Health Equity Symposium

MARCH 10, 2023

About the Maryland Health Care Commission (MHCC)

WHO WE ARE

- Independent State regulatory agency

WHAT WE DO

- Advance innovative value-based care delivery and health information technology statewide by promoting adoption and use, identifying challenges, and raising awareness through outreach activities

HOW WE HELP

- Provide timely and accurate information on availability, cost, and quality of health care services to policy makers, purchasers, providers, and the public

CME and Disclosures

▶ This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MedChi, The Maryland State Medical Society and the Maryland Health Care Commission (MHCC). MedChi is accredited by the ACCME to provide continuing medical education for physicians

▶ MedChi designates this virtual online educational activity for a maximum of *1 AMA PRA Category 1 Credits*™

▶ Physicians should claim only the credit commensurate with the extent of their participation in the activity

▶ The planners and reviewers for this activity have reported no relevant financial relationships to disclose

▶ The presenters have reported no relevant relationships to disclose

AGENDA

▶ Opening Remarks

   Ben Steffen

▶ Statewide Heath Equity Initiatives

   Princess Collins

   Anene Onyeabo

   Gene Ransom

▶ Charting a Course Towards Health Equity

   Patricia Czapp, M.D.

   Kenneth Buczynski, M.D.

   Sarah Johnson Conway, M.D.

   Angelica Newsome, LCSW-C

   Douglas Spotts, M.D.

▶ Q&A

Health Services Cost Review Commission's Health Equity Work

Princess Collins, Chief of Quality Initiatives

March 10, 2023

HSCRC - Who We Are

The Maryland Health Services Cost Review Commission (HSCRC) is an independent state agency responsible for regulating the quality and cost of hospital services to ensure all Marylanders have access to high value healthcare.

HSCRC's vision is to enhance the quality of health care and patient experience, improve population health and health outcomes, and reduce the total cost of care for Marylanders.

The HSCRC establishes rates for all hospital services and helps develop the State's innovative efforts to transform the delivery system and achieve goals under the Maryland Health Model.

The RRIP's Disparities Component

The Readmissions Reduction Incentive Program includes a **within-hospital disparities readmissions** composite measure that includes **race, medicaid status and Area Deprivation Index,**

The only statewide program in the nation with an incentive for reducing disparities in all-payer readmission rates.

HSCRC rewards hospitals with reductions in year-over-year overall readmission rate disparities related to socioeconomic status, with the goal of a 50% reduction in disparities over 8 years.

Rewards are scaled
- Rewards are based on performance in 2018
- Rewards begin at 0.25% IP revenue for hospitals on track for 50% reduction in the disparity gap measure over 8 years.
- Rewards are capped at 0.50% of IP revenue for hospitals on pace for a 75% or larger reduction in the disparity gap measure over 8 years

Key Components of Readmissions Disparity Methodology

- Measure patient-level social exposures

  - Patient Adversity Index (PAI) = race, Medicaid coverage, ADI

- Estimate association between social exposures and readmission risk at hospital level for baseline (2018)

  - Adjust for patient acuity and hospital average of social exposures

- Estimate the association for each performance year

- Difference between performance and baseline is disparity improvement

Understanding the Disparity Measure
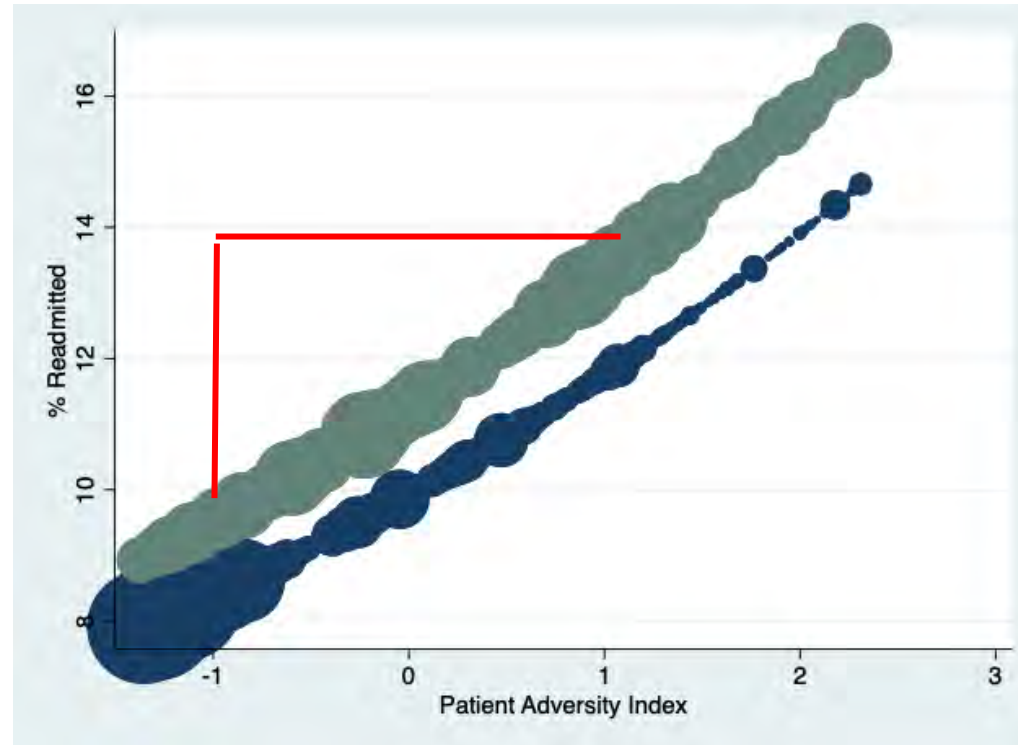
The multilevel model estimates the slope of the line connecting readmission rates at various levels of PAI within a hospital. A steeper slope means there is a larger disparity between rates for higher-PAI patients and rates for lower-PAI patients.

Next Steps

- Continue to incentivize disparity reductions in readmissions

- Begin development of additional health equity quality measures
  - Analyses show that payer, racial, and area deprivation disparities exist within the TFU and Avoidable Admissions measures
  - Assessing the application of the PAI to TFU and Avoidable Admissions

- Develop hospital requirements to submit CMS structural equity measures to state
  - Or request CMS to provide us this data from hospitals prior to public release on Care Compare

- Add SOGI data collection to case-mix requirements
  - Hospital Survey sent out to understand current landscape and barriers to collection

- Further analyze HCAHPS disparities
  - MHCC receives patient-level HCAHPS files which allows Staff to analyze disparities in HCAHPS performance

maryland
health services
cost review commission

Health Equity Practice Roundtable

▶ The MHCC convened a Health Equity Practice Roundtable (HE Roundtable) in March 2022 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 goal of HE Roundtable was to advance health equity in ambulatory practices in Maryland through the development of practice resources informed by HE Roundtable feedback

▶ More information about the HE Roundtable is available at:

mhcc.maryland.gov/mhcc/pages/apc/apc_icd/apc_icd_learning_networks.aspx

Advancing Practice Transformation in Ambulatory Practices Program

▶ The MHCC released an Announcement for Grant Applications in May 2021 to identify a Care Transformation Organization (CTO) to engage eligible primary care and specialty practices (practices) in a practice transformation program (program)

▶ Grant objectives include:

- o Preparing practices to deliver efficient, high-quality care while improving health equity and outcomes

- o Laying the foundation for practices to provide team-based, patient-centered care, and efficient use of health information technology

- o Supporting Total Cost of Care model goals by readying practices to participate in value-based care (VBC) models

Program Overview

▶ In June 2021, MedChi CTO was competitively selected to complete transformation activities

▶ A crucial role of MedChi CTO is providing practice coaching on specific transformation topics and approaches, such as quality improvement and tools to help sequence and manage change essential to succeed in a VBC model

▶ Program milestones:

  o Milestone 1 – Readiness Assessment

  o Milestone 2 – Workflow Redesign

  o Milestone 3 – Training

Affirming Encounters

Promoting Health Equity in the Exam Room

Practical Tips for Today's Busy Clinician

Agenda

Welcome and Introductions

Learning Objectives

Panel Discussion of Case

Practical Tips

Welcome and
Introductions

Today's Panel Members

Ken Buczynski, MD

Sarah Johnson Conway, MD

Angelica Newsome, MSW, LCSW-C

Douglas Spotts, MD

Designers of Today's Discussion

Health Equity Practice Roundtable

-A diverse group of a dozen physicians and leaders

-Met 4 times

-Reviewed data, resources, strategies

Roundtable Recommendations

- Offer practical advice
- Do not add "more work"
- Point out the benefits of addressing health inequity
- Outline how best to use resources already available
- Describe relatable remedies
- Use the power of story
- Emphasize patient individuality, agency, empowerment

Today's Goal

Learning Objectives

1 Recognize adverse SDoH that commonly present barriers to our patients' health

2 Use strengths-based approaches to empower individuals

3 Expand awareness and engagement of local community resources in order to promote health equity

Job Satisfaction!

Health Disparities' Role in Physician Burnout

The Physicians Foundation 2022 Survey:

- 99% agree that health outcomes of their patients are affected by SDoH

- 87% want to help address their patients' SDoH

- 61% feel they have no time or ability

- 83% believe that trying to address patients' SDoH contributes to burnout

We don't have to search for health inequity in our practices

Adverse Social Determinants of Health (SDOH)

Disparities in Health Outcomes

Higher Burden of Disease, Limited Life Expectancy
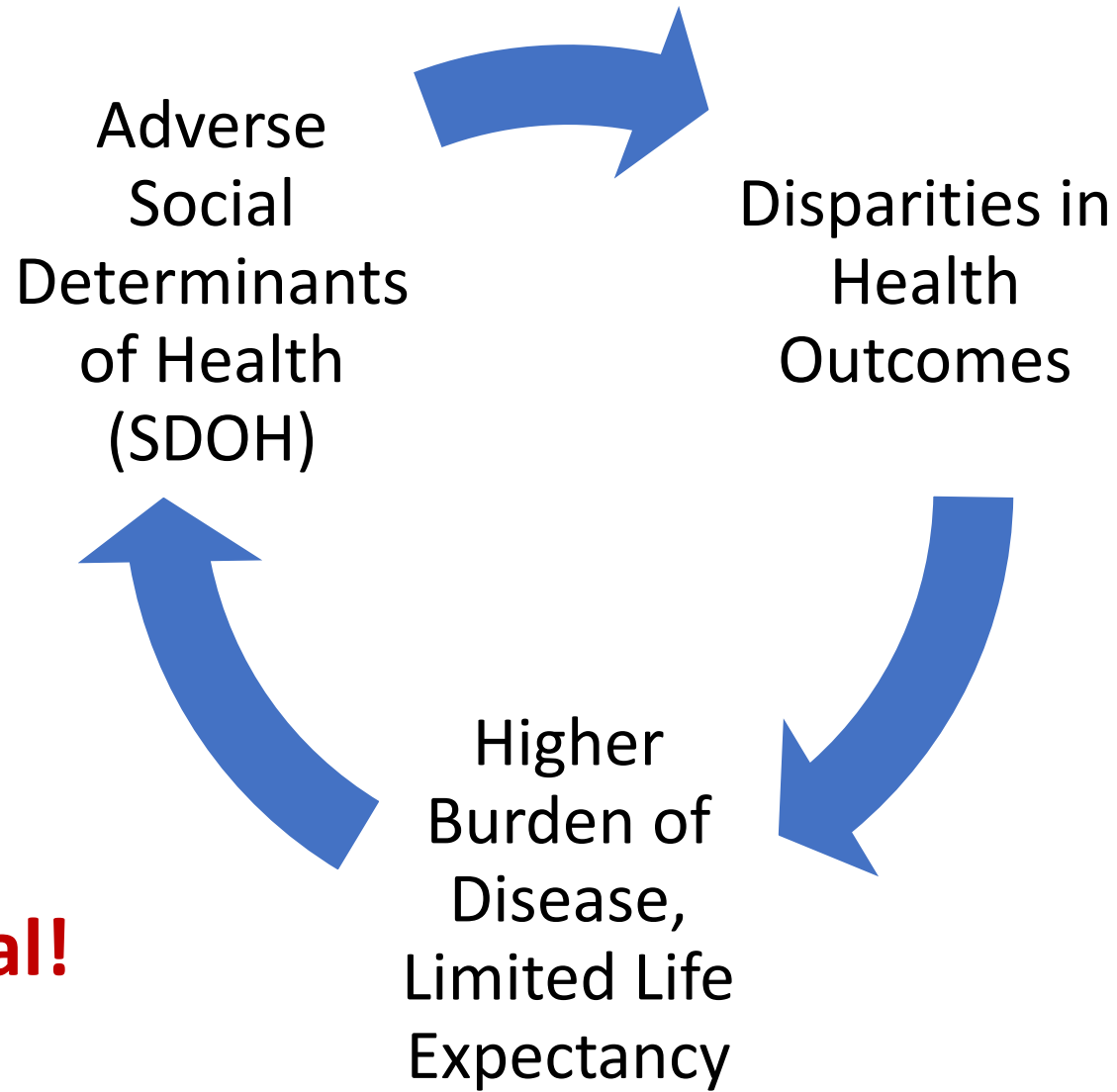
Generational!

We're here to help!

Today's Story: Mary
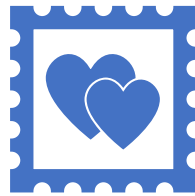
A knock at the door. . .

Quick Chart Review. . .

Story Pause

"Noncompliance"

"Oh, Hello!," Dr. Evans says, barely covering her surprise at seeing a child with Mary.

"Who are you?" Mary growls.

"I'm Dr. Evans, covering for Dr. Smith while she's away," Dr. Evans replies with a smile.

"Oh, okay. Hi." Then silence.

"So who's this lovely little one?"

"My granddaughter Nicole."

"She's adorable."

"Thanks."

Story Pause

"I think some of these pills make me feel sick." Mary offers.

"Oh, let me know which ones and how they make you feel."

Instead of naming medication names, Mary points to some of the pills. Dr. Evans begins to suspect Mary has some literacy issues.

"Okay, I see you have pointed to a pill we call metformin. How does that make you feel?"

"It gives me diarrhea."

"I see. That happens when you don't take it regularly. If you take it every day, eventually the diarrhea goes away. In fact, if you took your medication every day, I'm pretty sure your sugar would be under better control and that you wouldn't have to take all these other medications."

Mary's face becomes red and tearful. She explodes.

"Look doctor, you sound just like that other doctor. All you do is tell me what I'm doing wrong. Do you have any idea what a day is like for me? Do you see this little girl? Do you know that she is with me because her mother is in prison? Do you know that I had to take 3 buses to get here, and your front desk was snippy when I came in late? Do you know what it's like to lose a job because you have to miss work to take care of a child?

"I'm sick of people telling me I need to do a better job of taking care of myself when I am doing all I can to keep my family fed and safe. Who's patting me on the back for THAT, huh?

"I know I'm not that smart, but I know me. I know what medicine makes me feel sick. I know how to take care of myself."

Mary grabs the stroller and starts to leave the room.

Story Pause

Five Place-Based Domains of SDoH

Economic stability

Education access and quality

Health care access and quality

Neighborhood and built environment

Social and community context

Back to Mary

"Wow," says Dr. Evans softly. *"You have so much on your plate."*

Mary sighs and sits back down. *"Look, I'm sorry I blew up at you."*

"Don't apologize. I'm so glad you let me know what is going on. You are right, you do know how to take care of yourself. Sounds like the medications are giving you some trouble. If we could do anything with these medications, what would that be?"

"I don't know. There's so many. . .and I have to remember to take them different times of the day. I think I could manage taking pills once a day."

"What if we could get it down to 3 pills you take once a day, every day. Would that help?"

"Yes it would."

"And what if I gave you a pillbox, you know one of those Monday Tuesday Wednesday things and you could put one pill of each of the medications in the box every day so it would be easier to remember to take them? I do the same for myself and my husband does too."

Mary looks doubtful. *"What time of day do I need to take them?"*

"What time of day works for you?"

Mary laughs. *"I guess first thing in the morning, when this kiddo wakes up."*

"That works! I'll be right back."

Dr. Evans leaves Exam Room 3 and heads down the hall to grab a pillbox and more importantly to grab a moment to think. Mary's social problems are overwhelming.

Story Pause

Dr. Evans asks her medical assistant Gloria for a pillbox. As Gloria hands it to her, she asks, *"How's it going in there? I thought I heard shouting."*

"Yes, well she's pretty upset. She's got a lot on her plate, that's why her diabetes is so out of control. I'm just trying to keep her from storming out."

"I'll knock on the door in a few minutes and see if I can help."

"Thanks, Gloria."

"Here we go," says Dr. Evans as she re-enters Exam Room 3. I'm going to pick these 3 pills for you to take once a day, every day, in the morning." She quickly fills the pillbox and hands it to Mary. "Now, don't throw away the other medications. We might need them, I'm not sure yet. I'll be able to to tell once you've been taking these 3 on a regular basis. Make sense?"

"Yeah, I guess," Mary shrugs

"So, can you come see me in a week, so we can start working on checking your blood sugar? I'd also like to get some blood work done today, if that's okay."

They both turn to the door as they hear a knock and Gloria the medical assistant enters.

Mary looks down quietly. "I'm not sure how I'll get here. I told you about the 3 buses."

Gloria joins in, "I think your insurance company might arrange your transportation to medical appointments. Can I check on that and get back to you?"

"Well, I guess, but I'm not sure if I'll have phone service in the next few days. I've run out of money to pay the bill. How can you call me if that's the case?"

Dr. Evans tries hard not to get more discouraged and looks to Gloria. "Do you think that HEART money could cover her cell service?"

Gloria frowns. "I'm not sure. I'll certainly check. I heard on a webinar the other day that we can sometimes get the federal government to pay for a cell phone or low-cost cell service. I'll check my resources. In the meantime, Mary, why don't you give me an emergency contact I can use, in case your service is discontinued? We'll figure it out."

"So, we WILL see each other next week, right?" says Dr. Evans, achieving eye contact with Mary for the first time.

"Yes, we will," replies Mary.

Story Pause

___

Back to Mary

You're here! Yay!," Dr. Evans says brightly as she enters the exam room.

"Yeah," Mary grins and looks at the floor.

"So . . . How did the week go? How did you do with the pillbox? How do you feel?"

"I did okay. Just missed one day. And you're right, the diarrhea came back but it's getting better." Mary puts the nearly empty pillbox on the table near the sink.

"That's great! We'll help you refill that pillbox yourself today. Um, I've got some things on my agenda today: I was going to go over your blood work results with you and discuss some options for you to check your sugar at home. First, though, what did YOU want to talk about today?"

"Well," Mary hesitates. *"I was wondering about two things. I'm wondering if Gloria can tell me how to get food stamps. And I want to quit smoking because I can't afford it anymore. Can you help me with that?"*

Dr. Evans' eyebrows shoot up in pleasant surprise. *"Yes! I can!" She pauses for a moment, then says with a smile: "Gosh, you've got this, don't you?"*
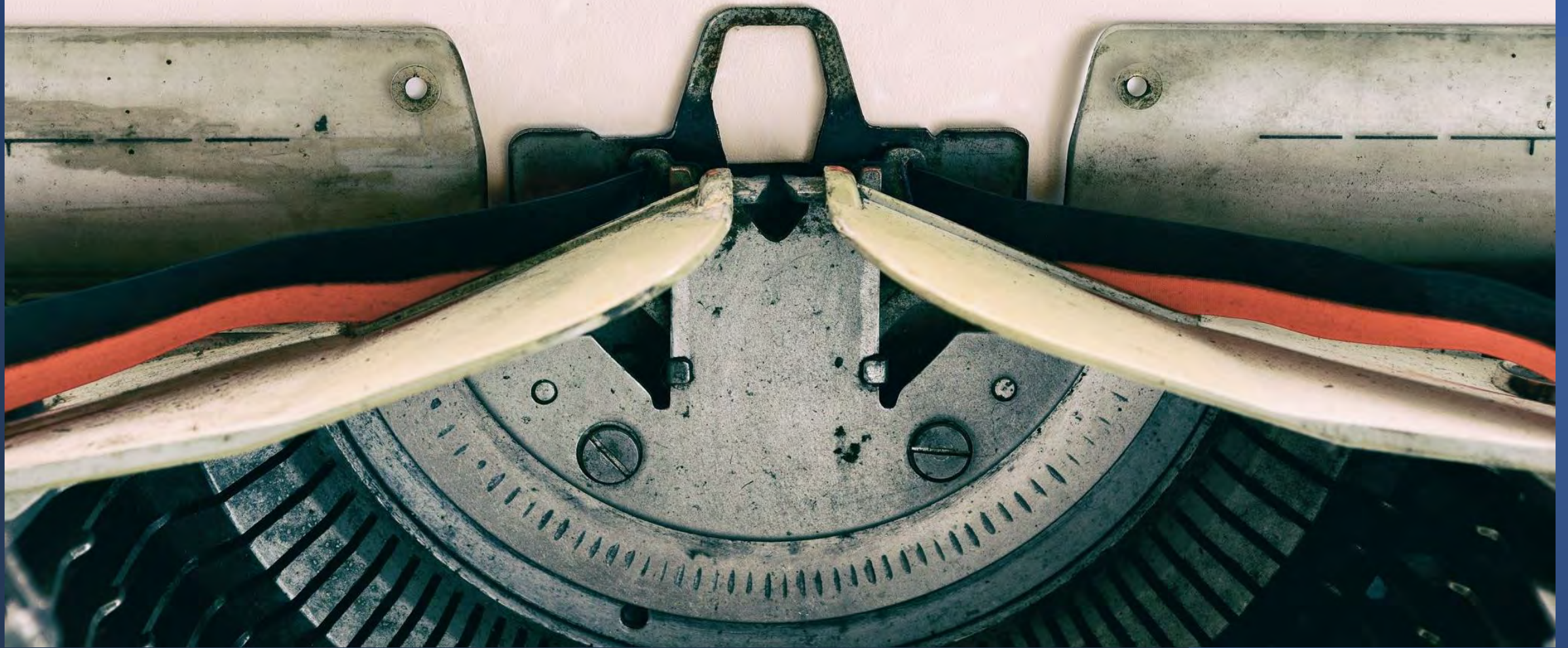
Practical Tip #1

- Curiosity! Empathy! Avoid labels!

- Meet individuals where they are, and don't leave them there

- Suspend the agenda of perfection for now
  - Simplify medication and treatment regimens
  - Have the individual identify what they think would work
  - Start with small steps
  - Celebrate progress, however small

Practical Tip #2

- Honor individuals' skills, wisdom, and experience in keeping themselves safe

- Stay curious. Ask about *their* plan. Stay focused on their **strengths and their proposed solutions**

- Don't panic. You don't have to- and can't - solve their social problems alone
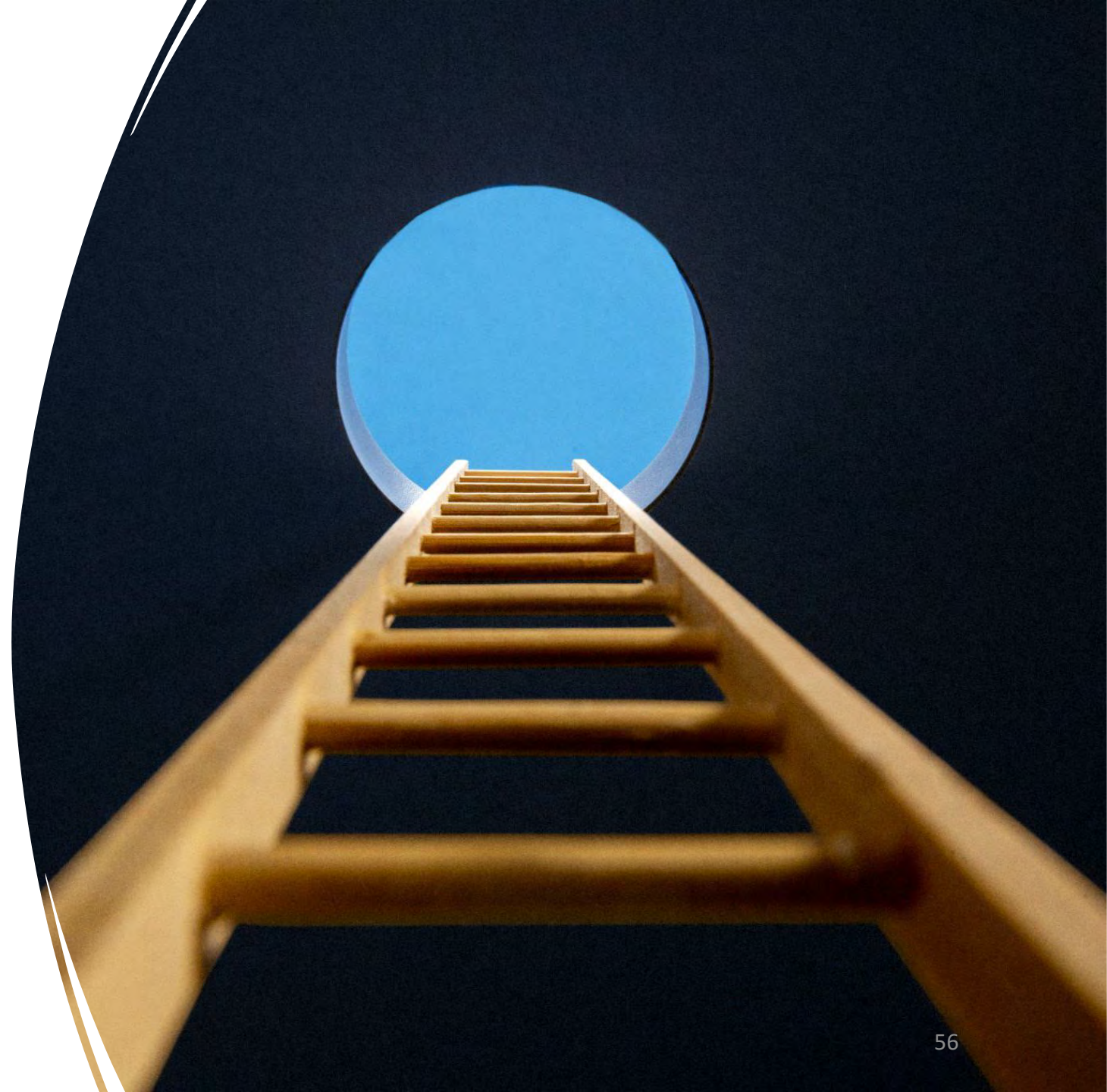
Practical Tip #3

- Refer to other "specialists"
  - Community resources
  - DSS, FindHelp.org, local hospitals, health depts, and community-based organizations
- Practice resources
  - Empower internal expertise
  - Medical society and CRISP resources, HEART funding

Practical Tip #4

- Take the time to understand what is important to individuals
  - What do they worry most about?
  - What do they want to see happen in their lives?
  - What is **their** top goal or priority?
- Use that information to:
  - Build a relationship!
  - Guide conversations: shared decision-making, motivational interviewing
  - Celebrate incremental success – together!

Resources

CRISP

Provides an SDOH suite of tools that improve SDOH data sharing between members of a care team

211 Maryland

A comprehensive health and human services resource database with over 7,500 resources. Local partners and agencies including local health departments, social services , etc.

FindHelp.Org

A free comprehensive search tool that streamlines care management and helps providers connect patients to social services in their area

UniteUs.Com

Provides a platform to connect patients with community-based resources

Resources

(Continued)

[Maryland Primary Care Program (MDPCP)](#)

A voluntary program for qualifying Maryland primary care providers that provides funding and support for the delivery of advanced primary care throughout the State

[Health Equity Advancement Resource and Transformation (HEART) Payment Playbook](#)

Provides guidance to MDPCP practices on area deprivation index, appropriate use, tracking and reporting of HEART payment usage

THANK YOU

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APPENDIX
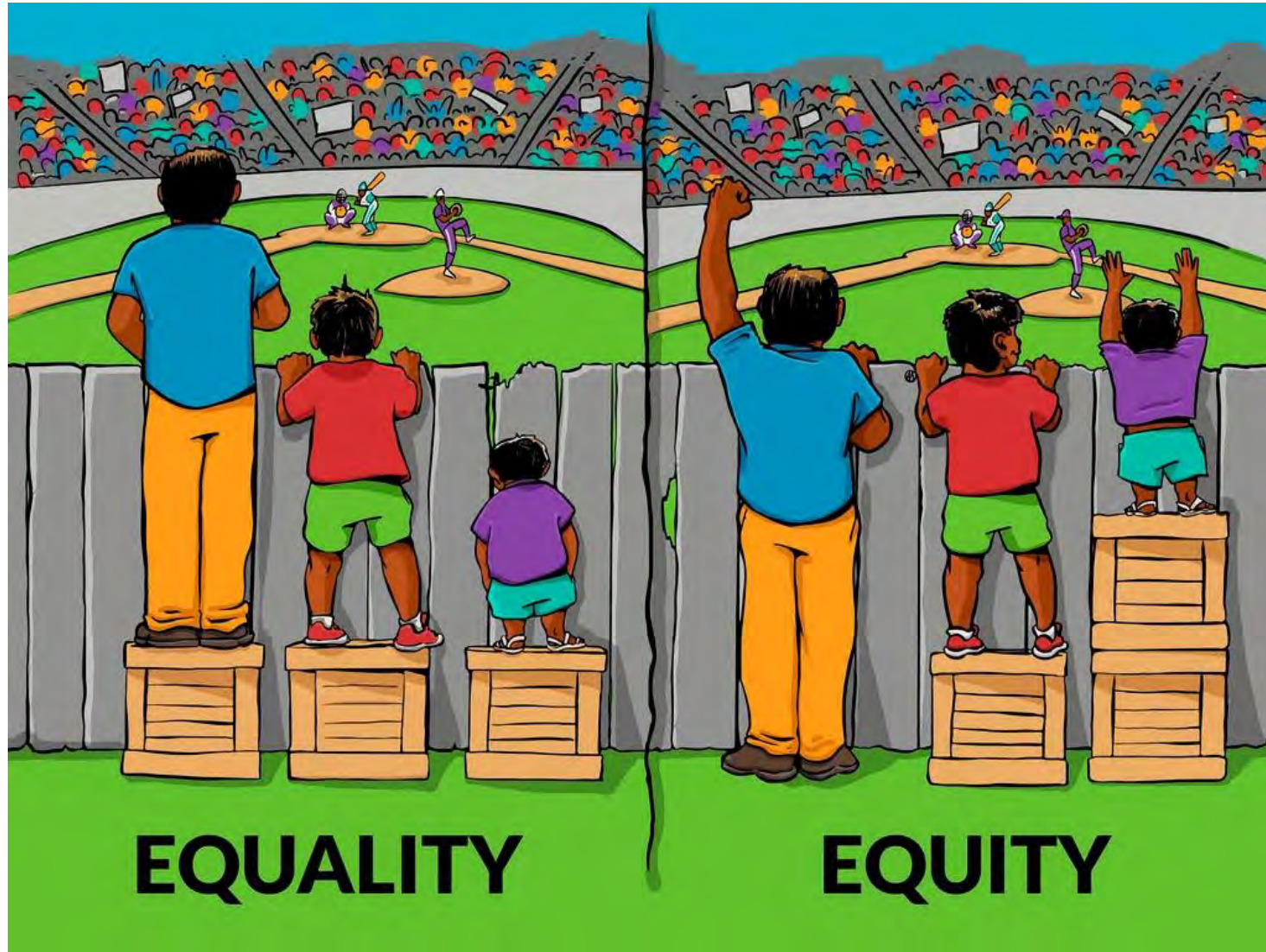
EQUALITY   **EQUITY**

Source: Interaction Institute for Social Change | Artist: Angus Maguire. Available at: https://interactioninstitute.org/illustrating-equality-vs-equity/

HOW TO USE FINDHELP.ORG

findhelp.org

Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost **help starts here:**

ZIP 95062 Q Search

22,591,382 people use it (and growing daily)

If you or someone you know is in crisis, call or text 988 to reach the Suicide and Crisis Lifeline, chat with them online via their website, or text HOME to 741741 (multiple languages available). If this is an emergency, call 911.

By continuing, you agree to the Terms & Privacy

ZIP or keyword or program name 🔍

Select Language ▾

🍎 FOOD 🏠 HOUSING 🛋 GOODS 🚌 TRANSIT ♥ HEALTH 💵 MONEY 👥 CARE 📖 EDUCATION 💼 WORK ⚖ LEGAL

crisfield, md (21817)   showing results for search: **cell phone** ‹ 1 - 10 of 48 ›

ⓘ Sort by   **RELEVANCE**   CLOSEST

👤 **Personal Filters** ▾   ⏱ **Program Filters** ▾   ⊘ **Income Eligibility** ▾

Notice out-of-date information or see a program you work for? Click ✏ **Suggest** to share an update or claim your program listing to get access to free tools and data.

Best Matches
These programs contain **all of the word(s) you searched** in the provider name, program name, or description and are likely to be the most relevant matches.

☐ **Lifeline Cell Phone Service**
   by EnTouch Wireless
   ✅ Reviewed on: 03/05/2023

EnTouch Wireless provides discounted or free phone and broadband internet service to eligible people.This program provides:- Free wireless serviceYou may be eligible based on…
🏷 Main Services: help pay for internet or phone

👤 Serving: adults 18+, individuals, families, benefit recipients, low-income, native american

Next Steps:

Apply on their website ↗, call 866-488-8719 or go to the program's website.

Serves your state

🕐 Open Now : 8:00 AM - 5:00 PM ✔

MORE INFO ✔   ★   ➤   ☰   ✏   ☑ APPLY
                  SAVE   SHARE   NOTES   SUGGEST

67

ZIP or keyword or program name

Select Language

crisfield, md (21817)   showing results for search: **cell phone** ‹ **1 - 10 of 48** ›

ⓘ Sort by   **RELEVANCE**   CLOSEST

👤 Personal Filters ▲   **⊘ Program Filters** ▼   **⊘ Income Eligibility** ▼

Age Group
- ☐ infants: 0 months - 1 year
- ☐ children: 2 - 12 years
- ☐ teens: 13 - 19 years
- ☐ young adults: 20 - 30 years
- ☐ adults: 31 - 54 years
- ☐ seniors: 55 years+

Armed Forces
- ☐ active duty
- ☐ national guard
- ☐ veterans

Disability
- ☐ all disabilities

Education
- ☐ students

Health

cancer
- ☐ acute lymphoblastic leukemia (all)
- ☐ acute myeloid leukemia (aml)
- ☐ aids-related lymphoma
- ☐ bladder cancer
- ☐ breast cancer
- ☐ burkitt lymphoma
- ☐ cervical cancer
- ☐ chronic lymphocytic leukemia (cll)
- ☐ chronic myelogenous leukemia (cml)
- ☐ colorectal cancer
- ☐ cutaneous t-cell

Household

families
- ☐ with children
- ☐ individuals

Housing
- ☐ home owners
- ☐ home renters
- ☐ homeless

Income
- ☐ benefit recipients
- ☐ low-income

Language
- ☐ limited english

Mental Health

Select Language ▾

🍎 FOOD   🏠 HOUSING   🛋 GOODS   🚌 TRANSIT   💗 HEALTH   💵 MONEY   👥 CARE   📖 EDUCATION   💼 WORK   ⚖ LEGAL

crisfield, md (21817)   showing results for search: **cell phone**   ‹ **1 - 10 of 48** ›

ℹ Sort by   **RELEVANCE**   CLOSEST

👤 **Personal Filters** ▾   ⏲ **Program Filters** ▾   ⊘ **Income Eligibility** ▲

Including you, how many people live in your household?

| 0 | family members |

How much does your household make per month?

| $ | 0 | per month |

FILTER SEARCH

Notice out-of-date information or see a program you work for? Click ✏ **Suggest** to share an update or claim your program listing to get access to free tools and data.

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☐ **Lifeline Cell Phone Service**

Including you, how many people live in your household?

| 0 | family members |

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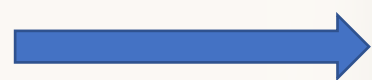MORE INFO ⌄   ★ SAVE   ✈ SHARE   ☰ NOTES   ✏ SUGGEST   ☐ APPLY

1 SELECTED

Notice out-of-date information or see a program you work for? Click ✎ **Suggest** to share an update or claim your program listing to get access to free tools and data.

Eligibility:
- Must participate in a qualifying program OR have income at or below 135% of federal poverty guidelines.
- This program helps people who are older than 17 years old.

Availability:
available

Description:
EnTouch Wireless provides discounted or free phone and broadband internet service to eligible people.

This program provides:

- Free wireless service

You may be eligible based on income or participation in a qualifying program. Qualifying programs include:

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Medicaid
- Veterans Pension or Survivors Benefit
- Federal Public Housing Assistance (FPHA)
- Food Distribution Program on Indian Reservations (FDPIR)
- Tribally Administered TANF
- Bureau of Indian Affairs General Assistance
- Tribally Administered Head Start (Meeting the income-qualifying standards of Head Start)

Only one Lifeline program (wireline or wireless) per household. Household is defined as an individual or group of individuals living together at the same address as one economic unit. These services are free. You are able to p   h EnTouch or use your own phone.

1 SELECTED

72

Only one Lifeline program (wireline or wireless) per household. Household is defined as an individual or group of individuals living together at the same address as one economic unit. These services are free. You are able to purchase a phone through EnTouch or use your own phone.

You can apply online. If applying online, you can send in copies of eligibility documents by text (917-877-3921), email (confidential@entouchwireless.com), mail or fax. You can also download an application and send it in with documents. Applications and supplemental forms can be found at entouchwireless.com/lifeline/paper-application.

Please visit the website for state-specific information, including eligibility guidelines and additional resources.

Languages:	English
Cost:	Free
Next Steps:	Apply on their website ⬈ Call 866-488-8719 Go to the program's website
Website:	🌐 Program's Website
Coverage Area:	This program covers residents of the following states: AR, AZ, CA, CO, GA, HI, IA, ID, IN, KS, KY, LA, MD, MI, MN, MO, MS, ND, NE, NV, OH, OK, OR, PA, RI, SC, SD, TX, UT, WA, WI, WV and WY.
Documents Required	Identification: Government issued photo ID Proof of Income: Unemployment Documentation (notice of unemployment benefit payment or notice of successfully submitted application for unemployment benefits) | Copy of last year's State or Federal income tax return | 3 consecutive months' worth of your most current pay stubs | Social Security benefits statement. Veterans Administration benefits statement | Retirement/Pension benefits statement | Divorce decree or child support document | ...ent/Workers Compensation benefits statement

1 SELECTED