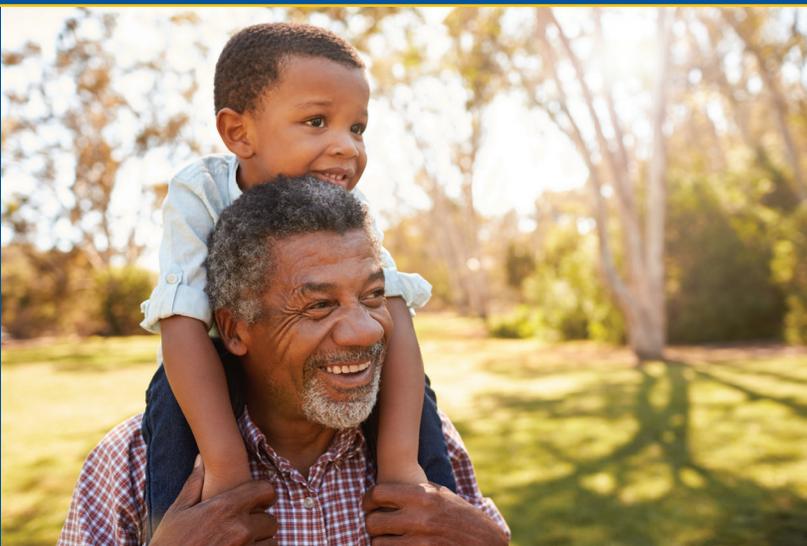




Building an Organizational Response to Health Disparities: Five Pioneers from the Field

Executive Summary



For More Information

CMS OMH seeks to support health care stakeholders making a business case for addressing disparities in health care quality and access. In addition to these case studies, CMS OMH offers tools, resources, and technical assistance for interested organizations looking to embed equity into their mission, goals, programs, and initiatives. To learn more, contact us at HealthEquityTA@cms.hhs.gov.

Acknowledgements

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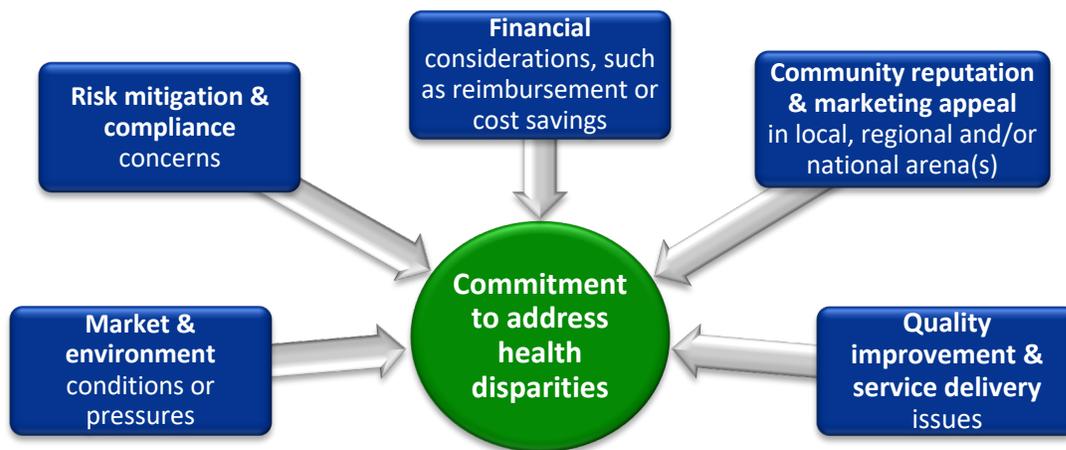
The process for identifying case study participants comprised multiple steps. First, the team conducted web searches for U.S.-based organizations that had won awards or were profiled for their commitment to addressing health disparities; this yielded 73 organizations. The team then ranked organizations based on the degree of alignment between their program(s) and the objectives of this study, which narrowed the list to 36. To further refine the set, the team conducted short screening calls to confirm an understanding of their efforts to build a business case to address health disparities and gauge interest in participation. From the refined list of 18, the team invited organizations – those that described a comprehensive longstanding program and/or multiple initiatives – to participate in a voluntary and uncompensated site visit. It is important to note that the team's initial search was limited by the availability of public data; therefore, it is plausible that qualified organizations were not considered due to an absence of information.

The report highlights leaders in quality improvement undertaking a business case for addressing health and health care disparities. The case studies contained within focus on a limited set of activities and do not represent an attempt to evaluate, nor opine on, an organization's overall compliance with longstanding anti-discrimination law. Moreover, the content of this report reflects the terms and provisions of the contract under which the work was performed and technical direction provided by the U.S. government. Mention of trade names or organizations does not imply endorsement by the U.S. government.

Introduction

The CMS Office of Minority Health (OMH) conducted case studies with five private-sector health care organizations to understand how they identify and address health disparities in the communities they serve. The subsequent case study reports illustrate how each organization designed and implemented initiatives to change the way they deliver services. Each case study was developed following site visits and interviews with organization leaders and staff.

The case studies are part of a CMS OMH initiative to support health care stakeholders as they make a business case for addressing disparities in health care quality and access. This document contains executive summaries from these case studies.¹ Each organization's business case differs; however, the underlying motivators can be grouped into five broad categories:



The case studies cover:



Interpreter-Focused Strategy

Find out how a community hospital (Frederick Memorial Hospital) established an interpreter services program to serve the local Deaf community and later the Spanish-speaking community.



Diversity and Inclusion Strategy

Explore how a health plan (Harvard Pilgrim Health Care) created a diversity and inclusion strategy and established a transgender-inclusive health benefits package.



Quality-Focused Strategy

Learn about a health plan's (Health Net) efforts to increase vaccination compliance rates, reduce readmissions and close gaps in care.



Demographic Data Collection Strategy

Understand how a health plan (Highmark Inc.) used data to identify gaps in care and designed interventions to improve access, and increase immunization rates and use of preventive services.



Health System/Community Collaboration Strategy

Learn how a health system (Methodist Le Bonheur Healthcare) partnered with local churches to improve health care utilization and outcomes in its community.

¹ A full-length report is also available for each case study. The full report discusses, in detail, the factors that influenced organizational investment in reducing health disparities. The report can be found at [go.cms.gov/omh](https://www.cms.gov/omh).

Frederick Memorial Hospital



Quick Facts

Provider type	Community hospital
Corporate headquarters	Frederick, Maryland
Patients	285,000 acute and outpatient visits per year

Key initiative

- Launched American Sign Language (ASL) and Spanish language interpreter services program.

Starting point: Initiating health disparities work

Frederick Memorial Hospital's (FMH) key health disparities-focused programs illustrate the hospital's approach to improving access and use of services available to patients in its region.

FMH launched its interpreter services program in 1989 to address the needs of the local Deaf community, many of whom had previously sought care outside of Frederick. A decade later, to meet the changing needs of the local community, the program expanded to include Spanish-language interpreters.

External factors (primarily regulatory and financial) also encouraged FMH to put in place an infrastructure that better supported a cohesive approach to disparities reduction. For example, to centralize the oversight and management of its existing efforts to address health disparities, FMH consolidated the initiatives under the direction of a Senior Vice President of Population Health.

Business case for addressing health disparities

FMH's **primary** motivations to invest in health disparities-related initiatives were:

Market & environment

As demographics in Frederick changed, FMH adapted to better serve its community. For example, to better meet the needs of Deaf patients and patients with limited English proficiency in the local area, FMH offered ASL and Spanish language interpreting services.

Risk mitigation & compliance

FMH viewed its interpreter services as a way to address health disparities and to reduce the possibility of miscommunication and medical errors. Also, in response to pressures from regulatory and accreditation entities to collect more precise data to help identify health disparities, FMH focused on improving the accuracy of patient-reported race, ethnicity and language preference data.

Financial

Growing reimbursement pressures and financial motivations also influenced the organization's prioritization of efforts to address health disparities. Specifically: (1) a statewide shift in 2014 to global budgeting, (2) the financial pressures from elements of the Affordable Care Act and Medicare payment penalties for 30-day hospital readmissions, and (3) an internal strategy to attract more patients by meeting their language needs, thereby increasing revenue.

Harvard Pilgrim Health Care



Quick Facts

Product offerings	Medicare, Medicaid, Commercial Products
Corporate headquarters	Wellesley, Massachusetts
Member population	1.25 million

Key initiatives

- Developed a corporate strategy to prioritize diversity and inclusion.
- Established transgender-inclusive benefit offering in response to a customer's request.

Starting point: Initiating health disparities work

In 2010, senior leaders at Harvard Pilgrim Health Care (HPHC) committed to creating an organization-wide, top-down approach to embed the payer's disparities-focused work into its corporate strategy.

HPHC established the Center for Inclusion Initiatives, which reinforced messaging that diversity and inclusion was an HPHC-wide priority – not a stand-alone, one-time initiative.

By 2015, HPHC hired its first Director of Health Equity, Inclusion and Quality Improvement. The leader was accountable for all of the health plan's activities to address health disparities and tasked with developing an enterprise-wide health equity strategy.

Business case for addressing health disparities

HPHC's **primary** motivations to invest in health disparities-related initiatives were:

Financial

HPHC viewed its commitment to health disparities as a way to compete in an industry increasingly focused on population health. HPHC's pledge addressed: (1) requests from potential customers that the health plan embed equity into its coverage decisions, and (2) customer retention, especially for those that valued HPHC's dedication to diversity and inclusion in its policies and programs.

Community reputation & marketing appeal

HPHC leaders and staff viewed efforts to address health disparities as part of its service to the community. To engage with a increasingly diverse membership and to attract new members, HPHC developed new products. It also strived to increase workforce diversity by hiring candidates whose characteristics and experiences reflected the communities HPHC served.

Quality improvement & service

Efforts to monitor and improve quality and service primarily focused on analyses of HPHC's Healthcare Effectiveness Data Information Set (HEDIS®) results by race, socio-economic status and education level. Further segmenting the results by geography and provider helped HPHC identify opportunities to improve quality metrics for specific communities.

Health Net of California



Quick Facts

Product offerings	Medicare, Medicaid, Commercial Products
Corporate headquarters	Woodland Hills, California
Member population	Over 6 million

Key initiatives

- Designed an intervention to increase vaccination rates through provider collaboration, community educational programs and a media campaign.
- Developed a series of interventions to reduce readmission rates and close gaps in care for low-income Medicare Advantage members.

Starting point: Initiating health disparities work

In the 1990s, when Health Net of California grew from a small non-profit corporation to one of the largest publicly traded health care companies in the United States, the insurer took on a more culturally diverse member population.

As part of the corporation's growth, Health Net's Cultural and Linguistic Services (C&L) department and its Health Equity Advisory Group (HEAG) designed a Health Equity Framework. This framework guided Health Net's strategy for developing, implementing and evaluating projects to address health disparities. HEAG collaborated with C&L to oversee all of Health Net's disparity projects.

Business case for addressing health disparities

Health Net's **primary** motivations to invest in health disparities-related initiatives were:

Risk mitigation & compliance

With the introduction of Covered California, new requirements to address health disparities were implemented for all payers offering coverage in the state. Health Net leaders also faced increasing pressure internally to achieve higher Medicare Star Ratings.

Financial

Health Net's senior management supported efforts to improve both its Healthcare Effectiveness Data and Information Set (HEDIS®) and Medicare Star Ratings measures, which in turn enhanced quality and preserved and increased reimbursement. The risk of decreased reimbursement made for a compelling business case to address quality issues influenced by health disparities.

Quality improvement & service

An internal review of key performance metrics, using HEDIS® and Medicare Star Ratings, prompted Health Net's commitment to address health disparities. The organization spotted opportunities to improve access to care for members dually eligible for Medicare and Medicaid and for members with low childhood immunization rates.



Quick Facts

Product offerings	Medicare, Medicaid, Commercial Products
Corporate headquarters	Pittsburgh, Pennsylvania
Member population	5.2 million

Key initiatives

- Collected demographic data to identify if gaps in care existed within individual communities.
- Led a faith-based learning collaborative to reduce heart disease related disparities experienced in an African American community.

Starting point: Initiating health disparities work

Highmark's longstanding commitment to addressing health disparities was formalized in 2004 through its participation in the National Health Plan Collaborative. The Collaborative focused on reducing health disparities and improving quality of care, in part through the use of race, ethnicity, language and education level data.

Subsequently, Highmark began collecting data that have since allowed it to identify gaps in care among certain population groups. In 2008, the health plan established its Health Equity and Quality Services (HEQS) department to oversee all health equity activities.

Business case for addressing health disparities

Highmark's **primary** motivations to invest in health disparities-related initiatives were:

Quality improvement & service

Highmark reviewed both Healthcare Effectiveness Data and Information Set (HEDIS®) measures and claims data – which were stratified by race, ethnicity and language preference – to prioritize populations that might benefit from interventions.

Financial

Highmark focused on reducing health disparities by improving consumers' access to care and use of services. Increasing patient satisfaction and quality of care helped the health plan reduce the use of unnecessary services.

Community reputation & marketing appeal

To distinguish itself from competitors, Highmark sought and achieved the National Committee for Quality Assurance Multicultural Health Care accreditation multiple times over the past decade. This distinction solidified Highmark's reputation as an early adopter of standards for providing culturally competent care.

Methodist Le Bonheur Healthcare



Quick Facts

Provider type	Integrated delivery system
Corporate headquarters	Memphis, Tennessee
Patients	64,621 inpatient discharges per year; 368,480 ED visits per year; care for 60 – 70 percent of the uninsured population in Memphis

Key initiative

- Partnership between an integrated delivery system and local faith-based organizations to reduce disparities.

Starting point: Initiating health disparities work

For almost a century, Methodist Le Bonheur Healthcare (Methodist) worked to address health disparities in the Memphis community. Over a decade ago and in partnership with churches, Methodist launched the Congregational Health Network (CHN) program to address lagging social determinants of health.

Together, Methodist and the churches formalized a partnership and focused on working collaboratively to better meet the needs of Methodist's patients. The initiative sought to reduce health disparities and improve patient trust by providing congregations with CHN navigators, who were trained to connect patients to preventive services and other resources to address social determinants of health.

Business case for addressing health disparities

The Methodist system's **primary** motivations to invest in health disparities-related initiatives were:

Market & environment

The market and community looked to the Methodist health system as the provider of care for all patients. To sustain its role as the provider of choice, the Methodist system prioritized efforts to address health disparities.

Quality improvement & service

Methodist focused on providing access to all patients in the community by contracting with all of the payers that offered coverage locally. The system also ensured providers were accessible across Memphis, including in medically underserved areas.