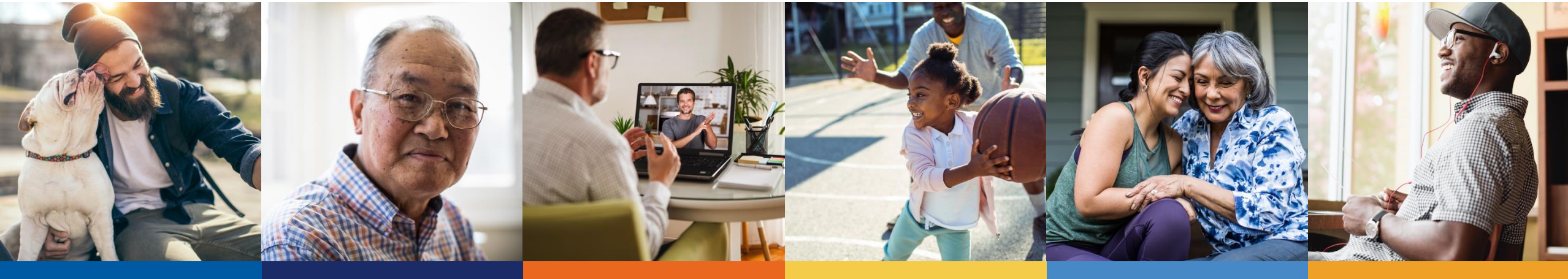


W O R K I N G   T O   A C H I E V E   H E A L T H   E Q U I T Y



# CMS OMH Health Equity Symposium

April 28, 2022

Paid for by the US Department of Health and Human Services. Information is considered current at the time of the presentation. The views and opinions expressed outside of this content are those of the presenter and do not reflect views of CMS or the US Department of Health and Human Services.



# Agenda

- Welcome
- CMS OMH Overview
- Health Equity Definition
- CMS Action Plan and Strategic Pillars
- CMS Framework for Health Equity
- Sutter Health Presentation
- Health Equity Data and Medicare Advantage Stratified Report
- Question and Answer
- Concluding Thoughts

## A C C E S S I B I L I T Y

**Live Transcript** – In order to access this feature, go to the menu at the bottom of the screen and click on the “Live Transcript” icon. After you click this icon, click on “View Full Transcript,” which will allow closed captioning to appear on the bottom of your screen and the transcript will show on the right-hand side of your screen.

# CMS OMH Overview

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# CMS Office of Minority Health

**The Centers for Medicare & Medicaid Services (CMS)** is the largest provider of health insurance in the United States, responsible for ensuring that more than 170 million individuals supported by CMS programs (Medicare, Medicaid, Children's Health Insurance Program, and the Health Insurance Marketplaces) are able to get the care and health coverage they need and deserve.

**The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH)** is one of eight offices of minority health within the U.S. Department of Health and Human Services. CMS OMH works with local and federal partners to eliminate health disparities while improving the health of all minority populations, racial and ethnic communities, people with limited English proficiency, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

# CMS Office of Minority Health

## Mission

CMS OMH will lead the advancement and integration of health equity in the development, evaluation, and implementation of CMS's policies, programs, and partnerships.

## Vision

All those served by CMS have achieved their highest level of health and well-being, and we have eliminated disparities in health care quality and access.



# Major Initiatives



**DATA  
HIGHLIGHTS**



**DATA  
SNAPSHOTS**



**STRATIFIED  
REPORTING**



**HEALTH EQUITY  
TECHNICAL ASSISTANCE**



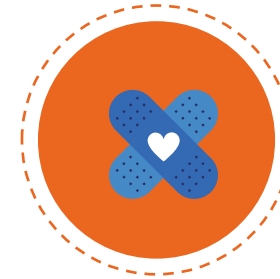
**MINORITY RESEARCH  
GRANT PROGRAM**



**RURAL HEALTH**



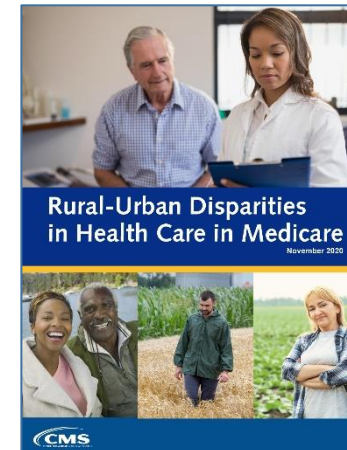
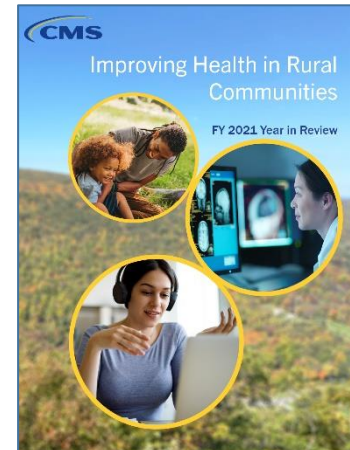
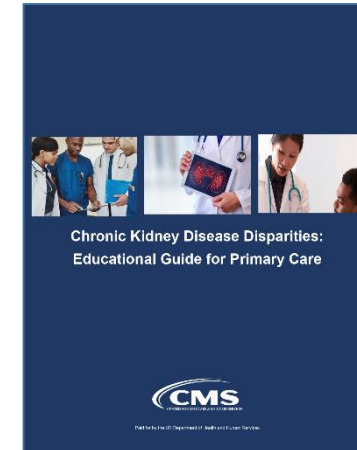
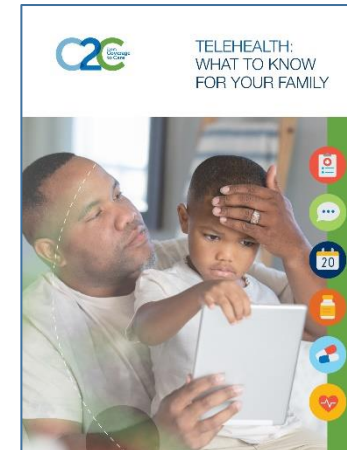
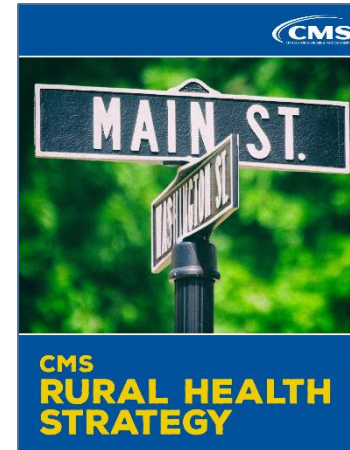
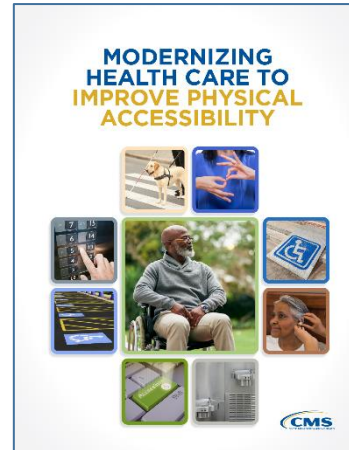
**MAPPING MEDICARE  
DISPARITIES TOOL**



**COVERAGE  
TO CARE**



# CMS OMH Resources



# Health Equity Definition

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# Health Equity

- **Health equity** means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other circumstances.
- **CMS is working to advance health equity by:**
  1. Designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs.
  2. Eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or historically underserved.
  3. Providing the care and support that our enrollees need to thrive.
- **True quality does not exist without equity.** Our goal is to advance progress in creating a care journey that is free from inequity while optimizing opportunities, access, and outcomes for historically underserved and under-resourced communities.

# CMS Action Plan and Strategic Pillars

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# CMS is Working to Advance Health Equity

- Assessing for Health Equity Impact should advance **concrete, actionable decisions** related to health equity, moving us further into action and examining all programs and policies for **unintended consequences**.
- **Our Goals in Assessing Health Equity Impact**
  1. Understand how we are measuring “health equity”
  2. Close gaps in health care access, quality, and outcomes
  3. Invest in policies that will address health disparities

# From Health Disparities to Health Equity

- CMS is committed to moving from health disparities to health equity.
- [Executive Order 13985](#): Advancing Racial Equity and Support for Underserved Communities Through the Federal Government calls on us to identify, understand, and address structural, policy, and operational barriers to CMS-supported services, benefits, and coverage.
- CMS actions to address health equity are driven by input from diverse communities, gathered through respectful and responsive dialogue, including:
  - Racial and ethnic minorities
  - People with disabilities
  - Members of the lesbian, gay, bisexual, transgender, and queer community (LGBTQ+)
  - Individuals with limited English proficiency
  - Rural populations
  - Persons otherwise adversely affected by persistent poverty or inequality

# CMS Strategic Pillars

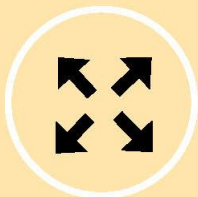
## ADVANCE EQUITY

Advance health equity by addressing the health disparities that underlie our health system



## EXPAND ACCESS

Build on the Affordable Care Act and expand access to quality, affordable health coverage and care



## ENGAGE PARTNERS

Engage our partners and the communities we serve throughout the policymaking and implementation process



## DRIVE INNOVATION

Drive Innovation to tackle our health system challenges and promote value-based, person-centered care



## PROTECT PROGRAMS

Protect our programs' sustainability for future generations by serving as a responsible steward of public funds



## FOSTER EXCELLENCE

Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS's operations



# Advancing Equity Together: Our Commitment to Communities

- CMS's approach to advancing health equity is informed by decades of research and years of dedicated, focused stakeholder input, and evidence review.
- CMS actively listens to members of our communities to establish a deep understanding of perspectives, needs, barriers, and opportunities related to pressing, emerging, and persistent disparities and CMS's role in advancing health equity.
- CMS gathers and synthesizes input from health care providers; federal, state, and local partners; tribal nations; individuals and families; researchers; policymakers; and quality improvement and innovation contractors.

# Advancing Equity Together: Our Commitment to Communities

- To advance health equity in partnership with communities, CMS has:
  - Deepened our engagement with stakeholder across programs
  - Identified areas of focus that are important to communities
  - Aligned existing CMS and HHS initiatives



# CMS Health Equity Strategy

- CMS outlined an action plan that demonstrates the Biden-Harris Administration's ongoing efforts to provide high-quality, affordable health care for all people, regardless of their background, and to drive health equity across HHS. The plan includes the following actions:
  - **Close gaps in health care access, quality, and outcomes** for underserved populations.
  - **Promote culturally and linguistically appropriate services** to ensure understandable and respectful care and services that are responsive to preferred languages, health literacy, and other diverse communication needs.
  - **Build on outreach efforts** to enroll eligible people across Medicare, Medicaid/CHIP and the Marketplace.
  - **Expand and standardize the collection and use of data**, including on race, ethnicity, preferred language, sexual orientation, gender identity, disability, income, geography, and other factors across CMS programs.
  - **Evaluate policies to determine how CMS can support safety net providers** caring for underserved communities, and ensure care is accessible to those who need it.
  - **Ensure engagement with and accountability to the communities served by CMS** in policy development and the implementation of CMS programs.
  - **Incorporate screening for and promote broader access to health-related social needs**, including greater adoption of related quality measures, coordination with community-based organizations, and collection of social needs data in standardized formats across CMS programs and activities.
  - **Ensure CMS programs serve as a model and catalyst to advance health equity** through our nation's health care system, including with states, providers, plans, and other stakeholders.
  - **Promote the highest quality outcomes and safest care for all people** through use of the framework under the CMS National Quality Strategy.

# Health Equity Across CMS

- The CMS Innovation Centers seeks to advance health equity by developing new models and modifying existing models to address health equity and social determinants of health; increasing the number of people who receive care from underserved communities; evaluating models specifically for their impact on health equity; strengthening data collection and intersectional analyses.
- CMS's commitment to taking care of the whole person is essential to reducing health disparities and advancing health equity. This includes behavioral health and oral health.
- Oral health is an integral part of physical, emotional, mental and socio-economic well-being. Poor oral health is an indicator of social inequality. Health equity requires eliminating disparities in oral health for all our populations.
- Find out more: [https://www.cms.gov/sites/default/files/2022-04/Health%20Equity%20Pillar%20Fact%20Sheet\\_1.pdf](https://www.cms.gov/sites/default/files/2022-04/Health%20Equity%20Pillar%20Fact%20Sheet_1.pdf)

# Current Listening Sessions, Proposed Rules and Request for Information

## Rural Health Strategy

- CMS's Rural Health Council is hosting public, virtual listening sessions for each CMS region to hear your feedback on its current Rural Health Strategy and improve its approach to advancing rural health.
- Visit <https://go.cms.gov/ruralhealth> to find out more and register for a session.

## FY 2023 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) rule

- Seeking public comment on promoting health equity through possible future incorporation of hospital performance for socially at-risk populations into the Hospital Readmissions Reduction Program.
- CMS is seeking stakeholder input through a Request for Information (RFI) on social determinants of health, particularly related to homelessness, reported by hospitals on Medicare claims
- Proposing the creation of a new hospital designation to identify “birthing friendly hospitals” and additional quality measure reporting to drive improvements in maternal health outcomes and maternal health equity.
- CMS seeks public input on how to optimally measure health care quality disparities, including what to prioritize in data collection and reporting as well as approaches to consider in driving provider accountability across hospital quality programs.
- CMS is also proposing to discontinue the use of proxy data for uncompensated care costs in determining uncompensated care payments for Indian Health Service and Tribal hospitals and hospitals in Puerto Rico, and to establish a new supplemental payment to prevent undue long-term financial disruption for these hospitals
- To find out more:
  - The proposed rule: <https://www.federalregister.gov/public-inspection/current>
  - Fact sheet on the proposed payment rule: <https://www.cms.gov/newsroom/fact-sheets/fy-2023-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care-hospitals-ltch-pps>
  - Fact sheet specific to the maternal health and health equity measures included in the proposed payment rule: <https://www.cms.gov/newsroom/fact-sheets/fy-2023-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care-hospitals-ltch-pps-0>

# CMS Framework for Health Equity

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# CMS Framework for Health Equity

- Allows a framework for CMS to operationalize health equity.
- Newly released to expand on the existing CMS Equity Plan to include all CMS programs: Medicare, Marketplace, and Medicaid and CHIP.
- Identifies 5 Priority Areas.
- Evidence-based
  - CMS's approach to advancing health equity is informed by decades of research and years of dedicated, focused stakeholder input, and evidence review.
  - Gather and synthesize input from health care providers; federal, state, and local partners; tribal nations; individuals and families; researchers; policymakers; and quality improvement and innovation contractors.

[go.cms.gov/omh](https://go.cms.gov/omh)

CMS Framework for Health Equity 2022–2032



GO.CMS.GOV/OMH



# CMS Framework for Health Equity: 5 Priority Areas



Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data



Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps



Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities



Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services



Priority 5: Increase All Forms of Accessibility to Health Care Services & Coverage

[go.cms.gov/omh](https://go.cms.gov/omh)

# Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data



- CMS is committed to improving data collection and reporting, including the ability to stratify data.
- Data on social risk factors, experience of care, and comprehensive patient demographic data is valuable for quality improvement.
- Increasing CMS and stakeholder access to standardized data helps address changes in populations over time and connect individuals to appropriate and needed social services and supports.
- Developments in health information technology have improved the ability to measure disparities at the provider level.
  - Provider community and federal programs promote the importance of complete, accurate demographic data.
  - The public's use of technology can help CMS leverage patient self-reported data obtained through technology among certain underserved communities.



# Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps



- CMS is responsible for adapting policies to make coverage across all CMS programs more affordable and available.
- To advance health equity, CMS must continue to understand where disparities in coverage and access exist and adjust our policies to optimize health equity.
- Will work to evaluate CMS programs, policies, and operations for impacts on health equity and help advance health equity among those we serve.
- CMS will continue monitoring and oversight responsibilities related to Conditions of Participation (CoPs) and Conditions for Coverage (CfCs) that health care organizations must meet in order to participate in our programs.
- Increased work and partnership with CMS experts and external stakeholders to understand the impact of existing and new programs and policies on underserved communities.

# Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities



- CMS can help build our collective capacity to meet the needs of those we serve by amplifying best and promising practices, research, and health equity tools and resources.
- To improve health care professionals' capacity to provide behavioral health care through Medicaid and CHIP, CMS is committed to partnering with states to bring behavioral health services (both mental health and addiction treatment) up to parity with physical health services.
- CMS's leading role in quality improvement and focus on health equity can help health care organizations bring their goals into focus to assist in ensuring individuals, families, and caregivers receive the highest quality care and services.
- The unique partnership between CMS and federal, state, territorial, tribal, and local governments, quality improvement networks, health plans, health systems, providers, and community partners allows the Agency to bring validated approaches to reducing disparities.
- CMS will continue to identify approaches that reduce disparities. This includes approaches to health care delivery that address barriers to access and health care services, such as workforce shortages and network coverage. These can heavily impact underserved communities, including rural areas, tribal communities and other communities who have experienced structural and historical inequities.

# Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services



- Limited English proficiency, lack of health and health insurance literacy, and the provision of culturally tailored services, can either promote or inhibit effective communication about health care.
  - 9% of the U.S. population are persons with limited English proficiency; 36% have low health literacy, nationwide.
  - People with limited English proficiency and low health literacy report poor health status nearly twice as much as those without these barriers.
- CMS has a powerful role in strengthening efforts across the health care system to improve access to culturally and linguistically-tailored, health literate care and services for our increasingly diverse population.
- CMS and partners can improve information available to individuals about their providers' language skills, helping to ensure a person can find a health care professional who can communicate with them in a way they understand.
- CMS works with underserved communities to identify challenges in accessing care and coverage. This ensures that information is delivered in ways individuals, families, and caregivers can understand and that resources are widely available for use by providers, other stakeholders, and local trusted partners.

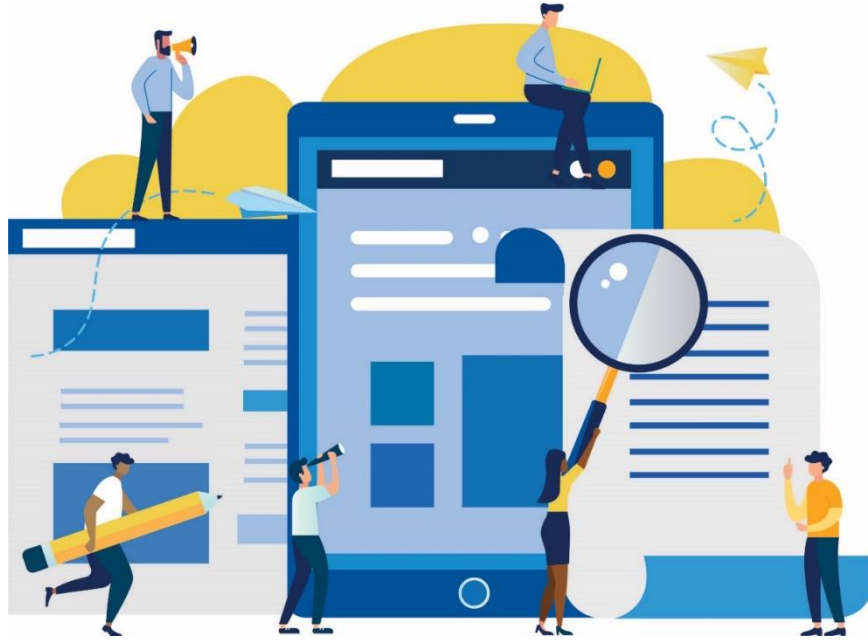
Sources: Proctor K, Wilson-Frederick SM, Haffer SC. The Limited English Proficient Population: Describing Medicare, Medicaid, and Dual Beneficiaries. Health Equity. 2018;2(1):82-89. doi:10.1089/heq.2017.0036  
118 Mahadevan R. Health Literacy Fact Sheets. Center for Health Care Strategies. Published October 1, 2013.  
<https://www.chcs.org/resource/health-literacy-fact-sheets/>

# Priority 5: Increase All Forms of Accessibility to Health Care Services & Coverage



- Accessibility in accessing care is essential to obtaining necessary and appropriate care and services, particularly for people with disabilities.
  - 1 in 4 American adults has some form of disability, including related to mobility, cognition, independent living, hearing, vision, and self-care.
  - Rates of disability increase with age, with 2 in 5 adults over age 65 reporting a disability. These rates are higher among racial and ethnic minorities.
- CMS helps reduce barriers to accessible health care and services by working with health care professionals and individuals with disabilities.
- CMS has a responsibility to ensure that individuals and families can access health care services when and where they need them in a way that is comfortable and respectful.
  - making infrastructure improvements,
  - strengthening training for providers and staff, and
  - ensuring services are designed to meet the needs of each person they serve.
- CMS will continue to engage with stakeholders to understand persistent and emerging accessibility barriers to the provision of health care services and coverage and strengthen opportunities for people with disabilities to receive safe, accessible care.

# CMS Health Equity Technical Assistance Program



[HealthEquityTA@cms.hhs.gov](mailto:HealthEquityTA@cms.hhs.gov)

The CMS OMH Health Equity Technical Assistance program supports quality improvement partners, providers, and other CMS stakeholders by offering:

- Personalized coaching and resources
- Guidance on data collection and analysis
- Assistance to develop a language access plan and disparities impact statement
- Resources on culturally and linguistically tailored care and communication

# Sutter Health

## Sutter Health

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# THE IMPORTANCE OF DATA & ANALYTICS FOR ADVANCING HEALTH EQUITY: A HEALTH SYSTEM PERSPECTIVE

CMS Health Equity Symposium - April 28, 2022

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Kristen M.J. Azar, RN MSN/MPH PhD(c)  
Scientific Medical Director  
Sutter Health Institute for Advancing Health Equity



Maria Moreno, MPH  
Program Manager  
Sutter Health Institute for Advancing Health Equity



## OVERVIEW

1. Context - Sutter Health
2. Overview of Sutter Health Institute for Advancing Health Equity (IAHE)
3. Importance of Data & Analytics for Health Equity
  - Race/Ethnicity/Ancestry/Language (REAL) Data
  - Social Determinants of Health
  - Vaccine Equity Metrics
  - Executive Dashboard Metrics
4. Challenges and Lessons Learned

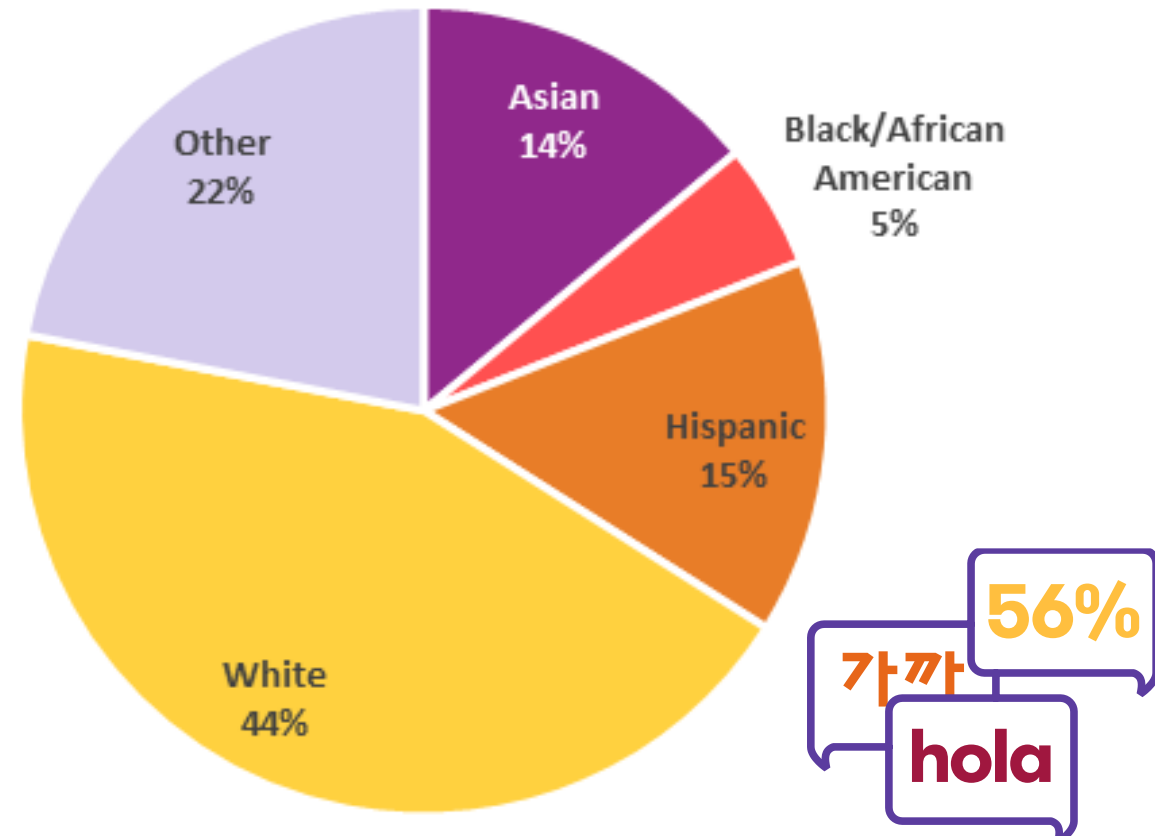
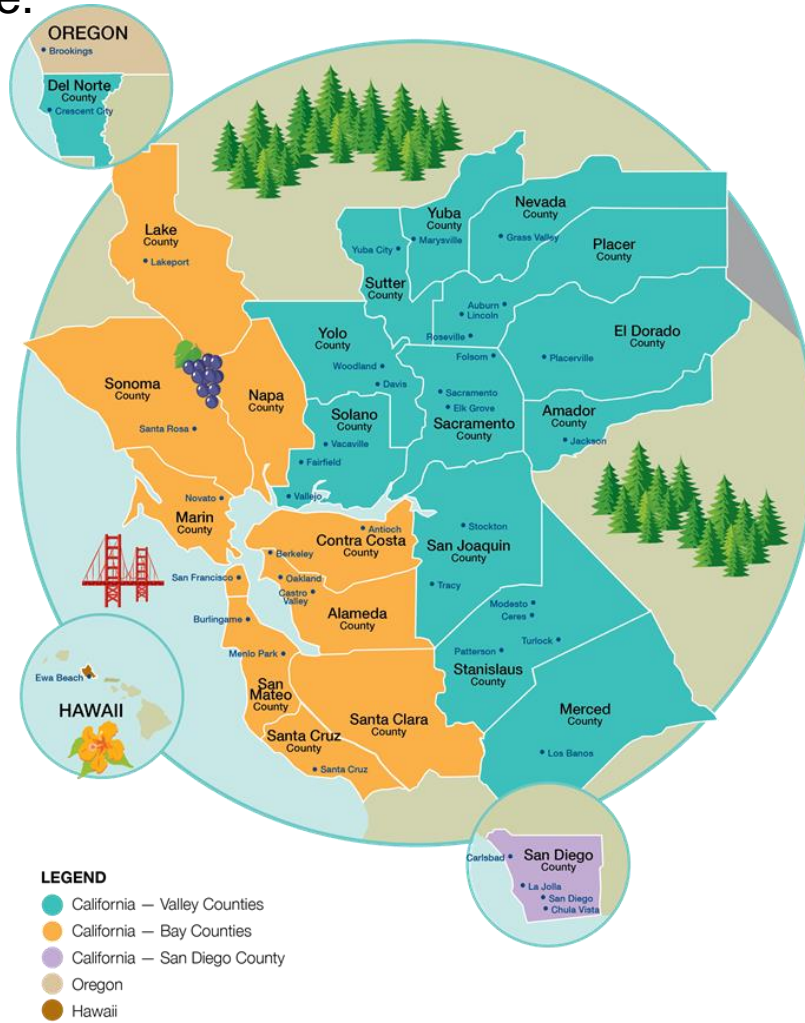
# Sutter Health in Northern CA

## CONTEXT

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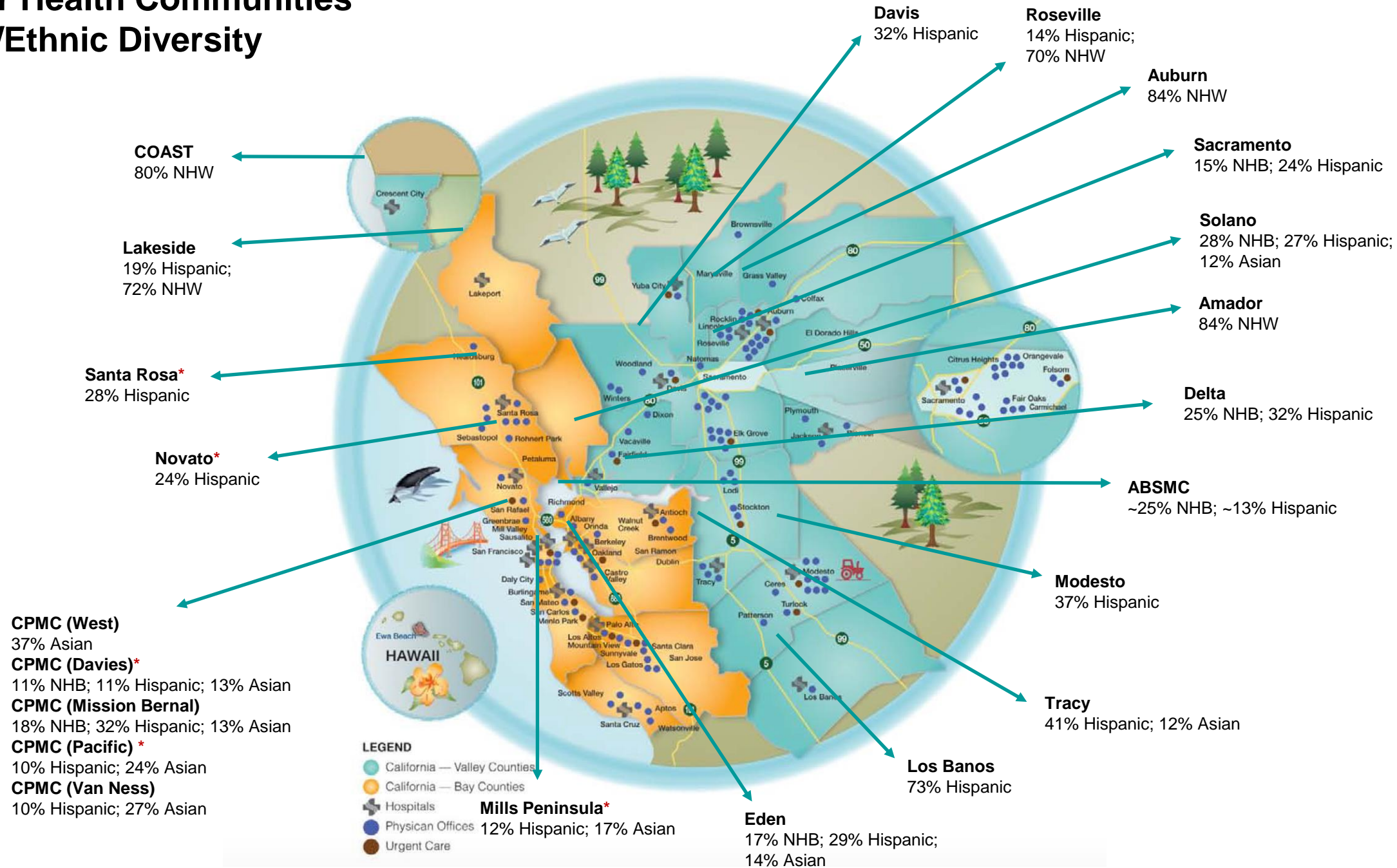
# Sutter Health: Diversity

Sutter Health cares for one of the **most diverse populations in the United States** and serves more low-income patients in Northern California than any other healthcare system. The cities within the 23 counties in Sutter Health's footprint varies from small, rural towns to large, bustling urban centers. More than half of its three million+ patients identify as non-white and 56% of non-native English speakers note Spanish as their primary language.



# Sutter Health Communities

## Race/Ethnic Diversity



# Institute for Advancing Health Equity

## OVERVIEW

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# Equity Over Equality

**Sutter Health Mission:** We enhance the well-being of people in the communities we serve through a not-for-profit commitment to compassion and excellence in healthcare services.

## Sutter Health Equity Pledge

At Sutter Health, **all patients** receive high quality care regardless of their circumstances. We deliver care that **meets the unique needs** of our communities with a commitment to ensuring access to care and **optimal health outcomes for all.**

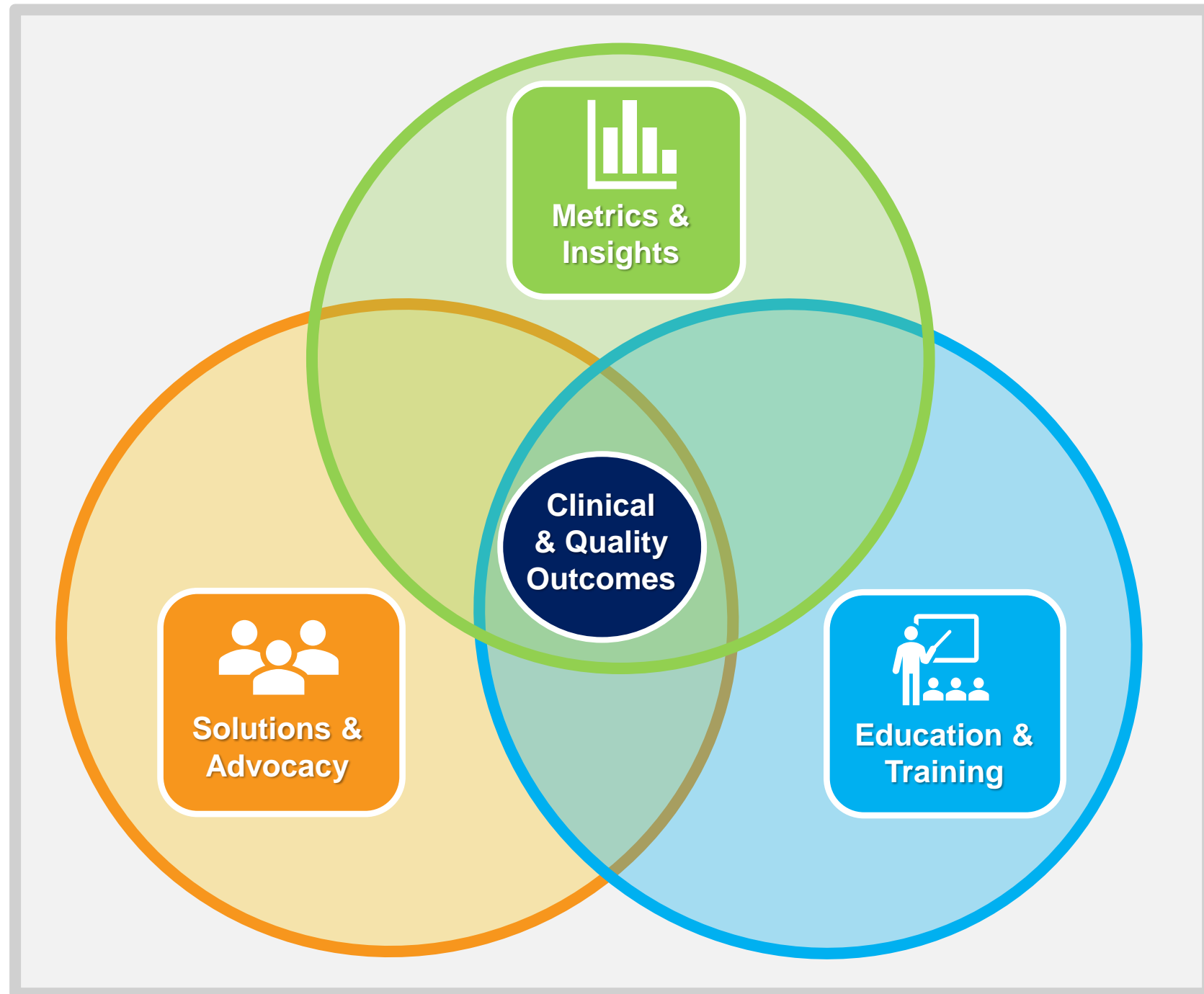




## Institute Overview

### Equity Focus:

- Socioeconomic
- Race/ethnic
- LGBTQ
- Age-related (lifespan)
- Abilities





# IAHE Focus Areas

## Specific Programs and their Impact



### Health System Equity

Health Equity Metrics on Dashboards  
Vaccine Equity  
Implicit Bias Initiative  
Supplier Diversity  
Language Services  
Patient Experience



### Equity in Care Transitions & Access

Emergency Department Utilization  
30-day Readmissions  
Ambulatory/ Preventive Care Access  
Palliative Care Access  
Patient Experience



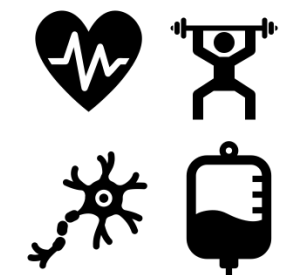
### Maternal Health Equity

Pre-term Birth  
C-Sections  
Maternal Mortality  
Breast Feeding  
Low Birth Weight  
Patient Experience



### Mental Health Equity

Depression Screening & Follow-up Care  
Suicide and Self-Harm Screening & Follow-up Care  
Substance Use Disorder Treatment & Outcomes  
Patient Experience



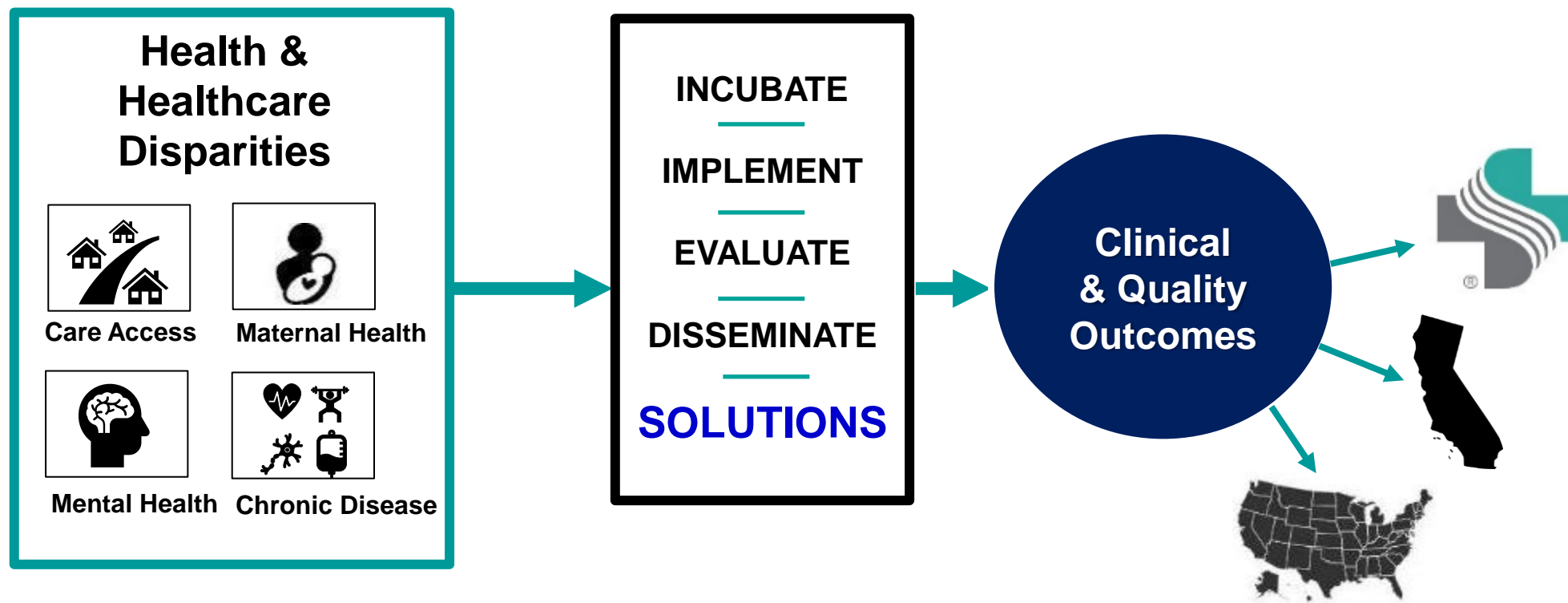
### Equity in Chronic Disease Outcomes

Cardiometabolic  
Musculoskeletal  
Cancer Care  
Neurology Care  
Quality of Life  
Patient Experience

# IAHE Health Equity Innovation Labs

## *Advancing the **science** of health equity*

*Rapid meets Rigor*





You can't manage what  
you don't measure.

Peter F. Drucker

# Race/Ethnicity/Ancestry/Language (REAL)

## IMPORTANCE OF DATA COLLECTION AND RESPONSE

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# **CLAS Standards**

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National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

## **Principal Standard**

Provide effective, equitable, understandable, and respectful **quality care** and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

- **Governance, Leadership and Workforce**
- **Communication and Language Assistance**
- **Engagement, Continuous Improvement, and Accountability**



# Race/Ethnicity/Ancestry/Language (REAL)


Offer **language assistance** to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

Establish **culturally and linguistically appropriate** goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.

REF: thinkculturalhealth.hhs.gov

- Followed Federal Standards for Collecting Race and Ethnicity from the Federal Register (1997)
- Completed a pilot at one ambulatory site, 2007
- Present business case to Sutter leadership
- Launch with Epic Rollout – 2010-2015

**PAPER QUESTIONNAIRE**

 **Sutter Health**  
With You. For Life.

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
(Please print)

**Patient Demographics Questionnaire**  
*We are asking for your race and ethnicity because some people have higher risks of developing certain disease, such as high blood pressure, diabetes, and heart disease. It is also important that we know your preferred spoken language so that you and your health care team can communicate clearly. We will keep this information confidential (private) and will update it in your medical record. This information will assist us in continuing to provide you with the best health care. Thank you!*

Please provide the information below using the pen provided. We greatly appreciate your participation!

1. **Race.** Please mark what best describes you.  
*[If more than one, please rank your selections by marking your primary race with a number 1, your secondary race with a number 2 and so on (Mark up to **FOUR**)]*

<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Japanese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Korean	<input type="checkbox"/> Samoan
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other Race

☐ I prefer not to answer

2. **Are you of Hispanic Origin?** (Please **mark the ONE** statement that best describes you.)  
☐ No, not Hispanic/Latino  
Yes:  
☐ Cuban  
☐ Puerto Rican  
☐ Mexican, Mexican American, Chicano  
☐ Other Spanish/Hispanic/Latino

*For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard etc.*

☐ I prefer not to answer

3. **What is your primary ancestry or ethnic origin?** (Write up to **FOUR** ancestries)  
*For example: Italian, Jamaican, African American, Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Mexican, Taiwanese, Ukrainian, etc.*

☐ I prefer not to answer

4. **Please indicate your preferred spoken language.**  
[We are required by law (CA Health and Safety Code AB800, Section 123147) to request this information.]

☐ I prefer not to answer

5. **Interpreter Services:** Would language interpreter services be helpful to you during your medical visit?

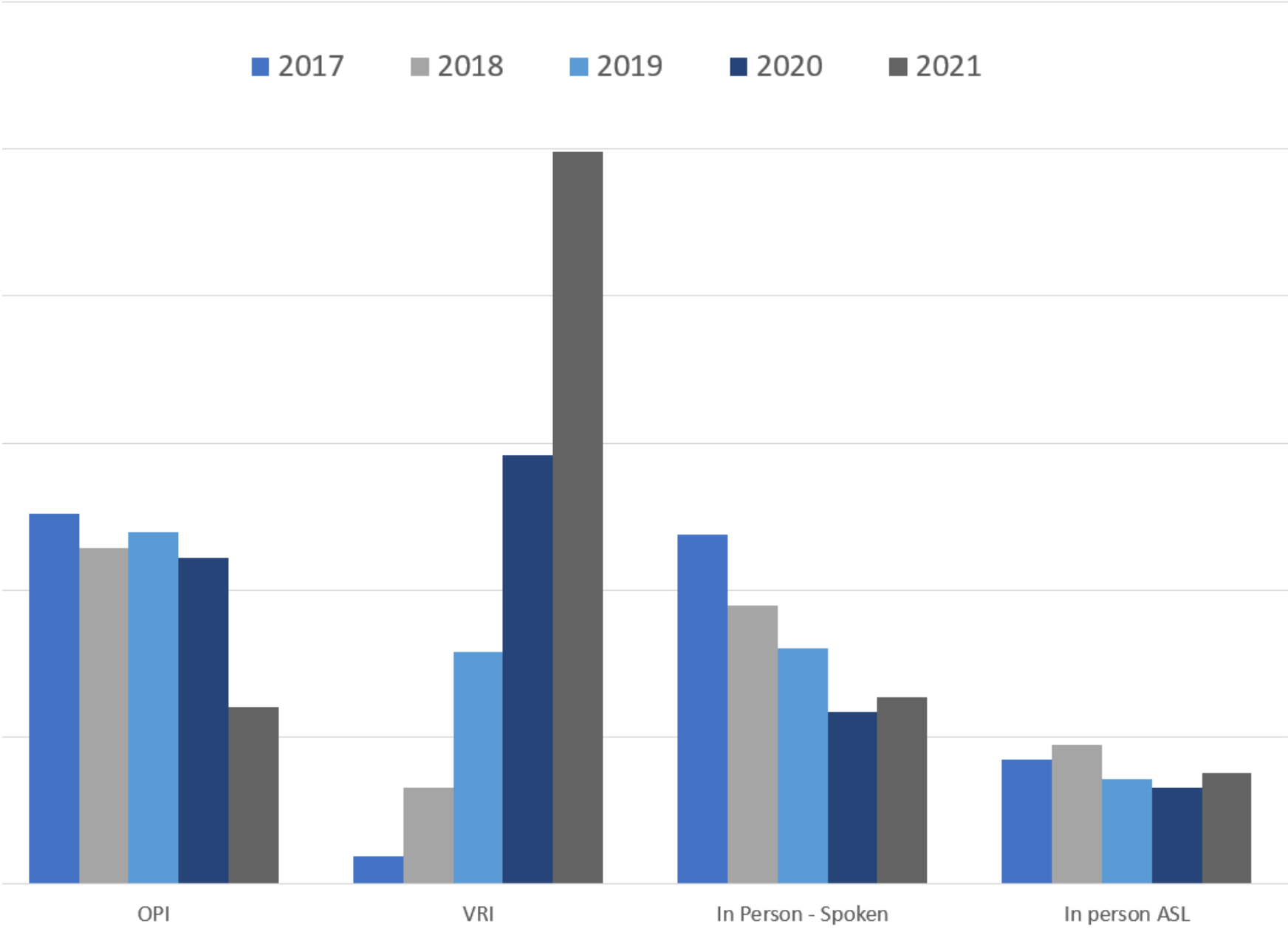
☐ Yes ☐ No ☐ I prefer not to answer

25 Last Modified January 2011

## Language Services at Sutter Health

YEAR	FOCUS	PROCESS	RESULT
2003 - present	Bilingual Employees	Vendor Language Competency-Testing	Over 3,000 bilingual employees validated as dual-role staff interpreters
2005 – present	Phone Interpretation	Competitive Request for Application	System Vendor
2005 – present	In-person Interpretation	Competitive Request for Application	System Vendor
2010-2013	Ambulatory Patients	Video Interpretation Pilot	System Vendor

# Sutter Health Language Service Vendor Use – 2017-2021



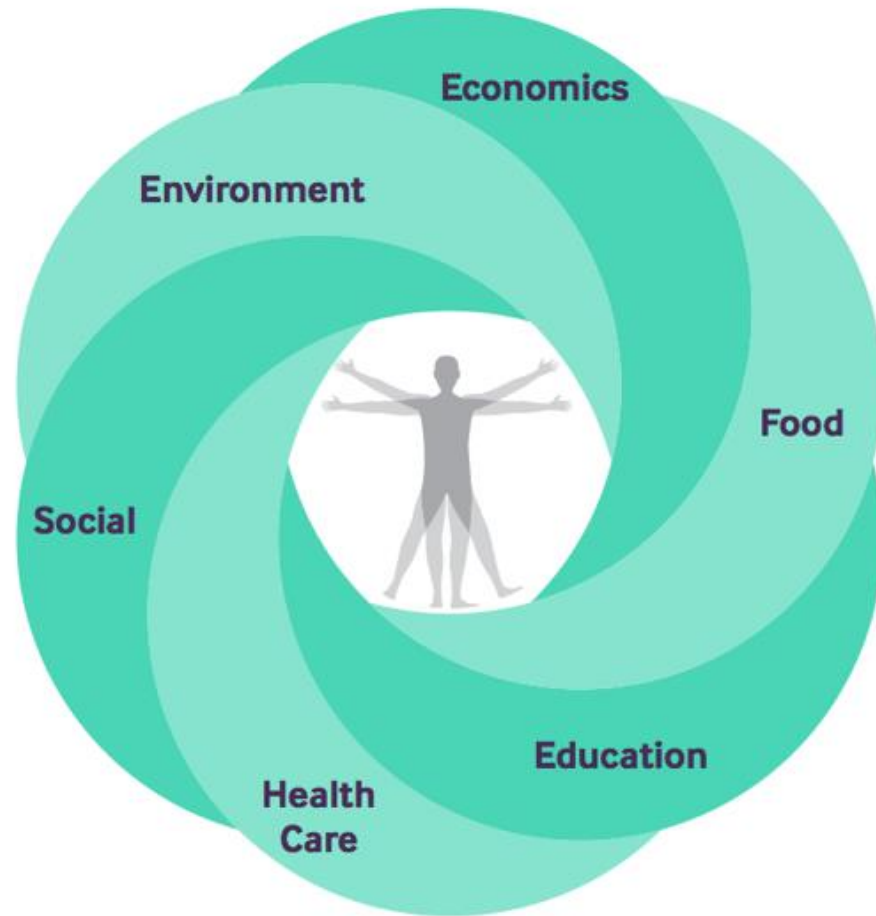


# Social Determinants of Health

## OVERVIEW

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# Social Determinants and Drivers of Health (SDOH)



## DEFINITION:

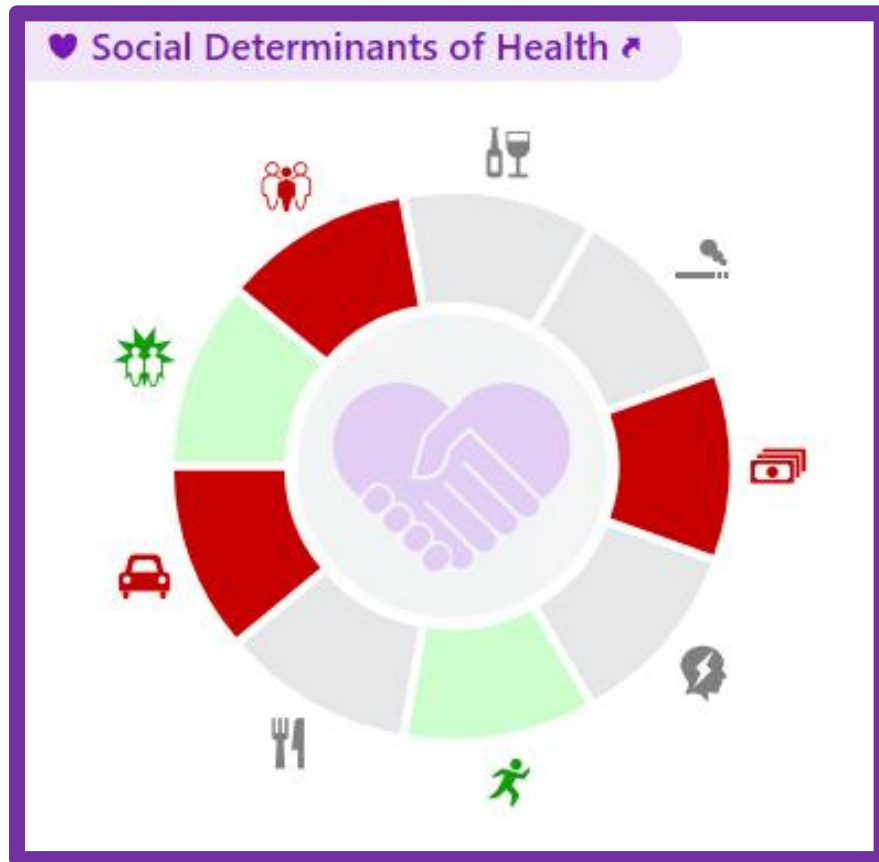
The place you work, the neighborhood you live in, your education, the relationships you have, access to health care and healthy food, and your entire physical environment (1).

Research suggests that up to 80 or 90 percent of our health status is determined by social determinants, and social determinants such as low education levels, racial segregation, low social support, and poverty can increase death rates among disadvantaged populations (2).

1. "Social Determinants of Health." World Health Organization, n.d. [https://www.who.int/social\\_determinants/en/](https://www.who.int/social_determinants/en/)

2. Galea, S., M. Tracy, K.J. Hoggatt, et al., "Estimated Deaths Attributable to Social factors in the United States," American Journal of Public Health 101(8):1456-1465, 2011

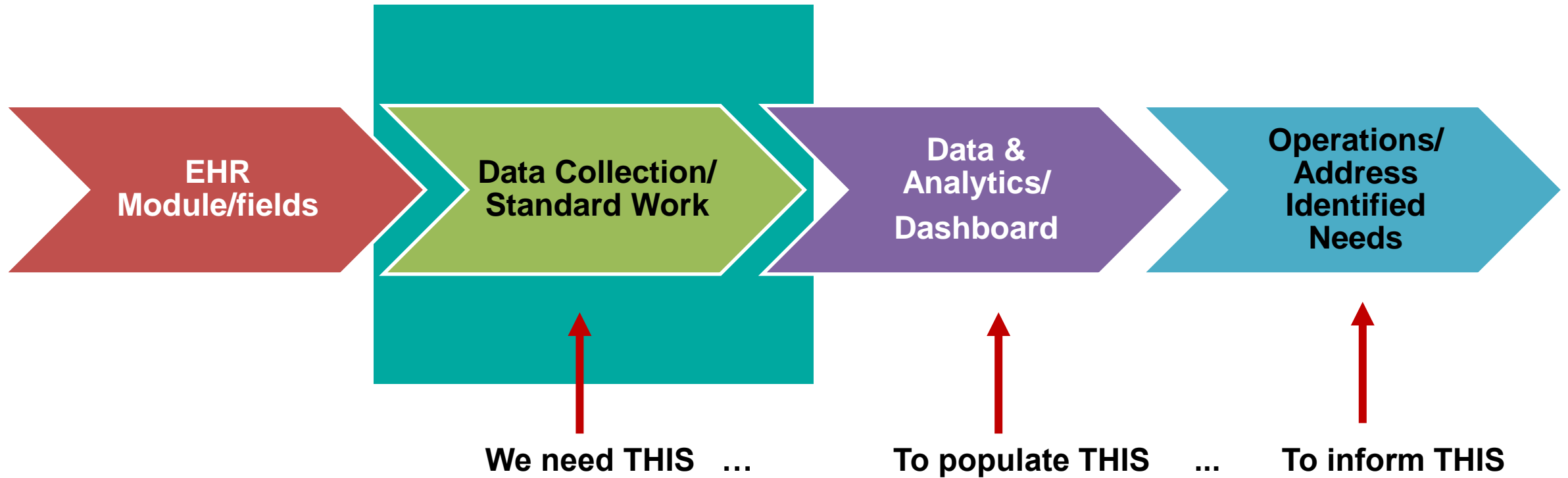
## Social Determinants of Health – Data Collection in EPIC



### Ten Domains:

1. Alcohol
2. Tobacco
3. Housing
4. Financial Insecurity
5. Food Insecurity
6. Stress
7. Physical Activity
8. Transportation
9. Social Connections
10. Intimate Partner Violence

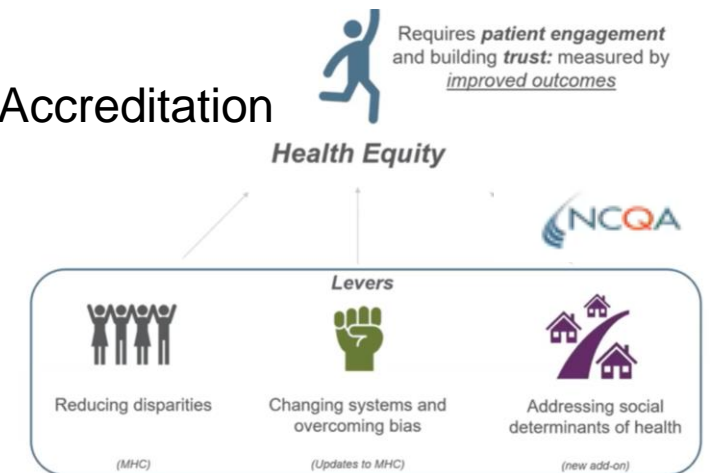
## Four Key Components of SDOH Work



## Carrots and Sticks: *Accountability is Coming*

- Aligned with the **MISSION** of healthcare → Accessible, Safe, Personal & Affordable
  - *Understanding and addressing social drivers of health **IS** healthcare*
- External accountability measures under development (i.e. “carrots and sticks”)
  - CMS “CMS Equity Plan for Improving Quality in Medicare” & 6 priorities
    - Value-based care models → i.e. ACO REACH
  - National Quality Forum (NQF) Recommendation to CMS for 2 New measures
    1. Screening for Social Drivers of Health
    2. Screen Positive Rate for Social Drivers of Health
  - National Committee for Quality Assurance (NCQA) Health Equity Accreditation
  - US News and World Report Rankings

**We can't address SDOH alone –  
Partnership and collaboration is required**



# Vaccine Equity Metrics

## OVERVIEW

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## COVID-19

By Kristen M. J. Azar, Zijun Shen, Robert J. Romanelli, Stephen H. Lockhart, Kelly Smits, Sarah Robinson, Stephanie Brown, and Alice R. Pressman

# Disparities In Outcomes Among COVID-19 Patients In A Large Health Care System In California

**ABSTRACT** As the novel coronavirus disease (COVID-19) pandemic spreads throughout the United States, evidence is mounting that racial and ethnic minorities and socioeconomically disadvantaged groups are bearing a disproportionate burden of illness and death. We conducted a retrospective cohort analysis of COVID-19 patients at Sutter Health, a large integrated health system in northern California, to measure potential disparities. We used Sutter's integrated electronic health record to identify adults with suspected and confirmed COVID-19, and we used multivariable logistic regression to assess risk of hospitalization, adjusting for known risk factors, such as race/ethnicity, sex, age, health, and socioeconomic variables. We analyzed 1,052 confirmed cases of COVID-19 from the period January 1–April 8, 2020. Among our findings, we observed that compared with non-Hispanic white patients, non-Hispanic African American patients had 2.7 times the odds of hospitalization, after adjustment for age, sex, comorbidities, and income.

DOI: 10.1377/hlthaff.2020.00598  
HEALTH AFFAIRS 39,  
NO. 7 (2020): 1253–1262  
©2020 Project HOPE—  
The People-to-People Health  
Foundation, Inc.

Kristen M. J. Azar (kazar@sutterhealth.org) is a research scientist at the Sutter Health Center for Health Systems Research and Analysis.

Zijun Shen is a research scientist at the Sutter Health Center for Health Systems Research and Analysis.

Robert J. Romanelli is a research scientist at the Sutter Health Center for Health Systems Research and Analysis.

## American Journal of Epidemiology



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ACCEPTED MANUSCRIPT

## Disparities among Racially/Ethnically Marginalized Groups in the COVID-19 Pandemic Persist Regardless of Statewide Shelter-in-Place Policies: An Analysis from Northern California <sup>FREE</sup>

Kristen M J Azar ✉, Stephen H Lockhart, Zijun Shen, Robert Romanelli, Stephanie Brown, Kelly Smits, Alice R Pressman

American Journal of Epidemiology, kwab191, <https://doi.org/ucsf.idm.oclc.org/10.1093/aje/kwab191>

Published: 02 July 2021 Article history ▾

PDF Split View Cite Perm

## The New York Times

### Black Coronavirus Patients Land in Hospitals More Often, Study Finds

Compared to white or Hispanic patients, black patients seeking care have more advanced cases of Covid-19, researchers reported.

4:45 p.m. ET, May 21, 2020

African Americans with Covid-19 more likely to be hospitalized than non-Hispanic whites, new study finds

From CNN's Gisela Crespo



Health Affairs @Healt... · 1/14/21

As we look ahead to 2021's #HealthPolicy opportunities and challenges, we look back at the #HATop20 articles from 2020 and the ways these and other articles in the journal shaped the policy discussion. Read the full list here: [bit.ly/2MTQyFe](https://bit.ly/2MTQyFe) 1/22

[Show this thread](#)



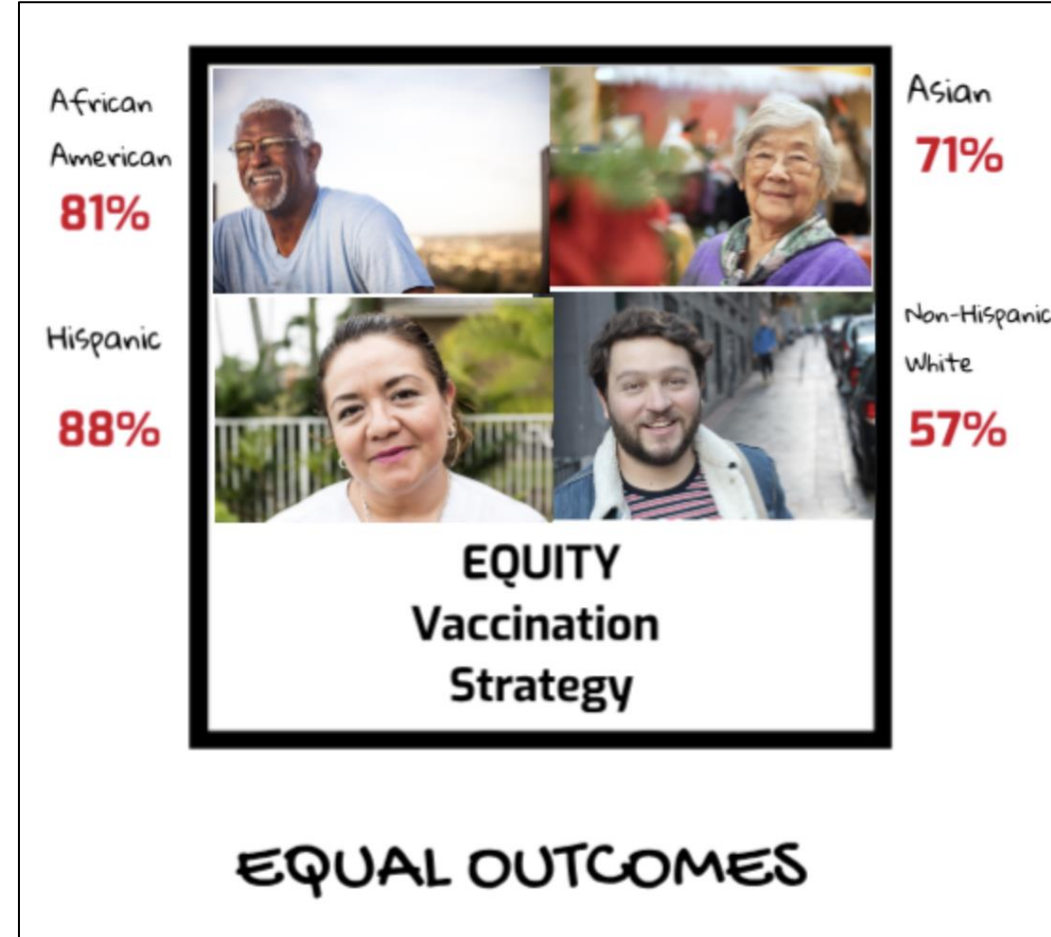


# Comparing Vaccination Strategies Equality vs Equity

## ORIGINAL RESEARCH

## Open Access

### Measuring Health Equity for Ambulatory Care Sensitive Conditions in a Large Integrated Health Care System: The Development of an Index

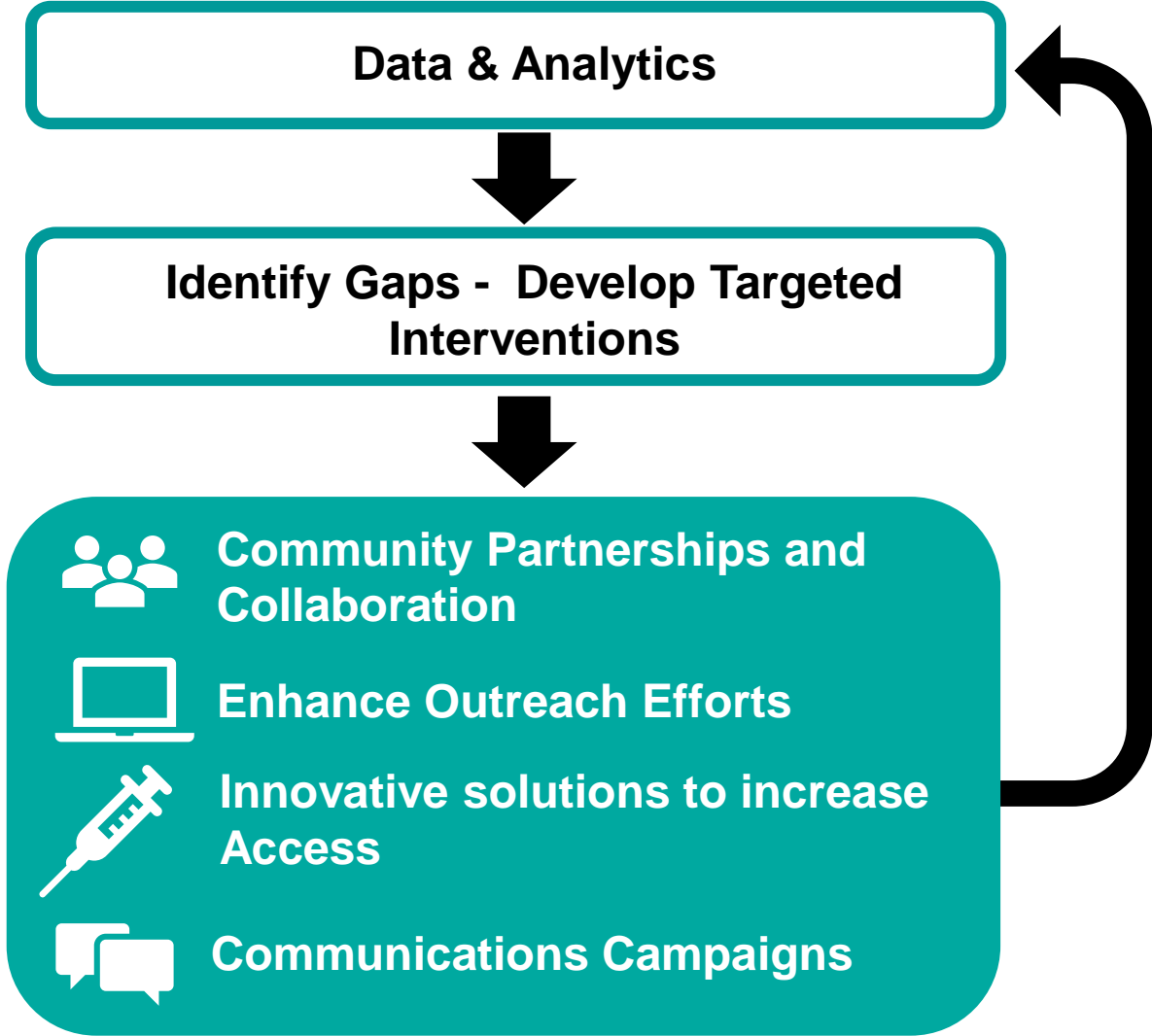


Azar<sup>1</sup>

patients rely on standing health y health, and it mmon practice e shown limited d implemented h inequalities in cision medicine ent of specially-grams. vement



Vaccine Equity Committee – Collaboration and Framework

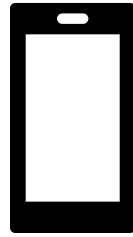


# Interventions to Close the Gaps

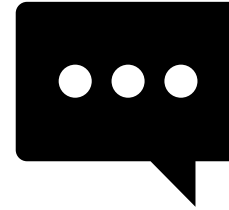


## Proactive Phone-Based Outreach

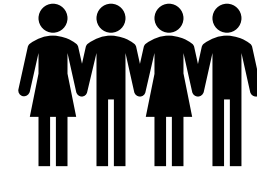
- Navigation
- Education
- Tracking



## Text-based Nudges



## Physician – Patient communication to combat hesitancy



## Community Benefit-led place-based interventions

# Executive Dashboard Metrics

## OVERVIEW

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# Health Equity Accountability Metric(s)

How do we track progress? How do we hold ourselves accountable?

HealthAffairs

## Equity Metrics Should Be An Essential Component Of Hospital Rankings

[Katherine R. Peeler](#), [Crandall E. Peeler](#),  
[Joseph R. Betancourt](#), [Jose F. Figueroa](#),  
[Thea L. James](#), [Valerie L. Ward](#), [Grace J. Chan](#)

MARCH 19, 2021

DOI: 10.1377/hblog20210312.583128



CMS  
NCQA  
IHA  
US News &  
World Report  
...more to come

Health Equity  
Volume 3.1, 2019  
DOI: 10.1089/heq.2018.0092

Health Equity

Mary Ann Liebert, Inc. publishers

ORIGINAL RESEARCH

Open Access

## Measuring Health Equity for Ambulatory Care Sensitive Conditions in a Large Integrated Health Care System: The Development of an Index

Alice Pressman,<sup>1,\*</sup> Stephen Lockhart,<sup>2</sup> John Petersen,<sup>1</sup> Sarah Robinson,<sup>1</sup> Maria Moreno,<sup>2</sup> and Kristen M.J. Azar<sup>1</sup>

### Abstract

Disparities in outcomes for preventive and primary health care services often result when vulnerable patients rely on episodic encounters for emergency services that do not meet their long-term health needs. Understanding health outcomes in socially or economically disadvantaged subgroups is crucial to improving community health, and it

HEQ-2021-0047-ver9-Pressman\_1P

Type: research-article

Health Equity

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a. While it is common practice  
uity, these have shown limited  
re designed and implemented

Health Equity  
Volume 5.1, 2021  
DOI: 10.1089/heq.2021.0047  
Accepted May 21, 2021

ORIGINAL RESEARCH

Open Access

## Measuring and Promoting Severe Acute Respiratory Syndrome Coronavirus 2 Vaccine Equity: Development of a Coronavirus Disease 2019 Vaccine Equity Index

AU1 ▶ Alice R. Pressman,<sup>1-3,\*†,‡</sup> Stephen H. Lockhart,<sup>1,†</sup> Zijun Shen,<sup>1,2</sup> and Kristen M.J. Azar<sup>1-3</sup>

# Process and Methodology

## Workgroup Collaboration



1. Other Health System Perspective
2. Extensive review of peer-reviewed articles, white papers and reports
3. Trends and Recommendations from external regulating bodies

# Process and Methodology

## Guiding Principals & Selected Metrics

- Leverage existing dashboard measures through a “health equity lens” across practice settings (i.e. ambulatory, acute)
- Focused set of objective measures
- Metrics must be agile/moveable/actionable
- Include at least one patient experience metric per health equity “bundle”

### **Ambulatory**

- 1) Controlling Blood Pressure
- 2) Colorectal Cancer Screening
- 3) Diabetes Care- HbA1c Control (< 8.0%)
- 4) Breast Cancer Screening

### **Acute Care**

- 1) Septic Shock Mortality
- 2) NTSV C-section
- 3) All-cause Readmissions



← Explore / Accountable Care Solutions Ops Analytics / Healthcare Equity / Sutter Healthcare Equity / Summary ☆

Data Sources

🔍

📋

?

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AK

↶ Undo ↷ Redo ↶ Revert 🔄 Refresh ⏸ Pause

📊 View: Original

🔔 Alerts

📈 Metrics

✉ Subscribe

🔗 Share

📄 Download

💬 Comments

🖥 Full Screen

Summary | Methodology

🏠 Sutter Healthcare Equity







🎬

Sutter Health

Sutter Population Health Service

Sutter Health has pledged to advance health equity for patients through research and patient-focused care. We believe that as a provider network we must do all we can to advance health equity, and we are committed to collaborating with healthcare partners in these efforts. Health Equity Index (HEI) is a weighted score derived from race/ethnicity, household income, and gender-specific ratios of observed-to-expected healthcare activity for a specific condition. An HEI greater than 1.1 may indicate a potential opportunity to get more information to improve the health outcomes for a specific disease condition and patient population.

SHOW DETAILS

	Condition	System	Bay	Valley
AMBULATORY	 <b>Breast Cancer Screening</b>	1.05-1.1	1.05-1.1	> 1.1
	 <b>Colorectal Screening</b>	> 1.1	1.05-1.1	1.05-1.1
	 <b>Diabetes</b>	> 1.1	> 1.1	> 1.1
	 <b>Hypertension</b>	1.05-1.1	1.05-1.1	1.05-1.1
ACUTE	 <b>NTSV Cesarean Births</b>	> 1.1	> 1.1	1.05-1.1
	 <b>Readmissions</b>	< 1.05	< 1.05	< 1.05
	 <b>Sepsis Mortality</b>	< 1.05	< 1.05	1.05-1.1

Sutter Health

On a Mission to Advance Health Equity

Suboptimal Outcome Ratio

- Race/ethnicity
- Socioeconomic Status (< 2xFPL)
- Sex

# Lessons Learned



EMBRACE THE  
JOURNEY



COMMUNICATION  
&  
TRANSPARENCY



COMMUNITY  
PARTNERSHIPS &  
RELATIONSHIPS



GROWTH  
MINDSET



COLLABORATION  
& TEAM SCIENCE



COMMITMENT IS  
CRUCIAL

**A JOURNEY OF A  
THOUSAND MILES  
BEGINS WITH A  
SINGLE STEP**

LAO TZU



<https://thegravityproject.net/>

# Introducing the Gravity Project

We are a national public collaborative that develops consensus-based data standards to improve how we use and share information on social determinants of health (SDOH).

[Learn More](#)



[Home](#) > [USCDI](#)

For data class description and applicable standards supporting data elements, click to view the USCDI Version 1 (July 2020 errata) in PDF format below.



[Click to View USCDI V1](#)



[Click to View USCDI V2](#)



[Click to View Draft USCDI V3](#)

[Previous USCDI Versions](#)

The USCDI ONC New Data Element and Class (ONDEC) Submission System supports a predictable, transparent, and collaborative process, allowing health IT stakeholders to submit new data

## United States Core Data for Interoperability (USCDI)

The United States Core Data for Interoperability (USCDI) is a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange. Review the [USCDI Fact Sheet](#) to learn more.

A USCDI "Data Class" is an aggregation of various Data Elements by a common theme or use case.

A USCDI "Data Element" is the most granular level at which a piece of data is exchanged.

For example, Date of Birth is a Data Element rather than its component Day, Month, or Year, because Date of Birth is the unit of exchange.

[USCDI ONC New Data Element & Class \(ONDEC\) Submission System](#)

ONC released Draft USCDI v3 and are accepting feedback on its content until April 30, 2022. Click on the Draft USCDI v3 tab for more information and to submit your feedback.

[USCDI V1](#) [USCDI V2](#) [Draft USCDI V3](#) [Level 2](#) [Level 1](#) [Comment](#)

- Standardization
- Interoperability
- Continual Refinement
- Governance

# **Sutter Health Institute for Advancing Health Equity**

For more information, please contact us!

Sutter Health Institute for Advancing Health Equity

Email us:

[healthequity@sutterhealth.org](mailto:healthequity@sutterhealth.org)

Visit our website:

[www.sutterhealth.org/about/health-equity](http://www.sutterhealth.org/about/health-equity)

# Equity Data

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# Data Analysis

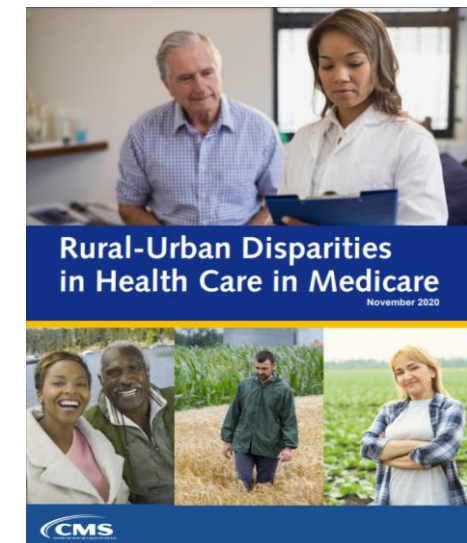
The Data and Policy Analytics Group (DPAG) within CMS OMH conducts special studies regarding CMS and HHS programs, policies, or regulations that impact underserved populations to help inform CMS policy and decisions. Responsibilities include:

- Planning the development and implementation of new initiatives and data analyses to monitor and improve aspects of care.
- Working with agency partners to improve data collection, analysis, and reporting by demographics and other characteristics associated with health disparities.

## DPAG Activities

- Mapping Medicare Disparities Tool
- Stratified Reports
- Data Highlights
- Data Snapshots

Available at: <https://www.cms.gov/About-CMS/Agency-Information/OMH/research-and-data>



# Data Analysis: Mapping Medicare Disparities (MMD) Tool



- Launched in March 2016 by CMS OMH
- Interactive map that allows users to identify areas of disparities between subgroups of Medicare beneficiaries (e.g., racial and ethnic groups), chronic disease prevalence, health outcomes, spending, utilization, and COVID-19 prevalence and hospitalization.
- User friendly and visually appealing
- Medicare Fee-for-Service data, recently updated with 2020 data
- Downloadable data and maps
- Available in Spanish
- Population View and Hospital View

Available at: <https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH-Mapping-Medicare-Disparities>

# 2022 Racial, Ethnic, & Sex Disparities in Health Care in Medicare Advantage Report

- CMS OMH recently released the [2022 Racial, Ethnic & Gender Disparities in Health Care in Medicare Advantage report](#) to further understand health disparities.
- The report details the racial, ethnic, and sex differences in health care experiences and clinical care received by Medicare Advantage (MA) enrollees in 2021.
- This report is based on an analysis of two sources of information, the Healthcare Effectiveness Data and Information Set (HEDIS) and the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. HEDIS collects information from medical records and administrative data on the quality of care that people enrolled in Medicare receive.
- Health care professionals, organizations, researchers, and hospital leaders can utilize this report along with other CMS tools and [resources](#) to help raise awareness of health disparities, develop health care interventions for racially and ethnically diverse populations, and implement quality improvement efforts that improve health equity.

# Stratified Reporting

- To comprehensively address and eliminate health disparities, it is necessary to measure and publicly report – in a standardized and systematic way – the nature and extent of health care disparities.
- Stratified reporting provides useful information for the following activities:
  - Target quality improvement activities and resources
  - Monitor health and drug plan performance
  - Advance the development of culturally and linguistically appropriate quality improvement interventions and strategies

<https://www.cms.gov/About-CMS/Agency-Information/OMH/research-and-data/statistics-and-data/stratified-reporting>

# Stratified Reporting

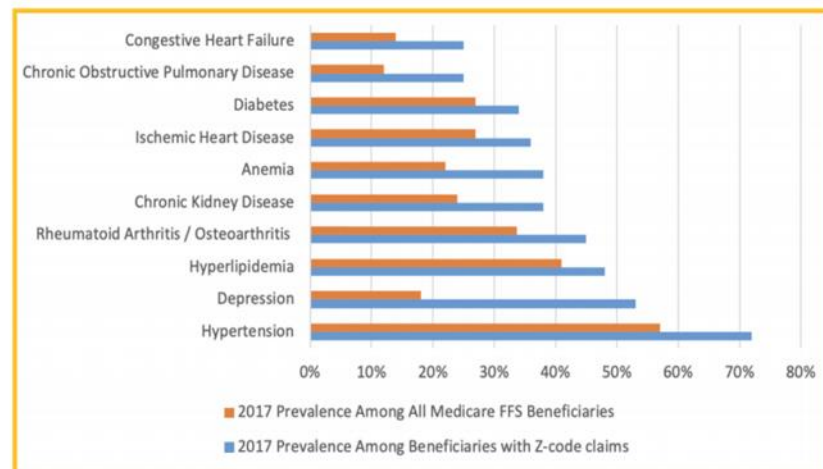
- [Trends in Racial, Ethnic, Sec, and Rural-Urban Inequities in Health Care in Medicare Advantage: 2009-2018](#)
- [Disparities in Health Care in Medicare Advantage Associated with Dual Eligibility or Eligibility for Low-Income Subsidy](#)
- [Part C and D Performance Data Stratified by Race, Ethnicity, and Gender](#)
- [Part C and D Performance Data Stratified by Geography \(Rural/Urban\)](#)



# Data Highlights

- CMS presents national and regional data on Medicare, Medicaid, and Marketplace population to:
  - Provide an overview of a specific public health issue
  - Offer a brief quantitative and/or qualitative analysis of the data
  - Describe purpose of findings to support CMS or HHS policy or initiatives

Figure 2. Top 10 Chronic Conditions among Medicare FFS Beneficiaries with Z Codes in 2017



Volume 30 - April 2022

[Utilization of Z Codes for Social Determinants of Health among a Sample of Medicare Advantage Enrollees, 2017 and 2019 \(PDF\)](#)

This data highlight focuses on analyzing the utilization of Z codes in a sample of Medicare Advantage enrollees from 2016 to 2019. The report describes sociodemographic data, Z codes claims data collected, and highlights potential incentives to increasing the use of Z codes to help reduce health care disparities.



Volume 29 - January 2022

[Access to Medication for Opioid Use Disorder \(MOUD\) Among Medicare Fee-for-Service Beneficiaries: Influence of CARES Act Implementation \(2020\) \(PDF\)](#)

This data highlight describes and compares sociodemographic, health condition characteristics, and health care utilization, including use of telehealth, among patients enrolled in Medicare Fee-for-Service who have opioid use disorder, examining the data before and after the onset of the COVID-19 pandemic and implementation of the CARES Act.

# Question & Answer

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# Concluding Thoughts

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# Health Equity Successes

- **April 25, 2019 – North Carolina Medicaid Improving SDOH and Food Distribution**
  - NC Medicaid began reimbursing social welfare agencies to provide services to managed care recipients that address underlying food, housing, transportation and violence issues that impact health.
- **January 27, 2022 – Funding Opportunity to Increase Medicaid Enrollment which expands access to coverage and care**
  - CMS committed a record \$49.4 million to fund organizations that can connect more eligible children, parents, and pregnant individuals to health care coverage through Medicaid and the Children’s Health Insurance Program (CHIP). Awardees—including state/local governments, tribal organizations, federal health safety net organizations, non-profits, schools, and others—will receive up to \$1.5 million each for a three-year period to reduce the number of uninsured children by advancing Medicaid/CHIP enrollment and retention.
- **March 4, 2022 – Utah’s Primary Care Network (PCN) Section 1115 Demonstration Amendment**
  - CMS approved an amendment to Utah’s Primary Care Network (PCN) section 1115 demonstration. The demonstration will allow the state to provide housing-related services and supports (HRSS), including tenancy support, community transition and supportive living services to adults, ages 19 through 64 with income at zero percent of the federal poverty level (FPL) (effectively five percent with the five percent income disregard), with no dependent children, who are enrolled in the targeted adult population under the demonstration and who meet other needs-based criteria and risk factors.
- **April 19, 2022 – CMS Proposes Policies to Advance Health Equity**
  - CMS published the FY 2023 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) rule, which includes measures that will encourage hospitals to build health equity into their core functions, thereby improving care for people and communities who are disadvantaged and/or underserved by the healthcare system. The rule includes three health equity-focused measures in hospital quality programs.
- **April 19, 2022 – CMS Proposes Policies to Advance Maternal Health**
  - CMS published the FY 2023 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) rule, which proposes a “Birthing-Friendly” hospital designation and additional quality measure reporting to drive improvements in maternal health outcomes and maternal health equity.

# Minority Research Grant Program (MRGP)

- Funding for principal investigators at minority-serving institutions (MSIs) to research opportunities to embed health equity into CMS programs.
- Eligible Institutions
  - AANAPISIs
  - HBCUs
  - HSIs
  - TCUs
- A Notice of Funding Opportunity is planned for this year through [Grants.gov](https://www.grants.gov).
- For more information, visit [go.cms.gov/minorityresearch](https://go.cms.gov/minorityresearch)
- [Minority Research Grant Program, Grantee Story: Meharry College - YouTube](#)



# Connect with CMS OMH

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## Health Equity Technical

### Assistance Program

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## Rural Health

[RuralHealth@cms.hhs.gov](mailto:RuralHealth@cms.hhs.gov)

# Thank You

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