

Chapter Five

WE NEED THE RIGHT VALUES AND THE RIGHT TOOLS TO CREATE THE RIGHT CARE

The achievements at Kaiser Permanente in reducing care gaps over the past couple of years for all groups of Kaiser Permanente patients that are described in this book are not accidental, and they are not insignificant. That work is far from perfect, but the truth is that those real-world, gap-reduction successes have been accomplished in the context of a large, integrated care system that is actually functionally accountable for the real-world health care needs of a very large and very diverse population of people.

As noted earlier, Kaiser Permanente is not doing its gap-reduction work in a small, isolated setting.

Kaiser Permanente serves 9 million patients.¹⁷⁹ Kaiser Permanente serves more patients than 40 states and 146 countries.¹⁸⁰ Kaiser Permanente has a patient population that is significantly more diverse than the country at large.¹⁸¹ The Kaiser Permanente patient base is actually now more than half minority.¹⁸² As the earlier chapters of this book demonstrated, Kaiser Permanente has been working hard to very explicitly identify areas where internal care differences and care disparities exist -- with the goal of eliminating any care gaps that exist inside Kaiser Permanente over a relatively short time frame.

That effort has had challenges and setbacks -- but it has overwhelmingly been successful -- and the continuous improvement commitment that was described in the last chapter is highly likely to be a factor in making those successes even better in the future.

The rest of the country can now look at the systems and the tools that have been built at Kaiser Permanente to do this work and can know that those systems make great logical sense and that the care improvement agenda and the gap-closing strategies actually work when those tools are in place and are used.

As noted earlier, those achievements have all been achieved by a staff that is one of the most diverse staffs in health care. The Kaiser Permanente staff is currently 58 percent minority.¹⁸³ The leadership and the Board of Kaiser Permanente are also both highly diverse.¹⁸⁴ Kaiser Permanente has managed to turn that staff-level diversity into functional synergy and into high levels of performance in multiple ways.

One of the more useful tools for accomplishing many of these goals has been an annual Diversity Conference that has been held at Kaiser Permanente for several decades. The Kaiser Permanente Diversity Conference brings together people to look at ways of providing best care

to a very diverse set of patients. For the last decade, one of the key topics every year at that conference has been a discussion of the advantages that are created by having an organizational sense of “Us.”

In fact, one of the basic reasons for all of that operational and care improvement success has been a healthy sense of “Us” at Kaiser Permanente. It’s actually important for almost any complex organization to have a clear internal sense of Us in order to increase the likelihood of organizational success. It’s good to be Us.

Humans tend to divide the world into us and them and to treat people very differently based on whether someone is perceived to be an “Us” or perceived to be a “Them.” The behavior differences can be significant.

We tend to be protective, supportive, nurturing, kind, and forgiving when we perceive someone else to be an Us. We tend to take care of people who are our an Us, and we are angry and protective when anyone else does damage to someone we perceive to be an Us.

By contrast, if someone is perceived to be a “Them,” we are suspicious, antagonistic, distrustful, territorial, and even paranoid about the behavior of a Them. We discriminate against Them. We tend to stereotype and dehumanize Them. We too often feel no guilt or ethical discomfort when we do bad things to a “them.”

Those are ugly and sad words, but those statements are far too often accurate and true.

The patterns of us/them behaviors that exist in many settings can be disruptive and divisive. Those unfortunate patterns have been seen repeatedly in many settings throughout human history. Look at the historical record. It is easy to see how us/them behaviors have caused people to behave in unfortunate ways in far too many instances.

“We” can do very bad things to “Them.”

We enslave Them. We ethnically cleanse Them. We displace Them. And we far too often discriminate both legally and functionally against Them. In many traditional settings, we don’t allow Them to marry our sons or daughters, and we often don’t want Them in our community or in our neighborhood. People who have those destructive us/them values activated tend to resist the inclusion of whoever is perceived to be a Them in the workforce.

In too many instances, the care given to people perceived to be a Them can be truly horrible care. The German treatment of the Jews in the concentration camps by even the medical staff was a horrible us/them, guilt-free set of behaviors.

The medical world is obviously not immune to us/them behaviors.

The horrible Tuskegee experiment¹⁸⁵ of the last century where African Americans with syphilis were allowed to let the disease consume their bodies and kill the patients with no care delivery to save them was a horrible us/them guilt-free set of behaviors. Not giving painkillers to minority patients who are having heart attacks isn't as bad as denying all care to syphilis patients, but that behavior can spring from some of the same sorts of prejudicial beliefs.

We see those behaviors in many settings. Sometimes the group definition that activates the Us instincts is racial. Sometimes the group definition is tribal. Sometimes the us/them distinctions are either ethnic or cultural.

Family and clan identities can activate those instincts. Tribal identities create a sense of Us for some people and national identities can create a sense of Us for other people.

A shared set of values and a clear, collective identity in an organization setting can also activate a sense of Us.

Unfortunately, we humans can too easily fall prey to the negative side of those us/them beliefs and behaviors. The very good news is that we all have the ability to be an Us. The good news is that when we perceive people to be an Us, that perception of being an Us can activate the noble, caring, sharing aspects of our personalities and our behaviors.

As noted above, those sets of issues have been discussed at every Kaiser Permanente National Diversity Conference for over a decade. Creating a sense of us is a very useful and powerful thing for a care system to do, and it is very good to understand the impact of those instinctive emotions in health care settings and behaviors. It is very clear that there is great value in focusing on the behaviors and the processes that create a sense of collective and inclusive us.

That doesn't always happen in care settings in this country or anywhere else in the world.

Some of the disparities that exist today in care delivery are clearly caused by us/them-linked discriminatory behavior. Bias happens. Sometimes the bias is conscious and sometimes it is completely unconscious. When caregivers perceive their patients to be a Them, instead of Us, then the care given to those patients can too easily be discriminatory treatment approaches. As noted earlier, not giving painkillers to Black patients who are having heart attacks is a behavior where the caregivers are making discriminatory care choices that are based on a patient's race rather than making those care decisions based on each patient's actual care needs.

When children with autism who are Black or brown are more than 60 percent less likely to get referrals to specialty care even when those children are being seen in the same care system by the same primary care doctors¹⁸⁶ -- that is a form of us/them-centered biased behavior.

On the other hand, when a care team recognizes the universality of Us -- a human Us instead of a racial or ethnic Us -- then the care that is delivered by that care team can be done in ways that can reduce and eliminate disparities and create great care.

It is true that there are some times when some differences in care approaches are medically correct. The incredible work that has been done at Kaiser Permanente to end the differences in care results by race for HIV patients was only possible because the caregivers and the care teams involved in that care clearly perceived all of the patients to be an Us and respected the racial and ethnic diversity of the patients at the same time.

Kaiser Permanente very deliberately works consistently to both create a sense of Us and to meet the needs of each patient as an individual human being -- not as a stereotype or a group representative, but as a person whose human needs are individually defined. That approach of recognizing differences and including everyone as a human Us results in better care for everyone.

As noted earlier, Kaiser Permanente holds an annual diversity conference. This conference is not a new thing. That conference has been happening for over 40 years. At that conference, hundreds of caregivers gather every year to learn the best ways of dealing with the issues that result from the various populations of patients. The caregivers share an overall commitment collectively to all of the patients. You can see from the session topics at that conference that the focus of that work is on both medical competence and cultural competence -- with sometimes controversial and challenging issues like unconscious bias clearly generically discussed and openly addressed.

The list of agenda items at last year's conference speaks for itself.

The first session was titled, "Diversity is One of Our Major Assets and Strengths."

The second talk was titled, "Is Excellent Good Enough?"

The third topic was, "A Road Map to Reducing Racial and Ethnic Health Disparities -- Evidence-Based, Game-Changing Strategies."

The fourth topic was, "From Theory to Practice -- Solutions at Kaiser Permanente."

Other topics that followed for the two-day conference included, "A World without Disparities -- Healing Healthcare Through Diversity and Inclusion."

Another agenda topic identified, "Community HIV/AIDS Game Changers."

Another topic was, "Leveraging Diversity."

There were sessions on education, community health, healthy behaviors, unconscious bias, and recognizing top performers for disparity reductions.

One topic was, “Advancing Diversity through the Discipline of Business Performance Management.”

Another topic was, “Become a Weight of the Nation Activist in Your Community.”

A session that was very powerful and effective was, “My Stories, My Expertise, My Voice -- Transgender Individuals and the Health Care System.”

One side room at the conference was called an “Imaginarium.” That room featured state-of-the-art technology tools that would be used to deliver care more effectively to diverse populations. One of the Imaginarium tools was a walking robot that could extend multicultural medical specialty expertise to actual hospital rounds remotely with a mobile medical robot.

The agenda for the next diversity conference will include topics intended to “Accelerate the Spread of Culturally Sensitive and Linguistically Effective Practices.”

Another portion of the training will be focused on, “Creating High Workforce Engagement through Diverse, Inclusive Environments to Achieve High Productivity and Innovation.”

It is clear from those agenda items that the high quality of care that exists across the entire multiracial patient population at Kaiser Permanente isn’t accidental. That success in care delivery is the deliberate result of quality agendas that are focused on a wide range of issues that are relevant to a diverse patient base, and it is the result of a clear collaboration and collective alignment inside Kaiser Permanente of the value that can result for an organization from diversity.

Kaiser Permanente looks at the entire patient-base as Us -- a human Us -- and that diverse patient base is celebrated, appreciated, honored, respected, and well-served by caregivers who are also a “Human Us.”

Kaiser Permanente also has one of the more successful labor management partnerships in the country -- and that partnership is anchored by a “Value Compass” that is centered on the patients that are served by the entire Kaiser Permanente care team.

The ongoing achievements of successful diversity practices inside Kaiser Permanente have been recognized by several external organizations. Kaiser Permanente has won the National DiversityInc. ranking as one of the best places to work for minority workers in the country.¹⁸⁷ Diversity MBA Magazine rated Kaiser Permanente as the best place to work for minority MBA holders.¹⁸⁸ Computerworld Magazine rated Kaiser Permanente one of the top two places to work in health care for minority IT employees.¹⁸⁹ The National Hispanic Chamber of Commerce recently added Kaiser Permanente to its diversity champion hall of fame.¹⁹⁰ Those distinctions

and recognitions reflect the sense that Kaiser Permanente celebrates its diversity and embraces inclusion of all people from all groups as a way of life. The overall diversity agenda at Kaiser Permanente is far from perfect, and it is still in a state of learning -- but it is clearly moving in the right direction.

Death Rates Are Higher at Black Hospitals

As noted earlier, a recent study was covered in a major newspaper which said, “Death Rates Higher at Black Hospitals.”¹⁹¹

The articles under those headlines had data showing significantly higher death rates at hospitals in this country that served primarily Black patients. There are a number of reasons why those negative outcomes exist. There is, however, no excuse for having lower standards of care for those hospitals. Care improvement is needed in each of those settings. That headline should never happen in this country.

Inside Kaiser Permanente, the death rates are obviously not higher at the hospitals that serve more Black patients. As you can see from the performance gap charts included earlier in this book, however, there are still differences in outcomes and care processes by race and ethnicity for a number of care areas inside the Kaiser Permanente care system. Those gaps are known. They are being addressed -- and they are closing. Recently, some Kaiser Permanente care sites have very successfully completely closed the gap among groups mentioned in Chapter Two of this book for hypertension. All of the other care sites at Kaiser Permanente are committed to bringing the full set of other gaps to closure over the next couple of years.

Disparity Reduction Takes Data, Commitment, and Full Equity

For the rest of America to move in that same direction, we need the rest of health care to build the kinds of databased care support tools that exist today at Kaiser Permanente. There is no good reason for those tools not to be built and used in other care settings now that they have been invented and now that their value has been proven.

That disparities-reduction work in those other settings will depend on a care infrastructure and a care culture that is databased, transparent, directly committed to both continuous improvement and patient equity, and that is very directly patient-focused.

That progress is most likely to succeed in the context of a care team who sees itself as an inclusive Us and who knows and believes that the patients who are served by the care team are also an inclusive Us.

We Need Those Kinds of Successes to Happen Everywhere

For the rest of the country, we need to set up a situation where the kinds of care improvement wins that have been created at Kaiser Permanente across all racial and ethnic groups are possible everywhere -- regardless of the site of care. Tools are needed. Data is needed. We need to set up medical homes and ACOs that have clear data files for each patient and provide well-coordinated team care. New ACOs and medical homes are being created every day. We need all of those new ACO and medical home care settings to commit to continuous improvement approaches for care delivery for all of their patients.

To the extent that Medicaid becomes a program where the states decide to hire health plans or hire care systems to be their functioning Medicaid care infrastructure, it also would be the right thing to do to build the right purchasing specifications for those programs. The states should require the vendors they hire to deliver care under their Medicaid agenda to create the right levels of data transparency, team care, and continuously improving care as part of the purchasing criteria. That database for the Medicaid patients should be capable of detecting care disparities when they exist, and it should support the work needed to make the disparities disappear in a systematic way.

We need to put in place a business model for care that allows the care delivery infrastructure to do intelligent and effective care process reengineering without going bankrupt and to reduce care disparities with the full support of the tools needed to do that work.

Intelligent Change is the Right Agenda

Change is needed. Change is inevitable. Intelligent change is the right agenda for the new array of opportunities we have right in front of us.

We clearly do need to reduce health care disparities in this country. We should not have a death rate for patients that increases by 50 percent or more for a given condition, based on the race and ethnicity of the patient. We need to keep track of the care delivered to each set of patients to achieve that disparity reduction agenda -- and we need to set a target for ourselves as a nation set on ending the more than four, full-year life expectancy gap¹⁹² that exists today between Americans and African Americans. We need to shrink that gap by improving the life expectancy for African Americans.

It is time to do the work needed to make that happen. This book points out what several major elements of that work should be.

None of that will happen if our primary strategy for ending disparities is wishful thinking and goodwill. We will not close those care gaps with good intentions. Gaps can be closed, but we will need to work hard with real tools to make that happen.

We need to use all of our resources and all of the new tools well to achieve the goal that is clearly described in the title of this book. It's time for us to "End Racial, Ethnic, and Cultural Disparities in American Health Care."

We spend more money on health care than anyone in the world by a huge percentage. We very much deserve best care for all of us, for all of those dollars that we are spending.

The time to do that work is now.

Be well.

