Disparities and Quality: Why Now and What Are We Doing About It?

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Reality #1: Crossing the Quality Chasm

- “The Rest of the Iceberg”
- There are serious problems in quality
  - Between the health care we have and the care we could have lies not just a gap but a chasm.
- The problems come from poor systems…not bad people
  - In its current form, habits, and environment, American health care is incapable of providing the public with the quality health care it expects and deserves.
- We can fix it… but it will require changes
Clarifying National Aims for Improvement

- Safety -- As safe in health care as in our homes
- Effectiveness -- Matching care to science; avoiding overuse of ineffective care and underuse of effective care
- Patient Centeredness -- Honoring the individual, and respecting choice
- Timeliness -- Less waiting for both patients and those who give care
- Efficiency -- Reducing waste
- Equity -- Closing racial and ethnic gaps in health status

The “no defect” approach to quality

Supporting Efforts
Reality #2: Cost Pressures – the 2½% Rule

Annual Percent Changes per Capita in Health Care Expenditures and in GDP


What type of evolutionary era are we in?

- Gradualism versus punctuated equilibrium
  - Environmental assessment as the key to what we will look like
  - Technical Revolution and Cultural Revolution
Synergy Among The Winds of Change

• Creation of the Perfect Storm
  • Focus on quality as the means for navigating through it
    • Leveraging the tempest to break logjams

The “5 Stages” of Getting Involved in Equity

• Denial
• Anger
• Bargaining
• Depression
• Acceptance

You need a plan to get through the stages
One Plan

- Talk About It
- Think Broadly
- Measure It (WELL)
  - then share
- Do Something About It
  (repeat)

Is Talk Cheap? Mass General Board Focus on Quality & Safety Accelerates

MGPO BOT % time spent on Q&S v. Finance

* Exclusive of time on updates
Guided by the needs of our patients and their families, we aim to deliver the very best health care in a safe, compassionate environment; we advance that care through innovative research and education; and, we improve the health and well-being of the diverse communities we serve.

Think Broadly: “VOLTAGE DROPS” IN QUALITY (writ large)

- Access to coverage
- Insurance enrollment
- Access to covered services and providers
- Access to a consistent source of primary care
- Access to referral services
- Quality of care
- Lowering “resistance” at any of these “drops” will improve quality
Measure It (WELL)

Massachusetts General Hospital
Racial and Ethnic Disparities Dashboard 2017

Massachusetts General Hospital Committee on Racial and Ethnic Disparities
Joseph E. Hoekstra, M.D., M.P.H.
Jean Quinones, M.P.H.
Co-Chairs

Massachusetts General Hospital Committee on Racial and Ethnic Disparities Quality Subcommittee
Elizabeth A. Ayet, M.D., M.P.H.
Chair
Sneh K. Lenz

Then Share

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Then Share

Do Something About It:
Iron Laws of Improvement

- B Teams with A Systems always beat A Teams with B Systems
  - It’s the systems stupid…
  - Converting A individuals to A teams is essential to beating well developed B teams
  - Our goal is getting our A teams A systems to support their work

**GOAL** Make doing the right thing easy (or easier)

- It’s not the seed, it’s the soil
  - Culture trumps all
  - Innovation must be balanced with Spread
  - The political is much more challenging than the technical

**GOAL** Take advantage of opportunities to impact the culture (from wherever they come) and focus on your workforce

- Data + Anecdote = Action (with some modest help from incentives)
  - You need both

**GOAL** Make the investment and tell the story (right)
Don’t Just Document…

- Do Something
  - ? The end of the beginning
    - Example of patient safety

Where Are We On The Healthcare Equity Journey?

- Optimism as a force multiplier