Meeting Notes

The ninth meeting of the Social Justice & Health Disparities Working Group was held on May 20th, 2021 from 3:00-4:30pm. Dr. Dora Hughes began the meeting with a brief overview of the agenda.

National Committee for Quality Assurance (NCQA) Presentation

Amy Maciejowski, Program Manager of State Affairs, began the presentation with an overview of NCQA's vision for health equity. Seventy-five organizations across the country have achieved NCQA's Multicultural Health Care Distinction, and three states—PA, WI, and SC—have required their Medicaid plans to add the MHC Distinction to their existing accreditation requirements. NV Medicaid recently added language in their RFP encouraging plans to achieve Distinction. Covered California has given the state's health plans until 2022 to meet the MHC Distinction requirements, and plans will also be required to pass NCQA Health Plan Accreditation.

Rachel Harrington, Research Scientist with the Quality Measurement and Research Group, presented on how NCQA is advancing their equity strategy via measurement and research. Their framework hinges on three ideas including 1) high quality care is equitable care, 2) there is no quality without equity, and 3) equity must be built into all NCQA programs. They are working to address the need for greater transparency on health care quality and performance by race and ethnicity and have proposed incorporating this stratification into HEDIS Measurement Year 2022. After receiving stakeholder feedback, the proposal was modified to include language to allow a path for reporting using both direct and indirect data, regardless of completeness, with separate reporting fields by source. In addition, measures that may be included for stratification in MY 2022 are: 1) controlling high blood pressure, 2) comprehensive diabetes care (HbA1c Control <8%), 3) colorectal cancer screening, 4) prenatal and postpartum care, and 5) child and adolescent well-care visits. The data for MY 2022 measures will not be publicly available.

Moving forward, they would like to focus on: 1) expanding race and ethnicity stratifications, 2) inclusive approaches to measurement, equity in care and outcomes re: sexual orientation and gender identity, 3) social needs screening and referral (food insecurity, housing, transportation, social isolation), and 4) supporting and incentivizing efforts to increase completeness of self-reported race and ethnicity data.

Research activities underpinning this work include: 1) Roadmap to Improve Data to Measure, Monitor, and Achieve Health Equity (GIH, Commonwealth Fund), 2) SDOH Health National Standards & Measures (TCE), 3) Advancing Equity Quality Measurement (California Health Care Foundation).

Natalie Mueller, Assistant Director in Project Management, reviewed NCQA MHC Distinction and Health Plan Accreditation (HPA) updates. For a standards overview, see the NCQA's

Multicultural Health Care Distinction. Natalie noted that NCQA heard from Pennsylvania that their decision to add the MHC Distinction requirement for their Medicaid plans was due in part to evidence that PA plans with MHC Distinction performed better on HEDIS measures across race and ethnicities.

They are in the process of updating MHC Distinction standards to address health equity. Changes may include a new standard on organizational readiness and promoting diversity, equity, and inclusion, requiring collection of sexual orientation and gender identity data, and requiring reporting of the relevant HEDIS measurements Rachel discussed. They have also established an optional SDOH Evaluation module that is customizable for different markets. These updates will be released for public comment.

HPA 2022 final recommendations include 1) adding new factors to strengthen organizations commitment to health equity and discovery of disparities within their populations, and 2) adding one new element to promote diversity, equity, and inclusion within the organization.

Presentation Questions

Natalie noted that four organizations with MHC Distinction have commercial plans, and those plans can be identified on NCQA's Health Plan Report Cards webpage.

Dr. James asked if NCQA has considered how race and Hispanic ethnicity categories can be combined, and Rachel responded that they currently do not dual stratify race and ethnicity when reporting results to HEDIS to improve reliability in scoring and maintain a larger sample size. She noted, however, that the field is evolving, and they are open to looking at this data in a more granular way. Dr. James asked what the "biggest sticking points" stakeholders had about race and ethnicity data stratification process, and Rachel said it was the data completeness requirement and this resulted in the modification of their proposal.

Dr. Hughes asked if organizations who have the MHC Distinction have reported any specific outcomes, and what aspects of the MHC Distinction organizations have reported the most difficulty with. Natalie referenced the paper "NCQA Distinction in Multicultural Health Care: Assessment of the Benefits and Recommendation to Require that Issuers Achieve this Distinction" prepared by HMA for Covered California in 2020. Natalie said the most difficult aspect of MHC Distinction for organizations to achieve is the data collection piece. Natalie also confirmed that organizations are required to ask their providers for practitioner race, ethnicity, and language data. Dr. Hughes asked how the data they collect will be used, and Rachel said their trajectory is 1) require reporting, 2) identify and close gaps within organizations, and 3) compare data to national/state/regional benchmarks.

Diane Lewis asked if about algorithmic bias, and Rachel said there is a component around algorithmic bias and expectations on how organizations evaluate the algorithms they are using in the optional SDOH Evaluation module they are developing.

Discussion of Draft Recommendations and Comments Received

Mila Kofman updated the group on conversations with Oliver Wyman actuaries about modifying insurance design for DC Health Link standard plans to lower or eliminate cost-sharing for high-value services that prevent and manage diseases and health conditions that disproportionately affect patients of color in the District. Two things to keep in mind include 1) the current standards under the ACA that require plans to meet certain actuarial value levels, and 2) the impact on premiums. In addition, we will need to review any constraints under the essential health benefits benchmark in regard to identifying and eliminating coverage for certain low-value services. The take home message from these conversations is that the more technical aspects of this recommendation will need to be reviewed by the Standard Plans Working Group, and it will be important to further define what we mean by no-cost coverage for certain conditions and prioritize diseases and health conditions based on DC-specific data.

Allison Mangiaracino noted that we need to further specify the goal of lowering or eliminating cost-sharing for high-value services: is it to improve adherence, provide advanced state cost-sharing relief, or both? Dr. Hughes responded that sees promoting adherence to prevent secondary complications and decrease the seriousness of disease as the primary goal, but this is something that could be discussed further.

Colette Chichester asked if we could discuss best communication practices to inform the public of the plans' existing programming to address the identified diseases and health conditions.

Dr. Hughes then shared the list of recommendations and asked for additional comments. In Focus Area 1, Colette noted that we may need to reframe the recommendation if we do not define targets that make it possible to measure success.

In Focus Area 2 and 3, Dora noted that we will review how NCQA's presentation today influences the development of this section. Dr. Hughes concluded with an overview of the upcoming two meetings.

Attendees

Dora Hughes
Helen Mittmann
Mila Kofman
Diane Lewis
Purvee Kempf
Cara James
Ciana Creighton
Colette Chichester
Allison Mangiaracino
Margarita Dilone
MaryBeth Senkewicz
Yolette Gray
Yulondra Barlow
Janice Davis
Pamela Riley
Paul Speidell
Philip Barlow
Tamara Watkins
Tricia McGinnis