



Maintaining Quality While Combatting Health Inequity



ABOUT INOVALON

Inovalon is a leading provider of cloud-based platforms empowering data-driven healthcare. Through the Inovalon ONE® Platform, Inovalon brings to the marketplace a national-scale capability to interconnect with the healthcare ecosystem, aggregate and analyze data in real time, and empower the application of resulting insights to drive meaningful impact at the point of care. Leveraging its Platform, unparalleled proprietary datasets, and industry-leading subject matter expertise, Inovalon enables better care, efficiency, and financial performance across the healthcare ecosystem. From health plans and provider organizations, to pharmaceutical, medical device, and diagnostics companies, Inovalon's unique achievement of value is delivered through the effective progression of "Turning Data into Insight, and Insight into Action®." Supporting thousands of customers, including all 25 of the top 25 U.S. health plans, all 25 of the top 25 global pharma companies, 24 of the top 25 U.S. healthcare provider systems, and many of the leading pharmacy organizations, device manufacturers, and other healthcare industry constituents, Inovalon's technology platforms and analytics are informed by data pertaining to more than one million physicians, 584,000 clinical facilities, 338 million Americans, and 63 billion medical events. For more information, visit www.inovalon.com.

ABOUT THE AUTHORS



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With a focus on improving quality in healthcare through data analytics, Dr. Teigland provides clients with actionable insight and analysis.

Prior to joining Avalere, Christie was the senior director, Statistical Research, at Inovalon, where she led a team focused on healthcare data analytics. She led several performance measure development projects awarded by the National Committee on Quality Assurance (NCQA), including All-Cause Readmissions and Potentially Avoidable Hospitalizations. Prior to joining Inovalon, she specialized in quality measurement and quality improvement research at Leading Age New York, where she directed the development of innovative technology solutions to advance the use of data-driven decision making to improve outcomes and reduce healthcare costs.

Christie earned a Ph.D. in economics and econometric forecasting from the University at Albany, SUNY, and a B.A. in management science and economics from Minnesota State University.



Olufunke Pickering,
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Olufunke Pickering, M.D., MBA, joined Inovalon as a medical director in 2020. Prior to which she served as the Senior Medical Advisor for the Baltimore City bureau for maternal and child health, providing clinical expertise to various public health initiatives. She is a board certified pediatrician, who has practiced since 2008 in primarily underserved populations. Dr. Pickering graduated from the University of Texas Austin with a degree in medical technology, received her medical degree from St. George's University and received a master's degree in business administration from the Johns Hopkins Carey Business school.

At Inovalon, Dr. Pickering works on the development of health informatics product lines and encounter support platform ePASS® as well as the provision of best practices and evidence-based clinical standards to Inovalon's portfolio of solutions.

BACKGROUND

Health inequity is a social justice issue.

The statistical differences in health outcomes between racial and ethnic groups among socioeconomic classes reveal themselves across key factors such as cigarette smoking rates, levels of physical activity, infant mortality rates, quality of nutrition, life expectancies, and even access to healthcare itself.¹

Furthermore, disparities exist among various groups with regard to social determinants of health, including:

- 1 Wealth disparities
- 2 Education access and quality
- 3 Safety, access to, and affordability of housing
- 4 Job opportunities, working conditions, and income
- 5 Access to transportation
- 6 Access to technology and related skills
- 7 Economic stability
- 8 Language and literacy skills

Health disparities rooted in social determinants of health are referred to as “health inequities” and are regularly linked to social inequities that exist in American society today.

But can health plans and other healthcare organizations fix this – should the healthcare industry take responsibility for resolving it?

The answer is two-fold: Well-served plan members experience higher quality outcomes and healthy plan members have fewer healthcare costs. Therefore, the industry has strong incentives to take on the issue of health inequity. It's not just *social justice*. It's an issue of *quality*. It's an issue of *economics*.

Take COVID-19, for example.

Considerable healthcare costs could have been avoided had more been done to relieve health disparities at the onset of COVID-19, according to analysis from Altarum on behalf of the Episcopal Health Foundation. Researchers found that had Black and Hispanic people in Texas been hospitalized at the same rate as their White counterparts, the state would have seen 24,000 fewer hospitalizations. This would have amounted to \$550 million in healthcare cost savings.²

That's just Texas. It's just one illness. And it's just one look at one type of disparity.

The Kaiser Family Foundation – a leader in health policy analysis and health journalism – estimates that health inequity costs healthcare industry payers approximately \$93 billion in excess medical care costs annually, adding the opinion that as the U.S. population becomes more diverse, that number is expected to rise.³

So, what can healthcare organizations do to combat health inequity?

FIVE STRATEGIES

Health plans and providers alone will not be able to resolve the issue of health inequity.

Reaching a state where everyone can achieve his or her best health regardless of education, ethnicity, income, housing status, and other social determinants of health will require the participation of individuals, communities, businesses, government, social service agencies, and more.⁴

Even so, healthcare industry professionals have an important role to play.

J. Nwando Olayiwola, Chief of Health Equity for Humana, has suggested five strategies for health equity leadership, including:

Prevention
and Wellness

Community
Engagement

Innovation

Professional
Development

Prioritizing Action
and Accountability

PREVENTION AND WELLNESS

Disparities occur when a disproportionate share of preventable health conditions and social issues affect a particular population of patients. African American populations, for example, are disproportionately impacted by cardiovascular disease, diabetes, kidney disease, asthma, human immunodeficiency virus (HIV), infant mortality, maternal mortality, incarceration, and poverty.

The progression of these chronic conditions and their impact on health outcomes can be reduced, or even be avoided entirely, by focusing on prevention and wellness.

Under traditional fee-for-service payment models, health providers are rewarded by the amount of treatment services they provide, and there are no built-in incentives to provide preventative care; therefore, wrote Olayiwola, “Expanding access to and removing barriers for necessary preventative services and wellness programs should...be a priority for every health plan.” He added:

Deconstructing the fee-for-service model with a health equity lens can accelerate the transition to value-based care, particularly when coupling new payment models with care delivery redesign; reengineering of technical, infrastructure, and human resources for service delivery; and alignment across various plans.

Health plans focused on health equity should also devise or adapt tools to measure clinician performance, member engagement, and organizational performance on a host of health equity-related domains, such as population-level vaccination rates or reduction of avoidable hospitalizations in patient populations that have been made vulnerable.

The role of senior health equity leaders with expertise in prevention and wellness is paramount. A fully matured health equity ecosystem in our health plans will see the collective elevation of preventative care and wellness as fundamental to its core, with requisite performance improvement and assessment.⁵

COMMUNITY ENGAGEMENT

Community-driven efforts can alter environmental, socioeconomic, and cultural conditions in ways that promote health equity. Payers and providers alike can choose where to invest financial support through their foundations and community-investment projects.

To promote health equity, healthcare organizations can support efforts to end housing instability, provide broader educational opportunities, reduce joblessness, combat food insecurity, and eliminate other social vulnerabilities.

A report by the Assistant Secretary for Planning and Evaluation (ASPE) Office of Health Policy – the principal advisor to the Secretary of the U.S. Department of Health and Human Services on policy development, and the office responsible for major activities in policy coordination, legislation development, strategic planning, policy research, evaluation, and economic analysis – offers these recommendations for community engagement:

- 1 Gather data regarding key differences within communities to expand research in this area and better understand the needs and experiences of minority populations.
- 2 Promote meaningful relationships between healthcare providers and community advocacy or partner organizations.
- 3 Institute organizational training on evidence-based and best practices in providing culturally competent and linguistically appropriate care for minority populations.
- 4 Develop and implement more inclusive systems of care that ensure minority populations receive equitable care.⁶

Healthcare organizations leading the way toward health equity will be those making investments to empower the communities they serve.

INNOVATION

Regarding health equity, innovation can be a double-edged sword.

Take telehealth, for example. This innovation accelerated by COVID-19 has made it easier than ever for many patients to access healthcare. But the technological innovation represented by telehealth must be coupled with process innovation to ensure this advancement moves as many patients as possible toward a more equitable circumstance.

Not everyone has access to technology (such as personal computers or tablets, internet access, smartphones and other tools) critical to using telehealth services, and many are not technologically literate enough to navigate telehealth – even if they can afford to. With that in mind, all healthcare organizations must be mindful of the need to decrease challenges that can prevent people with disabilities, older individuals, the uninsured and underinsured, those with limited English proficiency or limited digital literacy, and others from getting virtual care.

To meet the challenges posed by access barriers to telehealth, Inovalon has implemented:

- A telehealth workflow flexible enough to address the needs of various populations.
- An inclusive patient intake process that screens for technology skills.
- Dedicated telehealth technology support.
- On-demand access to a device to complete telehealth visits for those that don't have reliable technology.
- Support for patients with low literacy or those who speak a foreign language.
- A culturally competent telehealth team.
- Ongoing training for practitioners including updated guidance and coaching.

These components are essential for ensuring the implementation of telehealth does not help *some* while exacerbating health inequities facing *others*.

PROFESSIONAL DEVELOPMENT

Health equity training is another tool healthcare organizations are using to enhance healthcare professionals' abilities to develop and implement strategies that lead to more equitable healthcare. Beyond staff training, health plans and hospitals are collaborating with universities and community groups to develop programs that address health equity.

For example, residents living in Chicago's West Side have a 16-year-shorter life expectancy than their neighbors living just a few miles away in Chicago's Loop district. A program called West Side United – a partnership between area hospitals and civic groups – aims to change that by addressing the health equity issues that contribute to such disparities.⁷

This program provides education and information to help healthcare professionals and community leaders better understand barriers to healthcare within the West Chicago communities.

PRIORITIZING ACTION AND ACCOUNTABILITY

According to Olayiwola, health plans leading the way toward health equity are leveraging “not only clinical performance and outcomes data but also utilization data, sociodemographic data, and community-level data, which allows for surveillance that captures health disparities as they arise.”

As an example, Inovalon is helping payers and providers identify health populations at risk for disparities and develop action plans to address them. We're leveraging data to understand and measure gaps, drive actions, and create an infrastructure for accountability and continuous improvement.

QUALITY PAVES THE WAY TO ACHIEVING HEALTH EQUITY

If quality healthcare is safe, effective, patient-centered, timely, and efficient, then equitable healthcare is the achievement of quality healthcare regardless of a patient's income, education, housing, working conditions, or other social factors.

In other words, achieving quality means achieving it for every patient.

The National Quality Forum (NQF), an organization with a mission to drive measurable health improvements, offers a roadmap for promoting health equity without sacrificing quality.⁸

The steps they suggest are:

1 Identify and Prioritize Reduction of Health Disparities

Hospitals or health plans can identify and prioritize reduction of health disparities by choosing performance measures they can achieve in the near-, medium-, or long-term. Though all quality measures could be considered through the lens of disparities, four criteria can help identify measures that warrant a specific focus. These include prevalence of the target condition, the size of the disparity, the strength of the evidence for strategies to reduce the disparity, and the ease and feasibility of improvement.

2 Implement Evidence-Based Interventions to Reduce Disparities

Clinicians can implement evidence-based interventions by connecting patients to community-based services or culturally tailored programs shown to mitigate the drivers of disparities.

3 Invest in the Use of Health Equity Performance Measures

Quality organizations can translate concepts of equity into metrics that can directly assess health equity.

4 Incentivize the Reduction of Health Disparities and Achievement of Health Equity

Policymakers and payers can build health equity measures into payment models.

Those are just a few ways stakeholders can act upon the NQF roadmap. Here are some additional recommendations from NQF for healthcare industry stakeholders seeking to maintain quality healthcare while working to reduce health inequity.

- Collect social risk factor data
- Prioritize health equity outcome measures
- Prioritize measurements that encourage access and quality
- Invest in preventive and primary care for patients with social risk factors
- Redesign payment models to support health equity
- Link health equity measures to accreditation programs
- Support outpatient and inpatient services with additional payments for patients with social risk factors
- Ensure organizations disproportionately serving individuals with social risk can compete in value-based payment programs
- Fund care delivery and payment reform demonstration projects to reduce disparities
- Assess economic impact of disparities from multiple perspectives

CONCLUSION

While much of what has been written about health inequity remains focused on issues of social justice, there are palpable quality and economic arguments for reform. Health plans that do not purposefully focus on identifying health disparities – and designing and implementing targeted interventions and solutions to reduce them – will lag behind those innovative and progressive organizations that are taking steps to alleviate health inequities.

While no single stakeholder can resolve the issue of health inequity on its own, there's much healthcare organizations can do to lead and encourage improvement.

Inovalon is a company dedicated to reducing health disparities and achieving quality health outcomes for all patients. To continue this discussion or to learn how Inovalon helps organizations achieve high-quality population health management, contact your Inovalon representative.

HOW INOVALON HELPS

Explore solutions that help organizations deliver more equitable care and achieve quality outcomes for all patients:

Quality Measurement, Reporting and Improvement

Our quality solution delivers deep, highly sophisticated patient-level strategic insights and analytically driven engagement capabilities necessary to achieve meaningful clinical quality performance improvements. Our seamlessly integrated capabilities provide the right tools for quality improvement to impact health outcomes meaningfully, achieve performance incentives, and drive improved financial performance.

Population Health Insights

Inovalon's Population Health Insights solution enables health plans to identify and assess the needs of various populations to support and inform quality improvement, intervention and case management programs to deliver patient-centered care and reduce total cost of care.

Virtual Health Visits

With Inovalon's Virtual Health Visit (VHV) solution, a telehealth service configuration of the Inovalon ONE® Platform, you can engage Medicare Advantage, Commercial ACA and Managed Medicaid members meaningfully and close quality and risk documentation gaps in a single, comprehensive visit delivered virtually in the comfort and safety of a patient's home.

Device on Demand

Inovalon's Device on Demand for Virtual Health Visits identifies members who want to participate in a telehealth visit but cannot, either because they lack access to technology or because they are inexperienced or uncomfortable with digital platforms. Through the Device on Demand program, members can request a pre-configured smart device that has simplified settings customized with member-specific details.

Datasets and Analytics

The analytics and capabilities of the Inovalon ONE® Platform are informed by the nation's largest primary source dataset, the MORE² Registry®, comprising data from an ever-expanding base of more than one million physicians, 584,000 clinical facilities, 338 million unique patients, and 63 billion medical events and growing. This massive dataset, coupled with our connectivity, data integration and validation capabilities, advanced predictive analytics, and point-of-care connectivity and solutions, translates resulting insights into real-world impact, delivering high-value and measurable results for our customers.

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