

Foreword by Peter L. Slavin, MD

The Institute of Medicine Report *Crossing the Quality Chasm* was truly transformative in that it presented our nation with a blueprint for achieving quality. The report urges us to focus on six key areas to deliver on our promise of high-quality care: efficiency, effectiveness, safety, timeliness, patient-centeredness, and equity. Hospitals across the country have heeded the Institute of Medicine's call, and are actively engaged in trying to improve quality – yet, we would be remiss to view any one area of quality as less important than another. This brings me to the issue of equity.


The fact that racial and ethnic minorities in this country may receive poorer quality health care than their white counterparts in hospitals across the country – even when they have health insurance – is indisputable and undeniable. The evidence, so eloquently presented in another Institute of Medicine Report *Unequal Treatment*, clearly points to the fact that the issue of racial and ethnic disparities in health care is an *inequality in quality* that deserves our utmost attention. It is therefore no coincidence that equity is a key pillar of quality.

Although conceiving the notion of unequal treatment can be uncomfortable, and to some unimaginable, given the evidence, it is incumbent upon us to assume that we have disparities in our own institutions unless proven otherwise. The importance of collecting patient race and ethnicity data, developing monitoring and reporting tools, and creating interventions to address disparities when found – as *Unequal Treatment* recommends – cannot be overstated. At Massachusetts General Hospital, we have taken this issue very seriously. Equity receives equal attention to the other pillars of quality from the Board room to the exam room. Our leadership understands that we cannot improve quality without improving equity, and we have engaged in a process of building the systems and interventions necessary to make this a reality. Ultimately, we believe that improving quality, addressing disparities and achieving equity is our responsibility, and that these efforts will improve not just the care of minorities, but of all patients at our institution.

For those who are interested in better understanding the issue of disparities, and why it is a key component of quality, this *Guide for Hospital Leaders* will provide some concrete answers. In addition to presenting the evidence for disparities and the rationale for addressing them, it also gives a view from the field, as well as a guide on how to initiate a portfolio of action in this area. Built on research, real world experiences, and national examples and models, this first-of-a-kind guide is practical, respectful of competing interests and pressures, and strategic – a perfect resource for getting started. Whether you are a CEO and need some background and guidance, or an advocate in need of a tool to convince your leadership to care and act, this guide will meet your needs.

As we move ahead, we can see that there is a quality, safety, cost, and risk management case for addressing disparities. If that is not enough, the changing demographics of the U.S., new pay-for-performance efforts targeting disparities, and the Joint Commission and National Quality Forum's recent attention to these issues, clearly highlight that achieving equity isn't just the right thing to do, it's an important ingredient to business success in health care. This guide can help you map out a successful strategy to improve quality, achieve equity, and address racial and ethnic disparities in health care.

I urge my counterparts to take on this important area of work and join me and other hospital leaders across the country who are striving to meet the challenge of achieving equity and assuring high-quality care for all we serve.



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