

At WellSense, we're dedicated to creating a healthcare system that serves everyone equitably. We believe that all individuals deserve access to high-quality, compassionate care that meets their individual needs and that no one should face barriers to accessing healthcare because of their race, ethnicity, language, disability, sexual orientation, gender identity or background.

Below is a summary of our strategic plan for health equity for our WellSense Essential MCO plan, which we submitted to MassHealth. We created the plan with the goal of ensuring that everyone gets the opportunity to be as healthy as possible, and we are excited to work with your healthcare providers on the goals outlined below.

Thank you,

WellSense Health Plan





Important! This is about your WellSense Health Plan benefits. We can translate it for you free of charge. Please call **888-566-0010 (TTY: 711)** for translation help.

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Σημαντικό! Πρόκειται για τις παροχές του WellSense Health Plan. Μπορούμε να σας το μεταφράσουμε δωρεάν. Καλέστε στο **888-566-0010 (TTY: 711)** για βοήθεια σχετικά με τη μετάφραση. (ELG)

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중요! 이것은 WellSense Health Plan 혜택에 대한 내용입니다. 무료로 번역해 드릴 수 있습니다. 번역 도움이 필요하면 **888-566-0010 (TTY: 711)**번으로 문의하십시오. (KOR)

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MAMCD

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WellSense Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, limited English proficiency, primary language, or moral or religious grounds (including limiting or not providing coverage for counseling or referral services). WellSense Health Plan provides:

- free aids and services to people with disabilities to communicate effectively with us, such as TTY, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats)
- free language services to people whose primary language is not English, such as qualified interpreters and information written in other language

Please contact WellSense if you need any of the services listed above and we will provide them in a timely manner. You can also find this information at the bottom of wellsense.org in the Nondiscrimination Section.

If you believe we have failed to provide these services or discriminated in another way on the basis of any of the identifiers listed above, you can file a grievance or request help to do so at:

Civil Rights Coordinator 100 City Square, Suite 200 Charlestown, MA 02129 Phone: 888-566-0010 (TTY: 711) Fax: 617-897-0805 You can also file a civil rights complaint with the U.S. DHHS, Office for Civil Rights by mail, by phone or online at:

U.S. Dept. of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019 (TDD: 800-537-7697)

Complaint Portal: hhs.gov/ocr/office/file/index.html



Section 3. Health Quality and Equity Strategic Plan

A. Executive Summary

- i. ACO/MCO Name: WellSense Health Plan
- ii. How the ACO/MCO defines Health Equity:

WellSense Health Plan believes that to achieve health equity, every individual in our community, regardless of their background, race, ethnicity, language, sexual orientation, gender identity, or disability status, should have the opportunity to attain their highest level of health. It is a commitment to ensuring that healthcare disparities are significantly mitigated and affording every individual with equitable access to the care they need.

WellSense has referenced nationally recognized definitions of health equity in an effort to inform its definition. Definitions offered by the following organizations resonate and have informed our approach to achieving health equity:

- Centers for Disease Control: "Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to a) Address historical and contemporary injustices; b) Overcome economic, social, and other obstacles to health and health care; and c) Eliminate preventable health disparities."
- MassHealth: "Health Equity is the opportunity for everyone to attain their full health potential, with no one disadvantaged from achieving this potential due to socioeconomic status or socially assigned circumstance."
- Robert Wood Johnson Foundation: "Health equity means everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty and discrimination, and their consequences, including powerlessness.
- iii. What the ACO/MCO hopes to achieve in the next four years related to health quality and equity.

The commitment at WellSense to health equity will be pivotal in improving health among the MassHealth population. WellSense has developed a coordinated set of strategic goals to implement across our organization. The following Strategic Goals and Objectives, along with regular monitoring of the key performance indicators will provide valuable insights into progress and inform areas of opportunity requiring further attention, ensuring that WellSense Health Plan continually delivers equitable and inclusive access to care for all members. Our strategic goals are as follows:

1. WellSense will improve the collection of RELD and SOGI data to 80% completeness by the end of 2027. This will be achieved by a strategic focus on technology, people, and processes. This will include: building appropriate data fields, establishing workflows to allow for streamlined data collection, and



ensuring staff is appropriately trained to capture data in a consistent and memberfocused manner.

- 2. WellSense will improve access to culturally and linguistically appropriate services for MassHealth members with limited English proficiency. This will be accomplished through the implementation of a CLAS adherence program to ensure:
 - Access to qualified medical interpreters when communicating with the health plan
 - Proactive identification of language needs and translation of vital documents and member communications
 - Improvement of cultural competence among provider network and staff to better serve MassHealth members
- 3. WellSense is committed to a reduction in racial and ethnic disparities for chronic conditions by 2027. This will be achieved by screening for health-related social needs, improving equitable access to primary care, and improving member health literacy.
- iv. How the ACO/MCO considers member and community experiences in overall health equity efforts.

WellSense believes that centering community and member voices is critical to advancing health equity. To ensure that WellSense continues to prioritize the health needs of the community, we collaborate with members through member advisory boards, and we connect with the community at large through partnerships with community-based organizations throughout Massachusetts. These organizations include health and social service agencies, city departments, schools, neighborhood shelters and other community groups. Together we analyze needs, set priorities, and build programs to serve our community. WellSense will incorporate member and community input in our strategic planning processes through a number of initiatives and forums such as our Community Health Needs Assessment (CHNA), Patient and Family Advisory Council, Transgender and Gender Diverse Advisory Council, Disability Competent Care Committee, and Health Equity Strategic Planning Committee. As we embark on future health equity planning efforts, we are eager to enhance our engagement with our community.

B. Introduction (Suggested Page Count: 1-2 pages)

In alignment with the WellSense unwavering mission and visionary commitment to providing and enhancing access to effective, efficient medical care among low-income, underserved, disabled, elderly and other vulnerable populations, WellSense embarks on a



journey towards promoting health equity. At the core of our mission is the dedication to serving the community by improving access to comprehensive, inclusive, and coordinated healthcare services. We aim to be recognized as the "plan of choice" by our valued staff, members, and the communities we serve.

As we set forth on this path, we acknowledge that health equity is not only a moral imperative but a fundamental principle of our mission. Health equity means that every individual in our community, regardless of their background, race, ethnicity, language, sexual orientation, gender identity, or disability status, should have the opportunity to attain their highest level of health. It is a commitment to ensuring that healthcare disparities are significantly mitigated and that each individual have equitable access to the care and services they need.

WellSense recognizes that promoting health equity is a multifaceted endeavor, one that requires dedication, collaboration, and an unwavering commitment to the communities we serve. In this Health Equity Strategic Plan Report, we highlight our strategy to address disparities, enhance access to care, and create an environment where all individuals receive the respect, support, and quality healthcare they deserve.

The following plan serves as a testament to our commitment to health equity, and it provides a roadmap for our efforts over the coming years. Together with our dedicated staff, our esteemed members, and our compassionate community partners, we will work to ensure that WellSense Health Plan promotes health equity in Massachusetts.

i. WellSense mission statement, as well as any relevant existing guiding strategies related to health equity.

Mission: Our mission is to deliver access to high-quality and high-value healthcare for low-income, traditionally underserved, disabled, elderly and other vulnerable communities in New England.

Vision: Our vision is to:

•Be the managed care plan of choice for the communities we serve by demonstrating our commitment to ensuring Members have access to cutting-edge, person-centered services to improve their health and quality of life;

•Be an effective steward of the responsibilities entrusted to us by government agencies with the goal of improving population health and well-being; and

•Partner with and support local healthcare Providers and community-based organizations to drive care quality and value.

WellSense has established and leveraged several stakeholder groups and Member Advisory Councils to inform the health equity strategic planning, including but



not limited to: Disability Competent Care Committee, health equity data integrity workgroup, Transgender Advisory Council, and health equity requirements task force. These enterprise teams engage regularly in virtual meetings, with attendance rates >75% on average, as well as in email discourse to review up-todate requirements and enhancements, with a lens of health equity on all encounters and operations. In partnership with Boston Medical Center, data aggregation efforts around population assessment and community needs have aided in identification and prioritization of health equity strategies, and are in alignment with MassHealth Health Quality and Equity Incentive specifications. Much of the work WellSense Health Plan is doing in the health equity realm, including developing its Strategic Plan, is tied to MassHealth's Health Quality and Equity Incentive program. These serve as an anchoring point for the WellSense health equity work, though WellSense has and will continue to undertake other organizational efforts to advance health equity. The overall process of developing the Health Equity Strategic Plan began with a needs assessment which allowed WellSense to develop an understanding of population demographics and member needs through a combination of quantitative data analysis and qualitative feedback from key stakeholders (e.g., MassHealth enrollees and their families; providers; and frontline staff).

WellSense has also prioritized collecting input from its stakeholders. WellSense garners input to its strategic planning on an ongoing basis from its Health Equity Strategic Planning Committee, Patient and Family Advisory Council/patient representatives, member advisory boards, and providers/staff. These stakeholders will continue to guide and inform our strategic planning, goals and any modifications made therein. As part of the health equity strategic planning goals and objectives, WellSense anticipates engaging members and the community in a targeted approach to continue to garner input that will inform a holistic approach to care and services. Such activities include member interviews and focus groups.

In an effort to align health equity goals, objectives, and initiatives with organizational efforts and strategic planning, in 2023, WellSense launched the Equity and Inclusion Office (EIO). This intentional launch will help WellSense assess the organizational structure and dynamics, develop and implement sustainable strategic goals and objectives based on principles of equity, inclusion, accessibility, and intersectional diversity, and inform the design and implementation of evaluations methods to ensure measurable outcomes.

The Equity and Inclusion Office (EIO) has begun formally reviewing preliminary documents and data at WellSense. The documentation provides an overview of current efforts and outcomes related to health equity. In addition, the data includes preliminary and historical data on employee perspectives and experiences relating to health equity, diversity, and inclusion. The Equity and Inclusion Office (EIO) has identified a need to advance WellSense organizational efforts through policies and procedures, system-wide practices, workflows, and the provision services that



align with compliance standards and measurements related to health equity. The Equity and Inclusion Office (EIO) has proposed a multi-phased and tiered process with primary activities that began effective September 2023. Primary goals and objectives related to establishing organizational infrastructure, data gathering, and strategic planning to prepare for the comprehensive integration of health equity standards across all levels of the organizational structure at WellSense.

To date, the Equity and Inclusion Office (EIO) identified primary aims: a) Discovery and Assessment to establish a baseline of current practices; b) a Cultural Audit and review of organizational policies, procedures, and practices to determine prioritization of health equity change solutions. The review of existing practices, policies, and governance was designed to examine and identify areas for recommendations to policies and practices and support staff across the organization to integrate and implement strategies to enhance efforts and work towards goals related to health equity; c) and implementation of best practices and standards when promoting health equity and integrating equity and inclusion principles across the organization. Current standards and best practices offer a framework to assess baseline functioning and areas for improvement; and d) Culturally Informed Measurement and Evaluation Consultation to offer guidance and expertise related to the implementation of evidence-based practices, feedback regarding the engagement of diverse communities, and the implementation and evaluation of evidence-based or targeted healthcare interventions. In addition, the Equity and Inclusion Office (EIO) will collaborate with WellSense executives and staff to provide health equity executive coaching with the goal of creating a supportive environment for organizational leadership to examine, explore, and work to identify knowledge gaps, concerns, and challenges or barriers that may impede progress towards established goals.

WellSense Health Plan's commitment to health equity will be pivotal in improving health equity through 2027. The strategic health equity goals and objectives outlined in this report, along with regular monitoring of the key performance indicators will provide valuable insights into progress and areas needing further attention, ensuring that WellSense continues to enable equitable access to inclusive care for all members.

C. Needs Assessment and Analysis (Suggested Page Count: 3-5 pages)

Describe how the organization has assessed the health equity needs of its MassHealth Enrollees.

WellSense Health Plan has taken a number of steps to assess the ways in which it can advance health equity for its MassHealth enrollees. Upon the launch of the MassHealth Health Equity Incentive program, WellSense has been continually conducting an organizational needs assessment, taking a broad scope in understanding the member



population and surrounding communities where its members live, including major health outcomes, health-related social needs, environmental factors, and more, as well as our organizations ability to deliver on the needs of our members and equipping our teams with the training and resources required to holistically address these needs. WellSense has also historically conducted several analyses to stratify patient outcomes data by available social risk factors data, e.g., race, ethnicity, and health-related social needs. This includes stratifications of quality data by race and ethnicity, used to conduct ongoing monitoring which has informed our health equity strategy.

Beyond the parameters of the MassHealth Health Equity Incentive program, WellSense has also gathered engaged our leadership and workforce to assess the current state of equity and inclusion efforts and build a robust Diversity, Equity, and Inclusion strategy. Our internal DEI efforts continue to define and refine strategic initiatives to contribute to a more diverse, equitable, and inclusive environment at WellSense. Findings also support the development of clear goals, objectives, and initiatives to promote health equity. Finally, as described in section D of this Plan, WellSense has also engaged with members and communities served to better understand needs.

i. Scope of Services provided

WellSense Health Plan is a not-for-profit organization that holds contracts with the Centers for Medicare & Medicaid Services (CMS), the Massachusetts Medicaid program (MassHealth), and the New Hampshire Medicaid program (NH DHHS). In order to provide cost-effective, quality health care services and prescription drug coverage to our members enrolled in any of our government programs, WellSense may contract with external individuals and entities to support our plans and members.

WellSense's affiliate is Boston Medical Center, the largest safety-net hospital and busiest trauma and emergency services center in New England. WellSense believes that its 25 years of experience as an MCO in a mission-driven, integrated health system uniquely positions us to understand the needs of Providers and together successfully serve Medicaid Members. This includes screenings for behavioral health and substance use disorders, behavioral health referrals, healthrelated social needs screening and referrals, care coordination to connect patients to community-based services and state agencies such as the Department of Mental Health, and referring members for complex care member services, community partner services, and social support services such as housing and nutrition.

ii. Demographic characteristics, including but not limited to age, race, ethnicity, languages spoken, disability status, sexual orientation, gender identity.

Total active WellSense Essentials MCO members numbered 28,205 as of 12/27/2023. Demographic information included represents data queried between October and December 2023 and excludes null/missing and declined-to-answer data values.

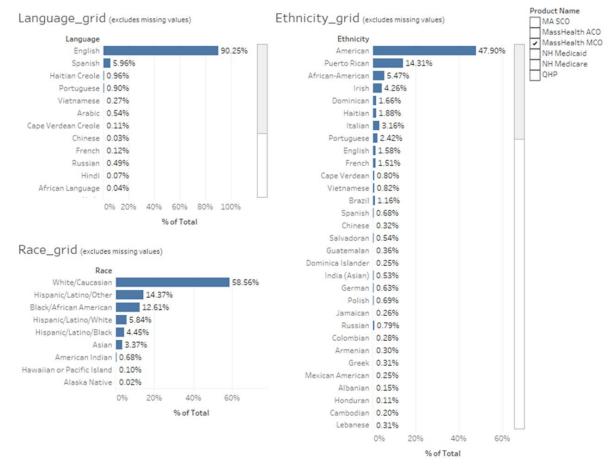


Age: The majority of WellSense Essential MCO's enrollees are younger adults, with 96.5% of the population under 65, and 3.5% over 65 years of age.

Race/ethnicity: The majority of WellSense Essentials MCO members reported White/Caucasian race at 58.56%, with Black/African American race reported at 12.61%, and Asian race at 3.37%. Currently, WellSense captures race and Hispanic/Latino ethnicity data within the same question and plans to separate these questions in the future in alignment with EOHHS Health Equity Data Standards. Race value for Hispanic/Latino/Other totaled 14.37%, with Hispanic/Latino/White race reported at 5.84% and Hispanic/Latino/Black race reported at 4.45%. Less than 1% of MCO member population reported race of American Indian, Alaska Native, or Hawaiian or Pacific Island. Ethnicity values of statistical significance returned included American (47.90%), Puerto Rican (14.31%), African American (5.47%), Irish (4.26%), Italian (3.16%), Portuguese (2.42%), Haitian (1.88%), Dominican (1.66%), English (1.58%), French (1.51%), and Brazil (1.16%). Less than 1% of MCO member population reported other values for ethnicity.

Language: The large majority of WellSense Essentials MCO members have indicated English as their preferred written/spoken language for healthcare at 86.63%. Other notable languages reported include Spanish with 7.60%, Haitian Creole at 1.77%, and Portuguese at 1.11%. All other language values were reported at <1%.





Member Race, Ethnicity, Language

Disability status (estimated by Enrollees by Rating Category): WellSense does not currently capture enrollee disability status, but plans to implement these criteria in the in the future in alignment with EOHHS Health Equity Data Standards and MassHealth Health Quality and Equity Incentive specifications.

Sexual orientation and gender identity (SOGI): WellSense does not currently capture enrollee sexual orientation or gender identity status, but plans to implement these criteria in the in the future in alignment with EOHHS Health Equity Data Standards and MassHealth Health Quality and Equity Incentive specifications. Male/female values reported by enrollees shows an even split with 50% of member reporting male and 50% of members reporting female.

iii. Significant Health Needsⁱ

a. Prevalent conditions: Chronic medical conditions are prevalent in almost half of WellSense Essentials MCO members (46.4%). The most prevalent chronic



conditions, based on diagnoses reported October 2023, are Obesity (15.9%), Heart disease/Hyperlipidemia (11.8%), Hypertension (11.7%), and Asthma (10.9%).

Most Prevalent Chronic Medical Conditions in the MCO enrollee population

Prevalence of Chronic Medical Conditions

Roster Attribution as of Oct. 23

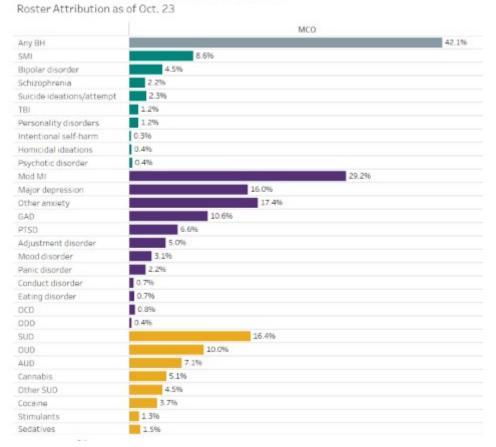
MCO 46.496 Any Medical Condition 15.996 Obesity 16.1% Other MSK 11.896 Heart disease / Hyperlipidemia 10.996 Asthma 11.796 Hypertension Headaches / Migraines 9.095 9.2% Other cardiac diseases 7.796 Anemia 4.196 Diabetes 5.096 Cardiac arrhythmia

b. Behavioral health needs: Nearly half (42.1%) of the WellSense Essentials MCO population has at least one behavioral health (BH) condition The highest-prevalence mental health conditions by diagnosis code include Moderate Mental Illness (29.2%), Other Anxiety (17.4%0, Substance Use Disorder (16.4%), and Major Depression (16.0%).

Prevalence of Behavioral Health Conditions in the MCO enrollee population



Prevalence of Behavioral Health Conditions



d. Health-related social needs: Community members in the WellSense service area have identified several priority concerns in community-level social determinants of health, with social determinants of health as a top priority. Key concerns included economic instability, food instability, housing, education access, income, and healthcare access and quality.

 iv. To the degree known at this time, observed differences in health and health care quality outcomes defined by race, ethnicity, language, disability status, sexual orientation, gender identity (RELDSOGI) and health-related social needs (HRSN); including intersectionality between one or more of these factors.

WellSense completed a data query on 12/28/2023 which included percentage of race, ethnicity, and disability criteria, along with comparative rates across the total population to evaluate health equity data points, indicating higher or lower rates of incidence. Findings showed lower rates of controlled high blood pressure and controlled hemoglobin A1C metric in Hawaiian/Pacific Islander race and Hispanic/Latino ethnicity categories. Lower rates of 7- and 30-day follow up after



emergency department visit for alcohol/drug abuse/dependence was noted in enrollees of Black or African American race, and members of Hispanic/Latino ethnicity show lower rates of initiation and engagement for treatment of alcohol or drug abuse/dependence. Pharmacotherapy for opioid use disorder was also lower for Black or African American enrollees. In the maternal health population, non-Hispanic ethic groups had a slightly lower rate of timeliness of prenatal care metric, however postpartum care metric was seen to be lower than average for Hawaiian/Pacific Islander race and Hispanic/Latino ethnicity categories.

Currently WellSense does NOT segregate data based on sexual orientation or gender identity, but we are planning to implement these criteria in the future, in alignment with EOHHS Health Equity Data Standards and MassHealth Health Quality and Equity Incentive specifications.

D. Member and Community Engagement (Suggested page count: 1-2 pages)

i. How does the ACO/MCO engage with its town/city, neighboring areas, and community members?

As stated previously, WellSense has engaged with members and the community to understand how it can best advance health equity. This includes the use of our member advisory boards such as our Patient and Family Advisory Council and the Transgender and Gender Diverse Advisory Council. These groups are comprised of members who will provide WellSense with their experience as a member and what opportunities we have to improve services. WellSense will continue to learn from and contribute to these and other community engagement initiatives to develop additional monitoring metrics and needs assessments, which will continue to be conducted.

WellSense Health Plan, as stated in our mission, is to deliver access to high-quality and high-value healthcare for low-income, traditionally underserved, disabled, elderly and other vulnerable communities in New England. With over 25 years of experience as an MCO in a mission-driven, integrated health system uniquely positions us to understand the needs of Providers and together successfully serve Medicaid Members. WellSense continually evaluates and researches the healthcare needs of our members and communities served. To improve an individual's health, the whole person is considered. To that end, WellSense Health Plan is also committed to collaborating with our community partners who can aid in our mission and help identify and meet the needs of our communities.



To ensure WellSense continues to prioritize the health needs of the community and promote health equity, WellSense collaborates with numerous organizations such as health and social service agencies, city departments, schools, neighborhood shelters and other community groups. Together we analyze needs, set priorities and work together to close gaps. (See Appendix for list of community partners).

ii. How does the ACO/MCO incorporate MassHealth member and community voices into its health equity strategic planning and implementation efforts?

WellSense Health Plan is member-centric and believe the members voice' is critical to advancing health equity. An important part of our strategy to center the voice of our patients has been taking a measured and thoughtful approach in engaging members, particularly through various member advisory boards. WellSense has spent significant time ensuring that it creates a welcoming environment for its members to engage, where they can share their experiences and where those contributions are valued.

As one example, WellSense has developed an intentional approach to recruit member representatives for participation in the Transgender/Gender Diverse member advisory council. Specifically, WellSense worked with staff at various levels of the organization to identify members interested in this opportunity. Our process includes outreaching, holding introductory calls to describe what the role entails, and sending out written communication. For members who agree to participate, WellSense provides onboarding and preparatory and debrief sessions through a facilitator.

Through this important foundational work, WellSense intends to leverage the insight shared by its member advisory boards to inform much of its work going forward and will continue to incorporate their perspective into its health equity strategic planning efforts.

iii. How does the ACO/MCO incorporate the PFAC into its strategic planning?

WellSense will convene a PFAC that encompasses the MCO as well as eight WellSense ACOs. Similar to efforts described above regarding engaging members intentionally, WellSense has taken time to be thoughtful and intentional in how it engages members for the PFAC. The PFAC has not provided input into this specific strategic plan given the short timeline for completion of the deliverable, but will continue to provide feedback into strategic planning and health equity initiatives. WellSense plans for communication between the PFAC and



organization to flow bi-directionally: WellSense will report back to each of its partners the patient/family feedback that it receives, and each partner will provide WellSense input into PFAC discussion topics.

E. Health Equity Strategic Goals (Suggested Page Count: 3-5 pages)

Provide 3-5 preliminary health equity strategic goals¹ for the period of 2023-2027 for the MassHealth population served by the ACO/MCO. Strategic goals should be directly informed by identified needs and inequities described in Section C and other organizational strategic goals related to health equity. In annual iterations of this Strategic Plan, ACOs/MCOs will report on progress towards these goals, and potentially have the opportunity to modify goals over time.

For each strategic goal, describe:

- i. Strengths, weaknesses, opportunities, and threats to achieving the goal
- ii. Anticipated actions in the upcoming year to make progress towards the goal
- iii. Key performance indicators that will be used to track progress towards the goal

WellSense Health Plan's commitment to health equity will be pivotal in improving health equity among the MassHealth population. WellSense has developed a coordinated set of strategic goals to implement across our organization. The Strategic Goals and Objectives, along with regular monitoring of the key performance indicators will provide valuable insights into progress and areas needing further attention, ensuring that WellSense continues to deliver equitable care to all patients.

Goal 1: Improve the collection of patient RELDSOGI data.

Objective 1: WellSense will increase the collection of RELD and SOGI data to 80% completeness by the end of 2027. WellSense will build appropriate data fields and establish workflows to allow for this data capture and will ensure that staff is appropriately trained to collect this information from members in a consistent and streamlined manner.

Key performance indicators:

- Number of frontline and member-facing staff trained to collect RELD and SOGI patient data
- Documentation of accurate RELD and SOGI patient data
- Completion rates of RELD/SOGI data

¹ Goals should be Specific, Measurable, Achievable, Relevant, Time bound, Inclusive, and Equitable (SMARTIE). For additional information on SMARTIE goals, please visit The Management Center (https://www.managementcenter.org/resources/smart-to-smartie-embed-inclusion-equity-goals/)



• Number of completed data field builds needed to accurately capture data

Strengths, Weaknesses, Opportunities, and Threats (SWOT)

Strengths:

• WellSense already collect data on race, ethnicity, and preferred language. While some of these will need to be adjusted to meet MassHealth's reporting standards, there is some basis to build from regarding those data fields.

Weaknesses:

• Related to the collection of disability, sexual orientation, and gender identity data, members may feel hesitant to share or may be unfamiliar with these questions and importance of collection. There is likely to be similar discomfort or lack of familiarity with those asking the questions (member-facing staff, written communication, etc.).

Threats:

• Establishing neutral, yet streamlined and consistent workflows as there may be multiple staff members and organizations asking for some form of this data.

Opportunities:

• More patient and community engagement to inform appropriate data collection workflows for members, to minimize discomfort, and to help members understand why this data is being collected.

Anticipated Actions: This goal will be achieved through the development and implementation of a series of specific training content and opportunities for staff to engage as well as close collaboration with IT and architecture to ensure the proper capture and maintenance of this data within our ecosystem.

Goal 2: Implement a Culturally and Linguistically Appropriate Services CLAS adherence program.

Objective 2a: To improve access to language services for MassHealth members with limited English proficiency (LEP) and those who are Deaf or Hard of Hearing by increasing the number of qualified medical interpreters and translated materials available at WellSense Health Plan.

Key Performance Indicators (KPIs):

- Analysis and improvement of interpreter fill rate and wait times at the call center.
- Member satisfaction scores related to language access.



• Number of member communication materials available in the most commonly spoken languages.

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Strengths:

- Organizational and staff commitment to health equity and inclusivity
- Continued efforts to increase representation of diverse and multicultural staff
- Established partnerships with community organizations and service providers

Weaknesses:

- Complex logistics in coordinating language services for a diverse member population
- Evolving patient population with rise in need for certain new language services

Opportunities:

- Leveraging technology for anticipating the need for language access
- Train bilingual staff to ensure language fluency and medical terminology

Threats:

- Evolving regulations and compliance requirements
- Data architecture must improve in order to anticipate language needs
- Potential resistance by some staff to changes in practices and protocols

Anticipated Actions: This goal will be achieved by launching comprehensive training and education on CLAS standards, and expanding language access resources.

Objective 2b: To promote cultural competence among healthcare providers and staff to better understand and serve the diverse MassHealth patient population.

Key Performance Indicators (KPIs):

- % of healthcare providers and staff have completed cultural competence training
- Distribution of culturally relevant educational materials to improve members' understanding of health conditions and treatments
- Increase the diversity of member-facing staff through targeted recruitment efforts

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Strengths:

• Commitment to diversity and inclusion.



- Access to cultural competence training programs and resources.
- Existing partnerships with organizations specializing in health equity, diversity, and inclusion in healthcare settings.

Weaknesses:

- Differing perspectives and individual resistance to cultural competence training among some staff members.
- Resource limitations for implementing ongoing training and education.
- Possible misconceptions or biases among staff.

Opportunities:

- Launch comprehensive training and education on CLAS standards.
- Foster a culture of openness and learning.

Threats:

- Staff turnover and maintaining a consistent cultural competence culture.
- Ensuring that cultural competence is embedded in daily practices.
- Member distrust due to past healthcare disparities.
- Hiring challenges especially for high demand roles.

Anticipated Actions: This will be accomplished by providing mandatory training, offering resources for self-guided learning, and tracking completion rates.

Goal 3: Reduction of Disparities in Healthcare Outcomes

Objective 3: Achieve a reduction in racial and ethnic disparities for chronic conditions by 2027. This will be achieved by screening for health-related social needs, improving equitable access to primary care, and improving member health literacy.

Key Performance Indicators (KPIs):

- Stratified quality measure performance in key disease areas
- Access to preventive care services among underserved populations
- % of patients screened for health-related social needs (HRSN)

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Strengths:

- Strong community partnerships
- Data analytics capabilities for identifying disparities
- A commitment to member-centric care

Weaknesses:



- Potential challenges in collecting accurate data on disparities
- Potential resistance to change among some staff members

Opportunities:

- Collaborate with community organizations to address social determinants
- Use of telehealth and technology to reach underserved populations
- Advocate for policy changes that promote health equity

Threats:

- Evolving healthcare regulations
- Lack of resource allocation and funding
- Community and member skepticism or mistrust in healthcare systems.

Anticipated Actions: This will be achieved by implementing targeted interventions, collecting and analyzing data on disparities, and collaborating with community organizations to address health-related social needs.

Inclusive and Equitable Considerations:

- Ensure that language access and cultural competence initiatives consider the needs of all LEP, Deaf and Hard of Hearing, and culturally diverse members.
- Engage community groups in the development and assessment of these goals to ensure they are culturally sensitive and effective.
- Monitor progress and evaluate the impact of these goals on all member populations, focusing on reducing disparities for historically marginalized groups.