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Inclusive Health Issue Brief

Introduction

For the last two decades, the health care industry has prioritized quality improvement for care and services through a broad population health lens. This approach has been critical for driving population health improvements, such as an increase in breast cancer screening rates over the last two decades.¹ Despite improved screening rates, not all subpopulations have experienced improved outcomes. As an example, mortality rates among Black women is 40% higher than average, calling attention to the need to tailor interventions toward various subpopulations to improve outcomes broadly.²

More recently, there has been an increase in targeted efforts to identify and address disparities to improve outcomes and patient experiences across subpopulations and geographies. However, many of these efforts have been focused on Medicaid, ignoring the 180 million Americans who are covered by employer-sponsored insurance despite evidence that poor outcomes and disparities impact individuals across all socioeconomic status and insurance types.³

Private and public purchasers are committed to ensuring all workers and their families receive high-quality care and experiences, regardless of personal characteristics or geographic location.

Aligning Purchasers on Standards

For private and public purchasers to be successful in improving employee health outcomes and reducing health disparities, an aligned approach is needed to ensure consistency in efforts and standards of accountability for their vendors and partners. Health plan and vendor feedback has indicated that the varied requests from purchasers has made it challenging for partners to effectively build the necessary infrastructure to meet these requests. This inconsistency hinders efforts to establish and implement the capabilities, strategies and processes needed to deliver equitable outcomes across all populations.

To create an aligned approach, PBGH launched the purchaser-led Inclusive Health Workgroup to define a shared standard of inclusive health, and the care, services and experiences purchasers expect employees and their families to receive in all health care settings. This group also partnered to outline purchasing principles to guide procurement of equitable care and services and to develop a vendor assessment to evaluate vendors' capabilities in supporting purchasers' vision for inclusive care.

¹ https://ascopubs.org/doi/10.1200/JCO.2020.38.15_suppl.e19146

² <https://www.bcrf.org/about-breast-cancer/black-women-breast-cancer-disparities/>

³ <https://www.jpmorganchase.com/content/dam/jpmc/jpmorgan-chase-and-co/who-we-are/our-business/documents/jpmc-morgan-health-norc-report-ada.pdf>

Inclusive Health Standards, Purchasing Principles and Vendor Assessment

Private and public purchasers have aligned to clearly articulate their vision for advancing inclusive health for workers and their families. PBGH's Inclusive Health Workgroup has created three distinct resources to support purchasers.

1. Inclusive health attributes outline the vision that reflects purchasers' expectations for the care and services they expect workers and their families to receive in all health care settings. These attributes are divided into six categories:

- Person- and family-centered
- Accessible
- Whole person well-being
- Integrated and coordinated
- High-quality care and services
- Accountable

2. Inclusive health purchasing principles were built to guide the procurement of equitable care and services. These principles are divided into four categories:

Principle 1:

Respectful care and services built on trusted relationships with exceptional patient experiences that optimize whole-person health and well-being and support accessibility, language interpretation and translation needs, members with different backgrounds, abilities and health literacy levels.

Patients should experience personalized care tailored to their unique and expressed needs that lead to positive health outcomes. Patients should be able to select care teams based on their self-reported preferences, build trusted relationships and receive compassionate, whole-person care.

To ensure partners are meeting these expectations, public and private purchasers can assess them for inclusive member experiences, including access to care and services, respectful and culturally appropriate care and culturally inclusive standards and training.

Principle 2:

Evidence-based, equitable, high-quality and safe care that optimizes health and clinical outcomes, support by primary care provider continuity, aligned incentives and value-based payment models.

Patients should receive high-quality, safe care that optimizes health, well-being and clinical outcomes. Care teams should have access to transparent information about the safety, quality and experience of care that providers, and facilities provide, and measurement should be used to drive improvement. Care teams should proactively monitor the patients' care to identify, eliminate and prevent poor health outcomes and disparities. Additionally, health plans and providers should leverage value-based payment models that enable providers to deliver timely, affordable, high-quality, patient-centered care. Providers should be held accountable for delivering coordinated, evidence-based services and for reducing avoidable complications that provide the flexibility to deliver appropriate care for each individual.

Private and public purchasers can hold their vendor partners accountable by assessing their vendors' ability to set disparity reduction targets, develop improvement plans and guarantee equitable performance.

Principle 3:

Accessible, timely, affordable and coordinated care for all patients, including those experiencing health-related social needs or living in regions with few or no health care providers.

Patients should receive care that is timely, affordable, coordinated, culturally concordant and accessible via multiple modalities (e.g., in person, virtual, synchronous, asynchronous) regardless of geography or personal characteristics. Care should be seamlessly coordinated across providers and facilities. Coordination should include navigation to high-quality and safe care, including behavioral health care and allow for secure messaging and patient education. Care should include assessments and closed-loop referrals to address patients' health-related social needs, such as food insecurity, transportation, etc.

To ensure members can access and are being referred to services, private and public purchasers can assess their vendors' strategies and abilities to identify health-related social needs and provide referrals to services.

Principle 4:

Accountability and transparency for quality of care across all populations and geographies.

Health care will leverage data on quality, patient-reported outcomes and patient experience stratified by the Office of Budget and Management 2024 Standards (Revisions to SPD 15), sexual orientation, gender identity and language to ensure quality of care for all demographic and geographic locations. Health plans and providers will be held accountable, either through incentives or risk-based contracts, that drive quality of care for all. Partners will utilize and share comprehensive data to support quality improvement plans, including managing individual member populations. Patients will have access to transparent pricing of medical services and drugs with affordable care options that optimize financial well-being.

Private and public purchasers can assess a vendor's ability to collect and ensure safe governance of demographic data, stratify quality and key performance metrics and report disparities in population health.

3. Inclusive health vendor assessment assesses partners for their strategies, capabilities and processes to ensure the delivery of high-quality care that leads to fair outcomes across all populations. The assessment is divided into four key categories that align to the purchasing principles:

- **Inclusive member experience:** Assessment of member experiences, including access to care or services, respectful and culturally appropriate care or services and culturally inclusive standards and training.
- **Accountability for equitable outcomes and improvement:** Assessment of a vendor's ability to set disparity reduction targets, develop improvement plans and guarantee equitable performance.
- **Addressing health-related social needs:** Assessment of a vendor's strategy and ability to identify health-related social needs and ensure referrals to services.
- **Demographic data collection, stratification and reporting capabilities:** Assessment of a vendor's ability to collect and ensure safe governance of demographic data, stratify quality and key performance metrics and report disparities in population health.

Private and Public Purchaser Inclusive Health Strategy Examples

Private and public purchasers have been successful in implementing a variety of strategies to advance inclusive health and hold partners accountable for achieving high-quality, fair outcomes. Below are examples of successful purchaser strategies:

- Required health plans take on financial risk for achieving quality and disparity reduction targets
- Launched innovative food as medicine program to ensure workers and their families are educated on and receive high-quality, nutritious foods
- Created a comprehensive inclusive health strategy that aligned to company's broader people goals
- Added family-forming benefits to support broad and equitable family-building strategies
- Collected, shared and required plans to collect demographic data for quality data stratification and disparity identification
- Added emergency fund relief and pay advance to improve financial health of employees
- Partnered with the local city government to add a bus line to address transportation barriers for employees
- Created accessible health care benefits summaries to ensure visually impaired individuals can read their benefits
- Provided coverage for doulas to increase education and support during and after pregnancy
- Tiered health care premiums based on workers' wages to improve health care affordability

Call to Action

Private and public purchasers can influence care and outcomes for workers and their families by implementing the following strategies:

- Identify disparities in care and experience for your workers and their families and develop solutions to address gaps in care or services
- Develop a health strategy that is inclusive across subpopulations and geographies
- Assess and select vendors and partners for their capabilities of ensuring equitable care and services across your entire workforce
- Evaluate and adapt your benefit coverage for inclusive benefit offerings
- Ensure accountability for high-quality outcomes, experiences and care across your worker population

Authors

Randa Deaton,
MA, PBGH

Logan Waterman,
MPH, PBGH

With support from

Jon Liu,
MD, FACP

Taylor Priestley,
MPH, MSW

About the Purchaser Business Group on Health (PBGH)

Purchaser Business Group on Health (PBGH) is a nonprofit coalition representing nearly 40 private employers and public entities across the U.S. that collectively spend \$350 billion annually purchasing health care services for more than 21 million Americans and their families. PBGH has a 30-year track record of incubating new, disruptive operational programs in partnership with large employers and other health care purchasers. Our initiatives are designed to test innovative methods and scale successful approaches that lower health care costs and increase quality across the U.S.

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