



HealthPartners®

Identifying and Addressing Health Disparities

Minnesota Hospital Association Webinar

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Please turn off your computer speakers and dial into phone line (1-800-791-2345 code: 11076)

Today's Agenda



Why It's Important



Our Work to Reduce Disparity



Ideas for Future



HealthPartners®

Health Plan

- 1.5 million members

Medical Clinics

- 1,700 physicians
- 50 primary care locations
- 55+ medical specialties

Dental Clinics

- 60 dentists across 22 clinics
- 6 dental specialties

Hospitals

- 6 hospitals
- Level 1 trauma and tertiary center
- Acute care hospitals
- Critical access hospitals



Consumer-governed, non-profit



Integrated health and financing



22,500 team members

“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.”

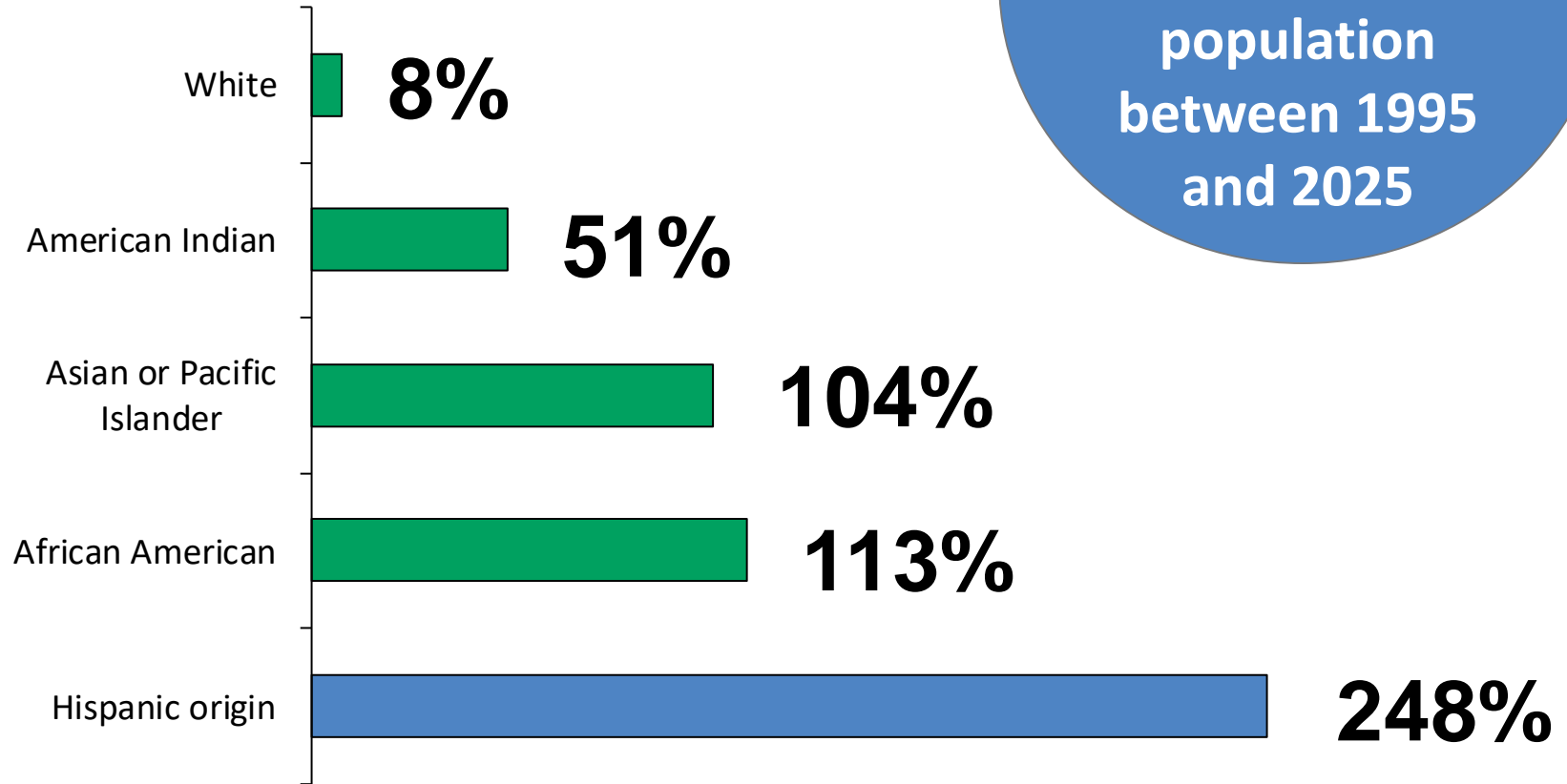


Alan Nelson, MD

Chairman, IOM Committee

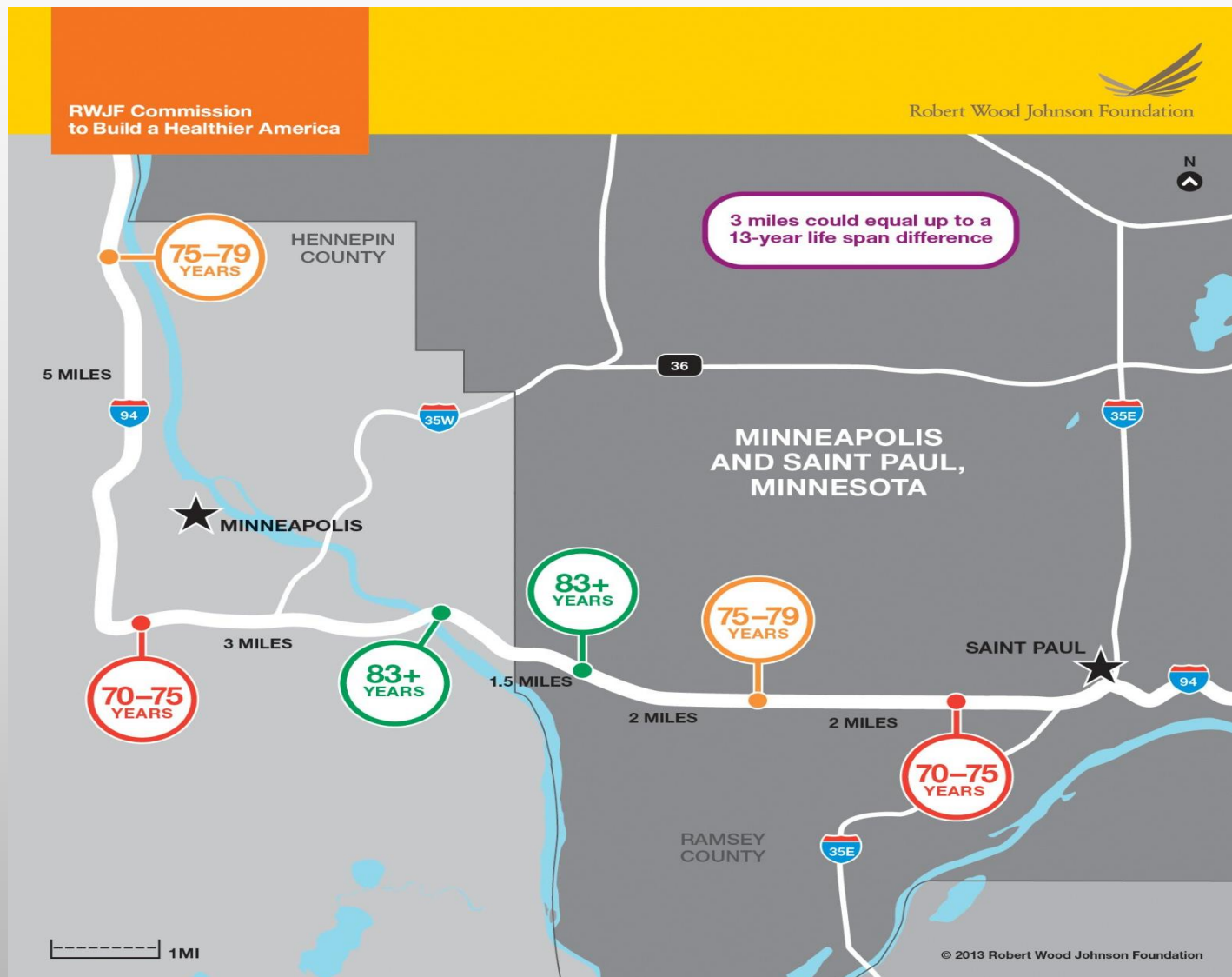
WHY IT'S IMPORTANT

Communities of color will grow faster than white population between 1995 and 2025

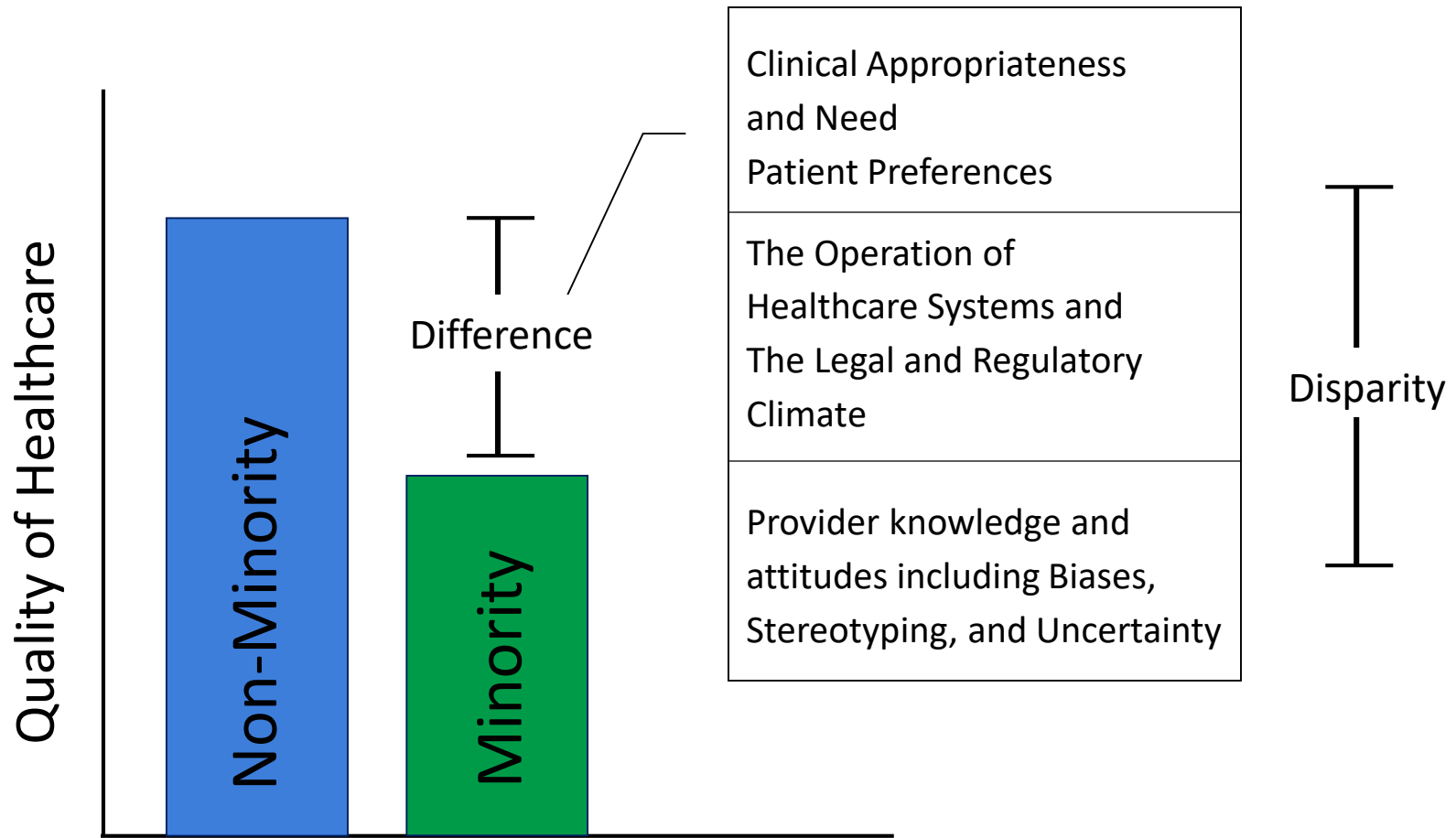


Source: State Demographic Center at Minnesota Planning

Life Expectancy in Twin Cities – Δ 13 years



A framework for why health disparities occur



Adapted from: Differences, Disparities, and Discrimination:
Populations with Equal Access to Healthcare. Source: Gomes and McGuire, 2001

Why Focus on Equity?

1

Racial and ethnic disparities in health care, and their root causes, have an impact on quality, safety, cost, and risk management. **VALUE**

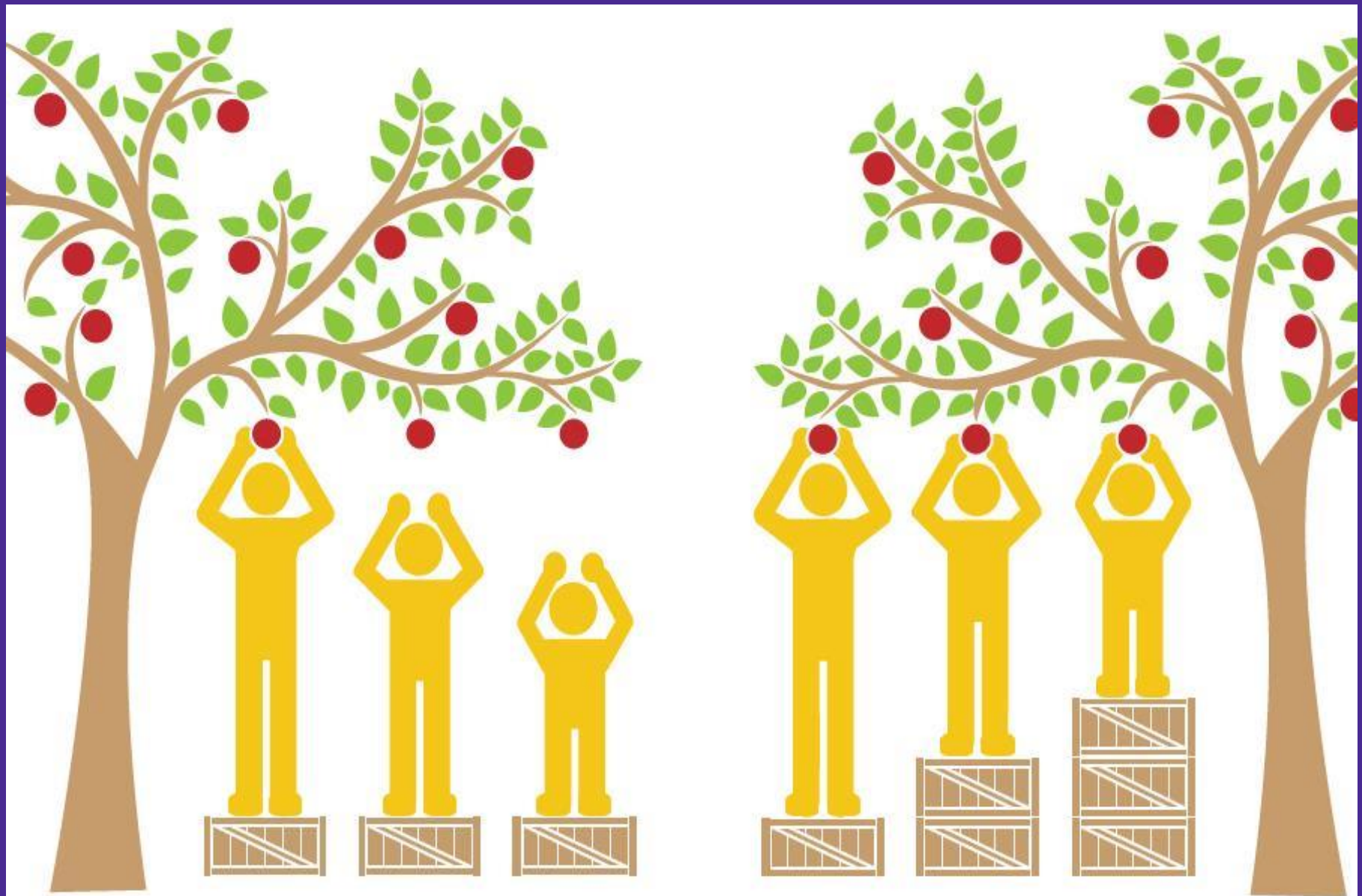
2

Patients with limited-English proficiency:

- ⬆ suffer from more medical errors
- ⬆ have longer lengths of stay
- ⬆ may undergo more high-priced diagnostic tests
- ⬆ have higher rates of readmission

3

Addressing disparities is a current focus for the Joint Commission's Accreditation Standards.

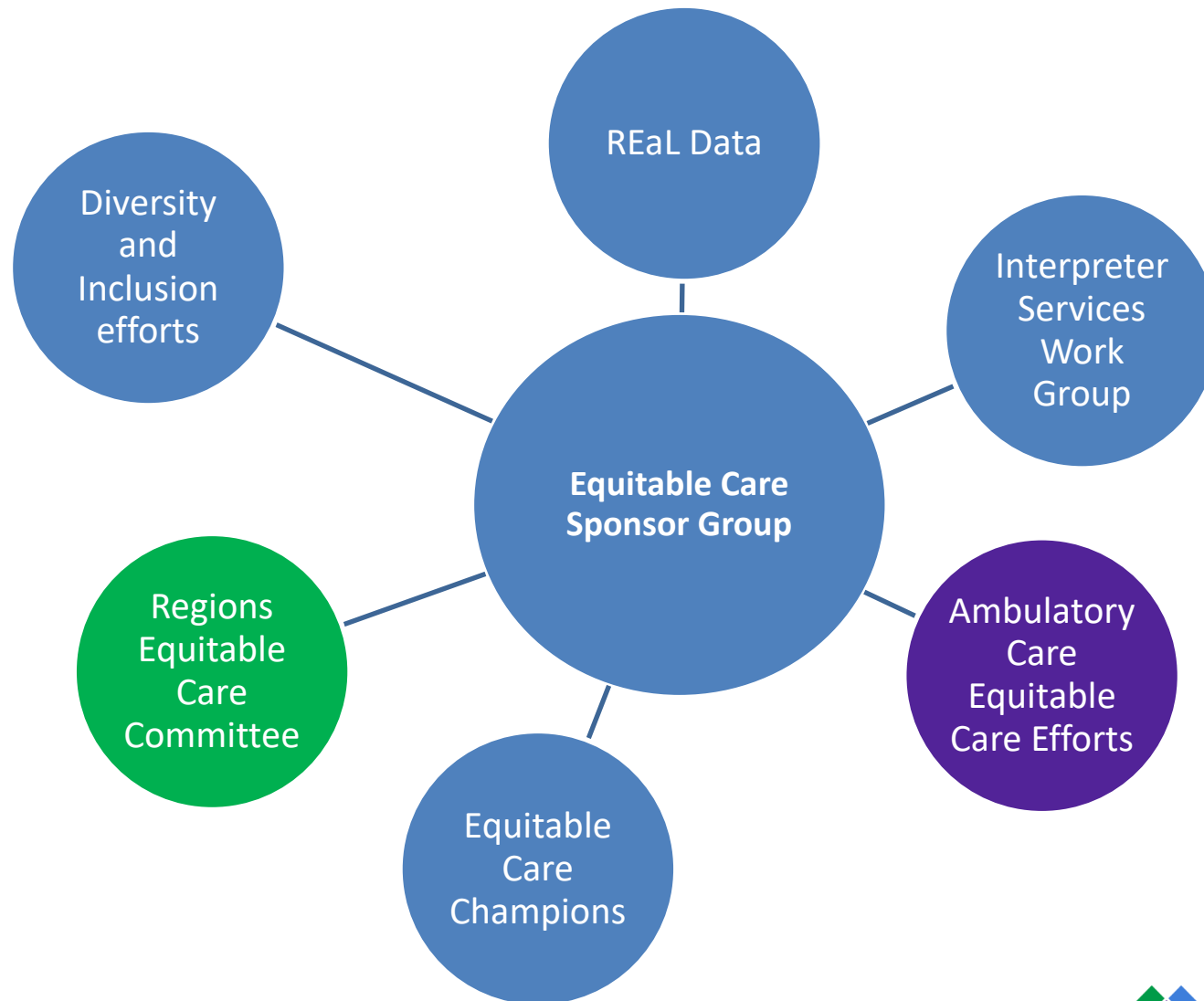


Equality

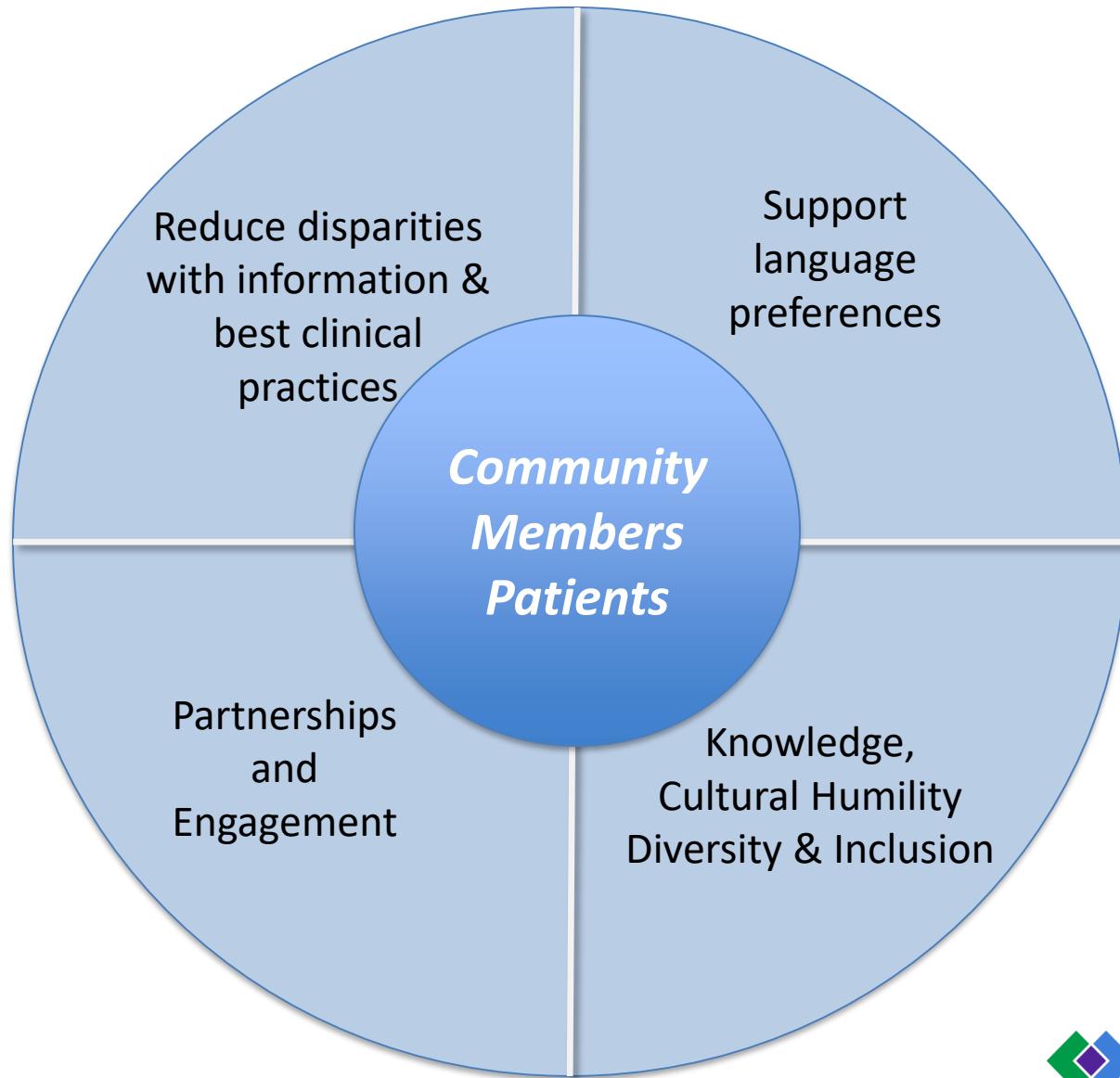
doesn't mean

Equity

Equitable Care Work – HealthPartners



HealthPartners Equitable Care Strategy



Cultural Competence

Ability to understand, appreciate, and interact with persons from cultures and/or belief systems other than one's own.

(McGraw-Hill)

Knowledge and understanding of another person's culture: adapting interventions and approaches to health care to the specific culture of the patient, family, and social group.

(Medical Dictionary for the Health Professions)

Cultural Humility

Life-long
attitude
and
process

No power
imbalance –
each person
brings
something
different

Partnership
with people
and groups

Community Partnership

Identify and engage
community leaders

Patient Council

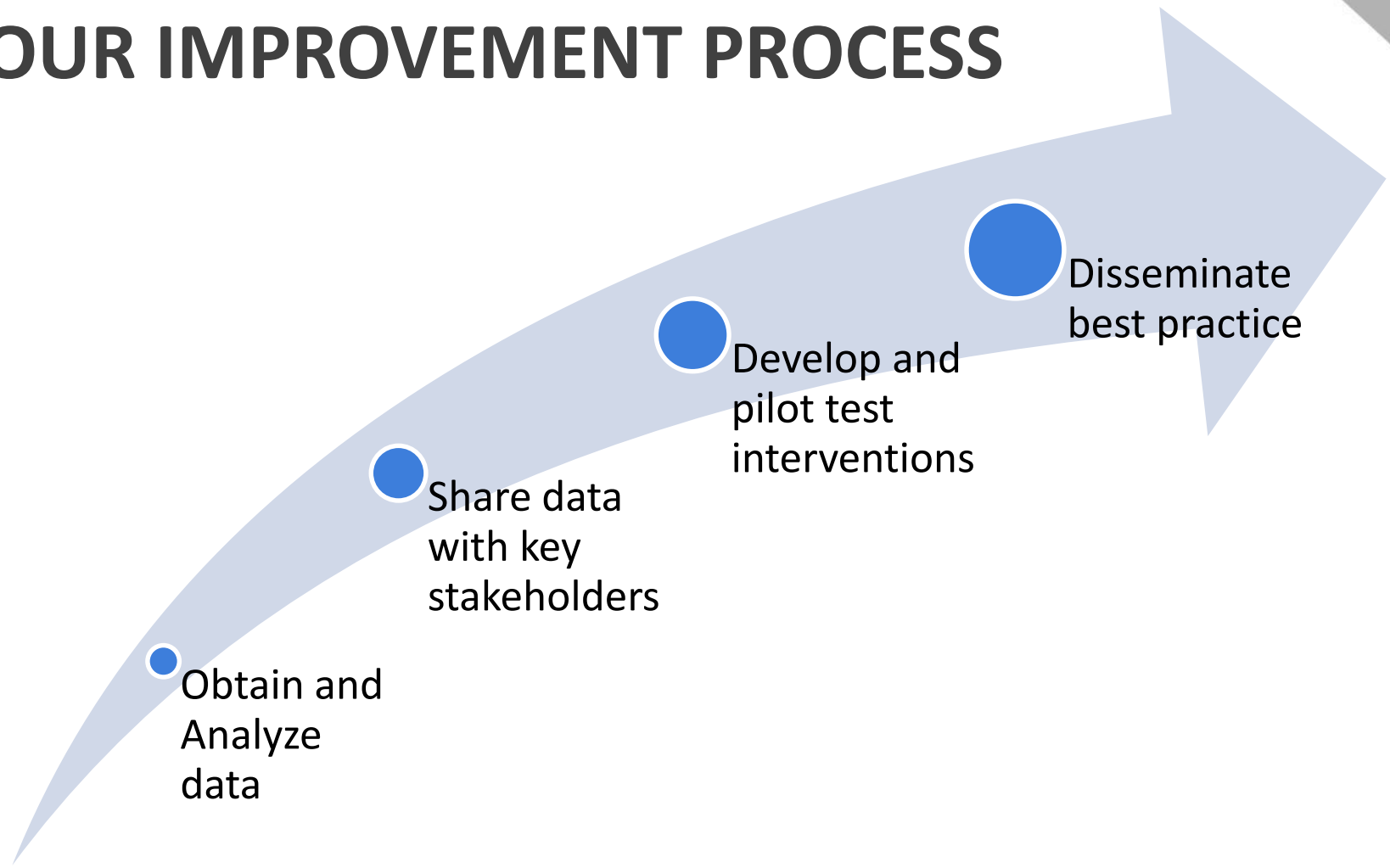
“It’s Time to Talk”

Learning Collaborative

Focus Groups



OUR IMPROVEMENT PROCESS



Data Collection Process

- 1 Only need to ask once
- 2 Language and Interpreter needed during appointment scheduling
- 3 All patients asked Race/Ethnicity and Country of Origin during rooming



Improving Results

Used national data to decide where to start

Hospital Core Measures

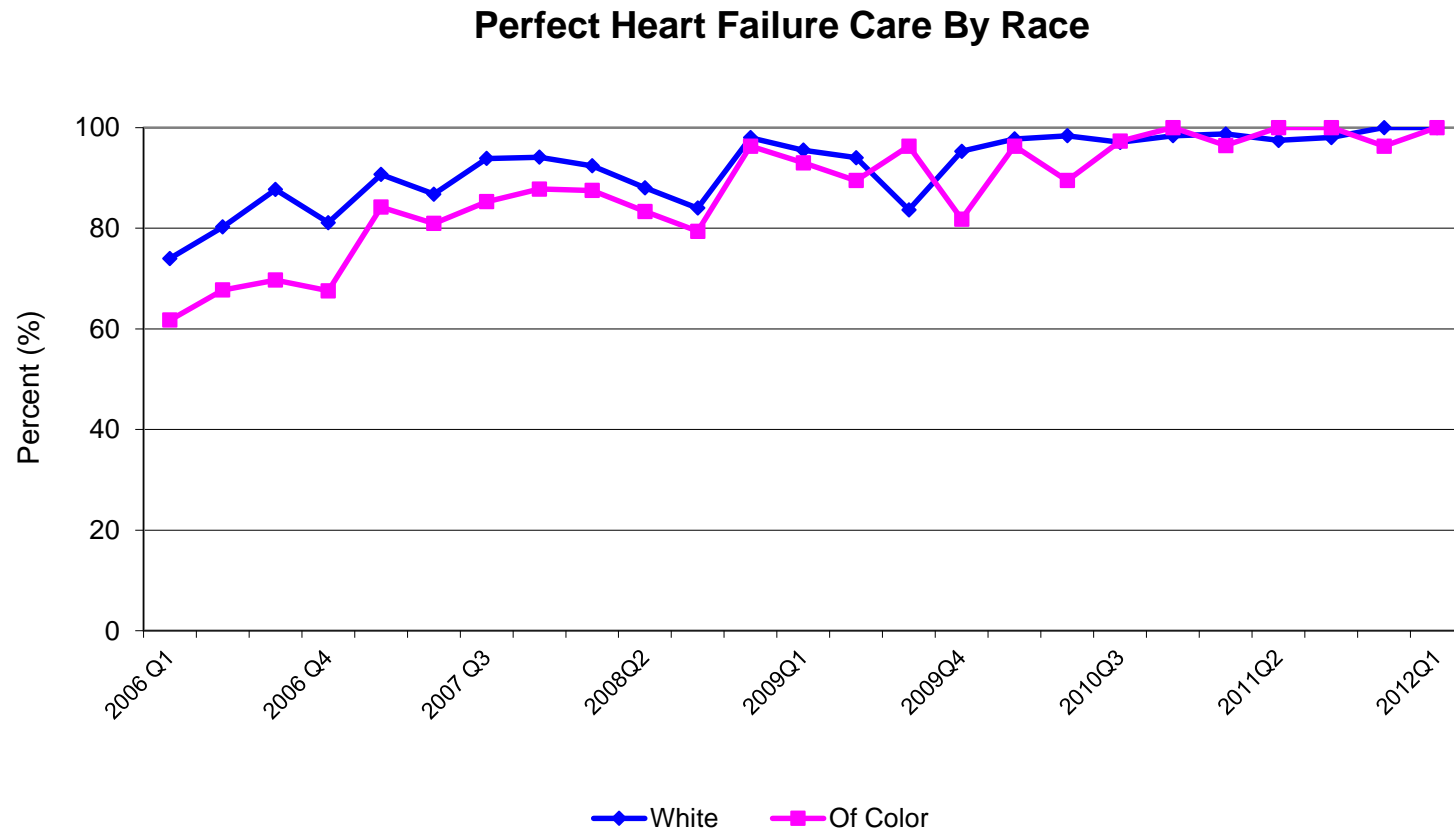
➤ Process

Ambulatory

- Process and outcomes
 - Optimal diabetes care
 - Breast and colorectal cancer screening
 - Pediatric Immunizations

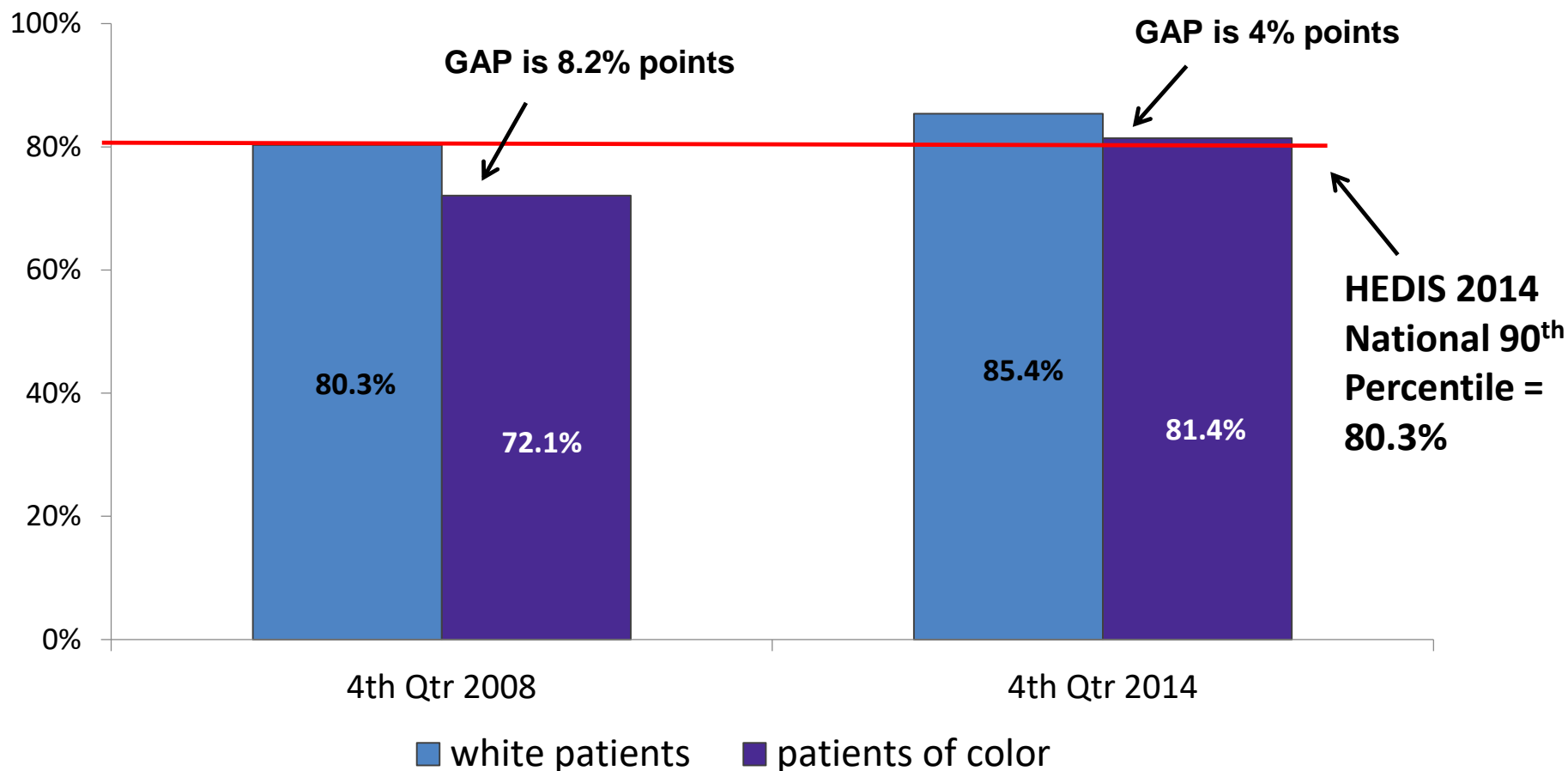


Perfect Heart Failure Care: Regions Hospital

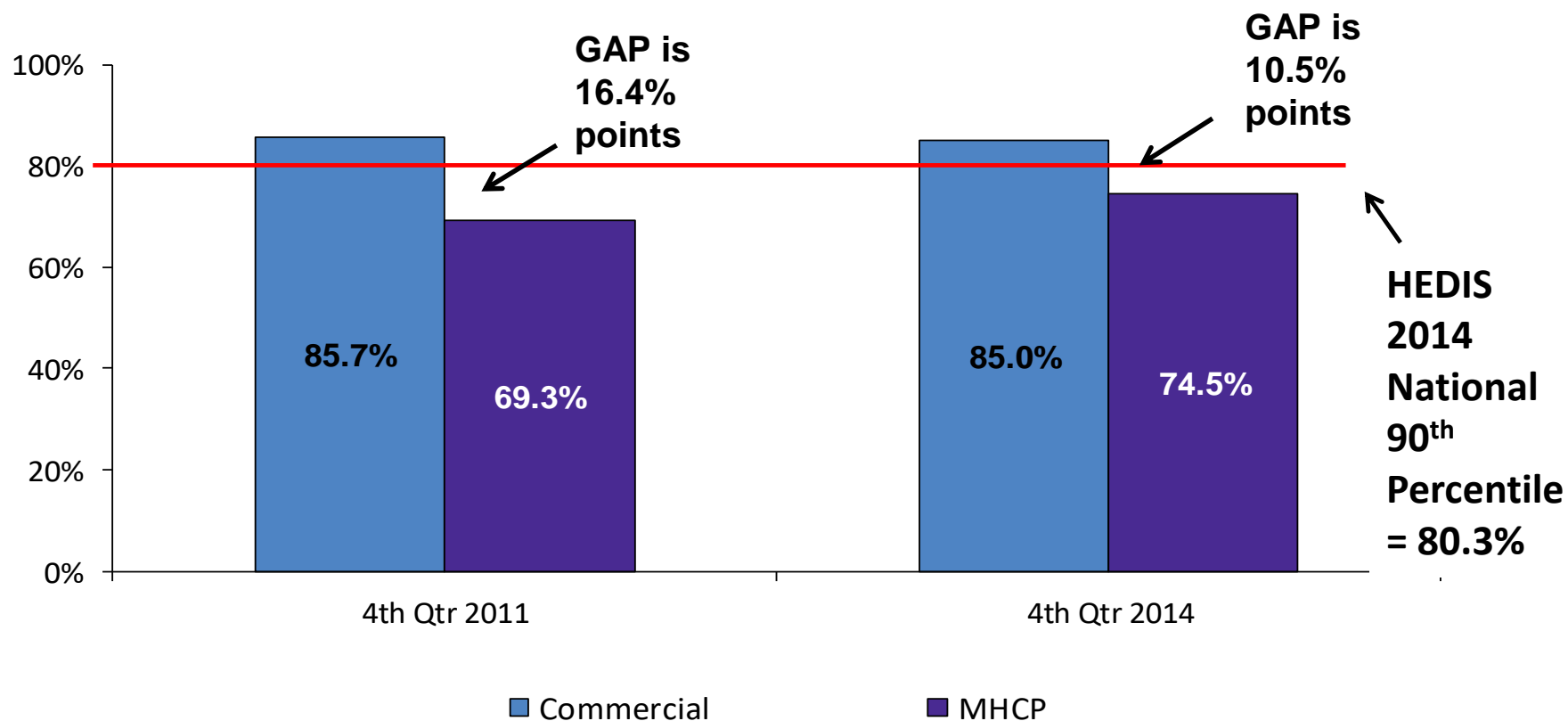


*Statistically significant difference ($p < 0.05$)

Reducing the Gap: Race Breast Cancer Screening



Reducing the Gap: Socioeconomic Breast Cancer Screening



Strategies to Reduce Disparities



Same Day Mammogram Registry Outreach The "Pink Ticket" Program Themes:

- Leadership
- Commitment
- Staff Passion
- Systems Approach

Integration of Disparities Reduction Goals in Accountability Mechanisms

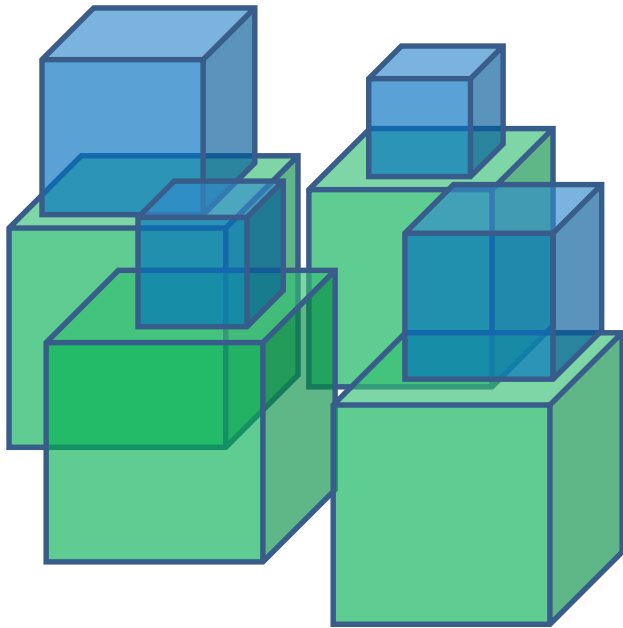
- Data available by Clinic
- 90 day work plans to cascade awareness, goals and accountability
- Part of management incentive program
- Added to physician compensation program

Location	# white	# of color	Point difference	% BC screening (all pts)
Clinic 1	278	48	-0.1	87.2%
Clinic 2	244	142	1.7	83.8%
Clinic 3	258	132	6.8	80.4%

Monthly review: Preview results at care meetings, Institute interventions, remind providers of goals, share best practice

Building on our foundation

Regions Hospital



National Data

Organizational Priorities

Available Data

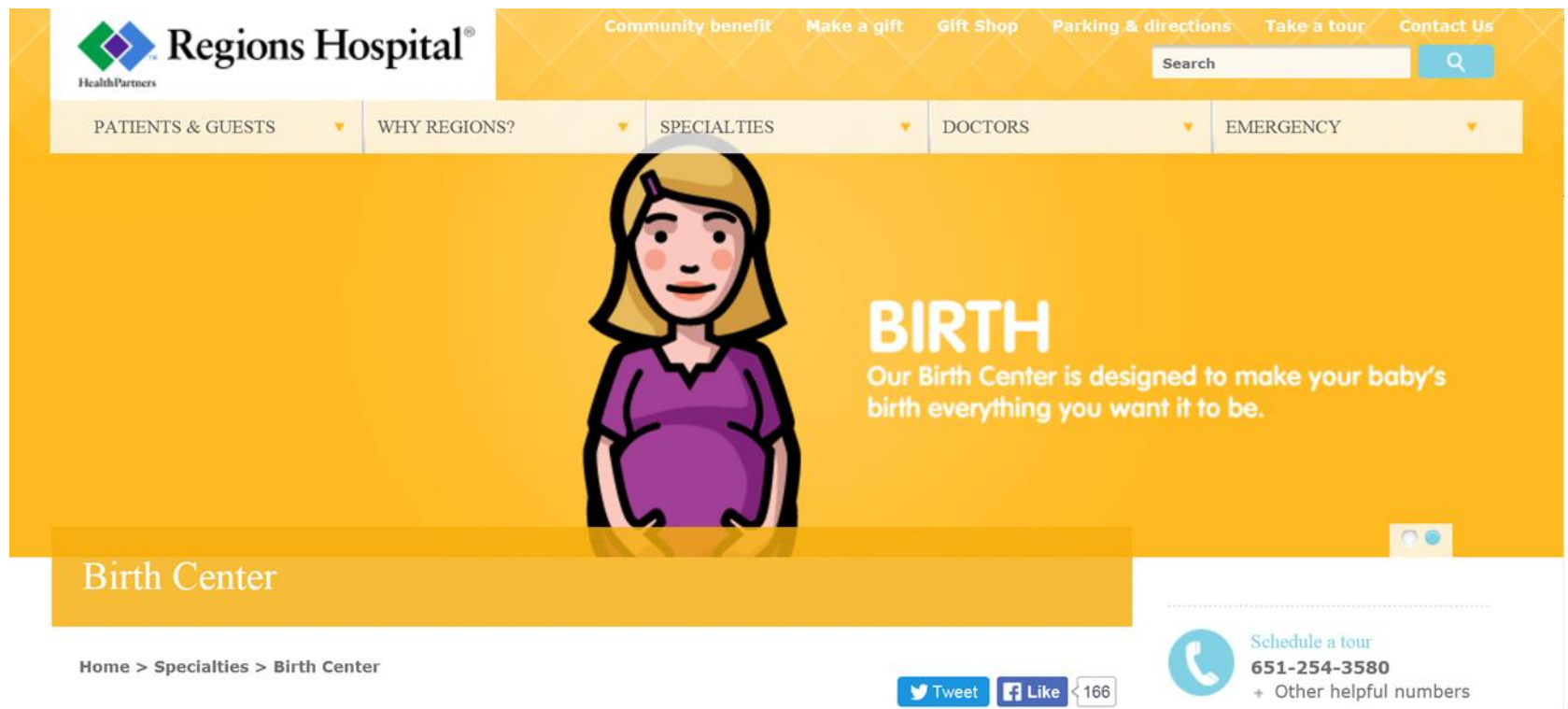
Engaged Leaders

- Hospital Readmissions
- Length of Stay – Excess Days
- Safety Measures
- Patient Satisfaction

What's the data teaching us?

- Concentrated effort in the four strategy areas pays off.
- When we improve processes, we can improve care for all.
- We still have work to do.

The Birth Center Story



The screenshot shows the website for the Birth Center at Regions Hospital, a part of HealthPartners. The top navigation bar includes links for 'Community benefit', 'Make a gift', 'Gift Shop', 'Parking & directions', 'Take a tour', and 'Contact Us'. A search bar is located on the right. Below this, a secondary navigation bar lists 'PATIENTS & GUESTS', 'WHY REGIONS?', 'SPECIALTIES', 'DOCTORS', and 'EMERGENCY'. The main content area features a large illustration of a pregnant woman in a purple shirt. To her right, the word 'BIRTH' is prominently displayed, followed by the text: 'Our Birth Center is designed to make your baby's birth everything you want it to be.' A yellow banner at the bottom left of the main area reads 'Birth Center'. The footer contains a breadcrumb trail 'Home > Specialties > Birth Center', social media sharing buttons for Twitter (166 likes) and Facebook (Like), and a 'Schedule a tour' button with the phone number '651-254-3580' and a link to 'Other helpful numbers'.

Regions Hospital®
HealthPartners

Community benefit Make a gift Gift Shop Parking & directions Take a tour Contact Us

Search

PATIENTS & GUESTS WHY REGIONS? SPECIALTIES DOCTORS EMERGENCY

BIRTH
Our Birth Center is designed to make your baby's birth everything you want it to be.

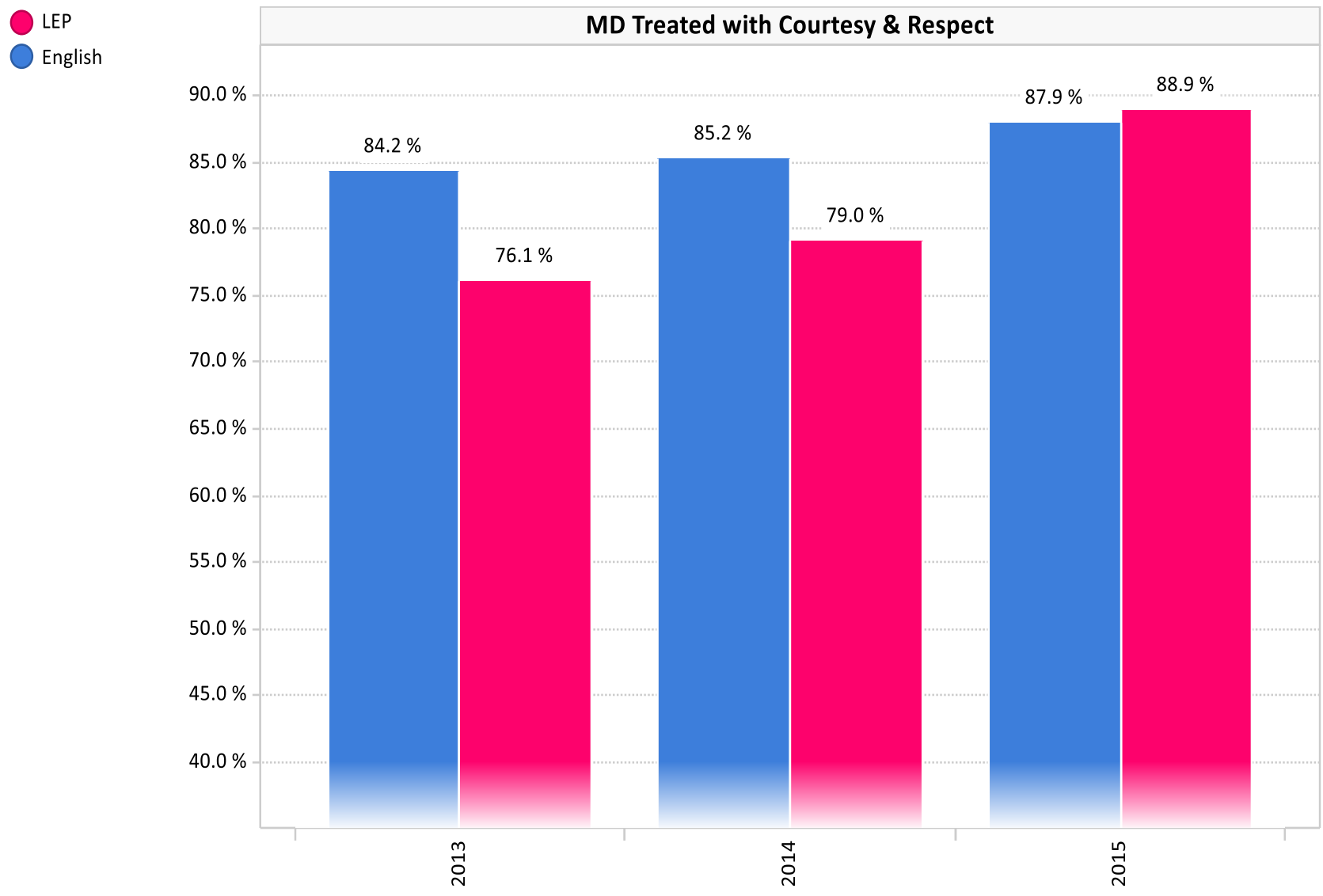
Birth Center

Home > Specialties > Birth Center

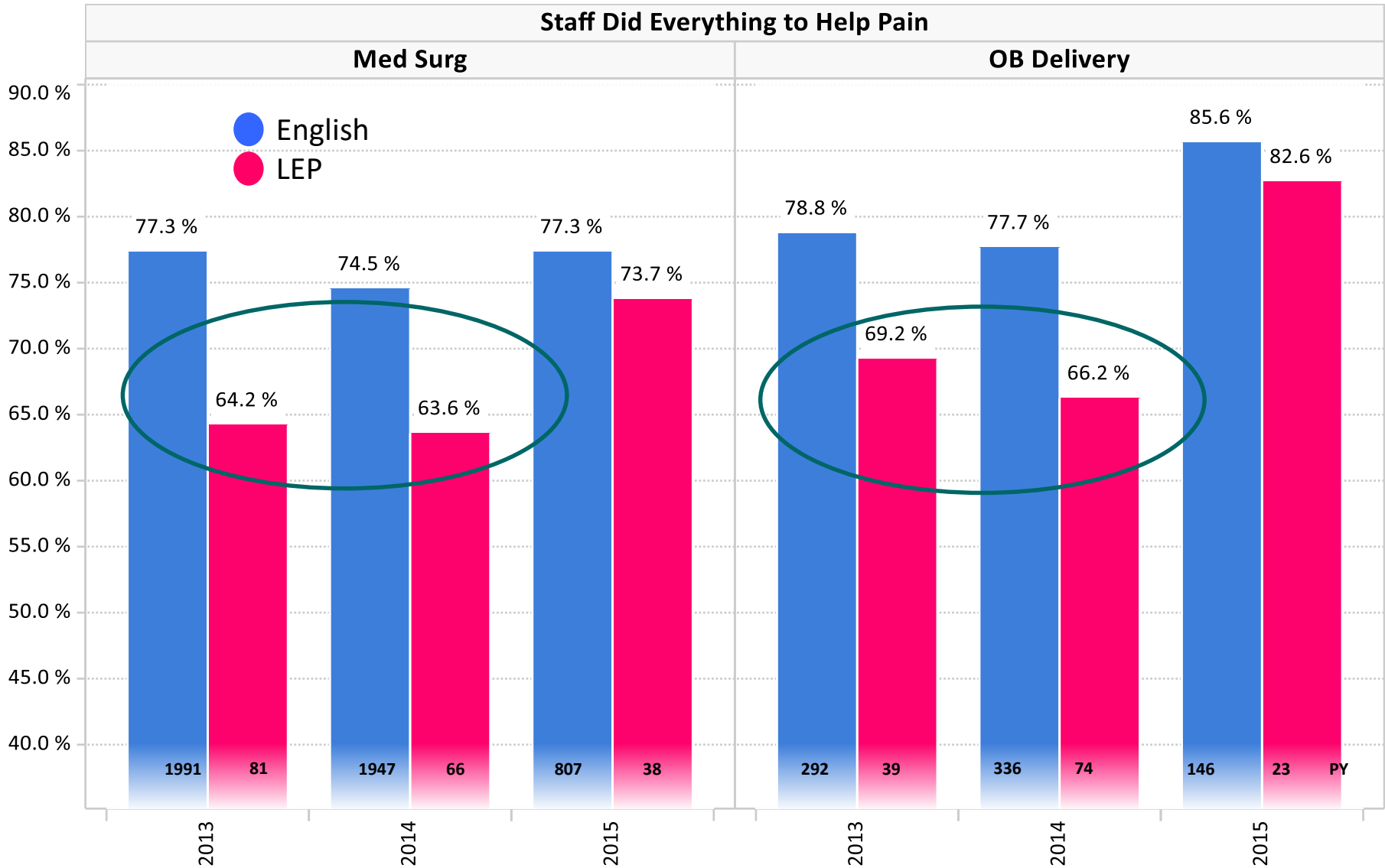
Tweet Like 166

Schedule a tour
651-254-3580
+ Other helpful numbers

Patient Satisfaction in OB by Language

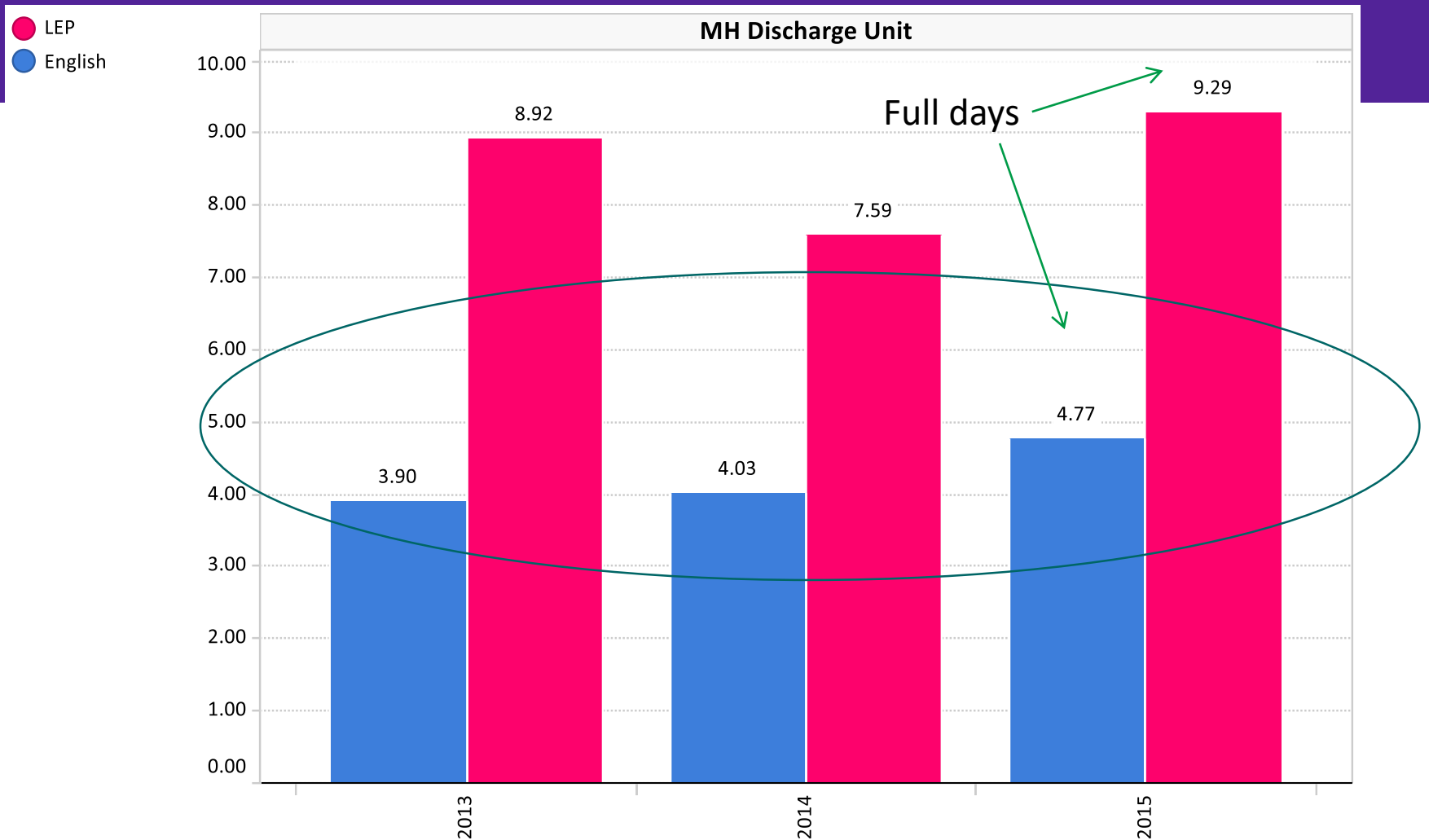


Patient Satisfaction by Language



Upward trends and narrowing gaps in 2015

LOS by Language- Excess Days - MH



Significant disparity in MH by language

The Road Ahead

Spread best practices:

- Patient satisfaction by language in Med/Surg

Develop interventions:

- MH LOS by language

Continue Triple Aim focus:

- Language Preference and Health Literacy

Engage:

- Equitable Care Champions



Support Language Preferences

Promote Health Literacy

116
languages

Interpreter
performance
metrics

Teach-
back
methods

Language Top 4

1. Spanish
2. Somali
3. Hmong
4. Vietnamese

Equitable Care Champions

“It has expanded my knowledge of and dedication to reducing disparities and working with other cultures.”

- Grassroots program of champions to support education, awareness at local level
- Over 120 Champions across the organization since 2003



Culture Roots



To see previous articles, visit our [intranet site](#)

Barriers to Breast Cancer Screening Among Asian-American Women

By [Sandy X. Jones](#)

Scenario

A 54 year old Vietnamese woman, who has lived in the U.S. for 20 years, generally sees a doctor when she has an acute illness. She does not have a personal primary care physician and has not been to the clinic for nearly 2 years. At a recent visit, the nurse notified her that she was due for a mammogram and an annual physical including a pap smear (there is no documentation that she has ever had either completed before). The woman politely smiled at the nurse's comments but did not want to schedule any further exams.

Background

Did you know that when Asian women migrate to the U.S. their risk of receiving a breast cancer diagnosis increases up to six-fold? Although Asian American women have the lowest *death* rates for breast cancer of all racial/ethnic groups identified by the Centers for Disease Control, it is the most commonly *diagnosed* cancer for this population.

What are some of the factors affecting preventive screening rates in the population of Asian-American women?

Barriers to Screening

A number of cultural barriers--especially for older immigrants who grew up in an Asian homeland--may need to be addressed in order to increase mammography and other cancer screening rates in this population. Factors related to these barriers include:

- An Eastern vs. Western view of disease and treatment,
- Cultural practices around communication between authority figures (e.g. physicians) and 'common' people,
- Culturally-based feelings of physical modesty with regard to being viewed or touched (e.g., by a male physician),
- Potential concerns about stigma and shame associated with a cancer diagnosis.

As with any racial classification, there are multiple sub-groups of Asian women. Japanese women, for example, tend to have relatively high rates of cancer screenings, including mammography. Hmong and Korean women are among the least-screened of this group.

Recommendations for Caregivers

An *Ethnomed.org* article on breast cancer in Asian-American women recounted the findings of a Vietnamese women's focus group on the topic (see link below). Education of women is key. Recommendations, based on these findings, include:

1. Non-English-speaking (less acculturated) and especially *older* women may not know what breast cancer screening or mammography is. The actual equipment and process may need to be explained;
2. Women need to know that breast cancer may not cause any pain or other symptoms until it is at a very advanced stage;
3. Because, like most cancers, breast cancer is much more difficult to treat at advanced stages, it is much safer to not solely pursue traditional or folk remedies before seeking medical care. Being open to talking with a patient about simultaneously pursuing traditional Eastern and Western medical approaches may increase trust with an older Asian woman;
4. Studies have found that a direct conversation with a medical provider are likely to be more powerful than a mailing or advertising regarding screening recommendations. But even in conversation, remember that smiling and nodding may simply be a sign of respect and *not necessarily* reflect understanding and/or agreement.

For More Information

American Cancer Society: Guidelines for the Early Detection of Cancer
<http://www.cancer.org/healthy/findcancerearly/cancerscreeningguidelines/american-cancer-society-guidelines-for-the-early-detection-of-cancer>

EthnoMed: Breast Cancer in Asian Women
<http://ethnomed.org/clinical/cancer/breast-cancer-in-asian-women>

Minority Women's Health: Breast Cancer
<http://womenshealth.gov/minority-health/asian-americans/breast-cancer.cfm>

Susan G. Komen for the Cure
<http://www5.komen.org/uploadedFiles/Content/Binaries/806-373a.pdf>

Questions?

أسئلة؟

Câu hỏi?

¿Preguntas?

Su'aalo?

有問題嗎？

Pertanyaan?