

## Improving Quality and Achieving Equity: Lessons from the Field and a Blueprint for Action

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## Outline

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- Value, Transformation and Equity
- Lessons from the Field
- The Road Ahead

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# Improving Quality and Achieving Equity

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## Value, Transformation and Equity

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# Equity and Value in a Time of Healthcare Transformation

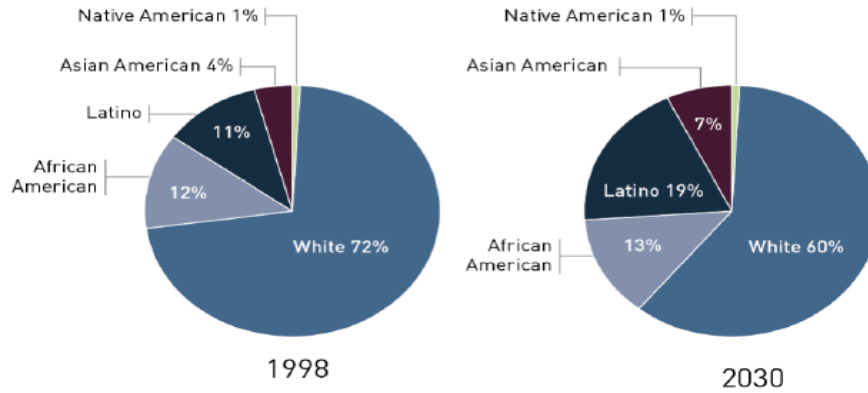
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Value-based purchasing will alter the way health care is delivered and financed; *quality* not quantity...and equity matters

- 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

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## Current and Projected Resident Population of the United States, 1998-2030<sup>1</sup>

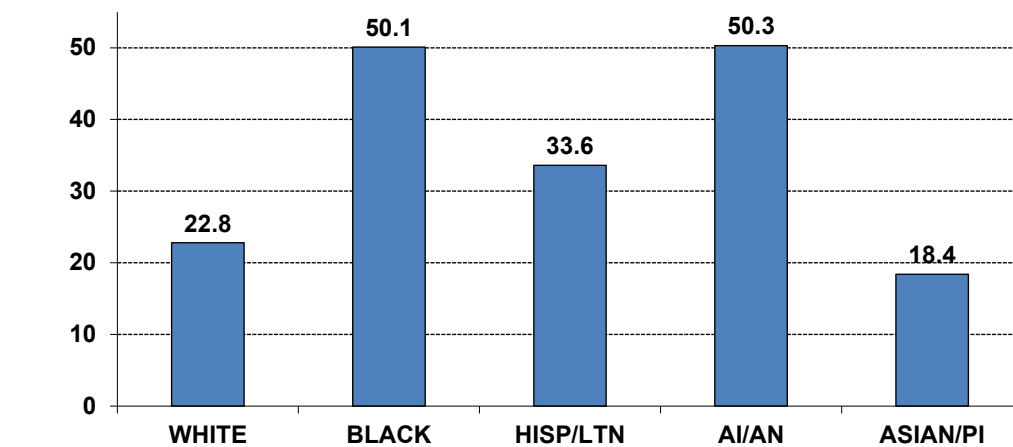


1. Collins KS et al. *US Minority Health: A Chartbook*, Vol. 11. New York, NY: The Commonwealth Fund; 1999.

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## Diabetes-Related Death Rate, 2019

Deaths per 100,000 population



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## What Causes These Racial/Ethnic Disparities in Health?

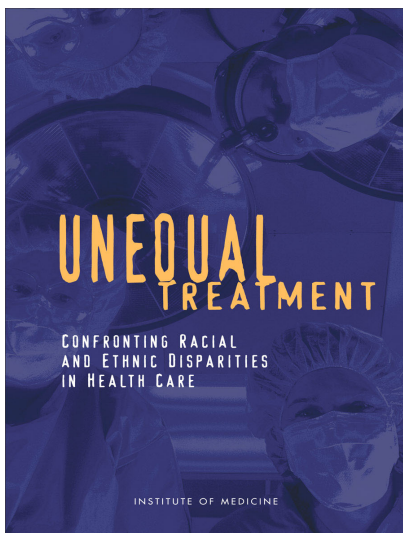
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- Social Determinants
- Access to Care
- Health Care?

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## Institute of Medicine Unequal Treatment

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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

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# IOM's Unequal Treatment

## Recommendations

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- 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 Decision-making
- Patient education (navigation, activation)
- Research
  - Promising strategies, Barriers to eliminating disparities

# Improving Quality and Achieving Equity

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## Lessons from the field

## What we know: The Ultimate Goal and Blueprint



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## What we know: Patient Demographics and REaL Data

- ❑ 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

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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

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## Lessons Learned: Performance Measurement



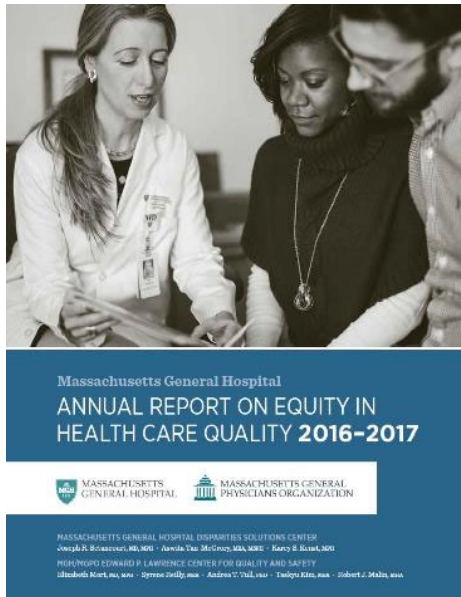
### Where to Begin

- ❑ 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, with no surprises
- ❑ Preamble and Introduction are essential
  - ❑ Equity/Disparities, philosophy, goal of report
  - ❑ Easily digestible, visually appealing

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## Lessons Learned: Leverage Measures “Off Shelf” and Grow



- Start with “off the shelf” measures with relevance
  - Core Measures
  - HEDIS Measures
  - Patient Experience
  - Readmissions
- Advance to new measure development
  - Analgesia for long bone fracture
- Engage departments for relevant measures
  - OB Gr B Strep, Ped Asthma

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## Lessons Learned: Evidence-Based Interventions



- Clinical Guidelines
  - OB Gr B Strep Prophylaxis
- Coaching
  - Diabetes
- **Navigation**
  - **CRC Screening**
- **Training**
  - **Patient Experience**
- Community Health Workers
  - Hypertension
- **Combination**
  - Care Transitions

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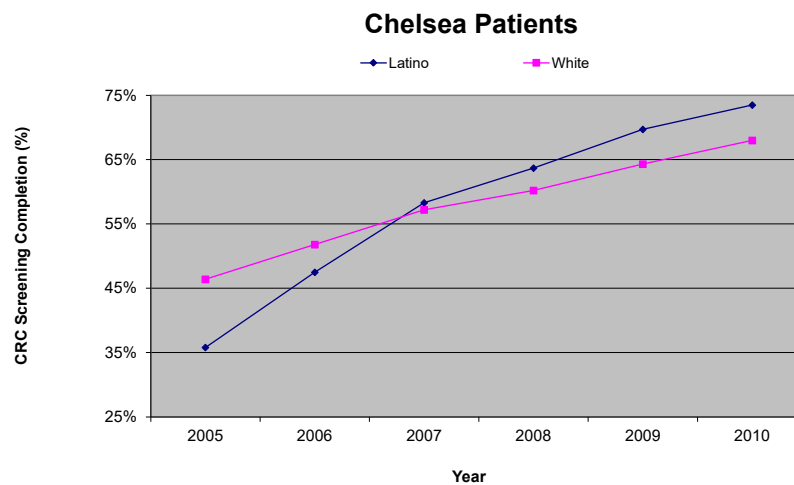
## Case Study: Navigation Colorectal Cancer Screening

- ❑ 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

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## CRC Screening Over Time

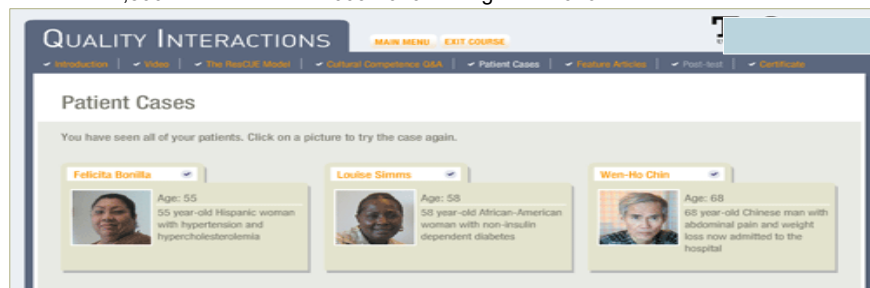


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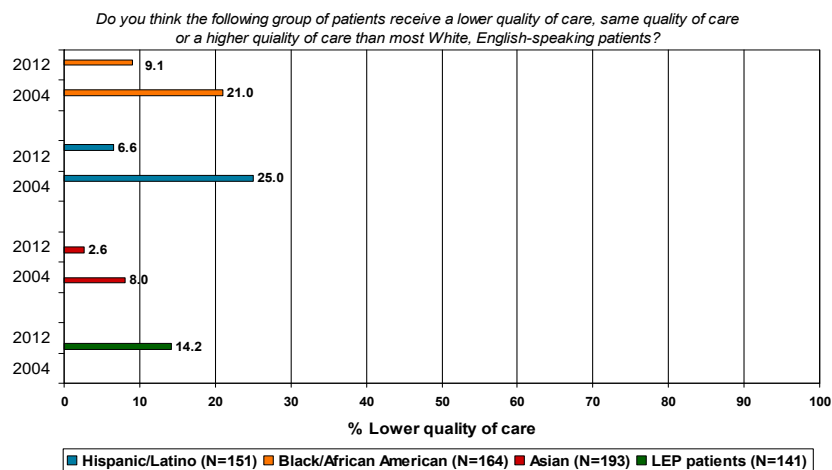
## Case Study: Training Patient Experience

- ❑ 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 1,500 frontline staff in 2009-2010 and again in 2016



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## Patient Experience



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## Lessons Learned: Disparities Identified

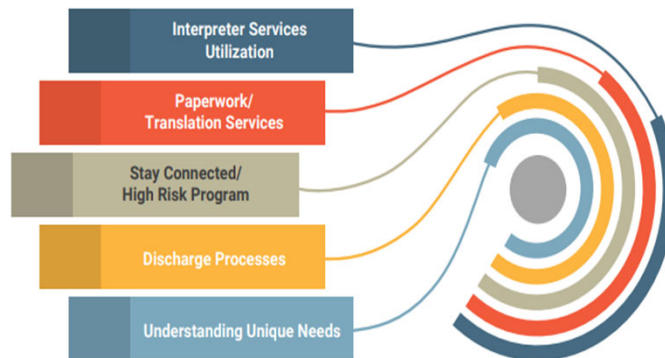
HCAHPS Composite: Care Transitions Compared by Race, 2014–2017



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## Lesson Learned: Multifactorial Quality Improvement

Care Transitions Improvement Focus Areas



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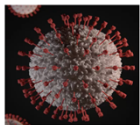
# Improving Quality and Achieving Equity

## The Road Ahead

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## The Road Ahead

### Transformational Moments



Mass General Brigham (MGB) has launched a system-wide effort to ensure that patients, providers, and employees are treated equitably and have access to necessary information during the COVID-19 pandemic. The MGB COVID-19 webpage contains information for patients and employees in multiple languages. Information about the MGB COVID-19 hotlining, which is available to anyone regardless of immigration status or insurance, is also available in multiple languages.



In 2020, two seminal events changed the landscape of health equity.

- COVID-19 disproportionately impacted communities of color nationally.
- The murder of George Floyd created a national reckoning on racism.

These events highlighted the impact of historical racism, structural racism including in health care, the social determinants of health, and disparities in health and health care.

The time called for meaningful change, executed with urgency, and breaking from previous norms that included unclear targets and limited accountability and resources—heavy on aspiration, light on execution.

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## The Road Ahead

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- Need rigor of execution as in other areas, including patient safety
- External drivers, including health care financing and regulation that prioritizes equity, will be critical
- Focus will be essential, and equity should be centered in entire care journey, from doorstep to bedside and back

## On the Horizon

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### Accreditation

- Joint Commission Standards
  - Race/Ethnicity/Language Data Collection, Language Services, others in development
- NCQA
  - Health Equity Accreditation Programs

### Payment

- Health Plans
  - Financial incentives based on equity measures into Alternative Quality Contract
  - “Pay for Equity” to improve measurement, strengthen business case, spur/sustain action
- CMS and CMMI
  - Improve data collection on race, ethnicity, SDOH
  - “Invest for Equity”, including monitoring progress, ensuring innovation in vulnerable communities, and align incentives across programs

## Conclusion

- Progress has occurred over last 20 years, primarily among early adopters and principled leaders
- Scale has not been achieved due to lack of key regulatory and financial drivers and nation's unwillingness to deal with issues of race
- The blueprint is basic, requires attention to organizational change management, and no need to reinvent wheel
- The past two years have energized movement, but can only be sustained if key levers are put in place to support integration and execution

## *Question and Answer, Discussion*



Thank you

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