

Eliminating Racial Disparities:

What are the Effective Ambulatory Care Strategies?

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Harvard Vanguard
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Presentation Goals

Focus on ambulatory provider perspective ...

- **Describe initiatives from our multi-specialty group practice**
- **Broader application to quality improvement and racial disparities**

Harvard Vanguard Medical Associates



- **Multi-specialty group practice**
- **14 ambulatory health centers**
- **300,000 adult patients**
 - **15,000 diabetic patients**
- **130 primary care physicians**

HVMA Diabetes Care Model

Clinical Information Systems

- Electronic medical record
- Computerized alerts

Population Management

- Centralized patient mailings
- Diabetes Dashboards

Patient Engagement

- Primary care teams
- Chronic disease visits



Improved Diabetes Care

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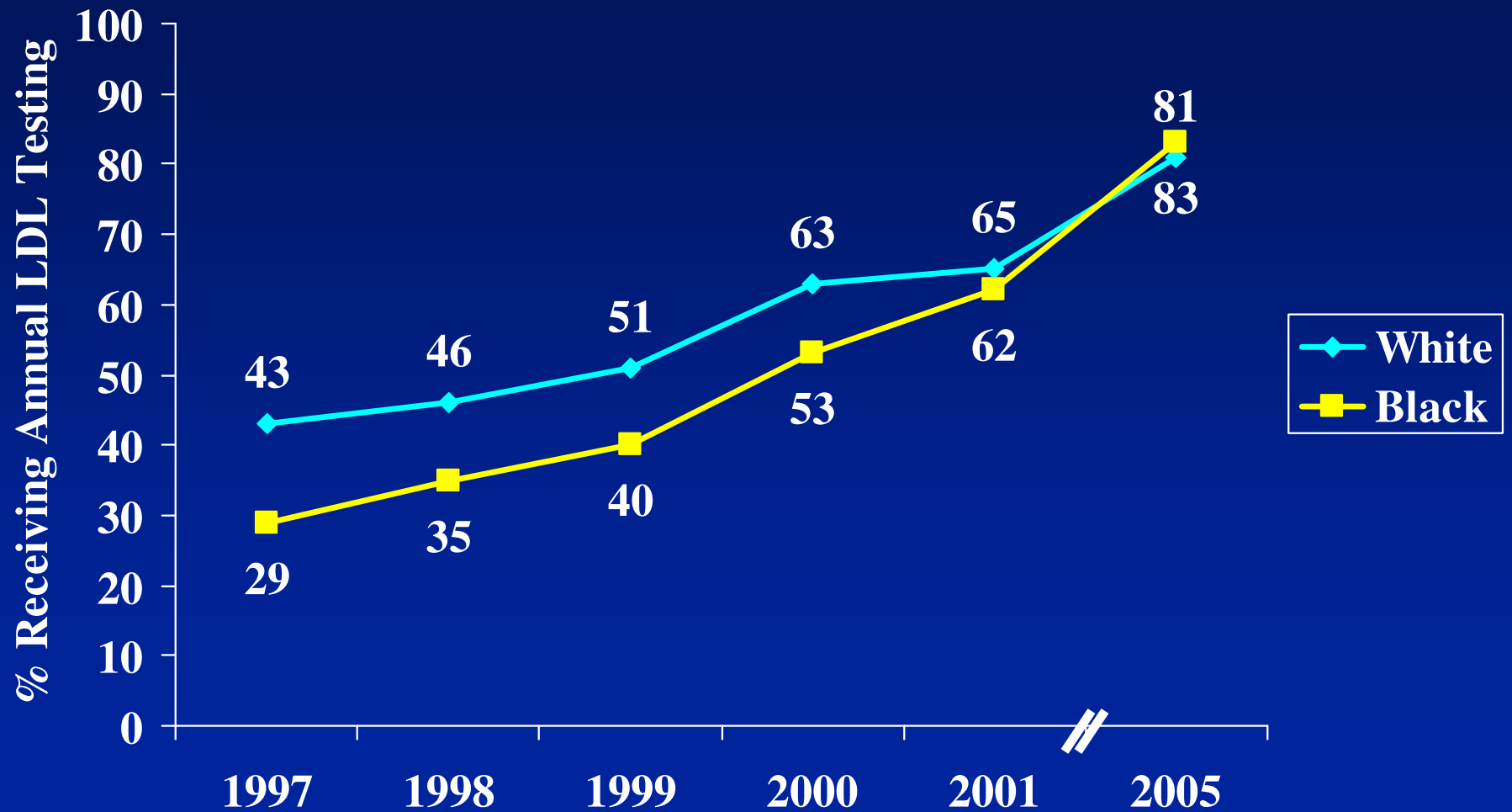
Patient Engagement

- **Primary care teams**
- **Chronic disease visits**

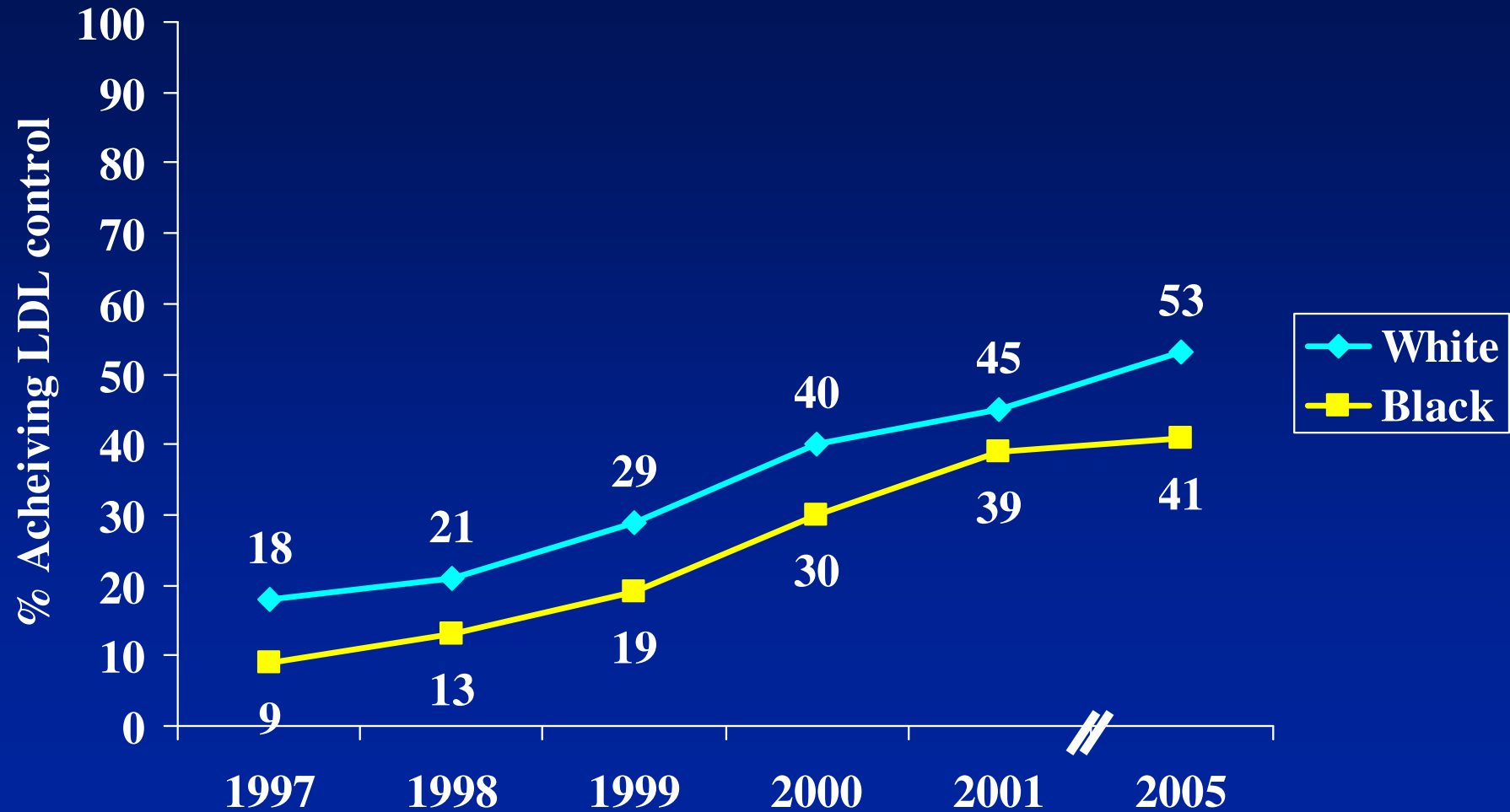


Improved Diabetes Care

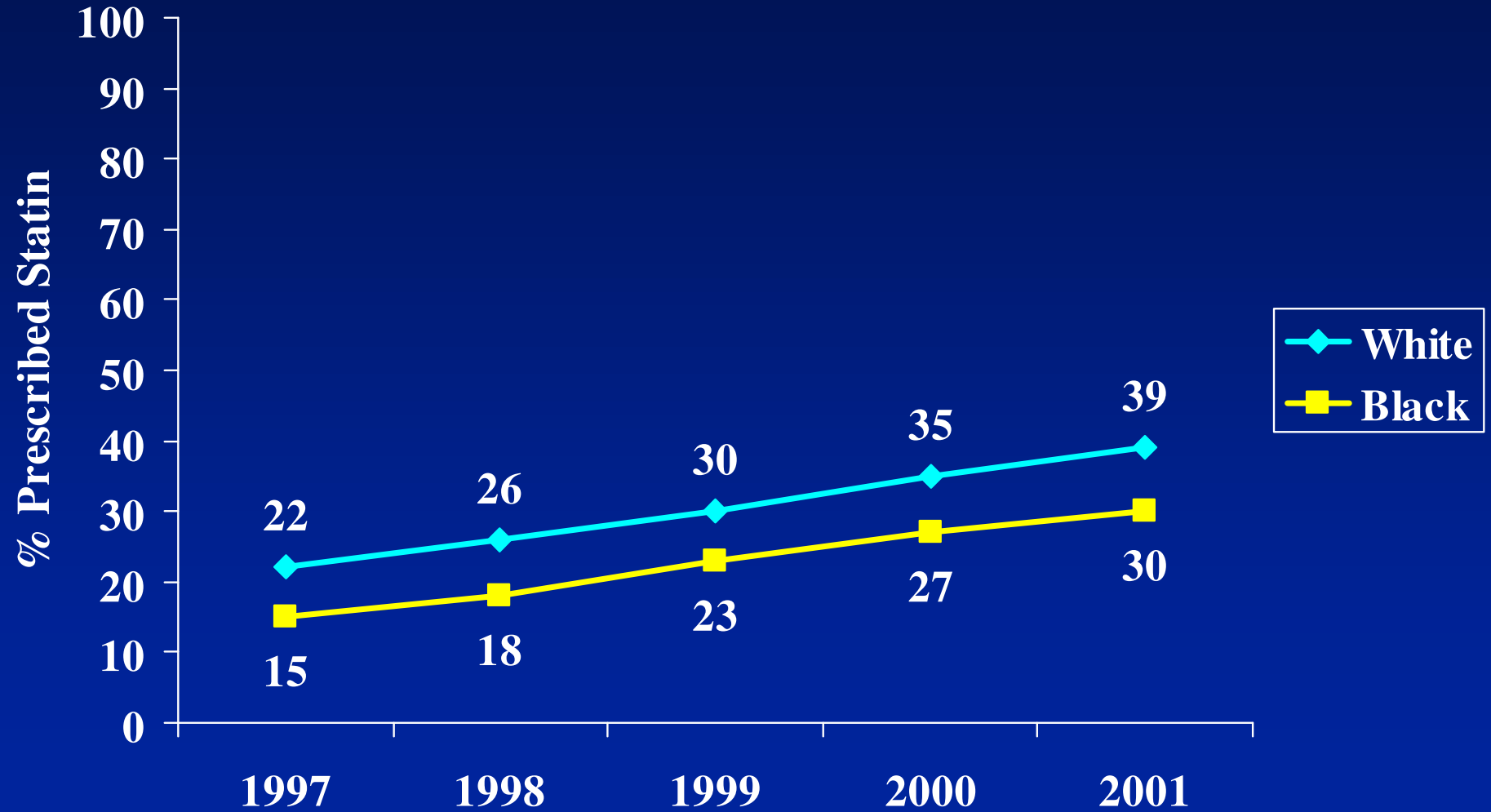
Race Stratified: LDL Testing



Race Stratified: LDL Control



Statin Use



What is the Role of Ambulatory Care?

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- **Chronic disease management**
 - Diabetes
 - Cardiovascular disease
 - Depression
 - Asthma
- **Preventive care**
 - Cancer screening
 - Tobacco use

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Pervasive quality deficits

Pervasive racial disparities

Potential Strength of Providers

**Knowledge
of
patient**

**Knowledge
of
health system**

- **Direct involvement in clinical care**
- **Long term relationships**

Quality Improvement Strategies

**Reducing racial disparities in
health care will require a focus on
minority health care**

The Work Ahead for Providers

Clear evidence for needed implementation:

- Collection of race and ethnicity data
- Clinician awareness of racial disparities

Future potential:

- Culturally competent interactions
- Performance feedback (internal)
- Health navigators/ community health workers

Pitfalls:

- Pay for performance
- Public reporting

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Collecting Race/ Ethnicity Data

- **Up to 75% of medical groups not collecting**
 - **We cannot improve what we cannot measure**
- **80-90% of patients support collection of data by their health care providers**
- **There can be discomfort around collection of data --- ultimate use needs to be abundantly clear**

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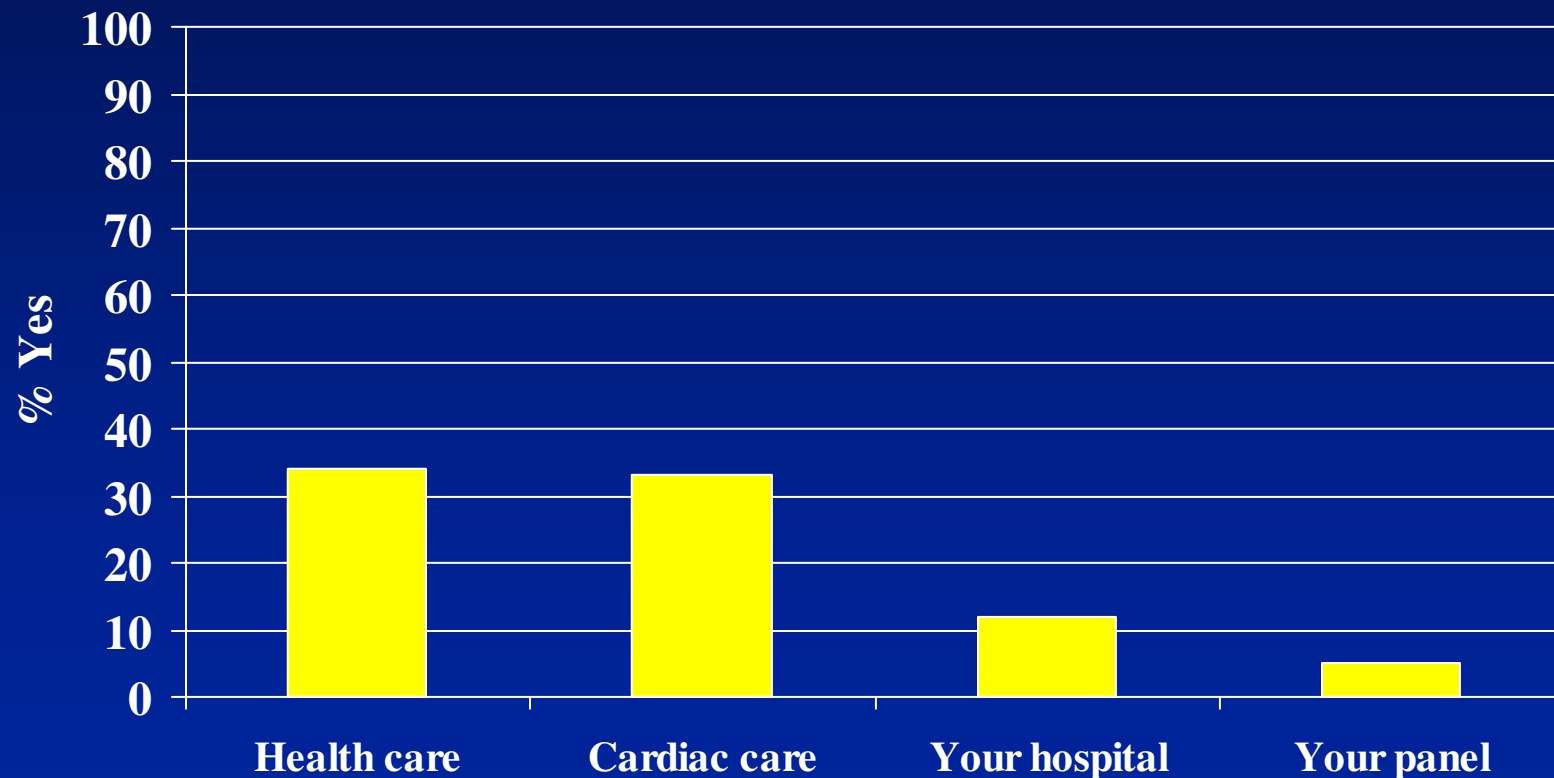
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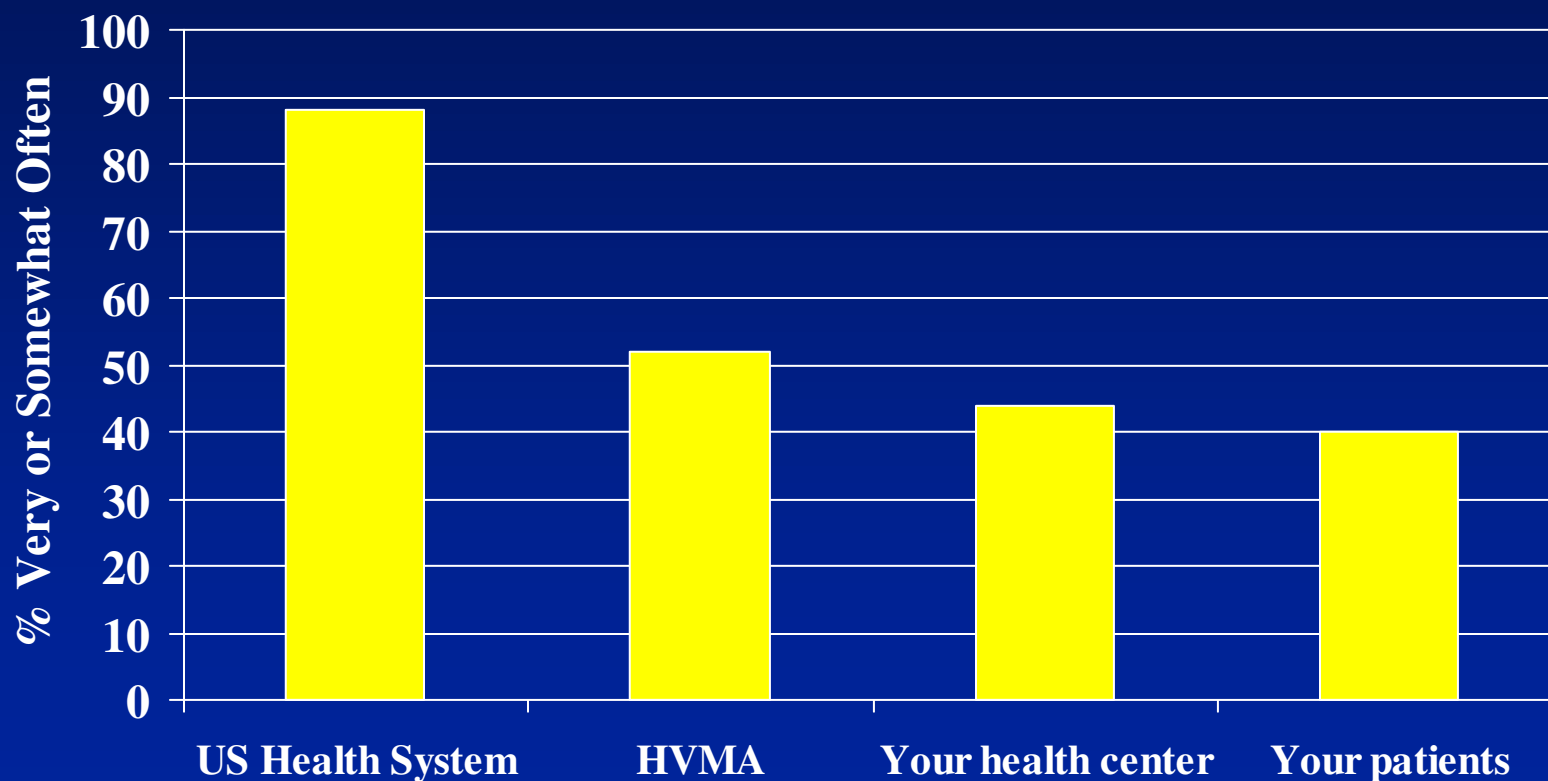
The “Not Me” Phenomenon: Cardiologists

Do racial disparities exist in....



The “Not Me” Phenomenon: Primary Care

Do racial disparities in diabetes care exist in....



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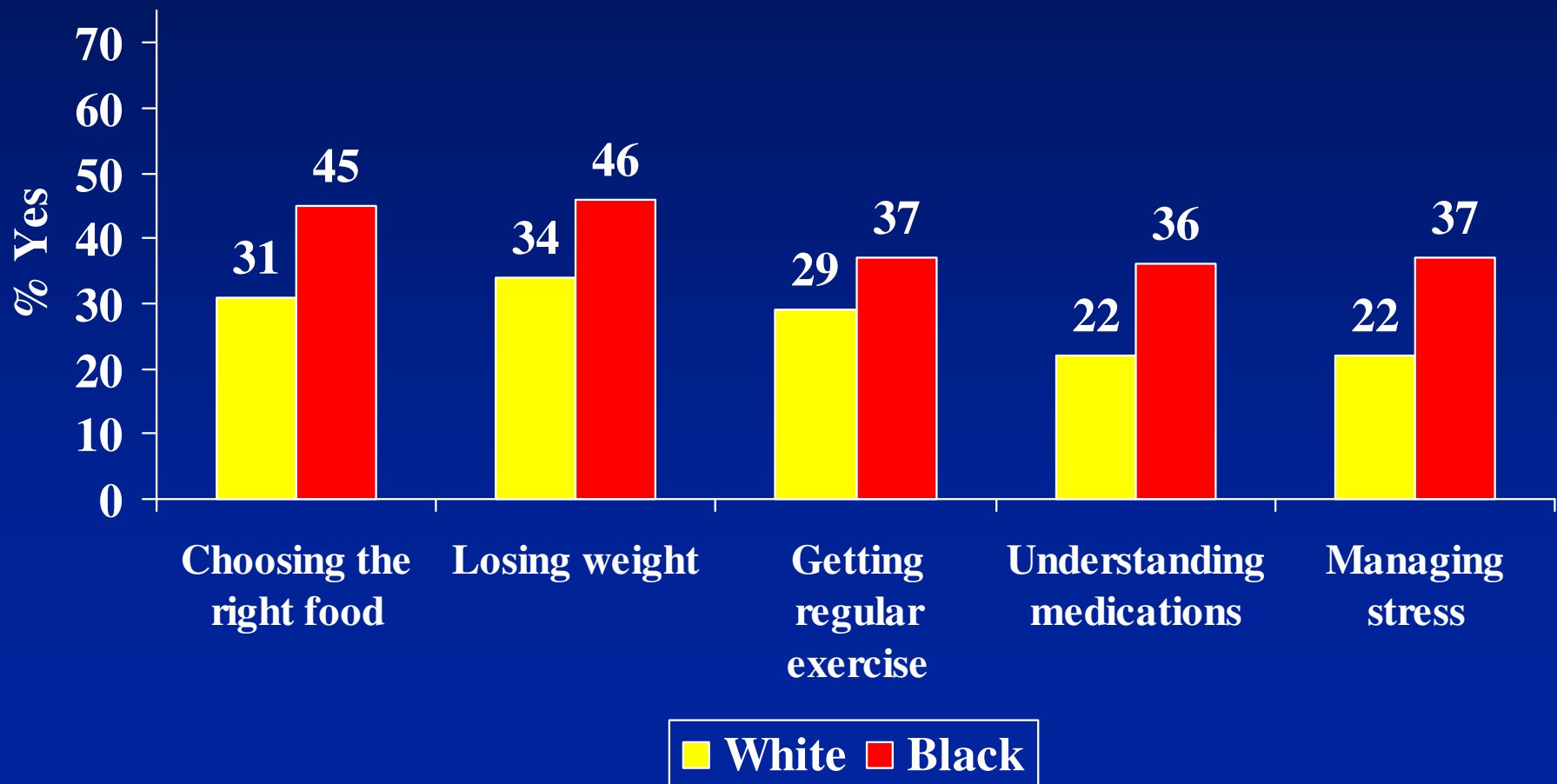
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Patient Experiences of Diabetes Care

Do you need more help from your health care team to keep your diabetes under good control?



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Sample Performance Report

PCP = Dr. Thomas Sequist
N = 100 white patients
N = 40 black patients



December 2007 Disparities in Diabetes Care Report (Dr. Thomas Sequist)

This Month

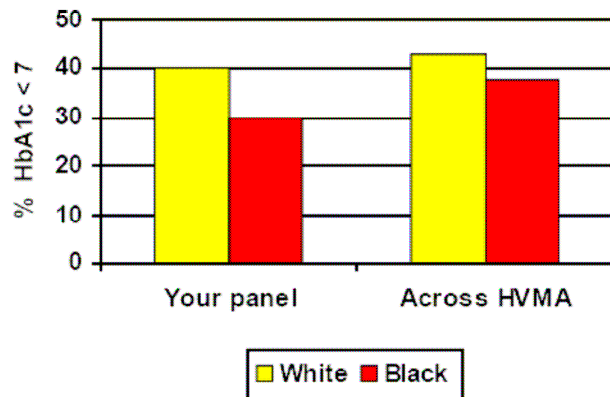


Figure 1. % Achieving HbA1c < 7%

Monthly Trend

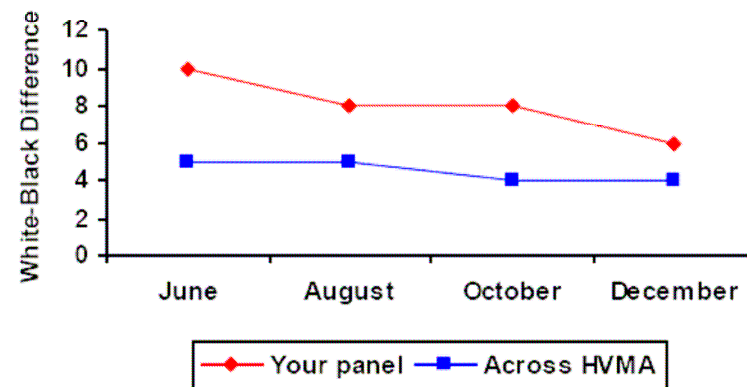


Figure 2. Trend in % Achieving HbA1c < 7%

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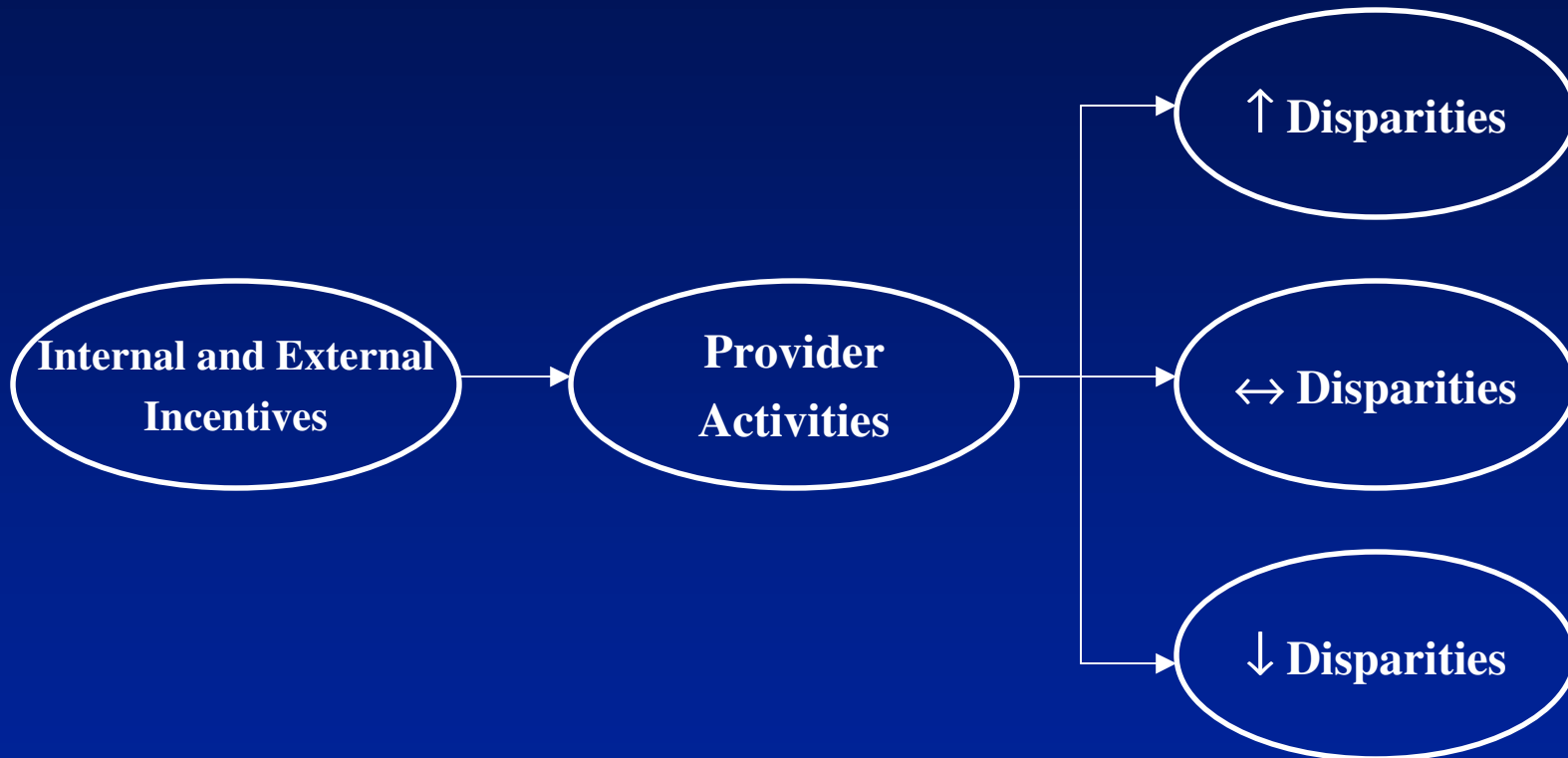
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Quality Improvement and Disparities



Public Reporting and P4P

- Focus on the “measured” masks underlying differences in care
- Providers avoid ‘high risk’ patients
- Worsening ‘disparity of resources’

Careful consideration and monitoring