

Kaiser Permanente



**NATIONAL
HEALTH PLAN
COLLABORATIVE**

*Reducing Racial and Ethnic Disparities &
Improving Quality of Health Care*

**October 20,
2006**

National Health Plan Collaborative

- Established December 2004
- Public-private partnership including nine major health insurance companies
- Technical assistance provided by Center for Health Care Strategies, Agency for Healthcare Research and Quality, Institute for Healthcare Improvement and RAND Corporation
- Supported by the Robert Wood Johnson Foundation



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Why We've Come Together

- We are committed to reducing racial and ethnic disparities
- We want to improve quality of care for all Americans
- We believe health insurance companies must do their part to solve the problem



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Research Tells the Story

- 20 years of research documents persistent gaps in health care quality for specific racial groups
- 2002 IOM report identifies need for health insurance companies to collect, report and monitor patient care data to build foundation for solutions



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Collaborative Goals

- Build upon current work and engage other health care decision-makers to join ongoing efforts to find solutions to racial and ethnic disparities in health care, such as:
 - Major health care insurance purchasers
 - Health care providers and policy-makers
- Share strategies and lessons learned from the Collaborative to lay the groundwork for equalizing and improving the quality of health care services for all Americans

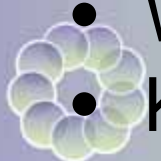


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Participating MCOs

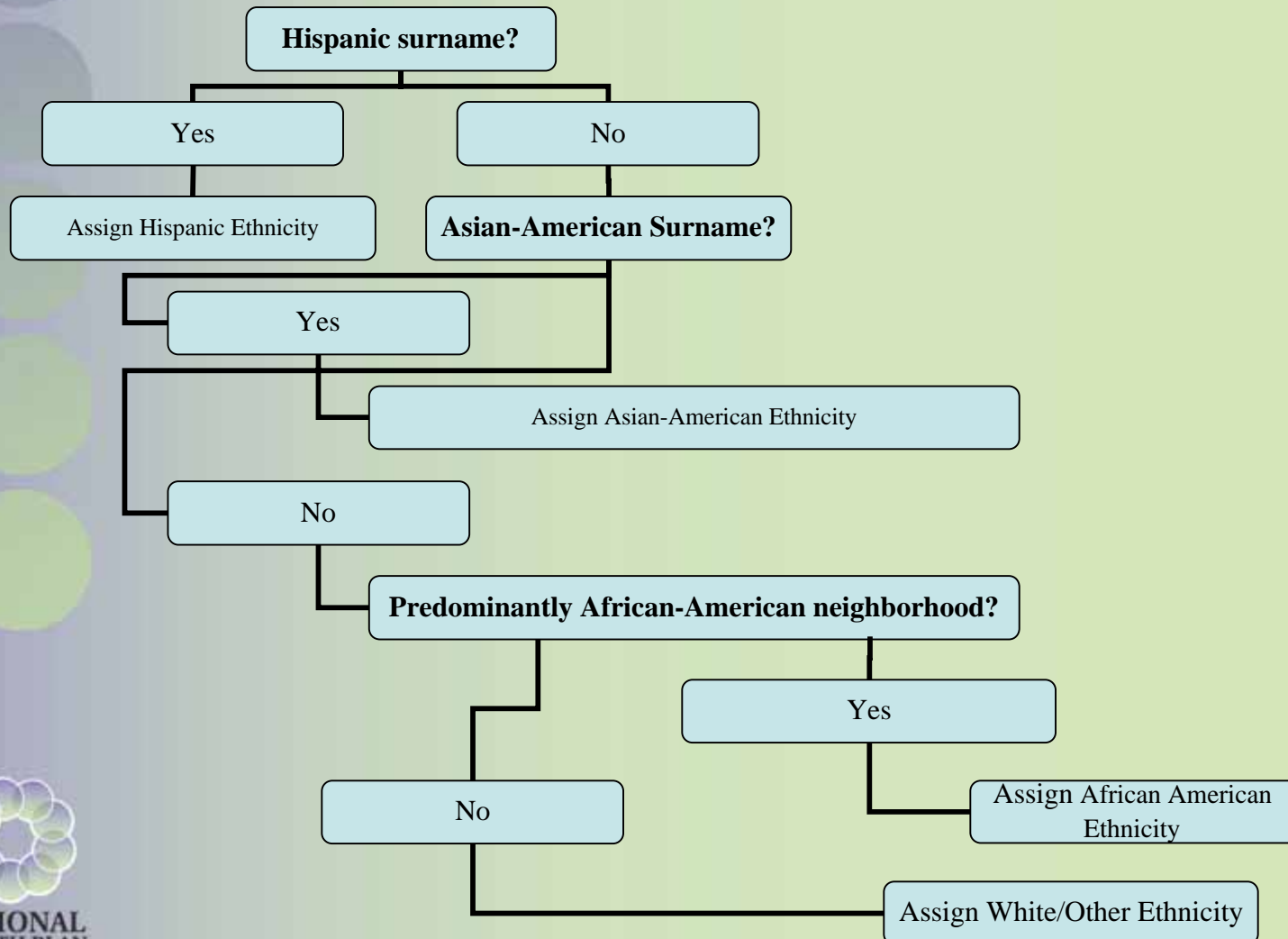
- Aetna
- Anthem Blue Cross Blue Shield
- Blue Cross Blue Shield Association
- CIGNA
- Health Partners
- Highmark Blue Cross Blue Shield
- Molina Healthcare, Inc.
- United Health Group/Ovations
- WellPoint Health Networks, Inc
- Kaiser Permanente
- Harvard Pilgrim



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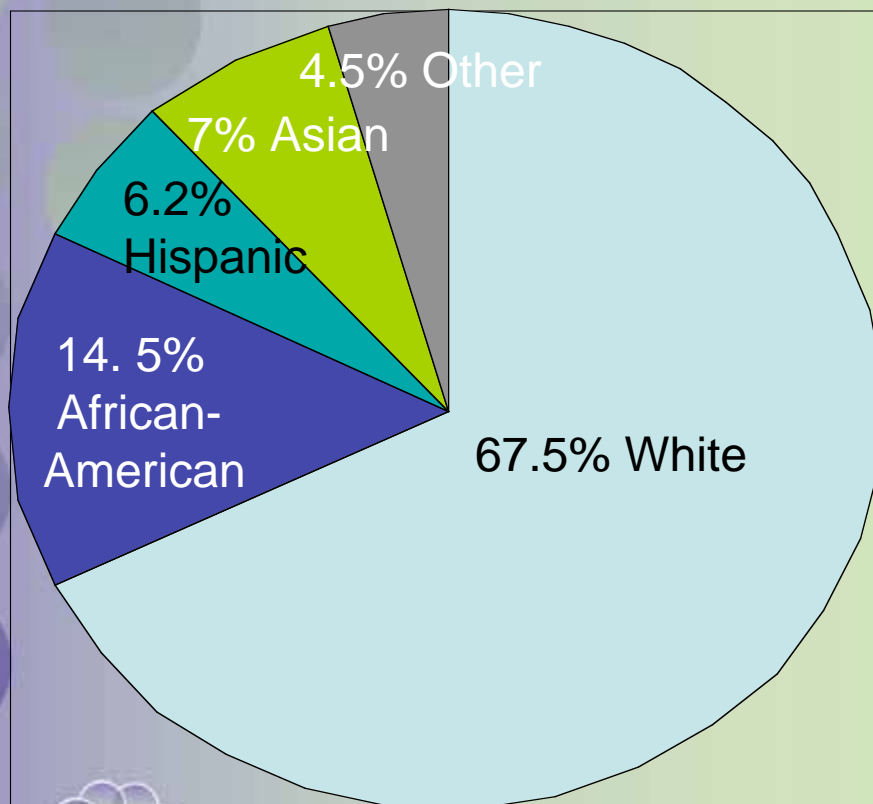
Algorithm for Assigning Race and Ethnicity



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Geocoded Diabetes Cohort and Outcomes Measured



HgA1c
Screening
LDL-c Screening
Eye Exams
HgA1c Control
LDL-c Control
Received Lipid
Lowering Meds
Hospital
Discharges
Emergency
Room Visits

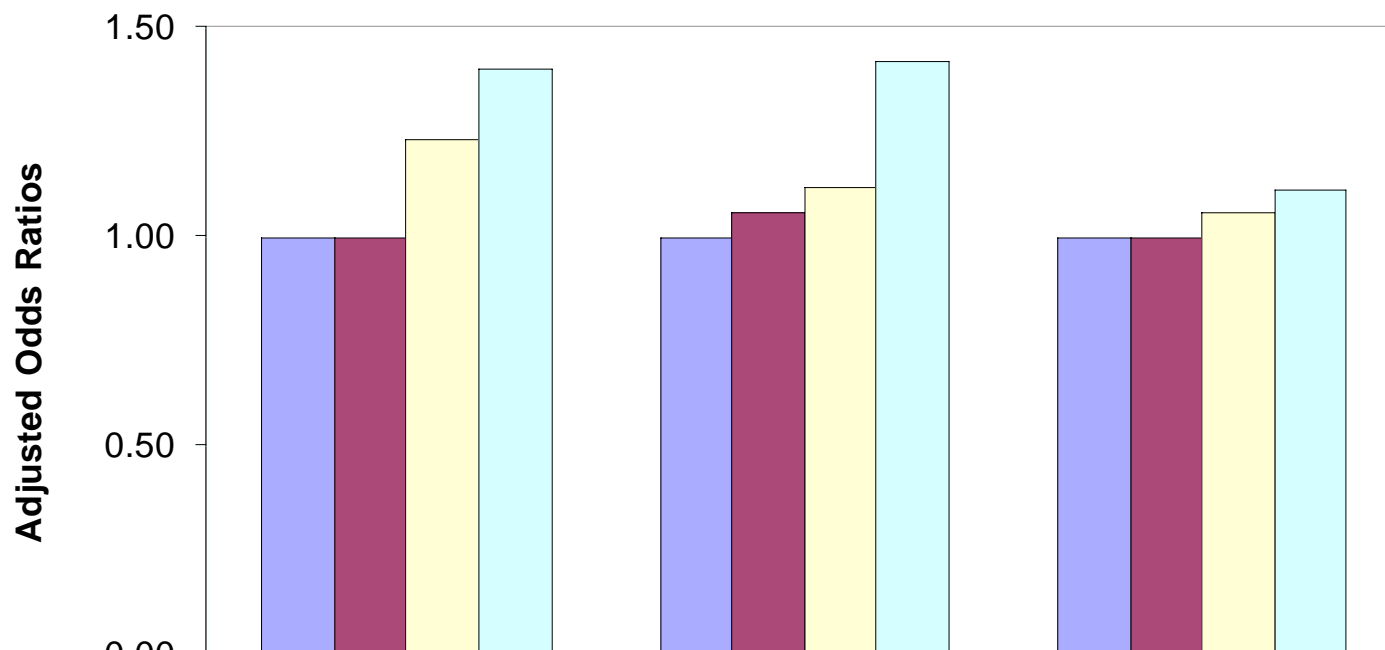


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Process Measures by Race/Ethnicity

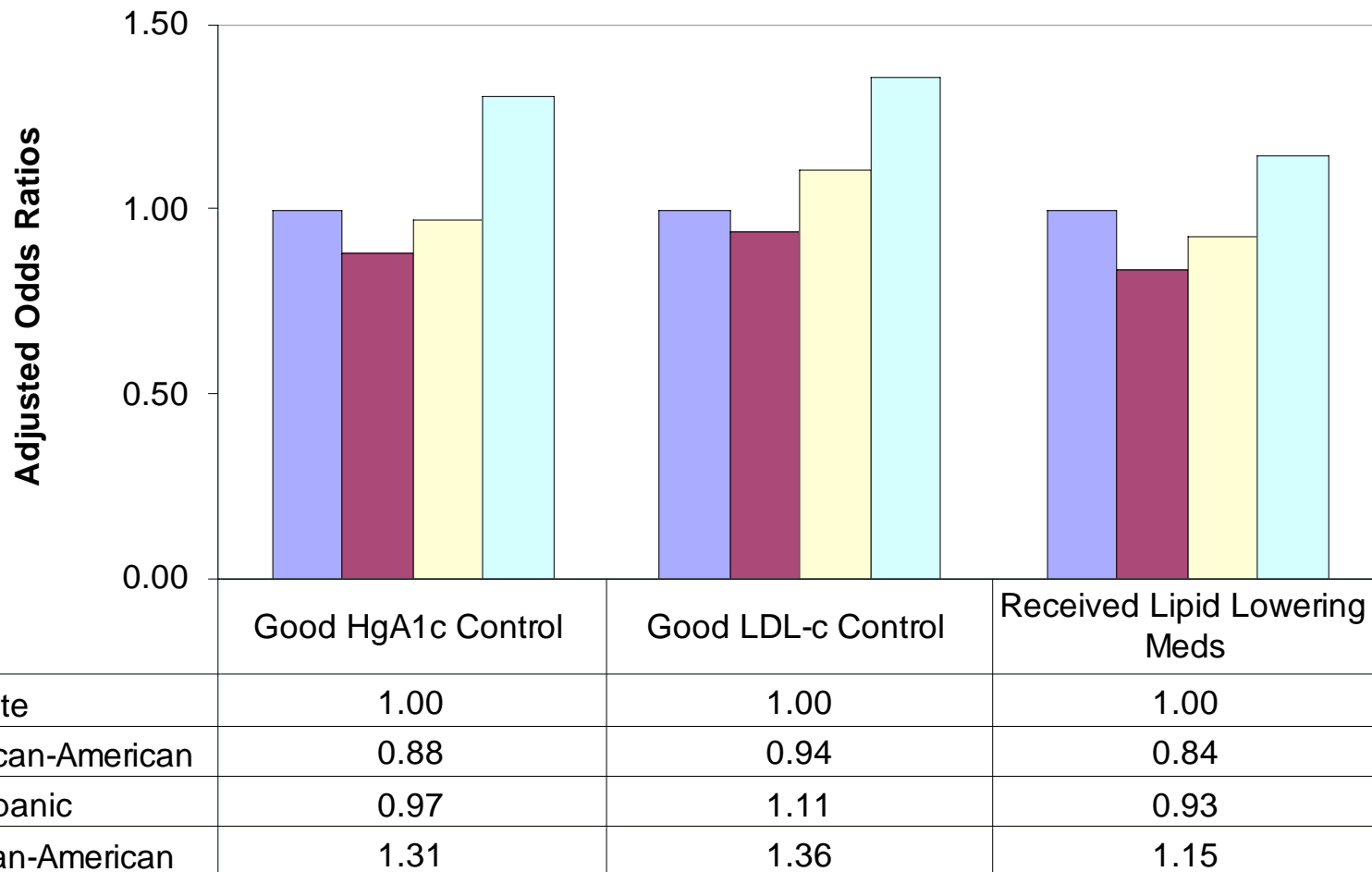
Adjusted Odds Ratios: DM Process Measures



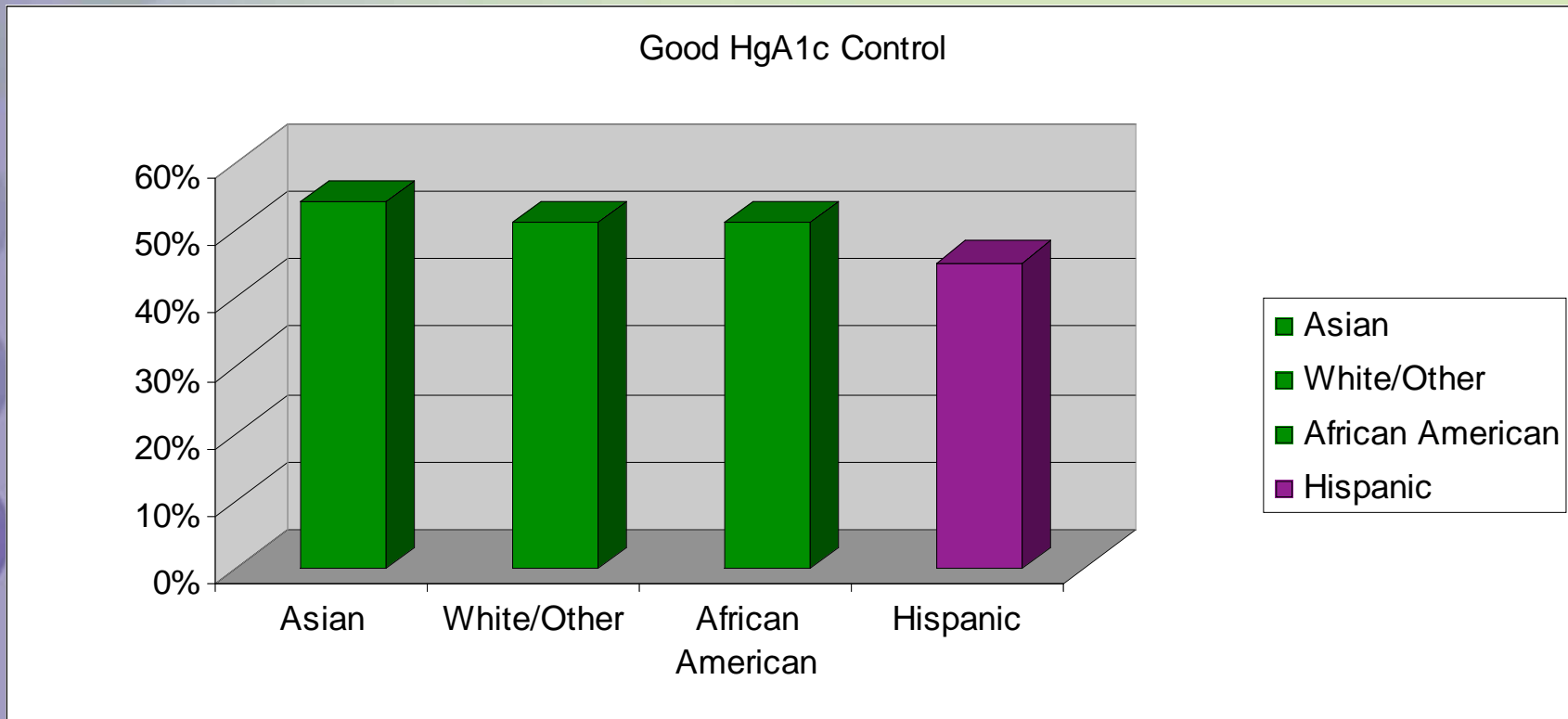
	HgA1c Testing	LDL-c Testing	Eye Exams
White	1.00	1.00	1.00
African-American	1.00	1.06	1.00
Hispanic	1.23	1.12	1.06
Asian-American	1.40	1.42	1.11

Intermediate Outcome Measures by Race/Ethnicity

Adjusted Odds Ratios: DM Intermediate Outcomes



Hispanics Members with Diabetes in Colorado are Least Likely to have Good HgA1c Control



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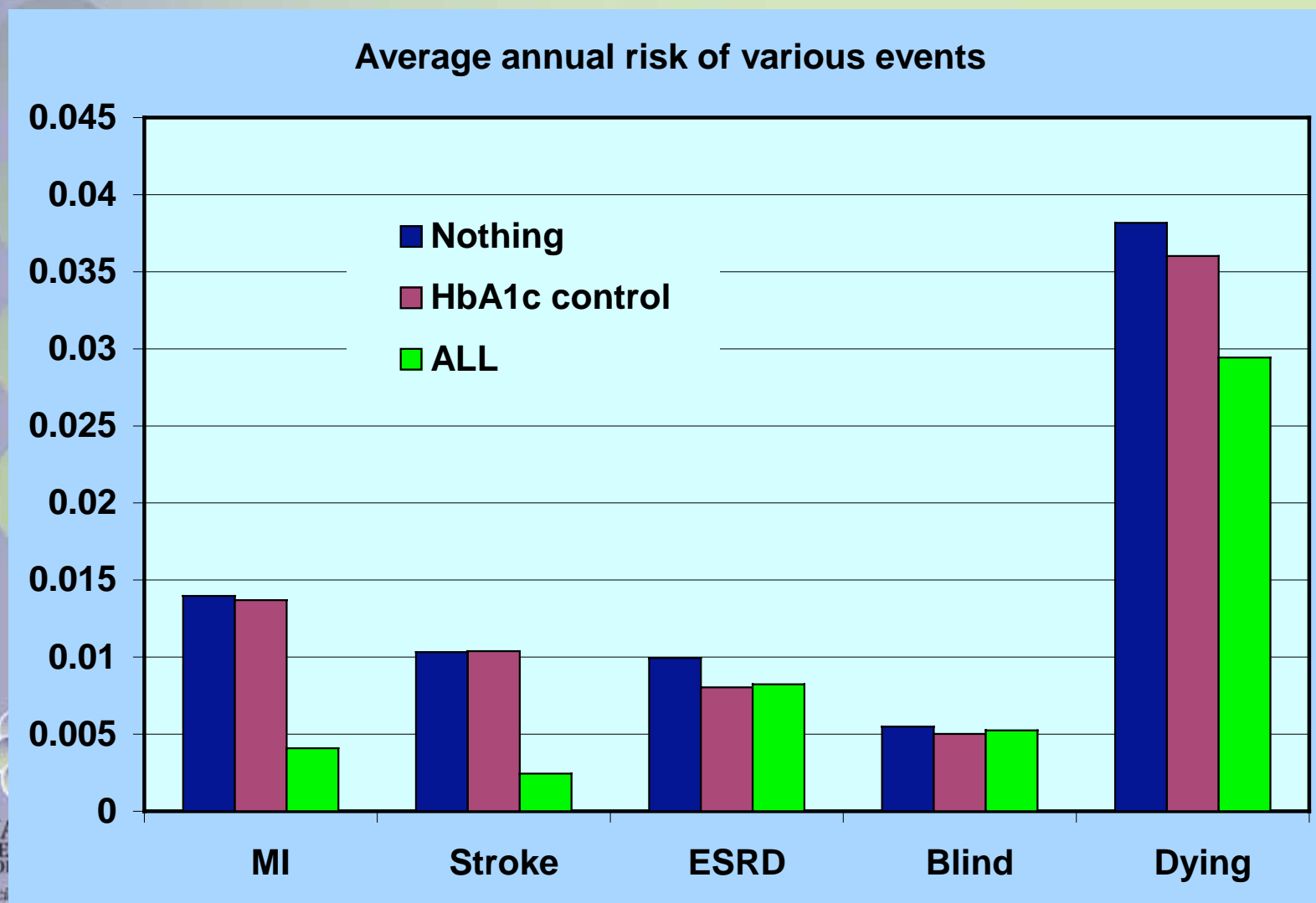
Reducing Racial and Ethnic Disparities &
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*As measured by receipt of lipid lowering medications and ACE inhibitors.

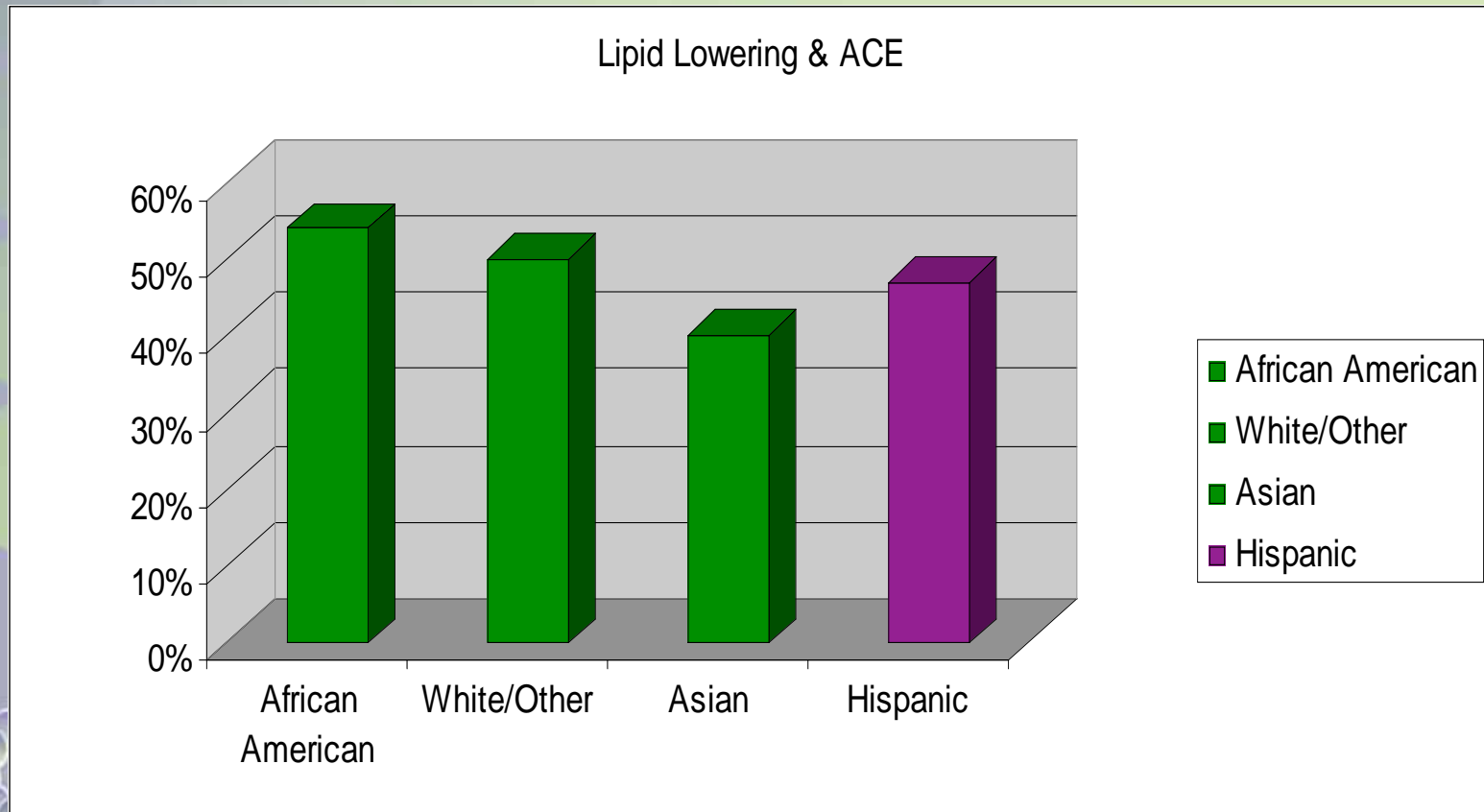
ALL: Accelerating DM Rx

- **ALL stands for Aspirin, Lisinopril, Lovastatin**
 - **A** for **Aspirin**
 - **L** for **Lisinopril**
 - **L** for **Lovastatin**
- **There is strong and powerful evidence for the clinical and cost effectiveness of increasing ALL use in CAD and diabetes (55+) populations**
- **ALL reduces the risk of future cardiovascular disease in patients with diabetes >55 years old OR prior cardiovascular disease**

Archimedes: ALL has a much bigger effect than A1c control in DM pts (55+)



Hispanics are less likely than White and African American members to be on the ALL Regimen*



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Reducing Risks
Improving Quality of Health Care

*As measured by receipt of lipid lowering medications and ACE inhibitors.

Quality Improvement Project

- Goal: Reduce the health risks of diabetes within Latino patients by placing them on an ALL regimen
- Intervention Site: La Clinica de la Familia (a bilingual clinic in Denver located in the Skyline clinic)



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La Clinica de la Familia: Staff Photos



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Quality Improvement Project: La Clinic de la Familia: Results

	Number	Males	Females
Mailed Out	52	20	32
% of Total		38.5%	61.5%
Picked Up	33	14	19
% of Total	63.5%	42.4%	57.6%



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Quality Improvement Project: La Clinic de la Familia

- Lessons Learned
- Projects with similar methodology average 20-25% response rate (with follow up phone calls)
- Significance of cultural values and their impact on patient behavior--findings similar to other QI project



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Results

- Identified Latino patients who met criteria
- Utilized bilingual and bicultural outreach
- Although cohort was small, achieved nearly 65% adherence rate
- Leveraging experiences to other KP regions
- Supporting safety net providers to launch



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Related Community Activities

- Partnership with San Diego Council of Community Health Centers
- Implement bundle therapy for cardiovascular risk reduction among uninsured, largely Latino diabetic population
- 2007 expansion plans: 3 more safety net partnerships in California, possibly Colorado



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Early Results: San Diego

- Nearly 200 diabetic patients placed on ALL regimen
- Essential components for success
 - Bilingual, bicultural outreach
 - Activated multi-disciplinary team
 - Coordinated delivery, e.g. laboratory and pharmacy
 - Capable disease/patient registry
 - Improvement culture and experience
- Some variance among Latino and African American patients in adherence



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Apply Geospatial Analysis in Denver Metropolitan Area

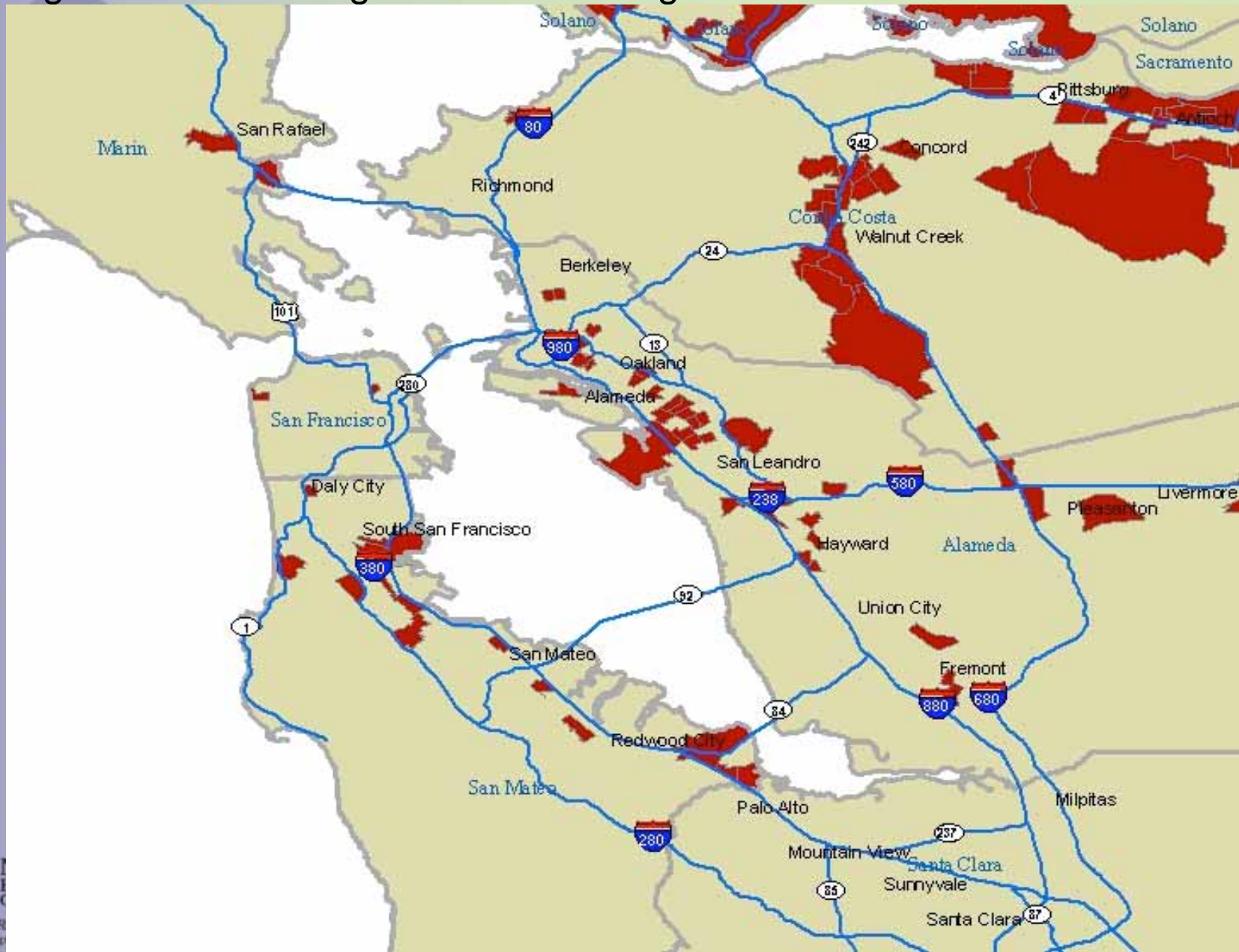
- Superimpose diabetes clinical data onto place based demographic data
- Relate to data and interventions regarding obesity rates in neighborhoods
- Pool data with other community providers including Denver Environmental Health and Denver Health



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Zoom-In on Bay Area: High % not receiving LDL test and High % of diabetics in census tract



NHPC Accelerates Disparities Initiatives

- All plans formalized collection of race and ethnicity data
- Data was used to launch diabetes care interventions
- Many plans adopted geo-spatial analysis to address disparities in clinical processes with placed based interventions
- Commitment to Phase Two



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For More Information

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