

Beyond Quality: Redesigning a Quality Conference With a Focus on Health Equity

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To the Editor:

As family physicians, we are uniquely positioned to optimize health outcomes by providing high-quality continuity of care for our patients. Health inequities, defined as systematic differences in health outcomes between populations that are “avoidable and unjust”¹ are challenging to address with our patients.² Health inequities are driven by both *social* determinants of health—the conditions in which people are born, grow, live, work and age, and *structural* determinants of health—the social, economic, and political factors which underlie class divisions in society.³ The American Academy of Family Physicians’ position paper on advancing health equity included a call to action for family physicians to become more knowledgeable about the impact of social determinants on health inequities and to identify strategies to reduce health inequities within their practice.⁴

One tool developed by our family medicine residency was to add a formal health equity lens into our monthly quality improvement conference. Our aim was to enhance department-wide education on health disparities by combining case-based discussions on quality improvement with an examination of the health inequities that may have contributed to an adverse outcome or quality of care issue. This health equity lens consisted of (1) identifying the health equity issue and affected population, (2) reviewing the literature on the issue, and (3) analyzing relevant local policy or guidance and opportunities for process improvement.⁵

By incorporating this health equity lens into our quality conference, we hoped to simultaneously enhance educational quality, improve awareness and understanding of health inequities, and promote a culture of inclusivity for faculty and learners within our department. In June 2022, 2 years after the transition to a Quality Improvement and Health Equity Conference (QIHEC), we completed a cross-sectional survey of attendees (faculty, fellows, residents, medical students). As educational scholarship, the survey was determined by the University of Michigan Institutional Review Board to be exempt from review (HUM00219881).

Our survey revealed three key successes:

- QIHEC improved awareness of how health care inequities influence patient outcomes (89% agreed);
- QIHEC changed how respondents consider the impact of health inequities in their delivery of patient care (77% agreed); and
- QIHEC promoted a culture of inclusivity in our department (91% agreed).

Use of a virtual format was important in promoting participation in discussion. While 90% of respondents were

comfortable engaging in the virtual discussion format either via unmuting or using the chat function, 57.8% agreed they were more likely to participate in the discussion during virtual QIHEC than at in-person conferences.

Recognizing and understanding health care inequities are essential prerequisites for creating meaningful change. Ensuring all voices get a chance to be heard is also crucial as we work to go beyond improved awareness of health inequities and focus on solutions. Both the addition of a health equity lens to quality conference and virtual format may be feasible strategies for other programs to consider adopting. We hope by reporting our success that others may consider replicating and/or building on our experience.

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