# HQIC Community of Practice Call

Creating a Hospital Community's Social Needs Profile December 9, 2021



#### Introduction



Shelly Coyle
Nurse Consultant - Division
of Quality Improvement
Innovation Models Testing
iQuality Improvement and
Innovations Group
Center for Clinical
Standards and Quality
CMS



Latrail Gatlin
Health Insurance SpecialistDivision of Quality
Improvement Innovation
Models Testing
iQuality Improvement and
Innovations Group
Center for Clinical Standards
and Quality
CMS

Welcome!

Who's in the Room?



#### Overview

Convergence Health Consulting:

Bruce W. Spurlock, M.D.

President and CEO

- Tools to consider
- Developing a Social Needs Profile
- Impact and opportunity
- Cottage Health System:

Sharon K.L. Lutz, Ph.D.

Vice President of Quality Support Services

- Perspectives of the hospital
- Approach to incorporating
- Q&A



#### As You Listen, Ponder...

- How can you draw attention to the factors within a community that impact outcomes?
- What tools can you leverage to help explore opportunities?
- Where can you begin with your facility to continue to ensure safety, and a true patient-centered approach as you engage collaboratively with others?
- Which activities underway can you expand and push forward to build on action in the next 30 days? 90 days?



#### Meet Your Speaker

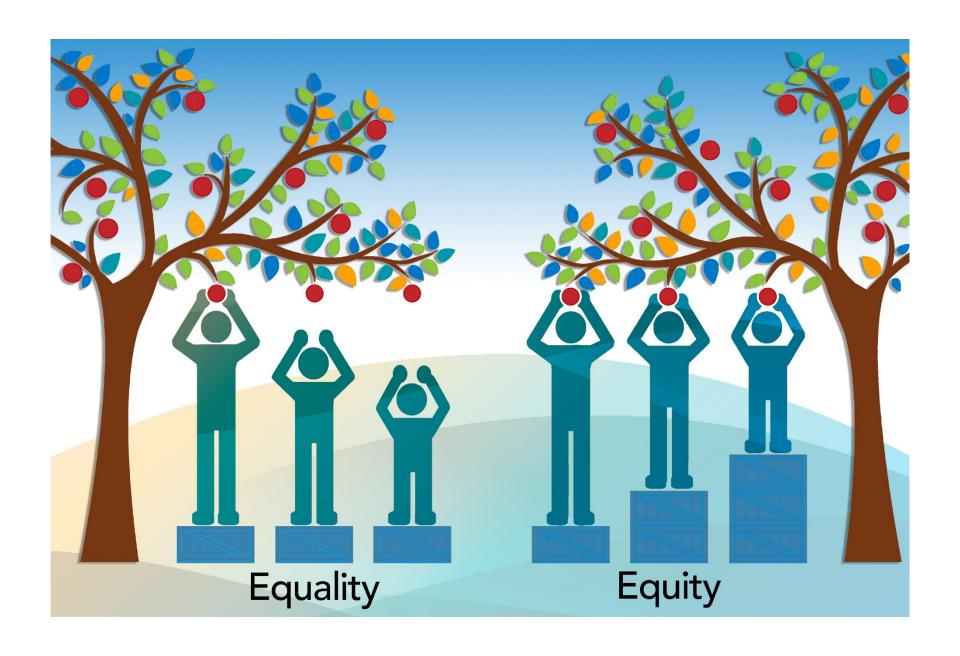


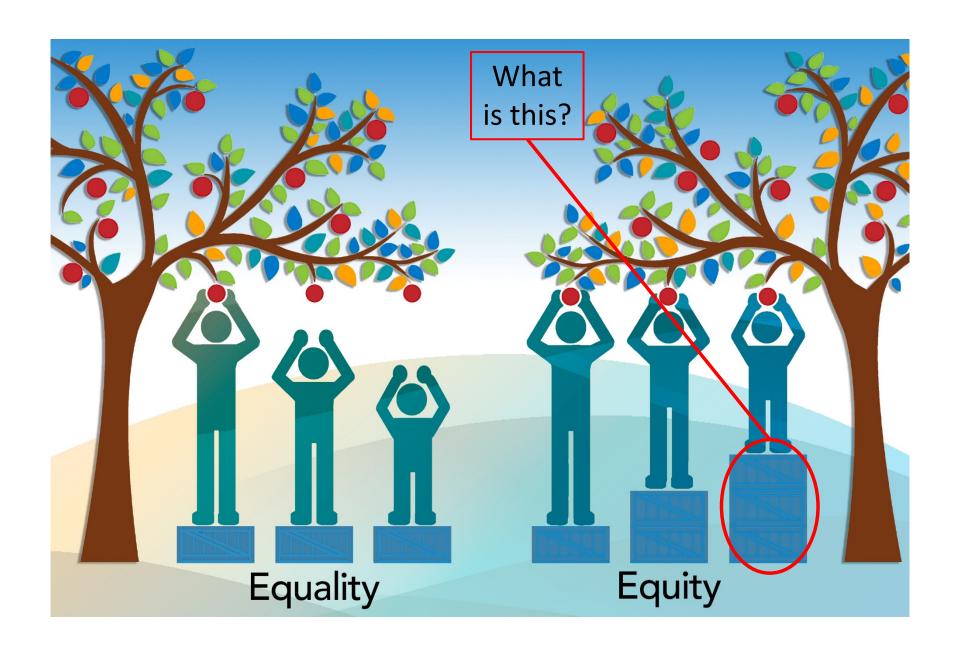
Bruce W. Spurlock, M.D. President and CEO Convergence Health Consulting



### Hospital Specific Social Needs Profiles

Another Lens to Determine Priorities and Actions to
Reduce Health Disparities
Bruce Spurlock, M.D. Convergence HQIC





### Capturing patient level data is ideal, except...



# Challenges collecting SDOH & REAL

#### **Inaccuracies**

- Assumptions
- Unwillingness
- Power dynamics

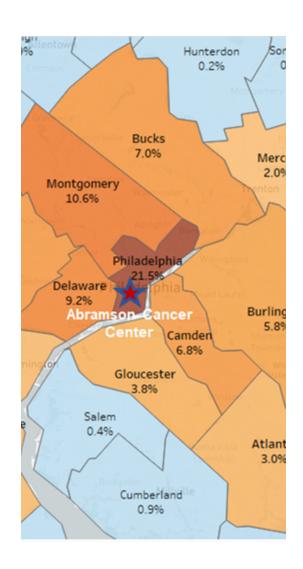
#### Incompleteness

- Cost
- Time
- New systems

#### Inaction

### Question:

Can we create an objective, quantitative way to identify a hospital community's social vulnerability?



### Step 1 – Choose an Indicator of Disadvantage

**Healthy Places Index (HPI)** 

**CDC Social Vulnerability Index (SVI)** 

**Area Deprivation Index (ADI)** 

**Social Deprivation Index** 

**Poverty level** 

**Household Income** 

### HPI Technical Methods

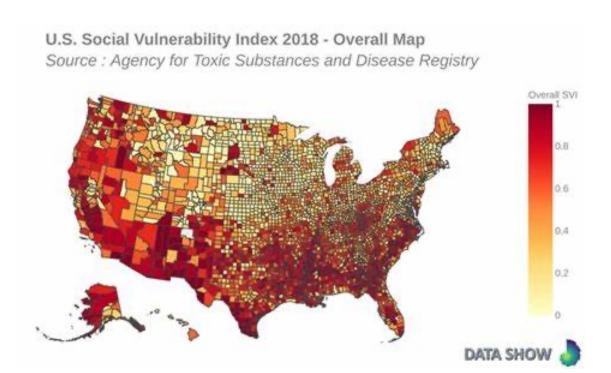
25 measures within the 8 domains Weighting by impact on Life Expectancy at Birth (LEB)

ECONOMIC	EDUCATION	HEALTHCARE	HOUSING	NEIGHBOR- HOOD	CLEAN ENVIRONMENT	SOCIAL	TRANSPOR- TATION
0.32	0.19	0.05	0.05	0.08	0.05	0.10	0.16
<ul><li>Poverty</li><li>Employment</li><li>Income</li></ul>	Pre-school enrollment High school enrollment Bachelors attainment	• Insured adults	Severe cost burden low- income: • renters • owners • Homeownership • Kitchen and plumbing • Crowding	<ul> <li>Retail jobs</li> <li>Supermarket access</li> <li>Parks</li> <li>Tree canopy</li> <li>Alcohol establishments</li> </ul>	<ul><li>Diesel PM</li><li>Ozone</li><li>PM2.5</li><li>Drinking Water</li></ul>	<ul><li>Two Parent Household</li><li>Voting</li></ul>	Healthy     Commuting     Automobile     access

Health Places Index Policy Action Areas (Domains), Weights, and Individual Indicators

<sup>\*</sup>HPI is a California specific social needs database

### CDC Social Vulnerability Index



CDC Social Vulnerability Index (SVI) Components

Overall Vulnerability

Socioeconomic Status

Household Composition & Disability

Minority Status & Language

Housing & Transportation **Below Poverty** 

Unemployed

Income

No High School Diploma

Aged 65 or Older

Aged 17 or Younger

Civilian with a Disability

**Single-Parent Households** 

Minority

Speak English "Less than Well"

**Multi-Unit Structures** 

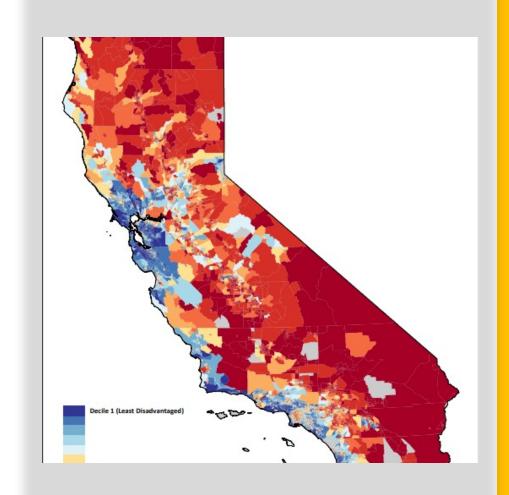
**Mobile Homes** 

Crowding

No Vehicle

**Group Quarters** 

# Area Deprivation Index (ADI)



Step – 2 Identify Patient Origin

**Hospital Service Areas** (HSAs) are local health care markets for hospital care. HSAs were defined by assigning ZIP codes to the hospital area where the greatest proportion of their Medicare residents were hospitalized based on calendar year Medicare inpatient hospital fee-for-service claims data.\*

\*Source: <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Hospital-Service-Area-File">https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Hospital-Service-Area-File</a>

Step 3 - Map Indicator to Weighted Patient Origin (High Social Needs)

hosp_name	HPI All Payer	SVI All Payer	
· · · · · · · · · · · · · · · · · · ·	<b>↓</b> 1	V	
Martin Luther King, Jr. Community Hospital	-0.74	0.85	
Adventist Health Clear Lake	-0.71	0.78	
Community Regional Medical Center	-0.71	0.78	
Community and Mission Hospital of Huntington Park -	-0.69	0.84	
California Hospital Medical Center	-0.67	0.80	
Delano Regional Medical Center	-0.65	0.86	
Community Hospital of San Bernardino	-0.64	0.78	
Kern Medical	-0.62	0.76	
St. Bernardine Medical Center	-0.61	0.76	
East Los Angeles Doctors Hospital	-0.60	0.81	
Hemet Valley Medical Center	-0.59	0.73	
St. Francis Medical Center	-0.59	0.81	
Adventist Health White Memorial	-0.57	0.80	
Adventist Health Reedley	-0.57	0.83	
Bakersfield Memorial Hospital	-0.57	0.72	
Victor Valley Global Medical Center	-0.55	0.68	
Hi-Desert Medical Center	-0.55	0.60	
Sierra View Medical Center	-0.54	0.87	

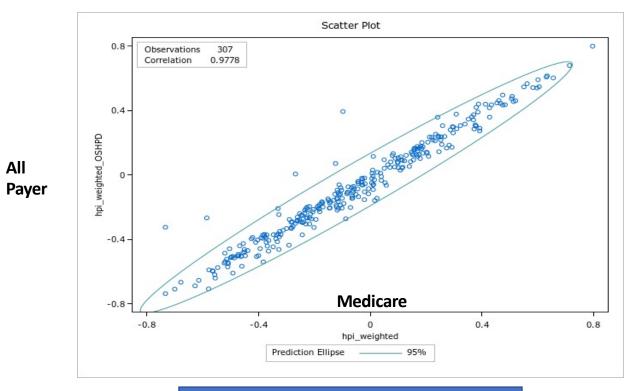
Step 3 - Map Indicator to Weighted Patient Origin (Low Social Needs)

hosp_name	HPI All Payer	SVI All Payer
<u></u>	<b>#</b> 1	▼
Seton Medical Center	0.44	0.42
Stanford Health Care	0.44	0.38
Kaiser Permanente South San Francisco Medical Cen	0.45	0.41
Kaiser Permanente San Francisco Medical Center	0.45	0.39
San Mateo Medical Center	0.46	0.40
Good Samaritan Hospital - San Jose	0.46	0.33
California Pacific Medical Center - Davies Campus	0.46	0.36
St. Mary's Medical Center - San Francisco	0.47	0.36
Los Robles Hospital & Medical Center	0.49	0.25
Mission Hospital - Mission Viejo	0.50	0.19
John Muir Medical Center - Walnut Creek Campus	0.54	0.31
Kaiser Permanente Redwood City Medical Center	0.54	0.35
Novato Community Hospital	0.55	0.31
Kaiser Permanente Walnut Creek Medical Center	0.55	0.29
Stanford Health Care - ValleyCare - Pleasanton	0.57	0.24
Mills-Peninsula Medical Center	0.59	0.33
El Camino Hospital	0.60	0.29
Sequoia Hospital	0.61	0.30
Kaiser Permanente San Rafael Medical Center	0.62	0.29
Marin General Hospital	0.68	0.28
San Ramon Regional Medical Center	0.80	0.17

# Are Social Needs Index scores different between FFS Medicare and All-Payer Data?

<u>Patient Origin/Market Share (Pivot Profile)—Inpatient, Emergency Department, and Ambulatory Surgery - 2020</u> Patient Origin/Market Share (Pivot Profile) - California Health and Human Services Open Data Portal

# Comparison of Medicare and All Payer Versions - HPI



Pearson Correlation Coefficient = 0.978

- High correlation between HPI and SVI (0.917)
- Strong correlation between HPI and ADI (0.794)
- Lower correlation between SVI and ADI (0.648)

0			
_	HPI	SVI	ADI
НРІ	1.000	-0.917 <.0001	-0.794 <.0001
SVI	-0.917 <.0001	1.000	0.648 <.0001
ADI	-0.794 <.0001	0.648 <.0001	1.000

✓ ADI methodology seems to have material differences with SVI and HPI methodologies

SVI: Higher scores = higher social need ADI: Higher scores = higher social need HPI: Lower scores = higher social need

- High correlation between HPI and SVI (0.917)
- Strong correlation between HPI and ADI (0.794)
- Lower correlation between SVI and ADI (0.648)

О			
	HPI	SVI	ADI
НРІ	1.000	-0.917 <.0001	-0.794 <.0001
SVI	-0.917 <.0001	1.000	0.648 <.0001
ADI	-0.794 <.0001	0.648 <.0001	1.000

✓ ADI methodology seems to have material differences with SVI and HPI methodologies

SVI: Higher scores = higher social need ADI: Higher scores = higher social need HPI: Lower scores = higher social need

- High correlation between HPI and SVI (0.917)
- Strong correlation between HPI and ADI (0.794)
- Lower correlation between SVI and ADI (0.648)

	HPI	SVI	ADI
HPI	1.000	-0.917 <.0001	-0.794 <.0001
SVI	-0.917 <.0001	1.000	0.648 <.0001
ADI	-0.794 <.0001	0.648 <.0001	1.000

SVI: Higher scores = higher social need ADI: Higher scores = higher social need HPI: Lower scores = higher social need ✓ ADI methodology seems to have material differences with SVI and HPI methodologies

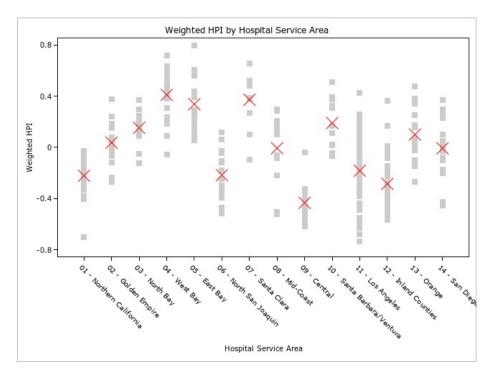
- High correlation between HPI and SVI (0.917)
- Strong correlation between HPI and ADI (0.794)
- Lower correlation between SVI and ADI (0.648)

0			
_	HPI		ADI
НРІ	1.000	-0.917 <.0001	-0.794 <.0001
svi	-0.917 <.0001	1.000	0.648
ADI	-0.794 <.0001	0.648 <.0001	1.000

SVI: Higher scores = higher social need
ADI: Higher scores = higher social need
HPI: Lower scores = higher social need

✓ ADI methodology seems to have material differences with SVI and HPI methodologies

### Variation in HPI Across and Within Major Market Geographic Regions



Grey squares show general number of hospitals in Major Market "X" is the average hospital-level HPI in the HSA

Substantial variation in average HPI across Major Market regions

Also, substantial variation in hospital-level HPI within Major Market

### Social Vulnerability Index Scores for HQIC Hospitals

·	HQIC	SVI (Weighted)
CCN -	Hospital_Type ▼	Overall_W 🛂
030077	Tribal-(nonIHS)	11.07
101309	Critical Access Hospital	10.21
321308	Critical Access Hospital	10.17
320038	Rural IPPS	10.16
030073	Tribal-(nonIHS)	10.07
050192	Rural IPPS	9.88
320003	Rural IPPS	9.82
191311	Critical Access Hospital	9.47
050608	Rural IPPS	9.47
190167	Rural IPPS	9.46
321307	Critical Access Hospital	9.46
031314	Critical Access Hospital	9.45
140018	Urban targeted	9.27
320086	Rural IPPS	9.22
051317	Critical Access Hospital	9.22
050301	Rural IPPS	9.18
320006	Rural IPPS	9.17
321301	Critical Access Hospital	9.15
050121	Rural IPPS	9.15
191310	Critical Access Hospital	9.15
140133	Urban targeted	9.15
050133	Rural IPPS	9.10
320084	Rural IPPS	9.10
220016	Dural IDDC	0.07

### HQIC Social Vulnerability Index Scores and REAL Data

	ндіс		il.			7	ACS %Native	in the second				SVI (Weighted)
				%Black or	%American		Hawaiian and		·			
CCN ~	Hospital Type	Hospital Size	%White 🔻	African American	Indian and Alaska Nativ	%Asian 🔻	Other Pacific Islander		6Two or More Races ▼	%Hispanis =	%LangNonEr 🔻	Overall W +
										-		_
030077	Tribal-(nonIHS)	25 or less	1.6%	0.0%	90.8%	0.4%	0.0%	0.0%	7.3%	7.0%	32.4%	11.07
101309	Critical Access Hospital	26-50	74.7%	16.7%	1.8%	1.4%	0.0%	3.7%	1.8%	43.9%	40.8%	10.21
321308	Critical Access Hospital	25 or less	67.1%	1.7%	19.9%	0.6%	0.0%	7.3%	3.4%	44.2%	30.3%	10.17
320038	Rural IPPS	51-100	29.6%	1.4%	53.9%	2.3%	0.1%	6.7%	5.9%	24.5%	35.8%	10.16
030073	Tribal-(nonIHS)	51-100	8.5%	0.9%	88.4%	0.4%	0.2%	0.7%	0.8%	3.0%	54.4%	10.07
050192	Rural IPPS	26-50	73.8%	1.6%	0.8%	4.0%	0.1%	15.7%	4.0%	74.7%	55.9%	9.88
320003	Rural IPPS	51-100	61.9%	1.9%	2.4%	1.6%	0.1%	28.9%	3.2%	72.3%	45.5%	9.82
191311	Critical Access Hospital	25 or less	59.0%	38.5%	0.0%	0.0%	0.2%	0.1%	2.2%	1.8%	10.9%	9.47
050608	Rural IPPS	101-175	72.0%	3.9%	0.8%	10.5%	0.2%	10.6%	1.9%	74.8%	65.5%	9.47
190167	Rural IPPS	51-100	66.8%	30.0%	0.2%	0.5%	0.1%	1.2%	1.2%	3.7%	14.6%	9.46
321307	Critical Access Hospital	25 or less	83.1%	0.9%	2.8%	1.3%	0.0%	7.0%	4.7%	49.1%	20.6%	9.46
031314	Critical Access Hospital	25 or less	74.9%	1.7%	14.3%	0.8%	0.1%	3.5%	4.8%	33.9%	18.4%	9.45
140018	Urban targeted	176 or greater	35.1%	38.2%	0.4%	2.9%	0.0%	21.6%	1.7%	48.1%	43.9%	9.27
320086	Rural IPPS	26-50	87.0%	1.7%	1.7%	1.1%	0.0%	6.1%	2.4%	54.0%	29.4%	9.22
051317	Critical Access Hospital	25 or less	70.8%	3.6%	3.9%	2.4%	0.1%	14.2%	5.0%	24.9%	18.5%	9.22
050301	Rural IPPS	51-100	80.3%	1.4%	3.4%	3.3%	0.2%	6.2%	5.1%	33.0%	26.5%	9.18
320006	Rural IPPS	101-175	86.3%	2.0%	1.7%	1.1%	0.0%	6.3%	2.5%	54.8%	30.0%	9.17
221201	Critical Accord Hospital	25 or loss	70 /1%	1 5%	7 /10/	5 0%	0 1%	2 1%	2 50/	46 nº/	on a%	0.15

Using American Community Survey Data (census.gov)

### Which measures have the highest correlation with Social Needs Index score?

label ▼	hpi2scc 🚚	RPL_THEM →	ADI_STATERI -
Breastfeeding Rate	0.58491	-0.61503	-0.39742
Patients who reported that their doctors always communicate	0.47023	-0.45614	-0.30069
Would recommend hospital	0.45288	-0.47105	-0.32626
Esophageal Resection - Number of Cases	0.41481	-0.37191	-0.34407
Surgical Site Infections - Cardiac	0.34054	-0.36859	-0.32870
Primary and Revision Hip Surgery Volume	0.31964	-0.33951	-0.29276
Patients who reported that their nurses always communicate	0.31347	-0.38251	-0.06973
HCAHPS Information and education	0.29548	-0.33004	-0.01195
Pancreas Cancer Volume	0.29198	-0.26423	-0.30327
Pancreatic Resection - Number of Cases	0.28417	-0.29340	-0.28470
Primary and Revision Knee Surgery Volume	0.25985	-0.27194	-0.22577
Breast Cancer Volume	0.23223	-0.24748	-0.23022
Lung Cancer Volume	0.20291	-0.23525	-0.17831
Surgical Site Infections - Liver Transplant	0.18959	-0.00739	-0.22174
Percentage of ED patients with stroke symptoms who receive	0.18045	-0.19978	-0.00020

### Which measures have the highest correlation with Social Needs Index score?

label	hpi2scc 🚚	RPL_THEM ▼	ADI_STATERI -
Breastfeeding Rate	0.58491	-0.61503	-0.39742
Patients who reported that their doctors always communicate	0.47023	-0.45614	-0.30069
Would recommend hospital	0.45288	-0.47105	-0.32626
Esophageal Resection - Number of Cases	0.41481	-0.37191	-0.34407
Surgical Site Infections - Cardiac	0.34054	-0.36859	-0.32870
Primary and Revision Hip Surgery Volume	0.31964	-0.33951	-0.29276
Patients who reported that their nurses always communicated	0.31347	-0.38251	-0.06973
HCAHPS Information and education	0.29548	-0.33004	-0.01195
Pancreas Cancer Volume	0.29198	-0.26423	-0.30327
Pancreatic Resection - Number of Cases	0.28417	-0.29340	-0.28470
Primary and Revision Knee Surgery Volume	0.25985	-0.27194	-0.22577
Breast Cancer Volume	0.23223	-0.24748	-0.23022
Lung Cancer Volume	0.20291	-0.23525	-0.17831
Surgical Site Infections - Liver Transplant	0.18959	-0.00739	-0.22174
Percentage of ED patients with stroke symptoms who receive	0.18045	-0.19978	-0.00020

#### More correlated measures with a Social Needs Index score

Heart Attack Death Rate	-0.19995	0.14898	0.34217
Death after Serious Treatable Complication	-0.21946	0.19579	0.27248
Patients who reported they understood their care when they	-0.30427	0.34918	0.14105
Rate of readmission after discharge from hospital (hospital	-0.31464	0.31083	0.14236
Heart Failure Potentially Preventable Readmissions	-0.36626	0.38827	0.14822
Abdominal Aortic Aneurysm Repair - Mortality Rate	-0.40114	0.47795	0.23676
Surgical Site Infections - Kidney Transplant	-0.58169	0.71216	0.64441

#### More correlated measures with a Social Needs Index score

Heart Attack Death Rate	-0.19995	0.14898	0.34217
Death after Serious Treatable Complication	-0.21946	0.19579	0.27248
Patients who reported they understood their care when they	-0.30427	0.34918	0.14105
Rate of readmission after discharge from hospital (hospital	-0.31464	0.31083	0.14236
Heart Failure Potentially Preventable Readmissions	-0.36626	0.38827	0.14822
Abdominal Aortic Aneurysm Repair - Mortality Rate	-0.40114	0.47795	0.23676
Surgical Site Infections - Kidney Transplant	-0.58169	0.71216	0.64441

### What measures aren't well correlated?

Clostridium difficile (C.diff.) Laboratory-identified Event	0.03189	-0.02927	0.01819
Surgical Site Infections - Cesarean Section	0.02186	-0.06339	-0.05130
Central line-associated bloodstream infections (CLABSI) in	0.01387	0.00980	-0.03862
Surgical Site Infections - Abdominal	0.01377	-0.02424	0.10109
Healthcare workers given influenza vaccination	0.00102	0.01209	0.07678
Surgical Site Infections - Abdominal Aortic Aneurism Repair	0.00000	0.00000	0.00000
Surgical Site Infections - CABG w/ Chest Incision Only	0.00000	0.00000	0.00000
Surgical Site Infections - Spinal Refusion	0.00000	0.00000	0.00000
Summary Star Rating	0.00000	0.00000	0.00000
Average minutes before outpatients with chest pain or possi	0.00000	0.00000	0.00000
Craniotomy Mortality Rate	0.00000	0.00000	0.00000
Catheter-associated urinary tract infections (CAUTI) in ICU	-0.00888	0.04135	-0.00055
Percutaneous Coronary Intervention -Mortality Rate	-0.01991	0.04166	-0.01309
Surgical Site Infections - Appendix	-0.03100	-0.00611	0.12734
Surgical Site Infections - Bile Duct/Liver/Pancreatic	-0.03438	0.10286	0.04827
NTSV C-Section Rate	-0.04040	0.03443	0.06858
Unplanned Surgical Wound Reopening	-0.05776	0.07915	0.06399

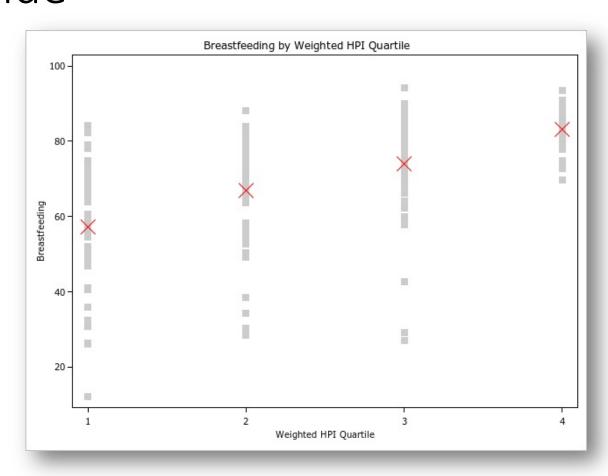
### What measures aren't well correlated?

Clostridium difficile (C.diff.) Laboratory-identified Event	0.03189	-0.02927	0.01819
Surgical Site Infections - Cesarean Section	0.02186	-0.06339	-0.05130
Central line-associated bloodstream infections (CLABSI) in	0.01387	0.00980	-0.03862
Surgical Site Infections - Abdominal	0.01377	-0.02424	0.10109
Healthcare workers given influenza vaccination	0.00102	0.01209	0.07678
Surgical Site Infections - Abdominal Aortic Aneurism Repair	0.00000	0.00000	0.00000
Surgical Site Infections - CABG w/ Chest Incision Only	0.00000	0.00000	0.00000
Surgical Site Infections - Spinal Refusion	0.00000	0.00000	0.00000
Summary Star Rating	0.00000	0.00000	0.00000
Average minutes before outpatients with chest pain or possi	0.00000	0.00000	0.00000
Craniotomy Mortality Rate	0.00000	0.00000	0.00000
Catheter-associated urinary tract infections (CAUTI) in ICU	-0.00888	0.04135	-0.00055
Percutaneous Coronary Intervention -Mortality Rate	-0.01991	0.04166	-0.01309
Surgical Site Infections - Appendix	-0.03100	-0.00611	0.12734
Surgical Site Infections - Bile Duct/Liver/Pancreatic	-0.03438	0.10286	0.04827
NTSV C-Section Rate	-0.04040	0.03443	0.06858
Unplanned Surgical Wound Reopening	-0.05776	0.07915	0.06399

### ...Breastfeeding, Variation in HPI, California-wide

Less variation in fourth quartile compared to other measures

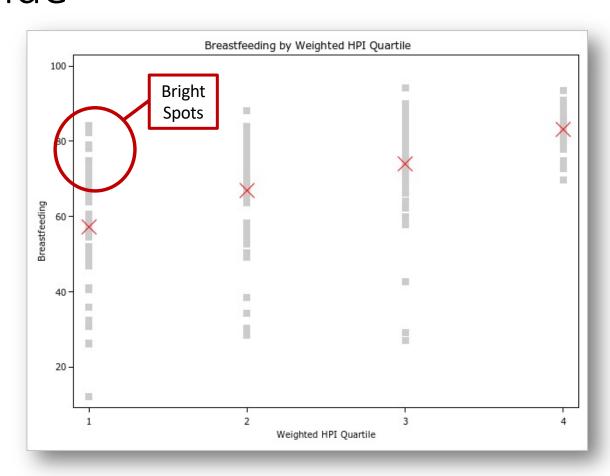
X = average hospital HPI



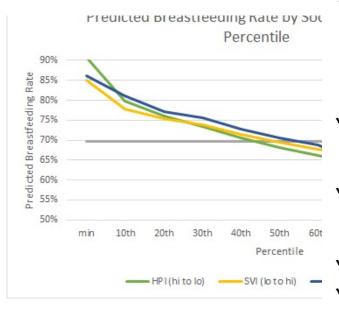
### ...Breastfeeding, Variation in HPI, California-wide

Less variation in fourth quartile compared to other measures

X = average hospital HPI



## Breastfeeding Regression – Preliminary Results



	HPI	SVI	ADI	
Parameter	P-Value	P-Value	P-Value	
SNI	0.003	0.010	0.001	

- Even after adjusting for a range of hospital characteristics (listed below) high social need correlated with lower performance
- ✓ Control Variables: market area, system size, teaching, DSH, total margin, occupancy rate, size, payer, gender, race, ethnicity
- ✓ Holds true for all 3 indices.
- ✓ Statistically significant

Valley Presbyterian Hospital

Hospital HPI Score: -0.28 Total Admissions: 57,853

Metric Shown

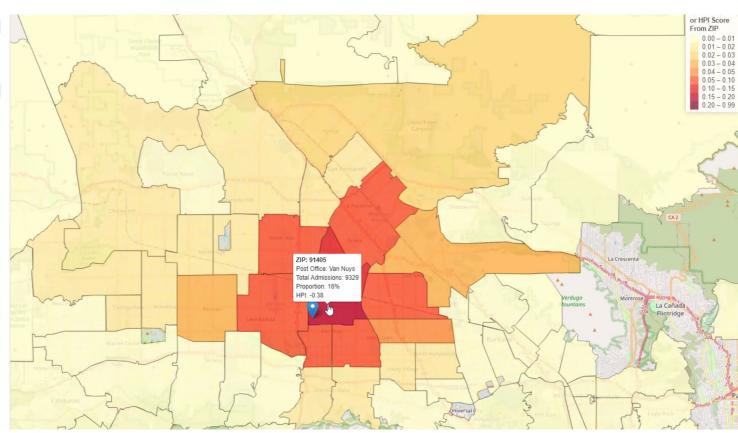
Proportion of Cases from ZIP

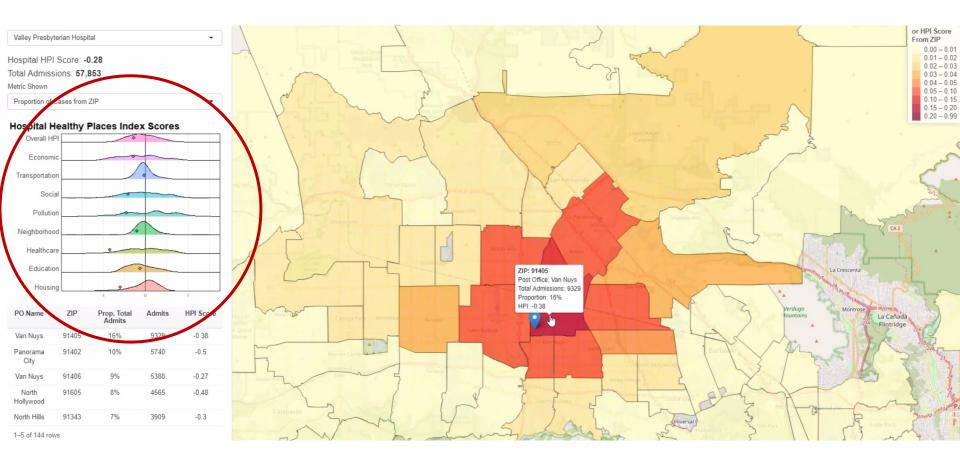
**Hospital Healthy Places Index Scores** 



PO Name	ZIP	Prop. Total Admits	Admits	HPI Score
Van Nuys	91405	16%	9329	-0.38
Panorama City	91402	10%	5740	-0.5
Van Nuys	91406	9%	5388	-0.27
North Hollywood	91605	8%	4565	-0.48
North Hills	91343	7%	3909	-0.3

1-5 of 144 rows



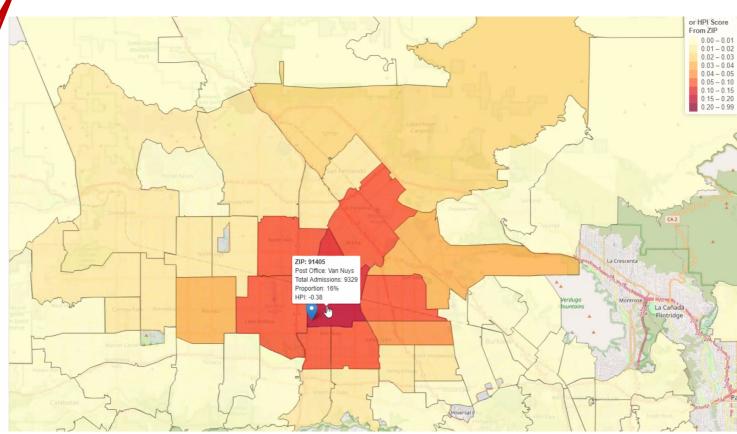


#### Focus Here



PO Name	ZIP	Prop. Total Admits	Admits	HPI Score
Van Nuys	91405	16%	9329	-0.38
Panorama City	91402	10%	5740	-0.5
Van Nuys	91406	9%	5388	-0.27
North Hollywood	91605	8%	4565	-0.48
North Hills	91343	7%	3909	-0.3

1-5 of 144 rows





Economic

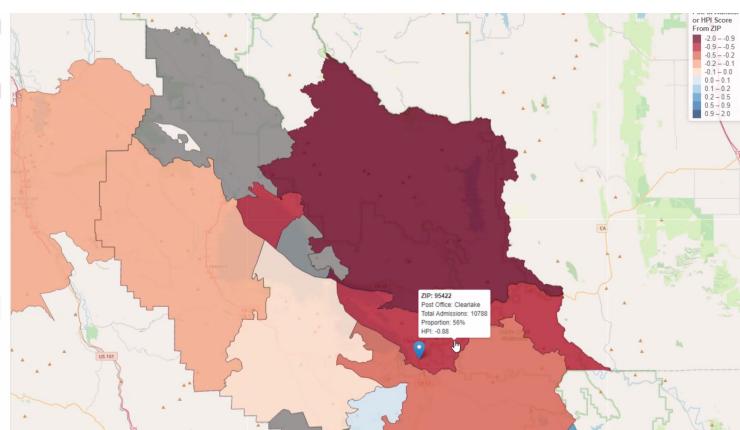
Transportation

Social

Pollution

Social
Pollution
Neighborhood
Healthcare
Education
Housing

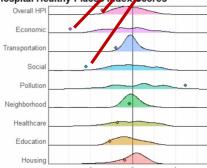
PO Name	ZIP	Prop. Total Admits	Admits	HPI Score
Clearlake	95422	56%	10788	-0.88
Clearlake Oaks	95423	10%	2013	-1.01
Lower Lake	95457	8%	1535	-0.46
Kelseyville	95451	5%	1057	-0.07
Middletown	95461	3%	652	0.01
1–5 of 24 rows	3	Previous 1	2 3 4	5 Next



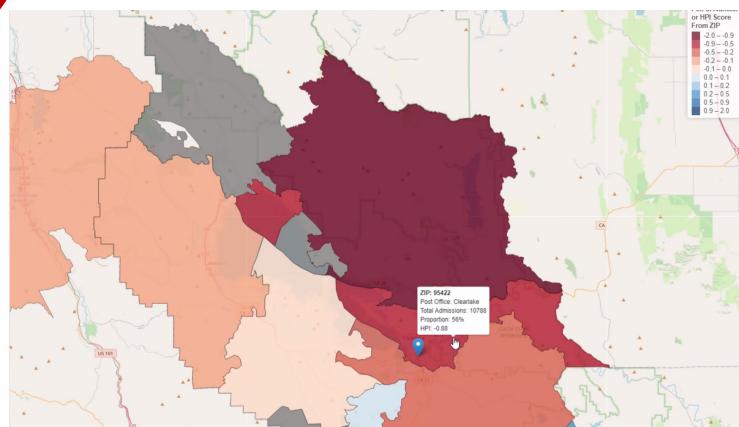
#### Focus Here

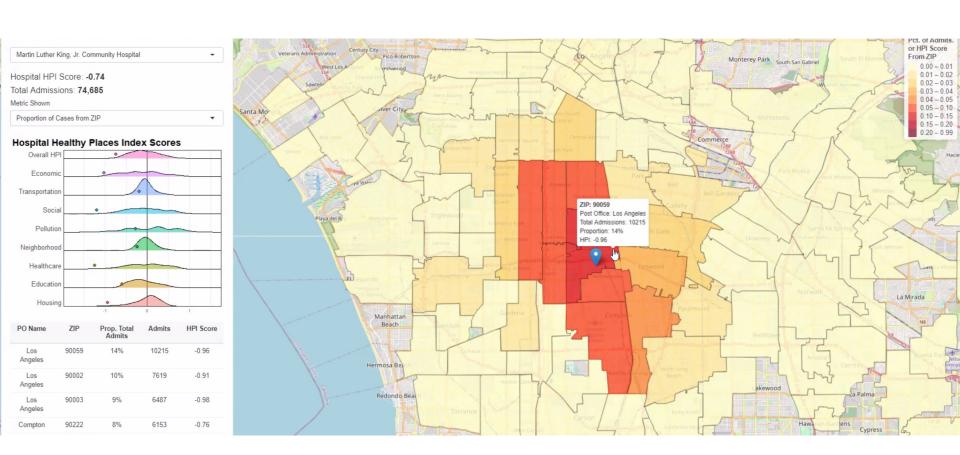


#### Hospital Healthy Places Index Scores



PO Name	ZIP	Prop. Total Admits	Admits	HPI Score
Clearlake	95422	56%	10788	-0.88
Clearlake Oaks	95423	10%	2013	-1.01
Lower Lake	95457	8%	1535	-0.46
Kelseyville	95451	5%	1057	-0.07
Middletown	95461	3%	652	0.01
1-5 of 24 rows		Previous 1	2 3 4	5 Next





	В	F	G	Н	1	J	U	V	W
le	PO Name	Hospital Name	Hospital HPI (All Zips)	Number of Admissions from Zip Code	Percent of Hospital's Admissions from Zip	Percent of Total Number of Admissions from Zip Code	Admissions - Percent Black (All Zips)	Admissions - Percent Asian (All Zips)	Admission s - Percent Hispanic (All Zips)
Ţ,	▼.	▼	-	-	Code	-1	▼	-	₹
)44	Los Angeles	Martin Luther King, Jr. Community Hospital	-0.74	5,680	7%	12%	45%	0%	47%
)44	Los Angeles	Centinela Hospital Medical Center	-0.48	5,631	13%	11%	64%	2%	23%
)44	Los Angeles	Memorial Hospital of Gardena	-0.50	4,125	13%	8%	45%	4%	35%
)44	Los Angeles	Harbor - UCLA Medical Center	-0.37	3,866	5%	8%	19%	7%	56%
)44	Los Angeles	California Hospital Medical Center	-0.66	3,594	5%	7%	29%	2%	59%
)44	Los Angeles	Kaiser Permanente West Los Angeles Medical	-0.27	2,803	3%	6%	40%	6%	29%
)44	Los Angeles	Kaiser Permanente South Bay Medical Center	-0.16	2,392	3%	5%	27%	12%	34%
)44	Los Angeles	LAC+USC Medical Center	-0.52	2,037	2%	4%	11%	5%	67%
)44	Los Angeles	Providence Little Company of Mary Medical Cer	-0.01	1,423	2%	3%	14%	12%	29%
)44	Los Angeles	St. Francis Medical Center	-0.59	1,388	2%	3%	20%	1%	69%
)44	Los Angeles	Torrance Memorial Medical Center	0.12	1,017	1%	2%	10%	14%	23%
)44	Los Angeles	Kaiser Permanente Los Angeles Medical Cente	-0.21	980	1%	2%	12%	13%	39%
)44	Los Angeles	Community and Mission Hospital of Huntington I	-0.69	869	3%	2%	12%	1%	82%
)44	Los Angeles	Cedars-Sinai Medical Center	0.05	823	1%	2%	14%	8%	14%
)44	Los Angeles	Kaiser Permanente Downey Medical Center	-0.29	791	1%	2%	14%	8%	61%
)44	Los Angeles	Adventist Health White Memorial	-0.57	772	1%	2%	5%	4%	81%
)44	Los Angeles	PIH Good Samaritan Hospital-Los Angeles	-0.50	753	2%	2%	13%	19%	48%
)44	Los Angeles	Hollywood Presbyterian Medical Center	-0.37	701	2%	1%	10%	19%	43%
)44	Los Angeles	Marina Del Rey Hospital	0.09	494	2%	1%	22%	5%	15%

	В	F	G	Н	1	J	U	V	W
le	PO Name	Hospital Name	Hospital HPI (All Zips)	Number of Admissions from Zip Code	Percent of Hospital's Admissions from Zip	Percent of Total Number of Admissions from Zip Code	Admissions - Percent Black (All Zips)	Admissions - Percent Asian (All Zips)	Admission s - Percent Hispanic (All Zips)
Ţ,	_	▼	▼	▼	Code	Į.	-	~	▼
)44	Los Angeles	Martin Luther King, Jr. Community Hospital	-0.74	5,680	7%	12%	45%	0%	47%
)44	Los Angeles	Centinela Hospital Medical Center	-0.48	5,631	13%	11%	64%	2%	23%
)44	Los Angeles	Memorial Hospital of Gardena	-0.50	4,125	13%	8%	45%	4%	35%
)44	Los Angeles	Harbor - UCLA Medical Center	-0.37	3,866	5%	8%	19%	7%	56%
)44	Los Angeles	California Hospital Medical Center	-0.66	3,594	5%	7%	29%	2%	59%
)44	Los Angeles	Kaiser Permanente West Los Angeles Medical	-0.27	2,803	3%	6%	40%	6%	29%
)44	Los Angeles	Kaiser Permanente South Bay Medical Center	-0.16	2,392	3%	5%	27%	12%	34%
)44	Los Angeles	LAC+USC Medical Center	-0.52	2,037	2%	4%	11%	5%	67%
)44	Los Angeles	Providence Little Company of Mary Medical Cer	-0.01	1,423	2%	3%	14%	12%	29%
)44	Los Angeles	St. Francis Medical Center	-0.59	1,388	2%	3%	20%	1%	69%
)44	Los Angeles	Torrance Memorial Medical Center	0.12	1,017	1%	2%	10%	14%	23%
)44	Los Angeles	Kaiser Permanente Los Angeles Medical Cente	-0.21	980	1%	2%	12%	13%	39%
)44	Los Angeles	Community and Mission Hospital of Huntington I	-0.69	869	3%	2%	12%	1%	82%
)44	Los Angeles	Cedars-Sinai Medical Center	0.05	823	1%	2%	14%	8%	14%
)44	Los Angeles	Kaiser Permanente Downey Medical Center	-0.29	791	1%	2%	14%	8%	61%
)44	Los Angeles	Adventist Health White Memorial	-0.57	772	1%	2%	5%	4%	81%
)44	Los Angeles	PIH Good Samaritan Hospital-Los Angeles	-0.50	753	2%	2%	13%	19%	48%
)44	Los Angeles	Hollywood Presbyterian Medical Center	-0.37	701	2%	1%	10%	19%	43%
)44	Los Angeles	Marina Del Rey Hospital	0.09	494	2%	1%	22%	5%	15%

#### Five Hospitals account for 57% of patients



#### Lessons Learned (so far)

Profiling a hospital's community for social needs with publicly available data is possible

Social needs are complex and represent diverse challenges to reduce disparities

Some measures correlate with social needs, many measures don't

Targeting interventions to reduce disparities will require addressing local context

## Using Social Needs Index (SNI) Scores

Method to benchmark, validate and more precisely understand differing community needs

Objectively target communities for intervention

Better evaluate interventions for impact

Evaluate overlapping HSAs for collaborative efforts

### Actionable Opportunities

- Use publicly available data to create Hospital Specific Social Needs Scores
- Use hospital ADT data with patient address, geocode and use census tract level SVI or ADI
- Evaluate American Community Survey from the Census Bureau to explore other or more specific social needs areas (like disability, language, etc.)
- Look for overlapping hospital service areas for collaboration opportunities
- Contact me at bspurlock@cynosurehealth.org

#### Meet Your Speaker

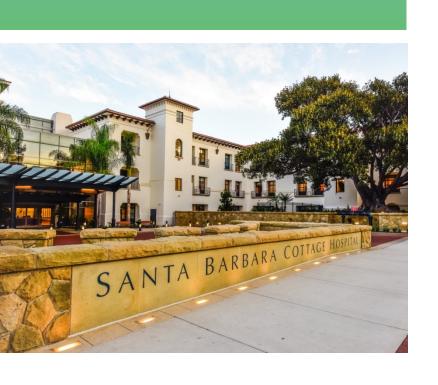


Sharon K.L. Lutz, Ph.D.
Vice President of Quality Support Services
Cottage Health System



# Addressing Health Equity at Cottage Health

Seeking data and solutions to drive positive change

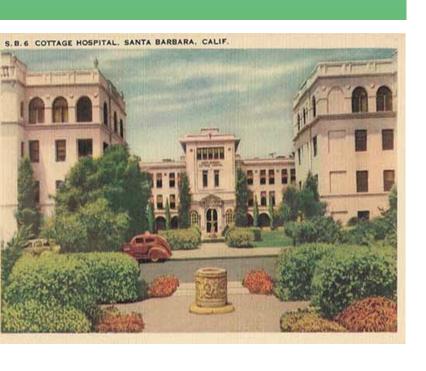


#### Our Mission

To provide superior health care for and improve the health of our communities through a commitment to our core values of excellence, integrity, and compassion.

#### Our Vision

Cottage Health, through partnership with physicians and our communities, is recognized as a California leader in quality care, safety, patient experience, transparency, cost effectiveness, and community health.



#### Hospitals & Medical Centers

- Santa Barbara Cottage Hospital
- Goleta Valley Cottage Hospital
- Santa Ynez Valley Cottage Hospital
   (Convergence HQIC participant)
- Cottage Rehabilitation Hospital
- Cottage Children's Medical Center

#### Urgent Care Centers

- Ventura, Santa Barbara, and San Luis
   Obispo Counties
- Specialty Care Clinics
- Cottage Virtual Care
- Pacific Diagnostic Laboratories

# Cottage Health Equity Initiatives

- Social Needs Screening
  - ED patients
  - Employees
- Community Health Ambassadors
  - COVID -19 prevention kits
  - COVID -19 vaccine education and door to door outreach
- Advance Care Planning Latinx
   Community Initiative
- Equity Lens for Inpatient Quality
   Data
  - Readmissions
  - Mortality
  - Core Measures

- Race, Education and Language (REAL) Data
- Quality Dashboard
- Human Resources Dashboard
- Population Health Dashboard

### **Lessons Learned**

- Patient by patient approach is a good starting point, but will never address the root causes
- We need more evidence-based community practices that lead to improved outcomes
- Community wide partnerships are critical
- Initial work is to build trust
- This work takes time and resources
- We need better community data to target resources and effort.

#### Discussion

- How can you draw attention to the factors within a community that impact outcomes?
- What tools can you leverage to help explore opportunities?
- Where can you begin with your facility to continue to ensure safety, and a true patient-centered approach as you engage collaboratively with others?
- Which activities underway can you expand and push forward to build on action in the next 30 days? 90 days?

#### Final Thoughts

#### Join Us for the Next Community of Practice Call!



## Join us for the next Community of Practice Call on January 13, 2022 from 1:00 – 2:00 PM ET

We invite you to register at the following link:

https://zoom.us/webinar/register/WN\_ASI\_I3p\_TEyx\_VY\_YYFFeA

You will receive a confirmation email with login details.



#### Thank You!



Your opinion is valuable to us. Please take 4 minutes to complete the post event assessment here: <a href="Post assessment">Post assessment</a> 12.9.21

We will use the information you provide to improve future events.

