

## HILN Communities & Equity Accelerator Committee

**Meeting Objective:** Apply and administer a health equity lens into the work being conducted with health system transformation.

### Attendees:

<input checked="" type="checkbox"/>	Antony Chiang	<input type="checkbox"/>	Laura Kate Zaichkin	<input type="checkbox"/>	Sybill Hyppolite
<input type="checkbox"/>	Aren Sparck	<input type="checkbox"/>	Leah Tuzzio	<input checked="" type="checkbox"/>	Torney Smith
<input checked="" type="checkbox"/>	Bertha Lopez	<input type="checkbox"/>	Lisa Seagram	<input type="checkbox"/>	Vicki Lowe
<input checked="" type="checkbox"/>	Shareka Fortier	<input checked="" type="checkbox"/>	Michael Itti	<input checked="" type="checkbox"/>	Victoria Fletcher
<input checked="" type="checkbox"/>	Janet Varon	<input checked="" type="checkbox"/>	Nora Coronado	<input checked="" type="checkbox"/>	Winfried Danke
<input type="checkbox"/>	Jay Fathi	<input type="checkbox"/>	Paj Nandi	<input type="checkbox"/>	
<input type="checkbox"/>	Jessie Dean	<input type="checkbox"/>	Rick Ludwig	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Jon Brumbach	<input type="checkbox"/>	Sam Watson Alvaron	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Katharine Weiss	<input checked="" type="checkbox"/>	Sarah Kwiatkowski	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Kennedy Soileau	<input checked="" type="checkbox"/>	Sofia Aragon	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Kristin Villas	<input checked="" type="checkbox"/>	Suzanne Swadener	<input type="checkbox"/>	

No	Agenda Items	Time	Lead	Notes
1.	Welcome & Announcements	2:00 PM	Winfried, Antony, Sofia	Winfried, Antony, Sofia
2.	Introductions	2:05 PM	Kennedy	Name & organization
3.	Project Committee Report Outs	2:15 PM		Accountable Communities of Health- Katharine Data Disaggregation- Kristin Workforce- Suzanne/Kristin Foundational Community Supports- Katharine
4.	Committee Scope	2:30 PM	Katharine & Kristin	Presentation on the scope of the committee and where the committee fits into the Medicaid Transformation
5.	Medicaid Beneficiary Involvement in Committee	3:20	Kennedy	Review briefing memo on options for Medicaid Beneficiary Involvement
6.	Project Plan Equity Summary	3:45	Katharine	
7.	Next Steps	3:55 PM	Kennedy	

### Action Items/Decisions

#	Action Item	Assigned To:	Date Assigned:	Date Due:	Status
1	Define scope of the Communities & Equity Committee	Katharine, Kristin, Co-Champions	12/12/2017	2/20/2018	
2	Provide committee with an ACH Project Plan summary focused on Health Equity	Katharine	12/12/2017	2/20/2018	Completed

3	Outline the options for Medicaid Beneficiary engagement in HILN C&E	Katharine & Kristin	12/12/2017	2/20/2017	Completed
4					
5					

Upcoming Meeting Planner		
Meeting	Date / Time	Location
HILN C&E Committee	April 17 <sup>th</sup> , 2pm-4pm	
ACH Subgroup	March 1 <sup>st</sup> , 10am- 11am	Conference Call
Data Subgroup	TBD	Conference Call
Foundational Community Supports Subgroup	March 6 <sup>th</sup> , 11am- 12pm	Conference Call
Workforce Subgroup	TBD	Conference Call

## February 20<sup>th</sup> 2018 HILN Communities & Equity Meeting Notes

### Subgroup Report Out

- ACH Subgroup:** Are we not asking ACHs the right questions? ACHs will have several deliverables. Send Katharine questions that should be asked of ACHs related to health equity. Regular ACH convenings (VBP, workforce, BHI). Thus far, no convening on equity or community engagement. Katharine writing a request to bring do convening for equity and community engagement to submit to state leadership as a possibility.
  - When is report coming? Sub-group members can suggest edits before submitting to state leadership. Lisa Ray and Lena wanted to piggy back on latest state convening looking for opportunities to reduce travel. A great collaborative opportunity. Funding—Transformation or SIM.
  - Could be as simple as helping ACHs report their equity work in a concrete way and areas they may need help. Need a place for discussion. One of the goals is not increasing reporting burden on ACHs but on asking better questions.
- Data Subgroup:** A HEIDIS measure data set already exists as part of Medicaid Federal Reporting requirements. The data is down to the client level. One file has the client's race and preferred language and a file that has the results for the different metrics and the provider 1 id. Those files were merged and we calculated the measure groups by race and ethnicity. Each MCO reported race and ethnicity differently. Information was not collected in a consistent way. MPOI staff said that because we have all the measures down to the client level we can have Healthier WA AIM team pull info out of the provider 1 system, the clients race etc. This is all self-reported information. Report can be completed at the start of March. Need to vet the data with internal groups. The hope is to be able to share this Mid-March or early April.
  - Torney: Are you going to look at continuity of information between different data bases? This can be discussed with the AIM team. Don't know where the MCOs were getting this

information. If we are trying to over time build continuity we should start looking at what the differences are for reporting, so that we can make a recommendation for the future.

- **Foundational Community Supports Subgroup:** Since going live in Jan, they have been establishing a network group and getting people enrolled. Amerigroup has 54 provider contracts between the two benefits, 140 service locations across the state. Good distribution, but there are still gaps. Interested in working with committee members to ensure that populations that are eligible have appropriate access. Specialized providers working to get connected and contracted. Want to highlight Asian Counseling, Somali Use Club, Community Services and Youth Care all are working with Amerigroup to provide services. Working with tribal support at HCA as well. Reach out to Jon, if there are stakeholders you have in mind that need to be connected to this group. Looking for partners to establish referral pathways.
  - Sofia: Amerigroup mentioned an advisory group. This hasn't happened yet but this will happen after the providers are linked in. Hoping this gets up and running this spring.
- **Workforce Subgroup:** The group is interested in advancing the work of community health workers particularly focused on CHWs billing for their services. There are a couple of bills focused on CHW in the leg right now. The bills will help add clarity. 2436 is moving and it is a substitute bill. Suggest people look at it. DOH has received funding from ASTO to be one of 4 national work groups to take a look at the role of CHWs. This will be 2 years of funding to look at CHW work with 4 other states. Plans to directly involve CHWs and other stakeholders. Working on establishing ground work on ACH workforce development. At last subgroup call, Suzanne asked for names of folks that should be in the workforce SME group to ensure equity focus is brought in. Suzanne is trying to promote and support work with ACHs and other workgroups. Bringing together state folks with ACHs first. A small group of ACHs is doing training to bring CHW work up to certification requirements up to the Pathway Hub model. Workforce subgroup asked for a CHW Project Plan summary, which Kristin is preparing. All ACHs have mentioned using CHWs and 6-7 of the 9 are going to use the Pathways Hub. There will likely be the use of the train the trainer model. Community colleges are interested in getting involved in this work.
  - Torney: In HB2436 when they try to get rid of the direct service language piece, how are we defining CHWs? Is it through HUB certification? Answer: 2436 identifies the characteristics of a CHW. CHWs can be used in the Health Home model.
  - Sarah: 2436 didn't make house of origin cutoff. The bill is dead.

### Committee Scope

- Bertha: How is this information shared without outside stakeholders? How do we leverage collective wisdom?
- Staff could help support the committee in aligning our work with similar stakeholder groups and organizations
- Would it be appropriate for us to share this work with the full HILN meeting? This committee could work with HILN to put pressure on outside organizations to improve equity
- Spokane is working with Human Impact Partners out of Oakland
- A challenge will be getting traction and figuring out what to do in our own community
- While Federal legislation was initially considered out of scope, we should include it in our scope since we may need to react to potential major federal changes.
- A challenge will be demonstrating the value of equity work including: financial savings, quality of care and customer satisfaction.
- The projects that we have already started can open doors to future projects.

### Consumer Involvement in C&E Memo

- Did we look to ACH community engagement to create this document? No.

- Torney favors option 4
- Michael favors option 4 since we will never be able to get complete representation.
- Bertha thinks it's best to take a multi-prong approach including options 1,3 and 4. Committees such as ours always runs the risk of working within a bubble and losing touch with the real Medicaid beneficiary experience
- Important to not forget that the scope of the committee is not just limited to Medicaid and as such we should make sure we include more than just Medicaid Beneficiaries in our approach.
- Sofia is in favor of whichever option requires the least of the community member
- The committee thinks that the checking in with community members doesn't need to happen quarterly, but instead when it makes sense. We should engage consumers around the Healthier Washington timeline.
- Katharine and Kristin will develop a plan that integrates this feedback into an implementation strategy

### ACH Project Plan Health Equity Summary

- ACH Project Plans are vague by design.
- ACH Equity summary of project plans: some of this is aspirational/vague at this juncture
- Lisa Ray--Chris Frank—VBP and including health equity in looking at incentive payments
- Guidance on data collection to ACHs---approach on how to disaggregate data that state is giving them? How do they collect it and analyze it?
- Confirmed BHI is a required ACH Project
- Next public deliverables for ACHs is the Semi-Annual report due to the state by the end of June
- Implementation plan—October—template for that will be coming out in next couple of months
- HILN—full committee—use them to challenge them what they could do in their respective organizations to improve health equity and then having a mechanism for accountability and require report out at future meetings.