Development of Statewide Health Equity Data Standards in Massachusetts

Thursday, March 23, 2023
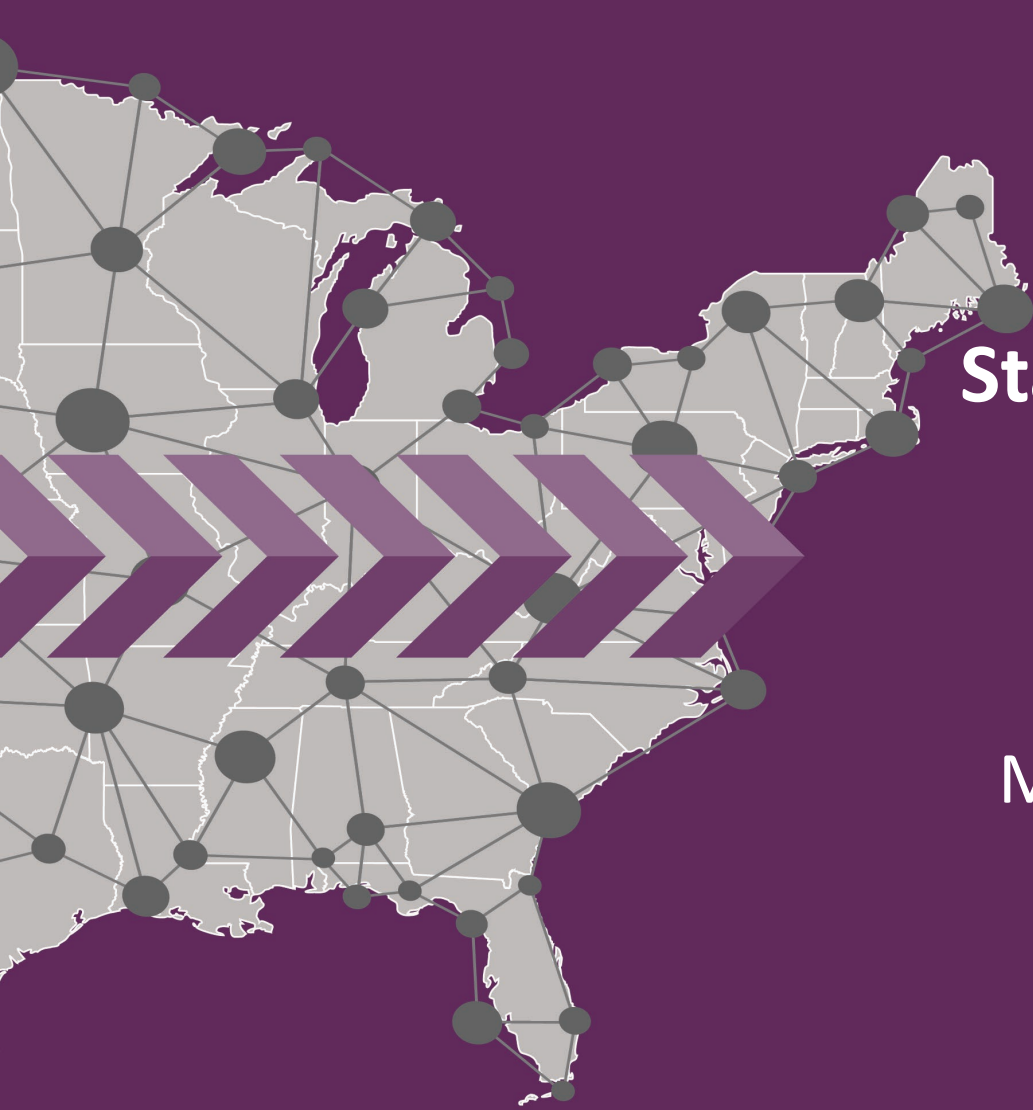
3:30 – 4:30 p.m.

Please stand by, this webinar will begin shortly

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Development of Statewide Health Equity Data Standards in Massachusetts

MassHealth & Bailit Health

March 23, 2023

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About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

Support for this webinar was provided by the Robert Wood Johnson Foundation.
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About MassHealth

In Massachusetts, Medicaid and the Children's Health Insurance Program (CHIP) are combined into one program called MassHealth. MassHealth provides health benefits and help paying for them to qualifying children, families, seniors, and people with disabilities living in Massachusetts.

http://www.mass.gov/orgs/masshealth

About Bailit Health

Bailit Health is a health policy consulting firm dedicated to ensuring insurer and provider performance accountability on behalf of public agencies and private purchasers. We work with state agencies and their partners to improve health care system performance for all.

http://www.bailit-health.com/

Housekeeping Details

All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box.

After the webinar, the slides and a recording will be available at **www.shvs.org**.

Webinar Presenters

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Agenda

1. Genesis of the Work and Massachusetts' Strategic Approach

2. Development and Implementation of the Health Equity Data Standards

3. Development and Implementation of the Health Equity Accountability Framework

4. Discussion

GENESIS OF THE WORK AND MASSACHUSETTS' STRATEGIC APPROACH

Genesis

- MassHealth was committed to advancing health equity as it approached the design of its 1115 waiver renewal.

- It was clear that we would need to address three health equity design topics:

  1. How to stratify performance measures by RELD and SOGI to reveal health inequities.
  2. How to measure health equity.
  3. How to introduce financial accountability for health equity into ACO (and hospital) contracts.

- It was also evident that stratification would require complete and consistent recording of self-reported member demographic data by providers.

Strategic Approach (1 of 2)

- Rather than starting with a MassHealth-only approach, MassHealth believed that a **multi-stakeholder coalition** that included the largest commercial payers, provider organizations, equity experts and patient advocates could offer value towards development of an aligned statewide approach – reducing burden for patients, providers, and payers.

- We appealed to EOHHS leadership to leverage the **Quality Measure Alignment Taskforce** (Taskforce) as the convening body, given its demonstrated success aligning contractual quality measures since 2017 through a voluntary multi-stakeholder process.

Strategic Approach (2 of 2)

- EOHHS procured members for two technical advisory groups in late 2021:
  - Health Equity Data Standards
  - Health Equity Accountability

- The groups were charged with developing recommendations for the Taskforce by June 2022.

- The recommendations were adopted by the Taskforce in September 2022, and disseminated statewide to the largest payer and provider organizations in December 2022 by the Executive Office of Health and Human Services (EOHHS).

DEVELOPMENT AND IMPLEMENTATION OF THE HEALTH EQUITY DATA STANDARDS

Data Standards Development (1 of 2)

- The Health Equity Data Standards Technical Advisory Group met monthly between January and June 2022 to develop recommendations.

- The Taskforce then processed the recommendations before and after receiving public comment submissions as well as technical consultation from Massachusetts Health Quality Partners (MHQP) on question-and-answer-wording choices.

    - MHQP completed 20 semi-structured interviews with individuals of diverse backgrounds to inform its recommendations.

Data Standards Development (2 of 2)

- The Taskforce met once more in November 2022 to improve alignment of its data standards with MassHealth's to minimize complicating provider and payer workflows and therefore facilitate maximum health equity impact.

- Former Secretary of EOHHS Marylou Sudders approved the Taskforce data standards at the end of 2022 and notified stakeholders.

Challenges in Data Standards Development

➢ Ensuring the data standards would be compatible with federal reporting requirements for Medicaid programs and for FQHCs to maximize the use and thus impact of the data standards.

➢ Balancing competing objectives of comprehensive response options and minimal patient and provider data collection burden.

➢ Determining the extent to which the data standards recommendations should address related operational questions pertaining to data storage, data sharing, and patient education.

Data Standards Development Case Study: Gender Identity (1 of 3)

- The Health Equity Data Standards Technical Advisory group expressed an initial preference for using the Oregon Health Authority (OHA) standard for gender identity because it allowed for the selection of multiple genders and was the only standard to ask about transgender identity via a separate question.

- However, this unique, patient-friendly feature also posed operational concerns because the OHA response options did not map easily to existing federal interoperability standards (USCDI; derived from CDC standard).

Data Standards Development Case Study: Gender Identity (2 of 3)

Standard	CDC (aligns with CMS recommendation)	OHA
Question(s)	Which of these best describes your current gender identity? Check all that apply.	1) Which of these best describes your current gender identity? Check all that apply. 2) Are you transgender?
Response Options	❑ Male ❑ Female ❑ Transgender male/Trans man ❑ Transgender female / Trans woman ❑ Genderqueer/gender nonconforming; neither exclusively male nor female ❑ Other (please specify) ❑ Choose not to answer ❑ Don't know	1) ❑ Man/boy ❑ Woman/girl ❑ Non-binary ❑ Questioning ❑ Agender/no gender ❑ Other (please specify) ❑ Choose not to answer ❑ Not sure/don't know 2) ❑ Yes ❑ No ❑ Questioning ❑ Choose not to answer ❑ Not sure/don't know

Data Standards Development Case Study: Gender Identity (3 of 3)

- The Taskforce ultimately recommended the USCDI/CDC standard for gender identity because it still allowed for the selection of multiple genders, included a write-in option, and would maximize alignment statewide.

- The Taskforce (and MassHealth) also made a small modification to the CDC standard in the name of inclusivity/patient-centeredness by adding "non-binary" to the response option "genderqueer/ gender nonconforming; neither exclusively male nor female."

Final Data Standards Sources

Data Standard	Standard Source(s)
Race	Office of Management and Budget (OMB)
Ethnicity	Office of Management and Budget
Granular Ethnicity	Massachusetts Department of Public Health
Language	American Hospital Association Institute for Diversity and Health Equity; U.S. Census Bureau (2019 American Community Survey data for languages spoken by at least 0.5% of the Massachusetts population)
Disability	U.S. Department of Health and Human Services (HHS)
Sexual Orientation	Centers for Disease Control and Prevention
Gender Identity	Centers for Disease Control and Prevention
Sex	Oregon Health Authority

The full data standards are available on the Taskforce website.

Supporting Data Standards Implementation

- The data standards became effective January 1, 2023.

  – Implementation of the race, ethnicity (including granular ethnicity) and language data standards was recommended by January 1, 2024.

  – Implementation of the disability and SOGIS data standards was recommended by January 1, 2025.

- MassHealth and MA EOHHS are organizing a series of stakeholder meetings for payers and providers implementing the new data standards.

DEVELOPMENT AND IMPLEMENTATION OF THE HEALTH EQUITY ACCOUNTABILITY FRAMEWORK

Accountability Framework Development

- The Accountability Advisory Group met monthly between January and June 2022 to develop principles for introducing accountability for health equity measures into Medicaid and commercial global budget-based risk contracts (aka "total cost of care" contracts).

- The Taskforce reviewed and provided feedback on the framework before former Secretary of EOHHS Marylou Sudders approved the framework at the end of 2022 and notified stakeholders.

- The framework summarizes how payers and providers can introduce accountability into ACO-like contracts for health equity measures based on four categories of measures:

  – Measures that address the collection of health equity data.
  – Measures that stratify performance using health equity data.
  – Population-level measures focused on known inequities.
  – Measures that assess removal of barriers to health equity.

Overview of the Accountability Framework (2 of 2)

- The framework provides guidance on:
    - What preconditions need to be met before accountability can be introduced for a given measure.
    - When accountability should transition from a pay-for-reporting to pay-for-performance status.
    - Whether accountability should incentivize improvement and/or achievement of performance relative to a benchmark.
    - How accountability may vary for safety net providers.
    - What guidelines should be used before reporting performance (confidentially and publicly).

Challenges to Address When Introducing Accountability (1 of 2)

- The Accountability Advisory Group identified two broad challenges that payers and providers must address as they introduce accountability for health equity.

1. How to advance health equity when there are limited community resources to provide social supports for patients in need.

- Prioritize measures focused on social needs with greater availability of resources (e.g., food insecurity rather than affordable housing).

- Emphasize the importance of establishing and evaluating partnerships with community-based organizations, even when there may be shortages.

Potential Barriers to Achieving Measure Performance (2 of 2)

2. How to hold providers accountable for health equity when they serve populations with disproportionate social risk and experience disparities in payment levels.

- Ensure measure incentives address provider-specific opportunity for equity improvement.

- Focus on improvement rather than achievement.

- Stratify measure performance to understand how it may differ by provider group type.

- Consider use of social risk adjustment.

- Examine use of additional health equity investments or a separate health equity investment pool.

Discussion

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Thank You

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