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
- Michelle Berlin
- Ed Blackburn
- Bruce Bliatout
- John Duke
- Scott Ekblad
- Honora Englander
- Yves Lefranc
- Holden Leung
- Jackie Mercer
- Maria Michalczyk
- Melinda Muller
- Laurie Powers
- Noelle Wiggins

Staff:
Heidi Allen
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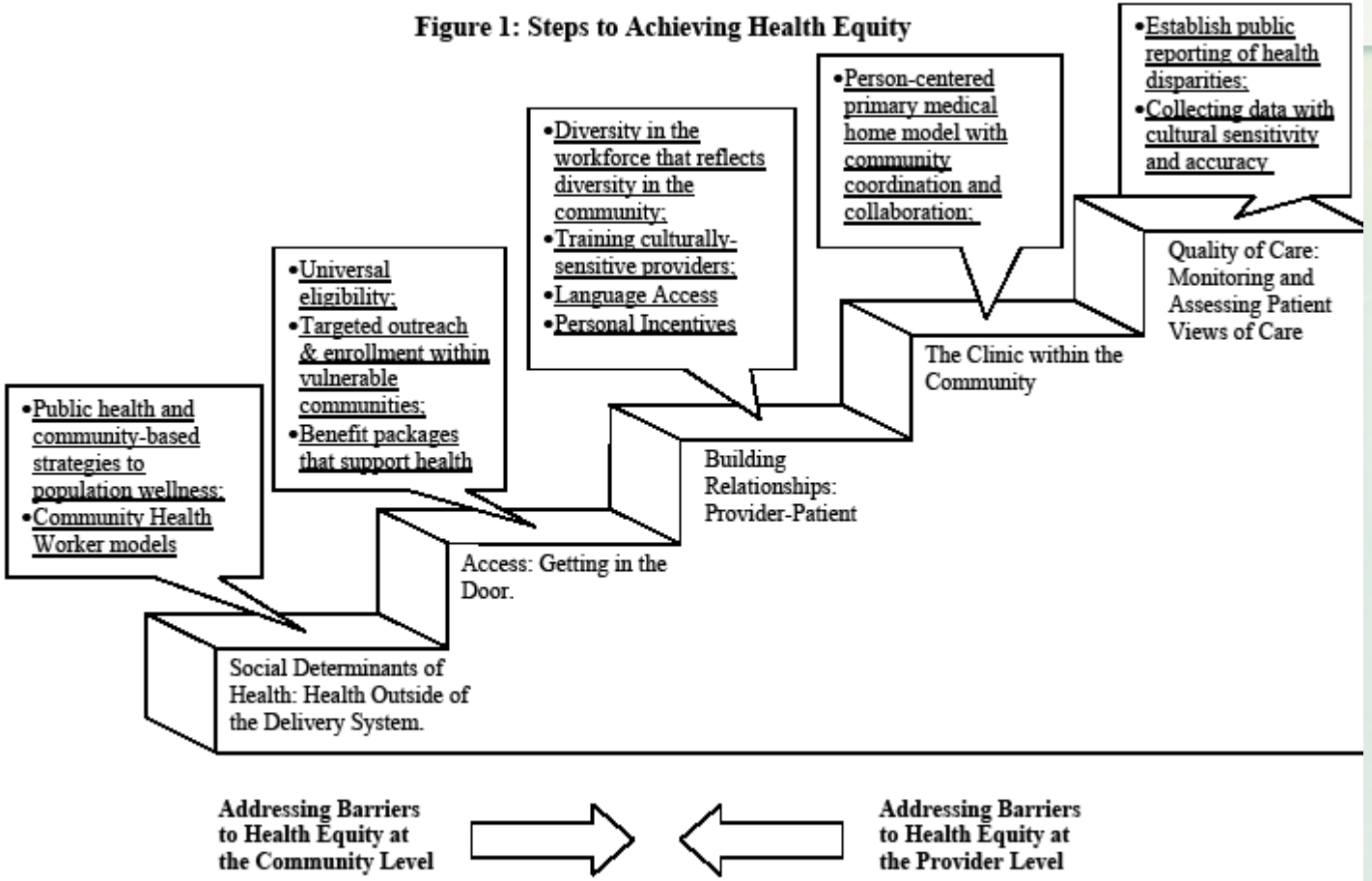
The Charter

- Develop multicultural strategies
- Policy recommendations for reducing health disparities

Figure 1: Steps to Achieving Health Equity



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.	☒	☒	☒	☐	☒
Remove any financial barriers and increase reimbursement for preventive services, chronic disease management, patient education programs and after-hours/walk-in primary care.	☒	☒	☐	☐	☐
Support direct reimbursement for Community Health Workers (CHWs) for publicly sponsored health programs.	☒	☒	☐	☐	☐
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.	☒	☒	☐	☐	☐
Ensure that Oregonians have access to affordable evidence-based alternative and complementary medicine.	☒	☐	☐	☐	☐
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.	☐	☒	☐	☐	☐

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??