Equitable Health Care: Moving from Description to Action

P² Collaborative of Western New York
Marcia J. Wilson
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What is Aligning Forces for Quality (AF4Q)?

- Robert Wood Johnson Foundation’s signature effort to improve the quality of health care Americans receive

- Quality is a national problem, but health care is delivered locally

- Aim is to improve the quality of health care in targeted communities, reduce racial and ethnic disparities and provide models for reform
Alignment Forces for Quality
Improving Health & Health Care in Communities Across America
17 Communities Across America

- Humboldt County, Calif.
- Willamette Valley, Ore.
- Puget Sound, Wash.
- Minneapolis, Minn.
- Central Indiana
- West Michigan
- Wisconsin
- Cincinnati, Ohio
- Detroit, Mich.
- Cleveland, Ohio
- Western New York
- Maine
- Boston, Mass.
- South Central Pennsylvania
- Albuquerque, N.M.
- Kansas City, Mo.
- Memphis, Tenn.

Aligning Forces for Quality
Improving Health & Health Care in Communities Across America
AF4Q Expectations

Overarching goal: Improve and sustain high quality, patient-centered, equitable health care by 2015

• Long-term goal
  – Demonstrate an improvement in equity in performance measures

• Short-term goals
  – Train health plans, ambulatory and inpatient providers and staff on the standardized collection of self-reported race, ethnicity or language (R/E/L) data
  – Stratify performance data by R/E/L
Providing Equitable Health Care: Reducing Disparities

“Racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.”

From Institute of Medicine (IOM), Unequal Treatment, 2002.
Institute of Medicine, 2002

• “Racial and ethnic minorities tend to receive a lower quality of healthcare than non-minorities”

• Less likely to receive:
  – Cancer screening
  – Cardiovascular therapy
  – Kidney dialysis
  – Transplants
  – Curative surgery for lung cancer
  – Hip and knee replacement after osteoarthritis
  – Pain medicines in the emergency department
Three Steps in Addressing Disparities

• Standardized collection of self-reported R/E/L data
  – Categories are standardized
  – Patient self-reports

• Stratification and analysis of performance measures

• Use of stratified data to develop quality improvement interventions
  – Targeted to specific patient populations
Meeting the AF4Q Expectations

Inpatient setting

- Hospital collaboratives
  - Equity hospital collaborative
  - Hospital Quality Network
- Alliance specific hospital efforts

- Ambulatory setting
  - Alliance specific efforts directed at physician groups
Expecting Success: Excellence in Cardiac Care

• A national program funded by the Robert Wood Johnson Foundation

  – Primary goal – To improve cardiovascular care for African Americans & Latinos/Hispanics through quality improvement strategies and initiatives

• Ten hospitals chosen to participate in a 29-month learning collaborative
Expecting Success: Excellence in Cardiac Care

- Focused on evidence-based cardiac care
  - Acute myocardial infarction (AMI) and heart failure
- Major elements
  - Standardized collection of patient race/ethnicity/language data
  - Reported 23 quality measures on monthly basis by patient race, ethnicity and language
    - Measures for AMI and heart failure
  - Used rapid cycle improvement to test interventions
Expecting Success Hospitals

- Duke University Hospital
  Durham, NC
- Mount Sinai Hospital
  Chicago, IL
- Sinai-Grace Hospital
  Detroit, MI
- Montefiore Medical Center
  New York, NY
- Memorial Regional Hospital
  Hollywood, FL
- University of Mississippi Medical Center
  Jackson, MS
- University Health System
  San Antonio, TX
- Del Sol Medical Center
  El Paso, TX
- Delta Regional Medical Center
  Greenville, MS
- Washington Hospital Center
  Washington, DC
- Montefiore Medical Center
  New York, NY

Aligning Forces for Quality | Improving Health & Health Care in Communities Across America
Preguntamos porque nos importa.

Al preguntar sobre su raza, descendencia étnica e idioma, nosotros estamos mejor capacitados para proveer cuidado médico a todos los pacientes por igual.

¿Cuál es su raza?
¿Cuál es su descendencia étnica?
¿Cuál es su idioma primario?

Respetando cada diferencia, tratando cada uno por igual.
Difference in the initial interval is statistically significant, difference in the final interval is not.
Disparities and Readmissions

Hospital B
Readmissions Within 30 Days by Race
Q4 2005 through Q4 2006

*Readmits HF (HFR)
11% Black
1% White

*Patient Readmit HF (HFR-P)
10% Black
1% White

*Patient Readmit (any cause, HFR-P2)
19% Black
3% White

*p<.05
Broadening the Use of R/E/L Data

Hospital Y
30-Day Same Cause Readmission Rates
Q4 2006 Discharges

<table>
<thead>
<tr>
<th>Condition</th>
<th>HIV (N=225)</th>
<th>Ped. Asthma (N=487)</th>
<th>COPD (N=260)</th>
<th>Stroke (N=172)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACE</td>
<td>Black</td>
<td>White</td>
<td>Hispanic</td>
<td>Spanish</td>
</tr>
<tr>
<td>ETHNICITY</td>
<td>Hispanic</td>
<td>Non-Hispanic</td>
<td>English</td>
<td>Spanish</td>
</tr>
<tr>
<td>LANGUAGE</td>
<td>English</td>
<td></td>
<td>Spanish</td>
<td></td>
</tr>
</tbody>
</table>

0% 10% 20% 30% 40% 50%
The Many Uses of R/E/L Data

With reliable R/E/L data, hospitals and physicians can:

• Provide person centered care
  – Interpreter services and educational materials
• Analyze service lines
  – Identify marketing opportunities
• Capture changes in demographic trends
• Stratify quality measures
• Identify any disparities
Increasing Legislative and Regulatory Attention to R/E/L Data

  - Hospitals and providers will need to collect R/E/L data to be eligible for “meaningful use” incentive payments
  - Race/Ethnicity categories to follow Office of Management and Budget guidelines

- Patient Protection and Affordable Care Act of 2010
  - Health programs receiving federal money are required to collect R/E/L data

- Revised Joint Commission standards
  - Expand requirements related to the collection of patient language data, including preferred spoken language and written communication needs
  - New requirement to collect patient-level demographic data on race and ethnicity
Questions?