Improving health equity is an important focus for MY 2023

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Nearly every aspect of our daily lives ultimately impacts our health individually and collectively. Along with numerous other health organizations, the National Committee for Quality Assurance (NCQA) recognizes that inequities in healthcare delivery and access must be addressed. For HEDIS® measurement year (MY) 2023, let's look at the



Don't turn members away! We will validate and authorize

latest provider guidance on the collection of data for race and ethnicity as well as social determinants of health (SDOH) to improve health equity.

What is health equity?

Health equity is a commitment to provide high-level care to all populations and to remove obstacles and disparities regardless of a person's race, culture, religion, class, gender identity, sexual orientation, geography, or language.

What are social determinants of health? 1,2

SDOH are the conditions in the environments where people live, learn, work, and play; these social conditions impact a wide range of health risks and outcomes.

Racial and ethnic minorities, people living in rural areas, and people with disabilities have a higher risk of poverty-linked factors that are beyond their control. Those living in impoverished communities have reduced access to <u>stable and affordable housing</u>, <u>healthy foods</u>, and safe neighborhoods. Here are just a few ways that plays out:

- Limited access to <u>educational</u> and <u>employment</u> opportunities further perpetuates the cycle of poverty.
- Unmet social needs, environmental factors, and barriers to <u>accessing healthcare</u> contribute to poor health outcomes.
- Food insecurity and exposure to greater instances of <u>crime and violence</u> can negatively impact health by exacerbating stress and influencing health behaviors.

A nationwide problem hits home^{3,4}

An estimated 13% of our state's population is living in poverty, which is on par with the national average.

Arizona's 2021 Poverty Rate by Race

- American Indian and Alaska Native 29.6%
- Hispanic 17.2%
- African American 16.7%
- Two or more races 15.7%
- Asian 10.6%
- Native Hawaiian and other Pacific Islander 9.8%
- White 9.6%

Measure by measure: Greater health equity improves health outcomes

The NCQA continues to evolve quality measurement to help improve health equity, adding race and ethnicity stratification to 13 HEDIS quality measures⁵ for MY 2023. These include five hybrid measures: Colorectal Cancer Screening (COL), Immunizations for Adolescents (IMA), Controlling High Blood Pressure (CBP), Hemoglobin A1c Control for Patients with Diabetes (HBD), and Prenatal and Postpartum Care (PPC).

While there are no required HEDIS measures for MY2023 that address SDOH, the NCQA has also created a <u>Population Health Management Social Determinants of Health resource</u> <u>guide</u> to help providers implement proactive strategies with a goal of improving health outcomes. Health plans can collect and use SDOH data to understand the cultural, linguistic, and social needs of the individuals they serve and identify opportunities to improve access to high-quality, equitable care.

The table below is a quick reference of survey instruments that can be used to assess members for unmet food, housing, and transportation needs.

Survey Instruments	Assessments	Survey Instruments	Assessments
Accountable Health Communities (AHC) Health- Related Social Needs (HRSN) Screening Tool	*Food Insecurity *Housing Instability and Homelessness *Housing Inadequacy *Transportation Insecurity	U.S. Household Food Security Survey	*Food Insecurity
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	*Food Insecurity *Housing Instability and Homelessness *Housing Inadequacy *Transportation Insecurity	U.S. Household Food Security Survey – Six- Item Short Form	*Food Insecurity
Health Leads Screening Panel 1	*Food Insecurity *Housing Instability and Homelessness *Transportation Insecurity	U.S. Adult Food Security Survey	*Food Insecurity
Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)	*Food Insecurity *Housing Instability and Homelessness *Transportation Insecurity	U.S. Child Food Security Survey	*Food Insecurity
WellRx Questionnaire	*Food Insecurity *Housing Instability and Homelessness *Transportation Insecurity	Children's Health Watch Housing Stability Vital Signs 1	*Housing Instability and Homelessness

We Care Survey	*Food Insecurity *Housing Instability and Homelessness	Comprehensive Universal Behavior Screen (CUBS)	*Transportation Insecurity Instruments
<u>Hunger Vital Sign</u>	*Food Insecurity	PROMIS	*Transportation Insecurity Instruments
Safe Environment for Every Kid (SEEK)	*Food Insecurity		

We encourage you to use the tools listed above to help improve quality of life for patients who are impacted by SDOH, which can also improve health outcomes. For more information, please visit Healthy People 2030's <u>Social Determinants of Health</u> webpage.

More than 90% of America's health plans, including Blue Cross[®] Blue Shield[®] of Arizona, use HEDIS to measure performance on important dimensions of care and service. HEDIS helps providers and health plans see where to focus their improvement efforts for higher-quality outcomes.

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Organizations referenced are separate from and not affiliated with BCBSAZ.

¹ Source: <u>Centers for Disease Control and Prevention</u>, "Social Determinants of Health at CDC"

² Source: <u>Healthy People 2030, "Social Determinants of Health"</u>

³ Source: <u>WelfareInfo.org, "Arizona Poverty Rate"</u>

⁴ Source: <u>Making Action Possible for Southern Arizona, "Southern Arizona Communities</u> <u>Poverty Report 2020"</u>

⁵ Source: NCQA, "HEDIS and Performance Measurement"