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## Blue Cross Blue Shield of Illinois Health Equity Pilot Program

YEAR 1 REPORT



## HIGHLIGHTS

1. Demographic Baseline for Our UI Health Patient Population & BCBS IL Members
2. COVID 19 Pandemic Response & Outcomes
3. Addressing Health Disparities: Diabetes and Hypertension Baselines
4. Improving Physician Workforce Diversity Across the Continuum :
  - Baseline data, trends, and next steps

## Introduction

The University of Illinois Health & Hospital System and the University of Illinois College of Medicine are committed to improving health disparities through clinical services, education, and research. Part of our mission as an enterprise is to improve the health and wellbeing of the communities we serve.

We appreciate the collaborative commitment between Blue Cross Blue Shield of Illinois (BCBSIL) and the UI Health enterprise to improve the healthcare delivery system through improvements in the diversity of the physician workforce and addressing prevailing health disparities.

We present our Year 1 report detailing the following:

- Demographic distribution of required patient data fields for both the UI Health patient population as well as for our BCBSIL patients served by UI Health
- Diagnosis and Outcomes of COVID 19 treated at UI Health
- Baseline data for UI Health with the diagnosis of Diabetes and Hypertension.
- 30-day readmission rates
- Assessment of Culture and Climate Survey results
- Physician demographic reporting for medical students, residents, fellows, and faculty
- Narrative of the strategy for increasing and retaining URIM students, residents, fellows, and faculty.

## UI Health at a Glance

### UI Health Patients by Race (55,352 patients with encounter in past year)

Black or African American	48%
Other	27%
White	16%
Asian	4%
Unknown	5%
American Indian or Alaska Native	Less than 1%
Decline to Answer	Less than 1%
Native Hawaiian	Less than 1%
Other Pacific Islander	Less than 1%

### UI Health Patients by Ethnicity (55,352 patients with encounter in past year)

Not Hispanic, Latino/a or Spanish Origin	68%
Hispanic, Latino/a, or Spanish Origin	26%
Unknown	3%
Decline to Answer	3%

### UI Health Patients by Primary Language (55,352 patients with encounter in past year)

English	86%
Spanish	10%
Other	4%
<small>(Arabic, Burmese, Chinese, Estonian, French, Hungarian, Korean, Mandarin, Nepali, Persian Polish, Portuguese, Sign Language, Ukrainian, Urdu)</small>	

### UI Health Patients by Sex (55,352 patients with encounter in past year)

Female	57%
Male	42%
Nonbinary	Less than 1%
X	Less than 1%

### BCBS Managed Care Patients by Race

Black or African American	43%
Other	28%
White	17%
Asian	8%
Unknown	2%
American Indian or Alaska Native	Less than 1%
Decline to Answer	Less than 1%
Native Hawaiian	Less than 1%
Other Pacific Islander	Less than 1%

### BCBS Managed Care Patients by Ethnicity

Not Hispanic, Latino/a or Spanish Origin	69%
Hispanic, Latino/a, or Spanish Origin	28%
Decline to Answer	3%
Unknown	Less than 1%

### BCBS Managed Care Patients by Primary Language

English	95%
Spanish	4%
Other	1%
<small>(Arabic, Burmese, Chinese, Estonian, French, Hungarian, Korean, Mandarin, Nepali, Persian Polish, Portuguese, Sign Language, Ukrainian, Urdu)</small>	

### BCBS Managed Care Patients by Sex

Female	57%
Male	42%
Nonbinary	Less than 1%
X	Less than 1%

## COVID-19 Health Outcomes

The COVID-19 pandemic has disproportionately affected communities of color across the United States and particularly here in the City of Chicago.

### COVID-19 Testing by Race

White	32%
Black or African American	25%
Other	18%
Asian	14%
Unknown	6%
American Indian or Alaska Native	Less than 1%
Decline to Answer	Less than 1%
Native Hawaiian	Less than 1%
Other Pacific Islander	Less than 1%
Not Documented	5%

### COVID-19 Positive Results by Race

Black or African American	34%
Other	27%
White	17%
Asian	5%
Unknown	5%
American Indian or Alaska Native	Less than 1%
Decline to Answer	Less than 1%
Native Hawaiian	Less than 1%
Other Pacific Islander	Less than 1%
Not Documented	12%

### COVID-19 Vaccine Administered by Race

White	42%
Other	18%
Asian	16%
Black or African American	16%
Unknown	6%
Decline to Answer	2%
American Indian or Alaska Native	Less than 1%
Native Hawaiian	Less than 1%
Other Pacific Islander	Less than 1%
Not Documented	Less than 1%

### COVID-19 Testing March 2020 - April 2021 through UI Health

COVID 19 Tests Resulted UIH	Saliva	POCT&ID Now
Total: 338,094	195,163	142,931

COVID-19 Admissions (3/20-4/21)	Inpatient	ED + Observation
Total: 3,463	1545	1918

### COVID-19 Testing by Ethnicity

Not Hispanic, Latino/a or Spanish Origin	65%
Hispanic, Latino/a, or Spanish Origin	18%
Unknown	6%
Decline to Answer	2%
Not Documented	9%

### COVID-19 Positive Results by Ethnicity

Not Hispanic, Latino/a or Spanish Origin	53%
Hispanic, Latino/a, or Spanish Origin	27%
Unknown	5%
Decline to Answer	2%
Not Documented	13%

### COVID-19 Vaccine Administered by Ethnicity

Not Hispanic, Latino/a or Spanish Origin	68%
Hispanic, Latino/a, or Spanish Origin	20%
Unknown	6%
Decline to Answer	3%
Not Documented	3%

### COVID-19 Monoclonal Antibody Treatment by Race/Ethnicity

Race/Ethnicity	Number of Patients	Percentage
Black	90	52%
Hispanic	45	26%
Not Black or Hispanic	39	22%
Total	174	100%

### COVID 19 Vaccinations Across the UI Health System

Site	Total Administered	1st Dose	2nd Dose
Credit Union1 & College of Pharmacy	112,099	56,766	55,333
EEl Vaccine Site	1,403	915	488
EEl OP Dialysis	130	66	64
Mile Square	23,353	12,032	11,321
Pilsen Family Health Center	681	379	302
Ryan White Clinics	545	316	229
Strike Team	2,465	1,563	902
UI Hospital	228	179	49
University Village Family Medicine	47	25	22
University Village Vaccine Site	763	529	234

## UI Health COVID+ Outreach Program

The unpredictability of COVID-19 infection has exacerbated the existing difficulties patients have with access to post-discharge care. Patients have been observed to decompensate several days after initial diagnosis. A strong connection with primary care clinic has historically been protective against post discharge complications, but that is more difficult in our time of COVID-19.

The UI Health COVID+ Outreach Project was created with the overarching goal of advocating for our most vulnerable patients and ensuring a safe transition to outpatient medical care and access needed community resources after their COVID-19 diagnosis. Specific objectives were to:

- Identify patients at high risk for decompensation from COVID-19
- Develop a tool and workflow to collect discrete metrics for symptom monitoring
- Establish processes and partnerships to ensure patients have appropriate referrals to address their recognized social and medical needs.

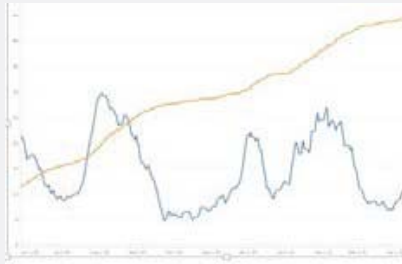
Through use of our electronic health record (EHR), existing accessible technologies (REDCap), and restructuring of our people resources, we created a process by which all patients who were discharged from our health system with a diagnosis of, or concern for, COVID-19 were contacted via phone within 48hrs of discharge.

All patients are screened for social determinants of health factors and provided appropriate resources; they are also monitored for symptom deterioration and reintroduced to clinical care as needed. When social needs were uncovered, social workers were involved to help usher patients to appropriate community or hospital resources. Supervising clinicians were on call to help with urgent clinical escalations and to help get patients into an appropriate care setting for other follow-up or health education needs.

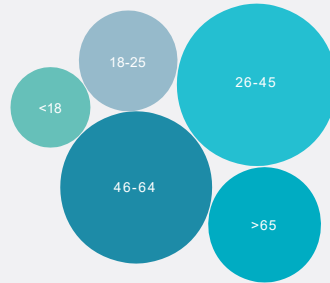
Over a 12-month period, there were over 5200 outreach calls with over 1000 patients supported to a safe transition home. Many patients were connected to needed community resources for food, water, and housing as a direct result of this project. The COVID Outreach Project has facilitated over 50 urgent medical escalations including re-hospitalization and same day in-person evaluation. There was ongoing education to patients about home symptom management, oxygen titration and isolation techniques. We observed that patients successfully contacted by our outreach project had a reduction in readmission of over 50% vs of other patients discharged with a new diagnosis of COVID-19.

**COVID 19 OUTREACH Program Results: Narrative (program description)**

**Direct Calls**



**Age Demographics**



**Readmission Outcomes Among Patients Engaged with COVID19 Outcomes Program**

Readmission Type	Engaged Patients	Non-Engaged Patients
ED/Hosp → ED/Hosp	6.2%	14.1%
Hosp → ED/Hosp	9.5%	15.2%
ED → ED/Hosp	3.6%	12.7%

Discharge type	Total	Readmitted	Engaged	Non-engaged	Engaged readmitted	Non-engaged readmitted	Overall readmitted rate	Engaged readmit rate	Non-engaged readmit rate
All to any	1726	203	502	1224	31	172	11.8%	6.2%	14.1%
Non-ED to any	887	122	222	665	21	101	13.8%	9.5%	15.2%
ED to any	837	81	280	559	10	71	9.7%	3.6%	12.7%
All to ED	1726	21	502	1224	0	21	1.2%	0.0%	1.7%
Non-ED to ED	887	7	222	665	0	7	0.8%	0.0%	1.1%
ED to ED	839	14	280	559	0	14	1.7%	0.0%	2.5%
All to inpatient	1726	119	502	1224	31	168	11.5%	6.2%	13.7%
Non-ED to inpatient	887	120	222	665	21	99	13.5%	9.5%	14.9%
ED to inpatient	839	79	280	559	10	69	9.4%	3.6%	12.3%

**Addressing Health Disparities**

Baseline data for UI Health with the diagnosis of Diabetes and Hypertension.

Patients seen in Primary Care or Endocrinology clinic in the past 3 years who have diabetes and have a most recent A1c<8 in the past 12 months. FY21

Race/Ethnicity	Number of Patients	A1C<8	Percent Controlled
Black or Hispanic	10595	5872	55.4%
Not Black or Hispanic	2160	1212	56.1%
Total	12755	7074	55.5%

Patients seen in a primary care, cardiology, or nephrology clinic in the past 3 years who have HTN, and the most recent BP is controlled. FY21

Race/Ethnicity	Number of Patients	BP Controlled (<140/90)	Percent Controlled
Black or Hispanic	27195	15365	56.5%
Not Black or Hispanic	6893	3892	56.5%
Total	34088	19257	56.5%

30-day Admission Rates: All cause readmissions were 19.82 for FY21 per IHA Compdata.

**Improving the Diversity of the Physician Workforce**

**Assessment of Climate Survey**

#	Item	Domain	% Unfavorable	% Neutral	% Favorable	Score	Vs. Overall Organization	Vs. Nat'l Healthcare Avg (Employee) 2021	2019 Results	Vs. 2019 Results	Nat'l Academic Healthcare Avg 2021	Vs. Nat'l Academic Healthcare Avg 2021	Responses
	Diversity (5 Items)	—	10	16	74	3.92	0	-0.25	4.07	-0.15	4.14	-0.22	2,884
3	UI Health values employees from different backgrounds (e.g., race, ethnicity, religion, gender identity, age, sexual orientation, citizenship status, or disability).	org	9	15	75	3.97	0	-0.27	4.07	-0.1	4.2	-0.23	2,884
81	UI Health demonstrate a commitment to workforce diversity.	org	7	17	76	4	0	-0.18	—	—	4.15	-0.15	2,864
82	All employees have an equal opportunity for promotion regardless of their background (e.g., race, ethnicity, religion, gender identity, age, sexual orientation, citizenship status, or disability).	org	16	20	64	3.67	0	-0.3	—	—	3.98	-0.31	2,839
	Diversity (5 Items)	—	6	12	83	4.14	0	-0.07	—	—	4.15	-0.01	913
88	UI Health values practitioners from different backgrounds (e.g., race, ethnicity, religion, gender identity, age, sexual orientation, citizenship status, or disability).	org	6	9	85	4.17	0	-0.11	—	—	4.14	-0.03	909
89	UI Health demonstrate a commitment to workforce diversity.	org	5	11	84	4.16	0	0.04	—	—	4.04	0.12	907

#	Item	Domain	% Unfavorable	% Neutral	% Favorable	Score	Vs. Overall Organization	Vs. Nat'l Healthcare Avg (Employee) 2021	2019 Results	Vs. 2019 Results	Nat'l Academic Healthcare Avg 2021	Vs. Nat'l Academic Healthcare Avg 2021	Responses
90	All practitioners have an equal opportunity for career advancement regardless of their background (e.g., race, ethnicity, religion, gender identity, age, sexual orientation, citizenship status, or disability).	org	9	18	73	3.93	0	-0.19	—	—	3.99	-0.06	886
91	My colleagues value individuals with different background (e.g., race, ethnicity, religion, gender identity, age, sexual orientation, citizenship status, or disability).											-0.03	913
92	The person I report to treats all practitioners equally regardless of their background (e.g., race, ethnicity, religion, gender identity, age, sexual orientation, citizenship status, or disability).	Leadership										-0.1	910

## UIC College Of Medicine /UI Health Quantitative and Qualitative Data Analysis on Racial and Ethnic Composition for Medical Students, Residents and Faculty

The University of Illinois College of Medicine has held a longstanding commitment to increasing student diversity and has been at or near the top of non HBCU schools graduating URIM physicians. We are re-committing our focus and energy into continuing to lead other medical schools in the recruitment and graduation of classes that reflect our local and national population.

Although we graduate a substantial number of physicians of diverse backgrounds from our college, this has not translated into diverse representation within our residency and fellowship programs. We are now emphasizing and using some of the same lessons and tools to develop our training programs into destination training sites. As we change the

culture and climate, we do want to recognize that by training a diverse group of physicians in all specialties, we improve the access to patients in our various communities while also creating a pipeline for advancing the pool of applicants for faculty positions.

As demonstrated below, there is a substantial drop off of diversity when the medical student demographics are compared to the statistics for trainees and faculty. We also are dedicated to improving the recruitment and retention of URIM faculty and to make this college a place where they can thrive, educate, promulgate advances in science and who can serve as clinical leaders for our patients and our community.

### Medical Students by Sex

Medical Student Year	Female	Male
1 (175)	48%	52%
2 (220)	51%	49%
3 (198)	52%	48%
4 (205)	52%	48%

### Medical Students by Race / Ethnicity

Medical Student Year	Asian	Black / African American	Hispanic	International	Multi-Race	Unknown	White
1 (175)	27%	14%	15%	2%	6%	3%	33%
2 (220)	35%	7%	11%	1%	5%	1%	40%
3 (198)	26%	10%	14%	0%	5%	1%	44%
4 (205)	30%	10%	15%	0%	4%	1%	40%

### Residents and Fellows by Sex

	Female	Male
Fellows (111)	48%	52%
Residents (761)	45%	55%

### Residents and Fellows by Race / Ethnicity

Medical Student Year	Asian	Black / African American	Hispanic	International	Multi-Race	Unknown	White
Fellows (111)	46%	5%	10%	0%	0%	Less than 1%	39%
Residents 761)	29%	6%	10%	Less than 1%	3%	Less than 1%	51%

### Clinical Faculty by Sex

Rank	Female	Male
Professor (129)	23%	77%
Associate Professor (151)	52%	48%
Assistant Professor (286)	52%	48%
Instructor (14)	79%	21%

### Clinical Faculty by Race / Ethnicity

Rank	Asian	Black / African American	Hispanic	International	Multi-Race	Unknown	White
Professor (129)	26%	3%	4%	Less than 1%	0%	3%	64%
Associate Professor (151)	27%	5%	11%	0%	0%	3%	54%
Assistant Professor (286)	27%	8%	9%	7%	2%	2%	45%
Instructor (14)	29%	0%	0%	7%	0%	0%	64%

### Trends in Admissions and/or match process

After remaining steady or with a slight decline in enrollment of URiM medical student, the past year has been one of progress. Through use of the holistic review process, we have seen an increase in the application pool. We are happy to demonstrate an upward trend in the diversity of our medical school classes. We started evaluating the baseline date for the match process and training

program demographics. We recognize many gaps in the match process. This year we will focus on incorporating a holistic review process for a residency and fellowship programs and will also encourage programs to incorporate more outreach in the recruitment phase without our own student body, with HBCUs and by interfacing early with the SNMA and LMSA organizations.

### UICOM - Medical Student Admissions

	COM Incoming Class 2020	COM Incoming Class 2021
URiM	34%	41%
# Black (%)	49 (16%)	57 (18%)
# Hispanic (%)	48 (16%)	58 (20%)
# NA/PI (%)	5 (2%)	10 (3%)

## Progress Toward Goals and Next Steps

There is evidence that diversity in the physician workforce improves the quality, access and patient satisfaction particularly in under-resourced and diverse patient populations. Diversity in race, ethnicity, gender, and sexual orientation are all diversity aspects that require urgent and targeted focus. The University of Illinois, College of Medicine (UICOM) through its Urban Health Program has had an eye on preparing physicians who would go out to improve access to medical care for members of their community. The Urban Health Program has as its mission to recruit, retain and graduate underrepresented racial/ethnic minority students... into the health professions ... with the goals of eliminating health disparities and advancing health equity.

We are committed to further strengthening our efforts and have been very excited to partner with Blue Cross Blue Shield of Illinois in the Health Equity Pilot Project. We are focusing on several recruitment and retention strategies for our medical students, GME trainees and faculty.

Initiatives include:

- 1) Training leaders, hiring and recruitment groups, and those involved in educational training in bias reduction. Status update Year 1\* Dept chairs, residency selection committee members, training to be completed by December 1, 2021. The rest of faculty and staff including clinical enterprise by May 1, 2022.
- 2) Spreading a wider net in recruitment at all levels – enhanced outreach to minority serving institutions and organizations and by providing expanded mentoring opportunities.

3) Training and promoting holistic reviews of applications at all levels of hiring; The Admissions Committee and staff underwent comprehensive Unconscious Bias training in 2019. This has been followed with annual refresher workshop for the entire committee. The application review and interview/recruitment process is conducted in a holistic manner with less emphasis of grades and scores and more emphasis on life experiences, commitment to the field of Medicine, community service and volunteerism and a general well-balanced view of the applicant and their fit with our mission. The Holistic review process training will be conducted for the residency program directors and coordinators on September 13, 2021. There will be a post survey of this cycle and comparison with the 2020-2021 survey data.

- 4) Implementation of diversity support (safe space, wellness programming and educational development tools) for student, residents, and faculty in order to promote retention.
- 5) Incorporation of diversity driven metrics into the faculty promotion and tenure programs and into the 5-year review of department heads.

The overarching goal of these initiatives is to promote the importance and sustainability of our commitment to promote diversity in the physician workforce.



health equity matters