



For Public Comment
March 8–March 29, 2021
Comments due 11:59 p.m. ET
March 29, 2021

Overview of NCQA Health Equity Strategy and Updates to HPA 2022

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Health Equity Strategy Overview

Our Mission: Improve the Quality of Health Care

NCQA is dedicated to improving health care quality. We believe quality care is equitable care.

NCQA has been driving improvement throughout the health care system for more than three decades, helping to advance health care quality to the top of the national agenda. NCQA's programs and services reflect a straightforward formula for improvement: measurement, transparency, accountability.

Given the dramatic improvements in clinical quality demonstrated by NCQA-Accredited health plans, this approach works. Today, approximately 176 million Americans are enrolled in an NCQA-Accredited health plan.

The COVID-19 pandemic and the Black Lives Matter movement have highlighted our country's health care disparities. In response, NCQA has reexamined its long-standing commitment to health equity. As we stated in [NCQA's Recommendations to the Biden-Harris Administration](#), we believe in the importance of refining and developing quality measurement to help stakeholders drive toward health equity and address social determinants of health (SDOH). Our multi-year strategy to execute this vision includes policy, research, measures and standards initiatives.

This public comment period includes questions that will help NCQA guide its strategic work, and focused questions on updates to Health Plan Accreditation 2022.

Health Equity Strategy

The World Health Organization's definition of health equity is "the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically."

NCQA recognizes that health inequities and disparities in the United States are the result of long-standing, deep-rooted problems of racism, as well as structural and institutional discriminatory practices and policies. Although health care is only one of many factors that contribute to health, we can influence it to drive positive, sustainable change. Payers, health care purchasers and delivery systems can work together with public health, social service organizations, community-based organizations, advocacy groups and patients to dismantle institutional biases and injustices to achieve equitable and higher quality health care.

Quality care is equitable care. Our health equity strategy is a commitment to investigating, illuminating and elevating solutions to advance diversity, equity and inclusion in health care. NCQA is committed to:

- **Investigate.** Conduct research and develop tools to measure disparities; surface differences in care where there should be none; pinpoint areas of inequity and disparities in need of solutions.
- **Illuminate.** Recognize high performers that have narrowed and eliminated disparities; learn from best practices; prioritize what can have an impact.
- **Elevate.** Disseminate, scale broadly and implement evidence-informed solutions; work with policymakers to integrate lasting solutions and dismantle policies and practices that create harm or bias; influence and hold accountable care delivery systems and policymakers to eliminate the pervasive effects of racism.

NCQA's Health Equity Strategy: General Questions

Race, Ethnicity, Language and Gender Identity Data Collection

- Does your organization collect members' race, ethnicity, language or gender identity data? (Indicate which data your organization collects.)
 - Select **Support** if you collect race, ethnicity, language and gender identity data from the membership.
 - Select **Do Not Support** if you do not collect race, ethnicity, language or gender identity data.
 - Select **Support with Modifications** if you collect some data or plans to begin collecting this in the next 1–3 years.
- How does your organization collect the data?
- When (e.g., during patient office visits) do you collect the data?
- How does your organization use the data it collects?

Analyzing Disparities

- Does your organization analyze disparities?
 - Select **Support** if you analyze disparities.
 - Select **Do Not Support** if you do not collect analyze disparities.
 - Select **Support with Modifications** if you do not analyze disparities but plan to begin in the next 1–3 years.
- How does your organization analyze disparities?
 - If you use measures, describe them.
- If your organization analyzes disparities, what are the major problem areas?

Pilots or Initiatives to Address Disparities

- Has your organization established initiatives or pilots to address these problem areas?
 - Select **Support** if you have initiatives or pilots in place.
 - Select **Do Not Support** if you do not have initiatives or pilots in place.
 - Select **Support with Modifications** if you do not have initiatives or pilots in place but plan to introduce them in the next 1–3 years.
- Describe your organization's initiatives or pilots.

HPA 2022: Proposed Health Equity Related Standard Changes

Background

As the first step in executing the strategy, NCQA proposes updates to the Quality Improvement and Management (QI) and Population Health Management (PHM) category of standards in Health Plan Accreditation. Changes include adding a new requirement and updating the stem and factors of existing requirements in the PHM category.

Updates are intended to prioritize efforts toward reducing disparities and improving outcomes for all members, including underrepresented or underserved minority populations. Changes were guided by discussions with health plan organizations and stakeholders such as advisory committees and state payers. Many plans already implement health equity initiatives as part of their overall PHM strategy. Changes include the addition of one new requirement and updates to the stem and factors of existing requirements in the PHM category.

Stakeholders Participating in Public Comment

NCQA shares proposed changes in public comment to generate thoughtful commentary and constructive suggestions from interested parties. Many comments lead to changes in our standards and policies, and the review process makes our standards stronger for all stakeholders.

NCQA asks respondents to consider whether proposed requirements are feasible as written and are clearly articulated, and to highlight areas that might need clarification.

Updates to the PHM Category of Standards

Refer to [Appendix 1: Proposed Standard Changes for HPA 2022](#) to review the changes outlined below.

QI 1: Program Structure and Operations

Retire factor 6 in QI 1, Element A: QI Program Structure.

NCQA recommends retiring factor 6, “Objectives for serving a culturally and linguistically diverse membership” to reduce duplication with the proposed updates to PHM 1, Element A (below). Organizations may include their PHM strategy in QI planning documents or may maintain it in a separate document.

Scoring for this element will be adjusted to accommodate retiring the factor (meeting 5 factors results in score of Met).

Add new element QI X, Element X: Promoting Organizational Diversity, Equity and Inclusion.

NCQA has not determined the standard where this element will be housed. Stakeholders have said that fixing the institutions and structures that lead to disparities must start “at home”—within the industry itself.

A new element in QI begins to address bias and prejudice in the health care industry by requiring organizations to examine and improve diversity and inclusion in their workforce.

The intent is to encourage a more equitable workplace by focusing on organizations’ staffing and hiring practices.

Targeted Questions for QI 1A and (new) QI XX

- Do you support removing factor 6 from QI 1, Element A: QI Program Structure?
- Do you support adding new element QI X, Element X: Promoting Organizational Diversity, Equity and Inclusion?
- Is the new QI XX feasible for your organization?

PHM 1: PHM Strategy

Update with new factor 6 in PHM 1, Element A: PHM Strategy Description.

NCQA recommends adding a new factor 6, “How the organization promotes health equity.” The PHM strategy describes an organization’s overall approach to managing its population across the lifecycle and care continuum. The factor requires the organization’s strategy description to explain the activities, programs or initiatives it conducts to promote health equity.

The update will require organizations to consider their actions and influences on members. This can be a rallying point for leadership and staff in organizations not already committed to health equity.

Scoring for this element will be adjusted to accommodate the new factor (meeting 3–6 factors results in a score of Met).

Targeted Questions for PHM 1A

- Do you support adding a new factor to PHM 1, Element A: Strategy Description?

PHM 2: Population Identification

Add three factors (6–8) to PHM 2, Element B: Population Assessment.

The intent of PHM 2, Element B is that organizations assess the needs and characteristics of the entire population, beginning with the entire population, breaking the population into relevant subpopulations and then diving into specific subpopulations (including minority or underrepresented subpopulations) that are vulnerable or require specific attention. NCQA proposes to add new factors 6–8:

- *Factor 6: Assesses the needs of members of all gender identities.*
 - Evidence confirms that gender identity (social-cultural factor) is not the same as sex (biological factor). Organizations should consider the needs of all genders beyond the male/female binary; members across the gender spectrum may have unique health care needs.
- *Factor 7: Assesses the needs members of different racial or ethnic groups.*
 - Although socially constructed categories of race and ethnicity do not cause health disparities, they often link directly to other dimensions that impact health. When compared with White Americans, those of different racial and ethnic groups often fare significantly worse in terms of health outcomes. For example, Black and Native Americans experienced infant mortality rates approximately two times higher than that of White Americans. The Office of Minority Health found that Hispanics are 60% more likely to die from viral hepatitis than Whites, despite having lower rates of hepatitis C.
 - As studies and the COVID-19 pandemic demonstrate, organizations must consider the experiences and needs of members of different racial or ethnic groups when executing their PHM strategy.

- **Factor 8: Assesses the needs of members with limited English proficiency.**
 - Individuals with limited English proficiency may have difficulty navigating the health care system. Their language needs should be assessed to understand how to best accommodate them.

Scoring for this element will be adjusted to accommodate the new factor (meeting 3–6 factors results in a score of Met).

Add a new factor 3 to PHM 2, Element C: Activities and Resources.

NCQA recommends adding a new factor 3, “Review and update activities or resources to address healthcare disparities.” The intent of PHM 2, Element C is to act on the needs discovered in Element B. This factor aligns with the new factor 6 in PHM 1, Element A.

Scoring for this element will be adjusted to accommodate the new factor (meeting 3–4 factors results in a score of Met).

Add a new factor 2 to PHM 2, Element D: Segmentation.

NCQA recommends adding a new factor 2, “Assesses its segmentation or stratification methodology for discovering and reducing racial bias.” PHM 2, Element D requires organizations to describe their segmentation or stratification methodology. The new factor requires the organization to describe how it evaluates the methodology for discovering/reducing bias.

Scientific research found that commercial algorithms used to guide health care decisions display racial bias. Developing best practices for assessing bias is ongoing, but for now, NCQA signals the importance of mitigating the effects of inadvertent bias.

Scoring for this element will be adjusted to accommodate the new factor (meeting 1–2 factors results in a score of Met).

Targeted Questions for PHM 2, Elements B–D

- Do you support adding 3 new factors to PHM 2, Element B: Population Assessment?
- How many underrepresented populations should be assessed in PHM 2, Element B?
- Should underrepresented populations be assessed in one factor, allowing a choice of subpopulations to assess, instead of three new factors in PHM 2, Element B?
- What other underrepresented populations should be assessed in PHM 2, Element B?
- Do you support adding a new factor to PHM 2, Element C: Activities and Resources?
- Do you support adding a new factor to PHM 2, Element D: Segmentation?
- Does your organization assess its algorithms or other technology for racial or other bias?

PHM 3: Delivery System Support

Add a new factor 6 to PHM 3, Element A: Practitioner or Provider Support.

NCQA recommends adding a new factor 6, “Offering training on equity, cultural competency, bias, diversity or inclusion.” Organizations are on the front lines of executing the PHM care model. According to a National Academies Press report, African Americans and other ethnic minorities report less partnership with practitioners, less participation in medical decisions and lower levels of satisfaction with care.¹ Training can help reduce unconscious biases and improve the relationship between

¹<https://www.ncbi.nlm.nih.gov/books/NBK220354/>

practitioner and patient.

Scoring for this element will be adjusted to accommodate the new factor (meeting 3–7 factors results in a score of Met; because most organizations meet more than two factors for this element, the scoring change should not have a negative impact).

Targeted Questions for PHM 3, Element A

- Do you support adding a new factor to PHM 3, Element A: Practitioner or Provider Support?
- Does your organization currently offer training to practitioners?
- Do you think factor 7, “One additional activity to support practitioners or providers in achieving PHM goals,” should be eliminated due to a new factor being added?
- Do you support requiring three factors to achieve a score of Met?

Public Comment Instructions

Public Comment Questions

Public comment is integral to the development of all NCQA standards and measures. NCQA considers all suggestions and encourages reviewers to provide insights on global issues related to the proposed HPA updates, including:

1. Will the proposed updates help your organization meeting its objectives? If so, how? If not, why not?
2. Are key expectations not addressed in the proposed requirements?

Documents

Find draft standards and update rationales in [Appendix 1: Proposed Standard Changes for HPA 2022](#).

How to Submit Comments

Respond to topic and element-specific questions for each product on NCQA's public comment website. NCQA does not accept comments by mail, email or fax.

1. Go to <http://my.ncqa.org> and enter your email address and password.
2. Once logged in, scroll down and click **Public Comments**.
3. Click **Add Comment** to open the comment box.
4. Select one or more of the following from the drop-down box:
 - a. **NCQA's Health Equity Strategy: General Questions.**
 - b. **Updates to HPA 2022: QI 1: Program Structure and Operations.**
 - c. **Updates to HPA 2022: PHM 1: PHM Strategy.**
 - d. **Updates to HPA 2022: PHM 2: Population Identification.**
 - e. **Updates to HPA 2022: PHM 3: Delivery System Support.**
5. Click to select the **Topic** and **Element** (question) on which you would like to comment.
6. Click to select your support option (**Support**, **Do not support**, **Support with modifications**).
 - a. If you choose **Do not support**, include your rationale in the text box.
 - b. If you choose **Support with modifications**, enter the suggested modification in the text box.
7. Enter your comments in the **Comments** box.

Note: There is a 2,500-character limit for each comment. We suggest developing comments in Word to check your character limit; use the "cut and paste" function to copy into the Comments box.
8. Use the **Submit** button to submit more than one comment. Use the **Close** button to finish leaving comments; you can view all submitted comments in the **Public Comments** module.

All comments must be entered by Monday, March 29, at 11:59 p.m. ET

Next Steps

The final Standards and Guidelines for HPA 2022 will be released in 2021, following approval by the NCQA Standards Committee and the Board of Directors.

Requirements for HPA 2022 take effect July 1, 2022. Organizations coming forward for Accreditation after this date must meet the new requirements.