

**May 23rd, 2003**

**Meeting Two:**

**May 23<sup>rd</sup> Disparities Meeting  
Minutes:**

**Present:** Peter Slavin, Nancy Connery, Carlyene Prince-Erickson, Valerie Stone, Win Williams, Joe Betancourt, Evelyn Bonander, Brian French, Mike Barry, Isaac Schiff, Laura Riley, Deb Washington, Anne Richmond, Rosalia Chow, Ann Prestipino, Allison Rimm, Nakela Cook, Joan Quinlan, Katherine Flaherty

1. Review of Minutes and Updates

Joan reviewed the most recent disparities meeting the Mayor called for hospital presidents. Plans are for the formation of two workgroups to be staffed by the Boston Public Health Commission. The first would be the Hospital measuring health disparities and increasing participation in community-based efforts. While there will be one or two point persons, participation may vary depending upon the topic currently being addressed. The second group will be the Mayor's Task Force to Eliminate Health Disparities, which will be comprised of the Mayor and five hospital presidents (to be invited). This group will create a strategic blueprint for eliminating disparities in Boston.

Joe reported on a site visit by Health Research Education Trust, an arm of the American Hospital Association, to learn about our efforts to improve race and ethnicity data collection. We are part of a six hospital consortium participating with HRET on this commonwealth (?) funded initiative.

2. Presentation on Collection of Patient Race/Ethnicity Data

Nancy Connery presented on efforts to improve collection patient race/ethnicity data at MGH. The presentation is attached. Issues identified from this presentation were the inability of the inpatient and outpatient registration systems to communicated well with each other. There is also a problem when registration is taken from someone other than the patient (a physician's office). Of note, registration info is now verified on every patient every six months and the unknown rate has been reduced as a result.

Katherine Flaherty presented on a Partners-wide effort to standardize the collection of race/ethnicity data, as well as to collect language data (see attached). As the process goes forward she will consult with this group about racial/ethnic categories to include on a data collection form.

### 3. Identifying Priorities for the Committee

- We briefly reviewed grid attached and then heard presentations from:
- Rosalia Chow on race/ethnicity of primary care practices (attached)
- Race in the HIV clinic and opportunity to analyze data for engagement in prophylactic and other medical regimens. Some national data indicates that African Americans are not offered medications at the same rate as Whites.
- Win William on end stage renal disease and national data that indicated that African Americans are not offered liver transplant at the same rate as Whites.

We ran out of time, but the main topic for next agenda is to pursue these and other ideas and begin to establish priorities.

### **FOLLOW-UP MEETINGS/PRESENTATIONS**

#### *June 18<sup>th</sup>, 2003 - Diversity Committee presentation*

- 27% Minority Residency Retention @ MGH
- Summer Research Trainee Program
- 15 Minority Graduates 2003 @ MGH (7 Fellowships and 8 Staff positions)
- IOM presentation by Joe

#### *June 24<sup>th</sup>, 2003- Meeting with Mike Barry*

- Look at Process Measures
- Time to procedures by race/ethnicity
- B Blocker post MI, etc
- Focus Groups with Residents (Nurses, others)
- Assist in identification of disparities
- Other “cues” for disparate treatment

#### *June 24<sup>th</sup>, 2003- Meeting with Win Williams*

- End Stage Renal Disease (ESRD)
- Identify patients by race/ethnicity
- Examine ESRD> Transplant list
- Link to work with United National Organizational Standards (UNOs)
- Qualitative Assessment of Patient Experience

#### *June 25<sup>th</sup>, 2003- Meeting with Valerie Stone*

- Examine HIV Medication Regimens
- Initial Regimen
- Adherence to Guidelines
- Qualitative Assessment of Patient Experience