MEETING NOTES

The first meeting of the Social Justice and Health Disparities Working Group was held on February 3, 2021 from 9-11 a.m.

Chair Diane Lewis opened the meeting with welcoming remarks and an overview and history of the DC Health Benefit Exchange. She noted that many stakeholders had believed that expanding health insurance coverage in DC would guarantee equity and improve health outcomes. However, that has proved not to be the case. The Exchange has focused on health equity and disparities previously, working with payors to develop strategies to address health inequities among those living east of the river.

However, health inequities are not limited to communities east of the river but are District-wide issues. Thus, the charge to this Working Group is to develop recommendations to address the long-standing disparities in access to and quality of health care in communities of color across the District of Columbia. Further, Chair Lewis emphasizes the need for attention to drivers of health inequities that is not occurring in other spaces, such as how racial bias manifests in the health care system, clinical care algorithms and digital tools. The Exchange is well-positioned to bring together those who can focus on these difficult questions and develop pathways to answers.

Executive Director Mila Kofman provided opening remarks that emphasized the need to focus on issues related to health disparities and inequities that can be addressed under the Exchange's authority and those that are relevant to the individual and small business market plans participating in the Exchange. Further, because many organizations are currently committed to addressing social determinants of health, Kofman noted that the focus of this Working Group is on health care delivery and payment systems. She then reviewed some of the strategies DC Health Link carriers are using already to improve access to services for District residents in Wards 7 and 8, as described in a report produced earlier this year.

Following introductions by each of the Working Group attendees, Dr. Hughes presented statistics on health and health disparities in DC and about enrollees in plans participating in DC Health Link. Subsequently, Dr. Hughes initiated a discussion on potential issues for the Group to prioritize for focus in upcoming meetings, as described in the background document. The Working Group members were invited to provide feedback and insights, as well as potential additions, for each of the Focus Areas:

Discussion

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

Within this category, several issues were discussed. Telehealth was considered one way to expand access to care, and a number of health centers rapidly transformed to provide telehealth services during COVID. The public health emergency declaration allowed for more flexibility in

terms of licensing cross-jurisdictionally, but additional guidance is still needed. Establishing clear, consistent cross-jurisdiction agreements for licensure will improve patient access.

Network adequacy is a concern. One specific question is what percentage of primary care doctors are accepting insurance versus those that have become "concierge providers" and are not accepting insurance.

Not all barriers to care are geographical; rather, some barriers relate to social determinants of health, such as limited transportation. Some payors provide transportation but there are limitations in terms of where they take patients, namely the ED or primary care offices. One participant noted that we have to get to the real reasons people are not accessing care. Navigators and community health workers could help people overcome non-physical barriers to care.

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

One priority concern for several participants is the level of awareness and understanding about what benefits are available to enrollees through their health insurance policy. There needs be a greater emphasis on patient education, which may require pamphlets and videos in multiple languages, at a minimum including English, Spanish and Amharic. Further, personal and/or direct outreach from trusted community partners may be more effective, particularly for communities of color who have lower levels of trust in the healthcare system.

One notable challenge is the lack of data by race, ethnicity, preferred language and other demographics for enrollees in the Exchange plans. Enrollees are not required to provide this data and only about one-third do so. Several participants emphasized the need for such data, which could inform interventions and allow evaluation. There was a suggestion for exploring options for improving data collection, possibly through incentives, surveys or education on its importance. Understanding federal requirements would be an important first step.

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

Focus on bias in medical care has focused less on treatment algorithms and decision-making tools, and more on provider bias. Implicit bias training, including the Implicit Bias Association test and lectures, is supported by several participant organizations for providers and staff. DCPCA has created Our Respectful Care Toolkit (co-designed with providers and Black women with recent experience in our maternal health system) and includes a "Top 5 Do No Harm Checklist" delivered by those impacted by inequity.

Another suggested resource is the National Committee for Quality Assurance's Multicultural Healthcare Distinction program, which focuses on establishing an infrastructure for addressing equity and ensuring culturally and linguistically appropriate services.

Next Steps

The Working Group will meet again on February 9 to continue to brainstorm additional areas of focus and options for addressing health disparities in the District. It was clarified that discussions are not limited by budgetary considerations or to options only relevant for payors participating in the Exchange. The Group will be asked to help select topics for the "deep dive" sessions that will begin later this month.