ALLIANT HEALTH SOLUTIONS | SORH State Office of Rural Health
A Division of the Georgia Department of Community Health

GA FLEX Health Equity Improvement Project Kickoff Webinar

January 31, 2023

Presenter: Rosa Abraha, MPH

Featured Speaker

Rosa Abraha, MPH
Health Equity Lead
Alliant Health Solutions
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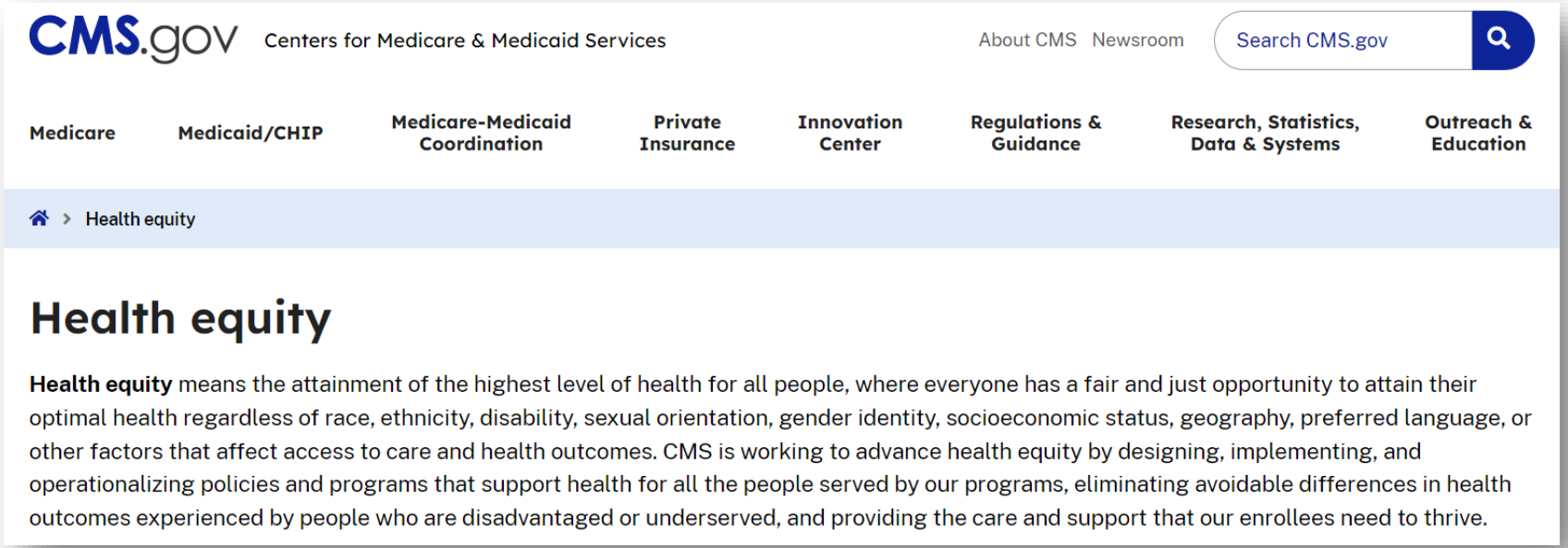
Rosa joined Alliant in December 2021 to lead the company's first health equity strategic portfolio and embed health equity in the core of Alliant's work. Rosa has 10 years experience in public health advisory for premier agencies, including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH) and the Food and Drug Administration (FDA). She holds a master of public health in health policy and management from Emory University.

AMA Health Literacy Video

Source: https://www.youtube.com/watch?v=ubPkdpGHWAQ



Source: https://www.cms.gov/files/document/health-equity-fact-sheet.pdf

Deloitte. Insights

Article

19 minute read • 22 June 2022

US health care can't afford health inequities

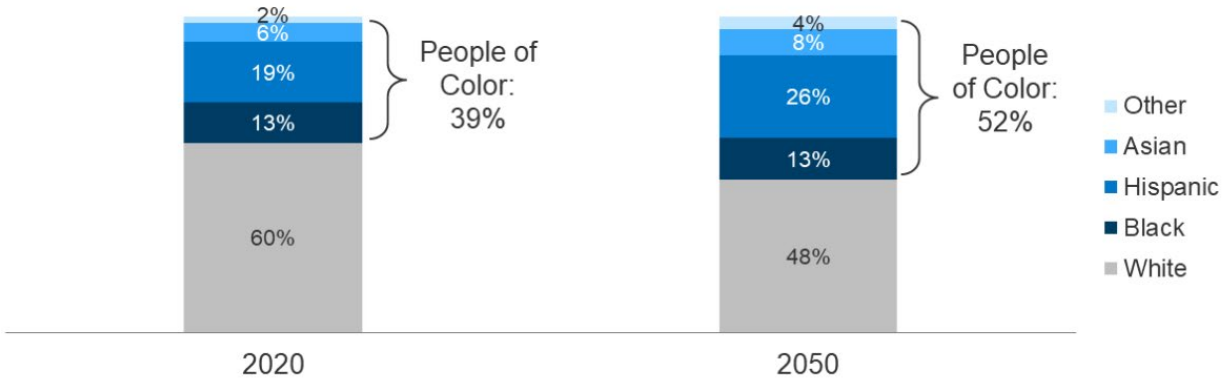
Inequities in the US health system cost approximately $320 billion today and could eclipse$1 trillion in annual spending by 2040 if left unaddressed.

Source: https://www2.deloitte.com/us/en/insights/industry/health-care/economic-cost-of-health-disparities.html

Racial/Ethnic Disparities Will Persist if Unaddressed

People of color are projected to make up over half of the U.S. population as of 2050.

Projected Distribution of U.S. Population by Race/Ethnicity, 2020 and 2050



NOTE: All racial groups are non-Hispanic. Other includes Native Hawaiians and Pacific Islanders, American Indian and Alaska Natives, and individuals with two or more races. Data do not include residents of Puerto Rico, Guam, the U.S. Virgin Islands, or the Norther Mariana Islands.

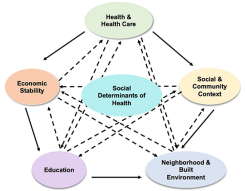
SOURCE: U.S. Census Bureau, 2017 National Population Projections, Race by Hispanic Origin, 2017-2060. Available at: https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html.

KFF

National Trends – Financial Implications

- Health disparities have amounted to $93 billion in excess costs annually
- Health outcome contributors:

30%
genetics



50% - 60%
social
determinants

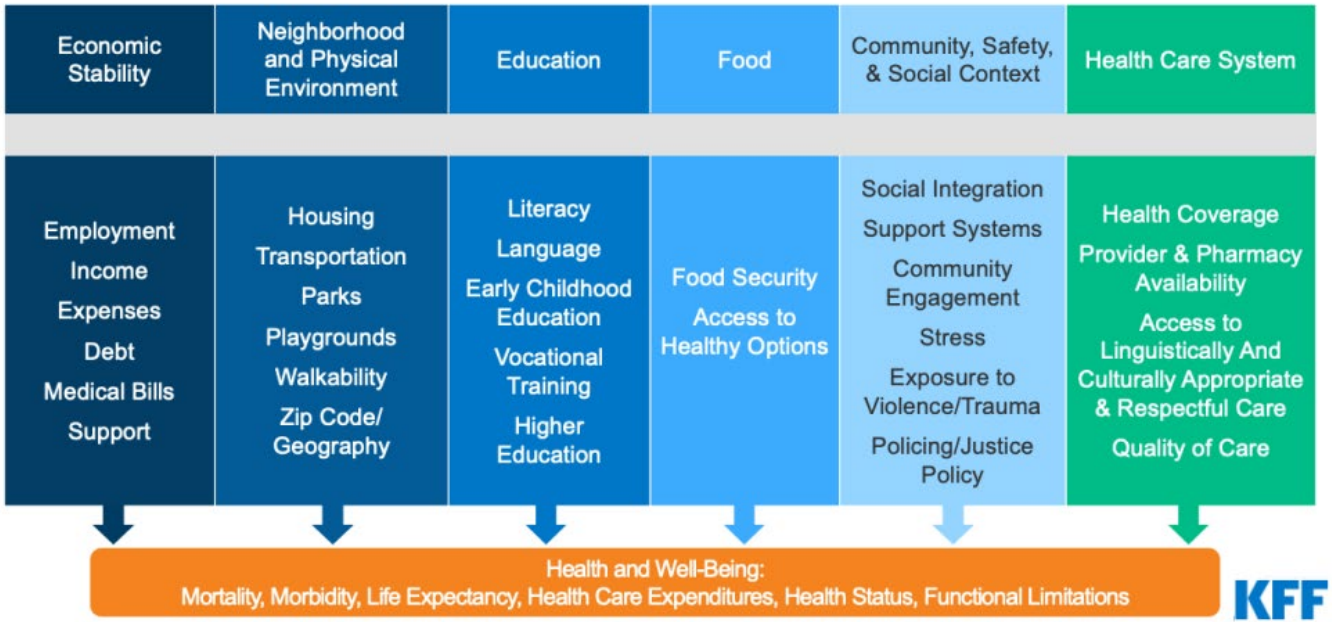
10% - 20%
medical
care

- Yet, an estimated 95% of health expenditures are medical costs

Source: Healthy People 2030; O'Neill Hayes, Delk (2018) Understanding Social Determinants of Health
https://www.americanactionforum.org/research/understanding-the-social-determinants-of-health/

Figure 1

Social Determinants of Health



Source: https://www.kff.org/coronavirus-covid-19/issue-brief/tracking-social-determinants-of-health-during-the-covid-19-pandemic/

American Hospital Association™
Advancing Health in America

Table 1
ICD-10-CM Code Categories

ICD-10-CM Code Category	Problems/Risk Factors Included in Category
Z55 – Problems related to education and literacy	Illiteracy, schooling unavailable, underachievement in a school, less than a high school diploma, no general equivalence degree (GED), educational maladjustment, and discord with teachers and classmates.
Z56 – Problems related to employment and unemployment	Unemployment, change of job, threat of job loss, stressful work schedule, discord with boss and workmates, uncongenial work environment, sexual harassment on the job, and military deployment status.
Z57 – Occupational exposure to risk factors	Occupational exposure to noise, radiation, dust, environmental tobacco smoke, toxic agents in agriculture, toxic agents in other industries, extreme temperature, and vibration.
Z58 – Problems related to physical environment	Inadequate drinking-water supply, and lack of safe drinking water.
Z59 – Problems related to housing and economic circumstances	Sheltered homelessness, unsheltered homelessness, residing in street, inadequate housing, housing instability, discord with neighbors, lodgers and landlord, problems related to living in residential institutions, inadequate food, lack of adequate food, food insecurity, extreme poverty, low income, and insufficient social insurance and welfare support.

Source: https://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf

A study in the fall of 2021, ***Assessment of Strategies Used in US Hospitals to Address Social Needs During the COVID-19 Pandemic,*** revealed “hospitals are integrating screenings to assess patients’ social determinants of health, but programs and community partnerships to address SDoH have been slower to develop.”

Among 4,295 hospitals, 64 percent reported strategies for three areas:

- Screening for nine SDoH types.
- Creating programs or interventions to address those.
- Collaborating with community partners to mitigate SDoH, participating in **community health needs assessments** (CHNA) or implementing SDoH initiatives.

Source: https://jamanetwork.com/journals/jama-health-forum/fullarticle/2797676

REMINGTON REPORT

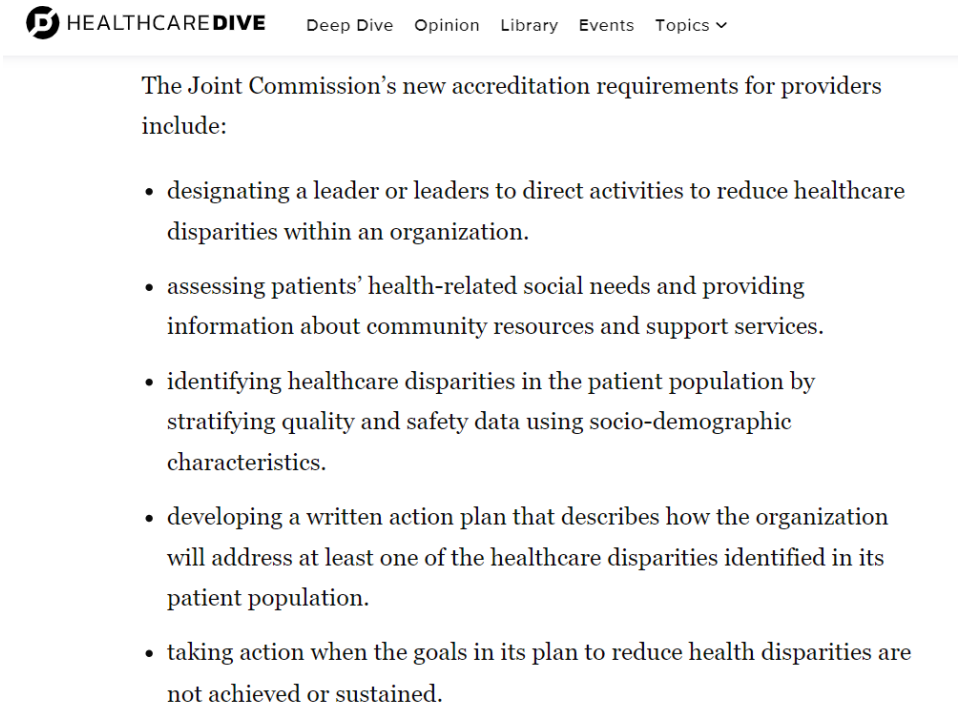
Hospitals: New SDOH Quality Measure: Starts 2023

CMS's new SDOH quality measures was published in the 2023 Medicare Hospital Inpatient Prospective Payment System rule, released Aug. 1. Hospitals will be required to report what portion of their population is screened for various SDOH and how many screen positive in each category.

Hospitals will capture screening and identification of patient-level, health-related social needs—such as food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. By screening for and identifying such unmet needs, hospitals will be in a better position to serve patients holistically by addressing and monitoring what are often key contributors to poor physical and mental health outcomes.

Measure Name	Finalized Start of Data Collection
Hospital Commitment to Health Equity	Calendar Year (CY) 23 Reporting Period
Screening for Social Drivers of Health	Voluntary CY 23 Reporting; Mandatory CY 24 Reporting
Screen Positive Rate for Social Drivers of Health	Voluntary CY 23 Reporting; Mandatory CY 24 Reporting

TJC Standards Commencing January 2023



HEALTHCAREDIVE Deep Dive Opinion Library Events Topics

The Joint Commission's new accreditation requirements for providers include:

- designating a leader or leaders to direct activities to reduce healthcare disparities within an organization.
- assessing patients' health-related social needs and providing information about community resources and support services.
- identifying healthcare disparities in the patient population by stratifying quality and safety data using socio-demographic characteristics.
- developing a written action plan that describes how the organization will address at least one of the healthcare disparities identified in its patient population.
- taking action when the goals in its plan to reduce health disparities are not achieved or sustained.

Applies to organizations in its ambulatory care, behavioral healthcare and human services, critical access hospital and hospital accreditation programs

Link to Full R3 Report

Project Timeline and Next Steps

February 2023

- Attend kickoff meeting
- Complete needs survey- https://bit.ly/healthequityassessment2023
- Identify person/team to serve as a Health Equity Champion
- Complete Hospital Leadership Health Equity Pledge

Project Timeline and Next Steps

March/April 2023

- Attend monthly TA call and share progress
- Review feedback on needs survey and identify 1-2 priority challenge areas of focus
- Develop health equity action plan on those priorities based on data and needs
- Identify process to track health equity data sources (i.e., REaL Data, SDOH, Z-Codes)
- Share tools and resources to address disparities

Project Timeline and Next Steps

May/June 2023

- Attend monthly TA call and share progress
- Conduct monthly tracking on SDOH for 1-2 priority areas
- Develop existing and innovative clinical community partnerships to aid in addressing priority areas
- Embed referral of community resources into patient care planning and discharge planning
- Continue to share tools and resources to address disparities in priority areas

Project Timeline and Next Steps

July/August 2023

- Attend monthly TA call and final close out meeting
- Continue tracking and reporting progress on health equity data sources and progress on action steps
- Continue to share tools and resources to address disparities
- Complete and submit survey for final report

Health Equity Tools and Resources

Alliant Health Solutions

Alliant Health Equity Resources
Alliant and AHA Joint Presentation on Health Equity in Hospitals
Alliant Presentation on SDOH Medical Coding

PFCC Partners

https://www.youtube.com/watch?v=W2DuHo8YL6o
June 24, 2022 Community of Practice Workshop on Utilizing the Social Vulnerability Index to Identify Community Needs

Health Equity Public Data Sources

ATSDR/CDC Social Vulnerability Index
Environmental Protection Agency (Transportation)
Health Literacy Data Map
USDA (Food Insecurity)
County Health Rankings (Severe Housing Problems)
KFF Alabama Health Disparities
America's Health Rankings - Alabama Disparities

Centers for Medicare and Medicaid Services

CMS Health Equity Framework
CMS Health Equity Fact Sheet
Achieving Health Equity Training Course

The Joint Commission

Health Care Equity Standard
Health Care Equity Accreditation Standards and Resource Center

American Hospital Association

AHA Health Equity Topics
Equity of Care: A Toolkit for Eliminating Health Care Disparities
The Health Equity Roadmap

Scan the QR Code to Complete the Health Equity Needs Assessment

You can also visit https://bit.ly/healthequityassessment2023

Please complete by COB, Friday, February 10, 2023.

SCAN ME!

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Questions?


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