

Crossing the Chasm in Equity: Eliminating Health Care Disparities

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Disparities Improvement and Quality Initiatives

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Developing the Tools to Measure Disparities

2006

Pair CORE datamart (an outpatient data repository) with zipcode information to impute race/ethnicity and geographic differences in care

2007

Utilize Dr. Amal Trivedi's algorithm with the Medicare population to identify African-American & Caucasian Kaiser Permanente members to evaluate disparities in 4 Diabetes and Cardiovascular disease measures

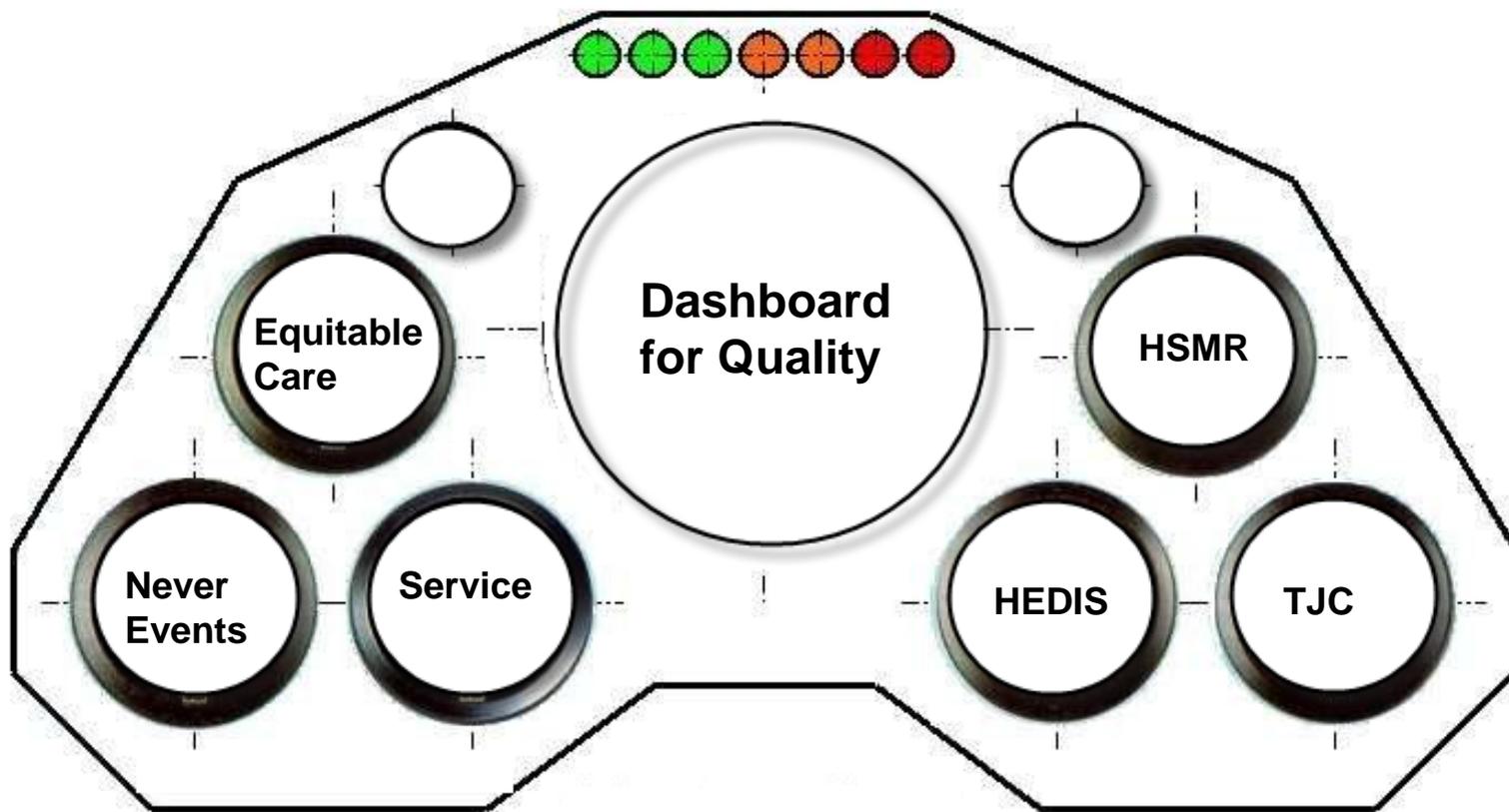
2009

- Inclusion of RAND algorithm to impute race/ethnicity
- Direct member demographic collection of race/ethnicity and language in outpatient and inpatient settings
- Total Health Assessment from KP.org with self-reported race/ethnicity included in demographics datamart
- Purchase ESRI 2009 Census sample to refine and update RAND algorithm

2010

- Identify patterns of disparity by delivery area
- Evaluate inpatient & outpatient disparities
- Identify and associate patient outcomes with care delivery sites
- Collaborative opportunities between physician group, research and health plan

Systematically Measuring Clinical Quality



The Equitable Care Dashboard: The “HEDIS 16” Measures

Cardiovascular Care

Patients with cardiovascular conditions:
LDL-C screening

Patients with cardiovascular conditions:
LDL-C control (< 100 mg/dL)

Controlling high blood pressure *

Persistence of beta-blocker treatment
after a heart attack

Prevention and Screening

Breast cancer screening

Cervical cancer screening

Colorectal cancer screening

Diabetes Care

HbA1c testing

HbA1c control \leq 9.0%

HbA1c control < 7.0%

Eye exam (retinal) performed

LDL-C screening

LDL-C control (< 100 mg/dL)

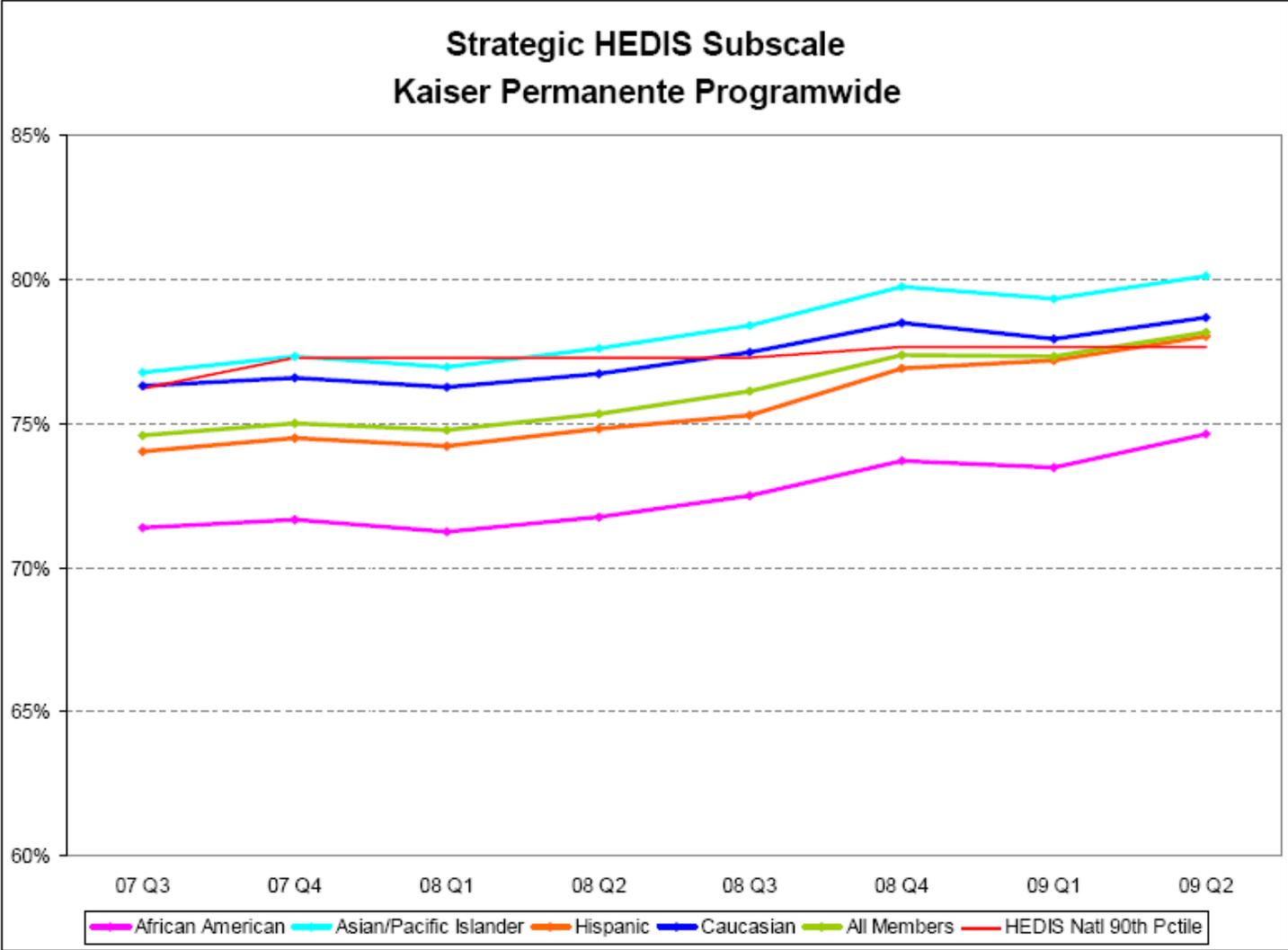
Medical attention for nephropathy

Blood pressure control < 130/80 mm Hg

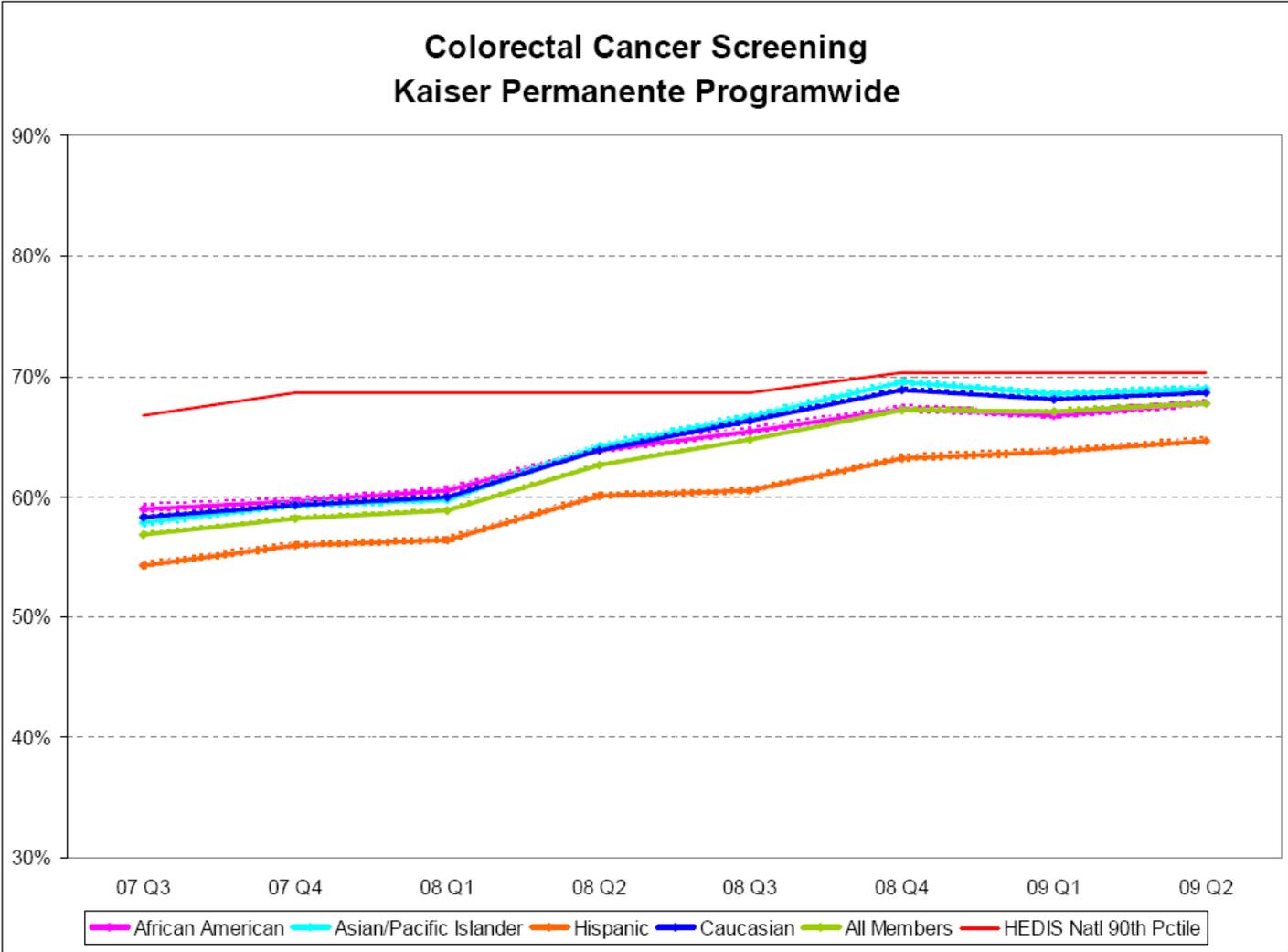
Blood pressure control < 140/90 mm Hg

* Analysis of this measure will begin when 2008 Q4 data become available

The Equity Composite



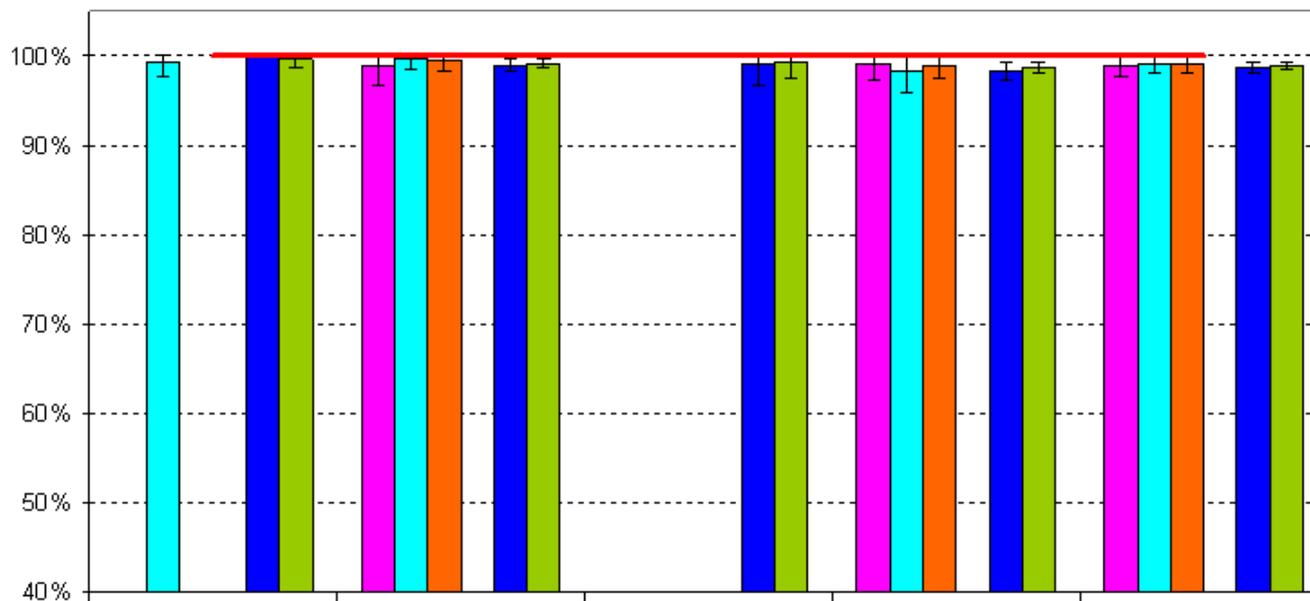
Colorectal Cancer Screening



Measuring Disparities in Inpatient Care

AMI-5: Beta-blocker Prescribed at Discharge

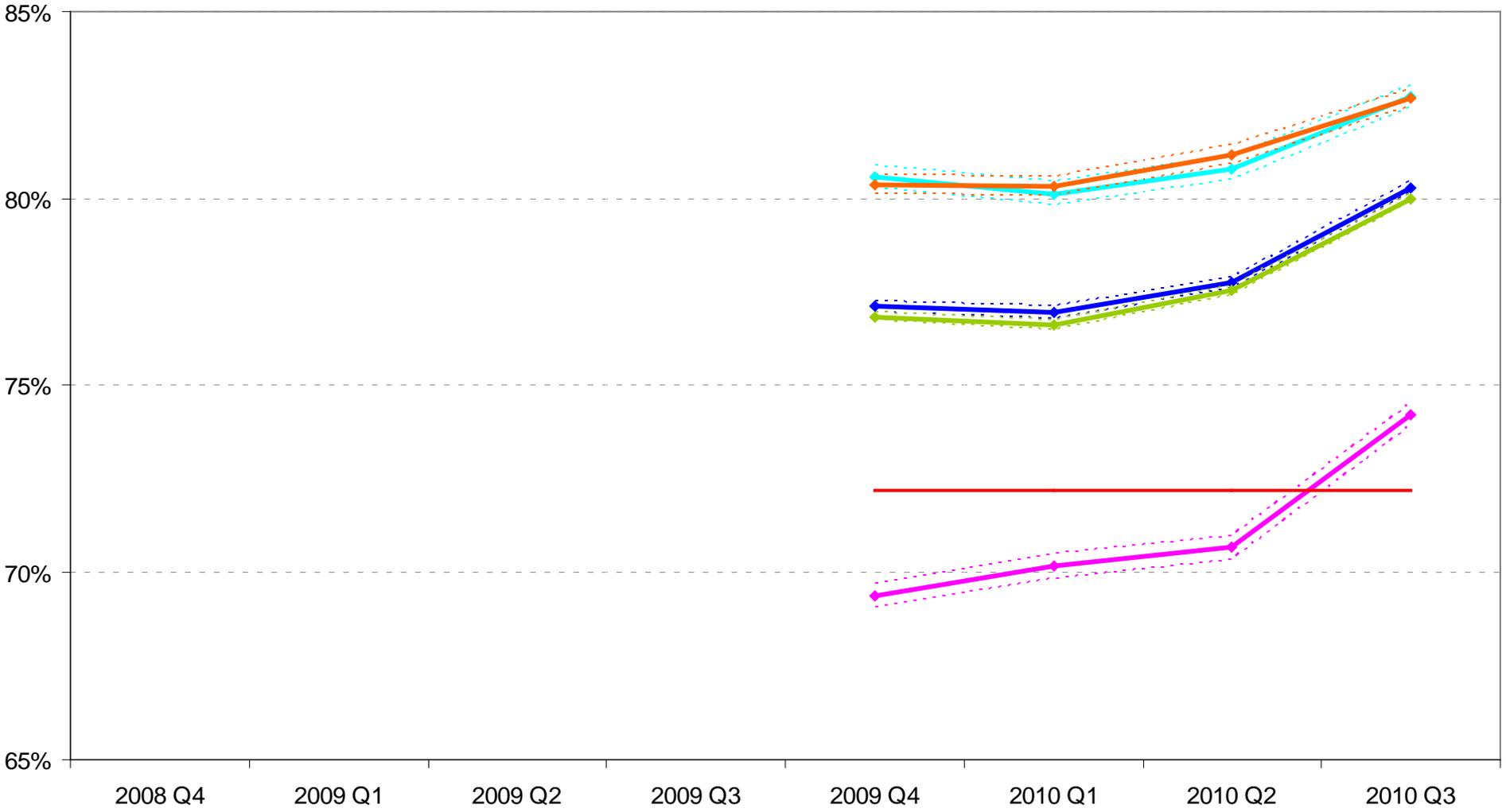
Study Period: Jan - Dec 2008



					Kaiser Permanente
■ African American		98.8%		99.1%	99.0%
■ Asian/Pacific Islander	99.3%	99.6%		98.3%	99.1%
■ Hispanic		99.5%		98.8%	99.1%
■ Native American					
■ Caucasian	100.0%	98.9%	99.0%	98.4%	98.7%
■ All Members	99.6%	99.1%	99.3%	98.6%	98.9%
— TJC Natl 90th Pctile	100.0%	100.0%	100.0%	100.0%	100.0%

Comparable data across regions
begins with 2009 Q4 in the CMI CORE
Datamart

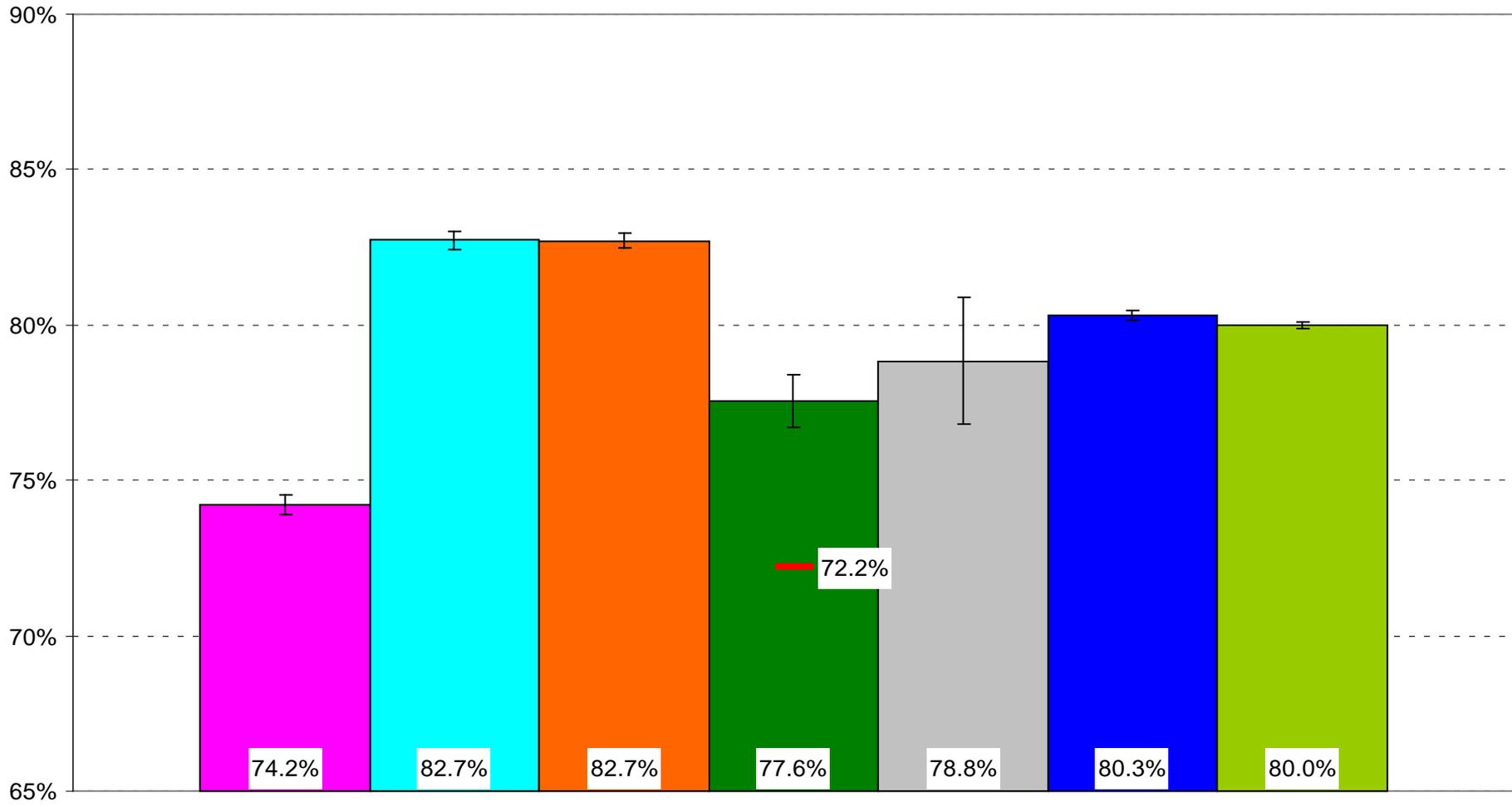
Controlling High Blood Pressure Kaiser Permanente Programwide



◆ Black or African American ◆ Asian or Pacific Islander ◆ Hispanic or Latino ◆ White ◆ All Members — HEDIS Natl 90th Pctile

Controlling High Blood Pressure Kaiser Permanente Programwide

Measurement period ending Sept. 30, 2010



■ Black or African American ■ Asian or Pacific Islander ■ Hispanic or Latino ■ Multiracial
■ Amer. Indian or Alaska Native ■ White ■ All Members - HEDIS Natl 90th Pctile

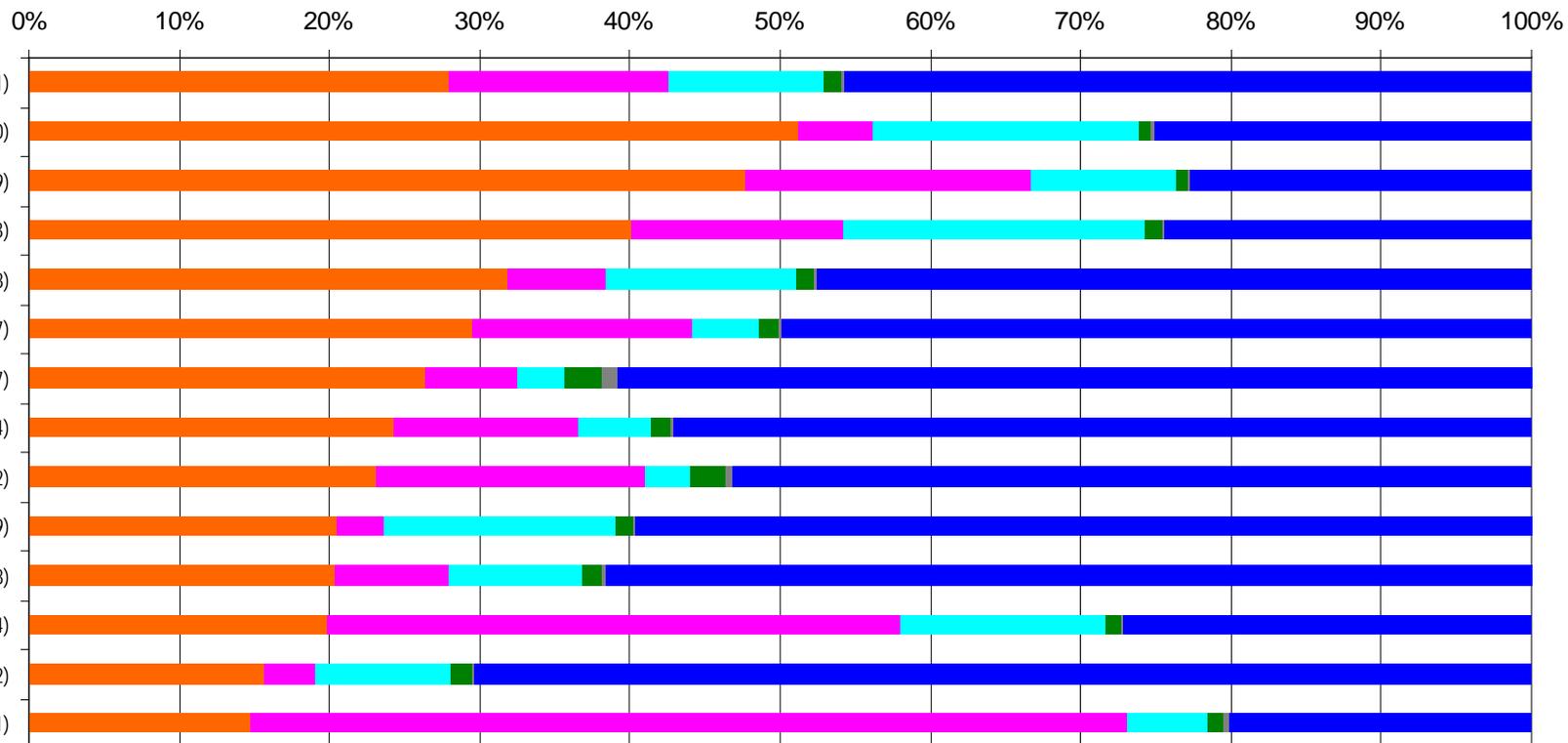
Denominators for Controlling High Blood Pressure

Southern California Region

Measurement period ending Sept. 30, 2010

Percent of All Members
(count in parentheses)

■ Hispanic or Latino
 ■ Black or African American
 ■ Asian or Pacific Islander
 ■ Multiracial
 ■ American Indian or Alaska Native
 ■ White



	Medical Center 12 (22,691)	Medical Center 13 (26,282)	Medical Center 11 (24,724)	Medical Center 10 (56,448)	Medical Center 7 (43,139)	Medical Center 1 (9,702)	Medical Center 9 (31,914)	Medical Center 5 (9,737)	Medical Center 4 (42,527)	Medical Center 8 (19,588)	Medical Center 6 (31,823)	Medical Center 3 (32,319)	Medical Center 2 (24,420)	KP Southern California (375,421)
White	4,573	18,477	6,703	34,785	25,704	5,150	18,189	5,925	21,208	9,308	7,766	7,322	6,107	171,297
American Indian or Alaska Native	74	48	51	160	69	48	111	96	134	42	57	59	66	1,017
Multiracial	238	385	257	751	500	231	403	247	509	236	360	235	191	4,542
Asian or Pacific Islander	1,207	2,375	3,396	4,954	6,683	293	1,532	305	1,902	2,480	6,392	3,127	4,349	38,996
Black or African American	13,240	863	9,414	4,303	1,309	1,739	3,905	595	6,240	1,272	4,475	6,170	1,207	54,743
Hispanic or Latino	3,355	4,130	4,902	11,486	8,866	2,237	7,765	2,563	12,530	6,250	2,773	15,407	12,500	104,775

Controlling High Blood Pressure (measurement period ending 9/30/2010)	All Members	Black or African American	Asian or Pacific Islander	Hispanic or Latino	Multiracial	American Indian or Alaska Native	White	HEDIS 2010 National 90th Percentile
KP Southern California	86.1%	82.5%	88.5%	85.7%	85.4%	87.5%	87.0%	72.2%
Medical Center 1	86.2%	83.7%	88.1%	85.4%	85.5%		87.3%	72.2%
Medical Center 2	87.3%	83.2%	90.1%	86.3%	86.9%		88.2%	72.2%
Medical Center 3	84.5%	80.7%	88.6%	84.4%	85.1%		86.1%	72.2%
Medical Center 4	86.3%	82.6%	88.2%	85.8%	85.4%	87.9%	87.6%	72.2%
Medical Center 5	90.2%	86.6%	89.7%	89.6%	89.8%		90.8%	72.2%
Medical Center 6	85.2%	80.4%	87.4%	85.4%	83.8%		85.7%	72.2%
Medical Center 7	87.2%	83.3%	88.9%	85.9%	87.2%		87.5%	72.2%
Medical Center 8	83.8%	80.1%	86.6%	83.0%	80.6%		84.2%	72.2%
Medical Center 9	87.9%	84.4%	90.2%	87.6%	87.5%	87.6%	88.5%	72.2%
Medical Center 10	84.3%	79.2%	85.9%	84.7%	82.8%	86.6%	84.6%	72.2%
Medical Center 11	86.8%	83.9%	90.7%	87.8%	82.3%		88.1%	72.2%
Medical Center 12	85.1%	83.3%	89.6%	85.8%	86.0%		88.4%	72.2%
Medical Center 13	88.1%	84.1%	89.9%	86.9%	88.6%		88.3%	72.2%

KEY:

Minority group's rate was significantly lower ($p < 0.01$) than the White rate, and it was lower than the HEDIS national 90th percentile rate

Minority group's rate was significantly lower ($p < 0.01$) than the White rate, but it was higher than the HEDIS national 90th percentile rate

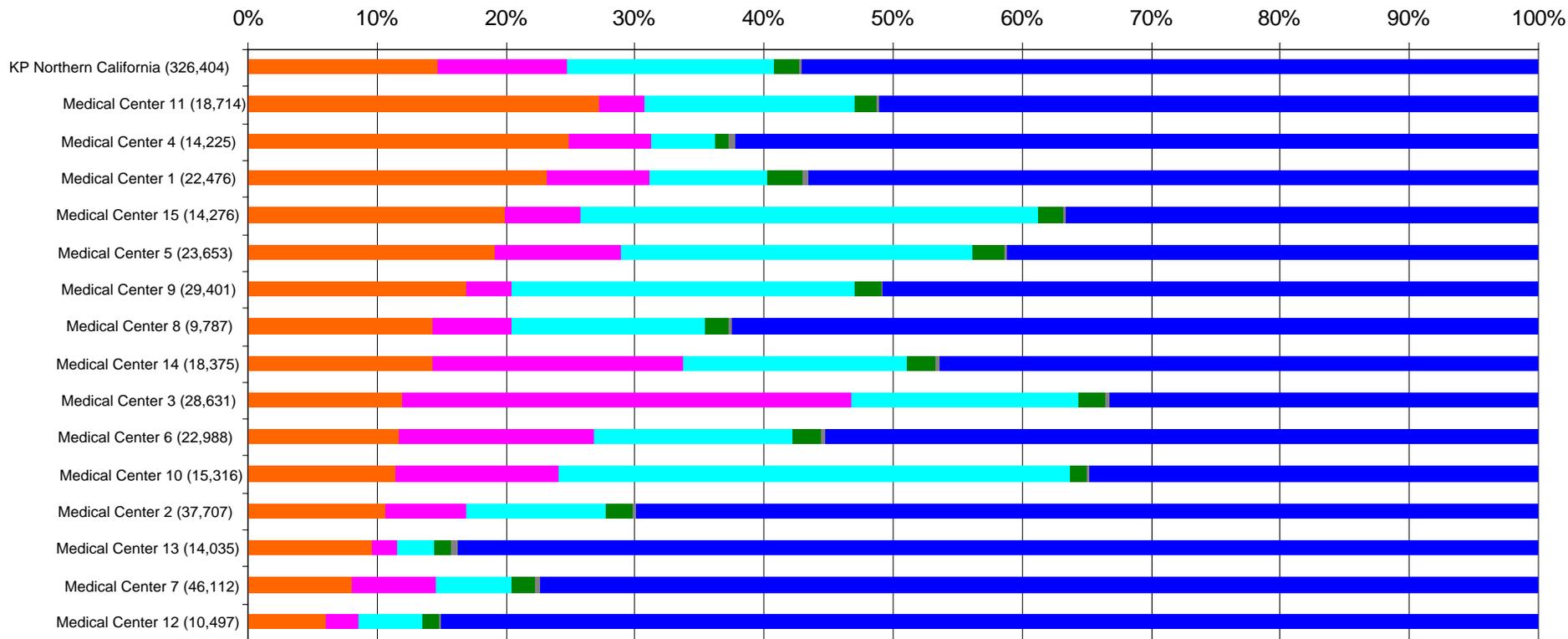
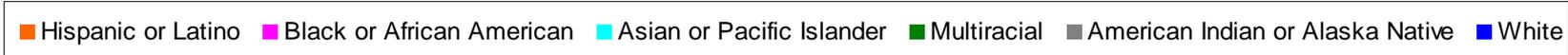
Minority group's rate was significantly higher ($p < 0.01$) than the White rate

Rates based on denominators less than 100 were excluded from the rate table

Denominators for Controlling High Blood Pressure Northern California Region

Measurement period ending Sept. 30, 2010

Percent of All Members
(count in parentheses)



	Medical Center 12 (10,497)	Medical Center 7 (46,112)	Medical Center 13 (14,035)	Medical Center 2 (37,707)	Medical Center 10 (15,316)	Medical Center 6 (22,988)	Medical Center 3 (28,631)	Medical Center 14 (18,375)	Medical Center 8 (9,787)	Medical Center 9 (29,401)	Medical Center 5 (23,653)	Medical Center 15 (14,276)	Medical Center 1 (22,476)	Medical Center 4 (14,225)	Medical Center 11 (18,714)	KP Northern California (326,404)
White	8,921	35,635	11,759	26,349	5,328	12,698	9,521	8,522	6,122	14,914	9,738	5,224	12,703	8,845	9,547	185,984
American Indian or Alaska Native	15	193	67	95	27	91	82	71	22	61	64	34	127	74	43	1,067
Multiracial	143	816	182	808	212	510	617	392	181	594	569	277	593	162	336	6,396
Asian or Pacific Islander	511	2,757	397	4,079	6,066	3,528	5,020	3,185	1,461	7,836	6,433	5,062	2,041	695	3,028	52,111
Black or African American	275	2,964	269	2,356	1,931	3,459	9,960	3,570	595	1,014	2,327	832	1,788	915	671	32,934
Hispanic or Latino	631	3,732	1,360	4,020	1,752	2,700	3,431	2,635	1,406	4,980	4,521	2,847	5,218	3,533	5,089	47,883

Controlling High Blood Pressure (measurement period ending 9/30/2010)	All Members	Black or African American	Asian or Pacific Islander	Hispanic or Latino	Multiracial	American Indian or Alaska Native	White	HEDIS 2010 National 90th Percentile
KP Northern California	80.5%	76.1%	82.8%	79.7%	79.7%	78.8%	80.9%	72.2%
Medical Center 1	80.8%	78.8%	84.0%	80.1%	80.8%	77.6%	80.9%	72.2%
Medical Center 2	80.0%	74.4%	82.1%	78.4%	78.9%		80.4%	72.2%
Medical Center 3	80.9%	77.2%	85.2%	82.7%	80.5%		81.8%	72.2%
Medical Center 4	80.7%	75.9%	84.0%	78.7%	79.2%		81.7%	72.2%
Medical Center 5	81.2%	74.3%	83.3%	80.5%	79.9%		81.9%	72.2%
Medical Center 6	80.3%	75.1%	82.0%	81.9%	78.4%		80.9%	72.2%
Medical Center 7	81.2%	77.0%	82.5%	79.2%	81.0%	79.4%	81.7%	72.2%
Medical Center 8	79.8%	74.7%	82.1%	79.4%	81.0%		79.8%	72.2%
Medical Center 9	79.7%	73.9%	81.4%	77.3%	77.8%		80.0%	72.2%
Medical Center 10	80.0%	75.1%	82.6%	80.0%	76.8%		79.0%	72.2%
Medical Center 11	80.4%	77.2%	81.4%	79.3%	78.7%		81.0%	72.2%
Medical Center 12	80.4%	77.6%	81.2%	79.3%	78.6%		80.5%	72.2%
Medical Center 13	79.1%	75.1%	79.0%	77.2%	78.3%		79.5%	72.2%
Medical Center 14	81.0%	75.7%	84.8%	81.6%	81.5%		81.5%	72.2%
Medical Center 15	81.0%	76.2%	82.6%	80.0%	81.9%		80.7%	72.2%

KEY:

Minority group's rate was significantly lower ($p < 0.01$) than the medical center's White rate and below the HEDIS national 90th percentile rate

Minority group's rate was significantly lower ($p < 0.01$) than the medical center's White rate but above the HEDIS national 90th percentile rate

Minority group's rate was significantly higher ($p < 0.01$) than the medical center's White rate

Rates based on denominators less than 100 were excluded from the rate table

Health Care Disparities are amenable to QI principles

1. **Adopt and implement logic model that draws from evidence based and best practices**
 1. Patient physician interactions
 2. Care delivery customization
 3. Decrease variation across groups and practice settings
 4. Community engagement and partnerships

Construct an Improvement Plan for implementation

- **Identify the units of activity**
 - Establish scale
 - Establish accountability
 - Identify target, the more real, the better
 - Identify a cross disciplinary group of stakeholders
 - Commit to performance to achieve results
 - Adapt the logic model for local parameters

Engage leadership

Assure consistency in the aim

Put forward a message that aligns with pre-existing priorities

Identify resources for sustainability and accountability

Provide the resources for data develop, sharing, and cultivation

Identify the means to incentivize and promote

Thank You!