Unequal Treatment Revisited: The Current State of Racial and Ethnic Disparities in Health Care Workshop

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How clinicians and health system leaders can mitigate racial and ethnic inequities in health care

Examining two strategies from the nation’s largest non-profit, integrated health care system:

- Implement systemic approaches to care to overcome individual clinician biases

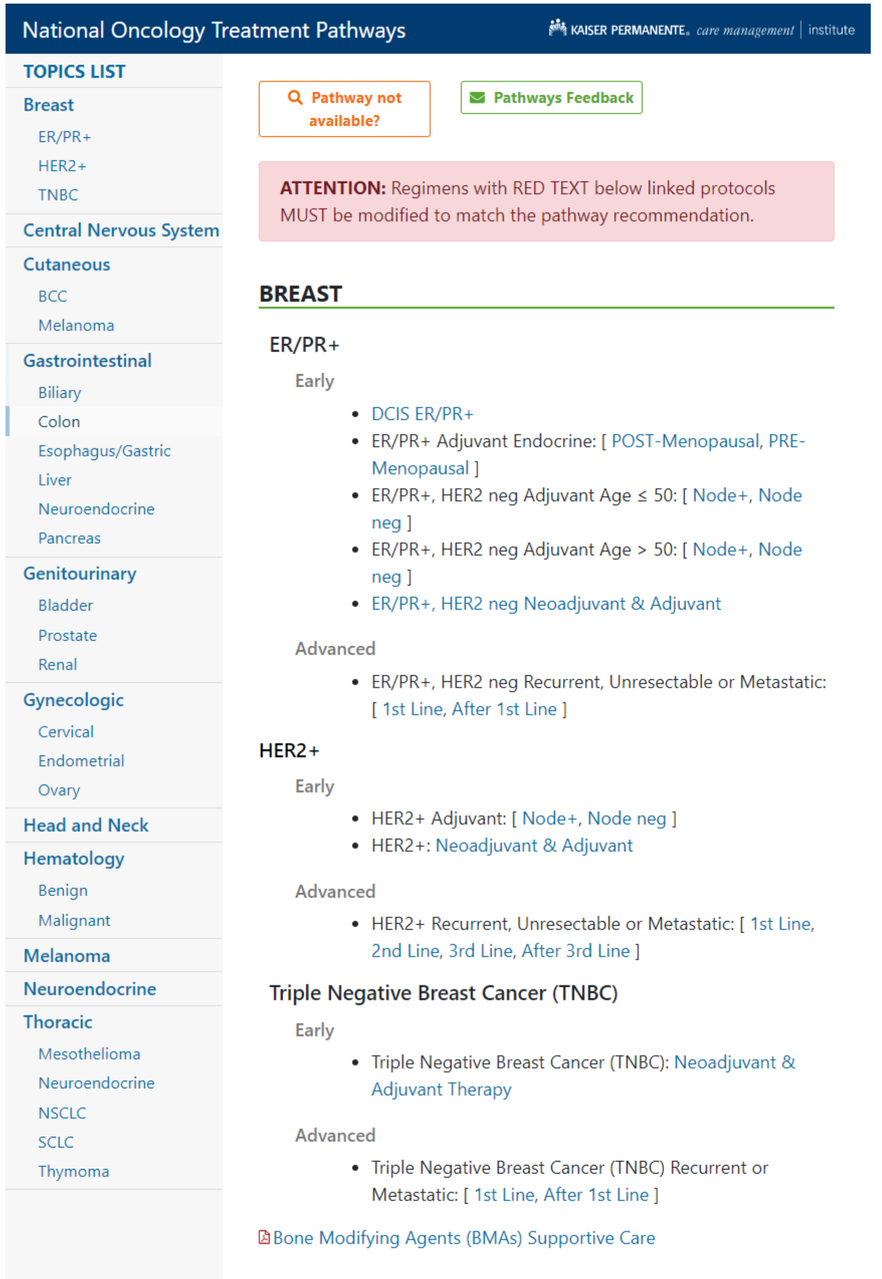
- Focus quality measurement on health outcomes, examined through the lens of equity and accounting for social health factors

KP clinical strategy: An overview

- Common set of clinical guidance used by all clinicians
- Supported internal process for reviewing evidence and issuing guidance
- Guidance widely disseminated and integrated into EHR
- Physicians not bound by guidance, but variation is discussed

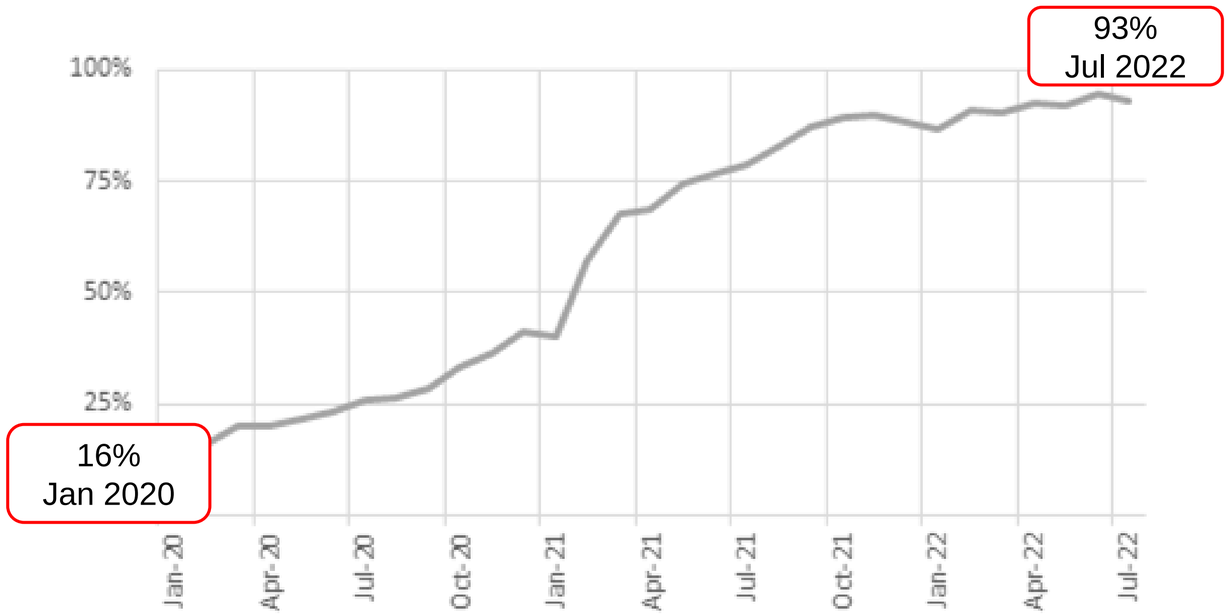
Case study: Oncology drug treatment pathways

- Developed 134 pathways by sub-specialty oncology physicians and pharmacy experts across Kaiser Permanente
- Organized into 11 organ systems and 20 disease sites
- Guide physicians to treatment options for their patients
- Change management in a timely manner due to severe drug shortages, pathway updates for withdrawal of drug indication
- Designed feedback loop for questions or suggestions

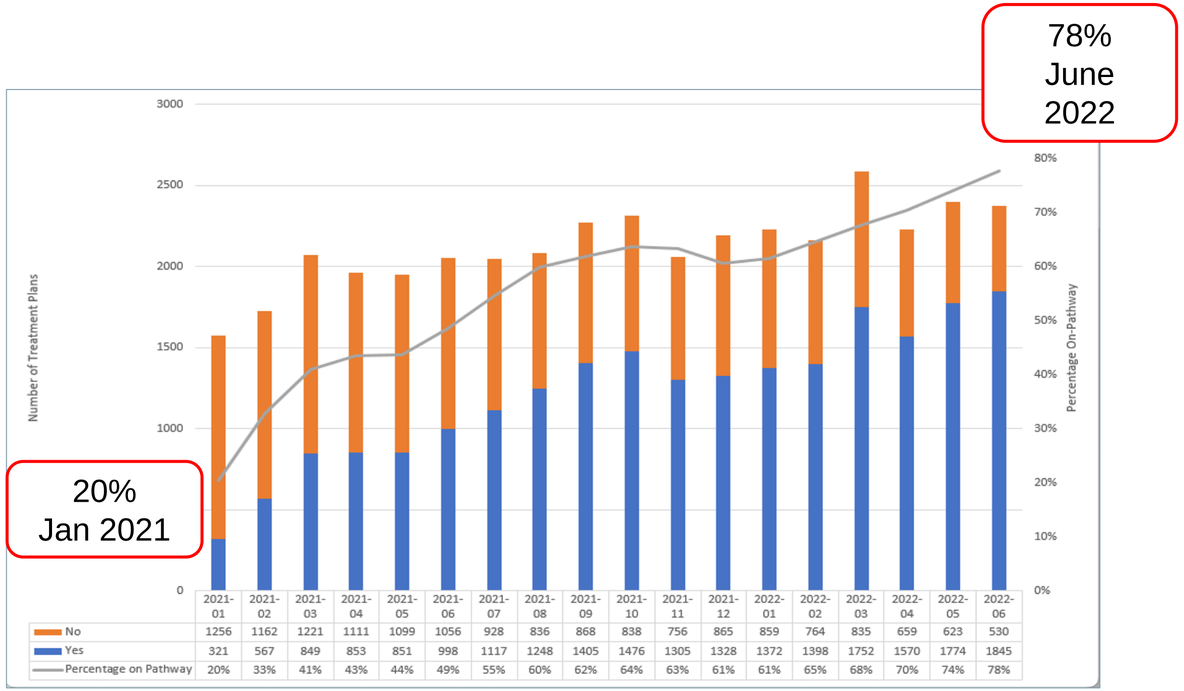


Adoption of oncology drug treatment pathways

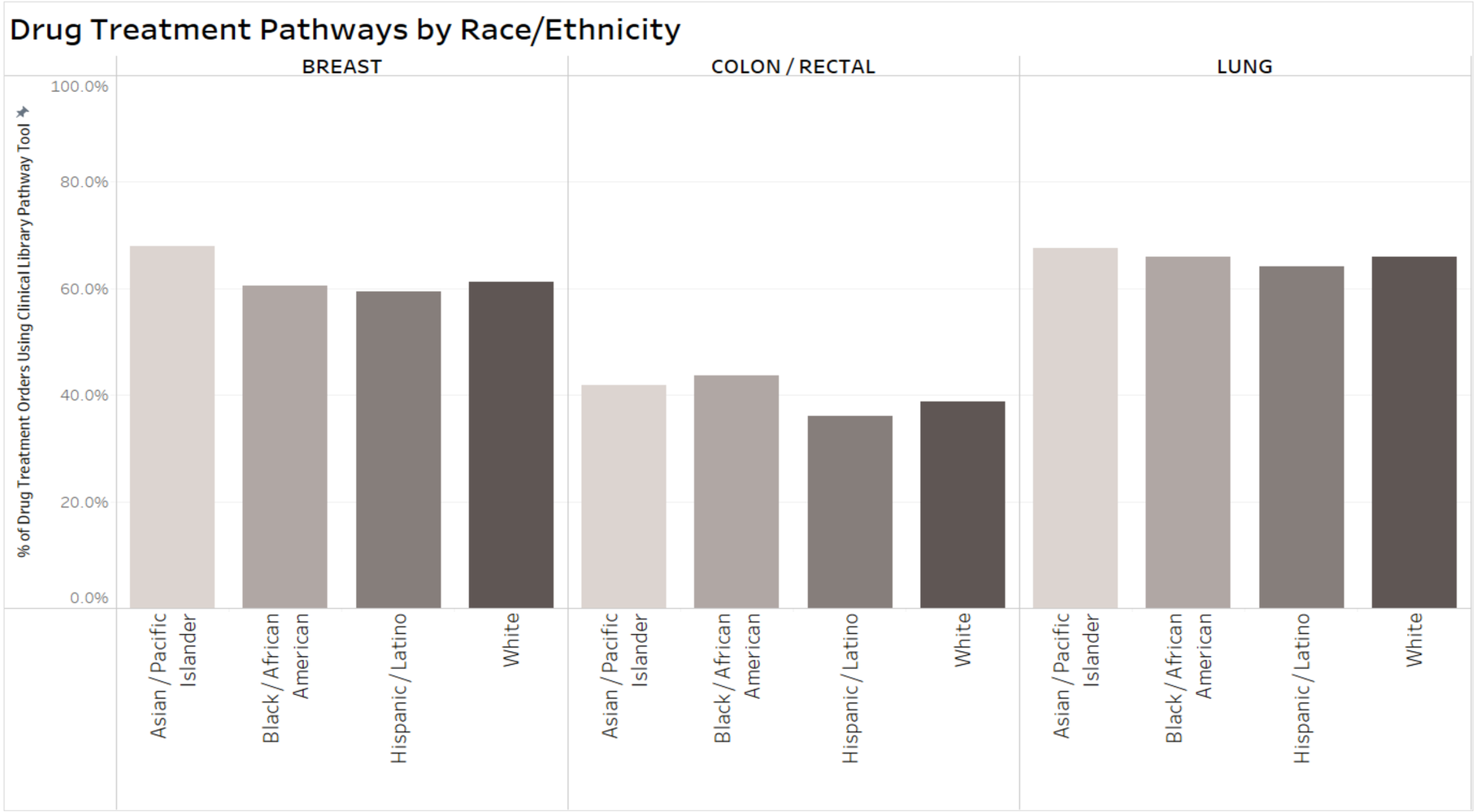
Percentage of physicians using pathways



Percentage of treatment plans using pathway



Clinical pathways allow us to deliver and measure equitable care



Denominator: Total number of treatment plans (orders) for patients diagnosed with one of the Pathways tracked cancer types between January 2021 - July 2022 for all regions excluding MA
Numerator: The subset of total treatment plans generated using the Pathways tool*
*In early 2020, National Oncology Drug Treatment Pathways went live in most KP regions. This is a decision support tool, based on KPHC Clinical Library, intended to assist the clinician in choosing a treatment protocol which is evidence based and evaluated for efficacy, toxicity, and cost. This report evaluates adherence to the protocol pathway workflow, measuring the total number of treatment plans created using Pathways and the utilization rate as a proportion of all treatment plans.

Focusing quality measurement on health outcomes, examined through the lens of equity and accounting for social health factors

Health plan quality measurement

Challenges with our current approach include:

Limited set of primarily process measures

Does not feel relevant to many clinicians – especially specialists

Not especially meaningful to patients

Does not assess equity

Kaiser Permanente quality goals

Make measurement of clinical outcomes routine

Report all quality measures through the lens of equity

Capture and incorporate social factors in the assessment of performance

Lead the national dialogue on the measurement of health care quality

Deliver superior quality and drive equitable health outcomes for our members, and improve conditions for health in our communities

Measuring premature mortality

KP is also collaborating with the Institute for Health Metrics and Evaluation (IHME) to use Years of Life Lost (YLL) as a measure of premature mortality, an important outcome measure that focuses greater attention on deaths that might be prevented through timely and high-quality diagnosis, early detection, and effective treatment.

The Global Burden of Disease work from IHME has been widely published and extensively vetted by an international oversight board.

Outcome metrics include:

- **Life expectancy at birth (in years)**
- **Mortality rate per 100,000**
  - Overall
  - By cause of death
- **Years of life lost rate per 100,000**
  - Overall
  - By cause of death

What is Years of Life Lost (YLLs)?

YLL is a measure of premature mortality and represents potential years of life that are lost when someone dies at a younger age than expected.

YLL is calculated by multiplying the number of deaths at each age by observed life expectancy at that age.

Comparing Premature Mortality

Between KP members* and the communities where KP operates:

YLLs are calculated separately for KP members and the community by:

- Market
- Year
- Age
- Sex
- Race/ethnicity
- Cause of death

Constructing the comparison between KP and the community

To create the outcomes comparison, the analysis uses data from various KP and national sources, including vital statistics/death certificate records, population demographics, population counts, population age distribution, and standard life expectancy tables.

KP members*

Results for KP members are based on:

- Aggregated vital statistics data (including cause of death data)
- KP membership by market, year, age, sex, and race/ethnicity

Deaths are included in the analysis if they occurred during a membership period or within 90 days of loss of membership.

Full population

Results for the full population in the communities in which KP operates are based on:

- Cause of death data from the National Vital Statistics System
- Population data from the National Center for Health Statistics
- Estimates include KP members

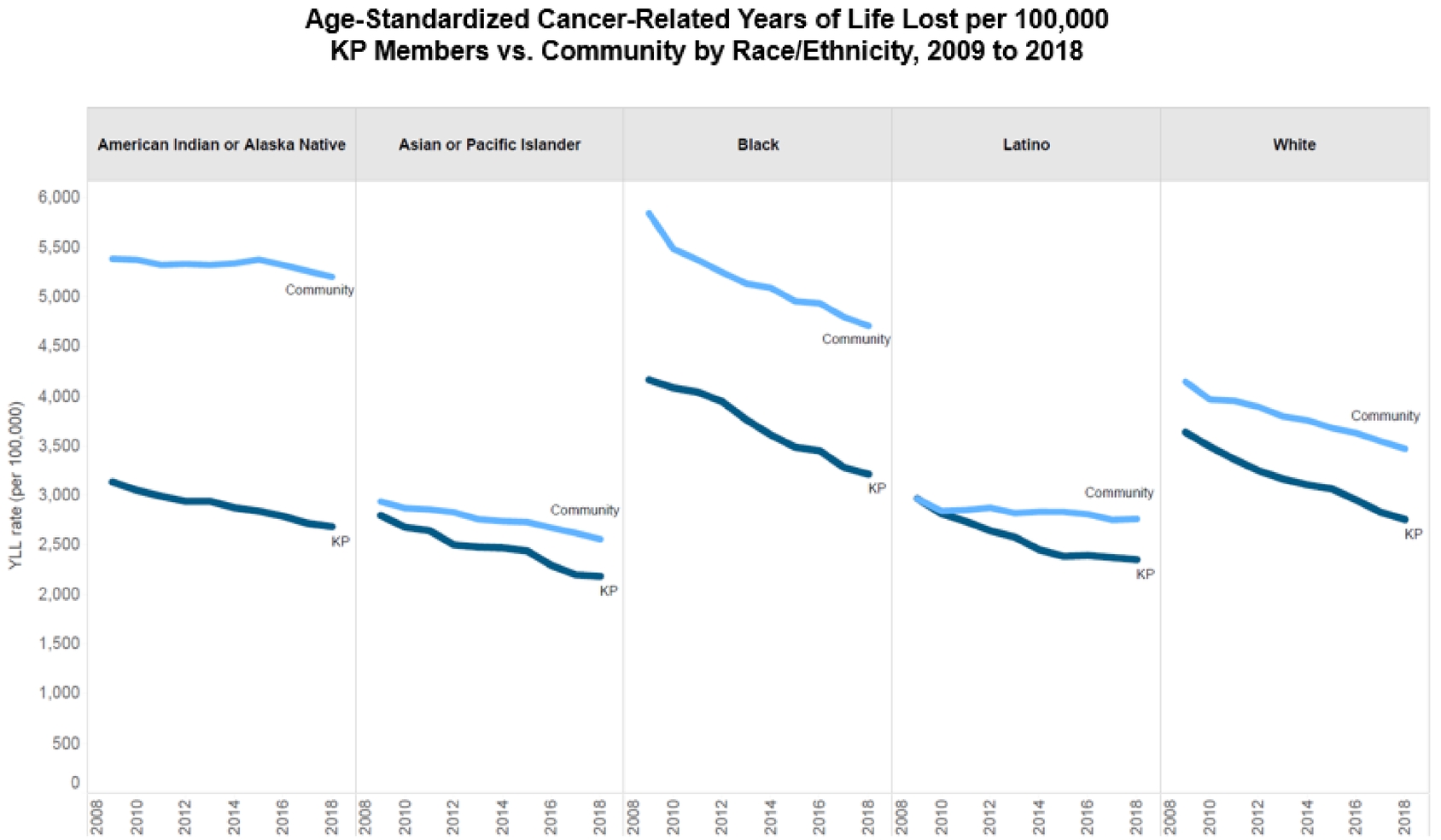
Results are population-based, KP enrollment-weighted averages at the county level.

Community comparison

The community results are derived by subtracting estimated deaths and population for the KP membership from estimated deaths and population for the general population in each county.

*KP Georgia members are not included in the analysis due to the unavailability of necessary data.

Cancer-related premature mortality rate by race and ethnicity



Estimates for the community are constructed from membership-weighted estimates at the county-level for counties in the KP footprint; KP member deaths are subtracted from total deaths.

Future directions

- Incorporating neighborhood and individual level social factors into outcome assessments and interventions to support equity
- Incorporating equity assessment of outcomes into incentive programs
- Supporting other health systems to measure outcomes through the lens of equity to establish benchmarks and accelerate improvement

