Achieving Health Equity through Diversity & Inclusion Strategies with Metrics and Incentives

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A Culture of Diversity and Inclusion to Achieve Health Equity
HEDI | Objectives

- Understand Health Disparities in our Communities
- Discuss the role of social determinants of health and barriers when caring for diverse communities
- Understand Cultural Competence strategies when shaping community programs
- Discuss metrics and incentives to measure impact and gain support
Health Equity, Diversity & Inclusion

Achieving Health Equity

Diversity & Inclusion
- Talent Management
- Workforce Diversity
- Leadership Diversity
- Connection to our mission

Cultural Competence
- Demographic Data Collection
- Cultural Competence in Healthcare Training
- Understanding our communities

Community Partners
- Community Benefit Investments
- Supplier Diversity
- Collaborations with Safety nets that care for vulnerable communities and populations
- Deploying community partners and target outreach with programs that resonate with our diverse patient demographics

Population Health Strategies
- Responsive to CHNA data findings
- Stratification of demographic data by race & ethnicity
- Patient/Provider Communication
- Transitions of Care challenges
- Evidence-based programs with measurable health outcomes
2016 Equity of Care Awardees

Mission Driven Approach: Corporate Strategy with Metrics & Incentives to Improve Quality and Lower Costs
Diversity at its most rudimentary level, is all the ways in which people are different. These differences affect how people see the world, how they behave, and what values they hold.

Inclusion is engaging all who participate in our Mission.

Health Equity is the attainment of the highest level of health for all people. Health Equity means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.
Health and Healthcare Disparities

“Racial and ethnic minorities tend to receive a lower quality of healthcare than non-minorities, even when access related factors, such as patients’ insurance status and income, are controlled.”

Institute of Medicine (2003). *Unequal Treatment*
Hypertension & Diabetes Rates in the US

Hypertension Rates

- 46 percent of African-American women
- 45 percent of African-American men
- 33 percent of white men
- 30 percent of white women
- 30 percent of Hispanic men
- 30 percent of Hispanic women
• In Texas, 14.2% of the adult population, have diabetes. In addition, 37.2% of the adult population, have pre-diabetes with blood glucose levels higher than normal but not yet high enough to be diagnosed as diabetes.

• The African American NH population had the highest age-adjusted mortality rate for CVD, IHD, and stroke among all racial/ethnic populations in Texas.

• African-Americans have nearly twice the risk for a first-ever stroke than white people, and a much higher death rate from stroke.
Health Inequities:
Dallas County Health & Human Services

32.9% of Dallas County residents are uninsured.

Preventative Care
More than 60% of emergency room visits are for conditions that could have been treated in a primary care setting.

Understanding Care
40% of Dallas County residents speak a language other than English at home. This can impact health literacy and treatment compliance.

Physician access
There is a shortage and maldistribution of primary care physicians and other public health personnel in the county.

Physicians are concentrated in the Stemmons Corridor and in northern suburbs. This results in underserved areas, particularly in the poorer Dallas communities.
THE ECONOMIC BURDEN OF HEALTH INEQUALITIES IN THE UNITED STATES
Executive Summary

- We estimated the economic burden of health disparities in the United States using three measures: 1. direct medical costs of health inequities 2. indirect costs of health inequities 3. costs of premature deaths. Our analysis found:
  
  Between 2003-2006 the combined costs of health inequities and premature death in the United States were 1.24 trillion

- Eliminating health disparities for minorities would have reduced direct medical expenditures by 229.4 billion for the years 2003-2006

- Between 2003-2006, 30.6% of direct medical care expenditures for African Americans, Asians and Hispanics were excess costs due to health inequities

- Eliminating health inequities for minorities would have reduced indirect costs associated with illness and premature death by more than one trillion dollars between 2003-2006.
Economic Burden of Health Disparities in the U.S.
4-Year Estimate: $1.23 Trillion

$1.0 Trillion Indirect Costs

$229 Billion Direct Costs

Eliminating health inequalities — closing the gaps in the health differences by race and ethnicity — could lead to reduced medical expenditures of $54 billion to $61 billion a year and recover $13 billion annually due to work lost as a result of illness and around $250 billion per year due to premature deaths, according to a study of 2003 to 2006 spending.

Discuss the Role of Social Determinants of Health and Barriers when Caring for Diverse Communities

Social Determinants of Health Population Health Model

- **Health Outcomes**
  - Mortality (length of Life) 50%
  - Morbidity (quality of Life) 50%

- **Health Factors**
  - **Health Behaviors** (30%)
    - Tobacco Use
    - Diet & Exercise
    - Alcohol Use
    - Sexual Activity
  - **Clinical Care** (20%)
    - Access to Care
    - Quality of Care
  - **Social & Economic Factors** (40%)
    - Education
    - Employment
    - Income
    - Family & Social Support
    - Community Safety
  - **Physical Environment** (10%)
    - Environmental Quality
    - Built Environment

**Source:** County Health Rankings Model
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Examples of Impact of Social Determinants of Health
Education is strongly associated with health.

**Obesity:**
- 24% of boys ages 2-19 with a head of household with less than a high school education had obesity vs. 11% when the head of household had at least a bachelor’s degree.

**Smoking:**
- 1/3 of adults with a high school diploma or less were smokers vs. 9% among adults with at least a bachelor’s degree.
Figure Legend:
Race- and Ethnicity-Adjusted Life Expectancy by Income Ventile in Selected Commuting Zones, 2001-2014
Estimates of race- and ethnicity-adjusted expected age at death for 40-year-olds computed by income ventile (5 percentile point bins).

*aAveraged across years and ages.
Prevents onset of new illness and injury

Improves access to high-quality, coordinated health/behavioral health care and other critical social services

Promotes lifestyle behaviors that lead to good health
Understand Cultural Competence Strategies when Shaping Community Programs

#123forEquity Campaign

Take the Pledge
Practitioner’s Guide
“The delivery of health care services that acknowledge and understand cultural diversity in the clinical setting, respects patients’ health beliefs and practices, and values cross-cultural communication.”
(Kaiser Permanente)

Organizational Application
“A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable effective work in cross-cultural situations.”
(Health Resource and Services Administration)

What is Cultural Competence?
The Provider and Patient Interaction

Past Experience
Race, Culture, Education, Knowledge, Gender, Class…

Assumptions

Perceived Reality

Provider Behavior

Reality

Filters

Culture, Education, Knowledge, Gender, Class, Social Standing, Race, …

Assumptions

Perceived Reality

Patient Behavior

Dr. Judy Ann Bigby, Associate Professor, Harvard Medical School Director, Office of Women Family and Community Programs, Brigham and Women's Hospital, Boston, MA.
The purpose of the Qualified Bilingual Staff or QBS Training is to train and certify bilingual staff properly interpret for patients with limited or no English proficiency in medical settings. (NCQA Award: CLAS Best Practice)

- Two-day training on language interpretation skills
- Language assessment for certification

Training Modules:

- Ethics of Interpreting
- Legal and Regulatory Requirements
- Medical Terminology
- Cultural Competency
- Diversity
- Modes of Interpretation
- Managing the Session
- Transparency in a Patient-Provider Relationship
- Cultural Broker Role
There are Many Benefits to Becoming a Culturally Competent Organization

Social Benefits
- Increases mutual respect and understanding between patient and organization
- Increases trust
- Promotes inclusion of all community members
- Increases community participation and involvement in health issues
- Assists patients and families in their care
- Promotes patient and family responsibilities for health

Health Benefits
- Improves patient data collection
- Increases preventive care by patients
- Reduces care disparities in the patient population
- Increases cost savings from a reduction in medical errors, number of treatments, and legal costs
- Reduces the number of missed medical visits

Business Benefits
- Incorporates different perspectives, ideas, and strategies into the decision-making process
- Decreases barriers that slow progress
- Moves toward meeting legal and regulatory guidelines
- Improves efficiency of care services
- Increases the market share of the organization

Source: American Hospital Association, 2013
Expanding the ministry through health equity, diversity and inclusion

Improving quality of life for the poor and underserved populations, by providing the right care, at the right time, in the right setting

Strategies

- Facilitating follow-up appointments for primary care
- Leverage community health clinic relationships by formalizing MOUs
- Develop a prescription pricing grid by drug category
- Examine top diagnoses within the uninsured population (special focus on non-emergent visits)
- Determine which areas to focus on for greatest impact.
- Align community benefit investments with target population needs
Compass 2020 Strategic Map

- Equity of Care

*Improve disproportionate Emergency Department (ED) revisit rates by race and ethnicity for index ED visits*

Insuring that we use data to target at risk populations and individuals
1. At leadership meeting, analyze regional 30-day ED revisit data by race and ethnicity
   a. 30-Day revisit baseline
   b. Top 10 diagnosis
   c. Geographic mapping

2. Select Target Population.

3. Select social determinant or chronic condition to address.

4. Literature search on culturally competent best practices to address selected issues in target population.

5. Identify resources needed to support implementation of best practice.

6. Identify current community resources and programs, as well as, existing hospital programs that may be leveraged to meet resource needs for desired outcomes.

7. Develop a culturally competent intervention that accounts for the following components:
   a. Socioeconomic challenges
   b. Language barriers
   c. Health care access

8. Implement evidence-based program.

9. Program outcomes will be reported via the Triple Aim Framework (see below).

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**Threshold**

Identify key factors influencing disparities among the most affected minority groups.

**Target**

Develop a plan that addresses how the key factors will be mitigated.

**Maximum**

Select and implement an evidenced based culturally competent program to effectively reduce ED re-visits by race/ethnicity based on current local ED utilization.

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**Complete**
**CHRISTUS St. Patrick**
*Target Zip Codes: 70601, 70605, 70611, 70615, 70669*

**CHRISTUS Corpus Christi**
*Target Zip Codes: 78401, 78404, 78405, 78408, 78411, 78415, 78416*

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## Equity of Care

**Target Chronic Conditions:**
- Hypertension,
- Diabetes,
- Atherosclerosis & Coronary Artery Disease, Heart Failure,
- Hyperlipidemia

**Target Population:**
- Hispanic, Male,
- 36-55, No PCP,
- Catholic

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## Caring for the Poor & Underserved

**Target Chronic Conditions:**
- Nicotine,
- Hypertension,
- Hypertensive Crisis

**Target Population:**
- Hispanic, Male,
- 36-55, No PCP,
- Catholic

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## Evidence-Based Programs

**The Diabetes Self-Management Program**

**The Chronic Disease Self-Management Program**

**Your Heart, Your Life**

**On the Move to Better Heart Health for African Americans**
HEDI Standards

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care
A Roadmap for Hospitals

Implementing Multicultural Health Care Standards
Issues and Examples

The Patient Protection & Affordable Care Act

HEALTH ENTERPRISE ZONES

Department of Health and Mental Hygiene
Community Health Resources Commission
HEDI | Health Equity, Diversity & Inclusion Data Impact on Population Health

- Eliminate health disparities and improve health outcomes within special populations
- Decrease costs
- Improve patient experience
- Care for the poor and underserved
An outsider’s seemingly natural ability to interpret someone’s unfamiliar and ambiguous gestures the way that person’s compatriots would.

- **Cognitive:** head
- **Physical:** body
- **Emotional:** heart
“How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and the strong.

Because some day in your life you will have been all of these.”

-George Washington Carver
Thank you from our...CHRISTUS Health family!