

# Advancing Health Equity in Population Health

Learning Collaborative Session 1



# Who Are We?



The Center for Excellence in Primary Care (CEPC) identifies, develops, tests, and disseminates promising innovations in primary care to improve the **patient experience**, **enhance population health and health equity**, **reduce the cost of care**, and **restore joy and satisfaction** in the practice of primary care.



<https://cepc.ucsf.edu/>

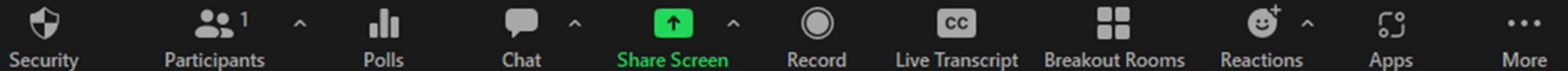
#### Questions?

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# Live Captioning

To enable live captioning:

- Go to the Zoom toolbar at the bottom of your screen
- Click on "Live Captioning"
- Select "Show Captions"



# Housekeeping



**Please turn your cameras on!** We'd love to hear your voice and see your face. We will be successful today if everyone is able to contribute at least once.



**Use the chat liberally.** Ask questions, make comments, indicate agreement.



**Take care of yourself.** Take breaks, move your body, and let us know if you need support.



# Learning Objectives

**By the end of the session, participants will be able to...**

1. Develop a common understanding about:
  - Equality v. equity
  - Root causes of inequities
  - Health equity v. healthcare equity
2. Use these in a framework for understanding equity/inequity work

# Agenda

- Welcome + Overview
- Primer on healthcare equity + population health
- Break
- Panel
- Wrap Up + Closing



A vibrant concert scene with a crowd of people raising their hands and confetti falling in the air. The image is filled with energy, with many hands reaching up towards the camera. The confetti is a mix of gold, silver, and blue, creating a festive atmosphere. The lighting is warm and focused on the crowd, with some blue and green stage lights visible in the background. The overall mood is celebratory and joyful.

Icebreaker! In the chat, please share...

What was your first concert?



# Impact on Primary Care

## 1: Primer on healthcare equity + population health

2: Data-driven improvement

3: Developing Interventions I: Who's at the table?

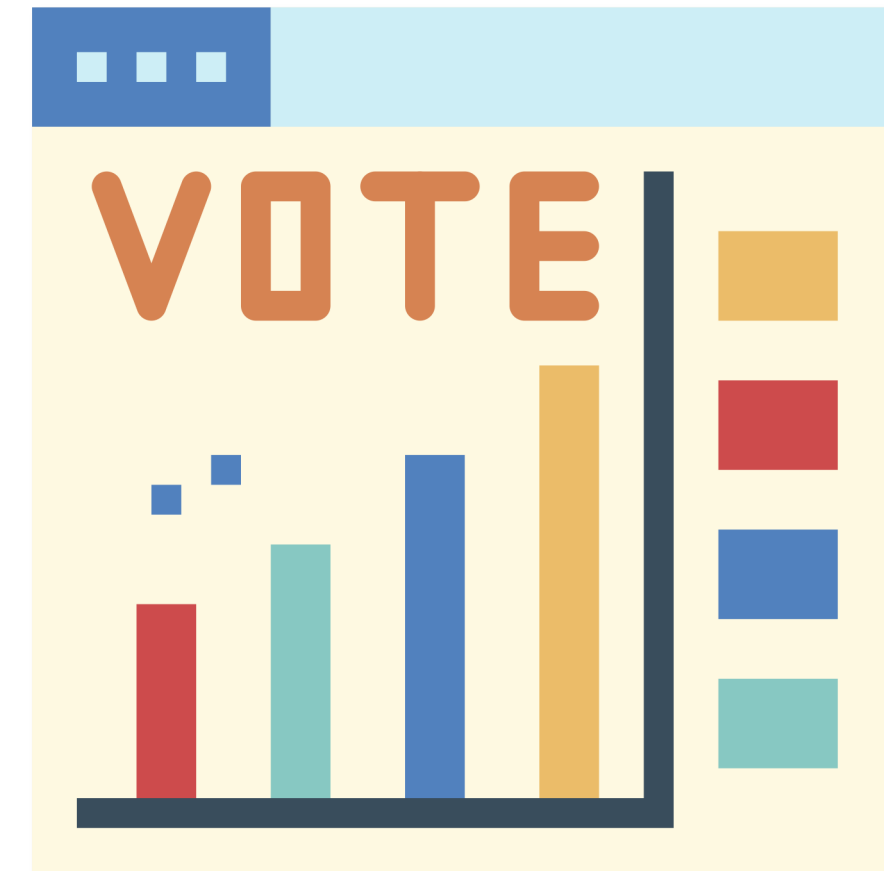
4: Developing Interventions II: Getting to the deep causes

\*Office hours & virtual colloquium



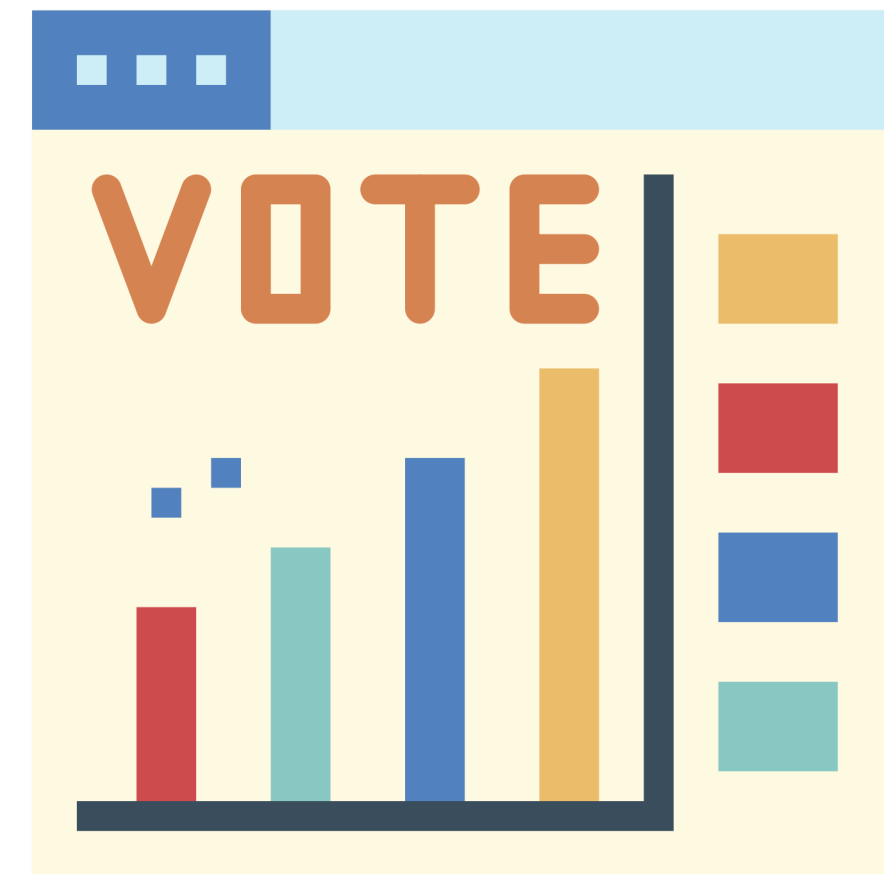
# Poll 1: Who's here?

- Behavioral/mental health
- Clinic leadership
- Community health worker
- Health coach/patient navigator
- Medical assistant
- Primary care provider
- RN/LVN
- Other: Please share in chat



# Poll 2: What is your past experience?

- Brand new to health equity/disparities
- Some experience
- Lots of experience



# Part 1: Colorectal cancer screening

You're at the quality improvement meeting for Clinic Blue. The QI team has been tracking colorectal cancer screening. While there have been some improvements overall, for some groups there have not been as much improvement. For example, the screening rates among Black/African American identifying patients have not had as much improvement.

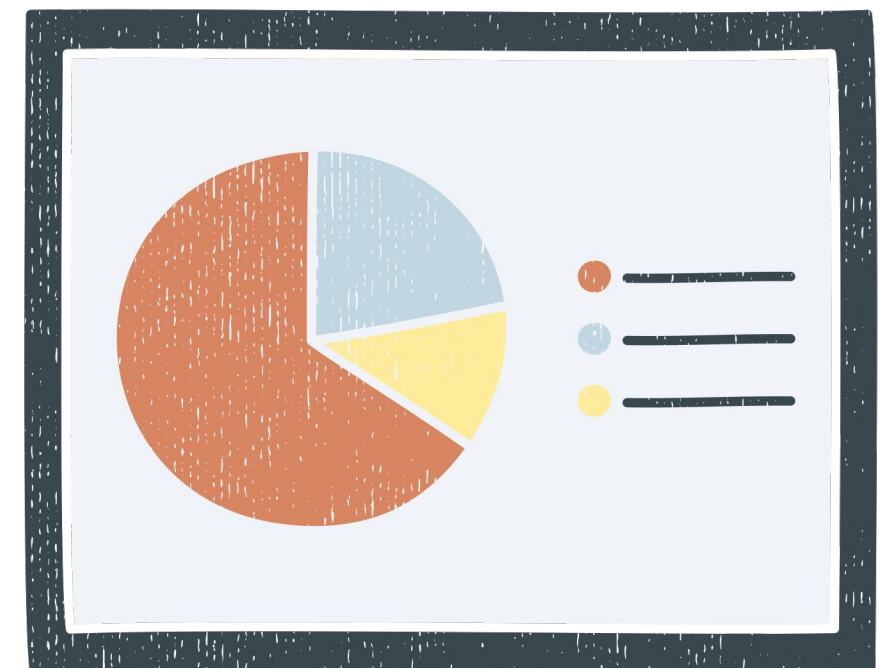
- What could be some of the contributors to this?



## Part 2: Colorectal cancer screening

The leadership team is excited about getting a new stool DNA test that will make colorectal cancer screening easier and thinks this will improve screening rates. They believe the new screening will be easier for everyone and help reduce the gaps for Black/African American patients as well.

- Do you think this new test will improve screening disparities?  
Why or why not?



# What is health equity?

Giving the same support for all  $\neq$  achieving the same outcomes

Health equity  $\equiv$  everyone has a fair and just chance to reach their best health.



**EQUALITY**



**EQUITY**

## Part 3: Colorectal cancer screening

The team discusses how the screening rates are worrisome, as B/AA patients have the highest incidence and mortality of colorectal cancer in the country.

A new staff member asks, "What if it's just genetic? Maybe there isn't anything we can really do about it."

- What do we think?
- What may be causing the differences for the B/AA patients?

# What causes inequities?

## What is race?

- Is NOT a biological trait
- Is NOT a meaningful way to gauge genetics or ancestry
- Is NOT an independent risk factor for disease
- IS a social construct
- IS a mediator of structural inequalities from racist policies



# What causes inequities?



**"A system that structures opportunity and assigns value based on the social interpretation of how one looks - that is, on one's so-called race - which unfairly disadvantages some individuals and communities; unfairly advantages other individuals and communities; and saps the strength of the whole society through the waste of human resources."**

~ Dr. Camara P. Jones

# Different levels of racism: Individual racism

- **Racial Bias:** Pre-judgment or bias about another person or group of people based on their race. This can be unconscious.
- **Discrimination:** Action to minimize or criticize another person or group of people based on prejudice or bias.
- **Internalized Racism:** When someone minimizes, criticizes, or devalues themselves because of their race. It also can look like valuing features or other cultures over one's own.

# Different levels of racism: Explicit v. implicit

## Institutional: Explicit

Policies that explicitly discriminate against a group.

### Example:

A hospital refusing to hire people from a specific racial/ethnic group

## Institutional: Implicit

Policies that negatively impact one group non-explicitly.

### Example:

Policy that requires patients to reschedule if they are 15 minutes late to an appt



## Individual: Explicit

Prejudice in action – discrimination.

### Example:

Medical student believes that Black/AA people feel less pain than others

## Individual: Implicit

Integrated attitudes & beliefs.

### Example:

Black/AA patients not being provided adequate pain medication



# What causes health inequities? Systemic racism



# What causes health inequities? Structural racism

## What is structural racism?

- "history, ideology, culture and interactions of institutions and policies that perpetuate inequity"
- Broader than individual racism and institutional racism



<https://creativeequitytoolkit.org/topic/organisational-culture/racism/>

Cerdena JP, Plaisime MV, Tsai J. From race-based to race-conscious medicine: how anti-racist uprisings call us to act. *Lancet* 2020; 396:1125-28.  
Jones CP. Levels of Racism: A Theoretic Framework and a Gardener's Tale. *Am J Public Health* 2000;90(8):1212-1215.

# Discussion: The patient perspective

- Patient A is consistently late to their appointments.
  - Patient B has not picked up their cholesterol medication which was prescribed at their last visit three months ago.
  - Patient C does not seem comfortable asking questions and does not share a lot of information with you.
- What do you think may be going on?



## Part 4: Colorectal cancer screening

One of the managers notes that many of the B/AA patients of the clinic live in a neighborhood with a history of environmental toxins and poor access to healthy foods, and that these are contributors to cancer risk.

They ask, "There are so many issues that need to be fixed to improve these conditions, but by the time the patients get to us these all have already happened to them. How are we supposed to help?"

➤ What might be things about colorectal cancer that the clinic can impact?

# What is health care equity?

Health care equity is measured by the access, the experience and the outcomes of every patient.

- **Access:** patients get the care they need
- **Experience:** patients receive care with which they are satisfied
- **Outcomes:** the results of the care the patients receive





# What are health care inequities?

**Health inequities:** differences in health status (burden of disease, injury, violence, or opportunities to achieve optimal health) between populations closely linked to social and demographic factors

**Health care inequities:** differences in health care (access + patient experience + clinical outcomes) between populations related to social or demographic factors

- *are preventable*
- *signal gaps in care quality*
- *can compromise health system finances (e.g., readmissions, under/overutilization of resources)*

## Part 5: Colorectal cancer screening

One of the clinicians notes that many of the patients who appear to be behind on colorectal cancer screening do not often come back to the clinic for regular care but may only have an occasional drop in for an urgent issue. They say, "I do my best when they come in, but honestly the routine screenings often fall by the wayside during the visit when we're focused on other things. What else can we do?"

- What do we think about this situation?

# What is population health?

- Population health refers to the health outcomes of a population, including attention to inequities.
- Defined populations may be:
  - a clinician's panel
  - populations of cities or neighborhoods
  - ethnic groups, prisoners, people with disabilities in California, etc.
- Population health considers what interventions in addition to medical care are needed to keep a population healthy (jobs, safe environment, reasonable income)



# What is population health?

Population health management inherently should involve addressing health equity and social determinants of health.

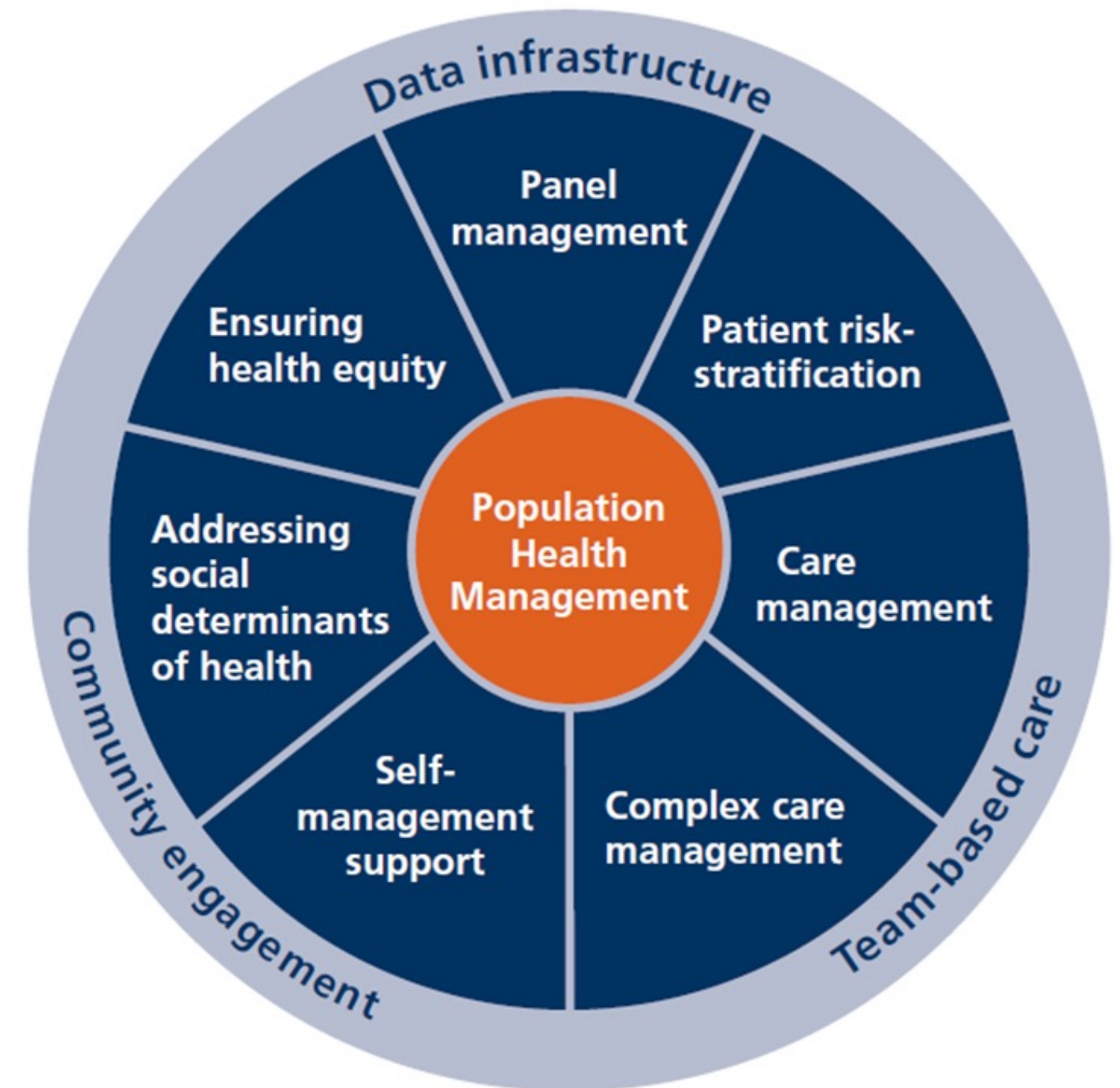


Figure 1. The 10 interrelated requirements of a comprehensive population health management system.

# Panel management

Ensuring that **ALL** patients in our panel get recommended preventative and chronic care



# Panel management: Care gaps

A care gap exists when a patient is overdue for a service that should be done periodically or when a patient is not within goal range for a particular disease or condition.

## Process care gap

A patient who has not had an HbA1c test within the recommended 6 months



## Outcome care gap

A patient who has an HbA1c over the recommended goal of 8 or less

# Panel management: In-reach and outreach

## In-reach

Identifying and addressing care gaps for patients present in clinic or with scheduled appointments

Accomplished by scrubbing charts and/or using the EMR health maintenance screen



## Outreach

Reaching out to a patient - via phone, letter, or patient portal - who do not have scheduled visits to close gaps in care

Engaging with patients who may not regularly be seen at the clinic



# Panel management: Reaching out

- Going beyond the traditional clinic walls and systems to meet community members where they are
- Not relying on simply continuing to ask more from burdened communities





# Part 6: Colorectal cancer screening

What workflows could the clinic look at that might have an impact on colorectal cancer screening rates?

- What could be done using **inreach**?
- What could be done using **outreach**?
- What could be done to **reach out**?

# Practice: Bring it home

Think of one metric that your clinic/health network has an interest in improving.

- Is this a process care gap or an outcome care gap?
- What disparities have you seen in your data about this metric?
- What are possible underlying causes that may be disproportionately affecting subgroups of your patients?
- What is an example of a healthcare-related inequity that could be contributing from each of these categories?
  - Access
  - Patient experience
  - Outcomes

Break!



# Welcome, panelists!



**Blake Gregory, MD**

Primary Care Director of Population Health and Quality  
Medical Director, Complex Care Program  
San Francisco Health Network, Primary Care Section



**Tiffany Kenison, MD, MPH, MSHPM, MTS**

Primary Care Director of Equity and Care Experience

Thoughts, Questions, Comments?



# Wrap Up

Please remember to complete the post-session survey that will pop up once you leave the meeting.

# Impact on Primary Care

1: Primer on healthcare equity + population health

## **2: Data-driven improvement**

3: Developing Interventions I: Who's at the table?

4: Developing Interventions II: Getting to the deep causes

\*Office hours & virtual colloquium



# References/resources

- [Concentrating Vaccines in Neighborhoods with High Covid-19 Burden \(New England Journal of Medicine\)](#)
- [Systemic and Structural Racism: Definitions, Examples, Health Damages, and Approaches to Dismantling \(Health Affairs\)](#)
- [Systemic Racism Explained, Act.Tv \(YouTube\)](#)
- [UCSF Differences Matter](#)