
2021 CCO Transformation and Quality Strategy: CLAS Standards and Health Equity

November 16, 2020

Presented by:

Maria Castro, Health Equity Program Analyst

Mavel Morales, ADA Coordinator/Civil Rights Investigator

OHA Equity and Inclusion Division



Webinar Agenda

1. TQS overview
2. Health equity component overviews
3. Health equity definition
4. Component recommendations, considerations and requirements
5. Q&A

Why we do this work...



2021 components

1	Access: Quality and Adequacy of Services	9	Oral Health Integration
2	Access: Cultural Considerations	10	Patient-Centered Primary Care Home (PCPCH) : Member Enrollment
3	Access: Timely	11	PCPCH: Tier Advancement
4	Behavioral Health Integration	12	Severe and Persistent Mental Illness (SPMI)
5	CLAS Standards	13	Social Determinants of Health & Equity
6	Grievance and Appeal System	14	Special Health Care Needs (SHCN)
7	Health Equity: Data	15	Utilization Review
8	Health Equity: Cultural Responsiveness		

TQS health equity components

- CLAS Standards
- Health Equity: Data
- Health Equity: Cultural Responsiveness



**Use the guidance
document**

2020 by the numbers

- Average score (out of 3)
 - Health Equity: Data = **2.37** (19 projects)
 - Health Equity: Cultural Responsiveness = **2.03** (21 projects)
 - CLAS= **2.23** (22 projects)

**Does not include new CCOs as of 2020*

Health equity definition for TQS

- The Health Equity Committee (HEC) a subcommittee of the Oregon Health Policy Board (OHPB) developed a definition of health equity.
- The health equity definition was adopted by OHPB and OHA in October 2019.
- A common definition of health equity helps foster dialogue and bridge divides. Lack of clarity on the meaning of health equity can pose barriers for effective engagement and action.
- CCOs are asked to use this common definition to guide their health equity work.

Health equity definition for TQS

Oregon will have established a health system that creates health equity when all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address:

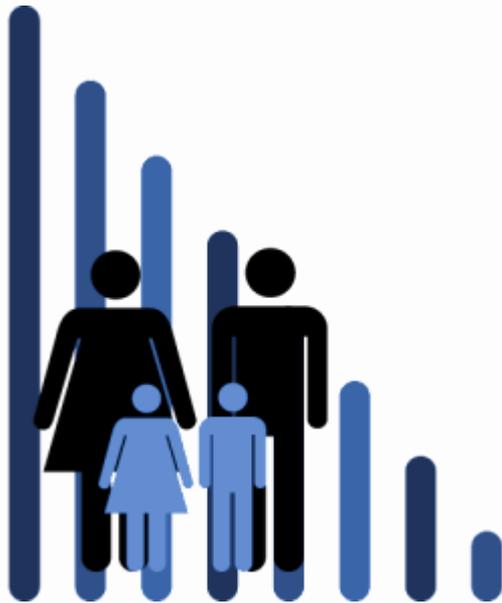
- The **equitable distribution** or **redistribution** of **resources** and **power**; and
- **Recognizing, reconciling** and **rectifying** historical and contemporary injustices.

Overarching health equity recommendations

- Adopt the definition for health equity and have that definition guide your work on TQS. The adoption of the definition is the right step to health systems transformation.
- A recurring theme in recommendations to improve health equity is meaningful community engagement and community collaboration.



Overarching health equity recommendations



- To improve health equity, CCOs need to understand where inequities exist. **The collection, analysis and use of demographic data is key.**
- Definition of your target population tells a story.
- **A quality health and health care delivery system** is one that reflects all of the dimensions of quality, including equity. It is a system that improves access, experience and outcomes for all Oregonians.

Project recommendations

- Closely review and follow the TQS guidance document.
- Reviewers expect project submissions to align with **all sections** of the guidance document.
- If CLAS Standards is selected as a component, **choose the primary CLAS standard being addressed** in the dropdown menu.



- Reviewers expect project submission to comply with prior year assessment requirements. *(pg.4)*
- Reviewers expect project submissions to comply with project context requirements. *(pg.4)*
 - ✓ Connect context to the primary CLAS standard or Health Equity component

Project recommendations

- Brief narrative descriptions need to contain sufficient detail to demonstrate how the project addresses the primary CLAS standard or the equity component. (pg.5)
- Activities and monitoring must demonstrate the nexus between what is described and the CLAS standard or equity component. (pg.5)

The National CLAS Standards



Why the focus on CLAS Standards?

The organization-wide incorporation of the **15 CLAS standards** by the CCO and provider network advances health equity and ensures the provision of culturally and linguistically appropriate health care services delivered by a diverse workforce and responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Incorporation of CLAS standards in every aspect of the CCO and provider network is the primary long-term goal.

Note: This December the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\) in Health Care](#) to improve health care quality and advance health equity will have its 20-year anniversary. The resource and support materials are widely documented and vetted. Please use national guidance materials such as [A Blueprint for Advancing and Sustaining CLAS Policy and Practice](#). Reviewers are using the blueprint as the primary reference material for CLAS.

Why focus on CLAS standards 2-15?

The CLAS Standards Blueprint defines “culturally and linguistically appropriate services” in CLAS standard 1 as the provision of effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. Standard 1 is the principal standard because it is the ultimate aim in adopting the remaining standards.

Standards 2 through 15 represent the practices and policies intended to be the fundamental building blocks of culturally and linguistically appropriate services that are necessary to achieve standard 1. **For this reason, CCOs will choose from standards 2 through 15 for focusing their TQS project(s).**

Questions to consider for CLAS projects



1. What does current CCO data tell us about the language needs of members?
2. What does current state and local data tell us about potential CCO members?
3. How do local community listening sessions and community advisory councils inform or shape which CLAS standards your CCO is focusing on?
4. How does current demographic data about CCO employees and the current demographic data about CCO membership help evaluate and inform which CLAS standards are chosen?

Questions to consider for CLAS projects



5. What were the highest priorities identified by the CCO, and which National CLAS Standard(s) can help the organization address those needs?
6. What broader contexts (for example, regulatory environment, mandates, standards of practice) might influence the CCO goals and objectives, and which National CLAS Standards should the CCO adopt first? Are there opportunities to align those goals and objectives with these broader contexts? Can the community be involved?
7. To what extent has the implementation of the CLAS Standards led or contributed to:
 - a. The use of data on race, ethnicity, sex, gender identity, disability status, and language to monitor and improve health service delivery?
 - b. Improved two-way communication between providers and members?
 - c. Increased knowledge of culturally and linguistically appropriate care and buy-in from staff?

CLAS project requirements

CLAS TQS projects must:

- Demonstrate the process or actions undertaken to implement at least one of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care.
- Fully support transformation and quality in moving health equity forward.
- Identify the primary CLAS standard you are addressing within your TQS project. In the TQS template, select one standard from the drop-down list of standards 2-15. If your project meets multiple CLAS standards, you are welcome to add that information, but OHA's evaluation will focus on the selected primary CLAS standard.
- Provide enough detail to explain how the project, activities and monitoring address the specific CLAS standard selected.

Health equity data project requirements

Health equity (HE) data TQS projects must:

- Describe whether the project is addressing quality improvement or transformation, and describe why.
- Clearly demonstrate how you will use data to support efforts to eliminate health disparities and provide culturally and linguistically responsive services.
- Demonstrate an operational understanding and use of demographic data collection.
- Demonstrate the CCO has adopted or plans to adopt processes that allow the stratification of quality data by race, ethnicity, language and disability

From the guidance document

HE data considerations

Why health equity data is important

- Unless specifically measured, disability, racial and ethnic disparities in health care can go unnoticed by health care organizations, even as these organizations seek to improve services.

What work can be included

- The CCO should identify data systems for determining the race, ethnicity, language and disability composition of their members.
- The CCO should assess gaps in its current demographic data collection and analysis systems and process and should develop organization wide actionable goals to address them.
- Your CCO shall adopt processes that allow the stratification of quality data by patient race, ethnicity, language and disability as a tool for uncovering and responding to health care disparities.

HE cultural responsiveness project requirements

Projects are expected to align with, but also move beyond contractual obligations to focus on quality improvement and transformation.

HE cultural responsiveness TQS projects must:

- Describe whether the project is addressing quality improvement or transformation, and describe why.
- Consider state and federal laws regarding communication and accessibility in its design.
- Describe how it will improve the assistance members receive in navigating the health care delivery system and in accessing community and social support services and statewide resources.

From the guidance
document

HE cultural responsiveness considerations

- Many opportunities exist for CCOs to demonstrate cultural competence or cultural responsiveness within processes established by the CCO and subcontractors, including their provider network.
- Opportunities include but are not limited to the following:
 - The development of a process and policy for members to access quality language services including interpretation and translations provided by trained healthcare interpreters (OHA qualified and certified).
 - Development of targeted training opportunities for CCO staff and provider networks on how to serve culturally and linguistically diverse members.
 - The creation of care coordination services offered in a culturally and linguistically appropriate manner.
 - Website development that is WCAG Compliant (Web Content Accessibility Guidelines) to ensure access for individuals with disabilities.
 - Assess current health care workforce to the communities served to address cultural considerations and expand workforce as appropriate.

Health equity complementary reporting

- It is the intention for the Health Equity Plan to be complementary to the health equity component areas that are reported in TQS.
- TQS projects for health equity components should follow the information outlined in the TQS guidance document.
- TQS projects related to health equity (data and cultural responsiveness) should focus on quality and transformation.

- Please unmute your phone or type your questions into the “Chat” box on your GoToMeeting control panel.
- We will update our Frequently Asked Questions after each webinar in this series.



For more information:

- **OHA TQS Leads:**
 - Lisa Bui, Health Policy & Analytics Division: Lisa.T.Bui@dhsoha.state.or.us
 - Anona Gund, Health Policy & Analytics Division: Anona.E.Gund@dhsoha.state.or.us
 - Veronica Guerra, Health Systems Division: Veronica.Guerra@dhsoha.state.or.us
 - Rosanne Harksen, Health Systems Division: Rosanne.M.Harksen@dhsoha.state.or.us
- **OHA TQS health equity SMEs:**
 - Maria Castro: Maria.Castro@dhsoha.state.or.us
 - Mavel Morales: Mavel.Morales@dhsoha.state.or.us
- All TQS resources, including the templates, guidance document, examples and technical assistance schedule are available on the **Transformation Center website:** www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx
- The templates and guidance document are also cross-posted on the **CCO Contract Forms page:** www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx