



WSHA Health Equity Measures and Data Analytics Workgroup Charter

Last updated: July 18, 2023

<p>Purpose</p>	<p>Identify or design measures to inform health equity and disparities reduction action plans.</p>
<p>Problem Statement</p>	<p>The workgroup has identified four interrelated problems to address:</p> <ol style="list-style-type: none"> 1. To accurately inform data-driven action planning, the completeness of patient self-reported sociodemographic data needs to be improved. 2. Hospitals need guidance in selecting clinical quality measures and designing accompanying metrics to track progress towards reducing health disparities. 3. While health disparities action planning is underway in some form within hospitals, there is a need for examples of health disparities action plans demonstrating meaningful data review, inclusion of patient voice, intervention design and evaluation planning. 4. Hospitals need peer support to innovatively develop and refine health equity dashboards.
<p>Goal*</p> <p>*Target will be set after baseline data is reviewed</p>	<p>By Dec 2024:</p> <ul style="list-style-type: none"> • Demographic data collection will improve by X% (reduce “unknowns”) from baseline* • Formulate recommendations for clinical measures to use in health disparities action planning (will begin by identifying 2-3 clinical areas as case examples) • All workgroup hospitals will have draft disparities action plans • Each workgroup hospital will lead a dashboard “show and tell” session <p>In scope: Providing education, recommending tools and workflows, sharing data between hospitals (CQIP), engaging state and community partners, informing measure design, development of best practices</p> <p>Out of scope: Mandates, fees, competing based on quality performance, sanctions</p>

<p>Aim/Milestones*</p> <p>*Strategic planning will take place through 2023 to refine the milestones and develop workplans</p>	<ul style="list-style-type: none"> • Set quality improvement targets for demographic data (begin by reviewing baseline data Aug 15th) • Launch demographic data dashboard on WSHA DASH platform • Develop education for staff on the “why” behind collecting sociodemographic data. Support resource population of WSHA website. • Define what constitutes as an action plan, what should be included; build off of MQI disparities action planning measure; ideas for actions specific to hospitals; require specific measures and goals • Identify and discuss case examples of clinical measures for stratification and action planning • Identify best practices for engaging clinical teams with equity data for process improvement • Develop process/recommendations for involving community in disparities action planning and engaging in co-designing solutions • Critically review EHR language for bias or discriminating language and collaboratively suggest language standards to EHR vendors
<p>Measures/Outcomes</p>	<ol style="list-style-type: none"> 1. Percent “unknown” for each demographic (race, ethnicity, language, disability, sexual orientation, gender identity) 2. Disparity gap for identified clinical areas of focus (maternal morbidity and mortality, etc) 3. Count of complete action plans 4. Count of dashboard “show and tell” presentations
<p>Logistics</p>	<p>This workgroup will meet every other month for one hour Decisions will be made through consensus during live meetings WSHA will be the primary convener, will take notes, set agenda and track progress</p>
<p>Workgroup Composition*</p> <p>*As of July, 2023</p>	<p>Hospital participants: Confluence, EvergreenHealth, Fred Hutch Cancer Center, Jefferson Healthcare, Kadlec, MultiCare System, MultiCare Yakima Memorial, Newport Hospital, Overlake, PeaceHealth, Providence, Swedish, UW Medicine, UW Valley Medical Center</p>

Questions or for more information contact: Abigailb@wsa.org