

The movement toward health equity

Although the health care industry has long been aware of systemic inequities, real progress on eliminating them has been slow. There are still enormous health disparities linked to factors such as race, income, ethnicity, and location.¹

In the past several years, a more urgent conversation about equity has been brought to the national stage by the Black Lives Matter movement and the COVID-19 pandemic's disproportionate effects on low-income populations and people of color.¹ This focus creates a unique opportunity for change as more health care stakeholders agree the status quo isn't working.

With the US projected to become a majority-minority country by 2045, now is the time for health plans to change their approach.² By customizing the way they engage with members from different demographics and backgrounds, plans can better understand the whole person and thus deliver better member outcomes.

“A woman may not prioritize a breast cancer screening if she's concerned about losing her apartment. If the health plan identifies her need, it can connect her with a local housing solution, which will in turn, increase her ability to focus on her health,” says Abner Mason, founder and CEO of SameSky Health.

In response to increasing calls for action, some organizations have ramped up their efforts on health equity. The National Committee for Quality Assurance's (NCQA) Healthcare Effectiveness Data and Information Set now weighs how plans address racial and ethnic disparities in care and outcomes.³ The organization has added race and ethnicity stratification for five HEDIS measures in measurement year 2022. In addition, the NCQA's Health Equity Accreditation program provides a framework to help health organizations flag and address care gaps.⁴

Meanwhile, the Centers for Medicare & Medicaid Services (CMS) recently announced their plans to advance health equity, stating, “Health equity will be embedded within the DNA of CMS and serve as the lens through which we view all of our work.”⁵ As part of the plan, CMS Centers and Offices are charged with building health equity into their core work by closing gaps in healthcare access, promoting culturally and linguistically appropriate services, and expanding and standardizing the collection and use of data, among other actions.

CMS has also included “advancing health equity” as one of five strategic objectives for achieving the CMS Innovation Center's 2030 vision — “a health care system that achieves equitable outcomes through high quality, affordable, person-centered care.”⁶ And, in its 2023 Medicare Advantage and Part D Advance Notice, the agency sought comments on a health equity index that it plans to incorporate into Part D and Medicare Advantage Star Ratings.⁷

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SameSky Health



Barriers to health equity

Despite these steps forward, several barriers to health equity remain. These include:



Lack of data.

Many health plans lack the resources to collect data on race, ethnicity, language, social determinants of health, sexual orientation, and gender identity. The NCQA has programs to support data collection and analysis, and regulators are starting to create requirements for health plans to collect this data, but health plans need better strategies to do so.



Lack of financial incentives.

A lack of financial incentives for health equity improvements is a significant barrier to greater progress. To address this, the US should provide government-funded health plans with a certain amount per member, per month to be spent on community-based organizations.



Legal barriers.

An important part of health equity is being able to communicate with members in the most convenient and accessible channel for them. For most Americans, this means text messaging. Ninety-seven percent of Americans have cellphones and almost 85% have smartphones. Furthermore, most US customers prefer to use texting to communicate with businesses.^{8,9} However, in many states there are legislative and/or regulatory barriers that prevent plans from texting their members.



Disconnected journeys.

Many health plans are at different stages of the journey toward health equity, which can make it more difficult to collaborate or find relevant resources. The NCQA's Health Equity Accreditation program includes a framework to assist health plans in their health equity efforts.⁴ Working with a partner can also help plans advance health equity at any stage of the journey.

Benefits for health plans and members

Overcoming these barriers will bring a variety of benefits for health plans as well as their members. In the US, health disparities are responsible for about \$93 billion in excess medical costs per year, \$42 billion in lost productivity per year, and additional losses from premature deaths.^{1,4}

People of color have a disproportionately higher incidence of chronic disease, which often requires costly treatments.⁴ For example, 21.5% of Hispanic people ages 20 and older have diabetes, compared with 13% of white people.

These costs can be mitigated by greater advancements toward health equity, as more members make and keep health care appointments and engage with plan services. No-show rates and gaps in care can decrease by as much as 30% with the use of culturally relevant engagement efforts.¹⁰ Borrego Health, a large Federally Qualified Health Center (FQHC) in Southern California, was able to decrease their patient no-show rate from 79% to 26% with

better engagement efforts, Mason says. A Medicaid health plan on the east coast was able to increase its retention rate from 70% to 90% due to better engagement and help connecting members with primary care providers.

Collection of race, ethnicity, and language data to build a baseline can also help health plans flag previously unseen inequities and address problems they may not have been aware of.



SameSky Health helped a health plan on the West Coast improve COVID-19 vaccination rates in the Latino community. Within the group, the odds of getting vaccinated were 18.4 times higher for those who received outreach versus those who did not. Odds were 20.8 times higher for those who received text messages only versus no outreach, and 12.2 times higher for those who received phone calls only versus no outreach.

First steps and best practices

“For health plans that aim to improve health equity for their members, the first step is collecting better member data on race, ethnicity, language, culture, SDOH, sexual orientation, and gender identity,” Mason says. This information can be collected through a combination of public, private, claims, and self-reported data. Health plans can then create metrics to compare across groups, discover where disparities exist, and work to address them.

Once health plans have a better idea of who their members are, they should create personalized outreach methods that prioritize how and where members want to engage. To facilitate engagement via the most convenient channels, it’s critical that the health care industry overcomes regulatory barriers to texting.

During the public health emergency, some health plans began to use texting to reach more members and boost vaccination rates. Several continue to test it and are developing a case to present to regulators and legislators. Health plans taking these steps for the first time or those that are improving their ongoing health equity efforts may benefit from working with a partner. For example, SameSky Health gets to know each health plan’s members by building dynamic profiles using member data and other sources.

These profiles go beyond standard data to incorporate SDOH, health indicators, demographics, and cultural views on health care. This data informs personalized member journeys that leverage behavioral economics, engagement best practices, and cultural knowledge to guide members in a way that truly connects with them, building trusted relationships to help them navigate disparate life experiences within a complex health care system. As SameSky Health gets to know members, they can further personalize a member’s experience, adding pathways focused on health-related topics such as women’s health, children’s health, diabetes and kidney disease, senior health, and more.

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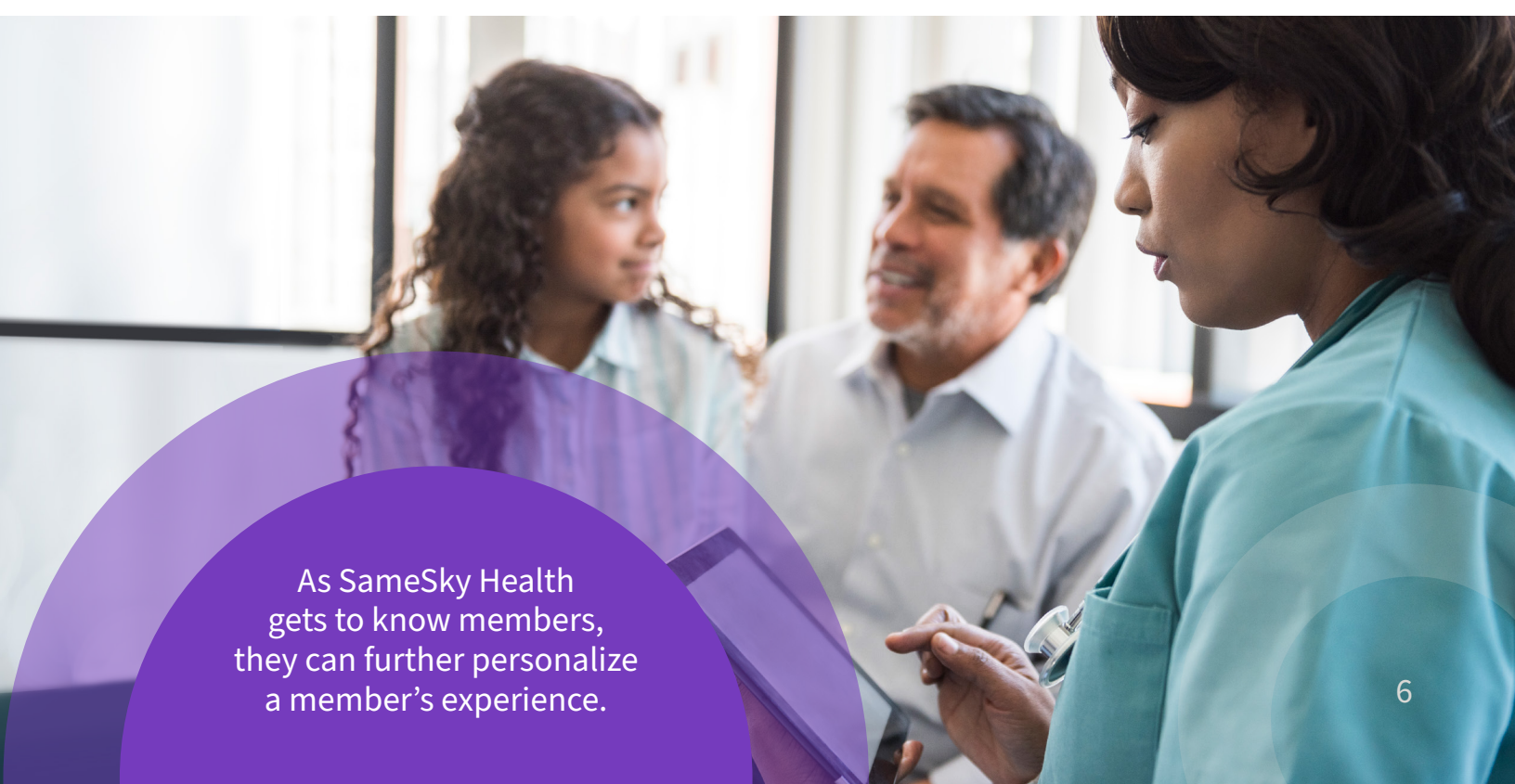


Blue Shield of California Promise Health Plan partnered with SameSky Health for well-child visit outreach to its Medi-Cal members.¹¹ Parents were educated about the importance of these visits, which resulted in nearly 1,400 well-child visits and closed an estimated 40% of care gaps. Two-way messaging allowed members to notify the health plan when the child was seen by their provider.

Seizing the moment to advance equity

As the nation devotes greater attention to gaps and disparities in all aspects of life, health plans have a unique opportunity to advance health equity and to advocate for financial incentives to support long-overdue changes to the industry.

By collecting and analyzing relevant data and using it to create personalized, culturally competent engagement experiences, health plans will ensure high-quality care and the best possible outcomes for all members.



As SameSky Health gets to know members, they can further personalize a member's experience.

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About SameSky Health

SameSky Health is a cultural experience company that removes barriers to care and forms meaningful relationships to bring people to health. We guide health plan members on their annual wellness journeys by building trusted relationships that encourage dignity, autonomy and companionship as they navigate disparate life experiences within a complex healthcare system.

Launched in 2017, SameSky Health engages 2.3 million+ members across 15 states, in 25+ different languages. The company's cultural expertise and technology-based solutions enable health plans to grow member engagement, improve quality measures and increase overall health outcomes. SameSky Health is based in North Hollywood, CA.



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