

December 12th , 2003

Meeting Five:

Action Plan Presentations to Peter Slavin, M.D.

MGH Disparities Committee Meeting

Minutes December 12th, 2003

Present: Joseph Betancourt, Joan Quinlan, Peter Slavin, Evelyn Bonander, Brian French, Winfred Williams, Jacqueline Somerville, Angela Maina, Karen Donelan, Anne Richmond, Nancy Connery, Pat Rowell, Ellen Forman, Roger Pasinski, Thomas Sterne, Valerie Stone, Liz Mort, Hope Worden Kenefick, Diarra Lamar, Muriel Jean-Jacques, Candace Burns, Joan Fitzmaurice, Nakela Cook, Allison Rimm

I. Welcome and Introductions

II. Update on Mayor's Committee

Joe updated the group on the Hospital working group-Mayor's task force to eliminate health disparities. The hospital-working group is made up of members of senior staff from each hospital and meets monthly to identify and implement 4 city-wide hospital-based initiatives that address racial disparities in health. The four tasks include: 1) Measure Health Disparities 2) Increase Workforce Diversity 3) Improve Institutional Cultural Competence 4) Increase participation in Community-Based Efforts. So far, the group has had four major meetings at which they have discussed data collection strategies to standardize reporting of racial and ethnic information across hospitals. Even though quality is not one of the tasks assigned to the workforce, the issue has been discussed and the MGH quality subcommittee has been the benchmark for these discussions.

III. 2004 Action Plans Subcommittees

Chairs from the different subcommittees presented their action plan and deliverables to the group.

A. Quality Subcommittee Action Plan

- QI Initiatives - Stratify outcomes of quality initiatives by race/ethnicity starting with MGPO asthma and diabetes QI initiatives.
- Patient Satisfaction - Include race/ethnicity questions on outpatient and inpatient satisfaction surveys
- Quality Indicators- Incorporate measures around disparities within the Quality Dashboard and other tools
- Quality Rounds - Embed questions around disparities into unit-based "Quality rounds"

- Signature Document - Create document describing overall demographics of hospital & utilization of various services by race/ethnicity

Resources Needed: No additional resources required

Quality Subcommittee Deliverables by September 2004 Trustee meeting

- Data on outcomes of asthma and diabetes QI initiatives stratified by race and ethnicity; might shape interventions
- Patient satisfaction data – inpatient and outpatient stratified by race and ethnicity
- Qualitative analysis of results of quality rounds
- Demographic profile of the hospital – who are our patients and what services do they use

Key issues discussed during the quality presentation included:
 Should the Press Ganey survey start stratifying by race and ethnicity?
 If the response rate among Hispanics and other racial and ethnic minorities is low, should the survey be administered differently?
 Should an indicator be added on the dashboard to show that there is race and ethnicity?

B. Education and Awareness Subcommittee Action Plan

- Awareness** – Create comprehensive communication strategy (FYI posters, email, web sites, etc.); publish at least two articles in hospital publications per year
- Continuing Education** – At least 4 presentations at grand rounds and leadership meetings per year; annual event with national speaker
- Orientation** – Include slides about disparities in orientation for all professions
- Organizational Assessment** – Assess disparities-related activities throughout the hospital through email survey
- Systems** – Share best practices identified through survey

Resources Needed: \$15,000 for speaker fees

Education and Awareness Subcommittee Deliverables by 9/04 Trustee meeting

- At least two presentations at grand rounds/leadership meetings
- Comprehensive communication strategy developed and underway
- Message on disparities incorporated into orientations

Key issues discussed during the education and awareness presentation included:

The subcommittee will work in collaboration with hospital departments on grand rounds to discuss topics suggested by the subcommittee. The subcommittee will cover appropriate resources required by the departments.

C. Patient Experience of Care Subcommittee Action Plan

- **Focus Groups** – of patients/families, staff, interpreters about patient experience of care.
- **Examine Differences** in experience of care between resident clinics and ward service and other services.
- **Multi-Cultural Advisory Council** - Create advisory group of patients, families, staff, community leaders on multi-cultural issues.
- **Inventory existing research** that incorporates measures differences in care based on race/ethnicity

Resources Needed: \$20,000

Patient Experience of Care Subcommittee Deliverables by 9/04 Trustee meeting

- At least three focus groups conducted and analyzed
- Multi-Cultural Advisory Committee would have had one meeting
- Inventory of existing research studies where disparities data may be available complete and data catalogued

Key issues discussed during the patient experience of care presentation included:

Even though the advisory committee is an excellent idea, retention of members of this group is key. Incentives are good but not enough so careful selection is required. Joe suggested that someone who works and is a patient at MGH would be an ideal informant for the group.

D. Access Subcommittee Action Plan

- Study access to subspecialties for ward service and resident clinic patients. Focus on pulmonary, renal, cardiac, diabetes, and general surgery
- Subsequent recommendation: Include this study as a subset of study questions in the patient experience of care study of same population

Resources Needed: \$10,000 as placeholder

The access subcommittee has merged with the patient experience of care subcommittee since their interests are very similar.

Key issues discussed as a result of the patient experience of care and access subcommittee reports included:

- An important and lengthy discussion took place about the perception and reality of the ward service. Concerns were expressed about the perception of a two (or three)-tiered system of care.

IV. Report on Partners Project to Improve Collection of Patient Data

Hope Kenefick presented on Race, Ethnicity and Language data collection system enhancement at Partners. The OMB standards call for systems that allow patients to identify themselves as more than one race and more than one ethnicity. The challenge however is that patients do not necessarily understand what “race” and “ethnicity” are. If they do, they do not necessarily distinguish between race and ethnicity. Some of the goals of the proposed system are to create a system that does not offend patients and cause them to be concerned about their care and also to create a system that allows for useful data reporting and that meets OMB standards. In the near future, data collection categories will be modified as necessary, IT capability will be assessed and a training module and plan will be designed.

Meeting Adjourned 1:30PM

Next Meeting:

Friday, March 26th 12PM -1:30PM
Bulfinch 225A Trustees

Friday, June 25th 12PM -1:30PM
Bulfinch 222

Tuesday, August 10th 10AM – 11AM
Walcott Conference Room

Friday, September 24th 12PM -1:30PM
Gray/Bigelow Sweet Room

Friday, December 17th 12PM -1:30PM
Gray/Bigelow Sweet Room