

## OVERVIEW OF MEETINGS



From April to June 2023, the CMS Innovation Center hosted four in-person meetings across the US to solicit external feedback on promising practices and challenges to address health equity at the state and local levels. Meeting insights will inform the ongoing implementation of the Center's Health Equity Initiative, part of the Center's [Strategy Refresh](#).

## COMMON THEMES ACROSS MEETINGS

Below are summaries of attendee feedback organized by common themes that came up during the meetings.



### Resource and Collaboration Needs

Sustainable, flexible funding sources may address workforce issues that affect providers' ability to deliver quality care, collaborate, and address health-related social needs (HRSNs). Collaboration can help people agree on priorities that address root causes of health inequity.

"We have long-term, generational problems, but calendar, fiscal year incentives." (TX Meeting Attendee)

"Even if we have the best providers, the quantity and quality of social systems presents challenges." (MN Meeting Attendee)



### Care Access and Community Engagement

Incentives in value-based care models may promote model participants to partner with community-based organizations and community health workers to respond to specific HRSNs, such as housing, food, and transportation.

"Engaging community partners is helpful. We need to leverage the community expertise and trust that they have already developed." (MN Meeting Attendee)



### Integrated Care

Meeting attendees highlighted the role of primary and preventive care in aligning the health care system, integrating specialty care and social services, and improving person-centered care.

"We need to move towards value-based, patient-centered care that integrates dental, behavioral, vision, and medical care." (TX Meeting Attendee)



### Data Management and Evaluation

Attendees called for streamlined data and collection methods as well as more timely and cross-sector data to improve person-centered care. They suggested a data platform managed by a neutral entity.

"There are two main challenges for data sharing: data infrastructure for connection and a shared definition for data." (WA Meeting Attendee)



### Payer Alignment

Attendees noted a need for multi-payer alignment and a comprehensive approach to value-based care with financial options that make sense depending on provider size and experience.

"Fund providers upfront. They make relationships, help pay for services they provide, and contract and invoice for services." (KY Meeting Attendee)

## ATTENDEE ORGANIZATION TYPES

Below are types of organizations represented at the meetings.

- **State, Local, and Federal Government**
- **Nonprofits**
- **Managed Care Organizations (MCOs)**
- **Academia / Think Tanks**
- **Rural Health Clinics and Hospitals**
- **Primary Care Organizations**
- **Specialty Care Organizations**
- **Beneficiary Groups**
- **Federally Qualified Health Centers (FQHCs)**
- **Healthcare Systems**
- **Accountable Care Organizations**
- **Local Mental Health Authorities**
- **Community Health Plans**
- **Trade or Professional Associations**

## HIGHLIGHTS PER MEETING



### AUSTIN, TX

**Attendance:** Mostly executives (62%) from 47 organizations, most commonly nonprofits (18%)

**Highlights:** Attendees voiced their resource and workforce constraints and emphasized a need for better data collection to measure care outcomes. Rural and smaller hospital providers discussed how they successfully collaborated through a Clinically Integrated Network (CIN) to gain bargaining power with health plans and to collaborate on research.



### MINNEAPOLIS, MN

**Attendance:** Mostly executives (46%) from 15 organizations, most commonly MCOs (46%)

**Highlights:** Attendees highlighted the importance of optimizing data on race, ethnicity, and language and called for a data platform managed by a neutral entity. They suggested expanding care teams to include spiritual and faith leaders, who are trusted members of immigrant communities.



### LEXINGTON, KY

**Attendance:** Most commonly department directors (27%), from 16 organizations, most commonly academia (27%)

**Highlights:** Attendees discussed challenges gaining full support across sectors for value-based care and care for low income, rural, and transgender populations. They highlighted preventive care and co-creating health interventions with communities.



### SEATTLE, WA

**Attendance:** Most commonly program directors (33%) from 25 organizations, most commonly state government (32%)

**Highlights:** Attendees emphasized the need to prioritize community engagement, including with tribal communities, to address HRSNs. The meeting included a climate session focused on the link between health equity and climate change mitigation and adaptation.

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