

DMS Equity Work

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August 28, 2023

Summary



*Position vacant and currently being filled
**Vision statement pending roll-out

Goals of the Strategic Equity Team



Goals

- ❑ Review and refine current Division of Medicaid Services (DMS) equity related vision statements and create a finalized version.
- ❑ Select and or develop a strategic framework.
- DMS Strategic Equity Planning Team convened by Crystal Carter and chaired by Danielle Washington

DMS Vision Statements

Current DMS Vision Statement: *People empowered to realize their full potential.*

Proposed E&I Committee Equity Vision Statement: *Wisconsinites will be empowered to realize their full potential and will have a fair and just opportunity to be healthy and independent.*

BCS' Equity Vision Statement: *BCS envisions a thriving Wisconsin where its programs are equitable, inclusive, and anti-racist. And, all children, youth, and families in BCS-administered programs can live their best lives, and enjoy equitable access, opportunity, and resources.*

Refined DMS Vision Statement

- **Amalgamated DMS Vision Statement:**

A thriving Wisconsin where our workforce and programs are equitable, inclusive, and antiracist; Everyone giving or receiving DMS' services realizes their full potential according to their identities.

Strategic Equity Framework

Purpose

- Provide a structural foundation to ground and support equity initiatives
- Align all DMS JEDI-related efforts
- Govern the methods used to impact health disparity outcomes
- Set measurable improvement goals

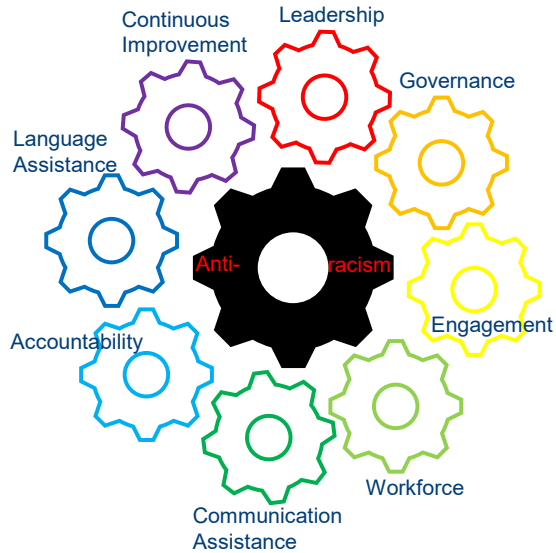
Selected Equity Framework and Rationale

Framework: Anti-racist CLAS Standards

Rationale:

- Framework guides the work and serves as a blueprint to implement and provide accountability to specific and measurable progress
- Identification of issues and opportunity to prioritize
- Creates opportunities for culturally and linguistically specific programming
- Names the core issue of structural racism as a primary root cause which when addressed makes intersectional improvement for other systemic forms of marginalization possible
- Improve services, impact, and outcomes for DMS staff and members
- Improve experiences and workplace culture for DMS staff through diverse and inclusive lens

What is an Anti-racist CLAS Standards Framework?



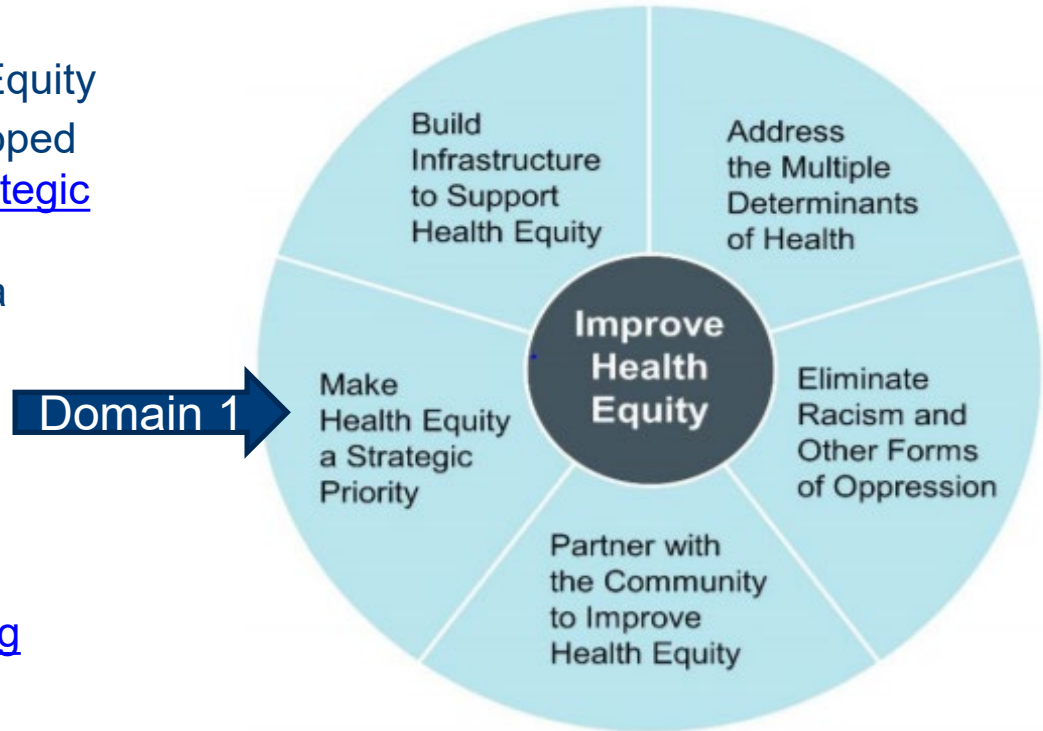
- Framework that acknowledges health disparities are driven by underlying social and economic inequities that are rooted in racism
- A health care organizational **system** focused on the identification and removal of racist policies, procedures, practices, and processes within a health care organization and replacing them with anti-racist ones
- A modified framework that uses the **CLAS Standards machinery** (e.g., leadership, governance, workforce, engagement, accountability, continuous improvement, etc.) as the base, and overlay it with an anti-racist lens to improve quality health care for all and eliminate racial health inequities
- Inclusive of multiple and overlapping member identities
- <https://thinkculturalhealth.hhs.gov/clas/standards>

IHI Improving Health Equity Assessment Tool for Health Care Organizations

- Evaluate DMS' current health equity efforts
- Identify gaps in understanding of DMS' equity activities
- Identify priority areas for improvement
- Develop strategies to advance health equity
- Use results to facilitate further discussions in DMS around health equity

5 Domains of IHI Framework

- ✓ Selected **IHI** (Institute for Healthcare Improvement). A framework for organizations to Achieve Health Equity
- ✓ The Strategic Equity Team developed [domain 1 of the health equity strategic plan](#). The plan consisted of 3 strategies to make health equity a strategic priority within DMS.



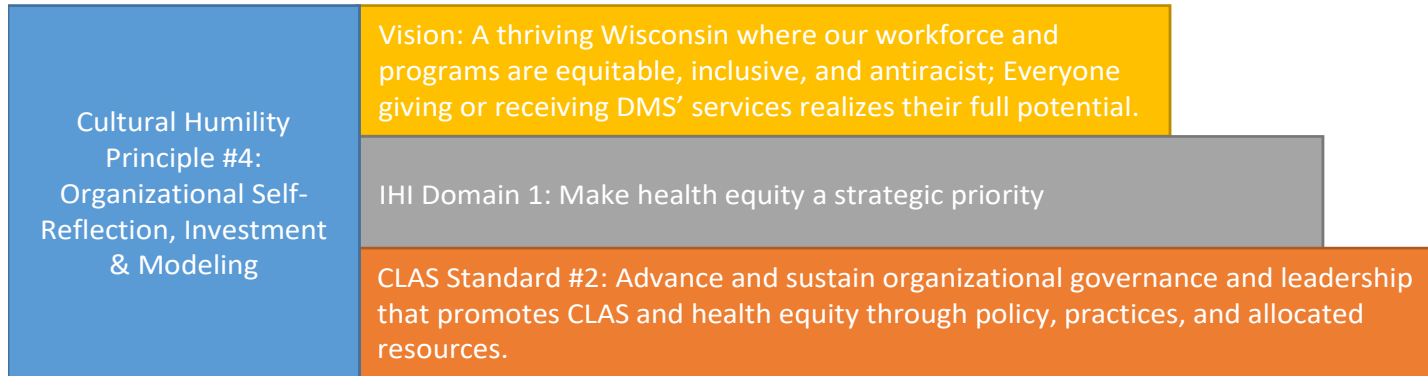
[See more details in IHI Achieving Health Equity Whitepaper](#)

Connecting the dots

Vision, framework, standards, and principles? How does it impact and fit in our IDEA work?



Here's a practical example.



Domain 1 of the health equity strategic plan

The plan consisted of 3 strategies to make health equity a strategic priority within DMS. Following are the strategies:

1. **Build Will to Improve Health Equity**
2. **Include Equity as a Priority in the Organization's Strategic Plan and Division Wide Goals**
3. **Demonstrate Senior Leader Ownership for and Commitment to Improving Health Equity**

What's Next?

In the process of forming 3 workgroups for each domain 1 strategy. The workgroups, led by Bureau Directors and Deputy Directors, will review [domain 1 of the health equity strategic plan](#) and develop a final action plan that aims to make health equity a strategic priority.

Following are work items in progress/included in domain 1 work:

- Add equity goals to the PEP (Performance Expectation & Planning)
- Build an equity Work Web page within DMS
- Roll out updated DMS Vision Statement

Other Initiatives

Department of Health Services

- Office of Health Equity
- HEDI Council

Governor's Initiatives

- Equity and Inclusion Plan (Executive Order 59)
 - [2023 Report](#)
 - [Health Equity Council](#) (Executive Order 17)

Other Initiatives

NCQA Accreditation

- All Medicaid HMOs providing acute care must align with standards developed by the National Committee for Quality Assurance (NCQA).
- By December 31, 2023, all HMOs must achieve NCQA's:
 - Health Plan Accreditation (HPA) in their Medicaid line of business
 - Multicultural Healthcare Distinction (MHCD) or Health Equity Accreditation (HEA).
- HPA will ensure adherence to Culturally and Linguistically Appropriate Services (CLAS) standards.

NCQA Accreditation

- MHCD or HEA will ensure HMOs are identifying disparities, addressing social determinants of health, and finding ways to remove systemic and structural barriers that create health disparities.
- Additional health equity initiatives that build on such alignment opportunities noted above will be explored.

Contract Language: MCO Provider Network, Equity, and Inclusion

Equity and Inclusion

- The MCO shall encourage and foster equity and inclusion among MCO staff and providers.
- The MCO shall incorporate in its policies, administration, provider contract, and service practice the values of honoring members' beliefs, being respectful to member and staff culture, heritage, and other identity facets including members with limited English proficiency, diverse cultural and ethnicity, disabilities, sexual orientation, gender identity, and fostering in staff/providers attitudes and interpersonal communication styles which respect members' cultural backgrounds and other identity facets.
- The MCO shall have specific policy statements on these topics and communicate them to subcontractors and providers.

ref: Contract Art. VIII.H

Contract Language: MCO Provider Network, Equity, and Inclusion

Cultural Preference and Choice

The MCO shall permit members to choose providers from among the MCO's network of providers based on cultural and identity preference, including the choice of Indian members to choose to receive services from any Indian health care provider in the network as long as that provider has capacity to provide the services.

Appeals and Grievances

The MCO shall accept appeals and grievances from members related to a lack of access to culturally and identity responsive care. Culturally and identity responsive care is care delivered with sensitivity, understanding, and respect for the member's culture and other identity facets

ref: Contract Art. VIII.H

Long Term Care Advisory Council

Charge 3: Health equity

Develop strategies so everyone in Wisconsin's Long Term Care programs has a fair and just opportunity to be as healthy as possible.

Explore strategies to remove obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.