OVERVIEW OF EQUITY ACTIVITIES

NAIC meeting
July 26, 2022
DATA ON RACE & ETHNICITY ARE CRITICAL TO MEASURING EQUITY AND DETECTING BIAS

For BCBSMA, these data enable equity audits of quality measures, algorithms, and other metrics.
**Race and Ethnicity Data Collection: All Activities**

<table>
<thead>
<tr>
<th>SURVEYS VIA MAIL</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q4</td>
<td>Q1</td>
</tr>
<tr>
<td>Randomized 24 arm factorial design experiment to learn which approach maximizes response rate</td>
<td>Large fielding of “winning” survey (March–April 2022): First wave Q1 plus “coming soon” email test (March 2022) Email including link to web survey (May 2022) Second wave mailed survey (June–July 2022) Third wave Q3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MYBLUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MyBlue Version 1 went live December 2020</td>
</tr>
<tr>
<td>MyBlue Version 2: New survey version, will allow members to report race &amp; ethnicity in more detailed categories (FHIR level 2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACCOUNTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2022 Open Enrollment Other file sharing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROVIDERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review methods used to collect race &amp; ethnicity data. Determine provenance, data standards, and potential for data exchange. So far, only one provider’s starting position is not to share. Working within Massachusetts toward vision and principles for data exchange, to avoid fragmented and conflicting databases on race &amp; ethnicity.</td>
</tr>
</tbody>
</table>

BEGAN IN Q2 2021
### MyBlue results (as of 6/28/2022):
- 1,337,419 Unique views of the ‘About Me’ modal
- 353,979 members have provided their race and ethnicity
- 92,786 are non-White or Hispanic/Latino
- 2 member complaints

### Pilot mailed survey results:
- 55,600 total surveys sent, 139,024 total members
- 9,294 member responses that provided race and ethnicity
- 1,398 member responses that are non-White or Hispanic/Latino
- 2 member complaints

### Wave 1 mailed survey results:
- 693,288 total surveys sent, 1,375,437 total members
- 103,721 member responses that provided race and ethnicity
- 15,354 member responses that are non-White or Hispanic/Latino
- 2 member complaints

~19% of BCBSMA current members have provided their race and ethnicity data

2022 Target: 35%

**Self-Reported Members Race and Ethnicity Data (MyBlue & Pilot Mailed Survey)**

*Data includes both 'About Me' and mailed survey responses.*
Provider Engagement

Adding equity to the Alternative Quality Contract (AQC) triad

Confidential Equity Reports to all AQC providers distributed September 2021, will be updated at least annually.

Pay for Equity Incentives added to AQC payment program beginning as soon as 2023.

Equity Action Community with Institute for Healthcare Improvement (IHI) launched November 2021.

Health Equity Grants to contracted provider organizations in 2022–2023 that participate in the Equity Action Community via IHI.
Equity Audits For Providers

We computed each Alternative Quality Contract provider group’s internal inequities based on 2019 contracted performance measures

• We shared confidential health equity reports with each Alternative Quality Contract group in September 2021

• Reports include an organization’s performance on HEDIS quality measures with blinded comparisons to other provider organizations across the state

• A report mock-up is pictured to the right
• $25 million granted to Institute for Healthcare Improvement (IHI), for distribution to providers participating in the Equity Action Community in 2022 and 2023

• Purposes:
  • Defray costs of participating in Equity Action Community
  • Support development of core capabilities (e.g., data, equity performance tracking)
  • Begin targeted improvement efforts on equity performance measures

• Distribution & monitoring will be up to IHI
  • Goal: Produce maximum measurable improvements in BCBSMA’s statewide equity report
1. Incentivize and enable improvement in measures of the equity of care.
2. Apply BCBSMA’s longstanding standards for validity and reliability for high-stakes measurement to pay-for-equity (P4E).
3. Do not pay for equity improvements resulting from performance declines.
4. Emphasize collaboration over competition between provider groups.
5. Maximize the likelihood of positive spillover effects for patients who are not BCBSMA members.
6. Do not penalize providers who serve more diverse patient populations.
7. Apply greater financial incentives when inequities are larger in magnitude and affect larger populations.
8. Incentivize providers to collect & share more complete and accurate race & ethnicity data.
9. Maximize understandability and behavioral impact of P4E design.
10. Make incentives durable over time, to reward improvements that take time to achieve.
11. Future-proof P4E methodological chassis:
   a. Robustness to changes over time in provider group structure and patient population served.
   b. Generalizability to any number of member categories or dimensions of equity (e.g., beyond race & ethnicity).
12. Harmonize BCBSMA’s P4E design with other payers’ P4E designs.
We are formulating our strategy re equity & provider directories

Guiding questions:

1. *Which changes to provider directories might improve the equity of care our members receive?*

2. *How might these changes interact with BCBSMA’s other equity strategies, and strategies used by other payers?*

3. *How might we assess the effects of these directory changes?*
THANK YOU