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Spotlight on MCO Health Equity Efforts: Gateway Health

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The NORC Medicaid Managed Care Organization (MCO) Learning Hub shares timely and relevant resources to support Medicaid MCOs and other stakeholders in improving their members' health and increasing health equity and health care transformation advancements. We encourage you to share your experiences and feedback on future Medicaid MCO Learning Hub work so we can better serve your needs. To start the conversation or join our distribution list, please email us at MCOLearningHub@norc.org.

The Medicaid MCO Learning Hub "Spotlight Series" highlights key initiatives addressing health equity driven by, or in partnership with, MCOs to inform the Robert Wood Johnson Foundation (RWJF) and its grantees. In addition, the series provides MCOs, community-based organizations, states, and other key stakeholders with examples of successful models of organizations working together to advance health equity.

This "Spotlight" focuses on an MCO's efforts to integrate health equity into their organization and health systems more intentionally. Forthcoming Spotlight Series briefs will center on other existing initiatives and partnerships around health equity.

The World Health Organization (WHO) defines health equity as, *"the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically."*[1] Achieving health equity is closely related to eliminating health disparities that often affect excluded or marginalized groups, including people of color and people with low incomes, among other groups. The health care crisis due to the COVID-19 pandemic paired with the country's reckoning with racial injustices during 2020 have spotlighted existing and widening health disparities and health inequities, leading to growing calls and action to address these health inequities and social determinants of health (SDOH).

NORC's Medicaid MCO Learning Hub spoke with members of **Gateway Health's executive leadership team** to discuss their efforts to move toward health equity

[1] World Health Organization, https://www.who.int/health-topics/social-determinants-of-health#tab=tab_3

and mitigate systemic racism within their organization and related health systems.* Gateway Health, founded in 1992, is headquartered in Pittsburgh, Pennsylvania and serves nearly 350,000 members across the state between two lines of business: 1) traditional Medicaid and those enrolled in Medicaid through expansion eligibility (around 305,000); and 2) Medicare Advantage and dual-eligible special needs (D-SNP) members (around 45,000).

Defining Health Equity

Q: How do you define health equity?

At Gateway Health, we approach health equity through our mission and vision: we believe in caring for the whole person in all communities where the need is greatest and we see a future in which everyone has equal opportunity to achieve their best health. Gateway Health has been a leading Medicaid and Medicare insurer since 1992 and our focus has always been on the total health of our members. Many of our communities include members of vulnerable populations. Many of them face stigma and barriers to health care. These community members are disproportionately people of color, and this is due to long-standing institutional and social prejudices that have kept people of color from adequate health care.

What is truly unique about Gateway Health is that we wade into the issues, frustrations, and anxieties troubling our members and the communities we serve. We understand that a person's social circumstances such as food, housing insecurity, economic instability, and stress can deeply affect their physical and mental health, preventing them from becoming the healthiest they can be. We examine SDOH as that is really the only way to achieve equity. By addressing SDOH, we are able to achieve a greater impact on longevity and life expectancy.

Health Equity Goals and Objectives

Q: Do you have specific health equity goals or objectives and, if so, how do you determine what those are?

We are facing major healthy equity issues in Pennsylvania that must be addressed by health care providers and payers. At-risk populations are experiencing a disproportionate impact as a result of COVID-19. A vicious cycle of poverty, unemployment, and lack of access to educational and career opportunities creates a bleak scenario for the overall health of vulnerable populations.

In Pennsylvania, Black women are three times more likely to die at childbirth than white women. The poverty rate of Black Pennsylvanians compared to white individuals is two-and-a-half times higher, and more than 50 percent of children enrolled in low-income childcare programs are Black.

Right now, our goal is to do everything we can to ensure we are investing in more resources to help mitigate the impact of what is happening to communities of color and other vulnerable populations.

To address issues related to racial inequity and systemic injustice, we start with the collection of data, then we assess the pattern of recognition, and formulate a hypothesis to make predictions based on observation. We examine these outcomes by racial and ethnic groups.

We have also pulled together data scientists to examine internal claims-generated and other data to identify patterns, trends, measurement strategies, and assess outcomes. We know this is important due to the disparities in life expectancy, which, as recently as 2017, is so different between racial and ethnic groups.

> **"Understanding these disparities leads us back to our mission statement, which is caring for the whole person in all communities where the need is greatest and ensuring that we're addressing SDOH and achieving better health outcomes for our members."**

Q: How do you use the data to identify disparity areas, such as low birth weight, and then design an initiative to reduce the disparity? Who do you partner with in communities to address this disparity?

We have recently launched a new organizational structure within our operations team to ensure we are increasing collaboration and better optimizing our resources. Through our Data & Analytics Center of Excellence (COE), we use data to constantly monitor, evaluate, and track health inequities. This data is structured, and used to complement our clinical risk models to prioritize our members based on their actual clinical conditions and on any socioeconomic barriers they may experience. We use the Healthcare Effectiveness Data and Information Set (HEDIS) and Stars quality measures to compare performance based on different segmentations of the population.

The COE is continuously evaluating programs and studies to implement new solutions. Within those studies, we look for differences that identify health inequities. For example, we receive data through the statewide Obstetrical Needs Assessment Form (ONAF). This form is the initial notification of a member's pregnancy. It allows for the screening of potential risks that could impact a pregnancy, such as low-birth weight. If a potential risk is identified, we immediately work with the appropriate department or partner to implement a program and address the issue.

We have noticed that C-section rates came down in 2020, when compared with 2019, and this may represent one of the biggest drops we have seen. In addition, quality outcomes did not deteriorate at all. We are studying the factors that contributed to this drop to determine how we can maintain this trend in culturally appropriate ways.

By forming the COE under one entity, we have strengthened our data-driven decision making on strategic initiatives. We are conducting more data-driven research than ever before and creating high-value analytic solutions.

We have also done a lot of work at Gateway Health, where we function as administrators to establish trust within the health care system, especially with providers who are under the most stress. This includes reducing administrative bureaucracy and managing the money as a good financial steward.

To successfully change behavior, we need to build a partnership along the whole health care ecosystem, and these partners need to trust that your analysis and data are correct. Gaining provider trust and buy-in on the approach and intervention is key, and each health system needs to be a willing part of the plan.

Q: How do you put those initiatives in place? Does a doctor come to you with an idea? Or do you identify programs or approaches that are needed within the provider network, or neighborhoods, and put them in place?

The initiatives can be driven by a provider and health system or by Gateway Health. It really depends on the provider or health systems' capabilities. For example, we work with various health networks that use our cost and utilization data. We have a lot of shared committees examining health outcomes for our members.

Q: Do you have Value-Based Payment (VBP) contracts that are based on measures related to racial and ethnic disparities?

We are accelerating the adoption of new and enhanced VBP models that use health disparities measures, and we are seeing a lot of collaboration and cooperation on this topic among our partners. We are thinking through the incentives and measures – we want to see similar health care outcomes across all racial and ethnic groups.

We recently announced our first large capitated contract with EMPOWER360, where we pay a flat monthly per member, per month (PMPM) rate. For this particular practice, Dr. Zane Gates, founder and Chief Medical Officer of EMPOWER360, is focused on providing solutions that address inequities. Through this partnership, our Medicaid members have access to more resources in a large primary care practice including a nutritionist, social worker, dietician, pharmacist, and behavioral health provider. The practice also offers telemedicine visits to reach patients who may benefit from this type of service. This service model aligns nicely with our mission, and offers a suite of services not typical in many neighborhoods. We are happy we could support this value-based model of care delivery.

Q: Do you work primarily through health systems to partner with community-based organizations (CBOs) or do you also work directly with CBOs when implementing health equity-related initiatives?

We partner with many CBOs across the state to proactively connect our members to the resources they need to achieve a higher standard of living and to set them up for long-term success.

The Pennsylvania Department of Human Services established SDOH and VBP goals for MCOs in the state. By March 1, 2021, 25 percent of VBP arrangements for medium- or high-risk members will require partnerships with CBOs. By June 1, 2021, 50 percent of VBP arrangements need to incorporate one CBO and one SDOH domain. This progression of CBO partnerships and addressing member SDOH needs picks up in September 2021 and beyond. We are seeing terrific leadership from the state and we will certainly reach these milestones at Gateway Health.

Q: Has Gateway Health also implemented internal efforts to address health equity?

Cain Hayes, president and CEO of Gateway Health, recently introduced one of the region's most comprehensive Diversity and Inclusion plans that focuses on addressing racial inequities through setting specific leadership diversity and inclusion goals, mandating unconscious bias training, and seeking out diverse partners and vendors, among other strategies.

> **"At Gateway Health, diversity is a part of our whole, and inclusion is integral to the way we do business and to achieving our mission."**

Gateway Health's Executive Leadership Team is comprised of 70 percent women and people of color. It is extremely important that our associates feel empowered every day. Our associates put their whole selves into caring for other people. This is not because it is our job to care, but because many of us come from the same neighborhoods, backgrounds, and struggles as our members.

Gateway Health was recently awarded the Multicultural Health Care Distinction by the National Committee for Quality Assurance (NCQA). NCQA awards distinction to organizations that meet or exceed its rigorous requirements for multicultural health care.

COVID-19 Vaccination and Health Equity

Q: Are you tracking which members are receiving the COVID-19 vaccination and whether there are equity issues to overcome with who is receiving the vaccine?

We have developed an interactive vaccine dashboard and are examining all of our eligible members, especially when it comes to ensuring our high-risk members receive the vaccine. Only five percent of our member population has been vaccinated (as of March 2021), although after the next phase, we expect to see an increase in the percentage of our members who have received the vaccine. We are also working closely with our hospital systems on this topic.

We also understand that, according to survey results from the Kaiser Family Foundation in December 2020, around 35 percent of Black individuals say they definitely or probably would not get vaccinated. With this in mind, we have recently launched a pilot program that has shown improved outcomes in early studies among the most vulnerable populations.

This pilot program focuses on addressing members' clinical and non-clinical needs. Early program data showed that COVID-19 infection rates dropped dramatically when Gateway Health successfully addressed a member's social barriers to health – particularly among older and Black populations. We have developed a fully-integrated communications campaign to reach our members through a variety of channels and touch points. We are calling members and asking, "Do you need help with any SDOH-related needs? Also, let me tell you about COVID-19, social distancing, the vaccine, etc." We have found that targeted member outreach is extremely effective in lowering the percentage of our Black members who were dying due to COVID-19, compared to the Pennsylvania state average. Between March and November 2020, we saw a 53 percent decline in deaths due to COVID-19 during a period in which deaths across the country were increasing at an alarming rate and there was a disproportionately higher rate of deaths among Black, compared with white, individuals. Results also show that when provided with COVID-19 education and SDOH intervention, infection rates for Black Medicaid members were 45 percent lower and 75 percent lower, respectively, for Black Medicare members when compared to members who did not receive this type of support.

> **"We've also thought: why don't we work together with other health plans as a collaborative where, combined, we have an army of about 100,000 case managers nationally. If our case managers made 15-20 calls daily – half to those with COVID-19 and half to other high-risk members – we could be reaching 30-50 million members nationally."**

The amount of information regarding COVID-19, in terms of volume and needing to understand how new information should be changing our behavior, is staggering. The different terminology and different data about infections and vaccines can be challenging to track. If all health plans send the same message and same terminology about COVID-19 to all members, then the message would be amplified and would be much more effective.

> **"About a month ago the last member of my family who was a part of the Greatest Generation passed away. Thinking about their lives, the Greatest Generation had their own challenges and moments where they joined together to take on the daunting crises of their day; this is our time to do something good and we need to address the COVID-19 pandemic as a united team. It is a race to save lives and we need to join forces." - Dr. Glenn Pomerantz**

Challenges and Next Steps

Q: When you think about promoting health equity for your members, what are the biggest challenges?

First and foremost – the COVID-19 environment we are currently operating in is challenging. The biggest impact that we have experienced involves how we connect with our members. The pandemic has forced most, if not all, of our interactions with members to be telephonic and that can be challenging at times. We certainly want to have more tools in the queue to engage our members. We have recently opened the Gateway Health Connection Centers in two of our largest markets, Pittsburgh and Harrisburg. The Gateway Health Connection Centers offer access to in-person guidance and programs that support whole life health. Through our Connection Centers, we are providing one-on-one care management and care coordination, member service support, health and wellness events, workshops, and much more.

Another challenge is the fragmentation of the delivery system and collaborating and partnering across the health system to effectively meet our members' needs. All health care is local, everyone is equal, and everyone counts. We need to be able to connect all of the health system resources, in a cohesive and intentional manner, in order to make a dramatic impact.

Q: When you think about the next several years what are the priorities for health equity initiatives?

The 10 clearly defined goals of Gateway Health's new playbook to address racial inequities looks both inside and outside of the organization to examine our health equity activities. We are committed to doing more to drive real change and these goals will guide us on our journey to become a more diverse and inclusive company.

We will continue to focus on delivering Gateway Health's mission and vision by building meaningful and lasting relationships with our members and provide them with the support, information, tools, resources, and guidance they need to thrive.

To accelerate long-term change, we will continue to enhance and strengthen our innovative programs and plan benefits to break down barriers and achieve better health outcomes in our communities.

We plan to continue to partner with our providers to enter into smarter value-based care contracts, which are key components that will help us eliminate health inequities within relatively short periods of time.

Conclusion

Based on our conversation with Gateway Health, there are various considerations for MCOs and other key stakeholders seeking to advance health equity efforts:

- **Collect and leverage race, ethnicity, and SDOH data** to identify patterns and disparities, develop measurement strategies, build interventions to address these identified needs, and assess outcomes
- **Adopt VBP models that use health disparities measures,** and establish incentives and measures that promote similar health care outcomes across all racial and ethnic groups
- **Partner with CBOs to provide SDOH services.** State leadership (e.g., requirements for SDOH partnerships with CBOs within VBP arrangements) can provide incentives for plans to engage in partnerships
- **Set and measure internal equity goals** related to the diversity of leadership within the plan, percentage of vendor contracts with minority-owned businesses, and unconscious bias training
- **Work with partners and other health plans to reduce fragmentation in the health care system,** and build collaborative solutions to address COVID-19 vaccine disparities and other health inequities

*Interview has been edited for length and clarity.

ABOUT NORC MEDICAID MCO LEARNING HUB

The key goal of the NORC Medicaid MCO Learning Hub is to serve as a source of information, expertise, and best practices to support managed care organizations in moving forward with system reform. NORC and its partner organizations identify, develop, and disseminate promising approaches and emerging opportunities for MCOs to improve the physical health, behavioral health, and social needs of their members.

Your ideas and opinions are important to us. We welcome your feedback on future Medicaid MCO Learning Hub work or programs you are working on to better serve your needs.

We want to hear from you. Please contact us at MCOLearningHub@norc.org to start the conversation or join our distribution list.

www.norc.org/Research/Projects/Pages/medicaid-managed-care-organization-learning-hub.aspx

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