BUILDING AN ORGANIZATIONAL RESPONSE TO HEALTH DISPARITIES

TARGETED INTERVENTION: COLORECTAL CANCER SCREENING

This targeted intervention focuses on the HEDIS® measure of colorectal cancer screening, stratified by race and ethnicity, to demonstrate how to lower the costs and improve the quality of care for vulnerable Medicare, Medicaid, and dual-eligible beneficiaries. This approach will help you to prioritize your actions.

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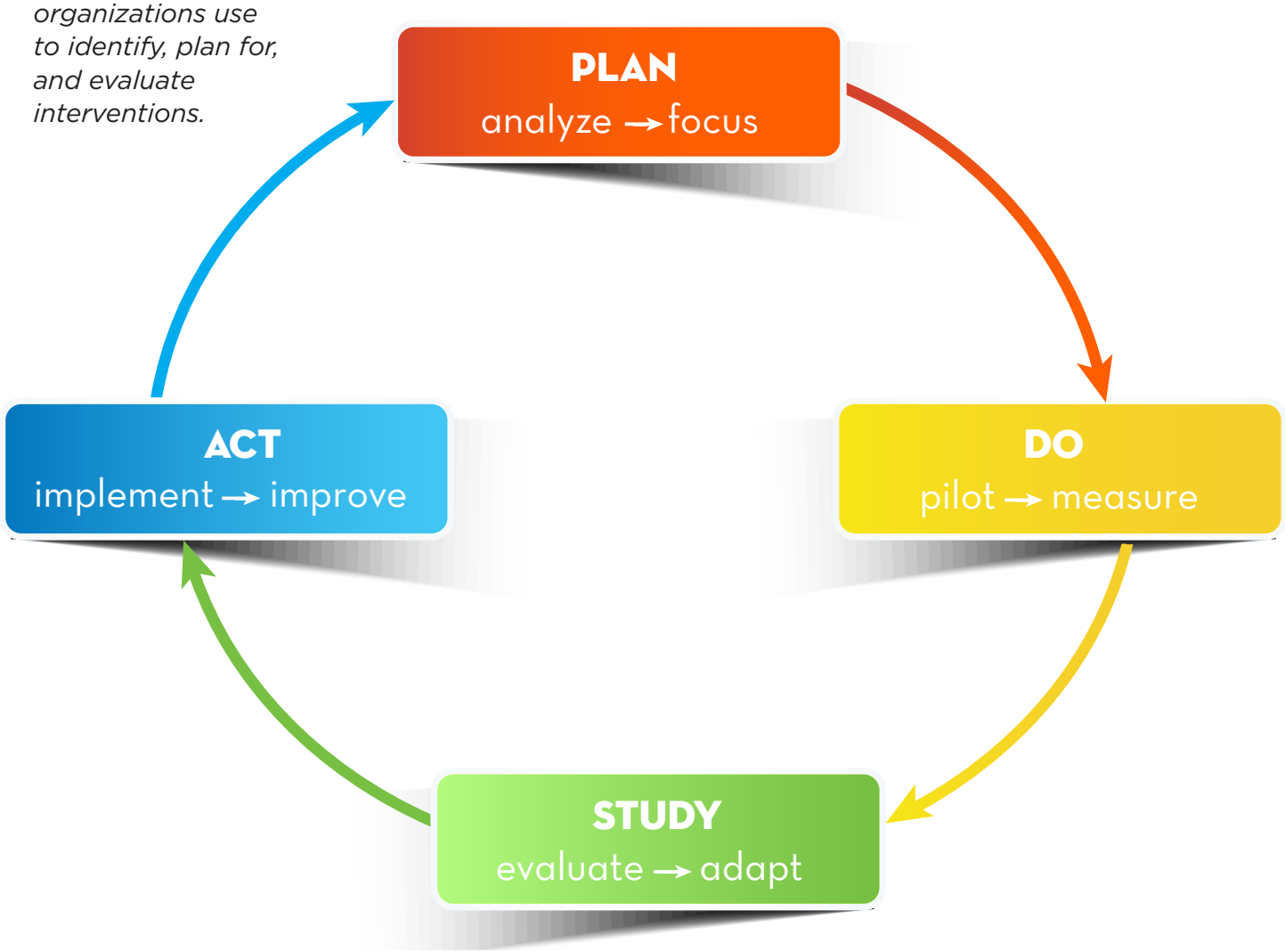
Plan-Do-Study-Act *is a process that organizations use to identify, plan for, and evaluate interventions.*



PLAN-DO-STUDY-ACT

STEP	ACTIVITIES	INTERVENTION
ANALYZE	1 Review *Building an Organizational Response to Health Disparities* to identify gaps in your approach to health equity activities. 2 Review your contract level HEDIS and CAHPS measures stratified by race and ethnicity on the CMS website. 3 Review your internal data to answer questions, such as: • Are your HEDIS measures stratified by language preference? • Are health disparities apparent when analyzing the data by geography, age, and gender? • How accessible are providers for each racial and ethnic group? 4 Share analysis findings with stakeholders to gather input.	• The QI team's assessment of colorectal cancer screening rates by race and language finds that: 1 42 percent of Black members ages 65-75 have been screened, the lowest rates of colorectal cancer screening among members. 2 43 percent of members who have limited English proficiency (LEP) have been screened. These individuals represent diverse racial and ethnic groups. • Doctors and nurses are telling their provider relations representative that they "don't know how to improve screening rates of minority and non-English speaking patients." • The QI team narrows the scope of its analysis to awareness of personal risks, understanding of the procedure, and barriers to scheduling the screening appointment.
FOCUS	This step assesses barriers and possible solutions by answering questions such as: • What can be addressed with the current organizational capacity? • What solutions did your stakeholders prioritize? • Which disparity will you focus on first? Collect information on and evaluate quality improvement efforts: 1 What interventions have been piloted with the target population or in a similar community? 2 Are there any significant geographic differences? 3 How should you tailor these interventions? Design additional interventions that may address the identified problem(s).	The QI team received positive feedback from plan staff and providers on addressing these three barriers: 1 Lack of awareness among members regarding personal risk for colorectal cancer. 2 Concerns about the procedure. 3 Confusion about scheduling the procedure and out-of-pocket cost. The goal is to raise awareness and to empower members to take action. • The brochure and conversation must be understandable to the member and occur in the member's preferred language. • Educational brochures will be mailed to members targeted for screening. • The health plan call center contacts members to raise awareness and schedule a procedure.

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PILOT	Pilots will measure success and reveal areas for improvement before widespread implementation. For pilot test: • Ensure the targeted intervention focuses on members impacted by the health disparity. • Work with providers that serve the target population. • Partner with regional staff to connect with hard-to-reach members.	The QI team selects a pilot market with a larger percentage of Black and LEP members. The pilot tested these steps: **1** The team identifies Black and LEP members who have not been screened by stratifying administrative data. **2** Educational brochures were mailed to at-risk members. **3** The team called members to discuss risks, concerns, and confusion. **4** Members that met medical criteria, and agreed to be screened, were scheduled for a procedure. **5** Members that did not meet medical criteria were referred to their provider. **6** Members not reached were referred to a social worker team for a home visit.
MEASURE	Pilot data are collected to assess the feasibility and effectiveness of the intervention. Data sources include: **1** Administrative data or information from electronic health records. **2** Feedback on ways to improve member engagement and satisfaction. **3** Defects in the implementation process.	The QI team collected the following data: • Screening rates before and after the pilot phase in the target population. • Objections members may have expressed. • Inaccurate phone numbers.

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EVALUATE	Evaluate if the pilot achieved the intervention aim(s) by studying the process and outcomes. The goal is to understand three things: **1** The size of the impact on the problem. **2** If the pilot reduced the health disparity. **3** How to improve the intervention. The following questions should guide the process evaluation: • What challenges emerged? • Did the intervention reach target members? • Was the pilot executed as planned? If not, what changed? • What did you learn?	Findings about the brochure and calls: • Members stated that they did not relate to the brochure, because it excluded racial and ethnic minorities. • Staff reported that the prevalence of inaccurate contact information and the lack of alternative phone numbers limited their success. • The pilot intervention increased colorectal cancer screening rates amongst Blacks and LEP members, which improved HEDIS rates. • Some members expressed increased satisfaction because the plan was proactive about helping them address risks.
ADAPT	Adapt the intervention to address problem areas prior to scaling the pilot. For example: • Update intervention goals. • Always communicate with members in their preferred language. • Monitor and address operational defects that impact vulnerable populations. • Recruit a diverse workforce.	The QI team adapted the intervention in the following ways: **1** Brochures were translated into major languages spoken by members. **2** Staff were trained to support a phone queue for members with LEP. **3** The sales team instituted a phone number standard operating procedure (SOP) during enrollment. **4** Plan recruited staff that spoke the prominent languages of the target population. The QI team presents results to the leadership to secure an executive sponsor and align the budget for large-scale intervention. **Goal: zero health disparities between the colorectal screening rates of Black and White members and LEP and non-LEP members.**

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IMPLEMENT	The implementation may include the following steps: **1** Identify a provider and operations lead to champion the intervention. **2** Strengthen workforce by training on best practices in reducing health disparities. **3** Stratify QI and executive dashboards with REAL data to evaluate ongoing success of the intervention.	The adapted pilot was executed across all plan markets. These tactics increased its effectiveness: **1** Members were encouraged to provide family member phone numbers to improve accuracy of contact information. **2** Staff became proficient in using interpretor services. **3** For members who could not be reached by phone, health plan social workers traveled to their homes for face-to-face conversation about colorectal cancer screening.
IMPROVE	There are many ways for an organization to improve its ability to reduce costly health disparities, such as: • Create a department or council focused on achieving health equity. • Identifying other health disparities by collecting disability, sexual orientation, and gender identity. • Aligning reports to monitor health equity throughout the organization. • Strengthening healthcare workforce by recruiting diverse staff. • Recruiting Advisory Boards from target population for continued quality improvement.	Leadership set aside a budget to create a Health Equity Solutions Department. • The quality improvement team added disability and sexual orientation questions to the members' health risk assessment. • Key reports were aligned to identify health disparities. • Health equity metrics were monitored and leaders were briefed on the success of the department. • The Health Equity Solutions Department worked with matrix partners to increase the staff and leadership diversity across the health plan. • The CAHPS team recruited a diverse Advisory Board to evaluate member feedback and satisfaction.

To sign up for email updates from CMS Office of Minority Health, visit: go.cms.gov/cms-omh, or for further information about how to use the data to improve the quality of care provided by your plan, including for a particular racial or ethnic group, please email StratifiedDataQI@norc.org.