



Welcome!

*We will get started promptly at 12 noon
Today's session is being recorded*



Health Equity Organizational Assessment (HEOA) Knowledge Builder Series



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■ HQIC

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CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP

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



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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:

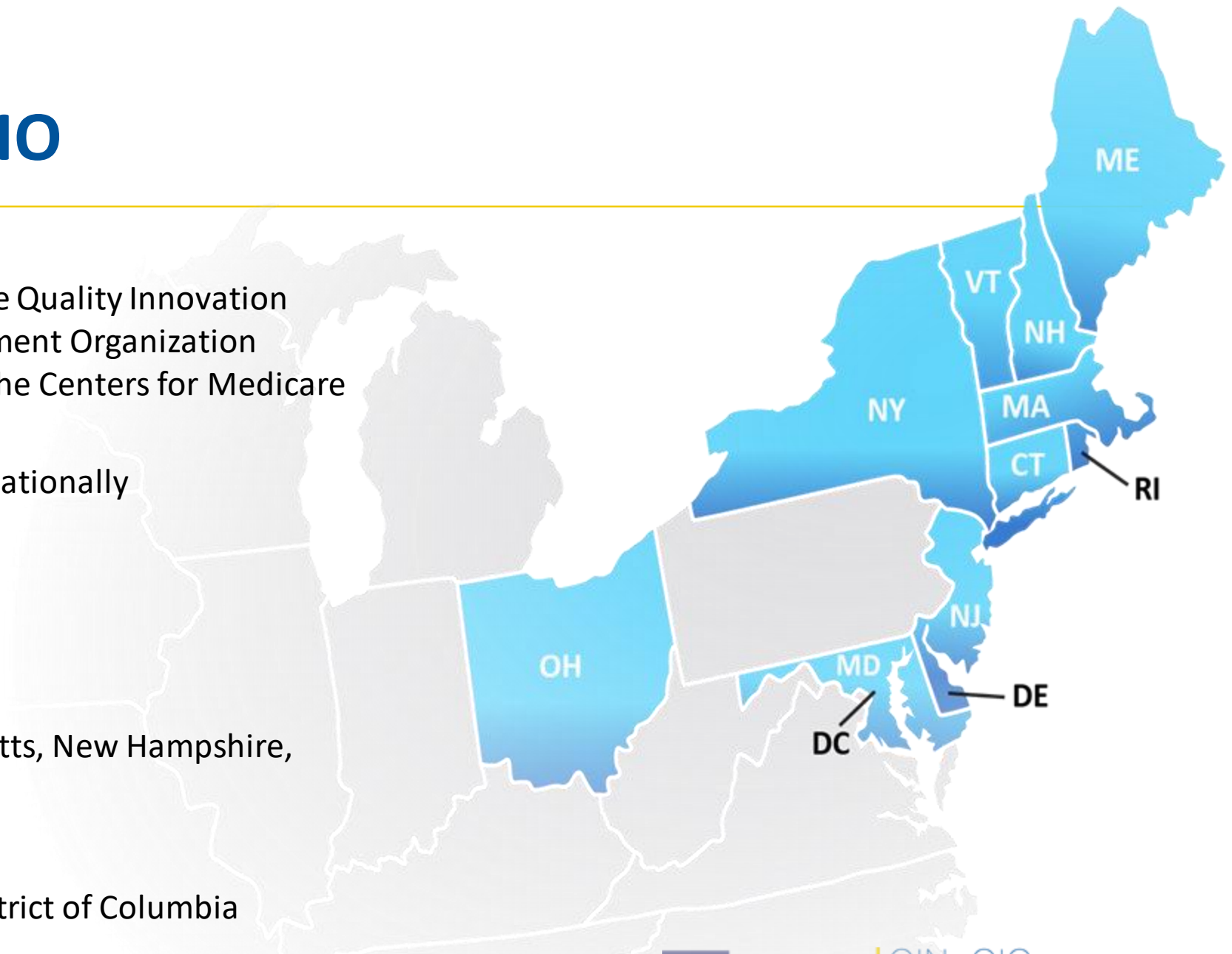
New York, New Jersey, and Ohio

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

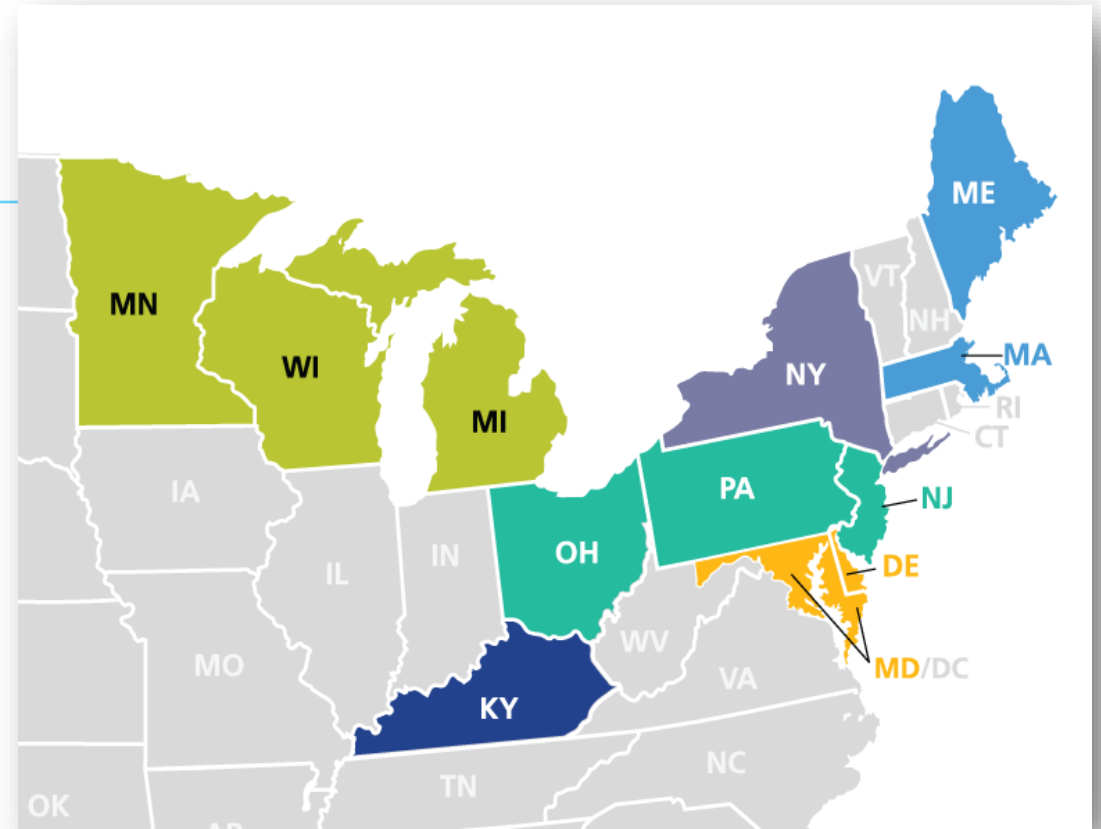
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■ Q3 Health Innovation Partners

■ 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 3: Data Validation



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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

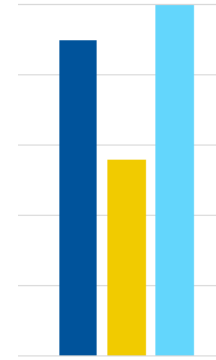
Result: Develop and implement an action plan to address opportunities for improvement based on the seven HEOA categories with a goal of providing more equitable care.



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Polling Question



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Patient Demographic Data Validation

Consider examining data for:

- Accuracy
 - Did the patient or caregiver self-identify the data?
 - Are there differences in the data collected from different sources and at different collection points (i.e. registration/check-in, pre-exam, discharge)?
- Completeness
 - Are REaL data captured across all service areas?
 - Are data collected from at least 95% of patients?
 - Are the “Unknown, Other, Unavailable, or Declined” responses less than 5%?



Patient Demographic Data Validation

Consider also calculating rates for:

- Uniqueness
 - Are individual patients represented only once?
- Timeliness
 - Are the data kept up-to-date?
 - How often are they updated?
- Consistency - Do the data reflect the patient populations served?



Category III. Data Validation

Level of Implementation		Key Activities Implemented	
	Basic	Have a standardized process in place to evaluate the accuracy and completeness (percent of fields completed) of REaL data.	<input checked="" type="checkbox"/>
		Have a standardized process in place to evaluate and compare provider-collected REaL data to local community demographic data.	<input checked="" type="checkbox"/>
	Intermediate	Address system-level issues to improve the collection of self-reported REaL data (e.g., changes in patient registration screens/fields, data flow, workforce training).	<input checked="" type="checkbox"/>
	Advanced	Have a standardized process in place to evaluate accuracy and completeness of additional 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.	<input checked="" type="checkbox"/>
		Have a standardized process in place to compare additional provider-collected demographic data (beyond REaL) to local community demographic data.	<input checked="" type="checkbox"/>
		None of the above	<input type="checkbox"/>



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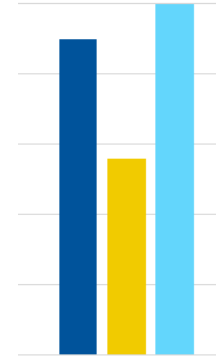


Best Practice Strategies for Organizational Health Equity

Data Validation (HEOA 3)

Strategy	Tasks	Helpful Tools
Evaluate accuracy and completeness (percent of fields completed) of REaL data in the EMR.	<p>Examine data for:</p> <ul style="list-style-type: none"> ✓ Accuracy—Are the data self-identified by the patient/caregiver? Are there differences in the data collected from different sources? For example, differences in ethnicity field responses from pre-registration and check-in? ✓ Completeness—Are REaL data captured across all service areas? Are you collecting from at least 95% of patients? Assess the percentages of “Unknown, Other, Unavailable, or Declined” data. <p>Consider also calculating rates for:</p> <ul style="list-style-type: none"> ✓ Uniqueness—Are individual patients represented only once? ✓ Timeliness—Are data kept up to date? How often are the data updated? ✓ Consistency—Do the data reflect the patient populations served? 	<ul style="list-style-type: none"> • HRET: A Framework for Stratifying REaL Data • Greater Cincinnati Health Council REaL Data Collection Best Practices • Guide to Demographic Data Collection in Healthcare Settings • Healthcare Equality Index LGBTQ Human Rights Campaign Foundation 2018
Evaluate and compare facility-collected REaL data to local community demographic data.	<p>Compare internally collected REaL data to other demographic data sources:</p> <ul style="list-style-type: none"> ✓ Federal data sources (e.g., U.S. Census Bureau) ✓ State data sources (e.g., local schools and counties) ✓ City and district data sources 	<ul style="list-style-type: none"> • U.S. Census Bureau • American Community Survey Data • CMS OMH Mapping Medicare Disparities
Address system-level issues to improve the collection of patient/caregiver self-reported REaL data.	<ul style="list-style-type: none"> ✓ Regularly interview patients or caregivers and staff members to assess efficiency and accuracy of the process. Use results to improve collection methods. Examples are changes in patient registration screens/fields, data flow, workforcetraining, etc. 	
Evaluate accuracy and completeness of additional demographic data (beyond REaL).	<ul style="list-style-type: none"> ✓ Incorporate additional demographic variables beyond REaL into your data validation process. 	
Compare additional facility-collected demographic data (beyond REaL) to local community demographic data.	<ul style="list-style-type: none"> ✓ Collect other demographic data such as disability status, sexual orientation/genderidentity (SOGI), veteran status, geography and/or data on other social determinants of health/social risk factors (housing, income, education, employment, food security, and others). 	<ul style="list-style-type: none"> • CMS OMH Mapping Medicare Disparities • U.S. Census Bureau • American Community Survey Data

Polling Question



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Ruth Hendricks

Director, Organizational Quality & Risk

Northern Lights Inland & Sebasticook Valley Hospitals



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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
 - 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.

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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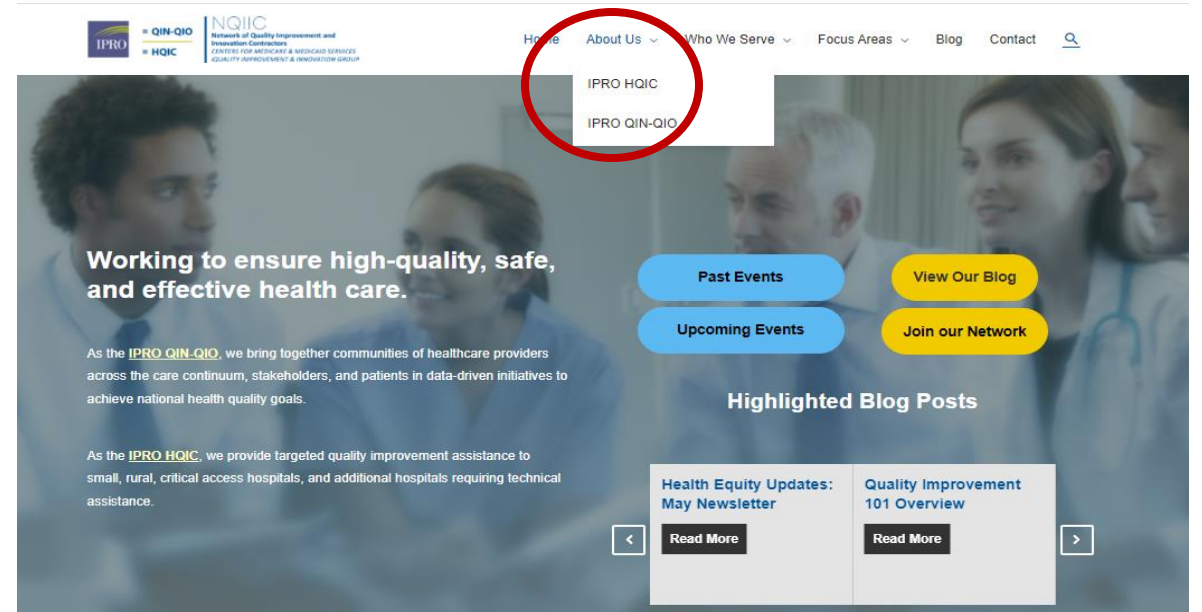


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Let Us Know More...



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.**

