

**September 26th, 2003**  
**Meeting Four:**

**MGH Disparities Committee Meeting**  
**Minutes September 26, 2003**

**Present:** Joseph Betancourt, Joan Quinlan, Deborah Washington, Evelyn Bonander, Brian French, Winfred Williams, Carlyene Prince-Erickson, F. Elaine Brown (Administrative Intern), Michael Barry, Laura Riley, Jacqueline Somerville, Angela Maina

1. Welcome and Introductions

The meeting was called to order at 12:10PM by Joan Quinlan. Brief introductions of the group members were made. New members include F. Elaine Brown, an administrative intern.

2. Updates and announcements

**Joan Quinlan:** The mayor's task force to eliminate health disparities is working on creating a tool for the collection of race/ethnicity information at hospitals. The draft tool currently has approximately 72 fields. The CEO group has agreed to a uniform data collection tool.

**Win Williams:** The End Stage Renal Disease program at MGH Win is exploring the possibilities on the renal transplant series of analyzing data by race and ethnicity. He will keep us posted about the need for resources.

**Deb Washington:** Deb gave an update of the Patient Care Services conference on disparities held last month. It was well attended and very successful.

**Joe Betancourt:** The Harvard Forums on Health, a project (run by David Blumenthal, MD, MPP, Institute for Health Policy) of Harvard University's Interfaculty Program for Health Systems Improvement, commissioned Lake Snell Perry and Associates to conduct a national poll to explore the public's knowledge about disparities in health care and their opinions about various policy options to remedy inequities in the health care system. The main findings include: Americans of different races and ethnicities are divided about the issues of disparities in healthcare. Americans also differ to the reasons minorities may be treated differently in the health care arena. When it comes to correcting inequality in health care, Americans of all races and ethnicities support a broad range of potential remedies. A conference to present these findings was held in Nashville in early September. A copy of these findings will be sent to members from Joe's office who was involved in presenting these findings.

3. Recap of where we are

Joe Betancourt recapped on the recommendations of IOM's Unequal Treatment. The recommendations are in three levels;

- I) Systems level – Data collection and Quality improvement
- II) Provider level – Education and awareness
- III) Patient level - Education

#### 4. Proposed workplan

Subcommittees have been developed with the IOM recommendations in mind. The charge to all committees is to meet at least twice between September and December and develop a FY'04 workplan and deliverables as well as assess resources needed. The proposed subcommittees are Quality, Patient experience of care, Access and Education/awareness.

#### **Quality Subcommittee**

Chair: **Elizabeth Mort, MD**

Proposed charge: Develop methods for embedding race and ethnicity measures into ongoing quality monitoring and improvement initiatives. Design interventions when disparities identified.

Examples of Possible Activities:

- Embed race/ethnicity measures into QI projects (asthma, diabetes)
- Develop disparities measures for quality dashboard
- Integrate discussion of disparities into quality rounds

#### **Patient Experience of Care**

Chair: **Jackie Somerville, RN, Evelyn Bonander**

Charge: Assess the experience of care at the MGH for patients of color, develop and implement action plan.

Example Possible Activities:

- Patient focus groups
- Develop training (work with education committee)
- Analyze and monitor patient satisfaction survey data

#### **Education and Awareness**

Chair: **Brian French, RN, Joseph Betancourt, MD**

Charge: Develop plan to educate/raise awareness regarding disparities and the factors that contribute to disparities (i.e., patient experience of care)

Example Possible Activities

- Assess educational opportunities for various disciplines and identify gaps
- Act as catalyst for grand rounds on disparities in every department within a year
- Sponsor one major event per year with national speaker, etc.

### **Access Subcommittee**

Chair: **Laura Riley, MD, Anne Richmond, MPH**

Charge: Assess barriers people of color may experience to accessing care at the MGH, and possible differential access to services and specialties once they are patients at MGH.

Example Possible Activities:

- “Point of service” audit
- Patient focus groups
- Assess access to identified services/specialists
- Posters (“FYI”)

Members present had an opportunity to sign up for the different committees. In order to facilitate the coordination process, Angela Maina, Research Assistant at the Institute for Health Policy was selected as the MGH Disparities Committee coordinator and will facilitate meetings of subcommittees.

Meeting adjourned at 1:00PM.

Next meeting December 12<sup>th</sup> 2003  
Noon- 1:30PM  
Wellman Conference Room