HEALTH EQUITY COMMITTEE (HEC) MEETING NOTES

February 10, 2022 meeting

Next HEC meeting: Thursday, March 10, 2022, at noon via Microsoft Teams

The session started at 12:05 pm.
Members Present: Kate Wells, Jorge Ramirez Garcia, Amela Blekic, Debbie Morrow, Stephanie Caballero, Allen Merritt, Bryon Lambert, Katie Cox, Candy Picar, Dele Oyemaja, Kyle Rodriguez-Hudson, Sofia Venegas, and Mahad Hassan.
Staff Present: Leann Johnson (OHA-OEI-Director); Shelley Das (OHA-OEI-Equity and Policy Manager), and Jonathan Salazar (OEI- Community Engagement Coordinator)
Guests: Lavinia Goto (Medicaid Advisory Committee Co-Chair); Jackie Weitzel (Medicaid Advisory Committee Staff); Chris DeMars (Interim Director OHA Delivery Systems and Innovation Office and Director of OHA Transformation Center)
OHPB Liaison: Dr. David Bangsberg, OHPB Chair (Interim OHPB Liaison to HEC) - Absent

February 2022 Action Items

Approval of the February 2022 meeting minutes – Motion to approve the meeting notes moved by Debbie Morrow and seconded by Amela Blekic. All members were in favor, and none opposed/abstained.
Letter of Support Oregon 1115 Medicaid Waiver Application- Motion to develop and submit a letter to CMS in support of the 1115 Medicaid Waiver Application was moved by Stick Crosby and seconded by Jorge Ramirez Garcia. All members were in favor, and none opposed/abstained.
New HEC Co-Chair Election-One member abstained. Stick Crosby and Jorge Ramirez Garcia received the two majorities and selected 2022 HEC Co-Chairs.

Outgoing Co-Chair remarks

HEC Co-Chair Kate Wells, the current HEC Co-Chair, welcomed the committee members. Kate went over the agenda and shared that today was her last meeting as a committee chair. She stated that she looked forward to passing the baton to our next co-chairs. Kate shared that she has appreciated the experience and excellent collaboration in her remarks.

Medicaid Advisory Committee Consumer Experience Report

Jackie Wetzel, OHA and Medicaid Advisory Committee (MAC) support staff provided an overview of the MAC and its role. Jackie and Lavinia thanked the HEC for the opportunity to share information about the work of the MAC's Advancing Consumer Experience Subcommittee. The MAC advises the Oregon Health Authority and the Oregon Health Policy Board on Oregon's Medicaid program from a consumer and community perspective. Jackie shared that the advancing consumer experience subcommittee was

formed in late 2020 to understand consumer challenges and identify opportunities to improve the consumer experience.

The initial focus has been on the challenges Medicaid members have when benefits or services are siloed across different agencies when coordination responsibility is unclear; multiple organizations share roles and then challenges related to complex medical or psychosocial needs. Early subcommittee work was mainly focused on finding sources of unfiltered consumer voice. As an example, the Coordinated Care Organization's Community Advisory Councils were approached to gather consumer input from across the State. Jackie used this opportunity to highlight that there is no centralized structure for the routine sharing of information. That was a limitation of the work as it lacks adequate representation from the 1.3 million members enrolled in the Oregon Health Plan.

Lavinia shared that consumers experience challenges with communication, health-related services, care coordination, and transitions. The subcommittee spent several meetings brainstorming potential ideas for addressing these challenges. A detailed report and recommendations were submitted to OHA in November 2021, requesting that the recommendations be considered in future work, contracting, and program requirements for all organizations that serve OHP members.

HEC committee members shared several thoughts and had some questions. On question was about the demographics of the consumers whose input were recorded. The answer was that MAC does not know that information, and this is why the MAC would like to see an agency-wide strategy and approach to consumer engagement and how we look at the information. This is one of the limitations of this body of work. The MAC consumer experience report can be found here: https://www.oregon.gov/oha/HPA/HP-MAC/Documents/Recommendations%20to%20Improve%20OHP%20Consumer%20Experience%20Nov%202021.pdf

Improving Member Experiences with OHP's Pharmacy Services

Chris DeMars thanked the Committee for the opportunity to present the work that OHA is doing to improve member experience with Oregon Health Plan pharmacy services. Chris shared that OHA strives to center equity in every discussion of possible changes to Oregon Health Plan (OHP) services, including pharmacy services. Centering equity means prioritizing direction from the community, especially those impacted by racism and inequitable policies and systems of care. Their goal with this presentation is to understand the input OHA has recently received from community members by reviewing it with the Committee.

Chris stated that Medicaid members had provided feedback about pharmacy services. Members have said that some drugs and available other pharmacy items can be suddenly denied. This can happen when people start with Open Card OHP and join a Coordinated Care Organization (CCO). This can also occur when people move and change CCOs. People have a hard time getting to pharmacists. People in rural areas may have to take long trips to a pharmacy and wait times for filling prescriptions are getting longer. Information about drugs is not translated. People can't understand drug labels, and pharmacists are not providing information in the languages people need. Members of the Committee shared some thoughts about the feedback presented.

One of the HEC members shared that perhaps enforcement of senate bill 698 would be a big win. The bill's main goal was to require medication labels are translated into the member's preferred language. Committee members stated that community groups have had difficulty seeing these bill requirements enforced, and there have been delays in its implementation. Other concerns brought up by HEC members

included the need for a common formulary that CCOs must follow. Also, pharmacists throughout the State are obligated to provide patients that belong to a CCO or fee-for-Service with a printed summary of the drug that includes doses and adverse effects, and it is not happening in all pharmacies.

Public Comments

There were no public comments.

2022 HEC Co-Chair Election

Three HEC members expressed their desire to serve as a Committee Co-Chair for 2022; Allen Merritt, MD; Stick Crosby, and Dr. Jorge Ramirez. Members were asked to vote for two candidates. All members present at the time of the vote were eligible to vote. The two majorities were Stick Crosby and Dr. Jorge Ramirez Garcia, who will immediately serve as HEC Co-Chairs. There was one abstention. Leann Johnson, OEI Director, thanked the three candidates for their leadership and desire to serve the Committee and thanked Kate Wells and Derick Duvivier for their leadership since 2020. Derick ended his commitment in December 2020, and Kate will continue to be a member until later this year.

OHA Equity and Inclusion Division overview

Leann Johnson, OEI Director, used this opportunity to provide HEC members, especially new committee members, with an overview of the division and the work, a framework of the equity and inclusion division, where it started, and where it's going.

The OHA Equity and Inclusion Division started in the early 1990s as a minority health office, following that model from public health. Several years ago, the office became one of the eight divisions of the Oregon Health Authority. OEI carries 16 plus functions related to health equity, and eight of those functions are State or federally mandated. The division does minimal direct service, and it is primarily policy focused. During the last legislative session, to the 22 current positions, OEI received 44 more.

The following programs and policy areas fall under the purview of OEI: Traditional Health Workers; Health Care Interpreters and Language Access; Americans with Disabilities Act; Civil Rights (workforce and public); Race, Ethnicity Language, Disability, Sexual Orientation, and Gender Identity Data Collection Standards; Equity Advancement in the Workforce; Health Equity Metric for Coordinated Care Organizations; Regional Health Equity Coalitions; Cultural Competency Continuing Education; Equity Plans for Coordinated Care Organizations; Health Equity Research and Assessment; Developing Equity Leadership Through Training and Action (DELTA); Technical Assistance and Training in Agency and Health Delivery System; Legislative Development and Review and Community Engagement.

Leann provided a brief overview of each of these programs and policy work to give HEC members an idea of the scope of the office and to illustrate that the division's work is at a very deep systems level. Leann shared that one of the products of OEI's work has been the creation, development, and adoption of OHA's strategic goal. Not a division goal but an agency-wide goal of eliminating health inequities by 2030. Leann said that while this goal is ambitious, while it may not be achievable at the deepest level, what this does is set the intention for the agency. "It says there is no more neutral, and there is no more status quo, every decision and action that we take needs to be focused on the elimination of health inequities in the system."

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In her presentation, Leann also provided an overview of the assumptions and values that the health equity committee has followed, which led to the creation of the HEC health equity definition. The health equity definition, developed by the HEC at the direction of OHPB and adopted by the Oregon Health Policy Board and the Oregon Health Authority in October 2019, was designed to define the problem, define the priority populations. Still, in addition, it has inherent action in it, collaboration. The equitable distribution and redistribution of resources and power and recognizing, reconciling, and rectifying historical and contemporary injustices in our system.

The meeting was adjourned at 2:03 pm.

COMMITTEE WEB SITE: https://www.oregon.gov/oha/OEI/Pages/Health-Equity-Committee.aspx
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Oregon Health Authority's Health Equity Definition

Oregon will have established a health system that creates health equity when all people can reach their full health 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 or redistribution of resources and power; and
- Recognizing, reconciling, and rectifying historical and contemporary injustices.

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