MY2021 Health Disparities Reduction PIP Part C

DRIVERS OF HEALTH – DATA COLLECTION AND SHARING INFORMATION

HMO and Partner Clinic Self-Assessment Workbook

1. **INTRODUCTION SELF-ASSESSMENT**

*What organization is submitting this self-assessment?*

Click or tap here to enter text.

*Please identify whom from your organization should be involved in this process, including their role and any interface they may have with members.*

Click or tap here to enter text.

*Please list below the information for the main point of contact regarding this toolkit and self-assessment:*

Click or tap here to enter text.



**Read Section II of the Toolkit before continuing in the workbook.**

# **DRIVERS OF HEALTH DOMAINS SELF-ASSESSMENT**

*In general, what policies and practices do you have in place related to DoH (this can be high level as other sections in this document will allow for more details). If your organization would like to share copies of policies or workflows related to this work or to help explain this work, please feel free to embed those documents in response to this question.*

Click or tap here to enter text.

*Please select which domains and demographics your organization currently screens for with some or all of your members:*

Food

Housing

Utilities

Financial Resources

Transportation

Exposure to Violence

Demographic Information

Childcare

Education

Employment

Health Behaviors

Social Isolation & Supports

Behavioral/Mental Health

Ethnicity

Race

Disability status

Gender

Age

Language

Other (please explain):

Click or tap here to enter text.

*Please describe why you decided, or decided not to, screen for any of the above domains and demographics:*

Click or tap here to enter text.

*What are your lingering questions or next steps with screening patients for social needs?*

Click or tap here to enter text.

*Describe why your organization is an important partner in the larger ecosystem of addressing health disparities and achieving health equity:*

Click or tap here to enter text.

*Please state any mission statements your organization has in place regarding health equity. If none currently exists, write out a draft mission statement that you think would help drive disparities reduction work internally.*

Click or tap here to enter text.



**Read Section III of the Toolkit before continuing in the workbook.**

# **SCREENING TOOLS SELF-ASSESSMENT**

*Is there a specific screening tool your organization uses to collect DoH information?*

Click or tap here to enter text.

*If yes: Was the tool internally or externally developed? If the tool was externally developed, which tool is it? If the tool was internally developed, what was the process for developing it?*

Click or tap here to enter text.

*If no: Are there questions, perhaps not an entire tool, used to collect DoH information?*

Click or tap here to enter text.

*Depending on what information you collect, please fill out the following table with questions associated with each DoH domain and the source (i.e. PRAPARE, Arlington, Medicare Total Health Assessment, Health Leads, etc.) of the question. If the question was developed internally, please write “internal” in the Source column.*

|  |  |  |
| --- | --- | --- |
| **DoH Domain** | **Question(s)** | **Source(s)** |
| Food |  |  |
| Housing |  |  |
| Financial Resources |  |  |
| Transportation |  |  |
| Safety |  |  |
| Education |  |  |
| Employment |  |  |
| Health Behaviors |  |  |
| Social Supports |  |  |
| Behavioral/Mental Health |  |  |
| Other (please explain) |  |  |
| [add rows as needed] |  |  |
| Demographic | Question(s) | Source(s) |
| Ethnicity |  |  |
| Race |  |  |
| Disability status |  |  |
| Gender |  |  |
| Age |  |  |
| Language(s) Spoken |  |  |
| Other (please explain) |  |  |
| [add rows as needed] |  |  |

*Do you gather DoH information from other sources (i.e. enrollment reports, Electronic Health Records, z codes, care plans, etc.) and if so, please list those sources and the specific DoH information associated with each.*

Click or tap here to enter text.

*Are there any social risk factors you would like to capture through screening that your organization is not currently screening for? Please explain.*

Click or tap here to enter text.

*Please review SIREN’s* [*Social Needs Screening Tool Table*](https://sirenetwork.ucsf.edu/SocialNeedsScreeningToolComparisonTable)*. Based on your review, are there any tools your organization is particularly interested in and why?*

Click or tap here to enter text.

*What are network or affiliated providers – such as health systems, hospitals, clinics, FQHCs, etc. – currently doing in this space? Are you aware of any that are screening for DoH? If so, what types of tools or questions are they asking? How is that social need data and/or any referrals made by providers shared with the HMO?*

Click or tap here to enter text.

*Do you currently share any information as it relates to social risk factors with other external entities? If so, please explain.*

Click or tap here to enter text.

*Do you provide any guidance to providers regarding z code utilization? If so, please explain.*

Click or tap here to enter text.



**Read Section IV of the Toolkit before continuing in the workbook.**

# **SCREENING TOOL BEST PRACTICES SELF-ASSESSMENT**

*Please select the check boxes if your questions/tools meet the following criteria:*

Validated tools or measures

Written at a 5th-6th grade reading level to be accessible for low literacy populations

Focus on prevalence of need separately from interest in program enrollment

* Prevalence Example: In the last 12 months, did you ever eat less than you felt you should because there was not enough money for food?
* Interest in Program Enrollment Example: Would you like help getting healthy food for you or your family?

Designed to open a conversation with your target population

*Which populations do you target when screening for DoH?*

Click or tap here to enter text.

*Do you use the same screening tool/questions across populations? If not, describe the population-specific differences in your tool/questions.*

Click or tap here to enter text.

*Are there populations you would like to start screening for social risk factors? Please explain.*



**Read Section V of the Toolkit before continuing in the workbook.**

Click or tap here to enter text.

# **SCREENING PROCESS SELF-ASSESSMENT**

## *Please select the check boxes if your process meets the following:*

## Identify staff responsible for administering the screening (e.g., care coordinator, community health workers)

## *If applicable, please describe all staff whom may be involved in screening*: Click or tap here to enter text.

*For the staff involved above, was there a particular rationale in selecting that staff?* Click or tap here to enter text.

Clarify workflow for administering screens, capturing screening data and connecting patients to initiatives if they want assistance

Provide staff training on social need workflows, responsibilities, and best practices (i.e. trauma informed care) for engaging members

Analyze data on your screening, including the number of members who received the screening; how many screened positive (i.e., have at least one social need); how many enrolled in your initiative; and the overall prevalence of different types of social needs

*Please examine the considerations below. For each consideration, describe how this applies to your current organization process (if applicable) and/or how you may improve this in the future. Include any relevant information as to how these decisions were made/will be made:*

|  |  |  |
| --- | --- | --- |
| **Consideration** | **Current State** | **Future State** |
| Justification for whom to screen |  |  |
| Selecting staff responsible for screening |  |  |
| Training for staff conducting the screening |  |  |
| How staff administering the screening are kept updated on community resources for referrals |  |  |
| Where the screening occurs |  |  |
| If the screen should be conducted for individuals or for families |  |  |
| Frequency of screening |  |  |
| Stand-alone screening |  |  |
| Document, aggregate, and analyze screening results |  |  |
| \*Type N/A if not applicable | | |

*When would an initial screening typically occur and is there a schedule for re-screening? What may trigger a re-screen if there is not a specific schedule?*

Click or tap here to enter text.

*Review the following guiding principles adapted from the American Hospital Association for staff administering DoH screening:*

* **Empathy**. The ability to understand and share the feelings of another.
* **Respect**. Regard for the feelings, wishes, rights or traditions of others.
* **Autonomy**. The right of members to make independent decisions about their care.
* **Trust**. The reassuring feeling of confidence in the staff conducting the screen.
* **Dignity**. Sense of self-respect.
* **Collaboration**. Working with someone to create an outcome.
* **Support**. The act of helping or assisting someone.
* **Sensitivity**. An appreciation of others’ feelings.
* **Cultural Competence.** Being respectful and responsive to the health beliefs and practices of diverse population groups.
* **Community-engaged.** The process of working collaboratively with community groups and members to address issues that impact the well-being of those groups.

*Based on the principles above, please describe how your organization is incorporating all or some and where there is room for improvement. Include any processes to collect qualitative or quantitative feedback from members on implementation of these principles.*

Click or tap here to enter text.

*What Equity + Inclusion framework have you embraced to ensure your team is treating those you serve with respect and dignity in regard to their identity and culture?*

Participatory Action Research

Community-based Participatory Research

Cultural Humility

Critical Reflexivity

Anti-racism Praxis

Social Ecological Model

Beloved Community

Human Rights Framework

None, but are exploring options

None

Other (please explain): Click or tap here to enter text.

*What committees or workgroups have you established within your organization to ensure you are on track to achieve Equity + Inclusion amongst your team and with those you serve? Are any outside stakeholders involved or consulted?*

Click or tap here to enter text.

*Does your organization solicit feedback regarding preferences of the people you are serving to ensure they are experiencing being treated with dignity and respect?*

Click or tap here to enter text.



**Read Section VI of the Toolkit before continuing in the workbook.**

# **COMMUNITY BASED ORGANIZATION PARTNERSHIPS SELF-ASSESSMENT**

*Assess how your organization currently can address social risk factors and needs within each of the DoH domains or if it would be more appropriate/feasible to refer a member to community resources. Fill out the table below, checking if your organization, CBO, or both are currently mobilized to address needs and provide a brief description of how.*

|  |  |  |  |
| --- | --- | --- | --- |
| DoH Domain | Org. | CBO | Description |
| Food |  |  |  |
| Housing |  |  |  |
| Financial Resources |  |  |  |
| Transportation |  |  |  |
| Safety |  |  |  |
| Education |  |  |  |
| Employment |  |  |  |
| Health Behaviors |  |  |  |
| Social Supports |  |  |  |
| Behavioral/Mental Health |  |  |  |
| Other (please explain) |  |  |  |
| [add rows as needed] |  |  |  |

*What do you know about the CBOs that serve the same population as your organization? What do you wish you knew?*

Click or tap here to enter text.

*What CBOs are highest priority for establishing or deepening your relationship to best meet the needs of your community?*

Click or tap here to enter text.

*Is there a particular geographic region in your service area that CBO partnerships need to be established? What challenges or barriers might there be?*

Click or tap here to enter text.



**Read Section VII of the Toolkit before continuing in the workbook.**

# **REFERRALS & INTERVENTIONS SELF-ASSESSMENT**

*Does your organization develop and maintain an internal resource information inventory, use an external resource information inventory, or both? Please explain.*

Click or tap here to enter text.

*Where does resource information already exist internally? Where could information on community resources be stored and maintained going forward?*

Click or tap here to enter text.

*How is this information documented in member care plans?*

Click or tap here to enter text.

*Which staff is responsible to find new resource information to start? What internal teams have resource information that you could tap?*

Click or tap here to enter text.

*Who will the community resource inventory be made available to within your organization? How are they informed of new resource additions? How are they trained to navigate the inventory?*

Click or tap here to enter text.

*How will you maintain accurate contact information for the resources in your community?*

Click or tap here to enter text.

*How are referrals made? Is the information given to the member or can referrals be sent to the community organization directly? Please explain the referral process.*

Click or tap here to enter text.

*If given to the member, how is that done (e.g., printed out, emailed or texted to member, other?)*

Click or tap here to enter text.

*How are your members being consented and informed?*

Click or tap here to enter text.

*How are referrals tracked?*

Click or tap here to enter text.

*Do you use a closed-loop referrals system? What processes and protocols are in place to connect people across sectors?*

Click or tap here to enter text.

*How does information about members flow through different systems, if at all?*

Click or tap here to enter text.

*What are the challenges staff and key decision-makers are experiencing?*

Click or tap here to enter text.

*What data is missing for informed decision-making?*

Click or tap here to enter text.

*What interventions does your organization offer to address social risk factors? This may include formal partnerships/contracts, community outreach events, value added services, etc.*

Click or tap here to enter text.



**Read Section VIII of the Toolkit before continuing in the workbook.**

# **DATA ANALYSIS SELF-ASSESSMENT**

*If you currently collect DoH data, either through screening or other sources, do you analyze this data at the aggregate member (i.e. population) level?*

Click or tap here to enter text.

*If not, what are some barriers or challenges to conducting this type of analyses?*

Click or tap here to enter text.

*If yes, how does your HMO use this data?*

Click or tap here to enter text.

*If your organization or providers have the capability to see member needs across systems, what protections do you have in place to mitigate implicit bias being introduced when conducting analysis and when serving members?*

Click or tap here to enter text.

*Do you analyze z code data? If so, please explain.*

Click or tap here to enter text.

*[HMO only]: In 2021, HMOs will receive a risk-adjustment based on z59.0 for “homelessness.” Has your HMO discussed how your provider network is currently coding for this and what questions they are relying on to determine “homelessness?” Have you considered or started any outreach with providers regarding z59.0? Please explain.*

Click or tap here to enter text.

*If you do not collect or analyze DoH data, what other strategies does your organization use to understand your member needs outside of clinical and health needs?*

Click or tap here to enter text.

*Stratifying data is important to identifying health disparities and health inequities, as well as, interventions developed to mitigate them. Please select the box in the second column if your organization currently collects data that allow for data analysis across each equity measure. Indicate whether you currently stratify collected results based on each equity measure and if not any limitations, you have to doing so in the ‘description’ column.*

|  |  |  |  |
| --- | --- | --- | --- |
| Equity measures | Collects data | Stratifies Results | Description |
| Race |  |  |  |
| Ethnicity |  |  |  |
| Age |  |  |  |
| Language |  |  |  |
| Educational Attainment |  |  |  |
| Zip code |  |  |  |
| Marital status |  |  |  |
| Homeownership status |  |  |  |
| Gender |  |  |  |
| Sexual Orientation |  |  |  |
| Disability Status |  |  |  |
| Transportation |  |  |  |
| [add rows as needed] |  |  |  |
| [add rows as needed] |  |  |  |

*Describe in detail the data and data infrastructure you currently have in place to accurately and reliable collect and analyze health outcomes.*

Click or tap here to enter text.

*How do you currently measure and track incidence, prevalence, and mortality of illness and disease among your members or patients?*

Click or tap here to enter text.

*Please describe how you communicate these results with your members/patients (also provide a web link if you share the results online with them) including the interval (quarterly, biannually, annually, etc.) in which you share these results.*

Click or tap here to enter text.

*How do you use the data you collect to identify health disparities and health inequities?*

Click or tap here to enter text.

*Describe the mitigation strategies your organization currently employs when health disparities or health inequities are identified among your members when these disparities are related to known drivers of health.*

Click or tap here to enter text.

*[HMO only]: Describe how your organization uses the data within your BadgerCare Plus and SSI populations to compare or benchmark against any other populations served (e.g. commercial, Medicare, etc.).*

Click or tap here to enter text.



**Read Section IX of the Toolkit before continuing in the workbook.**

# **CHALLENGES & LESSONS LEARNED**

*Reflecting back on this exercise, what are your key takeaways or “aha” moments?*

Click or tap here to enter text.

*What next steps, if any, are you most interested in pursuing?*

Click or tap here to enter text.

*Considering all of the various components to effective screening processes, is there any specific guidance or support you would like DHS to provide?*

Click or tap here to enter text.

*Thinking about other lessons learned and challenges experienced in this space, what do you anticipate as your biggest barriers as you pursue or enhance this type of work?*

Click or tap here to enter text.

# **CONCLUSIONS & NEXT STEPS**

HMOs need to submit two workbooks: One for their HMO and one on behalf of their partner clinic that they will be collaborating with to complete the self-assessment. Both Workbooks are due to DHS by July 15, 2021 and must be sent to the [DHS HMO Contract](mailto:DHSHMOContract@dhs.wisconsin.gov) inbox with the subject line “<HMO> Disparities Reduction PIP Part C Workbook.”

In addition to submitting your HMO workbook and partner clinic’s workbook, HMOs are responsible for managing up partner clinic questions to DHS throughout the process. DHS will review the workbooks and will follow up with HMOs the expectations for the improvement plan due at the end of the year to complete Part C of the Health Disparities Reduction PIP.