Health Equity
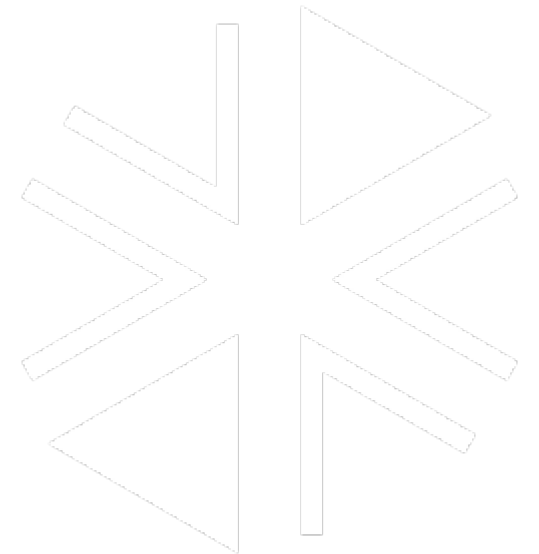## Action Plan Update

Exchange Policy Committee
March 15, 2022

Leah Hole-Marshall, she/her
March Policy Committee

washington
healthbenefitexchange
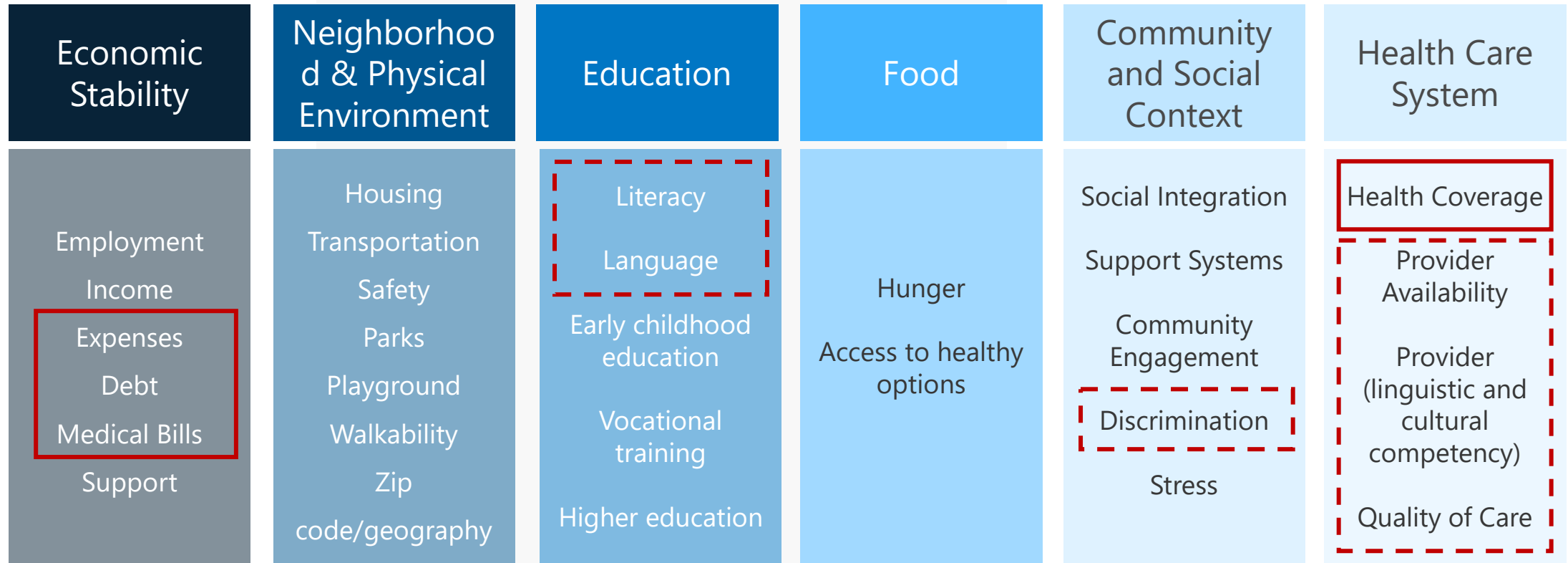powering washington healthplanfinder

Health Equity Update

Today's Topics

- Health Equity Focus – Level Set

- Health Equity Action Plan – Progress Update

- Interagency Collaboration – Progress Update

HBE Goal: further improve the health of our customers and reduce persistent disparities by addressing social determinants of health
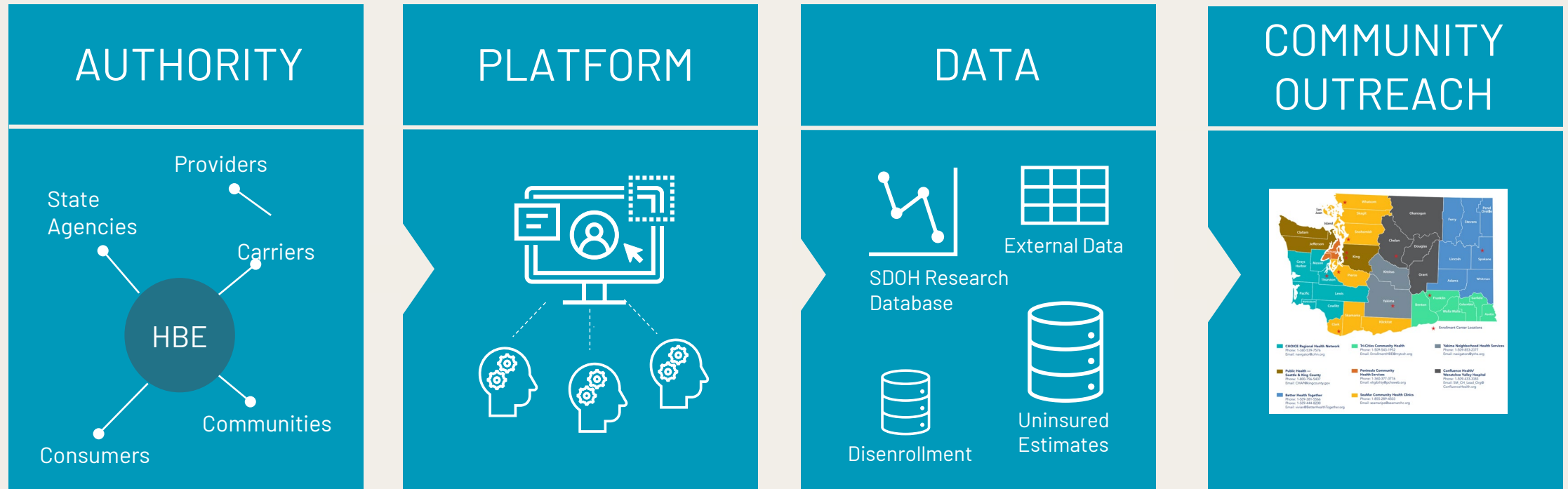
SDOH and HBE Direct and Indirect Influence

Economic Stability	Neighborhood & Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy		Social Integration	Health Coverage
Income	Transportation	Language		Support Systems	Provider Availability
Expenses	Safety	Early childhood education	Hunger	Community Engagement	Provider (linguistic and cultural competency)
Debt	Parks		Access to healthy options		
Medical Bills	Playground	Vocational training		Discrimination	
Support	Walkability			Stress	Quality of Care
	Zip code/geography	Higher education			

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Direct influence   Indirect influence

Leverage current assets for near term Health Equity Improvement

Key Organizational Assets:

HBE has four (4) key assets to leverage in order to help identify and reduce SDOH disparities:

AUTHORITY	PLATFORM	DATA	COMMUNITY OUTREACH

AUTHORITY diagram: Providers, State Agencies, Carriers, HBE, Communities, Consumers

PLATFORM

DATA: SDOH Research Database, External Data, Disenrollment, Uninsured Estimates

COMMUNITY OUTREACH map

AUTHORITY
- Authority to directly impact health insurance coverage and influence utilization
- Ability to enact specific improvements in health insurance coverage with the direct involvement of the necessary key stakeholders

PLATFORM
- Ability to directly reach and influence 1 in 4 WA residents
- Expertise of the uninsured health care market and population engagement strategies
- Access to partner agencies' health equity data, experiences and research

DATA
- Access to unique population data
- Maturing data and analytics capability

COMMUNITY OUTREACH
- Direct involvement and oversight of state-wide navigator organizations
- Connections to a wide-range of community partners

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Health Equity Action Plan
13 Near Term Opportunities and Tactics

HBE AUTHORITY AND RELATIONSHIPS	HBE PLATFORM	DATA and ANALYTICS	COMMUNITY OUTREACH

HBE AUTHORITY AND RELATIONSHIPS

1. **Assign a resource to lead Health Equity activities**
2. Expand access to affordable insurance to address expenses and medical debt
   - Solution for undocumented residents
   - State subsidy for low income
3. Improve products
   - Cost share for high value care for chronic conditions
   - Identify impact of tobacco rating
4. Partner with carriers to improve services for vulnerable populations.
   - **Race/ethnicity reporting on outcome measures**
   - Accountability to assure access tax credits and cost sharing
   - Identify common tactic(s)

HBE PLATFORM

1. Improve vulnerable population **data capture and sharing**
   - REL data sharing
   - Capture non-binary gender
2. Improve access for low income individuals
   - implement self serve special enrollment period for year round access
   - Study approaches to streamline enrollment for other social services
3. Improve website support for health literacy
   - Emphasize mobile use for populations who access via phone
   - Define provider directory requirement to show provider demographics (e.g. race)

DATA and ANALYTICS

1. Use SDOH Analytics database to refine marketing and outreach
   - **Improve geographically targeted marketing to focus on high uninsured in high ADI areas**
   - Pilot "micro" community engagement based on SDOH factors
   - Develop Lead Org specific SDOH reports
2. Use claims data and SDOH analytics to inform cost share changes
3. Explore use of area deprivation index to stratify health outcome differences

COMMUNITY OUTREACH

1. Identify partners to improve assistance for individuals for whom English is a second language
   - First focus on trusted partners in immigrant community
2. **Improve American Indian Alaska Native** experience and access through a Tribal Enhanced User program.
   - Identify best practices from pilot and expand.
3. Identify next tactics and population using knowledge from analytics, and community engagement

HBE Authority and Relationships
Highlight: Race and Ethnicity Reporting by outcome

Supporting Carriers

- Carrier Race and Ethnicity data is needed to identify heath outcome disparities.
- WAHBE goal is to Align to best practice and NCQA standard of race and ethnicity data on 80% of enrollees. (NCQA by 2024)
- HBE completed system modifications to share HBE's race and ethnicity data collected through the application to assist carriers not otherwise collecting.

Increasing Standards

- In 2021 Quality Requirement (for 2022 plan year), HBE required carriers to collect race and ethnicity data on 60% of enrollees
- In 2022 Quality Requirements (for 2023 plan year), HBE requires carriers to reach 70%
  - Some issuers already achieve the ultimate goal of 80% threshold, but this gives other issuers more time to prepare and will look to align requirement of 80% with NCQA's 2024 timeframe

More actionable Information

- In 2022 Quality Requirements (for 2023 plan year), HBE requires carriers to stratify its first quality measure by race and ethnicity.
- Plan all-cause readmissions remain disproportionately high for QHP enrollees, and this measure has not materially improved. Stratification by race and ethnicity can help identify highest impacted populations to address re-admissions more effectively.

HPF Platform
Highlight: Improvements in Race and Ethnicity Collection

HBE Race and Ethnicity undercounts

Compared DSHS REL data to HBE REL date. Findings: collection caused confusion and less specific information.
- HBE's Hispanic ethnicity reporters struggled with race: 37% report "Other", 30% do not report
- HBE's Race reporting of "Unreported" or "Other" higher than DSHS
     HBE "Unreported": 70% identified a race in matched DSHS data
     HBE "Other": 26% identified a race in matched DSHS data

HPF Improvements

✓ Changed instructions and selections within HPF to support users and improve reporting

- Up next: further investigate best practices for improving collection with interagency collaboration
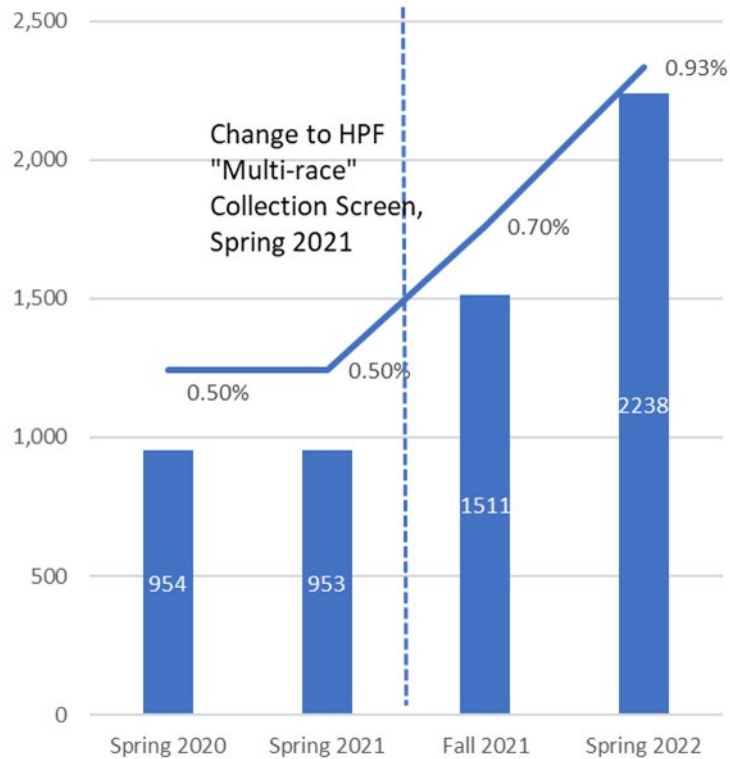
Results

- Support equity by including standard reporting that highlight groups who experience barriers and have different outcomes
- Respect the information supplied by HPF enrollees by showing details in footnotes when information is consolidated for readability and ensuring all who report can find themselves in the data
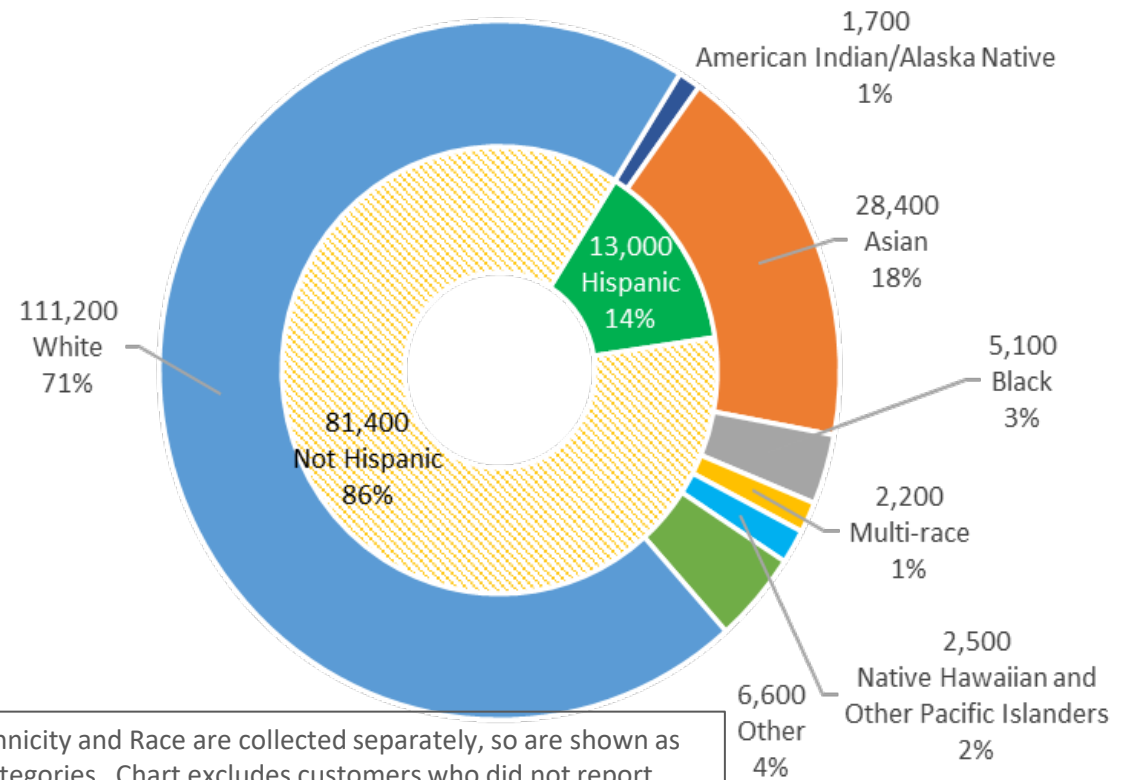
HBE Platform
Improvements in Collection = Better Reporting

Increase in "Multi-race" reporting after HPF screen change in 2021

Change to HPF "Multi-race" Collection Screen, Spring 2021

0.50% — 0.50% — 0.70% — 0.93%

	Spring 2020	Spring 2021	Fall 2021	Spring 2022
Value	954	953	1511	2238

**Signups by Race/Ethnicity
Open Enrollment 2022**

- 1,700 American Indian/Alaska Native 1%
- 28,400 Asian 18%
- 5,100 Black 3%
- 2,200 Multi-race 1%
- 2,500 Native Hawaiian and Other Pacific Islanders 2%
- 6,600 Other 4%
- 111,200 White 71%
- 13,000 Hispanic 14%
- 81,400 Not Hispanic 86%

Hispanic Ethnicity and Race are collected separately, so are shown as different categories. Chart excludes customers who did not report race or ethnicity.
Race not reported: 82,000, 34% of 240,000
Ethnicity not reported: 145,000, 61% of 240,000

Data and Analytics
Highlight: Social determinants data to plan outreach

SDOH Overview Dataset

- First dataset available early 2021
- Reviewed for outreach to areas with low broadband access

Used to refine marketing approach

- Refined for marketing planning (sample below)
- Under consideration for additional outreach targeting

Zip Code	County	Zip ADI Rank	Zip Population	Zip Households	Zip Uninsured	Uninsured % of Zip	% of County Population	% of State Uninsured	% Hispanic	% English challenges	%Households Food Stamps/SNAP	Highest County ADI	Total County Pop	Weighted Avg County ADI
99301	Franklin	7.54	79,819	23,938	7,701	10%	88%	1.72%	53%	44%	19%	10.00	91,201	7.75
98902	Yakima	9.39	46,130	16,464	7,008	15%	18%	1.57%	50%	31%	27%	10.00	250,658	8.84
99362	Walla Walla	7.92	41,515	15,717	6,092	15%	69%	1.36%	21%	15%	14%	9.24	60,482	8.13
98908	Yakima	7.53	36,965	14,574	5,283	14%	15%	1.18%	20%	10%	8%	10.00	250,658	8.84
98801	Chelan	6.91	43,366	15,998	4,713	11%	57%	1.05%	33%	22%	12%	7.62	76,231	6.56
98023	King	4.73	50,201	17,782	4,683	9%	2%	1.05%	14%	20%	13%	9.00	2,208,162	3.22
98901	Yakima	8.96	32,358	10,635	4,498	14%	13%	1.01%	52%	35%	32%	10.00	250,658	8.84
98003	King	6.83	49,533	18,547	4,176	8%	2%	0.93%	23%	34%	21%	9.00	2,208,162	3.22
98837	Grant	8.63	44,136	15,087	3,960	9%	46%	0.89%	31%	16%	20%	10.00	95,171	8.75
98026	Snohomish	3.39	37,995	14,818	3,832	10%	5%	0.86%	7%	12%	5%	9.91	779,625	4.57

Community Outreach
Highlight: Improve American Indian / Alaska Native experience

Tribal Engagement
- Build, support, and maintain relationships with Tribes and tribal organizations

Tribal Assisters
- Statewide assisters are a key organization asset for the organization to reach vulnerable populations
- **Take lessons learned from tribal enhanced user pilot and develop program**

Tribal Sponsors
- Tribes are strategic partners as 13 of 17 current sponsors

Tribal Members
- Connect Tribal members to available services on Washington Healthplanfinder

HBE Staff
- Support a culture of Equity, Diversity, and Inclusion among staff

Interagency Health Equity Work

- Health and Human Services (HHS) Coalition
  - HBE leading workgroup that is identifying appropriate way to collect sexual orientation and gender identity information
  - *Current activity - Designing survey with community organizations*

- State Health Equity Collaboration
  - HCA facilitating leadership conversations with DOH, DSHS, DOC, HBE, and DCYF on potential collaboration
  - *Current activity – Charter development*

- Race, Ethnicity, and Language Data Improvement
  - Build on great work to standardize collection and transmission across health and human services organizations
  - *Current activity – HBE developing proposed workplan/approach*

What questions and feedback do you have?

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Health Equity Organizational Framework
Mapping Existing Actions and In-Flight Initiatives

HEALTH EQUITY INFRASTRUCTURE	ANALYTICS (INSIGHTS)	ENGAGEMENT PATHWAYS	Activities	FUNDING & PARTNERSHIPS

• Board Equity Statement and inclusion in Executive Strategy
 	
• Health Equity Technical Advisory Committee
 	
• Diversity, Equity, Inclusion (DEI) Director
 	
• *SDOH Consulting Engagement*
	• Eligibility and Enrollment data
	
	• Customer Surveys
	
	• Claims Data
	
	• Uninsured Data
	
	• *SDOH Research Database v1.0*
		• HPF Application and Call Center
		
		• Lead Organizations and Navigators
		
		• Tribal Assisters
		
		• Brokers
		
		• HHS Coalition
		
		• Tribal Advisory
		
		• Health Equity Disparities Council
			• Consumer persona enhancements
			• DSHS website linkage
			• Pilot programs for newly unemployed and child-care professionals during COVID
			• System improvements
			  – Gender-identity and ADA enhancements
			  – AI/AN application enhancements
			  – Alignment with partners on race capture
			  – Race and Language expansion and survey questions
			  – Large print and braille translations (over ~3,000 people)	