



Advancing Health Equity Through Population Health Practices & Data Analytics

James V. Stover, AZ Medicaid President, Centene Corporation/Arizona Complete Health

September 2022

9/23/2022

Centene At A Glance



Transforming the health of the community, one person at a time.

#26

FORTUNE 500® (2021)

#57

FORTUNE GLOBAL 500® (2021)

80,100

diverse and dedicated employees

Serving 1 in 15 Individuals

26.2 million managed care members

Leading government-sponsored healthcare across the United States.

- Health plan operations
- Medicaid or Medicare
- Medicaid and Medicare
- Medicaid, Medicare, and Marketplace
- Medicare and Marketplace

15.3M

Medicaid members across 29 STATES*

1.4M

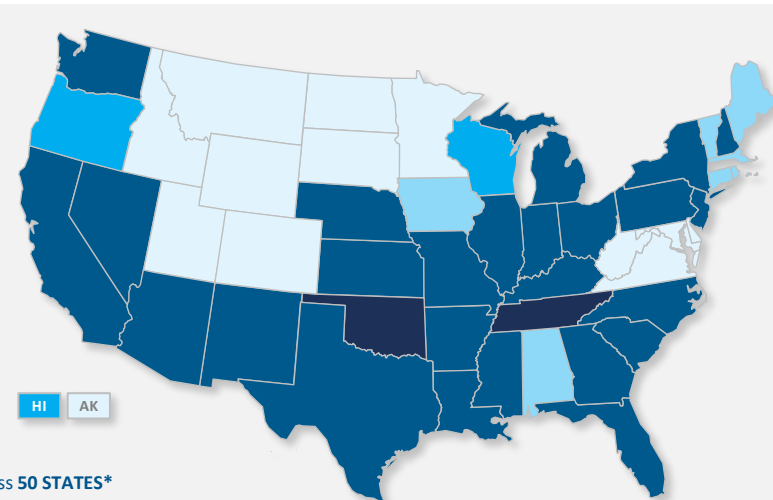
Medicare members across 36 STATES*

2.0M

Marketplace members across 27 STATES*

4.2M

Prescription Drug Plan members across 50 STATES*



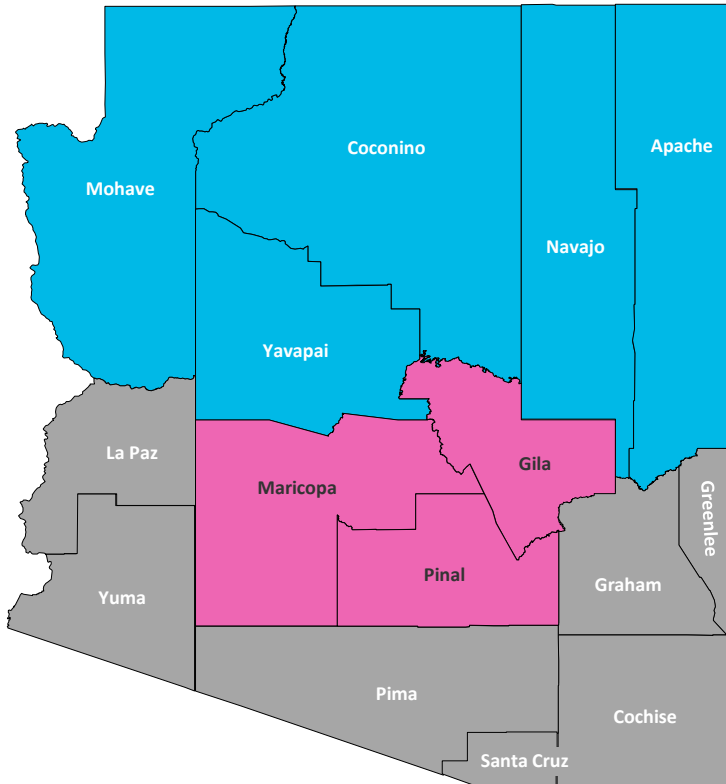
*As of March 31, 2022.

| | | | | |
|---|--|--|--|--|
| <i>Why we're in business</i> | | OUR PURPOSE | | |
| <p>Transforming the health of the community, one person at a time</p> | | | | |
| <i>What we do</i> | | OUR MISSION | | |
| <p>Better health outcomes at lower costs</p> | | | | |
| <i>What we represent</i> | | OUR PILLARS | | |
|  Focus on the Individual | | + |  Whole Health | |
| | | + |  Active Local Involvement | |
| <i>What drives our activity</i> | | OUR BELIEFS | | |
| <p>We believe healthier individuals create more vibrant families and communities.</p> | <p>We believe treating people with kindness, respect and dignity empowers healthy decisions.</p> | <p>We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well</p> | <p>We believe in treating the whole person, not just the physical body.</p> | <p>We believe local partnerships enable meaningful, accessible healthcare.</p> |

AHCCCS Geographic Service Areas



Membership (as of 6/1/2022)



| GSA | Care1st | AzCH-CCP | ACC Total | AzCH-RBHA | Overall Total |
|----------|---------|----------|-----------|--------------------|---------------|
| North | 84,069 | 0 | 84,069 | 0 | 84,069 |
| Central | 0 | 229,860 | 229,860 | 0 | 229,860 |
| South | 0 | 159,225 | 159,225* | 14,548 | 173,773 |
| Total | 84,069 | 389,085 | 473,154* | 14,548 | 487,702 |
| Market % | 4.32% | 20.00% | 24.32% | 39.91% (RBHA Only) | 24.46% |

| Wellcare by AzCH | Ambetter by AzCH |
|------------------|------------------|
| 47,920 | 51,759 |

*Excludes RBHA

Health Equity Framing

Goal: Address the Root Causes of Inequities



- The root cause of health disparities is unequal distribution of power and resources. Structural racism is a major driver.
- Policies and processes across various sectors that are structured (intended or not) to benefit living conditions or opportunities of certain groups over others.
- Discrimination in education, employment, housing, transportation, and urban and regional planning are all at the root of inequities (importance of addressing SDOH).
- Insurance coverage, access to quality, culturally competent services.
- To address the poor outcomes we see in certain communities (e.g., infant mortality, emergency room usage, COVID-19), root causes must be addressed.

Zinzi D. Bailey, Sc.D., M.S.P.H., Justin M. Feldman, Sc.D., and Mary T. Bassett, M.D., M.P.H.. How Structural Racism Works — Racist Policies as a Root Cause of U.S. Racial Health Inequities. *N Engl J Med* 2021; 384:768-773

DOI: 10.1056/NEJMms2025396

Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. *Lancet* 2017;389:1453-1463.

Groos M, Wallace M, Hardeman R, Theall KP. Measuring inequity: a systematic review of methods used to quantify structural racism. *J Health Dispar Res Pract* 2018;11:190-206.

Who We Are

Team Approach



- **Health equity truly takes all of us**
 - Not siloed
 - Multi-dimensional strategy: member, community, provider
 - Department accountability across entire plan
 - Partnership between Centene and its health plans
 - Different roles across health plans that have accountability for health equity – details on the next slides

Who We Are

Centene Role



Corporate Accreditation & Population Health Equity

- Part of Enterprise Quality & Performance Improvement
- Builds and improves company-wide health equity framework, develops scalable interventions, builds and improves enterprise processes
- CLAS: Culturally & Linguistically Appropriate Services in Healthcare- leads workgroup to address implementation of the CLAS Standards across Centene
- Supports health plans with health equity: strategy, building a team, data, interventions, accreditation, and more

Who We Are

Health Plan Role: Data



Arizona Complete Health (AzCH)

- The Arizona health plan of Centene Corporation (CNC)
- One of the largest Managed Care Organizations (MCOs) in Arizona
- Offers Medicare, Marketplace, and Medicaid lines of business throughout Arizona
- Recently awarded contracts for Medicaid via Arizona Complete Health Community Care Plan and Care1st beginning October 1, 2022

Reporting and Analytics Department

- Analytic team prepares the data and reports
- Development and Support of Internal Reporting using Different Tools and Methods
 - Health Equity Dashboard focused on HEDIS Measures, can look at disparities via Race/Ethnicity and hot spot Zip Codes
 - SDOH dashboard that shows provider activity related to Zcodes
 - Using ETech indirect data to fill race and ethnicity gaps - predicts with 99% accuracy

Who We Are

Health Plan Role: Quality Improvement

- Recommend, design, and lead projects for improving member engagement, closing health inequities and increasing healthy behaviors
- Prioritize HEDIS and Health Promotion outcome measures for meeting county level requirements
- Evaluate HEDIS outcomes and provider office physical accessibility compliance and collaborate on resolving noted barriers
- Staff are localized quality improvement, health education and physical accessibility auditors partnering with a robust analytics team

Who We Are

Health Plan Role: Health Equity Specialist



Dedicated role for health equity initiatives includes:

- Oversees and manages health equity programming
- Leads the Health Equity Committee
- Analyzes disparity data
- Responsible for oversight and implementation of key regulations and policies related to health equity, cultural competency, language services and health literacy including readiness assessments, monitoring and corrective actions.
- Oversees cultural competency requirements to external stakeholders and government agencies, including government relations, network providers and delegated entities
- Serve as the subject matter expert to key stakeholder and team on health equity and cultural competency, including developing, planning, and coordinating training.

Who We Are

Health Plan Role: Health Equity Committee

- Comprised of representatives from across the health plan
 - Inviting external stakeholders and members from hot spot areas to participate
- Prioritizes HEDIS disparities by race, ethnicity, region
 - Strategizes and develops interventions

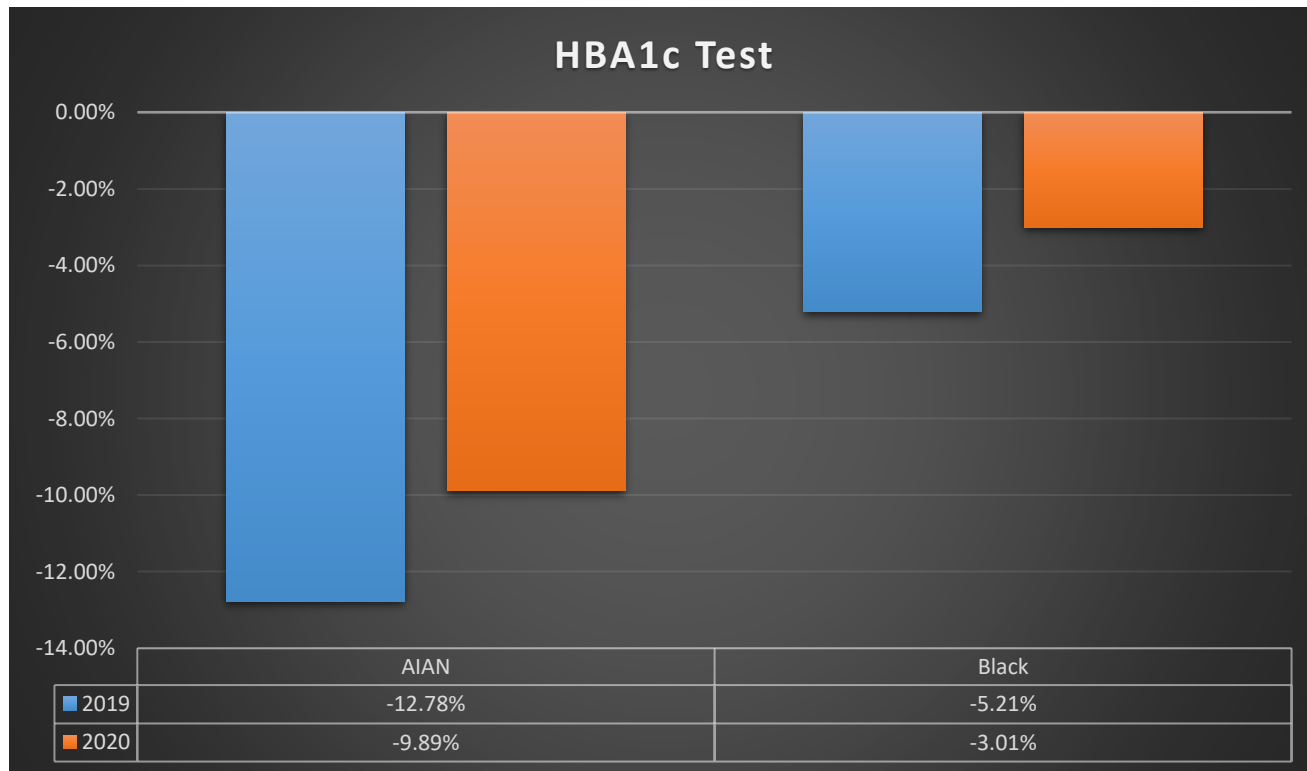
Approach Recommendation - Health Equity Improvement Model



1. Analyze data
2. Best Practice Review with applicable experts/teams
3. Strategize and implement interventions
4. Evaluate outcomes and impact for continuous process improvement

Overview of Diabetes Management Disparity Reduction Project

Arizona Medicaid Equity Outcomes



Arizona HBA1c Medicaid Equity Outcomes



| | System Level | | |
|-----------------------------|---|--|---|
| | Community | Member | Provider |
| Training | CBO partnerships for HEDIS and health equity training | Staff training care gap closure | Provider Toolkits |
| | | Cultural sensitivity training | Provider Engagement Team training and education |
| Outreach | Tribal Conferences | Promotoras | Care gap closure reminders |
| | | Wellness Mailer across measures | Enhanced provider data to health plan |
| | | Mailers to members who are diabetic on the importance of HbA1c tests, eye exams, kidney disease and blood sugar control and PCP visits | Provider meetings with consistent focus on prevention measures and care gap closure |
| | | Social Media Posts | |
| IVR, SMS and email campaign | | | |

HBA1c Medicaid Equity Outcomes



| | System Level | |
|---|---|--|
| | Community | Member |
| <p style="text-align: center;">Programs * SDOH integration</p> | Workforce development: Cochise County: University South Foundation's Education Unidos Scholarship for students in Cochise County pursuing degrees in human services | In-home test kits with multiple delivery modalities and service alignment <ul style="list-style-type: none"> Care Manager distributed with instant read function In-home instant blood sugar read during in-home assessments |
| | CHW scholarships | CDC incentive-\$25/year when tested |
| | Veterans Housing Pima County Jail engagement specialists | Supportive Employment* Partnership with AHCCCS, voc rehab and Disability 360 |
| | YES Programs including school based liaisons | Telehealth & telemonitoring for members w/ Diabetes (On Demand) |
| | | Housing referrals through platform HMIS |
| | | Health Homes Integration with Community Behavioral Health |

References

References

- Zinzi D. Bailey, Sc.D., M.S.P.H., Justin M. Feldman, Sc.D., and Mary T. Bassett, M.D., M.P.H.. How Structural Racism Works — Racist Policies as a Root Cause of U.S. Racial Health Inequities. *N Engl J Med* 2021; 384:768-773
- DOI: 10.1056/NEJMms2025396
- Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. *Lancet* 2017;389:1453-1463.
- Groos M, Wallace M, Hardeman R, Theall KP. Measuring inequity: a systematic review of methods used to quantify structural racism. *J Health Dispar Res Pract* 2018;11:190-206.



For More Information

Email

AzCHCulturalAffairs@azcompletehealth.com