

Key Milestones: Designing Care Delivery Transformations to Advance Health Equity



Designing Care Delivery Transformation

Designing an effective disparities reduction program requires that you first understand the disparities problem and the resources available to address it. Within the AHE program, teams go through a process of “diagnosing the disparity” using tools such as a root cause analysis to understand *why* a health disparity or inequity exists. From there teams determine what contributors are most important and more feasible to address, using tools such as a priority matrix. These steps require several conversations across stakeholder groups including with community groups and member representatives. Once the available resources, quality improvement capacity, and there is agreement on how success will be measured, teams will begin designing a care delivery transformation. Designing a successful equity program is a complex process that requires innovation and creativity. The activities listed below include activities to consider while exploring care delivery transformation ideas.

Activities:

- ✓ Finalize the equity goals of the healthcare delivery transformation based on the results of the fishbone diagram and priority matrix.
- ✓ Determine which level(s) of the healthcare delivery system your care transformation will target (e.g., patients, providers, care delivery teams, care delivery organizations, MMCO, state Medicaid agency).
- ✓ Complete the design of the healthcare delivery transformation intervention(s) utilizing input from all stakeholder groups, including members living with the disparities targeted by the project.
- ✓ During the design phase clarify and confirm what staff are going to be asked to do and if they are required to do anything different or new regarding care provision, data collection, and reporting.
- ✓ Confirm that all staff have the necessary mid- and upper-level management, administrative support, motivation, and adequate training for these activities.
- ✓ Create a communication, education, and training plan for all staff that will be asked to anything different or new to implement and sustain the care delivery transformation.
- ✓ Work directly with Medicaid members to decide how they will be asked to provide buy-in and cooperation for the care delivery transformation, including new data collection activities.
- ✓ Assess and confirm if plan and provider organizations have different levels of capacity, structure, support, and resources that will require tailored and adjusted approaches to implement the care delivery transformation. Factors to consider include patient populations (e.g., primary language and cultural differences), information technology infrastructure, quality improvement infrastructure, coding, claims and payment processing, administrative support, etc.
- ✓ Clarify and confirm whose buy-in is needed to sustain and potentially scale-up the care delivery transformation over time. Create activities and goal dates for obtaining each individual's or group's buy-in. Teams typically think about who is instrumental for the implementation of projects, but they often forget

- / to identify and obtain buy-in from the internal and external stakeholders that hold the power and resources to ensure long-term sustainability of the project.
- / Discuss and reach team consensus on which project performance measures will be used for the health care delivery transformation. Remember that desired or required metrics may vary across organizations and from person to person within organizations. Consider the following types of performance measures:
 - Measures that signal “success” for the implementation of the care delivery transformation. Examples include care process measures, number of staff trained on new policies and procedures, and number of patients exposed to the new care processes.
 - Measures that reflect the equity goals, such as health outcome metrics.
 - Measures to monitor non-equity goals, but which are important to obtain and maintain key stakeholder support for long-term sustainability and expansion of the project. Examples include implementation costs and care utilization.
- / Clarify who will monitor implementation fidelity of the care delivery transformation and work with them to incorporate implementation fidelity monitoring activities into the work plan (e.g., timely collection, analysis, and reporting of relevant implementation data).
- / Identify and obtain data sharing agreements needed during all phases of care delivery transformation implementation and evaluation.

Applying an Equity Lens:

An equity lens is a reflective process to examine who experiences the benefits and burdens of policies, programs, and changes, as well as the basis for differential experiences in health care and health outcomes.¹

Common questions to help facilitate an equity lens include:

- / Who is affected/impacted?
- / Have those affected helped to shape the/this_____?
- / Who is included/excluded?
- / Who benefits and who is harmed?
- / What are the assumptions taking place?
- / What does the data tell us?
- / What data are missing?
- / Who is/is not at the decision-making table?
- / What values underlie the decision-making process?
- / What revisions are needed/what could be done differently?²

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¹ Pertillar T, Ann Pobutsky P, Gail Brandt E, et al. An Assessment of Funding and Other Capacity Needs for Health Equity Programming Within State-Level Chronic Disease Programs. *Journal of Health Disparities Research and Practice*. 2017;9(6). <https://digitalscholarship.unlv.edu/jhndrp/vol9/iss6/7>.

² What Can I Do to Advance Health Equity? Practice Using a Health Equity Lens! MN Department of Health: Health Partnerships Division; 2019:2. https://www.health.state.mn.us/communities/practice/resources/publications/docs/1609_healthequitylens-conf.pdf.