



Roadmap to HEALTH EQUITY

Peer Learning
Network

- We'll get started in just a moment.
- Please make sure you are on mute unless you are speaking.
- We will have time for questions at the end, but feel free to type a question into the chat any time.
- If you'd like to ask a question or make a comment, please use the "raise hand" function.



Roadmap to HEALTH EQUITY

Cohort 2

August 7th, 2025 | 11:00am ET



Hello!

My name is _____

- Your name
- Your clinic
- Location (City/State)

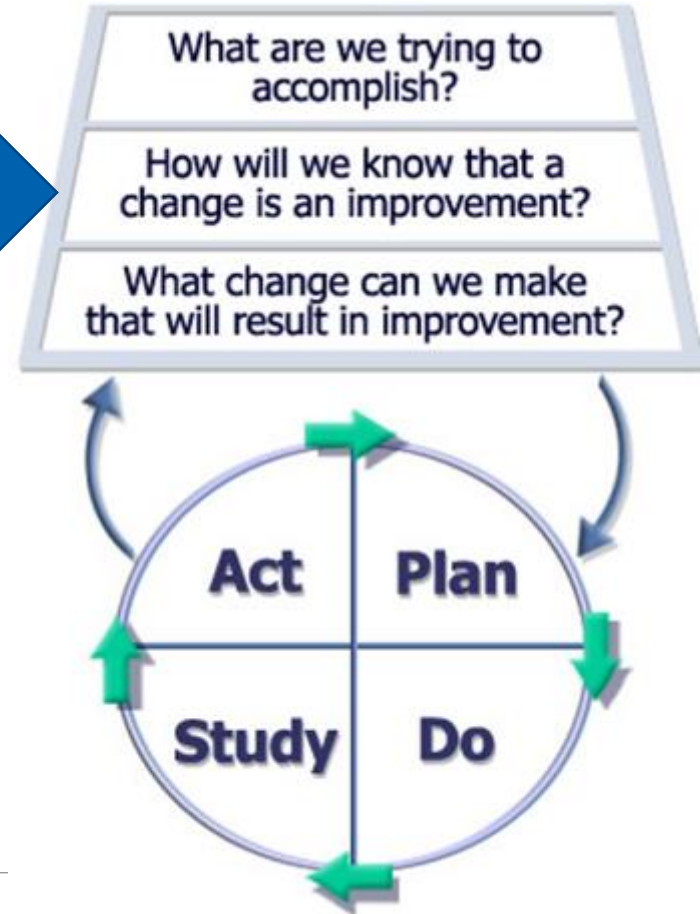
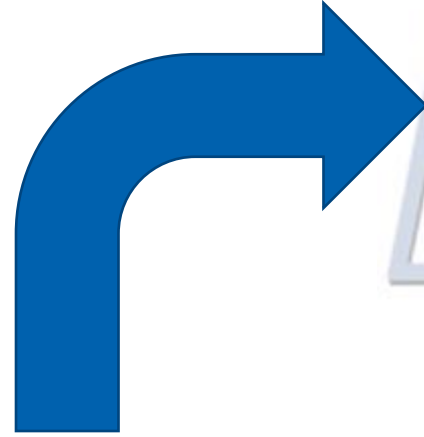


In this session we will discuss...

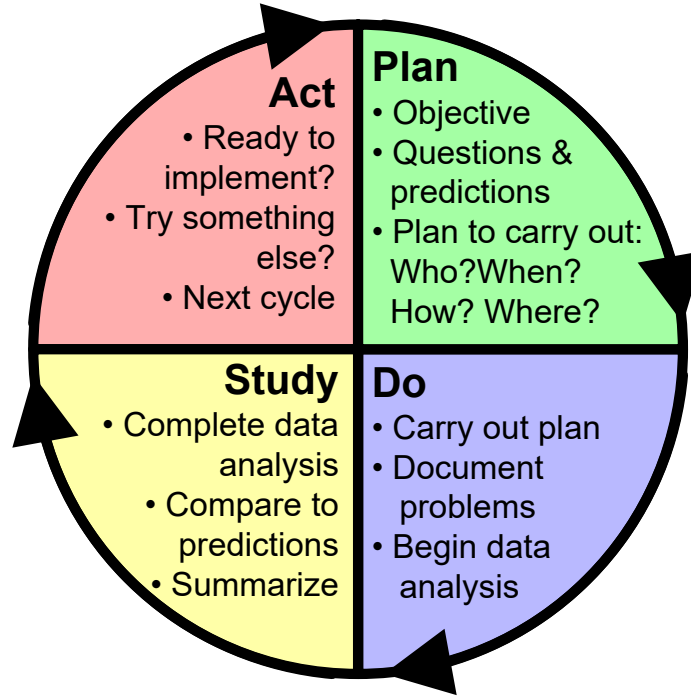
1. How to leverage the roadmap data in conjunction with your own EMR data
2. How we view and analyze data in improvement
3. Using your data to tell a story and engage others in improvement



You are here!



From our last call



Roadmap data – your starting point

Participation

- Clinic Participation by Reporting Year
- Participation by Clinical Quality Measure across Reporting Years

Performance

- Clinical Quality Outcomes from the Reporting Year among Free and Charitable Clinics
- Clinical Quality Outcomes from the Reporting Year among Free and Charitable Clinics versus External Benchmarks
- Clinical Quality Outcomes by Race and Ethnicity
- Clinical Quality Outcomes by Potential Language Barrier



Roadmap data – your starting point

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- Participation by Clinical Quality Measure across Reporting Years

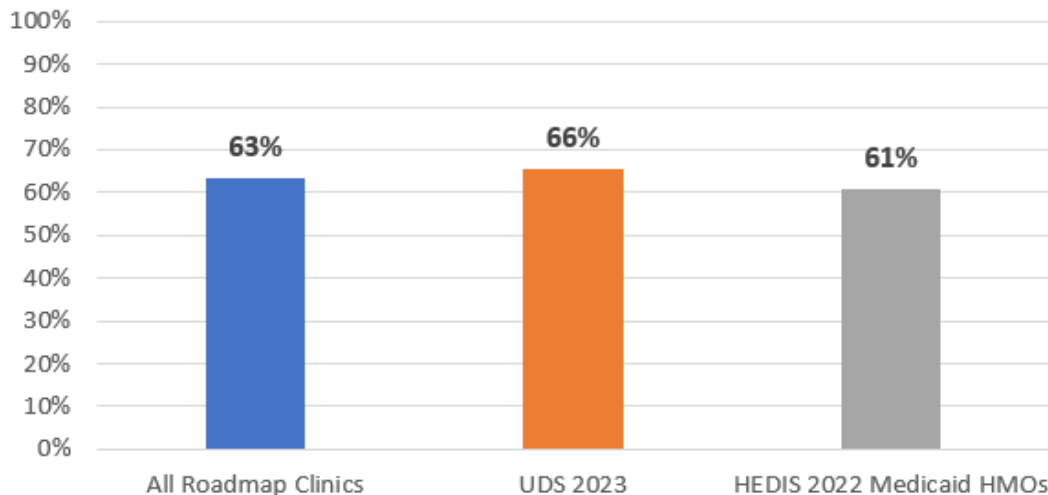
Performance

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- Clinical Quality Outcomes from the Reporting Year among Free and Charitable Clinics versus External Benchmarks
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% of Patients with Hypertension with Controlled Blood Pressure, Roadmap Clinics vs. National Benchmarks

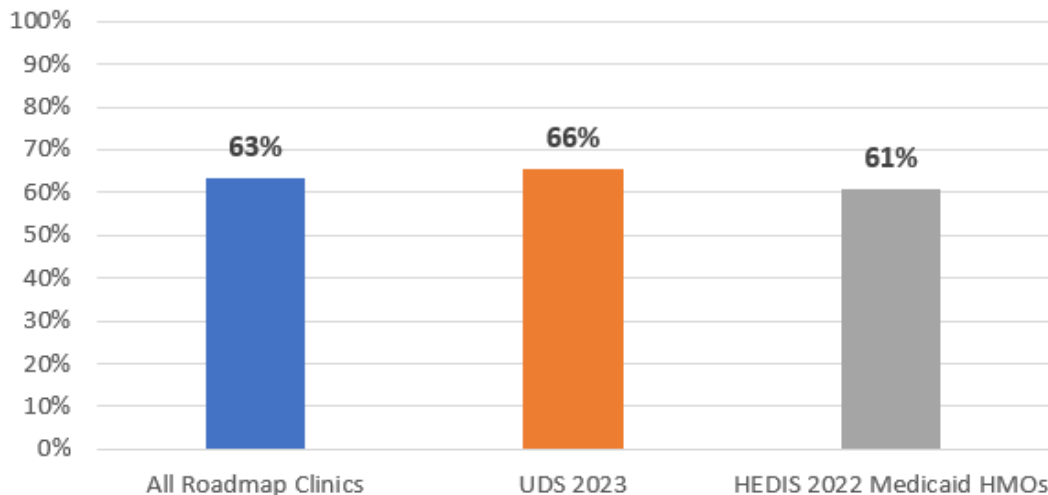


N=83 clinics, 15,346 patients





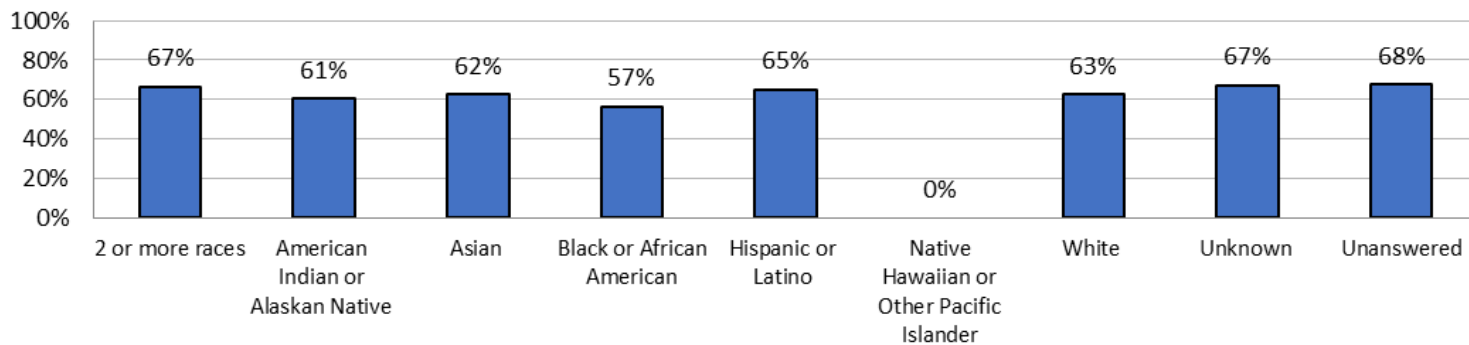
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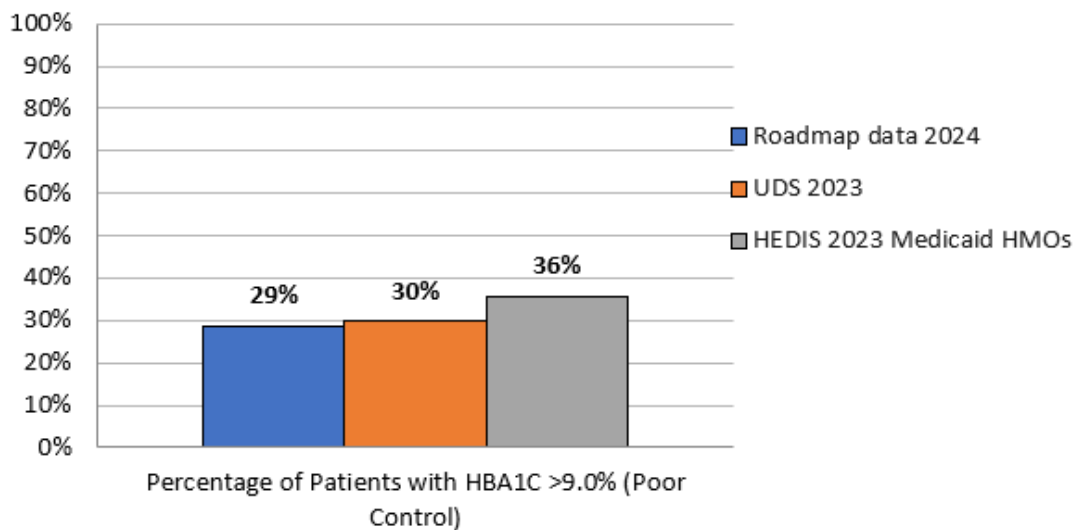


Blood Pressure Control among Patients, by Race/Ethnicity (%)
All Roadmap Clinics, 2024





HBA1C Poor Control, Roadmap vs. National Benchmarks

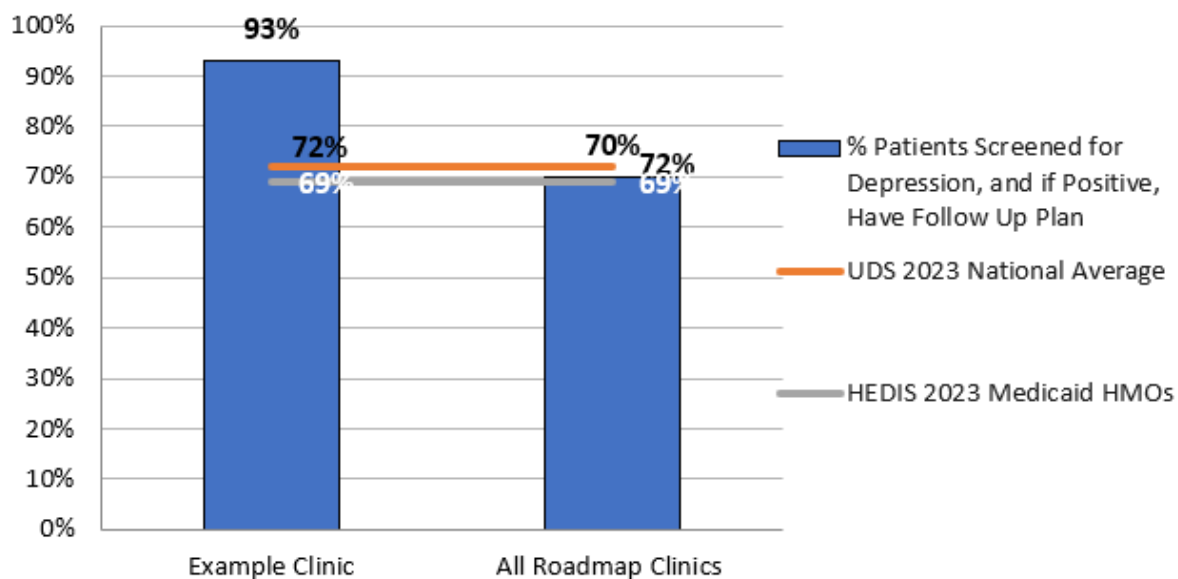


N=76 clinics, 10,967 patients





Depression Screening and Follow Up, Roadmap Clinic vs. Peers vs. National Benchmarks



Leveraging data to support improvement



**You don't need to love data,
you just need to understand what its trying to tell you!**



The data feelings spectrum



Three types of measurement

Adapted from: Lief Solberg, Gordon Mosser and Sharon McDonald, *Journal on Quality Improvement* vol. 23, no. 3, (March 1997), 135-147.

	Improvement	Accountability (Judgment)	Research
<u>Aim</u>	Improvement of care	Comparison, choice, rating and rankings	New knowledge
<u>Methods:</u>			
• Test Observability	Test observable	No test, evaluate current performance	Test blinded or controlled
• Bias	Accept consistent bias	Measure and adjust to reduce bias	Design to eliminate bias
• Sample Size	“Just enough” data , small sequential samples	Obtain 100% of available, relevant data	“Just in case” data
• Flexibility of Hypothesis	Flexible hypotheses, changes as learning takes place	No hypothesis	Fixed hypothesis (null hypothesis)
• Testing Strategy	Sequential tests	No tests	One large test
• Determining if a change is an improvement	Analytic Statistics Run & Control charts	No change focus	Enumerative Statistics (t-test, F-test, chi square, p-values)
• Confidentiality of the data	Data used only by those involved with improvement	Data available for public consumption and review	Research subjects' identities protected

Three Types of Measures



Outcome Measures

- Point to qualities that are valued
- Is this system meeting the needs of those who it cares for?
- Is our improvement work making a meaningful impact?



Process Measures

- Are the parts/steps in the system performing as planned?
- Are we on track to influence the Outcome measure(s)?



Balancing Measures

- Are we producing unintended consequences?
- Looking at a system from different perspective
- What happened to the system as we improved the outcome and process measures?



Potential Set of Measures for Controlling Blood Pressure

Aim	Outcome Measures (1-2)	Process Measures (3-5)	Balancing Measures (optional 1-2)
75% of patients at XYZ clinic have BP at or below target by October 2025	% pts with most recent blood pressure reading at or below target	% patient with BP out of control seen in the last 6 month % patients on appropriate BP lowering medications %Patients with BP out of control who have had pharmacist consult	Case load for Community Health Workers



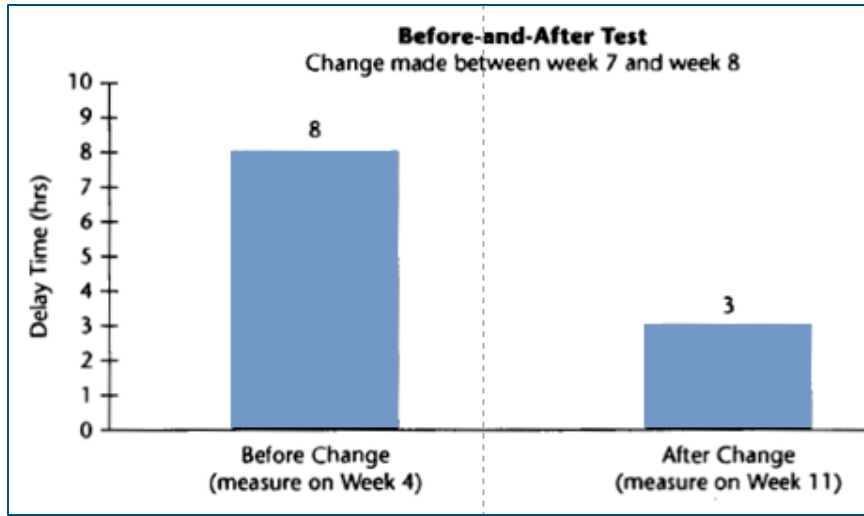
Now you have data, what do you do with it?



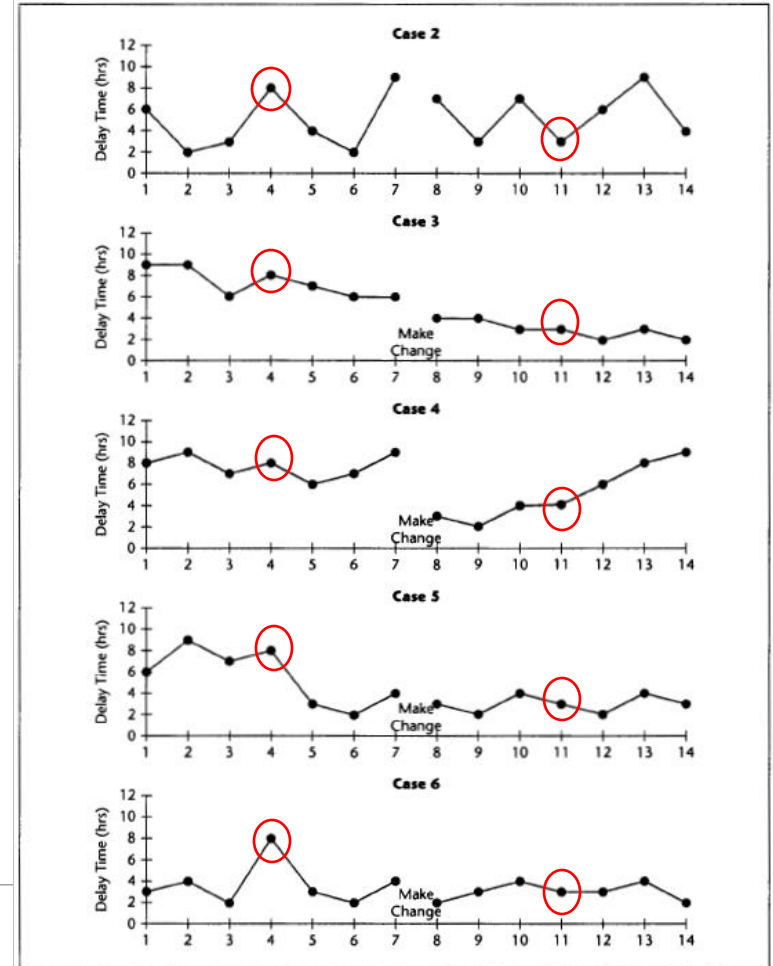
Visual Display of data

- How we perceive the situation
- How others perceive the situation
- How we identify improvements or degradation
- How we engage in conversation about next steps



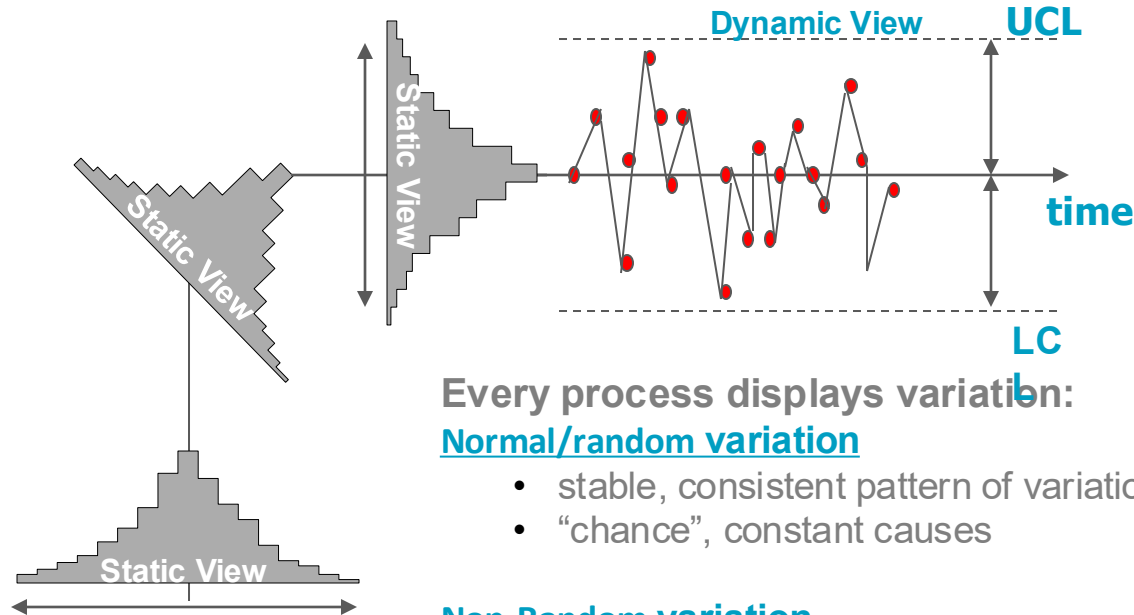


Which one(s)
make the case for
improvement?



“What is the variation in one system over time?”

Walter A. Shewhart - early 1920's, Bell Laboratories



Every process displays variation:

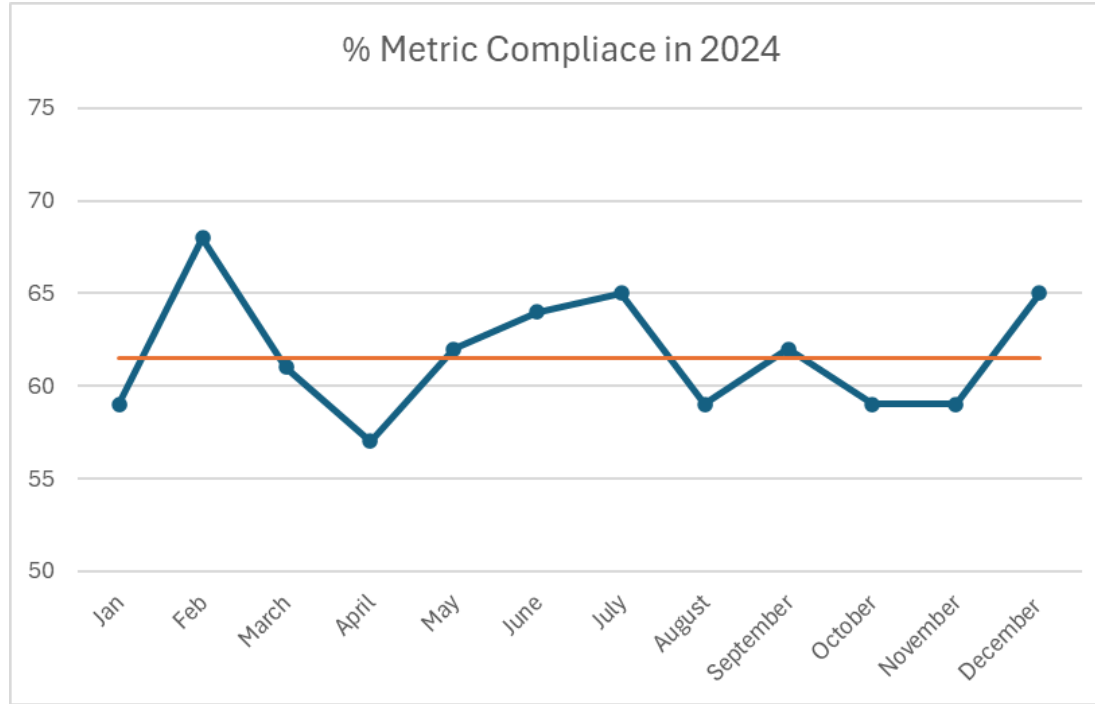
Normal/random variation

- stable, consistent pattern of variation
- “chance”, constant causes

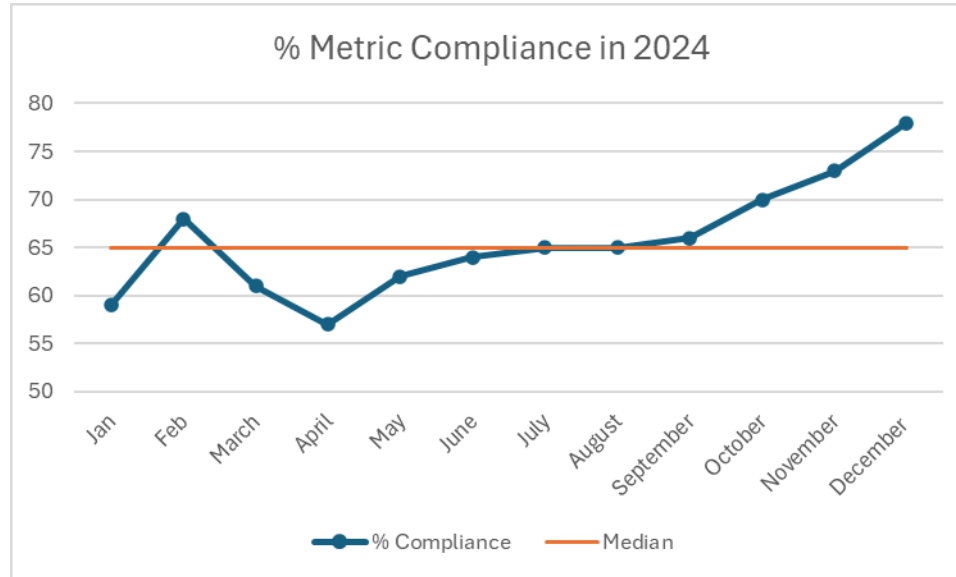
Non-Random variation

- Something is happening
- Pattern changes over time
- Expected or unexpected

Random Variation over the course of the year



Non-Random Variation over the course of a year



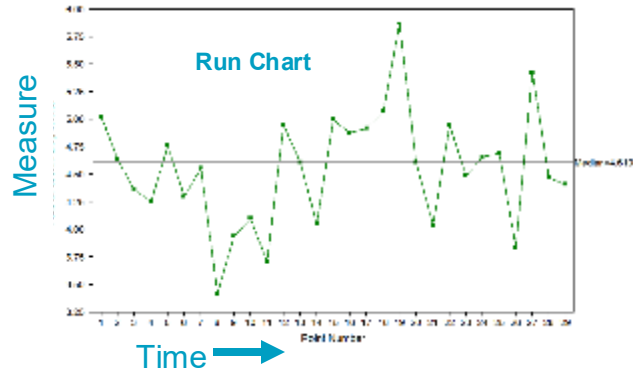
So what?

If we react to random variation as if it were special, we run the risk of....

- Degrading quality further
- Blaming individuals for systems failures
- Driving people to 'game the system'



How do we analyze variation in QI?

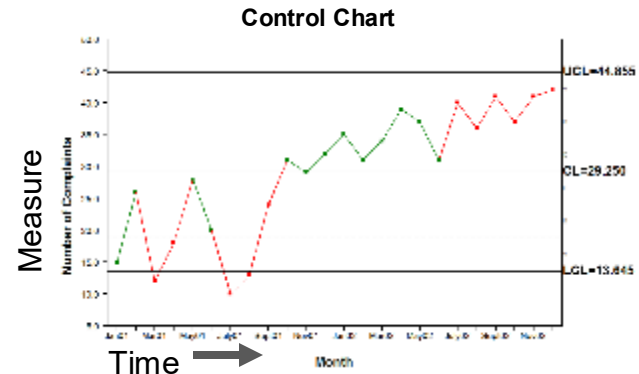


A Run Chart:

- Is a time series plot of data
- The centerline is the Median
- 4 Run Chart rules are used to determine if there are random or non-random patterns in the data

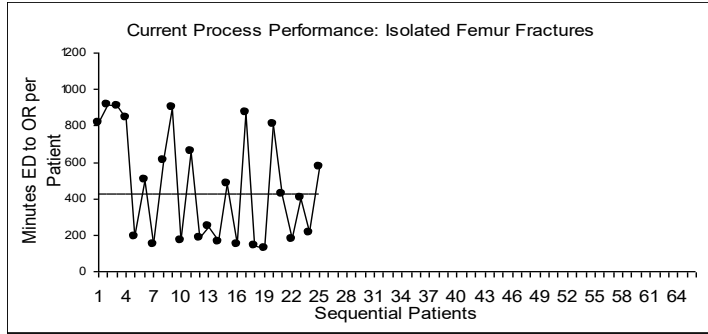
A Control Chart:

- Is a time series plot of data
- The centerline is the Mean
- Added features include Upper and lower control Limits (UCL & LCL)
- 5 Control Chart rules are used to determine if the data reflect common or special causes of variation

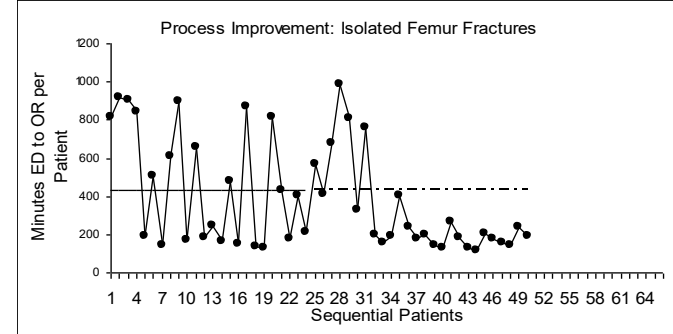


Three Uses of Run charts

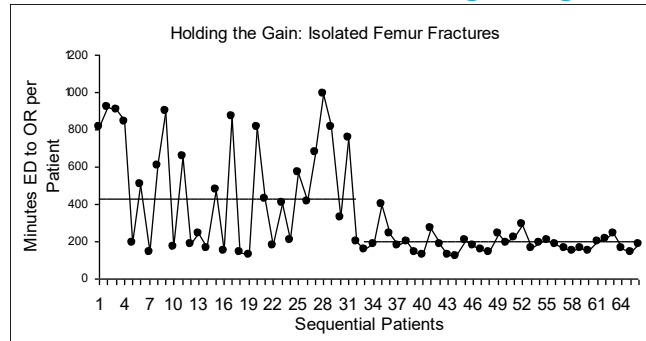
1. Make process performance visible



2. Determine if a change is an improvement



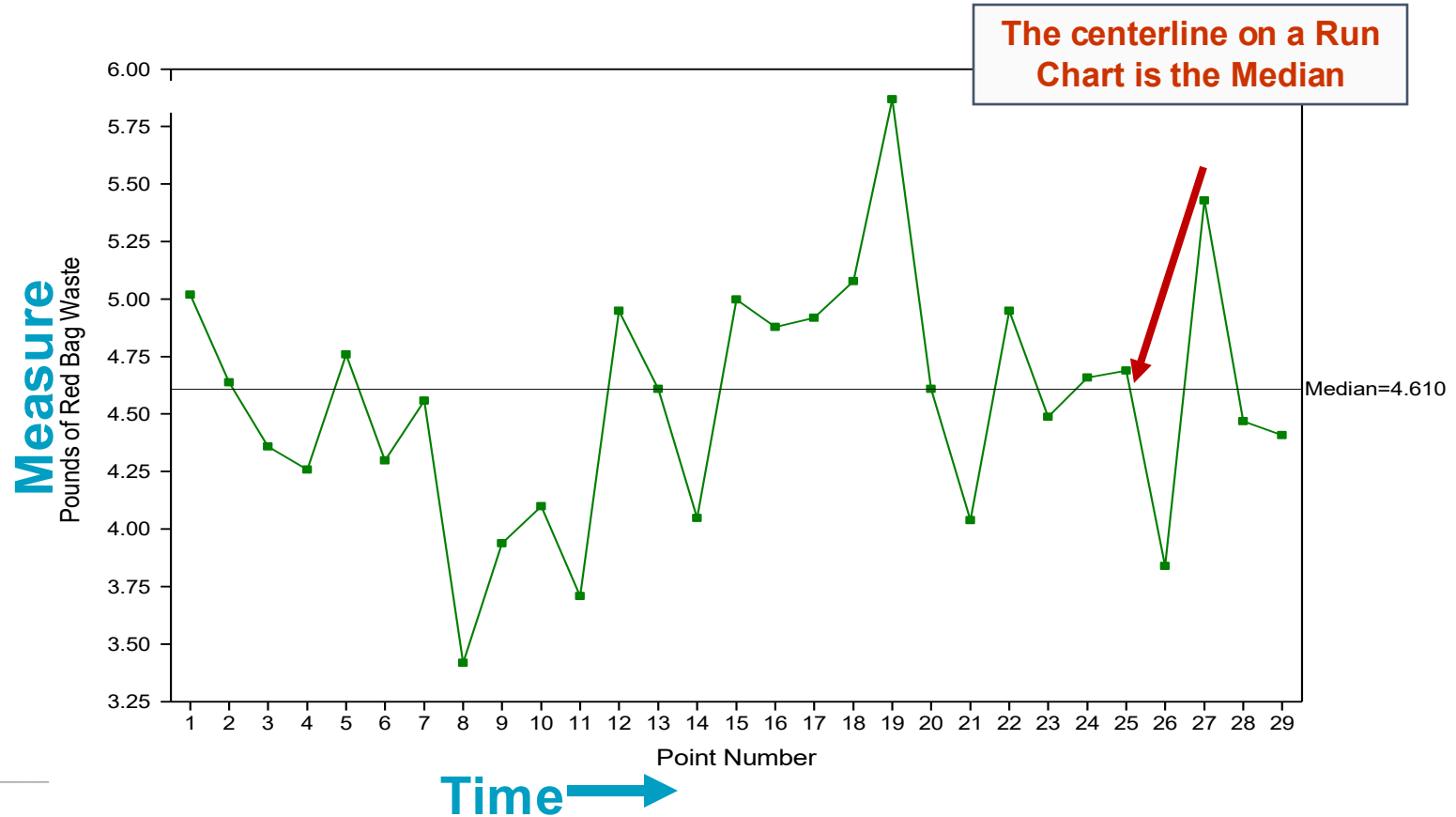
3. Determine if we are holding the gains



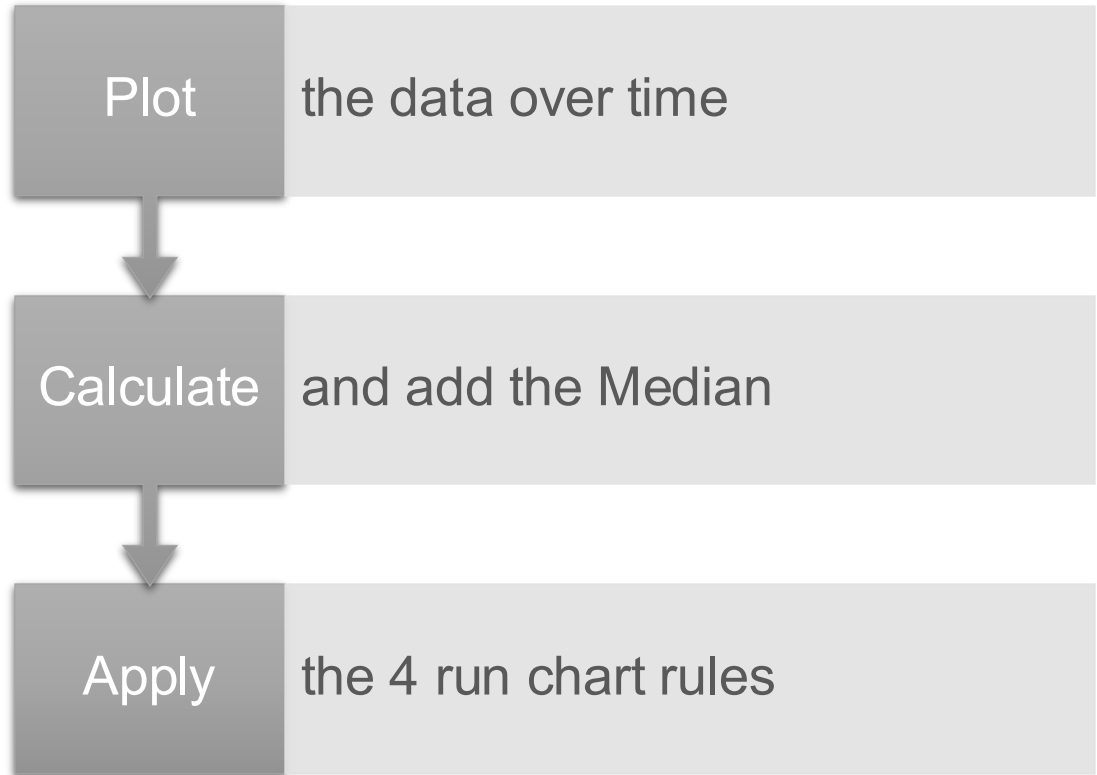
Using Run Charts to Display Data



Elements of a Run Chart

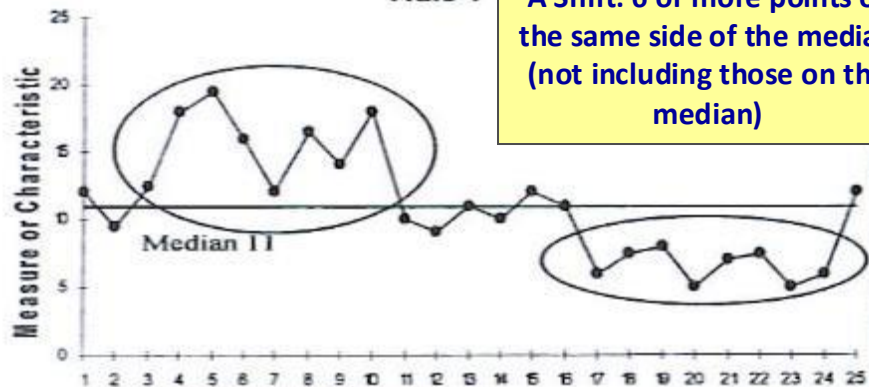


How do we analyze a Run Chart?



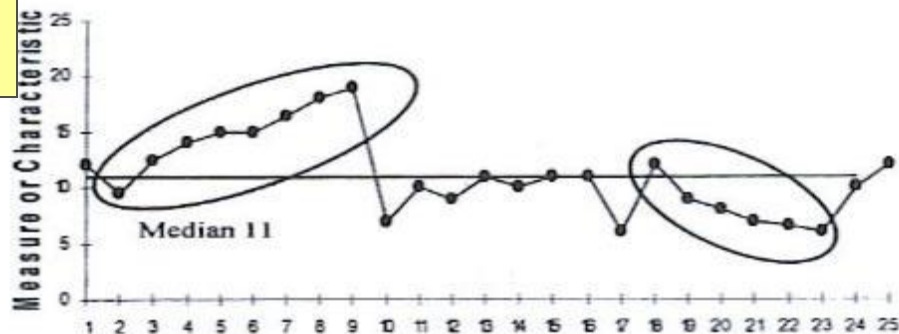
Rule 1

A Shift: 6 or more points on the same side of the median (not including those on the median)



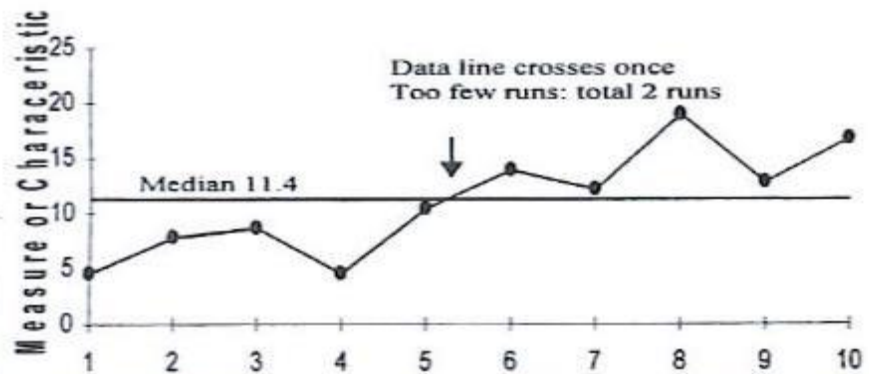
Rule 2

A Trend: 5 or more in the same direction, ignoring points w same value



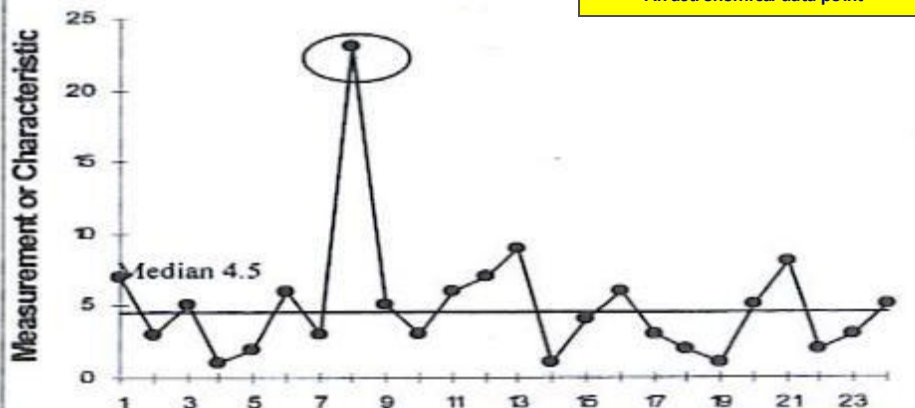
Rule 3

Too many or too few runs



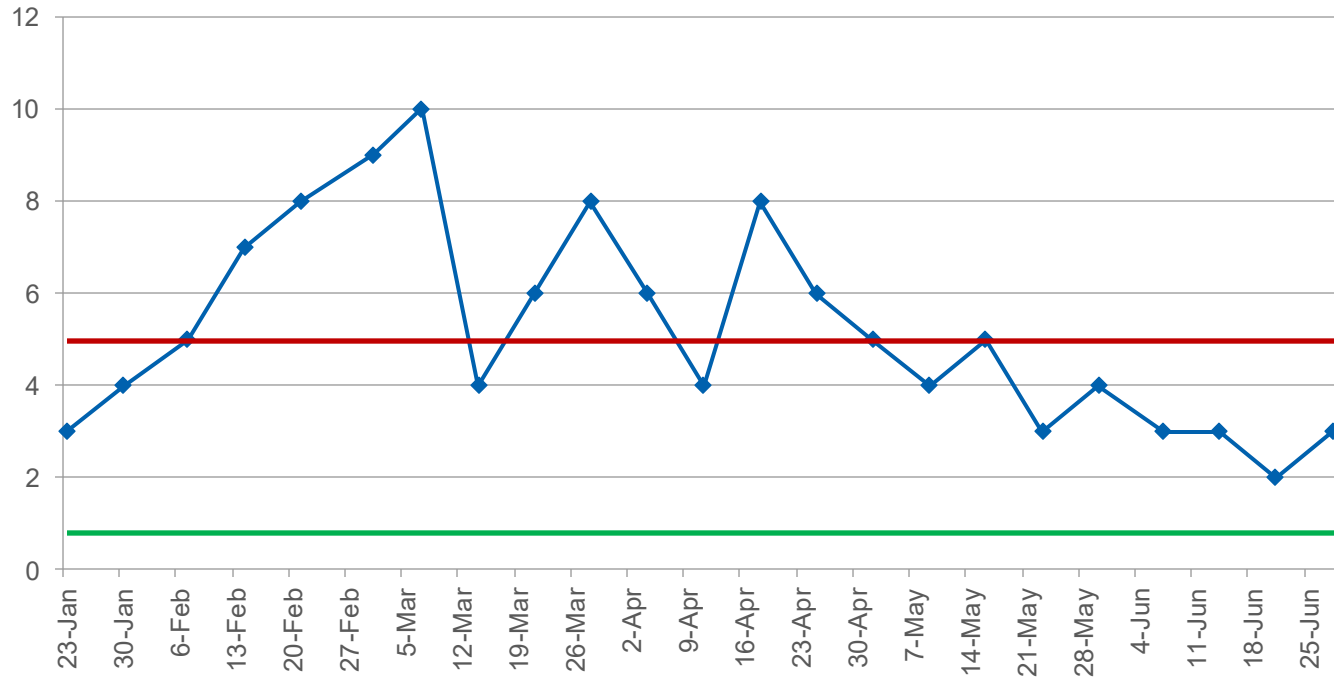
Rule 4

An astronomical data point



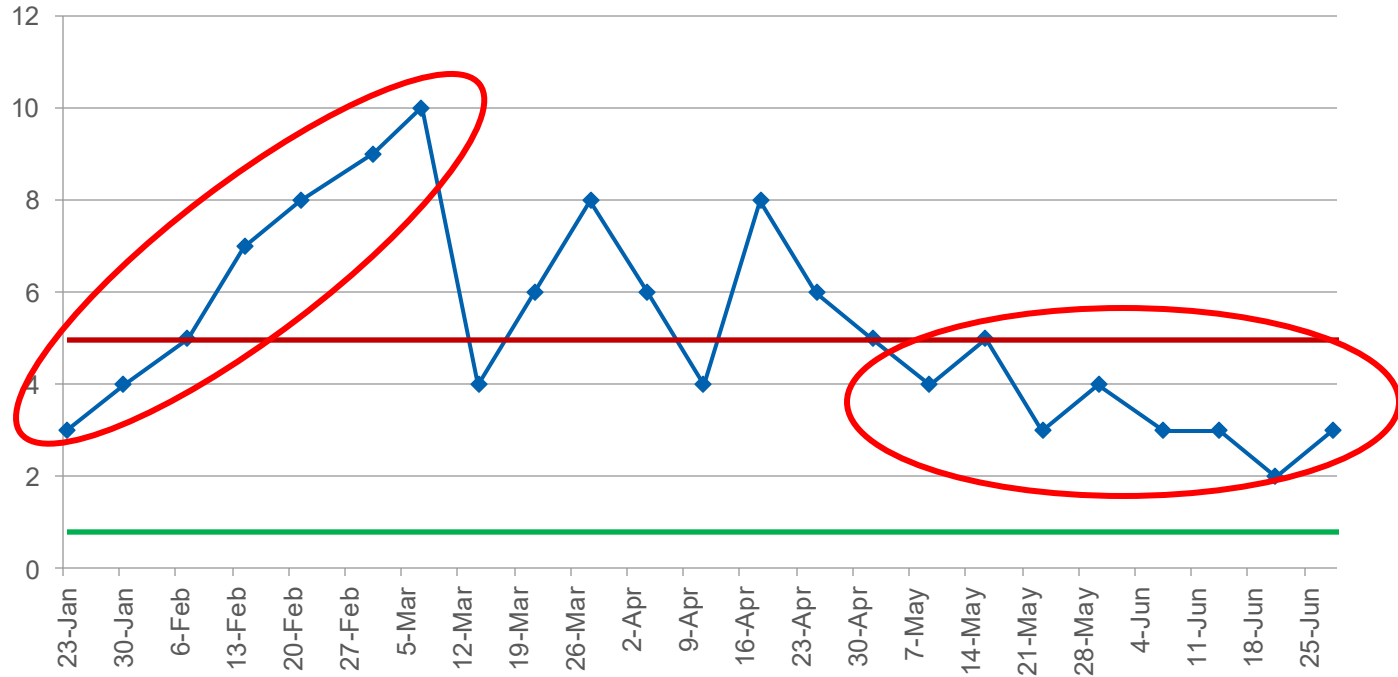
What do you see?

**# times/day items required for appointment
were not available when needed**



What do you see?

times/day items required for appointment
were not available when needed



Video on applying Run chart rules

<https://youtu.be/YQd1QoMHYwU>

7min 28 seconds



Whiteboard: Run Chart 1

43,296 views • Oct 7, 2013

113 DISLIKE SHARE SAVE ...



Why use storytelling with data?

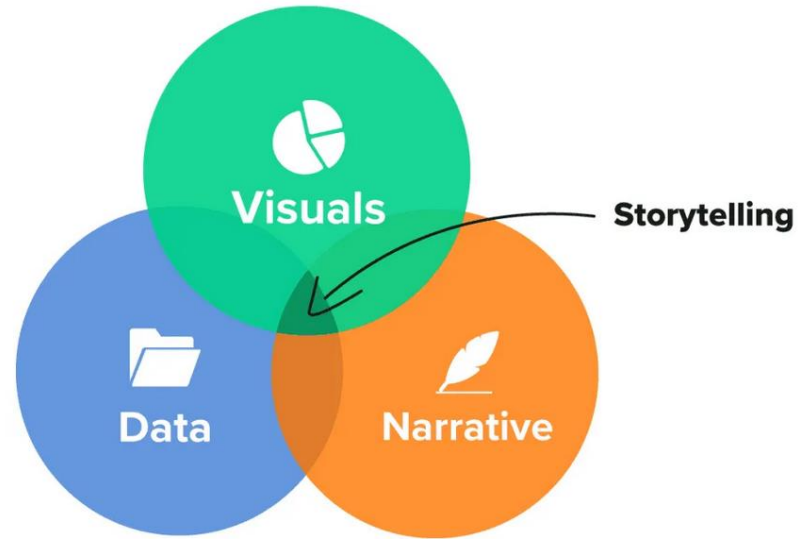
- Increases engagement
- Make the data more accessible
- Inspires action
- Helps to make better decisions



Storytelling with Data

- Data: sources of information
- Visuals: graphs, charts that make data easy to understand
- Narrative: human element

GOAL: Bridge the gap between data and insights into the data;
garner attention, memory, action



[Source](#)



Determine Audiences

- Share internally and externally
- Don't forget patients!
- Present the information in a way that they will understand
 - What is the take home message for the different groups?
 - What do you know about how these groups can take in information?
 - What action are you hoping for?



Tips

- Select the right data
- Craft your story: weave the visuals into the narrative
- Make sure your visuals are clear and easy to understand
- Use colors – make sure there is contrast, maybe aligns with your logo colors

DATA



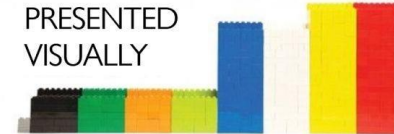
SORTED



ARRANGED



PRESENTED
VISUALLY



EXPLAINED
WITH A STORY



[source](#)



Good Samaritan Health Center– 2024 Annual Report

7,322 lbs.
of naturally grown produce
harvested from our farm

76.5%
of hypertensive patients
demonstrated improvement
and/or met their goal blood pressure

Medical Team: Welcomed Dr. Gibson as a team member, launched a care management program for chronic diseases, and introduced initiatives to increase HIV and hepatitis screening rates.

Behavioral Health Team: Added psychological services, provided staff with mental health first aid training, and certified two team members as instructors.

1,048
Counseling
Encounters

This year's
highlights

Health Education Team: Partnered with Open Hand to offer cooking classes, meal delivery, yoga, group education, and exercise programs.

+10K
prescriptions filled

7%
Income
increase from
2023 to 2024

Dental Team: Continued to expand our pediatric dental program, offering dental services to all ages.

Open Arms Free Clinic – 2024 Annual Report

70%
of Open Arms patients are
employed and do not have
health insurance coverage

Learn more.
Read "The People
We Serve"
on our blog.

Employment by Industry

 Agriculture 4%	 Construction 4%	 Gardener 5%
 Health Care 4%	 Hotel 5%	 Manufacturing 16%
 Restaurant 20%	 Retail 5%	 Other Services 29%
		 Other 8%

A1C TESTING

Total Patients Counted: 121

Chesapeake Care Clinic

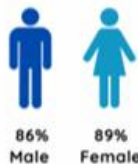
Benchmark: 2,125 patients from 15 clinics



TOTAL PATIENTS CONTROLLED



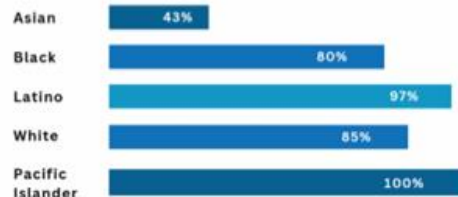
BY SEX



BY ETHNICITY



BY RACE



BLOOD PRESSURE CONTROL

Total Patients Counted: 196

Chesapeake Care Clinic

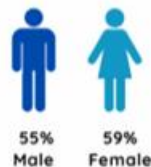
Benchmark: 24,769 patients from 80 clinics



TOTAL PATIENTS CONTROLLED



BY SEX



BY ETHNICITY



BY RACE





Questions

Actions to consider

1. Start graphing at least one measure in run chart form no matter how much data you currently have.
2. Explore which of your measures you can track monthly
3. Change the way you share data in your clinics from spreadsheets or bar charts to line/run charts for a few measures that are key to you work.

