

## OUTLINE of WORKING GROUP PAPER – Health Care Equity in Health Reform

### A. Introduction

#### *I. Background*

- *Creating a High Value Health Care System*
- *Equity as a Domain of Health Care Quality*
- *Making the Case for Incorporating Equity in a High Value Health Care System*

### B. Development of Working Group Paper

### C. Recommendations

#### *I. Data as a key to monitoring and evaluating reform models*

- *Acquiring standard, sufficient data on race/ethnicity/language and socio-economic position*
- *Use of indirect estimation as an interim strategy to acquiring self-reported data*
- *Acquiring sufficient sample sizes to measure and monitor disparities*
- *Developing incentives for EHR adoption and system integration*

#### *II. Addressing health care equity in performance measurement*

- *Utilize ‘disparities-sensitive’ and ‘patient-centered’ measures to assess performance and monitor disparities*

#### *III. Payment Reforms*

- *Develop payment reforms that incentivize providers who disproportionately treat vulnerable communities*
- *Consider Participation, Reporting, and Improvement in Pay-for-Performance Mechanisms*

### D. Enhancing Community and Consumer Engagement

#### *I. Include minority communities as ‘key stakeholders’*

#### *II. Public reporting health information*

### E. Next Steps stakeholders can take:

- i. Public sector payers & regulators
- ii. Private payers
- iii. Providers
- iv. Communities and community collaboratives

### F. Conclusion

## APPENDIX

### Call Out Boxes:

#### *Call Out Box A*

Indirect Estimation – The WellPoint Example

#### *Call Out Box B*

Local Realities: Community Strategies for Data Collection and Use

#### *Call Out Box C*

The Institute for Family Health: Improving Care for Minority Populations through the Use of Health IT and Electronic Health Records

#### *Call Out Box D*

Massachusetts General Hospital Disparities Dashboard