



2015 WPSC Northwest Patient Safety Conference
Wednesday, May 13, 2015

Ronald M. Wyatt MD MHA
Medical Director
The Joint Commission



© Copyright, The Joint Commission

Learning Objectives



- 1. Define equity as the “queen” of the IOM Aims.**
- 2. Discuss the impact of –”isms” on health equity**
- 3. Discuss changing U.S. demographics and equity/disparity**
- 4. Describe The Joint Commission regulatory standards related to health equity and quality and future direction.**
- 5. Identify the business case for health equity.**

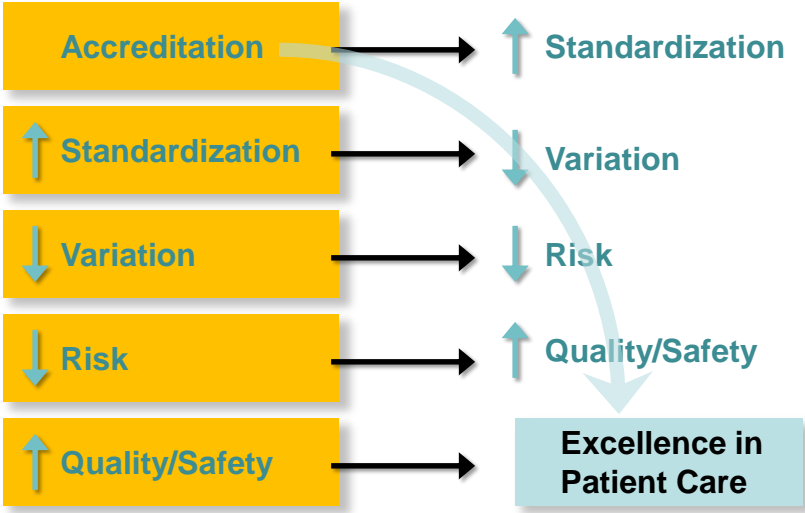


2

© Copyright, The Joint Commission

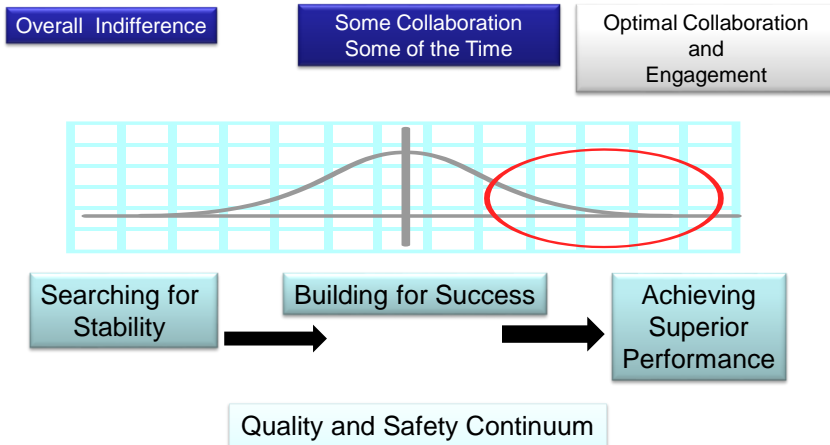


The Joint Commission



© Copyright, The Joint Commission

Aspiring Higher: Organizations will need to achieve optimal collaboration and engagement



© Copyright, The Joint Commission



“Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.”

Martin Luther King, Jr.

Second National Convention of the Medical Committee for Human Rights – Chicago, March 25, 1966



“There’s too much talk about cost and value and not enough about equity”





What is Health Equity?

- “Attainment of the **highest level of health for all people**. Requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”

Healthy People, 2020



© Copyright, The Joint Commission



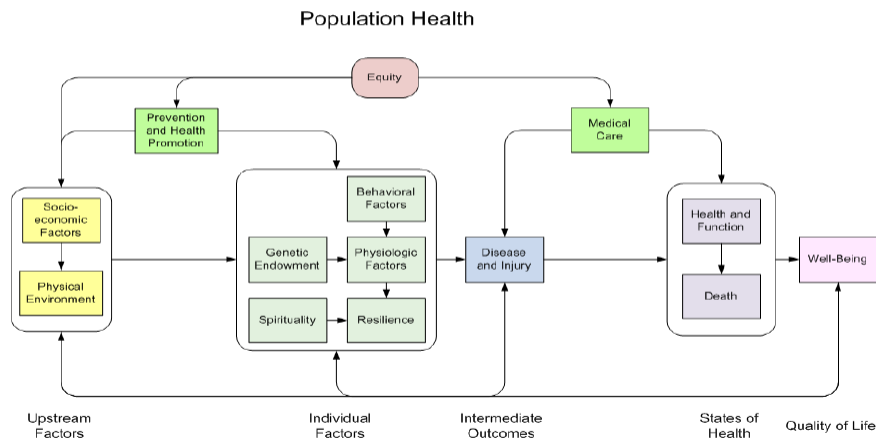
Modified Institute of Medicine Framework

Crosscutting Dimensions	Components of Quality Care	Type of Care		
		Preventive Care	Acute Treatment	Chronic condition management
E Q U I T Y	V A L U E	Effectiveness		
		Safety		
		Timeliness		
		Patient/family-centeredness		
		Access		
		Efficiency		
Care Coordination				
Health Systems Infrastructure Capabilities				



© Copyright, The Joint Commission

Equity-Focused Population Health Conceptual Model



M S0464 11/14/2011

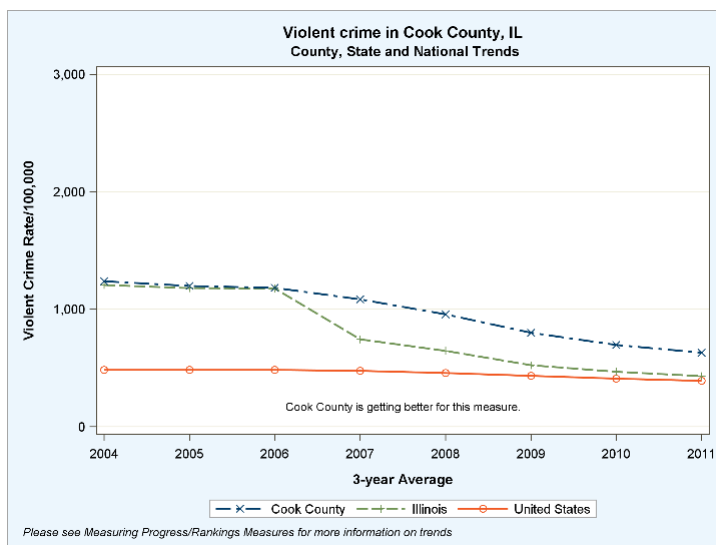
Myths about racial and ethnic disparities

- Caused by race differences in income/education
- Caused by lack of access to health care
- Caused by biological or genetic differences among race groups

THE STUFF THAT IS KILLING US



- Race
- Ethnicity
- Education
- Income
- Class
- Disability
- Zip Code
- Sexual preference/orientation



THE STUFF THAT IS KILLING US

- **Violence**

- *Smoking cessation is tough if you are worried about being shot*
- *Unique incarceration picture for blacks in US*

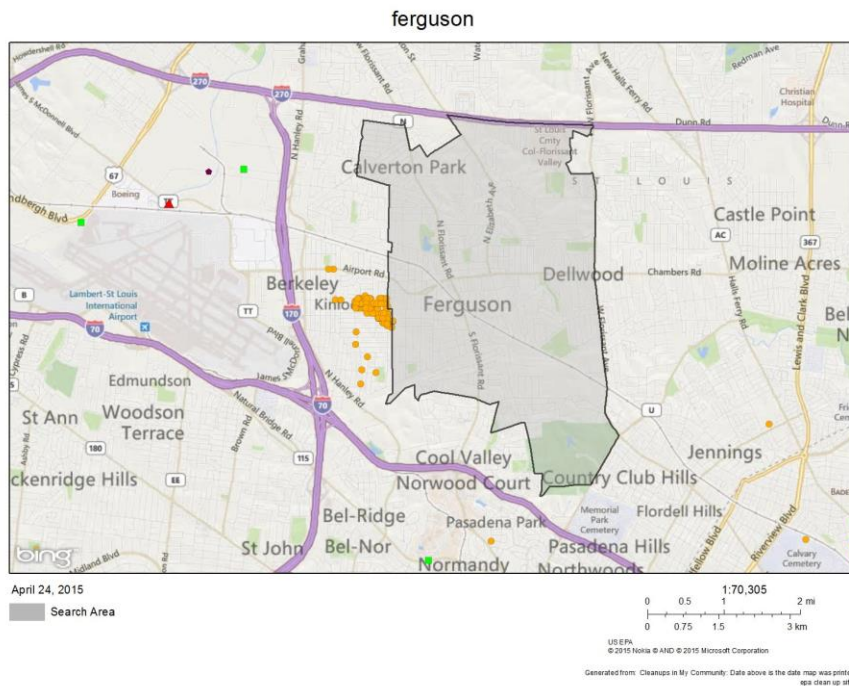
- **Access to good markets v. fast food**

- **Built environments: playgrounds, indoor exercise facilities, sidewalks**

- **Environmental pollution**

- **Transportation**

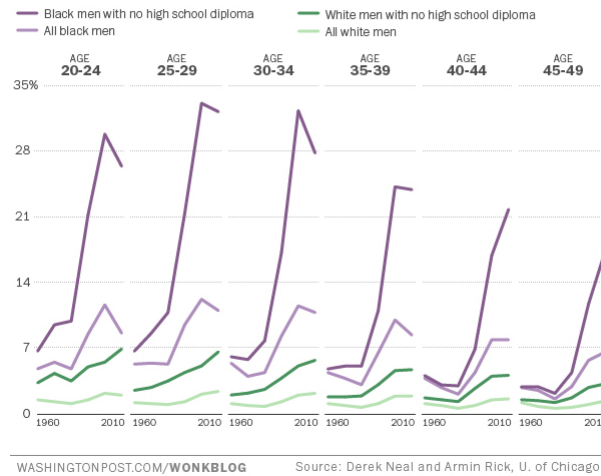
- **Support at home**





Incarceration rates skyrocket in recent decades

% institutionalized, by race, age, education and year



The New Jim Crow

Felon Label = “*Second Class Citizenship*”

- ▶ **Once released from incarceration...**
 - Often denied the right to vote
 - Excluded from juries
 - Denied food stamps
 - Barred from public housing
 - Denied financial aid
 - Denied access to the mainstream economy
 - Studies have shown 95% of employers immediately disregard an application if the box is checked indicating a felony conviction



Implicit Bias and Pro-White Framing



Institutional

- Structural
- Inaction in the face of need
- Unearned privilege

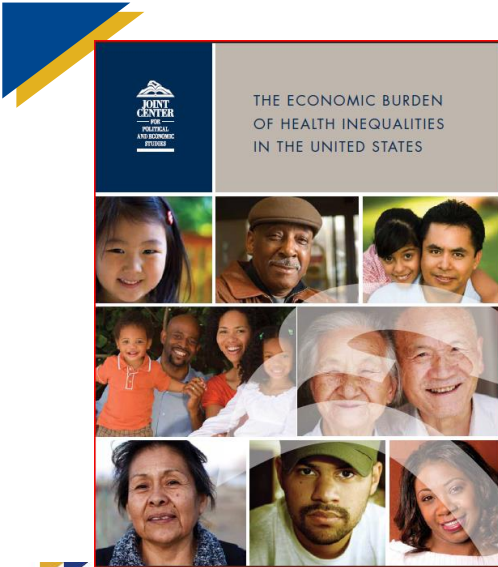
Personally Mediated

- Intentional
- Unintentional
- Maintains structural barriers
- Societal norms

Internalized

- Reflects systems of privilege
- Erodes individual sense of value
- Undermines collective action

The Business Case



- ❑ Direct Medical Care Costs \$229.4 billion for the years 2003-2006.
- ❑ Indirect Costs of disability and illness \$50.3 billion
- ❑ Cost of Premature Deaths were \$957.5 billion
- ❑ Total \$1.24 trillion (in 2008 inflation-adjusted dollars).

The Joint Commission

LaVeist, Thomas A. and Gaskin, Darrell J. and Richard, Patrick Joint Center for Political and Economic Studies (2009) *THE ECONOMIC BURDEN OF HEALTH INEQUALITIES IN THE UNITED STATES*

19

© Copyright, The Joint Commission



40%

Blacks received worse care than Whites, and Hispanics received worse care than non-Hispanic Whites, for about 40 percent of quality measures.¹

33%

American Indians and Alaska Natives received worse care than Whites for one-third of quality measures.²

25%

Asians received worse care than Whites for about one-quarter of quality measures, but better care than Whites for a similar proportion of quality measures.³



\$60B

The cost of disparity: Excess costs associated with disparities in health were estimated at \$60 billion in 2009.⁵

The Joint Commission

20

© Copyright, The Joint Commission

States of Denial

- Cultural/Linguistic Competency
- Cultural Sensitivity
- Cultural Sensibility



21

© Copyright, The Joint Commission

UNITED STATES

Languages Spoken in Each State

Number of Languages Spoken in Each State
U.S. Total: 325 Languages

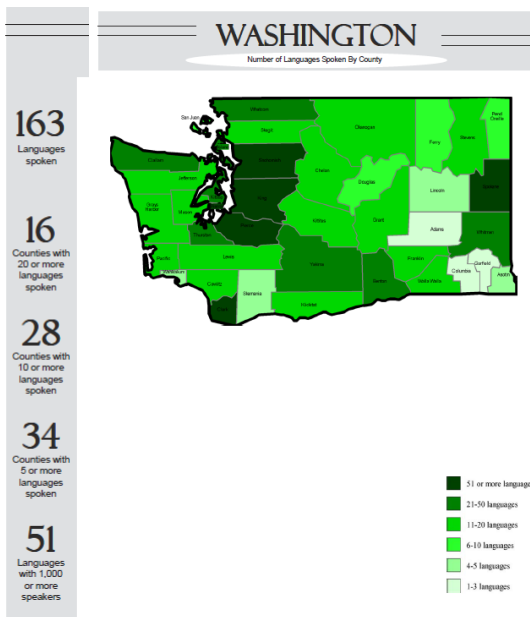


<http://usefoundation.org/>

22

© Copyright, The Joint Commission





Languages in Washington

- King County's 118 languages represented the second highest number recorded in any county in the United States. Other Washington counties that were highly ranked included: Pierce County (t-41), Snohomish County (t-47), Clark County (t-133), and Spokane County (t-138).
- Washington has the highest percentage of speakers of Sahaptian and Ukrainian in the United States. The Evergreen State also ranks second in the percentage of Chamorro, Cushite, Danish, Frisian, Icelandic, Russian and Salish speakers and third in the percentage of Fijian, Indonesian, Japanese, Mon-Khmer/Cambodian, Oto-Manguen, Palau, Panjabi, Trukese and Vietnamese speakers.
- Grant County has the third highest percentage of Ukrainian speakers of any county in the nation. Other counties that rank highly in a given language include: Clark County (fifth, Russian).

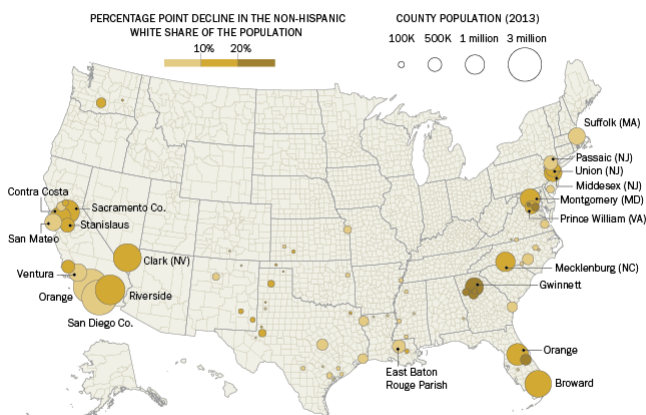


<http://usefoundation.org/userdata/file/Research/Regions/washington.pdf>. Accessed via internet March 13, 2015



Where Minorities Became the Majority Between 2000 and 2013

Counties in which the non-Hispanic white share of population fell below 50 percent from 2000-13



Note: Non-Hispanic whites became a minority in 97 counties between 2000 and 2013. The 19 of those counties with fewer than 10,000 people in 2013 are not displayed on this map.
Source: Pew Research Center analysis of 2000 Census and 2013 Census Bureau Population Estimates

PEW RESEARCH CENTER

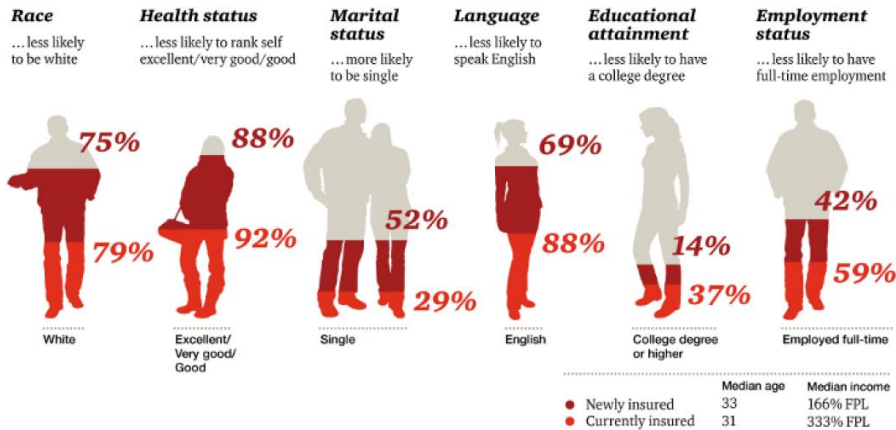




What will the newly insured look like?

The newly insured compared to the currently insured are...

Approximately
50% Minority



Sources: PwC HRI analysis for year 2021, Current Population Survey, Medical Expenditure Panel Survey and CBO
Created by PwC Health Research Institute
pwc.com/us/healthexchanges



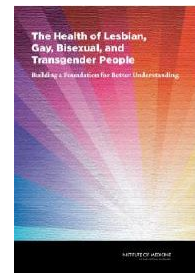
25

© Copyright, The Joint Commission

Examples of Healthcare Disparities: LGBTQ Health



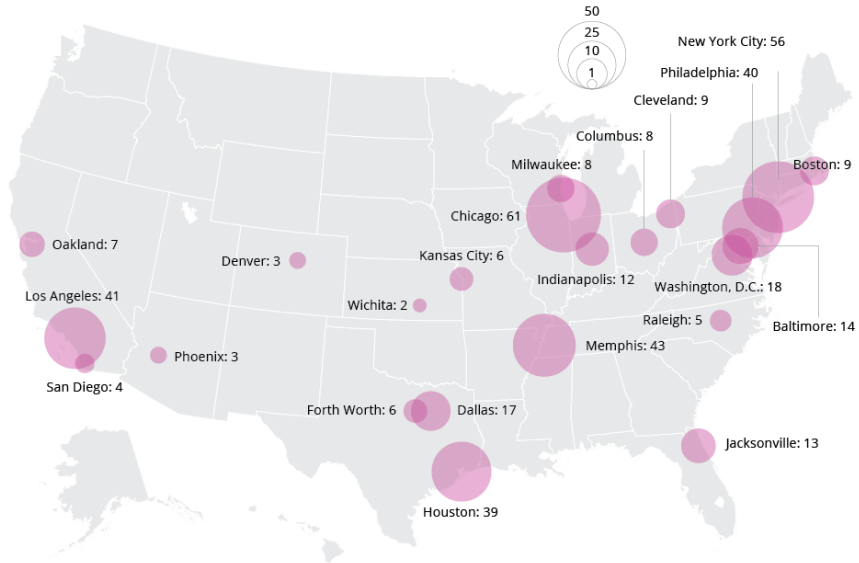
- **Institute of Medicine Report on Lesbian Health** conclusions (1999): Enough evidence to support more research; develop better methods of conducting that research
- **Healthy People 2010 goal:** Eliminate health disparities that occur due to differences in sexual orientation
- **Institute of Medicine 2011 report:** "Data on sexual orientation & gender identity should be collected in federally funded surveys and in electronic health records."
- **Healthy People 2020 goal:** Improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals.



26

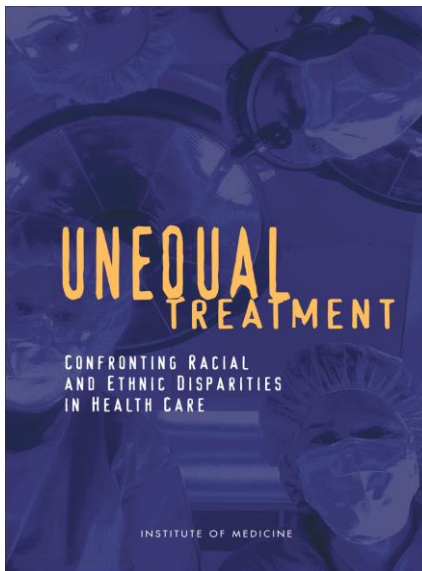
© Copyright, The Joint Commission

Annual excess black deaths due to racial disparities in breast cancer mortality, 2005-2009*

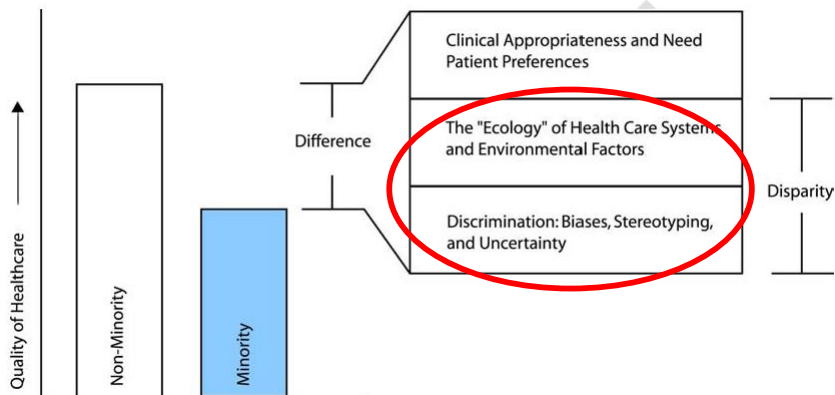


Note: Only calculated for cities in the top 50 largest U.S. cities where the rate ratio of black to white deaths from breast cancer was greater than one.
Source: The International Journal of Cancer Epidemiology, Detection, and Prevention

RACIAL DISPARITIES IN AMERICA- A REPORT FROM THE INSTITUTE OF MEDICINE



Contributors to Healthcare Disparities

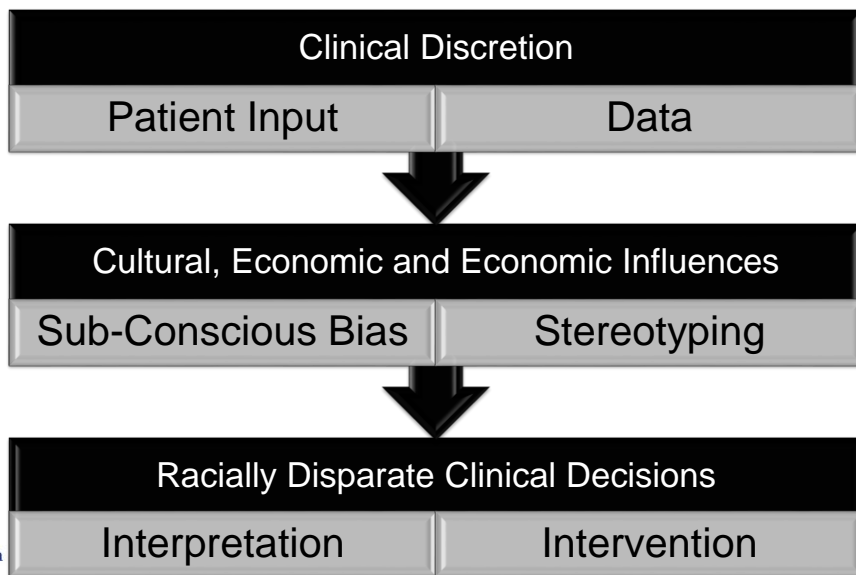


Differences, Disparities, and Discrimination: Populations with Equal Access to Healthcare.
Source: Gomes and McGuire, 2001

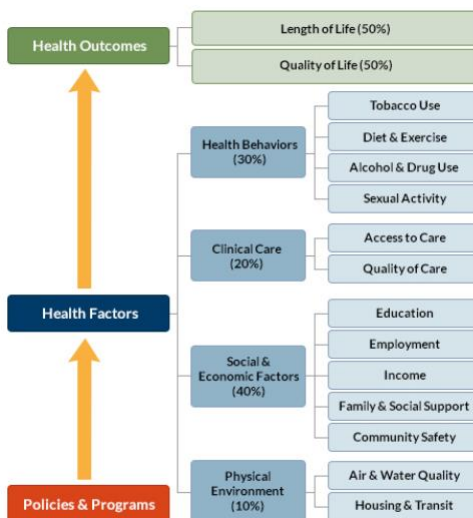
What are potential sources of disparities in care?

- ▀ **Health Systems-Level Factors – financing, structure of care; cultural and linguistic barriers**
- ▀ **Patient Level Variables - mistrust, poor adherence to treatment, and delays in seeking care.**
- ▀ **Clinical Encounter Variables - stereotyping, the impact of race/ethnicity on decision-making, and clinical uncertainty due to poor communication.**

What are potential sources of disparities in care?

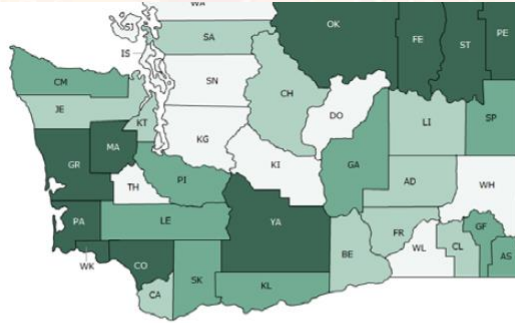


WHAT ARE THE COUNTY HEALTH RANKINGS?



2015 County Health Rankings

Washington



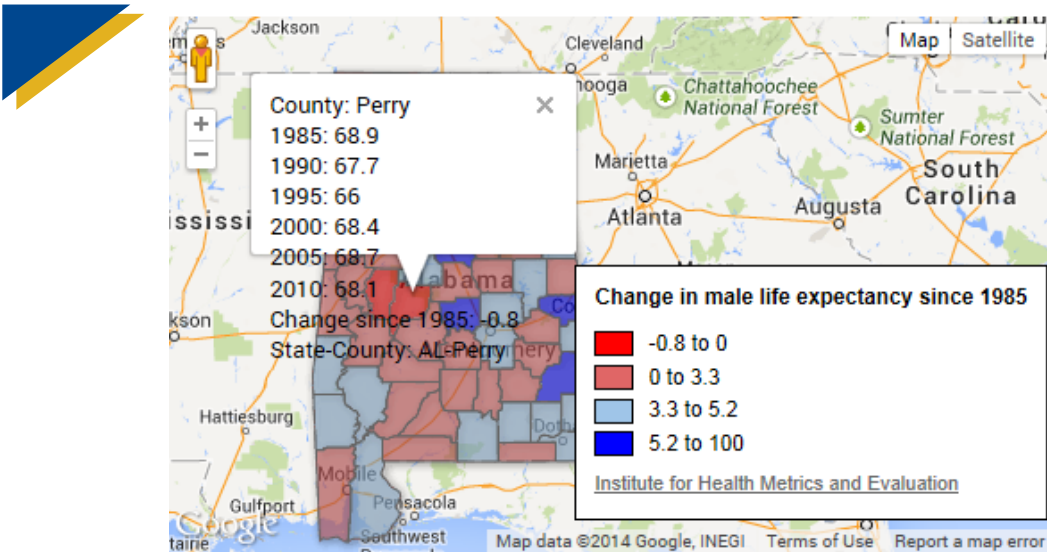
Rank 1-10 Rank 11-20 Rank 21-29 Rank 30-39

www.countyhealthrankings.org/washington

County	Rank	County	Rank	County	Rank	County	Rank
Adams	20	Franklin	19	Lewis	26	Snohomish	7
Asotin	28	Garfield	29	Lincoln	18	Spokane	22
Benton	11	Grant	23	Mason	33	Stevens	31
Chelan	13	Grays Harbor	36	Okanogan	37	Thurston	8
Clallam	27	Island	6	Pacific	38	Wahkiakum	39
Clark	14	Jefferson	15	Pend Oreille	35	Walla Walla	10
Columbia	12	King	5	Pierce	21	Whatcom	4
Cowlitz	32	Kitsap	17	San Juan	2	Whitman	1
Douglas	9	Kittitas	3	Skagit	16	Yakima	30
Ferry	34	Klickitat	25	Skamania	24		

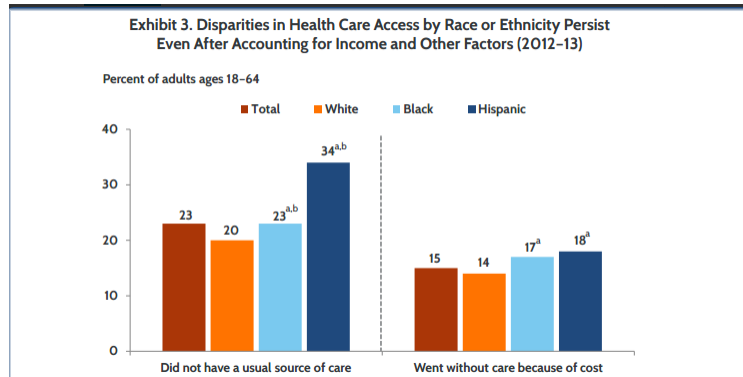


Robert Wood Johnson Foundation



© Copyright, The Joint Commission

Access and Disparity



Clinical Discretion and Disparity

- Limb amputation – diabetics
- Testes removed- prostate cancer
- Shunts placed for renal failure
- Removal of tissue for pressure ulcer*

* Medicare data comparing blacks vs whites



Joint Commission Standards



- “Effective Communication, Cultural Competence, and Patient- and Family-Centered Care” Standards
 - Effective January 1, 2011
 - Starting in 2012, failure to comply with these standards will jeopardize a healthcare organization’s accreditation status.



Joint Commission Standards



- 8 new or revised elements of performance (EPs)
 - Addressing qualifications for language interpreters and translators (revised)
 - Identifying patient communication needs (new)
 - Addressing patient communication needs (new)
 - Collecting race and ethnicity data (revised)
 - Collecting language data (revised)
 - Patient access to chosen support individual (new)
 - Non-discrimination in patient care (new)
 - Providing language services (revised)

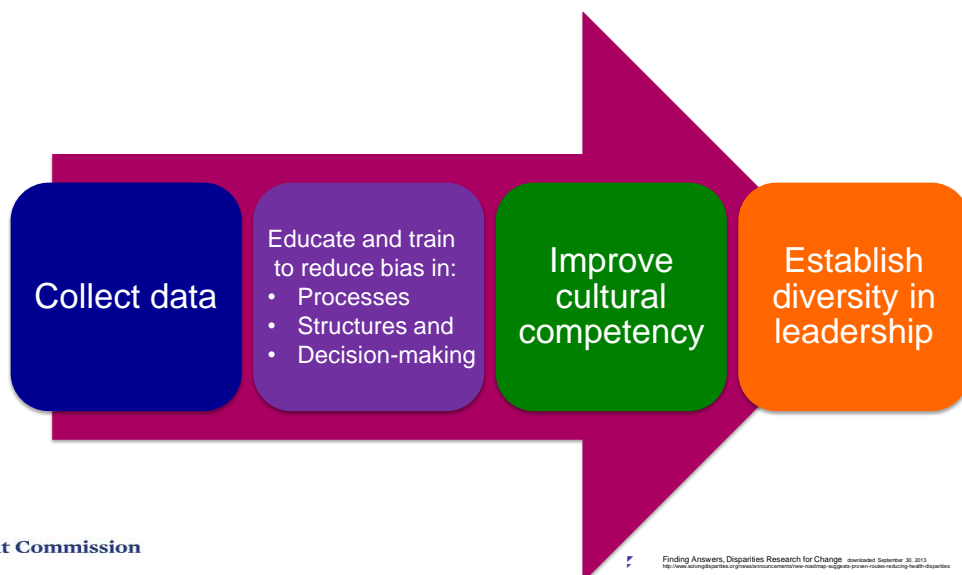


Level of Engagement/Intervention Model



- Patient/Person
- Provider
- Microsystem - small unit of care delivery
- Organizations that house or support microsystems
- Communities and regions that span care delivery, prevention, and health promotion for populations
- Environment of policy, payment, regulation, accreditation

Action Plan

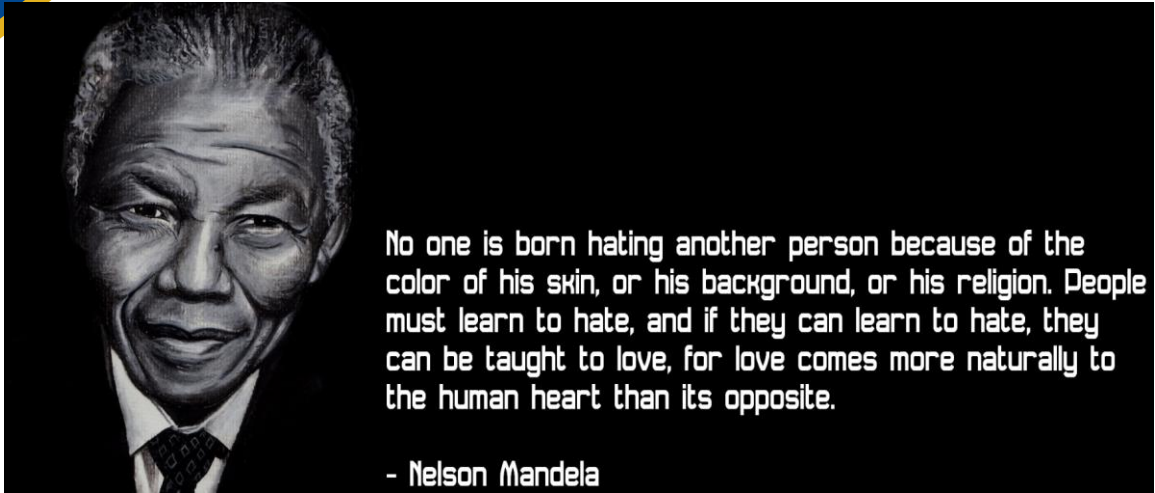




Solutions



Be Urgent !



Ronald M. Wyatt MD MHA
630-792-5922
rwyatt@jointcommission.org