

Disparities in Chronic Disease Management and Prevention:

Findings from the 2006 National Healthcare Quality Report

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Research Objectives

- To examine changes over time in racial and ethnic disparities across a broad range of health care quality measures.
- To present findings from the 2007 National Healthcare Disparities on quality measures related to chronic disease management and prevention.



Study Design

- Data based on the 2006 National Healthcare Disparities Report
 - 211 measures of health care quality from over 30 data sources
- Measures cover the quality dimensions:
 - Effectiveness
 - Patient safety
 - Timeliness of care
 - Patient centeredness
- Analyses focus on 22 selected core measures from the full measure set.
- Blacks, Asians, American Indians and Alaska Natives are compared to Whites. Hispanics are compared to Non-Hispanic Whites. Only statistically significant differences (p<0.05) are discussed.
- For each core measure, disparities are measured in both absolute and relative terms.
- Disparities for a baseline year and for the most current year of data are compared to assess trends in disparities. Annual rate of change of 10% or more are reported as statistically significant change over time.



Selected Findings



Figure 1. Core quality measures for which members of selected group experienced better, same, or poorer quality of care compared with reference group

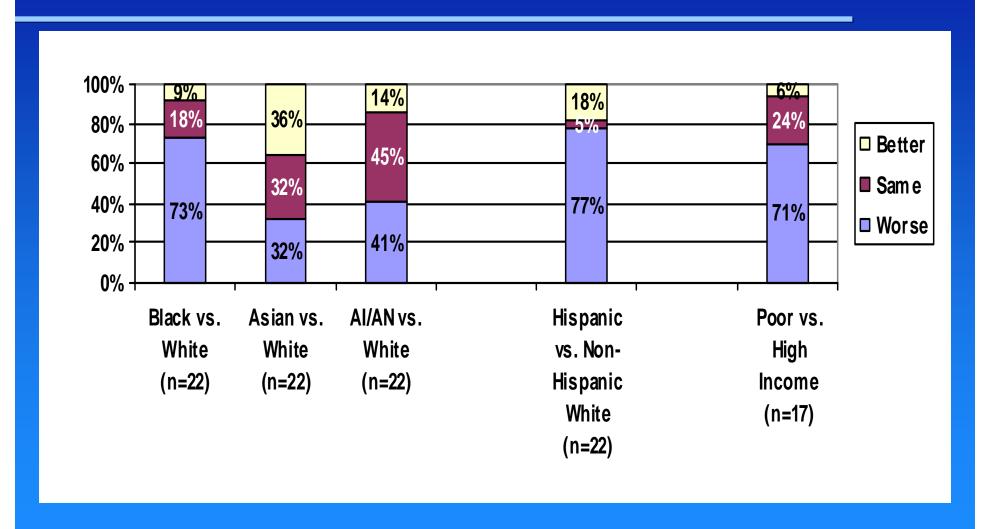
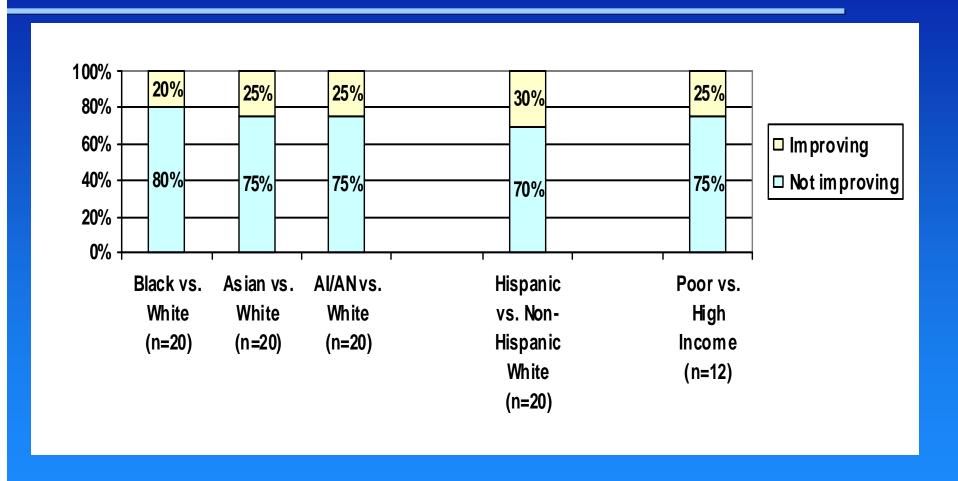




Figure 2. Change in disparities in core quality measures over time

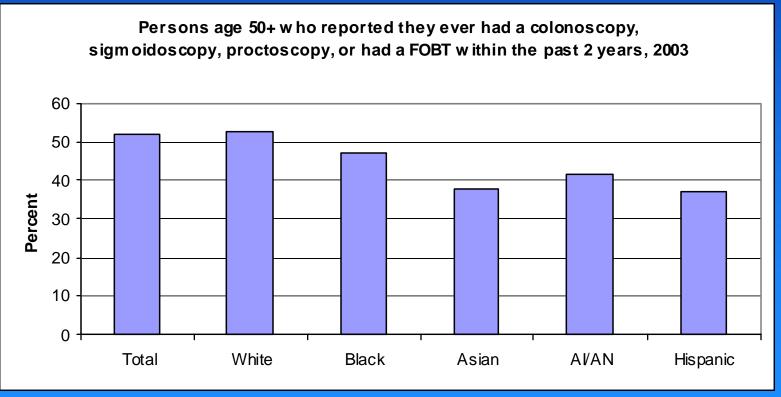




Disparities were prevalent in preventive care

Colorectal cancer screening rates were significantly lower for blacks and Asians compared with whites.

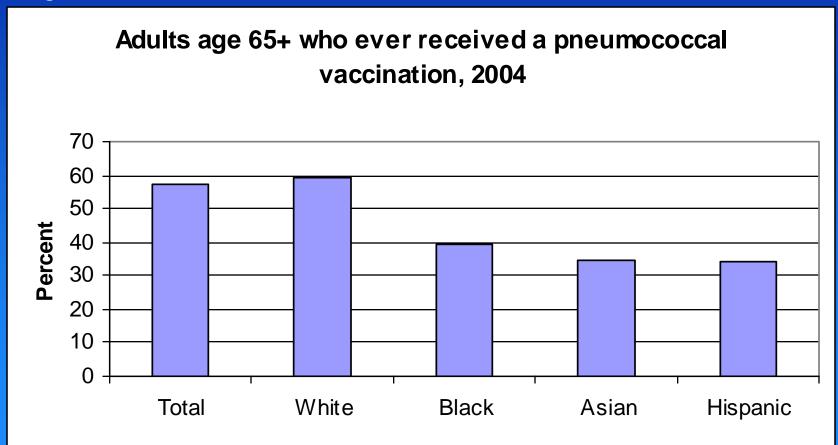
Figure 3



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.



Figure 4



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.



Obesity

- Over two-thirds (67.8%) of obese adults were told by a doctor or health professional that they were overweight
- The proportion of obese adults who were told by a doctor or health professional that they were overweight was significantly lower among Blacks and Mexican Americans compared with Whites; and among adults with less than a high school education compared with adults with any college education.

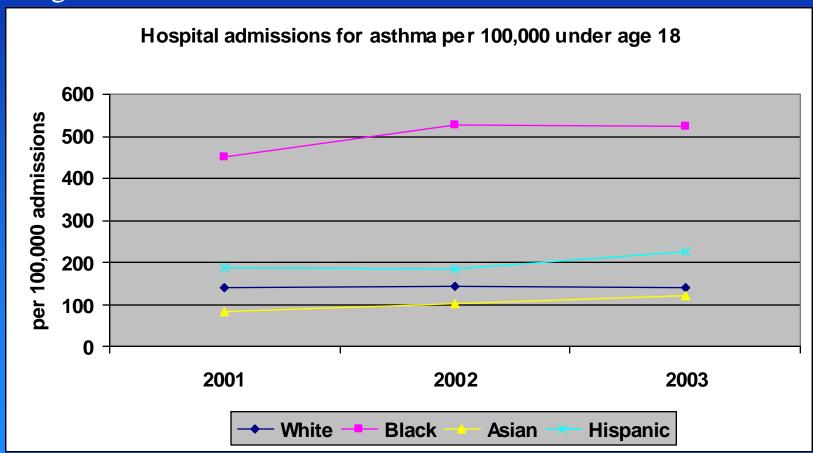


Trends

Disparities were increasing over time for measures for chronic conditions



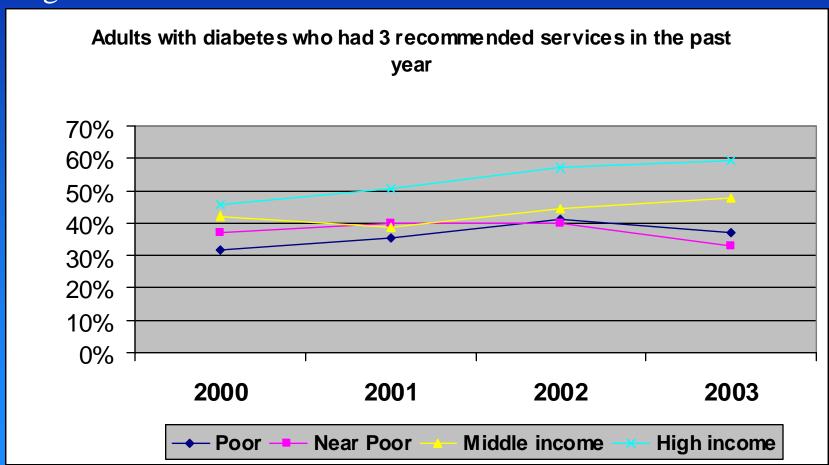
Figure 5



Source: Agency for Healthcare Research and Quality, Center for Delivery, Organization, and Markets, Healthcare Cost and Utilization Project, State Inpatient Databases, disparities analysis file, 2003. This file is designed to provide national estimates on disparities using weighted records from a sample of hospitals from the following 23 States: AZ, CA, CO, CT, FL, GA, HI, KS, MD, MA, MI, MO, NH, NJ, NY, PA, RI, SC, TN, TX, VA, VT, and WI.



Figure 6



Source: Agency for Healthcare Research and Quality, Center for Financing, Access and Cost Trends, Medical Expenditure Panel Survey.



Summary of quality measures getting worse Advancing Excellence in Health Care

Group	Preventive Services	Acute Illness Treatment	Chronic Disease Management	Timeliness	Patient Centeredness
Black vs. White	Late stage colorectal cancer	Hospital treatment of pneumonia	Patients with diabetes with amputations	Illness/injury care as soon as wanted	Adults with provider communication problems
	Children with all vaccines		Patients with adequate		
	Elderly with pneumococcal		hemodialysis Children hospitalized		
Asian vs.	vaccine Colorectal cancer	Hospital	for asthma Nursing home	Illness/injury	Adults with
White	screening	treatment of heart attack Hospital treatment of pneumonia	residents in restraints	care as soon as wanted	provider communication problems
	Children with dietary advice				
	Elderly with pneumococcal vaccine				Children with parent-provider communication problems
American Indian/Alaska Native vs. White		Hospital treatment of heart attack	Patients who complete TB treatment		
			Nursing home residents in restraints		
			Home health care patients hospitalized		
Hispanic vs. non-Hispanic White	Elderly with pneumococcal vaccine	Children hospitalized for gastroenteritis	Children hospitalized for asthma	Illness/injury care as soon as wanted	Adults with provider communication problems
			Patients who complete TB treatment		
		Hospital treatment of pneumonia			
Poor vs. high income	Colorectal cancer screening		Recommended services for diabetes	Illness/injury care as soon as wanted	Adults with provider communication problems
	Smokers with advice to quit				
	Children with all vaccines				
	Elderly with pneumococcal vaccine				



Conclusions

- The findings point to important opportunities missed to help Americans avoid disease, as well as opportunities to properly manage care for chronic diseases.
- Findings from the 2006 NHDR show that there are increasing disparities over time for chronic disease management especially for
 - Asthma
 - Diabetes
 - Obesity

and disparities in preventive care especially for

- Pneumonia vaccines
- Colorectal cancer screenings
 for all priority populations.
- However, report findings also show that quality was better than the comparison group and is improving for at least 1 measure for every population.



Tracking disparities over time is important to identify groups and areas in greatest need of intervention. The NHDR provides a snapshot of prevailing disparities in health care at the national level. Users can use data from the reports as benchmarks for state or local quality improvement and disparities reduction efforts.



For more information

Download or request copies of the National Healthcare Quality Report and National Healthcare Disparities Report

http://www.ahrq.gov/qual/measurix.htm