Roadmap to Reduce Disparities:
Where are You and What Will You Do Next?

Objectives:
- Assess your organization’s equity efforts
- Identify concrete ways that you can reduce disparities in your organization through education and quality improvement

1) Advocacy: To what extent are students and faculty encouraged to define themselves as advocates of equity, and supported in seeking ways to advocate?

2) Building skills: How should medical education prepare new and practicing physicians to seek system-level solutions to patient barriers? How do we assess this type of skill and knowledge?

3) Equity in practice: How can we incorporate equity into teaching about quality improvement and practice-based learning?

4) Culture of equity: How do equity and social accountability fit into our programs, organizational strategic plans, and curriculum?

5) Community engagement: How do we work with community partners to respond to patients’ disease management barriers? What opportunities do students have to practice these skills?
Incorporating Equity into Practice and Education

Questions for Action

The first section contains questions for specific audiences (split out by roles in medical education or clinical practice). The second section contains questions for specific topics that both educators and clinicians should consider.

Section 1: Questions by Audience

Medical School Administration

• What value does our medical school place on recruiting and retaining diverse faculty and students?
• How does our medical school engage with the community?
  o To what degree do we consider it our responsibility to mobilize and support the community in taking responsibility for its health? How do we carry this out?
  o What is our process for evaluating and responding to changing community need?
  o At what frequency do we reflect on possible need for adapting our equity efforts to new information we have learned about the community?
• How does our organization balance the need for social accountability with research competitiveness?
  o Do we encourage and praise faculty for explicitly including principles of social accountability (e.g., community based participatory research) in their research projects?
  o Are allowances made in the promotion process for the longer timelines necessary to conduct strong community based participatory research?
• What other disciplines does the medical school work with? (Public health, public policy, economics, anthropology, etc.?)
• Where does equity fit in the articulated competencies of our program?

Medical School Faculty

• How do we engage students in meaningful discussion of social responsibility?
  o How is this different than what they already hear around being committed to healing and social good? That is, is there a specific acknowledgment and frank discussion of differences in mortality and morbidity among various demographics?
• In my own practice (clinical or otherwise), how have I worked the community to enhance patient care?
• Do we talk about system and community factors when discussing patients’ lack of adherence to treatment? (This is not to discount the major role of patient choice and accountability. However, to what degree are students aware of how community or system level factors may relate to patient health? What awareness do they have of community resources that exist to address patient barriers to quality care?)

• Today’s medical students are likely to see many political changes affecting healthcare, as well as changes in the communities in which they practice. How do we prepare students to adapt to change?

• How do we assess student knowledge and skill in these areas? Where do social sciences fit in medical education, given the many competencies that students must learn in current curricula?

• What opportunities do students have to practice advocacy?

Residents/Students:

• How important do I think it is to be able to adapt my practice to changing community needs? What have I learned that supports or contradicts this viewpoint?

• What skills do I need to build to allow me to address community needs?

• How do I see working with other health professionals during my medical career?

• What role will advocacy have in my career?

• What is my role in seeking system-level change to lead to equitable care (immediate practice, local, state, regional, or national health care policy)?

• Does the way I think about equity change when I consider different specialty areas?

Clinicians

• What skills do clinicians coming to practice in our community need? Does current medical education teach those skills?

• To what extent does my organization (clinical practice) work with the community to address social determinants of health? How well do we respond to patient barriers to health with clinic-level changes?

• Have we thought about what health care disparities (differences in quality of care and outcomes) exist among our patients? If yes, what are they and what might contribute to them?

• How does equity fit into quality improvement efforts at our organization? Where are there opportunities to integrate our quality and equity work?

• What internal and external factors affect our ability to address equity issues in quality of care? (SWOT)
Section 2: Questions applicable to both medical education and clinical practice

Culture of Equity

- What does my organization currently do to improve equity in health and health care?
- What do we think a culture of equity is? How would we recognize it?
  - How do providers in my practice view or talk about disparities?
  - What is at risk if there is not a culture of equity?
  - What racial and ethnic disparities issues do we feel are important to discuss?
- To what degree are the following statements true of my organization?
  - “The leadership at my practice is committed to reducing disparities in health care.”
  - “The leadership at my practice is committed to incorporating equity into all of our quality improvement activities.”
  - “My practice has designated specific leaders that are responsible for disparities reduction.”
  - “The staff at my organization feel empowered to address equity (that is, staff feels capable and confident to take specific, even if small, actions to promote equity).”
  - “My practice staff is diverse and represents the population we serve.”
  - “We have a community advisory board, and it includes minority patients.”
  - “My practice has developed strong working ties with community-based groups and organizations that serve the vulnerable populations in my practice.”
- How do we share clinical performance data stratified by patient race, ethnicity, and language within our practice? What opportunities do we make to discuss and respond to the implications of the data?

Equity in Quality Improvement

- Is this an issue related to the patient, the provider, the immediate care team, the organization, the community, or broader policy? Could it be related to more than one level?
- What is the patient’s comfort discussing personal/private health issues with a provider and/or peers?
- Do I have medical fluency in languages other than English? What opportunities do I have to develop medical fluency in other languages?
- Are case managers or patient navigators part of the patient’s care team?
- Does my organization’s schedule accommodate evening or weekend hours for patients who don’t have the flexibility to leave work during the day?
• What QI tools will we use to choose feasible and high-priority efforts to improve equity? (e.g. root cause analysis, priority matrix)
• How familiar are people in my organization with cultural tailoring? (Not just the concept, but specific actions.) In what ways do we do cultural targeting now?
• Do I have the technology necessary to identify and monitor disparities? Do I have technology that would facilitate active population management in response to identified disparities? (e.g., registry, electronic health record with exception reporting capabilities)
• How can staff explain to patients why collecting patient race, ethnicity, language (REL) data is important?
• What are the main concerns about equity efforts from different types of staff at my organization? How have we or will we address them?
• What data will we collect to support our efforts?

Advocacy
• How far does the responsibility of the healthcare system extend in address social determinants of health?
• What is our responsibility for improving local, state, regional, or national health care policy to lead to equitable care?

Patient/Community Engagement
• What buy-in or partnership do we need from community members? How will we get patient/ community input into our efforts?
• What are the potential barriers to building strong community ties?
• Is there a relatively easy activity we could do together with a community to start building a new partnership? For example, sharing space at a booth at a local health fair.
• What can we do to inspire active patient participation in our efforts to improve care delivery for them and other patients?
• How has community buy-in been important for our work, either for equity efforts, specifically, or for other projects? How have we gotten buy-in from community groups?
• How do we make patient/community buy-in sustainable?
This is not an exhaustive list of references but highlights examples of institutions integrating equity into academic medicine, both in faculty diversity and in teaching students how to recognize and address disparities.

1. **Finding Answers: Disparities Research for Change**
   The Finding Answers website presents The Roadmap to Reduce Disparities, a systematic process to guide organizations through reducing health and healthcare disparities. There are tools specifically for medical education, as well as other disparities-reduction resources.
   - Finding Answers website: [www.solvingdisparities.org](http://www.solvingdisparities.org)

2. **Assessing Institutional Culture and Climate**
   A guide from the Association of American Medical Colleges (AAMC) helps organizations assess how their current culture supports equity and identify possible steps forward. An accompanying webcast provides further information.
   - Webcast: [https://www.youtube.com/watch?feature=player_embedded&v=8KbMjD9kBq](https://www.youtube.com/watch?feature=player_embedded&v=8KbMjD9kBq)

3. **Examples of Incorporating Health Equity and Disparities Reduction in Medical School Curriculum**
   University of Chicago
   Disparities are part of the core education and experience at the UChicago Medical School. Students become familiar with where and why disparities exist and what diversity looks like in institutions throughout Chicago. The goal is (early in their education) to make students aware of the role they can play in reducing disparities through practice and advocacy.
   - Curriculum description:
     [http://pritzker.uchicago.edu/md/curriculum/courses/firstyear/Health_Care_Disparities.shtml](http://pritzker.uchicago.edu/md/curriculum/courses/firstyear/Health_Care_Disparities.shtml)
University of Michigan (UMMS)
UMMS incorporates health equity and health disparities into core content, electives, volunteer opportunities, independent projects, and dual degree options. Curriculum maps show where these topics fit throughout preclinical and clinical lessons. The school also has a YouTube video playlist highlighting its commit and efforts to foster equity.

- Curriculum description: [http://www.med.umich.edu/lrc/medcurriculum/highlights/disparities.html](http://www.med.umich.edu/lrc/medcurriculum/highlights/disparities.html)
- Curriculum maps: [http://www.med.umich.edu/lrc/medcurriculum/mep/curriculum/diagram/m1m2.html](http://www.med.umich.edu/lrc/medcurriculum/mep/curriculum/diagram/m1m2.html)
- Video playlist: [http://www.youtube.com/playlist?list=PLNxqP-XbH8BKYNgiwDLizrSmqdzlISUEn1](http://www.youtube.com/playlist?list=PLNxqP-XbH8BKYNgiwDLizrSmqdzlISUEn1)

4. International Examples of Assessing Social Accountability in Medical Education
These frameworks further inform our discussion of how to assess social accountability and other principles of equity in medical education.


5. Recommended reading from AAMC's Diversity and Inclusion Initiative
These resources focus on diversity in medical education and practice, which is one part of creating a structure to improve healthcare disparities.

- [https://www.aamc.org/initiatives/diversity/recommended_reading/](https://www.aamc.org/initiatives/diversity/recommended_reading/)
Learning objectives

1. Discuss the link between equity and quality improvement.

2. Examine successful strategies for integrating equity and quality.

3. Identify at least one concrete way to enhance equity or reduce disparities in your institution.
Schedule

1. The Roadmap to Reduce Disparities
2. Examples from physician faculty
3. Small groups to work on your own institution’s issues

A Roadmap for Organizations to Reduce Racial and Ethnic Disparities in Health Care

Marshall H. Chin, MD, MPH
Richard Parrillo Family Professor
Director, RWJF Finding Answers
University of Chicago
Disclosures / Funding

- AHRQ T32 HS00084
- AHRQ U18 HS02305
- The Commonwealth Fund
- HRSA
- John A. Hartford Foundation
- NIDDK K24 DK071933
- NIDDK R18 DK083946-01A1
- NIDDK P30 DK092949
- NIH CTSA 2UL1TR000430
- Robert Wood Johnson Foundation

Learning Objectives

- Define a roadmap for reducing disparities in health care
- Review the evidence for what interventions can reduce disparities in health care
Finding Answers

A national program supported by the Robert Wood Johnson Foundation with direction provided by the University of Chicago.

www.SolvingDisparities.org
Goals of Finding Answers

- Grant funds to evaluate solutions to reduce racial and ethnic health care disparities.
- Conduct systematic reviews of disparities interventions.
- Disseminate results and provide technical assistance to address disparities in care.

Dissemination & Translation

- Provide information about what works—and what doesn’t
- Create resources and toolkits
Roadmap for Reducing Racial and Ethnic Disparities in Care

1) Recognize disparities and commit
2) Implement QI infrastructure and process
3) Make equity an integral part of quality
4) Design intervention(s)
5) Implement, evaluate, and adjust intervention(s)
6) Sustain intervention(s)

Chin MH et al. JGIM 2012; 27:992-1000

Roadmap Step 1

- Recognize disparities and commit to reducing them
  
a) Examine your performance data stratified by race/ethnicity, language, socioeconomic status, and insurance status.

b) Get training for your staff to work effectively with diverse populations.

Roadmap Step 2

• Implement basic quality improvement structure and process
  – Quality culture
  – Quality improvement team
  – Goal setting and measuring
  – Local champion
  – Leadership support

Roadmap Step 3

• Make equity an integral component of quality improvement efforts
IOM Model of Quality

Components of Quality Care

Type of Care

Preventive Care  Acute Treatment  Chronic condition management

Effectiveness
Safety
Timeliness
Patient/family-centeredness
Access
Efficiency
Care Coordination
Health Systems Infrastructure Capabilities

Roadmap Step 4

• Design intervention(s)
  – Determine root causes
  – Consider 6 levels of influence
  – Review literature
  – Learn from peers
  – Consider specific interventions
Conceptual Model

Roadmap Step 4 (Cont.)

- Evidence-based strategies
  - Multifactorial attacking different levers
  - Culturally tailored QI
  - Team-based care
  - Families and non-health partners
  - Patient navigators
  - Interactive skills-based training

Finding Answers
Dispelled Research for Change
Roadmap Step 5

- Implement, evaluate, and adjust intervention(s)

Consolidated Framework for Implementation Research

- Intervention (relative advantage)
- Outer (external incentives)
- Inner (culture)
- Individuals (beliefs)
- Process (plan, execute, evaluate)

Roadmap Step 6

- **Sustain intervention(s)**
  - Institutionalization
    - Culture, incentives, integrate into daily operations
  - Societal Business Case
  - Business Case – Align policy incentives
    - Global payments – Accountable care organizations (ACOs), bundled payments
    - Pay-for-performance - disparities
    - Link community & health care system - CDC, HHS
    - Community benefit requirement for non-profit hospitals

Strategies for Integrating Equity and Quality

Tom Sequist, MD, MPH
*Cultural Competency Training and Performance Feedback*

Lisa Vinci, MD, MS
*Integrating Equity into Quality Improvement Education*

Monica Peek, MD, MPH, FACP
*Equity in Community Partnerships: Improving Diabetes Outcomes*

Monica Vela, MD
*Health Disparities Curriculum in Medical Education*
Racial Disparities in Diabetes Care:
Cultural Competency Training and Performance Feedback

Thomas D. Sequist, MD MPH

Partners Healthcare System
Brigham and Women’s Hospital
Harvard Medical School

Disclosures/Funding

• Member of the Aetna Racial and Ethnic Equality External Advisory Committee
• Funded by Finding Answers
Harvard Vanguard Medical Associates

- Multi-specialty group practice
- 14 ambulatory health centers
- 300,000 adult patients
  - 15,000 diabetic patients
- 130 primary care physicians

Intervention Design

- Improve collection of race data
- Increase awareness
  - Provider performance reports
- Provide tools
  - Cultural competency training
  - Monthly educational “tips”
Collecting Patient Race and Ethnicity

Sample Performance Report

December 2007 Disparities in Diabetes Care Report (Dr. Thomas Sequist)

This Month

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>White vs. Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your panel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Across H/M/WA</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Monthly Trend

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black</th>
<th>White vs. Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>November</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>December</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Figure 1. % Achieving Hba1c < 7%

Figure 2. Trend in % Achieving Hba1c < 7%
Baseline Racial Disparities

<table>
<thead>
<tr>
<th>Process measures, %</th>
<th>White (n=4,858)</th>
<th>Black (n=2,699)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual HbA1c test</td>
<td>87</td>
<td>89</td>
<td>0.14</td>
</tr>
<tr>
<td>Annual LDL test</td>
<td>83</td>
<td>83</td>
<td>0.99</td>
</tr>
</tbody>
</table>

Outcomes measures, %

| HbA1c < 7%          | 46              | 40              | <0.001  |
| LDL < 100 mg/dL     | 55              | 43              | <0.001  |
| BP < 130/80 mmHg    | 32              | 24              | <0.001  |

Impact on Clinician Awareness

Do racial disparities in diabetes care exist in….

Sequist; Ann Intern Med 2010
Clinician Views on Project

“Even though their diabetes might be under horrendous control, it wasn’t the top thing on life’s list. You know they might have a kid in jail, or they might have been in the midst of an eviction proceeding or others are at risk of losing their jobs. There were a lot of other topics that were higher on their list than their HbA1c of 13.”

“I think that I feel very overwhelmed by this whole kind of concept because in many respects I think that a lot of this is very, very difficult to change because of what happens outside of these four walls.”

“It’s just not useful information. I see very little that I have accessible at my disposal to make any impact on it, and telling me that it’s there, it changes or doesn’t change, seems to be random and have absolutely nothing to do with what I personally do or can do.”

Key Take Home Points

• Many practicing clinicians do not endorse presence of disparities
  – Medical education must be early and often
  – Data is a powerful tool
  – Experiential learning is critical

• Cultural competency training is not a panacea
  – Only one step in a long process
  – Must support clinicians to take action on what they learn via discussions inspired by training
  – Cross-disciplinary education is critical to addressing the social determinants of health
Integrating Equity into QI Education

Lisa M. Vinci MD, MS
SGIM Annual Meeting
April 25, 2014

Disclosures/Funding

- Nothing to disclose
QI Education at the University of Chicago

- Quality Assessment and Improvement Curriculum - 2006
  - Internal Medicine curriculum
  - Ambulatory Block - 24 total hrs/2 years
  - IHI Model for Improvement
  - Use American Board of Internal Medicine Practice Improvement Modules
    - Includes race/ethnicity data
  - Group projects

- Quality and Safety Track - 2009
  - Medical Students
  - 4 year scholarly concentration
  - IHI Model for Improvement

Integrating Equity into QI Projects

<table>
<thead>
<tr>
<th>Project</th>
<th>Problem</th>
<th>Interventions</th>
<th>Equity issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Orientation Manual</td>
<td>Patients were not familiar with the clinic services offered and how to contact their PCP</td>
<td>Wrote and distributed brochure</td>
<td>Literacy level, Mistrust, Poverty/transportation</td>
</tr>
<tr>
<td>HIV screening</td>
<td>Low rates of HIV screening in our clinic</td>
<td>Added to health maintenance checklist, education re: indications</td>
<td>Sexual orientation, Culture, Religion, Mistrust</td>
</tr>
<tr>
<td>Follow up post discharge</td>
<td>Limited dental, mental health, and substance abuse resources</td>
<td>Researched, cataloged, and distributed information resources</td>
<td>Literacy level, Poverty, Insurance</td>
</tr>
</tbody>
</table>
Be willing and able to explicitly discuss equity issues

Discrimination
Unconscious bias
Race
Ethnicity
Culture
Sexual orientation
Religion

Insurance status
Mistrust of healthcare system
Poverty
Education level
Environment
Health literacy

Ask learners to reflect on extent of responsibility

How far does the responsibility of the providers and health system extend in meeting the needs of their patients?
Examine your systems of care to identify structures and processes that foster disparities in outcomes

Structure + Processes = Outcomes

Equity in Community Partnerships: Improving Diabetes Outcomes

Monica E. Peek, MD, MPH
SGIM Annual Meeting
April 25, 2014
Disclosures/Funding

- NIDDK R18 DK083946
- NIDDK P30 DK092949
- Merck Company Foundation
- University of Chicago Collaborative Translational and Clinical Studies Award

Improving Diabetes Care & Outcomes on the South Side of Chicago

- QI + Disparities
- Geographic areas
- Community + Healthcare systems
- Chronic care model
Provide real-world opportunities to learn about community-level health equity issues

- Residential segregation
- Food deserts
- Violence/crime
- Health insurance/Access
- Social challenges

- Community-based organizations
- Faith community
- Academic partnerships
- Healthcare safety net
- Sociocultural institutions
Equity in Community Partnerships: Improving Diabetes Outcomes

- Food and Exercise Rx
- Food Pantry collaborative
- Nutrition tours at low-cost grocers

Opportunities for Learners

- Medicine, nursing, public health, culinary
- Medicine
  - Medical students: volunteerism, didactic learning
  - Residents: clinical skills, research involvement
  - Research fellows: independent research projects
- Pritzker Scholarship & Discovery Program
  - Longitudinal experience
Bringing Health Care & Education to the Community

Culturally tailored education and empowerment for African-Americans with diabetes

Finding Answers
Disseminated Research for Change

Ndang Azang-Njaah, MS III
• 3 presentations
• AAMC Diversity Award
Food Rx: Mobilizing outpatient clinics to prescribe healthy food for underserved patients

Katie Raffel, MS IV
• 6 presentations
• 3 publications

Using mobile health to support the chronic care model

Shantanu Nundy, Research Fellow
• 6 presentations
• 5 peer-reviewed publications
Health Disparities in Medical School Curriculum

Monica Vela, MD, FACP
SGIM Annual Meeting
April 25, 2014
Disclosures

- Associate Dean for Multicultural Affairs at Pritzker School of Medicine
- Health Disparities Course Director
- Nothing to disclose (unfortunately)

Health Disparities Curriculum Goals*

- Learners should gain knowledge of the existence and magnitude of health disparities, including the multi-factorial etiology of health disparities and the multiple solutions required to eliminate them.

- Learners should examine and understand the potential for mistrust, subconscious bias and stereotyping that practitioners and/or patients may bring to the clinical encounter.

- Learners should acquire the skills to effectively communicate and negotiate across cultures, including trust-building and timely utilization of culturally appropriate interpreter services.

- Learners should develop a commitment to reduce health disparities, particularly those due to disparate health care.

*Wynia, et al. JGIM 2006
Incorporating Equity and Advocacy

• 97% have worked with underserved populations
• Does the Hippocratic Oath call you to advocacy? 20% said NO
• Should advocacy be a universal and mandated commitment for physicians? 41% no
• How likely will YOU be to participate in advocacy efforts? Only 4% said not likely
• However, only 60% consider themselves “advocates” at this time

Interpretation of Results: Opportunity!

• Reflective Exercise: What is Advocacy
• Critical Thinking Discussion
• Reflective Exercise: Personal Obstacles
• Provide Experiential Learning
• Reflective Exercise: Advocacy identity
Principles of Teaching on Advocacy

• STATE*
  – Share the facts
  – Tell a story
  – Ask for their path
  – Talk Tentatively
  – Encourage Testing

* Patterson, Kerry. Crucial Conversations: Tools for Talking When the Stakes are High

Where Are You on the Roadmap?

Rachel Voss-DeMeester, MPH
What concrete action can your organization take?

• Advocacy
• Building skills
• Equity in practice
• Culture of equity
• Community engagement

Questions for Discussion

1. ** Advocacy:** To what extent are students and faculty encouraged to define themselves as advocates of equity, and supported in seeking ways to advocate?

2. ** Building skills:** How should medical education prepare new and practicing physicians to seek system-level solutions to patient barriers? How do we assess this type of skill and knowledge?

3. ** Equity in practice:** How can we incorporate equity into teaching about quality improvement and practice-based learning?
Questions for Discussion

4. **Culture of equity:** How do equity and social accountability fit into our programs, organizational strategic plans, and curriculum?

5. **Community engagement:** How do we work with community partners to respond to patients’ disease management barriers? What opportunities do students have to practice these skills?

Final Thoughts