# Transforming Care to Advance Health Equity

## 2025 National Webinar Series: Strategies from the Field

## March 19, 2025

AHE Advancing Health Equity
Leading care, payment, and systems transformation

Robert Wood Johnson Foundation

# Welcome to AHE's 2025 Webinar Series - *Strategies from the Field*

- The Advancing Health Equity program facilitates cultural – not simply operational – systems change, with the goal of creating anti-racist care transformations and integrated payment models that are wide-reaching, sustainable, and replicable.

- Each "Strategies from the Field" webinar will:
  - Share our learnings and feature members of AHE's multi-stakeholder Learning Collaborative teams and other experts in the field
  - Center our Roadmap to Advance Health Equity
  - Reflect AHE's approach to payment reform and healthcare innovation, describing barriers, solutions, and a way forward

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# Today's Session

- Welcome and Roadmap to Advance Health Equity
- Root Cause Analysis with an Equity Lens
- Multi Stakeholder Panel featuring the Washington Learning Collaborative Team
- Q & A
- Closing

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# Housekeeping

- Mute when not speaking
- Use the “raise hand” feature or send questions/comments anytime via chat
- Take care of yourself and loved ones (e.g., bio breaks)
- To enable closed captioning:
  - Click the **Captions** icon ( CC ) and select **Show Captions**
  - Select your speaking language

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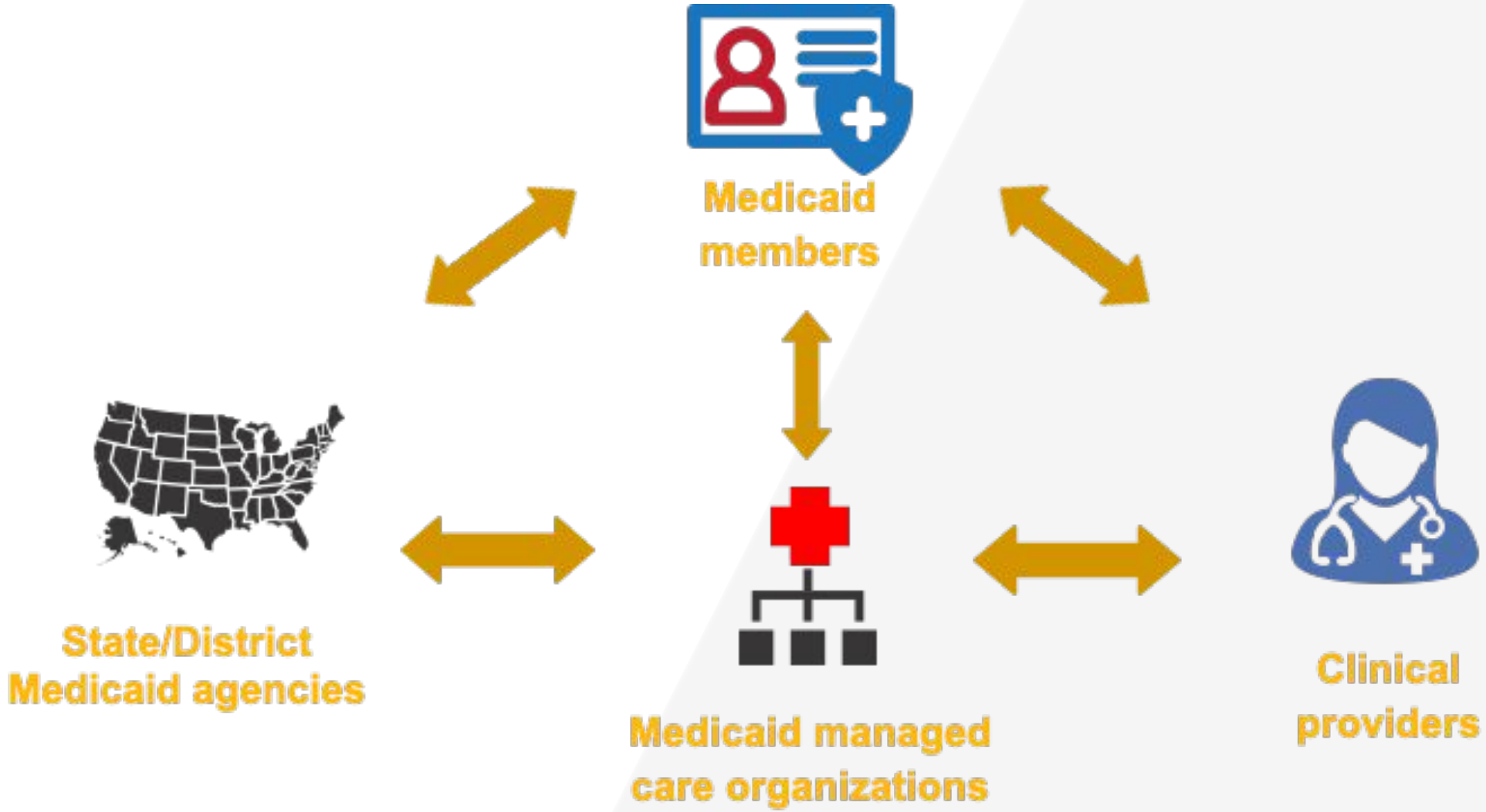
# Bringing Key Stakeholders Together

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# Why Root Cause Analysis with an Equity Lens?

# Health inequities are caused by structural racism and other structural forms of oppression.

| Elevating and accounting for those root causes |
| --- |
| • Asking the right questions<br>• Understanding that the system has created inequities, not the individual<br>• Identifying where your team can change systems to mitigate causes of inequities as close to the root cause as possible |

# Begin with root cause analysis

- **Definition:** Root cause analysis is a method that helps determine the most basic, underlying, fundamental, or “deepest” reason for a condition, behavior, or outcome
  - A Root cause analysis with an *equity lens* requires an explicit conversation about forms of oppression and discrimination including systemic racism

- Helps us understand **why** a particular health or healthcare inequity exists among member populations you serve

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# Root cause analysis relies on asking the right question

**Craft questions that reflect the roles of  bias, oppression, and discrimination, including racism and other structural factors in creating and maintaining inequities**

- **Not:** Why are Black children with asthma in our network more likely to be hospitalized compared to other children with asthma?
  - Implication that the root cause is the "*fault*" of the child

- **Instead:** Why are we (the healthcare system) less successful preventing hospitalization of Black children with asthma compared to other children with asthma in our network?
  - Reflects that the root cause is our collective inability to provide equitable healthcare and outcomes for the child

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# When we apply an equity lens to a root cause analysis, we get closer to a more accurate diagnosis of inequity.

Look for other causes that might explain the inequity rather than overall quality.

**We have not adequately helped them keep their symptoms under control**

↓

**We have not adequately taught asthma management**

↓

**We have provided sub-optimal care**

↓

**Black families report that they often do not feel comfortable in our clinics**

↓

**Our staff are displaying implicit bias towards the Black patients and families we serve**

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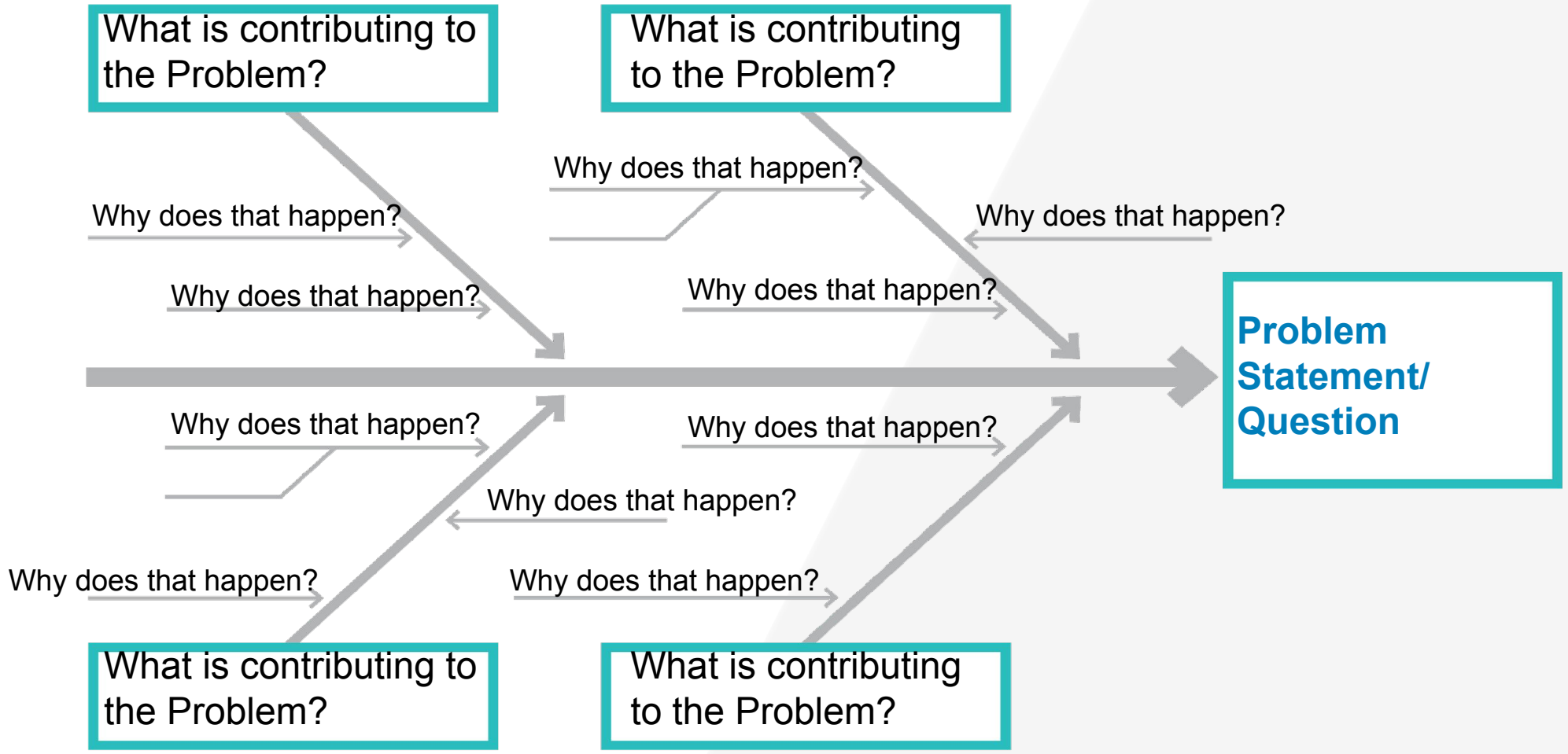
# Root Cause Analysis

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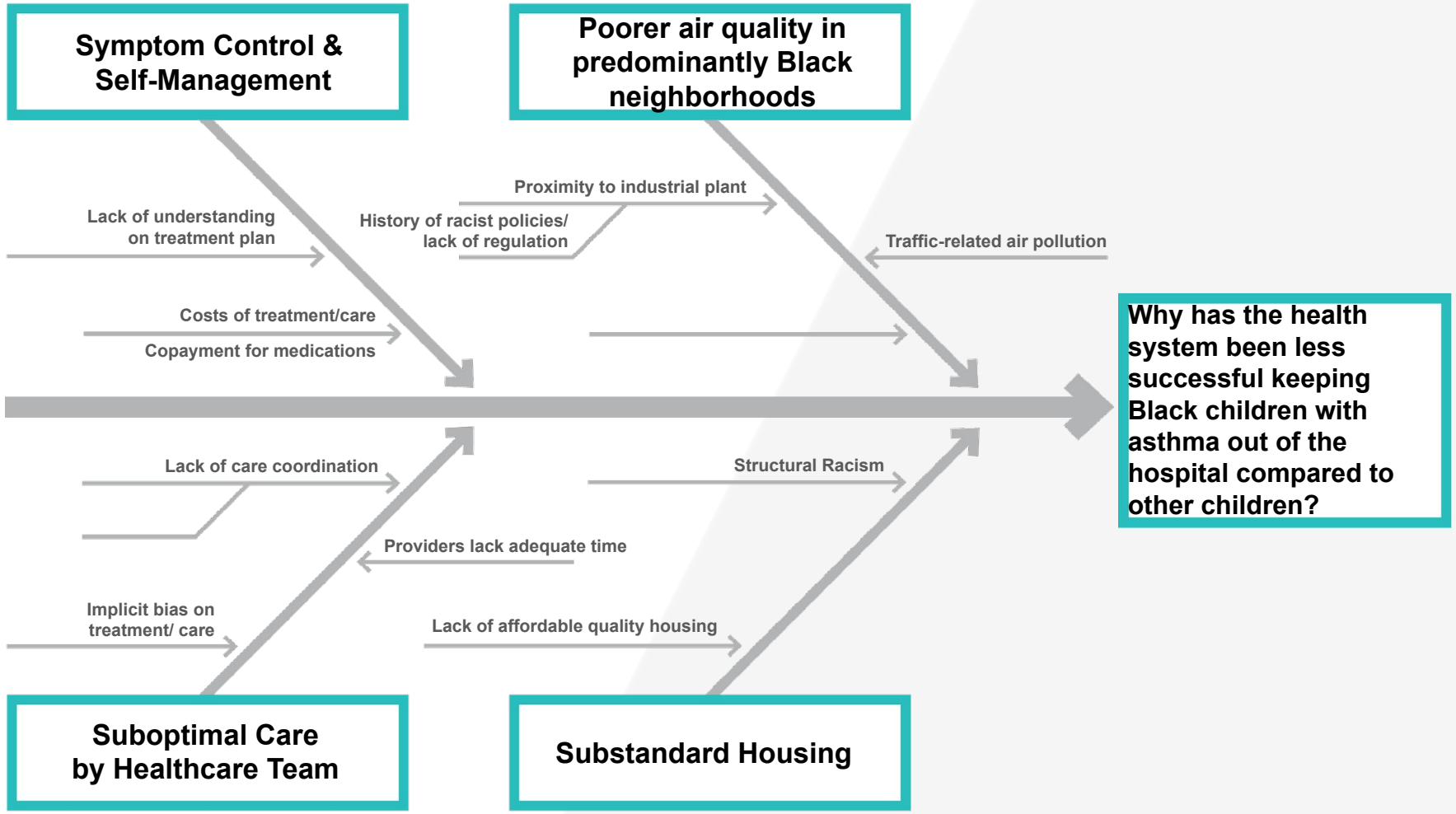
# Root Cause Analysis

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# Care delivery transformations can address root causes at multiple levels

Today we will hear some examples of using **root cause analysis to drive care delivery transformation** from the Washington learning collaborative team at **various levels**:

- Community
- Health Care Organization
- Payer

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# Today's Moderator and Speakers

**Roberta Waite**
Professor|Dean, School of Nursing
Georgetown University

**Rebecca Carrell**
Deputy Division Director, Medicaid Programs
Washington State Healthcare Authority

**Kayla Salazar Poncet**
Director, Health Equity and Quality
Community Health Plan of Washington

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Multi Stakeholder Panel

# Washington Advancing Health Equity Team

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# Transforming Care to Advance Health Equity

*Designing Washington State's Advancing Health Equity Program*

Kayla Salazar Poncet
*Director of Health Equity & Quality*

COMMUNITY HEALTH PLAN of Washington™
The power of community

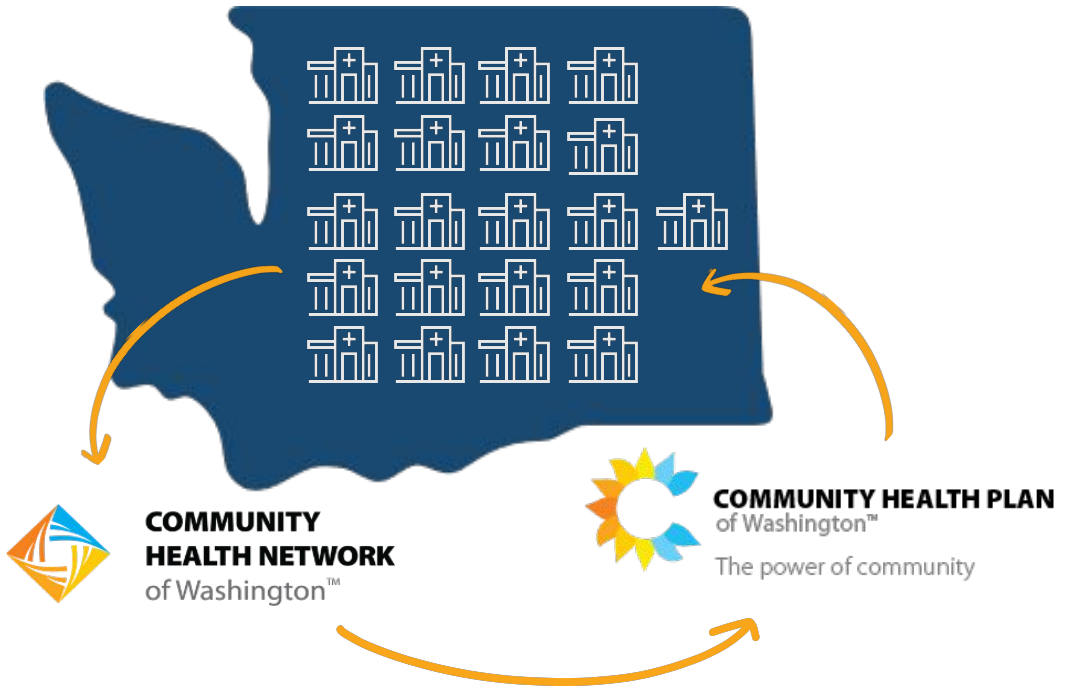
# CHPW: Founding & Governance Structure

Founded and governed by 21 Community Health Centers (CHC) that make up Community Health Network of Washington (CHNW)

The whole health of our members is our primary concern and focus

Local, not-for-profit that re-invests 100% profits back into WA communities

337,000 lives covered across WA under Medicaid, Medicare (Duals/Special Needs Plan),& Exchange



# CHPW: Overarching Strategy

To be a leader in the pursuit of
**whole person care** and **health equity**

**Achieved NCQA's Health Equity Accreditation in 2023**

# Overview: WA AHE Project

## Equity Learning Collaborative

6-year project with CHPW, CHNW, and Health Care Authority (HCA)

**2021 - 2026**

**$4.2M**

Investments in Transformative Programs

**65 projects**

To remove barriers to care and advance equity

## 2021 – 2023 Equity Learning Collaborative

**Program Structure:**

- **Upfront Capacity funds** of $50,000 annually per CHC
- **Peer-to-peer cohort structure** for best practice sharing and support
- **Learning Series** sessions focused on equity knowledge building

## 2024-2026 Equity Transformation Initiative

- **Measurable Impact** through alignment with 8 Health Disparity priority measures
- Currently designing an **Incentive** for demonstrated reduction of disparities in 2026

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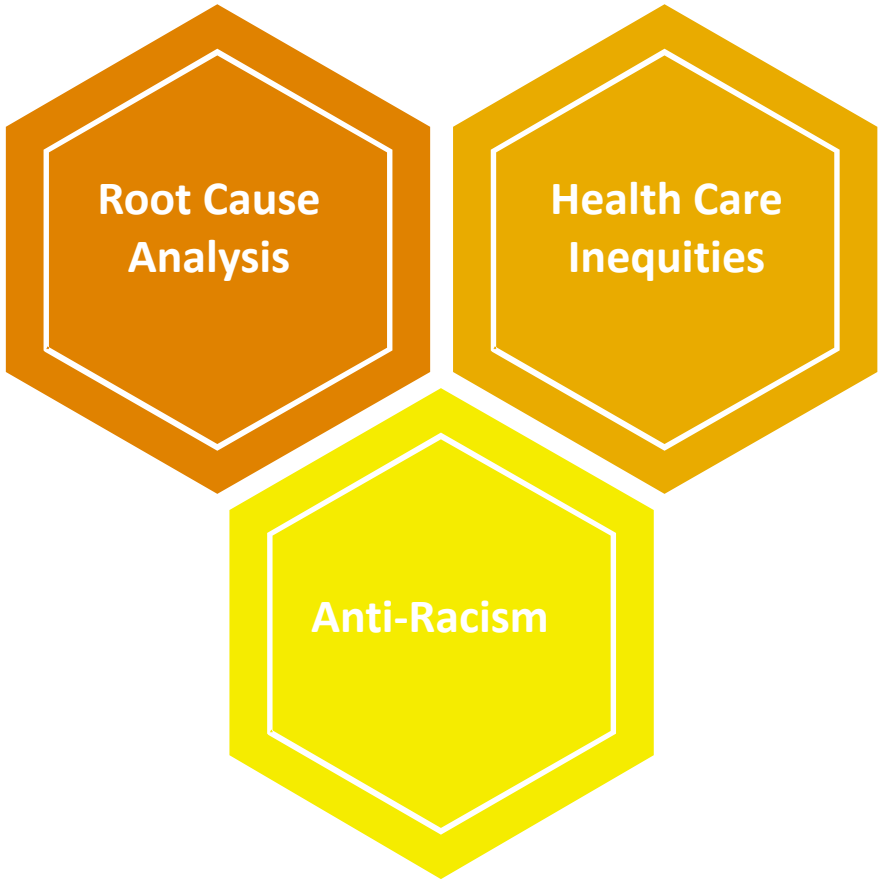
# Design: Key Strategies to Advance Equity




- Identifying barriers through **root cause analysis**
- Reducing **health care inequities** through care delivery transformation
- Addressing historical inequities through **anti-racist practice and theory**

# Design: Key Strategies to Advance Equity

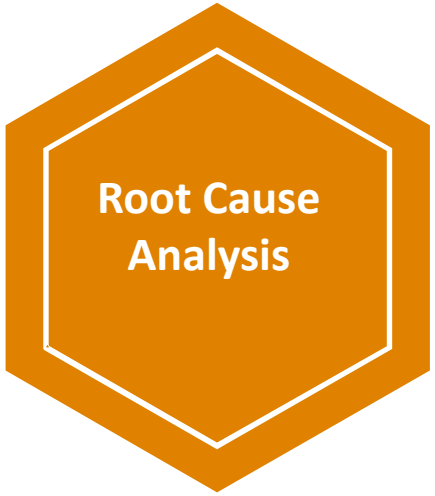



Inspired by Continuum on Becoming an Anti-Racist, Multicultural Institution*:

- Shared power in decision making with CHC partners – allowing them to select their own projects designed with patient insights in mind
- Allowed for flexibility and time to make lasting change

*Jackson, B., & Hardiman, R. (1997). Continuum on Becoming an Anti-Racist, Multicultural Institution. Developed by Bailey Jackson and Rita Hardiman, further developed by Andrea Avazian and Ronice Branding.

# Design: Key Strategies to Advance Equity




CHPW completed root cause analysis in program design:

- Health equity infrastructure needs across CHCs
- Each CHC had differing needs and distinct, unique communities
- Led to program centered around choice and customization

CHCs were also trained on root cause analysis and root cause analysis was required throughout the program and in project proposals

# Design: Key Strategies to Advance Equity


Program addressing health care inequities through:

- Individual CHC designed projects focused on care transformation
- Network-wide culture transformation and shared commitment
- In 2025 and 2026, CHCs will choose to focus on inequities in one of eight health outcomes for increased impact

# Summary: Highlights of Program

> Our CHC would not be where we are in our equity journey had we not had the flexibility, funding and equity capacity building that this program allowed for.
>
> *CHC Executive & Project Participant*

Example Outcomes:

- Opened a new health & hygiene center to support those experiencing houselessness
- Opened a new birthing center, informed by community research
- Creation of an Equity Council and equity budget across all clinics
- Held focus groups with specific communities
- Demonstrated reduction of disparities in depression screening, diabetes outcomes, prenatal visit rates, etc.
- Hiring of staff – patient navigators, bilingual staff, etc.

# Summary: Next Steps

Maintain choice and shared power

Capacity & knowledge building

Address root causes

Reduce disparities

**8 Priority Health Disparity Measures:**

- Prenatal & Postpartum Care
- Well Child Visits (3-11)
- Breast Cancer Screening
- Colorectal Cancer Screening
- Chlamydia Screening
- Blood Pressure Control
- Diabetes HbA1c Poor Control
- Follow-up after Hospitalization for Mental Illness

# Transforming Care Washington's Health Equity Program

Becky Carrell, Deputy Division Director

Medicaid Programs

March 19, 2025

Washington State Health Care Authority

# Presentation Overview

- About Health Care Authority
- Developing Washington's equity framework
- Leveraging Apple Health (Medicaid) Managed Care Contract
  - Multi-system approach
  - 3-year plan
- Additional Initiatives
  - Implementation of Medicaid Advisory Committee/Beneficiary Advisory Committee
  - Medicaid Transformation Waiver: Reentry

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# About us

## Transforming Care
## Washington's Health Equity Program

Washington State Health Care Authority

# Vision

A healthier Washington

# Mission

Provide high quality health care through innovative health policies and purchasing strategies.

# Values

## People First

We put the best interest of the people we serve and our employees first.

## Diversity & Inclusion

We value work and life experiences while practicing cultural humility with the people we serve and each other.

## Health Equity

We help ensure everyone has the opportunity to obtain whole person health.

## Innovation

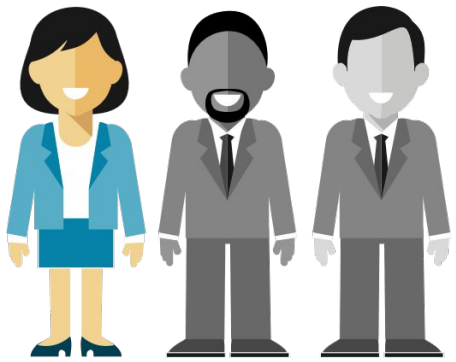
We develop creative solutions and put them into action to improve our processes, systems, and services.

## Stewardship

We are accountable for the use of resources entrusted to us as public servants.

# The state's largest health care purchaser

We purchase care for 1 in 3 non-Medicare Washington residents.



- We purchase health care for more than 2.5 million Washington residents through:
  - Apple Health (Medicaid)
  - The Public Employees Benefits Board (PEBB) Program
  - The School Employees Benefits Board (SEBB) Program

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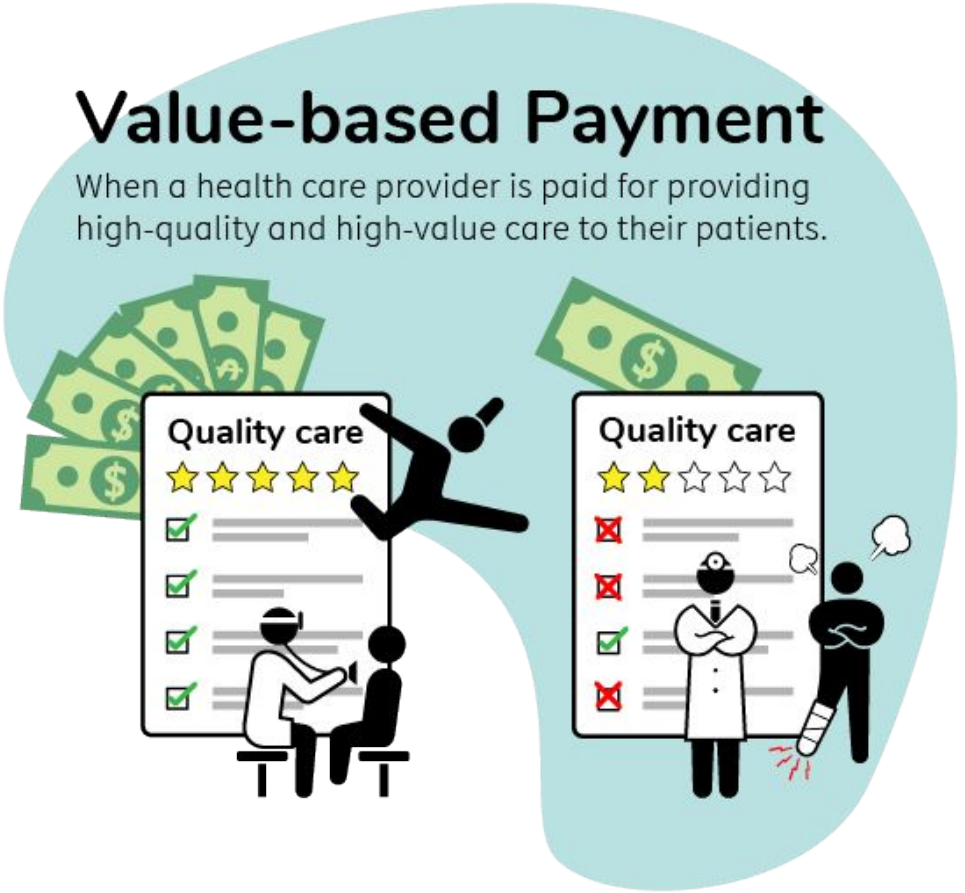
# WA demographics and geography

- Total population of 7.7 million.
  - Largest racial and ethnic groups are White (65%), Latine (14%), Asian (10%)
  - Black (4.6%) and Native (2%) populations hit hardest by health inequities
- 39 counties
  - Approx. 20% of the population and 80-90% of the land area is rural
  - Most of the population is concentrated in the Western part of the state
- 29 federally-recognized Tribes, 5 non-federally recognized Tribes

# Our approach to health care purchasing

- Transforming care: better health and better care at a lower cost
- Whole-person care: integrating physical and behavioral health services
- Using data-informed evidence to make purchasing decisions

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# Cost of health inequities[1]

- Between 2003 and 2006, the combined direct and indirect cost of health inequalities in the U.S. was $1.24 trillion (in 2008 inflation-adjusted dollars).
- This is more than the gross domestic product of India, the world's 12th-largest economy in 2008, and equates to $309.3 billion annually lost to the economy.
- Racial health disparities cost the U.S. an estimated:
  - $93 billion in excess medical costs,
  - $42 billion in lost productivity per year, and
  - Economic losses because of premature deaths.



1) "Estimating the Economic Burden of Racial Health Inequities in the United States." Thomas A. LaVeist, Darrell Gaskin, and Patrick Richard. International Journal of Health Services, Volume 41, Number 2, Pages 231–238, 2011.

# HCA's equity efforts

## Health Equity

- Ensure proper reporting and accountability for services and programs
- Evaluate and educate staff on health equity efforts
- Create policies that ensure accountability and equitable allocation of resources
- Maximize resources to serve as many Washington residents in the most equitable way possible
- Improve health outcomes

## Diversity, Equity & Inclusion

- Create a diverse and inclusive workforce that represents the communities we serve
- Create policies that ensure accountability as an employer
- Acquisition of talent
- Collaborate with external partners for training and evaluation
- DEI in contracting practices

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# Developing Washington's Health Equity Framework

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# Health Equity Framework

- Main Building Blocks:
  - Internal Agency Training and Support
  - Centering Client Voices
    - Pro-Equity Anti-Racism Committee (PEAR)
    - Piloting HCA's Community Engagement Mini-Guide
  - Health Equity Focused Contract Language
  - Develop quality metrics based on community feedback and with a health equity lens

# The Community Engagement (CE) Mini Guide

- A brief overview of the key elements of community engagement including the who, what, when, why, and how.

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## Community Engagement Mini Guide

Community engagement is a critical aspect of public service and supports the Health Care Authority's (HCA's) key values of people-centered care, health equity, diversity, inclusion and belonging. Community engagement efforts can advance health equity, promote social connection, strengthen cross-sector partnerships, and build trusting relationships with the communities we serve. We should strive to maintain positive relationships with community members and leaders beyond the scope of a single project.

### What's "community engagement?"

Community engagement means direct contact with the people we serve, including Apple Health (Medicaid) and Public Employees Benefits Board (PEBB) and School Employees Benefits Board (SEBB) members, behavioral health participants, and providers. Engaging the community means building a **two-way relationship**.

**Community engagement** is different from **stakeholdering**. Stakeholdering is gathering input and feedback from people or groups who hold interests in our work. Stakeholders include provider groups, hospital associations, community-based organizations, and others.

In some cases, an entity may fill both roles. For example, HCA both serves and works with providers. However, it is not always appropriate to rely on providers as representatives of their patients. Staff should speak directly to those who will be impacted by a program or policy, except in rare cases when it is not possible.

HCA has a unique government-to-government relationship with Tribes, who are our partners (never "stakeholders"). Before you begin outreach to Tribes or Tribal members, contact the Office of Tribal Affairs.

### When should I engage with the community?

As a state agency, we exist to serve the public. All of our work affects the people of Washington in some way. We engage the public because it is our responsibility to make informed decisions, and because the communities we serve have valuable knowledge and expertise in how our work impacts them. A full community engagement process may not be possible in every situation, but we should always consider the community members who will be affected directly or indirectly by our work and make a good faith effort to incorporate their voices. HCA staff should consider proactively engaging affected communities in the following situations:

- Developing policy, including:
  - Bill analysis
  - Legislative and budget requests
  - Changes to partner funding
- Updating templates for communications to people we serve
- Project planning
- Grant writing

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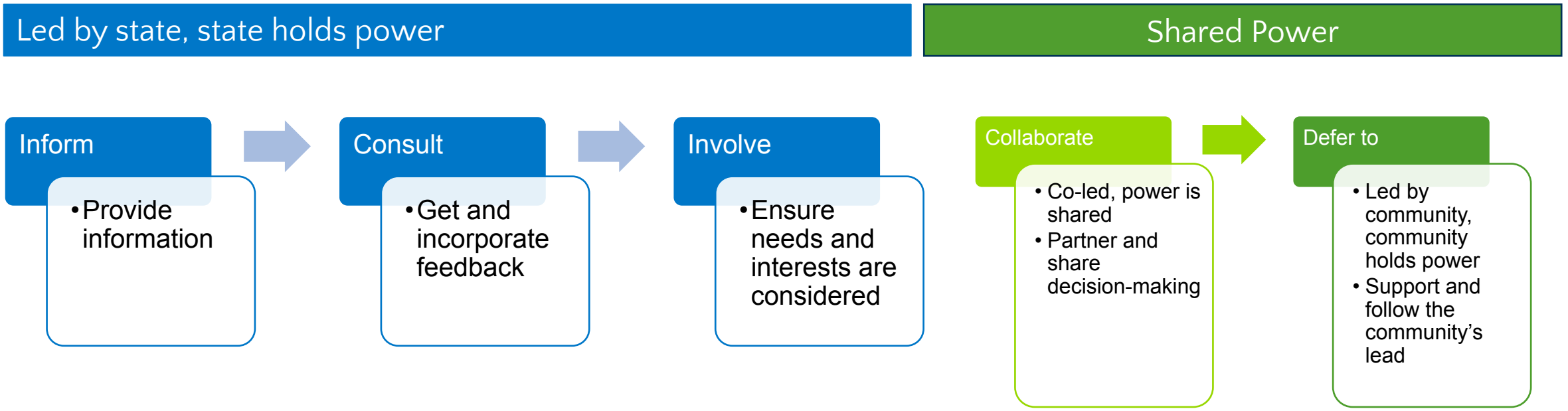
# Advancing Community Engagement

- Facilitating opportunity for community-driven engagement using the community participation continuum



# Health Equity Framework- Contracts

Based on learned lessons from similar initiatives from other states such as Nevada, California, Oregon, and Delaware, HCA has developed a framework that:

- Creates health plan contract terms that articulate HCA's objective, providing a clear equity framework across all of the agency's business lines.
- Guides all contracted health plans in closing the gaps on health inequities over the next three years.
- Provides a muti-step approach with progressive responsibilities and accountability over time

# Implementing the health equity framework

Phase 1: January 2025 implementation in MCO contracts

- Staffing and training
- Administrative changes
- Engaging stakeholders & community in equity efforts

Phase 2: 2026-2027 implementation goal

- Stratification of quality measures by RELD
- Planning and/or reporting around equity and disparities
- Financial accountability for equity

# Timeline

June 2023-Feb 2024:
HCA develops equity framework and implementation plan

Feb-June 2024:
Developed contract language and monitoring parameters

2024: Met with MCO representatives (equity directors), engaged community voices

Summer 2024: Negotiated contract terms and phased in implementation

January-March 2025: Community Advisory Councils begin meeting

2025: Plan for continuous learning with MCOs about CAC best practices

June 2025-Dec 2025: Incorporate CAC feedback into quality measure selection process

2025-2026: begin work on phase 2

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# Leveraging Apple Health (Medicaid) Managed Care Contract

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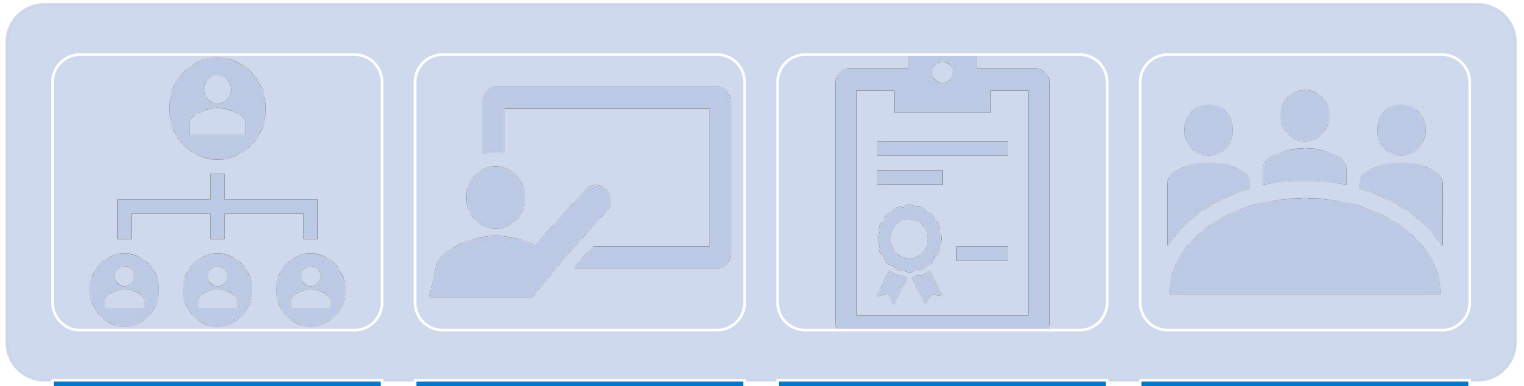
# New Health Equity Contract terms



- Hire an executive-level Equity Officer
- Offer trauma-informed care training
- Achieve and maintain NCQA health equity accreditation
- Create and engage Consumer Advisory Committee

# Staffing & Training: Equity Officer

- Contractor must maintain a fulltime health equity director/officer *who is part of the executive team.*
- Responsibilities (not limited to the following): lead strategies and programs to ensure Health Equity is prioritized through communications, health services policies, member and provider engagement, Community Advisory Councils (CAC), quality improvement activities, utilization management, staff training, etc.
- Language adapted from California
- Monitoring plan: TEAMonitor

# Staffing & Training: Trauma-Informed Care

- Contractor must offer education and training about Trauma-Informed Care to all Providers and other Subcontractors with direct Member contact at no charge.
- Contractor must identify Network Providers that have completed training
- HCA will specify the required components of the training, but will not endorse specific vendors or courses
- Contract language adapted from Nevada
- Monitoring: Plans must submit attestation about their proffered training and the methods they use to communicate its availability

# Administrative Req: NCQA Health Equity Accreditation

- Contractor must achieve and maintain NCQA Health Equity Accreditation
  - HCA previously required key components of the accreditation—but was concerned about the cost impact of requiring it
  - As of 2024, all 5 Managed Care Organizations have achieved this accreditation.
- Contract language adapted from Delaware
- Monitoring: carrier will authorize NCQA to share the most recent accreditation review w/HCA

# Community Advisory Committees

- Contractor must create a Community Advisory Committee comprised of its membership and reflective of the population diversity in its Service Area (including sovereign Tribal lands)
- Contractors must ensure that CAC is involved in developing and updating cultural and linguistic policy and procedure decisions, quality improvement activities, education, etc.
- Language adapted from California and Oregon
- Monitoring:
  - Plans must submit self-identification forms from CAC members and evidence about representativeness of its service area populations
  - Plans must submit CAC meeting agendas, notes, and recommendations, as well as narrative about how the Plan responded to the recommendations


- CAC Membership
  - Health care knowledge
  - Connection to community (i.e. advocates vs. lived experience)
  - Lacked state-wide representation.
- Lack of  knowledge and structured readiness for community engagement.
  - Decisions were made ahead of time and there was no clear path for community involvement.
  - Feedback was rich, but not necessarily actionable.


- CAC Membership
  - Great attendance and participation.
  - Provided some framework for supporting community members so that they could fully participate.
- Attempts to employe a community engagement continuum.

# Best Practices

- Inform and educate leadership and key members of the organization
  - Share the continuum of community participation and power.
  - Ensure you have alignment on key topics for consultation, involvement, collaboration, and when you can take the community's lead.
- Work with known community partners to create a membership selection process that is culturally appropriate.
- Engage the community
  - Understand existing barriers for participation.
  - Clearly explain process for compensation.
  - Accessibility

# Additional Initiatives

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# Centering our Client's Voices

Community Advisory Committees (CAC) & HCA's new Beneficiary Advisory Council (BAC) ensuring Apple Health Clients are central to new Apple Health (Medicaid) initiatives and programs:

- BAC, established by CMS rules, is meant to establish bidirectional feedback to the state about the administration of the Medicaid program.
- By design, the CAC and the BAC will identity key issues, initiatives and programs to bring to the Medicaid Advisory Committee (formerly the Title XIX Committee) and advise the state on Medicaid policy and administration.

# Client Voice

## CAC

- MCO Enrollees
- Feedback specific to Managed Care experience

## Other Groups

- Apple Health Clients
- Specific to specific programs or initiatives

## BAC

- Apple Health Client
- All Apple Health Programs

## MAC

- Membership includes BAC
- Agendas driven by BAC
- Inclusive of CAC and other groups

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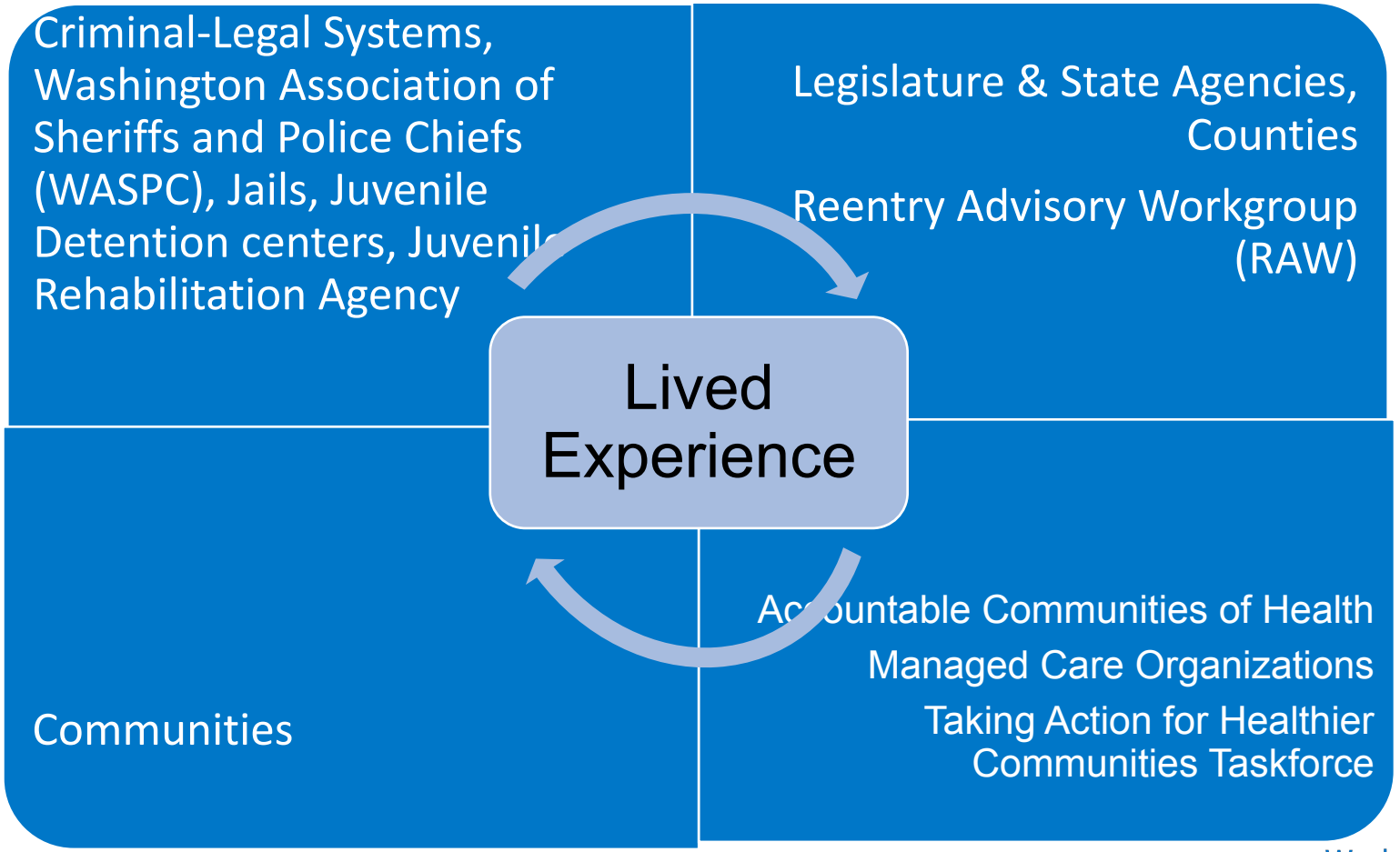
# Centering our Clients Voices- Reentry Initiative

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# Approaches to inclusivity

- MPD Reentry team has worked with individuals with lived experience through:
  - Networking, sharing information, and Identifying resources (jobs, affordable housing)
    - Partnership with the Employment Security Department and the State Reentry Council
  - Raised awareness about the various reentry programs statewide
    - Lived experience meetings, conferences
    - County meetings
  - Welcomed lived experience to speak at agency sponsored meetings and to support decision making
    - Ongoing invitation to participate in the Reentry Advisory Workgroup (RAW)

# Approaches to inclusivity

- **Inclusive decision making – through HCA, lived experience have been reviewers of policy for DOC DCYF, and WASPC**
  - Data identification – where are resources most needed?
  - Where are the barriers in the community and in agency or facility processes?
- **Investment in community-based organizations who services address key barriers for people reentering our communities.**
  - MPD in partnerships with DBHR sponsored $10,000 for the Community Partnership for Transition Solutions. This 2024 Statewide Summer institute Conference was attended by over 300 people from around the state.  Over 100 participant had with lived experience.
- **Community involvement – recruitment of other community voices with lived experience.**

# Thank you!

Becky Carrell

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Medicaid Programs

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# Q&A

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# Closing