The Joint Commission

Boston Medical Center SNAPSHOT

Featured Health Equity Topic Area:
Use Data to Identify Disparities Across Patient Groups

Related Joint Commission Requirement:
Standard LD.04.03.08, EP 3

About

Boston Medical Center (BMC) is a 514-bed, private, not-for-profit, academic medical center located in Boston's historic South End. With 70 medical specialties and subspecialties, over one million patient visits are conducted per year. BMC believes that everyone has the right to health and wellness, no matter who they are, where they live, what they do, or where they are from. As the largest safety net hospital in New England, BMC has provided accessible care for everyone for over 180 years. BMC serves a diverse population with complex medical needs. Nearly 75% of BMC patients come from structurally marginalized populations, and more than 27% of patients do not speak English as a primary language. BMC recognizes the importance of addressing the health-related social needs that further impact their patients' health and well-being.

Boston Medical Center	
	Boston, Massachusetts
	Academic Medical Center
	Safety Net Hospital
	514 beds
$	Operational, Grant Support

Mission

BMC has been driven by a commitment to care for all people, regardless of their ability to pay, providing not only traditional medical care, but also programs and services that wrap around that care to enhance overall health. All of this supports their mission to provide exceptional care, without exception.

Setting the Stage for Change

BMC uses basic demographic information, such as race and ethnicity, to track and report on progress toward corporate goals for quality, and inpatient and outpatient experience. Additionally, BMC functions as a part of an Accountable Care Organization (ACO) that also stratifies their quality measure performance data (e.g., mortality observed/expected ratio, preventable harm index, length of stay, hospital readmission) by race and ethnicity. These demographic data are used as a primary mechanism to look for disparities in any of the outcomes (i.e., quality, experience, performance). Beyond demographic information, BMC uses the data they collect as part of their THRIVE social needs screening program to identify areas of high inequities that require deeper analysis and exploration to inform interventions to address the needs of their patient population. The data, as well as solicited input from internal stakeholders and community partners, contributes to the areas on which the analytics team will focus. Currently, the team is focusing on disparities related to COVID-19, cancer screening, pregnancy, and diabetes.

Taking Action

BMC has developed a three-part framework for identifying and addressing health disparities (e.g., improving baseline data collection strategies, stratifying performance measures by RELDSOGI to understand disparities, and conducting deep-dive analyses into high-priority disparities). The organization also disseminates their findings to those who have a particular need for that information to promote work on actionable answers.

Improve Baseline Data Collection. To ensure data are accurate, the BMC analytics team works with front-line staff to improve data collection practices by targeting completeness and standardization of data collection processes for race (R), ethnicity (E), language (spoken and written; L), disability (D), sexual orientation (SO), gender identity (GI), and social needs. They have created a training manual for all personnel who collect these data, which includes scripting for asking sensitive questions. BMC also attempts to align their data collection and reporting standards across state and federal requirements for consistency.

Stratify Performance to Understand Disparities. BMC stratifies clinical quality, patient experience, and performance measures by RELDSOGI data to identify areas of disparity within the patient population. For example, although there are not significant disparities in wait times for all departments, there are sizeable racial disparities across no-show rates. BMC has also prioritized a review of sociodemographic disparities as a regular part of organization-wide reviews.

Deep-dive on High-priority Disparities. The analytics team identifies areas of disparity for deeper investigation into root cause drivers and collaborates with clinicians to provide additional context and develop interventions to address those disparities. When possible, the team compares BMC's data with public data to see how they compare against local and national data. For example, one of the current priorities of the team, equity in pregnancy, was identified through a

targeted review of Boston-level infant mortality data, which led to a deep-dive into their organization's higher rate of severe maternal morbidity for Black mothers and inequities in baby weight associated with race and Medicaid status.

Create Awareness. Dashboards allow teams across the BMC system to access their performance on a variety of metrics. Quality measures are tracked monthly, while departments that conduct THRIVE screenings receive weekly reports on screening rates of eligible patients. With that, as the analytics team digs deeper into a specific clinical area of focus, they can share the data with specialized workgroups that are tasked with understanding the root causes of a disparity and creating an intervention.

"The goal is to make an impact and be able to measure [outcomes]" – John Goldie, VP of System Analytics

Challenges Encountered

Data Accuracy and Alignment. Because BMC serves such a diverse population, they feel it is important that their patients feel their identities are reflected in the self-reported options provided. Accuracy in data reporting is always a concern because BMC seeks to accurately assess their patients' experience and address their needs. However, there is currently no standardized way to report certain identities (e.g., SOGI).

Gaps in Data Collection Procedures. Patients have the option to refuse to answer screening questions, which results in gaps in data collection.

Using Data from Other Social Needs Screeners. Behavioral health utilized a screener with some concepts overlapping with the TRHIVE screener, resulting in duplicative data points.

Capacity for Work. There are instances during data analysis when teams want to tackle the global issue of disparities in health care, but that is too much work for a single organization or team to take on.

Solutions

- **Engage Patients and Families.** BMC engages the patient/family advisory council (PFAC) and seeks feedback on how to address data completeness. Seek input from patients about how they prefer to report their demographic information.
- **Develop Training Manual.** Create and distribute a training manual for staff to inform them of appropriate data collection procedures (e.g., scripted language on how to ask sensitive questions).
- **Observe and Support Registration Staff.** Ask management teams to directly observe registration staff and monitor high-level metrics that may indicate inconsistencies in data collection.
- **Consolidate Reporting Standards.** Examine and consolidate reporting standards across regulatory agencies.
- **Routinely Conduct Analyses.** Prioritize the clinical areas that consistently reveal significant disparities and address those as small steps toward the larger goal. Perform adjustments during analysis to align with existing literature on response inclinations (e.g., risk adjustments).

Lessons Learned

- **Be Specific and Accurate.** It is important from a reporting and patients experience perspective to ensure that data are being captured accurately. For example, 30% of BMC's patient population speaks a language other than English and the organization serves patients in over 160 languages – the best practice in terms of collecting specific and accurate language data is to ask patients about both spoken and written preferences about how they prefer to discuss medical information.
- **Education and Training.** Collecting these data in a standardized and sensitive way is very important to data integrity and use. Operationalizing procedures and training staff is integral to using data effectively within the organization.
- **Collaboration.** Multidisciplinary teams set throughout the organization can assist in ensuring data reflect reality. They can also help when it comes to using the data to create actionable responses.
- **Be Intentional.** Tackling disparities in health care is challenging work that takes time and resources. Be strategic in your focus and expand as capacity allows.

Check out the Joint Commission's Health Care Equity Resource Center

Use Data to Identify Disparities Across Patient Groups

Access a framework for stratification of patient race, ethnicity and language data and use them to identify and address health care disparities and more