



HEALTH EQUITY ADVISORY TEAM

HCPLAN
Health Care Payment Learning & Action Network

Agenda

Welcome and Introductions

HEAT Overview

HEAT 2023 Guidance Document

Discussion and Questions

Health Equity Advisory Team (HEAT) Overview

Overview

The LAN established the HEAT to help identify and prioritize opportunities to advance health equity through APMs, to influence design principles, and to inform LAN priorities and initiatives.

Goal

The HEAT's goal is to keep the person at the center—leveraging APMs to help make needed care more accessible, drive better patient outcomes, and reduce disparities.

Crucial elements the HEAT explores:

- 1 Patient Experiences
- 2 Patient Priorities
- 3 Patient Perceptions

HEAT Membership

HEAT Co-Chairs



Dr. Marshall Chin*
Richard Parrillo Family
Professor of Healthcare Ethics
University of Chicago



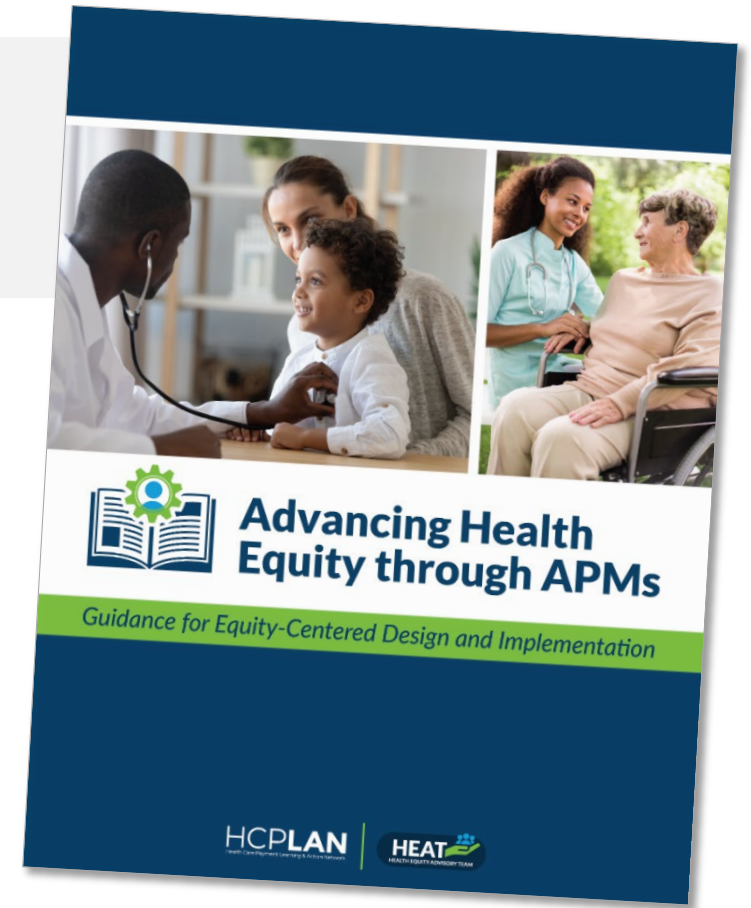
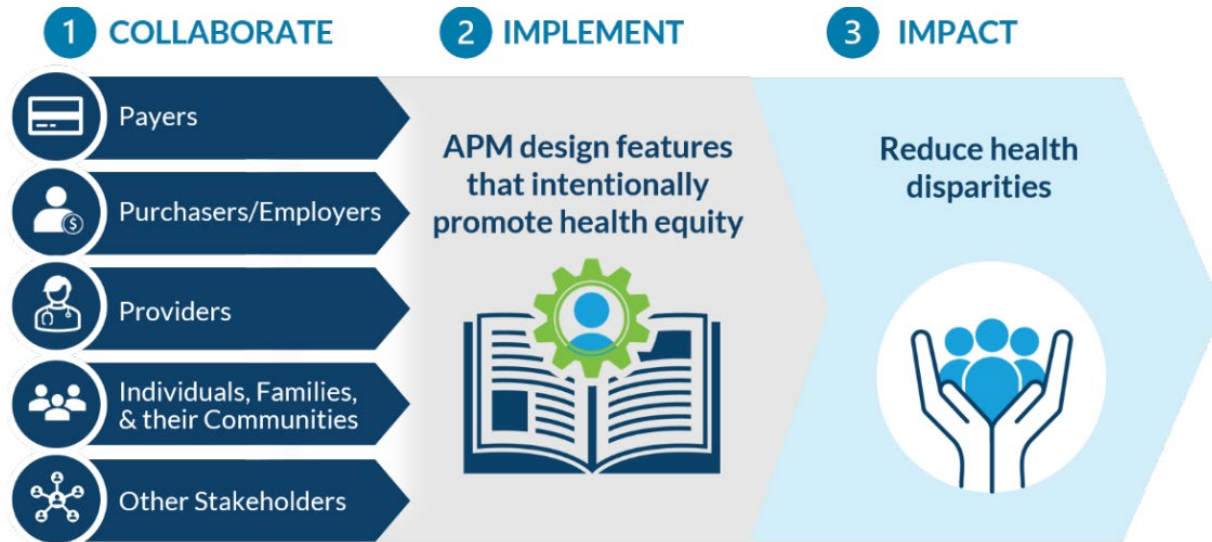
Karen Dale
Market President
AmeriHealth Caritas
District of Columbia

HEAT Membership 2023				
Morenike Ayo Vaughn The Commonwealth Fund	Dr. Craig Jones Capitol Health Associates	Kate Davidson CMS	Sinsi Hernández-Cancio National Partnership for Women & Families	Dr. Jorge Petit Services for the Underserved
U. Michael Currie UnitedHealth Group	Jennifer Kons United Way of Greater Cleveland	Chris DeMars Oregon Health Authority	Dr. Jennifer Moore Institute for Medicaid Innovation	Aswita Tan-McGrory Massachusetts General Hospital
Dr. Damon Francis Alameda Health Systems	Dr. Jody Levison Johnson Social Current	Dr. David Nerenz Henry Ford Health System	Dr. Pamela Riley California Department of Health Care Services	Mark Friedberg Blue Cross Blue Shield of Massachusetts
Dr. Romana Hasnain-Wynia Denver Health	Dr. Lenny Lopez University of California San Francisco	Dr. Jose Peña* Rio Grande Valley ACO	Cary Sanders California Pan-Ethnic Health Network	Bukata Hayes Blue Cross Blue Shield of Minnesota
Purva Rawal CMS	Jean Moody-Williams CMS	Jerry Peterson SOGIE Consulting	Christina Severin Community Care Cooperative	Taylor Priestly Covered California
Vanetta Abdellatif Arcora Foundation	Dr. Ellen-Marie Whelan CMS			

HEAT Publications and Accomplishments

Guidance for Equity-Centered Design and Implementation

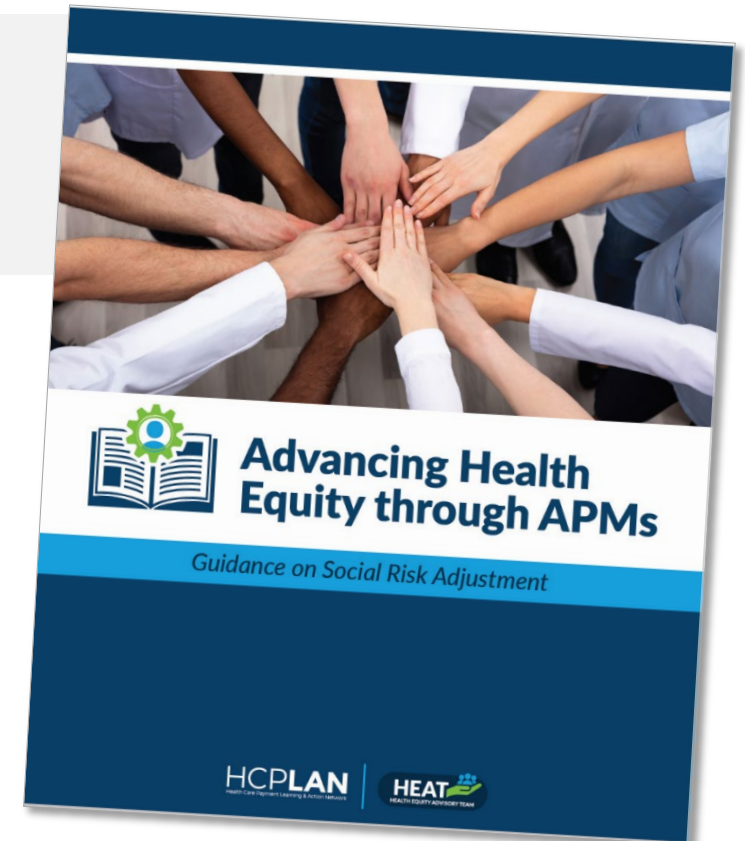
Advancing Health Equity through APMs, is the HEAT’s foundational guidance document supporting APM stakeholders in designing and implementing equity-centered APMs.



<http://hcp-lan.org/workproducts/APM-Guidance/Advancing-Health-Equity-Through-APMs.pdf>

Guidance on Social Risk Adjustment

This guidance document follows the 2021 release of Advancing Health Equity Through APMs and specifically focuses on how social risk adjustment for payment, a core design element of the Health Equity Advisory Team (HEAT)'s theory of change, and complementary core components can advance health equity.

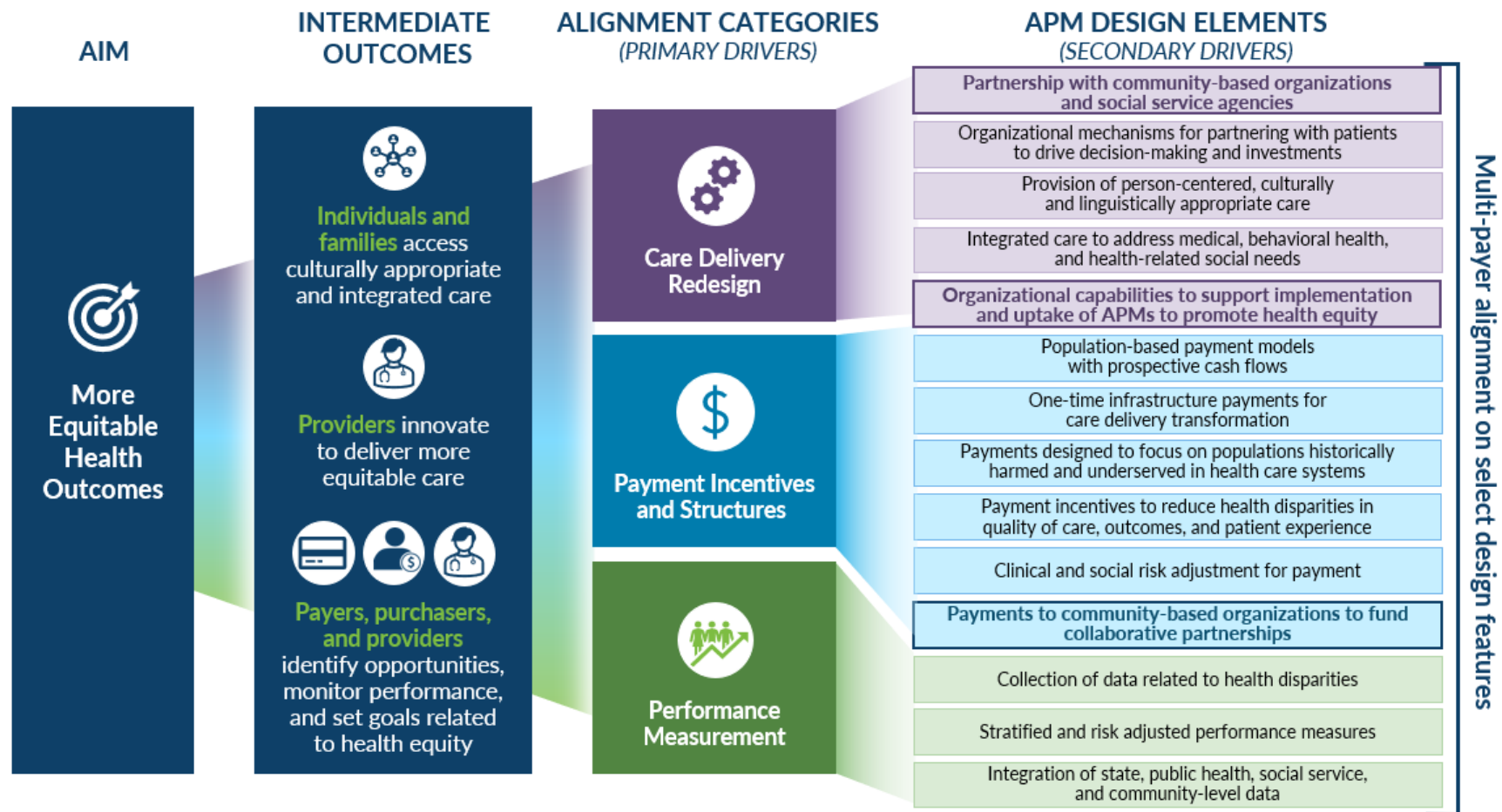


<http://hcp-lan.org/workproducts/APM-Guidance/Advancing-Health-Equity-Through-APMs-Social-Risk-Adjustment.pdf>

HEAT Focus 2023

HEAT 2023 focus

The HEAT has developed a theory of change centered on how APMs advance Health Equity. A key driver of change—and the focus area of the HEAT for this year—is partnership with community-based organizations providing local health-related social needs services.



The Spectrum of Community Engagement to Ownership



Guiding Principles to Elevate Individuals and Communities

Foundational principles to building trust and sharing power with the community:

- Understand and respect lived experiences
- Recognize the plurality of lived experiences
- Respect the agency of individuals and communities
- Engage the community early and often
- Shift from “power over” to “power with”
- Build on existing community assets



Guidance for Health Care Entities Partnering with Community-Based Organizations

Addressing Health-Related Social Needs in Alternative Payment Models



- This guidance document provides **recommendations** and **examples** of health policy and payment mechanisms utilized to **address health-related social needs (HRSNs)** with a focus on **collaboration between community-based organizations (CBOs) and health care entities** involved in alternative payment model (APM) design and delivery
- The HEAT conducted interviews and focus groups with CBOs, community care hubs, and subject matter experts to glean insights into best practices and opportunities for improvement

The following themes emerged from our interviews and guided the development of recommendations:



Theme 1 Collaboration and Partnership: Building collaboration and equal partnership between Health Plans and CBOs is important to ensuring marginalized populations (often represented by CBOs) have a role in decision making and governance.

Theme 2 Hubs and Conveners: Hubs can offer broader networks of administrative and technical support to lessen burden on under-resourced and under-staffed CBOs in addition to balancing power dynamics between CBOs and larger entities.

Theme 3 Infrastructure: CBOs are often in need of additional staff, care coordinators, financing, workflows to handle referrals, technical assistance, and technology platforms with data transparency.

Theme 4 Funding: Funding mechanisms are seldom developed with input from social needs service providers like CBOs or from community members. As a result, sometimes the available resources and payment rates for CBOs do not reflect the true costs of addressing social needs or providing the services desired by the community.

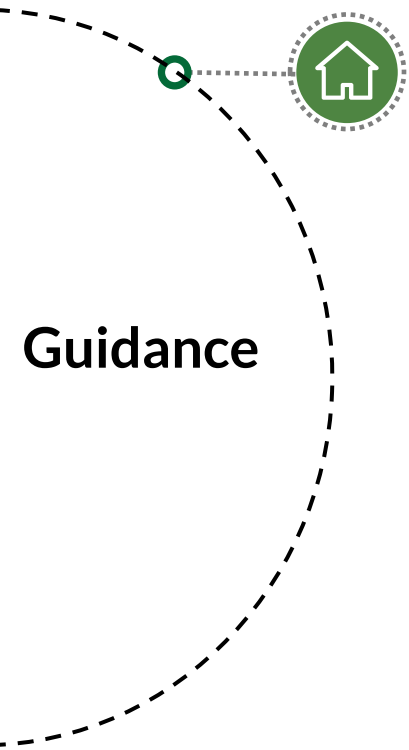
Collaborative Governance Grounded in Mutual Respect & Shared Decision-Making



Theme 1

- ✓ Health care entities, with equal support from CBOs, consumer advocates, and community members—should **collaborate to appoint an organizing body** (e.g., a taskforce) that is rooted in the community to serve as a conduit for multi-directional engagement.
- ✓ Health care entities should **develop processes (e.g., advisory groups) for formalized decision-making** that incorporate the voices of community members at all stages of programming, from conceptualization to implementation and evaluation.
- ✓ Health plans should ensure that individuals hired for leadership positions (e.g., chief health equity officers) have **previous experience working with CBOs**.

Hubs and Neutral Conveners as Potential Conduits for Partnership



- ✓ Health care entities should consider **partnering with an organization that takes on the role of an aggregator, convenor, or facilitator** for a network of CBOs that authentically represents the diverse communities the CBOs serve.
- ✓ Health care entities should **involve and compensate** CBOs, convening organizations, consumer advocates, and community members in the co-design and implementation of APMs.
- ✓ Health care entities should gain buy-in from CBO conveners (including hubs), by **collaborating with them on community events that increase visibility and brand recognition.**

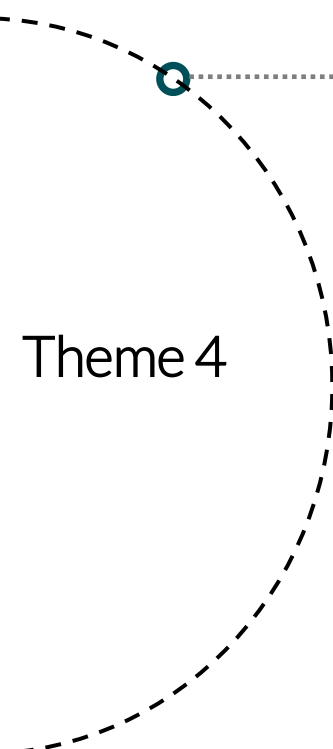
Building CBO Capacity and Infrastructure through Multi-Sector Partnership



- ✓ Health care entities should offer **technical assistance (TA) and resources for CBOs to develop the infrastructure** needed to participate in APMs. Hubs, conveners, and larger CBOs play a critical role in providing TA and resources for CBOs and can offer these services at different levels depending on the existing capabilities of an individual CBO.
- ✓ Health care entities should provide CBOs and conveners with **technology and access to relevant data (including social needs data)**, and support CBOs in utilizing data effectively for baseline and longitudinal performance measures.
- ✓ Health care entities should provide **upfront funding** to support technical assistance and resources.

Theme 3

Funding and Financing to Support Cross-Sectoral Collaboration to Address Social Needs



- ✓ Payers and health plans should advocate for and help organize CBOs, CBO conveners, consumer advocates, and community members to **influence state Medicaid waiver development**
- ✓ Health care entities should provide **pre-funding support or infrastructure grants** to help CBOs meet the necessary startup and operational needs to partner with the health system on providing social needs services
- ✓ Payers and health plans should **incorporate feedback from local health care purchasers and CBOs** when developing plans for how to price and define CBO and CBO convener services in their state within existing in-lieu-of service (ILOS) authority.
- ✓ Health care entities involved in value-based programs should require portions of **bonuses, budgets, or budget surpluses** be spent on social needs services or equity, in collaboration with the community and CBOs.

Questions?