GA FLEX Health Equity Improvement Project: March Education Session
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March 26, 2023
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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!
Results from Part 1A of Strategic Plan Submission: **Top Priority Populations**

- Black patients with increased readmissions
- Self-pay uninsured patients
- White patients with increased readmissions
- Black patients who are admitted and diabetic
- Patients with SDOH needs – top ones were food insecurity, housing instability and transportation
- 75+ White female patients with increased readmissions for respiratory diseases
- Patients in our hospital with difficulty accessing prescription medications following hospital stays
Today’s Education Session Focus:

- **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

Let’s focus on step 5!
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.

Tool for Hospital Health Equity Strategic Planning

- The purpose of this tool is to provide a framework for hospital leadership and staff in the development of a health equity strategic plan that meets the CMS health equity requirements.

- The GA Flex Program will adopt these same requirements in the 2024-2029 MBQIP, so the goal is for you to have your plan in place by the end of year 2 (August 2024).
Completed Example for **DOMAIN1B**

*Do not* copy exact language.

<table>
<thead>
<tr>
<th>Health Equity Goal(s)</th>
<th>Related Action Steps</th>
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<tbody>
<tr>
<td><strong>Goal #1:</strong> Conduct best practice interventions for Black patients in our hospital experiencing increased readmissions</td>
<td>For CY2024, we will conduct monthly data tracking on the rate of readmissions by race/ethnicity to continue identifying root causes for Black patient readmissions and monitor progress in reducing readmission rates for Black patients. By September 2024, we will partner with at least 2 trusted community partner organizations that are well known for representing the Black patient population to identify strategies to address mistrust and gain confidence from Black patients in health equity interventions. We will bring these organizations in for a townhall or training with our case management, nursing and registration staff to promote culturally responsive motivational interviewing of Black patients.</td>
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<tr>
<td><strong>Goal #2:</strong> Conduct best practice interventions for patients in our hospital experiencing food insecurity</td>
<td>For CY2024, we will conduct monthly data tracking on the rate of admitted patients who are screening positive for food insecurity and continue to monitor progress in reducing readmission rates for these patients. By June 2024, we will adopt the Alliant SDOH discharge referral checklist in our discharge process to provide referrals to food shelter/banks for patients that screen positive for food insecurity. By September 2024, our hospital will partner with a food pantry/bank or local farmers market to offer a mobile pop up shop of fruits, vegetables or other canned goods to provide for free to patients that screen positive for food insecurity.</td>
</tr>
<tr>
<td><strong>Goal #3:</strong> Conduct best practice interventions for patients in our hospital lacking appropriate access to transportation</td>
<td>For CY2024, we will conduct monthly data tracking on the rate of admitted patients who are screening positive for inappropriate access to transportation and continue to monitor progress in reducing readmission rates for these patients. By June 2024, we will adopt the Alliant SDOH discharge referral checklist in our discharge process to provide referrals to transportation organizations for patients that screen positive for food insecurity. By September 2024, our hospital will partner with two identified local churches to have a van service available to patients experiencing transportation difficulties.</td>
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Alliant Tool for Social Determinants of Health Referral at Discharge

Completed Example for DOMAIN1C

Do not copy exact language.
NEW! Homework Assignment due Wednesday, May 1, 2024.

Submission Process: Each hospital must INDIVIDUALLY complete the survey filling out the executive summary, hospital background, health equity statement and Domain 1A portions.

Survey Link: Complete your homework using the following link:
Homework Link for Domain 1B and 1C
Join us Tuesday, April 23 at 10 a.m. ET 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 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.

Scan QR code to access the GA Flex webpage

CLICK HERE TO REGISTER FOR THE PROJECT WORKGROUP SESSIONS
Click the “GA Flex” tab and scroll down to the bottom of the page to access the presentations. Click “Materials” to download.
Questions?