

Agenda: Equitable Health Care Task Force

Date: 02/12/2025

Opening, welcome, and public comment, 1:00 – 1:15 p.m.

Overview of meeting agenda and objectives, and review of January meeting summary and public comments.

Commissioner's welcome, 1:15 – 1:20 p.m.

Welcome from Commissioner Cunningham.

Recommendation development, 1:20 – 2:50 p.m.

The Task Force will work on developing recommendations for transformational change in health care.

Break, 2:50 – 3:00 p.m.

Community engagement, 3:00 – 3:30 p.m.

The Task Force will discuss the objectives and methods of engaging with communities to inform recommendations.

March retreat, 3:30 – 3:50 p.m.

The Task Force will provide input on the priorities for the March retreat.

Closing and action items, 3:50 – 4:00 p.m.

Review of accomplishments and upcoming next steps.

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02/05/25

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Equitable Health Care Task Force Meeting #11

February 12, 2025



Opening

Thank you for
your
continued
efforts!

- January post-meeting survey
- Reading materials and preparing for meetings
- Your commitment to advance equitable health care

Today's objectives

- Work on developing your ideas for transformational changes in the health care system
- Receive a community engagement update
- Provide input on the March retreat

Today's agenda

1:00 – 1:15 p.m. Opening, welcome, and public comment

1:15 – 1:20 p.m. Commissioner's welcome

1:20 – 2:50 p.m. Recommendation development

2:50 – 3:00 p.m. Break

3:00 – 3:35 p.m. Community engagement

3:30 – 3:50 p.m. March retreat

3:50 – 4:00 p.m. Closing and action items

Summary of January meeting

- What clarification questions do you have about this summary, if any?
- What concerns do you have about this summary, if any?



DRAFT: Equitable Health Care Task Force Meeting Summary

Meeting information

- January 22, 2025, 1:00-4:00 p.m.
- MDH LiveStreamChannel
- Meeting Format: WebEx

Members in attendance

Sara Bolnick, Elizete Diaz, ElijahJuan (Eli) Dotts, Mary Engels, Marc Gorelick, Joy Marsh, Maria Medina, Vayong Moua, Laurelle Myhra, Miamon Queeglay, Nneka Sederstrom, Megan Chao Smith, Sonny Wasilowski, Erin Westfall

Key meeting outcomes

- A summary of individual "pulse check" conversations was shared to reflect the insight from task force members regarding concerns and ideas for moving forward in our process.
- Commissioner Cunningham gave remarks about task force concerns, recognizing and encouraging progress in the face of challenges.
- Task force members engaged in a recommendation development exercise and provided feedback for moving forward with the recommendation development process.
- Task force members learned from the MDH Tribal Liaison about Tribes and Tribal health care systems.

Key actions moving forward

- Task force members are asked to complete a post-meeting survey.
- MDH will consider the feedback received about the task force's development of recommendations for transformational and incremental changes.
- Task force members are encouraged to continue to add opportunities to the Opportunity Matrix, to inform the ongoing development of recommendations.

Summary of Meeting Content and Discussion Highlights

Meeting objectives

- HEAL Council
- Minnesota Medical Association Health Equity Community of Practice
- Minnesota Primary Care Stakeholders Group



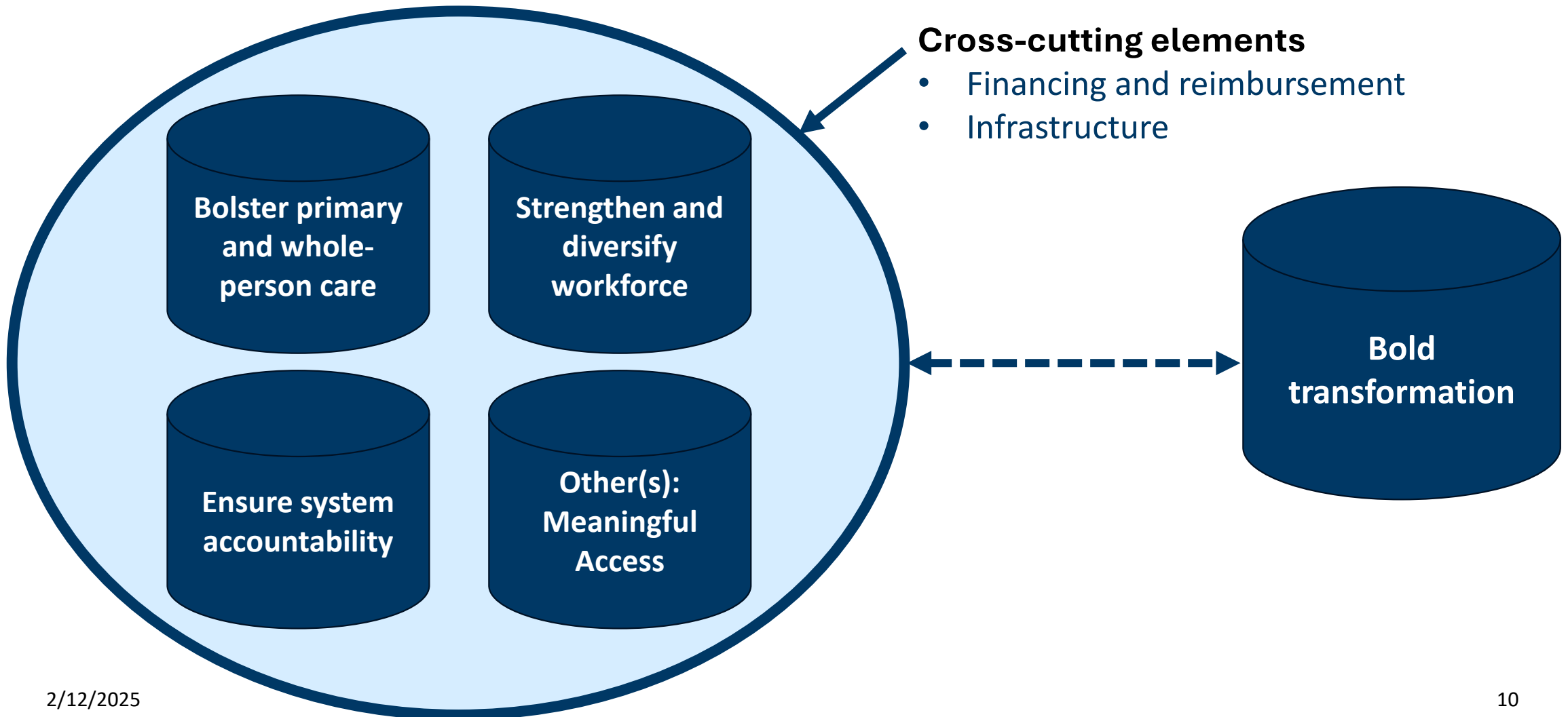
Welcome from Commissioner Cunningham

Brooke Cunningham | Commissioner of the Health



Recommendation Development

Recommendation framework



Vision and definition

Our **vision** is that structural and institutional wrongs will be addressed, cultural practices will be newly honored, and new modes of health care delivery will be created. The Equitable Health Care Task Force will engage with entities to act on a set of actionable recommendations.

Health care equity means the health care system is accountable for every person achieving and sustaining self-defined optimal health outcomes throughout their lives.

Vision: Access, Delivery, and Quality

Every person in Minnesota has seamless access to high-quality, integrated, and culturally responsive health care. Health care and services are comprehensive across all dimensions of health, including mental health and oral health needs. The health care system is proactive and addresses the needs of all communities, eliminates disparities, and ensures holistic well-being for every individual.

Vision: Financing

To create recommendations on how to achieve a health care finance system that:

1. Eliminates arbitrary healthcare costs and pricing including price discrimination and is truly equitable and easily accessible to all parties including patients regardless of their health or social background or status, providers, and payers.
2. Reflects, accounts for, and caters to the social, cultural, and other needs of each member of the population being served to achieve optimal health.
3. Eliminates waste by streamlining processes and communication to remove unwanted redundancy in administrative and clinical work (such as when patients get repeat care from different providers, repeat paperwork processing, the seemingly endless back-and-forth between payers and providers on prior authorizations, and other excess administrative overhead costs).
4. Fosters collaboration among patients, providers, and payers where each is appropriately incentivized for preventive care, wellness, and chronic disease management, not acute or sick care while continuing to fund the provision of quality acute care to sustain overall patient and population well-being and prevent the reoccurrence or exacerbation of illnesses.
5. Is structured by policies and processes at the state level and becomes a model for other states interested in advancing healthcare equity.

Vision: Workforce

Our vision is to provide strategic guidance to Minnesota health care organizations in building, nurturing, and maturing an equitable workforce. Through these efforts, we aspire to foster workplaces where every individual feels valued, empowered, and equipped to deliver exceptional care to members, patients and communities.

Features of a transformed system

- **Community** is at the table, it is part of the system, power is shared, the health care system is co-created
- Patients and communities **trust** the health care system
- **Racism** is acknowledged and addressed in the health care system
- The health care system—providers and payers—is held **accountable** for culturally concordant, high-quality care
- The health care **workforce is inclusive and representative** of the communities it serves
- Health care is **holistic** throughout the lifespan and for significant health events and conditions
- Health **data are easily shared** across providers and with patients and those that support them in their care and well-being
- **Language** is not a barrier to care for patients
- Patients are health **literate**
- The current system is **radically transformed**

1. Small group discussion (breakout rooms) – 40 minutes

- Share your views on what an equitable health care system is like from patient, caregiver, provider, and other perspectives, and how to get there
- DeYoung/MDH team will take notes

2. Large group discussion – 40 minutes

- Discuss what was shared, ideas and recommendations, and next steps

Imagine the health care system in Minnesota is the equitable one you envision.

- What do you **experience** as a patient, a caregiver, a provider?
- What does this look like—from accessing and entering the new system, to the delivery of care, who is providing it and how, and what happens after the visit?
- What is **different** from the current reality?
 - For those of you that work for a health care organization: What is different in your experience? How does your work change? What's different in your organization?
 - For all: Do you have specific ideas for how to achieve the equitable health care experience you envision?

Breakout Rooms

What are your **transformational ideas** for an equitable health care system?

Next steps: Transformational ideas

How do you want to further develop transformational ideas between now and the March retreat?

1 = Task force works on this more during the Feb. 21 working session with technical support from MDH

2 = Small group of task force members that meets on their own with or without technical support from MDH

3 = MDH synthesizes content and shares back with the task force

4 = Other

Break



Engagement

Objectives and methods

Objectives: Obtain input on emerging recommendations and probe for whether these solutions are headed in the right direction, what is missing, and what would be most impactful and make the biggest difference

Methods

Task force suggestions	Commonly used in MDH projects
<ul style="list-style-type: none">• Community panel during task force meeting• Task force members reach out to community members and peers• Task force members hold listening sessions• Incorporate community input from other related efforts	<ul style="list-style-type: none">• Focus groups and interviews with:<ul style="list-style-type: none">• Organizations and bodies representing, serving, and advocating for communities impacted by health care disparities• Health care providers and payers and the organizations that represent them• Listening sessions for the public (open to observation by task force members)• Public written comment



Who



What



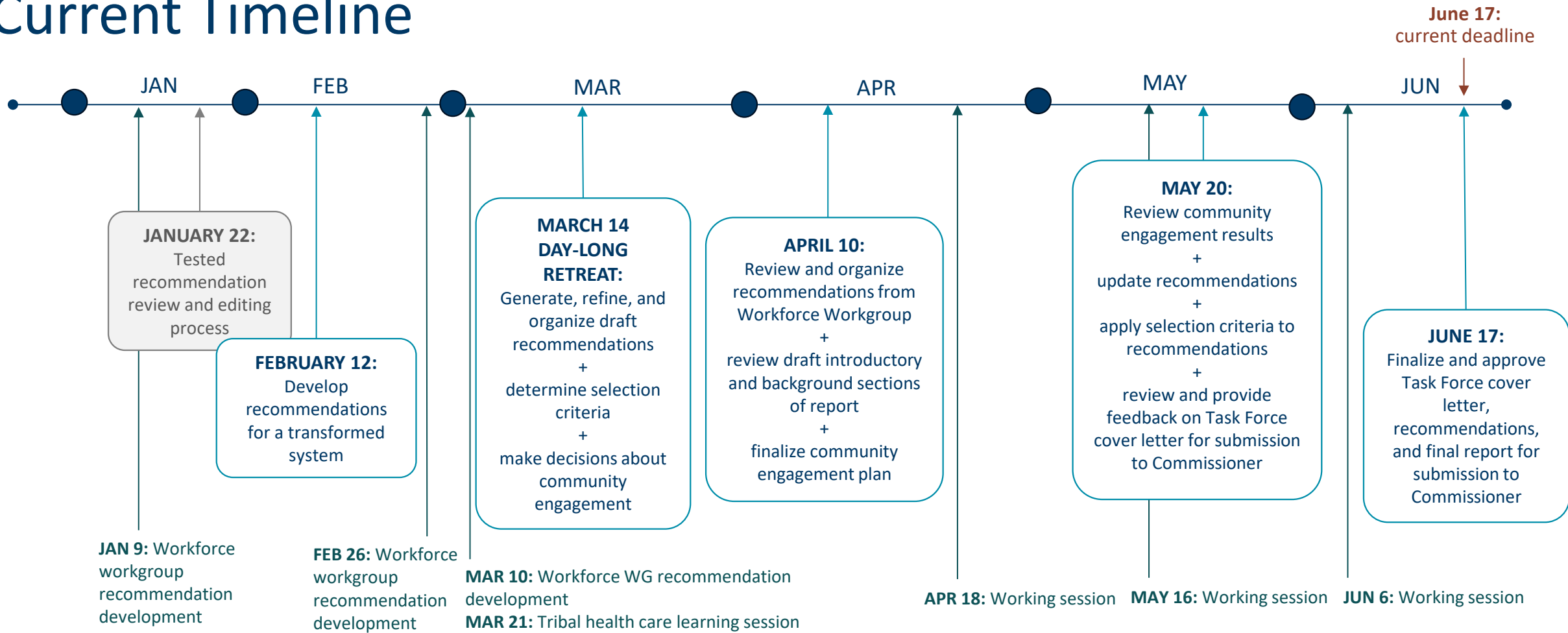
How

Would you like to join meetings with MDH and the engagement vendor to help plan the community engagement methods, brief the task force on the plan, and obtain input from the task force?

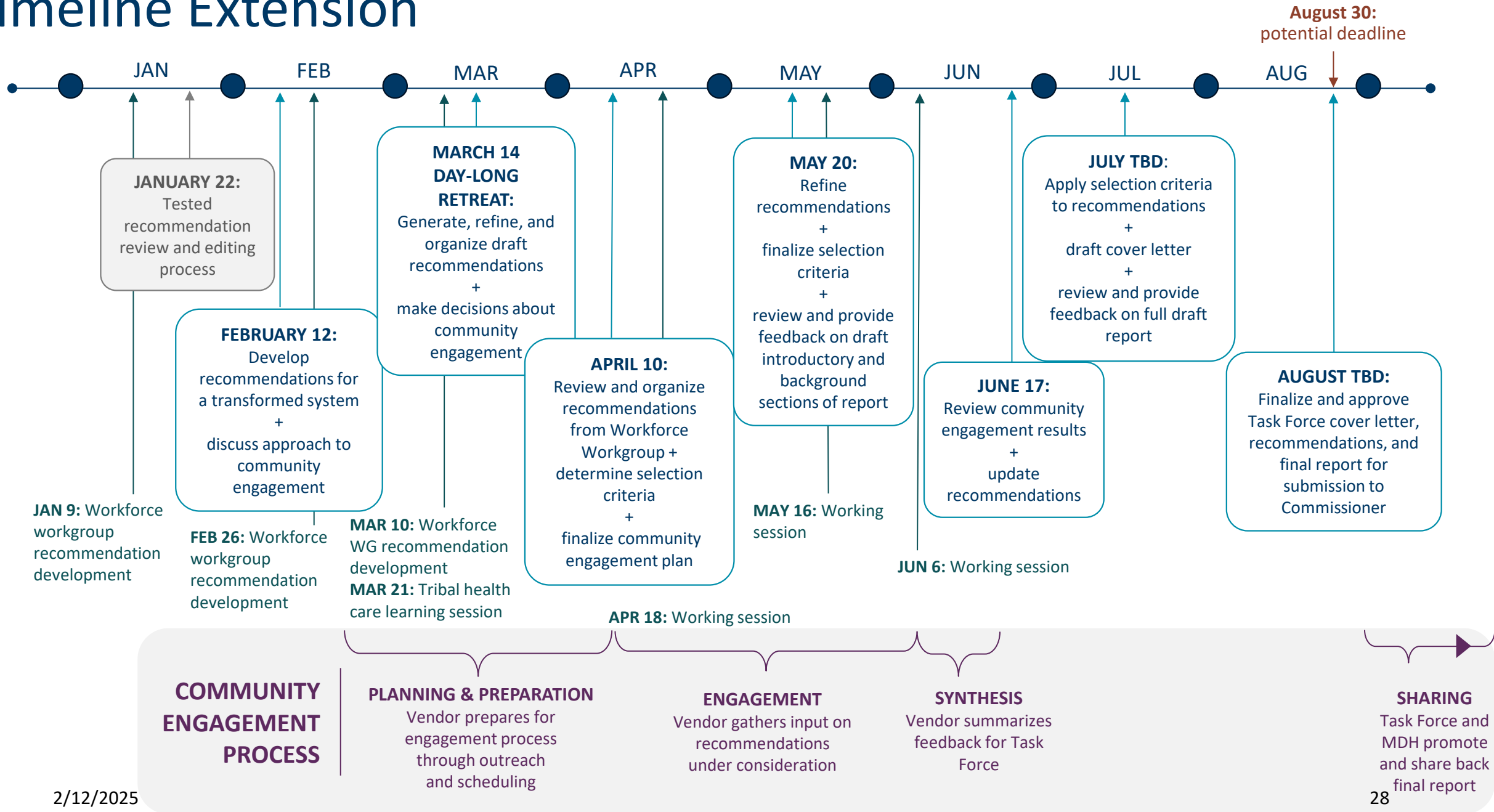
Timeline



Current Timeline



Timeline Extension



Would you like to extend the task force timeline beyond June to allow for more thorough development of recommendations and community engagement?

1 = Strongly support

2 = Somewhat support

3 = Neutral

4 = Somewhat oppose

5 = Strongly oppose



March Retreat

Sample agenda

- 8:00-9:00 Coffee and community-building, room set-up
- 9:00-9:15 Welcome, overview of the day
- 9:15-12:00 Recommendation development in small groups with break
- 12:00-1:00 Lunch and community-building
- 1:00-3:30 Recommendation development in small groups with break
- 3:30-3:55 Reflection and discussion of accomplishments, learnings, questions, community engagement, and next steps
- 3:55-4:00 Thank you and closing

Would you like to work with DeYoung Consulting Services and MDH to plan the March 14 retreat?

- This would involve attending at least two hour-long planning meetings.



Meeting Close

Closing and action items

- Task force members will:
 - Complete post-meeting survey
 - Prepare for March retreat
- Project team will:
 - Summarize today's meeting
 - Provide meeting slides to the task force
- Virtual session: February 21, 10:00 – 11:00 a.m.
- Full day retreat: March 14, 9:00 a.m. – 4:00 p.m.
- Virtual session: March 21, 11:00 a.m. – 12:00 p.m.
 - Tribal health care systems

Thank You

See you March 14, 2025!