

The background of the slide is a photograph. In the center, a Black woman with curly hair is smiling broadly while holding a young Black baby. The baby is also smiling. To the left, the back of an older woman's head with white hair is visible, looking towards the woman and baby. The image is partially covered by a semi-transparent blue banner at the bottom.

Advancing Health Equity

A National Conversation on a Measurement Framework for Accountability in Medicaid

October 11, 2022



Agenda



Bryan O. Buckley
NCQA

WELCOME

OVERVIEW: HEALTH EQUITY MEASUREMENT
FRAMEWORK FOR MEDICAID ACCOUNTABILITY

PANEL REFLECTIONS: REACTIONS TO THE
FRAMEWORK FROM ACROSS THE HEALTH
CARE SYSTEM

MODERATED PANEL DISCUSSION AND
AUDIENCE QUESTIONS

CLOSING

Speakers



Palav Babaria, MHS, MD

Chief Quality Officer and Deputy
Director of Quality and Population
Health Management,
**California Department of Health
Care Services**



Danielle J. Brooks, JD

Director, Health Equity and Quality,
AmeriHealth Caritas



E. Clarke Ross, DPA

Public Policy Director,
**American Association on Health
and Disability, The Lakeshore
Foundation**



Rachel Harrington, PhD

Research Scientist, Performance
Measurement,
NCQA



***Bryan O. Buckley, MPH, DrPH
(Moderator)***

Director, Health Equity Initiatives,
NCQA

Bryan O. Buckley, MPH, DrPH (Moderator)

Director, Health Equity Initiatives, National Committee for Quality Assurance

Dr. Bryan O. Buckley is the Director for Health Equity Initiatives at the National Committee for Quality Assurance (NCQA), where he supports NCQA's Health Equity strategy across multiple departments to better integrate health equity concepts into existing programs and projects. Dr. Buckley serves as an Adjunct Assistant Professor at the Georgetown University School of Medicine, where he teaches, coaches, supports, and supervises graduate students at the School of Medicine and Biomedical Graduate Education. He is a Board Member of the American Public Health Association, American Heart Association Greater Washington, DC Region, and Food & Friends.

Rachel Harrington, PhD

Research Scientist, Performance Measurement, National Committee for Quality Assurance

Dr. Rachel Harrington is a Research Scientist at the National Committee for Quality Assurance (NCQA). She is part of the team leading efforts to bring equity to the forefront of HEDIS. She also leads measure development for risk-adjusted resource utilization. Dr. Harrington's research focuses on novel measurement and modeling methods for high-needs, high-utilization, sub-populations. Prior to joining NCQA she previously held positions at the University of Illinois at Chicago Institute for Health Research and Policy and Astellas Pharma.

Palav Babaria, MHS, MD

*Chief Quality Officer and Deputy Director of Quality and Population Health Management,
California Department of Health Care Services*

Dr. Palav Babaria was appointed Chief Quality Officer and Deputy Director of Quality and Population Health Management of the California Department of Health Care Services beginning in March 2021. Prior to joining DHCS, she served as Chief Administrative Officer for Ambulatory Services at the Alameda Health System (AHS) where she was responsible for all outpatient clinical operations, quality of care, and strategy for primary care, specialty care, dental services, and integrated and specialty behavioral health, as well as executive sponsor for value-based programs including the Medi-Cal 1115 Waiver. She also previously served as Medical Director of K6 Adult Medicine Clinic, and on the Clinical Advisory Committee with the California Association of Public Hospitals/Safety Net Institute. She has over a decade of global health experience and her work has been published in the New England Journal of Medicine, Academic Medicine, Social Science & Medicine, L.A. Times, and New York Times. Dr. Babaria received her bachelor's degree from Harvard College, as well as her MD and Masters in Health Science from Yale University. She completed her residency training in internal medicine and global health fellowship at the University of California, San Francisco.

Danielle Brooks, JD

Director, Health Equity and Quality, AmeriHealth Caritas

Danielle Brooks is the Director for Health Equity and Quality, for AmeriHealth Caritas Family of Companies where she develops programs and initiatives both internally and externally to close disparities and create a culture of equity for the communities we serve. She also serves on the NCQA Health Equity Standards Committee and was appointed to the Biden Administration, Health and Human Services, Office of the National Coordinator Health Data Systems Task Force. She is a recognized thought leader and expert in the field of health equity. Danielle is the former owner and Managing Director of Bridges, a boutique healthcare consulting firm with national reach; the primary author of the [Petal Framework](#), a Bridges and Morehouse School of Medicine project; and a producer for the [Healthcare Road Trip](#). She currently serves on the Advisory Board of the George Washington University School of Business, Women in Leadership Advisory Council and the Frazier Health Coalition, and has previously served on the Health IT advisory board for the Transdisciplinary Collaborative Center (TCC) for Health Disparities Research at Morehouse School of Medicine, among other advisory positions.

E. Clarke Ross, DPA

Public Policy Director, American Association on Health and Disability, The Lakeshore Foundation

Dr. E. Clarke Ross is the public policy director for the American Association on Health and Disability. Clarke and AAHD have served since 2014 as the Washington Representative of the Lakeshore Foundation.

Clarke is a member of the National Quality Forum (NQF). Measure Applications Partnership (MAP) Coordinating Committee (July 2021-present). He has been a member of a variety of NQF committees since 2012.

Clarke's work history includes positions at CHADD – Children and Adults with Attention-Deficit/Hyperactivity Disorder, NAMI – National Alliance on Mental Illness, American Managed Behavioral Healthcare Association (AMBHA), National Association of State Mental Health Program Directors (NASMHPD) and United Cerebral Palsy (UCP).

Clarke's doctorate is in public administration (D.P.A.) from The George Washington University. He is the father of a 31-year-old son who is a client of the Maryland Developmental Disabilities System.

Panelist Disclosures and Acknowledgements

- **Bryan O. Buckley**, NCQA has no financial relationships to disclose relating to the subject matter of this presentation.
- **Rachel Harrington**, NCQA has no financial relationships to disclose relating to the subject matter of this presentation.
- **Palav Babaria**, CA Department of Health Care services has no financial relationships to disclose relating to the subject matter of this presentation.
- **Danielle Brooks**, AmeriHealth Caritas has no financial relationships to disclose relating to the subject matter of this presentation.
- **E. Clarke Ross**, American Association on Health and Disability has no financial relationships to disclose relating to the subject matter of this presentation.

This work is supported by the California Health Care Foundation (CHCF), which works to ensure that people have access to the care they need, when they need it, at a price they can afford. Visit www.chcf.org to learn more.

The BIG Idea

Quality care is
equitable care

No quality
without equity

Build equity into
all NCQA
programs



Rachel Harrington
NCQA

Overview



Health Equity Measurement Framework for Medicaid Accountability

Why this matters

- Growing national interest in adopting a standardized approach to health equity measurement.
- State Medicaid at the forefront
 - Vulnerable populations
 - Managed care and risk-based arrangements
 - Flexibility to innovate

Opportunity to align quality and performance strategies with equity-centered approaches to address disparities and close gaps in health care and outcomes.

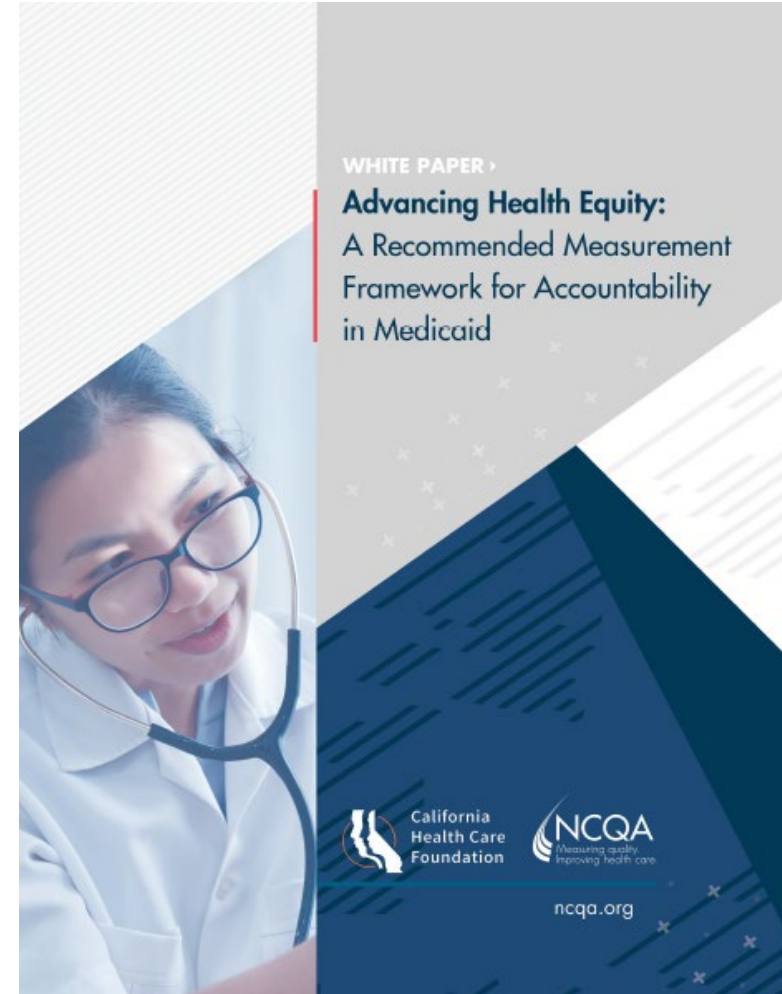
Measurement for Equity Framework

Goal

Develop a *tool to support equity-centered health plan accountability* in Medicaid managed care.

Intended Audience

Designed for Medicaid agencies and their contracted managed care plans but *with domains and concepts that generalize* across populations and payer types.



Framework Development

Summary of Methods

Domain and Concept Elicitation

- Targeted literature review and thematic evaluation
- Review of concepts and conceptual models across fields of quality measurement, public health, social sciences, health equity

Measure Selection

- Systematic review of >300 measure concepts on criteria of validity, reliability, feasibility, scientific soundness
- Final prioritization on policy relevance, relationship to outcomes, and upstream impacts (prevention)



Continuous Stakeholder Engagement

Perspectives included:

- *State policymakers*
- *Health plans*
- *Patients & Patient Advocates*
- *Community Based Organizations*
- *Researchers*
- *Clinicians*

Panel discussions, small groups, interviews.

Co-development of guiding principles and iterative review and refinement of framework.

Measurement for Equity Framework

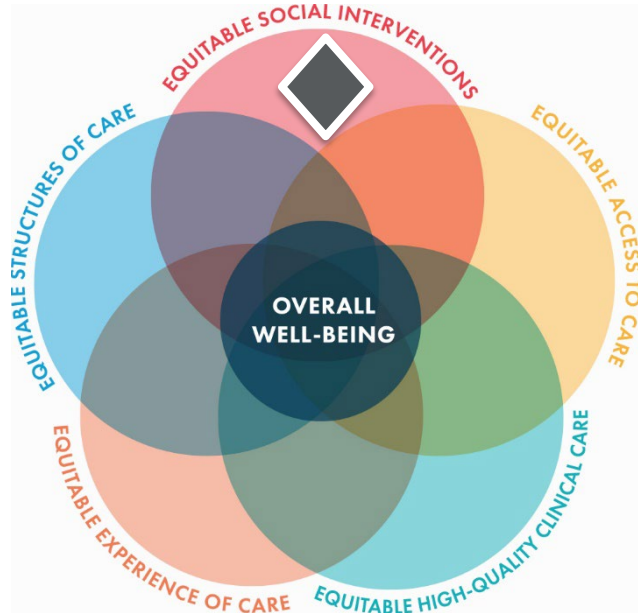


Six domains, representing different elements of health care that combined ensure equitable care and outcomes.

Twenty-one measures, split between the domains, providing a parsimonious set of targets to drive towards equitable, high quality, care.

Domain: Equitable Social Interventions

Description and Measures



Unmet social needs and the interventions and services designed to address them

Measures

Social Needs Screening and Intervention
Screening for Social Drivers of Health
Screen Positive Rate for Social Drivers of Health

Domain: Equitable Social Interventions

Considerations



Considerations

- Social needs distinct from social determinants, reflecting individual's own identified priorities.
- Some conceptual overlap between proposed measures, reflecting evolving measurement space.
- Measure results can be stratified to evaluate for disparities, but can also be used to target network investments

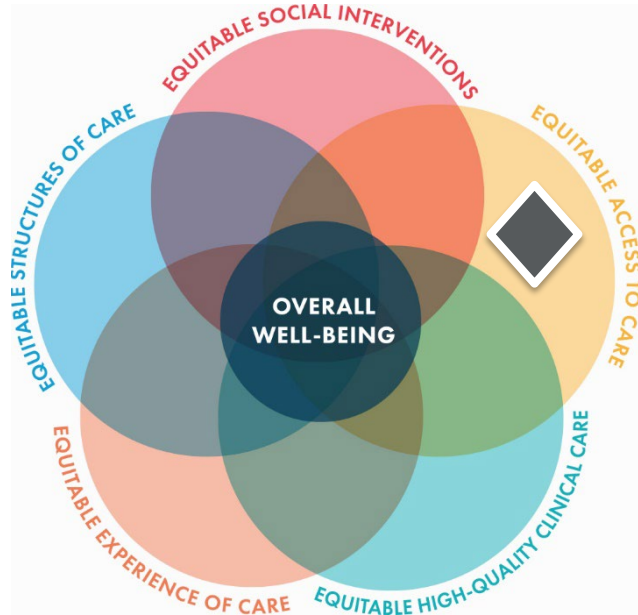


Future State

- Motivation for deeper partnerships between communities and health systems.
- Room to further standardized measure approaches
- Investment in data sharing infrastructure will support most efficient evaluation and intervention.

Domain: Equitable Access to Care

Description and Measures



Access to high value health care services, including affordability, timeliness and convenience of getting care

Measures

Child and Adolescent Well-Care Visits
Follow-Up After Hospitalization for Mental Illness
Prenatal and Postpartum Care
Getting Care Quickly (CAHPS)

Domain: Equitable Access to Care

Considerations



Considerations

- Stratification can support both accountability and quality improvement, with more nuanced, intersectional approaches.

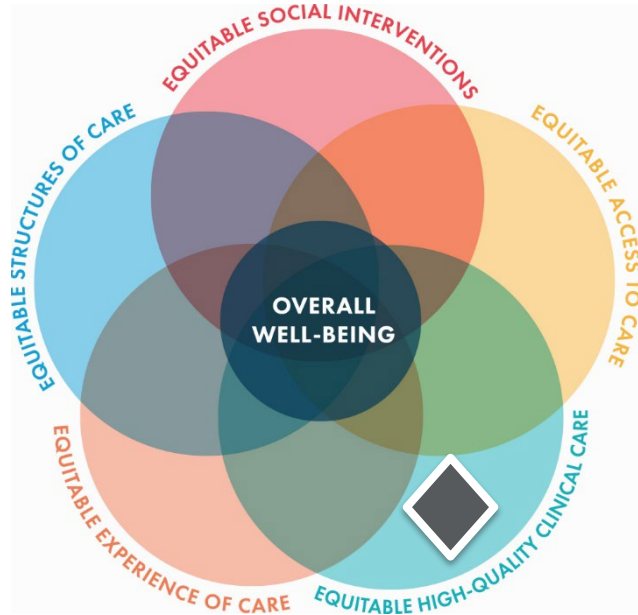


Future State

- Opportunity for new measure concepts that get at network adequacy, including patient-centered elements of adequacy, as a core element of access.

Domain: Equitable High-Quality Clinical Care

Description and Measures



Measures of clinical care process and outcomes, including prevention and management of chronic disease.

Measures

Depression Screening and Follow-Up for Adolescents and Adults

Hemoglobin A1C Control for Patients with Diabetes:

HBA1C Poor Control (<9%)

Controlling High Blood Pressure

Breast Cancer Screening

Colorectal Cancer Screening

Domain: Equitable High-Quality Clinical Care

Considerations



Considerations

- Measures selected to align with Medicaid priority populations but could be adapted for other target populations.
- Quality improvement efforts may be on stratified results through root cause analysis to understand what barriers might exist patient receiving highest quality care.

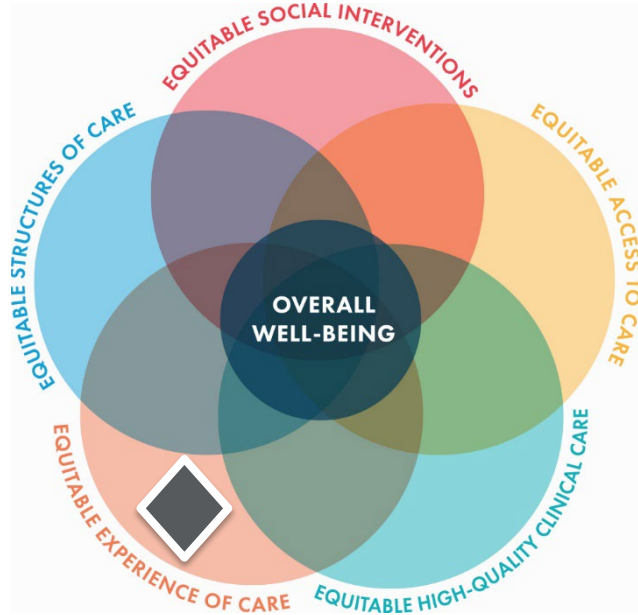


Future State

- Shift to electronic clinical data may open new opportunities for outcomes measures.

Domain: Equitable Experience of Care

Description and Measures



Member-reported measures of health care experiences

Measures

Discrimination in Medical Settings

How Well Doctors Communicate Composite (CAHPS)

Health Plan Customer Services (CAHPS)

Domain: Equitable Experience of Care

Considerations



Considerations

- Experiences *are* outcomes
- Response rates on experience measures can make interpretation difficult. Who is responding? Who isn't?
- Discrimination in Medical Setting measure would require a denominator to be specified. Could be fielded to align with CAHPS sampling and data collection.

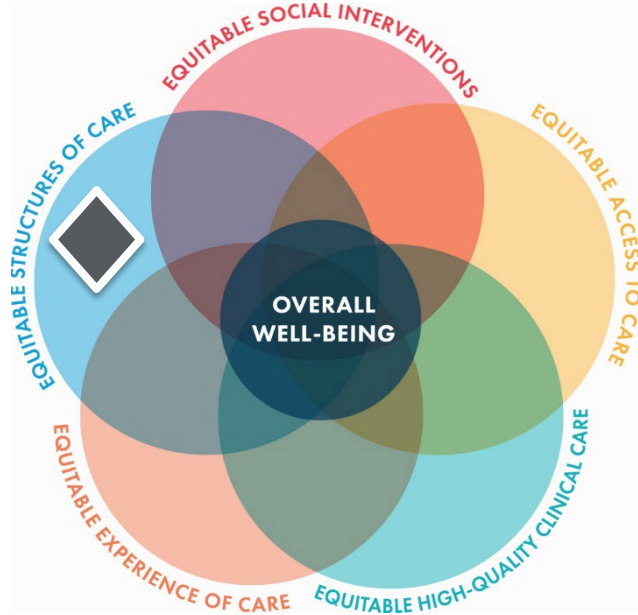


Future State

- Impact of CAHPS field testing in 2022 on measure selection and measurement burden
 - Perceived Discrimination measure
 - Alternate modes of administration (web, SMS)

Domain: Equitable Structures of Care

Description and Measures



Assessments of an organization's culture and system of care for meeting the needs of individuals from diverse backgrounds and lived experiences

Measures

Race/Ethnicity Diversity of Membership
Language Diversity of Membership

Domain: Equitable Structures of Care

Considerations



Considerations

- Few existing measures feasible for health plan level accountability.
- Proposed measures are a minimum bar for basic equity evaluations.
- Performance can be assessed on completeness of data or source of data.



Future State

- Look to standards and structural requirements to supplement measures to achieve equitable, inclusive systems.
 - NCQA Health Equity Accreditations¹
 - National Standards for Culturally and Linguistically Appropriate Services²
 - Communication Climate Assessment Toolkit (C-CAT)³

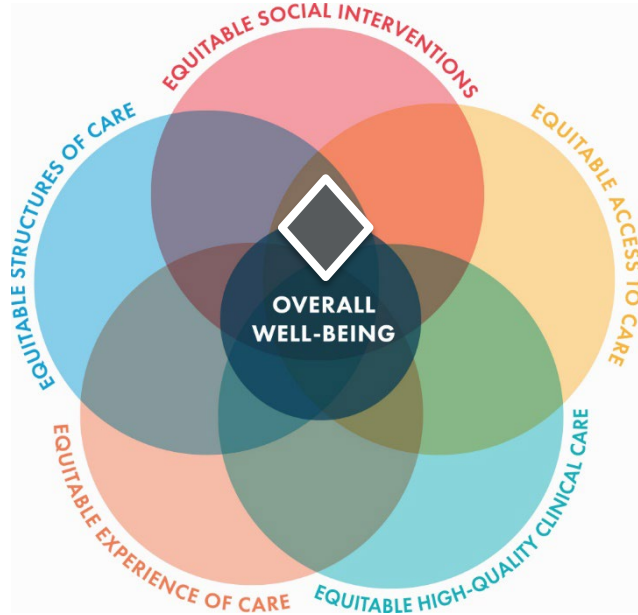
1. National Committee for Quality Assurance. (2022). NCQA's Health Equity Accreditation Programs. <https://www.ncqa.org/programs/health-equityaccreditation/>

2. Think Cultural Health. (n.d.). National CLAS Standards [Government]. <https://thinkculturalhealth.hhs.gov/clas>

3. Wynia, et al, 2010. Validation of an Organizational Communication Climate Assessment Toolkit. American Journal of Medical Quality, 25(6), 436–443

Domain: Overall Well-Being

Description and Measures



Integrating the overall benefit and impact of efforts to improve health and quality of life

Measures

Cantril's Ladder

Physical health rating in last 30 days (BRFSS)

Mental health rating in last 30 days (BRFSS)

Physical or mental health as barrier to usual activities
in last 30 days (BRFSS)

Domain: Overall Well-Being

Considerations



Considerations

- Track record of use, including at the health plan level, with published scoring cut-points.
- Will require specification for fielding method and accountability (e.g., denominator).
- Like experience measures, may consider alignment with CAHPS.



Future State

- Development of appropriate scoring methods including consideration of case mix adjustment may be appropriate.

Framework Applications

Opportunities

- Alignment and common understanding
- Consistent evaluation, avoiding cherry-picking
- Holistic consideration of equity

Limitations

- Measure selection reflects Medicaid priorities
- Quality measurement alone can't solve for equity
- Challenging data environment

Moving Forward

- Expand patient-reported measures
- Intersectional approaches
- Identify scoring approaches to integrate range of measures



Bryan O. Buckley
NCQA

Panel Reflections



Reactions to the Framework from Across the Health System

California Department of Health Care Services (DHCS)

State Medicaid Perspective



Palav Babaria
California DHCS

DHCS administers CA's Medicaid program, known as Medi-Cal and is currently in the midst of CalAIM, it's bold statewide transformation of the Medi-Cal program.

Mission

The Department's mission is to provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care.

Vision

Our vision is to preserve and improve the overall health and well-being of all Californians.

Core Values

*Integrity
Service
Accountability
Innovation*

- » **Population Health.** One in three Californians are enrolled in Medi-Cal, with more than 65% of enrollees identifying as people of color
- » **Children & Youth.** Medi-Cal covers 50% of all births in California, with about two-thirds of children enrolled in Medi-Cal identifying as Black and Latino
- » **Complex Needs & Unmet Care.** More than two in three patient days in a California long-term care facility are covered by Medi-Cal
- » **Justice-Involved.** At least 80% of justice-involved individuals are eligible for Medi-Cal

Reflections on Equity Measurement Framework

State Medicaid Perspective – How does the framework resonate?

- Opportunities for synergy across states and Medicaid programs
- Allows for comparisons among similar populations across states and Medicaid programs
- Focus on parsimony and high-yield measures is actionable
- Synergy with Medi-Cal focus on elevating member voice and member engagement—at all levels
- Member-reported outcomes and experience measures are critical
- Open questions: How do we use this data? How do we set targets for closing disparities? How do we address intersectionality?

Reflections on Equity Measurement Framework

State Medicaid Perspective – What is missing? How can the framework evolve over time?

Social Drivers of Health:

- Nascent field so screening measures are most available right now.
- How do we move from screening (and referral) to outcome measures?
- How can we start measuring actual changes in social drivers of health at the individual and population level?

Equity across the entire population:

- Framework is valuable for addressing disparities within (and among) Medicaid programs
- Largest disparities often between payers (e.g. Medicaid vs. commercial insurance)
- Significant racial/ethnic segregation by payer (e.g. percentage of BIPOC populations who are covered through Medicaid vs. commercial insurance)
- How do we not lose sight of these larger disparities and what opportunities are there to scale this framework across payers?



AmeriHealth Caritas is a national leader in health care solutions for people who are at a low income level and/or are chronically ill.

From our humble beginnings in 1983 in a West Philadelphia hospital, we've grown into one of the largest and most respected Medicaid managed care organizations in the country. Today, we serve approximately 5 million members in 12 states and the District of Columbia with:

- **Quality, award-winning integrated managed care products** including Medicaid, Medicare, long-term services and supports (LTSS), behavioral health, and Health Insurance Marketplace® plans, as well as pharmacy benefit management services.
- **Value-added services** like health outreach and job training that push the boundaries of what Medicaid managed care should offer.
- **Innovative, cost-effective solutions** that provide top-notch care while improving the efficiency and predictability of Medicaid spending for our state and federal partners.
- **A Next Generation Model of Care** that treats the whole person and puts healthy outcomes at the center of our services.

Reflections on Equity Measurement Framework

Health Plan Perspective – How does the framework resonate?

- Encouraged and applauded the integration of equitable measurements across multiple domains of the health continuum.
- Applaud the recognition of the Whole-Person perspective: integrating behavioral, experience, and clinical aspects of measurement.
- Supportive of the inclusion of overall wellbeing and domains to recognize the role of discrimination in care.

Reflections on Equity Measurement Framework

Health Plan Perspective – What is missing? How can the framework evolve over time?

- CAHPS as a proxy for measuring “experience” has many limitations. Would recommend *broadening* how experience is truly measured.
- While the collection and recognition of information to measure instances of discrimination is critical, there must be clear direction on how we take action on this data.
- HEDIS exists as measurement of *access to care*, not necessarily the quality of the care provided. To further close disparities, it will be important to think through how to measure the *experience* of care provided.

American Association on Health and Disability, Lakeshore Foundation

Patient Advocate Perspective



E. Clarke Ross
*Am. Assn. on Health
and Disability*

The **American Association on Health and Disability (AAHD)** (www.aahd.us) is a national non-profit organization of public health professionals, both practitioners and academics, with a primary concern for persons with disabilities. The AAHD mission is to advance health promotion and wellness initiatives for persons with disabilities. AAHD is specifically dedicated to integrating public health and disability into the overall public health agenda.

The **Lakeshore Foundation's** (www.lakeshore.org) mission is to enable people with physical disability and chronic health conditions to lead healthy, active, and independent lifestyles through physical activity, sport, recreation and research. Lakeshore is a U.S. Olympic and Paralympic Training Site; the UAB/Lakeshore Research Collaborative is a world-class research program in physical activity, health promotion and disability linking Lakeshore's programs with the University of Alabama, Birmingham's research expertise.

Reflections on Equity Measurement Framework

Patient Advocate Perspective – How does the framework resonate?

“Achieving High-Quality Care is not possible without also achieving equitable care.”
Delighted to see NCQA recognition of “disability.”

Overall Well-Being Domain as cornerstone of the framework

- Centering individual overall well-being is important for integrating health, disability, and mental illness across service system silos and settings – great focus on whole person health.
- Recognize tension in disability and mental illness community - given a history of discrimination and lack of privacy and confidentiality (and mis-use of health information), many advocates would probably select other domains as centerpiece.

Importance of Stratification

- Agree with the importance of stratification
- State Medicaid programs/Medicaid stakeholders have upcoming stratification expectations:
 - July 22, 2022 CMS SMD# 22-003 – HCBS Quality Measures Set.
 - August 22, 2022 CMS-2440-P: Medicaid and CHIP Core Quality Measures Reporting.

Other elements that resonate:

- CDC Behavioral Risk Factors Surveillance Survey - Very important to integrating health, disability, mental illness.
- Equitable Social Interventions

Reflections on Equity Measurement Framework

Patient Advocate Perspective – What is missing? How can the framework evolve over time?

A Challenge: the focus of much of the disability and aging community is the Medicaid Home-and-Community-Based Services (HCBS) program.

- In 2020, 7.5 million people received HCBS services through both waiver programs and state plan benefits.¹
- In FY 2020, HCBS expenditures accounted for \$125 billion, or 62%, of the \$199 billion spent nationally on Medicaid LTSS.²
- Framework does not reflect same level of focus.

No Aggregation or measure scoring

- Advocates want public transparency of measures

Equitable Experience of Care

- Domain is important, but - insufficient use of “Person-Centered” and beneficiary choice measures



Bryan O. Buckley
NCQA

Moderated Panel Discussion and Audience Q&A

PLEASE SUBMIT YOUR QUESTIONS IN THE Q&A WINDOW

Download the report - [Advancing Health Equity: A Recommended Health Equity Framework for Accountability in Medicaid](#)

Today's slides and a recording of the webinar will be posted on [ncqa.org](https://www.ncqa.org).

Please fill out the post-event survey!

Further questions?

Contact Rachel Harrington (harrington@ncqa.org)



**NCQA would like to thank the speakers for participating in today's webinar,
and the California Health Care Foundation for supporting this work.**

