Disclosure:
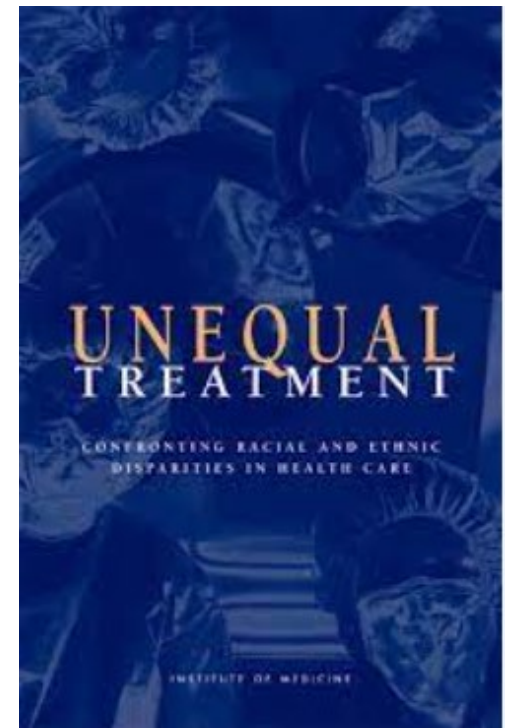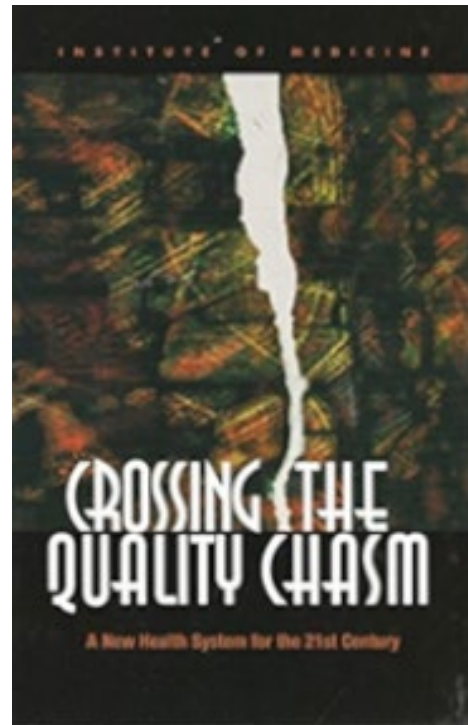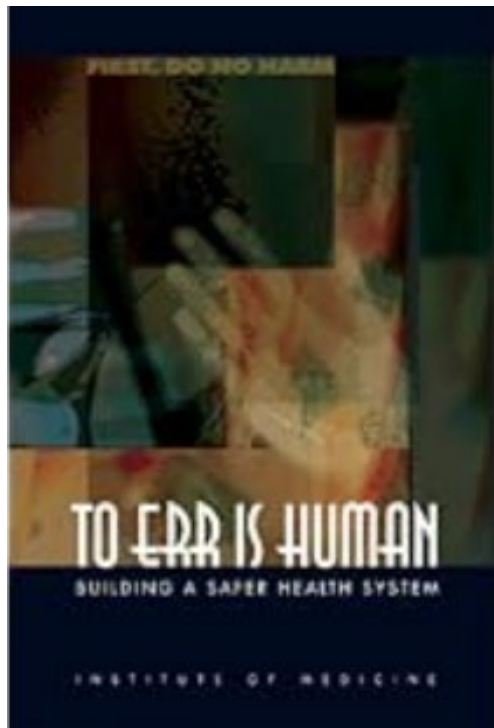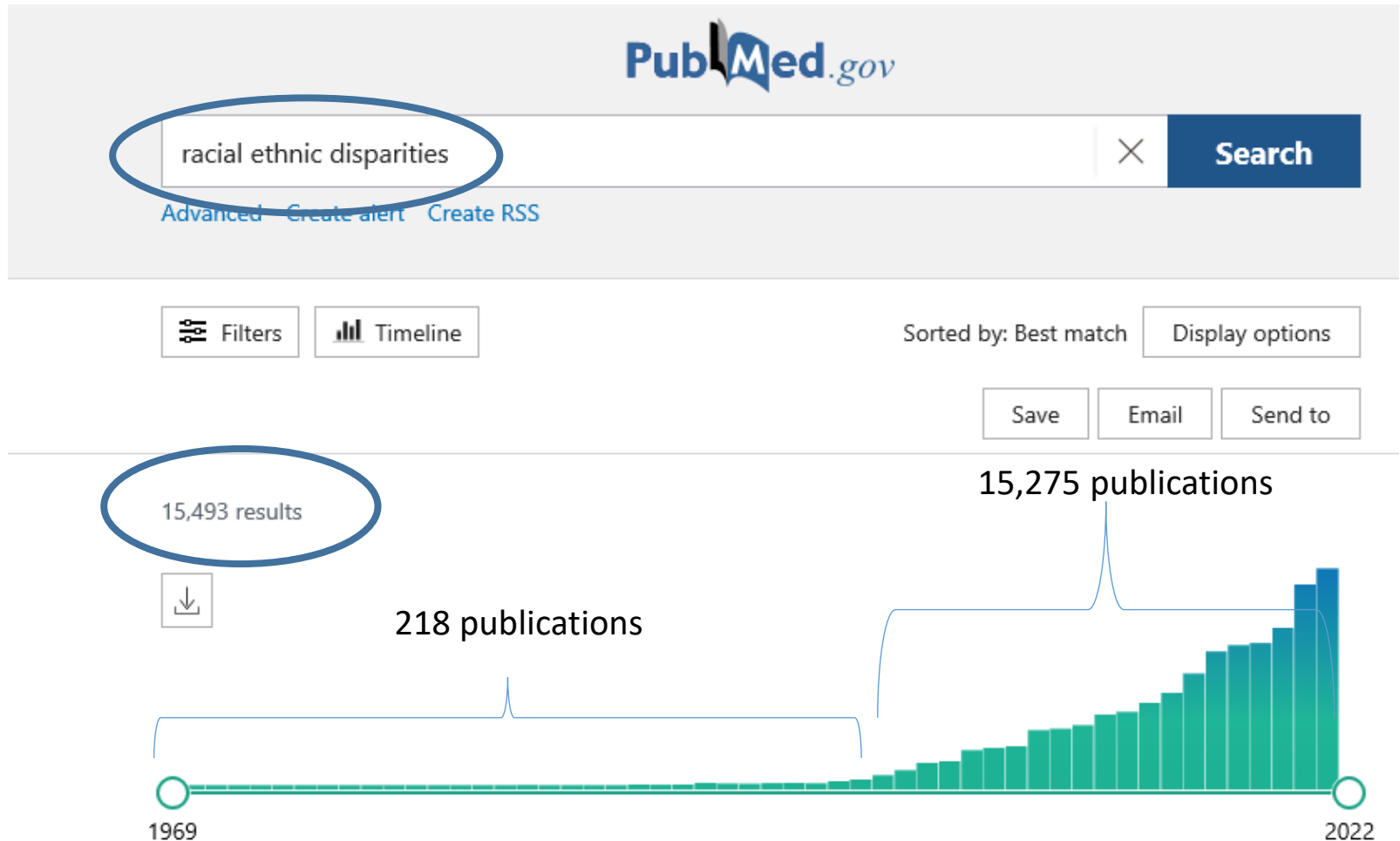
I work for a public health plan.

(I am failed academic x 2)

Impactful or No Impact

Impact or No Impact

Hype or Hope

CMS
2023 Health Equity Conference

The Centers for Medicare & Medicaid Services (CMS) hosted its first Health Equity Conference on June 7-8, 2023. Parti[...] person at Howard University in Washington, D.C., online via Zoom, and by livestream on HHS Live.

Joint Commission

R³ Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission   Issue 36, Date June 20, 2022

Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for email delivery.
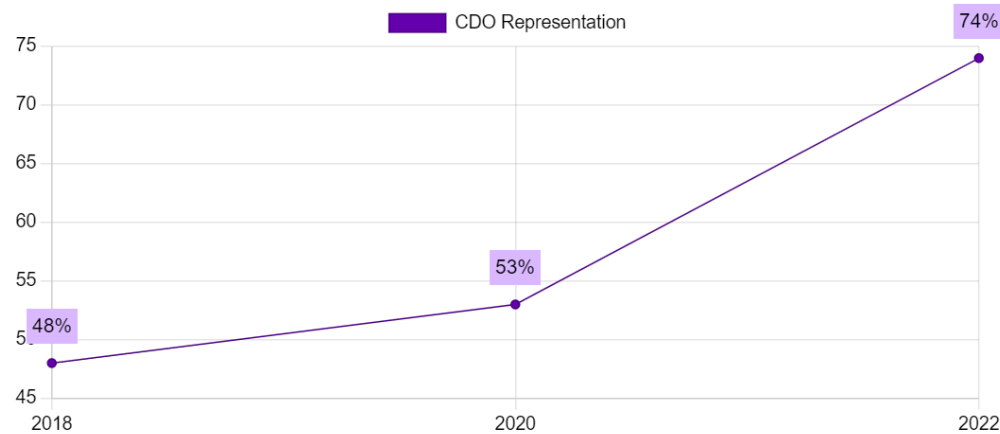
New Requirements to Reduce Health Care Disparities

Effective January 1, 2023, new and revised requirements to reduce health care disparities will apply to organizations in the Joint Commission's ambulatory health care, behavioral health care and human services, critical access hospital, and hospital accreditation programs.

- A new standard in the Leadership (LD) chapter with 6 new elements of performance (EPs) has been developed to address health care disparities as a quality and safety priority. Standard LD.04.03.08 will apply to the following Joint Commission–accredited organizations:
  - All critical access hospitals and hospitals
  - Ambulatory health care organizations providing primary care within the "Medical Centers" service in the ambulatory health care program (the requirements are not applicable to organizations providing episodic care, dental services, or surgical services)
  - Behavioral health care and human services organizations providing "Addictions Services," "Eating Disorders Treatment," "Intellectual Disabilities/Developmental Delays," "Mental Health Services," and "Primary Physical Health Care" services

California Department of Health Care Services Contract to Managed Care Medi-Cal Plans

1.1.7   Chief Health Equity Officer

Contractor must maintain a full time chief health equity officer who has the necessary qualifications or training at the time of hire or within one year of hire to meet the requirements of the position. The chief health equity officer responsibilities must include, but should not be limited to, the following:
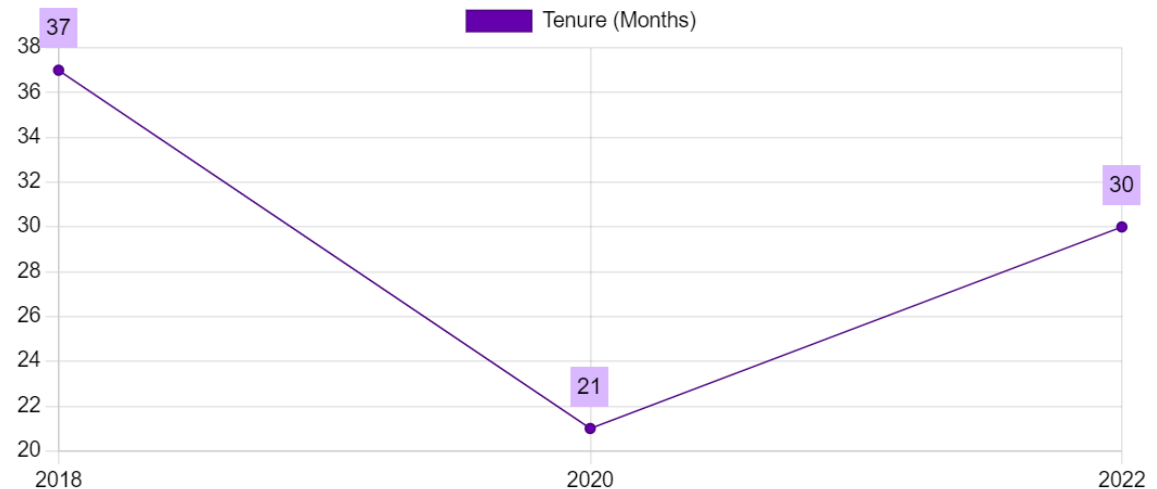
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| 5

Valued or Symbolic

% of CDOs in the S&P500 across the years

Source: RRA S&P500 CDO Analysis 2023, n=878.

Average CDO tenure in months for the S&P500 across the years

Source: RRA S&P500 CDO Analysis 2023, n=878.

Russel Reynolds Associate, A Global Look at the Chief Diversity Officer
April 21, 2023

L.A. Care Health Plan at a Glance

- Medi-Cal managed care plan serving Los Angeles County's vulnerable and low-income communities since 1997

- The nation's largest publicly-operated health plan

- Unlike most other health plans, we:

  - were formed under strict state and local laws

  - are governed by a stakeholder Board of Governors

  - are accountable to the public through advisory councils

    - Executive Community Advisory Committee & Regional Community Advisory Committees (L.A Care Members)

    - Children's Health Consultant Advisory Committee

    - Technical Advisory Committee

- A provider network inclusive of private and safety net providers, such as FQHCs and LA County Department of Health Services

- Investments and grants to improve community health

- No shareholder obligations

L.A. Care Membership

Product Line	Active Membership (Sept. 2023)
Total Medi-Cal	2,690,232
L.A. Care (MCLA)	1,498,663
Subcontracted Plan Partners	*1,191,569*
Anthem Blue Cross	*526,895*
Blue Shield Promise	*381,870*
Kaiser Permanente	*282,804*
L.A. Care Covered	131,411
D-SNP	18,452
PASC-SEIU	48,642
Total	**2,888,737**

Vision 2024

Operational Excellence

Achieve operational excellence by improving health plan functionality.

High Quality Network

Support a robust provider network that offers access to high-quality, cost-efficient care.
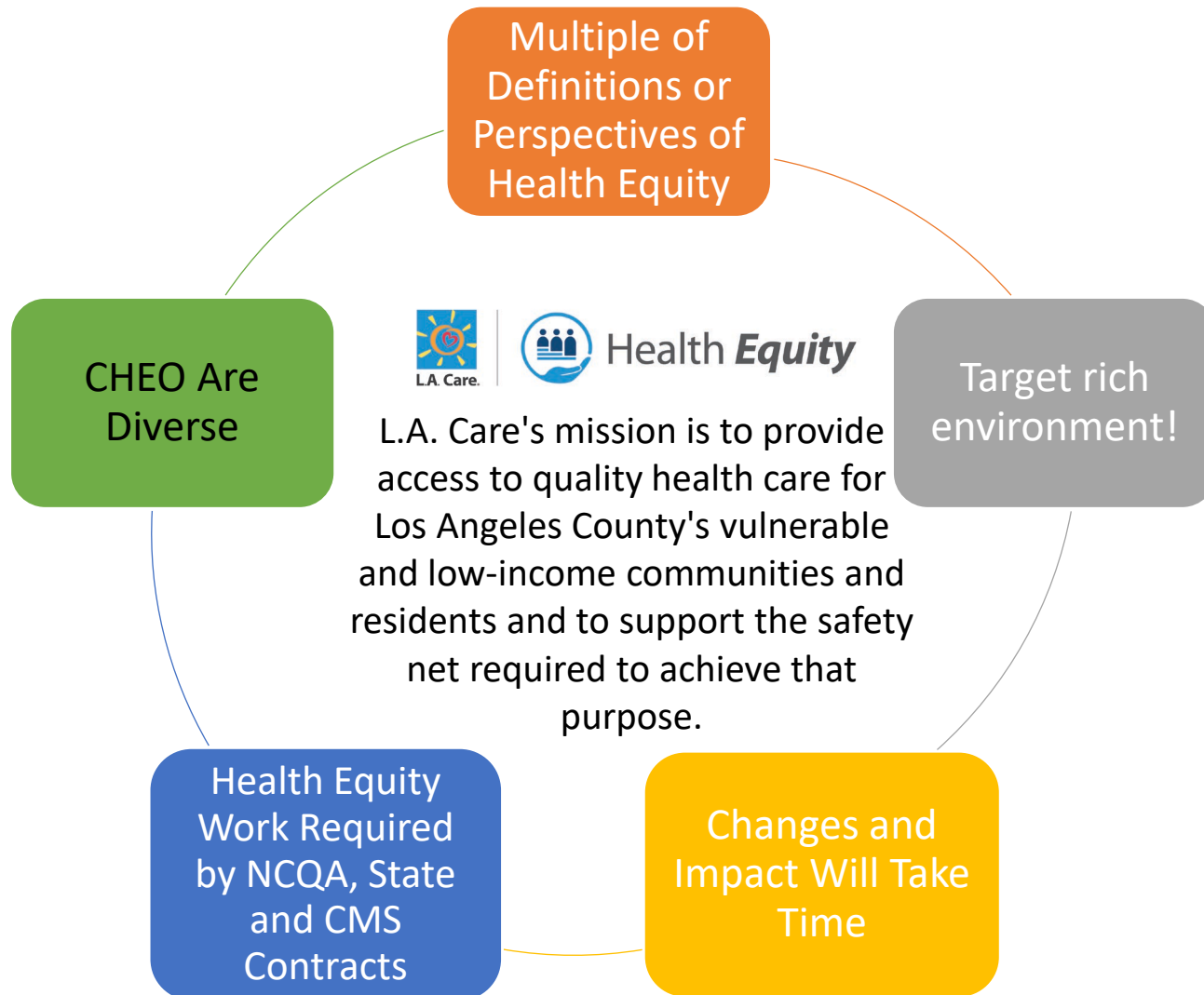
Member Centric Care

Provide services and care that meet the broad health and social needs of our members.

Health Leader

Serve as a national leader in promoting equitable healthcare to our members and the community and act as a catalyst for community change.

Chief Health Equity Officer (New Job): An Environmental Scan

Multiple of Definitions or Perspectives of Health Equity

CHEO Are Diverse

Target rich environment!

Health *Equity*

L.A. Care.

L.A. Care's mission is to provide access to quality health care for Los Angeles County's vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose.

Health Equity Work Required by NCQA, State and CMS Contracts

Changes and Impact Will Take Time

Path to the Next Level and Our North Star

March 23, 2023 Memo to L.A. Care Leadership Team and Health Equity Department

Overarching Health Equity Department Approach:

How, What and Who a Health Equity Focus L.A. Care Can Achieve and

HOW (Health Equity Department Get Things Done)

The overarching aim is "to get things done". We achieve this through the following filters and approach.

- <u>Leverage and partner</u> with the existing L.A. Care departments and community based organizations
- <u>Lead</u> in areas where health equity work needs to be done, but is not being addressed by an existing L.A. Care department/team
- <u>Ensure compliance</u> with all regulatory, contractual and accreditation health equity requirements in a timely manner (accountable versus oversight piece)
- <u>Measure impact</u> by identifying appropriate metrics and to ensure success is measured

WHAT (Focus Areas)

- Areas that are more public health, population/community focused
  - Chronic rather than acute member health and social barriers
- Support and work with L.A. Care services that impact health equity and disparities
- Programs that are sustainable
  - Documenting action steps and progress made
- Programs that we have data, are measurable and have tangible impact on health

WHO (Priority Populations)

Have a Plan and Hold Oneself and Organization Accountable!

L.A. Care. | Health *Equity*

Health Equity Zone 1: Address Key Health Disparities
Close racial and ethnic gaps in health outcomes among members.

2. Implement initiatives to improve health of Black birthing individuals and infants, including Generating African American Infant and Nurturers Survival (GAAINS), and the doula and Community Health Worker benefits.	Support 500 or more Black birthing individuals in one or more of L.A. Care's programs by September 30, 2024. Achieve a 75% or higher successful (HEDIS Prenatal Care measure definition) among Black Women by year 2025 (MY 2021 for Black Birthing Mother is 69% and White is 80%) for FY 2023-24.

Community Health Investment Fund (CHIF)

- As of September 2023, CHIF has invested just under $136 million
  - Funded 966 individual projects
  - Partnered with more than 184 unique partners, including:
    - Community-based organizations,
    - Community health centers,
    - Universities and Other public entities, like county and city health departments
- As of October 2018, our Board has approved a 10 year $155M Elevating Safety Net Initiative to improve L.A. County's current and future healthcare workforce.
  - Supported over 6,000 individuals

Key Initiatives and Programs that Are in Play and Need Advocating

- California Advancing and Innovating Medi-Cal (1115 Waiver)
  - Improve coordination of an environment of our fragmented health care and social service system and resources.
    - Community Supports
      - Recuperative care, housing support, medically tailored meals

- Medi-Cal expansion to all people regardless of their immigration status (Jan 2024)

- Managed Care Organization Tax (~$20Billions) to increase payments to primary care providers to 87.5% of Medicare

Looking Ahead….

- Would expansion of Medi-Cal to those regardless of immigration status, CalAIM (or components of it like housing support) be permanent?

-

- Unclear if health equity efforts will be more of local vs a national movement.

- How do we define value of health equity beyond a financial ROI?

- How do we measure progress?

- Can we be patient enough to undo the economic disparities, social, structural racism and barriers to achieve better health and health outcomes?