

Payers as Partners in Achieving Racial Equity in Healthcare

WHITE PAPER



While access and affordability of healthcare coverage has seen significant improvements over the last several years, health disparities continue to disproportionately affect people from historically marginalized racial and ethnic groups.¹ Health disparities are preventable differences that hinder a person's ability to attain their best health outcomes.

Fundamental differences these groups experience when engaging in quality care create further inequities in achieving improved health. This lesser quality of care contributes to decreased rates of routine healthcare visits among historically marginalized groups and increased rates of morbidity and mortality.² The Institute of Medicine's in-depth assessment on the variations in the type and quality of healthcare services in the United States found that bias, prejudice, and clinical uncertainty are all key contributors to inequality in care.³ Implicit bias, the social stereotypes about certain groups of people formed outside of someone's own conscious awareness, and racial inequalities in healthcare create poor experiences by damaging trust and lessening engagement, which ultimately amplifies rates of health conditions such as diabetes, heart disease, cancer and pre-term birth.⁴ In addition to physical health, discrimination, racism, or the unfair treatment of certain people based on their race and/or socioeconomic status contribute to the increased risk of undiagnosed and improperly treated mental health conditions.⁵ Depression is the most prevalent behavioral health condition among Black, Indigenous and People of Color (BIPOC) and occurs frequently in tandem with discrimination.⁶ In youth, The American Academy of Pediatrics found that sustained levels of stress as a result of racism can contribute to the development of physical conditions like high blood pressure and heart disease.⁷

Health-related social needs are also considered a key contributor to healthcare inequities. These social risk factors as defined by The Department of Health and Human Services Healthy People 2030 initiative include five domains of Social Determinants of Health (SDoH): financial stability, educational access and quality, healthcare access and quality, neighborhood and environment, and social and community context.⁸ The absence of safety and security to obtain these domains impacts a person's wellbeing and life. Promoting healthy choices and preventative care does not eliminate these disparities when transportation, food options, and inadequate living conditions cannot be overcome. In addition, simply accessing healthcare isn't a solution in itself; solving

for barriers in attaining quality care through access to providers who understand and incorporate generational cultural norms is essential to reducing discrimination and unequal care for historically marginalized racial and ethnic groups. Implicit bias has been proven to negatively impact provider interactions, treatment decisions, and treatment adherence, ultimately contributing to poor health outcomes.² For example, Black individuals are three times more likely to die from a pregnancy-related cause than their white counterparts due to underlying factors such as variation in quality healthcare, underlying chronic conditions, structural racism, and implicit bias.¹⁰ Moreover, American Indian and Alaska Natives suffer from higher rates of diabetes and heart disease than any other group, contributing to the nearly six-year discrepancy in life expectancy. ^{11, 12}

As one of the largest Managed Care Organizations serving diverse communities across the country, Centene is committed to investing in initiatives, innovations, and partnerships that support progress toward the elimination of healthcare disparities. Diversity, equity, and inclusion are fundamental to both Centene’s work culture and how members and communities are supported. Employees varied lived experiences, insights, and backgrounds are critical in fostering an environment where cognitive diversity is encouraged and relating to and connecting with people from all backgrounds is enabled. Knowledge and cultural humility are the first line of defense when combatting bias in healthcare delivery. Driven to transform the health of the community through education, The Centene Institute for Advanced Health Education® delivers research-informed accredited continuing education at no cost to providers to empower improved quality, performance, and health outcomes. Each course strives to highlight clinical care gaps and how the healthcare team can help close those gaps, with special focus on delivery of equitable care. Educational offerings cover topics such as cultural humility, unconscious bias in healthcare, and health equity, suppling opportunity for providers to engage in trainings that can help bridge the gap in the quality of care received by historically marginalized groups. In addition, disease-specific courses, including best practices for addressing SDoH factors that contribute to health disparities, are offered to encourage a wholistic approach to treatment. Furthering commitment to communities and improving health outcomes, courses are available to all providers regardless of network status with Centene plans.

The following are considerations and recommendations for payers in the pursuit of achieving healthcare equity for select conditions.

RECOMMENDATIONS

While access, social barriers, and health education support improved rates of outcomes for historically marginalized groups, ultimately closing these gaps in inequities will require a conscious effort on the part of healthcare organizations, providers, and community leaders to combat structural racism and discrimination within healthcare. At Centene, data-driven, clinically informed framework supports local health plans in implementing and scaling solutions that measurably improve the health of the communities served to enable greater equity and provide opportunity for members to achieve their highest-level health.

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Substance Use Disorder

When it comes to substance use disorders (SUD), an integrated approach considers the interplay between various aspects of a person's life that may contribute to their substance use, such as stress, trauma, social isolation, or co-occurring physical and mental health conditions. Unmet needs over time result in individuals not receiving treatment and leads to ongoing challenges. Historically marginalized groups experience higher rates of SUDs and related consequences due to factors such as poverty, lack of access to quality healthcare, and discrimination that contribute to inequities and lower engagement in treatment. People living below the poverty level are twice as likely to report using illicit drugs or misusing prescription drugs.¹³ Of individuals who need treatment for illicit substance use disorders, white individuals receive treatment 23.5% of the time, while Black and Hispanic/Latino individuals receive treatment 18.6% and 17.6% of the time, respectively.¹⁴ It is essential to address these disparities in a culturally humble manner by providing access to effective prevention, treatment, and recovery services tailored to the unique needs of minority populations. Through increased investments in local and national partnerships, payers have opportunity to expand models of care and community interventions that can more effectively engage with individuals and families through bias mitigation to address disparities and improve health outcomes.

- Substance use disorder requires timely follow-up care and education about the importance of following up with treatment. At Centene, several health plans participate in a post-discharge assessment program that provides non-standard supplemental data to help document compliance of follow-up care with the objective of helping to close the Follow-Up After Emergency Department Visit for Substance Use Disorder (FUA) care gap. Leveraging this information, health plans conduct targeted outreach efforts for members discharged from inpatient hospitalization and emergency room visits for mental health or substance misuse by collaborating with behavioral health utilization management, care management, and quality partners to ensure program success. Health plans that participate in this program consistently realize year-over-year improvements between 7% to 20%.
- Centene's HALO (Health Assistance, Linkage, and Outreach)[™] program leverages evidence-based predictive modeling to identify and prevent members at risk of developing a substance use disorder (SUD) and/or opioid use disorder (OUD) and treat those already abusing substances to avoid worsening of symptoms by connecting members to necessary care. These interactions may involve a members' providers, family members, pharmacist, and any additional influencers who can facilitate optimal treatment access and adherence to foster positive health behaviors while considering the individual. With focus on interventions such as increasing provider knowledge through a Pain Management and Opioid CE offered to all network providers free of charge, conscious and implicit bias can be met head on through education. Furthermore, care managers play a pivotal role in directing members to an ideal setting for their needed care, assist with reducing barriers, provide targeted education and community resources, and help identify



providers to ensure members' cultural, social, and health needs are met. To extend the reach of HALO and provide an option that reduces stigma, Centene is pursuing delivering peer support services to create a more personalized experience that better directs resources and care to minimize relapse. To date, HALO has reduced inpatient admissions by more than 27% for enrolled participants.

- Assessing follow-up care for patients receiving SUD care in high-intensity settings is essential to measuring quality and effectiveness of care to prevent negative outcomes after discharge including relapse, high utilization of intensive care services, and mortality. Through the delivery of various interventions to ensure this Follow-Up After Hi-Intensity Care for Substance Use Disorder (FUI) quality measure is met, Centene plans overall saw more than five percent improvement. For example, Buckeye Health Plan in Ohio partners with peer support specialists to assist in the development of recovery plans, empowerment, and practical guidance that can link individuals with immediate treatment options and assistance post-discharge. Peer supporters are individuals who have experienced success in their own recovery and serve to help others using their own "lived" experience. The peer supporters participate in key activities designed to initiate and maintain recovery with members, including advocacy, resource sharing, skill building, mentoring, and engaging community partners. The peer supporters assist with decreasing stigma through shared understanding, mutual respect, and empowering members. Through

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use of dedicated peer supporters, the program has experienced three times higher engagement over traditional outreach and has closed more than 300 critical SDoH gaps for the members enrolled.

- Combatting an SUD during pregnancy requires sensitive, timed intervention free of judgement and bias to support members in achieving a healthy pregnancy and delivery. Centene's Strong Beginnings[™] program supports pregnant members at risk for SUD by integrating approaches across the prevention-to-treatment continuum. Initial outreach to at-risk members includes screening for substance use with a validated screening tool, consistent with The American College of Obstetricians and Gynecologists' recommendation, and if indicated, a substance use assessment to identify treatment options and barriers or gaps for future care coordination. Members are then paired with care managers who facilitate access to resources, including connection to skilled providers. This holistic care approach ensures new or existing physical side effects and mental health concerns are monitored, and access to medication assisted therapy (MAT) and harm-reduction education is promoted, which ultimately improves the health of the pregnant individual and baby.

Pregnancy & Infant Care

Pregnancy and infant health disparities continue to disproportionately impact Black, American Indian, and Alaska Native persons, highlighting the underlying difference these populations experience when it comes to care. Compared to white pregnancies, these groups experience higher rates of pregnancy-related deaths, preterm births, low birthweight births, and delayed or no prenatal care.¹⁵ Research has found that BIPOC are more likely to experience lower quality of care due to their race and/or ethnicity, contributing to the unequal rate of poor pregnancy and infant outcomes.¹⁶ Mistreatment in the form of scolding, ignoring, dismissal, and shaming during the course of pregnancy is reported at a higher rate among American Indian and Alaska Native, Hispanic/Latino, and Black persons, with those who disagreed with their provider about the right care for themselves or their baby reporting the highest rates of mistreatment.¹⁷ Research indicates that even when controlled factors such as insurance coverage, income, age, and severity of conditions are present, BIPOC experience unequal treatment and are less likely to receive routine medical procedures.¹⁸ American Indian, Alaska Native and Black individuals die from pregnancy-related causes at a rate two to three times higher than white persons.¹⁹ Recent studies indicate racism as a primary cause of this inequity.²⁰ Center for Disease Control (CDC) compiled data collected from Maternal Mortality Review Committees nationwide found more than 80% of pregnancy-related deaths were preventable.²¹ Similarly, the absence of coordinated postpartum care further contributes to inequities faced by historically marginalized groups after birth. Postpartum depression (PPD) disproportionately affects BIPOC with nearly double the prevalence than white counterparts.²² Furthermore, experiences of emotional upset due to racism have been associated with a higher rates of depression among this group.²³ Though Black people are more likely to experience PPD, they are less likely to get help.²⁴ Because rates of screening are lower in Black individuals, there is insufficient insight as to what methods of outreach would improve engagement in PPD care highlighting continued inequities and putting into question the efficacy of many pregnancy and infant care programs.²⁵ When considering the sheer number of births covered by Medicaid, Managed Care Organizations are uniquely positioned to collect and leverage data to positively impact the coordination and delivery of equitable care.



- Centene’s whole-health approach to pregnancy care, Start Smart for Your Baby®, combines predictive data modeling, integrated care management and coordination, disease management, and health education to extend the gestation period and reduce the risk of pregnancy complications, premature delivery, and low birth weight to improve the health of birthing parents and their newborns. Targeting communities where birthing parent and infant health disparities are more prominent, the use of local community-based doulas gives members additional access to care increasing the opportunity to address cultural barriers. To supplement traditional doula services, the virtual component extends further access to education, purposeful engagement, and 24/7 on-demand support. This innovative approach has proven successful in increasing care access, generating cost savings, and improving health outcomes for members and their babies.
- Enhanced pregnancy assessments administered by Centene care managers during each trimester take a whole health approach to understanding a member’s barriers to achieving a healthy pregnancy and delivery. Each assessment seeks to gain additional information surrounding physical health, behavioral

health, social determinants, family planning goals, and sensitive issues that are known to impact pregnancy outcomes such as intimate partner violence. These assessments influence how care managers engage and empower members in accessing medical and behavioral healthcare, wellness programs, medical equipment, community resources to support social barriers to health, and educational resources to fully equip them to manage their health leading up to delivery.

- Centene’s Neonatal Center of Excellence leads best practices across health plans to enhance neonatal care. At a local level, care teams support members and address risk factors including medical conditions and SDoH for those at high risk for having a baby born prematurely and/or critically ill. The teams also collaborate with physician and hospital partners when a member’s baby is admitted to a NICU to improve quality of care and decrease length of stay. Health inequities and member choice are addressed at the community level promoting meaningful local partnerships and culturally appropriate solutions that effectively engage these high-risk members such as use of in-person and virtual doula services. In Texas, Superior Health Plan collaborates with local partners with assistance from a grant provided by the Texas Department of Health and Human Services to offer transitional residential housing to birthing parents and their children, or pregnant members who are working to overcome opioid addiction.
- Centene’s Health Equity Improvement Model yields a focus on providing equitable access to healthcare for individuals and communities disproportionately affected by inequities. The model uses quantitative and qualitative data to identify and understand the healthcare disparities among served member population. This helps in tailoring specific interventions for the needs of each of these communities, as well as the provider networks who serve them. The Enterprise Quality and Performance Improvement team supports health plans in successfully implementing this model across Centene, resulting in achievements such as improved rates of immunizations for children within the Hispanic/Latino population of Nevada’s SilverSummit Health Plan and enhanced maternal health outcomes among African-American and Black members with California’s Health Net.

Sickle Cell Disease

Sickle Cell Disease (SCD) is a painful, progressively debilitating genetic disorder that causes red blood cells to become crescent-shaped (or sickled) creating blockage in small blood vessels, which prevents normal blood flow. Though the disease can affect any race or ethnicity, most individuals with SCD are Black with an estimated prevalence of one in every 365, followed by Hispanic/Latino Americans with one in every 16,300.²⁶ While SCD is rare, affecting only 100,000 people in the U.S.,²⁷ it can lead to numerous health complications and severe pain. Primary care physicians have a limited experience caring for this population, and very few have more than five patients with a SCD diagnosis.²⁸ The misunderstanding of the disease process of Sickle Cell can lead to stigma associated with the most common complication — pain management. Racial discrimination often exists for those seeking treatment for acute pain crisis caused by SCD. Often adults with the disease are falsely perceived as drug seeking, which creates stigma and leaves many members at a disadvantage that negatively impacts their disease management. Members with this chronic condition often require the use of narcotics during painful crisis, and providers can be reluctant to provide them, which ultimately contributes to lack of trust with healthcare professionals.

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Racial discrimination can also lead to longer wait times, insufficient treatment, negative provider attitudes, and other obstacles in obtaining quality care. One study found that one-third of patients with SCD reported having a negative experience when they visited the emergency department (ED), including having severe pain or feeling there was lack of empathy for their pain, with half stating that negative previous ED experiences influenced their decision to seek future care.²⁹ Access to specialists and providers equipped to understand the nuanced needs of those living with SCD is essential to encouraging proactive care planning and avoiding physical and mental health complications. An inclusive member care model that reduces distrust and anxiety to help overcome specific access, healthcare literacy, and quality of life barriers the sickle cell population often faces is required to help guide treatment. Payers have the means to responsibly leverage data to create a complete picture of socioeconomic conditions members experience, which can be applied at population level, identifying potential community-wide needs to direct community outreach and partnerships.



- Centene’s Sickle Cell Disease Center of Excellence strives to increase the number of members engaged in care management and positively influences health outcomes through care coordination, education, and medication assistance. The Sickle Cell Program partners with physicians to supply education and consultation to encourage heightened awareness of treatment practices and influence positive prescribing patterns of hydroxyurea for pain management, helping to reduce disparities in care for members. Over the last few years, these initiatives have reduced inpatient admissions related to Sickle Cell crises by 7% per member per month across all lines of business. Additionally, emergency department visits related to Sickle Cell crises have decreased by 2% among Centene’s Medicaid population. Payers can take a proactive, targeted approach to engaging providers who are serving those managing SCD to encourage further education and connect them to resources such as SCD centers of care and specialists so they can more confidently treat and prescribe as appropriate for this rare condition.
- As part of Centene’s SCD program, care managers work to remove barriers to attaining equitable SCD care by proactively engaging members and coordinating and improving access to needed treatment and medication — which advances health outcomes and decreases health crises. The program harnesses the power of collaboration by supporting care managers with access to a hematologist via clinical rounds, best practice calls, and a peer-to-peer learning network. These enhancements ensure members have access to comprehensive, clinically up-to-date information and resources through a single point of contact who encourages engagement and treatment progress toward self-management of their condition.
- Machine learning technologies are used as a supplement to member, provider, and partner data to help care managers identify those members who are most at-risk of SDoH-related adverse health outcomes. Centene’s model incorporates neighborhood, economic, and social inputs from member and public data sources and machine learning to predict member-level risk attributed to factors that correlate with poor health outcomes. This additional information prepares care managers to better understand their community surroundings when connecting with members to assess their needs. Through this identification, the team is able to assist in reducing or removing barriers to care members are experiencing.

Federal & State Policy Recommendations

In order to successfully ensure underrepresented historically marginalized groups have access to quality care, pursuing further policy changes that support opportunities that address fundamental change is essential. These include, but are not limited to, the following considerations.

- By adopting policies that advance standards to support health information sharing across all care settings, including modernized application programming interfaces and the United States Core Data for Interoperability (USCDI) via certified health IT systems payers can ensure improved, secure data sharing to influence interventions that address inequities. Centene supports the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) and its partners to bring awareness in helping to reduce health disparities and improve the health of historically marginalized groups in communities. Understanding barriers to and increasing access to SUD and mental health treatment remains a focus for providers and policymakers. Centene supports continued efforts to improve data collection and reporting on health outcomes, address SDoH that contribute to health disparities among historically marginalized populations and ensure equal access to healthcare services for all.
- To address critical gaps in care, promote access to needed services, and increase the breadth of the mental health workforce in strength and scope, payers should encourage the recognition of mental health counselors and marriage and family therapists as mental health providers. Research demonstrates the high success and low recidivism rates of these types of providers, as well as their cost-effectiveness.³⁰ Centene supports the passage of the Mental Health Access Improvement Act, recognizing mental health counselors and marriage and family therapists as covered Medicare providers. Additionally, Centene supports utilizing existing providers appropriately and having them work at the top of their licensure.
- The Biden Administration Blueprint for Addressing the Maternal Health Crisis outlines priorities and actions across federal agencies to “improve access to coverage and care, expand and enhance data collection and research, grow, and diversify the perinatal workforce, strengthen social and economic support, and increase trainings and incentives to support [individuals] being active participants in their care before, during and after pregnancy.”³¹ In support of the Administration’s Blueprint, Centene will include the Centers for Medicare & Medicaid Services’ “birthing-friendly” hospital designation in all local health plan provider directories. The designation is awarded to hospitals after they have completed a national or statewide quality review and applied all recommended interventions ensuring safe, equitable delivery of care to reduce pregnancy mortality and morbidity. Centene continues to support Federal and State legislation and investments in organizations and agencies to reduce pregnancy-related deaths and complications that disproportionately impact historically marginalized racial and ethnic groups and those living in rural areas.
- Federal legislation has been introduced to expand coverage of doula services through Medicaid, with many States already taking action. Studies have shown that community-based doula care improves birth outcomes and lowers C-section rates. Centene supports this approach to increase diversity and differentiation of approach within the care continuum to provide additional access to culturally humble care.
- Several states have adopted policies providing Medicaid coverage after birth for up to a year thereby providing access to both mental and physical health coverage that fosters healthy choices and habits for both the individual and child. Research supports that this expansion of benefits improves health for infants, and by extending coverage after birth, individuals are better able to access additional postpartum care including treatment for depression helping reduce adverse health outcomes and racial disparities in

maternal and infant health.³² Centene supports the extension of postpartum Medicaid coverage for a year post-delivery across all states and continues to provide analytic support at the state and federal level to advocate for implementation of this policy change.

- When the Public Health Emergency (PHE) ends on May 11, certain state policies aimed at expanding access to health care, such as licensure flexibilities and expanded access to telehealth services will expire. States are beginning to look for ways to maintain this expanded access to care after the end of the PHE through legislation aimed at expanding reimbursement of telehealth services and allowing for continued cross-state licensure flexibilities. Given the specialized care needed to treat conditions like SCD and SUD, the ability to connect members and providers to seasoned health professionals is essential for sustained health. Centene continues to work with Congress to share the benefits of certain waivers and flexibilities enacted during the PHE that will help members receive timely and efficient services (including telehealth) long-term.

SUMMARY

Centene's commitment to combatting health disparities is engrained in its culture and is a crucial component of its workforce development to enable teams to better serve members. Racism prevents people from attaining their best health and negatively impacts the overall wellbeing of communities nationwide. Solving for the barriers historically marginalized racial and ethnic groups face in accessing quality care through data-driven innovations, coordinated SDoH solutions, investments in provider education and workforce commitment to diversity, equity, and inclusion, payers can help eradicate inequities that disproportionately impact the communities served. Managing the complex health needs of some of the nation's most underserved populations is a responsibility that requires an inclusive, person-centered approach to meet individuals where they are on their health journey, and Centene remains dedicated to investing in and advocating for quality care and improved health outcomes for all.

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