Appendix E
Health Equity Measures

Applicant Integrated Health Partnerships (IHPs) are required to propose an intervention to address social determinants of health, and will be held accountable for agreed upon health equity measures related to the proposed intervention upon contract execution. IHPs are required to propose an intervention in their response to the Request for Proposal (RFP) using the following template. Interventions should be based on the applicant IHP's knowledge of the health disparities impacting the patient population. This proposal may be modified or refined during contract negotiations, based on data available and technical assistance from DHS. Please see Section 6.3 of the IHP 2024 RFP for additional details around social determinants of health and community engagement.

Proposals should include Equity Measures that monitor the effectiveness of the program. For example, an intervention focused on food insecurity could monitor such things as, how many patients are screened, how many screen positive, how many are connected with services, etc. Additionally, all interventions will include metrics related to patient experience and outcomes as these are important aspects of evaluating the intervention. IHPs should consider and include these types of measures when submitting the Equity Measures in the template below. DHS will work with IHPs to determine the appropriate implementation timeline for these types of measures and IHPs are encouraged to consider this based on the age of the intervention. If the specific measure(s) are not known, DHS will work with the IHP to build in appropriate flexibility so IHPs can select the measures that are most appropriate for their intervention and population.

Applicant IHPs who participated in the IHP program in performance year 2023 may propose to continue the equity intervention included in that contract in response to this RFP. However, these Applicant IHPs must clearly indicate previous learnings, articulate how those learnings are incorporated into the intervention, and whether any changes will be made to expand or enhance the intervention. These Applicant IHPs will need to consider enhancements to existing metrics or propose new metrics that more effectively capture the impact of continued interventions.

Please answer the questions in the template below and submit along with your application. All sections must be completed (e.g., IHP name and title of the intervention, target population, explanation of the issue this intervention is designed to address, etc.). Submission of this Appendix must be submitted via WORD format. The Applicant IHP may incorporate the response to this template in a PDF with the full application, if desired, but then it must also be submitted as a WORD document to facilitate a potential contract.

Health Equity Measures Template

IHP Name – Title of the Intervention

Target population: *Please identify target populations.*

Explanation of the issue this intervention is designed to address: *Please explain the issue your intervention is designed to address. For example, what are the barriers standing in the way of better health for the target population?*

Proposed solution: To (*please restate the issue your intervention is designed to address*), the IHP will (*please succinctly state the desired outcome of the intervention*).

Please fill in the blanks in the sentence above to explain the goals of this intervention. Here are some examples of solution statements:

> *To reduce the inappropriate use of opioids by patients and rates of opioid addiction, the IHP will work to decrease the rate of inappropriate opioid prescriptions by 30% in the next three years using a team-based care approach.*
>
> *To increase access to primary care services, the IHP will incorporate the community paramedics' model of care at three distinct primary care clinics.*
>
> *To address barriers that have a negative impact on health, specifically food insecurity, the IHP will screen the IHP population for food insecurity and connect individuals in need with community resources to help meet those needs.*

Intervention: *Please explain the steps the IHP is planning to take to implement the intervention. Please be as specific as possible. (e.g., When/where will patients be screened and by whom? Which screening tools will be used? How will you connect patients to needed resources? Etc.) Also, please explain structural changes that will be made to facilitate the success of the intervention. (e.g., How will you secure and communicate the leadership buy-in? How will you share information among IHP partners? How will you engage staff? Will the intervention require an adaption of new data analytics tools and how will you use that data? Etc.) For interventions that are currently underway, please indicate whether you have plans to expand or modify the interventions based on what you have learned to date. If so, how and what led to that modification?*

Historical background: *If you are planning to continue an existing program, please provide background information (e.g., When did the intervention begin? What led to its inception?) and explain how your participation in the IHP demonstration will impact this intervention (e.g., How might participation assist with its evolution? What goals do you have?). If this is an equity intervention from an existing IHP contract, please indicate that as well. The background section should include lessons learned and key findings over the course of the intervention to date, and* whether any changes will be made to expand or enhance the intervention.

Equity measures: *Please explain how the IHP will monitor the effectiveness of this effort. Here are some examples of equity measures. For Applicant IHPs proposing to continue with an intervention in an*

existing IHP contract, please consider enhancements to existing metrics and additional outcomes and patient experience metrics that will more effectively capture the impact of the continued intervention.

Structure measures (ideally structural changes should be implemented by the end of the first IHP performance period):

- *Articulate an IHP-wide charter and approve the charter by the IHP board or directors.*
- *Create a multidisciplinary team at specific locations by the end of the first IHP performance period.*
- *Develop standardized workflows for care coordinators by the end of the first IHP performance period.*
- *Establish new tracking system to monitor patients' outcomes over time and across multiple settings, by the end of the first IHP performance period.*
- *Recruit additional staff (e.g., care coordinators) by the end of the first IHP performance period.*
- *Establish partnerships with community providers.*
- *Create an approach to gather patient feedback about existing screening and services by the end of performance period 1.*

Process, outcome, and patient experience measures:

- *Number of patients screened for social determinants of health need(s) (e.g., food insecurity, housing instability, transportation etc.).*
- *Number of patients who screened positive for social determinants of health need(s) (e.g., food insecurity, housing instability, transportation, etc.) overall and by social service need category*
- *Number of patients referred to community organizations for needed services overall and by type of social service need.*
- *Number of patients who received needed services from community organizations by type of social service need.*
- *The initial rate of inappropriate opioid prescriptions, and the final rate of inappropriate opioid prescriptions.*
- *Number of patients enrolled in the community paramedics program.*
- *The percent of patients whose patient centered goals were completed at the end of their episode of care.*
- *Cost savings due to reduced emergency department and/or inpatient hospital utilization in the intervention population*
- *Percent of patients who "strongly agreed" that the program met their needs* [*include numerator and denominator*]
- *Percent of patients who communicated a reduction or elimination of a social service need (e.g., housing, transportation, food, etc.) [include numerator and denominator]*
- *Percent of patients with an A1c decrease of those in a team-based diabetes management program*