Toward Health Equity and Patient-Centeredness: Integrating Health Literacy, Disparities Reduction, and Quality Improvement
Opportunity at the Intersection of Quality Improvement, Disparities and Health Literacy

George Isham, M.D., M.S.
Chief Health Officer
May 12, 2008
The Quality Problem

- The U.S. health care systems is the most expensive in the world
- … and in return for that vast outlay of funds it delivers inconsistent quality and poor health outcomes relative to other advanced counties. (infant mortality, disability adjusted life expectancy, etc.)
Poor Quality and High Cost - 30% to 40% Waste

- **Under use**
  - 50% of elderly fail to receive pneumococcal vaccine
  - 50% of heart attack victims fail to receive beta blockers

- **Overuse**
  - 30% of children receive excessive antibiotics for ear infections
  - 20% to 50% of many surgical operations are unnecessary
  - 50% of X-rays in back pain patients are unnecessary

- **Misuse**
  - 7% of hospital patients experience a serious medication error
  - 44,000 to 98,000 Americans die in hospital each year due to injuries from care

- **Administrative Waste**
- **Process Waste**
- **Geographic Variation in Quality and Cost of Care**

Modified from Berwick, 2004 and Bradley, 2007
Health care quality continues to improve, but the rate of improvement has slowed. Safety has improved since 2001, but at a slower rate than other measures.

Released March 3, 2008
Care System

- Redesign of care processes based on best practice
- Effective use of information technologies
- Knowledge and skills management
- Development of effective teams
- Coordination of care
- Incorporation of performance and outcome measurements for improvement and accountability

Outcomes:
- Safe
- Effective
- Efficient
- Patient Centered
- Timely
- Equitable

Supportive payment and regulatory environment → Organizations that facilitate the work of patient-centered teams → High performing patient-centered teams

Adapted from IOM, Crossing the Quality Chasm, 2001
Coronary Heart Disease and Diabetes-Related Mortality, by Race/Ethnicity and Education Level, 2003

Age-adjusted per 100,000 population

**Coronary heart disease deaths**

- **U.S. National**: 172
- **White**: 171
- **Black**: 223
- **Hispanic**: 139
- **Asian/PI**: 99
- **AI/AN**: 120

**Diabetes-related deaths**

- **U.S. National**: 78
- **White**: 70
- **Black**: 138
- **Hispanic**: 96
- **Asian/PI**: 58
- **AI/AN**: 109

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006

* Total of 43 reporting states and D.C. for people ages 25–64.
* PI = Pacific Islander; AI/AN = American Indian or Alaskan Native.
Disparities: Definition

- Disparities in healthcare – racial or ethnic differences in the quality of health care that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.

Unequal Treatment, Confronting Racial and Ethnic Disparities in Health Care, National Academy Press, 2002
Unequal Treatment: Findings

1. Disparities exist and are unacceptable because they are associated with worse outcomes
2. Disparities occur in a broader social context
3. Many sources – health care systems, providers, patients, and utilization managers contribute to disparities
4. Bias, Stereotyping, prejudice and clinical uncertainty may play a role
5. Minority patients may be more likely to refuse treatment (small number of studies & does not fully explain disparities)
Unequal Treatment: Recommendations

• General (awareness – public and providers)
• Legal, Regulatory, Policy
• Health Systems Interventions
• Public Education and Empowerment
• Cross-cultural Education in the Health Professions
• Data Collection and Monitoring
• Research Needs
Unequal Treatment: Health Systems Recommendations

• Consistency & equality of care through evidence-based guidelines
• Payments systems to ensure adequate supply of services to minority patients
• Enhance patient-provider communication and trust by providing incentives for practices that reduce barriers and encourage evidence based medicine
• Support interpreter services
• Support community health workers
• Implement multidisciplinary teams
Over 60% of disparities in quality of care have stayed the same or worsened for Blacks, Asians, and poor populations.

Nearly 60% of disparities have stayed the same or worsened for Hispanics.

For Blacks, Asians, Hispanics, and poor populations, disparities in about half the core measures of access to care are lessening.
## Three Largest Disparities in Health Care Quality for Selected Groups: 2005 Versus 2007 NHDR

<table>
<thead>
<tr>
<th>Group</th>
<th>Measure</th>
<th>2005 NHDR</th>
<th>Relative rate</th>
<th>Measure</th>
<th>2007 NHDR</th>
<th>Relative rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>New AIDS cases per 100,000 population age 13 and over</td>
<td>10.4</td>
<td></td>
<td>New AIDS cases per 100,000 population age 13 and over</td>
<td>10.0</td>
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<tr>
<td></td>
<td>Hospital admissions for pediatric asthma per 100,000 population ages 2-17</td>
<td>4.0</td>
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<td>Hospital admissions for pediatric asthma per 100,000 population ages 2-17</td>
<td>3.8</td>
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<td></td>
<td>Percent of patients who left the emergency department without being seen</td>
<td>1.9</td>
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<td>Hospital admissions for lower extremity amputations in patients with diabetes per 100,000 population</td>
<td>3.8</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>Persons age 18 or older with serious mental illness who did not receive mental health treatment or counseling in the past year</td>
<td>1.6</td>
<td></td>
<td>Composite: Adults who reported poor communication with health providers</td>
<td>1.6</td>
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<tr>
<td></td>
<td>Adults who can sometimes or never get care for illness or injury as soon as wanted</td>
<td>1.6</td>
<td></td>
<td>Long-stay nursing home residents who were physically restrained</td>
<td>1.5</td>
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<tr>
<td></td>
<td>Adults age 65 and over who did not ever receive pneumococcal vaccination</td>
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<td>AI/ANs</td>
<td>Women not receiving prenatal care in the first trimester</td>
<td>2.1</td>
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<td></td>
<td>Children ages 2-17 with no advice about physical activity</td>
<td>1.3</td>
<td>Women age 40 and over who reported they did not have a mammogram within the past 2 years</td>
<td>1.8</td>
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<td>Hispanic</td>
<td>New AIDS cases per 100,000 population age 13 and over</td>
<td>3.7</td>
<td>New AIDS cases per 100,000 population age 13 and over</td>
<td>3.5</td>
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<td>Adults who can sometimes or never get care for illness or injury as soon as wanted</td>
<td>2.0</td>
<td>Hospital admissions for lower extremity amputations in patients with diabetes per 100,000 population</td>
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<td></td>
<td>Composite: Children whose parents reported poor communication with their health providers</td>
<td>1.8</td>
<td>Women not receiving prenatal care in the first trimester</td>
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<td>2.4</td>
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<td></td>
<td>Children ages 2-17 who did not have a dental visit</td>
<td>2.0</td>
<td>Women age 40 and over who reported they did not have a mammogram within the past 2 years</td>
<td>2.1</td>
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Disparities and QI

• Current quality measures fail to ID disparities
• Current performance measures fail to account for impact of diverse members on plan performance (or clinic performance)
• Variation in health care organizations processes compromise quality of care and variation in care to diverse patients are legitimate targets for QI.

Fiscella K., et. al. *Inequality in Quality*, JAMA, May 17, 2000
Some Disparity Reduction Strategies

- Collect data by race and ethnicity (directly or indirectly)
- Set disparity reduction goals and incorporate them into contracts & performance incentives
- Analyze data by race and ethnicity to ID and target patient and provider interventions
- Increase culturally and linguistically appropriate care
- Reach out to the community

CHACS Issue Brief, August, 2007
Health Literacy: Definition

• Health Literacy – the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

• Health literacy is a shared function of social and individual factors. Individual health literacy skills are mediated by education, culture, and language. Equally important are the communication and assessment skills of providers as well as the ability of the media, marketplace, and government agencies to provide health information in a manner appropriate to the audience.

Health Literacy, A Prescription to End Confusion, National Academy Press, 2004
Consequences of Low Health Literacy

• 90 million have inadequate health literacy
• Low health literacy leads to:
  – Decreased use of preventive services
  – Increased use of hospitals and emergency rooms
  – Poor health (physical and mental)
  – Increased risk of death
What Does This Mean for Health?

• ETS 2030 prediction for 16-65 year olds only
  -- 5% **decline** in average literacy
  --7% **increase** in disparity of scores

• Health consequences for working age population
  --↑ unemployed
  --↑ uninsured
  --↑ prevalence of inadequate health literacy
  --↑ problems of disparity, quality, and costs

• 2030 prediction even worse for those over 65
Preparing for the Storm

• Use Data: Who is most vulnerable?
• Tailor interventions to high risk populations
• Short-term goal: Ensure clarity/understanding of required health tasks…focus on what you need to DO
• Long-term goal: Increase patient skills via education system
• Build organizational infra-structure now to support growing need to meet patients where they are
Figure 3
Health Literacy by Race and Ethnicity, U.S. Population

Poor Communications With Health Providers by Race, Ethnicity and Income

Figure 2.40. Composite: Adult ambulatory patients who reported poor communication with health providers,* by race (top left), ethnicity (top right), and income (bottom left), 2002-2004

AHRQ, 2007 National Health Disparities Report

* Average percent of adults age 18 and over who had a doctor’s office or clinic visit in the last 12 months and reported poor communication with health providers (i.e., that their health providers sometimes or never listened carefully, explained things clearly, showed respect for what they had to say, and spent enough time with them).


Denominator: Civilian noninstitutionalized population age 18 and over.

Note: Data were insufficient for this analysis for Native Hawaiians or Other Pacific Islanders and American Indians and Alaska Natives.
Health Care Organizations and Quality of Care Processes and Outcomes

Micro-Geographic and Demographic Organizational Context: Comm. Factors
Macro-Geographic and Demographic Context: Standards, EBM, Measures, Pay

To Improve Quality of Care by Addressing Disparities and Health Literacy We Need

- Leadership & vision with explicit long and short term goals
- Care Standards (Reduction of “supply side variation” to permit appropriate “demand side” customization by patient preference and culture)
- Knowledge (Patient Centeredness → Health Literacy, Cultural Comp.)
- Shared Decision Making Skills (e.g. Ottawa Decision Support)
- Effective interventions by trained teams with appropriate skills (Health Literacy, Cultural Competency, Linguistic Competency, QI Capable)
- Redesigned and optimized care structures and processes
- Coordination and integration of care as a process and as a system property
- Information technologies effectively deployed
- Performance Measures (by racial and ethnic group, by health literacy capability, by complexity of care interface) and incentives for improvement
- Public and private collaborators
Health Outcomes

Mortality (50% of outcomes)
- years of potential life lost - YPLL

General health status (50% of outcomes)
- self-report fair or poor health

Access to Health Care (10% of determinants)
- No health insurance
- Did not receive needed health care
- No recent dentist visit
- No recent blood pressure check

Health behaviors (40% of determinants)
- Cigarette smoking
- Smoking during pregnancy
- Physical inactivity
- Overweight and obesity
- Low fruit and vegetable consumption
- Binge drinking
- Teen birth rate
- Sexually transmitted disease
- Firearm deaths
- Motor vehicle crash deaths

Socioeconomic factors (40% of determinants)
- High school graduation rate
- Household poverty
- Divorce rate

Physical environment (10% of determinants)
- Lead poisoned children

Kindig, D., Presentation to the Health Literacy Roundtable, March, 2007
Appendix

HealthPartners Improvement Activities Relative to Disparities and Health Literacy
HealthPartners: Our System

Aims

• Improved health (quality of care) for our patients and members
• Outstanding Patient Experience
• Affordable Care
HealthPartners: Our Method for Improving Health and Care

Focus Aims, HG 2010

Publicly Report Results MN Community Measurement, Web, Clinical Indicators Reports

Agree on Best Care ICSI, USPSTF

Support and Enable Improvement Registries, EMR, QI, Collaboratives, Pt engagement, …

Measure What’s Important Composites, Outcomes, Bundles

Align Incentives P4P, Compare Peers, Tier, New Payment Models

Set a Target ‘Aim High’
<table>
<thead>
<tr>
<th>Health Goal</th>
<th>March 2008 Results</th>
<th>Infrastructure Improvement</th>
<th>Relative Position to Competitors</th>
</tr>
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<tbody>
<tr>
<td>1   Customers receive amazingly easy to use care, coverage, and service (E)</td>
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<td>2   Customers receive maximum quality and affordability in health care (E/H)</td>
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<tr>
<td>3   Patients and members receive equitable care and service (H)</td>
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<tr>
<td>4   Customers feel they are treated as individuals (E)</td>
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<tr>
<td>5   Patients and members have the information they need and understand to be effective decision-makers (E/H)</td>
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<tr>
<td>6   Customers are incented and supported for self care and healthy behaviors</td>
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<tr>
<td>7   Customers experience perfect transitions among clinicians, patients, family, payers, and community support (E/H)</td>
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<td>8   Customers receive evidence-based care, creating an efficient path to recovery (H)</td>
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<tr>
<td>9   Members and patients will have help to be healthy (H)</td>
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<tr>
<td>10  Members and patients will have help with health/life transitions (H)</td>
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<tr>
<td>11  Members and patients will live well with acute and chronic illness and disease (H)</td>
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<tr>
<td>Diabetes Care</td>
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<td>Vascular Disease</td>
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<td>Cancer Care</td>
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<td>Bone &amp; Joint Disease Care</td>
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<td>Depression Care</td>
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<td>Asthma Care</td>
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<tr>
<td>12  Members and patients will be safe (H)</td>
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</table>
HP Health Goals 2010, #3: Patients and members receive equitable care and service.

- By 2006, we will measure disparities in experience, preventive services and diabetes by race and financial class.
- By 2008, we will measure disparities in vascular disease care, pregnancy and asthma by race and financial class.
- By 2010, we will cut identified disparities by 75%.

Our Process

• 2003 – Process developed
• 6/04 – Staff training (train-the-trainer)
• 7/04 – Data collection started
• 10/04 – Reported data collection rates
• 2Q06 – Reported selected quality measures by race
• 1Q07 – Began improvement pilots
Data Collection - Trend

Race and Language Data Collection

System change implemented in 3Q07 improved collection rates
Our Patients and the Community

Sources: HP EPIC records, and Greater TC United Way 2006
Improving Our Results

• Expert panel focused on identifying pilots
  – Ask our patients
  – Reach out to the community
  – Search literature
  – Learn from other organizations

• Pilots
  – Decide what ideas to test
  – Pilot the idea
  – Measure results
  – If it works, implement across the system
Areas of Focus

• Cultural Competency and Community Engagement
• Communicating with Patients
• Care Delivery Processes
Care Delivery Processes

- Reliable process
  - Every patient receives all needed services
- Teamwork
  - Every member of the team contributes
- Not just the visit
  - Care for patients before, during, after and between visits
- Develop a consistent and reliable process and then customize to individual patient’s needs and preferences
Regions Hospital
Equitable Care Reporting & Performance (3A)

Perfect Heart Attack Care by Race

1Q 06 2Q 06 3Q 06 4Q 06 1Q 07 2Q 07 3Q 07
White Of Color

Perfect CHF Care by Race

1Q 06 2Q 06 3Q 06 4Q 06 1Q 07 2Q 07 3Q 07
White Of Color
HealthPartners Medical Group
Equitable Care Reporting & Performance (3A)

Experience Measure by Race
(NRC+Picker question, "Did your healthcare provider treat you with respect and dignity?")

Note: Differences between white and of color were statistically significant (p<0.05) each quarter except 4Q07.
HealthPartners Medical Group
Equitable Care Reporting & Performance (3A)

Preventative Services Composite by Race

* Data definitions for preventive services up-to-date changed before 1Q07 reporting. RiverWay Clinics are included in the results beginning 3Q07.

Note: Differences between white and of color were statistically significant (p<0.01) every quarter except 4Q06, 3Q07 and 4Q07.
Optimal Diabetes Care Measure by Race

* RiverWay Clinics are included in the results beginning 3Q07.

Note: Differences between white and of color were statistically significant (p<0.01) each quarter.
HP Health Goals 2010 #5: Patients and members have and understand the information they need to be effective decision-makers.

- By 2010, 75% of each defined member/patient segment within the plan, medical group, and dental group will report “strongly agree” (top box) when responding to:
  - “HealthPartners provided information and support for decision making.”
  - “I make better decisions about my health and care using information and support.”
- By 2006 HealthPartners will outline a formal process for supporting patient decision making and health literacy.
What Needs to be Done to Introduce Change in Health Literacy At HealthPartners?

• From a health system/care delivery perspective, health literacy is about providing patient centered communications.

• We need to continue to build awareness and dispel misperceptions.
We Need to Hard-Wire Clear Communications

• Build into standardized Processes of Care (e.g. teach-back into visit process)
• EMR support
  – Clear health education content
  – System to present info with patient in mind (no acronyms, don’t use all caps, easy to read formats, etc.)
  – Include prompts for clinician users
• Adopt Standards for all patient communications
We Need To Work Collaboratively With Others

- MN Health Literacy Partnership
  - Formed in January, 2006
  - Membership includes hospitals, clinic systems, plans, literacy groups & others
  - Mission is to improve health by promoting health literacy.
  - Share knowledge & resources
  - Topics: medication literacy, consent forms, assessing health literacy, glossaries, policies

www.mnhealthlit.org
We Need To Work Collaboratively With Others

• Multilingual Health Resource Exchange
  – Started in 2001
  – Membership includes hospitals, clinic systems, health plans, public health
  – Members share translated health information & best practices
  – Website: 2,000 downloadable materials in 15 languages
  – Web enhancements will include resources on health disparities, equitable care, literacy
Focus for 2008

• Staff awareness & skills development
• Community collaboration
• Language assistance
• Decision support
• Need to Hard-wire clear communications into the care process and organization’s communications.
• Policies & processes for health literacy