



MDPCP Health Equity Strategy

**Maryland Primary Care Program
Maryland Department of Health**

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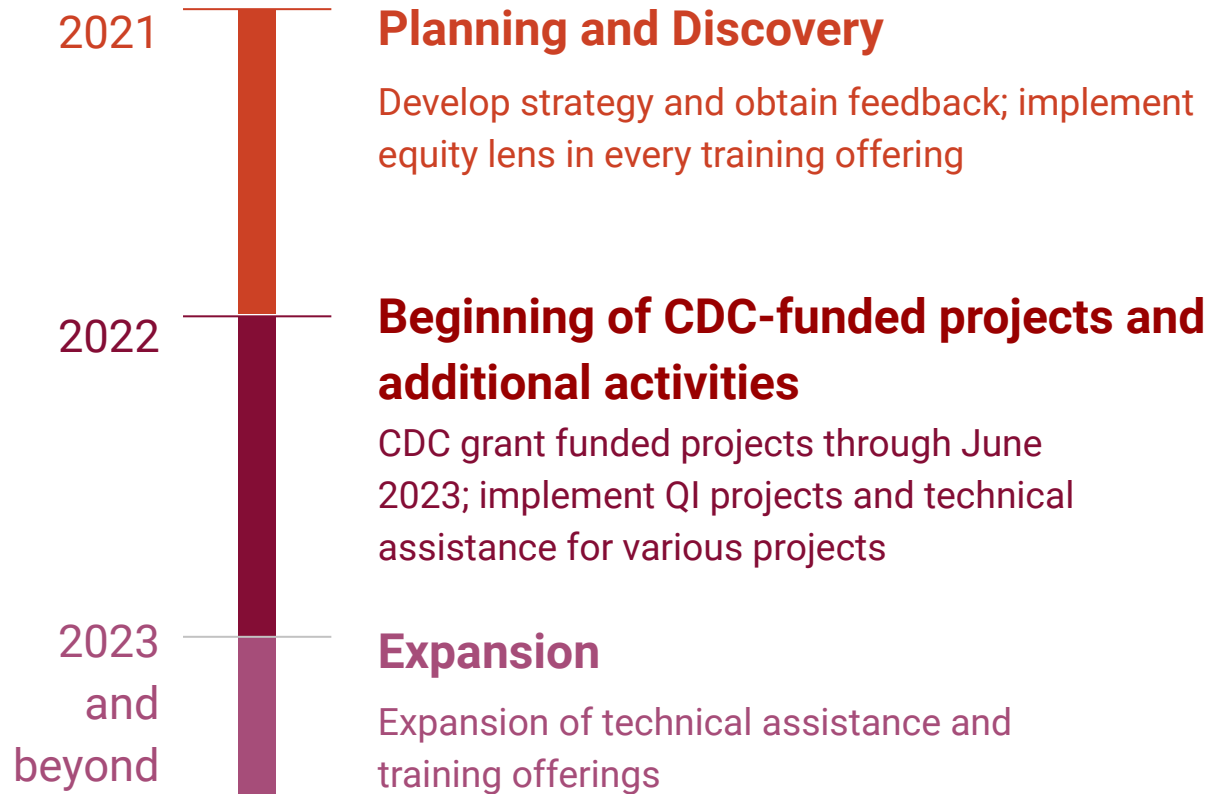
What is health equity?

MDPCP adopts the Robert Wood Johnson Foundation definition of health equity:

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care

For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

Current State of MDPCP Equity Strategies

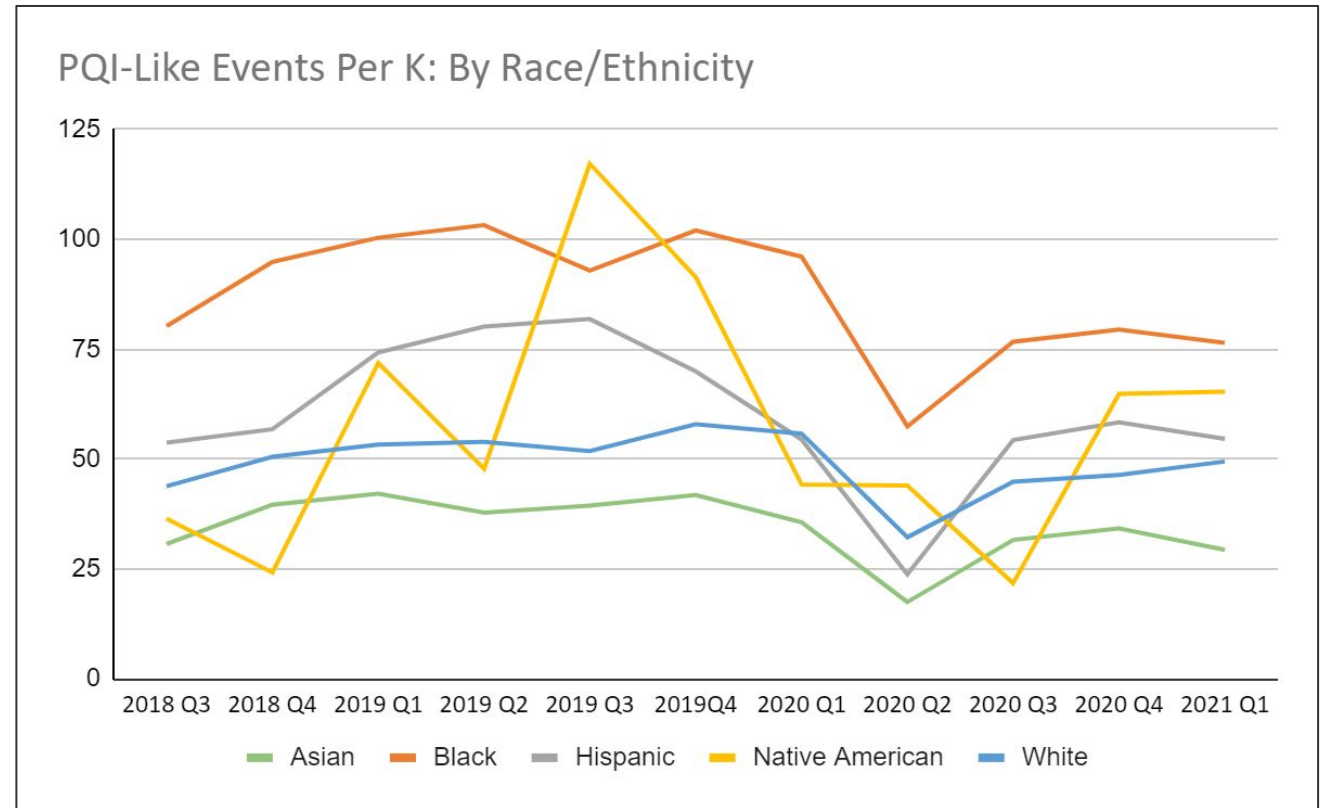


- Most proposed strategies are preliminary and this is the discovery phase
- Next steps: gather feedback on proposed strategies to develop prioritization

MDPCP Health Equity Goals

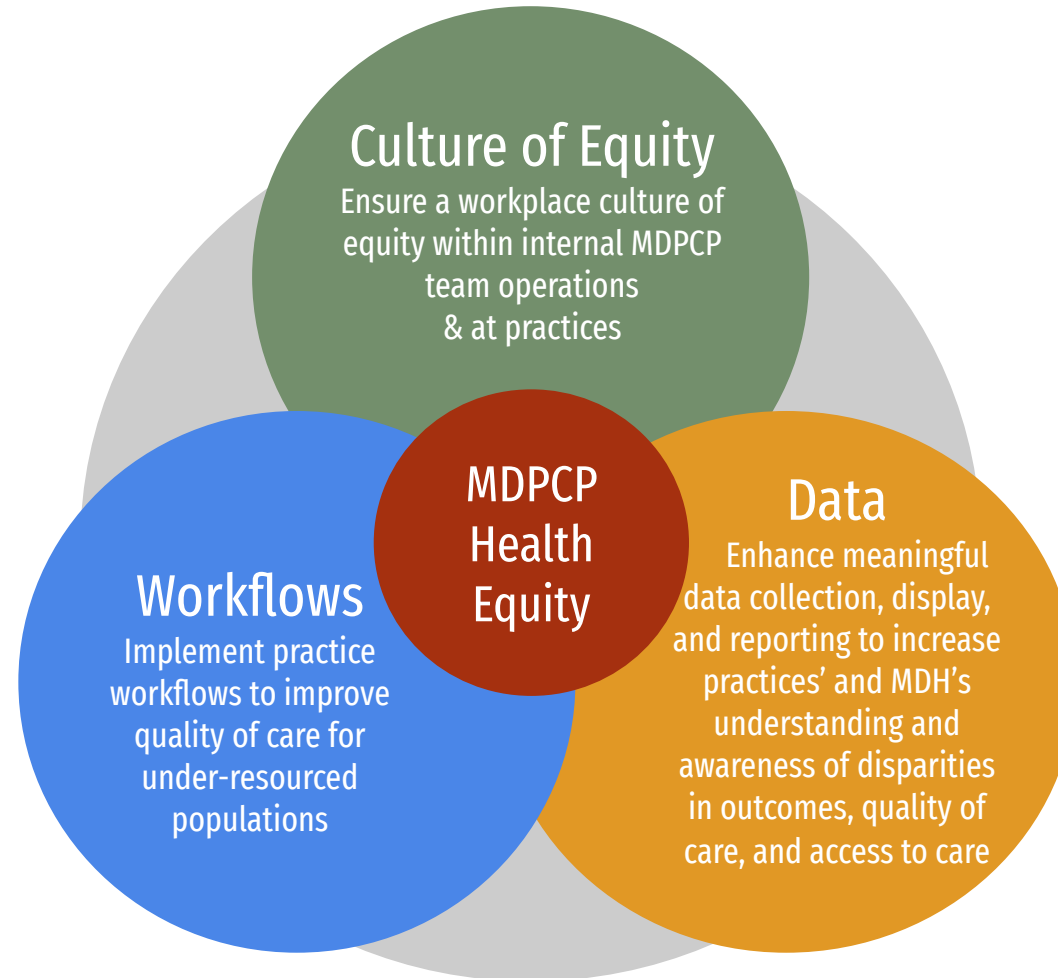
Achieve equitable quality of care, access to services, and health outcomes in MDPCP practices

1. Reduce the gap in PQI-like events per K between racial/ethnic populations, while improving outcomes across all populations
2. Understand and analyze any disparities in PBIP clinical quality measures
3. Distribute Covid vaccine to primary care practices to achieve more equitable vaccine distribution



Source: PMO Dashboard, Q3 2021 attribution

Core Tenets of MDPCP Health Equity Strategy



Culture of Equity

Goal: Ensure a workplace culture of equity within internal MDPCP team operations and at practices

Equity in every training offering

Core MDPCP/equity documents to guide practices

Internal trainings to support a workplace culture of equity

Encourage practices to adopt provider/staff training on cultural competency, implicit bias, etc.

Equity-based performance measure

Workflows

Goal: Implement practice workflows to improve quality of care for under-resourced populations

Provide support for practices to serve patients with limited health literacy

Breakdown current care management intervention data

Social needs screening best practices technical assistance

Provide support for practices to develop a language access plan

Integrate Community Health Workers into the MDPCP model

Develop social support resource directory

Data

Goal: Enhance meaningful data collection, display, and reporting to increase practices' and MDH's understanding and awareness of disparities in outcomes, quality of care, and access to care.

Stratified reports in CRISP Reporting Services

Data usage and stewardship best practices support

Quality Data Extraction and Disaggregation

Self-reported demographic data collection best practices support

Discussion

1. What projects will be most beneficial for MDPCP to invest resources in?
2. What is missing?
3. How have other advanced primary care models and practices approached health equity?
 - a. What can we learn from other initiatives to reduce disparities at the primary care level?
4. What groups can MDPCP partner with for these initiatives?

Reference Slides

Culture of Equity

Goal: Ensure a workplace culture of equity within internal MDPCP team operations and at practices

	Equity in every training offering	Core MDPCP/equity documents to guide practices
Overview	MDPCP offers a robust learning system. We can ensure an equity lens is a part of every training put out by MDPCP	Develop a core set of materials for MDPCP equity work including: defining health equity in MDPCP, core equity principles in MDPCP Work with CMS to implement equity focus in CMS documents.
Purpose	<ul style="list-style-type: none"> • Communicate to practices that health equity is a core focus of MDPCP • Demonstrate how health disparities affect all areas of MDPCP work 	<ul style="list-style-type: none"> • Come to a common understanding of health equity and equity goals with MDPCP practices

2021, ongoing

2021, ongoing

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Culture of Equity

Goal: Ensure a workplace culture of equity within internal MDPCP team operations and at practices

	2022	2022	Future
Internal trainings to support a workplace culture of equity	Encourage practices to adopt provider/staff training on cultural competency, implicit bias, etc.	Equity-based performance measure	
Overview	Internal trainings on equitable workplaces can support transforming MDPCP's workplace culture	Being culturally competent and aware of implicit bias is important for providers serving diverse populations. MDPCP can recommend existing trainings or institute a custom curriculum	Ultimately, the primary way to communicate priorities is through ties to funding. MDPCP can recommend to CMS an equity-based performance measure for the PBIP that incentivizes practices to work to reduce disparities.
Purpose	<ul style="list-style-type: none"> • Incorporate principles of equitable workplace culture into MDPCP team • Be a model for practices (e.g. 100% of PMO staff trained in cultural competency) 	<ul style="list-style-type: none"> • Ensure providers are practicing cultural competence/humility in their patient care 	<ul style="list-style-type: none"> • Incentivize practices to have a financial stake in reducing disparities in health outcomes

Workflows

Goal: Implement practice workflows to improve quality of care for under-resourced populations

	Provide support for practices to serve patients with limited health literacy	Breakdown current care management intervention data	*Social needs screening best practices technical assistance
Overview	About 1/3 adults have limited health literacy, and practice communications may only be accessible to those that have high health literacy or education levels. Supporting practices in creating accessible materials and oral communication will help serve this population.	Care management is one of the core MDPCP interventions, however it is not known which patients most receive this support. Breaking down who receives care management will bring to light any disparities in access to care, leading towards more equitable solutions.	Screening for social needs is an MDPCP Track 2 requirement, however not all MDPCP practices use best practice screening workflows. Create a playbook for implementing best practice social needs screening workflows and EMR documentation
Purpose	<ul style="list-style-type: none"> ● Ensure that written and oral communication to patients is understandable and accessible to patients with limited health literacy 	<ul style="list-style-type: none"> ● Understand any disparities in access to care management ● If disparities exist, support practices in building a more equitable care management strategy and coming up with strategies to reach more patients 	<ul style="list-style-type: none"> ● Implement best practice social needs screening workflows in all MDPCP practices for all patients

Workflows

Goal: Implement practice workflows to improve quality of care for under-resourced populations

	Provide support for practices to develop a language access plan	Integrate CHWs into the MDPCP model	*Develop social support resource directory
Overview	A language access plan is a plan that lays out how a site will provide services for people with limited English proficiency. Creating a language access plan will ensure practices provide quality care for this population.	CHW programs are often implemented as best practice for reducing health disparities and include direct community engagement. This project would create a playbook of best practices for practices to meaningfully incorporate CHWs into the practice care team.	This project would support the creation of a robust and meaningful online resource directory for community-based organizations that can help support patients' social needs.
Purpose	<ul style="list-style-type: none"> • Ensure all practice services are provided to people with limited English proficiency 	<ul style="list-style-type: none"> • Improve health outcomes in targeted communities through strategic deployment of CHWs and integration of CHWs into MDPCP care teams • Understand how CHWs are used in MDPCP practices today 	<ul style="list-style-type: none"> • Create a state source of information for referral organizations to help address patients' social needs

Data

Goal: Enhance meaningful data collection, display, and reporting to increase practices' and MDH's understanding and awareness of disparities in outcomes, quality of care, and access to care.

	2021	2022
Overview	<p>Stratified reports in CRS</p> <p>Display common MDPCP claims metrics (PQI-like events, utilization, PMPM) broken down by demographic groups in the CRS reporting suite.</p>	<p>Data usage and stewardship best practices support</p> <p>When disaggregating metrics, it is important to understand what is signal and what is noise, as well as understand how to interpret and make best use of data.</p>
Purpose	<ul style="list-style-type: none">• Allow practices to understand disparities in common MDPCP claims measures for continued exploration and intervention	<ul style="list-style-type: none">• Support practices in knowing how to interpret data, identify disparities, and know where to start and where to focus

2021

2022

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Data

Goal: Enhance meaningful data collection, display, and reporting to increase practices' and MDH's understanding and awareness of disparities in outcomes, quality of care, and access to care.

	<p>*Quality Data Extraction and Disaggregation</p>	<p>Self-reported demographic data collection best practices support</p>
Overview	<p>Implement a platform for statewide ambulatory quality data extraction, with particular focus on patient-level demographic data breakdowns</p>	<p>Support best practices for:</p> <ol style="list-style-type: none"> 1. having race, ethnicity, language, gender identity, sexual orientation, etc. preference conversations with patients 2. discrete demographic data element collection in the EMR
Purpose	<ul style="list-style-type: none"> • Understand disparities in clinical quality outcomes at the practice, regional, and state levels 	<ul style="list-style-type: none"> • Improve data quality for future meaningful report breakdown (garbage in, garbage out) • Improve practices' ability to hold and document conversations with patients about self-reported demographic information

2022 - 2023

2022

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