Anticipate Data Needs and Opportunities

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

Robert Wood Johnson Foundation

Housekeeping

- Video on if/whenever possible
- Mute when not speaking
- Use the "raise hand" feature or send questions and comments anytime via chat
- Take care of yourself and loved ones (e.g., bio breaks)
- Pair your computer and phone, if connected separately:
  - Right click your image
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  - Click the **Captions** icon (CC) and select **Show Captions**
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Agenda

/ Welcome and Overview

/ Learning Objectives

/ Accountable Spaces Framework

/ Linking Quality, Health Disparities, and Health Equity: A Quick Review

/ Choosing a Health Equity Focus

/ Hidden Disparities: Intersectionality

/ Discussion: Data Opportunities and Action Items for Identifying Health Disparities

/ Next Steps

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Learning Objectives

/ Demonstrate how health and healthcare quality and equity are linked.

/ Demonstrate an understanding of the key strategies for measuring health and healthcare inequities and initiative impact.

/ Exhibit an understanding of the importance of partnering with patients and community by creating a draft plan for capturing stories of how patients and community members (living with health and healthcare inequities) are experiencing care

/ Illustrate an understanding of common data challenges by:
   ▪ Identifying 3-4 tasks that allow your team to utilize data to discover and prioritize health and healthcare inequities, including a target date for completion of each task and the person/people responsible; and
   ▪ Identifying requests for technical assistance to facilitate completion of these tasks.

Accountable Spaces Framework

At AHE, accountability is directly tied to care for others both in the work we do and the conversations we have. Being accountable means practicing good stewardship and ceding power to make space for others to shine. We will center this framework today to help us keep the tenets of accountability at the forefront of our conversations.

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Accountable Spaces Framework

▌ Do not interrupt others.

▌ Listen actively, instead of waiting to speak.

▌ Be mindful of your total talk time and resist the urge to add "sprinkles" to a perfectly good conversation sundae.

▌ Give everyone a chance to speak, without unnecessary pressure.

▌ Words and tone matter. Be mindful of the impact of your words, not just your intent.

▌ We are all learning, and we will make mistakes from time to time. If you said something offensive or problematic, apologize for your actions or words -- not for someone feeling insulted by them.

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Accountable Spaces Framework

/ Recognize and embrace friction. Constructive conflict can often lead to substantive change.

/ Give credit where credit is due. If you are echoing someone's previously stated idea, give them appropriate acknowledgment. If you notice others aren't receiving the credit they are due, speak up and highlight their work.

/ Speak for yourself using "I" statements. Do not take ownership of others' lived experiences.

/ Create meaningful opportunities for those belonging to communities that have historically been most impacted to share their experiences.

/ Address racial inequities head on and call out racism when it happens.

A Roadmap to Advance Health Equity

advancinghealthequity.org

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.

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You Are Here!

CREATE CULTURES OF EQUITY

ESSENTIAL ELEMENTS

ESSENTIAL ELEMENTS

IDENTIFY a health equity focus

DIAGNOSE root causes with an equity lens

DESIGN PAYMENT mechanisms

IMPLEMENT integrated payment and care delivery transformation

DESIGN CARE delivery transformation

PRIORITIZE root causes

CREATE CULTURES OF EQUITY

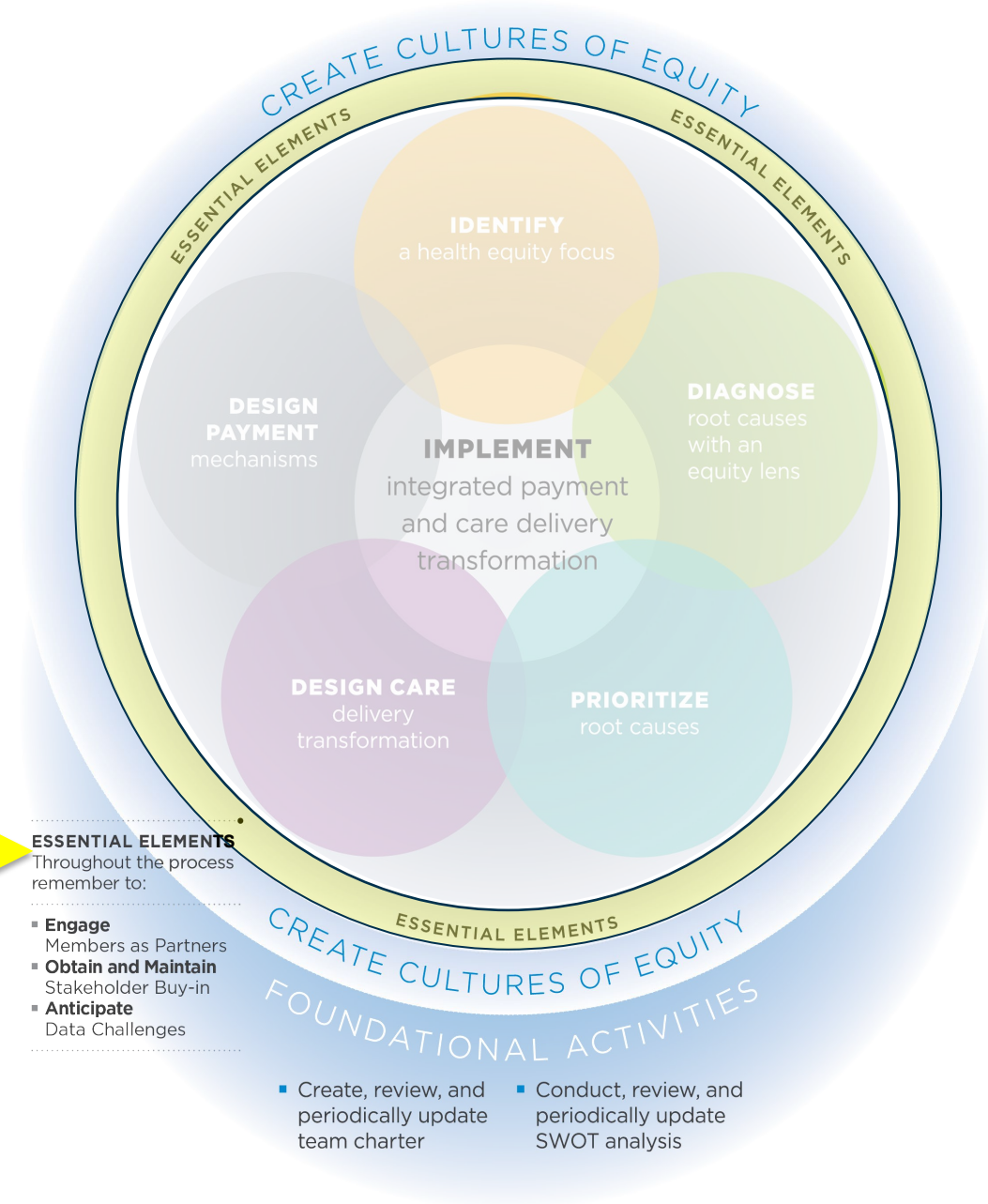ESSENTIAL ELEMENTS

FOUNDATIONAL ACTIVITIES

ESSENTIAL ELEMENTS
Throughout the process remember to:

- **Engage** Members as Partners
- **Obtain and Maintain** Stakeholder Buy-in
- **Anticipate** Data Challenges

- Create, review, and periodically update team charter
- Conduct, review, and periodically update SWOT analysis

Linking Quality, Health Disparities, and Health Equity: A Quick Review

Quality Care is...

"...doing the right thing for the right patient,
at the right time, in the right way
to achieve the best possible results."

–AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

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Linking Quality Improvement, Health Disparities, and Health Equity

Crosscutting Dimensions	Components of Quality Care	Type of Care		
		Preventive Care	Acute Treatment	Chronic condition management
EQUITY / **VALUE**	Effectiveness			
	Safety			
	Timeliness			
	Patient/family-centeredness			
	Access			
	Efficiency			
	Care Coordination			
	Health Systems Infrastructure Capabilities			

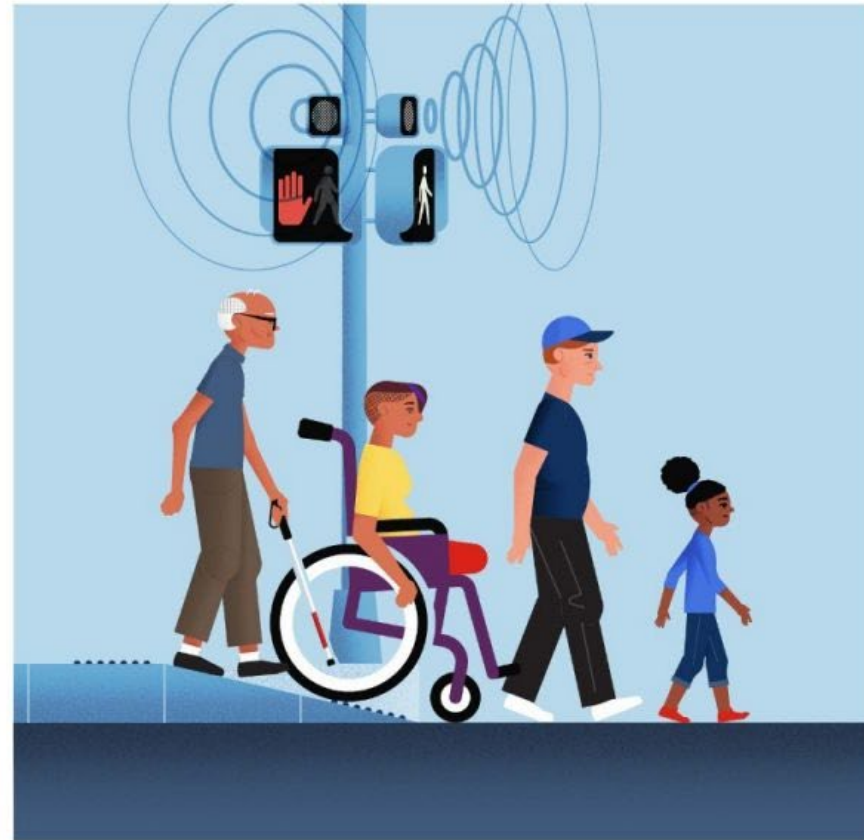Advancing Health Equity

Equity vs. Equality

EQUALITY:
Everyone gets the same – regardless if it's needed or right for them.

EQUITY:
Everyone gets what they need – understanding the barriers, circumstances, and conditions.

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# Using a Health Equity Lens in Quality Improvement Activities

If improving quality in an equitable manner, what would the implications be…

/ for members and community stakeholders most affected by activities?

/ for a healthcare organization caring for individuals and communities of various races and ethnicities?

/ for a managed care organizations covering an entire market or region?

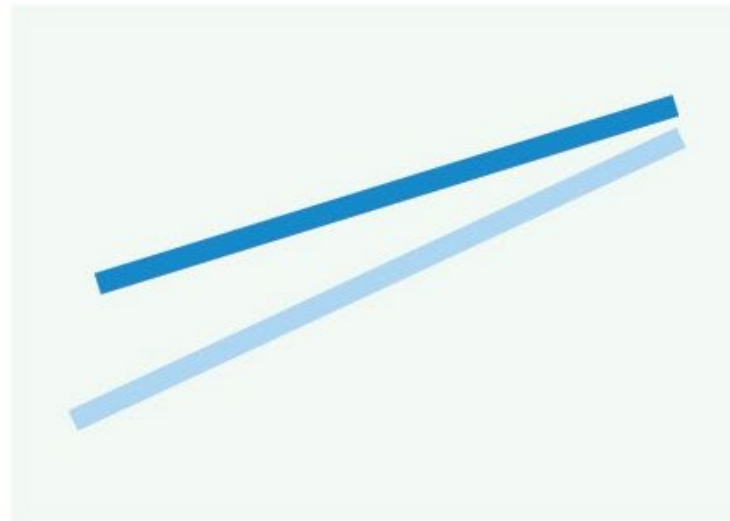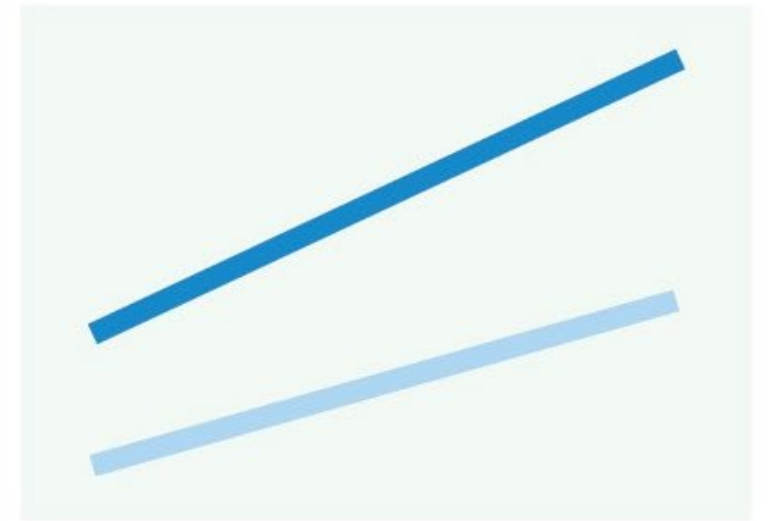/ for a state agency promoting the health of the population across the state?

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Potential Impact on Disparities

NEUTRAL
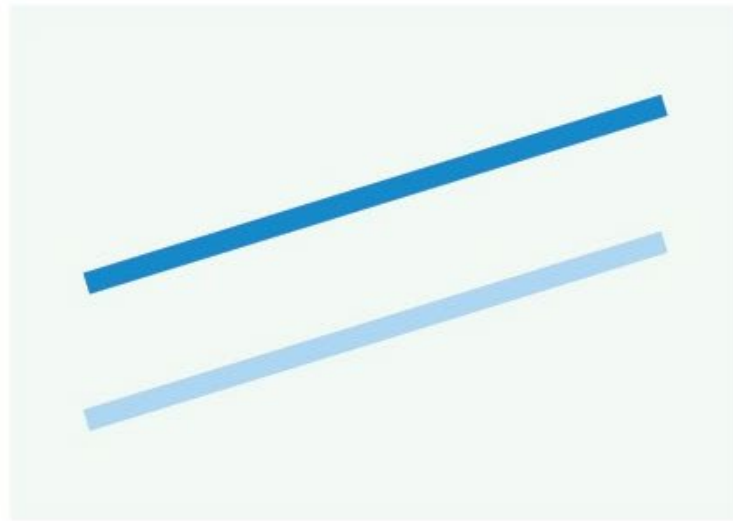
More of the same

NARROWING

Reduces differences

WIDENING

Has differential impact

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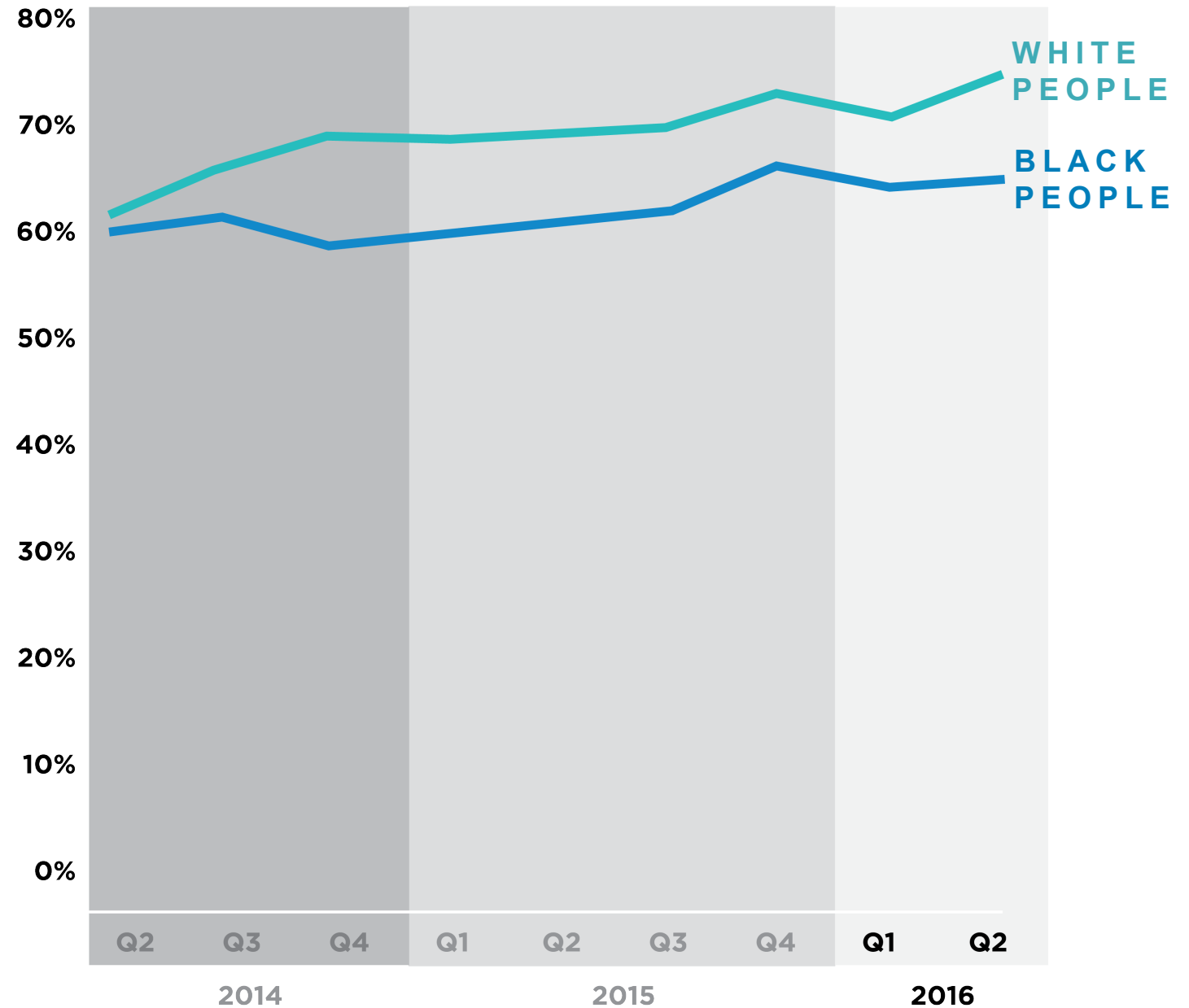
Impact on Health Disparities

Racial and Ethnic Disparities in Care Following the New York State Sepsis Initiative

Percent of White and Black individuals with sepsis presenting to the emergency department for whom a 3-hour sepsis protocol was completed.

WHITE PEOPLE

BLACK PEOPLE

| | 2014 | | | 2015 | | | | 2016 | |
| Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |

Corl Keith, et al. "Racial and Ethnic Disparities in Cae Following the New York State Sepsis Initiative. *Health Affairs* vol. 38, no. 7 (2019): 1119-1126.

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Considerations for Choosing A Health Equity Focus

/ **Be specific!**
- Include a specific health condition
- Identify a priority population

/ **Consider priorities that can inform your choice**
- Quality improvement (QI) and health equity priorities for people served by Medicaid
- QI and health equity priorities for each stakeholder group

/ **Consider available information**
- Variation in domains of care
- Comparison population
- Available and accessible data

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Intersectionality

The ways in which **systems of oppression** (e.g., racism, sexism, classism) **compound and intersect cannot be fully understood if examined in isolation.**

Kimberlé Crenshaw

Crenshaw, Kimberle. "Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color." Stanford Law Review vol. 43, no. 6 (Jul., 1991): 1241-1299.

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Gallup Data 2012–2017

Medicaid–Intersecting Identities

Gallup Data 2012–2017

Uninsured – Intersecting Identities

Data Opportunities: Working with Partners

/ Partner with individuals with Medicaid and community stakeholders to collect and interpret of health disparities data

/ Work towards consensus in using and understanding data

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Data Action Items

/ Data identification

/ Review of initial data

/ Earning buy-in from key individuals who manage the data

/ Data sharing across team partners

/ Development of data analysis plan

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Discussion: Potential Questions

What next steps is your team planning to take to identify health disparities and inequities?

/ How is your team thinking about partnering with people served by Medicaid and the community in order to identify relevant health disparities?

These are complex initiatives with multiple, often shifting opportunities and constraints for all stakeholder groups.

/ What are some issues your team has had to weigh or address so far in identifying the health disparity on which you will focus (health conditions and member populations)?

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Discussion: Wrap-up

/ What questions do you have regarding the next steps your team should take?

/ What technical assistance needs do you anticipate in order to move forward?

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