



Multicultural Health Care

Demonstrating a Commitment to Equity



OVERVIEW

The National Committee for Quality Assurance's (NCQA) Multicultural Health Care Distinction is a nationally recognized evaluation of how well health plans and other organizations meet the needs of diverse populations. The Distinction tells purchasers, regulators and consumers whether these entities meet rigorous standards for serving people with different racial, ethnic, linguistic and cultural backgrounds. It is a roadmap on how entities can begin delivering culturally sensitive services that are a cornerstone of achieving high-quality patient experience and clinical care—and ultimately, for ensuring health equity. It also helps meet the business case for promoting equity, given the high cost, bad patient experiences and outcomes and poor performance of value-based payment arrangements caused by unaddressed disparities. That is why states and other payers are starting to require plans and other providers to address disparities, including new mandates to earn Multicultural Health Care Distinction (see page 2). There are now more than 22 million Americans in the 57 organizations that have earned the Distinction.

BACKGROUND

Several data points underscore why government, health plans and other entities now, more than ever, should prioritize the Multicultural Health Distinction to address disparities and the harm they do to individuals, communities, and health costs.

- Racial disparities cost the U.S. an estimated \$93 billion in excess medical costs and \$42 billion in lost productivity per year, as well as economic losses due to premature deaths.¹
- The U.S. Census projects that by 2044, racial and ethnic minorities will constitute the majority of Americans.²
- Federal and state governments, private payers and stakeholders across health care recognize the urgent need to address, reduce and eliminate disparities.
- COVID-19's vast impact on racial and ethnic minorities and other populations disproportionately affected by social determinants of health (SDOH) that drive disparities drastically underscores this imperative.
- The growing movement from fee-for-service to VBP arrangements makes addressing disparities essential as plans, clinicians and other providers share financial accountability for costs and outcomes impacted by SDOH.

¹ Ani Turner, **The Business Case for Racial Equity, A Strategy for Growth**, W.K. Kellogg Foundation and Altarum, April 2018.

² U.S. Census Bureau, **Projections of the Size and Composition of the U.S. Population: 2014 to 2060**, March 2019.

WHAT THE MULTICULTURAL HEALTH CARE PROGRAM DOES

The program aligns with **NCQA Health Plan Accreditation** and is a starting point for improving plans' efforts to address disparities. Earning the Distinction entails a thorough survey process that assesses performance on five standards:

- 1. Race/Ethnicity and Language Data:** Collect and analyze data on members' race, ethnicity and language to help provide culturally and linguistically appropriate services (CLAS).
- 2. Language Services:** Communicate effectively with patients by providing materials and services in the language patients use and understand.
- 3. Practitioner Network Cultural Responsiveness:** Collect data on the language, race and ethnicity of clinicians and other providers.
- 4. CLAS Standards Program:** Develop and analyze progress on goals to reduce health disparities.
- 5. Reducing Health Care Disparities:** Develop and implement targeted interventions to improve disparities and analyze health care quality and the patient experience.

WHO'S MAKING THE MOST OF MULTICULTURAL HEALTH CARE DISTINCTION?

States and other payers are beginning to require plans and providers to measure disparities and address SDOH. As part of this, some are beginning to require the Distinction.

- ➔ Pennsylvania Medicaid is leading the charge by requiring its physical health managed care plans, which cover nearly 3 million people, to earn the Distinction. This came after **researchers found** that some of Pennsylvania's plans have substantially lower primary care access and emergency department utilization disparities. Since the inception of this requirement, Pennsylvania is seeing improvements in care quality with those plans who have obtained the Distinction.
- ➔ California's Exchange, Covered California, is actively considering a Distinction mandate for its plans covering 1.54 million people. California has rigorous requirements for reducing disparities and ensuring equity and views the Distinction as a tool to reinforce expectations for plans (detailed in **Attachment 7, Article 3**). California commissioned Health Management Associates (HMA) to assess the value of the Distinction for advancing disparity reduction goals. **NCQA Distinction in Multicultural Health Care: Assessment of the Benefits and Recommendation to Require That Issuers Achieve This Distinction** cites reasons why California should mandate the Distinction:
 - It impacts plans' resource allocation (staffing, funding) to deliberately address disparities and health equity, increasing infrastructure and reinforcing organizational commitment to this work.
 - It catalyzes meaningful adoption of a culture that prioritizes and incorporates equity into plan operations by creating the necessary consistent infrastructure for improving CLAS and narrowing disparities.
 - It increases plans' focus on cultural responsiveness, which complements California's expectations.

Plans told HMA that Multicultural Health Care Distinction:

- Recognizes and reinforces commitment to addressing disparities as health equity becomes "baked into organizational structure," resulting in stable, ongoing resources (funding and staffing) to advance equity and address disparities.
 - Supports quality improvement by providing a framework and impetus for plans to push equity work further.
 - Promotes a framework for action by formalizing processes and structures for documenting, addressing and eliminating disparities that might not otherwise be a priority.
- ➔ Plans with the Distinction tell NCQA the same things. AmeriHealth Caritas DC pursued the Distinction because of its deep commitment to health equity. "We see addressing disparities and improving health equity as foundational to and inseparable from our mission to improve health outcomes," says Karen Dale, Chief Diversity, Equity and Inclusion Officer and Market President for AmeriHealth Caritas DC. "We should always try to first 'meet people where they are.' Communicating and providing services in a culturally competent and linguistically appropriate manner is the starting point on that journey, and we see the NCQA Distinction as a solid leading indicator that we are moving in the right direction."