possible if the patient does not schedule the appointment.

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- As a population health leader, it was easy to discuss the importance of leveraging data to increase health outcomes.
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- Perhaps the new role of the health system is in removing obstacles to meet the health needs of their community!

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Practical Steps to Better Patient Access

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Making a Real Difference

1. Patient Education, advocacy, and unnecessary patient debt

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Eliminating Unnecessary Patient Debt

We find that more than 15% of Patient Responsible accounts assigned to Salud Revenue Partners have patient balances that can be reduced or eliminated.

Some of the components of our workflow:

- Insurance verification and discovery
- Diagnosing billing errors
- Qualify: this helps fund patient pharmacy debt (through philanthropic avenues) for high-end oncology patients and other high-patient balances
- Presumptive charity care
- Applying appropriate discounts

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Making a Real Difference

1. Patient Education, advocacy, and unnecessary patient debt
2. Bullet-Proof Billing Processes
    1. Denial Management
    2. Underpayment Reviews
    3. Collection Improvement…

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Making a Real Difference

1. Patient Education, advocacy, and unnecessary patient debt
2. Bullet-Proof Billing Processes
3. Philanthropic Partnerships

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Making a Real Difference

1. Patient Education, advocacy, and unnecessary patient debt
2. Bullet-Proof Billing Processes
3. Philanthropic Partnerships
4. Community Partnerships
    1. SDOG Advocacy and Programs
    2. FQHC partnership- Direct line to patient advocacy and prevention

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Thank you!

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