
Operationalizing Health Equity Practices in Quality Improvement
September 28, 2022
IHC
Kansas Healthcare Collaborative
South Dakota
Association of Healthcare Organizations

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Presenter Information
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Review of program #1

Health disparities are not new

What is Health Equity?
An imperative.
A journey.
A goal.

Key terms

Health Disparities

What can we do?

+$135 B per year
if racial disparities in health are eliminated

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Build systems to identify and address disparities

- Reviewed HEOA metrics 1, 2, & 3

Metric #	Category	Standard
1	Data Collection	Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.
2	Data Collection Training	Hospital provides workforce training regarding the collection of self-reported patient demographic data.
3	Data Validation	Hospital verifies the accuracy and completeness of patient self-reported demographic data.

- Questions to ask yourself and strategies & actions to consider implementing
- Discussed additional demographic data (beyond REAL) that can be collected to advance health equity and sources to help you identify populations within your community

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What actions did you take?

Poll question. Potential responses:

- Did the homework – thanks for the Excel spreadsheet!
- Shared the information with others in my hospital who can do something about data collection, data collection training, or data validation
- Met with my registration manager to learn more about how we collect data, train our staff, and/or validate our data
- Observed or talked with registration staff about barriers to collecting REAL data
- Looked at some data sources outside my organization (e.g., Census Bureau, state demographic data)
- Nothing yet, too many competing priorities
- Didn't attend the first session – wish I had!

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Operationalizing Health Equity Practices in Quality Improvement

Kellie Goodson, MS, CPXP
September 28, 2022

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Learning Objectives

- Explain the importance of disaggregating healthcare measures using patient demographic data in relation to improving health equity.
- Discuss strategies and actions for identifying health disparities and communicating findings to key stakeholders.
- Describe interventions shown to resolve health disparities.

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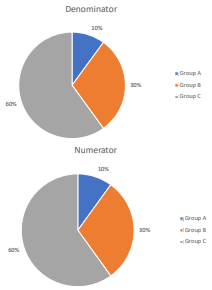
In a perfect world....

Patients	Denominator	Numerator	Rate
Group A	50	8	15.0%
Group B	150	23	15.0%
Group C	300	45	15.0%
Total	500	75	15.0%



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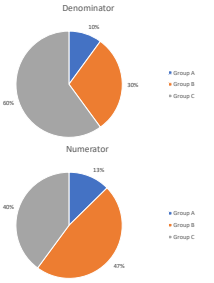
In reality....

Patients	Denominator	Numerator	Rate
Group A	50	10	19.0%
Group B	150	36	23.8%
Group C	300	30	10.0%
Total	500	75	15.0%



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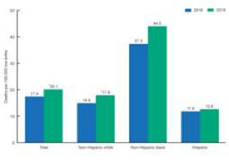
Human costs: Mothers & Babies

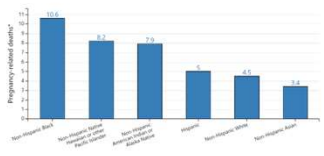
Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018–2019



¹Statistically significant increase in rate from 2018 to 2019 ($p < 0.05$).
Note: Race groups are single race.
Source: National Center for Health Statistics, National Vital Statistics System, Mortality.

Products - Health E Stats - Maternal Mortality Rates in the United States, 2019 (cdc.gov)

Infant Mortality Rates by Race and Ethnicity, 2019



*Per 100,000 live births

Infant Mortality | Maternal and Infant Health | Reproductive Health | CDC

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Improvements in maternal mortality

Pregnancy-Related Mortality (ca.gov)

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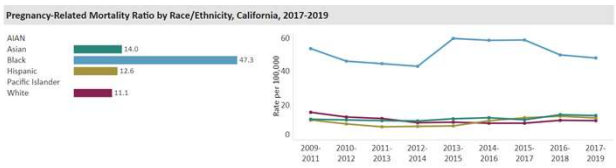
Yet disparities still exists



Pregnancy-Related Mortality (ca.gov)

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What can we do?

Build systems to identify and address disparities

Regularly disaggregate data

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Assess your current practices

Health Equity Organizational Assessment (HEOA)

- Developed 2017-2018; Grass roots effort supported by CMS
- Aim to assess hospital's
  1) preparedness to address health disparities through the consistent collection of accurate demographic data;
  2) use of demographic data to identify and resolve disparities; and
  3) implementation of organizational and cultural structures needed to sustain the delivery of equitable care.
- More than 2,000 hospitals have taken the HEAO

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HEOA Assessment Categories & Standards

Metric #	Category	Standard
1	Data Collection	Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.
2	Data Collection Training	Hospital provides workforce training regarding the collection of self-reported patient demographic data.
3	Data Validation	Hospital verifies the accuracy and completeness of patient self-reported demographic data.
4	Data Stratification	Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.
5	Communicate Findings	Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.
6	Resolve Differences	Hospital implements interventions to resolve differences in patient outcomes.
7	Culture & Leadership	Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.

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Category 4: Data Stratification

Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.

Intent of the Category:

- Examine patient safety, quality or outcome measures with an equity lens to determine if differences in patient outcomes exist, identify areas in need of quality improvement and targeted interventions.

Race
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity
- Hispanic or Latino
- Not Hispanic or Latino

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Metric 4: Basic level of data stratification

Hospital stratifies at least one patient safety, quality and or outcome measure by REAL.

Questions to ask yourself

- What are our priorities? Can I align data stratification with a hospital-wide goal?
- Where have we been stuck and can't improve our outcomes no matter what we do?
- Can I partner with someone outside my organization to understand the needs of a population and compare that to our outcomes data?

Strategies & Actions

- Try it! Select one measure to stratify and see what you see
- Identify an upcoming project where you can stratify data before you get started

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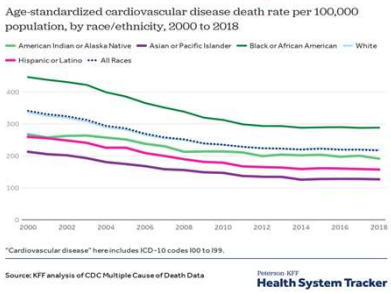
Data Stratification Example



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Metric 4: Intermediate level of data stratification

Hospital stratifies more than one (or many) patient safety, quality and or outcome measure by REAL.

Questions to ask yourself

- What are our priorities? Can I align data stratification with multiple hospital-wide goals?
- Where have we been stuck and can't improve our outcomes no matter what we do?
- Can I partner with someone outside my organization to understand the needs of a population and compare that to our outcomes data?

Strategies & Actions

- Regularly disaggregate data for all projects
- Consider experience, process or outcomes data
- Look at data across a continuum

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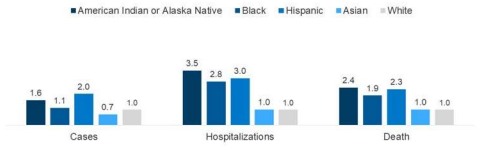
Data Stratification Example

Figure 4

People of color have had higher rates of infection, hospitalization, and death due to COVID-19.

Risk of infection, hospitalization, and death compared to White people in the U.S., adjusted for age:



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.
SOURCE: CDC, Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity, as of 5/12/2021, www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html, accessed 5/12/2021.

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Metric 4: Advanced level of data stratification

Hospital stratifies more than one (or many) patient safety, quality and/or outcome measure by REAL and other demographic data (beyond REAL) such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors.

Questions to ask yourself

- Have we mastered data stratification of REAL data?
- What other patient demographic data do we collect?
- What do we know about disparities that exist that we might want to investigate?

Strategies & Actions

- Share what you are doing

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Metric 4 – Polling Question

What action can you take?

- Share this information with others in my organization
- Select one measure to stratify
- Identify an upcoming project where you can stratify data before you get started
- Regularly disaggregate data for all projects
- Consider experience, process or outcomes data
- Look at data across a continuum
- Share what you are doing

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Category 5: Communicate Findings

Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.

Intent of the Category:

- Hospital communicates identified gaps in disparities with the intent to create organization- and community-wide awareness of potential differences in patient outcomes and promotes understanding of patient population needs.
- A regular reporting mechanism (e.g., quarterly, semi-annually, etc.) is in place that leadership can visually assess for potential differences in patient outcomes. This may include equity dashboards, scorecards or reports.

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Metric 5: Basic level of communicating findings

Hospital uses a reporting mechanism (e.g., equity dashboard) to routinely communicate patient population outcomes to hospital senior executive leadership (including medical staff leadership) and the Board.

Questions to ask yourself

- What information do we regularly track can we stratify?
- Can we add stratified data to an existing dashboard?

Strategies & Actions

- Review existing processes for reporting findings to senior leadership
- Pilot test data stratification with one measure and report your findings to hospital leadership

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Metric 5: Intermediate level of communicating findings

Hospital uses a reporting mechanism (e.g., equity dashboard) to routinely communicate patient population outcomes widely within the organization (e.g., quality staff, front line staff, managers, directors, providers, committees and departments or service lines).

Questions to ask yourself

- What data is communicated widely within the organization?
- Is there any element of that data we can stratify?

Strategies & Actions

- Research ways in which you could communicate findings to all staff (e.g., newsletters, town halls, departmental meetings)
- Introduce state or local health disparities data to discuss with staff

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Metric 5: Advanced level of communicating findings

Hospital uses a reporting mechanism (e.g., equity dashboard) to share/communicate patient population outcomes with patients and families (e.g., PFAC members) and/or other community partners or stakeholders.

Questions to ask yourself

- What avenues do you have to communicate to patients, families, community members?
- How are you engaging patients, families, community members in your improvement work?

Strategies & Actions

- Review Rush University's Health Equity report
- Share what you are doing

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Rush University Medical Center Health Equity Report

HealthEquity-ONLINE-FNL.pdf (rush.edu)

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Metric 5 – Polling Question

What action can you take?

- Share this information with others in my organization
- Review existing processes for reporting findings to senior leadership
- Pilot test data stratification with one measure and report your findings to hospital leadership
- Research ways in which you could communicate findings to all staff (e.g., newsletters, town halls, departmental meetings)
- Introduce state or local health disparities data to discuss with staff
- Review Rush University's Health Equity report
- Share what you are doing

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What can we do?

Build systems to identify and address disparities
Regularly disaggregate data
Use targeted interventions to address gaps in care

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Category 6: Address and Resolve Gaps in Care

Hospital implements interventions to resolve differences in patient outcomes.

Intent of the Category:
- Ensure proper provision of resources to resolve differences in patient outcomes
- Tailor interventions to resolve differences in patient outcomes and educate staff about gaps in care.
- To every extent possible, existing teams should be utilized to address gaps in care.

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Metric 6: Basic level of address and resolve gaps in care

Hospital engages multidisciplinary team(s) to develop and test pilot interventions to address identified disparities in patient outcomes.

Questions to ask yourself

- What is our improvement process and who is involved?
- Do we include an equity lens to our improvement work?
- Where can we add an equity component to our improvement processes?

Strategies & Actions

- Review existing or upcoming improvement projects and determine where an equity lens can be infused
- Recruit a unit that would be willing to engage in an equity performance improvement project

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Metric 6: Intermediate level of address and resolve gaps in care

Hospital implements interventions (e.g., redesigns processes, conducts system improvement projects and/or develops new services) to resolve identified disparities and educates staff/workforce regarding findings

Questions to ask yourself

- Do we systematically track our improvement work?
- How do we share improvement stories in our organization?
- Do we review improvement as a learning opportunity for all staff?

Strategies & Actions

- Ask staff about improvement work that they are conducting and if they've considered equity as part of their work
- Review staff development plan and determine if improving equity is included
- Review new Joint Commission standards regarding improving equity

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New and Revised Requirements to Reduce Health Care Disparities

The Joint Commission

New and Revised Requirements to Reduce Health Care Disparities | The Joint Commission

Effective January 1, 2023, new and revised requirements to reduce health care disparities will apply to Joint Commission–accredited ambulatory health care organizations, behavioral health and human services organizations, critical access hospitals, and hospitals.

A new standard in the Leadership (LD) chapter with 6 new elements of performance (EPs) has been developed to address health care disparities as a quality and safety priority. Standard LD.04.03.08 will apply to the following Joint Commission–accredited organizations:

- All critical access hospitals and hospitals
- Ambulatory health care organizations providing primary care within the "Medical Centers" service in the ambulatory health care program (the requirements are not applicable to organizations providing episodic care, dental services, or surgical services)
- Behavioral health care and human services organizations providing "Addictions Services," "Eating Disorders Treatment," "Intellectual Disabilities/Developmental Delays," "Mental Health Services," and "Primary Physical Health Care" services.

The Record of Care, Treatment, and Services (RC) requirement to collect patient race and ethnicity information has been revised and will apply to the following Joint Commission–accredited programs:

- Ambulatory health care (Standard RC.02.01.01, EP 31)
- Behavioral health care and human services (Standard RC.02.01.01, EP 26)
- Critical access hospital (Standard RC.02.01.01, EP 25)

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Metric 6: Advanced level of address and resolve gaps in care

Hospital has a process in place for ongoing review, monitoring, recalibrating interventions (as needed) to ensure changes are sustainable.

Questions to ask yourself

- What systems do we have in place to monitor results?
- How do we ensure improvements are sustained?
- How can we add an equity lens to our work?

Strategies & Actions

- Identify existing systems where results are monitored
- Review processes where staff can engage in reviewing and monitoring improvements made

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Metric 6 – Polling Question

- Share this information with others in my organization
- Review existing or upcoming improvement projects and determine where an equity lens can be infused
- Recruit a unit that would be willing to engage in an equity performance improvement project
- Ask staff about improvement work that they are conducting and if they've considered equity as part of their work
- Review staff development plan and determine if improving equity is included
- Review new Joint Commission standards regarding improving equity
- Identify existing systems where results are monitored
- Review processes where staff can engage in reviewing and monitoring improvements made

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Practical Example

Metric 4:

- Hospital identified a disparity in readmission rates between patients with limited English proficiency (LEP), compared to English speaking counterparts.
- Limited English proficiency (LEP) contributes to readmissions due to factors such as (but not limited to) inadequate understanding of discharge diagnosis and instructions, lower rates of outpatient follow-up and use of preventative services and lack of medication adherence.[1,2]

Metric 5:

- Hospital organized a team [nursing, linguistic services, case management, providers and Patient and Family Advisory Council (PFAC) member] to pilot test the mandatory use of in-person interpreters at the point of discharge for all patients/families with limited English proficiency (LEP) for 3 months and monitor readmissions rates.

Metric 6:

- Linguistic services and case management keep dashboards to monitor LEP related readmissions, in person interpreter utilization with EHR triggers and report this to leadership on a monthly basis.

[1]Rodriguez F, Joynt KE, Lopez L, Saldana F, Jha AK. Readmission rates for Hispanic Medicare beneficiaries with heart failure and acute myocardial infarction. Am Heart J. Aug 2011;162(2):254-261 e253.
[2]Karliner LS, Auerbach A, Napoles A, Schillinger D, Nickleach D, Perez-Stable EJ. Language barriers and understanding of hospital discharge instructions. Med Care. Apr 2012;50(4):283-289.

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Example: Novant Health

NOVANT HEALTH

2018 CMS Health Equity Award Winners

- This team discovered a disparity in pneumonia readmission rates. The Novant Health team performed 100 comprehensive medical record reviews, looking at 29 clinical and socioeconomic data elements in order to understand the root causes of this disparity. As a result, Novant Health identified opportunities related to the discharge process, patient support after discharge, comorbidities and mortality rate. The team formed five work streams to develop targeted interventions: discharge, population health, home visits, access to healthcare and creating awareness.

- Within one year, between January-September 2017, Novant Health successfully closed the gap: the disparity for African American patients who were readmitted with a diagnosis of pneumonia was reduced by 50% (from 4% to 2%) in comparison to the other populations served.

Past CMS Health Equity Award Winners | CMS

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Example: Harborview Medical Center

- **Prep clinics led by interpreters in Vietnamese and Spanish explaining the importance of colorectal cancer screening and how to prepare.** Prior to the inception of prep clinics at Harborview Medical Center, some patients would arrive for colonoscopies with inadequately prepped bowels leading to prolonged and additional exams. A slide show explained the importance of the exam, defined key terms and reviewed bowel prep instructions. This improved screening rates of Vietnamese and Hispanic patients.

Spanish-speaking patients who attended prep clinic:

- **90.3% of patients completed a colonoscopy which was up from 69.5% ($p < 0.05$)**
- **Patients had excellent bowel preparation 74.3% up from 32.4% pre-intervention ($p < 0.05$).**

Vietnamese-speaking patients who attended prep clinic:

- **98.5% of patients completed a colonoscopy which was up from 67% ($p < 0.05$)**
- **Patients had excellent bowel preparation 91.1% up from 48.3% pre-intervention ($p < 0.05$)**

- **Specialized diabetes management tools for the Hispanic and Somali populations to improve care coordination.** Tools include the use of trained medical interpreters called navigators, who leverage motivational interviewing to learn how the patient's life and disease intersect. They provide care coordination, coaching, navigation, education and they assist with the development of on-line tools through EthnoMed (https://ethnomed.org/).

In six months, Harborview Medical Center decreased the median HbA1c from 9.3 to 8.5 for the population enrolled in the program.

UW Medicine
HARBORVIEW MEDICAL CENTER
vizient.

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Next steps

- Take action! Use the question and strategies & actions to guide your next steps
- Complete the homework and share it with your Clinical Advisor
- Join us for the next session to learn more about metric 7 and hear a review of the HEOA metrics and strategies/actions

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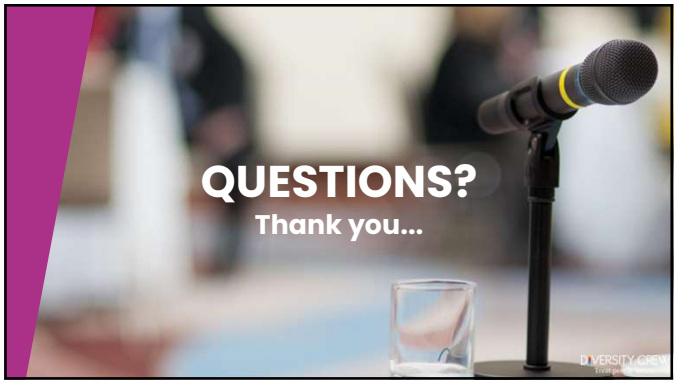

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Upcoming Events

- **Operationalizing Health Equity Practices in Organizational Processes + Procedures**
  - October 26 at 10:00 a.m. CT
  - **Register**

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iCompass Academy

- This webinar will be recorded and be available on iCompass Academy
- What is iCompass Academy?
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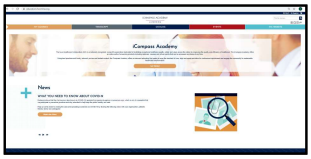

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- We encourage you all to also join us on our new communicative platform, iCompass.
- iCompass is an online IHC forum designed to share information throughout the entire industry and bring people together to drive sustainable healthcare transformation.
- Create an account today: https://www.ihconline.org/icompass/sign-up (Link)

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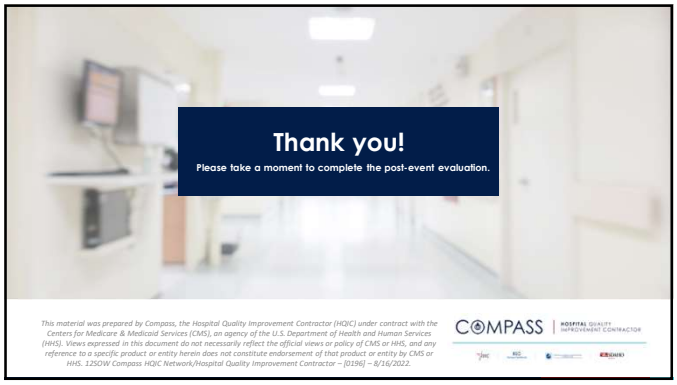
Thank you!
Please take a moment to complete the post-event evaluation.
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