



Care Coordination Quickinar Series 8: The Role of Health Equity in Care Coordination

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OBJECTIVES

A close-up photograph of a hand in a dark suit jacket and white shirt cuff, pointing towards the text. The hand is positioned on the right side of the slide, with the index finger pointing towards the word 'OBJECTIVES'.

- Explain community characteristics that impact health equity.
- Review the hospital-required community health needs assessment.
- Introduce the HSAG health equity assessment.

Health Equity: Introduction of Key Terms

- **Health Equity:** All people have full and equal access to opportunities to lead healthy lives.
- **Equity:** Individuals are provided needed resources so they have access to the same opportunities as the general population.
- **Equality:** Uniformity, where everything is evenly distributed among people.
- **Equity of Care:** Care that does not differ by geographic location, socioeconomic status, gender, ethnicity, and other patient characteristics.



AHA Survey: Health Equity Areas of Focus

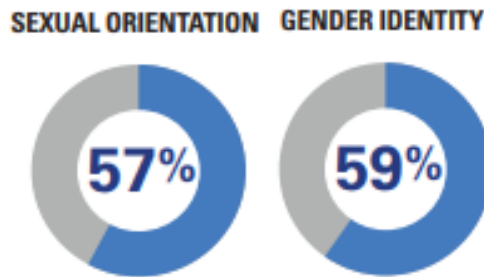
Race, Ethnicity, and Language (REaL) Data

The percentage of responding hospitals that have specific goals to eliminate or reduce inequities in the delivery of clinical care based on REaL data.



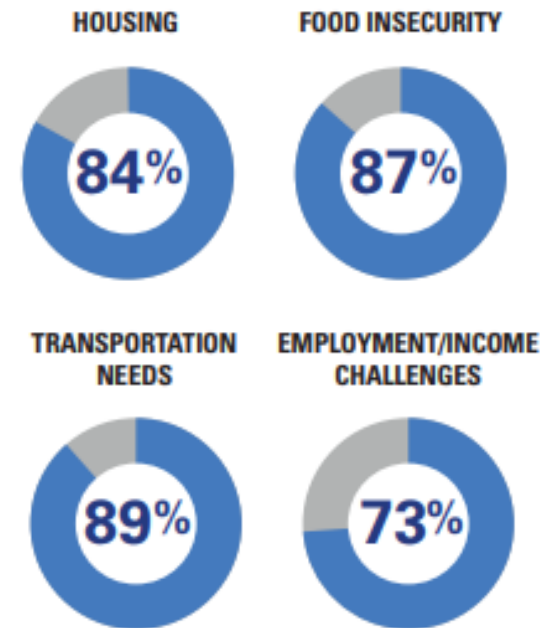
Sexual Orientation and Gender Identity (SOGI) Data

The percentage of responding hospitals that have specific goals to eliminate or reduce inequities in the delivery of clinical care based on SOGI data.



Social Determinants of Health (SDOH) Data

A majority of respondents reported screening patients to identify social needs, including:



Poll Question

Which factors are you screening for at your facility?

- a) Race, Ethnicity, and Language (REaL) data
- b) Housing
- c) Food insecurity
- d) Transportation needs
- e) Employment/income challenges
- f) Other factors
- g) We are not screening for these factors

IHI: Framework for Achieving Health Equity

1

Make health equity a strategic priority.

- Demonstrate leadership commitment
- Secure funding

2

Develop structure and processes to support health equity.

- Establish governance committee
- Dedicate resources and budget

3

Develop strategies to address the multiple determinants.

- Healthcare services
- Socioeconomic status
- Physical environment
- Healthy behaviors

4

Decrease institutional racism within the organization.

- Physical space/building design
- Health insurances accepted
- Reduce implicit bias in policies, structures, norms, and patient care

5

Develop partnerships with community.

- Leverage community assets
- Work together on community issues related to improving health and equity

HHS Equity Action Plan

Areas of focus:

- Civil rights protections and laws
- Acquisitions to increase small-business opportunity
- Grants/funding
- Capacity building to incorporate equity into HHS policy
- Decrease maternal mortality

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

HHS Equity Action Plan

EXECUTIVE SUMMARY

Mission

The mission of HHS is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

Summary of Action Plan

Executive Order 13985 calls on agencies to advance equity through identifying and addressing barriers to equal opportunity that underserved communities may face due to government policies and programs. This Equity Action Plan focuses on a main tenet of EO 13985, that advancing equity must be a central component of the decision-making framework that all agency functions are routed through. Using the definition of equity presented in EO 13985,¹ this plan takes the perspective that it is incumbent on HHS to move urgently to assess and change policies, programs and processes that the Department administers to concretely advance equity and that for these efforts to last, HHS must simultaneously shift the culture, resources, and approaches available to HHS staff to institutionalize and sustain a focus on equity over time. This Equity Action Plan does not describe comprehensively how all HHS components are working to advance equity, but instead highlights a few examples across the Department.

The Equity Action Plan was developed with cross-cutting department conversations and is designed to take concrete action to transform how HHS does business in ways that promote and advance equity through building on work that is already underway

1. Section 2(a) of EO 13985 provides that, "The term 'equity' means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality." Further, section 2(b) provides that, "the term 'underserved communities' refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of 'equity.'"

CMS Health Equity Strategic Plan

Health equity goals:

- Advance equity for people with Medicare.
- Ensure services are culturally and linguistically appropriate.
- Care is high-value and person-centered.
- Underserved communities have access to quality care.
- Disparities are eliminated.
- Social needs are addressed.



PILLAR: HEALTH EQUITY

2022 STRATEGY

The first pillar of the Centers for Medicare & Medicaid Services' (CMS) Strategic Plan is health equity. CMS' strategy to advance health equity will address the health disparities that underlie our health system through stakeholder engagement and by building this pillar into the core functions of CMS. CMS' health equity strategy will build on the Biden-Harris Administration's commitment to advancing racial equity and support for underserved communities through the federal government, as described in President Biden's [Executive Order 13985](#).

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, and other factors that affect access to care and health outcomes.

CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all people served by our programs by incorporating the perspective of lived experiences and integrate safety net providers and community-based organizations into our programs. Together this work will eliminate avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that people need to thrive.

CMS programs cover more than 150 million people across the country through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and Marketplace coverage. These programs distribute hundreds of billions of dollars throughout the U.S. health care system annually and provide quality oversight of the majority of health care facilities and providers across the country and care settings. Together with the private sector, we can achieve our health equity goals. **CMS calls on private sector partners to engage with this health equity strategy to sustain long-term action.**

The Centers for Medicare & Medicaid Services health equity goals:

- ✓ Close the gaps in health care access, quality, and outcomes for underserved populations.

Key Issues and Strategies: CMS Guide to Reducing Disparities in Readmissions

1. Complete a Disparities Action Statement (<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf>).
2. Develop or enhance your facility's existing strategies to include equity as an essential component. *The CMS Equity Plan for Improving Quality in Medicare* (<https://www.cms.gov/sites/default/files/repo-new/41/CMSEquityPlanfor%20Medicare%20clean%209-6-15.pdf>).
3. Develop a transitions/readmissions care redesign team.

Key Issues and Strategies (cont.)

4. Conduct a gap analysis to determine whether the transition/readmission process incorporates recommended strategies and issues.
5. Apply the recommendations presented here for impactful, short-term results, as well as for all-encompassing, long-term plans.



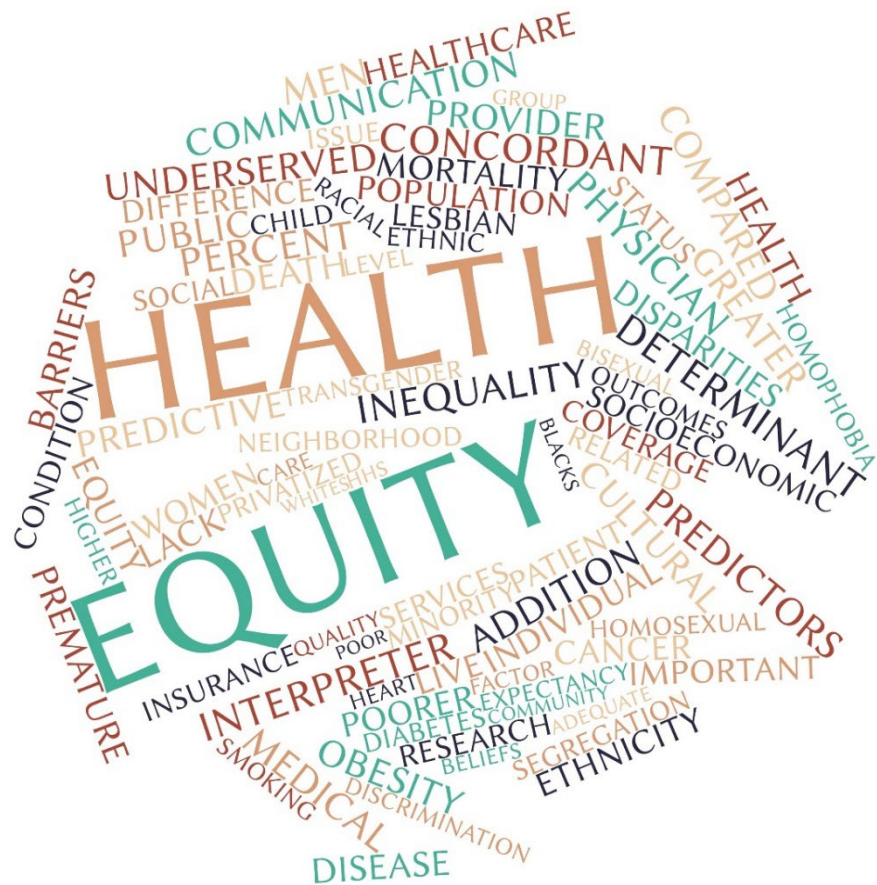
Community Health Needs Assessment (CHNA)

- Ensure the facility has the necessary information to provide resources.
- Develop programs based on need.
- Improve coordination of hospital/community benefit collaboration to improve community health.
- Collaborate with community partners to meet the needs of the patients.
- Introduce a population-health focus.

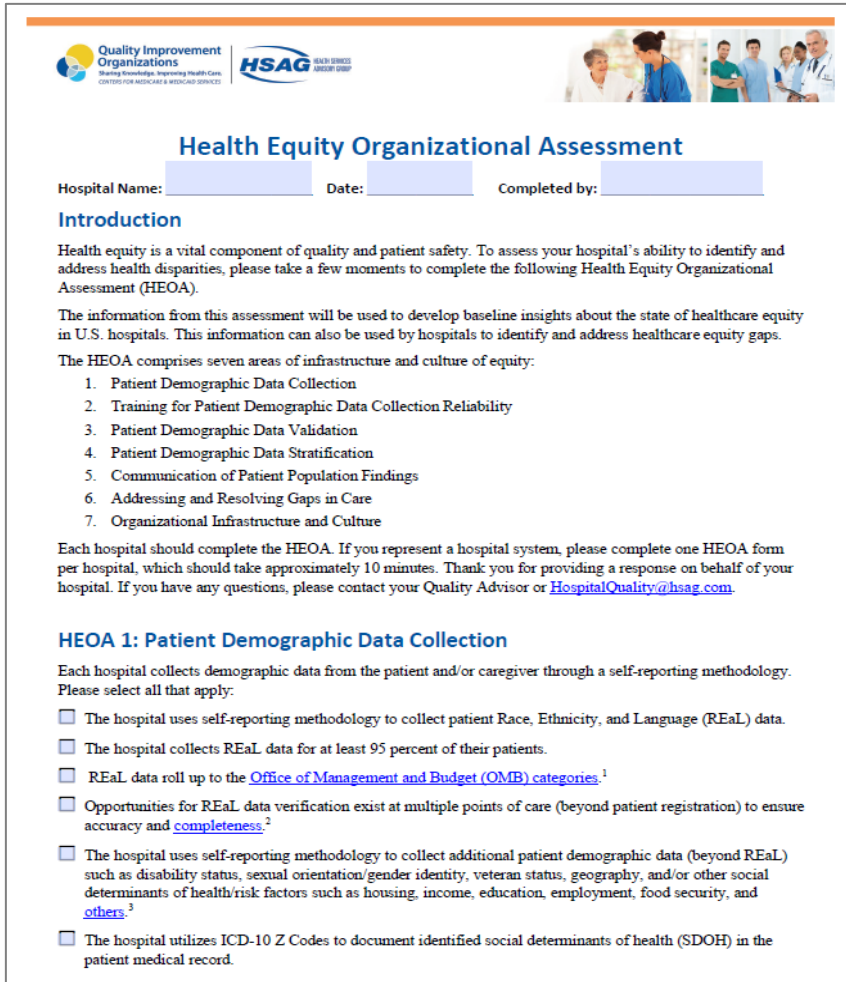




Addressing Health Equity Through CHNA

- Place community engagement at the center of the CHNA process.
- Meet people where they are.
- Examine health indicators in at-risk populations.
- Use the CHNA as an opportunity for discussion about race, health, and inequities in your community.



HSAG Health Equity Organizational Assessment (HEOA)



Health Equity Organizational Assessment

Hospital Name: Date: Completed by:

Introduction

Health equity is a vital component of quality and patient safety. To assess your hospital's ability to identify and address health disparities, please take a few moments to complete the following Health Equity Organizational Assessment (HEOA).

The information from this assessment will be used to develop baseline insights about the state of healthcare equity in U.S. hospitals. This information can also be used by hospitals to identify and address healthcare equity gaps.

The HEOA comprises seven areas of infrastructure and culture of equity:

1. Patient Demographic Data Collection
2. Training for Patient Demographic Data Collection Reliability
3. Patient Demographic Data Validation
4. Patient Demographic Data Stratification
5. Communication of Patient Population Findings
6. Addressing and Resolving Gaps in Care
7. Organizational Infrastructure and Culture

Each hospital should complete the HEOA. If you represent a hospital system, please complete one HEOA form per hospital, which should take approximately 10 minutes. Thank you for providing a response on behalf of your hospital. If you have any questions, please contact your Quality Advisor or HospitalQuality@hsag.com.

HEOA 1: Patient Demographic Data Collection

Each hospital collects demographic data from the patient and/or caregiver through a self-reporting methodology. Please select all that apply:

- The hospital uses self-reporting methodology to collect patient Race, Ethnicity, and Language (REaL) data.
- The hospital collects REaL data for at least 95 percent of their patients.
- REaL data roll up to the [Office of Management and Budget \(OMB\)](#) categories.¹
- Opportunities for REaL data verification exist at multiple points of care (beyond patient registration) to ensure accuracy and [completeness](#).²
- The hospital uses self-reporting methodology to collect additional patient demographic data (beyond REaL) such as disability status, sexual orientation/gender identity, veteran status, geography, and/or other social determinants of health/risk factors such as housing, income, education, employment, food security, and [others](#).³
- The hospital utilizes ICD-10 Z Codes to document identified social determinants of health (SDOH) in the patient medical record.

- Assesses 7 areas of hospital infrastructure and culture.
- Can be used to identify gaps in recognizing and addressing disparities.
- Results can drive health equity improvement strategies at the hospital.

HSAG HQIC Health Equity Resources

Health Equity Change Package

Organizational Assessments and Culture

Health Equity: A Business Case. What is the impact of health disparities? Health disparities can lead to poor patient outcomes and significant excess financial loss. A single-page handout from HSAG.

Building an Organization Response to Health Disparities. A toolkit from the Centers for Medicare & Medicaid Services (CMS).

Health Equity Organizational Assessment (HEOA). A downloadable form that assesses your hospital's ability to identify and address health disparities. From HSAG.

Implementing Health Equity Roadmap to Success



Data Collection, Training, Validation, and Stratification

Improving Health Equity: Building Infrastructure to Support Health Equity. Institute for Healthcare Improvement (IHI) webpage.

Reducing Health Care Disparities: Collection and Use of Race, Ethnicity, and Language. American Hospital Association (AHA) toolkit.

Achieving Health Equity. Centers for Medicare & Medicaid Services (CMS) online course.

ICD-10 Z Codes for Disparities. From CMS, this PDF outlines the steps in using Z Codes.

Social Work Assessment. From HSAG, a checklist form.

Interventions and Quality Outcomes

Strategies for Equitable Care. From HSAG, this downloadable strategy tree of tactics, tasks, and tools, offers numerous options that coordinate with the Health Equity Organization Assessment (HEOA).

Impacting Social Determinants of Health (SDOH) Toolkit. This downloadable HSAG document is designed for hospitals in rural and high-deprivation areas, where people are more likely to experience disparities related to SDOH. It includes strategies and links to resources.

- Health Equity Business Case
- Impacting SDOH Toolkit
- Strategies for Equitable Care

www.hsag.com/hqic-equity

Health Equity Resources

- CMS. *Guide To Reducing Disparities in Readmissions*. https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/OMH_Readmissions_Guide.pdf
- CMS. Health Equity Pillar Fact Sheet. *CMS Strategic Plan Pillar: Health Equity*. https://www.cms.gov/sites/default/files/2022-04/Health%20Equity%20Pillar%20Fact%20Sheet_1.pdf
- AHA. *Health Equity Snapshot: A Toolkit for Action*. <https://www.aha.org/toolkitsmethodology/2020-12-14-health-equity-snapshot-toolkit-action>
- IHI. *Achieving Health Equity: A Guide for Healthcare Organizations*. <http://www.ihl.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx>

Our Next Care Coordination Quickinar

The Impact of Health Literacy
Tuesday, June 7, 2022 | 11 a.m. PT

bit.ly/cc-quickinars



Care Coordination Quickinar Series

Care Coordination During a Pandemic

Tuesday, January 18, 2022 | 11:00–11:30 a.m. PT

Care Transitions Assessment Overview

Tuesday, February 1, 2022 | 11:00–11:30 a.m. PT

Gap Root-Cause Analysis (RCA)

Tuesday, February 15, 2022 | 11:00–11:30 a.m. PT

Strategy Tree Development and Implementation

Tuesday, March 1, 2022 | 11:00–11:30 a.m. PT

Readmission Super Utilizers

Tuesday, March 15, 2022 | 11:00–11:30 a.m. PT

Hot Spotting and Resources

Tuesday, April 5, 2022 | 11:00–11:30 a.m. PT

Measuring Progress | QIIP Performance Dashboard

Tuesday, April 19, 2022 | 11:00–11:30 a.m. PT

The Role of Health Equity in Care Coordination

Tuesday, May 3, 2022 | 11:00–11:30 a.m. PT

The Impact of Health Literacy

Tuesday, June 7, 2022 | 11:00–11:30 a.m. PT

Teach-Back: A Strategy to Impact Health Literacy

Tuesday, July 5, 2022 | 11:00–11:30 a.m. PT

Community Collaboration Meetings

Tuesday, August 2, 2022 | 11:00–11:30 a.m. PT

REGISTER NOW! More info at: <https://www.hsag.com/cc-quickinars>

Please Take 5 Seconds and Let Us Know



We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to begin implementing care coordination practices.



Thank you!

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