Indiana Patient Safety Center
of the Indiana Hospital Association

Achieving Health Equity In Your Organization & the Communities You Serve

Madeline Wilson, MSN, RN, CLSSBB
Matthew Browning, MBA, MHA, CPHQ
ICPS Nursing Leadership Forum
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IHAconnect.org/Quality-Patient-Safety

Objectives

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- Define and demonstrate knowledge of health equity, health inequalities, and social determinants of health;
- Leverage partnerships and cross sector collaborative to advance health equity;
- Mobilize leaders to engage in activities in support of health equity;
- Use resources to increase health equity in local communities

Health Care Disparities Definition

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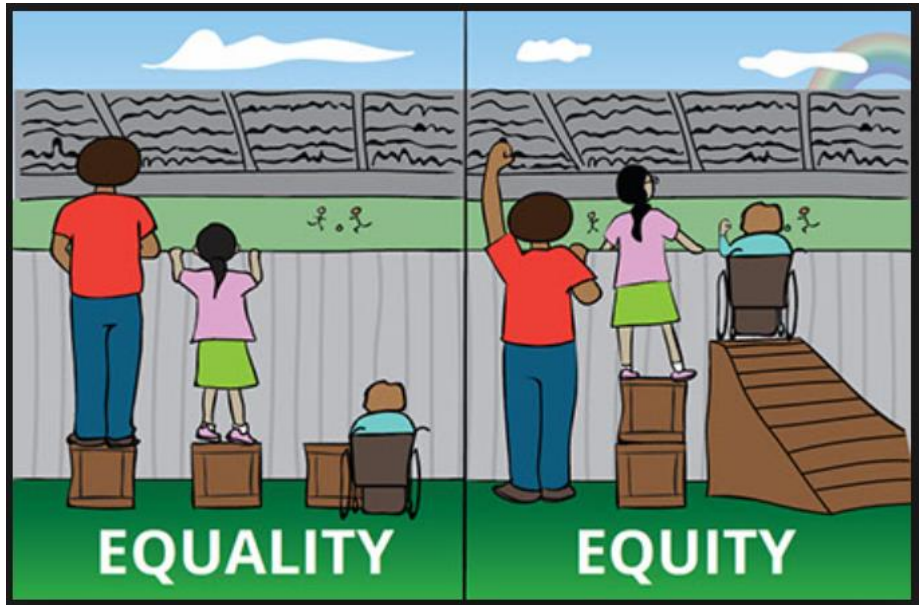
- Defined as the inequalities that exist when members of certain populations or groups do not benefit from the same health status as other groups.



http://www.hret-hiin.org/topics/healthcare-disparities.shtml

Inclusive of…

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- Race
- Ethnicity
- Language preference
- Disability status
- Gender Identity
- Sexual orientation
- Veteran status
- Socioeconomic factors

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Partnerships

CMS Equity Plan for Medicare-2015

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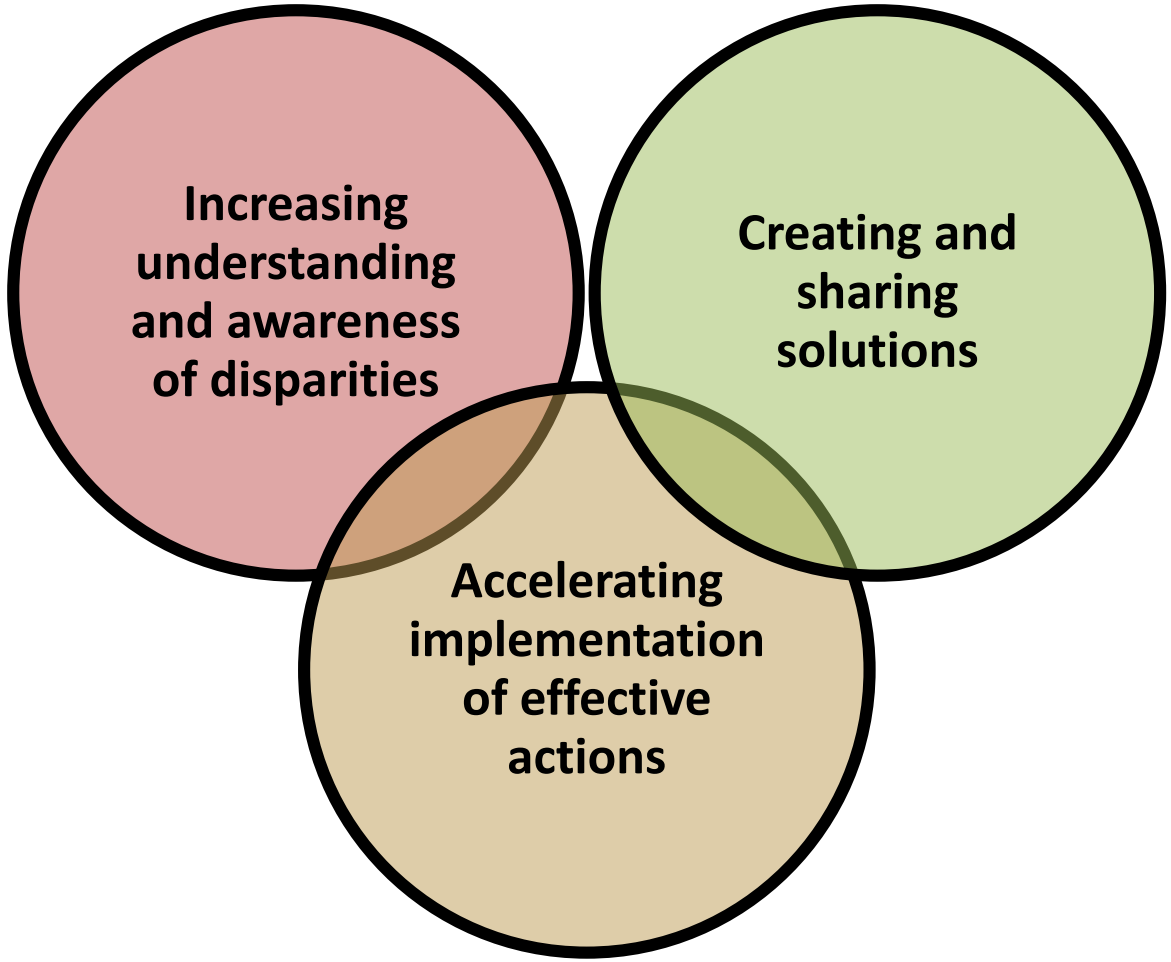

https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/equity-plan.html

HRET/HIIN Health Equity Metrics

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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.
Communication Findings: Hospital uses a reporting mechanism (e.g., equality dashboard) to communicate outcomes for various patient populations.
Address & Resolve Gaps in Care: Hospital implements interventions to resolve differences 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.

The Focus

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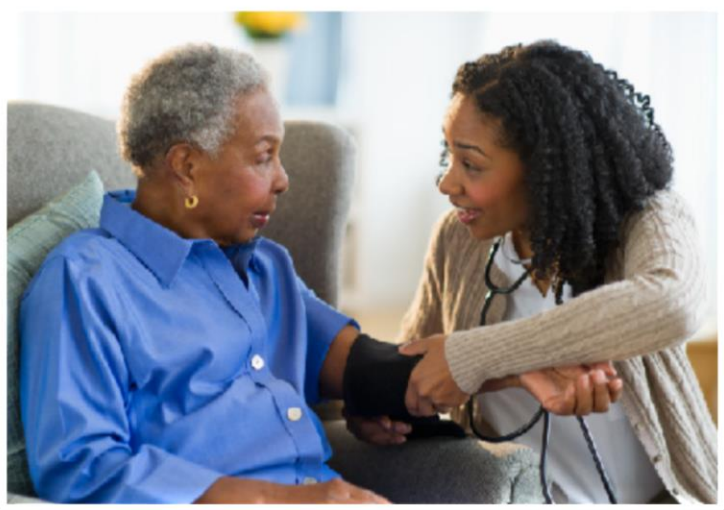

- Identified six high-impact priority areas based on a review of the evidence base and stakeholder input. These priorities encompass both system- and community-level approaches to achieve equity in Medicare

High Impact Priority Areas

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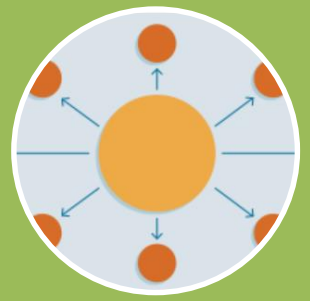
Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data

Priority 2: Evaluate Disparities Impacts and Integrate Equity Solutions Across CMS Programs



Priority 3: Develop and Disseminate Promising Approaches to Reduce Health Disparities

Priority 4: Increase the Ability of the Health Care Workforces to Meet the Needs of Vulnerable Populations

Priority 5: Improve Communication and Language Access for Individuals with Limited English Proficiency and Persons with Disabilities

Priority 6: Increase Physical Accessibility of Health Care Facilities

https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/equity-plan.html

ISDH Strategic Plan

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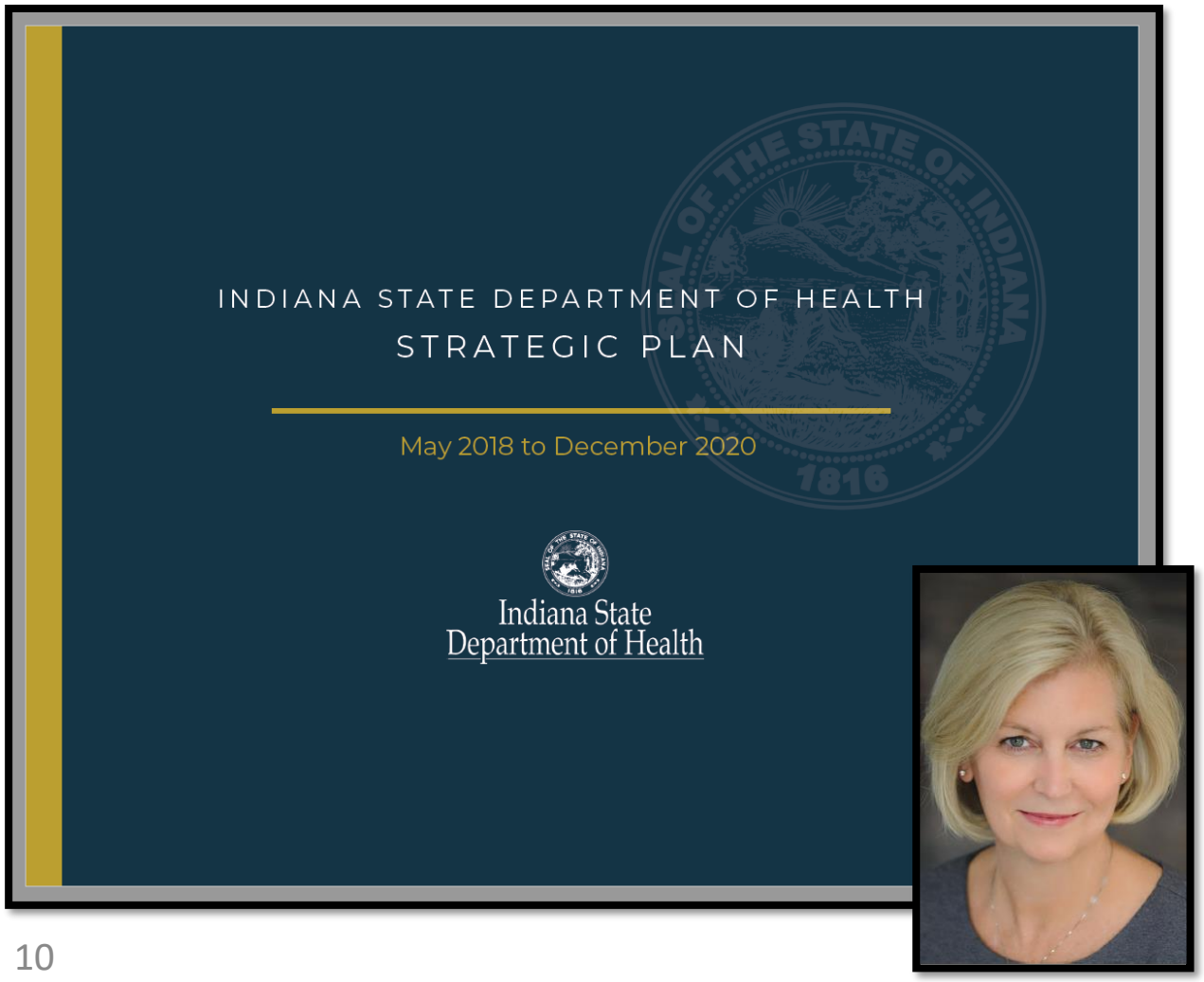

Working to Achieve Health Equity by meeting goals:

- Develop and strengthen strategic partnerships to improve public health
- Promote and provide transparent public health data
- Ensure the conditions for optimal health are available to all Hoosiers
- Mitigate and prepare for public health threats

https://www.in.gov/isdh/files/18_STRATEGIC%20PLAN%20docs_FINAL.pdf

ISDH Goal #3

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Goal 3: Ensure the conditions for optimal health are available to all Hoosiers		
Strategies	**Objectives**	**Owners (who collects the measure)**
1. Ensure that the agency promotes and pursues health equity and minority wellness	1.1 By Q3 2018, implement a comprehensive health equity policy requiring that health equity, social determinants of health and the elimination of health disparities are taken into account in the design and implementation of all agency programs (use of a Health in All Policies approach)	OMH, Regulatory and Policy Compliance
	1.2 Incrementally Increase the proportion of employees who participate in yearly, comprehensive cultural competency training to 100% in 2020 per agency policy (baseline TBD)	OMH, Regulatory and Policy Compliance
2a. Reduce racial/ethnic disparities in infant mortality 2b. Strengthen pre-conception health opportunities for women of child-bearing age	2.1 Increase the number of families served in evidence-based home visiting programs from 6,962 in 2016 to 9,000 in 2020 (2018 data) [(aligned with State Health Improvement Plan (SHIP)]	MCH/Chronic Disease
	2.2 Increase the percentage of pregnant women who receive prenatal care in the first trimester from 69.3% in 2016 to 75.0% by 2020 (2018 data) (aligned with SHIP)	MCH
	2.3 Identify high-risk areas throughout Indiana that do not have obstetric providers and develop an action plan of population-specific interventions for these areas (aligned with SHIP)	MCH
	2.4 Reduce barriers of access and cost to LARC (Long Acting Reversible Contraception)	MCH
	2.5 Decrease percentage of mothers receiving Medicaid who smoke from 23.4% in 2016 to 21.0% by 2020 (2018 data) (aligned with SHIP)	MCH
	2.6 Increase the number of newborn caregivers who receive education and safe sleep resources at or before birth (aligned with SHIP)	MCH
3. Increase the percentage of Hoosiers at a healthy weight	3.1 Increase the percentage of youth at a healthy weight from 60.3% in 2018 (NSCH, 2016) to 63.0% in 2020 (NSCH, 2019) (aligned with SHIP)	DNPA
	3.2 Increase the number of bicycle and pedestrian plans from 15 in 2017 to 20 in 2020	DNPA
	3.3 Increase the number of local education agencies that receive professional development and technical assistance to establish, implement, and evaluate the Comprehensive School Physical Activity Program (CSPAP) from 23 in 2018 to 30 in 2020	DNPA
4. Reduce the burden of tobacco use in Indiana	4.1 Decrease cigarette consumption from 405 million packs/year in FY 2017 to 385 million packs/year in 2020. (aligned with SHIP)	TPC
	4.2 Increase the awareness of the Indiana Tobacco Quitline among people who use tobacco from 75.8% in 2017 to 80% in 2020	TPC, OPA
	4.3 Increase the proportion of high school youth who have never smoked and are not susceptible to smoking from 77.4% in 2016 to 84.0% in 2020	TPC
	4.4 Increase the proportion of current smokers who were advised by their health care provider to quit smoking in the past 12 months from 67.9% in 2017 to 80.0% in 2020 (aligned with SHIP)	TPC
	Reduce the number of women who smoke during child bearing years from 19.6% in 2016 to 15.0% in 2020 (aligned with SHIP)	MCH
	4.5 Decrease number of pregnant women who smoke from 13.5% in 2016 to 8% in 2020	TPC/MCH
	4.6 Maintain number of high school students who use electronic nicotine delivery systems from 10.5% in 2016 to 15% in 2020	TPC
5. Reduce morbidity and mortality from chronic disease	5.1 Increase rates of evidence-based cancer screenings (aligned with SHIP)	CDRHPC

Other Regulatory Agencies

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- You have the right to care that is free from discrimination. This means you should not be treated differently because of:
  - age
  - race
  - ethnicity
  - religion
  - culture
  - language
  - physical or mental disability
  - socioeconomic status
  - sex
  - sexual orientation
  - gender identity or expression

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Engagement

AHA #123 for Equity Pledge

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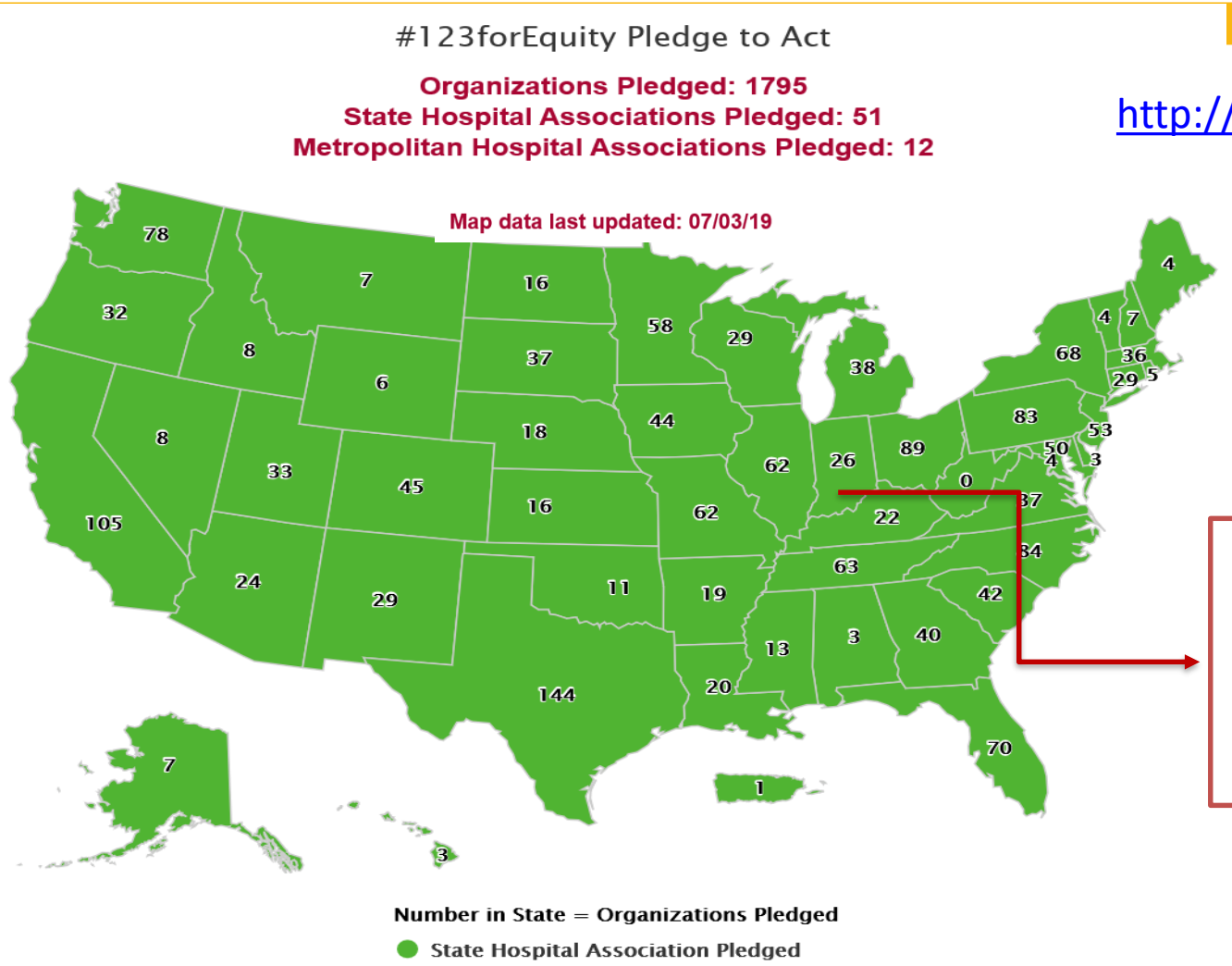

http://www.equityofcare.org/pledge/index.shtml

25 hospitals and The Indiana Hospital Association have taken the Equity Pledge

Equity Goals

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- **Goal 1:** Increase the collection, stratification and use of race, ethnicity, language preference and other sociodemographic data to improve quality and safety
- **Goal 2:** Increase cultural competency training to ensure culturally responsive care
- **Goal 3:** Advance diversity in leadership and governance to reflect the communities served
- **Goal 4:** Improve and strengthen community partnerships

Sign Up

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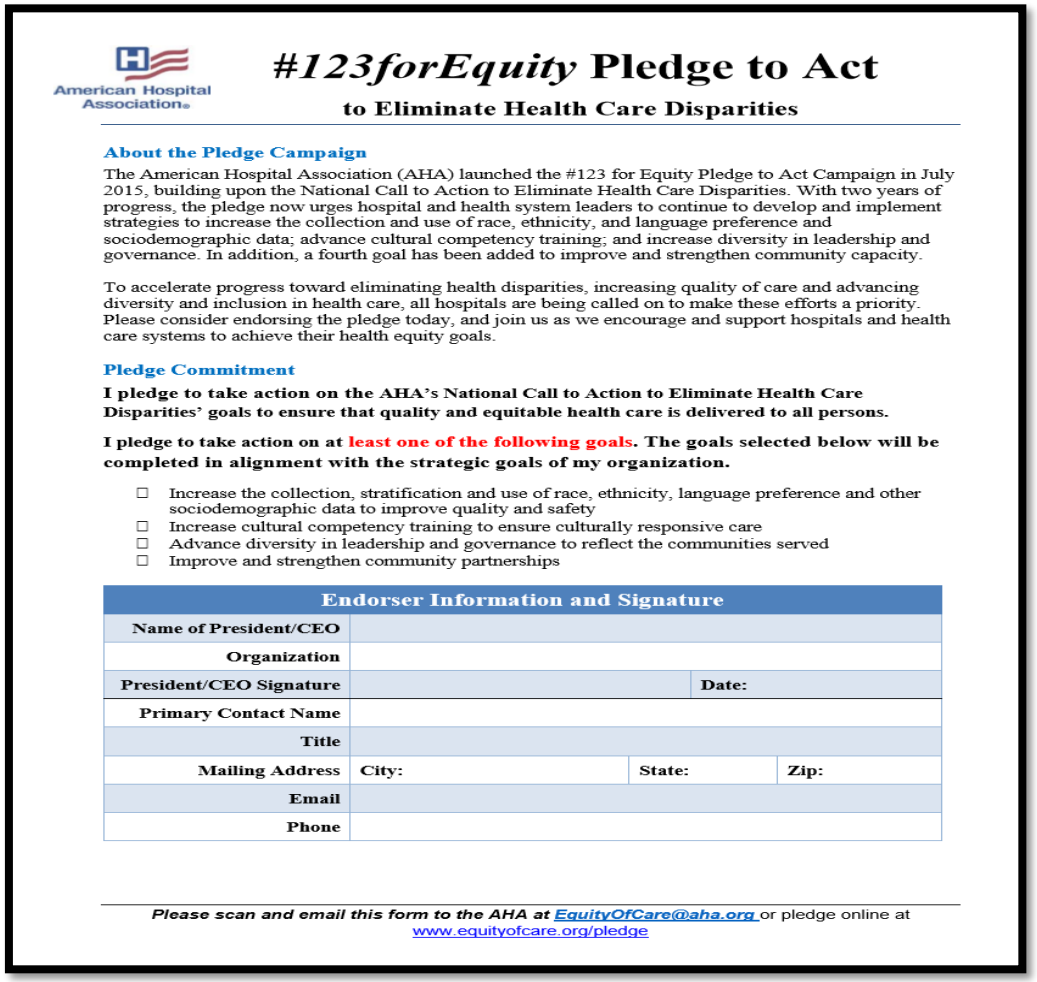

American Hospital Association

#123forEquity Pledge to Act

to Eliminate Health Care Disparities

About the Pledge Campaign

The American Hospital Association (AHA) launched the #123 for Equity Pledge to Act Campaign in July 2015, building upon the National Call to Action to Eliminate Health Care Disparities. With two years of progress, the pledge now urges hospital and health system leaders to continue to develop and implement strategies to increase the collection and use of race, ethnicity, and language preference and sociodemographic data; advance cultural competency training; and increase diversity in leadership and governance. In addition, a fourth goal has been added to improve and strengthen community capacity.

To accelerate progress toward eliminating health disparities, increasing quality of care and advancing diversity and inclusion in health care, all hospitals are being called on to make these efforts a priority. Please consider endorsing the pledge today, and join us as we encourage and support hospitals and health care systems to achieve their health equity goals.

Pledge Commitment

I pledge to take action on the AHA's National Call to Action to Eliminate Health Care Disparities' goals to ensure that quality and equitable health care is delivered to all persons.

I pledge to take action on at least one of the following goals. The goals selected below will be completed in alignment with the strategic goals of my organization.

- ☐ Increase the collection, stratification and use of race, ethnicity, language preference and other sociodemographic data to improve quality and safety
- ☐ Increase cultural competency training to ensure culturally responsive care
- ☐ Advance diversity in leadership and governance to reflect the communities served
- ☐ Improve and strengthen community partnerships

Endorser Information and Signature			
Name of President/CEO			
Organization			
President/CEO Signature		Date:	
Primary Contact Name			
Title			
Mailing Address	City:	State:	Zip:
Email			
Phone			

Please scan and email this form to the AHA at EquityOfCare@aha.org or pledge online at www.equityofcare.org/pledge

Go to this site to take the pledge:
http://www.equityofcare.org/pledge/index.shtml

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What the Data Says

Importance of Data Collection

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- *"Data are necessary to ensure the overall health and well-being of all patients. Understanding the characteristics of patients and patient populations can help hospitals identify and ultimately address disparities in health and health care and plan for services that meet unique patient needs". -The Joint Commission*

Z-Codes Reviewed

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- *Z55 – Problems related to education and literacy*
- *Z56 – Problems related to employment and unemployment*
- *Z57 – Occupational exposure to risk factors*
- *Z59 – Problems related to housing and economic circumstances*
- *Z58 – Problems related to physical environment (excluding occupational exposure)*
- *Z59 – Problems related to housing and economic circumstances*
- *Z60 – Problems related to social environment*
- *Z62 – Problems related to upbringing*
- *Z63 – Other problems related to primary support group, including family circumstances*
- *Z64 – Problems related to certain psychosocial circumstances*
- *Z65 – Problems related to other psychosocial circumstances*

Z-Code Prevalence

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- *Analysis:*
  - IHA Inpatient/Outpatient Discharge Study (IDS/OS)
  - Year: 2018
  - Inpatient Discharge only
- *What does this say?*

	2018 IDS	Prevalence
Total Inpatient Records (Statewide)	779,962	
IP records containing Z-Code	3,732	.47%
Z560 (Problems related to social environment)	3385	90.70%
Z558 (Problems related to physical environment (excluding occupational exposure)	171	4.58%
Z559 (Problems related to housing and economic circumstances)	84	2.25%
Z554	31	0.83%
Z550	26	0.70%
Z562	9	0.24%
Z563	9	0.24%
Z553	8	0.21%
Z564	5	0.13%
Z561	3	0.08%
Z552	1	0.03%

Obstacles in Data Collection

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- *Lack of a standardized SDOH screening tool in the electronic health record*
- *Reliance on clinical provider staff to screen and document for SDOH*
- *Lack of a standardized crosswalk between SDOH and diagnostic codes for documentation.*
- *EMR design and compatibility*
- *Infrequently used by hospitals in inpatient setting*
  - Most common: Mental Health and Alcohol/Substance Abuse
- *Coder Guidance*
  - Must use physician documentation/non-physician documentation is typically where these issues are highlighted
  - AHA efforts
    - AHA Coding Clinic/ICD-10 Cooperating Parties

Source: AHA Central Office: http://www.ahacentraloffice.org/PDFS/2018PDFS/http://www.ahacentraloffice.org/PDFS/2018PDFS/value-initiative-icd-10-code-sdoh-0418.pdfvalue-initiative-icd-10-code-sdoh-0418.pdf & Health Affairs: https://www.healthaffairs.org/do/10.1377/hblog20190311.823116/full/

Developing Z-Code Reporting

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- *Generally sourced from administrative claims*
  - Decision Support systems: Crimson, MIDAS, EPIC Report bench, etc.
- *Analytics team guidance*
  - Z-Code position in longitudinal records
  - Look beyond primary diagnosis
  - Focus in Inpatient, but don't neglect OP settings as well
  - Use crosswalks
- *Improving documentation*
  - Standardizing documentation templates
    - Example: PRAPARE Toolkit, others
  - Guiding coding staff to look for opportunities to code
  - Key point: must be an coordinated effort

Table 1. Validated Social Determinant of Health Screening Tools
1. American Community Survey 2. The EveryOne project 3. Protocol for Responding to and Assessing Patient Assets, Risks and Experiences(PRAPARE] 4. Social Needs Screening Toolkit, HealthLeads USA 5. Social Determinants Screening Tool, AccessHealth Spartanburg, CHCS version 6. Self Sufficiency Outcomes Matrix, OneCare Vermont, CHCS version 7. Arizona Self-Sufficiency Matrix 8. VI-SPDAT 9. CMS Accountable Health Communities Health-Related Social Needs Screening Tool
SIREN Interactive reousrouce to compare SDOH Screening Tools https://sirenetwork.ucsf.edu/tools-resources/screening-tools

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Opportunity

Opportunity Focus

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Dual-Eligible Beneficiaries

- Patients who quality for both Medicare & Medicaid benefits

National Sample

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Of 1,813, 937 beneficiaries:

- Over half experience the social determinants of health
- 33% were under the age of 65 (which means they needed the Medicare benefit before the time most other beneficiaries apply)
- 64.8% female & live in a rural region and more likely to be racial/ethnic minority
- 55% live in a neighborhood where 20% of its residents live below the federal poverty level

https://assets.documentcloud.org/documents/6022418/MA-ISPOR-2019.pdf

Opportunity Areas

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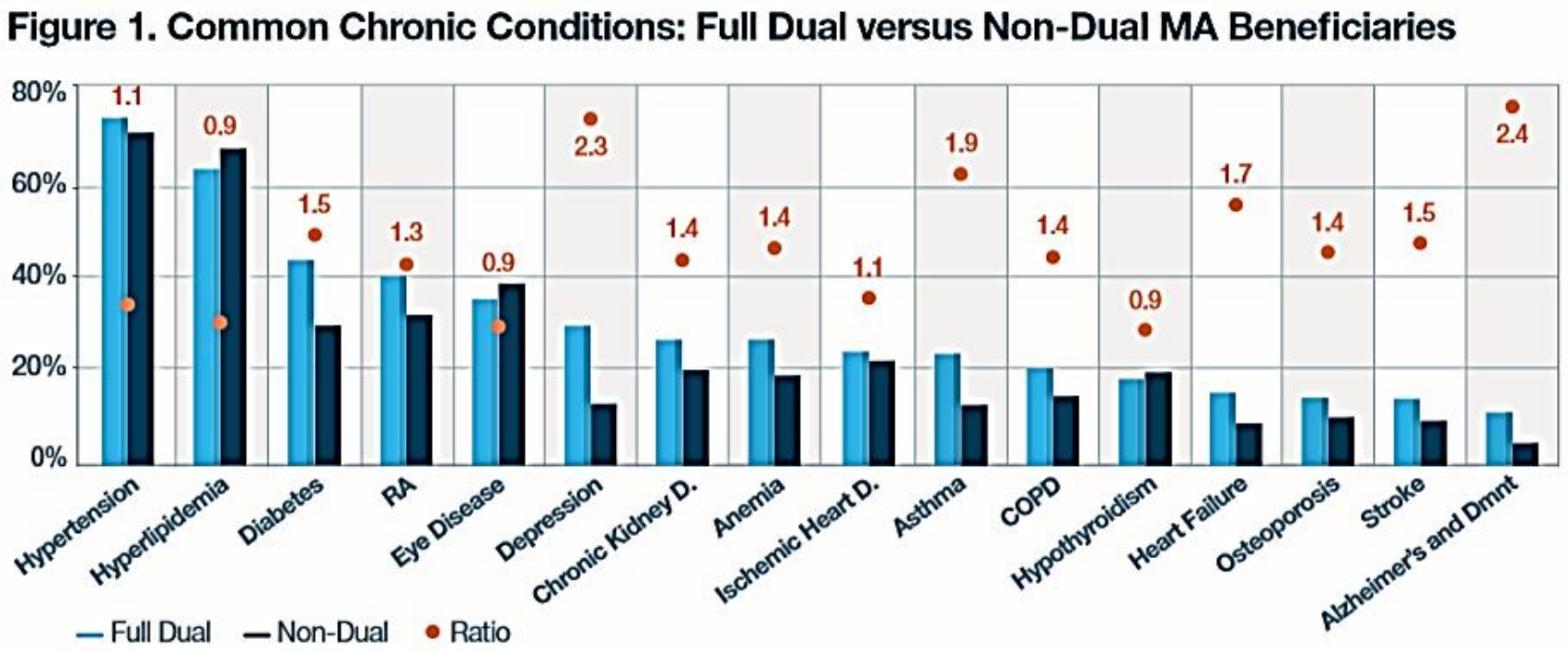

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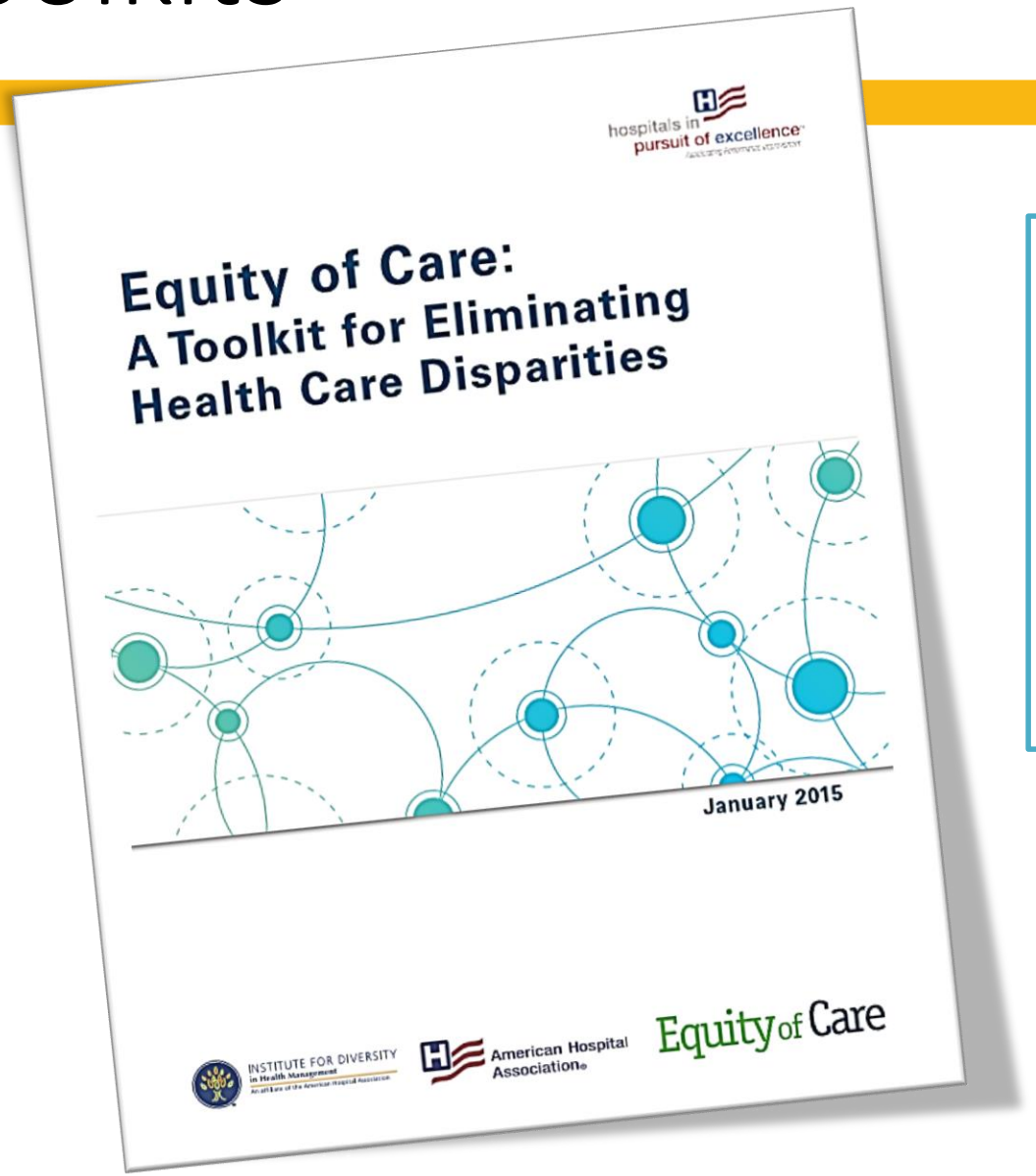
Resources

Toolkits



- A user-friendly "how-to" guide to help accelerate the elimination of health care disparities
- Ensure leadership teams and board members reflect the communities we serve
- Created in response to your many requests to gather best practices in one convenient resource

http://www.diversityconnection.org/diversityconnection/membership/Resource%20Center%20Docs/equity-of-care-toolkit.pdf

HRET Disparities Toolkit

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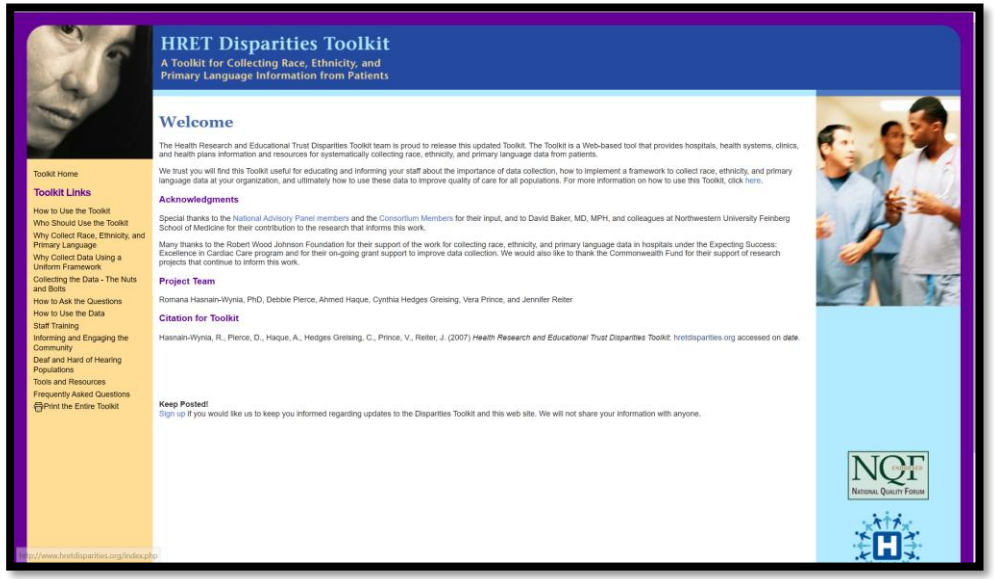
- *A toolkit for collecting race, ethnicity, and primary language information from patients*



http://www.hretdisparities.org/

Joint Commission

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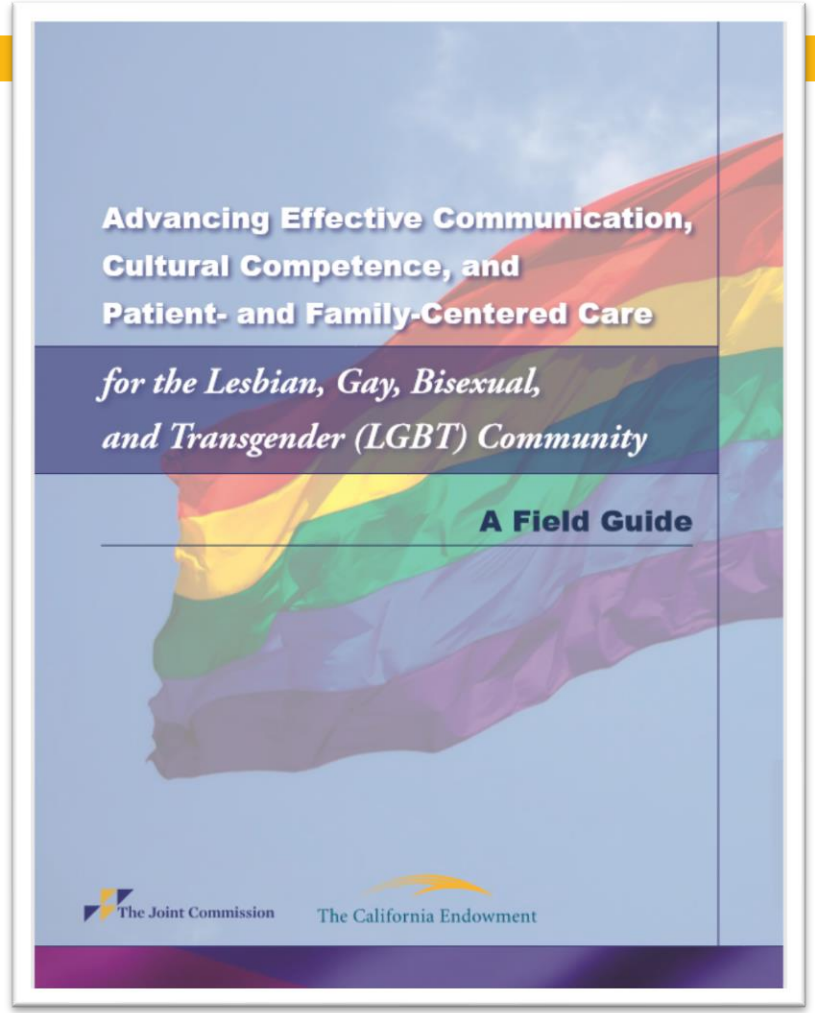
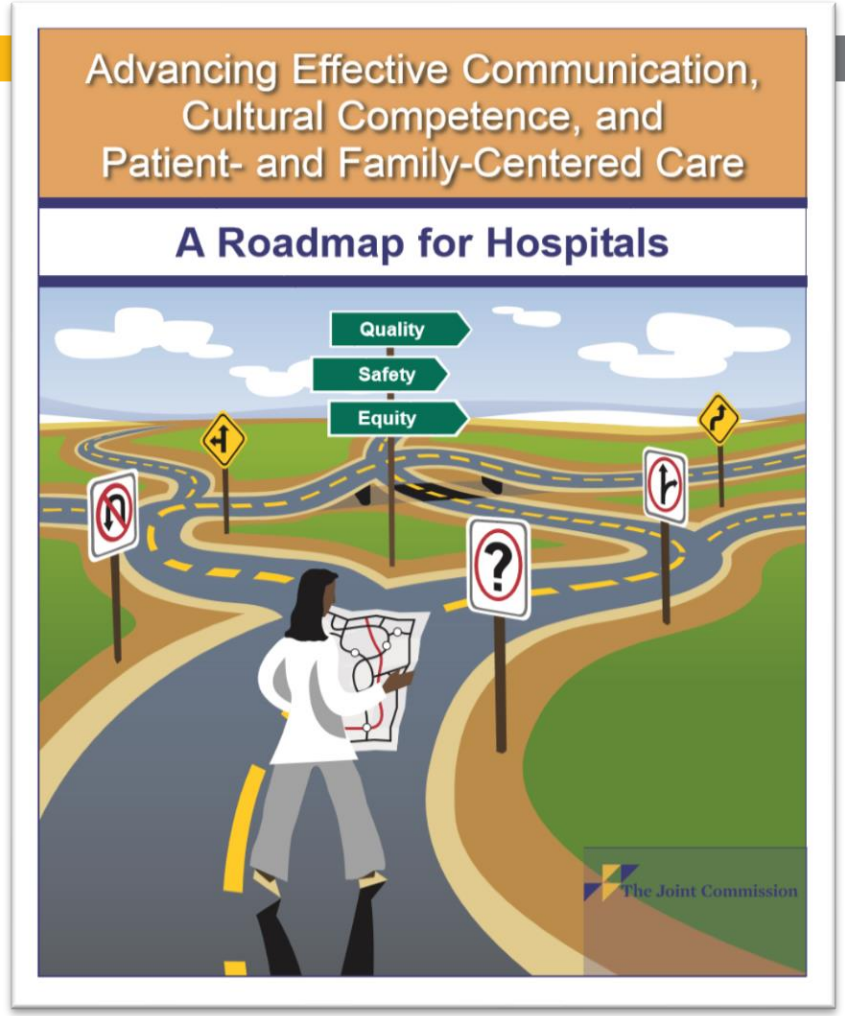


https://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf



https://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf

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Health Leads Screening Toolkit

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Find this resource here:

https://healthleadsusa.org/resources/the-health-leads-screening-toolkit/

Health Leads

SOCIAL NEEDS SCREENING TOOLKIT

The First Step in Your Social Needs Initiative

Health care leaders and front-line clinicians have long recognized the connection between unmet essential resource needs – e.g. food, housing and transportation – and the health of their patients. Indeed, research suggests that more than 70% of health outcomes are attributable to social and environmental factors – and the behaviors linked to them – that patients face outside of the practice or hospital.[1]

One of the first steps to addressing social needs is asking your patients about this aspect of their lives. Building on Health Leads' 20+ years of experience implementing these programs, as well as recent guidelines from the Institute of Medicine and Centers for Medicare & Medicaid Services, this Social Needs Screening Toolkit shares the latest research on how to screen patients for social needs.

Published first in July 2016, this toolkit will be updated annually. Social needs programs and research are constantly evolving, so we welcome your feedback, ideas and suggestions of questions to add to our library – please email us at solutions@healthleadsusa.org.

Health Leads would like to thank our many healthcare partners and advisors who contributed to this toolkit, including: Massachusetts General Hospital, Kaiser Permanente, Boston Medical Center, Johns Hopkins, NYC Health + Hospitals Corporation, Contra Costa Regional Medical Center, Cottage Health, Children's National Medical Center, and our many Workshop and Collaborative participants.

Social Need Domains
Pages 3 - 4

Keys to a Great Screening Tool
Pages 5 - 6

Recommended Screening Tool
Page 7 - 8

Screening Questions Library
Pages 9 - 23

Sources

- University of Wisconsin County Health Rankings
- New England Healthcare Institute

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Contact Information

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Indiana Hospital Association

Matt Browning, MBA, MHA, CPHQ

Vice President, Data and Member Solutions

Direct: 317-423-7739

Cell: 317-514-9621

Email: mattbrowning@IHAconnect.org

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Madeline Wilson, MSN, RN, CLSSBB

Quality & Patient Safety Advisor

Direct: 317-974-1407

Email: mwilson@IHAconnect.org

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