Health Disparities In GME Institutions

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Pam Royston, PhD

Introducing Your Presenters…

Christine Redovan, MBA
GME Consultant

- Seasoned Director of Medical Education and GME Operations
- Accreditation and Management success for both ACGME & AOA Programs
- ACGME-I Accreditation Expert
- Successful Continued Accreditation & New Start-Up Implementation
- Focused on continual readiness and offering timely and useful GME resources
- 17 years GME experience

Pamela Royston, Ph.D

- DIO, GME & Finance Expert
- Over 25 years experience in medical education, both undergraduate and graduate
- Institutional, Program, FQHC start-up and maintenance
- National Speaker GME Accreditation and Financing
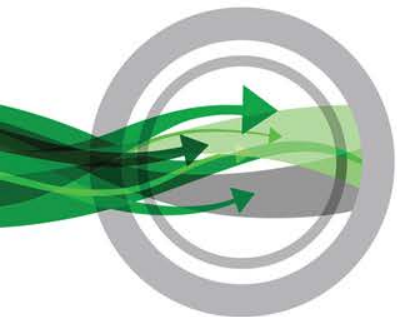- Ph.D - A.T. Still University
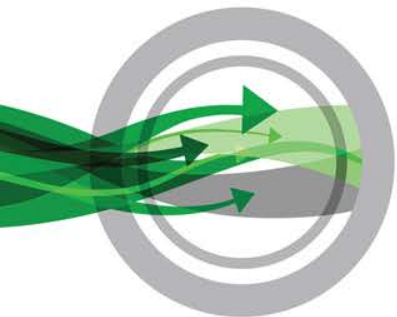
Learning Objectives

- Describe the concepts behind health care disparities

- Build the bridge between health disparities and GME

- Develop plans for your own GME program

- Discover resources and best practices for your GME program and residents

How do you define health care disparities?

Health Disparity or Health Inequity?

Disparity

- Health differences linked with economic, social or environmental disadvantage

- Affect groups of people who have systematically experienced greater social or economic obstacles to health based on characteristics

Inequity

- Underlying commitment to reduce (eliminate) disparities in health

- Striving for the highest possible standard of health for all people

- Special attention to those at greatest health risks, based on social conditions
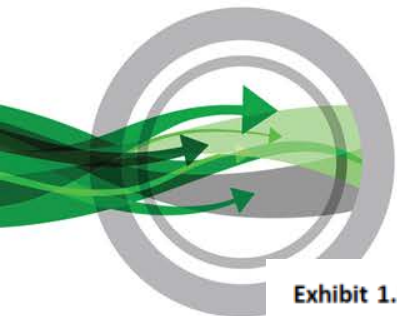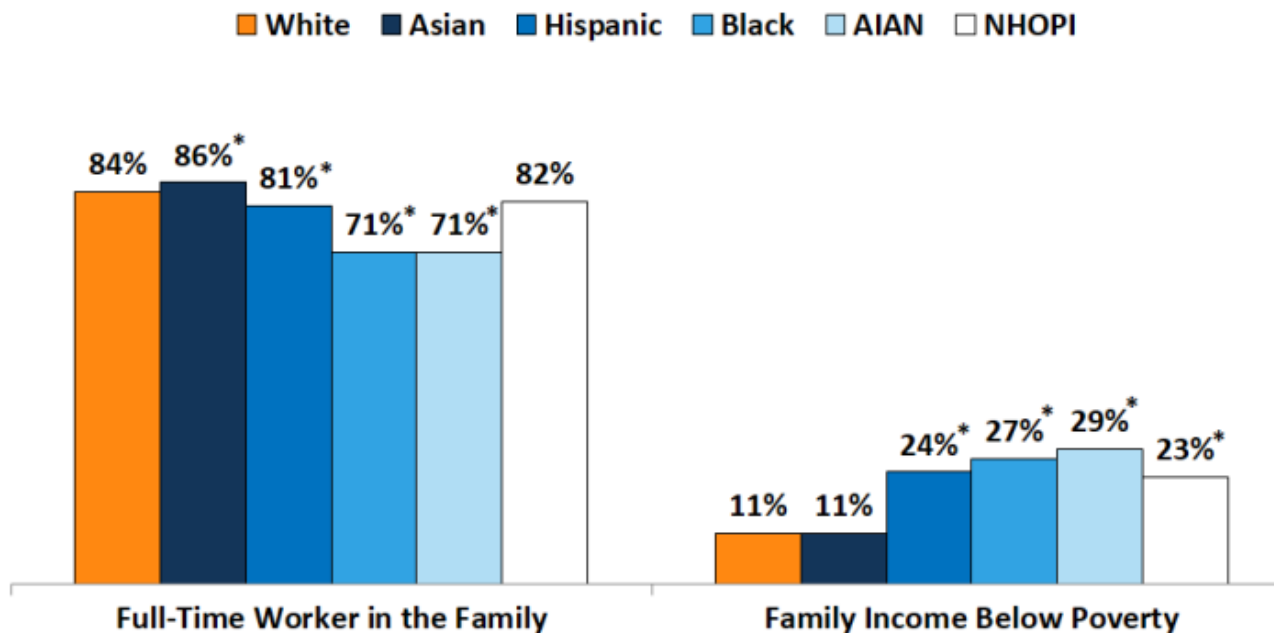
Taking a closer look…

Exhibit 1.5

Family Work Status and Income of Nonelderly Population by Race/Ethnicity, 2014

Legend: White ■ Asian ■ Hispanic ■ Black □ AIAN □ NHOPI

Full-Time Worker in the Family: White 84%, Asian 86%*, Hispanic 81%*, Black 71%*, AIAN 71%*, NHOPI 82%

Family Income Below Poverty: White 11%, Asian 11%, Hispanic 24%*, Black 27%*, AIAN 29%*, NHOPI 23%*

* Indicates statistically significant difference from the White population at the p<0.05 level.
Note: AIAN refers to American Indians and Alaska Natives. NHOPI refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Includes nonelderly individuals 0-64 years of age.
Source: Kaiser Family Foundation analysis of March 2015 Current Population Survey, Annual Social and Economic Supplement.
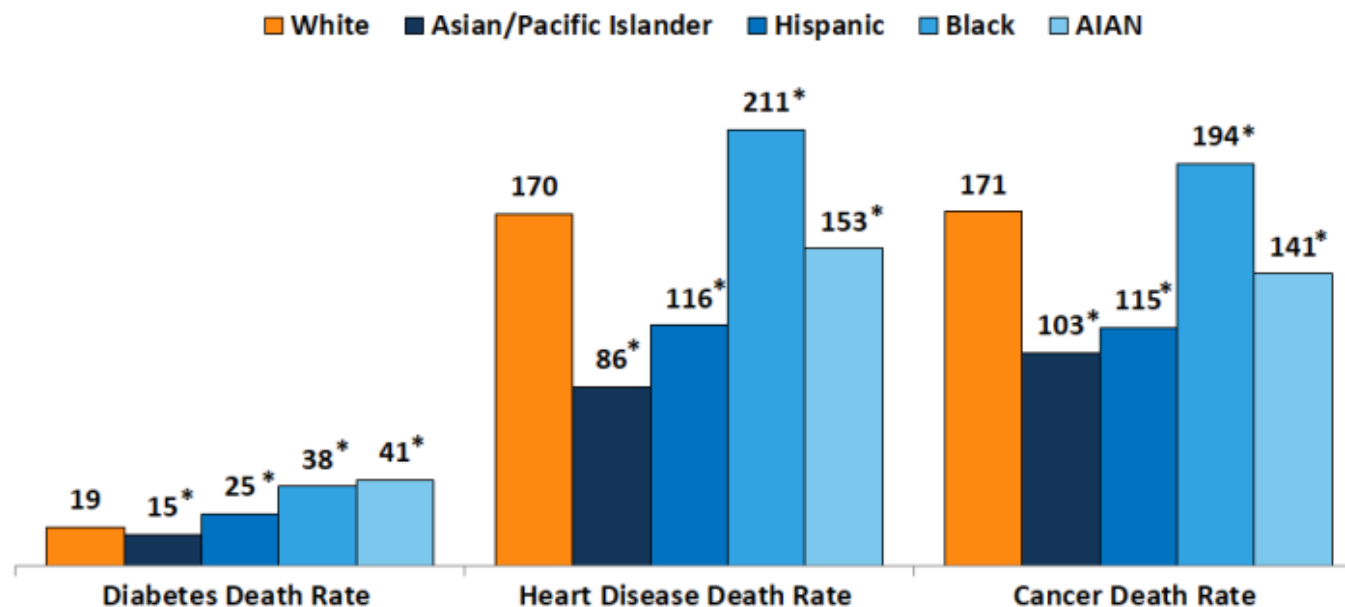
THE HENRY J. KAISER FAMILY FOUNDATION

Taking a closer look…

Exhibit 3.14

Age-Adjusted Death Rates per 100,000 for Selected Diseases by Race/Ethnicity, 2014

Legend: ■ White ■ Asian/Pacific Islander ■ Hispanic ■ Black ■ AIAN

Diabetes Death Rate: White 19, Asian/Pacific Islander 15*, Hispanic 25*, Black 38*, AIAN 41*

Heart Disease Death Rate: White 170, Asian/Pacific Islander 86*, Hispanic 116*, Black 211*, AIAN 153*

Cancer Death Rate: White 171, Asian/Pacific Islander 103*, Hispanic 115*, Black 194*, AIAN 141*

* Indicates statistically significant difference from the White population at the $p < 0.05$ level.

Note: AIAN refers to American Indians and Alaska Natives. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Data for Native Hawaiians and Other Pacific Islanders were not separated from Asians. Data for some groups should be interpreted with caution; see http://wonder.cdc.gov/wonder/help/ucd.html#Racial. Source: Centers for Disease Control and Prevention, National Center for Health Statistics, WONDER Online Database, Underlying Cause of Death, 2014.
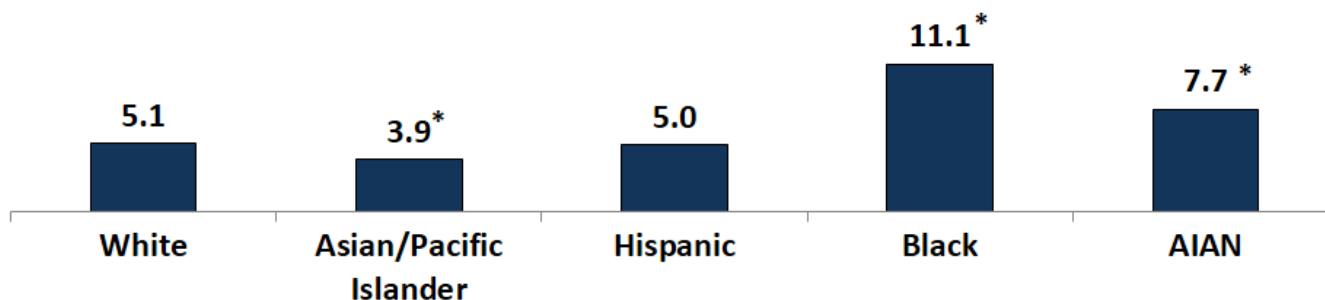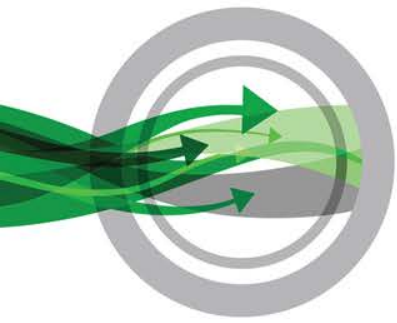
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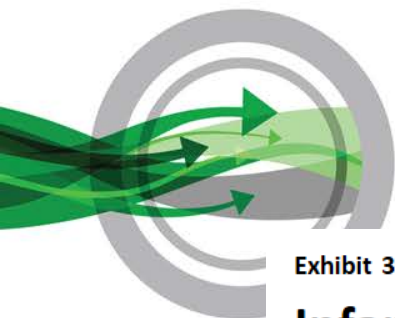
Taking a closer look…

Exhibit 3.12

Infant Mortality Rate (per 1,000) by Race/Ethnicity, 2013

Bar chart showing infant mortality rate by race/ethnicity:
- White: 5.1
- Asian/Pacific Islander: 3.9*
- Hispanic: 5.0
- Black: 11.1*
- AIAN: 7.7*

* Indicates statistically significant difference from the White population at the p<0.05 level.
Note: AIAN refers to American Indians and Alaska Natives. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic. Data for Native Hawaiians and Other Pacific Islanders were not separated from Asians.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics, Linked Birth/Infant Death Records, 2013, WONDER Online Database.
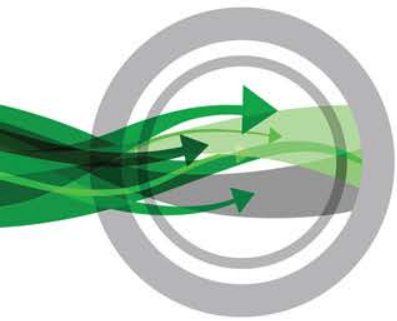
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Changing Determinants of Health

- Understanding the population of the community
  - Census Data

- Understanding the complex relationship among determinants of health
  - Genetics
  - Individual behavior
  - Physical environment
 - Literacy levels
  - Discrimination
  - Racism

Changing Health Care Environment

- Moving from episodic to population care
- New payment mechanisms reinforcing this concept
    - ACO and Patient Centered Medical Homes
    - Accountable for the health outcomes of populations
    - Health outcome measures becoming more important
- Accountable Care Act – requires a community health needs assessment for Charitable 501(c)(3) Hospitals
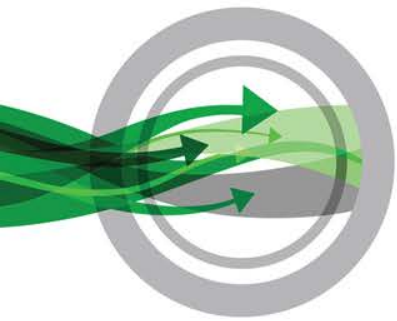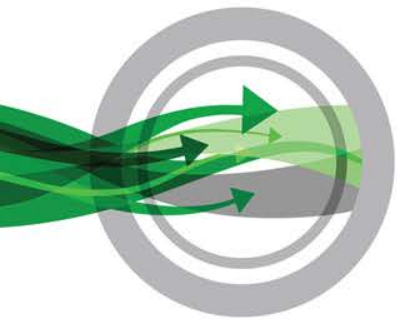
Why is GME involved?

- ACGME has charged GME programs and institutions with expectations as part of the Next Accreditation System
  - Use of data to understand and reduce disparities
  - Present curriculum on cultural diversity and health disparities
  - Collaboration between institution and program
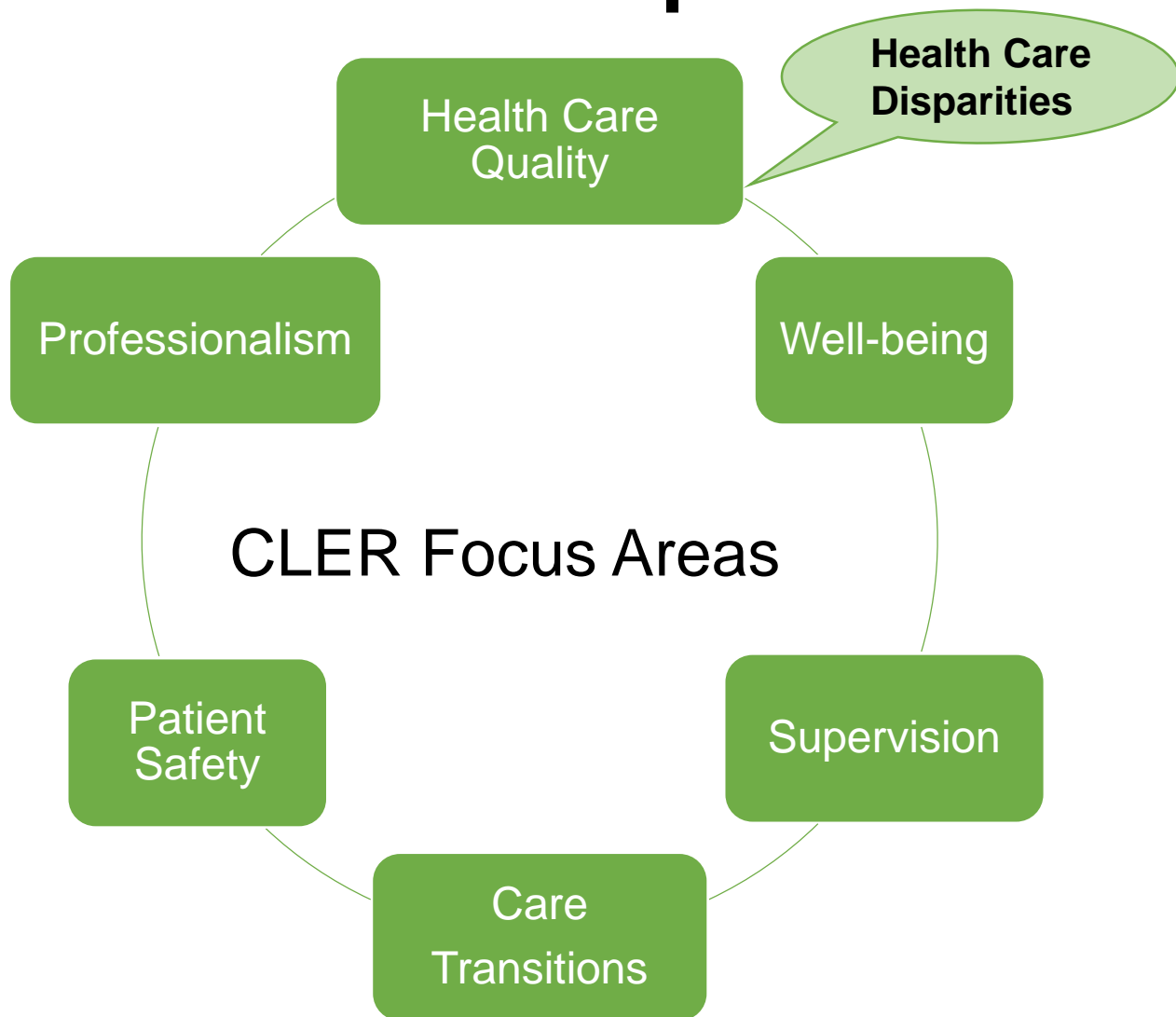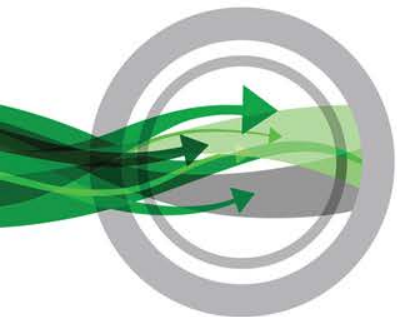 - Different patient populations have different needs
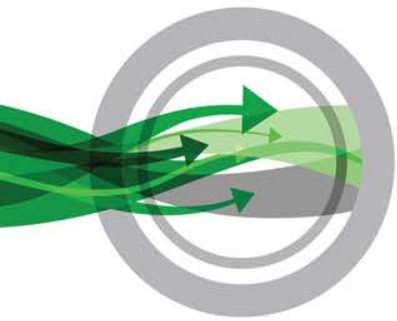
Residents as Care Givers

- Often coming to programs and areas they are unfamiliar with

- Often from a different culture; cultural experiences affect perceptions

- Residents are usually the primary care giver of patients

- Sponsoring Institutions provide limited information to the patient population residents serve and the care givers of that population

Health Care Disparities

Health Care Quality

Health Care Disparities

Well-being

Professionalism

CLER Focus Areas

Patient Safety

Supervision

Care Transitions

ACGME CLER Expectations

- Resident and Faculty education on reducing health care disparities

- Resident and Faculty engagement in clinical site initiatives to address health care disparities

- Expectations
  - Specific to the population the institution serves
  - Aligned with institutional initiatives
  - Includes cultural competency
  - Projects and activities in QI should aim to reduce health disparities identified as priority

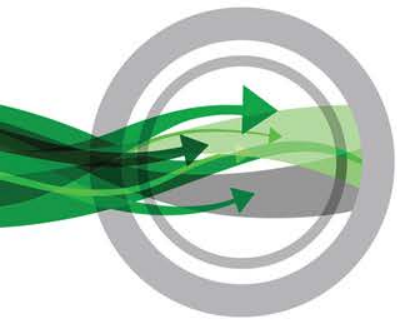(http://www.acgme.org/Portals/0/PDFs/CLER/CLER_Pathways_V1.1_Digital_Final.pdf)
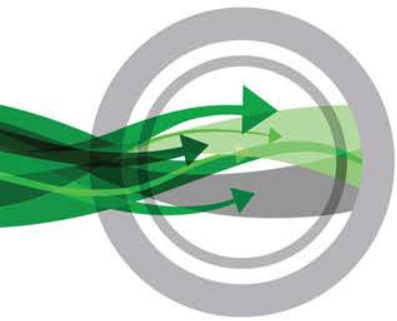
Early CLER Findings

- Hospitals focused on improving access to care or meeting regulatory requirements

- Residents focused on providing service to select patients

- Generic training; not focused on specific populations served by the institution

- Not a lot of formal instruction

- C-Suite and resident descriptions of vulnerable populations did not always align

- Priorities of institution were not necessarily known

(https://www.acgme.org/Portals/0/PDFs/CLER/CLER_Health_Care_Disparities_Issue_Brief.pdf)
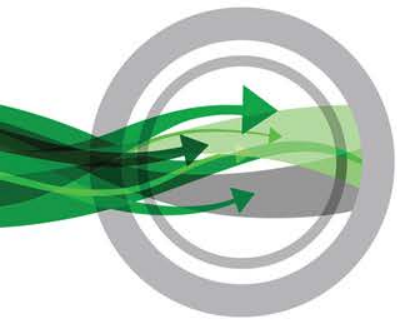
Where to start?

Resident Orientation - Data

- Hospital marketing or informatics department

- County demographics
    - https://factfinder.census.gov/
    - Provides information regarding race, gender and poverty level

- American Hospital Association

Linking Patients and Practice

Bridges out of Poverty- (https://www.ahaprocess.com/)

- Assists with understanding the barriers of overcoming intergenerational poverty (rules, language, patterns)

- Series of workshops

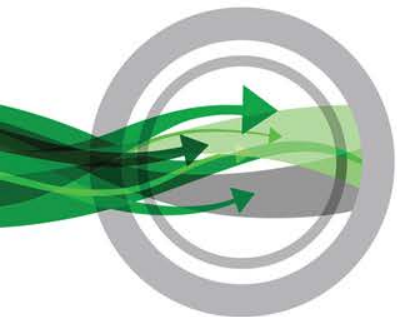- Book and also offered through professional consultants
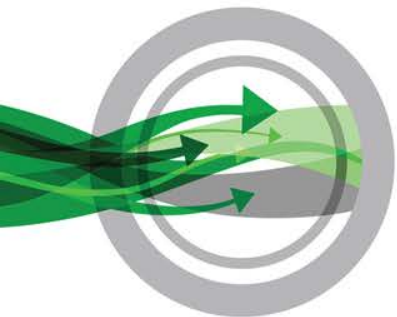
Linking Patients and Practice

Understanding Transportation Barriers

- Ask residents to utilize mass transportation
  - Residents begin at preset location determined by high percentage of patient zip codes
  - The resident will navigate transfers and calculate the cost and time to get to continuity clinic

- Bus Tour
  - Less interactive but manageable for a group
  - New residents tour neighborhoods of patient's
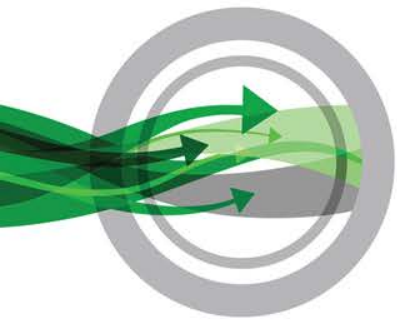 - Residents will also be asked to find the nearest grocery store

Linking Patients and Practice

Access to Food

- Grocery Store Challenge
  - Residents are provide $40 in play money to feed a family of four for a week
  - Provide residents local grocery ads to make a list calculating the cost
  - Debrief with a nutritionist

- Alternatives
  - Simulate a grocery store
  - Send residents to grocery store and have them buy through capturing pictures (speak with the store before!)
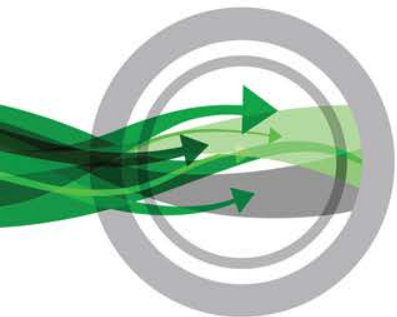
Community Partners

Agency Visit

- Work with communities agencies and ask them to prepare for resident visitors

- Residents assigned to a team and assigned to visit one community agency

- Residents complete an information form and debrief with the residency programs

Community Partners

Organizations

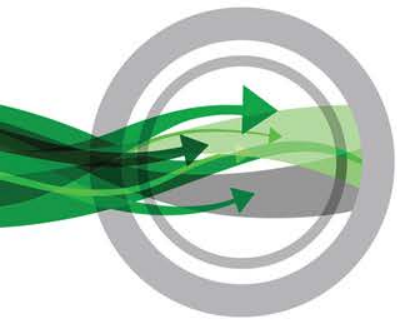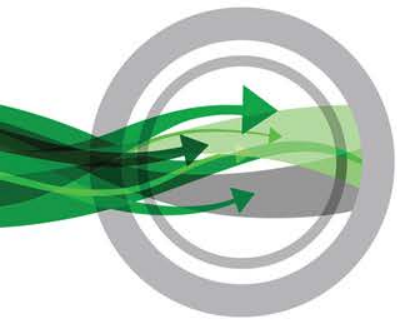|	
Health department	Community Mental Health
Homeless shelters	Women's shelters
United Way	Salvation Army
Soup Kitchens	Food Pantries
Churches	Red Cross
Big Brothers/Big Sisters	Free Clinics
Hospice	Community Garden
Substance Abuse Clinics	Fed. Qualified Health Ctrs.

Community Partners

Alternatives to Visits

- Create a panel
- Create a lecture series
- Community Mapping

Patient Populations
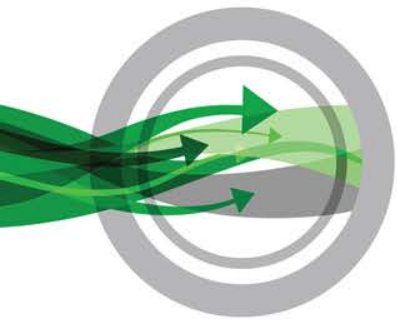

Migrant Workers

• Health checks

• Immunization clinics

Prison Population

• Understanding families of prisoners
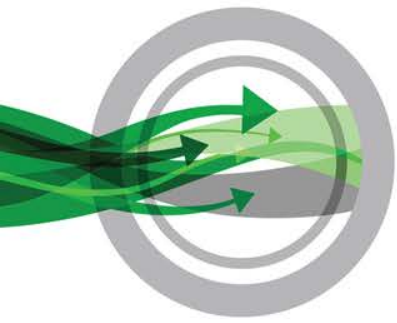
• Language patterns

Patient Populations

Alternative High Schools

- Students who have been expelled from school
- Adult learners

Ethnic Diversity

- Panel discussion of cultural differences
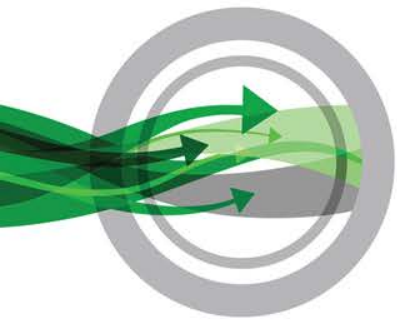- Pot lucks with sharing of cultures

Community Involvement

- Community Paybacks
  - Habitat for Humanity
  - Health Expo Senior Living
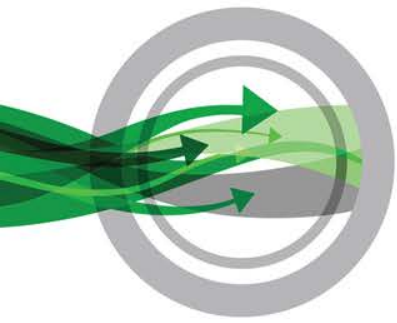 - Quilting for Shelters
  - Women's Shelters
  - Free Clinics

Upper Level Resident Topics

Accountable Care Organizations

- Group of Physicians, hospitals, and other care givers
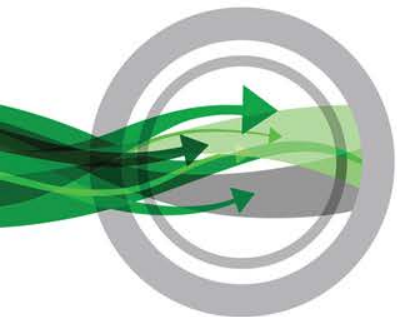- Coordinate care to improve outcomes and share incentives
- Medicare initiated

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/

Upper Level Resident Topics

Value Based Purchasing

- • Provides incentives to acute care hospitals for patient outcomes (Medicare)
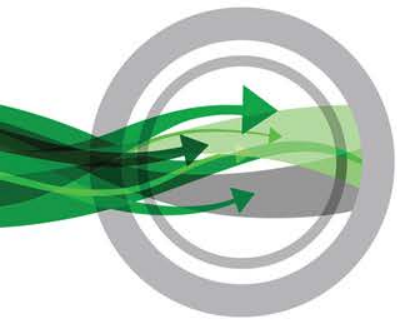
- • 340(b) Drug Program

Longer Term Projects

- Continuity Clinics
  - Group visits – Diabetes
  - Develop database –A1C
  - Group visits – Weight Loss & Exercise
  - Nutrition counseling and shopping
  - Immunizations
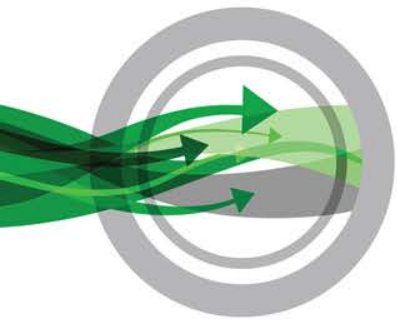 - Tobacco cessation – group visits

Take a-ways

- Focus on the population your institution serves
- Team effort; Engage all stakeholders
- Supplement education with experiential learning
- Education of C-Suite on health disparity integration with GME
- Longitudinal planning is key
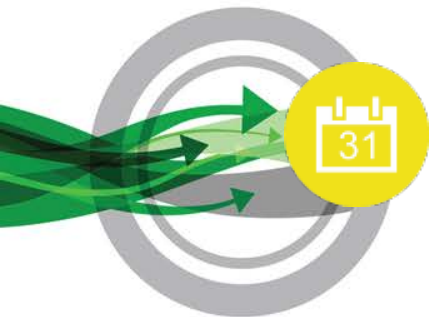- Use your local resources
- Start today!

Final Thoughts…

"Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane"

Martin Luther King, Jr.

Associated Press wire story, March 26, 1966

Upcoming Live Webinars

On-Demand Webinars

The Millennial Learner

AOA to ACGME Accreditation: Best Practices and Challenges
Tuesday, February 20, 2018
12:00pm – 1:00pm EST

Quality Improvement: Are You Meeting the New Requirements

2017 Common Program Requirements Update

Transitioning from Residency to Practice
Thursday, March 1, 2018
12:00pm – 1:00pm EST

Bullying in the Workplace

Meet the Experts - Fall Freebie

Self-Study…Have You Analyzed Your Data Yet?

Ask Partners – Spring Freebie
Tuesday, March 20, 2018
12:00pm – 1:00pm EST

Creating a Robust Resident Evaluation System

Institutional Site Visit Prep Process

Abuilding a Scholarly Infrastructure at a Community Based Institution
Thursday, March 29, 2018
12:00pm – 1:00pm EST

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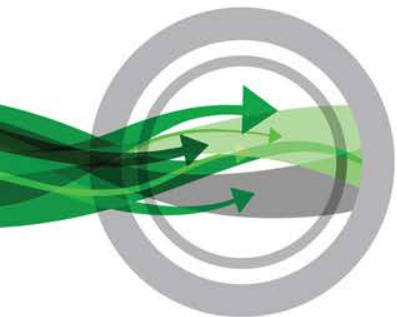
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