Version 2022 Summary

Contribute to Assuring Systems for Equitable Access to Care

Expert Panel Reviewers Summary Recommendations

April 2021

Advancing public health performance

The Public Health Accreditation Board is a 501(c)3 nonprofit organization dedicated to improving and protecting the health of the public by advancing and transforming the quality and performance of governmental public health agencies in the U.S. and abroad.

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Background

As PHAB continues to work on Version 2022 of the accreditation Standards & Measures, attention to Domain 7 was needed to bring its requirements up to date. PHAB interviewed a sample of seasoned public health professionals very familiar with PHAB's accreditation criteria to serve as an expert panel of reviewers. They provided feedback on proposed changes based on potential alignment between PHAB's accreditation standards with the 2020 refreshed Essential Public Health Services framework; the National Association of County and City Health Officials (NACCHO) and Altarum Institute Local Health Department-Community Health Center Collaboration Toolkit and that related work; Georgia Health Policy Center's work on bridging health care, financing, public health, and social services, and a report developed by Georgia Southern University entitled "The Administration and Management of COVID19 Contact Tracing Programs." A more detailed report has been provided to PHAB, but this summary provides a synopsis of the major recommendations. Simple updates or proposed minor edits in wording are not included in this summary.

Overarching Comments on Domain 7

Domain 7 focuses on the health department's role in assuring an effective system that enables equitable access to individual services and care needed to promote health. This domain does not assume the health department is responsible for providing individual services, but rather, that they have a role in ensuring their population's access to needed care and services. In order to ensure that the population has equitable access to care, health departments engage in activities to assess, develop, and improve systems that support the delivery of those services and thus meet the collective needs of many. The proposed changes reflect the three areas of health department responsibility in this space: assessment, development, and improvement. These changes include working across multiple sectors to assure access to appropriate health care and social services.

Recommendations

- Standard 7.1: Reword to "Engage with health care providers in the health department jurisdiction to assess availability of health care services" to better reflect the promotion of partnerships, as intended by the standard. Health departments partner with various stakeholders representing health care (CCOs, ACOs, FQHCs, hospitals, etc.) as they consider access for the population they serve.
- Health service availability includes the physical or remote (telehealth) presence of health care providers as well as access to those services. Assessment of health service availability should be based on timely, accurate, and credible data.
- Proposed changes merge former measures 7.1.1 and 7.1.3 to make the process of assessment more comprehensive and aligned.
- Standard 7.2: Reword to "Prioritize, implement and evaluate strategies to improve access to health care services" to better reflect the content of the measures under Standard 7.2.
- Standard 7.3 is a new standard designed to reflect the cross-sectoral work that health departments are doing to assure access to health care and social services.
- Measure 7.3.1 A is a new measure under Standard 7.3 which addresses the ways in which health departments connect with other sectors to ensure access to services in order to improve the health of its population served.
- All standards and measures have been designed to reflect the intent of the health department's role as health strategist for its jurisdiction.

Expert Panel Virtual Reviewers

- Kathy Burk, Former Director of the Office of Health Services, MS Department of Health, Jackson, MS
- Jaime Dircksen, Vice-President, Community Health and Well-Being, Trinity Health, Greater Detroit Area, MI
- Peter L. Holtgrave, Senior Director, Public Health Infrastructure and Systems, National Association of County and City Health Officials (NACCHO), Washington, DC
- Kusuma Mademala, Research Evaluation Scientist, Oregon Health Authority, Public Health Division and Multnomah County Health Department, Portland, OR
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Version 2022 Lessons Learned

Equitable Access to Care

What Have We Learned from Accredited Health Departments?

April 2021

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Background

This document summarizes what PHAB has learned about how health departments (HDs) participating in accreditation are addressing Domain 7 measures. In particular, it focuses on the reasons that HDs struggled with measures that relate to equitable access to care.

Below is a summary of the distribution of assessments for related measures. It also includes findings from Section II of accredited HDs' Annual Reports. These data are for 179 HDs assessed under Version 1.0 and 194 HDs assessed under Version 1.5.

Measure	% Fully Demonstrated	% Largely Demonstrated	% Slightly Demonstrated	% Not Demonstrated	N
7.1.1 (ver 1.0)	69.8%	20.7%	7.8%	1.7%	179
7.1.1 (ver 1.5)	28.9%	41.2%	28.9%	1.0%	194
7.1.2	66.0%	18.8%	12.1%	3.2%	373
7.1.3 (ver 1.0)	53.1%	27.9%	19.0%	0.0%	179
7.1.3 (ver 1.5)	32.0%	37.1%	28.9%	2.1%	194
7.2.1	71.5%	16.9%	9.4%	2.2%	372
7.2.2	77.4%	12.6%	5.4%	4.6%	372
7.2.3	69.4%	15.9%	8.1%	6.7%	372

Data are presented separately for health departments assessed under Version 1.0 and Version 1.5 of the Standards & Measures if there was a substantive change in the requirements. If the two versions are substantively the same, the aggregate data are presented.

To better understand HDs' performance on these Measures, PHAB conducted an analysis of the conformity comments of HDs that were assessed as Slightly or Not Demonstrated (SD/ND) in at least 5% of the Site Visit Reports. The results of those analyses are shown below. For each Measure, the most common reasons for the assessment are listed, including the number of HDs for which that reason was indicated. One HD could have multiple reasons listed. The reasons are linked to specific required documentation (RD) listed in the PHAB Standards and Measures. For reference, please see PHAB Standards & Measures Version 1.5.

Measure 7.1.1: Process to assess the availability of health care services
65 HDs were assessed as SD/ND. The most common challenges were:

- RD2: Data sharing was not for the purposes of assessment or planning (26 HDs)
- RD1: Process not about access to care (24 HDs)
- RD3 (V1.5): Example was not linked to process described in RD1 (23 HDs)
- RD2: Process was not about access to care (21 HDs)
- RD2: Example was not linked to process described in RD1 (20 HDs)
- RD3 (V1.5): Absence of emerging issue that will impact services (20 HDs)
- RD2: Lack of evidence of data sharing (18 HDs)

Measure 7.1.2: Identification of populations who experience barriers to health care services identified
53 HDs were assessed as SD/ND. The most common challenges were:

- RD1: Lack of process for identification (27 HDs)
- RD2: Lack of identification of populations (17 HDs)
- RD2: Failure to address barriers to access (10 HDs)
- RD2: Unclear identification (10 HDs)

Measure 7.1.3: Identification of gaps in access to health care services and barriers to the receipt of health care services identified
86 HDs were assessed as SD/ND. The most common challenges were:

- RD2: Report did not include assessment of capacity and distribution of health care providers (53 HDs)
- RD2: Failure to provide assessment of the availability of health care services (52 HDs)
- RD2: Report did not identify causes of gaps in services and barriers to receipt of care (48 HDs)
- RD2: Report did not contain data gathered periodically concerning access (43 HDs)
- RD2: Absent analysis of data (27 HDs)
- RD1: Process not specific to gaps in access (e.g., was CHA process) (13 HDs)
- RD1: Involved parties were not identified (12 HDs)
- RD2: Data was not from partnership (10 HDs)
- RD2: Failure to provide second example (10 HDs)

Measure 7.2.1: Process to develop strategies to improve access to health care services
38 HDs were assessed as SD/ND. Documentation failed to demonstrate:

- RD2: Strategies to improve access or remove barriers to care (26 HDs)
- RD1: A collaborative process (11 HDs)
- RD1: Process that reduced barriers to health care services (11 HDs)
- RD1: Documentation with appropriate authenticity (11 HDs)
- RD2: Example linked to process described in RD1 (9 HDs)

Measure 7.2.2: Implemented strategies to increase access to health care services
31 HDs were assessed as SD/ND. Documentation failed to demonstrate:

- Example that was in scope (15 HDs)
- A collaborative process (10 HDs)
- Strategies that addressed barriers to health care services (8 HDs)

Measure 7.2.3: Implemented culturally competent initiatives to increase access to health care services for those who may experience barriers to care due to cultural, language, or literacy differences

46 HDs were assessed as SD/ND. Documentation failed to demonstrate:

- Improved access to healthcare (26 HDs)
- Culturally or linguistically appropriate processes, programs, or interventions (16 HDs)
- Initiative that addressed barriers to health care services (13 HDs)
- Example that was in scope (9 HDs)

Annual Reports

More than 50% of Annual Reports in 2020 indicated work related to the linkage between public health and health care. Examples of activities include:

- Infectious disease screening, counseling, and linkage to care services, regardless of insurance status
- Increasing interpretation services
- Opening of regional crisis centers in underserved areas
- Developing work groups, task forces, summits, or agencies to promote health equity
- Providing trainings (e.g., trauma informed care, overdose reversal)
- Refining understanding of community needs during COVID-19