

# Health Equities Committee Presentation to the OHFB

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# It Just Ain't Fair

“The state of health care in the United States is sadly deficient for many poor people, women and ethnic minority groups.”

-Annette Dula



# The Health Equities Committee

- **Ella Booth, Chair**
  - **Joe Finkbonner, co-Vice Chair**
  - **Tricia Tillman, co-Vice Chair**
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  - **Melinda Muller**
  - **Laurie Powers**
  - **Noelle Wiggins**
- Staff:**  
**Heidi Allen**  
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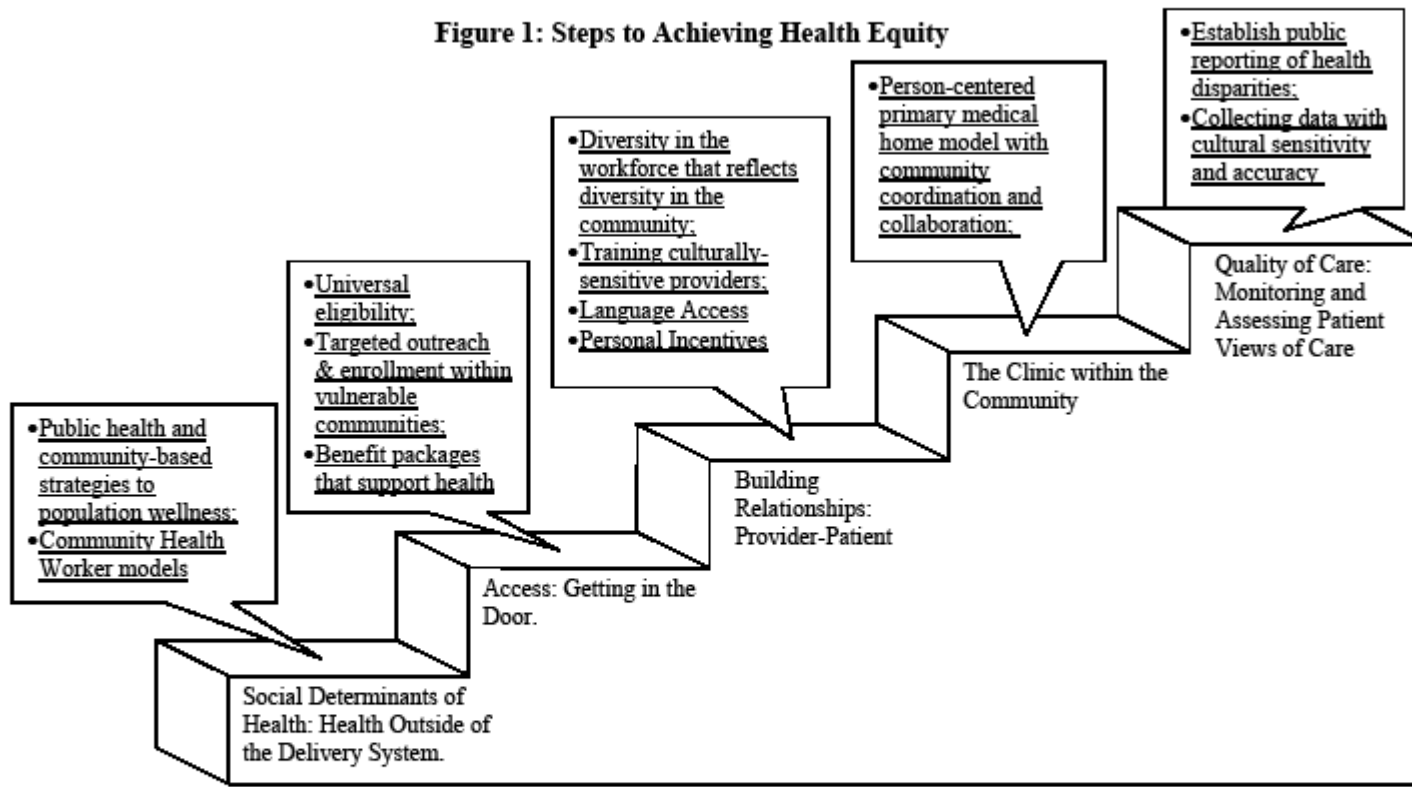


# The Charter

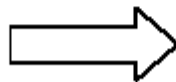
- Develop multicultural strategies
- Policy recommendations for reducing health disparities



Figure 1: Steps to Achieving Health Equity



Addressing Barriers to Health Equity at the Community Level



Addressing Barriers to Health Equity at the Provider Level



# Focus Areas

- Preventing Health Disparities before they Occur
- Reducing Barriers to Health Care
- Improving the Quality of Care

# RECOMMENDATIONS



# Preventing Disparities

- Population-Based Approaches
- Strengthen the Relationship between Providers and Culturally Specific Community-Based Organizations (CBOs)
- Incentives for Healthy Personal Decision-Making



# Preventing Disparities

- Promote population-based approaches
  - Initiatives should be guided by members from the communities experiencing health disparities.
  - Establish grants to target disparities



# Preventing Disparities

- Strengthen the relationship between providers and culturally specific CBOs
  - Design contracting mechanism to empower primary care clinics who primarily serve vulnerable populations to build financial agreements with health-focused CBOs.

# Preventing Disparities

- Strengthen the relationship-con't
  - High-value community-based health promotion, disease prevention, and chronic disease management services eligible for direct reimbursement.



# Preventing Disparities

- Incentives for Healthy Personal Decision-Making
  - Develop programs to incentivize healthy personal decision-making
    - Incentives to promote health



# Reducing Barriers to Health Care

- Universal Eligibility
- Citizenship Documentation Barrier
- Targeted and Aggressive Outreach
- Cost-Sharing



# Reducing Barriers to Health Care

- Implement universal eligibility
  - No citizenship documentation requirements
  - Oregon Primary Care Benefit Plan
    - ✓ Challenges
    - ✓ Advantages



# Reducing Barriers to Health Care

- Address citizenship documentation barrier
  - Investigate federal waiver
- Conduct targeted and aggressive outreach to multicultural communities
  - Sustainable funding mechanism, with additional Medicaid matching funds

# Reducing Barriers to Health Care

- Implement affordable cost-sharing policies
  - Promote equitable and fair sharing of health care costs within the Benefit Design



# Improving the Quality of Care

- Integrated Health Home
- Benefit Package
- Language Access
- Workforce
- Data Collection
- Quality Initiatives

# Improving the Quality of Care

- Promote integrated health homes
  - Encourage elements of the medical home model that demonstrates reduced health disparities
  - Definition should not exclude organizations based on service-delivery type but include coordination of care by a licensed medical provider.



# Improving the Quality of Care

- Benefit package design should support the health of vulnerable populations by ensuring their health care needs are met and that care is affordable

# Improving the Quality of Care

- Ensure language access
  - Create state-wide pool of qualified, certified interpreters and organizations
  - Seek federal matching funds for interpreter services through Medicaid
  - Use state regulation to impose mandates with funds to offset subsequent costs

# Improving the Quality of Care

- Address workforce issues
  - Expand educational institution capacity at health professional schools
  - Increase financial aid
  - Strengthen the pipeline

# Improving the Quality of Care

- Con't
  - Improve the climate for diversity
  - Utilize existing agencies to establish and report on diversity goals
  - Support Community Health Worker programs

# Improving the Quality of Care

- Expand data collection efforts
  - All providers and plans must be required to collect and report data on race, ethnicity, age-appropriate sexual orientation, gender, disability status, and primary language.

# Improving the Quality of Care

- Implement initiatives to enhance quality
  - Train provider organizations and health plans on protocols for collecting race, ethnicity, and primary language data based on the highest national standards.

# Improving the Quality of Care

– Con't

- Develop strategy that utilizes data to identify disparities and assist communities with evaluating interventions to reduce disparities.



# Improving the Quality of Care

- Con't
  - Align resources to support quality healthcare across all demographic populations.
  - Disseminate meaningful and accurate information on health quality and utilization

Intersection between Health  
Equities and other  
Subcommittees of the OHFB

# Matrix

## Health Equities Committee Recommendations

	Oregon Health Fund Board				
	Benefits Committee	Delivery System Committee	Eligibility & Enrollment Committee	Federal Laws Committee	Finance Committee
Promote equitable and fair sharing of health care costs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Remove any financial barriers and increase reimbursement for preventive services, chronic disease management, patient education programs and after-hours/walk-in primary care.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support direct reimbursement for Community Health Workers (CHWs) for publicly sponsored health programs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retain and utilize the Oregon Health Resources Commission (HRC) to analyze the cost-effectiveness of medical technologies and health services. The HRC should analyze the cost-effectiveness and health equity benefits of alternative and complementary medicine including, but not limited to, traditional Chinese medicine for the inclusion of such health services in the benefit design of publicly sponsored health programs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that Oregonians have access to affordable evidence-based alternative and complementary medicine.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take advantage of growing technological capacity in Oregon by creating a state-wide pool of qualified, certified interpreters and organizations that may be able to utilize and build on technologies being developed for telemedicine or telehealth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Eligibility & Enrollment

- Reducing documentation barriers
- Universal eligibility
- Multicultural outreach strategies
- Data collection

# Federal Laws

- Seek waiver to eliminate citizenship documentation barrier created by CMS rule.
- Utilize federal matching funds to support health equities strategies for Medicaid population
  - Community Health Workers
  - Language Access
  - Incentivizing Healthy Behaviors

# Benefits

- Affordable and equitable costs sharing policies
- Expanding coverage for evidence-based strategies that improve health outcomes for vulnerable populations.
  - Language Access
  - Health Promotion and Disease Management
  - Complementary Medicine (CAM)
- Data collection

# Finance

- Affordable and Equitable Cost-Sharing
  - Sustainable funding mechanism
  - Renewable contacts for public health initiatives



# Delivery System

- Workforce
  - Diverse and Adequate
  - Data on workforce
- Provider training
- Population Health
  - Creating a Medical Neighborhood
- Data and Quality Initiatives



# Concluding Comments

- Increased access to health care
- Improved delivery system for Oregon's vulnerable populations
- Affordable benefit package
- Healthier individuals, families, and communities



*There are two primary choices in life: to accept conditions as they exist, or accept the responsibility for changing them.--Dr. Denis Waitley*

Questions??