

BCBSMA APPROACH TO HEALTH EQUITY

HBX Social Justice & Health Disparities Working
Group

April 8, 2021

ADDRESSING HEALTH INEQUITIES

Our comprehensive plan is focused on addressing inequities in health care, maintaining an inclusive company culture and standing for equity in our communities.



bluecrossma.org

A screenshot of the Blue Cross of Massachusetts website. The header includes navigation links: Home, Medicare, Employer, Broker, Provider, Careers, Health News, and About Us. Below the header, there's a search bar and links for "Find Care", "Your Health", and "Learn & Save". The main content area features a large image of Stephanie Browne, Vice President Talent Acquisition and Chief Diversity, Equity & Inclusion Officer. To her left, the text reads: "BETTER HEALTH CARE. FOR EVERYONE." followed by a paragraph about racism as a public health crisis and a commitment to equity. Below the image, there's a section titled "HELP US IMPROVE HEALTH EQUITY" with a call to action "UPDATE PREFERENCES". At the bottom, three icons represent "Address Inequities", "Build Solutions", and "Foster Diversity", each with a brief description of the goal.

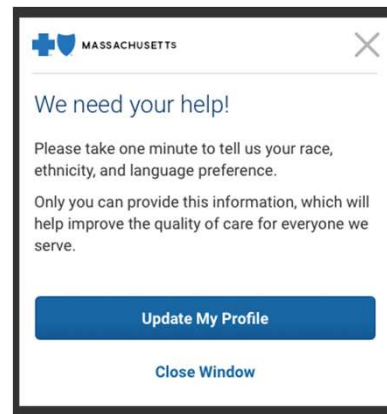
- Convening an advisory council of leading local and national experts
- Becoming the first health plan in the region to collect and use comprehensive, member-level data to support and collaborate with the medical community to reduce racial and ethnic inequities
- Creating metrics and programs to address racial inequities in health care access and care
- Educating employees in Cultural Competence to support member engagement, service and care
- Reviewing existing contracts with medical management vendors to assess their current or future roadmap for incorporating health inequities
- Evolving the company's current Diversity, Equity & Inclusion governance structure to include health equity issues, and publishing – company-wide – an enhanced scorecard that measures progress against other best-in-class companies to ensure accountability and transparency

MYBLUE DATA COLLECTION

MyBlue race, ethnicity and language collection went live on 12/18/2020

Current results (as of 3/27/2021):

- **315,000** Unique views of the 'About Me' modal
- Over **95,000** members have provided their race and ethnicity
- Over **23,000** are non-White or Hispanic/Latino
- **One** member complaint



MASSACHUSETTS

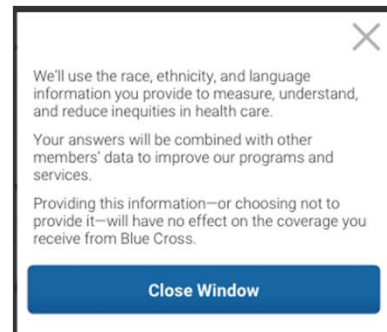
We need your help!

Please take one minute to tell us your race, ethnicity, and language preference.

Only you can provide this information, which will help improve the quality of care for everyone we serve.

[Update My Profile](#)

[Close Window](#)



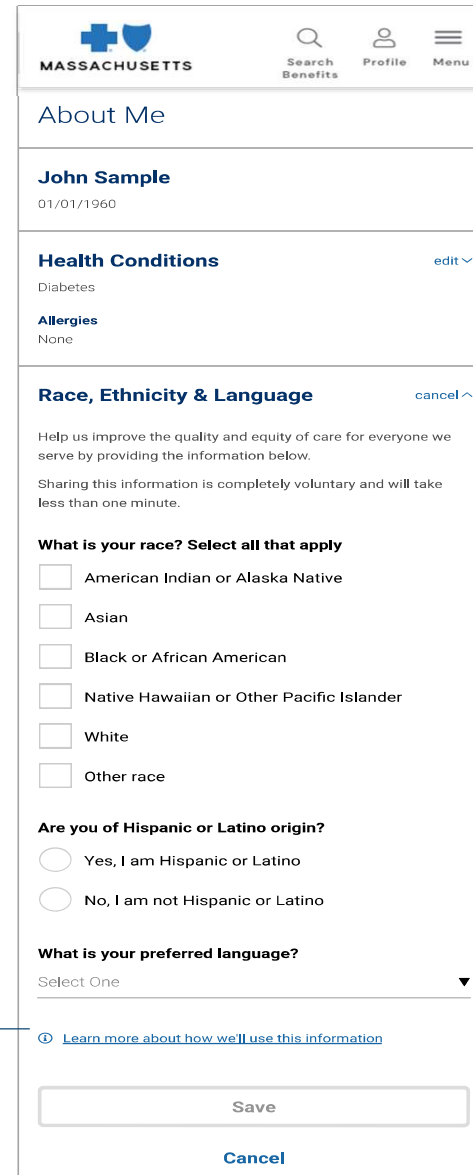
MASSACHUSETTS

We'll use the race, ethnicity, and language information you provide to measure, understand, and reduce inequities in health care.

Your answers will be combined with other members' data to improve our programs and services.

Providing this information—or choosing not to provide it—will have no effect on the coverage you receive from Blue Cross.

[Close Window](#)



MASSACHUSETTS

Search Benefits Profile Menu

About Me

John Sample
01/01/1960

Health Conditions [edit](#)

Diabetes

Allergies
None

Race, Ethnicity & Language [cancel](#)

Help us improve the quality and equity of care for everyone we serve by providing the information below.

Sharing this information is completely voluntary and will take less than one minute.

What is your race? Select all that apply

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Other race

Are you of Hispanic or Latino origin?

☐ Yes, I am Hispanic or Latino

☐ No, I am not Hispanic or Latino

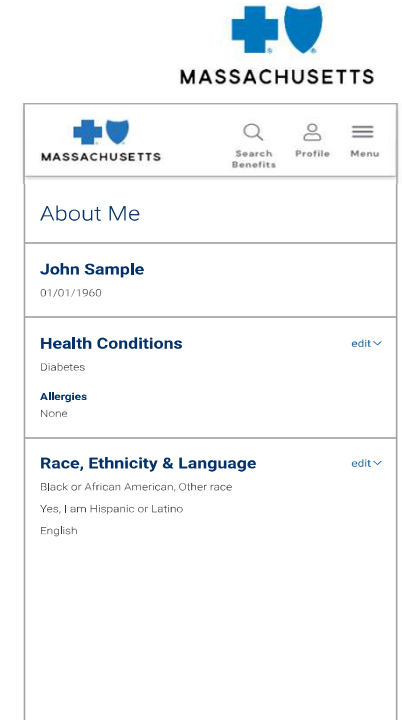
What is your preferred language?

Select One

[Learn more about how we'll use this information](#)

[Save](#)

[Cancel](#)



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Diabetes

Allergies
None

Race, Ethnicity & Language [edit](#)

Black or African American, Other race

Yes, I am Hispanic or Latino

English

GOLD STANDARD DATA COLLECTION EFFORTS



- MyBlue race, ethnicity and language collection went live on 12/18/2020
- Direct-to-member: mail, email, and telephone
- Accounts: solicit subscriber race & ethnicity data from employment records
- Providers: Review methods used to collect race, ethnicity, and language data. Determine provenance, data standards, and potential for data exchange.
 - Same approach for member-facing vendors
- Data governance:
 - Adopt consistent data structure to intake and store race & ethnicity data: Fast Healthcare Interoperability Resources (FHIR) standard
 - Develop classification for data sources: self-reported, provider-reported, account-reported, estimated, etc.
 - Without knowing the data source(s) for each member, impossible to assess the true accuracy and completeness of race & ethnicity data
 - No industry standard exists for this
 - So we are creating our own standard, while advocating for an industry consensus effort

EQUITY AUDITS: OUR SEARCH FOR INEQUITIES IN HEALTH & HEALTH CARE WITHIN OUR MEMBERSHIP

We are proceeding based on estimated race & ethnicity data



- Equity in HEDIS measure performance: complete
 - Greatest inequities are in measures of depression care & statin use among members with diabetes
- Equity in patient experience: in process
 - Nov 2020–Jan 2021 survey with Massachusetts Health Quality Partners oversampled to improve measurement reliability within racial & ethnic groups
- Equity in care management enhanced algorithms: in process
- Equity in provider payment: in process, for performance incentive payments & total medical expense



THE BCBSMA D4E GUIDING PRINCIPLES

“BCBSMA has been seeing and tackling this problem for decades, and yet it somehow still resists all efforts to improve. We need to do something differently.”

Andrew Dreyfus – CEO of BCBSMA

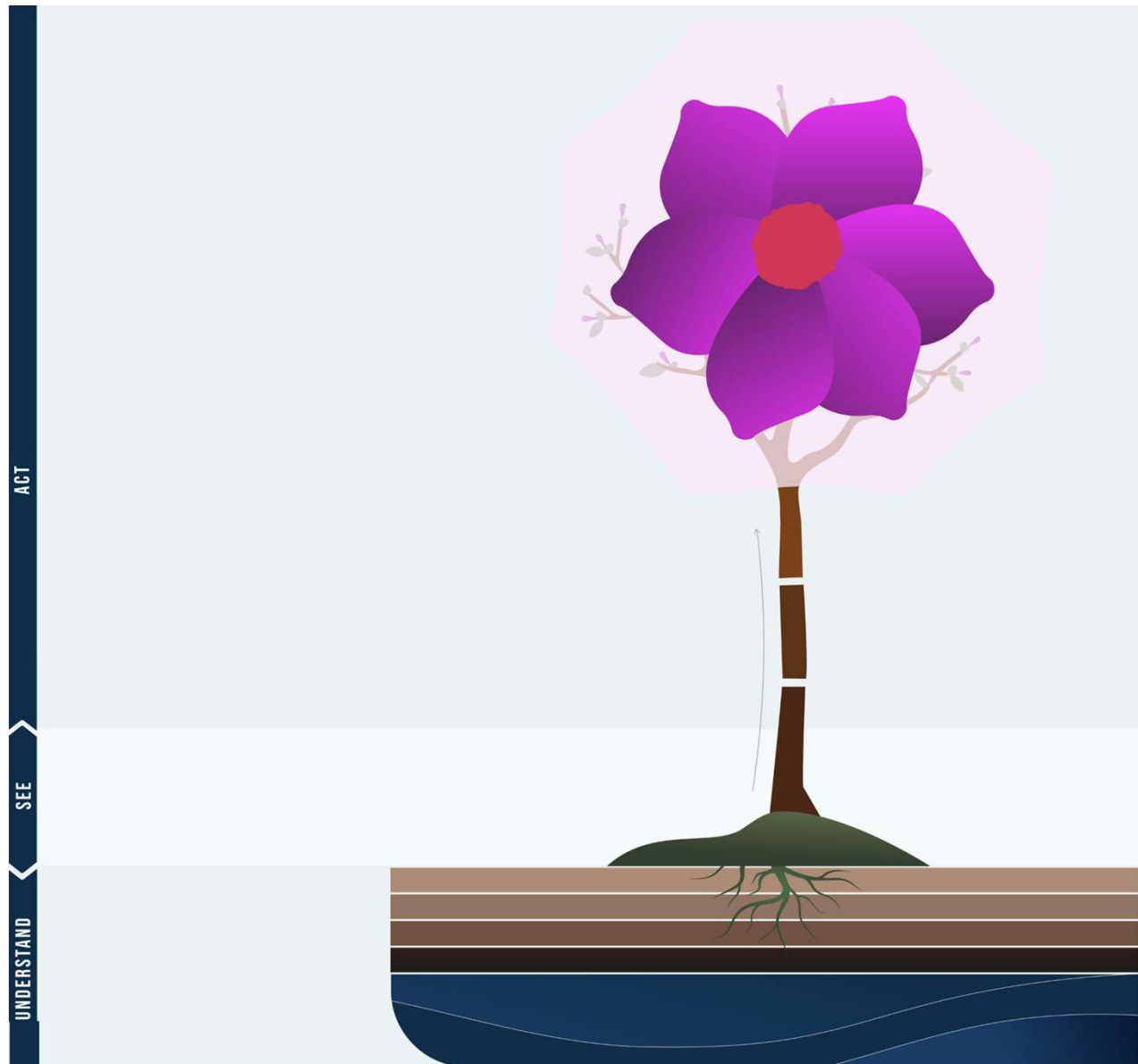
1. Use the most of our positions of privilege to be brave, to be daring, to break things and start over.
2. Acknowledge and address the “wholeness” of people.
3. Ground strategies and interventions in an understanding of the persistence of systemic racism in health care.
4. Seek, form, and listen to representative coalitions.
5. Operate in the short term with an eye to the long term.
6. Evaluate & improve our interventions over time.

THE D4E OPPORTUNITY FRAMEWORK

“The Magnolia Model”

An interactive tool enabling BCBSMA to apply the health equity lens to every project as thoughtfully and consistently as we apply other key tenets today (i.e., affordability, quality, experience).

The magnolia flower is a symbol of dignity and promises light, hope, growth, and rebirth.

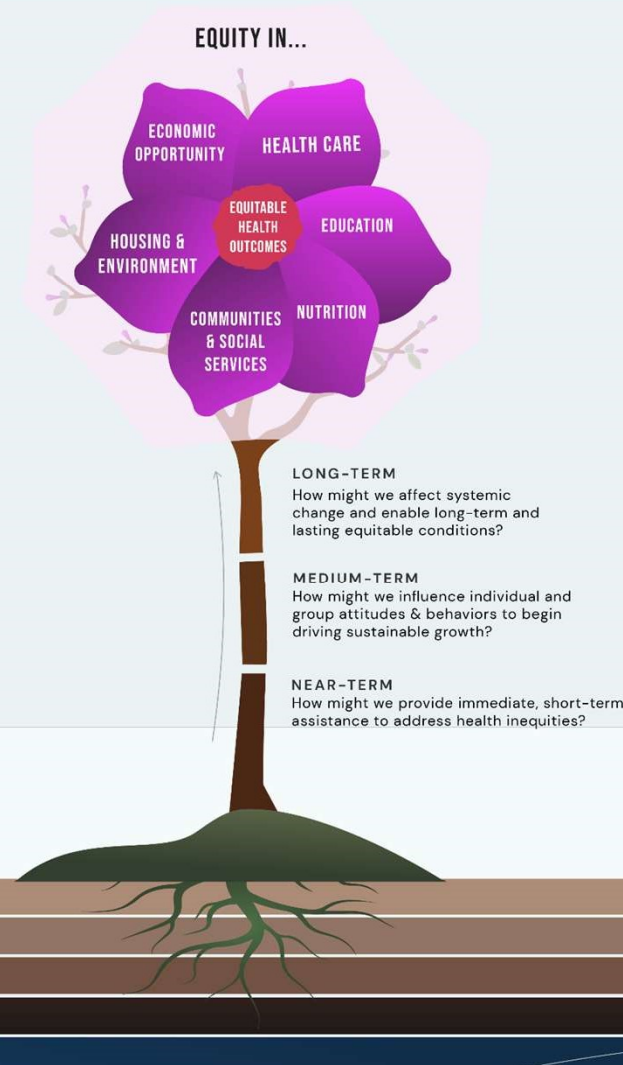


How might we drive systemic anti-racism, promoting equitable health for our members and beyond?

3 | ACT TO REDUCE INEQUITIES

1 | SEE THE PROBLEM LANDSCAPE

2 | UNDERSTAND PROBLEM FORCES



1

SEE THE PROBLEM LANDSCAPE

To tackle these ambitious goals, we need to understand the breadth of problems contributing to racial health inequities. They are vast, yet conquerable.

Tackle the landscape by selecting problems that BCBSMA knows exist and may be uniquely positioned to address as a payer.



1 SEE THE PROBLEM LANDSCAPE

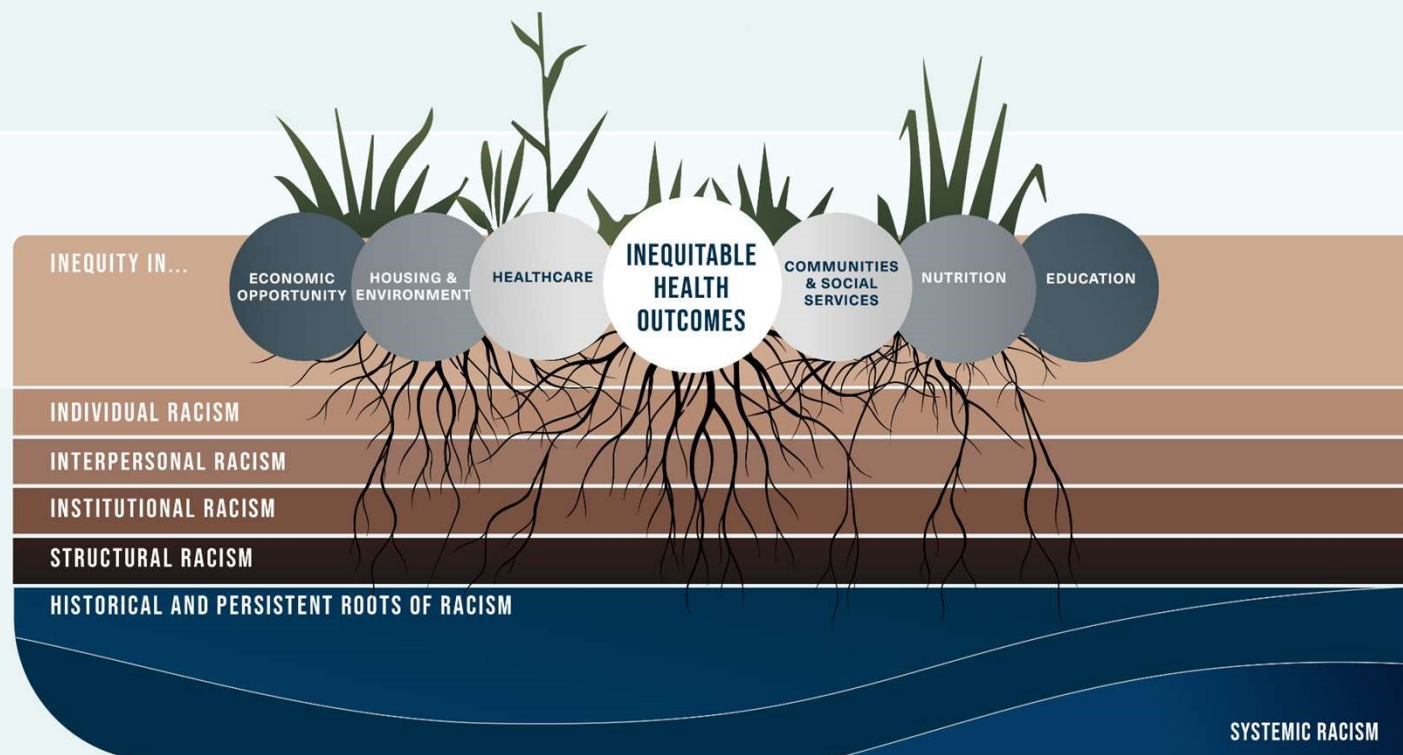
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2 UNDERSTAND PROBLEM FORCES

To solve this problem, we must first better understand the forces driving it.

To help illuminate the many underlying causes of racial health inequities, evaluate the levels to the right to uncover the forces behind each inequity.



3 | ACT TO REDUCE INEQUITIES

Now that we have identified the contributing forces of inequities, we can begin to imagine ways in which BCBSMA might be able to help.

To make sure we include solutions that range from visionary to immediately actionable, we have organized our explorations into three spaces: near-term, medium-term, and long-term.

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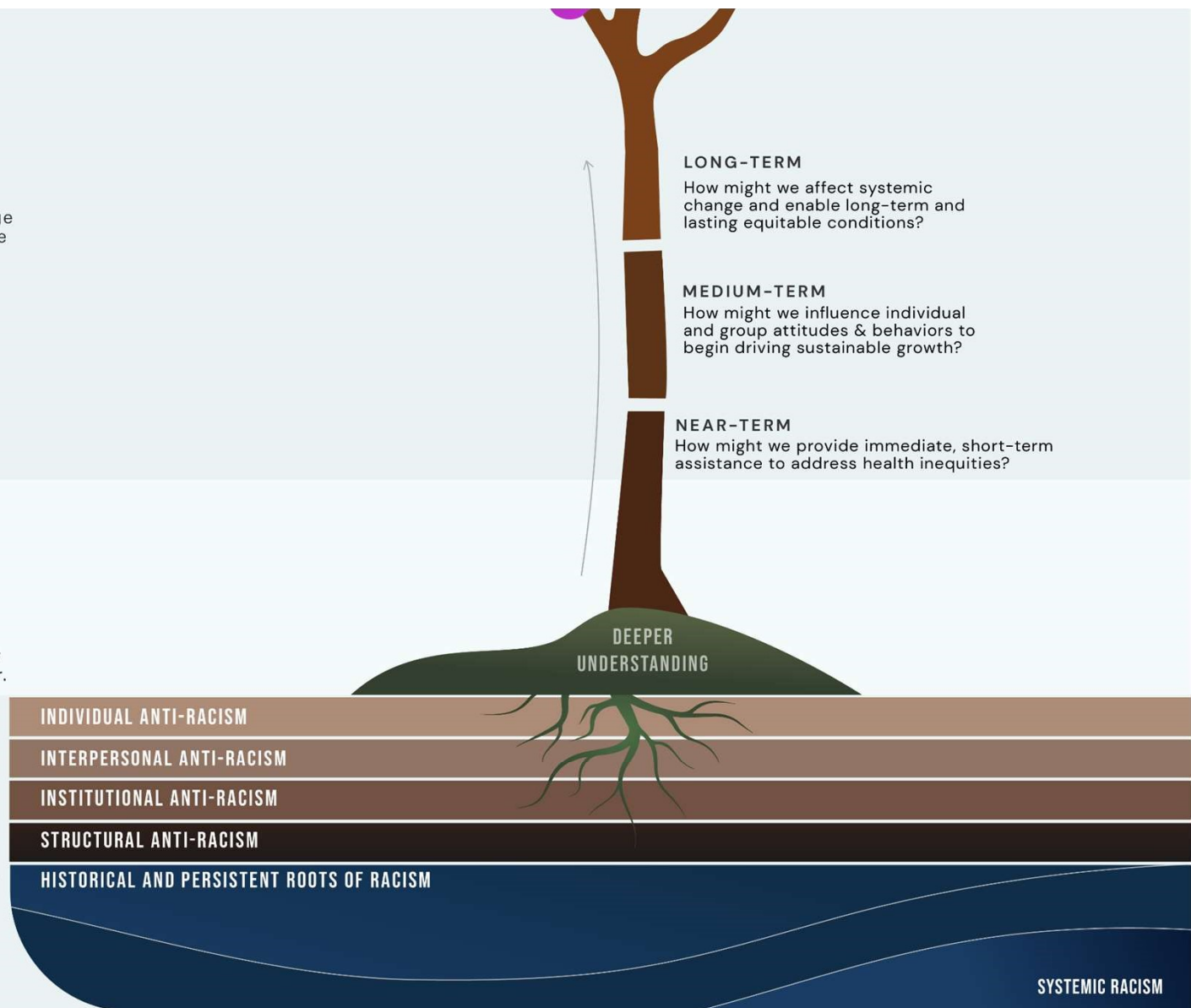
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