

1 Pennsylvania (Cohort 1)

Organization Type	Participating Organization
State Medicaid Agency	The Office of Medical Assistance Programs (OMAP)
Managed Care Organization	Highmark Wholecare
Health Care Delivery Organization(s)	Allegheny Health Network (AHN) North Side Christian Health Center (NSCHS)

Health Equity Focus

The Pennsylvania team identified several health disparities within their Healthcare Effectiveness Data and Information Set (HEDIS) metrics. The team focused on improving Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) metrics within Adolescent Well Child (AWCs). The team also considered the [2019 State of Health Equity in Pennsylvania report](#) which outlined sexual health inequities as an area of concern. They decided to focus on improving sexually transmitted infection (STI) screening via the EPSDT benefit given the disparities between adolescents of color and white adolescents and to eventually reduce and eliminate disparities in incidence of STIs.

Higher rates of STIs among some marginalized populations are driven in part by social drivers such as inadequate access to primary care and are large contributors to STI rates. Many marginalized populations may also distrust the health care system, fearing discrimination from their doctors or other health care providers, which can result in fewer adolescents of color seeking STI screening.¹

Care Delivery Transformation

The team conducted a root cause analysis by engaging several departments within Highmark Wholecare such as: care management; clinical strategy and innovation; community engagement; provider contracting; provider relations; and quality improvement. The Pennsylvania LC team also engaged teams within the other partner organizations. In addition, Highmark Wholecare connected with Medicaid members through its case managers to learn key insights and barriers adolescents of color (ages 15-20) face when seeking sexual health care. The results of the root cause analysis led the team to pursue the following strategies to improve sexual health screening and education as well as social needs screening and referrals:

1. Universal, opt-out STI (chlamydia and gonorrhea) screening as part of EPSDT. Originally, adolescents only received testing based on risk history and symptoms. Now, all 15–20-year-olds will receive STI screening as part of their annual visits. The universal STI screening will be integrated into the EPSDT benefit. For a practice to meet the EPSDT screening protocols, they need to conduct an STI screening.

¹ Sarah E. Wiehe, Marc B. Rosenman, Jane Wang, Barry P. Katz, and J. Dennis Fortenberry, "Chlamydia Screening Among Young Women: Individual- and Provider-level Differences in Testing," *Pediatrics*, vol. 127, no. 2 (2011): e336-44..

LEARNING COLLABORATIVE TEAM PROFILES: PENNSYLVANIA (C1)

2. Health care provider education on the existence of STI disparities and the new procedures and incentives.
3. Patient education on sexual health and STI testing. The team will provide educational outreach, via a newsletter through Highmark Wholecare, social media such as Twitter and Facebook, and a short video on STIs posted on the Highmark Wholecare website.

Payment Model

Highmark WholeCare is offering incentive bonus payments to Allegheny Health Network and Northside Christian Health Center which will receive a bonus payment for every STI screening conducted and social needs assessment completed for members 15-20 years old. If the member is a person of color, the clinic will receive an additional 40% incentive in payment to the EPSDT base rate. If the member is white, the clinic will receive a 20% incentive in payment to the EPSDT base rate.

Lessons Learned

Equity initiatives often will not see a return on investment for many years; when that return on investment is realized it may not be where the investment started. Given that challenge, innovative strategies may be necessary to ensure financial buy-in is obtained from organization leadership. The team has learned that attaining equity is a long process requiring collaboration from multiple stakeholders; member involvement is a critical component of success.

Value Adds

The PA team has most appreciated the opportunity to work with multiple Medicaid stakeholders such as the state Medicaid agency, health care providers, and members. Working with these distinct groups increases the chance of buy-in for the program/effort from leadership and staff at participating organizations. The Highmark Wholecare team noted that because of participation in the Learning Collaborative they have, for the first time, included member input as a part of their process to develop an intervention to address sexual health in adolescents.

Participating in the Learning Collaborative has informed the team's population health work and pushed them to apply an equity lens in other aspects of their work such as quality improvement, case management, and analytics. For example, in population health projects they examine overall population-level outcomes such as preventive care screenings and health care utilization; they take their analysis further and consider each one by race/ethnicity.

Looking Ahead

The team anticipates that their work over the next 1-2 years will include completing their intervention design, implementing the intervention with participating clinics, and evaluating and disseminating the results.