

Equity Efforts of Intermountain Healthcare Outlined in New NEJM Catalyst Paper

Utah, Salt Lake City, Jun 17, 2021 ([IssueWire.com](https://www.issuewire.com)) - The stark manifestations of racism and health inequity in 2020 have prompted health leaders across the country to join together and address racism as a public health crisis. Leaders at [Intermountain Healthcare](https://www.intermountainhealthcare.org) are among those taking steps to improve access and care for all patients by centering on equity, which is now a mission-level value.

Now, those efforts by Intermountain to address equity are outlined in a new research paper published June 16 in [The New England Journal of Medicine Catalyst](https://www.thenejmjournal.com).

“Systemic racism is a public health crisis, and we realized that as a healthcare system, we can never meet our core values if we don’t have equity,” said Denitza Blagev, MD, medical director for quality at Intermountain Healthcare and lead author of the paper.

In the paper, Dr. Blagev, who is also critical care and pulmonary medicine physician, cites the disproportionate effect that COVID-19 had on minority communities throughout the nation, plus new conversations around racism and inequity that are occurring across the country.

In September 2020, Intermountain added equity to the healthcare system’s fundamentals, placing it on the same level as safety, quality, experience, access, stewardship, and engaged caregivers.

Intermountain has also launched a national search for a chief equity officer, senior medical director of equity and inclusion, and a senior nursing director of equity and inclusion, searches that are currently underway.

Additionally, Intermountain created new system Equity Dashboards to examine existing key performance indicators with already known patient information about race, ethnicity, sex, and other equity measures.

“We wanted to provide those dashboards so that caregivers at Intermountain could look at their own outcomes,” said Dr. Blagev. “They’re being used to develop standardized ways of assessing inequity, and also helping people learn together about how we can better identify and address health disparities.”

For example, a dashboard was created to examine COVID-19 patients admitted to Intermountain intensive care units and their subsequent health outcomes.

The team found that early in the pandemic, in spring and summer of 2020, more Hispanic than white, non-Hispanic patients were being admitted to the ICU, despite Utah’s population being majority white. However, researchers found that those disparities resolved over time with the second surge of the pandemic.

“These dashboards are just a start,” Dr. Blagev said. Because they can provide caregivers too much information, and don’t necessarily differentiate between equity issues that a healthcare system can address versus other social determinants of health that play key roles in patient’s health and outcomes, other measures are needed, as well.

“One of the first reactions to a disparity in health outcomes people have is to say that these are due to

social determinants of health and broader societal issues that are outside our individual control,” Dr. Blagev said.

The researchers wanted to quantify how much of the observed racial and ethnic disparity in patients admitted to the intensive care unit with COVID-19 was due to disparities in occupation, exposure risk, or comorbidities and whether any part of the differential outcomes in patients with COVID-19 was due to the care within the ICU.

“Examining health outcomes using race, ethnicity, and other equity data can show us disparities that are within our control to address,” Dr. Blagev said.

Researchers developed dashboards to look at the prevalence of comorbidities and risk factors in patients, as well as using risk-adjusted variables for comparison. They combined race and ethnicity as an integrated variable, which helped highlight disparities within Utah’s population.

Researchers also created a dashboard that showed disparities in COVID-19 ICU risk-adjusted mortality over time.

“We could see a much higher mortality in our Hispanic and/or non-white patients compared to our white, non-Hispanic patients at the start of the pandemic,” Dr. Blagev said. “This health disparity resolved, and we now have a method for continuing to monitor for inequity in health outcomes as we continue to improve care for everyone.”

Intermountain is building equity into the work at all areas of the health system by examining outcomes of safety, quality, experience, and access through the lens of equity.

“Patient experience surveys that show the experience of patients of different races shed light on different areas of opportunity to improve,” noted Dr. Blagev.

The work at Intermountain on improving equity is underway and far from over, according to researchers. Intermountain is continuing to improve the accuracy and completion of different equity variables – race, ethnicity, and language, but also sexual orientation and gender identity, disability and rural vs. urban residents, and leveraging technological advances in self-registration, the paper noted.

“We are focused on improving equity by building on our culture of safety and quality,” Dr. Blagev noted. “The language and politics of discussing equity can be overwhelming, but if we focus on community health and addressing health disparities, people realize that we know how to do this work. We know how to improve health outcomes in measurable ways, and this work is within our mission as a health system.

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About Us: [Intermountain Healthcare](#) is a nonprofit system of 25 hospitals, 225 clinics, a [Medical Group](#) with 2,600 employed physicians and advanced practice clinicians, a health insurance company called [SelectHealth](#), and other health services in Utah, Idaho, and Nevada. Intermountain is widely recognized as a leader in transforming healthcare by using evidence-based best practices to consistently deliver high-quality outcomes and sustainable costs.

Further Reading: [Systemic Racism is a Public Health Crisis](#)

Media Contact

Intermountain Healthcare

intermountainnews@imail.org

(385) 275-8245

36 S. State Street

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