
Health Equity Committee

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Agenda

1. **Overview** - Oregon's Medicaid waiver
2. **Engagement Updates** - timelines and engagement
3. **HEC role** - discussion
4. **Policy Framework** - overview

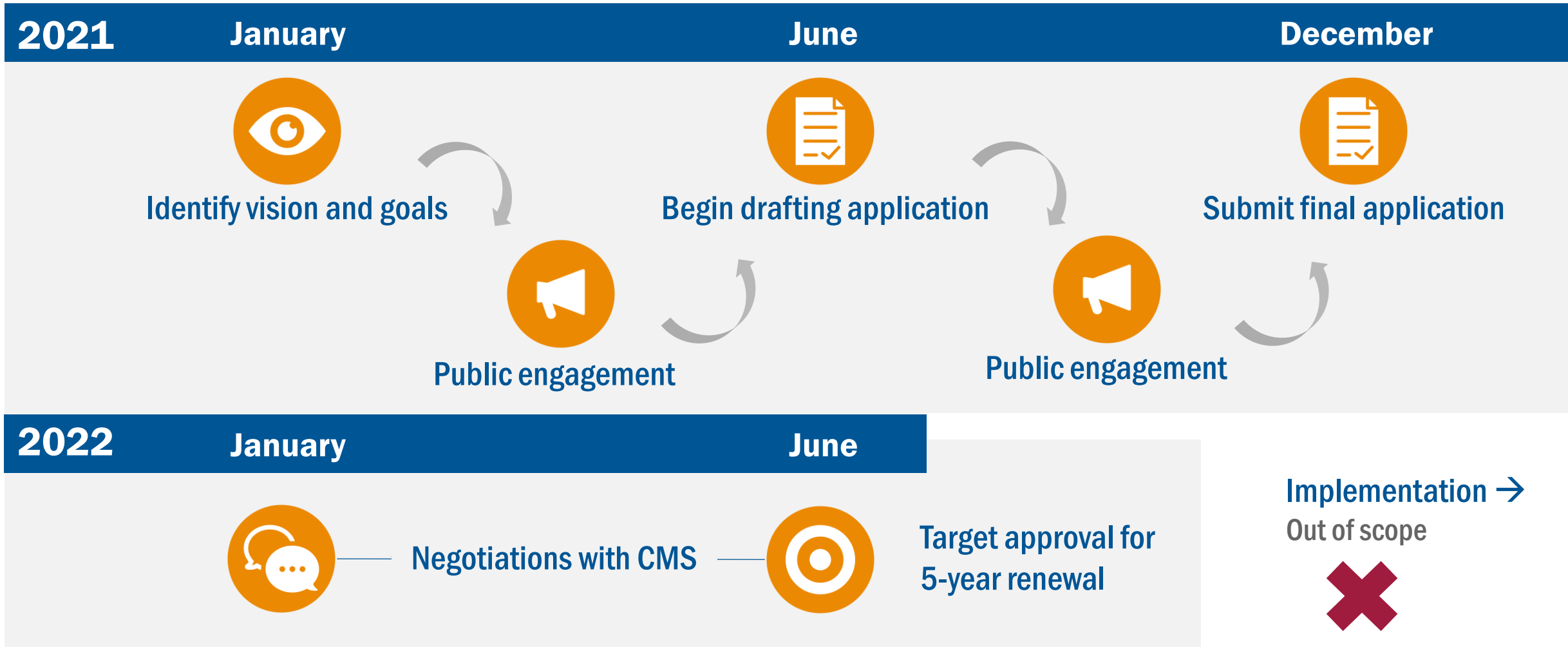
OHA's Guiding Principles

Ensure that the 1115 waiver renewal application:

- ✓ Advances **health equity** for OHP plan members
- ✓ Is **economically sustainable** and support goals of containing statewide health care cost growth (aligns with SB 889)
- ✓ Creates a more **person-centered system of health** (advancing CCO 2.0 goals of more integration, coordination, and spending on health and not just health care)

Engagement Updates

Timeline



Goals of engagement

- **Build awareness and understanding** of OHA's waiver renewal goals
- **Co-create with tribes**
- **Gather meaningful feedback** from interested stakeholders on waiver strategies
- Lay groundwork for **support of the final waiver package**

Audiences

Tribes

State
Policymakers

Industry
Stakeholders

Community

Federal and
National
Stakeholders

State Policymakers

| Group | Objective of engagement | Opportunities |
|------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------|
| Oregon Health Policy Board (OHPB) | Ensure alignment of the waiver concepts with CCO 2.0 goals; steward for providers to engage in the process | Monthly OHPB meetings |
| Medicaid Advisory Committee (MAC) | Get input on consumer protections and unintended consequences of policies on members | Monthly MAC meetings |
| Health Equity Committee (HEC) | Convene for health equity analyses? Invite members of RJC-HEC? RHECs? | Monthly HEC meetings |
| Legislative workgroup | Progress, risks, barriers, resources, and support needed | Biweekly |

Community Stakeholders

| Group | When | Approach | Frequency |
|------------------------------------------------------------|-------------------------------------|-------------------------------------------|-----------|
| Community Partners who assist with OHP | To begin April or May | TBD – CPOP meetings Staff: Ruby Graven | TBD |
| Regional Health Equity Coalitions (RHECs) | TBD | TBD | TBD |
| Community Advisory Councils (CACs) | 5/11 Monthly Learning Collaborative | 1 meeting in May, future meetings TBD | Monthly |
| Racial Justice Council – Health Equity Committee (RJC-HEC) | TBD | TBD | TBD |

HEC Role Discussion

For Consideration

- **Proposed Role:** Provide equity related analysis and input on proposed waiver strategies to the OHPB, potentially in conjunction with RHECs & RJC-HEC
- **Examples of activities:**
 - Scope and perform Health Equity Analyses on proposed policies
 - Invite RHEC representatives and RJC-HEC members to join in waiver discussions
 - Opportunities for direct engagement on specific strategies
- **Discussion & Decision?**

Policy Framework

Overarching Waiver Goal: *Advance Health Equity*

If we are successful in our waiver application, Oregon will continue to lead the way on Medicaid reform – **pioneering new ways to center equity in health system transformation.**

To achieve this, our policy framework breaks down the drivers of health inequities into four actionable sub-goals.



Our waiver will advance health equity by:

Creating an *equity-centered* system of health



Ensuring access to coverage for all people in Oregon



Encouraging smart, flexible spending



Reinvesting gov't savings across systems



We will create an *equity-centered* system of health

Vision: The health system works for all people in Oregon.

We will:

- Transform Medicaid to improve on the **experience of members with complex needs.**
- **Recognize and address** the inequities, lived experiences and barriers that lead to health disparities.





What we've heard:

People identify the racism in our system which prevents them from being healthy.



It's not just the language, it's the culture. Although someone is bilingual, **if they don't know about this culture then they won't connect to us on a deep level.**

Since we are migrant people, we do not have any kind of papers to be able to look for better housing to live in.

It's a surprise if I am treated well (at the doctor).

Future state

- ✓ **Oregon Health Plan members experience coordinated, and integrated care across health and social systems.**
- ✓ There are no language, cultural, or economic barriers to care.
- ✓ OHP enrollment is preserved as patients transition between systems.
- ✓ Medicaid covers housing supports, social supports, and pre-treatment services for members with complex needs.



We will ensure access to health care coverage for all people in Oregon

In order to be healthy, people in Oregon need to have a consistent, accessible source of insurance coverage.

We will:

- **Stabilize coverage** for those at risk of becoming uninsured
- **Seek flexibility in preserving coverage** for members who churn in and out of Medicaid enrollment





What we've heard:

People struggle with coverage and eligibility

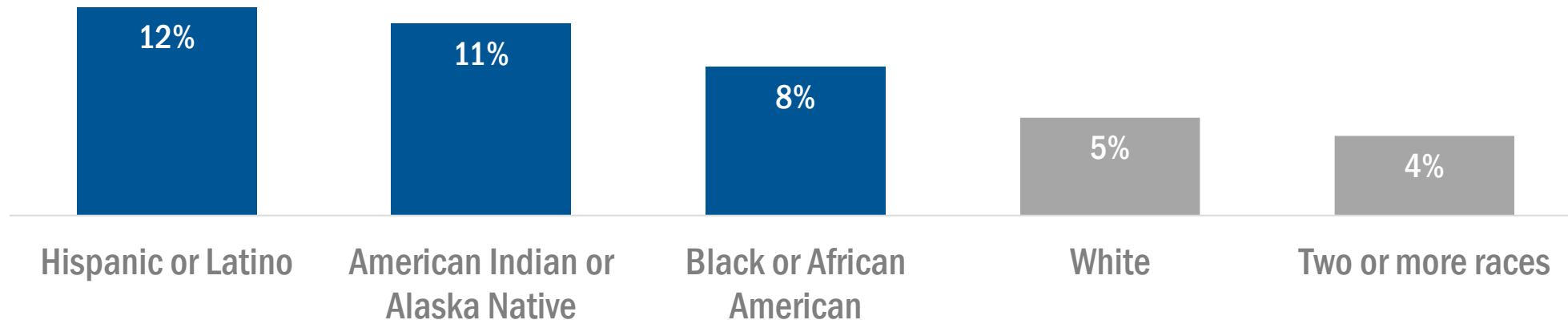


I'm one check away from being overqualified for OHP, and I'm not able to afford healthcare, and that really worries me.

You can't just provide them services and then just toss them out there. They don't have a place to go. They're lost.

Current state

- People continually cycle (or “**churn**”) on and off OHP coverage
- Many people without insurance are in fact eligible for OHP or the Marketplace **but aren’t enrolling**.
- **Communities of color** are more likely to be uninsured:



Future state

- ✓ When people gain OHP coverage, they **stay covered**.
- ✓ Those who are already eligible for Medicaid coverage have an **easier** time enrolling.
- ✓ **Inequities in coverage are reduced** or eliminated.



We will encourage *smart, flexible spending* that supports health equity

- Oregon has a strong record of providing **flexibility** in the way Medicaid dollars are spent:
- We have encouraged CCOs to **focus beyond the medical system** and pay for things that truly keep people healthy.
- This keeps people healthier AND **saves money**.

Our waiver renewal will continue to push for ways to improve the value of health care spending.





What we've heard:

People's health is impacted because their basic needs are not met



People do not earn enough money to eat healthy.

Then, we provide the food we can to our children.

What is that? Rice, beans. In the second place, carbs...

And who better to say what's needed in the community than the community?



What we've heard:

People identify lack of affordable housing as a barrier to health



Folks don't have stable housing, **it becomes so much harder to do everything else, keep an appointment, keep a regular physician, stay on mental health meds,** or any type of medical routine. Housing's probably a cornerstone.

Probably the single social determinant that affects people the most is **whether or not you're housed.**

Future state

- ✓ CCOs have greater flexibility in spending through true global budgets.
- ✓ Decisions about **community investments** are held by the community itself.
- ✓ People will get the care and supports they need to **stay healthy**.



We will request to reinvest government savings to achieve health equity

Some problems are too big to solve alone.

Societal issues that underlie health inequities go beyond the scope of the health care system.

Meanwhile, Oregon will generate savings by lowering the rising cost of health care across all markets.

Our waiver renewal will seek to reinvest government savings to combat health inequity.





What we've heard:

People want investment in the programs that support their health and healthy communities



I think it'd be great if OHA could partner with the parks and recreation department or maybe community centers to give free or reduced-price gym memberships for a more proactive approach to health.

Preventive health is so much cheaper than treating the problems, the conditions, the symptoms. It's so much cheaper, it's just so much better, you don't have to go through a lot of pain.

It costs everyone much less.

Future state

- ✓ **The savings generated through health reform are reinvested** to address the social needs of OHP members with complex needs.
- ✓ **Resources are shared across systems** to invest in projects that need large-scale, coordinated funding.



For Decision

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Thank you!