



Integrating Equity into Quality Improvement: Lessons Learned from the Louisiana Perinatal Quality Collaborative

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Disclosures

I have no financial disclosures related
to the content of the lecture today

Objectives

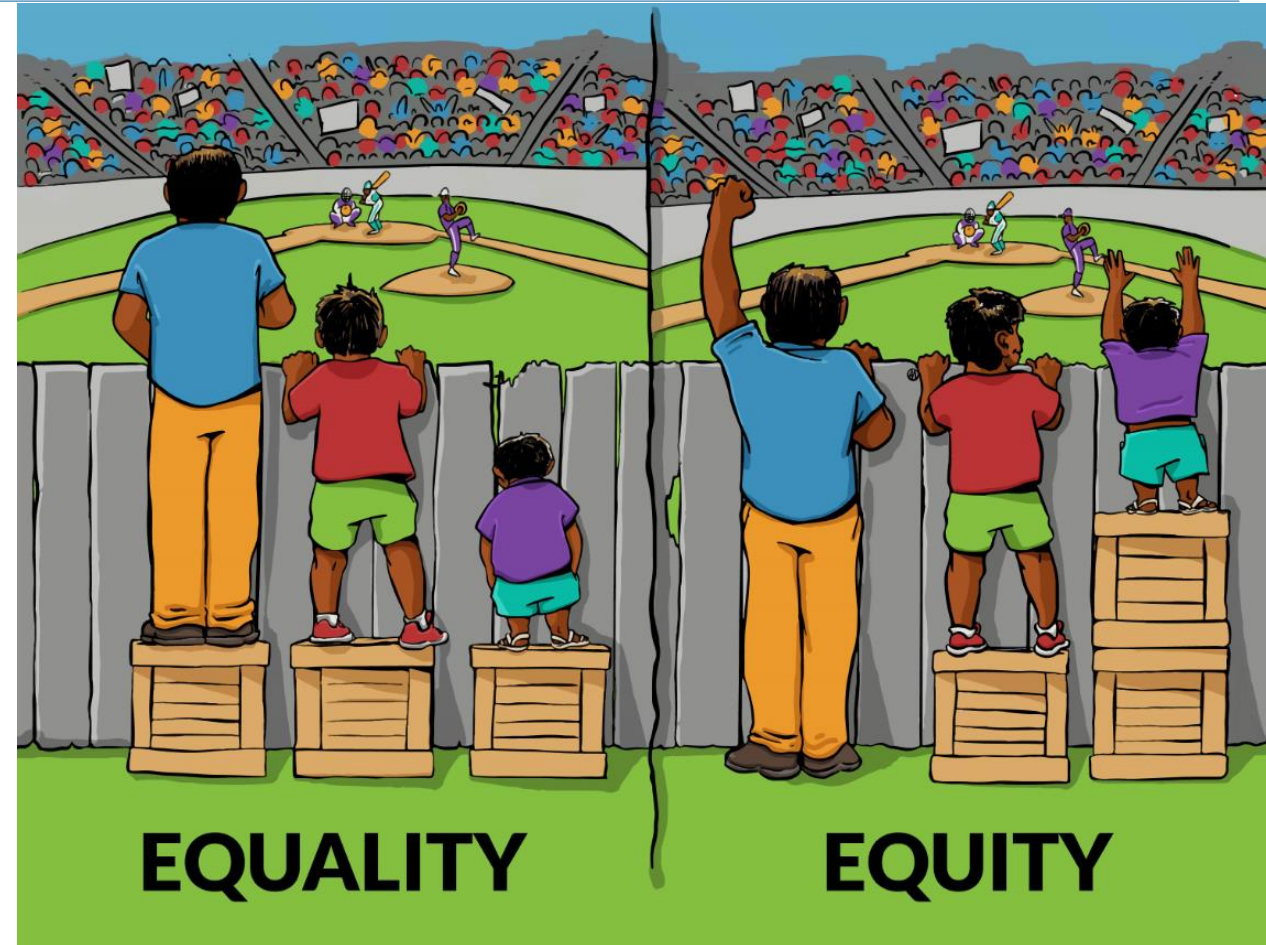
- Discuss the importance of looking at quality through a lens of equity
- Describe how health equity is measured
- Describe a pathway to improve disparities
- Demonstrate how to apply the pathway to a Perinatal Quality Collaborative



Equity is...

“The absence of avoidable or remedial differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically”

- The World Health Organization



Ref “Interaction Institute for Social Change” Artist: Angus Maguire

Health Disparities are the Measure of Health Equity

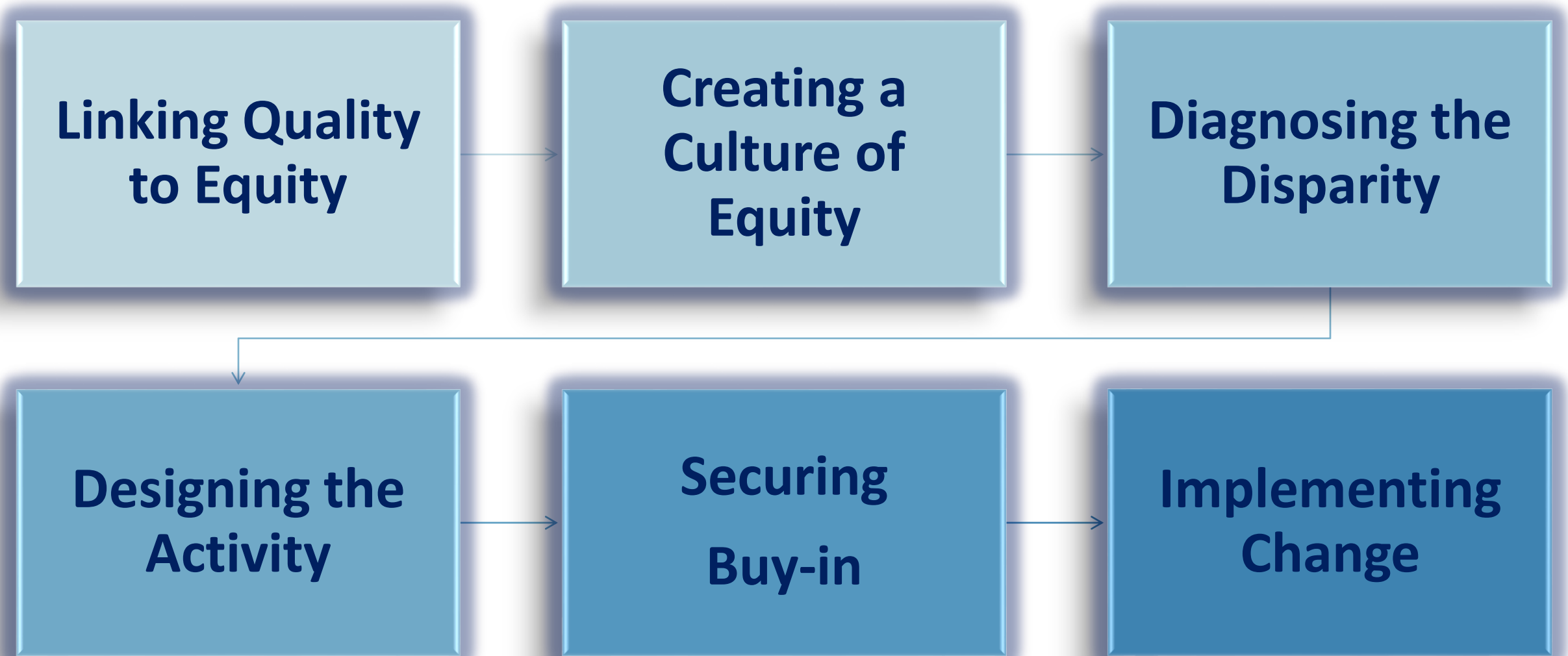
- **Health Disparities** are “*a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage*” [Healthy People 2020](#)
- Health disparities are the health outcome measure of progress toward health equity*

*Braveman, P. A., Kumanyika, S., Fielding, J., Laveist, T., Borrell, L. N., Manderscheid, R., & Troutman, A. (2011). Health disparities and health equity: the issue is justice. *American journal of public health, 101 Suppl 1*(Suppl 1), S149–S155. <https://doi.org/10.2105/AJPH.2010.300062>

Where do health disparities come from?



The Roadmap to Reduce Disparities



Linking Quality to Equity

Institute of Medicine Six Domains to Achieve Quality

- Quality is “*doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results*”

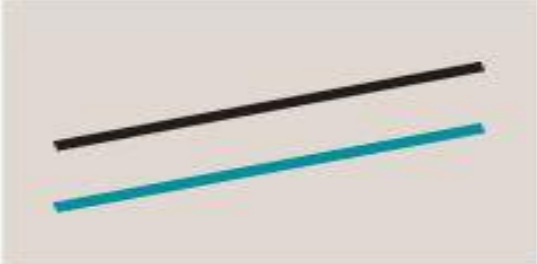
-AHRQ

- You cannot have **quality** without **equity**

Equity	Safe
	Effectiveness
	Patient-Centered
	Timely
	Efficient

Equitable Care = same QUALITY of care

Neutral



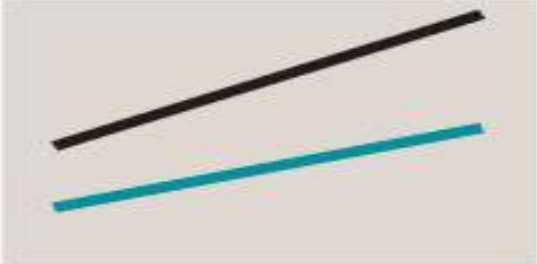
More of the same

Narrowing



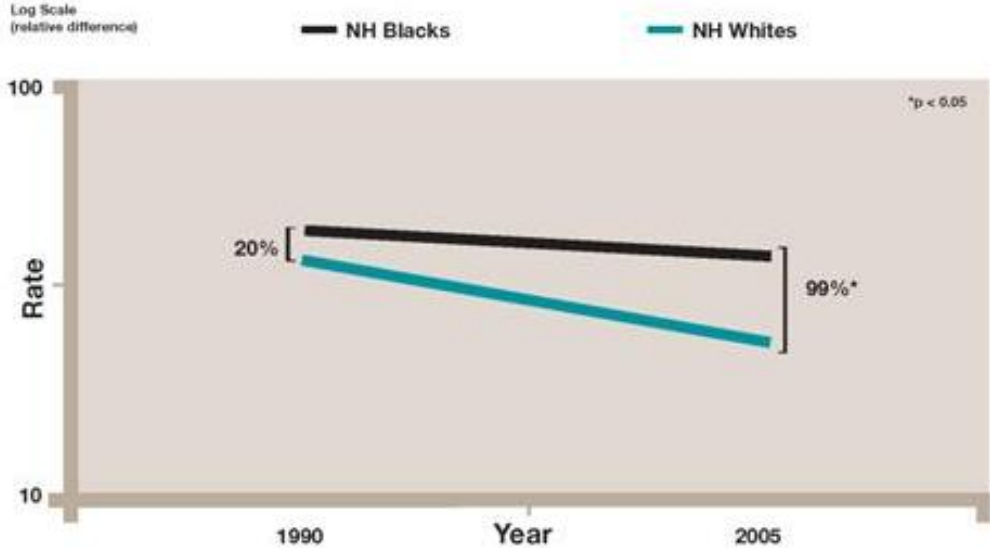
Shows improvement

Widening



Gap worsens

Breast Cancer Mortality Among Non-Hispanic Blacks and Non-Hispanic Whites in Chicago: 1990-2005



*Finding Answers: Solving Disparities through Payment and Delivery System Reform; solvingdisparities.org

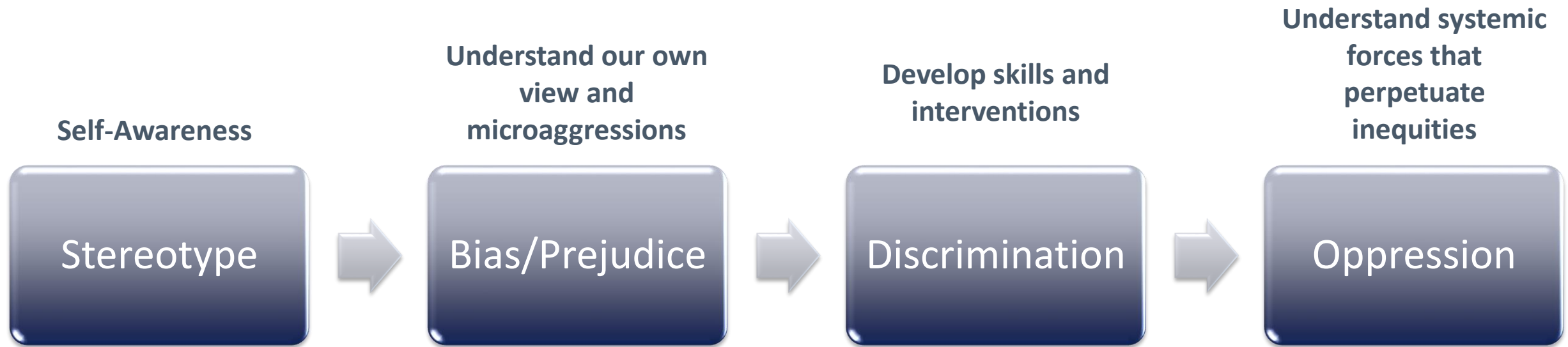
Creating a Culture of Equity

- Equity must be an integral part of our values
 - Acknowledging disparities exist
 - View of inequity as an injustice
- Identify the problem and take responsibility for addressing it

Maternal and Infant Health Disparities

- Nationally, Black women are **four times more likely** to suffer a pregnancy-related mortality than white women
- **In Louisiana, Black women are five times more likely to die from a pregnancy-related complication**
- The rate of **preterm birth** among Black women is **50% higher** than that of white women
- The infant mortality rate for Black infants is **2.3 times higher** than that of non-Latino white infants
- The Severe Maternal Morbidity (SMM) for Black women with a college degree is **2 times higher** than that of a white woman with a high school diploma

Creating a Culture of Equity: Taking Responsibility



University of Chicago Medicine, Department of Diversity, Inclusion and Equity; Barnes-Jewish Hospital, Center for Diversity and Cultural Competence and the National Conference for Community and Justice of Metropolitan, St. Louis.

Creating a Culture of Equity: Taking Responsibility

- Change starts with me
 - **60%** of providers believed that quality of care is difference by race but only **40%** thought that difference applied to their patient panel
-

Implicit Bias Defined

- Implicit bias, also known as unconscious bias, is defined as *“the attitudes or stereotypes that affect our understanding, actions, and decisions in an **unconscious** manner”*

- Kirwan Institute for the Study of Race and
Ethnicity

Causes of Implicit Bias



We like to take shortcuts



We tend to seek out patterns



Experience and social conditioning

Moment of Reflection

Institute for Health Care Improvement: Creating Health Equity



Diagnosing the Disparity

- Look through a lens of equity to identify causes of disparities and prioritize how to address them
- **Stratify data**
 - Race
 - Ethnic group
 - Language
 - Sex
 - Disability status
 - Other SDH

Example: Disparities in Deaths from COVID-19

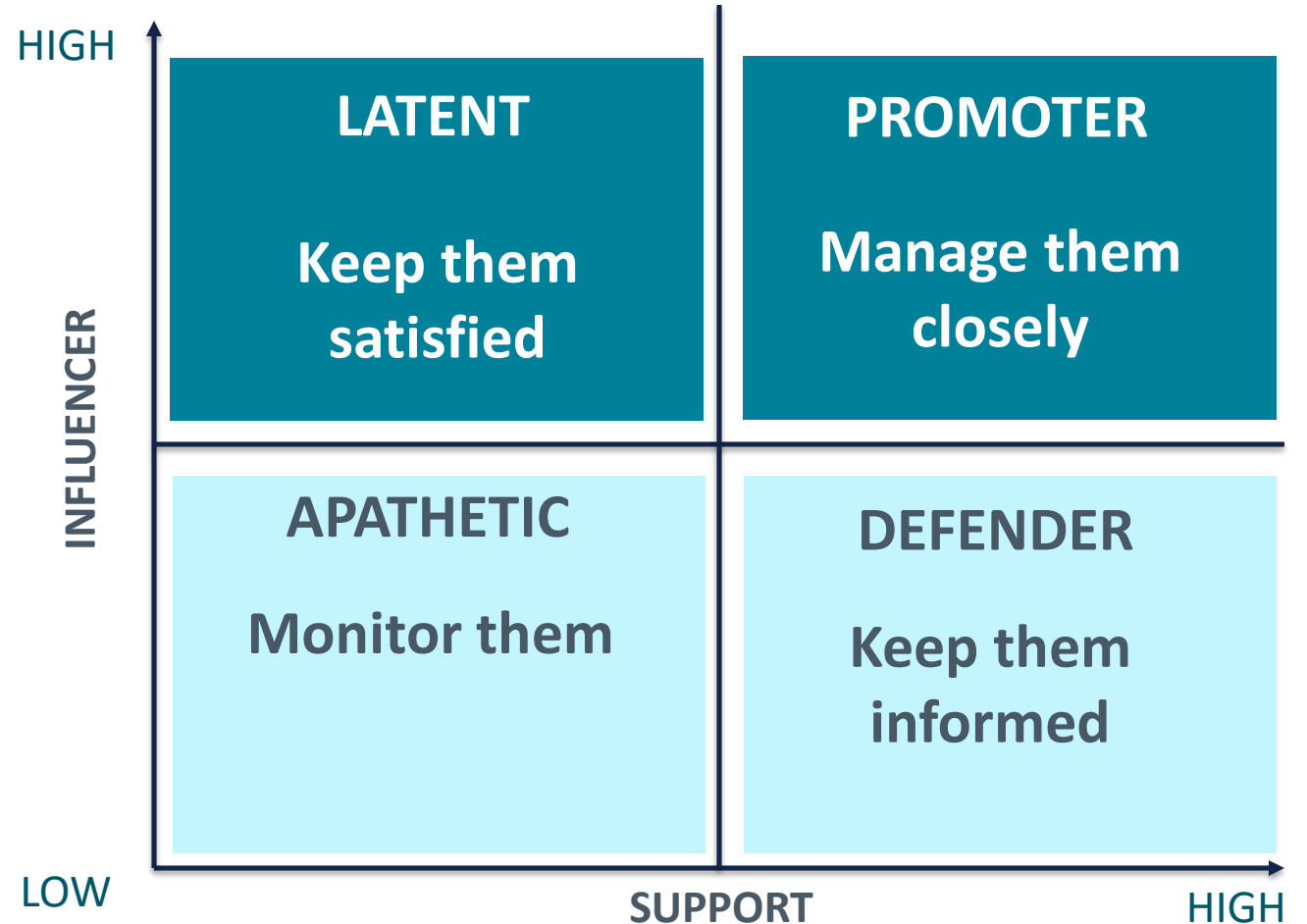
- Blacks and Indigenous people are experiencing a disparity in deaths from COVID-19
 - After age-adjusted mortality rate, compared to Whites (as of October 15, 2020)
 - Blacks are 3.2 times as high
 - Indigenous people are 3.2 times as high
 - Pacific Islanders is 3.1 times as high
 - Latinos is 2.4 times as high
 - Asians is 1.2 times as high
- The hospitalization rate for children from COVID-19*
 - Black children: 16.4 per 100,000
 - Latino children: 10.5 per 100,000
 - White children: 2.1 per 100,000

Designing the Activity

- Prioritize causes of disparity and design activities to address
 - Level?
 - Strategy?
 - Mode?
- Collaborate with patient partners or community advisory boards

Securing Buy-In

- Identify stakeholders
- Classify and prioritize stakeholders
- Get a commitment from stakeholders to invest resources to improving equity



Implementing Change

- Do small tests of change
- Always incorporate measurement strategy – *all improvement is change, but not all change is improvement*
- Use Plan-Do-Study-Act cycles to determine what should be abandoned, adjusted, or adopted

Model for Improvement



Using the Roadmap in a PQC

Linking Quality to Equity

- **Reducing Maternal Morbidity Initiative Aims**
 - achieve a **20% reduction** in severe maternal morbidity in patients who experience a **hemorrhage** and/or severe **hypertension** in participating birth facilities between August 2018 and May 2020.
 - **narrow** the **Black-white disparity** in these outcomes in the same time period.
-

Using the Roadmap in a PQC

Creating a Culture of Equity

- Making equity a priority
- Getting on the same page and speaking the same language
 - Learning Session on Health Equity
 - Topic Calls and Coaching Calls
 - Recognizing Bias and How it Manifests in Our World
 - How to Break Down Barriers to Discuss Race and Racism
 - Resources
 - Encourage Patient Partnerships
 - *“Family Centered Care is not something you do for a family, it’s something you do WITH a family”*

-Latoshia Rouse

LOUISIANA
MATERNAL
MORTALITY
REVIEW
REPORT

2011-2016

August 2018

Using the Roadmap in a PQC Diagnosing the Disparity

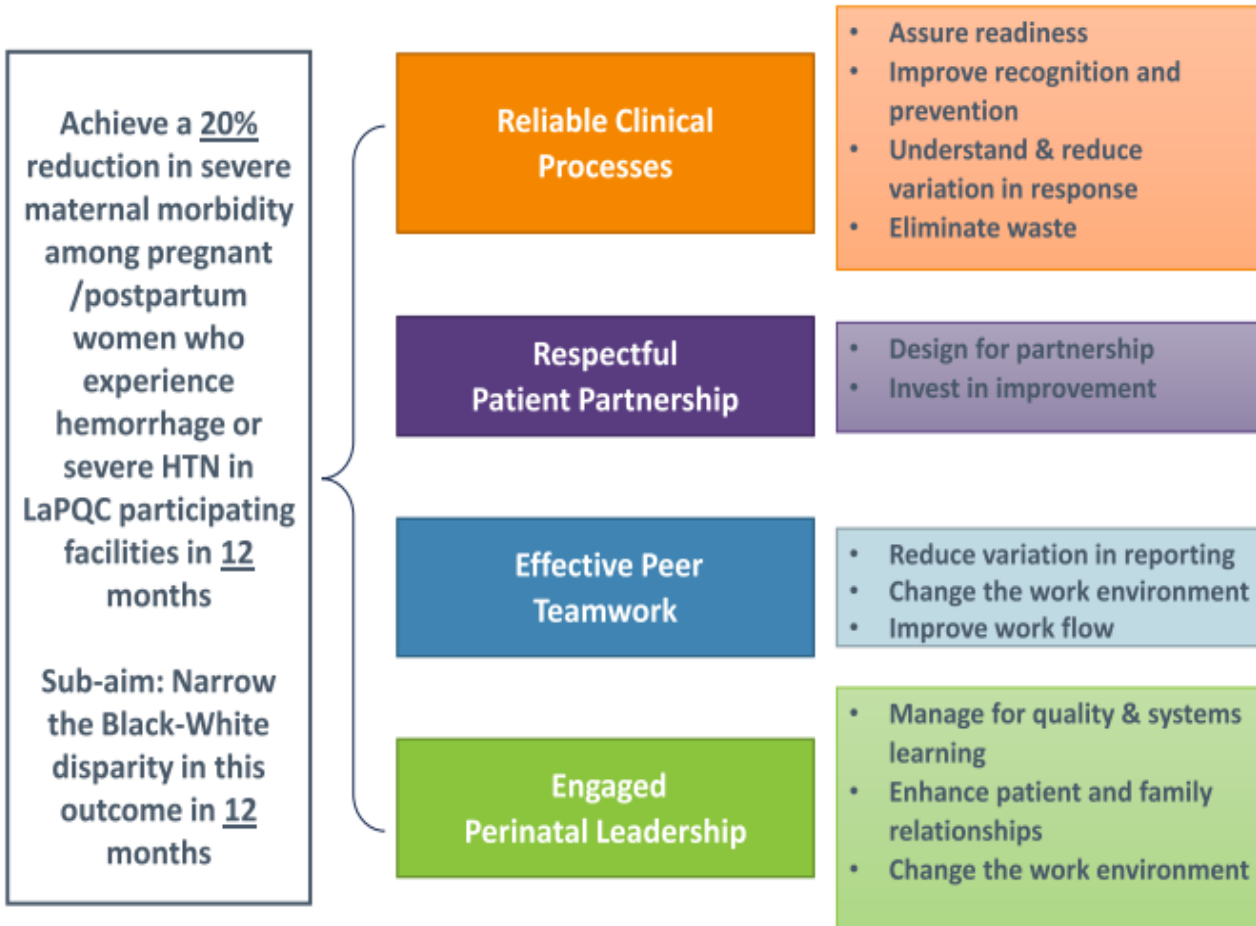
4 Black women in Louisiana die...

...for every **white woman**

- Maternal mortality outcomes were stratified
- MMRC data helped us identify our equity aim

Using the Roadmap in a PQC

Designing the Activity



- A **Driver Diagram** is a visual display of a team's theory of what "drives", or contributes to, the achievement of a project aim
- **Respectful patient partnership**
 - Design for partnership
 - Care delivery
 - **Transparent communication for trust**
 - Invest in equitable improvement
 - Engage patients
 - Develop and provide training

Using the Roadmap in a PQC

Securing Buy-In

Advisory Sub-committee	Roles and Responsibilities
Managed Care Organizations	Advise the LaPQC on movement within healthcare plans as it relates to maternity care.
Health Systems	Advise the LaPQC on what maternal and neonatal quality efforts are occurring within their health system and give feedback on how the LaPQC is functioning within their health system.
Policy and Advocacy	Advise the LaPQC on proposed legislation that will support or threaten improvement in quality maternity care and help identify gaps within the state in improving maternal and neonatal outcomes that could be addressed through legislation
Community Partners	Advise the LaPQC of how we can work with our facilities to improve provide sensitive, equitable, patient-centered care by collaborating with mothers, fathers, and families

Using the Roadmap in a PQC

Implementing Change



Aim and 30-60-90 Plan

This document, based on your 20x2020 Charter, is to help you clarify your team aim, and plan for the next 90 days of improvement work with the LaPQC.

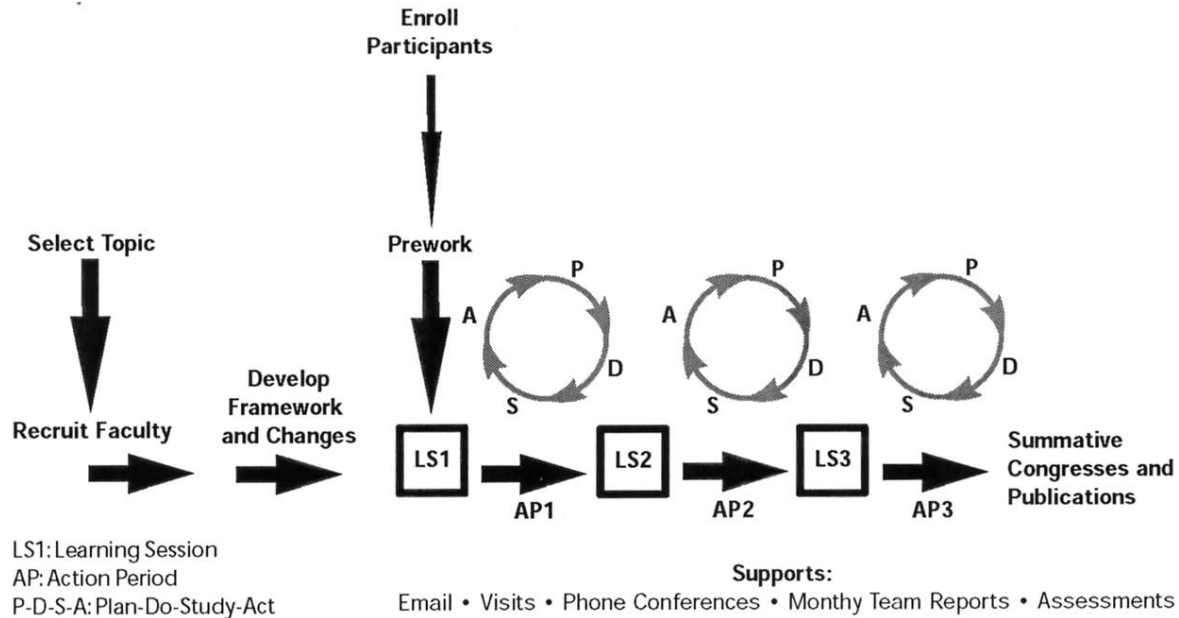
Focus of Your Work	
May 2020 Team Aim	
Patient Partnership and Equity Goal	

Last Quarter	
Three Things to Accomplish in Next 30 Days	
Three Things to Accomplish in Next 60 Days	
Three Things to Accomplish in Next 90 Days	

Next Quarter – January-March 2020	
Three Things to Accomplish in Next 30 Days	
Three Things to Accomplish in Next 60 Days	
Three Things to Accomplish in Next 90 Days	



Implementing Change: BTS Model



IHI Breakthrough Model for collaborative learning

- **Driver Diagram and Change Package**
 - Reliable Clinical Processes
 - Respectful Patient Partnership
 - Effective Peer Teamwork
 - Engaged Perinatal Leadership
- **Supports**
 - Coaching Calls
 - Topic Calls
 - Listening Sessions

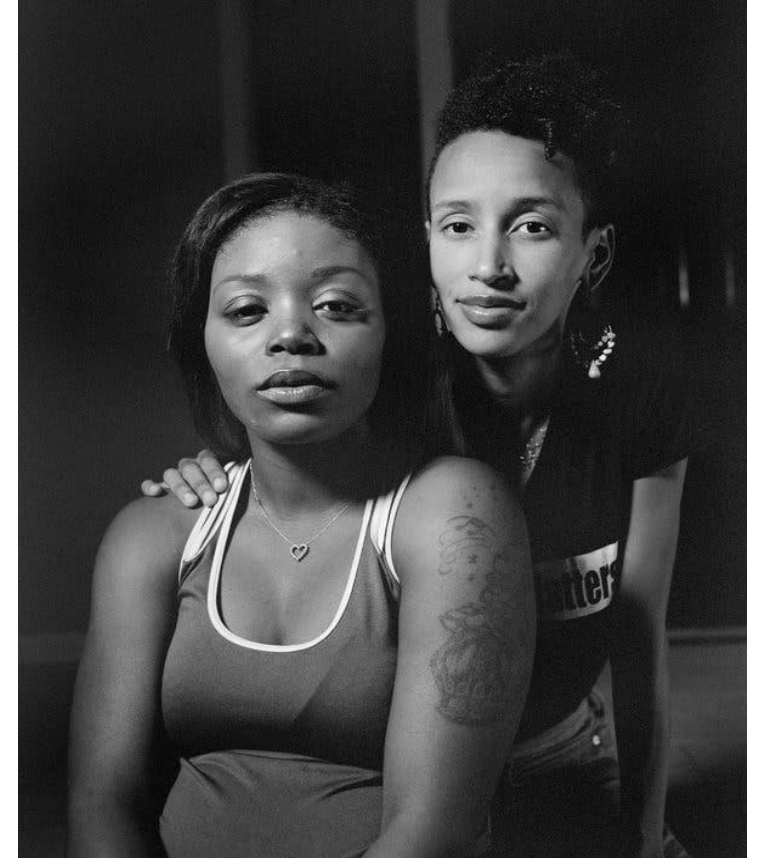
RMMI Preliminary Results

- **SMM among hypertension**
 - Overall **22.9% decrease**
 - Non-Hispanic Black to non-Hispanic white disparity ratio increased slightly because there was greater improvement in non-Hispanic white women
- **SMM among hemorrhage**
 - Overall **39.3% decrease**
 - Percentage of improvement was similar in each group but at baseline, the rate of SMM among non-Hispanic Black women was twice that of non-Hispanic white women

Outcome Measure	Results		
	2016, Quarter 1	2019, Quarter 3	Change
SMM among hypertension	823.2 per 10,000	640.8 per 10,000	-22.9%
SMM among hypertension, disparity ratio	.7	1.1	+ .4
SMM among hypertension, non-Hispanic Black	733.9 per 10,000	673.6 per 10,000	-8.2%
SMM among hypertension, non-Hispanic white	1095.9 per 10,000	603 per 10,000	-44.9%
SMM among hemorrhage	1037.3 per 10,000	630 per 10,000	-39.3%
SMM among hemorrhage, disparity ratio	2.1	2.3	+ .2
SMM among hemorrhage, non-Hispanic Black	1423.2 per 10,000	932.5 per 10,000	-34.5%
SMM, among hemorrhage, non-Hispanic white	682.7 per 10,000	410.4 per 10,000	-39.9%

Summary

- Follow the “Roadmap” for bundle implementation and process improvement that supports equity and respectful care
 - Link quality to equity
 - Create a culture of equity
 - Diagnose the disparity
 - Design the activity
 - Secure Buy-in
 - Implement Change
- Re-center the work to the **who** and the **why**
 - with, not for or to
- Make care **equitable** by making care **better** and **consistent**



Simone Landrum and her doula, Latona Giwa. LaToya Ruby Frazier for The New York Times

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