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THE VOICE FOR HEALTH CARE CONSUMERS

Opportunities to Improve Health Equity: Lessons From Other States

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Agenda:

Facilitating consumer feedback

Social Determinants of Health (SDoH)

Community Health Workers

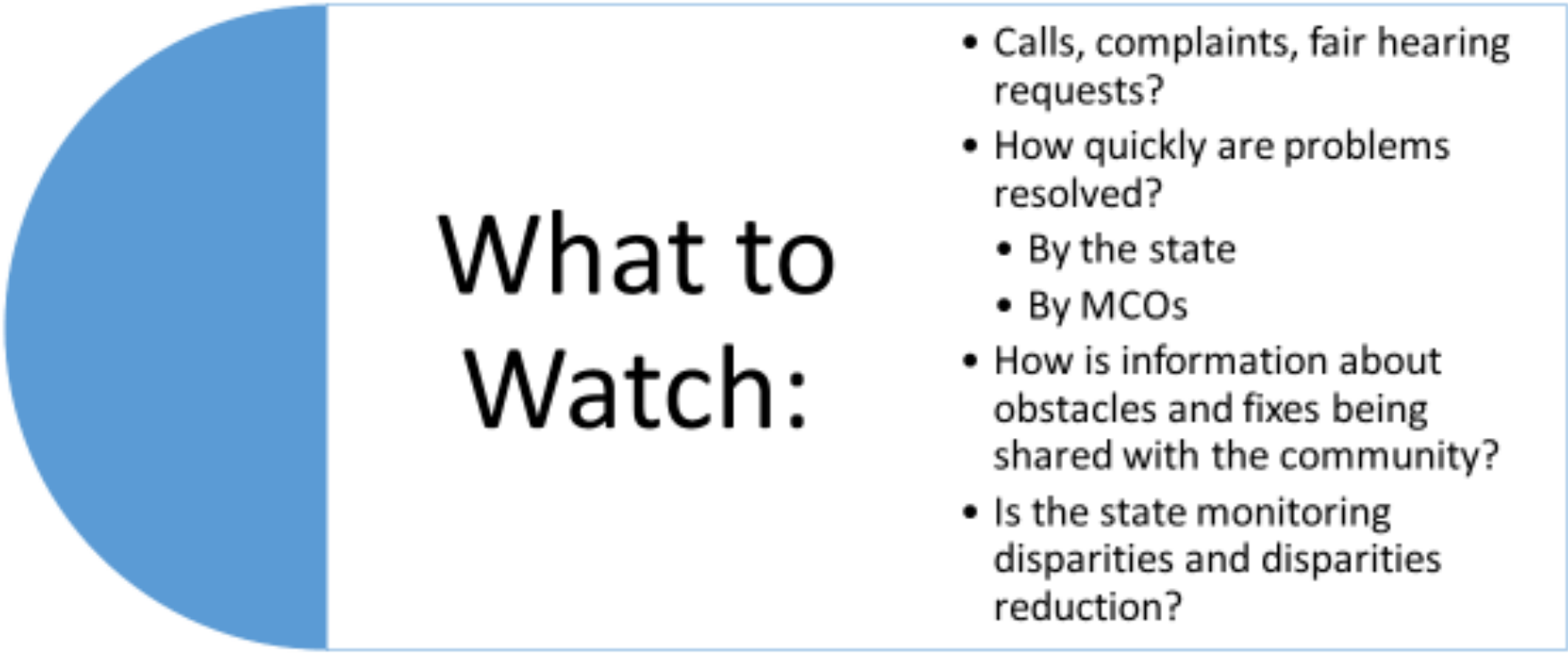
Language Access

Access to “Carved Out” Services

Discrimination in healthcare settings

Lessons from Other States

Consumer Assistance Through the MCO Transition



Sources

Facilitating Consumer Feedback

Focus Groups

- Provide financial incentives
- Gather diverse groups
- Ensure those most affected by policies are prioritized

Community Forums

- Work directly with community leaders to convene forums
- Be transparent
- Open to feedback
- Be proactive!

On-going Relationships

- Create opportunities for consumers to provide feedback outside of large events
- Head Start Medicaid Managed Care Monitoring Team

Sources

Social Determinants of Health (SDoH) – Examples from Oregon

"conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes"

Determining SDoH	Collaborate with Community Based Orgs (CBOs)	Funding
• In OR, CCOs must make investments of SDoH that have been ID'd in CHNA • CCOs req to conduct CHNA with community input • This process remains an option for other states, not currently required	• Facilitate conversations with CBOs • Develop action plan to address SDoH needs • Remain transparent with community members • OR example – HB 2337	• Build relationships with health agencies interested in SDoH • Leverage relationships to bring in funding sources • Coordinate funding for multiple sources along with other agencies

Sources

North Carolina's Model for Addressing SDOH is new

Health Opportunity Pilots

- MCOs (PHPs) decide who qualifies for services to address certain social determinants of health
- Care managers in the MCOs propose/manage services for enrollees who would benefit
- Human service organizations that deliver the services are paid directly by Medicaid according to a fee schedule
- Lead pilot entities oversee the human service organizations in a region

Sources

Using CHWs as an Integral Part of the Workforce

North Carolina MCO contracts require:

- Peer specialists and community heath workers can be part of a care management team;
- CHWs have access to the NC resource platform
- For at-risk children and for high-risk pregnancies, CHWs work under the supervision of a trained care manager.

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What to Watch

Are MCOs in fact using CHWs and peer specialists both in community health centers and more broadly?

Does the same system apply to traditional health workers in the Native American Community? Are they still easily able to practice?

How is billing for CHWs handled – and does this encourage or discourage their use? What about for peer specialists?

Are people who have certified as CHWs easily getting onto MCO care teams?

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Examples from Other States

OR:

- Coordinated Care Organizations must integrate and use Traditional Health Workers
- Oregon Health Authority sponsors an ongoing Traditional Health Worker Learning Collaborative

MN:

- Managed Care Organizations (MCOs) are contractually required to cover CHW services, receive a Per-Member-Per-Month (PMPM) payment. They can also be reimbursed in fee for service Medicaid. But billing and service limits hinder their use.

NM:

- MCOs are contractually required to connect their members with CHWs and incorporate CHW integration costs into their budgets.
- MCOs pay for CHWs through both specially developed PMPMs and through FFS reimbursement

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Language Access

Contracts and federal regulations: MCOs must provide for interpreters and for language access and include taglines on materials in other languages.

To monitor:

- Do hospitals/facilities have language access plans and coordinators?
- Are people getting the help they need from member services and through their providers? Are materials readable and accessible?
- What does data show?

See California Pan Ethnic Health Network briefs and state recommendations: https://cpehn.org/what-we-do-2/our-projects/health-equity-system-transformation-project/

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Language access advocacy examples

WA:

- Language access messages at the beginning of calls
- More linguistically diverse staff at call centers
- Outreach about services (like breast, cervical and cancer screening) available regardless of immigration status

NY:

- Identified twelve prevalent languages and priority materials to be translated.

OR:

- Access to quality interpreters is a performance measurement

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What to Watch: Integration

Carve out services

- Example: NC primary care providers screen for oral health problems, but oral health services are carved out of managed care.
- Monitor:
  - How are referrals to oral health providers going? Is the state monitoring whether patients screened then get dental appointments?
  - How is outreach about oral health services going?

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Discrimination

Create opportunities for consumers to share experiences of discrimination

- Complaints and patterns should be consistently monitored and resolved
- Move beyond website complaint option
- How can burden be shared? How can CBOs and agencies help?

Sources

Provider training – stopping complaints before they happen

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Sources

Findings from the Healthcare Equality Index (HEI)

Findings

THE HEALTHCARE EQUALITY INDEX 2020 asked participants a series of questions about LGBTQ-inclusive policies and practices. Those questions are divided into four criteria outlined in more detail in Appendix A beginning on *page 52*. Responses to the criteria are reported in aggregate in the following pages to indicate national trends and facilitate benchmarking.

Individual facility scores for these criteria can be found online at *hrc.org/hei/search*.

Criteria 1 – Non-Discrimination and Staff Training

- Patient Non-Discrimination
- Equal Visitation
- Employment Non-Discrimination
- Staff Training

Criteria 2 – Patient Services and Support

- LGBTQ Patient Services and Support
- Transgender Patient Services and Support
- Patient Self-Identification
- Medical Decision-Making

Criteria 3 – Employee Benefits and Policies

- Employee Benefits and Policies
- Transgender-Inclusive Health Insurance

Criteria 4 – Patient and Community Engagement

- Patient and Community Engagement

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Sources

Medstar Hospital Changes Visitation Rule

A federal disabilities discrimination complaint results in positive change

Creating complaint measures can result in positive change!

Sources

What to Watch: Data

Disparities Reduction

- Some states are measuring racial, ethnic, language, age and disability disparities in managed care performance, and gradually moving to incentivize equity:

Making Progress Toward Health Equity: Opportunities for State Policymakers to Reduce Health Inequities Through Payment and Delivery System Reform,

https://familiesusa.org/wp-content/uploads/2020/12/HE-12_Making-Progress-toward-Equity-Issue-Brief_12-18-20.pdf

Measuring and Improving the Quality of Medicaid-Funded Care to Reduce Disparities in Health and Health Care Outcomes, https://familiesusa.org/wp-content/uploads/2020/12/HE-277_Technical-Assistance-Document.pdf

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