

# The Urgent Need to Advance Health Equity

**Vision:** A healthcare system that is enabled, fully resourced, and actively and effectively engaged in promoting health equity and holding stakeholders accountable for doing so.

**Problem.** Disparities in access, outcomes and cultural awareness continue to plague the healthcare system, as exemplified by the disproportionate impact of COVID-19 on minority communities. The pandemic has added millions of Americans to an already too large cohort of individuals whose health and well-being are negatively affected by the socioeconomic challenges they face. Progress will require commitment, resources, data, and strategy.

**Our Experience.** The National Committee for Quality Assurance (NCQA) is poised to play a primary role in driving the availability of standards and data necessary to identify disparities, enable positive change and measure outcomes. We have done this before with great success through our Healthcare Effectiveness Data and Information Set (HEDIS®), as well as our requirements on social determinants of health, demographic data collection and culturally appropriate care in several of our programs. We look forward to applying this experience as the Biden Administration tackles this crucial issue.

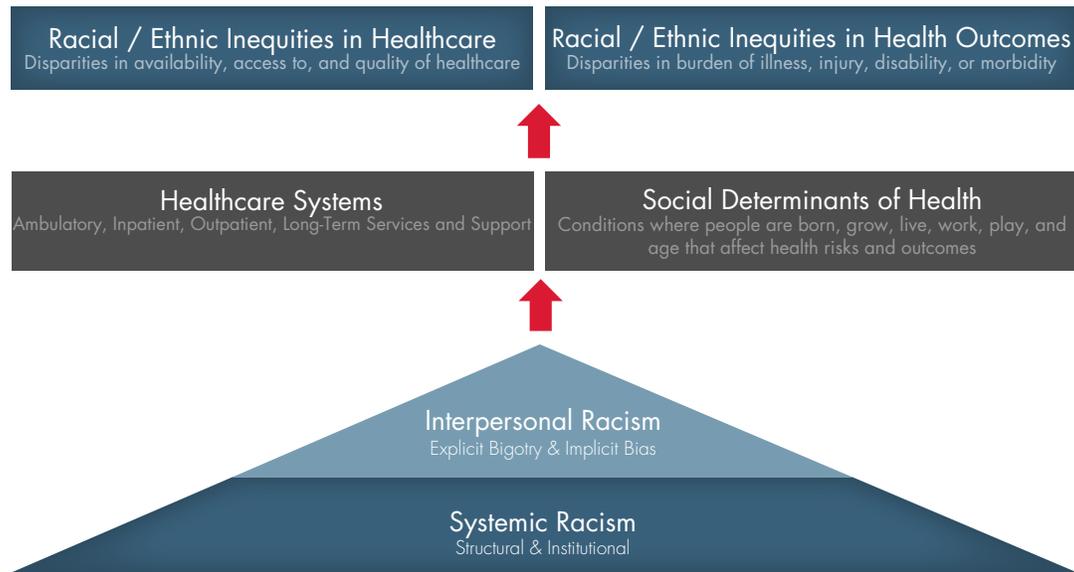
**Challenges.** Moving the country toward more equitable health outcomes starts by rooting out the longstanding structural, institutional, and interpersonal racism that drive disparities for Black, Latinx and other disadvantaged communities—in healthcare and society at large. For the former, this means a system where a person’s clinician and health plan understand their cultural and linguistic needs and provide appropriate services to meet those needs. Policy-level change is required to ensure healthcare organizations have the necessary resources and infrastructure (including standards and measures) to reduce disparities. Finally, we must ensure that the system we build to intervene on these problems does not bake in racial bias and worsen inequities. Stakeholders across healthcare need to take a hard look at their infrastructures, hiring practices and training to be effectively engaged in eliminating inequities.

You cannot effectively address health equity without understanding the racial, ethnic and language composition of a population. Despite a decade of concerted effort, we have seen **limited progress** in the reporting of data stratified along these lines.

Patients in lower-income and racial minority communities, who have persistently received inequitable care, and faced a legacy of healthcare injustice, may be reluctant to share their data with providers. Combined with inconsistent efforts to collect and standardize documentation of race, ethnicity, language, and other sociodemographic characteristics, this deprives policymakers and payers of information necessary to uncover disparities and implement appropriate interventions. Most Medicaid and commercial plans do not consistently collect or report race or ethnicity data on their membership. As a result, these categories are often incomplete or derived from other sources, preventing effective evaluation and action. However, the Medicare Advantage (MA) program has proven that collecting and reporting this data is feasible. Over 80% of MA plans have complete or partially complete race data.

Once disparities are identified, one strategy to address them is to intervene on upstream, adverse social determinants of health (SDOH). Some payers have made significant strides in integrating health and social services to have coordinated efforts to address SDOH. Although 35 state Medicaid agencies require managed care organizations to address SDOH in some way, there are no nationally accepted, validated, and feasible standards and measures to guide organizations to

## Health Inequity: Racial and Ethnic Disparities



Adapted from Advancing Health Equity for Latinos through System Transformation, Sinsi Hernandez-Cancio

address health equity effectively and consistently. A roadmap on standards and measures is desperately needed to promote effective cross-sector collaboration and support value-based payment (VBP) arrangements to incentive health equity. And targeted quality improvement activities directed toward communities where we see a gap in outcomes and equity can effect positive change at the clinical level.

**The Path Forward.** CMS, states, and communities are increasingly examining equity in performance measurement. There is strong interest in making healthcare disparities the focus of improvement efforts and incentive payments to insurers. Plans can serve as critical partners to effectively tackle the root causes of poor health and address disparities to improve the health of individuals and their communities. This is reflected in the continued investment and increase in supplemental benefits offered by MA plans to address SDoH (transportation, meals, etc.). Recently, the HHS Assistant Secretary for Planning and Evaluation (ASPE) recommended that CMS incorporate measures of health equity in its quality measurement and incentive programs. Some states already do so. For example, a portion of Michigan’s incentives for plans depends on their ability to close gaps in racial disparities in care on targeted measures.

NCQA is working on a multi-pronged approach to developing health equity standards and measures to be used in VBP arrangements. Along with our existing work to improve data collection and stratification, we are taking the following steps to build a framework capable of driving awareness, improvement, and justice in the healthcare system.

- Identify and test standards that assess whether health plans have the structures and processes in place to help mitigate social risks and meet the health-related social needs of their members.
- Develop and test performance measures for plans that assess whether members are screened for health-related and broader social needs, as well as whether and how their social needs are met.
- Identify and test methods for assessing equity outcomes, such as developing benchmarks for equitable health outcomes for existing performance measures and examining approaches for using community-level outcomes for evaluating and incentivizing health plan performance. States like Pennsylvania have shown promising results at the community level by using programs such as NCQA’s [Multicultural Healthcare Distinction](#) to require that plans collect data and work with healthcare providers to address healthcare disparities.