Heart and Vascular (HAV) Health Equity Level-Up Program (HELP)
CloseTheGap_MantraVideo_FINAL_Captioned_HD.mp4 (sharepoint.com)
For over two decades, Close the Gap (CTG) has aimed to eliminate inequities in life- and limb-saving care for women and people of color. Close the Gap works to improve pathways to specialty care and interventions for Black, Hispanic and women patients.
Studies have shown that barriers to care lead to heart and vascular treatment disparities for women and people of color.

**Peripheral Artery Disease**

2X

Black patients are 2 times more likely* to receive an amputation and less likely to receive revascularization first\(^1,2\)

**Coronary Artery Disease**

15%

Hispanic patients are 15% less likely* to receive PCI when presenting with heart attack symptoms\(^3\)

**Atrial Fibrillation**

4%

Black patients represent only ~4% of all LAAC procedures\(^4,5\)

**Heart Failure**

Black & Hispanic patients are less likely* to receive CRT & ICD therapies\(^6-8\)

*Compared to non-Hispanic white adults.

For over two decades, Close the Gap has aimed to eliminate inequities in life- and limb-saving care for women and people of color.
Help move from action to impact

We uncover care disparities to champion change and ultimately, share impact.

**UNCOVER CARE DISPARITIES**
Quantify community-specific heart or vascular disparity trends to define benchmarks and identify opportunities for care improvement.

**CHAMPION CHANGE**
Leverage health equity best practices to create an action plan that builds trust in the community and drives system change.

**SHARE IMPACT**
Measure progress and share successes to inspire and foster an ongoing commitment to equitable patient care.
Uncover care disparities

The DIT visualizes the diagnosed disease prevalence in your community by using a zip-code specific catchment area.

*Example of DIT Data
We’ll create an action plan that builds trust in the community and drives system change.

Improving the diverse patient experience through system change

Local Site of Specialty Care

Care Coordination

Peer-to-Peer Engagement

Community Connection

Diverse Patient Education

Building trust in the community through connection & education

Health Equity Level-Up Program
**THE ENGAGEMENT**

Location: Montgomery and Dallas Counties, Alabama  
Disease Focus: CAD & PAD  
Changemaker: Ralph Redd, MD, Vascular Surgeon

**THE OPPORTUNITY**

In Montgomery and Dallas counties, where Dr. Redd practices, he has seen high rates of cardiovascular disease – particularly amongst the Black community. CTG’s Disparity Index Tool (DIT) confirmed a significant gap in treatment rates for people of color in these areas.

Dr. Redd made a profound impact for Black patients in the community in just one year.

**THE ACTION PLAN**

- **Peer-to-Peer Engagement:** Educated 80+ clinicians, leveraging CTG’s DIT data and best practices  
- **Care Coordination:** Built a diverse practice of clinicians that represent the community they treat  
- **Local Site of Specialty Care:** Set-up new vascular and new cardiology satellite clinics in Selma, AL  
- **Diverse Patient Education:** Added contact information to CTG diverse patient education materials

"We, the healthcare providers, can get to patients easier if we make the effort. We must be the force for change. We can’t put it on the patients.”  
— Dr. Ralph Redd

Looking Ahead

Expand peer-to-peer education to include more counties and continue to foster trust where he has established sites of care.

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### Montgomery County Area Hospitals Lower Extremity Revascularization Rates

<table>
<thead>
<tr>
<th></th>
<th>Non-Hispanic White Males</th>
<th>Non-Hispanic White Females</th>
<th>Male Persons of Color</th>
<th>Female Persons of Color</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>569 New Patients</strong></td>
<td>113</td>
<td>107</td>
<td>169</td>
<td>219</td>
</tr>
<tr>
<td><strong>482 Diagnostic Studies</strong></td>
<td>113</td>
<td>107</td>
<td>169</td>
<td>219</td>
</tr>
<tr>
<td><strong>30 Cardiovascular Interventions</strong></td>
<td>113</td>
<td>107</td>
<td>169</td>
<td>219</td>
</tr>
<tr>
<td><strong>89 Vascular Interventions</strong></td>
<td>113</td>
<td>107</td>
<td>169</td>
<td>219</td>
</tr>
</tbody>
</table>

New patients seen locally  
New patients for PAD, HF A Fib, and CAD  
Resulted in

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**THE ENGAGEMENT**
System: MedStar Health
Location: Baltimore
Disease Focus: AFib, CAD, PAD & HF
Changemakers:
- Cheryl Lunnen, RN, Regional Vice President, MedStar Heart & Vascular Institute, MedStar Health
- Luke Carlson, MD, MPH, Medical Director, Care Transformation, MedStar Health, Baltimore region

“Boston Scientific’s broader and more objective [DIT] data allowed us to show the disparities to other stakeholders in our system. Aligned with our existing population health initiatives, it gave us the push we needed to do more for our diverse patients.” – Dr. Luke Carlson

**THE OPPORTUNITY**
Close the Gap (CTG), a Boston Scientific initiative, used its Disparity Index Tool (DIT)* to identify nearly 2,000 more diverse patients who could have had the opportunity to receive PCIs**:

- Peer-to-Peer Engagement:
  - FQHC collaboration
- Care Coordination:
  - Community health advocates
- Local Site of Specialty Care:
  - Mobile health center
- Community Connection:
  - Cardiovascular health events
- Diverse Patient Education:
  - Leverage CTG education toolkit

**THE IMPACT**
“We’ve had a great partnership with Boston Scientific, but this was on a different level.” – Cheryl Lunnen

At MedStar Harbor Hospital
- Ranked #2 statewide for the 2022 Readmission Reduction Incentive Program disparity gap measure, up from #25 in 2021
- Region-wide CHA engagement was associated with a 46.5% lower rate of 90-day inpatient utilization
- At MedStar Harbor Hospital
  - Timely hospital discharge follow-up visit rates up by 10%, from 60% to nearly 70%

**THE ACTION PLAN**
Resulting from its engagement with CTG, MedStar Health improved health equity in 5 ways:

- Peer-to-Peer Engagement:
  - FQHC collaboration
- Care Coordination:
  - Community health advocates
- Local Site of Specialty Care:
  - Mobile health center
- Community Connection:
  - Cardiovascular health events
- Diverse Patient Education:
  - Leverage CTG education toolkit

Looking Ahead
Plans to add CTG’s amputation disparity data to the 2024 Community Health Needs Assessment

*DI data based on 2019 treatment rates  **percutaneous coronary interventions
Close the Gap’s dedicated team

**Leadership**
- Paige Bingham
  Director, Close the Gap
- Camille Chang Gilmore
  VP, Human Resources & Global Chief Diversity, Equity and Inclusion Officer
- Samuel Conaway
  Chair of Close the Gap & President, US Cardiology Group Sales

**Provider Engagement**
- Jeri Ann Hiller
  Sr. Health Equity Manager
- Patricia Sollday
  Health Equity Manager

**Clinical Data & Insights**
- Ilakki Martin Cozio
  Health Equity Clinical Manager
- Leigh Wynne
  Sr. Health Equity Consultant

**Awareness & Education**
- Keana Jennissen
  Principal Marketing Manager
- Rasika Boice
  Sr. Marketing Communications Strategist

**Capturing Value**
- Heather Brown
  Project Manager

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