

ADDRESSING HEALTH EQUITY & DISPARITIES FOR MEDICAID MEMBERS & PROVIDERS

Mariam Siddiqui

Corey Pleasants

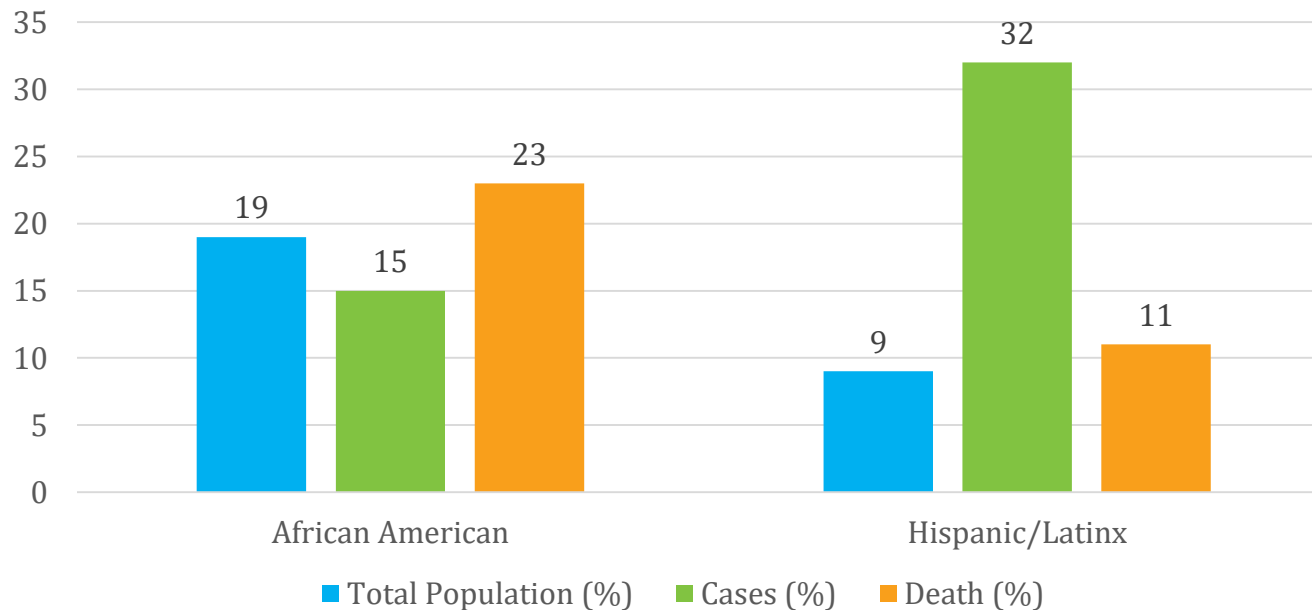
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Background

- Health equity is the principle underlying a commitment to reduce—and, ultimately, *eliminate*—disparities in health and in its determinants, including social determinants.
- Health equity means social justice in health (i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically/socially disadvantaged).
- Health disparities are the metrics we use to measure progress toward achieving health equity.

COVID-19 & Racial Inequity in Virginia

- The COVID-19 pandemic has had a disproportionate impact on vulnerable communities (especially, communities of color-- Black, Indigenous and People of Color [BIPOC]) across the Commonwealth.



DMAS Health Equity Workgroup

Purpose

- DMAS is committed to improving the health and well-being of all Virginians through access to high-quality health care coverage and services. In order to address health inequity, DMAS has established an internal health equity workgroup.
- The workgroup is to develop an agency-wide strategy to ensure that DMAS provides access to quality services for all Medicaid members and providers.

Organization Framework to Achieve Health Equity



1. Make health equity a strategic priority

2. Develop structure and processes to support health equity work

3. Deploy specific strategies to address the multiple SDOH for direct impact

4. Develop partnerships with community and managed care organizations

Framework of the Workgroup

In order to develop an agency strategy, the work group will address the following questions –

1. What is DMAS currently doing to reduce and eliminate health disparities?
2. What does health equity look like in Virginia in terms of access to care, coverage of care and quality of services?
3. What are the key equity issues that affect Medicaid members and providers?
4. How should DMAS address those key equity issues?
5. What is DMAS doing to address health equity disparities in its response to the COVID-19 pandemic, given that the crisis is disproportionately impacting African American and Hispanic communities?
6. What can DMAS learn from other state Medicaid agencies, federal efforts, community leaders, advocacy groups and others to address health equity issues?

Structure of the Workgroup

The workgroup is co-chaired by two Executive Leadership Team members: Ivory Banks and Rachel Pryor. The project leads are Corey Pleasants and Mariam Siddiqui. The members of the workgroup are:

- Dr. Chethan Bachireddy – Chief Medical Officer
- Sarah Broughton – Strategic Initiative Advisor, Office of Chief of Staff
- Dr. Laura Boutwell – Acting Director, Office of Quality of Population Health
- Emily Creveling – Maternal and Child Health Manager, Health Care Services
- Rebecca Dooley – Diversity Council Executive Board Member
- Tanyea Darrisaw, Budget Director
- Matt Harrison – Manager, Office of Data Analytics
- Lauren Howren, Policy Analyst, Integrated Care
- Andrew Mitchell – Senior Policy Advisor, Office of Chief Medical Officer
- Christina Nuckols – Director of Communications
- Sarah Samick – Senior Policy Advisor, Administration
- Dr. Alyssa Ward – Behavioral Health Clinical Director

DMAS also received Robert Wood Johnson Foundation funding for Manatt Health to provide additional support for health equity work

Short-Term Goals/Initiatives

Member Engagement & Communications

Engage Member Advisory Committee and other stakeholders on a regular basis to receive feedback on health disparity issues, in trying to access care, request coverage for care or receive quality services

Policies & Services

Create an inventory of projects to catalog current projects focused on equity

Evaluate system capabilities to update or add new data elements

Conduct state research to learn and understand how other states are addressing health disparities

Review and standardize MCO annual health equity report

Review any cultural competency trainings provided by DMAS & MCO

Evaluate Managed Care Organization contracts to assess for health equity concerns and areas of improvement

Data, Quality & Measurement

Develop an inventory of all available SDOH data

Develop health equity performance measure for Medicaid program

Review quality measures for health equity (e.g. HEDIS)

Long-Term Goals/Initiatives

Member Engagement & Communications

Develop a comprehensive outreach and communication strategy to engage community members and leaders, advocacy groups and other stakeholders to gather feedback and disseminate program information

Policies & Services

Develop a framework for health equity with social determinants of health factors that can be used to improve health and eliminate health disparities

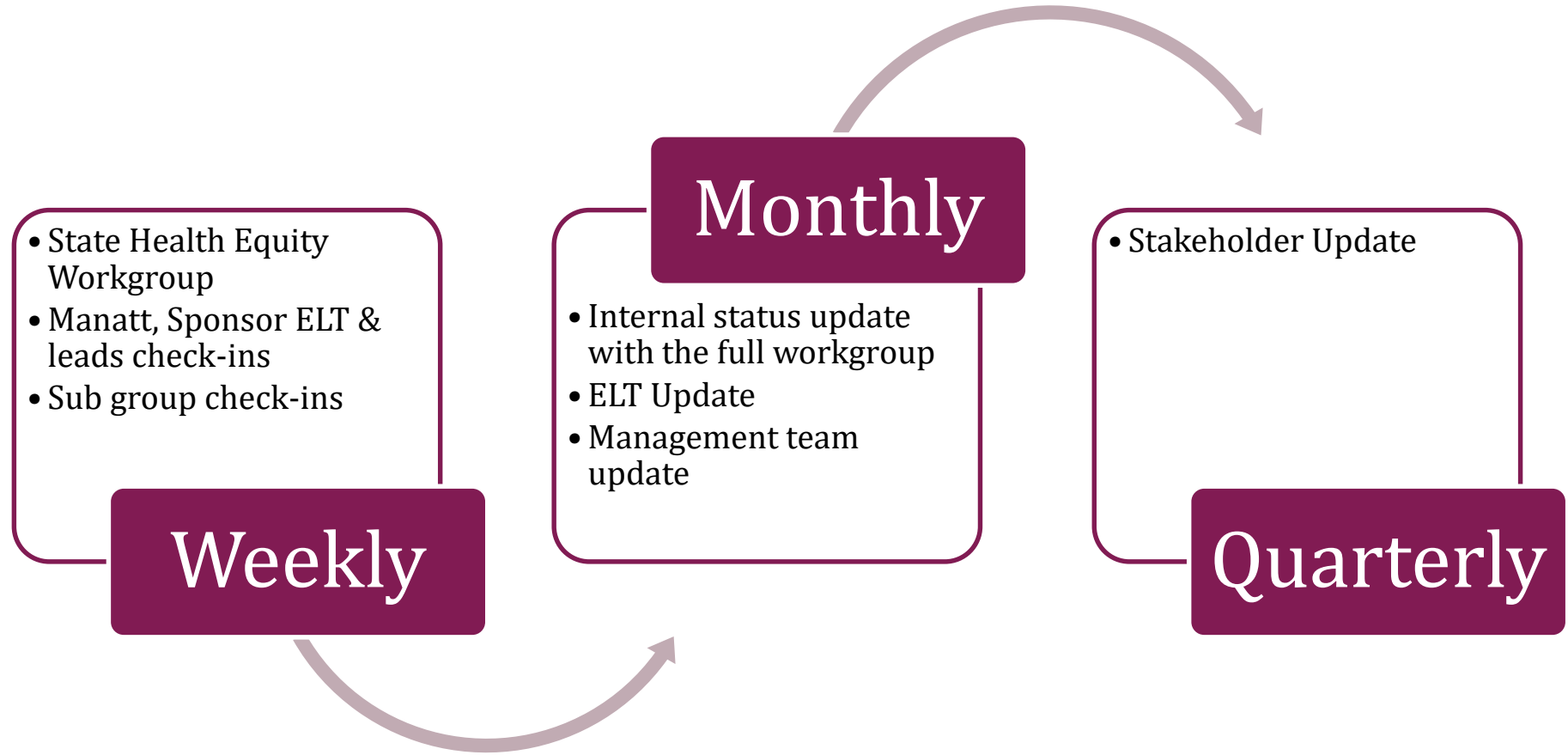
Develop strategies to promote health equity above regulatory requirements for MCOs and DMAS policy developments

Data, Quality & Measurement

Data analysis by age, race, ethnicity, gender, sexual orientation, disability, neighborhood and other sociodemographic characteristics

Establish long-term, annual metrics to assess changes in health disparity issues (e.g. access to care, quality of services, use of coverage, etc.)

Meeting Structure



How can the MAC help

- Share information of any best practices, relative to health equity and combating health disparities.
- Make us aware of any concerns or issues.
- Offer suggestions of areas to review and consider.
- Please send all suggestions and feedback to Corey Pleasants (corey.pleasants@dmas.Virginia.gov) and/or Mariam Siddiqui (Mariam.Siddiqui@dmas.Virginia.gov)

Questions?

