

The Committee on Racial and Ethnic Disparities
Minutes January 26, 2007

Present: Joseph Betancourt, Joan Quinlan, Michael J. Barry, Nancy Connery, Nakela Cook, Elizabeth Donahue, Karen Donelan, Cyrus Hopkins, Suzanne Kim, Gregg Meyer, Jamaluddin Moloo, Elizabeth Mort, Roger Pasinski, Sanja Percac-Lima, Angelleen Peters-Lewis, Carlyene Prince-Erickson, Allison Rimm, Isaac Schiff, Wanda Vega, Deborah Washington, Joel Weissman

Committee updates

1. Quality and Safety
 - a. Congratulations –Gregg Meyer has been named senior vice president for quality and safety. Liz Mort will be a key member of the team. In their new roles, Gregg assured the committee that they will work to uphold the principles laid out by the 6 pillars of quality described in the IOM report, including equity. Liz also gave the following updates.
 - b. During a recent conference call with the Massachusetts Medical Society, Cy Hopkins raised issues of race/ethnicity during the discussion.
 - c. Reporting
 - i. Robin Weinick has presented the Disparities Dashboard at various meetings to MGH leaders.
 - ii. Development is underway for a software program that will report outcomes and review improvements. A planning committee will decide which of a set of larger measures will make sense to stratify by race and ethnicity. Guidance from the committee would also be welcome and helpful.
 - iii. Gregg and Liz will be working with Peter Slavin to include quality and safety vignettes in his weekly report to the General Executive Committee
 - d. The January 1 mandate for race and ethnicity data collection (including questions on race, ethnicity, language and education) has taken effect. MGH had the good fortune of being part of the piloting of the tools and trainings, so we are further along at the start than several other hospitals, especially in terms of Information Systems, which had to accommodate the new fields in the computers and software. Over 200 MGH employees (specifically registrars) have been trained on not only how to execute the collection but regarding the importance of this information being obtained. So far, there have been a few flags raised so the process and training will need to be revisited in some places.
 - e. The diabetes intervention at Chelsea is progressing nicely but there are quite a few people who have not signed up because of new immigration regulations. Also, the IRB has recently been amended to allow the use of aggregate numbers in the study.

2. Education and Awareness
 - a. New posters throughout the hospital thanks to Suzanne Kim's efforts.
 - b. E-learning tool used with Harvard Medical School students and Internal Medicine residents. Dr. Slavin is now looking into sharing it with practicing doctors at MGH.
 - c. Joe Betancourt will be presenting as part of the new Service Matters series at MGH about R/E information on January 31.
3. Patient Experience
 - a. The multicultural advisory committee has added a few new members. There were a lot of questions raised at the last meeting that Nakela Cook presented to the group and welcomed feedback; Will payer status at MGH be similar to that of other hospitals considering the impacts of the free care pool changes? Is a hybrid structure of separate but equal care for different groups possible? What kind of efforts can be made to reach out to neighborhoods of color without taking over patient care? Overall, the committee was surprised and impressed with the efforts of MGH. Joan Quinlan announced that Candace Burns is leading a new effort and will both look to the committee for advice and report on outcomes to the committee. Another member asked what feedback the advisory committee had regarding increased exposure (outside of the work with El Planeta and Bay State Banner). Overwhelmingly, the committee felt that representatives of the hospital attending events in person would have the greatest effect.

Presentation – Colorectal Cancer Disparities Project
Presented by Sanja Percac-Lima and Angelleen Peters-Lewis

Meeting adjourned: 1:30PM

Improving Colorectal Cancer (CRC)
Screening Rates by Lowering Barriers
in Low Income and Non-English
Speaking Populations:
The Chelsea CRC Screening Project

Sanja Percac-Lima MD, PhD
Angelleen Peters-Lewis RN, PhD

MGH CRC Screening Rates

- MGH PCOI data show disparities in CRC screening between Latino and White patients
- MGH Chelsea Health Center had the lowest CRC screening rate (45% compared to 55%)
 - 55% of patients at Chelsea HC are Latino
 - The CRC screening rate at Chelsea White patients was the lowest

CHC Cancer Screening Effort

- Chelsea HC had the best screening rates for breast and cervical cancer at MGH
- Chelsea HC has navigator programs for breast and cervical cancer
- Five years ago there was a CRC screening navigator however there was no funding to continue the program

Study Team

- Chelsea Adult Medicine Department
- Community Benefits Center
- Primary Care Operations Improvement
- MGH Clinical Research Program
- General Medicine Unit
- Disparity Solution Center
- Gastroenterology Unit

Funding Source

2006 MGH Clinical Innovation Award:

Translating Clinical Insights into Improved
Patient Care at the MGH

Study Objectives

GOAL

- Implement a program to identify and overcome barriers to CRC screening
- Improve CRC screening rates at Chelsea HC

HYPOTHESIS

- Bilingual navigator program, enhanced by trained interpreting staff will improve CRCS
- Decrease disparities between patients that do not speak English and English speakers

Pilot Work: Qualitative Interviews

A.Green, A. Peters-Lewis, S. Percac-Lima

- 40 patients seen in Adult Medicine Department
- Interviewed by bilingual staff member
- Identify patients' barriers to CRC screening particularly colonoscopy
 - Whether had colonoscopy or not

Demographics

- Inclusion Criteria
 - 53-70
 - English or Spanish speaking
- Gender 23 females, 17 males
- Race/Ethnicity
 - 22 Latino
 - 18 White
- Insurance
 - 12 participants had private insurance

Findings

Five themes emerged from the interviews

- System Barriers
- Fear of Pain/Diagnosis
- Perception of Others
- Lack of Motivation
- Lack of Knowledge/Provider Recommendation

System Barriers

- Scheduling
 - Appointment times
 - Rescheduling appointments
 - Timeliness and clarity of prep instructions
- Financial
 - Cost of the prep
- Transportation
 - Identifying an escort

Fear of Pain/Diagnosis

- Fear of pain associated with the procedure
- Fear of receiving a diagnosis of colon cancer

“What I don’t know won’t hurt me. No I want nothing to do with cancer. Not even to test or screen for it...nothing. I don’t want to bother. I’m really against it all. If I ever had it, I would never let them cut me or anything like that...nothing.”

Perception of Others

- Theme emerged to describe the manner in which perceptions of others influenced participants' decision to have a colonoscopy
- Negative experiences of family members and friends were identified as barriers to colon cancer screening
 - “I heard so many people got it done and they ended up with problems.”

Lack of Motivation



- Provider recommended the procedure
- Knowledgeable about benefits of the procedure

“I just haven’t made the appointment....I’m a procrastinator.”

Lack of Knowledge/Provider Recommendation



- Theme only emerged in two interviews
- Illuminates importance of provider recommendation

“Well if the doctor does not mention it, then I guess I don’t need it.”

New Study: Key Study Personnel

- Full time bilingual navigator Spanish and English speaking
- Four staff interpreters will be trained to navigate patients that speak other languages

Patient Eligibility

- Age 52-79
- Patients at MGH Chelsea Health Center
- Did not have CRC screening

Exclusions

- Acutely ill
- Cognitively impaired
- Short life expectancy

Study Population

- All patients aged 52-79 3214
- Patients excluded 236
- Eligible patients 1412
without CRC screening

Study Design

- Randomized controlled trial
 - Early vs. late intervention
- Early intervention group
 - Navigator contact in the first six months
 - 1:3 randomization : 470 patients
- Late intervention group
 - In the first six month will receive usual care

Intervention

- Letter to patient introducing the program with CRC screening educational materials
- Navigator approaches the patients at their visit to the health center
- Navigator explores the individual barriers and tailors the interventions

Preliminary results

- Recruitment started January 08, 2007
- 48 letters sent
- 9 patients approached – 7 agreed to have colonoscopy
- 8 patients contacted that had colonoscopy appointment – 6 had procedure completed

Navigator's interventions

- Education
 - CRC and screening
 - colonoscopy
- Emotional support
- Referral/scheduling

Navigator's interventions

- Bowel preparation
 - explaining instructions
 - translating instructions
 - assisting in buying
- Procedure
 - reminding pt about app
 - transportation
 - accompany patient
 - interpreting
- Insurance issues

Navigator's interventions

- FOBT
 - providing/explaining cards
 - reminding/getting back the cards
- Follow up
 - reviewing results of CRCS
 - writing results and needed follow up in LMR

Next Steps

- Complete and analyze results of RCT
- Implement more broadly within Chelsea
- Consider expanding program to other health centers
- Identify other areas of disparity that might benefit from Navigator-like program
- Can any Navigator functions be automated?