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

GA FLEX Health Equity Improvement Project: Year 2 Kickoff Meeting

Rosa Abraha, MPH

September 26, 2023

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

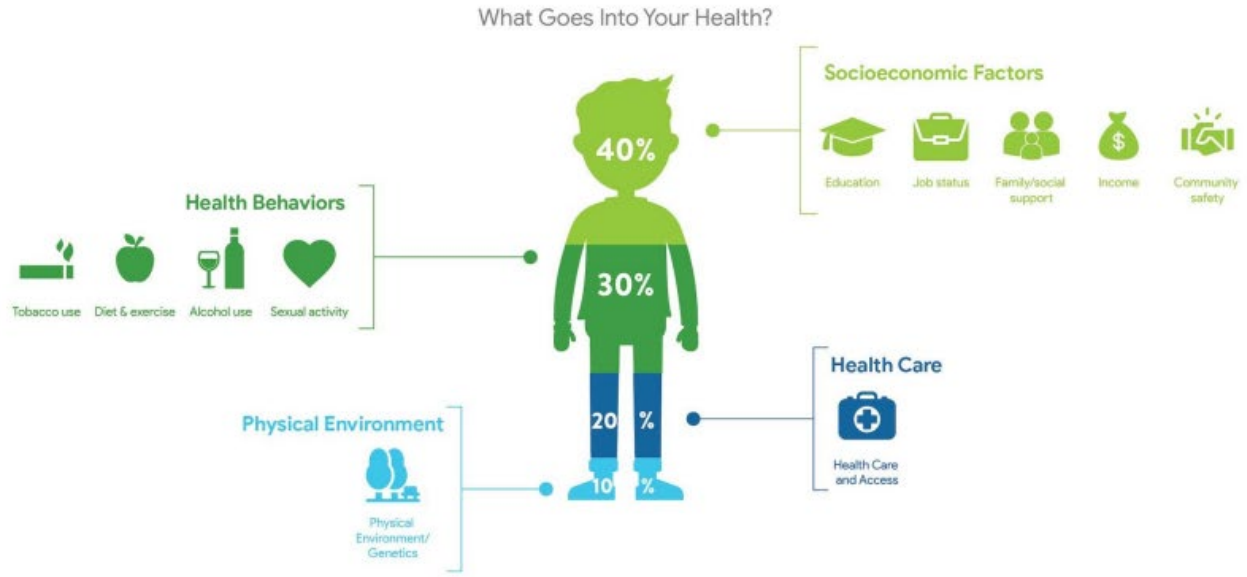
Rosa Abraha, MPH
Health Equity Lead
Alliant Health Solutions
Rosa.Abraha@allianthealth.org

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



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).

Food Insecurity	Housing Instability	Transportation Needs	Utility Difficulties	Interpersonal Safety
• Atrium Health Floyd Polk Medical Center • Bacon County Hospital • Miller • Bleckley Memorial Hospital • Clinch Memorial Hospital • Higgins General Hospital	• Jeff Davis Hospital • Mitchell County Hospital • Candler County Hospital • Jasper Memorial Hospital • Liberty Regional Medical Center • Morgan Medical Center	• Elbert Memorial • South Georgia Medical Center-Lanier Campus • Jenkins County Medical Center • Life Brite Hospital of Early • Warm Springs Medical Center • Wills Memorial Hospital*	• Optim Medical Center– Screven • Optim Medical Center – Tattnall • St Mary's Good Samaritan Hospital • Chatuge Regional Hospital • Monroe County Hospital • Mountain Lakes Medical. Center	• Phoebe Worth Medical Center • Putnam General Hospital • Brooks County Hospital • Effingham Health System • Medical Center of Peach County • Wellstar Sylvan Grove Hospital

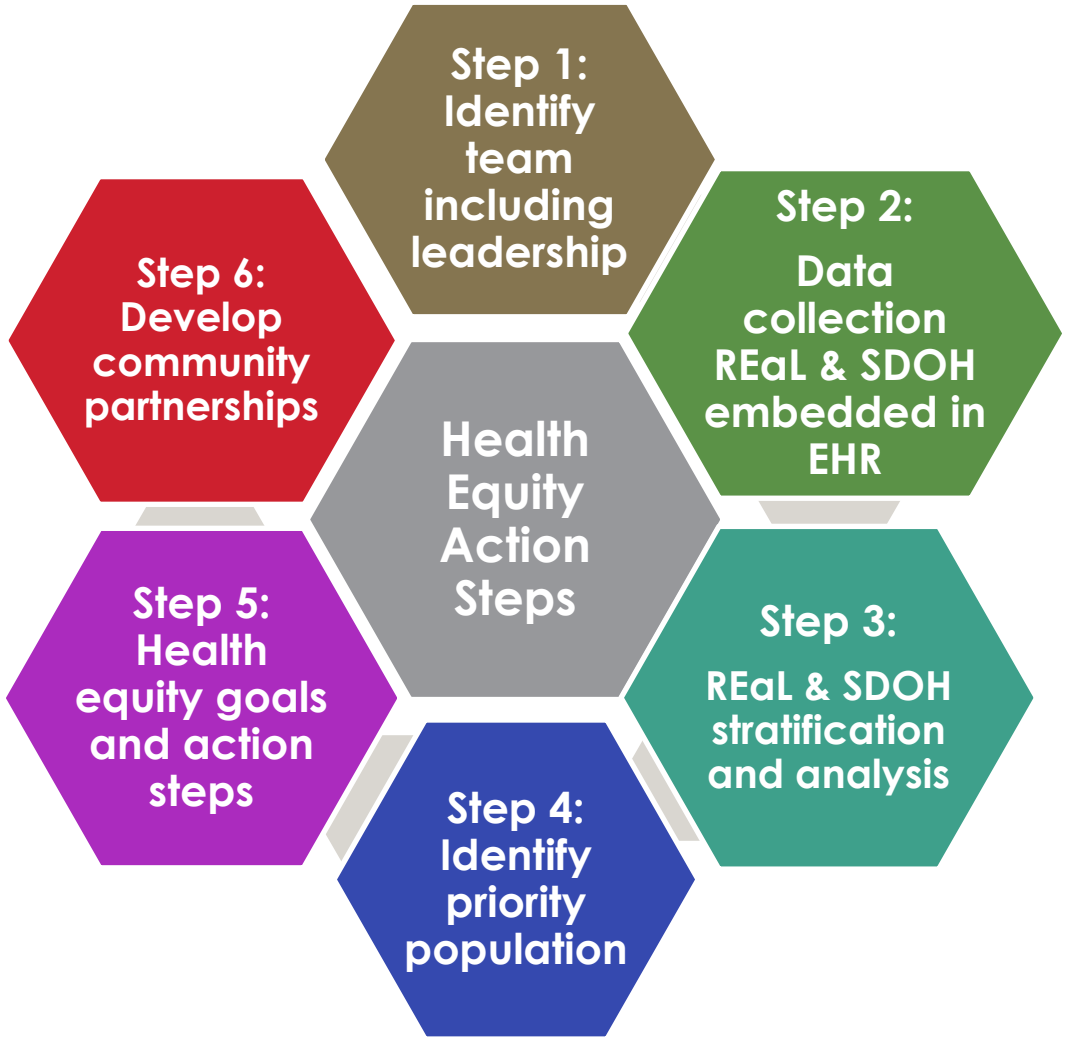
Looking Forward: Year 2 Health Equity Improvement (HEI) Project

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

Education Sessions [MANDATORY ATTENDANCE] (Led by the Alliant Health Solutions Team)	**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)**
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) **All sessions are mandatory from 10-11AM EST	October 24, 2023 December 19, 2023 February 27, 2024 April 23, 2024 June 25, 2024 ** 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.

- **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



Bi-monthly you will attend an education session to be trained on implementing on 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

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

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

Board of Directors	• Quality Council • Administration Quality Committee
Medical Executive Committee	• Annual and Semi-Annual Medical Staff Meeting • Medical Staff Department Meetings
High Impact Team: Readmissions & Heart Failure	• Multidisciplinary Teams
High Impact Team: Health Equity/SDOH	• Stakeholders • Subject Matter Experts
Equity and Inclusion Steering Committee	• Leaders • Frontline Team Members • Board Members
Patient and Family Advisory Council	• Community Members

Health Equity Gap Analysis

EQIC
EASTERN US QUALITY IMPROVEMENT COLLABORATIVE

The following checklist assesses a hospital's incorporation of health equity best practices as part of its overall operations.

Hospital name: _____

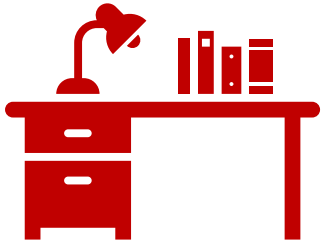
Date: _____

ELEMENT	BEST PRACTICE RECOMMENDATION	IMPLEMENTATION STATUS			ACTION PLAN/ NEXT STEPS List specific activities your team will seek to accomplish to fully implement each practice recommendation
		FULLY	PARTIALLY	NONE	
ORGANIZATIONAL LEADERSHIP					
Health equity is a key strategic priority with established structures and processes in place to elim-inate disparities and ensure equitable healthcare is prioritized and delivered to all patient populations.	Health equity is articulated as a key organization-wide priority (e.g., goals and objectives, strategic plan, policy, protocol, pledges, mission/vision/values, data transparency, leadership buy-in, community partnerships, diverse workforce) supported by a clear business case and plan for operationalizing health equity strategies and interventions that address mul-tiple determinants of health, decrease institutional racism and strengthen community partnerships to improve health and equity.	○	○	○	
Hospital has designated a leader(s) or functional area (i.e., health equity committee) responsible for advancing health equity and who actively engages in strategic and action planning activities to reduce disparities.	Health equity leaders are designated and held accountable for disparities reduction with established roles and responsibilities to champion equity and improve quality of care. Designated leaders actively engage hospital staff, patients and families and create linkages with community stakeholders to support health equity improvement activities.	○	○	○	

(Source: Eastern US Quality provement Collaborative)

- 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.

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)
- **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) ***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 following dates:

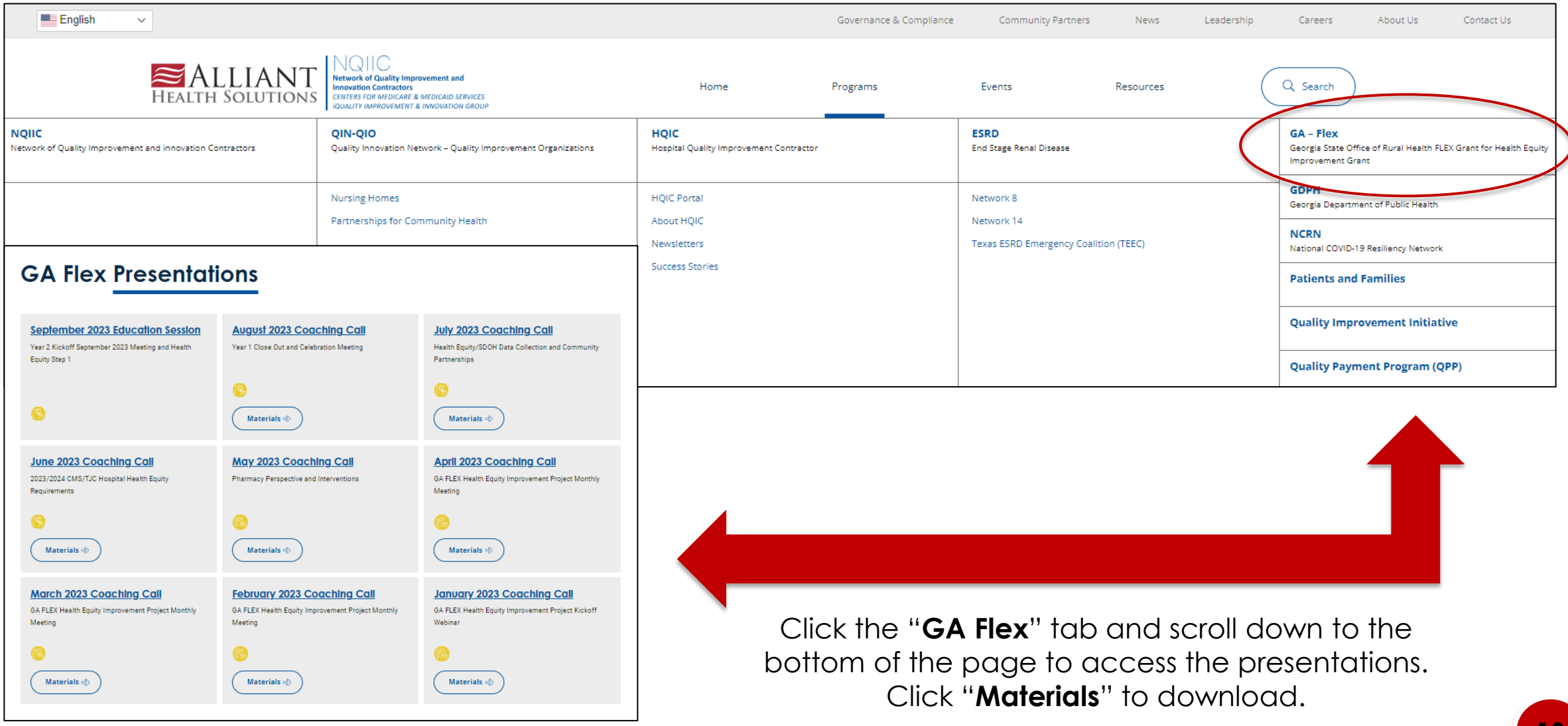
- October 24, 2023
- December 19, 2023
- February 27, 2024
- April 23, 2024
- June 25, 2024

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

CLICK HERE TO REGISTER FOR THE PROJECT WORKGROUP SESSIONS

For any HEI project questions/concerns, please contact Alliant Health Solutions health equity lead, Rosa Abraha at rosa.abraha@allianthealth.org.

Scan QR code to access the GA Flex webpage

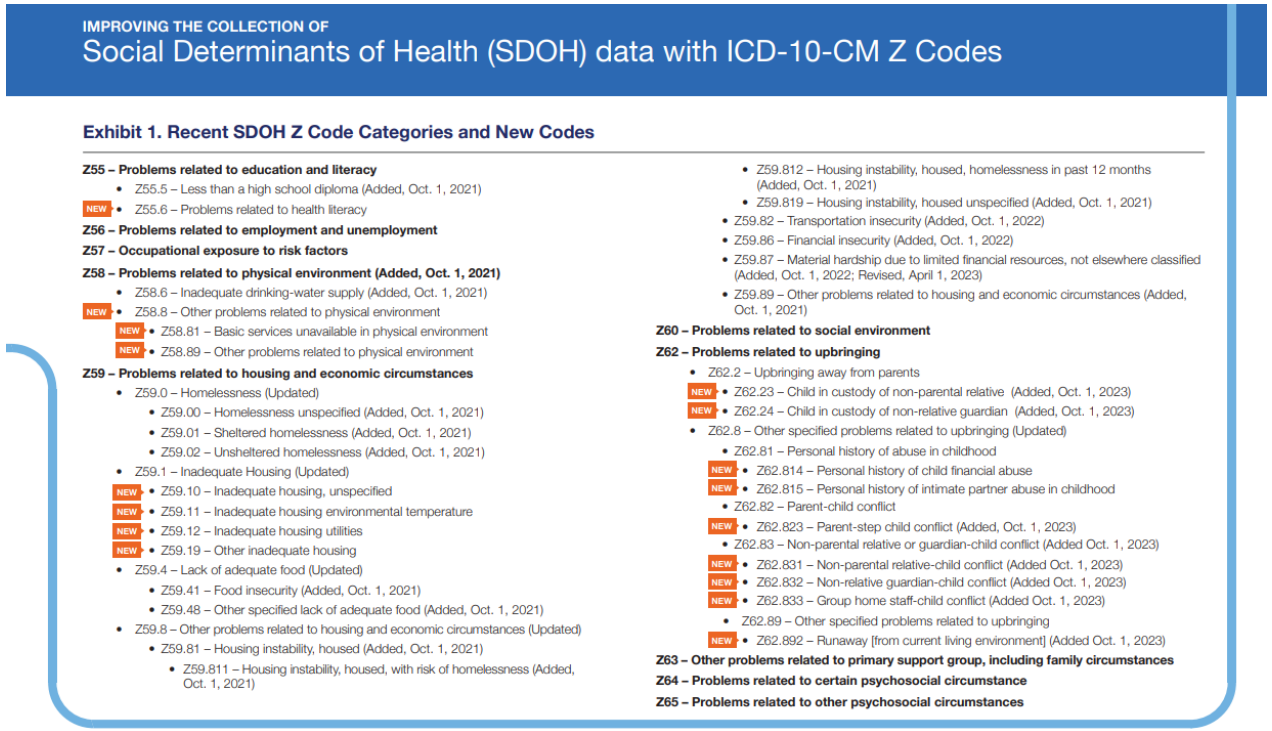


Click the "**GA Flex**" tab and scroll down to the bottom of the page to access the presentations. Click "**Materials**" to download.

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.



IMPROVING THE COLLECTION OF
Social Determinants of Health (SDOH) data with ICD-10-CM Z Codes

Exhibit 1. Recent SDOH Z Code Categories and New Codes

Z55 – Problems related to education and literacy
- Z55.5 – Less than a high school diploma (Added, Oct. 1, 2021)
- NEW • Z55.6 – Problems related to health literacy

Z56 – Problems related to employment and unemployment

Z57 – Occupational exposure to risk factors

Z58 – Problems related to physical environment (Added, Oct. 1, 2021)
- Z58.6 – Inadequate drinking-water supply (Added, Oct. 1, 2021)
- NEW • Z58.8 – Other problems related to physical environment
- NEW • Z58.81 – Basic services unavailable in physical environment
- NEW • Z58.89 – Other problems related to physical environment

Z59 – Problems related to housing and economic circumstances
- Z59.0 – Homelessness (Updated)
  - Z59.00 – Homelessness unspecified (Added, Oct. 1, 2021)
  - Z59.01 – Sheltered homelessness (Added, Oct. 1, 2021)
  - Z59.02 – Unsheltered homelessness (Added, Oct. 1, 2021)
- Z59.1 – Inadequate Housing (Updated)
- NEW • Z59.10 – Inadequate housing, unspecified
- NEW • Z59.11 – Inadequate housing environmental temperature
- NEW • Z59.12 – Inadequate housing utilities
- NEW • Z59.19 – Other inadequate housing
- Z59.4 – Lack of adequate food (Updated)
  - Z59.41 – Food insecurity (Added, Oct. 1, 2021)
  - Z59.48 – Other specified lack of adequate food (Added, Oct. 1, 2021)
- Z59.8 – Other problems related to housing and economic circumstances (Updated)
  - Z59.81 – Housing instability, housed (Added, Oct. 1, 2021)
    - Z59.811 – Housing instability, housed, with risk of homelessness (Added, Oct. 1, 2021)
    - Z59.812 – Housing instability, housed, homelessness in past 12 months (Added, Oct. 1, 2021)
  - Z59.819 – Housing instability, housed unspecified (Added, Oct. 1, 2021)
- Z59.82 – Transportation insecurity (Added, Oct. 1, 2022)
- Z59.86 – Financial insecurity (Added, Oct. 1, 2022)
- Z59.87 – Material hardship due to limited financial resources, not elsewhere classified (Added, Oct. 1, 2022; Revised, April 1, 2023)
- Z59.89 – Other problems related to housing and economic circumstances (Added, Oct. 1, 2021)

Z60 – Problems related to social environment

Z62 – Problems related to upbringing
- Z62.2 – Upbringing away from parents
- NEW • Z62.23 – Child in custody of non-parental relative (Added, Oct. 1, 2023)
- NEW • Z62.24 – Child in custody of non-relative guardian (Added, Oct. 1, 2023)
- Z62.8 – Other specified problems related to upbringing (Updated)
  - Z62.81 – Personal history of abuse in childhood
  - NEW • Z62.814 – Personal history of child financial abuse
  - NEW • Z62.815 – Personal history of intimate partner abuse in childhood
  - Z62.82 – Parent-child conflict
  - NEW • Z62.823 – Parent-step child conflict (Added, Oct. 1, 2023)
  - Z62.83 – Non-parental relative or guardian-child conflict (Added Oct. 1, 2023)
  - NEW • Z62.831 – Non-parental relative-child conflict (Added Oct. 1, 2023)
  - NEW • Z62.832 – Non-relative guardian-child conflict (Added Oct. 1, 2023)
  - NEW • Z62.833 – Group home staff-child conflict (Added Oct. 1, 2023)
  - Z62.89 – Other specified problems related to upbringing
  - NEW • Z62.892 – Runaway [from current living environment] (Added Oct. 1, 2023)

Z63 – Other problems related to primary support group, including family circumstances

Z64 – Problems related to certain psychosocial circumstance

Z65 – Problems related to other psychosocial circumstances


Questions?
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