



**Year 1 (July 2021 to June 2022):
DC Health Link Insurers' implementation of HBX
Executive Board's Resolution Adopting
Recommendations from the HBX Executive Board's
Social Justice and Health Disparities Working Group
7/13/2022**



Requirements for Year 1 (July 2021 – July 2022)

- **Immediate Plan Design Changes for 2023:** update standard plan design to cover Type 2 Diabetes with no cost sharing in individual and group standard plans. Type 2 diabetes disproportionately impacts communities of color in DC.
 - ✓ Standard Plans Working Group updated standard plans for 2023: No deductibles, no co-insurance, no copays for physician visits, lab work, eye exams, podiatrists, supplies and insulin/Rx for Type 2 diabetes.
 - ✓ In 2023 standard plans will be offered for the first time in small group marketplace.
- **Health plans must prohibit race adjusted GFR for network providers.**
 - If you are black, the GFR (measures kidney function) score gets adjusted upward so it looks like your kidneys function better than they actually do. The Adjusted GFR is a racist practice resulting in African American people getting delayed medical intervention for kidney disease and delays (or not qualifying for) kidney transplants.
 - Health plan activities details in next slide
- ✓ **Health plans must review clinical algorithms and diagnostic tools for biases and inaccuracies and address/update.**
 - Health plan activities details in next several slides



Carrier Actions on Prohibiting Use of Race Adjustments in e-GFR

SJWG Recommendation: Eliminate the use of race adjustment in estimating GFR by hospitals, laboratories and other network providers, consistent with updated National Kidney Foundation guidance.

Carrier Actions:

- ✓ A health plan transitioned to a single reported eGFR in February 2022 (no race adjustment).
- ✓ A health plan confirmed with its national lab partners that the labs would implement eGFR with no race adjustment.
- ✓ Several health plans are discouraging the use of race adjustment in estimating GFR.

Note: One nationwide lab eliminated the use of race adjustment in estimating GFR in February 2022 and a second nationwide lab is working to remove race adjustment in Spring/Summer of 2022. Some local hospital systems announced that they are no longer using race adjusted eGFR (2020-2021).

Challenges: Updating carrier contracts



YEAR 1: DC Health Link Insurers Completed Activities July 2021 to June 2022

- ✓ Several health plans reviewed their internal use of 13 clinical diagnostic tools that medical providers use.
- ✓ A health plan confirmed that they do not use these in their internal decision making.
- ✓ Background: Researchers identified 13 clinical diagnostic tools that use race-adjustment and determined these tools have the potential to perpetuate or even amplify race-based health inequities. Researchers recommended a review of these tools for bias. SOURCE: The New England Journal of Medicine article, *Hidden in Plain Sight: Reconsidering the Use of Race Correction in Clinical Algorithms*.



13 clinical diagnostic tools that use race-adjustment:

1. American Heart Association Get with the Guidelines- Heart Failure
2. Society of Thoracic Surgeons Short-Term Risk Calculator
3. eGFR
4. Kidney Donor Risk Index (KDRI)
5. Vaginal Birth after Cesarean Risk Calculator
6. STONE Score
7. UTI Calculator
8. Rectal Cancer Survival Calculator
9. National Cancer Institute Breast Cancer Risk Assessment Tool
10. Breast Cancer Surveillance Consortium Risk Calculator
11. Osteoporosis Risk SCORE
12. Fracture Risk Assessment Tool FRAX
13. Pulmonary-function tests



DC Health Link Health Plans New and On-going Activities Related to Clinical Guidelines

- ✓ Several health plans have a system in place to conduct on-going reviews of clinical diagnostic tools that use race adjustment.
- ✓ All health plans will continue to monitor changes to factors related to race, ethnicity, and others that are biased or cause/contribute to health disparities as medical entities responsible for clinical guidelines update their recommendations.
- ✓ One health plan will make changes once a sponsoring organization modifies their guidelines.
- ✓ One health plan is also monitoring research being conducted by the U.S. Department of Health and Human Services Agency on Healthcare Research and Quality (AHRQ).



DC Health Link Health Plans New and On-going Activities Related to Algorithms and Data Collection, Management, and Use

- ✓ All health plans are updating internal guidelines governing development and use of algorithms and data management. Several health plans have engaged in these activities prior to the Working Group's work. Examples of activities:
 - Examining predictive algorithms used to identify members for care management and health improvement programs. These tools are intended to provide information about risks related to adverse clinical events, for example, inpatient admission risk model, readmission predictive model, compassionate care model, and frequent ER model.
 - Implementing a process for bias re-testing algorithms at regular intervals.
 - Implementing a process to disseminate as part of their enterprise systems any reporting tools that have been identified as creating or exacerbating healthcare disparities.
- ✓ Health plans with internal IT developers and other experts responsible for developing algorithms and/or data analysis:
 - Changing processes to provide internal guidelines on bias to data scientists, data engineers and other personnel involved in developing or maintaining algorithmic tools and advanced statistical models used or intended for use in the delivery of health care.
 - Consulting with a centralized algorithmic review board.
 - Implementing enterprise information governance systems to promote a responsible data culture.
 - Developing policies and practices guidelines to monitor for bias and mitigate potential algorithmic bias.
 - Reviewing and, in some cases, using third-party guidelines and tools to inform their work, including their internal policies and guidelines. For example, health plans referenced guidelines issued by the National Institute of Standards and Technology, the University of Chicago Center for Applied Artificial Intelligence, and IBM's AI fairness 360 toolkit.
- ✓ Using the NEJM as guide, a health plan's team of medical directors are in a series of deep dive discussions on the use of race adjustments in clinical algorithms. Specifically, how the use of racial adjustments in algorithms are used to assess risk, separate individuals between "qualifying" and "disqualifying," and/or stage individuals on the spectrum of health or illness.



Examples of DC Health Link Plans' Activities Related to Working Group Recommendations Beyond Year 1

- ✓ All health plans are working on data collection on race, ethnicity and language (Recommendations Under Focus Area 2).
 - ✓ Establishing goals around obtaining imputed data on race, ethnicity, and language (REL) as well as methods to obtain self-reported data from members.
 - ✓ One health plan begun to obtain imputed data on REL and is developing and will finalize policies and procedures to guide the use and governance of this data.
 - ✓ Developing training and controls to help encourage the use of self-reported data over imputed data when its available.
- ✓ Kaiser Permanente Mid-Atlantic earned Multicultural Health Care Distinction (predates Working Group's work).
- ✓ A health plan established a scholarship program, in partnership with the Hispanic Scholarship Fund and United Negro College Fund, which provided \$1.26 million in scholarships to 252 high school seniors in Washington, D.C., Maryland, and Virginia in 2021. This program offers grants of up to \$5,000 to students with a demonstrated interest in a career in the health care industry (both clinical and non-clinical). NOTE: This scholarship program predates Working Group's work.



Lessons and Challenges

- ✓ Unexpected positive outcomes: Insurers are not limiting their equity and health disparities work to DC Health Link products. Except for standard plan changes, insurers are implementing our other requirements beyond DC Health Link.
- ✓ Clinical treatment guidelines generally outside of insurers' control
 - Medical standard setting bodies external to insurers are better positioned to identify clinical treatment guidelines that are biased and contribute to health disparities.
 - The Social Justice and Health Disparities Working Group may need to discuss when it reconvenes.
- ✓ NCQA is transitioning to Health Equity Accreditation
 - NCQA is discontinuing the Multicultural Health Care Distinction.
 - The Social Justice and Health Disparities Working Group may need to update the wording on this recommendation when it reconvenes.
- ✓ Standard plan design: AV issues; clinical expertise; value-based design including low and zero value services
 - New “zero value” services recommendations from researchers may help.
 - Need clinical expertise to guide pediatric mental health coverage and additional adult benefits for 2024 changes to standard plan design.