



2021 Tyson Award Ceremony Transcript Text

[AD:] = audio descriptor text, explains on screen action for accessibility

0:00

[AD: On screen text reads: 2021 award ceremony. The Tyson award logo appears in the left middle of the screen. Next to it are the words the Bernard J Tyson National Award for Excellence in Pursuit of Healthcare Equity.]

0:05

[AD: contemplative/serious piano music starts]

[AD: Tyson award program logo appears in the left upper hand of the screen with the text below it reading: the Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity. There is a right-facing arrow in the middle of the screen, and on the left side of the screen is a photograph of a clinician wearing a mask with a patient chart in her hand and a young female patient in a reclining position.]

00:12

[AD: The screen changes to show a photograph of Bernard J. Tyson on the left side of the screen and on the upper right of the screen there is text that reads Bernard J Tyson. Below that is paragraph text that reads Bernard J. Tyson, the chairman and chief executive officer of Kaiser Permanente, worked tirelessly to address the healthcare disparities that plague the US healthcare system. There is a right facing arrow at the bottom right of the screen.]

00:25

[AD: A new screen fades in and has text in the upper left corner that reads infant mortality. Below that is a photograph of an African-American mother, kissing a newborn baby that she is holding in her arms. On the right side of the screen, text reads babies born to black women in the United States die at more than double the rate of babies born to white women.]

00:32

[AD: Slowly, on another screen, words appear in the upper left corner reading: dementia. And below that on the left side of the screen, the text "Black people have the highest risk for dementia and are twice as likely to develop Alzheimer's disease than whites in the United States. Below that is a right facing arrow. And on the right-hand side of the screen is a photo of an elderly, black African-American male with a face mask partially covering his face]

00:42

[AD: Another screen fades in and shows the word 'cancer' in the upper left corner with a paragraph below it reading: people with lower incomes and education levels are more likely to get cancer and to die from it compared to their more affluent peers, and that gap appears to be widening." At the bottom of the left side of the screen, there is a right facing arrow, and on the right hand side of the screen is a photo of an individual obscured in the background, holding up a cancer ribbon, and below it an image of cancer cells is viewed from a microscope.]

00:52

[AD: Another transition to a new screen that shows an image of a cigarette butt on the left side of the screen. On the right side of the screen is the word 'smoking' on the top and a paragraph below it that reads: Native American/Alaskan native men and women have disproportionately higher rates of smoking, as do individuals living below the federal poverty level, and those who are unemployed. There is a right facing arrow at the bottom right of the screen.]

01:02

[AD: The screen transitions again to show the word COVID-19 on the top left of the screen and below it a paragraph that reads: people who are Black/African-American, Hispanic/Latino, or American Indian/Alaska native were about three times as likely to be hospitalized after contracting COVID-19, and about twice as likely to die from the illness. On the right side of the screen is a image of a medical setting with numerous masked medical and nursing staff taking care of a patient that is not visible.]

01:12

[AD: The screen again transitions to show the word 'vaccines' in the upper left corner. Below it is a right facing arrow. In the middle of the slide is a photo of a syringe, two vials, and a facemask. To the right of that is text that reads: African-Americans and Latino people are less likely to be vaccinated against COVID-19 than people in other racial and ethnic minority groups and non-Hispanic white people.”]

01:22

[AD: After another transition, the screen now shows a photograph of an African-American male with a facemask over his face on the left-hand side of the screen. The words 'colorectal screenings' in the middle of the screen and the paragraph text: African-Americans are about 20% more likely to get colorectal cancer, but they are less likely to be screened and about 40% more likely to die from it than most other groups. Below that is a right facing arrow.]

01:32

[AD: After another transition, the screen depicts a photo montage of Bernard J Tyson. The upper left is Dr Tyson with a group of construction workers in hard hats. To the right Tyson smiling and presenting to a group of people. Below that a second photo of Dr. Tyson speaking in front of a group and on the right side of the photo montage is a photo of Bernard as a child. Below are the words reading: Bernard Tyson strived for better,“ and in the right lower hand corner of the screen is a right facing arrow.]

01:42

[AD: After another transition, the screen shows a photograph of the 2021 award plaque for the UMass Memorial Health team's initiative. To the right are the words: UMass Memorial Health achieved. Below that are the words that read: Congrats to UMass Memorial Health, the Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity 2021 recipient.]

01:50

[Susan Funk] Welcome everyone. And thank you for joining us for the 2021 Bernard J Tyson National Award for Excellence in Pursuit of Health Care Equity. I'm now going to turn the proceedings over to Dr. Mark Chassin, President of The Joint Commission. Dr. Chassin, please take it away.

2:05

[Mark Chassin] Thank you, Susan.

I am delighted to be with you today. And on behalf of The Joint Commission, we are very pleased to co-sponsor the Tyson Award with Kaiser Permanente. The award recognizes the achievements of a health care organization that has been especially successful in reducing health care disparities. We hope that this recognition will galvanize the efforts of many others around the country. And now, to get the ceremony started, let me introduce Dr. David Baker, The Joint Commission 's Executive Vice President for Health Care Quality Evaluation.

2:43

[David Baker] Thanks Dr. Chassin. It is my pleasure to introduce The Joint Commission and Kaiser Permanente leaders, award panel chair, and the team receiving the Tyson Award on behalf of UMass Memorial Health.

3:01

Starting with Joint Commission and Kaiser Permanente leadership, joining us today we have myself and Dr. Chassin, as well as:

Dr. Ana McKee, Executive Vice President, Chief Medical Officer, Chief Diversity, Equity and Inclusion Officer

Dr. Andrew Bindman, Executive Vice President, Chief Medical Officer at Kaiser Permanente

Dr. Ronald L. Copeland, Senior Vice President of National Diversity and Inclusion Strategy and Policy and Chief Equity, Inclusion, and Diversity Officer, Kaiser Permanente and

Dr. Mark Smith, Clinical Professor of Medicine, University of California, San Francisco, who served as the Tyson Award Panel Chair.

3:42

And the team from UMass Memorial Health includes Eric Dickson, MD, CEO, UMass Memorial Health

Arvin Garg MD, project leader, Professor, Vice Chair of Health Equity of Pediatrics, Associate Chief Quality Officer for Health Equity for UMass Memorial Health

Tom Scornavacca MD, Chief Medical Officer of Population Health, UMass Memorial Health

Tracey Wilkie, Senior Director, Population Health Reporting & Analytics, UMass Memorial Health

Brian Gibbs, VP for Diversity, Equity, Inclusion and Belonging, UMass Memorial Health

Eric Alper MD, executive sponsor and SVP, Chief Quality Officer / Chief Clinical Informatics Officer, UMass Memorial Health

Sergio Melgar, Executive Vice President, and Chief Financial Officer, UMass Memorial Health

So welcome to all of you. I will turn things over to Dr. McKee to discuss the genesis of the award. Dr. McKee.

4:55

[Ana McKee] Thanks, David. As the data have shown in the video, disparities abound in health care for many populations of patients – these occur and relate to race, ethnicity, socioeconomic status, gender, and sexual orientation. In the past year and a half, COVID put a spotlight on these unacceptable disparities.

In 2020, The Joint Commission committed itself strategically to bringing positive change and improvement related to health care equity and initiated planning for this award program. As leaders in patient safety and health care quality improvement, we made it a goal to provide incentives and best practices for the field to improve in health care equity. We hope to encourage adoption of strategies that will improve outcomes for populations with disparities. As the planning progressed, we looked to leaders in health care equity and identified Bernard

Tyson as an inspiring figure in the field who would be the ideal namesake for this award program. We engaged Kaiser Permanente and worked with them to design and launch this program. I'll turn things over now to Drs. Bindman and Copeland to say a few words about Bernard Tyson.

6:26

[Andrew Bindman] Thank you for the opportunity to be here today, to recognize the inaugural recipient of the Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity. Bernard's career with Kaiser Permanente spanned more than 30 years. He successfully managed nearly every major part of our health plan and hospital system, serving in roles from hospital administrator and division president to chief operating officer before becoming chairman and CEO.

He was an exceptional leader — and his untimely passing profoundly affected everyone at Kaiser Permanente and had ripple effects throughout the broader health care and broader business community. Anybody who knew him or heard him talk knew how passionate he was about the work we do at Kaiser Permanente on behalf of our nearly 12.5 million members.

Bernard was particularly passionate about addressing inequities in the U.S. health care system. He worked tirelessly to ensure that all Americans have access to high-quality, affordable health care, regardless of their zip code or background.

Dr. Copeland, could I ask you to say a few more words?

7:57

[Ronald Copeland] Yes. Thank you, Dr. Bindman. It is our honor at Kaiser Permanente to carry forward Bernard's vision by tackling some of our most pressing societal challenges, including health equity. And, for all of us, it is our shared duty to work together to put an end to health inequities that are preventable, unfair and unjust. We believe good health belongs to everybody.

Our commitment to advance health equity has been institutionalized by declaring it an enterprise-wide strategic priority and a formal quality of care standard so we can drive equitable health outcomes and experiences for our members/patients and improve conditions for health in our communities. We aim to change the trajectory of care delivery, helping our members and communities experience more healthy years.

This award provides an annual platform to recognize important achievements in addressing health equity, and we hope it will inform and inspire other organizations to join us in these efforts. Bernard had a viewpoint that was borderless. It was cross-sector and cross industries. He knew good health happens together.

Let's continue to look for partnership and collaboration to co-design and co-create the future of health care that is equitable and inclusive for all.

I will now hand things back to Dr. Baker to say a little bit about the selection process for this award. Dr. Baker?

9:36

[David Baker] Thanks. Dr. Copeland. For this award, only organizations providing direct health care services and those that partnered with them were eligible. Applicants were encouraged to submit applications that described efforts that addressed specific disparities in care processes

or outcomes, implemented a well-defined intervention to address the disparity/population, and resulted in a measurable, sustained reduction in disparities and/or improved outcomes for the population.

We had a rigorous focus on data. This award is intended to recognize an initiative that led to a meaningful difference and proven results. Our goal is to honor organizations that have done outstanding work to inspire others to take on ambitious projects to improve healthcare equity.

To tell you a little more about the external award panel's evaluation of the applications, I am thrilled to have Dr. Mark Smith here to represent the panel as its chair.

10:41

[Mark Smith] Thank you, David. A diverse panel of national healthcare equity experts was assembled to review the submitted applications and select the award recipient. I want to take a moment to thank them each for their expertise and support for this program. This was a tough job selecting one recipient from a pool of so many excellent applicants.

The panel reviewed all assigned applications, scored them and then met to discuss and deliberate. There were many excellent initiatives, so the discussion was quite robust. Overall, the panel was seeking an initiative that: had a well-defined population with data to show disparate outcomes and a specific intent to target efforts to that population to improve their outcomes; targeted their intervention and solutions to identified barriers; employed well described interventions or strategies; included data to show that the strategies indeed worked and improved the outcomes for the target population; included plans for sustainment and shared lessons learned or strategies to replicate the improvement and inspire others.

11:54

Without further ado, I want to recognize this year's awardee – the inaugural awardee – of the Bernard J. Tyson National Award for Excellence in Pursuit of Health Care Equity, UMass Memorial Health for their initiative, Prioritizing Child Health: Promoting Adherence to Well-Child Visits. The UMass team is here to tell you much more about their initiative, so I'll be brief. The UMass Memorial Health team significantly improved adherence to well-child visits among pediatric patients of color in the height of the pandemic.

The panel was impressed by the way the UMass Memorial Health team identified and addressed disparities in adherence to well-child visits, and that their activities were driven and monitored throughout with robust data stratified by race, ethnicity and language. One panelist said: "The project had a strong data-informed approach and incorporated use of race-stratified dashboards. The demonstrated disparities were used to engage health system leaders in addressing the issue and monitoring their performance over time. The strategy holds strong promise as an organizational quality improvement model to enhance healthcare equity."

During the discussion, the panel identified some strengths in the application worth noting: UMass Memorial Health providers participated in engagement and outreach to parents, to families, to understand the barriers; Providers took advantage of "reaching the patient where they are" by doing well child visits when families came in for other reasons; Finally, there was commitment at an organizational and leadership level to take on structural racism as a corporate responsibility.

13:43

I am thrilled to be able to bestow this award to the UMass Memorial Health team. I'll turn it over to the UMass team now to talk a little more about their efforts and achievements.

13:56

[Eric Alper] Great. Thank you very much, Dr. Smith, The Joint Commission, and Kaiser Permanente for recognizing UMass Memorial Health with such an incredible honor. Once again, my name is Eric Alper, I am the Chief Quality Officer and the Chief Clinical Informatics Officer for UMass Memorial. And I was also very fortunate to be the executive sponsor of this great project.

14:17

We're so excited to present our work on Improving Well child Visits for Black/African American children, and Hispanic children during the height of the COVID epidemic. We look forward to showcasing this incredible award, which is on the, leaning on the wall behind me, with the rest of our community that made these achievements possible.

14:38

At UMass Memorial, we started to actively work on improving health equity. We wanted to improve equity in an area where we knew that we had an equity gap, And in an area that we thought we could make a big difference for our patients and community - working to improve well child visits for African American and Hispanic children, was a perfect way to do this. Next slide.

15:02

First, let's just tell you a little bit more about UMass Memorial Health. We are the largest health care system in central Massachusetts, based in Worcester routes. We are a level one Trauma center at our Medical Center, which is the largest tertiary care academic medical center here in Central Massachusetts, where clinical partner of UMass Chan Medical School, we have four hospitals with about 2000 positions. We've been an accountable care organization since 2015, with about 45,000 beneficiaries. And we have a robust infrastructure in place to support that ACO, and this proved to be invaluable for this initiative. And we have about 220,000 adult, primary care patients, and especially important for this project, about 44,000 pediatric primary care patients on. Next slide.

15:59

As we all know, and was, as was alluded to in the video that we played before I started speaking, COVID exposed significant inequalities. Black and Hispanic patients were more likely to get COVID, to get hospitalized with COVID-19, and to have poor outcomes related to COVID-19. This was true in Central Massachusetts, as it was in other parts of the country. Next slide.

16:27

Combined with the events of racial injustice simply observed during this time period, our leadership right up to our CEO and our Board of Trustees, as well as the rest of our organization, felt compelled to act around improving diversity, equity, inclusion, and belonging. We started to look at ways in which we can make a meaningful change in our community.

16:48

At this point, I'm going to turn things over to Dr. Scornavacca, our CMO of Population Health, to dive in on how we got started on this project. And I think we are going to be presenting a very high-level overview of how we did this project. We are grateful for the opportunity to share our work in much greater depth in The Joint Commission Journal on Quality and Patient Safety in an upcoming issue. Dr. Scornavacca?

17:10

[Tom Scornavacca] Thank you, Eric, And we can go on to the next slide. And really, as a family physician, I just want to re-iterate the fact that this was just an amazing joint effort across all of our providers, clinicians, and non-clinicians, and really everyone who cares for patients. So, really, we want to explain why we came to the choice of choosing the well child visit adherence. Really, number one, we knew that there were significant racial and ethnicity disparities, and prevention was a key to our strategy.

You know, preventative care for pediatric patients, we think, has such huge potential in preventing long term chronic illness, obesity, and just about everything you can think of, that all of us adults sometimes suffer with. We wanted this to be a joint venture between pediatricians and family medicine providers, roughly 53 primary care practices, and we serve a very large Medicaid population of around 14,000 patients. That's kind of how we got to this point.

18:09

On the next slide, I'll show you the datasets. And really, it becomes quite obvious when you see the data on this next slide, why we chose this.

18:19

So, although we chose well child visits, you will see disparity across many race and ethnicities. For a lot of our quality metrics that we track and population health, clearly center in the middle, you'll see, well child visits across all age groups was actually, the largest disparity gap across the board with significant numbers for the various populations. But more specifically, the Black and Hispanic populations were where the largest disparity resided. Next slide.

18:52

So, how did we really approach this? Threefold really. In order to make this work we needed to communicate this from the highest-level down Dr. Dickson, executive leadership, all the way down to medical directors, providers, practice leads, administrators. All totally on board communicating the fact that this is an incredibly important initiative, and really lend an incredible amount of support behind that.

Number two, is the reporting, and Tracey will be showing that for us, briefly. We have such robust data that shows that ethnicity and race, language disparities, even within our electronic medical record, could support this initiative. And we wanted to leverage that data, use it to have an impact analysis done, track our progress, and really respond to trends in a positive or negative direction.

19:44

And then, finally, providing tools and resources to the providers, the care teams themselves, creating tip sheets, and really doing proactive outreach that had inherent education built within it. Why is a well visit so important? Why do we care so much about having well child visits done? You know, not every cultural aspect understands the importance of that, especially for folks that are not used to our particular health care system. Doing particular scheduling initiatives, making us more available for when, you know, this care could be potentially done. So, a lot of hard work. But we just wanted to touch on just some of those major aspects, and I'll pass it along to our Senior Director of Analytics, Tracey Wilkie, and she'll show us a lot of the outcomes from her perspective in the data.

20:32

[Tracey Wilkie] Thanks, Tom. So, one of our guiding principles on the next slide was to select a health equity measure that would involve as many practices in the health care system as possible. We have 53 practices that take care of pediatric patients. So, we were able to involve a lot of our practices, and what you're looking at on this slide is a sample report that practices receive each month. It shows them how they're performing on the measures against the goal, but it also shows them how they're performing against their peers. We collect best practices from our highest performers and share these with the network. On the next slide, I'm going to show you our results.

21:18

We have three lines on the graph at the top of the page. The orange line represents our overall well child visit performance rate for our Hispanic patients. The yellow line represents the black and African American patient population, and the blue line is the white Patient group, which we show for comparison purposes. As you can see, by looking at the run chart, we had significant disparity, back in September 2020, when we launched this project. We set a goal to improve our performance rates by five points for each group. Unfortunately, at the same time, we were trying to address these disparities. We we're heading into another wave of COVID. And our results remained flat for the first few months, despite the education, reporting, and other interventions that we launched. But it really started to come together in March, and over the next several months, we saw steady improvement.

At the end of September 2021, the well child visit rate for these two groups has improved by more than 10% points. Even better, though, we see the gap between these lines has become narrow. We sustain this performance right to the present. So, you can look at this run chart, and you can see the gap between the three lines narrow over time, but we needed to look at this measure further.

22:42

Our analytics team has calculated the between Group variance metric every month. The chart you're looking at in the lower half of the page shows that we started to reduce disparity between the groups in January 2021. This trend has continued every month since then.

All of this shows us that, despite the challenges of COVID, we were successful in reducing disparity, in well child visit rates among all patient groups, which was our goal. And now, Arvin going to talk about what we've learned so far.

23:19

[Arvin Garg] Yeah. Thank you, Tracey. So, next slide.

So, I'm a general primary care pediatrician who takes care of children and conducts well child care visits, and this was, this project is very near and dear to my heart.

I'm also the Associate Chief Quality Officer for Health Equity at UMass Memorial. So, Tracey had presented the data, we wanted to build on this momentum. We wanted to go further, and we wanted to understand some of the barriers our families are facing. So, to do this, we conducted qualitative interviews to understand the structural barriers for our black and brown families of color.

23:51

And when we talked to them, we found that there were specific barriers that they identified including transportation, language barriers and discordance with their primary care providers work and other competing priorities that they had that were a barrier for them to complete those

well child care visits. Definitely reaching young adult patients, parking, and appointment availability.

24:14

I want to share some of the illustrative quotes from parents for a couple of these. Next.

So, for parking one parent stated, "I do not have money for parking. In fact, sometimes I'm faced with a choice: attend to visit, and pay for parking, or put food on the table that evening for my family and do not have my child see the doctor." Next.

24:39

And another parent regarding work and other competing priorities stated, "It's hard for me to leave the house and care for four kids at once. Sometimes I don't have childcare for the other children when I go to an appointment or one child. Sometimes I bring two of my children with me, sometimes I have to bring all four."

And these were just really meaningful quotes, and, and, and discussions that we heard from our parents. And currently, we're working, absolutely to try to address some of these structural barriers with pragmatic solutions. Next slide.

25:16

So, overall, we were able to reduce racial disparities and promote health equity. Within six months, we were able to improve child care visit adherence by over 10% for both Black and African American, as well as Hispanic, LatinX children, and this improvement was sustained. And as Tracey mentioned as well, very re-assuring, as well, was that the gap narrowed by in half.

And there are many key success to why this was possible. It started with our leadership support and system alignment that started from the very top. We also have the right team consisting of healthcare team members from across the system. We relied on a robust population health improvement infrastructure that not only gave us real-time data, but also able to have with implement real improvement implementation in real time. We were able to think about and use a comprehensive approach using a multi-pronged solution. And we were actually able to address barriers that our families are facing by listening to them and to our staff.

These keys allowed our system to stay true to our motto, "relentless in pursuit of healing," while attempting to achieve health equity, a fundamental but elusive goal that we're all deeply committed to achieving. Next slide.

26:38

So, I wanted to first thank our leadership and our board, who encouraged us to tackle this challenging topic. Also, want to thank our extended team who made us happen on the front line. And we wanted to thank The Joint Commission and Kaiser Permanente for such wonderful recognition for this work. We are deeply, deeply humbled to receive this award. At this point, I'd like to turn it over to our CEO, Dr. Eric Dickson for some final comments.

27:03

[Eric Dickson] Thank you, Arvin, and thank you on behalf of the entire board of trustees, many of which are on the line today to hear this presentation for this amazing award. Thank you Kaiser Permanente. Thank you Joint Commission. Bernard Tyson was a healthcare visionary. He was a luminary in the field of health equity. He was the CEO that all other health care CEOs, including myself, looked up to. And we lost him too soon. For us, to receive an

award named for Bernard, it's just absolutely humbling. To the UMass Memorial team that led this effort to close this equity gap, I want you to take the pride that you feel today and the energy it creates, and let's all work together to redouble our efforts to make UMass Memorial the most equitable health care system in the nation. We've got a long way to go, but the fuel that you've given us here today, by giving us this award, will help get us even closer. Thank you very much.

28:40

[Susan Funk] Dr. McKee you can take it away.

28:43

[Ana McKee] Thank you very much UMass Health Memorial Health. Audience members, please join us in congratulating the team via messages in the chat. We will provide all of your comments to them following the ceremony. This year was the first year for what we intend to be an annual program. We were extremely pleased to see the many applications submitted chiefly because it means that there's significant efforts ongoing to address health equity.

29:17

We wanted to take a moment to recognize the top finalists, which are shown on this slide. And also acknowledge all the healthcare equity initiatives submitted for consideration for the award by these organizations listed on this slide. We also have these lists available on The Joint Commission's webpage.

Someone will paste a direct link into the Chat, but if you go to www.jointcommission.org and search for the Tyson Award, you'll easily locate the page.

29:54

With all that, and linking back to the start of the ceremony, disparities persist. And we want to do more to encourage healthcare organizations to work to reduce these disparities and improve equity. To that end, we will be featuring several of the initiatives submitted within the issue of The Joint Commission's Journal on Quality and Patient Safety in 2022.

30:20

Also, we want to encourage organizations in the audience to be on the lookout early 2022 for information about the 2022 application and program. Again, look for the announcements via Joint Commission publications and on Tyson Award page on The Joint Commission website. So, there we have it.

I hope UMass Memorial Health Team feels honored, because we're very proud of you. Congratulations to your team, and thank you to all our presenters and to our audience for your interest and participation. Have a great day. OK. And this is the end of our program. Take care, everyone. Bye, Bye.