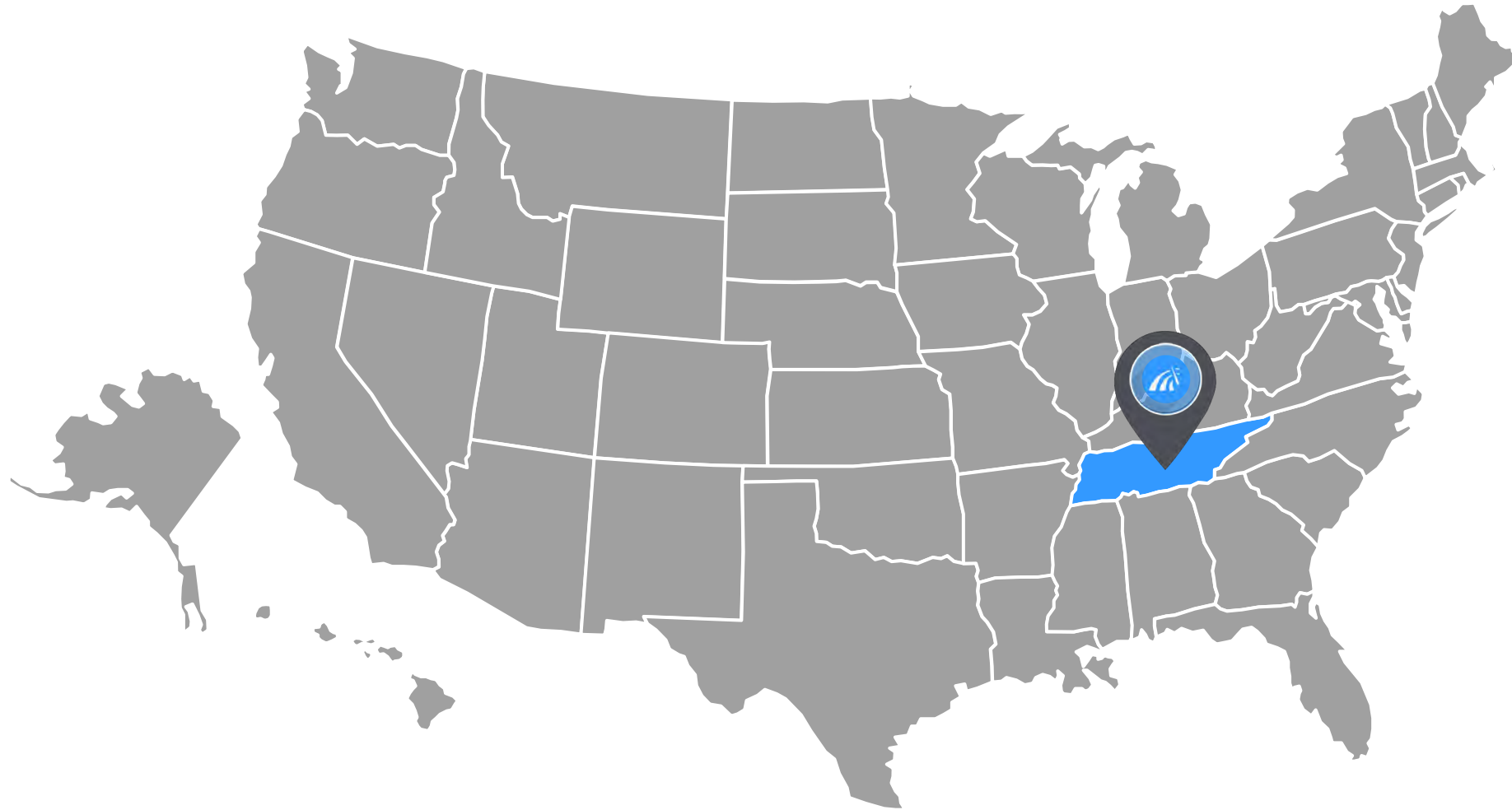


# A **smarter** healthcare makes a **safer** healthcare.

We monitor your healthcare populations to identify compliance and credential issues before they impact patients.

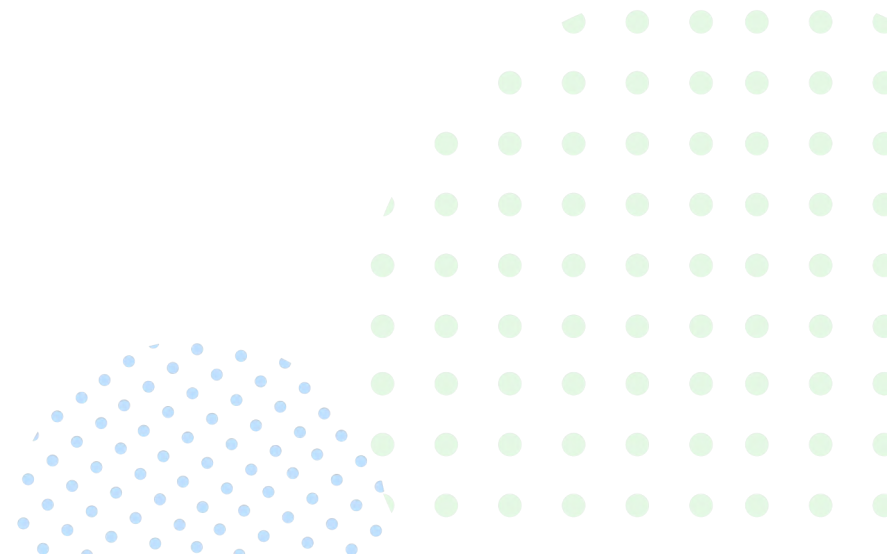
# Made With ❤️ in Nashville

Insights from America's healthcare capital!



# Racial Inequities and Minority Representation in Healthcare

September 30, 2020



# Say **hello** to today's presenters.



**Dorinda Walker**

Patient Advocacy

*The Health Push by ProviderTrust*



**David Servodidio**

Director of Marketing

*ProviderTrust*

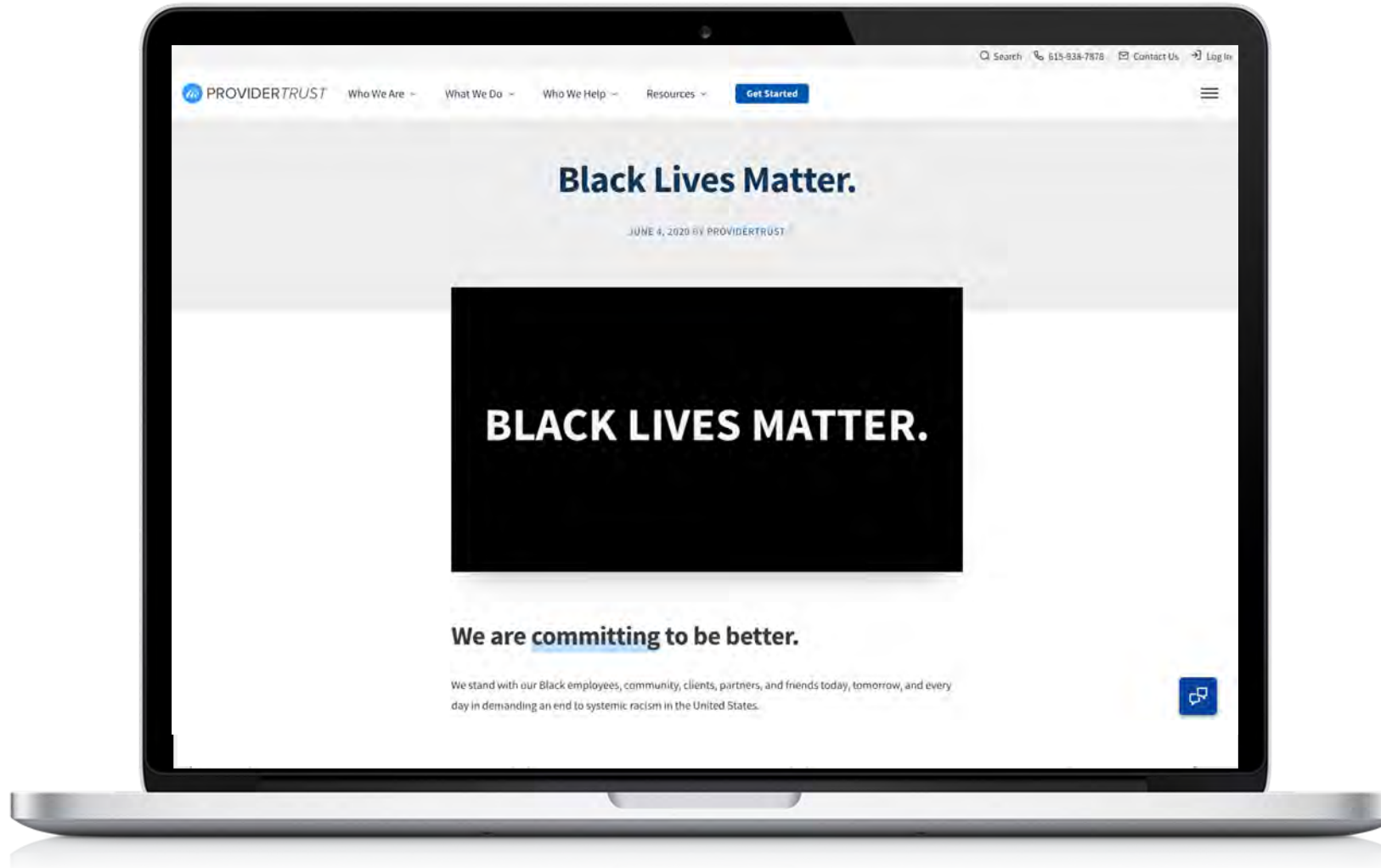


# Today's Agenda:

1. A Safer Healthcare for Everyone
2. COVID-19 as a Case Study: Exacerbated Impacts & Inequities
3. Connecting Racial Inequity in Healthcare to Patient Safety
4. Actionable Steps for HR & Compliance
5. Resources

# A Safer Healthcare for Everyone

# A word from us.





# Our Purpose



To create a **safer** healthcare for **everyone**.





# Representation Matters.

“ There are so few ethnic and racial minorities around the table when they’re making decisions on what type of healthcare services are we providing—who’s providing those services, what will enhance and inhibit utilization—that the policies that come from those decisions **don’t necessarily reflect the needs of the community.**”

– Dawn Morton-Rias, CEO of the National Commission on Certification of Physician Assistants



# Low Representation in Hospital Leadership



## Minorities in senior management

Modern Healthcare asked the 20 largest health systems to provide the percentage of their senior management who are ethnic or racial minorities

System	Percentage
AdventHealth	19%
Advocate Aurora Health	16%
Ascension	17%
Baylor Scott & White Health	17%
Cleveland Clinic Health System	13%
CommonSpirit Health	43%
Community Health Systems	10%
HCA Healthcare	25%
Kaiser Permanente	27%
Mass General Brigham	Did not participate
Mayo Clinic Health System	19%
NYC Health & Hospitals	46%
Northwell Health	13%
Providence	40%
Sutter Health	25%
Tenet Healthcare Corp.	Did not participate
Trinity Health	20%
Universal Health Services	Did not participate
University of California Health System	10%
UPMC	Declined
<b>Median of all participants</b>	<b>19%</b>

### Notes

Systems were allowed to use their definition of senior management.

Source: Supplied by the healthcare systems

Modern Healthcare

- Organizations that do not have significant racial and ethnic minority representation in senior leadership are **less likely to make racial health inequities a priority.**
- Only **31% of hospitals** reported having a documented plan to increase the number of racial and ethnic minority executives in senior leadership roles, according to AHA's benchmark report.
- A healthcare organization's success in improving diversity throughout its ranks comes down to a will to make meaningful change—**from the top down.**

Source: [Modern Healthcare August 2020 Survey](#)



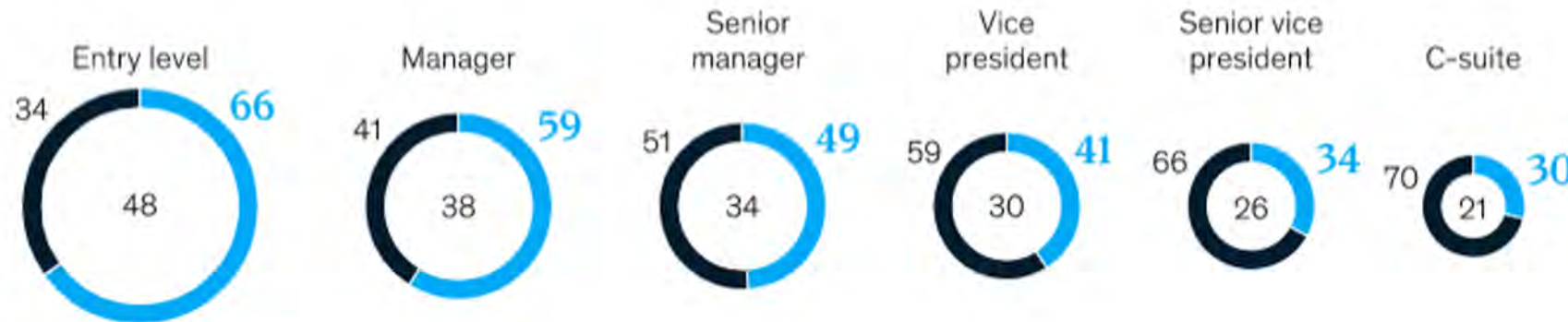
# Women in Healthcare Leadership

Healthcare continues to outperform other industries in **female representation** at all levels of the talent pipeline.

**Women in healthcare decrease in representation across the pipeline, although do better compared to other industries.**

Share of employees in healthcare, by level, %

■ Men in healthcare ■ Women in healthcare □ Women in all industries



Source: [McKinsey "Women In Healthcare" 2020 Report](#)

# Significant Challenges for Women of Color

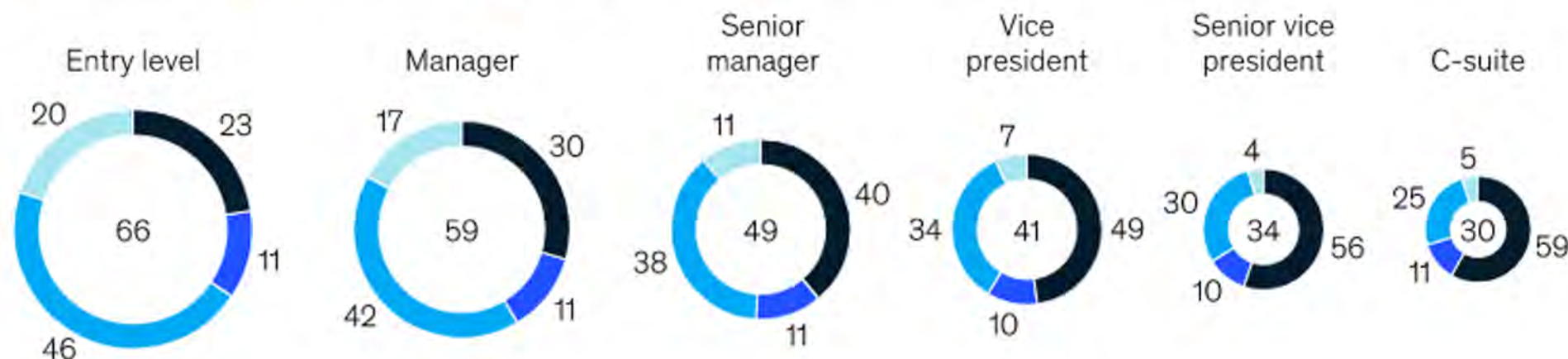


The challenges that women as a whole face are **magnified for women of color** in healthcare.

**For women of color, the senior manager or director level presents the steepest drop-off in representation.**

Share of employees by gender, race, and level, %

■ White men ■ Men of color ■ White women ■ Women of color ■ All women

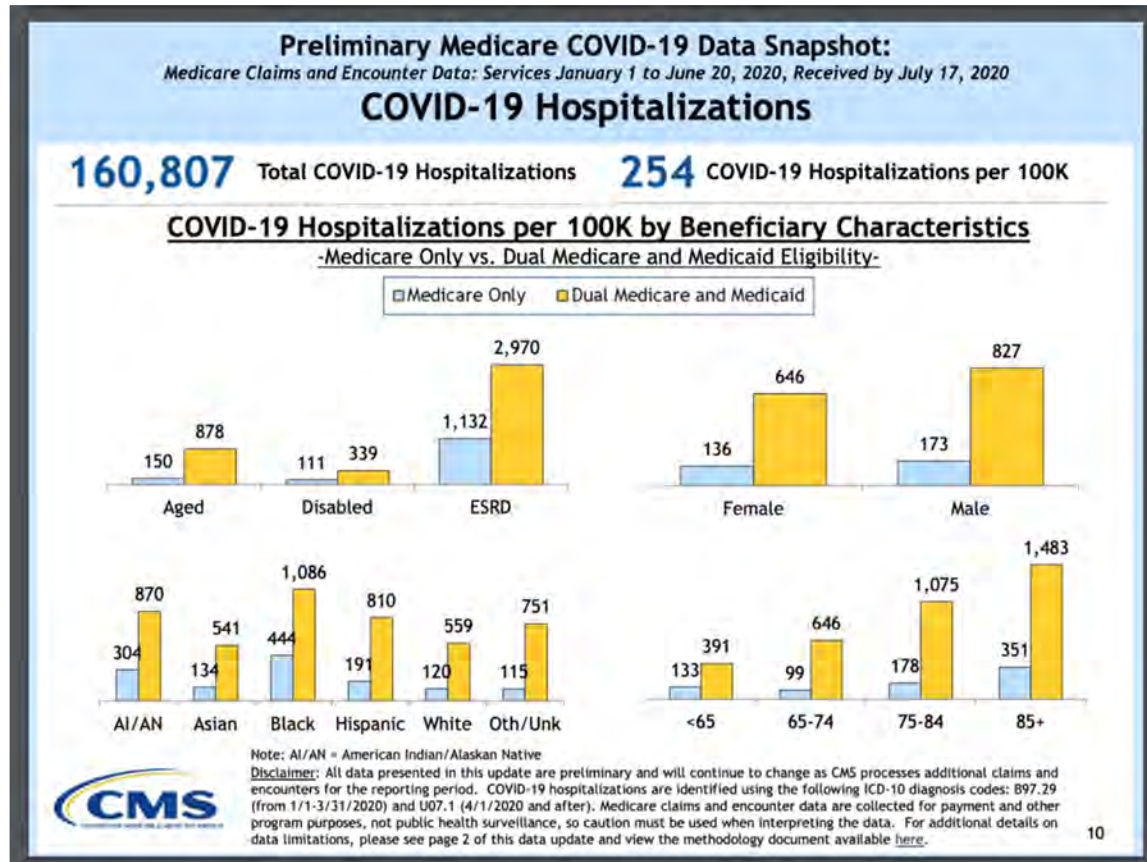


# COVID-19: Impacts & Inequities





# CMS Releases COVID-19 Medicare Analysis



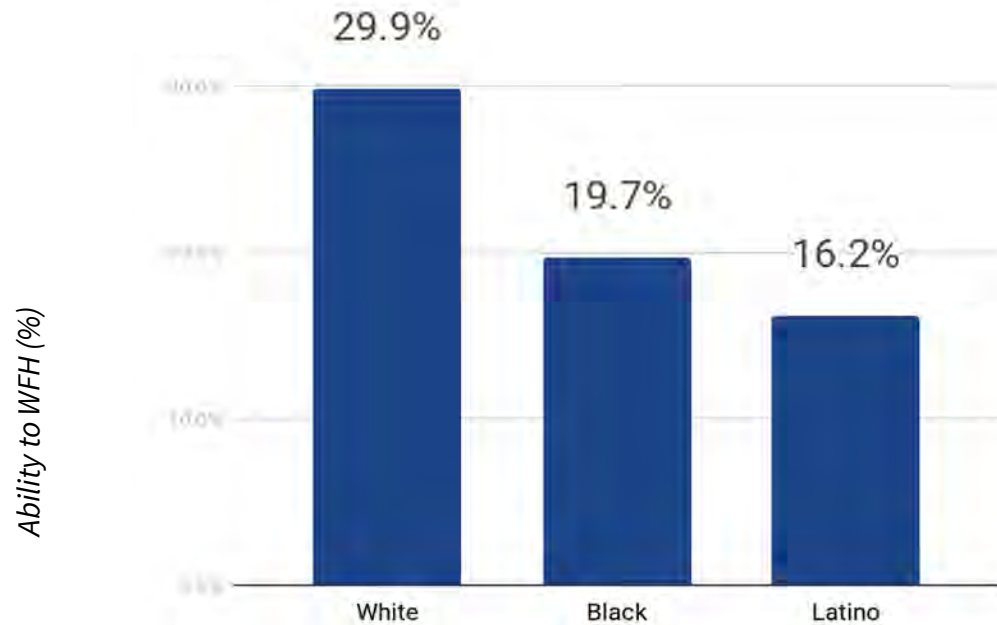
Source: [CMS June Preliminary Medicare COVID-19 Data Snapshot](#)

- CMS released a preliminary Medicare COVID-19 Data Snapshot based on claims and encounter data through June 2020.
- Black Americans with COVID-19 were hospitalized **at a rate nearly four times higher than white Americans**, with 465 per 100,000 compared to 123 per 100,000 for white Americans. Hispanics had 258 hospitalizations per 100,000, and Asians had 187 per 100,000.
- **Black Americans have experienced the highest death rates**, with about 88.4 deaths per 100,000, compared to 40.4 per 100,000 for white Americans.
- The rate of COVID-19 cases for dual eligible individuals is **higher across all age, sex, and race/ethnicity groups**.



# Ability to Work From Home

Black and Latino Americans are overrepresented in low-wage jobs that offer the least flexibility and increase their risk of exposure to COVID-19.

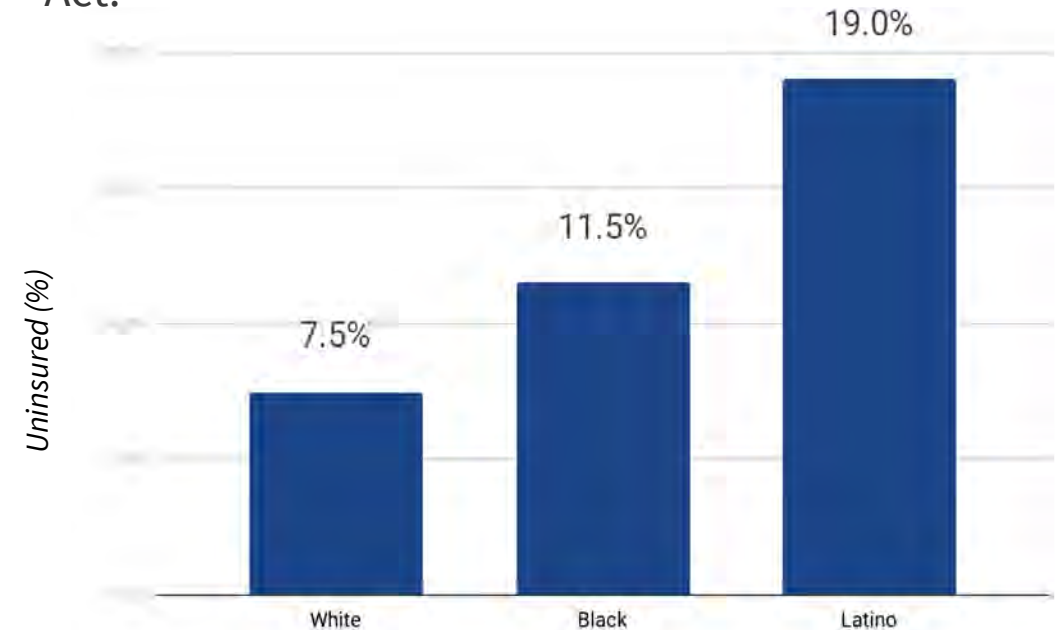


Source: Economic Policy Institute, data through Aug 2020



# Uninsured Rates

Black and Latino workers are more likely to hold jobs that don't offer health insurance benefits and are overrepresented among poorer adults in states that did not expand Medicaid under the Affordable Care Act.



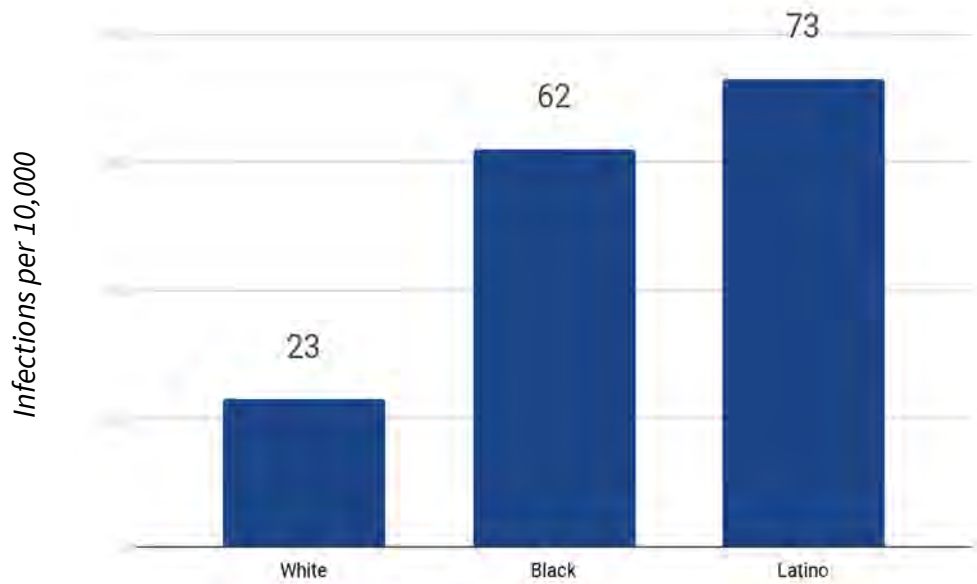
Source: Kaiser Family Foundation, data through Aug 2020





# COVID-19 Infection Rates

Black and Latino Americans are more likely to live in more crowded housing conditions and to work in essential jobs which cannot be performed from home.

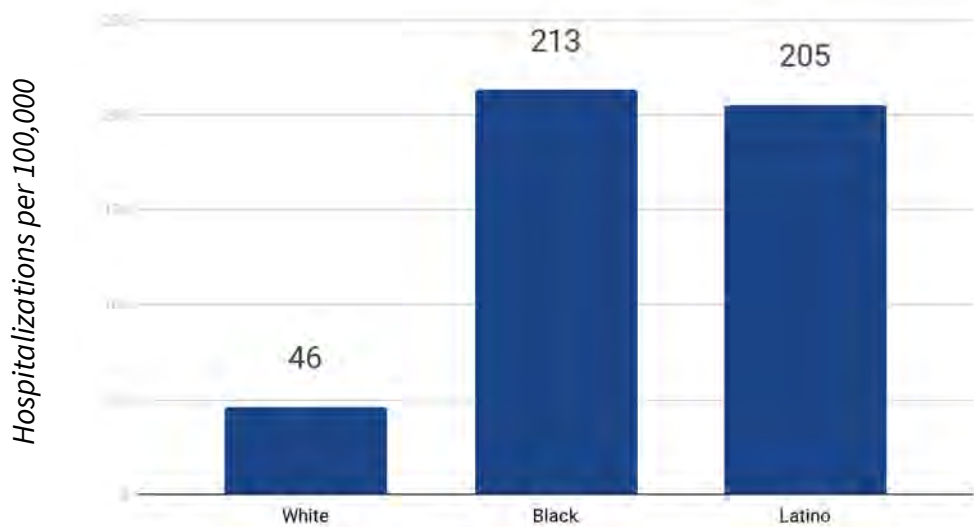


Source: Johns Hopkins CHE, data through Aug 2020



# Hospitalization Rates

Black and Latino Americans who contract the virus are more likely to suffer from pre-existing conditions which increase the risk of severe illness. Overrepresented among the uninsured, they tend to delay seeking treatment and are sicker than white patients when they finally do.



Source: Johns Hopkins CHE, data through Aug 2020







# COVID-19 Death Rates

Already at higher risk because of pre-existing health conditions, Black and Latino patients tend to receive less aggressive treatment than white patients. The death rate for Black Americans may be higher than the Latino rate, even though the infection rate is lower, because the Black population is older.

**70**

deaths per 100,000

**Black Americans**

or 1 in 1,1450

**34**

deaths per 100,000

**Latino Americans**

or 1 in 3,000

**30**

deaths per 100,000

**White Americans**

or 1 in 3,350

Source: Johns Hopkins CHE, data through Aug 2020




# Connecting Racial Inequality to Patient Safety.




# A recent study from Johns Hopkins.

- Originally published **May 1, 2019** in the Journal of Health Affairs (Project Hope).
- Widespread industry reaction and discussion since publication on Medicare FWA prevention & exclusions.
- [Here's the study.](#)





In the period 2012-2015 - **1,364 excluded providers** treated over 1.2 million Medicare beneficiaries and received more than **\$630 million** in Medicare payments.





# In one year:

How many **patients** does an excluded provider treat?

333

How many **services** does an excluded provider deliver per patient?


24

How much **money** does an excluded provider receive from Medicare?

\$168,225

What's the **average payment** per patient to an excluded provider?

\$500



Who is the **patient** that receives care from  
an excluded provider?



**non-white**

**disabled**

**under 65**



**dual-enrolled in Medicaid**

# Understanding the patterns of ethnicity.

Medicare patients treated by excluded providers are ***more likely*** to be:

- ☒ Black
- ☒ Hispanic
- ☒ Asian
- ☒ Other minority group





# Analyzing the medical diagnosis.

Medicare patients treated by excluded providers are ***more likely*** to be diagnosed with:

- ☒ Depression
- ☒ Chronic Kidney Disease
- ☒ Diabetes
- ☒ Heart Disease

# Actionable Next Steps for HR & Compliance



# Culture Change v. Programs/Initiatives

Real organizational culture change is hard and takes incredible time and effort, **but is possible.**

“ Novant has approached diversity more holistically, aiming to **change its culture** rather than relying on a specially created diversity program to succeed. **We all know what happens to programs.** You have a program and you have money to fund it today but then if there's no money tomorrow you stop the program.”

– Tanya Blackmon, Executive Vice President and Chief Diversity, Inclusion and Equity Officer



# Case Study: Novant Health



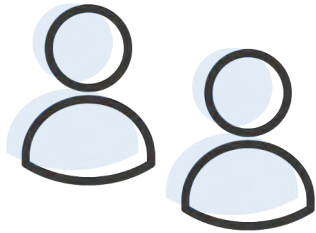
North Carolina-based **Novant Health** has worked to embed diversity, equity and inclusion within the organization for more than a decade.

- Novant's strategy has involved tying its work toward improving racial diversity to the organization's business imperatives.
- Since 2006, the health system has invested \$1 billion in initiatives promoting economic development in underserved communities by purchasing goods and services from **women- and minority-owned businesses**.
- Novant's commitment to diversity is also reflected in its executive leadership. In five years, Novant has gone from having one person of color and one woman on its executive leadership team to currently having **40% of the team represented by each category**.
- *"Novant has approached diversity more holistically, aiming to change its culture rather than relying on a specially created diversity program to succeed",* said Tanya Blackmon, Executive Vice President and Chief Diversity, Inclusion and Equity Officer.



# Connecting HR & Compliance

Working together to address representation at your organization.



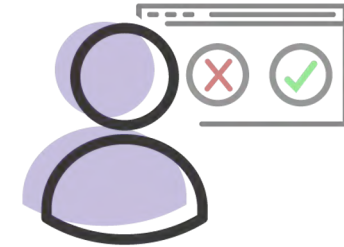
## Human Resources

- Inclusive recruitment & hiring practices
- Empowering but not overwhelming
- Committing to ongoing employee education and development
- Working to change culture of people operations over time



## Leadership

- Committing resources to the communities you serve
- Setting executive diversity goals for your organization
- Committing to culture change from top-down.
- Being transparent
- Building open and honest relationships



## Compliance

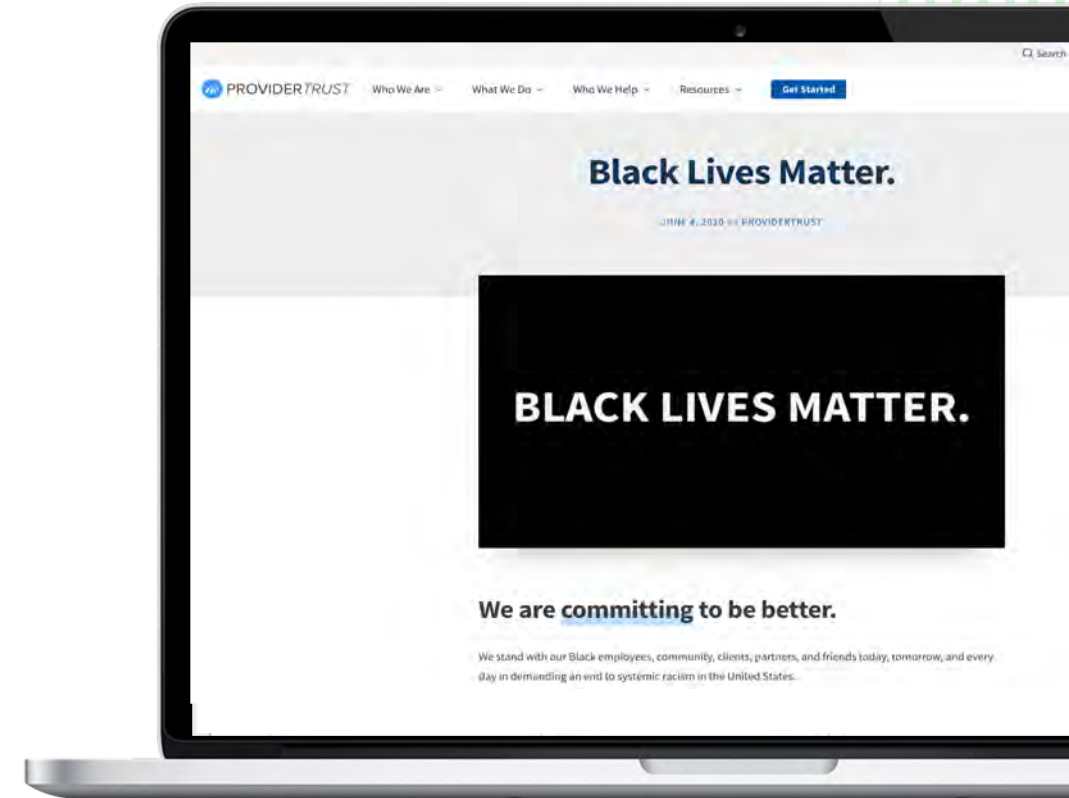
- Ensuring Monitoring & Audit Effectiveness for Patient Safety
- Regulatory Updates
- Policy/Procedure Updates
- Hotline Management
- Fed/State Reporting
- Internal Audit of policies and practices



# From Conversation to Commitment

“The next level is going from saying ‘Black lives matter’ to showing that commitment. **If Black lives matter, then how does that impact your hiring practices?**”

- Dr. Robert Winn, Director of the Massey Cancer Center at Virginia Commonwealth University in Richmond, VA.





# Actionable Next Steps

We recognize that every organization approaches D&I uniquely. Here is a quick list of actionable next steps that **you and your team can plan for today.**

- Define diversity and inclusion at your healthcare organization.
- Get leadership or executive buy-in and commitment for the long-term.
- Create diversity and inclusion benchmarks, noting your industry.
- Enlist or hire a diversity advocate or partner.
- Be transparent about your starting point and along the way.
- Expand your recruiting and hiring pool.
- Commit to a diverse and inclusive workforce.
- Ensure your technology is furthering diversity, not the alternative.



# Building the Foundation

“Moments like this are cyclical, and I think they’re really **dependent upon the foundation that’s laid in between moments like this.** I’m of course concerned that the moment of awareness will pass and that not much will change, because we have hundreds of years of history of that happening.”

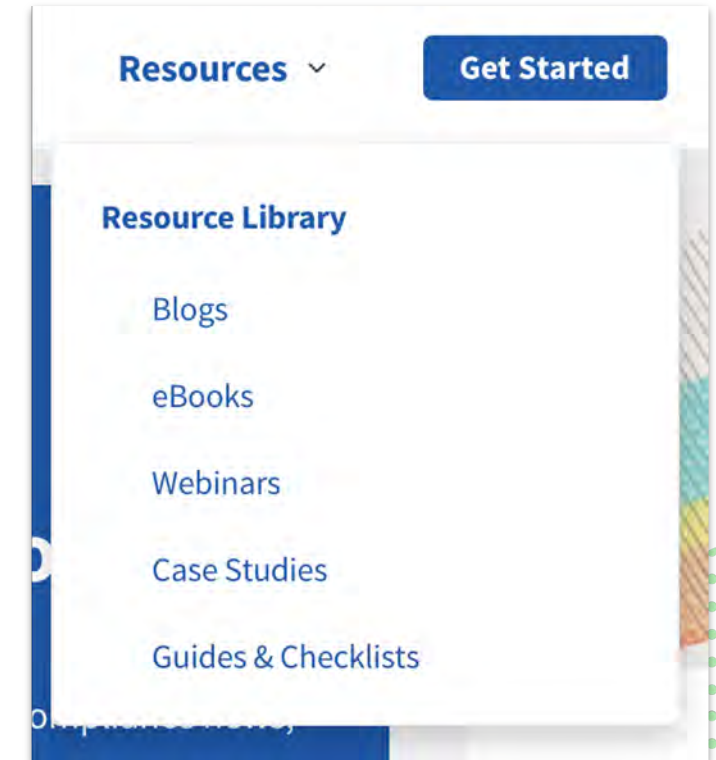
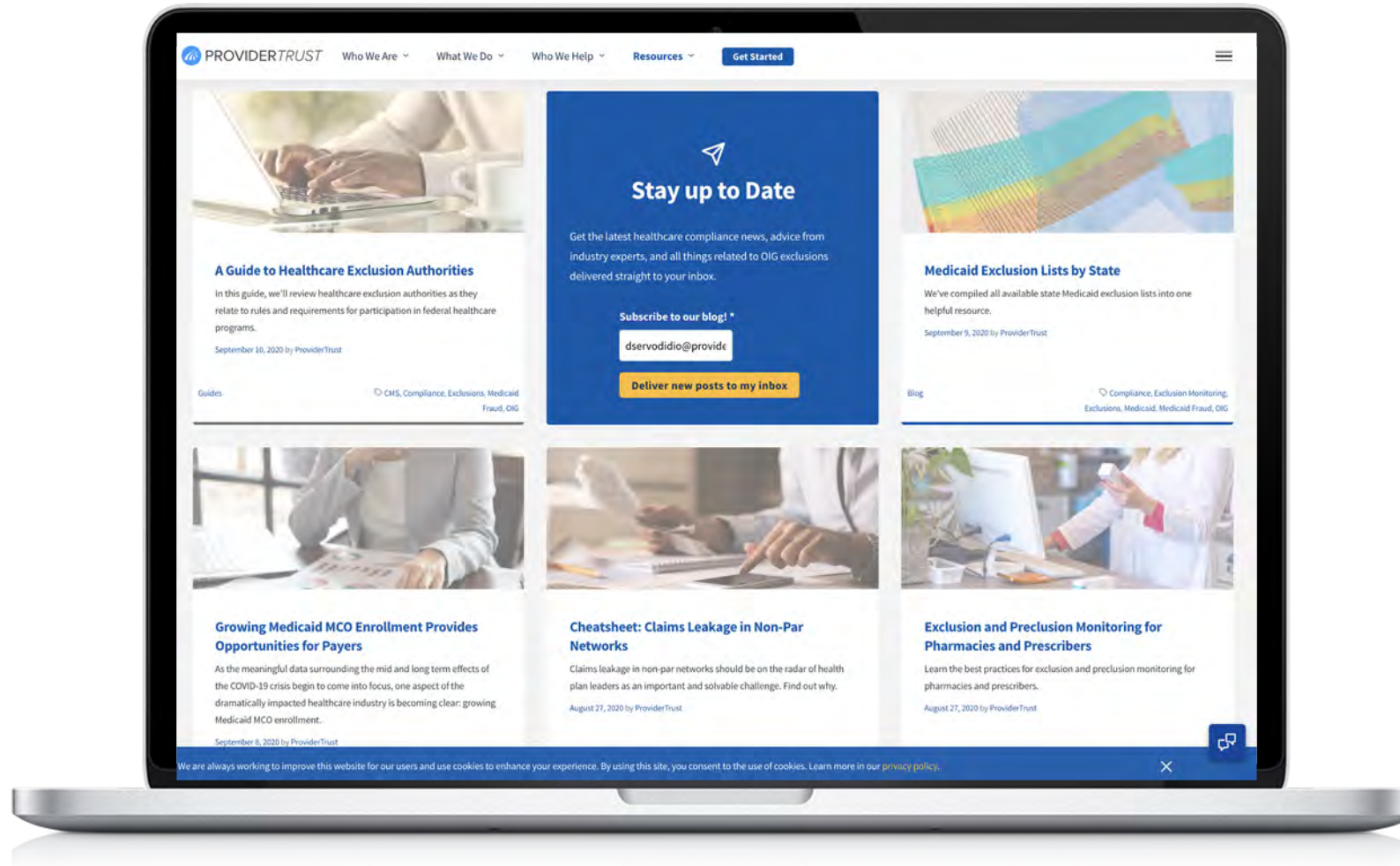
– Dr. Damon Francis, Chief Clinical Officer at Health Leads





# Resources

# Browse Our Library on ProviderTrust.com



# Coming October 27



**[TheHealthPush.com](https://TheHealthPush.com)**

- A free, one-day virtual conference streaming live on October 27.
- Speakers & agenda tailored to bring together patients, providers, and payers.
- Come and go as you can! Everyone that signs up will be sent all the recordings.
- Live music, art, and poetry during speaker breaks.



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