

Texas MCO SDOH Learning Collaborative: Webinar Summary

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May 20, 2022

12:00 pm – 1:00 pm CT

Webinar recording available [here](#)

Federal Perspective: The CMS Innovation Center's Commitment to Equitable Outcomes through High-Quality, Affordable, Person-Centered Care

Agenda

Welcome and Introductions

- Anna Spencer welcomed participants and introduced the session presenter, Dr. Dora Hughes, Chief Medical Officer of the CMS Innovation Center.
- Shao-Chee Sim (Episcopal Health Foundation) spoke about Dr. Hughes's prior experience working with the Episcopal Health Foundation on to help set up the Accountable Communities for Health in Texas.
- Kay Ghahremani (Texas Association of Community Health Plans) reflected on the role of the CMS Innovation Center in driving many innovations in health care over the last decade.
- Jessica Lynch (Texas Association of Health Plans) provided an update on ongoing SDOH work in the state. First, the HHSC [Value-based Payment and Quality Advisory Committee](#) is currently working on recommendations for the Texas legislature. Second, she recommended reading the new [Housing Choice Plan](#) report, published in May 2022; the report includes guiding principles and recommendations relating to the housing continuum for persons with mental health needs, substance use histories, and/or intellectual or developmental disabilities.

Anna Spencer, Senior Program Officer, Center for Health Care Strategies (CHCS)

HHSC Welcome (6:17 of the recording)

- Jimmy Blanton welcomed meeting participants and thanked Dr. Hughes for her willingness to share the federal perspective with Texas stakeholders.
- He noted that his office is currently working to inventory the many projects MCOs are working on to address root causes of poor health; HHSC is looking for opportunities to support this work.
- He reflected on the influence the Innovation Center has had on HHSC's work to increase adoption of alternative payment models (APM), including HHSC's interest in thinking about ways to increase partnership and coordination across Medicaid stakeholders – MCOs, providers, community-based organizations – when adopting APMs.

Jimmy Blanton, Director, Office of Value-Based Initiatives, Texas Health and Human Services Commission (HHSC)

The CMS Innovation Center's Strategic Objectives (9:22 of the recording)

- Dr. Dora Hughes reminded the audience about the role of the CMS Innovation Center – to “test innovative payment and service delivery

Dora Hughes, MD, Chief Medical Officer, Center for Medicare & Medicaid

models” that result in cost savings and improved quality of care. She noted that the Innovation Center has created a variety of demonstration projects that test APMs related to specific health conditions, episodes of care, provider types, and communities across multiple payers. These models have touched over 26 million beneficiaries in all 50 states.

- The Innovation Center has recently engaged in a strategic refresh and has shared key lessons learned over the past 10 years of program development. These lessons include a need to: (1) increase focus on partnering with Medicaid programs; (2) increase focus on health disparities; (3) streamline models to have fewer overall projects; (4) provide better support for safety net providers, including helping providers move to downside risk; (5) increase emphasis on measuring quality improvement as an objective, rather than focusing solely on cost; and (6) increase input from patients and beneficiaries.
- She shared the [vision of the Innovation Center for its next 10 years](#), which includes a focus on supporting accountable care and advancing health equity. Future models will be more likely to address SDOH, address and evaluate impact on health equity, serve beneficiaries in underserved communities, and require sociodemographic data collection to identify disparities.
- Dr. Hughes then provided an overview of key CMS Innovation Center models that support more equitable care and address SDOH. These models include:
 - [Accountable Health Communities](#) – addresses SDOH through systematic screening of beneficiaries, referrals and community service navigation, and support of community-wide partnership. There are three Accountable Health Communities in Texas.
 - [Integrated Care for Kids](#) – child-centered model for children covered by Medicaid and CHIP.
 - [Maternal Opioid Misuse Model](#) – service-delivery model designed to improve care and reduce costs for pregnant and postpartum Medicaid beneficiaries with opioid use disorder and their infants. This is a statewide model operating in Texas and nine other states.
 - [CHART](#) – a model focused on rural communities. It is designed to align incentives, improve access to care and outcomes, and increase adoption of APMs which include upfront funding in rural communities. This is a statewide model operating in Texas and three other states.
 - [Primary Care First](#) – a successor to the CPC and CPC+ models which focuses on improving advanced primary care delivery, including a focus on multi-payer APMs.
 - [Medicare Advantage Value-Based Insurance Design](#) – a model designed to test flexibility to modify aspects of coverage to address the needs of underserved enrollees.
- She also highlighted the new [ACO Realizing Equity, Access, and Community Health \(REACH\) Model](#), which is the Innovation Center’s first model with an explicit focus on health equity. It includes five provisions designed to explicitly test innovations to advance health equity:
 - Submission and implementation of a Health Equity Plan to identify underserved patients and reduce health disparities;

- Use of a Health Equity Benchmark Adjustment to increase the benchmark for provider organizations serving higher proportions of underserved beneficiaries;
- Requirements to collect sociodemographic data;
- Benefit enhancement for nurse practitioner services to increase access to care; and
- Consideration of experience serving underserved populations in scoring the application to participate in the model.
- Dr. Hughes noted that the CMS Innovation Center would be interested in hearing any feedback related to the Innovation Center’s models and new strategic efforts that meeting participants would like to share based on today’s presentation.

Facilitated Q&A (47:04 in the recording)

*Laurie Vanhoose, Principal,
Treaty Oak Strategies*

- Laurie Vanhoose facilitated a Q&A session for Dr. Hughes.
- Dr. Hughes highlighted the Learning & Diffusion Group within the Innovation Center. They are interested in learning what needs exist in potential model participants, especially at a regional level. For example, they would be interested in learning about the following topics from stakeholders across the country:
 - What type of learning support is needed, both at a 1:1 level and at a regional level, to increase participation in Innovation Center models;
 - What types of flexibilities are needed to improve care across the country (e.g., flexibility to deliver telehealth, help developing 1115 waivers); and
 - What supports – financial and non-financial – are needed by safety net providers to enhance participation in APMs.
- The Innovation Center is also following work from the [Health Equity Advisory Team](#) at the HCP LAN that recently shared some of [their work related to social risk adjustment](#).
- Finally, she noted that the Innovation Center is working with key stakeholders and advocates to understand how to help safety net providers be prepared to take on financial risk.

Wrap Up and Adjourn (55:20 in the recording)

Anna Spencer, CHCS

- Anna Spencer shared next steps for the MCO SDOH Learning Collaborative, which will include hosting a workgroup focused on maternal and child health.