

Finding Answers

Disparities Research for Change

Making the Case for Equity

Equity is a fundamental component of quality. To ensure the best outcomes for all, every patient must receive the right care at the right time in the right way,¹ according to their unique needs, including their racial, ethnic or linguistic background. The lessons learned from Finding Answers have shown that to reduce disparities, health care providers must incorporate equity goals and objectives into their health care quality improvement work.

While not all organizations have been proactive in reducing disparities, there can be real and tangible benefits to health care institutions that invest in this area. These benefits can help motivate individuals and organizations to make equity a priority.

Investing in equity can help your organization...

...comply with regulatory requirements and become eligible for federal dollars.

- The collection of race, ethnicity and language data is part of the Affordable Care Act and is a criterion for incentive payments for 'meaningful use' of electronic health records.²
- National standards, guidelines and recommendations spell out requirements and best practices for health care organizations to make health care more culturally and linguistically acceptable. These mandates include the standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care, issued by the Office of Minority Health, the accreditation standards of The Joint Commission, and the National Committee for Quality Assurance (NCQA).³
- As part of their *Action Plan to Reduce Racial and Ethnic Health Disparities* DHHS will measure and provide incentives for better healthcare quality for minority populations by refining current or new measures of chronic disease burdens for racial and ethnic minorities and reviewing measures used in their current payment models. To encourage organizations to address equity issues, HHS will implement incentives and initiatives to reduce the racial and ethnic health burden of depression, avoid hospital readmissions, and improve patient self-management, patient safety and clinical pharmacy services.⁴

Investing in equity can lead to real and tangible benefits to health care institutions, in addition to reducing disparities.

¹ AHRQ, "Guide to Health Care Quality," <http://www.ahrq.gov/consumer/guidetoq/guidetoq.pdf>

² <http://www.minorityhealth.hhs.gov/section4302>

³ https://www.urac.org/savedfiles/CLAS_Standards_Crosswalk_V2.pdf

⁴ https://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf



- Health centers that receive federal funding under Section 330 community health center grant funding must provide outreach, transportation, interpreter services, education about health services and other supplemental services to their patient population.
- Many regulatory requirements are related to equity in healthcare, and there will likely be an even greater emphasis on equity in the future regulatory environment. By implementing programs that fulfill these requirements, organizations can develop infrastructure that supports equity-focused quality improvement generally.

...prepare for changes in reimbursement and new demands in the health care market

- Employers and insurers are seeking out providers who care about disparities to be included in their networks. They recognize the challenges minority patients face and need providers that can care for a diverse population.⁵ Likewise, organizations like the National Business Group on Health have encouraged their members to implement disparities reduction into their corporate health strategies and seek health care partners that address disparities.⁶
- An organizational focus on equity improves communication, which can increase efficiency and reduce waste. Simply by addressing communication and language issues, providers, provider office staff and patients enjoy reduced delays and a more efficient health care interaction.⁷ These communication barriers are also a frequent cause of unnecessary or duplicative tests⁸ that are spurring national efforts to reduce waste and overuse of health care.
- Minority patients and patients with limited-English language proficiency can experience higher rates of readmission and medical errors during their care.⁹ New payment policies from the Centers for Medicaid and Medicare Services (CMS) and other private insurers are making hospital providers directly financially accountable for this kind of low-quality care by limiting or eliminating payment for preventable readmissions and errors.¹⁰

⁵ http://www.businessgrouphealth.org/pdfs/IB_Disparities_4.pdf

⁶ <http://www.businessgrouphealth.org/benefitsttopics/topics/0018.cfm?topic=0018&desc=Disparities%20%28Cultural%20%20Ethnic%20and%20Racial%29>

⁷ <http://www.minorityhealth.hhs.gov/Assets/pdf/Checked/CLAS.pdf>

⁸ Elixhauser A, Weinick RM, Betancourt JR, Andrews RM. Differences between Hispanics and non-Hispanic Whites in use of hospital procedures for cerebrovascular disease. *Ethn Dis.* Winter 2002;12(1):29-37.

⁹ Ash M, Brandt S. Disparities in asthma hospitalization in Massachusetts. *Am J Public Health.* Feb 2006;96(2):358-362. Jiang HJ, Andrews R, Stryer D, Friedman B. Racial/ethnic disparities in potentially preventable readmissions: the case of diabetes. *Am J Public Health.* Sep 2005;95(9):1561-1567. Rathore SS, Foody JM, Wang Y, et al. Race, quality of care, and outcomes of elderly patients hospitalized with heart failure. *Jama.* May 21 2003;289(19):2517-2524. Alexander M, Grumbach K, Remy L, Rowell R, Massie BM. Congestive heart failure hospitalizations and survival in California: patterns according to race/ethnicity. *American Heart Journal.* May 1999;137(5):919-927.

¹⁰ Centers for Medicare & Medicaid Services, Department of Health and Human Services. Changes to the hospital

- New models of organizing the health care system, such as Accountable Care Organizations, are making providers financially responsible for the health of entire populations. For many chronic diseases, persons of racial and ethnic backgrounds suffer disproportionately. Improving chronic disease management for racial and ethnic minorities has the potential to result in significant savings by preventing costly complications.¹¹

...meet quality goals.

- Individuals whose care is hindered due to a communication barrier or a lack of understanding of cultural norms and beliefs are at risk for worse outcomes. Communication barriers are the most frequent cause of serious adverse medical events¹² and effective communication is inhibited by primary language, literacy, or cultural barriers.¹³
- Collecting race, ethnicity and language data can help health care practices see what they are doing well and which patient populations, health conditions and outcome measures are in need of more attention. By learning more about your patients and the health outcomes of specific populations, health care practices can ensure the very best possible care for every patient.¹⁴
- Culturally appropriate, patient-centered care, education and self-management tools can help manage chronic disease symptoms and prevent hospitalizations for conditions that can be treated in an ambulatory care setting.
- A focus on culturally appropriate care enables organizations to maximize the effectiveness of their quality improvement initiatives. When quality improvement projects are designed without the needs of diverse patient populations in mind, they are limited in their ability to improve care across the organization.

...fulfill mission and vision goals and improve perception among key stakeholders

- The case for investing in equity involves more than financial considerations. Most healthcare organizations have a mission, a vision and values that are tied to providing the highest level of quality healthcare to all of their patients. Incorporating equity into quality improvement efforts is a concrete expression of these priorities that can be readily understood by others, including patients, community partners and governing boards.

inpatient prospective payment systems and fiscal year 2009. Federal Register. Vol 73; 2008:48433-49084. Centers for Medicare & Medicaid Services, Department of Health and Human Services. CMS improves patient safety for Medicare and Medicaid by addressing never events. Fact Sheets. Monday, August 4, 2008.

¹¹ http://www.urban.org/uploadedpdf/411962_health_disparities.pdf

¹² Schyve PM. Language differences as a barrier to quality and safety in health care: the Joint Commission perspective. J Gen Int Med. Nov 2007; 19(2):60-67

¹³ <http://www.jointcommission.org/assets/1/6/HLCOneSizeFinal.pdf>

¹⁴ <http://www.minorityhealth.hhs.gov/section4302>

- Disparities reduction efforts, when implemented correctly and with the direct and ongoing involvement of the target population(s) can make lasting improvements in how the organization is perceived by patients, other organizations and the broader community.
- Reducing disparities can improve patient satisfaction scores, foster partnerships with local organizations, and increase opportunities for community recognition and support.

...maintain or improve its financial stability.

- Designing equity-focused quality improvement activities can be accomplished within the context of the healthcare organization's financial realities by taking steps to minimize cost and maximize potential reimbursement. See the breakout box below.
- Once realized, successes in equity-focused quality improvement activities can be leveraged for additional revenue and financial support. Evidence of success in reducing disparities can be used to support proposals for new funding sources. And, combined with patient care success stories, can show private donors that their monetary donations will have a true impact upon the health of their community.
- Most funders prioritize projects that are designed with members of the target population and that have demonstrated success through pilot projects. These type of data can be utilized to leverage continued and ongoing financial support.

Disparities reduction can improve quality, help meet regulatory requirements, and position health care organizations for the new reimbursement landscape. Taken together, these factors make disparities reduction an important goal for all health care providers.

Sustaining Quality Improvement and Equity

The MacColl Center for Healthcare Innovation's recommendations and case studies provide a good model and starting point for how to design equity-focused quality improvement efforts that are financially feasible.

MacColl recommends getting a comprehensive picture of the organization's financing structure and examining the payer mix to learn what types of practice activities generate revenue. This knowledge can then inform the design phase of the quality improvement process and maximize the potential for reimbursement.

For further reading: Integrating Chronic Care and Business Strategies in the Safety Net. AHRQ Publication No. 08-0104-EF. September 2008. <http://www.ahrq.gov/populations/businessstrategies/businessstrategies.pdf>