Meeting Attendance

In the chat, please type the name(s) of the representative(s) for your hospital who are present on today’s call.
Featured Speaker

Rosa Abraha, MPH
Health Equity Lead
Alliant Health Solutions
Rosa.Abraha@allianthealth.org

Rosa leads Alliant’s health equity strategic portfolio and embeds 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.
Health Equity and SDOH

What are Social Determinants of Health

Non-medical factors that influence the equitable health outcomes of the patient community we serve

What Goes Into Your Health?

Socioeconomic Factors
- Education
- Job status
- Parental support
- Income
- Community safety

Health Behaviors
- Tobacco use
- Diet & exercise
- Alcohol use
- Sexual activity

Physical Environment
- Physical environment
- Genetics

Health Care
- Health Care and Access

Social Determinants of Health - Healthy People 2030 | health.gov
Overview: CMS and GA Flex Health Equity Requirements

- **CMS Health Equity Requirements:**
  - CMS has released NEW 2023-2024 health equity requirements, which can all be found here: https://qualitynet.cms.gov/inpatient/iqr/measures#tab2. This includes a performance measure for “Hospital Commitment to Health Equity” with 5 main domains outlined below:
    - **Domain 1:** Equity is a Strategic Priority
    - **Domain 2:** Data Collection
    - **Domain 3:** Data Analysis
    - **Domain 4:** Quality Improvement
    - **Domain 5:** Leadership Engagement
  - There are also two new structural measures around the social determinants of health:
    - **SDOH-1:** # of patients admitted to the hospital 18 years+ who are screened for each of the five HRSNs: food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
    - **SDOH-2:** % of patients admitted for an inpatient hospital stay who are 18 years+ on the date of admission, were screened for an HSRN, and who screen positive for one or more of the following five HRSNs: food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety
  - **Important Review:** See detailed presentation from Year 1 of this project on these new CMS measures

- **GA Flex Grant:**
  - The new MBQIP measures for 2024-2029 will be tied to the same 5 health equity domains as CMS and the two new SDOH measures. The exact requirements have not yet been finalized but more information to come.
Overview: CMS Priority SDOH Domains

1. Food Insecurity
   Food insecurity is defined as limited or uncertain access to adequate quality and quantity of food at the household level.

2. Housing Instability
   Housing instability encompasses multiple conditions ranging from the inability to pay rent or mortgage, frequent changes in residence including temporary stays with friends and relatives, living in crowded conditions, and actual lack of sheltered housing in which an individual does not have a personal residence.

3. Transportation Needs
   Unmet transportation needs include limitations that impede transportation to destinations required for all aspects of daily living.

4. Utility Difficulties
   Inconsistent availability of electricity, water, oil, and gas services is directly associated with housing instability and food insecurity.

5. Interpersonal Safety
   Assessment for this domain includes screening for exposure to intimate partner violence, child abuse, and elder abuse.
Looking Forward: Year 2 Health Equity Improvement (HEI) Project

• **Year 2 Project Period:** September 2023 – August 2024

• **Purpose/Focus:** Critical access hospitals and rural health hospitals often lack the necessary funding, staffing and resources necessary to successfully implement HE interventions. The goal is for AHS to provide the HE subject matter expertise and to maximize this cohort to be a peer learning space and divide and conquer the HE planning amongst the CAH hospitals to meet CMS and MBQIP requirements.

• **Year 2 Learning Objectives:**
  • To explain the CMS and GA Flex Grant MBQIP mandatory health equity requirements and support understanding around these requirements in rural Georgia hospitals
  • To support rural Georgia critical access hospitals in identifying population health disparities and the impact of the social determinants of health on their patient populations
  • To deliver guidance and training to rural Georgia critical access hospitals that addresses health disparity challenges and supports health equity best practices through interactive education sessions and assigned peer workgroups
REMINDER: Year 2 Assigned Workgroups (Sept. 2023 – Aug. 2024)

- **Strategy:** Our 30 participating critical access hospitals are divided into workgroups of 6 hospitals focused on ONLY one of the five CMS domains of social determinant of health (SDOH).

<table>
<thead>
<tr>
<th>Food Insecurity</th>
<th>Housing Instability</th>
<th>Transportation Needs</th>
<th>Utility Difficulties</th>
<th>Interpersonal Safety</th>
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</thead>
<tbody>
<tr>
<td>Atrium Health Floyd Polk Medical Center</td>
<td>Jeff Davis Hospital</td>
<td>Elbert Memorial</td>
<td>Optim Medical Center – Screven</td>
<td>Phoebe Worth Medical Center</td>
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<tr>
<td>Bacon County Hospital</td>
<td>Mitchell County Hospital</td>
<td>South Georgia Medical Center- Lanier Campus</td>
<td>Optim Medical Center – Tattnall</td>
<td>Putnam General Hospital</td>
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<tr>
<td>Miller</td>
<td>Candler County Hospital</td>
<td>Jenkins County Medical Center</td>
<td>St Mary’s Good Samaritan Hospital</td>
<td>Brooks County Hospital</td>
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<td>Bleckley Memorial Hospital</td>
<td>Jasper Memorial Hospital</td>
<td>Life Brite Hospital of Early</td>
<td>Chatuge Regional Hospital</td>
<td>Effingham Health System</td>
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<td>Clinch Memorial Hospital</td>
<td>Liberty Regional Medical Center</td>
<td>Warm Springs Medical Center</td>
<td>Monroe County Hospital</td>
<td>Medical Center of Peach County</td>
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<tr>
<td>Higgins General Hospital</td>
<td>Morgan Medical Center</td>
<td>Wills Memorial Hospital*</td>
<td>Mountain Lakes Medical. Center</td>
<td>Wellstar Sylvan Grove Hospital</td>
</tr>
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Looking Forward: Year 2 Health Equity Improvement (HEI) Project

• Meeting Cadence: *(Please let us know ASAP if you do not have the recurring calendar reminders)*

<table>
<thead>
<tr>
<th>Education Sessions [MANDATORY ATTENDANCE] (Led by the Alliant Health Solutions Team)</th>
<th>Workgroup Meetings/Office Hours [VOLUNTARY ATTENDANCE] (Workgroup meetings to complete assignments are self-led but Alliant will host an office hour bi-monthly for those who need it)</th>
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</thead>
<tbody>
<tr>
<td>September 26, 2023 (Kick-off Event) November 28, 2023 January 23, 2024 March 26, 2024 May 28, 2024 July 23, 2024 August 27, 2024 (Year 2 Celebration Event) <strong>All sessions are mandatory from 10-11AM EST</strong></td>
<td>October 24, 2023 December 19, 2023 February 27, 2024 April 23, 2024 June 25, 2024 <strong>The Alliant zoom line will be open for office hours from 10-11AM EST. We can put your group in a breakout room if needed or you can meet with Rosa if your workgroup needs SME support.</strong></td>
</tr>
</tbody>
</table>

• End Goal/Deliverable: By August 2024, each sub-cohort will have developed an action plan for implementing their SDOH domain and commence intervention on their domain. Each month you will be guided to work on a particular portion of the final action plan. The final action plan will contain information on your chosen health disparities and priority populations, short and long-term health equity goals and action steps, data collection/evaluation, an identified list of GA community partners for that domain and success stories.
Six Steps to Health Equity Action Planning

Step 1: Identify team including leadership

Step 2: Data collection REaL & SDOH embedded in EHR

Step 3: REaL & SDOH stratification and analysis

Step 4: Identify priority population

Step 5: Health equity goals and action steps

Step 6: Develop community partnerships

Bi-monthly you will attend an education session to be trained on implementing one or more of these six steps. Then, you will have the next month to collaborate with your workgroup to complete the assignment for the step(s) and present your work to the whole group at the next education session.
Today’s Education Session Focus: Step 1

Step 1: Identify team including leadership

Step 2: Data collection REaL & SDOH embedded in EHR

Step 3: REaL & SDOH stratification and analysis

Step 4: Identify priority population

Step 5: Health equity goals and action steps

Step 6: Develop community partnerships

Health equity work doesn’t exist in a vacuum. The first step is understanding your assets and opportunities, and every hospital will need a team to conduct this work fruitfully. Let’s take about who should be on your team.
Today’s Education Session Focus: Step 1

Step 1: Identify team including leadership

Step 2: Data collection REaL & SDOH embedded in EHR

Step 3: REaL & SDOH stratification and analysis

Step 4: Identify priority population

Step 5: Health equity goals and action steps

Step 6: Develop community partnerships

Your hospital health equity team may include:
- Social worker
- Department leadership (i.e., ED, MedSurg, Rehabilitation + swing bed)
- Hospital Staff Pertaining to the 5 Domains:
  - **Food Insecurity**: Dietary/Nutrition Dept., swing bed
  - **Transportation**: EMS, Paramedics, ED
  - **Homelessness**: Social worker, discharge planners, swing bed
  - **Utility Difficulties**: Social worker, discharge planners, swing bed
  - **Interpersonal Violence**: Social worker, discharge planners, swing bed
  - **All Domains**: Language line interpretation services/personnel
Tift Regional Medical Center - Southwell

- Nonprofit health system serving 12 counties in south central Georgia
- Main campus is Tift Regional Medical Center, a 181-bed regional referral hospital located in Tifton, GA
- Tifton West Campus houses various diagnostic services and the region’s largest multi-specialty clinic
- Cook county campus is anchored by Southwell Medical, an acute care facility, and includes a 12-bed geriatric psychiatric unit and a 95-bed skilled rehabilitation facility
Tift Regional Medical Center: Leadership Engagement and Health Equity Team

Dr. Jessica Beier
Chief Quality Officer

Dr. Cameron Nixon
Chief Transformation Officer

LeAnn Pritchett, MSN RN CPHQ
System Director of Quality and Safety

Jill McIntyre, MSN RN CDP
Director of Diversity, Inclusion, and Wellness
# Tift Regional Medical Center: Committee Structure

<table>
<thead>
<tr>
<th>Committee</th>
<th>Meetings/Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Board of Directors</strong></td>
<td>• Quality Council</td>
</tr>
<tr>
<td></td>
<td>• Administration Quality Committee</td>
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<tr>
<td><strong>Medical Executive Committee</strong></td>
<td>• Annual and Semi-Annual Medical Staff Meeting</td>
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<td></td>
<td>• Medical Staff Department Meetings</td>
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<tr>
<td><strong>High Impact Team: Readmissions &amp; Heart Failure</strong></td>
<td>• Multidisciplinary Teams</td>
</tr>
<tr>
<td><strong>High Impact Team: Health Equity/SDOH</strong></td>
<td>• Stakeholders</td>
</tr>
<tr>
<td></td>
<td>• Subject Matter Experts</td>
</tr>
<tr>
<td><strong>High Impact Team: Health Equity/SDOH</strong></td>
<td>• Stakeholders</td>
</tr>
<tr>
<td><strong>Equity and Inclusion Steering Committee</strong></td>
<td>• Leaders</td>
</tr>
<tr>
<td></td>
<td>• Frontline Team Members</td>
</tr>
<tr>
<td><strong>Patient and Family Advisory Council</strong></td>
<td>• Community Members</td>
</tr>
</tbody>
</table>
This template aims to help organizations assess the extent to which they have incorporated health equity best practices as part of its overall operations.

- There are 7 major categories for evaluation in this analysis: organizational leadership, workforce training, data collection, data validation, data stratification, health literacy/cultural competence, community partnerships.

- This is just a starting point so don’t worry! It’s just a way to know where you are and what you need.

(Source: Eastern US Quality Improvement Collaborative)
Workgroup Homework Assignment:

• First Workgroup Assignment:
  1. Develop your **hospital health equity team**, including names and titles of leadership and staff members from your hospitals, esp. as it relates to your domain. Think deeply about who should be at the table based on what you’ve learned in this session. Be sure to name yourself or someone else as the health equity champion for your hospital.
  2. Have each hospital in your workgroup download and complete the **health equity gap analysis at the following link** and discuss your findings as a group. ([https://qualityimprovementcollaborative.org/focus_areas/health_equity/docs/health_equity_gap_analysis.pdf](https://qualityimprovementcollaborative.org/focus_areas/health_equity/docs/health_equity_gap_analysis.pdf))

• Submission Process: One person from your workgroup will email a list of your hospital health equity teams and 6 gap analyses (one for each hospital in your workgroup) to Alliant’s Health Equity Lead, Rosa Abraha, ([rosa.abraha@allianthealth.org](mailto:rosa.abraha@allianthealth.org)) **no later than COB on November 14th**.

• Presentation: Be prepared to present and discuss with your peers what you and your workgroup completed at the November 28th education session. We ask that you all please have your **video cameras on** for each education session.
Join us at 10AM EST on October 24th if you need any assistance!

Also, join us for the GA SORH FLEX HEI Project Workgroup Sessions at 10 a.m. on the 4th Tuesday of every other month on the following dates:

- October 24, 2023
- December 19, 2023
- February 27, 2024
- April 23, 2024
- June 25, 2024

***The registration link will allow you to register for multiple upcoming sessions.***

For any HEI project questions/concerns, please contact Alliant Health Solutions health equity lead, Rosa Abraha at rosa.abraha@allianthealth.org.
Click the "GA Flex" tab and scroll down to the bottom of the page to access the presentations. Click "Materials" to download.
Additional Health Equity News/Resources

• **Register here** for the Joint Commission National Health Equity Grand Rounds event, “Creating Accountability Through Data,” scheduled for Oct. 10, from 2-3:30 p.m. ET, to earn free continuing medical education (CME) credit and to reimagine how demographic data can be used to advance healthcare equity, address disparities, and hold powerful institutions accountable. This activity has been approved for 1.5 AMA PRA Category 1 Credit(s)™ *

• The CMS Office of Minority Health (CMS OMH) released a new Z code infographic entitled: **Improving the Collection of Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes (2023)**. This resource aims to assist providers with understanding and using Z codes to improve the quality and collection of health equity data.
Questions?