

Reducing Health Inequities for Populations Experiencing Disparate Care in the Management of COVID-19

Developed in collaboration with and funded by Pfizer, Inc.

About the Study

Health inequities contribute to increased morbidity and mortality risk for members of racial and ethnic minority groups and contribute significantly to rising costs in U.S. healthcare.^{1,2} Such inequities were pervasive throughout the COVID-19 pandemic, evidenced by disparate COVID-19 cases, hospitalizations, and deaths.³ Despite the availability of COVID-19 treatment, members of racial and ethnic minority groups continue to experience disparate pandemic effects.^{3,4} For example, compared to White patients who sought medical care for COVID-19 between April and July of 2022, members of racial and ethnic minority groups were treated with an oral antiviral medication 19–36% less often.⁴

During this study, each participating health care organization, in collaboration with AMGA and Pfizer, will develop and implement tool(s) and/or resource(s) to reduce disparities in COVID-19 management for members of the racial or ethnic minority population they select. Implementation of the developed tools and resources will be evaluated using pre-defined utilization and access measures as well as clinician and/or patient surveys, and results will be disseminated with a lens on how the learnings might reduce health disparities more broadly. Following the study period, healthcare organizations may apply the processes used for developing study tools and resources as well as the study learnings to other inequities within the organization.

Participant Eligibility & Responsibilities

Up to four AMGA member health systems will be recruited to participate. Eligibility requirements include the ability and willingness to:

- Identify a sub-population experiencing inequitable COVID-19 treatment and management.
- Capture and report COVID-19-related EHR data pre- and post-intervention.
- Develop tools and resources to reduce inequities in the management of COVID-19 in the selected sub-population and implement them for a 6-month intervention period.

Benefits for Health Systems

Anticipated benefits to the participating health systems include:

- Improved engagement with and management of COVID-19 among the selected racial or ethnic minority subpopulation.
- Learnings to reduce health disparities that may be applied to other health inequities.
- Honorarium to recognize participant time and effort.

Estimated Timeline

April – June 2023	Recruitment of Participants
June – August 2023	Collection of Baseline Data
Week of Sept. 11, 2023	In-Person Meeting (1.5 days)
Sept. 2023 – Jan. 2024	Development of Resources/Tools
Feb. – Aug. 2024	Intervention Period
Aug. – Sept. 2024	Collection of <i>Post-Intervention</i> Data
Sept.– Dec. 2024	Evaluation

For More Information:

Please e-mail research@amga.org.

References: Bambra, C., 2020¹; Bhatt, J., 2022²; CDC, 2022³, December 28; Boehmer, T. K., 2022⁴