Agenda IX: Hospital panel best practices on leading with cultural competency

Renata Ferreira, Director of Value-Based Care Data Analytics, San Francisco Health Network

Dr. Craig Uejo, Chief Quality Officer, Scripps Health

Lindsay Olson-Mack, Senior Quality Director, Scripps Health

Nathaniel Brown, Director of Enterprise Analytics and Data Science, Scripps Health

Nadia Raczek, Quality Incentive Pool Program Lead, Natividad Medical Center

REAL and SOGI Data Collection

Renata Ferreira, Director of Value-Based Care Data Analytics

San Francisco Health Network (SFHN)

What is the San Francisco Health Network?

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

HCAI Department of Health Care Access and Information

Who We Serve

ZSFG by the Numbers

FISCAL YEAR 2022-2023

PATIENTS SERVED **99,033**	OUTPATIENT VISITS **280,592**	MEDICAL & PSYCHIATRIC EMERGENCY VISITS **64,149**
URGENT CARE VISITS **44,887**	BABIES BORN **1,223**	TRAUMA ACTIVATIONS **2,189**
LICENSED BEDS **397**	DEPARTMENT OF PUBLIC HEALTH STAFF **3,500**	UNIVERSITY FACULTY AND STAFF **2,400**
VOLUNTEERS **485**	PUBLIC COVID-19 VACCINATIONS **39,698**	STAFF COVID-19 VACCINATIONS **2,733**

PRIME as a Catalyst to REAL/SOGI Data Collection

Before PRIME

2010-2015

- Collected REAL data but categories were inconsistent
- Did not collect SOGI data

During PRIME

2015-2020

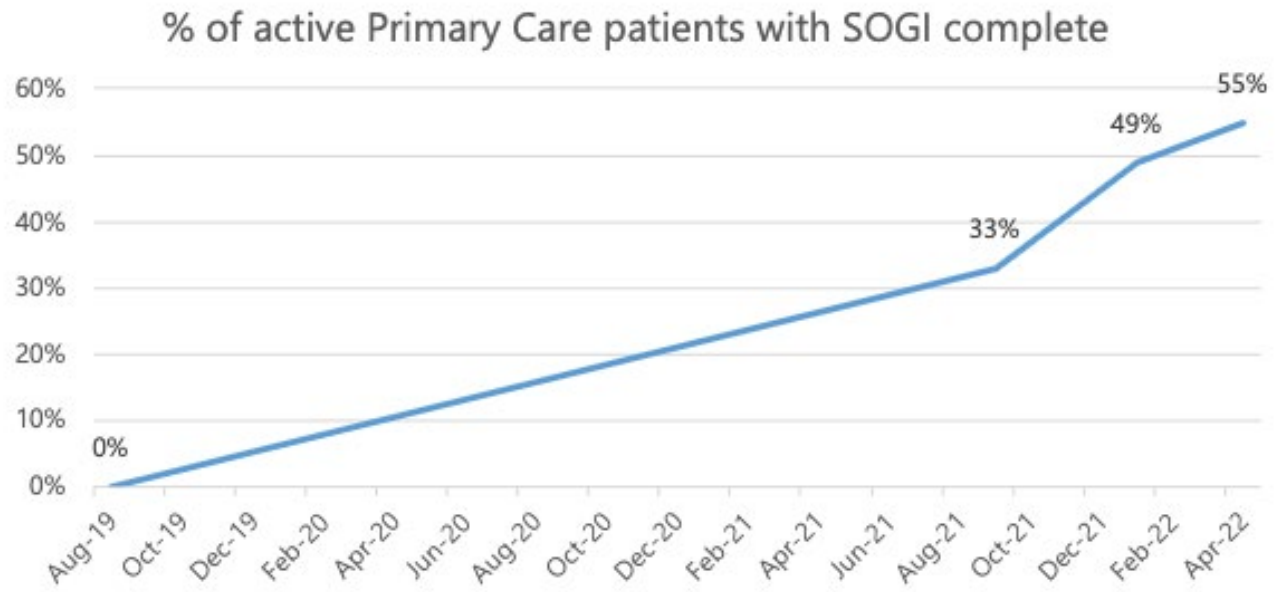
- $1.6M/year associated with meeting challenging targets for REAL/SOGI data collection
- Organization of REAL/SOGI Steering Committee (all SFHN divisions)
- Standardized REAL/SOGI Categories

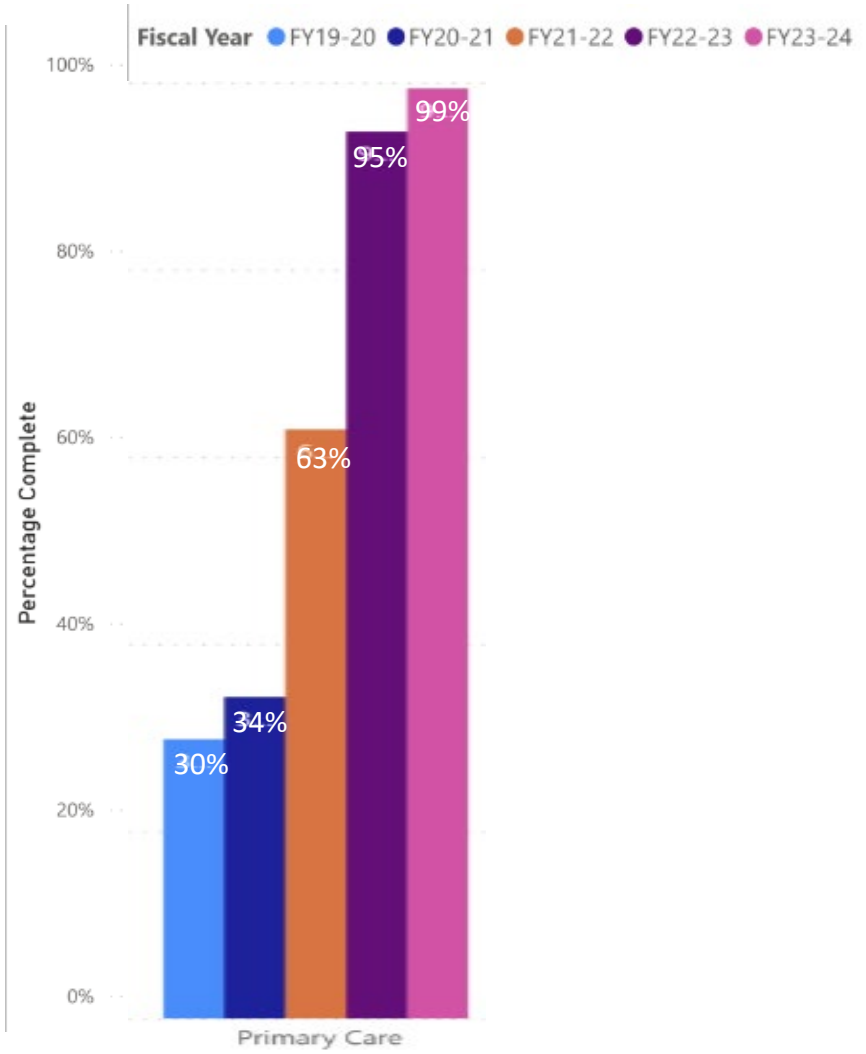
After PRIME

2020-2024

- Data collection was successful but plateaued around 2020
- Implementation of MyChart data collection
- Ability to stratify metrics by REAL/SOGI categories and identify health disparities
- Plan for addressing disparities

Primary Care SOGI Collection Results





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The Roadmap to Successful SOGI Data Collection

Table 1. Core Principles Developed by the Sexual Orientation/Gender Identity (SO/GI) Steering Committee to Guide the Overall Initiative

Answering SO/GI questions was optional. Patients/clients were not required to answer.
SO/GI questions should be collected only by staff who had been trained to do so. Staff should understand the appropriate language, the reasoning behind the questions, and the site for data entry before asking.
SO/GI questions should be asked after completion of a network-wide patient awareness campaign. Patients should be cognizant of the initiative and rationale prior to these data being collected.
Staff will offer the opportunity to disclose SO/GI to all patients in order to normalize the practice and avoid assumptions.
To the extent possible, data should be recorded in a way to prevent patients from being asked SO/GI questions multiple times.
Implementation would occur in defined stages across the various sites of the health network, with earliest deployment of training and SO/GI collection in sites with highest impact (that is, caring for the largest proportion of patients in the health network) and feasibility to adjust workflows, followed by other sites within the network in a stepwise manner based on the balance of impact and feasibility.
Not all areas of a particular site would implement at the same time. For example, primary care clinics at Zuckerberg San Francisco General Hospital implemented prior to specialty outpatient clinics at this site.
Training would be developed centrally and then deployed in each site prior to that site's planned implementation.
The needs of staff would be respected by using their input to design and refine staff trainings.
Communications would be developed centrally and then deployed in each site prior to that site's planned implementation.
Patients/clients would be respected by using their input to design and refine patient communications.

The Joint Commission Journal on Quality and Patient Safety 2020; 000:1–9

Systematic Collection of Sexual Orientation and Gender Identity in a Public Health System: The San Francisco Health Network SO/GI Systems-Change Initiative

Nicole Rosendale, MD; Amie Fishman, MPH; Seth Goldman, MD; Seth Pardo, PhD; Ashley Scarborough, MPH; Ayanna Bennett, MD

Supporting Staff and Patients

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Patient Care/ Equity Form **(Optional)**

Name You Go By (if different than name on insurance card):_____

Pronouns : ☐ he/him/his ☐ she/her/hers ☐ they/them/theirs ☐not listed:_____

What is your gender? (check the one that best describes your current gender identity)

☐ Male ☐ Female ☐ Not listed: _____

☐ Trans Female ☐ Genderqueer / Gender Non-binary ☐ Decline to state

☐ Trans Male

What was your sex assigned at birth?

☐ Male ☐ Female ☐ Declined/Not Stated

What gender is listed on insurance records or other legal document? (MediCal, Covered California, etc)

☐ Male ☐ Female ☐ Unknown ☐ Other

ONLY FOR 18 AND OLDER: How do you describe your sexual orientation or sexual identity?

☐ Bisexual ☐ Straight/Heterosexual ☐ Not listed:_____

☐ Gay/Lesbian/Same-gender loving ☐ Questioning/Unsure ☐ Decline to state

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Q: WHAT IS SEXUAL ORIENTATION?

A: Sexual orientation is how a person describes their emotional and sexual attraction to others.

Q: WHAT IS GENDER IDENTITY?

A: Gender identity is a person's inner sense of their gender. For example, a person may think of themselves as man, as a woman, as a combination of man and woman, or as another gender

Q: HOW DO I CHOOSE THE CORRECT INFORMATION?

A: There are no right or wrong answers. If you don't find an answer that fits, you can choose "Something else" or "Other." You can also talk with your provider

Q: WHAT IF I DON'T WANT TO SHARE THIS INFORMATION?

A: You do not have to answer the questions. Your provider may discuss this decision with you privately.

Q: WHO WILL SEE THIS INFORMATION?

A: Your health information is private and only members of your healthcare team may see these answers.

Q: WHY AM I BEING ASKED ABOUT MY SEXUAL ORIENTATION AND GENDER IDENTITY?

A: Our hope is that by talking more about sexual orientation and gender identity we will deliver better health services to all of the patients in our network – including our LGBT patients.

Q: HOW WILL THIS INFORMATION BE USED?

A: Your provider(s) will use this information to better meet your health care needs. In addition, gathering this information from all patients allows the health center to see gaps in care or services across different populations. Ultimately, we aim to close these gaps, and improve the care we give to all of our patients.

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What Worked Well

- Developing a Steering Committee with the inclusion of local LGBTQ+ community
- A “decline to state option” but not a default option
- Creating a guiding principles document to avoid re-litigating decisions in the midst of strong opinions

What Were Challenges

- Patients whose primary language lacks personal pronouns (i.e., East Asian languages) struggled to understand and complete the form
- Difficulty predicting what issues would arise during planning and early implementation
- Patient grievances and staff champions highlighted areas where the initial training was insufficient to meet the standard for performance

Data Collection and Health Equity Screening

Dr. Craig Uejo, Chief Quality Officer, Scripps Health

Lindsay Olson-Mack, Senior Quality Director, Scripps Health

Nathaniel Brown, Director of Enterprise Analytics and Data Science, Scripps Health

Scripps Health Equity Information Center

Improve Health Equity Data Collection

FY24 Objectives

Data Last Refreshed
March 25, 2024

Objective 1

Implement and increase ethnic background data collection by 40%
Calculated as a 40% increase in # of patients with ethnic background populated

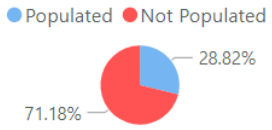
	FY23 Baseline	FY24 Target	FY24 YTD Actual	View Details
Ethnic Background Populated	329,797	461,716	529,076	
Total			1 of 1 meeting target	

Objective 2

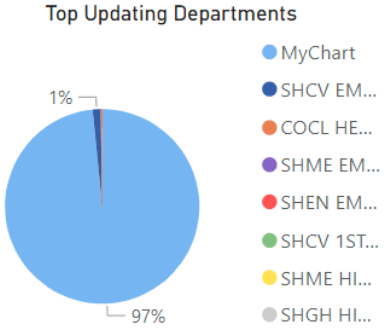
Increase sexual orientation and gender identity data (SOGI) collection
by 30% from FY23 performance (baseline)

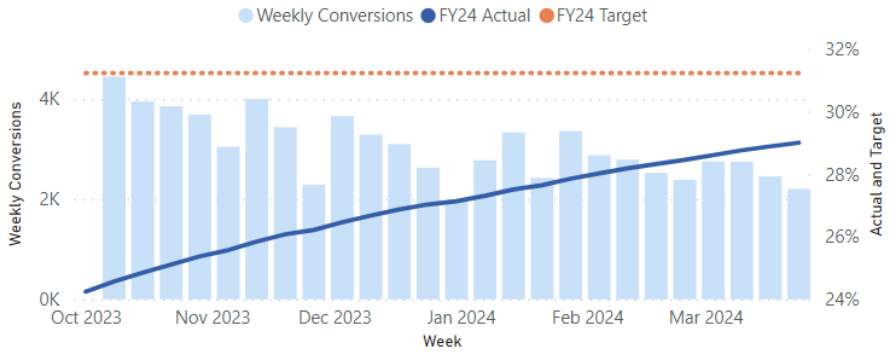
	FY23 Baseline	FY24 Target	FY24 YTD Actual	View Details
Sexual Orientation Populated	24.02%	31.23%	28.82%	
Gender Identity Populated	28.35%	36.86%	32.75%	
Total			0 of 2 meeting target	

Sexual Orientation FY24 YTD Details



Sexual Orientation	Patient Count	%
Populated	**351,365**	**28.82%**
Bisexual	5,957	0.49%
Choose not to disclose	28,353	2.33%
Don't know	1,698	0.14%
Lesbian or Gay	7,903	0.65%
Something else	1,846	0.15%
Straight	305,608	25.07%
Not Populated	**867,628**	**71.18%**
*Unspecified	867,628	71.18%
Total	**1,218,993**	**100.00%**





Additional Conversions Needed to Reach Target	Average Weekly Conversions in Last 8 Weeks	Weeks Left in FY24	Projected Additional Conversions	Projected Target Achievement
29,278	2,592	27	69,984	Jun 13

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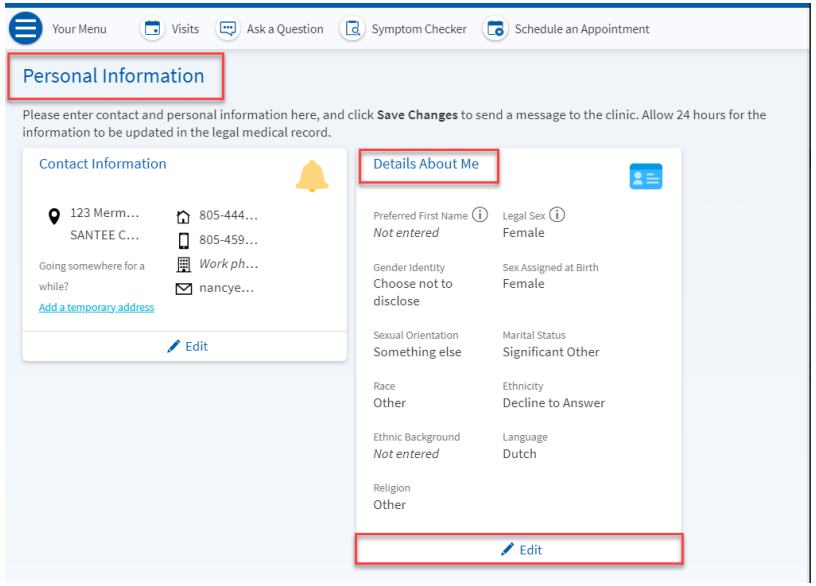
Avenues to Collect Data

- Patient Portal (accessed any time)
- Bedside Tablet (during hospitalization)
- In-hospital screening (by nurses and providers)



Training on Collecting Sensitive Data

Best Practice Considerations

- Assessing Who/What/When
- Sharing External Resources
  - 40 Best Practices for Frontline Health Care Staff
  - A Guide for Collecting SOGI Data
  - SOGI Patient Handout
- Providing scripting to explain the why
- Allowing the option not to respond

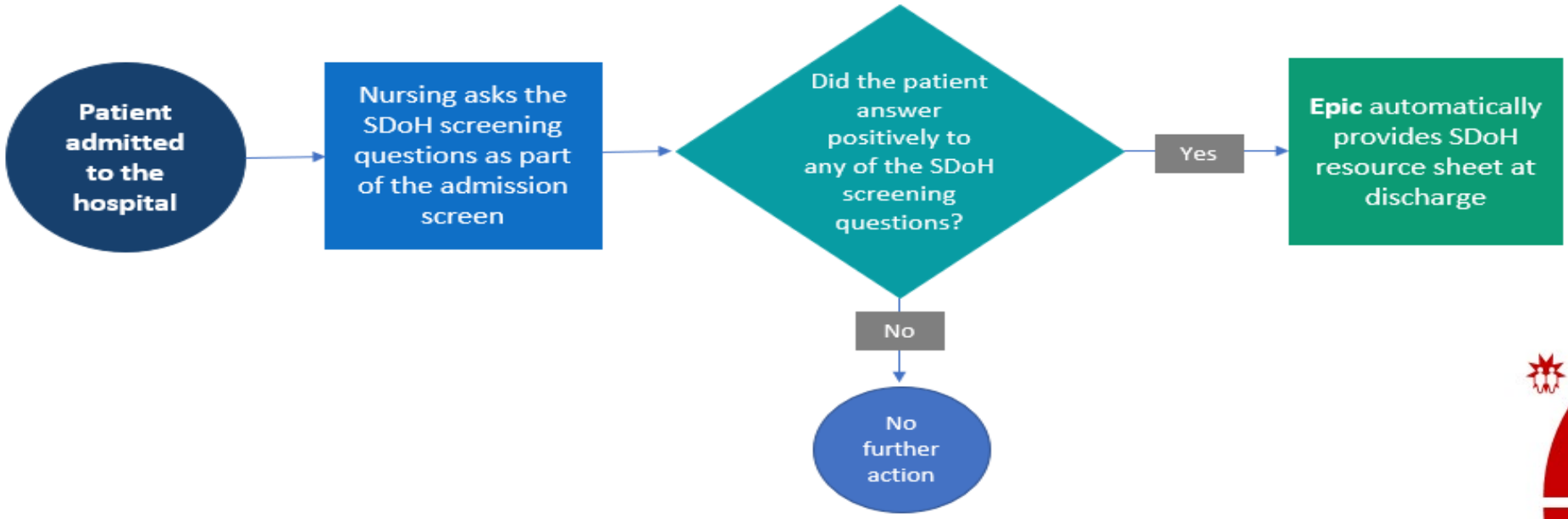
Orientation and Training

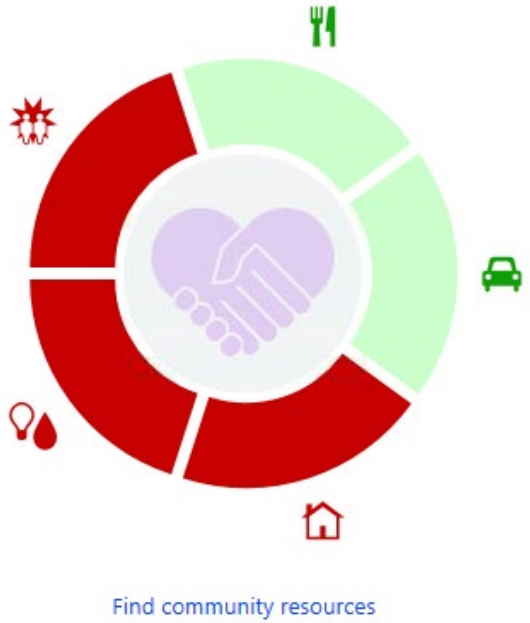
- Mandatory annual education via Scripps Center for Learning and Innovation e-courses
- Registration basics provided to all new staff through access quality program team
- Monthly training packages focusing on key topics for staff
- Weekly challenges – sent throughout the week as spot checks using voting buttons
- Department level education specific to registration requirements

Ongoing Education

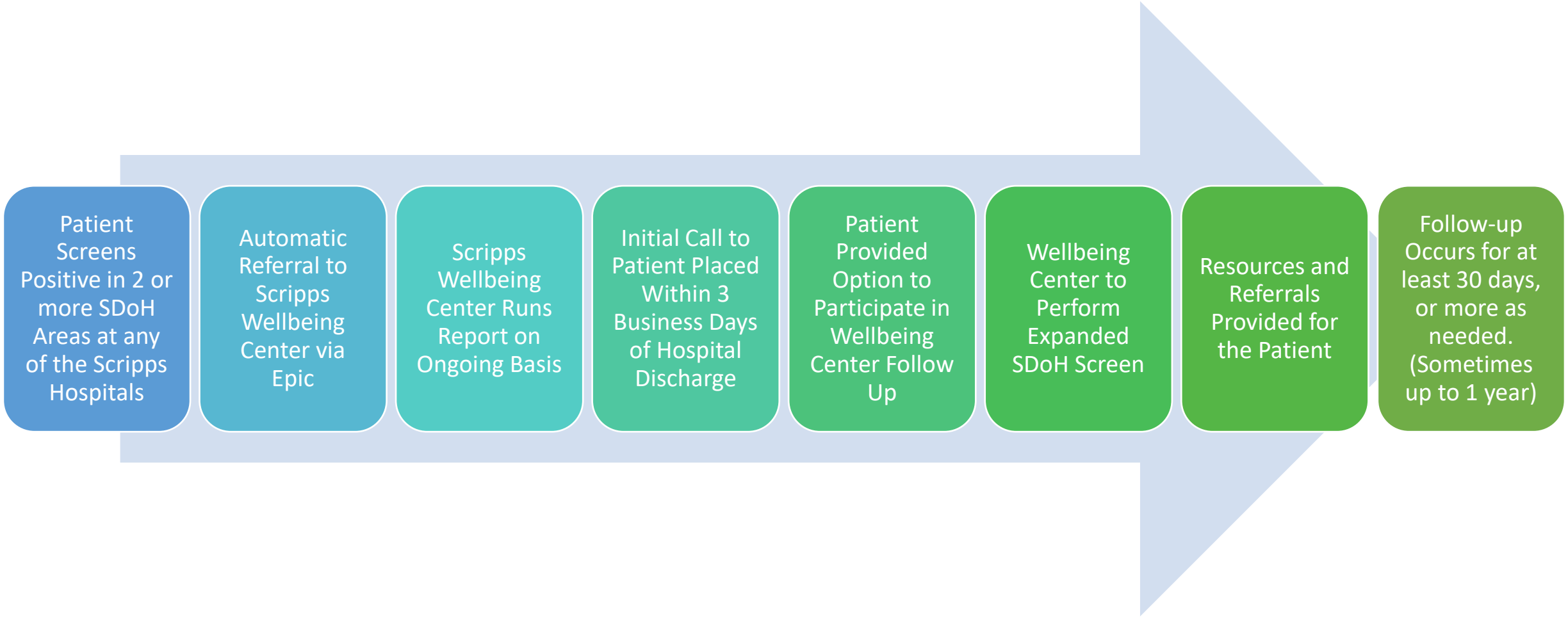
- Age Specific, Cultural Considerations and Implicit Bias
- Caring for the Transgender Patient
- Caring for the Transgender Patient for Non-Clinical Staff (19-00201)
- (Lippincott) LGBTQIA+ Health: Fundamentals – 1 CE
- (Lippincott) Transgender and Gender Nonconforming Health Care – 1 CE

Social Determinants of Health Screening





Social Determinants of Health Follow Up



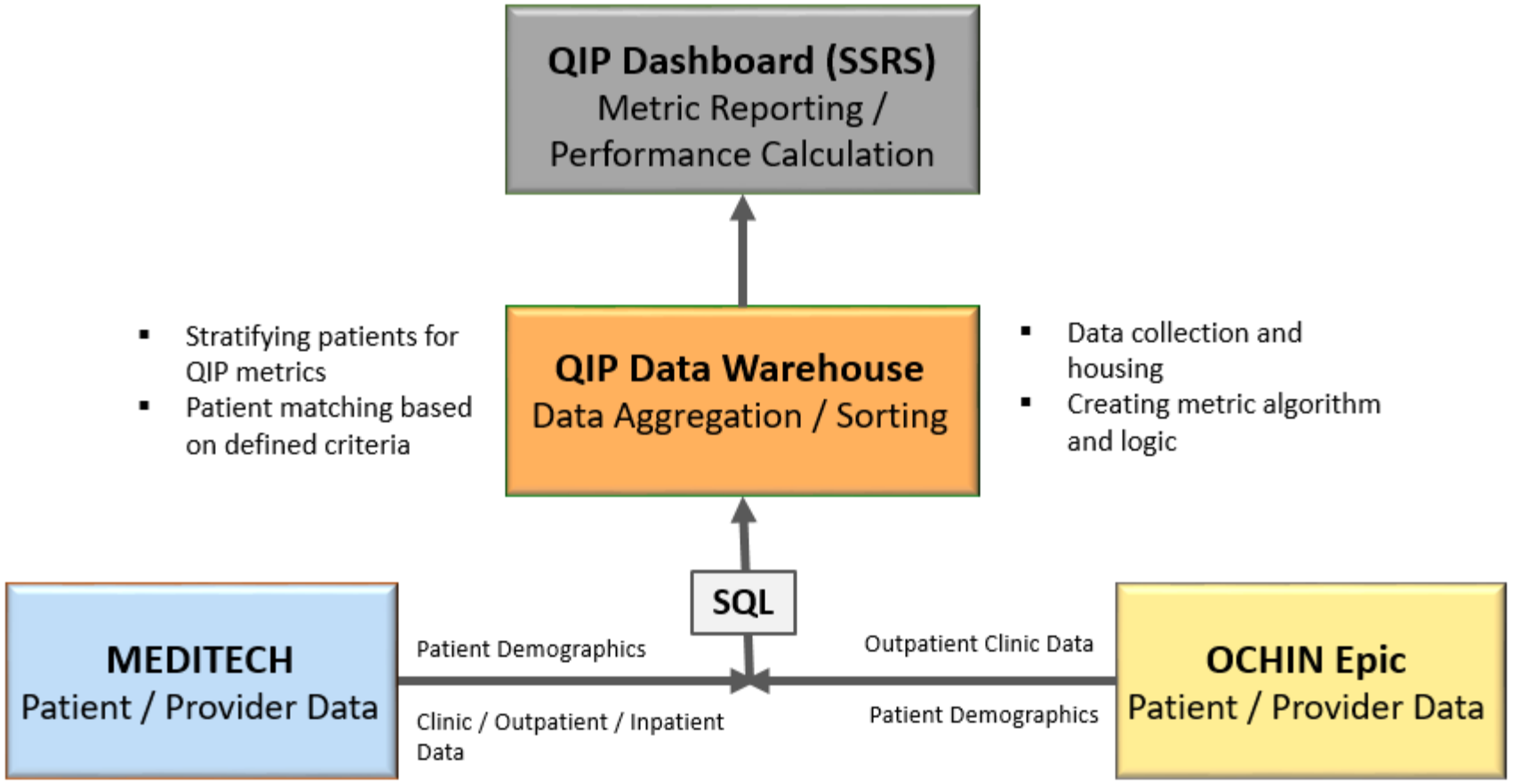
Data Stratification and Development of Interventions

Nadia Raczek, RN, Healthcare Informatics Consultant, Natividad Medical Center

Our Community & Organization

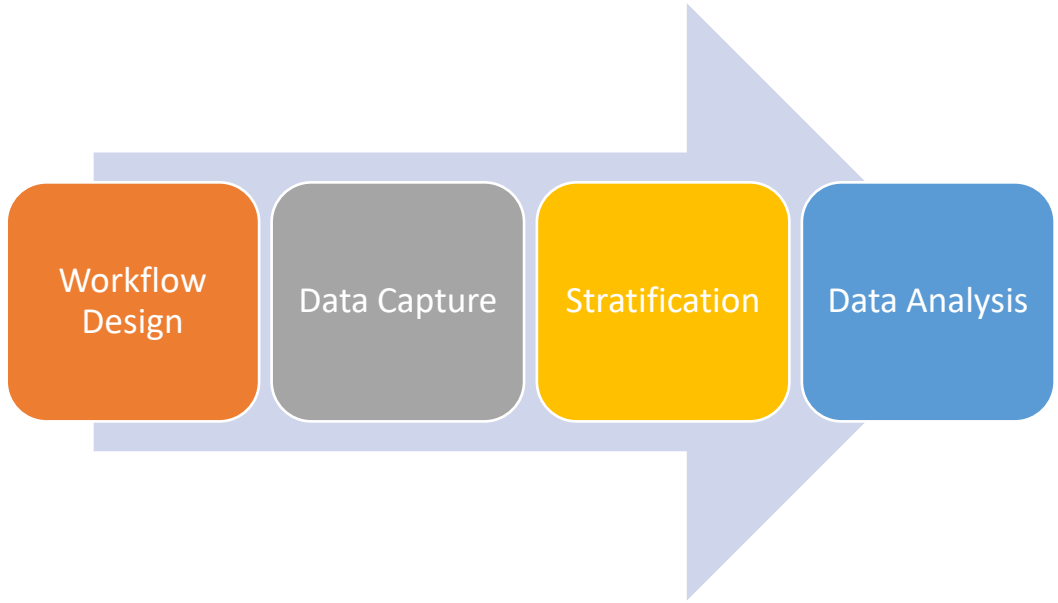
- County population: 439,035
- Patient population: ~ 70% Medi-Cal
- 172 acute care patient beds
- 42,000 ED visits annually
- Inpatient and outpatient services
- Monterey County Public Health Clinic partnership
- Family Practice Residency Program

Our Data Infrastructure



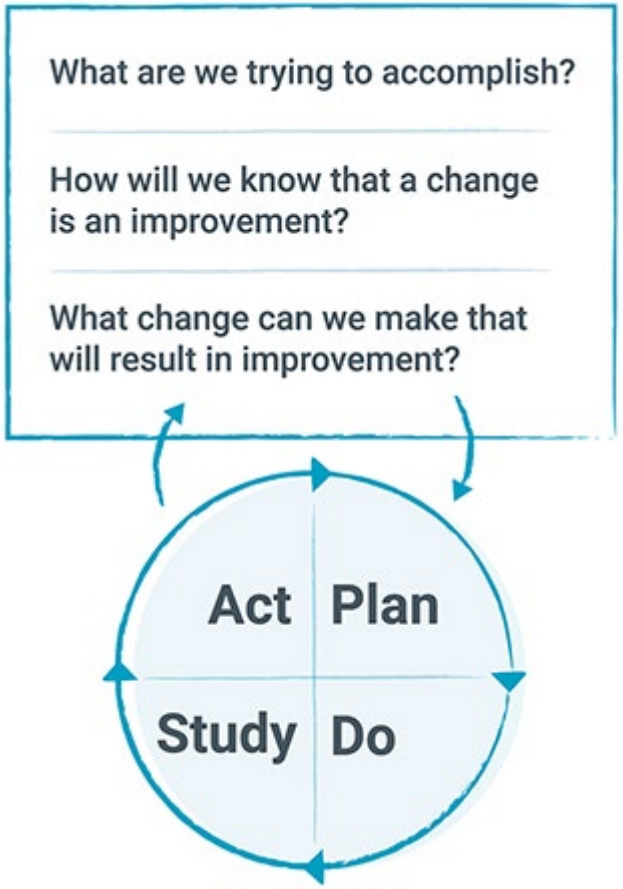
Our Method

- Establish **workflows** supported by policy, best practice, and standard work
- Build workflows into documentation and **data capture**
- Provide new dimension of analysis on targets met/not met with meaningful **data stratification**
- Identify appropriate equity focused interventions with **analysis** of stratified data



Our Method

Process Improvement



- Data tells a story that guides **process improvement** and appropriate interventions
- Follow the IHI Model for Improvement for process improvement activities

365 Dashboard

PRIMARY CARE ACCESS & PREVENTATIVE CARE MEASURES

Measure			Numerator	Denominator	Percent	Target Percent	# Patients +/- Target
Q-BCS	UDS/ CBI	*Breast Cancer Screening (BCS)	0	0	0.00%	56.58%	0
Q-CCS	UDS/ CBI	*Cervical Cancer Screening	4,519	7,074	63.88%	57.32%	464
Q-WCV	CBI	*Child and Adolescent Well Care Visits (WCV)	15,014	21,794	68.89%	58.78%	2,203
Q-CIS10	UDS/ CBI	*Childhood Immunization Status (CIS) Combination 10	478	937	51.01%	49.76%	11
Q-CHL		*Chlamydia Screening in Women (CHL), Ages 16-24	127	208	61.06%	57.97%	6
Q-CMS130	UDS	*Colorectal Cancer Screening	3,957	6,976	56.72%	60.92%	(293)
Q-DEV	CBI	*Developmental Screening in the first three years of life	474	1,956	24.23%	23.76%	9
Q-CMS349							
Q-IMA							
Q-LSC							

PRIMARY CARE ACCESS & PREVENTATIVE CARE MEASURES

Measure		Numerator	Denominator	Percentage	Target Percent	# Patients +/- Target
Q-CCS	*Cervical Cancer Screening	4,519	7,074	63.88%	57.32%	464
	Stratification					
	Managed Care Plan	4,519	7,074	63.88%		

Click to Show Stratification

Description: The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:
- Women 21–64 years of age who had cervical cytology performed within the last 3 years.
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last 5 years

Clinic ALL

1 of 3 100%

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QIP - Demographic Stratification

Date Range: 365
Metric: Q-CCS - Cervical Cancer Screening

Clinic: ALL

For DCHS Reporting	Hispanic or Latino			Not Hispanic or Latino			Unknown/Declined Ethnicity			TOTAL		
	Num	Den	AR	Num	Den	AR	Num	Den	AR	Num	Den	AR
TOTAL -not a sum of underlying rows	3277	4659	70.34%	744	1327	56.07%	498	1088	45.77%	4519	7074	63.88%
American Indian or Alaska Native	[redacted]			[redacted]			[redacted]			19	27	70.37%
Asian - not a sum of detailed Asian races	[redacted]			120	197		[redacted]			126	221	57.01%
CAMBODIAN				[redacted]						[redacted]		
CHINESE				[redacted]						[redacted]		
FILIPINO	[redacted]			47	69					49	72	68.06%
JAPANESE				[redacted]						[redacted]		
KOREAN				[redacted]						[redacted]		
LAOTIAN				[redacted]						[redacted]		
VIETNAMESE				23	31					23	31	74.19%
Some other or unknown Asian race	[redacted]			35	77		[redacted]			39	98	39.80%
ASIAN INDIAN				[redacted]						[redacted]		
Black or African American	[redacted]			100	173		[redacted]			110	191	57.59%

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QIP - Demographic Stratification

Date Range: 365
Metric: Q-CCS - Cervical Cancer Screening

Clinic: ALL

Metric Percent by Percent Age Groups	Num	Den	%
18-39	2336	4016	58.17%
40-64	2183	3058	71.39%

Metric Percent by Sexual Orientation	Num	Den	%
Straight	4213	5725	73.59%
Unknown	189	1175	16.09%
Don't know	53	75	70.67%
Bisexual	38	52	73.08%
Lesbian or Gay	14	27	51.85%
Pansexual	[redacted]		
Somthn Else	[redacted]		
Q	[redacted]		
Asexual	[redacted]		

Metric Percent by Gender Identity	Num	Den	%
Female	4269	5892	72.45%
Unknown	13	839	1.55%
Chose not to disclose	159	189	84.13%
Unable/Pending Interview	43	58	74.14%
Choose not to disclose	20	54	37.04%
Male	[redacted]		
Transgender Female	[redacted]		
Non-binary/genderqueer	[redacted]		
Genderqueer, Non-Binary	[redacted]		
Transgender Male	[redacted]		
Other	[redacted]		
Transgndr Female(M to F)	[redacted]		
Transgender Male(F to M)	[redacted]		

Metric Percent by Race	Num	Den	%
White	3944	5704	69.14%
zOther/Unknown/Declined	239	819	29.18%

Metric Percent by Zip Code Top 10	Num	Den	%
93905	1336	1812	73.73%
93906	956	1509	63.35%

Metric Percent by Religion Top 10	Num	Den	%
Catholic	66	79	83.54%
Other	21	23	91.30%

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QIP - Demographic Stratification

Date Range: 365
Metric: Q-CCS - Cervical Cancer Screening

Clinic: ALL

Metric Percent by Insurance TOP 10	Num	Den	%
CCAH	4519	7074	63.88%

Metric Percent by Language TOP 10	Num	Den	%
ENGLISH	2160	4083	52.90%
SPANISH	2166	2664	81.31%
MIXTECO	83	93	89.25%
Unknown	[redacted]		
VIETNAMESE	31	38	81.58%
ARABIC	15	25	60.00%
UNKNOWN	14	19	73.68%
CHATINO	14	17	82.35%
TAGALOG	[redacted]		
ZAPOTEC	[redacted]		

Clinic ALL

4 of 4 100%

QIP - Demographic Stratification

Date Range: 365
Metric: Q-CCS - Cervical Cancer Screening

Clinic: ALL

Metric Percent by Housing Instability	Num	Den	%
Unknown	4493	7052	63.71%
No	20	23	86.96%
Yes			

Metric Percent by Utility Needs	Num	Den	%
Unknown	4493	7052	63.71%
No	19	22	86.36%
Yes			

Metric % by Interpersonal Violence	Num	Den	%
Unknown	4486	7045	63.68%
No	26	30	86.67%
Yes			

Metric Percent by Transportation Needs	Num	Den	%
Unknown	4493	7052	63.71%
No	20	23	86.96%
Yes			

Metric Percent by Food	Num	Den	%
Unknown	4493	7052	63.71%
No	20	23	86.96%
Yes			

Our Successes

- Cervical Cancer Screening metric improvements with effective stratification and analysis by REAL and geographic data
- Expansion of our clinical informatics department to support the data analysis and equity work
- Model the framework for other departments within the organization

Our Challenges

- Still recovering from post-pandemic staffing and point-of-care metric changes (e.g. pivot to more telehealth)
- Financial and resource challenges to build and maintain an adequate team
- Difficulty being consistently proactive with data