Best Practice Strategies for Organizational Health Equity

Data Collection (HEOA 1)

Strategy	Tasks	Helpful Tools
Use a self-reporting methodology to collect patient race, ethnicity, and language (REaL) data.	✓ Allow patients to self-report their REaL data so that staff are not assuming based on observation alone. ✓ Provide options: ○ Paper format (provides privacy) ○ Electronic kiosks/tablets (auto-entry to electronic medical record [EMR]) ○ Verbal discussion (patients with limited literacy or English proficiency) ✓ Refine race and ethnicity category descriptions to help members of minority populations self-identify their appropriate category by themselves.	• New York State Partnership for Patients(NYSPFP): e-Learning REaL Data Collection: How and Why We Ask • Henry Ford Best Practice: Why-We-Ask • AHA Addressing Health Care Disparities through REaL Data
Collect REaL data for at least 95% of patients.	✓ Calculate the following based on a pre-determined timeframe (3 mo., 6 mo., etc.): ○ Percentage of patients who have all three REaL data elements documented, with a goal of 95%. ○ Percentage of patients who are documented as "Declined, Unavailable, and/orUnknown", with a goal of < 5% for each element/field.	
Roll up REaL data to align with the Office of Management and Budget (OMB) categories.	✓ Design EMR entry fields to align collection of REaL data with OMB standards and categories. ○ Add "Declined" or "Unavailable" or "Unknown" categories to ethnicity and race fields. ○ Make sure aggregation method does not lead to counting multiple field entries from the same unique patient.	HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status
Examine opportunities for REaL data verification at multiple points of care that extend beyond patent registration, to ensure accuracy and completeness.	✓ Identify and standardize multiple REaL data entry and verification points, such as at time of check-in, pre-visit appointment, over the phone, pre-exam, at time of discharge, and post-discharge. ✓ Engage all staff members in cultural sensitivity, cultural competency, REaL data collection training, and standard processes for entry and verification points.	• Greater Cincinnati Health Council REaL Data Collection Best Practices • Inventory of Resources for Standardized Demographic and Language Data Collection

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Strategy	**Tasks**	**Helpful Tools**
Use self-reporting methodology to collect additional patient data beyond REaL such as social determinants of health (SDOH).	✓ Collect other demographic data such as disability status, veteran status, sexual orientation/gender identity (SOGI), geography and other data on SDOH/social risk factors (housing, income, education, employment, food security, etc.) ✓ Use ICD-10 Z codes to track social determinants of health in patients' electronic medical record.	• A Guide to Using the Accountable Health Communities Health-Related Social Screening Tool • Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) Assessment Tool • AHA Social Determinants of Health Series • Health Leads Social Needs Screening Toolkit • AAFP Addressing SDOH in Primary Care: A Team-Based Approach for Advancing Health Equity • ICD10.com Z Codes • AHA ICD-10-CM Coding for SDOH
Training on Data Collection (HEOA 2)		
Provide training on collection of patient/ caregiver self-reported REaL data.	✓ Train staff members to understand that REaL data are collected to reduce healthcare disparities. Include all front-line registration staff members (inpatient, ambulatory, and primary care). ✓ Adopt an interactive training program. Incorporate scripts or role-playing to help staff members become comfortable with patients/caregivers self-reporting REaL data and how to address challenging questions that they may receive. ✓ Require training at orientation and annually to maintain the integrity of your data collection processes.	• HRET: Scripts and PowerPoint for AHA Disparities Toolkit - Staff Training • New York State Partnership for Patients (NYSPFP): e-Learning REaL Data Collection: How and Why We Ask • AHA Disparities - How to Ask the Questions • AHA Disparities Toolkit: Staff Training • AHRQ Data Improvement Through Education and Training of Hospital Staff • AMA Collecting Patient Data: Improving Health Equity in Your Practice
Provide training on collection of additional patient/caregiver self-reported demographic data (beyond REaL).	✓ Incorporate additional demographic variables beyond REaL into your patient/caregiver self-reported data collection training programs. Suggestions include: o Disability status, sexual orientation/gender identity (SOGI), veteran status, geography and/or data on other social determinants of health/social risk factors (housing, Income, education, employment, food security, and others).	• Using Z Codes: The SDOH Data Journey to Better Outcomes • HRSA: The Social Determinants of Health Academy

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Strategy	**Tasks**	**Helpful Tools**
Evaluate effectiveness of training on at least an annual basis to ensure staff member competency in collecting patient demographic data.	✓ Analyze REaL data before and after the implementation of the training program. ✓ Evaluate data once per quarter to determine if you have met your measurable objectives. ✓ If the facility has not met the objectives, try some additional interventions: o Conduct supplementary training. o Coach staff members and/or managers as needed. ✓ Evaluation can include methods such as role playing, observations, and paper or electronic assessments.	
Data Validation (HEOA 3)		
Evaluate accuracy and completeness (percent of fields completed) of REaL data in the EMR.	Examine data for: ✓ Accuracy—Are the data self-identified by the patient/caregiver? Are there differences in the data collected from different sources? For example, differences in ethnicity field responses from pre-registration and check-in? ✓ Completeness—Are REaL data captured across all service areas? Are you collecting from at least 95% of patients? Assess the percentages of "Unknown, Other, Unavailable, or Declined" data. Consider also calculating rates for: ✓ Uniqueness—Are individual patients represented only once? ✓ Timeliness—Are data kept up to date? How often are the data updated? ✓ Consistency—Do the data reflect the patient populations served?	• HRET: A Framework for Stratifying REaL Data • Greater Cincinnati Health Council REaL Data Collection Best Practices • Guide to Demographic Data Collection in Healthcare Settings • Healthcare Equality Index LGBTQ Human Rights Campaign Foundation 2018
Evaluate and compare facility-collected REaL data to local community demographic data.	Compare internally collected REaL data to other demographic data sources: ✓ Federal data sources (e.g., U.S. Census Bureau) ✓ State data sources (e.g., local schools and counties) ✓ City and district data sources	• U.S. Census Bureau • American Community Survey Data • CMS OMH Mapping Medicare Disparities
Address system-level issues to improve the collection of patient/caregiver self-reported REaL data.	✓ Regularly interview patients or caregivers and staff members to assess efficiency and accuracy of the process. Use results to improve collection methods. Examples are changes in patient registration screens/fields, data flow, workforcetraining, etc.	
Evaluate accuracy and completeness of additional demographic data (beyond REaL).	✓ Incorporate additional demographic variables beyond REaL into your data validation process.	
Compare additional facility-collected demographic data (beyond REaL) to local community demographic data.	✓ Collect other demographic data such as disability status, sexual orientation/genderidentity (SOGI), veteran status, geography and/or data on other social determinants of health/social risk factors (housing, income, education, employment, food security,and others).	• CMS OMH Mapping Medicare Disparities • U.S. Census Bureau • American Community Survey Data

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Strategy	**Tasks**	**Helpful Tools**
Data Stratification (HEOA 4)		
Stratify at least one patient safety, quality, and or outcome measure by REaL.	✓ Determine what outcome measures to review: ○ Inpatient quality reporting (IQR) measures, 30-day readmissions, condition-specific (hypertension, HbA1c), CAHPS® (Consumer Assessment of Healthcare Provider and Systems) scores. ✓ Determine what group to use as a reference point, such as the historically advantaged group. ✓ Determine what sample size to use with the OMB categories ○ Analyze smaller sample sizes to identify areas for improvement; they are unlikely to be statistically significant. Small groups may represent "low-hanging fruit" for quality improvement.	• IHI: Achieving Health Equity: A Guide for Health Care Organizations • HRET: Reducing Health Care Disparities: Collection and Use of REaL Data • HRET: A Framework for Stratifying REaL Data • CMS OMH Disparities Impact Statement • Healthcare Equality Index LGBTQ • Human Rights Campaign Foundation
Stratify more than one patient safety, quality, and/or outcome measure by REaL.	✓ Stratify groups further to examine differences in quality: ○ Highlight areas of the greatest potential for intervention. ○ Use filters to examine data through a lens of intersectionality that reveal disparities that otherwise may remain hidden (ex: race-sex interaction may be driving the result, not just race or sex alone)	• HRET: Reducing Health Care Disparities: Collection and Use of REaL Data • Guide to Demographic Data Collection in Healthcare Settings
Stratify more than one patient safety, quality, and/or outcome measure by additional demographic data (beyond REaL).	✓ Stratify outcomes by other demographic data such as disability status, veteran status, sexual orientation/gender identity (SOGI), geography and/or data on other social determinants of health/social risk factors (housing, income, education,employment, food security, and others).	• HRET: Reducing Health Care Disparities: Collection and Use of REaL Data • Guide to Demographic Data Collection in Healthcare Settings
Communicating Patient Demographic Findings (HEOA 5)		
Use a health equity dashboard to routinely communicate patient population outcomes to executive leadership, including medical staff and the board of directors.	✓ Create awareness through development and promotion of a health equity dashboard/ scorecard/report composed of key quality measures stratified by race and ethnicity. ✓ Create a standing agenda item on health equity at executive, board, and other leadership meetings.	• American Hospital Association (AHA): #123forEquity Pledge to Act • Building an Organizational Response to Health Disparities: Five Pioneers from the Field • Improving Quality and Achieving Equity: A Guide for Hospital Leaders
Use a health equity dashboard to routinely communicate patient population outcomes within the organization.	✓ Create awareness among staff members by sharing the health equity dashboard/scorecard/ report widely within the organization. ✓ Create a standing agenda item for health equity on all staff member meetings. ✓ Communicate within the organization to front-line staff members, quality staff members, managers, directors, providers, committees, departments, service lines, etc.	AHA Health Equity, Diversity & Inclusion Measures for Hospitals and Health System Dashboards

Best Practice Strategies for Organizational Health Equity		
Strategy	**Tasks**	**Helpful Tools**
Use a health equity dashboard to routinely communicate patient population outcomes to patients and families.	✓ Develop partnerships with community organizations that can provide insight into cultural differences in the community to better inform strategies to reduce healthcare disparities. ✓ Create awareness among patients, caregivers and families, other community partners, and/or stakeholders. ✓ Identify a mechanism to share the health equity dashboard to patients, caregivers and families, to other community partners, and stakeholders. ✓ Consider reviewing the health equity dashboard in Patient and Family Advisory Council (PFAC) meetings.	• HRET: A Framework for Stratifying REaL Data • AHA Health Equity, Diversity & Inclusion Measures for Hospitals and Health System Dashboards • Person and Family Engagement and Health Equity - Summary
Addressing and Resolving Gaps in Care (HEOA 6)		
Develop and pilot test interventions to address identified healthcare disparities.	✓ Use data stratification results to identify specific populations and outcomes for intervention. ✓ Once a possible disparity is identified, create SMART (specific, measurable, attainable, relevant, time-based) aims/goals. Be realistic in what is achievable. ✓ Develop an action plan and pilot test using a PDSA methodology. ✓ Communicate the goal throughout the organization. Regularly communicate it during meetings to stay focused. ✓ Remind front-line staff members that all staff are working toward the same goal.	• CMS SMART Worksheet • CMS Driver Diagram Guide • CMS OMH Disparities Impact Statement • IHI PDSA Worksheet • CMS OMH Disparities Impact Statement
Implement interventions to resolve identified healthcare disparities, continuously inform and involve staff members/ workforce in support of the process.	✓ If the pilot program is successful, create a plan for spread.	• IHI Spread Planner • SDOH Toolkit for Rural Hospitals
Develop a process for ongoing review, monitoring, and recalibrating interventions to ensure changes are sustainable.	✓ Create a process/policy to ensure continuous quality improvement (CQI). ✓ Decide who will report progress to whom and how often the progress will be reviewed. ✓ Report progress to leadership on a regular basis. ✓ Review outcomes to identify further opportunities for healthcare disparity interventions.	• CMS OMH Disparities Impact Statement

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Organizational Infrastructure and Culture (HEOA 7)		
Strategy	**Tasks**	**Helpful Tools**
Train workforce in cultural and linguistic competency according to Culturally and Linguistically Appropriate Services (CLAS) Standards.	✓ Conduct a cultural and linguistic audit in the facility to assess organizational competence. ✓ Create a written education plan to address gaps in CLAS using national CLAS standards. ✓ Include CLAS standards concepts in educational curriculum for new and existing staff members.	• HHS: National CLAS Standards Implementation Checklist • CMS: A Practical Guide to Implementing the National CLASStandards
Name individual(s) with leadership responsibility and accountability for health equity efforts.	✓ Create a leadership role and title for the designated individual identified to spearhead health equity efforts and be held accountable (e.g., Chief Diversity Officer). ✓ Use various approaches to facilitate leadership buy-in: ○ Use REaL data and identified healthcare disparities for strategic planning and for appropriate allocation of resources. ○ Provide published data on how decreasing healthcare disparities can reduce medical harm and expenses. ○ Build a business case for health equity. ○ Have senior leaders serve as executive champions for health equity initiatives. ○ Tie senior management annual goals to equity.	Creating an Infrastructure for Health Equity
Identify a leader to engage clinical champions, patients, caregivers and families, and/or community partners in strategic and action planning activities to reduce healthcare disparities.	✓ Conduct an environmental scan of community resources and develop an asset map for improving health equity. ✓ Work with community partners to gain insight into the cultural differences and diversity that exist between various racial/ethnic groups. ✓ Name a community board or advisors, establish regular check-ins with your community, and find opportunities to dialogue with patients. ✓ Create formal and informal relationships. Convene and learn from each other. ✓ Write out timelines or list key dates when planning to engage your community, patients, and local partners.	• American Hospital Association (AHA): #123forEquity Pledge to Act • CMS OMH Disparities Impact Statement
Ensure leadership and board commitment to equitable healthcare through written policies, protocols, pledges, or strategic planning.	✓ Use a multidisciplinary disparities committee to consolidate efforts and drivestrategic plan. ✓ Use senior-level champions to help lend support and push process forward. ✓ Integrate disparities efforts with existing performance improvementinfrastructure. ✓ Document examples: mission/vision/values, organizational goals, and objectives.	AHA: A Diversity, Equity and Cultural Competency Assessment Tool for Leaders

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