

Assessing a Plan's Efforts to Address Health Inequities: The Role of NCQA's Multicultural Healthcare Distinction Program

2 p.m.-3 p.m. (EST)

March 18, 2021





Race, Health & Equity: Initial Framework

Understand Impact of Differences

- Engage diverse communities
- Obtain data at Community and Organizational Level
- Analyze "variation" not "averages"
- Examine business case to address

Integrate Equity into Strategy

- Break down silos (eg D&I, HR, Benefits, Wellbeing)
- Establish Equity Metrics for Programs
- Improve program responsiveness
- Extend cultural focus (eg culture of health, safety & equity)

Evaluate & Engage Supply Chain

- Include equity & inclusion in accountabilities
- Focus on direct (health plans, vendors) and indirect (providers) influence
- Create transparency on performance
- Align incentives with expectations

Sustain Culture of Inclusion

- Makeup of governance & key advisors
- Inclusion in balanced scorecard
- Organization values & objectives
- Investment consistent with needs & strategy

Speakers



Raena Akin-Deko
NCQA



David Kelley, MD
Pennsylvania Department of
Human Services



Michael Thompson
National Alliance of
Healthcare Purchaser
Coalitions

NCQA: What we are and what we do

OUR MISSION

To improve the quality of health care

Independent nonprofit founded in 1990 to assess how healthcare was being delivered.

OUR APPROACH



Study

We study the best way to provide healthcare **based on science.**



Evaluate

We evaluate how well plans and doctors provide **scientifically recommended care.**



Identify

We identify organizations that are run in ways that **make care better.**

Accreditation programs

The Role of Accreditation



Equity is in our mission

HOW NCQA can help

- **Measurement:** Track performance to know who and what reduces disparities.
- **Transparency:** Identify inequities by race, ethnicity, SES.
- **Accountability:** Highlight strong performers using benchmarks, performance scoring, accreditation standards.

WHAT NCQA is doing

- **Evaluation Products:** Assess equity in more areas, in new ways.
- **Measures:** Create and adapt measures of equity and outcomes.
- **Research:** Develop evidence-based best practices.

Multicultural Health Care Distinction

Commitment to reducing disparities

- Identifies organizations that excel in providing culturally and linguistically sensitive services, and work to reduce health care disparities.
- Standards & Guidelines are based on the Office of Minority Health's culturally and linguistically appropriate services standards, or CLAS standards.
 - Established in collaboration with OMH, NQF and the Institute of Medicine



Multicultural Health Care Distinction

A blueprint to address disparities

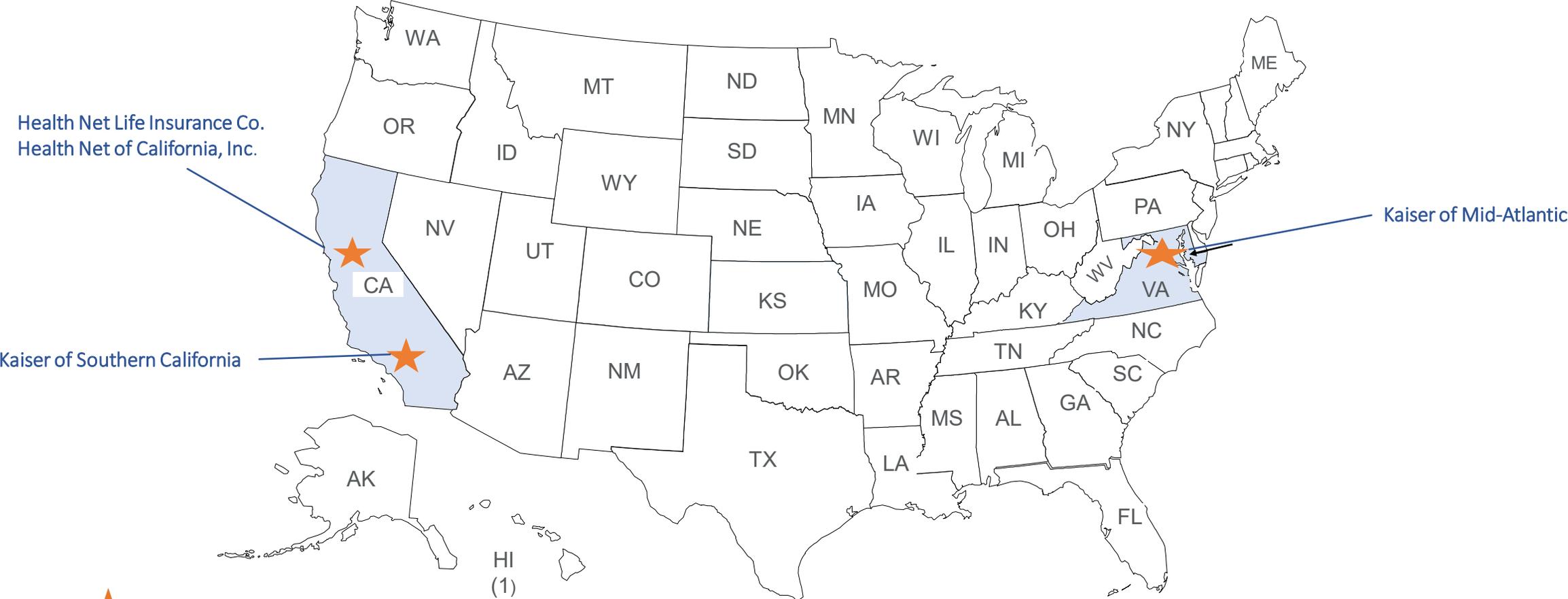


An Organization with MHC Distinction:

- **Collects data on race, ethnicity and language** on individuals and network practitioners
- Has programs for improving culturally and linguistically appropriate services
- Assesses and improves those programs
- **Actively assesses disparities and addresses them**
- Adjusts its network to meet the cultural profile of membership
- Provides language support to individuals and PCPs
- Helps individuals identify practitioners that meet their language and cultural needs

Current state of affairs

Commercial Health Plans with Multicultural Health Care Distinction



Current state of affairs

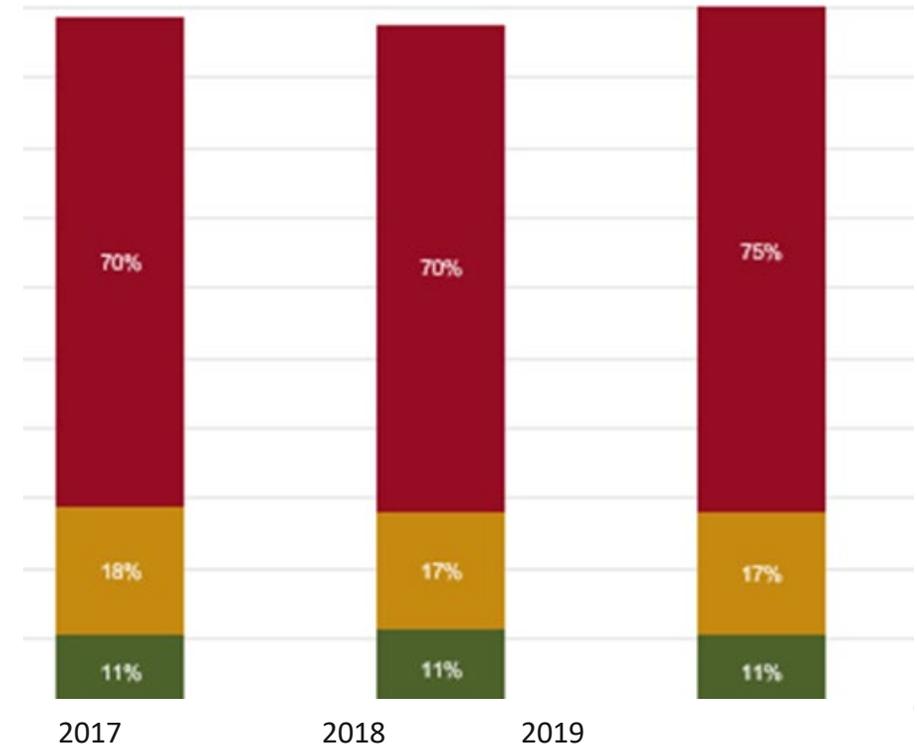
Availability of race and ethnicity data

A basic necessity for plans to address health inequities is to be able to **define the problem**. *Yet....*

Only **11%** of commercial plans have **race/ethnicity data** for 95% of their population or more.

- *The majority (75%) have it for less than half of their member base.*

Race/Ethnicity Completeness of Data 2017-2019



- Complete (>95% known data)
- Partial (50%-95% known data)
- Incomplete (<50% known data)

Using NCQA's Distinction in Multicultural Health Care to Close Gaps in Health Equity

Commonwealth of Pennsylvania's
Office of Medical Assistance Programs

HealthChoices Medicaid Managed Care Program

David K Kelley, MD MPA

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March 18, 2021

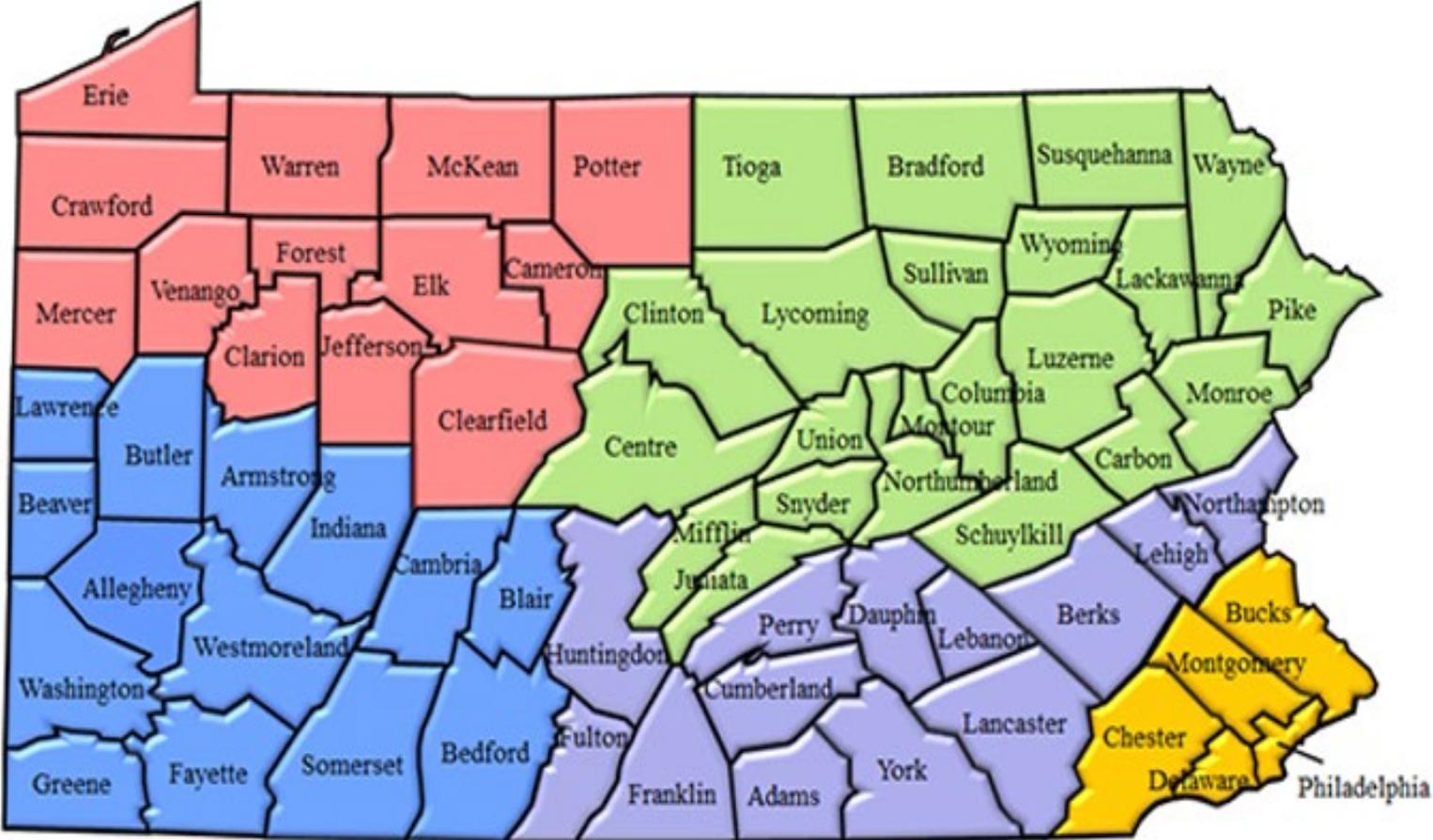
Agenda

- Overview of Pennsylvania Medicaid
- Use of Multicultural Health Care Distinction to drive quality improvement and close equity gaps
- Align equity incentive programs between physical health managed care organizations (PH-MCOs) and providers
- Focus on Social Determinants of Health (SDoH) to help close equity gaps
- Align equity strategy to Value-Based Purchasing
- Conclusions

Overview of Pennsylvania Medicaid

- Pennsylvania Medical Assistance serves over 2.9 million individuals- 1.1 million children, over 50,000 deliveries per year
- HealthChoices- mandatory managed care for children under 21 and adults under 65 meeting Medical Assistance eligibility requirements
- Medicaid expansion started in 2015 now over 900,000 adults
- Community HealthChoices- mandatory managed care for those 21 or older who have both Medicare and Medicaid, or receive long-term supports services (LTSS) through Medicaid
- Five behavioral health Manage Care Organizations (BH-MCOs) carved out from eight physical health Manage Care Organizations (PH-MCOs)

Pennsylvania HealthChoices Map



History of Implementing NCQA's Distinction in Multicultural Health Care:

- Member Level HEDIS® Data – captured for over a decade to evaluate MCO performance by region and race/ethnicity
- Started with 12 measures and expanded to 22 measures
- Working with University of Pittsburgh analyses and publications identified disparities with:
 - Prenatal and post-partum care, well child visits in the first 15 months
 - Controlling high blood pressure and diabetes
- Two PH-MCOs that early on achieved NCQA's Distinction in Multicultural Health Care performed better at closing defined equity gaps

2019 requirements added to the Physical Health HealthChoices Agreement:

- Attain NCQA Multicultural Health Care Distinction by meeting the requirement guidelines set forth by NCQA for multicultural health care
- Submit a workplan and timeline to the Department depicting their progress in achieving NCQA Multicultural Distinction at least annually

Distinction in Multicultural Healthcare

- Pennsylvania HealthChoices had the first MCO in the nation to obtain NCQA's Distinction in Multicultural Health Care in 2010
- To date:
 - Eight PH-MCOs attained NCQA's Multicultural Healthcare Distinction
 - One PH-MCO anticipating completion in Spring 2021

Improvements in quality of care with those plans who have obtained NCQA's MHC Distinction

- Controlling High Blood Pressure – 5.65 percentage point improvement for the African American population vs 2.15 percentage point improvement for the white population
- Postpartum Care- a 0.83 percentage point improvement for the African American population vs a - 0.81 percentage point decrease for the white population
- HbA1c Poorly Controlled (>9.0) and Well Child Visits – MCOs with Distinction earlier have greater improvements than those with recent Distinction

Focus on reducing gaps

- Partner with large volume African American practice sites to better understand potential gaps and partnership opportunities
- Review measure results by race/ethnicity to identify equity gaps monthly
- Prioritize the African American population and other impacted populations in program design for various targeted initiatives such as provider/MCO outreach calls, community events, face-to-face home visits

Focus on reducing gaps

- Partner with Community Based Organizations (CBOs) to assist with 'whole person/family care'
- Community baby showers are hosted in areas with a high number of African American pregnant moms
- Working with the faith-based community to provide education and screening events
- Mobile care managers aligned with practices with high numbers of African American members

Focus on reducing gaps

- Discuss health equity quality data and initiatives during Quarterly Quality Review Meetings with MCOs
- Requirement to obtain Distinction in Multicultural Health Care has been added to Community HealthChoices LTSS program
- Discussion about hospital/health systems attaining Distinction

Focus on reducing gaps

- Implement health equity component of current MCO Pay-for-Performance program
 - WCV15 and Timely Prenatal Care Measurement Year (MY) 2020
 - Adding Postpartum Care, Controlling Blood Pressure, and Diabetes Poor Control in MY 2021
- For 2021 MCOs required to implement a provider maternity care bundle that includes provider incentives for closing equity gaps in seven measures

Focus on reducing gaps

- Early 2021 established Regional Accountable Health Councils focused on closing regional disparities
 - Identification of health equity zones (HEZs) in each region using the Department's Health Equity Analysis Tool
 - Develop milestones for improvement of equity in each HEZ
 - Partnering with Community Based Organizations (CBOs)
- Linking Social Determinates of Health (SDoH)
 - Pa. Rising Program- MCOs, providers, and CBOs will have access to Aunt Bertha for resource and referral tool
 - Maternity bundle requires and incentivizes providers to screen for SDoH.
 - MCOs required in 2021 to have CBOs included in Value Based Purchasing (VBP) program

VBP model strategy

Value Based Purchasing				
MCO Contract Year	Year 1	Year 2	Year 3	Year 4
VBP Requirement	7.5%	15%	30%	50%
Value Based Purchasing Models				
1. Pay for Performance	7.5% may be from any combination of models 1, 2, 3, 4 or 5	At least 50% of the 15% must be from any combination of models 2, 3, 4 or 5	At least 50% of the 30% must be from any combination of 3, 4 or 5	At least 50% of the 50% must be from any combination of models 3, 4 or 5
2. Patient Centered Medical Home				
3. Shared Savings				
4. Bundled Payments				
5. Full Risk / Accountable Care Organizations				

VBP model strategy

NCQA's Distinction in Multicultural Health Care program established the foundation for our MCOs to:

- Measure and report quality measures to define health inequities
- Understand the cultures and communities they serve to more effectively design interventions for participants to close equity gaps
- Understand the cultural competency and language capabilities of their provider networks
- Understand the importance of Community Based Organizations in identifying and closing gaps in social determinates of health
- Develop value-based arrangements with CBOs and providers to meet the needs of members in a culturally sensitive fashion

Immediate employer opportunities

1

Require Multicultural Distinction

“Provide confirmation that the Proposer has or will obtain NCQA Multicultural Distinction on or before [START DATE] and maintain it thereafter.”

“Contractor shall achieve NCQA Multicultural Distinction within three (3) years after the [START DATE].”

2

Require Plan to Detail Efforts to Improve Data Collection

“Contractor must describe strategies to increase the percentage of member for whom they have access race, ethnicity and language data.”

3

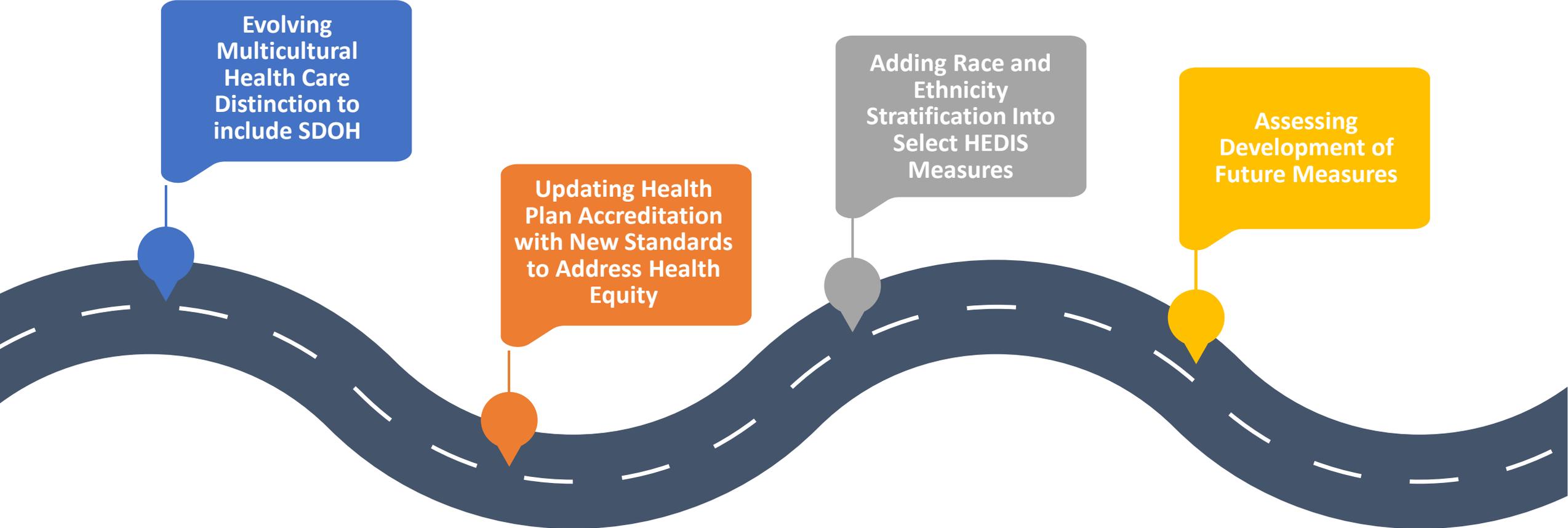
Require Plan to Detail Strategies to Improve Disparities

“Contractor must describe how the plan is addressing health disparities as part of its quality assurance performance improvement.”



Roadmap for the future

Continued Expansion of Health Equity Standards and Measures



Health equity: How employers can drive improvements



Health Equity: How Employers Can Drive Improvements

The COVID-19 pandemic and the social unrest of 2020 exposed many disparities in America. The pandemic not only inflicted an uneven economic toll, it also highlighted the extent of health disparities in our country. As a result, employers are beginning to prioritize and work to resolve issues of diversity, inclusion and equity. But as purchasers—not providers—of health care, they struggle to know how to identify and address health disparities.

The National Committee for Quality Assurance (NCQA) has long studied and sought ways to address the challenge of health equity. In 2011 NCQA created its Distinction in Multicultural Health Care program, which highlights the need to collect data on demographics and social determinants of health (SDOH) and to ensure the provision of culturally appropriate care. The program serves as a roadmap for health plans and health partners to address health disparities.

Employers that want to improve health equity for their employees can take steps to drive industry improvements. This report can help them understand the issues surrounding health equity and how to leverage existing standards to address disparities.

 DEFINITIONS TO KNOW

Health equity:
The absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.

Health disparity:
A health difference that is closely linked with social, economic and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristic historically linked to discrimination or exclusion.

www.ncqa.org

www.ncqa.org/healthequityguide

We are here to help! Together, we can improve health equity.

Contact us if we can provide information or guidance.

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Questions?



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Upcoming Events

Mental Health Index

March 19, 2021, noon-12:30 p.m. (EST)

The Role of Business in Advancing Mental Health in the Time of COVID

March 26, 2021, noon-1:30 p.m. (EST)

Hospital Price Transparency: CMS Rule

March 30, 2021, 1 p.m.-2 p.m. (EST)

Deadline to participate in the RAND 4.0 Hospital Price Transparency Project

March 30, 2021, 5 p.m. (EST)

Addressing Communities at High Risk: The Impact of COVID-19 on Mental Health

April 1, 2021, 1 p.m.-2 p.m. (EST)

