



# Inside BMC's Health Equity Accelerator

June 6, 2024

Boston Medical Center  
**HEALTH SYSTEM**

# Health Equity

*The absence of avoidable, unfair, or remediable differences in health outcomes*

Despite our best efforts, there are persistent racial health inequities in Boston

Black

2.6x

prostate cancer deaths

1.8x

suicide attempts

50x

homicide by firearm

Hispanic or Latino/a

3.4x

infant mortality

1.6x

diabetes mortality

2.2x

COVID cases

# Groups were staffed with multidisciplinary leaders from across the system (the Equity Advisory Group - EAG)

(In alphabetical order by last name)

## 1 General clinical practice

- **Joe Camillus (co-lead)**
- **Bob Vinci, MD (co-lead)**
- Christana (Sola) Ajewole, MD
- Maddie DiLorenzo, MD
- Nancy Gaden, DNP, RN
- Sebastian Hamilton, PharmD
- Dave Henderson, MD
- Sheryl Katzanek
- Miriam Komaromy, MD
- Dave McAneny, MD
- Rebecca Mishuris, MD
- James Moses, MD
- Rafael Ortega, MD
- Sheila Phicil
- Cheryl Tull, RN

## 2 High inequity programs

- **Ryan Boxill, PhD (co-lead)**
- **Stephen Wilson, MD (co-lead)**
- Ravin Davidoff, MD
- Jason Hall, MD
- Karim Khan, MD
- Sarah Khan, MD
- Elizabeth Klings, MD
- Matt Kulke, MD
- Angela McLaughlin, MD
- Cassandra Pierre, MD
- Vincent Smith, MD
- Jennifer Tseng, MD
- Tina Yarrington, MD
- Lily Yung, MD
- Liza Zani, RN

## 3 ACO / BMCHP programs; SDoH; community partnerships

- **Thea James, MD (lead)**
- Carolyn Arnold, MD
- Trina Cherry
- Sandra Cotterell (as needed)
- Jessie Gaeta, MD
- Diane Gilworth, APRN
- Ellen Ginman
- Rob Koenig

## 4 Research & education

### Ravin Davidoff (lead)

#### Research:

- Tracy Battaglia, MD
- Renee Boynton-Jarrett, MD
- Sadiqa Kendi, MD
- Tuhina Neogi, MD
- Michael Paasche-Orlow, MD
- Mike Silverstein, MD
- Allan Walkey, MD

#### Education:

- Michelle Durham, MD
- Kate Michelson, MD
- Jeff Schneider, MD
- Shawnda Walker
- Gopal Yadavalli, MD
- Surg. Resident – TBD

## 5 Advocacy

- **Melissa Shannon (lead)**
- Katherine Gergen Barnett, MD
- Jane Licurse

- Ben Linas, MD
- Tyler (Tye) Rainer, MD
- Other – TBD

## 6 Talent, workplace, and culture

- **Lisa Kelly-Croswell (co-lead)**
- **Aviva Lee-Parritz, MD (co-lead)**
- **Heather Thiltgen (co-lead)**
- Megan Bair-Merritt, MD
- Trina Cherry
- Sebastian Hamilton
- Yi-An Huang

- Wendoly Langlois
- Austyn Mayfield
- Melissa Monahan
- Barry Rock
- Jeff Schneider, MD
- Cheryl Tull, RN
- Shawnda Walker
- Inclusion Council Rep.

# Across six work groups, we are doing work on priority clinical areas and building out system enablers to enhance our equity work

## WG1: Waiver Equity Incentives

- Implementing 1115 waiver equity requirements (e.g., equity strategic plan, data collection and reporting, accreditations, PIPs) – at the Hospital and ACO levels

## WG2: Accelerator clinical priorities

- Equity in Pregnancy
- Equity in Diabetes
- Equity in Cancer

## WG3: SDoH, Patient & Community Engagemen t

- Patient and community engagement
- THRIVE 2.0
- Housing initiatives
- Economic Mobility
- Anchor institution work (eg, workforce, procurement, neighborhood revitalization)

## WG4: Research and Education

- Equity Research Team (grants, connectivity, resources)
- Health Equity Fellowship
- Improving resident diversity and climate for URiM trainees

## WG5: Advocacy

- State and Federal health equity advocacy
- Maternal-infant health advocacy
- Environmental justice advocacy (including environmental factors related to diabetes and cancer)

## WG6: Workforce initiatives

- Hospital, Health Plan, and BUMG workforce initiatives to improve recruitment, retention, and climate for diverse faculty and staff
- Design of roll out of portfolio of DEI and health equity trainings

# The Health Equity Accelerator at BMC

Transform healthcare  
to deliver **health justice**  
and well being

Clinical care

Research & education

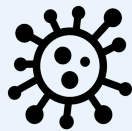
Community & SDoH

Policy and advocacy

Health  
inequity  
areas



Maternal and  
child health



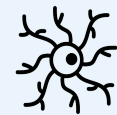
Infectious  
diseases



Behavioral  
health



Chronic  
conditions



Oncology  
& ESRD

COMMENTARY



# Health Equity Accelerator: A Health System's Approach

Boston Medical Center's Health Equity Accelerator aims to eliminate barriers to health equity.

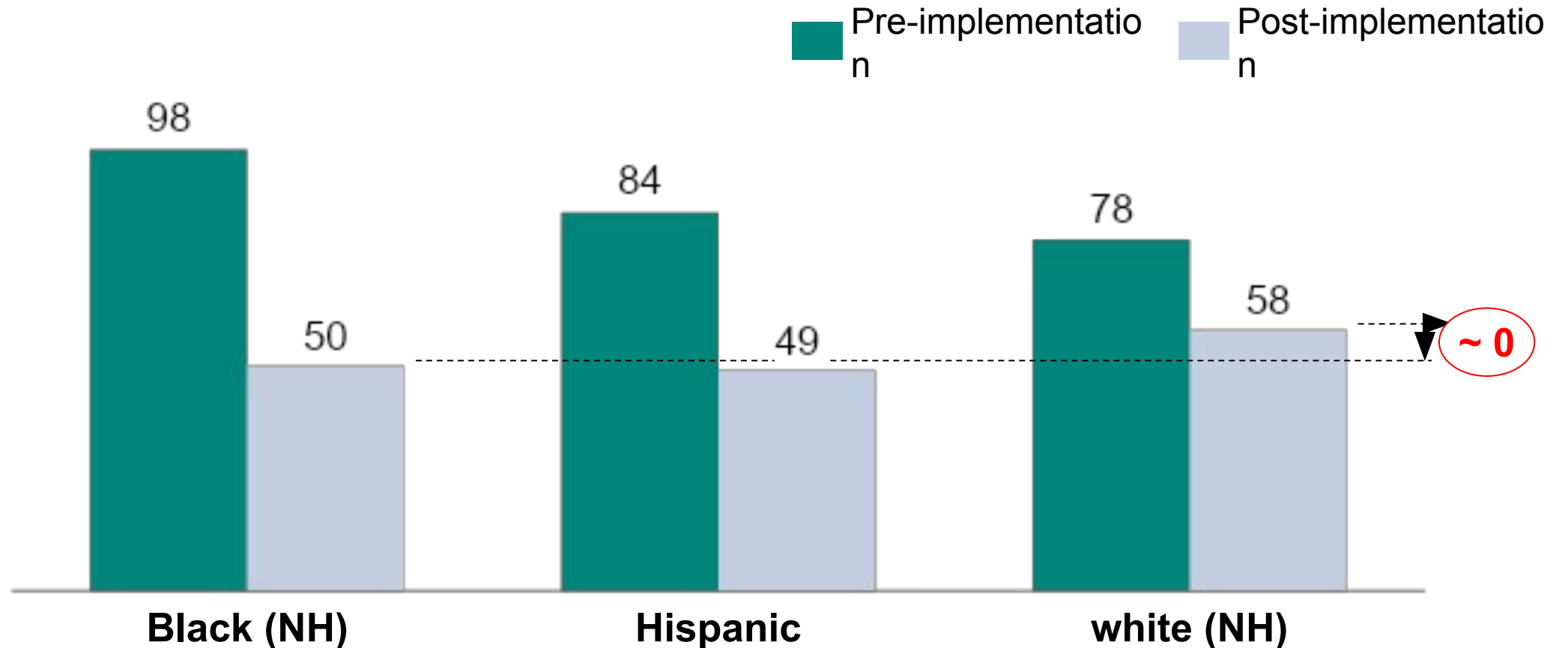
**Authors:** Elena Mendez-Escobar, PhD, MBA, Tejumola M. Adegoke, MD, MPH, Aviva Lee-Parritz, MD, Julie Spangler, Stephen A. Wilson, MD, MPH, FAAFP, Christina Yarrington, MD, FACOG, Ziming Xuan, ScD, Alastair Bell, MD, MBA, and Thea James, MD [Author Info & Affiliations](#)

NEJM Catalyst | June 7, 2022

# Our Black and Hispanic patients had longer waits for urgent c-sections

...the gap was completely eliminated by setting a target duration

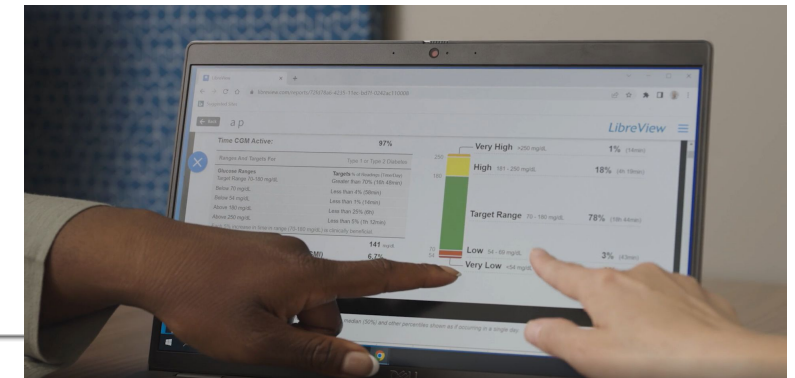
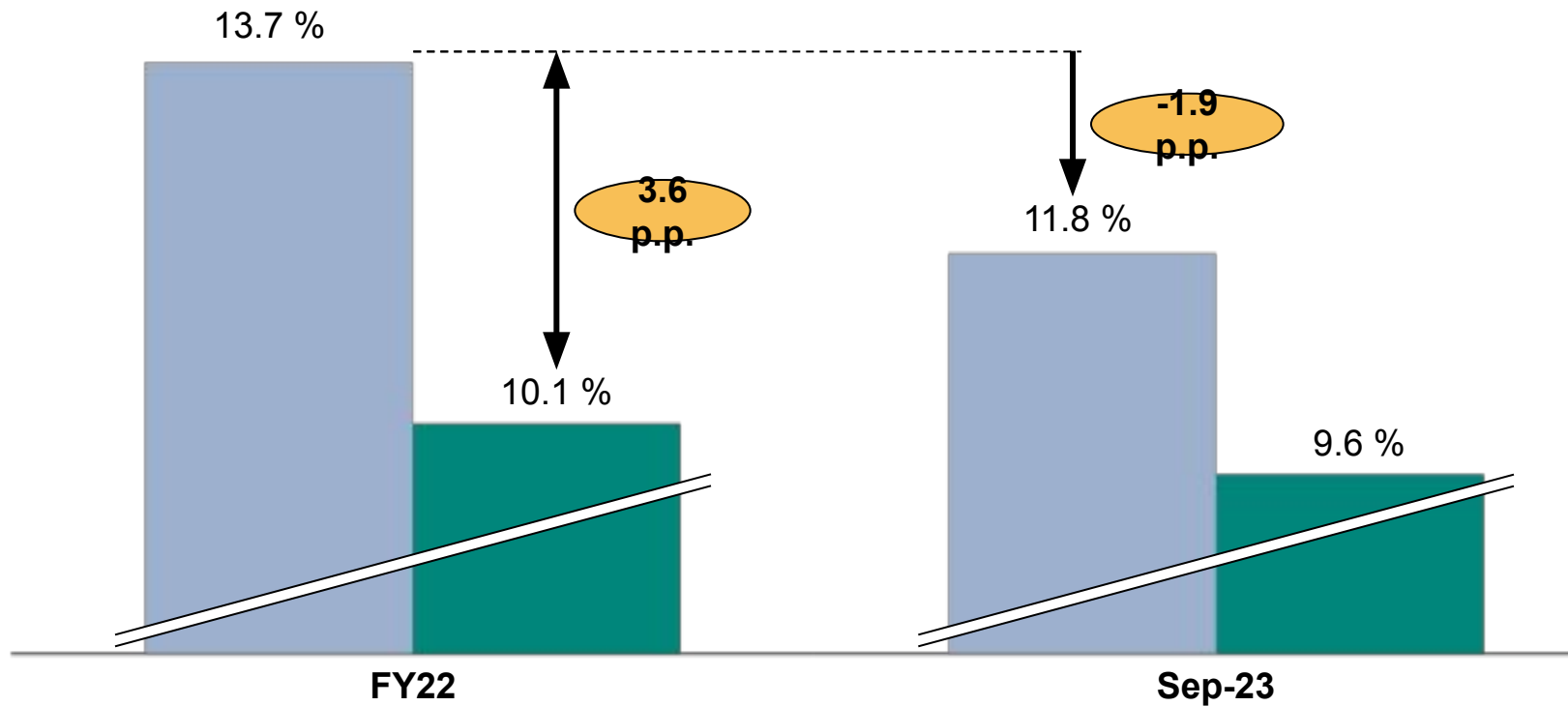
Mean urgent c-section 'decision to incision' time (minutes)



# The diabetes inequity gap has been significantly reduced

% of patients with diabetes who have A1C > 9

(A1C is a measure of average glucose in the blood over the last 3 months)





# Lessons Learned: ‘BMC’s Work to Accelerate Racial Health Justice,’ awarded 2024 ACHE Dean Conley Award

## 1 Wealth is health

Patients without **financial stability** are unable to focus on health

## 2 Time is a luxury

Differences in **available time** are a barrier to prioritizing health

## 3 Agency is essential

Health systems need to **trust patients** in order to gain their trust

## 4 Timing is everything

**Diagnosis and treatment initiation delays** are key drivers of inequities

## 5 Averages are blind

Health systems can **introduce inequities by catering to averages**

## Equity Rx: Boston Medical Center’s Work to Accelerate Racial Health Justice

*Kate Walsh*

### SUMMARY

In November 2021, after more than a year of investigating the racial health disparities across its organization, Boston Medical Center launched the Health Equity Accelerator, a system-wide approach to holistically address the root causes of health inequities among people of different races and ethnicities and speed improvements in health outcomes. This article discusses lessons learned during the institution’s process of discovery, shares examples of the work to dismantle a structural narrative that impedes health justice, and outlines interventions that can be applied to other healthcare systems across the United States.

**D**aily, doctors type up prescriptions and send their ailing patients to the pharmacy. But for healthcare systems serving majority Black, Hispanic, Latino/a, Indigenous, and Asian populations from disinvested communities, the cure for what ails cannot be found at a pharmacy.

disparities are deeply troubling. About two-thirds of our patient population identify with a marginalized racial or ethnic group. They are also frequently entrenched in racist systems that impede wealth creation. More than 60 percent of our patient population receives public insurance; approximately half



# *REWRITING* **HEALTHCARE**