

## Data, Safety, Readmissions and Equity: Key Strategies and Tools for the HIINs



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## Background and Mission

Established 2005

The Disparities Solutions Center is dedicated to developing and implementing strategies to improve quality, eliminate racial and ethnic disparities, and achieve equity in health care. We aim to serve as a local, regional, and national change agent by:

- Translating existing and ongoing research on strategies to eliminate disparities and achieve equity into policy and practice,
- Developing solutions to improve quality and address disparities,
- Providing education and leadership training to expand the community of skilled individuals dedicated to improving quality and achieving equity.



## Local Innovation and National Excellence

- MGH began efforts to address disparities in quality and safety in 2003
  - Data Collection/Performance Measurement/Interventions
- In 2013, MGH received the AAMC Learning Health System Challenge Award for efforts to reduce disparities through data collection & quality improvement
- In July 2014, MGH received AHA's inaugural Equity of Care Award for outstanding efforts to improve quality and achieve equity of care for all patients

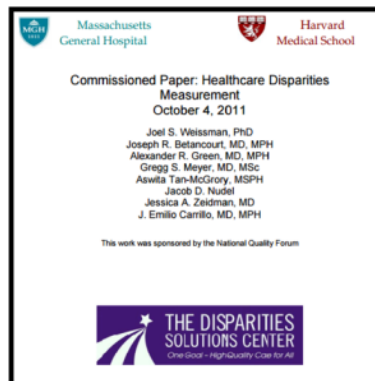


## Experience in Data Collection and Reporting



## Healthcare Disparities Measurement

- Provided guidance to the National Quality Forum Steering Committee charged with selecting and evaluating disparity-sensitive quality measures
- Describes methodological issues with disparities measurement
- Identifies cross-cutting measurement gaps in disparities



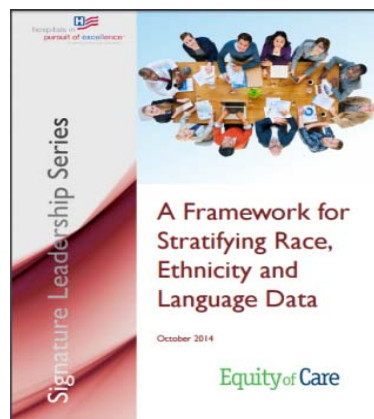
Commissioned by the National Quality Forum



## A Framework for Stratifying Race, Ethnicity and Language Data

Provides a 5-step framework for hospitals and care systems to stratify patient data to identify health care disparities:

- Assemble a working group
- Validate the REaL data
- Identify the highest priority metrics for stratification
- Determine if stratification is possible with selected metrics
- Stratify the data

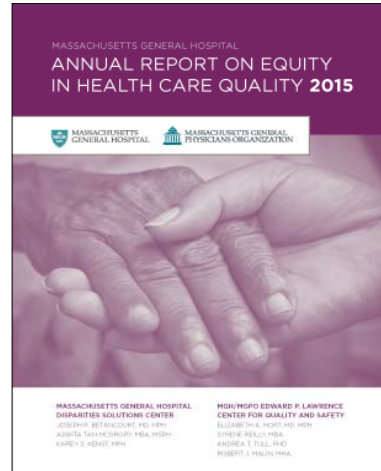


Produced in conjunction with the American Hospital Association



## Annual Report on Equity in Healthcare Quality

- Demographic Profile of MGH patients
- National Hospital Quality Measures
- HEDIS Measures
- Patient Experience
- Readmissions and ACS Admissions
- Department-Level Measures
  - OB, Pediatrics
- Improvement Initiatives: Patients with Limited English Proficiency



## CMS Compendium of Resources for Standardized Demographic and Language Data Collection\*

- As part of the CMS Equity Plan for Improving Quality in Medicare, the DSC developed a compendium of resources to help organizations collect standardized race, ethnicity, and language (REaL) and disability data
- Contains latest federal data collection standards in addition to 36 REaL and disability data collection resources



\*Produced in conjunction with Centers for Medicare and Medicaid Services' Office of Minority Health and NORC at the University of Chicago



# Readmissions



## Guide to Preventing Readmissions Among Racially and Ethnically Diverse Medicare Beneficiaries\*

The Guide was developed as part of the *CMS Equity Plan for Improving Quality in Medicare* and positions CMS to support key stakeholders with strategies to address avoidable readmissions for diverse populations.

- **Reduce Waste/Unnecessary Cost:** Medicare spending on potentially preventable readmissions was estimated at \$12 billion for patients readmitted within 30 days of discharge in 2005.<sup>1</sup>
- **Address Diverse Populations:** Racial and ethnic minority populations are more likely than their white counterparts to be readmitted within 30 days of discharge.<sup>2</sup>
- **Support Hospital Organizations:** The Guide provides concise, actionable guidance for addressing avoidable readmissions for minority populations.

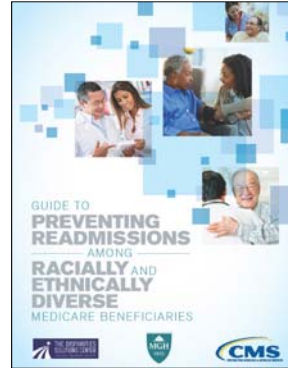
1. Report to Congress: Promoting greater efficiency in Medicare. Washington, DC: Medicare Payment Advisory Commission. [http://www.medpac.gov/documents/reports/Jun07\\_EntireReport.pdf](http://www.medpac.gov/documents/reports/Jun07_EntireReport.pdf). Published 2007. Accessed December 21, 2015.

2. Joynt KE, Orav EJ, Jha AK. Thirty-day readmission rates for Medicare beneficiaries by race and site of care. *JAMA*. Feb 16 2011;305(7):675-681.



## Guide to Preventing Readmissions Among Racially and Ethnically Diverse Medicare Beneficiaries\*

- **Background** on readmissions and racial and ethnic minorities
- **Overview of key issues** and strategies related to readmissions for diverse populations
- **High level recommendations** for addressing readmissions for diverse populations
- **Case studies** that illustrate how organizations are addressing avoidable readmissions for vulnerable populations in hospital and home-based settings



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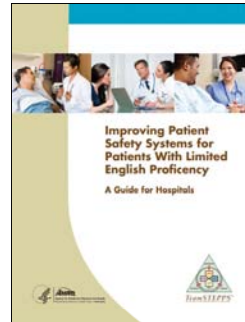
## Patient Safety



## Improving Patient Safety Systems for Patients with LEP & TeamSTEPPS Module\*

### Hospital Guide:

- Provides hospital leaders with strategies for identifying, reporting, and addressing medical errors that occur with LEP and culturally diverse patients.
- Includes systems-level information on how to develop reporting systems that can successfully capture medical errors for patients with LEP.



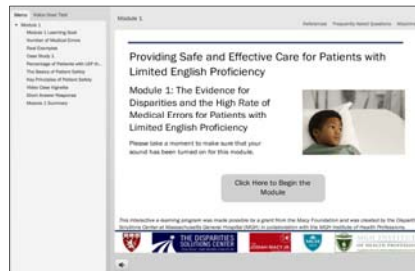
### TeamSTEPPS Training Module:

- Focuses on improving team communication to reduce medical errors for LEP patients.

\*Produced in conjunction with Abt Associates, Inc. with funding from the Agency for Healthcare Research and Quality



## Providing Safe and Effective Care for Patients with Limited English Proficiency



- The DSC, in collaboration with the MGH Institute of Health Professions (IHP), developed and pilot tested an interprofessional curriculum focusing on providing safe, effective care for patients with limited English proficiency.
- In 2015, 3,175 MGH employees completed the training. In 2016, the training has been offered for new trainees and additional providers and will reach a total of 6,000 employees.



## Providing Technical Assistance



### The Disparities Leadership Program (DLP)

- Develop cadre of leaders in health care equipped with
  - Knowledge of disparities, root causes, research-to-date
  - Cutting-edge QI strat's for identifying/addressing disparities
  - Leadership skills to implement and transform organizations
- Assist individuals and organizations to:
  - Create a strategic plan to address disparities, or
  - Advance or improve an ongoing project, and
  - Be prepared to meet new standards and regulations from the JC, NCQA, and health care reform



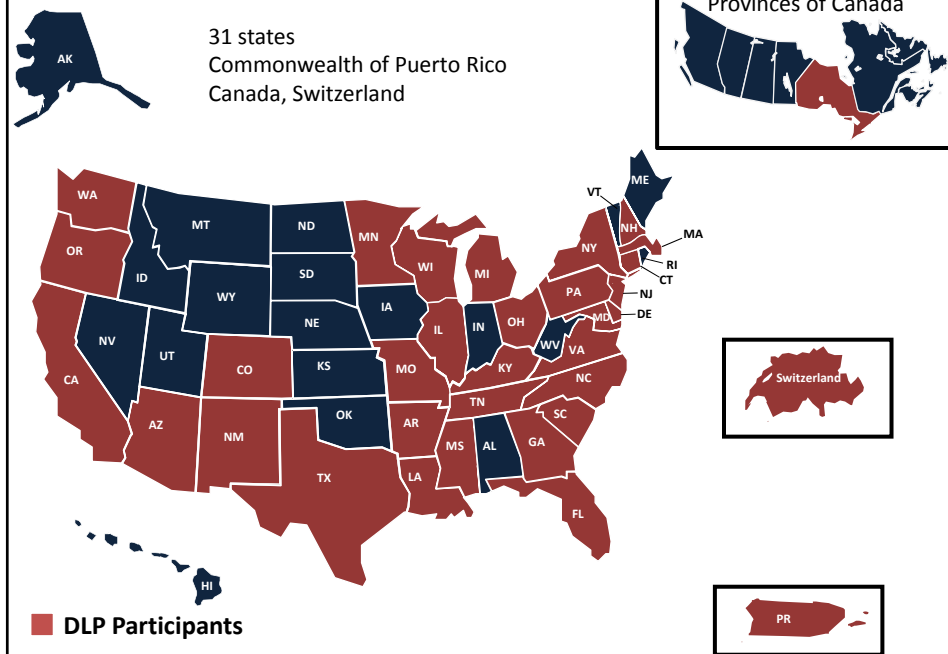


## Disparities Leadership Program Alumni

- With the current class, the Disparities Leadership Program will have trained:
  - 350 participants
  - 160 organizations
    - 86 hospitals
    - 36 health plans
    - 21 community health centers
    - 8 professional organizations
    - 2 hospital trade organizations
    - 1 school of medicine
    - 1 dental benefits administrator
    - 1 federal government agency
    - 1 state government agency
    - 1 city government agency



## DLP Organizations



## Post DLP Collaborations

- Pediatric Health Equity Collaborative
- MN DLP Alumni Collaborative
- DLP Mid-Atlantic Alumni Collaborative



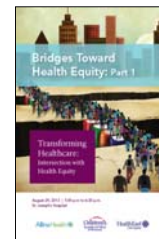
## Pediatric Health Equity Collaborative



The Pediatric Health Equity Collaborative (PHEC) is comprised of 12 organizations working together with the goals of establishing best practices, lessons learned, and recommendations for the field with regard to race, ethnicity, language, and other demographic data collection in pediatric care settings.

## MN DLP Alumni Collaborative

- Allina Hospitals and Clinics
- Blue Cross Blue Shield of Minnesota
- Children's Hospitals and Clinics of MN
- Hennepin County Medical Center
- HealthEast Care System
- Mayo Clinic
- Regions Hospital



## Mid-Atlantic Alumni Collaborative



The Mid-Atlantic Collaborative, formed in October 2015, includes 50 DLP alumni from Delaware, Maryland, North Carolina, New Jersey, New York, and Pennsylvania.



## Web Seminars

- Basic Skills (Data Collection, Dashboards, Interventions)
- Cutting Edge Issues
  - Health Reform, HIT, Readmissions, Patient Experience

**Going Beyond REaL Data Collection: Collecting Social Determinants of Health**

**Moderator**



Sidney Cline, MD, MPH, MPH, Chief of Hospital Medicine, University of California San Francisco - SFPH and Senior Faculty, The Disparities Solutions Center at Massachusetts General Hospital

**Presenters:**



Arlene Hadden-Leonard, PhD, MD, MBA, Director, UCSF Center for Community Neurosciences and San Francisco General Hospital



Andrea Tomlinson, MBA, MPH, Deputy Director, The Disparities Solutions Center at Massachusetts General Hospital



**THE DISPARITIES SOLUTIONS CENTER**

**Hearing All Voices: Race, Ethnicity, Language, and the Patient Experience**

**Moderator**



Joseph Rotondi, MD, MPH, Director, The Disparities Solutions Center at MGH

**Presenter**



Karen Dossman, ScD, EdM, Senior Consultant, Manager, Institute for Health Policy Analysis, Chicago, Illinois, Solutions Center



**THE DISPARITIES SOLUTIONS CENTER**

**HRET**

**Tools for Measuring and Monitoring Equity in Quality: The Hospital Perspective**



Barbara Woodruff, BA, Manager, Quality, Equity & Inclusion, CEO's Advisors at Mass General Hospital, Allston, MA



Sarah Fulton, MPH, Clinical Center for Diversity and Health Equity, South, VA



James Ruffin, DEd, MBA, Vice President and Chief Health Equity Officer, Kaiser Permanente, Oakland, CA

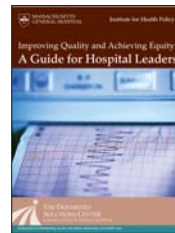


Joseph D. Garbarino, MD, MPH, Director, The Disparities Solutions Center at MGH, Worcester




## Additional Guides

- Assuring Healthcare Equity: A Healthcare Equity Blueprint (IHI/NAPH/OMH)
- Supporting Small Practices (NCQA)
- Improving Quality and Achieving Equity: A Guide for Hospital Leaders



## Summary

- Vast experience with data collection and monitoring as well as providing technical assistance to healthcare organizations
- Ready-made, evidence-based guides on improving quality, and eliminating disparities, patient safety and preventing readmissions
- Technical assistance, learning collaboratives, dissemination and translation are major DSC strengths
- Strong relationships with hospitals across the nation, as well as AHRQ and CMS OMH, among others



## Questions

### For Additional Information:



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