

# ADVANCING HEALTH EQUITY WOULD SAVE MONTANA \$9.4 BILLION



PARTNERSHIP TO FIGHT  
CHRONIC DISEASE



Empowering people with chronic conditions<sup>1</sup> to achieve better health outcomes would save MT \$6.6 billion in medical costs and \$2.8 billion in less absenteeism over 10 years.

## HEALTH EQUITY SAVINGS FROM ACHIEVING RECOGNIZED HEALTH TARGETS<sup>2</sup>

BY RACE AND ETHNICITY OVER 10 YEARS

SAVINGS ACHIEVED FROM IMPROVING DISEASE CONTROL FOR SELECT CHRONIC CONDITIONS	NON-HISPANIC				HISPANIC	TOTAL
	WHITE	BLACK	ASIAN	OTHER		
Total medical cost savings from improved control	\$5.2 B	\$50 M	\$80 M	\$810 M	\$410 M	<b>\$6.6 B</b>
Total savings from reducing absenteeism (missed work)	\$2.2 B	\$10 M	\$60 M	\$290 M	\$180 M	<b>\$2.8 B</b>
Total MT Savings (10 years)	\$7.5 B	\$60 M	\$140 M	\$1.1 B	\$590 M	<b>\$9.4 B</b>



Better management of chronic conditions due to improved social determinant or health care access factors could reduce medical costs.

SAVINGS FROM ACHIEVING EQUITY DUE TO IMPROVED DISEASE CONTROL	NON-HISPANIC				HISPANIC	TOTAL
	WHITE	BLACK	ASIAN	OTHER		
<b>MT Total Medical Savings (10 Years)</b>	<b>\$4.7 B</b>	<b>\$43 M</b>	<b>\$45 M</b>	<b>\$603 M</b>	<b>\$336 M</b>	<b>\$5.7 B</b>
Type 2 diabetes	\$1.2 B	\$15 M	\$15 M	\$154 M	\$120 M	\$1.5 B
Hypertension	\$852 M	\$11 M	\$11 M	\$109 M	\$87 M	\$1.1 B
High cholesterol	\$614 M	\$8 M	\$8 M	\$80 M	\$50 M	\$760 M
Asthma	\$885 M	\$4 M	\$7 M	\$128 M	\$46 M	\$1.1 B
HIV	\$344 K	\$40 K	\$6 K	\$36 K	\$88 K	\$510 K
Arthritis	\$1.1 B	\$5 M	\$4 M	\$130 M	\$34 M	\$1.3 B

Note: Estimated savings by condition are accomplished by meeting recommended clinical goals: A1c < 7% (T2 diabetes); blood pressure < 130/80 mm (hypertension); reduced LDL (high cholesterol); increased control & controller Rx use (asthma); viral suppression (HIV); and fewer people with reduced limitations (arthritis). [www.fightchronicdisease.org/pfcd-in-the-states](http://www.fightchronicdisease.org/pfcd-in-the-states)

**AMONG NON-WHITE PATIENTS, BETTER MEDICATION USE COULD SAVE BILLIONS IN MEDICAL SPENDING (OVER 10 YEARS):**

**\$160 THOUSAND** savings from viral suppression among people with HIV

**\$170 MILLION** savings for people with arthritis

Note: All estimates are based on a microsimulation analysis conducted by Global Data Plc. Please visit [www.fightchronicdisease.org/pfcd-in-the-states](http://www.fightchronicdisease.org/pfcd-in-the-states) for more information.

1. Model includes insured adults with at least one of 9 common conditions.

2. Health equity estimates assume all people are able to achieve clinical goals.

# ADVANCING HEALTH EQUITY WOULD SAVE MONTANA \$9.4 BILLION



PARTNERSHIP TO FIGHT  
CHRONIC DISEASE

## HEALTHCARE DISPARITIES IN DISEASE CONTROL COST MT MILLIONS

OVERALL ADDED  
MEDICAL COSTS FROM  
DISPARITIES IN DISEASE  
CONTROL COMPARED  
TO WHITE PEERS

**\$230  
MILLION**  
OVER 10 YEARS



BLACK  
PATIENTS  
**\$30  
MILLION** ↑



HISPANIC  
PATIENTS  
**\$200  
MILLION** ↑

Note: Health disparities estimates measure the savings if people of color had the same level of disease control as Whites of the same age and insurance status. Health equity estimates measure the savings if all people achieved recommended targets for disease control.

**Achieving health equity can be advanced by improving access, addressing social determinants of health, and overcoming structural racism.** By removing barriers to care and treatment, we can overcome health disparities, advance equity, reduce costs, and improve overall health.

### IMPROVE ACCESS TO PRIMARY CARE

#### TIMELY ACCESS TO PRIMARY CARE NOT AVAILABLE FOR MANY

PRIMARY CARE HEALTH  
PROFESSIONAL  
SHORTAGE AREAS:



MT Population Living in  
a Health Professional  
Shortage Area

**422,000**

% of Primary  
Care Professional  
Access Need Met

**42%**

SOLUTIONS INCLUDE:



Address shortages and enhance  
workforce diversity



Build on telehealth success

Source for shortage data: Kaiser Family Foundation, Primary Care Health Professional Shortage Areas as of Sept. 2021.

### IMPROVE MEDICATION ADHERENCE

#### MEDICATION ADHERENCE TO TREAT CERTAIN DISEASES REMAINS LOW

DISEASE	WHITE	BLACK	HISPANIC	ASIAN	OTHER NON-HISPANIC
Diabetes (oral medication)	69%	56%	65%	76%	71%
Hypertension	72%	60%	67%	77%	72%
High Cholesterol	69%	56%	62%	73%	69%
Asthma	75%	69%	63%	92%	68%
Arthritis	60%	57%	61%	77%	56%

Note: Medication adherence is estimated by the days a person has a medicine over a specific time. Adherence rates derived from peer-reviewed literature.

SOLUTIONS INCLUDE:



Address disproportionate impact  
of high deductible health plans



Lower out-of-pocket costs  
for chronic care medicines

FOR MORE ABOUT THE IMPACT OF HEALTH INEQUITY IN YOUR STATE, VISIT  
[WWW.FIGHTCHRONICDISEASE.ORG/PFCD-IN-THE-STATES](http://WWW.FIGHTCHRONICDISEASE.ORG/PFCD-IN-THE-STATES)