Transformation and Quality Strategy (TQS):

Applying REALD and SOGI to TQS projects

January 23, 2023

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Agenda

- Why READ and SOGI – 5 minutes (Kweku)
- Mechanics and READ repository update – 5 minutes (Kweku)
- TQS requirements – 5 minutes (Carrie)
- Applying READ and SOGI to TQS – 10 minutes (Carrie)
- Examples – 15 minutes (Lisa)
- Q&A/discussion – 10 minutes

Value of REALD and SOGI

What gets counted, counts!

Who decides who counts? Data systems are not neutral, and data has historically been used to colonize

...lack of adequately disaggregated data impacts communities by making "them invisible when policies are made, resources are allocated, and programs are designed and implemented" (Hasnain-Wynia, et al 2012)

OHA strategic goal to eliminate health inequities by 2030

The READLD & SOGI categories are proxies of exposure to racism and other systems of oppression

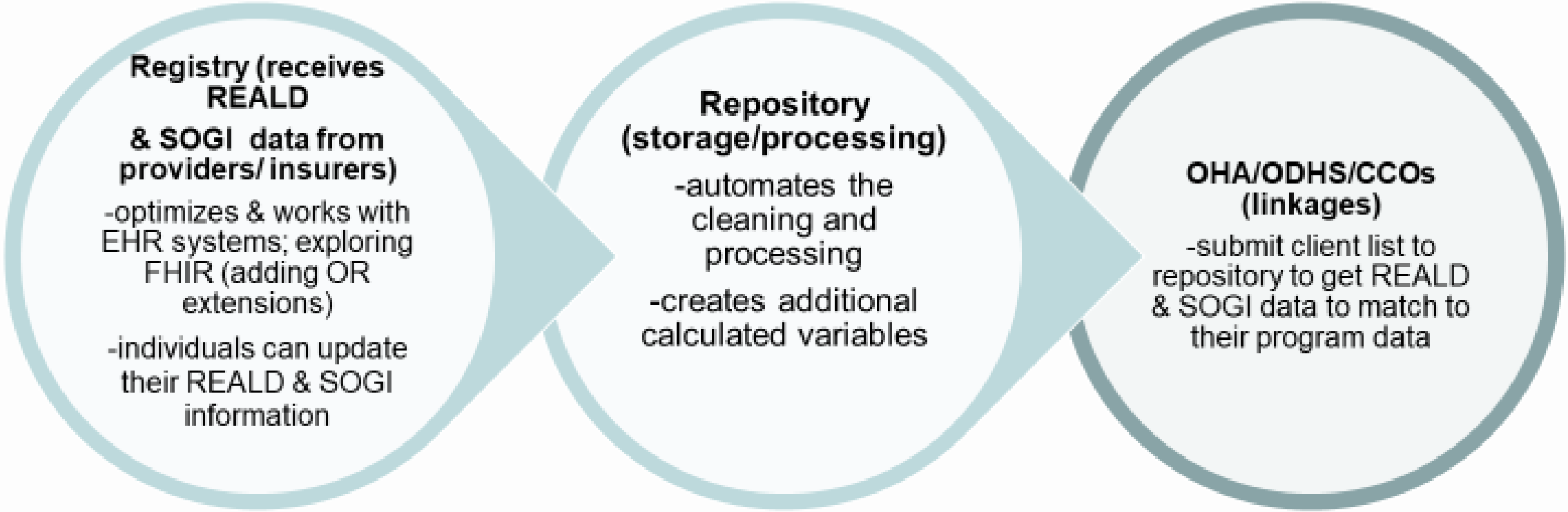
We must commit to developing systems to collect and use REALD&SOGI to make data informed decisions instead of data driven decisions

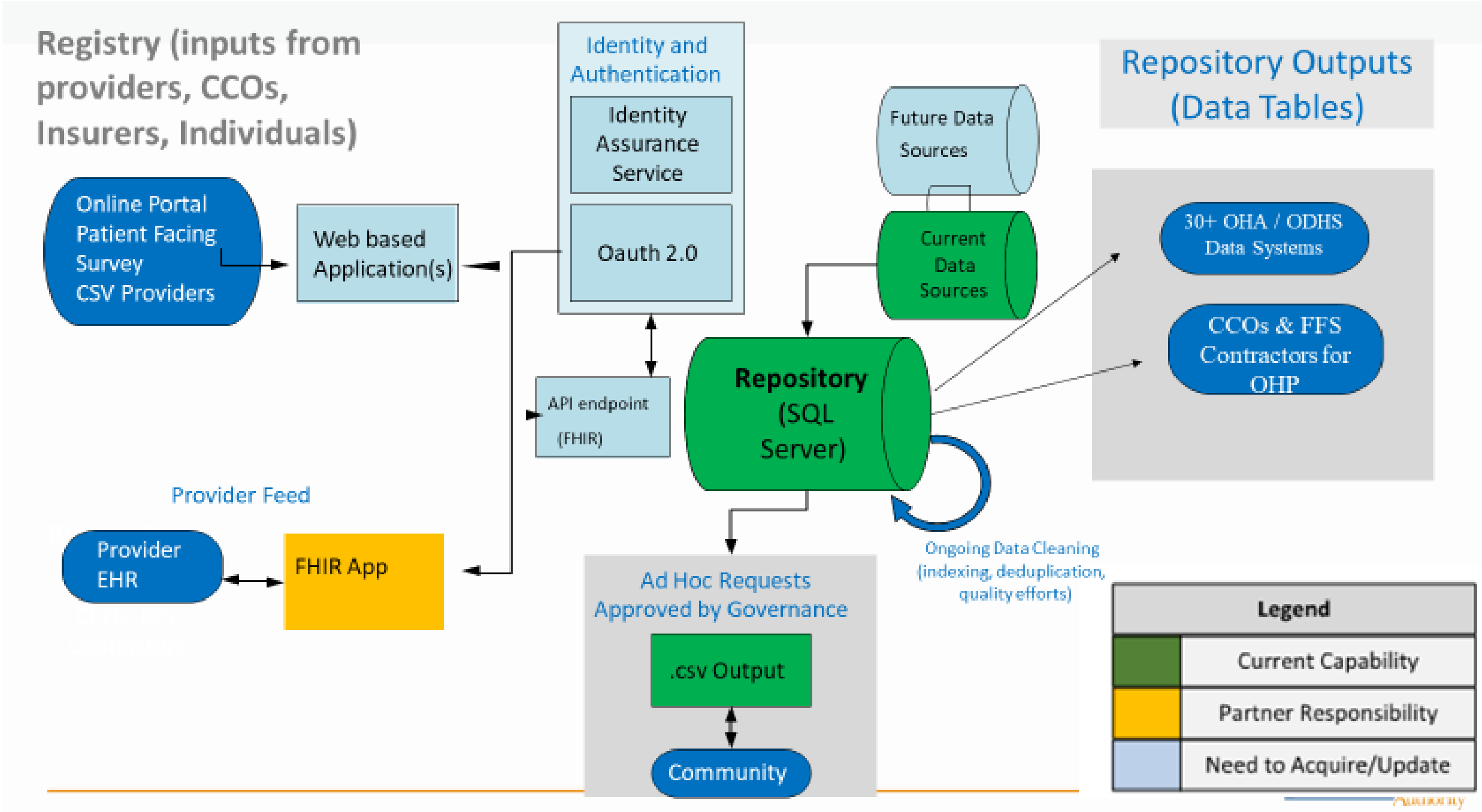
Collecting READLD & SOGI is a manifestation of data justice - READLD & SOGI came from the communities. We **must do data equity** so that communities can do data justice (elevate voices and reveal systemic inequities)

Mechanics and data repository update

HB 3159 Centralized Registry & Repository helps by…

Enhances our ability to use REALD & SOGI Data to identify & address inequities and eliminate health inequities by 2030




Registry (inputs from providers, CCOs, Insurers, Individuals)
Online Portal Patient Facing Survey CSV Providers
Web based Application(s)
Identity and Authentication
Identity Assurance Service
Oauth 2.0
API endpoint (FHIR)
Future Data Sources
Current Data Sources
Repository (SQL Server)
Repository Outputs (Data Tables)
30+ OHA / ODHS Data Systems
CCOs & FFS Contractors for OHP
Ongoing Data Cleaning (indexing, deduplication, quality efforts)
Provider Feed
Provider EHR
FHIR App
Ad Hoc Requests Approved by Governance
.csv Output
Community
Legend
Current Capability
Partner Responsibility
Need to Acquire/Update

Mechanics – Data Collection Assessment

- Anyone collecting REALD &/or SOGI directly?
    - How good is it? What can you do to promote?
- What are you doing with REALD data from OHA (834s)?
- If REALD data is not available at the community or population level for the project, what can you do to ensure improvement toward REALD and SOGI?
    - Assessment could inform workplan – short term, intermediate, long term

TQS requirements

TQS requirements

Component prior year assessment, project context, monitoring measures

- ✓ **Include REALD data and SOGI data to identify inequities.**
  - ✓ Applies to all member-level data used in the TQS.
  - ✓ Disaggregate data by REALD and SOGI categories.
  - ✓ For SOGI, at a minimum, describe your CCO's plan for using SOGI data to identify and address inequities. SOGI standards will be available through Oregon Administrative Rule in summer 2023.

TQS requirements (cont.)

- ✓ If the data comes from an organization that is not collecting REALD, crosswalk to CCO's member-level REALD data.
- ✓ For the SDOH-E component, the REALD requirement is only tied to any CCO member-level data that is involved in the project.
- ✓ If REALD data is not available at the community or population level for the project, the CCO should include activities that support data improvement moving toward REALD and SOGI.

Applying REALD and SOGI to TQS

Moving from “we don’t have the data” to doing things that advance equity

- Utilizing REALD & SOGI to improve person-centered care
  - Service equity: Determine who are being served
  - Ensure effective interpreter (spoken) and translation (written) services
  - Determine if certain groups of people are underserved
- Using dashboard visualizations:
  - Health Analytics Metrics Dashboard

FAQ: Are CCOs required to include data analysis of all elements (race, ethnicity, language and disability) of REALD on every project?

- Yes, CCOs are required to analyze all elements of REALD for every TQS project to identify gaps.
- In the TQS narrative, OHA expects to see
    1. At least a statement that all elements were analyzed, and
    2. More detail (aggregate data or findings) on the disparities identified and prioritized for intervention.

FAQ: Do CCOs need to use the disaggregated race and ethnicity stratifications? May CCOs roll up into the "parent" or intermediate categories?

- **For data collection and analysis,** use most granular level possible (for example, Chinese, Korean, Japanese, etc. instead of the parent category "Asian").
- **For TQS reporting and interventions**, especially those with smaller populations, CCOs may need to roll up the data into intermediate or "parent" categories.
    - If this is the case, describe why in the context of the project and how doing so addresses the gaps identified.

FAQ: How to mitigate large % of “other” or "don’t know" in response data?

The response options and how we analyze the results can help address these issues:

- Granularity in REALD categories matter — when the response categories allow people to identify their racial group, they are less likely to choose other, don’t know, etc.
- Using open ended questions: "how do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry"(Q#1 on template) helps to identify emerging populations and infer/assign people to race categories during analysis.

Examples

Example 1: Overview

TQS component:	Grievance and Appeal System
Project title:	Provider and Staff Health Literacy Education
Project overview:	Health literacy training to staff and provider network to support member engagement (reduce member complaints)

Existing TQS monitoring activities:

1. % staff trained
2. # provider network contractor trained
3. % reduction of complaints against plan and providers

Example #1: Background Summary

E. Brief narrative description:

[redacted] will focus efforts with our internal staff, behavioral health subcontractors and dental care organizations. Their three areas had higher complaints than any other. With the utilization of Zoom and other training platforms, [redacted] will be able to conduct trainings remotely and in person if desired. The Health Literacy 1.0 Training will be utilized to start building the foundation to effective communication with our members.

F. Activities and monitoring for performance improvement:

[redacted] first implemented Health Literacy 1.0 Training in 2017 to the staff and provider offices. Trainings were offered annually to the staff. In 2019, Health Literacy 2.0 Training was implemented to build off of the 1.0 trainings. However, there was poor attendance to the 2.0 Training.

In 2020, it was noticed that the training conducted in 2018 and 2019 was not retained by the internal staff. In addition, there was a lack of training offered to the provider offices and the subcontractors. Additional coaching and training has been done with [redacted], the Non-Emergent Medical Transportation (NEMT) vendor on readability of letters and the importance of clarity in written communication to the member. In addition, [redacted] has worked actively with a dental plan to improve the Notice of Adverse Benefit Determination (NOABD) that are issued on [redacted] behalf for denial of dental services. [redacted] has one subcontractor for mental health that is sending all NOABD to [redacted] prior to mailing to the member. This allows for immediate one on one training on clarity and readability of the letter. [redacted] will continue to work with our mental health subcontractor on other forms of communication as well.

Example #1: Applying REALD

- Analyze complaints by REALD at origin
  - Would the root cause have changed and the health literacy method of training been adapted?
  - Health Literacy training would have included a cultural competency component?
- Track REALD amongst training participants
- Cross reference complainants to providers
- Other ideas

Example 2: Overview

TQS component:	Social determinants of health & equity
Project title:	Food Hub: Mill Addition Neighborhood
Project overview:	Creation of a central location food hub to serve community members and assist members to sign up for the Oregon Health Plan, SNAP & WIC.

Existing TQS monitoring activities:

1. Formalized MOU agreements with participating partners
2. # of vendors participating in food hub
3. Food hub operational days

Example #2: Background Summary

E. **Brief narrative description**:

The food hub's mission to is to address the impact of hunger and food insecurity on children and families in [redacted] County through strategic community-based partnerships, advocacy, and education that increase access to healthy food. Since food insecurity is an underlying factor for the economic stability domain of SDOH, this is the SDOH domain on which the food hub will focus. The food hub will be located at the Integral Youth Services (IYS) building (roughly 3,000 square feet), directly across from [redacted] Elementary school in [redacted] Operation of the food hub will be conducted by the [redacted] County Food Bank and partners within the Child Hunger Coalition. The food hub will rely on partnerships with other agencies, which already provide resources to the community, and leverage their nutritional and food resources into one single on-site facility. As part of the food hub, representatives from CBO's will be available to assist community members to sign up for the Oregon Health Plan, SNAP, & WIC. The site will be open Mondays, Wednesdays, and Thursdays for the general public to come in, access food, and get on-site resource support. Tuesdays and Thursdays will be reserved for CBOs to hold sessions such as cooking classes, neighbor support meetings, and more. Community partners and healthcare system representatives include: Integral Youth Services, [redacted] County Food bank, Department of Human Services, [redacted], and [redacted] Schools, both City and County Local Governments, Oregon State University Extension Office, [redacted], and more. The food hub and its offered activities will allow [redacted] to directly test its impact to improve hunger rates and access to nutritional food within a high poverty area.

Example #2: Applying REALD

- Tracking members served by REALD
- Food hub if thinking ahead for the program:
  - Food vouchers provided then tracking by REALD when vouchers handed out by community programs
  - School programs – data sharing agreements between schools and CCOs for REALD on members who use food hub and backpack buddies

Example 3: Overview

Example #3: Applying REALD to a New Project

→ Quality projects must have data

→ Data can be quantitative or qualitative

→ TQS projects for 2023 require REALD

→ Applying REALD in new projects can include REALD data from OHA and/or data from CCOs

Example 3: Health-Related Social Needs (HRSN) fictitious example

TQS Component: SDOH-E

SDOH-E domain: Neighborhood and built environment

Background: Working with the county and social services to provide transitional housing for members from correctional facilities.

Potential monitoring activities that include REALD:

1. Informational interviews
2. REALD quantitative data from intake

Other examples

- Current TQS example strategies: https://www.oregon.gov/oha/HPA/dsi-tc/Documents/TQS-Example-Strategies.pdf
    - TQS project #4: Increasing the uptake and adoption of MAT services in integrated settings
    - TQS project #5: Improving access to SDOH-E supports for high-risk populations

Q & A

TQS technical assistance

Guidance documents: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

Webinar series (October–December)

- ✓ Webinars include general and component-specific lessons learned, changes for the coming year and time for CCOs to ask OHA SMEs questions.
- ✓ Focus: Utilization review/MEPP; SPMI; SHCN; REALD data; SMARTIE goals

Office hours (November–March)

- ✓ Allows CCOs to ask questions as they develop and finalize their TQS submissions.
- ✓ Offered monthly (first Thursdays).

Feedback on sample project (February)

- ✓ Each CCO may submit one project for feedback prior to final submission (due Feb. 15).

Written and oral feedback for each CCO (early summer)

- ✓ Feedback on strengths and weaknesses in documentation or structure of CCO health transformation and quality work.
- ✓ Written assessment with scores; required 60-minute call with OHA.

Resources

REALD/SOGI team: OHAREALD.Questions@dhsoha.state.or.us

OHA TQS leads:

- ✓ Lisa Bui: Lisa.T.Bui@dhsoha.state.or.us
- ✓ Anona Gund: Anona.E.Gund@dhsoha.state.or.us
- ✓ Carrie Williamson: Carrie.Williamson2@dhsoha.state.or.us
- ✓ Tiffany Reagan: Tiffany.T.Reagan@dhsoha.state.or.us

All TQS resources, including the templates, guidance document, and technical assistance schedule are available on the **Transformation Center website**: www.oregon.gov/oha/HPA/dsi-tc/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

Thank You

Oregon Health Authority