Integrating Health Literacy, Disparities Reduction, and Quality Improvement

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Goals

n Effective, patient-centered communication with low literacy and minority patients isn’t just a part of quality, it IS high quality care.
  n Few measures available for patient-centeredness, or equity, and little incentive to use them.

n Measuring performance across population groups is a necessary first step
  n But focusing on patient-centered care within each institution alone won’t eliminate disparities nationally
Health Literacy, Disparities, and Quality

- Health literacy is part of the larger and even more complex issue of effective health communication.
- Links between literacy, language, culture and racial/ethnic disparities:
  - Re: measurement – Low literacy especially hard to detect; easily hidden.
- Effective communication is not just necessary for high quality care… it IS high quality care.
Measures of Equity and Patient-Centeredness

- Equity measures comprise stratification of clinical effectiveness measures
  - Poor data on race/ethnicity, language, let alone literacy of populations, etc.
  - Little incentive to do any stratification

- Patient-centeredness measures comprise self-reports of satisfaction (e.g., CAHPS)
  - Reluctance to place excessive weight on these
    - Weak linkage to outcomes
    - Incentive to avoid challenging populations
Promising Measurement Ideas?

- **Equity**
  - Uniform data collection – will need incentives/resources to accomplish this
  - At appropriate levels, pay for stratified analysis

- **Patient-centeredness**
  - Beyond patient experience of care, need organization-level measures (and could pay for these)
    - Does the organization know and understand the populations it serves?
    - Does the organization have structures in place to serve diverse populations?
Quality Challenges

Who You Are:
Patient-Centered Care

Where You Go:
Quality differences in various settings
Separate And Unequal: Racial Segregation And Disparities In Quality Across U.S. Nursing Homes

Residential segregation in U.S. cities disproportionately places blacks in poorer-performing nursing homes.

by David Barton Smith, Zhanlian Feng, Mary L. Fennel, Jacqueline S. Zinn, and Vincent Mor

Do Hospitals Provide Lower-Quality Care To Minorities Than To Whites?

When minority patients receive hospital care, they receive the same standard of care that white patients receive.

by Darrell J. Gaskin, Christine S. Spencer, Patrick Richard, Gerard F. Anderson, Neil R. Powe, and Thomas A. LaVeist

Primary Care Physicians Who Treat Blacks and Whites

Peter B. Bach, M.D., M.A.P.P., Hoangmai H. Pham, M.D., M.P.H., Deborah Schrag, M.D., M.P.H., Ramsey C. Tate, B.S., and J. Lee Hargraves, Ph.D.

Do Primary Care Physicians Treating Minority Patients Report Problems Delivering High-Quality Care?

Practice resources appear to be a determining factor in whether or not physicians treating predominantly minority patients deliver care of adequate quality.

by James D. Reschovsky and Ann S. O’Malley
Disparities in Health Care Are Driven by Where Minority Patients Seek Care

Examination of Hospital Quality Alliance Measures

“… hospitals that were lower performers tended to serve a larger proportion of minority patients…”

Hasnain-Wynia R, Baker DW, Nerenz, D, et al. Archives of Internal Medicine, June 2007
Bottom performing hospitals had a much higher percentages of minority patients compared with top performing hospitals.

# Decomposition of Disparities in National Inpatient Quality Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Unadjusted</th>
<th>Individual Characteristics Adjustment*</th>
<th>Individual and Hospital Characteristics**</th>
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<td>9.1</td>
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<td>8.2</td>
<td>3.5$@$</td>
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<tr>
<td>AMI-Smoking Cessation</td>
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<td>CAP-Smoking Cessation</td>
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<td>13.8</td>
<td>5.0$@$</td>
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* - age, sex, payer, severity of illness  
** Includes a dummy variable for each hospital  
@ $p<.05$

## HF Discharge Instructions

<table>
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<tr>
<th>Discharge Instructions</th>
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<th>Adjusted, patient characteristics</th>
<th>Adjusted, patient characteristics plus hospital effect</th>
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<tr>
<td>NH/PI</td>
<td>11.4 ***</td>
<td>10.9 ***</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Hasnain-Wynia, et al. 2008 Under Review
Using Assessments of Race/Ethnicity/Language and Literacy of Populations for Within-Institution QI

- To monitor quality of care for all groups
- To design innovative programs to eliminate disparities and rigorously test them
- To know patients, better meet their needs and work with the community to deliver the best care possible
- To satisfy legal, regulatory and accreditation requirements (i.e., JCAHO, CMS, NCQA etc.)
- To take the leadership position in eliminating health care disparities and providing patient-centered care
Place-Based Disparities: Policy Implications

Disparities are multi-factorial—who you are and where you go

Continued segregation in health care

Under-resourced institutions serve minority communities

Focus incentives toward institutions serving a large % of minority patients.

Target resources to areas of greatest impact