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It's how we treat people.

October 30, 2024

Systems-Based Solutions to Advancing Health Equity

DCHA 2024 Health Care & Innovation Summit

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What is Health Equity?

*Health equity is the state in which everyone has a **fair and just opportunity** to attain their highest level of health*

(Centers for Disease Control and Prevention)

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Integrating Health Equity Into the Fabric of Care Delivery

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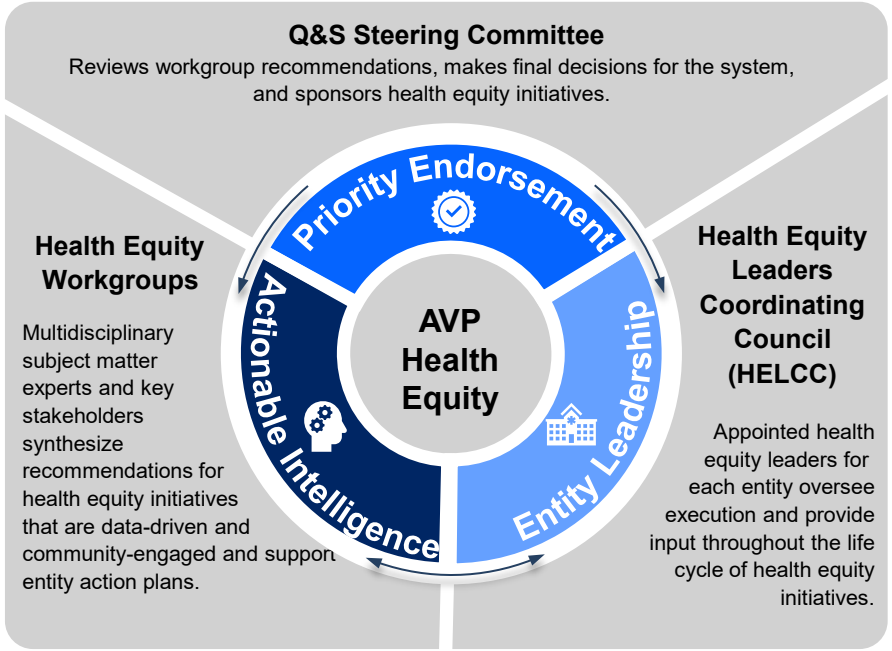
An Integrated Approach to Health Equity Governance and Operations

Shared Accountability between Quality & Safety and Equity, Inclusion, & Diversity



EI&D Steering Committee

Executive leaders are informed of workgroup recommendations and provide feedback from an EI&D lens.

EI&D Councils

EI&D entity councils are informed of health equity initiatives and may provide voluntary support, as needed and based on capabilities.

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Health Equity Operational Structure

Actionable Intelligence

Health Equity Workgroups Multidisciplinary subject matter experts and key stakeholders ***synthesize recommendations*** for health equity initiatives that are data-driven and community-engaged

Health Equity Performance Improvement	Health Equity Data Optimization	Equitable Care Delivery
Informs strategy to improve key performance indicators (KPIs) for health equity.	Informs strategy to improve the completeness and accuracy of data needed to support health equity	Informs strategy to address sources of systemic bias with implications on equitable care.

Action Teams

Healthcare Disparity Reduction	**Demographic & Language Data**	**Embedding Equity in Safety**
	Cultural Humility in Data Collection	**Institutional Bias Reduction**

Community Advisory Council (CAC) A board of community members with diverse representation of historically marginalized communities from MedStar Health's service area will inform workgroup activities and each workgroup will have at least one CAC liaison

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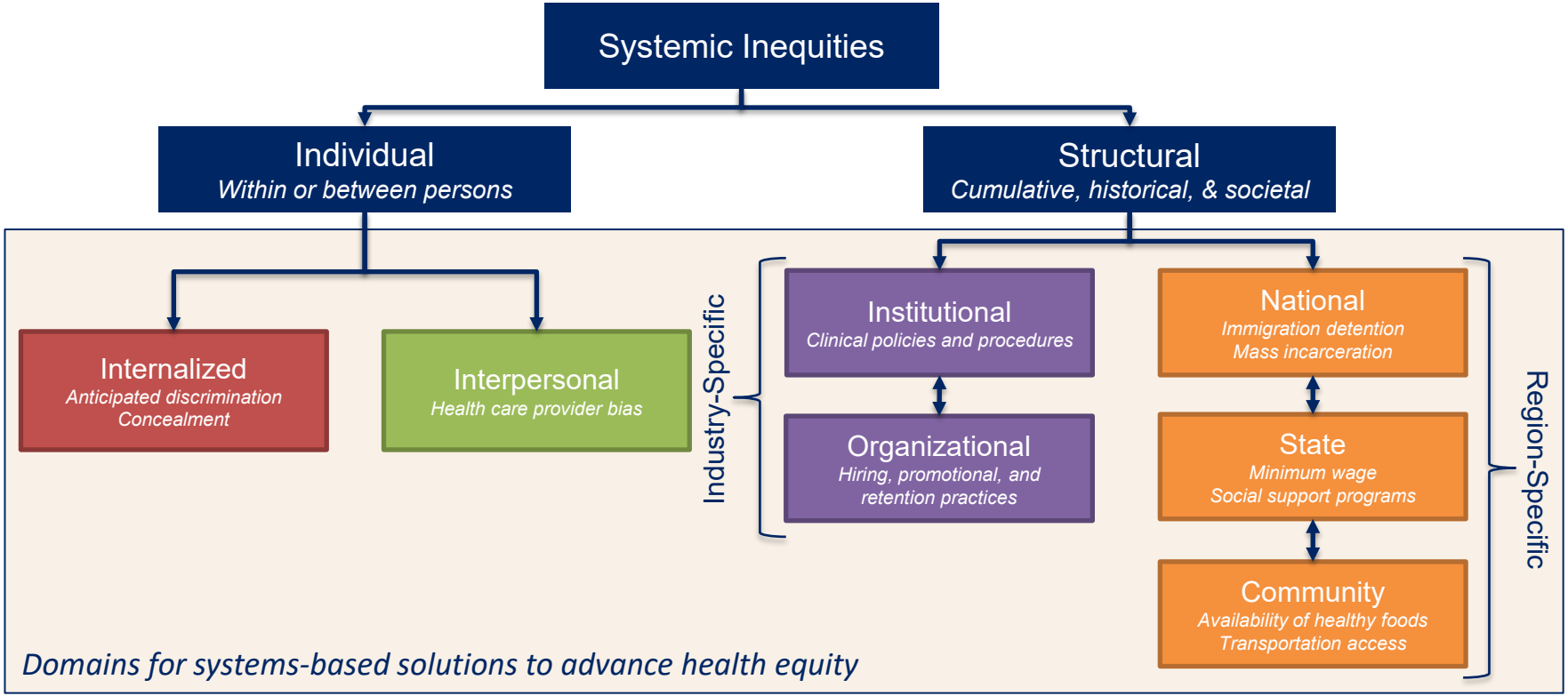
Key Elements Driving Health Inequities



Adapted from Lett et al. Conceptualizing, Contextualizing, and Operationalizing Race in Quantitative Health Sciences Research. Ann Fam Med. 2022 Mar-Apr;20(2):157-163

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Priority Areas for Healthcare Disparity Reduction

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Addressing Structural Barriers in the Community

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Addressing Structural Barriers in the Community

MedStar Health's Actions

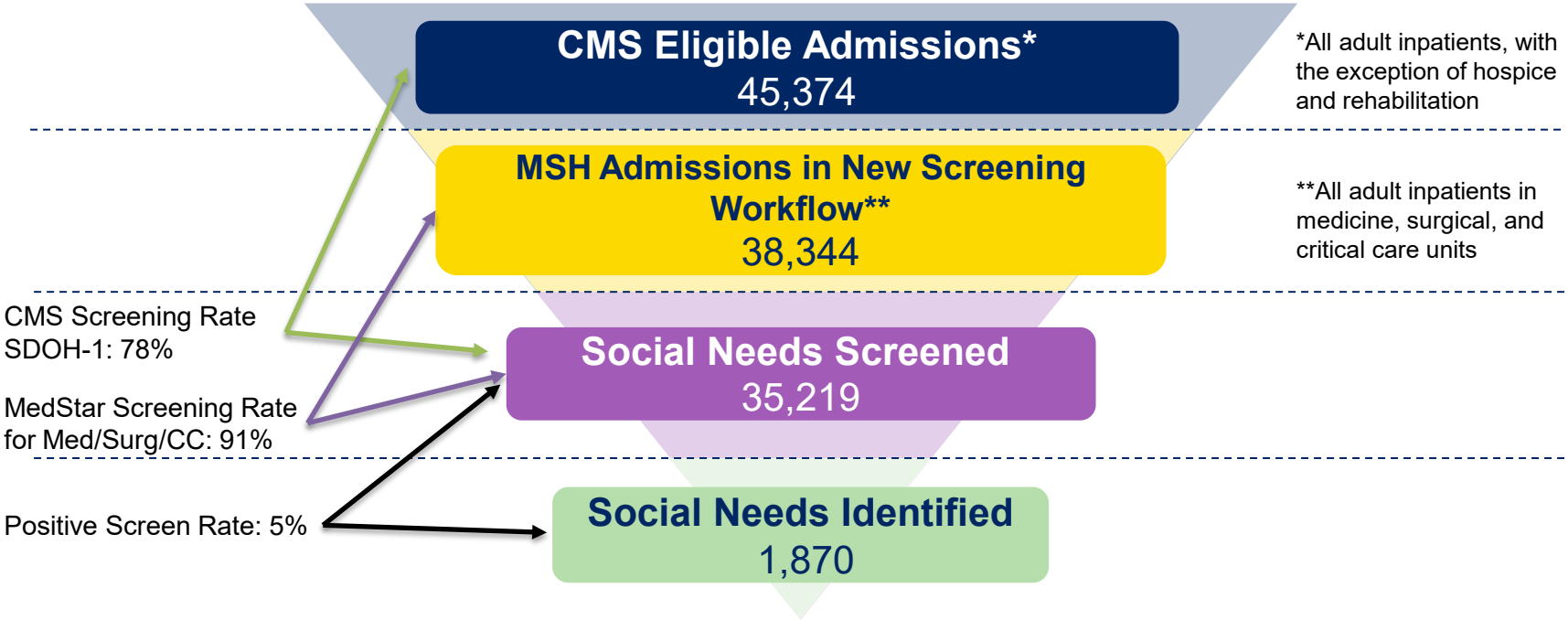
- Expanded social needs screening to ensure **all adult patients admitted to medicine, surgery, or critical care** are screened for unmet social needs.

Everyday Actions for Healthcare Professionals

- ***Emphasize the importance of considering the whole individual in treatment plans***, including clinical and social factors.

- Be familiar with community health & care transition programs available at your entity and engage your discharge planners, social workers, community health advocates for patients who have social risk factors.

Social Needs Screening Results: The First 6 Months (Jan 2024-Jun 2024)



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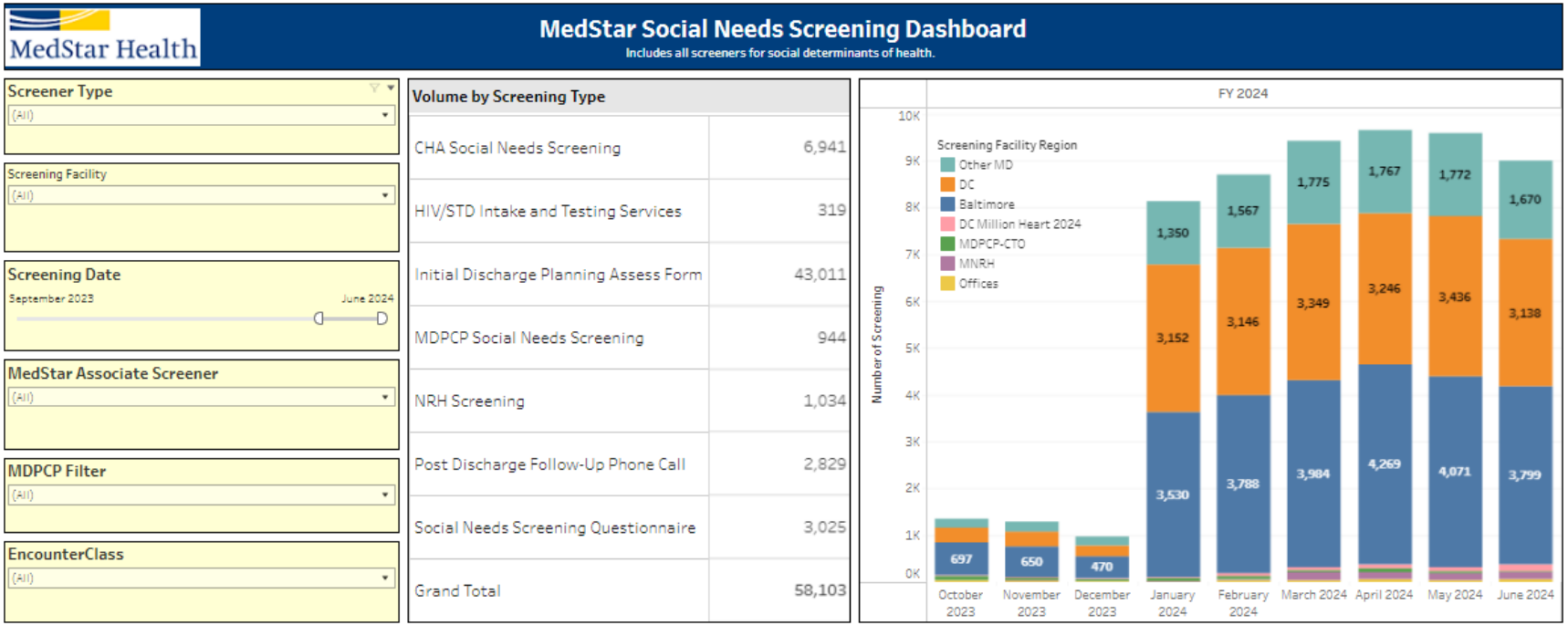
Social Needs Screening Across Care Settings



- Tracks all screenings across care settings and associate roles
- **> 700% increase** in baseline monthly screening volume starting January 2024

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Addressing Anticipated Discrimination

Historical Catalysts of Medical Mistrust

Doctor J. Marion Sims

The Alabama surgeon in 1845 preparing to begin a series of experimental operations on slave women.

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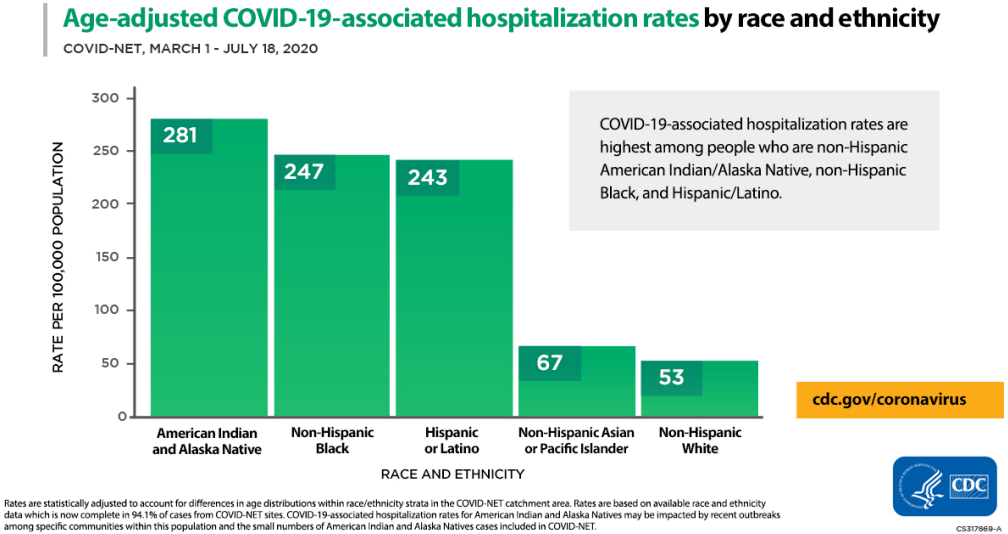
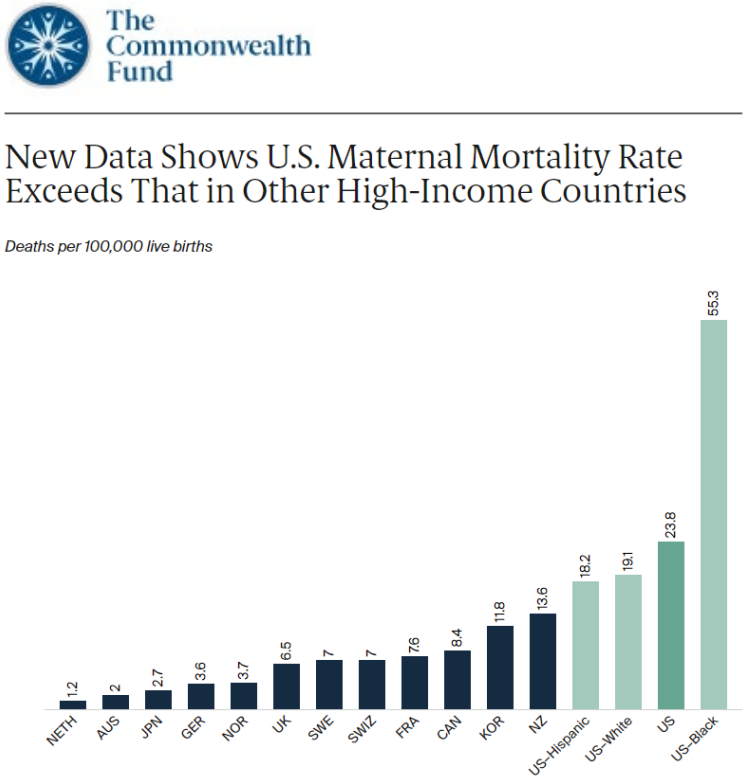
Contemporary Catalysts of Medical Mistrust





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Addressing Anticipated Discrimination

MedStar Health's Actions

- Launched *Cultural Humility in Data Collection Action Team* to develop and deploy training on the collection of demographic information to promote an inclusive experience at registration.

Everyday Actions for Healthcare Professionals

- Create a safe, welcoming environment for historically marginalized communities
  - Use preferred names and pronouns
  - Offer translation services for those with Limited English Proficiency
  - Use Empathy, Not Arguments
    - Listening to concerns & expressing shared goals more effective than information sharing

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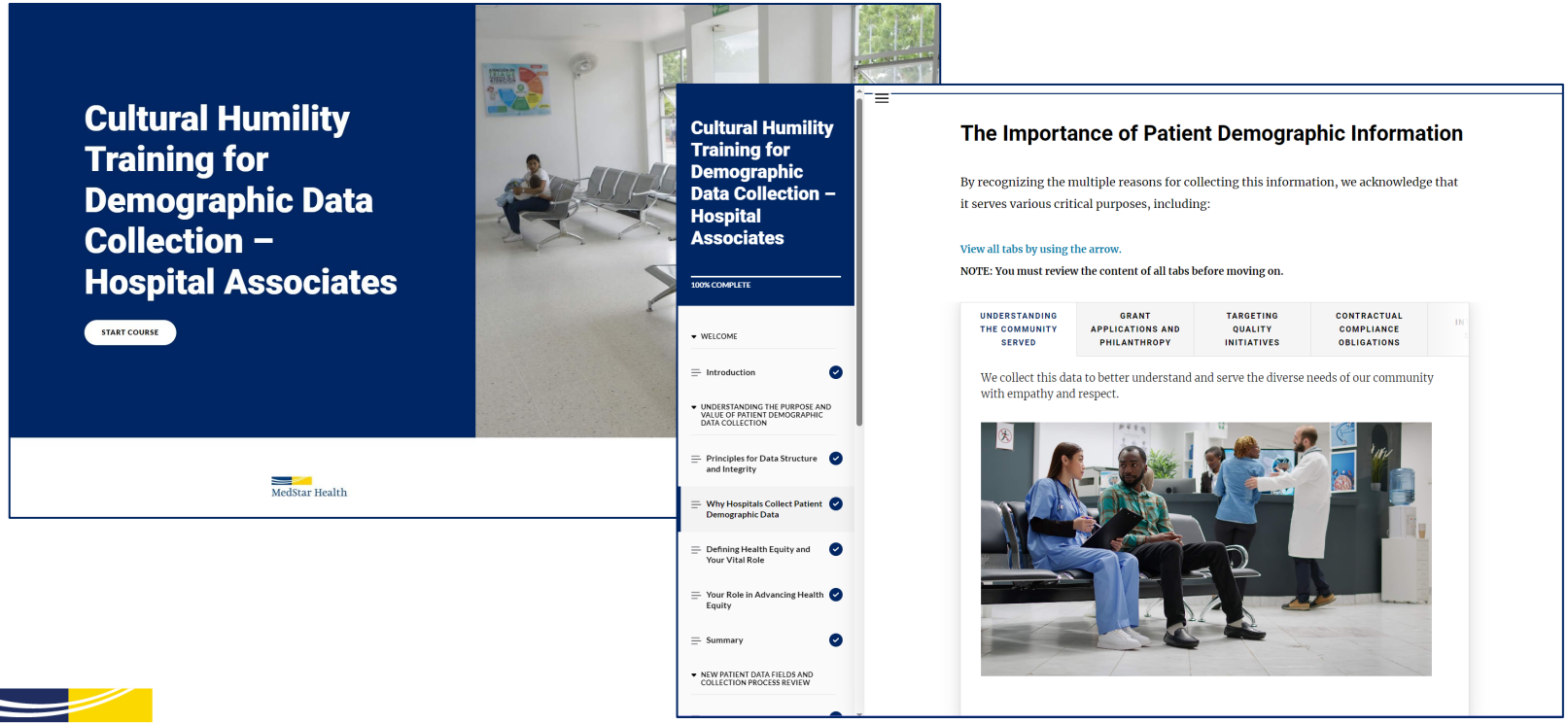
Cultural Humility in Data Collection



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Addressing Interpersonal Bias

Understanding Bias

Implicit Bias

Unconscious mental processes that lead to associations and reactions that are automatic and without intention

Explicit bias

Preferences, beliefs, & attitudes of which people are ***generally consciously aware, personally endorse, and can identify and communicate***

Dual-Process Cognitive Model of Reasoning

Intuitive

- Quick and uses information readily available
- Benefits from experience
- Necessary in situations where time & information are lacking
- Rely on mental shortcuts, may include stereotypes
- ***More prone to error and implicit bias***

Analytical

- Slower and more deliberate
- Requires more time and resources
- Allows the use of deductive logic to reach a diagnostic or treatment decision

Everyday Actions To Address Interpersonal Bias

When to PAUSE…

- You have a strong emotional or physical reaction
- Someone else has a strong emotional or physical reaction
- You come to a complex decision very quickly based on limited data
- Your group comes to a complex decision very quickly based on limited data

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Addressing Interpersonal Bias

MedStar Health's Actions

- New bias training courses provided by the MedStar Simulation Training and Education Lab (SiTEL):
  - "Implicit Bias in Medicine and Healthcare: Science and Solutions"
  - "How Implicit Bias and Other Structural Inequities Impact Healthcare"
- *Disrupting Everyday Bias* training is being cascaded for all MedStar associates

Everyday Actions for Healthcare Professionals

- **Foster psychological safety with unconscious bias discussions:**
  - ❑ Respect each other's lived experiences
  - ❑ Be curious – listen with the intent to understand, not to persuade
  - ❑ Be humble and open
  - ❑ Lean in to discomfort, with the spirit of inquiry
  - ❑ Keep confidences

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Addressing Institutional Bias

The Misuse of Race & Ethnicity in Clinical Algorithms

Despite the evidence and consensus among biological and social scientists that race is a social construct...

Race is still often misused as a biological construct in clinical algorithms & guidelines.

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Addressing Institutional Bias

MedStar Health's Actions

- At *MedStar Health,* we are committed to systematically root out sources of institutional bias in how care is delivered.
- Launching *Institutional Bias Reduction Action Team* to proactively examine policies & procedures for the potential use of known algorithms that are race-corrected and cause inequities, and systematically address as identified.

Everyday Actions for Healthcare Professionals

- **Elevate the voices of associates and trainees** when they report equity concerns.
- Report observations of the misuse of race or ethnicity as biological constructs in clinical algorithms or guidelines used in your clinical practice.

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Addressing *Institutional Bias* in the Treatment of Uncontrolled Blood Pressure

Physician noted outdated clinical guidance in the EHR Care Pathway with different treatment recommendations for uncontrolled high blood pressure based on race.

Concern communicated to Health Equity Co-Chair for the MedStar Medical Group EI&D Entity Council and the MedStar Quality & Safety team.

Care Pathway treatment guidance for uncontrolled blood pressure modified to provide same recommendation regardless of race, and clinical guidelines were updated.

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Addressing *Institutional Bias* in Access to Kidney Transplantation

In February 2022, MedStar Health implemented the Universal GFR formula, a race-neutral equation to measure kidney function that addresses a historical source of health inequities.

MedStar Georgetown Transplant Institute has since led a rigorous retrospective review of transplant wait times, to ensure *as many individuals as possible receive the benefits of the more inclusive GFR formula.*

586 Black patients

with chronic kidney disease experienced an improvement in their transplant wait time

2-year average wait time improvement

for kidney transplants among Black individuals

102 kidney transplants

completed among Black individuals who may have otherwise still been on the wait list with race correction

MedStar Health's process for identifying patients eligible for transplant wait time modification has been highlighted as a national model by the **Organ Procurement & Transplantation Network**.

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