

Social Justice and Health Disparities Working Group

Issues List

As previously discussed, the Working Group has engaged in “deep dive” discussions focused on the following topics:

- Insurance design
- Racial and ethnic data collection
- Carrier and employer strategies, including clinical initiatives, contracting mechanisms and other tools

In addition, we have considered options for future “deep dive” sessions as time permits:

- Bias in algorithms
- Race correction in diagnostic tools
- Priority issues/clinical conditions, such as maternal mortality or diabetes

Detailed list of issues discussed to date:

Bias in Diagnosis/Treatment

- Implicit bias among providers
- Race correction in diagnostic and clinical tools
- Clinical algorithms: need for review for bias and inaccuracies

Insurance Design

- Lessons from value-based insurance design type models: review and change insurance benefit design for equitable access, particularly for conditions with disparate impact
- Enhanced coverage of essential services
- Expanded pre-deductible coverage/reduced cost sharing on high value clinical services
- Clinically driven payment models and plan designs that increase use of high value services and deter the use of low value ones
- Reduced or eliminated cost-sharing for conditions that disproportionately affect communities of color

Race and Ethnicity Data Collection

- Increased data collection, monitoring, and reporting for race and ethnicity and other data across private and public payers
- The need for a standardized approach to race/ethnicity data collection and measurement
- Direct data collection methods: enrollment; provider education on importance of providing race/ethnicity on claims; surveys, HRAs or outreach materials designed to increase response rate

- Indirect data collection methods: enhancing data quality for algorithms; standardized methodology; uses for population health management and to identify disparities
- NCQA proposal on HEDIS measure stratification by race/ethnicity

Carrier strategies

- Targeted interventions, programs, and community-based testing for conditions with disparate impact (e.g., mailing testing/screening kits for colorectal cancer and diabetes care)
- Expanded access through deployment of mobile vans and community sites, as well as 24/7 access for labs and pharmacies
- Engagement of local partners for outreach and care
- Patient education programs to help consumers seek services and increase self-management
- Cultural competence: provide clinical and non-clinical cultural competency training to staff to create an awareness of the unique needs of members from various cultures and allow delivery of more personalized service, which could be through web-based training modules
- Evaluation of existing health care workforce for backgrounds/languages spoken to determine whether it aligns with communities being served and to allow patient selection
- NCQA Multicultural Health Care distinction
- Care management services in multiple languages
- Quality improvement: integration of member age, gender, address, race/ethnicity and language data with clinical data to help identify any disparities in care
- “Health disparities action plans” to identify target HEDIS measures for stratification by race/ethnicity
- Inclusive enrollment and intake forms, e.g. for LGBTQ+ population
- Outreach: customized member materials and engagement strategies based on identified unique cultural needs and gaps in care
- Engagement of health plan members through a variety of strategies (in English and Spanish), including providing virtual educational programs, after-visit summaries, printed health education materials, and videos and Facebook Live sessions on a variety of topics