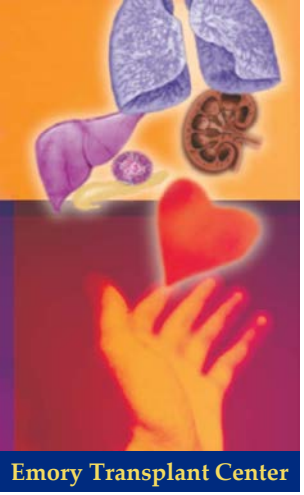

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Inequality in Quality: Closing the Disparity Gap

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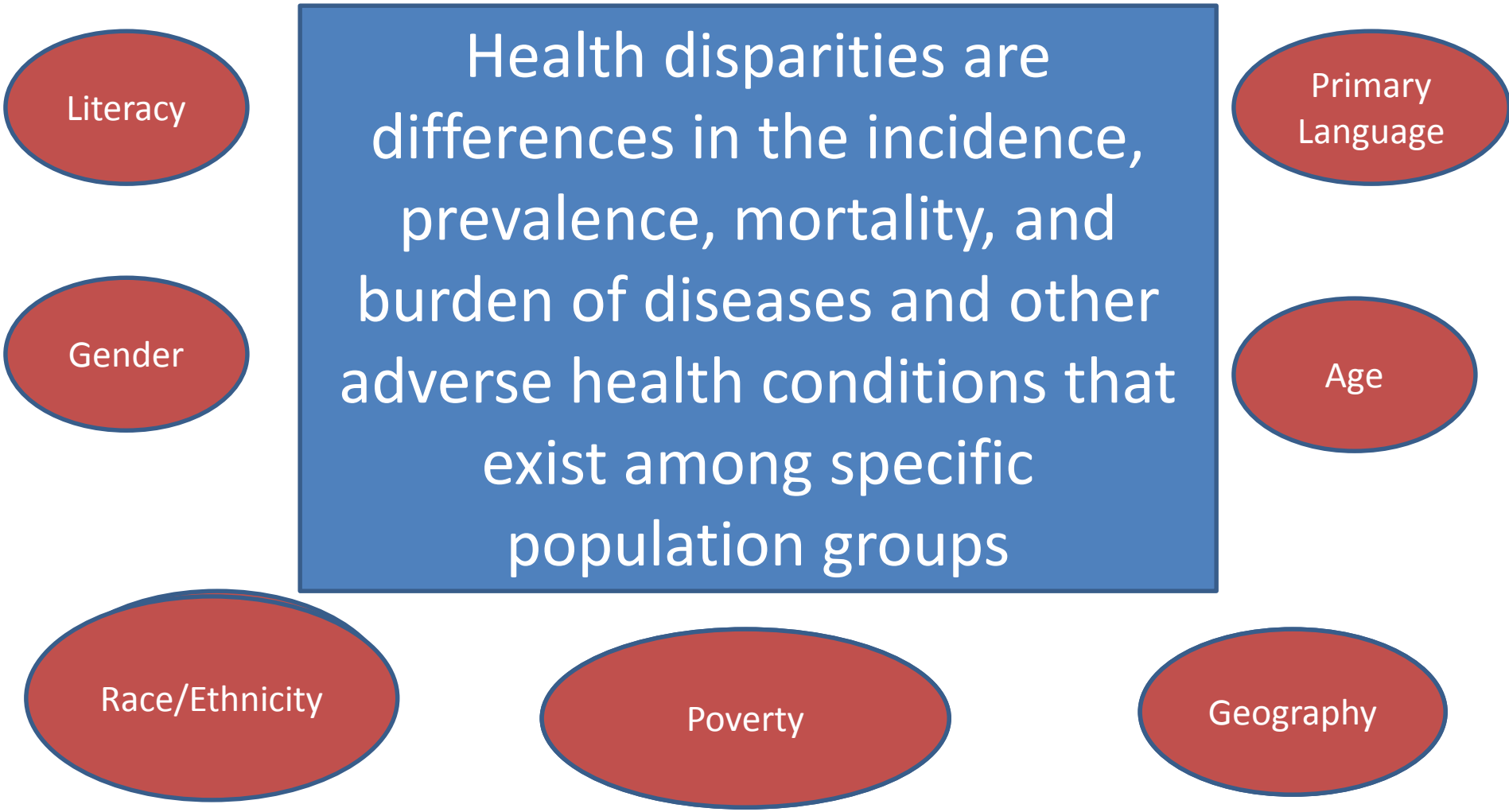
Objectives

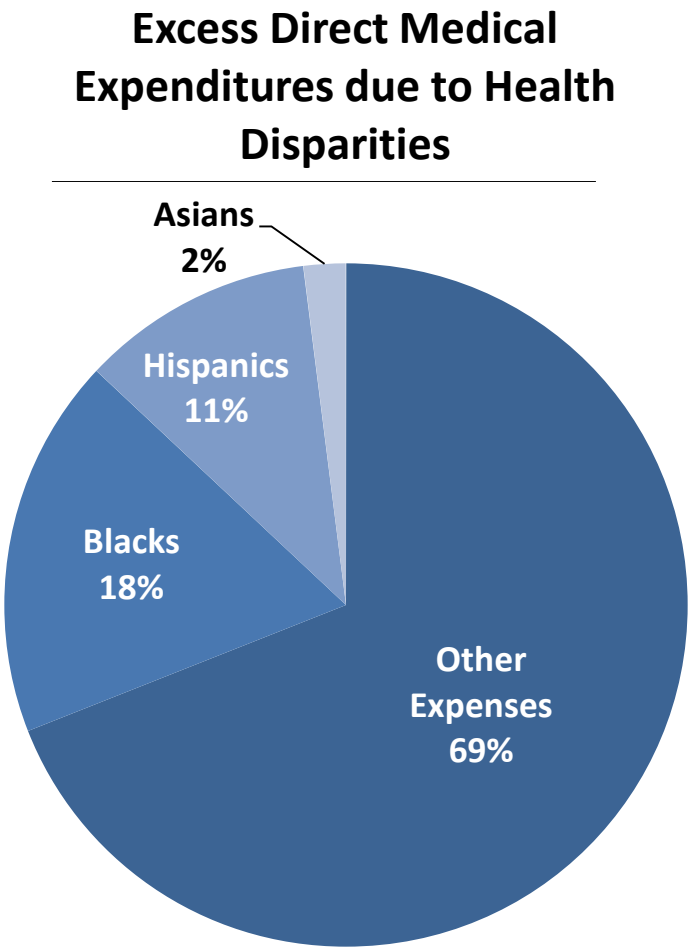
- To briefly define and describe disparities in quality health care
- To describe the link between disparities and quality
- To discuss some solutions to reduce disparities and improve quality health care

Definition of Health Disparities



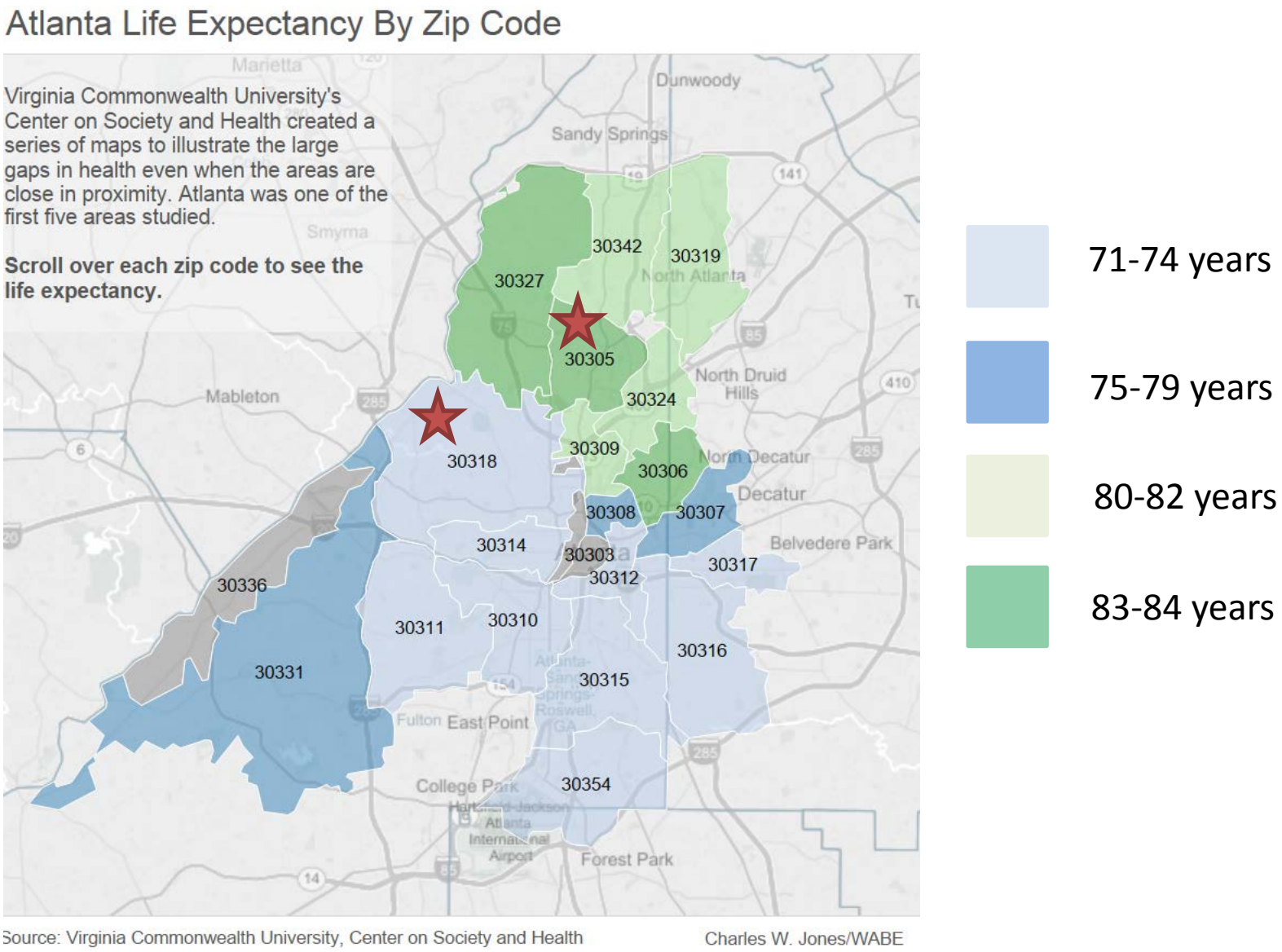
Why do health care disparities matter?

- Disparities limit continued improvement in population health and overall quality of health care
- Disparities cost the health care system
- >30% of direct medical costs for minorities were excess costs due to health inequities
  - Direct costs associated with treating a sicker population
  - Indirect costs associated with lost productivity and wages, premature death
- Eliminating health disparities for minorities in 2003-2006 could have saved >$1 trillion in medical expenditures



LaVeist TA et al, 2009. The economic burden of health inequalities in the United States. Washington, D.C.: Joint Center for Political and Economic Studies.

Local Health Disparity

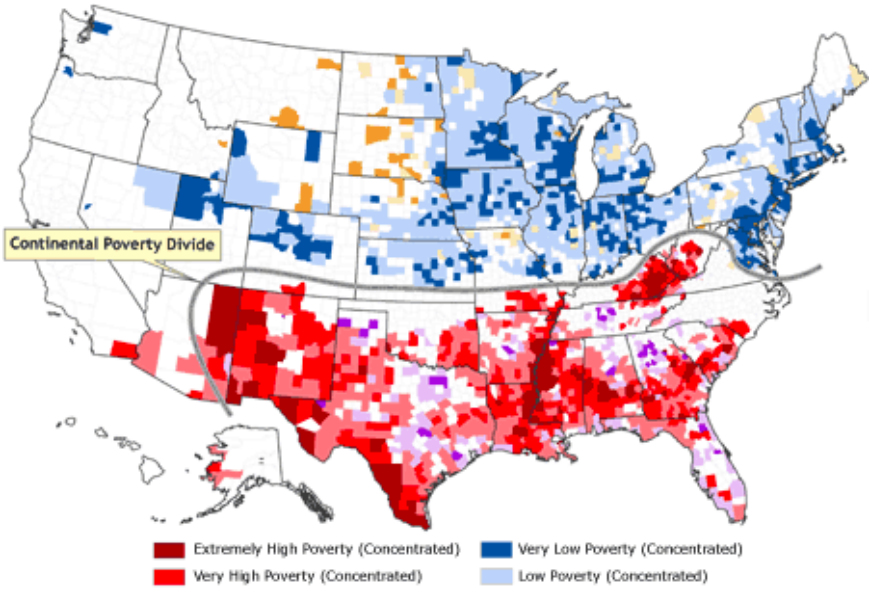


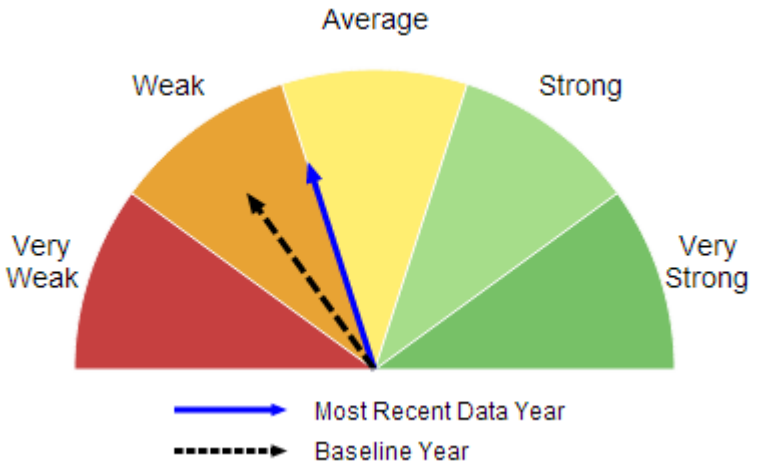
Source: Virginia Commonwealth University, Center on Society and Health

Charles W. Jones/WABE

Disparities: Focus on the Southeastern US

- Southeastern US has a higher concentration of poverty
- In Georgia, 91% of counties have a lower life expectancy than the US median of 76.5 years
- Southeast has higher rates of stroke, hypertension, diabetes, obesity, low birth rate, infant mortality, and hospitalization rates for chronic conditions
- Ranks #2 in percent of people uninsured (19.1%)
- GA ranks “Weak” on meeting HP 2020 Goals





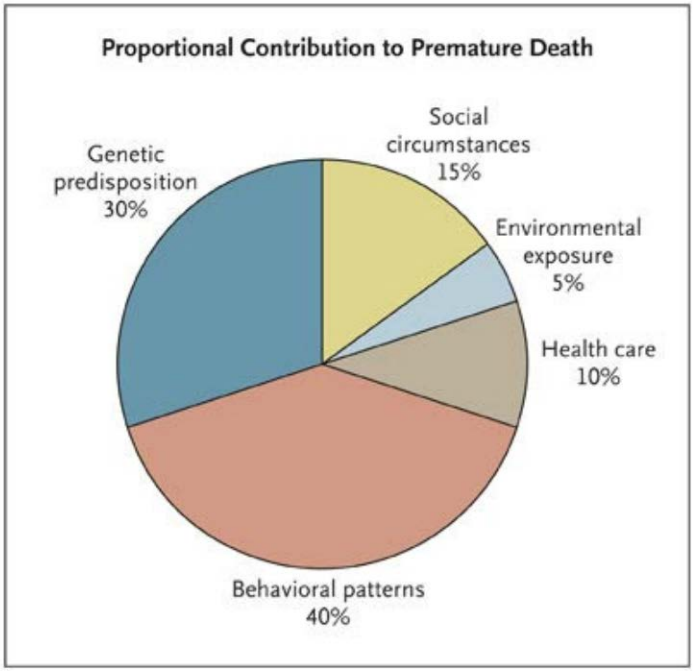
Rethinking Equity in Healthcare Quality

- Disparities reduction is an integral part of quality improvement in healthcare [1]
- Patients spend a relatively small amount of time in a health system vs. in their neighborhood or community
  - Increasing emphasis on improving the system of care, and integrating interventions within community and health system
- Two basic ways that health care affects health status: access to health care and quality of health care received [2]
  - US trails other developed nations

1. *Institute of Medicine Report "Future Directions for the National Healthcare Quality and Disparities Report."*
2. *Schroeder SA. "We can Do Better – Improving the Health of the American People. N Engl J Med 2007;357:1221-1228.*

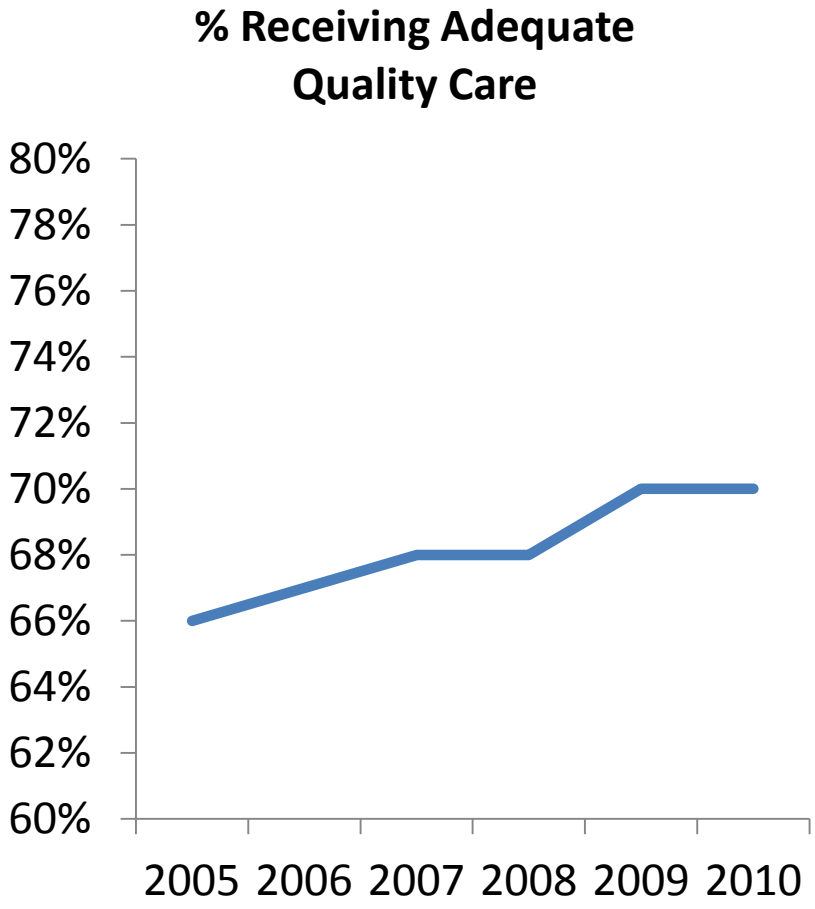
Healthcare Access and Outcomes

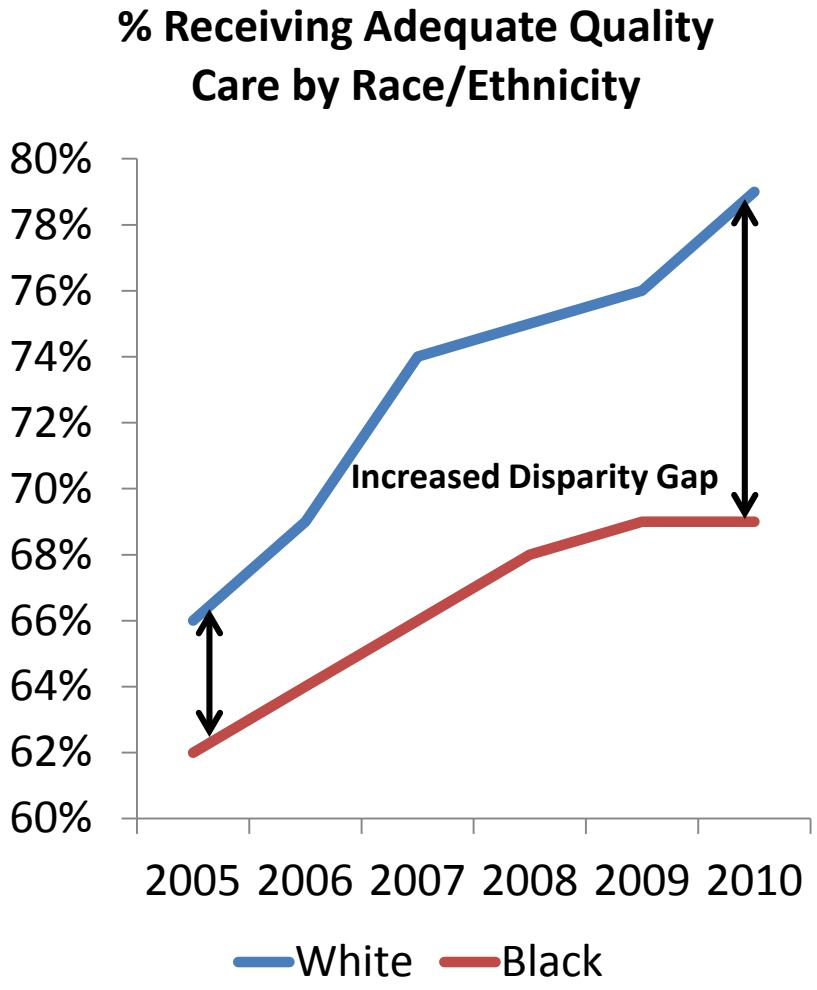
- Improving access to care does not necessarily improve health care outcomes
- Even if all of the population had access to medical care, only 10% of premature deaths would be prevented
  - Among the insured, health care is underutilized among those with low socioeconomic status
- Social and behavioral determinants play a much larger role



Schroeder S. "We Can Do Better — Improving the Health of the American People" *N Engl J Med* 2007; 357:1221-1228.

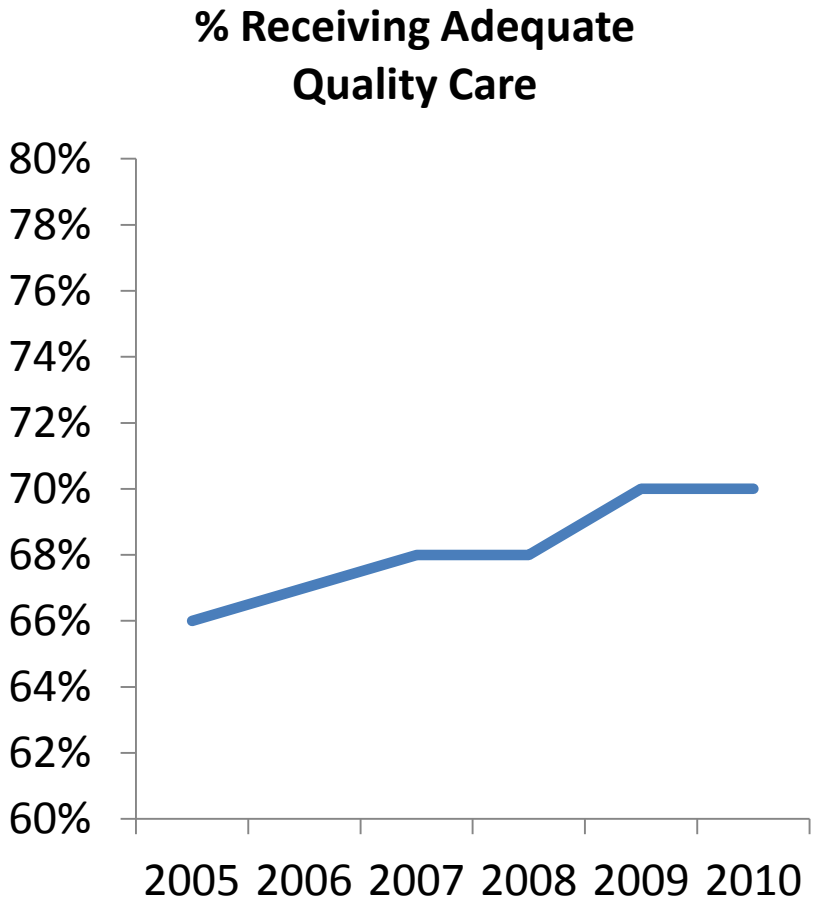
Increasing Quality of Care Does not Necessarily Reduce Disparities

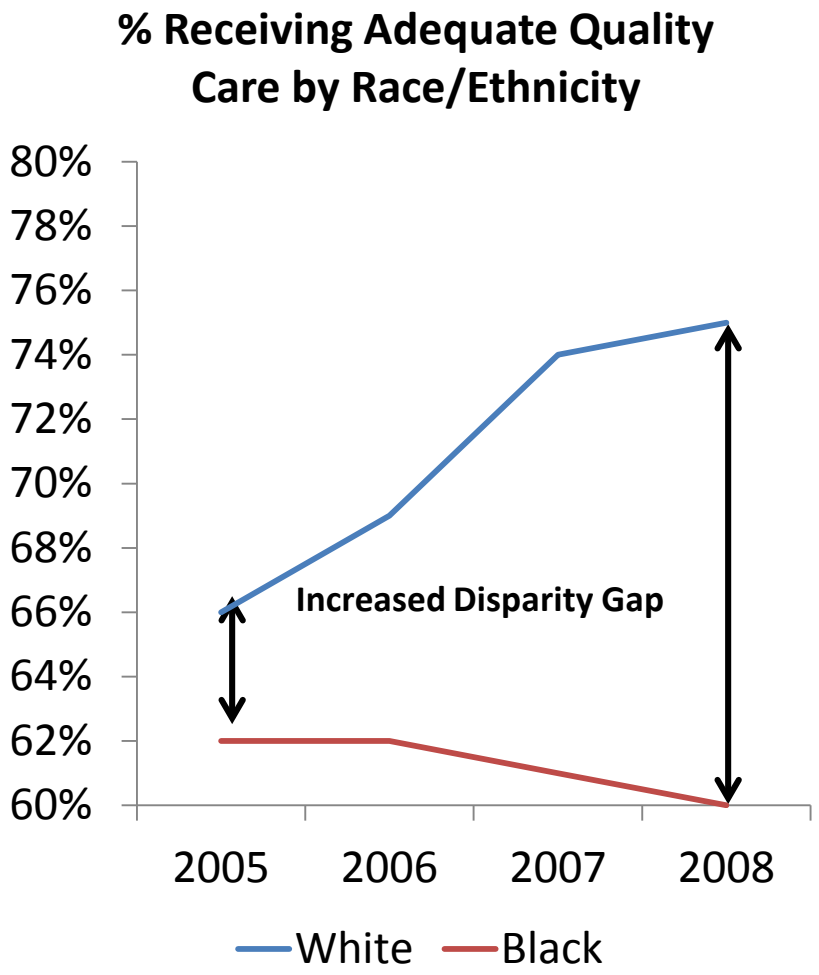




Hypothetical Data

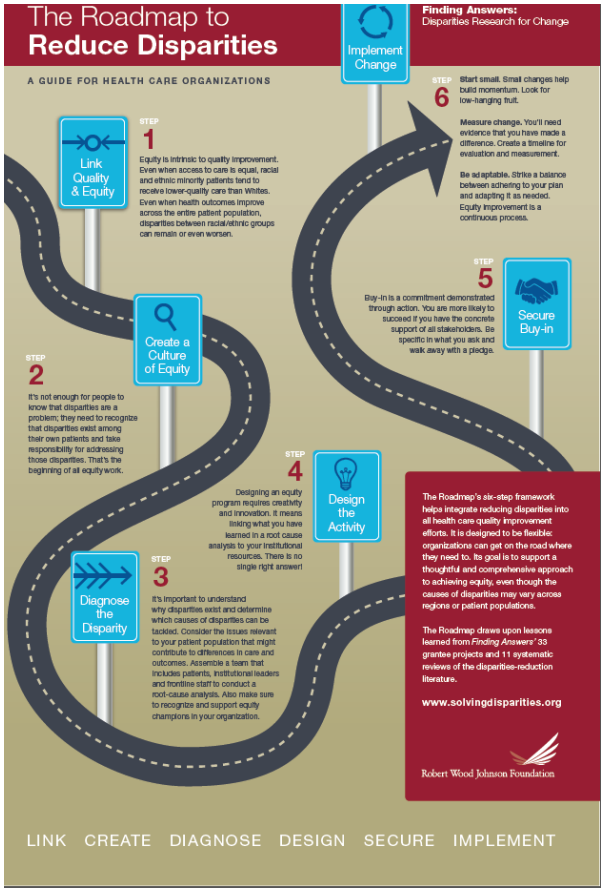
Increasing Quality of Care Does not Necessarily Reduce Disparities





Hypothetical Data

What methods have worked to reduce disparities?



- Multidisciplinary team of providers
  - Patient or peer navigators in addition to physicians, nurses, or other staff
- Education using interactive methods are more effective than traditional or didactic approaches
- Multi-factorial interventions targeting multiple leverage points along a patient's pathway of care
  - Patient, provider, microsystem, organization, community, policy
  - Collaborative community/academic partnerships

Chin et al, "A Roadmap and Best Practices for Organizations to Reduce Racial and Ethnic Disparities in Health Care. J Gen Intern Med 27(8): 992-1000

Conclusions

- Equity is a fundamental component of quality improvement
- Social and behavioral determinants of health play a large role in health quality
- Due to the multifactorial, multilevel nature of health disparities in our country, both individual and population-level strategies to reduce disparities are necessary
- Utilizing patient-centered, community-based research methods has the potential to improve quality of care *and* reduce disparities

“The primary determinants of disease are mainly economic and social, and therefore its remedies must also be economic and social”

– Geoffrey Rose, epidemiologist

Resources & References

- Tools to Reduce Disparities
  - Roadmap to Reduce Disparities (www.solvingdisparities.org)
  - Finding Answers Intervention Research (FAIR) Database
  - Toolkits to guide organizations in methods to collect race, ethnicity, and language (REL) data (www.hretdisparities.org)
  - AHRQ Health Care Innovations Exchange
    - www.innovations.ahrq.gov
- Equity Resources for Health Care Organizations
  - http://www.solvingdisparities.org/tools/roadmap/equity-resources
  - National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (HHS)