Resources for Integrated Care
Improving Health Equity for Dually Eligible Enrollees in Rural Areas
May 21, 2024

Carrie Kolleck Mailloux (Moderator): Welcome everyone. My name is Carrie Kolleck Mailloux and I'm with The Lewin Group. I am honored to serve as your event facilitator today.

Before we begin, we'd like to orient you to the platform. Audio should automatically stream through your computer's speakers. Please make sure that your computer is connected to reliable Internet and that your speaker speakers are turned up.

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Below the slide presentation are resources that you may download, including a PDF of today's slides along with a question answer box where you can enter questions for our presenters or chat with the webinar team, if you need support. Our team will also send helpful messages via the Q&A box.

Closed captioning is available if you select the resources icon, you can move the windows around to fit your screen. If you minimize a box and you want to bring it back, you can click on the associated icon on the bottom of your screen.

And now I am pleased to welcome you to today's webinarك Improving Health Equity for Dually Eligible Enrollees in Rural Areas." We appreciate you taking the time out of your busy schedules to join us today. We are looking forward to exploring health equity challenges facing rural communities, particularly as they affect dually eligible individuals, as well as sharing strategies to address these challenges.

Today's session will include two presentations from our presenters, a moderated conversation, and we will close with time for questions and answers. The recording and a copy of today's slides will be available at the https://www.resourcesforintegratedcare.com website.

This webinar is supported through the Medicare Medicaid Coordination Office at the Centers for Medicare & Medicaid Services. MMCO is helping beneficiaries dually eligible for Medicare and Medicaid have access to seamless, high-quality healthcare that includes the full range of covered services in both programs. To support providers in their efforts to deliver more integrated, coordinated care to dually eligible beneficiaries, MMCO is developing technical assistance and actionable tools based on successful innovations and care models, such as this webinar.

The intended audience for this webinar is providers, inclusive of health plan staff, and via Resources for Integrated Care, MMCO strives to deliver technical assistance, to providers, from providers. To learn more about current efforts and resources, please visit our website

or follow us on Twitter, recently rebranded as X. Our handle there is @Integrate_Care. You can also find us on LinkedIn.

The roadmap for our time together today is as follows. We'll start with a few introductions and sharing learning objectives, followed by collecting attendee information via two polls. Then we'll hear from our presenters, the first presentation being an overview of health equity challenges and highlighting health disparities in rural areas. And then we'll hear about improving health equity for dually eligible enrollees in rural areas.

After the speaker presentations, we'll transition to a moderated conversation before we dive into audience Q&A. If you have questions, please type them into the “ask a question” box as we move along, and we will answer as many as we can. We'll close by sharing additional resources and requesting your feedback on the information shared today.

As noted earlier, we're going to pause for two brief polls before we launch into today's presentations. The goal of these questions is really to get a better sense of our audience members today. To participate, you can chat in your response or click the button corresponding to your response. So, at this time you should see a pop up on your screen asking, “in what care setting do you work?” And your response options are health plan, ambulatory care setting, long term care facility, home care agency, community-based organization, consumer organization, academic or research or other. So, I'll give it just another 20 seconds or so for folks to enter in their response. Okay, let's go ahead and close out our first question, and it looks like the top two answers that we received are health plan and home care agency. Excellent.

I'm going to transition to the second poll, which is “which of the following best describes your professional area” and your options are health plan case manager or care coordinator health plan customer service, health plan administration or management medicine, nursing, PA or another type of provider, pharmacy, social work advocacy or other. And I'll give it another 20 seconds or so for folks to respond. Okay, let's go ahead and close out that poll and let's see. It looks like the top two answers were health plan case manager or care coordinator and social work. So, thank you all very much for participating in those polls. It's always really helpful for us to know who is joining our events. So, thank you very much for your participation.

Okay, and at this time, I'd like to introduce our esteemed presenters. We have Dr. Brandon Wilson, who is a Senior Director at Community Catalyst Center for Community Engagement and Health Innovation. And we're also very pleased to have two representatives from Geisinger Health Plan. We have Diana Jackson, who is the Director of Care Coordination and Integration, and Amy Buterbaugh, who is the Director of Medicaid Expansion. These folks have been doing incredible work to advance health equity, which we'll hear more about shortly.

This event will accomplish the following learning objectives: we’ll describe the unique health equity challenges facing both providers and enrollees in rural areas. We'll understand the implications of health equity challenges on access and health outcomes, particularly among dually eligible individuals, and we'll also consider diverse strategies and approaches health plans can use to improve healthcare access and equity in rural areas across multiple

domains. These domains include engaging providers and extending provider reach, identifying, and addressing social determinants of health or SDOH, and leveraging technology-based solutions.

And now I am looking forward to an engaging presentation on an overview of health equity challenges and highlighting health disparities in rural areas. So, without further ado, Dr. Wilson, I will turn the presentation over to you.

Dr. Brandon Wilson: Thank you very much and welcome everyone again to our conversational webinar on health equity, particularly with dually eligible beneficiaries or members who reside in rural communities.

So really thankful and kudos to CMS for really leading with a comprehensive, as well as I would say, actionable, definition of health equity. As we know, there are many out there and we can talk about differences between disparities and equity and inequities. So, to center our conversation, we'll use CMS' definition, which is the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health. And that's regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and any other factor that can affect their access to care and health outcomes. Being from a health advocacy organization, I really do appreciate them leading with a sense of justice and trying to make sure that we're ensuring just opportunities.

You can see to your right, some framing from Robert Wood Johnson foundation, which I also really appreciate. Any helping is juxtaposed between equality and equity. To the left you can see with equality it's where everyone receives the same amount of resources, no matter what their need is. Unfortunately, with that approach, it doesn't curate to the unique experiences and lived experiences of people. As you can see, the older adult with who's seemingly healthy is leading. There's a child behind and a person who is wheelchair dependent, and an older adult who seems to have some mobility assistance as well. To the right, with equity, we can curate that experience to individuals and communities to their exact needs. You can see that there's a ramp and everyone can now access and across the street using the resources that they need to do it successfully. You can see audible sounds and you can see visual signs. So, this is what we mean by equity, that we can curate resources and access so that people have what they need to thrive. Next slide, please.

And so, why are we talking about this with rural communities, in particular with dually eligible persons? We now know that about close to 20 percent of dually eligible persons actually reside in rural communities. And this means that they often have quite limited opportunities to access things such as Medicare advantage to Dual Eligible Special Needs Plans [D-SNPs]. And we know D-SNPs offer enhanced benefits for dually eligible persons, such as care coordination. As of March in 2022, the integrated care program enrollment rate we're seeing, it's about ten percentage points higher for urban areas versus those who live in rural areas. We also looked at a study which analyzed results between 2004 and 2017.

The variable of interest was all case mortality rates, and that was for all low-income Medicare beneficiaries. We saw that that was declining. However, there's some nuance in

that that declining rate was predominantly or much more for urban enrollees than for rural enrollees who are dually eligible. Next slide, please.

So I just want to highlight why this really matters and what the context is of what health disparities could look like in rural areas. One, we know that there are infrastructure challenges in rural communities, so there's limited access. This means that persons must travel sometime very long distances to access healthcare facilities, whether that's for primary care providers, specialists, ER, and that means that they often receive poor health outcomes when they can't access to these needed services. There's also, across the board, of course, shortage of healthcare providers. But this is exacerbated in rural communities, whether that's PCP's or specialty as a mental health providers, and of course, not having access to providers, that also can exacerbate healthcare challenges.

There's also a lack of specialty care. Rural communities may really lack the real needed services here. And of course, persons who are dually eligible can also face some complex health and social needs. So, really having access to those specialists is really important for managing chronic conditions and making sure that we have coordinated care. There's also some real challenges with access to home and community-based services in rural areas, and whether that's direct care workers or home health aides, personal care services and transportation assistance. And frankly, some of these workers also depend on some of this, the same transportation resources that beneficiaries need as well. So, transportation assistance is a real poignant barrier to healthcare access in rural communities. And lastly, I would say coordinated care, that's really important for all dually eligible persons. But in rural areas, it can be really complex, especially when you're talking about fragmented healthcare service delivery systems, limited care coordination, and as I mentioned, some limitations with specialty services, as well as the shortage of healthcare providers. Next slide, please.

So, since we're talking about health equity, and I've mentioned transportation as a barrier, which is often known as one of the social determinants of health, but social determinants, I think you all may know this now, but it's simply those conditions, environments where people are born, where they live, where they play, where they work and worship, and all these things can really affect a broad range of person's health, their function, their quality of life, their wellness. And we know now that those factors which combines, usually known as built environment, whether we're talking about physical environment, are those socio-economic factors. About 50 percent of that actually contributes to a person's overall health. D-SNPs are those special needs plans for dually eligible persons. They offer tailored benefits that can address some of those specific needs, such as transportation and telemedicine, and that can really help overcome some of those access barriers that I was mentioning and help to promote equity. How can we do that? By leveraging partnerships, particularly with community-based organizations. These are some of those boots on the ground organizations who are close to communities who were doing some of that work to help meet some of that unmet need. And that allows us in health plans, particularly to maximize supplemental benefits and use that as a key strategy to address access barriers as well as improve health equity. Next slide, please.

So, what are a few key takeaways? One, we know that I would like to provide some type of understanding of the very unique challenges and needs of rural communities. And it's really essential for us really understanding how to develop an effective health equity strategy for

these communities. We have to build partnerships, particularly with local organizations and CBOs [community-based organizations], so that we can leverage and build trust. So, we throw out trust a lot, and trust is a really loaded word, and it should be. But how do we build that with communities? I often tell people, because it can seem like such a loaded term, people often ask, where do we start? Say we can start with what we have. Every community has resources. It's an asset-based approach and community-based organizations are some of those resources. We can prioritize the development of linguistically appropriate resources so that we can ensure that all have access to needed resources and services.

And that's regardless of language proficiency, or preference. We can establish community hubs to create a centralized resource for delivering healthcare services, as well as addressing community needs. And lastly, I would say we can certainly leverage technology such as telehealth and remote monitoring so that we can help overcome some of the barriers to healthcare access. All right, thank you. Next slide.

Carrie Kolleck Mailloux (Moderator): Thank you so much, Dr. Wilson, for that very insightful and informative presentation. If you have any questions for Dr. Wilson, please go ahead and submit them via the “ask a question” box. And we'll now hear from our presenters from Geisinger Health plan, Diana Jackson and Amy Buterbaugh. Please go ahead.

Amy Buterbaugh: Good afternoon, everyone.

Diana Jackson: Good afternoon. So, just to give a little bit of background on Geisinger Health Plan. So, we serve 64 of 67 counties as a D-SNP. We actually, next year, we'll be adding, moving that up to 68. We serve just under 9000, just under 10,000 eligible enrollees currently. And 74 percent of our enrollees are in Pennsylvania-defined rural areas. And just to show a little bit of the breakdown, we have an average age of 66 years old. 90 percent of our population are English speaking, with 3 percent Spanish speaking, 63 percent are female and 36 percent are male, and 50 percent are white, with 30 percent currently unknown, 80 percent non-Hispanic. And of course, we're still working to gather full demographic information regarding race and ethnicity for our population. Next slide, please.

Thank you. So, our enrollee engagement strategies today we currently utilize community health workers [CHWs] throughout all of our regions. Within our clinical and insurance footprint, we have employed CHWs, and then we also partner with a CBO organization to help support some of the farther reaches of our state. We're centered in Danville, and the majority of our population for dual eligibility sits in Luzerne and Lackawanna counties. But we partner so that we have that CHW support throughout all of our enrollee counties. What we want to do with those community health workers is make sure that they live in the communities that they serve, so they know the local resources and the CBOS.

They're able to meet enrollees where they are going into their homes or meeting them in community areas as appropriate, help to identify barriers that are local to them to access their healthcare, and inform efforts to close all of those types of resource gaps that can occur. We also do an SDOH needs assessments for all of our members to identify any gaps that we can address. And whoever engages the member first does that initial SDOH screening.

So it could be a CHW, it could be a behavioral health or physical health case manager, peer support with our behavioral health team. So, all of our roles are trained to administer that screening and then outreach for appropriate resources to fill the gap. Next slide.

Amy, do you want to touch this one?

Amy Buterbaugh: Sure. So, our promising practices for serving rural populations Geisinger Health Plan provides rural populations with funding through state offered grants to cover Internet connection costs. Our community health workers to non-Internet connected enrollee homes to facilitate Internet access via hotspots. We also have remote monitoring devices. These things include blood pressure monitors, scales, pulse oximeters. These are to help enrollees manage their chronic conditions.

We also have a program called Family First that effectively broadens the provider network by offering claim reconsideration for out-of-network providers caring for enrollees who live outside of Geisinger Health Plan's provider network footprint. Geisinger Health Plan also provides enrollees with upfront payments, eliminating out-of-pocket travel expenses and burdensome reimbursement processes. So, this funding covers the cost of ride shares, cabs, other local transportation options that accept debit cards. Also facilitates getting patients to unscheduled or urgent appointments. **Next slide, please.**

Carrie Kolleck Mailloux (Moderator): Excellent. Thank you, Diana and Amy, for some of that additional background on Geisinger Health Plan and your promising practices for serving rural populations. We'll now go ahead and move into our conversation that Dr. Brandon Wilson will moderate. So, Dr. Wilson, I'll pass it over to you for the first question.

Dr. Brandon Wilson: Thank you. And thank you again, Diana and Amy, for that insightful information. I think we will kick it off with our first question. So, first question to you all is, what steps are you taking to increase engagement, specifically among rural enrollees?

Diana Jackson: I can start with that one. For members that we identify as disengaged, or maybe they're falling behind on regular provider visits, or we see that they're not utilizing available benefits, we do start with telephonic outreach to try to connect to those members and identify any barriers to any of those things. Right. And if we're unsuccessful connecting with them by telephone outreach, we will try and use a community health worker and go to their home. And if they're still not, sometimes you don't know whether you have the right phone number. And I know that that is a struggle, especially for members that are relying on phones that are supported by minutes. And so, if it's closer to the middle or end of the month, they may have utilized all of their minutes or they may be saving them for emergency purposes. So, the community health worker will go to the home and they can connect them via their cell phone, their Geisinger approved cell phone, to connect to the case manager or, you know, identify an appropriate date and time that the member is willing to connect with the case manager. If there's nobody there, they will leave a hang tag from Geisinger, just saying we've been trying to get in touch with you and they can leave a phone number to call back. We also will, of course, use mail if we have access to MyChart through email. So, we'll try all of those opportunities to engage members and we'll connect with their providers as well to see if, you know, if they're coming in for an appointment, whether we're embedded in that site and the case manager sitting in the provider's office, or if it's at

a location where we maybe can connect with a member at a non-Geisinger provider location.

And then we also let the provider know so that they can encourage that member to reconnect with us. We also are working on member advisory committees, so we have several. We've had two meetings for our dual eligibles, one last year and then another one in the spring of this year, and really working hard to try to recruit our rural participants. So, we did ask them for feedback about, you know, what would, you know, what made you want to come to this meeting and what recommendations do you have for us to help us better serve you all and meeting you in the community. And so, one of the things they did say was maybe we could focus on some face-to-face encounters, which would be wonderful. So, we're going to try to coordinate that for our future meetings. Amy, did you want to chime in on anything?

Amy Buterbaugh: Sure. So, in terms of our rural community presence, our approach is multifold. The plan embeds health service specialists in the communities that we serve. So, we go to events and meeting enrollees where they are to help engage them.

Our community health workers also encourage community participation in Geisinger Health Plan programs and resources. For example, we host “A Matter of Balance,” classes focused on falls prevention, as well as “Live Your Best Life with Diabetes.” Those are classes to educate enrollees on preventative steps to reduce health risks.

We have found that this is a great way to help engage the broader enrollee population in rural areas. Geisinger also offers remote dental cleaning and evaluations through our mobile dental van, which provides dental services in our rural communities. If individuals need services beyond what the van can offer, we also connect them with transportation offices to bring them to the nearest provider that can help with their dental needs.

Dr. Brandon Wilson: Thank you both. First response, I really, really love the idea of mobile dental vans in rural communities. It really does sound like a multifold approach. And I also really love that, the point that you laid out Diana around, really going directly to members and asking them what it is that they need and how can you all better serve them. So, I'd love to hear more, some future date of how you've been able to incorporate some of that, particularly those face-to-face visits.

All right, we're going to go to the next slide for the next question. So, our next question is, in what ways can health plans leverage technology to meet the needs of dually eligible individuals who live in rural areas?

Diana Jackson: So, I'll start again. So, realizing that leveraging technology is really imperative nowadays, right. We are trying to help members improve access to how they can manage healthcare services. So, we're trying to get them connected to technology in a couple of different ways.

In the past, we used community health workers, and we still do this today to help them troubleshoot technology needs. Trying to, we bring them devices. We may provide the CHWs bring their own tablets or telephones, hotspots to help connect the members to their devices so that they can access tele video visits, fill out forms, whatever they can do in their

digital presence. But we're also now using the CHWs to teach the members how to use their own devices if they have them, so that they can improve their own technological literacy. And we try to look for resources in the community where they may be able to access broadband or Internet services if they don't have them in the home.

We have tried to partner with other companies as they expand their broadband, but again, in rural areas, that can be very difficult to navigate through. And so what we, one of the things we think about is, you know, getting members to libraries or Area Agency on Aging. There's one out in the western region where they had a private room that a member could use a computer in and do a tele video visit, which was unheard of, but a CHW actually found out, kind of connected, because it was really, you know, important for that member at that time. And I think that that was kind of like an eye opener for that agency as well, that maybe that's an opportunity for them to be able to provide a service in the future. So, you know, just looking forward to trying to think outside the box for, you know, technology resources for members. We also, because we have those CHWs in all regions of our footprint, we partner with a company to provide those CHWs outside of the footprint and again, help connect them to broadband access. And if they don't have the financial support. They do have a benefit for dual eligibles that they could use, a financial stipend that we provide to sign up for a benefit and pay for Internet services if that's what they use to if they choose to use.

We also for members who may have Internet available but can't always get to doctors' appointments for monitoring, we deploy remote patient monitoring devices like Bluetooth scales, wearable devices that monitor skin temperature, pulse oxs [oximeters], movement so that, you know, we can kind of help develop a self-management plan, help them understand, you know, when you're feeling like this, this is what your vitals are looking like and kind of make the connection so they know when to engage with their providers as well. So, hopefully some of those things are being really take root and help expand our members use of technology to meet their healthcare needs.

Dr. Brandon Wilson: Thank you for sharing this. Honestly, I really wish you all could come help and teach my mom how to use all of her technology. So, I think this is an excellent idea and honestly it really speaks to really thinking about the community and what their local needs are and how do you then curate it and really think about what does continuous quality improvement look like in a way that actually makes healthcare access more accessible. So, huge kudos to you all for really thinking about how to think out of a box so that you can make sure that you're meeting the needs of your members.

We're going to go to our next question, which is: What strategies are you employing to reduce the effects of access barriers in rural areas? I think I've mentioned transportation issues, but there's also the network adequacy, Internet bandwidth gaps. What are your strategies?

Amy Buterbaugh: So many of our enrollees rely on neighbors to help them meet their transportation needs because they don't have funds to pay for transportation themselves. As a result of this, Geisinger changed its transportation benefit to provide enrollees direct compensation to pay for transportation upfront. This removes a significant financial barrier for our enrollees and helps them access services. Our dually eligible enrollees also receive

money that they can use for transportation instead of having to apply for reimbursement. This allows them to pay a family member or a friend for gas. We also saw that enrollees used their neighbors for transportation because they were not aware of other transportation options. So, we help enrollees link to medical assistance transportation in their area, which has helped enrollees get access to transportation to go to appointments.

For enrollees without Internet access, we are looking for opportunities to expand Internet access into the community. We have participated in a three-year grant for our dually eligible enrollees to receive reduced or free Internet service in some regions if the barrier is financial.

Our utilization analysis have highlighted to us that our rural enrollees face particular challenges in obtaining preventative care, things like flu shots, dental services. So, with the data analysis in hand, we came up with a comprehensive plan to specifically target our under engaged rural enrollees. So, for an example, to address underuse of our preventative dental care benefit, we deployed the mobile dental unit that goes out into the community to serve rural areas, areas with limited number of providers and enrollees with transportation issues. We also target a broader preventative outreach to areas with concentrations of enrollees who are underutilizing services. So, for instance, we provide free flu shot clinics at the Bloomsburg Fair, which is a very popular event in the community, to efficiently offer services at events likely to attract large numbers of our enrollees living in underutilization hotspots as such who may not have been receiving preventative services. We have found that going to an event that is located near or is well attended by our enrollee population, it's a good way to target those who are underutilizing services.

Dr. Brandon Wilson: Thank you so much. And you all are so right on when you say that in many rural communities, and I say this because I'm from a rural community, my mom's dually eligible, so I help her navigate her services. It is so true that many times that you're actually depending on family and neighbors to actually help with those transportation needs. So, really acknowledging that in a way in building strategies around what those unique experiences are. Hats off and kudos to you all for that. Thank you, Amy.

We are now going to move to our next question. Given a broad range of cultures that are represented in many low-income rural communities, how might health plans think about addressing cultural competency training efforts to enhance equity?

Diana Jackson: So, I mean, all of our staff complete diversity, equity and inclusion training, and that was led by internal staff or internal education team. And that training really helped the staff build a better capacity to engage with community members and organizations that represent a large range of cultural backgrounds. We utilize those CBOs to connect with our different populations of members. Right. So, we've been really proactive trying to seek those opportunities to hear and to communicate with those community groups around advancing health equity issues and concerns. For example, we visited a local senior center, sat in on listening sessions with the state representatives to hear what issues and concerns they shared as part of our elderly population and the family members that support them, and then brought that back to our team to try to really use that to inform how we were thinking about moving forward. Then we also attended last year's Advancing Health Equity

Conference and started collaborating with other health plan attendees on broadening our DEI training efforts so that we could expand.

Really, partnering with the CBOs is key because they have, you know, small, diverse focus in their communities, so we want to connect with what's already there rather than trying to, you know, rebuild the wheel, and they really have connection with their communities and what events they support and who we can get out there and spread resources and education to.

Dr. Brandon Wilson: Thank you. One thing I heard for sure was partnerships is key, and that you are partnering with community-based organization and also partnering with other plans, and that is a specific strategy that we can use to address cultural competency as a way to enhance equity. Thank you for sharing this. I appreciate it and going to turn it back over to you, Carrie.

Carrie Kolleck Mailloux (Moderator): Wonderful. A big thank you to Diana, Amy, and Dr. Wilson for that engaging discussion. And with that, we now have some time for questions from our audience. And I've seen a lot of really great questions, really insightful questions coming in. So, if you do have a question for Diana and Amy, you can submit them using the Q&A box located below the presentation. Type your comment at the bottom of the Q&A box, and then press submit to send that along. And Dr. Wilson, I will pass it back to you for the first question from our audience.

Dr. Brandon Wilson Wonderful. And yes, we do see a lot of questions coming in. We will try our best to get to all of them, but please do continue to send them in. So, our first question, and Amy or Diana, either one of you can feel free to answer, or both.

The first question is, how can healthcare organizations partner with community-based organizations to improve health equity in rural areas? So, think you all have expressed how important it is to partner with them. Are there specific examples or strategies that you can give around how to partner?

Amy Buterbaugh: You want me to take that one, Diana?

Diana Jackson: Sure.

Amy Buterbaugh: So, what our approach has been is we kind of do like a heat map based off of where our membership is and what the disparity is. And then we outreach the community-based organizations that are closest to where that member concentration is. And we have those discussions on how we can work with them to partner and create better outcomes for our members.

Dr. Brandon Wilson: Thank you for that, Amy. I love that approach. And, Diana, is there anything you want to contribute here, or are you okay?

Diana Jackson: Yeah, no, I think Amy kind of hit it right on the head, but I'll just talk a little bit about some of the work that she's been doing where we really wanted to connect with more HIV support groups in our regions and benefit programs that were out there that a lot of members don't know about so can't, haven't been accessing. She has had regular

meetings, outreaching to each one of those groups in our targeted areas, and I think we've added about 14 different CBOs that support that population, that segment of the population into our resources. They have been very willing to share, you know, exactly where they are located, you know, what regions they cover and what resources they would help us, you know, manage membership in. So, I think that's, you know, just focusing on things, it really makes, makes it a little bit easier than trying to, you know, boil the ocean.

Dr. Brandon Wilson: Absolutely. And thank you for lifting up that as a very specific example. I think especially since you all talked about earlier around prevention, and I can say in HIV community, many of those CBOs are very accustomed to working in the prevention space as well as healthcare delivery.

All right, I'm going to move along so that we can try to get many questions answered. The second one for you is: what are your suggestions for members that have little to no digital access to health resources and communications?

Diana Jackson: So, I think the first part is really trying to identify what the barrier is. Sometimes if they don't have digital access and it's related to their knowledge base, then we can get out there, educate and help them connect to those resources or that access and improve their health or their digital literacy. If they don't have devices, there are sometimes programs where we can find and apply for funding for them to get those devices, connect with local churches and CBOs that may support getting devices, there government programs that they may not be aware of, so again, connecting them to resources that are already established.

And then I think kind of thinking out of the box in some instances, like the example I gave earlier where, you know, a member needed to have a tele video visit, we couldn't find a space for the member to do it. They didn't have Internet, and, you know, we didn't even have the ability to use Wi-Fi or our hotspot in that area. and so, you know, the next closest place was an agency [Area Agency on Aging], you know, building that had a separate room and allowed them to utilize that, that private room to connect to their Wi-Fi. So, I think in some instances, it feels like you're pulling all the stops and picking up straws, but I think you just keep plugging away, starting with the most sort of sometimes the easiest, which is they don't know how to connect all the way to where, you know, grounding for a space to bring them to, to get an appointment, you know, coordinated for them. So, I think there's a lot of opportunity there.

Dr. Brandon Wilson: Thank you. And I just want to acknowledge a question that came through, but I think you also answered it, which was, what challenges have you encountered in providing hardware, software, and digital health education rural areas, and how have you overcome these challenges? I think you addressed that, but I just wanted to acknowledge the question.

The next one I want to ask that I see is how would you contact or attempt to reengage rural enrollees who the health plan has lost contact with? Either they've changed numbers or they're refusing services, any strategies there, like what type of activities around messaging have you found to be most successful in engaging those individuals?

Amy Buterbaugh: You want me to take that one, Diana?

Diana Jackson: Sure.

Amy Buterbaugh: So oftentimes, we will try to connect with their PCP [primary care provider] to see if they have any updated contact information for the member or any providers that we know that the member has visited. We also have some software platforms that we utilize to gain member information for access to the members. I don't know if you have any other thoughts beyond that, Diana.

Diana Jackson: Yeah, and I mean, for them, we're looking at maybe utilizing secure texting to try to reach out to members and say, hey, we've been trying to contact you. And, you know, outside of our usual if they have access to an EMR [electronic medical record] platform, like MyChart, where we're trying to connect with them, I mean, I've had staff who will call the pharmacy. You know, we see pharmacy claims come through, so we know which pharmacy they're picking up their meds, we will connect to that pharmacy and say, do you have another number? You know, that we can try to connect with this member. I think if, you know, if we knew that they were connected to a home health agency or that they were regularly going to a community-based organization for support, we would outreach there.

And we also send the CHWs out, and we'll leave messages. It's a hang tag. It's pretty generic, so it doesn't provide any HIPAA [Health Insurance Portability and Accountability Act] information, but just that we're trying to contact you, please call us at this number in hopes that they will reach back out to us. We also send letters and, you know, all of the usual outreach attempts that I'm sure most of the insurance companies are making.

Dr. Brandon Wilson: Excellent follow up question. Can you please clarify if you offer a cell phone to enrollees? If so, can you share more about this opportunity to stay connected to enrollees.

Diana Jackson: Yeah, we don't supply them with us with their own cell phone, but our CHWs have Geisinger cell phones and work phones, basically, and what we will do is send them to the home, so if the member is free at the time that they come and amenable to having that phone call, we can use that CHW's phone and connect them to wherever we're trying to connect them to, whether it's a provider, whether it's one of our case managers, another resource to help them complete some documentation that they've been trying to get connected. So, that's what I meant when I said, you know, we utilize, but we don't provide them with a phone. We'll also look for, you know, if there's any government funding or programs available for them to apply.

Dr. Brandon Wilson: Excellent. Thank you. Another one here says, thank you for sharing information on social determinants health screening via so many sources. Do you use a single tool to perform that screening, or do you collect via various tools and then consolidate responses into a single repository?

Diana Jackson: So, we have a single tool that we, it's the same tool for the health plan and our clinical enterprise, and it is set up of the questions that have been federally supplied so that everybody within our clinical footprint has the same question set. So, if a provider asked the question yesterday and we see the member today, we can see their most recent survey

answers. But for those providers that are outside of Geisinger's clinical walls, you know, some of our other provider partners, we provide them with what we do. If they have information that they share with us, we can definitely incorporate that, but that's more of a manual process, depending on how the providers are already sharing information with us.

Dr. Brandon Wilson: Thank you. And this one, I think a lot of, probably a lot of interest here. It says: Can you share more about your work with community health workers? For example, are they volunteers? Are they members of your staff, or are there other arrangements?

Amy Buterbaugh: So, they are our employees. And then we also have an organization that we have contracted with for community health workers outside of our Geisinger footprint in our expansion areas that also provide community health workers for us on a contractual basis versus an actual employment.

Diana Jackson: So today we don't use volunteers. We use employed or contracted staff.

Dr. Brandon Wilson: Yeah, and I appreciate hearing that. And it really almost demonstrates the intention of Geisinger in making sure that there's access for rural enrollees.

Next question that I have is: What key activities in the messaging have you found to be most successful in engaging communities of color located in rural areas?

Diana Jackson: So, to be honest, we have a very small membership of color. However, we do have our questions, or our outreach specifically to them is around, making sure that they understand that we are here to understand their needs, right, and engage them appropriately. So, it's not a one size fits all for our enrollees, it really is, we want to evaluate what you need based on who you are and how you interact with the world. And then how can we meet your gaps, address your concerns, help provide you with services and supports that, you know, really support who you are as a person in your environment. So, you know, if there are certain communities that we can, or CBOs specifically that we can outreach to that support, support people of color specifically or people who speak a certain language, you know, we're always looking to partner with them so that we can have that support for those members.

Dr. Brandon Wilson: Thank you. And let's see. I have one more question for you. What provisions do you make for enrollees with high levels of disability who might have great difficulty traveling for primary care? Do you make use of visiting nurses or physicians?

Amy Buterbaugh: So, within our clinical footprint, we do have a program called Geisinger at Home that we partner with our clinical enterprise, and those are providers, case managers, nutritionists, and they can go into the home. We also will use what we call mobile paramedic program. So, we have one internally, but we also will partner with other groups that have mobile paramedic programs and use those as wherever they are in the community. So, for example, Lehigh Valley has a program, and when we're managing a member that belongs to them, we will partner with their mobile health paramedic program.

Of course, we connect with home health as appropriate, and we will help facilitate telehealth visits for providers where we can use devices that the CHWs can bring into the home and facilitate vital signs, you know, reviews and other basic physical assessment pieces

with the provider on the television screen or on the monitor screen, or being able to hear, you know, heart sounds and lung sounds and assess the patient where they are.

Dr. Brandon Wilson: Thank you. And I'm going to try to squeeze one more in and just get a quick response. Do you have an enrollee to CHW ratio that you follow, or is it based on geography?

Diana Jackson: It's really based on geography. I think one of the things that we have started having conversation about this year is what is the appropriate volume for CHW to have? And we try to staff, so, when we look at do a heat map and see where the majority of our membership is, we do staff that area higher.

Dr. Brandon Wilson: Diana, Amy. Thank you again. Thank you so much for sharing all of your responses to the audience questions. Everyone who attended, thank you so much. Thank you for the engaging questions. Sorry, we did not get to all of them; there were many, but we really do appreciate them. I'm now going to turn it back over to Carrie who will close us out with some final reminders.

Carrie Kolleck Mailloux (Moderator): Excellent. Thank you, Dr. Wilson. Just a reminder that the slides for today's presentation or recording and a transcript will be available on the Resources for Integrated Care website shortly. Additional resources that we referenced during this presentation are included at the end of the presentation, and there are also references that are available to you when you download the slides. If you have any additional questions or comments, we welcome those at RIC@Lewin.com.

We would appreciate if you took a moment to complete our brief evaluation of today's event so that we can continue to deliver high quality presentations. We also invite you to provide feedback on additional RIC products as well as suggestions to inform the development of potential new resources by using the link on this slide.

I'd like to take a moment to highlight several recently released RIC resources focused on health equity. So, we have an Integrated Care in Action podcast, “Strategies for Advancing Health Equity,” a Health Equity Spotlight, as well as our last event focused on “Enrollee Advisory Committees Through a Health Equity Lens.”

We also have additional resources available for you to peruse, so a care coordination post. We recently updated the Behavioral Health Integration Capacity Assessment, and we have a resource guide on Addressing Bone Health Across the Life Course for Dually Eligible Women with Disabilities. And please also feel free to review these additional resources.

And lastly, this slide contains the references for our presentation.

I want to acknowledge our excellent presenters, Dr. Brandon Wilson, Diana Jackson, and Amy Buterbaugh. Thank you for sharing your engaging and informative presentations and your valuable expertise for the benefit of our audience today.

And thank you to our audience for your participation. This concludes today's webinar. Have a great rest of your day.