Standard 2: Health Equity Improvement Part 1

This Standard identifies key components of an effective Health Equity Improvement strategy. In order to achieve the Standard, your network must achieve the goals and demonstrate improvement on the process measures, as detailed below.
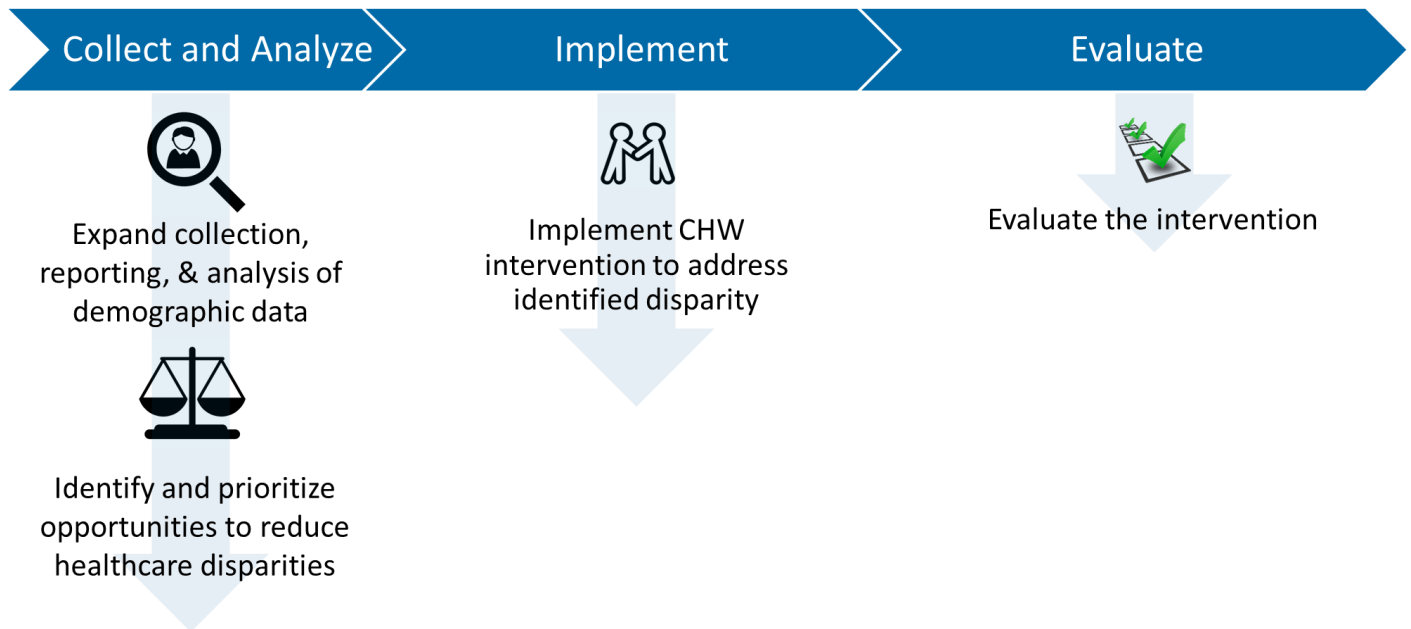
Goals:
Your network has a **clear, documented policy and procedure** to collect granular race/ethnic data, analyze the data to identify disparities in care, and conduct root cause analyses to identify and implement interventions to address those disparities.

85% of the practices in your network have fully implemented the policy and procedure.

Process Measures:
1. Increased collection of CDC compliant race and ethnicity data documented in the EHR
2. Increased collection of sexual identification and gender identity data documented in the EHR
3. Increased collection of preferred language data documented in the EHR

Key Elements of Health Equity Improvement

Collect and Analyze	Implement	Evaluate

Expand collection, reporting, & analysis of demographic data

Implement CHW intervention to address identified disparity

Evaluate the intervention

Identify and prioritize opportunities to reduce healthcare disparities

Expand the collection, reporting, and analysis of standardized demographic data stratified by sub-populations

1. Collect race and ethnicity categories for all patients that go beyond the broad OMB categories. The selection of additional categories must:
    a. Draw from the recognized "Race & Ethnicity—CDC'' code system in the PHIN Vocabulary Access and Distribution System (VADS) or a comparable alternative;
    b. Have the capacity to be aggregated to the broader OMB categories;
    c. Be representative of the population it serves based on (a) data (e.g., census tract data, surveys of the population) and; (b) input from community and consumer members
2. Collect information regarding sexual orientation and gender identity (SOGI) for all patients
3. Identify valid clinical and care experience performance measures to compare clinical performance between sub-populations. Such measures should:
    a. Maximize alignment with the CT SIM quality scorecard;
    b. Include the categories identified in 1 and 2above and preferred language;
    c. Address outcomes rather than process whenever possible;
    d. Meet generally applicable principles of reliability, validity, sampling and statistical methods
4. Analyze the identified clinical performance and care experience measures stratified by race/ethnicity, language, sexual orientation and gender identity, and geography/place of residence.
5. Establish methods of comparison between sub-populations by comparing measures internally against the network's attributed population or to a benchmark.
6. Conduct a workforce analysis that includes analyzing the panel population in the service area, evaluating the ability of the workforce to meet the population's linguistic and cultural needs, and implementing a plan to address workforce gaps

Identify and prioritize opportunities to reduce healthcare disparities

1. Document opportunities to reduce healthcare disparities identified through data analysis
2. Prioritize opportunities by engaging members of the sub-population.

Implement at least one intervention to address the identified disparity (see Part 2)

1. Conduct a root cause analysis for the identified disparity and develop an intervention. To conduct the analysis, utilize:
    a. Relevant clinical data
    b. Input from the focus sub-population for whom a disparity was identified
2. Design a pilot intervention that will meet the needs/barriers identified in the root cause analysis
3. Involve members of the sub-population who are experiencing the identified disparity in the intervention design
4. Implement an intervention in at least five practices

Evaluate intervention

1. Demonstrate that the intervention is reducing the healthcare disparity identified by:
    a. Tracking aggregate clinical outcome and care experience measures aligned with the measures used to establish that a disparity existed
    b. Achieving improved performance on measures
    c. Sharing evaluation findings with the focus sub-population
2. Identify opportunities for quality and process improvement.