

PA AIM Severe Hypertension and Racial/Ethnic Disparities Breakout

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Name, Title and Organization

PLEASE ADD TO THE CHAT



PAPQC Improving Severe Hypertension Treatment and Reducing Racial/Ethnic Disparities

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Joint Commission Elements

- Policy/Protocol
- Drills at least annually
- Multidisciplinary case reviews
- Debriefs after case with complications
- Staff Education including ED

We must identify disparities in our process and outcome metrics



PAPQC AIM Goals

- Reduce the rate of severe maternal morbidity (SMM) among those with eclampsia/preeclampsia by 25% and reduce the racial/ethnic disparities for that measure by 25% by August 2022
- Increase the proportion of birthing patients with acute-onset severe hypertension who are treated within 60 minutes to 75% across races/ethnicities by August 2022



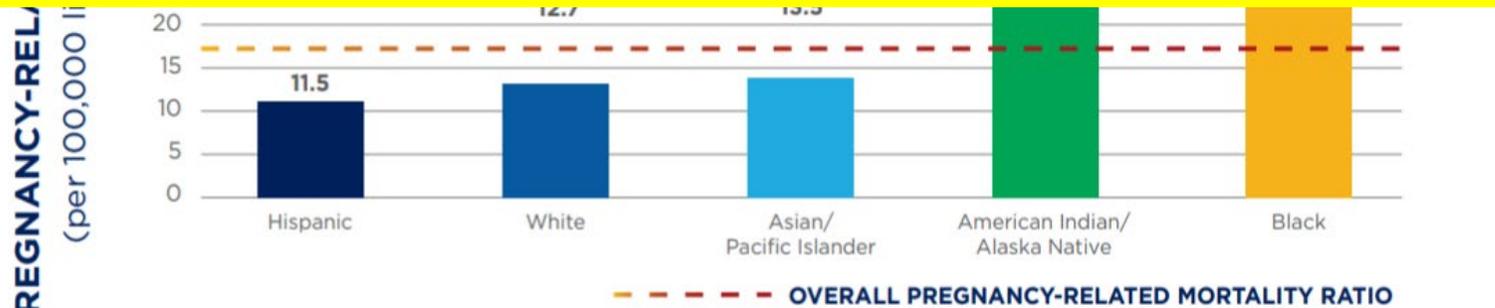
Disparities in Severe Hypertension

FIGURE 3

Pregnancy-related mortality ratios by race and ethnicity - Pregnancy Mortality Surveillance System, U.S., 2007-2016

Maternal Mortality is 3x greater for Black women than for White women in Pennsylvania

Preeclampsia is one of the most preventable causes of maternal mortality and severe maternal morbidity



Source: Racial/Ethnic Disparities in Pregnancy-Related Deaths - United States, 2007-2016. <https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>



Equity

- Equity in care can be defined as provision of care that does not differ by geographic location, socioeconomic status, gender, gender identity, sexual orientation, race, ethnicity, and other patient characteristics.
- Nationally, inequities in access to care persist which can impact the quality of health care racial and ethnic minorities receive.
- Multiple factors contribute to disparities in health care therefore there is no single solution for addressing disparities. However, increasing awareness of the issue, improving data collection, and research on causes of disparities may assist in identifying solutions aimed at reducing disparities in care.



Data Analysis by Race and Ethnicity

- To meet the needs of the diverse communities we serve, WellSpan Health aims to bridge the gap between the collection of patients race, ethnicity and language data, and the analysis of data in order to identify inequities in the provision and utilization of health care services.
- Standardized analysis and reporting of race, ethnicity, and language data allows for the identification of inequities and to implement interventions aimed at improving access to services as well as the quality of care provided.
- Use of a standardized method to report and analyze REL data can benefit health systems by identifying opportunities to reduce costs and identifying disparities in health outcomes



Gaps in Data Analysis

Practice	Rationale	Possible Strategies	Outcome
Collect and stratify race, ethnicity, and language (REL) data in tandem with other equity efforts	REL data is an important part of reducing disparities, but it is not necessary to put all equity efforts on hold until REL data is available.	<p>Use qualitative methods (e.g., surveys, interviews) to identify disparities if quantitative data isn't available.</p> <p>Continue to foster a culture of equity across the organization while REL data collection is in progress.</p>	<p>Disparities efforts are not stalled.</p> <p>The organization is primed to address disparities once REL-stratified data is available.</p>



“Unless specifically measured, disparities in health and healthcare can go unnoticed even as providers, health plans, and governmental organizations (hereafter referred to as healthcare organizations) seek to improve care. Stratifying quality data by patient race, ethnicity, language and other demographic variables such as age, sex, health literacy, sexual orientation, gender identity, socio-economic status, and geography is an important tool for uncovering and responding to healthcare disparities”

DeMeester & Mahadevan (2020). Using Data to Reduce Disparities and Improve Quality. Advancing Health Equity.



Measure and address disparities

- Carefully check and clean your data
- Understand the diversity of the community you serve
- Standardize system wide policy around mapping race and ethnicity data
- Work with analytics team to create mapping strategy to be applied to Epic reports

Data Definitions Used in Mapping : Race and ethnicity data will be reported simultaneously to aid in identifying disparities.

- Race/Ethnicity categories reported when mapped will include
 - Asian or Non-Hispanic Asian
 - Black or Non-Hispanic Black
 - Hispanic or Latino
 - No-Race Documented
 - Other groups
 - White or Non-Hispanic White



Race and Ethnicity Data Mapping to Improve Analysis

Race and Ethnicity

- a. Mapping Strategy: The mapping logic for race and ethnicity data is sequential in the following priority. Therefore, if a condition is met, the sequential flow stops, and that mapped race is used.**
- If a patient reports an Ethnicity of “Hispanic or Latino”, a mapped “race” of “Hispanic or Latino” is used and overrides any other race reported.
 - If a patient has a [non-race response](#) reported as either first or second race, then a mapped race of “No Race Documented” is used.
 - If a patient has “Not Reported” as the first race but has a valid race as a second race, then a mapped race of “No Race Documented” is used.

If a patient reports more than one race, the patient is classified as “Multi-racial”. Multi-racial is mapped to the [“Other Groups” category](#)



References

Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement. Content last reviewed April 2018. Agency for Healthcare Research and Quality, Rockville, MD.

<https://www.ahrq.gov/research/findings/final-reports/iomracereport/index.html>

DeMeester & Mahadevan (2020). Using Data to Reduce Disparities and Improve Quality. Advancing Health Equity <https://www.solvingdisparities.org/sites/default/files/Using%20Data%20Strategy%20Overview%20Oct.%202020.pdf>

Robert Wood Johnson Foundation (n.d.) Advancing Health Equity. Roadmap to Reduce Disparities <https://www.solvingdisparities.org/tools/roadmap>

