Second Annual CMS Health Equity Conference: Key Takeaways

Background

The Centers for Medicare & Medicaid Services (CMS) hosted its second annual CMS Health Equity Conference on May 29 – 30, 2024. With the theme of "sustaining health equity through action," this year's conference again convened health equity leaders across federal agencies, health providers, academia and community-based organizations to present the results of current equity initiatives and plans for moving forward.

The event drew more than 600 attendees in-person and more than 5,000 virtually. Attendees had a chance to hear about recent developments and updates to CMS programs, explore the latest health equity research from presentations and posters, discuss promising practices and creative solutions, collaborate on community engagement strategies and network with others on how to sustain health equity through action. As Dora Hughes, acting chief medical officer and director of the CMS Center for Clinical Standards and Quality (CCSQ) implied during the afternoon plenary session with leaders of the seven centers within CMS, the conference also provided a unique opportunity for CMS leadership to hear from each other regarding creative approaches to address the challenges and priorities of health equity in the United States.

All poster presentations and recordings of the plenary and breakout sessions are available on the attendee website until June 28, 2024.[1]

INTRODUCTIONS

Aditi Mallick, MD, former acting director of the CMS Office of Minority Health (OMH), served as the event's master of ceremonies and welcomed attendees to the conference. Mallick also introduced Martin Mendoza, PhD, as the new permanent director of the OMH. Mendoza joined CMS two weeks ago, also assuming the role of CMS chief health equity officer. He discussed plans to lead OMH in its mission to advance and integrate health equity in the development, evaluation and implementation of CMS's policies, programs and partnerships, focusing on innovation, access, quality and affordability, especially for underrepresented communities. Mendoza also recognized previous CMS OMH Director LaShawn McIver, MD, MPH, "who had the vision for beginning the conference last year."

CMS Administrator Chiquita Brooks-LaSure also provided opening remarks highlighting the progress made in this administration (particularly this year) towards advancing equity. For example, a record number of people are enrolled in health insurance via Medicaid, the Children's Health Insurance Plan (CHIP) and the Affordable Care Act (ACA) Marketplaces, and the recent Medicaid Access Rule expanded access to home- and community-based services and applied maximum appointment waiting times in all three of these programs.

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SESSIONS

CMS noted that it received several hundred submissions for speaker nominations, panelist options, poster presentations and seven-minute-or-less lightening talk presenters.

After offering opening remarks, Brooks-LaSure joined a leadership panel discussing maternal healthcare, which remains an extreme illustration of the disparities in healthcare and thus a leading priority for this administration. A major takeaway from the session, and the whole conference, was that mental health is now being incorporated in maternal healthcare with more intention. From 2017 to 2019, incidents and conditions related to mental health and substance use disorders were the leading cause of pregnancy-related deaths in the United States. The Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, and several other agencies and organizations discussed efforts to address this crisis. For example, several grants have been made available, and the newly created Task Force on Maternal Mental Health released an equity-focused National Strategy to Improve Maternal Mental Health Care.

Maternal health topics were also centered in various breakout sessions such as "Improving Equity in Medicaid and CHIP Maternal Health"[2] and "Achieving Digital Equity and Literacy in Maternal Health."[3] Digital solutions can improve access, outcomes and patient solutions, but up 50% of individuals are unable to utilize such digital tools, leading to disparities. Stakeholders should work towards (1) designing digital tools that can be used and understood by everyone in combination with in-person solutions, (2) creating a process to engage diverse patient voices, (3) tracking patient engagement to understand which patients are using digital tools and which are not, (4) selecting solutions that minimize barriers to access, and (5) designing culturally competent and inclusive design tools.

Other session titles included:

- "Outreach and Engagement: Replicable Strategies to Reduce Disparities."
- "Providing Culturally and Linguistically Appropriate Services to Persons of Limited English Proficiency, LGBTQ+ Individuals, and Muslim-Americans."
- "Oral Health Throughout the Lifespan: Disparities, Challenges, and Opportunities for Improving Oral Health Access and Coverage."
- "The Role of Generative AI and Large Language Models in Enhancing Health Equity: Applications, Considerations, and Addressing CMS' Programmatic Needs."

Brief summaries of select breakout sessions and the two afternoon plenary sessions are below.

[2] Speakers: Ellen-Marie Whelan, PhD, NP, FAAN, CMS Center for Medicaid and CHIP Services; Gregory LaManna, MPH, Anthem Blue Cross Blue Shield, Ohio Medicaid; Kristen Zycherman, RN, BSN, CMS Center for Medicaid and CHIP Services; Linda Jiang, MPH Lyft; Meghan Woo, ScD, ScM, NORC at the University of Chicago; and moderator Karen Matsuoka, PhD, CMS Center for Medicaid and CHIP Services.
[3] Speaker: Priya Bathija, JD, MHSA, Nyoo Health; and moderator Jessica Maksut, PhD, CMS Office of Minority Health.

Ensuring Access for Patients with Disabilities in an Evolving Telehealth Landscape[4]

This session discussed the telehealth policy landscape and highlighted the patient experience for individuals with disabilities. Speakers emphasized that people with disabilities must be included in the decision-making process to ensure that solutions meet their needs and wants. Common telehealth challenges for people with disabilities include website and app accessibility and effective communication. Recent regulatory changes have expanded the legal rights related to telehealth for people with disabilities. There is a gap between what providers believe they are doing for accessibility and what recipients of care are experiencing. People with disabilities are not monolithic, and there are different communications needs for different people and different telehealth settings. Speakers noted that CMS should use its funding and infrastructure to develop training materials in consultation with people with disabilities and subject-matter experts.

Optimizing Care Delivery to Improve Patient Lives[5]

Administrative burdens that affect the healthcare workforce also affect patient care. The Office of Burden Reduction & Health Informatics is developing the Optimizing Care Delivery Framework to mitigate avoidable administrative burdens. CMS has emphasized listening to providers in developing policies and has advanced policies to support their priorities, including the final rule on prior authorization. By reducing unnecessary administrative steps, physicians have more time to care for their patients and for themselves. CMS is committed to improving customer experience by identifying issues and root causes that impact health equity, healthcare delivery and burden experienced by providers.

Gold Standard: Aligning on Best Practice for Measuring Health Inequities and the Impact of Efforts to Reduce Them Across the U.S. Health Care Industry[6]

This session discussed the history and progress of the Health Equity Accelerator program. The Institute for Healthcare Improvement Leadership Alliance formed the Health Equity Accelerator to define an industry standard for establishing health equity measures after the inaugural CMS Health Equity Conference in 2023, when executives from the advisory organizations noticed lack of standardization in how their respective institutions measured health inequities. The Health Equity Accelerator is led by a nationwide advisory committee that includes Sutter Health, Providence Health, UChicago Medicine, Kaiser Permanente School of Medicine and the National Committee for Quality Assurance. The group determined seven domains of interest in creating a systematic measure selection process: metric selection, population selection, stratification, comparison/benchmark, characterizing the gap, confidence and culture of equity. The group is now planning to "pressure test" incorporating the measures as a minimum or floor for what should be collected and will incorporate feedback over the next few months. They plan to finalize and disseminate recommendations by fall 2024.

[4] Speakers: Jan Withers, MA, North Carolina Division of Services for the Deaf and Hard of Hearing; Kathy Wibberly, PhD, Mid-Atlantic Telehealth Resource Center; Laura C. Hoffman, SJD, Cleveland State University College of Law; Robert C. Nutt, MD, MPH, Disability Determination Services at the North Carolina Department of Health and Human Services; Tony Davis, MSW, North Carolina Division of Services for the Deaf and Hard of Hearing; and moderator Katie Reget, MPH; Association of American Medical Colleges.

[5] Speakers: Stella "Stace" Mandl, BSW, BSN, RN, PHN; CMS Office of Burden Reduction & Health Informatics; and moderator Jessica Maksut, PhD, CMS Office of Minority Health

[6] Speakers: Kristen Azar, RN, MSN/MPH, FAHA, Sutter Health; Nikki Tennermann, LICSW, MBA, Institute for Healthcare Improvement; Rachel Harrington, PhD, National Committee for Quality Assurance; Whitney Haggerson, MHA, Providence; and moderator Erin Mackay, MPH; National Partnership for Women and Families

Access, Affordability, and Quality: A Discussion with CMS Leadership[7]

Seven CMS leaders representing OMH, CCSQ, the Center for Consumer Information & Insurance Oversight, the Center for Medicaid and CHIP Services, the Center for Medicare, the CMS Innovation Center and the CMS Federal Coordinated Health Care Office discussed how CMS is integrating health equity in its programs, with a focus on access, affordability and quality. The centers have taken many steps to help advance health equity. In addition to creating new programs and regulations, CMS is also working to increase the number of people participating in existing programs. Speakers noted that collaboration across CMS and with external partners is vital to advance health equity. Speakers also noted that providing comments on regulations is important to help CMS sustain health equity work. Community partners can also assist CMS by helping improve implementation and spreading awareness of CMS programs.

Aletha Maybank, MD, MPH, American Medical Association

Aletha Maybank, chief health equity officer and senior vice president of the American Medical Association (AMA), delivered an engaging presentation encouraging healthcare systems to disrupt the discourse and to look at structural barriers and efforts towards improving health equity. She discussed ways that our society is still dealing with the effects of the COVID-19 pandemic and the social and racial justice uprisings during the same time period. Maybank highlighted the AMA's acknowledgment of past decisions that contributed to a healthcare system plagued by inequities and injustices that harmed patients and systemically excluded many from becoming physicians, as well as the organization's public apology for its past discriminatory practices against Black physicians. As part of the remedy to address this damage, AMA's first strategic plan dedicated to embedding racial justice and advancing health equity includes five approaches:

- Embed racial and social justice throughout the AMA enterprise culture, systems, policies and practices.
- Build alliances and share power with historically marginalized and minoritized physicians and other stakeholders.
- Push upstream to address all determinants of health and the root causes of inequities.
- Ensure equitable structures and opportunities in innovation.
- Foster pathways for truth, racial healing, reconciliation and transformation for the AMA's past.

Finally, Maybank honored the work of pioneers in the field of health equity such as Camara Jones, MD, MPH, PhD, and David Satcher, MD, PhD. She closed with the famed words of Fannie Lou Hamer: we are "sick and tired of being sick and tired, and we want a change."

POSTER PRESENTATIONS

Several poster presentations were available in-person at the conference, and additional posters were provided on the website, for a total of nearly 30. Certain poster authors also presented during breakout sessions. Topics included considerations of health equity among those with long COVID, breast cancer or other disabilities; social determinants of health data sources and interpretation; Black and Hispanic Medicaid

[7] Speakers: Dora Hughes, MD, MPH; CMS Center for Clinical Standards and Quality; Jeff Wu, JD, MBA, CMS Center for Consumer Information & Insurance Oversight; Jessica Lee, MD, MSHP, CMS Center for Medicaid and CHIP Services; Liz Fowler, PhD, JD, CMS Innovation Center; Meena Seshamani, MD, PhD, CMS Center for Medicare; Tim Engelhardt, MHS, CMS Federal Coordinated Health Care Office; and moderator Aditi Mallick, MD, CMS Office of Minority Health.

enrollee experiences; and language and communication justice. Poster authors included a range of stakeholders throughout the industry.

Poster presentations can be found on the exhibitors tab of the conference attendee website.[8]

Summaries for a sample of these presentations follows.

Race and Ethnicity Data Collection Practices and Challenges on the Medicare Part C and Part D Enrollment Form[9]

This study was conducted by OMH, its contractor NORC at the University of Chicago, and the CMS Center for Medicare. Authors identified themes related to possible drivers of non-response and perceptions of the race and ethnicity questions and response options on the Medicare Part C and Part D enrollment form, and reviewed the demographic characteristics of responders versus non-responders. The vast majority (more than 75%) of study participants thought that CMS should collect data on race and ethnicity, but about 65% of respondents did not recall even seeing the enrollment form or the race and ethnicity questions. Those who expressed concern about providing this information noted the relevance of the information for Medicare, tracking or political motivation, and potential discrimination. When asked about their attitudes towards race and ethnicity questions and the response options, several participants showed confusion regarding the CMS-defined differences between race, ethnicity, nationality and religion. Additional information about the purposes of the questions and instructions on the enrollment form may encourage more complete and accurate self-reporting.

Health Plan Journey to Expand the Collection, Reporting, and Analysis of Standardized Data[10]

Building on the Elevance Health whole-health approach that considers physical, behavioral and social factors, study authors combined clinical, social and demographic data within an enterprise-wide social and health equity data foundation to support a suite of complementary population health analytics tools. The study highlights Elevance Health's enterprise efforts, use cases and lessons learned to expand the collection and use of comprehensive, interoperable and standardized data for all lines of business. Key takeaways from the study include the need for alignment with standard industry requirements around interventions and assessments, data-driven approaches to affect program outcomes, and engagement at the organizational and community level as focus areas with the greatest opportunity to improve health equity.

Rural Emergency Hospitals (REH), Health Equity and Service Needs: Early Insights[11]

This study was developed by employees of the Rural Health Redesign Center (RHRC). The objective was to develop a tool for REHs that evaluates health equity needs and identifies realistic services that could be expanded to reduce healthcare disparities and improve access to care in rural communities. To that end, RHRC developed the health equity and service needs assessment to help facilities develop action plans for converting to REH status. The assessment includes considerations of community characteristics; facility services; healthcare worker shortages; social drivers of health and race, ethnicity and language data; and several other metrics. Key learnings include REH facilities' indication of the need for additional primary care,

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[9] Presented by AnhViet Nguyen, CMS Center for Medicare; Nancy Chiles Shaffer, PhD, CMS Office of Minority Health, and Morgan Murray, MPH, NORC at the University of Chicago.
[10] Presented by Tracy I. Wang, MPH, Elevance Health; and Alyson Hoots, Elevance Health.
[11] Presented by Susan Aft, MSN, RN, CPHQ, Rural Health Redesign Center.

preventative health screenings, behavioral health services (including substance abuse) and management of chronic conditions.

LOOKING FORWARD

The second annual CMS Health Equity Conference emphasized many equity-focused efforts and improvements to celebrate. A few highlights include introducing and beginning use of the birthing-friendly hospital designation; Medicare payment of social determinants of health assessments; the accountable care organization (ACO) Realizing Equity, Access, and Community Health Model and other Innovation Center models; 40 states and Washington, DC, expanding Medicaid to the new adult group; 46 states and Washington, DC, extending Medicaid postpartum coverage to 12 months (and three other states considering, leaving Arkansas as the lone holdout); the Medicaid Access and Managed Care rules; and the dozens of other pieces of guidance, technical assistance and grant funding provided.

While we celebrate the progress, there is still much more work to do. For example, CMS has more data and has made marked improvements to maternal health care policy; however, the outcomes of many efforts are still waiting to be realized and accounted for. Throughout the industry, there is a need for better integration and inclusiveness in existing systems and standards, as well as widely available tools to address the gaps that stakeholders have identified and started to understand.

It will be important to monitor and engage with CMS so that health equity remains a priority going forward and to use the renewed energy provided from convening with hundreds of others to actively pursue and require health equity in every policy – from ACOs to Z Codes.

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