Advisory Board

Building an equitable health care organization

Prepared for CAHP, July 2023

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Advisory Board

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Agenda

01 **Why** health equity matters

02 **What** the industry is trying

03 **How** my organization can mature

01

Why health equity matters

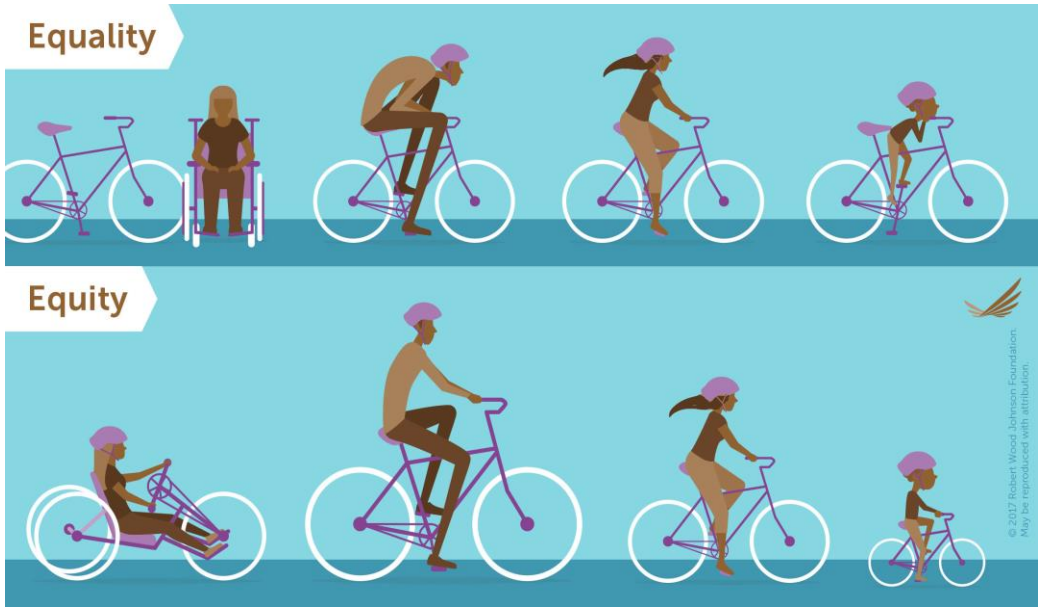
Understanding what equity is (and what it's not)

Equality alone is not enough

Offering the same level of treatment to every person, regardless of their situation or background. It may root out obvious bias but that is not the ultimate objective.

Equity must be our goal

Understanding that **different people require different types of attention and investment** to reduce disparities in outcomes tied to social, demographic, and economic characteristics.



Source: "Visualizing Health Equity: One Size Does Not Fit All Infographic," Robert Wood Johnson Foundation, 2017; Advisory Board interviews and analysis.

Structural racism is often at the root of health inequities

Structural racism

A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.

It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time.

THE ASPEN INSTITUTE

Source: “Glossary for Understanding the Dismantling Structural Racism/Promoting Racial Equity Analysis,” The Aspen Institute.

Three pillars of an equitable health care organization

Workforce

Supporting diversity, equity, and inclusion among the workforce so staff and leaders can better represent and care for the communities they serve

Patients

Ensuring equitable outcomes by reducing disparities at the point of care and meeting the biopsychosocial needs of all patients

Community

Addressing the community-wide social determinants of health and their root causes—intergenerational poverty and structural inequities

Advisory Board interviews and analysis.

All three pillars are inherently intertwined

Workforce environment

Example intervention

Diversifying the workforce at all levels

Ripple effects on the other pillars

- Diversity of thought and experiences makes products and services better, ultimately improving **patient outcomes**
- Hiring from locally and paying a fair wage helps to mitigate the adverse social determinants of health in the **community**

Patient outcomes

Developing a dedicated maternal health equity strategy

- Bias mitigation at the point of care ensures better care quality when the **workforce** become patients
- Creating easier access points to holistic care for maternal health patients improves access for the entire **community**

Community conditions

Providing microloans for local women- and people of color-owned businesses

- Organizational commitment to social impact fosters a culture where the entire **workforce** feels valued
- Economic growth leads to more local employment, expands health care coverage, and improves **patient outcomes**

Advisory Board interviews and analysis.

Undeniable impact on health outcomes and spending

Impact on patients

2X ↑
Higher death rate for individuals unemployed for more than six years

16 years
Decrease in life expectancy across six mile stretch in Chicago neighborhoods

5X ↑
Higher risk of developing mental health conditions due to exposure to violence and feeling unsafe during childhood

2X ↑
Increased risk of developing coronary artery disease due to social isolation

Impact on system

$2,320
Per capita annual health system expenses due to housing instability

24-67%
Higher likelihood of readmission for patients dually enrolled in Medicare and Medicaid

60%
Higher risk of ED utilization for patients requiring language services

$155B
Annual cost to the U.S. health system due to food insecurity

Source: "Start Here: Getting Real About Social Determinants of Health," IHI, December 21, 2018; "Social Determinants, Children, And More," Health Affairs, May 6, 2019; Ansell D, *The Death Gap – How Inequality Kills*, Chicago, IL: The University of Chicago Press, 2017; "Incorporating Patients' Social Determinants of Health into Hypertension and Depression Care: A Pilot Randomized Controlled Trial," *Community Mental Health Journal*, April 4, 2017; "Assessing the Social Determinants of Health Care Costs for Medicaid-Enrolled Adolescents in Washington State Using Administrative Data," *Health Services Research*, September 16, 2018; "Inpatient Health Care Utilization Among Patients Who Require Interpreter Services," *BioMed Central*, 15, no. 214 (2015); Social Risk Factors and Performance Under Medicare's Value-Based Purchasing Programs," US DHS Report to Congress (2016); "Estimating the Health-Related Costs of Food Insecurity and Hunger," Bread for the World Institute, November, 2016.

Advisory Board interviews and analysis.

Ways to measure value of equity beyond financial ROI

Adopting an **authentic market-facing brand** that inspires trust

Deepening the **employee value proposition** through positive social impact

Improving the **consumer experience** for all

Readying yourself for **downside risk** value-based payment

Improving **future product offerings** (no matter where you sit in the industry)

Advisory Board interviews and analysis.

02

What the industry is trying

Root decision-making in evidence when possible

Documented impact of addressing social needs

Non-clinical intervention	Strength of evidence	Reduces cost	Right-sizes utilization	Improves quality	Improves access	Improves satisfaction[1]
Food security services	 Low	✓	✓	✓	✓	
Supportive housing services	 Medium	✓	✓	✓		✓
Transportation services	 Low	✓		✓	✓	
Employment/ income support	 Medium		✓	✓		✓
Health literacy support	 High		✓	✓	✓	✓
Language-concordant care	 Medium		✓	✓	✓	
Social cohesion interventions	 Low			✓		✓

1. Includes staff and patient satisfaction.

Source: "Care Delivery Innovation Reference Guide," Advisory Board Research.

Advisory Board interviews and analysis.

Takeaways from our health plan SDOH market scan

Many interventions positioned as SDOH efforts did not meet our bar

Initiatives should address community-wide conditions that impact health or root causes of structural racism and intergenerational poverty.

32 Interventions included in the analysis

14 Interventions targeted multiple SDOH

Investment size varies widely, isn't distributed across the SDOH

Few plans publicly disclose investment size, but transparency is necessary for accountability and identifying where gaps exist.

19 Interventions reported investment size

$1B largest investment size

Investments with a measured impact were few and far between

Tracking outcomes shapes our understanding of what works and what doesn't. Progress should be shared widely, early, and often.

4 Interventions with published outcomes

$6,000 annual savings per member reported in one intervention

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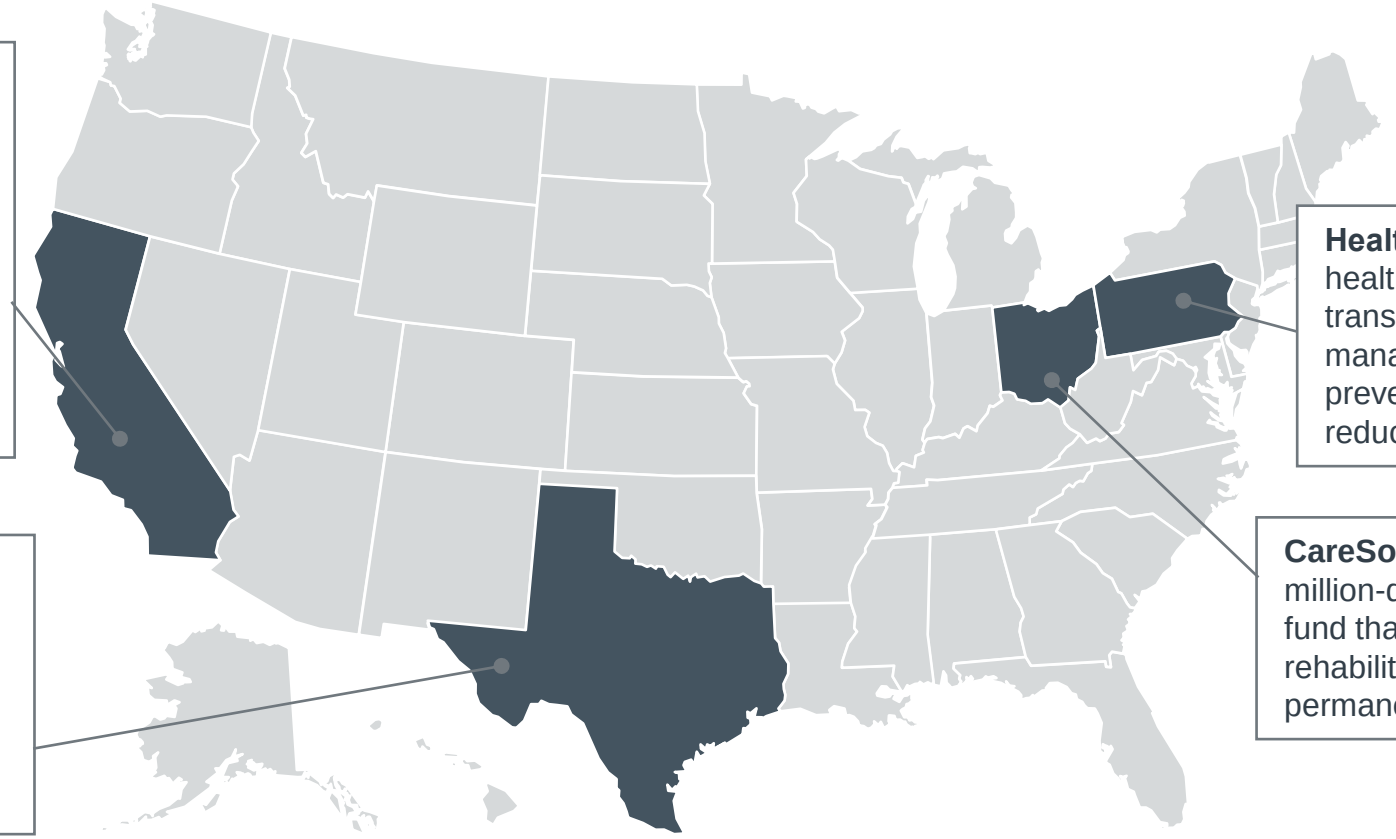
Growing—but variable—health plan equity efforts

Sample health plan efforts to advance equity

Blue Shield of California partnered with four non-profit organizations and invested $150,000 in the San Joaquin Valley community to provide fresh groceries, hands-on job training, and housing services.



Healthfirst's maternal and infant health program, senior care transition program, and asthma management program increased preventive care utilization and reduced avoidable acute utilization.

Cigna piloted a two-touch campaign to improve breast cancer screening rates among Latina and Black women in Texas and California, resulting in a 2% gain.

CareSource established a 5-million-dollar affordable housing fund that will acquire and rehabilitate motels into permanent supportive housing.

Source: "Equity, Inclusion and Anti-racism," Cigna; "Healthfirst teams up with AIRnyc to reduce hospital admissions and increase asthma control," healthfirstADVANCE; "Using Value-Based Care to Tackle Maternal Health Disparities," Health Payer Intelligence; "Blue Shield of California provides $150,000 support to help address poverty, homelessness, and food insecurity in the San Joaquin valley," BCBS California, 2022; "CareSource Commits $5 Million to Affordable Housing Investments in Indiana," CareSource, 2022.

Advisory Board interviews and analysis.

Get patients comfortable with care before the delivery

CASE EXAMPLE

Mock-up of Optima Health's Baby Shower agenda

Virtual Baby Shower for Optima Health members

Quarterly 12:00-1:30pm

12:00–12:20	Introductions and games
12:20–12:40	WIC program[1] guest speaker
12:40–1:00	Tips for motherhood
1:00–1:20	Virtual tour of Labor and Delivery unit
1:20–1:30	Wrap-up and draw raffle

OptimaHealth

Create relationships so it feels like a real baby shower

Information on breast feeding, safe sleep, prenatal and postpartum care, etc.

Opportunity for members to win raffle prizes like a stroller

Connects members to social support resources and programs

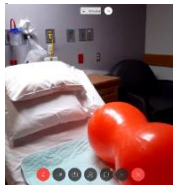
Get members comfortable with physicians

Results

15-50
Member attendees per shower

31%
Of shower attendees receive postpartum care

> "Members thank us in tears saying that they would not have had a baby shower otherwise"
>
> Traci Massie, Director of Government Programs



1. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Source: Optima Health, Virginia Beach, VA

Advisory Board interviews and analysis.

After three years of investment, racial disparities worsen

Life expectancy has declined for all groups—but the racial disparities have grown larger

Racial group	Life expectancy (2019)	Life expectancy (2021)	Change from baseline (in years)	Gap from highest life expectancy (2019)	Gap from highest life expectancy (2021)
Asian	85.6	83.5	-2.1	0.0	0.0
Hispanic	81.9	77.7	-4.2	3.7	5.8
White	78.8	76.4	-2.4	6.8	7.1
Black	74.8	70.8	-4.0	10.8	12.7
American Indian/Alaskan Native	71.8	65.2	-6.6	13.8	18.3

Drivers of change beyond Covid-19, 2019-2021

56% Increase in Black **maternal mortality rate**

43% Increase in Black **suicide rate**

40% Increase in Hispanic **overdose rates**

Source: "Provisional Life Expectancy Estimates for 2021," CDC, 2022; "A Look at Suicide Rates Ahead of 988 Launch—A National Three-Digit Suicide Prevention Hotline," KFF, 2020; "Key Facts on Health and Health Care by Race and Ethnicity," KFF, 2020; "CDC data shows COVID-19 increased U.S. maternal mortality rates by 25%," UPI Health, 2022; "Evaluation of Increases in Drug Overdose Mortality Rates in the US by Race and Ethnicity Before and During the COVID-19 Pandemic," JAMA, 2022.

Advisory Board interviews and analysis.

03

How my organization can mature

Domains of maturity toward equity

Today's focus

Governance	Is health equity represented in the C-suite, and does is that individual equipped with the resources, authority, and accountability they need for success?
Goal setting	Do we set measurable short- and long-term goals for advancing equity, and report on our progress?
Data collection and analysis	Do we collect and analyze quantitative and qualitative member data to identify disparities at the population level and meet individual need?
Industry partnership strategy	Do we partner with organizations within the health care industry, including competitors, and creating the conditions to hold ourselves and others accountable for change?

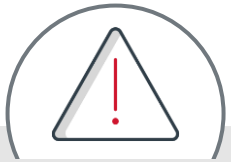
Other essential elements

Workforce diversity, equity, and inclusion	Do we employ people from our community, build an organizational culture that retains staff of all backgrounds, and ensure equitable advancement and opportunities?
Staff knowledge, skills, and attitude	Do we provide comprehensive skill-building training for our staff, especially those who are member-facing?
Social needs and community outreach	Are we addressing community-wide social determinants of health and their root causes?

Advisory Board interviews and analysis.

Your organization's success depends on commitment

Two scenarios facing health care leaders today



Common scenario	"Candidly, we either **don't have the resources or will** to expand our health equity efforts beyond pilot programs and volunteering opportunities—at least right now."	"We are ready and able to **commit the time, staff, and funding necessary** to build an internal health equity infrastructure that weaves equity into the functioning of our business."
Strategic decision	Health equity remains **solely a mission** imperative	Health equity is a **mission *and* business** imperative
Keep in mind	Without resources and accountability, progress will be limited. Avoid making sweeping promises that, if broken, could alienate customers, staff, patients, and the community.	This requires setting aside protected resources wholly focused on health equity (e.g., a dedicated health equity function) *and* infusing accountability for equity goals across every team.

Advisory Board interviews and analysis.

The right balance: Applying strategic rigor to initiatives

Avoid defaulting to passion projects

Dedicated to **pet issues based on personal interest**—not true organizational transformation

Rely on a **small group of motivated volunteers**, rather than holding all staff accountable for their role in either advancing health equity

Efforts are **disjointed**, one off, and ultimately **temporary**

Wholly organization-centered approaches **erode trust** with the very groups we aim to serve

Instead, shift to enterprise-wide solutions

1. Build a quantitative and qualitative data backbone that is **transparent** about strengths, weaknesses
2. Orient all work toward a longer-term vision of **addressing the root causes** of disparities
3. Commit a **dedicated, fully resourced team** to advancing equity, but also **embed equity goals** in every strategy and department
4. Develop a **comprehensive approach** that addresses your workforce needs, patient outcomes, and community conditions
5. Position health equity as **intrinsic to business priorities**, rather than solely community benefit

Advisory Board interviews and analysis.

Progress along the maturity model: Governance

	1	2	3	4
	Just getting started	**Hitting the basics**	**Ahead of the curve**	**Moving the market forward**
Example: Leadership structure	Relying on a handful of passionate individuals to spur equity efforts, often as side projects	Targeting formal efforts within one line of business	Assigning a dedicated senior leader with a well-resourced team and authority to advance equity efforts across LOBs[1]	Ensuring that all senior leaders, including the Chief Health Equity Officer, are accountable to the board for progress

1. Lines of business.

Advisory Board interviews and analysis.

Set measurable short- and long-term goals

Set short-term goals to build momentum

- Serves as a steppingstone to help achieve long-term, more transformational goals
- Demonstrates progress early on to help build a foundation of trust with the community
- Encourages action because a ‘quick win’ can be achieved in the near term

Aim for transformational change with long-term goals

- Establish a short list of strategic goals to reduce disparities that serve as the ‘North Star’
- Prioritize meaningful progress on a discrete set of disparities
- Aspire to achieve long-term community transformation by addressing the root causes of disparities

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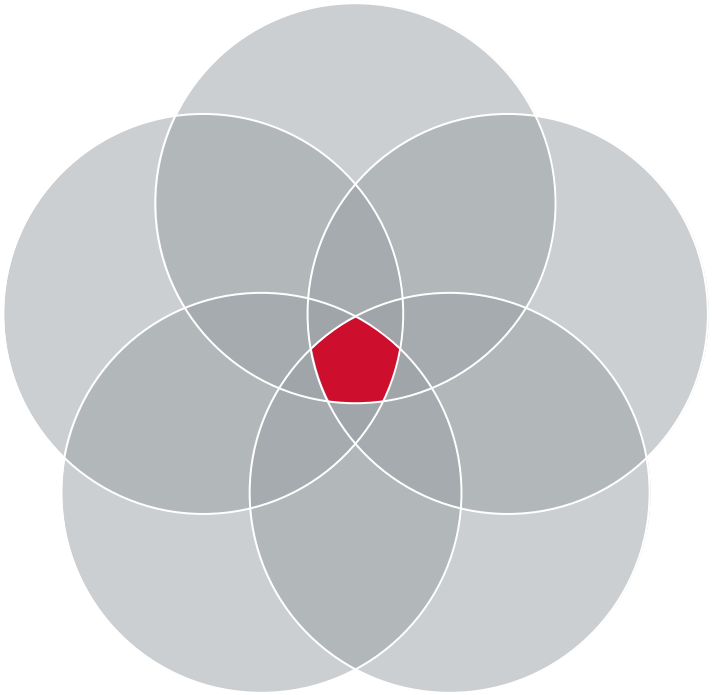
Five factors for prioritizing interventions

Community need

Is this disparity a priority for my organization's broader community, including both staff and patients?

Size of impacted population

How many people will be impacted if I reduce this disparity?



Ease of implementation

Does my organization have the infrastructure and resources to address the disparity?

Financial value

Will addressing this disparity drive financial value for my organization?

Severity of disparity

Will I focus on addressing the most disparate outcomes that have the most significant impact on health status in the short-and long-term?

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Cross-sector alignment on weaving equity into quality

Industry players include health equity in quality performance

Blue Cross Blue Shield of Massachusetts becomes first health plan in market to incorporate equity measures into its payment models

PR Newswire, September 2021

JPMorgan and Kaiser Permanente plan to roll out performance guarantees tied to health equity on certain quality measures for JPMorgan employees.

Fierce Healthcare, January 2022

What Comes Next In Prioritizing Equity In Payment? The **ACO REACH Model**

Health Affairs, April 2022

CASE EXAMPLE

How it works: BCBSMA's role

Across 2022

- Gather **member demographic data**, including race, ethnicity, and language
- Distribute **tailored reports** to participating provider organizations that highlight disparities in quality within their patient population
- Offer **coaching and support** to help providers organizations reduce disparities in quality

Starting 2023

Begin **tying payments to health equity performance** for participating provider organizations

Source: "JPM 2022: Morgan Health, Kaiser Permanente partner on health equity," Fierce Healthcare, January 2022.

Advisory Board interviews and analysis.

Progress along the maturity model: Goal setting

	1	2	3	4
	Just getting started	**Hitting the basics**	**Ahead of the curve**	**Moving the market forward**
Example: Goal setting	Articulating goals of improving the health of all members in the mission statement	Starting to specify more concrete goals, but without specific metrics to track progress	Setting actionable organization-level goals, both in the short and long term	Incentivizing leaders and staff on progress toward specific goals, which is tracked regularly and publicly

1. Lines of business.

Advisory Board interviews and analysis.

Without demographic data, improvement is a nonstarter

Start by collecting REGAL data:

- **R**ace
- **E**thnicity
- **G**ender identity and sexual orientation
- **A**ge
- **L**anguage

Expand data collection to include domains such as:

- Disability status
- Geography (i.e., urban, suburban, rural)
- Highest level of educational attainment
- Insurance status
- Religion
- Socioeconomic status (using payer as a proxy or percentage of federal poverty level)
- Veteran status
- ZIP code

Advisory Board interviews and analysis.

Nudge providers to track and layer in SDOH data

Sample SDOH screening questions

SDOH Domain	Screening questions
Economic stability *Employment, income, debt, expenses, medical bills*	• How hard is it for you to pay for the basics like food, housing, medical care, and heating?
Education *Literacy, language, higher education*	• What language are you most comfortable speaking? • What is the highest level of school that you have finished?
Food *Hunger, access to healthy options*	• Within the past 12 months, did you worry that your food would run out before you got money to buy more?
Neighborhood and physical environment *Housing, transportation, safety, ZIP code/geography*	• What is your housing situation today? • Are you worried about losing your housing?
Community and social context *Social integration, support systems*	• How often do you see or talk to people that you care about and feel close to?
Health care integration *Health coverage, provider availability, quality of care*	• What is your main insurance?

Source: "The Accountable Health Communities Health-Related Social Needs Screening Tool," Center for Medicare and Medicaid Innovation; "PRAPARE: Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences," National Association of Community Health Centers, 2016.

Advisory Board interviews and analysis.

Qualitative data adds context to quantitative trends

Listening channels to leverage to solicit qualitative feedback from patients and staff

Think critically about meeting logistics

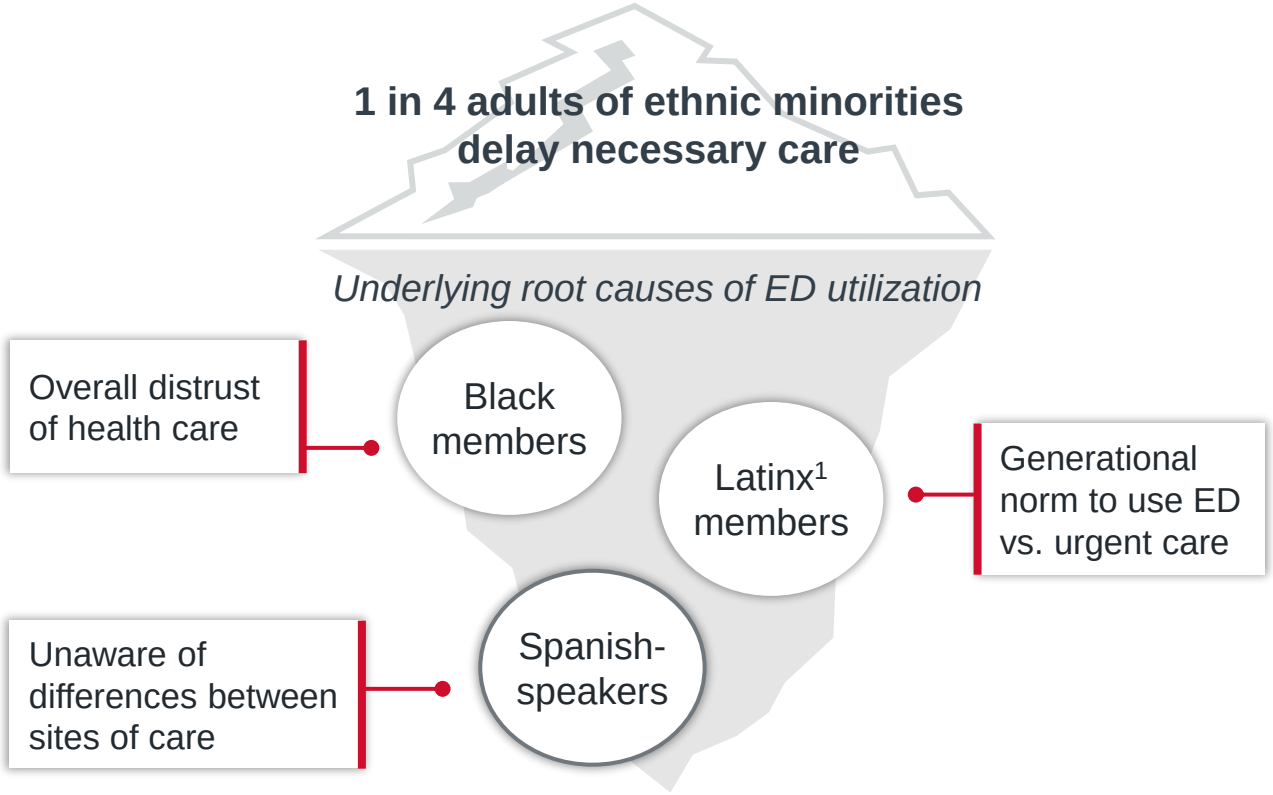
- **Compensation**: Do you compensate advisors for their valuable time and input?
- **Meeting time**: Can someone who does not work a traditional 9-5pm job attend?
- **Digital divide:** Can someone without access to home internet easily communicate with organizers? Do you provide the necessary technology for virtual meetings (e.g., computer, WIFI, webcam) for those who need it?
- **Transportation**: Is the meeting accessible for someone who does not own a car? Do you cover transportation expenses?
- **Language:** Do you make services available for people with limited English proficiency (e.g., in-person interpretation)?

Advisory Board interviews and analysis.

Dig past membership generalizations to root causes

CASE EXAMPLE

How Community Health Choice (CHC) uses focus groups to identify inflectable subpopulations



Other outcomes of the focus groups

- Learn barriers to vaccine adoption
- Identify areas that require provider engagement
- Ask what specific information and communication methods are valuable

DATA SPOTLIGHT

2% Decrease in ED use for Spanish-speaking population

1. Members who spoke English.

Source: Artiga, S and Orgeram K, "Key Facts on Health and Health Care by Race and Ethnicity" *Kaiser Family Foundation,* November 12, 2019; Community Health Choice (CHC), Houston, TX.

Advisory Board interviews and analysis.

Progress on the maturity model: Data collection, analysis

	1	2	3	4
	Just getting started	**Hitting the basics**	**Ahead of the curve**	**Moving the market forward**
Example: Data collection and analysis	Collecting basic demographic data regularly and some additional info ad hoc	Collecting standardized REGAL and SDOH data across members and communities	Analyzing data to meet member need and make investment decisions; sharing results widely	Pushing providers to collect and share this data; ensuring it fits seamlessly within clinician workflows

1. Lines of business.

Advisory Board interviews and analysis.

Start by making sure your own house is in order

Assess your progress toward building a health equity infrastructure

1 Dedicate real resources

- Do all leaders have fully staffed teams, sufficient resources, decision-making authority, and accountability to make progress?
- Are we willing to make resource tradeoffs with other strategic efforts if necessary?
- Does health equity work come from a protected budget?

2 Create accountability

- Do health equity efforts have C-suite representation?
- Is equity tied to compensation and performance goals for the entire workforce, including leaders?
- Do other business goals interfere with health equity goals?

3 Collect data to ground efforts

- Have we collected quantitative and qualitative data and metrics to measure progress?
- Do we have a clear sense of what long-term success looks like?
- Have we pinpointed areas where partners could help?

Advisory Board interviews and analysis.

To best partner, know your strengths (and weaknesses)

Sample strengths for different segments

Provider organizations

- Ensure consistent delivery of culturally responsive care
- Mitigate medical determinants like provider bias (explicit and implicit) at the point of care
- Fill the non-clinical gaps that worsen patient access and outcomes (e.g., transportation needs, lack of housing)

Health plans

- Provide coverage for social care as a part of benefits packages
- Partner with provider organizations to fund community investments and address social determinants of health
- Segment initiatives like care management services to focus on underserved populations

Industry

- Partner with providers and plans to reduce barriers to medication adherence
- Diversify clinical trials to improve treatment efficacy and start to rebuild community trust
- Lead research on how treatments work in the real world for at-risk patient populations

Advisory Board interviews and analysis.

Use CBOs as front doors to broadcast plan message

CASE EXAMPLE

How Capital District Physicians' Health Plan (CDPHP) trains community-based organizations (CBOs) to distribute health care knowledge

CDPHP

Plan trains CBO staff to outreach Medicaid members with gaps in care to offer education and support.

CBO Partners

Trained CBO staff:

- Remove barriers to care
- Provide member incentives for closing gaps in care
- Link members to resources to address social determinants of health

Members

Members learned about the importance of regular, preventive care through CBO staff, who they know and trust

Project results

59% Overall gap closure rate

65% Non-utilizer success rate

68% Diabetes care success rate

70% Well-child visit success rate

Other focus areas:

- Promote telehealth resources and other CDPHP offerings
- Identify referrals for CDPHP Care Team
- COVID-19 vaccine awareness

Source: Capital District Physicians' Health Plan (CDPHP®), Albany, NY

Advisory Board interviews and analysis.

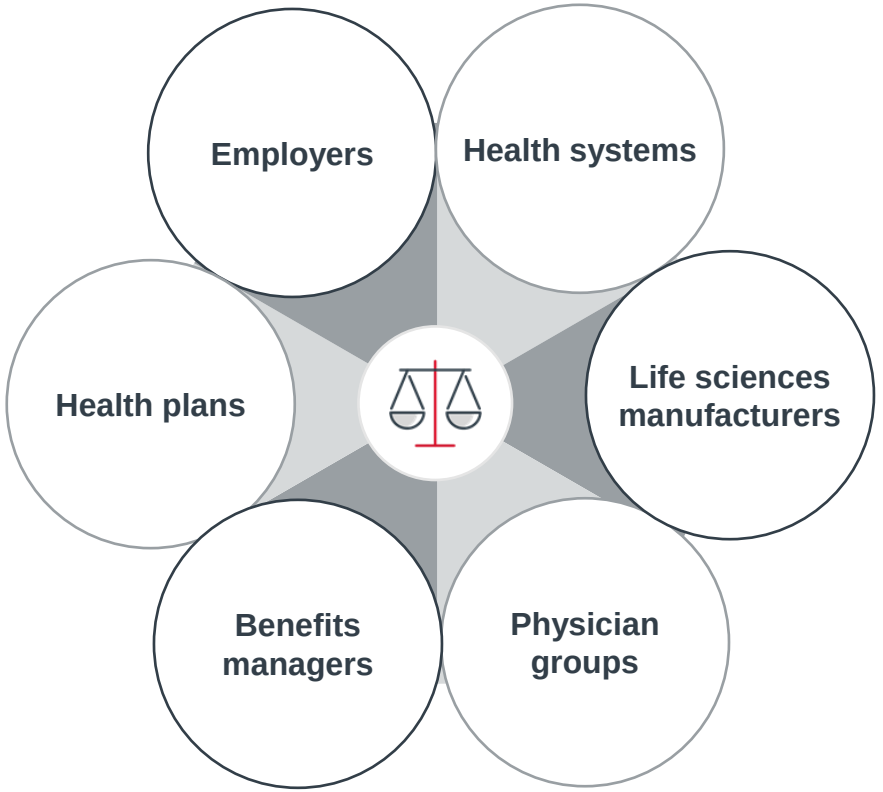
Most take too narrow a view of potential partners

Partnering with community-based organizations is a non-negotiable…

Benefits of community partners

- ☑ Expertise in providing non-clinical services essential to health outcomes
- ☑ Longstanding relationships with disengaged patients and community members
- ☑ Ties to respected community leaders, local government, and other private industries
- ☑ Deep knowledge of community needs and strengths

…But we also must work across the industry to amplify our impact



Advisory Board interviews and analysis.

Progress along the maturity model: Partnership strategy

	1	2	3	4
	Just getting started	**Hitting the basics**	**Ahead of the curve**	**Moving the market forward**
Example: Partnerships with provider organizations	Collecting and sharing basic member demographic and clinical REGAL[1] data	Using member data (including REGAL[1] and social needs data) to recommend community partners to providers	Devoting resources to support provider-led community health interventions	Embedding equity measures into provider performance scorecards and reimbursement

1. Race, ethnicity, sexual orientation & gender identity, age, and language.

Advisory Board interviews and analysis.

Domains of maturity toward equity

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