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
“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
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*

Where do health disparities come from?

Social Determinants of Health + Healthcare Disparities = Health Disparities
The Roadmap to Reduce Disparities

Linking Quality to Equity → Creating a Culture of Equity → Diagnosing the Disparity

Designing the Activity → Securing Buy-in → Implementing Change
Linking Quality to Equity

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

Institute of Medicine Six Domains to Achieve Quality

- 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

- Self-Awareness
  - Stereotype
  - Understand our own view and microaggressions
  - Bias/Prejudice
  - Develop skills and interventions
  - Discrimination
  - Oppression
  - Understand systemic forces that perpetuate inequities

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 different 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

- **Make**
  - Make health equity a strategic priority

- **Develop**
  - Develop structure and processes to support health equity work

- **Deploy**
  - Deploy specific strategies to address the multiple determinants of health which organizations can make an impact

- **Decrease**
  - Decrease institutional racism within an organization

- **Develop**
  - Develop partnerships with community organizations

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

Using the Roadmap in a PQC

- 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

- 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

Creating a Culture of Equity
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

**Achieve a 20% reduction in severe maternal morbidity among pregnant /postpartum women who experience hemorrhage or severe HTN in LaPQC participating facilities in 12 months**

Sub-aim: Narrow the Black-White disparity in this outcome in 12 months
<table>
<thead>
<tr>
<th>Advisory Sub-committee</th>
<th>Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed Care Organizations</td>
<td>Advise the LaPQC on movement within healthcare plans as it relates to maternity care.</td>
</tr>
<tr>
<td>Health Systems</td>
<td>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.</td>
</tr>
<tr>
<td>Policy and Advocacy</td>
<td>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</td>
</tr>
<tr>
<td>Community Partners</td>
<td>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</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Focus of Your Work</th>
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<tbody>
<tr>
<td>May 2020 Team Aim</td>
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<tr>
<td>Patient Partnership and Equity Goal</td>
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<table>
<thead>
<tr>
<th>Last Quarter</th>
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<tbody>
<tr>
<td>Three Things to Accomplish in Next 30 Days</td>
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<td>Three Things to Accomplish in Next 90 Days</td>
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<th>Next Quarter – January-March 2020</th>
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Implementing Change: BTS Model

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

IHI Breakthrough Model for collaborative learning
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

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


