



Health Equity Quickinar Series Session 8

Analysis and Stratification of Health Equity Data

OBJECTIVES

- Discuss the role of the HSAG HQIC data dashboard in stratifying disparities in health outcomes.
- Identify how hospitals can use internal data to stratify disparities in health outcomes.
- Review the importance of transparency of identified disparities throughout the hospital.

Data Stratification

- Data stratification can be defined as “the process of partitioning data into distinct or nonoverlapping groups.”
 - Allows for identification of potential relationships between variables and outcomes.
 - Stratified analysis can also be used to identify confounding variables.

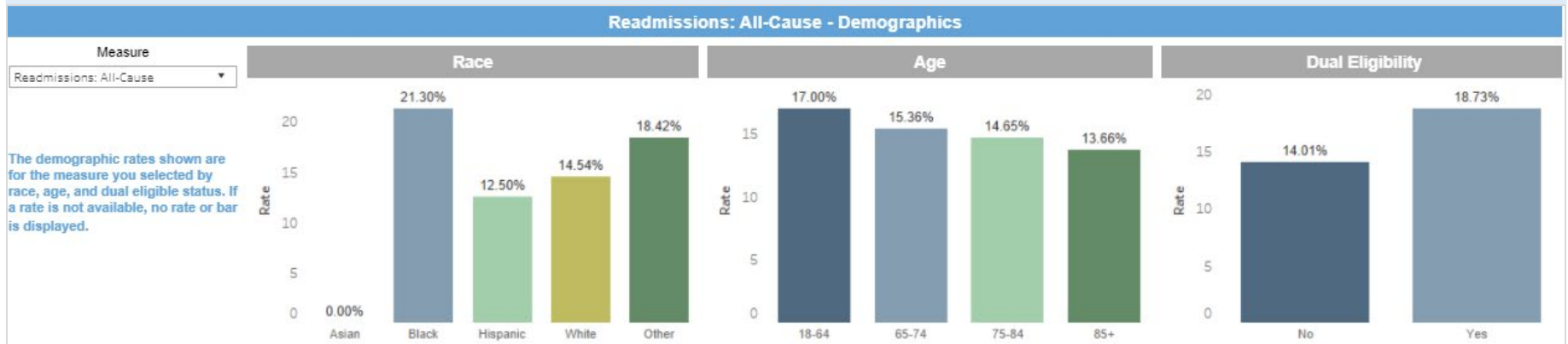
Data Stratification (cont.)

- Hospital quality data can be stratified by multiple groups:
 - Race/ethnicity
 - Dual-eligibility status
 - Area Deprivation Index (ADI) census block group
 - Gender
 - Age
- Stratified outcomes data can be used to identify trends and potential disparities.



HSAG HQIC Performance Dashboard

- Stratifies outcome metrics by demographic and geographic categories:
 - Race/ethnicity
 - Age
 - Dual-eligibility (proxy measure for social determinants of health [SDOH])
- Allows facilities to identify potential health disparities in their outcomes.



HSAG HQIC Dashboard Limitations

- It only contains Medicare Fee-For-Service data.
 - Disparities may be missed without all-payer data.
 - Does not allow for age comparisons, applicable to hospital general patient population.
- Demographic data only contain the most recent year of data.
 - It does not allow for comparison and tracking of progress over time.
- It does not contain patient-level data.
 - Cannot identify patients who are in multiple categories.

HSAG HQIC ADI Patient Stratification: Analyze Deprivation Level In Your Patient Population

| Stat | CCN | Hospital Name | Total Beneficiaries | Numerator: Beneficiaries Fall in the ADI Bucket Denominator: Beneficiaries with ADI National Ranking Assigned | | | | | | | | | | Beneficiaries with ADI National Ranking Not Available | Numerator: Beneficiaries with Specific Reason that ADI is Not Available Denominator: Beneficiaries with ADI National Ranking Not Available | | | | | | | | |
|------|--------|---------------|---------------------|--|-------|----------------------|-------|----------------------|-------|----------------------|-------|---------------------|-------|---|---|-----|--|----|---|----|-------|----|-------|
| | | | | ADI Ranking: 85 + | | ADI Ranking: 76 - 84 | | ADI Ranking: 51 - 75 | | ADI Ranking: 26 - 50 | | ADI Ranking: 0 - 25 | | | ADI Ranking is Suppressed in the Crosswalk | | Beneficiary's 9-Digit ZIP Code is Not Available in BIC | | Beneficiary's 9-Digit ZIP Code Cannot be Found in the ADI Crosswalk | | | | |
| | | | | N | % | N | % | N | % | N | % | N | % | | N | % | N | % | N | % | N | % | |
| SC | 100001 | Hospital A | 1,597 | 1,534 | 96.1% | 823 | 53.7% | 320 | 20.9% | 298 | 19.4% | 80 | 5.2% | 13 | 0.8% | 63 | 3.9% | 27 | 42.9% | 34 | 54.0% | 2 | 3.2% |
| SC | 100002 | Hospital B | 2,603 | 2,469 | 94.9% | 915 | 37.1% | 452 | 18.3% | 749 | 30.3% | 342 | 13.9% | 11 | 0.4% | 134 | 5.1% | 46 | 34.3% | 78 | 58.2% | 10 | 7.5% |
| SC | 100003 | Hospital C | 200 | 192 | 96.0% | 148 | 77.1% | 25 | 13.0% | 9 | 4.7% | 9 | 4.7% | 1 | 0.5% | 8 | 4.0% | 2 | 25.0% | 5 | 62.5% | 1 | 12.5% |

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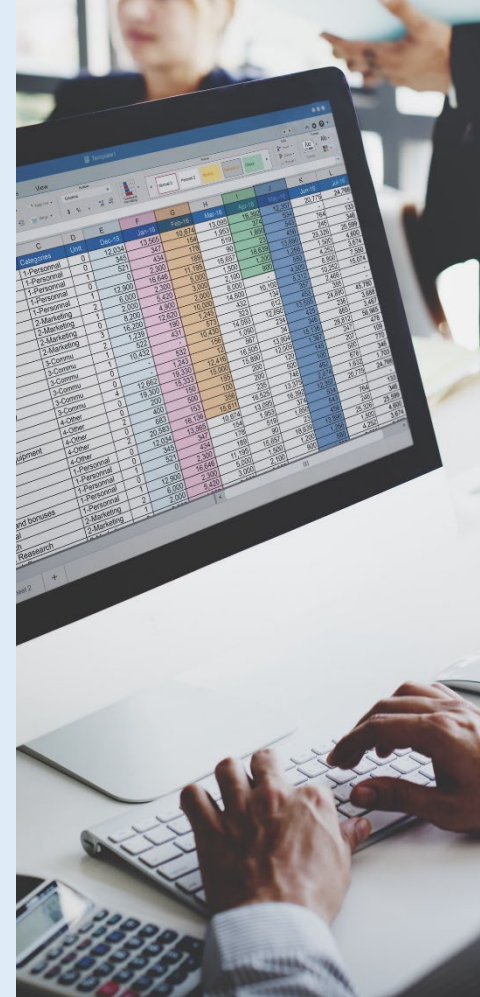
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|--|-------|----------------------|-------|----------------------|-------|----------------------|-------|---------------------|------|
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Stratification of Hospital Data

- Select outcomes/quality measures to look at.
 - Outcomes could be selected for multiple reasons:
 - Literature has identified disparities.
 - To assess an ongoing/completed project.
 - Hospital has seen trends in its data that it wants to investigate further.
 - Can be a good idea to keep tabs on all measures regularly.
- Select which category to stratify by and separate data out into these groups.
 - Can be helpful to use charts, graphs, and other visuals to display the stratified data.

Stratification of Hospital Data (cont.)

- Be careful in how you interpret your stratified data.
 - Differences do not always mean disparities.
 - Confounding variables can impact the outcomes.
 - Small numerators or denominators can skew results.
- Further analysis may be necessary to identify true disparities.
 - Regression analysis can identify relationships between variables while accounting for confounding variables.



Uses of Stratified Data

- Hospitals can use stratified data to identify where the greatest disparities exist.
 - Can be used to prioritize areas for improvement.
- Stratified data can be shared with stakeholders, such as leadership, providers, and community partners.
- Hospitals can use data to better understand their patient population.
 - Can be compared against community demographic data.

The Centers for Medicare & Medicaid Services (CMS). Building an Organizational Response to Health Disparities. Available at www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Guide.pdf.

Hospitals in Pursuit of Excellence. Reducing Health Care Disparities: Collection and Use of Race, Ethnicity and Language Data. Available at www.hpoe.org/Reports-HPOE/Equity_Care_Report_August2013.PDF.

Organizational Transparency



- If hospitals identify disparities, they should be transparent at all applicable organizational levels.
 - Hospitals should implement interventions to address each disparity.
 - Transparency allows for staff buy-in and understanding of why these interventions are occurring.
- Can be an opportunity to identify potential higher-level issues.

Organizational Transparency (cont.)

- Transparency helps facilitate a culture of equity.
 - Improves capacity to address identified disparities.
 - Could provide opportunities for staff education.
- Transparency allows for engagement of necessary stakeholders.
 - Community partnerships may be needed to address identified disparities.
 - Necessary hospital stakeholders also should be engaged.

Key Concepts

- Hospital data can be stratified into discrete groups to allow for identification of disparities.
- HSAG HQIC provides stratification of quality measures in its Performance Dashboard.
- Hospitals should use stratified data to identify disparities and implement interventions.
- Transparency—when a disparity is identified—allows for effective interventions and supports a culture of equity.



Join Us for the Entire Series

Recordings, slides, and resource links will be posted for on-demand access after every session.

- 1. Health Equity, Hospitals, and CMS Reporting ▼
- 2. Engaging Leadership in Health Equity ▼
- 3. Health Equity as a Strategic Priority ▼
- 4. Collection and Validating REaL Data ▼
- 5. Social Determinants and Social Drivers of Health ▼
- 6. Screening for Social Drivers ▼
- 7. Culturally Competent Data Training ▼
- 8. Analysis and Stratification of Health Equity Data ▼
- 9. Health Equity Interventions ▼
- 10. Best Practices in Health Equity Interventions ▼
- 11. Community Paramedicine ▼
- 12. Identifying Community Health Disparities ▼
- 13. Community Engagement—Health Equity ▼

9. Health Equity Interventions ▲

9. Interventions to Address Disparities in Health Equity

Thursday, May 11, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT

Objectives:

- Discuss how to design interventions to address disparities in health outcomes.
- Review HSAG HQIC tools and resources to assist in identifying interventions to address health disparities.
- Identify the importance of the patient and family advisory council (PFAC) in health equity interventions.



Thank you!

hospitalquality@hsag.com

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