







Featured Health Equity Topic Area:
 Prioritize, Plan and Take Action

Related Joint Commission Requirement:
 Standard LD.04.03.08, EP 4

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 impact the health and wellbeing of their patients.

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

Health care equity has been woven into BMC's work for decades, but despite sustained efforts to reduce disparities, outcome data revealed significant and persistent racial and ethnic disparities. These findings created concern amongst BMC leadership as two thirds of BMCs patient population identifies as Black, Hispanic or Latino. In 2021, BMC leaders launched a thoughtful process to determine new and innovative approaches to healthcare delivery. An intentional commitment was made to systematically identify and eliminate barriers to health justice. Out of these discussions came the development of *BMC's Health Equity Accelerator* that is focused on the elimination of disparities and health care inequities. The Accelerator focuses on five clinical priority areas where the largest health inequities are observed. Focus areas include maternal care, chronic conditions, infectious diseases, behavioral health, cancer and end stage renal disease.

Taking Action

Embrace a broader perspective. The field of medicine often operates in 'silos' which can create limited perspectives and assumptions when assessing solutions to identified problems. One of the most unique features of BMC's Health Equity Accelerator is the integration of a highly functional multi-disciplinary team. The Accelerator embraces collective perspectives and experiences to help unearth important, and often overlooked insights. The Accelerator intentionally integrates the voice of the patient, community, clinicians, and researchers to work together to identify and eliminate barriers to health equity.

Seek the input of those impacted by inequities. BMC was intentional in their efforts to seek patient and community input. Within the first year of the Accelerator's inception, the team successfully engaged over 15,000 patients through focus groups, interviews, forums, and surveys. To better understand the factors contributing to disparities related to pregnancy outcomes, BMCs Equity in Pregnancy Team conducted comprehensive patient interviews, administered a survey, and engaged in discussions with community leaders. Through this process, the team was able to uncover important insights and gather information to help guide their planning and prioritization process. The team was able to identify factors that contributed to their maternal health inequities including differences in the management of preeclampsia. Black patients with preeclampsia indicated that they received very little information from their providers and that it was challenging to make informed decisions in the absence of relevant clinical information. With these insights in mind, the BMC team is working to develop targeted patient education to help equip patients with information and empower them to make clinically informed decisions.

“While we may not know every single barrier and have a solution to fix every known inequity, there are many things that are known to be effective that can be implemented today to make improvements.” – Elena Mendez-Escobar PhD, MBA Executive Director of Strategy and the Health Equity Accelerator

Challenges Encountered

Volume and complexity of contributing factors. The biggest challenge noted by BMC leaders is the complicated nature of disparities. They describe the need to ‘dig deep’ and identify the complex interplay of factors that contributes to specific disparities and inequities. It is important to understand potential causes of disparities and barriers to equitable healthcare in order to design and implement focused and effective interventions. There is a large volume of literature that describes inequities, but information around what are the actual drivers and effective ways to remove them is still scarce. “It takes a lot of intentionality to get at the core of the issue around health inequities and to find effective solutions.”

Solutions

- **Develop a model for achieving equity.** BMC’s Health Equity Accelerator was designed to propel health justice across areas identified with the biggest gaps in health outcomes and largest racial inequities. With a deliberate strategy in mind, four typically autonomous organizational functions (clinical operations, community partnerships/SDoH, research and education, policy and advocacy) work collaboratively to create actionable and effective solutions. The Accelerator is based on a model that deploys advanced research methodologies, provides data science and analytic tools, implements innovations to transform care, gathers and integrates the voice of the patient, and forges vital community partnerships.
- **Identify targeted and focused interventions.** BMC uses a data-driven approach to identify areas with the largest disparities. For BMC, one of those areas is maternal health outcomes. BMC chose to focus on the clinical management of preeclampsia. A remote blood pressure monitoring program was developed that begins after the first pregnancy appointment for patients at high risk of developing preeclampsia. This program has facilitated the early identification of several cases of preeclampsia, enabled timely care provision, and safe delivery. The BMC approach to reducing disparities around preeclampsia outcomes started with the patient as the focus. Their program empowered patients with information very early in pregnancy, allowing them to be an informed member of their own care team and an integral participant in the decision-making process.

Lessons Learned

- **Consider evidence and applicability.** While there is a great deal of literature that substantiates disparities and inequities in healthcare, there are many gaps, particularly related to effective interventions to address known disparities. This reality encouraged BMC to explore interventions and approaches that might not have the rigor and evidence base of some interventions but boast sound practical application and effectiveness for the patient community that BMC serves.
- **Use multiple sources of data to help identify disparities.** BMC leveraged both internal and external data sources to better understand the nature and types of disparities that exist in their patient population. They utilized claims-based data from their health plan as well as electronic medical record data. BMC has been collecting data on health-related social needs from their patients for many years. They have very complete data on patient race, ethnicity and language preference (REaL), which enables the stratification of patient outcomes by race and ethnicity. In addition, BMC has merged their patient data with external data bases such as the social vulnerability index and publicly available state and city data.
- **Don’t wait, act now.** BMC adopted the philosophy that timing matters, and there is no time like the present to start addressing disparities.

“Don’t let perfect be the enemy of good.” – Voltaire (shared by Dr. Megan Sandal)

Check out the Joint Commission’s Health Care Equity Resource Center
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Access a readiness assessment tool and other practical, hands-on tools, worksheets and includes guidance on creating an action plan to address health disparities