



Statewide Health Equity Task Force

Joint efforts to address disparities for
Health First Colorado and Child Health
Plan Plus (CHP+) members

November 30, 2023



Meeting Logistics

Accessibility

American Sign Language: Interpreter

Spanish Interpretation: Can be accessed through the Zoom toolbar by clicking the Globe

Reminders

- Speak slower to allow interpreter to correctly interpret your messages
- Interpreters cannot interpret information from the chat

Ground Rules

Reminder this meeting will be recorded

Please do not share any PHI information verbally or through chat

Information included in chat may be part of the record that is open to anyone who request meeting information.

As a reminder you do not have to identify yourself when asking a question you have the right to remain anonymous.



Meeting Ground Rules

- Guiding Principles in Charter
- Listen-Be open to what is said. Be non-judgmental. Value the learning. Listen to get smarter.
- Contribute to taskforce goals
- Be intentional with discussions



Agenda At-A Glance

November 30, 2023 11:00am-1:00pm

- Welcome & Land/Labor Acknowledgement 5 minutes
- Priority 2: Assess Causes of Disparities Within CMS Programs 20 minutes
 - Workgroups-Breakout rooms 30 minutes
 - Report out-Workgroups-Final recommendations 30 minutes
 - Public Comment/Open Discussion 10 minutes
 - Community Pulse/Round Robin 10 minutes
 - Next Steps & Closing 5 minutes

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.

Source: <https://native-land.ca/>

Assess Causes of Disparities Within CMS Programs and Address Inequities in Policies and Operations to Close Gaps

Presented by:
Dana Batey-HCPF

Priority 1:

Expand the Collection, Reporting, and Analysis of Standardized Data



Priority 2:

Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps



Priority 5:

Increase All Forms of Accessibility to Health Care Services and Coverage



Priority 3:

Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities



Priority 4:

Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services



CMS Framework for Health Equity Priorities



Priority 2:

Assess Causes of Disparities Within CMS Programs and Address Inequities in Policies and Operations to Close Gaps

CMS is committed to move beyond observation and into action, assessing our programs and policies for unintended consequences and making concrete, actionable decisions about our policies, investments, and resource allocations. Our goals are to explicitly measure the impact of our policies on health equity, to develop sustainable solutions that close gaps in health and health care access, quality, and outcomes and to invest in solutions that address health disparities.



CMS Programs

CMS is the federal agency that provides health coverage to more than 160 million through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace.

- Opportunity to center Health Equity
- Opportunity for rulemaking, policy development, benefit and payment design, data collection, quality improvement, and research.

Programs and Initiatives

- Network of Quality Improvement and Innovation Contractors,
- The Center for Medicaid & CHIP Services Quality Improvement Program,
- The Quality Payment Program,
- Health Insurance Marketplace Quality Initiatives, and Center for Medicare & Medicaid Innovation

Monitoring and Oversight

- Conditions for Coverage (CfCs) & Conditions of Participation (CoPs)
 - Health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries.
 - This helps CMS identify and eliminate potential barriers that underserved communities and individuals may face.
 - CMS programs uphold civil rights laws and protections which prohibit discrimination based on race, color, national origin, sex, age, or disability.
 - CMS also has a responsibility to embed equity solutions and policies that safeguard these rights for all those we serve, particularly members of underserved or disadvantaged communities

Monitoring and Oversight Cont.



Areas covered by the CfCs and CoPs

- Ambulatory Surgical Centers (ASCs)
- Community Mental Health Centers (CMHCs)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs)
- Critical Access Hospitals (CAHs)
- End-Stage Renal Disease Facilities
- Federally Qualified Health Centers
- Home Health Agencies
- Hospices
- Hospitals
- Hospital Swing Beds
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
- Organ Procurement Organizations (OPOs)
- Portable X-Ray Suppliers
- Programs for All-Inclusive Care for the Elderly Organizations (PACE)
- Psychiatric Hospitals
- Religious Nonmedical Health Care Institutions
- Rural Health Clinics
- Long Term Care Facilities
- Transplant Centers
- Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology services

Responsibility to increase access

- Expanding and strengthening health care coverage, through Medicaid, CHIP, Medicare, and Health Insurance Marketplaces.
- Medicaid and the Health Insurance Marketplaces-coverage expansions and premium assistance have helped millions of individuals in underserved areas access covered health care
- However, disparities in coverage persist among members of racial and ethnic communities and others affected by systemic inequalities.
 - Adapt policies to continue to make coverage across all programs more affordable and available
 - understanding what may be causing disparities in coverage and then addressing gaps

Whole Person View

Identifying areas for reducing inequities at the population level, such as avoidable admissions, and setting targets for reducing those inequities, and considering how to make investments in key populations with especially large disparities in health outcomes including maternal/postpartum health, individuals involved in the justice system, and individuals with housing instability.



Timeline

November 30- Hear from each workgroup on their top recommendations to department.

Jan/Feb 2024- Vote on which recommendations will be forwarded to the department.

Spring/Summer 2024-TBD update on recommendation status

Action Items-Workgroups

Pick your top 1-3 recommendations to report out to larger group.

Think about all the priorities we have covered in relation to your recommendations.

- **Priority 1:** Expand the Collection, Reporting, and Analysis of Standardized Data
- **Priority 2:** Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps
- **Priority 3:** Build Capacity of Healthcare Organizations and the Workforce to Reduce Health and Health Care Disparities
- **Priority 4:** Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services
- **Priority 5:** Increase All Forms of Accessibility to Health Care Services and Coverage

Breakout-Workgroups

Access to Care

Behavioral Health

Covid-19

Maternity

Prevention

Workgroup Report out

5 min per group

Public Comment Open Discussion

A background grid of 24 stylized human icons in various colors and poses, arranged in a 4x6 grid. The icons represent diverse people of different ages, ethnicities, and genders.

Community Pulse & Round Robin

Next Steps

Contact Info

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

