Addressing Disparities in Health Care

Speakers: Tania Daniels and Jon Pryor, M.D.

Friday, Jan. 8, 2016
5:20 – 6 p.m.
Northland Ballroom
Tania Daniel, PT, MBA

For fifteen years, Tania Daniels, has served as the quality and safety expert at the Minnesota Hospital Association (MHA). As vice president of quality and patient safety, she has led MHA’s Partnership for Patients Hospital Engagement Network contract resulting in over 15,000 fewer patients being harmed and over 112 million in cost savings. Tania partners with key stakeholders to collaboratively improve health care, including two nationally recognized programs: Minnesota Alliance for Patient Safety (MAPS) in 2006 and Reducing Avoidable Readmissions Effectively (RARE) in 2013. She is a physical therapist and received a MBA (master’s in business administration) with a concentration in health care management from the University of St. Thomas.

Jon Pryor, M.D.

Dr. Pryor joined Hennepin County Medical Center as CEO in April, 2013. Before joining HCMC, he was CEO of the Medical College of Physicians, the Medical College of Wisconsin’s clinical practice group of physicians, advanced practice providers and other staff. As a management consultant at McKinsey & Company from 2006-2009, Dr. Pryor worked with health care clients to build financial models, develop growth strategies, and implement lean management. A urologic surgeon by training, Dr. Pryor was chair of the department of urologic surgery at the University of Minnesota from 2001-2006. He has an MBA from the Kellogg School of Management at Northwestern University and was awarded a Bush Medical Fellowship in 2005. His education and training include a BA in physics from Carleton College, medical degree from the University of Minnesota School of Medicine, two years of residency in the Hennepin County Medical Center Surgery Residency program followed by four years of urology residency and a MS at the University of Virginia, and an American Foundation of Urologic Disease Fellowship at the University of Minnesota, He has been widely published in peer reviewed journals in the area of men’s health and urologic disorders.
Minnesota leads nation for health care access, quality and outcomes

For the second year in a row, Minnesota ranks first in the nation for health care access, quality and outcomes in a report issued by the Commonwealth Fund.
Minnesota provides quality care

- Minnesota is one of the healthiest states in nation; however,
  - Communities of color experience significantly higher rates of chronic and infectious diseases, illness and premature death.
- Minnesota State Demographic Center predicts MN’s non-white and/or Latino population is projected to grow from 14% in 2005 to 25% in 2035.
- Lack of standard data and inconsistent collection of REL data creates challenges to develop and evaluate programs to address and eliminate health disparities. (source: MDH/DHS Race/Ethnicity Data Collection Report to Legislature, 2010)

Standardized Data Collection

- Community-based effort began in **2008**
- Common set of data elements
- Balance between meaningful information and effort involved in data collection
- Use the data (QI and Public Reporting)
- Supported in part by RWJF’s AF4Q Grant
- To date, 98% of medical groups submitting clinical data to MNCM are also submitting REL data elements; the vast majority are following best practice.
Key Findings

- Significant health inequities exist in Minnesota
- Racial, ethnic inequities
  - White, Asian patients had highest health outcomes; Black, American Indian patients had lowest
  - Hispanics had worse health outcomes than Non-Hispanics statewide, but results varied by region
- Differences between immigrant groups
  - Vietnamese immigrants had very good outcomes, higher than English-speaking, U.S.-born patients
  - Hmong and Somali patients had some of the poorest health outcomes of any population across measures and regions
- Impact of rural v. urban
  - Patients in rural areas had overall lower outcomes than patients in urban and suburban areas
  - Suburban areas generally had highest outcomes across measures, patients populations
**MHA Hospital Engagement Network (HEN) 2.0 overview**

- 17 of 26 base HENs received HEN 2.0 contract
- MHA’s goal 100% of Minnesota hospitals participating
  - 115 of 130 applicable hospitals participating
- Overall HEN 2.0 goals remain:
  - Reduce HACs by 40 percent
  - Reduce readmissions by 20 percent
- Disparities is one of the mandated HEN 2.0 topics

**MHA HEN 2.0 Topics**

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<th>Culture of safety / employee resiliency</th>
<th>Pressure ulcers</th>
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<th>Central line-associated blood stream infection (CLABSI)</th>
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<td>Catheter-associated urinary tract infection (CAUTI)</td>
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<td>Venous thromboembolism (VTE)</td>
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<td>Patient and family engagement (PFE)</td>
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Disparities in quality and patient safety

- Non-white had higher risk-adjusted risk than whites of adverse drug events
- Black patients 20% more likely than any other racial group to experience a patient safety event
- Children whose families who requested Spanish interpreters at more than twice the odds of serious medical events compared with those not requesting an interpreter

MHA PSI90 Analysis

![PSI90 Patient Safety Composite, Stratified by Race, 2014](image)
Addressing Disparities in Health Care

MHA Winter Trustee Conference
January 2016

Jon L. Pryor, MD, MBA
CEO, Hennepin Healthcare System, Inc.

Hennepin Healthcare System is an integrated system of care

- Emergency Medical Services – ground and air ambulance
- Clinics located across Hennepin County
- Hospital & Trauma Center
- Major teaching hospital
- MVNA home care and Hospice of the Twin Cities
- Upstream Center for Healthcare Innovation
- Minneapolis Medical Research
- Hennepin Health Foundation
Key Stats

- Operated by Hennepin Healthcare System, Inc.
- $850 million annual budget
- 2.2% from Hennepin County
- 6,200 employees
- 559,095 clinic visits
- 472 staffed hospital beds
- 21,943 inpatients treated
- 109,809 emergency services visits
Why HCMC felt committed to do something about healthcare disparities

• It is in our Mission (“outstanding care for everyone”) and Vision (“exceptional care without exception”) statements
• We have an ethical obligation – it doesn’t seem right to allow this
• Ensuring health equity increases the value of the care we provide

Key steps

a. CMO and CEO committed to the Board

b. The Board endorsed and a sub-committee (Mission Effectiveness) committed to follow our progress and report back to the Board
C. We signed the National Call to Action to Eliminate Health Disparities

This initiative began in 2011 and included the ACHE, AHA, AAMC, CHAUSA, and AEH. They focused on:

- Increasing the collection and use of race, ethnicity and language preference data;
- Increasing cultural competency training; and
- Increasing diversity in governance and leadership.

Key steps - continued

I pledge to address the following areas in the next 12 months*

- Choose a quality measure to stratify by REaL.
- Determine if a health care disparity exists in this quality measure. If yes, design a plan to address this gap.
- Provide cultural competency training for all staff or develop a plan to ensure your staff receives cultural competency training.
- Have a dialogue with your board and leadership team on how you reflect the community you serve, and what actions can be taken to address any gaps.

* Pledge abbreviated
Key steps - continued

d. Selected two leaders to enroll in the Disparities Leadership Program
   – we wanted to develop deeper expertise within the organization
     • Dr. Julia Joseph-Di Caprio and Karoline Pierson
     • Part of Dr. Joe Betancourt's Disparities Solution Center
     • Their learnings
       - Importance of engaging all levels of our organization from the Board to the front line
       - Develop a community of those interested in doing this work (e.g. DLP alumni group: HealthEast, Regions, Children's, Mayo, Allina, Blue Cross/Blue Shield and HCMC who meet and are planning how we can leverage our individual work to address health equity state-wide
       - Embed health equity throughout our organization in a similar fashion to safety

e. Wrote a protocol for collecting REaL data on our patients
   • Created a toolbox to assist our staff: FAQ, SOP, Script, de-escalation materials, tip sheets, trained, trained
   • Collected the data to demonstrate we contribute to the disparities (i.e. it is not everyone else's fault)
   • This data determines where to focus our efforts on narrowing the gap
Current Steps

• We have identified areas where we have disparities:
  - Colorectal cancer screenings and optimal asthma care for children – no disparity by race or ethnicity
  - Optimal diabetes care – disparities for African-Americans and Native Americans
• We are determining the root causes of these disparities so to develop and implement plans to address the disparities in a phased approach
• Continue to collect REaL data to assess for disparities in quality, patient experience, and other REaL measures

How to keep this initiative sustainable

Our role in narrowing health disparities is part of our strategic plan
• Plan is to embed health equity in all of our policies
• Align health equity with Community Needs Assessment and Health Services Plan
Aha moment

When registration realized that collecting this data was their opportunity to improve the care we deliver and improve people's health. This helped with the change management, engagement and compliance of the employees.

Another key principle is to build a culture of diversity and cultural adaptiveness at HCMC

- This will help in building trust and understanding for patients of color
- Key area lacking in diversity is middle management and the Board. Prospectively and proactively recruit to skills and diversification as to race/ethnicity and sex
- Had executive leadership take Intercultural Development Inventory, discussed the movie “Crash” and participate in other events like the YWCA “It’s time to talk forum” on racial biases
Summary

- Disparities exist
- We all have a role to close the gap
- Change starts with the Board and CEO and includes every employee across HHS
- This investment can increase the value an organization provides
- This is a journey