

Spotlight Series

Dr. Garth Graham, Vice President, Community Health & Chief Community Health Officer at CVS Health



The NORC Medicaid Managed Care Organization (MCO) Learning Hub shares timely and relevant resources to support Medicaid MCOs and other stakeholders in improving the health of their members and increasing advancements in health equity and health care transformation. We encourage you to share your experiences with us and welcome your feedback on future MCO Learning Hub work to better serve your needs. To start the conversation or join our distribution list, please email us at MCOLearningHub@norc.org.

The changes COVID-19 has forced on our society underscore that core social determinants of health (SDOH) need to be both protected and strengthened. There is increased recognition that improving health and achieving health equity goes beyond just addressing an individual's medical concerns and should take into account the social, economic, and environmental factors and racial inequities that influence their health and lived experience.

The Medicaid MCO Learning Hub "Spotlight Series" highlights key initiatives addressing social determinants of health (SDOH) and health equity that are driven by, or in partnership with, MCOs to inform the Robert Wood Johnson Foundation (RWJF) and its grantees. In addition, the series provides MCOs, community based organizations, states, and other key stakeholders with examples of successful models of organizations working together to advance health equity.

This Spotlight highlights Dr. Garth Graham's work at CVS Health where he leads the enterprise-wide SDOH strategy to ensure differentiated, measurable, and scalable approaches to addressing SDOH in communities across the country. Additionally, he leads public health partnerships and cardiovascular initiatives for CVS Health.¹ CVS Health acquired Aetna in 2018 and administers Medicaid managed care plans under the name Aetna Better Health and other affiliate names.

We recently spoke with Dr. Garth Graham*, Vice President, Community Health & Chief Community Health Officer at CVS Health, to discuss racial and ethnic disparities in health care exposed by COVID-19 as well as efforts to advance SDOH initiatives among Medicaid managed care organizations (MCOs).

Q: What are we learning as a result of the COVID-19 pandemic that can help us address racial/ethnic disparities?

We've seen that there are disparities in prevalence of and death rate from contracting COVID-19 among communities of color, which are related to a higher rate of chronic condition illnesses that affect minority communities. We're also seeing that the higher rate of these underlying conditions are leading to serious illness or death from

COVID-19, which shows the depth and degree of vulnerability in these communities.

Additionally, when managing disparities in chronic diseases, we have a variety of interventions on the clinical side that can address disparities, such as maternal morbidity. COVID-19 showed that when you don't have any clinically-relevant interventions that can address what structural racism, social determinants of health (SDOH) or socio-economic factors have brought to bear, minority communities will be disproportionately impacted; in addition, when we don't have a treatment or vaccine, the disparities are more pronounced.

The question now is what can we learn about how this pandemic affects certain communities and the predominance of minorities in essential health care functions, and how we could have done things differently to protect them.

Q: What have we learned about what MCOs can do to support beneficiaries?

I think a challenge for all health care organizations, including MCOs, was trying to quickly disseminate facts about COVID-19 early on and get that information out to the public. Information is a powerful tool, and we shouldn't think that everything comes in prescriptions or clinical protocols; changing behavioral patterns acutely is critically important – wearing a mask, for example. We went from thinking they wouldn't be effective, to thinking they would be. Transforming that information to underserved communities is very important; although we moved at warp speed for normal public health initiatives. Information sharing and exchange and the role of community partnerships is key.

Q: What can Medicaid MCOs do to address racial and ethnic SDOH disparities in the communities they serve?

Medicaid MCOs are by nature working on the issues associated with health disparities. One of the challenges is that Medicaid is not a generally centralized process, and the lack of a nationwide strategy is a real barrier. We need to remember that Medicaid was forward leaning into issues around SDOH, even before the World Health Organization Commission on SDOH report in 2008.

The other challenge is that the health care field is mainly armed with clinical tools and is just now preparing to address social determinants. The latter is the most impactful when looking at health outcomes. I think the best thing MCOs can do is to continue the strategic drive from the current discussions on social determinants and equities – build that into the MCO's vision and principles moving forward. Inherently, Medicaid MCOs are involved in health equity more than other health care organizations.

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Q: Have you heard any noteworthy examples of MCO-directed SDOH initiatives?

Three areas come to mind. First, the increase in Medicaid usage of social service aggregators, such as Unite Us and Aunt Bertha. We are partnering with Unite Us on the ground. From the Aetna perspective, one particular individual may have multiple SDOH factors-- if a member loses their home, they can face issues related to homelessness, which leads to other problems. These social aggregators are useful. Second, MCOs are investing in housing - not just the provision of housing, but financial literacy and empowering members with supportive services connected to the housing. Third, Aetna and other MCOs have been investing a lot in community health workers, which is a useful approach to engage members and employ MCO staff.

Q: Do you foresee any changes in health plan initiatives or strategies because of COVID-19?

The dramatic move to telehealth, the challenges around food insecurity – those approaches will stay. Even state response for proposals (RFPs) that are coming out now, those were RFPs that were in development prior to COVID-19 and we're not yet seeing how state Medicaid programs are shifting areas of focus in their RFPs. We expect that states will use learnings from both providers

and MCOs from the COVID-19 experience to inform future initiatives and program design.

Telehealth is one of the most interesting areas of additional service to members, and we anticipate continuing to focus on food programs and related SDOH initiatives.

Q: How will the coming strain on Medicaid budgets as a result of the pandemic affect the work of Medicaid MCOs?

It is still not entirely clear – the budget pieces and state financials are still fluid and we're unsure (as of the date of this interview) if additional help may be forthcoming from the federal government to states.

Q: How do MCOs use data to address these inequities and disparities?

Overall data collection for health disparities is still a bedrock of the work MCOs do. We've been collecting data on health disparities for 15 years and this still continues to be an important issue for both Medicare and Medicaid programs and provides a lens to describe what is happening at the macro and micro levels. Continuing to build out the data collection efforts across all the lines of business has been an Aetna priority since 2005.

The degree to which we can collect macro and micro data is certainly still a challenge - the biggest is a regulatory issue because plan by plan we're not assembling a complete picture of the Medicaid population.

*Interview has been edited for length and clarity.

ABOUT NORC MEDICAID MCO LEARNING HUB

The key goal of the NORC Medicaid MCO Learning Hub is to serve as a source of information, expertise, and best practices to support managed care organizations in moving forward with system reform. NORC and its partner organizations identify, develop, and disseminate promising approaches and emerging opportunities for MCOs to improve the physical health, behavioral health, and social needs of their members.

Your ideas and opinions are important to us. We welcome your feedback on future Medicaid MCO Learning Hub work or programs you are working on to better serve your needs. To start the conversation, please contact the senior staff listed here:

www.norc.org/Research/Projects/Pages/medicaid-managed-care-organization-learning-hub.aspx

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