Kate B. Reynolds Charitable Trust
Investing in Impact

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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 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. 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.

In their Findings from the First Year of Medicaid Managed Care in North Carolina, the Urban Institute found that people with complex family situations and high medical needs, and in particular those with limited English proficiency, experienced challenges with understanding what the managed-care transition meant for them, selecting health plans, finding in-network providers, accessing needed services, and, in some instances, even paying for out-of-pocket costs. These early experiences indicate that more support is required to fully meet the needs of people with complex medical needs and the providers who serve them. This is especially important to keep in mind given that the state is planning to roll

out tailored behavioral health plans and to transition other vulnerable populations (such as children in foster care) to managed care in the years ahead. As one advocate recently highlighted, “a transition this large threatens to disrupt care for vulnerable recipients” and more work is needed to center the lived experiences of Medicaid members in the process.

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.

Goal

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

Strategy

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: July 20, 2023

Application deadline: August 10, 2023

Geographic Focus

Statewide

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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 members, 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.

Contact

To schedule a conversation about this opportunity, please contact Grants Assistant Mary Weaver for an initial consultation at mary@kbr.org or 336-972-5654.