Making the Case for Equity

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Introduction

Equity is a fundamental component of healthcare quality. To ensure the best outcomes for all, every person must receive the right care, at the right time, in the right way. In other words, the best care for an individual must be tailored to meet their unique health and social needs. A person's needs and values related to health and healthcare are frequently impacted by their racial, ethnic, cultural, and linguistic background. To reduce health disparities, healthcare providers must incorporate health equity goals—including a focus on core concepts such as anti-racism[1] and intersectionality[2]—into their healthcare quality improvement work.

There are many reasons to invest in advancing health equity. These investments help ensure that all people have access to the healthcare they deserve, giving them the best chances for a happy, healthy, and dignified life. But beyond simply being the right thing to do, organizations can benefit in other ways from proactive investment in health equity. This document explores the tangible benefits of investing in health equity and may be useful to help earn buy-in across organizations.

Investing in health equity can help your organization…

…comply with regulatory requirements at the federal and state level.

- National standards, guidelines, and recommendations spell out requirements and best practices for organizations to advance health equity by delivering culturally and linguistically appropriate healthcare. These mandates include the standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care,[3] and 2023 accreditation standards from The Joint Commission[4] and the National Committee for Quality Assurance (NCQA)[5] that explicitly focus on advancing health equity.
- The federal government and many state governments are supporting activities to address health disparities. The Centers for Medicare & Medicaid Services' (CMS) 2021 Strategic Plan includes advancing health equity as one of its six strategic pillars, with underlying goals to close health disparity gaps, increase enrollment in health insurance, offer more support to safety net providers, and increase accountability to communities served by CMS.[6, 7] State Medicaid agencies are working, at the behest of state lawmakers or on their own, to incorporate health equity goals and activities into their strategic plans, as well as their contracts with managed care organizations and

providers.[8] These activities include requirements for collecting demographic data and measuring health disparities, linking equity performance to payment in value-based purchasing and payment (VBP) models, and developing organization-specific health equity plans.

- Changes in healthcare regulation can happen quickly, as the increased prioritization of health equity since 2020 has shown. Organizations that were already investing in health equity benefited by being prepared for those regulatory changes. By continuing to prioritize health equity, organizations can develop infrastructure that helps them quickly respond to future regulatory changes. For instance, Michigan's Medicaid program has published annual health equity reports since 2011, positioning them to link payment to health equity improvement earlier than most other states.[9]

…fulfill its mission and vision and its improve reputation.

- Most healthcare organizations have a mission, vision, and values that are tied to providing high quality services to their members and improving community wellbeing. Embedding a health equity and anti-racist approach within quality improvement efforts moves organizations towards meeting these values in a way that is visible to stakeholders, including patients, staff, community partners, and governing boards.
- Advancing health equity relies on building trusting relationships between healthcare organizations and the people they serve. Health equity investment, when implemented correctly and with the direct and ongoing partnership of people experiencing health inequities, can make lasting improvements in how the organization is perceived by patients and the broader community, supporting the development of trusting relationships.
- External benchmarking and ranking organizations (e.g., US News and World Report,[10] Vizient[11]) have begun to add health equity components to their ratings criteria. These ratings are highly influential on provider organizations and can have meaningful impact on their reputations.

…meet quality goals.

- By designing quality improvement in partnership with diverse patient populations, particularly those experiencing racism and health disparities, organizations can have a bigger impact and improve care across the organization. Focusing on populations experiencing the worst health outcomes improves overall quality of care, helping organizations meet quality improvement goals.
- Provision of high-quality care means meeting standards for cultural and linguistic appropriateness (e.g., using a medical interpreter, addressing and incorporating cultural norms). In particular, focusing on effective communication is key to preventing serious adverse medical events.[12] Training, resources, and accountability within healthcare organizations can help foster improved communication and cultural and linguistic appropriateness.
- Collecting and analyzing demographic data (including race, ethnicity, language, disability, geography, sexual orientation, and gender identity) and data related to social needs (e.g., income, housing, and food security) can help healthcare organizations see what they are doing well — and help them determine which patient populations, health conditions, care processes, and outcomes need more attention. Conducting granular data analysis can highlight intersectional issues and further elevate specific disparities.

…prepare for changes in value-based care.

- Since the passage of the Affordable Care Act, healthcare markets have prioritized the adoption of VBP models, which tie reimbursement for health plans and providers to quality performance. Performance-based incentive payments increasingly include adjustments based on the ability of health plans and providers to reduce health disparities.[13] Organizations invested in a holistic approach to health equity may be more successful in earning these performance-based payments and less likely to exacerbate existing disparities.[14, 15]
- Medicaid programs across the country have incorporated health equity metrics into their VBP programs, including metrics to collect demographic data and decrease disparities.
- Health equity has become a key aspect of new VBP models designed by CMS. For instance, new models including the Medicare ACO REACH model,[16] Making Care Primary,[17] and the AHEAD model[18] include a requirement for participants to develop a health equity plan, including identifying and actively working to mitigate disparities, and to collect demographic and social needs data.
- Commercial payers are also adopting a health equity focus in VBP models. Blue Cross Blue Shield of Massachusetts releases an annual equity report identifying racial disparities in common healthcare quality measures[19] and incentivizes improved equity performance through targeted VBP models.[20]
- Improving quality performance for patient groups with the worst health outcomes will also help organizations succeed in all VBP models, even those without a health equity focus. Improving care and outcomes for patients who experience inequities will lead to improvements in overall quality scores and success in a broad variety of VBP models.
- The Health Care Payment Learning & Action Network (LAN) created guidance for the development of VBP models that explicitly center health equity.[21] This guidance and an associated call to action, developed by the LAN's Health Equity Advisory Team, were designed to increase the adoption of aligned VBP models that advance health equity. The LAN plays an influential role in VBP, and it is likely this guidance will be implemented by regulators and payers across the country.

…improve patient and provider experience.

- The COVID-19 pandemic brought renewed attention to many long-running health inequities, including within the patient-provider relationship. It is clear that many healthcare organizations have not sufficiently earned patient trust, particularly in patients from groups that experience social inequities and discrimination, such as Black, Latino, disabled, and/or LGBTQ+ people.[22, 23] Investing in more equitable processes of care requires: understanding structural racism and other structural biases; assessing interpersonal interactions for bias (implicit and explicit) and cultural and linguistic appropriateness; and ensuring structures within a healthcare organization (e.g., medical decision-making algorithms) reflect anti-racism and health equity principles. Improving these processes using a health equity approach can enhance patient-provider relationships, earn healthcare organizations more trust from the people they serve, and make treatment more effective and impactful.
- Healthcare providers are experiencing historic rates of burnout. Early evidence indicates that team-based care models that address whole-person needs can decrease provider burnout while improving health outcomes and advancing equity.[24, 25, 26] Organizations that invest in these practices may experience higher morale and lower rates of turnover.

Conclusion

There are many reasons for organizations to invest in health equity. Primarily, health equity investments are necessary to address and mitigate long-standing health inequities and allow people the best chance to live a healthy life. Healthcare organizations may also find many additional benefits from health equity investment, including complying with regulatory and accreditation standards, fulfilling an organizational mission, meeting healthcare quality improvement goals, successfully participating in VBP models, and improving experiences for both patients and providers.

Advancing Health Equity: Leading Care, Payment, and Systems Transformation (AHE) is a national program supported by the Robert Wood Johnson Foundation and based at the University of Chicago. AHE's mission is to discover best practices for advancing health equity by fostering payment reform and sustainable care models to eliminate health and healthcare inequities.

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[5] For more information on health equity accreditation, see the National Committee for Quality Assurance. Available at: https://www.ncqa.org/programs/health-equity-accreditation/
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