



GA FLEX Health Equity Improvement Project: November Education Session

Rosa Abraha, MPH
November 28, 2023

Featured Speaker



Rosa Abraha, MPH
Health Equity Lead
Alliant Health Solutions

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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.

Meeting Attendance



**In the chat, please type the name(s) of the representative(s)
for your hospital who are present on today's call.
Please be prepared with your cameras on!**

10-Minute Recap: Workgroup Sharing

Each workgroup leader has 2 minutes to share their biggest finding from working on the health equity gap analysis in Step 1. Were there commonalities in your group? Were there differences?

Food Insecurity	Housing Instability	Transportation Needs	Utility Difficulties	Interpersonal Safety
<ul style="list-style-type: none"> Atrium Health Floyd Polk Medical Center Bacon County Hospital Miller Bleckley Memorial Hospital Clinch Memorial Hospital Higgins General Hospital 	<ul style="list-style-type: none"> Jeff Davis Hospital Mitchell County Hospital Candler County Hospital Jasper Memorial Hospital Liberty Regional Medical Center Morgan Medical Center 	<ul style="list-style-type: none"> Elbert Memorial South Georgia Medical Center-Lanier Campus Jenkins County Medical Center Life Brite Hospital of Early Warm Springs Medical Center Wills Memorial Hospital* 	<ul style="list-style-type: none"> Optim Medical Center– Screven Optim Medical Center – Tattnall St Mary’s Good Samaritan Hospital Chatuge Regional Hospital Monroe County Hospital Mountain Lakes Medical. Center 	<ul style="list-style-type: none"> Phoebe Worth Medical Center Putnam General Hospital Brooks County Hospital Effingham Health System Medical Center of Peach County Wellstar Sylvan Grove Hospital

Polling Question for Today's Session:

Which EHR vendor does your hospital use?

EPIC

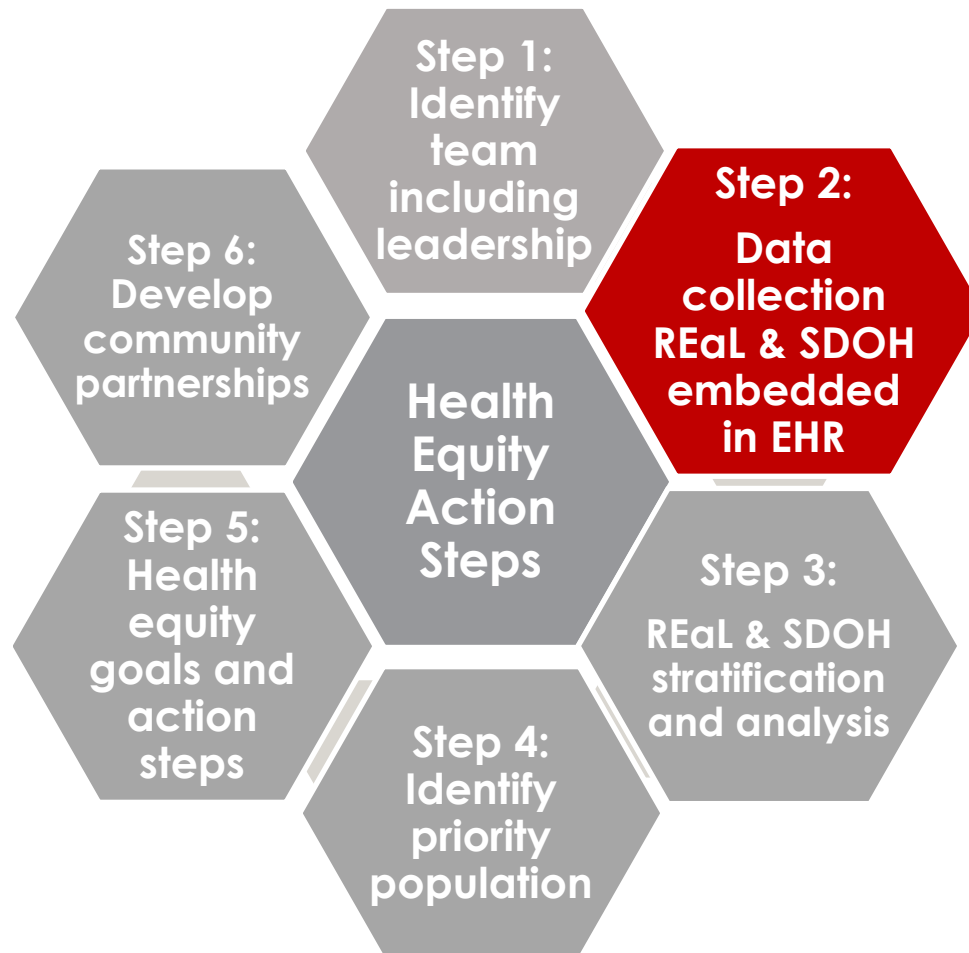
Cerner

CPSI

Meditech

Other

Today's Education Session Focus: Step 2



**Today's focus is on step 2:
health equity data collection!**

CMS Language on Data Collection Domain



Domain 2: Collecting valid and reliable demographic and social determinant of health data on patients served in a hospital is an important step in identifying and eliminating health disparities.

Hospitals are encouraged to collect social determinant and other drivers of health data electronically and use tools that have undergone validity and reliability testing. Domain 2's sub-domains of 2a, 2b, and 2c are defined further in [Text Box 2](#).

- This domain falls under the CMS Hospital Commitment to Health Equity (HCHE) measure.
- **CAHs that DO NOT participate in the CMS Hospital Inpatient Quality Reporting are not subject to completing this for CMS.**
- The purpose of showing this slide is to explain what language might be pulled and adapted into the MBQIP Flex Funding requirements for 2024-2029.

2A. Our hospital collects demographic information (such as self-reported race, national origin, primary language, and ethnicity data) and/or social determinant of health information on the majority of our patients.

A wide range of demographic and social drivers of health information qualifies for data collection, including but not limited to:

- Self-reported race and ethnicity
- Socioeconomic status
- Being a member of the LGBTQ+ community
- Being a member of a religious minority
- Living with a disability
- Living in a rural area
- Language proficiency
- Health literacy
- Access to primary care/usual source of care
- Housing status or food security
- Access to transportation

2B. Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.

The purpose of this question is to ensure hospitals provide guidance or training to staff on how to collect this information in a patient-centered manner.

2C. Our hospital inputs demographic and/or social determinant of health information collected from patients in structured, interoperable data elements using a certified EHR technology.

No additional clarification is provided for this attestation sub-domain.

NEW! Additional CMS SDOH Screening Measures

Screening for Social Drivers of Health Measure

- Food insecurity
- Housing instability
- Transportation needs
- Utilities difficulties
- Interpersonal safety

Numerator

Number of patients who were screened for **one or all** social drivers

Denominator

Number of patients 18 or older admitted as an inpatient

Screen Positive Rate for Social Drivers of Health Measure

- Food insecurity
- Housing instability
- Transportation needs
- Utility difficulties
- Interpersonal safety

Numerator

Number of patients who screened positive for each driver

Denominator

Number of patients 18 or older admitted as an inpatient and screened for social drivers

- The blue box (SDOH-1) will result in on screening rate, but the green box (SDOH-2) shows the screen positive rate, which will result in five unique rates for each of the five categories of social drivers of health.
- Exclusion Criteria:
 - Patients who opt out of screening
 - Patients unable to complete the screening and have no legal guardian or caregiver to do the screening on their behalf or patients who died during admission.

CMS AHC HRSN – Recommended SDOH Screening Tool

The Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool

AHC HRSN Screening Tool Core Questions

If someone chooses the underlined answers, they might have an unmet health-related social need.

Living Situation

1. What is your living situation today?³

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)

2. Think about the place you live. Do you have problems with any of the following?⁴

CHOOSE ALL THAT APPLY

- Pests such as bugs, ants, or mice
- Mold
- Lead paint or pipes
- Lack of heat
- Oven or stove not working
- Smoke detectors missing or not working
- Water leaks
- None of the above

Food

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.⁵

3. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- Often true
- Sometimes true
- Never true

4. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- Often true
- Sometimes true
- Never true

Transportation

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?⁶

- Yes
- No

Utilities

6. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?⁷

- Yes
- No
- Already shut off

Safety

Because violence and abuse happens to a lot of people and affects their health we are asking the following questions.⁸

7. How often does anyone, including family and friends, physically hurt you?

- Never (1)
- Rarely (2)
- Sometimes (3)
- Fairly often (4)
- Frequently (5)

- CMS and CMMI developed the Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool.
- Hospitals can choose any tool they desire. However, it is recommended that they use this tool and integrate **ALL 26** questions into their EHR.
- Note that only these seven out of the 26 questions will directly support reporting on the SDOH-1 and SDOH-2 new structural measures.

PRAPARE - Optional SDOH Screening Tool

Personal Characteristics 1. Are you Hispanic or Latino? <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>I choose not to answer this question</td> </tr> </table>			Yes	No	I choose not to answer this question	8. Are you worried about losing your housing? <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>I choose not to answer this question</td> </tr> </table>			Yes	No	I choose not to answer this question	14. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed ? Check all that apply. <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Food</td> <td>Yes</td> <td>No</td> <td>Clothing</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Utilities</td> <td>Yes</td> <td>No</td> <td>Child Care</td> </tr> <tr> <td>Yes</td> <td>No</td> <td colspan="4">Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Phone</td> <td>Yes</td> <td>No</td> <td>Other (please write):</td> </tr> <tr> <td colspan="6">I choose not to answer this question</td> </tr> </table>			Yes	No	Food	Yes	No	Clothing	Yes	No	Utilities	Yes	No	Child Care	Yes	No	Medicine or Any Health Care (Medical, Dental, Mental Health, Vision)				Yes	No	Phone	Yes	No	Other (please write):	I choose not to answer this question						17. Stress is when someone feels tense, nervous, anxious, or can't sleep at night because their mind is troubled. How stressed are you? <table border="1"> <tr> <td>Not at all</td> <td>A little bit</td> </tr> <tr> <td>Somewhat</td> <td>Quite a bit</td> </tr> <tr> <td>Very much</td> <td>I choose not to answer this question</td> </tr> </table>			Not at all	A little bit	Somewhat	Quite a bit	Very much	I choose not to answer this question
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2. Which race(s) are you? Check all that apply <table border="1"> <tr> <td>Asian</td> <td>Native Hawaiian</td> </tr> <tr> <td>Pacific Islander</td> <td>Black/African American</td> </tr> <tr> <td>White</td> <td>American Indian/Alaskan Native</td> </tr> <tr> <td colspan="2">Other (please write):</td> </tr> <tr> <td colspan="2">I choose not to answer this question</td> </tr> </table>			Asian	Native Hawaiian	Pacific Islander	Black/African American	White	American Indian/Alaskan Native	Other (please write):		I choose not to answer this question		9. What address do you live at? Street: _____ City, State, Zip code: _____			15. Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply. <table border="1"> <tr> <td>Yes, it has kept me from medical appointments or</td> </tr> <tr> <td>Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need</td> </tr> <tr> <td>No</td> </tr> <tr> <td>I choose not to answer this question</td> </tr> </table>			Yes, it has kept me from medical appointments or	Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need	No	I choose not to answer this question	Optional Additional Questions 18. In the past year, have you spent more than 2 nights in a row in a jail, prison, detention center, or juvenile correctional facility? <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>I choose not to answer this</td> </tr> </table>			Yes	No	I choose not to answer this																									
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3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income? <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>I choose not to answer this question</td> </tr> </table>			Yes	No	I choose not to answer this question	Money & Resources 10. What is the highest level of school that you have finished? <table border="1"> <tr> <td>Less than high school degree</td> <td>High school diploma or GED</td> </tr> <tr> <td>More than high school</td> <td>I choose not to answer this question</td> </tr> </table>			Less than high school degree	High school diploma or GED	More than high school	I choose not to answer this question	19. Are you a refugee? <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>I choose not to answer this</td> </tr> </table>			Yes	No	I choose not to answer this																																			
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4. Have you been discharged from the armed forces of the United States? <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>I choose not to answer this question</td> </tr> </table>			Yes	No	I choose not to answer this question	11. What is your current work situation? <table border="1"> <tr> <td>Unemployed</td> <td>Part-time or temporary work</td> <td>Full-time work</td> </tr> <tr> <td colspan="3">Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write:</td> </tr> <tr> <td colspan="3">I choose not to answer this question</td> </tr> </table>			Unemployed	Part-time or temporary work	Full-time work	Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write:			I choose not to answer this question			20. Do you feel physically and emotionally safe where you currently live? <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Unsure</td> </tr> <tr> <td colspan="3">I choose not to answer this question</td> </tr> </table>			Yes	No	Unsure	I choose not to answer this question																													
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5. What language are you most comfortable speaking? Family & Home 6. How many family members, including yourself, do you currently live with? _____ <table border="1"> <tr> <td>I choose not to answer this question</td> </tr> </table>			I choose not to answer this question	12. What is your main insurance? <table border="1"> <tr> <td>None/uninsured</td> <td>Medicaid</td> </tr> <tr> <td>CHIP Medicaid</td> <td>Medicare</td> </tr> <tr> <td>Other public insurance (not CHIP)</td> <td>Other Public Insurance (CHIP)</td> </tr> <tr> <td>Private Insurance</td> <td></td> </tr> </table>			None/uninsured	Medicaid	CHIP Medicaid	Medicare	Other public insurance (not CHIP)	Other Public Insurance (CHIP)	Private Insurance		21. In the past year, have you been afraid of your partner or ex-partner? <table border="1"> <tr> <td>Yes</td> <td>No</td> <td>Unsure</td> </tr> <tr> <td colspan="3">I have not had a partner in the past year</td> </tr> <tr> <td colspan="3">I choose not to answer this question</td> </tr> </table>			Yes	No	Unsure	I have not had a partner in the past year			I choose not to answer this question																													
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20-Minute Breakout Groups By EHR Vendor: Peer Learning

- **Does your hospital collect information on the patient's REaL and SDOH data?**
- **If yes, how is the REaL and SDOH data collected?**
 - Collected through a paper form
 - Collected in the electronic record
 - Data is self-reported at registration
 - Data is collected by nursing staff at admission
 - Data is collected by the case management team
- **For SDOH screening, do you currently have any of the below tools integrated into your EHR? Are you using something different?**
 - CMS HRSN tool
 - PRAPARE tool
 - Other tool
- **Did you work with your IT Department or EHR vendor to get those tools integrated into your EHR? If yes, can you please provide tips to other hospitals also trying to do the same things?**
- **Was there a fee associated with your hospital adding the SDOH questionnaire to your EHR?**
- **How do you pull reports on REaL and SDOH data to show trends in disparities? Do you have a template you can share with the group?**
- **Are there any other major hurdles or obstacles that you are experiencing in collecting health equity data? Are there other best practices related to this topic that you want to share with your group?**

Take a screenshot of this slide to guide your discussion and select your EHR vendor to join a breakout room!

NEW! Homework Assignment Due January 5, 2024

Hospital Health Equity Data Collection Survey

[Georgia State Office of Rural Health Flex Grant for Health Equity Improvement](#)

Your name *

Hospital Name *

Who is your hospital EHR vendor? *

Race, Ethnicity, and Language (REaL) Data Collection

Does your hospital collect information on the patient's race, ethnicity, and language (REaL)? *

Yes No

How is REaL data collected? *

(PLEASE SELECT ALL THAT APPLY)

- Collected through a paper form
- Collected in the electronic record
- Data is self-reported at registration
- Data is collected by nursing staff at admission
- Data is collected by the case management team

Are REaL questions currently integrated into your EHR? *

Yes No

Can you pull reports from your EHR on REaL data? *

Yes No

Since you answered yes to the last question, what is your method of pulling this report (REaL Data) *

How often do you pull this report? (REaL Data)

Social Determinants of Health (SDOH) Data Collection

Does your hospital collect information on the patient's social determinants of health (SDOH)? *

Yes No

How is SDOH data collected? *

(PLEASE SELECT ALL THAT APPLY)

- Collected through a paper form
- Collected in the electronic record
- Data is self-reported at registration
- Data is collected by nursing staff at admission
- Data is collected by the case management team

Are SDOH questions currently integrated into your EHR? *

Yes No

Can you pull reports from your EHR on SDOH data? *

Yes No

Since you answered yes to the last question, what is your method of pulling this report? (SDOH Data) *

How often do you pull this report? (SDOH Data)

Which questionnaire/tool is your hospital using to ask SDOH questions to your patients? *

- CMS AHC Health Related Social Needs (HRSN) Screening Tool (recommended)
- PRAPARE Tool
- Other/Not Listed

Which of the SDOH categories below does your hospital ask patients to answer? *

(SELECT ALL THAT APPLY)

- Housing instability
- Food insecurity
- Transportation problems
- Utility help needs
- Interpersonal safety
- Financial strain
- Employment
- Family and community support
- Education
- Physical activity
- Substance use
- Mental health
- Disabilities

Do you have any additional comments or questions regarding REaL or SDOH Data Collection?

Send me a copy of my responses

Submission Process: Each hospital must **INDIVIDUALLY** complete the survey using this link: [Hospital Health Equity Data Collection Survey \(smartsheet.com\)](#)

Join us at 10AM EST on December 19th for our Workgroup Office Hour!

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

English










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	Nursing Homes Partnerships for Community Health	HQIC Portal About HQIC Newsletters Success Stories	Network 8 Network 14 Texas ESRD Emergency Coalition (TEEC)	GDPH Georgia Department of Public Health
				NCRN National COVID-19 Resiliency Network
				Patients and Families
				Quality Improvement Initiative
				Quality Payment Program (QPP)

GA Flex Presentations

September 2023 Education Session Year 2 Kickoff September 2023 Meeting and Health Equity Step 1	August 2023 Coaching Call Year 1 Close Out and Celebration Meeting	July 2023 Coaching Call Health Equity/SDOH Data Collection and Community Partnerships
 Materials	 Materials	 Materials
June 2023 Coaching Call 2023/2024 CMS/TJC Hospital Health Equity Requirements	May 2023 Coaching Call Pharmacy Perspective and Interventions	April 2023 Coaching Call GA FLEX Health Equity Improvement Project Monthly Meeting
 Materials	 Materials	 Materials
March 2023 Coaching Call GA FLEX Health Equity Improvement Project Monthly Meeting	February 2023 Coaching Call GA FLEX Health Equity Improvement Project Monthly Meeting	January 2023 Coaching Call GA FLEX Health Equity Improvement Project Kickoff Webinar
 Materials	 Materials	 Materials



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



Questions?

 **ALLIANT**
HEALTH SOLUTIONS

 **SORH**
State Office of Rural Health
A Division of the Georgia Department of Community Health