CHPSO

Eliminating preventable harm and improving the quality of health care delivery

Collaborative Healthcare Patient Safety Organization

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Leveraging Data to Promote Equity in Care

Thursday, September 1, 2022

10 a.m. – 11 a.m. PT

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

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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 9, 2022
  - CE certs will be emailed within two weeks after survey is closed.

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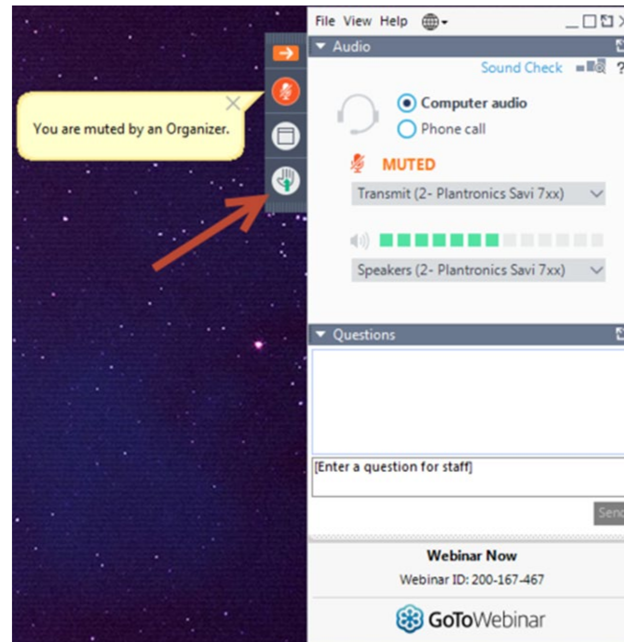
How to join in the discussion



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Speaker

Joseph R. Betancourt, MD, MPH
Senior Vice President, Equity and Community Health
Associate Professor of Medicine, Harvard Medical School

Leveraging Data to Promote Equity in Care

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HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Outline

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- Strategies for collecting patient demographic data and key lessons learned
- Leveraging, and stratifying data to develop performance measurement tools
- Reporting and interpreting data to develop equity improvement activities

What we know:
Quality, Equity and Disparities

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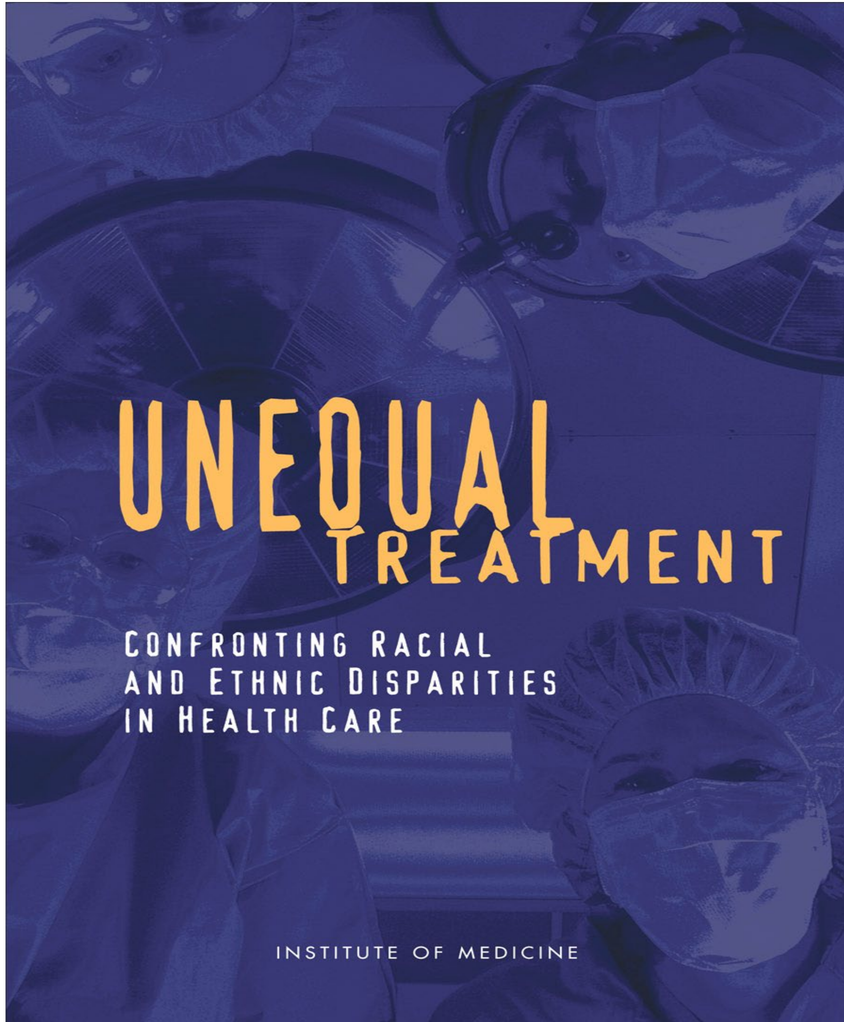
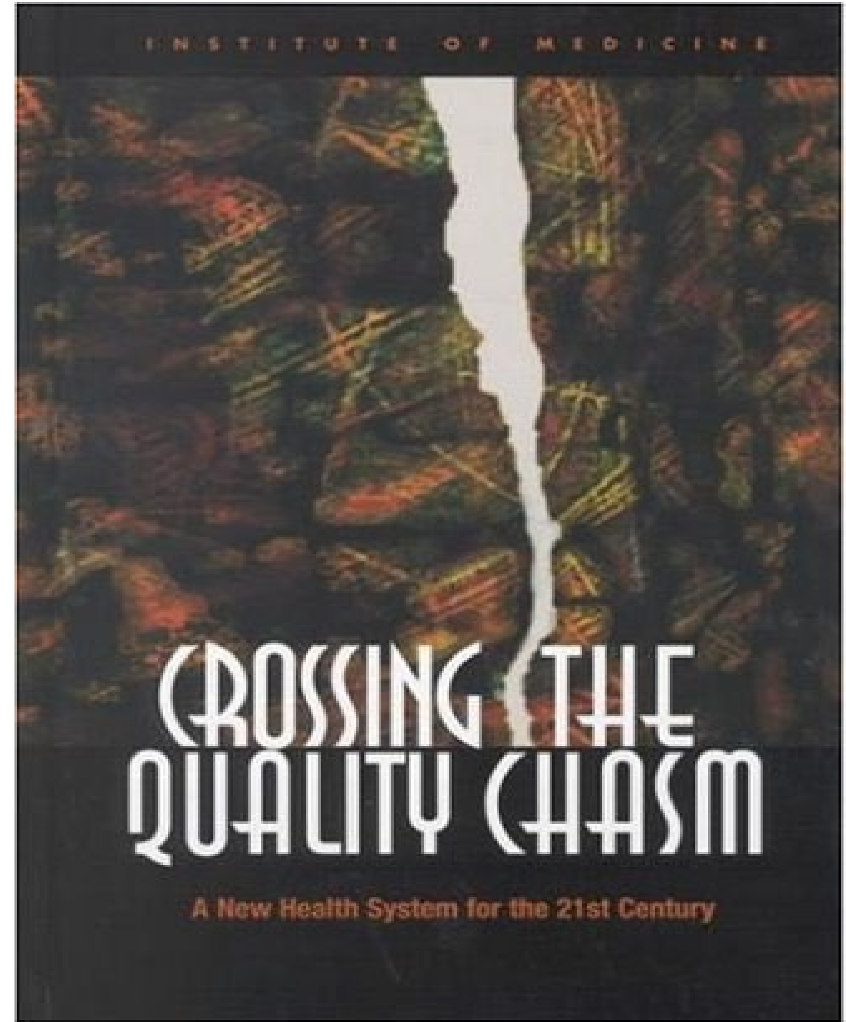


- Disparities in quality exist, multifactorial
- Data collection, measurement key to equity



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

What we know:
Quality and Equity Measurement is Possible

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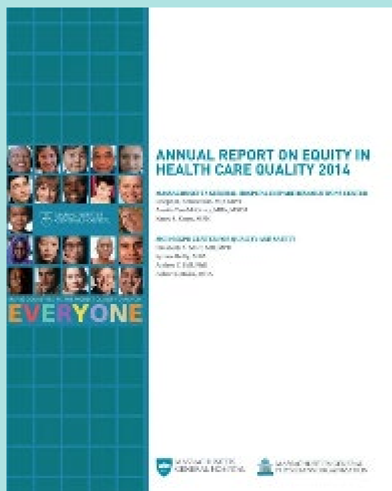
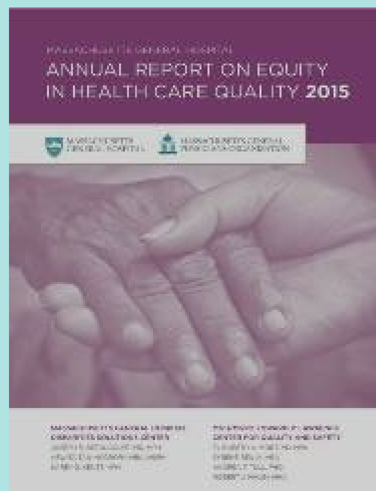
MGH began work in 2003 with Disparities Committee and Plan
Focus on quality, access/experience, education/awareness
AHA Inaugural Equity of Care Winner, 2014



2014

Focus on nationally recognized measures addressing gaps in primary care

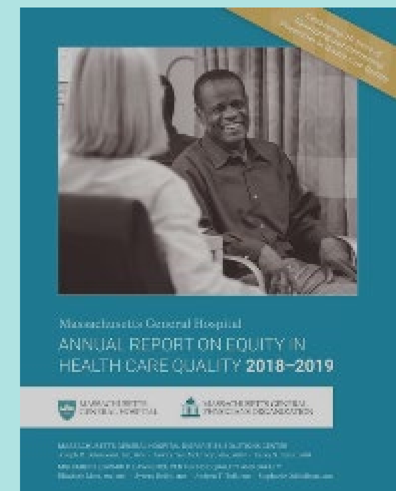


2015

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

What we know:
The Ultimate Goal and Blueprint

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Data Collection

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What we know:
Patient Demographics and REaL Data

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- Patient demographics, and REaL (race, ethnicity and language) data, among others, are essential to equity performance measurement
- Collecting this data is legal, doable, and patients will provide the information
- Categories are standardized, but can be locally customizable
- EHR's (including EPIC) are facilitating this now, and the tech has been worked out, so no need to reinvent the wheel
- Executing effectively takes effort and attention to detail

Case Study:
Data Collection

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Lessons Learned: Patient Demographics and REaL Data

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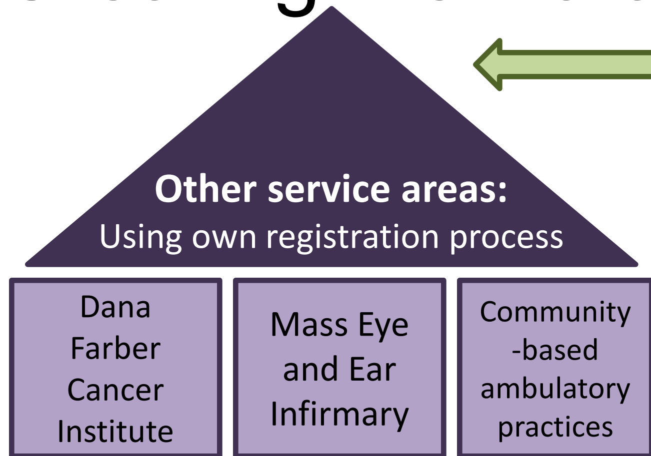
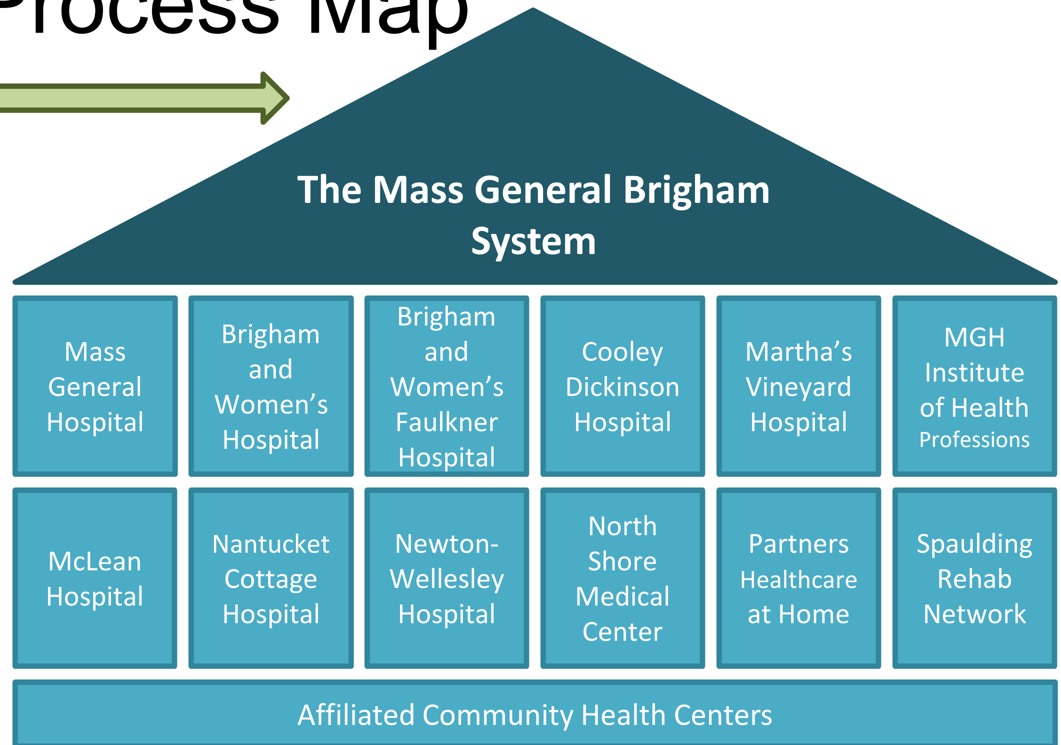
Where to Begin

- ❑ Secure Leadership Buy-In: Board, C-Suite, Clinical/Non-Clinical Leaders
  - ❑ The why, including link of equity to value, quality, safety
- ❑ Develop multidisciplinary Team/Committee to organize work
  - ❑ Quality, IT, Equity SME's
- ❑ Consider pilot of process, including:
  - ❑ Will patients understand and share?
  - ❑ Can process be done in timely fashion?
  - ❑ What tools are needed?

Case Study: Creating the Data Process Map





- Race, ethnicity, and language data is captured in registration section in Epic.
- Ideally registration information should be updated every 365 days.
  In practice, this may not happen.
- Training is done for central system, less so for other areas.
- The percent breakdown of registrations that occurs at each access point is not tracked.
- Check-in staff can update:
  - ✓Address
  - ✓Phone
  - ✓Email
  - ✓Primary care provider

Registration Access Points:

- ❑ ***Emergency Department**
- ❑ ***Patient Service Center** (via phone; only communicates with patient if insurance status changes)
- ❑ ***Admitting Services** (inpatient/on floor)
- ❑ ***Affiliated community health centers** (have own registrars, who are trained by Admitting Services)
- ❑ **Patient Gateway** (1/3 of patients are on PG)

*access points with full registration access (can update and create new registration)

Data collection may evolve; in different environments may require a different approach

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Case Study:
Training is Essential

REal Questions: Challenging Patient Responses

Patients may appear or sound uncomfortable, have concerns, or seem upset when asked to self-report their race, ethnicity, and language (REAL) choices. Use this example script to help you start the conversation while giving our patients a brief explanation of why we are asking for this information. You may still get difficult responses, such as the ones below, so please consider the suggestions to help you form an appropriate response.

Question	Suggested Response	Consider…
What is the difference between race and ethnicity?	At Partners, race is defined by federally mandated fields, and include American Indian or Alaska Native, Asian, Black, Native Hawaiian or Other Pacific Islander, or White. Ethnicity is based on a person's self-described nationality, heritage, or place of origin, for example, Chinese or Puerto Rican.	At Partners, race is defined by the federally mandated fields from the Office of Management and Budget. Ethnicity is based on a person's self-described nationality, heritage, or place of origin.
Why are you asking me about my race/ethnicity? **Or** **What does this have to do with my medical history?**	This information will allow us to make sure that all of our patients get the best care possible, without any differences in care based on race or ethnicity or language. Through these efforts, we will improve the health of all of the diverse communities we serve.	Many studies from around the country have made it clear that patient race and ethnicity can affect the type of health care received. The collection of patient race and ethnicity will allow us to make sure that this does not happen at our office.
Who sees this information?	The only people who see this information are your clinicians, clinical support staff, and the teams in our health system involved in quality improvement in order to make sure that all our patients are getting the best care possible, regardless of their race, ethnic background or language. Any personal information you share with us is confidential and protected by law.	Our patient's health information is confidential and protected under the federal HIPAA privacy rule.
I am of mixed race or ethnicity.	We would like you to provide the races or ethnicities you feel best describes you. Our system allows us to record multiple values for patients' race and ethnicity. Can you provide me one at a time, which you identify with?	Partners' Epic build does not have a limit on the number of races or ethnicities we can record for patients.
I'm human. My race/ethnicity is not important.	Yes, I understand completely. However the more we know about you, the better quality care we can provide you. Would you like to provide more detail about your racial/ethnic background?	There are many conditions that are associated with specific patient groups, such as diabetes, high blood pressure. The more we know about our patients, the better prepared we are to provide them with high-quality care based on their individual needs.

- ❑ Preamble/Script
- ❑ FAQ's
- ❑ Quality Assurance
- ❑ Share-Back

Training your registration staff is not a “one and done” and may require additional tools

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Patient Posters and Infographics

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We ask because we care

How do you identify your...

Race?

Ethnic background?

Hispanic origin?

Language?

Do you need an interpreter?

The more we know you, the better we can serve you. All information is kept private.

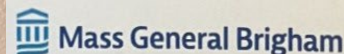
To confirm or update your Race, Ethnic background, and Language (REaL) information, you can:

> Call Registration at 866-489-4056

> Go to Patient Gateway (www.patientgateway.com)

> Speak with a registrar in-person.

More info:
English • Español • Português • Kreyòl Ayisyen
中文 • العربية • Русский



Le preguntamos porque nos importa

¿Cómo identifica su...

¿Raza?

¿Origen étnico?

¿Origen hispano?

¿Idioma?

¿Necesita un intérprete?

Cuanto más le conozcamos, mejor podremos atenderle. Toda la información se mantiene confidencial.

Para confirmar o actualizar la información sobre su raza, origen étnico e idioma, puede:

> Llamar a la oficina de registro al 866-489-4056

> Visitar Patient Gateway (www.patientgateway.com)

> Hablar con un registrador en persona.

Más información:
English • Español • Português • Kreyòl Ayisyen

Lessons Learned: Patient Demographics and REaL Data

Key Challenges

- ❑ Does the patient's race/ethnicity default to that of the mother?
- ❑ Can primary care physicians change race, ethnicity, and language demographics in the registration section?
- ❑ When patients update their R/E/L data in Patient Gateway, does the system update this data in past health records or only for any health record made moving forward?

Performance Measurement

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What we know: Performance Measurement

- Performance measurement foundational to quality, and thus, equity
- Equity performance now a major area of interest for CMS and Payors
- Organizations begin with basics, advance from there
  - Overview of work
  - Diversity of patients
    - Who patients are, where they are from, where they are seen
  - Process measures
    - Use of interpreters
- Organizational change management is critical

Case Study:
Performance Measurement

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Lessons Learned: Performance Measurement

Where to Begin

- Secure Leadership Buy-In: Board and C-Suite
  - The why, including link of equity to value, quality, safety
- Effort should be led by Quality/Safety
  - Quality, Data Analytics, Equity SME's
- Pre-Meetings (1:1) are critical to socialize with Clinical Leaders
  - What will be shared, how, and process
- Preamble and Introduction are essential
  - Equity/Disparities, philosophy, goal of report
  - Easily digestible, visually appealing

Lessons Learned: Leverage Measures "Off the Shelf"

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- Start with "off the shelf" measures
  - Core Measures
  - HEDIS Measures
  - Patient Experience
- Tread carefully with measure development
  - Analgesia for long bone fracture
- If you know you need to develop new measures- start early

Everything takes longer than you think it will.

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Lessons Learned:
Phases, and Trends vs Stat Significance

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Massachusetts General Hospital

ANNUAL REPORT ON EQUITY IN HEALTH CARE QUALITY **2016–2017**

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MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION

MASSACHUSETTS GENERAL HOSPITAL DISPARITIES SOLUTIONS CENTER

MGH/MGPO EDWARD P. LAWRENCE CENTER FOR QUALITY AND SAFETY

Phase 1 Analysis:
Comparison of readmission rates by race and language to test for disparities

Phase 2 Analysis:
Multivariate model building to test if race/ethnicity are independent predictors of readmission

Phase 3 Analysis:
Further stratification by condition & procedure
Continued monitoring

Know when the right time is for moving from data analysis to improvement stories

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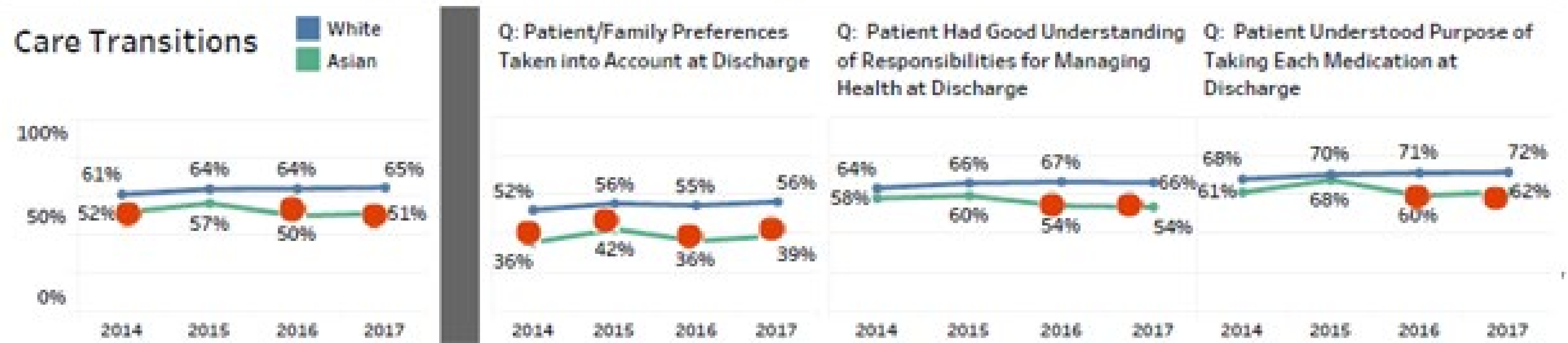
Lessons Learned: Know When to Stop Analyzing



- Additional analysis by:
  - Ethnicity (e.g. Chinese, Vietnamese, etc.)
  - Gender
  - Age
  - Discharging Service- within group and between group variation
  - Discharging Unit
  - Discharge destination
  - Interaction terms (e.g. race *and* gender)
  - Different date ranges
  - And on, and on, and on….

Talking to patients is key.

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Lessons Learned: Focus Groups/Surveys and Root Causes

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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

Quantitative approaches:

- ✓ Identify differences
- ✓ Describe the magnitude of differences
- ✓ Continued monitoring

Qualitative approaches:

- ✓ Provide insight into root causes and potential solutions
- ✓ Necessary to move from measurement to improvement

Socialize and communicate your results early and often (no surprises)

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Simple and Visually Appealling

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Using Data to Improve Quality & Achieve Equity

As few as 14% of health care organizations are using patient data to assess variation in care & outcomes.

National data show disparities in health care for several minority populations. Routine, standardized collection & analysis of socio-demographic data are necessary at an institutional level to enable organizations to assess performance & address disparities in quality of care.

Collecting Patient Data

A Diversifying Population

Year 2043 — Racial & ethnic minorities will account for a majority of the U.S. population

20 — % of U.S. population that speaks a language other than English at home

30 — % of direct medical costs for African Americans, Hispanics, & Asian Americans that are excess costs due to health inequities

48 — % of the newly insured that are minorities

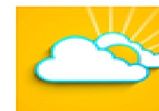
Ensuring Data Quality

- ✓ Create a standardized process for collecting data by trained staff. Formalize by developing an institutional policy on data collection & analysis.
- ✓ Patient self-reporting is the gold standard.
- ✓ Collecting data at registration has been shown to increase reporting rates, enhance efficiency of the data collection process, & reduce variations in data that impact quality.
- ✓ Special considerations are needed to ensure data quality for pediatric patients, as information is collected from caregiver(s) rather than patients themselves.

Creating Disparities Dashboards

With an accurate, robust data set, organizations can begin identifying key quality measures to stratify by race, ethnicity, language, & other characteristics to monitor for disparities in quality of care.

Reporting this data routinely to key leadership in the organization is essential for gaining buy-in to reduce disparities & prioritizing where to invest. This data can be used to implement systems improvements, as well as tailor patient care plans.



Reaping the Benefits of Data Collection & Dashboards

- ✓ Achieve equitable health outcomes for all patients
- ✓ Reduce costs associated with disparities in care
- ✓ Reduce hospital readmissions
- ✓ Receive incentive payments for reducing disparities
- ✓ Meet patient-centered medical home certification standards
- ✓ Enhance marketing of services for your population
- ✓ Enable strategic decision-making

For more information, please visit www.mghdisparitiessolutions.org.

Incremental progress is progress, and transparency demonstrates commitment

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Lessons Learned: Evidence-Based Blueprint

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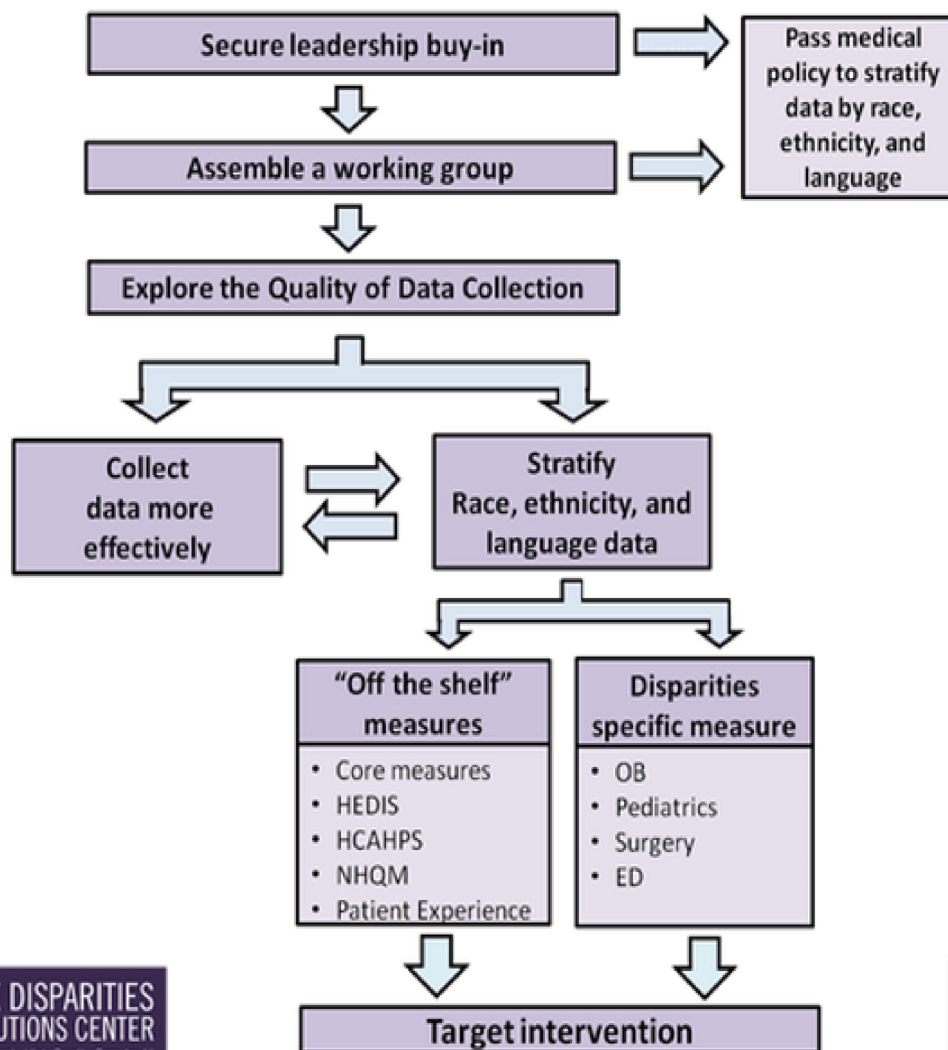

THE DISPARITIES SOLUTIONS CENTER
One Goal - High Quality Care for All

DLP

Measurement is for improvement

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Lessons Learned: Disparities Identified

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Lesson Learned:
Multifactorial Quality Improvement

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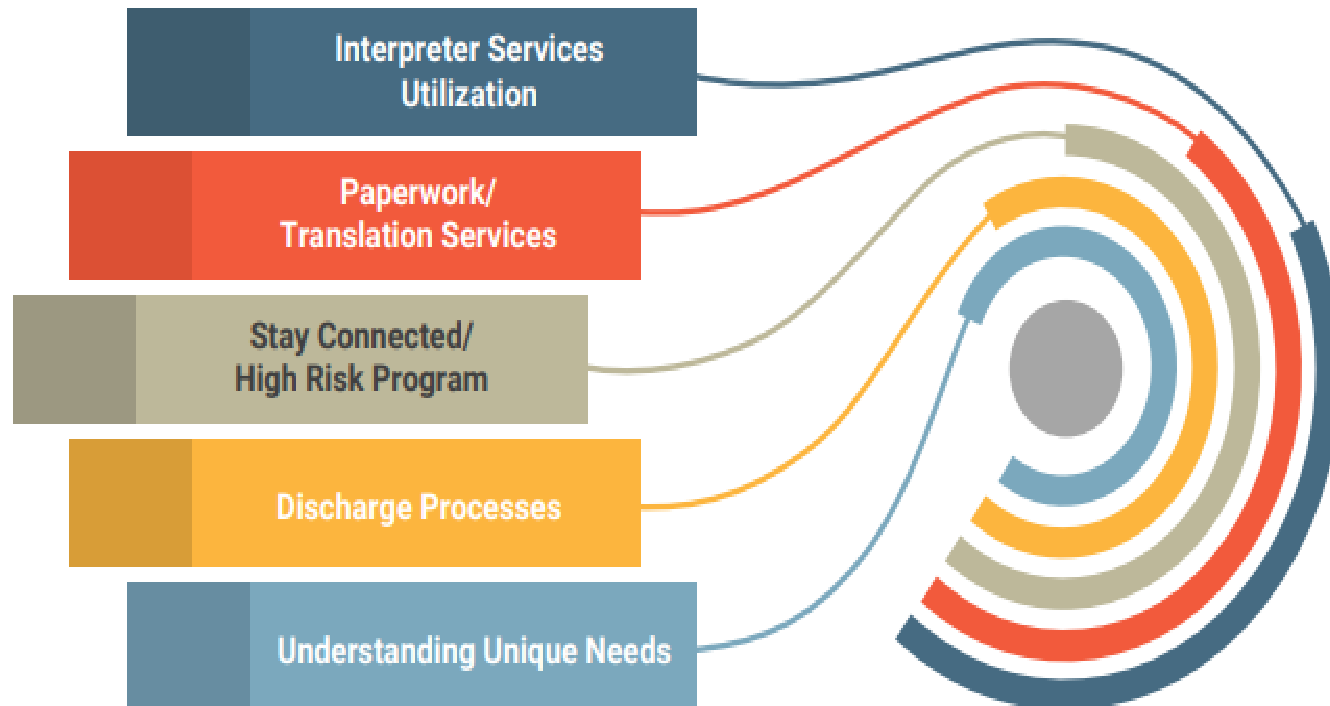

Summary

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- ❑ Data collection is foundational to quality measurement, and equity
- ❑ Data is not enough—need to measure performance—and advance
- ❑ Significant lessons learned, and experience, should facilitate progress

Next Webinar
September 15

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Thank You

Q/A and Discussion

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Questions

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Questions

[Enter a question for staff]

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Questions from the Registration Page

- What initiatives have been implemented from the data?

Upcoming Safe Table Forums
Members Only

Date	Time	Topic
October 13	11:00 am – 12:00 pm Pacific	Improving Community Birth Transfers
November 10	11:00 a.m. – 12:00 p.m. Pacific	Prevention of Pressure Ulcer in Surgical Patients

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Upcoming HQI/CHPSO Webinars

Date	Time	Topic
September 15	10:00 a.m. – 11:00 a.m. Pacific	Designing Interventions to Address Disparities
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	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

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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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