Advancing Racial Equity in Health Care

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THE ISSUE: The U.S. health care system is not immune from the racism that plagues American society. Our health care is characterized by long-standing inequities in access, quality, and outcomes for people of color that have been brought into stark relief by the COVID-19 pandemic.

THE SOLUTION: Recognizing the urgency to advance racial equity, the Commonwealth Fund's 18-member Task Force on Payment and Delivery System Reform reviewed the evidence from the last decade of delivery system reforms and put forward concrete, actionable steps to confront and combat racism in health care.

WHAT WE PROPOSE: The Task Force has issued a number of policy imperatives for reducing health disparities and promoting racial equity. Read the full report here.

Require That Data Stratified by Race and Ethnicity Be Collected, Publicly Reported, and Used

- Establish a standardized, parsimonious set of core quality and equity metrics for data collection and reporting by all purchasers, insurers and providers that includes performance measures to promote racial equity such as: diversity of staff; health-system-wide programs to foster equity; health system data capacity to report communities' social needs; and level of trust in local health systems by diverse and marginalized groups.

- Require payers and purchasers to publicly report utilization and quality data by race and ethnicity.

- Improve access to information by race and ethnicity as part of a national disaster and pandemic preparedness strategy by:

  – requiring health systems, payers, and other health care entities collect and share race and ethnicity data during national emergencies in real-time with public officials.

  – developing federal requirements for national, state and local authorities to regularly collect and report data on the potential and actual impact of disasters on people of color.

- Create and use a national all-payer claims database to assess the quality and validity of race and ethnicity data in claims, and strengthen standards for collecting and reporting this data.

- Protect against misuse of race and ethnicity data by setting parameters for data use agreements and ensuring systems align with protections to ensure civil liberties, due process, nondiscrimination, and data and health privacy.

Develop, Test, and Scale Payment and Delivery Models to Reduce Disparities by Race and Ethnicity

- Require all Medicare providers to participate in, and encourage state Medicaid and CHIP programs to develop, value-based payment models that reward providers for, among other things, reducing disparities in health outcomes.

- Develop and test payment and delivery models in partnership with communities of color that promote health equity and dismantle structural racism in health care.

- Prioritize payment and delivery models that reduce health disparities when determining which to pilot and scale.

Encourage Health Systems to Confront Racism in Their Policies and Programs, as Well as to Meaningfully Engage and Empower the Communities They Serve

- Require health care entities to develop and publicly report on plans to eliminate health disparities by race and ethnicty and to combat structural racism in their organizations' programs, practices, and policies.

- Develop incentives to encourage health care organizations to have diverse governing boards of directors; to form diverse patient advisory councils that reflect the communities they serve; and to recruit and hire clinicians and organization leaders from their community.

- Include patients, caregivers, and members of affected communities, particularly communities of color, in the design and implementation of care models as well as payment and delivery system reforms.

Expand, Diversify, and Train the Health Care Workforce

- Adopt policies and supports to grow and diversify the primary care workforce, particularly in medically underserved and high-poverty areas.

- Increase the number of federally funded community health centers in high-poverty areas.

- Expand the use of community-based providers, such as community health workers, promotoras, and peer navigators.

- Require graduate medical education to include training on structural racism and implicit bias and how to combat both through antiracist medical practice.

Assess and Develop Protections Against Racial Bias in Health Care Technology

- Evaluate the racial effects of digital platforms and information technologies, including artificial intelligence (AI) and machine learning, on quality and outcomes.

- Develop protections against racial bias in health care technologies, including AI.

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Read the **full report** *for all Task Force recommendations.*