

Advancing Health Equity: Linking Quality and Equity in QI Projects

Presenters:

Melanie Ridley, HANC-NCCN QI Consultant

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Figure 1

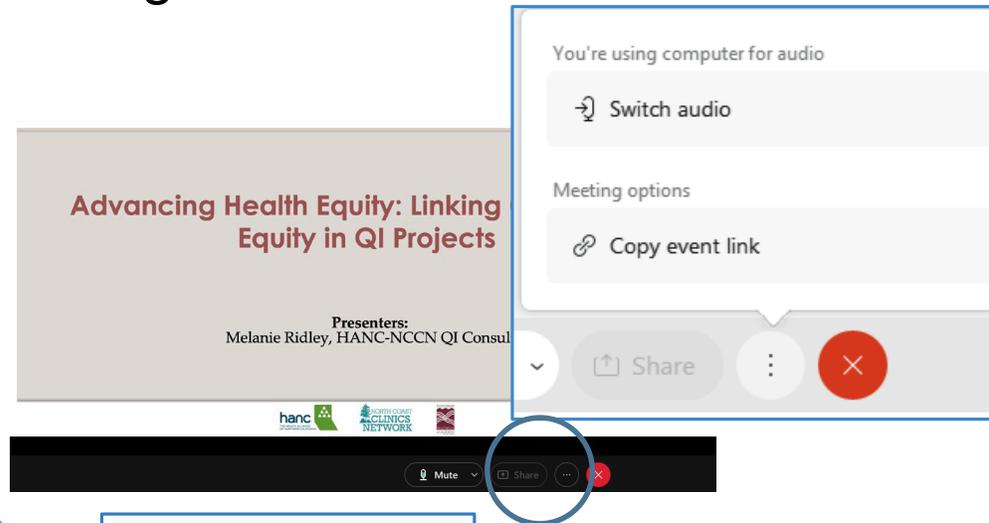
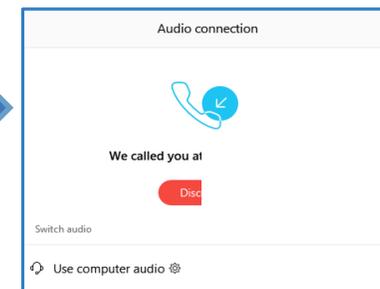


Figure 2 Dial call-in number

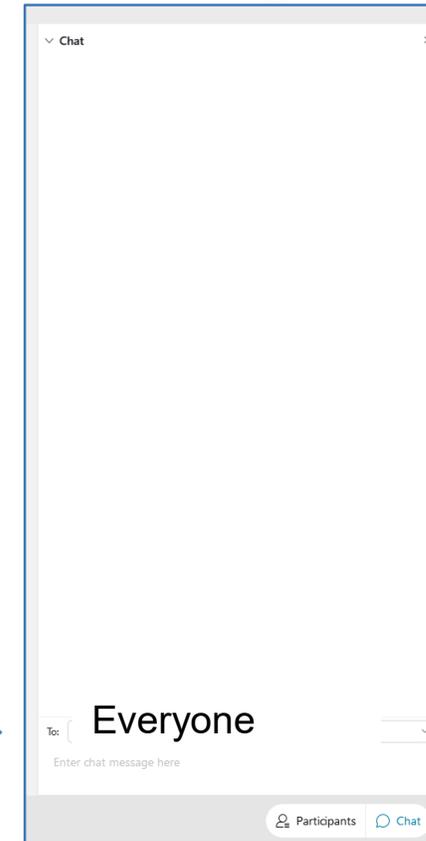


THIS WEBINAR IS BEING RECORDED

Chat Instructions

- All attendees have been muted to eliminate any possible noise/ interference/distractation.
- Please take a moment and open your chat box by clicking the chat icon found at the bottom right-hand corner of your screen and as shown in **Figure 1**.
- If you have any questions, please type your questions into the chat box, and they will be answered throughout the presentation.
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Figure 1



Advancing Health Equity: Linking Quality and Equity in QI Projects

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Learning Objectives

Purpose: Explore opportunities to incorporate health equity into current quality improvement activities.

Participants will be able to:

- Discover differences in care, outcomes, and/or experiences across patient groups.
- Prioritize measures to direct improvement efforts to reduce differences or disparities in care
- Identify approaches for measuring impact of equity-focused efforts.

AHE Health Equity Roadmap

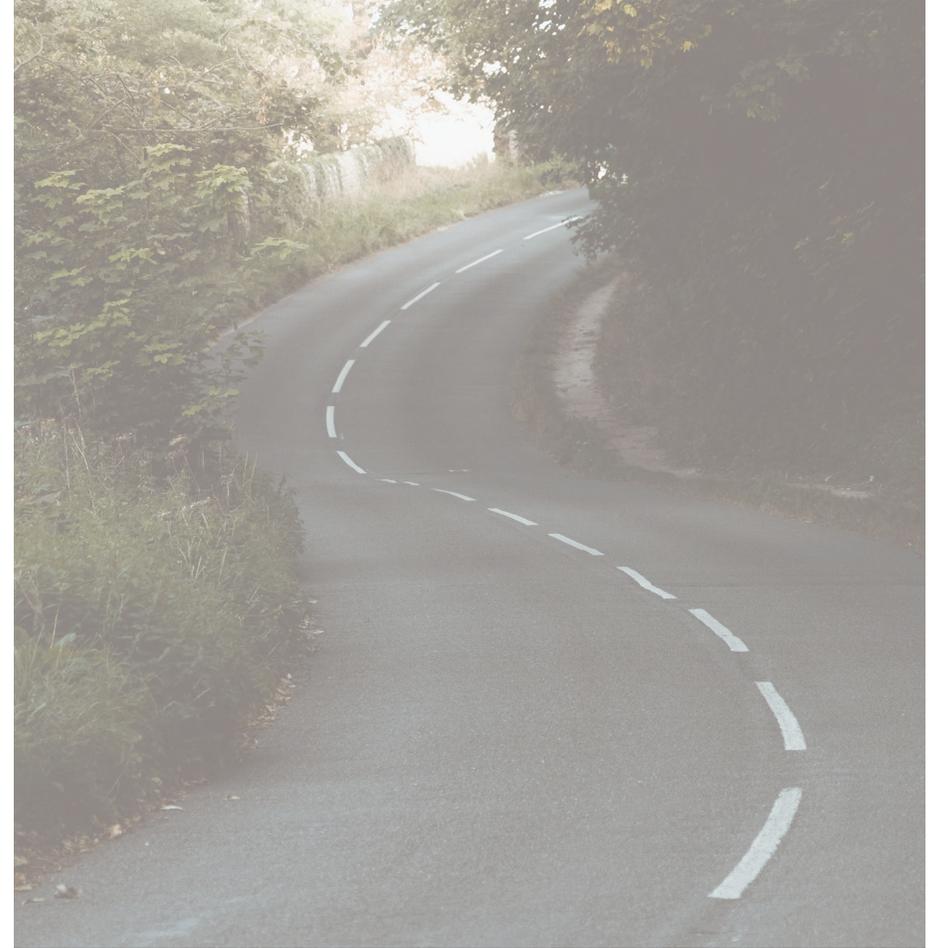
- National program supported by the Robert Wood Johnson Foundation
- Identifying and implementing strategies to reduce and eliminate disparities in health and health care
- Aligning payment reform and quality improvement efforts
- Created *Roadmap to Advancing Health Equity*
- Leading a learning collaborative of 7 states



<https://advancinghealthequity.org/>

Roadmap for a Health Equity Approach

- Identify a health equity focus
- Diagnose root causes with an equity lens
- Prioritize root causes
- Design care delivery transformation



Build Shared Understanding at the Start

- **Defining health equity:** build common understanding of what this means
- **Establish a team:** bring representatives from all parts of the organization together into a team focused on health equity
- **Establish a team charter:** to solidify the motivations, methods, and goals
- **Assess your organization:** how does equity fit into quality improvement efforts at your organization

Essential Elements

These elements are critical for success of health equity work:

- Partner with patients and community-based organizations
- Obtain and maintain stakeholder buy-in
 - Organizational leadership
 - Patients
 - Community / Community Leadership
- Anticipate data challenges

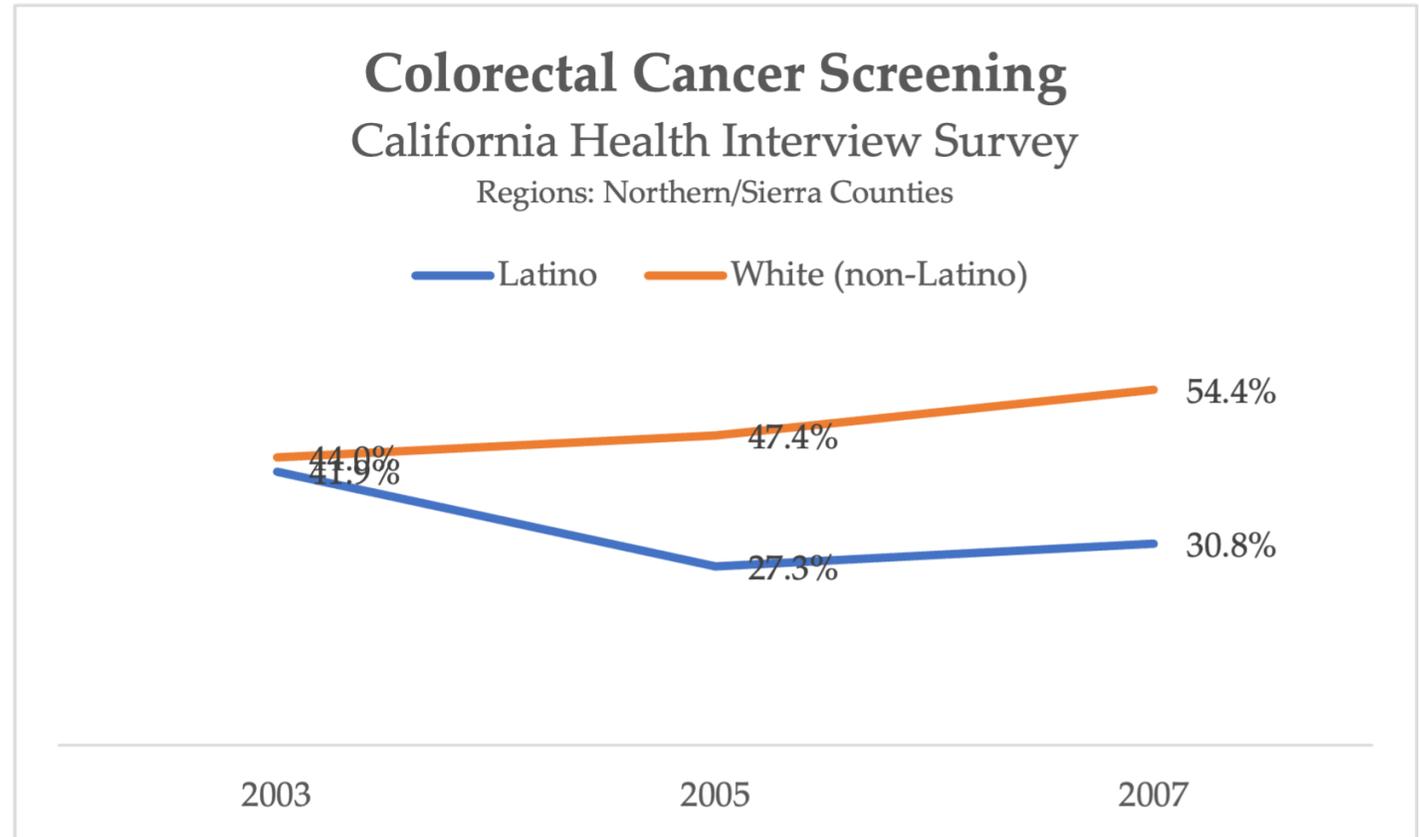
Defining Health Equity

“Health equity is when everyone has a fair and just opportunity to be as healthy as possible.”

- This requires improving access to the conditions and resources that strongly influence health.
- Health equity for groups who have been excluded or marginalized requires a focused commitment to eliminating health inequities, which are the differences in health outcomes.

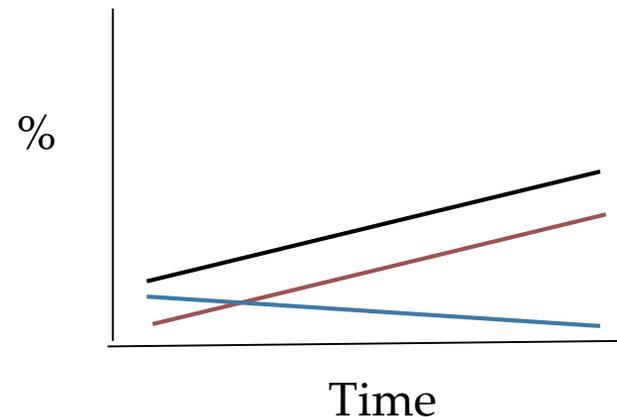
Colorectal Cancer Screening Rates

- Colorectal Cancer Screening rates improved over time for White population
- Gap (inequity) increased between Whites and Latinos:
 - Gap in 2003: 2.1%
 - Gap in 2007: 23.6%



Applying an Equity “Lens” to QI

- In addition to testing changes to improve care for all patients, care is taken to allocate the right resources according to a group’s specific needs.
- QI affects different populations in different ways, and what works well for one group may not be beneficial for others.



Question to Ask:

How is our QI work affecting the gap?

Assess Where You Are

Strengths, Weaknesses, Opportunities, Threats (SWOT)

- **Internal Factors:** can be controlled by an organization. It can range from the tangible to the intangible, from the common to the unique. Every organization may have people, use data, or have a company culture, but they all look different when put into practice in everyday life.
- **External Factors:** those elements that an organization cannot control. They can be national or local in scope.

SWOT: Internal Factors

Questions to ask:

People	Who in the organization has the potential to be champions for equity work? Who might potentially create roadblocks?
Data	How is data on race, ethnicity, or language collected? Is it stratified by multiple factors or just one or two?
Culture	What are the levels of investment that can be realistically expected from volunteers and patients, staff, care team members, or administrative leadership? How strong is the organization's culture of quality improvement?
Finances	What is the organization's payer mix?
Agility	How nimble is the organization or team in pivoting when changes need to be made?
Partners	What community partners are important for efforts to advance health equity?
Uniqueness	What does the organization offer that other providers do not?

SWOT: External Factors

Questions to ask:

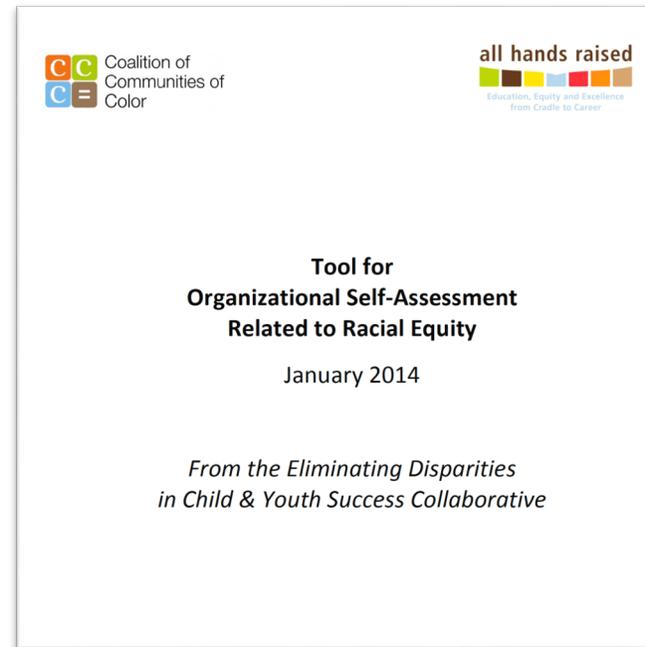
Representativeness	What communities does the organization serve? Are those communities represented on staff?
Partners	How well do partners' priorities align with your organization's?
Social trends	What are the social norms regarding health and healthcare in the surrounding community? Have any demographic changes in the communities served impacted those norms?
Political	What is the political climate in the surrounding community?
Economics	What economic issues exist that impact the health or healthcare of the community?
Policy	How do federal, state, or local requirements or policy changes impact patients and the care they receive?

Assess Where You Are

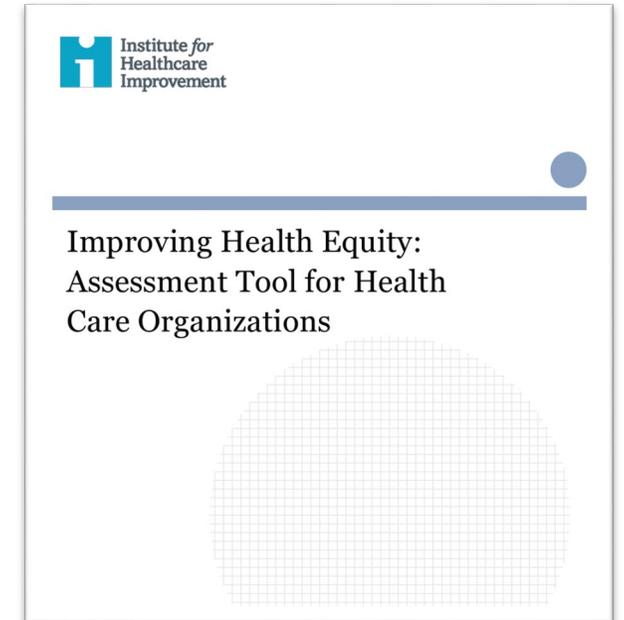
There are many resources available to guide organizational assessments



<https://www.chcf.org/publication/toolkit-racial-equity-primary-care-improvement/>



https://www.coalitioncommunitiescolor.org/research-and-publications/ccorgassessment?utm_medium=email&utm_source=customer_notification



https://www.qirn5.org/Files/HealthEquity/IHI_ImprovingHealthEquity_AssessmentTool.aspx

Identify a Health Equity Focus

Using stratified quality data strategically allows healthcare organizations to:

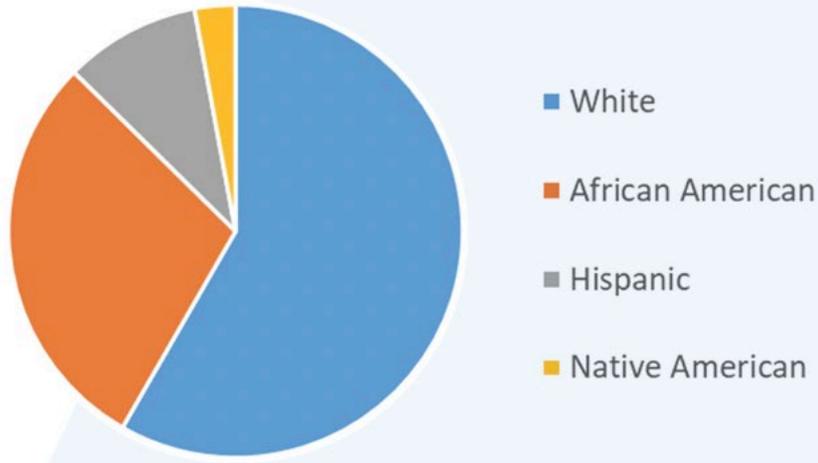
- **Discover and prioritize differences in care, outcomes, and/or experiences across patient groups**
- Plan Equity-Focused Care Transformations and Measure Impact
- Tell the story of how patients experience health care

<https://advancinghealthequity.org/wp-content/uploads/2022/12/Using-Data-Strategy-Overview-Oct-2020.pdf>

Identify a Health Equity Focus

This view DOES NOT allow you to compare the burden of disease among groups

Members with Diabetes



PATIENTS WITH DIABETES BY RACE/ETHNICITY			
	PATIENTS WITH DIABETES IN ALL RACIAL/ETHNIC GROUPS	PATIENTS WITH DIABETES WITHIN EACH RACIAL/ETHNIC GROUP	PERCENT OF TOTAL POPULATION
White	515	300	58.3
African American	515	150	29.1
Hispanic	515	50	9.7
Native American	515	15	2.9

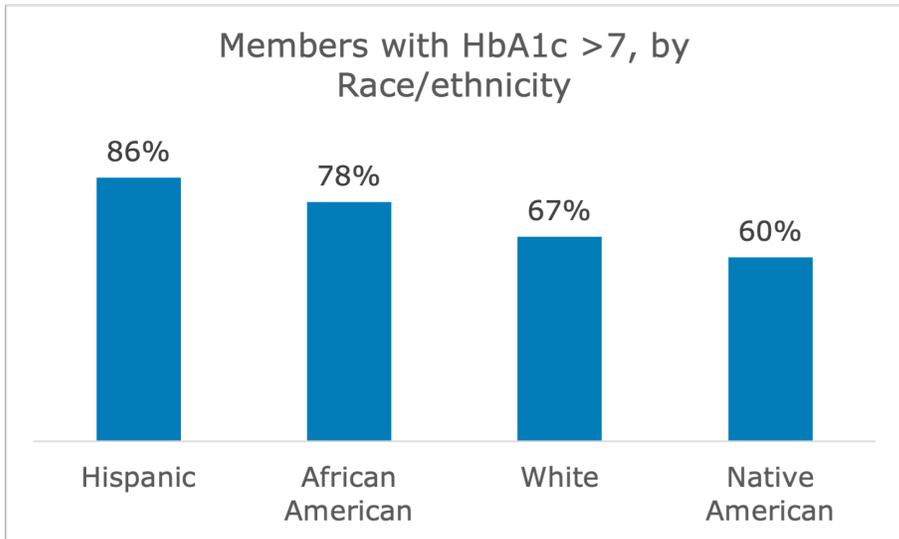
Denominator = all patients with diabetes

Numerator = number of patients with diabetes in each racial group

Source: <https://advancinghealthequity.org/wp-content/uploads/2022/12/Using-Data-Strategy-Overview-Oct-2020.pdf>

Identify a Health Equity Focus

This view allows you to identify differences in quality across groups



PATIENTS WITH HBA1C>7, BY RACIAL/ETHNIC GROUP				
	Diabetic patients in each racial/ethnic groups	Diabetic patients with HbA1C>7 by racial/ethnic group	Percent of racial/ethnic group	Percent of total population (N=515)
White	300	200	66.7	58.3
African American	150	117	78.0	29.1
Hispanic	50	43	86.0	9.7
Native American	15	9	60.0	2.9

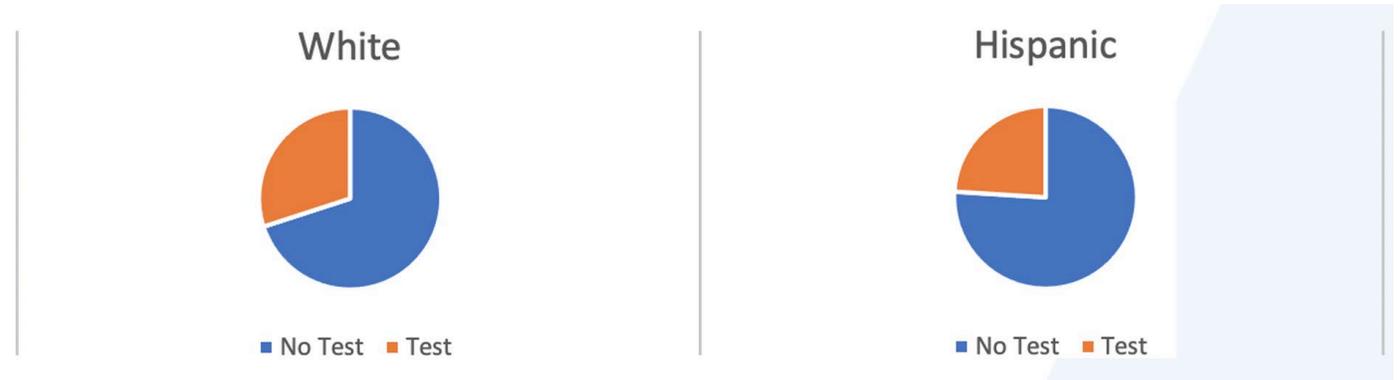
Denominator = number of patients with diabetes in each racial group
 Numerator = number of patients with HbA1c >7 in each racial group

Source: <https://advancingtheequity.org/wp-content/uploads/2022/12/Using-Data-Strategy-Overview-Oct-2020.pdf>

Identify a Health Equity Focus

- Assess disparities in processes of care (using process measures)
- Can help identify an area to improve if disparities in clinical outcomes are not readily apparent
- May give you a greater sample size to work with

PATIENTS WITH COMPLETED HBA1C TESTS, BY RACE/ETHNICITY			
	Diabetic patients in each racial/ethnic group	Diabetic patients in each racial/ethnic group with completed test	%
White	300	100	33.3
Hispanic	50	12	24.0

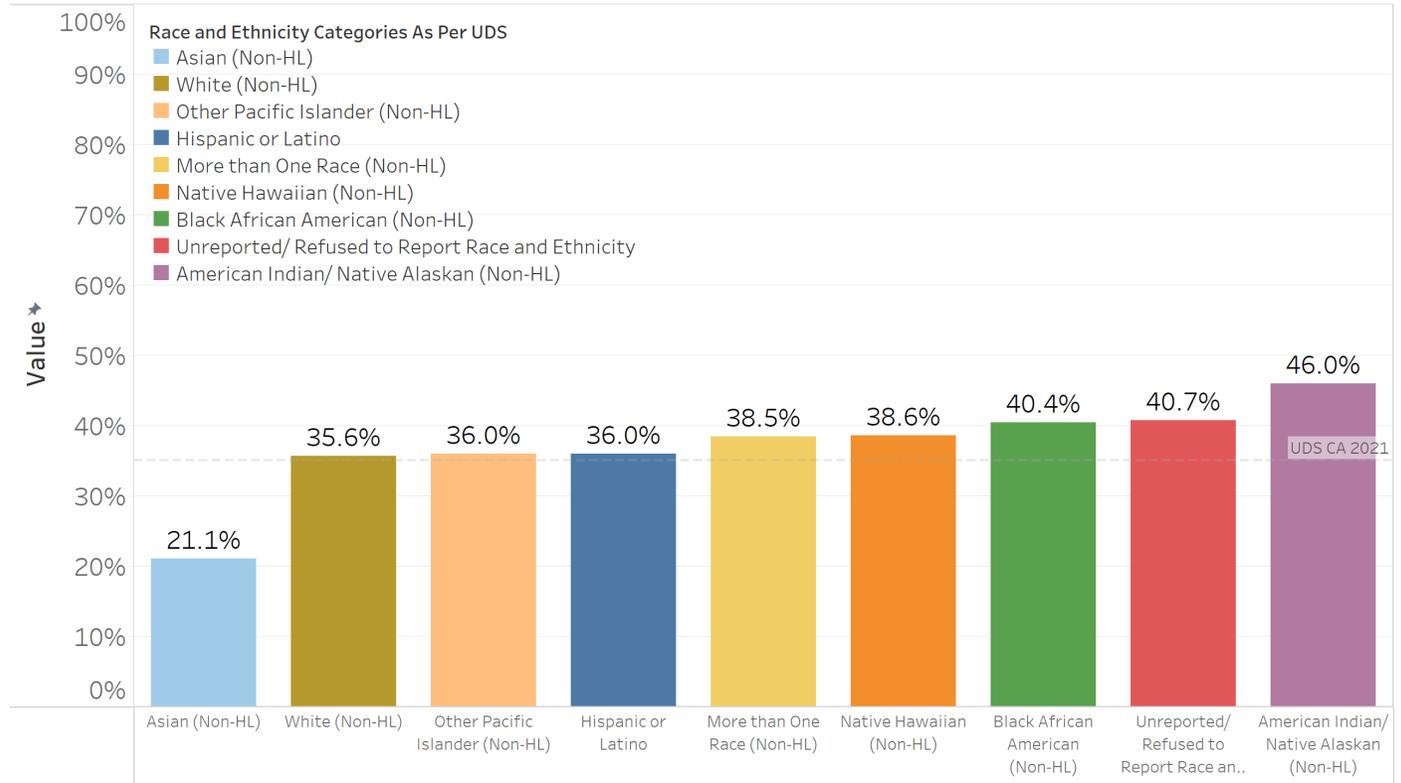


Source: <https://advancingtheequity.org/wp-content/uploads/2022/12/Using-Data-Strategy-Overview-Oct-2020.pdf>

Identify a Health Equity Focus

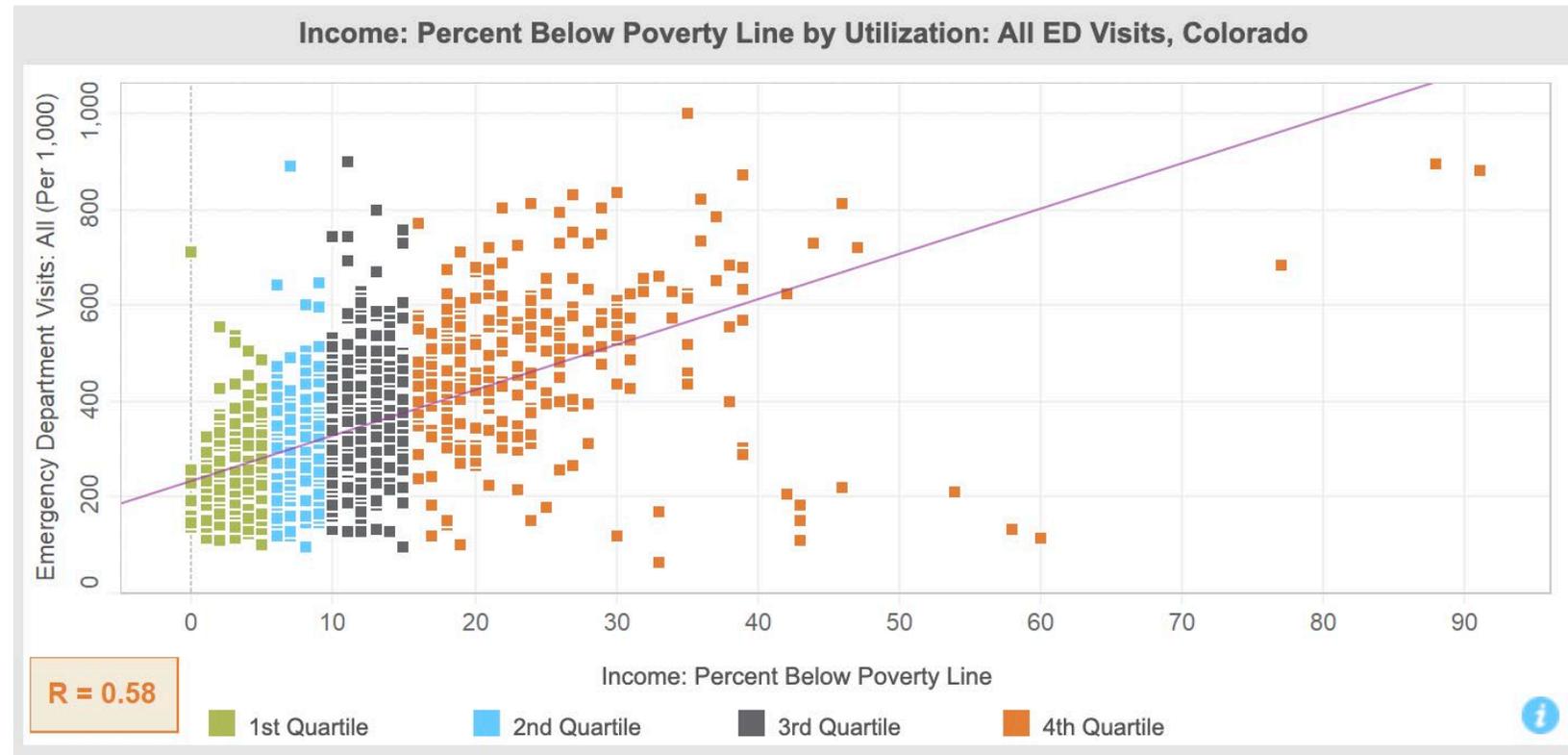
- Stratify quality data by race, ethnicity, age, language (REAL); sexual orientation, gender identify (SOGI), and additional demographic factors
- Can help identify differences in outcomes and the magnitude of those differences

California Community Health Center - Diabetes in Poor Control Rate by Race and Ethnicity (Source: UDS 2021)



Identify a Health Equity Focus

- May require looking at data differently
- Intersection of different demographic or other characteristics will provide insight on inequities



Source: Center for Improving Value in Health Care. <https://civhc.org/get-data/public-data/health-equity-analysis/>

Considerations for Collecting, Sharing & Analyzing Data

- Build agreement and understanding from the team on what metrics signal a successful initiative.
- Staff and organizational buy-in is necessary for the collection and reporting of new and existing data.
- Patient buy-in on data collected directly during visits is a necessary part of accurate data collection with an equity lens.
- Address any lack of consistency in the data collection and reporting procedures.
- Data collected may have different definitions or meaning to different people.
- Additional data may be required on a regular basis.

Diagnose Root Causes with an Equity Lens

What is a root cause analysis?

- In this context root cause analysis is a process for understanding why a particular racial or ethnic disparity exists among your patient population.

Root cause analysis with an equity lens:

- Searching for issues that contribute to the *Difference* in quality in care and outcomes
- Consider communication, culture and context

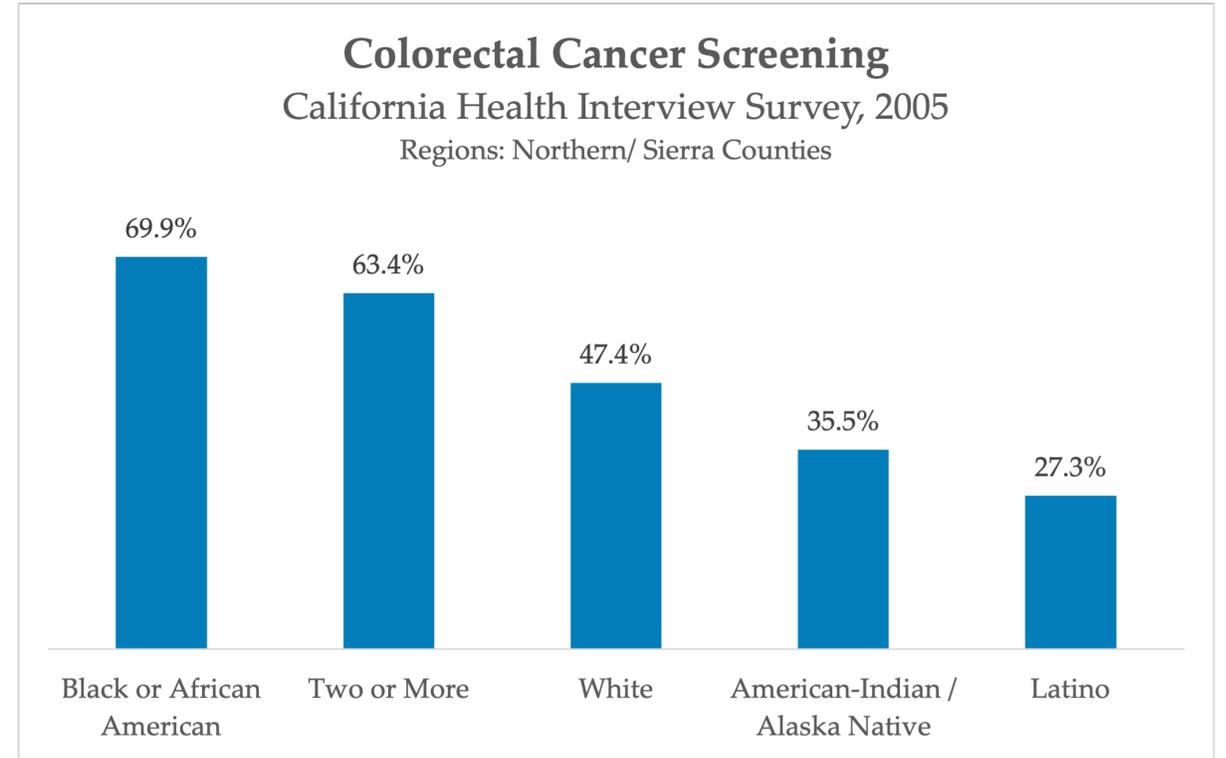
Diagnose Root Causes with an Equity Lens

- Organizations may need to examine multiple measures to identify disparities and their causes that may not be apparent in a single measure
- Organizations should examine an issue from several angles (intersectionality) to identify the root causes of disparities and areas for improvement.
- Qualitative data are especially useful when minority populations are small or for organizations with substantial diversity across several racial, ethnic, or language groups resulting in small sample sizes.

Colorectal Cancer Screening

An example to illustrate:

- Colorectal cancer screening rates when stratified by race show that screening rates are higher among White patients than among Hispanic / Latino patients
- What may be driving low screening rates?
- One explanation might be that patients are uncomfortable with the test
- However, this might be true for both White and Latino patients, so it does not explain the **difference** in screening rates
- **What other root causes might explain the inequity?**



Useful Tools for Determining Root Cause

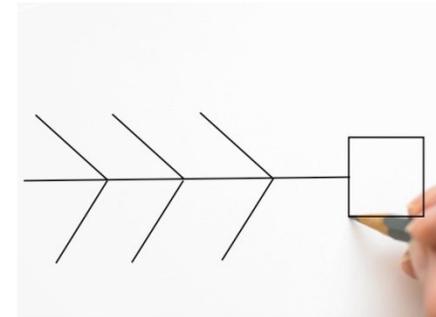
- Brainstorming
- Cause and Effect Diagram/Fishbone
- The “5 Whys”
- Pareto Analysis ([resource](#))
- Driver Diagram/Tree Diagram ([resource](#))
- Flow Charts / Process Mapping ([resource](#))



Fishbone Diagram

(cause-effect, Ishikawa)

- Understand the multiple potential causes
- Demonstrates the complexities of the system in a simple, approachable way
- Visually shows the relationships between the causes and effects
- Helps prioritize further analysis and corrective actions

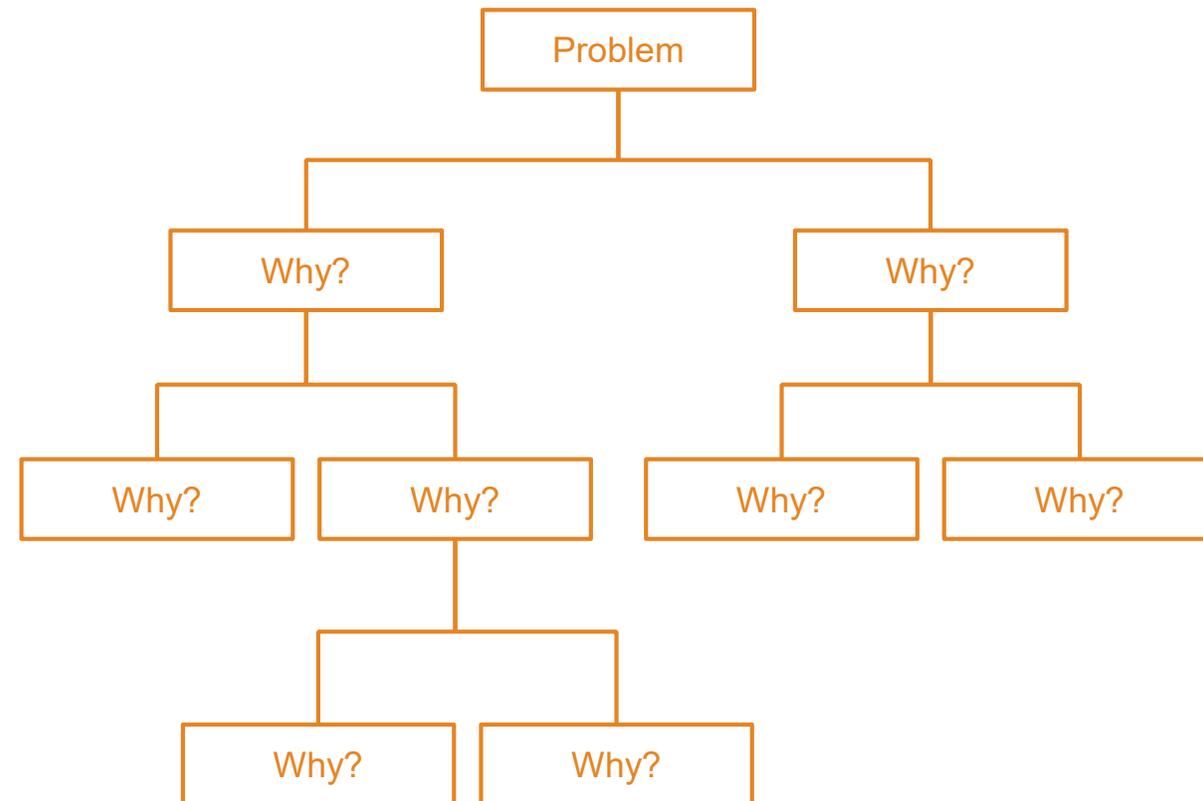


5 Whys

An interactive question-asking technique, used to explore the cause and effect relationships underlying a particular problem

How to Complete the 5 Whys:

1. Identify the problem (write on the whiteboard or piece of paper)
2. Ask “why?” the problem happens and write down the answer
3. Ask “why?” again and write down the answer
4. Ask “why?” as many times as needed (might be more than 5) until the team is able to identify the root cause(s)



Prioritize Root Causes of Inequities

- Use a priority matrix

Which of our root causes are...	Very Important	Less Important
Very Feasible to address		
Less Feasible to address		

Design Care Delivery Transformation

- PDSAs and changes in care delivery will be tailored to specifically address the needs of priority patient populations
- Changes should address the root causes identified
- Take time to partner with patients in designing your interventions
- Examples of care delivery transformation efforts are shared by the Advancing Health Equity program

Finding Answers
Disparities Research for Change

PORTFOLIO
Real World Examples

https://advancingtheequity.org/wp-content/uploads/2023/02/FA_2015GranteePortfolio_FIN.pdf



Equity in Health Care – Provider Training Series

Together with CPS HR Consulting, the PHC Improvement Academy, is hosting a training series in which health care leaders will have the opportunity to engage in discussions to promote a greater understanding of health equity and equip them with concrete strategies to incorporate and advance health equity within their organizations.

Target Audience: Organizational leaders who are change-facilitators in their system.

Attendance: Commitment to attend all three sessions is mandatory and is limited to one individual per organization within the Partnership network. AAFP CME and BRN CE will be offered for attending this series.

- **Session 1 of 3: Implicit Bias**
June 13, 2023, Noon – 2 p.m.
- **Session 2 of 3: Defining Health Equity and Strategies to Improve Organizational Practices**
July 18, 2023, Noon – 2 p.m.
- **Session 3 of 3: Toolkit to Support Health Equity Practices**
August 15, 2023, Noon – 2 p.m.

Due to limited seating, there is a brief application process required for approval to attend these sessions.

[Click Here to Complete the Application](#)

Please contact improvementacademy@partnershiphp.org if you have any questions.



Equity in Health Care – Provider Training Series

Learning objectives for each session:

● **Session 1 of 3: Implicit Bias**

- ✓ Explain the concept and research associated with implicit bias and provide examples
- ✓ Apply strategies to minimize the impacts of implicit bias in the health care setting.
- ✓ Identify techniques for effective anti-bias communication, key in patient-centered care.

● **Session 2 of 3: Defining Health Equity and Strategies to Improve Organizational Practices**

- ✓ Define health equity and identify ways to support organizational learning and conversations about diversity, inclusion, racial equity, racism, and antiracism into the delivery of service
- ✓ Identify opportunities to operationalize health equity strategies in your day-to-day work.

● **Session 3 of 3: Toolkit to Support Health Equity Practices**

- ✓ Review the foundational concepts of the toolkit.
- ✓ Describe practice-level opportunities, tips, and resources to strengthen and center racial health equity in care improvement work.
- ✓ Learn ways to integrate racial and health equity into your quality improvement activities and goals.

Questions & Answers



Thank you!

Webinar Evaluation Link: Insert Link here and in chat

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