

Health Equity Roadmap

IPRO NQIIC



- QIN-QIO
- HQIC

NQIIC

Network of Quality Improvement and
Innovation Contractors

CENTERS FOR MEDICARE & MEDICAID SERVICES
IQUALITY IMPROVEMENT & INNOVATION GROUP

Preparing for Your Journey

Any successful journey begins with planning and preparation. Three key areas should be addressed before beginning any quality improvement or patient safety initiative.



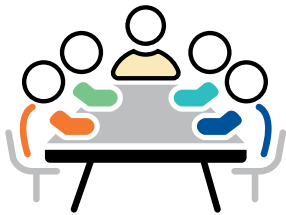
Leadership Commitment

The success of a project can be determined by the level of commitment and support from leadership. It is important for organizational leaders to communicate a consistent, frequent message in support of the project. The executive project champion can establish accountability, dedicate resources, and break through barriers.



Project Champion

It is important to have a person(s) who has a significant influence with frontline staff, physicians, and other key personnel. Frequently, we think of a physician as a champion as they are instrumental in garnering provider buy-in and practice change. However, depending on the project, it can be any key personnel with the authority and skills to influence change, lead by example, and assist in essential messaging of the goals and vision for a project.




Multidisciplinary Project Team

The project team should consist of representatives from key areas throughout your facility with the skills, knowledge, and experience in their fields of expertise. A team member should possess strong communication skills, have a collaborative mindset, and show a commitment to change. It is vital to have representation from frontline staff who will be impacted most by the change. It is also important to keep the size of your team manageable. Remember, a team can have ad hoc members whose role is to provide expertise in a specific area for a short period of time.

For more information on team forming, please click here.

<http://www.ih.org/resources/Pages/HowtoImprove/ScienceofImprovementFormingtheTeam.aspx>



	Task	Rationale
Step 1	If you are a hospital, consider signing the American Hospital Association #123forEquity Pledge (https://ifdhe.aha.org/2020-02-04-ifdhe-equity-care-pledge-form) and join other hospitals committed to eliminating health disparities.	<ul style="list-style-type: none"> Aligns executive leadership with health equity. Allows dedication of resources toward your hospital's success.
Step 2	Identify a single point of contact to direct health equity activities in your facility.	<ul style="list-style-type: none"> Establishes a point person for your Quality Advisor to contact. Provides structure to health equity activities. Supports Health Equity Organizational Assessment (HEOA) Category 7: Organizational Infrastructure and Culture.
Step 3	Download and complete the IPRO NQIC HEOA.	<ul style="list-style-type: none"> Assesses current health equity structure and activities. Identifies gaps in your facility's ability to take action on disparities. Directs focus for activities and priorities. Provides your Quality Advisor with information to customize resources for your facility based on individual needs.
Step 4	Assemble a multi-disciplinary health equity taskforce.	<ul style="list-style-type: none"> Increases staff awareness and promotes understanding and engagement. Provides a cross-facility perspective of HEOA issues and expertise. Establishes ownership and accountability for gaps and improvement in your facility.
Step 5	Celebrate! 	You have the foundation to build a health equity program!



HEOA Gap Analysis

Mile Marker



	Task	Rationale
Step 1	Review your facility's HEOA results with your Quality Advisor to identify opportunities for improvement.	<ul style="list-style-type: none"> Provides insight into your facility's ability to take deliberate action to identify and address disparities and areas of improvement.
Step 2	Schedule a session with your Quality Advisor. Use the Best Practice Strategies for Organizational Health Equity to guide your discussion.	<ul style="list-style-type: none"> Provides clarification of HEOA results. Guides next steps. Coaches for in-depth strategies and interventions

* <https://qi-library.ipro.org/2022/03/11/best-practice-strategies-for-health-equity-data-collection>

REaL and SDOH Data Collection Mile Marker

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	Task	Rationale
Step 1	Identify a method for collection of patient-provided (self-reported) race, ethnicity, and language (REaL) data—as well as additional patient demographic data beyond REaL—which can be used to look at social determinants of health (SDOH), such as ICD-10* Z Codes.	<ul style="list-style-type: none"> • Allows patients or caregivers to self-report their REaL preferences, which is the gold-standard in REaL data collection. • Ensures standard data reporting to federal and state partners. • Prevents unintended staff bias/implicit bias. • Allows SDOH information to be documented as ICD-10 Z Codes in the patients' medical records. • Supports HEOA Category 1: Data Collection.
Step 2	Design a plan to train staff members in the collection of REaL and SDOH data.	<ul style="list-style-type: none"> • Supports consistency and improves data accuracy. • Increases health equity engagement from staff members in all roles within the facility. • Increases the comfort of patients in sharing the data. • Supports HEOA Category 2: Data Collection and Training.
Step 3	Perform a data accuracy review.	<ul style="list-style-type: none"> • Creates confidence in future of data analyses. • Allows comparison of facility data with community demographics. • Supports HEOA Category 3: Data Validation.
Step 4	Use the Best Practice Strategies for Organizational Health Equity for training, collection, and validation methods.	<p>Provides specific, in-depth information, and practical examples for:</p> <ul style="list-style-type: none"> • Staff member training. • Self-reported data collection methods. • Validation methods.



*ICD-10=International Statistical Classification of Diseases and Related Health Problems, 10th Revision. Z Codes=captures data on the social needs of patients.

REaL and SDOH Data Collection Mile Marker

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	Task	Rationale
Step 1	As a team, identify one or more quality metrics to investigate for disparities.	<ul style="list-style-type: none"> Addresses current disparities improvement outcomes. Verifies current processes meet all patients' needs. Supports HEOA Category 4: Data Stratification.
Step 2	Stratify your chosen metric(s) by REaL and/or SDOH data.	<ul style="list-style-type: none"> Establishes a point person for your Quality Advisor to contact. Provides structure to health equity activities. Supports Health Equity Organizational Assessment (HEOA) Category 7: Organizational Infrastructure and Culture.
Step 3	Choose additional quality outcome metrics to stratify	<ul style="list-style-type: none"> Assesses current health equity structure and activities. Identifies gaps in your facility's ability to take action on disparities. Directs focus for activities and priorities. Provides your Quality Advisor with information to customize resources for your facility based on individual needs.
Step 4	Celebrate! 	You know your baseline and who needs your help. Let's go!



Intervention Planning Mile Marker

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	Task	Rationale
Step 1	As a team, plan an intervention to address the identified disparity.	<ul style="list-style-type: none">• Helps to incorporate best practices for certain outcomes.• Creates common goals.• Supports HEOA Category 6: Addressing and Resolving Gaps in Care.
Step 2	Create specific, measurable, attainable, relevant, and time-based (SMART) goals	<ul style="list-style-type: none">• Prevents planning and improvement "scope creep."• Aligns for team buy-in and stakeholder collaboration.
Step 3	Develop a results-oriented communication plan for organizational leadership, frontline staff members, and community partners.	<ul style="list-style-type: none">• Promotes transparency across your facility.• Encourages collaboration at all levels of care in your facility.• Establishes institutional accountability.• Supports HEOA Category 5: Communication of Patient Population Findings.




Creating Change Mile Marker



		Task	Rationale
Step 1	Pick a unit, department, or care team to pilot your intervention.		<ul style="list-style-type: none">• Follows the plan, do, study, act (PDSA) cycle framework and allows for a small test of change.• Allows for rapid change improvement and intervention redesign.• Identifies unknown barriers within your facility.
Step 2	Celebrate!		You have improved lives and well-being in your facility!

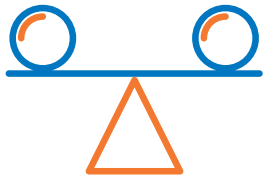


	Task	Rationale
Step 1	As a team, identify one or more units for successful intervention implementation (spread).	<ul style="list-style-type: none"> Increases access to intervention(s). Reduces waste (Lean methodology that optimizes people, resources, effort, and energy). Promotes a positive health equity culture. Supports HEOA Category 6: Addressing and Resolving Gaps in Care.
Step 2	As a team, using the same outcome, identify the next disparate patient population for the intervention.	<ul style="list-style-type: none"> Widens the focus to larger population. Informs planning for the next intervention. Elevates improvement in other outcomes. Supports HEOA Category 6: Addressing and Resolving Gaps in Care.
Step 3	As a team, identify the next outcome metric for health equity review.	
Step 4	Celebrate! Congratulations 	Your facility has an infrastructure that supports equitable healthcare delivery!



Your Final Destination

Now that you've reached your destination, it is important that your efforts are not futile. One of the most challenging aspects of quality improvement and change is sustaining the gains. These key tactics will help you ensure ongoing success.



Ensuring Your Process is Stable

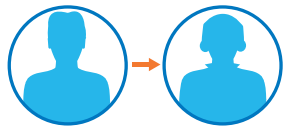
Most projects involve monitoring of both process and outcome measures. These data play an important role in identifying when you've achieved change. It is important to review your data to identify and address special cause variation; recognize positive trend changes (six to eight data points at or above goal); and achieve predictable, consistent results.

Remember: *"Every system is perfectly designed to get the results it gets."*—
W.E. Deming



Control Plan/Sustainability Plan

A control or sustainability plan is a method for documenting the key elements of quality control that are necessary to assure that process changes and desired outcomes will be maintained. At a minimum, this plan should include ongoing monitoring of process steps that are critical to quality, frequency of monitoring, sampling methodology, and corrective actions if there is noted variation.



Project Hand-Off

Depending on the size of your facility and resources that are available, it may be necessary to hand off your project to a "process owner." A process owner is a person or department responsible for monitoring a process and sustaining the changes according to the control or sustainability plan. The person or department should be the entity that will most significantly experience the gains of the improved process or project.

