

How Innovative HIT Policies and Standards Can Advance Health Equity

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Health Equity by Design Hearing
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Eboné M. Carrington, MPA, FAB

Managing Director, Manatt Health

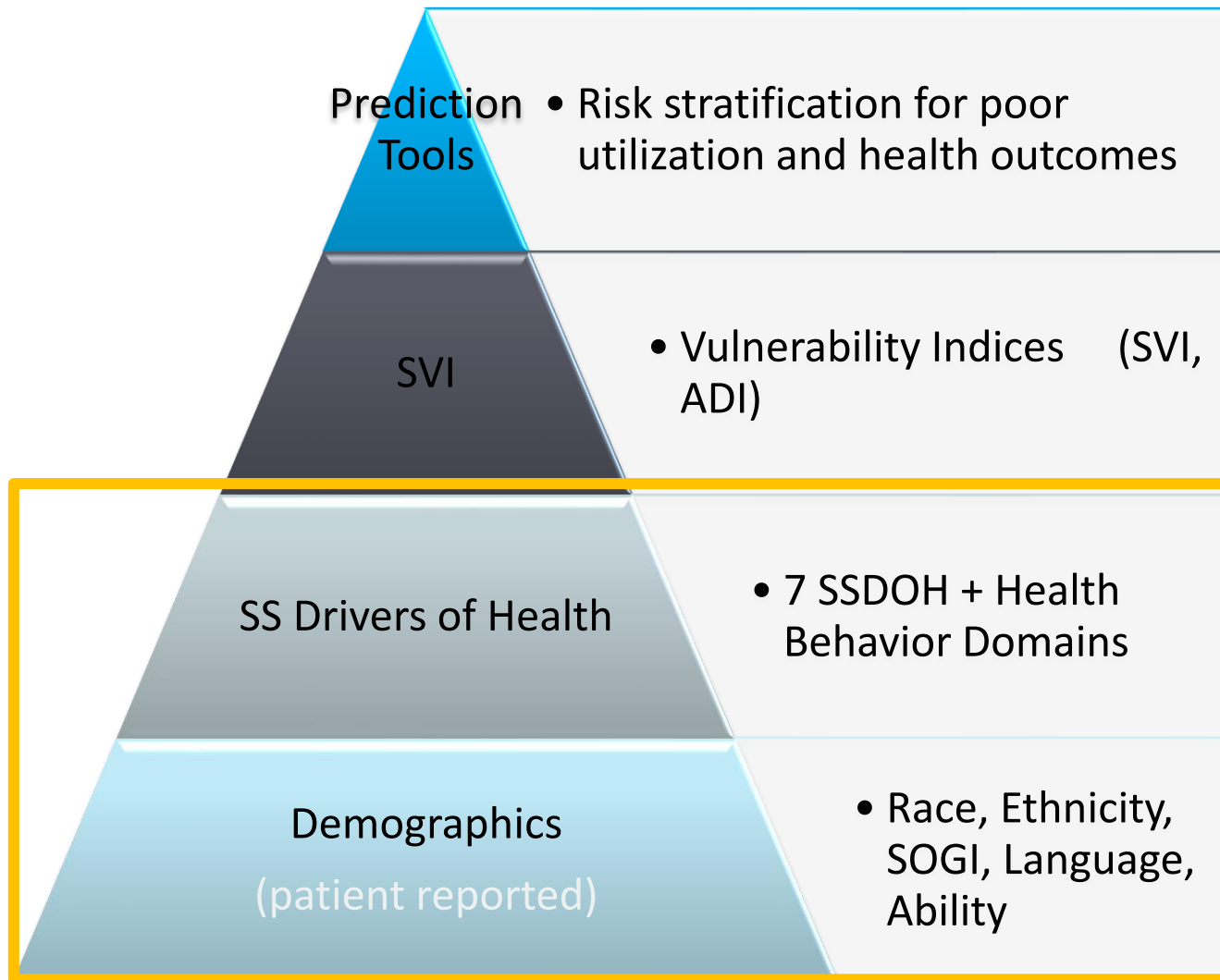
Investing in Health: The Imperative

Health inequities' pernicious effects on our national health and wellbeing have never been more widely understood— now we must understand how to address them.

- COVID-19 has clarified the risks—in human suffering and death, as well as in tremendous financial cost—of allowing inequity to persist in our health care system and society.
- There is growing [evidence](#) that addressing some DOH can improve health outcomes more cost-effectively and equitably than medical interventions alone.
- Given the urgent need to eliminate disparities, CMS and stakeholders are attacking on multiple fronts.
 - [Measures Application Partnership](#) has provided [conditional support for first-ever federal DOH screening measures](#) and the [Medicaid Core Set Annual Review process](#) has identified DOH screening as a gap area
 - [Health Care Payment Learning and Action Network](#) has convened experts and stakeholders to discuss equity promotion in payment programs
 - [CMS](#) has issued extensive guidance related around equity promotion in Medicare

- The COVID-19 pandemic laid bare deep rooted health inequities as well as significant DOH needs across the country.
- With health disparities more urgent than ever, development of data elements and measurement approaches needed to quantify inequity and identify needs cannot be delayed for multiyear development and implementation cycles
- Rapid reliance on imperfect data will require institutional humility and protections for patients and providers. We are in the early stages of learning, and have not yet incorporated community voices as much as we can and should.
- Policymakers should develop approaches that minimize the risk of path dependence because today's best practices will likely evolve in future years.
- Policymakers should be mindful of risks that their efforts may inadvertently exacerbate disparities in provider support by rewarding gaming or high-cost data collection.

DOH and Demographic Data Require Federal Guidance



Providers documenting DOH have multiple options including Z codes, G codes and LOINC codes under development by the Gravity project.

Federal guidance can make provider and payer investment in data collection more efficient by supporting convergence and sharing around a single common standard.

Demographic data collection is growing but continues to lag our understanding of identity, particularly related to SOGI, individuals who identify as multiple races, and ‘umbrella’ groupings that contain diverse subpopulations. This limits their utility as stratifiers and predictors.

Health Equity and Drivers of Health

Providers and Administrators sit at complex intersection of theory and practice without meaningful measurement and variable means of reporting/documenting.

People of color experience health disparities even after controlling for economic and environmental factors.

Example: Maternal Mortality

The maternal mortality rate for “black women with at least a college degree was five times as high as white women with a similar education.”

People of color are disproportionately impacted by the social and economic factors that affect health outcomes.

Example: COVID-19

People of color have been disproportionately impacted by both the economic and health effects of COVID-19.

Example: Accountable Health Communities

Early Results from the Accountable Health Communities Model demonstrate wide-spread social needs, with 33% of Medicare and Medicaid beneficiaries screened having at least one health-related social need. Racial and ethnic minorities were overrepresented in the navigation-eligible population.

Proposed 1115 Waiver Demonstration: NYS is partnering with the federal government to make an investment of up to \$17 billion in New York's Medicaid delivery system over five years.

■ **Goals:**

- Building a more resilient, flexible, and integrated delivery system that reduces racial disparities, promotes health equity, and supports the delivery of social care;
 - ◆ NYS proposed the development of HEROs, which are described as follows:
 - Regional, mission-based organizations composed of a coalition of stakeholders.
 - Hubs for regional collaboration, coordination, and decision-making and will inform future advanced VBP arrangements targeted at health equity.
- Developing and strengthening supportive housing services and alternatives to institutions for the long-term care population;
- Redesigning and strengthening safety net facilities and workforce capacity to improve quality and rebuild from the COVID-19 pandemic; and
- Creating statewide digital health and telehealth infrastructure.

Understanding Health Needs Critical to Driving Supportive Action

ONC and CMS should work with states to accelerate the standardized measurement, reporting, and exchange of race and ethnicity and DOH data.

1

Recommendation: CMS should provide guidance on Medicaid IT enhanced funding to support DOH technology investments (e.g., shared platforms and standards for data exchange to support care management, DOH screening and navigation, oversight and evaluation, and payment). **Guidance should reference data standards - including those for race, ethnicity, and DOH - designated by ONC**, as part of programmatic requirements.

2

Recommendation: CMS should partner with ONC to align standardization efforts and data use requirements for demographic and DOH data through: shared data governance; aligned and reinforcing contracting requirements; uniform data standards training; introducing standardized approaches for identifying DOH needs and measuring the impact of interventions on health outcomes

3

Recommendation: ONC should develop and promote use of standardized recording practices for DOH indicators on claims/encounters (e.g. guidance on ICD-10 z-code use with DOH screenings) through [Measure Application Partnership](#) and [Medicaid Core Measure Sets](#) development, and consider expanding z-code set to align with common DOH screening options in addition to supporting electronic reporting options.

Integrating DOH into Systems of Measurement and Accountability

- **ONC/CMS policies in this space can model responsive, flexible implementation practices that incorporate the voice of beneficiaries and safety-net providers through the use of community-based advisors and supports for bidirectional communication.**
- **CMS has an immediate opportunity to move forward the first ever DOH measures by:**
 - Publishing the MAP-recommended Medicare measures as proposed rules in the Federal Register; and
 - ensuring progress is made on advancing DOH measures for Medicaid and CHIP



Eboné Carrington
Managing Director

Manatt Health

ecarrington@manatt.com

