Equitable Health Care Task Force Meeting Summary

Meeting information

- August 21, 2024, 12:00-3:00 p.m.
- Place: UROC, 2001 Plymouth Ave. N., Minneapolis, MN 55411
- Meeting format: Hybrid; in-person and WebEx
- MDH LiveStreamChannel

Members in attendance

Sara Bolnick, ElijahJuan (Eli) Dotts, Elizete Diaz, Mary Engels, Joy Marsh, Mumtaz (Taj) Mustapha, Miamon Queeglay, Megan Chao Smith, Sonny Wasilowski, Erin Westfall, Tyler Winkelman, Yeng M. Yang

Key meeting outcomes

- The task force reviewed and discussed the draft framework for recommendations, and agreed it will help them work from problem identification into learning and solution exploration.
- The task force learned about innovative solutions in health care delivery system navigation at MDH, pathways to equity at the Department of Human Services from Dr. Nathan Chomilo, and emerging learnings from national-level health care systems transformation work that Dr. Chomilo is involved. These learnings supported deeper discussions about solutions among the task force.
- The task force's feedback regarding the task force process and progress informed how DeYoung and MDH will provide support in the next phase of the work.

Key actions moving forward

- MDH will continue to refine the approach to and framework for recommendations.
- Task force members will reflect on today's learnings and implications for recommendations.
- Given feedback from task force members and the Commissioner about process and procedure, DeYoung and MDH will work collaboratively with the task force to support engagement and relationship-building activities and experiences.

Summary of meeting content and discussion highlights

Meeting objectives

The following objectives were shared:

- Receive an update from MDH about how the task force is moving from problem identification into learning and solution exploration
- Learn about solutions, challenges, and opportunities in health care delivery system navigation from two programs at MDH
- Invite feedback from the task force regarding process and progress to inform how DeYoung and MDH supports the task force and this work into the next phase
- Learn about pathways to equity at the Department of Human Services from Dr. Nathan Chomilo, including insights from his involvement in national-level health care systems transformation work

Welcome and grounding

Task force members were welcomed, and the agenda and meeting summary from June were reviewed.

Public comments

MDH received a comment regarding the rebranding and regulation of acupuncture and Chinese medicine, highlighting concerns about the distinction between acupuncture and dry needling practices. Task force members discussed the importance of licensing and integrating non-traditional and cultural practices like acupuncture into Minnesota's health care system, including coverage by insurance and inclusion in primary care settings. The task force observed that it is not within their scope to regulate acupuncture and Chinese medicine.

Road to recommendations

The MDH project team has been reviewing the task force's work on health care equity problems, focusing on emerging solutions while considering the Commissioner's interests, priorities, and opportunities. MDH provided an update on a synthesis of health equity topics and problem statements, and the emerging framework for recommendations. MDH described the approach as iterative, with ongoing learning, building, and adjustment throughout the learning and solutioning phase. The strategy is to define problems, establish a vision, identify solutions that would close the gap between the problems and vision, and outline near-, mid-, and long-term recommendations. Task force meetings will feature learning opportunities and engagements with others addressing equity issues, with dedicated time for interactions within and across workgroups. Workgroups will follow their workplans to learn synchronously and asynchronously, including engaging with others and exploring innovations. There may be additional short virtual learning sessions on cross-cutting topics. MDH is collaborating with the

State Health Access Data Assistance Center (SHADAC) and the University of Minnesota's Division of Health Policy and Management (HPM) to provide technical assistance, including an environmental scan and additional supports, with formal engagement expected in the fall. In September, workgroups will be visited by sections of MDH's Health Care Policy Division to explore problem areas and solutions, with a virtual task force meeting scheduled in September for workgroups to share-out what they've learned in their September meetings, discuss preferred emerging solutions, and engage in discussions.

Additionally, MDH provided an update on the framework for recommendations and highlighted levers for solutions including policies, regulation, and oversight, financing and reimbursement, practices and training, and health information technology and data exchange. MDH will revise the framework as needed based on task force member input in future meetings. Task force members stated that they appreciated the framework and found it helpful for advancing the task force's work.

Learning and engagement: Health care delivery system navigation

MDH staff members, David Kurtzon, the Director of Health Care Homes (HCH), and Kristen Godfrey Walters, the Director of the Community Health Worker Training Program at MDH, presented information about their respective programs that was responsive to health care equity problems highlighted by the task force. They discussed innovated solutions, challenges, barriers, and opportunities for the task force to consider in the recommendations in these areas.

David Kurtzon provided an overview of the Health Care Homes (HCH) model, emphasizing that this is a care delivery approach centered on primary care clinics. HCH aims to improve patient outcomes, experience, value of care, and health equity through coordinated care involving patients, families, providers, and community partners.

Key points included:

- **HCH model:** HCH is focused on patient-centered primary care, with care navigation as the central element. It fosters collaboration among care teams and aims to reduce barriers in care coordination.
- **Certification levels:** HCH certifies clinics meeting standards in care access, communication, care planning, and quality improvement. New certification levels emphasize community partnerships and addressing social determinants of health.
- **Challenges:** Financial sustainability remains an issue, as reimbursement rates, particularly from Medicaid, have not kept pace, creating a challenging environment for implementing and sustaining HCH models.

Kristen Godfrey Walters discussed the role of Community Health Workers (CHWs) in advancing health equity and improving health care delivery in Minnesota. CHWs are frontline health professionals who bridge the gap between health care services and communities, addressing clinical and nonclinical needs at various levels.

Key points included:

- **Role and impact of CHWs:** CHWs serve as navigators, educators, and advocates, using their community connections and lived experiences to address social determinants of health and improve patient outcomes. They play a vital role in achieving health equity by tailoring interventions and enhancing communication.
- **Models and training:** Minnesota supports various CHW models, including Behavioral Health Homes, patient-centered medical homes, and transition clinics. Minnesota was the first state to implement an academic certificate program and is developing apprenticeship and training programs to enhance CHW skills.
- **Infrastructure and funding:** There is a robust infrastructure for CHWs, including professional organizations, state funding, and legislative support for Medicaid billing. However, challenges remain, such as reimbursement barriers, sustainability of CHW roles, and alignment of service scopes with funding.
- **Opportunities and challenges:** Opportunities include addressing billing barriers, expanding Medicaid coverage through state waivers, and aligning Medicare and Medicaid policies. Persistent challenges include inadequate funding, limited CHW job opportunities at living wages, and low uptake of apprenticeship programs.
- **Future directions:** There is potential to enhance CHW integration into health care settings, improve funding models, and expand CHW programs to better meet the needs of underserved communities in Minnesota.

The discussion following the presentations centered on the challenges and opportunities associated with integrating CHWs into health care settings, addressing funding barriers, and enhancing care coordination efforts.

Task force members raised questions about the financial sustainability of CHW programs, particularly regarding how health care organizations in Minnesota have navigated these challenges. Representatives noted that while grants provide some support, such as scholarships for CHW training and registered apprenticeship programs, these funds do not cover the full costs for employers, especially regarding on-the-job training and sustained employment. There was a suggestion for MDH to consider employing CHWs directly, allowing health care organizations to refer patients to them, rather than each organization managing its own CHW workforce—a model seen in other states.

The discussion also highlighted concerns about CHW roles being overstretched, which limits their capacity to carry larger patient caseloads. Task force members suggested exploring reimbursement models that extend beyond CHWs to include other roles, such as health equity coordinators or individuals familiar with local resources, who can also support patients with nonclinical needs like food or housing. This approach could help offload some of the work from CHWs and expand their capacity to engage more effectively with patients.

Financing challenges were a recurring theme. It was noted that care coordination roles in primary care are difficult to fund under current models, particularly fee-for-service structures that do not adequately support the holistic nature of care coordination. There was consensus that primary care, especially in Minnesota, is underfunded and that new payment models are

needed to ensure that funding for these roles is directly tied to demonstrable improvements in patient care and outcomes.

The conversation also touched on the regulatory hurdles in hiring CHWs, including rigid background check requirements, which were noted as being more restrictive in Minnesota compared to other states. These barriers impact the ability of organizations to hire and sustain a diverse CHW workforce.

Overall, the discussion underscored the need for payment reform and innovative funding approaches, including the exploration of alternative payment models and expanded billing opportunities. There was agreement on the importance of integrating CHWs and other care coordination roles into health care delivery systems to increase access to care for underserved communities and address health disparities more effectively.

Commissioner welcome

Commissioner Cunningham encouraged task force members to continue their work, urging them to reflect on their experiences and think boldly about systemic change. She highlighted the need for innovative strategies, such as integrating CHWs beyond clinic settings, like neighborhood hubs funded by multiple health systems. She emphasized overcoming structural barriers and reimagining how Community Benefit can include activities like small business development, youth mentoring, and housing rehabilitation. She stressed the importance of the task force membership building relationships and networking with each other, including in-person, to be community organizers, the "people power," and sustain the work beyond the end term of the task force.

Task force experience

Task force members were asked to discuss their experience in the task force thus far and what they would like to experience in the next phase. Members provided verbal and written feedback.

- Task force members discussed feeling hesitant at times about being bold in doing this work, but also feeling reassured by the Commissioner's statements and other task force members in the direction of the work.
- Members talked about gathering more information about solutions and about planning group social activities to build a sense of community among task force members (e.g., picnic).
- Members talked about how the work of the task force can feel overwhelming at times. Approaching the work by keeping quick wins and shorter term goals in mind may help to manage the work.

Learning and engagement: Dr. Nathan Chomilo, Medicaid Medical Director, Department of Human Services (DHS)

Dr. Chomilo discussed the Minnesota Department of Human Service's (DHS) efforts to build pathways to equity through Medicaid and his work with the National Academies to drive transformation toward a more equitable health care system. His presentation focused on Medicaid reforms and health care system transformation, emphasizing the need for integrated, community-centered approaches. Key themes included repurposing existing funding sources and exploring new financing models, such as taxes and community benefits, to support equitable care. He highlighted the importance of team-based, cross-sector care models that integrate physical, mental, dental, and non-physician care in settings that reach underserved populations, such as schools, mobile clinics, and community health centers.

The discussion underscored the need for co-creation and governance with disadvantaged communities, emphasizing policies that require community input and collaboration in health care delivery. Dr. Chomilo outlined potential state and health care system levers such as Medicaid innovations, equitable payment models, and expanding community health centers. He stressed the importance of aligning financial incentives to support care for marginalized groups and making equitable decisions easier.

Task force members engaged actively, raising questions about adopting successful models like Oregon's Coordinated Care Organizations (CCO) in Minnesota, particularly for populations such as those experiencing incarceration. Members also highlighted the fragmentation between medical and dental care and the challenges of low reimbursement rates that limit access for Medicaid patients. They inquired about how to incentivize providers to improve access and expand roles like dental therapists. Dr. Chomilo responded by emphasizing a multi-dimensional approach to payment reform and the need for innovative care models that integrate services rather than simply mandating integration.

The conversation also touched on health equity reporting, with California's Advancing and Innovating Medi-Cal (CAL AIM) initiative cited as a leading example. Dr. Chomilo shared reflections from his work on national committees, highlighting the importance of collective, yet flexible, efforts towards health equity, akin to birds flocking together but maintaining individual space. Overall, the presentation and discussion underscored the complexities of health care transformation, the need for iterative learning, and the importance of legislative and community collaboration to drive systemic change towards health equity.

Closing and action items

The task force was thanked and reminded of the next meeting on September 23, 1:00 – 4:00 p.m., virtual. A post-meeting survey and meeting summary are to follow.

Contact to follow-up

With questions or comments about Equitable Healthcare Task Force, please reach out to the Health Policy Division at health.equitablehealthcare@state.mn.us.

Meeting summary note

All task force members' comments are represented, identities are intersectional, and discussions reflect barriers and solutions that affect many communities at once.

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