

The Disparities Solutions Center
at the Massachusetts General Hospital



The Disparities Leadership Program



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I. Background

The Institute of Medicine Reports, *Crossing the Quality Chasm* and *Unequal Treatment*, highlight the critical nexus between improving quality and eliminating racial and ethnic disparities in health care. Combined, they provide a blueprint for addressing disparities that can only be achieved if a concerted, coordinated effort towards health systems change can be achieved. This will require leaders in quality improvement who have the tools and skills to move their organizations toward the elimination of racial and ethnic disparities in care.

II. The Disparities Leadership Program

The Disparities Leadership Program (DLP) is a year-long executive education program designed for leaders from hospitals, health plans and other health care organizations who want a) develop a strategic plan or b) advance a project to eliminate racial and ethnic disparities in health care, particularly through quality improvement. The DLP has three overarching goals:

1. To create a cadre of leaders in health care equipped with a) in-depth knowledge of the field of disparities, including root causes and research to date; b) cutting-edge quality improvement strategies for identifying and addressing disparities; and c) the leadership skills to implement these strategies and transform their organizations.
2. To help individuals from organizations—who may be at the beginning stages or in the middle of developing or implementing a strategic plan or project to address disparities—further advance or improve their work in a customized, tailored fashion.
3. To assist healthcare organizations so that they can be prepared to meet new standards and regulations from the Joint Commission, the National Committee on Quality Assurance, and the Patient Protection and Affordable Care Act (health care reform).

The DLP faculty consists of an action-oriented team of leaders with practical experience implementing organizational and quality improvement strategies aimed at eliminating racial and ethnic disparities in health care. It focuses on the lessons learned and expertise gained from the development and evolution of programs currently in place at the Massachusetts General Hospital, as well as at several leading health plans across the country. The DLP is led by

national experts from The Disparities Solutions Center (DSC) at Massachusetts General Hospital (www.mghdisparitiessolutions.org).

III. Curriculum

The DLP begins with a two-day intensive training session focused on defining disparities and root causes, developing cutting-edge quality improvement strategies to identify and address disparities, and fostering leadership skills to implement these strategies and help transform organizations. Faculty features national experts at the DSC, leadership from MGH, and leaders at the cutting-edge of the disparities field from health plans across the country. Topics covered during the training include:

- ❖ *Racial and Ethnic Disparities in Health Care:* Background on the issue of racial and ethnic disparities in health care, including a review of root causes and strategies to address them
- ❖ *Getting Disparities on the Leadership Agenda:* Encouraging leaders in the organization to prioritize identifying and addressing racial/ethnic disparities in health care, including the presentation of the business and quality case for addressing this issue
- ❖ *Where to Begin:* Tools and activities to help organizations get started with efforts to identify and address disparities, including the strategies, techniques and technology for collecting race and ethnicity data
- ❖ *Analyzing and Comparing Your Race and Ethnicity Data:* How to compile data in a meaningful and effective way, and create comparative benchmarks
- ❖ *Creating Disparities Measures and Reporting Mechanisms:* Guidance on how to stratify quality measures by race and ethnicity, and report them appropriately via dashboards, scorecards, or other standard or innovative mechanisms
- ❖ *Adding the Community, Patient, and Staff Voice to the Disparities Agenda:* Strategies for bringing in key perspectives to disparities and patient safety work, including those of the community, the patient, and the health care staff



- ❖ *Developing Disparities Interventions*: Developing and implementing innovative approaches to address disparities organizationally and through quality improvement
- ❖ *Disparities and Health Information Technology*: Planning for the current and future use of health information technology as a mechanism for identifying and addressing disparities
- ❖ *Identifying and Preventing Medical Errors in Limited-English Proficient Patients*: Strategies to identify clinical situations that are high-risk for medical errors among limited-English proficient patients, as well as mechanisms to address them
- ❖ *Making Systems Responsive to the Needs of Diverse Populations*: Review of tools to improve the cultural competency of the health care delivery system and capacity to address the needs of patients with limited English proficiency
- ❖ *Communicating Broadly and Clearly*: Developing an approach to communicating the issue of disparities both internally and externally
- ❖ *Organizational Transformation and Assuring Sustainability*: How to standardize pilot programs within organizations and how to broadly disseminate successes.

The DLP is seeking to stimulate and promote the development of strategic plans or the advancement of a component of a project designed specifically to eliminate racial and ethnic disparities in health care within health care organizations. As a condition of entry, participants in the DLP must either:

- a. Develop a strategic plan to address disparities over the course of a year. They should use learnings from the DLP to develop a blueprint to address disparities in the near future.
- b. Or advance a component of a project that addresses disparities. Examples of the types of projects considered include:
 - Implementing a system to collect patient's race/ethnicity and language data
 - Stratifying and reporting quality data by race/ethnicity
 - Developing a culturally competent disease management program
 - Evaluating a disparities intervention
 - Expanding disparities interventions across conditions and populations

The DSC will work with DLP participants to achieve their project goals through various modalities of technical assistance, including three interactive web-based calls for the entire group, and two interactive

web seminars on additional learning topics tailored to the most pressing needs of participants.

The DLP continues with a two-day closing meeting where participants present their work, lessons learned, and their individual strategic plans or projects. DLP participants receive continuing education credits, and a certificate for completing the program. All DLP projects are highlighted on the DSC website (www.mghdisparitiessolutions.org). Some may be featured in web seminars and case studies published and distributed by the DSC. Three projects will be chosen to receive an award for innovation and success and will be featured in press releases about the DLP. A selection of projects have the opportunity to present their work at national meetings on quality including Institute for Healthcare Improvement’s National Forum on Quality Improvement in Health Care (www.IHI.org).

IV. DLP Evaluation Results

Upon completion of the one-year program, DLP participants are asked to evaluate the program year.

DLP Class	2007 - 2008	2008 - 2009	2009 -2010	2010-2011
We accomplished the majority of project goals identified in the Work Plan	73%	91%	92%	88%
The DLP played a significant role in helping us to accomplish our project goals and objectives	82%	92%	100%	100%
Participation in the DLP has been beneficial in terms of networking and in the development of collaborative relationships.	91%	92%	100%	94%
The DLP helped me in other ways, other than with my project.	81%	83%	92%	100%

V. Complete List of DLP Participants (2007 - 2011)

Health Plans

- ❖ Blue Cross Blue Shield of Massachusetts, *Boston, Massachusetts*
- ❖ Blue Cross Blue Shield of Tennessee, *Chattanooga, Tennessee*
- ❖ Community First Health Plan, *San Antonio, Texas*
- ❖ Denver Health Medical Plan, *Denver, Colorado*
- ❖ Gateway Health Plan, *Pittsburgh, Pennsylvania*
- ❖ Health New England, *Springfield, Massachusetts*
- ❖ Humana, *Louisville, Kentucky*
- ❖ Kaiser Foundation Health Plan, *Oakland, California*
- ❖ Kaiser Permanente, Institute for Culturally Competent Care, *Oakland, California*
- ❖ Keystone Mercy Health Plan, *Philadelphia, Pennsylvania*
- ❖ Neighborhood Health Plan, *Boston, Massachusetts*
- ❖ New York—Presbyterian Community Health Plan, *New York, New York*
- ❖ ODS Health Plan, *Portland, Oregon*
- ❖ Presbyterian Health Plan, *Albuquerque, New Mexico*
- ❖ WellPoint/HMC Inc., *Chatsworth, California*

Hospitals

- ❖ Alameda County Medical Center, *Oakland, California*
- ❖ Allina Hospitals & Clinics, *Minneapolis, Minnesota*
- ❖ AnMed Health, *Anderson, South Carolina*
- ❖ Barnes-Jewish Hospital, *St. Louis, Missouri*
- ❖ Baylor Health Care System, *Dallas, Texas*
- ❖ Boston Medical Center/Boston University School of Medicine, *Boston, Massachusetts*
- ❖ Cape Fear Valley Health System, *Fayetteville, North Carolina*
- ❖ Children's Hospital Boston, *Boston, Massachusetts*
- ❖ Children's Hospitals and Clinics of Minnesota, *Minneapolis, Minnesota*
- ❖ Children's Mercy Hospital and Clinics, *Kansas City, Missouri*
- ❖ Christiana Health Care System, *Wilmington, Delaware*
- ❖ East Orange General Hospital, *East Orange, New Jersey*
- ❖ Gallup Indian Medical Center, *Gallup, New Mexico*
- ❖ Greater New York Hospital Association, *New York, New York*
- ❖ HealthEast Care System, *St. Paul, Minnesota*
- ❖ Inova Health System, *Springfield, Virginia*
- ❖ Jewish Hospital & St. Mary's Healthcare and Louisville Metro Department of Public Health, *Louisville, NY*

- ❖ Kaiser Permanente Northern California, *Fremont, California*
- ❖ Lausanne University Outpatient Clinic (PMU), *Lausanne, Switzerland*
- ❖ Monroe Carell Jr. Children's Hospital at Vanderbilt, *Nashville, Tennessee*
- ❖ Mount Sinai Hospital Medical Center, *Chicago, Illinois*
- ❖ New York City Health and Hospitals Corporation, *New York, New York*
- ❖ Nemours/Alfred I. duPont Hospital for Children, *Wilmington, DE*
- ❖ North Shore Long Island Jewish Health System, *Lake Success, NY*
- ❖ Seattle Children's Hospital, *Seattle, Washington*
- ❖ St. Luke's Hospital of Kansas City, *Kansas City, Missouri*
- ❖ St. Joseph's Regional Medical Center, *Paterson, New Jersey*
- ❖ St. Mary's Health Care (Trinity Health), *Grand Rapids, Michigan*
- ❖ Tufts-New England Medical Center, *Boston, Massachusetts*
- ❖ University of Mississippi Medical Center, *Jackson, Mississippi*
- ❖ University of New Mexico Hospitals, *Albuquerque, New Mexico*
- ❖ Veterans Affairs Boston Healthcare System, *Boston, Massachusetts*
- ❖ Wake Forest University Baptist Medical Center, *Winston-Salem, North Carolina*

Community Health Centers

- ❖ Access Community Health Network, *Chicago, Illinois*
- ❖ Baystate Brightwood Health Center, *Springfield, Massachusetts*
- ❖ Cermak Health Services, *Chicago, Illinois*
- ❖ Codman Square Health Center, *Dorchester, Massachusetts*
- ❖ Concilio de Salud Integral de Loiza, *Loiza, Puerto Rico*
- ❖ Great Brook Valley Health Center, *Worcester, Massachusetts*
- ❖ Harbor Health Services, *Dorchester, Massachusetts*
- ❖ Lowell Community Health Center, *Lowell, Massachusetts*
- ❖ Mattapan Community Health Center, *Boston, Massachusetts*
- ❖ Multicultural AIDS Coalition, Inc., *Boston, Massachusetts*
- ❖ One Love Center for Health, *Oakland, California*
- ❖ San Ysidro Health Center, *San Diego, California*
- ❖ St. Thomas Community Health Center/Metropolitan Human Service District, *New Orleans, Louisiana*
- ❖ Whittier Street Health Center, *Roxbury, Massachusetts*

Other

- ❖ American Cancer Society, *Atlanta, Georgia*
- ❖ Arkansas Foundation for Medical Care, *Little Rock, Arkansas*
- ❖ Center for Health Equity/Louisville Metro Department of Public Health and Wellness, *Louisville, Kentucky*

- ❖ Centers for Medicare and Medicaid Services, *Baltimore, Maryland*
- ❖ International Medical Interpreters Association, *Boston, Massachusetts*
- ❖ University of New Mexico Health Sciences Center, Office of Diversity, *Albuquerque, New Mexico*



VI. Faculty

- ❖ Peter Slavin, MD, President of Massachusetts General Hospital (MGH)
- ❖ Allison Rimm, MS, Senior Vice President of Strategic Planning and Information Management, MGH
- ❖ Gregg Meyer, MD, Senior Vice President for Quality and Patient Safety, MGH
- ❖ Elizabeth Mort, MD, MPH, Associate Chief Medical Officer, MGH
- ❖ Thomas Sequist, MD, MPH, Assistant Professor of Medicine and Health Care Policy, Brigham Women's Hospital and Harvard Medical School
- ❖ Wayne Rawlins, MD, MBA, National Medical Director, Aetna Inc.
- ❖ Jim Walton, DO, MBA, Chief Health Equity Officer, Baylor Healthcare System
- ❖ Rhonda Moore Johnson, MD, MPH, Medical Director and Chief Health Equity Officer, Highmark, Inc.
- ❖ Daniel Driscoll, MRP, CEO/President, Harbor Health Services
- ❖ Zoila Torres Feldman, Vice President for Care Delivery System, Commonwealth Care Alliance
- ❖ Nancy Connery, MS, Director of Admitting and Registration Services, MGH
- ❖ Kathy Campbell, Senior Product Manager, Consumer Directed Health Plans, Aetna, Inc.
- ❖ Hugo Alvarez, MD, Deputy Medical Officer, UM/QI Associate Medical Director, ACCESS Community Health Network
- ❖ Claire Spettell, MSc, Director of Information Services, Aetna, Inc.

- ❖ Katherine Flaherty, ScD, Principle Associate, Public Health & Epidemiology, Abt Associates, Inc.
- ❖ Robert Hoch, MD, MPH, CMO, Harbor Health Services
- ❖ Heidi Behforouz, MD, Director of Prevention and Access to Care and Treatment (PACT), Brigham and Women's Hospital
- ❖ Cy Hopkins, MD, Director, Office of Quality and Patient Safety at MGH
- ❖ Jamie Silva-Steele, RN, BSN, MBA, Administrator of Ambulatory Services, University of New Mexico Hospitals
- ❖ Pam Siren, RN, MPH, Vice President of Quality and Compliance, Neighborhood Health Plan
- ❖ Karen Donelan, PhD, Senior Scientist, Institute for Health Policy, MGH
- ❖ Lourdes Sanchez, MS, Consultant
- ❖ Gwen Cochran Hadden, Senior Diversity and Cultural Competency Consultant, Boston Medical Center
- ❖ Vanessa McClinchy, M. Ed, Consultant
- ❖ Lee Chelminiak, Vice President of Public Affairs, Partners HealthCare
- ❖ Suzanne Kim, Senior Public Affairs Officer, MGH
- ❖ Joan Quinlan, MPA, Director of Center for Community Health Improvement, MGH
- ❖ Terri Amano, Culturally Competent Services, WellPoint Inc./HMS
- ❖ Michele Toscano, MS, Head, Office of the Chief Medical Officer Business Management, Planning and Reporting, and Program Manager, the Racial and Ethnic Equality Initiative Aetna, Inc.
- ❖ Ellen Hafer, MBA, MTS, Executive Vice President and COO, Massachusetts League of Community Health Centers, Inc.
- ❖ Cheryl McMahill-Walraven, MSW, Informatics Manager, Aetna, Inc.
- ❖ Sheila Owens-Collins, MD, MPH, MBA, Senior Medical Director, Community First Health Plan
- ❖ Brenda Battle, RN, MBA, Director, Center for Diversity and Cultural Competence, Barnes-Jewish Hospital
- ❖ Audrey Guhn, MD, Assistant Medical Director, Baystate Brightwood Health Center
- ❖ Tonya Strader, Hospital Specialist, Gateway Health Plan
- ❖ Valerie Ward, MD, MPH, Co-Chair Diversity and Cross-Cultural Care Committee, Children's Hospital Boston

VII. Testimonials

“Prior to the DLP we were not specifically addressing [the] disparities issue, and now it is at the forefront of our organization.”

“Participating in the DLP helped me clarify my project objectives and more importantly, helped me focus on how to better promote our efforts within the organization.”

“The DLP played an instrumental role in connecting us to key national leaders in the industry.”



“In addition to networking with others from around the country, the DLP program offered excellent resources and materials including opportunities to dialogue about our intended plans and projects with seasoned professionals. We also believe that great benefit has been added to our professional growth and development and that we are able to make a stronger case to leadership, faculty, and students to support our research projects and training programs.”

“Participation in the DLP has led to the creation of an Executive Advisory Team that will guide this work going forward. It has also led to our proposed creation of an Office of Equity.”

“The DLP helped me develop a confidence that gave me the courage and inspiration to develop and bring forward other new strategies in our organization”

“The DLP offered an incredible opportunity to learn about health disparities and provided tools to address organizational change challenges.”

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VIII. Project Samples

Organization	Description of Project
Alameda Country Medical Center	Created a strategic plan for ACMC that described activities in 6 areas: 1) workforce diversity, 2) patient sensitivity/experience, 3) interpreter services, 4) quality and data collection practices related to it, 5) community partnerships and 6) academic activity within the medical center. An Equity Council for our organization is being scheduled and a REaL data improvement committee has started to meet regularly.
Baylor Health Care System	The Office of Health Equity (OHE) at Baylor Health Care System (BHCS) in Dallas, TX focused on the development of a disparities identification and tracking methodology for inpatient care process measures, analysis of the Surgical Infection Prevention (SIP) JCAHO core measure, and the development of an equity intervention around an identified difference in SIP equity performance between commercially-insured and self-pay patients. The team from Baylor was successful in designing the BHCS Inpatient Health Equity Performance Analysis, a tool which allows hospitals to stratify performance measures by personal/demographic characteristics and identify differences. The team was also able to obtain buy-in from senior leadership at system and hospital levels to undertake a root cause analysis of the observed gap in SIP performance with high and low-performing hospital facilities. This work led to the identification of several best practices to improve equity in SIP processes. Today the BHCS OHE continues to focus efforts on the refinement of disparities identification and tracking methods, the development of internal and external communication around health equity and disparities, and the development of strategic planning for disparities reduction efforts for business units throughout Baylor Health Care System.
Christiana Care Health System	The topic of concern was race and ethnicity data. The project goals were to establish standard definitions of race and ethnicity, implement a program for the accurate collection of race and

	<p>ethnicity data, and develop two projects around the collection of this data. Our successes include establishing a sense of urgency within the institution, selecting the OMB two question approach as the standard definition of race and ethnicity, placement of a Spanish interpreter in the Emergency Department, establishment of a Healthcare Equity Council, integration with a new Diversity, Equity and Inclusion Committee, administrative commitment to a mid-level leader for the equity initiative, and the development of protocols and management systems for the accurate collection of data. Full realization of the latter success will be delayed until the new hospital information system is online next year. One of the early, future projects will be an analysis of cardiovascular risks, treatments, and outcomes. Next steps include improving contact with community healthcare centers, integrating of concepts into nursing units and hospital departments, establishing portals of contact for employees, and public dissemination of ongoing programs to eliminate disparities at Christiana Care.</p>
<p>HealthEast Care System</p>	<p>HealthEast Care System's project aim was to develop standardized and consistent data collection of patients' race/ethnicity, country of origin, and preferred language (REaL) as a foundational first step to identifying and reducing health care disparities among patient populations. The following goals were established: (1) train 100% of admitting/registration staff in three emergency departments; (2) revise department policy and procedures for more efficient and accurate data collection; (3) ensure staff are able to articulate why collecting REaL patient data links to health disparities; (4) increase staff comfort level with asking patients for REaL data; and (5) establish a system-wide action plan to implement after the pilot project is completed. Our system-wide action plan is in full swing and we have trained over 110 staff to date. Outcome metrics indicate we have made substantial progress on our data collection goals. The HealthEast Foundation has supported our request for a second summer intern to move our work to the next level. HealthEast received The DLP Program Award Class of 2009-2010.</p>

<p>Inova</p>	<p><i>Topic area:</i> Identification of disparities in care by patient race and ethnicity. <i>Population:</i> Inova serves a highly diverse patient population; approximately 43% White, 10% Black, 20% Hispanic, 6% Asian/Pacific Islander, 7% Other or More than one race, and 14%% unknown racial/ethnic origin. <i>Goals:</i> This project proposed a quality improvement approach to determine whether disparities exist in the quality outcomes of our patients, by race and ethnicity. Where disparities are identified, this would present an opportunity to improve on our overall performance on a particular quality indicator. Specifically, project objectives are:</p> <ul style="list-style-type: none"> ❖ Collect accurate and reliable data on patient race, ethnicity and language ❖ Identify, measure and report disparities in care. ❖ Develop and implement solutions to eliminate disparities in care <p><i>Successes and Next Steps:</i> This project has been successful at improving data collection on patient race and ethnicity, creating a process for regular reporting of that data, creating a strategic plan for measurement and reporting of disparities in care, creation of an Executive Advisory Committee to guide the further development of this initiative. Through this Committee, the project intends to formally establish an Office of Equity to continue the work of this project.</p>
<p>New York City Health and Hospitals Corporation</p>	<p>The New York City Health and Hospitals Corporation (HHC), the largest public municipal hospital system in the nation, provides comprehensive healthcare services to more than 1.3 million New Yorkers each year. More than one-fifth of New York City residents are Limited English Proficient.</p> <p>HHC participation in the 2008-2009 Disparities Leadership Program resulted in the establishment of the HHC Equity Council, a central strategic leadership body with a vision of improving equity in the provision and outcomes of healthcare services across HHC.</p> <p>Through the leadership efforts of DLP participants, Ramanathan Raju, MD, FACS, MBA and Stefanie Trice Gill, MBA and the Equity Council members, we now work to achieve that vision through:</p> <ul style="list-style-type: none"> ❖ Promotion of awareness of disparities and of solutions to any

	<p>existing barriers to equity and</p> <ul style="list-style-type: none"> ❖ Measurement of key processes and outcome indicators stratified by race/ethnicity, country of origin, language, gender, or socioeconomic status <p>The HHC team was awarded a “Disparities Leadership Program Award” by Massachusetts General Hospital/Harvard Medical School’s Disparities Solutions Center “in recognition of excellence in addressing racial and ethnic disparities in health care.”</p>
Seattle Children’s Hospital	<p>Seattle Children’s Hospital is the pediatric referral center for Washington, Alaska, Montana and Idaho. As a DLP participant, we worked on applying data about race, ethnicity, language, and provision of interpreter services to our hospital-wide quality, safety and delivery metrics. We also evaluated the efficacy of our pilot patient navigation program by these same metrics and additional measures: missed appointments, provider and family satisfaction, and family understanding and empowerment. Seattle Children’s patient navigators help coordinate care, prepare families for upcoming appointments, facilitate parent involvement in care, and provide information about disease processes and treatment. Initial evaluation of patient navigation reports a 51% reduction in missed appointments for Somali-speaking families receiving patient navigation and a 40% reduction in missed appointments for Spanish-speakers receiving patient navigation. Our future efforts include evaluating complaints, incidents, and adverse events for disparities; establishing hospital-wide utilization and process metrics; and evaluating outcomes for diabetes patients receiving patient navigation.</p>
University of New Mexico Hospitals	<p>The goal at UNM Hospitals (UNMH) was to establish a sense of urgency surrounding health disparities in our institution. Through the DEI (Diversity, Equity & Inclusion) initiative at UNMH our goal is to identify and address any health disparities in patient care, and ensure we are inclusive of all forms of diversity among patients and their families, our employees, and the community we serve. We have exceeded our initial goals and are in the process of drafting a proposal to establish an Office for Diversity, Equity and Inclusion. We envision establishing an institution as successful as the DSC at UNMH.</p>



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