

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

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June 10, 2020

Steven T. James
House Clerk
State House Room 145
Boston, MA 02133

Michael D. Hurley
Senate Clerk
State House Room 335
Boston, MA 02133

Dear Mr. Clerk,

Pursuant to Section 2 of Chapter 41 of the Acts of 2019, please find enclosed a report from the Department of Public Health entitled the *Office of Health Equity within the Executive Office of Health and Human Services Development Report, 2019*.

Since 2019, the COVID-19 pandemic has exposed existing health inequities and heightened the importance of our collective health equity work. Our efforts through the Office of Health Equity will continue in 2020 and include efforts to address inequities caused by COVID-19 and systemic and structural racism.

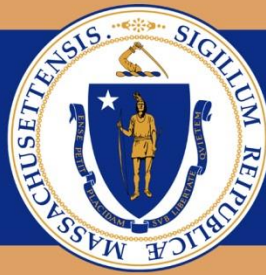
Sincerely,

A handwritten signature in cursive script, appearing to read "mBharel".

Monica Bharel, MD, MPH
Commissioner
Department of Public Health

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor



Marylou Sudders
Secretary

Monica Bharel, MD, MPH
Commissioner

Office of Health Equity within the Executive Office of Health and Human Services Development Report, 2019

June 2020



Office of Health Equity within the Executive Office of Health and Human Services Development Report 2019 (Covers July 1, 2019-December 31, 2019)

Executive Summary

The Office of Health Equity was established by section 16AA of chapter 6A of the General Laws. The Executive Office of Health and Human Services contracted with the Department of Public Health (DPH) Office of Health Equity to support efforts across the Executive Office of Health and Human Services (EHS) to advance health equity. There are four components that frame the Department's approach to health equity. First, the **strategic vision** for this work is embedded in the DPH mission to promote wellness and health equity for all people in the Commonwealth. DPH invests in **data infrastructure** and **capacity building** so we can be equipped to examine and understand disparities in health outcomes to improve programs, policies and practices to eliminate disparities. We also are building a **culture** of equity through racial equity trainings, the DPH Diversity Council and Bureau-based Racial Equity Leadership Teams; and we disseminate learnings and best practices to other HHS agencies also seeking to build cultures of equity through the Interagency Health Equity Team (IHET), the EHS Quality Alignment Task Force and other initiatives.

The funding associated with section 16AA of chapter 6A of the GLs has supported work in three primary areas related to data sharing and surveillance, capacity building, and coordination of equity efforts across EHS.

ISA established July 1, 2019-June 30, 2020

- Full time Epidemiologist II hired to support data work and coordination- \$70,000

DPH has primary responsibility for the coordination and support of the equity efforts that include:

1. Recommendations to the **EHS Quality Alignment Taskforce** relative to stratification of data by key demographic and health related social needs variables.
2. Development and coordination of an **Interagency Health Equity Team** to support EHS agencies in using data to address health equity issues within the populations served.
3. Development of an online **health equity dashboard** to elevate disparities that exist in health outcomes for populations within the Commonwealth.

Legislative Mandate

The following report is hereby issued pursuant to section 16AA of chapter 6A of the General Laws-

For the office of health equity established in section 16AA of chapter 6A of the General Laws; provided, that the office may enter into service agreements with the department of public health to fulfill the obligations of the office; and provided further, that the office shall submit a report to the house and senate committees on ways and means not later than December 12, 2019 on the

-development of the office of health equity within the executive office of health and human services

-the implementation of programming as set forth in said section 16AA,

-including personnel costs and an organizational structure plan.

Implementation of Programming

1. EHS Quality Alignment Taskforce Summary

The Massachusetts Executive Office of Health and Human Services (EHS) has been convening a payer-based Quality Alignment Taskforce since May 2017 with the goals of 1) identifying a core population-based quality measure set that may be used in global budget-based risk contracts with providers in the Commonwealth; 2) identifying strategic priorities for quality measure development in the Commonwealth; and 3) advising MassHealth on quality measures and methodology that may be used as part of its Accountable Care Organization (ACO), Community Partner (CP), and Delivery System Reform Incentive Payment (DSRIP) programs.

During the September 25, 2018 Taskforce meeting, the members of the Taskforce selected four strategic priority areas for quality measure development. The developmental measures are measures and measure concepts that address priority areas for the Taskforce, but without the definition, validation and/or testing required for implementation. The workstreams for these four measures fall into two categories where 1) the Taskforce will monitor existing work being performed outside of the Taskforce or 2) the Taskforce will take an active role in measure development.

The Taskforce expressed interest in stratifying measures for the purpose of measuring inequities and disparities, including identifying which data points to use (e.g., race/ethnicity, gender, language) for stratification.

At that time, the Taskforce staff also confirmed that the Office of Health Equity within DPH had the capacity to assist with data analytics and project management and was in the process of hiring an epidemiologist to support this work. In order to be successful, Taskforce staff acknowledged that DPH would need to partner with Taskforce Stakeholders to access data and test it for appropriateness for stratification. The following 2019 Objective was defined.

2019 Objective: The Health Equity Workgroup of the EHS Quality Alignment Taskforce will work to complete an environmental scan, identify target measures, develop data standards, and pilot test the stratification of target measures in 2019. The Health Equity Workgroup will update the Taskforce of its progress on a regular basis.

Project Lead and Support:

- Office of Health Equity, DPH (project lead and support)
- Center for Health Information and Analysis (project support)
- Health Policy Commission (project support)

Participant Organizations and their Designated Representative:

Name	Organization	Title
Donahue, Sara	Boston Children's Hospital	Director of Clinical Analytics
Shah, Snehal	Boston Children's Hospital	Director of Research and Evaluation

Tringali, David	DMH	Director of Quality Management, Clinical and Professional Services
Spain, Jacqueline	Health New England	Medical Director
Tan-McGrory, Aswita	Mass General Hospital	Deputy Director
Shaughnessy, Linda	MassHealth	Director, MassHealth Quality Office
Filice, Clara	MassHealth	Associate Medical Director for Payment and Care Delivery
Qin, Sarah	MassHealth	Senior Manager of Delivery System Investment, Policy and Evaluation
Sing, Gary	MassHealth	Director of Delivery System Investment and Social Services Integration
Twomey, Joshua	MassHealth	Deputy Director of Quality for ACO/MCO Programs
Wagner, Michael	MassHealth	Director of Quality for Payment and Care Delivery Innovation
McCoy, Kelly	Tufts Health Plan	Manager of Quality and Health Informatics
Ying, Wei	Blue Cross Blue Shield MA	Senior Director, Data Science and Population Health Analytics
Berkowitz, Randi	Lowell Community Health Center	Chief Medical Officer
Hale, Elizabeth	Lowell Community Health Center	Chief Clinical Officer
Och, Sheila	Lowell Community Health Center	Chief of Community Health & Policy
Oh, Holly	The Dimock Center	Chief Medical Officer
Isaac, Thomas	Atrius Health	Senior Medical Director, Quality and Safety, Performance Excellence
Senese, Margaret	Atrius Health	Director of ACO Programs
Siannas, Elisabeth	Atrius Health	Director of Quality Measurement & Reporting

Process for Development:

1. **Convenings:** DPH convenes a series of meetings with interested parties (the “QAT Health Equity Workgroup”) to discuss potential ways to stratify measures and review existing work being done by organizations.
In Progress
2. **Environmental Scan:** The Health Equity Workgroup developed a standardized template and conducted an environmental scan of demographic data, including specifications for collection and attribution, and designated what could be available for stratification purposes.
Completed
3. **Identify Target Measures:** The Health Equity Workgroup identified measures from the Massachusetts Aligned Measure Set with health equity implications, utilizing an evidence-based approach.
Completed
4. **Develop Data Standards:** Determined data standards for identification, classification and collection of data on demographic groups. Cross-walked available demographic data against data standards and compared to target measure priority areas for selection of a pilot group.
In Progress
5. **Pilot Testing:** Worked with key stakeholders to pilot the feasibility of stratification of priority area measures.
Completed
6. **Updates:** Periodically, the Health Equity Workgroup will provide the Taskforce with an update on the status of their developmental measure design and testing.
In Progress
7. **Technical Specifications:** The Health Equity Workgroup will draft a technical specifications manual describing how to stratify certain quality measures, including a list of necessary data elements for stratification.
Not started
8. **Measure Specifications:** The Health Equity Workgroup will draft specifications for one or more equity measures, or an equity composite measure, to propose for Massachusetts Aligned Measure Set endorsement.
Not started
9. **Recommendation:** The Health Equity Workgroup will present their proposed stratification methodology and measure specifications to the Taskforce for its consideration of endorsement by the Taskforce.
Not started

2. Interagency Health Equity Team Summary

The Interagency Health Equity Team (IHET) consists of EHS Agency heads (or their designees), that come together for bimonthly meetings to:

- Establish what data is available and being used at each agency to identify disparities
- Come to consensus on a format for presenting data (“Data Placemat”) that each agency will utilize to highlight and address agency-specific disparities in access, care and outcomes
- Discuss current activities and strategies to address inequities
- Identify gaps where data or intervention is necessary
- Prioritize next steps to achieve better health and greater equity for the Commonwealth

In the future, IHET will be a platform to:

- Identify gaps where data or intervention is necessary
- Prioritize next steps to achieve better health and greater equity for the Commonwealth

The goal of the IHET is to identify opportunities for developing disparities metrics for EHS. DPH is working with each agency individually to discuss the proposed plan moving forward and assist with identifying appropriate, relevant and feasible measures as well as areas for further capacity building.

This process began with a Data Disparities Roundtable on 4/12/19, where agencies presented on disparities within the context of their agency and populations they serve. Agencies reported on capacity to use data to understand sub-populations of those they serve and identify areas of synergy across agencies. In addition, the need for greater use of data to understand and address behavioral health needs across agencies was identified as a potential area for addressing equity concerns.

Since the initial meetings, 3 full group meetings have been held culminating in a set of 1:1 meetings between DPH staff and leadership at each EHS agency. During these meetings, members had in-depth discussions around each agency’s current data collection and health equity capacity including exploring ways to overcome barriers to identifying and reporting disparities. These meetings are leading to the development of common data templates to present health equity narratives specific to each agency.

The goal of the IHET is to identify opportunities for developing metrics into disparities dashboards for EHS in the area of behavioral health. An initial environmental scan focused on agencies’ current capacity and needs around assessing health equity within behavioral health and/or substance use disorders within each agency’s population of focus. DPH is working with each agency individually to discuss the proposed plan moving forward and assist with identifying appropriate, relevant and feasible measures as well as areas for further capacity building.

Table of IHET Members

Name	Agency	Title
Spears, Linda	DCF	Commissioner
Sagor, Linda MD	DCF	Medical Director
Ryder, Jane	DDS	Commissioner
Bruner-Canhoto, Laney	DDS	Assistant Commissioner of Quality Management
Mikula, Joan	DMH	Commissioner
Collier, Crystal	DMH	Chief of Staff
Sang, Tina	DMH	Senior Service Advocate

Tringali, David	DMH	Director of Quality Management, Clinical and Professional Services
Bharel, Monica	DPH	Commissioner
Averbach, Abigail	DPH	Assistant Commissioner
Albert, Stefanie	DPH	Health Equity Epidemiologist
Selk, Sabrina	DPH	Director, Office of Health Equity
Walsh, Renee	DPH	Program Coordinator
Kershaw, Amy	DTA	Commissioner
Christensen, Koren	DTA	Chief of Staff
Forbes, Peter	DYS	Commissioner
Turillo, Bob (Robert)	DYS	Assistant Commissioner
Martirosyan, Karine	DYS	Director of Health Service
Peters, Lauren	EHS	Undersecretary for Health Policy
Tsai, Dan	EHS/MassHealth	Assistant Secretary
Harvey, Peg (Margaret)	EHS/MassHealth	Director of Behavioral Health Quality
Buckler, Stephanie	EHS/MassHealth	Manager of Delivery System Investment
Qin, Sarah	EHS/MassHealth	Senior Manager of Delivery System Investment, Policy and Evaluation
Sawhney, Monica	EHS/MassHealth	Chief of Staff
Sing, Gary	EHS/MassHealth	Director of Delivery System Investment and Social Services Integration
Chen, Elizabeth	ELD	Secretary
Beauregard, Lisa	ELD	Research Analyst
D'Arcangelo, David	MCB	Commissioner
Oliveira, John	MCB	Deputy Commissioner
Otiato, Mary	MCB	Chief of Staff
Florio, Steven	MCDHH	Commissioner
Ford, Patricia	MCDHH	Deputy Commissioner of Program and Policy
Wolf, Toni	MRC	Commissioner
Biebel, Kate (Kathleen)	MRC	Deputy Commissioner
Noone, Bill	MRC	Director of Research and Development
Pham, Vivian	MRC	Chief of Staff
Truong, Mary	ORI	Executive Director/Commissioner/State Refugees Coordinator
Ozan-George, Deni	ORI	Program Coordinator, Workforce Development

Urena, Francisco	VET	Secretary
Moran, Paul	VET	Chief of Staff
Ivimey, Stuart	VET	General Counsel

3. Health Equity Dashboard Summary

OHE is currently designing a Health Equity Action Dashboard. This Dashboard will coordinate DPH-wide efforts in population-based health equity work, serve as a platform to increase stakeholder understanding of health inequities in the Commonwealth, and inform the DPH approach to population health.

OHE staff conducted environmental scans to understand currently reported and highly requested health equity topics. These scans catalogue reports and analyses related to health equity including: routine and special requests, internal and external interagency data and health equity initiatives targeting priority populations, key players in data analysis and reporting, and potential collaborations with external health equity researchers.

Environmental scans and collaborative intra-bureau and cross agency work have increased OHE staff understanding of available datasets that can be leveraged to create a Health Equity Action Dashboard. OHE has an in-depth understanding of the work currently being done across DPH to address health inequities, and how to incorporate DPH defined priority populations into the Dashboard. OHE is in the process of selecting data sources, health outcomes, and a priority population for inclusion into the first version of the Dashboard with an anticipated beta launch in December 2020.

Summary of Expenditures

Costs	Encumbered	Expenditure	Balance
Personnel Cost	\$70,000.00	\$44,355.09	\$25,644.91
Employee Expenses	\$250.00	\$9.00	\$241.00
Fringe Benefits	\$1,707.00	\$947.11	\$759.89
IT License	\$21,543.00	\$3,165.00	\$18,378.00
Translation Services	\$1,500.00	\$0.00	\$1,500.00
Dashboard Development	\$5,000.00	\$0.00	\$5,000.00
Total	\$100,000.00	\$48,476.20	\$51,523.80

Organizational Structure Plan

*Massachusetts Executive Office of Health
and Human Services
Office of Health Equity
January, 2020*

