

**PRIMARY CARE
MODERNIZATION**

Health Equity Improvement

CORE CAPABILITY

This capability identifies key components of an effective Health Equity Improvement strategy. In order to achieve the capability, your network must achieve the goals and demonstrate improvement on the process measures, as detailed below.

DRAFT



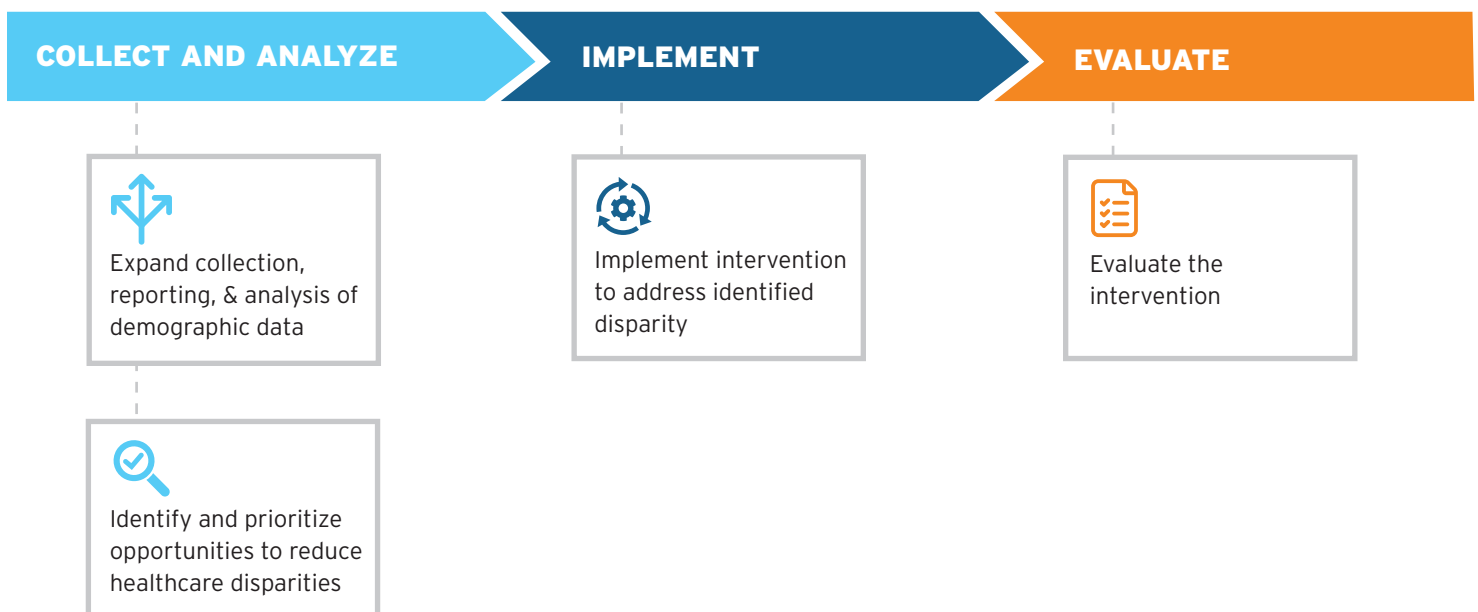
GOALS

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.

Process Measures

1. Increased collection of all specified data documented in the EHR
2. Completed analyses that identify at least three disparities
3. Completed interventions to address the three disparities

KEY ELEMENTS OF HEALTH EQUITY IMPROVEMENT



HOW



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 preferred language, sexual orientation and gender identity (SOGI), and disability status for all patients
3. Collect information regarding health literacy and social determinants of health
4. Identify valid clinical and care experience performance measures to compare clinical performance between sub-populations; such measures should meet generally applicable principles of reliability, validity, sampling and statistical methods
5. Analyze the identified clinical performance and care experience measures using variables identified in 1-3 above and geography/place of residence
6. Establish methods of comparison between sub-populations and in relation to the network's attributed population or a benchmark
7. 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 three interventions to address identified disparities

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



Evaluate intervention

1. Demonstrate that the interventions are reducing the healthcare disparities 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 design

