

EQUITABLE HEALTH SYSTEMS FUNDING OPPORTUNITY

Engaging in Consumer Education and Feedback to Decrease
Health Disparities

Because the health care system is undergoing a sweeping shift driven by rising costs, poor outcomes, and federal reform, it is moving away from traditional reimbursement methods built on individual payments for each medical service to a concept called value-based care. Value-based care is meant to encourage population health improvement and keep people out of the hospital.

The movement toward value-based care takes many forms in North Carolina. Networks called Accountable Care Organizations work to integrate groups of doctors, hospitals, and other health care providers to deliver high quality, coordinated care to a defined patient population such as Medicare recipients. Attempts to transform the health system also are reaching into neighborhoods to coordinate clinical care with social services and community-based organizations. This model is referred to as Accountable Care Communities. Accountable Care Communities aim to address some of the underlying drivers of poor health outcomes such as food insecurity, substandard housing, inadequate transportation, and interpersonal violence.

The Trust has an overarching goal of achieving equitable health outcomes. During the implementation of value-based care over the next several years, we want to ensure that populations traditionally suffering the worst health outcomes, especially people with low incomes, immigrants, and people of color are directly

engaged in reform efforts and have an equitable opportunity to enjoy improved health and well-being.

The largest experiment implementing value-based care in North Carolina that most impacts low-income communities is the remaking of the state's Medicaid program. Medicaid is a joint state and federal program that pays for the care of approximately two million North Carolinians, or about 20 percent of the state's population. Because our state has not expanded Medicaid, most Medicaid recipients in North Carolina are children, pregnant women, seniors, and people with disabilities. Value-based care and Medicaid reform hold the promise to provide better care at lower costs. But a change of this size and scale also can reproduce or exacerbate the deficiencies and disparities of the current structure.

Goal

Leverage payment reforms and value-based care implementation to narrow systemic racial and ethnic inequities in health outcomes.

Strategy

Influence state-level policies that impact residents with low-incomes. This may include centering the voices and needs of residents and communities that have been historically marginalized.

Conduct broad-based communications, community education, and advocacy efforts that advance goals.

Timeframe

Call-by date: **January 19, 2023**

Application deadline: **February 9, 2023**

Geographic Focus

Statewide

About Health Improvement in North Carolina

Through our Health Improvement in North Carolina program area, we invest in solutions that improve the quality of health for residents of North Carolina by supporting equitable access to health care and equitable health systems.

Opportunity Details

The Trust aims to ensure that a strong infrastructure exists to educate residents, understand the experiences of Medicaid enrollees, and share information among stakeholders as the state shifts to managed care and pilots new approaches to addressing social drivers of poor health. Organizations engaging directly with underserved populations can inform them about their rights and options, as well as identify barriers faced by patients as new payment models are implemented. To inform systemic improvements it is important that patient experiences are shared regularly with stakeholders such as health care providers, insurers, state agencies, and nonprofits. These connections should form a robust feedback network where people are informed of changes in Medicaid and stakeholders hear about the challenges faced by enrollees accessing care. This feedback loop can spur fixes that facilitate health improvement for residents with low incomes.

The Trust may support several approaches to meeting this goal. Applicants could include, but are not limited to, advocacy or legal service organizations, groups with experience convening or organizing Medicaid beneficiaries, or other nonprofits with expertise in Medicaid and patient engagement. The purpose of this opportunity is to directly engage the families most impacted by Medicaid transformation and build strong feedback loops between patients, advocates, and policymakers.

Contact

To schedule a conversation about this opportunity, please contact Senior Program Officer Madison Allen for an initial consultation at madison@kbr.org or 336-816-7039.