



# Improving Quality and Achieving Equity

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**A Guide for Hospital Leaders**



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- The Goals of this Guide are to:
  - Present the evidence of racial and ethnic disparities in health care and provide the rationale for addressing them—with a focus on quality, cost, risk management and accreditation
  - Highlight model practices—hospitals and leaders who are actively engaged in addressing disparities and achieving equity
  - Recommend a set of activities and resources that can help hospital leaders initiate an agenda for action in this area



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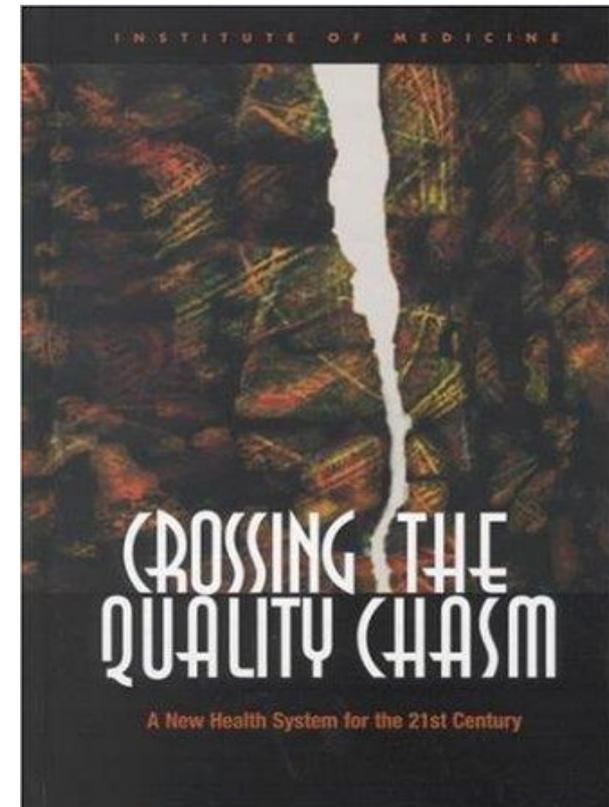
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- This presentation will:
  - Highlight the link between quality, equity and racial and ethnic disparities in health care
  - Present the evidence of the impact of disparities on quality, cost, safety, and accreditation
  - Recommend a set of activities that can help hospital leaders initiate an agenda for action

# Equity is an Essential Component of Quality

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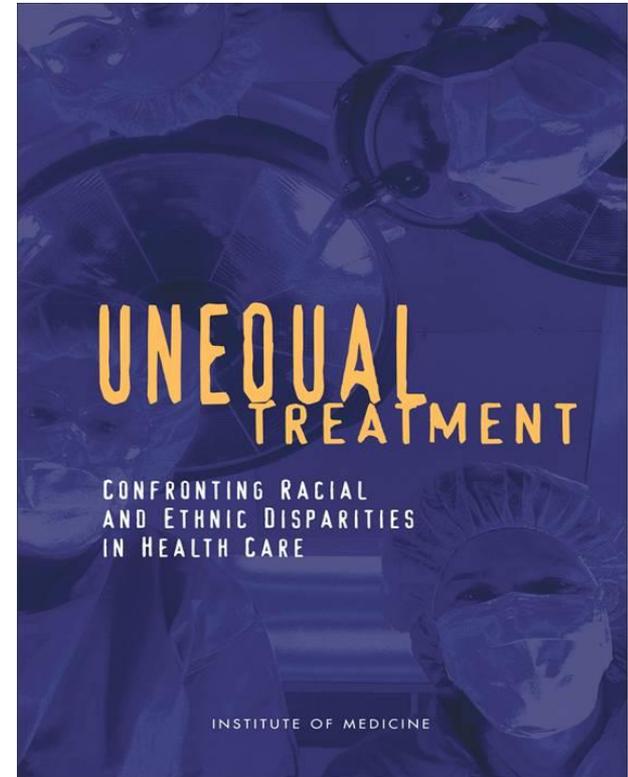
- The Institute of Medicine Report *Crossing the Quality Chasm* suggests quality is a system property, and that our current system of health care delivery is in need of redesign.
- To truly achieve quality, health care systems must focus on six key elements—efficiency, effectiveness, safety, timeliness, patient-centeredness, and *equity*.
- **Equity** is achieved by providing care that does not vary in quality by characteristics such as ethnicity, gender, geographic location, and socioeconomic status.



# Racial and Ethnic Disparities in Quality of Care Exist

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- *Unequal Treatment* found that even with the same insurance and socioeconomic status, and when comorbidities, stage of presentation and other confounders are controlled for, minorities often receive a lower quality of health care than do their white counterparts.
- Racial and ethnic disparities have been found in the quality of care delivered to patients with cardiovascular disease (including acute myocardial infarction and congestive heart failure), diabetes, and cancer screening and management, among others.





# Many Causes for Disparities

## No one suspect, No one solution

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Disparities are ubiquitous and multi-factorial. Causes include:

- *Health system level factors*, related to the complexity of the health care system and how it may be poorly adapted to and disproportionately difficult to navigate for minority patients or those with limited-English proficiency,
- *Care-process variables*, related to health care providers, including stereotyping, the impact of race/ethnicity on clinical decision-making, and clinical uncertainty due to poor communication, and
- *Patient-level variables*, related to patient's mistrust, poor adherence to treatment, and delays in seeking care.



# Achieving Equity and Addressing Disparities

## Implications for quality, cost, safety and risk management

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Research has shown that racial and ethnic disparities in health care have an impact on quality, safety, cost, safety and risk management. For example:

- Patients with limited English proficiency (LEP) and racial/ethnic minorities are more likely than their English-speaking white counterparts to suffer from adverse events, and these adverse events tend to have greater clinical consequences.
- Communication problems are the most frequent cause of serious adverse events as recorded by the Joint Commission, and arise due to language barriers, cultural differences, and low health literacy, all of which are particularly important issues for racial/ethnic minority patients.



# Achieving Equity and Addressing Disparities

Implications for quality, cost, safety and risk management

*Continued*

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- In the presence of communication difficulties (i.e. due to language barriers or cultural barriers) health care providers may tend to order expensive tests (such as CT Scans) for conditions that could have been diagnosed through basic history-taking.
- Patients with limited-English proficiency have longer hospital stays for some common medical and surgical conditions (unstable coronary syndromes and chest pain, coronary artery bypass grafting, stroke, craniotomy procedures, diabetes mellitus, major intestinal and rectal procedures, and elective hip replacement).



# Achieving Equity and Addressing Disparities

## Implications for quality, cost, safety and risk management

### *Continued*

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- Minorities are more likely to be readmitted for certain chronic conditions—such as congestive heart failure. Moving forward, this issue might take on greater financial importance given that the Centers for Medicare and Medicaid Services will likely limit or refuse reimbursement for Medicare patients with congestive heart failure who are readmitted within 30 days of discharge.
- Minorities—even when controlling for insurance status, though worse with public health insurance—may be at greater risk for ambulatory care sensitive/avoidable hospitalizations for chronic conditions (hypertension and asthma) than their white counterparts.

# Achieving Equity and Addressing Disparities

## Implications for quality, cost, safety and risk management

### *Continued*

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- Pay-for-performance contracts have started including provisions that look to address racial and ethnic disparities in health care—it is expected this trend will become more widespread over time.
- There are multiple liability exposures that arise when there is a demonstrated failure to address the root causes for disparities, such as:
  - Patient comprehension of their medical condition, treatment plan, discharge instructions, complications and follow-up;
  - Ineffective or improper use of medications or serious medication errors;
  - Improper preparation for tests and procedures, and
  - Poor or inadequate informed consent



# Achieving Equity and Addressing Disparities

Implications for quality, cost, safety and risk management

*Continued*

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- Disparities have also captured the attention of the Joint Commission who will soon likely release accreditation standards on this issue, as well as the National Quality Forum, who recently have developed quality measures on disparities and cultural competence.
- As the issues of community benefit and not-for-profit status takes on greater importance for hospitals across the country, addressing racial and ethnic disparities can become a valuable portfolio of work to meet these regulations.

# Several Hospitals have distinguished themselves as Leaders in the Field

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- Several hospitals across the country have engaged in a variety of efforts to improve quality, address disparities, and achieve equity.
- Activities have included:
  - Development of a strategic plan to address disparities,
  - Standardized collection of patient's race and ethnicity,
  - Stratification of quality measures by race and ethnicity,
  - Development of quality measurement tools to monitor for disparities,
  - Community-based efforts to improve primary care services and medical homes,
  - Development and expansion of interpreter services, and
  - Interventions to address disparities when found (using health coaches, navigators, community health workers, for example)
- These efforts have been motivated by the quality case and the business case for achieving equity.

# Hospital Leaders can develop Systems to Improve Quality, Address Disparities, and Achieve Equity

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## Getting Started

- Create a multidisciplinary ***disparities committee*** of individuals representing quality, operations, patient registration, social services, human resources, nursing and physician-leaders from several clinical services to assess what is being done in the area of disparities at the hospital (such as whether patient race/ethnicity is collected), and to develop an initial strategic plan.
- ***Educate leadership team*** on the issue and approach.

# Hospital Leaders can develop Systems to Improve Quality, Address Disparities, and Achieve Equity

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## Creating the Foundation

- Develop a plan to ***collect patient race/ethnicity data*** (if not already done) and create medical policies to support this work.
- Assign an ***organizational leader*** as the key report for this work and engage in efforts to raise awareness of the issue among faculty and staff.
- ***Solidify community partnership*** and relationships in anticipation of future interventions.

# Hospital Leaders can develop Systems to Improve Quality, Address Disparities, and Achieve Equity

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## Moving to Action

- **Create a “disparities dashboard”** composed of key quality measures stratified by race and ethnicity (i.e. National Hospital Quality Measures, HEDIS outpatient measures, patient satisfaction, etc.) that can be routinely presented to leadership and monitored.
- If disparities are found, **create pilot programs** to address them (examples include disease management programs with health coaches, navigators, or community health workers).

# Hospital Leaders can develop Systems to Improve Quality, Address Disparities, and Achieve Equity

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## Evaluate, Disseminate, Reengineer

- ***Evaluate pilot studies*** and develop a dissemination strategy to post results;
- Chart a new course and ***reengineer*** strategies from lessons learned.
- ***Embed*** successful practices into standard programs of quality of care.

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### Resources

- Strategic Planning on Disparities
  - *Assuring Healthcare Equity: A Healthcare Equity Blueprint* – [www.naph.org](http://www.naph.org)
  - The Disparities Solutions Center – [www.mghdisparitiessolutions.org](http://www.mghdisparitiessolutions.org)
- Collecting Race/Ethnicity Data
  - HRET Disparities Toolkit: A Toolkit for Collecting Race, Ethnicity and Primary Language from Patients - <http://www.hretdisparities.org/>
- Monitoring and Reporting Disparities
  - *Creating Equity Reports: A Guide for Hospitals* [www.mghdisparitiessolutions.org](http://www.mghdisparitiessolutions.org)
- Developing Interventions
  - *Expecting Success: Excellence in Cardiac Care* – [www.expectingsuccess.org](http://www.expectingsuccess.org)
  - *Finding Answers: Disparities Research for Change* - [www.solvingdisparities.org](http://www.solvingdisparities.org)



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### Summary

- Equity is a key component of quality; addressing disparities will help achieve this goal
- Failure to address equity and disparities has significant implications for quality, safety, cost, risk management, and soon may affect accreditation
- There are hospitals around the country who are engaged in this work
- There are a basic set of activities that can help hospital leaders initiate an agenda for action to achieve equity