

# Reducing Disparities in PRIME and Beyond

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November 7, 2019

[Recording Link](#)

# Agenda

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Time	Topic	Lead(s)
12:00	<b>Intro &amp; Logistics</b>	Kristina Mody
12:05	<b>Highlights from PRIME DY14 Disparities Projects</b>  <b>Addressing Disparities Beyond PRIME QIP PY3+</b>	Amanda Clarke, Zoe So
12:15	<b>Member Presentation: San Francisco</b> Deploying Equity Strategies Across the Health System	Tosan Boyo
12:45	<b>Q&amp;A</b>	All

# Housekeeping

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Lines are muted on entry



Please mute locally & unmute to ask questions



At any time, feel free to chat your question & we will read out



Webinar will be recorded and saved on SNI Link:

[PRIME Webinars](#)

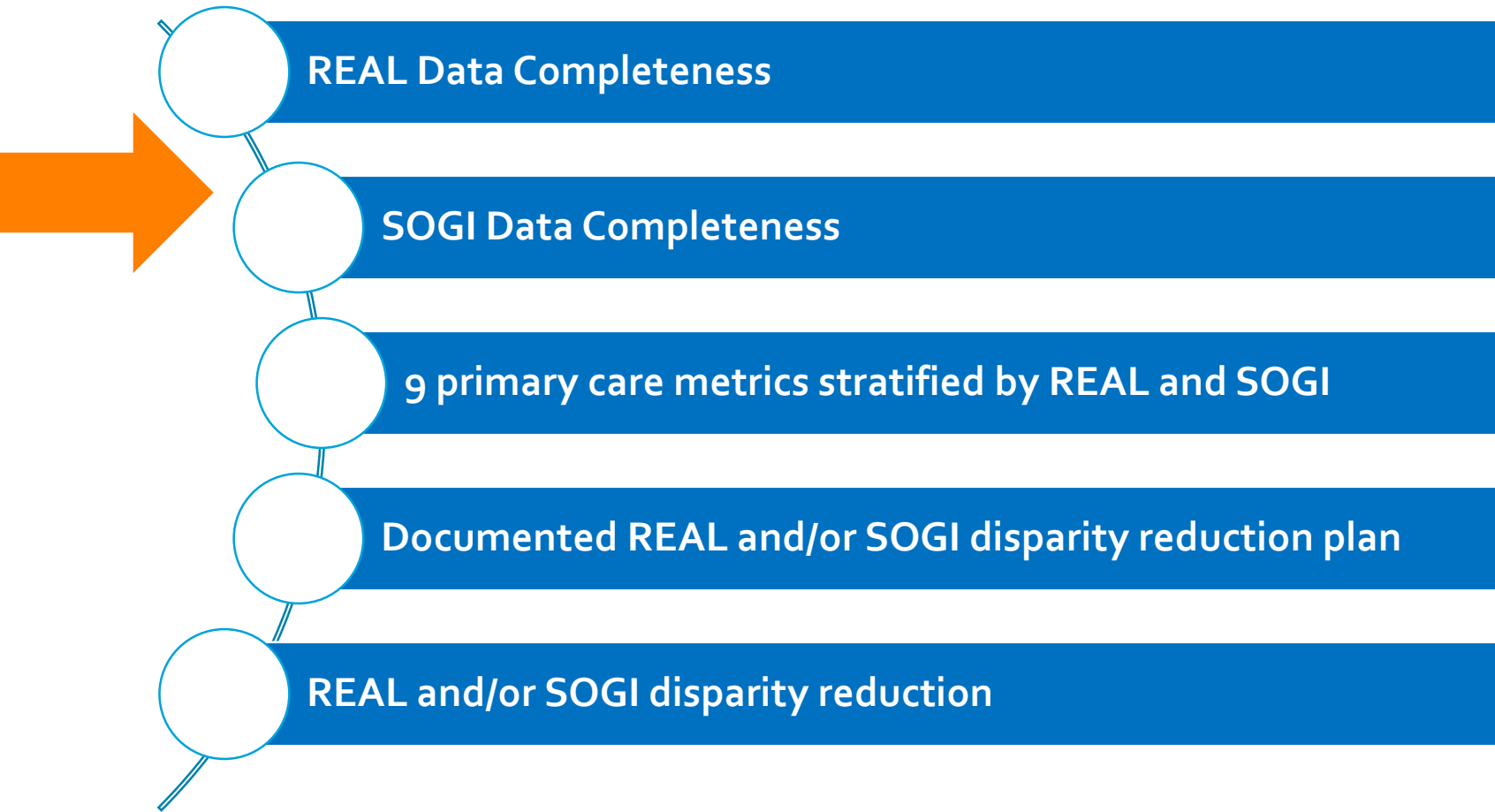
# PRIME DY14 YE Data

Disparities Projects: Progress to Date

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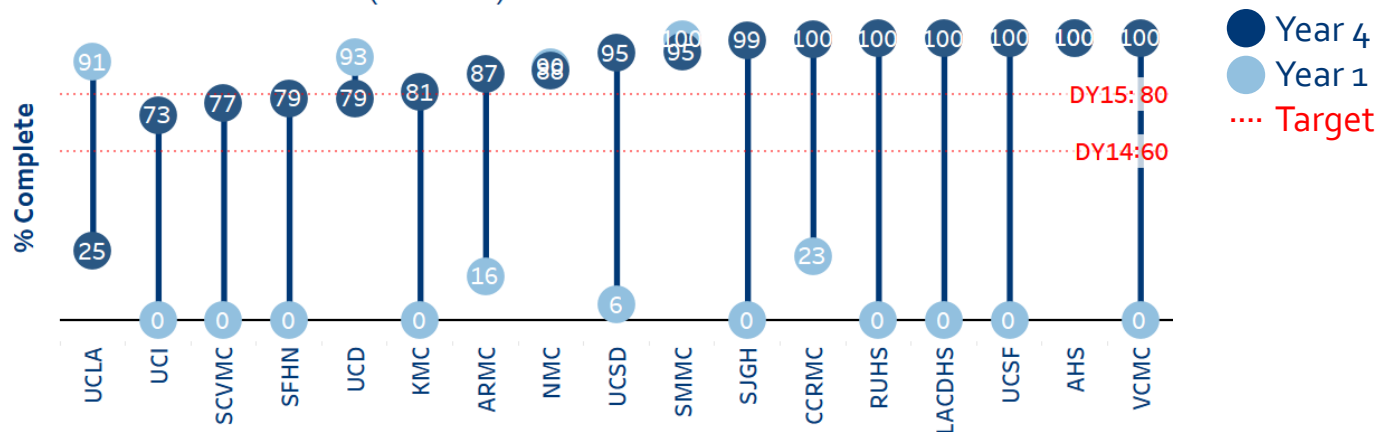
# PRIME Disparities Metrics

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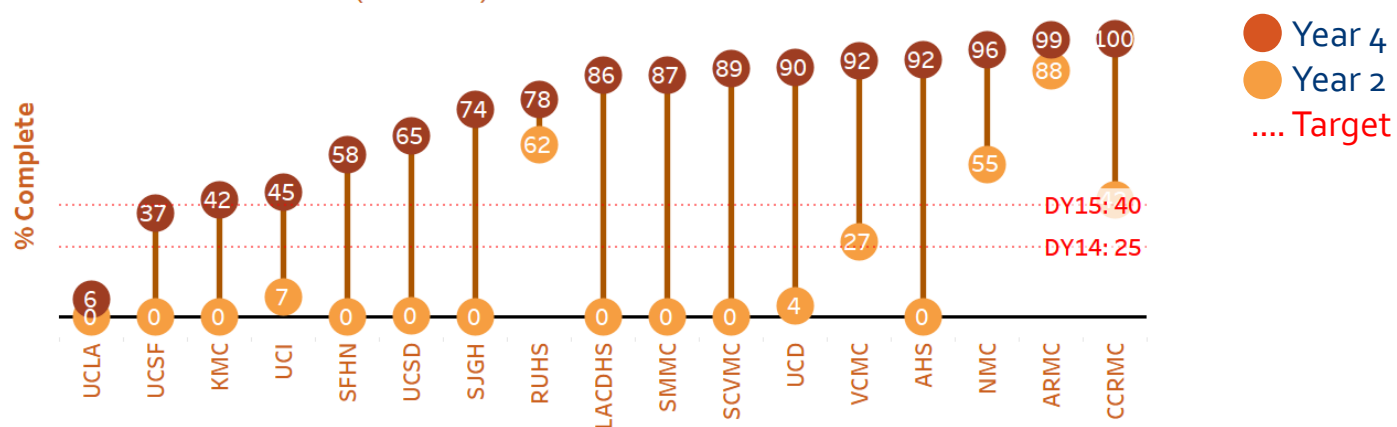


# Progress in REAL SOGI Data Collection

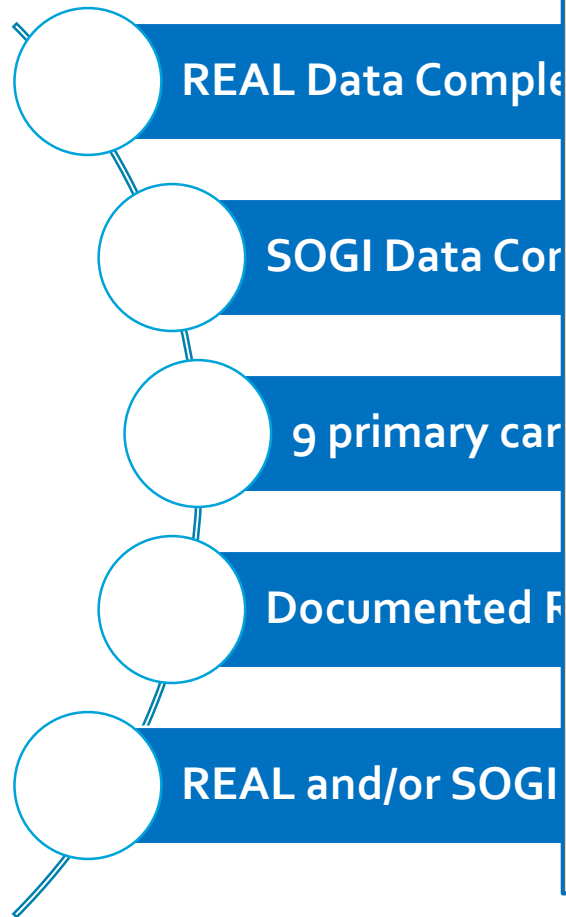
REAL Data Collection (Years 1-4)



SOGI Data Collection (Years 2-4)



# PRIME Disparities Metrics



Alcohol and Drug Misuse (SBIRT)

CG-CAHPS: Provider Rating

Colorectal Cancer Screening

Diabetes Care: HbA1c Poor Control (>9.0%)

Controlling Blood Pressure

Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic

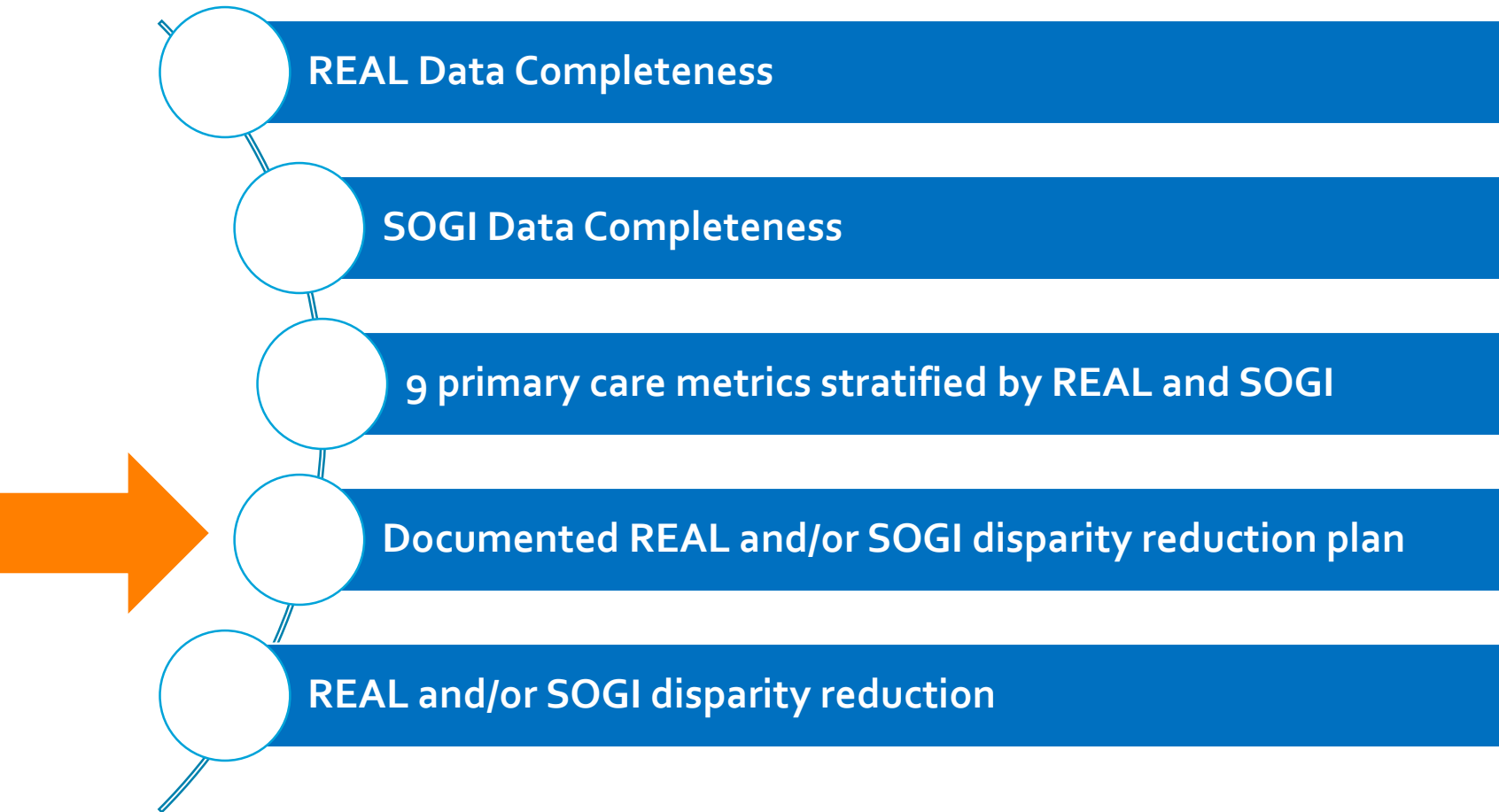
Prevention Quality Overall Composite #90

Screening for Clinical Depression and follow-up

Tobacco Assessment and Counseling

# PRIME Disparities Metrics

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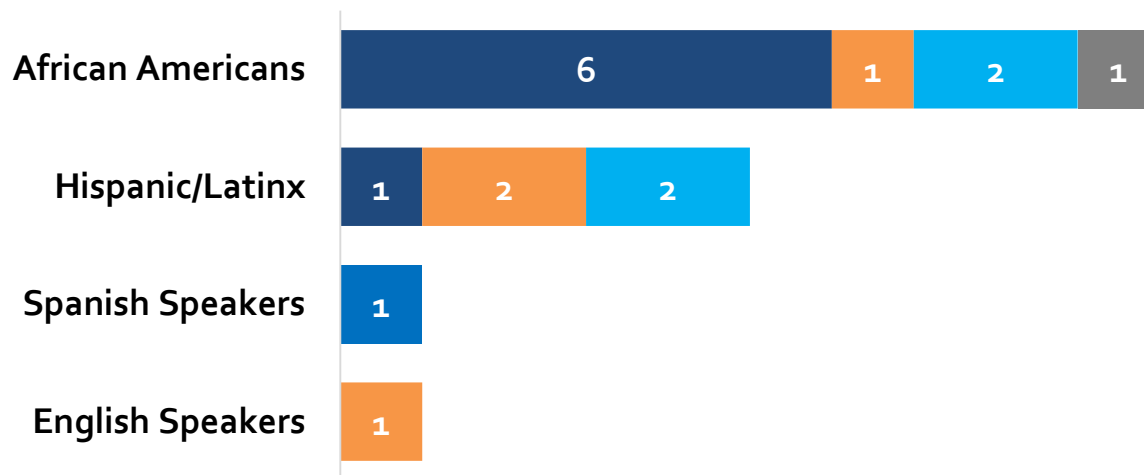


# PRIME Disparity Plan

## Selected PRIME Measure\*

- Controlling Blood Pressure
- Colorectal Cancer Screening
- Diabetes: HbA1c Poor Control (>9.0%)
- IVD: Use of Aspirin or Another Antithrombotic
- Tobacco Assessment & Counseling

## Selected Priority Population

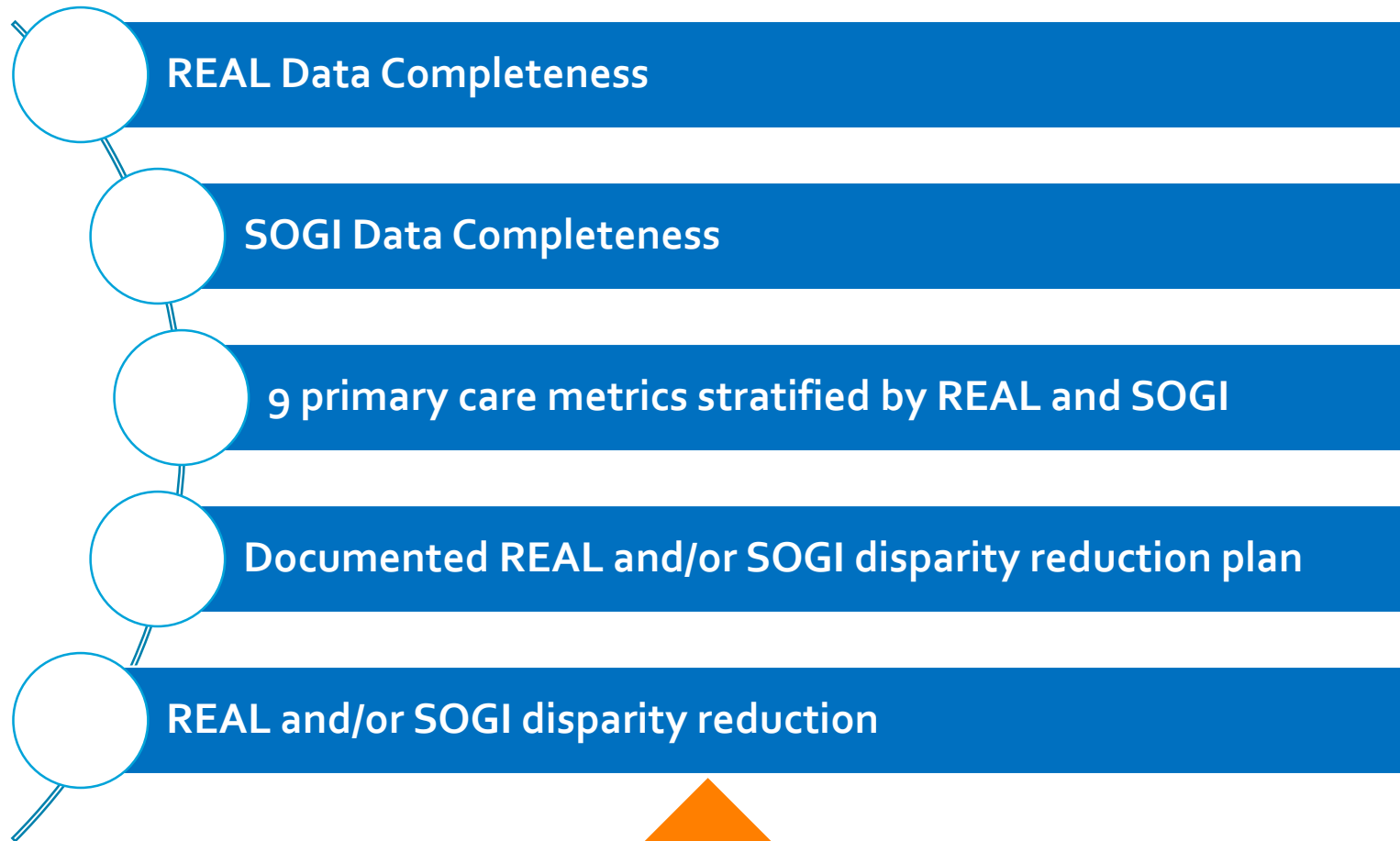


# = Number of Designated Public Hospitals focusing on this disparity

\* = SFHN switching from CBP to Screening for Clinical Depression and Follow-up in DY15

# PRIME Disparities Metrics

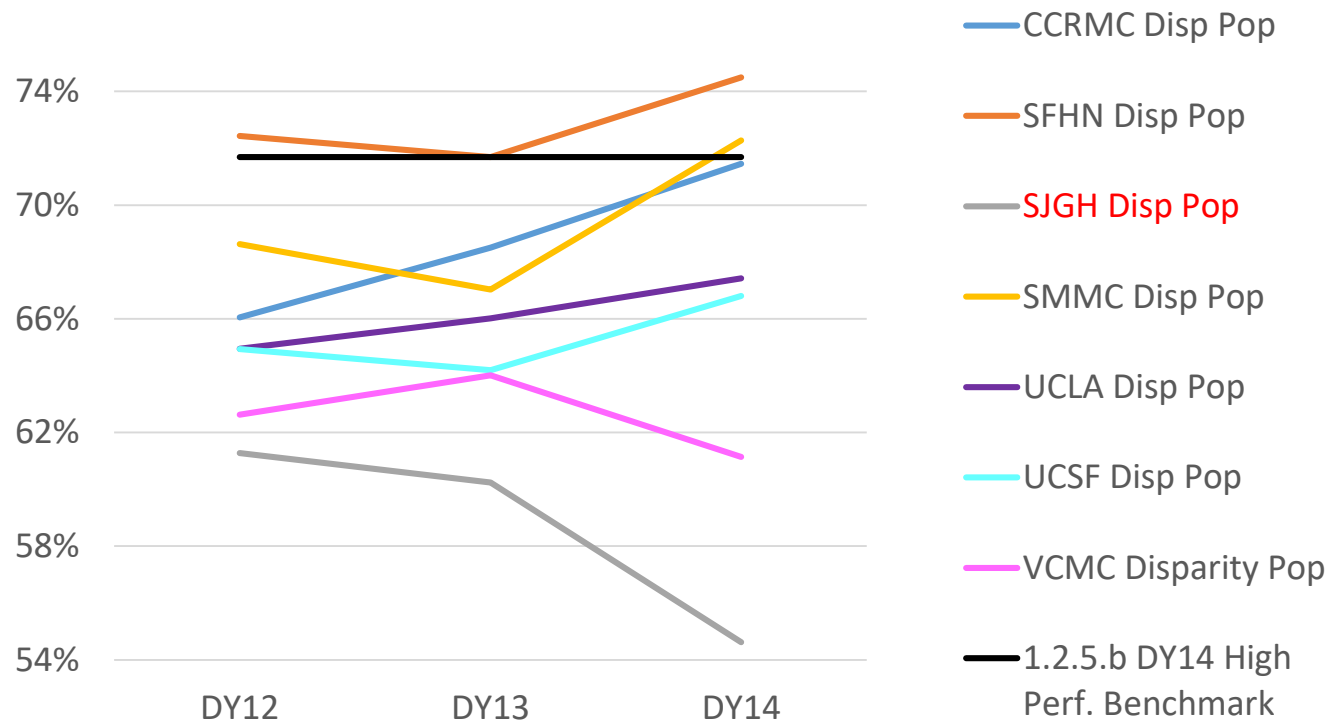
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# DY14 Disparity Metric Performance

*Red = did not meet DY14 target*

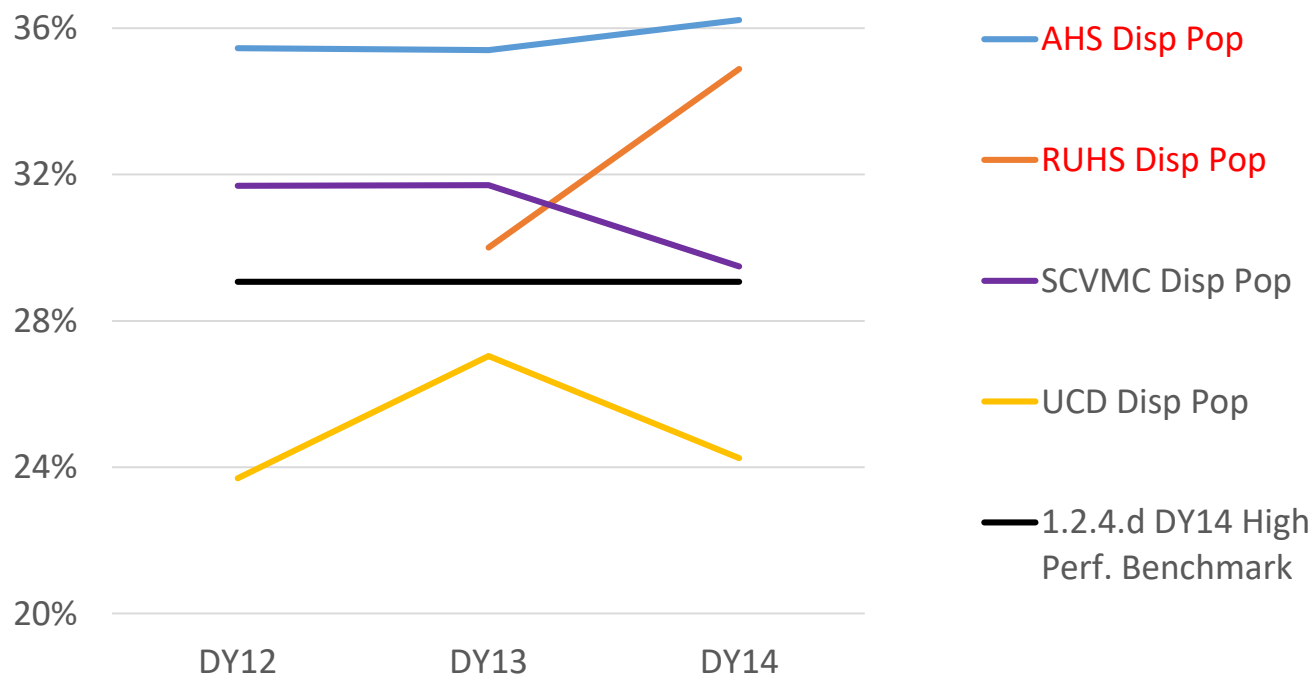
## 1.2.10 Controlling Blood Pressure



# DY14 Disparity Metric Performance

*Red = did not meet DY14 target*  
*Lower % is better*

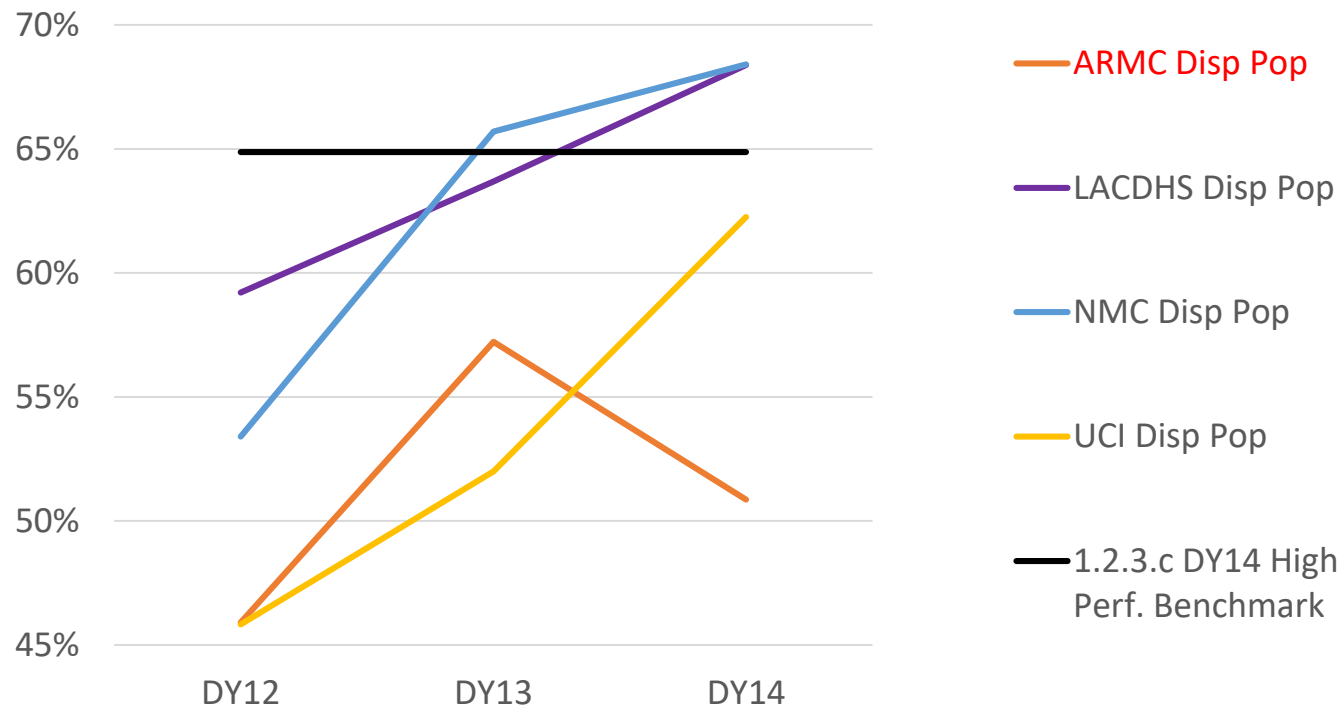
## 1.2.10 Diabetes: HbA1c Poor Control



# DY14 Disparity Metric Performance

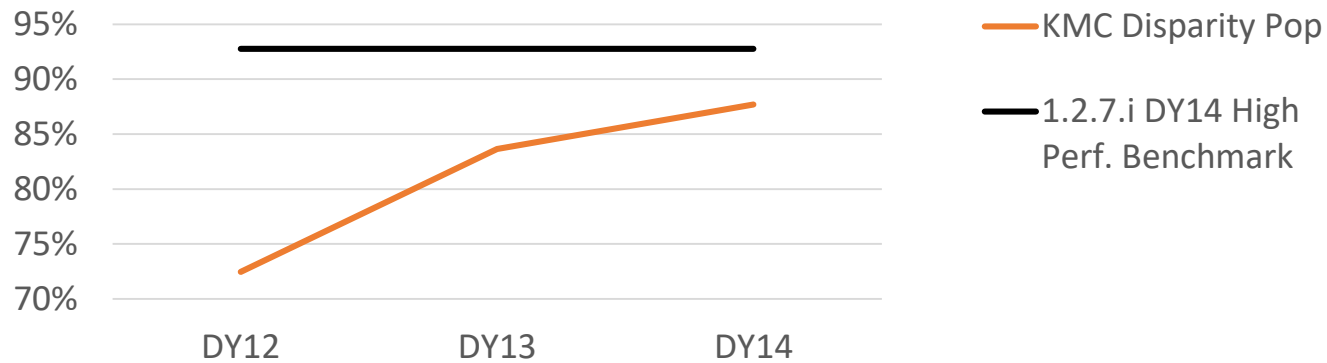
*Red = did not meet DY14 target*

## 1.2.10 Colorectal Cancer Screening

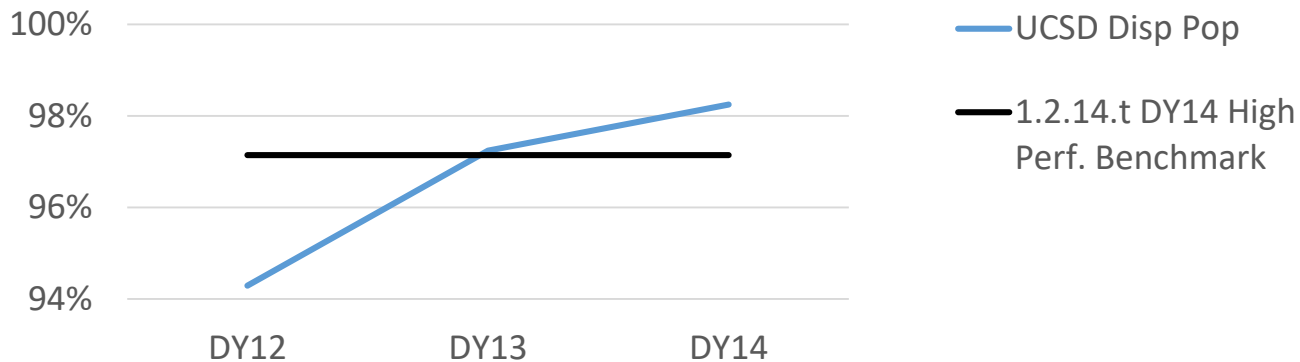


# DY14 Disparity Metric Performance

## 1.2.10 IVD: Use of Aspirin or Another Antithrombotic



## 1.2.10 Tobacco Assessment & Counseling



# 1.2.10 Narrative Themes

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## Patient Co-Design

Focus groups and partnerships to understand barriers and opportunities to tailor and improve care



## Empowering Patients

Targeted outreach, health coaches, education, and increased access to services



## Leveraging Technology

Social needs screening, patient segmentation, population health management software, and EHR alerts



## Continuous Improvement

Staff training, accreditation, improving clinical workflows and interdisciplinary work groups to build capacity

# 1.2.10 Member Highlights

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**Patient Co-Design** – SMMC partnered with African American patients to understand barriers and opportunities in controlling blood pressure



**Empowering Patients** – AHS offers education, therapy, and support to patients with uncontrolled diabetes



**Leveraging Technology**– UCSD uses a tobacco registry and assessment, web portal, and referral system that is integrated with the EHR



**Continuous Improvement** – UCLA held a Continuing Medical Education event to educate primary care physicians on blood pressure control and addressing disparities



# Addressing Disparities Beyond PRIME

QIP Program Year 3+

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# QIP PY<sub>3</sub> Stratification

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- DHCS will require stratification for Q-PC<sub>1-3</sub> (Diabetes measures) for:
  - Age: categories TBD
  - Gender: see next slide
  - REAL/Ethnicity: see next slide
- **Reminder**
  - Stratification reported for informational purposes only.
  - No associated targets

# QIP PY<sub>3</sub> Stratification

## For race/ethnicity:

White
African American
Hispanic
American Indian/Alaskan Native
Chinese
Japanese
Filipino
Korean
Vietnamese
Asian Indian
Laotian
Cambodian
Hawaiian
Guamanian
Samoan
Other Asian/PI
Multiracial
Other
Unknown/Missing

## For gender:

Male
Female
Transgender male/Trans man/Female-to-male
Transgender female/Trans woman/Male-to-female
Genderqueer, neither exclusively male nor female
Additional gender category/(or other), please specify*
Unknown/Missing

\*DHCS re-evaluating the use of the unclear "Unknown/Missing" language

**Age stratification still TBD**

# Addressing Disparities Beyond PRIME

San Francisco Health Network

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**ZUCKERBERG**  
**SAN FRANCISCO GENERAL**  
Hospital and Trauma Center

# Deploying Equity Strategies Across the Health System

**Tosan O. Boyo, MPH, FACHE**  
Chief Operating Officer, ZSFG



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



**San Francisco Department  
of Public Health**

# Today...

- Why does Equity matter?
- Understanding our patients
- Eliminating disparities
- Developing our people
- Evaluating organizational commitment
- Your personal PDSA

# Why does Equity matter?

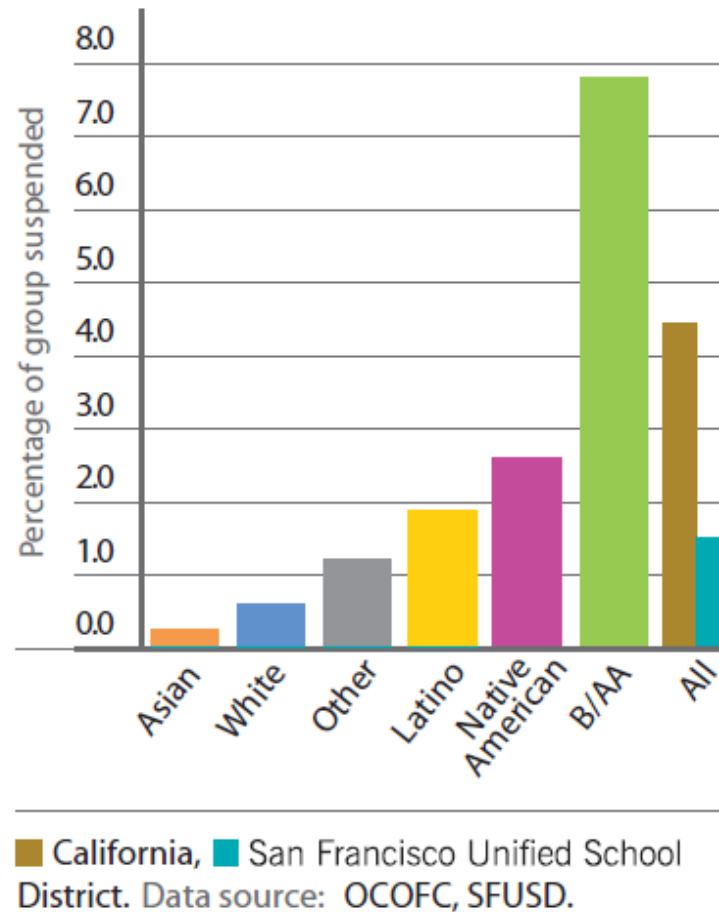


**Shalon Irving**

**"I see inequity wherever it exists, call it by name, and work to eliminate it."**

# Why does Equity matter?

Student suspension rates in San Francisco Unified School District



47% of Black children in San Francisco live below the federal poverty level compared to 3% of White children.

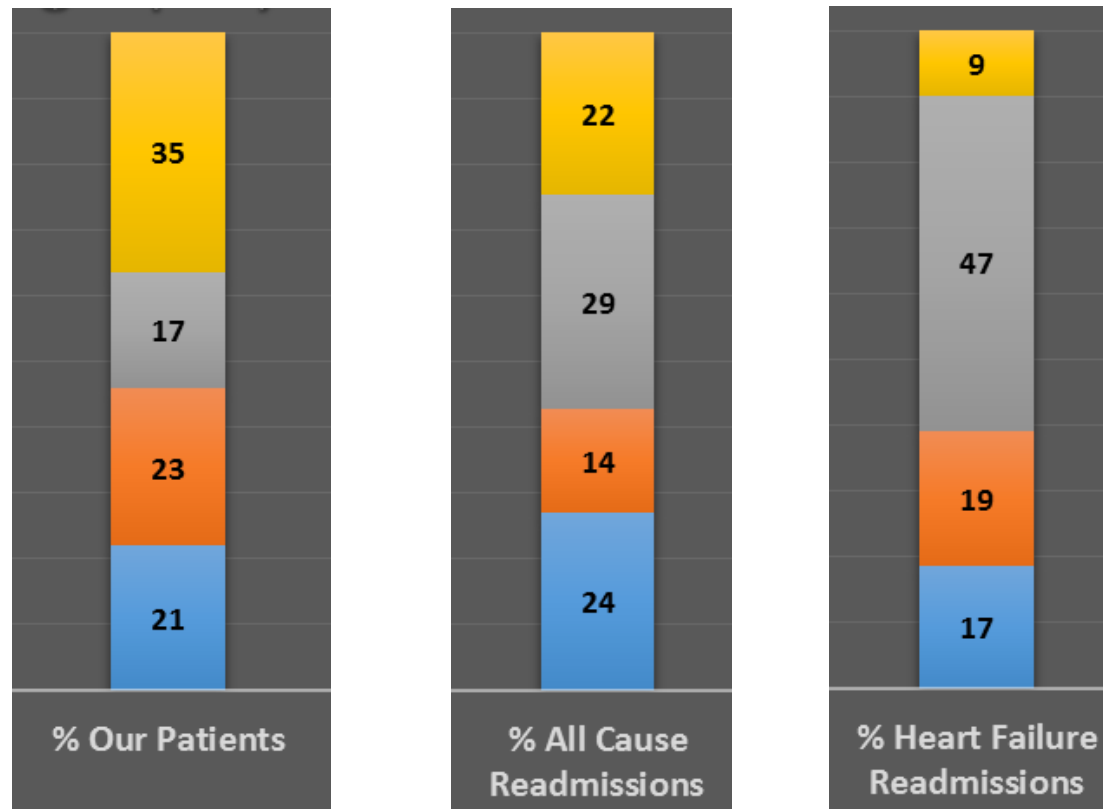




# What do we know?



# What do we know?



2016

WHITE ASIAN/PI BLACK LATINO

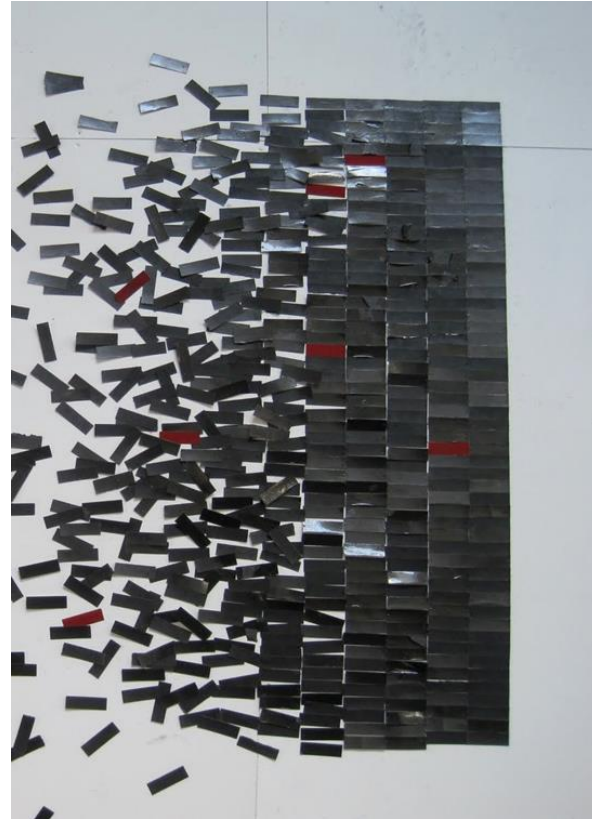
Would you rather not know?



ZSFG Equity Initiatives are currently developed and implemented in silos without consistently assessing disparities in outcomes. This resulted in fragmented efforts and parts of the workforce feeling unheard.

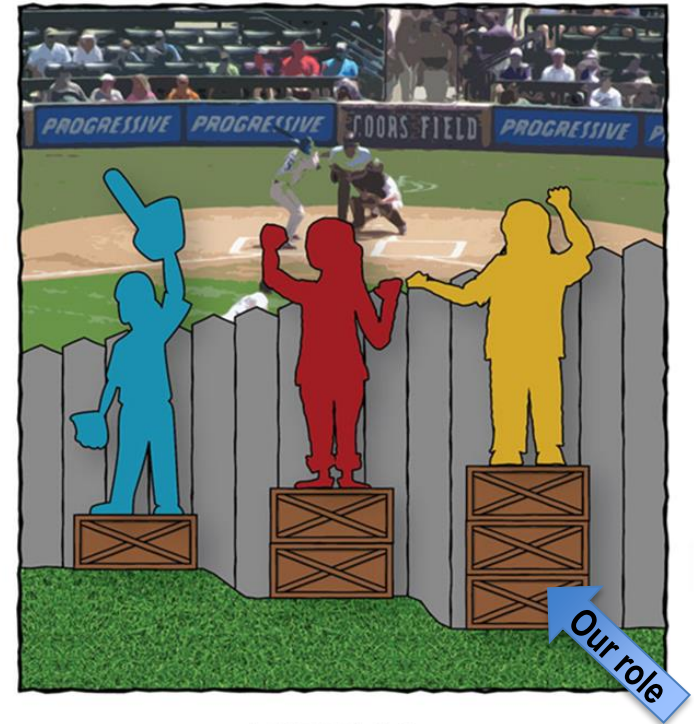
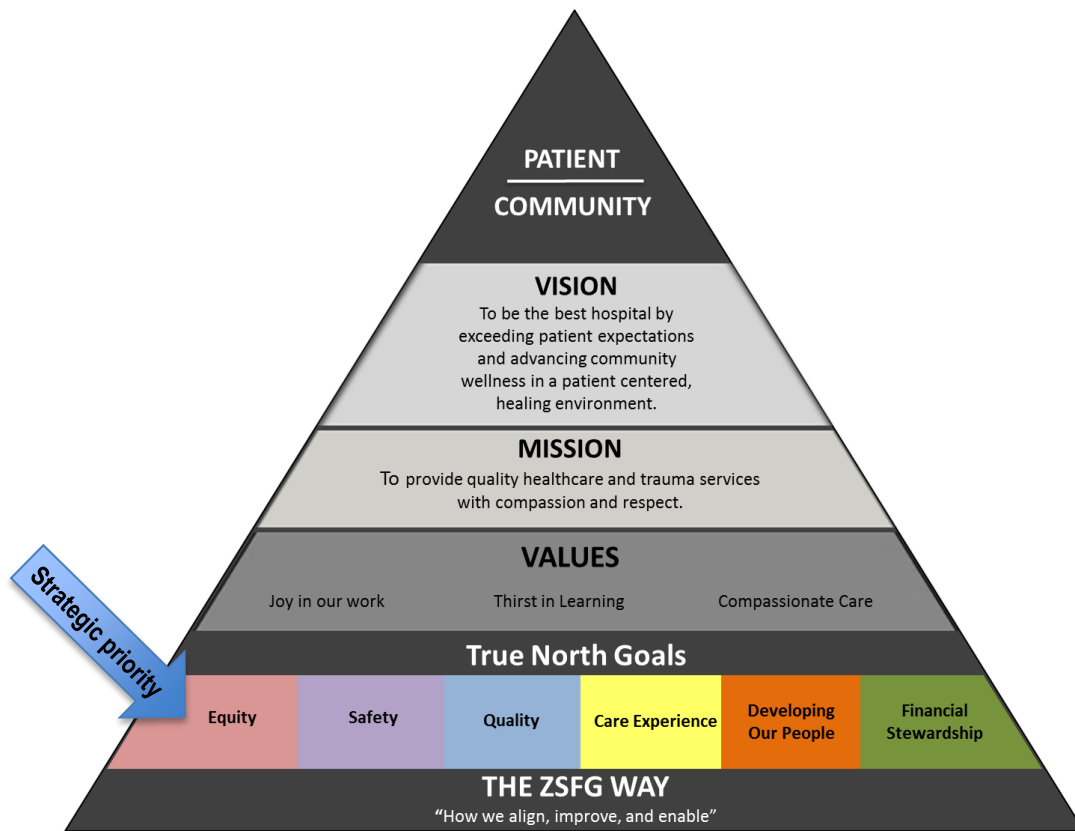


Where we were



Where we want to be

# True North



Everyone has a fair and just opportunity to be as healthy as possible. Those with the greatest needs and least resources require more, not equal, effort and resources to equalize opportunities.

Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

# Governance

In 2017, we established an Equity Council with hospital leaders and front-line staff to empower our community to eliminate disparities and promote inclusion.

[ZSFGEquityCouncil@sfdph.org](mailto:ZSFGEquityCouncil@sfdph.org)

- **B Chaney, Radiology Care Navigator**
- **B Barros, Senior Clerk**
- **B Decuire, Respiratory Therapist**
- **E Lynch, Positive Health Nurse**
- **M Miranda, Communications**
- **M Martin, Hospitalist**
- **M Bien, Physician Assistant**
- **R Santana, Care Coordination Nurse**
- **A Johnson, Patient Experience Officer**
- **A Delgado, Assistant Director, Obstetrics**
- **G Ortiz, Medical Director, Inpatient**
- **G Otway, Nursing Director, Maternal Child Health**
- **J Critchfield, Medical Director, Risk Management**
- **K Hill, Director, Merit and Staffing Resources**
- **L Leung, Medical Director, Family Health center**
- **R Ferrer, Nursing Director, Specialty Care**
- **T Williams, Chief Quality Officer**
- **T Boyo, Chief Operating Officer (Chair)**

# Accountability

- What's in it for me?
- Leadership
- Coaching
- Race, ethnicity and language data
- Performance Improvement and Patient Safety Committee

# Getting Tactical

Goals	Base	6/18	6/19	6/20	6/21	6/22
By 2022, >85% of ZSFG Depts. will have their #1 metric stratified by Race, Ethnicity & Language	6%	20%	35%	50%	65%	85%



# Deploying Equity Strategies - Version 1.0

## Advancing Equity at ZSFG 2017

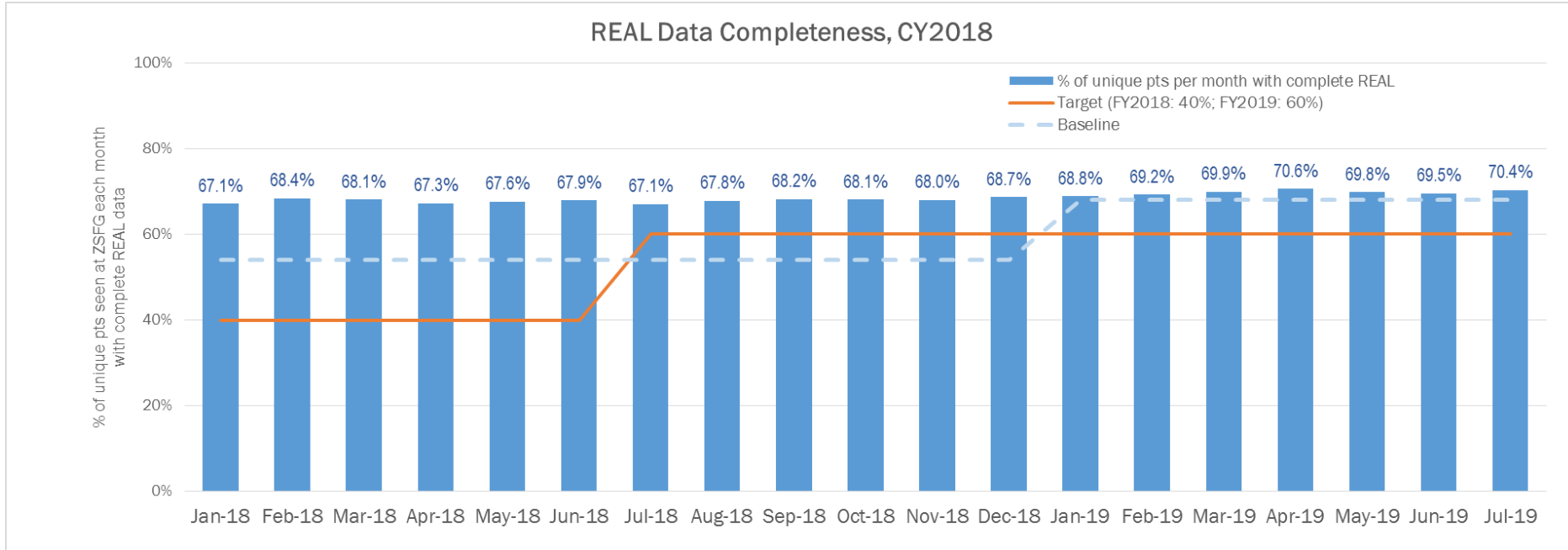
```
graph TD; A[Advancing Equity at ZSFG 2017] --- B[Understanding our Patients with REAL]; A --- C[Eliminate Disparities in Metrics]
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**Understanding  
our Patients with  
REAL**

**Eliminate  
Disparities in  
Metrics**

# Understanding Our Patients

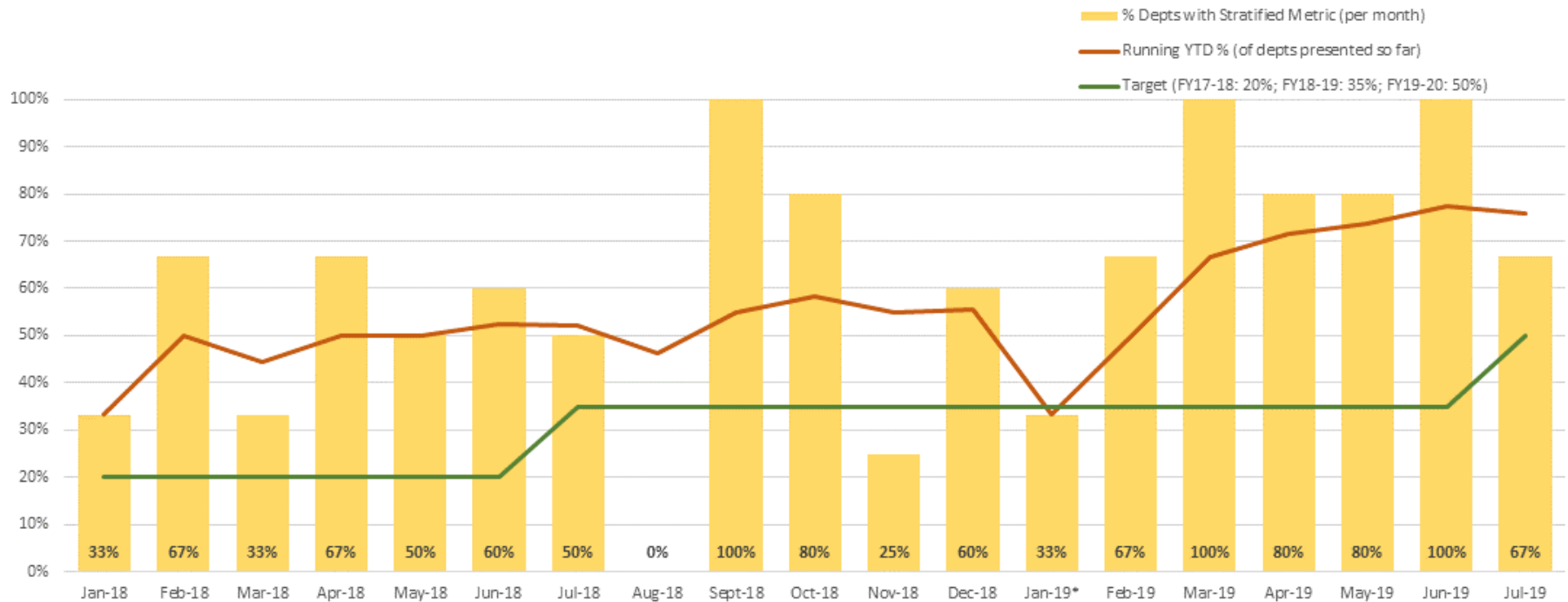
## Race, Ethnicity and Language



# Eliminating Disparities

## Performance Improvement & Patient Safety

ZSFG Depts with REAL-Stratified PIPS Metrics (Jan-18 to Jul-19)



### Examples of initiatives

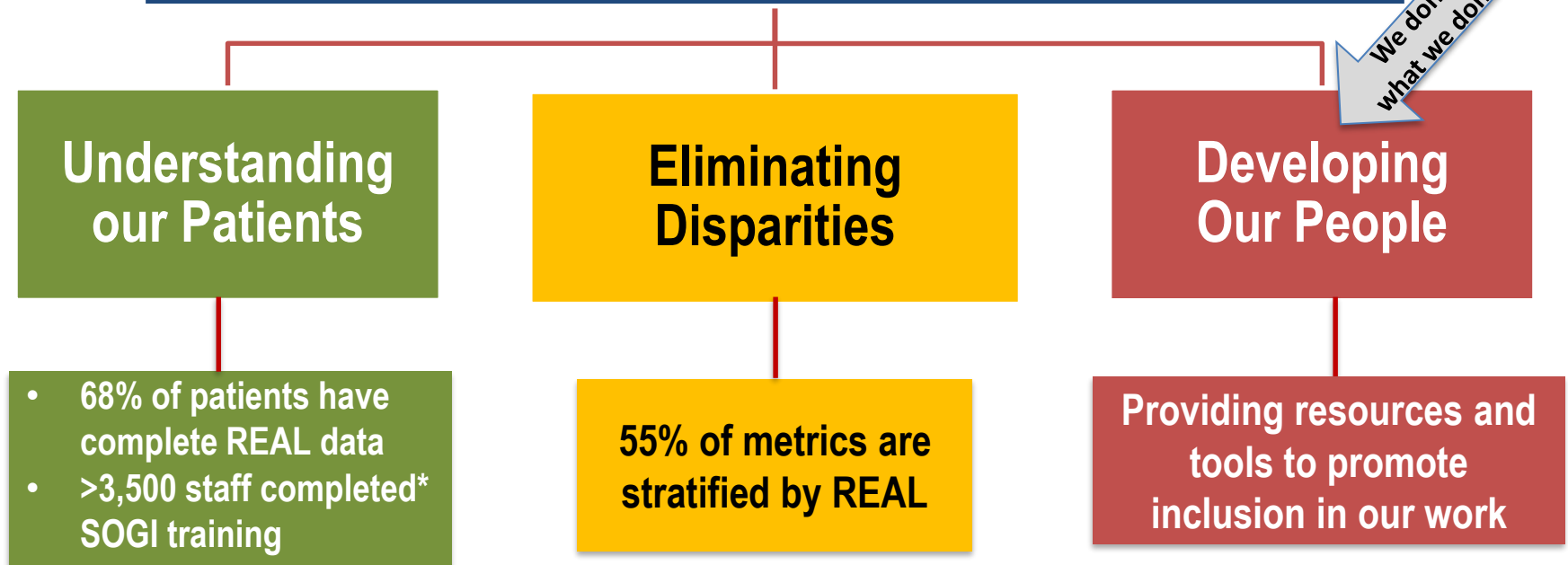
Diagnostic Imaging	Used language data to tailor appointment calls and letters for scheduling patients in preferred language.
Emergency Medicine	Assessing why Latino patients have a higher rate of LWBS compared to their visit rate.
Primary Care	Increase rate of Black/African-American hypertension patients with controlled blood pressure.
Security Services	Stratifying use of force and establishing plans to reduce occurrences.



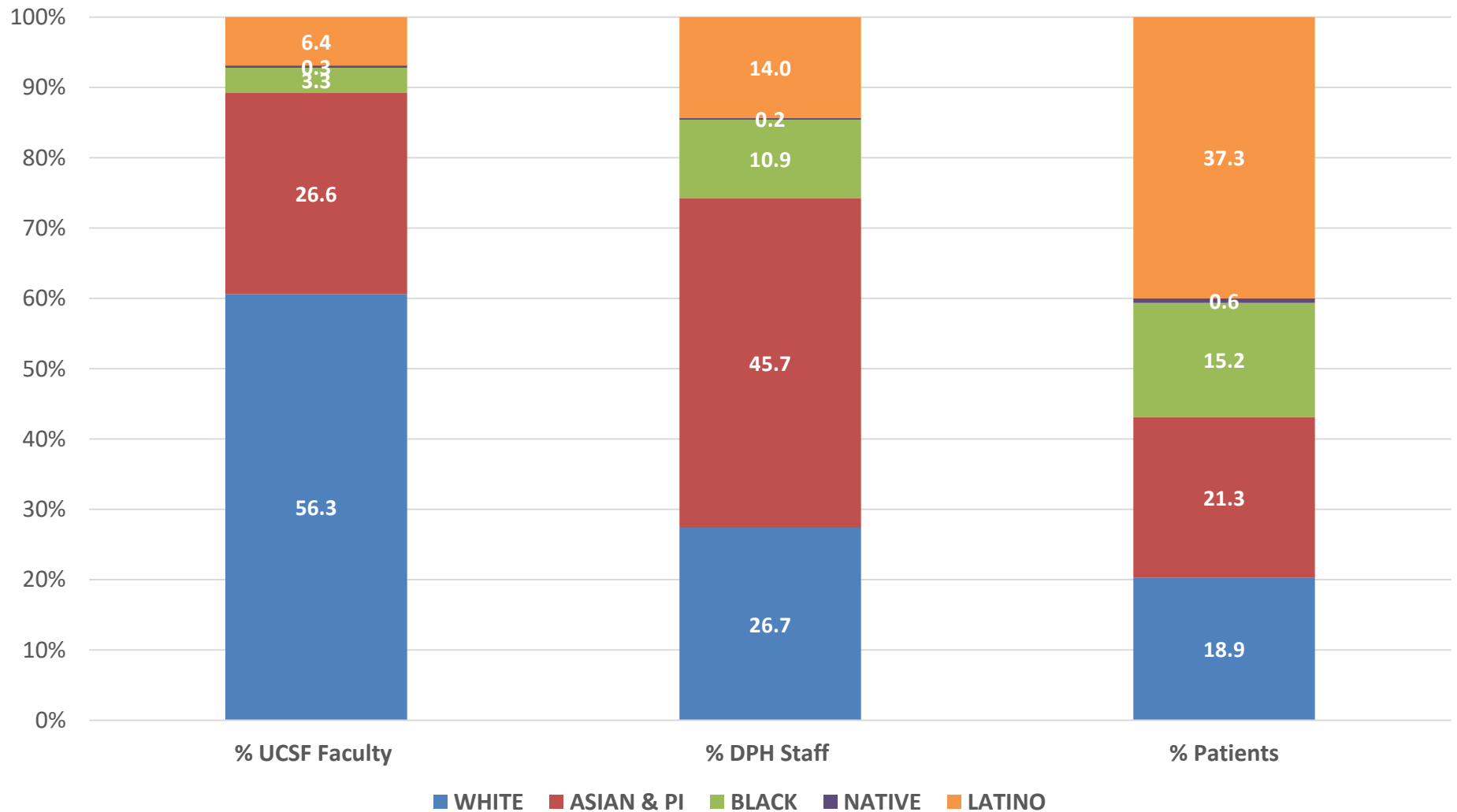
Charlottesville car attack - Photo by Ryan Kelly, winner of the 2018 Pulitzer Prize for Breaking News Photography

# Deploying Equity Strategies - Version 2.0

## Advancing Equity at ZSFG - 2018



# ZSFG Demographics





# Equity Survey

13 total questions were developed and tested by the Equity Council

25% of the workforce participated

**ZUCKERBERG SAN FRANCISCO GENERAL**  
Hospital and Trauma Center

**What is Health Equity?**

Health Equity means that everyone has a fair and just opportunity to be as healthy as possible. Those with the greatest needs and least resources require more, not equal, effort and resources to equalize opportunities.

Advancing Equity is one of ZSFG's True North goals.

**What is the Equity Council?**

In 2017, ZSFG established an Equity Council with hospital leaders and our front-line staff to empower our community to eliminate disparities and promote inclusion.

**Why are we asking you to take this survey? What are we going to do with your responses?**

Delivering equitable care to our patients begins with developing a culture of inclusion in our work. We (The Equity Council) need to hear what your experiences have been like in the last year in order to understand ZSFG's strengths and opportunities. Please be as honest as possible. We will not be collecting your name or any identifying information. We will not identify you or where you work.

Your responses will be used to make ZSFG a more inclusive place for all. We will use your responses to make ZSFG a more inclusive place for all. We will use your responses to make ZSFG a more inclusive place for all.

**ZSFG Equity Survey**

Please answer the following questions based on your experiences here at ZSFG in the past 12 months.

1. I feel valued and respected for who I am at ZSFG in the following areas. Please select all that apply.

- ☐ Culture
- ☐ Race/ethnicity
- ☐ Language(s)
- ☐ Religion or political beliefs
- ☐ Sexual orientation

2. I have observed others **disrespected** for who they are at ZSFG in the following areas. Please select all that apply.

- ☐ Culture
- ☐ Race/ethnicity
- ☐ Language(s)
- ☐ Religion or political beliefs
- ☐ Sexual orientation

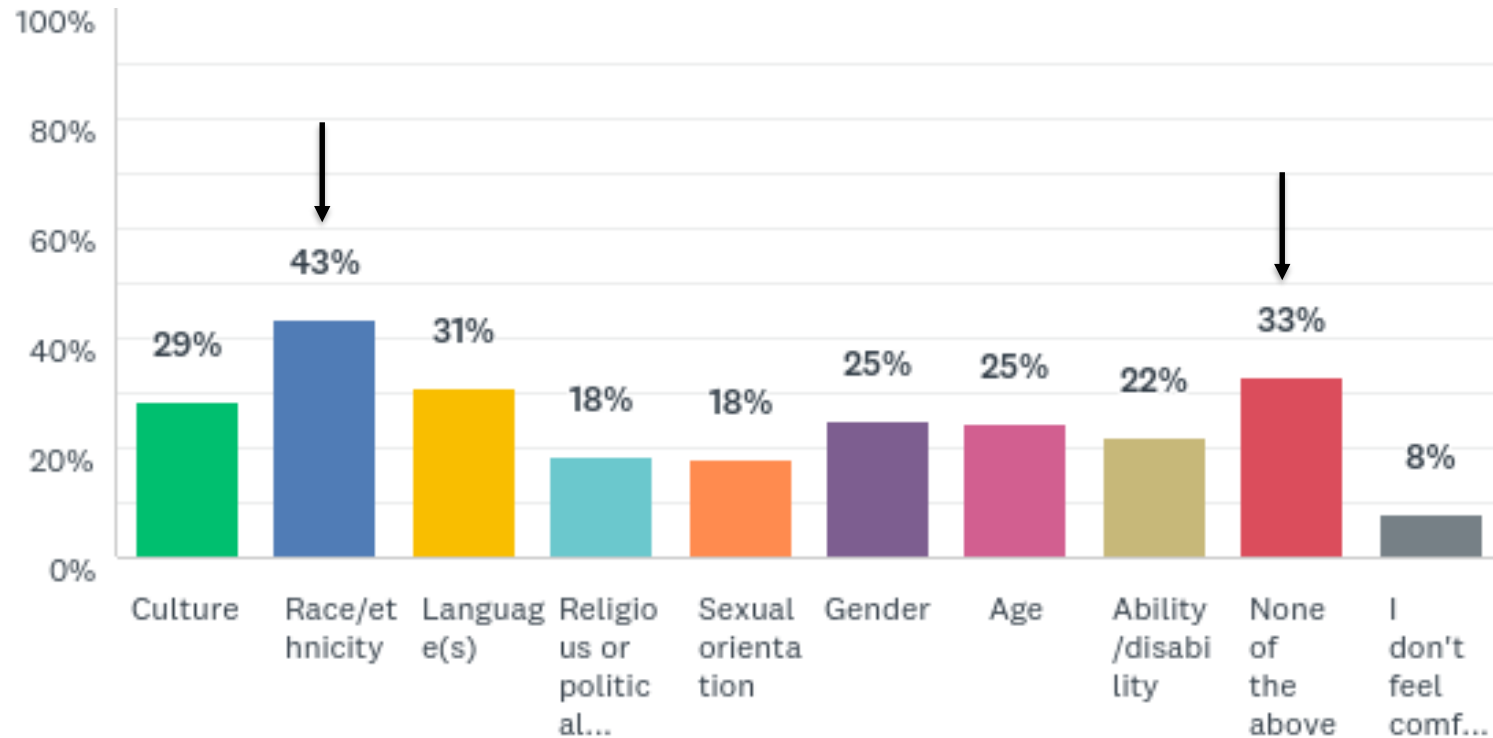
3. I feel comfortable answering questions about my experiences here at ZSFG in the following areas. Please select all that apply.

- ☐ Gender
- ☐ Age
- ☐ Ability/disability
- ☐ None of the above
- ☐ (don't feel comfortable answering)

4. I feel comfortable answering questions about my experiences here at ZSFG in the following areas. Please select all that apply.

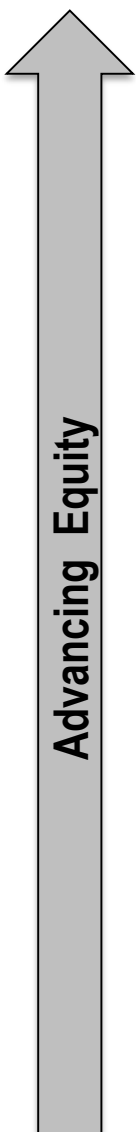
- ☐ Gender
- ☐ Age
- ☐ Ability/disability
- ☐ None of the above
- ☐ (don't feel comfortable answering)

## Survey Question: I have observed others disrespected for who they are at ZSFG in the following areas:





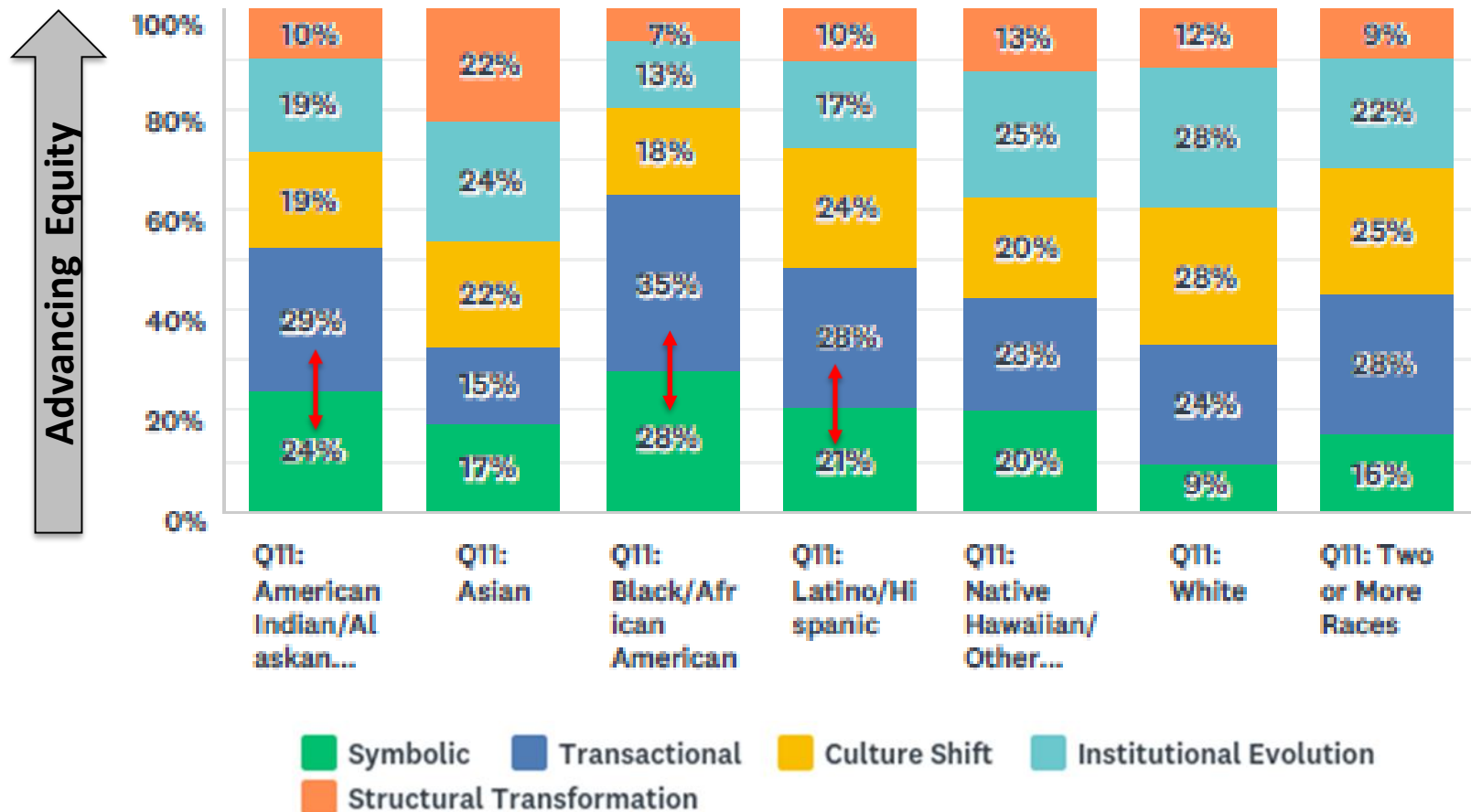
# Survey Question: Where is ZSFG in our commitment to Equity?



<b>Structural Transformation</b>	Equity is an integral component of ZSFG's identity. Internal and external communications actively address efforts to build inclusion and eliminate institutional racism. ZSFG maintains an environment where there is a high comfort level and depth in talking about prejudice, and an organization-wide desire to continue capacity building and problem-solving. Intersectionality of race and other social determinants is well-understood and being addressing issues at multiple levels.
<b>Institutional Evolution</b>	ZSFG embraces ongoing learning to advance equity. Internal and external communications reflect this commitment and promote inclusion. ZSFG is actively creating an inclusive environment as staff and resources are committed toward building structures to address institutional racism.
<b>Culture Shift</b>	ZSFG has a plan to advance equity, but internal and external communication is inconsistent. Although there are processes to address current organizational problems, they are disconnected. This results in maintaining the status quo.
<b>Transactional</b>	ZSFG identifies itself as diverse. Internal and external communications acknowledge and reflect appreciation for diversity. However ZSFG is relatively unaware of how it maintains an environment that continues patterns of privilege, making race still uncomfortable to address.
<b>Symbolic</b>	ZSFG is tolerant of people of color. Internal and external communications often declare "we don't have a problem" but this does not reflect the reality. ZSFG maintains an environment where people of color do not report problems out of fear for retaliation or further exclusion.

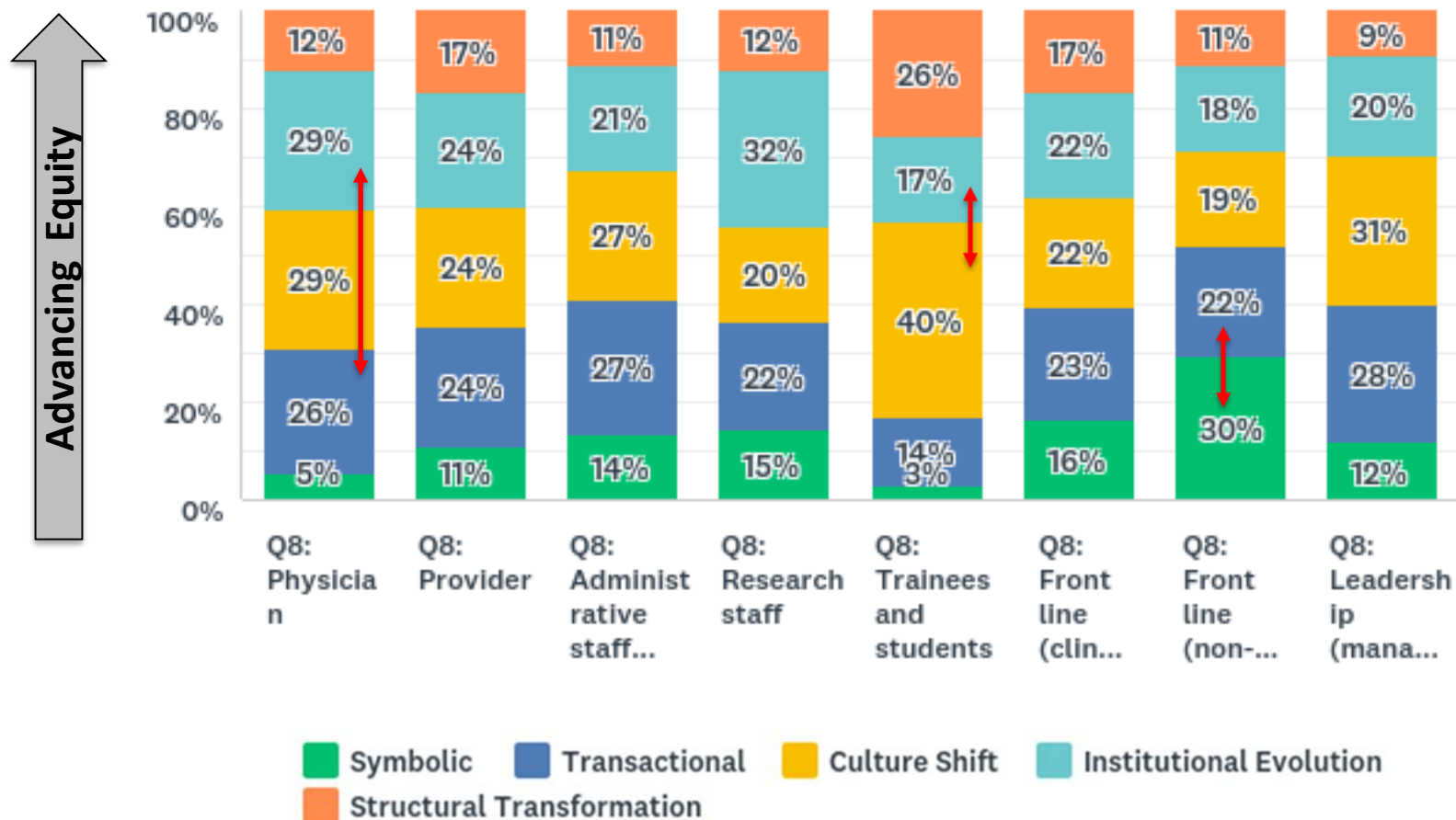
# Where is ZSFG in our commitment to Equity?

## Stratified by Race



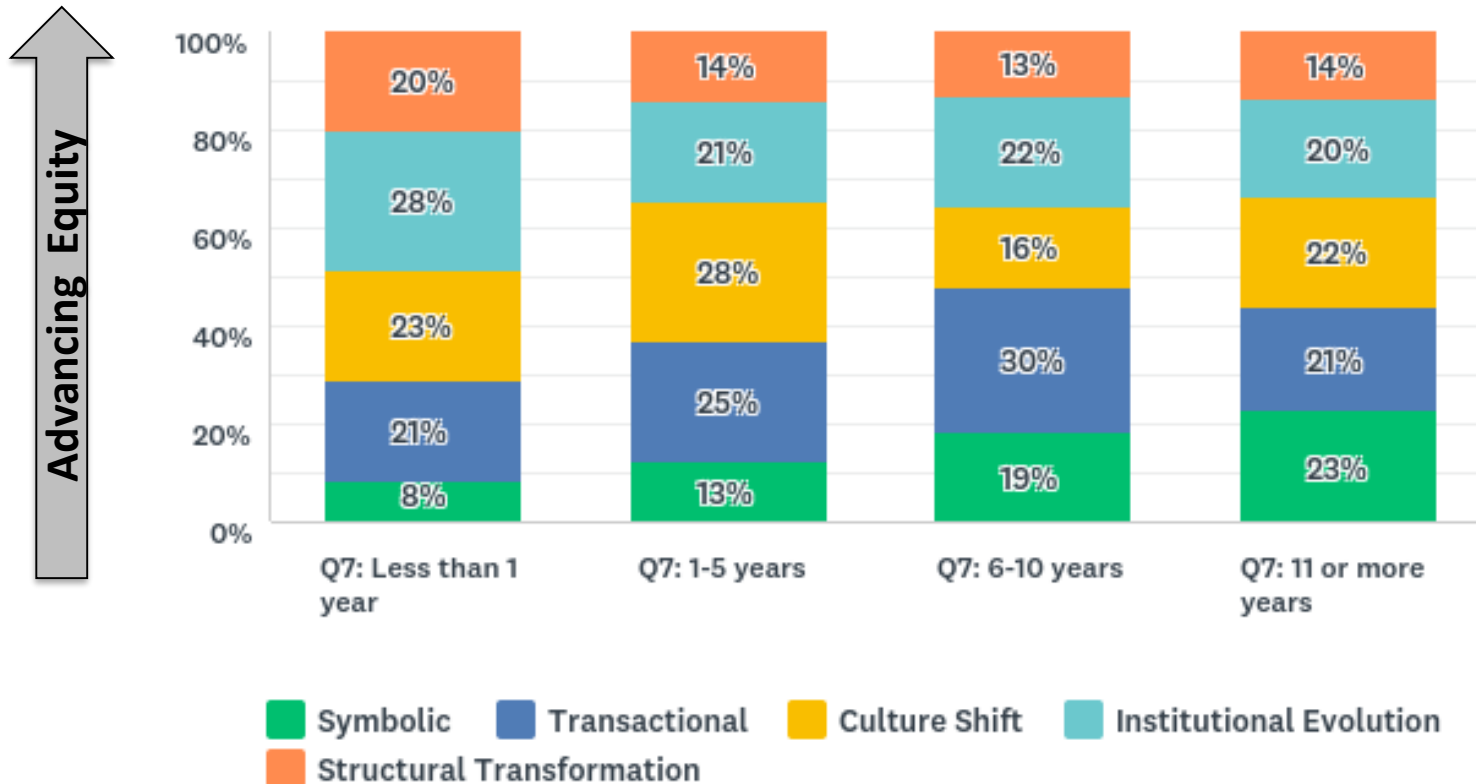
# Where is ZSFG in our commitment to Equity?

## Stratified by Role

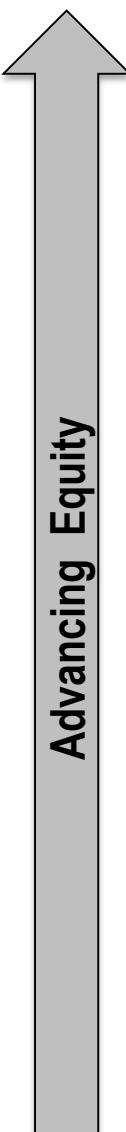


# Where is ZSFG in our commitment to Equity?


## Stratified by Tenure



# Where is ZSFG in our commitment to Equity?



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# Deploying Equity Strategies - Version 3.0

## Advancing Equity at ZSFG - 2019

Understanding our patients	Eliminating Disparities	Developing Our People
<ol style="list-style-type: none"> <li>1. Leverage Epic Implementation</li> <li>2. 68% of our patients have complete REAL (race, ethnicity and language) data What's the plan to hit 80%?</li> <li>3. &gt;3,500 staff have completed SOGI (sexual orientation and gender identity) training How will we use SOGI data to drive improvement?</li> </ol>	<ol style="list-style-type: none"> <li>1. 55% metrics are stratified</li> <li>2. Institute standard work to coach on disparities through performance improvement and patient safety.</li> <li>3. Transition towards gap closure and quantify impact over time.</li> </ol>	<ol style="list-style-type: none"> <li>1. Broadening resources and tools               <ul style="list-style-type: none"> <li>○ Relationship-Centered Communication focused on race</li> <li>○ Trauma-Informed Systems</li> <li>○ Creating Inclusive Environments</li> <li>○ Equity Learning series</li> <li>○ Unconscious Bias</li> </ul> </li> <li>2. Communicating Equity milestones and initiatives to organization regularly</li> <li>3. Implementing respect policy</li> <li>4. How do we know our programs are actually impacting culture?</li> </ol>

Developed, advocated and recruited for Manager of Equity Strategies

**The journey starts  
within each of us**



**Your personal PDSA**

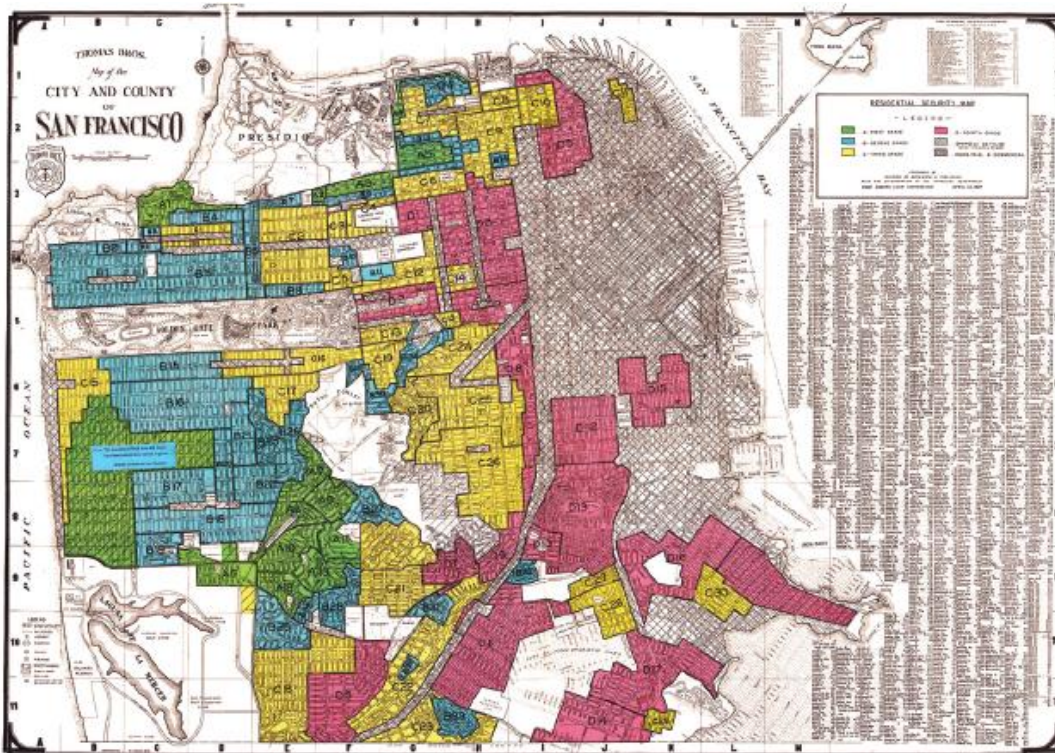
# 1

**Always place patients and their experiences at the center of everything, every time and everywhere.**

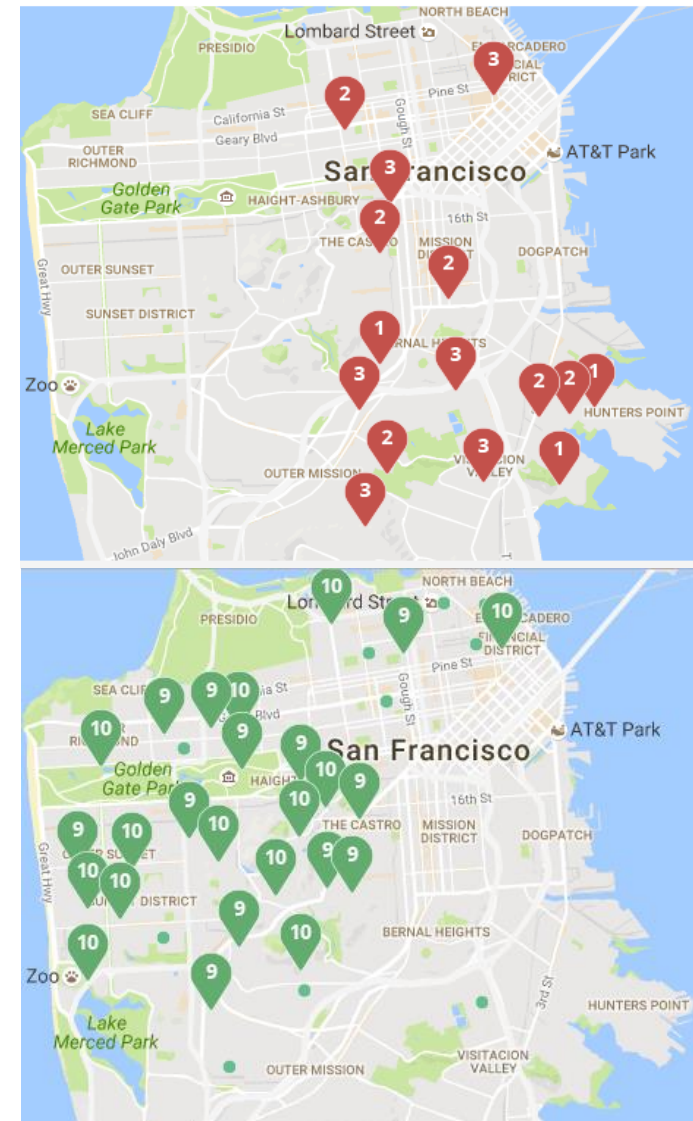


# 2

## Learn how prejudice continues to impact communities.



Green= "Best", Blue = "Still Desirable", Yellow= "Definitely Declining", Red= "Hazardous"



# 3

**Embrace the tension of  
perfecting vs. perfection.**

# 4

Appreciate that many have been and continue to be impacted by inequities before arriving for care.



Maria Mendoza-Sanchez says goodbye while holding daughter Melin, Photo by Leah Mills

# 5

**Examine your biases, eliminate them, then empower others to do the same.**

# 6

**Inquire, discuss and challenge  
inequities.**



**Philando Castile**



# Q & A

**Tosan O. Boyo, MPH, FACHE**  
**Chief Operating Officer, ZSFG**

**[tosan.o.boyo@sfdph.org](mailto:tosan.o.boyo@sfdph.org)**

# Wrap Up

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# Resources

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- Previous SNI Webinars
  - [Disparities Intervention Planning](#) (5/2/17)
  - [Disparity Reduction Plan Overview](#) (11/13/17)
- Member information
  - [DY14 data](#) (posted 10/23/19)
  - [Member Disparity Reduction Plans](#)
- [CAPH/SNI Communications Brief: Reducing Health Disparities](#) (June 2019)
- [Appendix](#): PRIME disparity reduction plans



# Upcoming Dates

M	T	W	Th	F
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November				
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

**Nov 14(12-1):** PRIME/QIP OH

**Nov 18 (12-1):** Hardwiring & Scaling  
PRIME QI Projects [\[here\]](#)

**Nov 20 (11-12):** Deep Dive into Inpatient  
and Outpatient CDI [\[here\]](#)

December				
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20

**Dec 3 (12-1):** PRIME/QIP OH

**Dec 4-6:** CAPH/SNI Annual Conference

**Dec 12 (1-2):** Key Takeaways for Continual  
CDI Success [\[here\]](#)

**Dec 16 (1-2)** PRIME External Webinar [\[here\]](#)

# Register Now!

*Member early bird rate until Nov 8!*



Registration open now!



**Nadine Burke Harris, MD**  
Surgeon General of California



**Adam Schickedanz**  
Pediatrician & researcher, UCLA



**Michelle Rhone-Collins**  
Founding LIFT-Los Angeles Executive Director



**Len Nichols**  
Policy professor, George Mason University



**Ai-Jen Poo**  
ED, National Domestic Workers Alliance



**Celinda Lake**  
Pollster & political strategist



**Stacey Chang**  
Founder & ED, Design Institute of Health



**Robin Wittenstein**  
CEO, Denver Health



**William York**  
Executive VP, 211 San Diego

# Share Your Feedback

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**How did we do?**

**What did you learn?**

**Do you have suggestions for future topics or content?**

**PLEASE COMPLETE OUR  
POP-UP SURVEY**

# Appendix

## PRIME Disparity Plans

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# Target Population: African American

System	Metric	Target	Activities
Alameda	1.2.4 (Diabetes Care)	AA males w/ uncontrolled diabetes	<ul style="list-style-type: none"> <li>—Partnerships with community based orgs</li> <li>—Chronic care teams at Primary Care sites</li> <li>—New service delivery models*</li> </ul>
Contra Costa	1.2.5	AA	<ul style="list-style-type: none"> <li>—Phone outreach*</li> <li>—Improvement tests to reduce no-show rates</li> <li>—Continue group visit pilot program</li> </ul>
Los Angeles	1.2.3 (CRC Screening)	AA	<ul style="list-style-type: none"> <li>—Increase CRC screening rates by using postage-paid FIT kits, so patients don't have to return</li> <li>—Training providers on specific discussion points</li> </ul>
San Francisco	1.2.5  1.2.12	AA, ages 18 to 85, with HTN	<ul style="list-style-type: none"> <li>—HTN Equity Workgroup</li> <li>—HTN self-management through at-home blood pressure monitoring toolkits*</li> <li>—Food pharmacies in clinics and alignment with the Healthy Hearts Initiative to address SDOH</li> <li>—Share disparity data with clinical leaders and staff, consult with patient advisory councils to develop culturally appropriate messaging and screening methods for depression</li> </ul>
San Joaquin	1.2.3 & 1.2.5	AA, ages 50-75, in need of CRC screening	<ul style="list-style-type: none"> <li>—Patient navigators conduct pre-visit planning and follow-up reminders by phone</li> <li>—Community outreach at AA churches, CBOs, and cultural events</li> <li>—Implement Kaiser's Preventing and Heart Attacks and Strokes Everyday (PHASE) grant</li> </ul>

# Target Population: African American (con't)

System	Metric	Target	Activities
San Mateo	1.2.5 (Controlling BP)	AA with HTN	—Coordinate HTN plan with Primary Care and provide monthly stratified HTN data to clinics
UCD	1.2.4	AA	—Pilot new patient education and workflows at two primary care clinics —Develop culturally appropriate and language sensitive patient education materials —Develop clinic workflow and EMR tools to capture patient information on SDOH and health literacy
UCLA	1.2.5	AA	—Commercially automated calling platform to engage patients and increase visits —Leverage Primary Care Innovation Model (PCIM) resources, including specialists, researchers, and care coordination team
UCSD	1.2.14 (tobacco screening)	AA	—Culturally tailored outreach —Culturally competent workflows and roles
UCSF	1.2.5	AA	—Leverage expertise from the PHASE grant —UCSF Health Equity Council creates health equity dashboard, develops community-based relationships, and produces a system-wide strategic plan

# Target Population: Hispanic/Latinx/Spanish Speakers

System	Metric	Target	Activities
Arrowhead	1.2.3 (CRC screening)	Hispanic/Latino males ages 50-75	—Culturally sensitive educational messages through Facebook, Family Health Centers (FHC), and ARMC text messaging services
UCI	1.2.3	H/L	—Create a dynamic cohort identification tool —Engage patients to understand perceptions of CRC screening in the Hispanic community —Outreach and Inreach efforts
Riverside	1.2.4 (Diabetes care)	H/L, Spanish speaking diabetic patients, ages 18-39	—Conduct focus group to identify barriers —Collaborate with community partners —Initiate “Promotora” program for health education
Santa Clara	1.2.4	H/L with poor diabetes control, 19-60 years old	—1:1 visits with a Certified Diabetes Educator, RNs, PharmD and Registered Dietitians —CHWs with a focus on diabetes prevention
Ventura	1.2.5 (Controlling BP)	H/L males aged 18-64 without DM	—Developed an HTN clinic with a team that provides outreach, engagement, care coordination —Hiring staff who are fluent in Spanish and Mixteco —CHWs conduct outreach via home visits
Kern	1.2.7 (Use of aspirin for IVD)	Spanish-speaking IVD patients	—Care coordinators to provide Spanish language, culturally competent outreach —Plan to initiate a community outreach campaign

# Target Population: English Speakers

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System	Metric	Target	Activities
Natividad	1.2.3 (CRC screening)	English speakers in need of screening	<ul style="list-style-type: none"><li>—Increase access to testing and screening</li><li>—Develop culturally targeted education</li><li>—Adjust workflows to streamline the referral system</li></ul>