THE POWER OF MULTI-STAKEHOLDER PARTNERSHIPS TO ADVANCE A HEALTH EQUITY-FOCUSED QUALITY IMPROVEMENT PROGRAM

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FACULTY DISCLOSURES

Jose Ordonez has no financial relationships to disclose relating to the subject matter of this presentation.

Melissa Preciado has no financial relationships to disclose relating to the subject matter of this presentation.

LEARNING OBJECTIVES

At the conclusion of this session, learners will have:

1. Understood the success factors and drivers behind effective multi-stakeholder partnerships in a health equity-focused quality improvement program.
2. Learned new approaches and methods to foster and sustain key partnerships rooted in equitable principles yielding improved performance measures around chronic care management and colorectal cancer screening among Medi-Cal communities of color.
3. Acquired methods to support the collection, analysis and interpretation of performance data stratified by race and ethnicity.

CALIFORNIA QUALITY COLLABORATIVE (CQC)

Advancing the quality and efficiency
of the outpatient health care delivery system by
creating scalable, measurable improvement.

Launched in 2007, CQC is a **multi-stakeholder program**.
Core funding is from health plans sharing a delivery system.

CQC identifies and spreads best practices across the outpatient delivery system in California.

The program **trains 2,000 individuals** from **250 organizations** each year.

CQC's track record includes **20% relative improvement** in clinical outcomes and **10:1 ROI**.

DESIGNING HEALTH EQUITY CENTERED QUALITY IMPROVEMENT PROGRAMMING

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SUCCESS FACTOR WORD CLOUD

Individual Reflection

(1 minute)

Take a moment to think about **one to two key success factors** that contributes to effective partnerships

Collective Sharing

(4 minutes)

Enter your response via Menti.com (code)

Open the floor to share your thoughts

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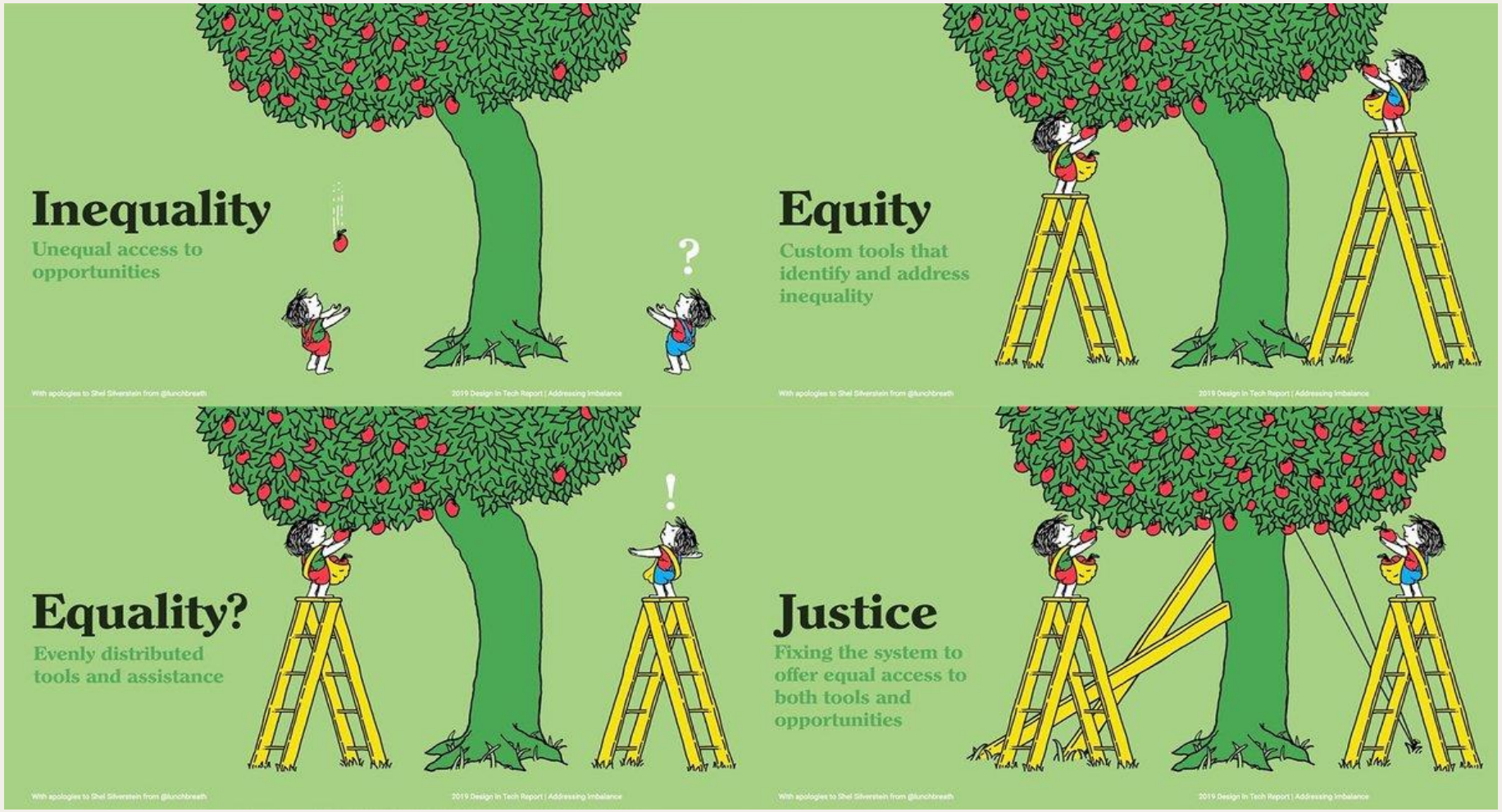
FROM INEQUALITY TO JUSTICE



Source: *Tony Ruth's Illustration in Design in Tech Report, 2019*

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SOCIAL DRIVERS OF HEALTH (SDOH)

The conditions
in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.

Healthy People 2030

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HEALTH DISPARITIES

National Institutes of Health (NIH) (.gov)

Life expectancy in the U.S. increased between 2000-2019, but widespread gaps among racial and ethnic groups exist

National Academies

Little Progress Has Been Made in Closing Racial and Ethnic Gaps in U.S. Health Care; Federal Government Should Act to Fix Structural Inequities

NPR

Kids of color get worse health care across the board in the U.S., research finds

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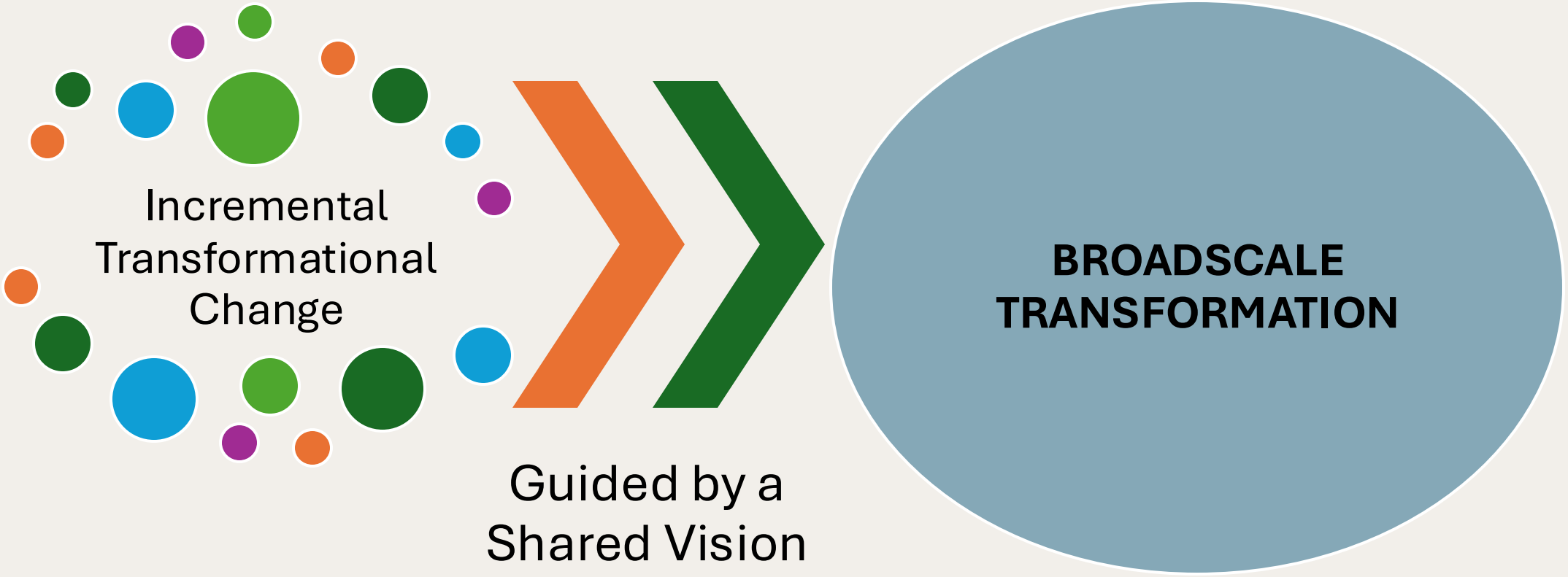
THE NEED FOR PARTNERSHIPS

- Quality improvement often occurs in isolation at the local level
- Quality improvement requires better coordination
- Engaging patients, staff and other stakeholders from the outset is critical for effective equity-focused quality improvement
- A partnership approach allows for combining resources, expertise and perspectives to address complex health care challenges

MULTI-STAKEHOLDER PARTNERSHIPS INCLUDE…

- Collaboration and synergy
- Shared goals and objectives
- Diverse expertise and resources
- Collective responsibility and accountability
- Sustainability and long-term impact

ACHIEVING TRANSFORMATIONAL CHANGE



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EQUITY AND QUALITY AT INDEPENDENT PRACTICES IN LOS ANGELES COUNTY (EQUIP-LA)

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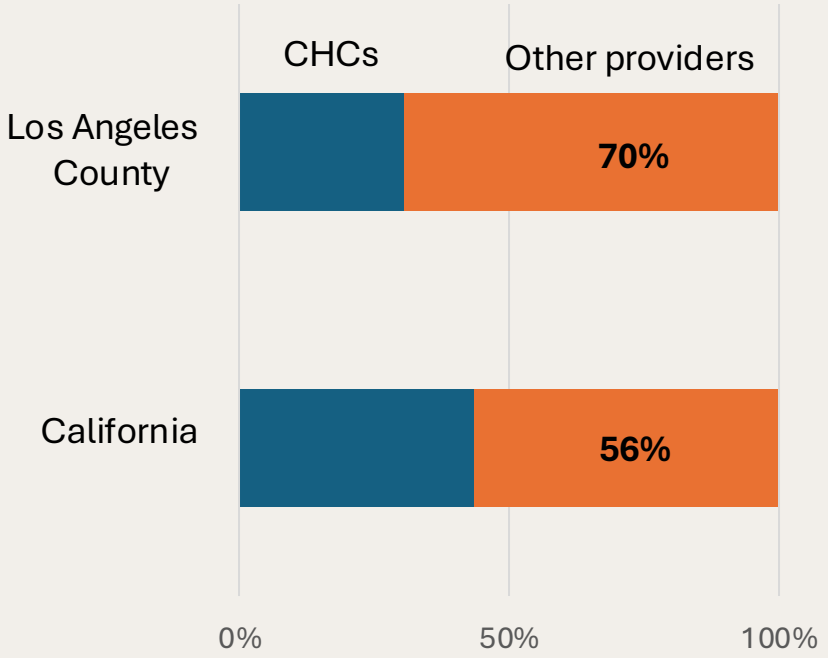
WHY TEST A NEW MODEL?

We are testing a new model for reducing health disparities across a sample of small to medium sized independent primary care practices.

70% of Medi-Cal primary care visits in Los Angeles occur outside Community Health Centers. Despite the importance of independent practices in Medi-Cal, they receive little support and lower payment.

Primary Care Visits in Medi-Cal, 2017-2019



Source: What Portion of Medi-Cal Primary Care Visits Are Provided by Health Centers? - California Health Care Foundation (chcf.org) (2022)

Independent Practices: Their Importance and Challenges

- Despite predictions of the demise of solo practice a decade ago, today 60% of physicians in California remain in a solo practice or in small/med size groups.
- Independent practices are particularly dominant in Southern California. In Los Angeles County, 36% of physicians are in a solo practice.
- Medi-Cal patients are an important component of solo and small/med size practices, but reimbursement is low (roughly half of Medicare), and there is no Prospective Payment System (PPS) wraparound payment , as in FQHCs.
- Small, independent practices are systematically excluded from many federal, state, and philanthropic improvement programs

Source: 2021 Edition — California Physicians - California Health Care Foundation (chcf.org) (2021)

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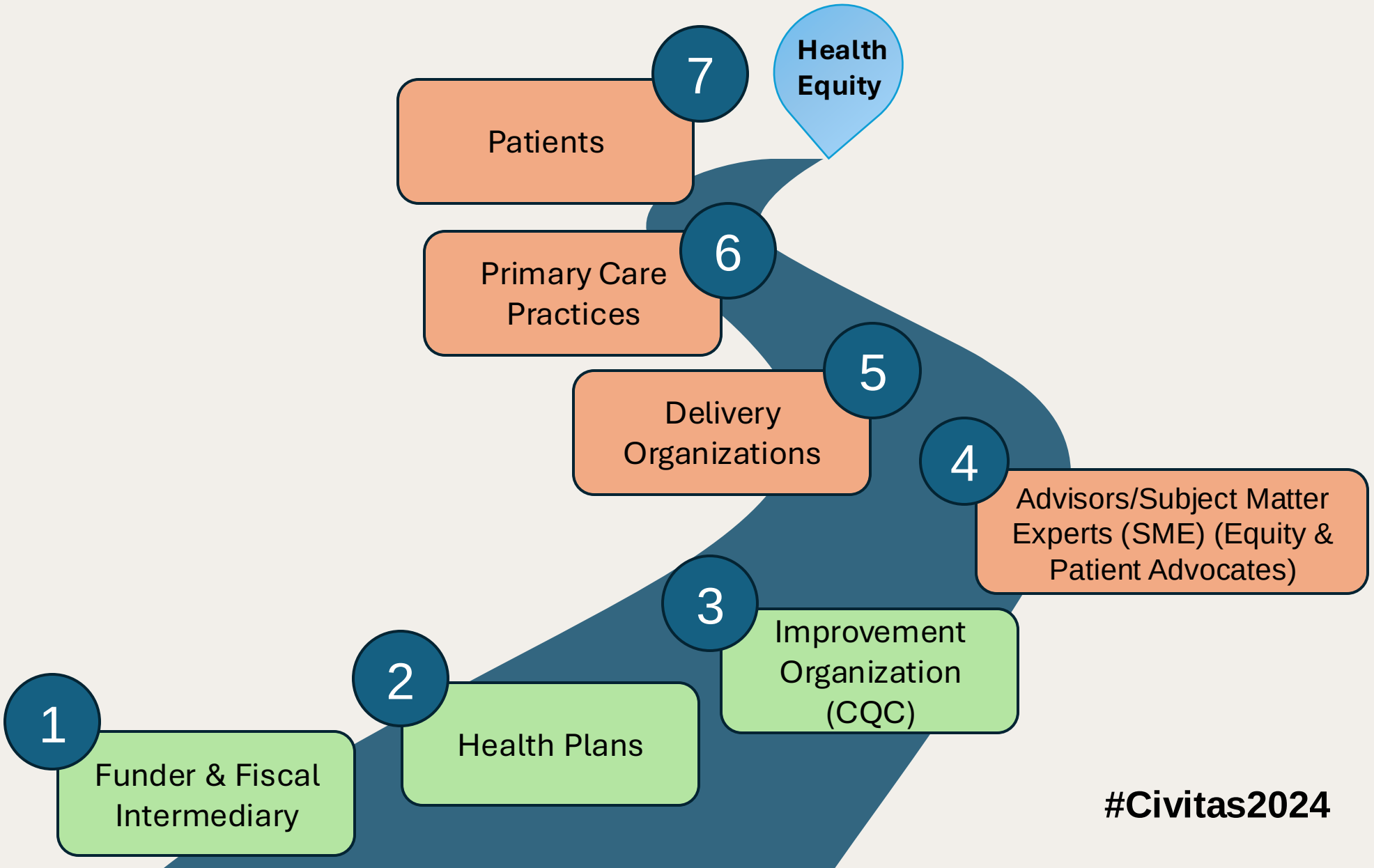
MULTI-STAKEHOLDER JOURNEY



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INITIATIVE MEASURES

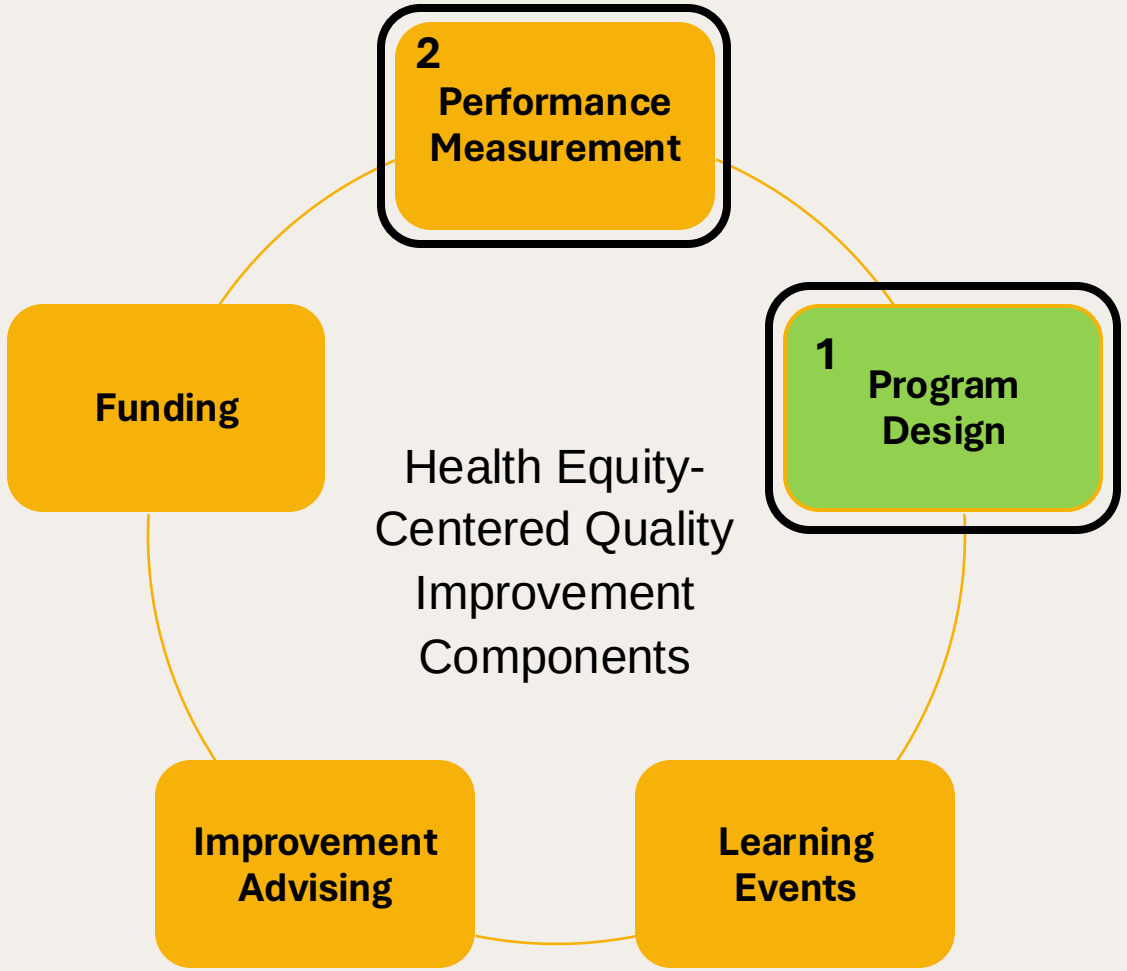
Measure Selection Criteria

- Actionable with primary care
- Address known health disparities
- Aligned across Medi-Cal
- Ability to stratify by race & ethnicity
- Lean to focus improvement efforts

EQuIP-LA Measure Set

Hemoglobin A1c Control for Patients with Diabetes – HbA1c Poor Control (>9%)	Controlling High Blood Pressure for Patients with Hypertension	Colorectal Cancer Screening

PROGRAM DESIGN | STRATIFYING PATIENTS BY RACE AND ETHNICITY



1. Program Design

- Inform decisions about provider recruitment like community served and disparities in care

2. Performance Measurement

- Monitor impact of quality improvement interventions to reduce disparities

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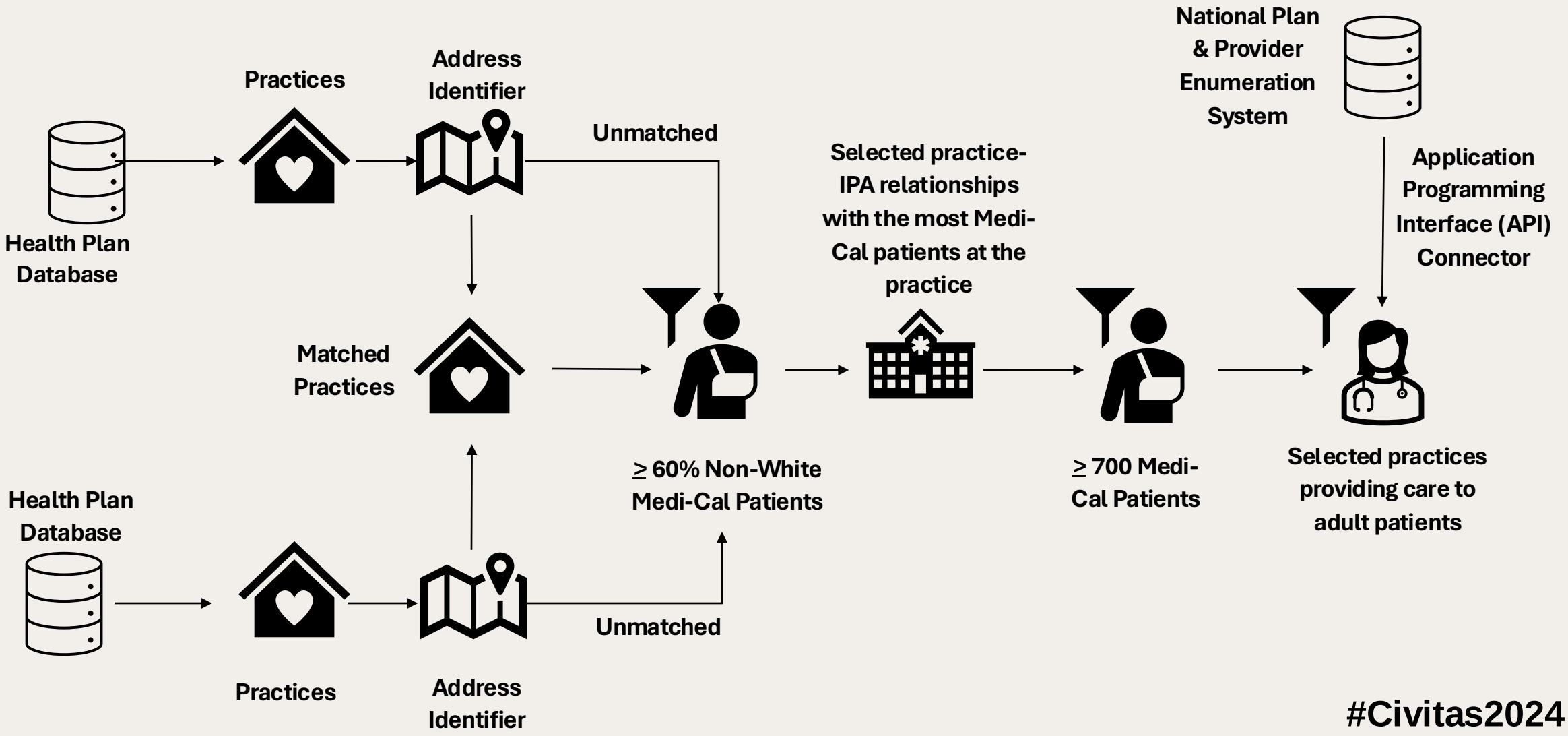
PROGRAM'S DESIGN GOALS

1. Understand practices' association with medical groups and health plans
2. Quantify practices' patients served (# of enrollees) by race and ethnicity
3. Identify potential practice participants that met a set of pre-defined criteria, i.e.

CRITERIA FOR RECRUITMENT



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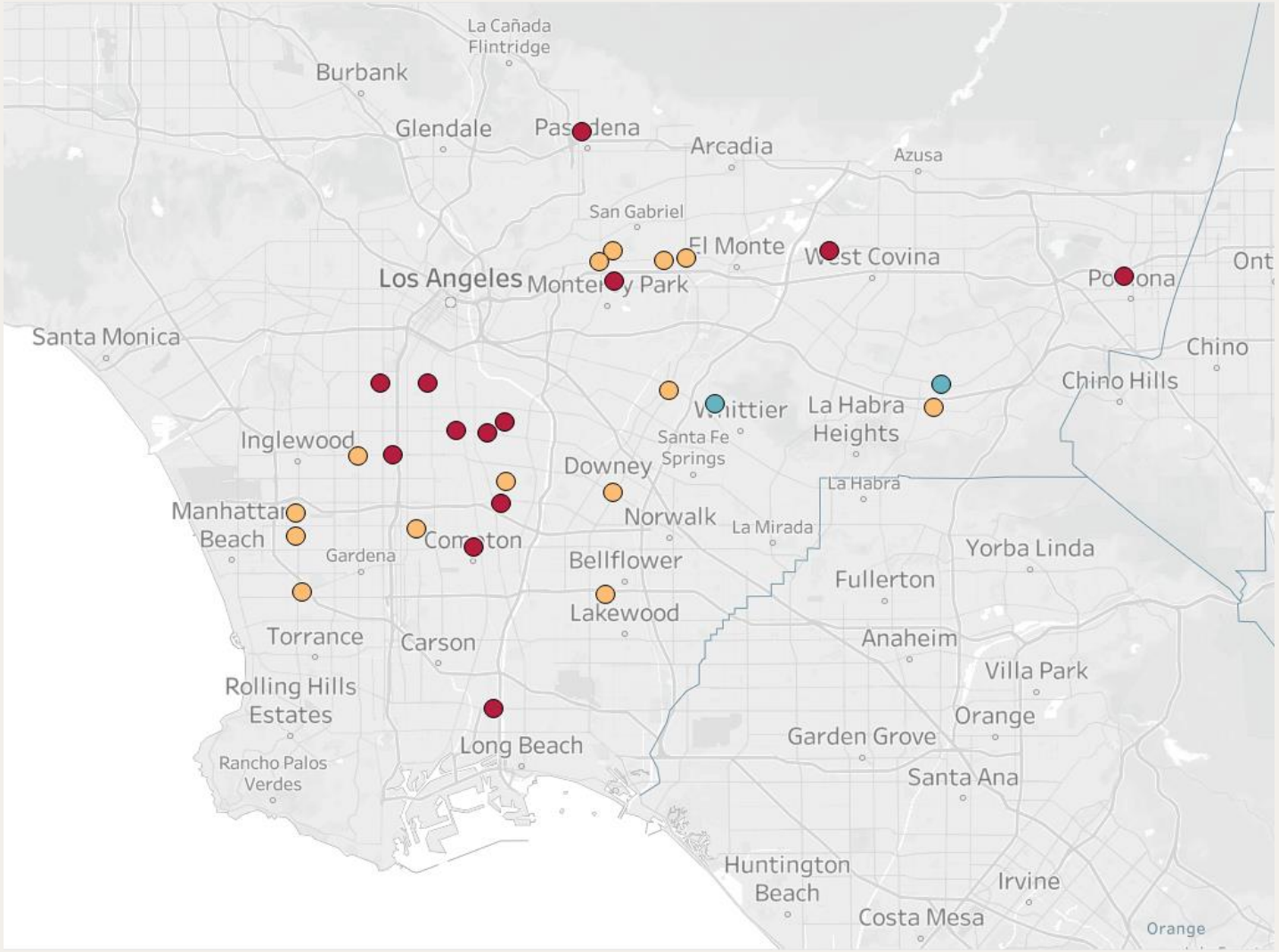
UNDERSTANDING OUR POTENTIAL PARTICIPANTS THROUGH LA COUNTY



- One of the largest county in the nation by size and population (27% of CA residents)

% Population Above the 200% Federal Poverty Level (FPL)	
	0%-25%
	25%-50%
	50%-75%

Source: California Health Places Index

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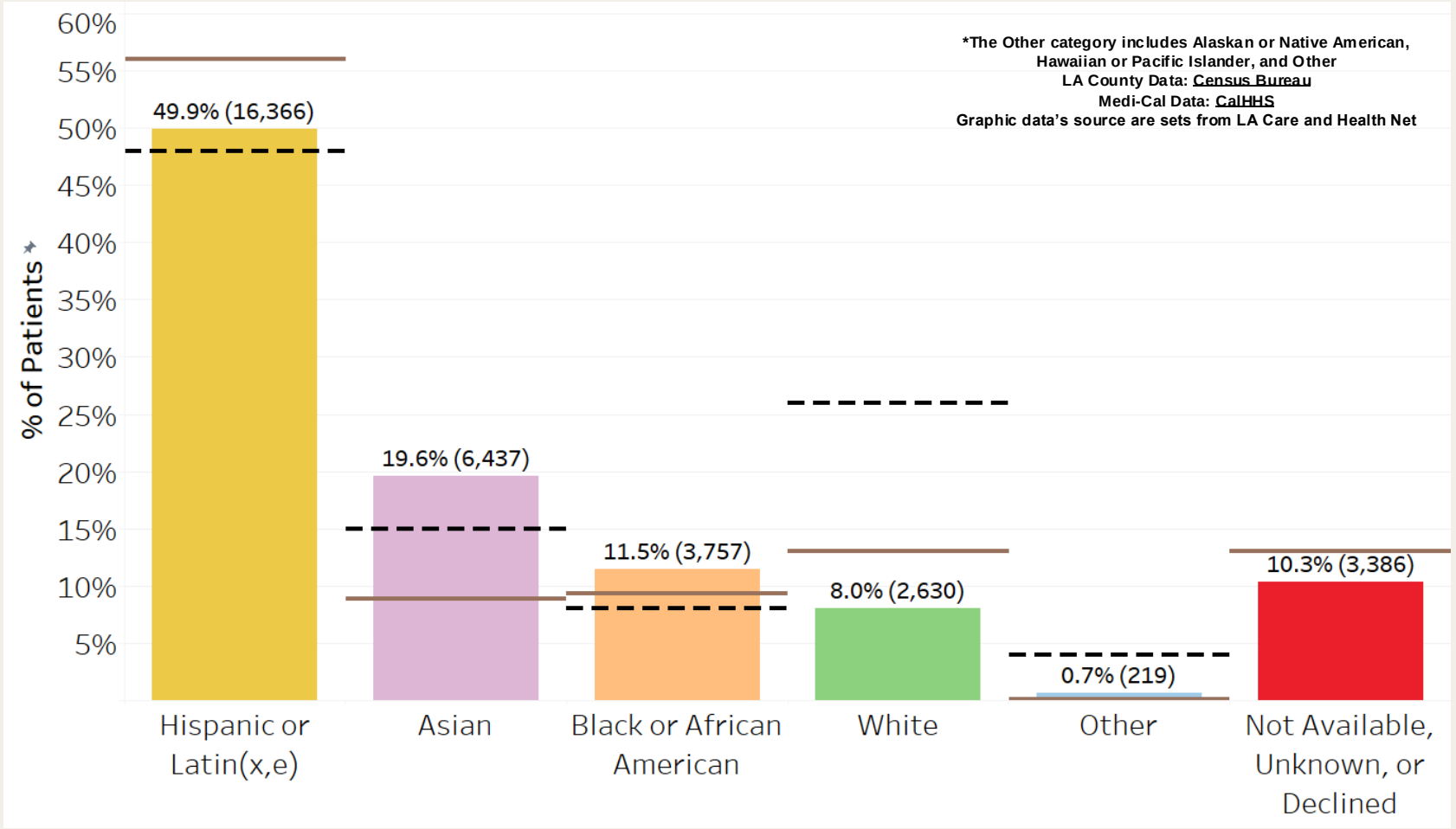
CONTRAST PATIENT POPULATIONS FROM POTENTIAL PARTICIPANTS TO LA COUNTY



LA County Population Rate

LA County Medi-Cal Population Rate

- People of color represent an average of ~82% from total practice population

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HEALTH EQUITY-CENTERED QUALITY IMPROVEMENT

Equity and Quality at Independent Practice in LA County (EQuIP-LA) is a two-year quality improvement collaborative for small, independent primary care practices and IPAs serving Medi-Cal (Medicaid) enrollees of color in Los Angeles County.

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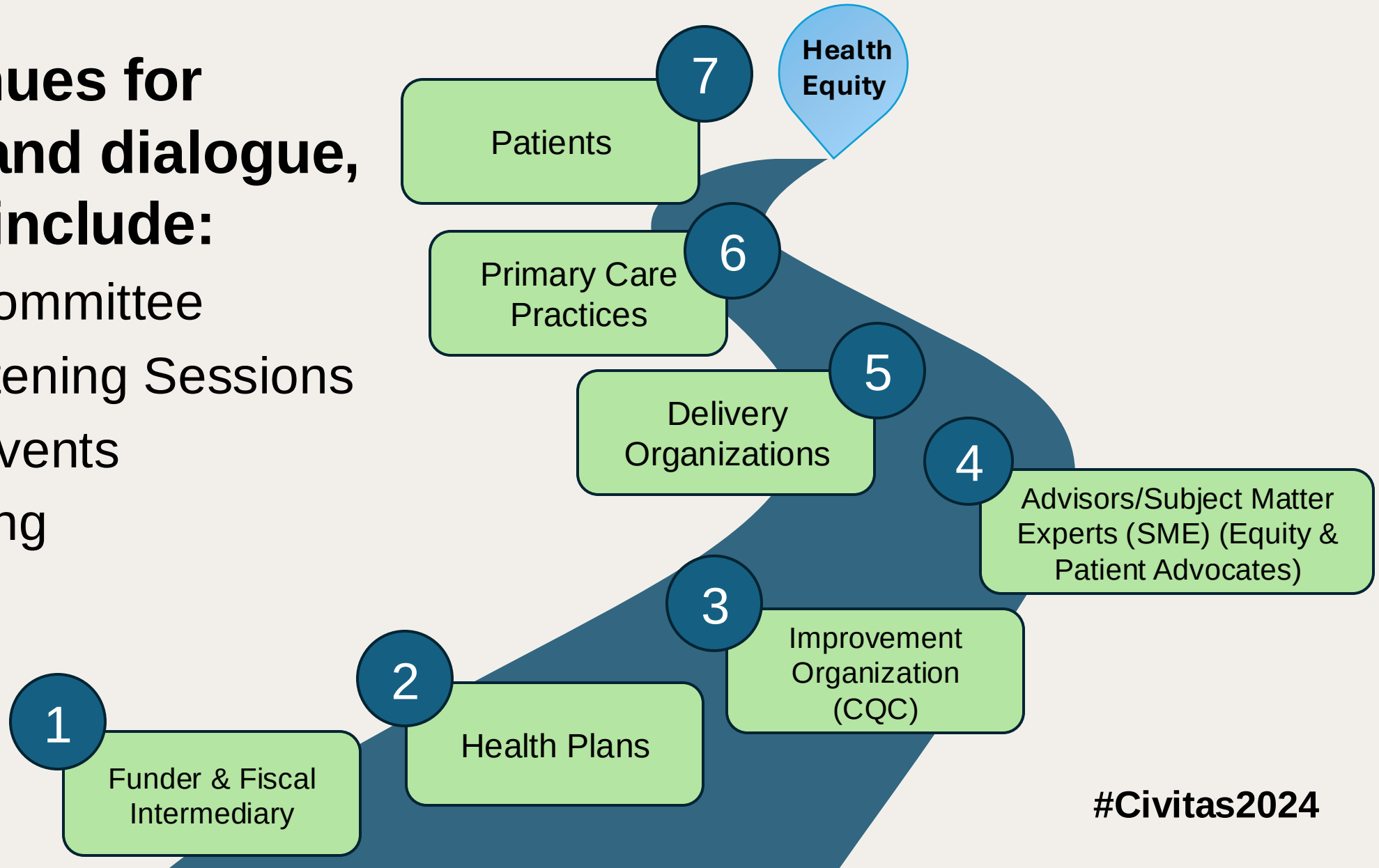
EQUIP-LA GOALS

- Strengthen and accelerate quality improvement and build advanced primary care capabilities
- Improve health outcomes and health care experiences and reduce health disparities in approximately 30,000 Medi-Cal enrollees of color

MULTI-STAKEHOLDER JOURNEY

Create venues for guidance and dialogue, examples include:

- Steering Committee
- Patient Listening Sessions
- Learning Events
- Peer Sharing



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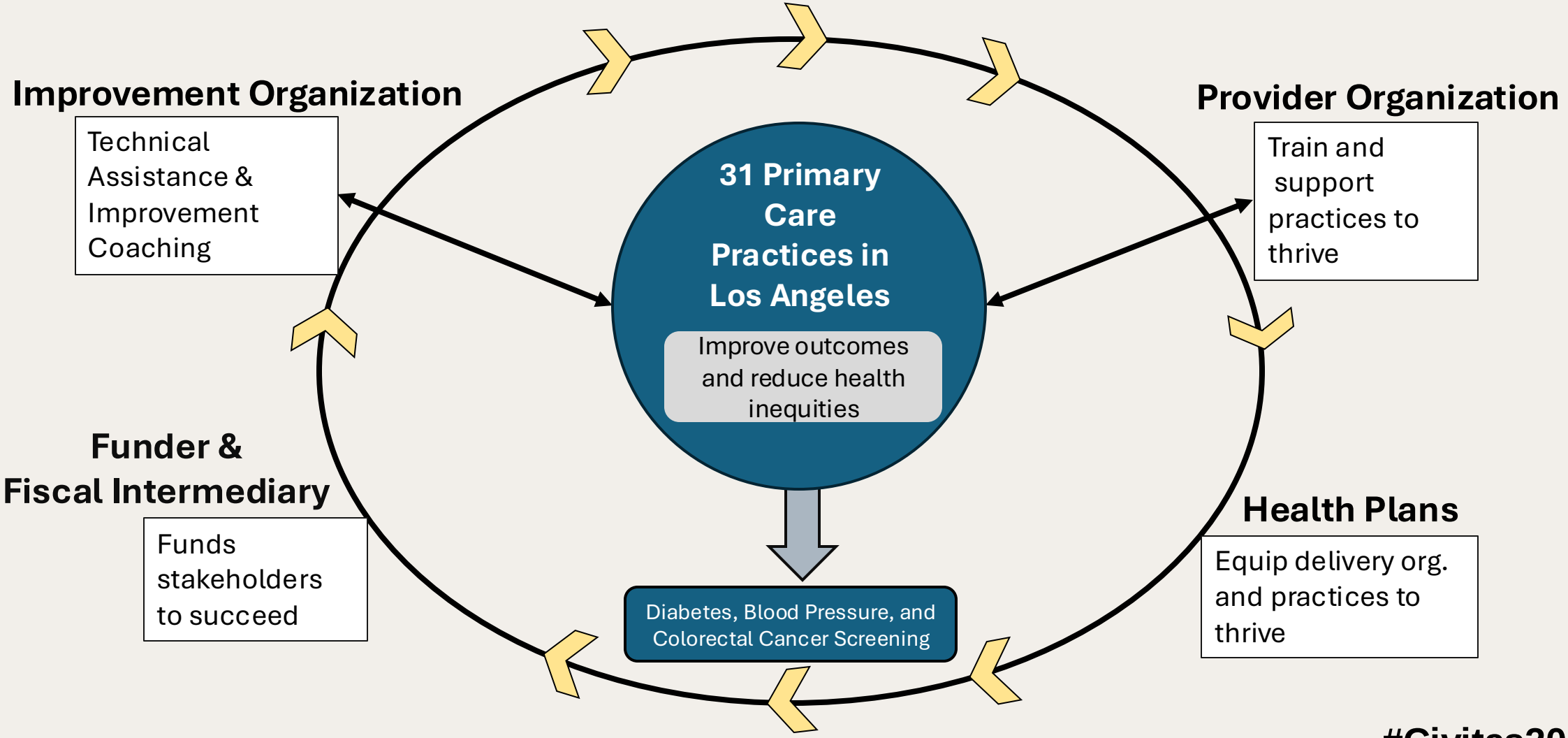
MULTI-STAKEHOLDER DYNAMICS



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EQUIP-LA NORTHSTAR

- By March 2025, **31 primary care practices** across Los Angeles County, who provide care to **30,000 Medi-Cal patients** identifying as Black/African American, Latinx, Asian, Hawaiian/Pacific Islander, Alaskan/Native American and Multi-Racial, **will have the capacity to advance health equity and provide equitable health care**, resulting in an initiative-wide 20% relative improvement from baseline (Measurement Year 2023) in at least one of the following measures for each of the patient populations while reducing the gap in the disparity data:
  - Diabetes Care
  - Hypertension Management
  - Colorectal Cancer Screening

CO-DESIGNING HEALTH EQUITY INITIATIVES

- Identify partners across the care delivery eco-system
  - Patients
  - Providers
  - Delivery organizations
  - Health plans
- Leverage expertise and strength across a diverse set of stakeholders
- Create shared accountability

Keys to Success:

- Maintain and sustain relationships with stakeholders
- Establish a bi-directional communication plan between partners
- Develop guidelines to elevate all voices

PRACTICE RECRUITMENT

What is working?

- Promotional flyer
- 1-1 meetings with practices
- Slide deck
- Leadership buy-in

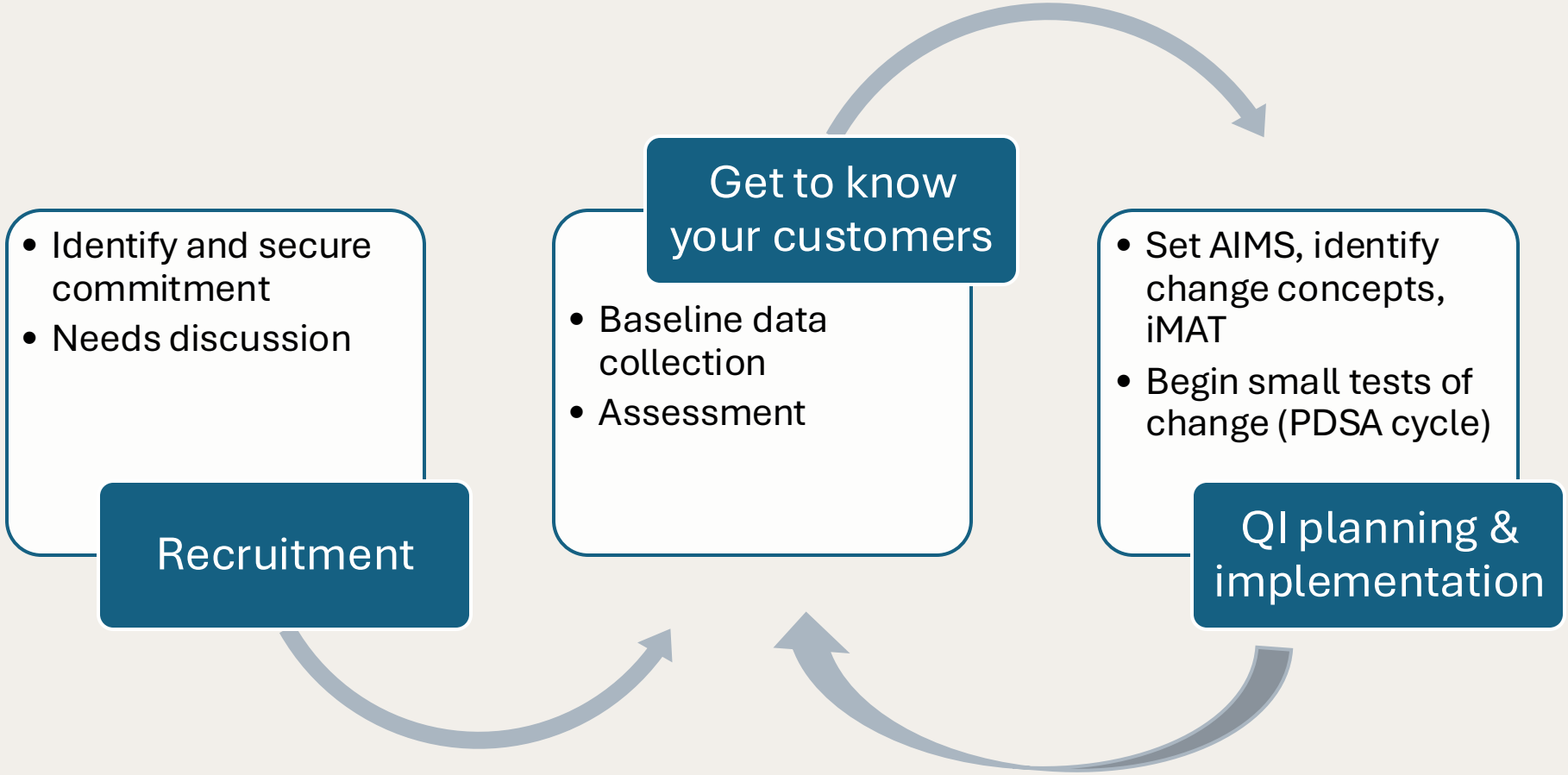
What has been challenging?

- Understaffing
- Time constraints
- Competing priorities
- Workflow concerns

What are some of the tactics you have used?

- Leveraging incentive
- Assuring that IPA will support initiative

APPROACH TO PRACTICE ENGAGEMENT



ADVANCING HEALTH EQUITY

- Care coordination
- Access to culturally competent care
- Team based-care
- Address & reduce stigma
- Patient health outcomes & satisfaction
- Access to timely care

Screening and Follow-up

- Utilizing screening tools that **addresses health related social needs.**

- Proactively asking about **transportation accommodations when arranging follow-up** and engaging families in the care delivery, patient-centered care.

Responsive, tailored care & support

- **Extra validation/appreciation/flexibility** when working with people of color and underserved populations.

- Having **culturally appropriate health education and promotion material** focused on chronic care management.

- **Patient feedback loops** integrated into care services that is bidirectional and fostered in a safe space.

- **Primary care** access to services after-hours and weekends.

OVERCOMING COMMON CHALLENGES

- Define expectations/responsibilities amongst stakeholders
- Agree to a collective MOCHA/ RASCI
- Ensure a bi-directional communication plan is in place
- Assess power dynamics of the collective
- Ensure equitable approaches to engagement with partners and participants

BEST PRACTICES FOR SUSTAINING PARTNERSHIPS

- Community-Centric Design
  - Involve community stakeholders in program design and implementation
- Evidence-Based Approaches
  - Utilize data to guide health initiatives
- Scalable and flexible
  - Design adaptable programs to meet the needs of the participants
- Leverage technology for data collection
- Maintain Partners Interest and Involvement
  - Regular updates, recognition, adaptive engagement strategies and feedback loop mechanisms

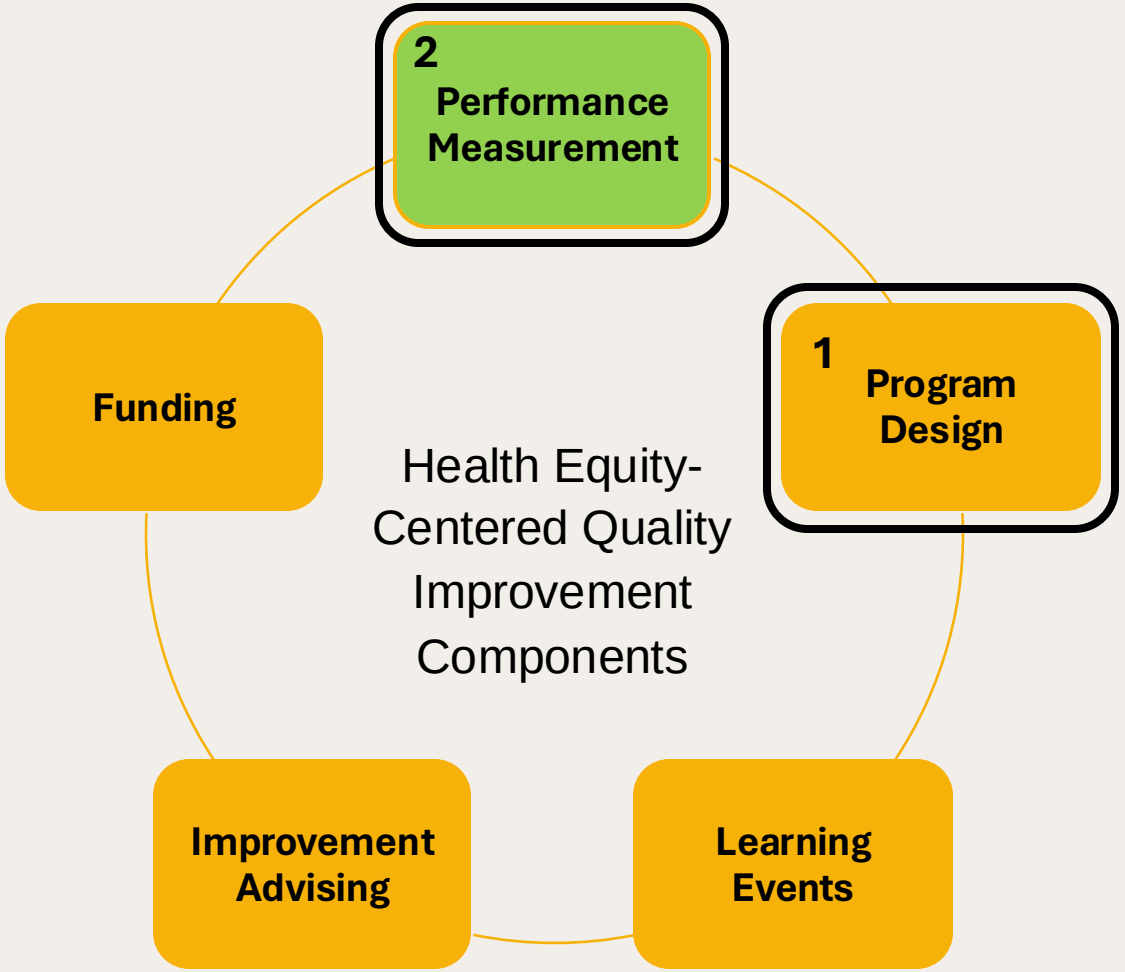
STRATIFYING PERFORMANCE MEASUREMENT WITH RACE AND ETHNICITY DATA

SHARE & LEARN

Raise your hand if the following applies to you:

- My organization has access to measurement performance data reports
- My organization collects race and ethnicity data
- My organization has developed measure performance reports stratified by race and ethnicity

STRATIFYING MEASURE PERFORMANCE BY RACE AND ETHNICITY



1. Program Design

- Inform decisions about provider recruitment like community served and disparities in care

2. Performance Measurement

- Monitor impact of quality improvement interventions to reduce disparities

STANDARDIZED METHOD TO COLLECT RACE AND ETHNICITY DATA

Considerations when collecting race and ethnicity data:

1. Evaluate current standardized methods
2. Compare standard methods to identify similarities and differences
3. Align programmatic collection methodology with standardized methods

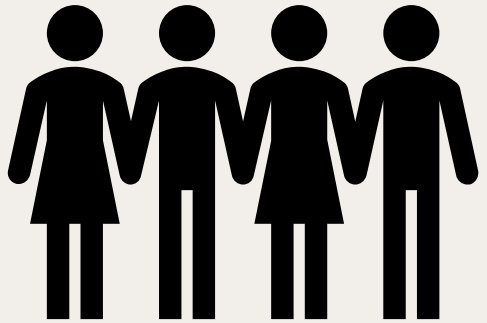
EQUIP-LA'S RACE AND ETHNICITY DATA COLLECTION METHODOLOGY

Racial Categories:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other/Declined/Unknown Race
- Multiracial

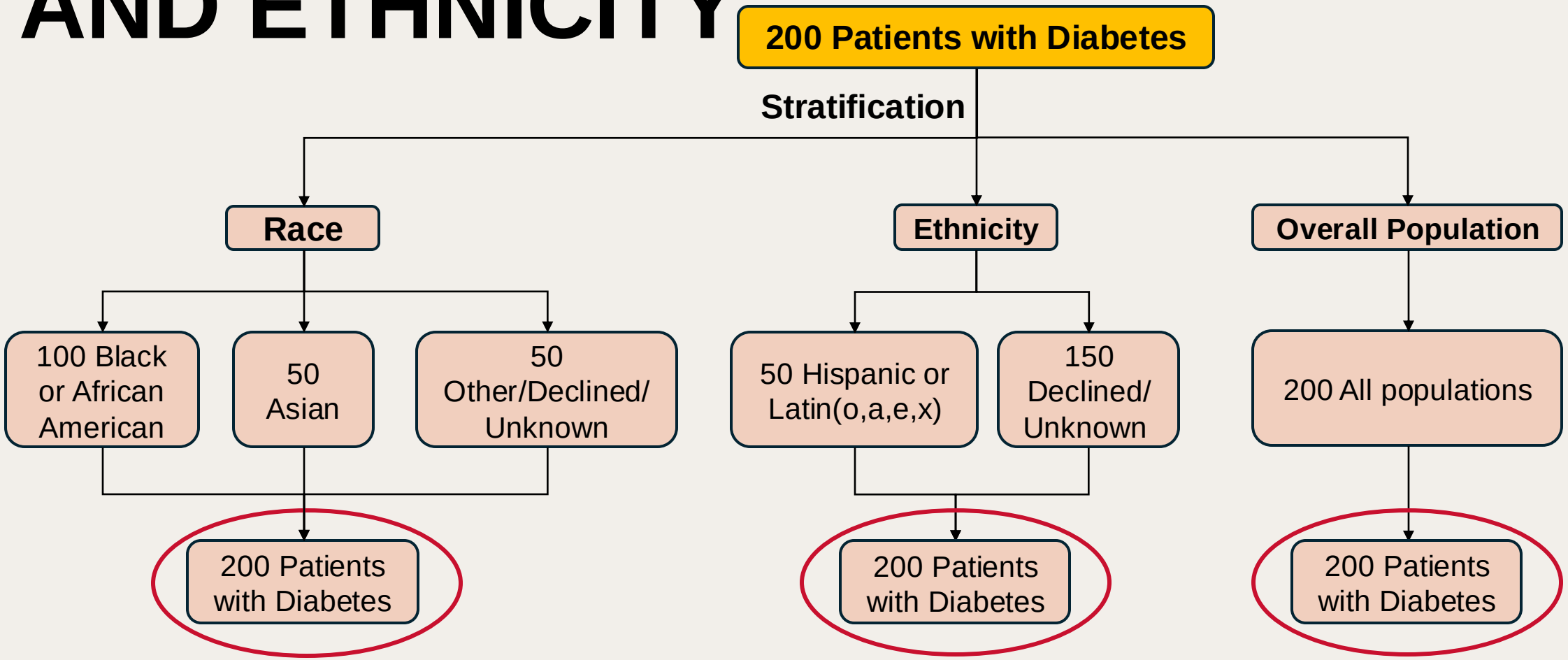
Ethnic Categories:

- Hispanic or Latin (o,a,e,x)
- Not Hispanic or Latin (o,a,e,x)
- Declined/Unknown Ethnicity



Note: The Office of Management and Budget is currently developing recommendations to revise these race and ethnicity standards

LOGIC OF STRATIFIED MEASUREMENT DATA BY RACE AND ETHNICITY



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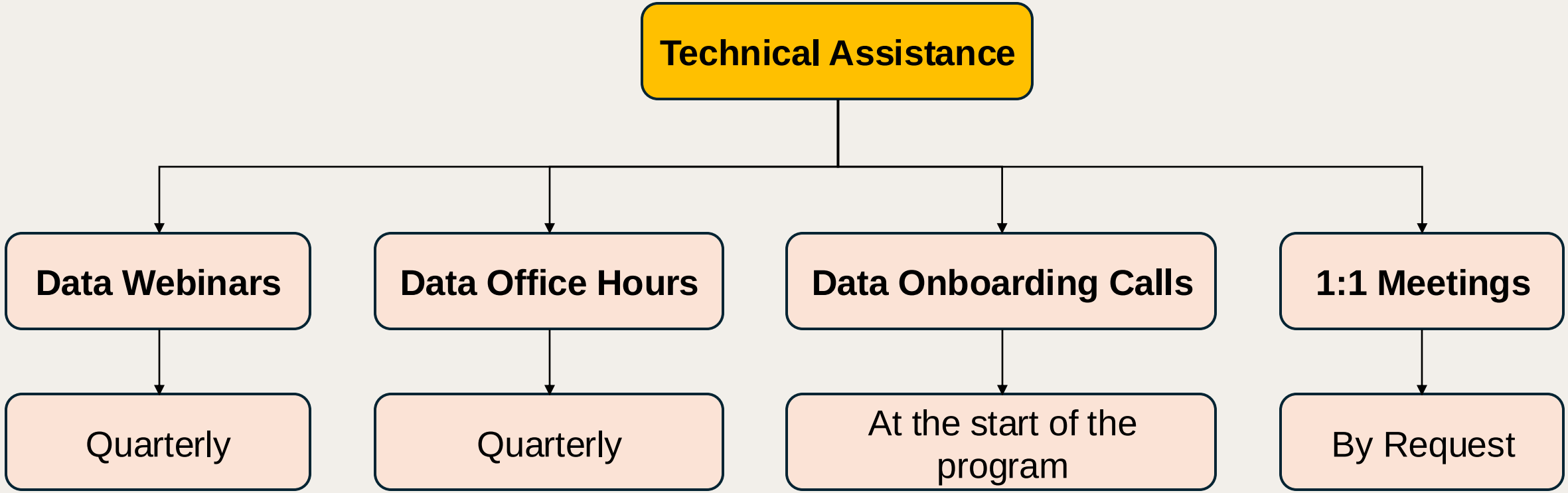
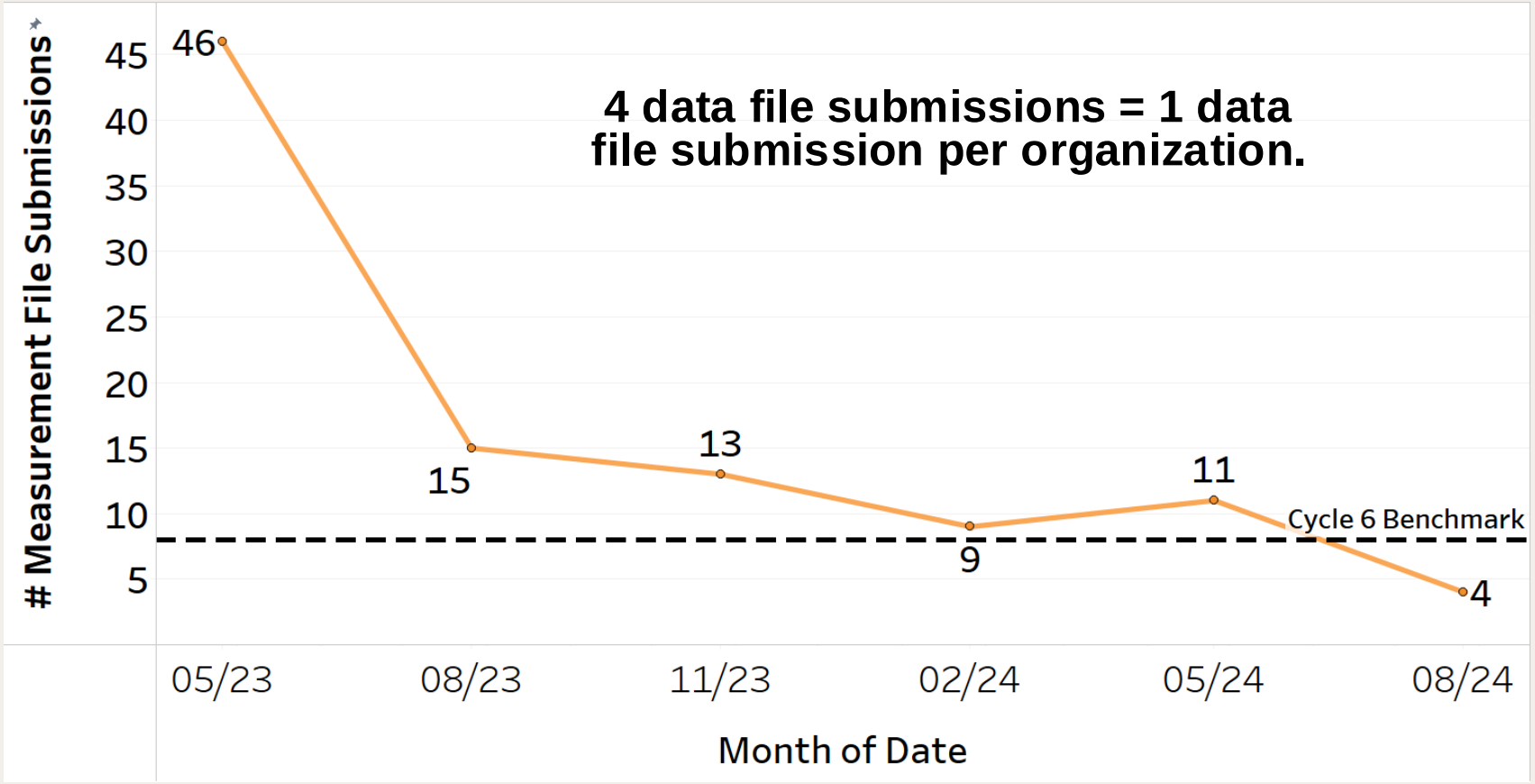
EDUCATE PARTICIPANTS TO REPORT STRATIFIED MEASURE PERFORMANCE DATA BY RACE AND ETHNICITY



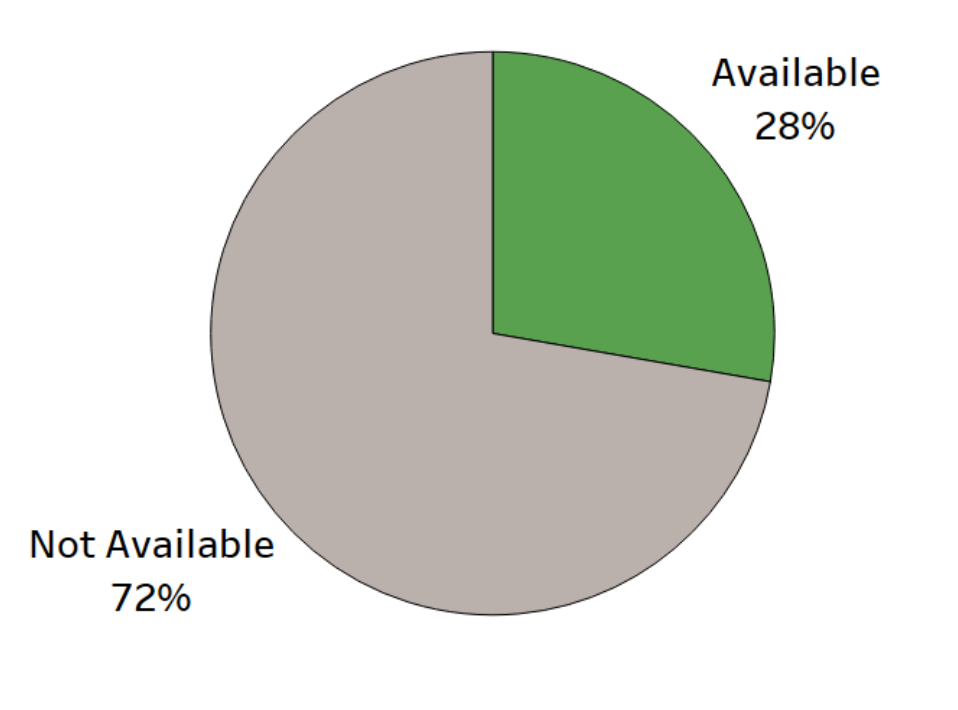
TREND IN DATA SUBMISSION ATTEMPTS OVER TIME



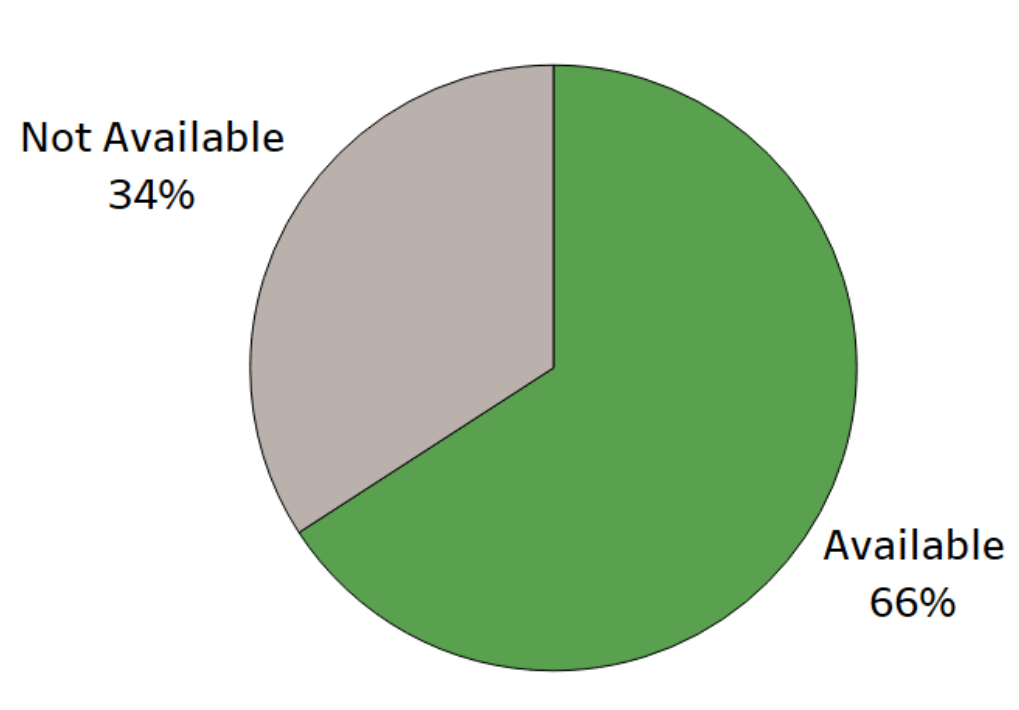
Number of attempts submitting stratified measure performance data across all participants over time

AVAILABILITY OF RACE AND ETHNICITY DATA AMONG PARTICIPANTS

Organizations' Race Availability



Organizations' Ethnicity Availability



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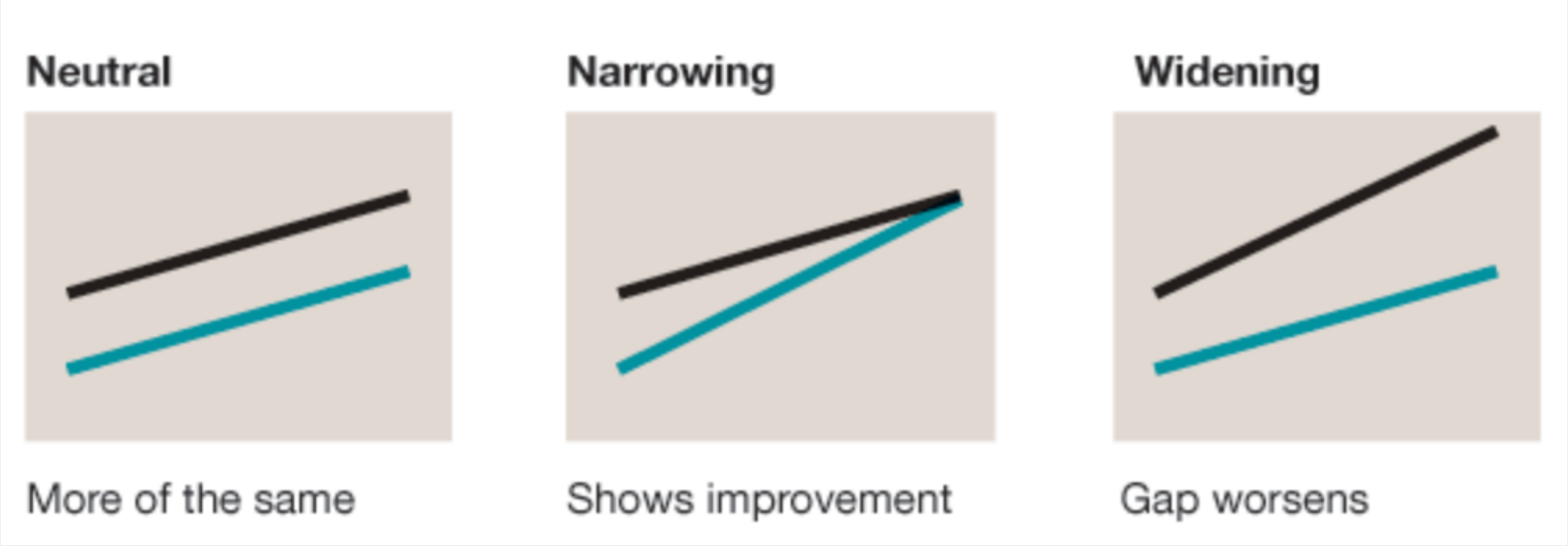
WHY MONITOR MEASURE PERFORMANCE WITH AN EQUITY LENS?

Note: Trending upwards indicates better performance



HOW CAN WE INCREASE DATA COLLECTION OF RACE AND ETHNICITY

State Accountability Requirements:

- Require provider organizations and health plans to collect self reported demographic data

EQuIP-LA Lessons:

- Support care teams with training, tools and patient education on collecting patient demographic data
- Explore data exchange/sharing approaches between health care stakeholders, e.g., health plans, delivery organizations and community-based organizations

QUESTIONS?