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
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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

	Veterans Health Affairs	**Military Health System**
Beneficiaries	9 million	9.62 million
Self-identify as Black	12%	18% (enlisted)
Integrated Health Services	Yes	Yes
Racial/ethnic health disparities persist	Yes	Yes

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

JB4BL

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

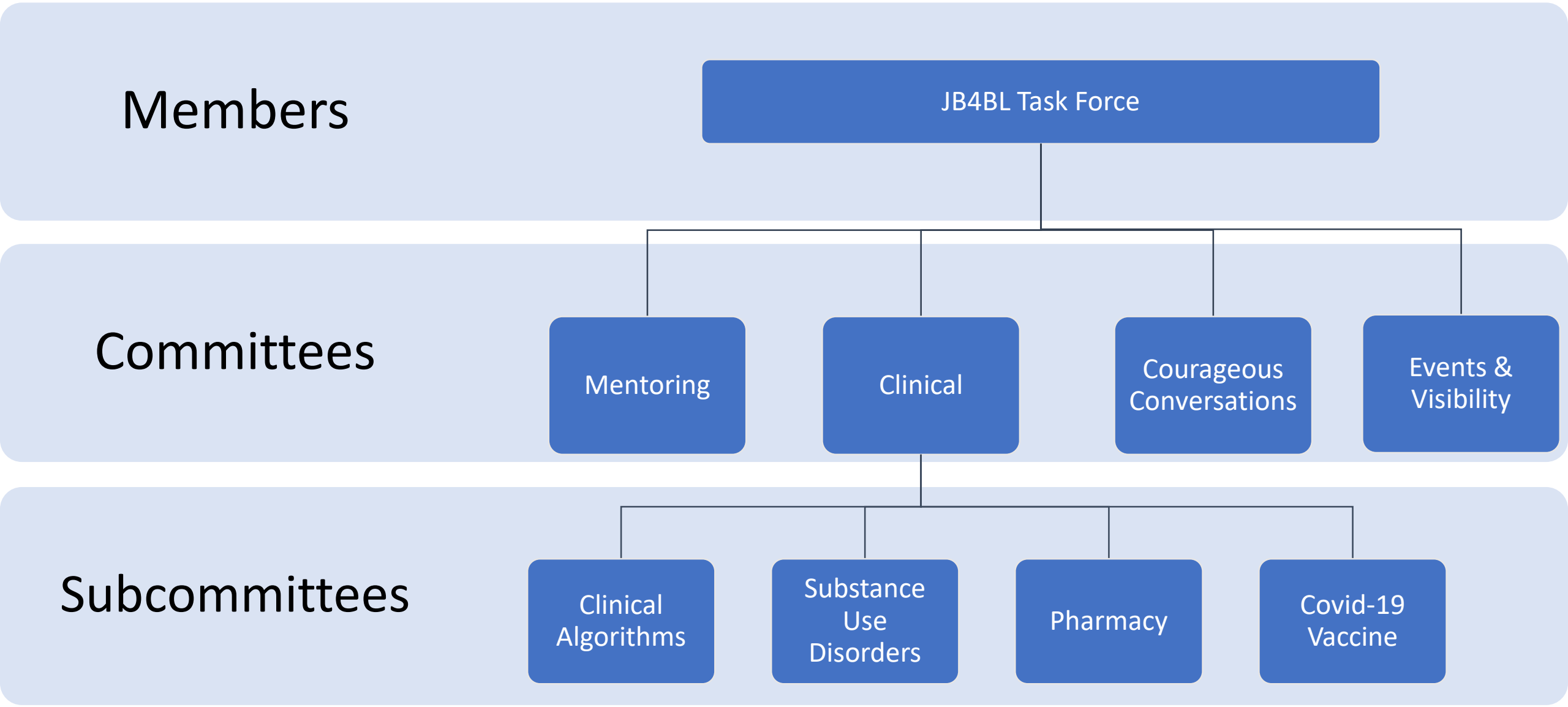
Medical Director approved Task Force

VISN 12 faculty, staff & trainees

Collaborate with local & national VAs

Academic affiliation with University of Illinois & Northwestern

Interdisciplinary team


Members
JB4BL Task Force
Committees
Mentoring
Clinical
Courageous Conversations
Events & Visibility
Subcommittees
Clinical Algorithms
Substance Use Disorders
Pharmacy
Covid-19 Vaccine

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

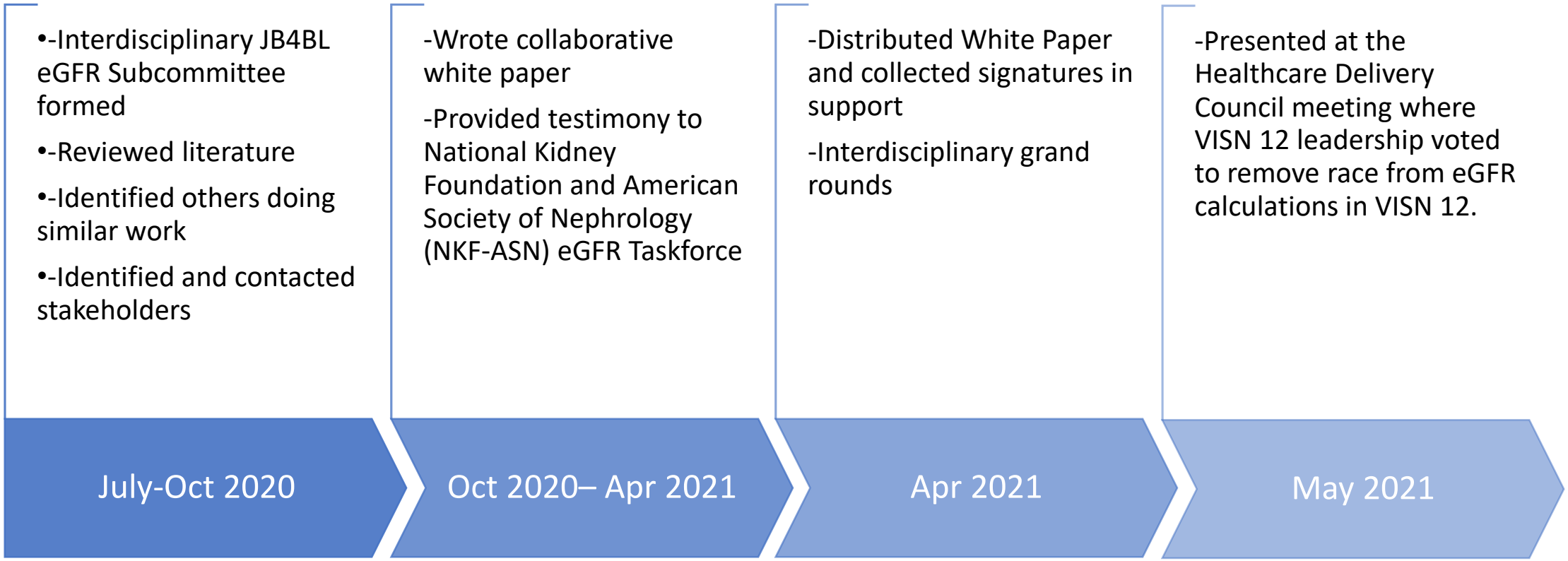
	White Woman	Black Woman
Serum creatinine in mmol/L (mg/dL)	250 (2.8)	250 (2.8)
Age	55	55
Sex	F	F
Body Surface Area (m^2)	1.89	1.89
eGFR as estimated by MDRD ($mL/min/1.73m^2$)	18	22
eGFR as estimated by CKD-EPI ($mL/min/1.73m^2$)	18	21

Source: A Step Toward Health Equity for Veterans, 2021

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.

Eliminating Race from eGFR: Timeline



Eliminating Race from eGFR: Timeline (cont.)

June 2021-Sept 2021

-Met with National VA Nephrology

-Created educational material later used in national communications

Aug 2021

-Published in the peer reviewed journal, *The Federal Practitioner*

Sept 2021

-NKF-ASN Taskforce released guidelines to adopt new race neutral CKD-EPI equation for eGFR calculation

Nov 2021-Apr 2022

-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

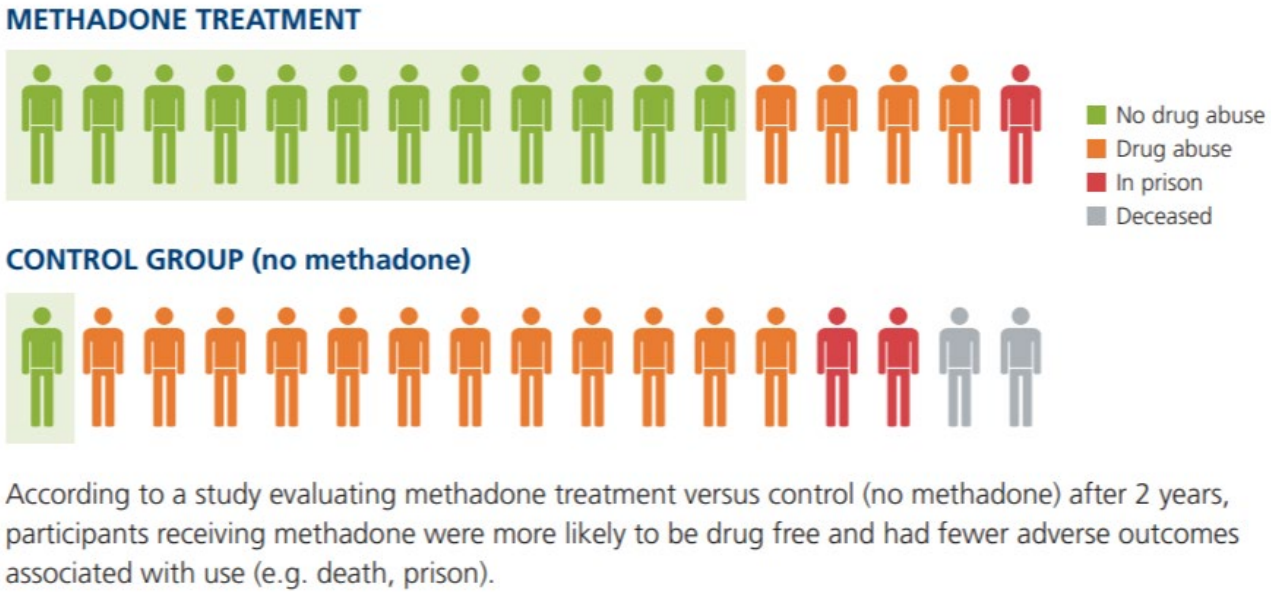
OBSTACLE	RESPONSE
-Lack of shared knowledge regarding race as a social construct and its biological invalidity	-Hospital wide education
-Recommendations to wait for publication of National Kidney Foundation (NKF)/American Society of Nephrology (ASN) taskforce guidelines	-Race based algorithms based on flawed, low quality and racist data thus inappropriate to delay change when there is strong evidence of harm
-Key stakeholders with differing timeline for implementation	-Collaborated with a network of supportive stakeholders nationally
-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

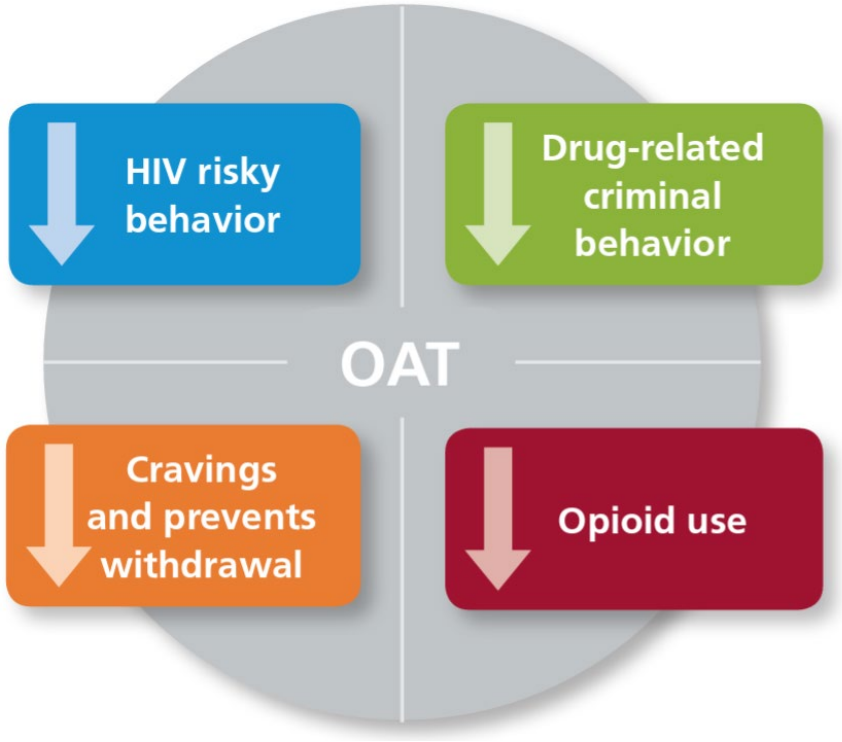
- Opioid public health emergency exists
- More likely to die from accidental opioid overdose than a car crash
- Mental health and substance use disorders co-exist at higher rate
- 2016: Comprehensive Addiction and Recovery Act
- Address prevention, treatment, recovery, law enforcement, criminal justice reform and overdose
- Historically disadvantaged populations disproportionately impacted

Source: VA/DoD Clinical Practice Guideline, 2022; National Institute on Drug Abuse, 2021.

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

OBSTACLE	RESPONSE
-Historical context of “War on Drugs”	-Hospital wide education and culture shift -President Biden’s Unity Agenda (3/2022) to focus on harm reduction practices
-National provider requirement for X-Waiver	-President Biden issues Executive Order to end X-waiver requirement (1/2021)
-Notice of Intent (NOI) requirement	-Recommendation to remove NOI requirements if provider has DEA license (ongoing)

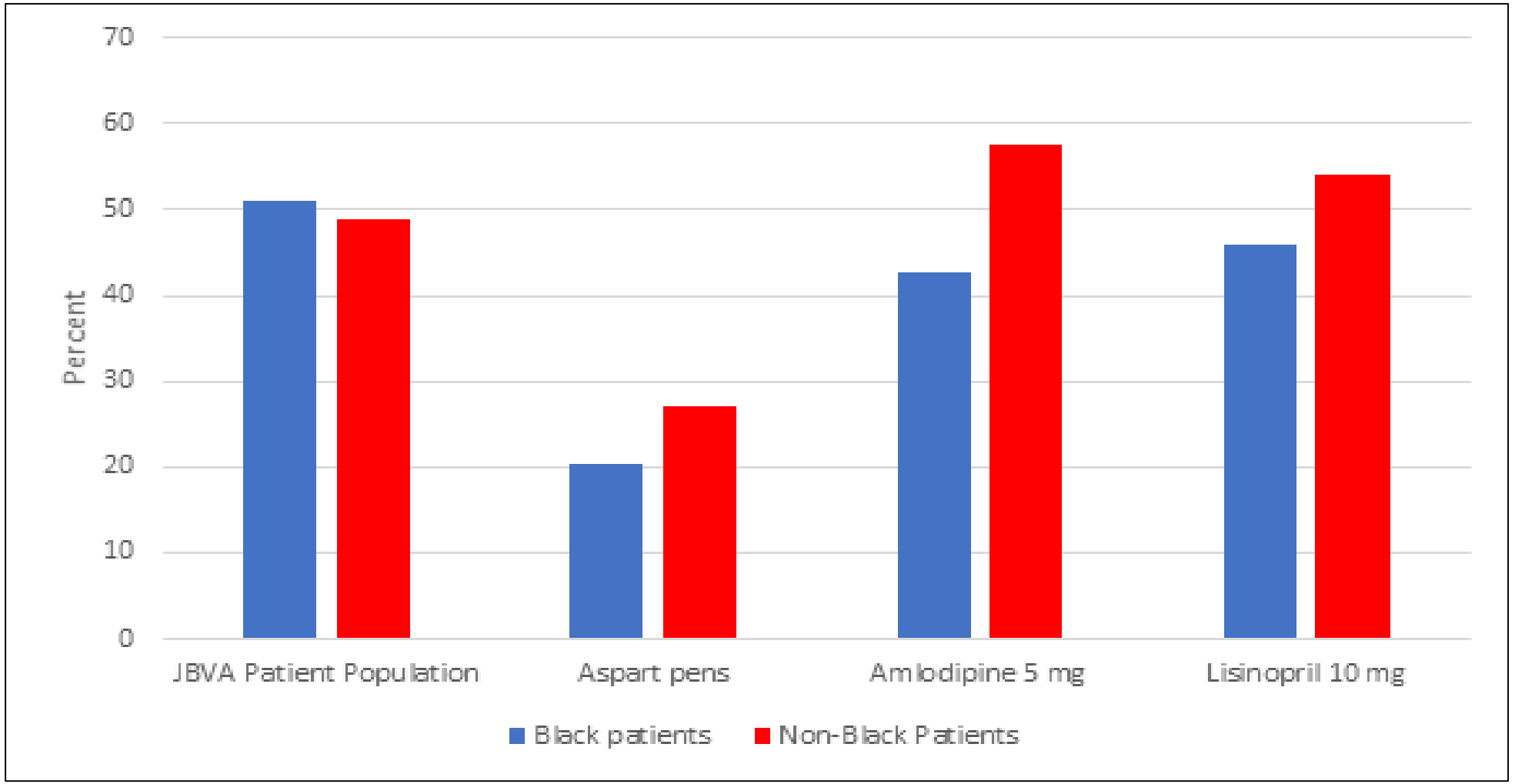
Optimize Evidence-Based Treatment for Substance Use Disorder: Common Barriers (cont.)

OBSTACLE	RESPONSE
-Discrepancies between provider interpretation of VA policy regarding use of Medications for Opioid Use Disorder (MOUD) -Provider unease when prescribing and/or authorizing MOUD -Lack of knowledge of the strong evidence supporting MOUD -Lack of standardized practice in prescribing and/or authorizing MOUD within and between VA facilities	-Hospital wide education -Hospital policy updated to reflect latest evidence-based practices -Standardize treatment of patients with opioid use disorder • Buprenorphine/naloxone order set (nurse driven) • Investment in Inpatient Addiction Specialists and support staff

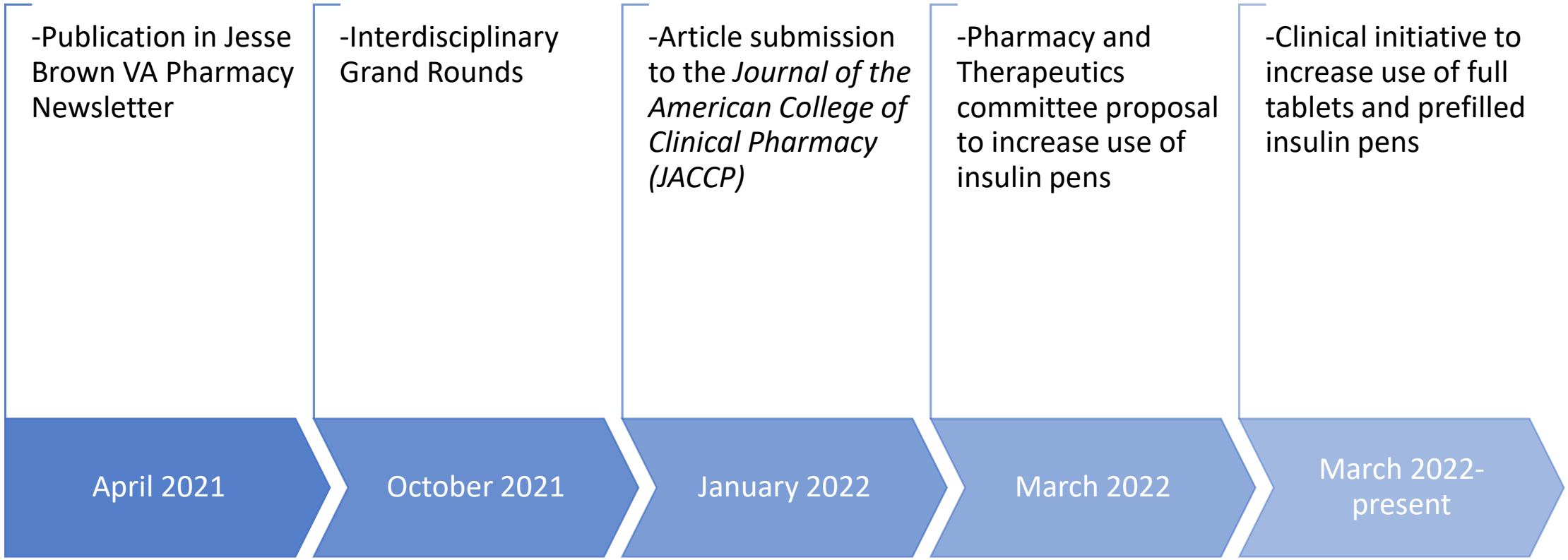
Eliminating Disparities in Prescribing Practices: Background

- 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.)



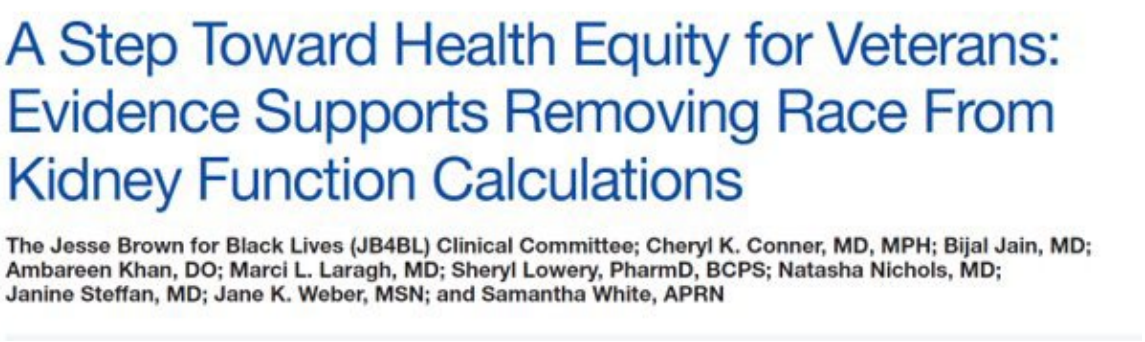
Eliminating Disparities in Prescribing Practices: Timeline



Eliminating Disparities in Prescribing Practices: Common Barriers

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

JB4BL Task Force Impact: Clinical Committee



A Step Toward Health Equity for Veterans: Evidence Supports Removing Race From Kidney Function Calculations

The Jesse Brown for Black Lives (JB4BL) Clinical Committee; Cheryl K. Conner, MD, MPH; Bijal Jain, MD; Ambareen Khan, DO; Marci L. Laragh, MD; Sheryl Lowery, PharmD, BCPS; Natasha Nichols, MD; Janine Steffan, MD; Jane K. Weber, MSN; and Samantha White, APRN

- 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

JB4BL Task Force Impact (cont.)

- **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.

JB4BL

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