MEETING NOTES

The eleventh meeting of the Social Justice & Health Disparities Working Group was held on June 17, 2021 from 3:00-4:30pm.

Working group members were asked to review the recommendations that Dr. Hughes had flagged or updated based on previous discussion and carrier comments, and raise any additional comments, questions, or concerns.

Focus Area 1: Expand access to providers and health systems for communities of color in the District.

Allison Mangiaracino asked if HBX could clarify the language used in the recommendation *"provide incentives for both primary care and specialist physicians to practice in underserved areas in DC."* Mila Kofman responded that HBX did not want to use prescriptive language as each carrier will likely need to utilize different strategies to address this commitment.

Yulondra Barlow said CareFirst is concerned that providing incentives for physicians to practice in underserved areas will not be a fully successful effort if those physicians are unable to secure a certificate of need (CON). They recommend working with DOH to establish a CON waiver process to incentivize primary care and specialty physicians to practice in underserved areas in DC.

Purvee Kempf thanked Barlow for her comment and stated that HBX defers to DC Health on all things CON-related. She said that because there are a variety of barriers to practicing in underserved areas, providing incentives may not be enough to ensure the desired outcome is fully successful. That said, the goal of this recommendation is for carriers to do what they can, and language could be added to clarify this. Kempf also noted that CareFirst has already taken steps to support care in underserved areas that are not necessarily CON-dependent, such as offering a combination of advanced lump sum payments to qualifying patient-centered medical home panels to support healthcare providers in Wards 7 and 8. As another example, UnitedHealthcare made short-term investments in FQHCs to increase their capacity.

Pamela Riley added it may make sense to add language along the lines of "support providers that are already practicing in underserved areas" to ensure networks include providers in these areas. Kempf responded that the suggested language could make sense.

Dr. Hughes concluded that we would draft additional language to be included in the recommendation document or in the final report that will accompany the recommendations and send it to the group to review.

The next recommendation the group discussed was *"provide scholarships for STEM students and medical school students of color in health professional schools in the District."* Yulondra

Barlow suggested exploring retention strategies to ensure that students who have been awarded scholarships remain in the District and work in underserved areas. Diane Lewis clarified that the goal of this recommendation is to increase diversity in the District's healthcare workforce and not just in underserved areas. Cara James noted that while scholarships are helpful, increasing diversity in the District's healthcare workforce will require additional support such as networking, mentorship, and internships. Mila Kofman said she does want to be realistic about what health plans are asked to do and is interested to know what support the health plans believe they could provide. Dr. Hughes suggested drafting language to expand on or clarify the retention piece, to be included in the recommendation document or the final report.

Allison Mangiaracino said that while Kaiser Permanente has a scholarship program, she is not sure if requiring all plans to establish a scholarship program is within the scope of this project, and if providing scholarships is how plans would choose to allocate their community benefit dollars. Mila Kofman reiterated that HBX could establish a scholarship program if needed, and given the existing DC government scholarship programs aimed at increasing diversity in the District's healthcare workforce, there are multiple ways carriers could implement this recommendation without creating a whole new program. Dr. Hughes suggested developing additional language, and Paul Speidell noted that maintaining a level of flexibility to allow for creativity is important. Mila Kofman suggested leaving the current language as-is while also providing clarification on what it means and what it does not mean. Pamela Riley acknowledged Mila's suggestion that this recommendation could be achieved by working within existing programs that already have the infrastructure to support students and have exhibited a level of effectiveness.

Focus Area 2: Eliminate health outcome disparities for communities of color in the District.

Mila Kofman said that, regarding the recommendation *"HBX should include race/ethnicity data (if provided by enrollee) in its 834 files to carriers for individual marketplace enrollees…"* HBX has not yet had the chance to discuss potentially necessary 834 system changes with carriers, and the carriers will need to review the current language to ensure the recommendation is feasible as written.

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.

Dr. Hughes described changes made to the language used in recommendations under the heading *"review clinical algorithms and diagnostic tools for biases and inaccuracies and update appropriately."* She said Allison Mangiaracino suggested adding language to clarify what type of algorithms the recommendation referenced, and Dr. Hughes noted that the new language reflects language the Agency for Healthcare Research and Quality used in their recent RFI.

Allison Mangiaracino said she is still unclear how carriers will "review clinical algorithms." She is unclear about the scope of this recommendation and is not sure if there are tools available to

conduct these assessments. Dr. Hughes clarified that clinical decisionmaking algorithms and race correction tools are two different things. She noted that there is broad consensus, including from the American Society of Nephrology and National Kidney Foundation, that eGFR algorithms should not use race correction, and they will release additional recommendations later this year. Regarding algorithm assessment, as shared through the deep dive sessions, several plans are already looking at their clinical decisionmaking algorithms to see if there are any issues. Dr. Hughes does not think we should be more specific in this recommendation as plans are already tackling this issue and may need to use their own tailored approaches. Mangiaracino said that addresses her concerns.

Dr. Hughes asked if there were any additional thoughts or concerns about the recommendations, and then reviewed next steps, which include modifying the recommendations based on this discussion, and described the development of the final report.

Mila Kofman asked Dr. Hughes to color code the recommendation document so it is clear what recommendations need to be discussed at the next meeting. Those recommendations that were cleared by the group were color coded in blue font.

Attendees

Dora Hughes
Helen Mittmann
Diane Lewis
Cara James
Mila Kofman
Purvee Kempf
Mary Beth Senkewicz
Yolandra Barlow
Howard Libers
Allison Mangiaracino
Yolette Gray
Pamela Riley
Janice Davis
Paul Spiedell
Chikarlo Leak
Anneta Arno
Karima Woods