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Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Addressing Health Disparities Resource Guide

Health disparities are differences in health outcomes closely linked with social, economic and environmental disadvantage. These are often driven by the social conditions in which individuals live, learn, work and play. These disparities negatively impact the individual goal of achieving and maintaining good health, as well as the collective goal of providing quality care and achieving optimal population health.

Characteristics including race, ethnicity, disability, sexual orientation or gender identity, socio-economic status, geographic location and other factors[1] influence access to quality healthcare for individuals, families and communities.[2]

This ***Addressing Health Disparities Resource Guide*** includes recommendations that follow the Centers for Medicare and Medicaid Services (CMS) Equity Plan for Medicare framework:

1. Increasing understanding and awareness of disparities.
2. Developing and disseminating solutions to achieve health equity.
3. Implementing sustainable actions to achieve health equity.

The recommendations and resources provided below are to assist you in identifying actions you may have already taken, or actions that have not been considered yet as you address health disparities in your organization. Please refer to the Health Equity Organizational Assessment (HEOA), an online survey your facility completed in order to prioritize your efforts for implementation of the items listed below.

Recommendations to Increase Understanding and Awareness of Disparities
The focus is to increase the importance placed on collecting and analyzing standardized patient data, and to develop solutions that enable hospitals to collect and analyze data in their communities. Comprehensive patient data; including race, ethnicity, language, sexual orientation, gender identity, disability status and geographic location; are required to plan for quality improvements and address changes among the target populations. These are collectively known as social determinants of health (SDOH).
Data Collection Best practice recommendation includes the collection of patient demographic data to help hospitals and healthcare systems understand their patient populations and measure patient outcomes to ensure health equity.
If there is an opportunity for your hospital to improve its process to consistently collect race, ethnicity and language (REAL) data for all patients, as well as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors, then consider these resources: ➢ U.S. HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language,

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Recommendations to Increase Understanding and Awareness of Disparities
and Disability Status ➢ A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities
Data Collection Training Best practice recommendations include training must be provided during orientation for staff who collect patient demographic data, and the effectiveness of training should be periodically evaluated. Annual training updates for staff are highly encouraged.
If there is an opportunity for your hospital to improve its process to: a) Provide training to staff regarding the collection of patient self-reported REAL data, as well as disability status, sexual orientation/gender identity (SOGI) preferences, veteran status, geography and/or other social determinants of health (SDOH), and/or b) Evaluate the effectiveness of workforce training on an annual basis to ensure staff demonstrate competency in patient self-reporting data collection methodology, Then consider these resources: ➢ Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement ➢ A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities
Data Validation Hospital has a standardized process in place to evaluate and validate the accuracy of patient self-reported demographic data including percent of “unknown,” “unavailable” or “declined” for REAL data (aiming for a cumulative goal of <5%).
If there is an opportunity for your hospital to improve its process to: a) Evaluate the accuracy and completeness (percent of fields completed) for REAL data, as well as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors, b) Evaluate and compare hospital collected REAL data to local demographic community data, and/or c) Address any system-level issues (e.g., changes in patient registration screens/fields, data flow, workforce training, etc.) to improve the collection of self-reported REAL data,

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Then consider these resources:

- Engaging your Medical Records/Health Information Management and your Patient Access/Registration departments with your Information Technology (IT) should data fields in the electronic medical record (EMR) need updated, and/or
- Refer to this resource for more detail - Validation of multisource electronic health record data: An application to blood transfusion data.

Data Stratification

Examine patient safety, quality or outcome measures with an equity lens to determine if differences in patient outcomes exist, identify areas in need of quality improvement and targeted interventions.

If there is an opportunity for your hospital to improve its process to:

a) Stratify at least one or more than one, or patient safety, quality and/or outcome measure by REAL factors, and/or
b) Stratify at least one or more than one, or patient safety, quality and/or outcome measure by REAL factors, and other demographic data (beyond REAL) such as disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or other social determinants of health (SDOH) or social risk factors,

Then consider these resources:

- Medicare Advantage (MA) population stratified by race and ethnicity
- Minority Population Profiles - The Office of Minority Health (hhs.gov) – Provides detailed demographic, language fluency (where relevant), education, economic, insurance coverage and health status information, as well as full census reports (Census data as of 2019-site links to state sources).
- Minority Health Social Vulnerability Index Explorer (cdc.gov) – Provides county-level data on racial and ethnic minority communities at greatest risk for disproportionate impact and adverse outcomes due to the COVID-19 pandemic. Same factors that may contribute to the determination of an area's social vulnerability (Varied Community Survey data ranging from 2011 through 2018 – 5-year average, per CDC, next release will occur by April 2022 for data through 2020).
- CDC's Guide to Lesbian, Gay, Bisexual, and Transgender Health
- Disability and Health Data System (DHDS) | CDC – Provides state-level data on adults with disabilities. Information on six functional disability types can be accessed: cognitive, hearing, mobility, vision, self-care and ability for independent living (Self-reported and telephone survey data as of 2019).
- The Social Vulnerability Index (SVI): Interactive Map | CDC – Provides city, county and/or zip code-level data (interactive or prepared maps) on 15 social factors, including poverty, lack of vehicle access and crowded housing, and groups them into four related themes.

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➢ Neighborhood Atlas - Home (wisc.edu) – Provides state and national-level data related to income, education, employment and housing quality that as a group make up the Area Deprivation Index (ADI). A measure created by the Health Resources & Services Administration (Varied American Community Survey data on a 5-year average for years 2014-2018).
Communicate Findings Hospital communicates identified gaps in disparities with the intent to create organization- and community-wide awareness of potential differences in patient outcomes and promotes understanding of patient population needs.
If there is an opportunity for your hospital to improve its process to: a) Use a reporting mechanism (e.g., equity dashboard) to routinely communicate patient population outcomes to hospital senior executive leadership (including medical staff leadership) and the Board, b) Use a reporting mechanism (e.g., equity dashboard) to routinely communicate patient population outcomes widely within the organization (e.g., quality staff, front line staff, managers, directors, providers, committees and departments or service lines), and/or c) Use a reporting mechanism (e.g., equity dashboard) to routinely communicate patient population outcomes with patients and families (e.g., PFAC members) and/or other community partners or stakeholders, Then consider these resources: ➢ How to Create a Balanced Scorecard: Nine Steps to Success ➢ How to Build a Balanced Scorecard from Scratch Using Excel ➢ Contacting one of our Sr. Quality Improvement Facilitator with your request at HQICteam@telligen.com
Address and Resolve Gaps in Care Ensure proper provision of resources to resolve differences in patient outcomes. Tailor interventions to resolve differences in patient outcomes and educate staff about gaps in care.
If there is an opportunity for your hospital to improve its process to: a) Engage multidisciplinary team(s) to develop and test pilot interventions to address identified disparities in patient outcomes, b) Implement interventions (e.g., redesigns processes, conducts system improvement projects and/or develops new services) to resolve identified disparities and educates staff/workforce regarding findings, and/or c) Conduct ongoing review, monitoring, recalibrating interventions (as needed) to ensure changes are sustainable,

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Then consider these resources:

- PDSA, and Quality Improvement strategies approach (Quality Tools) (accessible through our Telligen HQIC portal)
- Rural-Urban Disparities in Health Care in Medicare

Organizational Infrastructure and Culture

Hospital actively involves key stakeholders including patients and families and/or community partners in the planning, development and implementation of health equity efforts. Hospital explicitly prioritizes equity in organization mission and goals.

If there is an opportunity for your hospital to improve its process to:

a) Train its workforce to deliver culturally competent care and linguistically appropriate services (according to the CLAS standards),
b) Better engage leadership (named an individual (or individuals) who has leadership responsibility and accountability for health equity efforts (e.g., manager, director or Chief Equity, Inclusion and Diversity Officer/Council/Committee) who engages with clinical champions, patients and families (e.g., Patient and Family Advisory Councils (PFACs)) and/or community partners in strategic and action planning activities to reduce disparities in health outcomes for all patient populations (Note: This doesn't have to be a member of the C-Suite), and/or
c) To ensure equitable healthcare is prioritized and delivered to all persons through written policies, protocols, pledges or strategic planning documents by organizational leadership and Board of Directors (e.g., mission/vision/values reflect commitment to equity and is demonstrated in organizational goals and objectives) (Example: #123forEquity Pledge),

Then consider these resources:

- Achieving Health Equity – Education Module (CMS)
- Social Determinants of Health (Office of Disease Prevention and Health Promotion)
- Improving Health in Rural Communities – FY 2021 Year in Review (CMS)
- Understanding and Addressing Social Determinants of Health: Opportunities to Improve Health Outcomes, A Guide for Rural Health Care Leaders (Office of Disease Prevention and Health Promotion)
- #123forEquity Campaign to Eliminate Health Care Disparities (American Hospital Association)

[1]Office of Minority Health, https://www.minorityhealth.hhs.gov
[2]The Blueprint, Guidance on the National CLAS Standards, https://thinkculturalhealth.hhs.gov/clas/blueprint

Please email any questions regarding this resource guide to our Telligen HQIC Team at HQICteam@telligen.com.

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