Implementation of the OMH at CMS Disparities Action Statement (DAS)

Aswita Tan-McGrory, MBA, MSPH
Deputy Director,
The Disparities Solutions Center
Massachusetts General Hospital

July 31, 2018

THE DISPARITIES
SOLUTIONS CENTER

One Goal – High Quality Care for All

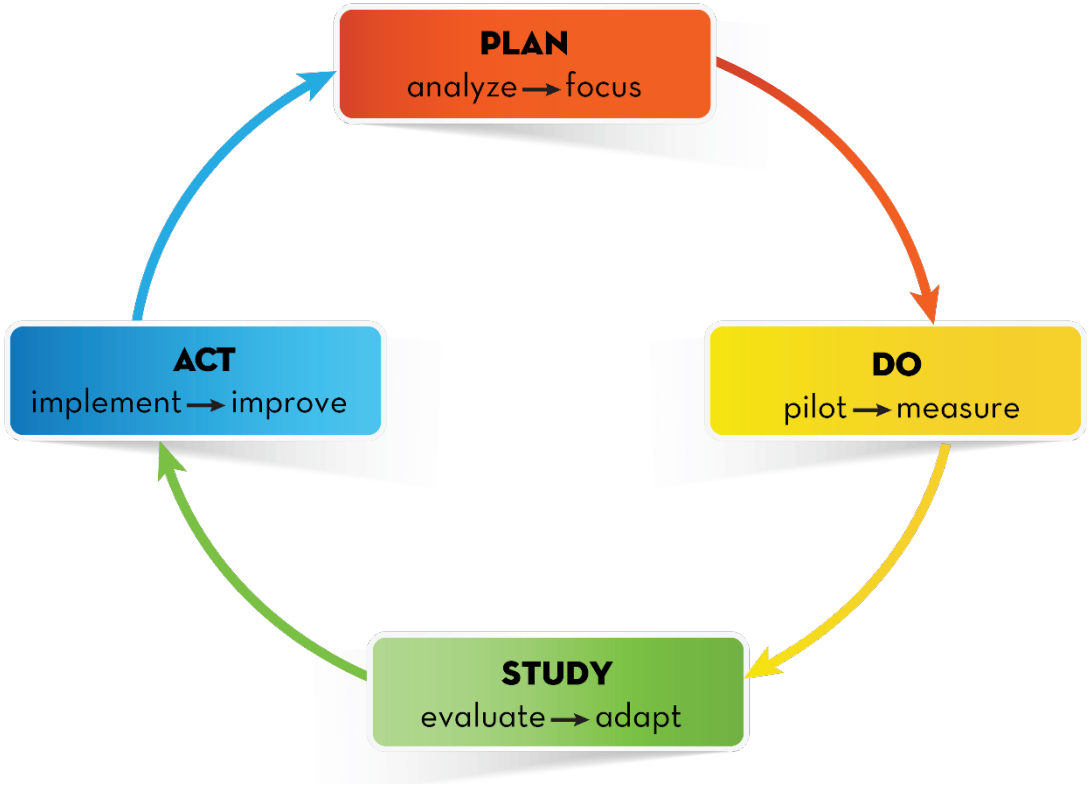
Background and Mission

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.

Building an Organizational Response to Health Disparities



Step 1: Identify Vulnerable Populations

- Target population
- Disparity chosen to target
- Data source

Patient Safety & Patients with Limited English Proficiency

- Adverse events affect patients with limited English Proficiency (LEP) more frequently and severely than English speaking patients

- Patients with LEP are more likely to experience medical errors due to communication problems

- Patients with LEP are more likely to suffer physical harm when errors occur (49.1% vs. 29.5%)*

*Divi C, Koss RG, Schmaltz SP, Loeb JM. Language proficiency and adverse events in US hospitals: a pilot study. Int J Qual Health Care. Apr 2007;19(2):60-67.

Major Themes

Hidden (Informal) Curriculum for care of patients with LEP

Role Modeling

Positive:
Providers demonstrate empathy and dedication to providing high quality care for LEP patients

Negative
Not involving interpreter services during care and disregarding patients' lack of understanding

Mixed
Role models work with interpreter services but lack empathy for LEP patients

Structural Challenges

- Limited availability of interpreters
- Lack of training and awareness among staff of systems for accessing interpreter services and working effectively with interpreter services
- Patient records and rooms not flagged to indicate patients with LEP

Organizational Culture

- Time and efficiency valued more highly than effective communication and humanistic care
- Students feel pressure to conform to the organizational culture when observed
- Students evaluated on clinical knowledge more than empathy and communication with patients

Annual Report on Equity in Health Care Quality

Massachusetts General Hospital

ANNUAL REPORT ON EQUITY IN HEALTH CARE QUALITY **2016–2017**

MASSACHUSETTS GENERAL HOSPITAL

MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION

MASSACHUSETTS GENERAL HOSPITAL DISPARITIES SOLUTIONS CENTER

Joseph R. Betancourt, MD, MPH • Aswita Tan-McGrory, MBA, MSPH • Karey S. Kenst, MPH

MGH/MGPO EDWARD P. LAWRENCE CENTER FOR QUALITY AND SAFETY

Elizabeth Mort, MD, MPH • Syrene Reilly, MBA • Andrea T. Tull, PHD • Taekyu Kim, MBA • Robert J. Malin, MHA

THE DISPARITIES SOLUTIONS CENTER

One Goal – High Quality Care for All

MGH Leading the Nation on Equity in Health Care Quality

- Since 2006 MGH has released the Annual Report on Equity in Health Care Quality (formerly the Disparities Dashboard)

- In 2013, MGH received the AAMC Learning Health System Challenge Award for our efforts to reduce disparities through data collection & quality improvement

- In July of 2014, MGH will receive AHA's inaugural Equity of Care Award. The AHA Equity of Care Award was created to recognize outstanding efforts among hospitals and care systems to advance equity of care to all patients, and to spread lessons learned and progress toward achieving health equity.

Contents of AREHQ

- **MGH Commitment to Equity & Inclusion** (new in 2017)
- **Demographic Profile of MGH patients**
- **New Areas of Exploration: Readmission**
- **Improvement Initiatives: Patients w Limited English Proficiency**
- **Department-Specific Measures**
  - OB (new in 2013)
- **Standard Reporting Measures**
  - National Hospital Quality Measures (NHQM)
  - Physician/Practice linkage data
  - Healthcare Effectiveness & Data Information Set (HEDIS)
  - Patient Experience (HCAHPS & CG-CAHPS)

MGH Patient Population: Language

- The proportion of patients with limited English proficiency seen as MGH is not representative of the catchment area population.

% of MGH Patients by Language Compared with Catchment Area (CY 2014)

Step 2: Set SMART aims

- Specific
- Measurable
- Attainable
- Relevant
- Time-based

- Who are your key stake holders?

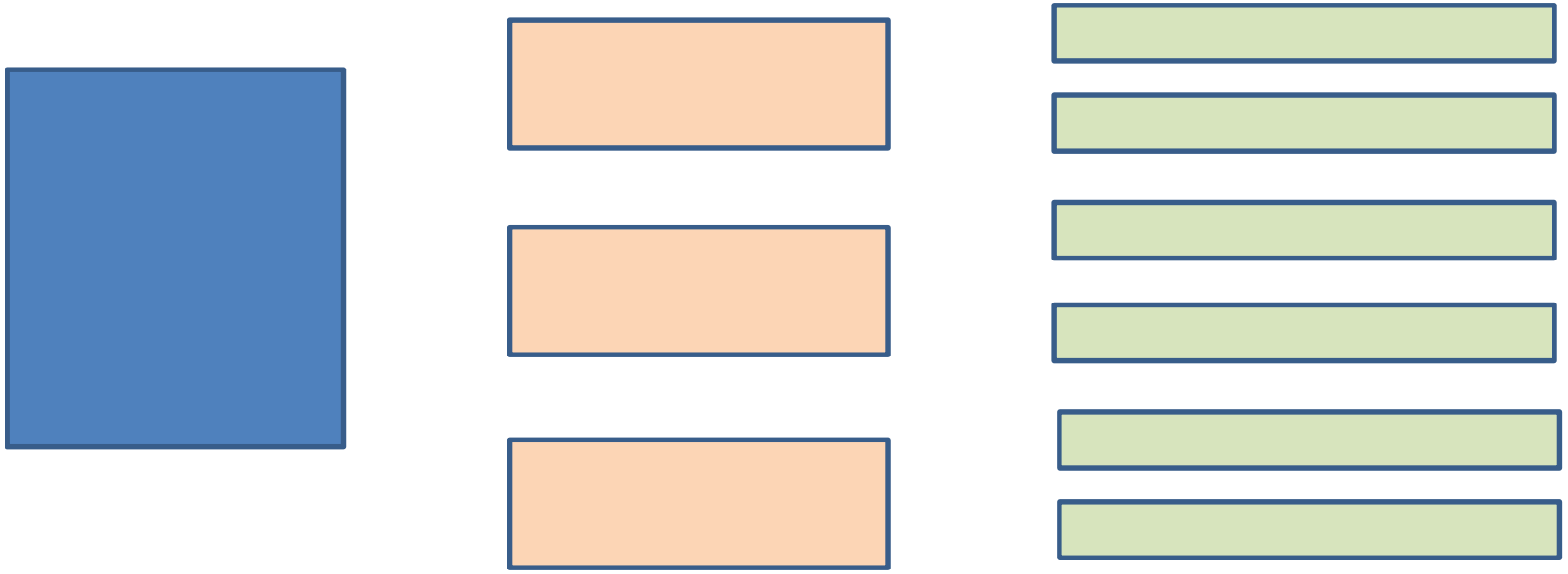
New Area of Exploration: Readmissions

Step 3: Develop an Action Plan

Aim

Primary Drivers

Secondary Drivers



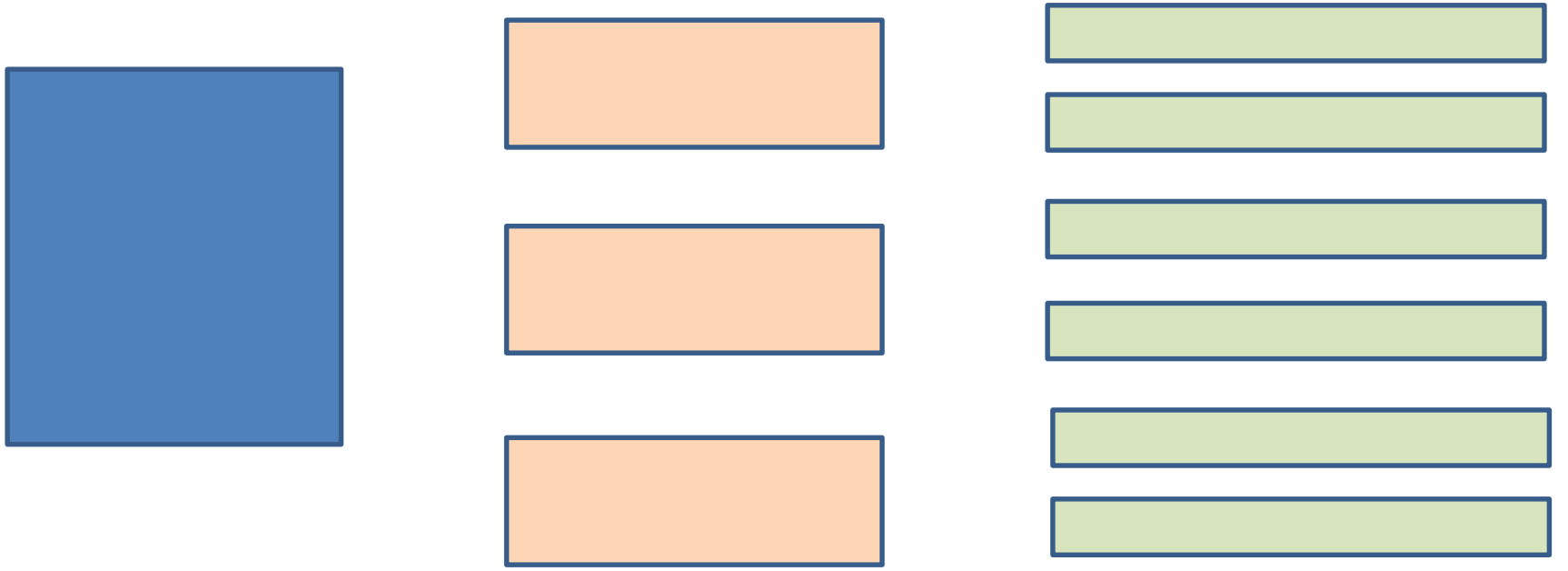
Step 3: Develop an Action Plan

Things that have to occur for you to achieve your aim

Aim

Primary Drivers

Secondary Drivers



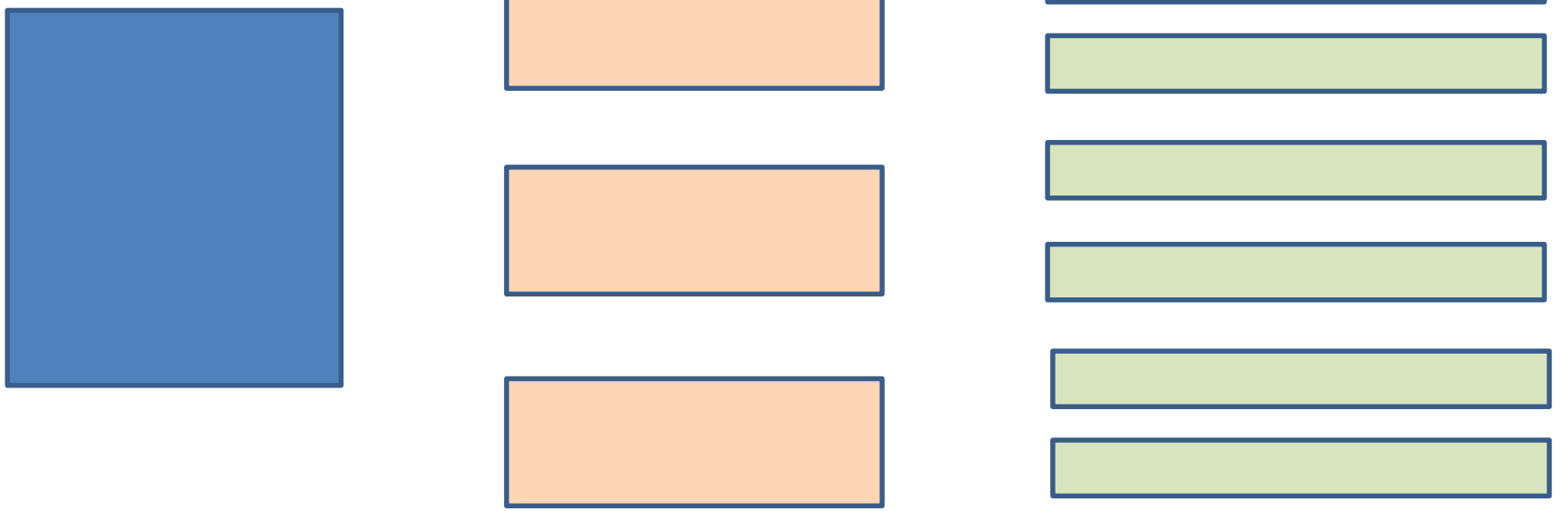
Step 3: Develop an Action Plan

Specific activities or interventions needed to impact primary drivers

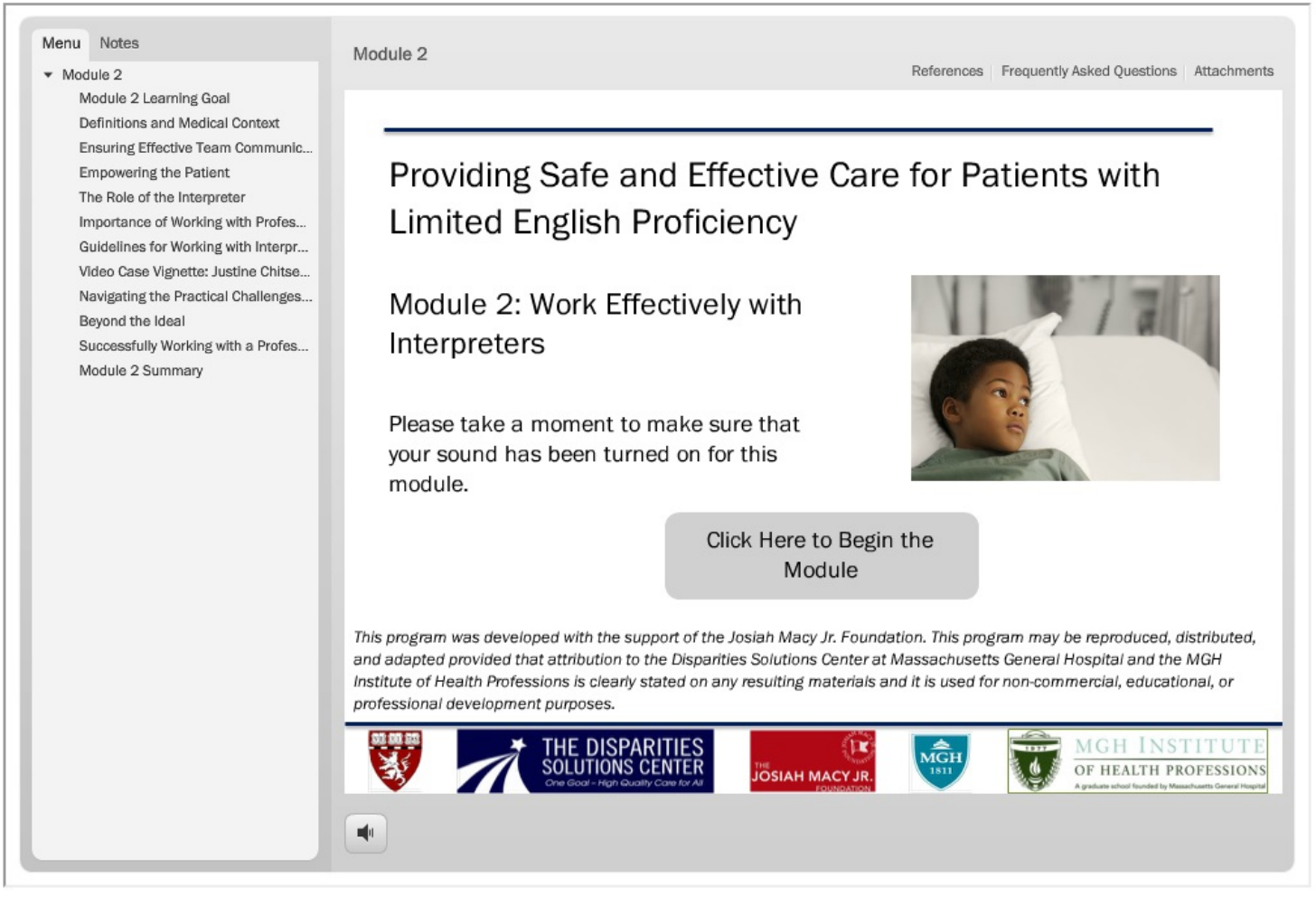
Aim

Primary Drivers

Secondary Drivers



Improving Quality & Safety for Patients with LEP



THE DISPARITIES SOLUTIONS CENTER
One Goal – High Quality Care for All

Step 4: Monitor, Improve, Disseminate

Readmissions Analysis Phase II:

- Conducted follow-up analyses to determine whether differences in readmission rates would be present for patients with LEP after controlling for socio-demographic and clinical factors (Jan. 2013-June 2016)

- Clinical factors (rather than demographic or socioeconomic factors) have the greatest impact on patients' likelihood of readmission
  - Number of days in the hospital in the previous year
  - Patients discharged home with services
  - Multiple co-morbidities

Limitation

- Dataset used for this analysis only includes readmissions to MGH. If LEP or minority patients are more likely to be readmitted elsewhere, we would not be able to identify that association with these data.

Step 4: Monitor, Improve, Disseminate

- Results highlight the need to pay special attention to medically complex patients, many of whom may not speak English as their primary language.

- Future analyses linking readmissions data to data on interpreter use:
  - Address questions about mode and frequency of interpreter use during the inpatient stay
  - Determine whether use of interpreter services has a positive impact on reducing readmissions for patients with LEP

Questions?

Thank You

Aswita Tan-McGrory, MBA, MSPH

Deputy Director,
The Disparities Solutions Center
Massachusetts General Hospital
atanmcgrory@partners.org

Follow us on Twitter: @MGHdisparities.

Like us on Facebook: ww.facebook.com/disparitiessolutionscenter