Advancing Health Equity through Health Reform Implementation

Thursday, July 21, 2011
This webcast will begin at 2:00 P.M. EDT
Please hold until we start the conference.
The audio portion of this webcast can be accessed by dialing:
800.757.7641
Agenda

Welcome and Introductions
  - **Diane Justice, MA**, Senior Program Director, National Academy for State Health Policy (NASHP)
  - **Dr. Anne C. Beal, MD, MPH**, President, Aetna Foundation

National Healthcare Quality and Disparities Reports and State Disparities
  - **Dr. Ernest Moy, MD, MPH**, Medical Officer, Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality (AHRQ)

State Obligation and Opportunity in Health Care Reform: Implementing the Affordable Care Act to Advance Health Equity for Racially and Ethnically Diverse Populations
  - **Dr. Dennis P. Andrus, Ph.D., MPH**, Senior Research Scientist, Texas Health Institute; Associate Professor, University of Texas School of Public Health
Agenda (cont.)

- ACA Implementation and Health Equity: Experiences from Maryland
  - Dr. Carlessia A. Hussein, Dr.PH, RN, Director, Office of Minority Health and Health Disparities, Maryland Department of Health and Mental Hygiene

- State Health Equity Learning Collaborative: Request for Applications for Technical Assistance
  - Diane Justice, MA, Senior Program Director, NASHP

- Questions and Answers
About NASHP

- 22 year old non-profit, non-partisan organization
- Academy members
  - Peer-selected group of state health policy leaders
  - Commitment to identifying state needs and guiding our work
- Working together across states, branches, and agencies to advance, accelerate, and implement workable policy solutions that address major health issues
Advancing Equity through State Implementation of Health Reform

- Supported by the Aetna Foundation
- Project goals include:
  - Supporting state leadership for eliminating disparities and advancing health equity through health care reform implementation
  - Establishing a State Health Equity Learning Collaborative
  - Facilitating a National Invitational Health Equity Summit
  - Publishing a State Policymakers Action Agenda for Achieving Health Equity through Health Reform
National Healthcare Quality and Disparities Reports and State Disparities

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301-427-1329
www.ahrq.gov/qual/qrdr10.htm
http://statesnapshots.ahrq.gov
# National Healthcare Reports

Annual reports to Congress from Secretary since 2003 mandated by 1999 Healthcare Research and Quality Act

Unified team, Interagency Work Group, framework, data, methods, quality measures

<table>
<thead>
<tr>
<th>Quality Report</th>
<th>Disparities Report</th>
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<tbody>
<tr>
<td>Snapshot &amp; trends in quality of health care in America</td>
<td>Snapshot &amp; trends in disparities in health care</td>
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<tr>
<td>Effectiveness, safety, timeliness, patient centeredness, care coordination, efficiency, health system infrastructure, access</td>
<td>Differences across race, ethnicity, &amp; socioeconomic status</td>
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<tr>
<td>Variation across states</td>
<td>Variation across populations</td>
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State Snapshots: Overall Health Care Quality for California

All-State Comparison

Performance Meter: All Measures

Regional Comparison

Performance Meter: All Measures

Best Performing States Across All Measures In Overall Health Care

<table>
<thead>
<tr>
<th>Your State</th>
<th>Meter Score for Overall Health Care</th>
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<tr>
<td>CA</td>
<td>45.90</td>
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<td>NH</td>
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<td>MN</td>
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<td>MA</td>
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<td>RI</td>
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Percentile Range Across States

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<tr>
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<th>Meter Score for Overall Health Care</th>
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<tr>
<td>75th Percentile</td>
<td>54.66</td>
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<td>50th Percentile</td>
<td>46.43</td>
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<td>25th Percentile</td>
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## State Snapshots: California Dashboard Compared to All States

<table>
<thead>
<tr>
<th>Types of Care</th>
<th>Very Weak</th>
<th>Weak</th>
<th>Average</th>
<th>Strong</th>
<th>Very Strong</th>
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<tr>
<td>Preventive Measures</td>
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<td>Acute Care Measures</td>
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<td>Chronic Care Measures</td>
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<td>Settings of Care</td>
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<td>Home Health Care Measures</td>
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<td>Hospital Care Measures</td>
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<td>Nursing Home Care Measures</td>
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<td>Ambulatory Care Measures</td>
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<td>Care by Clinical Area</td>
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<td>Cancer Measures</td>
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<td>Diabetes Measures</td>
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<td>Heart Disease Measures</td>
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<td>Maternal and Child Health Measures</td>
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<td>Respiratory Diseases Measures</td>
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Racial/Ethnic Diversity Across States

- White alone
- Hispanic or Latino
- Black or African American alone
- Asian alone
- AI/AN alone
- NHOPi alone
- Some Other Race alone
- Two or More Races
Hispanic-White Disparity in Colorectal Cancer Screening across States

Best States

Worst States

All State Average

-15
-10
-5
0
5
10
15
20
25
30
Black-White Disparity in Colorectal Cancer Screening across States

-15
-10
-5
0
5
10
15
20
25
30

Best States

Worst States

All State Average
Weak Relationship between Overall Receipt of Colorectal Cancer Screening and Hispanic-White Differences
Weak Negative Relationship between Overall Receipt of Colorectal Cancer Screening and Black-White Differences
Poorer Overall Quality of Preventive Care

Larger Racial or Ethnic Disparities in Preventive Care
State Snapshots: California Focus on Disparities

Performance Meter: Low-Income Communities

<table>
<thead>
<tr>
<th>Compared to Whites (Non-Hispanic)</th>
<th>Very Weak</th>
<th>Weak</th>
<th>Average</th>
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<th>Very Strong</th>
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<td>Hispanics (All Races)</td>
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<td>Blacks (Non-Hispanic)</td>
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<td>Asian/Pacific Islanders (Non-Hispanic)</td>
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Conclusions

- State need to address disparities
  - Different populations
  - Different disparities
- Disparities can help States
  - Identify strategies
  - Target populations and services
- States are succeeding at reducing disparities
State Obligation and Opportunity in Health Care Reform: Implementing the Affordable Care Act to Advance Health Equity for Racially and Ethnically Diverse Populations

Dennis P. Andrulis, PhD, MPH
Senior Research Scientist, Texas Health Institute
Associate Professor, University of Texas School of Public Health
Background and Purpose

• With support from the Joint Center for Political and Economic Studies, we conducted a comprehensive review of the Patient Protection and Affordable Care Act of 2010:
  
  – To identify and describe provisions specific to race, ethnicity and language; and general provisions likely to have a significant affect on diverse populations.

  – To assess status, challenges and opportunities of health care reform provisions for improving the health and health care of racially and ethnically diverse populations.

• We have also tracked implementation status and progress for provisions with explicit requirements for linguistic and cultural competence.
Race, Ethnicity and Language Provisions:

Over three dozen provisions in ACA specific to and targeting race, ethnicity, cultural competence, language assistance and diversity.
Cultural Competence & Workforce Diversity

- **Cultural Competence**
  - Model cultural competence curricula.
  - Cultural competence training for health professionals.
  - Culturally appropriate patient decision aids.
  - Culturally appropriate personal responsibility education for teen pregnancy prevention.
  - Culturally appropriate national oral health campaign.

- **Workforce Diversity**
  - Increase diversity among health professionals.
  - Health professions training preference for cultural competence.
  - Investment in HBCUs & minority-serving institutions.
  - Collect & report workforce diversity data.
Data Collection & Disparities Research

• **Data Collection & Reporting**
  – Collect racial/ethnic sub group data in population surveys.
  – Collect/report disparities data in Medicaid & CHIP.
  – Monitor disparities trends in federally funded programs.

• **Health Disparities Research**
  – Examining disparities through comparative effectiveness research.
  – Supporting research on topics of cultural competence and health disparities.
General Provisions

Over three dozen general provisions with potentially major implications for racially and ethnically diverse populations
General Provisions

• Expansion of Medicaid eligibility to 133% FPL
• Reauthorization of CHIP
• Small business (<25 employees) tax credits
• State-based Insurance Exchanges
• Community Health Center support
• Demonstration programs for national priorities
General Provisions

• Expanding and building a diverse workforce
• Requiring non-profit hospital community needs assessments
• Expanding the focus on quality through linking Medicare payments to outcomes, quality measures development, a national strategy for quality improvement and other efforts
State-Related Provisions and Health Equity: Requirements, Opportunities and Incentives
Highlights

• Great breadth of opportunities in ACA to reduce disparities and improve health equity.

• Federal agencies, generally assigned leading responsibility for advancing and implementing disparity and cultural competence provisions.

• Many provisions with requirements related to equity, cultural competence and language assistance have received appropriations and offer opportunities for states and state agencies to pursue funding.

• Other important race/culture/language provisions, however, have not received appropriations as yet.
Funded Opportunities: Health Insurance Programs

- **State Health Insurance Exchanges**
  - State planning and establishment grants, with requirements for cultural & linguistic competence in benefit summaries, appeals processes, and other provisions related to health plans.
    - Non-discrimination in health insurance exchanges.
    - Culturally & linguistically appropriate summary of benefits.
    - Culturally & linguistically appropriate claims appeal process.
    - Navigator to provide culturally & linguistically appropriate information.
    - Incentive payments for cultural competence & reducing disparities.

- **State Office of Consumer Health Assistance**
  - Federal grants to states to establish an Office of Health Insurance Consumer Assistance or an Ombudsman Program.
Funded Opportunities:
Community Health and Prevention

• **Community Transformation Grants**
  – Over $100 million for 75 grants to help communities implement projects proven to reduce chronic diseases as well as health disparities.

• **Personal Responsibility Education**
  – $75 million for states in 2011 to educate youth in culturally/linguistically appropriate ways to prevent teen pregnancy and sexually transmitted infections.

• **CHIP Childhood Obesity Demonstration**
  – $25 million in FY 2011 to develop a model for reducing childhood obesity.

• **Medicaid Prevention and Wellness Initiatives**
  – State grants to provide incentives for Medicaid beneficiaries to participate in evidence-based programs to prevent/manage chronic disease. $100 million for 5-year period from FY 2011-2016.
Funded Opportunities: Improving Quality and Efficiency

- Medicaid Integrated Care Hospitalization Demonstration
  - Up to 8 states to use bundled payments to promote integrated care.

- Pediatric Accountable Care Organization Demonstration
  - Allow pediatric providers to organize as ACOs and share in federal and state cost savings generated under Medicaid.
Access to Health Care & Support for Safety Net

• Grants for Trauma Care Centers
  – Grants to states to support universal access to trauma care services. $100 million per FY 2010-2015. States must award at least 40% to safety net institutions.

• Primary Care Extension Program
  – $120 million in 2011 to establish program to support and assist primary care providers to improve community health.

• State Health Care Workforce Development Grants
  – Up to $150,000 per state partnership for carrying out planning and implementation of health care workforce development.
  – 25 states received planning grants and 1 with an implementation grant in 2010.

• Maternal, Infant and Early Child Home Visiting Programs
  – $1.5 billion for FY 2010-2014, for home visiting programs for at-risk populations.
Notwithstanding these access and safety net initiatives:

• $18 billion reduction in Medicaid Disproportionate Share payments over 7 years creates great uncertainty for the future of safety net hospitals.

• State budget deficits may undermine efforts to sustain the safety net and improve access.
Unfunded Opportunities:  
Community Health & Prevention

• **Community-Based Prevention and Wellness Programs**  
  – Grants to state/local health depts. to carry out 5-year pilot programs for Medicare beneficiaries.

• **Community Health Teams (CHTs)**  
  – As states adopt medical home models, more low income & diverse individuals with chronic illness will be able to turn to a CHT to help them link with a full range of health and social services they may need.

• **Community Health Workers (CHWs)**  
  – Use of CHWs in health intervention programs associated with improved access, prenatal care, pregnancy and birth outcomes, health status, screening behaviors & reduced health care costs.

• **Immunization Demonstration Program**  
  – Grants for immunization programs for at-risk populations.
Unfunded Opportunities:

Cultural Competence

• **Model Curricula for Cultural Competency**
  – Opportunity to test impact of a range of cultural competency training programs on health outcomes and to identify efficacy & effectiveness.

• **Facilitating Shared Decision Making**
  – Patient decision aids are required to present up-to-date clinical evidence about risks and benefits of treatment options to meet cultural & health literacy requirements of populations.
Leveraging the Potential for Health Care Reform to Advance Health Equity
1. **Leveraging support for community-based strategies and engagement in reducing disparities.**

   - Communities must be active and involved participants in setting overall objectives, specific goals and strategies for achieving them.

2. **Promoting integrated strategies across health and social services to improve the health of diverse communities.**

   - Need for direct, concerted research, policy and programs that seek to alter significantly the negative influence of social determinants in diverse communities.
Health Care Organization-Based Initiatives

1. Developing and testing model programs that link specific organizational efforts to reducing disparities and improving quality of care.
   - Organizations must be committed to support practitioners through more comprehensive and active engagement in caring for diverse patients.

2. Documenting and linking non-profit community needs assessment/benefit requirements to health care reform incentives to address disparities.
   - Need to reach beyond demonstrations and funding opportunities.
   - Require provider organizations to show evidence of working to reduce disparities—e.g. through education & community outreach

3. Preserving and transitioning the health care safety net.
   - Providing direct support for safety net hospitals, particularly in regions with large uninsured and undocumented populations.
   - Guidance for philanthropic organizations on ways to support safety net.
Individual Level Initiatives

1. Developing effective care/disease management and self management interventions and protocols for diverse patients.
   
   • New programs will need to address how and to what extent inattention to race- and culture-specific and language/literacy concerns may create impediments to care management and self management.

2. Mitigating the effects of overweight/obesity and negative environmental factors that may impede progress on reducing disparities.
   
   • Greater health care provider awareness of culture and challenges faced by diverse populations will be important for reducing disparities in care and adherence to treatment.
Next Steps

• Education around specific ACA language for priority areas.

• Work with representative associations/organizations to educate and discuss strategies for pursuing priority areas.

• Advocate for state, county and community innovation in health equity and reducing disparities.

• Appropriations, appropriations, appropriations—assuring adequate funding for provisions.

• Communicate with agencies likely to oversee identified priority areas about status and progress in adding content to these areas.
Authors

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*Download publication here*
ACA Implementation and Health Equity: Experiences from Maryland

Dr. Carlessia A. Hussein, Dr.PH, RN, Director
Office of Minority Health and Health Disparities
Maryland Department of Health and Mental Hygiene
State Health Equity Learning Collaborative: Request for Applications for Technical Assistance

Diane Justice, MA
Senior Program Director
National Academy for State Health Policy (NASHP)
What is it?

- Opportunity for states to advance health equity agendas while engaging in critical health care reform implementation activities.

- Structured peer-learning opportunity to integrate health equity initiatives across state agencies – specifically Medicaid, Public Health and Minority Health Offices.

- Collaborative will consist of seven competitively selected states working in key policy areas:
  - Health insurance coverage
  - Delivery system reform
  - Public health
What’s in it for States?

- Participating states will:
  - Receive a customized State Health Equity Profile developed by NASHP
  - Work across state teams to develop a state health equity work plan
  - Collaborate with peer states through an online community portal
  - Receive technical assistance from national health equity experts
  - Opportunity to attend and present at a National Invitational Health Equity Summit
State Requirements

- Maintain a core team of at least three members from state agencies
- Develop a state health equity work plan
- Participate in all TA activities
- Achieve reasonable implementation of state work plan
- Review NASHP products as requested
- Update work plan at end of 8-month TA period
### Process: Request for Applications

<table>
<thead>
<tr>
<th>Date</th>
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<tr>
<td>July 21, 2011</td>
<td>Issue Requests for Applications Accessible at <a href="http://www.nashp.org">www.nashp.org</a></td>
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| August 9, 2011     | Prospective Applicant Call  
3:00 pm EDT  
Call-in: 866-640-1260, Passcode: 3938541 |
| August 23, 2011    | Applications Due to NASHP                           |
| September 9, 2011  | Selected States are Notified                        |
| October 7, 2011    | Work Plan Due to NASHP                              |
| March 2012         | National Summit in Washington, DC                    |
| May 2012           | Final Report Due: State Work Plan Update            |
| Ongoing            | Participation in Technical Assistance Activities    |
Statereforum.org is a space for:

- Peer-to-peer learning and discussion
- Exchanging reform ideas
- Posting, organizing, and sharing useful state documents
- Announcing off-line events and activities
- Spotlighting the keys to successful implementation
- Mapping states’ progress in implementing health reform
Questions and Answers?
Contact Information

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- Dr. Dennis Andrulis
  - dpandrulisis@gmail.com

- Dr. Carlessia A. Hussein
  - husseinc@dhmh.state.md.us

- Diane Justice
  - djustice@nashp.org
Thank You!

For more information, please visit:

www.nashp.org
www.aetna-foundation.org
www.statereforum.org