



**Quality Improvement
Organizations**

Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

SUPERIOR HEALTH
Quality Alliance

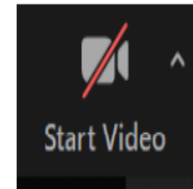
Getting the Conversation Started

Health Equity Community Conversations Series: Session 1
May 14, 2024

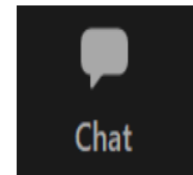
Empowering patients, families and caregivers to achieve health care quality improvement

Housekeeping Announcements

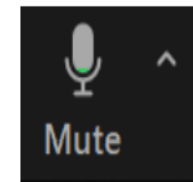
- Slides for today's session will be shared in chat.
- If you are having trouble with Zoom, message Julee Campbell in the chat box.
- Use the chat box to submit your questions and any comments or use the "raise hand" feature.



Tap this icon to turn video on and off. We will be asking folks to be on camera.



This icon will show the chat conversation. Please utilize the chat button to ask questions and communicate with other participants.

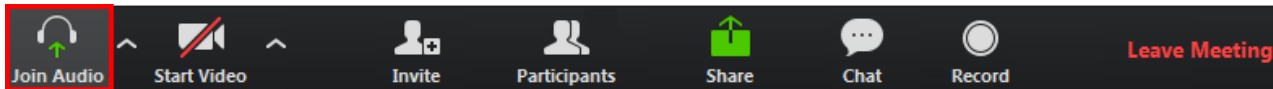


Tap this icon to mute or unmute.

Linking Phone Line to Web Presence

If you joined via phone and didn't enter a Participant ID, please link your phone line to your web presence via the following steps:

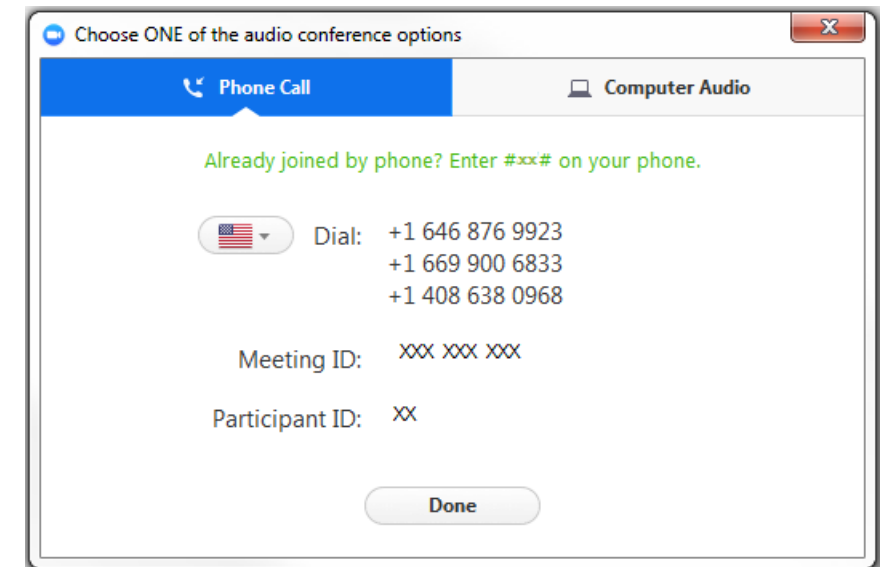
1. Select **Join Audio** from the bottom menu bar:



2. Follow the instructions in green at the top of the pop-up box by dialing:

- **#** then your **Participant ID** and then **#**

3. If you joined via phone, use *6 to mute/unmute your line.



Session 1 Overview

- Group introductions in chat
- Get to know Superior Health Quality Alliance (Superior Health)
- Framing this series: strategies for promoting health equity
- Utilizing Superior Health Connect as part of this series
- Health equity, health disparities and data
- Importance of asking for social and demographic information and how to ask
- Questions and discussion
- Next session

Meet Your Superior Health Facilitators



Julee Campbell, MPH, CPHQ

Quality Improvement Advisor
(QIA)

Michigan



Glenda Harris

Quality Improvement Advisor
(QIA)

Minnesota



Mary Funseth, CSW, M.A.Ed.

Quality Improvement Advisor
(QIA)

Wisconsin



Casey Zimpel, BSN, RN

Quality Improvement Advisor
(QIA)

Wisconsin

Please Introduce Yourself in Chat!

- Your name
- Your organization and website
- Where is the population that your organization serves?
 - Michigan
 - Minnesota
 - Wisconsin

Superior Health Quality Alliance



SUPERIOR HEALTH
Quality Alliance

The logo for the Superior Health Quality Alliance features the text "SUPERIOR HEALTH" in a bold, dark blue font. Below this, the text "Quality Alliance" is written in a smaller, dark blue font.

Who is Superior Health Quality Alliance (Superior Health)?

Three Quality Improvement Organizations

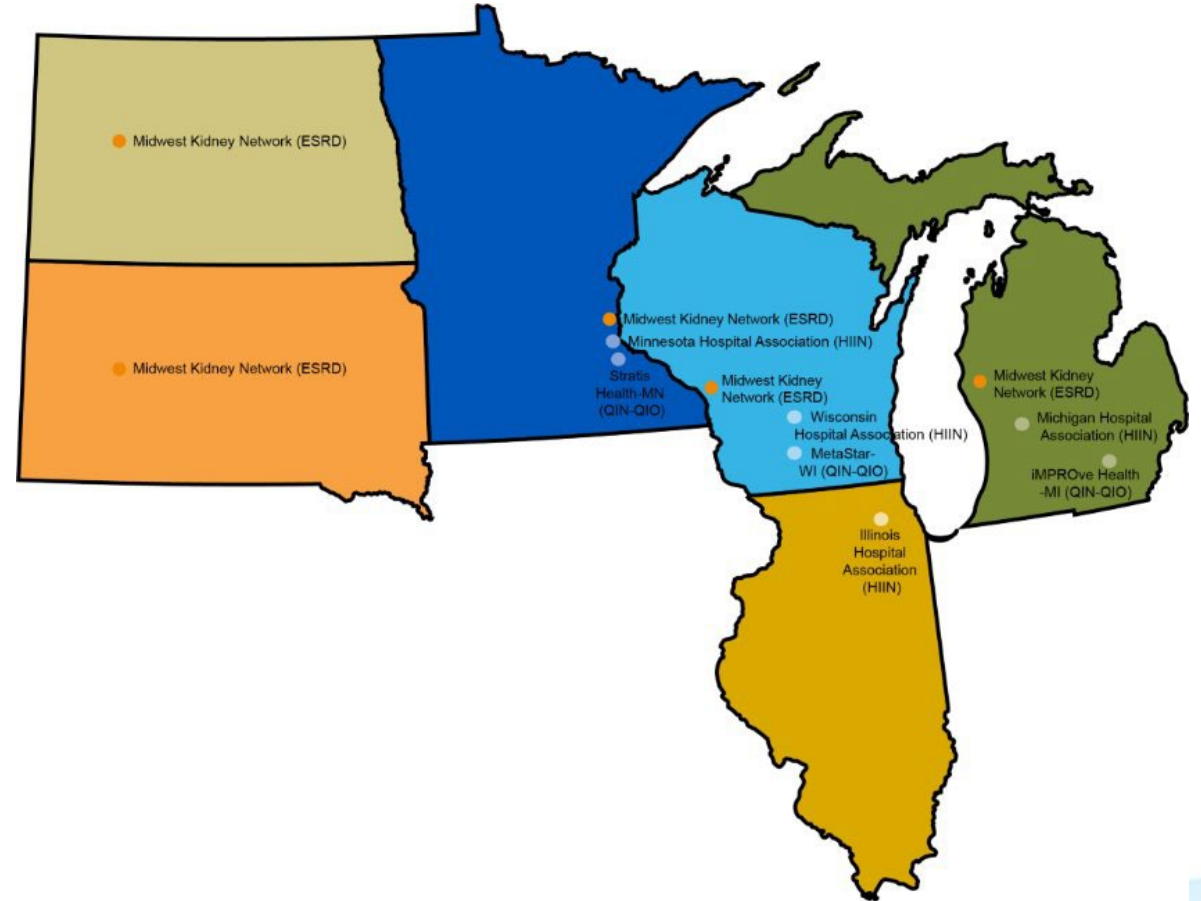
- MetaStar – WI
- iMPROve Health – MI
- Stratis Health – MN

Four Hospital Associations

- Illinois Health and Hospital Association
- Michigan Health and Hospital Association
- Minnesota Hospital Association
- Wisconsin Hospital Association

End Stage Renal Disease Network

- Midwest Kidney Network



Learn more on our [website](#).

Collaboration Across Care Settings and Community Organizations



Decrease opioid misuse

Increase patient safety

Improve chronic disease self-management

Increase quality of care transitions

Increase immunizations

Framing This Series: Strategies To Promote Health Equity

Focusing on Implementing Health Equity Strategies

- Superior Health previously launched a program assessment to gather information from participating organizations to help us tailor our programming to best meet identified needs.
- One need identified was for support around strategies for implementing health equity.
 - Active Health Equity teams/committees
 - Dedicated/sufficient funds to work on health equity
 - Regular health equity staff training/professional development
 - Organizational/strategic plans that incorporate health equity
 - Shared understanding of what health equity looks like in the communities we serve
 - Consistently asking patients/residents to self-report basic demographics/linguistic information

Focusing on Implementing Health Equity Strategies

- During sessions in this series, we'll be focusing on one or more of these and other strategies for promoting health equity at your organization.
- Today's session will include a focus on the following strategies:
 - Active Health Equity teams/committees
 - Dedicated/sufficient funds to work on health equity
 - Regular health equity staff training/professional development
 - Organizational/strategic plans that incorporate health equity
 - ➔ ○ Shared understanding of what health equity looks like in the communities we serve
 - ➔ ○ Consistently asking patients/residents to self-report basic demographics/linguistic information

Resources

- [Disparities Impact Statement](#) - Tool including guidance for 5 steps. **Please use this tool with your team as you participate in this series!**
 1. Identify health disparities and priority populations.
 2. Define your goals.
 3. Establish your organization's health equity strategy.
 4. Determine what your organization needs to implement its strategy.
 5. Monitor and evaluate your progress.
- [National CLAS Standards](#) - Webpage with resources for offering services that are respectful of and responsive to the needs of diverse patients.

The graphic features a photograph of an elderly Black couple smiling together. A dark blue banner on the left contains the title 'Disparities Impact Statement' in white and yellow text. Below the photo, a white box contains introductory text and a 5-step list. At the bottom, there is a small CMS logo and a page number '1'.

Disparities Impact Statement

This tool can be used by all health care stakeholders to achieve health equity for racial and ethnic minorities, people with disabilities, sexual and gender minorities, individuals with limited English proficiency, and rural populations.

This worksheet has 5 steps:

- 1 Identify health disparities and priority populations
- 2 Define your goals
- 3 Establish your organization's health equity strategy
- 4 Determine what your organization needs to implement its strategy
- 5 Monitor and evaluate your progress

Health disparities—differences in health outcomes closely linked with social, economic, and environmental disadvantage—are often driven by the social conditions in which individuals live, learn, work, and play.

1

Revised: Mar. 2021. Paid for by the U.S. Department of Health and Human Services.



Image source: [Disparities-Impact-Statement-508-rev102018.pdf \(cms.gov\)](#)

We Want To Hear From You!

At any time during this series, please let us know what Superior Health can do to better support your health equity efforts.



You can add comments in chat or post comments in [our group on Superior Health Connect.](#)

Utilizing Superior Health Connect as Part of This Series

Continue the Conversation in

Superior Health Connect



Connect is a shared learning environment for Superior Health participants to come together to foster and promote an "all-teach-all-learn" climate that provides the framework to improve and sustain mutual health care quality improvement initiatives locally, regionally and nationally.

[Join our group here!](#)

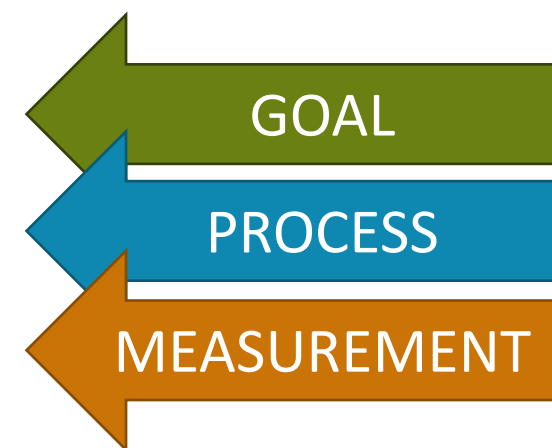
Health Equity, Health Disparities and Data

Health Equity and Health Disparities

Health equity – the state in which everyone has a fair and just opportunity to attain their highest level of health, which requires ongoing societal efforts to address historical and contemporary injustices; overcome economic, social and other obstacles to health and health care; and eliminate preventable health disparities.

Health disparities – preventable differences in the burden of disease, injury, violence or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location and environment.

A reduction in health disparities is evidence that we are making progress toward health equity.

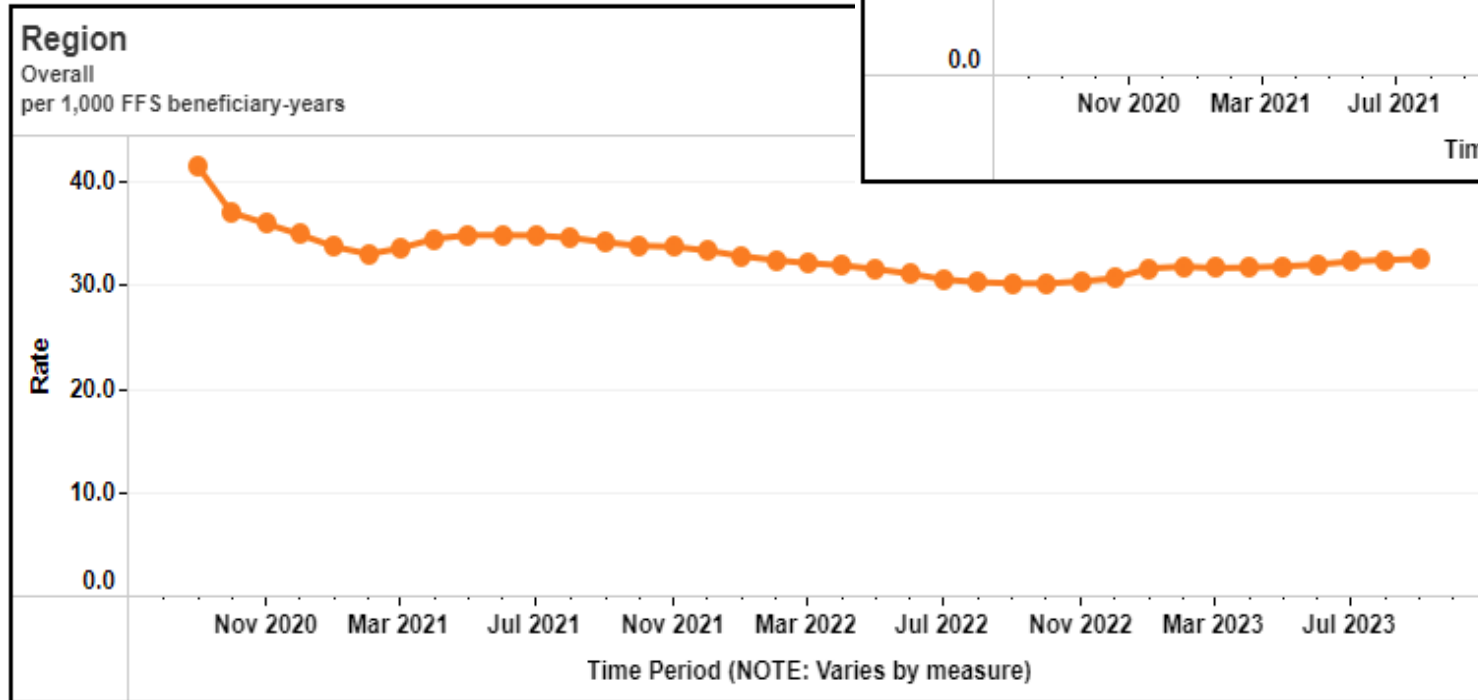
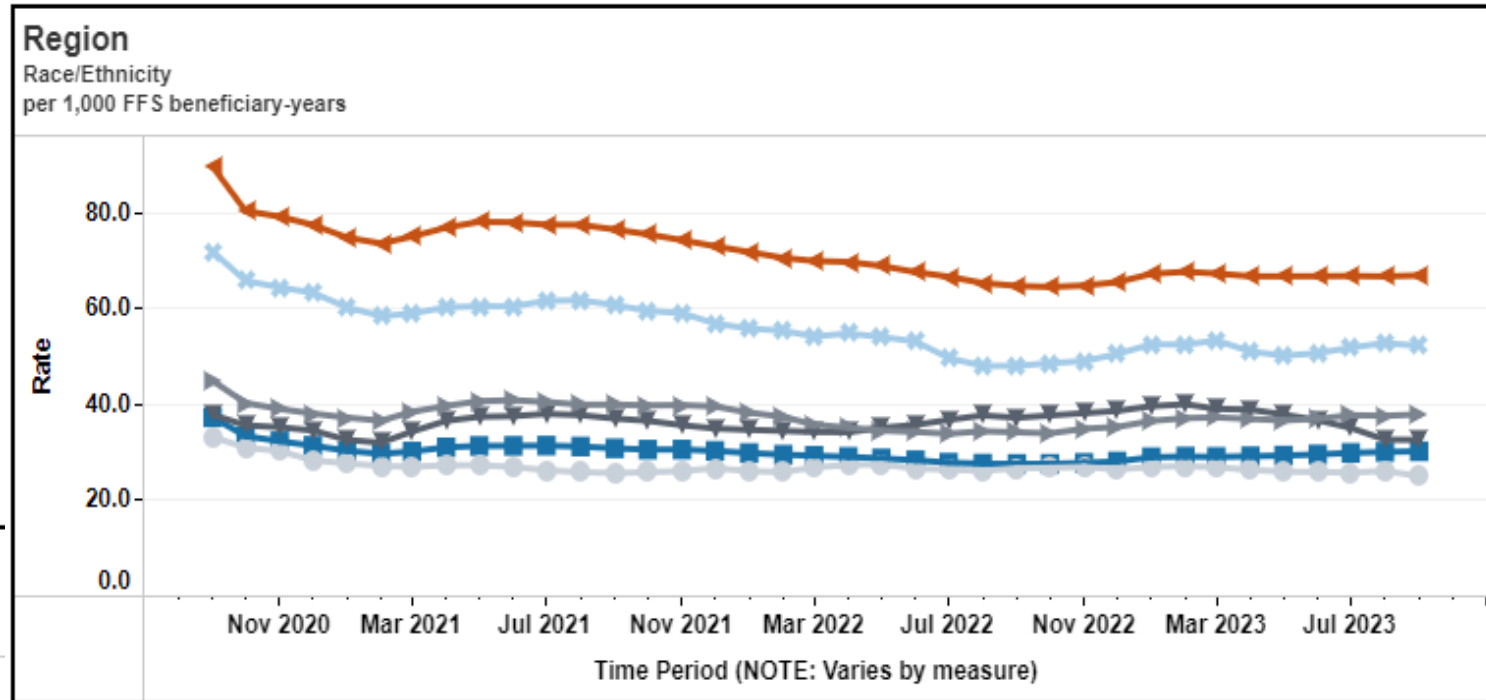


Source: [What is Health Equity? | Health Equity | CDC](#)

Data's Role in Advancing Health Equity

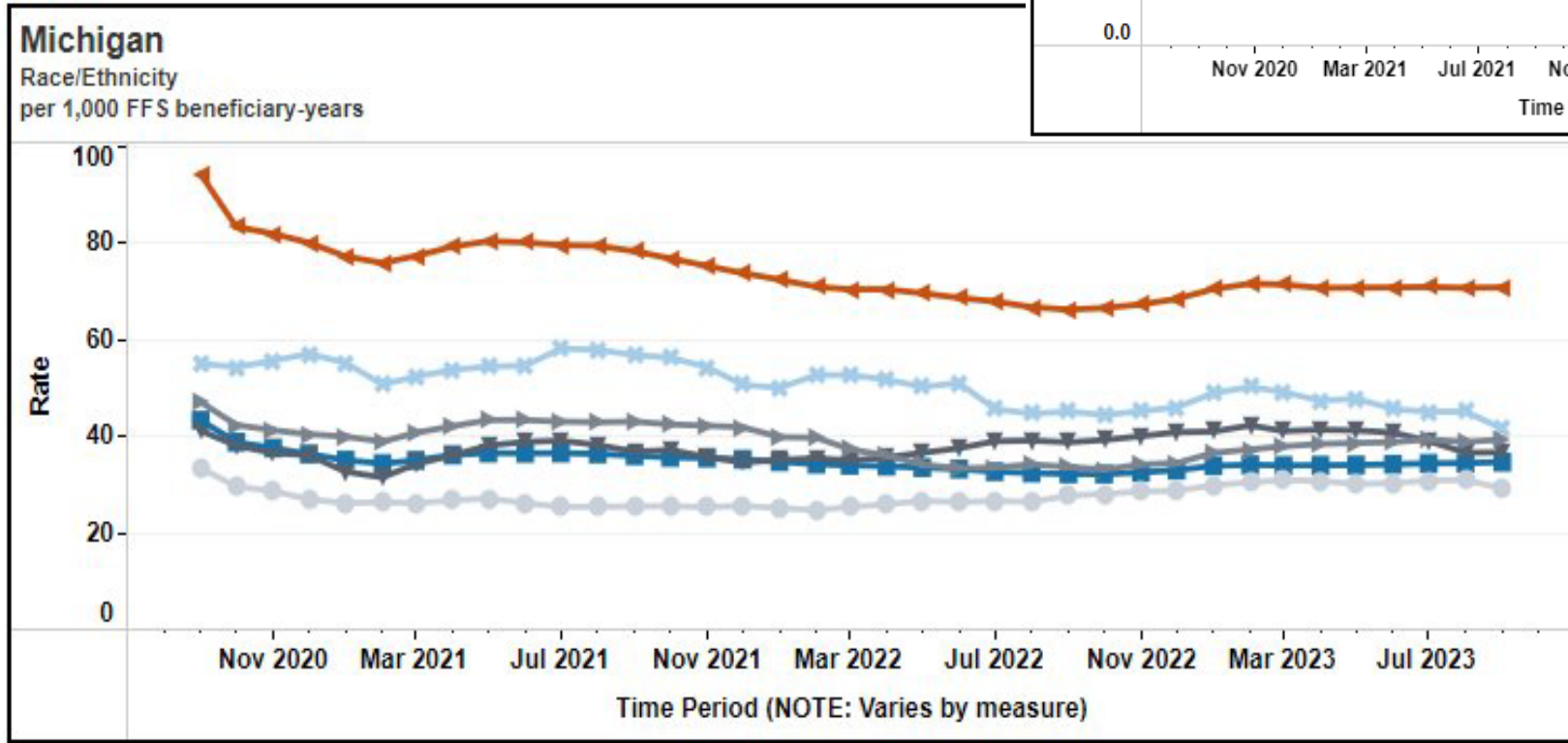
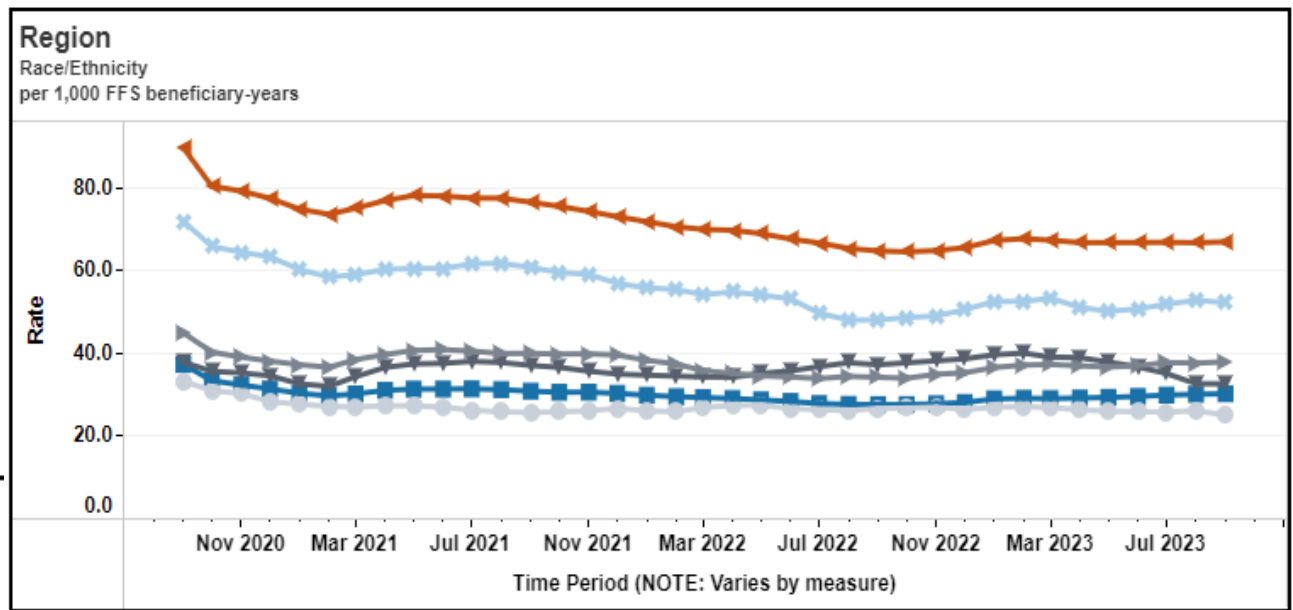
- Health disparities are what we can measure to evaluate our progress toward health equity.
- Disparities in health care access and outcomes are well-known and there are MANY efforts to address them.
- But how do we know where the disparities are in our own communities?
 1. Collect key data about the people we serve.
 2. Disaggregate data to examine patterns within groups (rather than only examining overall trends).

An Example: 30-Day Hospital Readmissions



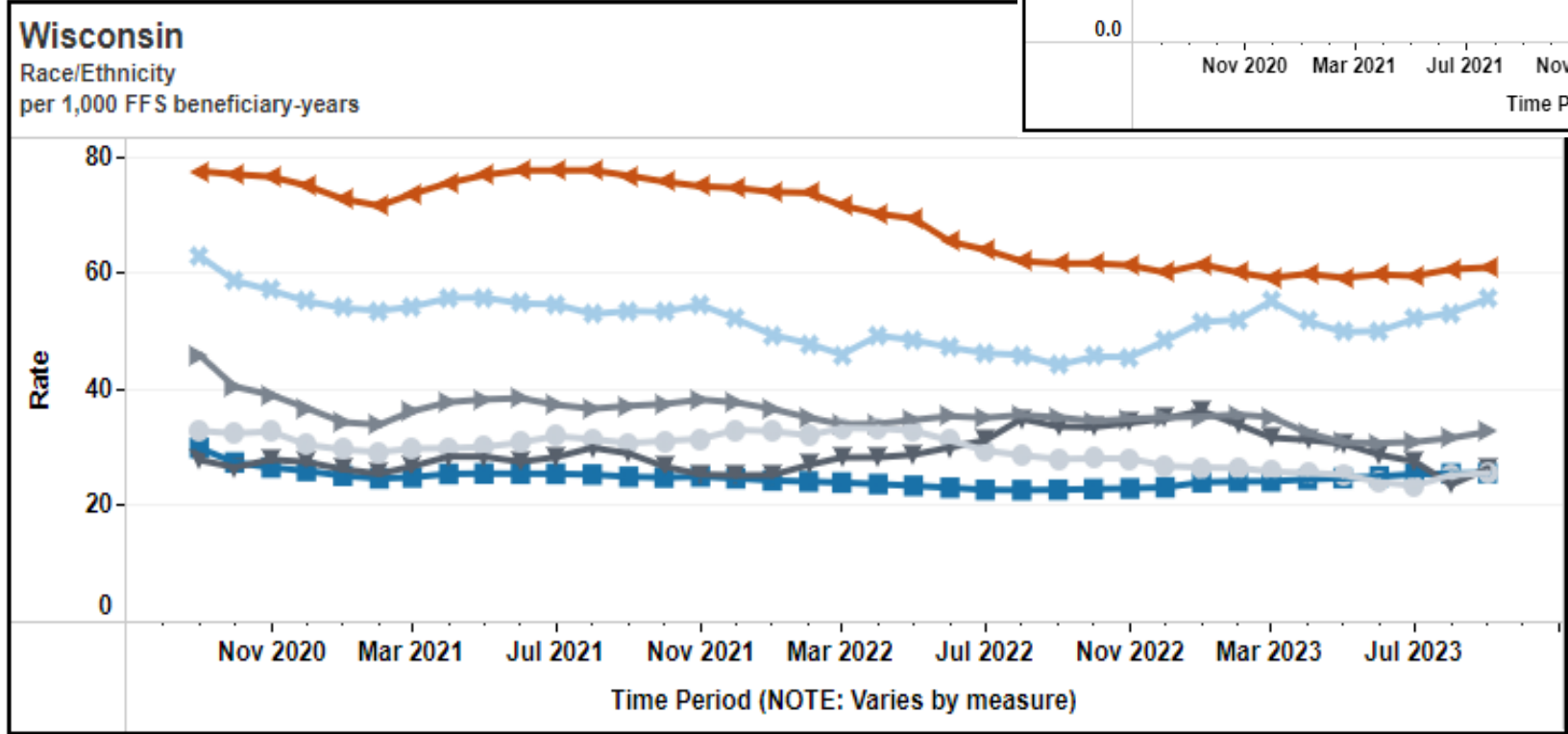
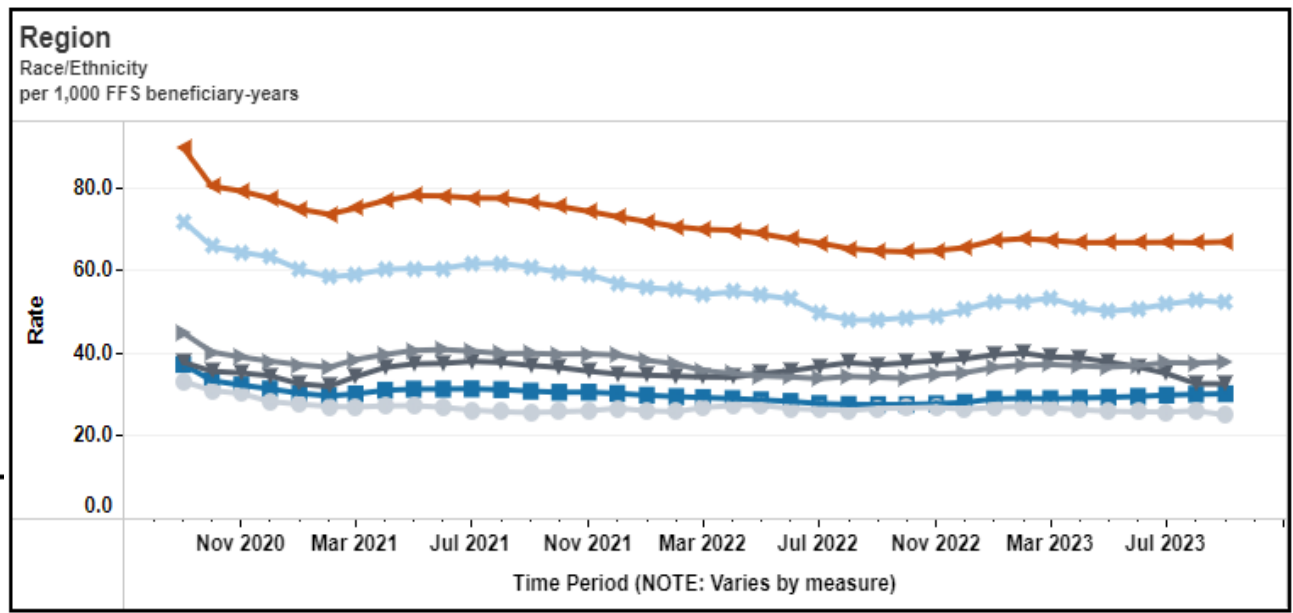
- Asian/Pacific Islander ●
- Black ▲
- Hispanic ▲
- North American Native ×
- Other Race ▼
- White ■

Hospital Readmissions: Michigan



- Asian/Pacific Islander ●
- Black ▲
- Hispanic ▲
- North American Native ×
- Other Race ▼
- White ■

Hospital Readmissions: Wisconsin

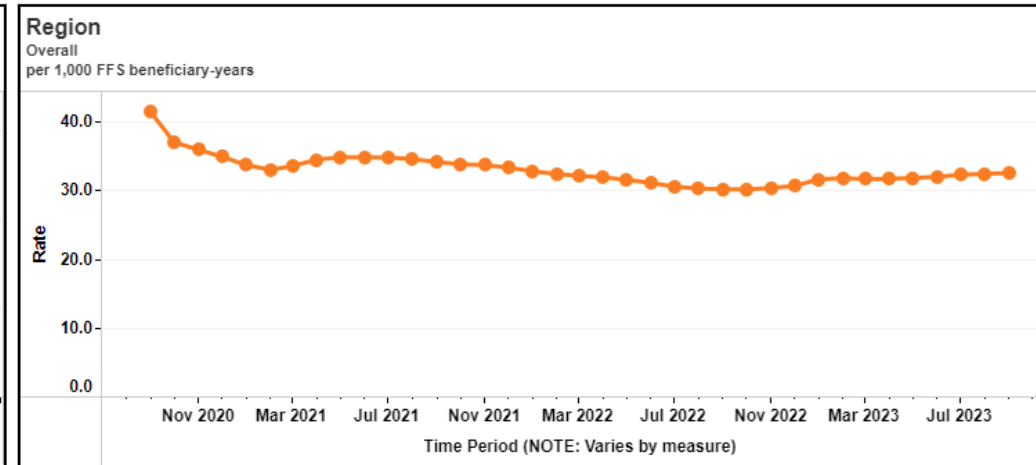
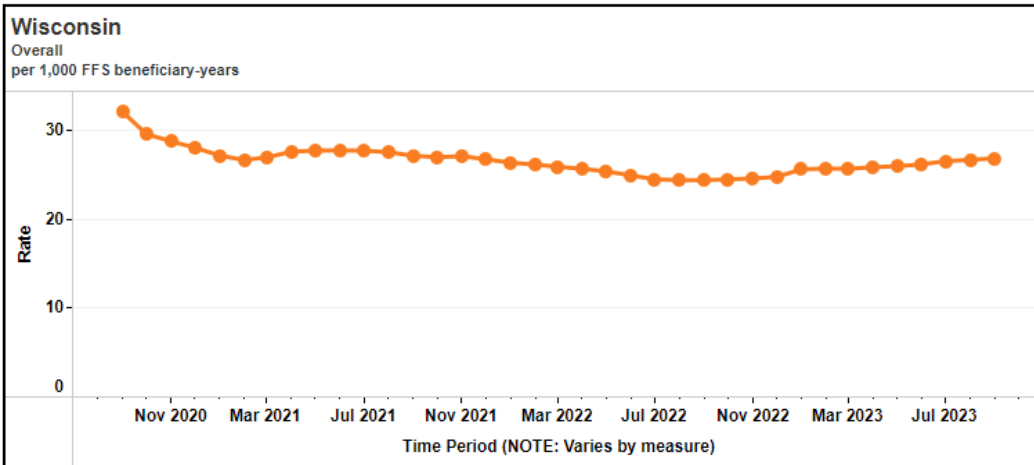
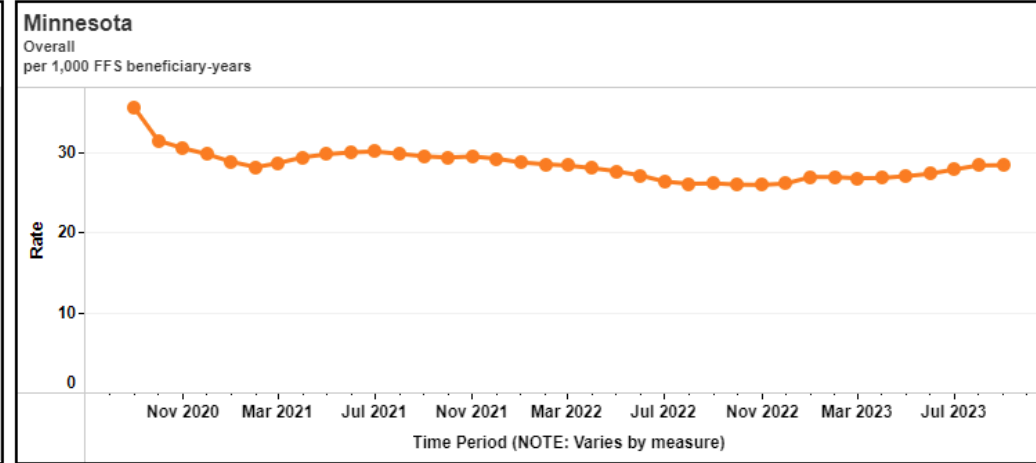
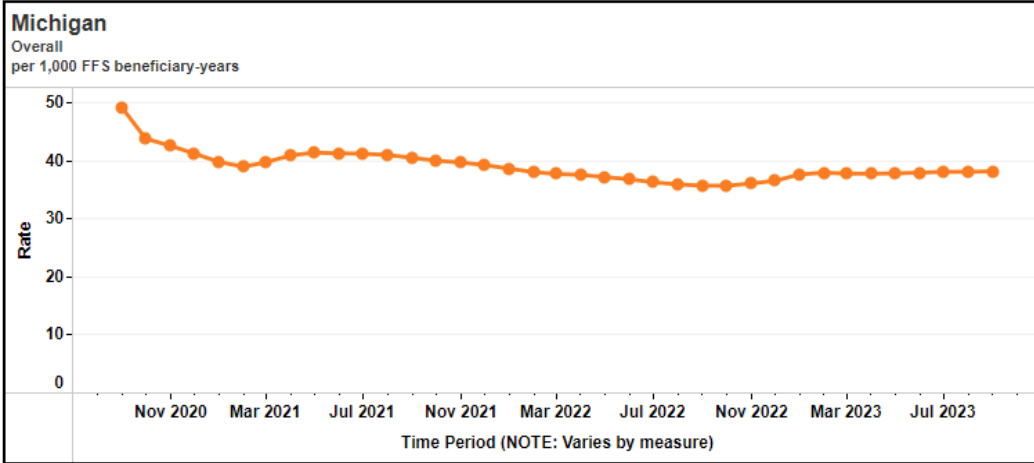


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- North American Native ×
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- White ■

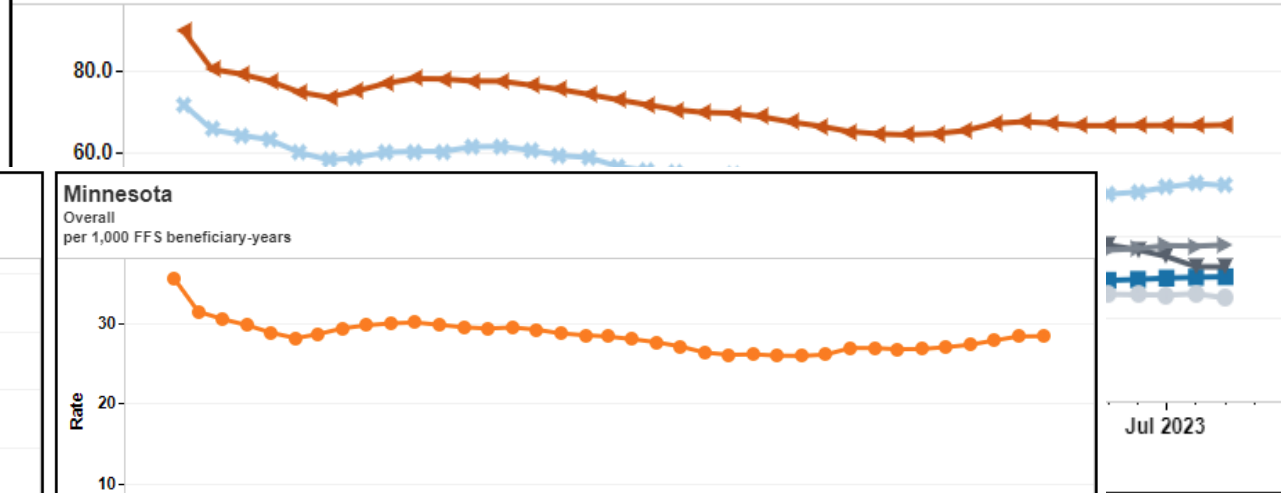
Hospital Readmissions: Minnesota

Rate per

Rate



Region
Race/Ethnicity
per 1,000 FFS beneficiary-years



Takeaways

- The disaggregated trends are similar across states, but American Indians/Alaska Natives are doing comparatively worse in Minnesota.
- We need to understand our community context before creating interventions, but that starts with mindful measurement!
 - Understanding differences in outcomes provides a starting point for community engagement and involvement in improving health equity.
 - How do community members define health equity? What does it look like for them?
 - Can you work together to identify needs and priorities?

Resources

- [Mapping Medicare Disparities Tool](#)
 - Population, hospital, and SDOH views available
- [CDC PLACES: Local Data for Better Health](#)
- [County Health Rankings](#)
- Your County or State Department of Health (e.g., county health tables)
- [Community Health Needs Assessments \(CHNAs\)](#)
 - Don't forget to consider behavioral health CHNAs!
- [Superior Health's KeyMetrics](#)
- Data from *your* organization

Key Strategies and Resources for Collecting Social and Demographic Information

Connecting Health Equity to Practice

The Centers for Medicare & Medicaid Services (CMS) defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language or other factors that affect access to care and health outcomes.

- One way you can contribute to health equity in your organization is by asking standard questions:
 - Social Drivers of Health (SDOH) screenings
 - Race, Ethnicity and Language (REaL) data questions
 - Sexual Orientation and Gender Identity (SOGI)

Source: <https://www.cms.gov/pillar/health-equity#:~:text=To%20CMS%2C%20health%20equity%20means,preferred%20language%2C%20or%20other%20factors>

Crosswalk of Regulatory Requirements and Recommendations

HE Topic/Focus	CMS	The Joint Commission	NCQA	CLAS
Engagement of Hospital Leadership	X	X		X
Health Equity Plan	X	X		X
Designated Individual Leads Health Equity Activities		X		
Collection of Patient Demographic Data	X	X	X	X
Stratification of Quality Measures by Patient Demographic Data	X	X	X	
Healthcare Disparities Reduction	X	X	X	X
Culturally and Linguistically Appropriate Care and Services		X	X	X
Language Assistance Services		X	X	X
Training of Providers and Staff			X	X
Workforce Diversity			X	X
Community Needs Assessments			X	X
Screening Patients for Health-Related Social Needs	X	X	X	
Interventions for Patients for Health-Related Social Needs		X	X	
Community Partnerships	X		X	X
Culturally and Linguistically Appropriate Conflict and Grievance Resolution				X
Public Reporting about Health Equity		X		X

Source: Adapted/modified from - <https://hcai.ca.gov/wp-content/uploads/2022/08/Cross-Walk-of-Hospital-Equity-Measures-and-Standards.pdf>



Resources

- Centers for Medicare & Medicaid Services (CMS)
 - [Hospital Inpatient Quality Reporting \(IQR\) Program Measures \(cms.gov\)](https://www.cms.gov)
- The Joint Commission
 - [Standards for Joint Commission Accreditation and Certification | The Joint Commission](https://www.jointcommission.org)
 - [National Patient Safety Goals | The Joint Commission](https://www.jointcommission.org)
- National Committee for Quality Assurance (NCQA)
 - [Health Equity Accreditation - NCQA](https://www.ncqa.org)
- Culturally and Linguistically Appropriate Services (CLAS)
 - [Cultural and Linguistic Competency | Office of Minority Health \(hhs.gov\)](https://www.hhs.gov)

How Does Knowing This Information Help Us Advance Health Equity?

- Identify gaps in access to care.
- Understand the needs of our community.
- Identify and address diseases, conditions and health disparities.
- Identify how to improve language and accessibility support.
- Provide education and care specific to our patients.
- Provide hospitals with information on patient's cultural needs and preferences.
- Monitor and analyze health outcomes at the population level.

Sources:

https://www.hanys.org/quality/clinical_operational_initiatives/ahei/resources/

<https://thinkculturalhealth.hhs.gov/clas/standards>

Key Strategies To Consider Around Collecting Patient REaL, SOGI and SDOH Information

- Define goals for data collection – regulatory guidance and mode of collection.
- Engage leadership – health equity as an organizational priority.
- Involve frontline staff – embed health equity in the organization's culture.
- Identify resources – look at organizations and initiatives in your community available to patients to address identified needs.
- Training for staff – discuss the questions, how to ask and how care will be provided based on answers to questions.
- Education for patients – why this data is important, why and how to self-report, privacy and confidentiality, importance of open communication.

Considerations for Training Staff and Educating Patients on the Collection of REaL, SOGI and SDOH Information

- Collect race, ethnicity, language (REaL), sexual orientation and gender identity (SOGI) and social drivers of health (SDOH) information from all patients.
- Self-identification is the preferred means of obtaining information.
- Health care staff may feel uncomfortable engaging in conversations about REaL, SOGI and SDOH information. Consider scripting for staff to use.

Addressing patient concerns:

- Patients may fear their information is not confidential.
- Provide a private screening environment.
- Explain that all patients are asked the same questions.
- Explain that by answering these questions, we can better serve our patients and our community.

Source: HANYS. (2024). https://www.hanys.org/quality/clinical_operational_initiatives/ahei/resources/

Resources for Collecting REaL, SOGI and SDOH data

- [Resources | Advancing Healthcare Excellence and Inclusion | HANYS](#)
- [US Census changes how it categorizes people by race and ethnicity | The Hill](#)
- [Collecting Sexual Orientation and Gender Identity Information | For Health Care Providers | Transforming Health | Clinicians | HIV | CDC](#)
- [Language-Access-Plan.pdf \(cms.gov\)](#)
- <https://thinkculturalhealth.hhs.gov/clas/standards>
- Learn about SDOH screening tools. This is **NOT** an exhaustive list of available tools, but a few resources to get you started:
 - [PRAPARE](#)
 - [Accountable Health Communities Model | CMS](#)
 - [Education and Practice-Based Resources | AAFP](#)

Questions?



Discussion Question 1

What **barriers** does your organization have in asking patients/residents to self-report demographic/linguistic information?

Discussion Question 2

What **successes/best practices** does your organization have in asking patients/residents to self-report demographic/linguistic information?

Discussion Question 3

What kinds of resources or support are you looking for that would make you feel better prepared to implement this strategy?

More Superior Health Events

- Available upon request: Free Senior Health Fair and Vaccination Clinic
 - If interested in scheduling a health fair and immunization clinic, please reach out to immunizations@superiorhealthqa.org.
- Explore our full list of upcoming events here: [Upcoming Events \(superiorhealthqa.org\)](https://superiorhealthqa.org)

Thank you for participating today!

For questions, please contact:

- Casey Zimpel: czimpel@wha.org
- Julee Campbell: jcampbell@improve.health
- Glenda Harris: gharris@stratishealth.org
- Mary Funseth: mfunseth@metastar.com

Next session:

Tuesday, June 11 from 11:30-12:30 p.m. CT / 12:30-1:30 p.m. ET



Quality Improvement Organizations

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SUPERIOR HEALTH

Quality Alliance

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