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INTRODUCTION

In 2023 the Bree Collaborative and the Foundation for Health Care Quality (FHCQ) created awards for concordance of care and excellence in health equity with the aim of encouraging organizations to report on and celebrate their use of the Bree Collaborative Guidelines in improving patient care.

The Trailblazer Award is given by the Bree Collaborative to organizations that demonstrate high fidelity with our guidelines. Awards are by topic for each report that the Bree has published. In 2024 we gave out almost one hundred awards in twenty-nine topic areas to seven different organizations. Award winners are invited to apply for FHCQ's Mountain Climber Award for further demonstrating how they embedded equity into their Bree aligned quality improvement programs.

The Mountain Climber Award is given by FHCQ as part of our initiative to encourage organizations to adopt our pillars of system transformation – Equitable Care, Data Usability, and Integrated, Holistic care.

Submission process

Organizations are asked to submit examples and documentation of their clinical practices, contracting changes, policies, educational programs, or other activities that they use to improve equity in access, care processes and outcomes for patients. Candidates are also asked to self-rate and describe their projects in detail. Submissions are accepted annually; January through April and awards are presented at the end of April.

2024 submissions were based on an evaluation project. Multiple organizations were asked to submit data on guidelines published between 2016 and 2022, covering a large spectrum of topics and including multiple patient populations.

Judging

FHCQ convened a panel of judges from a diverse group of organizations that represent patients or other health care users and Bree stakeholders to review the awards submissions. The panel members are blinded to the organization's identity and score each on qualitative and quantitative criteria. Submissions are judged on a scale of difficulty of overcoming barriers, innovation in addressing the focus area (equity), and value as an example for other organizations.

WINNERS AND FINALIST ORGANIZATIONS

Winner: Kaiser Permanente Washington “serves more than 710,170 members and supports the health of communities in Northwest Washington, Central Washington, Eastern Washington, the Coastal and Olympic region, and Puget Sound”. Their mission is to “provide high-quality, affordable health care services and to improve the health of [their] members and the communities [they] serve.” (Kaiser Foundation Health Plan of Washington, 2024)

Winner: UnitedHealthCare is a national health insurance organization that serves Medicaid, Medicare, and commercially insured individuals in Washington State with a strong commitment to

diversity, equity and inclusion. Their reach into health systems through the UnitedHealth Group has enabled them to implement equity initiatives broadly throughout the continuum of care. (United HealthCare Services, Inc, 2024)

Finalist: *UW Medicine* is a network of “nearly 29,000 health care professionals, researchers, and educators” in the five-state (Washington, Wyoming, Alaska, Montana, Idaho) region. Their health care services range from primary care to “highly specialized care for the most complex conditions”. Their equity work is founded in the belief that “all people have the right to high-quality, culturally appropriate healthcare, regardless of age, race, ethnicity, gender, sexual orientation, religion, or ability.” (University of Washington, 2024) UW Physicians group is a part of the UW Family of medicine and includes key partner organizations such as Fred Hutchinson Cancer Center, Seattle Children’s Hospital, and many others. (University of Washington, 2024)

Finalist: *MultiCare* is “the largest, community-based, locally governed health system in the state of Washington”. It includes “more than 300 primary care, urgent care, pediatric, and specialty locations” and twelve hospitals. The core values that underpin MultiCare’s equity work are respect, integrity, stewardship, excellence, collaboration, kindness and joy. They believe that “healthy communities need more than just healthcare” and aim to partner with neighbors and local community organizations in order to forward their mission. (MultiCare, 2024)

PROJECTS

Kaiser Permanente WA

Kaiser Permanente Washington’s project focused on the Bree Collaborative’s Primary Care report. This work aimed to increase resources for LGBTQIA+ individuals for health maintenance, mental health screening, and cancer screening topics.

To track their progress, Kaiser Permanente WA developed dashboards with key health measures that align with Bree Guidelines measure recommendations and other Bree guidelines applicable to primary care. These dashboards can be filtered by race, ethnicity, (patient) language, sexual orientation, and gender identity. Project ECHO (Equitable Care Health Outcomes) allowed the organization a view into gaps in their primary care process and outcomes, enabling them to make targeted efforts to improve them.

Screenings

Kaiser Permanente WA also employed innovative testing protocols for common screenings such as cervical cancer. These HPV self-collect testing kits were mailed to eligible patients or given to the patient during a clinical visit as part of a trial and the study was published in the journal of Contemporary Clinical Trials in 2022. In concordance with Bree guidelines, eligible patients included any patient with a cervix, regardless of gender identity.

Additionally, new protocols were implemented for health maintenance for HCV and HIV, including for minors ages 15-17 and information was provided through their Quick Care Guidelines for gender diverse people.

Languages and Translational Support

Between 2021 and 2023, a concerted effort was made to improve interpretation and translation services (including ASL) into Spanish, Khmer/Cambodian, Ukrainian, Chinese, Urdu, Vietnamese, Japanese, Swedish, Russian, Somali, French, Korean, Punjabi, Hindi, Amharic, Laotian, Hmong, Tagalog, Tigrinya, and Braille. These translations primarily supported Midwifery, OBGYN, mental health, and chronic disease management.

Demographics

Starting in 2021, demographic categories were aligned with national standards, including multiple response fields and written and spoken language preferences. The goal was to allow self-reporting to capture the nuances of patient identities and improve culturally appropriate care.

Diversity of Care Teams

In order to provide culturally appropriate care, Kaiser Permanente WA also focused on who is providing care. The organization developed dashboards for hiring managers that enabled recruiters to “focus on skills and interests such as language for clinicians who meet the needs of the population where they will be working”.

To assist providers currently working at Kaiser Permanente WA, a Qualified Bilingual Staff (QBS) program is being piloted to bring staff up to clinical/conversational standards. Qualified staff are given lanyards so that patients can easily identify the languages the clinician speaks and patient feedback is being collected on the effectiveness and appropriateness of the program.

For other clinicians, direct interpreter lines are available in seven of Kaiser Permanente WA's most common languages and clinicians can provide patients with summaries after their visit to facilitate scheduling, member services and pharmacy support.

Finally, clinicians are trained in multiple language greetings in order to develop a rapport with patients. Phrases covered include: Hello, I am doctor..., it's nice to meet you, thank you, and good bye.

Other projects

Staff training, the inclusion of community partners, continuing education support, and emphasis on equity as an organizational value, a system to report “unusual occurrences” and leveraging the use of equity consultants and other equity initiatives played an important role in the success of Kaiser Permanente WA's equity work. More information on these strategies can be found in Appendix A.

Barriers

The top three barriers identified by Kaiser Permanente WA during their implementation process were the shift to telehealth during the COVID-19 pandemic, scant patient feedback

by those who are most affected (e.g. those with limited English), and self-report demographics being a low priority goal among staff.

To overcome these barriers Kaiser Permanente WA “developed high quality integrated interpretation services into telehealth/video visits” and expanded access to patient-facing materials in several languages. To address patient feedback the organization piloted a QR code for access to surveys, lengthened the standard visit duration in primary care for those needing interpretation, and qualified multiple clinicians to ensure communication standards were being met. Finally, to address demographic data collection challenges, Kaiser Permanente WA created a staff training module and piloted and launched a text campaign for members to provide information directly to EPIC.

UnitedHealth Care

UnitedHealth Care’s submission was focused on two Bree topics, LGBTQIA+ care and Opioid Use Disorder (OUD) Treatment. Both projects leveraged staff training and data improvement projects to support their equity work and the OUD work also included negotiations on billing, collaboration with the state on expanding telehealth as part of their overall strategies for implementation.

LGBTQIA+

This project focused on transgender care coordination to “improve equitable health outcomes as relationships build with their medical, behavioral and care coordination teams”, making it easier for transgender patients to utilize primary care and provide optimal support for them to reach their health goals regardless of demographic intersectionality (e.g. also being BIPOC or having expressed social needs).

In order to help identifying gaps in care UnitedHealth Care utilized pharmacy claims and other claims data to find members with a diagnosis of gender dysphoria then changed needed services for this population, including easing prior authorization processes, increasing the length of approvals for hormones to one year, ensuring members were established with a primary care provider, reducing out-of-pocket costs, providing patient education, and improving referral pathways.

Staff training was an important component of this implementation, helping providers with everything from prior authorization processes to monitoring hormone prescriptions. Training, support, and education for providers not only decreased confusion, it also had a positive impact on the willingness of providers to participate in the care of the transgender population and increased member access to preventive services.

Because increasing numbers of patients are new to Washington State, outreach to coordinate primary and preventive care was seen as key to improving care regardless of the members' place on their journey to address gender dysphoria.

Network improvements increase in number of surgical providers to reduce wait times was seen as paramount as many patients were facing wait times of 1-2 years for common gender affirming surgeries.

Barriers and solutions

Challenges in identifying members in need of enhanced services was challenging as claims data doesn't capture the entire demographic. This challenge was overcome through improved access to claims information supplemented with clinical data collection, a direct relationship with local clinics care coordinators, and with the program staff at the Washington State Health Care Authority to increase sharing of information between entities.

Opioid Use Disorder Treatment

"UnitedHealthcare (UHC) has sought to develop a robust provider network where individuals can access services and care from substance use disorder (SUD) agencies specializing in working with BIPOC or LGBTQ+ populations. A lack of diversity within treatment options may harm an individual's overall view of treatment, potentially create unfair stereotypes, and make interactions and trust more challenging."

Contracting

Changes to contracting for this work included providers being prohibited from denying services to any eligible member based on the use of an FDA-approved, medically prescribed medication to treat OUD. Providers are also required to document efforts to find supporting housing, must schedule out member with a prescriber at discharge to ensure MOUD continuation, and provide member with appropriate supply to last until next appointment. Other contracting interventions include agreements with innovative programs such as Telecare's Community Alternative Team (TCAT) to bridge medication gaps between ER and first appointments.

Population specific interventions

Addressing equity required multiple strategies, tailored to areas and groups. One of UNC's strategies was rural expansion, specifically working with North Central Accountable Community of Health where services were previously unavailable. Through grants and other funding, UHC supports Naloxone vending machines in

Spokane, Pierce County and the North Central Region as a strategy for the prevention of overdoses in underserved areas. To address the needs of pregnant members UNC's Healthy First Steps (HFS) program assists with care coordination. Additionally, one pager flyers to provide vital information to pregnant patients and a bidirectional referral system to WA SUPP program were developed. As racial minorities are over-represented in the justice system involved population, UHC provides access to medication through Genoa Pharmacy as individuals transition back into society. State-wide, patient prescription monitoring and leveraging of telehealth-based services were important components for supporting MOUD. Through these programs, UHC was able to increase its treatment penetration rate for BIPOC communities by 13.6%.

Training

In alignment with Bree Collaborative guidelines, clinician training is a cornerstone of UHC's improvement work for OUD Treatment. Trainings on stigma (particularly SUD stigma) awareness, harm reduction, and diversity training to foster an environment where providers are operating in-line with evidence-based practices were all leveraged to provide more patient-centered, culturally competent care.

Partnerships

UHC engaged in many partnerships and participated in state-wide work, including the State Opioid Response Workgroup, Opioid Summit Planning Committee, Anti-stigma Committee and the Criminal and Legal Overdose and Opioid Work Group and the WA state broadband committee in order to contribute insights into how connectivity can assist in addressing the opioid crisis in rural and underserved areas.

Barriers and challenges

The top three challenges UHC had to address were billing practices, broadband access and provider education. They utilized partnerships with the HCA and other state agencies to address the first two barriers. To address provider training needs, UHC coordinated with other MCO's "to provide virtual training" and "offer free educational trainings on SUD through their provider portal.

UW Medicine and UW Physicians

UW Medicine and UW Physicians submitted information on a system-wide approach that covered all the Bree Topics they have implemented including, Primary Care, Pediatric Asthma, SDOH, Obstetrics, Behavioral Health Integration, Suicide Prevention, Addiction and Dependence Treatment, Oncology Care, Colorectal Cancer Screening, and Cervical Cancer Screening. Their Health Care Equity Blueprint guided their work in several focus areas, including workforce

development, community engagement, and quality improvement. As an organization, UW Medicine has made a commitment to being an anti-racist institution and leverages their Office of Healthcare Equity (OHE) to provide guidance on a multi-faceted equity initiative, leadership education, and trainings. Components of their equity work include patient information, and communication, improvements in patient screening, and outreach and community partnerships and collaborative care models.

Quality Improvement: Patient information and communication

Across all service lines, UW Medicine and UW Physicians have made improvements in languages access. All telehealth visits are translated in all of the top patient languages and the UW has 10+ language-specific phone lines so patients can place calls in their preferred language. The UW Medicine's Health Online has nearly 300 resources in languages other than English and after-visit summaries from the EHR are offered to patients who speak Spanish. This project emphasized language expansion to include more language resources for well-child visits, patient screenings, colorectal cancer screenings. Population health text messages were also leveraged as part of a patient communication strategy. UW Medicine provided examples of two robust programs for Pediatric Asthma and Combo 10 vaccination reminders. Examples of these can be found in Appendix C.

Quality Improvement: Patient screening

In 2022 the UW formed an enterprise-wide Social Determinants of Health workgroup "to develop a unified approach to screenings and referrals with a goal of implementation by the end of 2023. This information is used across all service lines and supports dashboards and registries to help close care gaps. Universal screenings for Suicide risk, SUD/ODU, and demographics have also been implemented in order to address the intersectionality of patients' needs.

Quality Improvement: Collaborative Care (BH, PCMH)

UW Medicine pioneered the collaborative care model for behavioral health integration and has since leveraged it to address social determinants of health and increasing equity in behavioral health services. In the primary care setting, the Patient Centered Medical Home model supports the "path to health justice" outlined in the UW Medicines blueprint for health equity.

Community engagement: Outreach and community partnerships

To bridge access to care gaps, UW Medicine has employed many community engagement and community partnership strategies, including Mammovans, partnerships with the YMCA for referrals to their Diabetes Prevention Program, Youth Obesity Program and Lose to Win Weight management program. Collaborative marketing and public service announcements had helped improve outreach to BIPOC communities for services such as breast and cervical cancer screenings.

Workforce development

The two primary activities that UW Medicine has highlighted for workforce development are the development of educational materials for staff, bilingual certification guidelines, and a bias reporting tool. The bias reporting tool aims to support a high level of accountability and learning. Anyone can submit an incident using this tool and reports are received by a large, multidisciplinary team takes a 360-degree approach to identify what happened, who was involved, and what steps can be taken to address harm and build trust to support an inclusive community.

Barriers and challenges

The primary barriers the UW Medicine identified to the work on improving equity were competing priorities, financial challenges post COVID, patient access challenges, workforce constraints, and a lack of community supports for substance use disorder and behavioral health.

UW medicine met these challenges through work with the state and county to co-design solutions based in blended fee models (fee for service and fee for value). They explored ways to structure compensation and incentives to fit with multi payer payment models that are aligned with State's advocacy and local health system efforts.

MultiCare

Like other large systems, MultiCare took an enterprise-wide approach to equity, wrapping Bree recommendations into their *Committing to Action: Foundations of Health Equity* initiative. The foundations of this work were in data collection and data capture in the EHR and included an extensive EHR build-out. Examples of these buildouts can be found in Appendix D.

Per many of the Bree Guidelines that address equity as an important aspect of care, MultiCare's build-out went beyond standard equity data capture, integrating options for close to 100 different races and ethnicities, and over 117 different languages. Their system is now also able to capture robust disability data, including specific disability information that can help providers route patients to the appropriate support services.

Challenges and barriers

To meet the challenge of creating a technical build that was user-friendly, a multidisciplinary team was created for design feedback, including informatics specialists for EPIC changes and front-line workers.

During roll out, change communication and change management were addressed by using multiple communication types and channels, involving front line staff in the change management process and setting reasonable targets.

FUTURE OF THE EQUITY AWARDS PROGRAM

2024 was the first year for both the Bree Collaborative and FHCQ's awards programs. Currently, the Bree Collaborative serves as the nomination pathway for FHCQ's Mountain Climber Award for Excellence in Health Equity. To be considered for an award, organizations are

- 1) to attest that they are using the Bree Guidelines
- 2) to demonstrate concordance of care with Bree Guidelines
- 3) to illustrate work done to embed equity in their quality improvement projects based on Bree Guidelines.

The goal of the Mountain Climber Award for Excellence in Equity is to recognize organizations that are actively integrating equity into every facet of their care practices. It seeks to showcase their innovative methods for implementing equity initiatives, to assess the tangible impact of these efforts, and to honor their significant contributions in advancing equity within their organization. This award aims to celebrate and recognize the dedicated efforts of organizations that are paving the way towards a more equitable healthcare landscape.

In the future, FHCQ plans to broaden the eligibility criteria for the Mountain Climber Award for Excellence in Equity by developing more pathways to apply for the award. Organizations that participate in other FHCQ programs will also be invited to submit nominations for consideration. These organizations will show how they are embedding equity within their quality improvement work relating to the FHCQ programs' focuses.

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Appendix A – Kaiser Permanente Strategies for improvements in health equity

TRAINING

Equity Training: we developed an institution specific equity training in collaboration with the Groundwater Institute. The first training module was called “Breaking Bias.” “Breaking Bias” was completed by over 90% of employees system-wide at all levels of the organization.

Module 2 was called “Re-examine Racism.” In 2023, this module was mandatory for our board of directors and executive leaders. This was an in-person/virtual training facilitated by the Groundwater Institute.

In 2024, we will be offering CME for people managers to complete the “Re-examine Racism” module.

COMMUNITY PARTNERS

Community Voices: The Equity Governance Collaborative is a standing board committee which started in 04/2021 in collaboration with our board of directors. It includes representatives from equity leaders across the organization along with designates from four other standing board committees, at large employee members, and currently has 9 community members as full voting members. This group is responsible for oversight of the Antiracist Strategic Plan which was adopted by the board of directors in December 2020. An achievement of the collaborative includes creation of a governance level dashboard which includes aggregated HEDIS measure broken out by race/ethnicity and Employee diversity engagement by race/ethnicity, LGBTQIA and sex.

Gender Health Advisory Panel was created in 2021. The panel’s work seeks to create an exceptional member experience for patients with gender health care needs. This advisory panel includes members from all geographic areas served by our organization. Additionally, they are a broad mix of trans-feminine, trans-masculine, and non-binary people of all ages.

EQUITY VALUE

Washington Equity Key Actions: These are the aims of all work for the organization. The “Equity Value” of our organization is, “We seek out the wisdom of those in the communities we serve, learning from diverse perspectives and experiences to improve the health of all.” These key actions include:

1.
 - a. Inclusive Climate - Measure and foster an inclusive, psychologically safe workplace.
 - b. Diverse Staff -Advance diverse representation in workforce.
 - c. Care Equity - Identify, track, and close care gaps and improve member access and experience by key equity attributes.
 - d. Community Engagement
 - i. Engage, influence, and invest in community capacity to address impacts of systemic barriers.

COMMUNITY PARTNERS

Community Voices: The Equity Governance Collaborative is a standing board committee which started in 04/2021 in collaboration with our board of directors. It includes representatives from equity leaders across the organization along with designates from four other standing board committees, at large

employee members, and currently has 9 community members as full voting members. This group is responsible for oversight of the Antiracist Strategic Plan which was adopted by the board of directors in December 2020. An achievement of the collaborative includes creation of a governance level dashboard which includes aggregated HEDIS measure broken out by race/ethnicity and Employee diversity engagement by race/ethnicity, LGBTQIA and sex.

CONTINUING EDUCATION

CME: Our CME Department has created a Health Equity Continuing Education page with introductory courses on cultural humility and implicit bias. In 2022, our organization launched a new continuing medical education (CME) program called “Celebrating our Communities,” which was piloted in two medical centers serving the most Native Hawaiian/Pacific Islander members. In 2023, it was expanded across the system. As a part of developing this pilot, we convened focus groups of patients and spoke with community leaders. We distilled the themes and integrated them into the three-class series, which centered the importance of cultural humility and respect in providing care.

“Equity Matters” CME: Lunchtime series of ongoing presentations of clinical care with the lens of equity. “Build awareness of [sic] our organization’s equitable care goals, showcase effective practices, build cultural humility and equip the people of [sic] our organization with skills and tools to deliver equitable care.”

2023 Agenda: important Bree topics included in 2023 were “Colorectal Cancer Screening” and “Gender Inclusive Care.”

- 2024 Agenda: important Bree topics will be presented in 2024 including “Colorectal Cancer Screening” and “Immunizations.”

REPORTING

Unusual Occurrence Reporting: Our unusual occurrence reports now have a section on EID to assess if language barriers, disability, or racism were a component of the unusual occurrence.

Equity Consults: Our organization has developed an access page to request EID consultations (refer to screenshot below). In 2023, we had 15 documented EID consults that came through our consultation link.

- Here are some of the themes around the support they were requesting:
- Reviewing/co-creating materials intended for or about diverse populations
- Data deep dive
- Presentation on a topic/training at a team meeting
- Partnering on a project proposal
- Help with applying a designing-for-equity framework to program, policy, procedure, process
- Education/training

EQUITY INITIATIVES

Hispanic/Latinx Diabetics: In 2020, our organization’s population health program incorporated an overall goal specific to the diabetes outcomes of our Hispanic/Latinx members. This health equity measure aligns with organizational goals to address disparities in diabetes outcomes. Our organization’s diabetes outcomes historically showed a significant disparity in outcomes for Hispanic/Latinx members, so this was chosen as the regional health equity focus. The 2022 goal was to achieve 57% performance

on the HbA1c<8 HEDIS measure for Hispanic/Latinx members seen in our internal delivery system. Our organization exceeded the overall performance goal of 57% with actual November performance of 59.8% of Hispanic/Latinx members with diabetes with an HbA1c <8. Performance from 2021 to 2022 improved significantly (3.5%) [...] Significant improvement across all lines of business resulted in our organization achieving this critical equity goal.

- In 2022, our organization redesigned its Diabetes Care Program and centralized all population health nurse care managers. In addition, some of the RN FTE was converted to hire Medical Assistants. This allowed for RNs to focus more of their time at the top of their clinical scope, providing medication titration and diabetes education but reducing the amount of time they spent outreaching potential participants. Insights from the 2021 evaluation led the leadership team to focus diabetes care management intervention on younger members, particularly Hispanic/Latinx and Native Hawaiian/Pacific Islander members. For the overall population, less impact of this was seen in the line of business data because there was a higher proportion of members getting care in the external delivery system. Refocusing organizational resources and centralizing care in 2022 led to improvements, but our organization was still short of the overall target. This goal will continue to be addressed as we redesign our approach to diabetes care.

Hypertension: Within cardiac care, 2022 initiatives focused mainly on blood pressure control. A new remote monitoring platform was launched on our app to support blood pressure management using a loaned blood pressure monitor (if needed). A new health maintenance topic was created to alert staff in our EHR for when a patient is overdue for a blood pressure check. This strategy was accompanied by a centralized outreach campaign to collect home blood pressure measurements from patients with existing care gaps, including the option to walk-in to any of our clinics and use a self-serve blood pressure machine in the lobby. Access to provider visits was expanded by empowering RNs to take on the responsibility of managing patients with hypertension by using standing orders and a new medication titration protocol.

Appendix B – UnitedHealth Care trainings and news articles on investment

Training offered by AWHP:

<https://www.uclaisap.org/oasis-tta/html/projects/provider-support-initiative.html>

<https://www.hca.wa.gov/about-hca/programs-and-initiatives/behavioral-health-and-recovery/distributing-opioid-overdose-reversal-medications-2ssb-5195>

Olympian News Article on UHC's Narcan Investments:

[Rural Communities in Washington Gain New Support to Address Opioid Epidemic
\(\[theolympian.com\]\(https://www.theolympian.com\)\)](https://www.theolympian.com/story/news/health/2023/08/23/united-health-care-narcan-investments-washington-082323/)

Appendix C – UW Medicine and UW Physicians Resources

Healthcare Equity Blueprint: <https://equity.uwmedicine.org/about/equity-blueprint/>
Healthcare resources for patients in multiple languages: <https://healthonline.washington.edu>

TEXT MESSAGES – ASTHMA PREVENTION 2 THROUGH 21YEARS

Hello! UW Medicine wants to help our families prevent asthma attacks this cold season. Please schedule a visit with your provider to discuss more and for you or your child's flu shot. Make the appointment [here](#) or call 206-520-7890

TEXT MESSAGES – FLUSHOT 1 THROUGH 5 YEARS OLD

UW Medicines passion is to keep children and families healthy. Please schedule your flu shot and wellness visit to check growth and ensure healthy habits. You can make an appt [here](#) or call 206.520.7890

MYCHART PATIENT PORTAL MESSAGE – FLU SHOT 0 THROUGH 21YEARS

Dear Patient,

The flu vaccine is now available through your UW Medicine providers. You can [schedule your flu shot with MyChart](#), request a flu shot during your next appointment or visit a local pharmacy. If you have already received your flu shot, please go to the [Preventive Care page](#) in MyChart and mark your flu shot as complete.

It's important for everyone to do their part to stay healthy this flu season. The best way to reduce your risk from seasonal flu and its potentially serious complications is to get the flu shot every year.

The CDC recommends everyone 6 months of age and older should get a flu vaccine by the end of October, especially people with high-risk conditions. However, even if you receive your vaccination after October, it will still be helpful towards preventing severe illness.

You can get a COVID-19 vaccine and a flu vaccine at the same time if you are eligible, and the timing coincides. Studies conducted throughout the COVID-19 pandemic indicate that it is safe to get both a COVID-19 vaccine and a flu vaccine at the same visit.

If you have questions about the 2022-2023 flu season, please visit [our website](#) or ask your UW Medicine care team. Thank you.

Your UW Medicine Care Team

Appendix D – MultiCare EHR examples

Patient Disability

Additional Items _____

Disability Status Disability Status Review Date

Title	Number
Difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition	21
Difficulty doing errands alone such as visiting a doctor's office or shopping	22
Difficulty dressing or bathing	23
Difficulty Hearing	24
Difficulty seeing, even when wearing glasses	25
Difficulty walking or climbing stairs	26
Limitations in any activities because of a physical, mental, or emotional condition	27
Non applicable (no limitations)	30
Not Listed	29
Patient Declined	31
Unknown	32
Uses a cane, a wheelchair, a trained service animal, adaptive bed, adaptive telephone, or some other device	28

Patient Disability

Additional Items _____

Disability Status Disability Status Review Date

2024 Mountain Climber Award for Excellence in Health Equity Project Summaries

Registration

Pat Guar and Cvg Travel Screening Appt Desk Claim Info MSPQ View MSPQ Verify Hospital Acct Referrals Auth/Cert Linkage Auth/Cert Patient FYI Family L

REGISTRATION INFO

- Demographics
- Patient Contacts
- Additional Pat Info
- Enc Guar & Cvgs
- Payments
- Coverage Copy
- Px/Dx
- Documents
- Benefit Info

SPECIALTY BILLING

- Client Billing
- Enc Bndl Episodes

General Information

Race: Hispanic Ethnicity: Hispanic Origin:

Marital Status: Religion: Healthcare Worker?: Resident in Cong Care?:

Languages

Preferred Language: Spoken Language: Reading Language:

Interpreter Information

Need Interpreter?: Interpreter Comments:

Permanent Comments

Registration

Pat Guar and Cvg Travel Screening Appt Desk Claim Info MSPQ View MSPQ Verify Ho

REGISTRATION INFO

- Demographics
- Patient Contacts
- Additional Pat Info
- Enc Guar & Cvgs
- Payments
- Coverage Copy
- Px/Dx
- Documents
- Benefit Info

SPECIALTY BILLING

- Client Billing
- Enc Bndl Episodes

General Information

Race: Hispanic Ethnicity: Hi

Title	Number	Title	Number	Title	Number		
Afghan	36	Fijian	51	Mexico	68	South American	84
Afro Caribbean	37	Filipino	17	Mexican/Mexican American	69	Syrian	65
Alaskan Native	34	First Nations	52	Middle Eastern	70	Taiwanese	86
American Indian	92	Guamanian or Chamorro	53	Mien	71	Thai	29
Arab	38	Hmong/Mong	54	Moroccan	72	Tongan	87
Asian	24	Indian	18	Native Hawaiian	33	Ugandan	88
Asian Indian	94	Indigenous-Latino/a or Indigenous-Latinx	55	Nepalese	73	Ukrainian	69
Baman/Burman/Burmese	39	Indonesian	56	North African	74	Unable to Collect	93
Bangladeshi	40	Iranian	57	Oroino	75	Unknown to Patient	14
Bhutanese	41	Iraqi	58	Other Asian	95	Vietnamese	22
Black or African American	2	Japanese	19	Other Race	9	White or Caucasian	1
Central American	42	Jordanian	59	Pacific Islander	27	Yemeni	50
Cham	43	Karen	60	Pakistani	21		
Chicana/o or Chicax	44	Kenyan	61	Patient Declined to Answer	26		
Chinese	16	Khmer/Cambodian	15	Puerto Rican	77		
Congolese	45	Korean	20	Romanian/Rumanian	78		
Cuban	46	Kuwaiti	63	Russian	79		
Dominican	47	Laos	28	Samoa	80		
Egyptian	50	Lebanese	65	Saudi Arabian	81		
Eritrean	49	Malaysian	66	Somali	82		
Ethiopian	48	Marshallse	67	South African	83		

2024 Mountain Climber Award for Excellence in Health Equity Project Summaries

Registration

Pat Guar and Cvg | Travel Screening | Appt Desk | Claim Info | MSPQ | View MSPQ

REGISTRATION INFO

Demographics

Patient Contacts
Additional Pat Info
Enc Guar & Cvgs
Payments
Coverage Copy
Px/Dx
Documents
Benefit Info

SPECIALTY BILLING
Client Billing
Enc Bndl Episodes

Languages

Preferred Language: English

Spoken Language: [Warning Icon]

Title	Number	Title	Number	Title	Number
Aguaateco	98	Filipino/Pilipino	102	Kurdish	31
Amharic	49	Finnish	68	Kurindi (Rundi)	93
Arabic	26	Flemish	6	Lakota Sioux	74
Armenian	99	French	2	Lao	35
Awakatek	100	German	4	Lingala	104
Bangla	85	Greek	9	Lithuanian	105
Bengali	86	Gujarati	72	Malay	75
Bosnian	53	Haitian Creole	91	Mam	94
Bulgarian	87	Hebrew	11	Mandarin	36
Burmese	88	Hindi	33	Marathi	76
Cantonese	34	Hmong	32	Marshallese	41
Chalchiteco	101	Hungarian	40	Mienh	27
Chamorro	114	Ilocano	67	Mixteco	106
Chinese	13	Indian	73	Moldovan	111
Chuukese	89	Italian	10	Nahuatl	107
Creole	57	Japanese	14	Nepali	48
Czechoslovakian	58	Kanjobal	62	Norwegian	8
Dari	90	Karen	92	Oromo	78
Deaf-English	23	Khmer/Cambodian	22	Other	25
Dutch	5	K'iche'	103	Other Communication Method	83
Farsi (Persian)	47	Kinyarwanda	116	Pashto	84
Filjan	115	Korean	18	Patient Declined to Respond	112
		Kosraean	117	Polish	12
				Russian	16
				Salish	70
				Samoan	38
				Sign Languages	113
				Somali	30
				Spanish	3
				Swahili/Kiswahili	46
				Swedish	7
				Tagalog	29
				Tamil	118
				Telugu	119
				Thai	37
				Tigrinya	19
				Tongan	77
				Trique	108
				Turkish	109
				Ukrainian	28
				Unknown to Patient	97
				Urdu	45
				Vietnamese	21
				Yakima	69
				Zapotec	110

Registration

Pat Guar and Cvg | Travel Screening | Appt Desk | Claim Info | MSPQ | View MSPQ | Verify Hospital Acct | Referrals | Auth/Cert Linkage | Auth/Cert | Pati

REGISTRATION INFO

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Benefit Info

SPECIALTY BILLING
Client Billing
Enc Bndl Episodes

General Information

Race: White or Caucasian

Marital Status: Single

Languages

Preferred Language: English

Interpreter Information

Need Interpreter?: No

Permanent Comments

Hispanic Ethnicity: No - Non Hispanic

Hispanic Origin: [Warning Icon]

Title	Number
No - Non Hispanic	21
Patient Declined to Answer	23
Unable to Collect	28
Unknown to Patient	19
Yes, another Hispanic, Latino, or Spanish origin	27
Yes, Cuban	26
Yes, Hispanic Latino/a, or Spanish origin, Combined	29
Yes, Mexican, Mexican American, Chicano/a	24
Yes, Puerto Rican	25

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