

Equity: The Forgotten 6th Element



The 6 domains of healthcare quality include:
Safety, Effectiveness, Patient-Centeredness,
Timeliness, Efficiency and *Equitability*



What is Equity?

Equity in healthcare is defined as “care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.”*

Quality = Equity, is this a balanced statement?

When we improve quality of healthcare we also expect to close the the disparity gap.

Unfortunately, despite our well-intended efforts often the gap remains, and sometimes worsens (see examples below).



Gaps in Application

For example, QI initiatives significantly improved time to diagnosis and management of autism using the novel "arena" model. However, for non-English-speakers, the wait time remained the same or longer due to delays with interpreters.*

Gaps in Methodology

According to a secondary analysis of a systematic review, less than 1/3 of diabetes quality improvement trials included considerations for equity.*

Lapse in Accessibility

Similarly, new initiatives for bilirubin screening in newborns brought modest improvement in follow-up time. But this changed occurred primarily in families of higher SES, and little to no change was seen in lower SES families. This is likely due to competing demands which prevented them from attending the more frequent follow-ups.*

How do we bridge the difference?



BUILD A BETTER BRIDGE

A functional bridge overcomes an obstacle to bring two communities together

We know we cannot improve what we do not measure, but *why do certain metrics go repeatedly unmeasured?* In order to 'build a better bridge' we need to model **Recognition, Acknowledgement, and, Engagement**, as part of our foundational work

Language-capabilities and socio-economic status can no longer be 'exclusion criteria', instead, such inequities should be considered **opportunities to include**

We also know there is a paucity of data around the extent of disparities, both known and unknown. Moving forward, we should aim to bridge those known paucities through inclusion, while identifying, clarifying and addressing new unknowns whenever we discover them; in doing this we will ...

...tend the bridge

Through active close listening, reflective consideration and critical forward thinking we can commit to address the neglected domain in Quality Care by identifying areas that need strengthening and actively seeking opportunities across all of our communities

Our Quality Improvement interventions, and the way we implement them, should be routinely re-examined to ensure the bridges we build reach the people who need them most: equitable interventions begin with inclusive recruitment, and implementation is not complete until all patients have equal opportunity and access to all improvements

★ Develop & Evolve the Landscape

"Guideline Recommendations" should not be direct results of exclusion criteria

"Unexpected gaps" are an opportunity to do better next time around

By placing equity **central to the primary objective**,
we improve quality in healthcare across Canada for all

CAS QPSC Commitments:

- QPSC is hosting workshops at 2023 Annual Meeting in Quebec which address equity considerations when designing QI projects
- Collaborative efforts between QPSC and CAS Ethics committee will foster conversation, collaboration and healthcare development
- Increased focus on promotion & support of remote-community QI projects which address under-resourced departments & patients



*REFERENCES

