



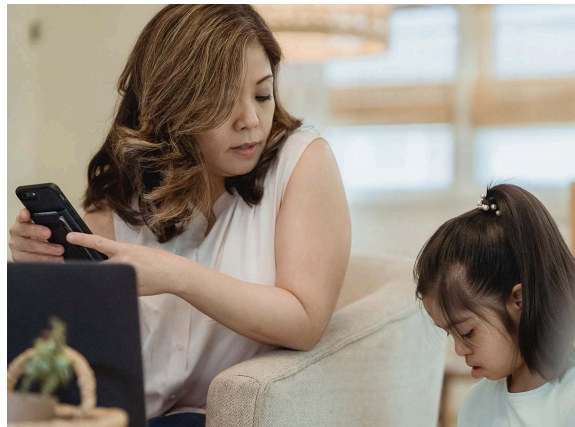
# Now is the time to advance health equity

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From CMS' latest Advance Notice to the NCQA's Health Equity Accreditation program, the healthcare industry is finally seeing a shift towards addressing health equity.

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The latest **Advance Notice** to come from the Centers for Medicare & Medicaid Services (CMS), released on February 2, 2022, announces the planned changes in the Medicare Advantage (MA) capitation rates and Part C and part D payment policies. Of note is the theme of health equity throughout the document. CMS states, "Our goals for Medicare Advantage mirror our vision for CMS' programs as a whole, which is to advance health equity; drive comprehensive, person-centered care; and promote affordability and the sustainability of the Medicare program."



Seeking input from stakeholders, CMS is examining a potential change to the MA and Part D Star Ratings, which would consider how well each plan advances health equity, including:

- Collecting more and improved data on beneficiaries' race, ethnicity and social determinants of health (SDOH)

- Developing quality measures and methodological enhancements that better measure, and strengthen methods of addressing, health disparities
- Driving value in the Medicare program to make sure that the Medicare dollar is spent effectively and efficiently on programmatic changes that will close health equity gaps

The announcement states, “The Health Equity Index we seek comment on would enhance the Star Ratings program, creating transparency on how Medicare Advantage plans care for our most disadvantaged beneficiaries, and providing an opportunity to encourage improvements in their care.”

This focus on health equity from CMS is quite timely, as we are seeing a shift across the industry around this very topic. Late last year, the National Committee for Quality Assurance (NCQA) **announced** that they will use their experience evaluating healthcare quality to address inequitable care through their **Health Equity Accreditation** program.

This effort targets:

- Identification and elimination of gaps in care
- Quality improvement, monitoring, and process standardization
- Delivery of culturally and linguistically intelligent services
- Alignment throughout organizations and their partners

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**ABNER MASON, FOUNDER AND CEO OF SAME SKY HEALTH**

Why now? We are at a unique point in our history where we have a real opportunity to effect change within the healthcare system. The pandemic has highlighted in no uncertain terms that health disparities exist. They **cost** the US healthcare system an estimated \$35B in excess healthcare expenditures, \$10B in illness-related productivity and nearly \$200B in premature deaths, making health inequity both an economic and a social issue.

The good news? We can close the gap on health equity. The first step is collecting better member data. This starts with race, ethnicity and language as a baseline and goes on to understand sexual orientation and gender identity, and finally lands with culture. When you truly understand your members and the communities in which they live, you can identify and address known disparities such as lack of access to care, challenges with the quality of care and other important factors. When members feel seen and understood, they feel empowered to take control of their health and have better outcomes. For members that have participated in SameSky Health's multi-level, culturally sensitive engagement experiences, we've seen trust yield success, closing gaps in care and decreasing no-show rates by as much as 30%.

The efforts from CMS and NCQA are among the first that align the interests of all stakeholders, from members and health plans to providers, regulators and taxpayers. If you work in healthcare, you know that interests, including money, don't align often enough. What's more, strong health equity quality measures could insulate our efforts from the political tides that change every two to four years. These measures may well commit hearts, minds, and systems to advance health equity.