

Disclosure of Financial Relationship

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Finding Answers: Disparities Research for Change

Implementing Quality Improvement to Reduce Disparities

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A National Program of the Robert Wood Johnson Foundation at the University of Chicago

Roadmap

- Introduction to Finding Answers
- Conceptual model for interventions to reduce disparities
- 6 key components for reducing disparities
- Systematic review: what works for reducing disparities
- 10 emerging research questions

SQUIRE Guidelines and QI/Disparity Philosophy

- “QI should be an integral part of the plan to reduce disparities in care.”
- “danger is that they create the impression that reducing racial disparities is a marginalized activity distinct from the mainstream QI efforts of an organization.”

Chin MH, Chien AT. *Qual Saf Health Care* 2006; 15:78-79.

Finding Answers: Disparities Research for Change

Diabetes National Strategic Plan Translational Research

A National Program of the Robert Wood Johnson Foundation at the University of Chicago

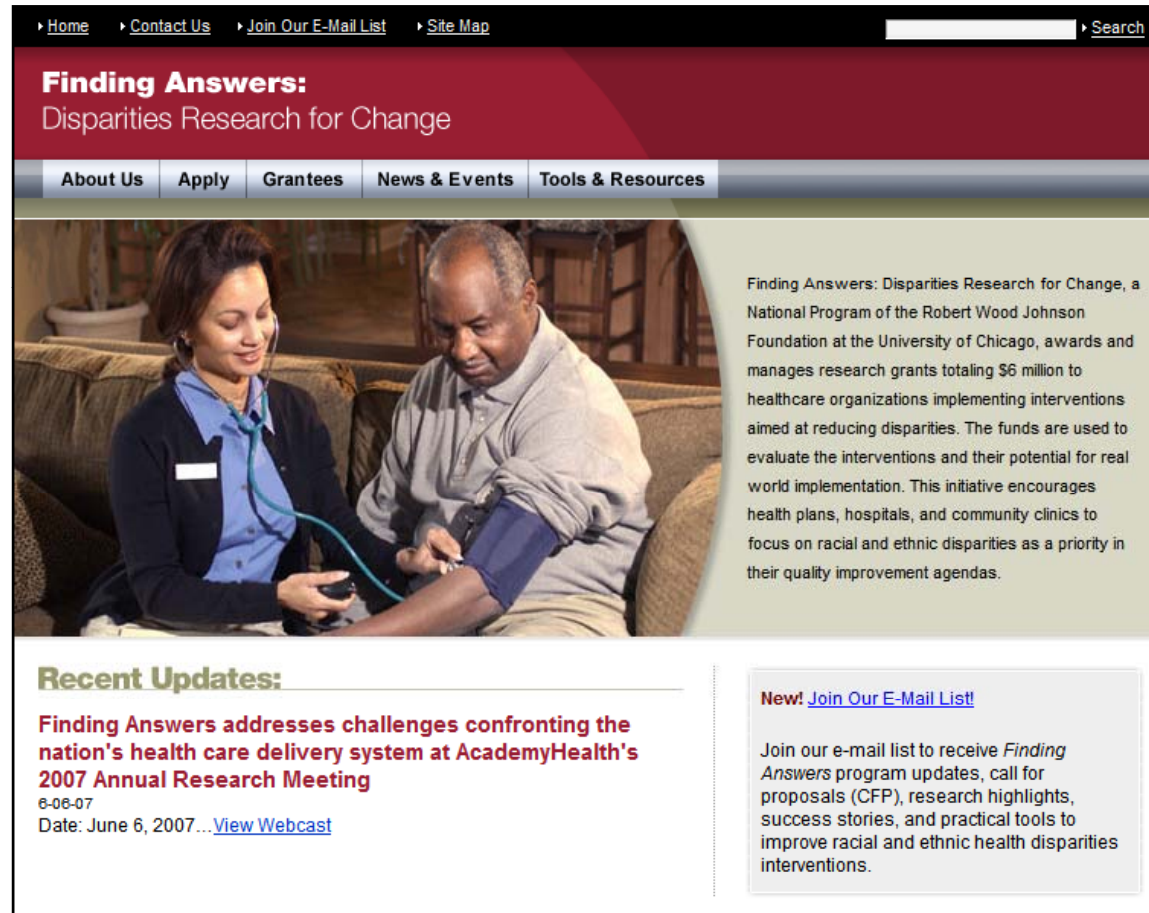
7 Key Topics

- Diabetes prevention
- Diabetes clinical care
- Disparities
- Patient-centered care
- Systems
- Context
- Policy

Finding Answers

- A national program supported by the Robert Wood Johnson Foundation with direction and technical assistance provided by the University of Chicago.

www.SolvingDisparities.org




The screenshot shows the homepage of the Finding Answers website. At the top, there is a navigation bar with links for Home, Contact Us, Join Our E-Mail List, and Site Map, along with a search box. Below this is a dark red header with the text "Finding Answers: Disparities Research for Change". A secondary navigation bar contains links for About Us, Apply, Grantees, News & Events, and Tools & Resources. The main content area features a photograph of a healthcare professional in a blue shirt and stethoscope examining an elderly man's arm. To the right of the photo is a text block describing the program. Below the photo is a "Recent Updates" section with a news item about a 2007 research meeting. On the far right, there is a call-to-action box for joining the e-mail list.

▸ Home ▸ Contact Us ▸ Join Our E-Mail List ▸ Site Map ▸ Search

Finding Answers:
Disparities Research for Change

About Us Apply Grantees News & Events Tools & Resources



Finding Answers: Disparities Research for Change, a National Program of the Robert Wood Johnson Foundation at the University of Chicago, awards and manages research grants totaling \$6 million to healthcare organizations implementing interventions aimed at reducing disparities. The funds are used to evaluate the interventions and their potential for real world implementation. This initiative encourages health plans, hospitals, and community clinics to focus on racial and ethnic disparities as a priority in their quality improvement agendas.

Recent Updates:

Finding Answers addresses challenges confronting the nation's health care delivery system at AcademyHealth's 2007 Annual Research Meeting
6-06-07
Date: June 6, 2007... [View Webcast](#)

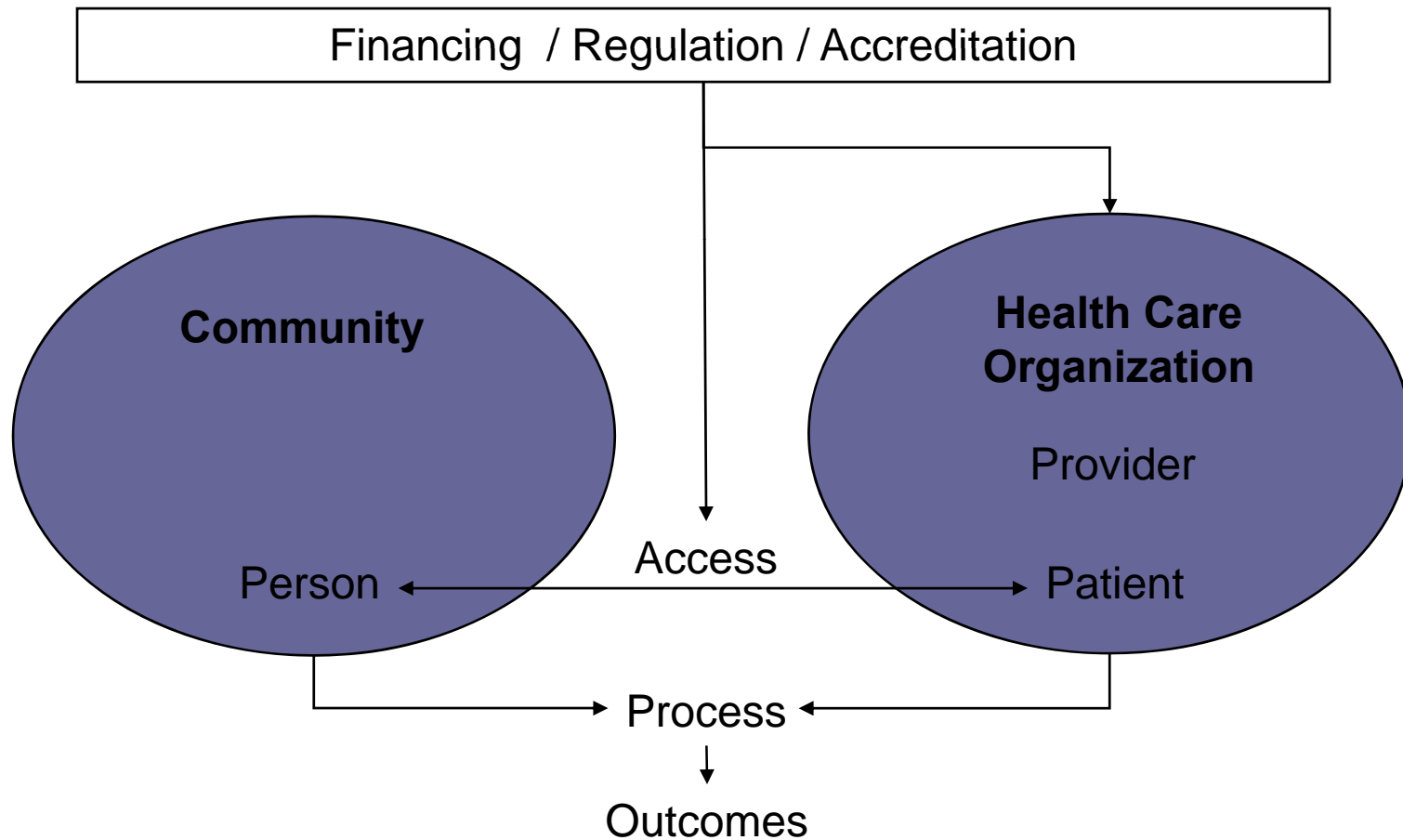
New! [Join Our E-Mail List!](#)

Join our e-mail list to receive *Finding Answers* program updates, call for proposals (CFP), research highlights, success stories, and practical tools to improve racial and ethnic health disparities interventions.

Goals of Finding Answers

- Grant funds to evaluate practical solutions to reduce racial and ethnic health care disparities.
- Conduct systematic reviews of racial and ethnic health care disparities interventions.
- Disseminate results to encourage health care systems to address racial and ethnic gaps in care.

Conceptual Model



Integral Components of Systems Approach to Reducing Disparities

- Examine your performance data stratified by insurance status, race/ethnicity, language, and socioeconomic status.
- Get training for your staff to work effectively with diverse populations.

Chin MH. Ann Intern Med 2008; 149:206-208.

Systems Approach 2

- Make reduction of inequities in care for vulnerable populations an integral component of quality improvement efforts.
- Provide models of care and infrastructural support to enable organizations to improve the quality of care for vulnerable patients.

Systems Approach 3

- Align incentives to reward providers and health care organizations for providing high quality care to vulnerable populations.
- Allocate more resources for the uninsured with chronic diseases.

Systematic Reviews



- Reviewed more than 200 articles that outlined interventions that have the potential to reduce racial and ethnic disparities
 - Cardiovascular disease
 - Diabetes
 - Depression
 - Breast cancer
 - Cultural leverage
 - Pay-for-performance incentives

- FAIR Database – searchable database of interventions
www.SolvingDisparities.org

Systematic Review Lessons

- Multifactorial interventions that address multiple leverage points along a patient's pathway of care
- Culturally tailored QI > generic QI
- Nurse-led interventions with multidisciplinary teams and close tracking and monitoring of patients.

Chin MH, et al. Med Care Res Rev 2007; 64:7S-28S.

Factors Determining Depression Disparities

- System
 - Lack of access to mental health providers
- Community
 - Preference to seek treatment within ethnic community
- Provider
 - Diagnostic uncertainty / Cultural barriers
- Person
 - Cultural bias against mental health treatments

Key Findings: Chronic Care Model

- Not Effective
 - Interventions addressing barriers at only one level
 - Access to mental health services alone does not reduce disparities
 - Single component interventions targeting providers did not reduce disparities

- Effective
 - Multi-component primary care interventions using the Chronic Care Model
 - Addressed factors at system, community, provider and person level
 - Improved ethnic minority care processes and outcomes

Case Study: IMPACT Study

- Elderly in primary care with depressive disorder
- Chronic care model
 - Screening in primary care
 - Consultation liaison psychiatry available for decision support
 - Case-management assist patients
 - Navigate fragmented healthcare system
 - Enhance trust and knowledge
 - Reduce stigma and negative attitudes
- Disparities eliminated

Arean PA et al. *Med Care*. 2005;43:381-390

Key Findings: Socio-culturally Tailored Behavioral Interventions

- Socio-culturally tailored interventions may reduce disparities compared to standard approaches
 - Focus on unique problems of ethnic minorities
 - Build on successful coping strategies within patient's culture
 - Incorporate cultural frameworks of target population

Case Study: Mamás y Bebés

- Socio-culturally adapted depression prevention intervention targeting post-partum depression
 - Focused on problems encountered by low-income new mother in Hispanic community
 - Built on cultural strengths (family solidarity)
 - Incorporated Hispanic family culture/structure
- Pilot study
 - Reduced risk of major depression

Munoz RF et al. Prevention of Postpartum Depression in Low Income Women: Development of the Mamas y Bebes/Mothers and Babies Course. *Cognitive and Behavioral Practice*. in press.

Key Findings—Heart Failure

- **Care Management**—can ↓ hospitalization rates in advanced heart failure
- **Useful elements**— specialty nurse case management, education, frequent telephone follow-up with medication adjustment, oversight by a specialist

Key Findings—Diabetes

- No single optimal target
- Culturally-tailored interventions may be > standard QI programs
- Human capital interventions \geq technological interventions
- Better utilization of non-physician staff can
→ improvements in diabetes care

REACH 2010:

Charleston and Georgetown Diabetes Coalition

- South Carolina – 28 coalition partner organizations
- Health system change
 - Chart audits, feedback to organization, diabetes registry
 - Patient empowerment – Gold Card, ABCs of diabetes
- Community development, empowerment, and education
 - Interdisciplinary team
 - Five community health workers
- Eliminated disparities in processes and outcomes

Additional Recommendations from Review of Pediatric Literature

- Reviewed QI intervention studies to reduce child health disparities
 - Asthma care
 - Immunizations

Chin MH, et al. Pediatrics. In press.

Recommendations

1. Measure and improve structural aspects of care experience that impact outcomes.
2. Incorporate families into interventions.
3. Integrate non-health care partners into QI interventions.

Pediatric Asthma

- Strong community outreach component
 - Utilizing lay health outreach workers
 - Conducting home visits
 - Integrating interventions into existing community-based organizations and services

Case Example

- Home visitation component
 - Environmental health assessments
 - Community outreach worker educates family
 - Concrete resources provided for allergen alleviation

Case Example (cont.)

- Home visitation component
 - Tailored to individual children's allergies and family's needs
 - Community outreach worker acts as link between clinic and family

Evans R, et al. *Pediatrics* 1999; 135:332-338.

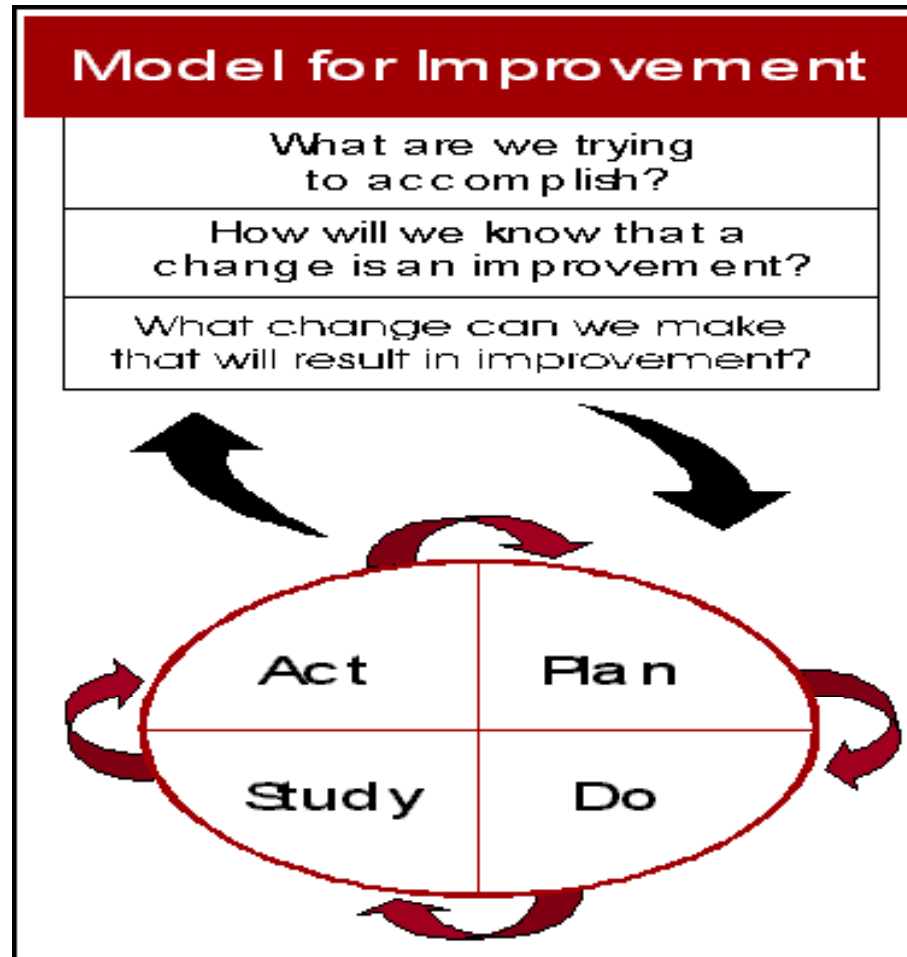
Health Disparities Collaboratives

- National effort in about 1000 health centers beginning in 1998

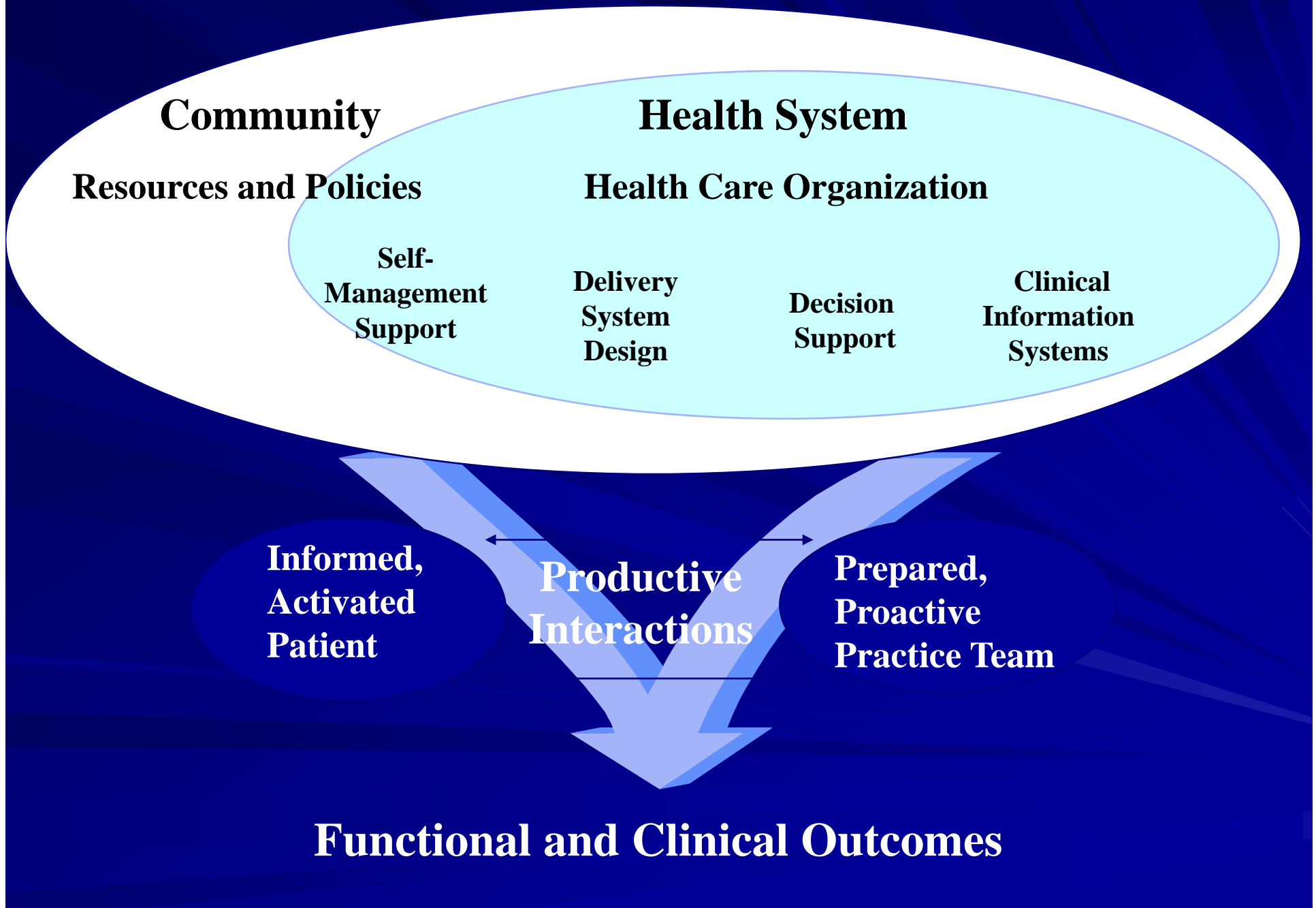
3 Components

- CQI: Rapid Plan-Do-Study-Act cycles
- Chronic Care Model
- Learning sessions

Plan-Do-Study-Act Cycles



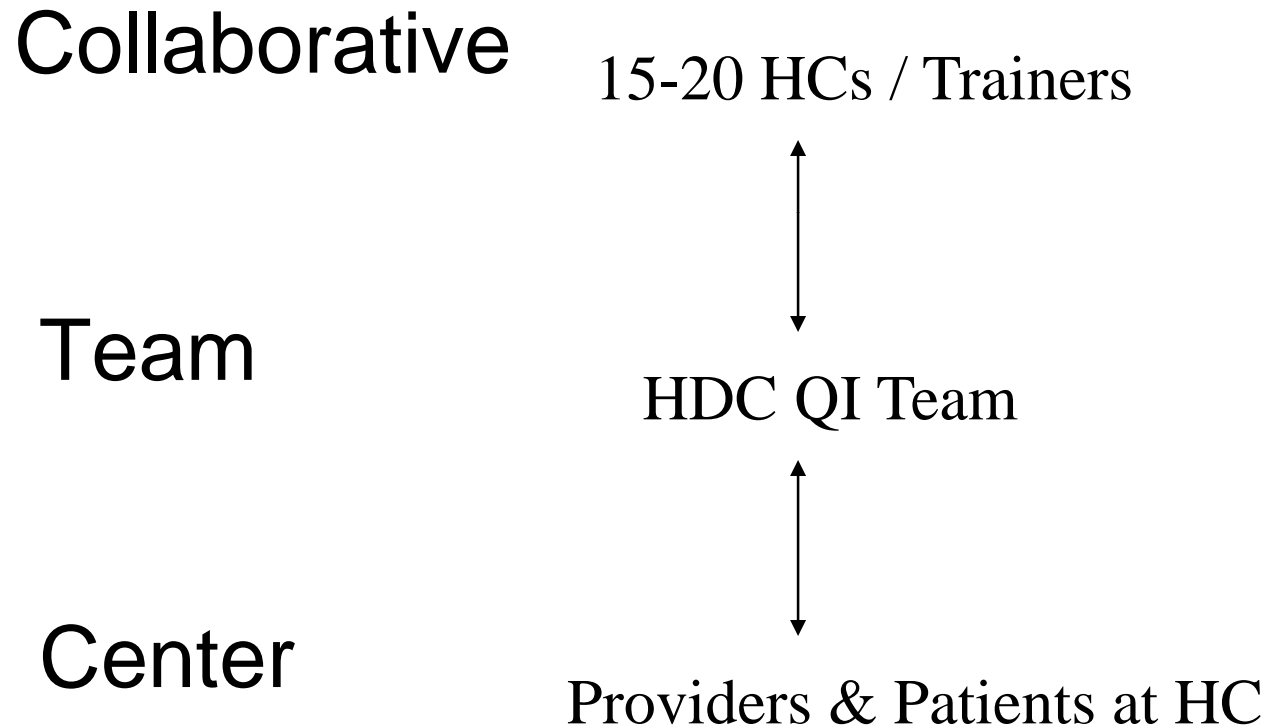
MacColl Institute Chronic Care Model



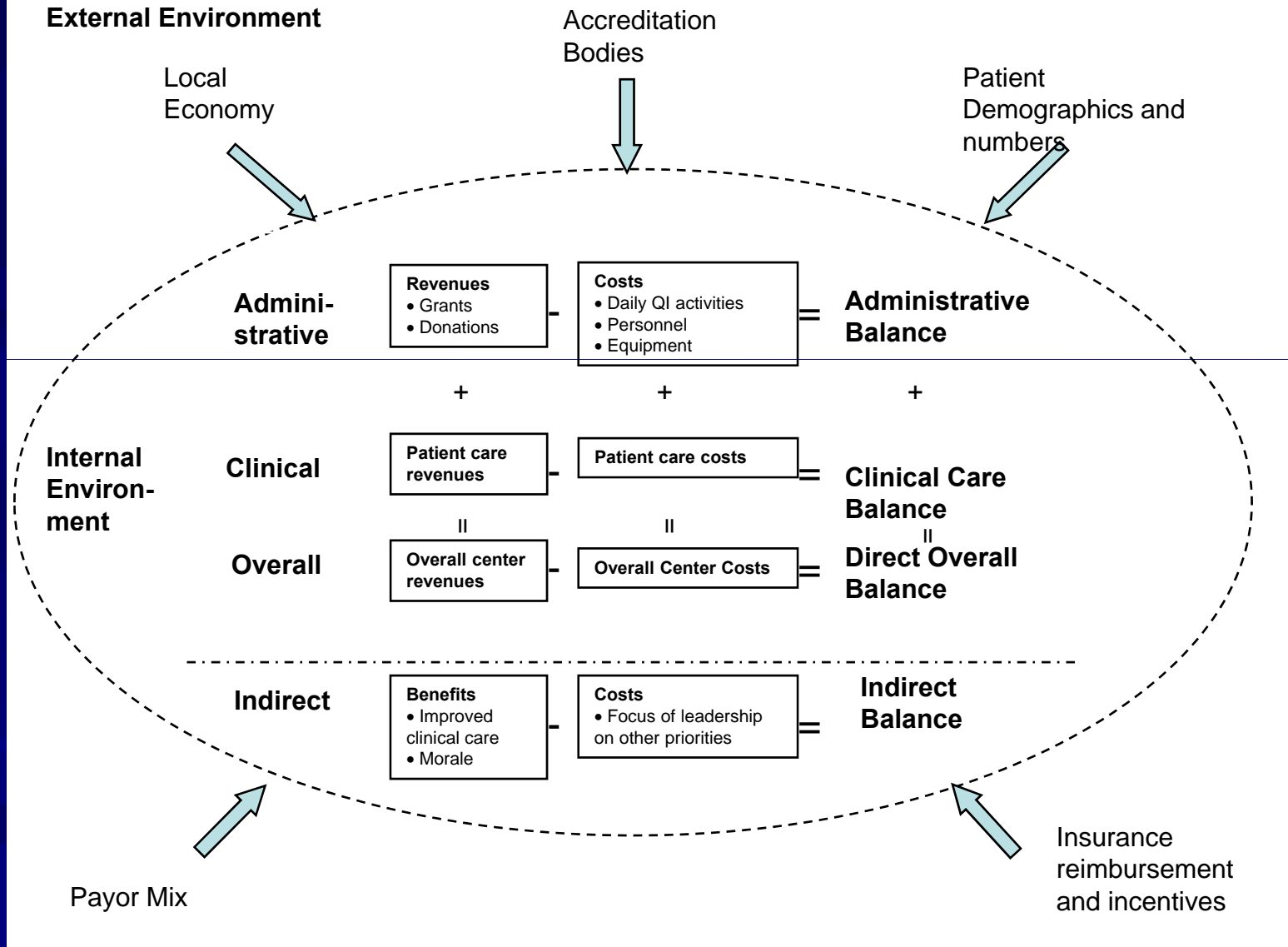
Breakthrough Series

- Commitment of CEO
- HDC QI team in each of health center
- 4 regional learning sessions
- Cluster coordinator support
- Monthly telephone conference calls
- Monthly written progress reports
- Computer listserver

Organizational Schema of Intervention



Conceptual Model of the Short-Term Financial Impact of Quality Improvement for Outpatient Facilities



Health Disparities Collaboratives

- Improved processes of care short-term
- Improved outcomes over long-term
- Diabetes societally cost-effective, but no new revenue streams for outpatient federally-qualified health centers
- Providers like it but request time for QI

Finding Answers Intervention Research

FAIR Database

- 206 Articles
- Designed to provide a customized list of interventions that match a user's interest
 - health topic
 - racial/ethnic population
 - organizational setting
 - intervention strategy
- http://www.SolvingDisparities.org/fair_database

SQUIRE Guidelines for Improvement Studies

- Setting / Context
 - Physical resources
 - Organizational culture
 - History
 - Staffing
 - Leadership
 - Evolution of intervention

Ann Intern Med 2008; 149:670-676.

Diffusion of Innovations

- Greenhalgh et al. Diffusion of innovations in service organizations: systematic review and recommendation. *Milbank Q* 2004; 82:581-629.

The Innovation

- Relative advantage
- Compatibility
- Complexity
- Trialability
- Observability
- Reinvention

Diffusion and Dissemination

- Network structure
- Homophily
- Opinion leaders
- Champions
- Boundary spanners
- Formal dissemination programs

Implementation and Routinization

- Organizational structure
- Leadership and management
- Human resource issues
- Funding
- Intraorganizational communication
- Interorganizational networks
- Feedback
- Adaptation / reinvention

RWJF Aligning Forces for Quality / Regional Quality Strategy

- Improve quality of care and reduce disparities in 15-17 regions of country
- Principles
 - QI
 - Public reporting of performance data
 - Consumer engagement
- Nursing, community involvement

RWJF Commission to Build a Healthier America

- Mark McClellan, Alice Rivlin – Co-Chairs
- 2 year effort – recommend short and longterm strategies
- Look beyond health care system
- Education, environment, income, housing, personal health choices

Conclusions

- Systematic process – data, models, incentives
- Model interventions that need tailoring
- Context is critical
- Education / Model programs / Toolkits helpful but not enough
- Implementation - facilitate the process of change

Dissemination & Translation



Now that we've revealed racial disparities in health care, we can work to eliminate them.

Those who research racial disparities in health care understand how big the problem is. Please join us in working to find real solutions.

Visit www.SolvingDisparities.org for information on racial disparities in health care and how you can receive funding to help improve health care for all.

**Finding Answers:**
Disparities Research for Change
A National Program of the Robert Wood Johnson Foundation at the University of Chicago

- Provide valuable information about what works—and what doesn't
- Create resources and toolkits that organizations can use to implement promising interventions

10 Emerging Research Questions to Reduce Racial and Ethnic Disparities in Healthcare

- How to improve QI to reduce disparities across regions with different percentages of minorities?

Emerging Question 2

- How do we successfully implement and sustain QI strategies to reduce racial and ethnic disparities?

Emerging Question 3

- How do we make QI disparities reduction financially feasible from both business case and societal cost-effectiveness analysis perspectives?

Emerging Question 4

- How, when, and to what extent should we use cultural leverage?

Emerging Question 5

- How can we incorporate community strengths into QI disparity reduction efforts?

Emerging Question 6

- How can we get patients and consumers actively engaged in QI disparity efforts?

Emerging Question 7

- How can we more effectively use multidisciplinary teams to reduce disparities?

Emerging Question 8

- How can we improve transitions in care to reduce disparities?

Emerging Question 9

- How can we put together regional and national markets that provide the tools, support, and incentives to improve quality and reduce disparities?

Emerging Question 10

- How can we improve education – both training of health care providers, staff, and organizations in disparities efforts and improving the pipeline for minority health care providers?

Thanks

- **Depression** – Ben Van Voorhees, Amy Walters, Micah Prochaska, Mike Quinn
- **Cardiovascular** – Andy Davis, Lisa Vinci, Tochi Okwuosa, Ayana Chase, Elbert Huang
- **Diabetes** – Monica Peek, Algernon Cargill, Elbert Huang
- **Culture** – Tom Fisher, Deborah Burnet, Elbert Huang, Kate Cagney
- **P4P** – Alyna Chien, Andy Davis, Larry Casalino