Toward Health Equity for Black Veterans

Jesse Brown for Black Lives Clinical Committee

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Captain James A Lovell Federal Health Care Center
August 10th, 2022
Disclosure

This presentation reflects the views of Jesse Brown for Black Lives Task Force and Clinical Committee members and does not necessarily reflect the views of Jesse Brown VA Medical Center or the Department of Veterans Affairs.
Agenda

• Common Ground
• Common Thread
  • Similarities between Veterans Health Affairs and Military Health System
  • Jesse Brown VA Medical Center
• Overview of Jesse Brown for Black Lives (JB4BL) Task Force
• JB4BL Clinical Committee Initiatives to Address Health Disparities and Common Barriers
• JB4BL Task Force Impact
• Key Factors Leading to JB4BL Progress
• Recommendations for Immediate Action
• Summary
Common Ground

• Race/ethnicity ≠ genetics

“Race is not a biological category that naturally produces these health disparities because of genetic difference. Race is a social category that has staggering biological consequences, but because of the impact of social inequality on people's health.”

Dorothy E. Roberts
Common Ground (cont.)

• Structural racism illustrated through metaphor
• The "Groundwater" Approach

• The fish, the lake and the groundwater
  • Imagine lake near home has a fish floating belly up dead
    • Analyze fish
  • Next day, find half of fish in lake are floating belly up dead
    • Analyze lake
  • Later, discover several lakes in the neighborhood and state have same issue
    • Analyze the ground water

Source: https://racialequityinstitute.org/groundwater/
### Common Thread Between Veterans Health Affairs and Military Health System

<table>
<thead>
<tr>
<th></th>
<th>Veterans Health Affairs</th>
<th>Military Health System</th>
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<tbody>
<tr>
<td><strong>Beneficiaries</strong></td>
<td>9 million</td>
<td>9.62 million</td>
</tr>
<tr>
<td><strong>Self-identify as Black</strong></td>
<td>12%</td>
<td>18% (enlisted)</td>
</tr>
<tr>
<td><strong>Integrated Health Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Racial/ethnic health disparities persist</strong></td>
<td>Yes</td>
<td>Yes</td>
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</tbody>
</table>
Jesse Brown VA demographics

• Over 58,000 enrolled Veterans

• 4th highest number of Black Veterans in the VA nationally
  • 50% Black Veterans FY20
  • Of inpatient, 73% are Black Veterans FY20
  • Of ED encounters, 72% are Black Veterans FY21

• Most diverse staff nationally
Introducing Jesse Brown for Black Lives
Overview of Jesse Brown for Black Lives Task Force

- Jesse Brown for Black Lives (JB4BL) Task Force formed in response to the national attention on racial and ethnic health disparities in 2020

- Mission to identify, discuss and address racial and ethnic disparities within the medical facility to improve the experience of Black Veteran patients and employees
Overview of Jesse Brown for Black Lives Task Force (cont.)

- ~ 80 volunteer members
- Medical Director approved Task Force
- VISN 12 faculty, staff & trainees
- Collaborate with local & national VAs
- Academic affiliation with University of Illinois & Northwestern
- Interdisciplinary team
JB4BL Clinical Initiatives to Address Disparities

• Eliminate Race from eGFR
• Optimize Evidence-Based Treatment for Substance Use Disorder
• Eliminate Disparities in Prescribing Practices
Eliminating Race from eGFR: Background

- Black Americans make up 13% population yet
  - ≥30% patients with End Stage Renal Disease (ESRD)
  - Less likely to be identified as transplant candidates or referred for transplant evaluation
  - When on waiting list, wait longer compared to white patients
  - Even with more referrals to kidney specialists in one VA system, Black patients had faster kidney disease progression.

Source: A Step Toward Health Equity for Veterans, 2021
Eliminating Race from eGFR: Disparities

<table>
<thead>
<tr>
<th></th>
<th>White Woman</th>
<th>Black Woman</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum creatinine (mmol/L (mg/dL))</td>
<td>250 (2.8)</td>
<td>250 (2.8)</td>
</tr>
<tr>
<td>Age</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>Sex</td>
<td>F</td>
<td>F</td>
</tr>
<tr>
<td>Body Surface Area (m²)</td>
<td>1.89</td>
<td>1.89</td>
</tr>
<tr>
<td>eGFR as estimated by MDRD (mL/min/1.73m²)</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td>eGFR as estimated by CKD-EPI (mL/min/1.73m²)</td>
<td>18</td>
<td>21</td>
</tr>
</tbody>
</table>

Guidelines recommend transplant referral when eGFR ≤ 20.

In this case, the white patient will get a referral but the Black patient’s transplant referral and hence care, will be delayed.

Source: A Step Toward Health Equity for Veterans, 2021
Eliminating Race from eGFR: Timeline

- Interdisciplinary JB4BL eGFR Subcommittee formed
- Reviewed literature
- Identified others doing similar work
- Identified and contacted stakeholders
- Wrote collaborative white paper
- Provided testimony to National Kidney Foundation and American Society of Nephrology (NKF-ASN) eGFR Taskforce
- Distributed White Paper and collected signatures in support
- Interdisciplinary grand rounds
- Presented at the Healthcare Delivery Council meeting where VISN 12 leadership voted to remove race from eGFR calculations in VISN 12.

Eliminating Race from eGFR: Timeline (cont.)

- Met with National VA Nephrology
- Created educational material later used in national communications
- Published in the peer reviewed journal, *The Federal Practitioner*
- NKF-ASN Taskforce released guidelines to adopt new race neutral CKD-EPI equation for eGFR calculation
- VA adopts new NKF-ASN recommended equation for the calculation of eGFR
- Jesse Brown VA becomes one of the first VAs to use new equation then rollout across VHA

## Eliminating Race from eGFR: Common Barriers

<table>
<thead>
<tr>
<th>OBSTACLE</th>
<th>RESPONSE</th>
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<tbody>
<tr>
<td>-Lack of shared knowledge regarding race as a social construct and its biological invalidity</td>
<td>-Hospital wide education</td>
</tr>
<tr>
<td>-Recommendations to wait for publication of National Kidney Foundation (NKF)/American Society of Nephrology (ASN) taskforce guidelines</td>
<td>-Race based algorithms based on flawed, low quality and racist data thus inappropriate to delay change when there is strong evidence of harm</td>
</tr>
<tr>
<td>-Key stakeholders with differing timeline for implementation</td>
<td>-Collaborated with a network of supportive stakeholders nationally</td>
</tr>
</tbody>
</table>
| -Concern change would result in discordant interfacility lab results                         | -Existing discordant equations between VA system and academic affiliates  
-VA system not using current guideline recommended equation at time                                      |
| -Concern about ability to meet increased demand for nephrology referrals                      | -Addressed through educational memo distributed nationally alerting providers and patients of change and clarified indications for referral |
| -Debate over impact on patient outcomes specifically race-neutral change could cause more harm | -Black patients are prescribed nephrotoxic agents with current race-based equation                                         |
| -Lack of urgency and request for additional data that change would be beneficial prior to implementation | -Further delay in care is harmful when increased scrutiny should have been used prior to using race in calculator for weak data and evidence of benefit of removing race already exists |
Optimize Evidence-Based Treatment for Substance Use Disorder: Background

• Opioid public health emergency exists

• More likely to die from accidental opioid overdose than a car crash

• Mental health and substance use disorders co-exist at higher rate

• 2016: Comprehensive Addiction and Recovery Act

• Address prevention, treatment, recovery, law enforcement, criminal justice reform and overdose

• Historically disadvantaged populations disproportionately impacted

Medication for Opioid Use Disorder Saves Lives

According to a study evaluating methadone treatment versus control (no methadone) after 2 years, participants receiving methadone were more likely to be drug free and had fewer adverse outcomes associated with use (e.g., death, prison).

Source: VA/DoD Clinical Practice Guideline, 2016
Optimize Evidence-Based Treatment for Substance Use Disorder: Common Barriers

<table>
<thead>
<tr>
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<tr>
<td>-Historical context of “War on Drugs”</td>
<td>-Hospital wide education and culture shift</td>
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<tr>
<td></td>
<td>-President Biden’s Unity Agenda (3/2022) to focus on harm reduction practices</td>
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<tr>
<td>-National provider requirement for X-Waiver</td>
<td>-President Biden issues Executive Order to end X-waiver requirement (1/2021)</td>
</tr>
<tr>
<td>-Notice of Intent (NOI) requirement</td>
<td>-Recommendation to remove NOI requirements if provider has DEA license (ongoing)</td>
</tr>
<tr>
<td>OBSTACLE</td>
<td>RESPONSE</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>- Discrepancies between provider interpretation of VA policy regarding use of Medications for Opioid Use Disorder (MOUD)</td>
<td>- Hospital wide education</td>
</tr>
<tr>
<td>- Provider unease when prescribing and/or authorizing MOUD</td>
<td>- Hospital policy updated to reflect latest evidence-based practices</td>
</tr>
<tr>
<td>- Lack of knowledge of the strong evidence supporting MOUD</td>
<td>- Standardize treatment of patients with opioid use disorder</td>
</tr>
<tr>
<td>- Lack of standardized practice in prescribing and/or authorizing MOUD within and between VA facilities</td>
<td>• Buprenorphine/naloxone order set (nurse driven)</td>
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<td>• Investment in Inpatient Addiction Specialists and support staff</td>
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Eliminating Disparities in Prescribing Practices: Background

• Are cost saving measures distributed equally between Black and non-Black Veterans?

• Are there differences seen when comparing insulin vials and half tablet doses (cost savings) to insulin pens and whole tablets.
Eliminating Disparities in Prescribing Practices: Background (cont.)
Eliminating Disparities in Prescribing Practices: Timeline

- Publication in Jesse Brown VA Pharmacy Newsletter
- Interdisciplinary Grand Rounds
- Article submission to the *Journal of the American College of Clinical Pharmacy (JACCP)*
- Pharmacy and Therapeutics committee proposal to increase use of insulin pens
- Clinical initiative to increase use of full tablets and prefilled insulin pens

April 2021  October 2021  January 2022  March 2022  March 2022-present
## Eliminating Disparities in Prescribing Practices: Common Barriers

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<thead>
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<tr>
<td>- VA cost saving prescribing practice</td>
<td>- Minimal cost savings</td>
</tr>
<tr>
<td></td>
<td>- Clinical initiative to remove requirement for prior authorization, added barrier to prescribing insulin pens and whole tablets</td>
</tr>
<tr>
<td></td>
<td>- Analyze cost savings measures across the medication formulary</td>
</tr>
<tr>
<td>- Lack of shared knowledge regarding the role of social determinants of health</td>
<td>- Racism can affect medical care prior to patients reaching our medical system</td>
</tr>
<tr>
<td>- Formulary changes require <em>Pharmacy and Therapeutics</em> (P&amp;T) committee approval, which can take months</td>
<td>- Delays care implementation if not done in a timely fashion</td>
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JB4BL Task Force Impact: Clinical Committee

• Implemented race-neutral eGFR calculations (11/2021) followed by national rollout

• Implement race-neutral Pulmonary Function Tests (PFTs) at Jesse Brown VA Medical Center and University of Illinois (on 8/1/22)

• Inpatient addiction psych 2.5 FTE

• Buprenorphine/Naloxone inpatient order set

• CARES Equity grant

• Equity QI Innovation Project funding
Mentoring Committee
- Jesse Brown Summer Clinical Immersion (est. 2021)
- Paid summer internship for college and post-bac students from historically disadvantaged backgrounds
- Partnership with I am Abel Foundation

Events and Visibility Committee
- Community wide events (i.e., Black History Month, Juneteenth events)
- Collaboration with Social Work Service Diversity Inclusion Task Force to make a Pledge Video
- Reserved time at new employee orientation

Courageous Conversations Committee
- Moderating difficult conversations and educating small groups of VA staff about racism and its impact

Substance Use Subcommittee
- Amnesty boxes and safe syringe services (ongoing)

Covid-19 Subcommittee
- Initiative to increase emergency and inpatient COVID-19 vaccinations
JB4BL Task Force Impact: Clinical Committee

9 Grand Rounds
12 Lectures
2 publications
6 poster presentations
8 Clinical Initiatives
2 Awards
2 Grants
Key Factors Led to JB4BL Progress

- Hospital wide Education
- Offering CME credit
- Protected time for Task Force members
- Virtual meetings
- Consistent meetings
- Voluntary participation
- Collaborative and collegial members
- Interdisciplinary teams
- Member driven projects
- Shared leadership
- Supportive VISN 12 Leaders
- Opportunity for Scholarly output
Recommendations for Immediate Action

• Policies that reflect latest guidance
• Prioritize budget for health equity
• Scrutinize cost saving measures
• Prioritize historically disadvantaged individuals for promotion, retention
• Invest in historically disadvantaged individuals
  • Financial compensation, protected time
• Prioritize harm reduction for substance use disorder care
  • Amnesty boxes, syringe services programs
  • Minimize interactions with law enforcement
• Remove barriers for prescribing MOUD
  • NOI requirement
• Remove race from clinical algorithms
Summary

• Establishing common ground that race/ethnicity ≠ genetics
• Mission focused on anti-racism in medicine
• JB4BL Task Force Overview
• JB4BL as a model to address racial/ethnic disparities
• Responses to barriers to advancing health equity initiatives
• Key strategies that led to progress
• Recommendations for immediate action to address systemic barriers
Change is Vital to Achieving Health Equity

Change can be slow but shouldn’t be. Change should occur rapidly when there’s evidence of harm or the care provided is based on flawed/racist data.
Thank you for your attention!
Questions & comments welcomed.

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JB4BL

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Acknowledgements

Jesse Brown For Black Lives Task Force and Partners

Viraja Alluri
Anupama Ananth
Maigh Attre
Keerthi Bandi
Remy Bremner
Andrea Bowdry
Samantha Chirunomula
Sherry Coleman
Cheryl Conner
Anu Dairkee
Lauren Drandorff
Tenisha Fennie
Rome Frazier
Robert Fruin
Alex Gorzewski
Derrick Harris
Jonathan Henry
Bijal Jain
Archana Jhawar
Min Joo
Eric Kalis
Colleen Kagan
Ambareen Khan
Hanna Kherzai
Michael Kolozsvary-Kiss
Marci Laragh
Erica Lin
Maurice Loggins
Sheryl Lowery
Jamie Mathews
Rafiah Maxie
Daphne McDonald
Shannon Menard
Sarah Messmer
Alicia Meyer
Adelena Marshall
Angela Miller
Anthony Mitchell
Julia Murphy
Natasha Nichols
Stephen Noronha
Cynthia Oates
Emily Odon
Tyra Oliver
Shaunta Osborne
Nevan Patel
Liset Pena
Elizabeth Portnoy
Emma Powell-Hines
Janay Robinson
References


