

INSTITUTE FOR PERFORMANCE EXCELLENCE



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# **The Baldridge Foundation Institute for Performance Excellence**

***Presents:***

**Intersectionality Between Quality and Health Equity**

***April 11, 2023***





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# Opening Remarks/Agenda

<b>Introduction</b>	<b>Al Faber, President &amp; CEO, Baldrige Foundation</b>
<b>Panelist</b>	<b>Joy A. Lewis, MSW, MPH SVP, Health Equity Strategies Executive Director, AHA Institute for Diversity and Health Equity (IFDHE)</b>
<b>Audience Questions</b>	<b>Moderator – Al Faber</b>
<b>Closing</b>	<b>Al Faber Remarks</b>



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# AHA Overview and Definitions

# AHA Vision Statement

## Vision Statement:

- The AHA vision is of a just society of healthy communities, where all individuals reach their highest potential for health.

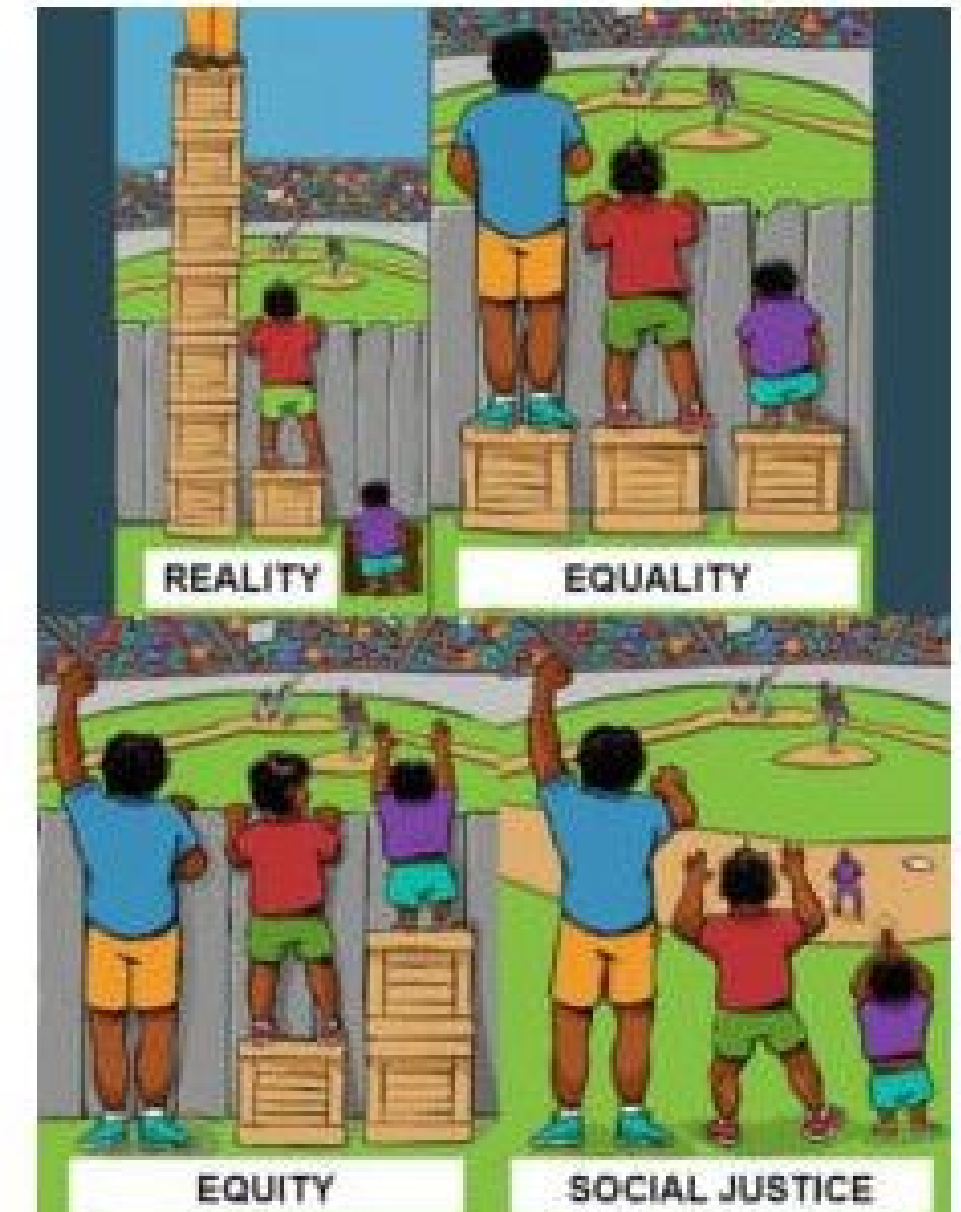
# Diversity, Inclusion and Equity: Looking Holistically

**Diversity:** The myriad ways in which people differ, including the psychological, physical, and social differences that occur among all individuals

**Inclusion / Inclusiveness:** A dynamic state of operating in which diversity is leveraged to create a fair, healthy and high-performing organization or community.

**Health Equity:** Everyone has a fair and just opportunity to be as healthy as possible. This involves addressing obstacles like poverty, discrimination, lack of access to good wages, quality education, housing, and more.

**Health Disparities:** Measurable differences in health between different groups of people.



***AHA's work focuses on both equity of care and organizational DE&I***



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# Health Equity Landscape



# Legacy of Racial Biases & Health Inequities

BECKER'S  
**HOSPITAL REVIEW**

**People of color less likely to receive monoclonal antibodies, CDC finds**

HealthAffairs

**Negative Patient Descriptors:  
Documenting Racial Bias In The  
Electronic Health Record**

healthcare  
innovation

**Research: Kaiser Permanente  
Cancer Screening Eliminated  
Disparities**

After a structured screening program was launched, colorectal cancer death rates fell by more than half among Black members over a 10-year period

HEALTH EQUITY

By Rachel R. Hardeman, Patricia A. Homan, Tongtan Chantararat, Brigitte A. Davis, and Tyson H. Brown

OVERVIEW

**Improving The Measurement Of  
Structural Racism To Achieve  
Antiracist Health Policy**

STAT+

THE PHARMALOT VIEW

**Take a deep breath: Asthma drug  
study failed to include Black and  
Puerto Rican children who could  
benefit most**

The Washington Post

**The striking race gap  
in corporate America**

A small fraction of top executives are Black — and the people tapped to fix it often struggle to boost inclusion



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

**CDC: U.S. maternal mortality rate rose in 2020 for women of color**

JAMA Network

**The Quintuple Aim for Health Care Improvement  
A New Imperative to Advance Health Equity**

**PATIENT  
ENGAGEMENT HIT**

**COVID-19 Outcome Inequities Show  
Neighborhood Health Disparities**

A new study found that COVID-19 patients from socially vulnerable neighborhoods risked worse health outcomes, highlighting the inequities which drive neighborhood health disparities in COVID-19 outcomes.

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***Doctors Are More Likely to Describe Black  
Patients as Uncooperative, Studies Find***



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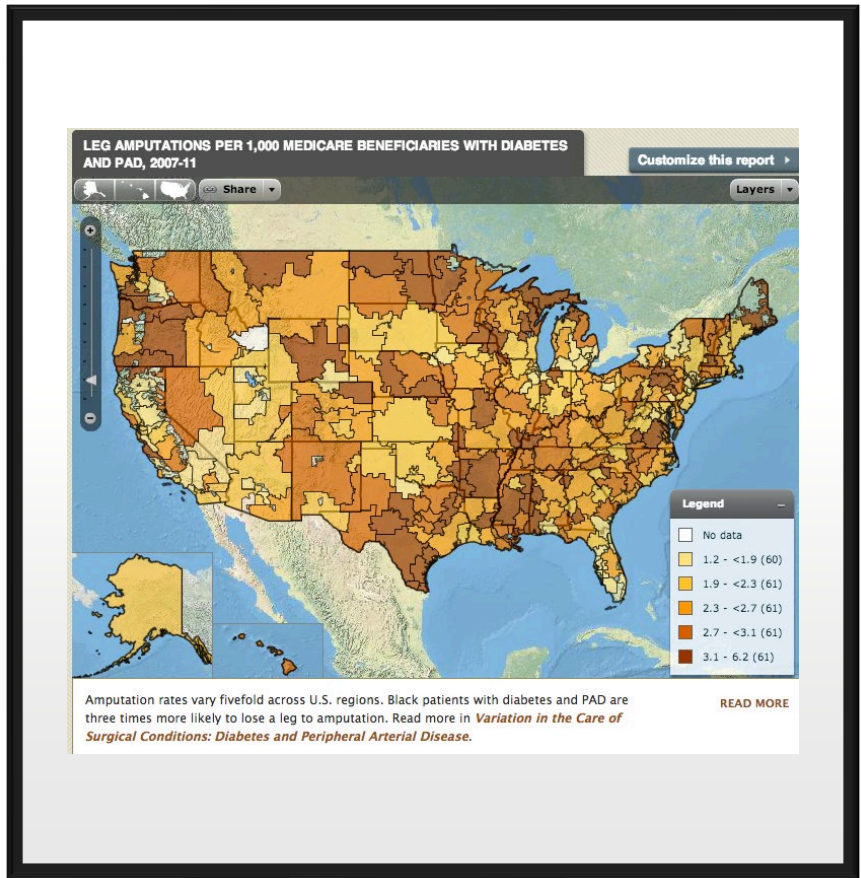
Research Findings & Reports

Evidence-based Practice Center Reports

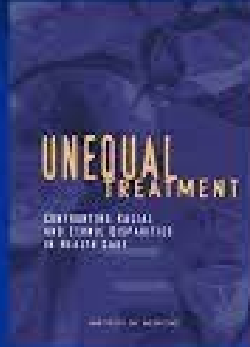
Fact Sheets

## 2021 National Healthcare Quality and Disparities Report

For the 19th year, AHRQ is reporting on healthcare quality and disparities. The annual National Healthcare Quality and Disparities Report is mandated by Congress to provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial and socioeconomic groups. The report is produced with the help of an Interagency Work Group led by AHRQ.

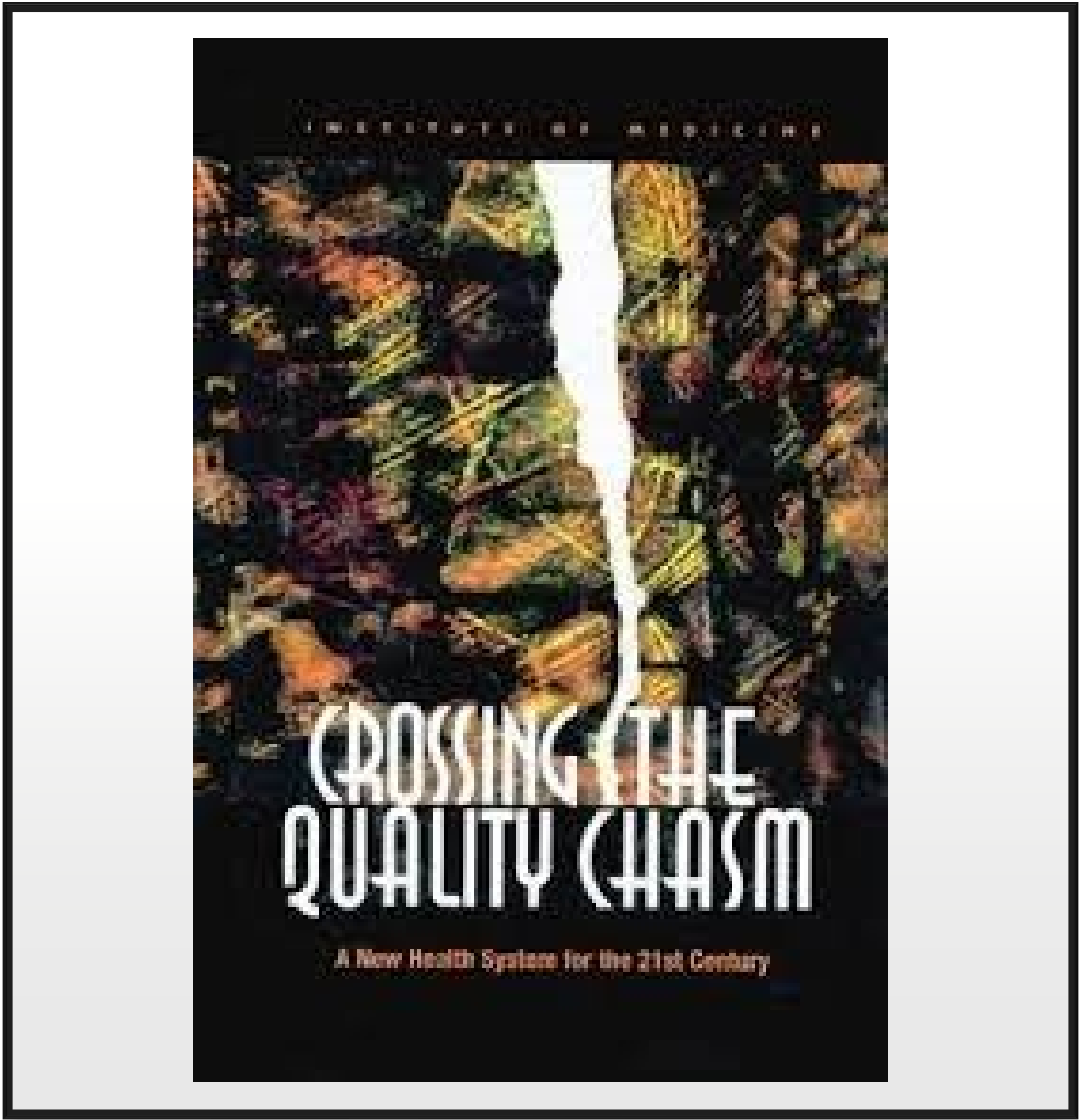


### Health Disparities



- In 2002 the Institute of Medicine published *Unequal Treatment*, which compiled research demonstrating substantial health disparities.
- Racial and ethnic variation in quality of health care that are not due to
  - Access-related factors
  - Patient preferences
  - Clinical needs
  - Appropriateness of intervention

Source: "Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care" (Oct. 2002)



# The Cost of Health Inequities

By 2050, the United States stands to gain \$8 trillion in GDP by closing the U.S. racial equity gap.

Racial health inequities are associated with substantial annual economic losses nationally, including:



\$42B

in untapped productivity



\$93B

in excess medical care expenditures



\$175B

in premature deaths

Source: Ani Turner; W.K. Kellogg Foundation; June 24, 2018. Business Case for Racial Equity ([issuelab.org](http://issuelab.org))

# Joint Commission Accreditation *Health Equity Standards Additions*

As of January 1, 2023, accreditation programs for primary care clinics, behavioral health centers, critical access facilities and hospitals will include new mandates for leaders

Designating an officer to lead a strategy for reducing health disparities and screening patients for social determinants of health

Add demographic breakdowns to quality and safety data



**Assist organizations in identifying disparities in health outcomes**

Joint Commission will require organizations to use this data to develop an action plan to eliminate disparities

Providers will then have to track their progress and regularly update internal leaders and staff.



# CMS Links Health Equity to Quality Through Reporting Programs

*Three Components of the FY 2023 IPPS Proposed Rule Suggest a Sustained Policy Push Toward Change*



## 1) New IQR Quality Measures

CMS is proposing to adopt the following health equity and maternal health quality measures:

- **Hospital Commitment to Health Equity**  
(mandatory beginning CY 2023)
- **Screening for Social Drivers of Health**  
(mandatory beginning CY 2024)
- **Screen Positive Rate for Social Drivers of Health**  
(mandatory beginning CY 2024)
- **Cesarean Birth eCQM**
- **Proposed Severe Obstetric Complications eCQM**



## 2) “Birthing-Friendly” Hospital Designation

New “birthing-friendly” hospital designation would be awarded to hospitals based on their attestation to the Maternal Morbidity Structural Measure:

- Measure data will be submitted by hospitals for the first time in May 2022.
- Publicly-reported hospital designation would begin in Fall 2023.
- Hospitals are awarded this designation if they report “Yes” to both questions in the measure.



## 3) Requests for Information (RFI)

- Ways CMS can support hospitals and other providers to better prepare for the harmful impacts of climate change on patients
- Considerations CMS should take in advancing the use of measurement and stratification to address healthcare disparities and advance health equity
- Ways CMS can address the U.S. maternal health crisis through policies and programs, including Conditions of Participation and quality measures



# Health Equity Through the Lens of Intersectionality

- **Intersectionality:** overlapping systems of oppression and discrimination that communities face based on race, gender, ethnicity, ability, etc.”
- Each identity may result in varied and multiple forms of oppression or privilege related to clinical decisions and practice
- For example: Black and woman; patriarchy and white supremacy

**Intersectionality  
requires that  
health care  
organizations  
and its leaders...**

- Prioritize understanding health inequities and develop strategies to advance health equity.
- Design program and policy interventions that address multiple structures of power and disadvantage.
- Increase opportunities for all persons to achieve health equity.
- Work with community organizations to tackle societal factors that influence health.

# Six Domains of Health Care Quality

## Institute of Medicine

<b>Safe</b>	Avoiding harm to patients from the care that is intended to help them.
<b>Effective</b>	Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
<b>Patient-centered</b>	Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
<b>Timely</b>	Reducing waits and sometimes harmful delays for both those who receive and those who give care.
<b>Efficient</b>	Avoiding waste, including waste of equipment, supplies, ideas, and energy.
<b>Equitable</b>	Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

**Bottom line: Inequitable care is low-quality care.**

# Applying an Equity Lens to Quality Improvement



**Now is the time to fully integrate equity into quality improvement.**

- Critical role of health care organizations in preventing inequities
- Every health care process change can either improve, maintain or exacerbate health disparities



**Disparities remain a common indicator for poor health system performance.**

- Structural, persistent inequities limit the potential of the US workforce through lost productivity and economic potential
- Changing demographics, persistence of health care disparities and recent progress in identifying solutions to reduce gaps in care



**Improvements in equity and quality outcomes cannot be achieved without the collection of standardized data.**

- Use ReAL, SOGI, Societal Factors that Influence Health data to carefully define, measure and monitor changes in equity to identify which interventions are effective



**Interventions resulting from data collection and analysis must be customized to meet the needs of populations experience unequal care.**



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# Actionable Strategies



# Collection and Use of Data to Drive Action



Health Equity  
Resource Series

## Data-Driven Care Delivery

Data Collection,  
Stratification and Use



### REaL - Race, Ethnicity and Language data

- Capture information on a patient's race, ethnicity and language preferences.
- Understand clinically relevant and unique aspects of their patient and communities.
- Apply care with cultural humility that does not vary with a patient's race, ethnicity or language.

### SOGI - Sexual Orientation and Gender Identity data

- Systematically document and address health disparities affecting LGBTQIA+ persons.
- If data is not properly collected, it can have profound effects on health – key clinical therapeutic and preventive services can be missed.
- Supports a more patient-centered and comprehensive approach to patient care.

### Societal Factors that Impact **Health** data

- Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.
- Examples of social needs include:
  - Food, housing education, transportation, social support and transportation

# Culturally Appropriate Patient Care

## Culturally Appropriate Patient Care



Practicing cultural humility and activities that improve culturally appropriate care such as language access and health literacy.

Increasing patient trust and involvement

- The patient must feel and be involved in their own care.
  - Improve cultural humility
  - Address implicit bias
  - Increase diversity and representation within health care leadership and health care workers



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# AHA Health Equity Roadmap

# AHA Health Equity Roadmap



The Health Equity Roadmap is a framework to help hospitals and health care systems chart their own paths toward transformation — thus becoming more equitable and inclusive organizations.

## The Six Levers of Transformation

Research and experience show that leading health equity strategies cut across six levers of transformation within health care organizational structures.



Culturally Appropriate Patient Care



Equitable and Inclusive Organizational Policies



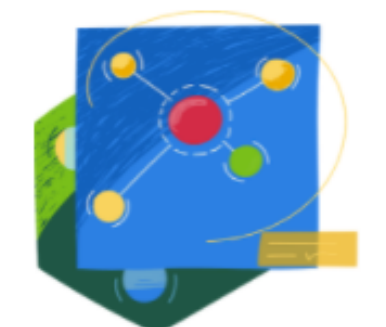
Collection and Use of Data to Drive Action



Diverse Representation in Leadership and Governance



Community Collaboration for Solutions



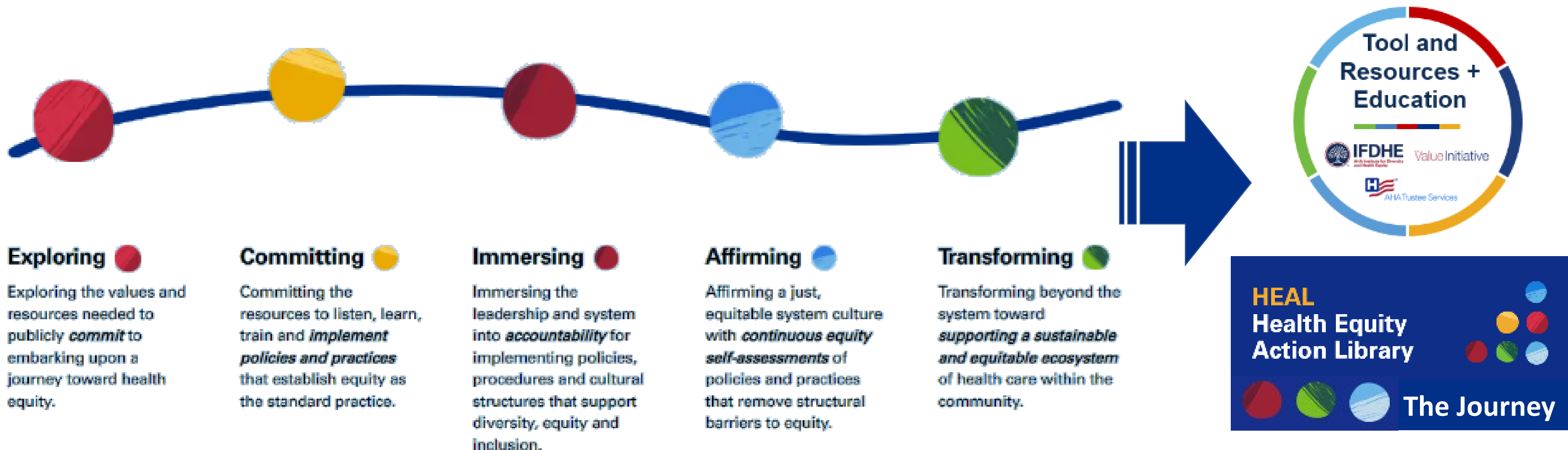
Systemic and Shared Accountability



# Equity Roadmap: Translating Self-Assessment into Action

*Self-assessment provides a profile of progress on each lever of transformation....*

*....and is accompanied by a Transformation Action Plan*



# AHA Resources & Events



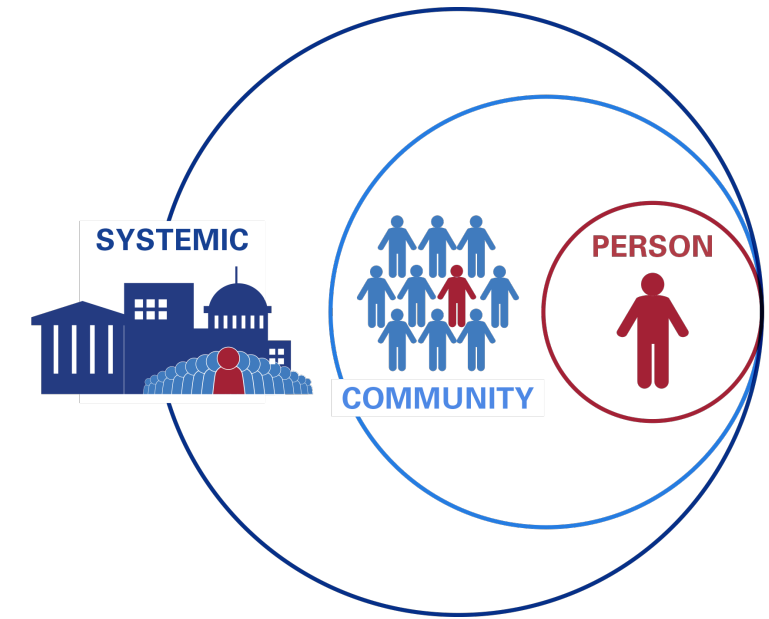
Health Equity Roadmap  
[www.equity.aha.org](http://www.equity.aha.org)



Accelerating Health Equity Conference  
[www.equityconference.aha.org](http://www.equityconference.aha.org)



AHA Institute for Diversity and Health Equity  
[www.ifdhe.aha.org](http://www.ifdhe.aha.org)



Societal Factors that Influence Health Framework  
[www.aha.org/societalfactors](http://www.aha.org/societalfactors)



AHA Community Health Improvement  
[www.healthycommunities.org](http://www.healthycommunities.org)



Trustee Services  
[www.trustees.aha.org](http://www.trustees.aha.org)



# Thank You!

Please contact me with any questions or comments:

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Executive Director, IFDHE

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# Panelist Questions and Discussion



**Joy A. Lewis, MSW, MPH**  
SVP, Health Equity Strategies  
Executive Director, AHA Institute for  
Diversity and Health Equity (IFDHE)



**Al Faber**  
President and CEO  
Baldrige Foundation  
(Moderator)







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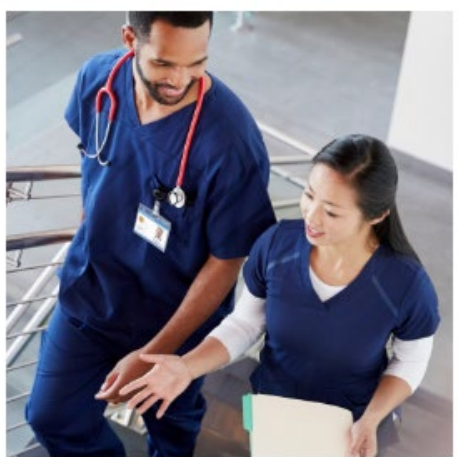


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Al Faber  
President and CEO  
Baldrige Foundation



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