LEARNING COLLABORATIVE TEAM PROFILES

1 Delaware

Organization Type	Participating Organization Name
State Medicaid Agency	Delaware Health and Social Services, Division of Medicaid & Medical Assistance (DMMA)
Managed Care Organization(s)	AmeriHealth Caritas Delaware (ACDE)
Health Care Delivery Organization(s)	Nemours Children's Health (Nemours)

Identifying and Diagnosing the Problem

The first years of a person's life has a significant impact on their future health, growth, and development, yet racial and ethnic disparities in pediatric health and healthcare are prevalent in the United States. The Delaware team is focused on reducing disparities in preventive care and health among Black and Latine pediatric populations. First, the team reconciled conflicting race, ethnicity, and language (REL) data across AmeriHealth Caritas and Nemours. Second, they identified four healthcare metrics with disparities: childhood immunization rates; lead screenings; well child visits; and potentially preventable Emergency Department (ED) admissions.

The team conducted a root cause analysis (RCA) with several parties: Nemours care coordinators; care managers; AmeriHealth Caritas Delaware community health navigators; and five of AmeriHealth Caritas Delaware's community partner organizations working directly with their focus population. The team partnered with ACDE community health navigators to design a survey for Nemours' frontline staff, and community partners that assessed causes for the identified disparities in pediatric preventative care and health. The results helped the Delaware team identify four primary root causes:

1. Patient/guardian knowledge barriers such as the importance of well-child visits and lead screenings
2. A preference for the Emergency Department due to limited and inconvenient access to primary care providers (PCP) and social drivers of health (e.g., transportation and childcare)
3. Inadequate behavioral health screenings and lack of screening for SDOH
4. Provider and staff bias

Designing and Implementing Change

The team has implemented payment incentives to increase rates of SDOH screening by providers as well as reward reductions in disparities in childhood immunization, lead screening, and potentially preventable ED visits.

In 2020, DMMA authorized Nemours Children's Health to serve as a Medicaid Accountable Care Organization (ACO), creating an opportunity for a more robust partnership between Nemours Children's and AmeriHealth to advance health equity. The ACO makes available incentives for its providers to report disparities in care and health outcomes and improve care processes to eliminate specific health disparities. Outside of ACO performance, Amerihealth

provides upside-only, enhanced payment incentives for the four health equity measures the team identified at the start of their initiative. Incremental incentives are earned for reduction of each of the identified health disparities between Black and Latine pediatric populations and the white pediatric population.

If the identified health disparity gap is reduced by greater than or equal to 3% over a set period of time, the provider earns the entire incentive. If the health disparity gaps are reduced by 0% to less than 3%, the provider will earn 50% of the incentive. For SDOH screenings, AmeriHealth awards $10 to the provider per member when one or more diagnosis codes include SDOH, with a cap of $25,000 per measurement period for the provider pool.

AmeriHealth provides Nemours with provider-level performance data for SDOH payments so that Nemours can use that data to distribute funds among its providers.

The ACO authorization also fostered new cross-collaboration through the formation of joint organizational committees of comparable departments at Nemours and AmeriHealth Caritas Delaware. The quality and care coordination subcommittees review monthly, member-level data on SDOH screening and health equity metrics to understand what disparities persist and what care process changes are necessary to close the disparity. For lead screening, once Nemours and AmeriHealth have established new reporting practices where Nemours identifies AmeriHealth members with positive screening results, AmeriHealth will provide additional follow up and resources to members on lead poisoning remediation.

Creating Cultures of Equity

To address the intra-organizational culture of equity, the team created a survey to assess staff and provider understanding of health equity and pinpoint educational needs for each organization. Most respondents felt that they were knowledgeable in the subject area but struggled to apply equity principles in their daily work. In response, Nemours and AmeriHealth leaders from several departments strategized with AHE during a virtual site visit about how to build cultures of equity across their organizations.

Takeaways from the site visit included: considering how aspects of a person's identity (e.g., race, ethnicity, sexual orientation, age) or job title may impact the likelihood that they would share ideas and opinions; implementing strategies and standards that take into account employees' identities; strengthening attempts to create a diverse workforce; and employing inclusive language across the whole organization.

Lessons Learned

By participating in the Learning Collaborative, the team learned the importance of embedding equity into all aspects of payer-provider relationships, including the contracting process with providers. AmeriHealth now incorporates SDOH screening and health equity metrics in their value-based agreements. AmeriHealth identifies disparities then reviews the data with providers to collaboratively determine on which measures to focus.

Looking Ahead

Due to a change in their ACO provider pool, AmeriHealth Caritas Delaware is re-examining their data to redefine their health equity metrics to more accurately reflect current health care disparities between Black and Latine pediatric populations and their counterparts of other races.

AmeriHealth is also exploring how to scale equity to other ACO/VBP provider contracts across their network in thirteen U.S. states and the District of Columbia. Examples include implementing advanced alternative payment models with smaller provider practices and developing a value-based contracting strategy that centers equity.