A Framework for Advancing Health Equity and Value: Policy Options for Reducing Health Inequities by Transforming Delivery and Payment Systems
Why?
Great opportunity, but also great risk.

Issues of health care and health inequities have largely been missing from the dialogue and policy-making.

If they are, usually not the consumer/community voice.

Incorrect assumption that improving quality overall improves quality for everyone.

The right thing to do and the smart thing to do.
Guidance on how to achieve meaningful inclusion of community leaders in decision making

Rubric for assessing health equity impact of programs and policies

Framework of six domains needing action to achieve a transformed, efficient, high value, high quality, and EQUITABLE health system.

Concrete policy options for the six domains, across the federal, state, and private sector levels.
Meaningful Inclusion of Affected Communities
Meaningful Inclusion: Ceding Space & Resourcing Consistent Representation

Inclusive Decision-Making Structures and Practices

Government, Institutions & Industry

Community Leaders

Support for Robust Representation
Meaningful Inclusion: Ceding Space

- Transparency
- Balance
- Diversity
- Intersectionality
- Equal Decision Making Authority
- Early Inclusion
- Attention to Hierarchy & Power Dynamics
- Recognition of Historical and Ongoing Discrimination & Abuse
- Honor Tribal Consultation
- Recognition and Acceptance of Limitations
Meaningful Inclusion: Resourcing Representation

- Commitment to Long-term Financial Support
- Ongoing Training, Technical Assistance, and Strategic Support
- Platform for Collaboration and Learning
Rubric to Assess Health Equity Impact
Rubric to Assess Health Equity Impact

1. Is there a disparate impact on particular communities?

2. Is risk adjustment effectively accounting for clinical and social risk?

3. Are underlying resource inequities taken into account?
Six Domains to Achieve Health Equity through System Transformation
Six Domains for Achieving Health Equity through System Transformation

- Diverse Workforce that Drives Equity
- Equity-Focused Measurement
- Payment Systems that Sustain & Reward Equity
- Support of Safety Net & Community Providers
- Robust & Well-Resourced Community Partnerships
- Transparent, Representative Evidence Base
Payment Systems that Sustain & Reward High Quality, Equitable Health Care

- Providers are largely not being paid to improve equity
- Incentives need to be aligned to directly reward reductions in inequities

Policy Options:

- 1.1. Reform New Medicare, Private Insurance, and Medicaid Payment Models
- 1.2. Build Improvements to Care Delivery into New Payment Models
- 1.3. Incentivize Needed Care within Fee for Service
Safety net and small community providers are often important sources of culturally centered, and language accessible care.

Often operate under intense financial pressures, in part due to the high proportion of low-income and complex patients.

Some face significant quality challenges, but don’t have the resources to address them.

Policy Options:

1. Continue the Delivery System Reform Incentive Program (DSRIP) with Safety Net and Small Community Provider Requirements
2. Establish a targeted Medicaid Waiver to Support Safety Net and Small Community Providers
3. Establish a New Center for Medicare and Medicaid Innovation (CMMI) Program to Support Safety Net and Small Community Providers
4. Expand Medicare MACRA Implementation Support for Small, Underserved, and Rural Practices
Building Robust and Well Resourced Community Partnerships

- Given the multiple socially determined, community-based factors that influence health, improving outcomes for those suffering inequities will require strong community partnerships.

- Trusted, experienced, community organizations are often the best able to engage and assist community members, but are often very under resourced.

- Providers should support and build upon communities’ strengths and assets to invest in resiliency.

* Policy Options:
  1. Focus Payment & Delivery Reform Models/Waivers on Incentivizing Community Partnerships
  2. Strengthen & Expand Community Benefit Requirements
  3. Incentivize/Resource Infrastructure Required to Enable Seamless Coordination Between Health Systems & Providers & Community-Based Resources
  4. Incentivize/Require Health Care Providers to Recruit Actively from Their Communities and Contract with Businesses in Their Communities to Provide Needed Services and Supplies
Ensuring a Transparent and Representative Evidence Base

- Evidence base is flawed and incomplete
- Clinical research and health systems research
- Evidence must be more complete, transparent, and appropriately used

Policy Options:

- 4.1. Mandate Improved Reporting and Analysis of Demographic Characteristics in Clinical and Delivery Systems Research and Evaluation
- 4.2 Support the Generation of More Community-Specific Health System and Delivery Research
- 4.3 Improve the Translation and Dissemination of Evidence to Decision makers, Practitioners, and Communities
- 4.4. Ensure Appropriate Use of Evidence in Treatment Guidelines and Reimbursement
Equity Focused Measurement that Accelerates Reductions in Health Inequities

- What is measured matters: accountability
- Providers focus attention and resources on improving metrics, especially when tied to payment.
- Good “averages” can hide serious inequities—need stratified, disaggregated data

Policy Options:

- 5.1 Require Health Care Organizations to Report Performance Data Stratified by Race, Ethnicity, Language, Socioeconomic Status, Sex, Gender Identity, Sexual Orientation, Disability, and Other Demographic Factors
- 5.2 Require and Incentivize Collection and Reporting of Social Risk Factor Data
- 5.3 Prioritize the Development and Use of Disparities-sensitive and Health Equity Measures
- 5.4 Directly Incentivize Providers to Reduce Disparities in Performance Measures
Growing a Diverse Health Care Workforce that Drives Equity and Value

- Current health care workforce is inadequate for meeting the increasing and varied needs of our increasingly aging and multicultural population

- Insufficiently diverse, maldistributed geographically, and poorly prepared to address the multiple socially determined barriers to good health and health care that many communities face.

- Policy Options:
  - 6.1. Increase the Diversity of Health Care Providers and Health System Leaders
  - 6.2. Promote the Sustainable Use and Integration of Community Health Workers (CHWs) and Similar Community Care Team Members
  - 6.3. Promote the Use and Integration of Midlevel Providers
Sinsi Hernández-Cancio, JD
Health Equity Director
shernandez-cancio@familiesusa.org
(202) 626-0635
@sinsipuede