Health Care Disparities
Making Health Literacy and Cultural Competency an Institutional Priority

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

Outline

- Value, Quality and Disparities in Health Care
- Health Literacy and Cultural Competence
- What can we do?

High-Value in A Time of Healthcare Transformation

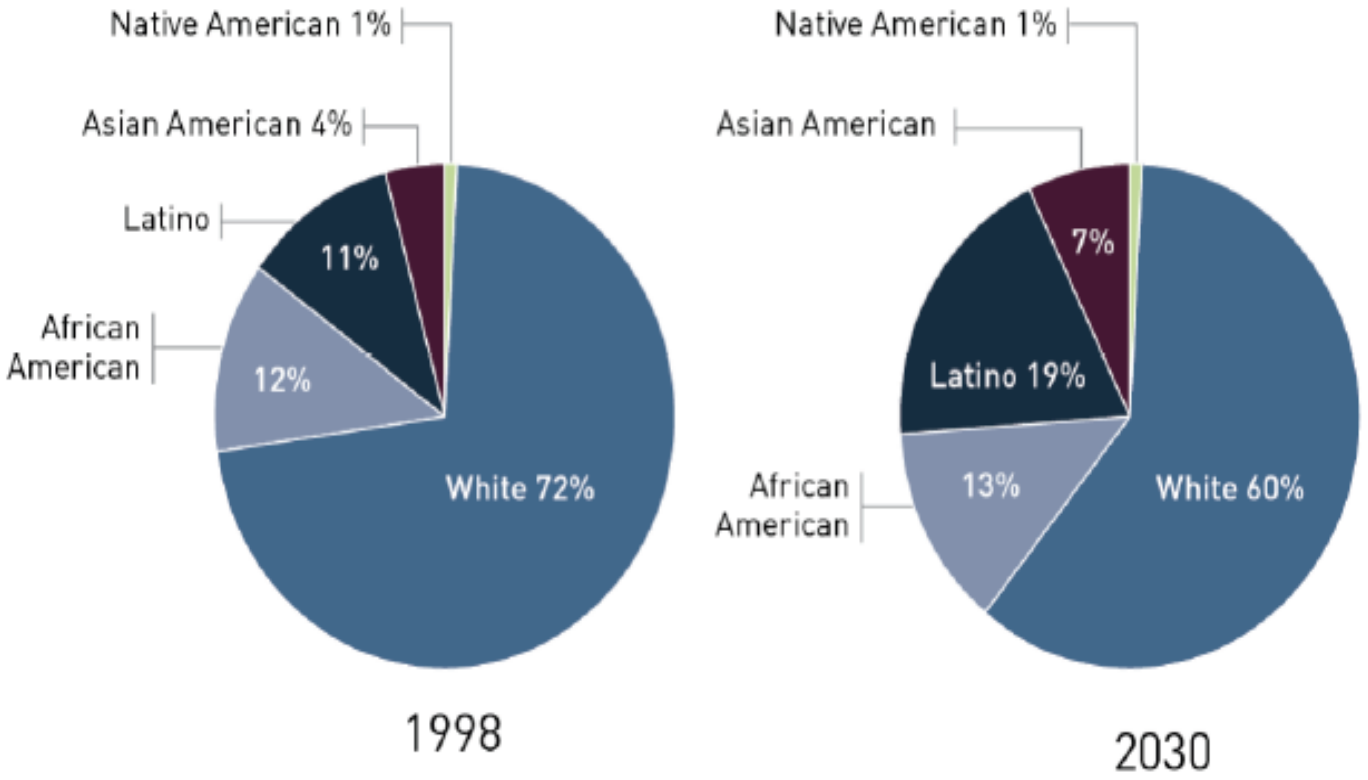
Value-based purchasing and health care reform will alter the way health care is delivered and financed; *quality* not quantity…

- Increasing Access: Assuring appropriate utilization
  - Linking to the PCMH, decreasing ED use & avoidable hospitalizations
- Improving Quality: Providing the best care
  - Importance of Wellness, Population Management
- Controlling Cost: Focusing on the Pressure Points
  - Importance of hot spotting and preventing readmissions, avoiding medical errors, and improving patient experience
  - Banding together and risk-sharing through ACO's

Increasing Diversity

Health care organizations need to prepare staff to work with patients and colleagues from diverse cultural backgrounds

Current and Projected Resident Population of the United States, 1998-2030[1]



1. Collins KS et al. US *Minority Health: A Chartbook*, Vol. 11. New York, NY: The Commonwealth Fund; 1999.

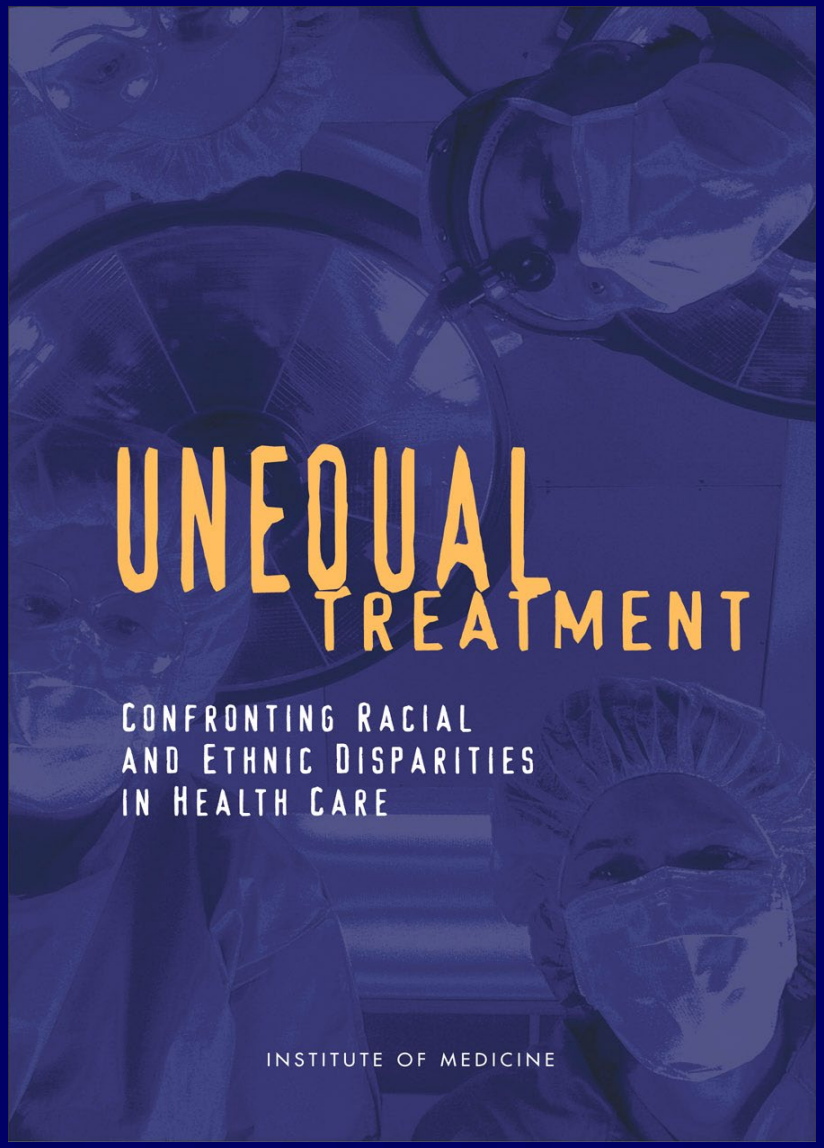
Racial and Ethnic Disparities in Health Care
A High-Value Target

Racial/Ethnic disparities found across a wide range of health care settings, disease areas, and clinical services, even when various confounders (SES, insurance) controlled for.

Many sources contribute to disparities—no one suspect, no one solution

- *Navigation*
- *Communication*
- *Stereotyping*
- *Mistrust*

Variations in care and quality, inefficiencies, costly care and poor outcomes are *the epitome of low-value*



IOM's Unequal Treatment

www.nap.edu

Recommendations

- Increase awareness of existence of disparities
- Address systems of care
  - Support race/ethnicity data collection, quality improvement, evidence-based guidelines, multidisciplinary teams, community outreach
  - Improve workforce diversity
  - Facilitate interpretation services
- Provider education
  - Health Disparities, Cultural Competence, Clinical Decisionmaking
- Patient education (navigation, activation)
- Research
  - Promising strategies, Barriers to eliminating disparities

Health Literacy and Cultural Competence

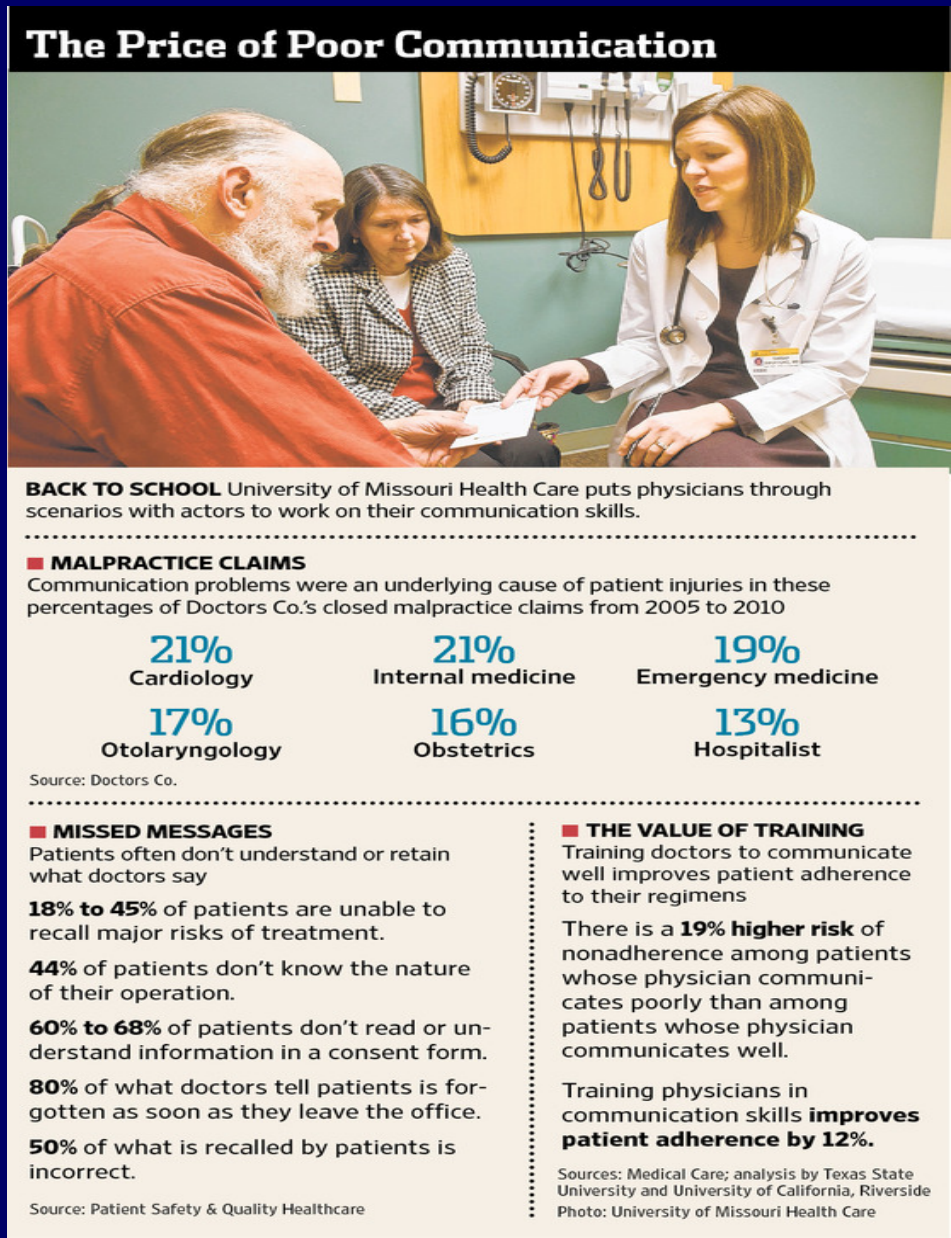
A Timely focus on Value
The Talking Cure for Health Care
Wall Street Journal

Poor communication can impact quality, cost, safety and value.

Communication closely linked to:

- Transitions and Readmissions
- Patient Experience and Safety
- Test Ordering
- Adherence

Key health care stakeholders are "extremely interested" in improving communication.



What is health literacy?

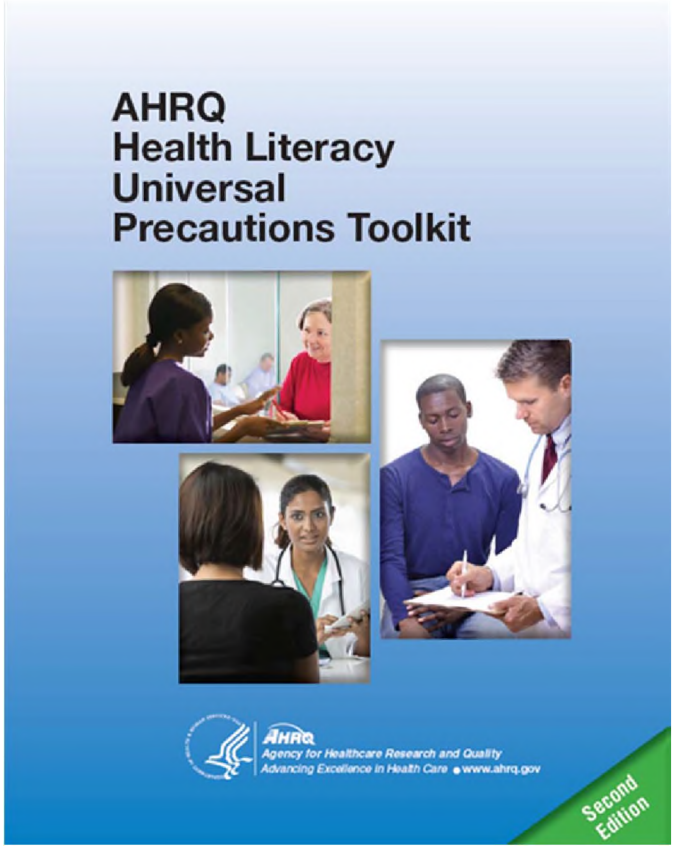
The degree to which an individual has the capacity to obtain, communicate, process and understand health information and services in order to make appropriate health decisions

Includes following instructions, reading labels, and navigating the healthcare system

Health Literacy

- Low health literacy leads to less knowledge of illness and management; increased likelihood of medication errors and difficulty with informed consent; less preventive screenings and higher hospital use
- ANYONE can have health literacy challenges, although some groups higher risk
- Certain behaviors can tip you off (adherence, f/u, poorly filled forms, few questions)

A Health Literacy Universal Precautions Approach Supports Patient Understanding[1]



- Includes practice behaviors that support patient understanding regardless of abilities
- Assumes everyone can have difficulties with health literacy
- Contains numerous tools/resources to support health literacy initiatives
- Has tools that can be adapted to an organization's needs

1. Brega AG et al. *AHRQ Health Literacy Universal Precautions Toolkit*. 2nd ed. Agency for Healthcare Research and Quality (AHRQ); 2015.

Five Strategies to Improve Health Literacy[1]

Communicate Clearly

Confirm Understanding

© Alexander Limbach, Veer

Encourage Questions

© Corina Rosu, Veer

Create a Welcoming Environment

Make Health Literacy Everyone's Responsibility

1. Agency for Healthcare Research and Quality (AHRQ). *Health Literacy Universal Precautions Toolkit*. 2nd ed. AHRQ; 2015.

What is the goal of Cultural Competence?

To improve the ability of health care providers and the health care system to effectively communicate and care for patients from diverse social and cultural backgrounds

Cultural Competence and Health Care Disparities

Key Perspectives and Trends
Health Affairs, 2005

- Organizational: Talent to meet needs (diversity)
- Systemic: Care supports (language services)
- Provider: Skills for delivery (cross-cultural tools)

The Premise

1. We strive to deliver quality care to all
2. Communication matters
3. It is harder to communicate with some than others, especially across cultures
4. Now more than ever before, we need to be skilled at communicating and conveying lots of information in a short amount of time, and often in critical situations
5. When we are ineffective, we get frustrated, and patients receive lower quality care
6. If we are to deliver quality care, we must be skilled at communicating and caring for all patents
7. This requires a skill set, or check-list, to assure we are prepared and able

Major Misconceptions

- Addressing culture is art, not skill
- Culture is important, but we don’t have time
- We need key cultural “do’s” and “don’ts”
- Culture is about the “other”

Key Principles and Reframing

- Culture is broadly defined (not just race/ethnicity)
- We all have culture
- There is great variation within cultural groups
- A skill set can help bridge gaps

Resident and Physician Surveys
Key Highlights

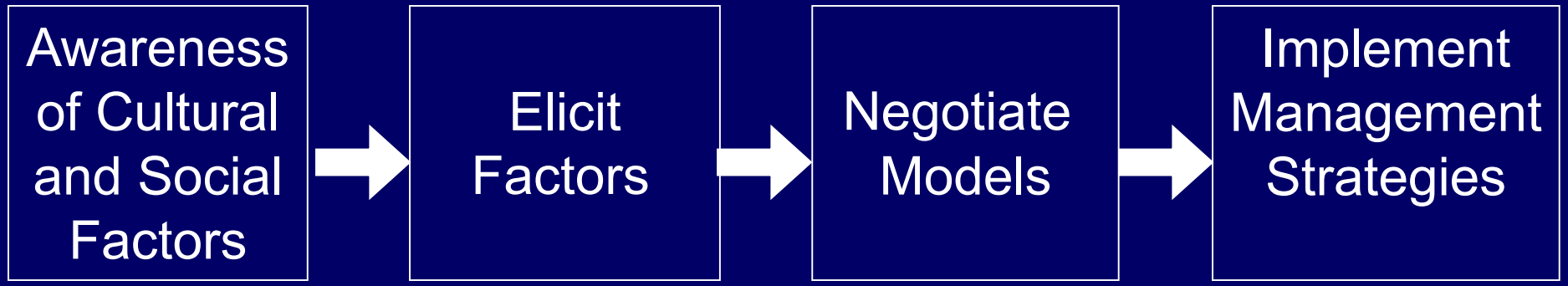
- 2000 Residents (JAMA 2005) and 4000 MD (Quantia 2011)
- Culture is important in clinical care
- Being inattentive to culture has clinical consequences
  - Longer LOS, non-adherence, unnecessary visits, tests, hospitalizations and delays obtaining informed consent
- *Although majority feel prepared, they lack basic skills*
- *Those who received training feel better prepared*
  - *Training matters*
- Time is the biggest barrier to cross-cultural care

What can we do?

Model for Cross-Cultural Communication

- Assess *Core cross-cultural issues*
- Explore the *meaning of the illness/treatment*
- Determine the *social context*
- Engage in *negotiation*

A Patient-Based Approach to Quality and Equity



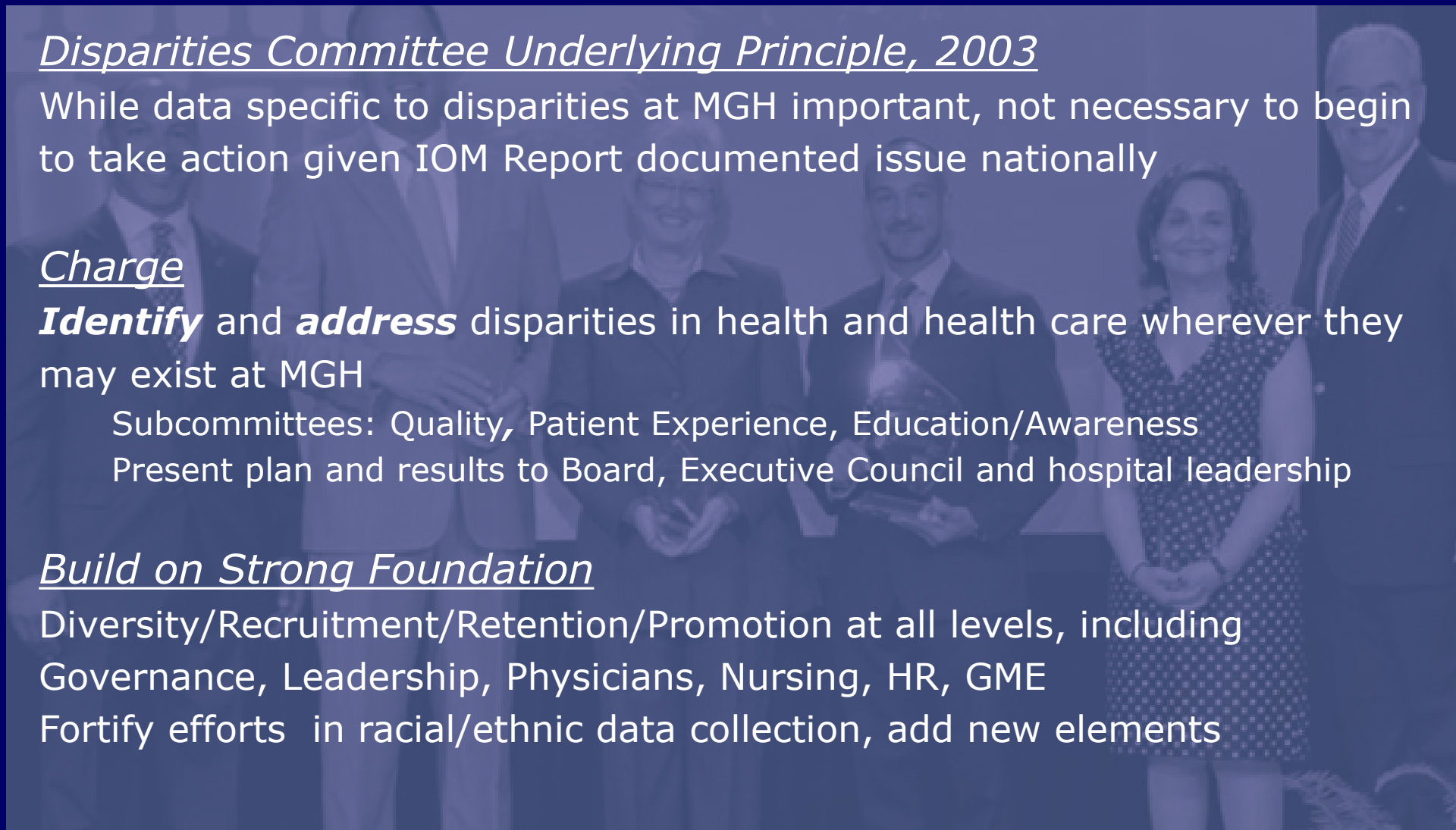
Includes building trust and double-checking clinical decisions to avoid stereotyping

Tools and skills necessary to provide quality care to *any patient* we see, regardless of race, ethnicity, culture, class or language proficiency.

Building the Foundation at MGH

AHA Inaugural Equity of Care Award Winner

Recognizing leaders in the field of equitable care that demonstrate success in reducing healthcare disparities and promoting diversity within their organizations.



Disparities Committee Underlying Principle, 2003

While data specific to disparities at MGH important, not necessary to begin to take action given IOM Report documented issue nationally

Charge

Identify and ***address*** disparities in health and health care wherever they may exist at MGH

- Subcommittees: Quality, Patient Experience, Education/Awareness
- Present plan and results to Board, Executive Council and hospital leadership

Build on Strong Foundation

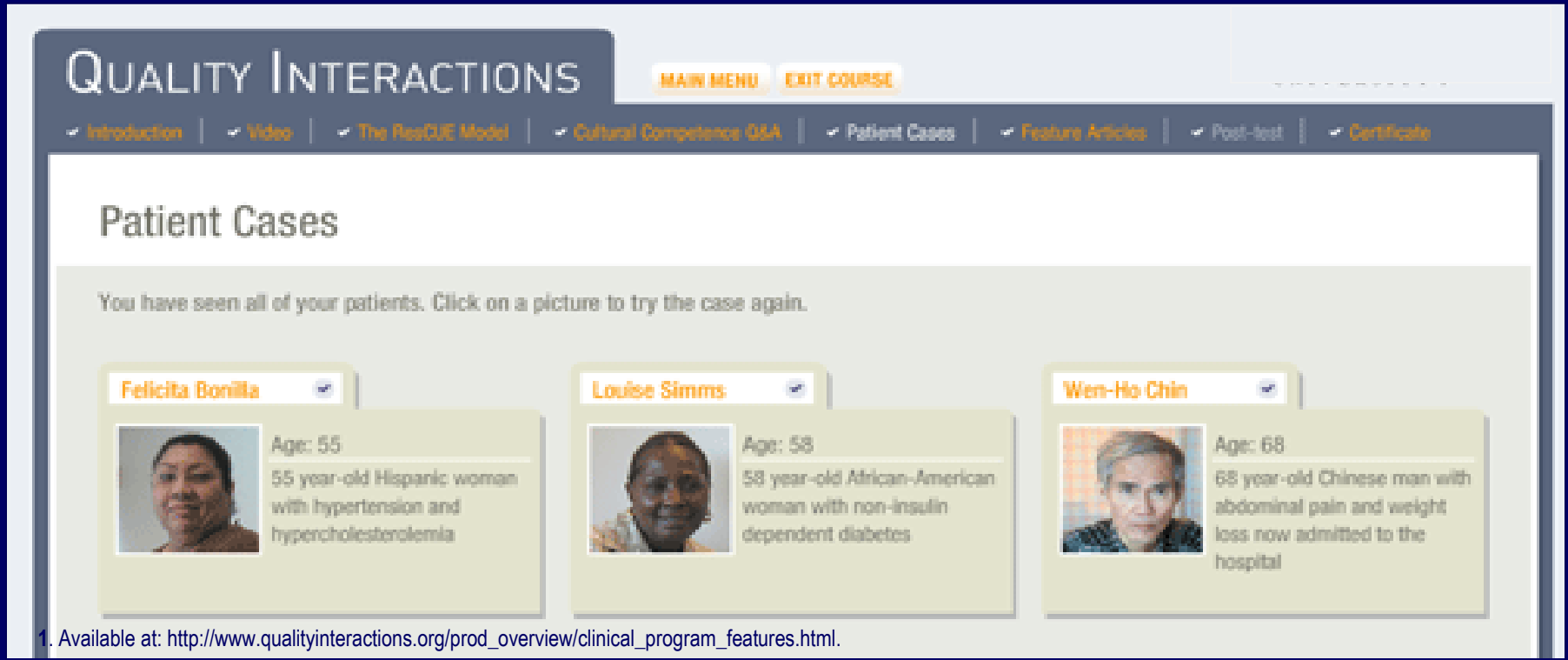
Diversity/Recruitment/Retention/Promotion at all levels, including Governance, Leadership, Physicians, Nursing, HR, GME

Fortify efforts in racial/ethnic data collection, add new elements

MGH Case Study

Link to Transitions, Safety, Patient Experience

- Quality Interactions Cross-Cultural Training as part of MGPO QI Incentive; case-based, evidence-based, interactive e-learning which allows learners to develop a skill set to provide quality to diverse populations
- 987 doctors completed at MGH; more than 88% said program increased awareness of issues, would improve care they provide to patients, and would recommend to colleagues; average pretest score 51%, posttest score 83%
- Trained 1500 frontline staff with Healthcare Professional Version

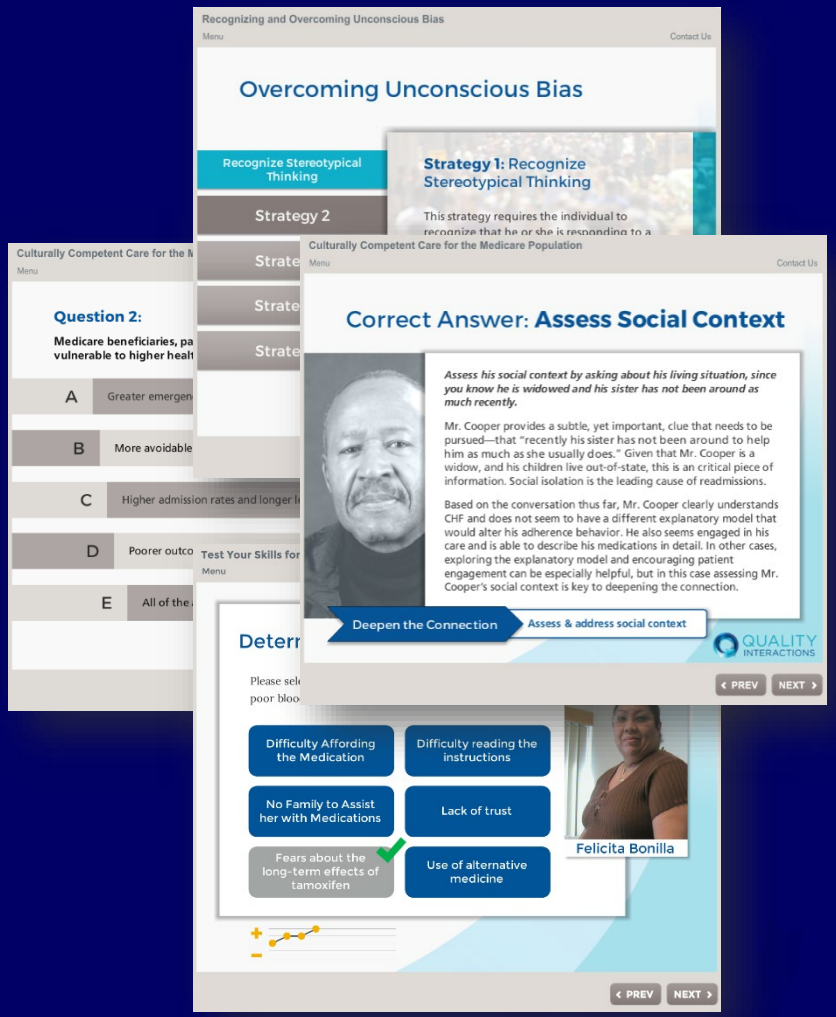


1. Available at: http://www.qualityinteractions.org/prod_overview/clinical_program_features.html.

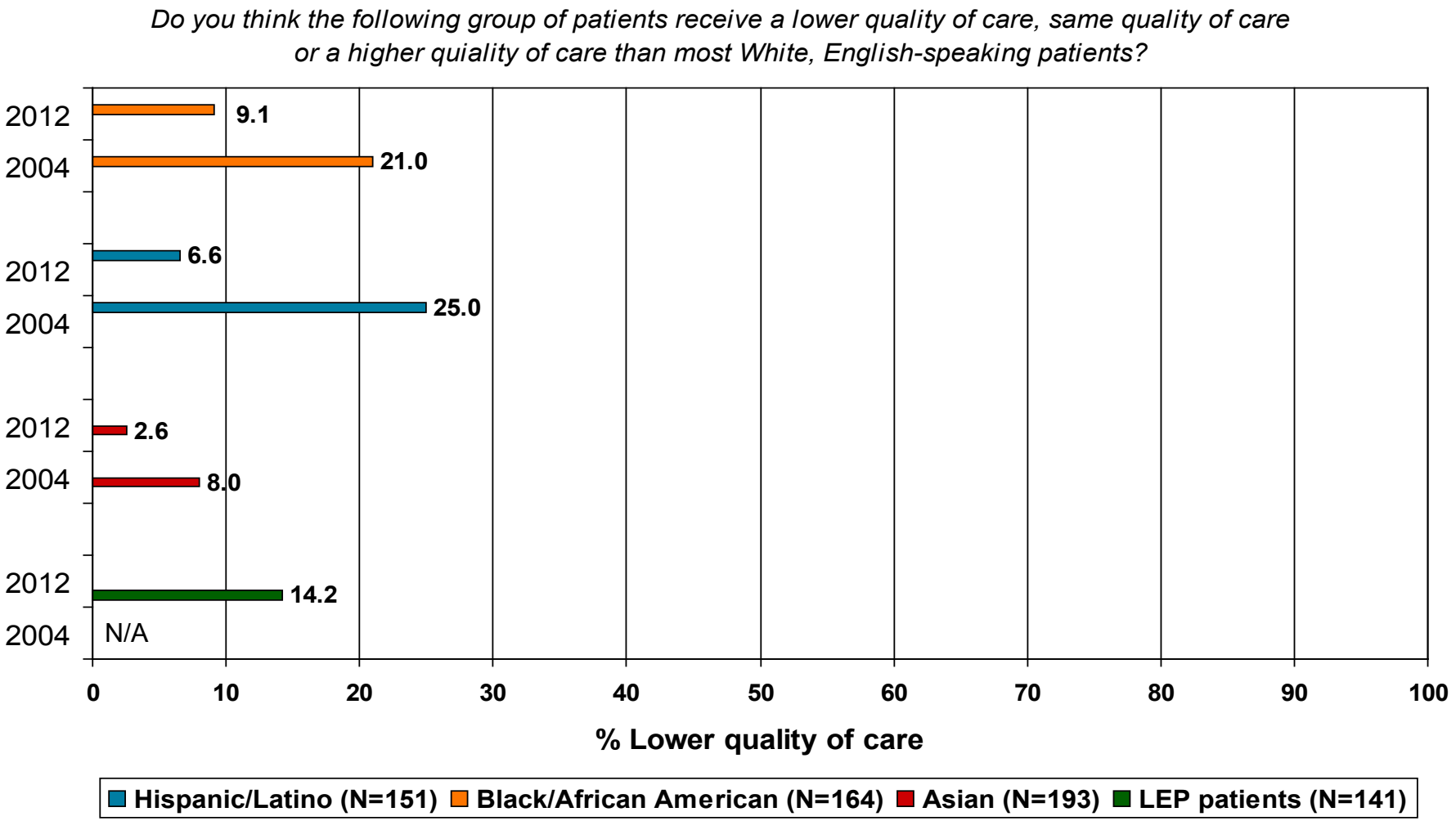
Quality Interactions eLearning and Training Foundational & Specialized

Over 25 clinical and non-clinical courses used to train over 140,000 practicing caregivers nationwide:

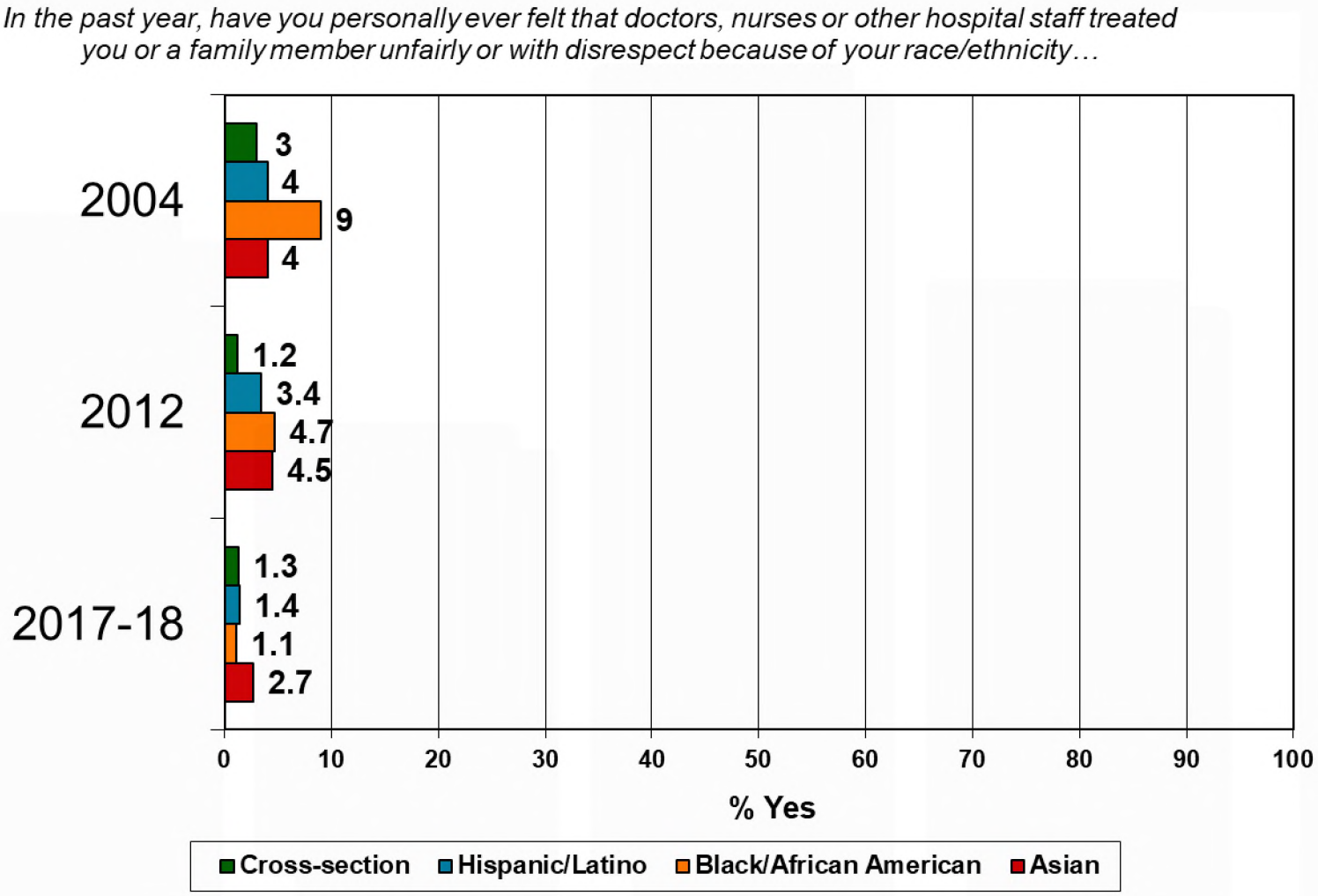
- Teaches patient-based approach to improve cross-cultural interactions
- Based on real scenarios
- Engage learners through interactive exercises and case vignettes
- Adult learning theory, teachable moments
- Offers responsive feedback
- Include pre- and post-test reporting



Patient Experience

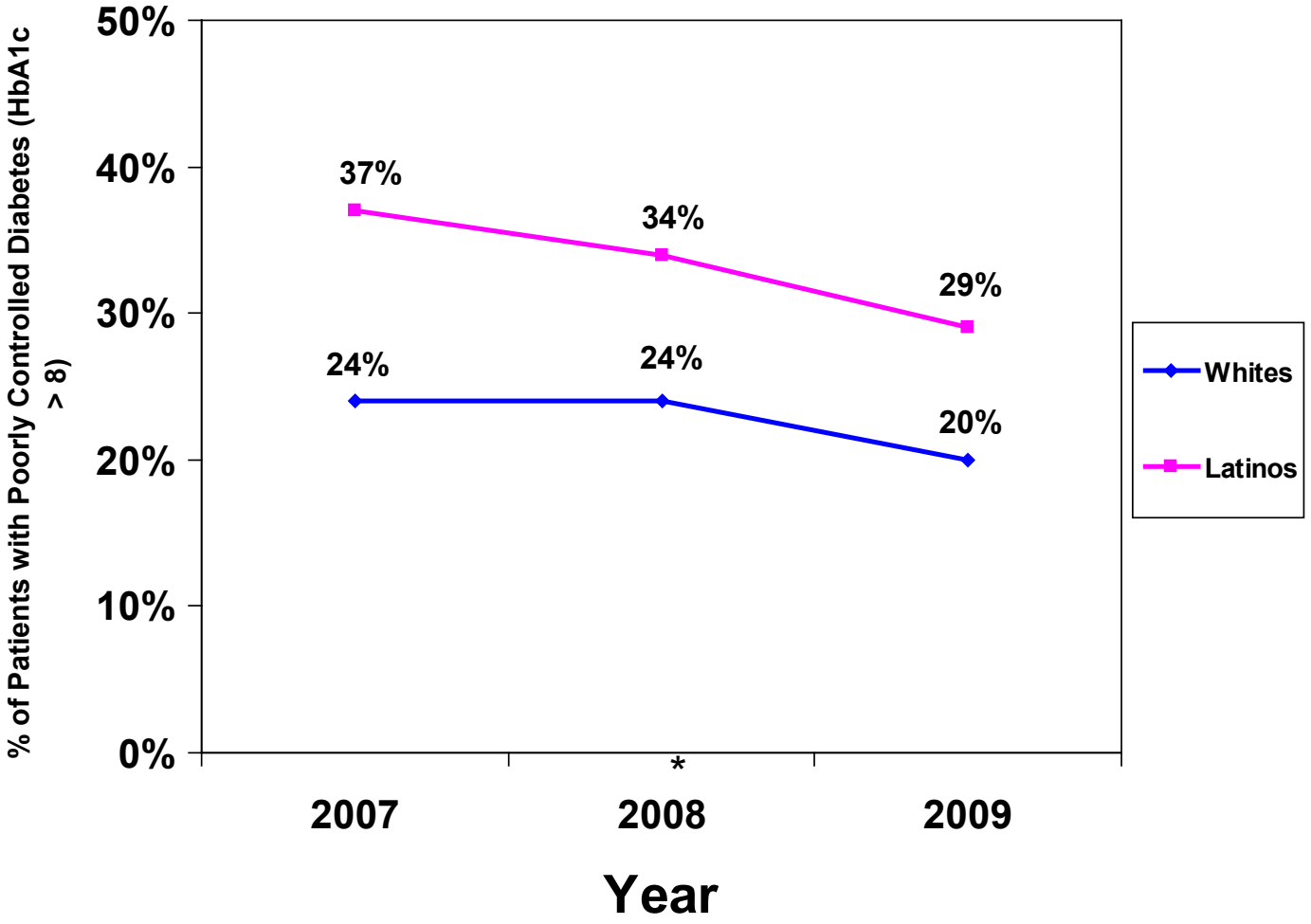


Patient Perceptions of Unfair or Disrespectful Treatment Race and Ethnicity (adults 18+)



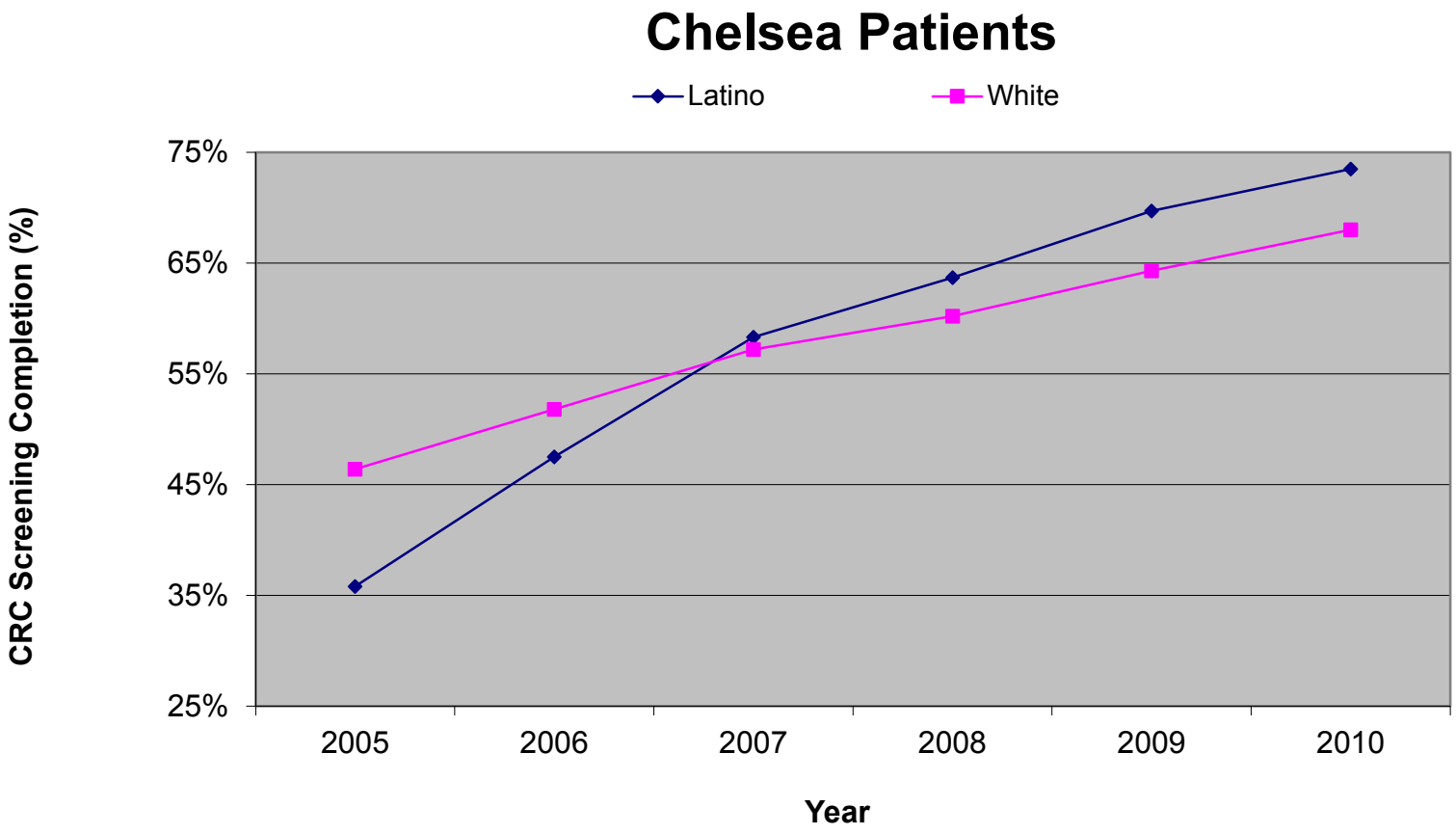
Diabetes Control Improving for All:

Gap between Whites and Latinos Closing



* Chelsea Diabetes Management Program began in first quarter of 2007; in 2008 received Diabetes Coalition of MA Programs of Excellence Award

CRC Screening Over Time



Preparing for the Future

- Addressing variations in quality—such as disparities in health care—will be essential going forward if we are to achieve equity, high-performance and high-value
- This is not just about equity for equity's sake—cost is key—as equity connects to all areas of quality:
  - Population Health
  - Transitions of Care and Readmissions
  - Appropriate Utilization and Avoidable Hospitalizations
  - Patient Safety and Patient Experience
- Health systems and caregivers can take some basic actions that can make a big difference

Thank You

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