Introduction to Disparities: Achieving Equity in a Time of Healthcare Transformation

Speaker: Joseph Betancourt, MD, MPH
- Founder and Director, The Disparities Solutions Center
- Senior Scientist, Mongan Institute for Health Policy Center at Massachusetts General Hospital
- Director for Multicultural Education, Massachusetts General Hospital
- Associate Professor of Medicine, Harvard Medical School

Host: Boris Kalanj, MSW
- Director, Cultural Care and Experience, Hospital Quality Institute
- PFE and Disparities Leader, Health Services Advisory Group (HSAG) HIIN

Tuesday, September 19, 2017
HSAG HIIN Disparities Work

• REaL\textsuperscript{1} data gap analysis

• Technical assistance and education

• Disparities in care and readmissions

1. Race, Ethnicity and Language
## Disparities Webinar Series (tentative topics)

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Introducing Dr. Joseph Betancourt

- Founder and Director, The Disparities Solutions Center
- Senior Scientist, Mongan Institute for Health Policy Center at Massachusetts General Hospital
- Director for Multicultural Education, Massachusetts General Hospital
- Associate Professor of Medicine, Harvard Medical School
Introduction to Disparities
Achieving Equity in a Time of Healthcare Transformation

Joseph R. Betancourt, MD, MPH
Director, The Disparities Solutions Center
Senior Scientist, Mongan Institute for Health Policy
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Outline

- High-Value, Transformation, and Equity
- Key Drivers
- Lessons from the Field
High-Value in A Time of Healthcare Transformation

Value-based purchasing and health care reform will alter the way health care is delivered and financed; *quality* not quantity…

- **Increasing Access: Assuring appropriate utilization**
  - Linking to the PCMH, decreasing ED use & avoidable hospitalizations

- **Improving Quality: Providing the best care**
  - Importance of Wellness, Population Management

- **Controlling Cost: Focusing on the Pressure Points**
  - Importance of hot spotting and preventing readmissions, avoiding medical errors, and improving patient experience
  - Banding together and risk-sharing through ACOs
Increasing Diversity

Health care organizations need to prepare staff to work with patients and colleagues from diverse cultural backgrounds.

Current and Projected Resident Population of the United States, 1998-2030

Diabetes-Related Death Rate, 2016
Deaths per 100,000 population

<table>
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<tr>
<th>Ethnicity</th>
<th>Death Rate</th>
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<tbody>
<tr>
<td>WHITE</td>
<td>22.8</td>
</tr>
<tr>
<td>BLACK</td>
<td>50.1</td>
</tr>
<tr>
<td>HISP/LTN</td>
<td>33.6</td>
</tr>
<tr>
<td>AI/AN</td>
<td>50.3</td>
</tr>
<tr>
<td>ASIAN/PI</td>
<td>18.4</td>
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</table>
What causes these Racial/Ethnic Disparities in Health?

- Social Determinants
- Access to Care
- Health Care?
Racial and Ethnic Disparities in Health Care
A High-Value Target

Racial/Ethnic disparities found across a wide range of health care settings, disease areas, and clinical services, even when various confounders (SES, insurance) controlled for.

Many sources contribute to disparities—no one suspect, no one solution

- Navigation
- Communication
- Stereotyping
- Mistrust

Variations in care and quality, inefficiencies, costly care and poor outcomes are the epitome of low-value

UNEQUAL TREATMENT

Confronting Racial and Ethnic Disparities in Health Care

Institute of Medicine
IOM’s Unequal Treatment

www.nap.edu

Recommendations

◆ Increase awareness of existence of disparities

◆ Address systems of care
  – Support race/ethnicity data collection, quality improvement, evidence-based guidelines, multidisciplinary teams, community outreach
  – Improve workforce diversity
  – Facilitate interpretation services

◆ Provider education
  – Health Disparities, Cultural Competence, Clinical Decisionmaking

◆ Patient education (navigation, activation)

◆ Research
  – Promising strategies, Barriers to eliminating disparities
Key Drivers
Linking Disparities to Quality and Safety and the Pressure Points

- **Safe**
  - Minorities have more *medical errors* with greater clinical consequences

- **Effective**
  - Minorities received less *evidence-based care* (diabetes)

- **Patient-centered**
  - Minorities less likely to provide truly informed consent; some poorer *patient experience*

- **Timely**
  - Minorities more likely to *wait* for same procedure (transplant)

- **Efficient**
  - Minorities experience more *test ordering* in ED due to poor communication

- **Equitable**
  - No variation in outcomes

- **Also**
  - Minorities have *more CHF readmissions, and avoidable hospitalizations*
Efforts to address disparities aim to impact:

- Improved navigation
- Patient Experience
- Patient Safety
- Transitions of Care
- Chronic Care Management
- Efficiency of Care
- Patient Engagement
- Shared Decision Making
- Health Literacy
Lessons from the Field
The Hard Realities for Hospitals

- The financing doesn’t change overnight
  - Flying plane as you reengineer equals pain

- Discomfort adapting from one patient to a population
  - Extending beyond the four walls of the healthcare system

- Technology and Data are a blessing and a curse
  - Move to meaningful use and the EHR is EPIC

- Pricing, Transparency and Accountability
  - A new world is here, and everyone is watching

- The incentives have changed
  - Beware of unintended consequences
The Disparities Leadership Program

350 Participants
85 Hospitals, 35 Health Plans
31 states
Commonwealth of Puerto Rico
Canada, Switzerland

DLP Participants

Provinces of Canada

Switzerland

PR

DLP Participants
The New Era of Health Equity
Moving to Access and Accountability

- Value is real…MACRA is here
- Attention turns to social determinants and Population Health 2.0
- Mapping, duals, super-utilizers now a priority to address cost
- HIT and disruptors changing game
- Energy on diversity/inclusion, implicit bias, stereotyping
- Risk Adjustment???
- AHA #123, CMS Equity Strategy
REaL Data Collection

Key Goals: Collect data of all patients
- Gets key info
- Doesn’t confuse patients
- Can be done in a timely fashion
  - Registrar Training, Auditing, Feedback
    - Preamble, FAQ’s
    - Audit, Present on impact
  - Patient PR Poster Campaign

Challenges
- Adapting to new EHRs
- How/Where data collected, stored, used
- Multiracial and Pediatric population
- Broadening data collection (disability, SOGI)

Net-Net: Can be done, is being done
Equity and Action
Challenges and Possibilities

Getting Disparities on the Leadership Agenda

Leaders are swamped, anxious, full of uncertainty, and may be swimming in the red
- Need to “connect the dots” for leaders on link between disparities, equity, quality, and value
- Constant focus on connection to pressure points

Data Collection and Monitoring

Few collect data and monitor equity
- Monitoring performance, and targeting services accordingly will be the essential foundation for population health, safety, patient/member experience
- Identifying disparities can lead to “high-value” targets
Equity and Action
Challenges and Possibilities

◆ Developing Interventions
Chronic, complex, costly conditions will be managed through interprofessional, well-trained care teams focused on population health (the 20/80 rule)
◆ IT, care coordination, and training necessary
◆ Emergence of coaches, navigators, and reemergence of community health workers
  – Utilizations, Wellness, Care Management, Transitions
One size won’t fit all; need focus to impact utilization, patient experience and patient safety
◆ Cross-cultural communication and Interpretation
◆ Health literacy
◆ Patient engagement and Shared decisionmaking
Need to make case that will lead to better care for all patients
Preparing for the Future

- Addressing variations in quality—such as racial/ethnic disparities in health care—will be essential going forward if we are to achieve equity, high-performance and high-value.

- This is not just about equity for equity’s sake—cost is key—as equity connects to all areas of quality:
  - Population Management
  - Transitions of Care and Readmissions
  - Appropriate Utilization and Avoidable Hospitalizations
  - Patient Safety
  - Patient Experience

- Healthcare organizations ignore this at their own peril…action will separate winners from losers…
Thank You

Joseph R. Betancourt, MD, MPH

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www.mghdisparitiessolutions.org
Audience Poll 1

Does your organization have buy-in from senior leadership for collecting self-reported race, ethnicity, and language data from patients?

A. Yes, senior leadership is supportive of REAL data collection efforts.
B. No, leadership buy-in is still needed to support REAL data collection.
C. I do not know the position of my organization’s leadership on REAL data collection.
Audience Q&A
Audience Poll 2

Please select the **TOP THREE** most immediately relevant topics for future webinars on data collection:

A. Obtaining leadership buy-in to support REAL data collection
B. Preparing staff to collect data & respond to patient concerns
C. Ensuring the completeness & accuracy of REAL data
D. Preventing readmissions among diverse populations
E. Approaches for collecting race & ethnicity data from Hispanic/Latino patients
F. Beyond Data Collection: A case study in disparities measurement & reporting
G. Ensuring equitable care and documenting interpreter use for patients with limited English proficiency
H. Collecting data on social determinants of health
I. Collecting sexual orientation & gender identity data
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