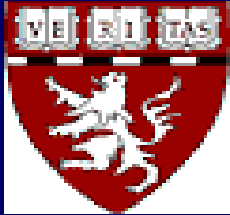


# Health Inequalities Laid Bare By Covid-19: How Can Primary Care Respond?



Joseph R. Betancourt, M.D., M.P.H.

Vice President, Chief Equity and Inclusion Officer

Founder and Senior Advisor, The Disparities Solutions Center

Senior Scientist, Mongan Institute

Massachusetts General Hospital

Associate Professor of Medicine, Harvard Medical School



# Outline

- ◆ High-Value, Transformation and Equity
- ◆ Equity, Disparities and Lessons from the Field
- ◆ COVID-19 and the Path Ahead

# High-Value in A Time of Healthcare Transformation

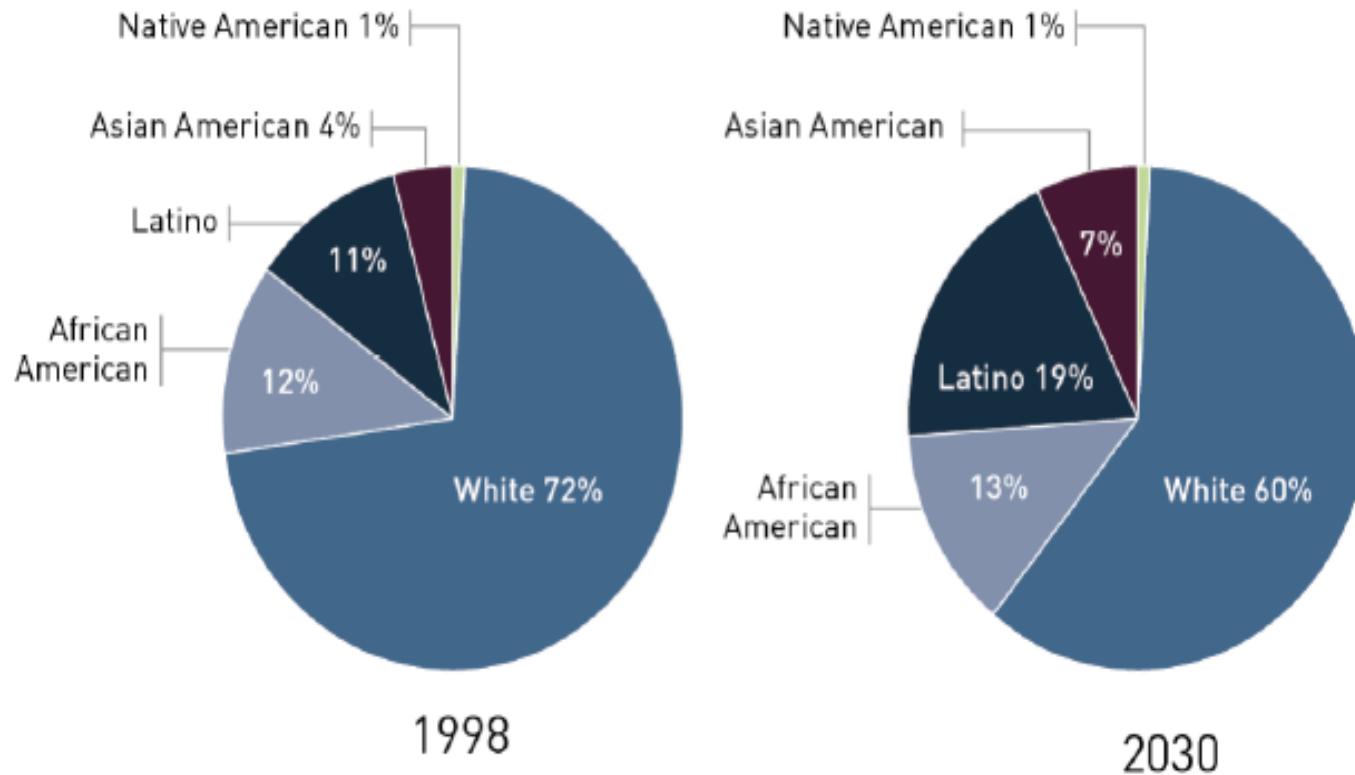
Value-based purchasing and health care reform will alter the way health care is delivered and financed; *quality* not quantity...

- ◆ Increasing Access: Assuring appropriate utilization
  - Linking to the PCMH, decreasing ED use & avoidable hospitalizations
- ◆ Improving Quality: Providing the best care
  - Importance of Wellness, Population Management
- ◆ Controlling Cost: Focusing on the Pressure Points
  - Importance of hot spotting and preventing readmissions, avoiding medical errors, and improving patient experience
  - Banding together and risk-sharing through ACO's

# Increasing Diversity

Health care organizations need to prepare staff to work with patients and colleagues from diverse cultural backgrounds

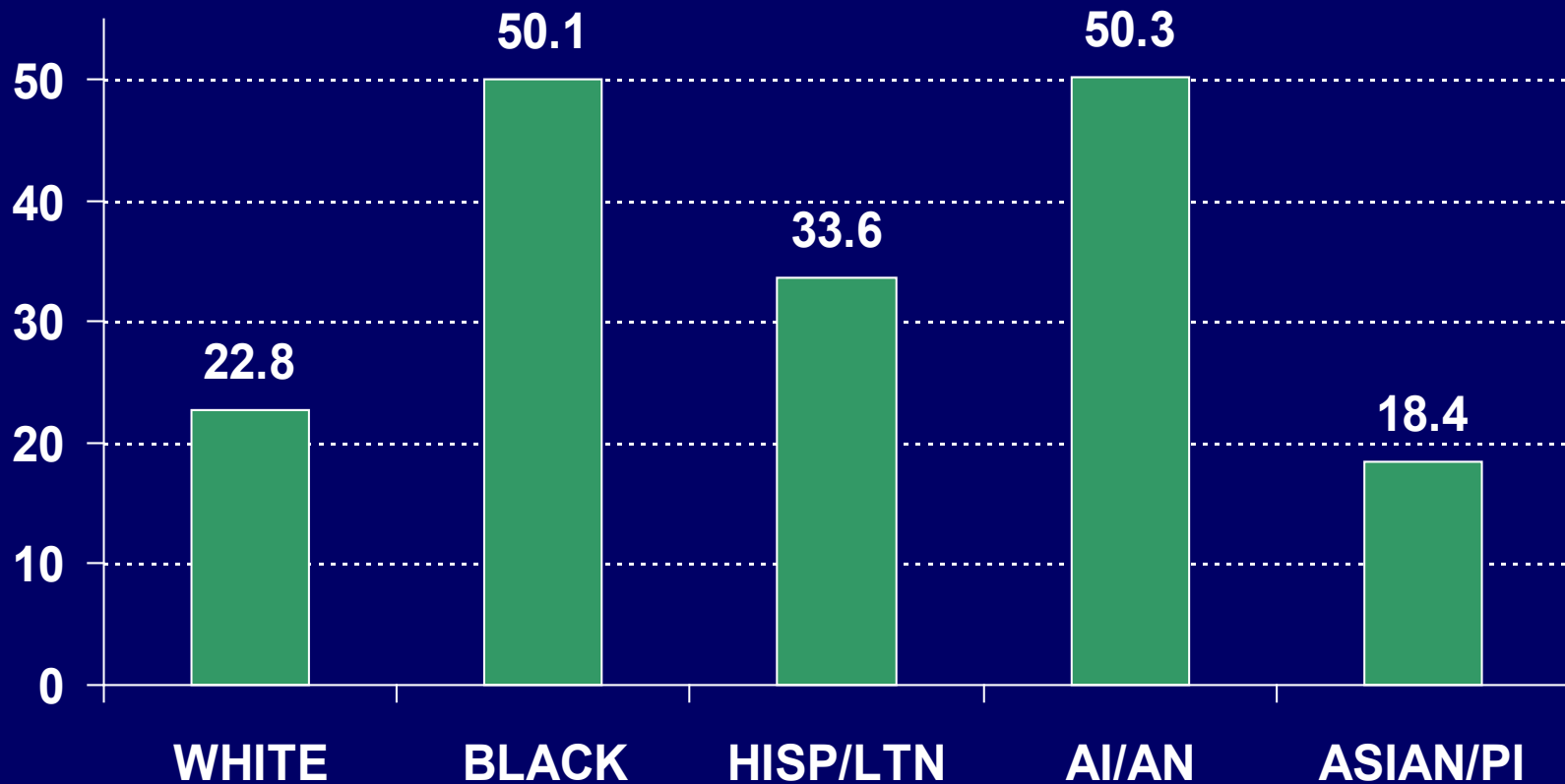
## Current and Projected Resident Population of the United States, 1998-2030<sup>1</sup>



1. Collins KS et al. *US Minority Health: A Chartbook*, Vol. 11. New York, NY: The Commonwealth Fund; 1999.

# Diabetes-Related Death Rate, 2018

Deaths per 100,000 population



# What causes these Racial/Ethnic Disparities in Health?

- ◆ Social Determinants
- ◆ Access to Care
- ◆ Health Care?

# Racial and Ethnic Disparities in Health Care

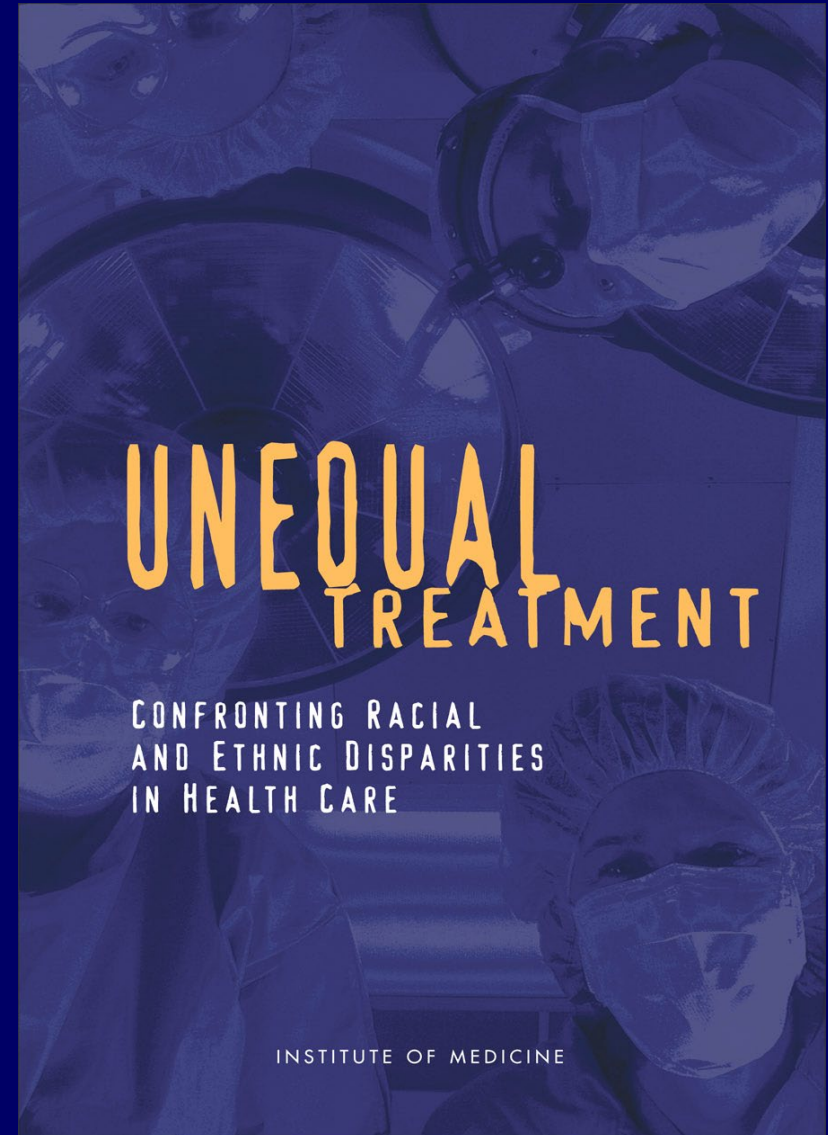
## *A High-Value Target*

Racial/Ethnic disparities found across a wide range of health care settings, disease areas, and clinical services, even when various confounders (SES, insurance) controlled for.

*Many sources contribute to disparities—no one suspect, no one solution*

- *Navigation*
- *Communication*
- *Stereotyping*
- *Mistrust*

Variations in care and quality, inefficiencies, costly care and poor outcomes are *the epitome of low-value*



# *IOM's Unequal Treatment*

*www.nap.edu*

## Recommendations

- ◆ Increase awareness of existence of disparities
- ◆ Address systems of care
  - Support race/ethnicity data collection, quality improvement, evidence-based guidelines, multidisciplinary teams, community outreach
  - Improve workforce diversity
  - Facilitate interpretation services
- ◆ Provider education
  - Health Disparities, Cultural Competence, Clinical Decision-making
- ◆ Patient education (navigation, activation)
- ◆ Research
  - Promising strategies, Barriers to eliminating disparities



# **Key Lessons from the Field**

# Key Lessons from the Field



Massachusetts General Hospital

## ANNUAL REPORT ON EQUITY IN HEALTH CARE QUALITY 2016-2017



MASSACHUSETTS  
GENERAL HOSPITAL



MASSACHUSETTS GENERAL  
PHYSICIANS ORGANIZATION

MASSACHUSETTS GENERAL HOSPITAL DISPARITIES SOLUTIONS CENTER

Joseph R. Betancourt, MD, MPH · Aswita Tan-McGrory, MBA, MSPH · Karay S. Kenst, MPH

MGH/MGPO EDWARD P. LAWRENCE CENTER FOR QUALITY AND SAFETY

Elizabeth Mort, MD, MPH · Syrene Reilly, MBA · Andrea T. Tull, PhD · Taekyu Kim, MBA · Robert J. Malin, MHA

- **Secure Buy-In**
  - ◆ Link to QSV
- **Collect Data**
  - ◆ Race/Ethnicity/Language/Education
- **Measure Performance**
  - ◆ Annual Reports and Dashboards
- **Educate Providers and Staff**
  - ◆ Cultural Competence, Stereotyping
- **Develop Culturally Competent Interventions**
  - ◆ Coaching
  - ◆ Navigation
  - ◆ Community Health Workers

# Current Context

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COVID-19 has disproportionately impacted communities of color

This has highlighted the impact of historical racism, structural racism including in health care, the social determinants of health, and disparities in health and health care

There are a series of key lessons that lay the groundwork for creating a more equitable society health care delivery system

This time calls for meaningful change, executed with urgency, and Primary Care must play an essential role in this transformation

# **COVID-19 and Communities of Color**

# COVID-19 and Equity

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**Lesson 1: We need to incorporate an equity analysis into emergency preparedness**

Communities of color hit early, hard, and were in the perfect storm

**Lesson 2: We need to incorporate race/ethnicity and equity measurement in all we do**

Surveillance, monitoring, dashboards and reports serve as springboard for action

**Lesson 3: As we redeploy for emergencies, language is an asset**

Multilingual registries, Care Groups, trusted messages/messengers, Diversity is critical

**Lesson 4: As we evolve clinical care, we need to assure equity**

Multilingual hotlines, patient information, virtual health, use of EHR

**Lesson 5: We need to care for those within our walls, communication is key**

Democratizing information is a quality/safety issue, texting an example

**Lesson 6: SDOH will always worsen in the case of disasters, and hasten spread**

Community health needs to take a “doorstep to bedside” approach

**Lesson 7: We must have equity in all efforts**

# Lessons for Primary Care

# Lessons for Primary Care

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## **Lesson 1: Primary care must truly, and finally be a team sport**

Inequality is a health problem; SDOH matter and must be addressed

## **Lesson 2: Meaningful access is essential**

Build a system that is built on the "rational" choices of patients

## **Lesson 3: Innovation in cannot happen without equity**

Virtual health, biometrics, precision medicine, therapeutics without the lag

## **Lesson 4: Cross-cultural communication and trust-building is key**

A practical, actionable framework for addressing sociocultural variations and mistrust

## **Lesson 5: Awareness, and avoidance of stereotyping, is key to reliability**

Make the unconscious conscious

## **Lesson 6: Diversity is not a nice to have, it is a need to do**

Need courage to make commitments

## **Lesson 7: We cannot manage what we do not measure**

# Thank You

Joseph R. Betancourt, MD, MPH

[jbetancourt@partners.org](mailto:jbetancourt@partners.org)