Diagnosing the Disparity

Facilitator's Guide

Session 3 Overview

Objectives

At the end of this session, participants will be able to:

1. Describe the steps of a Root Cause Analysis.
2. Explain what is meant by an equity lens.
3. Apply an equity lens to a Root Cause Analysis.
4. Design a priority matrix using the results of your Root Cause Analysis.

Section	Slides	Length
Welcome	1-4	5 minutes
Discussion of Exercise 2-Fostering a Culture of Equity Action Plan	5-6	35 minutes
Conducting a Root Cause Analysis with an Equity Lens	7-18	13 minutes
Applying an Equity Lens to the Fishbone Diagram	19-25	17 minutes
Using a Priority Matrix	25-29	10 minutes
Q&A	30	5 minutes
Exercise 3: Root Cause Analysis with an Equity Lens	31-33	2 minutes
Wrap-Up	34	1 minute

Welcome

Step 3: Diagnosing the Disparity

Finding Answers
Disparities Research for Change
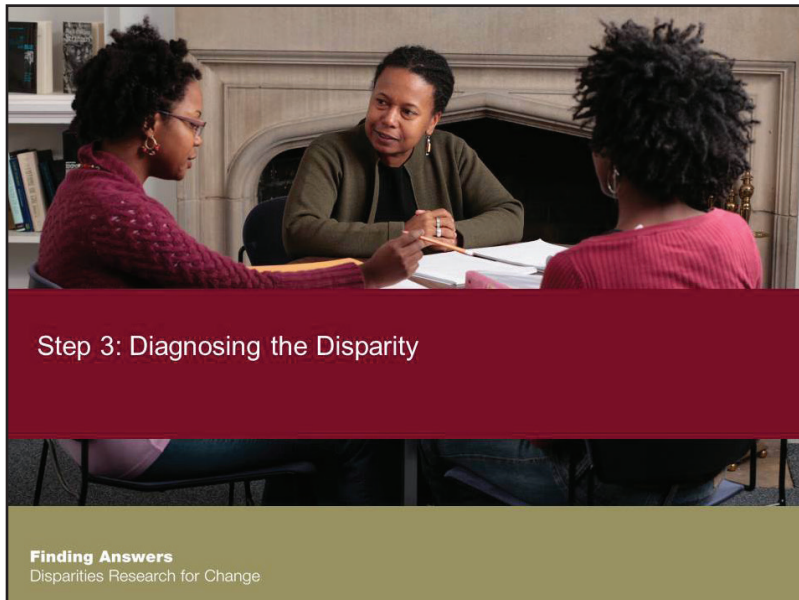
Hello again everyone and welcome back. Our session today will focus on diagnosing a disparity at your practice. And, when your data show that there is a disparity among your patients, what is the underlying cause of the problem?

[If different facilitator(s) than previous sessions] I'm [insert name], and I will be facilitating today's webinar training [with the assistance of [insert name(s)].

Welcome

Our Roadmap

6 Implementing Change
5 Securing Buy-in
4 Designing the Activity
3 Diagnosing the Disparity
2 Creating a Culture of Equity
1 Linking Quality and Equity

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Here on our Roadmap, you can see that today's session is the third in our training series.

Last session, we talked about how to create a culture of equity. Today we're going to adapt quality improvement tools —some of which you may already be familiar with— to understand why disparities exist at your practice and to prioritize which key issues you'll address through your equity work.

Specifically, we'll learn how to apply an equity lens to a process called a Root Cause Analysis. We'll also introduce a priority matrix and walk through several examples to demonstrate how each can be applied in your practices.

Welcome

3   Facilitator: ....

Diagnosing the Disparity

Agenda

- **Welcome**
- **Discussion of Exercise 2 - Fostering a Culture of Equity: Action Plan**
- **Conducting a root cause analysis**
- **Applying an equity lens to a root cause analysis**
- **Using a Priority Matrix**
- **Q&A**
- **Exercise 3 - Root Cause Analysis with an Equity Lens**
- **Feedback Survey**

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Here's our agenda for today:

- We'll start by discussing your exercise from our last session so that you can learn from your peers about approaches to create a culture of equity.

- Then we'll introduce the Root Cause Analysis - what is it and how can it help you?

- We'll talk about how to apply an equity lens (perspective) to a root cause analysis so that the process focuses specifically on disparities in care.

- Next, we'll introduce the priority matrix, a tool to help you decide which disparity your practice will prioritize.

- We'll have some time for Q&A.

- Finally, we'll close by reviewing the practice exercise for our next webinar.

- Why don't we go around and see who's here?

Take Roll-Call

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Robert Wood Johnson Foundation

Welcome

Diagnosing the Disparity

Learning Objectives

- Describe the steps of a Root Cause Analysis
- Explain what is meant by an equity lens
- Apply an equity lens to a Root Cause Analysis
- Design a priority matrix using the results of a Root Cause Analysis

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

By the end of today's session, you will be able to:

- Describe the steps of a Root Cause Analysis.

- Explain what is meant by an equity lens and apply an equity lens to your Root Cause Analysis.

- Use a priority matrix to prioritize the results of your Root Cause Analysis.

Discussion of Exercise 2

Discussion of Exercise 2 - Fostering a Culture of Equity: Action Plan

Finding Answers
Disparities Research for Change

Diagnosing the Disparity
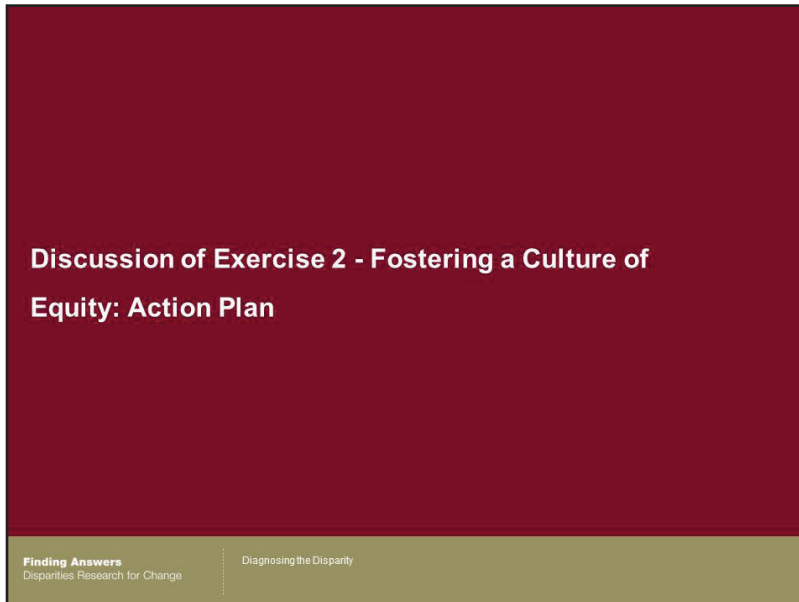
Let's start by talking about the exercise from session 2.

You were asked to:

- Create an action plan to foster a culture of equity in your organizations.

- Review other team's plans and identify at least one strength. This is only applicable if you provided an opporunity for peer review - something Finding Answers encourages you to do.

Discussion of Exercise 2

6   Facilitator: ....

Discussion of Exercise 2 - Fostering a Culture of Equity: Action Plan

Choose one row of your action plan:
Choose a row that you want feedback on, or one that might be of interest to your peers

- What process did you use to complete this row? Who did you involve and how?

- What did you learn in the process of developing your action plan that surprised you?

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Encourage interaction. Review participants' completed exercises before the session so you can identify themes they might need help with and additional questions you might want to ask.

Let's start by having each group report briefly on the action plan exercise.

Choose one row from your plan that you think your peers will find interesting or that you'd like to get feedback on from the group.

Facilitate practice discussions, using following questions as prompts:

- What process did you use to complete the row? Who did you involve and how?

- What did you learn in the process of developing your action plans that surprised you?

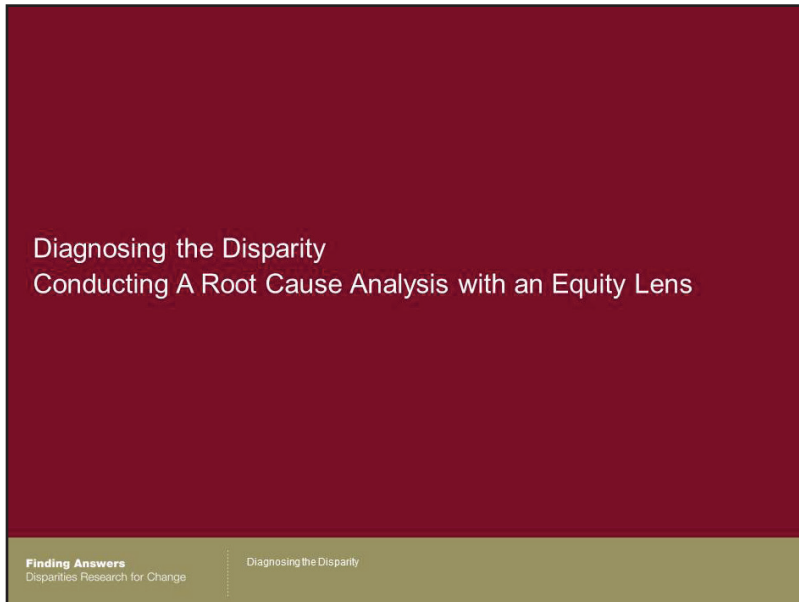Then ask other teams what they liked about the plan presented.

Conducting an RCA with an Equity Lens

Diagnosing the Disparity
Conducting A Root Cause Analysis with an Equity Lens

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Let's shift now to today's topic--diagnosing the disparity. Your data tell you that you have a disparity and you want to explore the possible causes of the problem. In order for your team to design an intervention that works, you first need to know which underlying causes are *driving* the disparity.

To do this, Finding Answers recommends conducting a Root Cause Analysis with an equity lens.

Conducting an RCA with an Equity Lens

Diagnosing the Disparity

Root Cause Analysis: 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

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

First, what is a root cause analysis?

<Click> In this case, we define a root cause analysis as a process for understanding **why** a particular racial or ethnic disparity exists among your patient population.

For example, in my community, why do Latino patients have higher rates of uncontrolled hypertension than white patients?

<Click> **Second**, what do we mean by applying an equity lens to a root cause analysis? We mean looking at root causes through the perspective of how they are related to equity.

<Click> When we use an equity lens, or equity perspective, we are looking for root causes that contribute to **the disparity, or the *difference*** in the quality of care.

<Click> In other words, we consider root causes that are uniquely relevant for our minority patients, especially issues around communication, culture, and context.

Conducting an RCA with an Equity Lens

Diagnosing the Disparity

Applying an Equity Lens

Acknowledge and build on issues that make quality low for everyone

That **doesn't** mean we ignore the issues that make quality low for everyone—we **acknowledge** and **build** on them to look at how some patients may be affected differently.

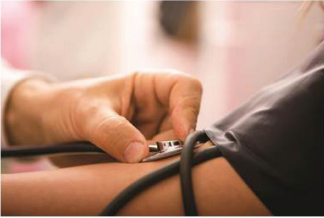# Conducting an RCA with an Equity Lens

An Example

Why is there low adherence to BP medication among Latino patients?

- Undesirable side effects.

- True for both Whites and Latinos.

- An intervention might increase rates of adherence for everyone, but not reduce the disparity.

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Let's look at an example to show you what we mean.

Imagine that the REL data from your practice have shown that your Latino patients consistently have higher blood pressure than your White patients. You are considering the causes of this disparity.

<Click> First, you may discover that patients are not taking their blood pressure medication. Why might that be?

<Click> One explanation is that patients could experience undesirable side effects that prompt them to skip doses.

<Click> However, this problem might be true for both Whites and Latinos, so it does not necessarily explain the **difference** between the groups. We need to look at other issues in addition to this one.
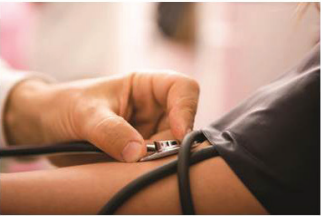
→

Conducting an RCA with an Equity Lens

An Example

Why is there low adherence to BP medication among Latino patients?

- Undesirable side effects.

- True for both Whites and Latinos.

- An intervention might increase rates of adherence for everyone, but not reduce the disparity.

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

<Click> Because if you designed an intervention to combat this issue alone, it might raise overall rates of medication adherence without specifically reducing the disparity between White and Latino patients.

While you will have improved care overall—which is great!—you will not have improved equity. Here, although we are looking at an issue related to a documented disparity, we are not applying an equity lens.

Conducting an RCA with an Equity Lens

11 Facilitator: ....

An Example

Dig deeper...

- Do Latino patients in your clinic have more comorbidities?

More comorbidities

↓

More medications

↓

More drug interactions

↓

More side effects

↓

Higher rates of non-adherence

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

What would it look like to apply an equity lens?

Applying an equity lens (equity perspective) means looking for other causes that might explain the disparity rather than quality overall.

For example, your data tell you that your Latino patients have more comorbidities than other patients.

<Click> So they are more likely to take several medications at once.

<Click> This causes drug interactions

<Click> Which lead to undesirable side effects.

<Click> The result is higher rates of non-adherence.

So, while side effects are prompting non-adherence among all your patients, they are affecting your Latino patients at a greater rate because they are more likely to be taking multiple medications.
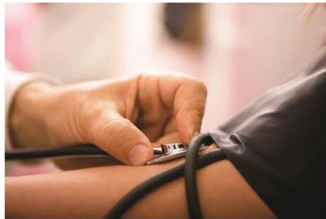

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Robert Wood Johnson Foundation

Conducting an RCA with an Equity Lens

Equity-specific Cause Analysis

Some examples:

- Cultural preferences around medication?
- Convenient and affordable transportation?
- Use interpreter services or bring family members to translate?
- BP medication covered by Medicare or Medicaid?

Finding Answers
Disparities Research for Change   Diagnosing the Disparity

Here are a few more examples that might be relevant:

- Among your Latino patients, are there cultural preferences regarding medication?

- Do they have convenient and affordable transportation to your practice and the pharmacy?

- If Spanish is the primary language, do they use interpreter services or bring along family members to translate?

- Is this blood pressure medication covered by Medicare or Medicaid? If a higher percentage of your Latino patients are low-income compared to other patients, they might be filling their prescriptions at lower rates.

Again, these questions highlight culture, communication, and context, helping you identify the potential needs of your minority patients. This kind of reasoning allows you to focus your equity lens as you examine a documented disparity.

Conducting an RCA with an Equity Lens

Key Considerations

Finding Answers
Disparities Research for Change

Diagnosing the Disparity
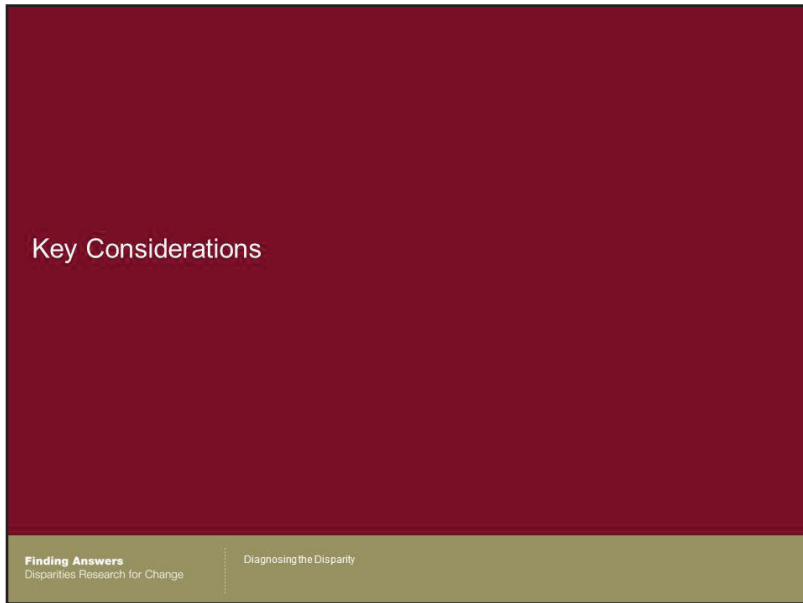
Finding Answers has created a tool to help you focus your equity lens. This is a list of **Key Considerations** that you should keep in mind as you complete your root cause analysis. The **Key Considerations** document is one of your handouts for today. It can also be found on the Finding Answers website.

Conducting an RCA with an Equity Lens

Key Considerations

Focusing Your Equity Lens

- What is the **patient's** comfort discussing personal/private health issues with a provider and/or peers?

- Does the **provider** have medical fluency in languages other than English?

- Are case managers or patient navigators part of the patient's **care team**?

- Does the **organization's** schedule accommodate evening or weekend hours?

- Is the **community** safe for outdoor recreation?

- What are the **policies** around reimbursement for certain services?

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

The **Key Considerations** are organized by levels of influence—is this an issue related to the patient, the provider, the immediate care team, the organization, the community, or broader policy? Could it be related to more than one level? We'll talk in detail about these levels next session, but for now we want to highlight that you can identify important root causes at any level of influence.

For example:

<Click> What is the **patient**'s comfort discussing personal/private health issues with a provider and/or peers?

<Click> Does the **provider** have medical fluency in languages other than English?

<Click> Are case managers or patient navigators part of the patient's **care team**?

➡

Conducting an RCA with an Equity Lens

Key Considerations

Focusing Your Equity Lens

- What is the **patient's** comfort discussing personal/private health issues with a provider and/or peers?

- Does the **provider** have medical fluency in languages other than English?

- Are case managers or patient navigators part of the patient's **care team**?

- Does the **organization's** schedule accommodate evening or weekend hours?

- Is the **community** safe for outdoor recreation?

- What are the **policies** around reimbursement for certain services?

Finding Answers
Disparities Research for Change   Diagnosing the Disparity

<Click> Does the **organization**'s schedule accommodate evening or weekend hours for patients who don't have the flexibility to leave work during the day?

<Click> Is the **community** safe for outdoor recreation?

<Click> What are the **policies** around reimbursement and how do they affect the population experiencing the disparity?

In summary, the key considerations are issues related to culture, communication, and context that will help you focus your equity lens.

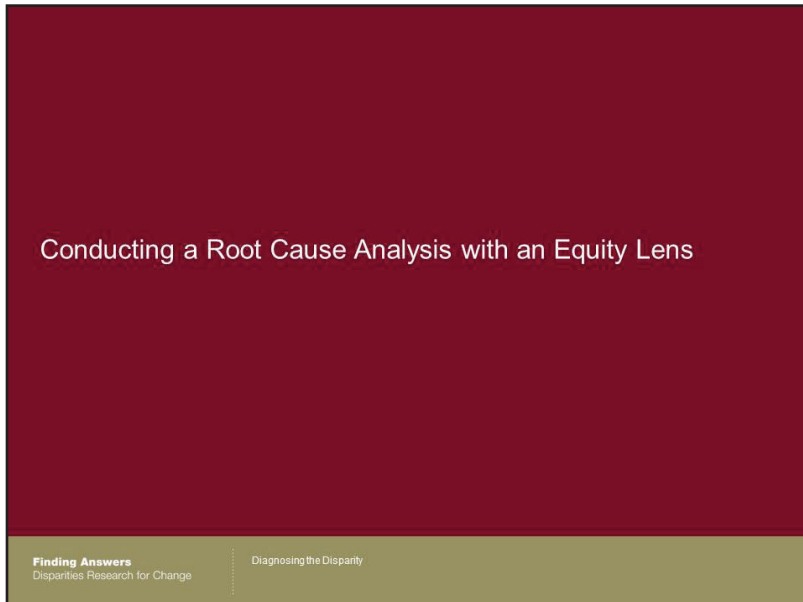Before we move on, do people have any questions about the concept of the Equity Lens and how it applies to a Root Cause Analysis?

Finding Answers
Disparities Research for Change | **Diagnosing the Disparity**

Robert Wood Johnson Foundation

Conducting an RCA with an Equity Lens

Conducting a Root Cause Analysis with an Equity Lens

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Now that we've defined what we mean by a "Root Cause Analysis with an equity lens," how do we go about doing one?

Conducting an RCA with an Equity Lens

16   Facilitator: ....

Who will be involved?

Focusing Your Equity Lens

- Frontline providers and staff
  - QI specialist
  - Equity Champion
- Leadership
- Patients
- Community Advisory Board

Finding Answers
Disparities Research for Change   Diagnosing the Disparity

To get started, you can put together a team to lead the root cause analysis process. This team will lead the effort, but will also get input from other stakeholders.

Be sure that your team represents diverse perspectives from across the organization. Here you can see some people to consider participating.

<Click> We want to emphasize the importance of involving patients in this process. Patients can share honest feedback that you might not get from clinic staff-- because staff are sometimes too close to the problem or unwilling to recognize if they play a role in causing the disparity.

Finding Answers has helpful tips for getting feedback from patients. This document ("Getting Feedback from Patients") is one of your handouts for today. It can also be found on the Finding Answers website.

Finding Answers
Disparities Research for Change | **Diagnosing the Disparity**

Robert Wood Johnson Foundation

Conducting an RCA with an Equity Lens

17   Facilitator: ....

When putting together your Root Cause Analysis team, be sure to communicate up front what is expected of them.

Protect your team's time. Ideally, your team will gather information from different stakeholders, compile everyone's input, and report back to see if anything is missing. This might take a few weeks of regular meetings.

One efficient approach may be to build your equity team out of your organization's existing QI team.

You may be asking some tough questions about race. Recognize that the issues implicated in your root cause analysis can be challenging to discuss because they are sensitive. Finding Answers has resources to help facilitate those conversations; they can be found on Finding Answers' "Equity Resources" webpage under *Roadmap Step 3: Diagnosing the Disparity*.

Conducting an RCA with an Equity Lens

18   Facilitator: ....

There are several tools available for conducting a Root Cause Analysis. You can see a few here on the screen.

One of our favorite tools is the **\<Click\>** Cause and Effect Diagram - also known as the Fishbone Diagram - which provides a snap shot of the root causes of the disparity on a single chart. This can help your team identify, organize, and drill down to the specific drivers of the disparity.

Applying an Equity Lens to the Fishbone Diagram

19   Facilitator: ....

Constructing the Fishbone Diagram

Finding Answers
Disparities Research for Change   Diagnosing the Disparity
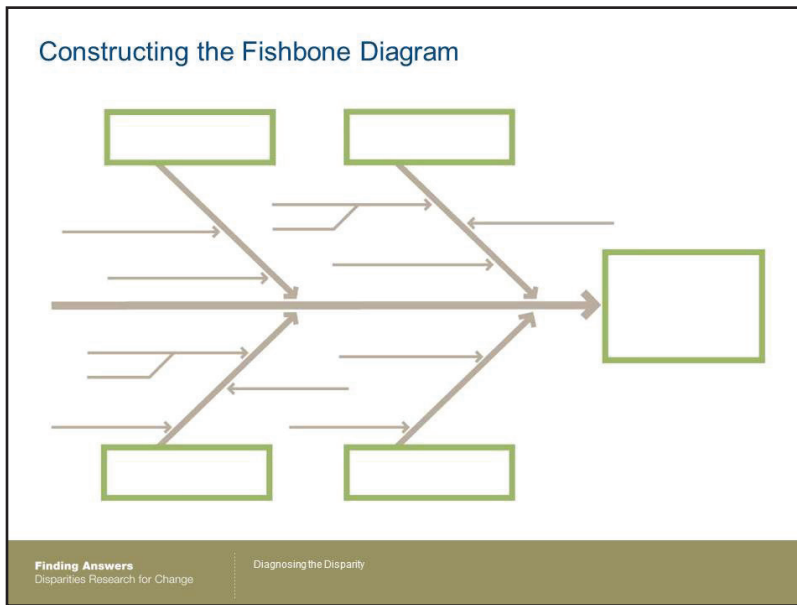
Now we'll walk through an example of a Fishbone diagram so you can see how to conduct a root cause analysis with an equity lens. First we'll complete the tool using a standard QI approach and then we'll apply our equity lens, so you can see the difference.
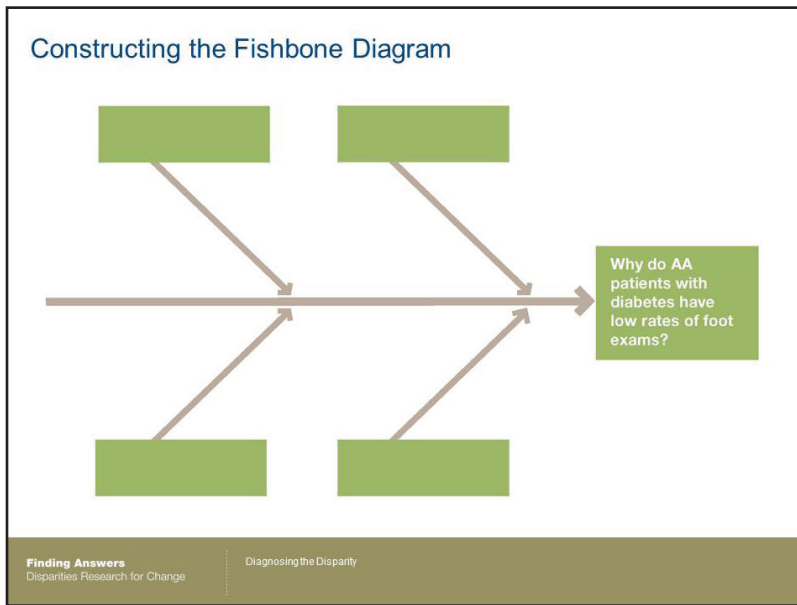
Feel free to ask any questions as we go.

The template you see on the screen can be found on the [Finding Answers website or insert alternative location].

Applying an Equity Lens to the Fishbone Diagram

Constructing the Fishbone Diagram

Why do AA patients with diabetes have low rates of foot exams?

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

To construct a Fishbone, we start by stating the problem in the form of a question, such as 'Why do African-American patients with diabetes have lower rates of foot examinations than White patients?'

The problem should align directly with a disparity identified through stratifying and analyzing your race/ethnicity/language data.

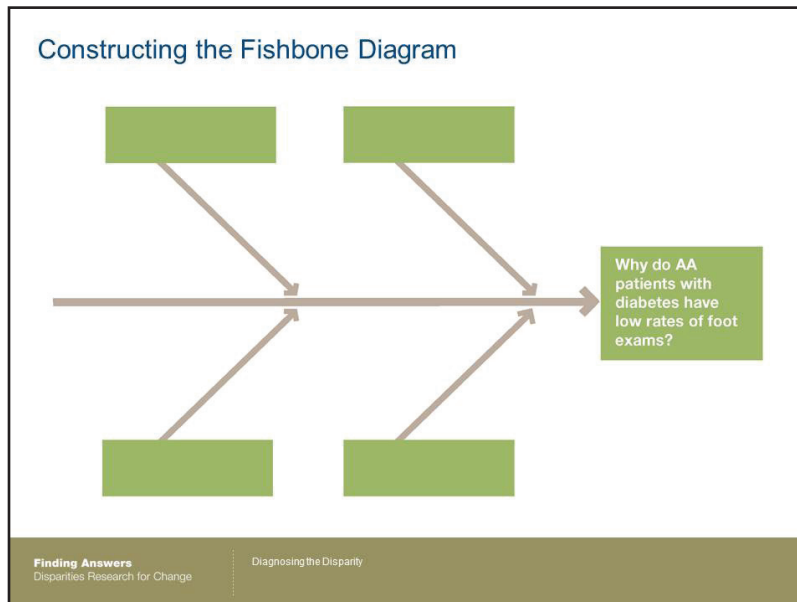The team should agree on the question and then place it in a box at the 'head' of the fishbone.

Applying an Equity Lens to the Fishbone Diagram

Constructing the Fishbone Diagram

Why do AA patients with diabetes have low rates of foot exams?

Finding Answers
Disparities Research for Change   Diagnosing the Disparity

The other boxes are then labeled with different categories. These categories should answer the question, "what might be contributing to this issue?"

The categories are up to you to decide as a team. It is often helpful to consider things like equipment, work flows, patient characteristics/situations, staffing, organizational environment, etc. [Not a complete list.]

If a viewpoint is not represented on your team, find it elsewhere. For example, you're talking about nutrition but don't have a dietician on your team - is there a way to incorporate that point of view?

For our example of African Americans with low rates of foot exams, we came up with a few possibilities:

<Click> There are a low number of referrals given for foot care.

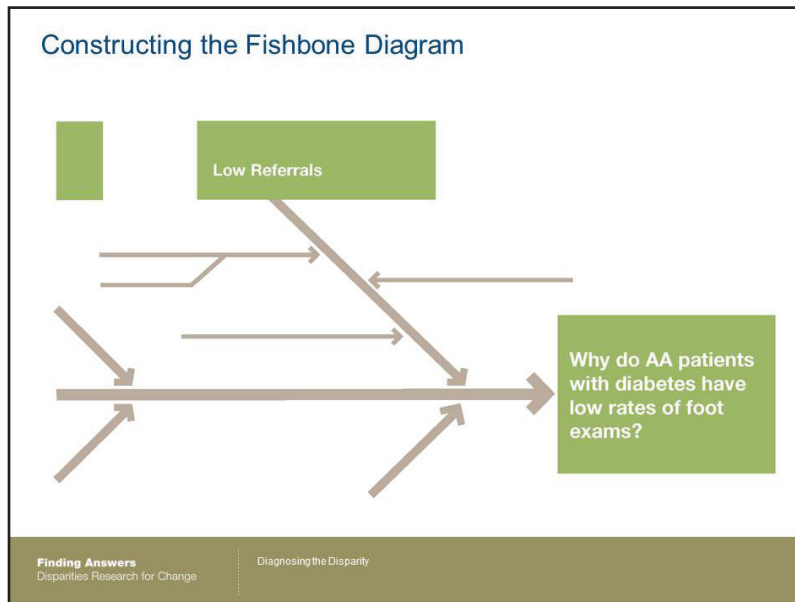**<Click>** Patients don't know to ask for a foot exam.

Are there other categories we could add?

Applying an Equity Lens to the Fishbone Diagram

Constructing the Fishbone Diagram

Low Referrals

Why do AA patients with diabetes have low rates of foot exams?

Finding Answers
Disparities Research for Change   Diagnosing the Disparity

We'll use the "referrals" category to continue with our example.

Once you have the categories labeled, begin listing possible causes and attach them to the appropriate branches.

For each cause identified, ask 'why does that happen?' and attach that information as another, smaller branch. Continue to ask why until you arrive at the root cause of the issue.

So why might there be low numbers of referrals?

Let's say the provider on your team tells you that:

<Click> the doctors don't know much about the local podiatrists and they feel hesitant to make referrals.Take it one step further – why is there a lack of familiarity with local podiatrists?
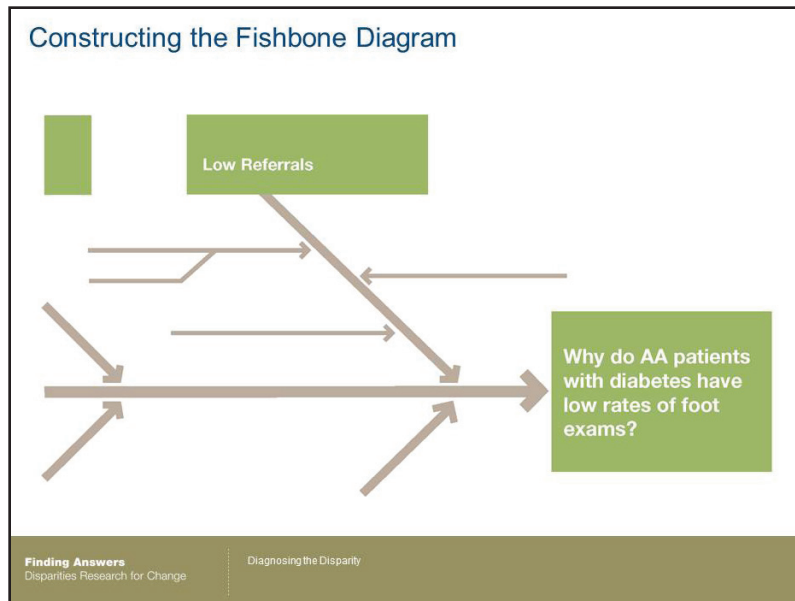
Applying an Equity Lens to the Fishbone Diagram

21   Facilitator: ....

Constructing the Fishbone Diagram

Low Referrals

Why do AA patients with diabetes have low rates of foot exams?

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

<Click> Because the clinic hasn't established a trusted network of local partners.

So here you can see that we've begun to drill down to the root cause of the disparity. The team should continue to expand each branch until there is consensus that it's arrived at a root cause.

The root cause will look different for different groups. You want to drill down deep enough to get at the driver of the disparity - don't stop short or you may tackle a superficial issue, rather than the underlying problem.

On the other hand, it's possible to go too far with the exercise - you don't want all your root causes to be social determinants, like poverty or lack of education. While these are important drivers of disparities, they are outside of your control and outside of the health care setting. Stick to root causes that are realistic for you to address.
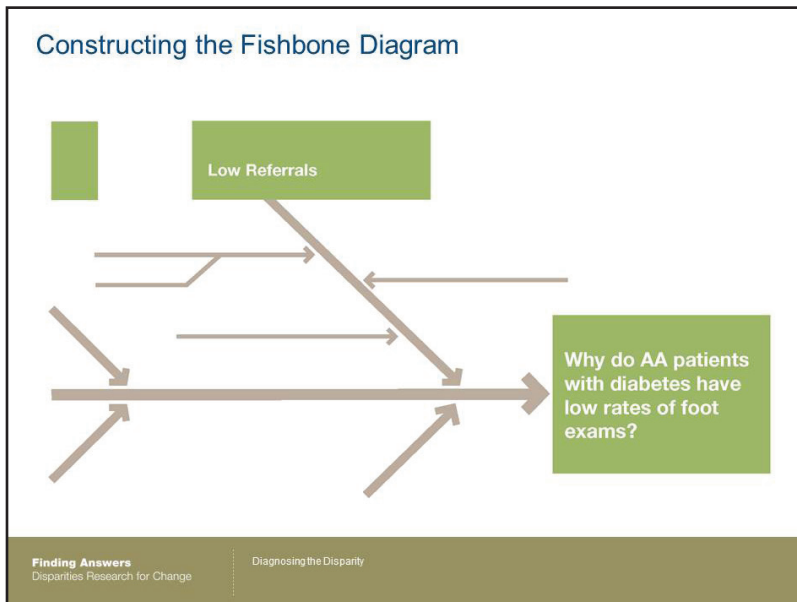
➡

Applying an Equity Lens to the Fishbone Diagram

Constructing the Fishbone Diagram

Low Referrals

Why do AA patients with diabetes have low rates of foot exams?

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Note that, so far, even though we are looking at a disparity, many of our branches show general issues that affect quality of care for all patients, and don't focus specifically on culture, communication, or context.
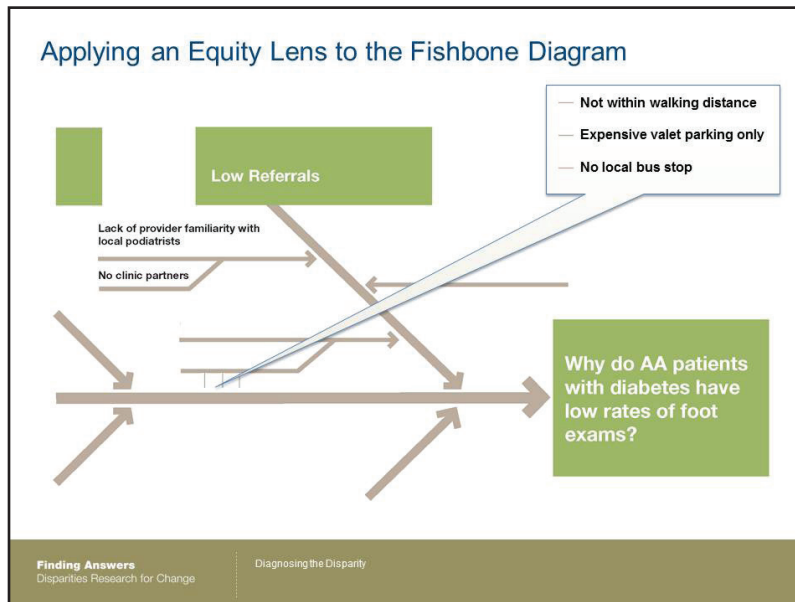
This is the right way to start, but now let's apply our **equity lens** to identify additional factors that might contribute to the **disparity** between patient populations.

Applying an Equity Lens to the Fishbone Diagram

22

Facilitator: ....

Applying an Equity Lens to the Fishbone Diagram

- Not within walking distance
- Expensive valet parking only
- No local bus stop

Low Referrals

Lack of provider familiarity with local podiatrists

No clinic partners

Why do AA patients with diabetes have low rates of foot exams?

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

'Why do African-Americans with diabetes have lower rates of foot exams than White patients?'

Again, you know that doctors make fewer referrals for this group of patients and you want to know why.

You hold a lunchtime focus group with your providers. **<Click>**The providers state that, in their experience, their African-American patients are less likely to utilize the referrals and make an appointment with the podiatrist.

Why is that? You bring this issue up in your next CAB meeting, and find out that:

<Click> The location of the podiatrist's office is inconvenient for some patients, so they don't go.
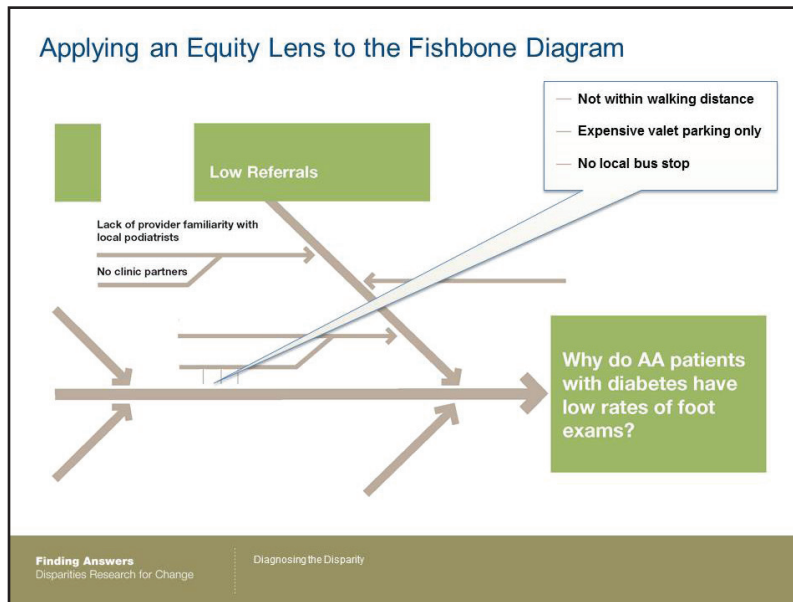
And why is it inconvenient?

→

Applying an Equity Lens to the Fishbone Diagram

22

Facilitator: ....

Applying an Equity Lens to the Fishbone Diagram

- Not within walking distance
- Expensive valet parking only
- No local bus stop

Low Referrals

Lack of provider familiarity with local podiatrists

No clinic partners

Why do AA patients with diabetes have low rates of foot exams?

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Over the next week, you talk to African-American patients with diabetes as they sit in the waiting room. **<Click>** You learn that the podiatrists being referred to are not within walking distance from the clinic; there's only valet parking, which is very expensive; and the local buses don't have a stop close to the office.
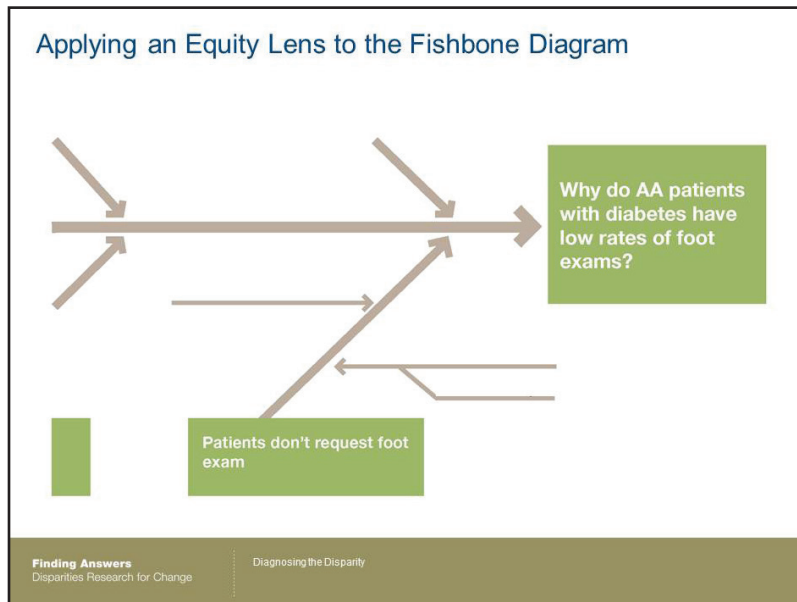
Now, our graphic is bit limiting here, but you can see that we've added these additional causes as smaller branches, attached to the "inconvenient location" branch.

Applying an Equity Lens to the Fishbone Diagram

23

Facilitator: ....

Let's try one more branch together.

'Why do African Americans with diabetes have lower rates of foot exams than White patients?'

Let's say the "rate of foot exams" that appears in your data is gathered through reports sent from the podiatrist's office to your primary care clinic. You learn that patients **are** going to their podiatry appointments, but the reports are missing. Why might that be?

Well, let's look at two potential causes: one general QI and one equity-specific. Again, we want to consider both.

<Click> The reports are faxed to your health center, but because they are scanned into the EMR, they do not populate the fields that your data collection is based on. So your electronic data do not caputure the foot exams and you are under-reporting the rate of exams completed.
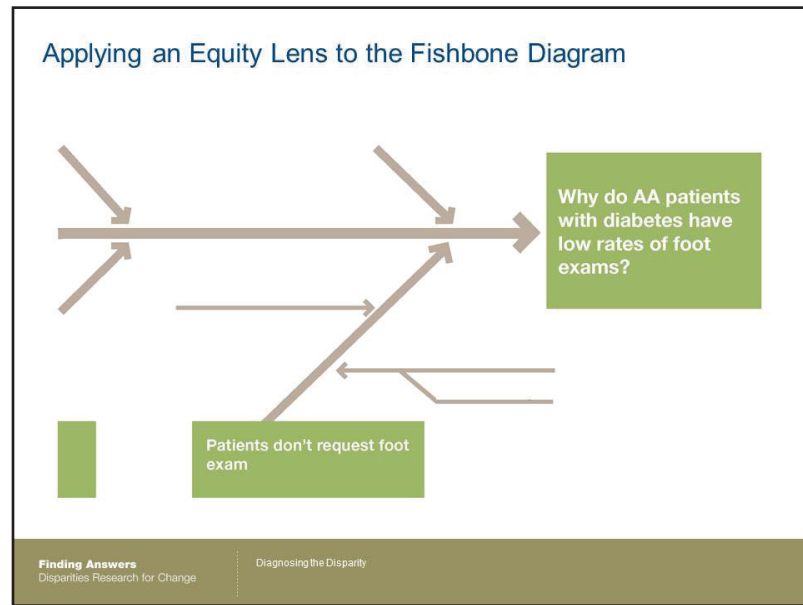
➡

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Robert Wood Johnson Foundation

Applying an Equity Lens to the Fishbone Diagram

23   Facilitator: ....

Applying an Equity Lens to the Fishbone Diagram

Why do AA patients with diabetes have low rates of foot exams?

Patients don't request foot exam

Finding Answers
Disparities Research for Change   Diagnosing the Disparity

This root cause is a general quality issue.

The podiatrist also gives the report directly to the patients with written instructions to deliver it to their primary care physician at their next appointment. In this case, why aren't the reports reaching the doctor in this case?

<Click> Through discussions with patients on your equity team, you learn that patients don't understand the written instructions or don't read them at all. **<Click>** So, limited health literacy and poor communication are contributing to the issue. When you do a simple health literacy screen, you identify that health literacy is lower in your group of AA patients.

This is an equity-specific root cause because it affects your African-American patients more than your other patients and can explain the **difference** in rates of foot exams.

So, overall, we see that considering both general QI issues and equity-specific causes help us to improve quality while also reducing disparities.
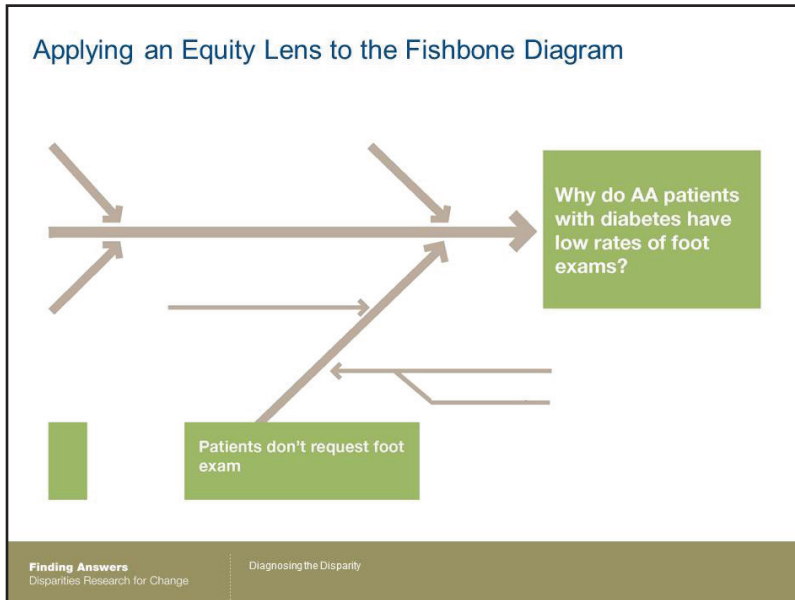
Applying an Equity Lens to the Fishbone Diagram

Applying an Equity Lens to the Fishbone Diagram

Why do AA patients with diabetes have low rates of foot exams?

Patients don't request foot exam

Finding Answers
Disparities Research for Change   Diagnosing the Disparity

Can people on the line think of other QI and equity-specific factors that might apply to this example?

Solicit participant responses and write them on the whiteboard.

Backup examples:

- podiatrist doesn't fax reports to you at all

- patients are not comfortable bringing up the results of the foot exams if their PCP doesn't broach the conversation first

Applying an Equity Lens to the Fishbone Diagram

Defining the Scope of the Problem

What to put at the head of the fishbone?

- **Health outcomes**: Hmong patients have higher rates of uncontrolled blood pressure than White patients.

- **Clinical processes**: Black patients are less likely than White patients to have two or more A1c tests.

Finding Answers
Disparities Research for Change   Diagnosing the Disparity

Now that you see how the overall process works, let's think a bit more about how you decide which question goes at the head of your Fishbone.

Your stratified data may show a disparity in <Click> **health outcomes**. For example, my Hmong patients have higher rates of uncontrolled blood pressure than my White patients.

Or, it could show a disparity in <Click> **clinical processes**. For example, one of Finding Answer's partner ogranizations found that Black patients and White patients were coming in for their first A1c tests at the same rates, but Blacks were less likely than Whites to have two or more A1c tests.

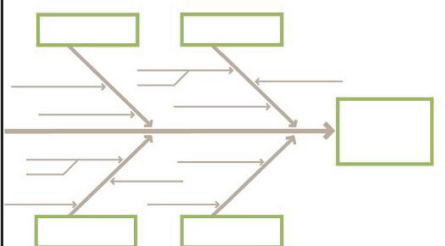➡️

Applying an Equity Lens to the Fishbone Diagram

24   Facilitator: ....

Defining the Scope of the Problem

What to put at the head of the fishbone?

- **Health outcomes**: Hmong patients have higher rates of uncontrolled blood pressure than White patients.

- **Clinical processes**: Black patients are less likely than White patients to have two or more A1c tests.

Finding Answers
Disparities Research for Change   Diagnosing the Disparity

Each of these examples poses a feasible question for the head of a Fishbone Diagram: Why is this happening?

Starting with a health outcome at the head of your fishbone will allow you to be as inclusive as possible and to see the big picture.

On the other hand, focusing on a clinical process can yield early wins that inspire the team to work towards improving outcomes for minority patients.

Keep in mind that it takes longer to reduce disparities in health outcomes than it does to change proccesses of care. Finding Answers saw this with their partner organizations.
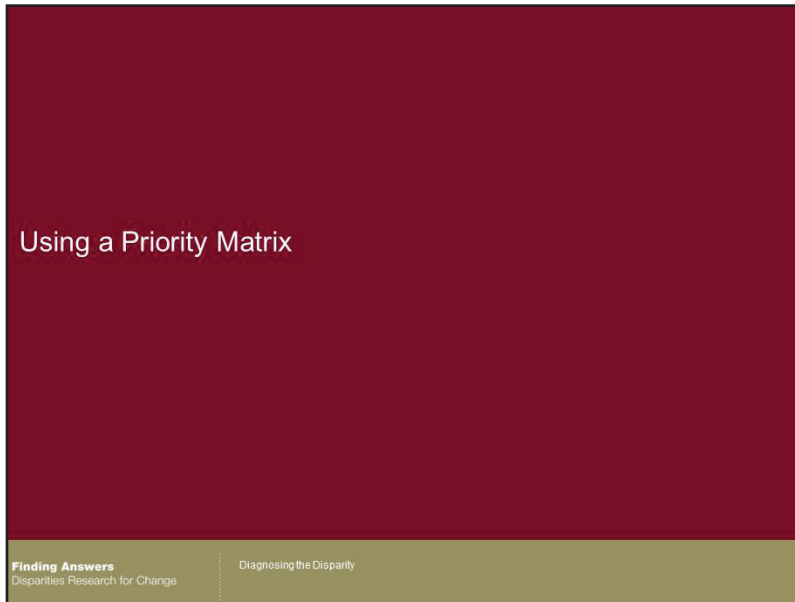
Using a Priority Matrix

Using a Priority Matrix

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Think about the scope of the issue you plan to tackle at your organization. When you do you root cause analysis, will you put a health outcome at the head of your diagram or will you focus on a clinical process?
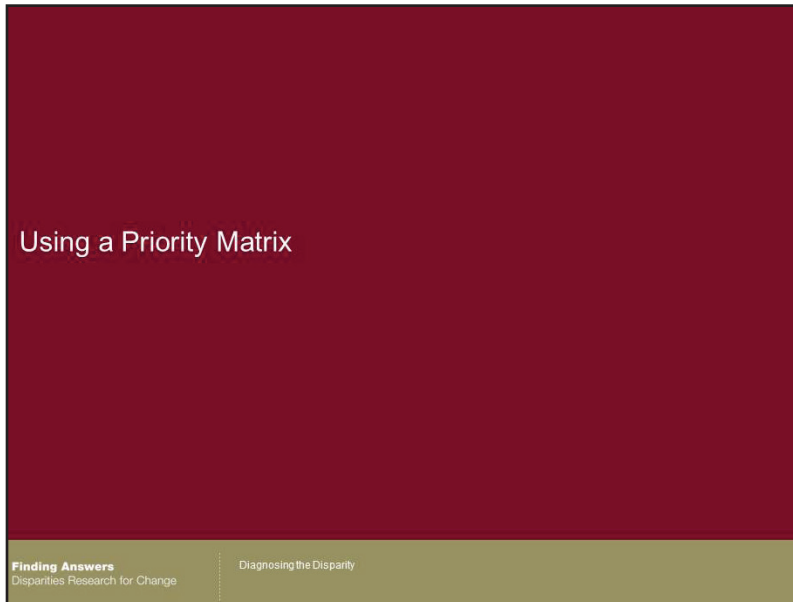
10 minutes for discussion.

Using a Priority Matrix

Using a Priority Matrix

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Now that you've listed all the possible causes of the disparity, how do you choose which ones to tackle?

There are many tools to help answer this question. We'll look at a priority matrix.

Is anyone here familiar with a priority matrix or has anyone had experience using one in the past?

Wait for responses. If they heard of it or used it, ask them to explain to the group.

Using a Priority Matrix

Using a Priority Matrix

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

Finding Answers
Disparities Research for Change   Diagnosing the Disparity

Here is a template for a priority matrix. You can also find it [on the Finding Answers' website or insert alternative location].

To complete the matrix, you'll take the smallest branches from your Fishbone Diagram, and, for each one, ask yourself:

- How feasible is it to tackle this issue?

- How important is it to tackle this issue?

Based on your answers to these questions, you'll place each root cause in the appropriate box.

Because you already convened a team to conduct the root cause analysis, you can work with the same group to respond to these priority questions.

Using a Priority Matrix

Assessing Feasibility and Importance

- Policy change
- Staff time and effort
- Clinic flow
- Changes to EMR
- Anticipated resistance
- Competing demands
- Readiness and political will
- Potential contribution from partners

- Impact
- Urgency/Need
- Reach
- Prevalence
- "Gut feeling"
- Cost

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Every organization will take a different approach to decide which root causes are "feasible" and "important" to address.

Some of the factors that will help you assess feasibility and importance are listed here. For example:

<Click>Reach - is a large portion of your patient population affected by this issue?

<Click>Competing demands - are there other pressing, time-sensitive tasks to consider?

<Click>Sometimes it's best to go on "gut feeling" if your team has consensus that a particular issue is really important to address right now.

Using a Priority Matrix

Example Priority Matrix

Which of our root causes are...	Very Important to Address	Less Important to Address
Very Feasible to Address	Electronic data not capturing foot exams Low health literacy: patients don't know to hand report to PCP	Expensive valet parking only
Less Feasible to Address	No local bus stop	Not within walking distance

Prioritize tackling these causes

Finding Answers
Disparities Research for Change   Diagnosing the Disparity

Let's do a quick matrix together, using the example from our Fishbone.

Here you can see that we took the branches from our fishbone and categorized them as as important and/or feasible. **<Click>** Then we zeroed in on the items falling in the most important and most feasible quadrant. We'll prioritize addressing these items when we design our equity activity.

Note that, although we're prioritizing the items in the first quadrant, we don't want to ignore the root causes in the other quadrants. Addressing items that are very feasible, but less important, for example, may help get a quick win to show to leadership.

Using a Priority Matrix

The Final Planning Step

Disseminate the Results

- Disseminate throughout the organization

- Strategize so your message is heard

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

The last step is to disseminate your results throughout the organization.

It's always a delicate matter to call out problems - strategize so that your message is heard. Think carefully as a team about the best way to share the information.

For example, will providers be more receptive to hearing from another provider? What if the CEO presented to the medical assistants? Would it have a positive impact on the assistants, by showing them how their work makes a difference to people at the top levels of the organization? Or would it be more comfortable for them to have someone closer to their everyday routine facilitate that discussion?

30

Facilitator: ....

Questions & Answers

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

We have a few minutes now for questions.

Exercise 3

Exercise 3 - Root Cause Analysis with an Equity Lens

Finding Answers
Disparities Research for Change

Diagnosing the Disparity
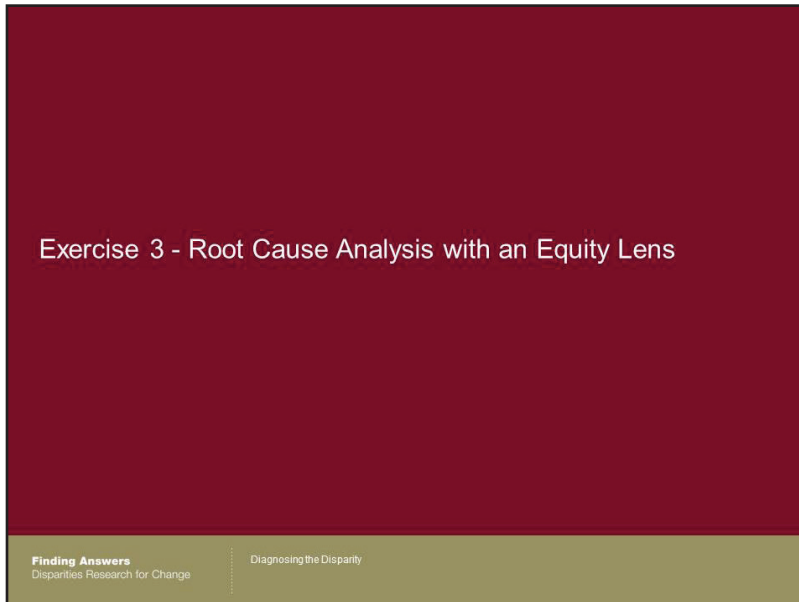
Now let's take a look at the exercise for our next session.

Exercise 3

Diagnosing the Disparity

Exercise 3 - Root Cause Analysis with an Equity

- Identify a manageable problem related to equity in your organization.
  - Assess the causes of the problem by constructing a Fishbone <u>with an equity lens</u>.
  - Map the results onto a Priority Matrix.
- Send me your completed Fishbone Diagram and Priority Matrix for review.

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

Your assignment is to apply what you learned today to what's happening in your organization.

Specifically, we'd like you to:

- Identify a manageable problem related to equity in your organization.

- Assess the causes of the problem by constructing a Fishbone Diagram with an equity lens.

- Map the results of your Fishbone Diagram onto a Priority Matrix.

You can use the templates of the Fishbone Diagram and Priority Matrix posted on the Finding Answers website [or alternate location].

Send your completed work to [insert name(s)] by [insert date and time] and we'll get feedback to you by [insert date and time].

Exercise 3

Facilitator: ....

Diagnosing the Disparity

Exercise 3 - Root Cause Analysis with an Equity

What's a manageable problem to tackle for this exercise?

- Patients leave the office without making a follow-up appointment.
- The diabetes education group has high no-show rates.
- Many prescriptions for asthma inhalers are never filled.

Finding Answers
Disparities Research for Change

Diagnosing the Disparity

We recognize that in the short time before we meet next, you can't do a full root cause analysis with the input of all your stakeholders. Try to represent as many perspectives as possible, but focus for now on applying an equity lens to a small, manageable issue. This practice round will help you get started - you can build on it in the future.

Let's spend a few minutes brainstorming issues that you could put at the head of your fishbone diagram for this practice exercise. What's a manageable issue at your organization that you'd like to try and diagnose?

Type participants' responses onto whiteboard.

33   Facilitator: ....

Diagnosing the Disparity

Exercise 3 - Root Cause Analysis with an Equity

What's a manageable problem to tackle for this exercise?

- Patients leave the office without making a follow-up appointment.
- The diabetes education group has high no-show rates.
- Many prescriptions for asthma inhalers are never filled.

Finding Answers
Disparities Research for Change   Diagnosing the Disparity

Some other examples that might be the appropriate scope for this assignment are:

<Click> Patients leave the office without making a follow-up appointment

The diabetes education group has high no-show rates

Many prescriptions for asthma inhalers are never filled

Are there any questions about the exercise?

Wrap-Up

Thanks for participating! (Please fill out the survey!)

Finding Answers
Disparities Research for Change   Diagnosing the Disparity

Thanks for joining us today! Rember to complete the feedback survey.

We'll meet next on [insert date and time], when we'll use the results of our root cause analysis and priority matrix to design an equity activity. We look forward to seeing you then!