Measuring Equitable High Quality Care: Putting Health Equity Analytics Methods into Practice

August 27, 2025

Our webinar will begin momentarily.

Agenda

- Welcome and Introductions
- Project Overview – Real World Implementation of Advanced Health Equity Analytic Methods
- Panel Discussion: Reactions and Insights
- Q&A Session
- Closing

Funder Acknowledgement

Speaker Introductions

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Project Goal: Real-World Implementation

Evaluating the use emerging advanced analytic methods in health plans and systems

Stratifying quality metrics is a tool to help health care support individuals in achieving their best possible health.

Single-factor stratification can miss key nuances.

New advanced analytic methods allow us to look at **multiple factors simultaneously**.

Hypothetical:

Well-Child Visits, overall population rate: 70%

English	72%
Spanish	58%

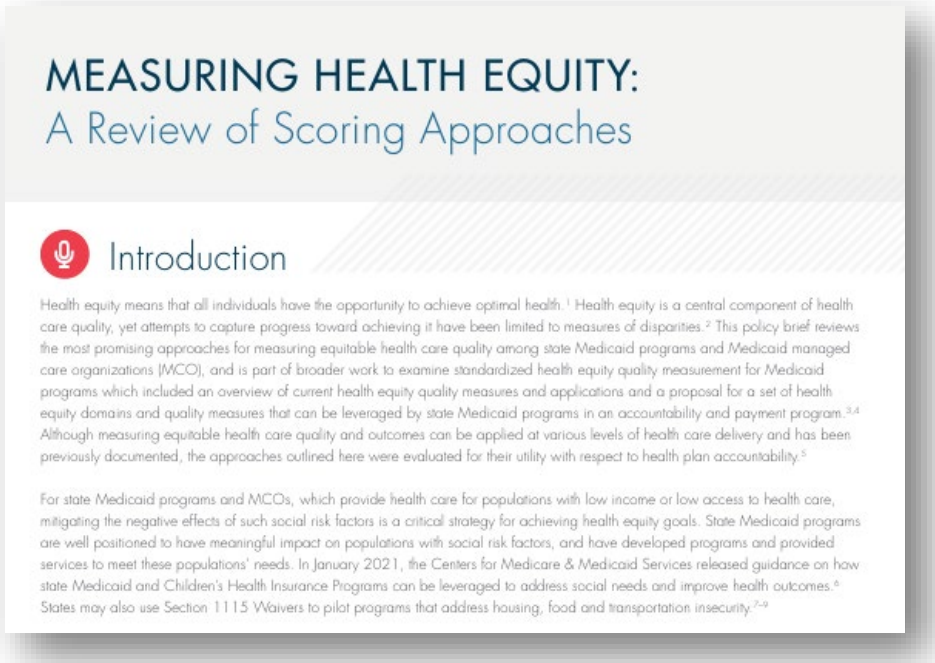
English	Rural	62%
English	Urban	75%
Spanish	Rural	58%
Spanish	Urban	57%

English	Rural	High SES	%
English	Rural	Low SES	%
English	Urban	High SES	%
English	Urban	Low SES	%
Spanish	Rural	High SES	%
Spanish	Rural	Low SES	%
Spanish	Urban	High SES	%
Spanish	Urban	Low SES	%

Project Goal: Real-World Implementation

Evaluating the use emerging advanced analytic methods in health plans and systems

A 2023 NCQA issue brief assessed four analytic approaches that integrate multiple measures and stratification factors into composite scores that promote a holistic approach to evaluating health outcomes.



MEASURING HEALTH EQUITY:
A Review of Scoring Approaches

Introduction

Health equity means that all individuals have the opportunity to achieve optimal health.[1] Health equity is a central component of health care quality, yet attempts to capture progress toward achieving it have been limited to measures of disparities.[2] This policy brief reviews the most promising approaches for measuring equitable health care quality among state Medicaid programs and Medicaid managed care organizations (MCO), and is part of broader work to examine standardized health equity quality measurement for Medicaid programs which included an overview of current health equity quality measures and applications and a proposal for a set of health equity domains and quality measures that can be leveraged by state Medicaid programs in an accountability and payment program.[3,4] Although measuring equitable health care quality and outcomes can be applied at various levels of health care delivery and has been previously documented, the approaches outlined here were evaluated for their utility with respect to health plan accountability.[5]

For state Medicaid programs and MCOs, which provide health care for populations with low income or low access to health care, mitigating the negative effects of such social risk factors is a critical strategy for achieving health equity goals. State Medicaid programs are well positioned to have meaningful impact on populations with social risk factors, and have developed programs and provided services to meet these populations' needs. In January 2021, the Centers for Medicare & Medicaid Services released guidance on how state Medicaid and Children's Health Insurance Programs can be leveraged to address social needs and improve health outcomes.[6] States may also use Section 1115 Waivers to pilot programs that address housing, food and transportation insecurity.[7–9]

What would implementing these methods in the real-word look like?

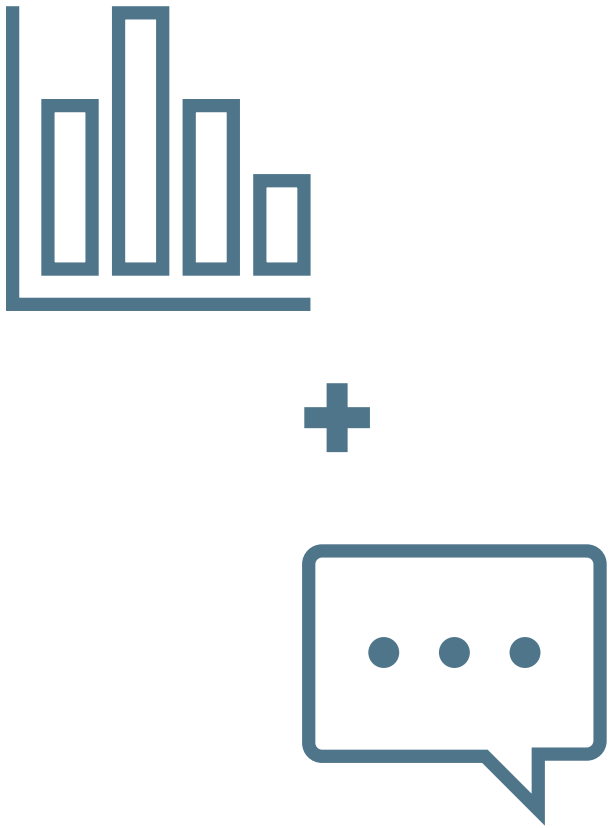
- Could organizations feasibly calculate the methods?
- Would data summaries align with organizational priorities?
- Are the outputs meaningful and actionable for health care organizations?

Partners

Health plan and system perspectives

Implementation and Evaluation

A mixed methods approach



QUANTITATIVE

Goal: Examine measurement characteristics of different analytic methods.

- Partners chose quality metrics and sociodemographic factors of focus, providing de-identified data to NCQA.
- NCQA cleaned data, calculated methods, and provided quantitative outputs and summary interpretation to partners.

QUALITATIVE

Goal: Understand how methods were interpreted and could be applied.

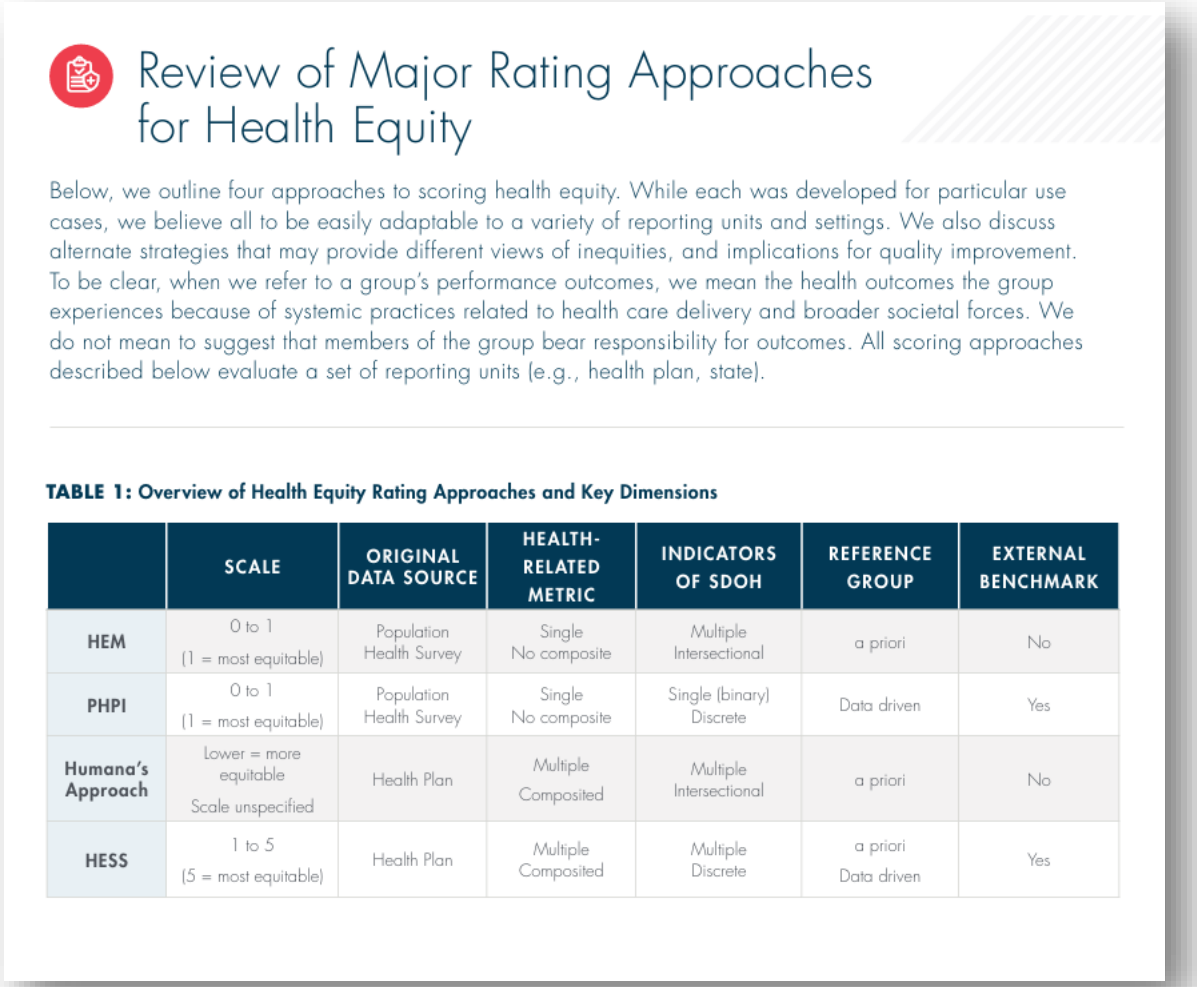
- Interviews with each partner organization focused on interpretation of results and internal business alignment.
- All-partner focus group to understand (un)desirable elements, what is needed for successful implementation.

Implementation Framework: NIRN Hexagon Tool

Advanced Analytic Methods for Health Equity

Overview of methods and key dimensions

- The Population Health Performance Index.
- The Within-Plan Improvement factor of the Health Equity Summary Score.
- The Health Equity Metric.
- Humana's Health Equity Quality Measure.



Review of Major Rating Approaches for Health Equity

Below, we outline four approaches to scoring health equity. While each was developed for particular use cases, we believe all to be easily adaptable to a variety of reporting units and settings. We also discuss alternate strategies that may provide different views of inequities, and implications for quality improvement. To be clear, when we refer to a group's performance outcomes, we mean the health outcomes the group experiences because of systemic practices related to health care delivery and broader societal forces. We do not mean to suggest that members of the group bear responsibility for outcomes. All scoring approaches described below evaluate a set of reporting units (e.g., health plan, state).

TABLE 1: Overview of Health Equity Rating Approaches and Key Dimensions

	SCALE	ORIGINAL DATA SOURCE	HEALTH-RELATED METRIC	INDICATORS OF SDOH	REFERENCE GROUP	EXTERNAL BENCHMARK
HEM	0 to 1 (1 = most equitable)	Population Health Survey	Single No composite	Multiple Intersectional	a priori	No
PHPI	0 to 1 (1 = most equitable)	Population Health Survey	Single No composite	Single (binary) Discrete	Data driven	Yes
Humana's Approach	Lower = more equitable Scale unspecified	Health Plan	Multiple Composited	Multiple Intersectional	a priori	No
HESS	1 to 5 (5 = most equitable)	Health Plan	Multiple Composited	Multiple Discrete	a priori Data driven	Yes

NCQA-MeasuringHealthEquity-Whitepaper-FINAL_WEB.pdf

The Theory: Multiple metrics + Factors = Overall Equity score

Example: Cardiometabolic focus

Measure data by select sociodemographic factors

Measures: *Controlling High Blood Pressure, Persistence of Beta-Blocker Treatment after Heart Attack, Statin Therapy for Patients with Cardiovascular Disease*

Sociodemographic Factors: *Race and Ethnicity, Geography (Rurality)*

Equity Scoring Analytic Methods

- Population Health Performance Index
- Within-Plan Improvement factor of the Health Equity Summary Score
- Health Equity Metric
- Humana's Health Equity Quality Measure

One Score Representing Equity

One score per method

From least to most equitable (ex. 0 to 1, -1 to 1)

Equity score reflects how similar (or different) specified groups quality performance outcomes are across selected quality measures or metrics

In Practice: Key Findings and Implementation Considerations

Measure data by select sociodemographic factors

Measures must be logically linked, but not correlated

Sociodemographic data should be as complete as possible

Data organization must meet the needs of all algorithms

Measure Data						
Submission ID	Member or Patient ID [*random ID*]	Measurement Year	Measure Name	Indicator Name	Denominator	Numerator

Demographics															
Submission ID	Member or Patient ID [*random ID*]	Measurement Year	Age	Sex	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Some Other Race	Unknown Race	Race asked but not answered	Ethnicity	Sexual Orientation	Disability Status	Geographic Region

In Practice: Key Findings and Implementation Considerations

All scoring approaches needed adaptation

A priori and empirical approaches had unexpected tradeoffs

Equity Scoring Analytic Methods

- Population Health Performance Index
- Within-Plan Improvement factor of the Health Equity Summary Score
- Health Equity Metric
- Humana's Health Equity Quality Measure

A priori	Empirical
0.996	0.979
0.995	0.971
0.863	0.702
0.906	0.805
0.865	0.726
0.901	0.786
0.917	0.716
0.962	0.855
0.983	0.855
0.994	0.882

In Practice: Key Findings and Implementation Considerations

All scoring approaches needed adaptation

A priori and empirical approaches had unexpected tradeoffs

Low population groups were often unreportable

- Intersectional methods exacerbated this

Equity Scoring Analytic Methods

- Population Health Performance Index
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- Humana's Health Equity Quality Measure

Count of reportable measures by year and social dimension

MY	Dimension	Can Report	Cannot Report
2022	Geography	18	0
2022	Language	31	12
2022	Race	68	4
2023	Geography	18	0
2023	Language	31	10
2023	Race	68	4

In Practice: Key Findings and Implementation Considerations

Not all methods lent to aggregation

Entity	MY	Dimension	Meas1	Meas2	Meas3	Meas4	EquityScore
A	2022	Race	0.085	0.753	0.632	0.000	0.367
B	2022	Race	0.173	0.777	0.790	0.732	0.618
C	2022	Race	0.000	0.000	0.000	0.466	0.117
A	2023	Race	0.204	0.178	0.000	0.168	0.138
B	2023	Race	0.000	0.242	0.563	0.000	0.201
C	2023	Race	0.312	0.000	0.498	0.641	0.363
A	2023	Geography	0.000	0.753	0.409	0.000	0.290
B	2023	Geography	0.069	0.000	0.000	0.299	0.092
C	2023	Geography	0.544	0.395	0.032	0.242	0.303

One Score Representing Equity

One score per method

From least to most equitable (ex. 0 to 1, -1 to 1)

Equity score reflects how similar (or different) specified groups quality performance outcomes are across selected quality measures or metrics

In Practice: Key Findings and Implementation Considerations

Some scores were not intuitively-interpretable without adaptation

Within Plan Improvement	Initial Disparity	Proportion WPI
0.012	0.131	0.094

This represents eliminating 9.4% of the disparity seen in the first year

One Score Representing Equity

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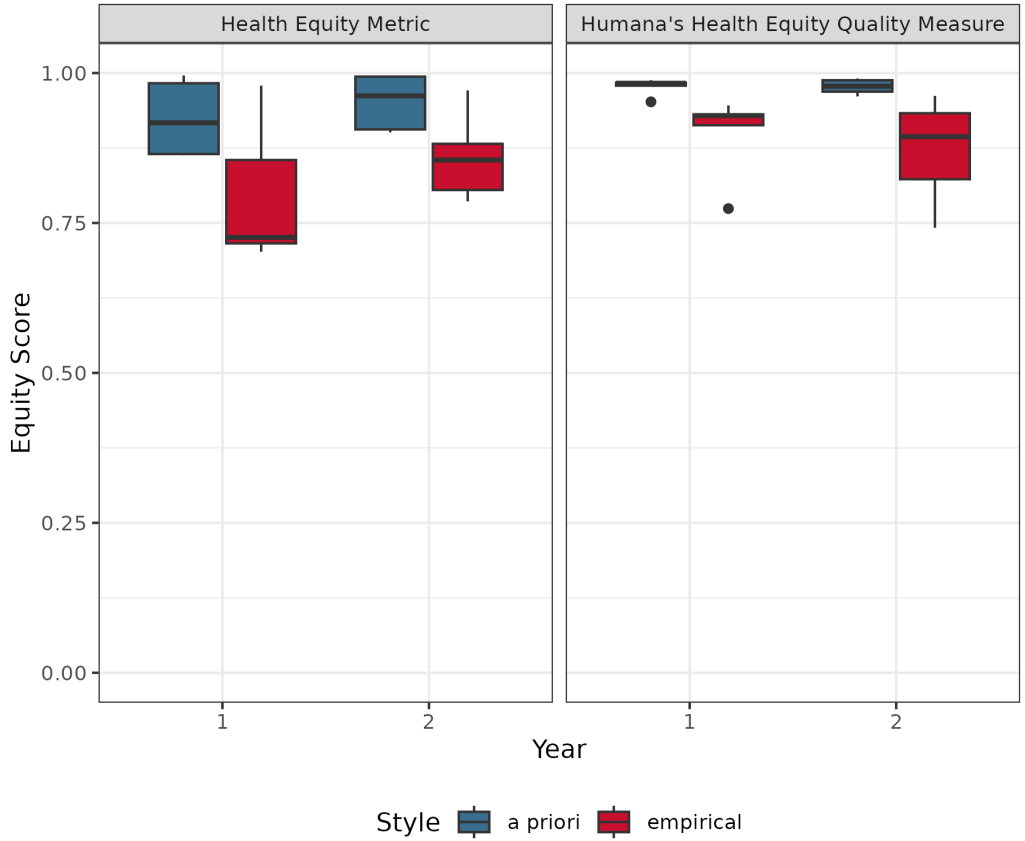
In Practice: Key Findings and Implementation Considerations

Two methods had high and tight distributions



One Score Representing Equity

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Lessons Learned - Recap

- Measures must be logically linked but not correlated.
- Sociodemographic data should be as complete as possible.
- Data organization must meet the needs of all algorithms.
- All scoring approaches needed adaptation.
- A priori and empirical approaches had unexpected tradeoffs.
- Low population groups were often unreportable - intersectional approaches exacerbated this.
- Not all methods lent to aggregation.
- Some scores were not intuitively-interpretable without adaptation.
- Two methods had high and tight distributions.

Panelist Discussion

Study Partners

Erin Brigham-Gray

Associate Vice President, Quality Operations

CareSource

Jacqueline Ortiz

Chief Community Health Impact Officer

Christiana Care

Lorena Chandler

Vice President and Chief Health Equity Officer

IEHP

Inland Empire Health Plan

CareSource

Health plan

Location: Headquarters in Dayton, Ohio but plan membership in 14 states

Population served: 2,055,507 (Medicaid, Marketplace, Dual Eligible, Tricare)

Health Equity priority areas of focus: Population specific related to chronic conditions, Adults' Access to Preventive/Ambulatory Services (AAP), Breast Cancer Screening (BCS), Child and Adolescent Well-Care Visits (WCV), Patient Experience (CAHPS)

Quality metrics selected for this project:

- Continuous Glucose Monitoring (CGM)
- Diabetes Self-Management Education (DSME)
- Hemoglobin A1c Control for Patients with Diabetes (HBD)
- Kidney Health Evaluation for Patients With Diabetes (KED)

ChristianaCare

Health System

Location: Delaware, Maryland, New Jersey, Pennsylvania

Population served: Headquartered in Wilmington, Delaware, ChristianaCare includes an extensive network of primary care and outpatient services, home health care, urgent care centers, three hospitals (1,430 beds), a freestanding emergency department, a Level I trauma center and a Level III neonatal intensive care unit, a comprehensive stroke center and regional centers of excellence in heart and vascular care, cancer care and women's health. It also includes the pioneering Gene Editing Institute.

Health Equity priority areas of focus: Multiple areas of focus including four specific strategic aspiration goals for: uncontrolled hypertension, preeclampsia at 37 weeks, advance stage diagnosis of breast cancer and surgical outcomes for joint replacement and bariatric surgery.

Quality metrics selected for this project:

- Blood Pressure Control < 140 mmHg systolic on most recent measurement (office or home measurement)
- Repeat blood pressure measurement in the office if the initial measurement is >= 140 mmHg systolic
- Patients diagnosed with HTN who are taking at least one anti-hypertensive medication

Inland Empire Health Plan (IEHP)

Health plan

Location: Based in Rancho Cucamonga, California, serving San Bernardino and Riverside counties in the Inland Empire.

Population served: With 1.5 million members, IEHP is one of the top 10 largest Medicaid health plans and the largest not-for-profit Medicare-Medicaid public health plan in the country.

Health Equity priority areas of focus: Our health equity efforts focus on children, chronic conditions, cancer prevention and maternal health measures.

Quality metrics selected for this project:

- Childhood Immunization Status - Combo 10 (CIS-10)
- Immunizations for Adolescents (IMA-2)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
- Well-Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)
- Lead Screening in Children (LSC)

What's Next?

Publication of technical findings: 2026

Implementation playbook: Q1 2026

For more information:

Blog: Empowering Organizations to Address Gaps in Care: Putting Health Equity Analytics Methods into Practice

Further questions? Contact:

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Thank you