

# 2022 Quality Measure Highlight

## Unit of Service – Health Equity



### MEASURE DESCRIPTION

Parent Organization (PO) submission of proposed plan and adoption of internal best practices that support a Health Equity initiative. May include existing best practices in place.

### Measure Requirements

Submission will demonstrate Health Equity characteristics PCPs can successfully integrate as a core strategy. Should include how best practices apply to internal domains such as: Access to Preventative Services, Referral Processes, Avoidable ED Visits, Community Partnerships, and Staff Education.

Some examples of Health Equity focuses could include:

- Make Health Equity a leader-driven priority
- Identify specific health disparities, then act to close the gaps
- Confront institutional racism
- Develop processes that support equity (health systems/dedicated, resources, governance structure to oversee)
- Partner with community organizations

**Incentive:** \$2,000 per Parent Organization

**Measure Type:** Unit of Service

For more information, please refer to the 2022 [PCP QIP Specifications](#), or contact the QIP Team at [QIP@partnershiphp.org](mailto:QIP@partnershiphp.org).

**Intent / Importance:** Partnership HealthPlan of California (PHC) is actively engaged in Health Equity initiatives that bring about equitable awareness and result driven change within the 14 counties we serve and we highly encourage provider organizations to join our efforts. At PHC, we believe in diversity by accepting, respecting, and valuing individual differences and capitalizing on the diverse backgrounds and experiences of our members, community partners, and staff. Together, we can help move our communities toward equitable access to healthcare.

## **Promising Practices**

### **1. Make Health Equity a leader-driven priority**

Submission would demonstrate the organization's commitment, by executive leadership, to improve health equity. For example:

- a. Current values statement outlining the organization's commitment to health equity
- b. Current Board Resolution stating organization's commitment to health equity and associated action items
- c. Current Health Equity Program Description that includes clear goals for advancing health equity within the organization and patient community.
- d. Current Health Equity Committee materials (ie: Committee charter, meeting agendas, meeting minutes) that include senior leadership and multi-level staff representation.
- e. Current description of personnel, human resources financial, and other resources dedicated to advancing health equity.
- f. Documentation of health equity as a priority in organization's strategic plan.
- g. Staff and leadership representation that reflects and represents the diversity in the community being served.

### **2. Identify specific health disparities, then act to close the gaps**

Submission would describe efforts to operationalize activities that support health equity work. For example:

- a. Current member intake/annual review form that collects member's self-identified demographic information, such as race, ethnicity, address, birth sex and gender identity, sexual orientation, housing status, preferred language.
- b. Current workflows to provide care for patients in their preferred language.
- c. Current patient needs assessment that collected information from patients about barriers to health such as food or housing insecurity, healthy and safe communities, disability status, lack of transportation.

### **3. Confront institutional racism**

Submission would describe organization's work to educate and train all staff in equity concepts. Participate in learning forums offered through organizations with history of trainings on these topics.

For example:

- a. All-staff training materials (ie: presentation materials, agendas) and documentation (ie: summary data on attendance, post-presentation survey results) on health equity, implicit bias in healthcare, and improving cultural and linguistic competence.
- b. All-staff training materials (ie: presentation materials, agendas) and documentation (ie: summary data on attendance, post-presentation survey

results) focused on cultural competence for a target population experiencing disparities (i.e., refugee or immigrant populations)

#### **4. Develop processes that support equity (health systems/dedicated, resources, governance structure to oversee)**

Submission would describe current data-driven efforts to improve the organization's clinical and operational workflows to advance health equity. For example:

- a. Documentation demonstrating organization is able to stratify clinical quality data by race and ethnicity and other meaningful demographic categories (i.e.: zip code, preferred language).
- b. Documentation demonstrating organization uses stratified data to identify and prioritize opportunities for improvement.
- c. Description of organization's dedicated resources towards health equity project, program or PDSA work based on findings in stratified data.
- d. Description of organization's dedicated resources to roles specifically designed to address social determinants of health and barriers to care for communities experiencing health disparities, such as Community Health Workers.

#### **5. Partner with community organizations**

Submission would demonstrate the organization's relationship with community partners to advance health equity goals. For example:

- a. Description of current partnerships with organizations who represent communities experiencing health disparities, with examples of collaborative projects and initiatives.
- b. Current Patient Advisory Group or Community Advisory Group materials (ie: Advisory Group charter, meeting agendas, meeting minutes) that includes representatives of communities experiencing health disparities, with examples of projects and initiatives launched as a result of Advisory Group's input.

#### **Additional Resources:**

1. California Health and Safety Code Section 131019.5. Portrait of Promise: The Statewide Plan to Promote Health and Mental Health Equity - CA Statewide Plan from CA Department of Public Health – Office of Health Equity. <https://www.cdph.ca.gov/Programs/OHE/Pages/OfficeHealthEquity.aspx>
2. California Department of Health Care Services. Eliminating Health Disparities in the Medi-Cal Population. <https://www.dhcs.ca.gov/dataandstats/reports/Pages/HealthDisparities.aspx>
3. The Safe Zone Project. n.d. *Home*. Available at: <https://thesafezoneproject.com>
4. National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24624>.
5. <https://www.nichq.org/insight/exploring-nonbinary-approach-health> Exploring a Nonbinary Approach to Health; Holding space for inclusive and expansive language in maternal and child health. Heidi Brooks, Chief Operating Officer at NICHQ, June 29, 2021
6. American Public Health Association: <https://www.apha.org/topics-and-issues/health-equity>