Improving Quality and Reducing Disparities at Partners HealthCare: What We Know and What We Need to Know

Gary L. Gottlieb, MD, MBA
President and CEO, Partners HealthCare
<table>
<thead>
<tr>
<th>Vision</th>
<th>Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Eliminate disparities</td>
<td>▪ Mobilize broad and deep resources of Partners organization to collaborate with other public and private organizations to make significant, measurable, and sustainable progress towards realizing this vision</td>
</tr>
</tbody>
</table>
Partners Healthcare – Background

- Founded by Brigham and Women’s Hospital and Massachusetts General Hospital in 1994
- Not-for-profit network of hospitals (AMCs, community, specialty) physician network, community health centers, home health and long term care
- 21 licensed and affiliated health centers
- $150M in community benefit spending
People without Health Insurance
Percent of All Massachusetts Residents – Lowest Rate in the Nation

2004 - 7.4%
2006 - 6.4%
2007 - 5.7%
2008 - 2.6%
2009 - 2.7%

Source: DHCFP, 2009
* The 2009 estimate is not statistically different from the 2008 estimate.
Racial/Ethnic Disparities – Pre-Reform

- Any Insurance Coverage
  - White, Non-Hispanic Adults: 89%
  - Racial/Ethnic Minority Adults: 79%

- Had a Usual Source of Care
  - White, Non-Hispanic Adults: 88%
  - Racial/Ethnic Minority Adults: 80%

- Had a General Doctor Visit
  - White, Non-Hispanic Adults: 82%
  - Racial/Ethnic Minority Adults: 71%

- Had Problems Paying Medical Bills
  - 19% for White, Non-Hispanic Adults
  - 25% for Racial/Ethnic Minority Adults

Source: Health Reform in Massachusetts: An Update as of Fall 2009, Urban Institute/Blue Cross Blue Shield of Massachusetts Foundation, June 2010
Racial/Ethnic Disparities – Post Reform

Any Insurance Coverage
- White, Non-Hispanic Adults: 95%
- Racial/Ethnic Minority Adults: 95%

Had a Usual Source of Care
- White, Non-Hispanic Adults: 90%
- Racial/Ethnic Minority Adults: 91%

Had a General Doctor Visit
- White, Non-Hispanic Adults: 87%
- Racial/Ethnic Minority Adults: 84%

Had Problems Paying Medical Bills
- White, Non-Hispanic Adults: 19%
- Racial/Ethnic Minority Adults: 22%

Source: Health Reform in Massachusetts: An Update as of Fall 2009, Urban Institute/Blue Cross Blue Shield of Massachusetts Foundation, June 2010
Racial/Ethnic Disparities

- Did not get needed care for any reason in last 12 months:
  - White, Non-Hispanic Adults: 20.5%
  - Black, non-Hispanic Adults: 24.8%
  - Hispanic Adults: 24.2%

- Most recent ED visit was for non-emergency condition:
  - White, Non-Hispanic Adults: 21.7%
  - Black, non-Hispanic Adults: 12.3%
  - Hispanic Adults: 26.1%

Source: 2008 Massachusetts Health Reform Survey, Blue Cross Blue Shield of Massachusetts Foundation, August 2009
Statewide Primary Care Loan Repayment

- **$5M** Bank of America gift seeded statewide loan repayment program – administered by the Massachusetts League of Community Health Centers

- Additional funding from Partners HealthCare, the Commonwealth of MA, and others

- **110** primary care providers have committed to work in community health centers, creating capacity for nearly **194,400** patients.
What can delivery systems do?

Two initiatives underway at Partners

- Center for Community Health and Health Equity
  - Led by Wanda McClain

- The Disparities Solutions Center
  - Led by Joseph R. Betancourt, M.D., M.P.H.
Center for Community Health and Health Equity
Brigham and Women’s Hospital
**BW/F Balanced Scorecard**

Used to measure potential disparities and to develop specific and targeted interventions

Quality measures containing reports by Race/Ethnicity and Gender are:

<table>
<thead>
<tr>
<th>Perspective</th>
<th>Strategic Goal</th>
<th>Measure Name</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Excellence &amp; Growth</strong></td>
<td>Patient Satisfaction</td>
<td>PG Satisfaction \ Survey Mean</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ED Patient Satisfaction \ Survey Mean</td>
<td>Monthly</td>
</tr>
<tr>
<td><strong>Quality &amp; Efficiency of Care</strong></td>
<td>Quality Outcomes</td>
<td>14 Day Readmission rate</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In Hospital Mortality Rate</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Observed vs. Expected Morality (Ratio)</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ambulatory HEDIS</td>
<td>Monthly</td>
</tr>
<tr>
<td><strong>Financial Performance</strong></td>
<td>Expense Control</td>
<td>Average Length of Stay</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALOS \ Observed vs. Expected (Ratio)</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Revenue Growth</td>
<td>Discharge Volume \ Inpatient and ATO</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Surgical Procedure Volume \ BWH</td>
<td>Monthly</td>
</tr>
</tbody>
</table>
Established to set policies and priorities for health equity agenda

- Bi-annual meetings of the 29 member committee
- Chaired by BWH President
- Membership includes BW/F trustees, clinical and administrative leaders
Health Equity Priorities

- Women’s Health
- Infant Morality/Low Birth Weight
- Colorectal Cancer Screening
- Cardiovascular Disease
Disparities in Birth Outcomes: Boston 2007

- Infant mortality/1,000 live births:
  - White: 3.4
  - Black: 11.3 *

- Ratio 3:1

- Low birth weight/100 live births:
  - White: 8.4
  - Black: 12.7 **

Ratio 1.5:1

Source: Health of Boston, 2009
Birth Equity Strategies

An intervention to eliminate the disparity requires:

- **A clinical strategy** for preventing preterm birth among black women and to reduce maternal psychosocial stress

- **A community strategy** to address social determinants of health and establish/increase civic engagement

- **A health system strategy** to enhance women's health via a model of care delivery that is comprehensive and continuous across a life course

- **A research strategy** to increase scientific investigation for a targeted intervention
The Birth Equity Initiative

A comprehensive health system- and community-based intervention to eliminate the black-white gap in birth outcomes over the next ten years.

- **Childhood & Adolescence**
  - Nutrition
  - Health risk behaviors
  - Dropout and teen pregnancy

- **Preconception**
  - Women’s Health
  - Screening for and management of pre-existing chronic conditions
  - Mental Health

- **Interconception**
  - Prior adverse perinatal outcome

- **Prenatal**
  - Adequacy of care
  - Access to care
  - Quality of care

**Postnatal**
- Providing infants and families with resources and social supports
- Continuity of care – Pediatricians
- Addressing potential risk factors in the home

Before Birth  Childhood  Adolescence  Young Adult / Adulthood
Addressing Key Social Determinants of Health

- **Creating Opportunities for Youth and Community**
  - School Partnerships
    - Maurice J. Tobin School in Mission Hill
    - Mission Grammar School
    - Edward M. Kennedy Academy for Health Careers
  - Youth Programs
    - Students Success Jobs Program
    - Pen Pals, Book Buddies and Summer Science Academy

- **Providing Domestic Violence Treatment and Advocacy**
  - Passageway and Passageway Health Law Collaborative
Results of Our Investment in Young People

- **98%** of 4th & 5th grade students participating in Health and Science Clubs – achieved a 25% increase in test scores
- **94%** of Project TEACH participants plan to pursue a career in health or science
- **98%** of SSJP high school alumni attend college, 60% were the first in their immediate family to attend college
- **200 +** BWH volunteers – create educational and employment opportunity for young people. Build upon BWH commitment to foster a diverse healthcare workforce
The Disparities Solutions Center
Massachusetts General Hospital
Identifying and Benchmarking Disparities

- Medical Policy
  - All QI stratified by race/ethnicity

- CMS National Hospital Quality Measures
  - Stratify all measures

- Unit-Based Staff Quality Rounds
  - Exploring disparities: main finding was concern about language barriers over course of hospitalization

- Patient Satisfaction
  - Stratified PG results by race/ethnicity, then added questions about respect for culture/race/religion
  - Surveyed 400 minority patients regarding their experience

- Present information in yearly Disparities Dashboard
Disparities Dashboard Executive Summary

- **Green Light: Areas where care is equitable**
  - National Hospital Quality Measures
  - HEDIS Outpatient Measures (Main Campus)
  - Pain Mgmt in the ED

- **Orange Light: National disparities, areas to be explored**
  - Mental Health, Renal Transplantation
  - All cause and ACS Admissions (so far no disparities)
  - CHF Readmissions (so far no disparities)
  - Patient Experience

- **Red Light: Disparities found, action being taken**
  - Diabetes at community health centers
    - Chelsea (Latino), Revere (Cambodian) Diabetes Project
  - Colonoscopy screening rates
    - Chelsea CRC Navigator Program (Latinos)
Diabetes-Related Death Rate, 2004

Deaths per 100,000 population

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Rate per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>22.8</td>
</tr>
<tr>
<td>African American</td>
<td>50.1</td>
</tr>
<tr>
<td>Hispanic</td>
<td>33.6</td>
</tr>
<tr>
<td>AI/AN</td>
<td>50.3</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>18.4</td>
</tr>
</tbody>
</table>
Culturally Competent Disease Management

The MGH Chelsea Diabetes Program
Collaboration of the Disparities Solutions Center, Chelsea Healthcare Center, and the MGPO

- A quality improvement / disparities reduction program with 3 primary components:
  - **Telephone outreach** to increase rate of HbA1c testing
  - **Individual coaching** to address patients’ needs and concerns regarding diabetes self-management to improve HbA1c
  - **Group education** meeting ADA requirements
Diabetes Control Improving for All:

Gap between Whites and Latinos Closing

- Chelsea Diabetes Management Program began in first quarter of 2006; in 2008 received Diabetes Coalition of MA Programs of Excellence Award
Summary

- There is a significant body of evidence that has identified racial/ethnic disparities in health care
- Hospitals can play a major role in their elimination through quality improvement
  - Quality, Cost, Safety, Accreditation are drivers
  - Essential elements include engaged leadership, data collection, monitoring, quality improvement, provider and patient interventions, community partnerships
  - Engaged recruitment, mentoring and advancement efforts across the caregiver and employee spectrum are critical
- IOM recommendations will improve the care not only of minorities, but of all Americans