Health Equity Spotlight:
Building an Internal Health Equity Infrastructure

In recent years, the health care landscape has undergone a transformative shift toward prioritizing health equity, driving health plans to create inclusive environments for staff and enrollees alike. Plans are building a robust internal infrastructure that not only acknowledges diversity, equity, and inclusion (DEI), but also integrates these principles into every facet of their operations to best serve each enrollee.

Resources for Integrated Care (RIC) brought together two cohorts of representatives from health plans that serve individuals who are dually eligible for Medicare and Medicaid to join its 2023 Health Equity Integrated Care Community of Practice (ICCoP). Together, ICCoP members worked to collectively troubleshoot challenges and identify replicable strategies that health plans could implement to improve health equity among their enrollees. This post explores key approaches plans can take to develop and align key activities—around care coordination, staff engagement, and staff professional development—to a health equity framework. Health plans, particularly those serving individuals dually eligible for Medicare and Medicaid, might consider incorporating these DEI practices into their organizational workplans.

Lead with Health Equity in Care Coordination

The cornerstone of any health equity strategy lies in prioritizing equitable health care delivery in all aspects of care coordination, including accessibility, service coordination, cultural competence, and language proficiency. By embedding health equity principles in care coordination, plans can lay the groundwork for addressing disparities at every stage of an enrollee's health care journey. To help implement this concept, one ICCoP participant discussed their plan's activities to match enrollees with providers who have similar demographic profiles—sometimes called shared identities or background concordance—to support better communication and enrollee experience. The plan's representative reported that matching patients that identify with their providers can help foster a deeper connection and build trust. The idea that enrollee-provider concordance improves health outcomes is well documented in the literature, although plans may struggle to ensure concordance because the available health care workforce does not always mirror the population.[1] For example, Black people comprise approximately 14 percent of the U.S. population, but less than six percent of physicians.[2] Recognizing this challenge, ICCoP members discussed that operationalizing this strategy may not always be possible. However, they concluded that increasing awareness of the benefits of identity matching, when possible, may help inform clinical assignments and create other opportunities for better outcomes.

Engage All Staff

Health equity is a collective responsibility that involves all staff in the organization. Plans can foster a culture where all staff become colleagues with clinicians in the pursuit of equity. By actively involving employees at all levels, plans can harness staff perspectives and experiences to inform decision-making processes and weave health equity into the fabric of the organization. For instance, during the 2023 ICCoP, a health plan shared that it recently created DEI workgroups to engage and provide opportunities for staff to partner with plan leadership in addressing enrollee-specific health equity concerns. While the DEI workgroups are a newer initiative that will inform future enrollee policies, an early positive outcome the plan reported is that health plan staff express pride in helping meet enrollees' needs, which has a cyclical effect on driving staff motivation to actively engage in the DEI workgroups.

Address SDOH

Recognizing and addressing SDOH is pivotal for achieving health equity. Plans can integrate strategies to assess and mitigate SDOH that impact enrollees' health throughout their health care journey. This may involve collaborating with community organizations, implementing targeted interventions, and tailoring care plans to address specific enrollee needs. By acknowledging the broader context of enrollees' lives, plans can develop more effective and equitable health care solutions. During the 2023 ICCoP, a health plan shared that it addresses SDOH throughout an enrollee's journey by collaborating with local organizations to provide support services around enrollees' most pressing needs, such as housing instability and transportation barriers.

Utilize Data to Quantify Health Disparities

Data is a powerful tool for understanding and addressing health disparities. Plans can leverage data analytics to quantify disparities among their enrollee populations. By identifying patterns and trends, plans can tailor interventions to specific needs and track progress over time. Data-driven decision-making establishes health equity efforts that are targeted and effective, allowing plans to continuously refine their strategies based on measurable outcomes. For example, a health plan from the 2023 ICCoP shared that it conducts periodic focus groups with enrollees from subpopulations facing greater risk of health disparities and uses insights from those sessions to implement process improvements. This plan emphasizes the value of collecting and evaluating both quantitative and qualitative data to capture more robust enrollee population data over an extended period.

Offer Professional Development Opportunities for Health Equity

Developing a culture of health equity requires investing in staff professional development. Plans can consider providing ongoing training and education opportunities that focus on cultural competence and other elements of DEI. Training not only enhances the skills of individual staff enrollees, but also contributes to a collective understanding of health equity principles. Continuous learning fosters a dynamic and responsive organizational culture that adapts to the evolving landscape of health care equity. For example, a health plan shared that it hosts staff "lunch and learns" to discuss timely topics and share resources related to health equity.

Conclusion

Building a health equity infrastructure within plans is a multifaceted endeavor that requires commitment and collaboration. By leading with health equity in care coordination, engaging all staff as colleagues, addressing SDOH, utilizing data, and prioritizing professional development, plans can pave the way for a more equitable health care system for their enrollees. As the health care system navigates challenges and opportunities, embracing DEI is not just a goal, but a fundamental requirement for the well-being of our communities.

Resources

For additional information, please see the following:

- ⓘ [Tip Sheet: Using Person-Centered Language](#): This resource offers guidance to health plans on how to use person-centered language and enhance person-centered practices.
- ⓘ [RIC Event: Best Practices for Implementing Enrollee Advisory Committees Webinar](#): This webinar covers Enrollee Advisory Committees (EACs), ways plans can engage participating enrollees, and related outcomes that have contributed to organizational change.
- ⓘ [RIC Event: Recruiting and Sustaining Successful Enrollee Advisory Committees (EACs)](#): This webinar provides strategies on building a successful EAC to build trust between health plans and their enrollees.

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to help beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This spotlight is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to https://www.resourcesforintegratedcare.com/. The list of resources in this guide is not exhaustive. Please submit feedback to RIC@Lewin.com.

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[1] Bakerjian, D., Wasserman, M. (2023). Interdisciplinary Care and Care Coordination. In: Wasserman, M.R., Bakerjian, D., Linnebur, S., Brangman, S., Cesari, M., Rosen, S. (eds) Geriatric Medicine. Springer, Cham. Retrieved from https://doi.org/10.1007/978-3-030-01782-8_99-1.

[2] Physician Specialty Data Report. (2022). American Association of Medical Colleges. Retrieved from https://www.aamc.org/data-reports/data/2022-physician-specialty-data-report-executive-summary.