Domain 4 Findings - Promoting Health Equity

Respondents identified the policy strategies, program tools, or other authorities that have been most effectively used in helping to reduce disparities, stigmatization, and provider bias for Medicaid patients. Responses are summarized below.

- **A majority of respondents highlighted the importance of Medicaid managed care organizations in operationalizing opportunities to improve health equity.** Respondents noted that managed care has more tools to address bias and inequities in a way that fee-for-service Medicaid cannot. It was suggested that state programs prioritize foundational, actionable items (such as using health disparities to prove metrics with MCO contracts, ensuring accurate contact information for Medicaid enrollees) and then moving to more targeted items. Here are some examples of specific tactics identified:
  - States can create requirements for SCD-specific considerations to be included in MCO equity plans.
  - MCOs can operationalize evidence-based policies that can positively impact health equity in the context of improving health outcomes more broadly.
  - MCOs can be required to report on quality measures by race and ethnicity to develop interventions including provider and patient incentives to close measured gaps in access to high quality care. MCOs can also be required to achieve the NCQA Health Equity Accreditation and to evaluate any predictive analytic programs for potential selective biases often found in claims-based programs.
  - States can fund learning networks through MCOs and include ongoing training concerning diversity, equity, and inclusion in SCD networks.

- **A majority of respondents highlighted the importance of partnerships with state and local organizations to improve health equity**, emphasizing:
  - The power of partnering with other state agencies to help inform policy, such as maternal morbidity review committees, Quality Improvement Organizations, or Health Information Exchanges.
  - The utility of working with in-state medical schools and residency/GME programs to help address implicit biases in providers as they receive their medical training.
  - The importance of partnerships with provider organizations because provider education (especially for primary care providers and emergency department physicians) is integral to improving the health system for those with SCD.
  - The need for Medicaid policies to allow individuals with SCD to travel to centers of excellence if such care is not available inside a particular state.

- Opportunities to learn from what is working in other states; the network of Medicaid medical directors, association of Medicaid directors, and other such affiliated groups or organizations can be beneficial points of engagement.

- **Multiple respondents highlighted specific strategies being utilized to improve health equity.** These included approaches such as:
  - Working to improve race, ethnicity, and language (REL) data (so that disparities can be identified in the first place).
  - Adding health equity officers either at the state or within a MCO.
  - Requiring MCOs to detail and adopt operational health equity plans.
  - Requiring or promoting health equity training for state staff, MCO staff and providers.
  - Examining data to determine the prevalence of delays in access to care for certain populations, including individuals with SCD.

- **Several respondents highlighted the health equity component of pain management for individuals with SCD, given that individuals with SCD are predominantly Black and Latino Americans.** It was noted that statewide preferred drug lists must highlight the need to consider individuals with SCD in prior authorizations for short and long-acting opioids. One example cited was working with their state's department of health to develop pain management guidelines specific to individuals with SCD.