



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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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:

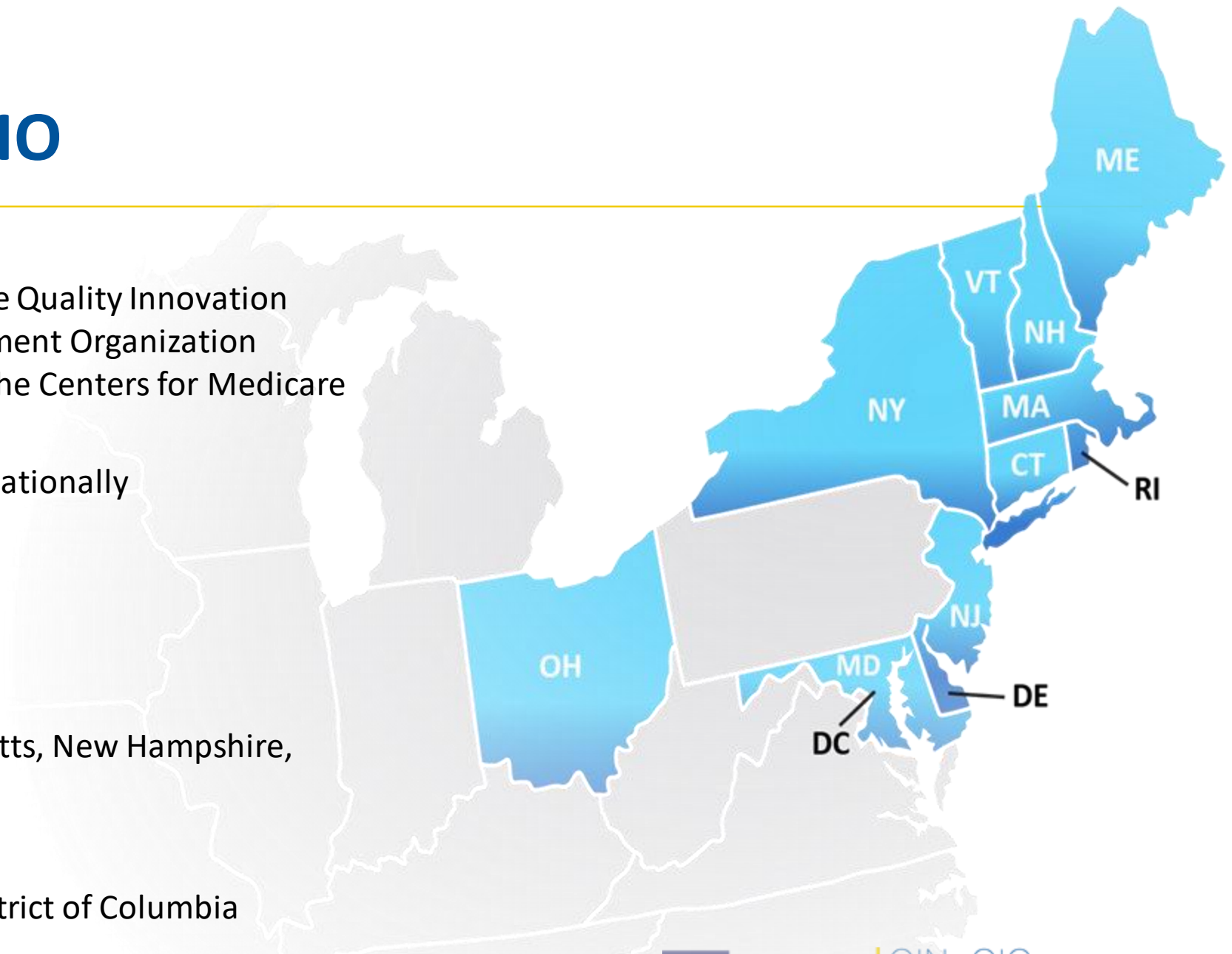
New York, New Jersey, and Ohio

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

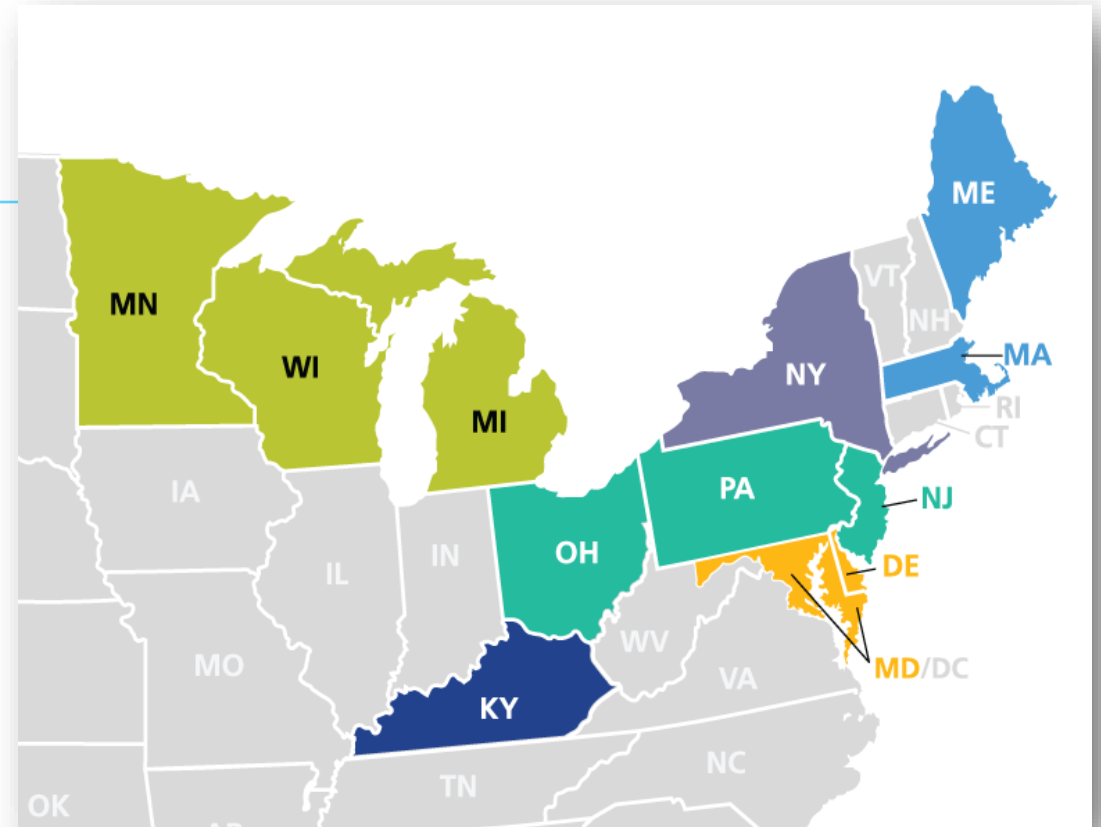
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■ Q3 Health Innovation Partners

■ 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 4: Data Stratification



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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

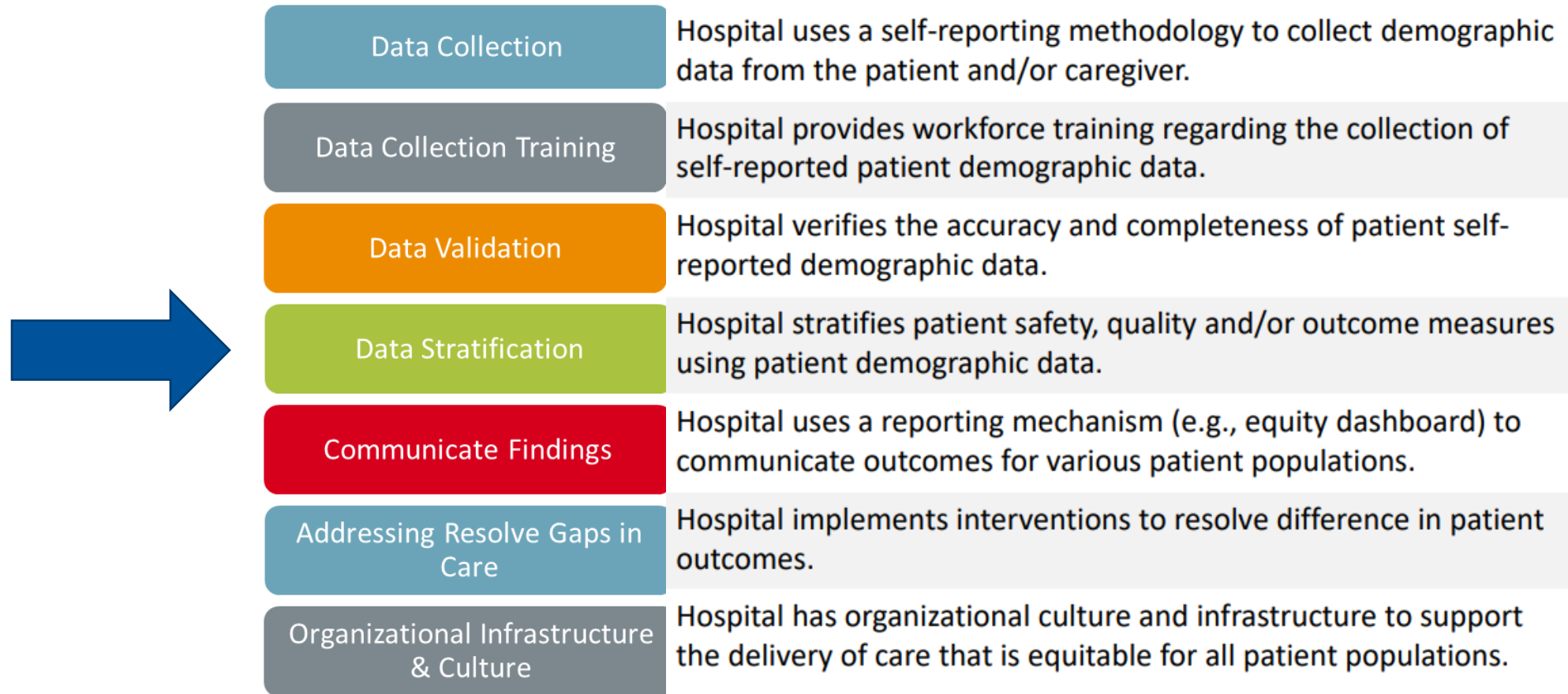
ACTION: Use the HEOA Assessment to identify opportunities for improvement in your organization's ability to collect, validate, stratify, and analyze patient demographic data to identify and address disparities.

3

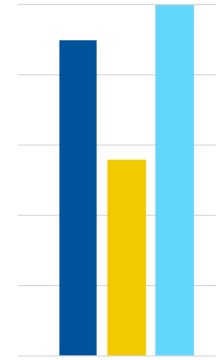
Result: Develop and implement an action plan to address opportunities for improvement based on the seven HEOA categories with a goal of providing more equitable care.



HEOA Categories



Polling Question



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Why Stratify Data by Patient Demographic Data

- Disparities in health and healthcare may go unnoticed if not specifically measured
 - Health disparity = a higher burden of illness, injury, disability, or mortality experienced by one population group relative to another group
 - Health care disparity = differences between groups in health coverage, access to care, and quality of care
- Uncover disparities by stratifying measures by patient REaL and other demographic variables (age, sex, health literacy, sexual orientation, gender identity, socio-economic status, and geography)

<https://www.pcpcc.org/resource/disparities-health-and-health-care-five-key-questions-and-answers>

<https://www.chcs.org/resource/using-data-to-reduce-disparities-and-improve-quality-a-guide-for-health-care-organizations/>



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Why Stratify Data by Patient Demographic Data

Using stratified quality data allows organizations to:

- Discover and prioritize differences in care, outcomes, and/or experiences across patient groups
- Plan equity-focused interventions and measure impact
- Tell the story of how patients experience health care

<https://www.chcs.org/resource/using-data-to-reduce-disparities-and-improve-quality-a-guide-for-health-care-organizations/>



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Category IV. Data Stratification

Level of Implementation		Key Activities Implemented	
	Basic	Stratify at least one patient safety, quality, and or outcome measure by REaL.	<input checked="" type="checkbox"/>
	Intermediate	Stratify more than one patient safety, quality, and or outcome measure by REaL.	<input checked="" type="checkbox"/>
Advanced		Stratify more than one patient safety, quality, and/or outcome measure by 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"/>
Recommended, but not used for scoring		Stratify at least one patient safety, quality, and/or outcome measure by documented ICD-10 Z codes.	<input type="checkbox"/>
		None of the above	<input type="checkbox"/>

Best Practice Strategies for Organizational Health Equity

Strategy	Tasks	Helpful Tools
Data Stratification (HEOA 4)		
Stratify at least one patient safety, quality, and/or outcome measure by REaL.	<ul style="list-style-type: none"> ✓ Determine what outcome measures to review: <ul style="list-style-type: none"> ○ Inpatient quality reporting (IQR) measures, 30-day readmissions, condition-specific (hypertension, HbA1c), CAHPS® (Consumer Assessment of Healthcare Provider and Systems) scores. ✓ Determine what group to use as a reference point, such as the historically advantaged group. ✓ Determine what sample size to use with the OMB categories <ul style="list-style-type: none"> ○ Analyze smaller sample sizes to identify areas for improvement; they are unlikely to be statistically significant. Small groups may represent “low-hanging fruit” for quality improvement. 	<ul style="list-style-type: none"> • IHI: Achieving Health Equity: A Guide for Health Care Organizations • HRET: Reducing Health Care Disparities: Collection and Use of REaL Data • HRET: A Framework for Stratifying REaL Data • CMS OMH Disparities Impact Statement • Healthcare Equality Index LGBTQ • Human Rights Campaign Foundation
Stratify more than one patient safety, quality, and/or outcome measure by REaL.	<ul style="list-style-type: none"> ✓ Stratify groups further to examine differences in quality: <ul style="list-style-type: none"> ○ Highlight areas of the greatest potential for intervention. ○ Use filters to examine data through a lens of intersectionality that reveal disparities that otherwise may remain hidden (ex: race-sex interaction may be driving the result, not just race or sex alone) 	<ul style="list-style-type: none"> • HRET: Reducing Health Care Disparities: Collection and Use of REaL Data • Guide to Demographic Data Collection in Healthcare Settings
Stratify more than one patient safety, quality, and/or outcome measure by additional demographic data (beyond REaL).	<ul style="list-style-type: none"> ✓ Stratify outcomes by other demographic data such as disability status, veteran status, sexual orientation/gender identity (SOGI), 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"> • HRET: Reducing Health Care Disparities: Collection and Use of REaL Data • Guide to Demographic Data Collection in Healthcare Settings

Barbara Nealon

Director, Care Transitions

Athol Hospital
Athol, Massachusetts

Debbie Robillard

Manager, Quality & Medical Affairs



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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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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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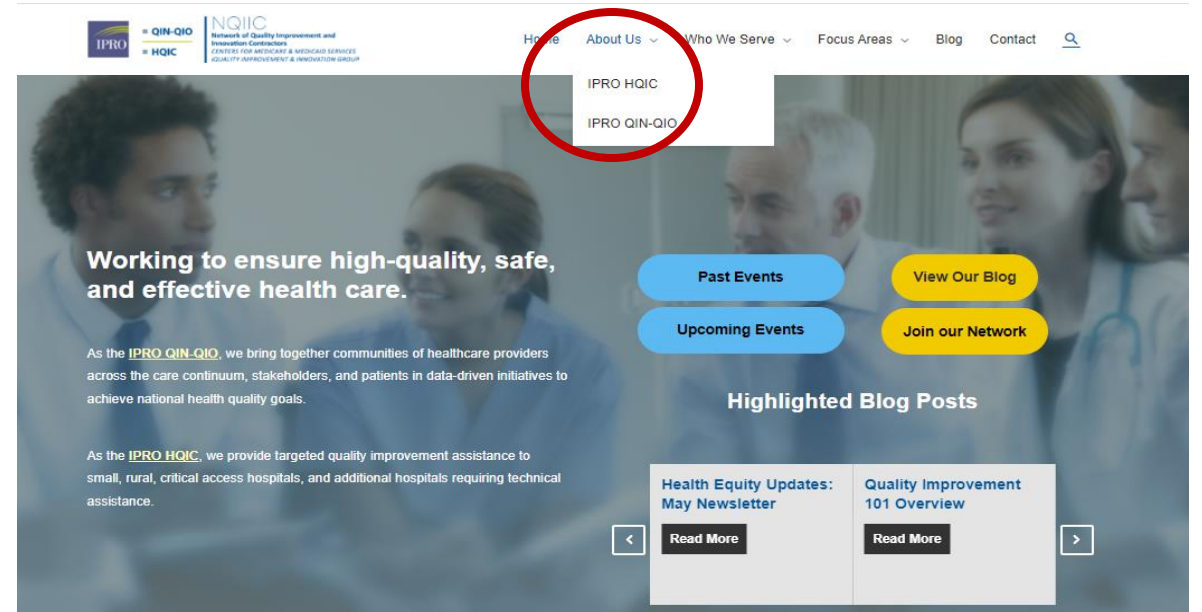


CONTACT INFORMATION

1. Your IPRO HQIC or
IPRO QIN-QIO QI Advisor
2. HQIC
Stacy Dorris
sdorris@qsource.org
3. QIO
Laura Benzel
benzell@qlarant.com



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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.**

