Recommendations for Designing Equity-Focused Care Delivery Transformations

///AHE Advancing Health Equity
// Leading care, payment, and systems transformation

The goal of an equity-focused care delivery transformation is to reduce and eliminate health inequities by improving how the healthcare system provides care to patients living with those inequities. Partnering with other organizations—including those based in the community—to address related social drivers of health will increase your intervention's chances of success. This document provides recommendations and outlines activities that organizations can implement to design their own equity-focused care delivery transformations.
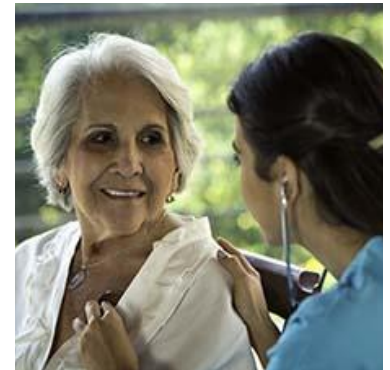
Major Steps of Designing a Care Delivery Transformation

- Reviewing the results of the **root cause analysis**
- Reviewing the results of the **priority matrix**, including assessing the resources necessary to implement change and prioritizing which root causes to address.
- Determining which level(s) (see below) of the care delivery system your care transformation will prioritize, the strategies it will utilize, and how to employ those strategies.
- Designing the care delivery transformation(s), utilizing input from all stakeholder groups, including members/patients and communities living with the inequities prioritized by the project.

Championing a Culture of Equity

Creating Cultures of Equity has a beneficial impact on care delivery transformation. Part of creating cultures of equity is educating staff that health and healthcare inequities exist within the populations they serve and that they have agency within their daily work to address those inequities.

A culture of equity asks those involved to take responsibility in assessing how the organizational culture may inadvertently uphold systemic racism and other forms of oppression and discrimination in its functions and operations internally and externally. Embracing a culture of equity requires helping staff develop a clear understanding of structures that produce health inequities and the negative impact those structures can have on their organization. It also trains them to take action to address those issues according to the organization's stated values and expectations.[i]

The care delivery transformation process is one of creativity and innovation. Teams should review, incorporate, and, while maintaining fidelity to the critical components of the strategy, carefully tailor evidence-based strategies to local contexts and the priority population. A care transformation is not a one-size-fits-all process. What works for one group in one region, locale, or even across town may not work for another. Consider consulting the individuals taking the lead on creating cultures of equity in each partner organization to identify opportunities to

collaborate and share resources. It is important to rely on the findings of your root cause analysis and priority matrix instead of gravitating toward care delivery designs that are more familiar or those that have been implemented by others.

Building Block Frameworks

Advancing Health Equity utilizes a framework of three building blocks—**levels, strategies,** and **modes**—to support the design of tailored equity care delivery transformations. These building blocks support designing a delivery transformation that fits the precise circumstances, needs, and goals of key stakeholders. Each care delivery transformation should combine one level, strategy, and mode to create a tailored care delivery transformation most applicable to your priority population. The building block frameworks will help you step away from reflexively doing what is familiar and instead creatively combine levels, strategies, and modes to find one or more ways of transforming care that align with the findings of your root cause analysis.

Levels

Levels refer to the people or entities immediately and directly affected by the care delivery transformation. While all care transformation is meant to result in better care and health outcomes for patients, the level of care refers to where specific changes are taking place and who is directly impacted by the care transformation. Each organization will vary in terms of which levels their care transformation will take place. Care delivery transformations can, and typically should, focus improvements on multiple levels. Below, find a list of the levels:

Designing an equity-focused care delivery transformation is a process of creativity and innovation.

- Patients, Families, and Caretakers
- Care Team Members
- Microsystem (groups or teams within an organization)
- Organization (health care)
- Community (CBOs, local businesses, individuals, non-healthcare organizations)
- Policy
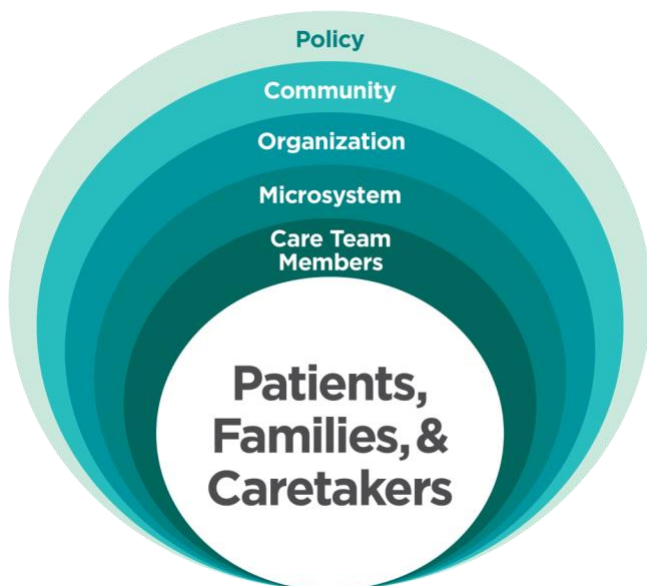
Let's apply the concept of levels to St. Joe's, a catholic church in a large Midwestern city. St. Joe's runs a church-based health education program that serves individuals who may or may not be patients of local healthcare provider organizations. Implementing a new health education program or improving an existing program at St. Joe's would be a care transformation occurring at the community level.

Another example of transforming care is to conduct regular equity-focused performance audits of individual healthcare team members within a healthcare organization. Team members receive feedback on care that they deliver to patients, often from peers, and then modify the care delivery to meet or exceed the recommendations given. An organization may conduct a performance audit of care team members to improve patient care and outcomes, but it is team members who are directly affected. This is an example of a care transformation at the care team member level.

Strategies

Strategies are the tactics your team will use for your care delivery reform. Similar to levels, successful care delivery transformations often use multiple strategies. The St. Joe's church-based health education program utilizes a strategy of delivering health education and training to the larger community that reflects its core values and overall aims. Potential strategies can include, but are not limited to:

- Delivering education and training
- Engaging the community
- Giving care team members reminders and feedback
- Improving language and literacy services
- Providing psychological support
- Restructuring the care team

Modes

Modes of delivery captures how the care delivery transformation will be implemented. The St. Joe's health education and training program may rely on printed materials and in-person meetings, both of which represent modes of delivering the strategy of health education and training. A healthcare organization might rely on email blasts to engage the community or in-house videos to improve language and literacy services for patients with a primary language other than English. Some care delivery transformations might rely heavily on technology while others may use more traditional methods. Modes of delivery may include:

- Information technology (e.g. an electronic health record [EHR])
- In-person meetings
- Multimedia
- Print materials
- Telecommunication/telehealth
- Web-based

Now that you have a better understanding of Levels, Strategies, and Modes, let's put those building block frameworks together to see how a church-based, community organization like St. Joe's (Chart A) or care team members (Chart B) might use them.

Chart A: Level, Strategy, Mode (Community)

Level	Strategy	Mode
Community	Providing psychological support	In-person meetings
Community	Deliver education and training	Print materials

Chart B: Level, Strategy, Mode (Care Team Members)

Level	Strategy	Mode
Care Team Members	Giving reminders and feedback	In-person meetings
Care Team Members	Pay for performance incentives	Information technology (e.g. EHR)

Keep these building block frameworks in mind as we turn our attention to Advancing Health Equity's (AHE's) recommendations for designing a care delivery transformation.

Design Tools

Advancing Health Equity's care delivery transformation tools are based on the research from a previous iteration of AHE, Finding Answers (FA). FA reviewed more than 400 equity-focused care delivery transformations published from 1979–2013. The program also collected in-depth qualitative information regarding the implementation experiences of 33 grantees that developed and evaluated unique equity-focused care transformations. Using those results, AHE's updated tools include a PDF that describes the grantees' care delivery transformations. Seeing the care delivery transformations that others have created can jump-start your design process and help you consider what will work best for your patients; it may even increase your chances of designing a successful equity-focused care delivery transformation.

Additional Promising Practices

The following promising practices were gleaned from the aforementioned literature reviews and grantee programs. Each one is followed by an example from a Finding Answers grantee.

Prioritize multiple levels and players in the care delivery system. Ideally, an initiative will address multiple factors because the causes of inequities are complex. Rather than focusing solely on patients, design programs that intervene with care team members, organizations, communities, policies, *and* patients, families, and caretakers. The more levels the care delivery transformation prioritizes, the more likely it is to effectively address the multiple causes of a disparity.

Duke University Medical Center incorporated patients, care team members, and the community into their care delivery transformation. Nurses received special training in community health, cultural sensitivity, and motivational interviewing, while patients enrolled in a telephone-based cardiovascular disease risk management program. They also did outreach with the community by conducting numerous local radio interviews and distributing educational flyers and pamphlets about the program.

By including multiple players and levels into their care delivery transformation, Duke was able to successfully improve health outcomes and gain respect in the community. Versions of Duke's program were eventually implemented statewide by multiple partner organizations.

Appoint staff to inequities reduction initiatives and protect staff time. A plan to improve equity requires human resources. Anticipate leadership and staff turnover by cross training staff. Consider partnering with quality improvement specialists and recognizing on-site equity champions to prevent staff from becoming overtaxed. These important changes can help staff remain committed to the program over time.

> The **Fund for Public Health New York** recognized the need to appoint an equity champion in its organization. A staff member described an equity champion as someone who "often works at the level of nurse or care coordinator and is seeking ways to demonstrate talent beyond his or her prescribed duties." In AHE's experience, the equity champion may be self-identified, but it is important that supervisors also approve of their role as it lends credibility to that person's efforts among other staff members. With equity champions, the organization is more motivated to reach their full potential in reducing inequities.

Care delivery transformations are more likely to be successful if staff members recognize which inequities exist within the organization. Share feedback with care teams, incentivize disparities reduction, and include equitable care as a goal in mission statements. If leadership, staff, patients, and community members share a common definition of equitable care, care delivery will be more successful.

> **Harvard Vanguard Medical Associates** and **Baylor College of Medicine** both successfully implemented a culture of equity in their organizations. Harvard's Board of Trustees added equity as a main component of their quality improvement strategy, while Baylor opened an Office of Health Equity and hired a chief equity officer. Their actions demonstrated that both organizations viewed equity as a priority and were determined to make it part of their organizational culture.

Involve members of the priority population living with the prioritized health inequity during program planning. Directly engaging patients, families, and caretakers in the care delivery transformation design process is crucial to an equity program's success. Direct engagement can help teams understand if there is a disconnect between what an organization has decided its patients need and what its patients actually want.

> **The Neighborhood Health Plan of Rhode Island** (NHPRI) hired bilingual and Latinx depression care managers who contacted patients via the telephone to provide one-on-one follow-up reminders for appointments and self-care, and culturally competent education about depression. Latinx patients, however, showed little interest in the program and few chose to participate. After conducting patient focus groups, the team learned that the initiative used up patients' valuable cell phone minutes. In effect, patients held a different opinion of which mode of delivery would work best than did the Latinx staff and care team members who had contributed to the design of the care delivery transformation.

Strike a balance between adherence and adaptability. While adherence to protocol ensures consistency, flexibility is key when working with all patients. Regularly collecting process measures, identifying opportunities for improvement, and adapting the care delivery transformation accordingly will ensure that programs are consistent, yet flexible.

> **Cooper Green Mercy Hospital** designed a care delivery transformation that required patients to view a digital recording prior to their appointment. After many patients arrived for their appointment without having watched the recording, Cooper Green realized they needed to adapt their plan. They prepared a small conference room for participants to view the recording in the office. This ensured the program was consistent with its original aims but flexible enough to fit patients' unique needs.

Successful equity-focused care delivery transformations often reflect several of the same characteristics because they:
- Are culturally tailored to adapt the care delivery transformation for the priority population.
- Are led by nurses or generally use a team-based approach to care delivery.
- Include a patient navigator in the care team or assign a current care team member the role of patient navigator.
- Employ an interactive and skills-based, rather than didactic, teaching methodology when delivering education.

Words of Caution
Many organizations often forget to apply what they learned when diagnosing the disparity as they assemble their care delivery transformation building blocks. It's a common error, but one that can negatively impact the transformation initiative. Below are three actions you can take to ensure you've given your care transformation the best chances of success.

Review the information you learned developing your root cause analysis and priority matrix <u>before</u> making your final LEVEL, STRATEGY, and MODE choices. Seeing the many possibilities and examples of others' activities might tempt you to use one that "seems" or "feels" like the best choice. It is critical that each LEVEL, STRATEGY, and MODE choice relates directly back to the information you gained from your root cause analysis, patients, and other stakeholders.

Present your proposed care delivery transformation to leadership, staff, and patients before implementation. Redesigning the care transformation at this stage can be frustrating, but it's a much less expensive error than finding out post-implementation that the activity does not work. Another way to avoid expensive implementation errors is to pilot test parts of the care delivery transformation before it's fully implemented using Plan, Do, Study Act (PDSA) cycles or initially testing out the entire care transformation with just a few people.

If you choose to expand or repurpose a STRATEGY for your care delivery transformation that already exists at your organization, proceed with caution. It's important to use existing resources wisely. Incorporating equity efforts into all quality improvement activities can be very helpful. Likewise, repurposing or adapting an existing STRATEGY as part, or all, of your care delivery transformation can be one way to foster a successful implementation. However, be sure that the STRATEGY ties directly back to the root causes of your disparity and addresses the most feasible and important causes to address it as explored when you created your priority matrix.

Review the information you learned developing your root cause analysis and priority matrix before making your final LEVEL, STRATEGY and MODE choices.

Advancing Health Equity: Leading Care, Payment, and Systems Transformation (AHE) is a national program supported by the Robert Wood Johnson Foundation and based at the University of Chicago. AHE 's mission is to discover best practices for advancing health equity by fostering payment reform and sustainable care models to eliminate health and healthcare inequities.

[i] Todic J, Cook SC, Spitzer-Shohat S, Williams JS Jr, Battle BA, Jackson J, Chin MH. Critical Theory, Culture Change, and Achieving Health Equity in Health Care Settings. Acad Med. 2022 Jul 1;97(7):977-988.