Measuring Plan Performance and Health Equity Reporting

Health Service Board | September 12, 2024

Presenters: Michael Visconti, Contracts Administration Manager, SFHSS
Leticia Harris, M.S. CHES, Senior Health Program Planner, SFHSS

Agenda

- **Measuring Plan Performance**
  - SFHSS Measurement Plan Development and Strategic Plan
  - Targeted performance guarantees and reporting
  - Active plan management and collaboration
  - Alignment with leading health authorities and employers

- **Equity in Healthcare Delivery and Health Outcomes**
  - Identification, reporting, evaluation, metrics and benchmarking
    - Hypertension/Cardiovascular and Diabetes (A1c) Control
  - Equity: City, GARE and Leading Health Authorities

Measuring Plan Performance

Measuring Plan Performance

SFHSS measures plan performance to:

1. **Influence health plans and providers** for our commercial population through
   - ❑ targeted performance guarantees,
   - ❑ active management and collaboration with our plans, and
   - ❑ incentives for Accountable Care Organizations (ACOs).

2. **Align and partner with leading health authorities, advocates, employer groups and agencies** around common measurements to improve primary care, access to care, screenings, health quality, care management, advocacy and reducing inequities in health outcomes.

3. **Advance our strategic plan and mission to ensure equitable, sustainable, and quality benefits** that enhance whole-person health and well-being of our members and their families throughout their lifecycles.

SFHSS Building Blocks of Measuring Plan Performance

Performance Guarantees (PGs) – Defined

A performance guarantee (PG) in a health plan or health benefit agreement mandates that an insurer, administrator or provider deliver high-quality service.

Each PG incentivizes the insurer, administrator or provider by putting fees at risk if performance falls below expectations.

How does a Performance Guarantee come about?

- Criteria: Good guarantees have good goals
- Capability: *Is the metric an industry standard or new and novel?*
- Participation: Commitment from plan partners and providers
- Clarity: *It shouldn't take a PhD to understand a guarantee*
- Collect and Confer*:* report-only/no fees-at-risk
- Threshold: balance prior data, industry benchmarks, stretch goals
- Observe and Evaluate: Health care PGs are more than just data

Monitoring Performance Guarantees

The SFHSS Contracts Unit oversees the reporting and validation of targeted performance guarantees (PGs) for commercial health plan partnerships:

- Analysis and modification of PGs for the annual renewals (Dec. – Jun.);
- Negotiation of performance metrics into plan year agreements (Jul. – Dec.);
- Collection of contractually-required performance data and reporting (quarterly and annually); and
- Review and confirmation of reported performance metrics (quarterly and annually).

SFHSS Performance Guarantees and Required Reporting

- As a result of the 2022 Plan Year Commercial RFP, SFHSS has improved and aligned health plan reporting and performance monitoring with our plan partners

Service Quality/Member Experience (Non-clinical) Performance Guarantees	Clinical / Care Quality Performance Guarantees	Quarterly and Biannual Reporting
▪ Call-center metrics ▪ Patient (Member) satisfaction ▪ SFHSS Account management (including annual renewal process) ▪ Data reporting, transparency ▪ Enrollment files, ID card issuance ▪ Member communications ▪ Financial ▪ Network Stability	▪ Access, Utilization ▪ ACO Performance ▪ Advanced Care Planning ▪ Alcohol and Substance Use ▪ Cardiovascular Conditions/Hypertension ▪ Care Management, Medication Management ▪ Child and Adolescent Care ▪ Counseling ▪ Diabetes/A1c ▪ Immunization, preventative care, follow-up, screening/monitoring/testing ▪ Respiratory Conditions ▪ Women's Health	▪ Pharmacy/Rx Utilization and Trends ▪ Periodic Utilization Reports (PUR) ▪ Engagement, Telehealth, Mental Health Reports ▪ Demographic Reports ▪ Equity Initiatives and Metrics ▪ Wellbeing, Prevention, Immunization

Active Plan Management and Collaboration

- SFHSS and Aon actively manage all plans and partnerships throughout the year to monitor, evaluate and improve care and outcomes for Members:

Type	Description	Frequency
Reports	Cost and utilization drivers for Medical/Rx, Dental, Vision, and Life/Disability plans	Quarterly, Annual
	Financial experience and utilization	Monthly
	Utilization and cost	Quarterly
Meetings	Cost and utilization drivers for Medical/Rx, Dental, Vision, and Life/Disability plans	Quarterly, Annual
	Utilization Management meetings	Semi-annual
	ACO Advisory meetings	Periodic
	Operations meetings	Monthly
Evaluations	Account Management and Plan Partner evaluations	Quarterly

Equity in Healthcare Delivery and Health Outcomes

Focus on Racial Equity – City, GARE and Leading Health Authorities

In alignment with the City and leading health authorities and employers, SFHSS is advancing equity by expanding reporting, health data analysis and performance monitoring to identify inequities in care and health outcomes.

- City Office of Racial Equity (Human Rights Commission):
  - City-wide Racial Equity Mandate (2019 Ordinance, Sec. 12A.19)
  - Phase II (Delivery of External Services and Programs, community engagement, outreach to vulnerable populations) planned for 2025
- GARE's national network (100 cities, including SF, and 30 states)
- Leading Health Authorities (DMHC, IHA, HCAI, Covered CA, PBGH) and Initiatives (Calif. Advanced Primacy Care Initiative)

Alignment with Leading Health Authorities and Employers on Clinical Metrics and Health Equity

- **California Advanced Primary Care (APC) Initiative (2023)**
  - Purchasers Business Group on Health (PBGH) California Quality Collaborative (CQC) and Integrated Healthcare Associate (IHA).
  - Scalable primary care model to identify best-in-class practices.
  - Integration of primary care and behavioral health.
  - Alignment around high-quality care and health outcome metrics and measurement tools.

- **Alignment with Employers and California Health Care Organizations**
  - California Department of Managed Health Care (DMHC) and DMHC Health Equity Committee
  - IHA (AMP - Align | Measure | Perform)
  - CalPERS
  - Covered California

Advancing Equity in plan reporting and performance –

A multiyear collaboration, data collection, assessment and benchmarking process

- **Improvement of race/ethnicity data collection and ability to report-out** (2020-21)
  - Led by ESA with SFHSS commercial plan partners
- **Evaluation of plan year 2023 health data by race and ethnicity** (Aug. – Sept. 2024)[1]
  - ESA, Finance/Contracts, and Racial Equity Action Plan
- **Annual presentations to the Board on Demographics, Risk Scores, Health Outcomes, Plan Collaborations, and Racial Equity Action Plan** (September – February)
- **Plan Year 2026 Annual Renewal** (Dec. 2024 – June 2025)
  - Evaluate performance guarantees, benchmarks, and reporting requirements for plans
  - Align with leading health authorities (Covered CA, PBGH, IHA, DMHC)
- **Equity Benchmarking** (2025 → 2026)
  - Set HbA1C and Hypertension benchmarks using PY2023-24 equity data
  - Expand equity benchmarks for PY2027 renewal
- **Expand equity reporting and advance key performance metrics** (2027-2028)
  - Annual renewal process
  - Strategic Plan

[1] *Blue Shield (Access+ and Trio HMOs and PPO plans), and Kaiser HMO plan. Health Net (Canopy Care HMO) upon meeting HIPAA threshold for de-identifiable health data.*

Examples of Health Equity Clinical Measures across plans

- Leading health authorities and our commercial plan partners have committed to reporting on cardiovascular health and diabetes for plan year 2023 onward.
- SFHSS continues to require multiple PGs (with fees at risk for underperformance).

		Cardiovascular / Hypertension	Diabetes/A1c
Description of Equity Metric	SFHSS Measure	Controlling High Blood Pressure	Hemoglobin A1c poor control
	Equity Focus	Black or African American	Latinx or Hispanic
SFHSS Health Plan Performance Guarantees[1]	BSC (HMO)	4	4
	BSC (PPO)	3	3
	KP (HMO)	4	4
Alignment with Key Partners & Initiatives	NCQA	✓	✓
	CQC Adv PC	✓	✓
	AMP (IHA)	✓	-
	DMHC	✓	✓
	CalPERS	✓	✓
	Covered CA	✓	✓

[1] The agreement between SFHSS and Health Net CanopyCare contains all cardiovascular/hypertension performance guarantees and will be reported upon meeting the HIPAA threshold for de-identifiable health data. Bay area book-of-business data is reported.

Health Plan Equity Initiatives from Plan Partners

Health Plan Equity Initiatives – Blue Shield

Our guiding principles include foundational pillars established early in our health equity journey...

Guiding Principles

The overall outcome and each initiative that is pursued must…

- **Ensure Health Equity Accountability and Ownership is embedded across all business practices** by enhancing health equity knowledge, attitudes, and behavior.
- **Use Meaningful Data & Analytics**. We assess, monitor, and inform inequities meaningfully, correct bias where it exists, and adhere to ethical standards.
- **Reduce Disparities and Inequities**. We collaboratively eliminate the multilayers, multi-levels, and multi-dimensions of inequities, validate assumptions with data, and co-design solutions with impacted communities.
- **Integrate Diverse Perspectives**. We find and amplify the insights of those closest to inequities while embodying the principles of diversity, equity, and inclusion to deliberately share power.
- **Tell Our Story**. We're compelled to do the right thing to promote health equity meaningfully and authentically for our members, communities and employees and to share our story

Health Plan Equity Initiatives – Blue Shield

We are advancing health equity with a focus on community, member, and provider...

Expanding communication with marginalized communities

Developing a plan to reduce C-Sections and colon cancer screening disparities by 50% by 2028

Increasing the diversity of our provider network

Health Plan Equity Initiatives – Blue Shield

…and we are making progress

Established forums to solicit diverse perspectives from members closest to disparities

Offering personalized & comprehensive doula, pre- and post-partum maternal support

Leveraging community pharmacy footprint to screen for colorectal cancer, hypertension and diabetes control

Diversifying our provider network by adding providers with a focus on gender affirming care services and the Latino community

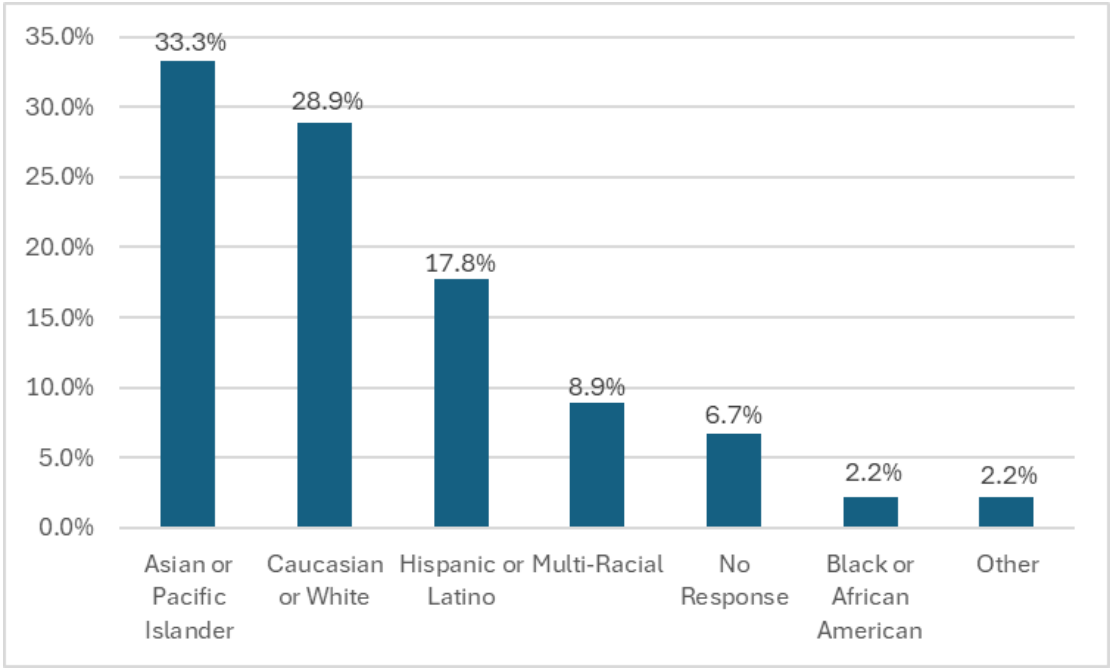
Health Plan Equity Initiatives – Blue Shield

The program has been well received, with high enrollment of members within the first 3 months of launch...

Substantial Engagement:

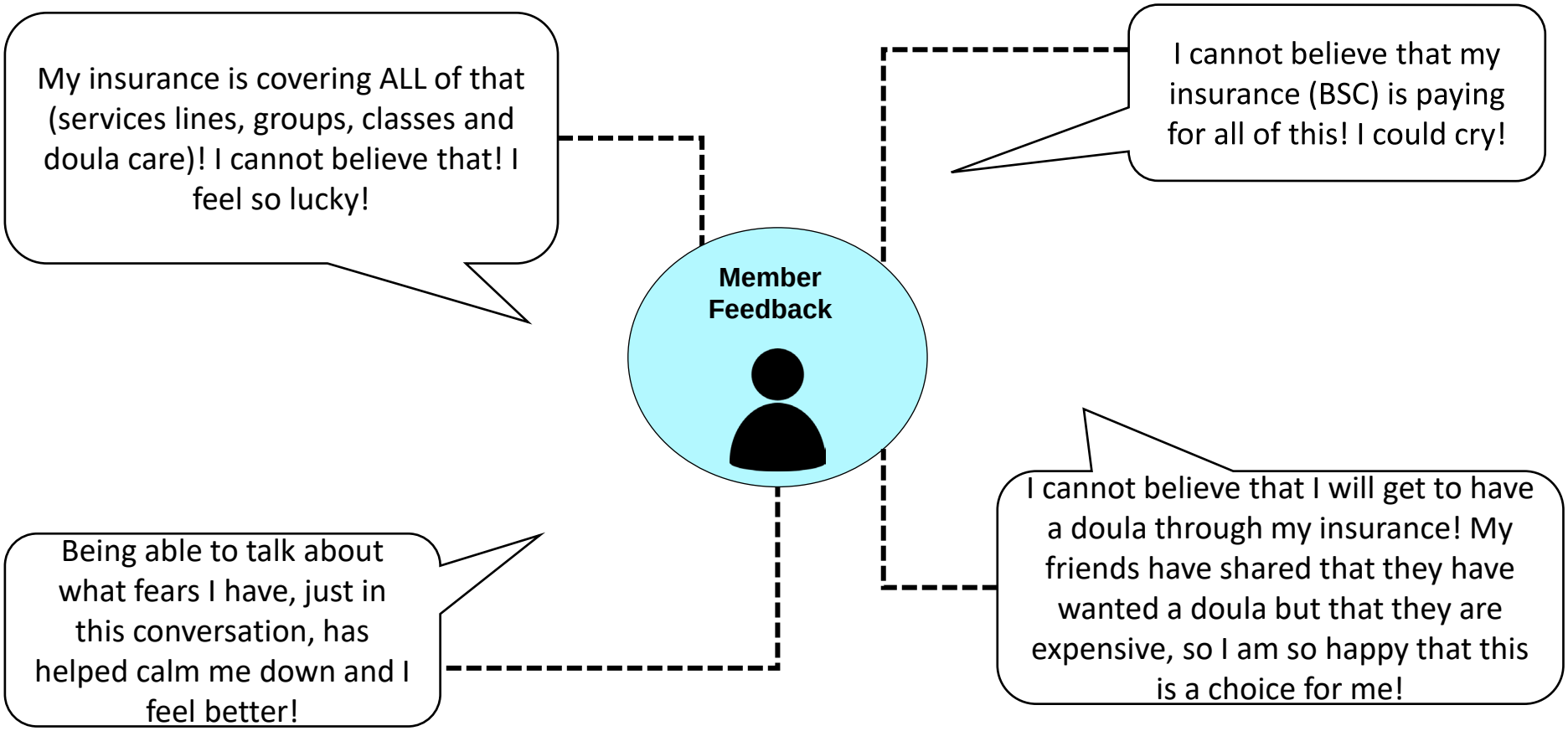
- 45 SFHSS employees enrolled
- 157 wrap-around care visits e.g. lactation support, coaching sessions, support groups, classes
- 76 virtual doula visits
- 51 in person doula visits

Members (enrolled in Blue Shield commercial plans) Race/Ethnicity:



Health Plan Equity Initiatives – Blue Shield

While we continue to obtain and analyze results, we can share that member feedback has been extremely positive...



health net

canopy HEALTH

Health Equity Summary

health net

ambetter from health net

wellcare by health net

wellcare

Health Equity at Health Net

Celebrating 14 years of health literacy in CA in 2024

The REL SOGI Data Project UPDATE:

- ✓ Member Portal updates COMPLETED
- ✓ Health Equity and IT have established data warehouse enhancements to facilitate reporting

2024 Disparity Projects Include:

- ➢ Sacramento Pediatric Quality Monitoring Improvement Program
- ➢ Colorectal Cancer Screening Disparity Reduction Project
- ➢ Glycemic Status Assessment for Patients with Diabetes Disparity Reduction Project

From January to June 2024* nearly 300 staff and providers attended our Health Equity trainings

**Majority of trainings are held in the second half of the year*

Since 2017, Health Net has invested more than $93 million to support 500 community-based organizations to bridge the divide in access, equity, and qualify of care.

Equity in Action

✓ *Putting Our Money Where Our Mouth Is*

Health Net invests in systemwide changes and resources to transform care delivery and advance health equity:

$13 million in Telehealth
$50 million in Encounter Data
$4 million in Workforce Development

✓ *Doula Services Offered to Better Serve Black Mothers*

Recognizing the need, Health Net became the first Medicaid contracted health plan in California to offer free doula services to its members. Results show c-section births were **50% lower** for members who had doulas as compared to similar members who did not. **Health Net will roll this program out to all commercial plans in January 2025.**

✓ *Health Equity Partners – Focus in 2024*

Evidenced-based Disparities in Health Outcomes
- Black maternal health inequities, increased rates of diabetes in the Latino populations, or youth mental health outcomes

Significant Barriers to Care
- Including isolation, frailty, language or cultural barriers, transportation or mobility challenges, and difficulty voicing healthcare needs

Economic Disadvantages
- As experienced by uninsured, underinsured, and working poor residents

Health Disparity Analysis
- Identify and address health disparities within clinical quality measures

Find Help
- Launch Epic-integrated social needs platform to connect patients with resources

Practice Engagement
- Pilot new workflows to engage practices with SDoH screening

Diversity, Equity, & Inclusion

DEI is essential to who we are at Health Net

	OUR PEOPLE	OUR BUSINESS	OUR COMMUNITIES
In 2023, we realigned our DEI strategic framework to focus on THREE core areas:	In 2023, our workforce representation data includes 76% women and 51% people of color, which is reflective of our member demographics of 53% women and 50% people of color. New hires were 72% female and 23% male, and there was a 36% reduction in voluntary turnover rates from 2022. Employee volunteer hours were 22,813, a substantial increase from 3,391 in 2022.	In 2023, our diverse supplier spend was $666 million, exceeding our goal of $500 million and increasing our diverse spend by 59% from 2022. Centene is committed to spending $1 billion with diverse suppliers by 2026, a commitment made during 2023 by CEO Sarah London. SPEND DATA: 55% minority-owned businesses and 40% women-owned businesses (remaining 5% spread across veteran/LGBTQIA+, and disability-owned businesses). In August, Centene hosted its first vendor summit, Procurement with Purpose.	In 2023 more than 1.9 million members across all (Centene) health plans were screened for SDoH. Mobex community kiosks interacted with members more than 91,000 times from locations in provider offices, retail stores, libraries, and shelters to provide real-time information sharing and centralized access to community support systems.

Advanced Primary Care

As part of the coalition to advance primary care, Health Net continues its commitment to promote the initiative through four areas of focus:

	Activities	Impact to Practices
Transparency	Measure and Report: • Primary care investment • Growth of value-based payment models • Performance on the APC measure set	• Visibility of performance variation and progress • Accountability and data-driven goal setting for improvement • Common standards and definitions to align the system and create clear expectations for practices
Primary Care Payment	• Adopt a common value-based payment model to support APC • Ensure consistent patient access to PCP/team	• Common payment model across a practice's patient panel, composed of many payers, enables sustainable transition to value-based business and clinical models • Continuous patient relationship with PCP and team to holistically manage care and enable payment model
Investment	• Increase overall investment in primary care by setting a common investment goal	• Higher investment in primary care to generate better outcomes without increasing overall cost
Practice Transformation	• Support integration of behavioral health services • Expand collection/use of race, ethnicity and language data for disparity improvement • Offer/sponsor technical assistance	• Expanded access to behavioral health • Visibility of disparities, enabling data-informed improvement toward health equity • Faster, more effective transition for practices to proactive, outcomes-driven care

California Advanced Primary Care Initiative (CAPCI)

MID-2024 UPDATE

- Targeted for launch in **November 2024** and continuing through 2025, Health Net will implement the CAPCI pilot in Southern California within its PPO network of PCPs
- Upon completion of the pilot, there is potential for application to the SFHSS population

KAISER PERMANENTE®

Culturally responsive care for your workforce

Health Plan Equity Initiatives – Kaiser Permanente

Time tested: Continuing an 80-year commitment to equitable care

Today, Kaiser Permanente continues to be recognized nationally as a leader in equity, inclusion, and diversity.

Our identity is based on respect and representation for the diverse communities we serve.

Since World War II, we've led the way in prevention, early detection, and equitable access to care for all our members, regardless of demographics such as race or ethnicity.

DEI 2024 BEST PLACE TO WORK FOR DISABILITY INCLUSION UNITED STATES

2024 LGBTQ+ HEALTHCARE EQUALITY LEADER

FAIR360 TOP 50 Hall of Fame 2024

Business Group on Health — Excellence in Health & Well-being Award & Excellence in Health Equity

KAISER PERMANENTE®

Our Equity Commitments

In June of 2020, Kaiser Permanente made commitments in four domains:

1. **Economic Opportunity**: We will create economic opportunity for Black-owned businesses and other businesses owned by marginalized groups.

2. **Health Equity**: We will improve care experiences and health outcomes by eliminating racism and other forms of bias or oppression in health care.

3. **Workforce Equity**: We will build an inclusive, psychologically safe workplace, where everyone has an equal opportunity to reach their full potential.

4. **Racial Equity**: We will increase knowledge of the health impacts of racism and create systems of care and support that mitigate the impact of intergenerational trauma.

Health Plan Equity Initiatives – Kaiser Permanente

The first integrated health care system with a social health practice

To continue driving toward equitable health outcomes, we must also care for the social health of our members and communities. That's why Kaiser Permanente prioritizes social health alongside physical and mental health**.**

As an integrated care provider, we're uniquely positioned to deliver on this whole-health approach.

44% of people with employer-sponsored health coverage reported at least one unmet social need.*

*Coe et al., McKinsey & Company, February 20, 2020.

KAISER PERMANENTE®

Health Plan Equity Initiatives – Kaiser Permanente

A systematic approach to social health

Kaiser Permanente's rich data and connected, team-based care structure enable us to identify social health needs, measure their impact, and develop member-facing initiatives to address areas of greatest need.

KAISER PERMANENTE®

Data driven: Using comprehensive data to develop tailored, equitable solutions

We set the industry standard for collecting, analyzing, and evaluating member data for physical and social health factors. These metrics help us develop equitable, culturally responsive care practices.

We've collected complete race, ethnicity, and language data on:

82% **of our members and growing**

Nationally, only 1 in 4 commercial plans report complete race data for their members*

When our data reveals disparities, we work to close the gaps through:

- Targeted outreach campaigns
- Preventive screening reminders
- Tailored text and push notification campaigns

*Health Affairs Blog, September 9, 2021.

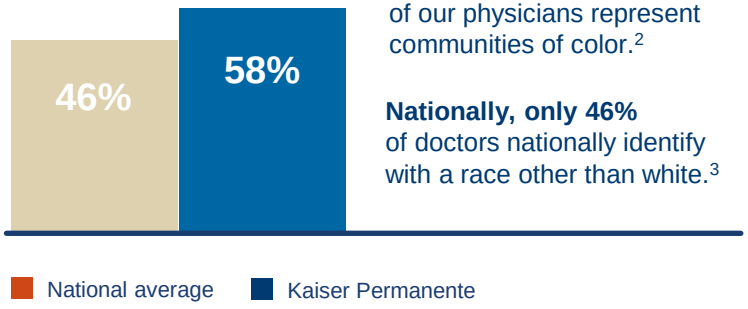
KAISER PERMANENTE®

KAISER PERMANENTE®

Health Plan Equity Initiatives – Kaiser Permanente

People powered: Connecting your employees with representative care teams

Patients who share personal characteristics with their care teams are more likely to build trusting, respectful relationships that lead to follow-through with recommended treatments.[1]



At Kaiser Permanente, 58% of our physicians represent communities of color.[2]

Nationally, only 46% of doctors nationally identify with a race other than white.[3]

We train clinicians of all backgrounds to deliver culturally responsive care to our diverse members by:

- Exploring and responding to unconscious bias
- Building communication skills to bridge cultural gaps
- Connecting to members from a place of cultural humility
- Recognizing social and racial inequities and their impacts on health

1. Zephryn et al., The Commonwealth Fund, July 20, 2023. 2. Kaiser Permanente internal data, 2023.
3. *2022 Physician Specialty Data Report,* Association of American Medical Colleges.

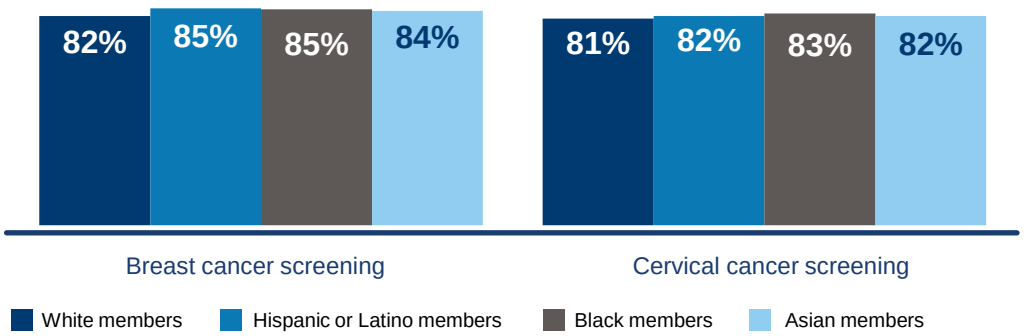
KAISER PERMANENTE®

Health Plan Equity Initiatives – Kaiser Permanente

Nation leading: Delivering better health outcomes for all members

Asian, Black, and Latino patients often face dangerous care disparities compared with white patients.[1]

At Kaiser Permanente, we're eliminating racial disparities in key measures of care excellence:[2]



Better cancer survival rates for Black members compared to national average[3]

Colorectal cancer
13.8% ↑

Breast cancer
6.4% ↑

Lung cancer
1.1% ↑

1. Radley et al., The Commonwealth Fund, April 18, 2024.
2. Kaiser Permanente Equitable Care Health Outcomes report, Q3–Q4 2022.
3. Age-standardized, 5-year survival rates for Black or African American (including Hispanic) Kaiser Permanente members diagnosed with breast, colorectal, and lung cancer, for cases diagnosed between 2011 and 2015, compared with the Surveillance, Epidemiology, and End Results (SEER) national benchmark rate for members from Black or African American (including Hispanic) racial and ethnic groups.

KAISER PERMANENTE®

Health Plan Equity Initiatives – Kaiser Permanente

Vision Zero: Our commitment to end preventable maternal deaths

Our goal is to eliminate deaths from hemorrhage and high blood pressure in pregnant patients by 2028 through comprehensive, culturally responsive, evidence-based prenatal care, patient education, and integrated remote monitoring.

At-home monitoring for obstetric hypertension

- Pregnant members with high blood pressure may be enrolled in the program.
- They can easily track their blood pressure at home and send readings directly to their care team.
- Care teams can identify warning signs early and help members avoid seizures, bleeding complications, or stroke.

The results

During its first year in Georgia in 2019:

736 women enrolled

36 had labor induced early after high blood pressure readings at home

7,000+ members have been monitored as of August 2023

Health equity spotlight

Black women are 3.5 times more likely to experience maternal mortality than white women.[3] To promote safe births for all our members:

- Pregnancy care teams are trained in perinatal safety, equity, and recognizing implicit bias.
- Members are screened for depression, substance use, and intimate partner violence.

Why it matters Over 80% of pregnancy-related deaths are preventable.[1] Hypertensive disorders are common and a leading cause of pregnancy-related death in the United States.[2]

1. Trost et al., CDC, 2022. 2. cdc.gov, March 23, 2023. 3. NIH, 2021.

KAISER PERMANENTE®

Health Plan Equity Initiatives – Kaiser Permanente

Comprehensive screening for social needs

We aim to lead the industry by integrating proactive and routine social health screening across care delivery, regardless of setting or provider.

Health care providers and patients agree that social needs should be part of health conversations.* But most doctors can't screen members as broadly or address social needs as intentionally as we do.

In fact, Kaiser Permanente screened more than **2.6 million members** for social needs in 2023, and we plan to screen **the majority of members by 2025.**

- ☑ **Food security**
- ☑ **Housing security**
- ☑ **Economic stability**
- ☑ **Transportation**
- ☑ **Loneliness and social isolation**

With broad social screening, we can:

- Create more personalized treatment plans
- Connect members to resources to help them meet their social needs

***Kaiser Permanente Social Needs in America survey, June 4, 2019.

KAISER PERMANENTE®

Kaiser Permanente continues to be recognized by industry organizations as a leader in providing high-quality, culturally responsive, equitable care, and building an increasingly diverse and inclusive workforce

For the sixth year in a row, Kaiser Permanente was named to the DiversityInc Top 50 Hall of Fame.

Kaiser Permanente is proud to be recognized for the 12th time in a row by the Human Rights Campaign Foundation, which awarded us the highest possible score on its Healthcare Equality Index and gave all 39 of our hospitals the LGBTQ+ Healthcare Equality Leader designation.

KP was recognized for the 16th consecutive year and awarded the highest possible score on its 2022 Corporate Equality Index and named us a Best Place to Work for LGBTQ+ Equality for our industry-leading equity, inclusion, and diversity practices and for our continuing work to provide the highest levels of opportunity and support to all of our employees.

For the seventh year in a row, Kaiser Permanente earned a top-ranking score of 100% on the 2023 Disability Equality Index. We were also included in the list of 2023 Best Places to Work for Disability Inclusion.

Board Discussion

Appendix

Appendix – Leading Health Authorities and Initiatives

Leading health authorities, employers, organizations, agencies and initiatives.

1. **Centers for Medicare and Medicaid Services (CMS)**, Framework for Health Equity (https://www.cms.gov/priorities/health-equity/minority-health/equity-programs/framework)
2. **National Committee for Quality Assurance (NCQA)**, HEDIS Measures (https://www.ncqa.org/hedis/)
3. **Integrated Healthcare Association (IHA)**
   - AMP (Align. Measure. Perform.) Measures (https://iha.org/performance-measurement/amp-program/)
4. **Purchaser Business Group on Health (PBGH)**
   - California Quality Collaborative (CQC) (https://www.pbgh.org/program/california-quality-collaborative/)
   - California Advanced Primary Care Initiative (https://www.pbgh.org/initiative/ca-advanced-primary-care-initiative/)
5. **CA Department of Managed Health Care (DMHC)**
   - Healthy Equity and Quality Committee (https://www.dmhc.ca.gov/Resources/DMHCPublicMeetings/OtherMeetings/HealthEquityAndQualityCommittee.aspx)
6. **Covered California**, Equity and Quality Transformation (https://hbex.coveredca.com/careers/types-of-careers/equity-and-quality-transformation/)
7. **CalPERS**, Quality Alignment Measure Set and Incentives (https://www.calpers.ca.gov/page/home/calpers-driving-improvements-in-healthcare-quality-alignment-measure-set-and-incentives)