Race and Language in Healthcare: The Impact on Quality of Care

Aswita Tan-McGrory, MBA, MSPH
Deputy Director,
The Disparities Solutions Center
Massachusetts General Hospital
January 21st, 2016

Outline

• My journey
• What is happening nationally in the field of disparities
• The importance of monitoring & reporting
• Developing interventions @ MGH
Stereotyping

Kaiser Family Foundation Survey of Americans on Race

- **35%** of Blacks and **26%** of Hispanics reported personally experiencing discrimination because of their racial or ethnic background - either being denied a job for which they were qualified, being denied housing they could afford, or being prevented from voting or having their ballot challenged. **11%** of Whites reported such experiences.

- **53%** of Blacks and **36%** of Hispanics said that, in the previous month, they’ve experienced unfair treatment because of their race, either in a store where they were shopping; at work; in a restaurant, theater or other entertainment establishment; in dealings with the police; or in getting health care. Among Blacks ages 18-34, **67%** report such recent experiences of unfair treatment.

- **45%** of Blacks said they have at some point been afraid their life was in danger because of their racial or ethnic background, compared to **27%** of Whites and **20%** Hispanics.
Medscape Lifestyle Report 2016: Physician Bias

Do You Have Any Biases Toward Patients?

- Emergency Medicine: 62%
- Otolaryngology: 48%
- Psychiatry & Mental Health: 47%
- Family Medicine: 47%
- Gynecology: 45%
- Anesthesiology: 42%
- Plastic Surgery: 42%
- Pediatrics: 42%
- Neurology: 42%
- Internal Medicine: 42%
- Dermatology: 40%
- Surgery: 40%
- Infectious Disease: 38%
- Urology: 38%
- Rhumatology: 38%
- Critical Care: 33%
- Cardiology: 33%
- Ophthalmology: 32%
- Gastroenterology: 32%
- Diabetes & Endocrinology: 20%
- Pulmonary Medicine: 20%
- Nephrology: 20%
- Radiology: 15%
- Cardiology: 22%
- Pathology: 10%


Medscape Lifestyle Report 2016: Physician Bias

Which Patient Characteristics Trigger Bias?

- Emotional problems: Men 62%, Women 66%
- Weight: Men 62%, Women 66%
- Intelligence: Men 62%, Women 66%
- Language differences: Men 12%, Women 12%
- Insurance coverage: Men 14%, Women 14%
- Age: Men 14%, Women 14%
- Income level: Men 14%, Women 14%
- Race: Men 14%, Women 14%
- Level of education: Men 14%, Women 14%
- Gender: Men 14%, Women 14%

Where do we see minority patients at MGH?

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>White</th>
<th>African American</th>
<th>Hispanic</th>
<th>Asian</th>
<th>Other/Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Discharges</td>
<td>76.2%</td>
<td>6.1%</td>
<td>8.0%</td>
<td>4.1%</td>
<td>5.6%</td>
</tr>
<tr>
<td><strong>Emergency Department</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Department Visits</td>
<td>68.9%</td>
<td>9.6%</td>
<td>12.0%</td>
<td>4.3%</td>
<td>5.2%</td>
</tr>
<tr>
<td><strong>Outpatient Primary Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Locations</td>
<td>67.0%</td>
<td>7.3%</td>
<td>15.6%</td>
<td>5.9%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Health Center</td>
<td>57.5%</td>
<td>7.0%</td>
<td>25.3%</td>
<td>5.6%</td>
<td>4.6%</td>
</tr>
<tr>
<td>On-Campus Satellite Practices</td>
<td>74.5%</td>
<td>7.6%</td>
<td>8.0%</td>
<td>6.0%</td>
<td>3.9%</td>
</tr>
<tr>
<td><strong>Outpatient Specialty Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Care Visits</td>
<td>78.7%</td>
<td>4.7%</td>
<td>8.5%</td>
<td>4.5%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Health Centers include Back Bay, Charlestown, Chelsea, and Revere.

<table>
<thead>
<tr>
<th><strong>Patient Distribution among MGH Inpatient Services in CY 2014</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient Service</strong></td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>Burns</td>
</tr>
<tr>
<td>Medicine</td>
</tr>
<tr>
<td>Obstetrics/Gynecology</td>
</tr>
<tr>
<td>Pediatrics</td>
</tr>
<tr>
<td>Psychiatry</td>
</tr>
<tr>
<td>Oral Maxillofacial</td>
</tr>
<tr>
<td>Orthopedics</td>
</tr>
<tr>
<td>Neurosurgery</td>
</tr>
<tr>
<td>Neurology</td>
</tr>
<tr>
<td>Surgery</td>
</tr>
<tr>
<td>Urology</td>
</tr>
</tbody>
</table>
What Are Disparities?

Gaps in quality of health and health care due to differences in race, ethnicity, socioeconomic status, sexual orientation, gender identity, and/or ability

Examples of Racial & Ethnic Disparities in Health Care:

– African Americans and Latinos receiving less pain medication than Whites for long bone fractures in the Emergency Department and for cancer pain on the floors
– African Americans with end-stage renal disease being referred less to the transplant list than Whites
– African Americans being referred less than Whites for cardiac catheterization and bypass grafting

Racial & Ethnic Disparities in Health Care
National Healthcare Disparities Report

Change in Disparities: Number and percentage of quality measures for which disparities related to race, ethnicity, and income were improving, not changing, or worsening, through 2012

A Growing Multi-Racial Population
Race and Ethnicity

• **Race** – group or groups with whom a patient identifies
  – “A category of humankind that shares certain distinctive physical traits”*
  – Examples: Asian, Black, White, etc

• **Ethnicity** – background, heritage, culture, ancestry. May also include country where the patient was born
  – “Being a member of a specified ethnic group”*
  – Examples: Haitian, Vietnamese, Brazilian, etc.

*Source: Merriam Webster Dictionary

Office of Management & Budget (OMB) Categories

• Race:
  - American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White

• Ethnicity:
  - Hispanic or Latino
  - Not Hispanic or Latino
A Growing Multiracial Population

**33%**

increase in number of people who identified as multiracial from 2000-2010

**46%**

increase in number of children <18 years who identified as multiracial

The percentage of U.S. Americans who identify as multiracial grew faster than those who identify as a single race

% of Interracial marriages has doubled in the past 30 years

Sources:
1. 2010 US Census Bureau Data

According to the US Census report of 2014 the child population is projected to be a majority-minority in 2020, and the US will be a majority-minority population by 2044.


The Newly Insured Population: ~50% Minority

What will the newly insured look like?
The newly insured compared to the currently insured are...

<table>
<thead>
<tr>
<th>Race</th>
<th>Health status</th>
<th>Marital status</th>
<th>Language</th>
<th>Educational attainment</th>
<th>Employment status</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>79% Excelent</td>
<td>52% Single</td>
<td>69%</td>
<td>14%</td>
<td>42%</td>
</tr>
<tr>
<td>75%</td>
<td>Very good/ Good</td>
<td></td>
<td></td>
<td>College degree or Higher</td>
<td>Employed full-time</td>
</tr>
<tr>
<td>88%</td>
<td>92% Single</td>
<td>29% Single</td>
<td>88%</td>
<td>37%</td>
<td>59%</td>
</tr>
<tr>
<td></td>
<td>Excellent/ Very good/ Good</td>
<td>more likely to be single</td>
<td>less likely to speak English</td>
<td>less likely to have a college degree</td>
<td>less likely to have full-time employment</td>
</tr>
</tbody>
</table>

Source: ProMix analysis for 2017, Current Population Survey, Medical Expenditure Panel Survey and KCMO Created by PCDC Research Institute prepared by healthconcepts
Monitoring Our Performance at MGH and Developing Interventions
Annual Report on Equity in Health Care Quality

MGH Leading the Nation on Equity in Health Care Quality

- Since 2006 MGH has released the Annual Report on Equity in Health Care Quality (formerly the Disparities Dashboard)

- In 2013, MGH received the AAMC Learning Health System Challenge Award for our efforts to reduce disparities through data collection & quality improvement

- In July of 2014, MGH will receive AHA's inaugural Equity of Care Award. The AHA Equity of Care Award was created to recognize outstanding efforts among hospitals and care systems to advance equity of care to all patients, and to spread lessons learned and progress toward achieving health equity.
Contents of AREHQ

• Includes all previously reported measures
  – National Hospital Quality Measures (NHQM)
  – Healthcare Effectiveness & Data Information Set (HEDIS)
  – Patient Experience (HCAHPS & CG-CAHPS)
  – Physician/Practice linkage data

• Department-Level Measures
  – OB (new in 2013)
  – Pediatrics (new in 2013)

• Caring for Patients with Limited English Proficiency

---

Diabetes Control Improving for All:
Gap between Whites and Latinos Closing

![Graph showing diabetes control improvement](chart.png)

- 37% Whites in 2007, 34% in 2008, 29% in 2009
- 24% Latinos in 2007, 24% in 2008, 20% in 2009

* Chelsea Diabetes Management Program began in first quarter of 2007; in 2008 received Diabetes Coalition of MA Programs of Excellence Award
MGH Chelsea Colorectal Cancer (CRC) Screening Program started 2006

CRC Screening Over Time
Latino Patients

<table>
<thead>
<tr>
<th>Year</th>
<th>Chelsea</th>
<th>All Other Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>25%</td>
<td>35%</td>
</tr>
<tr>
<td>2007</td>
<td>35%</td>
<td>45%</td>
</tr>
<tr>
<td>2008</td>
<td>45%</td>
<td>55%</td>
</tr>
<tr>
<td>2009</td>
<td>55%</td>
<td>65%</td>
</tr>
<tr>
<td>2010</td>
<td>65%</td>
<td>75%</td>
</tr>
</tbody>
</table>

Patient Safety & Patients with Limited English Proficiency

- Adverse events affect patients with limited English Proficiency (LEP) more frequently and severely than English speaking patients

- Patients with LEP are more likely to experience medical errors due to communication problems

- Patients with LEP are more likely to suffer physical harm when errors occur (49.1% vs. 29.5%)*

E-learning Program

Through the Veil of Language
Addressing the Hidden Curriculum to Promote Quality, Safety and Humanism in the Care of Patients with Limited English Proficiency

Funded by the Arnold P. Gold Foundation

Phase 1
◆ Qualitative interviews with Macy curriculum students
◆ Language champions groups

Phase 2
◆ Development of tool to assess the hidden curriculum as it relates to the care of patients with LEP within a clinical setting

Phase 3
◆ Development and pilot of system based interventions to change organizational culture and the hidden curriculum to promote humanism and professionalism in the care of patients with LEP
Major Themes

Hidden (Informal) Curriculum for care of patients with LEP

Role Modeling
Positive: Providers demonstrate empathy and dedication to providing high quality care for LEP patients
Negative: Not involving interpreter services during care and disregarding patients’ lack of understanding
Mixed: Role models work with interpreter services but lack empathy for LEP patients

Structural Challenges
- Limited availability of interpreters
- Lack of training and awareness among staff of systems for accessing interpreter services and working effectively with interpreter services
- Patient records and rooms not flagged to indicate patients with LEP

Organizational Culture
- Time and efficiency valued more highly than effective communication and humanistic care
- Students feel pressure to conform to the organizational culture when observed
- Students evaluated on clinical knowledge more than empathy and communication with patients

Summary

- Strong and growing link between LEP and medical errors
- Hospitals can play a major role in safe care for LEP by building safety systems with attention to LEP issues
- Hospital Guide and TeamSTEPPS training provide guidance and some practical tools
- Focus on how to change the culture early through Macy interprofessional curriculum and Gold Professorship work
In Summary

• Create **awareness** – both self and for others
• **Leadership** includes being able to address the business/operational side of things
• Don’t underestimate the **value of data**, or **personal stories**
• Tap into **WHY** you went into healthcare/public health into the first place (personal stories)
• **Be vulnerable**, be human
• But be **strategic**
Questions?

Thank You

Aswita Tan-McGrory, MBA, MSPH
Deputy Director
The Disparities Solutions Center
Massachusetts General Hospital
atanmcgrory@partners.org