Measuring what Works to Achieve Health Equity

Presented by HRET HIIN and the American Hospital Association Center for Innovation

December 19, 2018
<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30 – 12:35 PM</td>
<td>Welcome</td>
<td>Kristin Preihs, HRET HIIN Senior Program Manger</td>
</tr>
<tr>
<td>12:35 – 12:40 PM</td>
<td>Introduction to Webinar</td>
<td>Paul Guerino, HRET Research Manager</td>
</tr>
<tr>
<td>12:40 – 1:15 PM</td>
<td>Measuring What Works to Achieve Health Equity</td>
<td>Paul Guerino, HRET Research Manager, Kristin Preihs, HRET HIIN Senior Program Manager</td>
</tr>
<tr>
<td>1:15 – 1:25 PM</td>
<td>Questions &amp; Feedback</td>
<td>Participants and Facilitator</td>
</tr>
<tr>
<td>1:25 – 1:30 PM</td>
<td>Closing Remarks</td>
<td>Kristin Preihs, HRET HIIN Senior Program Manger</td>
</tr>
</tbody>
</table>
Learning Objectives:

- Understand how to measure and improve HRET HIIN Health Equity Organizational Assessment (HEOA) metrics
- Learn how to use a self-reporting methodology to collect demographic data from patients and/or caregivers
- Understand how a hospital or health system can provide workforce training regarding the collection of self-reported patient demographic data.
- Analyze and verify the accuracy and completeness of patient self-reported demographic data.
- Create a self-reporting mechanism to communicate outcomes for various patient populations.
- Implement interventions to resolve differences in patient outcomes.
Consumers want more collaboration between their community, their providers, payers, and employers.

How important is it that the following have partnerships with organizations in your local community to help you more effectively manage your health or the health of a loved one?

- **Doctor or hospital**: 72% important, 28% unimportant
- **Insurance company**: 72% important, 28% unimportant
- **Employer**: 59% important, 41% unimportant

Source: PwC Health Research Institute Consumer Survey, 2017
© 2017 PricewaterhouseCoopers LLP, a Delaware limited liability partnership.
Let's Get Real
20% of a person’s health and well-being is related to access to care and quality of services.

The physical environment, social determinants and behavioral factors drive 80% of health outcomes.
Social Determinants of Health

- Housing
- Food
- Education
- Transportation
- Violence
- Social Support
- Employment
- Health Behaviors
Metric Creation- HIIN Affinity Groups & CMS Office of Minority Health

- Data Collection (2 Items)
- Data Validation (1 Item)
- Data Stratification (1 Item)
- Communication Findings (1 Item)
- Addressing Gaps in Care (1 Item)
- Organizational Infrastructure and Culture (1 Item)
HIIN Health Equity Metrics

Health and Disparities Metrics

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.</td>
</tr>
<tr>
<td>Hospital provides workforce training regarding the collection of self-reported patient demographic data.</td>
</tr>
<tr>
<td>Hospital verifies the accuracy and completeness of patient self-reported demographic data.</td>
</tr>
<tr>
<td>Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.</td>
</tr>
<tr>
<td>Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.</td>
</tr>
<tr>
<td>Hospital implements interventions to resolve differences in patient outcomes.</td>
</tr>
<tr>
<td>Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.</td>
</tr>
</tbody>
</table>
Levels of Implementation

- Intent of the Metric
- Level of Hospital Implementation:
  - Basic/Fundamental
  - Mid-Level/Intermediate
  - Advanced
  - N/A
Metric # 1

- Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.

**Basic/Fundamental**
Hospital uses self-reporting methodology to collect race, ethnicity and language Race, Ethnicity, Age and Language (REAL) data for all patients.

*All race and ethnicity categories collected should, at a minimum, roll up to the OMB categories and should be collected in separate fields. Engage Patient/Family Advisors in the collection of REAL data to gain their insights and feedback.*

**Mid-Level/Intermediate**
Hospital meets the above basic/fundamental level of implementation plus:
Hospital collects REAL data for at least 95% of their patients with opportunity for verification at **multiple points of care (beyond just registration)** to ensure accuracy of the data and to prevent any missed opportunities for data collection (e.g., pre-registration process, registration/admission process, inpatient units, etc.). Resource, [here](#).

**Advanced**
Hospital meets the above basic/fundamental and mid/intermediate levels of implementation plus:
Hospital uses self-reporting methodology to collect **additional demographic data (beyond REAL)** for patients such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors.

SDOH/social risk factors may include education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc. For additional details, [click here](#).

**Not Applicable**
Hospital is unable to achieve the metric intent.
Poll: Does your hospital use a self-reporting methodology to collect demographic data from the patient and/or caregiver?

- A) Yes**
- B) I’m not sure
- D) No

**If yes, type in the chat how your organization collects demographic data (i.e., upon intake, self-entry vs. asked, etc.)
Metric #2

- Hospital provides workforce training regarding the collection of self-reported patient demographic data.

**Basic/Fundamental**

Workforce training is provided to staff regarding the collection of *patient self-reported REAL data*.

Examples of training may include: role playing, scripts, didactic, manuals, on-line modules, or other tools/job aids. Patient/Family Advisors should be included in the development and delivery of workforce training to collect REAL data.

**Mid-Level/Intermediate**

Hospital meets the above basic/fundamental level of implementation *plus*:

Hospital *evaluates the effectiveness* of workforce training on an annual basis to ensure staff demonstrate competency in patient self-reporting data collection methodology (e.g., observations, teach back, post-test, etc.).

**Advanced**

Hospital meets the above basic/fundamental and mid/intermediate levels of implementation *plus*:

Workforce training is provided to staff regarding the collection of *additional patient self-reported 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.

SDOH/social risk factors may include education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc. For additional details, click here.

**Not Applicable**

Hospital is unable to achieve the metric intent.
Poll: Does your hospital provide workforce training on demographic data collection?

- A) Yes, it’s a regular part of annual training
- B) Yes, but it’s not a regular training
- C) I’m not sure
- D) No
Metric #3

- Hospital verifies the accuracy and completeness of patient self-reported demographic data.

**Basic/Fundamental**

Hospital has a standardized process in place to both evaluate the accuracy and completeness (percent of fields completed) for REAL data and a process to evaluate and compare hospital collected REAL data to local demographic community data.

**Mid-Level/Intermediate**

Hospital meets the above basic/fundamental level of implementation plus:

Hospital addresses any system-level issues (e.g., changes in patient registration screens/fields, data flow workforce training, etc.) to improve the collection of self-reported REAL data.

Patient/Family Advisors can provide invaluable insights and feedback to address system-level issues regarding the collection of REAL data.

**Advanced**

Hospital meets the above basic/fundamental and mid/intermediate levels of implementation plus:

Hospital has a standardized process in place to evaluate the accuracy and completeness (percent of fields completed) for additional 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 — and has a process in place to evaluate and compare hospital collected patient demographic data to local demographic community data.

SDOH/social risk factors may include education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc. For additional details, click here.

**Not Applicable**

Hospital is unable to achieve the metric intent.
Poll: Does your hospital verifies the accuracy and completeness of patient self-reported demographic data?

- A) Yes**
- B) I’m not sure
- C) No

** If yes, type in the chat how your organization does this.
Metric #4

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

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

Mid-Level/Intermediate
Hospital meets the above basic/fundamental level of implementation plus:
Hospital stratifies more than one (or many) patient safety, quality and/or outcome measure by REAL.

Advanced
Hospital meets the above basic/fundamental and mid/intermediate levels of implementation plus:
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. SDOH/social risk factors may include education level, access to housing, food availability, migrant status, income, incarceration history, access to healthcare, and employment status, etc. For additional details, click here.

Not Applicable
Hospital is unable to achieve the metric intent.
Poll: Does your hospital stratify outcome or other quality indicators?

- A) Yes**
- B) No
- C) I’m not sure

**If yes, type in the chat who in your organization stratifies outcome or other quality indicators.
Metric #5

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

Basic/Fundamental
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.

Mid-Level/
Intermediate
Hospital meets the above basic/fundamental level of implementation plus:
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).

Advanced
Hospital meets the above basic/fundamental and mid/intermediate levels of implementation plus:
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.

Not Applicable
Hospital is unable to achieve the metric intent.
Metric #6

- Hospital implements interventions to resolve differences in patient outcomes.

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

*Multidisciplinary teams can include: diversity & inclusion committee, data/analytics, Patient and Family Advisory Councils (PFACs), patient safety committee, information technology, quality/ performance improvement, patient experience, corporate auditing and finance, etc.*

**Mid-Level/Intermediate**
Hospital meets the above basic/fundamental level of implementation plus:
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.

**Advanced**
Hospital meets the above basic/fundamental and mid/intermediate levels of implementation plus:
Hospital has a process in place for ongoing review, monitoring, recalibrating interventions (as needed) to ensure changes are sustainable.

**Not Applicable**
Hospital is unable to achieve the metric intent.
Metric #7

- Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.

**Basic/Fundamental**
Hospital has a standardized process to train its workforce to deliver culturally competent care and linguistically appropriate services (according to the CLAS standards).

*Training should routinely involve patient and family input (e.g., Patient and Family Advisory Councils (PFACs)) and can include cultural competency/intelligence regarding racial and ethnic minorities, patients with physical and mental disabilities, veterans, limited English proficient patients, lesbian, gay, bisexual and transgender (LGBT) patients, elderly patients, etc.*

**Mid-Level/Intermediate**
Hospital meets the above basic/fundamental level of implementation *plus*:

Hospital has named an individual (or individuals) who has leadership responsibility and accountability for health equity efforts (e.g., manager, director or Chief Equity, Inclusion and Diversity Officer/Council/Committee) who engages with clinical champions, patients and families (e.g., Patient and Family Advisory Councils (PFACs)) and/or community partners in strategic and action planning activities to reduce disparities in health outcomes for all patient populations. Note: This doesn’t have to be a member of the C-Suite.

**Advanced**
Hospital meets the above basic/fundamental and mid/intermediate levels of implementation *plus*:

Hospital has made a commitment to ensure equitable health care is prioritized and delivered to all persons through written policies, protocols, pledges or strategic planning documents by organizational leadership and Board of Directors (e.g., mission/vision/values reflect commitment to equity and is demonstrated in organizational goals and objectives). Example: #123forEquity Pledge

**Not Applicable**
Hospital is unable to achieve the metric intent.
Is Health Equity in Your Strategic Plan?

- 1) Yes
- 2) No
- 3) Don’t Know
HEOA Milestone & Tiers

- Disparities Milestones:
  - Milestone 9 = Submission only
  - Milestone 10 = All measures at least at Basic level
  - Milestone 11 = All measures at least at Basic level with two at intermediate level or above

**Tier 1:** 70% of the states eligible hospitals have to submit 50% of operational metrics (health disparities and PFE)

**Tier 2:** 90% of the states eligible hospitals have to submit 60% of operational metrics (health disparities and PFE)
Check it out: http://www.hret-hiin.org/resources/display/health-equity-metric-guidance
## Resources to Support Improvement

### Resources to Support Progress on Health Equity Metrics

<table>
<thead>
<tr>
<th>Resource</th>
<th>Applicable to Health Equity Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building and Organizational Response to Health Equity</td>
<td>Data Collection and Training</td>
</tr>
<tr>
<td>CMS Office of Minority Health</td>
<td>Data Validation</td>
</tr>
<tr>
<td>Disparities Action Statement</td>
<td>Data Stratification</td>
</tr>
<tr>
<td>CMS Office of Minority Health</td>
<td>Take Action</td>
</tr>
<tr>
<td>Compendium of Resources for Standardized Demographic and Language Data Collection</td>
<td>Communication</td>
</tr>
<tr>
<td>CMS Office of Minority Health</td>
<td>Infrastructure</td>
</tr>
<tr>
<td>A Practical Guide to Implementing the National CLAS Standards</td>
<td></td>
</tr>
<tr>
<td>CMS Office Minority Health</td>
<td></td>
</tr>
<tr>
<td>Guide to Preventing Readmissions among Racially and Ethnically Diverse Medicare Beneficiaries</td>
<td></td>
</tr>
<tr>
<td>CMS Office of Minority Health</td>
<td></td>
</tr>
<tr>
<td>Mapping Medicare Disparities</td>
<td></td>
</tr>
<tr>
<td>CMS Office of Minority Health</td>
<td></td>
</tr>
</tbody>
</table>

### Resources to Support Progress on Health Equity Metrics

<table>
<thead>
<tr>
<th>Resource</th>
<th>Applicable to Health Equity Metric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing Language Services to Diverse Populations Lessons from the Field</td>
<td>Data Collection and Training</td>
</tr>
<tr>
<td>CMS Office of Minority Health</td>
<td>Data Validation</td>
</tr>
<tr>
<td>Guide to Developing a Language Access Plan</td>
<td>Data Stratification</td>
</tr>
<tr>
<td>CMS Office of Minority Health</td>
<td>Take Action</td>
</tr>
<tr>
<td>Sexual and Gender Minority Clearinghouse</td>
<td>Communication</td>
</tr>
<tr>
<td>CMS Office of Minority Health</td>
<td>Infrastructure</td>
</tr>
<tr>
<td>OMIS Categories for Data Collection</td>
<td></td>
</tr>
<tr>
<td>HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status</td>
<td></td>
</tr>
<tr>
<td>7 Best Practices for Collecting REAL Data Using Patient Self-Reporting Methods</td>
<td></td>
</tr>
<tr>
<td>Visant &amp; Multimoda in Healthcare, 2017</td>
<td></td>
</tr>
<tr>
<td>8 Health Information Technology Best Practices for REAL Data Collection</td>
<td></td>
</tr>
<tr>
<td>Visant &amp; Multimedia in Healthcare, 2017</td>
<td></td>
</tr>
</tbody>
</table>
There can be no quality without equity. Promoting diversity and inclusion and building community are essential strategies for delivering equitable care.

www.diversityconnection.org
AHA Resources:

You are invited to explore The Value Initiative at:

www.aha.org/TheValueInitiative
AHA Resources: Pathways to Population Health

Access tools and resources at: www.pathways2pophealth.org
Join HRET HIIN Health Disparities LISTSERV®

HRET HIIN uses the Health Disparities LISTSERV® platform to encourage peer-to-peer networking, share HRET HIIN events and resources, and highlight innovative approaches to reduce harm.

Register here
Thank you for joining us!