VITAL SIGNS: MEASURING THE HEALTH EQUITY OF AN ORGANIZATION

CHA Creating Health Webinar

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Bobbie Carroll, RN, MHA, VP Quality
Kelly Kennedy, Quality Data Consultant
Disclosures

• No Financial Disclosures

• No Conflict of Interest
FAILING FORWARD
CHA Creating Health Webinar

Emily Chapman MD, SVP Medical Affairs, Chief Medical Officer
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Kelly Kennedy, Quality Data Consultant
Quality Domains

SAFETY
“Do not harm me”
Kids first.

OUTCOMES
“Heal me”
Own outcomes.

EQUITY
“Treat me with respect”
Listen, really listen.

EXPERIENCE
“Navigate my care”
Join together.
SOMALI VACCINATION RATES FALL

The Somali backlash against the measles vaccine is new; their kids' vaccination rates matched the general population until 2008, when fears of a link between the vaccine and autism sparked a reaction among Somali parents.

MMR uptake among Somali immigrants in Minnesota: This is the effect of nearly a decade of antivaccine propaganda.
This material as well as all discussions and documents pertaining to it have been designated and are maintained by Children’s as peer review protected for quality improvement purposes pursuant to Minnesota Statute 145.61 ET SEQ. Accordingly, it is privileged and confidential, not subject to discovery, and cannot be used as evidence.
Patient Safety Work Product (PSWP) is privileged and confidential, not subject to discovery and cannot be used as evidence. All discussions and documents pertaining to this work are generated and maintained for quality improvement purposes under Minnesota Statute 145.61 ET SEQ and confidential under that statute.
Team case discussion: Psychological safety and safety culture

• “This is a sensitive case - one that is important to review with a widened lens of equity and experience.”

• “This issue isn’t unique to this area – it provides an example of opportunities we know exist system-wide.”

• “As we review, remember the power and privilege we each bring to the way in which we review the event.”

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Case Overview

Patient Safety Work Product (PSWP) is privileged and confidential, not subject to discovery and cannot be used as evidence. All discussions and documents pertaining to this work are generated and maintained for quality improvement purposes under Minnesota Statute 145.61 ET SEQ and confidential under that statute.
Centering on the Margins
Respect And Dignity SLR
Each event is a child

![Graph showing 12-Month Rolling Rate from 2014 to 2020 with a horizontal line at 0.36 indicating the 2020 Goal.](image)

- Each event is a child
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Developing the measures
Building the Health Equity Index

Literature Review

- Health Equity
- Quality measure development
- Dashboards

Metric Development

- 54 Potential metrics
- Discussion + refinement over 6 months to 4 initial metrics

Dashboard Development

- Translate to visually engaging format

Stakeholder Engagement

- Clinical Leaders
- Community Equity and Inclusion team
- Hospital Leadership

Dissemination

- Present at quality & equity committees, Board of Directors
Leaders from:
- Ambulatory
- Research
- ED
- Quality & Patient Safety
- Hospitalists
- Executives

Brainstormed measures of areas that impact patients across all races, languages, genders, etc.

- Initial focuses: Vaccines, Asthma, Pain, and Other

### Development of the Equity Measures

<table>
<thead>
<tr>
<th>Ambulatory</th>
<th>Specialty</th>
<th>ED</th>
<th>IP</th>
<th>Surgery</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccines</td>
<td>- Combo 10 vaccines</td>
<td>- Recommend to f/u on vaccines with primary</td>
<td>- Verify that vaccines are up-to-date / give them if not</td>
<td>- Asthma admissions (AMRQ defined)</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>- Ask about asthma, -AAP, ACT, -Ask about asthma, -Recommand to f/u with asthma provider if not controlled</td>
<td>- AAP, -Ask about asthma: check on meds, on controller needs, -Recommand to f/u with asthma provider if not controlled, -Time to steroids</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>- Ask about pain control, -Pain plan</td>
<td>- Abdominal Pain (Imaging modality used), -% Ortho fractures that received evaluation and treated w/ in 30 min -Long bone fracture: Median time to diagnosis</td>
<td>- Pain willed controlled (time to pain med after pain score of ___) -Time to pain score improvement after high score of ___ -Post-op pain med ordered -Duration of narcotics -Pain score &gt; ___ within 24H post-op</td>
<td>-Post-op pain med for top 3 PPSs: type of analgesia duration of narcotic -Day Surgery: type of analgesia used for top three surgical pa.</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>- No shows for scheduled appt, -15th day WCL</td>
<td>- Left without being seen (LWBS), -Time to Bed, Time to Provider (WIP) -Return to ED w/in 48H, -Return for Admission w/in 72H, -Acuity of UWBS, -Phone call f/u w/in 24 hours of UWBS, -Bronchiolitis, -Bronchiolitis: CRK use, Allbuterol use, -Imaging used for Head Injury, Abd. Pain, -Time to antibiotics: Monocytes, Oncology</td>
<td>- Day all-cause rehospitalization</td>
<td>-Unanticipated ICU admission within 48 hrs Unanticipated return to ER within 30 days Death within 30 days</td>
<td>-</td>
</tr>
</tbody>
</table>

Will use Asthma Well-Controlled as example for understanding each part of Equity Index
Method of Evaluating Each Measure

Identifying our greatest inequities – by race and language

- Each measure was evaluated by year across race and main language groups

<table>
<thead>
<tr>
<th>Race</th>
<th>2015</th>
<th></th>
<th>2016</th>
<th></th>
<th>2017</th>
<th></th>
<th>2018</th>
<th></th>
<th>2019</th>
<th></th>
<th>Total Pts (all Yrs)</th>
<th>% Compliance</th>
<th>% of total pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>61.7%</td>
<td># WC</td>
<td>1,340</td>
<td>2,171</td>
<td>75.9%</td>
<td># WC</td>
<td>1,846</td>
<td>2,431</td>
<td>80.1%</td>
<td># WC</td>
<td>1,776</td>
<td>2,217</td>
<td>84.4%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>48.8%</td>
<td># WC</td>
<td>757</td>
<td>1,551</td>
<td>60.2%</td>
<td># WC</td>
<td>939</td>
<td>1,569</td>
<td>70.1%</td>
<td># WC</td>
<td>1,116</td>
<td>1,592</td>
<td>64.8%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>59.9%</td>
<td># WC</td>
<td>376</td>
<td>629</td>
<td>70.5%</td>
<td># WC</td>
<td>466</td>
<td>664</td>
<td>77.7%</td>
<td># WC</td>
<td>545</td>
<td>701</td>
<td>74.8%</td>
</tr>
<tr>
<td>Asthma Well- Controlled</td>
<td>Unknown/Declined</td>
<td>62.6%</td>
<td># WC</td>
<td>281</td>
<td>449</td>
<td>75.5%</td>
<td># WC</td>
<td>293</td>
<td>388</td>
<td>79.0%</td>
<td># WC</td>
<td>308</td>
<td>390</td>
</tr>
<tr>
<td>Asian</td>
<td>59.2%</td>
<td># WC</td>
<td>74</td>
<td>125</td>
<td>78.0%</td>
<td># WC</td>
<td>124</td>
<td>159</td>
<td>80.0%</td>
<td># WC</td>
<td>120</td>
<td>150</td>
<td>83.6%</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>66.7%</td>
<td># WC</td>
<td>40</td>
<td>60</td>
<td>80.5%</td>
<td># WC</td>
<td>62</td>
<td>77</td>
<td>85.9%</td>
<td># WC</td>
<td>55</td>
<td>64</td>
<td>83.2%</td>
</tr>
<tr>
<td>Other</td>
<td>53.8%</td>
<td># WC</td>
<td>43</td>
<td>80</td>
<td>72.5%</td>
<td># WC</td>
<td>66</td>
<td>91</td>
<td>64.4%</td>
<td># WC</td>
<td>58</td>
<td>90</td>
<td>78.1%</td>
</tr>
<tr>
<td>American Indian/Alaskan</td>
<td>50.0%</td>
<td># WC</td>
<td>17</td>
<td>34</td>
<td>63.6%</td>
<td># WC</td>
<td>26</td>
<td>44</td>
<td>61.9%</td>
<td># WC</td>
<td>25</td>
<td>42</td>
<td>73.7%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>100.0%</td>
<td># WC</td>
<td>9</td>
<td>9</td>
<td>55.6%</td>
<td># WC</td>
<td>5</td>
<td>5</td>
<td>80.0%</td>
<td># WC</td>
<td>4</td>
<td>5</td>
<td>85.7%</td>
</tr>
</tbody>
</table>

**ALL PATIENT COMPLIANCE**

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Identifying our greatest opportunities – by race and language

→ Used group with most “missed” patients rather than greatest disparity

“Missed” patients were determined by calculating how many more patients would have well-controlled asthma if each:

- race group had the same rate as our White/Caucasian patients and
- language group had the same rate as our English-speaking patients.

“Missed pts” = (GOI denominator * White/English rate) – GOI numerator

GOI= Group of Interest
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<table>
<thead>
<tr>
<th>Race/Language GOI</th>
<th># of “missed” patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/English Rate</td>
<td></td>
</tr>
<tr>
<td>Rate for other Race/Language GOI</td>
<td></td>
</tr>
</tbody>
</table>

Total Patients n N

GOI= Group of Interest
Reviewing elements of the index
## Ongoing Performance Measure

<table>
<thead>
<tr>
<th>Performance Measure</th>
<th>Actual Performance YTD (GOI)</th>
<th>Trend</th>
<th>Change in Disparity</th>
<th># of missed opportunities in Group of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Previous Years</td>
<td>YTD Qtrs</td>
<td>2019-2020 YTD</td>
<td>2019 – 2020 YTD</td>
</tr>
<tr>
<td>Asthma: Well-Controlled*</td>
<td>94.3% (White)</td>
<td>77.1% (Black)</td>
<td>2.1% ↑</td>
<td>203</td>
</tr>
<tr>
<td>Combo 10 Vaccines*</td>
<td>62.4% (White)</td>
<td>17.1% (Black)</td>
<td>2.2% ↑</td>
<td>331</td>
</tr>
<tr>
<td>No Show Appointments</td>
<td>7.5% (White)</td>
<td>20.9% (Black)</td>
<td>2.8% ↓</td>
<td>10,114</td>
</tr>
<tr>
<td>30 Day Same-Cause Inpatient Readmissions</td>
<td>1.5% (White)</td>
<td>5.0% (Black)</td>
<td>0.4% ↓</td>
<td>93</td>
</tr>
<tr>
<td>Overutilization per Bronchiolitis Guideline - All pts</td>
<td>52.5% (Hispanic/Latino)</td>
<td>63.4% (White)</td>
<td>1.1% ↓</td>
<td>63</td>
</tr>
<tr>
<td>Admission of ED Patients w/ Acuity Score 4-5</td>
<td>0.8% (Spanish lang.)</td>
<td>1.3% (English lang.)</td>
<td>0.10% ↓</td>
<td>156</td>
</tr>
</tbody>
</table>

*Based on a rolling 12 month measure

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### Data source: Quality & Patient Safety

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Last Updated: 08/06/2020
## Patient Equity Index

### Health Outcomes

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<td>YTD Qtrs</td>
</tr>
<tr>
<td>Asthma: Well-Controlled*</td>
<td>90.8% (White)</td>
<td>75.7% (Black)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Trend:** Actual performance of Group of Interest vs. the Comparison Group

**Arrow:** Points in the direction we want to move

### Trend

Build by quarter throughout current year

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<tr>
<td>Asthma: Well-Controlled*</td>
<td>90.8% (White)</td>
<td>↑/ψ goal direction</td>
<td>4.6%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>75.7% (Black)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Change in Disparity: Apply the difference in White/ Caucasian rate from last year to this year to the Group of Interest

→ If we assume that the White/Caucasian group improvement since last year should apply to all groups, we can determine how far the Group of Interest was from that same improvement.

- Favorable
- Reduced disparity d/t unfavorable Δ in comparison group
- Unfavorable
- No Change

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</tr>
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<td>75.7% (Black)</td>
<td>↑/↓ = goal direction</td>
<td></td>
</tr>
</tbody>
</table>

“Missed” patients were determined by calculating how many more patients could have Well-Controlled Asthma if each:

- race group had the same rate as our White/Caucasian patients and
- language group had the same rate as our English-speaking patients.

| Race                      | % WC | # WC | # Pts | Pts "missed"
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma White/Caucasian</td>
<td>84.4%</td>
<td>1,889</td>
<td>2,237</td>
<td>299</td>
</tr>
<tr>
<td>Black/African American</td>
<td>64.8%</td>
<td>981</td>
<td>1,516</td>
<td></td>
</tr>
</tbody>
</table>

2018
“Missed pts” = (GOI denominator * White/English rate) – GOI numerator

2018
“Missed pts” = (1515 * 0.844) − 981 = 299

2019
“Missed pts” = (1343 * 0.908) − 1017 = 203

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<td></td>
<td>↑</td>
<td></td>
<td>2.1%</td>
</tr>
<tr>
<td></td>
<td>(White)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Black)</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>↑</td>
<td></td>
<td>2.2%</td>
</tr>
<tr>
<td></td>
<td>(White)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
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<td></td>
</tr>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Black)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Day Same-Cause Inpatient</td>
<td></td>
<td>↓</td>
<td></td>
<td>0.4%</td>
</tr>
<tr>
<td>Readmissions (in development)</td>
<td>(White)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Black)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overutilization per</td>
<td></td>
<td>↓</td>
<td></td>
<td>1.1%</td>
</tr>
<tr>
<td>Bronchiolitis Guideline -</td>
<td>(in development)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All pts</td>
<td>(Hispanic/Latino)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(White)</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
<td>↓</td>
<td></td>
<td>0.10%</td>
</tr>
<tr>
<td>Acuity Score 4-5 (in</td>
<td>(Spanish lang.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>development)</td>
<td>(English lang.)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Based on a rolling 12 month measure

Patient Equity Index
Health Outcomes through Q2

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Data source: Quality & Patient Safety

Last Updated: 08/06/2020
Reducing inequities
IHI Framework for Health Care Organizations to Improve Health Equity

- Build Infrastructure to Support Health Equity
- Address the Multiple Determinants of Health
- Make Health Equity a Strategic Priority
- Eliminate Racism and Other Forms of Oppression
- Partner with the Community to Improve Health Equity

http://www.ihi.org/Engage/Initiatives/Pursuing-Equity/Pages/default.aspx
### Patient Equity Index

<table>
<thead>
<tr>
<th>Ongoing Performance Measure</th>
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<td>62.4% (White)</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

- Addressing inequities in 2 work streams
  - Clinic operations
  - System level opportunities
- Multidisciplinary workgroup including quality/safety, chiefs, value-based care, equity and inclusion, ethics, operational leaders, clinical leaders
Quality Improvement

• Apply tools & techniques to promote new ideas and opportunities
• Organized approach for discussion

Children's MN Key Driver Diagram

SMART Aim
By December 2020, reduce combo-10 vaccine disparities between White and Black patients by 10%.

Primary Driver
Implicit Bias and structural racism impacting decisions at the point of care

Secondary Drivers
Disparate screening processes for Black patients
Inconsistent engagement in clinical conversations to educate families about the criticality of vaccines
Limited vaccine access and storage
Inflexible ordering process

Change Ideas
At each patient encounter (include any siblings, if present), providers will look through the chart to assess vaccinated status, and provide appropriate identified intervention, as needed.
Develop and follow a consistent practice across the organization for when a family declines vaccines (i.e. signing a declination form) that flags providers to encourage conversations at future encounters.
Create standard templated language (using choice architecture) for how we offer vaccines and respond to vaccine hesitance.
Create a key to flag charts of those patients who are under-vaccinated.
Develop a standard whereby a conversation about vaccines occurs at every encounter with Children's Minnesota (ED, CIll Center, Clinic Visits, Specialty Care, Inpatient, Imaging, Pharmacy, Lab).
Engage JJT Champions to check vaccination status on prevalence day and hold coaching conversations with the care team about interventions.
Create vaccine administration rooms in multiple areas of the hospital (staffed during daytime hours — but available to approved vaccine providers 24/7).
Implement standing orders to allow appropriate professional staff to independently screen patients and administer recommended vaccines.

Structural Racism

Combo-10 Disparity

Education
PoC Contact
Access

• Burden to be shared org wide
• Telehealth
• Qualifications to provide vaccine education
• Resistance
• Maintain relationship
• Resilience
• Add/Staff Child component to 24/7 Site Visit appointment
• Bandwidth
• Transportation/Parking

Logistics
Culture Shift
Implicit Bias

Vaccinations at end of appointment
Coverage – free vaccines
Vaccine status
Collective responsibility
IMR prompts/alerts
Org commitment
Referral
Reimbursement
Physical
Vaccines
EMR prompts/alerts
Checklist
"Black people don't do shots"
Progress in reducing inequities

**Asthma**
Goal: Develop improved asthma condition support and management with attention to inequities in health care outcomes, environmental factors and community-informed approaches.

- 300+ school nurses and teachers trained on asthma care thanks to Kohl’s grant
- Tracking disparities so providers can make sure families have what they need
**Patient Equity Index**

**Health Outcome: Asthma Well-Controlled**

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall Goal</th>
<th>White/Caucasian</th>
<th>Black/African American</th>
<th>Hispanic/Latino</th>
<th>Other Races</th>
<th>Overall</th>
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</thead>
<tbody>
<tr>
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<td>50.6</td>
<td>55.9</td>
<td>46.3</td>
<td>55.1</td>
<td>54.9</td>
<td>53.1</td>
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<tr>
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<td>61.7</td>
<td>48.8</td>
<td>59.8</td>
<td>59.4</td>
<td>57.5</td>
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<tr>
<td>2016</td>
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<td>75.9</td>
<td>60.2</td>
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<td>75</td>
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<tr>
<td>2017</td>
<td>70</td>
<td>80.1</td>
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<td>77.7</td>
<td>74.9</td>
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<tr>
<td>2018</td>
<td>79</td>
<td>84.4</td>
<td>64.8</td>
<td>74.8</td>
<td>81.1</td>
<td>76.8</td>
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<tr>
<td>2019</td>
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<td>90.8</td>
<td>75.7</td>
<td>82</td>
<td>87.5</td>
<td>85</td>
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<td>2020</td>
<td>79</td>
<td>94.3</td>
<td>77.1</td>
<td>83.9</td>
<td>87</td>
<td>87.5</td>
</tr>
</tbody>
</table>

2020 overall = 87.5%

*Based on a rolling 12 month measure*

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This material as well as all discussions and documents pertaining to it have been designated and are maintained by Children's as peer review protected for quality improvement purposes pursuant to Minnesota Statute 145.61 ET SEQ. Accordingly, it is privileged and confidential, not subject to discovery, and cannot be used as evidence.
## Patient Equity Index: Q2 2020

<table>
<thead>
<tr>
<th></th>
<th>Asthma</th>
<th>Combo10</th>
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<td>Black</td>
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<tr>
<td></td>
<td>Disparity</td>
<td>Actual Δ</td>
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<td>94.29</td>
<td>77.1</td>
</tr>
</tbody>
</table>

*Combo10 data only through April 2020

- COVID-19 impact to ambulatory care and reduced visits
  - Offering drive-up vaccinations for families hesitant to seek in-person care during the pandemic
  - Increased the use of text messaging to communicate important reminders about vaccinations and well child care to families.
Challenges and opportunities

- Identify an interdisciplinary team to evaluate each disparity
- Apply quality improvement methodology
- Look at internal/operational as well as system level opportunities
- Engage community to identify solutions
- Learning as we go approach