Advancing Health Equity Through Medicaid Managed Care: An Introduction for States

June 20, 2019 | 2-3 pm EDT

STATE Health & Value STRATEGIES

Driving Innovation Across States

A grantee of the Robert Wood Johnson Foundation
About State Health Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University’s Woodrow Wilson School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

Support for this webinar was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.
Welcome

All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box at the bottom right of your screen.

After the webinar, the slides and a recording will be available at www.shvs.org.
Today’s Facilitator and Presenters

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Agenda

1. Webinar series overview
2. Introduction to health equity
3. What health equity means in practical terms, barriers to realization and impact of health disparities
4. Health care contributors to health disparities
5. Conversation with the presenters
6. Wrap-up
Webinar Series Overview

• This series of five webinars is designed to assist state Medicaid agencies in advancing health equity through their contracted Medicaid managed care organizations.

• The webinars are open to all interested state Medicaid agencies with any interested state agency partners (e.g., departments of public health).

• Webinars will be supplemented with “virtual office hours” telephone calls for interested states with content experts on topics of state choosing.
RWJF Support for Health Equity

• In addition to this webinar series, RWJF is supporting the Advancing Health Equity program led by the University of Chicago.
UChicago’s Advancing Health Equity: Leading Care, Payment, and Systems Transformation

Goals
• Help state Medicaid agencies, MMCOs, and health care provider organizations achieve their health equity goals
• Uncover and disseminate best practices and policy recommendations

Activities
• Learning Collaborative (closed/application and review process)
  – Teams consisting of MMCOs working with their state Medicaid agency and health care provider organizations with whom the MMCO has a contract or formal agreement.
  – Teams will design and implement payment reforms that facilitate equity-focused health care delivery redesign.
    • Group and tailored educational opportunities (e.g., webinars)
    • Technical assistance
• Tailored, equity-focused TA to state Medicaid agencies participating in the initiative

Leadership
• The University of Chicago
• Institute for Medicaid Innovation
• Center for Health Care Strategies
Your Questions and Challenges

• While we have identified webinar topics that we think have relevance for states, we want to learn what you most want.

• What topics would you like addressed through future webinars, or through “virtual office hours” calls with content experts?
One topic raised by a state prior to today’s webinar:

• “How can states contribute to building the evidence base on adopted interventions for disparities through their evaluations, partnering with academic institutions, etc.?”
Our Next Two Webinars

• **July 9**: Advancing Health Equity in Medicaid Managed Care – Using Data Collection and Measurement
  – **Presenters**: Michael Bailit, Bailit Health, Michigan Medicaid and Minnesota Medicaid

• **August 27**: Evidence-based Strategies for Reducing Health Disparities
  – **Presenter**: Marshall Chin, UChicago, and Co-Director, RWJF’s Advancing Health Equity program
What is health equity?

June 20, 2019

Paula Braveman, MD, MPH
Center on Social Disparities in Health and Family and Community Medicine
University of California, San Francisco
“The poor are getting poorer, but with the rich getting richer it all averages out in the long run.”

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Why discuss definitions?

- Many different definitions of health equity and health disparities or inequalities – some substantive vs semantic concerns
- Achieving health equity requires a long, strategic process engaging diverse stakeholders with diverse agendas
- Lack of clarity risks getting lost along the way, despite the best intentions
To define and measure health equity, we must define health disparities

Many federal agencies define health disparities as: Differences in prevalence, incidence, or severity of diseases among different populations

**Strengths**
- Avoids ideological controversy
- May prevent backlash

**Weaknesses**
- Does not reflect social justice
- Does not provide guidance about allocating resources equitably
Health inequity

Differences in health that are not only avoidable and unnecessary but also unfair and unjust (Whitehead)

Strengths
- Clear, simple
- Compelling

Weaknesses
- Fairness, justice and avoidability are highly subjective
- Does not guide measurement
Are all health differences unfair?

- More arm/leg fractures in skiers vs non-skiers
- If wealthy people in Manhattan had an illness that wealthy people in Beverly Hills did not have
- Younger adults are generally healthier than elderly
- Men have shorter life expectancy

- Who determines what’s fair?
- How?
Some define health disparities as:

Health differences **caused by** social injustice

**Strengths**
- Explicit regarding values
- Intuitive

**Weaknesses**
- Difficult to prove causal link between social disadvantage & many health outcomes
- Causes of many important health disparities are unknown or contested
What if the causes are unknown?

- African-American newborns are over one and a half times as likely as White newborns to be born prematurely
  - predicting infant mortality, childhood disability, and adult chronic disease
- Unknown causes
- Can we call it unfair?

African-American newborns are over one and a half times as likely as White newborns to be born prematurely.
Human rights principles can inform definitions of health disparities & equity

- Non-discrimination: not just intentional bias, but also *de facto* (institutional, structural) bias
- Societal obligation to prevent and remediate discrimination
- Obligation to remove avoidable obstacles to health, especially for groups facing more obstacles
- All rights are inter-connected. Cannot realize “the right to health” without rights to decent living standards, education, civil rights
  - All determinants of health, not just health care
    - E.g., food & housing security, education, freedom from discrimination...
Greater obstacles to health for some
Healthy People 2020 -- Disparities are:

Plausibly avoidable, systematic health differences adversely affecting a socially disadvantaged group

**Strengths**
- Explicit regarding values
- Values are universal
- Measurable
- Conceptually & technically sound
- Does not require proving causality

**Weaknesses**
- Complex
- Abstract
- Not very intuitive or compelling
Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination & their consequences—including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.
Basic elements of health equity

- Justice
- Focusing on the disenfranchised or marginalized
- Looking upstream at fundamental causes
UPSTREAM: The source

DOWNSTREAM: Exposure and health effects

CENTER ON SOCIAL DISPARITIES IN HEALTH
University of California, San Francisco
Why should Medicaid managed care plans address health equity?

- Medicaid is inherently about equity in health care
- But are there inequities within Medicaid managed care?
- Inequities in other realms (e.g., economic, racial/ethnic, disability) constrain MMC’s ability to achieve its goals
- Ethical and human rights reasons
- Pragmatic reasons: compelling evidence of how social factors affect health
  - Adverse social determinants of health drain health-care resources
Go upstream, addressing obstacles to health experienced by groups that have faced more obstacles

- Marginalized racial/ethnic groups, immigrants, LGBTQ persons, persons with disabilities…
  - Address their obstacles within MMC systems
  - Obstacles in other realms, such as food insecurity, housing insecurity, education, unemployment…
- Many health care systems are doing this now
  - Compelling evidence of how social factors affect health

- Moving out of comfort zone into uncharted territory
- Need to know where we are headed and why
Health Equity

Tekisha Dwan Everette
Executive Director
Health Equity Solutions
My Story/My Why

- Humble beginnings
- Medicaid participant
- Suffered with and from undiagnosed asthma as a school aged child
- My personal story is one of success, the overall story is one of failure
  - Failure in access to care
  - Failure in the delivery of the care received
  - Failure in equity
What Is Health Equity…

- Process
- Way of Being/Doing
- Endpoint Goal

Image from Story Based Strategy
http://www.storybasedstrategy.org/blog/the4thbox
Advancing Equity: It’s a lot more than SDoH

• The health system, by design, fosters inequity

• Current focus is on social determinants --> I AGREE with this, BUT
  – The point is not that health equity = social determinants, RATHER
  – We can leverage the health care system to advance health equity by addressing SDoH

• To fully achieve health equity, we need to:
  – Examine the ways in which the system fosters inequity
  – Use data to understand & address the gaps (particularly along the lines of demographic groups who face grave disparities)
Fostering Inequity/Injustice: Language

• “The patient is non-compliant.”
• “I told her if she would stop eating rice her diabetes would improve.”
• “I don't need to hear about equity. I treat all my patients the same.”
• “This would be so much easier if he wasn’t fresh and knew the language…”
Fostering Inequity/Injustice: Institutional Policy

- “We don’t accept Medicaid patients.”
- “We only see Medicaid patients on Tuesdays.”
- “Our office hours are M-F, 9am-3pm.”
- Not having bilingual staff
- All patients are the same
Fostering Inequity/Injustice: Systems

- Norming healthcare to White population (research studies/clinical trials/standards of care)
- Reducing Medicaid eligibility
- Low minimum wage thresholds
- Cumbersome requirements for health care programs
- Education/Housing/Zoning/Welfare/Healthcare policy
Fostering Inequity/Injustice: Health Delivery

- Implicit Bias/Unconscious Bias
- Lack of cultural humility (individual & organization level)
- Diagnosis without dialogue
Advancing Health Equity: Access

- Access to health care is often aligned with coverage
- Other side of the coin to coverage is the ability to utilize coverage
  - Are providers accepting Medicaid?
  - Are they accepting NEW Medicaid patients?
  - Are there limited days or hours for Medicaid patients?
  - Expanded or different hours for working parents
- Expand/incentivize acceptance of Medicaid among providers
  - Some have explored this as a requirement of licensure
Advancing Health Equity: Delivery

- Care delivery tends to focus on acute resolution of illness rather than wellness
- Tends to exist within the context of the institutional walls → Incentivize going BEYOND THE WALLS
- Take a community approach → Partnership
- Pay for quality
Opportunities for Health Equity in Medicaid

- Data reporting by key demographics (race/ethnicity)
- Community Health Workers/Patient Navigation
- Measurement/metrics driven by equity
- Procurement process
Discussion

• First, Michael Bailit will pose several questions to panelists.
• Second, we will open up the discussion for your questions.
• The slides and a recording of the webinar will be available at www.shvs.org after the webinar.
Wrap-Up

• Should you wish to identify health equity-related topics that you would like addressed in future webinars, and/or during “virtual office hours” calls with or other states or other content experts, please email Rachel (risaacson@bailit-health.com).

• As a reminder, our next webinar is scheduled for July 9 (2pm EDT) and is titled “Advancing Health Equity in Medicaid Managed Care – Using Data Collection and Measurement.” We will be joined by presenters from the Michigan and Minnesota Medicaid programs.
Thank You

Health equity is a goal we can achieve, and it's within our power to do so. We have the tools and the knowledge to make health equity happen, but it's up to all of us to use them.

- Georges Benjamin, MD, Executive Director, American Public Health Association
Thank You

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