A GUIDE TO IMPROVING HEALTH EQUITY

BASED ON NCQA'S 2024 STANDARDS AND GUIDELINES FOR HEALTH EQUITY ACCREDITATION

Created by the HICE Health Equity Accreditation Workgroup

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HICE Health Equity Accreditation Work Group

The Health Industry Collaboration Effort (HICE) is a volunteer, multi-disciplinary team of providers, health plans, associations, state and federal agencies and accrediting bodies working collaboratively to improve health care regulatory compliance through education of the public.

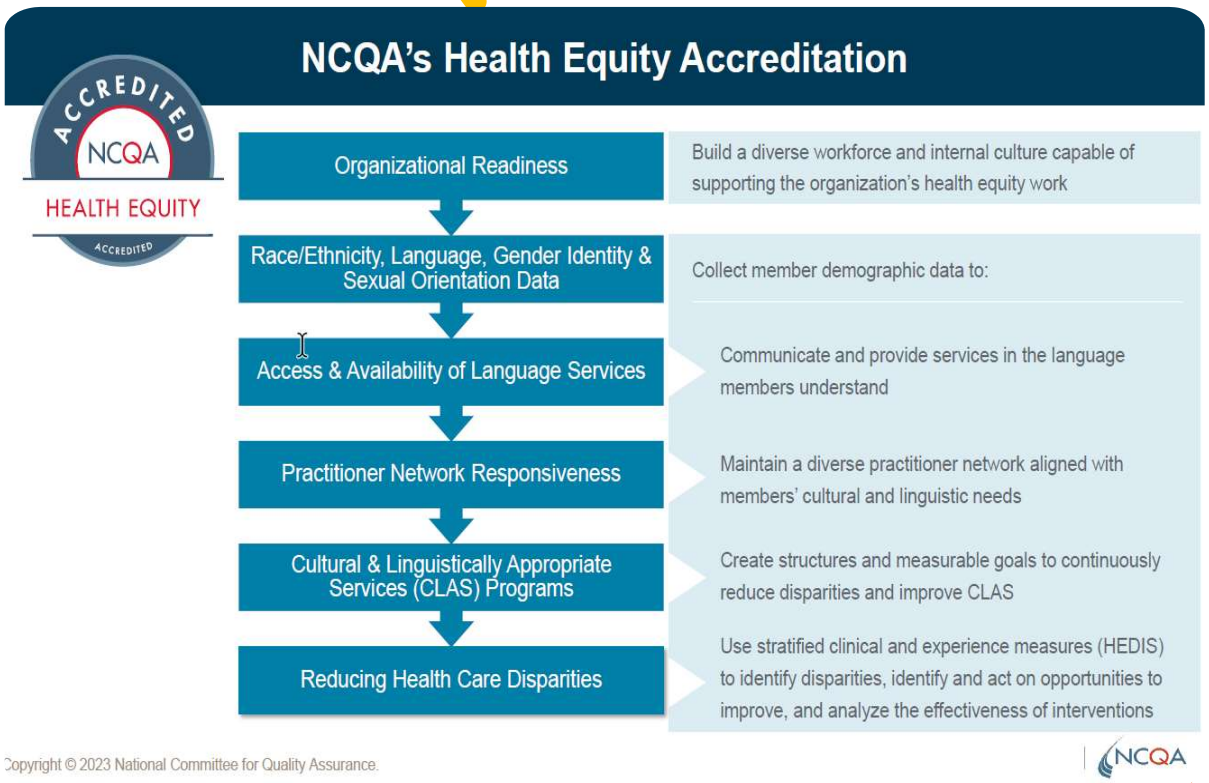
The HICE Health Equity Accreditation Workgroup was created as part of the HICE Cultural & Linguistics(C&L) Services Team and is comprised of healthcare professionals who leverage NCQA's health equity accreditation standards to reduce health inequities and improve healthcare coverage and health outcomes.

The HICE Health Equity Accreditation Workgroup has developed this guide to disseminate best practices to other health plans that are undergoing or considering Health Equity Accreditation.

Introduction to Health Equity Accreditation

- The National Committee for Quality Assurance (NCQA) provides a rigorous and comprehensive framework for essential quality improvement and measurement. The NCQA program bases its results on clinical performance and consumer experience (HEDIS® and CAHPS®).

- NCQA's Health Equity Accreditation (HEA) product serves as a nationally recognized evaluation tool, assessing how effectively health plans address the needs of diverse populations. It acts as a strategic guide for advancing health equity. The program focuses on the foundational aspects of health equity by leveraging data to identify disparities, acknowledging community social risk factors and member social needs, and pinpointing opportunities to reduce health inequities and enhance care.



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NCQA

Why Obtain Health Equity Accreditation?

Identify and address health disparities to improve outcomes, reduce unmet social needs, and lower overall care costs.

To demonstrate a strong commitment to improving health equity and reducing disparities gives health plans a competitive edge against competitors.

Align organization and work culture with diversity, equity, and inclusion principles, including proactively reducing bias and equitable recruitment and staff training.

Demonstrates to members and communities you serve that your health plan has made a commitment to improving health equity.

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HE 1: Organizational Readiness

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HE 1: Organizational Readiness

Intent: The organization is committed to advancing health equity by building a diverse and inclusive staff.

What does NCQA require?

Build a Diverse Staff

The organization prioritizes diversity, equity, and inclusion by implementing recruiting and hiring processes that enhance diversity across staff, leadership, committees, and governance bodies. It identifies opportunities to further improve diversity, equity, inclusion, or cultural humility within these groups and takes concrete actions on at least one identified opportunity to foster a more inclusive and culturally aware environment

Promote Diversity, Equity and Inclusion Among Staff

The organization ensures all employees receive at least one training session focused on culturally and linguistically appropriate practices, reducing bias, or promoting inclusion. It also tracks and reports the number or percentage of employees who complete this training.

Best Practices/Recommendations

- Documented processes that support diversity, equity, and inclusion and cultural humility in the workplace at all levels of employment are maintained by the organization.
  - Workflows/procedures are sufficient as evidence.
- Evaluation of organization's community and members
  - Organizations, especially smaller ones, may benefit from the Hospital Community Health Needs Assessment, required by California Health and Safety Code Section 127345(a).
- Evidence that organization identify an opportunity for each level and act on at least one opportunity to improve DEI or staff cultural humility in the workplace.
  - **Example Opportunity:** identified high turnover rates for staff who are women of color and conducted a survey to uncover the barrier to maintaining employment was the lack of childcare. **Example Action:** provided childcare as an employment benefit which gave funds to staff to help cover childcare expenses.
- Offer multiple types of voluntary training related to language, bias, and inclusion.

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HE 2: Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data

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HE 2: Race/Ethnicity, Language, Gender Identity, and Sexual Orientation Data

Intent: The organization gathers individuals' race/ethnicity, language, gender identity and sexual orientation data using standardized methods.

What does NCQA Require?

Race/Ethnicity, Language, Gender Identity and Sexual Orientation Data

The organization is required to maintain a data system capable of receiving, storing, and retrieving individual-level data on race/ethnicity, language, gender identity, and sexual orientation (RELSOGI). It must be able to collect this data directly from individuals and estimate and validate race/ethnicity if direct data is below 80%.

The organization should have procedures to align race/ethnicity data with Office of Management and Budget (OMB) categories and complete a language assessment to determine threshold languages. It must also ensure a non-stigmatizing method for collecting SOGI data and share pronoun information with staff who interact with members.

Additionally, the organization should implement privacy protections for this data, including controls on permissible and impermissible use, and communicate these protections to members at the time of data collection.

Best Practices/Recommendations

- Develop customer survey for new members to answer RELSOGI questions
  - Mail out with new member welcome packets
  - Member experience surveys
  - Note: Incentives (as allowed) can help with motivation for customers to complete surveys.
  - Surveys can be sent via email, online, U.S. Postal Service
- Health Risk Assessment
- Front-line staff members can enter RELSOGI data into system while speaking with customer
  - Example: Case/Care Management Outreach HEDIS team outreach, Gaps in Care Outreach, Call Center Staff, etc.
  - Example: To improve collection of RELSOGI data, organizations may want to run internal data collection campaigns and ensure adequate training of front-line staff and adherence to standard operating procedures, when possible.
- Electronic Medical Record – Update information at registration at time of provider visit
- Collect customer data through MyChart – push notifications through MyChart when customer schedules appointment to update RELSOGI data.
- Customer portal – customer has ability to provide information in their own profile online
- Social Needs Platform – Social Needs Assessment within the Platform that collects customer RELSOGI data

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HE 3: Access and Availability

HE 3: Access and Availability

Intent: The organization provides materials and services in the member's preferred language.

What does NCQA Require?

Written Documents

- The organization should provide essential information in threshold languages using competent translators, ensuring translations are delivered promptly

Spoken Language Services

- Use of competent interpreter or bilingual services to communicate with individuals whose preferred spoken language is a language other than English.

Support for Language Services

- The organization supports practitioners by sharing individual and population data on language needs, providing language assistance resources, and making interpretation services available in-person, via video, or by telephone. Additionally, it offers training on language services to ensure practitioners can deliver competent language support

Notification of Language Services

- Annually distribute a written notice in English and in up to 15 languages spoken by 1 percent of individuals served or by 200 individuals, whichever is less, that notifies members that free language assistance is available and how to obtain it.

Best Practices/Recommendations

- Cultural competency trainings
- Toolkits
- Newsletters
- Collaborating with community; community partnerships
- Provider webinars
- Provider resource website
- Policies and procedures
- Annual Provider Mailing
- Customer Brochures
- Provider Brochures
- Client Brochures

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HE 4:Provider Cultural Responsiveness

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HE 4: Practitioner Network Cultural Responsiveness

Intent: The organization maintains a practitioner network that is capable of serving the diversity of individuals served and is responsive to their needs and preferences.

What does NCQA require?

The health plan must give members the opportunity to choose providers that meet their cultural and linguistic needs which include :

- Collection of provider language and race/ethnicity and languages available through office staff
- Publishing of provider language and race/ethnicity and languages available through office staff
- Every three years the health plan must:
- Analyze provider concordance to meet members language needs and provide culturally appropriate care
- If gaps are identified, develop and implement a plan to address gaps

Best Practices/Recommendations

- Collect and report provider demographics during application and credentialing process
- Publish provider race/ethnicity, language and practice language services on online directory
- To measure network adequacy, report utilization using customer population assessment
- Expand telemedicine to meet cultural/linguistic needs

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HE 5: Culturally and Linguistically Appropriate Programs

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HE 5: Culturally and Linguistically Appropriate Programs

Intent: The organization continually improves its services to meet the needs of multicultural populations.

What does NCQA require?

CLAS Trilogy documents (Program Description, Workplan, Annual Evaluation)

Program Description

-Written Document-Can be an independent document or written into quality improvement (QI) plan

-Involve Culturally Diverse Community- Source input on program from community that represents the diversity of population served

-Measurable Goal(s)- Includes at least one measurable goal for provision of CLAS or reduction of healthcare inequities

Workplan

-Workplan includes objectives/goals, activities, time frame, responsible staff, monitoring (updates on activities). Can be separate document or included in program description

-Plan to Monitor Goal(s)- Indicate how each goal will be monitored

-Approval- Must be reviewed and approved by the governing body annually. The governing body is the board of directors or a designated subcommittee, external to the QI committee. The subcommittee's accountability to the governing body must be outlined in program description.

Annual Program Evaluation

-***Activities***-Evaluate performance of completed and ongoing activities that address CLAS outlines in program description/workplan
-***Trending of Measures-*** Measurable data that shows performance over time
-***Analysis-*** Analysis of results to determine if there is improvement or decline, root cause or barrier analysis if goal(s) were not met
-***Community Representatives-*** Present analysis to community representatives for review and feedback
-***Overall Effectiveness***- Determine and describe the program's overall effectiveness and adequacy. Determine if there needs to be restructure of change for the next year based on findings. outlined in program description.

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Best Practices/Recommendations

- Work plan can be a separate document with measurable goal, work plan requirements and plan for monitoring
- Utilize member advisory committee for involvement, review, and feedback by community; at a minimum, represents racial/ethnic and linguistic groups that constitute at least 5% of individuals
- Outline health plans process for ensuring involvement of a diverse population based on membership
- Utilize meeting minutes that reflect governing body's approval
- Engage advisory council that includes a mix of consumers (ie: individual members or advocates, practitioners, and community representatives)
- Engage community groups or conduct focus groups with individuals or community residents

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HE 6: Reducing Health Care Disparities

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HE 6: Reducing Health Care Disparities

Intent: The organization utilizes data related to race/ethnicity, language, gender identity, and/or sexual orientation to evaluate disparities and direct quality improvement efforts aimed at enhancing the delivery of culturally and linguistically appropriate services while reducing health care disparities.

What does NCQA require?

Reporting Stratified Measures

For each HEDIS measure, the organization analyzes the performance of race/ethnicity subgroups by comparing them against a reference group

- Colorectal Cancer Screening (COL)
- Controlling High Blood Pressure (CBP)
- Hemoglobin A1C Control for Patients with Diabetes (HBD)
- Prenatal and Postpartum Care (PPC)
- Well Child Visit (WCV)

Use of Data to Assess Disparities

- Analyze clinical performance by race/ethnicity
- Analyze clinical performance measures by preferred language
- Analyze clinical performance measures by gender identify and/or sexual orientation
- Analyze individual experience measures by race/ethnicity or preferred language

HE 6: Reducing Health Care Disparities

Use of Data to Monitor and Assess

- ***Utilization of language services-*** Includes bilingual services, oral interpretation and written translation for member services, claims, UM, CM, etc.
- ***Member experience with language services & healthcare encounters-*** can be but not limited to, a survey, follow up calls, focus groups
- ***Staff experience with language services-*** survey, rating forms, focus groups/meetings

Use of Data to Measure CLAS and Inequities

- Identify and prioritize opportunities to reduce healthcare disparities and to improve CLAS
- Implement at least one intervention to address an inequity and to improve CLAS
- Evaluate effectiveness of both interventions

Best Practices/Recommendations

- Focus on subgroups most relevant to the demographics of the population when stratifying data
- Opportunities/interventions identified can be tracked on the annual workplan
- Implement annual assessment of disparities and quarterly tracking of interactions to ensure organization is meeting the needs of the population.

HE 7: Delegation of Health Equity Activities

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HE 7: Delegation of Health Equity Activities

Intent: The organization must provide oversight and remain responsible for and has appropriate structures and mechanisms to oversee delegated health equity activities. This standard is only applicable if the organization delegates NCQA-required health equity activities.

What does NCQA require?

NCQA requires a Delegation Agreement and a Pre-delegation Evaluation within 12 months of implementation.

Review of Performance

- Annual review of the delegates health equity program
- Annual review of performance against NCQA standards
- Semi-annually evaluates regular reports

Opportunities for Improvement

The organization identifies and follows up on opportunities for improvement

Best Practices/Recommendations

- Determine which organizations are considered delegates
  - Note: Contracted Language Services are not considered a delegate for this standard.
  - Refer to appendix 2 in section 2-5 of 2024 Health Equity Accreditation Standards for more information on vendors.
    - Vendor Relationship – when an organization contracts with another entity to perform a function but does not delegate the authority to carry out that function.

Sources

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9640880/#:~:text=A%20compelling%20body%20of%20research,care%2C%20and%20better%20health%20outcomes. (slide 19)

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