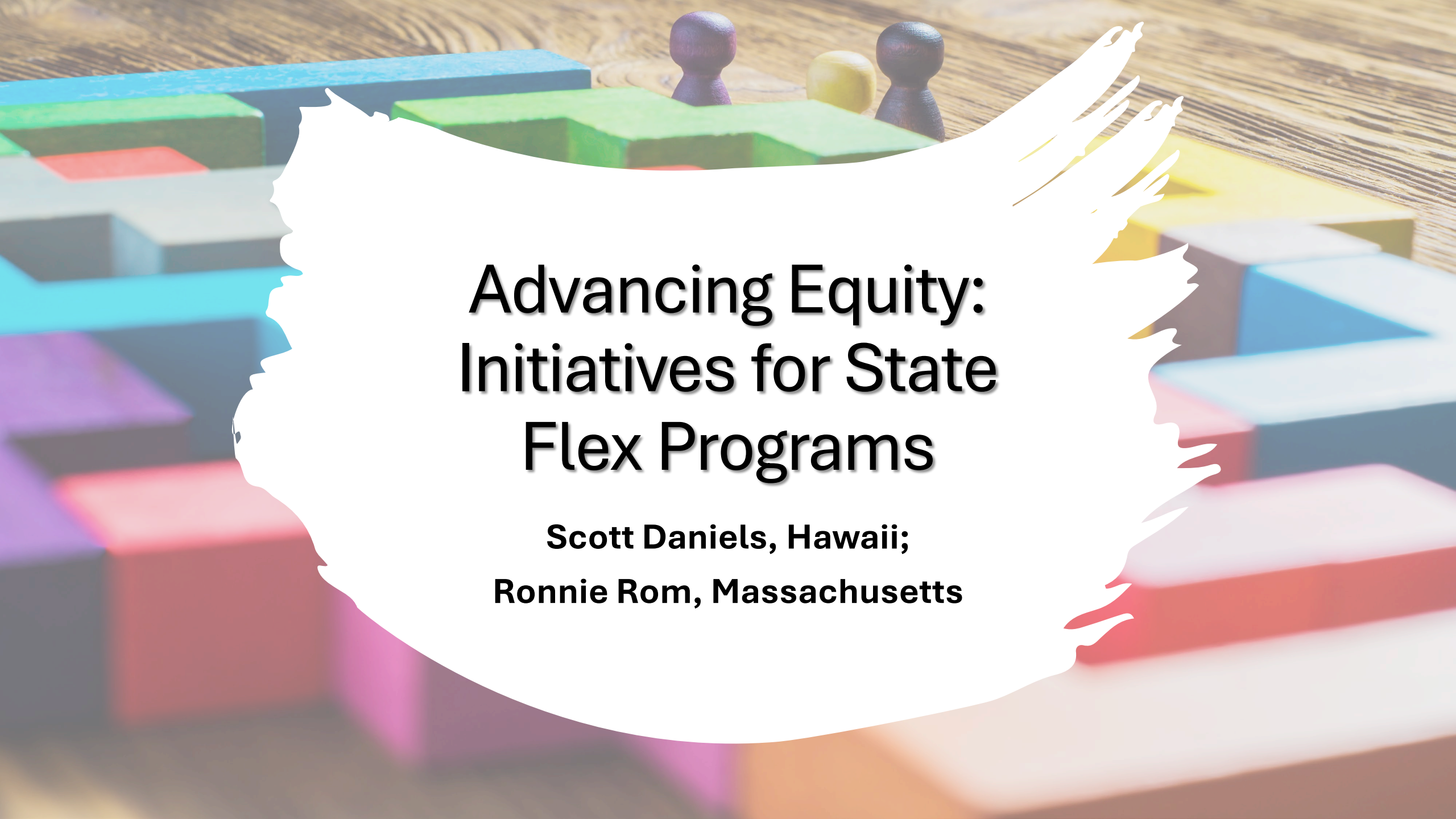


# Advancing Equity: Initiatives for State Flex Programs

**Scott Daniels, Hawaii;**

**Ronnie Rom, Massachusetts**

# Hawai‘i Social Drivers of Health Project

R. Scott Daniels, PhD

Hawai‘i Department of Health

Office of Primary Care and Rural Health

# Origins

- MedQUEST received a waiver to provide bonus payments for meeting quality goals.
- Recognizing that CAHs are different, MedQUEST created a set of measures for CAHs, that were then run by the Hawai‘i Flex program (through the Healthcare Association of Hawai‘i).
- Where we immediately rejected them.

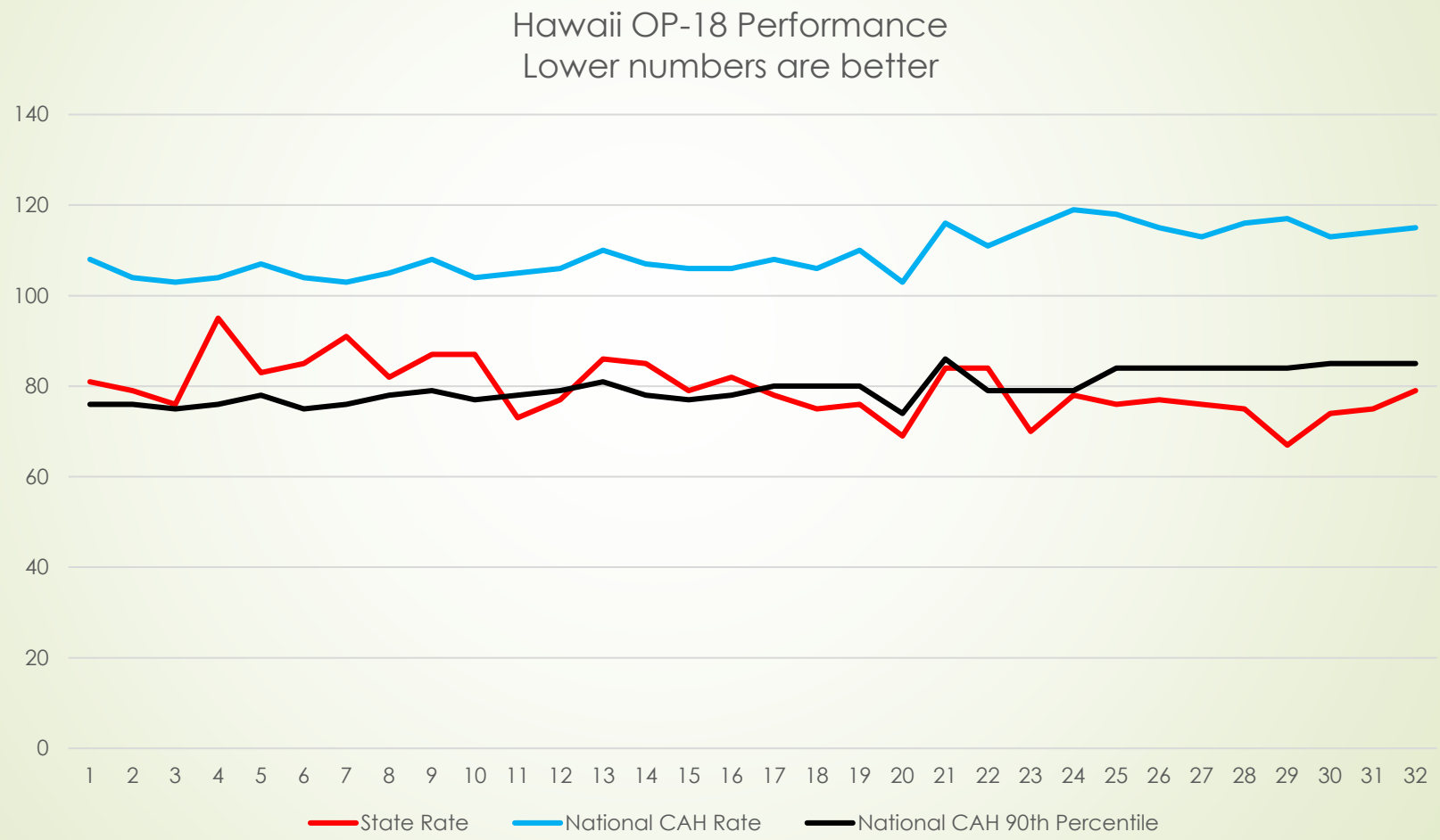
# Negotiation

- The Healthcare Association of Hawai‘i served as the conveyor of messages between Flex and MedQUEST.
- MedQUEST really wanted HCAHPS. For Hawai‘i CAHs it is by and large a meaningless measure.
- Eventually settled on OP-18 as the measure for determining quality payments.
- Why OP-18? Data are available and allows additional monitoring for other reporting issues.

# Start of Project

- Reported the data from the MBQIP reports for each of the facilities.
- Facilities were evaluated on a quarter-by-quarter basis.
- No report = No bonus payment; Greater than national average = 50%; National average = 75%; 90$^{th}$ percentile of national average = Full bonus payment.

# Results


Hawaii OP-18 Performance
Lower numbers are better
140
120
100
80
60
40
20
0
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32
State Rate
National CAH Rate
National CAH 90th Percentile

# Results (2)

- From 2021 through 2023, 70.4% (76/108) of the quarters received the full bonus.
- During the same time period, 99.1% (107/108) of the quarters received at least 75% of the bonus payment.
- Only one quarter for one hospital was above the national average. It was early and they were not measured on OP-18 for bonus.

# Next Phase

- Med-QUEST told us that they were retiring OP-18 as it had "topped out."
- Added to the list of measures is SDOH screening.
- To start, the hospitals only need to screen for one measure to be in compliance and qualify for the bonus.
- The other SDOHs will be added over time.

# Answering CAH Questions

- This is a screening. It is a means of gathering information on the problem.
- Hospitals are not expected to make up for policy failings, but they can serve an important role in providing the data needed to create better policies.
- While you only need to screen for one SDOH currently, you should try screening for all of them. Get the process in place now.

# What Replaces OP-18?

- SDOH will be required of all hospitals in Hawai‘i.
- Looked at new Flex measures, but they are heavily IP based, so do not really work for most of the Hawai‘i CAHs.
- Provided a demonstration of measures we are collecting for swing-bed.
- Swing-bed measures are being adopted for program.

# How To Do This In Other States

- All of this happened because of relations with the hospital association. MedQUEST is huge and really doesn't know me, but HAH works with Flex and MedQUEST on several projects.
- Know what you can and cannot report. Provide your evidence and reasoning.
- If possible, find measures that will help with other projects.
- Don't be afraid to use "non-official" measures. Just be prepared to support them.

# Equity

- Hawai‘i is not restricted in dealing with equity.
- However, if you live in a state that does have restrictions, it should not prohibit you from doing this work.
- If you’ve been counting, this is the only slide where I use the word “equity,” but the work is still an important component of providing equitable care.

# Questions & Contact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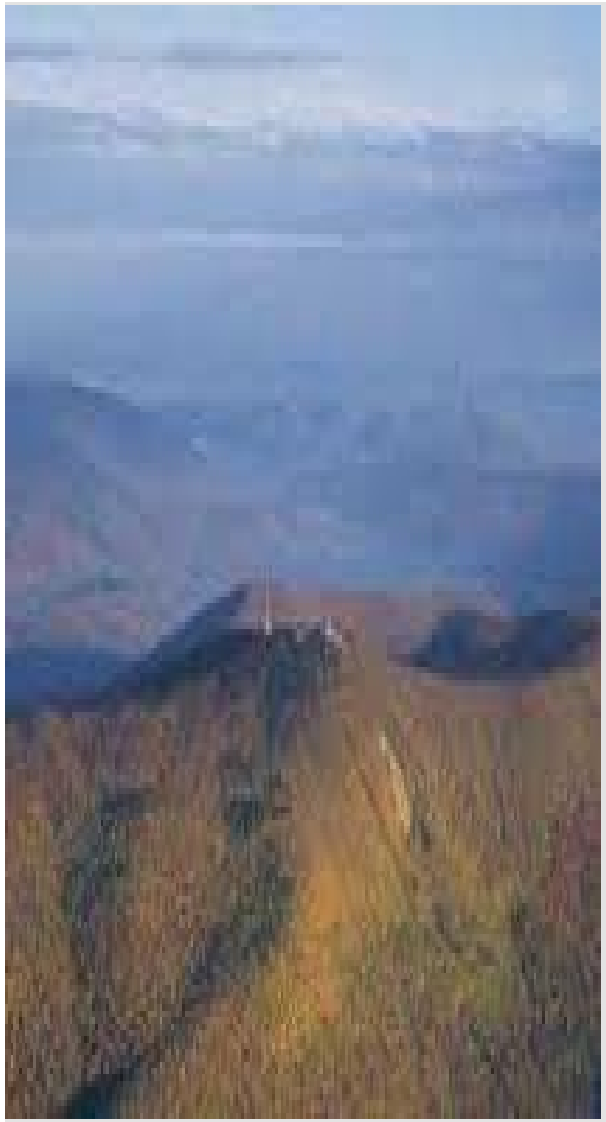
# Advancing Equity: Initiatives for State Flex Programs - Massachusetts

Ronnie Rom, MA DPH State Office of Rural Health
July 17, 2024



# Advancing Equity: Massachusetts

Massachusetts Environment

- Rural/Flex Quick Facts
- Health Equity Landscape

Massachusetts Strategy

- Rural Hospital Health Equity Affinity Group

Lessons Learned - What May be of Interest/Replicable for Other States

# Massachusetts Environment

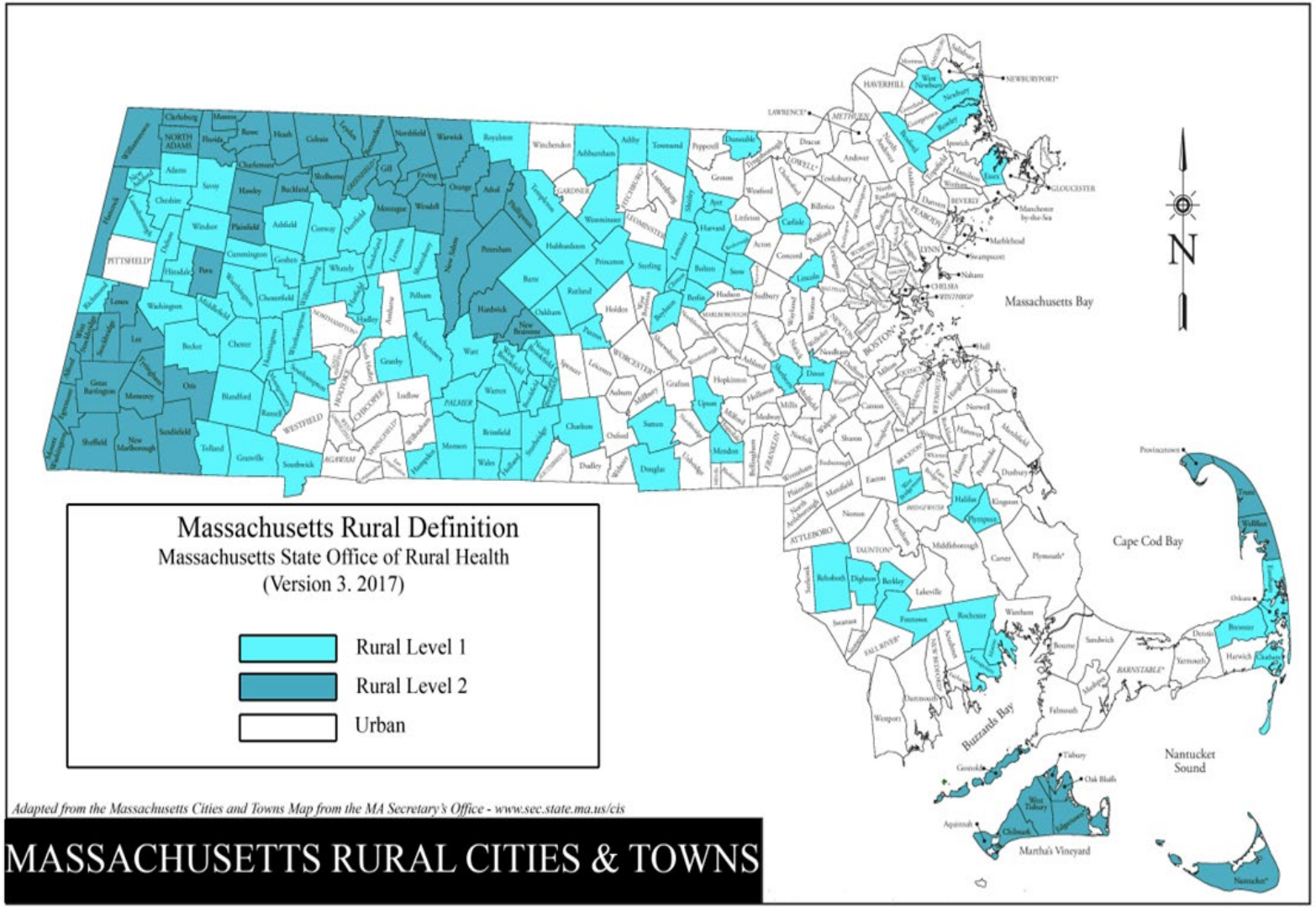
## Rural/Flex Quick Facts

# Advancing Equity: Massachusetts Rural Quick Facts

Urban-centric;
Yet, rural pop is @700,000 > pop of Wyoming (or Vermont!)

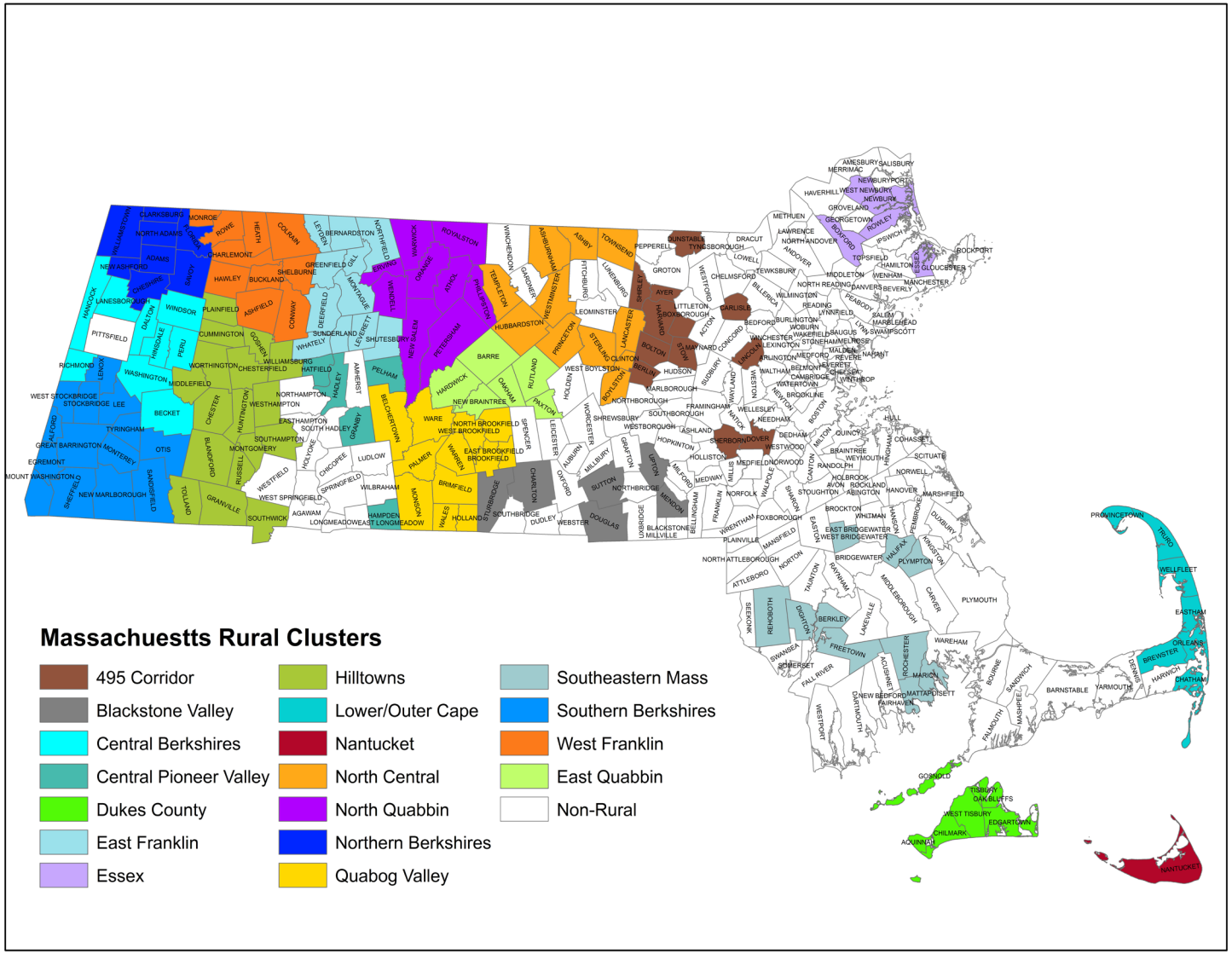
# Advancing Equity: Massachusetts Rural Quick Facts

## 2 Levels of Rural



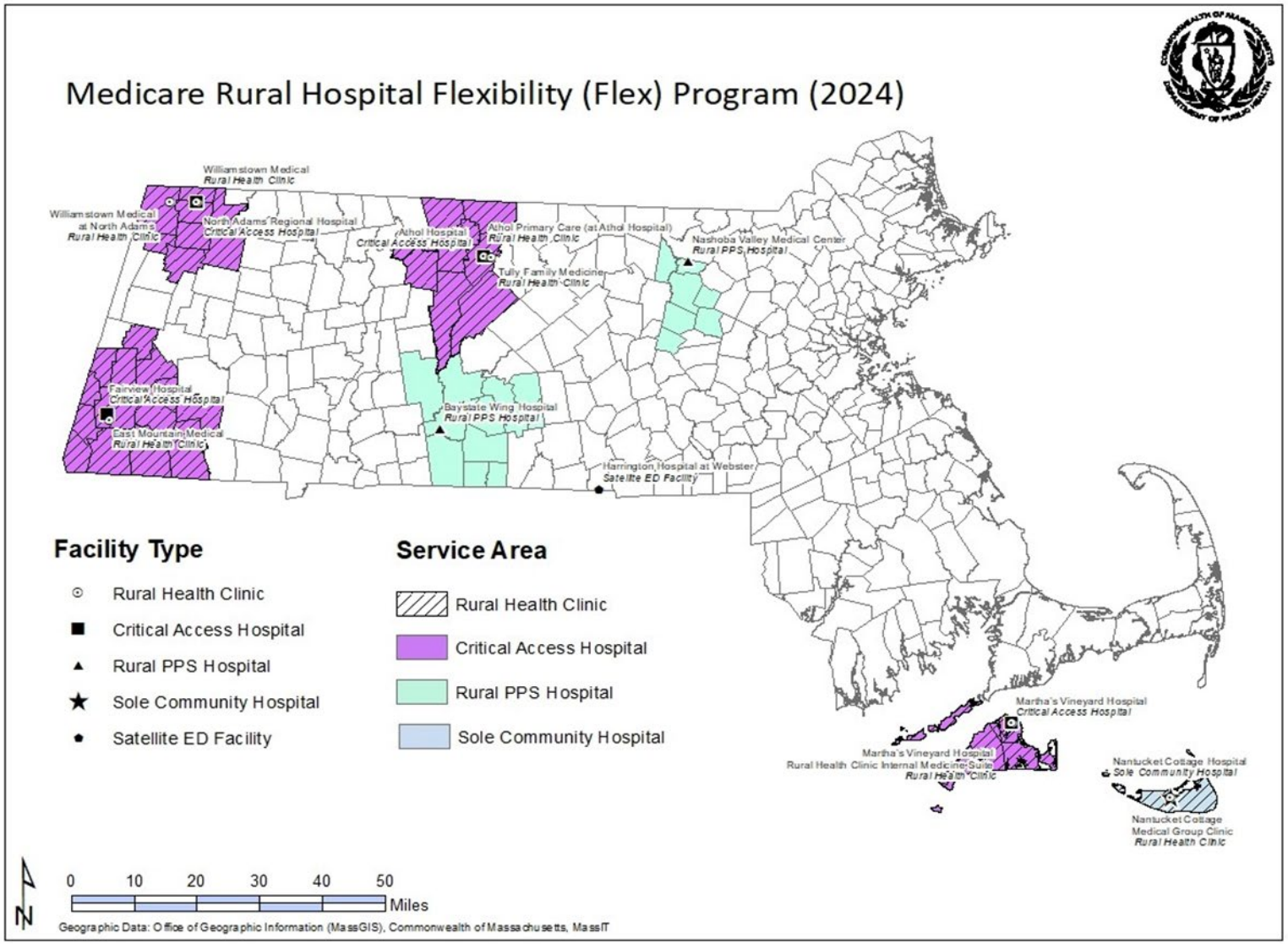
# Advancing Equity: Massachusetts Rural Quick Facts

## 18 Rural Clusters



# Advancing Equity: Massachusetts Rural Flex Quick Facts

4 CAHs, 3 rural PPS, 7 RHCs, 5 rural FQHCs



# Advancing Equity: Massachusetts

## Rural Flex Quick Facts - Rural Hospitals

## What Do MA Rural Hospitals Have in Common?

- Some located around periphery of MA, next to rural areas in NY,VT,NH,CT,RI – compounding their rurality, service area
- Some in former mill towns w/ limited economies
- Some in seasonal tourist destinations – serving populations w/ extremes in income/needs
- Most are safety net providers for their area, w/>65% Public Payor patients
- Typically they are the largest employer in region

# Advancing Equity: Massachusetts

## Rural Flex Quick Facts

MA Rural Hospital Flex Program/Coordinator resides within State Government, specifically:

Within MA State Office of Rural Health (SORH)

Which is Within the Division of Community Health Planning and Engagement (CHPE)

Which is Within the Bureau of Community Health and Prevention (BCHAP)

Which is Within the Massachusetts Department of Public Health (MA DPH)

# Advancing Equity: Massachusetts

# Rural Flex Quick Facts

MA Rural Hospital Flex Program/Coordinator:

-Coordinate Flex/SHIP programs

-Contribute to Establishing & Sustaining Statewide Rural Networks/Infrastructure – "Pathways of Trust"

-Promote and Support Rural Models of Care

& Rural-Sensitive Measures of Care

-Develop and Sustain Rural Collaborative Partnerships

-Provide Rural Expertise, Advocacy, Representation

-Promote and Support Rural Hospital Health Equity, Access, Community Engagement, Capacity Building

# Massachusetts Environment

## Health Equity Landscape

# Advancing Equity: Massachusetts

# Health Equity Landscape

## Massachusetts Health Equity Landscape:

In addition to CMS & Joint Commission Health Equity Guidelines,

**MassHealth (Medicaid) 1115 Waiver** –
Calendar Years 2023-2028

This is a 5- year ***Hospital Quality and Equity Initiative Program (HQEIP)***, the first of its kind nationally

**Key Goals:**

**Improve Quality of Care** & Health Equity w/
focus on initiatives addressing health-related social needs & health disparities demonstrated by variation in quality performance

**Embed Health Equity at Point of Care**, Improve Patient Experience & **Reduce Persistent Disparities**

Advancing Equity: Massachusetts

Health Equity Landscape

# Massachusetts Health Equity Landscape:

**MassHealth (Medicaid) 1115 Waiver** - ***Hospital Quality and Equity Initiative Program (HQEIP):***

**Key Focus Areas:**

**Data:** Gather Complete Beneficiary-Reported Demographic and Health-Related Social Needs Data

**Identifying & Intervening re: Disparities**: Screen Patients for Health-Related Social Needs, Analyze Root Causes & Intercede to Reduce Disparities in Access, Outcomes

**Improve Access:** Especially for Patients with Disabilities, Language Needs

**Building Organizational Capacity re: Health Equity:** Including Collaborating with Health Systems and Community Partners

# Advancing Equity: Massachusetts

# Health Equity Landscape

## Massachusetts Health Equity Landscape:

**MassHealth (Medicaid) 1115 Waiver** - ***Hospital Quality and Equity Initiative Program (HQEIP):***

**Key Funding Notes:**

>$2.2 billion of health equity incentive funding is available for hospitals statewide to earn over 5 years

Half of the $350 million statewide annual funding is provided by hospitals themselves, through a new hospital assessment

Each year an increasing portion of hospital funding is at risk based on statewide performance on selected health equity measures – based on each individual hospital's performance – 5%, 10%, 15%, 25%


- In January 2024, MHA released a report that outlines the year-one progress of the Hospital Quality and Equity Incentive Program.

- Key Priorities Outlined in the Report:
  - Comprehensive data collection to better identify care disparities.
  - Screening for the supports patients may need in their everyday life.
  - Improving access for patients with disability and/or translation needs.
  - Building new partnerships across the care continuum.

# What Will Hospitals Do In 2024?

- Collecting key demographic data (race, ethnicity) from patients during hospital registration & in clinical settings

- Perform HRSN screening in inpatient settings

- Report percentage of discharges in which interpreter services were provided vs. those identified for interpreter needs

- Complete a language access self-assessment survey

- Roll out a performance improvement project in partnership with their MassHealth ACO partners and develop a second performance improvement project

# What Will Hospitals Do In 2024? (cont.)

- Initiate new staff training programs for improving disability competencies

- Stratify clinical quality measures based on race & ethnicity

- Submit patient experience survey data on communication, courtesy, & respect

- Begin preparations to meet TJC's health equity certification standards in 2025, including conducting self-evaluations of how hospitals and systems currently meet the various requirements

# Massachusetts Strategy

Rural Hospital Health Equity Affinity Group

Advancing Equity: Massachusetts Strategy

Rural Hospital Health Equity Affinity Group - What?

# What's a Rural Hospital Health Equity Affinity Group?

- Consistent, ongoing, monthly meeting space to explore topics of priority need and interest
- More flexible, reactive and *co-created* in real time than a network – as in create map while flying
- Flex & Partners plan each meeting in the same month as it occurs, building off of what's been said/identified in previous meeting(s) vs. setting agenda for the year
- Facilitated by our QIN-QIO, Healthcentric Advisors – who have depth and breadth of expertise, resources, understanding of hospitals' clinical and operational challenges

Advancing Equity: Massachusetts Strategy

Rural Hospital Health Equity Affinity Group -Why?

# Why a Rural Hospital Health Equity Affinity Group?

- Small hospitals want to improve but are intimidated by scope of statewide and national efforts
- Builds ongoing culture of trust and learning – "Change Happens at the Speed of Trust"
- Allows identification of group shared needs, goals, standards, timeframes, benchmarks
- Allows identification of and advocacy for additional resources, expertise and/or commitments needed, to achieve measurable and timely success

Advancing Equity: Massachusetts Strategy

Rural Hospital Health Equity Affinity Group -How?

# How to Create a Rural Hospital Health Equity Affinity Group ?

- Meet with/Build relationships with partners – QIO, Hospital Association, proxy for MA Medicaid, additional experts
- Lay Groundwork for Launch with National QIO experts and Promote over 2-3 months
- Empower participants with one-on-one meetings, informal peer-sharing encouragement
- Use CMS Health Equity Organizational Assessments (HEOA) to help track progress
- Provide limited funding per CAH for capacity-building & special projects related to health equity – ex:
  - Maternal health ED simulation training including hemorrhaging, hypertension
  - Trauma-informed care training in ED
  - Consulting/training on building health equity dashboard

# What We've Accomplished so far includes:

Advancing Equity: Massachusetts Strategy

Rural Hospital Health Equity Affinity Group -Sample Accomplishments

- Supported Hospitals in Creating Health Equity Action Plan
- Provided rural hospitals with homegrown cross-walk of requirements between CMS, Joint Commission and MassHealth
- Provided staff training template for hospitals to customize on key concepts for implementing health equity approaches
- Special focused sessions on Disability, Elders, LGBTQ, Race/Ethnicity, Trauma-Informed Care, Language Needs
- Supported rural Hospitals with Joint Commission Health Equity *Accreditation* – so that all MA acute care hospitals met this deadline in 2023
- Currently working on supporting rural hospitals with Joint Commission Health Equity *Certification* – more advanced – all MA acute care hospitals must meet this by end of 2025

# Lessons Learned: What May be of Interest/Replicable for Other States

Advancing Equity: Massachusetts Strategy

Lessons Learned: What May be of Interest/ Replicable for Other States

# Lessons Learned:

- Strong Partnering with our QIN-QIO and our Hospital Association was Key – took many many meetings with each to navigate our ideal roles, strategies, synergies
- Accreditations/Certifications can be Organizing Tools, Starting Points, Group Efforts
- Identifying and Addressing Barriers to Effective Data Collection is also Key – Many With Poor EMR Systems; Ongoing Advocacy for Resources to Create Necessary Reports and Dashboards

# Lessons Learned: (con't)

Advancing Equity: Massachusetts Strategy

Lessons Learned: What May be of Interest/ Replicable for Other States

- Set Tone/Create Space where it is Safe to be Learning Together – Ok Not to Know All Answers
- Work on Identifying Examples Where Vulnerable Populations are Experiencing Disproportionately Lesser Outcomes
- Challenge Participants to Look at Less Familiar Populations, Even if Concerned About Making Mistakes
- Health Equity Integration is the Ideal
- Health Equity May be Tied to The Future of Funding

# Contact

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