The Role of Equity in Provider Networks

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What to Expect

1. Intros
2. Common Deficiencies in Provider Networks
3. Cultural and Clinical Competency
4. Why Does Competency Matter
5. What Can Regulators Do
Racial and Ethnic Health Equity Concerns

- Medical debt
- Do they have a car/rely on public transit
- Flexible hours
- Provider language
- Accessibility for people with disabilities
- Access to specialized care for specified groups such as children, patients with chronic health conditions, or other underserved communities
- Provider directory accuracy
Equity at the Intersections

- Disparities and access gaps related to race and ethnicity cannot be addressed in isolation from disparities and gaps related to other aspects of identity and experience, such as gender and sexual orientation.

- People do not live in silos: we live at intersections.

Source: Greta Bauer, https://cihr-irsc.gc.ca/e/52352.html
Geographic Variation by Race and Ethnicity

High representation by county of Latinx (dark green), African American (orange), Asian (dark blue), Native American (dark blue), multiracial (light green), and white (gray) populations. A group is considered highly represented in this map if its share of the area population is larger than its share of the national population for Latinx (18.3%), African American (12.5%), and Asians, Native Hawaiians and Other Pacific Islanders (5.9%) and at least 4% for American Indians/Alaska Natives, or people identifying as multiracial.

Cultural Competency + Clinical Competency → Comprehensive High-Quality Care
The Role of Clinical Competency

• High-quality care is grounded in trust between patients and providers, for which cultural competency is essential

• Clinical competency is also essential for trust and good outcomes, particularly for conditions or health needs associated with racial, ethnic, and other health disparities, such as:
  - Type 2 diabetes
  - Mental and behavioral health
  - HIV/AIDS
  - Gender-affirming care
  - Cancer
Consequences of Insufficient Cultural and Clinical Competency in Provider Networks

- Alienation from care and care avoidance
- Poor health outcomes, particularly for chronic conditions such as diabetes, HIV, and mental and behavioral health conditions
- Patient complaints
- Lawsuits
- Low quality scores
Approaches to Improving Equity in Plan Networks

- Support efforts to require provider training on cultural and clinical competency in serving specific population groups
- Provide opportunities to identify providers who have obtained trainings and/or certifications
- Leverage plan certification programs such as the NCQA Health Equity Accreditation
- Require plans to meet or exceed ACA requirements that Essential Community Providers, such as FQHCs, be included in networks
- Require plans to include a wider number of provider types, such as community health workers, in their networks
Approaches to Improving Equity in Plan Networks

- Monitor utilization rates against network providers
- Ensure accuracy and accessibility of provider directories
- Promote involvement and training of enrollment assisters
- Explore the potential of standardized plans and related networks for specific conditions
- Work with plans to capture and analyze data on patient experience
- Require plans to collect demographic data on the populations they serve and the providers they contract with

The Gender Harmony Project (GHP) released standards in 2021 for encoding and exchanging electronic sex and gender data: https://confluence.hl7.org/display/VOC/The+Gender+Harmony+Project

NAIC Workstream 5 released guiding principles for the collection of sexual orientation and gender identity data, among data on other disparity factors, in 2021

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GLMA: Health Professionals Advancing LGBTQ Equality is updating its provider directory to include sexual orientation and gender identity data
Thank You!

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