



CCOs Advancing Health Equity Workshop

October 24, 2018, Oregon Convention Center

Opening Remarks

Chris DeMars, MPH, Director, OHA
Transformation Center

Leann Johnson, MS, Director, Office of
Equity and Inclusion





How CCOs Are Advancing Health Equity

Innovation Café

May 9, 2017

Salem, OR

»» Opportunities for Oregon's
Coordinated Care Organizations
to advance health equity



AMBULATORY CARE: EMERGENCY DEPARTMENT UTILIZATION

Emergency department utilization

Rate of patient visits to an emergency department. Rates are reported per 1,000 member months and a lower number suggests more appropriate use of care.

Data source:

Administrative (billing) claims

2017 benchmark source:

2016 national Medicaid 90th percentile

2017 data (N=10,026,285 member months)

- Statewide percent change since 2016: **-1.1%**
- Number of CCOs that improved: **11**
- Number of CCOs achieving target: **6**

Rates are shown per 1,000 member months, which means that in one month, there are on average X visits occurring per 1,000 CCO members.

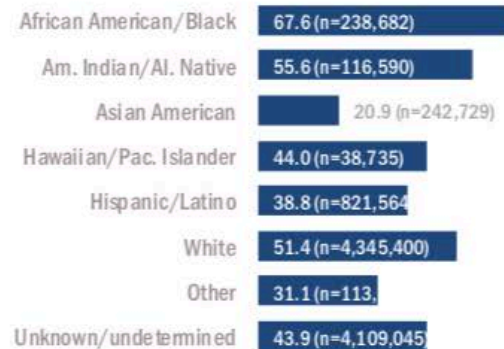
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Statewide, emergency department utilization has remained steady since 2014.



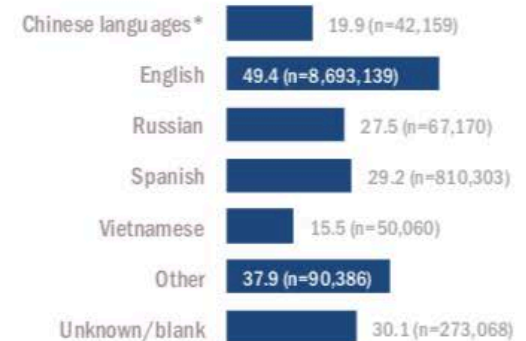
2011 2013 2014 2015 2016 2017

By race and ethnicity (2017)



n = subpopulation denominator
Each race category excludes Hispanic/Latino

By household language (2017)



n = subpopulation denominator
*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew



EFFECTIVE CONTRACEPTIVE USE AMONG ADULT WOMEN AT RISK OF UNINTENDED PREGNANCY

Effective contraceptive use

Percentage of adult women (ages 18-50) with evidence of one of the most effective or moderately effective contraceptive methods during the measurement year: IUD, implant, contraception injection, contraceptive pills, sterilization, patch, ring, or diaphragm.

Data source:

Administrative (billing) claims

2017 benchmark source:

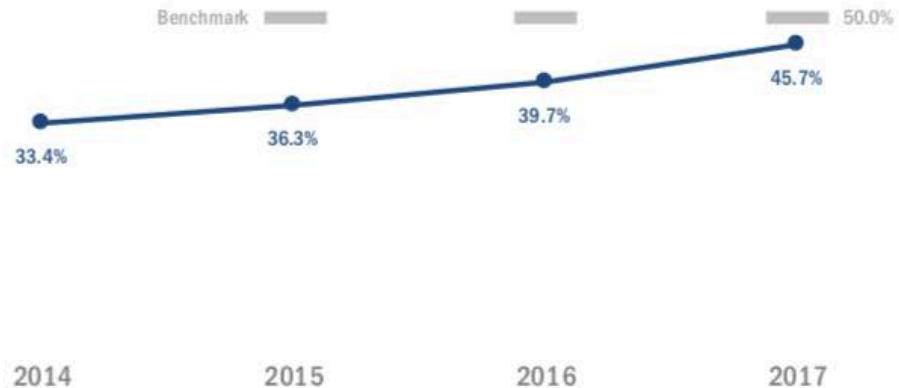
Metrics and Scoring Committee consensus

2017 data (N=92,189)

- Statewide change since 2016: **+15.1%**
- Number of CCOs that improved: **all 16**
- Number of CCOs achieving target: **all 16**

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Statewide, effective contraceptive use among adult women continues to increase.

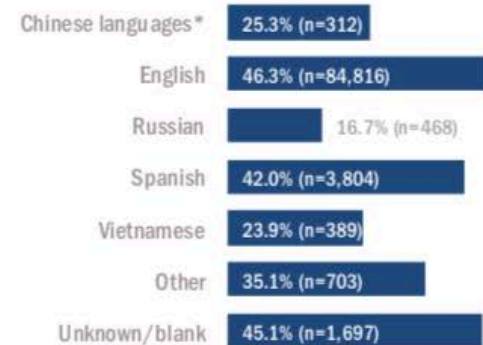


By race and ethnicity (2017)



n = subpopulation denominator
Each race category excludes Hispanic/Latino

By household language (2017)



n = subpopulation denominator
*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew



DEVELOPMENTAL SCREENINGS IN THE FIRST 36 MONTHS OF LIFE

Developmental screenings

Percentage of children who were screened for risks of developmental, behavioral and social delays using standardized screening tools in the 12 months preceding their first, second or third birthday.

Data source:

Administrative (billing) claims

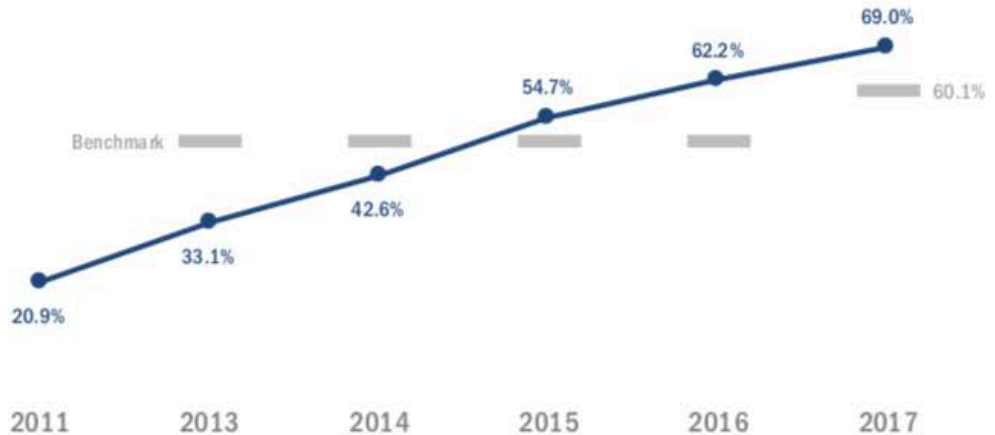
2017 benchmark source:

2015 CCO 75th percentile

2017 data (N=44,966)

- Statewide percent change since 2016: **+10.9%**
- Number of CCOs that improved: **15**
- Number of CCOs achieving target: **all 16**

Statewide, developmental screenings continue to increase.

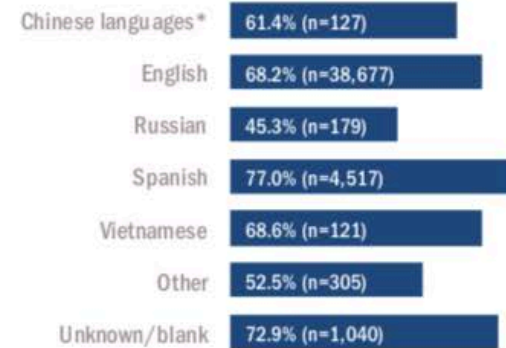


By race and ethnicity (2017)



n = subpopulation denominator
Each race category excludes Hispanic/Latino

By household language (2017)



n = subpopulation denominator
*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

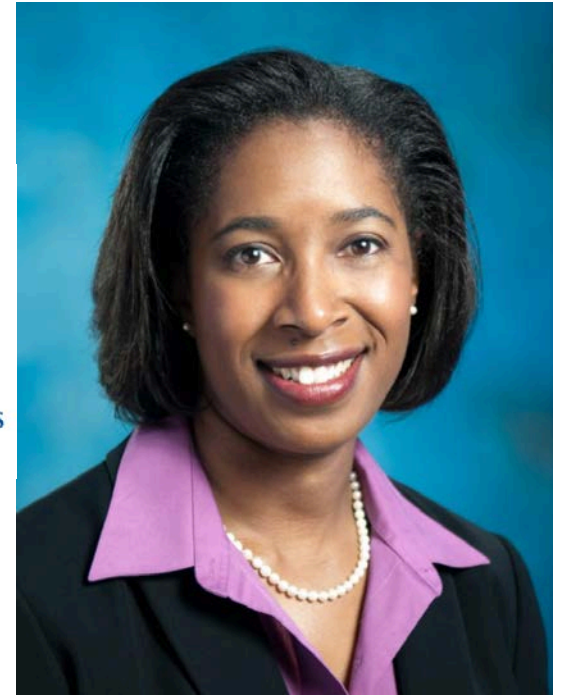
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Office of Minority Health



Office of Civil Rights



CMS Office of Minority Health



Center for Medicare & Medicaid
Innovation

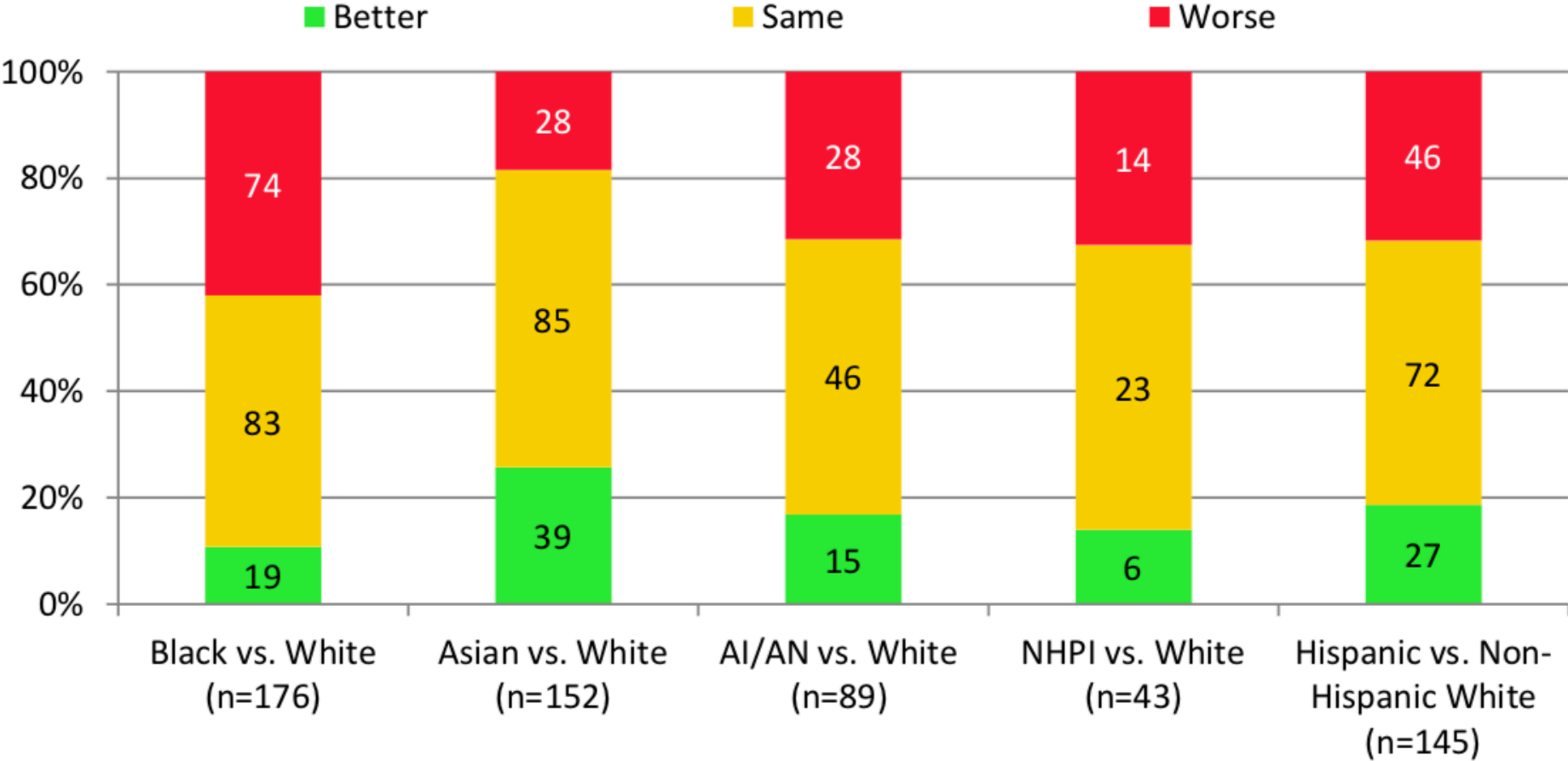


2017

NATIONAL
HEALTHCARE
QUALITY
AND DISPARITIES
REPORT



Figure 19. Number and percentage of quality measures for which members of selected groups experienced better, same, or worse quality of care compared with reference group (White) in 2014-2016



BUILDING AN ORGANIZATIONAL RESPONSE TO HEALTH DISPARITIES



Disparities in the quality of care that minority populations receive, even when they have the same insurance, socioeconomic status, and comorbidities as their non-minority counterparts are well documented. Evidence based interventions are an effective tool for reducing health disparities and lowering cost. Therefore, focused quality improvement efforts should be targeted to populations at risk for disparities.

Learn how to identify, prioritize, and take action on health disparities by championing the Disparities Action Statement in your organization. Participants receive personalized technical assistance focused on strengthening your quality improvement program through a series of consultations from subject matter experts. To learn more, contact HealthEquityTA@cms.hhs.gov.





DISPARITIES IMPACT STATEMENT

Learn how to **identify, prioritize, and take action** on health disparities by championing the Disparities Impact Statement in your organization. Participants receive personalized technical assistance focused on strengthening your quality improvement program through a series of consultations from subject matter experts. To learn more, contact HealthEquityTA@cms.hhs.gov.

Health disparities are differences in health outcomes closely linked with social, economic, and environmental disadvantage - are often driven by the social conditions in which individuals live, learn, work, and play. Characteristics including race, ethnicity, disability, sexual orientation or gender identity, socio-economic status, geographic location, and other factors historically linked to exclusion or discrimination are known to influence the health of individuals, families, and communities.





GUIDE TO DEVELOPING A LANGUAGE ACCESS PLAN

Effective communication is critical to ensuring understanding, empowering patients, and providing high-quality care.

A language access plan can help ensure that an organization provides high quality and appropriate language services. A language access plan can also help ensure that an organization's staff members are aware of what to do when an individual with limited English proficiency needs assistance. This Guide identifies ways that providers can assess their programs and develop language access plans to ensure persons with limited English proficiency have meaningful access to their programs.



RESOURCES FOR IMPROVING EQUITY AND RESPONDING TO DISPARITIES

This table of comprehensive resources and guides covers topics such as data collection and analysis, leadership, cultural competence, and quality improvement within a health equity framework. The documents also highlight interventions designed to reduce disparities that providers and health plans are implementing.

	DATA COLLECTION	DATA ANALYSIS	CULTURE OF EQUITY	QUALITY IMPROVEMENT	INTERVENTIONS
RESOURCE	CATEGORY OF IMPACT				
Mapping Medicare Disparities Tool Source: Centers for Medicare & Medicaid Services Office of Minority Health	DATA COLLECTION	DATA ANALYSIS			
Ask Every Patient: REAL An eLearning Module for Training Staff in Real Data Collection Source: America's Essential Hospitals	DATA COLLECTION				
Equity of Care: A Toolkit for Eliminating Health Care Disparities Source: American Hospital Association	DATA COLLECTION		CULTURE OF EQUITY		
Improving Health Equity through Data Collection and Use: A Guide for Hospital Leaders Source: American Hospital Association	DATA COLLECTION	DATA ANALYSIS	CULTURE OF EQUITY	QUALITY IMPROVEMENT	
National Health Plan Collaborative 2018 Leadership Roundtable, Health Plan Poster Series: Health Equity Source: National Health Plan Collaborative	DATA COLLECTION	DATA ANALYSIS		QUALITY IMPROVEMENT	INTERVENTIONS
Quality Improvement Organizations, Health Disparities: Data Toolbox Source: Centers for Medicare & Medicaid Services	DATA COLLECTION	DATA ANALYSIS			
Diversity in Health Care: Examples from the Field Source: Hospitals in Pursuit of Excellence			CULTURE OF EQUITY		INTERVENTIONS
Disparities Toolkit: A Toolkit for Collecting Race, Ethnicity and Primary Language Information from Patients Source: Health Research and Educational Trust	DATA COLLECTION				
Improving Quality and Achieving Equity: A Guide for Hospital Leaders Source: Massachusetts General Hospital			CULTURE OF EQUITY		INTERVENTIONS
Multicultural Health Care: A Quality Improvement Guide Source: National Committee for Quality Assurance			CULTURE OF EQUITY	QUALITY IMPROVEMENT	
Implementing Multicultural Health Care Standards: Ideas and Examples Source: National Committee for Quality Assurance	DATA COLLECTION	DATA ANALYSIS		QUALITY IMPROVEMENT	INTERVENTIONS
Finding Answers: Disparities Research for Change, a Roadmap to Reduce Racial and Ethnic Disparities in Health Care Source: Robert Wood Johnson Foundation		DATA ANALYSIS	CULTURE OF EQUITY	QUALITY IMPROVEMENT	INTERVENTIONS
Guide to Preventing Readmissions Among Racially and Ethnically Diverse Medicare Beneficiaries Source: Centers for Medicare & Medicaid Services Office of Minority Health				QUALITY IMPROVEMENT	INTERVENTIONS
National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice Source: Department of Health & Human Services			CULTURE OF EQUITY	QUALITY IMPROVEMENT	

To sign up for email updates from CMS Office of Minority Health, visit: www.cms.gov/cms-omh, or for further information about how to use the data to improve the quality of care provided by your plan, including for a particular racial or ethnic group, please email StratifiedDataQI@cms.gov.

A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I's for Health Equity

FINAL REPORT
SEPTEMBER 14, 2017



NATIONAL
QUALITY FORUM



FIGURE 3A. DOMAINS OF HEALTH EQUITY MEASUREMENT





FOR DELIVERY & PAYMENT TRANSFORMATION

A Framework for Advancing Health Equity and Value:

Policy Options for Reducing Health
Inequities by Transforming Health Care
Delivery and Payment Systems

Sinsi Hernández-Cancio, Ellen Albritton, Eliot Fishman, Sophia Tripoli, and Andrea Callow

Framework for Health Care Organizations to Improve Equity

1. Make health equity a strategic priority

- Demonstrate leadership commitment to improving equity at all levels of the organization
- Secure sustainable funding through new payment models

2. Develop structure and processes to support health equity work

- Establish a governance committee to oversee and manage equity work across the organization
- Dedicate resources in the budget to support equity work

3. Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact

- Health care services
- Socioeconomic status
- Physical environment
- Healthy behaviors

4. Decrease institutional racism within the organization

- Physical space: Buildings and design
- Health insurance plans accepted by the organization
- Reduce implicit bias within organizational policies, structures, and norms, and in patient care

5. Develop partnerships with community organizations

- Leverage community assets to work together on community issues related to improving health and equity



Partners: Participating Health Care Orgs

1. HealthPartners
2. Henry Ford Health System
3. Kaiser Permanente Hospitals & Health Plan
4. Main Line Health
5. Northwest Colorado Health
6. Rush University Medical Center
7. Southern Jamaica Plain Health Center, Brigham & Women's Department of Medicine
8. Vidant Health





PROCEEDINGS OF A WORKSHOP

A PROPOSED FRAMEWORK
FOR INTEGRATION OF QUALITY
PERFORMANCE MEASURES FOR HEALTH
LITERACY, CULTURAL COMPETENCE,
AND LANGUAGE ACCESS SERVICES

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

Compendium of State-Sponsored National CLAS Standards Implementation Activities



U.S. Department of Health and Human Services
Office of Minority Health

BUILDING AN ORGANIZATIONAL RESPONSE TO HEALTH DISPARITIES



A Practical Guide to Implementing the National CLAS Standards:

For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities

DECEMBER , 2016

Massachusetts Department of Public Health

Literature Review

to inform *Making CLAS Happen* updates

July 2, 2013

Prepared by Emma Hernández Iverson

LITERATURE REVIEW

A Scoping Review of the Literature: Content, Focus, Conceptualization and Application of the National Standards for Culturally and Linguistically Appropriate Services in Health Care

Robin Dawson Estrada, PhD, RN, PNP-BC
DeAnne K. Hilfinger Messias, PhD, RN, FAAN

Abstract: With the aim of addressing inequalities and disparities in health care access and outcomes, in 2001 the United States Department of Health and Human Services Office of Minority Health (OMH) established National Standards for Culturally and Linguistically Appropriate Services (CLAS). In 2010 the OMH solicited public, private and government input which was incorporated into the Enhanced National CLAS Standards. To date there have been no formal reviews of the published literature on the CLAS Standards. The aim of this scoping review was to identify the scientific and professional literature related to the CLAS standards and describe the content, focus, conceptualization and application of these publications, with the goal of providing insights and directions for further research and application of the CLAS standards.

Key words: CLAS standards, cultural competence, vulnerable populations, scoping review, linguistic access.

J. Racial and Ethnic Health Disparities
DOI 10.1007/s40615-016-0267-3



Literature Review of the *National CLAS Standards*: Policy and Practical Implications in Reducing Health Disparities

Crystal L. Barksdale¹ · William H. Rodick III² · Rodney Hopson² · Jennifer Kenyon¹ ·
Kimberly Green¹ · C. Godfrey Jacobs¹

TOOLKIT

FOR QUALITY IMPROVEMENT AND PRACTICE TRANSFORMATION FOR SERVING DIVERSE PATIENTS

FOR SOLO AND SMALL GROUP PRACTICES



Photo Source: Asian Health Services

PSA



***Supporting the Implementation of the National Standards for
Culturally and Linguistically Appropriate Services in Health and Health Care***

Popular Education Activity

Toña Sanchez, Lead Community Health Worker, Nuestra Comunidad Sana/Health Promotion Services, The Next Door Inc.

Todd Dierker, Consulting Services Project Manager, The Next Door Inc.

A group of children holding hands in a circle on a grassy field. The children are seen from behind, and the scene is brightly lit, suggesting an outdoor setting. The text is overlaid on this image.

OHA Health Equity Convening

October 24, 2018

Oregon
Health
Authority



Opening doors to new possibilities by
strengthening children and families
and improving communities.

Activity Objectives:

Gain skills to define and identify privilege in their own lives

Appreciate the role of privilege in the work to support health equity for all

POPULAR EDUCATION

- Teaching methodology with roots in social justice
- Recognizes that people learn with their whole being
- Everyone brings skills and knowledge to the process
- Builds toward community action to address issues
- Interactive, fun and engaging



PRIVILEGE

- A SET OF UNEARNED BENEFITS GIVEN ONLY TO THE PEOPLE WHO FIT INTO A SPECIFIC SOCIAL GROUP
- THE OPPOSITE OF OPPRESSION

PRIVILEGE ACTIVITY

- What did it feel like to collect beads representing your privilege?
- How did it feel noticing others with different amounts of privilege?
- How can we use our privilege for the common good?

Thank you



www.nextdoorinc.org
toddd@nextdoorinc.org

9:30 – 9:45 a.m.

Networking Break

9:45 – 11:15 a.m.

Breakout Sessions A, B & C

Session A: Health Equity Strategic Planning (E143)

Session B: Using a National Framework to Engage CCO Staff and Board on Health Equity (E144)

Session C: Using Data to Advance Health Equity (E145)

11:15 – 12:15 p.m.

Networking Lunch

12:15 – 1:45 p.m.

Workshop Sessions D, E & F

Session D: Ensuring Language Access for all CCO Members (E143)

Session E: Making Community Health Workers Part of Your Community Health Strategy (E144)

Session F: Providing Cultural Competency Training for CCO Staff, Providers and Other Stakeholders (E145)

1:45 – 2:00 p.m.

Networking Break

2:00 – 3:00 p.m.

Participant Feedback and Closing General Session

Ignatius Bau, J.D., Health Equity Consultant