Small Talk... BIG IMPACT

Welcome!

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

Health Equity

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Health Equity Organizational Assessment (HEOA) Knowledge Builder Series

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:

| Mute | Stop Video | Participants | Chat | Share Screen | Record | Closed Caption | Reactions |

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)
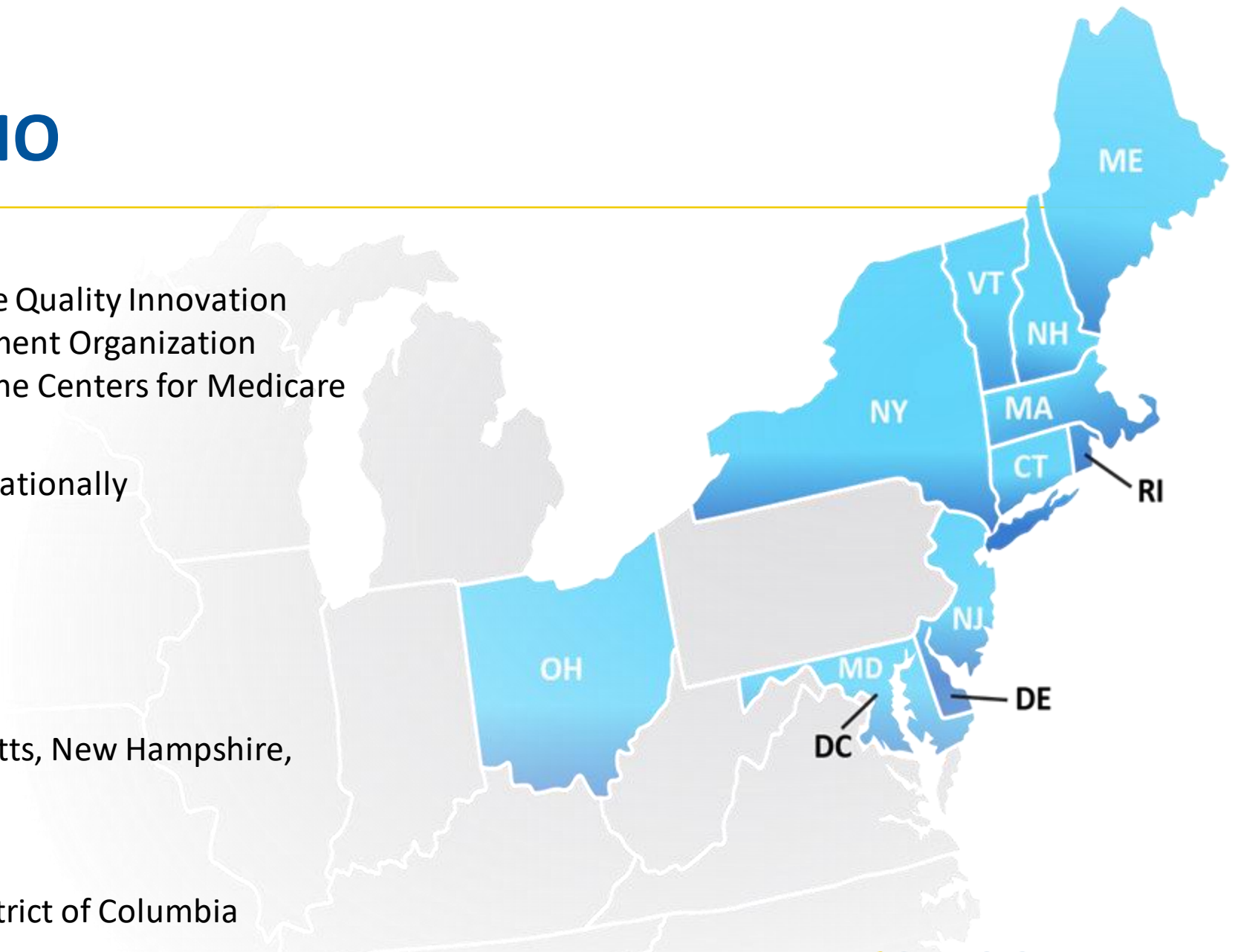
- 12 regional CMS QIN-QIOs nationally

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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QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
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iQUALITY IMPROVEMENT & INNOVATION GROUP

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
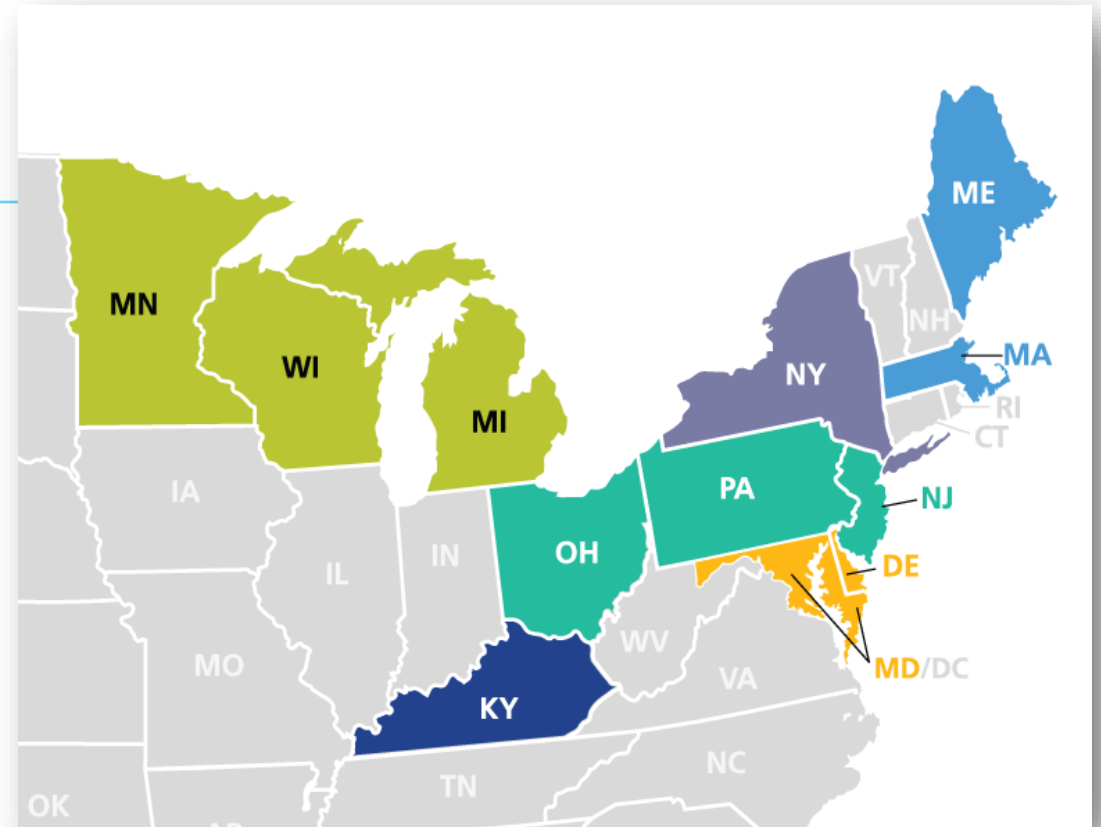- ■ Kentucky Hospital Association
- ■ Qlarant

- ■ Q3 Health Innovation Partners
- ■ Superior Health Quality Alliance

American Institutes for Research (AIR)

QSource Health Equity Subject Matter Experts

Health Equity Organizational Assessment (HEOA) Category I: Data Collection

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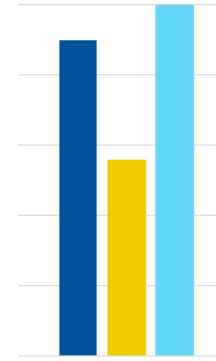
3 **Result:** Develop and implement an action plan to address opportunities for improvement based on the seven HEOA categories with a goal of providing more equitable care.

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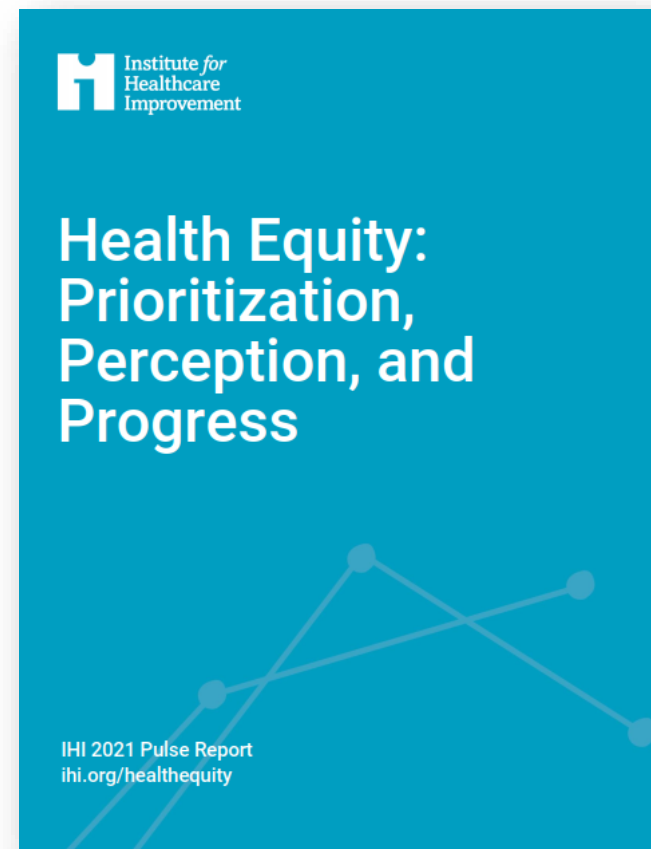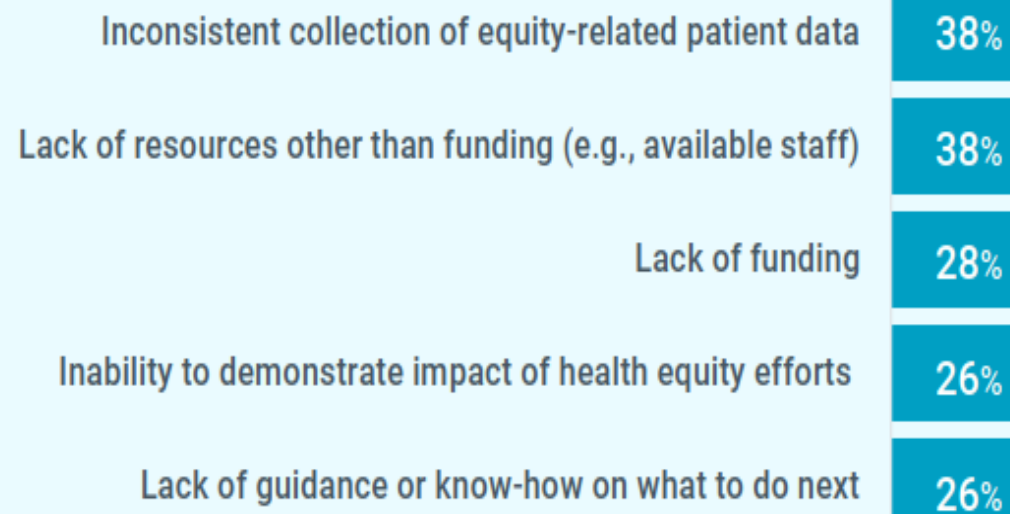
Polling Question

Patient Demographic Data Collection

Top 5 Barriers to Advancing Health Equity

Barrier	Percentage
Inconsistent collection of equity-related patient data	38%
Lack of resources other than funding (e.g., available staff)	38%
Lack of funding	28%
Inability to demonstrate impact of health equity efforts	26%
Lack of guidance or know-how on what to do next	26%

Health Equity: Prioritization, Perception, and Progress

IHI 2021 Pulse Report
ihi.org/healthequity

http://www.ihi.org/Topics/Health-Equity/Pages/Pulse-Report-Health-Equity.aspx

Patient Demographic Data Collection

Collecting demographic data helps improve the quality of care for all patients by helping:

- Identify and address gaps in care

- Measure and evaluate the impact of health equity initiatives

- Assess whether care is culturally and linguistically appropriate

- Provide insights on patients' lived experiences based on multiple dimensions
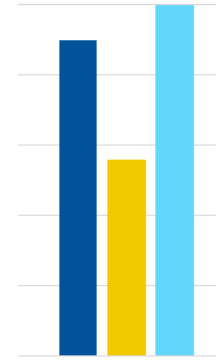
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Category I: Data Collection

Level of Implementation			Best Practices
	Basic		Use self-reporting methodology to collect patient Race, Ethnicity, and Language (REaL) data.
			Have REaL data roll up to the Office of Management and Budget (OMB) categories.
	Intermediate		Collect REaL data for at least 95 percent of our patients.
			Have opportunities for REaL data verification that exist at multiple points of care (beyond patient registration) to ensure accuracy and completeness.
Advanced			Use self-reporting methodology to collect additional patient demographic data (beyond REaL) such as disability status, sexual orientation/gender identity (SO/GI), veteran status, geography, and/or other social determinants of health (SDOH) risk factors such as housing, income, education, employment, food security, and others.
Recommended			Utilize ICD-10 Z Codes to document identified social determinants of health (SDOH) in the patient medical record.

Polling Question

Josh Suire, MHA, BSN, RN

Senior Manager, Safety & Quality

Michigan Health & Hospital Association

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

HEOA Action Plan (Example)

2021-2022

	Data Collection					
	Goal	**Measure of Success**	**Person(s) Responsible**	**Due Date**	**Status**	**Comments**
1a.	Decrease documentation of race as unknown or not stated	Percent of total patient encounters with race documented as unknown or as more than one race that includes unknown to 5% or less.	Jane Doe	Q1 2022	Complete	November 2021 - Expanded fields go live by 11/19/2021. February 2022 - Go live in December for expanded list of ethnic backgrounds, system 4.5% blanks and unknowns March 2022 - System blanks and unknown decreased to 3%. Action item complete, consider future goal of maintaing <3% moving forward.
1b.	Implement active collection of SOGI data in all inpatient departments	SOGI data fields are active in the EMR in their own separate fields Goal: data captured on >95% of all patients	John Doe	Q2 2022	On time	2021 will focus on the process metric of turning the SOGI data fields on - then in 2022 we will focus on percentages. April 2022 - SOGI data fields are LIVE in all inpatient departments (see data collection training action plan) May 2022 - SOGI data fields are at 66.4% completion for all inpatient units June 2022 - SOGI data fields are at 76.8% completion for all inpatient units
1c.	Implement active collection of SDoH data in all inpatient departments	3-5 SDoH new questions will be identified and deployed in their own separate fields Goal: data captured on >95% of all patients	Jane Doe	Q3 2022	On time	January 2022 - Leadership buy-in obtained and working with vendor to see options March 2022 - 3 SDoH questions identified, currrently testing build April 2022 - Go-live date of July 18th, 2022 selected May 2022 - Training plan created (see data collection training)

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

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

ACT   PLAN

STUDY   DO
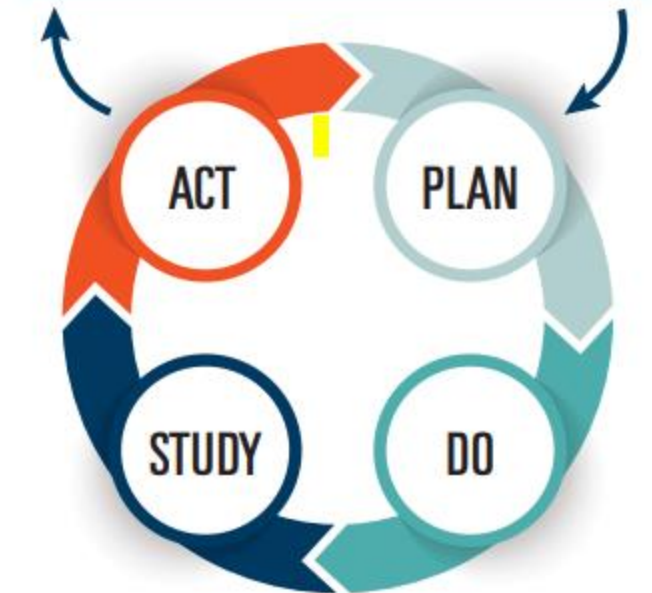
Questions

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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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/

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/
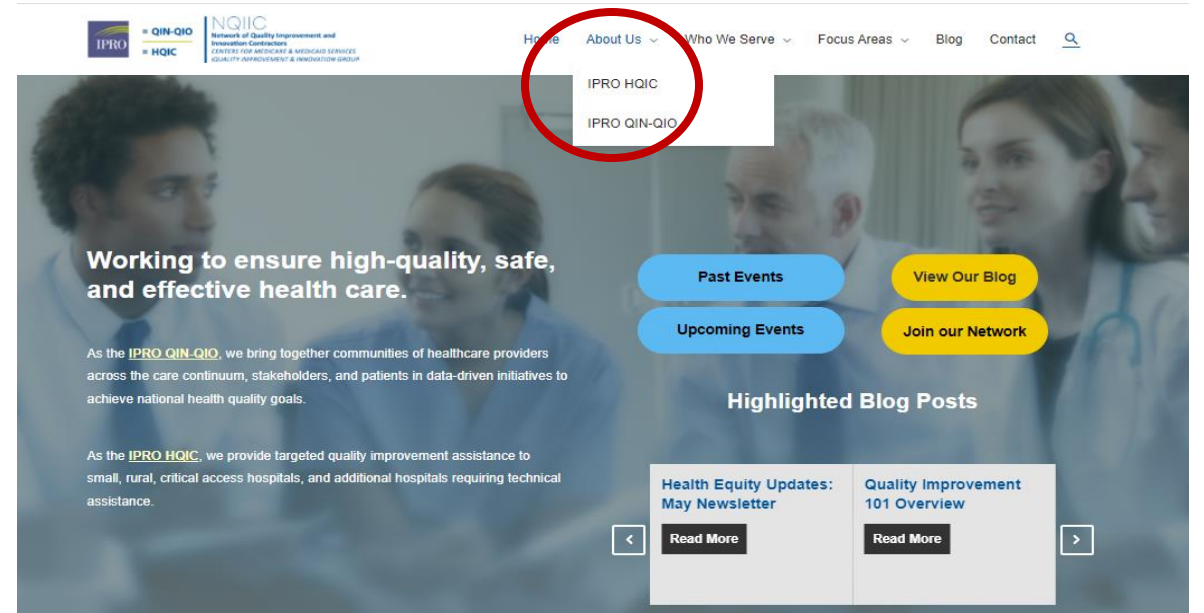
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Learn More & Stay Connected

https://qi.ipro.org/

Working to ensure high-quality, safe, and effective health care.

As the IPRO QIN-QIO, we bring together communities of healthcare providers across the care continuum, stakeholders, and patients in data-driven initiatives to achieve national health quality goals.

As the IPRO HQIC, we provide targeted quality improvement assistance to small, rural, critical access hospitals, and additional hospitals requiring technical assistance.

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Highlighted Blog Posts

Health Equity Updates: May Newsletter — Read More

Quality Improvement 101 Overview — Read More

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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.