



Inaugural CMS Health Equity Conference Charts the Course Forward

The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) hosted the inaugural [CMS Health Equity Conference](#) on June 7–8, 2023, on the campus of historically black Howard University in Washington, DC. In addition to several hundred in-person attendees, about 3,000 people attended virtually.

CMS OMH's mission is to lead the advancement and integration of health equity in the development, evaluation and implementation of CMS's policies, programs and partnerships. CMS OMH is one of the eight offices of minority health within the US Department of Health and Human Services (HHS). OMH works with local and federal partners to eliminate health disparities to improve the health of people from all minority populations, including people from racial and ethnic minorities; people with disabilities; members of the lesbian, gay, bisexual and transgender community; individuals with limited English proficiency; and rural communities.

CMS defines [health equity](#) as “the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.” The conference was an opportunity for CMS leadership to share foundational information about current initiatives and plans for the future.

Leaders throughout CMS provided updates on health equity research, discussed promising practices and innovative solutions, and highlighted the value of collaboration across the agency and with the broader community. The conference provided a platform for community partners to discuss programs that incorporate equity-focused initiatives. While health equity work is not new, presenters pointed out that we are in a period of significant attention and momentum around equity issues, which should be addressed with optimism and intentionality.

Plenary Sessions: Big-Picture Plans and Priorities

The conference's plenary speakers included CMS Administrator Chiquita Brooks-LaSure; CMS OMH Director LaShawn McIver, MD; Admiral Rachel Levine, MD, assistant secretary for health at HHS; and Benjamin Smith, deputy director of the Indian Health Service. A plenary panel session on June 7 featured speakers from other HHS offices dedicated to minority health and equity, including the US Food and Drug Administration Office of Minority Health and Health Equity; the National Institute on Minority Health and Health Disparities; the HHS Office of Minority Health; the Agency for Healthcare Research and Quality, Division of Priority Populations; the Substance Abuse and Mental Health Services Administration Office of Behavioral Health Equity; and the Health Resources & Services Administration Office of Health Equity.

The majority of sessions on the first day focused on agencies' current commitments to achieving health equity and provided a foundation for the remainder of the conference. CMS, for example, highlighted its [Framework for Health Equity](#), which includes a comprehensive 10-year approach to further embed health equity across all CMS programs, including Medicare, Medicaid, the Children's Health Insurance Program (CHIP) and the Health Insurance Marketplaces. The framework's priorities are as follows:



- Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data
- Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps
- Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities
- Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services
- Priority 5: Increase All Forms of Accessibility to Health Care Services and Coverage.

Day two of the conference focused on considerations for moving forward with these priorities in mind. The final grand plenary sessions of the conference were entitled “Too Close to Fail” and “How Can We Accelerate Progress Toward Healthcare Equity?” In the first discussion, Daniel Dawes, JD, author of *The Political Determinants of Health* and executive director of the Institute of Global Health Equity at Meharry Medical College, called the current environment the United States’ first health equity “awakening.” He discussed how the federal government is harnessing multiple levers to advance health equity and address the upstream determinants of inequity.

In the second session, Brian Smedley, PhD, equity scholar at the Urban Institute, noted that since 2000, disparities have narrowed for less than 10% of quality measures for people of color, according to a 2021 report from the Agency for Healthcare Research and Quality. He discussed factors associated with healthcare inequity, including a lack of diversity and persistent biases among healthcare professionals; race-based clinical decision support; and tiered healthcare systems and insurance options due to various forms of segregation, maldistribution of providers and resources, and differences in payment of services. The session was a sobering reminder of the substantial work remaining to effectively address the many disparities experienced by people across the United States.

Breakout Sessions: A Closer Look at Specific Initiatives

The conference’s breakout sessions examined specific initiatives to address many of the inequities and disparities discussed during the plenary sessions. Panelists included representatives from provider organizations, researchers and advocates, and policymakers.

Eight breakout sessions were held on June 7, and almost double that number on June 8. While the plenary sessions provided high-level overviews, breakout sessions were more content rich. Topic areas ranged from “Revolutionizing Healthcare Outcomes through (Data) Collection and Exchange,” to “State and Federal Collaboration to Address Health-Related Social Needs (HRSN) for Medicaid Enrollees.” Each breakout corresponded with at least one of the five priorities from CMS’s Framework for Health Equity.

Maternal health was a major focus throughout the conference, including commentary during plenary presentations, two separate breakout sessions and poster presentations. One breakout session, “It Takes a Village: Multifaceted Approaches to Improving Maternal Health Equity & Excellence,” provided the opportunity to engage with representatives from hospitals, midwives, patient advocates, and the CMS Center for Medicaid and CHIP Services. Panelists highlighted advances such as CMS’s ongoing work with states to implement the option to extend Medicaid postpartum coverage to 12 months, the “birthing-friendly” hospital designation and CMS’s Maternity Care Action Plan. Panelists also discussed options for meaningful value-based payment that build on existing successful models, such as the Strong Start for Mothers and Newborns initiative. That initiative found that care delivered by midwives at birth centers was associated with better health outcomes at lower cost relative to other Medicaid participants with similar characteristics.



Another session, “Close the Health Care Gap by Unlocking the Power of Data to Advance Collection and Analysis,” discussed key steps to advance equity through quantitative analysis, including planning and designing with an equity focus, identifying and comparing subgroups, addressing data quality, and modeling subgroup and distributional differences in regression equations. Representatives from two provider organizations presented practical approaches to increase organizational capacity to collect standardized demographic data within complex healthcare environments:

- Utilizing race, ethnicity & language (REaL) categories consistent with Office of Management and Budget 2+5 Standards
- Training registration staff in REaL data collection practices and leverage electronic medical record patient portals to support accurate and complete patient self-reporting
- Being thoughtful about the approach to segmenting data without completely stalling progress.

Presentations for most sessions can be downloaded [here](#).

Poster Presentations: Peer-Reviewed Studies In-Depth

More than two dozen poster presentations were available throughout the conference, providing overviews of several peer-reviewed research studies. Poster presentations were displayed around the event for attendees to review on their own and can also be found [online](#). A sample of these presentations follows:

- [The Role of Individual-Level Socioeconomic Status Measured by the HOUSES Index on Nursing Home Placement Accounting for Neighborhood Characteristics](#). This Mayo-Clinic-produced study found that the Housing-based index of Socioeconomic Status (HOUSEs index) could be used to estimate the risk of an individual being in a nursing home. Older adults with a lower socioeconomic status had a higher risk of being placed in a nursing home, even when accounting for multiple possible other factors. This study suggests that older adults who are at higher risk of nursing home placement can be identified by utilizing the HOUSEs index, and potential individual-level intervention strategies and policies can be implemented to reduce the risk of unnecessary facility placement.
- [Evaluating a Collaborative LegalHealth Clinic Model in Brooklyn](#). Community Care of Brooklyn is a network of more than 1,000 health and social service organizations working together to serve Medicaid beneficiaries, receiving administrative support from the Maimonides Department of Population Health. The partnership between Community Care of Brooklyn and New York Legal Assistance Group seeks to assist Medicaid patients with navigating the complex legal system, at no cost to patients. The analysis presented in this poster identified the top five legal needs among Brooklyn enrollees: income maintenance, housing, family law, health and immigration. The analysis also allowed the partners to identify the top five utilizing zip codes and their specific legal needs in order to better target resources. This partnership is ongoing and, pending access to further clinical data, can provide guidance on measuring health equity outcomes.
- [Addressing Tele-Behavioral Health Policy Barriers through Strategic Facilitation](#). This study by the CMS Center for Consumer Information and Insurance Oversight (CCIIO) analyzed the major barriers to accessing behavioral health services and their impact on telehealth equity in Marketplace health plans. These barriers include the shortage of behavioral health providers and related provider network limitations that hamper patients’ ability to access behavioral health providers in-network; wide variety in access to broadband coverage and health technology; and an enhanced layer of complexity, especially in emergency and crisis situations. In October 2022, CMS launched the Behavioral Health & Telehealth Learning Collaborative with seven state departments of insurance to examine state barriers to tele-behavioral health access.



CCIO encourages the use of learning collaboratives to facilitate best practices and experiences for troubleshooting tele-behavioral health issues.

Moving Forward

CMS emphasized that this conference was not just a celebration of the work already underway, but also a renewed commitment to pursuing health equity throughout all programs and with all stakeholders.

OMH Director McIver closed the conference by affirming CMS's commitment to achieving health equity. She charged attendants and stakeholders to commit themselves to the same goal, affirming that doing so would require collaboration, resources, creativity and persistence. She reiterated the importance of communicating with CMS, particularly by responding to requests for information and letting the agency know what is working—and what is not—in order to pursue a more equitable health system.

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