

all in⁷

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All In Chicago: Addressing Health Inequities in Chicago

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One of the most impactful and alarming statistics reported by Dr. Derek Robinson during our All In Chicago conference on November 8, 2017 was that life expectancy can differ by as much as 16 years if you travel only CTA train line stops that separate downtown from Washington Park.



Image Source: VCU Center on Society and Health & the Robert Wood Johnson Foundation

The span of a few miles demonstrated vast differences in a person's quality of life based on their neighborhood. So what is the cause of this difference in health? According to Dr. Robinson, health disparities between neighborhoods are rarely due to a single cause; they are influenced by multiple factors such as opportunities for education and jobs, safe and affordable housing, availability of nutritious food, places for physical activity, clean air, and access to health care, child care, and social services.

Dr. Robinson is the Vice President of Enterprise Quality and Accreditation at Health Care Service Corporation (HCSC), the parent company of Blue Cross Blue Shield of Illinois. At the 2017 All In™ Event, Dr. Robinson shared his ideas regarding how health care can address inequities within Chicago. Recently, we had an additional Q&A session with him to continue this conversation.

CommunityHealth: Are you working on any efforts to reduce the number of uninsured?

Dr. Robinson: Blue Cross and Blue Shield of Illinois (BCBSIL) is committed to expanding access to quality, cost-effective health care to as many people in Illinois as possible. We've been the only insurer to participate under the Affordable Care Act (ACA) in every county in Illinois since the beginning, and we are proud to have been selected to participate in [HealthChoice Illinois](#), the state's expanded Medicaid managed care program.

The percentage of U.S. adults without health insurance was 12.2% at the end of 2017, according to [Gallup and Sharecare reporting](#). The uninsured rate rose for all demographic groups in 2017 (except for those eligible for Medicare), but it increased most among young adults, African-American, Hispanics, and low-income Americans. [The Kaiser Family Foundation](#) reports the ACA has reduced the number of uninsured (non-elderly) from 44 million in 2013 to less than 28 million as of the end of 2016 – but the 2017 data show more work needs to be done to increase the equity of insurance coverage.

CommunityHealth note: the number of uninsured is expected to climb again in 2019, when the repeal of the ACA's individual mandate will take effect.

CH: What are some interesting strategies and trends you have seen to combat disparities in Chicago? Are they working?

DR: A broader trend is to quantify the impact of disparities - which is leading to more awareness and urgency to develop programs that improve equity. We [at HCSC and BCBSIL] have worked with analysts to understand the “dollars and cents” impact. For example – it’s estimated that from 2017 – 2022 there will be \$1.3 trillion in direct medical costs each year in the United States tied to health disparities.

One example of fantastic work is the “[Better Health Through Housing](#)” initiative which was presented at All In Chicago by [Stephen Brown](#). Local hospitals have invested in permanent housing for chronically homeless patients to improve their health and reduce their high medical costs. Brown’s evidence really drove it home: it costs \$57 a day for supportive housing – compared to \$2633 a day for an in-patient hospital stay. The [Chicago Tribune](#) , [Crain’s Chicago Business](#) and [WBEZ radio](#) have illuminated the program’s efforts to improve housing for the homeless in a financially savvy manner. Their accomplishments involve a crucial component that is needed to help us achieve health equity: getting people and organizations to think outside of their traditional roles.

CH: The health care industry is increasing their understanding of the role that social and environmental factors have on the health of individuals and their communities. Do you have any suggestions to get the business sector involved and recognize that working toward a healthier Chicago is good for employers and their employees?

DR: I think one of the first steps is to make sure the business sector is aware of the role that the social determinants of health and the health of employees’ dependents play in the company’s productivity. It is too often conveniently overlooked how housing, transportation, and healthy food access can impact businesses competing in a global market because of excessive medical costs caused by health disparities.

We know that improving the health of the population is the right thing to do on an ethical level – it is also important to tie it back to the impact it can have on our economy to engage more corporate citizens and develop meaningful solutions.

I think what makes the All In forum so impactful is that it starts to open people's eyes. It is a gathering of leaders from many different sectors of the city, which seamlessly draws more groups into the conversation. Since the event last year, I have had multiple people reach out to me to learn more. So thank you, CommunityHealth, for stimulating the drive for change.

CH: What solutions (on a national, state, or local level) are needed to address social determinants of health?

DR: I believe that there are a number of well-developed strategies at the local, state, and federal levels that aim to strengthen the social determinants of health. Unfortunately, many of the goals are underfunded. Private insurance companies can play a more substantial role in structuring performance incentives for providers to reduce disparities in care. This can be paired with incentives for patients to perform healthy behaviors and utilize services to close important social gaps. Then providers and payers can achieve greater success together in reducing disparities in overall health.

CH: What does being “all in” mean to you?

DR: Being “all in” to me means **inclusion and enthusiasm**. *Inclusion:* We should all be involved and invested in improving the health of all Chicagoans.

Enthusiasm: We should give our maximum effort.

At Blue Cross and Blue Shield of Illinois, we are taking actions, working with community partners to address many of the disparities that exist – we are innovating in addressing access to transportation, partnering with food pantries and anti-violence programs, mentoring and offering internships to children interested in math and science. We also are starting to use our data to examine variations in health care impacted by access and disparities and working to improve quality metrics.

[Dr. Derek J. Robinson](#) is Vice President - Enterprise Quality and Accreditation at Health Care Service Corporation (HCSC), the nation's largest non-investor owned health insurer, serving more than 15 million members. HCSC operates Blue Cross Blue Shield plans in IL, TX, OK, NM, and MT. Dr. Robinson, a practicing emergency medicine physician, is charged with leading HCSC's clinical quality improvement, quality reporting, and accreditation strategies. He is also responsible for the development and implementation of HCSC's health equity strategy.



Nationally, Dr. Robinson is recognized for his commitment to improving the quality of health care for all Americans. Dr. Robinson is a member of the Quality Rating System (QRS) Technical Expert Panel, the America's Health Insurance Plans (AHIP) Core Clinical Quality Measures Collaborative Workgroup steering committee, National Quality Forum (NQF) Standing Committee on All-Cause Admissions and Readmissions. He was recently appointed to the American Heart Association/American Stroke Association's Diversity Leadership Committee. Prior to HCSC, Dr. Robinson was the

first physician member of the executive leadership team at the Illinois Hospital Association, where he led efforts to improve health care quality and safety for patients across IL. Dr. Robinson is the former Chief Medical Officer for the Centers for Medicare and Medicaid Services (CMS), Chicago Regional Office.

Dr. Robinson is board certified in Emergency Medicine, a Fellow of the American College of Emergency Physicians, and a diplomat of the American Board of Quality Assurance and Utilization Review Physicians. He holds degrees from Xavier University of Louisiana, Howard University College of Medicine, and the University of Chicago Booth School of Business. Following medical school, he completed his residency training in emergency medicine at the University of Chicago. Dr. Robinson is an adjunct faculty member at the Feinberg School of Medicine - Northwestern University and the Indiana University School of Medicine – Northwest. A Fellow of the Institute of Medicine of Chicago, Dr. Robinson is also a member of the Economic Club of Chicago and has been the recipient of numerous awards such as Crain's Chicago Business 40 Under 40, 40 Game Changers Under 40 – Ariel Investments, and Diversity MBA's Top 100 Under 50 Diverse Executive Leaders List.

He is a married father of two sons and resides in Chicago. During his free time, he enjoys swimming, cycling, and fishing. He is also passionate about mentoring young people.

Are you all in? Join us as we continue the conversation to build a healthier Chicago in 2018. To learn more, please visit www.all-inchicago.org.