Clinical Strategy Meeting: Improving Health Equity

April 21, 2023

Agenda

Item	Time
Welcome **Susanne Campbell, RN, MS, PCMH CCE, Sr. Program Administrator, CTC-RI**	5 min
NCQA's Health Equity Work **Amelia Bedri, MHSA, Senior Content Engineer, Product Management, NCQA**	30 min
Patient Demographics: How Data Informs Intradisciplinary Systems & Public Health Innovations **Natasha Viveiros, MS, Director, Site Operations & Special Projects, PCHC** **Andrew Saal, MD, MPH, Chief Medical Officer, PCHC**	10 min
Enhanced Race/Ethnicity Data for Neighborhood Members **Jay Buechner, Director of Quality Improvement, Neighborhood Health Plan RI**	10 min
Demographic Data Project Overview **Susanne Campbell, RN, MS, PCMH CCE**	15 min
Discussion & Questions **All**	10 min

CTC-RI Conflict of Interest Statement & CME Credits

If CME credits are offered, all relevant financial relationships of those on the session planning committee have been disclosed and, if necessary, mitigated.

Claim CME Credits here:
https://www.surveymonkey.com/r/ZDZS5HG

The AAFP has reviewed 'Advancing Comprehensive Primary Care Through Improving Care Delivery Design and Community Health,' and deemed it acceptable for AAFP credit. Term of approval is from 03/18/2022 to 03/18/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

Objectives

1. Learn about NCQA Health Equity Certification standards and how they could strengthen health equity for people seen in primary care, in the community, and by health plans.

2. Discuss examples of practice and health plan efforts to improve patient race, ethnicity, and language information and hear about an upcoming improvement effort sponsored by RI EOHHS.

3. Hear how improved REL data is being used to address health disparities.

NCQA's Health Equity Work

Amelia Bedri
Senior Content Engineer, Product Management
April 21, 2023

THE BIG IDEA

> Quality care is equitable care

> No quality without equity

> Build equity into all quality programs

NCQA

NCQA invests in health equity and DEI in more ways than one

Research

Accuracy and completeness of race and ethnicity data collected by health sector stakeholders

Providing Evidence for Health System Equity Efforts thru Community Health Workers' programs in partnership w/ the National Urban League

Birth Equity Accountability through Measurement (BEAM) project in partnership w/ the National Birth Equity Collaborative

Many more research projects working in collaboration with community partners....

MEASUREMENTS

HEDIS MY 2022
> **5 measures stratified** by race/ethnicity

HEDIS MY 2023
> **8 measures stratified** by race/ethnicity
> **New social needs measures**
> **Making HEDIS more inclusive of gender identity (SOGI)**

HEDIS MY 2024
> **5 measures stratified** by race/ethnicity
> **Public reporting of R/E stratified rates**
> **Making HEDIS more inclusive of gender identity (SOGI)**

PROGRAMS

Health Equity Accreditation
AVAILABLE TODAY

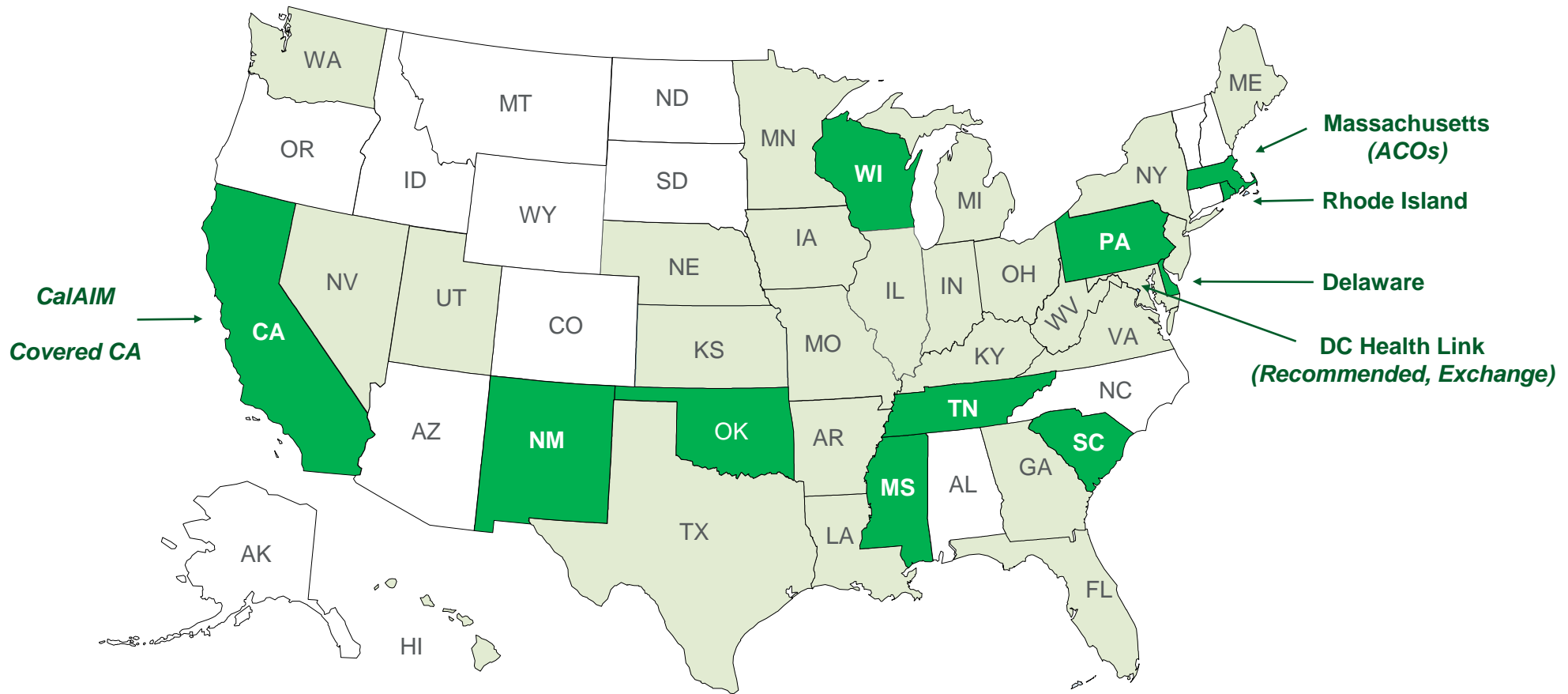**Health Equity Accreditation PLUS**
AVAILABLE TODAY

Embedding principles in other programs (e.g., LTSS, HPA, PCMH)

ONGOING DISCOVERY + Embedding Equity in all program and services

Equity & SDOH in NCQA Programs

ACCREDITED — NCQA — **HEALTH PLAN** — ACCREDITED

Assess SDOH at population level and individual level

ACCREDITED — NCQA — **HEALTH EQUITY**

Required CLAS programming and addressing disparities

RECOGNIZED — NCQA — **PATIENT-CENTERED MEDICAL HOME**

Collection of SDOH at the individual level

Health Equity Accreditation is becoming *the* foundation for states to build on

11 States + D.C. leverage Health Equity Accreditation

64 Medicaid plans, **14** Exchange, **6** Medicare Advantage plans, **4** Commercial plans with MHC Distinction

reportcards.ncqa.org

Health plans

MBHOs

Health or hospital systems

ACOs

Practices

Hospitals

Wellness

Population health

Case management

Who/What Can Earn a Health Equity Accreditation Seal?

Care Delivery Organizations: Health Systems, ACOs, Hospitals, Clinics, Practices, FQHCs

- The **entity accountable** for:

  - **Implementing and maintaining** the program standards.

  - **Performing the program standards** for a defined group of patients or members.

- A clearly defined **site, network or geographic region** that serves a defined group of patients or members through **shared policies, data, reporting, and accountability**.

NCQA's Health Equity Accreditation
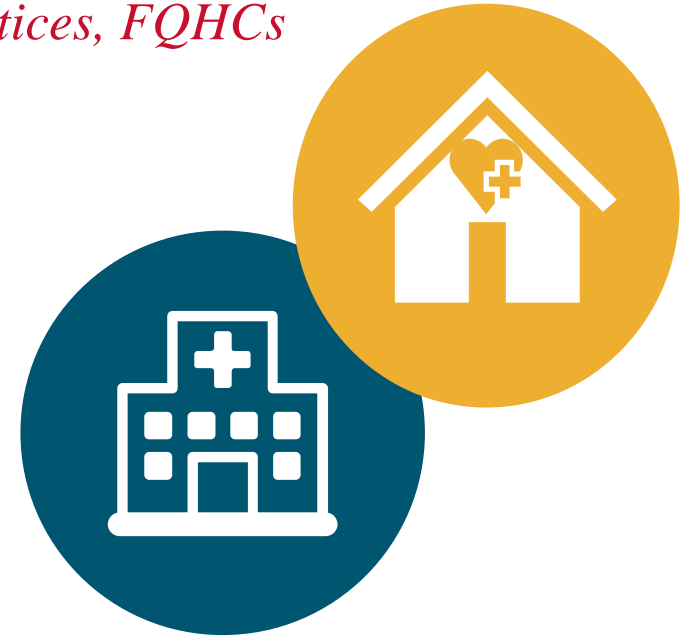
ACCREDITED
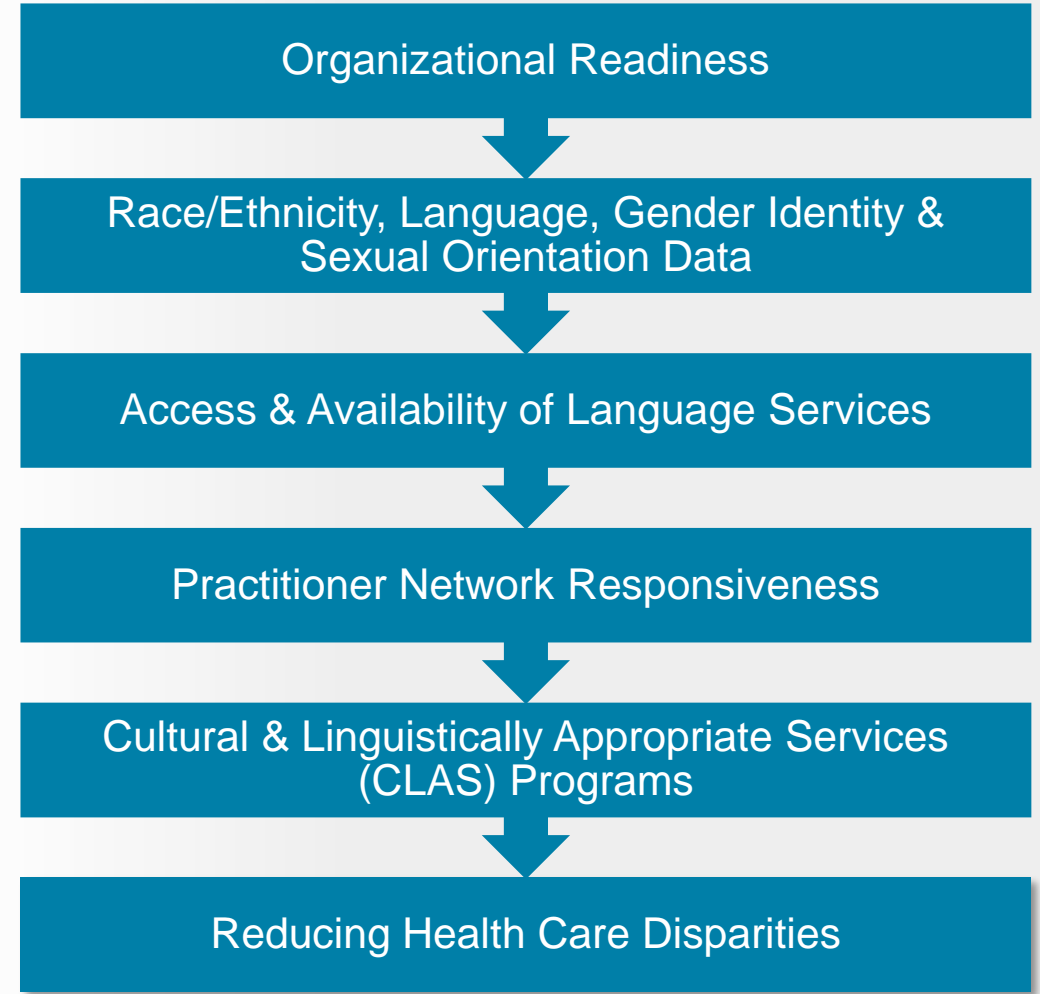NCQA
HEALTH EQUITY
ACCREDITED

3-Year Standards-based program

Designed for **organizations beginning their health equity journey** or **looking for structure and accountability to improve existing health equity work.**

Focused **on collecting data** to understand members' or patients' needs, then **identify and act on opportunities to reduce disparities and improve the cultural and linguistic appropriateness of care.**

Organizational Readiness

↓

Race/Ethnicity, Language, Gender Identity & Sexual Orientation Data

↓

Access & Availability of Language Services

↓

Practitioner Network Responsiveness

↓

Cultural & Linguistically Appropriate Services (CLAS) Programs

↓

Reducing Health Care Disparities

California Aligning on NCQA Quality and Equity Tools

Regulators and Public Purchasers focusing on Quality/Health Equity

Agency/Entity	NCQA Health Plan Accreditation (HPA)	Health Equity Focus	Timeline
DMHC (HMO licensing body)	AB 133 requires commercial plans to be NCQA accredited	(Health Equity Committee recommended many HEDIS measures)	January 2026 2022
DHCS (Medicaid)	2024 Contracts	NCQA Health Equity Accreditation	January 2026
Covered California	2022 contracts	NCQA Health Equity Accreditation	2022-2023
CalPERS	Existing contracts	Considering HEA Requirement	Continuous

Evidence of Improvement

Examples from Health Management Associates (HMA) Report

*"Respondents from each organization said that even though they were already committed to and conducting foundational work, the NCQA program moved them forward in important and concrete ways. It has allowed them to **address educational gaps** (both with providers and internally) and supported concrete steps to make improvements in **reducing health disparities** and **improving cultural sensitivity**"*

*"..not only helps with documentation but also **creates auditing processes** to reflect on actual **gaps revealed by the data** and a chance to use that to focus on **how to do work differently**"*

HMA's Report: NCQA Distinction in Multicultural Health Care: Assessment of the Benefits and Recommendation to Require that Issuers Achieve this Distinction

PA's long-standing health equity incentives have noticed improvements in quality of care with those plans who have obtained NCQA's MHC Distinction: plans **showed a 5.65 versus 2.15 percentage point improvement** for the African American population relative to the white population for the "Controlling High Blood Pressure" measure.

Pennsylvania's Office of Medical Assistance Programs Report

NCQA's Health Equity Accreditation **Plus**

HEALTH EQUITY PLUS

3-Year Standards-based program

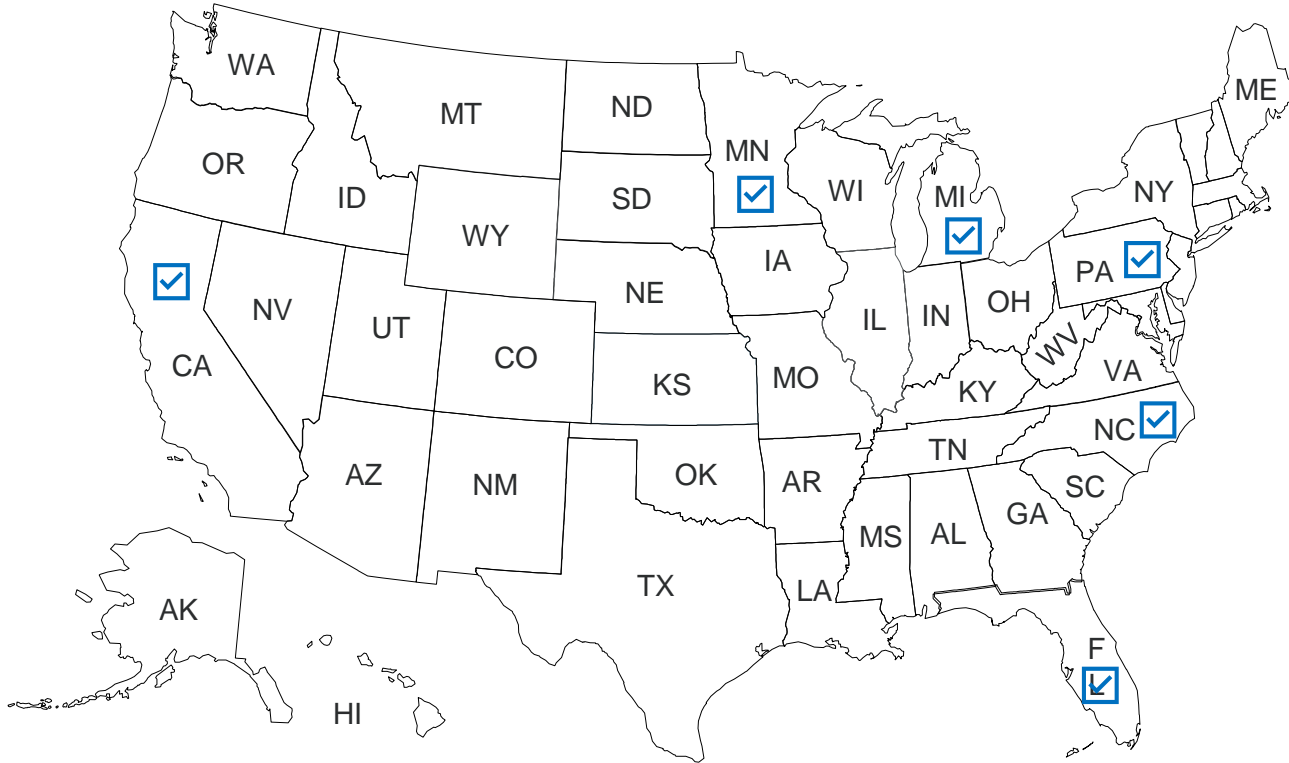- **Builds on NCQA's Health Equity Accreditation** (its prerequisite).

- **Designed for organizations progressing to the next step of their health equity journey.**

- Focused **on partnering with community-based organizations and cross-sector partners to address social needs** of individuals served and **mitigate social risks of the community.**

Collection, Acquisition and Analysis of Community and Individual Data

↓

Cross-Sector Partnerships and Engagement

↓

Data Management and Interoperability

↓

Program to Improve Social Risks and Address Social Need

↓

Referrals, Outcomes and Impact

NCQA's Health Equity Programs Support Multiple Needs

Earning a Reputation for Leadership

Demonstrate to payers, regulators and communities served that **you're the partner they need** to achieve their health equity goals
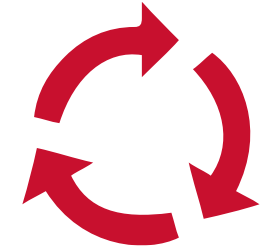
Demonstrating Commitment

Earn a status that signals improving health equity is **more than just a hot topic**—it's what you strive for every day

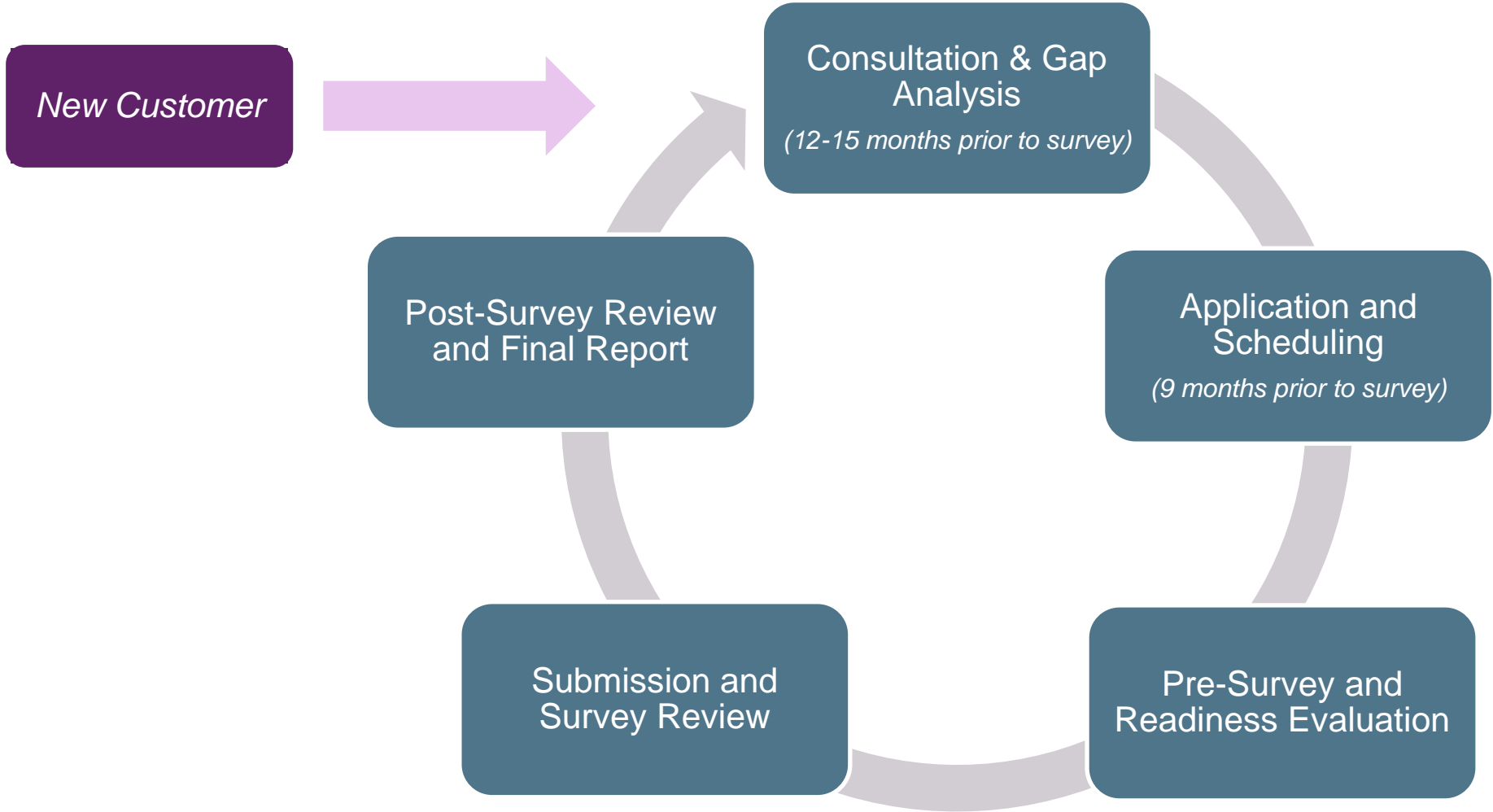## Creating Structure and Accountability

Give your health equity journey the **structure and accountability** it needs to be **successful** in reaching goals and **sustain its health equity efforts**

Aligning staff and leadership

Help every part of your organization see how it contributes to meeting health equity goals and improving patient or member health

NCQA Survey Process

New Customer →

Consultation & Gap Analysis
(12-15 months prior to survey)

Application and Scheduling
(9 months prior to survey)

Pre-Survey and Readiness Evaluation

Submission and Survey Review

Post-Survey Review and Final Report

Accreditation Thresholds & Statuses

Accreditation Statuses

Accredited (Scores 80-100% of applicable points)

Provisional (56-79%)

Denied (0-55%)

Resurvey Option: *Next Step for Earning a Provisional Status (Score of 55-79%)*

Must be **within 12 months** of earning a Provisional status

NCQA **resurveys and reviews** all elements that received a score of **Partially Met or Not Met**

Learn more about NCQA's Health Equity Work and Programs:

Health Equity Resource Hub

https://www.ncqa.org/health-equity/

Podcast with Pilot Participants

https://www.ncqa.org/blog/podcast-inside-health-care-71-dr-chere-gregory-and-dr-nneka-sederstrom-on-beginning-the-journey-of-ncqas-health-equity-accreditation-programs/

Standards Training

https://education.ncqa.org/content/ondemand-ncqa-health-equity-accreditation-series

https://education.ncqa.org/content/ondemand-ncqa-health-equity-accreditation-plus

Patient Demographics: How Data Informs Intradisciplinary Systems & Public Health Innovations

Natasha Viveiros, MS, Director, Site Operations & Special Projects, PCHC
Andrew Saal, MD, MPH, Chief Medical Officer, PCHC

Patient Demographics:
How Data Informs Intradisciplinary Systems & Public Health Innovations

Natasha Viveiros RN, MPH

Jennifer Etue, LICSW

Yan Qi

In Partnership With: Chelsea DePaula MPH & Lori Whittemore

PCHC
PROVIDENCE COMMUNITY
HEALTH CENTERS

Meet the Team

Jen Etue, LICSW

Manager of Integrated Behavioral Health

Natasha Viveiros, RN, MPH

Director of Site Operations & Special Projects

Yan Qi

Population Health Analyst, Accountable Entity

Background

PCHC Demographic Data Collection

PCHC is a Federally Qualified Health Center (FQHC)

- Required to collect and report patient demographic data

2021 UDS Report % of patients that refused to report, or field is unknown:

- Race: 27.7%

- Ethnicity: 4.2%

- Sexual Orientation: 50.2%

- Gender Identity: 46.5%

- Income: 80.8%

Needs Assessment- Front Desk Staff Experience Collecting REL, Income and SOGI data

Feedback

o About 50% of staff said they would like additional training on how to engage patients to best collect REL & SOGI data

Challenges:
o Blank responses from patient on paper registration form
o Lack of privacy
o Patients get offended, defensive, uncomfortable, and embarrassed

Responses:
o Patients want to know why we need this information
o "That is too personal"
o "Do I have to tell you?"

Resources:
o Prefer dry erase board to complete information confidentially
o Difference between race and ethnicity
o Communication skills

Development of Intervention

Qualtrics Survey

- Created and implemented 8 question Qualtrics text survey for patients with unknown REL and SOGI data
    - *Survey Questions: ethnicity, race, language, gender identity, sexual orientation, sex assigned at birth, pronouns, preferred name*
    - Available in English, Spanish, and Portuguese

- Text was sent out to 10,596 patients missing REL & SOGI data who had previously consented to texting

    - 1,683 responses received (16%)

- Front desk staff then updated patient's information received within Qualtrics text survey into the EHR manually

Development of Intervention

Training Curriculum

- Standardize Demographic Data Collection to **yearly**

- Training created through collaboration of:
  - **Trauma informed** trainer using gaps in both HRSA data and staff reported feedback (needs assessment) related to knowledge gaps re: REL and SOGI.

- Training targeted to support:
  - Adult learners to shift thinking around **patient centered care** & **gender affirming/ equitable care** starting the moment a patient enters our clinic(s).

- Build foundational **understanding** of REL & SOGI, Pronouns, Preferred Name, and Special Populations. Increase knowledge, understanding, and comfort

- Increasing understanding of bias in health care systems:
  - How customer service interactions can make/ break a patient's experience before they engage with care teams.

- Increasing understanding of how these positive or negative interactions create a system of fear and avoidance for patients impacting health disparities.

Development of Intervention

Laminated Front Desk Tool

Demographic Update: We collect race, ethnicity, language, sexual orientation, and gender identity information from all of our patients. By knowing more about your background, we can get a better idea of health concerns you may have and be generally sensitive to your needs.

1. Please select the ethnicity that describes you best:
- □ Latino/Hispanic/Latinx
- □ Not Hispanic/Latino
- □ Other
- □ Prefer not to say at this time

Your ethnicity is different than your race (for example, you can be black or white, but also Hispanic or not)

2. Race generally comes from where the generations of your family have lived. Please select the race that describes you best.
- □ Caucasian/White
- □ Black/African American
- □ Asian
- □ Other Pacific Islander
- □ American Indian or Alaskan Native
- □ I don't know my race
- □ I don't want my race known to PCHC at this time

3. Which language is best for you?
- □ English
- □ Spanish
- □ Portuguese
- □ Khmer
- □ French Creole
- □ Portuguese Creole
- □ Other _____

4. Please choose the Gender Identity that best describes how you feel inside:
- □ Male
- □ Female
- □ Transgender Male/ Female-to-male
- □ Transgender Female/ Male-to-Female
- □ Nonbinary Genderqueer (Neither exclusively male nor female)
- □ Other _____
- □ Prefer not to say at this time

5. What sex were you assigned at birth on your original birth certificate?
- □ Female (assigned female at birth)
- □ Male (assigned male at birth)
- □ Unknown

6. Please select the sexual orientation that best describes which gender(s) you are attracted to:
- □ Straight
- □ Gay
- □ Lesbian
- □ Bisexual
- □ Other _____
- □ I do not want to answer at this time

7. Is there a different name that you would like us to use when talking with you? If so, indicate below.
_____

8. What pronouns do you use?
- □ She/her/hers
- □ He/him/his
- □ They/them/theirs
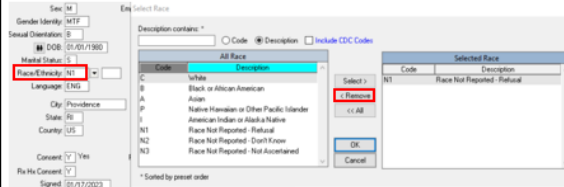- □ Other: _____

EHR Reference Guide

REL & SOGI Reference Guide

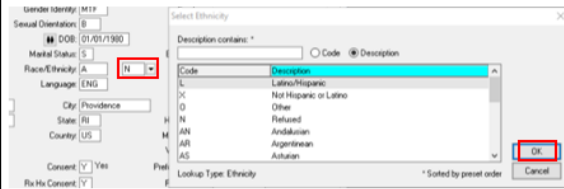Please collect REL & SOGI information for all new patients **AND** for patients that have missing or unknown fields.

Race — When updating a patients race, use the drop down to *remove* the previous selection and *select* the updated race.

Ethnicity — When updating a patient's ethnicity, select the updated ethnicity from the drop down and click OK. **IMPORTANT:** If you do not use the drop down and input the codes in the ethnicity field, remember N= refused and X=not hispanic or latino.

Self - Assessment

REL, SOGI & Income Training Pre-Evaluation

1. What are your expectations of this training? What are you looking to get out of it? What do you hope to learn?

2. How would you rate your current knowledge of the following topics (being able to explain what they mean to patients and provide examples)?

	Excellent	Good	Fair	Poor
a. Race	□	□	□	□
b. Ethnicity	□	□	□	□
c. Language	□	□	□	□
d. Sexual Orientation	□	□	□	□
e. Gender Identity	□	□	□	□
f. Income	□	□	□	□

3. How would you rate your comfort level when discussing the following topics with patients?

	Very comfortable	Comfortable	Not Comfortable
g. Race	□	□	□
h. Ethnicity	□	□	□
i. Language	□	□	□
j. Sexual Orientation	□	□	□
k. Gender Identity	□	□	□
l. Income	□	□	□

4. How would you rate your current understanding as to why we collect REL, SOGI and Income information from patients?

	Excellent	Good	Fair	Poor
a. Race	□	□	□	□
b. Ethnicity	□	□	□	□
c. Language	□	□	□	□
d. Sexual Orientation	□	□	□	□
e. Gender Identity	□	□	□	□
f. Income	□	□	□	□

REL, SOGI, & Income Data

Front Desk Exception Report

Staff Name	Sites	Check in Count	Ethnicity Missing Count	Eth % Completed	Race Missing Count	Race % Completed	Language Missing Count	Language % Completed	GI Missing Count	GI % Completed	SO Missing Count	SO % Completed	PP Missing Count	PP % Completed	IEY_ Exception	IEY_ Exception -% Completed
John Doe	Atwood	1	0	100.00%	0	100.00%	0	100.00%	0	100.00%	0	100.00%	1	0.00%	0	100.00%
Jane Doe	Atwood	57	3	94.74%	0	100.00%	0	100.00%	7	87.72%	8	85.96%	16	71.93%	0	100.00%
Maria Smith	Atwood	101	3	97.03%	0	100.00%	0	100.00%	11	89.11%	11	89.11%	65	35.64%	0	100.00%
Manny Smith	Atwood	28	2	92.86%	0	100.00%	0	100.00%	2	92.86%	2	92.86%	19	32.14%	0	100.00%
X	Atwood	9	2	77.78%	0	100.00%	0	100.00%	1	88.89%	1	88.89%	8	11.11%	0	100.00%
X	Atwood	113	5	95.58%	4	96.46%	0	100.00%	13	88.50%	13	88.50%	42	62.83%	4	96.46%
X	Atwood	94	7	92.55%	0	100.00%	0	100.00%	2	97.87%	2	97.87%	59	37.23%	0	100.00%
X	Atwood	32	0	100.00%	1	96.88%	0	100.00%	7	78.13%	9	71.88%	9	71.88%	3	90.63%
X	Atwood	79	3	96.20%	1	98.73%	0	100.00%	5	93.67%	6	92.41%	51	35.44%	0	100.00%
X	Atwood	1	0	100.00%	0	100.00%	0	100.00%	0	100.00%	0	100.00%	1	0.00%	0	100.00%
X	Atwood	11	2	81.82%	0	100.00%	0	100.00%	2	81.82%	2	81.82%	8	27.27%	0	100.00%
X	Atwood	12	2	83.33%	0	100.00%	0	100.00%	4	66.67%	4	66.67%	6	50.00%	0	100.00%
X	Atwood	1	0	100.00%	0	100.00%	0	100.00%	0	100.00%	0	100.00%	1	0.00%	0	100.00%

Report data time period: 3/19/2023 - 3/25/2023

REL, SOGI, & Income Data

Results

Ethnicity:

4.12 % increase

Race:

13.6 % increase

Gender Identity:

25.76 % increase

Sexual Orientation:

30.97 % increase

Income:

24.67% increase

Data period: 08/28/22-09/03/22

Site	Total Checkin Count	Ethnicity Missing Count	Eth Complete %	Race Missing Count	Race Complete %	Language Missing Count	Language Complete %	GI Missing Count	GI Complete %	SO Missing Count	SO Complete %	PP Missing Count	PP Complete %	IEY Exception Count	IEY Complete %
Prairie	1516	121	92%	525	65%	0	100%	686	55%	755	50%	978	35%	400	74%
Atwood	684	38	94%	57	92%	0	100%	340	50%	376	45%	491	28%	50	93%
Crossroads	49	6	88%	4	92%	0	100%	28	43%	34	31%	4	92%	0	100%
Roger	35	4	89%	3	91%	0	100%	6	83%	6	83%	18	49%	3	91%
North	43	4	91%	3	93%	0	100%	18	58%	21	51%	39	9%	1	98%
Capitol	644	74	89%	98	85%	0	100%	177	73%	200	69%	481	25%	10	98%
Mount	41	8	80%	17	59%	0	100%	24	41%	24	41%	36	12%	6	85%
Central	492	24	95%	29	94%	0	100%	43	91%	49	90%	374	24%	3	99%
Chafee	666	62	91%	112	83%	0	100%	385	42%	426	36%	545	18%	4	99%
Olneyville	223	17	92%	12	95%	1	100%	132	41%	141	37%	168	25%	8	96%
Hepatitis	3	0	100%	1	67%	0	100%	1	67%	2	33%	3	0%	0	100%
Randall	642	60	91%	55	91%	0	100%	103	84%	120	81%	503	22%	4	99%
PCHC Averages			90.94%		83.89%		99.96%		60.65%		53.98%		28.28%		94.48%

Data period: 3/26/23 - 4/1/23

Site	Total Checkin Count	Ethnicity Missing Count	Eth Complete %	Race Missing Count	R Complete %	Language Missing Count	L Complete %	GI Missing Count	GI Complete %	SO Missing Count	SO Complete %	PP Missing Count	PP Complete %	IEY Exception Count	IEY Complete %
Prairie	1747	91	94.79%	86	95.08%	0	100.00%	396	77.33%	443	74.64%	750	57.07%	226	87.06%
Atwood	783	41	94.76%	11	98.60%	0	100.00%	60	92.34%	75	90.42%	375	52.11%	17	97.83%
Randall Specialty	161	7	95.65%	7	95.65%	0	100.00%	20	87.58%	20	87.58%	108	32.92%	3	98.14%
PCHC Case	2	0	100.00%	0	100.00%	0	100.00%	0	100.00%	0	100.00%	1	50.00%	0	100.00%
Crossroads	54	1	98.15%	0	100.00%	0	100.00%	0	100.00%	1	98.15%	2	96.30%	0	100.00%
Roger	62	0	100.00%	0	100.00%	0	100.00%	0	100.00%	0	100.00%	1	98.39%	0	100.00%
North	36	1	97.22%	0	100.00%	0	100.00%	2	94.44%	2	94.44%	34	5.56%	0	100.00%
Capitol	683	48	92.97%	10	98.54%	0	100.00%	34	95.02%	38	94.44%	396	42.02%	1	99.85%
Mount	74	6	91.89%	4	94.59%	0	100.00%	6	91.89%	6	91.89%	11	85.14%	5	93.24%
Central	681	17	97.50%	3	99.56%	0	100.00%	8	98.83%	11	98.38%	359	47.28%	3	99.56%
Chafee	597	34	94.30%	21	96.48%	0	100.00%	157	73.70%	168	71.86%	340	43.05%	5	99.16%
Olneyville	380	21	94.47%	5	98.68%	0	100.00%	120	68.42%	122	67.89%	153	59.74%	4	98.95%
Prairie Dental	345	2	99.42%	2	99.42%	0	100.00%	12	96.52%	13	96.23%	32	90.72%	6	98.26%
Crossroads Dental	90	9	90.00%	8	91.11%	0	100.00%	24	73.33%	26	71.11%	66	26.67%	12	86.67%
Hepatitis	4	1	75.00%	0	100.00%	0	100.00%	1	75.00%	2	50.00%	1	75.00%	0	100.00%
Randall	550	32	94.18%	1	99.82%	0	100.00%	15	97.27%	20	96.36%	330	40.00%	4	99.27%
George	49	0	100.00%	0	100.00%	0	100.00%	1	97.96%	1	97.96%	4	91.84%	2	95.92%
PCHC Averages			95.06%		97.49%		100.00%		86.41%		84.95%		52.95%		95.43%

Development of Intervention

Operational Considerations

- Oversite & Accountability

- Trained Front Desk Supervisors to provide onsite oversite to front desk staff (PSRs) utilizing exception report data

  - Real time site support by team

- New Hire Training: REL, SOGI, & Income training was modified to be more generalizable to all new hires onboarding with PCHC and incorporated within Day 1 HR orientation

  - Connection to PCHC's Mission, Vision, & Values

Pre and Post Training Assessments

Knowledge Attainment

89 Staff Responses

Post training data on staff that reported excellent or good knowledge of the following:

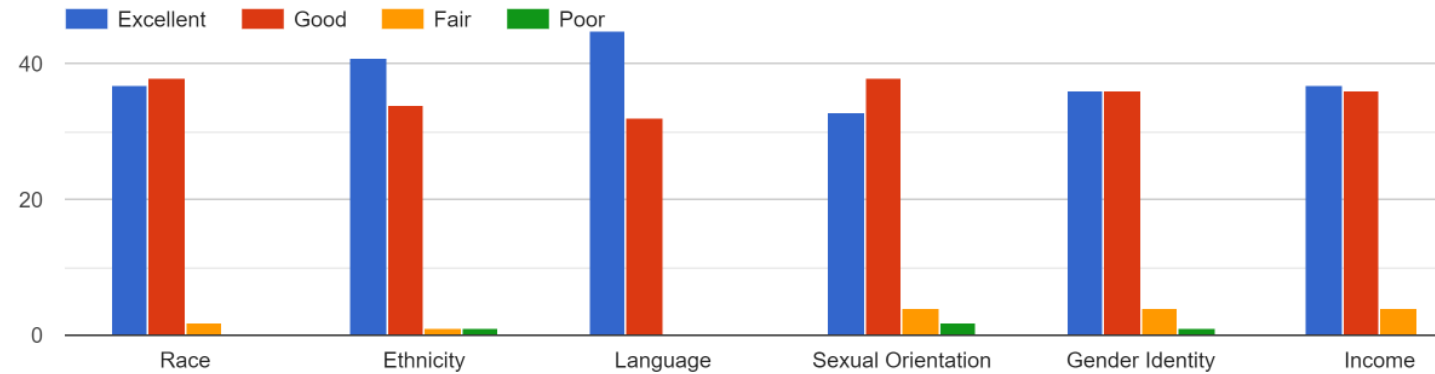Race: 28.1% increase

Ethnicity: 32.5% increase

SO: 23% increase

GI: 29.2% increase

Income: 21.3% increase

100% of staff reported the training met their expectations

How would you rate your current knowledge of the following topics (being able to explain what they mean to patients and provide examples)?

How would you rate your current knowledge of the following topics (being able to explain what they mean to patients and provide examples)?
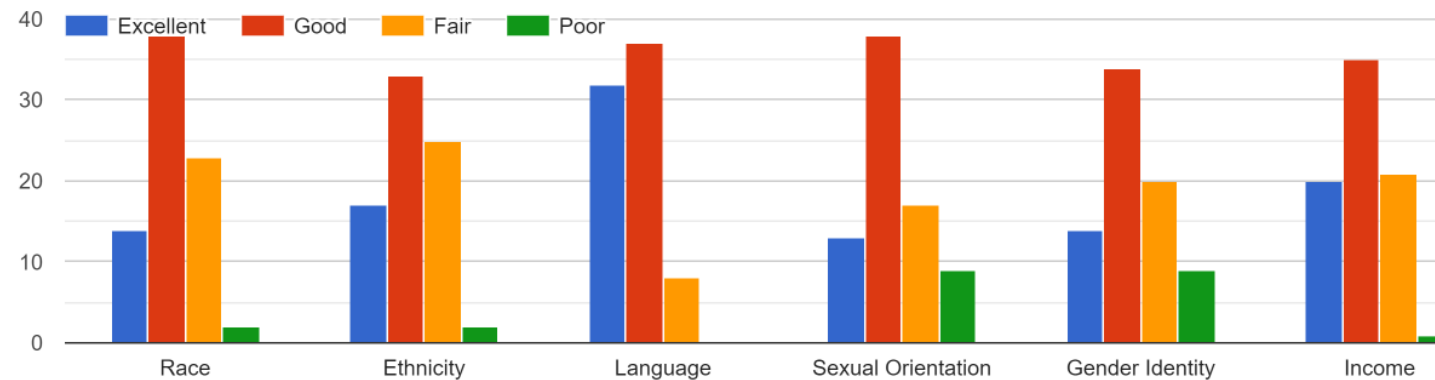
Project Next Steps

o Expanding SOGI data collection to pediatric population

o Adjusting REL, SOGI, & Income data collection to meet 2023 recommended standards set by UDS

o Creation of care team/role specific trainings to support ongoing development of knowledgebase

o Transition to new EHR in October, and modifying current front desk workflow

    o SOGI asked during patient workup

o Utilizing improved patient demographics to identify health disparities in patient population

o Ongoing evaluation and modification as needed

Questions & Answers

Invite questions from the audience.

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Enhanced Race/Ethnicity Data for Neighborhood Members

Presentation to CTC-RI

April 21, 2023

The Problem

The daily enrollment files Neighborhood receives from EOHHS lack information on race and ethnicity for nearly 50% of current members.

The Solution (?)

Supplement the enrollment data with member R&E data from four internal and external files --

- **EOHHS supplemental race and ethnicity data files**
- Data collected during member **Health Risk Assessments**
- COVID-19 vaccination files RIDOH's **RICAIR** database
- Immunization files from RIDOH's **KIDSNET** database

The Result

The amount of available member R&E data has been greatly increased across all products.

Product	Percent with R&E Data in the Enrollment File (as of September 2022)	Percent with R&E Data in the Merged File* (as of September 2022)
Medicaid	54.4%	89.3%
MMP	63.9%	95.5%
Commercial	14.4%	76.4%
All Products	**50.5%**	**88.2%**

*Excludes "Some Other Race" and "Two or More Races"

The Result (cont'd)

The race and ethnicity distribution of Neighborhood members looks different after the addition of the supplemental R&E data.

Race/Ethnicity	ODS Only*	Merged File**
American Indian and Alaska Native	1.2%	1.0%
Asian and Pacific Islander	1.2%	2.5%
Black/African-American	13.4%	10.8%
Hispanic	33.3%	42.0%
White	50.9%	43.8%

*Percentages exclude "Unknown" and "Refused" responses
**Percentages exclude "Some Other Race", Two or More Races", and "Unknown/Refused" responses.

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How Neighborhood is Using the Enhanced R&E Data

- Perform and report **analyses of HEDIS data by Race and Ethnicity**

- Identify and address **member groups with low rates** on key HEDIS measurers

- Support the work of the **Health Equity Work Group** to prioritize health inequities among Neighborhood members

- Meet the requirements of NCQA's **Health Equity Accreditation Program**

Questions?

Jay Buechner, PhD
Director of Quality Improvement
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Lynne Kasyan
Quality Improvement Analysis Project Lead
lkasyan@nhpri.org

Demographic Data Project Overview

Susanne Campbell, RN, MS, PCMH CCE

Opportunity

The Rhode Island Department of Health (RIDOH) has been granted the Center for Disease Control and Prevention (CDC) National Initiative to Address COVID-19 Health Disparities among Populations at High-Risk and Underserved, including Racial and Ethnic Minority Populations and Rural Communities Award.

As part of this grant, CDC has identified improving health outcomes with priority given to increasing and improving demographic data collection and reporting.

Populations of focus: Black, Indigenous, and people of color (BIPOC), Groups effectively served in language other than English, veterans, people housing insecure, LGBTQ, people living with disability or in rural communities

CDC Guidance

Important activities associated with this strategy include:

- **Build on plans**: for collecting and reporting timely, complete, representative and relevant data;
- **Educate:** providers, community partners and programs on the importance of data and how to collect it;
- **Disseminate**: health equity-related data and related materials tailored to be culturally and linguistically responsive;
- **Resources**: for collecting, analyzing, reporting and disseminating health equity-related data;
- **Resources:** for data infrastructure and workforce.

Project Goals

Goal 1 Primary care Focus

Provide the primary care practice community with "Train the Trainer" funding and technical assistance to support their efforts at improving their ability to collect high quality accurate demographic data and report it effectively. This project will focus on disproportionally affected populations, with the aim of promoting health equity and addressing COVID-19 health disparities.

Goal 2 State-wide Focus (pending funding)

Provide opportunity for health plans/other interested parties to participate in a NCQA training program to support their efforts for achieving Healthy Equity recognition.

Project Plan: April 2023-May 2024
Deliverables:

- Environmental Scan:
- Best Practice, Current/Anticipated Regulations, Present RI Demographic Data Performance

- Training: Call for Applications using Train the Trainer strategy
  - Baseline Demographic Data Collection
  - Needs Assessment
  - Training (Webinar series)
  - Quality Improvement (pending availability of funding)
  - NCQA Health Equity (pending availability of funding)

- Technical Enhancements (pending availability of funding)

Questions

Questions:

- What are practices/systems of care/health plans/R2E teams plans/strategies around improving health equity?

- Is there interest in having NCQA provide more information on achieving NCQA health equity recognition at the annual conference?

- What else would you find helpful in improving health equity and demographic data collection?

Evaluation & CME Credits

Please complete the evaluation in order to claim CME credits!

Claim CME Credits here:
https://www.surveymonkey.com/r/ZDZS5HG

Next Meeting: May 19th –
Nationwide/PFK

The AAFP has reviewed 'Advancing Comprehensive Primary Care Through Improving Care Delivery Design and Community Health,' and deemed it acceptable for AAFP credit. Term of approval is from 03/18/2022 to 03/18/2023. Physicians should claim only the credit commensurate with the extent of their participation in the activity. NPs and RNs can also receive credit through AAFP's partnership with the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Board (AANPCB).

THANK YOU

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