MEETING NOTES

The tenth meeting of the Social Justice & Health Disparities Working Group was held on June 3, 2021, from 3:00-4:30pm.

Dr. Dora Hughes opened the meeting with an overview of the agenda and discussion over a recent New York Times article about two sisters with sickle cell disease who had devastating, preventable strokes. The story exemplified the failure of the health system to ensure care for people of color. She then shared the draft recommendations, reviewed all comments received, and asked for feedback on proposed, additional changes.

Discussion of Draft Recommendations and Comments Received

"Focus Area 1: Expand access to providers and health systems for communities of color in the District" remained largely unchanged, with minor language edits.

Paul Speidell offered to contribute language to clarify that while carriers are part of the solution, other entities will need to contribute to the effort to support a diverse physician workforce within provider networks. Mila Kofman noted that the goal of these recommendations is to identify issues that DC HBX has the power to change, and the recommendations are based on strategies health plans are already engaged in or will be engaged in. Paul suggested that this information be included in the introduction of the recommendations.

Kofman then described that, in "phase two" of this work, HBX envisions bringing other payers to the table such as Medicaid, large private employers, and DCHR in order to determine if some of these recommendations may be implemented more broadly for greater impact.

Janice Davis commented that moving forward DCHBX should consider involving community organizations in these discussions to broaden outreach.

Daniel Wilson commented that, beyond the diversity of healthcare providers, health and cultural competency plays a big role in ensuring patients with diseases that some physicians may not be well trained in will receive quality care. He gave the example of physicians confusing individuals having a sickle cell crisis with prescription drug abuse. UnitedHealthcare is working to educate medical providers in areas with high incidence of diseases with which physicians may not be adequately familiar because UnitedHealthcare has heard from members that they are not having good experiences. Kofman asked if we need to add an additional bullet to address that issue, i.e. carriers working with provider networks should ensure focus on diseases with high prevalence in patients of color are included in physician training. Wilson responded that he will draft language.

Allison Mangiaracino commented on the scholarship proposal in Focus Area 1, saying that she is not sure every health plan has the capacity to provide this kind of support as it would require infrastructure to design and sustain a scholarship program. Kaiser Permanente does, however, have a health equity scholarship program already in place for all regions. She was also concerned that we cannot guarantee scholarship recipients will practice in the District.

Kofman responded that perhaps this is a program HBX could develop and administer, with funding coming provided by the plans. A condition of the scholarship would be that recipients are required to practice in the area. Diane Lewis added that this recommendation was raised because many carriers already have a structure in place for philanthropic contributions, which could be utilized to strengthen the physician pipeline.

Colette Chichester added, to Allison's point, that we may need to flesh out the recommendation more, perhaps linking it back to DC's HPSA, and that we need to consider how we will measure the impact of this recommendation (e.g., how many student recipients go on to practice in the District, what is the impact on DC members, etc.), unless the purpose is solely to educate. Lewis responded that linking the recommendation to DC's HPSA could be a way to ensure we are funding the pipeline in the District, to the extent that STEM and medical students complete their academic work and are certified in the District.

Karima Woods asked for examples of successful models similar to the recommendation, and Wilson cited a program at Mercer School of Medicine in Georgia that provides financial support to Georgia residents who intend to practice in Georgia. He asked if this program could be replicated for District residents, particularly for students who intend to practice in Wards 7 and 8. Tonya Vidal Kinlow cited the DC Health Professional Loan Repayment Program, and Anneta Arno provided additional information about the program including that fact that recipients do not always continue to practice in health professional shortage and medically underserved areas. She noted that few DC college students are District residents and suggested we may want to consider recruiting DC residents who study in other cities to return to the District to work. Kofman emphasized that the goal of this recommendation is not to replicate or replace existing DC programs and asked Arno if this recommendation is worth pursuing. Arno confirmed that yes, there is space for more work to be done to support the pipeline in the District.

Dr. Hughes concluded the discussion on Focus Area 1 by assuring members we will identify examples of existing scholarship models that could be useful.

"Focus Area 2: Eliminate health outcome disparities for communities of color in the District" had language revisions in the insurance design section with new language from the carriers, particularly Kaiser Permanente, with support from Oliver Wyman actuaries. Kofman emphasized that for this recommendation, the working group is charging the Standard Plans Working Group with modifying the standard plan design where appropriate. She noted that it is possible at first the Standard Plans Working Group may find, given AV and premium impact, they can only change benefit design for diabetes. Chichester asked for more time to review the language changes, and suggested members discuss the recommendation in more depth next meeting. Kofman added that this recommendation will impact all four carriers as the standard plan design will be added to the SHOP side as well.

Purvee Kempf noted for those that are not familiar with how standard plans work in the DC Health Link market, the carriers have to offer one standard plan developed by the standard plan working group in each of the metal levels.

Davis asked if we can emphasize wellness and rewards programs already built into plans that are offered at no-cost or discount to members.

Regarding the second bullet under the insurance design recommendation, Kofman added that when benefit design is changed to include things at no-cost, health plan and provider education is necessary to ensure billing is done correctly. HBX anticipates an education effort, even if it is just in the first year for diabetes services. In addition, the reporting piece of the recommendation is to ensure that the design changes are successful and determine if the model should be replicated in the future.

Mangiaracino commented—regarding the recommendation to collect and use comprehensive member-level racial, ethnic, and primary language data to support and collaborate with network providers to reduce racial and ethnic inequities—the 834 file does not include race/ethnicity, and although race/ethnicity data collected at enrollment is not comprehensive, passing along the data that is available through an enrollment file could be useful for carriers.

Kofman mentioned that on the individual side this data is collected voluntarily, but it is not currently passed along to carriers. The 834 could be modified, and HBX would be happy to provide carriers with that information, but it is possible carrier data systems would also need to be modified to absorb the data. This is an issue that would need to be further discussed with the HBX IT team. On the SHOP side, the small group side, this data is not currently collected, and more research is needed to determine if there are any restrictions in federal law on asking for it on a voluntary basis. If there are no restrictions, HBX is willing to ask for the data, but that update will take time. Mangiaracino replied that she is happy to take that information back to her team to see if it is possible for them to absorb the data.

"Focus Area 3: Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District" included a few language changes, a new bullet on learning about other measures that could be taken to encourage cultural competency training for providers in the District, and language changed to "review clinical algorithms and diagnostic tools for biases and inaccuracies and update appropriately."

Dr. Hughes closed the meeting by requesting that members further review the draft recommendations, provide comments, and be prepared for a robust discussion next meeting.

Attendees

Dora Hughes
Helen Mittmann
Mila Kofman
Diane Lewis
Mary Beth Senkewicz
Tonya Vidal Kinlow
Yulondra Barlow
Howard Liebers
Purvee Kempf
Daniel Wilson
Colette Chichester
Chikarlo Leak
Yolette Gray
Allison Mangiaracino
Paul Speidell
Janice Davis
Karima Woods
Anneta Arno