






Featured Health Equity Topic Area:
Monitor Progress in Achieving Health Care Equity

Related Joint Commission Requirement:
Standard LD.04.03.08, EP 5

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 further impact their patients' health and wellbeing.

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

BMC uses a variety of approaches to determine the appropriate methods to monitor progress toward their health equity goals. Well-established methods, such as the Plan-Do-Study-Act (PDSA) cycle, as well as quality improvement frameworks, like root cause analyses, have allowed them to conceptualize, operationalize, and interpret their successes and challenges in this area. Progress toward health equity objectives, such as targeting gaps in quality outcomes and patient experience, and closing racial disparities, is assessed by examining the demographic and social needs data housed on the dashboards created by BMC's analytics team. Above all, BMC ensures that a variety of perspectives from multidisciplinary stakeholders inform and frame the methods used to monitor their progress, as well as the interventions created to address the patients' needs. Not only is breaking silos within the institution a primary focus but bringing in and centering the voices of the community and patient population is integral to maintaining progress in order to reflect the aspirations of the individuals being served without making assumptions about their needs. BMC has interviewed upwards of 15,000 patients to solicit their invaluable feedback and guidance for maximal impact. The overall equality of wellness and life expectancy of BMC patients regardless of their identity characteristics is the ultimate marker of success.

Taking Action

Renewed Focus. For decades, BMC has recognized that their patient population experienced hardships related to food and housing insecurity, for example, and that those gaps in need were linked to patients' health status and well-being. However, through the crisis of the COVID-19 pandemic and continued monitoring of health equity objectives, they were able to gain a deeper understanding of a variety of inequities that their patients were facing and develop a renewed focus on race-based disparities. Structural barriers to thriving, like sufficient income and financial security, were identified as creating disparities in health status when compared to people who are financially stable.

Formal Organization. Once the inadvertent, inequitable structural processes, policies, and procedures were identified, they were hard to overlook. It became obvious that formalizing strategies to combat inequities at these intersections of identity characteristics and social needs was necessary. Thus, the Health Equity Accelerator was launched in 2021 with a vision to transform healthcare to deliver health justice and well-being for communities that BMC serves. The Health Equity Accelerator group interrogates available organization-level data and systematically attempts to eliminate gaps in outcomes seen among their patient population. In essence, the Health Equity Accelerator is meant to serve as a true engine of change that comes as a direct result of BMC's dedication to monitoring their progress toward changing the disparate climate of healthcare.

Standardizing the Process. The Health Equity Accelerator originally identified disparities in COVID-19 vaccination rates and developed a program that used intentional strategies to reach, influence, and gain the trust of their target population. Ultimately, the program vaccinated Black and Latinx individuals at 4.5 and 1.5-fold the rates recorded at the state level.

The same model that was developed to increase vaccine confidence and uptake during the pandemic is the same platform BMC is using to tackle other health inequities, including maternal and child health, infectious disease, behavioral health, chronic conditions, cancer, and end-stage renal disease. The process to monitor and push for progress has been standardized within the institution through formally organizing the Health Equity Accelerator.

“People can’t prioritize health when they are prioritizing survival...We didn’t want [health equity work] to be an initiative, but a transformation.” – Dr. Thea James, Vice President of Mission, Associate Chief Medical Officer, Executive Director of Health Equity Accelerator

Challenges Encountered

Funding. The biggest obstacle is funding the interventions that BMC believes can help their patient population. As a safety net hospital, they do not generate revenue to support initiatives at the scale at which they are being conducted.

Failing to Meet Goals. There are instances in which meeting particularly lofty goals proves difficult and it seems as though meeting them is impossible through the systems in place.

Addressing Needs Associated with Objectives. The data sometimes show an overwhelming social need of the patient population, but the organization has difficulty identifying a way to address that need, especially when it comes to engaging already overwhelmed community-based organizations.

Solutions

- **Leverage Philanthropy and Grants to Fund Initiatives.** Rely heavily on philanthropy and grants to cover the cost of creating and maintaining initiatives that can have a radical impact for the patient population.
- **Innovate.** Look for innovative ways to achieve goals that have not been met or seem out of reach. Begin by analyzing the existing data, focusing on what data have already been collected and analyzed for insights and guidance toward a way forward. For example, if an organization has the objective to improve the diversity of staff at all levels of the organization to reflect the demographics of the patient population, an organization might start by reflecting on the data showing a gap in racial diversity at management levels and create internal talent development trainings and programs specifically targeting the recruitment of BIPOC staff.
- **Create a Pathway for Patients to Meet Needs.** Focus the pathway on meeting patient needs within the walls of the institution. For example, for patients who report employment as a social need on BMC’s THRIVE screeners, they addressed economic mobility by creating initiatives within their hospital targeting living wage salary standards. Monitor progress of these targeted initiatives and report them to local, state, and federal legislatures and policy makers to effect change.

Lessons Learned

- **Safety Culture.** Create some principles before engaging in the monitoring process to establish a culture of safety and commitment to support each other on this journey.
- **Intentionality.** Make an intentional quest to look internally at your own data as a first step to identify any inequities as a guide to address racial health inequity. For example, it is important to look for inequities in timing of care just as much as the quality of care. If organizations are honest and transparent about their data and its interpretation, it will be a grounding, level setting experience. Encourage leadership and staff alike to dive into the conclusions pulled from the data and avoid simply being reactive in the moment
- **Engage Patients in Progress.** Progress at any healthcare organization is determined by the impact of interventions on the health and well-being of the patient population. The voice of the patient population and community at large must be the center of conversations around institutional progress to be able to appropriately interpret results and create strategies to push for additional change.
- **Do Not Fear Failure.** Do not be afraid to try because it might lead to experiences of failure. Organizations can learn more from their failures on this journey, which can propel them further in their quest to achieve health equity.

Check out the Joint Commission’s Health Care Equity Resource Center

Monitor Progress Towards Health Care Equity

Access guidance on operationalizing measures with supporting tools and resources to help hospitals and health systems make progress toward achieving goals