



Frequently Asked Questions

NCHA Equity of Care Delivery Resolution & NC Equity of Clinical Care Dashboard

Overview

What are the NCHA Equity of Care Delivery Resolution and NC Equity of Clinical Care Dashboard?

NCHA is undertaking a member-driven, multi-pronged approach to achieve equity of care in clinical settings by working together to tackle the systemic and enduring nature of health inequities in healthcare. NCHA has invited all member hospitals and health systems to commit to these goals by signing the *Equity of Care Delivery Resolution*. The Equity of Care Delivery Resolution provides members an opportunity to publicly commit and collaborate to examine and address disparities in care and outcomes.

The *NC Equity of Clinical Care Dashboard* will display a statewide view of the progress hospitals and health systems are making to improve health equity, on the NCHA website. The Dashboard will motivate healthcare systems to gather valid Race, Ethnicity, and Language (REaL) data, elevating disparities to the level of other care quality measures.

What is the long-term goal?

The Resolution marks the first step of a long-term commitment to close the life-expectancy gap between white and non-white populations in North Carolina. This is not a time-limited program nor initiative. The Resolution launches an enduring effort of NCHA and its members, unfolding in three initial phases: 1) confirming member engagement by collecting Resolution signatures 2) analyzing measures to develop the Dashboard and 3) improving performance to reduce disparities.

Who should sign the Resolution?

NCHA requests that CEOs of hospitals or systems sign the Resolution. CEOs at both the hospital and system level are encouraged to discuss the Resolution with their respective boards to provide awareness and ensure leadership buy-in.

My hospital has existing equity strategies. How is this different?

The aim of the NCHA initiative is to complement and support the existing work of hospitals and health systems to improve health equity. The intent is to further extend impact and accelerate the pace of change across the state by working as a united collective.

Measures

What are the initial measures?

NCHA will track measures in clinical and patient experience categories. In 2022, the Dashboard will track four measures by race; others will be added as the work progresses. Clinical measures include:

- 30-day all-cause, all-payer readmission rate for patients with diabetes
- 30-day all-cause, all-payer readmission rate for patients with heart failure
- Rate of post-partum hemorrhage
- Patient experience survey (HCAHPS) response rate (not yet disaggregated by race)

How were these measures chosen?

NCHA's Equity and Data Policy Committees provided leadership and guidance in the process to identify appropriate measures and will continue to serve in this role as new measures are added. Additionally, clinicians and subject matter experts from member hospitals and health systems continue to be consulted.

The Committees considered several key criteria when selecting these measures:

- Each of the clinical measures has an observed historic health disparity between white and non-white populations.
- High-quality, regularly updated data is readily available.
- NCHA can access statewide data on each of the selected measures through the Patient Data System (PDS) pre-adjudicated claims database. The PDS provides NCHA access to high quality data on a timely basis without the undue burden of data collection for members.

Hospitals and health systems are well-positioned to affect change on readmissions for diabetes and heart failure, and post-partum hemorrhage as part of maternity care. The ability to make changes to improve equity are within their reach. These measures align with efforts hospitals are making to reduce readmissions as part of the CMS Hospital Readmissions Reduction Program (HRRP). Many have done work with the American College of Obstetricians and Gynecologists (ACOG) and the Perinatal Quality Collaborative of North Carolina (PQCNC) to implement bundles to respond to post-partum hemorrhage. It is easy for a broad audience to understand why reducing readmissions or maternal harm is important. As such, these measures can help stakeholders understand how the changes hospitals are making affect outcomes for patients by race.

Patient experience has proven more challenging to measure by race in a standardized way. In 2022, NCHA will use the percent of patient experience (HCAHPS) surveys completed as a baseline to begin to improve response rates. NCHA is working with partners to access HCHAPS data to include REaL data for statewide analysis.

What data are hospitals being asked to report?

At this time, hospitals are not asked to report data to NCHA for the initial measures.

For clinical measures, NCHA will use the PDS to access hospital claims data. For patient experience measures, NCHA will utilize Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) participation rates, as reported by the Agency for Healthcare Research and Quality (AHRQ).

Hospitals are encouraged to identify efforts where they are already disaggregating patient data by race, ethnicity, and language for the purposes of quality improvement, as well as additional opportunities to do so.

What patient demographics are required for each measure?

The preliminary focus will be on race and ethnicity. Hospitals will not submit patient demographics; through the PDS, NCHA will access the demographic fields in the claims, including race, ethnicity, age, and sex. Hospitals may want to extend this analysis by evaluating the measures based on demographic fields that are not available in PDS but may be available in their electronic medical record (EMR) or other sources to include patient language, sexual orientation and gender identity, socio-economic demographics, and others. As equity efforts progress, NCHA will explore with hospitals how to expand to include additional demographics.

How are the initial measures defined?

NCHA continues to work closely with physicians and clinical subject matter experts to determine appropriate, standard definitions for the selected measures. Measure definitions will be made available and posted on our website as a separate document once confirmed. As stated above, measures include:

- 30-day all-cause, all-payer readmission rate for patients with diabetes
- 30-day all-cause, all-payer readmission rate for patients with heart failure
- Rate of post-partum hemorrhage
- Patient experience survey (HCAHPS) response rate (not yet disaggregated by race)

Readmissions are defined as patients who are discharged and then return to the hospital within 30 days, regardless of payer or the cause of their readmission. The codes defining diabetes and heart failure are primary diagnoses.

How will NCHA receive data from participating organizations?

Hospitals already submit data to the Patient Data System. This data will be used for clinical measures. For patient experience measures, HCAHPS response rates are available from AHRQ for the state; NCHA is in the process of identifying how to access more detailed HCAHPS data.

The initial measures are not relevant to my facility, given we do not provide those services. Can we still participate?

All hospitals are invited to participate. NCHA anticipates working with hospitals at various points along their journey to reduce harm and address bias in care. Hospitals that do not provide services referenced in the initial measures will not be reflected in the statewide data. However, they can commit to the effort by signing the Resolution and can participate by identifying relevant measures that they can disaggregate by race and ethnicity to identify differences and drive quality improvement efforts in their facilities.

Data Access and Sharing

Who has access to the data and how will it be shared?

By the end of 2022, NCHA will publish a North Carolina Equity of Clinical Care Dashboard to display measures at the state level. **Only statewide aggregate data will be made public, via the Dashboard**, on the NCHA website. As work progresses, member hospitals and health systems will be invited to create a secure log-in to a password-protected section of the NCHA website where they will be able to view and compare their hospital data to the statewide aggregate.

Following NCHA's existing data use agreements with hospitals and health systems, **individual hospital data will NOT be publicly available, nor will NCHA share individual hospital data with any public or private entities**. Detailed information and instructions regarding member accounts will be available when that section of the Dashboard is launched later this year.

What is the reporting frequency and how often will the Dashboard be updated?

NCHA PDS data is updated on a quarterly basis. As such, NCHA will update aggregate clinical measures on the Dashboard quarterly. In 2022, NCHA will use annual response rates reported by AHRQ while pursuing more detailed sources of HCAHPS data.

Next Steps

What are the next steps?

To eliminate disparities in clinical care, we must first understand the baseline data. As such, data collection is an initial critical step in this equity journey; improvement work comes next. NCHA will provide coaching and technical assistance in alignment with each hospital’s existing improvement methodologies. Coaches will provide implementation support across all NC hospitals and health systems.

Coaching will range from data support—validation, reporting, tracking, and monitoring—to implementation assistance on the development of operational strategies for various care delivery settings. NCHA will also collaborate with health systems to ensure that developed protocols build off one another and are not one-off efforts.