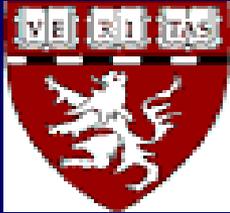


Health Inequalities Laid Bare By Covid-19: How Can Primary Care Respond?



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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

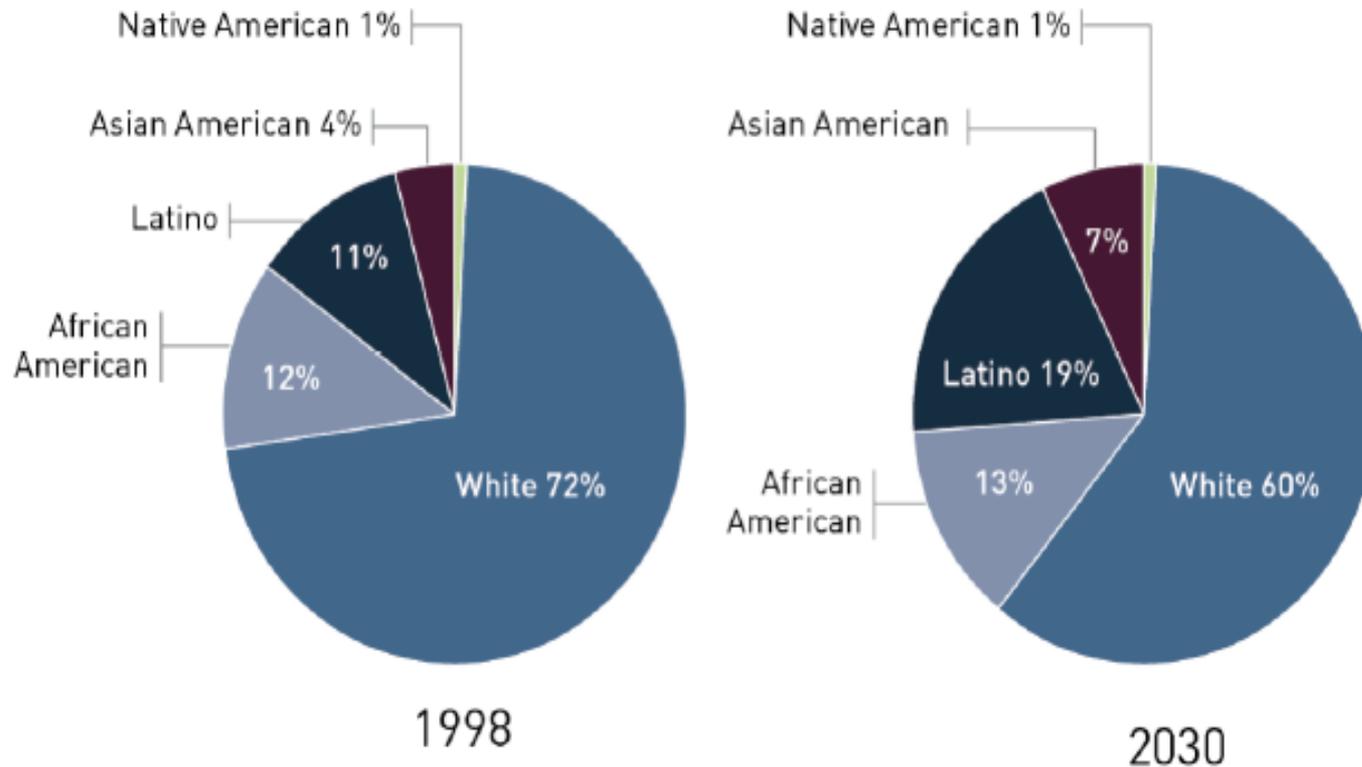
Value-based purchasing and health care reform will alter the way health care is delivered and financed; *quality* not quantity...

- ◆ 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

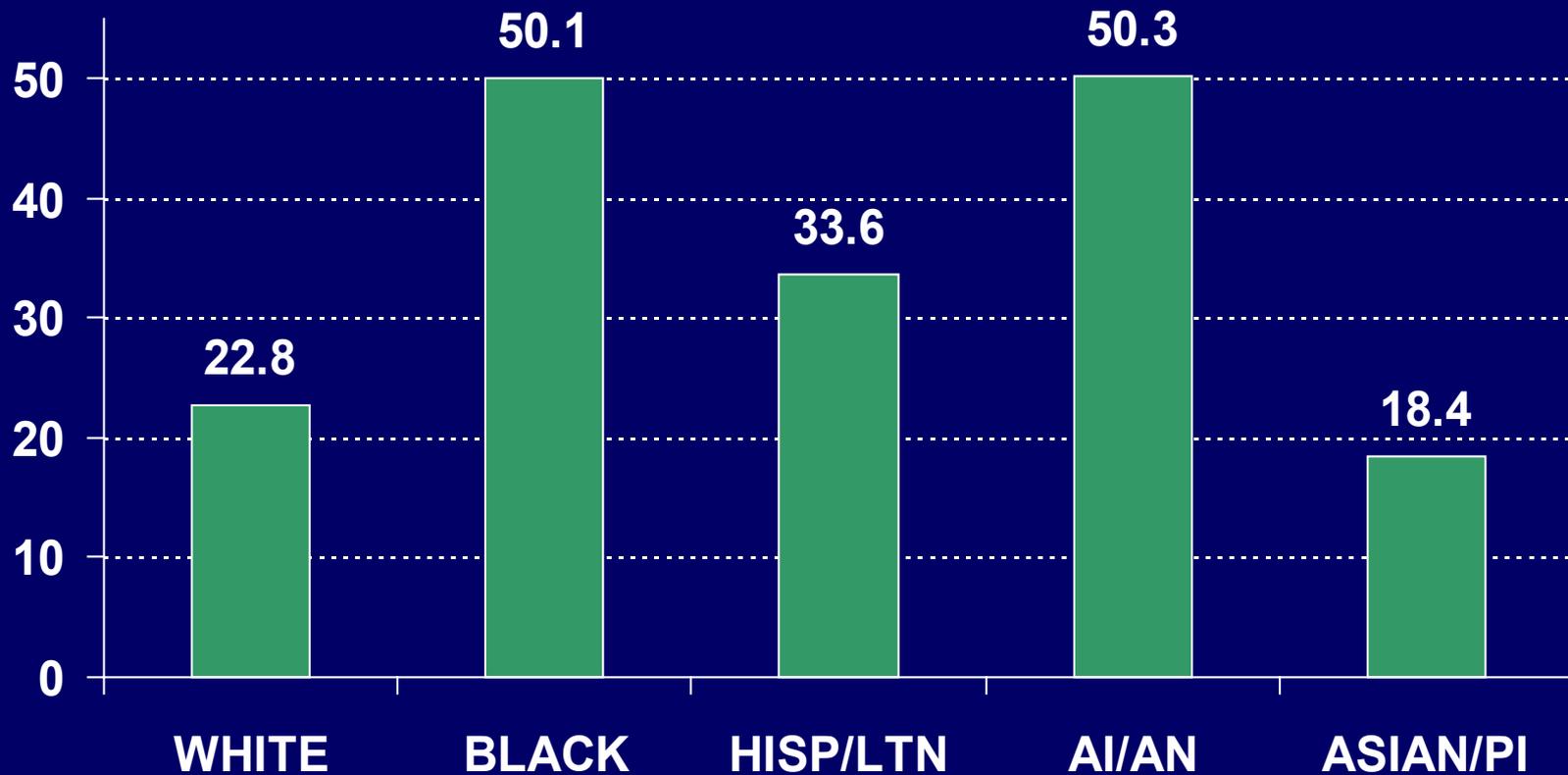
Current and Projected Resident Population of the United States, 1998-2030¹



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

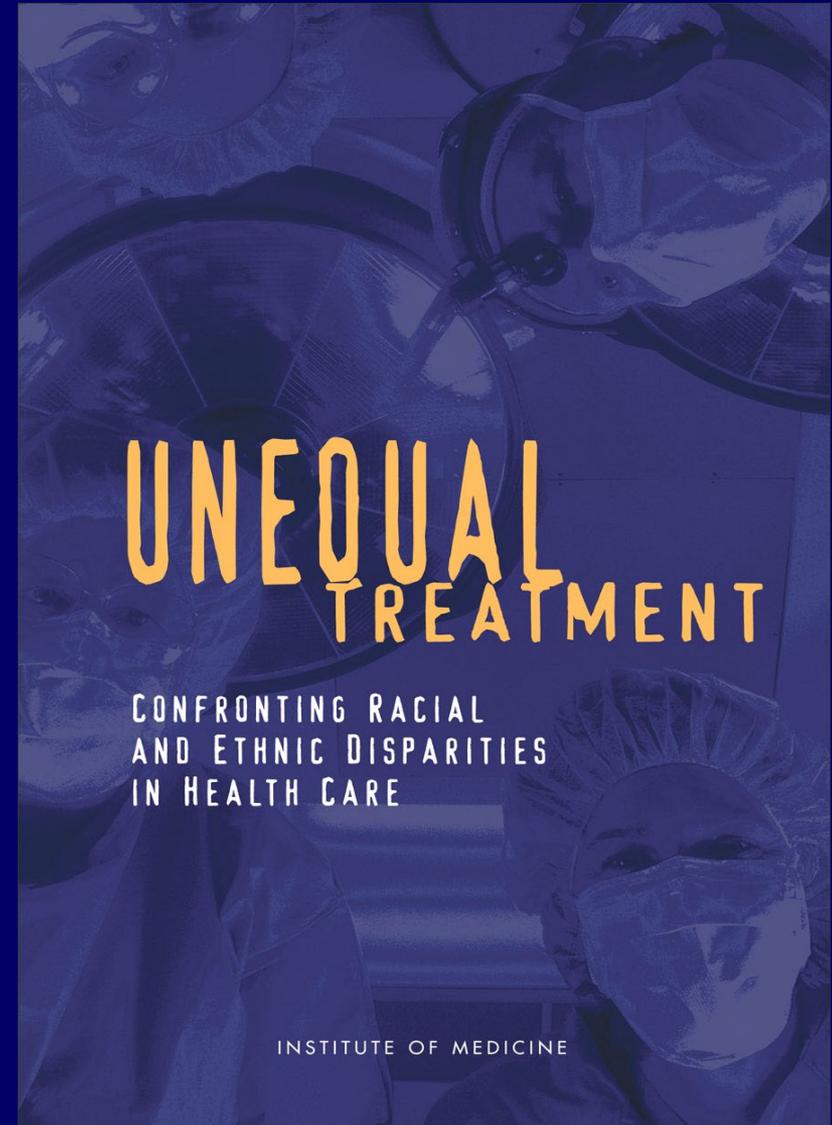
A High-Value Target

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
PHYSICIANS ORGANIZATION

MASSACHUSETTS GENERAL HOSPITAL DISPARITIES SOLUTIONS CENTER

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- **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

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

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

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

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