



NCQA's Vision for Health Equity

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Speakers



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The BIG Idea

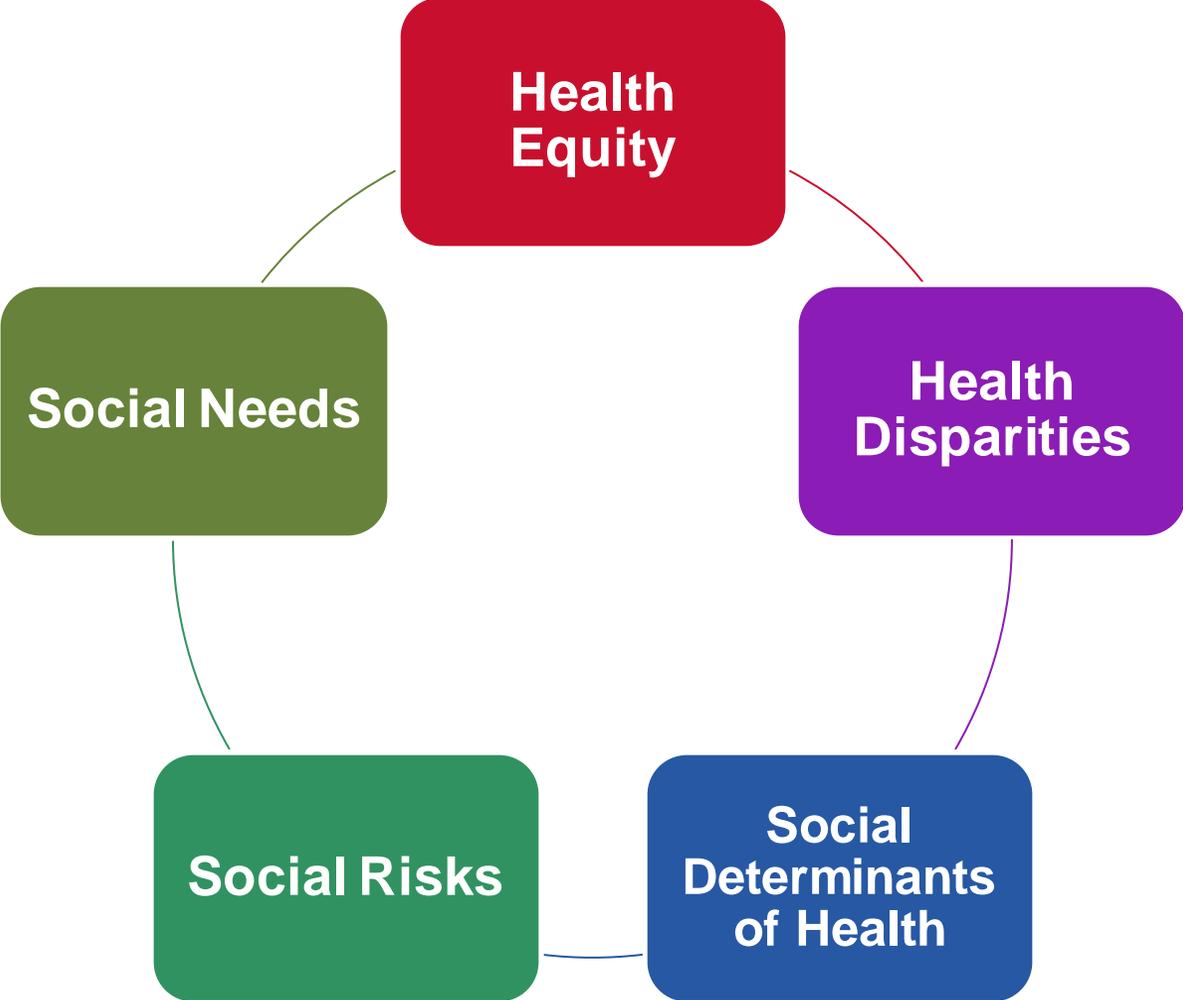
High quality care
is equitable care

No quality
without equity

Build equity into
all NCQA
programs

Related, but not Interchangeable

Clarifying Terms and Concepts



Race & Ethnicity Stratification of Measures

Proposal for HEDIS Measurement Year 2022

- ✓ Align race and ethnicity reporting with Office of Management and Budget (OMB) categories, with options for *Declined* and *Unknown* (missing)
- ✓ Separate stratification (reporting tables) for race and ethnicity
- ✓ Path for reporting using both direct and indirect data, regardless of completeness, with separate reporting fields by source
 - Guidance for appropriate indirect methods
- ✓ Existing HEDIS Audit and Hybrid Sampling guidelines apply
- ✓ Five measures selected for stratification for MY 2022

Race & Ethnicity Stratification of Measures

Candidate Measures

| Domain | Measure | Commercial | Medicaid | Medicare |
|---------------------------------|--|------------|----------|----------|
| Effectiveness of Care | Controlling High Blood Pressure (CBP) | X | X | X |
| | Comprehensive Diabetes Care (CDC)* • HbA1c Control <8% , HbA1c >9% | X | X | X |
| | Comprehensive Diabetes Care (CDC)* • Eye Exam | X | X | X |
| | Antidepressant Medication Management (AMM) | X | X | X |
| | Follow-Up After ED Visit for People With Multiple High-Risk Chronic Conditions (FMC) | | | X |
| | Colorectal Cancer Screening (COL) | X | | X |
| Access and Availability of Care | Adults' Access to Preventive/ Ambulatory Health Services (AAP) | X | X | X |
| | Prenatal and Postpartum Care (PPC) | X | X | |
| Utilization | Well-Child Visits in the First 30 Months of Life (W30) | X | X | |
| | Child and Adolescent Well-Care Visits (WCV) | X | X | |
| | Mental Health Utilization (MPT) | X | X | X |

* Separate measures, if approved for MY 2022

Measurement moving forward...

Future direction

- ✓ Expand race and ethnicity stratifications
- ✓ Sexual orientation and gender identity – inclusive approaches to measurement, equity in care and outcomes
- ✓ Social needs screening and referral: food insecurity, housing, transportation, social isolation
- ✓ Support and incentivize efforts to increase completeness of self-reported race and ethnicity data (looking forward to MY 2024)

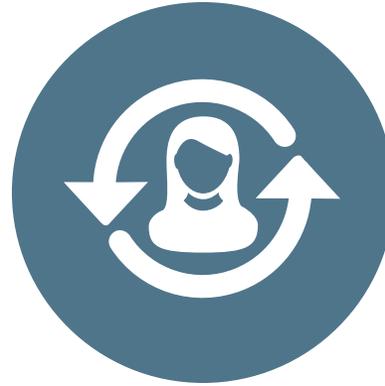
Research to Create Change



*Roadmap to Improve
Data to Measure,
Monitor and Achieve
Health Equity*

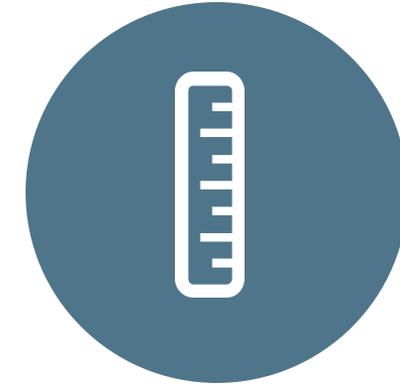
*In partnership with
Grantmakers in Health*

*(The Commonwealth
Fund)*



*Social Determinants
of Health National
Standards &
Measures*

(The California Endowment)



*Advancing Health
Equity Quality
Measurement.*

*(California Health Care
Foundation)*



Standards Updates

Multicultural Health Care Distinction and Health Plan Accreditation

NATALIE MUELLER, ASSISTANT DIRECTOR

Tools for addressing disparities

Multicultural Health Care Distinction

Highlight orgs that excel in providing culturally and linguistically appropriate services (CLAS)

Is practical application of Office of Minority Health CLAS standards

Foundation for future programs



Multicultural Health Care Distinction

Standards Overview

To earn Multicultural Health Care Distinction, health plans need to meet requirements in 5 standards areas:

Race/Ethnicity and Language Data: Organizations collect and analyze members' race, ethnicity and language data to create a foundation for providing culturally and linguistically appropriate services.

Language Services: To effectively communicate with patients, organizations provide materials and services in the language that patients use and understand.

Practitioner Network Cultural Responsiveness: Organizations collect data on language, race and ethnicity of clinicians and other providers to maintain a network that can meet members' cultural and linguistic needs.

CLAS Standards Program: Organizations develop a program for continually improving cultural and linguistic services that includes objectives, a process for identifying improvement areas, measurable goals and an annual work plan.

Reducing Health Care Disparities: To improve disparities, organizations analyze data relating to clinical performance, patient experience and CLAS and develop and implement targeted interventions.

Health Equity Evaluation Program

MHC: Health Equity

Core, Required

(New) (standard 1)

Organizational Readiness and Promoting D/E/I

(MHC 1, new [SOGI])

Race/Ethnicity, **Gender Identity, Sexual Orientation** and Language Data Collection

(MHC 2)

Access and Availability of Language Services

(MHC 3)

Practitioner Network Responsiveness

(MHC 4)

Cultural and Linguistically Appropriate Services Programs

(MHC 5)

Reducing Health Care Disparities

(New) (standard 6)

Report Relevant HEDIS Measures



Surveyed as one evaluation option: Expanded

Surveyed individually, in addition to above: Plus

SDOH Evaluation Option

Module, customizable for different markets

(standard 1)

Building Cross-Sector Partnerships with Community and Practitioners

(standard 2)

SDOH Data Standardization, Interoperability, and Exchange

(standard 3)

Assessing SDOH and other Inequities

(standard 4)

Health Equity Programs

(standard 5)

Tracking Referrals, Outcomes and Impact

(standard 6)

Equitable Evaluation of Technology

(standard 7)

Assessment of Community Health Worker Programs

HPA 2022 Final Recommendations

At a glance

Add new factors to strengthen organizations commitment to health equity and discovery of disparities within their populations:

- PHM 1, Element A: Strategy Description
- PHM 2, Element B: Population Assessment
- PHM 2, Element C: Activities and Resources
- PHM 2, Element D: Segmentation
- PHM 3, Element A: Practitioner or Provider Support

Add one new element to promote diversity, equity and inclusion within the organization:

- QI 1, Element E: Organizational Diversity, Equity and Inclusion



Questions

