Eliminating Disparities: Data Collection, Designing Interventions, Removing Variances

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Learning objectives

• Recognize the three steps in the framework for identifying and addressing disparities

• Identify common challenges in each step and understand ways to overcome those challenges

• Understand issues in addressing disparities in a single health care organization (e.g., hospital or clinic) versus the broader community
What is Aligning Forces for Quality?

• An unprecedented commitment by the Robert Wood Johnson Foundation to improve the quality of health care, reduce racial and ethnic disparities, and provide models for reform.

• Within the 16 different communities of AF4Q exist local stakeholder groups charged with making sense of the quality problem in America and meeting it with local solutions.

• Targeted Regions Will Improve and Sustain High-Quality, Patient-Centered, Equitable Care by 2015
AF4Q communities

- 16 communities
- 14 states
- 37 million people
- 271 counties
- 12% (>590) of U.S. hospitals
- More than 31,000 primary care physicians
AF4Q and disparities

• AF4Q communities are working on disparities in the hospital and ambulatory settings
  – Efforts across all communities or within individual communities

• Training in standardized patient race, ethnicity and language (r/e/l) data collection
  – > 200 hospitals in collaboratives
  – >400 individuals outside of hospitals
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.”

Institute of Medicine, Unequal Treatment, 2002

Reducing disparities is a matter of quality care and patient safety
Identifying and addressing disparities: Three steps

- Standardized collection of r/e/l data
  - Categories are standardized
  - Patient self-reports

- Stratification and analysis of performance measures
  - Compare patients within an organization
  - Consolidate data to identify community-level trends

- Use of stratified data to identify disparities and develop quality improvement interventions targeted to specific patient populations

Each step requires increasing commitment
Commitment to addressing disparities

- Role of senior leadership
  - Determine priorities
  - Allocate resources
  - Remove barriers

- Addressing disparities at the micro level versus the macro level
  - Level of commitment must shift from a single organization (e.g., hospital, clinic, health system) => multiple providers => beyond the four walls into the community
Top eight challenges

• Standardized data collection
  1. Staff anxiety
  2. Standardized categories
  3. Changes to information technology (IT) systems

• Data stratification and analysis
  4. Data collection vs. reporting vs. analysis
  5. Purpose of data collection

• Identifying and addressing disparities
  6. Identified a disparity - what now?
  7. Developing interventions
  8. Moving beyond the four walls into the community
#1 - Staff anxiety

- Biggest challenge = concern about patient reactions

- Solutions:
  - Training, training, training
  - Health Research and Educational Trust toolkit
  - Reasons for collecting data
  - Feedback on findings
#2 – Standardized categories: Office of Management and Budget

Race
- Black
- White
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander

Ethnicity
- Hispanic
- Not Hispanic
Collecting more granular data

“Are you of Arab or Middle Eastern origin?”

☐ Yes
☐ No
☐ Declined
☐ Unavailable

This is a recommended question — your organization may choose to use a different or revised script, or to omit the question.
#3 – Changes to IT

"Given enough time, even mountains move."

--St. Mary’s Health Care
#4 – Data collection, reporting and analysis

• Who is responsible for data collection, reporting and analysis and who pays for it?
  – Single organization
  – Multiple organizations, e.g., hospital association

• Concerns with data integrity

• Data collection versus data analysis – trade-offs with more granular data
More granular data

Recommended script for ancestry

“Please provide one nationality or ethnic group that best describes your ancestry.” _______________________

(For example, Italian, Jamaican, African American, Haitian, Korean, Lebanese, etc.)

This is a recommended question — your organization may choose to use a different or revised script, or to omit the question.
#5 – Purpose of data collection

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

- HIV (N=225)
- Ped. Asthma (N=487)
- COPD (N=260)
- Stroke (N=172)

- 0%  10%  20%  30%  40%  50%

- RACE
  - Black
  - White

- ETHNICITY
  - Hispanic
  - Non-Hispanic

- LANGUAGE
  - English
  - Spanish
Difference in the initial interval is statistically significant, difference in the final interval is not.

#6 Identified a disparity – What now?

Hospital Y

- Percent of HF Patients Receiving Discharge Instructions by Ethnicity

**Aligning Forces for Quality** Improving Health & Health Care in Communities Across America
Diabetes outcomes
Better Health Greater Cleveland

% Patients Meeting 4 of 5 Outcomes, by Race/Ethnicity

#7 - Developing interventions

- Documented interventions – “work in progress”

- Finding Answers – [www.solvingdisparities.org](http://www.solvingdisparities.org)
  - Successful interventions (literature review):
    - Target multiple levers in the health care system
    - Culturally tailored interventions more effective
    - Nurse-led interventions most useful

- Where is the patient voice in designing interventions?
Using r/e/l data to drive improvement
Massachusetts General Hospital Chelsea Diabetes Project

- Identified disparity between white and Latino patients in diabetes control and recommended care
- Created culturally competent Diabetes Management Program
- Improved mean HbA1c values for all patients, reduced gap between white and Latino patients
- Increased overall number of patients with HbA1c test within past 9 months and eliminated disparity

Source: Disparities Solution Center at MGH [http://dx.confex.com/dx/8/webprogram/Paper2024.html](http://dx.confex.com/dx/8/webprogram/Paper2024.html)
#8 - Moving beyond the four walls into the community

- Same three step framework
  - Third step – interventions require resources/engagement outside the health care system
- Not new to all, but new to many
- Examples in AF4Q
  - Equity Improvement Initiative – focus on clinic level disparities
  - Super Utilizer programs – focus on high risk patients
Key to addressing disparities is commitment

• Education and awareness are important but not sufficient

• Data create ownership
  – Prevents ‘assumed equity’
  – Allows for critical discussions
  – Facilitates action

• Commitment will drive change
Questions?

www.forces4quality.org

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