Texas MCO SDOH Learning Collaborative:

Webinar Summary

*Made possible by the Episcopal Health Foundation*

**February 11, 2022**

**1:00 pm – 2:30 pm CT**

**Webinar recording available** [**here**](https://youtu.be/U-fpRxhbu3o)

# Health Equity Kickoff Call

## Agenda

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| **Welcome and Introductions*** Anna Spencer welcomed participants and provided an overview of the session. She then described the next phase of the MCO SDOH Learning Collaborative (LC), which will focus on strategies to address health equity. Sessions will include group webinars and smaller workgroups.
 | *Anna Spencer, Senior Program Officer, Center for Health Care Strategies (CHCS)* |
| **HHSC Updates (5:17 of this** [**recording**](https://youtu.be/U-fpRxhbu3o)**)*** Andy Vasquez reflected on his experiences learning about how race and ethnicity are linked to poorer health outcomes.
* He noted that access to data is a prerequisite to understanding the factors that drive health disparities and health inequities, and are an essential component to evaluating interventions to address both.
* Andy also reflected on barriers to solving race-based health disparities, including challenges collecting high-quality data and lack of buy-in from some stakeholders.
* HHSC is thinking about how to address health disparities, including those based on race, geography, disability, and age. CMS and other national stakeholders, both inside and out of Medicaid, are also encouraging and supporting work related to advancing health equity. This broad focus on health equity, including through the Texas MCO SDOH Learning Collaborative, demonstrates that there is great potential to promote more equitable health care and outcomes for people in Texas and beyond.
* Andy also announced his retirement from HHSC at the end of February 2022.
 | *Andy Vasquez, Deputy Associate Commissioner for Quality and Program Improvement, Health and Human Services Commission (HHSC)* |
| **Remarks from TACHP (15:20 of the recording)*** Kay Ghahremani discussed the potential of Texas Medicaid Managed Care Organizations (MCOs) to address health equity given their experience working with vulnerable populations, and mission to improve health outcomes for low-income individuals.
* She noted that MCOs have been addressing social determinants of health, but that the racial and ethnic makeup of communities are also key factors related to health equity.
* She reflected that, though there are challenges to accessing completed data related to enrollee race and ethnicity, there are other data sources which identify health disparities in Texas.
* For example, the UT School of Public Health has interactive maps showing health disparities, and the Texas Health Institute shares county-level health data.
* Finally, she noted opportunities for health plans to address health equity, including through their cultural competency training, meeting the needs of high-risk individuals, and addressing social determinants of health.
 | *Kay Ghahremani, President and CEO, Texas Association of Community-Based Health Plans (TACHP)*  |
| **EHF Welcome (24:21 in the recording)*** Shao-Chee Sim provided opening remarks. He noted that this group has been working together for multiple years to improve health for Texans and is excited about this year’s focus on health equity.
* He shared the Health Affairs special issue on [Racism & Health](https://www.healthaffairs.org/toc/hlthaff/41/2), which was sponsored by the Episcopal Health Foundation and other funders.
 | *Shao-Chee Sim, Vice President for Research, Innovation and Evaluation, Episcopal Health Foundation (EHF)* |
| **National Focus on Health Equity (26:58 in the recording)*** Anne Smithey provided an overview of three health equity areas of interest: (1) the collection of race, ethnicity, language and disability (RELD) data; (2) maternal/child health disparities; (3) and rural health access and outcomes.
* She described the national focus on health equity, including from CMS and the CMS Innovation Center that have recently released a number of strategic documents identifying promotion of health equity as one of their key goals. These agencies plan to strengthen data collection, develop and disseminate best practices for promoting health equity, support workforce development to better serve people experiencing disparities, engage with providers and beneficiaries in under-served communities, and improve access to care.
* These agencies have already started taking action through a number of programs, including [birthing-friendly hospitals](https://www.cms.gov/newsroom/press-releases/hhs-announces-efforts-help-expand-nationwide-access-and-coverage-high-quality-maternal-health), changes to [end-stage renal disease programs](https://www.cms.gov/newsroom/press-releases/cms-takes-decisive-steps-reduce-health-care-disparities-among-patients-chronic-kidney-disease-and), and development of the equity-focused [state transformation collaborative](https://hcp-lan.org/state-transformation-collaborative/).
* Other national players, including the National Committee for Quality Assurance (NCQA), the Health Care Payment Learning and Action Network (HCP LAN), and the American Medical Association (AMA) are also prioritizing efforts to promote health equity.
* Diana Crumley explored Medicaid’s role in addressing health equity and outlined key state approaches to promote equitable care and outcomes.
* These approaches include defining equity goals, partnering with communities to understand their priorities and seek their input on policy and program design, enhancing access to primary care, promoting collection of RELD data, and targeting social needs.
* She discussed how Louisiana’s Medicaid program is using multiple approaches to address health equity, including through setting statewide goals, creating a [Health Equity Plan and Health Equity Action Teams](https://ldh.la.gov/assets/cphe/Equity_Framework.pdf) across the Louisiana Department of Health, developing strategies for community engagement, and focusing their MCO procurement on health equity.
* Finally, she presented on Texas’s work to-date on promoting health equity, including expanding the length of postpartum coverage in Medicaid, participating in CMMI’s [Community Health Access and Rural Transformation (CHART) Model](https://innovation.cms.gov/innovation-models/chart-model), and the development of [health equity measures](https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/policies-rules/1115-waiver/nov-2021/attachment-w-texas-medicaid-health-equity-measures.pdf) for the [P4Q](https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/pay-quality-p4q-program) and [Hospital Quality-Based Payment](https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/potentially-preventable-events) programs.
 | *Diana Crumley, Senior Program Officer, CHCS**Anne Smithey, Program Officer, CHCS* |
| **Medicaid Managed Care Approaches to Advance Health Equity (46:18 in the recording)*** Nadia Glenn shared findings from IMI’s 2021 [Annual Health Plan Survey](https://www.medicaidinnovation.org/current-initiatives/annual-mmco-survey), highlighting how Medicaid MCOs are addressing health equity.
* *Strategy and leadership*: 93% of plans surveyed had a health equity plan. MCOs support implementation of their health equity plans through supportive programming, staffing, and developing partnerships with small and diverse businesses.
* *Community engagement*: plans are partnering with community health centers, community-based organizations (CBOs), and members themselves to better understand the needs and priorities of members, and to co-develop effective interventions.
* Plans should identify health and social needs in their different service areas to create area-specific programming with a “floodlight, flashlight” data lens. The “floodlight” is plan-wide data, which can identify some areas of interest and plan-wide strategy, while the “flashlight” is area-specific information from members and CBOs used to tailor programs.
* *Population health management*: population health management activities can be formulated to prioritize health equity by using RELD data to identify disparities and develop specific programs for populations experiencing disparities. Plans and network providers should consider which methodologies are used to identify high-risk members, because some race-based algorithms may harm members.
* *Value-based payment*: 90% of plans have a value-based payment program in place. Plans can use the strategies outlined in [*Leveraging Value-Based Payment Approaches to Promote Health Equity*](https://www.chcs.org/media/Leveraging-Value-Based-Payment-Approaches-to-Promote-Health-Equity-Key-Strategies-for-Health-Care-Payers_Final.pdf) to modify their programs to prioritize health equity.
 | *Nadia Glenn,* Deputy Executive Director, *Institute for Medicaid Innovation (IMI)* |
| **Facilitated Q&A (1:10:30 in the recording)*** Medicaid plans are not typically using artificial intelligence (AI) in their algorithms, but care management vendors are often implementing these methods to identify at-risk members.
* Community health workers and other peer models are good opportunities to hire community members and provide members with effective care that integrates their shared lived experiences.
* Plans are also partnering with CBOs and offering financial support to allow CBOs to innovate to address health-related social needs.
* States and plans are exploring the opportunity to increase postpartum coverage as a way to start addressing maternal health disparities.
* Promoting health equity is a long-term journey. It can be intimidating, but it’s helpful to start small and think about incremental steps. There are a lot of ways plans can start to make a difference for their members.
* MCOs can use their Performance Improvement Plans to promote health equity. For example, one plan is providing a maternal health modules for network providers to address maternal health equity.
 | *D. Crumley, CHCS* |
| **Wrap Up and Adjourn (1:35:45 in the recording)*** Participants were asked to complete a survey to help guide next steps for the MCO SDOH Learning Collaborative.
 | *A. Spencer, CHCS* |