



# Equity in AF4Q: Making Progress

Marcia J. Wilson  
National Program Office  
November 19, 2009

# AF4Q goal

*Targeted Regions will Improve and  
Sustain High-Quality, Patient-  
Centered, **Equitable** Care by 2015*

# Dashboard 2009

- Set of targeted measures used to track Alliance progress over time
- Focus on two measures related to equity:
  - Alliances will develop a work plan to stratify performance measures by race, ethnicity and language
  - Alliances will develop a work plan to collect self-reported patient race, ethnicity and language (R/E/L)

# R/E/L assessments

- Purpose: To help Alliances understand current R/E/L data collection practices and how data are used
- Method: Phone interviews with health plans and providers (hospitals and physicians)
  - Health plans: Alliances and the Center for Health Care Strategies
  - Providers: Alliances and the national program office (NPO)

# R/E/L assessments

- Interviews conducted August-October, 2009
  - Assessments not meant to be comprehensive, based on a sample
- Alliances have summarized findings for providers and for health plans after completing the assessments
- Summary report of overarching findings forthcoming

# Provider assessments - Findings

- 35 assessments with hospitals and physicians (including Federally Qualified Health Centers)
- Many providers collect data
  - Less than 50% collect data in a standardized manner
  - Few use the data for quality improvement efforts
- Early adopters – specific reason driving change, e.g., mandate, executive support, participation in a collaborative

# Provider assessments - Findings

- Challenges
  - Lack of executive support
  - Role of IT, particularly electronic medical record (EMR)
  - Available resources
- Moving forward
  - Perceived value in collecting the data
  - Role of early adopters
  - Timing issues, e.g., EMR adoption

# Health plan assessments - Findings

- 20 assessments with health plans
- Range of existing R/E data was 0-32%; typically less language data
- Variation in race/ethnicity categories used
- Multiple vehicles for collecting data, e.g. health risk assessments, disease management, web portal, enrollment



# Health plan assessments - Findings

- Challenges
  - Data infrastructure
  - Engagement of multiple stakeholders, e.g. consumers, employers, insurance brokers
  - Available resources
- Moving forward
  - Perceived value in collecting the data
  - Policy as a driver
  - National versus regional plans

# Additional equity activities: Hospital collaboratives

- Equity Quality Improvement Collaborative – Improving cardiac care while reducing racial and ethnic disparities
  - Required to collect patient R/E/L data in a standardized manner
  - Received training in standardized data collection at the kick-off meeting
- Language Quality Improvement Collaborative – Improving language services for patients with limited English proficiency
  - Reporting standardized language categories