Committee on Improving the Health and Wellbeing of Children and Youth through Health Care System Transformation

NASEM Committee Meeting #4

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Oregon Health Authority

Disclosure Statement

I have no financial conflicts.

The committee's study questions of focus:

- What are **key levers of change to guide innovation and implement transformation** within the child and adolescent health care system to facilitate health promotion, resiliency, disease prevention, and appropriate treatments and interventions for all children, youth, and families?
- What are promising policies and practices **that incorporate the lived experiences** of underserved children, adolescents, parents, and caregivers, and build the needed trust, partnership and long-term relationships to promote family-centered engagement, promote protective factors, and help **address system inequities and disparities** in access to and use of high-quality child and adolescent health are?
- What are the **gaps and barriers in current payment models**, for both public and commercial insurance, and what are potential solutions to overcome them?
- What are the promising mechanisms and policies **to enhance collaboration among and integration of data systems** for health care, mental health, welfare, education, and other agencies at the community, State, and Federal levels for improved individual and population health?

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Coverage and Benefits

Leverage Medicaid

Healthier Oregon

Starting July 1, 2023, immigration/citizenship status no longer affects whether someone qualifies for the Oregon Health Plan.

- House Bill 3352 (2021) put into law a program called “Cover All People.” The program is now known as “Healthier Oregon.”
- As of July 1, 2023, people of all ages who meet income and other criteria qualify for full OHP benefits and other services and supports, no matter their immigration status.

https://www.oregon.gov/oha/hsd/ohp/pages/healthier-oregon.aspx

Oregon's Medicaid Waiver 2022-2027

- ✓ Continuous Medicaid coverage for children under 6
- ✓ Two years continuous Oregon Health Plan enrollment age 6 and older
- ✓ Expand health-related social needs coverage for certain food assistance, housing supports and other interventions that are medically appropriate for individuals experiencing certain life transitions
- ✓ Early periodic screening, diagnosis, and treatment services for all children and youth up to 21 effective January 2023
- ✓ Youth with special health care needs up to age 26 as new eligibility group

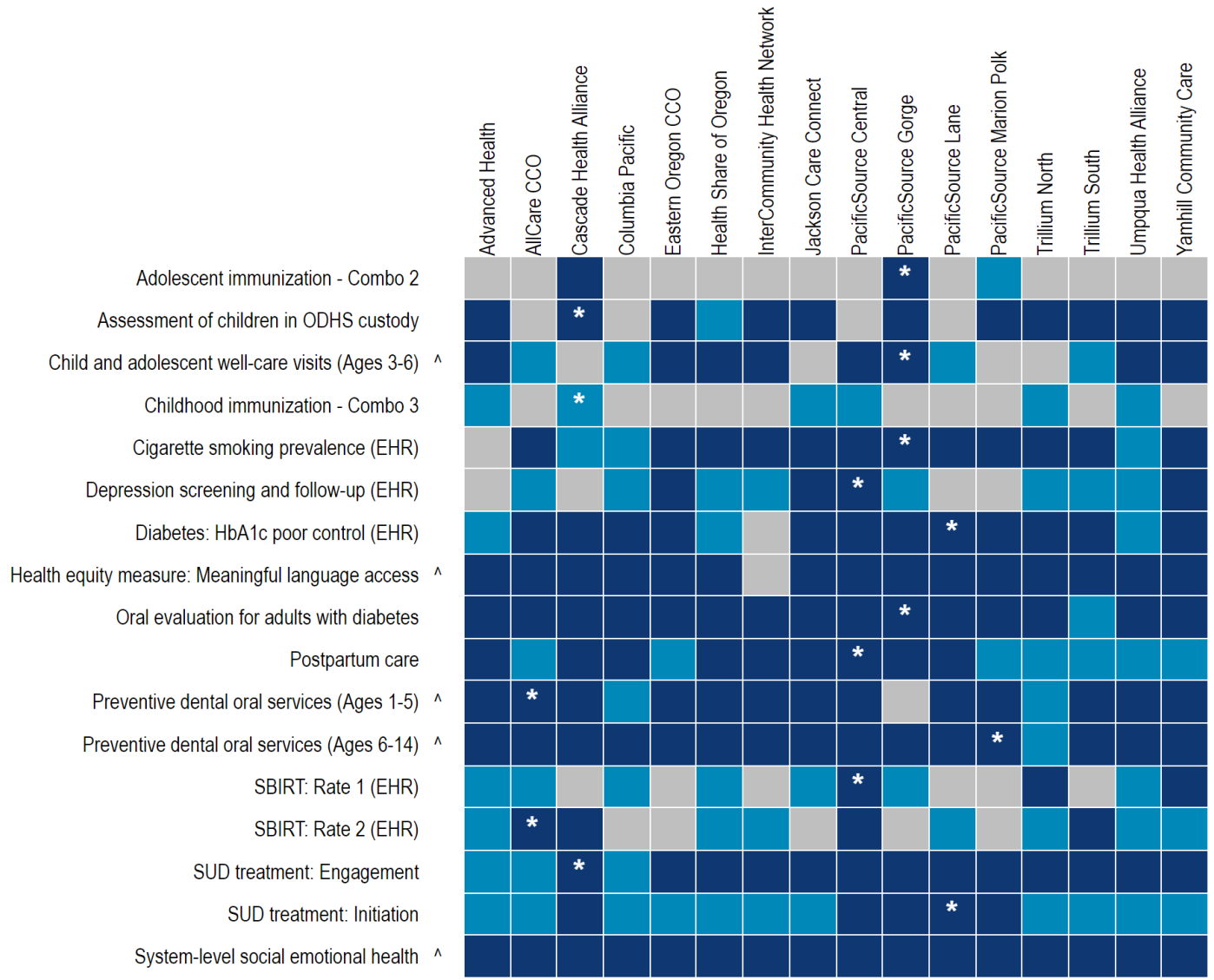
oregon.gov/1115waiverrenewal

Incentivize Health Equity

Quality metrics, value-based payments

Coordinated Care Organization (CCO) Incentive Metrics

The 2022 Quality Pool for CCO incentive metrics was **over $300 million**, representing **4.25%** of the total amount of all CCOs were paid in 2022.



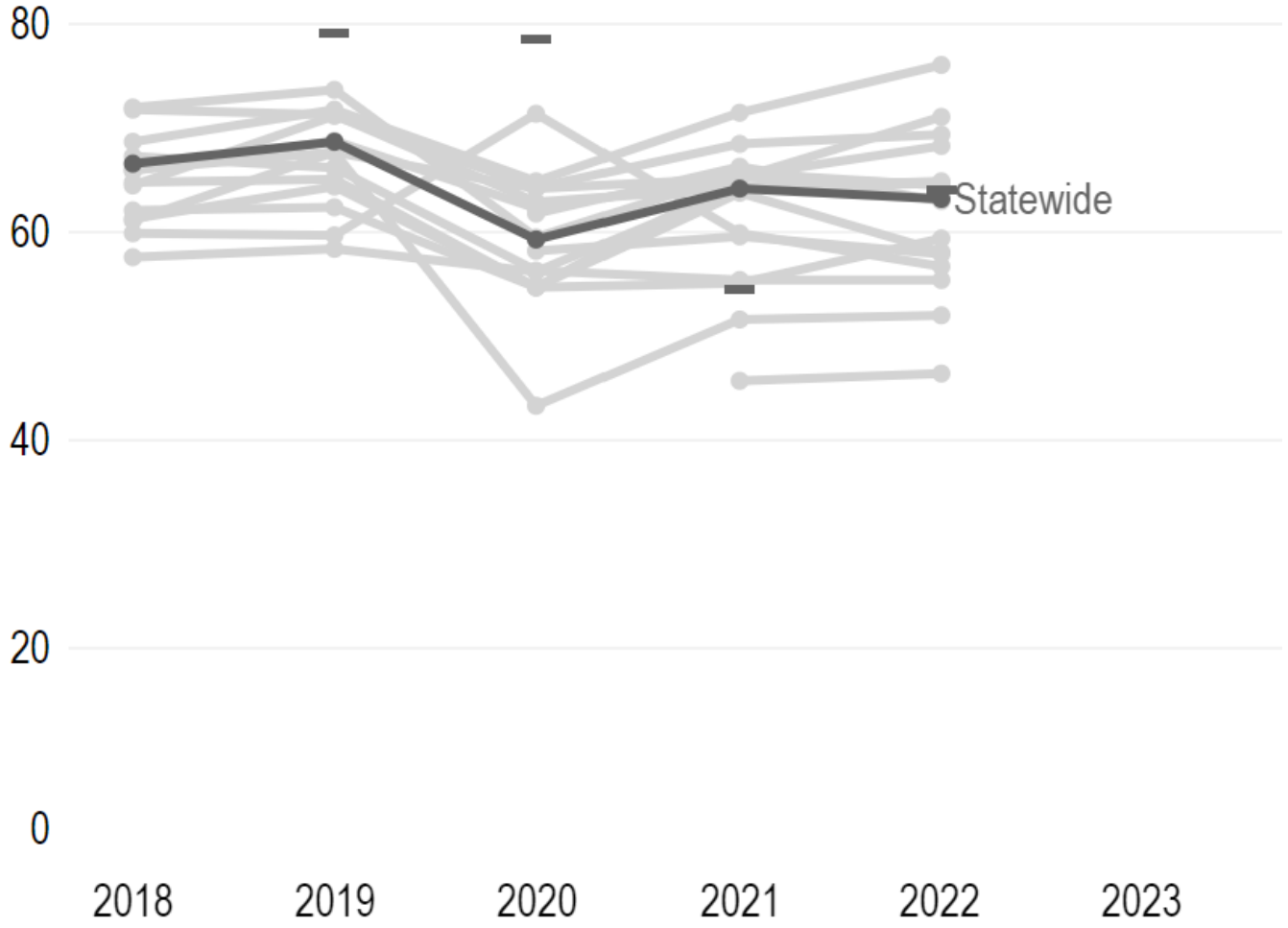
https://visual-data.dhsoha.state.or.us/t/OHA/views/CCOPerformanceMetrics/payments?%3Aembed=y&%3AisGuestRedirectFromVizportal=y

Child well-care visits (ages 3-6)

Percentage of children ages 3-6 that had one or more well-care visits with a PCP during the measurement year

From 2021 to 2022, CCO performance statewide remained below the 2019 pre-pandemic rate.

In 2022, CCO performance statewide decreased by 1.0 percentage points: [2022 rate 63.1%, n=83,884]



2022 CCO Performance Metrics Dashboard:
https://visual-data.dhsoha.state.or.us/t/OHA/views/CCOPerformanceMetrics/welcome?%3Aembed=y&%3AisGuestRedirectFromVizportal=y

2022 CCO Metrics Performance Dashboard: REALD Data Overview

Why we report race, ethnicity, language and disability (REALD) Data:

- To provide data back to communities that advocated for and led the creation of the REALD legislation and standards.
- To identify strengths and inequities in communities that experience structural racism and other forms of discrimination.
- To inform how OHA allocates resources to effectively increase health equity.
- To inform actions and interventions.

Oregon Health Authority. (2023). *2022 CCO Metric Performance Dashboard: REALD data overview.* Oregon Health Authority. https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2022-REALD-data-overview.pdf

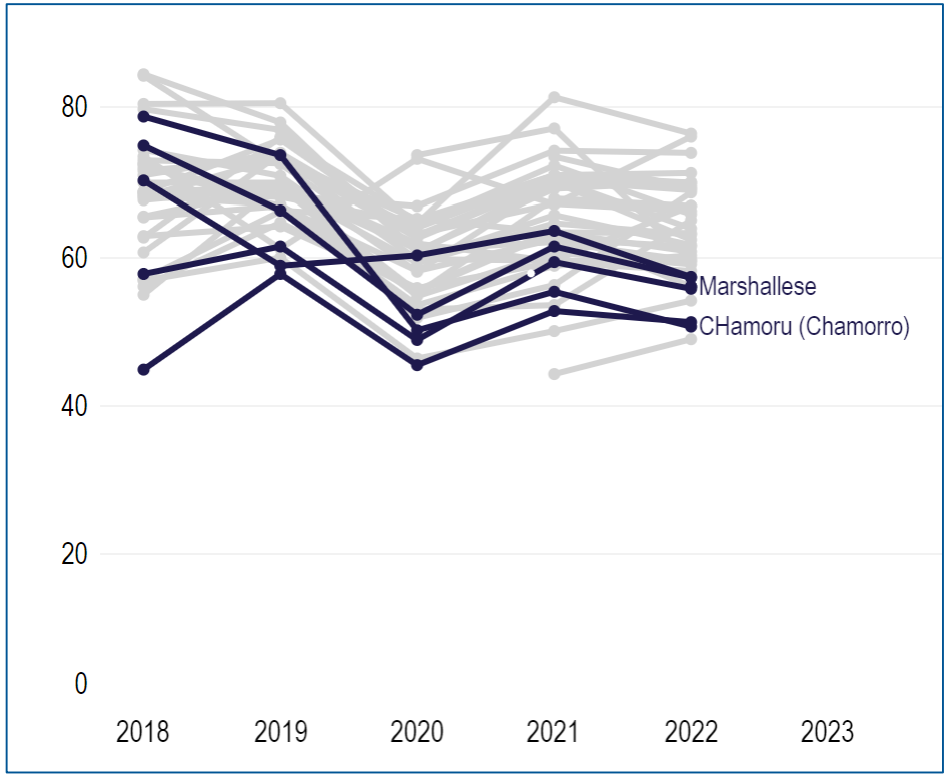
Child well-care visits (ages 3-6): disaggregated by race and ethnicity

In 2022, the gap in CCO performance statewide was 27.6 percentage points.

From 2021-2022, CCO performance statewide decreased for Native Hawaiian members by 6.2 percentage points [2022 rate 57.2%, n=313]

Caution: Race is a social construct and does not reflect biologic or cultural differences. Significant differences between groups reflect present and historic exclusion from opportunities for health, which begin where we live, work and play.

Key findings among Native Hawaiians and Pacific Islanders:



11 https://visual-data.dhsoha.state.or.us/t/OHA/views/CCOPerformanceMetrics/raceethnicity?%3Aembed=y&%3AisGuestRedirectFromVizportal=y

Measure: Meaningful Access to Health Care Services

Created specifically to incentivize health equity by ensuring people who communicate in languages other than English or are hard of hearing are provided with certified and qualified health care interpretation services.

We measure this in two ways:

- CCOs must complete a self-assessment of the language services they provide. CCOs verify whether they meet minimum requirements and provide higher quality and more robust language services over time.
- CCOs report whether people who've said they want interpreter services get them from a qualified or certified interpreter for each visit to health care.

2023 CCO Quality Incentive Metrics Program: Measure Summaries
https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/PlainLanguageIncentiveMeasures.pdf

Support Data Justice

Data Justice

Data justice recognizes that the types of data the government collects and relies on are insufficient for understanding community needs, experiences and, equally important, desires. These data do not represent communities in ways that communities would represent themselves – and government data often entirely erases some communities due to “the problem” of small sample size (e.g., Pacific Islanders) or using too broad, and ultimately meaningless, categories (e.g., Asian).

Understanding how data justice pertains to our work as a governmental institution. Developed by Coalition of Communities of Color in consultation with the Oregon Health Authority’s REALD and SOGI team. (2022) https://www.oregon.gov/oha/EI/REALD%20Documents/Data-Justice-Fact-Sheet.pdf

Using REALD and SOGI to Identify and Advance Health Inequities

REALD: Race, ethnicity, language or disability

SOGI: Sexual orientation or gender identity (SOGI)

REALD and SOGI both help to reveal the diversity of the people living in Oregon. This helps us:

- Identify and address health disparities, and
- Support data justice in communities most affected by health inequities.

OHA Equity and Inclusion Division:
https://www.oregon.gov/oha/EI/Pages/Demographics.aspx

Incorporate Lived Experience

Redistribution of Resources and Power

Concerns With ICU Triage Protocols

"The burdens of the [COVID-19] pandemic have fallen disproportionately on disadvantaged groups, including the poor and Black, Latinx, and Indigenous communities. There is substantial concern that the use of existing ICU triage protocols to allocate scarce ventilators and critical care resources…may compound these inequities."

White D.B, Lo B. Mitigating Inequities and Saving Lives with ICU Triage during the COVID-19 Pandemic. *Am J Respir Crit Care Med* 2021: 203(3), 287-295. DOI: 10.1164/rccm.202010-3809CP

Potential Impact of Sequential Organ Failure Assessment (SOFA) Score on Racial Disparities

- Retrospective review of data for 2,554 hospitalized COVID-19 patients in the Yale-New Haven Health System
- Examined associations between race/ethnicity, SOFA scores, intensive care unit (ICU) admission, and mortality
- Used statistical analysis tools to assess differences in SOFA scores across race and ethnicity and outcomes

Roy S, Showstar M, Kashyap N, Bonito J, Salazar MC, et. al. The potential impact of triage protocols on racial disparities in clinical outcomes among COVID-positive patients in a large academic healthcare system. *PLoS ONE* 2021:16(9): e0256763. https://doi.org/10.1371/journal.pone.0256763

Findings: Retrospective Cohort of hospitalized COVID-19 patients and SOFA scores

"Black patients had higher SOFA scores compared to patients of other races. Black patients did not have significantly greater in-hospital mortality or ICU admission compared to patients of other races"

"If SOFA score had been used to allocate care, Black COVID patients would have been denied care despite similar outcomes to white patients"

Roy S, et. al. The potential impact of triage protocols on racial disparities in clinical outcomes among COVID-positive patients in a large academic healthcare system. *PLoS ONE* 2021:16(9): e0256763. https://doi.org/10.1371/journal.pone.0256763

Oregon Resource Allocation Advisory Committee

Transparency

Health equity goal

Intentional inclusion of individuals with lived experience

Language access: plain language, translation, interpretation

Accessibility for individuals with disability

Community outreach, information sharing, collaboration

Ongoing work

Impacts of Race Correction

Table 1: Vaginal Birth after Cesarean (VBAC) Risk Calculator

"The African-American and Hispanic correction factors subtract from the estimated success rate for any person identified as black or Hispanic. The decrement for black (0.671) or Hispanic (0.680) is almost as large as the benefit from prior vaginal delivery (0.888) or prior VBAC (1.003)."

"The VBAC score predicts a lower chance of success if the person is identified as black or Hispanic. These lower estimates may dissuade clinicians from offering trials of labor to people of color."

Vyas DA, Eisenstein LG, Jones DS. Hidden in plain sight – reconsidering the use of race correction in clinical algorithms. N Engl J Med. 2020; 383: 875-882.

Establish Health Equity Goal

Health Equity Definition

Oregon Health Policy Board

Oregon will have established a health system that creates health equity when all people can reach their full potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments, to address:

- The equitable distribution and redistribution of resources and power; and
- Recognizing, reconciling and rectifying historical and contemporary injustices

Example Child Health Equity Actions

Explore what prediction tools are used for children, youth and families. How do they correct for race, and what is their potential to propagate health inequities?

Commitment to understand and address bias throughout pediatric care

Data justice

Take action to dismantle structural racism and discrimination

Opportunities to improve the health and well-being of children, youth, and families are abundant.

- Leverage Medicaid
- Incent health equity
- Data justice
- Advance REALD and SOGI data collection
- Address structural racism and discrimination

Health equity must be a clear goal with actions that redistribute power and resources.

Thank you.