



*Agency for Healthcare Research and Quality*

*Advancing Excellence in Health Care*

[www.ahrq.gov](http://www.ahrq.gov)

# Developing Local Solutions and Policies to Reduce Disparities in Health Care

**Carolyn M. Clancy, MD**

Director

Agency for Healthcare Research and Quality

APHA 135<sup>th</sup> Annual Meeting & Exposition

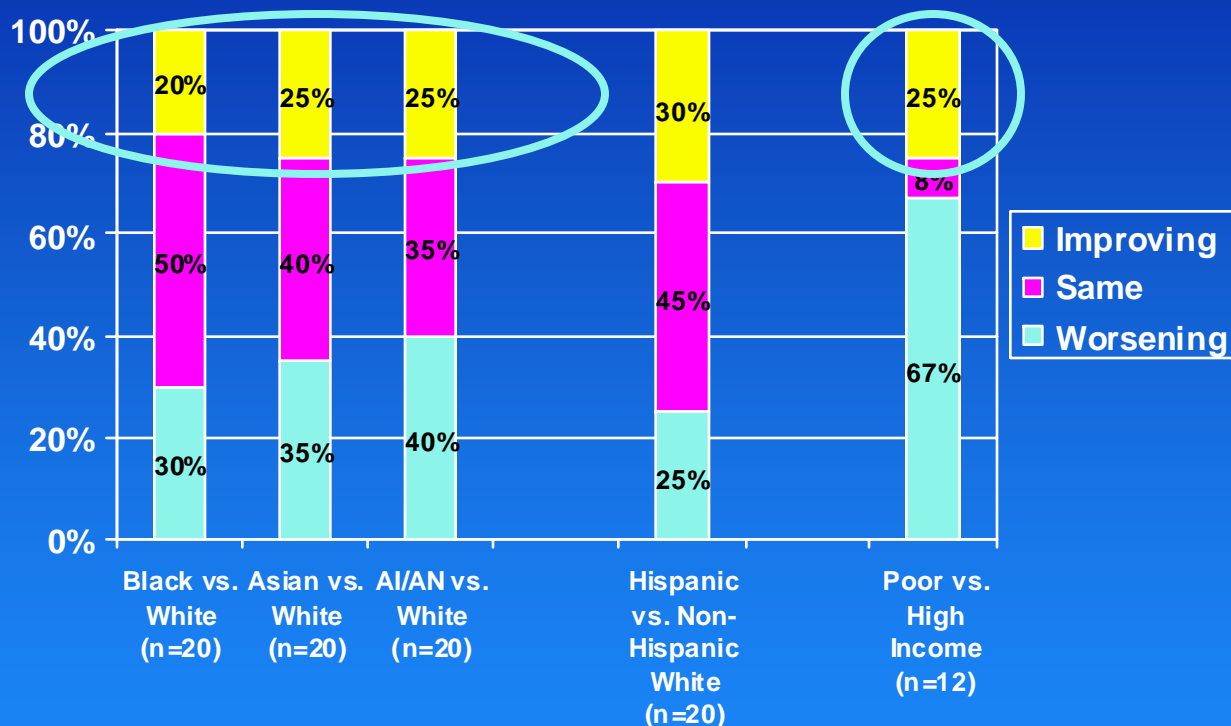
Washington, DC – November 7, 2007



# Nationally, Gaps Remain for All Patient Groups in Quality

Most disparities in quality are not improving

- 1/3 of racial and ethnic disparities in quality getting larger, 1/4 are getting smaller
- Two-thirds of disparities in quality for poor getting larger

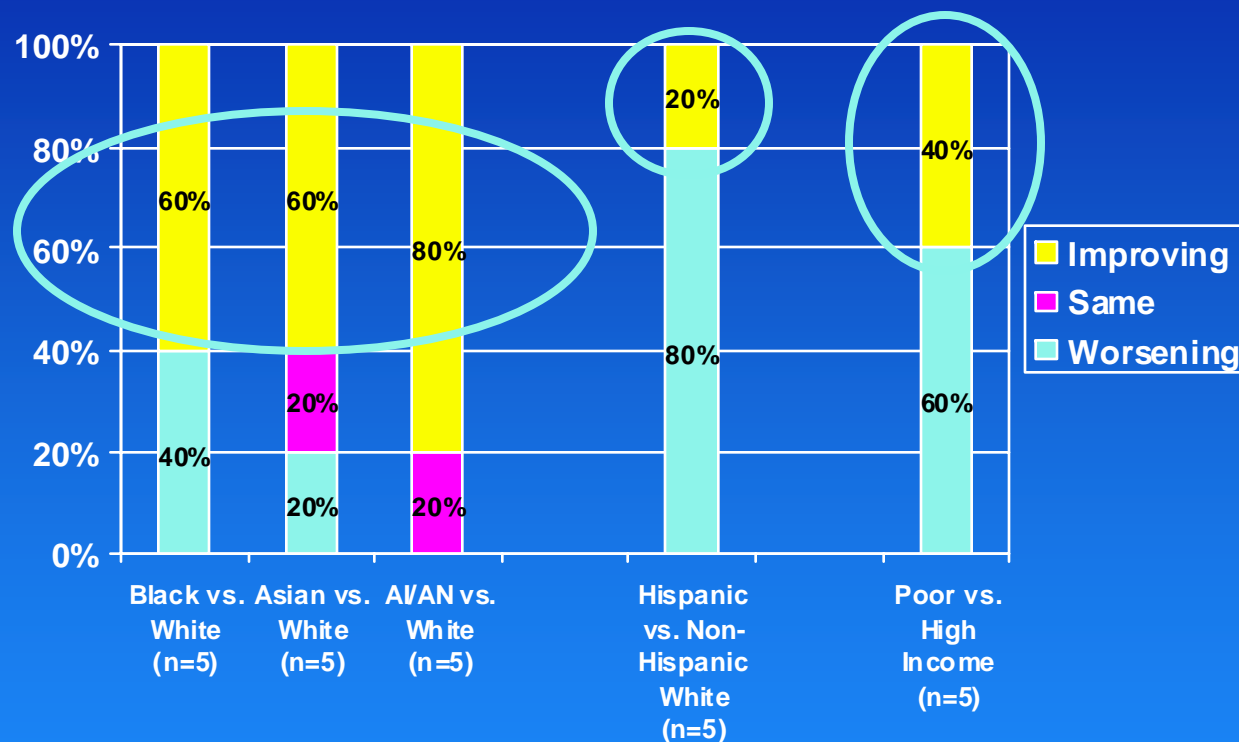


Note: Graph compares 2005 findings with 2006 findings for 20 “core” measures of quality from NHDR Measure Set, Income analysis uses 12 core measures where income data is available

# ...and Access

## Disparities in access improving for some groups

- Most disparities in access getting smaller
- But not for Hispanics and the Poor



Note: Graph compares 2005 findings with 2006 findings for 5 "core" measures of access from NHDR Measure Set



# Local Solutions and Policies to Reduce Disparities



- What We Know About Disparities
- Chartered Value Exchanges
- Opportunities and Tools for Addressing Disparities
- 21<sup>st</sup> Century Health Care



# AHRQ's Mission

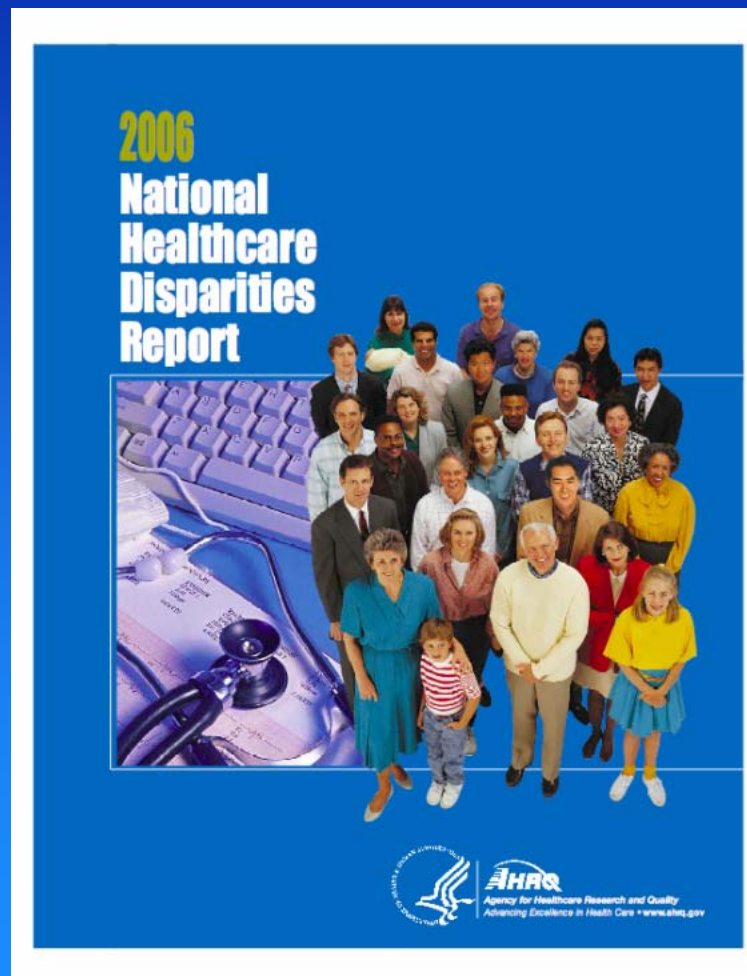
Improve the quality, safety, efficiency and effectiveness of health care for all Americans





# 2006 National Healthcare Disparities Report

- A comprehensive national overview of disparities in health care among racial, ethnic, and socioeconomic groups
- Tracks the progress of activities to reduce disparities





# What Do We Know About Disparities?

- Most areas of health care quality are improving, but only very slowly
  - 38 of 40 core measures improved compared with 2005 reports
  - Overall improvement rate: **3.1%**
- Use of proven prevention strategies lags significantly behind other gains in health care
  - Only **52%** of adults reported receiving recommended colorectal cancer screenings
  - Only **58%** of obese adults given advice about exercise from their doctor
  - Only **48%** of adults with diabetes receive all their recommended screenings





# Obesity, Cancer Screenings and Pneumonia Vaccines

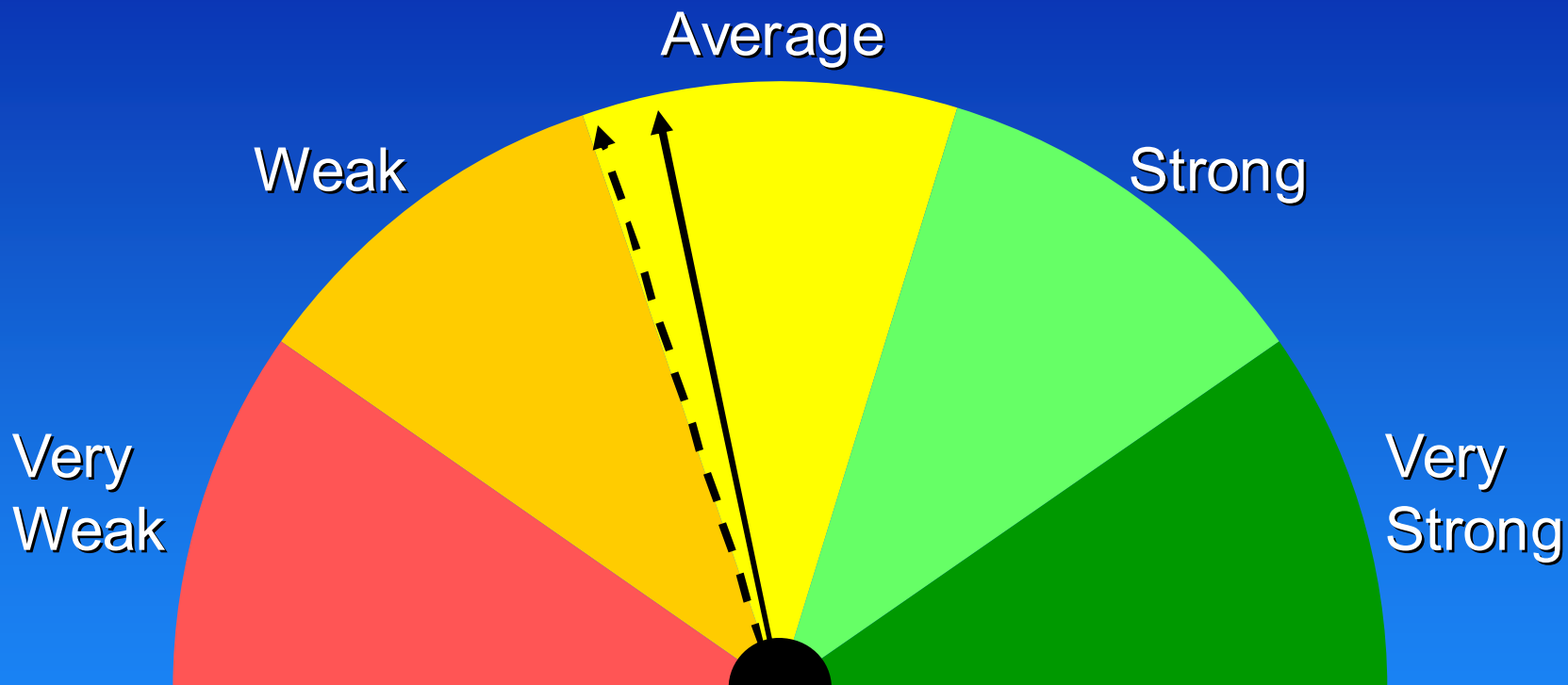
- Obese blacks were less likely to be told they were overweight by their health care provider
- Colorectal cancer screening rates were significantly lower for blacks and Asians than for whites
- Among people 65 and older, blacks, Hispanics, and those in lower income groups were less likely to have ever received a vaccine to prevent pneumonia







# DC: Overall Health Care Quality Performance vs. All States, One-Year Performance Change



## Performance Meter

- = Most Recent Year
- = Baseline Year

2006 National Healthcare Quality Report, State Snapshots



## DC Snapshot

<u>Measure</u>	<u>Performance</u>
% of adult surgery patients under Medicare who received appropriate timing of antibiotics	Better than Average
% of adults age 18 and over on Medicare managed care who reported that they can always get an appointment for routine care as soon as they wanted	Average
% of pregnant women receiving prenatal care in first trimester	Lower than Average

\*National Healthcare Quality Report, State Snapshots, 2006



# Local/National, Public/Private Partnerships

- Regional/local public-private collaboration is essential to the success of the Value-Driven Health Care Initiative
- HHS is building a system of Community Leaders and Value Exchanges that recognize local organizations which are engaged in the Value-Driven Health Care Initiative

**As of November 6, 2007**

809

Employers and providers have signed statements of support

61

state/local government entities have signed pledges

103

organizations have applied to become **Community Leaders** (97 have been confirmed)

[www.hhs.gov/valuedriven/index.html](http://www.hhs.gov/valuedriven/index.html)



# AHRQ Learning Network for Value Initiative

- Encourage sharing of experiences and lessons learned
- Identify and share promising practices that improve health care value
- Identify gaps where innovation is needed
- Provide face-to-face and virtual opportunities for peer-to-peer sharing of experience
- Identify interventions/tactics that yield the best outcomes
- Translate interventions into adaptable change strategies
- Create a user-friendly, Web-based knowledge repository

*Measurement Data aggregation Report Cards Provider Incentives Consumer Incentives*



# Hispanic Elderly Initiative



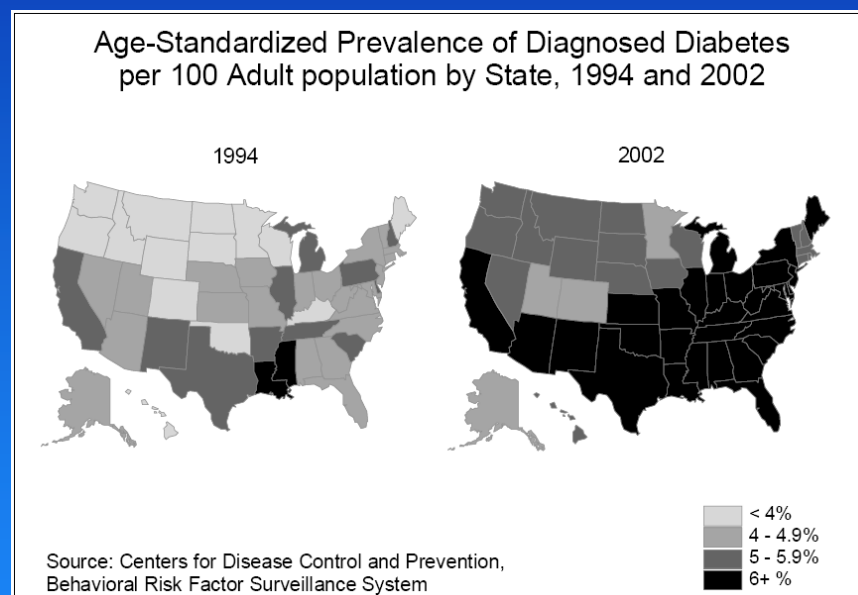
- HHS pilot initiative aimed at improving the health and quality of life for Hispanic elders
- Eight metropolitan communities selected to participate in the pilot: Chicago, Houston, Los Angeles, McAllen, Miami, New York, San Antonio, and San Diego
- Medicare participation and diabetes care are target areas of work for each of the communities

# Diabetes Resource Guide

## Diabetes Care

### Quality Improvement

- Resource guide provides information on why States should consider diabetes as a priority
- Analysis of State and national data and measures of diabetes quality and disparities
- Gives guidance for developing a State quality improvement plan.
- Companion interactive *Workbook* presents review exercises for State leaders



Diabetes Care Quality Improvement:  
A Resource Guide for State Action

AHRQ - 2004





# Asthma Care Quality Improvement

## Asthma Care Quality Improvement

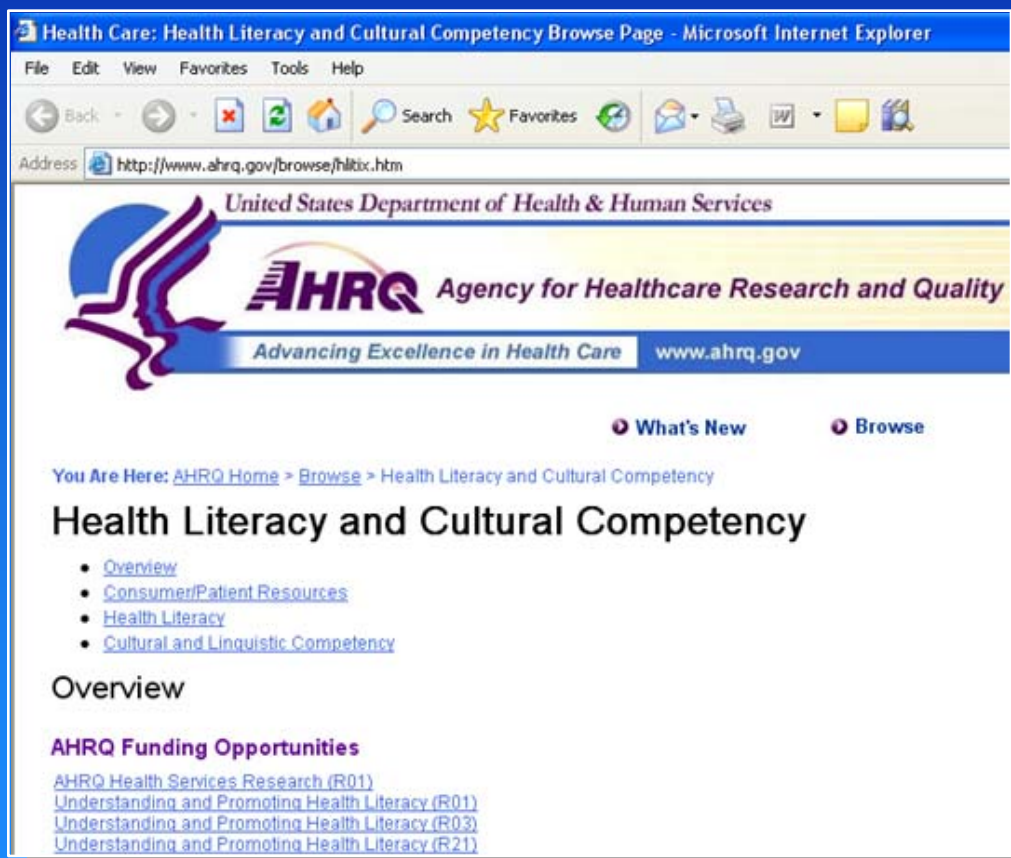
- Like the diabetes resources
- *Resource Guide* and companion *Workbook* provide information about asthma quality and disparities
- Present exercises to hone skills for developing a State asthma quality improvement plan

“The goal of improving asthma care quality in your State may at first seem overwhelming. Yet, with small, smart steps, you can make that happen.”

*Asthma Care Quality Improvement:  
A Workbook for State Action  
AHRQ - 2006*



# Health Literacy Evidence Report



“The nation’s estimated 90 million adults with lower-than-average reading skills are less likely than other Americans to get potentially life-saving screening tests such as mammograms and Pap smears, to get flu and pneumonia vaccines and to take their children for well child care visits.”

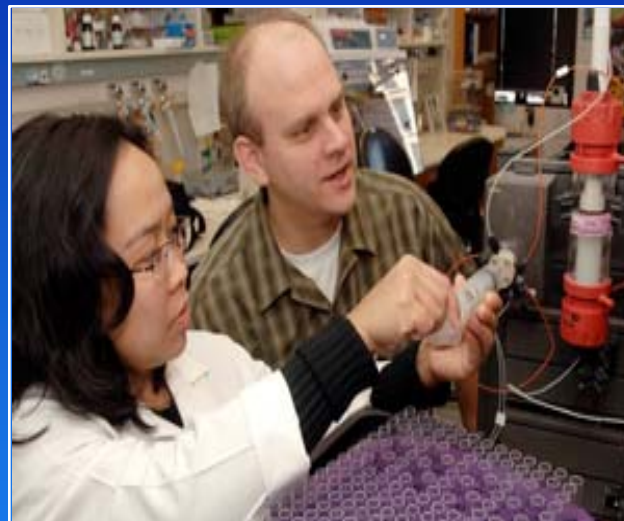
*AHRQ Health Literacy  
Evidence Report  
April 2004*



# Training Opportunities to Address Disparities

## ■ Research Infrastructure Support Programs

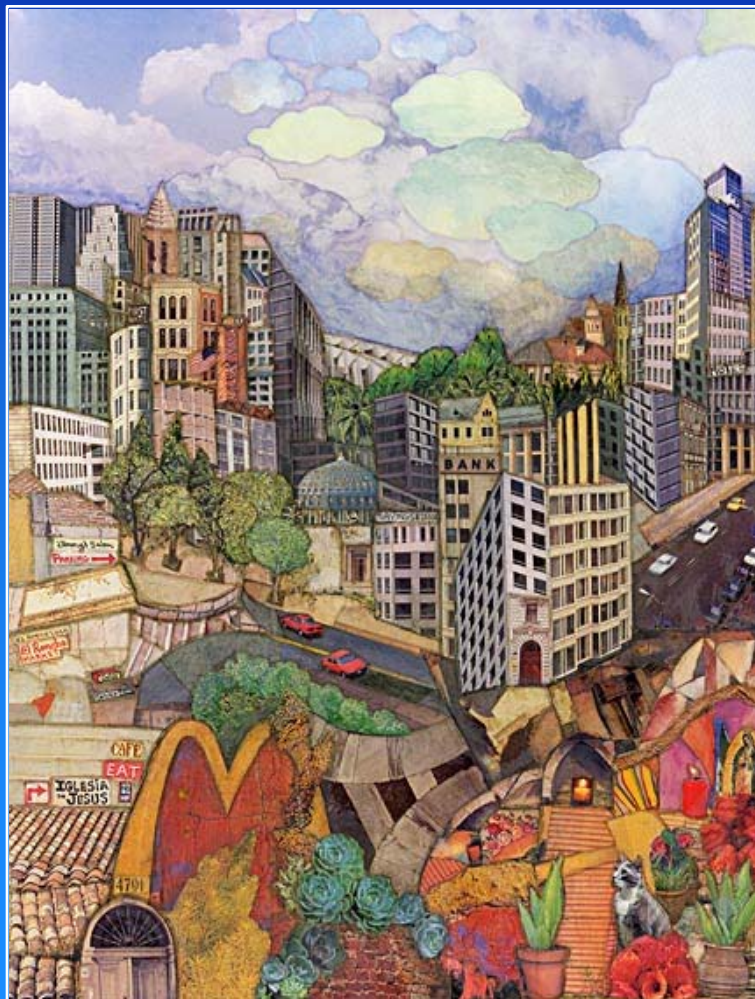
- Minority Research Infrastructure Support Program (M-RISP)
- Building Research Infrastructure and Capacity (BRIC)





# Moving Forward

- Neighborhood solutions are the key for achieving the elimination of health care disparities
- Many causes of disparities and priorities for addressing them vary across the country
- Addressing disparities will require community based projects



# We Face Frustrations

- Health care is complex
- Health care is plagued by conflicting demands, needs and incentives
- Systems can impede our work
- But...





# Equitable, Safe Care Can Be Achieved

We can create positive health care when:

- We work in teams
- We use evidence to provide appropriate services and treatments
- We implement technology wisely
- We work as partners with our patients





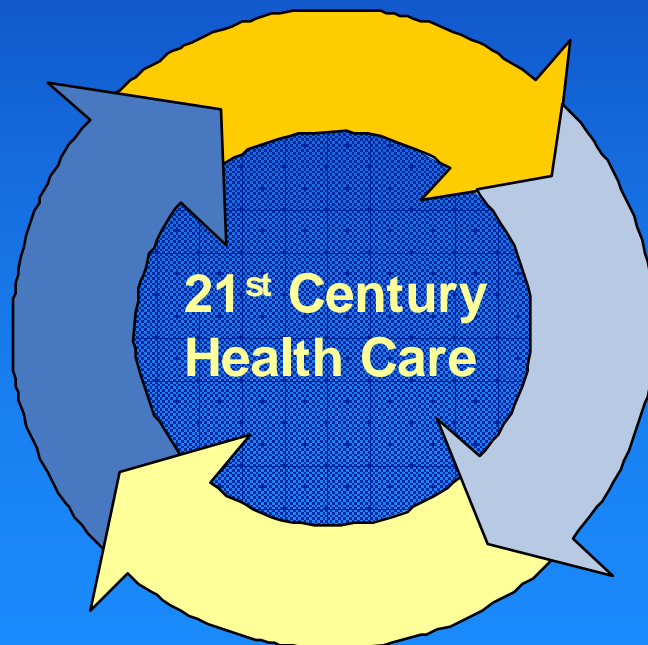


# 21<sup>st</sup> Century Health Care

*Improving quality by promoting a culture of safety through Value-Driven Health Care*

*Information-rich, patient-focused enterprises*

*Evidence is continually refined as a by-product of care delivery*



*Information and evidence transform interactions from reactive to proactive (benefits and harms)*

*Actionable information available – to clinicians and ALL patients – “just in time”*



*Agency for Healthcare Research and Quality*

*Advancing Excellence in Health Care*

[www.ahrq.gov](http://www.ahrq.gov)

<http://www.ahrq.gov>