Health Equity Workgroup
Minutes

October 8, 2021
1PM-2:30PM

Members in Attendance:
Richard Amador
Noel Brathwaite
Alyssa Brown
Shari Curtis
Bryan Gere
Diana Hsu
Stephanie Klapper
Allison Mangiaracino
Jomy Mathew
Joshua Morris
Marietherese Oyalowo
Dania Palanker
Ligia Peralta
Megan Renfrew
Tricia Swanson
Jimmy Williams
Sheila Woodhouse

Members of the Public:
Matthew Celentano
Philemon Kendzierski
Stacey Shapiro, CareFirst

MHBE Staff:
Kimberly Edwards
Johanna Fabian-Marks
Becca Lane
Sandy Smalls

Welcome
Dania Palanker opened the meeting.

Vote on minutes
Session 3 minutes were approved.

Insurer Presentation: Health Equity at Kaiser Permanente
Stacey Shapiro, MPH, RD, CPHQ, Director of Population Care Management at Mid-Atlantic Permanente Medical Group presented on Kaiser's health equity efforts in the mid-Atlantic region.

Their mission is to ensure high-quality, affordable care for their members and their community. Their diversity, equity, and inclusion (DEI) work starts at the leadership level, including national and local leadership. Kaiser's organizational structure helps facilitate responsive DEI work because although their oversight body is in California, local communities inform the care and services Kaiser provides in their service areas.

Kaiser has earned the multicultural healthcare distinction from NCQA. This includes meeting requirements around assessing their services, offering language interpretation via video and in-person, training employees to use interpretation tools, and more. Over 20,000 Kaiser members in the mid-Atlantic region (not Maryland-specific) use the language services provided; Kaiser tracks complaints and there have been few about this service.

Another component of Kaiser's health equity strategy is their clinical quality improvement initiatives. They currently collect race, ethnicity and language (REL) data as part of the rooming workflow at the point of care. If the information is not already on file, patients are given the opportunity to provide the information, decline to answer, or select more than one answer. Kaiser's REL data reporting rate is 80%. A goal of the quality department at Kaiser is to decrease variation across performance metrics, including NCQA HEDIS and internal measures, and use the demographic data they collect (REL, as well as age and gender) to identify these opportunities for improvement. Stacey noted that age is sometimes overlooked at an opportunity for decreasing variation in outcomes.

Kaiser's community health efforts include a mobile health vehicle that they park in strategic locations to provide preventive services like covid and other vaccinations, health assessments. They participate in the Good Hair, Great Health program at beauty salons and barber shops to offer these same services. They support Healthy Eating Active Living programs, and they fund other community initiatives.

Kaiser engages their workforce in DEI activities.

Dr. Brathwaite – what is the reason for focusing on data variation based on age when age is not modifiable?
Answer – We do this to see if our engagement strategy needs to change to reach certain people. Age is an example, but this applies for race or language too.

Ligia Peralta – As Kaiser is a big organization with good data, what are the lessons learned in terms of health equity from the data? Where do we have to invest resources to make progress on equity?
Answer – unclear.
Ligia - Can Ms. Shapiro ask her organization about any available data report showing return on investment or in what areas to invest resources that result in health equity improvement?

Shari Curtis – The word "minority" has a negative connotation and is becoming untrue. White people aren't ready to be called the "minority." We have to find other ways to refer to the populations we're referring to.
Answer – Stacey will bring this feedback to see if Kaiser can change this language on their website.
Dr. Brathwaite – Agree with sentiments on "minority" terminology.

Overview of Health Insurance Literacy Research and HIL Efforts at MHBE
About half of adults report inadequate health insurance literacy (HIL) and a lack of confidence using their insurance. There are HIL disparities based on race/ethnicity, socioeconomic status, and insurance status. Low HIL is associated with a higher likelihood of delaying or forgoing care.

MHBE sends preventive service email reminders to enrollees at ages 40 and 50 for mammograms and colonoscopies. The Maryland Health Connection website offers decision support tools, including a total cost calculator on the plan shopping page, provider and drug search tools, and a live chat function.

Discussion and Questions
Joshua Morris – The MHC website has one-pagers with information specific to different marginalized groups like Spanish speaking and LGBT communities. The one-pagers are distributed through in-person outreach efforts. What are the other HIL efforts?
Answer – We will follow up with our marketing and communications team.

Diana Hsu – People have difficulty knowing what their benefits actually are. People need help understanding what's covered pre-deductible. It would help to have a more tailored approach, not just by MHBE but also by insurers, to explain what is covered based on people's needs (including both covered services and cost-sharing requirements).

Bryan Gere – Agree with Diana. People have lots of reasons for not understanding their benefits (illiteracy, speak another language, disability). There is reluctance to even sign up for insurance because people are not sure what the benefits would be. Breaking it down in simple terms is key.

Marietherese Oyalowo – Request clarification on enrollment rules. For example, if a patient is diagnosed with a fast-growing cancer that requires immediate treatment but they don't have insurance, does it make sense for them to apply for a QHP on the Exchange? Or for Medicaid?
Answer – if ineligible for Medicaid, it must be open enrollment or the person must qualify for a special enrollment period to apply for QHP on MHC.
MIA – Even if a person is eligible for QHP, the plan wouldn't be effective until the 1st of the next month and the medical event would need to have happened while the person was already insured in order to be covered by the insurance.
Medicaid – Individuals can apply for Medicaid at any time during the year, not just during open enrollment, and coverage is effective as of the 1st of the month during which they apply, including retroactive coverage.
HSCRC – Also, the uninsured under 200% FPL are eligible for free care through hospitals' charity care.

Shari Curtis – There was a robust effort to notify people about their benefits early on in the implementation of the ACA, such as through the SmartChoice curriculum [through UMD Extension]. Perhaps MHBE could create a curriculum for organizations that need

to do community education about the importance of insurance and about insurance terminology.
Dania Palanker – This is a good idea because it could be targeted to specific populations rather than static material for the website.

Richard Amador – There is a problem with interpreters and translation. Some community assistance workers are hired as bilingual but are “heritage learners” who learned Spanish at home and are not equipped to translate more technical terminology/can’t fully explain insurance topics to their clients. Organizations who hire bilingual assistance workers need to take language proficiency more seriously. Also, the MHBE website translation links are not reliable. Sometimes the translated material isn’t accurate.
Answer – This is helpful feedback. Perhaps a specific training about translating technical terminology would be helpful for bilingual assisters.

Diana – A question about underinsurance – are there resources to help people understand what their benefits mean once they have them?

Public comment
No public comments offered.

Adjournment
Dania adjourned the meeting at 2:30.

Chat comments
00:50:08.985,00:50:11.985
Joshua Morris: Resources/Fact Sheet Website:
https://www.marylandhealthconnection.gov/resources-and-fact-sheets/

00:50:37.506,00:50:40.506
Joshua Morris: Immigrant Families:
https://www.marylandhealthconnection.gov/wp-content/uploads/2019/04/MHC_Factsheet_ImmigrantFamiliesEligibility.pdf

00:51:21.005,00:51:24.005
Joshua Morris: Protections for Immigrant Households:
https://www.marylandhealthconnection.gov/wp-content/uploads/2019/04/MHC_FactSheet_ProtectionsforImmigrantHouseholds.pdf

00:52:18.113,00:52:21.113
Joshua Morris: Health Insurance Options for LGBT Marylanders:
https://www.marylandhealthconnection.gov/wp-content/uploads/2019/04/MHC_Factsheet_LGBT.pdf

00:53:23.259,00:53:26.259
Joshua Morris: Health Coverage for Behavioral and Mental Health Services:
https://www.marylandhealthconnection.gov/wp-content/uploads/2019/04/MHC_Factsheet_BehavioralMentalHealth.pdf

00:58:46.700,00:58:49.700
Megan Renfrew -MDH-: I can speak to hospital charity care policies

01:02:53.278,01:02:56.278
Joshua Morris: How are those consumers informed that they may qualify for charity care?

01:03:28.669,01:03:31.669
Joshua Morris: *patients

01:03:37.927,01:03:40.927
Shari Curtis -DHS- Prince Georges County: This is where equity issues come into play. Not every person eligible is made aware that these benefits are available.

01:06:07.530,01:06:10.530
Megan Renfrew -MDH-: The hospitals are required to provide information about the financial assistance programs on before discharging the patient and in each communication to the patient regarding collection of the hospital bill.

01:06:36.690,01:06:39.690
Joshua Morris: Thank you!

01:08:42.965,01:08:45.965
Joshua Morris: I agree with Shari's recommendation - creation of a curriculum to support health literacy/health insurance literacy

01:08:55.441,01:08:58.441
Joshua Morris: By MHBE