



You're a passionate provider - so what's next?

Heart and Vascular (HAV)
Health Equity Level-up Program (HELP)

Equitable access to care is a complex challenge.



Across the country, cardiovascular treatment gaps are very real:

17%

Women with AFib are 17% less likely to receive ablation than men.¹

15%

Hispanic patients with CAD are 15% less likely to receive PCI when presenting with heart attack symptoms.²

44%

Black Women with Heart Failure are 44% less likely to receive a guideline-indicated ICD than white men.³

2x

Black patients with PAD are 2.5 times more likely to receive an amputation and less likely to receive revascularization first.^{4,5}

Cardiovascular physician leaders are stretched thin.

They rarely have the time, data, or support to know where—or how—to tackle care disparities. As a result:



Providers get
stuck without a
clear plan



Women, Black, and
Hispanic patients
fall out of
specialty care pathways



These disconnects
inadvertently lead to
poorer outcomes





To remove systemic barriers, you can't just stop at being a **passionate provider**.

You must be a **changemaker** for your entire patient population. When you partner with Close the Gap, you'll be able to:

DEDICATED, EXPERT FACILITATION



Activate a cohesive strategy that connects near-term actions to long-term impact

DISPARITY INSIGHTS REPORT



Visualize care gaps and prioritize action

PROVIDER & PATIENT EDUCATION



Engage patients in the context of their lived experiences



In 2024,



46 Boston Scientific Close the Gap customers built health equity action plans to improve care for



70,000+ women and people of color who were identified as missing equitable access to treatment

Get started

HAV-HELP is a free program. Contact your Boston Scientific Representative to find out how you can get the data, guidance, and tools to **be a changemaker**.

Visit fightfortheequity.com.

¹Patel N, Deshmukh A, Thakkar B, et al. Gender, Race, and Health Insurance Status in Patients Undergoing Catheter Ablation for Atrial Fibrillation. Am J Cardiol. 2016;117(7):1117-1126. doi:10.1016/j.amjcard.2016.01.040.

²Tertulien T, Broughton ST, Swabe G, Essien UR, Magnani JW. Association of Race and Ethnicity on the Management of Acute Non-ST-Segment Elevation Myocardial Infarction. J Am Heart Assoc. 2022 Jun 21;11(12):e025758. doi: 10.1161/JAHA.121.025758. Epub 2022 Jun 14. PMID: 35699168; PMCID: PMC9238643.

³Hernandez AF, Fenarow GC, Liang L, Al-Khatib SM, Curtis CM, LaBresh KA, Yancy CW, Albert NM, Peterson ED. Sex and racial differences in the use of implantable cardioverter-defibrillators among patients hospitalized with heart failure. JAMA. 2007 Oct 3;298(13):1525-32. doi: 10.1001/jama.298.13.1525. PMID: 17911497.

⁴Mustapha JA, Katzner BT, Neville RF, et al. Determinants of Long-Term Outcomes and Costs in the Management of Critical Limb Ischemia: A Population-Based Cohort Study. JAMA. 2018;7(16):e009724. doi:10.1161/JAHA.118.009724.

⁵Criqui MH, Vargas V, Denenberg JO, et al. Ethnicity and Peripheral Arterial Disease: The San Diego Population Study. Circulation. 2005;112(17):2703-2707. doi:10.1161/CIRCULATIONAHA.105.546507.