Welcome!

We will get started promptly at 12 noon

Today's session is being recorded

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Health Equity Organizational Assessment (HEOA) Knowledge Builder Series

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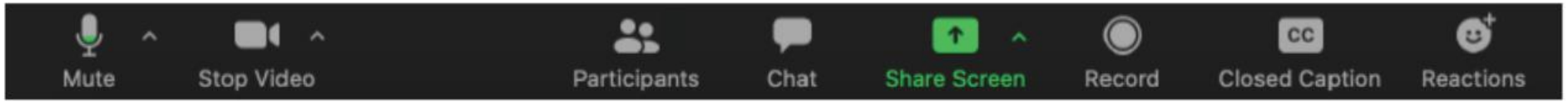
Use Chat to introduce yourself & ask questions

How to use Zoom

At the bottom of your screen, you will see a black bar with icons:



Chat **Everyone** for general comments or questions

The IPRO QIN-QIO

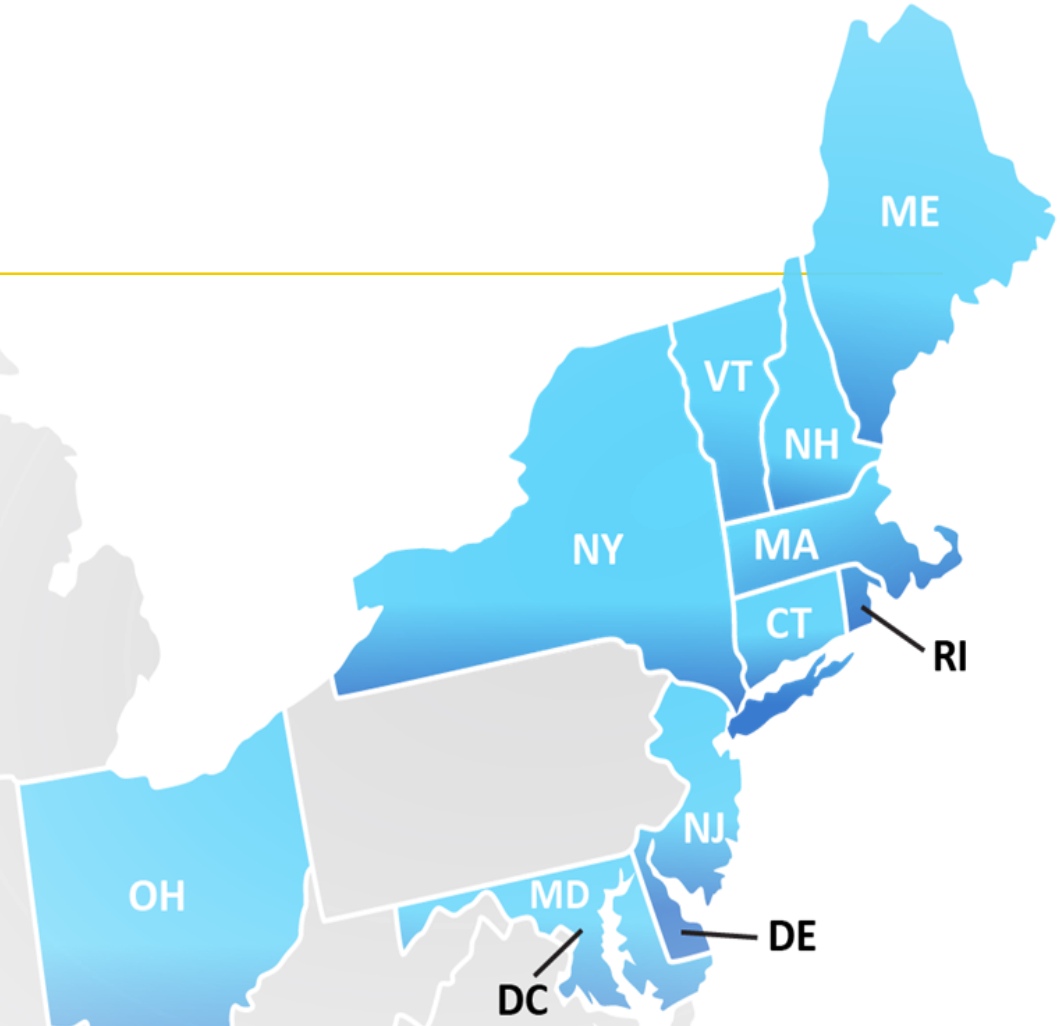
The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) in contract with the Centers for Medicare & Medicaid Services (CMS)
- 12 regional CMS QIN-QIOs nationally

IPRO:
New York, New Jersey, and Ohio

Healthcentric Advisors:
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Qlarant:
Maryland, Delaware, and the District of Columbia



Working to ensure high-quality, safe healthcare for
20% of the nation's Medicare FFS beneficiaries

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The IPRO HQIC

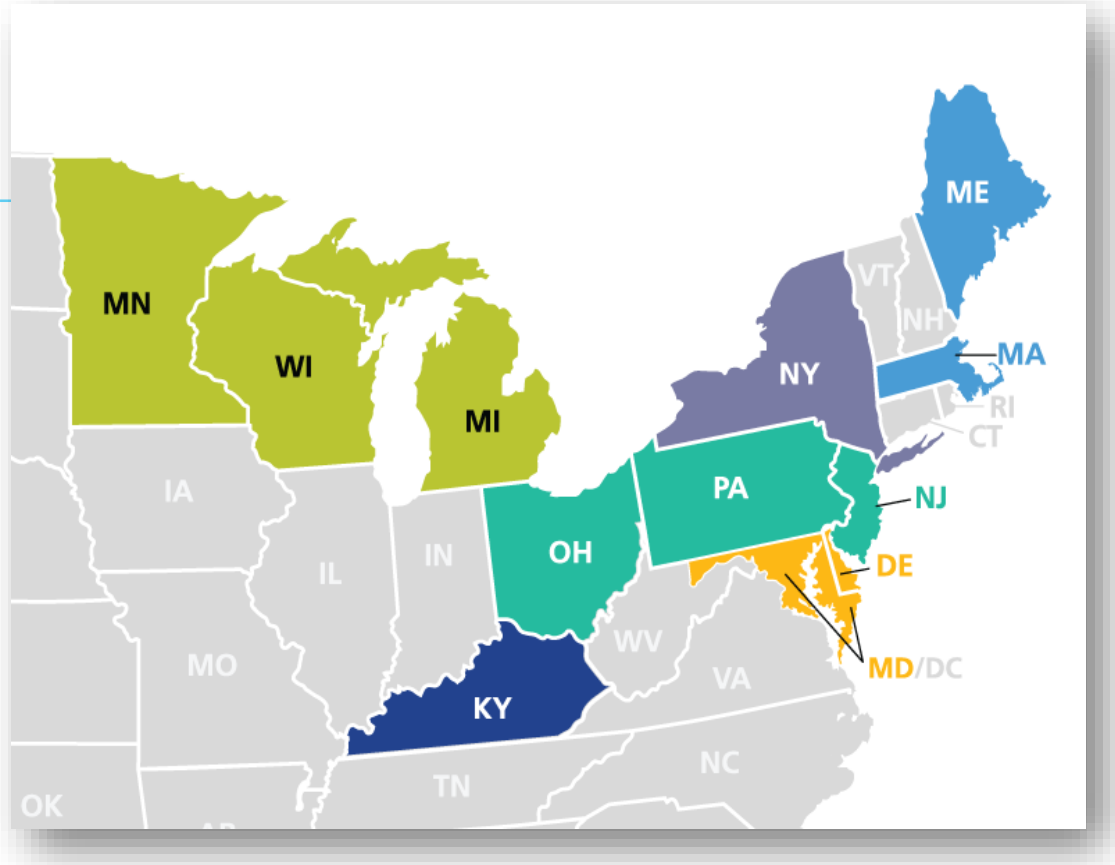
The IPRO HQIC

- A federally funded Medicare Hospital Quality Improvement
  Contractor (HQIC) in 12 states
- IPRO collaborates with several organizations to reach hospitals.

- IPRO
- Healthcentric Advisors
- Kentucky Hospital Association
- Qlarant
- Q3 Health Innovation Partners
- Superior Health Quality Alliance

American Institutes for Research (AIR)

QSource Health Equity Subject Matter Experts



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Health Equity Organizational Assessment (HEOA)
Category 2: Data Collection Training

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Overview of this Series

1. **CHALLENGE:** Eliminating health disparities requires a commitment to collecting meaningful patient demographic data that healthcare organizations can use to identify and address disparities.

2. **ACTION:** Use the HEOA Assessment to identify opportunities for improvement in your organization's ability to collect, validate, stratify, and analyze patient demographic data to identify and address disparities.

3. **Result:** Develop and implement an action plan to address opportunities for improvement based on the seven HEOA categories with a goal of providing more equitable care.

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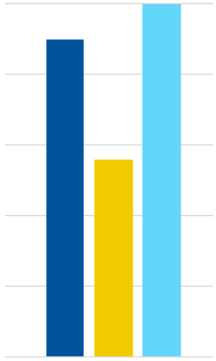
Polling Question



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Patient Demographic Data Collection Training

Staff training on collecting patient demographic data is important because:

- Frontline staff are critical to this process; training can emphasize the importance of collecting these data
- It helps prepare staff for collecting sensitive information & effectively handling patient objections/concerns
- It establishes a standardized, consistent process that is implemented system-wide
- It can help make staff feel supported

Category II: Data Collection Training

Level of Implementation	Best Practices
Basic	Is provided regarding the collection of patient self-reported REaL data.
Intermediate	Is evaluated for effectiveness on at least an annual basis to ensure staff competency in collecting patient demographic data. Such evaluation can include methods such as tests, role plays, and observations.
Advanced	Is provided regarding the collection of additional patient self-reported demographic data (beyond REaL) such as disability status, SO/GI, veteran status, geography, and/or other SDOH risk factors such as housing, income, education, employment, food security, and others.
Recommended	Is provided in documenting ICD-10 Z Codes completely and correctly.

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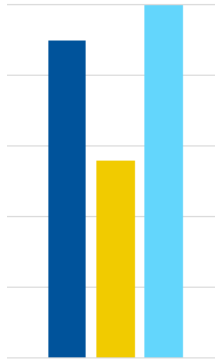
Best Practice Strategies for Organizational Health Equity

Training on Data Collection (HEOA 2)

Strategy	Tasks	Helpful Tools
Provide training on collection of patient/ caregiver self-reported REaL data.	✓ Train staff members to understand that REaL data are collected to reduce healthcare disparities. Include all front-line registration staff members (inpatient, ambulatory, and primary care). ✓ Adopt an interactive training program. Incorporate scripts or role-playing to help staff members become comfortable with patients/caregivers self-reporting REaL data and how to address challenging questions that they may receive. ✓ Require training at orientation and annually to maintain the integrity of your data collection processes.	• HRET: Scripts and PowerPoint for AHA Disparities Toolkit - Staff Training • New York State Partnership for Patients (NYSPFP): e-Learning REaL Data Collection: How and Why We Ask • AHA Disparities - How to Ask the Questions • AHA Disparities Toolkit: Staff Training • AHRQ Data Improvement Through Education and Training of Hospital Staff • AMA Collecting Patient Data: Improving Health Equity in Your Practice
Provide training on collection of additional patient/caregiver self-reported demographic data (beyond REaL).	✓ Incorporate additional demographic variables beyond REaL into your patient/caregiver self-reported data collection training programs. Suggestions include: o Disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or data on other social determinants of health/social risk factors (housing, Income, education, employment, food security, and others).	• Using Z Codes: The SDOH Data Journey to Better Outcomes • HRSA: The Social Determinants of Health Academy
Evaluate effectiveness of training on at least an annual basis to ensure staff member competency in collecting patient demographic data.	✓ Analyze REaL data before and after the implementation of the training program. ✓ Evaluate data once per quarter to determine if you have met your measurable objectives. ✓ If the facility has not met the objectives, try some additional interventions: o Conduct supplementary training. o Coach staff members and/or managers as needed. ✓ Evaluation can include methods such as role playing, observations, and paper or electronic assessments.	

Polling Question



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Josh Suire, MHA, BSN, RN

Senior Manager, Safety & Quality

Michigan Health & Hospital Association

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MHA Keystone Center

A Certified Patient Safety Organization

Leading Healthcare

Health Equity Organizational Assessment

Category 2: Data Collection Training

Joshua Suire, MHA, BSN, RN | Sr. Manager, Patient Safety & Quality

HEOA Overview

Completing the HEOA

Goal: Assess organization's ability to collect, validate, and stratify patient demographic data, as well as the infrastructure in place to identify & act once disparities have been identified

How: Health Equity Organizational Assessment (HEOA) – seven implementation categories

Data Collection	Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.
Data Collection Training	Hospital provides workforce training regarding the collection of self-reported patient demographic data.
Data Validation	Hospital verifies the accuracy and completeness of patient self-reported demographic data.
Data Stratification	Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.
Communicate Findings	Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.
Addressing Resolve Gaps in Care	Hospital implements interventions to resolve difference in patient outcomes.
Organizational Infrastructure & Culture	Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.

Action Plan Example

Data Collection Training						
	Goal	**Measure of Success**	**Person(s) Responsible**	**Due Date**	**Status**	**Comments**
2a.	REaL Data collection training resources deployed to registration and scheduling staff	Tips & Tricks training resources for collection of REaL data expanded, updated and deployed to 100% of registration and scheduling staff	John Doe	Q1 2022	Complete	October 2021 - Expanded values approved by the Equity Council and leadership. November 2021 - Training developed and will be deployed by 1/06/2022. January 2022 - Training module goes live in LMS and assigned to all staff. 100% of staff completed the training on time. February 2022 - Additional resource documents developed for staff based on go-live feedback (as part of training evaluation); confusion on the definitions and difference between race and ethnicity.
2b.	SOGI Data collection training module is deployed to staff and providers at all obstetric ambulatory practices	100% of staff and providers at obstetric ambulatory practices complete the SOGI Data Collection training module	Jane Doe	Q2 2022	Complete	January 2022 - Leadership approved purchase of SOGI training program to be delivered both in the LMS with face-to-face sessions required for all staff collecting the information. March 2022 - Go-live plan developed, including how to evaluate effectiveness of the training. April 2022 - 66% of staff have completed the training. May 2022 - 89% off staff have completed the training. June 2022 - 100% of staff have completed the training, move to evaluation.
2c.	Evaluate the effectiveness of the demographic data collection training program	Annual competencies of 100% of staff who collect this information will include face-to-face simulations	John Doe	Q3 2022	On time	March 2022 - Education department is buildling the training materials to encorporate into annual competencies, starting September, 2022. June 2022 - all staff have completed the training modules (including face-to-face) and are aware of annual review of competency.

Cycle of Improvement

Assess

- Assess your organization's current activity around the seven categories in the HEOA

Evaluate

- Analyze the results of the HEOA with a cross-functional and multidisciplinary team and identify gaps and opportunities

Prioritize

- Assess capacity, and prioritize identified gaps and opportunities

Act

- Take action on the identified areas of opportunity and commit to reaching the highest implementation level within each of the 7 categories

Questions

Chat In

Please feel free to unmute yourself or use the chat feature to share questions, ideas, success strategies, and/or lessons learned

Improvement is a Team Support

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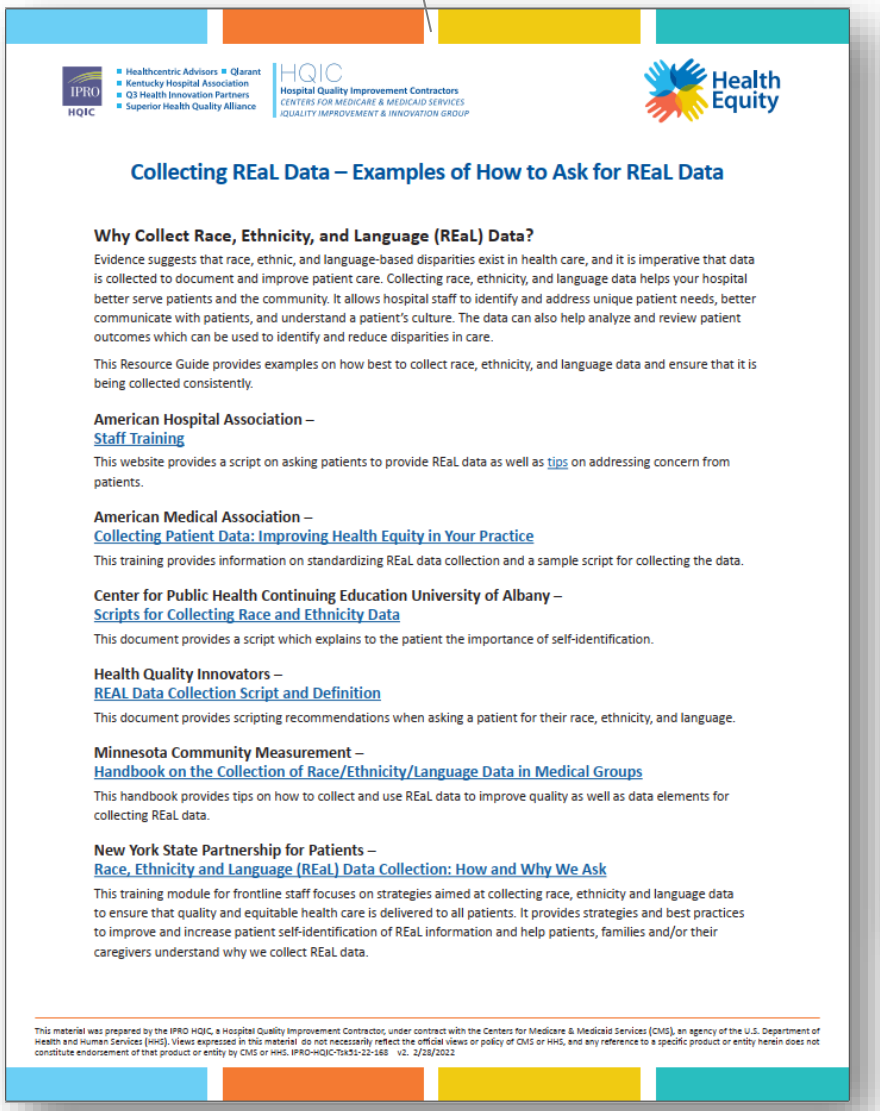
Leaving in Action

Tips for success:

- Access the resources in the IPRO Resource Library:
  - https://qi-library.ipro.org/2022/05/12/health-equity-organizational-assessment-heao-resources/
- Small steps of change:
  - Attend the HEOA Knowledge Builder Educational Series
  - Complete the HEOA Assessment
  - Review your organization's report(s) and develop an action plan for one category where there is an opportunity for improvement.
  - When ready, move to the next category.
  - Reach out to your IPRO QIN-QIO or IPRO HQIC team with questions or needs.

Resources



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Collecting REaL Data – Examples of How to Ask for REaL Data

Why Collect Race, Ethnicity, and Language (REaL) Data?

Evidence suggests that race, ethnic, and language-based disparities exist in health care, and it is imperative that data is collected to document and improve patient care. Collecting race, ethnicity, and language data helps your hospital better serve patients and the community. It allows hospital staff to identify and address unique patient needs, better communicate with patients, and understand a patient's culture. The data can also help analyze and review patient outcomes which can be used to identify and reduce disparities in care.

This Resource Guide provides examples on how best to collect race, ethnicity, and language data and ensure that it is being collected consistently.

American Hospital Association –
Staff Training
This website provides a script on asking patients to provide REaL data as well as tips on addressing concern from patients.

American Medical Association –
Collecting Patient Data: Improving Health Equity in Your Practice
This training provides information on standardizing REaL data collection and a sample script for collecting the data.

Center for Public Health Continuing Education University of Albany –
Scripts for Collecting Race and Ethnicity Data
This document provides a script which explains to the patient the importance of self-identification.

Health Quality Innovators –
REAL Data Collection Script and Definition
This document provides scripting recommendations when asking a patient for their race, ethnicity, and language.

Minnesota Community Measurement –
Handbook on the Collection of Race/Ethnicity/Language Data in Medical Groups
This handbook provides tips on how to collect and use REaL data to improve quality as well as data elements for collecting REaL data.

New York State Partnership for Patients –
Race, Ethnicity and Language (REaL) Data Collection: How and Why We Ask
This training module for frontline staff focuses on strategies aimed at collecting race, ethnicity and language data to ensure that quality and equitable health care is delivered to all patients. It provides strategies and best practices to improve and increase patient self-identification of REaL information and help patients, families and/or their caregivers understand why we collect REaL data.

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Best Practice Strategies for Organizational Health Equity

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Resources

Health Equity Organizational Assessment (HEOA)

Executive Audience: How the HEOA can lower your financial risk and help achieve the Triple AIM

Be Deliberate in Improving Your Scores

Achieving Health Equity is about taking a strategic approach to integrating equity across all quality improvement initiatives to ensure that all patient populations receive the same level of care, regardless of demographic characteristics.

When you identify any groups of patients with quality, outcomes, safety or experience scores lower than the rest, concentrate on these groups and take deliberate action to improve their scores.

Disparities occur across many dimensions, so look for differences by race, ethnicity, and language (REaL), as well as factors such as socioeconomic status, housing, access to transportation, food security, income, education level, occupation, and geographic location.

"There can be no progress on health care quality and population health without health equity."[4]

Health systems are increasingly focused on managing the health of populations as new payment structures hold them accountable for partial or full risk for the health of every patient they serve. It is more important than ever to consider the financial risk associated with allowing health disparities to persist. According to a 2018 study, health disparities cost $93 billion in excess medical costs and $42 billion in lowered productivity each year in the U.S.[1]

Racial/ethnic minorities and individuals with limited English proficiency (LEP) in the U.S. are more likely to suffer an adverse event, have inappropriate and often costly tests, have longer hospital stays, be readmitted to the hospital, and incur ambulatory-sensitive hospitalizations. Racial/ethnic minorities and individuals with lower socioeconomic status are more likely to have multiple chronic health conditions, and thus higher health care costs.[2] It is projected that people of color will account for over half of the population in our country by 2050, making it imperative to address disparities.[3]

Leaders should ask themselves...

- "How do I know if we have disparities and how can I prevent disparities that exist in our patient outcomes?"
- "How can I create a culture and system that reduces disparities to improve quality, save lives and reduce cost?"

According to a 2021 poll of U.S. healthcare professionals conducted by the Institute for Healthcare Improvement (IHI), the top barrier to advancing health equity cited by C-Suite leaders is inconsistent collection of equity-related patient data. The HEOA will help you assess your organization's ability to collect, validate and stratify patient demographic data, as well as evaluate the capability of your existing organizational infrastructure to prioritize and take action on disparities to ensure equitable outcomes across all patient populations your organization serves.

HEOA Assessment Categories:

1. Data Collection
2. Training on Data Collection
3. Data Validation
4. Data Stratification
5. Communicate Findings
6. Address and Resolve Gaps in Care
7. Organizational Infrastructure & Culture

1. Turner A. (2018). *The Business Case for Racial Equity: A Strategy for Growth*. W.K. Kellogg Foundation and Altarum. Access at https://wkkf.issuelab.org/resource/business-case-for-racial-equity.html.
2. Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. (2016). *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement. Access at http://www.ihi.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx.
3. Ndugga N and Artiga S. *Disparities in Health and Health Care: 5 Key Questions and Answers* (2021). Kaiser Family Foundation. Access at https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers
4. Institute for Healthcare Improvement (2021). *Health Equity: Prioritization, Perception, and Progress*. Access at http://www.ihi.org/Topics/Health-Equity/Documents/IHI-2021-Pulse-Report_Health-Equity-Prioritization-Perception-Progress.pdf

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v.2 2/28/2022

REaL Data Collection Toolbox

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Resource Recap

- HEOA Roadmap
- HEOA Frequently Asked Questions
- HEOA Executive Audience One-Pager
- IPRO REaL Data Collection Toolbox
- Collecting REaL Data – Examples of How to Ask for REaL Data
- Best Practices for Health Equity Data Collection

Access All HEOA Resources:

https://qi-library.ipro.org/2022/05/12/health-equity-organizational-assessment-heoa-resources/

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HEOA Knowledge Builder Educational Series

HEOA Knowledge Builders 12:00 – 12:30 PM ET	
May 19th & May 25th (repeat session)	Overview of the HEOA
June 16th	Category I: Data Collection
June 23rd	Category II: Training on Data Collection
June 30th	Category III: Data Validation
July 7th	Category IV: Data Stratification
July 14th	Category V: Communicating Patient Demographic Findings
July 21st	Category VI: Addressing & Resolving Gaps in Care
July 28th	Organizational Infrastructure & Culture
August 6th	Recap/Q&A

Information & Registration

https://qi.ipro.org/2022/05/11/health-equity-organizational-assessment-heoa-knowledge-builders-series/

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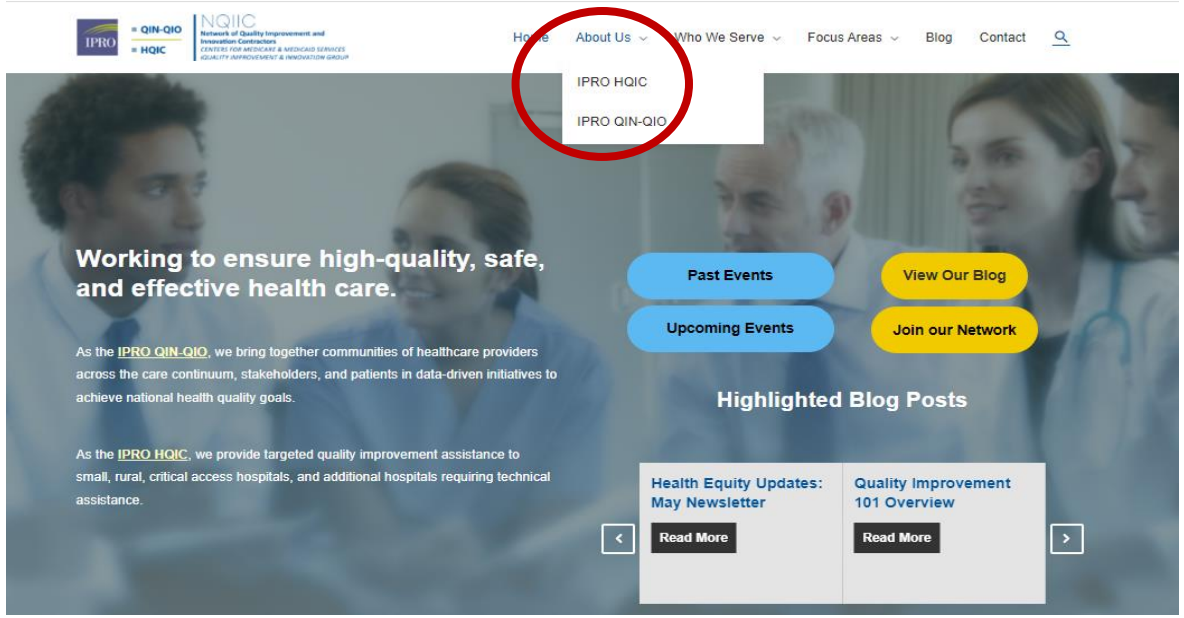

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Let Us Know More…

Your feedback is critically important and will help guide us as we prepare future Small Talks and other educational events.

Please take just a few minutes to complete our session evaluation.

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Thank You

Thank you for your continued partnership and commitment to health equity.