Health Equity Framework

Presented at the July 22, 2020 meeting of the HPC Board of Commissioners
The disparate impact of COVID-19 on communities of color and ongoing injustices of police brutality across the country expose systemic racism and deeply embedded structural inequities.

These inequities are not unique to the health care system but are reflected in persistent health disparities and increased disease burden for communities of color and other marginalized populations. In addition to their impact on health and well-being, these inequities result in higher health care spending and an imbalanced distribution of resources for both individuals and for all people of the Commonwealth of Massachusetts.

**Health equity** is the opportunity for everyone to attain their full health potential, with no one disadvantaged from achieving this potential due to socioeconomic status or socially assigned circumstance (e.g., race, gender, ethnicity, religion, sexual orientation, geography).

**Health inequities** in the Commonwealth have been well documented by the Massachusetts Department of Public Health (DPH), the Center for Health Information and Analysis (CHIA), the Office of the Attorney General, the HPC, and others. The **Office of Health Equity** within DPH works to address social determinants so everyone can attain their full health potential.
Racism, Among Many Structural Inequities, Negatively Impacts Health Outcomes and Other Social Determinants of Health

The HPC’s mission is to advance a more transparent, accountable, and equitable health care system through its independent policy leadership and innovative investment programs. The HPC’s overall goal is better health and better care – at a lower cost – for all residents across the Commonwealth.

The HPC’s statute states that the agency should seek to address health care disparities through its work:

The commission shall establish goals that are intended to reduce health care disparities in racial, ethnic and disabled communities and in doing so shall seek to incorporate the recommendations of the health disparities council and the office of health equity.

To reflect the HPC’s commitment to advance health equity and promote social and economic justice throughout its work, the HPC is proposing an action plan to ensure that health equity is a core component of the HPC’s work today and going forward.
The HPC acknowledges the pervasiveness of health inequities – and the systemic racism that underlies them – and that eliminating inequities is integral to achieving the HPC’s mission of better health and better care at a lower cost for all residents of the Commonwealth.

The HPC will embed health equity concepts in all aspects of our work and will apply all four of its core strategies to the goal of advancing health equity in the Commonwealth: research and report, convene, watchdog, and partner.

The HPC’s work will be informed and guided by those with lived experience of inequities.

The HPC will educate itself about the impact of systemic racism and will promote diversity, equity, and inclusion in our workplace in order to more fully cultivate the culture of anti-racism within our agency.

Advancing health equity in the Commonwealth is a shared responsibility. The HPC will actively seek opportunities to align, partner, and support other state agencies, the health care system, and organizations working for health equity on these goals.

Principles for Integrating Health Equity into the HPC’s Work
The HPC Will Use All Four of its Core Strategies to Advance Health Equity

**RESEARCH AND REPORT**
Investigate, analyze, and report trends and insights

**WATCHDOG**
Monitor and intervene when necessary to assure market performance

**PARTNER**
Engage with individuals, groups, and organizations to achieve mutual goals

**CONVENE**
Bring together stakeholder community to influence their actions on a topic or problem
HPC Health Equity Lens in Action: Research and Report

- Partner with other state agencies and stakeholders to develop standardized data collection requirements and practices that will promote the use of data to address health inequities

- Report on subpopulations across applicable analyses, to inform how health care trends may disproportionately impact populations by income, geography, or race / ethnicity

- Prioritize the collection of qualitative data to contextualize quantitative findings and inform how inequities manifest in Massachusetts communities

- Regularly review existing data sources to determine what additional data is needed to identify inequities (e.g., more robust demographic information)

**Applying an Equity Lens:** The HPC will continue its focus on affordability (e.g., health care premiums, pharmaceutical costs) with a goal to contextualize the ways health care spending impacts disproportionately impacts different communities in the Commonwealth. One of the goals of this work is to make concrete how costly health care is, why it is so costly, and how those costs create inequities – particularly in access – across various sub-populations of Massachusetts residents in concrete terms.
HPC Health Equity Lens in Action: Convene

Convene

- Commit to utilizing the HPC’s role as a convener to spotlight health equity-related topics and disseminate information on identified inequities and disparities
- Solicit input from diverse and underrepresented populations through both formal and informal channels (e.g., HPC Advisory Council, stakeholder engagement for procurement processes)
- Ensure that the impact of the social determinants of health and systemic racism inform policy recommendations
- Work with other state agencies to align and coordinate health equity efforts
- Maximize accessibility of HPC proceedings and publications

**Applying an Equity Lens:** The HPC will make health equity a focus at the upcoming 2020 Annual Health Care Cost Trends Hearing, specifically regarding the impact of COVID-19 on communities of color. Speakers and panelists will include individuals with lived experience and/or organizations focused on upstream social determinants of health, such as housing, food security, or social services.
HPC Health Equity Lens in Action: Watchdog

- Examine the impact of proposed market changes (i.e., provider mergers and affiliations, expansions, relocations and closures) on diverse populations, including communities of color, non-English speaking populations, and low-income populations.
- Analyze the spending performance of payers and providers in the context of the populations and communities they serve and the services they provide.
- Collect comprehensive data to understand and report on the current structure and distribution of health care resources in Massachusetts.
- Solicit information from diverse populations in the course of drug pricing reviews.

**Applying an Equity Lens:** In its reviews of proposed transactions, the HPC's Market Oversight and Transparency team considers access factors that are relevant to health equity, e.g., to what extent are the provider organizations providing services to low-income patients, MassHealth patients, non-English speaking patients, and communities of color? Will there be any impact on MassHealth participation? Will relocated services be accessible for populations that rely on public transportation? Where and for what populations are resources being invested?
Applying an Equity Lens:
The MassUP investment program is supporting four partnerships between health care providers and community organizations to address a social determinant of health that is leading to health inequities in particular Massachusetts communities. Awardees were required to demonstrate understanding of racial equity principles in their proposals and must engage residents with lived experience of inequities to inform their activities.
Exemplar Questions to Guide the HPC’s Work in Applying an Equity Lens

Step 1: INITIATION
- How are different populations affected by the status quo? Who might benefit from a change in practice/policy/program?
- What are the demographics and health needs of the populations relevant to this work?
- What sources did the research/data that informed this issue area rely on? Is there any existing bias?

Step 2: PLANNING
- What are the anticipated impacts of a given workstream? What are the expected outcomes and for whom?
- Could there be unintended consequences, or differential impacts by population? If so, how can they be mitigated to ensure that inequities are not exacerbated?
- Whose voices are at the table, and whose are not and how can we include them?

Step 3: IMPLEMENTATION
- Have differences correlated with social, economic, and/or environmental conditions been observed?
- How can these differences be interpreted; do they represent inequities?
- If so, how can the context (policies, practices, decisions) that contributed to these inequities be explained?
- If the data/information to speak to these inequities directly is lacking, are there available alternatives?

Step 4: CLOSEOUT
- What are the implications of the work and for whom?
- Were there unintended or inequitable effects? If so, how could the course of this work be corrected?
- What can be done differently to promote more equitable outcomes?
- Was the language used to describe all disparities and identify upstream factors consistent, precise, and respectful?
- Were results/publications/learnings disseminated to all relevant stakeholders, in ways that could benefit them?
# Health Equity Accountability and Action Plan

## Public Commitment to Advancing Health Equity

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## Internal Action Steps

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Health Equity Framework

Presented at the July 14, 2021 meeting of the HPC Board of Commissioners
The HPC employs its four core strategies to advance health equity.

**RESEARCH AND REPORT**
Investigate, analyze, and report trends and insights

**WATCHDOG**
Monitor and intervene when necessary to assure market performance

**PARTNER**
Engage with individuals, groups, and organizations to achieve mutual goals

**CONVENE**
Bring together stakeholder community to influence their actions on a topic or problem
Exemplar Questions to Guide the HPC’s Work in Applying an Equity Lens

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- How are different populations affected by the status quo? Who might benefit from a change in practice/policy/program?
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- What can be done differently to promote more equitable outcomes?
- Was the language used to describe all disparities and identify upstream factors consistent, precise, and respectful?
- Were results/publications/learnings disseminated to all relevant stakeholders, in ways that could benefit them?
Implementation Activities: Research and Report

**RESEARCH AND REPORT**

- Updated the **Annual Cost Trends Reports** to focus on equity:
  - Expanded the affordability section in the main benchmark chapter to be an explicit “equity and affordability” section
  - Added equity-focused measures to the dashboard to be tracked on an annual basis
  - Aim to have a full, new chapter with an equity-relevant topic or analysis in each annual report

- Examine how additional data could be incorporated in the **MA Registration of Provider Organizations (MA-RPO) dataset** to support health equity work.

- Draw upon **qualitative data insights from the Office of Patient Protection** to highlight the impact of policies on consumers.

- Explore the creation of **maps and other accessible data resources** to describe the structural issues that perpetuate health inequities in the Commonwealth.
Implementation Activities: Partner

- Develop standard procedures and tools for embedding equity considerations into the **design, procurement process, and operations** of all investment and certification programs, including:
  - Conceptualizing program goals
  - Developing and implementing standard language for Requests for Proposals (RFPs) that defines the HPC's health equity framework and establishes baseline expectations for applicants/awardees
  - Developing and implementing a list of equity-focused questions to discuss with awardees during routine check-ins to advance equity goals

- Develop and implement **equity-focused standards for certifying Accountable Care Organizations** (ACOs) in 2022 and beyond
Implementation Activities: Convene

CONVENE

Utilize the **Annual Cost Trends Hearings** as an opportunity to bring increased focus and attention to health equity by:

- Highlighting issues of inequity and injustice in the Commonwealth and nationally
- Inviting experts in health equity research and practice to contribute to discussions and presentations
- Engaging local health care leaders and market participants
- Ensure that all event programming includes and amplifies perspectives from underrepresented communities through both participants and audiences

Publish, update, and maintain **health equity webpage** with updates on HPC projects, workstreams, and resources
Expand the **equity-related questions posed to providers and payers** under market oversight, either through transactional reviews or Performance Improvement Plans.

Include impacts to equity more explicitly in summaries of anticipated impacts from individual Material Change Notice reviews.

Include **explicit sections on health equity in Cost and Market Impact Review reports**, pharmaceutical drug pricing reports, and any similar reports.

Continue to monitor health insurers’ **implementation of language access requirements** in the Office of Patient Protection regulations and identify whether health insurer policies may negatively and disproportionately impact communities of color, residents with limited-English proficiency, and residents with low incomes.
# Accountability and Action Plan

## Public Commitment to Advancing Health Equity

- Presentation of the Health Equity Framework and Revised Mission Statement to the HPC’s Board and Advisory Council
- Public posting of the Health Equity Framework on the HPC’s website, with regular updates in consultation with HPC’s Board, Advisory Council, and staff
- Dedicated time in public meetings, including the Annual Health Care Cost Trends Hearings, to address issues of health equity and the HPC’s efforts in this space

## Internal Action Steps

- Development and implementation of operational framework to incorporate health equity principles and lens in all HPC workstreams
- Promote diversity, equity, and inclusion in order to more fully cultivate the culture of anti-racism within our agency and engagement experts to provide staff workshops and discussions
- Identification and implementation of specific goals to evaluate progress of integrating health equity principles in all HPC workstreams
- Regular internal meetings to review the agency’s health equity efforts and to inform updates to the HPC’s Health Equity Framework
- Establishment of health equity as an integrated workstream with regular assessment of resources (e.g., staff, training, funds) to support health equity focus

Status:
- In progress
- Implemented
As part of the HPC’s work to apply an equity lens to all of its workstreams, it is important to develop a shared understanding of the context of racism and inequities affecting health and a common vocabulary for communicating about equity that avoids bias, encourages inclusion, and prompts reflection in all of our work.

The Health Equity Practice and Style Guide is an internal reference tool that includes general guidance, specific recommendations, and useful resources.
Health Equity Framework Implementation Update
July 13, 2022
Eliminating health inequities is integral to achieving the HPC’s mission.

The HPC’s mission is to advance a more transparent, accountable, and equitable health care system through its independent policy leadership and innovative investment programs. The HPC’s overall goal is better health and better care – at a lower cost – for all residents across the Commonwealth.

The HPC’s statute states that the agency should seek to address health care disparities through its work:

The commission shall establish goals that are intended to reduce health care disparities in racial, ethnic and disabled communities and in doing so shall seek to incorporate the recommendations of the health disparities council and the office of health equity.

To reflect the HPC’s commitment to advance health equity and promote social and economic justice throughout its work, the HPC has proposed an action plan to ensure that health equity is a core component of the HPC’s work today and going forward.
Launched an “Equity in Every Project” tool to identify specific opportunities to address health equity in external-facing care delivery transformation workstreams.

Formed a dedicated health equity implementation workstream with an accountable leader to support equity-focused initiatives, and hold regular meetings to measure progress.

Created a health equity metric for all ongoing and planned projects to ensure that a majority have a health equity component.

Regularly review and incorporate literature on the impacts of health care market changes on access and affordability for certain patient groups, especially when data resources are limited.

Stay up-to-date on equity themes and best practices by reviewing health equity-focused articles and other resources, and compiling them into a designated library for internal use.
The HPC employs its four core strategies to advance health equity.

**WATCHDOG**
Monitor and intervene when necessary to assure market performance

**CONVENE**
Bring together stakeholder community to influence their actions on a topic or problem

**RESEARCH AND REPORT**
Investigate, analyze, and report trends and insights

**PARTNER**
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Infrastructure building around health equity, including developing and testing multiple algorithms to identify people with disabilities in claims data sets and examining race/ethnicity data through CHIA’s hospital inpatient database.

Updating Annual Cost Trends Report to focus on equity:

- Examining changes in ambulatory care by community income and geography
- Expanded affordability section
- Added an equity-focused health disparities dashboard

Publish reports with equity focus:

- Entries in the HPC’s DataPoints series analyzing inequities in pregnancy-related care and oral health care, increasing health care unaffordability, and access to urgent care/retail clinics
- Chartpack on Certified Nurse Midwives and Maternity Care
- Legislative reports on the state of the health care workforce; telehealth; and health disparities in the Commonwealth
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Implementation of Birth Equity and Support through the Inclusion of Doula Expertise (BESIDE) Investment Program and Moving Massachusetts Upstream (MassUP) Investment Program, both focusing on health equity.

Issued and implemented a new set of certification standards for Accountable Care Organizations (ACOs) focused on “Learning, Equity, and Patient-centeredness” (LEAP).

Extended collaboration with Department of Public Health and Perinatal-Neonatal Quality Improvement Network of Massachusetts (PNQIN):

- Apply State Opioid Response funding to projects aimed at identifying inequities in access to care for substance use disorder
- Engage patients/families with lived experience in hospitals’ perinatal quality improvement efforts

Participation in EOHHS’s Health Equity Technical Advisory Group to advise on how to capture relevant metrics in data and improve the ability to understand health equity.
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Engage with individuals, groups, and organizations to achieve mutual goals
Continue to utilize the Annual Cost Trends Hearings as an opportunity to bring increased focus and attention to health equity.

Update and maintain health equity webpage with equity-focused work and implementation strategies.

Update and maintain Health Equity Practice and Style Guide, an internal reference tool that includes general guidance, specific recommendations, and useful resources.

Center health equity as a theme in the HPC’s Transforming Care email newsletter.

Develop principles and practices for embedding equity into stakeholder engagement work.
The HPC employs its four core strategies to advance health equity.

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Incorporate patient characteristics (e.g., race, income) into the review of proposed market changes, including the HPC’s comment on Mass General Brigham’s proposed expansions and HPC analysis of the acquisition of Harrington Hospital by UMass Memorial Health Care.

Examine various health-system factors that can drive disparities in health outcomes for different populations, to be included in forthcoming legislative report on health disparities.

The Office of Patient Protection continues to monitor trends in consumer issues through a health equity lens and aims to address each inquiry, waiver, and external review in a fair and consistent manner.
Looking Ahead: Challenges and Opportunities

As part of its commitment to advance health equity and promote social and economic justice throughout its work, the HPC recognizes the need to continually examine how this work is being done and where improvements can be made.

1 QUALITY AND RELIABILITY OF DATA
A core persisting challenge is the lack of consistent, reliable collection of patient-level data on race, ethnicity, language, disability, sexual orientation, and gender identity, namely within the All Payer Claims Database (APCD). The HPC recognizes the need for a broad, multi-stakeholder approach to resolving this problem at the state level, and the HPC’s unique role in advancing these conversations.

2 DEFINING A STRATEGIC APPROACH
As the HPC continues to think and learn broadly about how to advance health equity goals, there is also advantage in defining a set of specific health equity priority areas or targets to bring a more concentrated focus to health equity, which could translate into more tangible results over time.

3 LEVERAGING HPC TOOLS AND RESOURCES
Exploring and leveraging the tools that the HPC specifically possesses in order to affect change and identifying where the HPC can support the work of other organizations already engaging in meaningful and impactful work.