



*Equitable Care:
Addressing Disparities in Care
and Experience*
Partnership for Quality Care Summit
March 19, 2008

*Donna Zimmerman, Vice President
Government and Community Relations
HealthPartners
Minnesota*

HealthPartners at a Glance

- **Integrated Care and Financing System**
 - **10,000 employees**
 - **Non-profit health plan: 790,000 members in Minnesota and surrounding states**
 - **Medical Group**
 - Over 700 physicians
 - Primary Care
 - Specialty Care
 - 35 medical and surgical specialties
 - **Hospital: 427 bed level I trauma center urban teaching hospital – second-largest provider of charity care in Minnesota**
- ***Mission: To improve the health of our members, patients and the community.***

Outline for Today

- HealthPartners and Equitable Care
- Data Collection
 - Race and language
 - Clinical outcomes
- Community engagement
- Clinical interventions and outcomes

“The real challenge lies not in debating whether disparities exist, the evidence is overwhelming, but in developing and implementing strategies to reduce and eliminate them.”

Alan Nelson, MD

Chairman, IOM Committee

Unequal Treatment:

Confronting Racial and Ethnic Disparities in Health Care

Institute of Medicine, March, 2002

Minnesota: it's not just about lutefisk anymore!



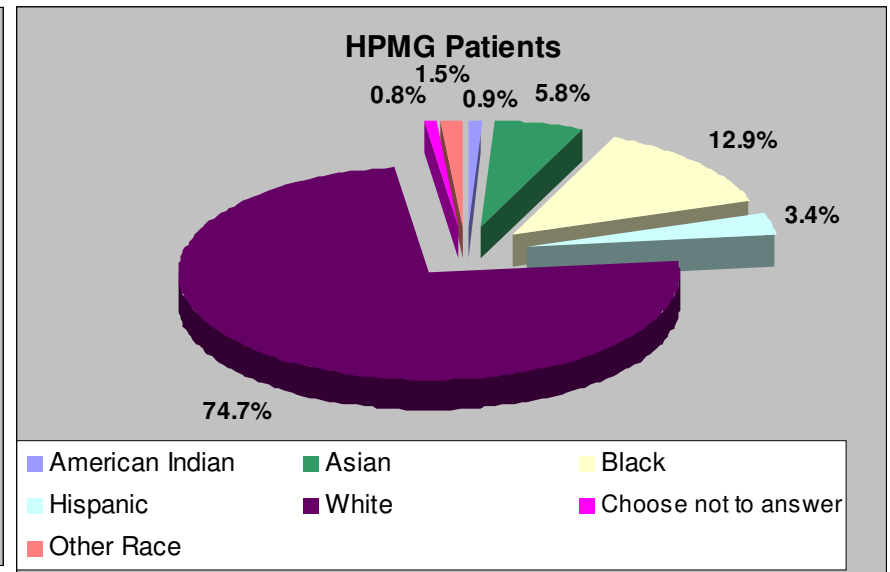
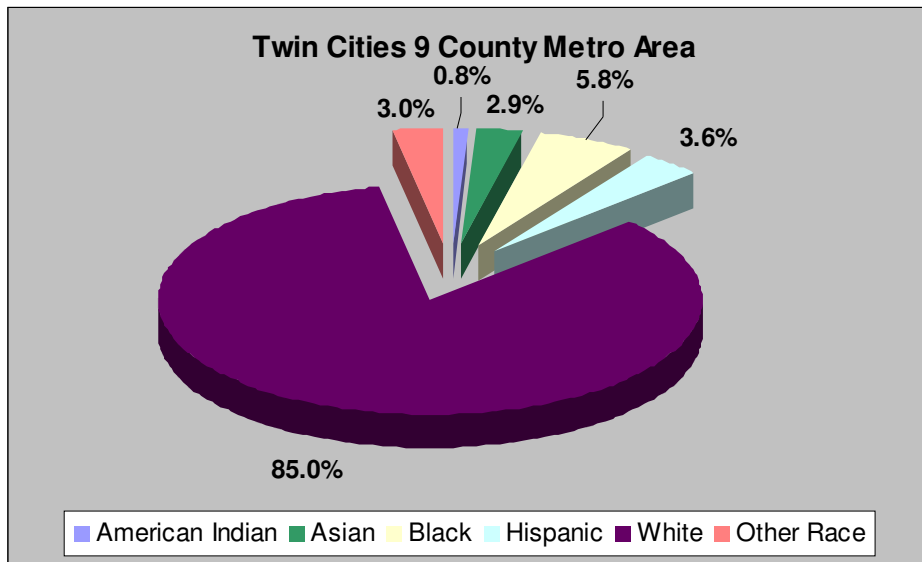
- #1 nationwide for refugees as a percentage of immigration (30%).
- Largest Hmong population in US.
- Largest Somali population in the world outside Somali.
- Largest Oromo population in US

Minnesota: Different Worlds

- Minnesota tops consistently ranked high in health status
- Uninsured
 - 1/10 people in Minneapolis
 - 1/20 in Minnesota
 - 1/5 African American
 - 1/3 Latino

Source: City of Minneapolis – Health Disparities;
www.ci.minneapolis.mn.us.asp

Our Patients and the Community



Sources: HP EPIC records, and Greater TC United Way 2006

Why collect data?

“Effective data collection is the linchpin of any comprehensive strategy to eliminate racial and ethnic disparities in health.”

Tom Perez

Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care (2002). In D. Smedley, Adrienne Y. Stith, and Alan R. Nelson, Ed. *Unequal treatment: Confronting racial & ethnic disparities in health care*. Institute of Medicine of the National Academies: Washington DC.

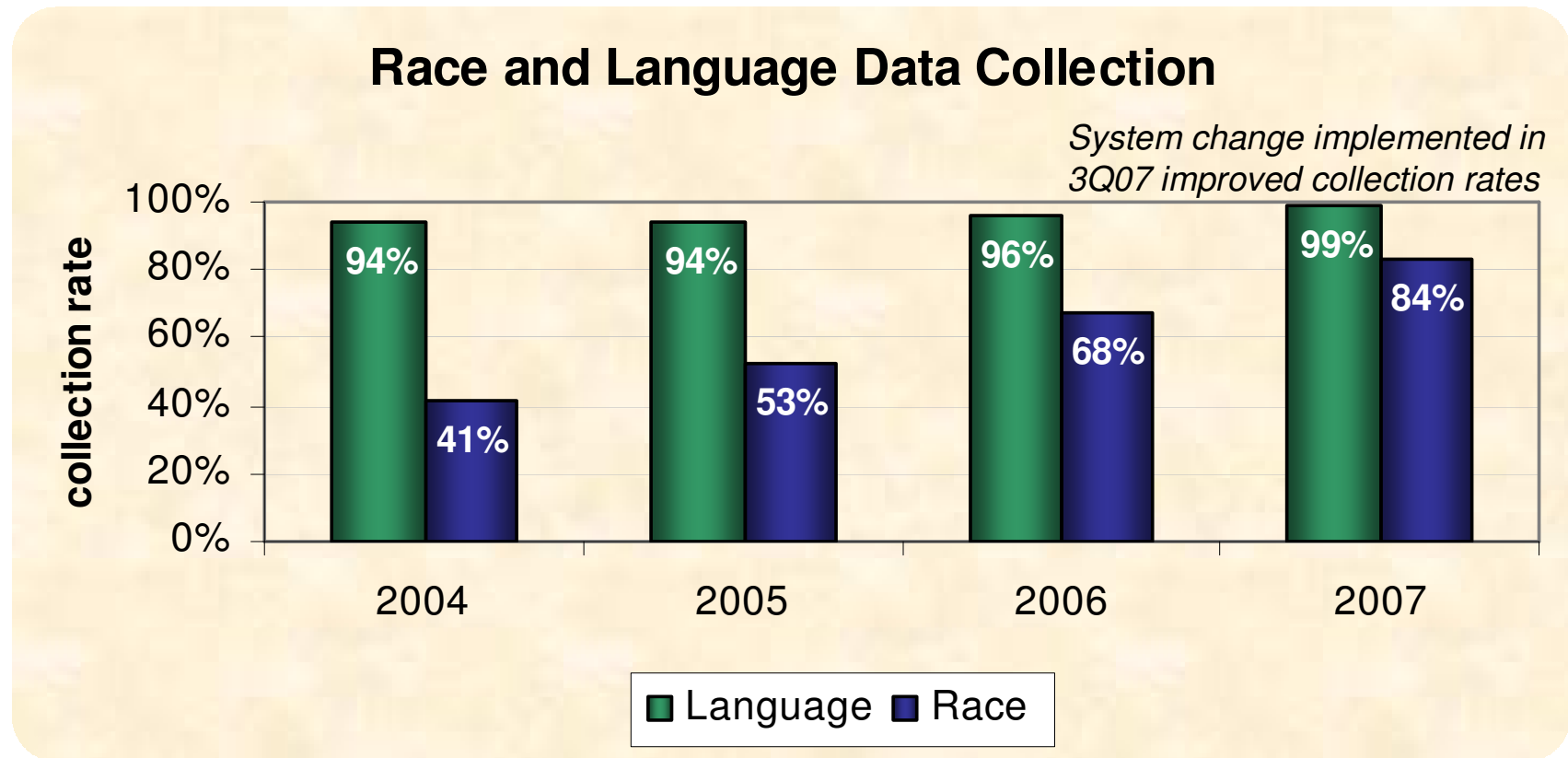
Data Collected

- Language
- Interpreter Needed
- Race
- Country of Origin

Data Collection Process

- Only need to ask once
- Language & Interpreter Needed
 - During appointment scheduling
 - All patients asked
 - Data entered into Epic system where it can be viewed by schedulers and care delivery staff

Data Collection - Trend



Keys to Success

- Strong support from senior leadership
- Strong support from front-line leaders
- Electronic system used by all staff & clinics
- Consistent process
- Ability to report on data

Equitable Care Measures

HealthPartners Medical Group

- Optimal Diabetes Care
- Preventive Care
 - Mammography
 - Colo-rectal screening
- Experience

Diabetes Background

- Diabetes affects 21 million people in the United States
- Ethnic minorities disproportionately affected

Diabetes Compared to Whites

Diabetes Prevalence

- American Indians 2.3
- African Americans 1.6
- Hispanics/Latinos 1.5

Risk of Death from Diabetes

- American Indians 4.9
- African Americans 2.9
- Hispanics/Latinos 1.7

Preventive Services

National Data Indicates Variation

Colorectal Cancer Screening

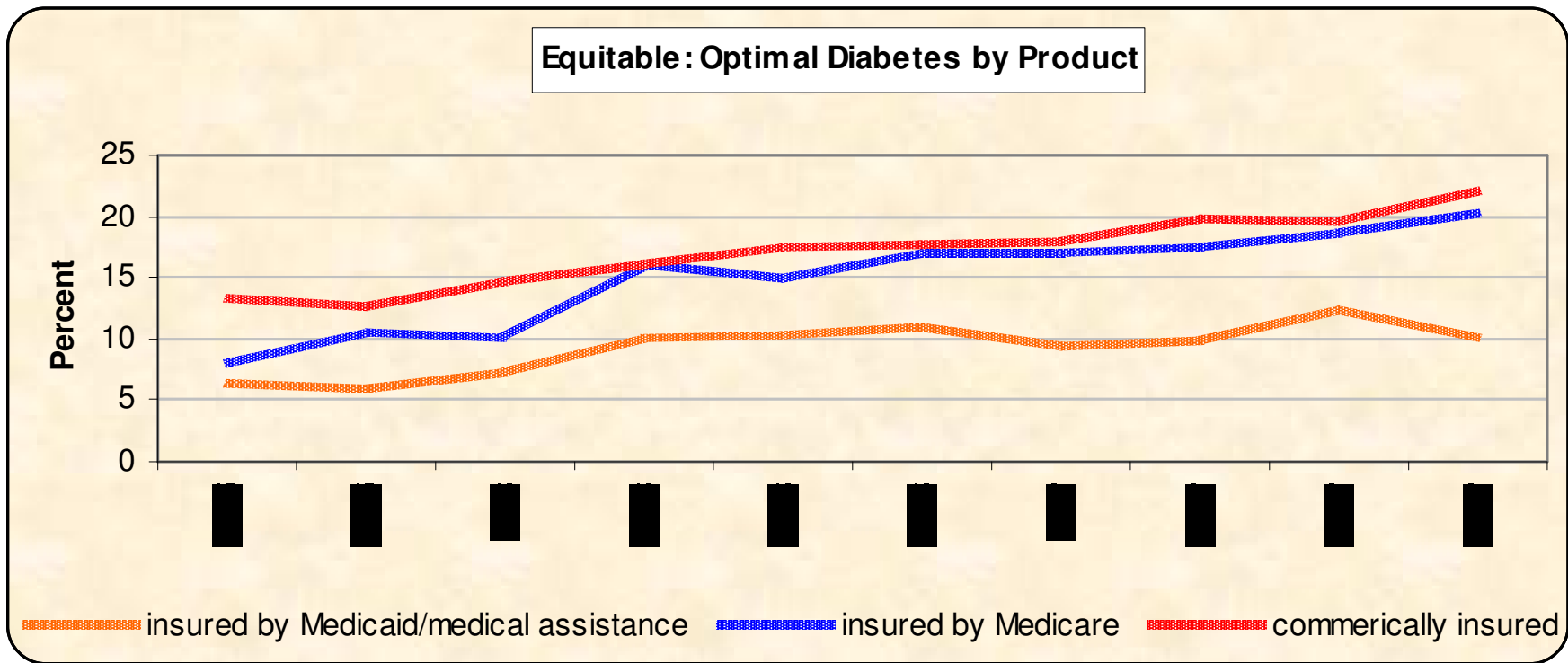
- Medicare Data (Cooper/2003)
 - African Americans less likely to undergo screening tests

Mammography

- Breast Cancer Surveillance Consortium
 - Receipt of Mammography:
 - African American 65%
 - Whites 72%

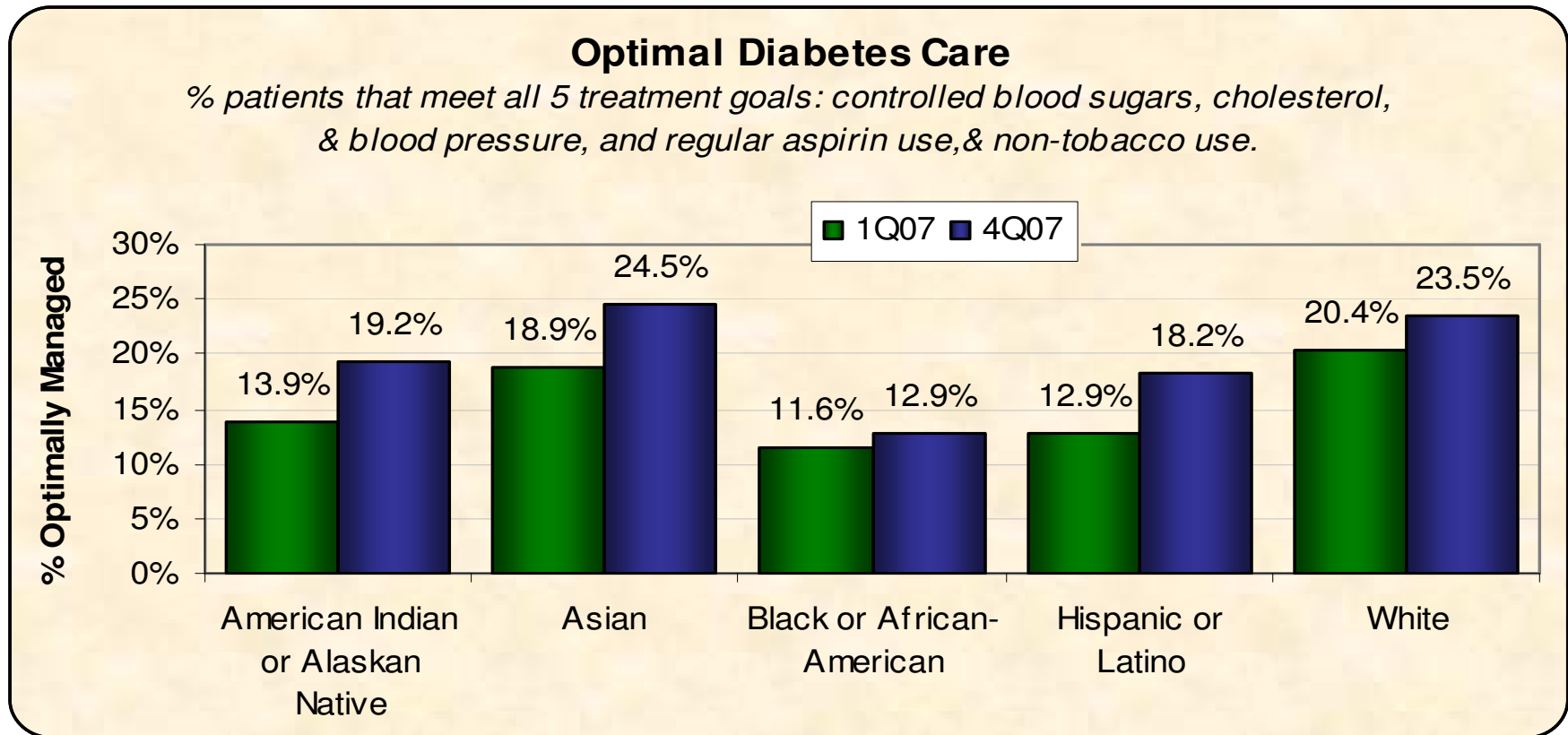
Optimal Diabetes by Payer

HealthPartners Medical Group



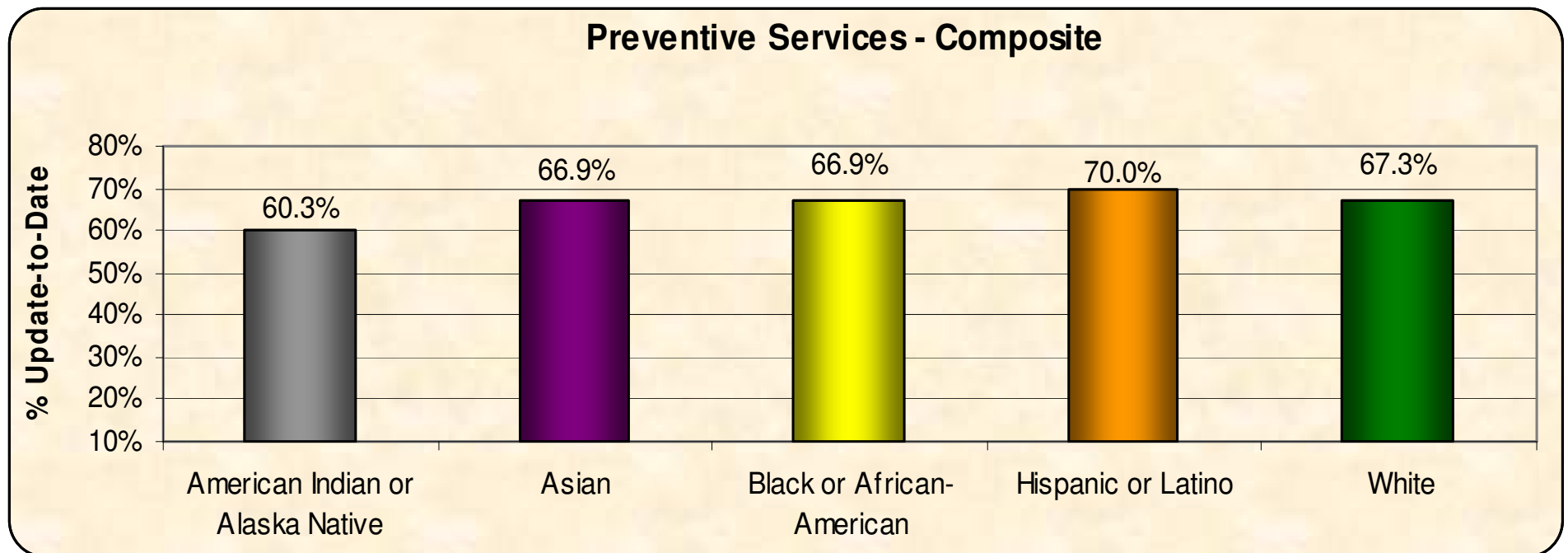
*% patients that meet all 5 treatment goals:
 controlled blood sugars, cholesterol, blood pressure, regular aspirin use & non-tobacco use.*

Optimal Diabetes Care by Race



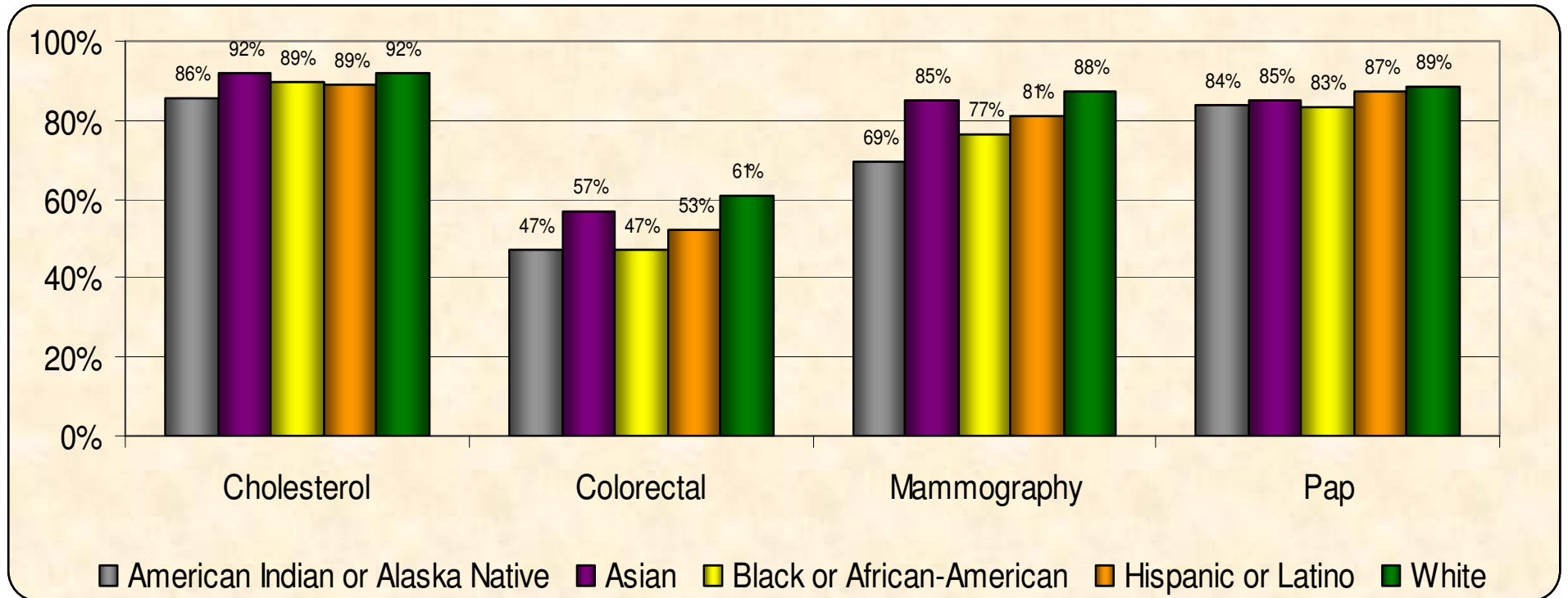
3rd Qtr 2007 Preventive Services Composite

This is the percent of patients seen in the quarter who received all preventive screening appropriate to each patient's age and gender. Screenings include cholesterol, colon cancer screening, mammography, Chlamydia screening and pap smear.



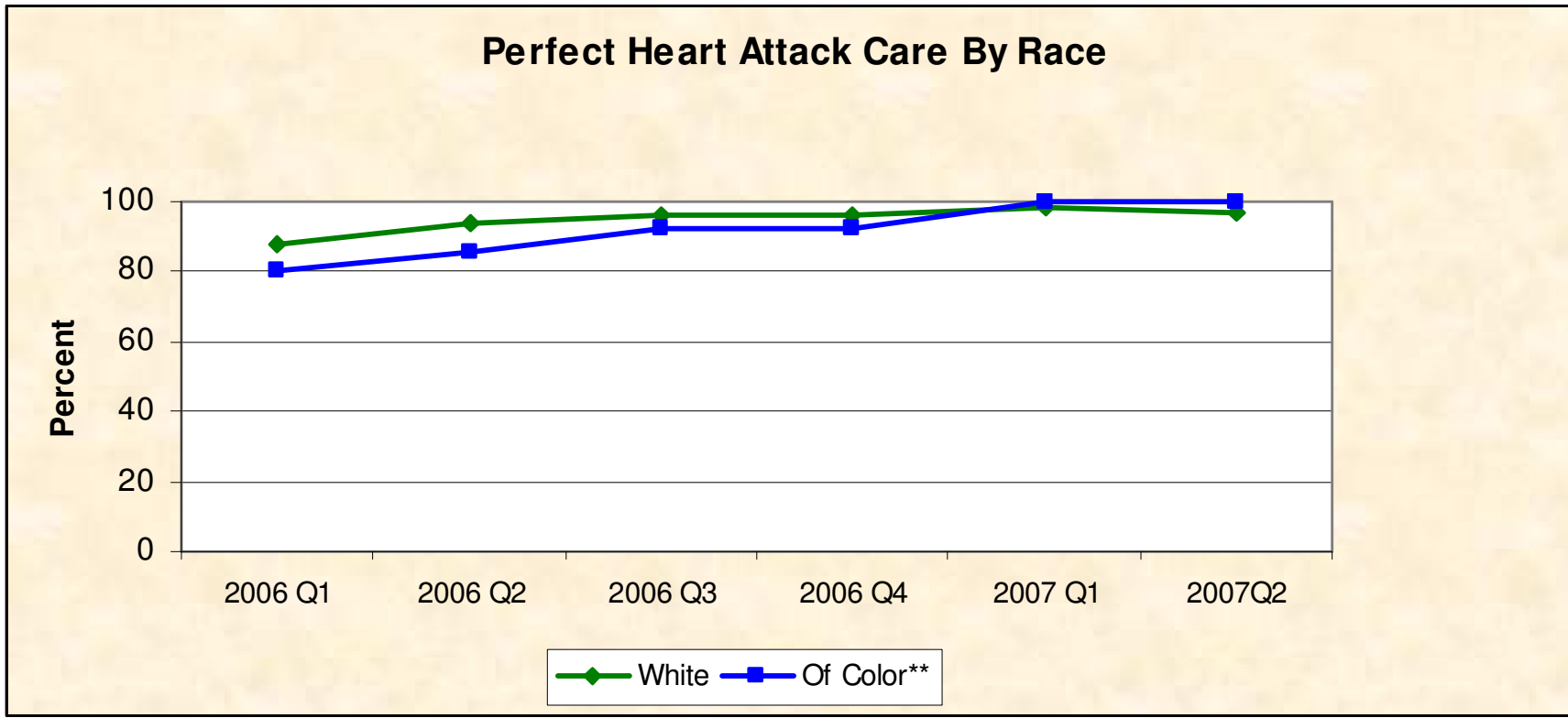
3rd Qtr 2007

% Patients up-to-date with Preventive Services



Regions Hospital Equitable Care

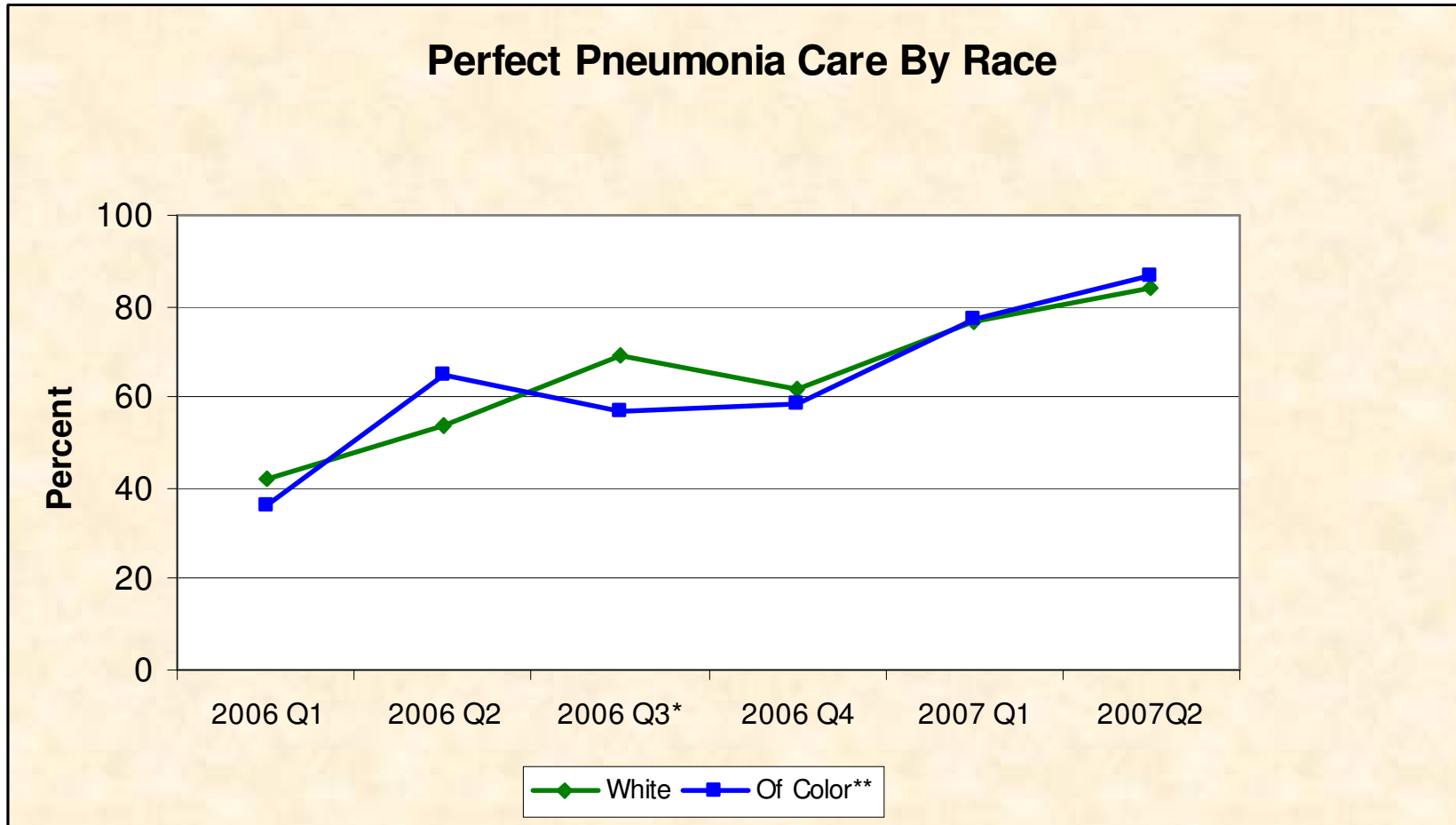
- Experience
- Heart Care
- Heart Failure Care
- Pneumonia Care



*Statistically significant differences within quarter $p < 0.05$.

**Some cells with $n < 20$

Perfect Pneumonia Care By Race



*Statistically significant differences within quarter $p < 0.05$. **Some cells with $n < 20$

Areas of Focus

- Cultural Competency and Community Engagement
- Communicating with Patients
- Care Delivery Processes

Cultural Competency and Community Engagement

- Increase diversity of our workforce
- Leadership Symposium focused on diversity
- Sponsor *Let's Talk About Race* Forums
- Ongoing community outreach to patients, community leaders and providers

Advice from our Patients

- Some cultural groups, e.g. Somali and Hmong, may not value or seek preventive care
- Connect with community leaders and associations
- Language specific health education materials help to build trust
- Physician role is important to reinforce messages on preventive care

Advice from Community Leaders

- Strong support of our data collection and work to reduce disparities
- Diabetes, obesity, healthy eating are priority concerns with all communities
- Preventive care is a challenge
- Interpreters are very critical, but also work to hire bilingual staff when possible
- Be visible in community at events and continue to share information

Communication

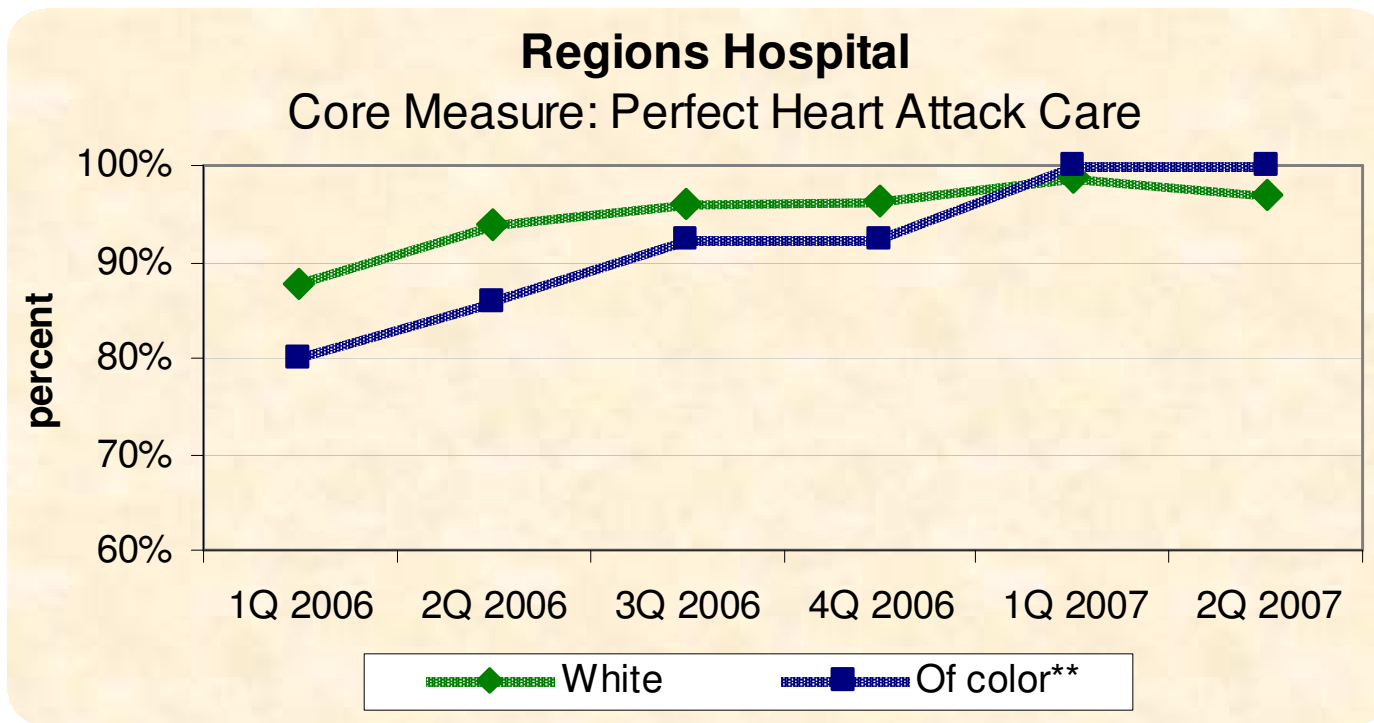
- *Speaking Together* program at Regions Hospital
 - Appropriate use of interpreters at admission and discharge
- Staff serve as “Fellows” on inpatient units to share learnings
 - Support for improvement pilots
- Implement Language Assistance Plan
- *Health in Any Language* Training
 - 98% positive responses from participants

Care Delivery Processes

- Reliable process
 - Every patient receives all needed services
- Teamwork
 - Every member of the team contributes
- Not just the visit
 - Care for patients before, during, after and between visits
- Develop a consistent and reliable process and then customize to individual patient's needs and preferences

Care Delivery Processes

- Reliable care processes impact all patients



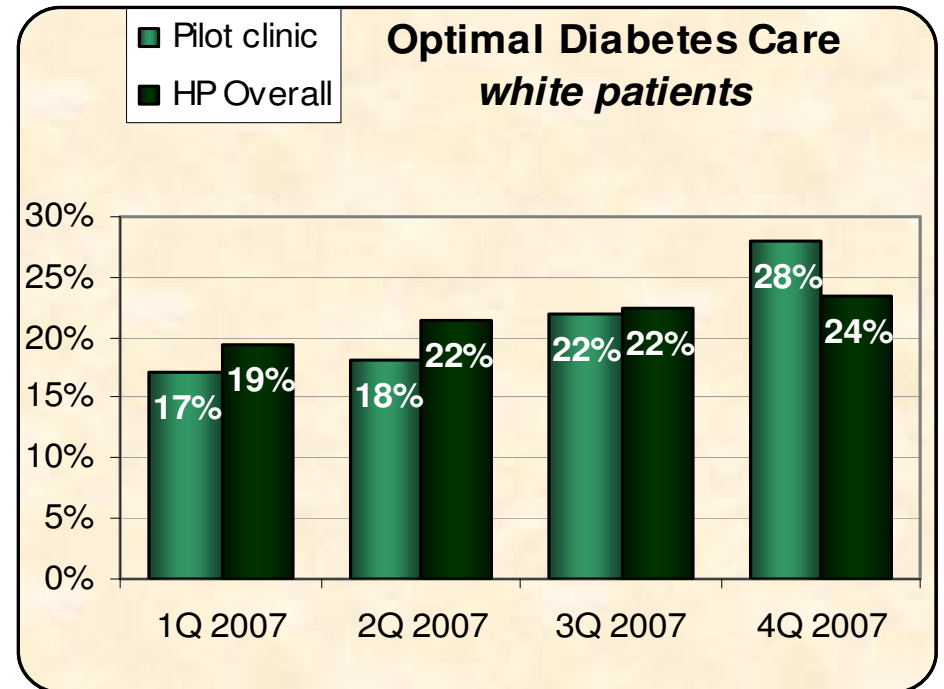
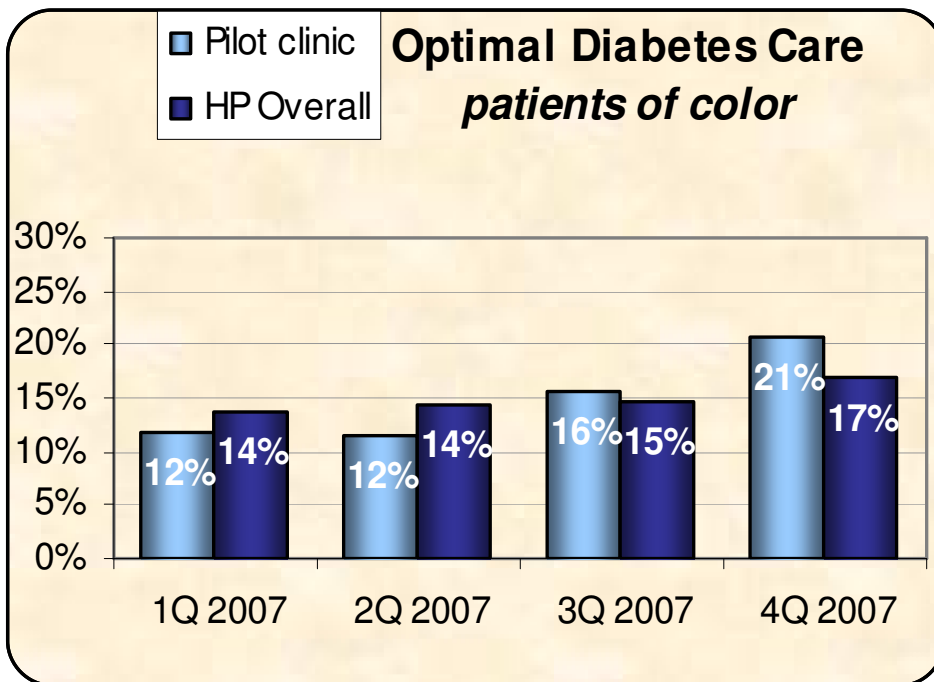
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**Some cells with $n < 20$

Diabetes Care

- Improving results for all patients
 - Every physician knows their results; knows all patients who are not at goal.
- Focus on making appropriate medication changes
- Studying impact of lab test at the visit
- Planning for the visit and follow up between visits are major factors in improving results

Optimal Diabetes Care Results

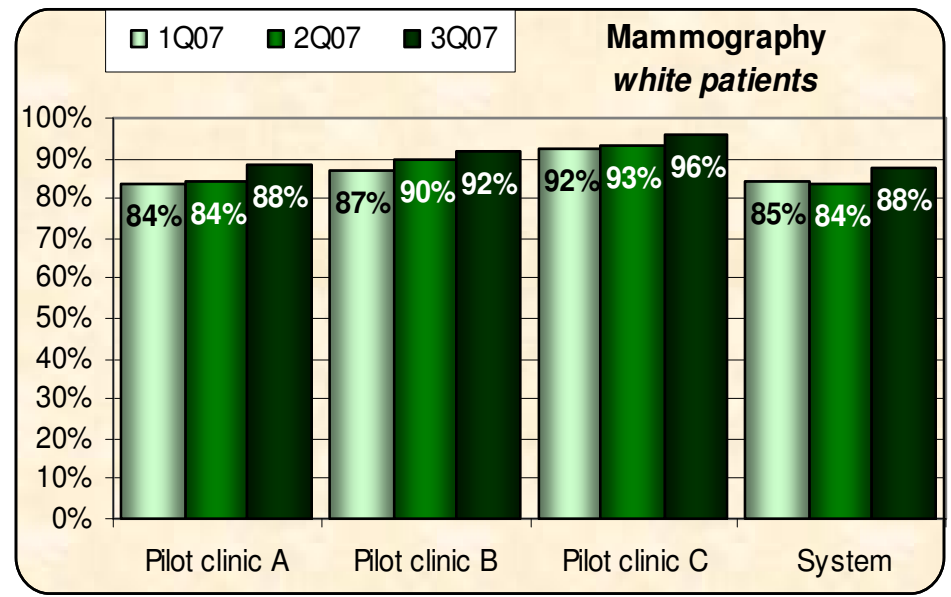
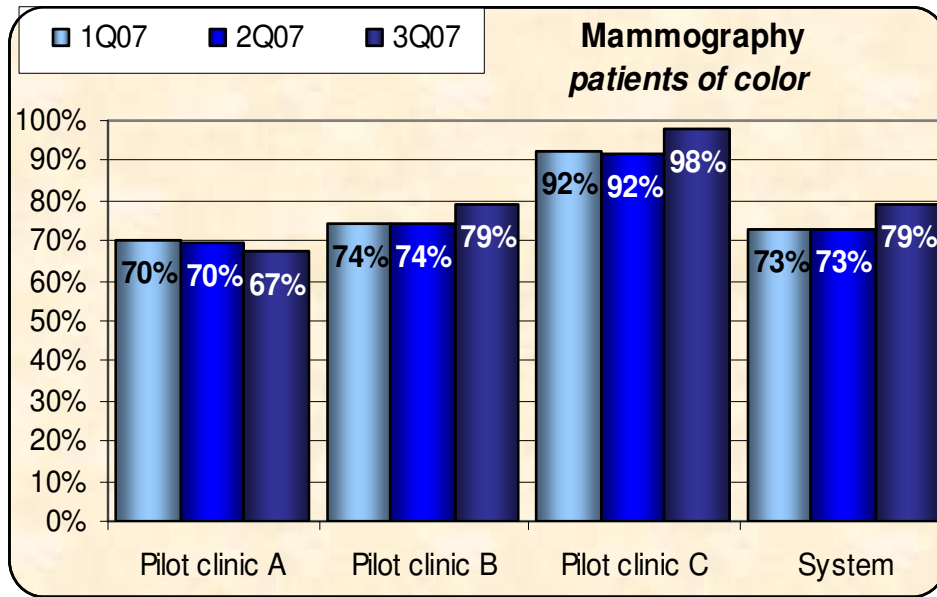


This is the percent of diabetes patients who reach all of the following five treatment goals: controlled blood sugars, cholesterol and blood pressure, regular aspirin use, and non-tobacco use.

Breast Cancer Screening

- Increase breast cancer screening
- Pilot: Offer walk-in mammography at time of visit
- In a two week test, 57 patients received same-day mammograms at 3 clinics.
- Second pilot cycle
 - Over 50% of women overdue for screening who were offered the service received a walk-in mammogram.
- Expanded to all sites within 2 months of initial pilot

Results



Interventions

**Culturally- and linguistically appropriate patient education packet*

**Same-day mammography*

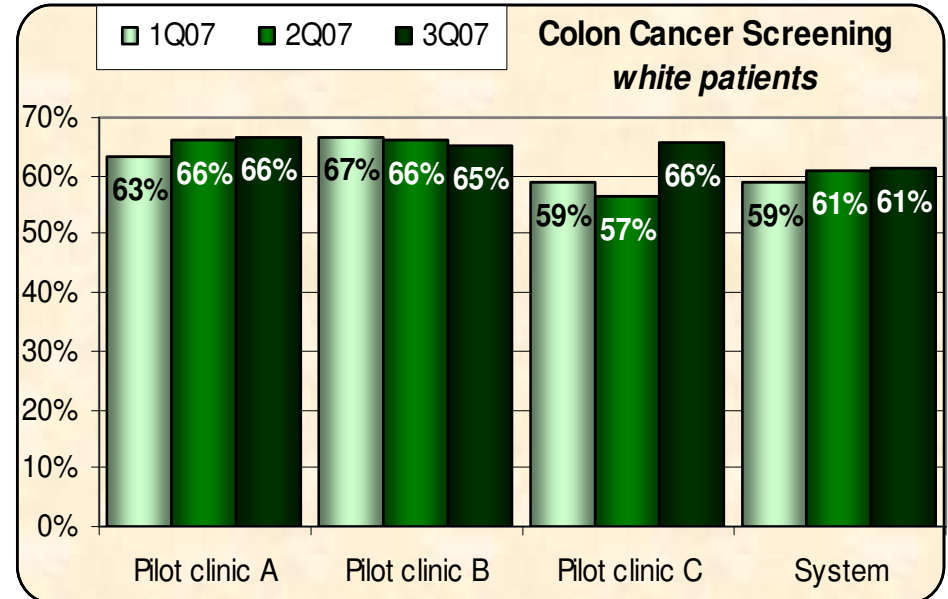
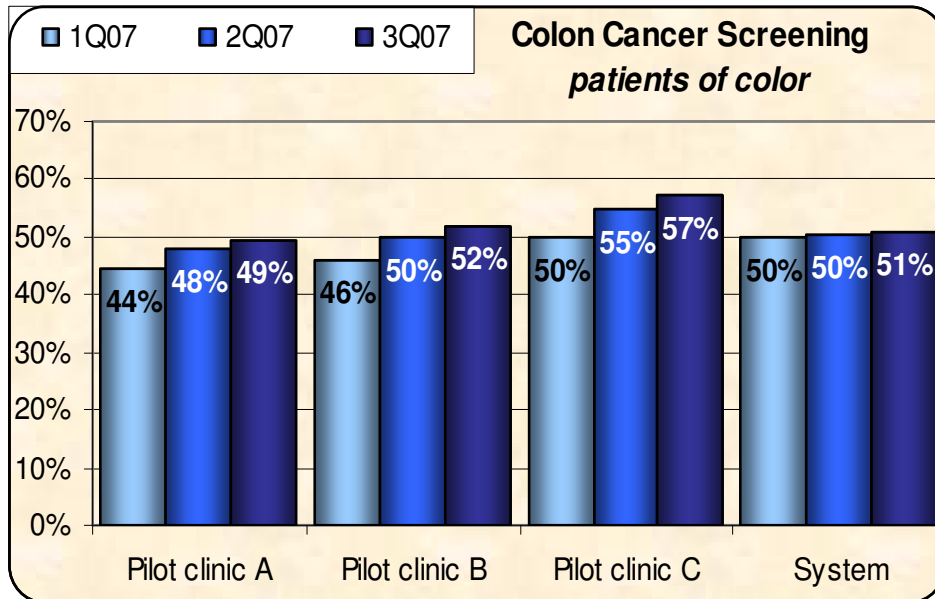
Preventive Screening Information

- 3 Clinic pilot sites:
- Education packet given to women overdue for at least one of three cancer screenings:
 - colonoscopy, mammogram, pap smear
- Greatest impact was when physician emphasized importance of tests with patient

Colon Cancer Screening for Somali Patients

- Identified patients due for colon cancer screening through EMR
- Case management staff recommended colonoscopy
- Testing a number of approaches
- Outreach to community organizations regarding need for preventive screening is key

Results



Interventions

**Culturally- and linguistically appropriate patient education packet*

**Collaboration with Wellness Connection (Somali community-based org.)*

Summary

- Standard care process is key
- Strong support from patients and community, even though we are the only organization with data to show disparities
- Optimal Diabetes Care results in demonstrated cost savings and fewer complications.