



## GOVERNMENT

### Hospitals find success in slashing health disparities

Cultural competency training is among the efforts that boost care quality for minority patients.

By KEVIN B. O'REILLY, *amednews* staff. *Posted March 16, 2012.*

A coalition of health care organizations is highlighting how collecting patients' demographic data, expanding cultural competency training and diversifying health leadership can help reduce care disparities.

For example, New York-Presbyterian Hospital started an initiative to improve care for patients in the largely Hispanic neighborhoods of Washington Heights and Inwood in New York City. The effort included a four-hour training program for health professionals to help address patients' cultural, language and literacy needs.

"The cultural competency training provides background information in terms of the various ethnicities and religions and groups that we see predominantly," said J. Emilio Carrillo, MD, MPH, vice president for community health at New York-Presbyterian. "However, we are making it very clear that we ascribe to a patient-centered, cross-cultural approach."

Whatever ethnic or racial background a patient is from, "people are trained to respond to them as an individual and to seek the knowledge on how to manage the person directly from the patient," Dr. Carrillo said.

New-York Presbyterian also employed bilingual patient navigators and helped establish seven patient-centered medical homes, centralized scheduling and test-results communications. The hospital saw a nearly 10% drop in emergency department visits related to problems better handled in the primary care setting.

The achievement in New York is one of nine case studies included in a February report, "Eliminating Health Care Disparities: Implementing the National Call to Action Using Lessons Learned" ([www.hpoe.org/hpoe/resources/eoc-eliminating-health-disparities.pdf](http://www.hpoe.org/hpoe/resources/eoc-eliminating-health-disparities.pdf)).

Initiatives at Baylor Health Care System in Dallas, the University of Mississippi Medical Center in Jackson and Adventist HealthCare in Rockville, Md., are among the others profiled. The report is a follow-up study for an anti-disparities coalition launched in July 2011 by the American Hospital Assn., the Assn. of American Medical Colleges, the American College of Healthcare Executives, the National Assn. of Public Hospitals and Health Systems, and the Catholic Health Assn. of the United States.

### Slow progress on disparities

Though the health system is improving on most measures of quality, only 20% of care disparities have narrowed, according to the "2010 National Healthcare Disparities Report" published by the federal Agency for Healthcare Research and Quality.

More than three-quarters of hospitals collect data on patients' race, and many others also gather information on ethnicity and language preference. Such data collection is part of the meaningful use criteria for hospitals, health systems and physician practices seeking to avoid payment cuts and earn bonuses from Medicare and Medicaid. But accumulating such information is just a start in slashing disparities, experts said.

"It's important to recognize that collecting data on race, ethnicity, language, disability and gender is foundational to addressing disparities and to doing interventions to reduce them," said Romana Hasnain-Wynia, PhD, research associate professor at the Northwestern University Feinberg School of Medicine Institute for Healthcare Studies in Chicago. "Collecting data is not sufficient. It's necessary, but you need to use the data ... to target health disparities."

Hasnain-Wynia said the new report has put a "stamp of approval" on the notion that lowering disparities should not be left behind amid expansions in insurance coverage and efforts aimed at boosting the overall quality of care.

"It's important to take the lessons learned from these organizations and have them be adopted by others," she said. "It's one thing to have nine hospitals do it. It's another to have 3,000 hospitals doing it."

For now, the coalition of hospitals, medical schools and health care executives is not setting specific targets for disparities reductions. If hospitals heed these case studies to expand collection of demographic data, improve training and add more minorities in leadership positions, the effect should be seen in patient outcomes, said Richard de Filippi, PhD, a trustee at Cambridge Health Alliance, an integrated health system in the Boston area.

"Our experience has been that if you do these things, then good things are going to happen with regard to the quality of care for everybody in the patient population," said Filippi, also chair of the American Hospital Assn.'s Equity of Care

Committee.

---

Copyright 2012 American Medical Association. All rights reserved.

#### **RELATED CONTENT**

- » **Unmet social needs worsen health** Jan. 2
- » **CMS incentive plan could worsen care disparities, study finds** Oct. 24, 2011
- » **Healthy People 2010 misses targets on obesity and health disparities** Oct. 24, 2011
- » **National groups unite to target health disparities** Aug. 15, 2011
- » **Demographic data: Reducing disparities starts with a question** Editorial July 4, 2011
- » **U.S. quality improvement steady, but progress on disparities elusive** March 14, 2011