

# The Medicaid MCO Experience in Addressing Health Equity

October 22, 2019 | 2-3 pm EDT

**STATE**  
Health & Value  
**STRATEGIES**

*Driving Innovation  
Across States*

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# About State Health and Value Strategies

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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](http://www.shvs.org).

**Questions?** Email Heather Howard at [heatherh@Princeton.edu](mailto: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 from State Health and Value Strategies (SHVS)

**Dan Meuse**

Deputy Director

State Health and Value Strategies

[dmeuse@princeton.edu](mailto:dmeuse@princeton.edu)



# Today's Facilitator and Presenter

## **Michael Bailit**

President  
Bailit Health



## **Brian Lloyd**

Senior Manager, Clinical  
Education & Strategic  
Initiatives, HealthPartners



# Housekeeping Details

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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](http://www.shvs.org)**.



# Agenda

1. Health equity webinar series
2. The HealthPartners experience in addressing health equity
3. Conversation and your questions
4. Wrap-up

## Webinar Series Overview

- This series of five webinars was designed to assist state Medicaid agencies seeking to address health equity in partnership with their contracted Medicaid managed care organizations.
- Today's webinar is the last in this series. Recordings and slide decks from previous webinars are available on [www.shvs.org](http://www.shvs.org)



HealthPartners®

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# **Health Equity**

## **Moving from Information to Action**

October 15, 2019

**Brian Lloyd**

Sr. Manager, Clinical Education & Strategic Initiatives

# Overview

- How we've created momentum
- What we've done
  - Framework for our work
  - Data collection
  - Actions taken
- Takeaways



# HealthPartners®

## Health Plan

- 1.8 million health and dental members

## Care Group

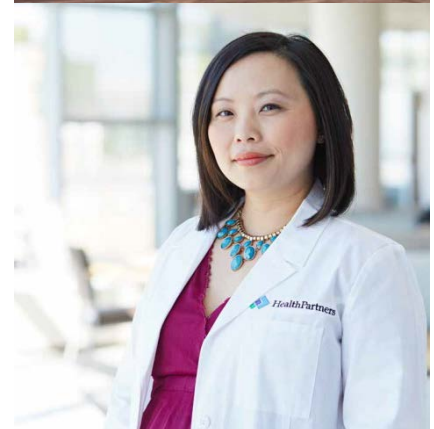
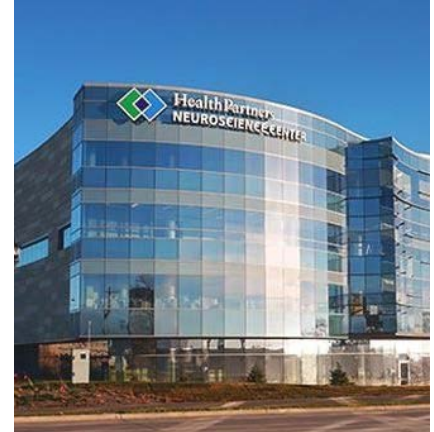
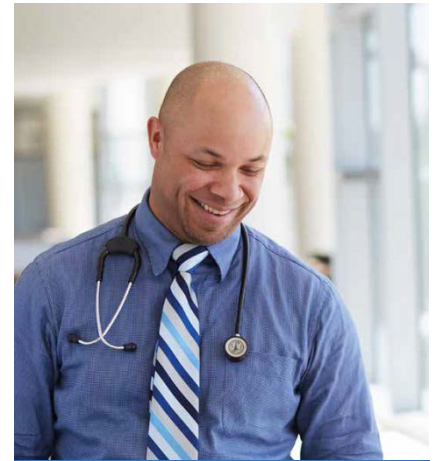
- 1.2 million patients
- 1,800 physicians
  - **Park Nicollet**
  - **HealthPartners Medical Group**
  - **Stillwater Medical Group**
- 55+ medical and surgical specialties
- 50+ primary care 22 urgent care locations
- 70 dentists
- TRIA Orthopedic Center
- Physicians Neck & Back Center
- [virtuwell.com](http://virtuwell.com)

## Eight Hospitals

- Regions: 454-bed level 1 trauma and tertiary center
- Methodist: 426-bed acute care hospital
- Lakeview: 97-bed acute care hospital
- Hutchinson Health: 66 bed acute care hospital
- Amery, Hudson, and Westfields: Western WI hospitals
- St. Francis: 86-bed community hospital (partial owner)

## HealthPartners Institute

- 400+ research studies each year; 550+ medical residents and fellows





# HealthPartners®

## Mission

To improve health and well-being in partnership with our members, patients and community

## Vision

**Health** as it could be, **affordability** as it must be, through **relationships** built on trust

## Values

Excellence | Compassion | Partnership | Integrity

# Partners for Better Health Goals 2020

## Health as it could be,

Care and coverage are:

- Compassionate
- Safe
- Coordinated
- **Equitable**
- Based on individual needs, well-informed decisions and what works
- Best-performing in quality for all
- Integrated to link good oral, mental and physical health

Members and patients have support, education and engagement for healthy lifestyles.

Community partnerships support social, economic and environmental health and well-being.

## Annual Plan 2020

**“Measurably improve health equity by addressing racial and economic disparities, and influence and participate in community collective action”**

**“Increase diversity across all roles and strengthen culture of inclusion across all teams”**

# Why?

**Right  
thing to  
do**

**Business  
case**

## Equality



## Equity



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# Business Case on Many Levels

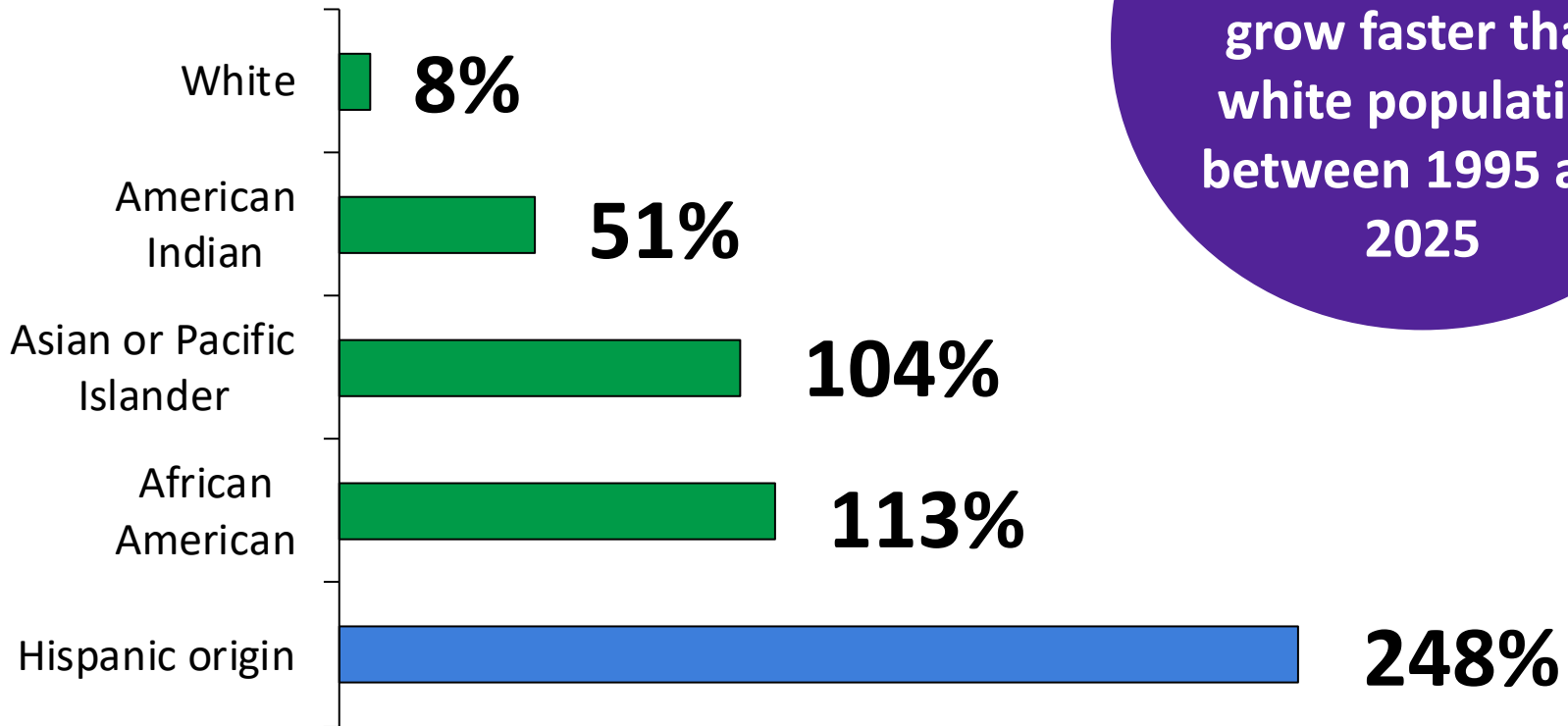
Return on investment to society

Better care/outcomes lead to lower cost of care

Improving overall quality results

Attracting patients in changing demographic

# Minnesota Trends



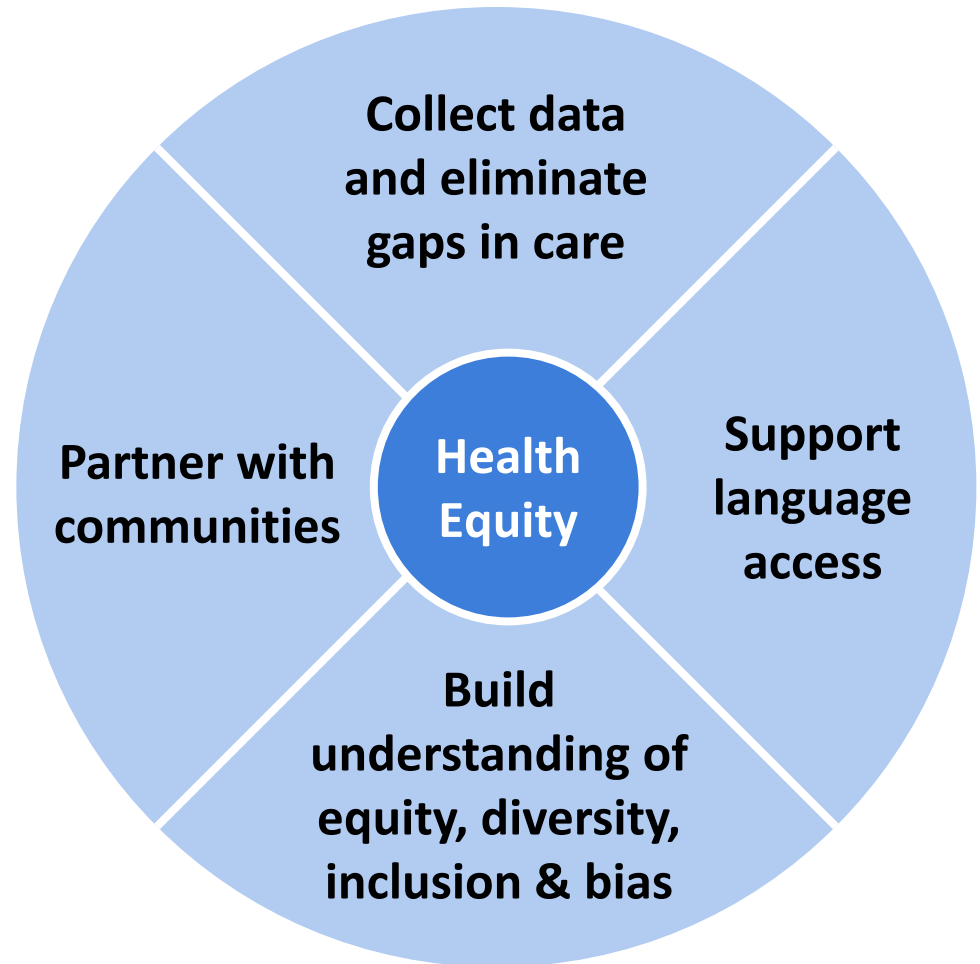
Communities of color in MN will grow faster than white population between 1995 and 2025

Source: State Demographic Center at Minnesota Planning

Percentage of people of color in MN:  
**19% (2015) → 25% (2035)**

# Our Approach to Health Equity

<b>Race/ Ethnicity</b>	<b>Language</b>
<b>Income</b>	<b>Sexual orientation</b>
<b>Gender</b>	<b>Age</b>
<b>Physical ability</b>	<b>Religion</b>

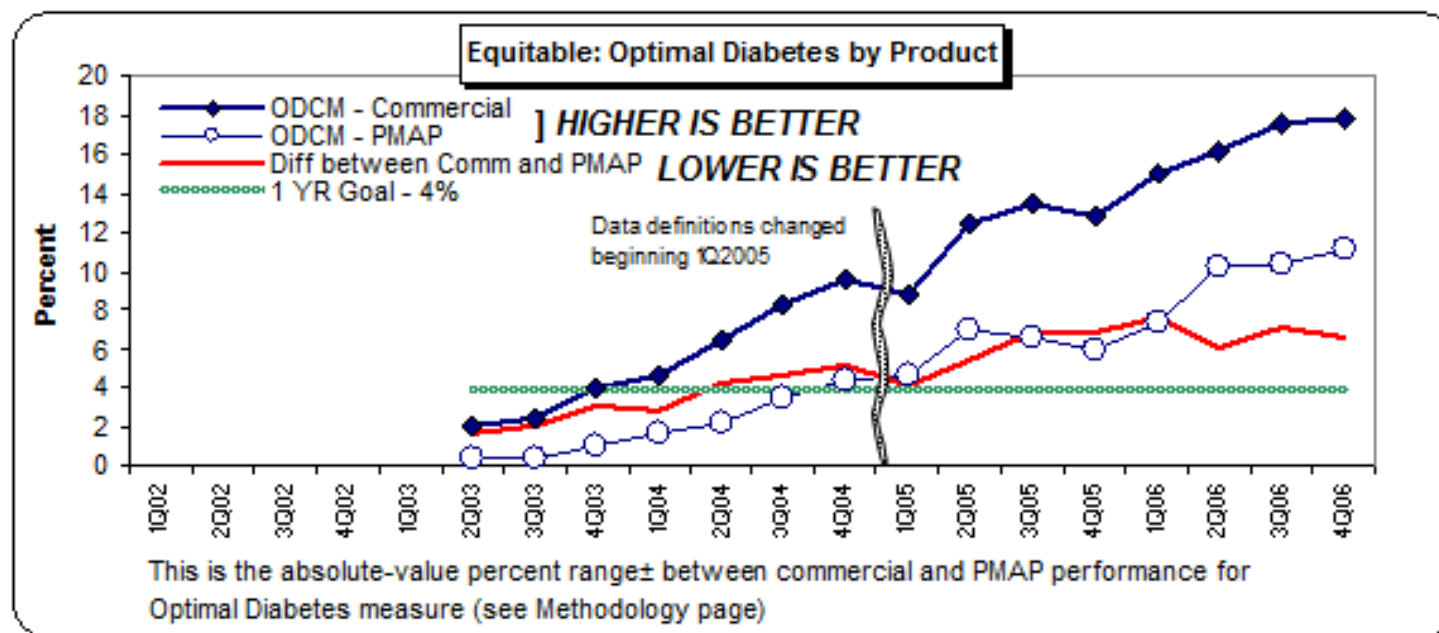


# Data Collection

- **2003:** Began measuring economic disparity gaps
- **2005:** Began asking patients to share their race, country of origin, and language preferred for care (now have for over 90% of patients)
- **Identify gaps:**
  - Typically didn't see gaps in process measures
  - Largest gaps exist where additional visits or additional preparation required
  - Beliefs and perceptions about preventive medicine may also be at play

# Data Collection – 2003

## Payer Type



**% met commercial**

2003 – 2%

2019 – 48%

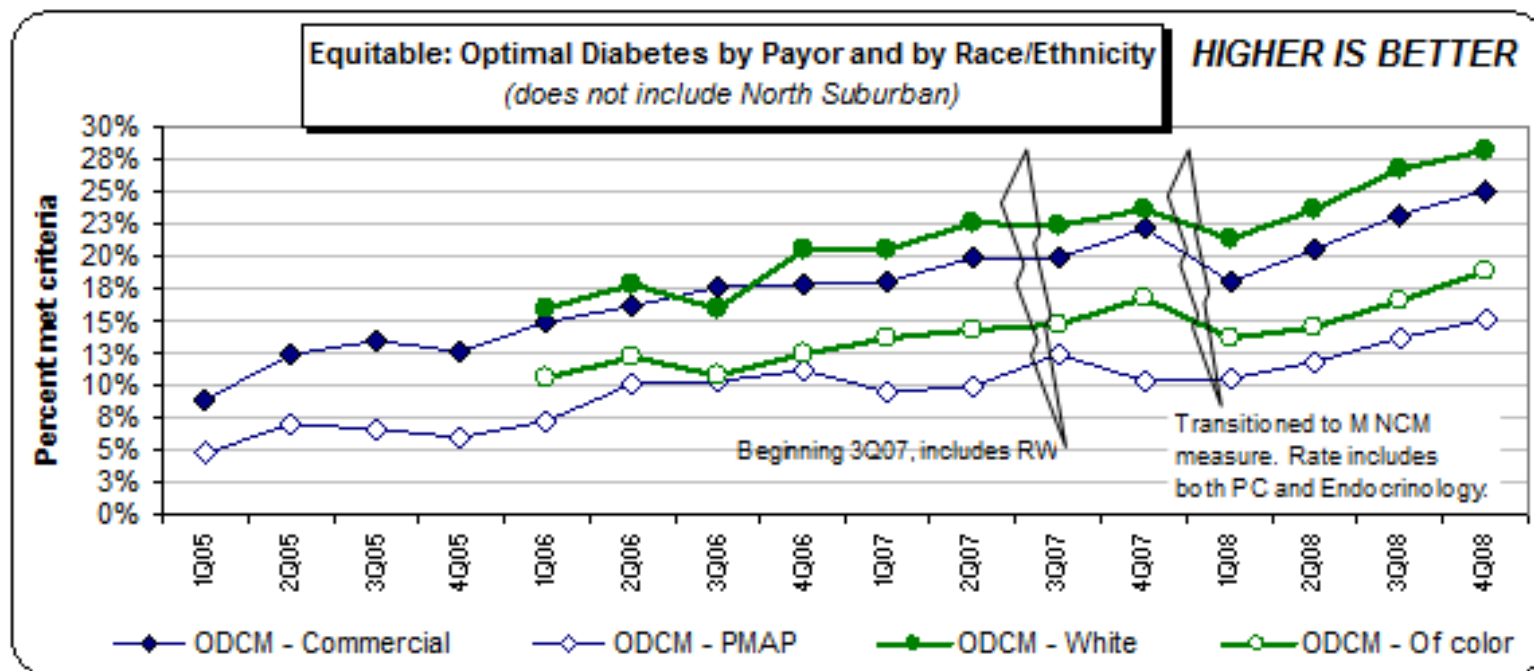
**% met Medicaid**

2003 – .05%

2019 – 38%

# Data Collection – 2006

## Race and Payer Type



**% met white**

2006 – 16%

2019 – 51%

**% met of color**

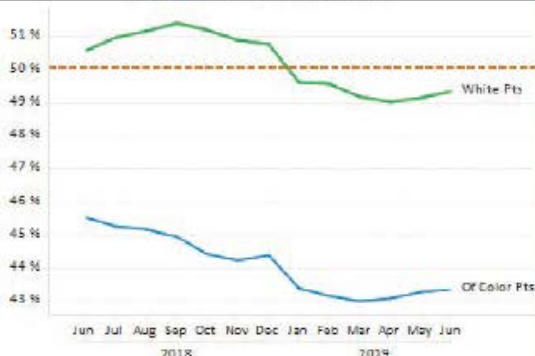
2006 – 11%

2019 – 45%

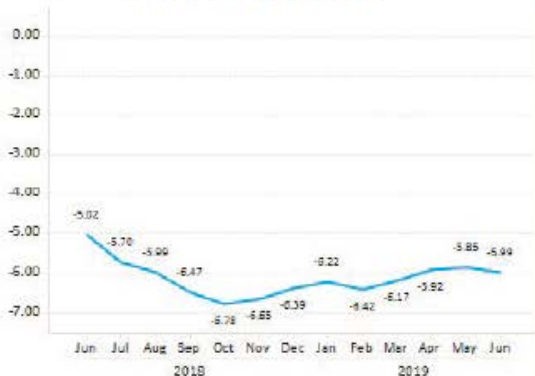
### Results by Family

Family of Care	Eligible Of Color	% Of Color	Eligible White	% White	Point Difference
Amery	31	38.71 %	991	43.39 %	-4.58
HPCMC	225	42.67 %	970	50.93 %	-8.26
HPCMG	6,454	42.22 %	13,159	48.52 %	-6.70
Hudson	9	44.44 %	221	31.22 %	13.22
Lakeview - SMG	129	47.29 %	2,921	51.32 %	-4.03
PNHS	5,772	44.89 %	17,348	50.36 %	-5.47
Westfields	28	17.86 %	704	42.90 %	-25.04
Grand total	12,608	43.44 %	36,314	49.48 %	-6.00

### Monthly Trend by Race Category



### Monthly Trend - Point Difference



### Results by HP/Valley Location

Location	Elig Of Color	% Of Color	Elig White	% White	Point Diff
HP HUDSON	9	44.44 %	221	31.22 %	13.22
HP NSFP HUGO	12	50.00 %	173	42.20 %	7.80
HP ARDEN HILLS CLINIC	205	58.51 %	621	58.96 %	3.15
HP COON RAPIDS CLINIC	230	51.74 %	715	50.07 %	1.67
HEALTHPARTNERS SMARTCARE - MAPLE...	58	41.38 %	74	40.54 %	0.84
HP BLOOMINGTON CLINIC	363	47.66 %	533	48.78 %	-1.12
SMG CURVE CREST	113	51.33 %	2456	52.52 %	-1.20
RW CLINICS - ANDOVER	36	47.22 %	653	49.92 %	-2.70
AMERY CLINIC	24	41.67 %	732	44.82 %	-3.24
HP APPLE VALLEY CLINIC	174	43.68 %	473	46.93 %	-3.26
HP MIDWAY CLINIC	517	40.81 %	206	44.17 %	-3.36
HP CENTER INTERNATIONAL HEALTH	412	46.36 %	22	50.00 %	-3.64
HP WHITE BEAR LAKE CLINIC	72	43.06 %	614	47.72 %	-4.66
RW CLINICS - ELK RIVER	21	42.86 %	536	47.76 %	-4.90
HP EAGAN CLINIC	120	29.17 %	270	44.44 %	-5.28
SMG MAHOMETI	8	25.00 %	86	31.40 %	-6.40
HP RIVERSIDE CLINIC	496	43.55 %	270	50.74 %	-7.19
HP WEST CLINIC	210	48.57 %	478	56.07 %	-7.50
HP BROOKLYN CENTER CLINIC	591	46.67 %	465	54.41 %	-7.54
TURTLE LAKE MEDICAL CLINIC	4	25.00 %	101	32.67 %	-7.67
HP WOODBURY CLINIC	540	42.41 %	1201	50.29 %	-7.88
HP NSFP ROSEVILLE	79	45.57 %	434	52.46 %	-7.89
HP COTTAGE GROVE CLINIC	38	42.11 %	144	50.00 %	-7.89
HP CENTRAL MIN CLINICS	225	42.67 %	970	50.93 %	-8.26
HP ST PAUL CLINIC	676	38.17 %	588	46.43 %	-8.26
HP MAPLEWOOD CLINIC	365	36.44 %	747	45.25 %	-8.81
HP INVER GROVE CLINIC	140	30.71 %	430	39.77 %	-9.05
RW CLINICS - ANOKA	96	37.50 %	1064	48.12 %	-10.62
HP HIGHLAND PARK CLINIC	34	32.35 %	72	43.06 %	-10.70
ALC MEDICAL CLINIC	3	33.33 %	107	44.86 %	-11.53
HP COMO CLINIC	357	37.82 %	868	49.48 %	-11.67
HP NSFP LINO LAKES	12	33.33 %	354	45.20 %	-11.86
HP HLTH CTR FOR WOMEN	126	40.48 %	276	52.54 %	-12.06
HP UNIVERSITY AVENUE CLINIC	253	36.36 %	350	49.14 %	-12.78
HS Specialty Ctr I	161	24.84 %	415	45.30 %	-20.46
HP NOKOMIS CLINIC	60	23.33 %	111	54.95 %	-21.62
WESTFIELDS HOSPITAL	28	17.86 %	704	42.90 %	-25.04
SMG SOMERSET	8	12.50 %	378	48.02 %	-35.52
CLEAR LAKE MEDICAL CLINIC	0		51	39.22 %	
HP NURSING HOME	0		1	0.00 %	

### Results by PNHS Location

Location	Elig Of Color	% Of Color	Elig White	% White	Point Diff
PNC SPECIALTY CENTER 3931	1	100.00 %	18	50.00 %	50.00
PNC LAKEVILLE CLINIC	40	58.00 %	102	40.20 %	14.80
PNC SHOREWOOD CLINIC	27	67.96 %	311	51.77 %	11.19
PNC CHAMPLIN CLINIC	91	58.04 %	282	46.10 %	9.94
PNC PRIOR LAKE CLINIC	45	48.98 %	417	42.69 %	6.29
PNC BLOOMINGTON CLINIC	191	48.69 %	692	47.25 %	1.44
PNC SMARTCARE	41	48.78 %	179	48.60 %	0.18
PNC PLYMOUTH	252	43.12 %	968	45.16 %	-2.03
PNC MAPLE GROVE	259	54.05 %	921	56.31 %	-2.26
PNC SHAKOPEE CLINIC	454	48.70 %	975	49.54 %	-2.84
PNC EAGAN CLINIC	245	54.29 %	869	57.31 %	-3.02
PNC CHANHASSAN CLINIC	222	44.59 %	1156	47.67 %	-3.07
PNC ST LOUIS PARK-FAMILY MED	513	42.88 %	1450	46.90 %	-4.01
PNC 8401 GOLDEN VALLEY CLINIC	112	52.68 %	629	56.92 %	-4.24
PNC BURNSVILLE CLINIC	605	48.10 %	1648	52.85 %	-4.75
PNC BROOKDALE CLINIC	1061	45.15 %	1048	50.48 %	-5.33
PNC CREEKSIDE CLINIC	89	29.21 %	146	34.93 %	-5.72
PNC 3800 ST LOUIS PARK CLINIC	135	36.30 %	1221	42.51 %	-6.21
PNC ST LOUIS PARK-INTERNAL MED	348	45.69 %	1750	53.83 %	-6.14
PNC CARLSON CLINIC	123	47.97 %	915	56.28 %	-6.32
PNC MINNEAPOLIS CLINIC	656	33.84 %	474	43.67 %	-9.83
PNC ROGERS CLINIC	34	38.24 %	210	49.52 %	-11.29
PNC EDEN PRAIRIE CLINIC	153	45.10 %	505	56.63 %	-11.54
PNC WAYZATA MEDICAL CLINIC	46	36.96 %	515	52.43 %	-15.47
PNC TARGET DOWNTOWN	9	33.33 %	20	75.00 %	-41.67
PNC TARGET NORTH	4	0.00 %	16	50.00 %	-50.00
PNC EXECUTIVE HLTH	1	0.00 %	19	57.89 %	-57.89
PNC GOLDEN VALLEY CLINIC	1	0.00 %	0		

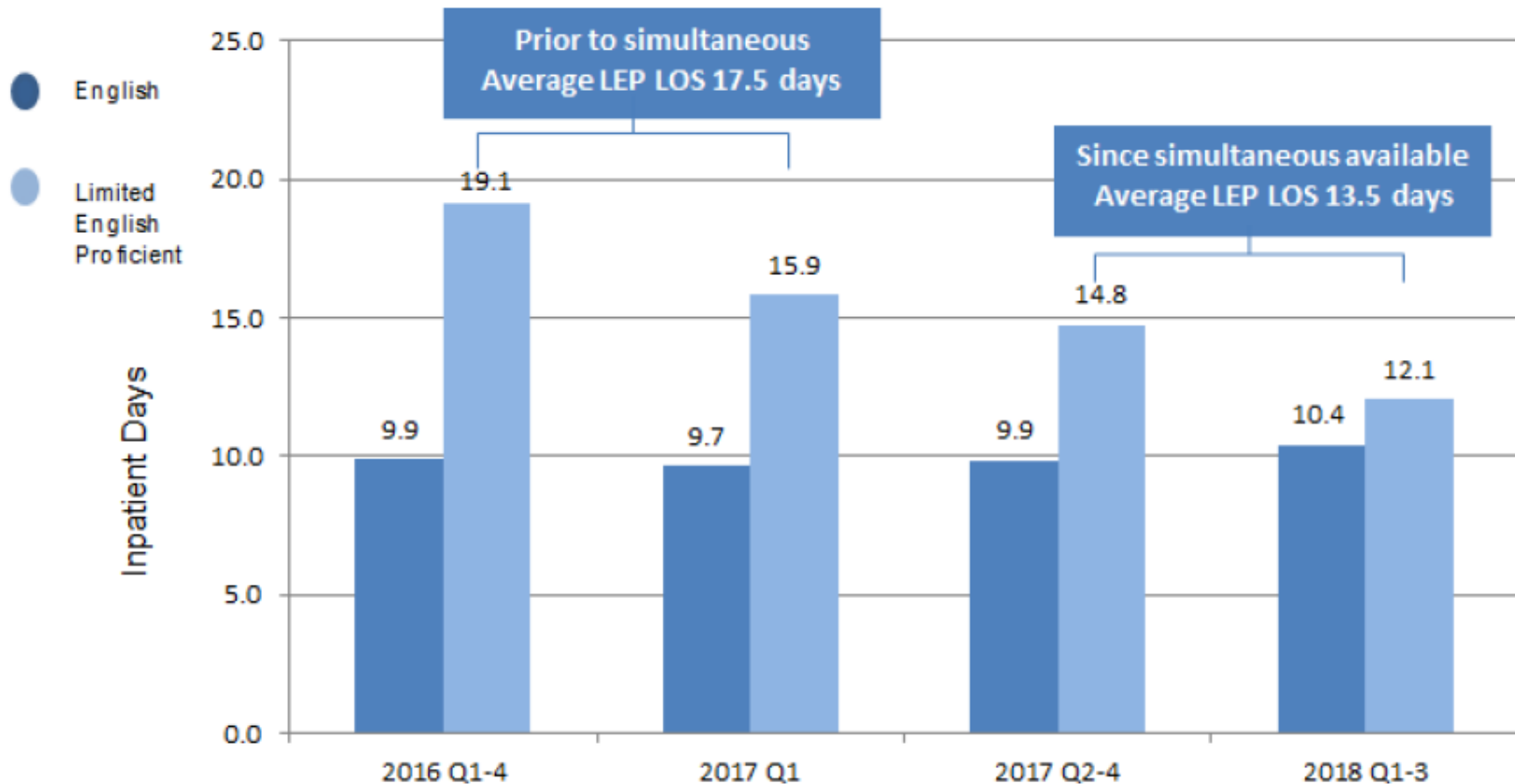
# Eliminate Disparities

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While improving care for all...

# Mental Health Length of Stay

Average Length of Stay by Language – Regions Hospital Mental Health

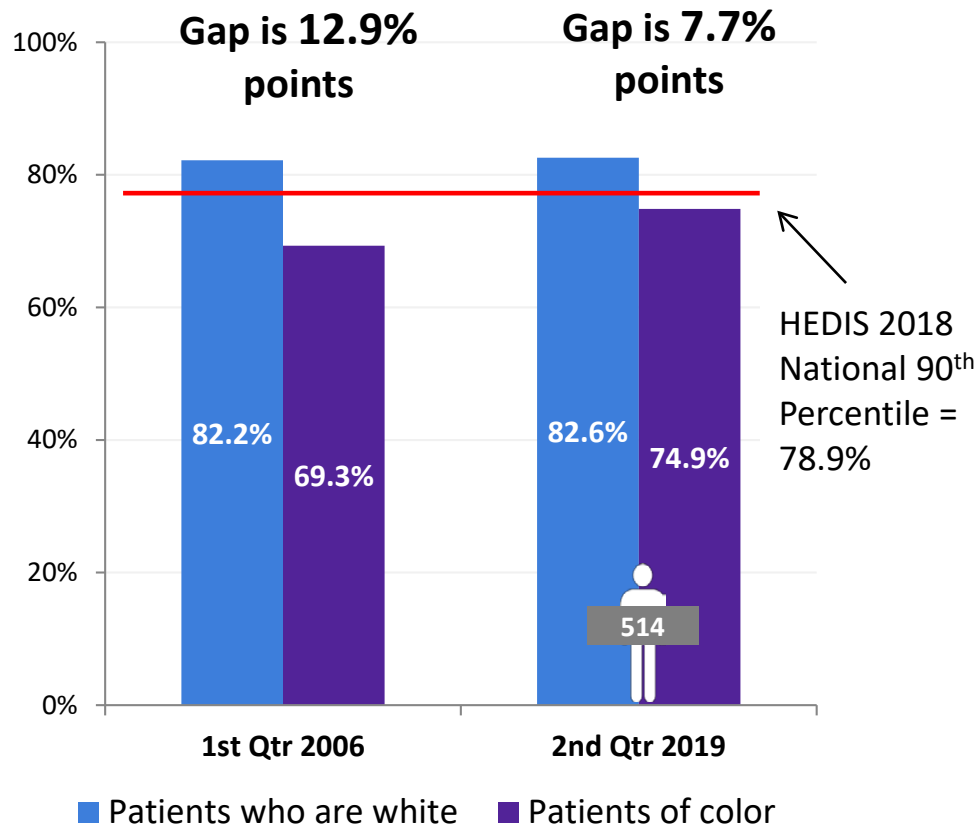


# Anti-Depressant Monitoring

- Refill reminders
- Targeted outreach (calls and letters)
- Culturally tailored training for clinicians and staff

Anti-Depressant Medication Monitoring: Continuation Rates by Race				
	2015 HEDIS	2016 HEDIS	2017 HEDIS	2018 HEDIS
White	43.36%	44.82%	43.46%	41.62%
Of color	24.65%	24.19%	24.49%	28.83%
Medicaid Total	35.68%	37.14%	36.86%	37.48%
Disparity	18.71%	20.63%	18.97%	12.79%

# Breast Cancer Screening by Race



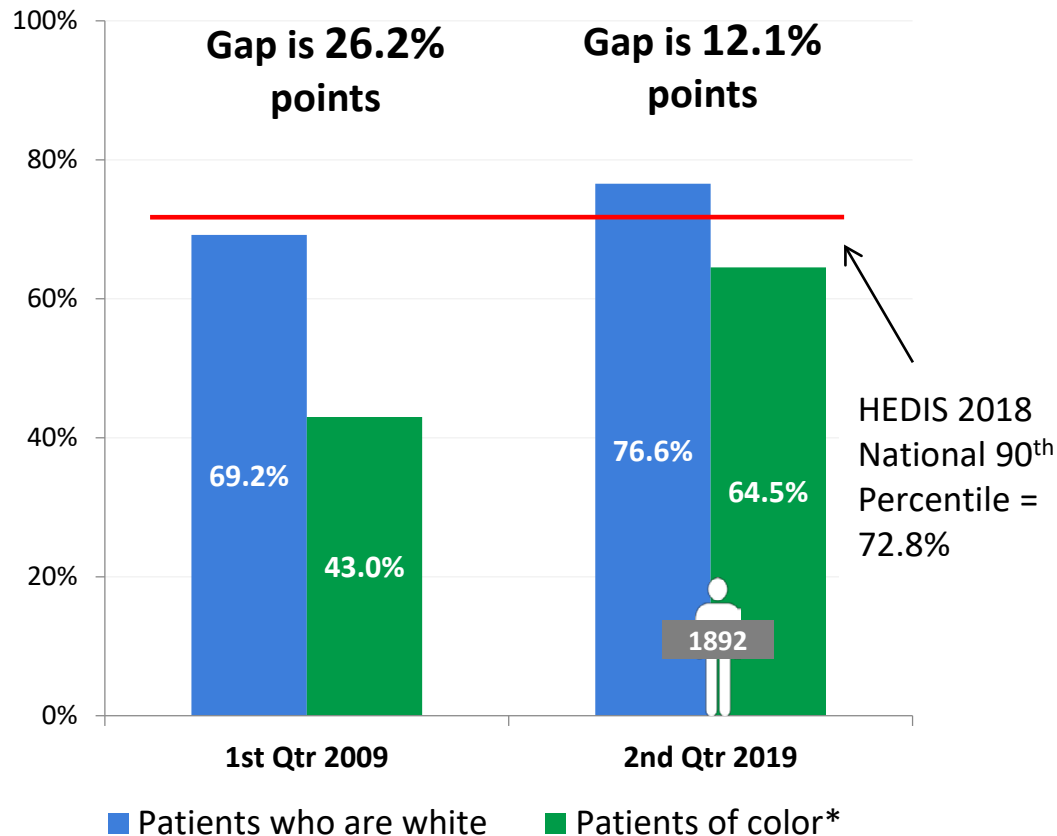
## Interventions

Same day access

Customized messages  
based on consumer  
insights data

Community  
outreach

# Colorectal Cancer Screening by Race



## Interventions

Decision supports in the electronic record

Shared decision making (FIT/colonoscopy)

Addressing clinician unconscious bias (FIT/colonoscopy)

Patient outreach

# Addressing Unconscious Bias

***“Gold standard”  
language***



**Equitable Care Champions**  
Culture Roots Newsletter

## Introduction

*Culture Roots* is a bimonthly series of short articles focused on equitable care topics. Equitable care is generally defined as a state in which every person can achieve their highest possible level of health. These articles can help us improve the culture of health care for patients and members who may face discrimination or marginalization in society. Each article presents a scenario, provides background on its related concepts and suggests action steps toward removing the barriers to fair and equitable care.

## Colorectal Cancer Screening: Challenging Our Biases Around Screenings

### The scenario

Each year, Allen, a 55-year-old African American, goes to the clinic for a preventive exam and labs required to refill his cholesterol-lowering medications. At each of these visits, his primary care clinician reviews his medical history and reminds him that he is due for a colonoscopy to screen for colorectal cancer. Allen has never had a colonoscopy. He works two jobs, has three kids, and has limited paid time off. This time, when the clinician tells him that it takes a few days to prepare for the procedure, Allen asks if there is any other test he could have to see if he might have colorectal cancer. The clinician briefly describes the fecal immunochemistry test, (or FIT), which Allen can take home as a kit, but his clinician quickly turns the conversation back to the colonoscopy. “The colonoscopy is just better because if polyps are found, we can remove them right then. The colonoscopy is what we call the ‘gold standard.’ That means it’s really the best choice, so that’s the screening I recommend.” Allen listens to the doctor intently. In his mind, he feels the FIT test would be a better option for him, but he doesn’t want to argue. “I guess I need to try to make this work,” Allen thinks. He sets up the colonoscopy for the following month.



## Equitable Care Champions

- Grassroots program of champions to support education, awareness at local level.
- Over 170 Champions across the organization since 2003, expansion in 2016.

# Conversations about Race & Racism

2,000+ leaders engaged and charged to facilitate conversations with teams



Post Nation

Minnesota officer charged with manslaughter for shooting Philando Castile during incident streamed on Facebook

TEAM TALKS



# Community Partnerships

Healthy  
Children



Healthy  
Eating

powerup

Mental  
Health

Make It .org

# Emerging Areas of Work

**Maternal  
& Infant  
Health**

**LGBTQ  
Health**

**Screening and  
Referring for  
Social  
Determinants  
of Health**

# Takeaways

- Emphasize importance of health equity
- Integrate health equity into overall strategic and annual plans
- Involve Board and senior leaders in the work
- Collect data and regularly and transparently share results
- Focus on clinical improvements and culture
- Engage with patients and the community
- Do something! Don't wait for perfection

# Discussion

The slides and a recording of the webinar will be available at  
[www.shvs.org](http://www.shvs.org) after the webinar



## Discussion

- Michael Bailit will pose several questions to panelist.
- We will then open up the discussion for your questions entered in the webinar Q&A box.
- The slides and a recording of the webinar will be available at [www.shvs.org](http://www.shvs.org) after the webinar.

# Prior Webinars in the Series

1. **June 20:** Advancing Health Equity Through Medicaid Managed Care: An Introduction for States
2. **July 9:** Health Equity and Medicaid Managed Care: Data Collection and Measurement
3. **August 27:** Evidence-based Strategies for Reducing Health Disparities
4. **September 24:** Health Equity and Medicaid Managed Care: Using MCO Contract Performance and Requirements

**Slides from prior webinars available at [www.shvs.org](http://www.shvs.org)**



# Thank You

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