

Integrated Care In Action Podcast: Strategies For Advancing Health Equity, Part 1

Nikki Racelis: Welcome to Part 1 of the two-part Integrated Care in Action podcast, called Strategies for Advancing Health Equity. In this episode, we discuss strategies for advancing health equity through understanding available data. The Integrated Care in Action podcast features discussions with experts around innovative strategies for supporting providers and health plans in the delivery of coordinated, high quality care to individuals eligible for both Medicare and Medicaid. I'm Nikki Racelis with Resources for Integrated Care, and today we're joined by an expert from SCAN Health Plan. But before I introduce our guest, I would like to provide some context around the importance of this episode's topic.

The Centers for Medicare & Medicaid Services or CMS defines health equity as, "The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes."¹ Advancing health equity has been a priority of the U.S. Department of Health and Human Services for nearly 40 years, and it also aligns with CMS' strategic goals.

This is the first Integrated Care in Action podcast focused on health equity and we are so excited to add it to our library of resources intended to support health plans and provider organizations serving dually eligible individuals.

SCAN Health Plan is a not-for-profit Medicare Advantage health plan serving more than 285,000 members across California, Nevada, Arizona, and Texas. SCAN serves more than 48,400 dually eligible individuals across all their health plans, which include Dual Eligible Special Needs Plans.

In 2023, I spoke with Dr. Romilla Batra, SCAN's Chief Medical Officer, to learn more about their health equity approach, their specific efforts working with community partners, and how SCAN has used data to address health equity. Dr. Batra began describing their health equity approach by way of sharing information about an initiative to reduce disparities in medication adherence among their Black and Hispanic members.

Dr. Romilla Batra: First and foremost, thanks for having me. Thanks for allowing us to share SCAN's journey as it thinks about reducing inequities and hopefully at some point in time eliminating health inequities. In 2021 we started our journey, our health equity journey by making it a core priority for the entire organization. And to begin the work, we started off by looking at the quality metrics that were available to us through Medicare Advantage's Five Star system. Upon looking at those metrics what we found was significant inequities between our Hispanic populations and Black populations when compared to our White members, especially in the arena of medication adherence. So, for example, 86 percent of SCAN's White members were taking their statins, or cholesterol medications, as prescribed, but when we looked at adherence rate amongst our Black members, it was about 83 percent and for our Hispanic members it was just 81 percent. We saw something similar when we looked at the diabetes medications. And the reason we decided to pick medications as one of our areas is because as you can imagine in an older adult population, medication is one of the most commonly taken or used benefits, and also the right thing to do when you are suffering from chronic conditions. So, after we looked at the data, we wanted to do something, we just didn't want to wait and watch to see what would happen on its own despite our

¹ Centers for Medicare & Medicaid Services. (2023). *CMS Strategic Plan Health Equity Fact Sheet*. Retrieved from <https://www.cms.gov/files/document/health-equity-fact-sheet-2023.pdf>.

deploying multiple different interventions. And so, what we did from there was we decided to take action, and what ensued was a whole year of learning, implementing, re-tweaking our efforts to address those inequities.

Nikki Racelis: You mentioned that this initiative involved an organization-wide effort. Can you talk a little bit more about specific roles of SCAN staff to address these disparities?

Dr. Romilla Batra: Yes, absolutely. As I said, we started off by once we had decided which metric to focus on, we got our clinical and non-clinical teams together to start thinking about different interventions that could be deployed. And so, the teams that were very very closely involved were our pharmacy team, our health care services team, our physicians, as well as our quality improvement folks. And so, all those teams got together and we created a plan. And the plan honestly started with, like, what do we know and what do we not know? And what do we not know about these members, what their life experiences have been and how can we improve on those kinds of inequities? And so, with that, what we started doing was we kicked off efforts around understanding what the barriers may be, starting off with our own members doing ethnographic interviews, which a lot of folks on our healthcare services team did. We also started by talking to our own employees that were Black and Hispanic because we felt like we could glean a lot from their own experiences as some of them are caregivers of their own loved ones. So that was a second thing that we started doing. When I said organization-wide effort, while, we were learning and deploying best practices, looking at the literature to our clinical teams, our pharmacy teams, our physician teams, we also leaned in very heavily on the rest of the organization. So, for example, our HR folks were instrumental once we decided on the interventions and including the right people. Our network team was instrumental in making sure if we were developing best practices to engage our provider partners with. Our legal services team was instrumental in making sure as we looked at our partners in private or public sector that we could have the right kinds of arrangements to make those things happen. And in general, our leadership team across our entire organization leaned in to see how we can make this effort a successful effort. So, I would say it wasn't, it wasn't a one person or a one team or one department sport, it was totally a team sport across the whole organization.

Nikki Racelis: I imagine an initiative as robust as this requires strong leadership support. Dr. Batra, can you tell us about the leaders behind these efforts?

Dr. Romilla Batra: Sure, absolutely. I think organizations want to do the right thing, however, do not make it a strategic priority, and so folks are doing this by the side of our desk. I would give a lot of kudos to not only to our senior leadership team, but our board as well that decided to make this a central pillar of our overall strategy. So, it wasn't a strategic initiative happening on the side, it was core to who we are in keeping our, in keeping alive our mission of keeping seniors healthy and independent. As we were planning the effort, as we were thinking of making this come to life in real sense our leadership team was very close by, whether it came to our, finance team helping to support the right kind of finances to get this effort off the ground; our network team in making sure that we were able to structure the right incentives for providers in terms of making it happen; I would say our marketing and communications team that helped us create those member-facing, competent material; our, HR leadership team that understood that in order for us to move the needle on it, we have to have not only the right employees, but the employees who come from similar kinds of backgrounds, are diverse themselves, so bringing human resources to bear to make this effort happen. So, not only our senior leadership team, I would say, but our board is the one that made it actually happen.

Nikki Racelis: That's so interesting how involved and supportive your executive leadership, board, and leaders across departments were in these efforts. I'm curious, with this initiative, did SCAN tie compensation to the organization's equity goals?

Dr. Romilla Batra: Yes. We absolutely felt that not only should we talk the talk, but we should walk the walk as well. And if we truly were serious about what we were going to do, then we had to put the right incentives in place. And not because the incentives move the needle, because we want to signal to the whole organization as well as our keen external stakeholders that this is something that we're serious about. And so, with that in mind, our incentive plan had health equity as one of the metrics, in addition to other metrics that you usually see around quality or finance and budget and so on and so forth. And the good thing about this incentive is that as an organization, it did not matter if you were a person answering the phone calls, if you were a member-facing role, worked for the legal department, you worked for the finance department, you were a VP, or a senior VP, or a director, all of us had this as one of our own goals as an incentive goal. And I think that was leading by example because at that point in time, we looked around other organizations and didn't see anyone doing it and, one more time, to signal to not only our own employees but to the rest of the people that we work with we were serious about it, we, we made it a goal. It was part of everybody's goal.

Nikki Racelis: It sounds like this type of incentive was a contributing factor to the initiative's success. Lastly on this topic, Dr. Batra, can you tell us about the results of the initiative?

Dr. Romilla Batra: As I said, it was the start of our journey. And I would say in quarter one we were getting our plans together. It took a lot of listening, learning, trying different things, starting some new things, stopping some old things. And right out of the door our goal was to reduce the inequities in the populations that I spoke about by 25 percent, that was our goal. I'm super excited to share that we were, not only able to meet our goal but we actually exceeded our goal, which was to reduce our gap by 35 percent. And I know I'm talking a lot of numbers, but being a primary care physician, these are not just numbers that I'm talking about, these are real people whose lives got improved because they were taking their medication. It meant there were many more people who were Black, who were Hispanic, who started taking their medications and in the long term, perhaps we prevented heart attacks and strokes and deaths. So, we truly felt very proud of the fact that we were making a difference in their lives by not only achieving the goal but exceeding the goal.

Nikki Racelis: In 2022, Harvard Business Review published an article covering this SCAN health equity initiative. You can access this article on this podcast's landing page.

After hearing about SCAN's health equity approach, I asked Dr. Batra about the next phase of SCAN's health equity initiatives. She shared SCAN's long-term vision, upcoming measures of focus, and the importance of data underpinning their health equity efforts.

Dr. Romilla Batra: Early this year, we decided we wanted to focus on a few key metrics that impact a bigger swath of our population and are also very meaningful, and taking a longer term look over the next few years, anywhere from three to six years, I would say. And so, with that in mind, one more time, we went back and looked at our clinical data, looked at metrics like, people may know about, like, HEDIS metrics which are on screening and prevention, looked at medication adherence metrics, looked at some other metrics, and decided to focus on three metrics. First, one of them is flu vaccination rate in our Black populations. One more time, there was almost a 13-point difference between flu vaccination rate in our Black population when compared to White population. The second metric that we picked was sugar

control in diabetics who are Hispanic, because one more time, if you're a diabetic and your sugar is better controlled, you may end up having less complications, which is very meaningful to an individual. And then the third metric that we picked is adherence to cholesterol medication in our Hispanic populations. And what we said to ourselves was this is not going to be one year journey; this is going to be a multi-year journey. This is not just going to be about reducing the gap, this is us having a longer-term outlook and saying how do we make that gap zero? That would be the ideal world for us. And so, with that in mind, we have laid out some what I would call bold, hairy, and audacious goals for the next few years in making that gap zero over a period of time. And one more thing I would like to add, as we pick these metrics, these are metrics where there were larger gaps, that's one thing I would say. And the second thing I would say about it is we wanted to pick a portfolio of metrics that included chronic condition management, and that also included prevention, and hence we landed at the three metrics that I'm talking about right now.

Nikki Racelis: I like how you refer to your goals as bold, hairy, and audacious. So, you talked a lot about data. I'm curious about SCAN's data collection and analysis approach. Can you talk a little bit more about that?

Dr. Romilla Batra: We firmly believe in what you cannot measure, you cannot improve. And so, you're absolutely correct, it has to start with data, and it has to start with accurate, valid data. And I would say is for many, many years we've been collecting patient self-reported data. So, through our health risk assessments, we've been collecting data on race and language and also trying to build up data around sexual orientation and gender identification, so SOGI data. So, some data is our data that we've collected over the years. Other data, to your point, is publicly available data that we get through CMS. Yet another piece of it is data that we get through our provider delivery system, because at the point of service they are also collecting data. So, it's multiple sources of gathering the data. Internally, we also have a data council of sorts that makes sure the data is accurate, it's stored in the right place, and it's really portraying what we're trying to look at. And so, I'm super excited to share that we have race and language data on almost ninety percent of our population, which then helps us pinpoint where those gaps are, where those inequities are. And then as we look at the data, our goal also is to what we call "democratize" the data, which is make it easy to understand and make it available for our teams to act on it. I mean it is one thing to look at the numbers, another thing is to say, "and what are these numbers telling us, telling us so we can deploy the right actions from those numbers?" So, that's been our approach to, getting data, looking at data, generating insights, and then creating action for those insights.

Nikki Racelis: Regarding your internal data council, can you elaborate on who's involved and the data inputs?

Dr. Romilla Batra: This is an internal team within SCAN. It has folks from our informatics department, it has folks from our quality department, clinical departments, our shared services departments. So, I would say a very cross-functional organization. However, we do get input from our providers. At the end of the day, we want to share data with them as well so they can also do similar kinds of interventions and activities. So, we get input from them in terms of what would make it easier for them to use data. So, while it's an internal body, it's seeking feedback externally from our providers, looking also at literature and best practices that are available to us and incorporating that as one of the inputs as well.

Nikki Racelis: Thanks for joining us for Part 1 of this podcast. We'll continue the conversation in Part 2, when we hear from Dr. Batra about the role that community partnerships, cultural competency, and member engagement play in SCAN's health equity approach. Dr. Batra will also summarize and share

recommendations for health plans and provider organizations that are working toward achieving health equity.

If you're interested in reviewing additional health equity resources, please visit the Resources for Integrated Care website at www.resourcesforintegratedcare.com.

Thank you for listening!

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