Eliminating Racial Disparities:
What are the Effective Ambulatory Care Strategies?

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Presentation Goals

Focus on ambulatory provider perspective …

• Describe initiatives from our multi-specialty group practice

• Broader application to quality improvement and racial disparities
Harvard Vanguard Medical Associates

- Multi-specialty group practice
- 14 ambulatory health centers
- 300,000 adult patients
  - 15,000 diabetic patients
- 130 primary care physicians
HVMA Diabetes Care Model

**Clinical Information Systems**
- Electronic medical record
- Computerized alerts

**Population Management**
- Centralized patient mailings
- Diabetes Dashboards

**Patient Engagement**
- Primary care teams
- Chronic disease visits

**Improved Diabetes Care**
HVMA Diabetes Care Model

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Improved Diabetes Care
Statin Use

% Prescribed Statin


White

Black
What is the Role of Ambulatory Care?
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- Chronic disease management
  - Diabetes
  - Cardiovascular disease
  - Depression
  - Asthma

- Preventive care
  - Cancer screening
  - Tobacco use
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Pervasive quality deficits
Pervasive racial disparities
Potential Strength of Providers

Knowledge of patient

Knowledge of health system

- Direct involvement in clinical care
- Long term relationships
Reducing racial disparities in health care will require a focus on minority health care
The Work Ahead for Providers

Clear evidence for needed implementation:
- Collection of race and ethnicity data
- Clinician awareness of racial disparities

Future potential:
- Culturally competent interactions
- Performance feedback (internal)
- Health navigators/ community health workers

Pitfalls:
- Pay for performance
- Public reporting
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Collecting Race/ Ethnicity Data

• Up to 75% of medical groups not collecting
  – We cannot improve what we cannot measure

• 80-90% of patients support collection of data by their health care providers

• There can be discomfort around collection of data --- ultimate use needs to be abundantly clear
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The “Not Me” Phenomenon: Cardiologists

Do racial disparities exist in....

Lurie et al, Circulation 2005
The “Not Me” Phenomenon: Primary Care

Do racial disparities in diabetes care exist in....

Sequist et al; JGIM 2008
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Patient Experiences of Diabetes Care

Do you need more help from your health care team to keep your diabetes under good control?

- Choosing the right food: 31% (White), 45% (Black)
- Losing weight: 34% (White), 46% (Black)
- Getting regular exercise: 29% (White), 37% (Black)
- Understanding medications: 22% (White), 36% (Black)
- Managing stress: 22% (White), 37% (Black)

Legend:
- Yellow: White
- Red: Black
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December 2007 Disparities in Diabetes Care Report (Dr. Thomas Sequist)

**This Month**

<table>
<thead>
<tr>
<th></th>
<th>% HbA1c &lt; 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your panel</td>
<td>40</td>
</tr>
<tr>
<td>Across HVMA</td>
<td>50</td>
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</table>

**Monthly Trend**

<table>
<thead>
<tr>
<th>Month</th>
<th>White-Black Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>12</td>
</tr>
<tr>
<td>August</td>
<td>10</td>
</tr>
<tr>
<td>October</td>
<td>8</td>
</tr>
<tr>
<td>December</td>
<td>6</td>
</tr>
</tbody>
</table>

Figure 1. % Achieving HbA1c < 7%

Figure 2. Trend in % Achieving HbA1c < 7%

PCP = Dr. Thomas Sequist
N = 100 white patients
N = 40 black patients
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Quality Improvement and Disparities

Internal and External Incentives → Provider Activities

↑ Disparities
↔ Disparities
↓ Disparities
Public Reporting and P4P

- Focus on the “measured” masks underlying differences in care
- Providers avoid ‘high risk’ patients
- Worsening ‘disparity of resources’

Careful consideration and monitoring