

Health Equity Transformation



COLORADO
Department of Health Care
Policy & Financing

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Chief Equity Officer



Land Acknowledgement

We would like to acknowledge that what is now Colorado includes the lands of the Ute, Arapaho, Cheyenne, Diné (di-NAY), Lakota, Apache, Puebloan nations, and many Tribes, and that the sovereign tribal governments of the Ute Mountain Ute and the Southern Ute Indian Tribes still reside in this state. These tribes are the original stewards of these natural areas. We want to take a moment to honor and respect these original stewards of the environment and their relationship with the land.

To Learn about the Importance of Land Acknowledgements:

- Native Land Map at <https://native-land.ca/>



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August 2024 Overview

Vision and Priority Updates

- a. Level Setting & Health Equity Transformation
- b. Statewide Health Equity Highlights
- c. Top 4 Senate Bill 21-181 Short/Long Term Projects
- d. Statewide Health Equity Task Force
- e. Change through policy advancements
- f. Statewide Quality Metrics

PRIORITY: HEALTH EQUITY

Sickness is not just an isolated event, nor an unfortunate brush with nature. It is a form of communication- the language of the organs- through which nature, society, and culture speak simultaneously. The individual body should be seen as the most immediate, the proximate terrain where social truths and social contradictions are played out.

Nancy Scheper-Hughes and Margaret M. Lock, The Mindful Body



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Health Equity



Health equity happens when everyone has equal opportunity to be as healthy as they can be. No one's race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography or preferred language should negatively affect their health care.

Health equity work includes removing obstacles to health care access and positive health outcomes.



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Ultimate Goal: Embed Equity Into The Walls of HCPF Operations



Accelerating
Health Equity,
Diversity, Inclusion
& Accessibility

- Equity Lens across all department pillars
- Proactive steps to improve outcomes
- Address unconscious bias through standardizing practices
- Address social determinants of health, bolster prevention and wellness services
- Increase and support diverse workforce

Member Health

Care Access

Operational
Excellence &
Customer Service

Health First
Colorado Value

Affordability
Leadership

Employee
Satisfaction



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COLLECTIVE

HARVEST

Health Equity Harvesting

Department
priority

HE lens to
additional
departments

Contract
requirement for
RAE/ACC/CHP+/
MCO Plans

Member
Experience

Statewide HE
Taskforce

Quality Metrics







- Tracking/monitoring regional and CHP+ HE performance
- Dashboard

Value-Based
Incentives

ACC 3.0

FY 23-24 Health Equity Goals

Achieve all 6 Health Equity Goals for 2023/24

1. Receive 13 Health Equity Plans from All RAE and CHP+ Plans (Current: 13, Target: 13) 
2. Launch internal Health Equity Dashboard with all 12 Core Measures (Current: 1, Target 1) 
3. Align Health Equity Plan with Department Quality Strategy 
4. Modify 2022 Health Equity Plan with new SB21-181 concepts (short term/long term goals) 
5. Gain CDHS approval and support to continue to modify shared application optional questions to include race/ethnicity, sexual orientation, gender identity, language and housing status 
6. Receive formal recommendations from the Statewide Health Equity Taskforce to address health disparities that impact Health First Colorado and Child Health Plan Plus members (Current: 1; Target 1) 

Legend: Complete  In Process  Pending 

Key Populations and Demographics

Racial/Ethnic Groups

- American Indian/Alaska Native
- Asian/Asian Americans, Native Hawaiians and Pacific Islanders
- Black/African American
- Hispanic/Latino
- White

Other Marginalized Groups

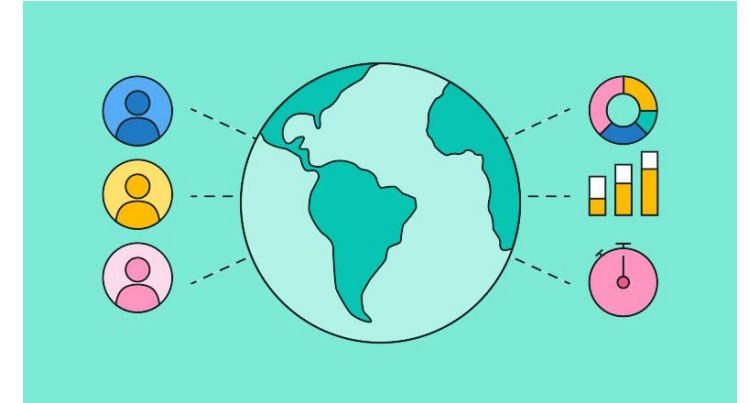
- Immigrants and refugees
- LGBTQIA+ people
- People with low income
- People experiencing homelessness
- Veterans
- Pregnant women, mothers, and girls

Congregate settings

- Jails, prisons, nursing homes/facilities

Geographic

- Tribal
- Rural
- Urban
- Frontier
- Remote



Age

- Infants/Children (0-12)
- Youth (12-18)
- Older adults (65 and older)

Medically underserved

- People with disabilities
- People who require long-term services supports
- Uninsured/Underinsured

A hand is shown watering a small green plant in soil. The background is a bright sun with rays, creating a warm and hopeful atmosphere. The text "HEALTH EQUITY TRANSFORMATION" is overlaid in white, bold, uppercase letters.

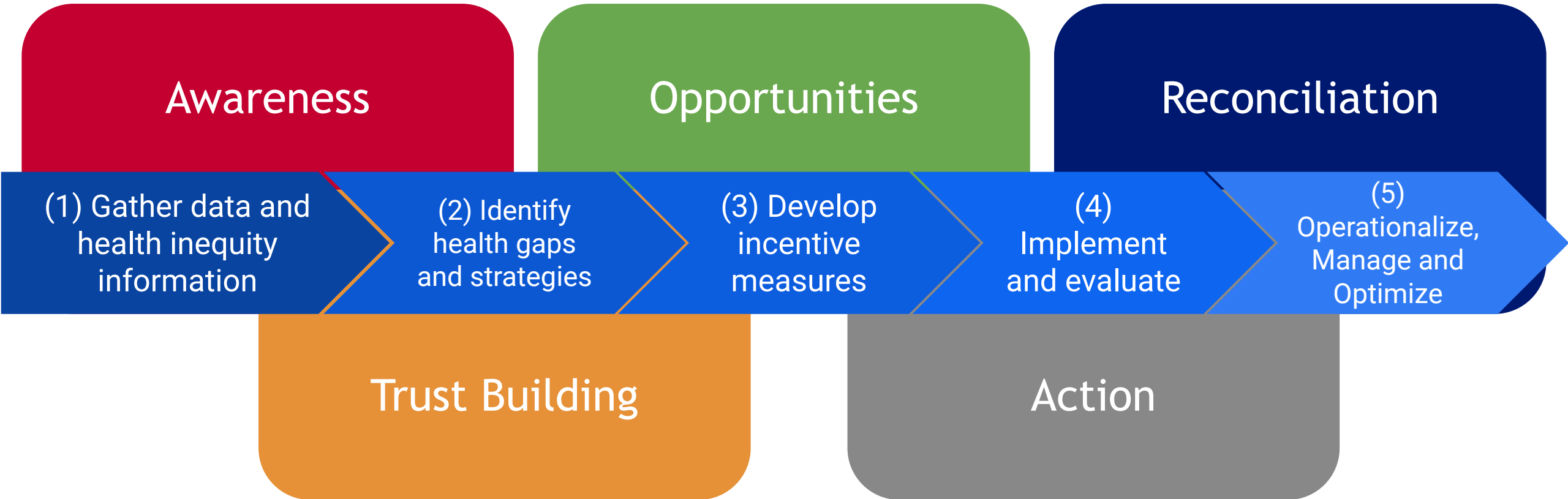
HEALTH EQUITY TRANSFORMATION

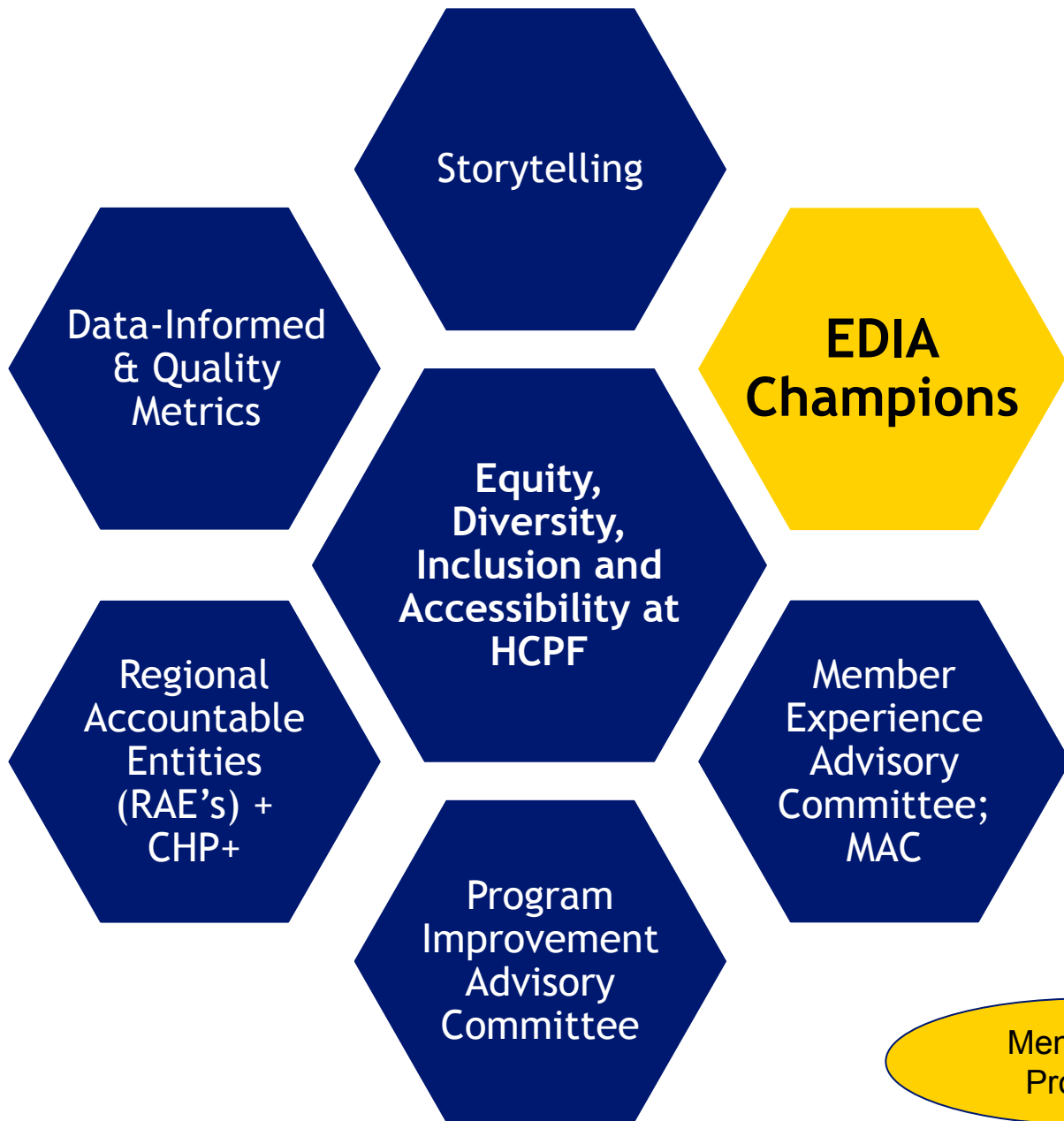
Health Equity Lens & Framework

The Five I's of Equity, Diversity, Inclusion & Accessibility (EDIA)

Innovation	Intent	Interaction	Impact	Implementation
AORTA Framework Pillars and Principles				
<p>Awareness</p> <ul style="list-style-type: none"> Organizational readiness Education Training Upstream SDOH Address disparities 	<p>Opportunity</p> <ul style="list-style-type: none"> Knowledge Best practices Areas of improvement Partnerships Growth mindset 	<p>Reconciliation</p> <ul style="list-style-type: none"> Storytelling Racial healing Member experience (tribal, urban, frontier, rural) 	<p>Trust Building</p> <ul style="list-style-type: none"> Relational Fostering truth Alliance building Sustained Safety net Shared power 	<p>Action</p> <ul style="list-style-type: none"> Quality data driven Performance metrics Targeted investments Affordability and cost saving
Person-Centeredness				
Accountability	Transparency	Engagement	Integrity	Continuous Improvement

Framework: Action Planning, Evaluation and Focus





Equity, Diversity, Inclusion & Accessibility at HCPF

Mission: To promote and inspire the advancement of equity, diversity, inclusion and accessibility within HCPF and with our partners.

Education Focus Subcommittee

Hiring and Recruitment Subcommittee

Special Events & Recognition Subcommittee

Health Inequities Subcommittee




4 Subcommittees are now: Community of Practice

Mentorship Program

Affinity Groups (Employee Resource Groups)

Culture Work 30+ Staff

Health Equity Transformation

- Executing [Health Equity Plan](#) to address disparities, improve outcomes for members
 -  **Maternity and perinatal health:** 1 year of postpartum coverage (SB21-194); expanded population coverage for family planning services; Cover All Coloradans 2025
 -  **Behavioral health:** increase in-network providers; expand behavioral health mobile crisis benefit and develop secure transportation benefit
 -  **Prevention:** address social determinants of health through Phase II of the Prescriber Tools; whole-person care and integrated services; ACC Phase III
- [SB 21-181](#), in partnership with the Governor's Office and CDPHE, created a shared health equity strategic plan across the social determinants of health framework
- Each RAE and CHP+ MCO has a Health Equity Plan (contract requirement)
 - 13 health equity plans from RAEs/CHP+
- Reducing health disparities with targeted interventions - drive quality care and access
- Cultural responsiveness and member experience

Statewide Health Equity Highlights

Vaccinations

- Expanding partnerships with Community-Based Organizations (CBOs) to expand vaccine access
- Grassroot partnership with target populations
- Incentivizing Single Entry Points (SEPs) and community centered boards (education and vaccinations)
- Leveraging Childhood Immunization Information System (CIIS) to monitor progress and disparities

Maternity & Perinatal Health

- Prenatal Plus Programs for high risk members
- Community investment funding
- Bundled rates
- Member experience: BabyScripts, EmpowerHealth, Self-care by AbleTo, WellHop
- Black birthing mental health
- Virgin Pulse IVR community outreach

Behavioral Health

- Launching Regional Task Force
- Transitions of Care (TOT) programs
- Expand and diversity behavioral health workforce initiatives
- SUD treatment for adolescents
- Community integration and engagement strategies
- Collaborate with Local Public Health Agencies (LPHAs)

Prevention & Population Health







- ASPIRE: Pediatric-focused program (ages 0-17)
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)
- Data driven initiatives
- Expand fully Integrated Community Care Teams (ICCT)
- Outreach and Educational campaigns

*RAE 1 achieved NCQA Health Equity Accreditation!

Top 4 Priority Projects

Based on member and advocate feedback, and leadership priorities, the following 4 projects will continue to move forward through development and implementation for SB21-181 Strategy:

Execute [Health Equity Plan](#)  (Includes original 7 concepts presented to HEC 12 months ago)

- Continue work on closing disparities that exist within 4 focus areas: Vaccinations, Maternity, Behavioral Health and Prevention 
 - Short Term/Long Term Projects:
 - Changes to Medicaid Application; Modifying application to enhance better data collection 
 - Equity Study for People with Disabilities 
 - Comprehensive Behavioral Health Providers (Enhanced screening for SDOH) 
 - Leverage Statewide Health Equity Task Force 
 - Quality - Incentive Payments for improved performance, Value-Based Payments 

Legend: Complete  In Process  Pending 

Top 4 Priority Projects

NEW: Public Facing Health Equity Dashboard

(Internal Dashboard: ; External ETA January 2025 )

- Transparency and progress on health equity plan projects

NEW: Fully Informed Birthing Choice (Midwives) 

- Alternative birthing options in community settings

NEW: Health Services Institute (HSI) Funding Initiative 

- \$12M fund for community research and data scan in specific focus areas

Legend: Complete  In Process  Pending 

CONSTRUCTING EQUITY

The image features a background of architectural blueprints with various technical drawings, lines, and numerical annotations. Two large sheets of paper are rolled up, positioned diagonally across the center of the frame. A semi-transparent blue horizontal band is overlaid across the top portion of the image, containing the text 'CONSTRUCTING EQUITY' in a bold, white, sans-serif font.

Health Equity Task Force Update

Composition

5 Regional Accountable Entities & Managed Care Organizations

RAE 1 RAE 2 RAE 3 RAE 5 RAE 4 RAE 6 & RAE 7

4 Health First Colorado Members

4 Members

8+ Community Members

4+ HCPF Staff

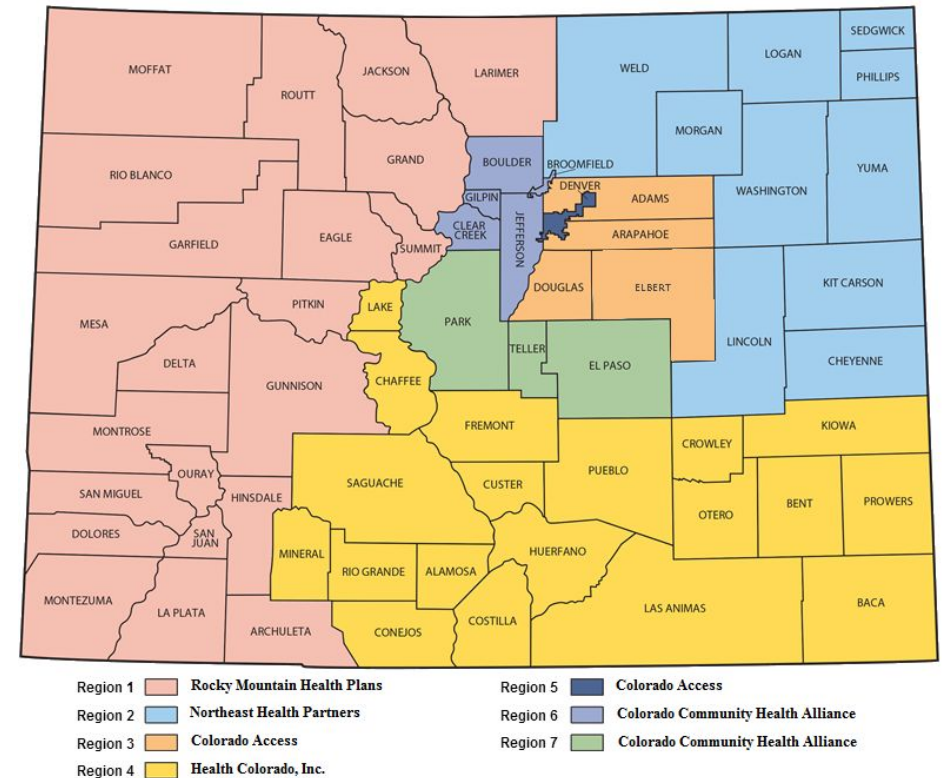
Bi-Monthly meetings since July 2022

- April 2024: Formally submitted 15 recommendations spanning 5 workgroups
 - Access to Care
 - Maternity and Perinatal Health
 - Vaccinations
 - Behavioral Health
 - Prevention and Population Health
- Currently under HCPF Subject Matter Expert (SME) review
- Next steps:
 - Explore adding potential recommendations to future department health equity priorities

Task Force Ambassadors

Chair - HCPF Designee

Co-Chair - Community Designee x 4



Statistical Significance Update

Data, research and quality teams worked on a statistical significance methodology and the broader process in which these methods can fit

1. Do the trends and relative performance of different groups change or stay consistent over time?
2. What does the literature or other data say about these differences?
3. Does testing find that the differences are statistically significant? Does controlling for different factors change the results?
4. What can we learn from our community about their experience to help us understand these differences?
5. What levers do we have to intervene?
6. Do those levers lead to a statistically significant change?

OPEN DISCUSSION WITH RAE/CHP+ PARTNERS

- HCPF is not mandating a specific statistical significant methodology
- HCPF held a conversation with the RAE's on April 24th to discuss regional practices

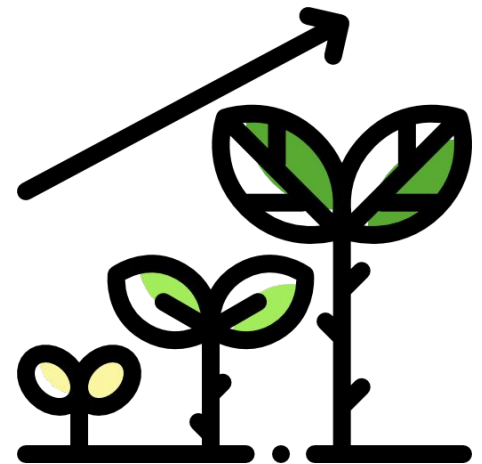
Change Through Policy

To advance health equity, policy must address social determinants, promote access, and reduce disparities

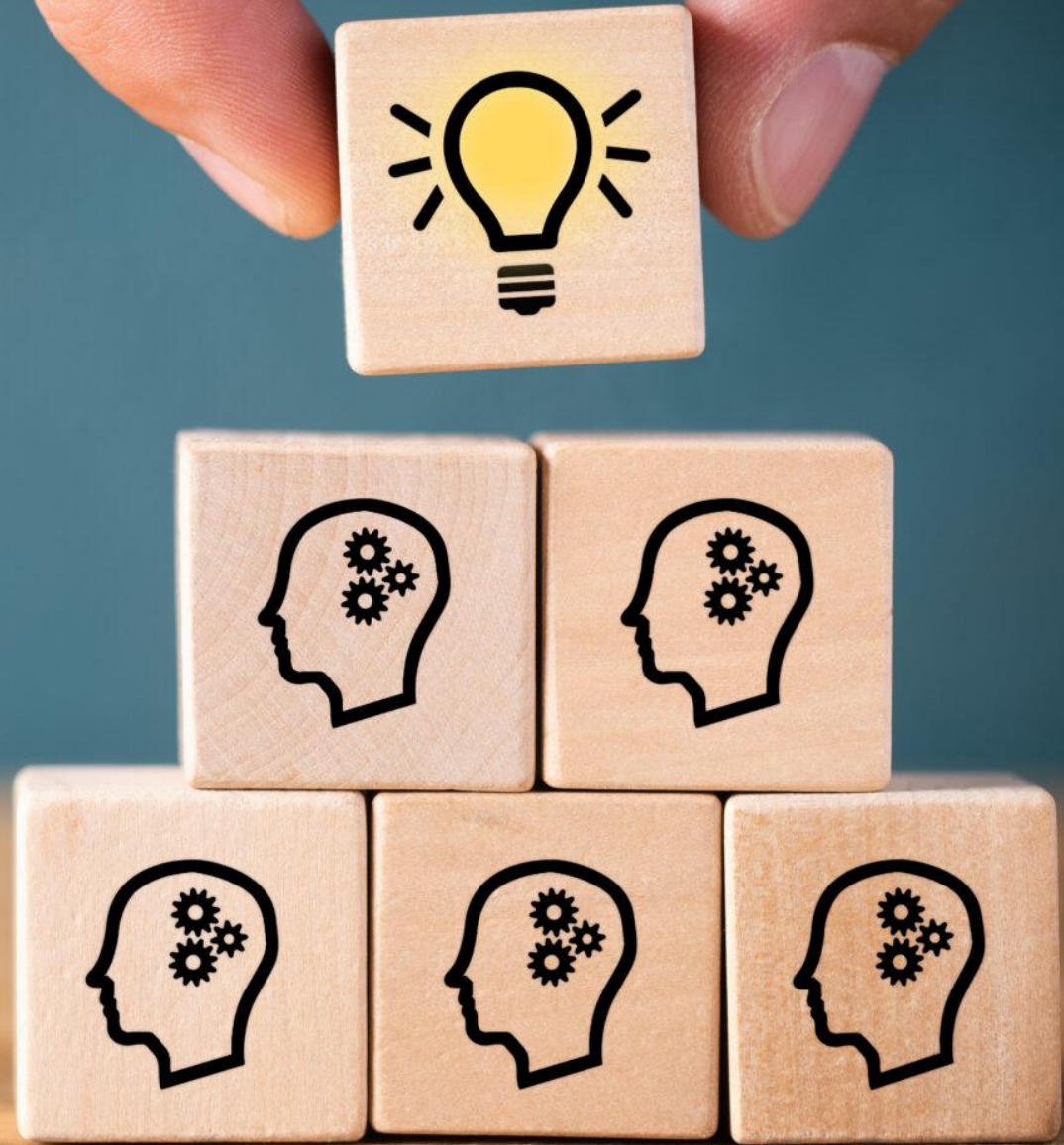
- **SB23-222** Elimination of copays to reduce financial burden on members
- **SB23-288** Coverage for Doula Services
- **HB22-1289** Cover All Coloradans
- **HB23-002** Community Health Workers
- **HB23-1300** Continuous Eligibility for children 0-3 and people leaving corrections; SDOH feasibility

Non-legislative

- Adding Certified Professional Midwives
- SWSHE pilot providing supportive housing to 600 individuals statewide



QUALITY



Data Management

Quality dashboards focused on disparity metrics and performance measures

- Develop and maintain robust dashboards that stratify data
- Provide current or most updated disparity data
- Embed health equity lens in metric deliverables with DAS Analytics section
- Quality team currently working on updating goal setting methodology

Stratify data by race/ethnicity, gender, geography, disability, and other available identifiers

- Quality data
- Centers for Medicare and Medicaid Services (CMS) Core Measures
- HCPF goals and measurements
- Changes to Medicaid application; access to data

Dashboard Reporting Period: October 1, 2022 - September 30, 2023

- New data has been run and dashboard will be updated with the reporting period of 1/1/23-12/31/23

Newly revised measure updates, as of June 2024

Modified Health Equity Specification documents to reflect the following revised measure updates:

- *Removed Indicator 1* - 10% increase in booster vaccination (Covid-19)
- Added additional focus area requirement to **Childhood Immunization Status**
- Added 5 new Indicators
 - Controlling High Blood Pressure
 - Colorectal Cancer Screening
 - Cervical Cancer Screening
 - Chlamydia Screening in Women
 - Developmental Screening in the First Three Years of Life
- Updated Indicator 1 Diabetes A1C to the updated version to align with measure steward:
 - Glycemic Status Assessment for Patients with Diabetes

Performance Measures and Quality Data Collection

Focus Area	Health Equity Plan Measures
Primary Care Access and Preventive Care	<ul style="list-style-type: none">• Colorectal Cancer Screening• Cervical Cancer Screening• Chlamydia Screening in Women• Immunizations for Adolescents• Childhood Immunization Status• Child and Adolescent Well-Care Visits• Well-Child Visits in the First 30 Months of life• Developmental Screening in the First Three Years of Life• Oral Evaluation, Dental Services• Prenatal and Postpartum Care
Care of Acute and Chronic Conditions	<ul style="list-style-type: none">• Hemoglobin A1c Control for Patients with Diabetes• Controlling High Blood Pressure
Behavioral Health Care	<ul style="list-style-type: none">• Follow-up after Emergency Department Visit for Mental Illness• Follow-up after Hospitalization for Mental Illness• Follow-up after Emergency Department Visit for Substance Use• Screening for Depression and Follow-up Plan

Priority Populations By Measure & Plan

Prenatal and Postpartum Care	
RAE 2	RAE 4
Members in Rural and Frontier Counties	Female Members 31-40

Follow-up after Hospitalization for Mental Illness	
RAE 2	RAE 4
Disabled Members	Frontier county members

Immunization for Adolescents	
RAE 2	RAE 4
Members in Rural and Frontier Counties	Black/African Americans

Child and Adolescent Well-care Visits	
RAE 2	RAE 4
Asian	Members Age: 11-20

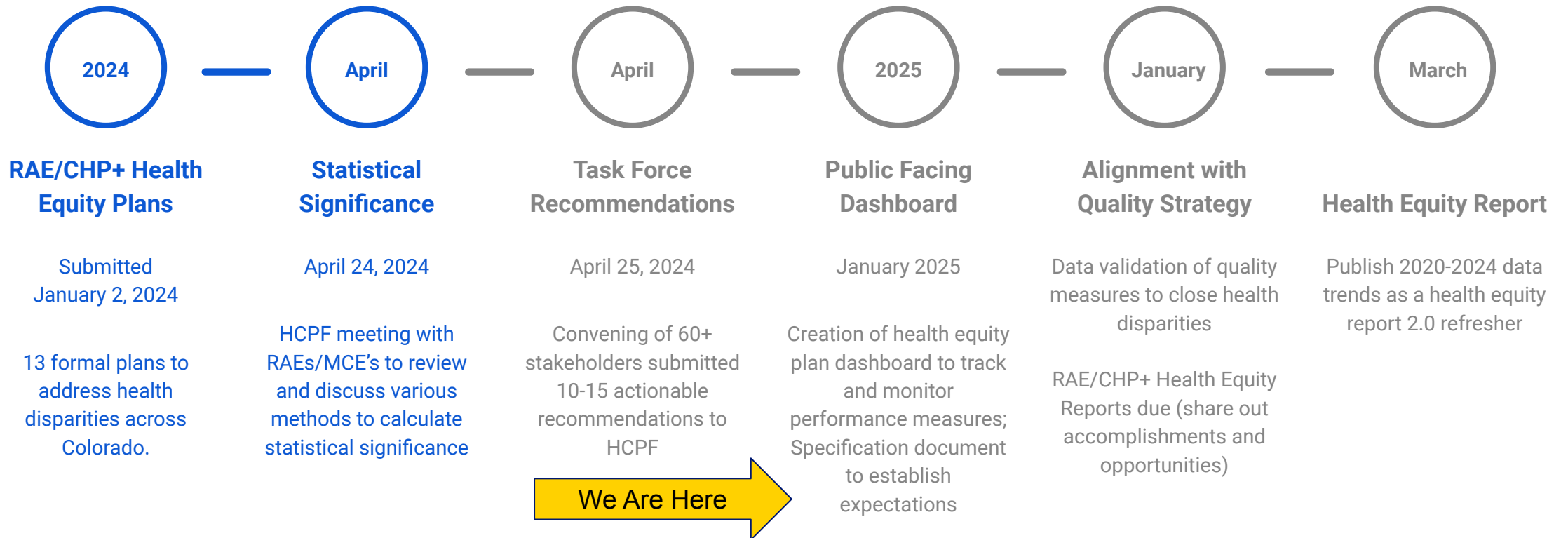
Well-child Visits in the first 30 months of life	
RAE 2	RAE 4
Members in Rural and Frontier Counties	Black/ African American

Screening for Depression and Follow-up Plan	
RAE 2	RAE 4
Hispanic/Latino, Weld County	TBD

Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence	
RAE 2	RAE 4
Hispanic/ Latino, Weld County	Frontier county members

Oral Evaluation, Dental Services	
RAE 2	RAE 4
Members in Rural and Frontier Counties	Member age 11-20

Health Equity Plan Phase II





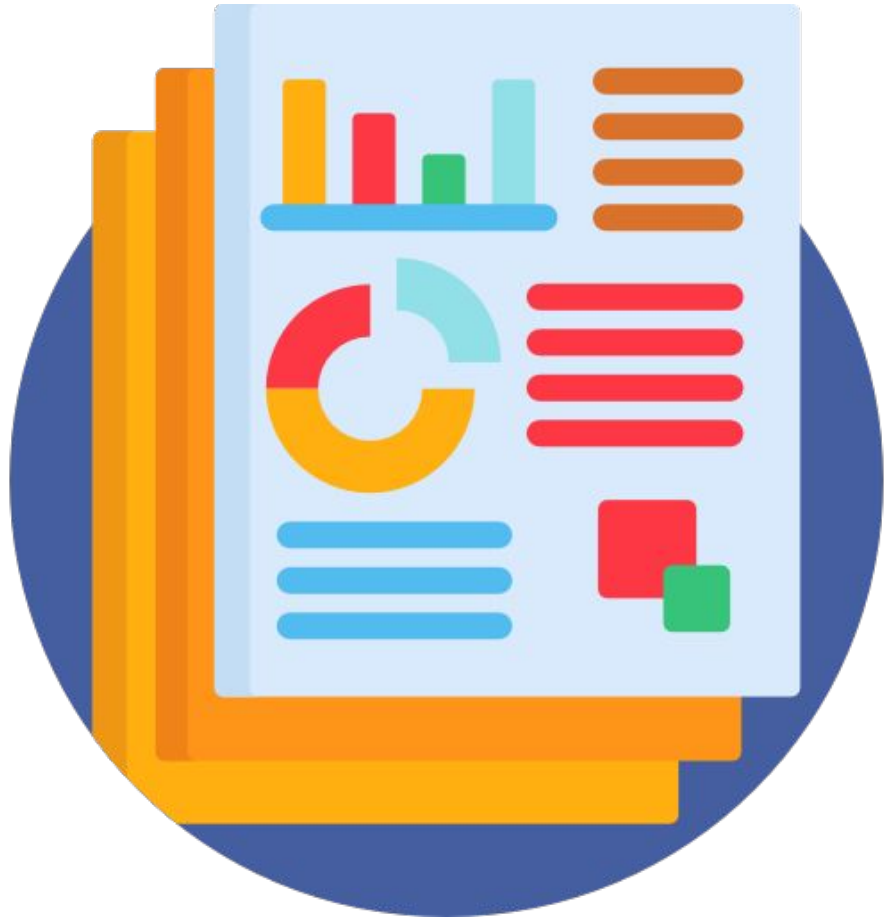
NEXT STEPS



🔍 exploring



Health Equity Report



- January/March 2025
- Key findings since 2020
- Highlighting RAE + CHP Health Equity Work
- Additional priorities 2025 and beyond

Visit our website

Learn about Health Equity from HCPF, click here:

CO.gov/HCPF/health-equity



Questions

Thank you!



Contact Info

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<https://hcpf.colorado.gov/health-equity>



Health Equity Lens Application

01

Payment Reform

- Health care spending and investment
- Affordability, Building Equity into Payments Workgroup
- Leverage financial incentives to reduce health disparities
- Adding Health Equity Plan and Reports to vendor contracts

02

Maternity

- Maternity Alternative Payment Model (APM) Work
- Maternity Advisory Committee (MAC)
- Spanish Speaking MAC
- Expanding maternity and perinatal care and coverage
- Culturally responsive approaches

03

Hospital Transformation Program

- Continue to improve the quality of hospital care
- Pay-for-performance structure
- Driving meaningful community engagement and improving health outcomes over time

04

Other Major Programs

- ACC Phase III Implementation
- Supporting Tribal, Rural, Frontier, and Urban communities
- Social Determinants of Health-related programs and initiatives