



EviCore's Commitment to Health Equity

Health equity is the highest level of health for all people; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which people are born, grow, live, work, and age.

-EviCore by EVERNORTH

The American Medical Association (AMA) defines health equity as “optimal health for all,”¹ and the Centers for Disease Control and Prevention (CDC) defines health equity as “the condition in which everyone has the opportunity to be as healthy as possible.”² The World Health Organization (WHO) considers health inequities “unfair and avoidable or remediable systematic differences in health among population groups defined socially, economically, demographically or geographically—persist globally, despite the commitments of many national and international actors to reduce them.”³ regardless of their social determinants of health (SDOH). Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include safe housing, transportation and neighborhoods; racism, discrimination and violence; education, job opportunities and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.³

EviCore believes that it is the responsibility of health care institutions to support patient care in a manner that does not discriminate based on biological and/or social demographics, including income, race, ethnicity, age, and gender markers. EviCore's role in promoting health equity is centered primarily around our use of evidence-based guidelines in utilization management. The guidelines are applied equitably for all patients, while taking into account individual clinical scenarios that indicate the need for unique care protocols.

Unconscious bias is another aspect of health equity that can negatively impact patient care. EviCore's clinical guidelines promote optimal care and safety for all patients, and their use helps reduce the risk of bias in utilization management. Biases, implicit and explicit, are perceptions and attitudes that affect one's decisions and actions⁴; implicit biases are unconscious whereas explicit biases are deliberate. Implicit and explicit biases are ubiquitous. They adversely affect ethnic minority and marginalized groups, such as immigrants, LGBTQ+, elderly, and those with mental disabilities.

Numerous studies^{5,6,9-12} suggest that health care providers' diagnoses and treatment decisions can be influenced by bias. Bias is often present in clinical research, too.^{7,13} The National Institutes of Health (NIH) implemented the Revitalization Act of 1993, mandating that all NIH-funded research must include minorities and women.⁸ The U.S. Food and Drug Administration (FDA) (2019) has made an effort to broaden ethnic representation in clinical trials, but nearly 50% of trials did not meet their goals to recruit underrepresented populations. To illustrate, Whites represented 83% of trial participants but comprise only 67% of the population; African American/Black participants represent 5% of clinical trial

participants although they make up 14% of the U.S. population; Hispanic/Latino participants comprise less than 1% of clinical trial participants but represent 18% of the U.S. population.⁷

EviCore minimizes bias through the application of evidence-based clinical guidelines that standardize decisions across populations, except in scenarios where evidence suggests the need for unique imaging, tests, or procedure protocols. Moreover, EviCore acknowledges that the clinical evidence upon which the guidelines are based may not fully represent all ethnic and racial groups. However, as new evidence becomes available in peer-reviewed literature and/or by nationally recognized societies, EviCore updates the clinical guidelines to reflect the new evidence.

References

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