

Enrollee Advisory Committees Through a Health Equity Lens

Audio and Platform Information

- The audio portion of the presentation will automatically stream through your computer or device speakers. Please make sure that the volume on your speakers is turned up. There is not a phone dial-in option. The webinar will provide real-time captioning (CART Services).
- If you are experiencing any technical difficulties with this platform, please use the Questions window for assistance or click the Help button for additional information.

Webinar Platform Tips



RESOURCES FOR INTEGRATED CARE
Resources for Plans & Providers for Medicare-Medicaid Integration

Overview

Enrollee Advisory Committees Through a Health Equity Lens

This conversation will explore promising practices for health plans—specifically plans catering to individuals dually eligible for Medicare and Medicaid that are interested in implementing equity-focused EACs. Our speaker will share information about how such health plans can leverage EACs to integrate person-centered approaches to care coordination for dually eligible individuals. In addition, our speaker will explore health equity-focused care coordination strategies that health plans can use to engage EACs in helping to reduce disparities among underserved populations.

Resources

- RIC Website Link
- Survey

Media

March 14, 2024

Enrollee Advisory Committees Through a Health Equity Lens

Ask a question

Type your question here

SUBMIT

Overview Resources Media Question Presenters CC

Enrollee Advisory Committees Through a Health Equity Lens



Overview

- This session will include a presentation, a moderated conversation, and a live question & answer (Q&A) session with the panelist and participants.
- Video replay and slide presentation are available after each session at <https://www.resourcesforintegratedcare.com>.

Support Statement

- This webinar is supported through the Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services to help individuals dually eligible for Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to dually eligible individuals, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar.
- To learn more about current efforts and resources:
 - Visit <https://www.resourcesforintegratedcare.com>
 - Follow us on X (formerly Twitter) [@Integrate_Care](https://twitter.com/Integrate_Care)
 - Follow us on LinkedIn at <https://www.linkedin.com/company/resources-for-integrated-care/>

Webinar Outline

- Introductions & Welcome
- Learning Objectives
- Polls
- Enrollee Advisory Committees (EACs), Health Equity, Implementation, and Best Practices Presentation
- Discussion
- Audience Q&A
- Closing

Introductions



■ Pam Burnett, MBA, PMP, CSM, CSSGB

Senior Manager, Health Equity and Quality, Health Care Service Corporation, (HCSC) Blue Cross and Blue Shield (BCBS)



■ Brittany Jackson, M.Ed.

Senior Consultant, Lewin Optum Serve Consulting

Learning Objectives

- Identify the role that EACs can play to address social determinants of health (SDOH) and improve health equity for health plan enrollees.
- Implement EAC operations that take into consideration the cultural and linguistic preferences of committee members.
- Understand the impact that EACs have on implementing effective care coordination strategies through a health equity approach.
- Recognize opportunities to leverage EAC-informed and person-centered approaches to improve health plan care coordination for dually eligible individuals.
- Encourage health plan leadership and staff to actively participate in the development and implementation of EACs.

Poll

- In what care setting do you work?
 - Health Plan
 - Ambulatory Care Setting
 - Long-Term Care Facility
 - Home Care Agency
 - Community-Based Organization
 - Consumer Organization
 - Academic / Research
 - Other

Poll

- Which of the following best describes your professional area?
 - Health Plan Case Manager / Care Coordinator
 - Health Plan Customer service
 - Health Plan Administration / Management
 - Medicine / Nursing/ Physician Assistant / Other Provider
 - Pharmacy
 - Social Work
 - Advocacy
 - Other

Enrollee Advisory Committees (EACs), Health Equity, Implementation, and Best Practices



**Pam Burnett, MBA,
PMP, CSM, CSSGB**
Senior Manager, Health Equity
and Quality,
HCSC/BCBS



Background

- HCSC/BCBS serves Medicaid, Medicare, and dually eligible enrollees in five states

State	Medicaid	Medicare	MMP	D-SNPs
Illinois	✓	✓	✓	
Texas	✓	✓		✓
New Mexico	✓	✓		✓
Oklahoma		✓		✓
Montana		✓		

- Total population served
 - Medicaid – Over 1 million individuals
 - Medicare/Medicare Advantage Prescription Drug (MAPD) – 197,000 individuals
 - Financial Alignment Initiative – 27,000 individuals
- Dually eligible enrollees by race or ethnicity:
 - White – 44 percent
 - Black – 24 percent
 - Hispanic – 18 percent
 - Asian – 11 percent
 - Unknown – 3 percent

Applying a Health Equity Lens

- Per the [Calendar Year \(CY\) 2023 Medicare Advantage and Part D Final Rule](#), beginning in 2023, all Dual Eligible Special Needs Plans (D-SNPs) must establish and maintain one or more EACs for each state in which the D-SNP is offered (422.107(f)).¹
- Improving health equity for underserved populations is a requirement for EACs under the CY 2023 Medicare Advantage and Part D Final Rule
- Applying a health equity lens involves intentionally looking at the potential positive and negative impacts of longstanding systemic social and health inequities. Consider how your organization can:
 - Be inclusive and avoid bias and stigmatization
 - Recognize and reflect the diversity of the dually eligible population
 - Provide culturally and linguistically appropriate, easy-to-understand information
 - Ensure that everyone, regardless of race or ethnicity, has an opportunity to achieve optimal health

1. Centers for Medicare & Medicaid Services. (2022). CY 2023 Medicare Advantage and Part D Final Rule (CMS-4192-F). Retrieved from <https://www.cms.gov/newsroom/fact-sheets/cy-2023-medicare-advantage-and-part-d-final-rule-cms-4192-f>.

Planning: Be Intentional

- The first year of quarterly EAC meetings have been foundational in establishing the structures, processes, and participation needed to continue to build equitable and actionable EACs.
- BCBS's initial activities to address health equity within the EAC included:
 - Meeting with internal teams (e.g., legal, care coordination, operations) before kicking off the EAC to explain the Final Rule and plans to create an EAC. This helped to secure leadership support to create a dedicated EAC staff role.
 - Analyzing a variety of data sets—including SDOH data, claims data, Healthcare Effectiveness Data and Information Set (HEDIS) data, and health plan enrollee experience data. These analyses help to identify disparities and inform EAC meeting topics or agenda items.

Define: Data-Driven Approach

- BCBS uses **data to identify and recruit** a representative participant base for its EAC:
 - Pulled internal data reports specific to the D-SNP population for **EACH** of the BCBS supported states to understand membership demographics.
 - These reports included data on address, phone numbers, emails, race, gender, and language preferences (for outreach purposes). BCBS used statistical techniques (e.g., randomization) to identify a diverse sampling of health plan enrollees in hopes of eventually reaching all members. Through these outreach efforts, BCBS ensures that new members are engaged; if a certain set of members declined, then the team moves forward to a new set of members for outreach. BCBS also uses city, county, and ZIP code data to ensure that future in-person meeting locations are geographically accessible to reduce transportation barriers.
- BCBS also uses **data to identify health equity challenges** that are discussed with EAC enrollees:
 - For example, BCBS combines state and county-level enrollee data with population health and SDOH data to give insight into enrollee challenges (e.g., food insecurity, housing, employment, social supports) and discuss this info with EAC members for input before sharing resources with enrollees.
 - BCBS also uses tools (e.g., HEDIS Dashboard) to understand disease prevalence of the population and identify possible areas for BCBS interventions to improve health equity. For example, plan staff reviewed HEDIS data to identify disparities and held a meeting explicitly to discuss gaps.

Engagement: EAC Participant Recruitment

- BCBS uses the following enrollee-centered approaches to engage and recruit EAC participants:
 - Uses a third-party vendor to conduct initial outreach (and ultimately to register) prospective EAC participants for quarterly EAC meetings
 - Offer participants the option to request an interpreter during registration for each EAC meeting
 - Two to three weeks prior to the EAC meeting, health plan staff outreaches to participants to get them registered for the upcoming virtual meeting
 - An interpreter is available and present during the EAC meeting and subsequent meetings to support ongoing translation needs and member engagement
 - Partner with an event management and marketing company to create a culturally appropriate registration process and marketing materials
 - For example, BCBS ensures that all marketing materials and photos are culturally appropriate and represent member demographics
 - Launched a text campaign to recruit potential new EAC participants
 - Follow up with registered EAC participants three days prior to the meeting with a reminder phone call

Implementation: Meeting Management

- BCBS implements and manages their EAC meetings in the following ways:
 - Health equity and D-SNP operations team leads co-manage EAC activities; the operations team ensures compliance with Final Rule
 - Hosted virtual meetings in 2023; virtual and planned in-person meetings in 2024
 - Meetings are facilitated by a minority-woman-owned vendor. BCBS works to support vendors who understand and promote health equity. Finding diverse vendors is important for the pursuit of health equity
 - EAC meeting content includes a consistent SDOH-related topic, D-SNP benefits review, a discussion regarding redetermination, along with presentations from pharmacy, health equity, care management, and disease management teams

Implementation: Meeting Management (con't)

- BCBS implements and manages their EAC meetings in the following ways:
 - Internal subject matter experts from customer service, care coordination, quality improvement, health equity, benefits, and pharmacy teams attend all EAC meetings to answer any questions
 - Polls and survey questions are strategically planned throughout the meeting to engage meaningful enrollee conversation and feedback
 - Virtual EAC meeting logistics include:
 - Hosting a dry-run with internal staff and presenters one week prior to the meeting
 - Capturing participant registration information to send gift cards after the meeting
 - One to three virtual poll questions (in Zoom platform) after each presentation and at the end of the meeting to gather participant feedback
 - Leveraging survey results to help shape the agenda for third and fourth quarter meetings.
 - Using virtual Zoom-based translation services (e.g., Wordly) and including an internal staff interpreter during all EAC calls

Feedback, Survey, and Reporting

- BCBS suggests the following strategies to promote robust and meaningful feedback from EAC participants:
 - Ensure the post-meeting survey has a question related to future topics to give members the opportunity to provide input on future agendas
 - Close feedback loops; follow-up on EAC participants' concerns or recommendations in subsequent EAC meetings
 - Strive to capture self-reported participant demographics as part of the EAC meeting registration process (e.g., race, primary language, ZIP code, gender) for reporting and planning purposes
 - BCBS creates Year End Impact Reports that capture: EAC engagement and participation rates, breakdown of participants by race or ethnicity, age, location (e.g., city, county, ZIP code); a summary of the poll question responses; and future engagement opportunities. Plan staff review and use these reports for process improvement and future EAC engagement planning
 - Compensate EAC participants fairly for their time and expertise



Discussion



**Pam Burnett, MBA,
PMP, CSM, CSSGB**

Senior Manager, Health
Equity and Quality,
HCSC/BCBS



**Brittany
Jackson, M.Ed.**

Senior Consultant,
Lewin Optum Serve
Consulting

Reflecting on the information you shared, what are your top three promising practices for engaging with EAC participants with diverse cultural and linguistic needs?

What are some strategies that work well to ensure EAC meetings are productive for both the health plan and participants?

What advice would you give plan staff members experiencing challenges engaging enrollees through EACs?

Please walk through a successful example of implementing an EAC suggestion.

**Please describe how the plan uses
and shares EAC feedback.**

Audience Question and Answer



**Pam Burnett, MBA,
PMP, CSM, CSSGB**

Senior Manager, Health Equity and
Quality,
HCSC/BCBS



Thank You for Attending!

- The video replay and slide presentation will be available at <https://www.resourcesforintegratedcare.com>.
- Questions? Please email RIC@lewin.com.
- Follow us on X (formerly Twitter) at [@Integrate_Care](https://twitter.com/Integrate_Care) to learn about upcoming webinars and new products!

Webinar Evaluation Form

- Your feedback is very important! Please take a moment to complete a brief evaluation on the quality of the webinar
<https://www.surveymonkey.com/r/68DKWP9>.
- We would also like to invite you to provide feedback on other Resources for Integrated Care products, as well as suggestions to inform the development of potential new resources <https://www.surveymonkey.com/r/BW2H79Y>.

Recently Released RIC Resources

- **New!** [Integrated Care in Action Podcast: Strategies for Advancing Health Equity, Part 1](#)
 - Listen to SCAN Health Plan's (SCAN) former Chief Medical Officer – Dr. Romilla Batra – share insights about SCAN's initiatives to reduce health care disparities and its broader data-driven strategies to advance health equity.
- **New!** Updated [Behavioral Health Integration Capacity Assessment \(BHICA\)](#)
 - The BHICA Tool and User Guide help organizations that provide behavioral health services evaluate their capacity to offer integrated primary care services.
- **New!** [Resource Guide: Addressing Bone Health Across the Life Course for Dually Eligible Women with Disabilities](#)
 - This resource guide informs health plans and provider organizations about improving bone health for women with disabilities, especially those who are dually eligible for Medicare and Medicaid. It includes clinical research, bone health screening and testing information, and recommendations to improve access to services. It also discusses osteoporosis risk factors, current barriers to bone health screening and testing, and consumer education materials.

RIC EAC Resources

- Launching An Enrollee Advisory Committee – [Tip Sheet](#)
- Enrollee Advisory Committees: Navigating the Feedback Process – [Tip Sheet](#)
- Recruiting And Sustaining Successful Enrollee Advisory Committees (EACs) – [Webinar and Podcast](#)
- Best Practices For Implementing Enrollee Advisory Committees Webinar – [RIC Event](#)
- Engaging Members In Plan Governance – [Resources from the 2020 Community of Practice](#)
- Gathering And Using Member Feedback In Plan Governance – [Webinar and Podcast](#)
- Listening To The Voices Of Dually Eligible Beneficiaries: Successful Member Advisory Councils – [Video Interview](#)

Additional Resource

- CMS - Cash, Cash Equivalent, Voucher, Gift Card, and In-kind Benefits for Enrollees Who Are Enrollee Advisory Committee Participants - [Memo](#)

References

1. Centers for Medicare & Medicaid Services. (2022). CY 2023 Medicare Advantage and Part D Final Rule (CMS-4192-F). Retrieved from <https://www.cms.gov/newsroom/fact-sheets/cy-2023-medicare-advantage-and-part-d-final-rule-cms-4192-f>.