MARYLAND Health Care Commission

Andrew N. Pollak, MD, Chairman
Ben Steffen, Executive Director

Health Equity Practice Roundtable
A Briefing Document – Draft
March 30, 2022

Objective

Convene a Health Equity (HE) Practice Roundtable with representatives from advanced care delivery practices to identify challenges and opportunities for practices seeking to address key health equity concerns in their communities. The roundtable discussions will inform the development of health equity resources for practices, such as information briefs or learning symposiums. The roundtable is one of many State initiatives addressing existing health inequity.

Rationale and Background

Addressing social determinants of health (SDOH) and health disparities is critical to achieve Maryland's health care goals. SDOH include housing, employment status, income, education, and food security. By some estimates, 40 to 50 percent of health care costs are determined by SDOH and geographic location.[1] Addressing the impact of SDOH will be a key factor in improving the health of Maryland's residents and achieving Maryland's Total Cost of Care[2] goals. Reducing health disparities, the differences in disease burden and health status between populations, is equally important to achieving Maryland's health system goals. Disparities can be identified based on race, ethnicity, gender, urban/rural geography, income, and other factors.

Approximately 50 percent of Maryland's population is non-white or Hispanic and could be impacted by sizable and persistent racial and ethnic disparities.[3] The infant mortality rate for Black infants in Maryland is more than two times the rate for White infants.[4] Racial disparities exist for several other health measures, including life expectancy and self-reported health

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[1] More information is available at: www.aha.org/presentation-resource/2021-09-15-addressing-societal-factors-influence-health-presentation.

[2] The Total Cost of Care Model involves collaboration across the health care system to transform care and foster delivery innovation with a focus on preventing and managing chronic and complex conditions. More information is available at: hscrc.maryland.gov/Pages/tcocmodel.aspx.

[3] More information is available at: www.kff.org/other/stateindicator/distribution-by-raceethnicity.

[4] *Ibid.*

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Toll Free: 1-877-245-1762
TTY Number: 1-800-735-2258
Fax: 410-358-1236

4160 Patterson Avenue,
Baltimore, MD 21215

status.[5] Income-based disparities are another significant challenge; the Commonwealth Fund ranked Maryland 31st among States, well below the national average.[6]

Addressing SDOH requires a broader approach than the health care community alone can offer. Private investment and public policies to promote economic growth and job creation directly contribute to improved social conditions, as well as programs to improve educational opportunities, reduce violence, and ensure access to proper nutrition. Similarly, a multi-organization approach is necessary to comprehensively monitor, analyze, and improve the current racial and geographic disparities impacting health in Maryland.

Reducing health disparities requires an open dialogue on race and active engagement with residents to build trust and provide solutions that fit individual community needs. There are many Maryland organizations with unique expertise and capabilities that actively address social issues related to SDOH and health disparities. Units within the Maryland Department of Health (MDH), such as the Office of Minority Health and Health Disparities, use their public health expertise to raise awareness of SDOH and eliminate health disparities by mobilizing MDH resources. Educational, non-profit, and private sector partners also play key roles in facilitating change. The Maryland Health Care Commission (MHCC) aims to advance health equity in ambulatory practices in Maryland through the development of health equity practice resources, informed by roundtable feedback.

Meetings

- All meetings of the HE Roundtable are recorded and open to the public. Meetings will be held virtually

- Reasonable notice of all meetings, stating the time and teleconference information, shall be given to each member through a calendar invitation or email. Notice of all meetings shall be provided to the public by posting on MHCC's website at: mhcc.maryland.gov/mhcc/pages/home/meeting_schedule/meeting_schedule.aspx.

- The MHCC anticipates convening the roundtable monthly through July 2022

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[5] More information is available at: www.kff.org/state-category/minority-health/.
[6] More information is available at: www.healthdata.org/sites/default/files/files/county_profiles/US/2015/County_Report_Baltimore_County_Maryland.pdf.

Discussion Items

The following is a preliminary list of discussion items for consideration by the HE Roundtable, other items may be added.

- What is health equity?

- What will health equity look like, in the community, when we are successful in achieving it?

- What is the business proposition for clinicians deciding whether and how to implement efforts to improve health equity at the practice level?

- How does health equity factor into value-based care payer programs in which clinicians will or already participate?
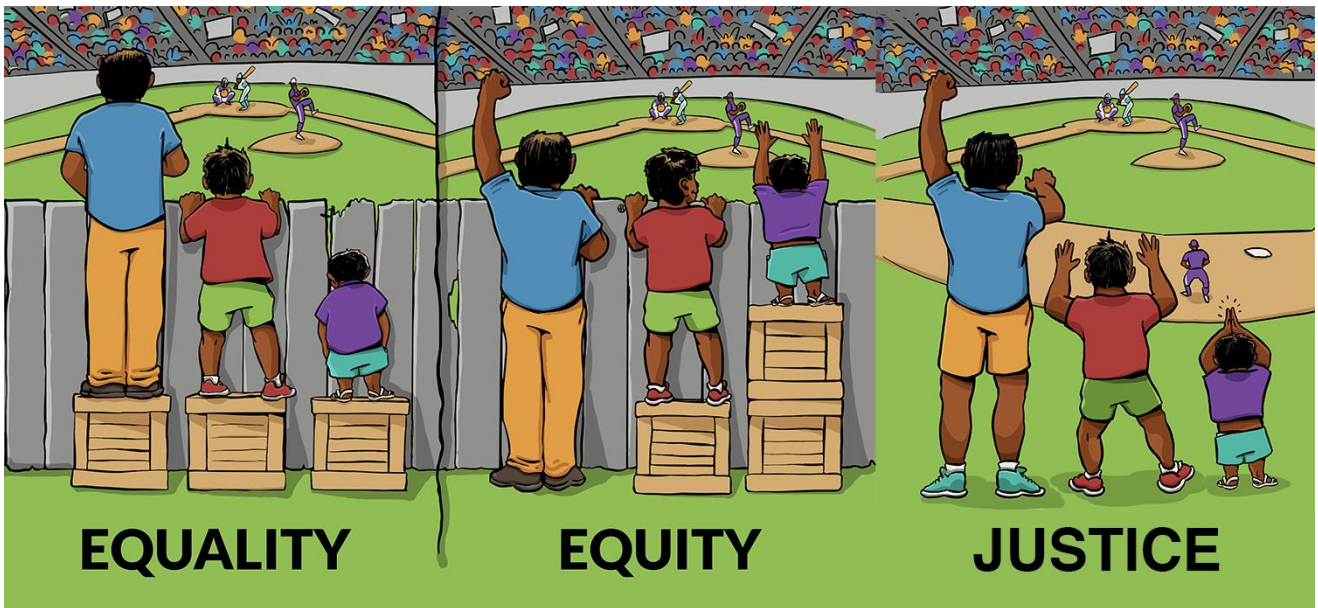
Appendix A. Roundtable Participants

	HE Roundtable Participants As of 3/30/22			
#	**First Name**	**Last Name**	**Organization**	**Representative Category**
1	Ken	Buczynski	WellSpring Family Medicine	Provider
2	Sarah	Conway	Johns Hopkins	Health System
3	Pat	Czapp	AbsoluteCare	Facilitator
4	Emily	Gruber	Program Management Office	Maryland Primary Care Program
5	Lori	Johnson	University of Pittsburgh Medical Center Western Maryland	Provider
6	Monica	Jones	Luminis Health	Provider and physician leader
7	Niharika	Khanna	University of Maryland	Health Systems
8	Angelica	Newsome	Luminis Health/Sinai	Social work
9	Tim	Whetsine	Atlantic General	Health Systems
10	Mozella	Wiliams	West Cecil Health Center	Provider
11	Melissa	Zahn	Carroll Hospital	Provider/CTO

Appendix B. Equity Illustration

(Adaption of work by Interaction Institute for Social Change | Artist: Angus Maguire)