



CHPSO

*Eliminating preventable harm
and improving the quality of
health care delivery*

Collaborative Healthcare Patient Safety Organization



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Designing, Implementing and Reporting on Interventions to Address Disparities

Thursday, September 15, 2022

10 a.m. – 11 a.m. PT



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Moderator/Host



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Housekeeping Items

- All lines will be muted. Raise your hand if you wish to be unmuted.
- The presentation slides and recording will be available within 1-3 business days.
- **1 CE unit will be provided to CHPSO/HQI/CHA Members:**
 - Complete the [survey](#) by September 23, 2022
 - CE certs will be emailed within two weeks after survey is closed.



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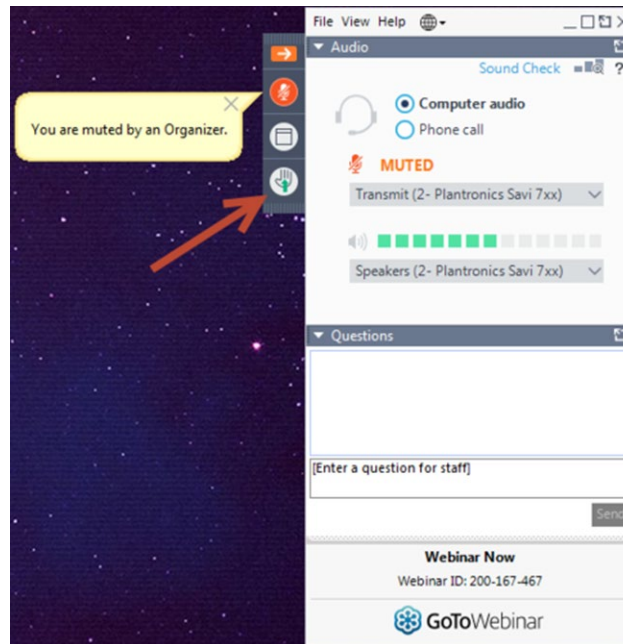
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How to join in the discussion





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Speaker



Joseph R. Betancourt, MD, MPH

Senior Vice President, Equity and Community Health
Associate Professor of Medicine, Harvard Medical
School

Designing, Implementing and Reporting on Interventions to Address Disparities

Joseph R. Betancourt, MD, MPH

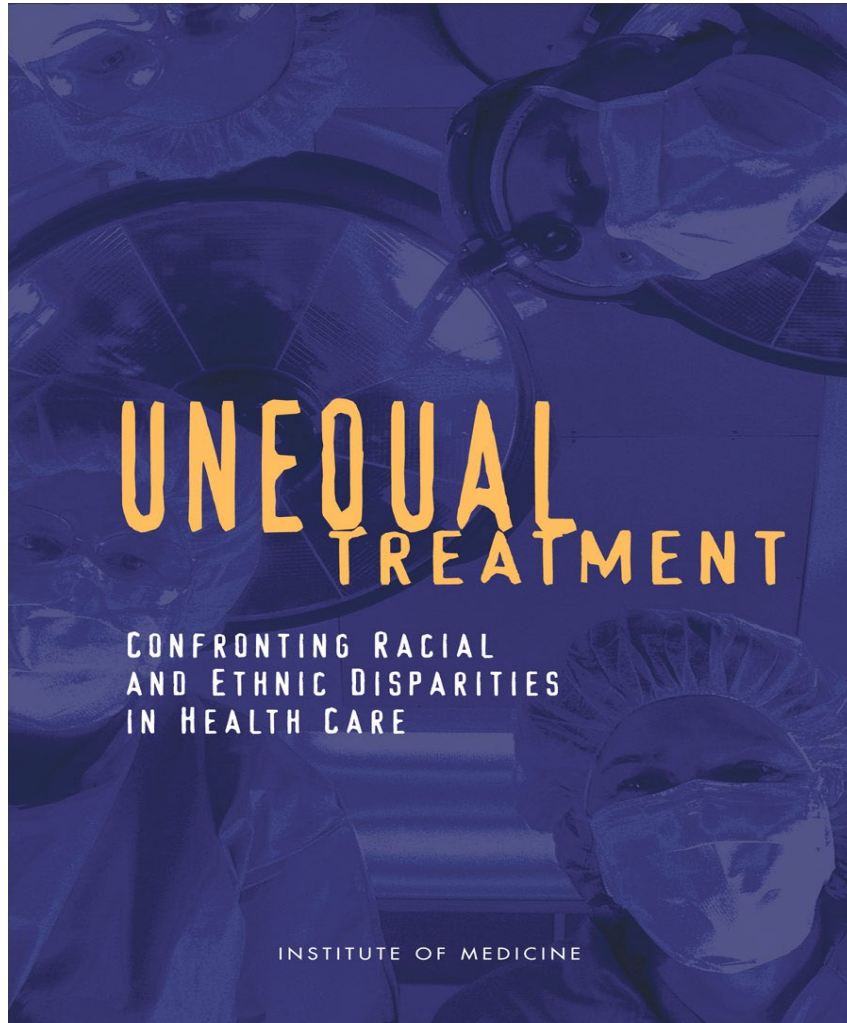
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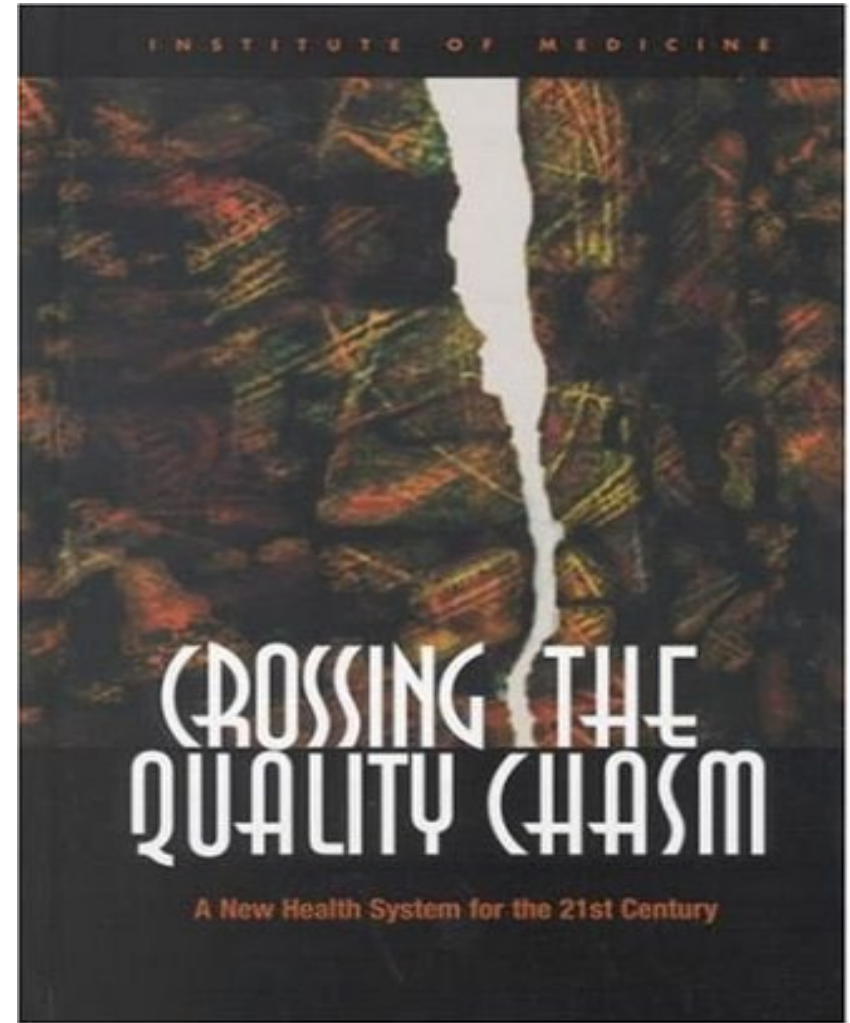
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- ❑ Strategies for dissecting a disparity to understand root causes/improvement opptys
- ❑ Creating a toolkit of effective disparities interventions
- ❑ Leveraging organizational change management to assure sustainability/success

What we know: Quality, Equity and Disparities

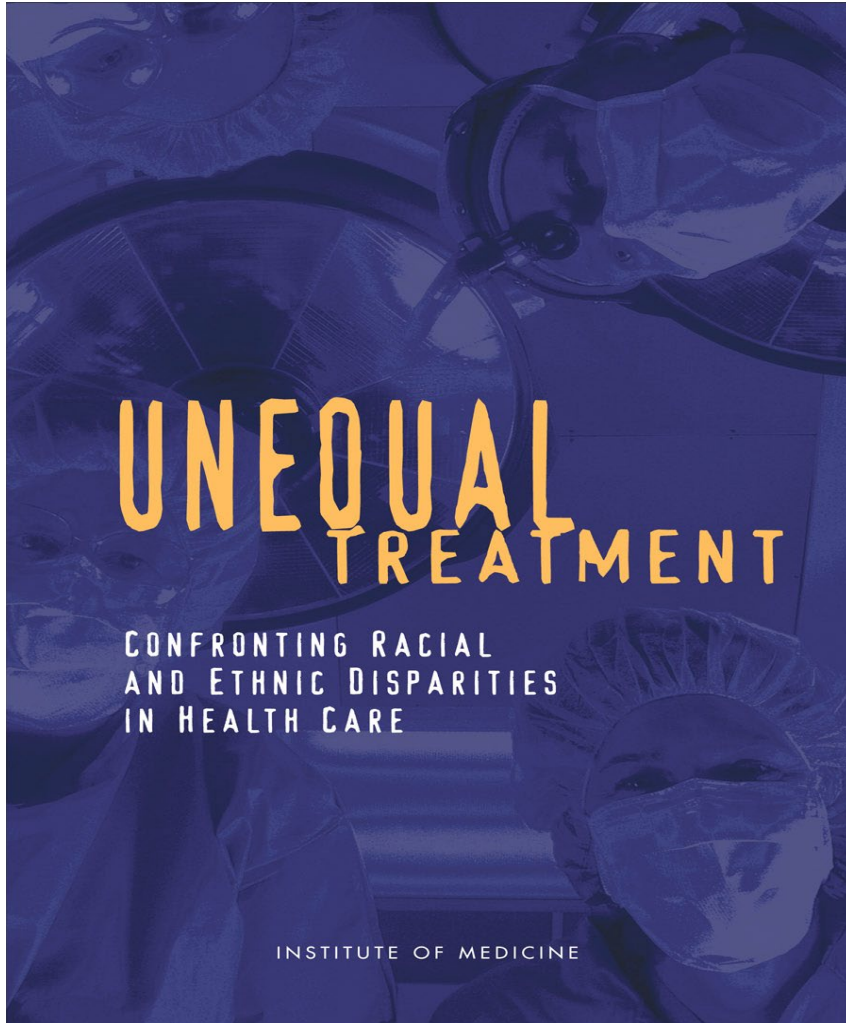


- Disparities in quality exist, multifactorial
- Data collection, measurement key to equity



- Equity a pillar of quality
- Data collection, measurement key to quality

What we know: Disparities and Root Causes



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

- *Navigation*
- *Communication*
- *Stereotyping*
- *Mistrust*

What we know: The Ultimate Goal and Blueprint



Discovering, Dissecting a Disparity



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What we know:

Quality and Equity Measurement is Essential

MGH began work in 2003 with Disparities Committee and Plan
Focus on quality, access/experience, education/awareness
AHA Inaugural Equity of Care Winner, 2014



2014

Focus on nationally
recognized measures
addressing gaps in
primary care



2015

Focus on
readmissions



2016 -2017

Emphasis on language
and use of translators



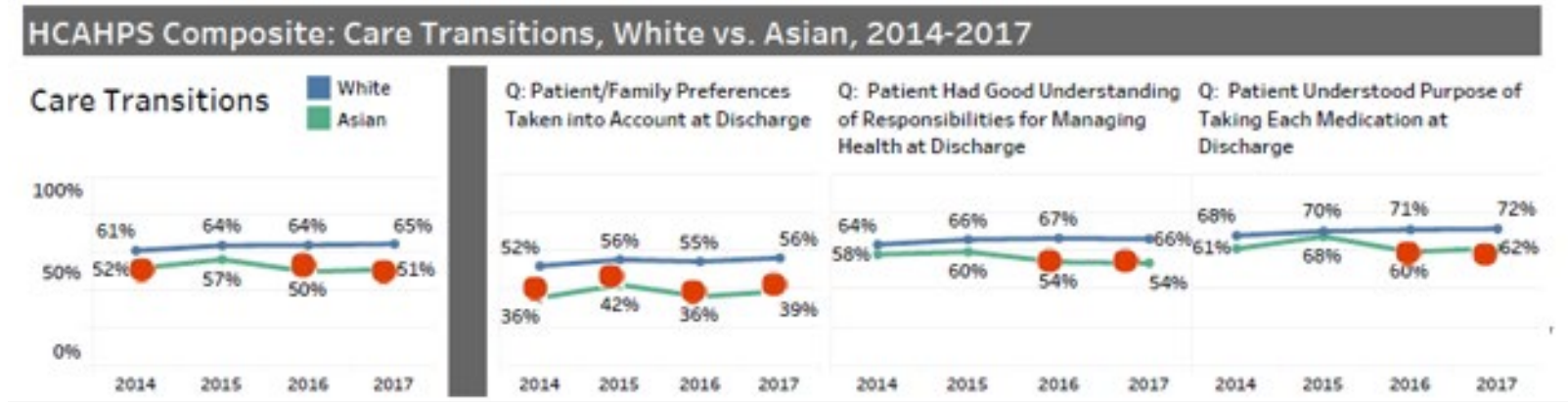
2018 -2019

Focus on obstetrics
and other clinical
conditions

The first Disparities Dashboard was created in 2007; we went public
with the Annual Report on Equity in Health Care Quality in 2014

Lessons Learned: Building Foundation

Once disparity found, decide analysis needed



- Additional analysis by:
 - Ethnicity (e.g. Chinese, Vietnamese, etc.)
 - Gender
 - Age
 - Education
 - Discharging Service
 - Discharging Unit
 - Discharge destination
 - Interaction terms (e.g. race *and* gender)
 - Variation by date ranges

Lessons Learned: Building a Foundation Focus Groups/Surveys and Root Causes

MGH CARE TRANSITIONS SURVEY



Esteban Barreto, Ph.D.
Carie Michael, S.M.
Karen Donelan, Ed.M., Sc.D.

Preliminary Draft September 20, 2019

Health Policy Research Center, The Mongan Institute
MGH Survey Research and Implementation Unit
Massachusetts General Hospital

Project support from the Edward P. Lawrence Center for Quality and Safety



Qualitative approaches:

- ✓ Provide insight into root causes and potential solutions
 - ✓ Stakeholder key informant interview
 - ✓ Patient focus groups/surveys
- ✓ Necessary to move from measurement to improvement
 - ✓ Build team and strategy

Creating a Toolkit of Disparities Interventions



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Lessons Learned: Evidence-Based Interventions



- Clinical Guidelines
- Coaching
- Navigation
- Training
- Combination

Case Study: Clinical Guidelines

OB Group B Strep Prophylaxis

- ❑ Group B strep (GBS) is a bacterium that can cause life-threatening infections in newborns
- ❑ Perinatal GBS infection preventable with administration of intrapartum abx to women at risk of transmitting GBS to newborns, largely as determined by results of screening cultures
- ❑ Black infants have higher rates of early-onset GBS compared with white infants and Black women are more likely to carry GBS; Hispanic women receiving care at a hospital or health department less likely to receive prenatal screening for GBS
- ❑ MGH data suggested a disparity in administration/documentation of appropriate intrapartum abx prophylaxis for GBS among eligible patients with LEPy
- ❑ MGH OB/Gyn found via chart review that disparity partially attributable to precipitous deliveries, as well as unscheduled Cesarean deliveries
- ❑ Team reviewed protocols and developed new ***clinical guidelines*** to encourage appropriate antibiotic use, particularly in cases in which patients arrive to the hospital in later stages of labor or in need of unscheduled Cesarean deliveries

Case Study: Clinical Guidelines

OB Group B Strep Prophylaxis

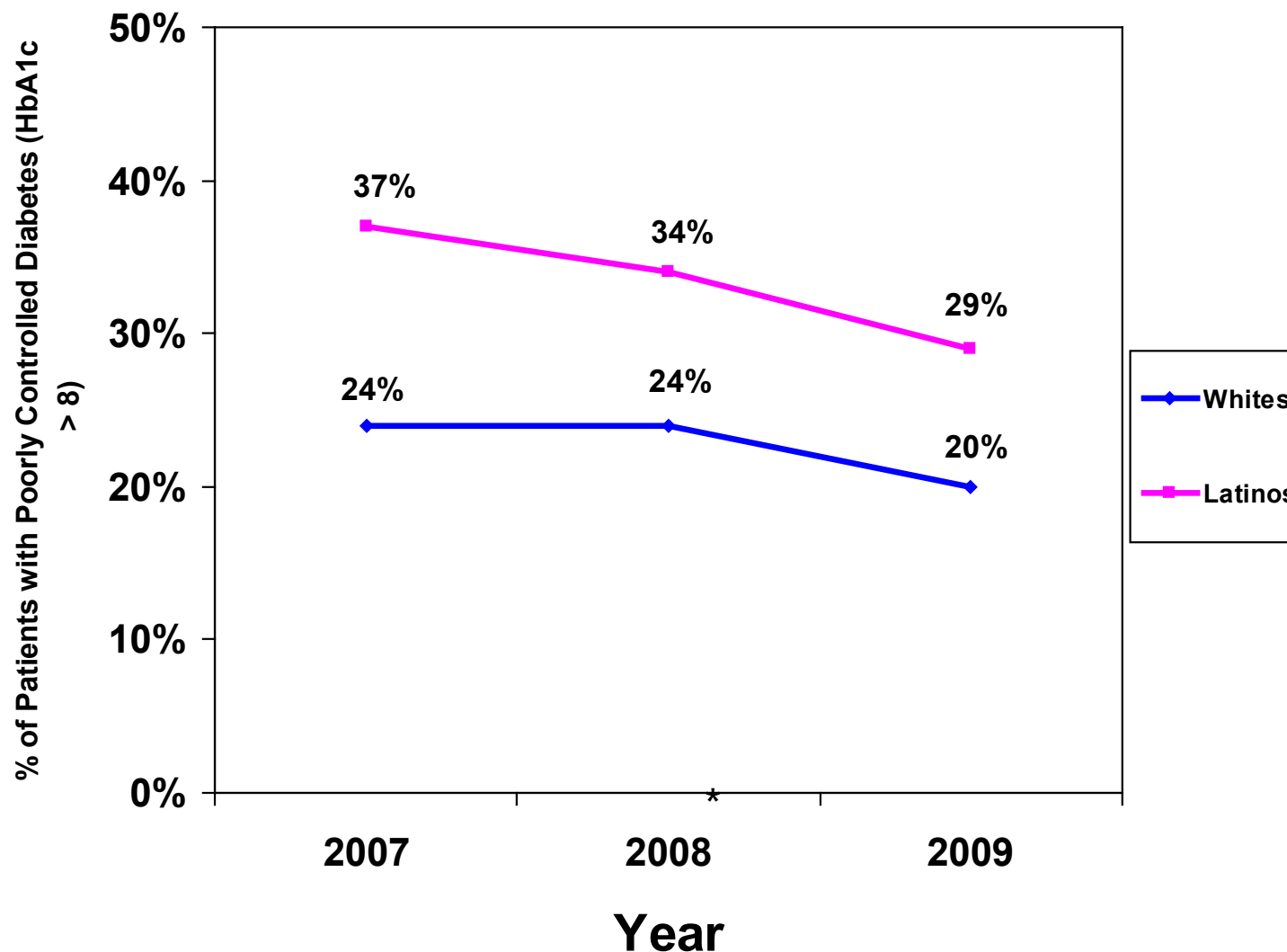
MassHealth Maternity Measures*

MATERNITY MEASURES	RACE				PRIMARY LANGUAGE			
	White		Other		English		Other	
	N	%	N	%	N	%	N	%
Intrapartum antibiotic prophylaxis for GBS								
Jan 2009-Dec 2011	40	98%	130	91%	69	99%	102	88%
Jan 2010-Dec 2012	56	98%	176	92%	108	97%	125	90%
Jan 2011-Dec 2013	71	94%	217	93%	145	95%	144	91%
Jan 2012-Dec 2014	77	92%	192	90%	143	92%	126	89%

- ❑ Disparities in diabetes mortality and quality of care exist among Blacks, Latinos, and Native American and Alaska Natives when compared to whites
- ❑ MGH data analyses found significant disparities in HgbA1c testing, and HgbA1c levels between Latinos and whites at one of our major CHC's
- ❑ Key stakeholders were convened to discuss root causes, focus groups held with patients, leading to an intervention plan:
 - Telephone outreach to all those who haven't had testing increase rate of HbA1c testing
 - Individual, bilingual coaching at the CHC (hired from community to build trust) to address diabetes self-management and improve HbA1c
 - Focus on cross-cultural communication, motivational interviewing and diabetes self-management

Diabetes Control Improving for All:

Gap between Whites and Latinos Closing



* Chelsea Diabetes Management Program began in first quarter of 2007; in 2008 received Diabetes Coalition of MA Programs of Excellence Award

Case Study: Navigation

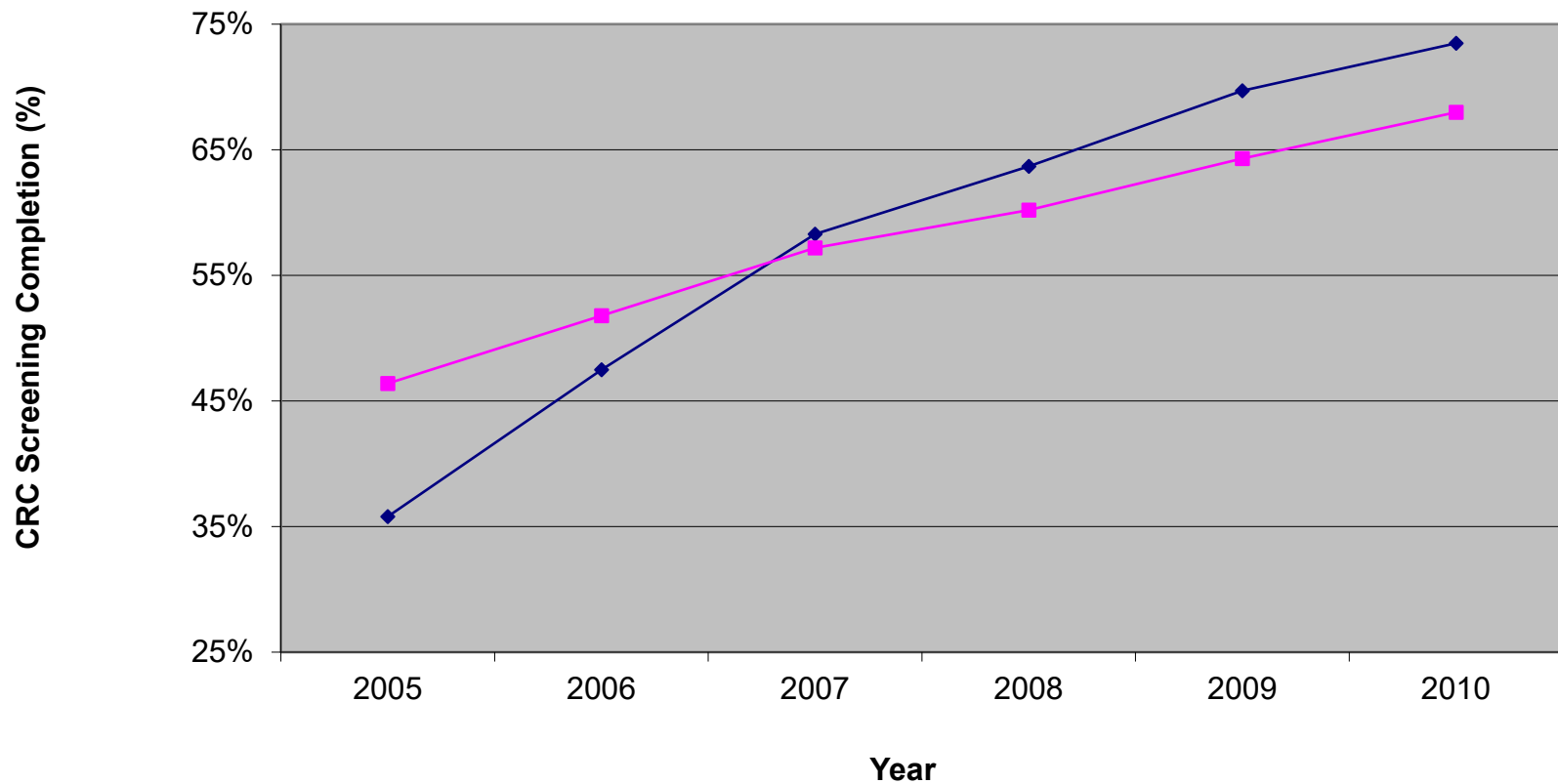
Colorectal Cancer Screening

- ❑ Disparities in colorectal cancer screening exist among Blacks, Latinos, and Native American and Alaska Natives when compared to whites
- ❑ MGH data analyses found significant disparities in colorectal cancer screening between Latinos and whites at one of our major CHC's
- ❑ Key stakeholders were convened to discuss root causes, focus groups held with patients, leading to an intervention plan:
 - Use of registry to identify individuals, by race/ethnicity, not screened for colon cancer
 - Bilingual Navigator (from community) contacts patient (phone or live)
 - Determines key issues, assist in process
 - Education
 - Exploration of cultural perspectives
 - Logistical issues (transportation, chaperone)
 - GI Suite facilitates time/spaces issues

CRC Screening Over Time

Chelsea Patients

—◆— Latino —■— White



Case Study: Training Patient Experience

- ❑ Disparities in patient experience exist among Blacks, Latinos when compared to whites
- ❑ Specific surveys were deployed at MGH in 2004, 2012, 2017, above and beyond standard measurement, to measure patient experience among minority patients
- ❑ Key stakeholders were convened to discuss root causes, leading to an intervention plan:
 - Quality Interactions Cross-Cultural Training as part of MGPO QI Incentive; case-based, evidence-based, interactive e-learning which allows learners to develop a skill set to provide quality to diverse populations
 - 987 doctors trained; more than 88% said program increased awareness of issues, would improve care they provide to patients; average pretest score 51%, posttest score 83%; trained 1500 frontline staff in 2009-2010 and again in 2016

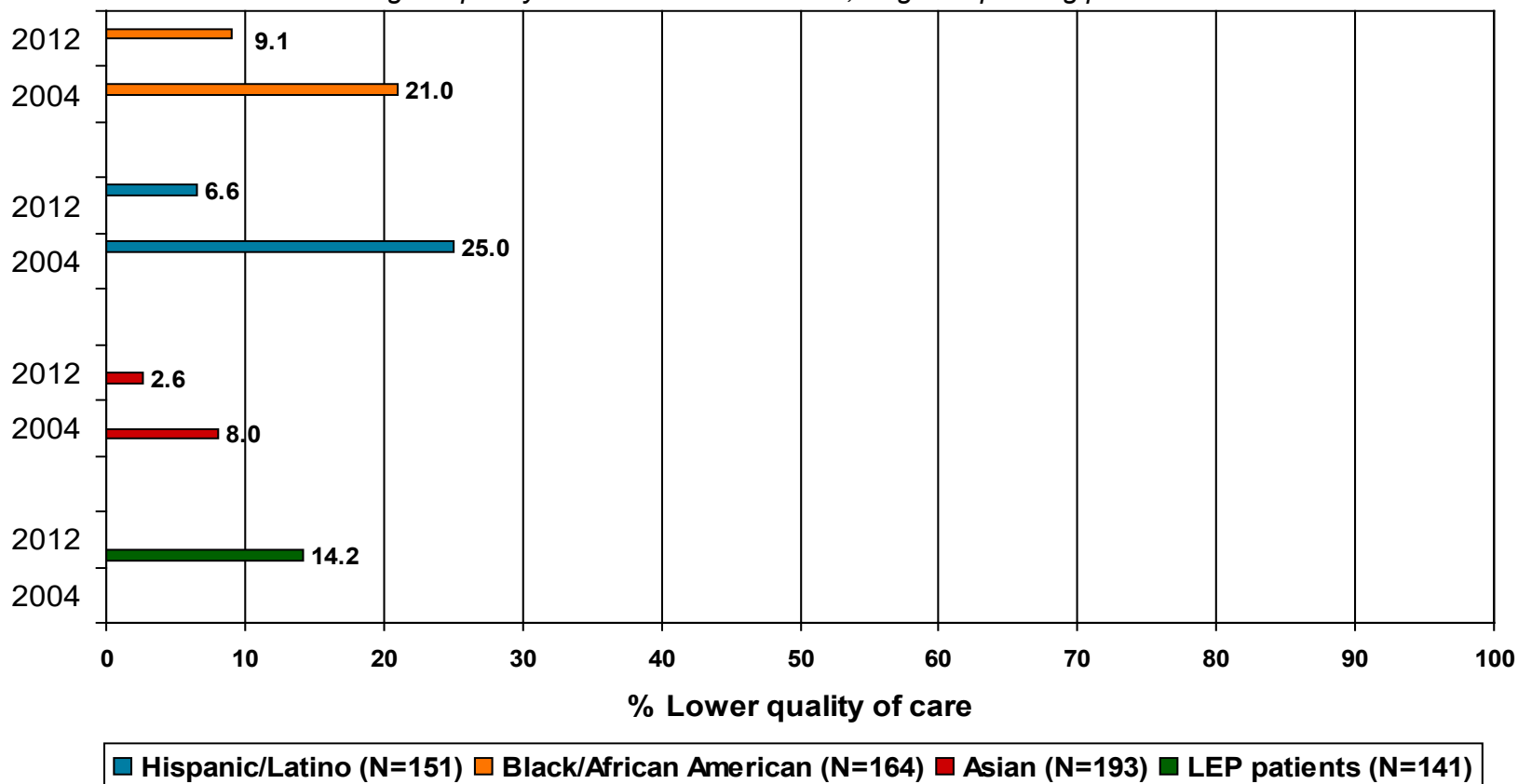


The screenshot displays the 'QUALITY INTERACTIONS' e-learning platform. At the top, there is a navigation bar with links: Introduction, Video, The ResCUE Model, Cultural Competence Q&A, Patient Cases, Feature Articles, Post-test, and Certificate. Below this, the 'Patient Cases' section is active, showing a message: 'You have seen all of your patients. Click on a picture to try the case again.' Three patient case cards are visible:

- Felicita Bonilla**: Age: 55. 55 year-old Hispanic woman with hypertension and hypercholesterolemia.
- Louise Simms**: Age: 58. 58 year-old African-American woman with non-insulin dependent diabetes.
- Wen-Ho Chin**: Age: 68. 68 year-old Chinese man with abdominal pain and weight loss now admitted to the hospital.

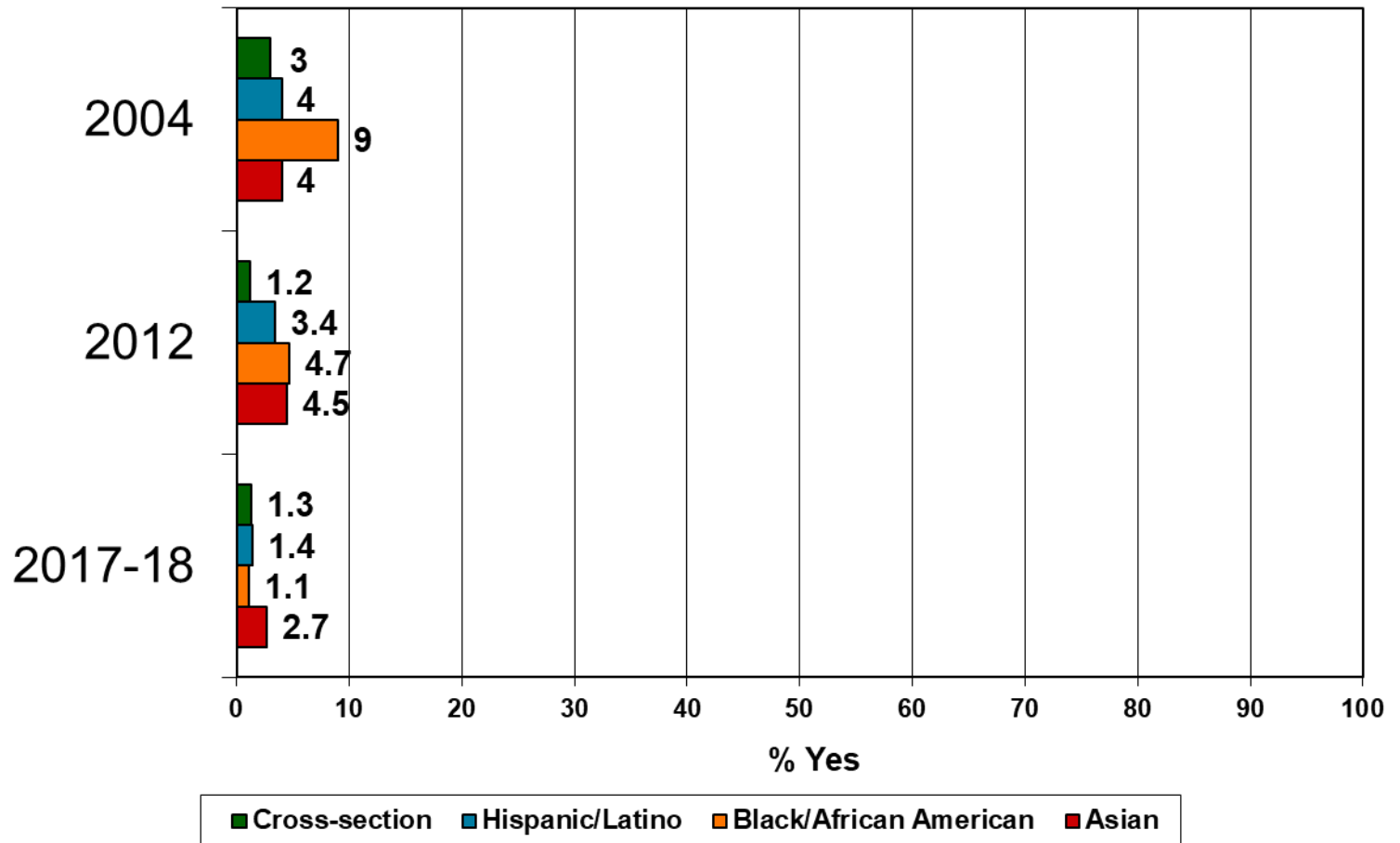
Patient Experience

Do you think the following group of patients receive a lower quality of care, same quality of care or a higher quality of care than most White, English-speaking patients?



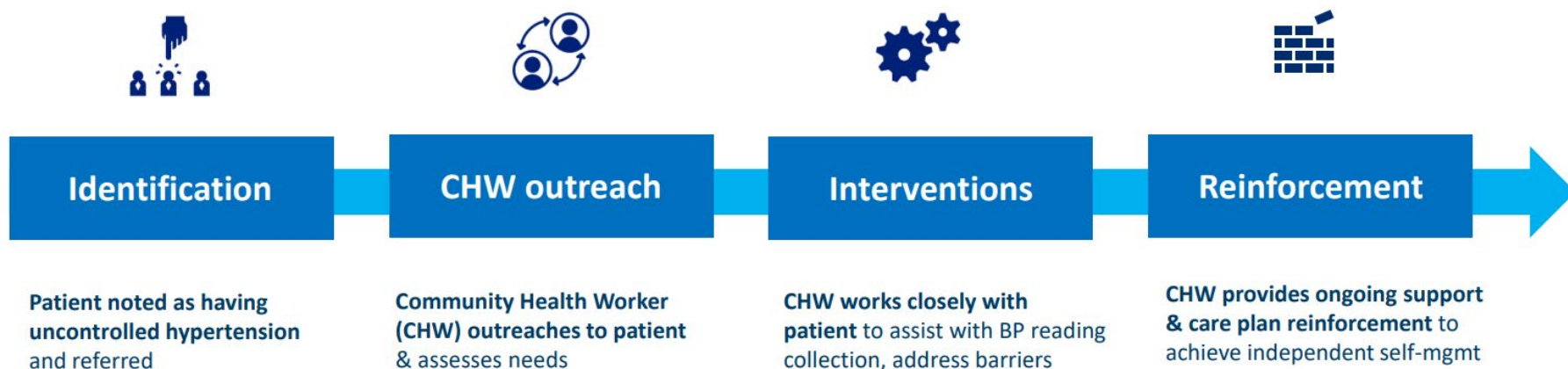
Patient Perceptions of Unfair or Disrespectful Treatment Race and Ethnicity (adults 18+)

In the past year, have you personally ever felt that doctors, nurses or other hospital staff treated you or a family member unfairly or with disrespect because of your race/ethnicity...



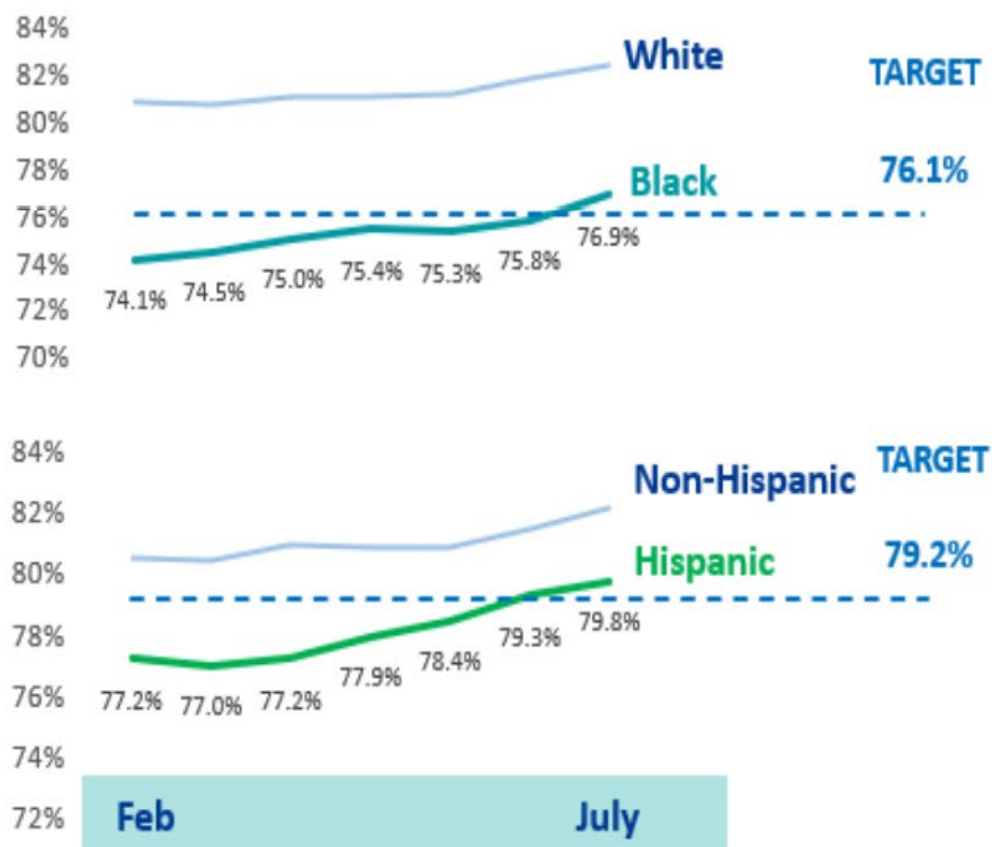
Case Study: Community Health Workers Hypertension

- ❑ Disparities in hypertension management exist among Blacks, Latinos, and Native American and Alaska Natives when compared to whites
- ❑ MGB data analyses found significant disparities in hypertension management among Latinos and Blacks when compared to whites across the system
- ❑ Key stakeholders were convened to discuss root causes, focus groups held with patients, leading to an intervention plan:



Case Study: Community Health Workers Hypertension

HYPERTENSION CONTROL RATES



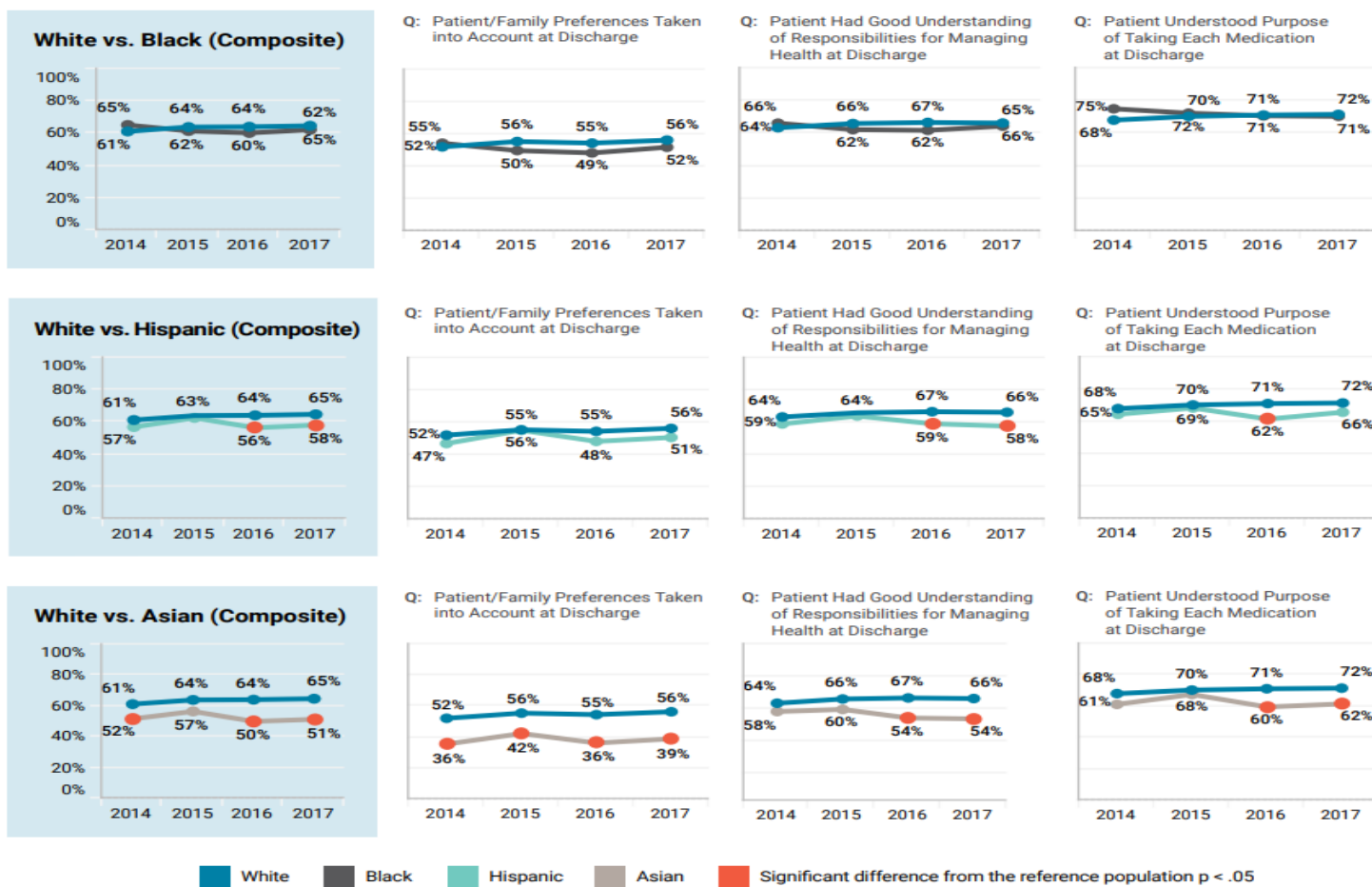
+3%

Change in blood pressure control since Feb 2022 for Black and Hispanic patients in UAR sites

Case Study: Multifactorial Care Transitions

- Disparities in diabetes HCAHPS care transitions found between Hispanics, Asian compared to whites

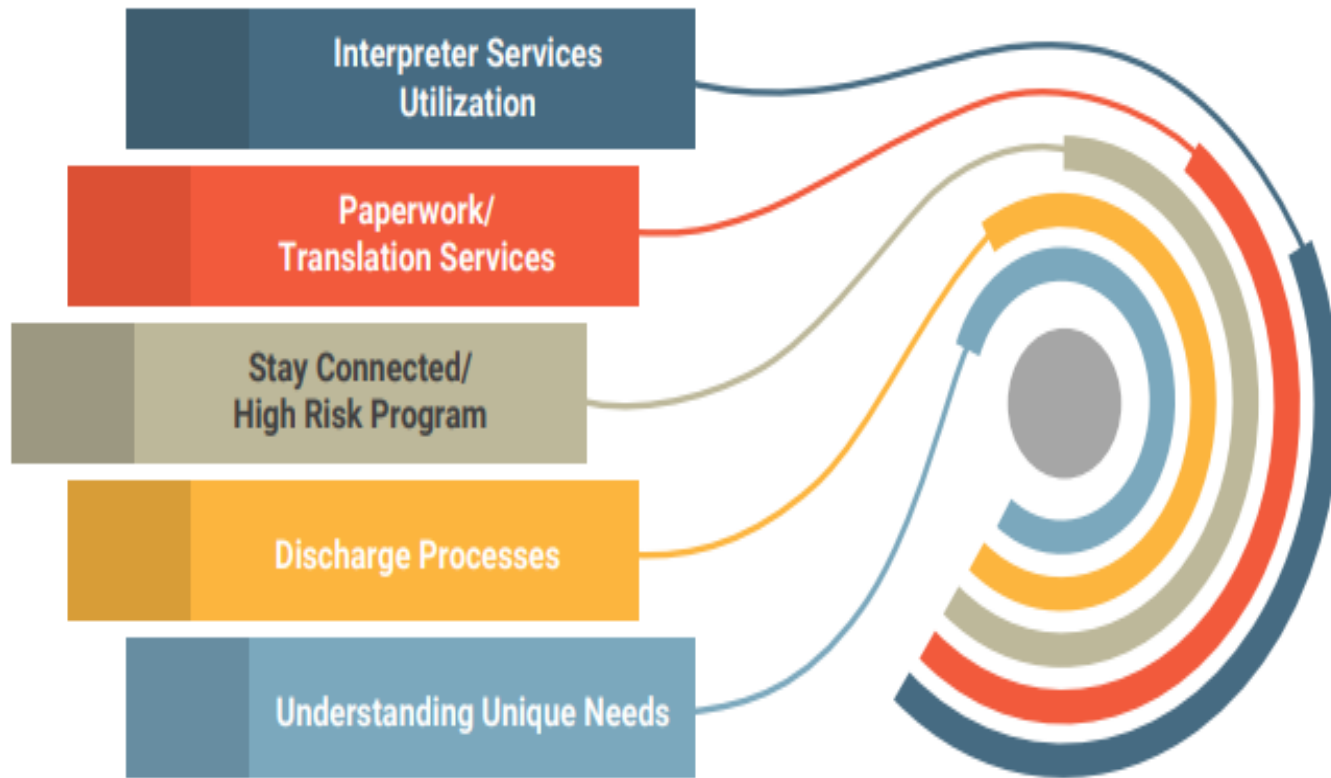
HCAHPS Composite: Care Transitions Compared by Race, 2014–2017



Lesson Learned: Multifactorial Quality Improvement

- ❑ Key stakeholders were brought together to develop a portfolio of interventions

Care Transitions Improvement Focus Areas



Organizational Change Management

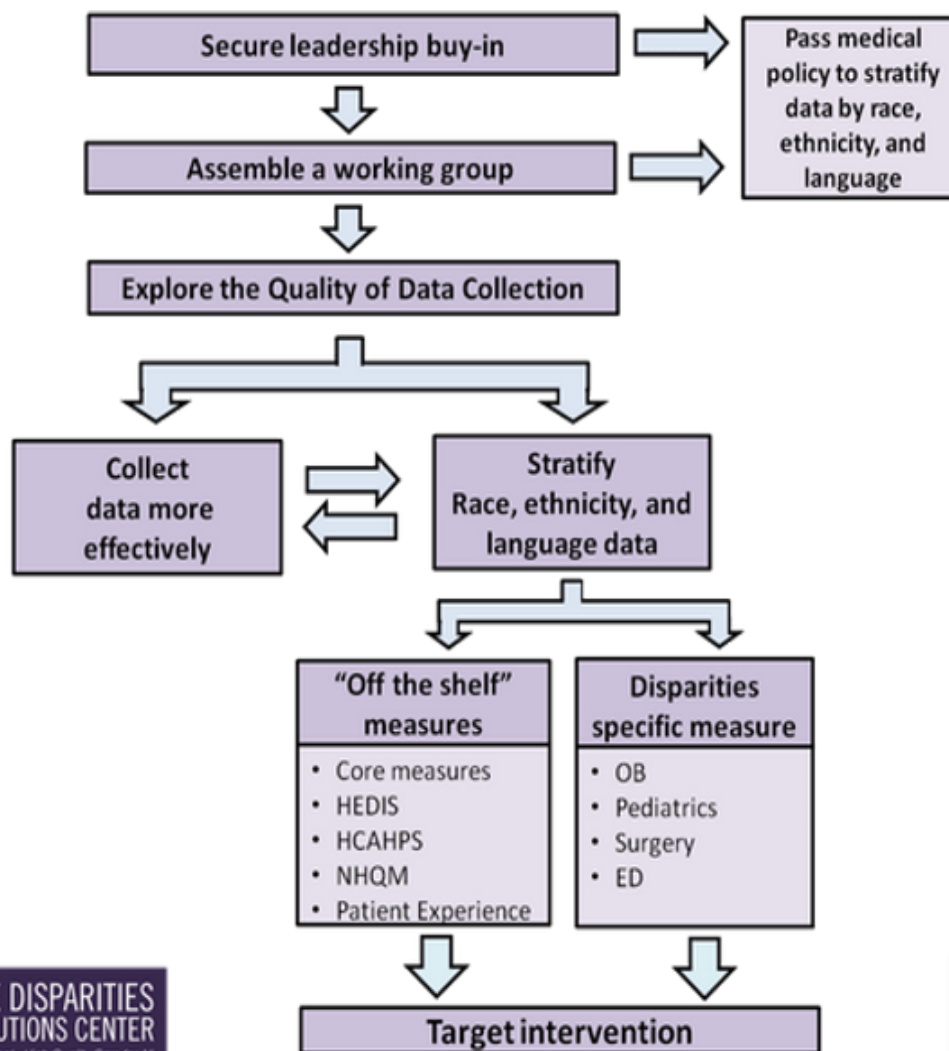


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Lessons Learned: Organizational Change Management

- ❑ Secure Leadership Buy-In: Board, C-Suite, Clinical Leaders
 - ❑ The why, including link of equity to value, quality, safety
- ❑ Develop multidisciplinary team/committee to assess root causes and options and include patient input when possible
 - ❑ Engagement critical, no surprises, no one suspect, no one solution
- ❑ Start modestly and build up and out
 - ❑ Early wins, communication are key
 - ❑ High quality care for all—improve quality, eliminate disparities
 - ❑ Progress, success, sunset and integration

Lessons Learned: Evidence-Based Blueprint



- ❑ There are multiple evidence-based interventions to address disparities
- ❑ Choice of intervention depends on root causes, resources
- ❑ Improving quality, addressing disparities and achieving equity is attainable

Thank You

Q/A and Discussion



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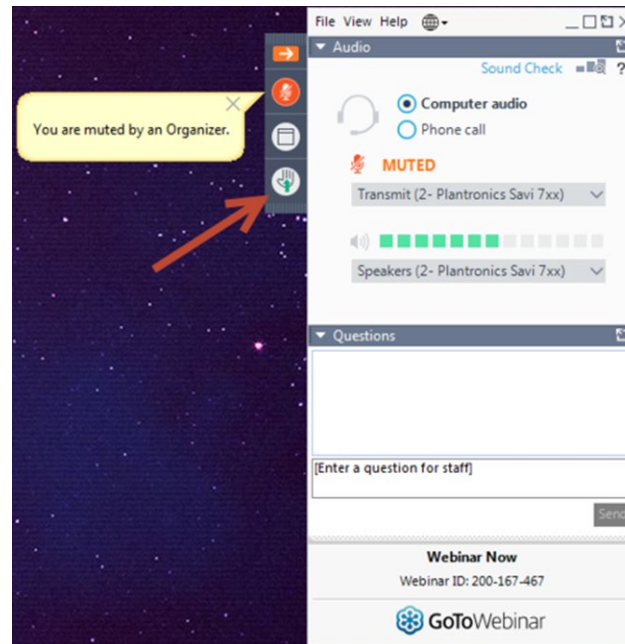
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Questions





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Questions from the Registration Page

- Are there the tools and resources for patient facing materials and staff education/FAQ that were mentioned on the 9/1 webinar available to review? Besides the Disparity Solution Center, are there other key resources/organizations to follow?
- I am from Home Health. I notice that depending on the payor for a patient, the hospital has an easy or hard time finding agencies to accept the patient. This causes delay in discharge on the hospital side, and financial concerns for the HH agencies.

Upcoming Safe Table Forums

Members Only

Date	Time	Topic
October 13	11:00 am – 12:00 pm Pacific	Improving Community Birth Transfers
December 7	11:00 a.m. – 12:00 p.m. Pacific	Surgical Site Infections

Upcoming HQI/CHPSO Webinars

Date	Time	Topic
September 22	11:00 a.m. – 12:00 p.m. Pacific	Ligature Risk and Suicide Prevention in the Emergency Department
October 19	11:00 a.m. – 12:00 p.m. Pacific	Description and Implications of Falls in Patients Hospitalized Due to COVID-19
October 26	11:00 a.m. – 12:00 p.m. Pacific	Intraoperative Pressure Injury Prevention: An Evidence Based Approach
November 10	11:00 a.m. – 12:00 p.m. Pacific	Standardizing management of cardiac arrest, including discharge planning for survivors
November 16	11:00 a.m. – 12:00 p.m. Pacific	Addressing the Syphilis Epidemic at the Front Line: Screening for Syphilis in a High-Risk Emergency Department Population
December 14	11:00 a.m. – 12:00 p.m. Pacific	Violence Prevention: Safeguarding Frontline Workers and Beyond



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2022 HQI Annual Conference

Two dates and locations to choose from:



Registration is Complimentary

SOUTHERN CALIFORNIA

OCTOBER 3 & 4, 2022

LONG BEACH, CA

MORE INFORMATION

NORTHERN CALIFORNIA

NOVEMBER 6 & 7, 2022

NAPA, CA

MORE INFORMATION



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Follow-up Email

- **Feel free to share articles, tools, policies, or other resources for fellow members to info@chpso.org**
- **Click here for the [survey link](#)**
 - Please share potential topics for future meetings



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Thank You!

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