Three Residency Programs' Lessons Learned about Disparities from a Deep Dive into Our Population Data

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Introduction / Background

- **Value-based Care** is person-centric and population based
- **Identifying at Risk Populations** – those with disparities in clinical measures – using REAL-G categories
  - EHRs typically include: **A**ge and **G**ender
  - EHRs add: **R**ace, **E**thnicity, Preferred **L**anguage[1]
- **REAL-G** stratified population data provides actionable data to inform how providers manage these populations
  - **Current**: Providers receive their clinical quality metrics and use their knowledge to identify populations at risk (Ex: HTN risk factors include age, gender, and race)
  - **Gap: C**linical quality metrics may omit detailed population REAL-G metrics limiting providers' ability to understand the clinical quality disparities in their patient populations
  - **Alignment: ACGME CLER Health Care Quality**[2]
    - **Pathway 5:** Education on reducing health care disparities
    - **Pathway 6:** Engagement in clinical site initiatives to address health care disparities

Project Aim

To identify actionable disparity gaps for quality improvement through detailed analysis of selected clinic level quality metrics by REAL-G Categories (Race, Ethnicity, Age, Language, Gender)

Methods

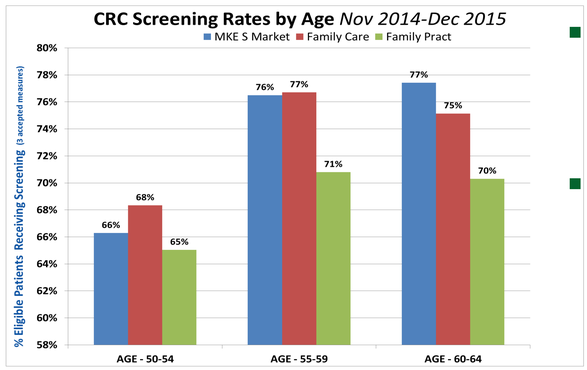
- Three residency programs identified clinical quality disparity targets:
  - Family Medicine – Colorectal Cancer Screening
  - Internal Medicine – Diabetes
  - Ob/Gyn – Postpartum Readmissions for HTN
- Retrospective 12 mos analysis of targeted metrics using REAL-G categories to identify disparities by target
- Each residency team reviewed data and identified a REAL-G disparity

References

1. Health Research & Educational Trust. (2014, October). A framework for stratifying race, ethnicity and language data. Chicago, IL: Health Research & Educational Trust. Accessed at www hpoe.org
2. ACGME. CLER Pathways to Excellence. 2014. https://www.acgme.org/Portals/0/PDFs/CLER/CLER_Brochure.pdf

Results: Family Medicine CRC Screening

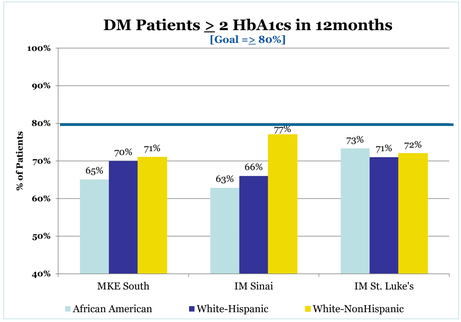
- CRC screening population records were sampled for eligible patients >/= age 50 for MKE-S (N=59,745), FCC (N=846), and FPC (N=1,458)
- Largest CRC screening disparity was associated with age with screening gaps ranging from 13-15% between populations aged > 65 vs age 50-54
- CRC Screening Rate disparities by race, ethnicity and gender were <10%

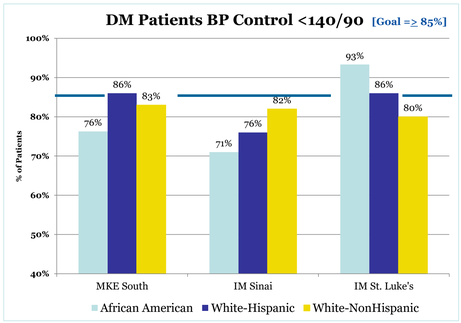


- **QI Aim:** Achieve a 5% decrease in CRC screening age disparity (50-54 yo) in residency clinics by 1.2017
- **Changes Include:**
  - Enhance clinical workflow
  - Education re: 3 CRC screening options

* Previously presented: Aurora Scientific Day; Published in *JPCR&R*. 2016:4-3.

Results: Internal Medicine Diabetes





QI Outcomes:

- Improve by 10% the number of African American/Black patients that receive 2 HbA1c checks per year
- Outcome: Improve by 5% the number of African American/Black patients with BP control <140/90

Changes Include:

- Implement POC HbA1c checks
- Diabetics with poor glycemic control or poor BP control will be referred to a pharmacist for additional medication management/review
- Diabetic Education for all residents
- Resident/Faculty Champions for each clinic ½ day

Results: OB Postpartum HTN

- Ob/Gyn data required deeper analysis due to database/sample size – chart audit conducted
- N=28 pts readmitted with Postpartum HTN
  - 57% of all readmissions
- **Age:** 68% 18-34; 29% 34-40; 3% < 18
- **Race:** 82% African American; 7% White; 7% Asian; 4% Hispanic
- **Language:** 92% spoke English
  - 18% had HTN discharge instructions printed
  - 46% had postpartum BP appointments
- Large # readmitted w/in 48-72 hrs discharge

QI Aim:

- Educate pts prior to discharge on their dx with understandable written/verbal info
- Ensure patient understanding + recognize symptoms
- Create easier access to follow up with scheduled appointments + access to Rx meds prior to discharge

Changes Include:

- Provider + Nursing Education: Increased surveillance for postpartum vitals for at risk pts; Verbal + written precautions for signs/sx of de novo or worsening disease
- Access to Care: BP checks w/in 72 hours with VNA services.

What we Learned

- **Data Analytics:** Analyzing clinical quality data at the site level using REAL-G disparity categories yields insights to support pop QI
- **Collaboration is Essential:** Data analysts provide site/market level metrics; Diversity & Inclusion Leadership; Clinic Leaders…
- **Patience, Persistence and Sustainability:** Resident duties impacts consistent leadership & participation + they graduate necessitating succession planning

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