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Health Equity Updates



The Latest in Health Equity News, Events, and Resources

January 2021

Developed by Qlarant and distributed by the IPRO QIN-QIO, a collaboration of Healthcentric Advisors, Qlarant and IPRO, serving as the Medicare Quality Innovation Network-Quality Improvement Organization for the New England states, NY, NJ, OH, DE, MD, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy.
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HEALTH EQUITY UPDATES



AHRQ 2019 National Healthcare Quality and Disparities Report

The AHRQ [National Healthcare Quality and Disparities Report](#) assesses the performance of the U.S. healthcare system and identifies areas of strengths and weaknesses, as well as disparities, for access to and quality of healthcare. There are six quality priorities: patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. The report is based on more than 250 measures of quality and disparities covering a broad array of healthcare services and settings. Some key highlights from the 2019 report:

- From 2000 through 2016 – 2018, some disparities were getting smaller, but disparities persist and some worsened, especially for poor and uninsured populations in all priority areas;
- Some measures with notable disparities:
 - From 2001 to 2017, Blacks, Hispanics and American Indian/Alaska Natives had higher incident rates of end-stage renal disease due to diabetes compared to Whites;
 - In 2017, Asians with limited English proficiency and a usual source of care (USC) were less likely than Whites to report that their USC had language assistance;
 - In 2017, 83.3% of American Indian/Alaska Natives received influenza vaccination compared to 93.8% of Whites;

[Continued on the next page.....](#)

The latest health equity news, events and resources to support the IPRO QIN-QIO efforts to eliminate health care disparities for Medicare beneficiaries.

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AHRQ 2019 National Healthcare Quality and Disparities Report continued....

- One of the largest disparities for Blacks and Hispanics was HIV infection deaths per 100,000 population in 2017 (6.6 HIV infections deaths per 100,000 for Blacks and 1.7 per 100,000 for Hispanics compared with 0.9 per 100,000 for Whites);
- In 2017, infant mortality per 1,000 live births, birth weight 2,500 grams or more, was twice as high for American Indian/Alaska Natives (3.9 per 1,000 births) compared with Whites (1.8 per 1,000 births);
- One of the largest disparities for Native Hawaiian/Pacific Islanders was adults who received a blood pressure measurement in the last two years and can state whether their blood pressure was normal or high (77.01% for NHPI compared to 92.8% for Whites).

In addition to the 2019 [report](#), AHRQ provides:

- A [national summary](#) across quality measures;
- [State-level](#) summaries and snapshots across measures;
- A [data-query function](#) that allows users to search data across specific measures;
- A section on [opioid measures](#) in the report;
- [Resources](#) to improve quality and address disparities;
- [Data Spotlights](#) focusing on specific measures from the report.

CMS Office of Minority Health Minority Research Grant Program

The CMS Office of Minority Health (OMH) administers the Minority Research Grant Program (MRGP), which supports researchers at minority-serving institutions who are exploring the root cause of issues that lead to health disparities and identifying replicable interventions. Funding is available for research projects that seek to understand disparities and promote health equity for:

- Racial and ethnic minorities
- People with disabilities
- LGBTQ community sexual and gender minorities
- People with limited English proficiency
- Rural populations

CMS OMH is excited to share a new [video](#) about the Minority Research Grant Program (MRGP) that describes:

- Who is eligible to apply
- Program benefits to grantees
- How the program advances health equity research

More information is available on the [MRGP webpage](#) or by [signing up](#) for the Minority Health listserv.

HHS Office of Minority Health Announces New Initiative to Address Hypertension

The HHS Office of Minority Health recently announced a three-year, \$32 million initiative to improve COVID-19-related health outcomes by addressing hypertension among racial and ethnic minorities through a cooperative agreement with the [American Health Association](#). According to the Centers for Disease Control and Prevention (CDC), [hypertension may increase the risk of more severe illness from COVID-19](#). The initiative aligns with the 2020 Surgeon General's [Call to Action to Control Hypertension](#), which states that nearly one in two adults have hypertension but only one in four have it under control.

The initiative will support participating Health Resources and Services Administration (HRSA) funded health centers by providing patient and provider education and training for effective hypertension control. It will integrate blood pressure monitoring technology into hypertension treatment and support the American Heart Association's targeted media campaigns to help reach Black, Latino, and other impacted populations with culturally and linguistically appropriate messages about the condition.

COVID-19 has disproportionately affected racial and ethnic minorities in part due to social determinants of health such as limited or no access to health care, no paid sick leave, dense housing conditions and food insecurity. As a result, these populations are more likely to have underlying conditions, such as hypertension, that lead to more severe COVID-19 outcomes.

The HRSA [Health Center Program](#) provides primary care and preventive services to nearly 30 million people across the U.S., including 63% who are racial and ethnic minorities, making it ideal for this initiative.

New E&M Coding Guidelines Account for Patients' Social Risk

On January 1, 2021, **new evaluation and management (E&M) coding guidelines** for clinical office visits go into effect across the U.S. These guidelines reflect the most significant change in E&M coding since 1997 and represent approximately 40% of all allowed charges under the Medicare Physician Fee Schedule.

One significant change is that the billed “level of service” will be based on the total time spent or the complexity of the clinician’s medical decision-making (MDM) during an office visit. The new guidelines recognize social determinants of health (SDOH) as a factor in determining the level of MDM: “Diagnosis or treatment significantly limited by social determinants of health” is an example of “Moderate risk of morbidity from additional diagnostic testing or treatment.” Because social determinants of health can have a significant impact on a patient’s overall health, healthcare providers are increasingly acknowledging the importance of addressing them. The new coding guidelines are noteworthy in that they encourage providers to focus on the role of patients’ non-medical needs as a part of the clinical visit.

A HealthAffairs [blog](#) discusses how the new guidelines change the billed level of service for a patient with diabetes living in poverty, as an example. The complexity of adjusting insulin doses based on the availability of proper nutrition, transportation and funds for medications can now be considered in medical coding. Additionally, proper ICD-10-CM coding of external factors – or Z codes – is important for meeting CMS Merit-Based Incentive Payment Program (MIPS) reporting requirements.

The new coding guidelines may encourage healthcare organizations and providers to more systematically collect SDOH data, leading to improvements in health equity and outcomes by providing a clearer picture of their patients’ needs. Documentation of non-medical needs will also give CMS and commercial payers a more comprehensive view of socioeconomic adversity, which, in turn, could lead to more investment in resources to eliminate these disparities.

Click [HERE](#) to view the new coding guidelines and grid.

Social Isolation - Meeting the Social Needs of Adults in Rural Areas

An [article](#) in JAMA Health Forum by Carrie Henning Smith, PhD, MPH, MSW, discusses the health and mortality risk of social isolation for older adults, and the importance of preventing and mitigating the issue. Social isolation, defined as a lack of social contact and loneliness, and a sense of being alone, affects more than 60% of U.S. adults according to a [report](#) by Cigna Health.

Older adults are at high risk for social isolation due to a variety factors including retirement, losses of spouses, partners and other loved ones, and changing health and functional status. This group is most likely to live alone, especially older women who outlive men an average of **4.9 years** in the U.S. Living in rural areas presents additional barriers to connection such as transportation issues, built environments that are not walkable or conducive to social interaction, more limited economic resources, less access to Internet and cellular connectivity and less access to health care. Older adults living in rural areas report larger social networks than older adults living in urban areas, but report higher levels of loneliness. Notably, rural residents have higher rates of suicide with more limited access to mental and behavioral health services.

The author notes a variety of ways to address social isolation and loneliness:

- Judicious screening in clinical settings;
- Well-coordinated referrals to programs that connect individuals;
- Meeting other needs such as food insecurity;
- Collaboration between healthcare providers and community partners, including those in service roles;
- Upstream interventions to address structural determinants of social contact.

The article highlights examples of successful models across rural communities in the U.S.

Click [HERE](#) to access the full article.

Flu Disparities Among Racial & Ethnic Minority Groups

The Centers for Disease Control and Prevention (CDC) recently released a [new analysis](#) of flu hospitalization data that indicates that racial and ethnic minorities are at higher risk for being hospitalized with the flu. The CDC analyzed flu hospitalization rates by race and ethnicity for 10 flu seasons from 2009-2010 through 2018-2019, which showed that:

- Non-Hispanic Blacks had the highest flu-related hospitalization rates (68 per 100,000)
- Non-Hispanic American Indians or Alaska Natives had the second highest flu-related hospitalization rates (48 per 100,000)
- Hispanics or Latinos had the third highest flu-related hospitalization rates (44 per 100,000)
- Non-Hispanic Whites had lower flu-related hospitalization rates compared to these three groups (38 per 100,000)
- Non-Hispanic Asians had the lowest flu-related hospitalization rates (32 per 100,000)
- People living in high poverty areas were at higher risk for severe outcomes from the flu suggesting socioeconomic status may contribute to flu-related hospitalization rates

A separate CDC [report](#) summarizing flu vaccine uptake for the 2019-2020 season confirmed disparities in vaccination coverage, particularly among adults. While the overall coverage estimate among adults age 18 and older was 48%, flu vaccination coverage was:

- 38% among Hispanics and Latinos
- 41% among Non-Hispanic Blacks
- 42% among American Indians or Alaska Natives
- 52% among Asians
- 53% among non-Hispanic Whites

The CDC is working to increase flu vaccination rates with the [GetMyFluShot](#) campaign, and conducting research and collecting data on flu disparities to better understand how racial and ethnic minorities are affected by the flu.

New CMS Organ Donation Rule May Improve Health Equity

On November 20, 2020, the Centers for Medicare & Medicaid Services (CMS) finalized a [rule](#) designed to increase the availability of lifesaving organs for transplant by requiring organizations responsible for organ procurement – Organ Procurement Organizations (OPOs) – to meet minimum quality measure thresholds and compete on their ability to successfully facilitate transplants. The rule establishes new measures to hold OPOs accountable for seeking and ensuring transplant of as many organs as possible, thus increasing the number of organs available for transplant. According to a new [report](#) funded by Arnold Ventures and Schmidt Futures, approximately 28,000 organs go untransplanted each year. In the U.S., about 110,000 people are on a waitlist to receive an organ transplant, but have only a 50% chance of receiving the needed organ within five years of being placed on the list. The HHS [Organ Procurement and Transplantation Network](#) data show that the vast majority of people on the transplant waitlist are suffering from kidney disease.

The National Kidney Foundation [reports](#) that racial and ethnic minorities are at increased risk for kidney disease, in part due to higher rates of chronic conditions such as hypertension, diabetes and obesity. In the U.S., Blacks are almost 4 times more likely, and Hispanics and Latinos are 1.3 times more likely to have kidney failure compared to Whites. People of color, especially Blacks, are [less likely to make it on the organ transplant waitlist](#) and less likely to find a match.

According to an HealthAffairs [blog post](#), the reasons for these disparities are attributable to a number of factors; however, “massive inequity” in the organ donation process stands out as a major impediment for Blacks. They are less likely to be referred to OPOs by hospital staff when a family member dies and is clinically qualified for organ donation. Even when the death is referred to an OPO, the families of White patients are twice as likely to be approached for donation than families of Black patients. This means fewer same-ethnicity donors with organs that are more likely to be clinical matches for Black recipients waiting for a transplant.

The new CMS OPO rule will hold OPOs more accountable, through transparency and competition, increase availability of organs and ensure a more equitable process for organ donation and transplantation for people of color.

More on Health Equity....

COVID-19			
November 30, 2020	COVID-19: Urgent Actions Needed to Better Ensure an Effective Federal Response	Government Accountability Office	This report examines the federal government's response to the COVID-19 pandemic. It provides an overview of federal actions on healthcare and economic policy areas, including Medicare telehealth waivers and funding to enhance broadband access in rural communities. It offers 11 recommendations to federal agencies and one matter for congressional consideration to ensure an effective governmental response to COVID-19.
December 3, 2020	Race, Treatment Bias & COVID-19 Infographic	NIHCM Foundation	This infographic explores the history of racial bias and discrimination in health care and during the pandemic, outlines short-term strategies to narrow disparities from COVID-19 and respond to vaccine hesitancy, and highlights long-term strategies to address systemic racism and improve health outcomes.
December 28, 2020	COVID-19 Training for Healthcare Professionals	Centers for Disease Control and Prevention (CDC)	The CDC offers COVID-19 trainings on infection control, self-care, personal protective equipment, as well as trainings on COVID-19 vaccine Emergency Use Authorization (EUA), vaccine storage, handing, and administration.
HOMELESSNESS			
December 2020	Preventing and Ending Homelessness: Community Development's Role	Build Healthy Places Network & NeighborWorks	This factsheet explores what works for community development and health collaborations to address a key social determinant of health: homelessness. This is the third in a series of factsheets that aims to show what makes community development a great partner in health. All three factsheets in the series are available HERE .
LATINX IMMIGRANT FAMILIES - FOOD INSECURITY			
December 2020	Food Over Fear: Overcoming Barriers to Connect Latinx Immigrant Families to Federal Nutrition and Food Programs	National Immigration Law Center	This report sheds light on why many immigrant families are forgoing vital assistance from federal nutrition and food programs and offers recommendations aimed at ensuring that all families and individuals, regardless of immigration status, are nourished and healthy. While the findings of this report are informed by a series of focus groups conducted from November 2019 – January 2020 (prior to the onset of COVID-19), the need to connect immigrant families to nutrition programs is arguably of even greater importance now given how COVID-19 is disproportionately impacting vulnerable populations.
SOCIAL DETERMINANTS OF HEALTH			
December 15, 2020	Social Determinants of Health Congressional Briefing	Trust for America's Health & Aligning for Health	This virtual briefing featured current Congressional staffers who highlighted opportunities in the 117 th Congress to support effective and innovative approaches to social determinants of health (SDOHs). SDOHs are receiving increased attention from insurance companies, hospitals, healthcare systems, and governmental agencies interested in health outcomes and controlling costs. Some recent SDOH legislation: the Social Determinants Accelerator Act of 2019 (H.R. 4004/ S. 2986) and the Improving Social Determinants of Health Act of 2020 (H.R. 6561/S. 4440).
November, 2020	Providing Non-Medical Supplemental Benefits in Medicare Advantage	Long-Term Quality Alliance & ATI Advisory	Non-medical supplemental benefits are a significant turning point in Medicare policy, but understanding their potential will require more coordination and collaboration among Medicare Advantage (MA) plans, providers, policymakers, and consumers. This paper lays out five practical steps in a roadmap for plans and providers to consider in implementing these benefit offerings based on early lessons from plans and providers that have already implemented them. The paper also details the context around supplemental benefits in MA and provides examples from plans that offer these new benefits.

Health Equity Webinar Materials

Brookings Institute

[Post-Election Town Hall: Possible Policy Impacts on Social Determinants of Health](#)

The Brookings Institute speaks with three veteran experts to assess how the results of the 2020 presidential election might impact efforts to advance social determinants of health approaches to health care.

- [Video](#)

Centers for Disease Control and Prevention (CDC)

[The Impact of Telehealth on Health Equity from the Perspective of Large Healthcare Systems during the COVID-19 Pandemic](#)

Presenters from Kaiser Permanente and the Veteran's Health Administration discussed how telehealth has affected health equity in their patient populations before and during the COVID-19 pandemic. Presenters shared strategies to expand access that can reduce disparities and improve culturally responsive care to help achieve health equity within each organization.

- [Video](#)
- [Slides](#)
- [Transcript](#)

Centers for Medicare & Medicaid Services (CMS)

[End Stage Renal Disease \(ESRD\) Treatment Choices Introductory Webinar](#)

CMS has released the final rule for the End-Stage Renal Disease (ESRD) Treatment Choices (ETC) Model to encourage greater use of home dialysis and kidney transplants for Medicare beneficiaries with ESRD. The model begins on January 1, 2021. In order to help ETC Model Participants prepare for the ETC Model, CMS hosted an introductory webinar that provided an overview of the model.

- [Video](#)
- [Slides](#)
- [Transcript](#)

Institute for Health Policy Forum

[Building Racial Equity Into the Drug Development Systems](#)

This webinar is the first of a two-part virtual forum examining racial equity in the drug development system, from research all the way through to access. The conversation specifically explored racial inequities in drug investment and research, and identified new directions for the future.

- [Video and Speaker Bios](#)

National Academies of Sciences, Engineering, and Medicine

[Mental Health and Substance Use Disorders in the Era of COVID-19: With a Special Focus on the Impact of the Pandemic on Communities of Color](#)

The National Academies of Sciences, Engineering, and Medicine hosted a three-part virtual public workshop that examined the intersection of mental health and substance use disorders, the impact of the COVID-19 pandemic on communities of color, and structural racism.

- [Part One – Video, Meeting Materials](#)
- [Part Two – Video, Meeting Materials](#)
- [Part Three – Video, Meeting Materials](#)

National Association of Community Health Centers

[Aligning Social Needs Data and Social Interventions Coding for Health Equity](#)

This webinar explored how community health centers and their cross-sector partners are increasingly recognizing the need to align social needs and services data collection to better coordinate patient care and comprehensively address the root causes of health inequities that have been exacerbated by COVID-19.

- [Video](#)
- [Slides](#)

Upcoming Events

Making Social Media Accessible for People with Disabilities

Skilled users of social media with accessibility expertise will discuss the impact of social media to reach a variety of audiences within the disability community.

Date: January 20, 2021

Time: 2:00 PM – 3:00 PM EST

REGISTER HERE

The Rise Summit on Social Determinants of Health

The Rise Summit is a place for cross-sectional thought leaders to discuss actionable, tactical, and scalable solutions to SDOH challenges and achieve better outcomes for the most vulnerable populations.

Dates: March 28 – 30, 2021

Place: Nashville, TN

Click HERE for more information

COVID-19 Virtual Briefing: Building Vaccine Confidence

The National Hispanic Medical Association (NHMA) is hosting this webinar to discuss ways to increase vaccine confidence in the Hispanic community.

Date: January 27, 2021

Time: 7:00 PM EST

REGISTER HERE

2021 LGBT Health Workforce Conference®

This conference provides an overview of up-to-date practices in preparing the health care workforce to address the health concerns and disparities of lesbian, gay, bisexual, and transgender (LGBT) communities.

Dates: April 22 - 24

Location: New York, NY

Click HERE for registration information

Call for Papers

Disability and Health Journal

Special Supplement Issue: Disability and Substance Use Disorders

Little is known about substance use disorders (SUD) among people with disabilities, even though they are at greater risk for substance misuse and addiction. The Disability and Health Journal is inviting submissions of original research papers for this special issue to address these gaps in research.

Submission Deadline: February 15, 2021

Click HERE for more information

Monthly Observances

January, 2021

National Glaucoma Awareness Month

Cervical Health Awareness Month

Blood Donor Month

February, 2021

American Heart Month

Low Vision Awareness Month

World Cancer Day – February 4

National Wear Red Day – February 5

National Black HIV/AIDS Awareness Day – February 7

National Donor Day – February 14

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