

# Best Practices for Designing Equity-Focused Care Delivery Transformation



The goal of an equity-focused care delivery transformation is to reduce or eliminate the health inequity or inequities that you have identified. This is achieved primarily by improving how the healthcare system provides care to the patients living with the health inequities. These improvements can also go beyond the walls of hospitals and clinics by partnering with non-healthcare organizations and communities to address social determinants of health that play a role in the prioritized inequities. This document outlines activities that organizations can implement to design equity-focused care delivery transformations.



## Major Steps of Designing a Care Delivery Transformation

- Reviewing the results of the [root cause analysis](#).
- Reviewing the results of the [priority matrix](#), including the assessment of the resources available to implement change and prioritization of which root causes to address.
- Determining which level(s) of the care delivery system your care transformation will prioritize (e.g., patients, providers, care delivery teams, organizations such as the state Medicaid agency, Medicaid managed care organization, and/or care providers organizations), the strategies it will utilize, and the modes of employing those strategies.
- Designing the care delivery transformation(s) utilizing input from all stakeholder groups, including members/patients and communities living with the disparities prioritized by the project.

The work that that partner organizations are also doing to [Create Cultures of Equity](#) will increase the chances of the care delivery transformation succeeding. Part of creating cultures of equity is educating staff that disparities exist within the populations they serve and to view these inequities as an injustice that must be redressed. Another important component of creating cultures of equity is taking responsibility to assess how the organizational culture may inadvertently uphold systemic racism and other forms of oppression and discrimination in how it functions and operates, both internally and externally. Doing so helps to ensure that staff develop a clear understanding of structures that produce health inequities, recognize the roles they and their organization play in those structures, and commit to taking action to address them. It may be beneficial to check with the individuals responsible for the work of creating cultures of equity in each partner organization to identify areas of potential synergy and the potential for sharing resources.

You should approach care delivery transformation planning as a creative and innovative process. During the planning process, evidence-based strategies should be reviewed and incorporated. However, due to each team's unique circumstances, evidence-based strategies should be carefully tailored to local context and the

priority population. It is important to rely on the findings of your root cause analysis and priority matrix instead of gravitating toward care delivery designs that are more familiar.

To support the design of tailored equity care delivery transformations, Advancing Health Equity utilizes a framework consisting of three building blocks—**levels, strategies, and modes**. These building blocks allow for any care delivery transformation to be carefully tailored to fit precise circumstances, needs, and goals. *Each care delivery transformation should be a combination of one level, one strategy, and one mode.* This allows for variety in care delivery transformation styles and types and encourages the use of approaches to disparity reduction that are the most appropriate to your priority population and health condition. The building blocks encourage creativity—step away from what is familiar and create various combinations of levels, strategies and modes to find new ways to approach reducing disparities. The following descriptions will illustrate the level, strategy, and mode using the example of a church-based health education care delivery transformation.

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**Approach care delivery transformation planning as a creative and innovative process.**

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## Levels

**Levels** refer to whom the care delivery transformation will focus on. For example, church-based health education programs reach individuals who may not be patients of the care setting; the community is the primary level of impact. While all care delivery transformations seek to ultimately improve outcomes for your patients living with the prioritized disparity, the level is the person(s) or entity(ies) immediately and directly affected. For example, performance audits for providers are ultimately intended to improve patient care, but it is the provider who is immediately and directly affected. A single care delivery transformation can (and often should) focus on multiple levels. Levels include:

- // Patient
- // Provider
- // Microsystem (groups or teams within an organization)
- // Organization
- // Community
- // Policy

## Strategies

**Strategies** are the tactics your team will use for your care delivery reform. Similar to levels, successful care delivery transformations often use multiple strategies. For example, the church-based health education program is a strategy to deliver education and training to the larger community. Strategies include:

- // Deliver education and training
- // Engage the community
- // Provide psychological support
- // Give providers reminders and feedback
- // Restructure the care team
- // Improve language and literacy services

## Mode

**Mode of delivery** captures how the care delivery transformation will be implemented. The church-based health education program may rely on print and in-person resources, both of which represent modes of delivery of education. Some care delivery transformations might rely heavily on technology while others may use more traditional methods. Modes include:

- // In-person or face-to-face meetings
- // Telecommunication/telehealth
- // Internet
- // Information technology
- // Print materials
- // Multimedia

Here is a visual depiction of the Level, Strategy, and Modes using the example of a church-based health education program that incorporates in-person presentations and distribution of educational print materials.

| EXAMPLE  | LEVEL     | STRATEGY                        | MODE                               |
|--|-----------|---------------------------------|------------------------------------|
| Church-based health education in-person presentation   | Community | Delivery Education and Training | In-person or face-to-face meetings |
| Church health education distribution of print material | Community | Deliver Education and Training  | Print materials                    |

Here is a visual depiction of the Level, Strategy, and Modes using the example described above of performance audits of providers in which they receive both in-person and EHR feedback.

| EXAMPLE                                  | LEVEL    | STRATEGY                         | MODE                               |
|--|----------|----------------------------------|------------------------------------|
| In-person feedback on performance audits | Provider | Providers reminders and feedback | In-person or face-to-face meetings |
| EHR feedback on performance audits       | Provider | Providers reminders and feedback | Information Technology             |

## Design Tools

The Advancing Health Equity website has [tools](#) to help you design your care delivery transformation. They were created based on the experiences of a previous iteration of the Advancing Health Equity program called Finding Answers (FA). FA reviewed over 400 equity-focused care delivery transformations published in the literature from 1979 – 2013. The program also conducted in-depth qualitative evaluation of the implementation experiences of 33 grantees that developed and evaluated unique equity-focused care transformations. The tools include a PDF that describes the care delivery transformations of the grantees. Seeing the care delivery transformations that others have created can jump-start your design process and help you consider what will work best for your patients; even if you choose a care delivery transformation that nobody else has done. You will also find electronic flashcards to help your team think through the various strategies, levels, and modes that might be applicable to your program.

## Additional Promising Practices

The following list of promising practices were gleaned from the literature reviews and grantee programs described above. Following as many of them as possible will increase your chances of designing a successful equity-focused care delivery transformation. Each promising practice is followed by an example from a Finding Answers grantee.

**Prioritize multiple levels and players in the care delivery system. As the causes of disparities are complex, solutions need to address multiple factors. Avoid focusing only on patients. Instead, design programs that also intervene with providers, organizations, communities, and policies. The more levels the care delivery transformation prioritizes, the more likely it is to effectively address the multiple causes of a disparity.**

[Duke University Medical Center](#), incorporated patients, providers, and the community into their care delivery transformation. Nurses received special training in community health, cultural sensitivity and motivational interviewing, while patients enrolled in a telephone-based cardiovascular disease risk management program. They also educated the community about the program by conducting numerous local radio interviews and distributing educational flyers and pamphlets. By including multiple players and levels into their care delivery transformation, Duke was able to successfully improve health outcomes and gain respect in the community. Versions of Duke's program were eventually implemented statewide by multiple partner organizations.

**Appoint staff to disparities reductions initiatives and protect staff time. A plan to improve equity requires human resources. Anticipate leadership and staff turnover by cross-training staff. Consider quality improvement specialists and recognizing on-site equity champions. This will prevent staff from becoming overtaxed and will help them remain committed to the program over time.**

The [Fund for Public Health New York](#) recognized the need to appoint an equity champion in its organization. A staff member described an equity champion as someone who “often works at the level of nurse or care coordinator and is seeking ways to demonstrate talent beyond his or her prescribed duties. In our experience, the equity champion is self-identified, but it is important that supervisors also approve of their role. With equity champions, the organization is more motivated to reach their full potential in reducing inequities.

**Care delivery transformations are more likely to be successful if staff members recognize that disparities exist within the organization. Share feedback with care teams, incentivize disparities reduction, and include equitable care as a goal in mission statements. If leadership, staff, patients, and community members share a common definition of equitable care, care delivery will be more successful.**

[Harvard Vanguard Medical Associates](#) and [Baylor College of Medicine](#) both successfully implemented a culture of equity in their organizations. Harvard's Board of Trustees added equity as a main component of their quality improvement strategy, while Baylor opened an Office of Health Equity and hired a chief equity officer. These actions demonstrate that both view equity as a priority and are determined to make it part of their organizational culture.

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**Review the information you learned developing your root cause analysis and priority matrix before making your final LEVEL, STRATEGY and MODE choices.**

**Involve members of the priority population living with the prioritized health inequity during program planning. Directly engaging members in the care delivery transformation design process is crucial to an equity program's success.**

[The Neighborhood Health Plan of Rhode Island](#) (NHPRI) hired bilingual and Latino depression care managers who contacted patients via the telephone to provide one-on-one follow-up reminders for appointments and self-care, and culturally competent education about depression. Latino patients, however, showed little interest in the program and few chose to participate. After conducting patient focus groups, the team learned that the care delivery transformation used up patients' valuable cell phone minutes. In effect, patients held a different opinion of which mode of delivery would work best than did the Latino staff and providers who had contributed to the design of the care delivery transformation.

**Strike a balance between adherence and adaptability. While adherence to protocol ensures consistency, flexibility is key when working with all patients. Regularly collecting process measures, identifying opportunities for improvement, and adapting the care delivery transformation accordingly will ensure that programs are consistent, yet flexible.**

[Cooper Green Mercy Hospital](#) designed a care delivery transformation that required patients to view a digital recording prior to their appointment. After many patients arrived for their appointment without having watched the recording, Cooper Green realized they needed to adapt their plan. They prepared a small conference room for participants to view the recording. This ensured the program was consistent with its original aims but flexible enough to fit patients' unique needs.

Finally, successful equity-focused care delivery transformations often:

- // Use cultural tailoring to adapt the care delivery transformation for the priority population.
- // Are led by nurses or generally use a team-based approach to care delivery.
- // Include a patient navigator in the care team or assign a current team member the role of patient navigator.
- // Employ an interactive and skills-based, rather than didactic, teaching methodology when delivering education.

## Things to Avoid

It is important that you avoid a critical, but common, error. When designing your care delivery transformation, many organizations forget to apply what they learned when diagnosing the disparity when putting together their care delivery transformation building blocks; the root causes of the disparity and the most feasible and important causes to address. There are three things that you can do to avoid this error.

**Review the information you learned developing your root cause analysis and priority matrix before making your final LEVEL, STRATEGY and MODE choices.** Seeing the many possibilities and examples of others' activities might tempt you to use one that "seems" or "feels" like the best choice. It is critical that each LEVEL, STRATEGY and MODE choice relates directly back to the information you gained from your root cause analysis, patients and other stakeholders.

**Present your proposed care delivery transformation to leadership, staff and, most importantly, your patients before implementation.** They can let you know from their own unique perspectives if the care transformation is likely to succeed. Having to redesign your idea at this stage can be frustrating, but it is a much less expensive error than finding out post-implementation that your activity does not work. Another way to avoid expensive implementation errors is to pilot test parts of the care delivery transformation before fully rolling-it-out using PDSA cycles or testing out the entire care transformation with just a few people initially.

**Proceed with caution if you choose to expand or repurpose a STRATEGY for your care delivery transformation that already exists at your organization.** It's important to wisely use existing resources. Incorporating equity efforts into all quality improvement activities can be very helpful. Likewise, repurposing or adapting an existing STRATEGY as part, or all, of your care delivery transformation can be one way to foster a successful implementation. However, be sure that the STRATEGY ties directly back to the root causes of your disparity and addresses the most feasible and important causes to address it as explored when you created your priority matrix.

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