

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 checked="" type="checkbox"/>	Laura Kate Zaichkin	<input type="checkbox"/>	Sybill Hyppolite
<input checked="" type="checkbox"/>	Aren Sparck	<input checked="" type="checkbox"/>	Leah Tuzzio	<input type="checkbox"/>	Torney Smith
<input type="checkbox"/>	Bertha Lopez	<input type="checkbox"/>	Lisa Seagram	<input type="checkbox"/>	Vicki Lowe
<input checked="" type="checkbox"/>	Jamilia Sherls	<input checked="" type="checkbox"/>	Michael Itti	<input checked="" type="checkbox"/>	Victoria Fletcher
<input type="checkbox"/>	Janet Varon	<input checked="" type="checkbox"/>	Nora Coronado	<input type="checkbox"/>	Winfried Danke
<input type="checkbox"/>	Jay Fathi	<input type="checkbox"/>	Paj Nandi	<input type="checkbox"/>	
<input type="checkbox"/>	Jessie Dean	<input checked="" type="checkbox"/>	Rick Ludwig	<input type="checkbox"/>	
<input type="checkbox"/>	Jon Brumbach	<input checked="" type="checkbox"/>	Sam Watson Alvaron	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	Katharine Weiss	<input checked="" type="checkbox"/>	Sarah Kwiatkowski	<input type="checkbox"/>	
<input 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"/>	

2:

No	Agenda Items	Time	Lead	Notes
1.	Welcome & Announcements	2:00 PM	Winfried, Antony, Sofia	Winfried, Antony, Sofia
2.	Introductions/ Icebreaker	2:10 PM	Katharine	name, organization, the present you always wanted and never got
3.	Project Committee Report Outs	2:20 PM		Accountable Communities of Health- Katharine Data Disaggregation- Kristin Workforce- Suzanne Foundational Community Supports- Katharine
4.	Discussion: Community Engagment	3:20 PM	Katharine	<ul style="list-style-type: none"> How will we make sure that consumer voices are incorporated in this committee? Should we have Medicaid consumers on this committee? In the project committees? Both? What insight could a Medicaid consumer provide that isn't already represented? What is the best way to engage consumers in this work?
5.	Committee Structure Feedback	3:40 PM	Kristin	<ul style="list-style-type: none"> Feedback on current structure and communication of the committee Are conference calls the best way to convene for project meetings? Are full committee meetings every 2 months enough? Not enough?
6.	Next Steps	3:55 PM		

Action Items/Decisions					
#	Action Item	Assigned To:	Date Assigned:	Date Due:	Status
1	Agree on a health equity definition	Committee members	10/6/2017	10/13/2017	Completed
2	Chose project teams	Committee members	10/6/2017	10/13/2017	Completed
3	Agree on committee guiding principles	Committee members	10/6/2017	10/13/2017	Completed
4	Schedule a collaboration session, before December with team members and subject matter expert	Project Teams	10/6/2017	10/13/2017	Completed
5	Project Charter	Project Teams	10/13/2017	January	

Upcoming Meeting Planner		
Meeting	Date / Time	Purpose
Project Team Meeting	January TBD	
HILN C&E Committee	February TBD	

Meeting Notes:

Project Report Out

- Data Project Committee
 - 70 measures that we could possibly pull
 - HCA AIM data team has 12 measures that could be disaggregated by race/ethnicity/language
 - AIM team is putting together a preliminary report by early Feb.
 - Some data we would need outside resources and funding
 - What measures do we want to prioritize?
 - How do we connect this to payment and financing?
 - We are talking to Medicaid program staff
 - Make it an MCO reporting requirement to disaggregate data
 - Who is responsible for these patients and what are we paying them?
 - How do we include community voice?
 - HCA will provide a key to go along with the measure set
 - The 12 measures are the ones that are being used by HCA already
 - Some measures HCA will have more access to in 6 months
 - Might need to look at other sources to get a complete picture
 - Does the Interagency council have any specific initiatives on this?
 - How can we collect data on social determinants like food security and homelessness?
 - How do we prevent cherry picking under VBP?
 - ACH toolkit measures have some SDs as part of them

- Under VBP there is a 1% withhold that MCOs can earn back from meeting measure outcomes
- Look at education and income information as well
- Important to have ethnicity as well- so much diversity within this group
- Initial report will have top 5 spoken languages
- Kristin has been talking to the WA Health Alliance
- Commercial Payers don't collect race/ethnicity data (Aetna is the exception)
- We would have to pay for the disaggregation of data
- WA Health Alliance identifies groups that do better at different measures
- ACHs
 - Finding out more about what ACHs are doing. CCHE was on first subgroup call
 - Winfried discussed CPAA on their work
 - Decision-Katharine to put together ACH projects plans as it pertains to Health Equity and community engagement (early January) to help inform the group about what is going on
 - Survey to communications leads about community engagement and barriers to get a level below ACH project plans that have been submitted
 - Draft survey has been released to ACH sub-group to review
 - Families USA will help ACHs about their community engagement—could bring more resources to ACHs around best practices what is being done in other states
- Workforce
 - What is optimal way to support ACHs with workforce as part of Domain 1
 - Reviewed program applications from ACHs common themes about what was talked about in call
 - Sustainable model to provide connections to community based resources
 - Roles of relevant-community health worker role—prepare them to function under certified pathways hub
 - Roles of CHW generalists or specialists (mental health/health equity) and training
 - Training of CHW available though DOH—ACH wants to get training out to local groups
 - Extender roles for Medical Assistants
 - Community Paramedicine in Southwest and rural areas
 - Right constellation of training and care managers/rn/CHWs
 - Licensing and regulatory issues surrounding mental health/SUD professions
 - How align CHW discussion with work that has already been done—CHW Task Force in 2016, being deployed through DOH
 - What is meant when we talk about the “equity lens”? What is meant to “promote health equity”? Needs to be a part of all work that is done
 - Look at the strengths of communities that can be leveraged as a part of workforce
 - Equity lenses developed in policy and used in different groups/agencies—go back to that work from committee 1.0
 - Need to scope and define success/deliverables in equity workforce group
 - Indian Health funding (\$3000 per client versus \$10,000 nationally per cap white patients) then look at disparities
 - Foundational Community Services
 - Jon Brumbach lead on initiative 3
 - Supported housing/employment
 - Wrap around services

- Amerigroup—building out a referral network as clients are referred and reaching out those who might be eligible
- Katharine spoke with Tori from Amerigroup logistics
 - What providers?
 - What type of providers?
 - What language are materials in?
- CMS just approved protocol for initiative 3
- Starting in January initial service delivery—a soft launch—need to get specifics about geography of launch etc. Katharine to follow up on
- Next step for project group is to focus on more information about initiative mid Jan
- Providers need to apply for Amerigroup subcontract
- What is understanding of population in need—how can we get to them by having providers apply for program
- How is this program different from other referral networks? How is the program being measured to ensure effectiveness? How much funding is going into direct client services? Jon and Aren to connect for more on details of Initiative 3

Community Engagement

- Follow up to feedback from last meeting about how to best get participation/community involvement in the group
- Having Medicaid beneficiaries at committee?
- ACHs struggling with community engagement—instead focus on supporting the work of the ACHs to do this
- Logistics of getting Medicaid Beneficiaries to our committee meeting (childcare etc.)
- ACH meetings are during day, very long---needs to be incentives/childcare
- Where is those point of connection—provider environment where you come into contact with Medicaid clients
- Which of those ACHs have strong provider relationships
- Distrust of community with government and level of comfort at attending these meetings
- Engage with a liaison of clients
- Would need to know specific details/outcomes desired if bringing Medicaid clients to the table
- WA CAN and other orgs consumer advocacy type groups—go to already established advocacy groups—need to commit over the long haul
- C&E Committee not right place to have consumers—we need to go to them early & often
- Conducting a focus group? Could we provide meals/stipends—State restrictions? Katharine and Kristin to follow up with Laura Zaichkin
- Governor’s interagency council has a community representative
- Better Health Together has consumer council (budgeted for stipends and child care)
- CCO meeting—having every other meeting in Spanish
- Can ACHs recommend one of their consumer participants come to C&E committee
- Role model consumer engagement in our group---Empire Health Foundation could consider supporting consumer participation in the group
- C&E committee is unique in its relationship with HCA
- Trainings for consumer participants

- We do not know as we are not consumers
- Will be an ongoing discussion
- There is a role for Healthier WA communications team
- Matter of scope with the committee as a whole given the resources of committee
- Be mindful of how the Medicaid population changed
- Kristin to review how MCO reports have changed in terms of clinical measures reported pre and post expansion
- ACH project plans---did regional needs

Committee Structure Feedback

- The deliverable is not well defined yet
- With infrequent meetings you forget things in between
- What is our timeline?
- Prompted by staff and work things via e-mail?
- Based on the subcommittee make more frequent touches
- E-mail or phone
- Phone calls can sometimes help get people moving
- Seattle or Olympia is fine as long as there is a call in option
- Add meetings ahead of time so that people can plan ahead
- Webinar option