



AMERICA'S ESSENTIAL HOSPITALS

Improving Health Equity for Vulnerable Populations

Bruce Siegel, MD, MPH

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AMERICA'S ESSENTIAL HOSPITALS



- More than **200** hospitals and systems
- All committed to caring for vulnerable—more than half of patients **Medicaid, uninsured**
- Leaders in **trauma, burn care, NICU**, other specialized services for entire community
- Delivered **204,000 babies** in 2012
- Trained **18 percent of physicians** at acute care facilities nationally in 2012
- Members are leaders in **quality, safety**
- Operates **only** engagement network exclusively for hospitals with **safety net role**

WHAT ARE DISPARITIES IN HEALTH CARE QUALITY?

Differences in quality of health care received by members of different racial or ethnic groups that are not explained by other factors.

- Can occur at every stage in the continuum of care
- Many possible causes and solutions
- Disparities in care represent a failure in quality

WHY SHOULD WE FOCUS ON DISPARITIES?

Reducing disparities in care improves quality for all.

Readmissions

- Black patients have a 13 percent higher odds of readmissions than white patients for myocardial infarction, congestive heart failure, and pneumonia¹

Diabetes

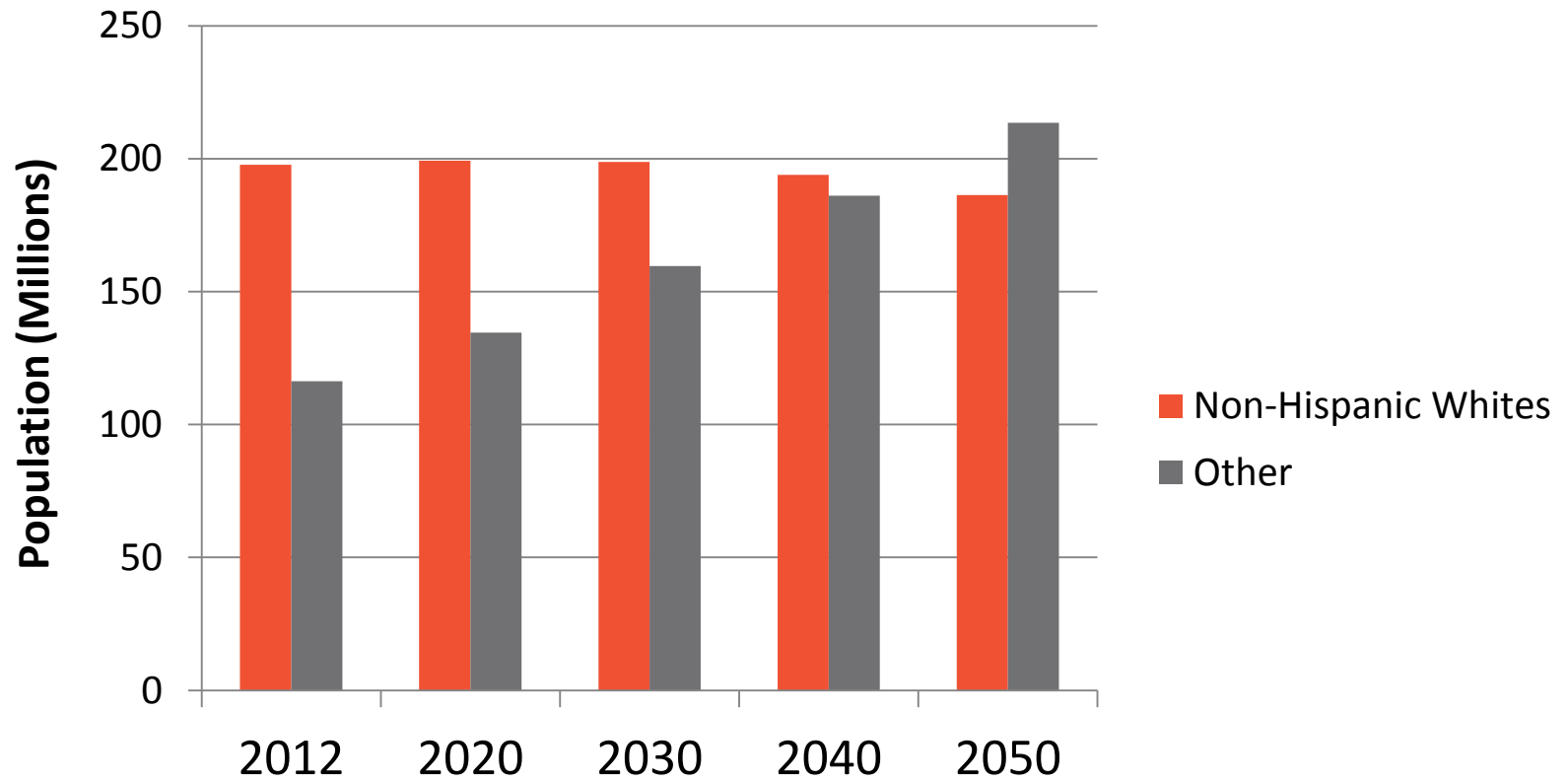
- Patients with inadequate health literacy were less likely than patients with adequate health literacy to achieve tight glycemic control and were more likely to have poor glycemic control.²

Obstetrical Events

- Preterm birth rates are one-third higher for Non-Hispanic African Americans compared to whites³



GROWING U.S. MINORITY POPULATION



U.S. Census Projections

Note: Other includes all Hispanics regardless of race and Non-Hispanics whose race is not White
Source: 2012 National Population Projections (Updated May 2013); United States Census Bureau.

AMERICA'S ESSENTIAL HOSPITALS: IMPROVING HEALTH EQUITY

- Founding partner of the Equity of Care National Call to Action
 - » increase collection of REAL data
 - » increase cultural competency training
 - » increase diversity in leadership and governance.
- *Assuring Healthcare Equity: A Healthcare Equity Blueprint*
 - » <http://essentialhospitals.org/wp-content/uploads/2013/12/EquityBlueprint.pdf>
- Essential Hospitals Engagement Network focus on health equity



National Call To Action to Eliminate Health Care Disparities

Launched in 2011, the National Call to Action aims to end health care disparities and promote diversity. The group is committed to three core areas that have the potential to most effectively impact the field:

Goals and Milestone (2013 – 2020)

Goal 1) Increasing the collection and use of race, ethnicity, and language preference (REAL)

2011 – 18 percent *(baseline)

2015 – 25 percent

2017 – 50 percent

2020 – 75 percent

Goal 2) Increasing cultural competency training

2011 – 81 percent (*baseline)

2015 – 90 percent

2017 – 95 percent

2020 – 100 percent

Goal 3) Increasing diversity in governance and leadership

2011 - Governance 14 percent / Leadership 11 percent (*baseline)

2015 - Governance 16 percent / Leadership 13 percent (or reflective of community served)

2017 - Governance 18 percent / Leadership 15 percent (or reflective of community served)

2020 - Governance 20 percent / Leadership 17 percent (or reflective of community served)

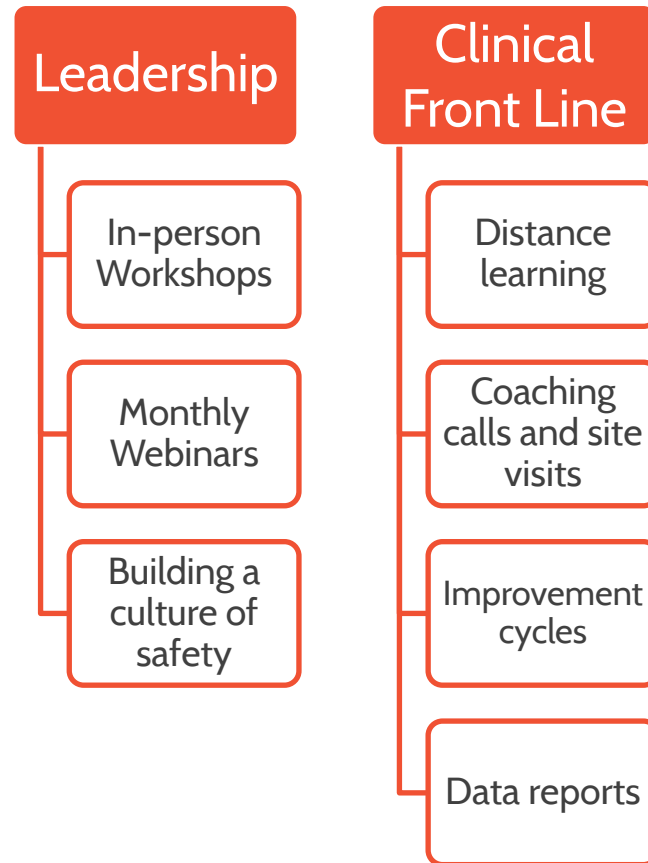
*Survey Questions:

1) Is race, ethnicity, and primary language data collected at the first patient encounter and used to benchmark gaps in care? 2) Hospital educates all clinical staff during orientation about how to address the unique cultural and linguistic factors affecting the care of diverse patients and communities. 3) Racial/ethnic breakdown for each of the executive leadership positions and members of the hospital's board in your hospital.

Participating organizations include:



ESSENTIAL HOSPITALS ENGAGEMENT NETWORK



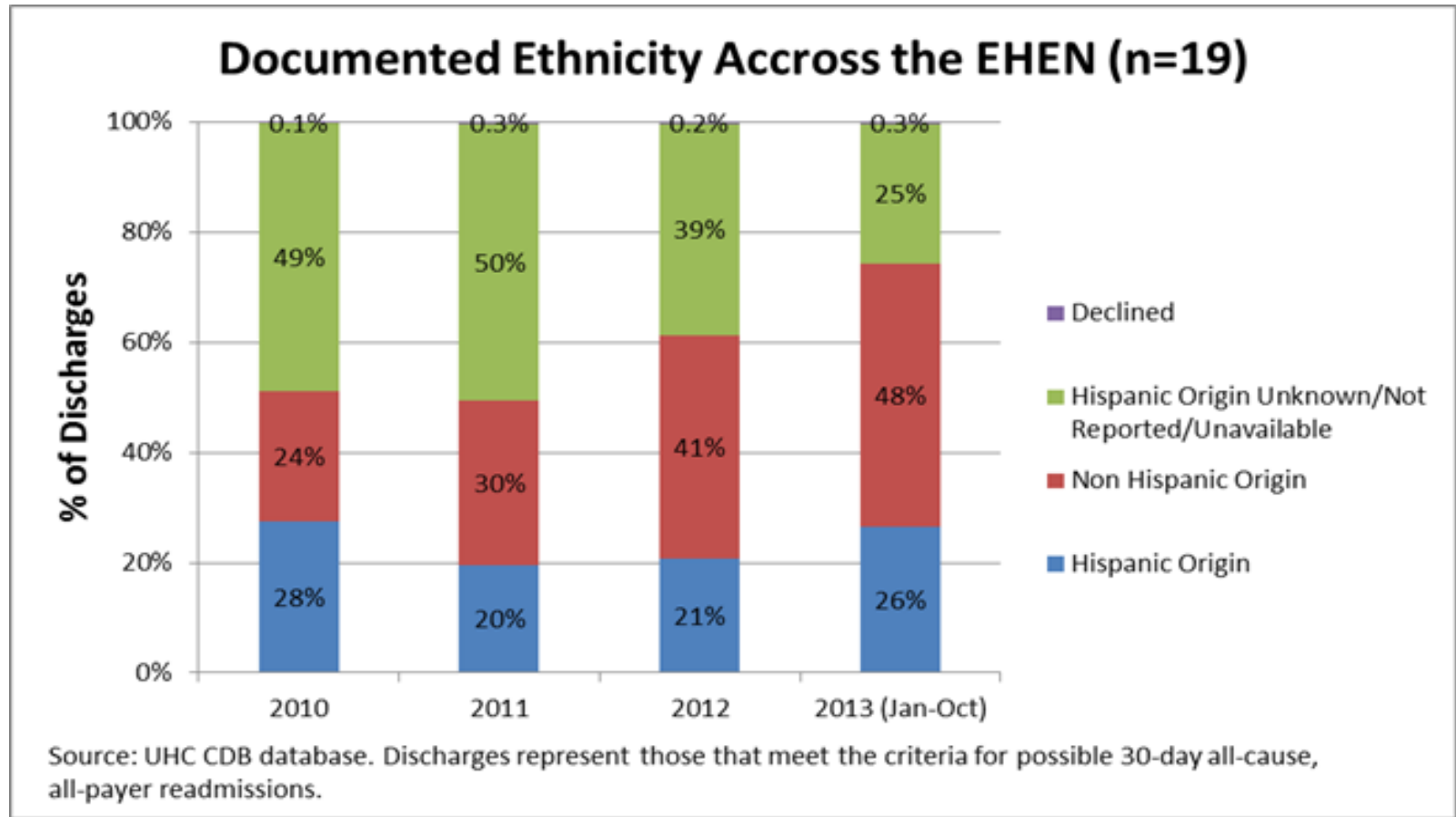
FOCUS ON REAL DATA

- REAL data collection and use key to addressing health equity in targeted ways.
- Meaningful action requires accurate data, so patient registration staff must be trained to collect standardized patient-reported REAL.
- Analyzing Partnership for Patients conditions by REAL to identify disparities will allow hospitals to develop and implement improvement plans.

EHEN HEALTH EQUITY ACTIVITIES

- Health equity series of webinars that began in 2013
 - » Achieving Equity in Care in the Safety Net
 - » Building Health Literacy: Essential Steps and Practical Solutions
 - » Improving Care for Limited-English Proficient Patients
- “Ask Every Patient: REAL” project
 - » Equity Action team with EHEN representatives
 - » Training and certification on collecting REAL data
 - » Produce research brief
 - » Collecting REAL data is the first step to reducing disparities
 - » EHEN leading other HENs in this important area

EHEN SNAPSHOT



SAN MATEO MEDICAL CENTER

- In 2013, launched the REAL Data Project
 - » Work with key stakeholders to develop standards for cultural data collection
 - » Create a new set of race, ethnicity and language categories and responses
 - » Align new data elements with federal and state reporting requirements, as well as CLAS and Joint Commission standards
 - » Train staff at all points of patient demographic data collection on the new way of collecting and entering data
- SMMC's quality department uses REAL data to illuminate disparities and develop initiatives to address them

TRUMAN MEDICAL CENTERS

- Standardized collection of self-reported REAL data
- Created Equitable Care Dashboard
 - » Stratify core measures, mortality, LOS and readmissions by race, ethnicity, age and gender
 - » Reviewed monthly by Diversity Council
- Findings
 - » HF readmission rates higher for African Americans
 - » Pneumococcal & influenza vaccination rates lower in African American men
- Interventions
 - » Pharmacist consultations
 - » Enhanced education
 - » Health coaches

Q & A



For more information to visit EssentialHospitals.org
or email EHEN@essentialhospitals.org.