

Health Disparities Calculator

Frequently Asked Questions

This seems complex, can you help me understand what I am supposed to do and how I am supposed to do it?

The Health Disparities Calculator was designed as a decision-making tool for HIV programs to focus their end+disparities QI projects. The statistics behind the tool are complex and represent just one approach to thinking about and measuring disparities in HIV health outcomes within our service populations. Using the tool is as simple as plugging data into the red boxes on the data entry page and reviewing the results on the summary pages. All the other documents, including the guide and the PowerPoint slides are designed to help users understand why the end+disparities Learning Exchange exists, why it focuses on these four subpopulations, and seeks to help users explain to their stakeholders the tool results. If you need a 1-on-1 tutorial or review, please contact Michael Hager at michael@nationalqualitycenter.org.

Is there a CAREWare extractor to help me put data into the calculator tool?

The Cleveland TGA has produced a CAREWare extractor that will automatically populate data into the calculator. This extractor can be found with other calculator resources at this link: http://enddisparitiesexchange.org/portfolio_item/resource-one/. For support, contact Michael Hager at michael@nationalqualitycenter.org or the CAREWare HelpDesk at 877-294-3571 or cwhelp@jprog.com.

How are Medical Visit Frequency and Viral Load Suppression measured and defined in the calculator tool?

The measures used in the calculator are taken from the HAB [Performance Measure Portfolio](#). These measures are nationally endorsed by the National Quality Forum and the US Secretary of Health and Human Services. Please refer to the Portfolio for definitions of each measure.

The HAB Viral Suppression measure doesn't take into account newly diagnosed individuals and the timeline it takes to get people suppressed after diagnosis. How do we account for this?

At NQC we have a mantra: Don't Make Perfect the Enemy of Good. There are many ways to skin this cat and we recommend you take the course of action that best fits with

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your institutional culture. 1.) you can ignore the fact that there are folks who are new to your services who reasonably will need a certain lead time to achieve viral suppression after starting services with you. This is statistically reasonable, because you are likely getting new patients of all types all the time – this is called non-differential misclassification bias. This logic breaks down if you get far more new patients of one population than any other population at a given time; otherwise, the effect of new patients comes out in the wash. 2.) you can include new patients in your data run and check the not-in-numerator report, if one is available, to identify patients that do not need follow-up or action due to their new patient status. 3.) you can exclude patients who are new to your services within the last six months. This is a common threshold used by medical providers in order to allow the team and patient time to achieve viral suppression after starting services. If you need any assistance in thinking this through, contact Michael Hager at michael@nationalqualitycenter.org. In addition, an unlocked version of the Health Disparities Calculator is available by request where the measures can be changed.

The HAB Medical Visit Frequency measure doesn't take into account stable patients who are only needing to be seen once per year as opposed to twice per year. How do we account for this?

See above. There are a number of ways this challenge can be addressed during synthesis and analysis. If you need any assistance in thinking this through, contact Michael Hager at michael@nationalqualitycenter.org. In addition, an unlocked version of the Health Disparities Calculator is available by request where the measures can be changed.

What if someone is in more than one subpopulation of focus? Is this duplication? Does it affect the analysis?

This tool is designed to examine each group independently of other groups being evaluated for disparities. The comparison group in each case is the full HIV population minus the population being examined. As an example a 21 year old African-American transgender woman will appear in three of the four subpopulations – youth, transgender people, and African-American and Latina women. The purpose of the project is to think about populations as a whole and not to think about individuals. Think big!

Are the Excel formulas used for the calculations viewable in the calculator tool?

The Excel formulas are built into the calculator and are not viewable, but are open source. Contact Michael Hager at michael@nationalqualitycenter.org if you would like him to share the conditional formatting and formula equations with you.

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Can you change the subpopulations of focus in the calculator tool?

There is an unlocked version of the calculator where users can change the subpopulations and the measures on the data entry page. Changes made on the data entry page are reflected across the rest of the pages in the calculator tool. If you would like access to it, please contact Michael Hager at michael@nationalqualitycenter.org for more information.