Setting Standards: Current Efforts to Increase Health Care Equity

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Case Study

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Presentation:

- 54 year old Spanish-speaking woman with a history of back surgery who presents to a local emergency department with severe low back pain. She has a limited history and physical exam. She is given a shot of IV Valium and discharged with the diagnosis of "chronic low back pain" with follow-up in one-week to her primary care physician.

JUANA

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EMERGENCY PHYSICIAN RECORD
Low Back Pain / Injury (5)

TIME SEEN: 800 ROOM: 10 __ EMS Arrival

HISTORIAN: __patient __spouse __paramedics __family

__HX / __EXAM LIMITED BY: translated by family

HPI chief complaint: back pain / injury chronic back pain

started (occurred): [illegible]
worse [illegible] x 1 [illegible]
seen [illegible]

✓continues in E.D.
__better
__gone now
__intermittent
__worse

recent injury? ✓no __yes __possibly

how (context)? __lifting __turning / bending __fall / near-fall __trauma
in MVC x 3 - last one 3 yrs [illegible] no [illegible]
seen in Potomac Hosp ER
x10 [illegible]

when? __as above [illegible]

where? __home __work __school [illegible]

other injuries? __neck __head __other

\Similar symptoms previously [illegible] x 5 yrs

\Recently seen / treated by doctor [illegible]

ROS

GU
__trouble w/ urination
\frequent urination [illegible]
__blood in urine [illegible]

OTHER [illegible]
__fever
subjective / to ____ °F
__chills

Women LNMP
__vaginal bleeding
normal period / abnormal

NEURO
__head
__depr
ENT, P
__sore
__cough
__troub
__chest
GI
__abdo
__nause
__vomit
__diarrh
__black/

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Follow-up:

- She comes to clinic the next morning crying in pain. She has urinary incontinence and an L5 sensory deficit. She is sent via ambulance to a different hospital where she undergoes emergency back surgery.

How could quality standards help?

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- Availability of interpreter services
- Information transfer and connectivity
- Medical home – possible mitigating effect
- Patient engagement (e.g., self-efficacy)
- Track patient outcomes (e.g., delay in diagnosis)

National Priorities Partnership (NPP)

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- Establish national priorities and goals for performance measurement and public reporting
- Focus measurement and improvement efforts on achievement of these goals
- Multi-stakeholder Committee with representation from 32 leadership organizations
- **Explicit goals for addressing disparities in each of the priority areas**

Selecting the National Priorities

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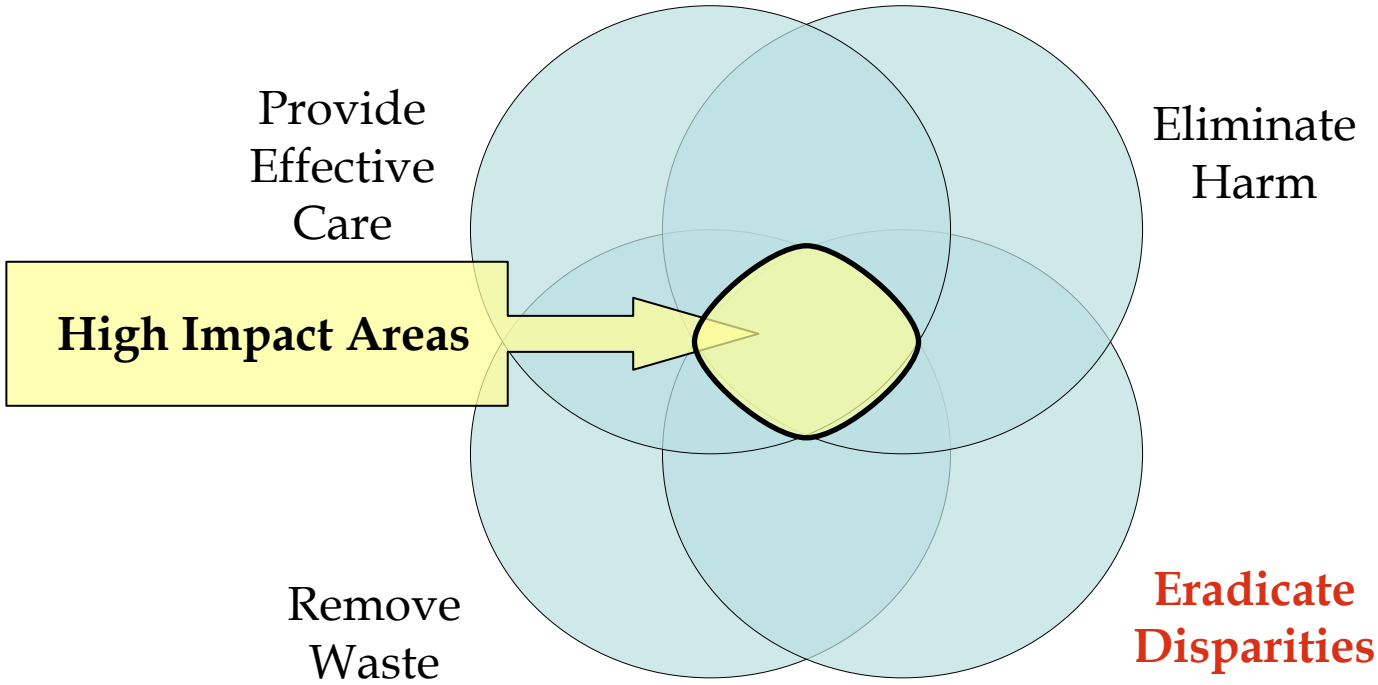

National Priorities

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- Ensure patients receive well-coordinated care across all providers, settings, and levels of care
- Improve the health of the population
- Improve the safety and reliability of America's health care system
- Engage patients and families in managing health and making decisions about care
- Guarantee appropriate and compassionate care for patients with life-limiting illnesses
- Eliminate waste while ensuring the delivery of appropriate care

Quality and Disparities Measurement

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- Assessment of quality by race, ethnicity, primary language and socioeconomic status should be a routine and expected part of performance measurement
- Need a framework for collecting race, ethnicity, primary language, and socioeconomic status data in an efficient, effective, patient-centered manner
- Identify measures that are "disparity-sensitive" and routinely stratify quality data
  - **Identified disparity-sensitive criteria**

Primary Criteria: Disparity-Sensitive Measures

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- **Prevalence**
  - Is this disease or condition among the most prevalent in the disparity population?
- **Impact of the condition**
  - Does the condition have a relatively high impact on the health of disparity population—e.g., mortality, QOL, stigma?
- **Impact of the quality process**
  - What proportion of the target population are likely to benefit from broader implementation of the targeted quality process?
- **Quality gap**
  - How large is the gap in quality between the disparity population and the benchmark populations?

Reducing Disparities Through Culturally Competent Care

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Adapted from Brach C, Fraser I, Can cultural competency reduce racial and ethnic health disparities? a review and conceptual model, *Med Care Res Rev*, 2000; 57: 187 – 217.

Measuring Cultural Competency

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- In 2009,NQF endorsed a framework and preferred practices
- NQF identified high-priority research and measure development to advance evaluation of cultural competency
- Built consensus around major questions:
  - What constitutes culturally competent care?
  - Who is accountable to ensure it is delivered?
  - How do health systems and providers measure cultural competency?
  - Can we attribute culturally competent healthcare to improved health outcomes?

Defining Cultural Competency

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Cultural competency is the ongoing capacity of healthcare systems, organizations and professionals to provide for diverse patient populations high quality care that is safe, family and patient- centered, evidence-based, and equitable.

Cultural Competency Framework - Principles

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- Cultural competency in healthcare embraces the concept of **equity** and **equal access to quality care.**
- Cultural competency should be viewed as an **ongoing process** and a **multilevel approach**.
- Cultural competency is **necessary, but not sufficient, to achieving an equitable healthcare system.**
- The successful **implementation** of cultural competency initiatives **requires an organizational commitment** with a systems approach.

Cultural Competency Framework - Domains

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1. Leadership
2. Integration into management systems and operations
3. Patient-Provider Communication
4. Care Delivery and Supporting Mechanisms
5. Workforce Diversity and Training
6. Community Engagement
7. Data Collection, Public Accountability, and Quality Improvement

Cultural Competency - Endorsed Practices

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- Identified practices through a public call for evidence-based practices across domains
- Steering Committee members identified practices from the literature or their familiarity with the field
- The final report presents 45 NQF-endorsed preferred practices for measuring and reporting cultural competency

Examples: Patient-Provider Communication Practices

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- Practice 18: Use "teach back" as a patient engagement tool to enhance communication between the healthcare provider and the patient during clinical encounters.
- Practice 19: Communicate key information about the proposed treatments or procedures for which patients are being asked to provide informed consent.

Policy Recommendations → Preferred Practices → Measures

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IOM Policy Recommendation:

An entity collecting data from individuals for purposes related to health and healthcare should collect data on granular ethnicity using categories that are applicable to the population it serves.

NQF-Endorsed Preferred Practice:

- Ensure that, at minimum, data on an individual patient's race and ethnicity and primary written and spoken language are collected in health records and integrated into the organization's management information systems. Periodically update the language information.

Opportunities for Measurement:

- Number of patients who have appropriate data collected on race, ethnicity, and primary written and spoken language

NQF Quality Data Set

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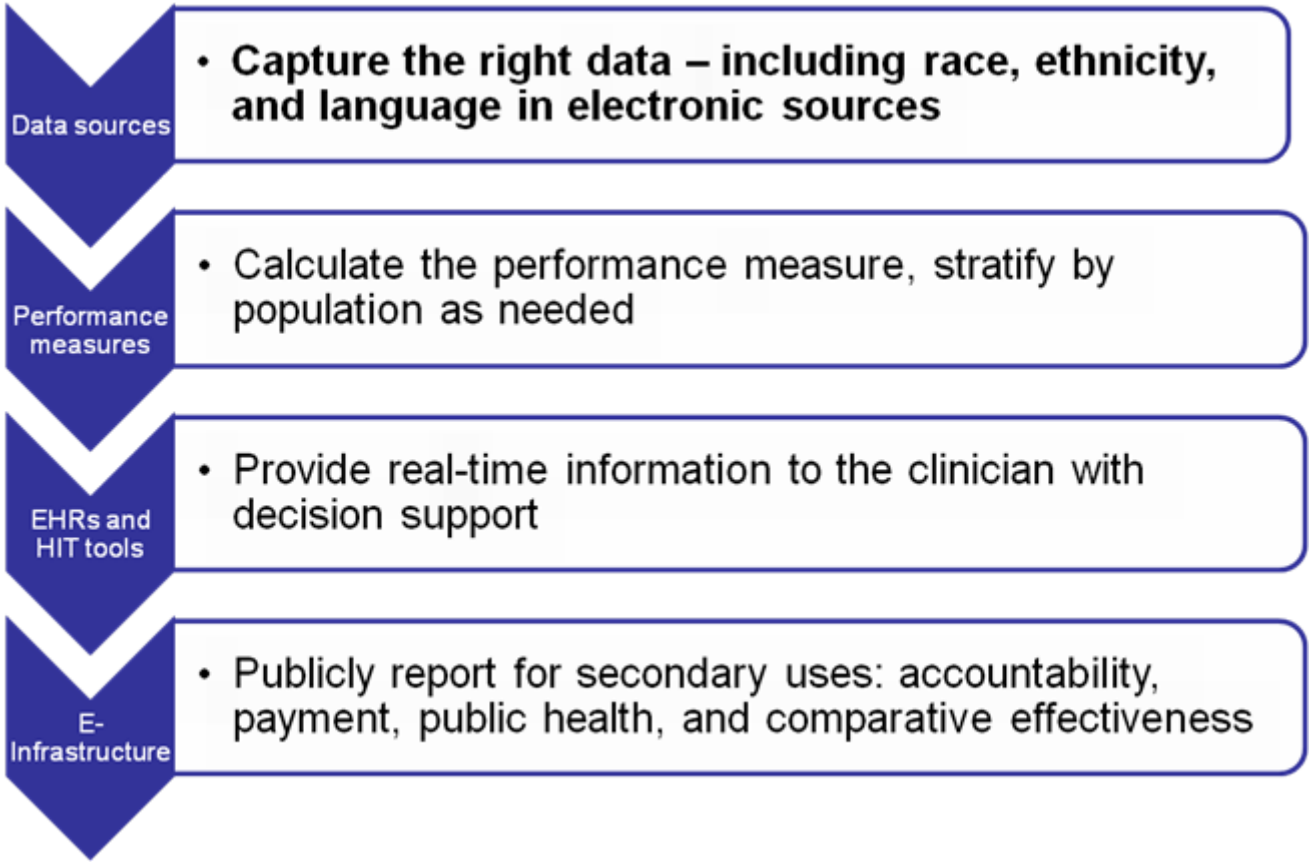

NQF Planned Efforts

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- Identify disparity-sensitive measure sets across the full range of healthcare settings
- Promote the development of tools to measure the implementation of cultural competency practices
- Identify cross-cutting disparity and cultural competency measures needed to fill priority gap areas
- Address disparities in each action plan to address NPP priorities and goals

Comments/questions

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