

ADVANCE HEALTHCARE EQUITY

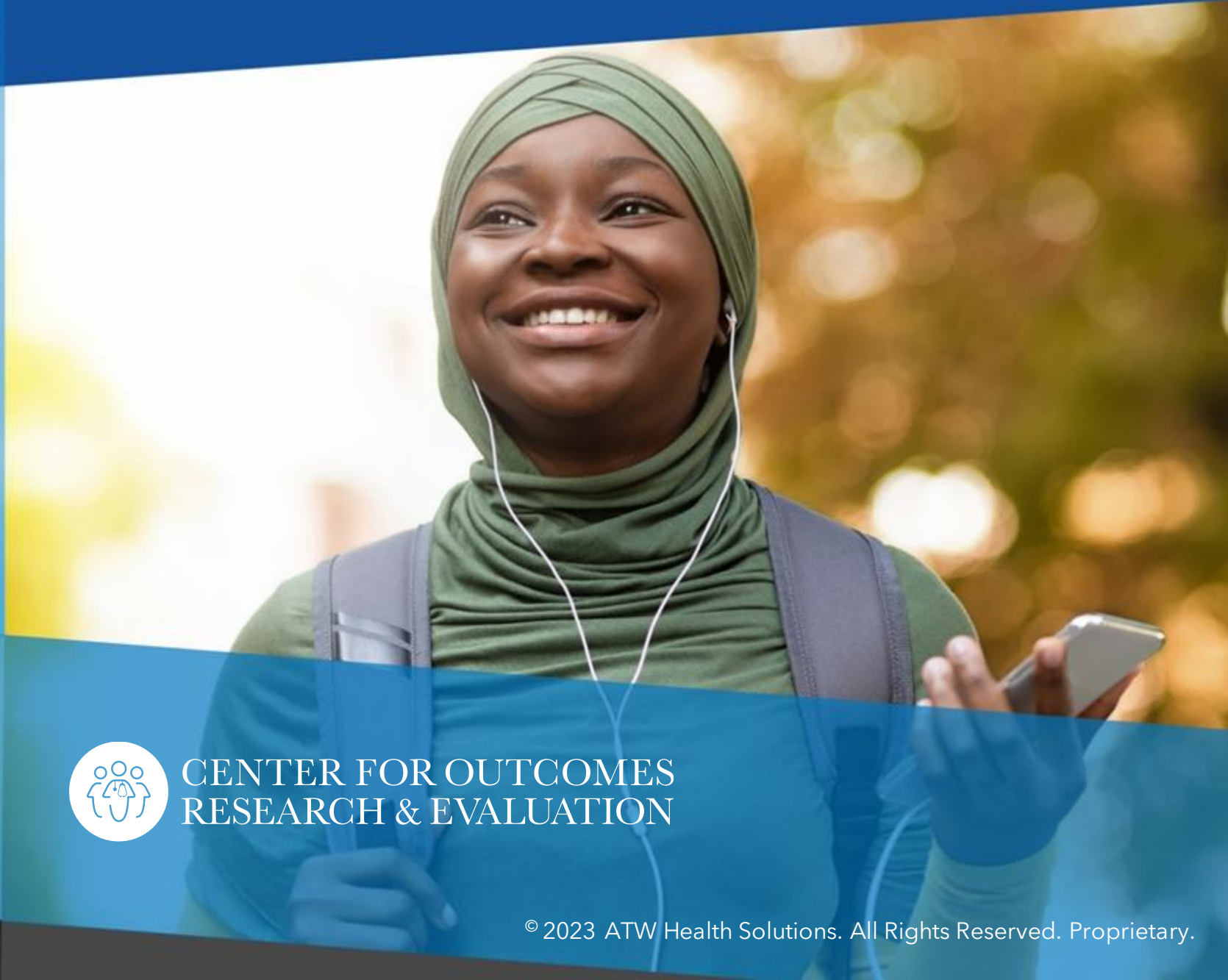
THROUGH TRANSFORMATIVE
COLLABORATIONS, PARTNERSHIPS,
AND STRATEGIC ALLIANCES



ATW HEALTH SOLUTIONS
Raising Healthcare's Standard



CENTER FOR OUTCOMES
RESEARCH & EVALUATION



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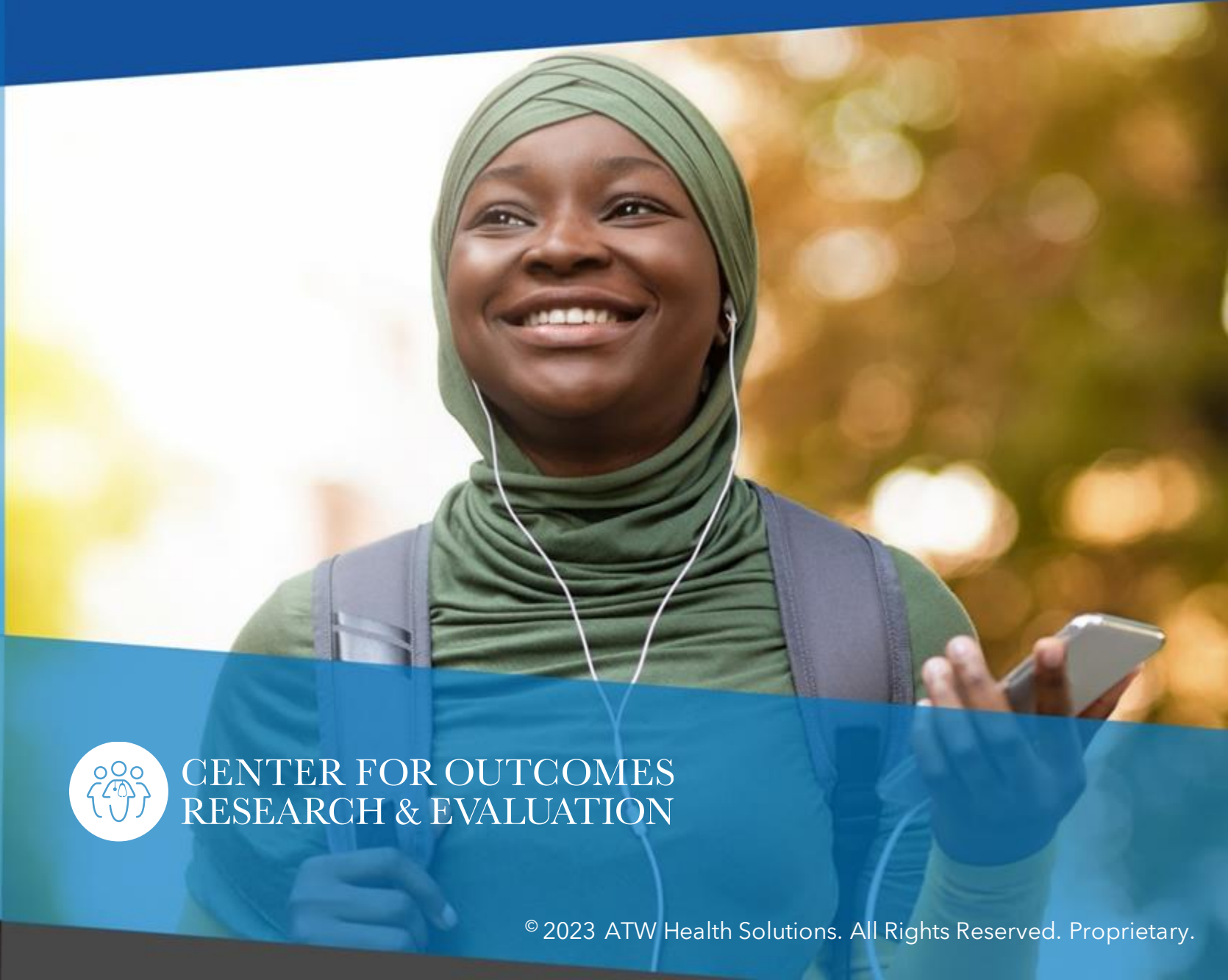
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Agenda

About Us

ATW Health Solutions
Yale New Haven Health's Center for Outcomes Research & Evaluation (CORE)

Insights from Our Equity & Engagement Centered Work

Panel Discussion

The Center for Medicare and Medicaid Innovation (CMMI)
The National Quality Forum (NQF)
Patient Partner Innovation Community (PPIC)



Questions to Run On

1

How is my organization leveraging engagement and equity in our practices?

2

What strategic partnerships may help my organization resolve inequities?

3

How can collaborating with others accelerate quality, safety and equity?



Reducing Health Disparities Through Strategic Partnerships



1. Health disparities are deeply rooted and tremendously costly in the U.S.



2. The healthcare industry is working to reduce disparities in value-based care.



3. Transformative collaborations drive high-performing health systems using an equity-centered design approach.



Innovative Partnership to Create a More Equitable Healthcare System



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ATW HEALTH SPEAKERS



Kellie Goodson, MS, CPXP
Chief Experience &
Engagement Officer



Desiree Collins-Bradley
Patient Engagement Network Lead



What We Believe

Defining Principles:

Person and Family Engagement is a *fundamental driver of change* for healthcare and should encompass diversity, equity and inclusion both conceptually and operationally.

Equity is a way of being that should be incorporated into every business operation, system, and structure across the healthcare ecosystem.

Partnerships, teamwork, and collaboration are essential internally and externally.

Our work encourages **equity and engagement as key functions for quality improvement and patient safety.**

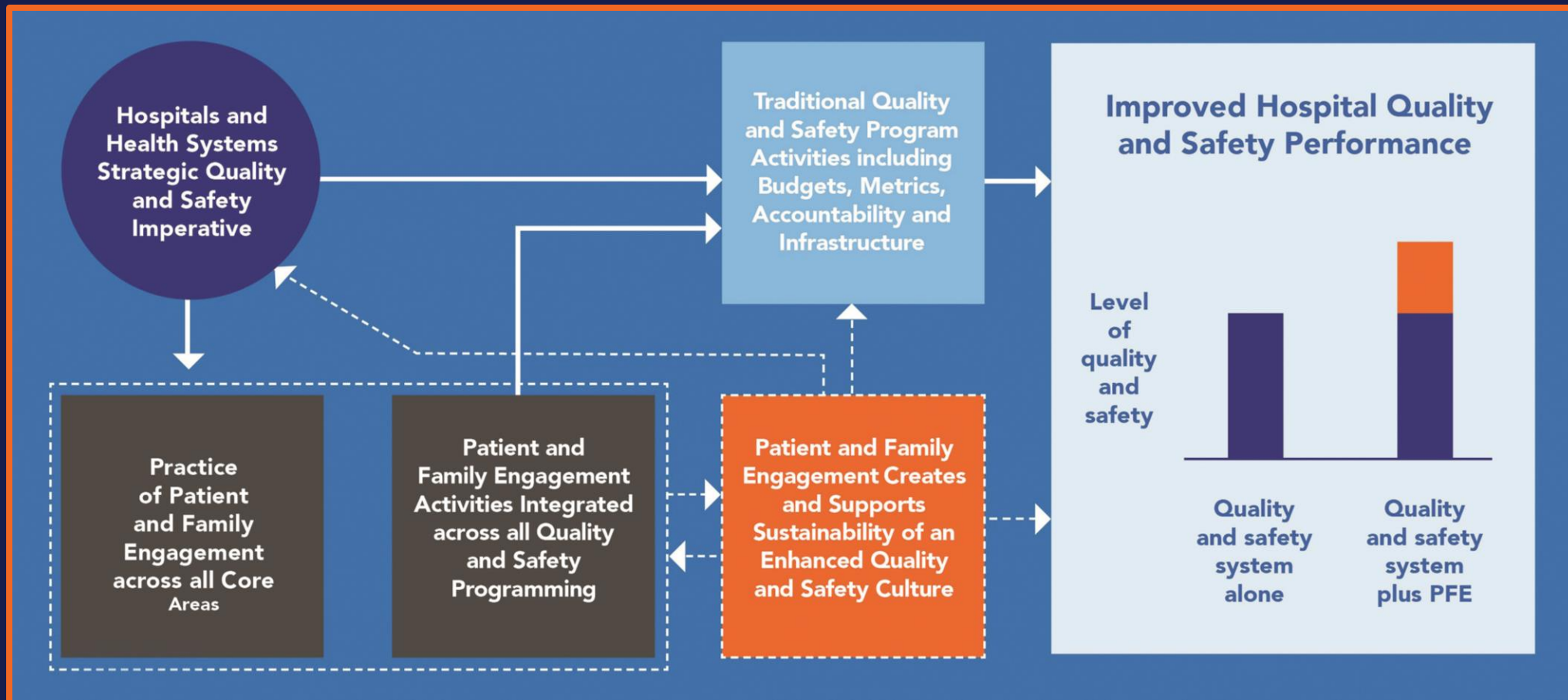


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Engagement Logic Model

Higher levels of PFE linked to higher levels of quality and safety



Goodson, K., Washington, K.V., Olson-Lemer, K.A., & Epting, G.J. (2018). *Examining the Relationship Between High-performing Person and Family Engagement Hospitals and Quality and Safety Performance*. Irving, Texas: Vizient.

Health Equity Organizational Assessment

Metric #	Category	Standard
1	Data Collection	Hospital uses a self-reporting methodology to collect demographic data from the patient and/or caregiver.
2	Data Collection Training	Hospital provides workforce training regarding the collection of self-reported patient demographic data.
3	Data Validation	Hospital verifies the accuracy and completeness of patient self-reported demographic data.
4	Data Stratification	Hospital stratifies patient safety, quality and/or outcome measures using patient demographic data.
5	Communicate Findings	Hospital uses a reporting mechanism (e.g., equity dashboard) to communicate outcomes for various patient populations.
6	Resolve Differences	Hospital implements interventions to resolve differences in patient outcomes.
7	Culture & Leadership	Hospital has organizational culture and infrastructure to support the delivery of care that is equitable for all patient populations.



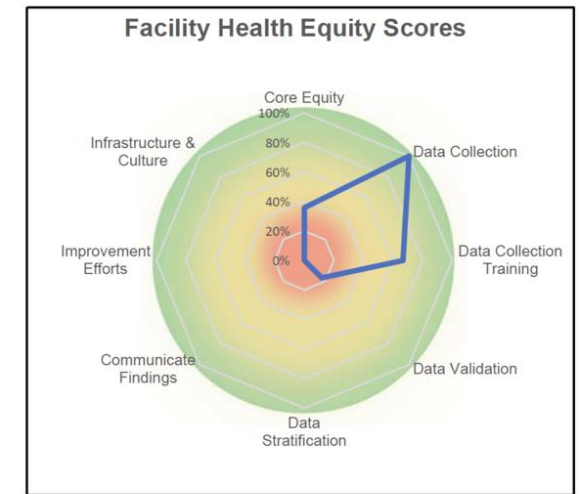
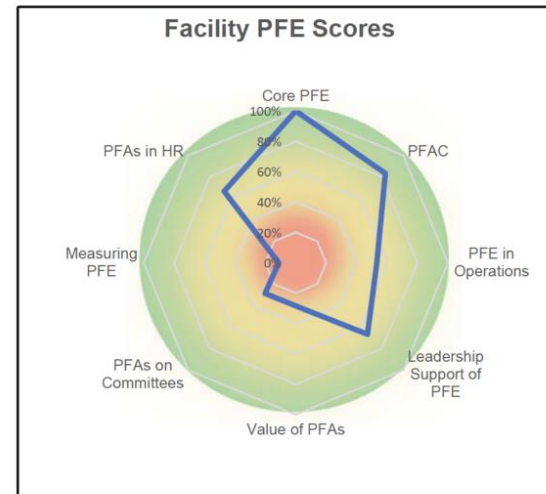
ATW's Engagement & Equity Assessment Tool

System & Facility Level Summary

PFE & Health Equity Scores



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	Core PFE: 50.0 out of 50.0 possible points Spectacular! You have implemented all Core PFE practices to embed and standardize how you engage with patients and families to improve patient and organizational outcomes. To further drive quality improvements, look at the other assessment domains for additional areas to integrate PFE in your organization.
	PFAC: 8.3 out of 10.0 possible points Kudos! Your PFAC is high functioning and integrated with quality and safety improvement efforts within your organization. Ensure that processes and procedures are standardized and reviewed annually, including your PFAC charter as well as your recruitment, onboarding and succession plans.
	PFE Operations: 5.1 out of 9.5 possible points You've begun integrating PFE with quality and safety. Consider having a standardized process for recruitment so that the PFAC is representative of the patients being served. Develop onboarding and orientation process for new PFAC members.
	Leadership: 3.3 out of 5.0 possible points Leadership support is critical to build a successful PFE program. Ensure leaders are leveraging existing venues to promote and frame PFE as an improvement strategy (e.g., presence at PFE-related meetings, partnering with patients/families in organizational improvement efforts, telling patient stories).
	Value of PFAs: 1.7 out of 6.0 possible points You have begun to partner with patients and leverage their voice for quality improvement. Their unique perspectives should be seen as a valuable resource that cannot be replicated with any other improvement methods. Create and share store of learnings from patients/families to demonstrate their impact.
	PFAs on Committees: 2.9 out of 10.0 possible points You've begun partnering with patients/family members on committee(s). Expand this work so that other committees can benefit from the patient and family perspective. Be sure to prepare both patients/families and committee leads to work together. Use succession planning to support continuous participation.
	Measurement of PFE: 0.7 out of 6.0 possible points Tracking contributions made by PFACs and PFAs provides evidence of the impact of their contributions that can be shared internally and externally for continued support of the PFE program. Start small by tracking the number of volunteer hours gained or the number of PFAs recruited or onboarded each year.
	PFAs and HR: 2.3 out of 3.5 possible points You've begun to integrate PFE in HR. Embedding PFE concepts in hiring practices (e.g., behavior standards, having patients interview for key leadership positions) on other HR processes (e.g., new hire orientation, annual performance goals) can reinforce and strengthen PFE within an organization's culture.

	Core Equity 5.0 out of 14 possible points You are on your way implementing Core Equity practices! These foundational practices impact your efforts to identify and address health disparities, communicate findings, as well as support the infrastructure and culture to deliver equitable care. Review each domain below to improve your Core Equity score.
	Data Collection: 6.0 out of 6 possible points Congratulations! You're not only meeting best practices for REAL data collection but you're going above and beyond by collecting additional patient demographic data. Your organization is well positioned to utilize multiple, intersecting data points in your efforts to identify health disparities.
	Data Collection Training: 4.0 out of 6 possible points Well Done! Evaluating the effectiveness of REAL data collection training ensures you maintain accurate and complete patient data. Consider implementing training to collect additional demographic data (e.g., sexual orientation, gender identity, or veteran status) using patient self-reporting methods.
	Data Validation: 1.0 out of 6 possible points Verifying the accuracy and completeness of patient self-reported data is an important step to take. Without quality data, questions arise that can thwart efforts to identify health disparities through stratification of patient outcomes or experience measures.
	Data Stratification: 0.0 out of 6 possible points Data stratification is key to identify health disparities—differences in outcomes for historically marginalized populations. Take the first step to improve health equity for your patients! Start with one measure and stratify by race, ethnicity and preferred language (REAL) data.
	Communicate Findings: 0.0 out of 6 possible points It's important for leaders to understand that the results of data stratification efforts provide a starting point for quality improvement focused on patients experiencing health disparities. Its an important step that provides focus for an organization to improve health equity.
	Improvement Efforts: 0.0 out of 6 possible points Once health disparities have been identified, quality improvement tools can be applied to uncover potential causes—it important not to rush to judgement or assume the reason for the disparity. Root cause analysis is a key first step to develop and test pilot interventions that may address identified disparities.
	Organizational Infrastructure & Culture: 0.0 out of 6 possible points Training your workforce to provide culturally competent care and linguistically appropriate services (CLAS) is foundational. It's so important, HHS has a website dedicated to the National CLAS Standards (thinkculturalhealth.hhs.gov). Be sure your organization is following CLAS Standards.

Patient-Centered Measurement: What Is It?

➤ Five Principles for Patient-Centered Measurement

AIR Report

- 1. Patient-driven:** Patients' goals, preferences, and priorities drive what is measured and how performance is assessed.
- 2. Holistic:** Measurement recognizes that patients are whole people and considers their circumstances, life and health histories, and experiences within and outside of the healthcare system.
- 3. Transparent:** Patients have access to the same data as other stakeholders and understand how data is used to inform decision-making around care practices and policies.
- 4. Comprehensible and timely:** Patients and other stakeholders get timely, easy-to-understand data to inform decision-making and quality improvement.
- 5. Co-created:** Patients are equal partners in measure development and have decision-making authority about how data is collected, reported, and used.



How the Current Measurement Ecosystem Falls Short

▶ We interviewed more than 50 stakeholders

representing:

- Patients and caregivers
- Measure developers
- Funders
- Community partners
- Healthcare and academic executives

▶ Interviewees shared ways the current healthcare measurement ecosystem falls short, including:

- Over-reliance on professional expertise without regard for lived experience
- Provider-centric measurement ecosystem
- Paternalistic culture characterized by power imbalances that further inequalities, including the following:
 - Unidirectional processes
 - Homogenous partnerships that do not recognize the experiences of communities of color
 - Universal processes that do not recognize the value of participation by diverse people and communities
 - Lack of accountability for measuring or resolving disparities

Theory of Change for an


EQUITABLE PATIENT CENTERED MEASUREMENT ECOSYSTEM

That Supports an Advanced
Healthcare System

Powered by
ATW Health Solutions


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Support for this work was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.



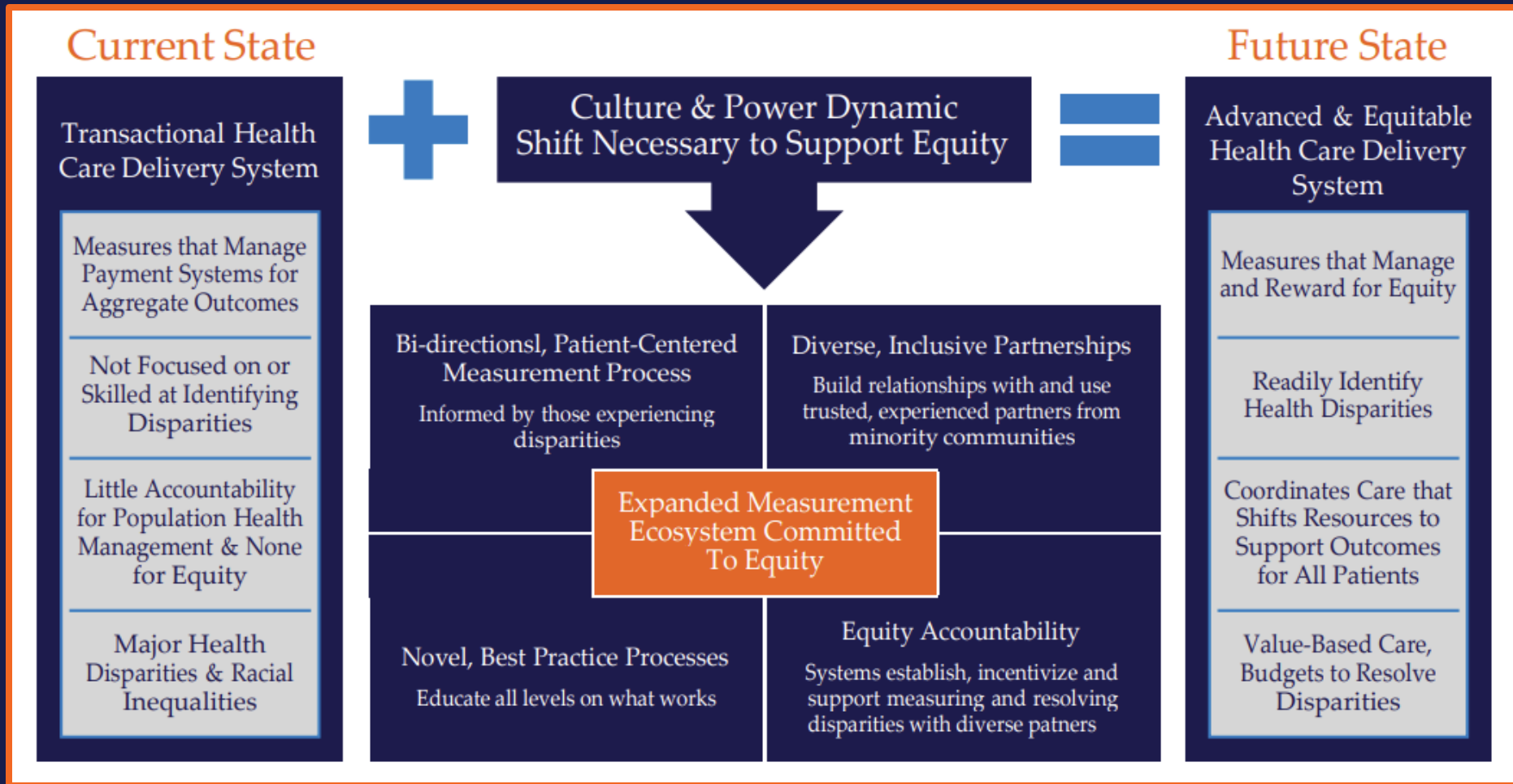
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AIR
Advancing Evidence.
Improving Lives.

Theory of Change Logic Model



Partnership for Change

Equitable Healthcare Measurement That Supports Community Voices, Systems, and Partnerships

Community organizations from across the five U.S. regions were interviewed. They:

- Provided a wealth of insight and recommendations for system-level changes
- Described the structural inequities, historical trauma, and exploitation experienced within their communities, and the harm imparted by the current healthcare measurement system
- Stressed equitable partnership through shared decision making between community organizations and healthcare measurement leadership
- Demonstrated that working together with communities brings to the forefront the lived experiences that directly impact health outcomes and allows for the identification of healthcare measures that are meaningful to communities and promote health equity and change



Actionable Recommendations

Restructure the architecture and design of healthcare measure development

Foster stronger partnerships that engage and empower diverse communities and patients

Actionable Recommendations

Ensure Diversity, Equity & Inclusion (DEI) are foundational to research, patient engagement, and healthcare delivery

Reshape accountability and influence over funding decisions to center on communities of color and others who experience health disparities

Quality Measures

➤ Measures are needed that:

- 1. Acknowledge past harms**
- 2. Create accountability**
- 3. Measure system-level equity**
- 4. Are transparent at every stage**
- 5. Include qualitative data**
- 6. Capture bias, microaggressions, and disrespect**
- 7. Report racial and ethnic disparities**
- 8. Incentivize providers to close gaps and address root causes**
- 9. Address holistic patient needs**
- 10. Quantify community assets, connection, and more**



"I think we need training centers for folks to have more skills on how to be a community, and the history and the impacts are so different. We need folks who are trained to have that **relationship building between community frontline grassroots organizations and professional healthcare professionals.**"

"So, if we're gonna lead a patient-centered measurement tool, you gotta lead with race, because **if we can solve for health disparity around racial lines, everybody else benefits from it.** If we can focus on the least and the most marginalized, like we need to, I feel like that's what measurement tools begin to look like when you have a true focus on the margins."

"**Involving the community through oral storytelling,** beyond surveys and quantitative ways of thinking, is a quality way to engage families 'long term.'"



Resources

- Partnerships for Change project report
- Key findings overview
- Case studies and video

- Asian Health Coalition/Center for Asian Health Equity
- Indigenous Lifeways
- National Birth Equity Collaborative



Equitable Healthcare Measurement
Supporting Community Voices, Systems, and Partnerships

"Nothing about us without us" is a common phrase in healthcare—one that reminds those traditionally in positions of power that affected individuals must have full and direct participation in decisions.

For years, healthcare measurement professionals have wanted to understand how the community can shape measurement. Because healthcare measures have not historically reflected the culture, lived experiences, and needs of marginalized communities and communities of color, they have not adequately represented community wants and needs. Until these are incorporated, healthcare measures cannot improve health outcomes or advance equity.

A new project led by ATW Health, with support from the Robert Wood Johnson Foundation, shows that a holistic approach to healthcare measurement is needed—one that includes patients and communities as equitable partners, alongside payers, providers, measure developers, government agencies, funders and researchers. For lasting change to happen, patients and communities must be equal stakeholders.

Key Findings

Measures are needed that

- ▶ Acknowledge past harm
- ▶ Create accountability
- ▶ Measure system-level
- ▶ Are transparent at every level
- ▶ Include qualitative data

This project, led by ATW Health Solutions, shows how a measurement ecosystem can become more equitable.

Equitable partnerships and measure development in communities, health systems, and policy makers can use to improve lives.

Indigenous Lifeways: "Telling our own story"



Indigenous Lifeways is an Indigenous woman-led organization working to restore health and balance for the Indigenous communities and the environment in and around Gallup, New Mexico. They address the generational trauma and historical disparities experienced by these communities through traditional Indigenous knowledge, respectful land-based practices, ceremonies, and a deep understanding of the dynamics and peoples of their communities.

They do this by centering around the needs of the community and leading initiatives to meet those needs in way that is holistic, culturally appropriate, and grounded in Indigenous tradition and ceremony.

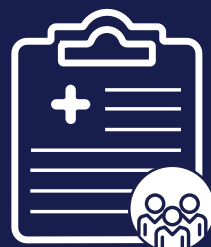
Because all aspects of life are interconnected, all Indigenous Lifeways programs play a role in improving the health and well-being of the community. This organizational story describes how Indigenous Lifeways advances health equity in their community through the initiatives they develop based on an intimate understanding of the community's needs. It also examines how the organization collects data in a culturally appropriate way to inform its work and envisions health care measurement in the Indigenous community.

"There's a certain way to help Indigenous people. From what we've experienced, [the help we have received has] been based on our community's needs."



What is PPIC?

The Patient Partner Innovation Community, or PPIC, is a network of everyday people who want to help change healthcare to be safe and equitable for all people.



100+
Affiliate
Organizations



300+
Communities
Served



3,000+
Volunteers
Engaged

Refer a Friend

Visit our website:
www.ppiconline.com

Sign in and complete
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Respond to opportunities
that interest you



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CORE SPEAKERS



Rachel Johnson-DeRycke, MPH
Associate Director of Quality
Measurement Programs

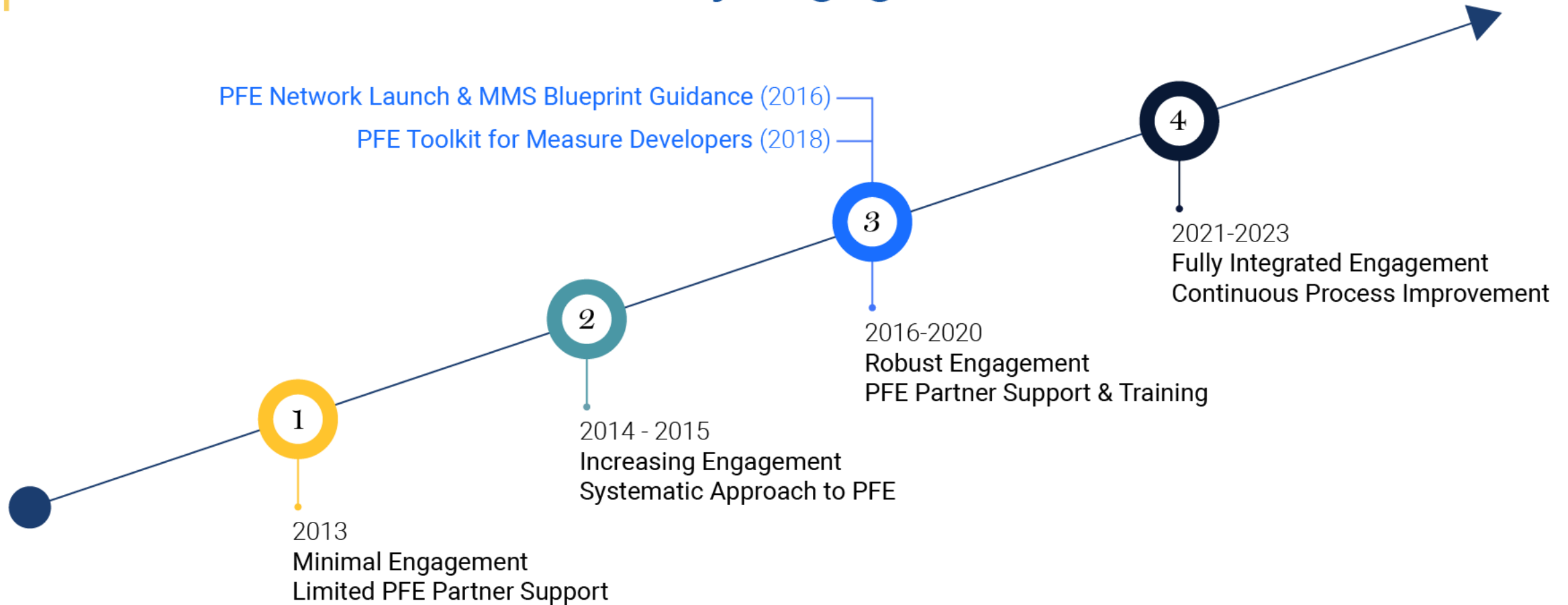


**Tina Loarte-Rodriguez, DNP, RN,
CIC, CPPS, CPHRM**
Associate Director, Health Equity
Measurement

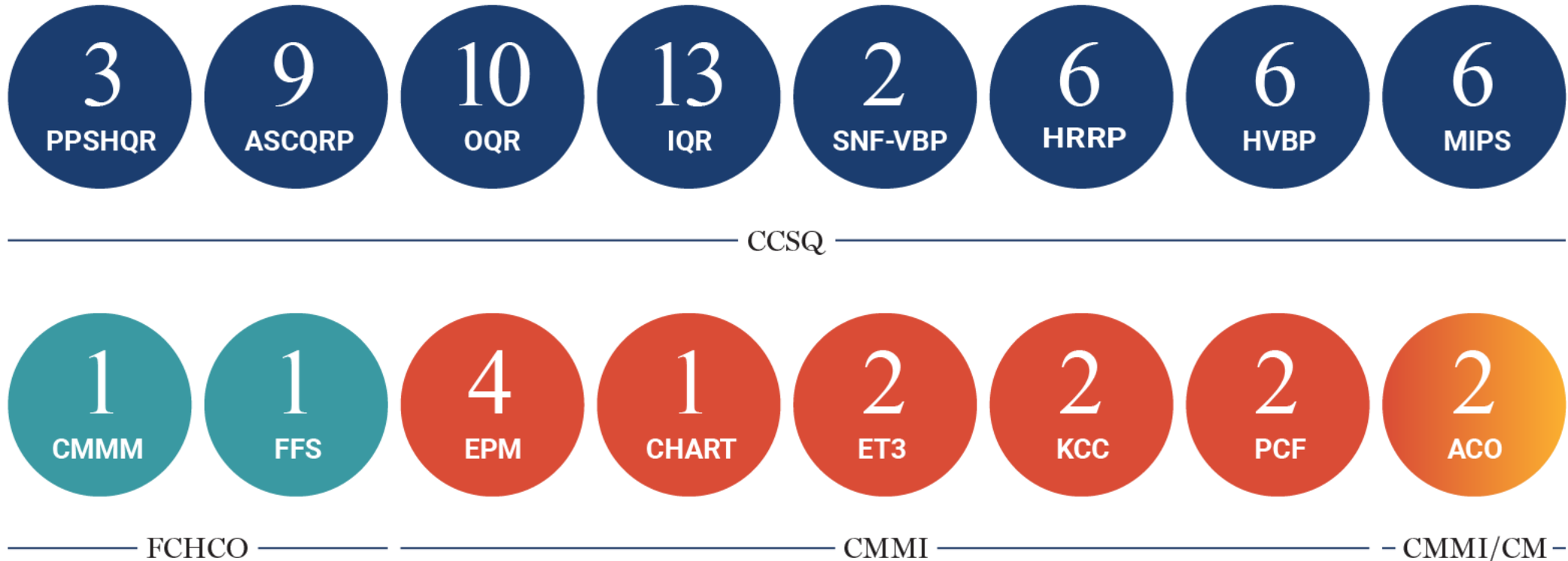
CORE's Areas of Expertise



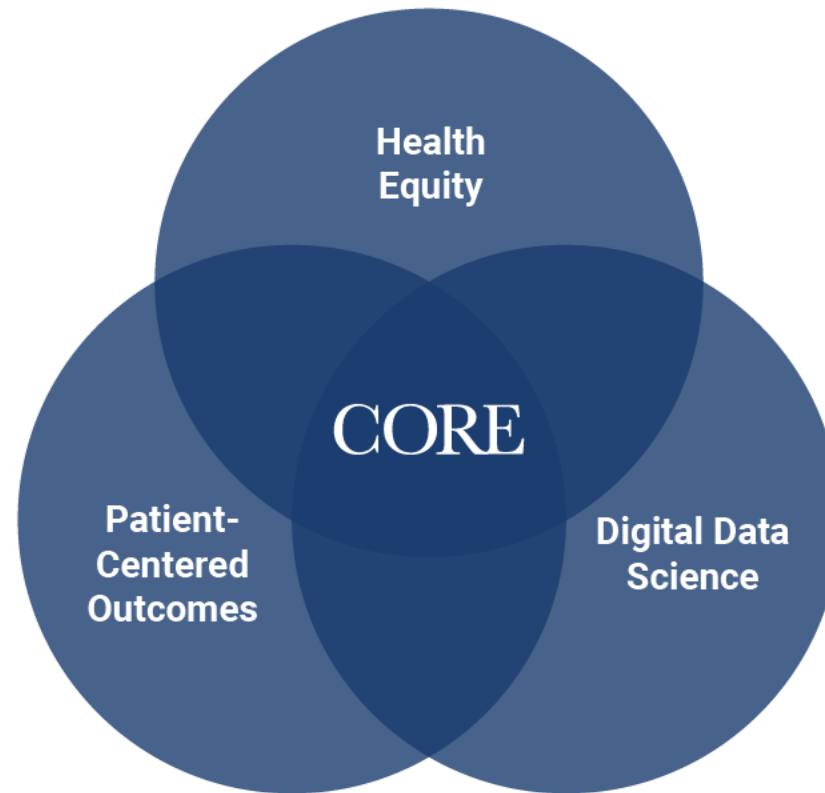
Innovation of Person & Family Engagement in QM



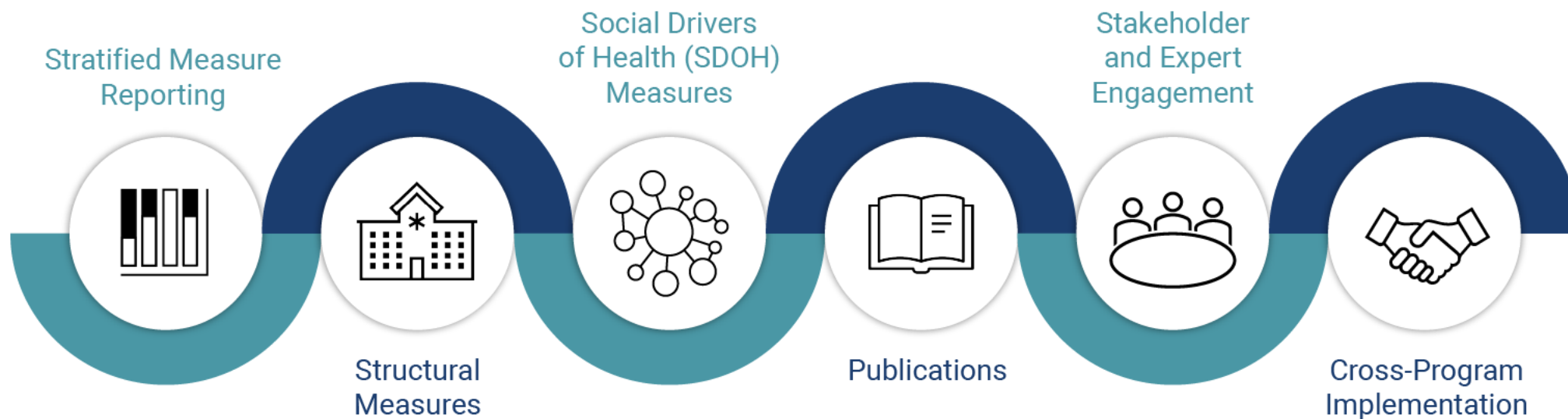
Our Impact on Healthcare Quality & Outcomes



Strategic Priorities



Health Equity Portfolio



Panel Discussion



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PANEL SPEAKERS



Purva Rawal, PhD
Chief Strategy Officer,
CMS Innovation Center (CMMI)



Dana Gelb Safran, Sc.D.
President & CEO of the National
Quality Forum (NQF)



Shabina Khan
Patient Partner, PPIC Member



Q&A

Thank you for attending today's webinar!

Thank you!

Contact Us



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