



10th Anniversary



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**Year 3 Implementation of HBX Executive Board's Resolution Adopting Recommendations from the HBX Executive Board's Social Justice and Health Disparities Working Group
August 2024**



Race/Ethnicity Bias in Clinical Algorithms: Update on adopting race neutral eGFR calculation – in-network providers

- ✓ Kaiser Permanente in-network hospitals, laboratories, and other “in-network” providers* have adopted a race-neutral approach in estimating glomerular filtration rate (eGFR)
- ✓ Aetna’s in-network laboratories use a race-neutral eGFR test. When their in-network practices and hospitals with laboratories use a different test, they reprocess eGFR tests on behalf of their members if the test includes race as a variable
- ✓ One carrier’s national in-network laboratories use a race-neutral eGFR test

**Providers that are in the KP network which operate a lab within their own office/practice.*



How Health Plans Are Implementing Equity-Based Benefit Design – Highlights

- ✓ CareFirst Blue Cross Blue Shield has implemented DCHBX Equity-Based Benefit Design Cost-Sharing Changes for **Type 2 Diabetes and Pediatric Mental Health Services**
 - The lower co-sharing changes are automatic and offered at the point of service
 - CareFirst offers education regarding cost-sharing changes internally to staff and externally to providers, brokers, and all customer service advocates
 - Information regarding lower co-sharing can be found on CareFirst's website

- ✓ Kaiser Permanente has implemented DCHBX Equity-Based Benefit Design Cost-Sharing Changes for **Type 2 Diabetes and Pediatric Mental Health Services**
 - The lower co-sharing changes are automatic, and patients are not charged at the point of service/treatment or prescription fill
 - Information regarding lower co-sharing can be found in Evidence of Coverages (EOCs) and renewal documents



Equity-Based Benefit Design Cont.

- ✓ Updated benefits design for 2025 to eliminate cost sharing for **cardiovascular and cerebrovascular services**. Heart disease was the leading cause of death in the United States in 2020, according to research published in the American Heart Association journal Circulation. The rate of Black DC residents who die from heart disease is 2.5 times higher than White residents. Additionally, 10.1% of Black residents and 12.9% of Hispanic/Latino residents compared to 6.1% of White residents report not seeing a doctor because of cost.
 - DCHBX Executive Board approved changes for 2025 standard plans.
 - Standards Plan Working Group developed benefit design that eliminated cost sharing for cardiovascular and cerebrovascular services for plan year 2025 - no deductibles, no copays, and no coinsurance for office visits with family medicine or internal medicine doctor, generic Rx, laboratory tests and imaging services including CT scans and electrocardiograms



Equity Accreditation Update

National Committee for Quality Assurance (NCQA): NCQA's Health Equity Accreditation focuses the foundation of an organization's health equity work: building an internal culture that supports external health equity work, collecting data that help create and offer language services and provider networks mindful of individuals' cultural and linguistic needs, and identifying opportunities to reduce health inequities and improve care
(<https://www.ncqa.org/programs/health-equity-accreditation>)

- ✓ **CareFirst has been awarded NCQA Health Equity Accreditation through May 20, 2027**
- ✓ **Kaiser Permanente holds NCQA MHC Distinction (Multicultural Health Care Distinction) and is on track to obtain NCQA Health Equity Accreditation in October 2024**



Examples of Obtaining and Using Data to Improve Outcomes

Health Plans Obtain Race, Ethnicity, and Language Data on Members

- ✓ Kaiser Permanente exceeds goal of obtaining data on 87% of members
- ✓ Kaiser Permanente collects data routinely through their online member portal and as part of the rooming process (process of completing questions/forms prior to meeting with a provider)
- ✓ Kaiser Permanente has capability to provide aggregate data by race, ethnicity, and primary language to DCHBX for select diseases and health conditions

Health Plans Measure Race, Ethnicity, and Language Disparities

- ✓ Kaiser Permanente identifies disparities in care by stratifying quality measures by race, ethnicity, and primary language and is actively working to implement patient interventions to ensure equitable care with little variation in process and outcome measures

New Initiative:

- ✓ CareFirst Blue Cross Blue Shield launched their “Place-Based Diabetes Grant Program” which recognizes that health is influenced by factors beyond the confines of a clinical setting and aligns with their comprehensive strategy to address social drivers of health and reduce disparities in the District
 - Grant recipients will be announced in Fall 2024 and share in the \$5 million grant
 - The grant will empower local organizations making meaningful impact in focus areas including food availability, food as medicine interventions, and nutrition education



Health Plans Improving Access to Diverse Providers and Training All Providers to Improve Cultural Competence

- ✓ Kaiser Permanente conducts an annual assessment of provider networks against membership, including language and race, and uses those results to assess opportunities for hiring
- ✓ Kaiser Permanente provides scholarships to young leaders who demonstrate an interest in the healthcare industry including clinical careers in medicine through its Health Equity Scholars Program
- ✓ CareFirst Blue Cross Blue Shield has increased reimbursement for preventive and mental health care to primary care providers through a new payer-provider alliance with Children's National Hospital to address healthcare disparities and social determinants of health
 - These providers go through specialized mental health training offered by Children's National Pediatric Health Network focused on depression, suicide prevention, anxiety, ADHD and eating disorders



Health Plans Improving Access to Diverse Providers and Clinicians and Training All Providers to Improve Cultural Competence

- ✓ CareFirst Blue Cross Blue Shield has incorporated health equity training requirements into all future value-based contracts, inclusive of accountable care organization contracts and episode of care models. Since 2021, CareFirst has included an annual health equity training requirement for value-based primary care providers participating in the Patient Centered Medical Home program.
- ✓ CareFirst Blue Cross Blue Shield's Learning and Engagement Center, that offers courses focusing on structural competency, also includes cultural competence and implicit bias training. These courses are available to the entire medical community, including in network and out of network providers. More than 12,300 providers and community members completed the trainings as of August 7, 2024. 1,887 learners have completed "Understanding Implicit Bias" training and have received free credits toward their license management.