Allina Health

Advancing Health Equity

Mollie O'Brien, MA

September 2017

Ambulatory Quality

Latest Month Available: Aug 2017

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Locale	
Revenue Location	
Provider Filters	
Provider	
Provider Type	
Provider Specialty	
Patient Coverage Filters	
Financial Class	
Payor	
Benefit Plan	
Next Generation ACO	
BluePrint ACO	
Allina IHP ACO	
Courage Kenny IHP...	
Patient Demographics	
Age	
Age Range	
Sex	
Race Category	White
Combined Race Cat...	White
Ethnic Group Category	Not Hispanic/Not Latino
Language Major Ca...	English
Country of Origin	
Zip Code	
American Indian or...	N
Asian	N
Black or African Am...	N
Native Hawaiian or...	N
White	Y
Comparison Populat...	
General Disparity P...	

A Filters: Clear All

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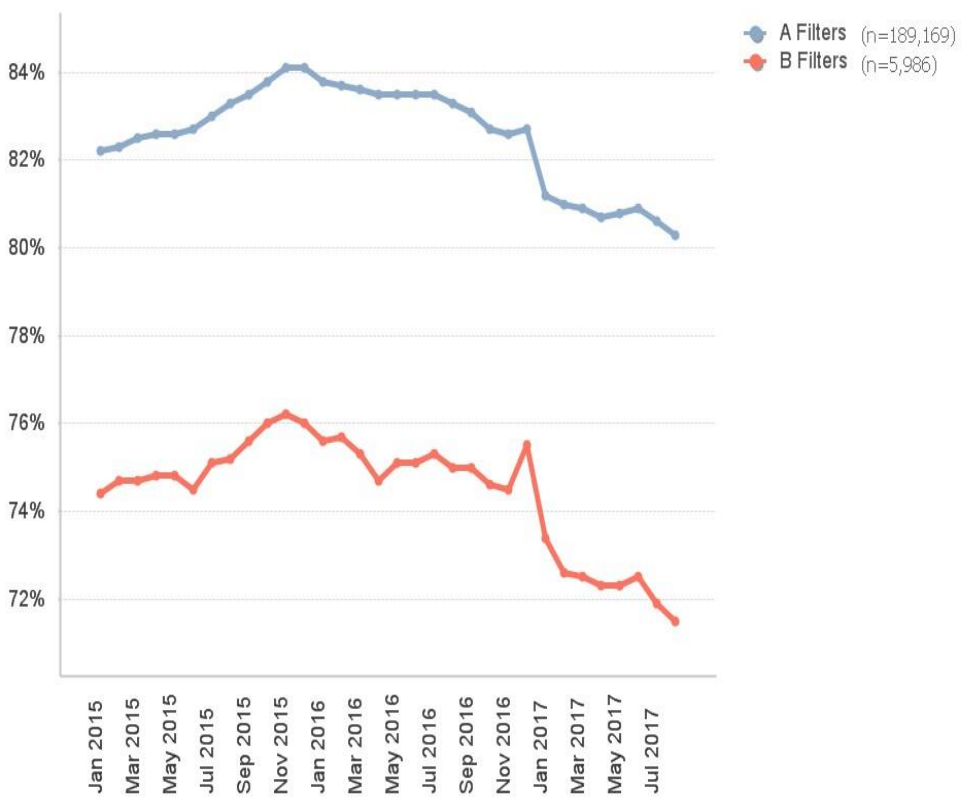
Race Category	White
Year	2015, 2016, 2017

B Filters: Clear All

Clinic Group	Allina Health Clinic
Race Category	Black or African American
Year	2015, 2016, 2017
Measure	Colorectal Cancer Screening

Optimal Care Percentage Trended (n=unique patients for all selected months)



B Filters

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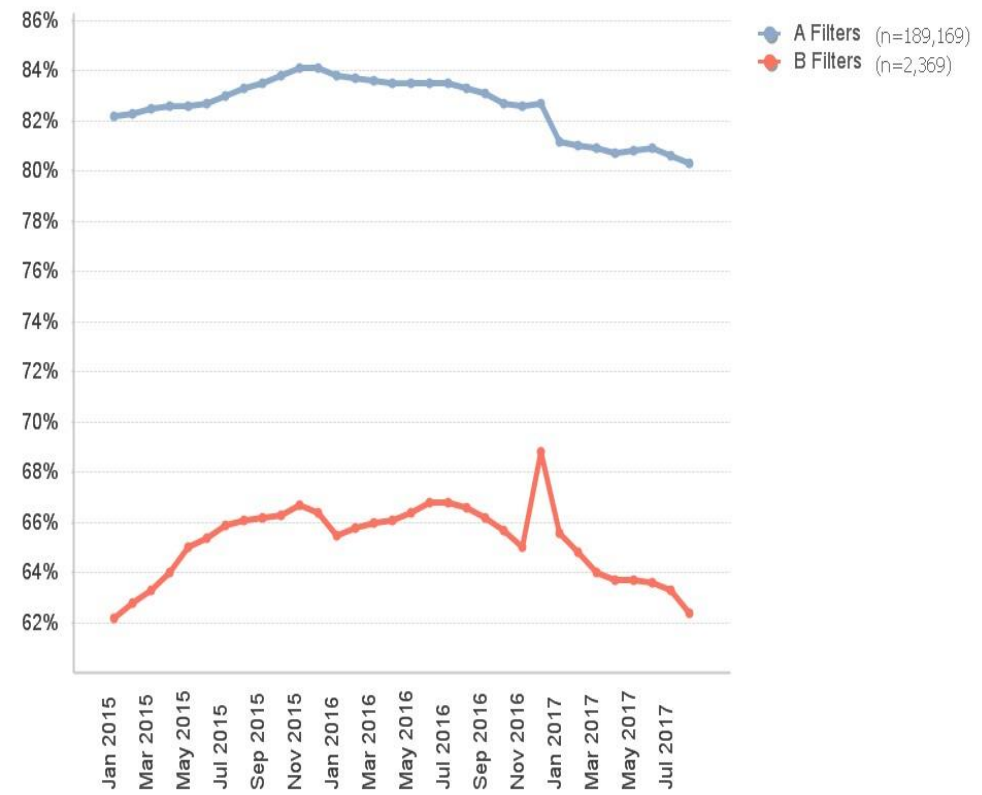

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Year	●
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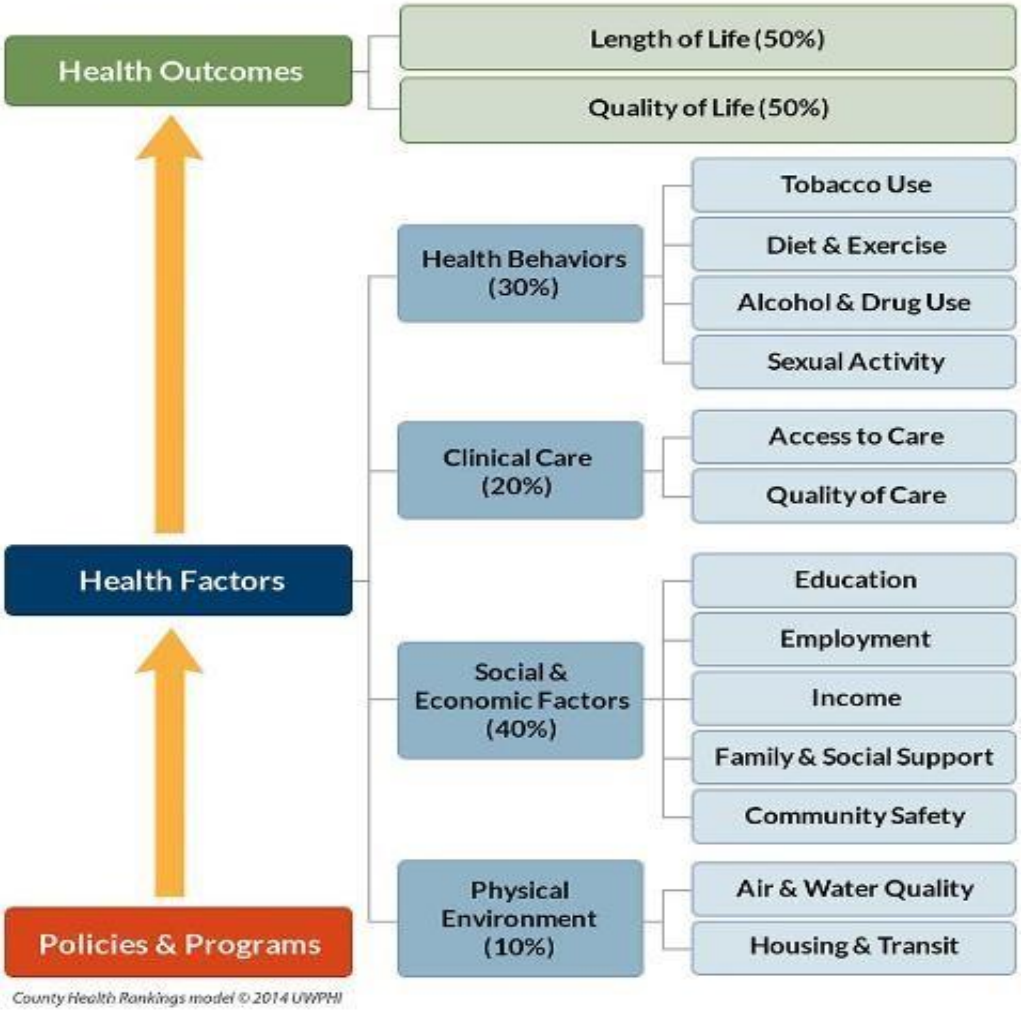
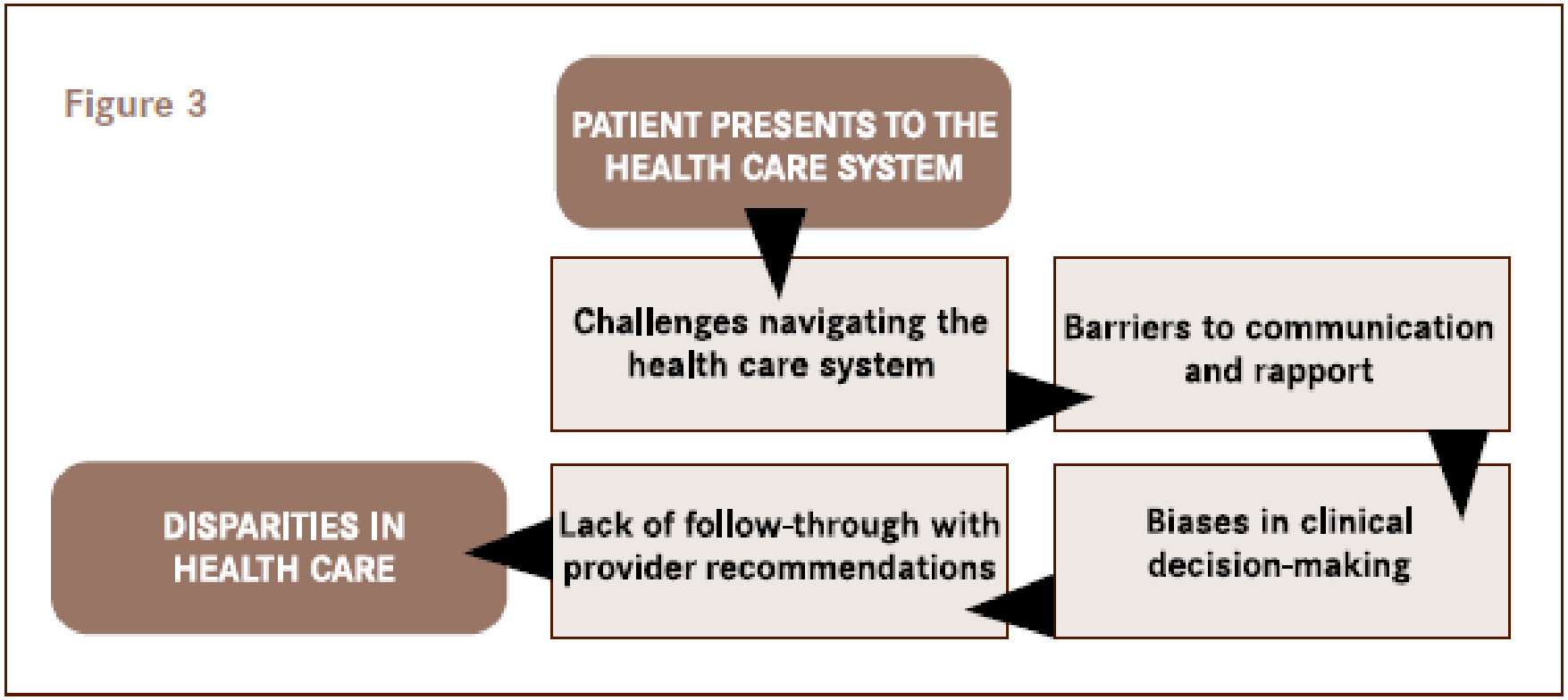
What Causes Disparities?



What Causes Disparities?



Source: Improving quality and Achieving Equity: A Guide for Hospital Leaders. The Disparities Solutions Center, Institute for Health Policy, Massachusetts General Hospital

Allina Health

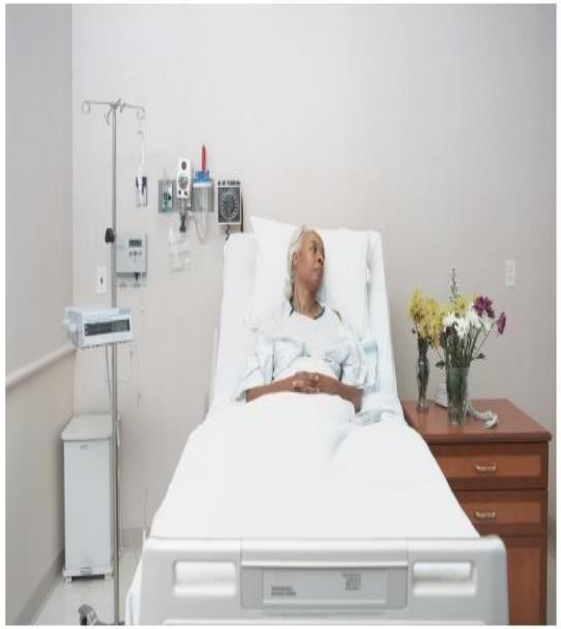
What Causes Disparities?

SCIENCE 01/11/2016 01:49 pm ET

Black Hospital Patients Given Cold Shoulder In Disturbing New Study

Doctors used very different body language when interacting with black and white actors who portrayed dying patients.

By David Freeman



BLEND IMAGES - ERPRODUCTIONS LTD VIA GETTY IMAGES

Doctors in a recent study said similar things to black and white "patients," but their nonverbal behavior was noticeably different.

Research

Original Investigation

Racial Disparities in Pain Management of Children With Appendicitis in Emergency Departments

Monika K. Goyal, MD, MSCE; Nathan Kuppermann, MD, MPH; Sean D. Cleary, PhD, MPH; Stephen J. Teach, MD, MPH; James M. Chamberlain, MD

IMPORTANCE Racial disparities in use of analgesia in emergency departments have been previously documented. Further work to understand the causes of these disparities must be undertaken, which can then help inform the development of interventions to reduce and eradicate racial disparities in health care provision.

Vol. 51 No. 1 January 2016 Journal of Pain and Symptom Management 1

Original Article

Differences in Physicians' Verbal and Nonverbal Communication With Black and White Patients at the End of Life

Andrea M. Elliott, MD, Stewart C. Alexander, PhD, Craig A. Mescher, MD, Deepika Mohan, MD, MPH, and Amber E. Barnato, MD, MPH, MS

Department of Medicine (A.M.E., C.A.M., A.E.B.); Department of Critical Care Medicine (D.M.), and Center for Research on Health Care (A.E.B.) University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania; and Department of Consumer Sciences (S.C.A.), College of Health and Human Science, Purdue University, West Lafayette, Indiana, USA

Allina Health

What is Health Equity?

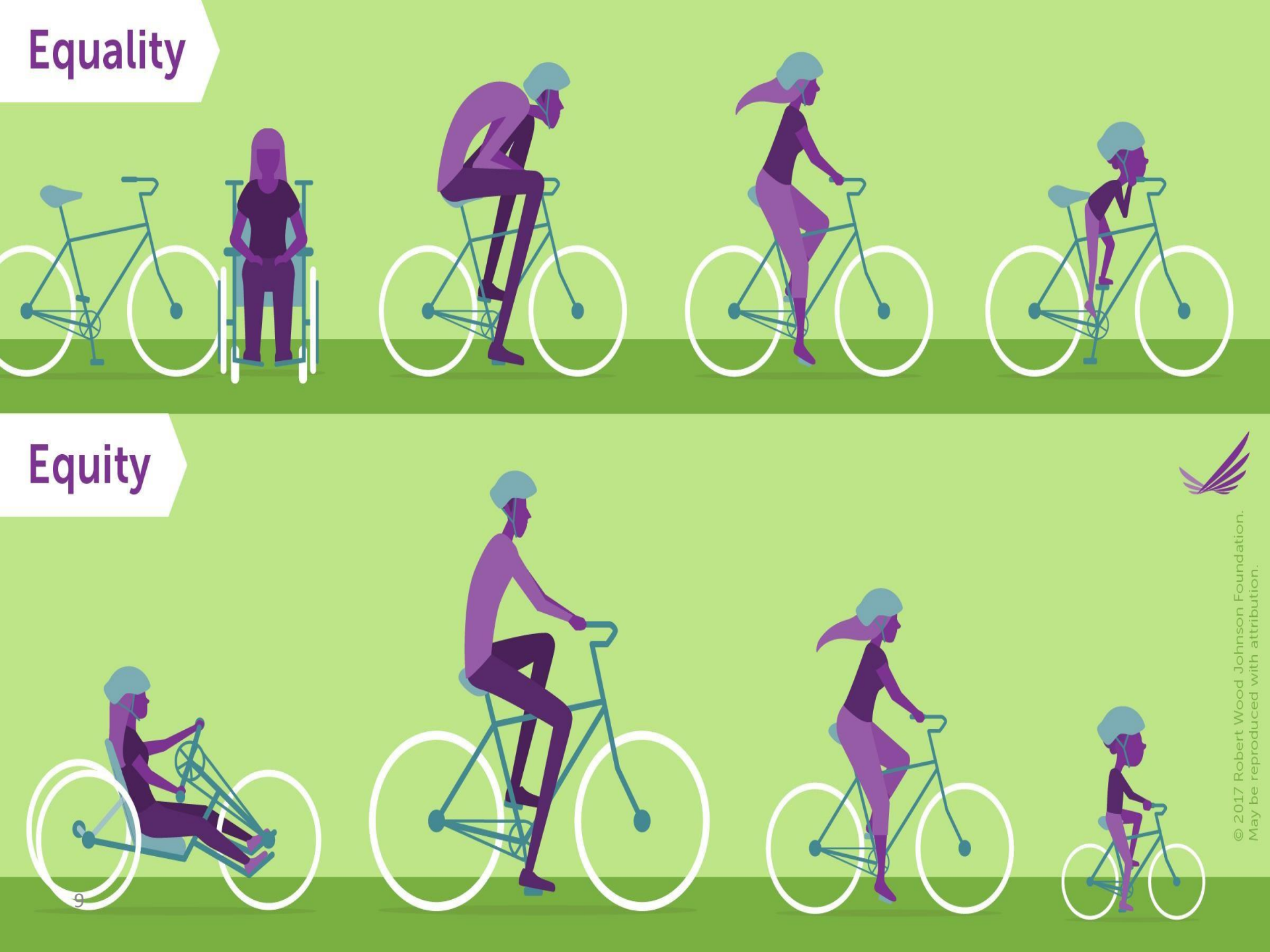
- "Health equity means that everyone has a **fair and just opportunity** to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."

- "reducing and ultimately **eliminating disparities in health and its determinants** that adversely affect excluded or marginalized groups."

– RWJF, 2017

EQUALITY

EQUITY



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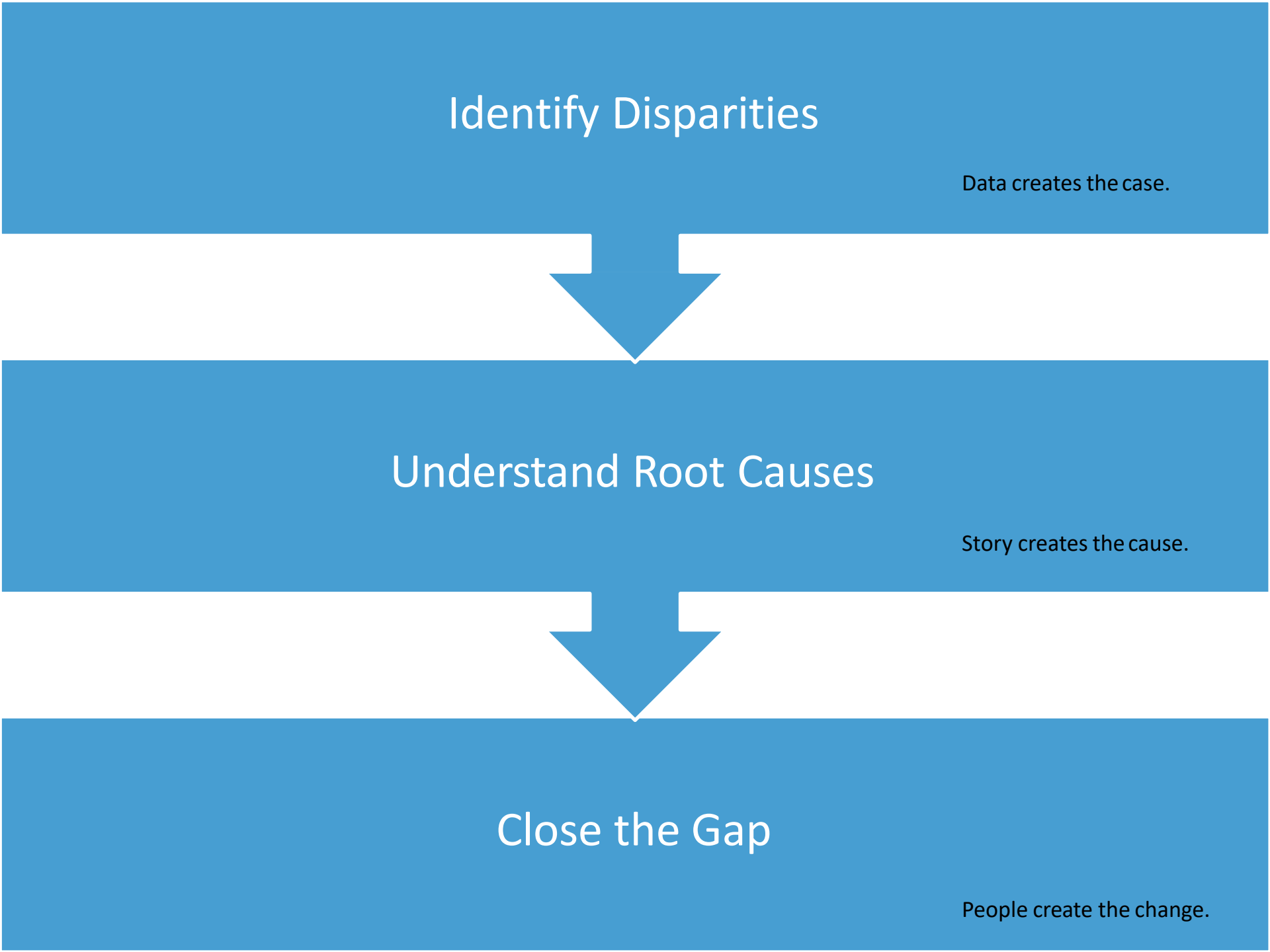

Identify Disparities
Data creates the case.
Understand Root Causes
Story creates the cause.
Close the Gap
People create the change.

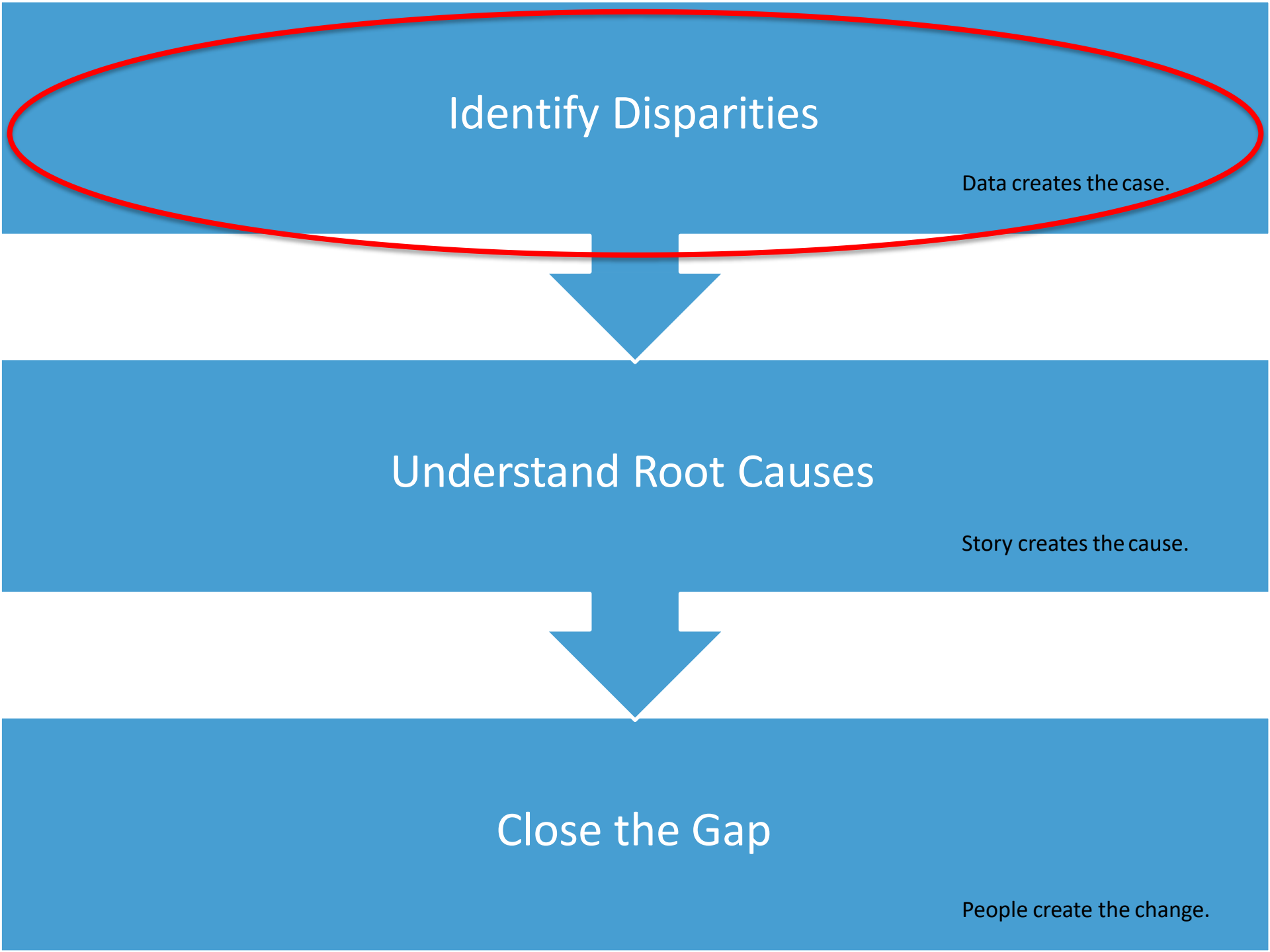
First they came for the Socialists, and I did not speak out—
Because I was not a Socialist.

Then they came for the Trade Unionists, and I did not speak out—
Because I was not a Trade Unionist.

Then they came for the Jews, and I did not speak out—
Because I was not a Jew.

Then they came for me—and there was no one left to speak for me.

- Martin Niemöller (1892-1984) on display in the Permanent Exhibition of the United States Holocaust Memorial Museum. Niemöller was a Lutheran minister and early Nazi supporter who was later imprisoned for opposing Hitler's regime.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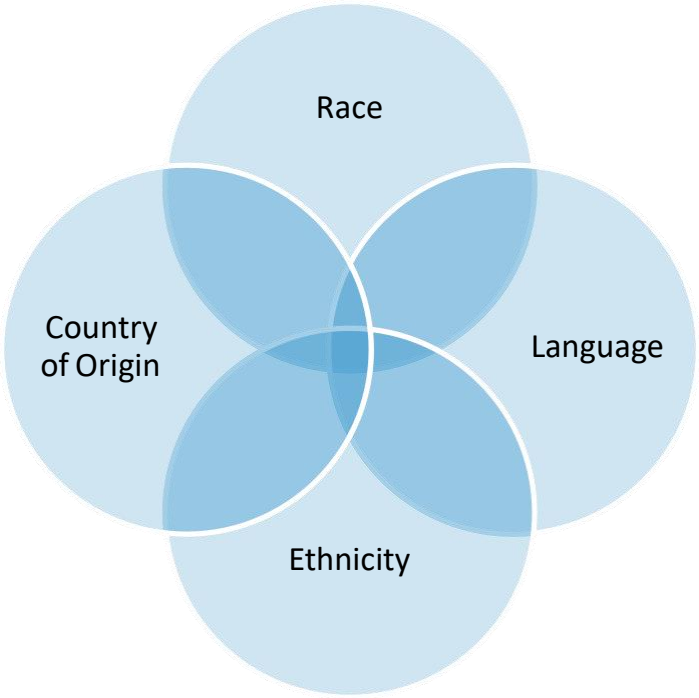
REAL Data



Allina Health

Barriers to Collecting/Sharing Demographic Data

- Per Allina Survey of Registrants
  - Lack of a private setting
  - Offended patients
  - Lack of knowledge: why is this needed?
  - Confusion between race and ethnicity
  - Registration process is long

- Per MDH Survey of Patients
  - Privacy concern: don't connect my name with this information (de-identification)
  - How will the socio-demographic information be used?
  - Who will have access to it?
  - When should it be collected? Split response: 39% at check in, 40% in exam room

Current state: An incomplete picture…

Ambulatory Quality

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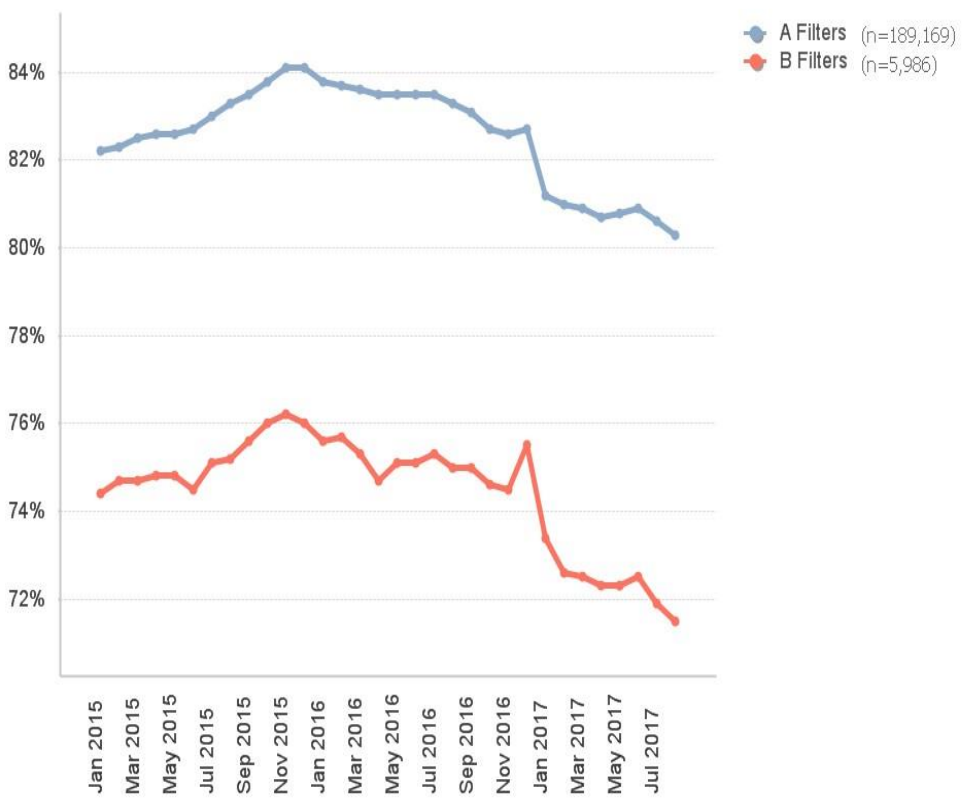

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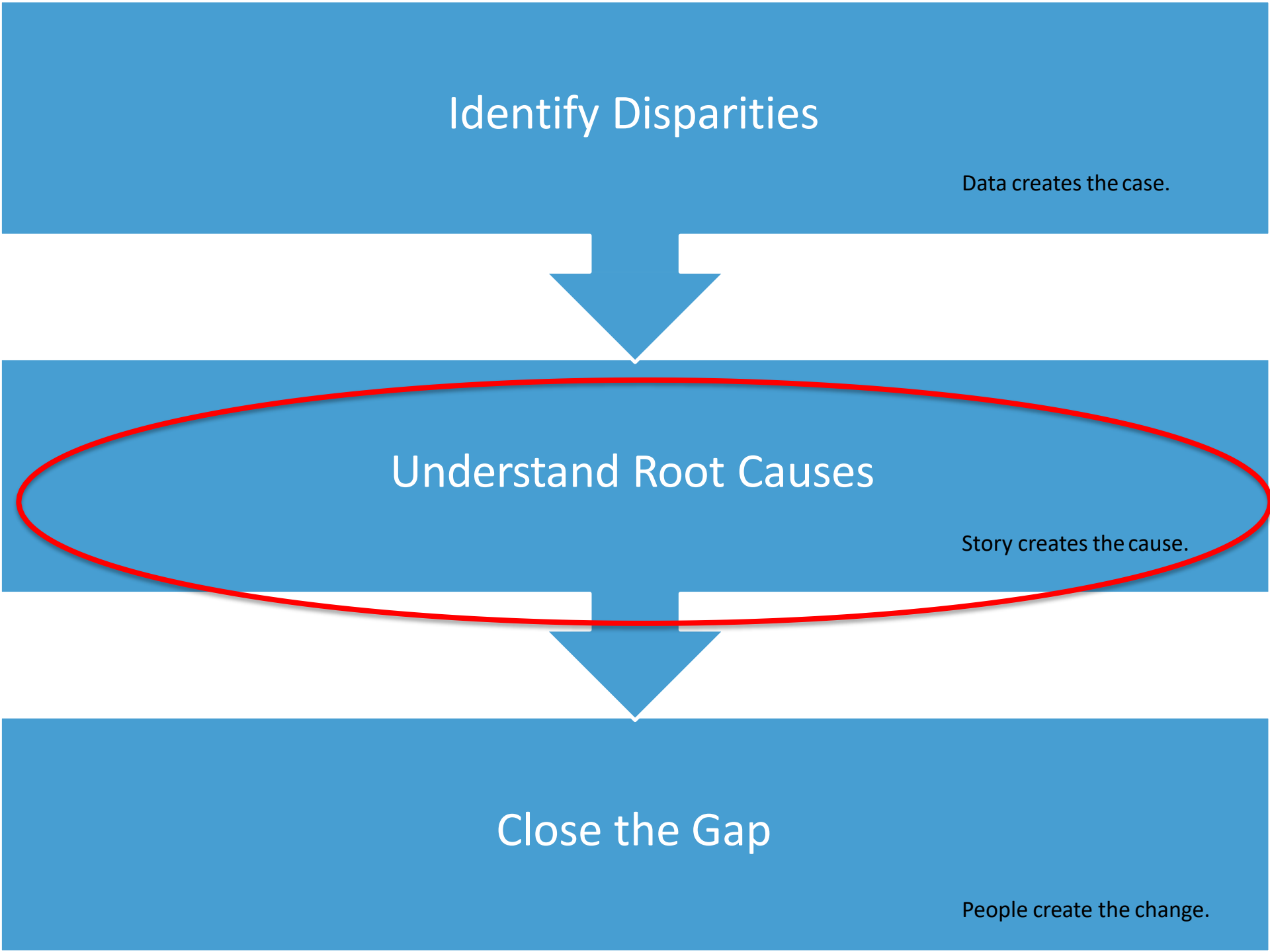
Disparities

- **Primary Care**
  - diabetes, hypertension, asthma, pediatric immunizations, depression screening, cancer screening, no show-rates, Primary Care Physician (PCP) assignment.
- **Obstetric Care**
  - breastfeeding, transfusion, post-partum hemorrhage, pre-term delivery, fetal loss.
- **Mental Health**
  - depression screening, depression claims, outpatient follow-up.
- **Emergency Care**
  - ED use, wait times, use of restraints/seclusions.
- **Hospital Care**
  - potentially avoidable hospitalizations for diabetes, CHF, asthma, COPD, pneumonia and depression, readmissions, high-tech imaging claims.
- **Pharmacy Utilization**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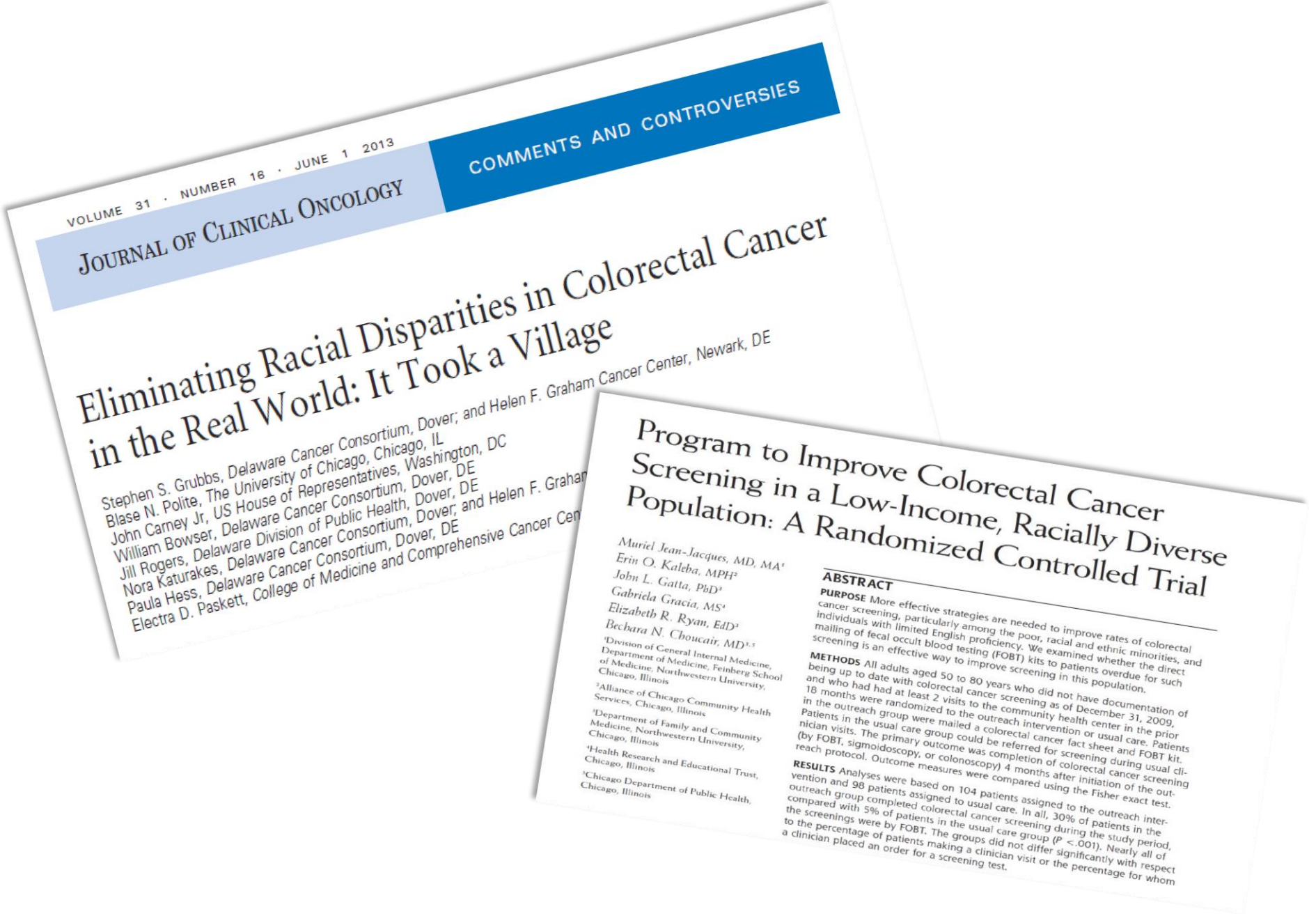


VOLUME 31 · NUMBER 16 · JUNE 1 2013

JOURNAL OF CLINICAL ONCOLOGY

COMMENTS AND CONTROVERSIES

Eliminating Racial Disparities in Colorectal Cancer in the Real World: It Took a Village

Stephen S. Grubbs, Delaware Cancer Consortium, Dover; and Helen F. Graham Cancer Center, Newark, DE
Blase N. Polite, The University of Chicago, Chicago, IL
John Carney Jr, US House of Representatives, Washington, DC
William Bowser, Delaware Cancer Consortium, Dover, DE
Jill Rogers, Delaware Division of Public Health, Dover, DE
Nora Katurakes, Delaware Cancer Consortium, Dover; and Helen F. Graham
Paula Hess, Delaware Cancer Consortium, Dover, DE
Electra D. Paskett, College of Medicine and Comprehensive Cancer Cen

Program to Improve Colorectal Cancer Screening in a Low-Income, Racially Diverse Population: A Randomized Controlled Trial

Muriel Jean-Jacques, MD, MA[1]
Erin O. Kaleba, MPH[2]
John L. Gatta, PhD[3]
Gabriela Gracia, MS[4]
Elizabeth R. Ryan, EdD[2]
Bechara N. Choucair, MD[2,5]

[1]Division of General Internal Medicine, Department of Medicine, Feinberg School of Medicine, Northwestern University, Chicago, Illinois
[2]Alliance of Chicago Community Health Services, Chicago, Illinois
[3]Department of Family and Community Medicine, Northwestern University, Chicago, Illinois
[4]Health Research and Educational Trust, Chicago, Illinois
[5]Chicago Department of Public Health, Chicago, Illinois

ABSTRACT

PURPOSE More effective strategies are needed to improve rates of colorectal cancer screening, particularly among the poor, racial and ethnic minorities, and individuals with limited English proficiency. We examined whether the direct mailing of fecal occult blood testing (FOBT) kits to patients overdue for such screening is an effective way to improve screening in this population.

METHODS All adults aged 50 to 80 years who did not have documentation of being up to date with colorectal cancer screening as of December 31, 2009, and who had had at least 2 visits to the community health center in the prior 18 months were randomized to the outreach intervention or usual care. Patients in the outreach group were mailed a colorectal cancer fact sheet and FOBT kit. Patients in the usual care group could be referred for screening during usual clinician visits. The primary outcome was completion of colorectal cancer screening (by FOBT, sigmoidoscopy, or colonoscopy) 4 months after initiation of the outreach protocol. Outcome measures were compared using the Fisher exact test.

RESULTS Analyses were based on 104 patients assigned to the outreach intervention and 98 patients assigned to usual care. In all, 30% of patients in the outreach group completed colorectal cancer screening during the study period, compared with 5% of patients in the usual care group ($P < .001$). Nearly all of the screenings were by FOBT. The groups did not differ significantly with respect to the percentage of patients making a clinician visit or the percentage for whom a clinician placed an order for a screening test.

Allina Health

think we

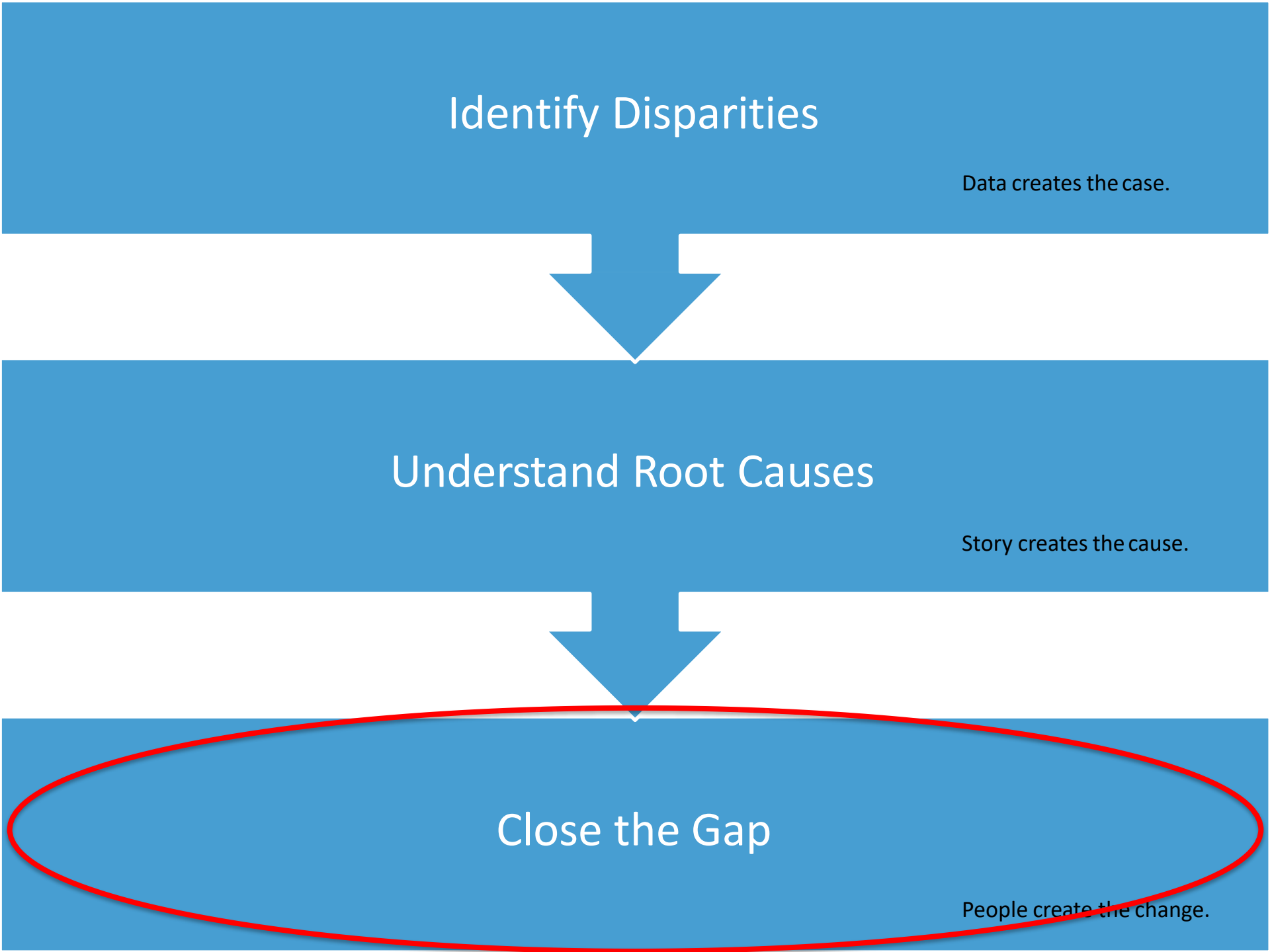
What we know about a problem

+

The lived experience of a problem

Insights from Staff Interpreters

- May be perceived as **“shameful” or “sexual”**
- Offensive billboards
- May not understand **pain medication** will reduce discomfort (pain medication may not have been available in home country in previous medical procedures)
- **Prep** may be seen as a medication
- Concept of **“screening” may be unfamiliar**. Use “*preventing cancer*” or “*finding cancer*”
- **Basic needs** such as food, housing, bills may take priority
- May not know preventative screening is **covered by insurance**
- If life expectancy is lower in home country, **elders may feel ‘prevention’ is irrelevant**
- May be **unaware of alternatives** to colonoscopy (stool test)
- May feel **uncomfortable with opposite sex** providers and interpreters
- May believe **cancer is God’s will** – should not intervene or prevent
- **Women may defer decisions to the males** in their life (spouse/brother/father)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CRCS Goal

- Improve colon cancer screening rates for minority populations & reduce disparity gap.
- Achieve 2017 Measures of Caring Scorecard Goal = 76.8 % screened by years end.
- As of July 18, 6895/9821 (70.2%) have been screened. **To achieve goal, 648 more patients must be screened.**

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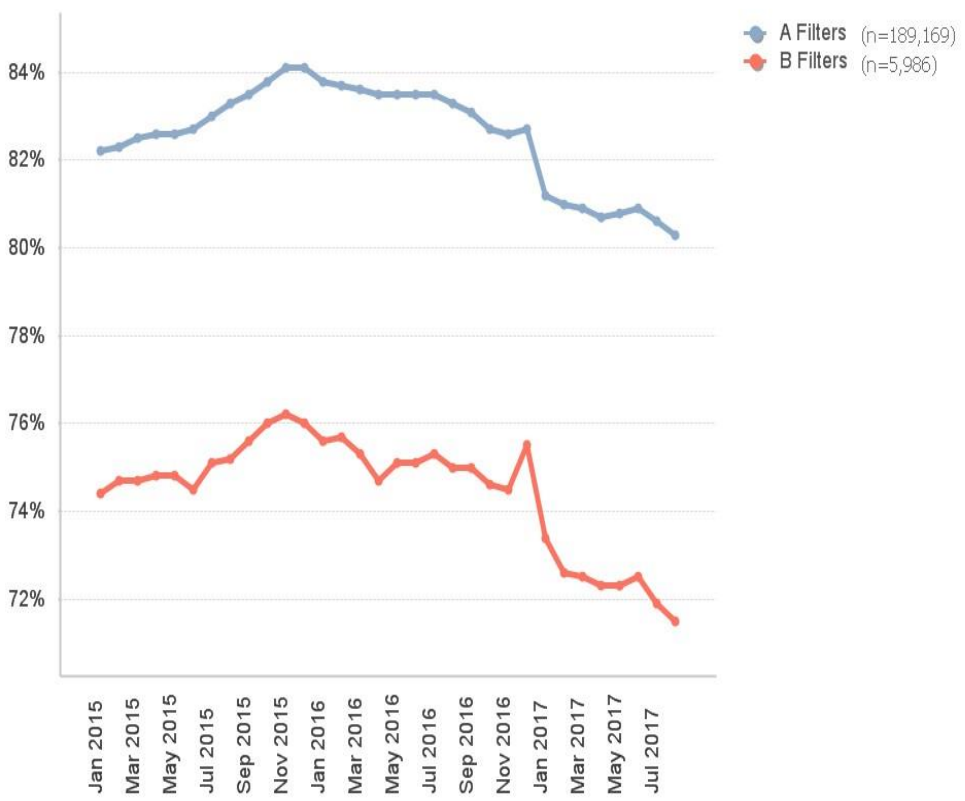

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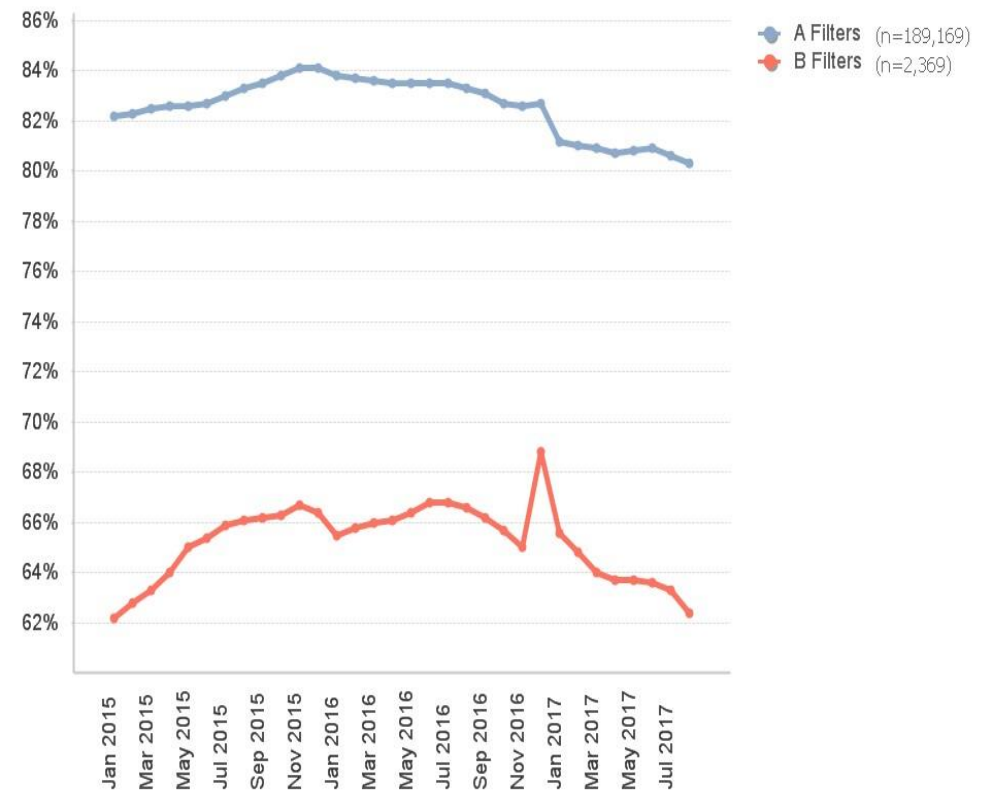
Measure	Colorectal Cancer Screening

Optimal Care Percentage Trended (n=unique patients for all selected months)



B Filters	
Measure and Date Filters	
Measure	Colorectal Cancer Scr...
Month Year	○
Year	●
Location Filters	
Clinic Group	Allina Health Clinic
Region	○
Locale	○
Revenue Location	○
Provider Filters	
Provider	○
Provider Type	○
Provider Specialty	○
Patient Coverage Filters	
Financial Class	○
Payor	○
Benefit Plan	○
Next Generation ACO	○
BluePrint ACO	○
Allina IHP ACO	○
Courage Kenny IHP...	○
Patient Demographics	
Age	○
Age Range	○
Sex	○
Race Category	○
Combined Race Cat...	○
Ethnic Group Category	○
Language Major Ca...	●
Country of Origin	○
Zip Code	○
American Indian or...	○
Asian	○
Black or African Am...	○
Native Hawaiian or...	○
White	○
Comparison Populat...	N
General Disparity P...	Y

Ambulatory Quality

Latest Month Available: Aug 2017

The filters on this sheet are divided into two groups to allow you to compare patient populations. Filters you make on other sheets do not carry over to this sheet.

Filter: Choose filters from the "A" side (blue/left), then choose filters from the "B" side (red/right) to compare patients from different measures, months, clinics, etc.

Analyze: To create a meaningful analysis, make sure that only one filter differs between A and B.

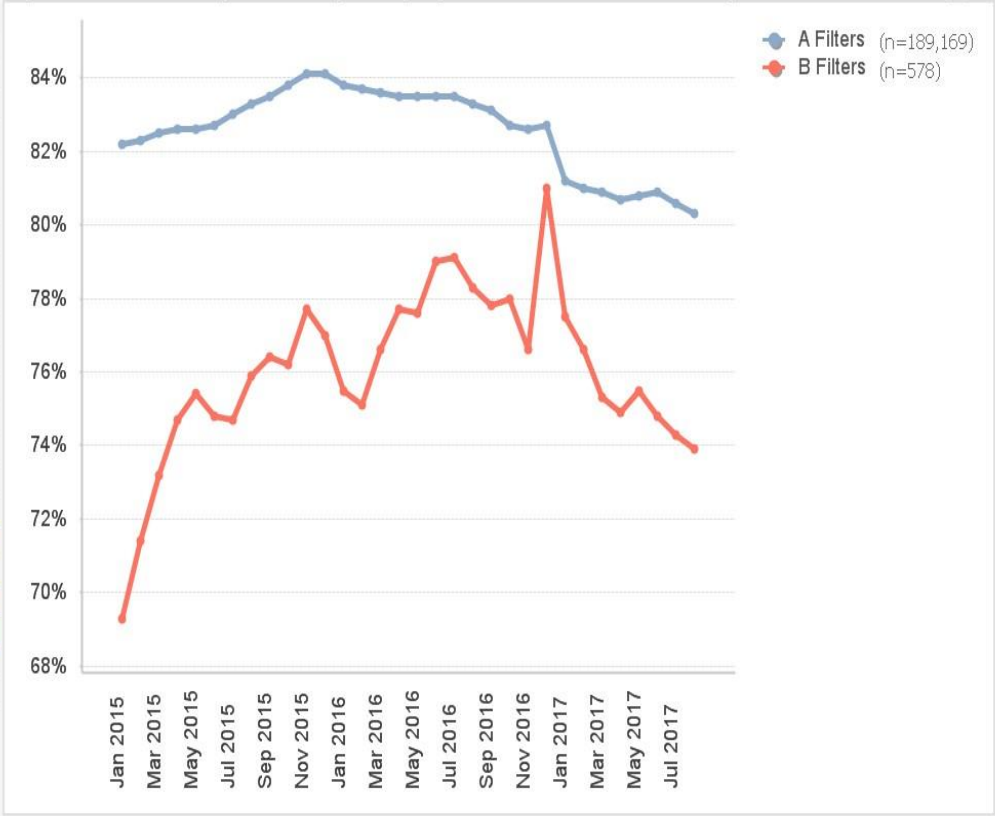
Export: To export the charts, take a screenshot using Windows' Snipping Tool, and be sure to include the Selected A and B Filters boxes for reference.

A Filters	
Measure and Date Filters	
Measure	Colorectal Cancer Scr...
Month Year	○
Year	●
Location Filters	
Clinic Group	Allina Health Clinic
Region	○
Locale	○
Revenue Location	○
Provider Filters	
Provider	○
Provider Type	○
Provider Specialty	○
Patient Coverage Filters	
Financial Class	○
Payor	○
Benefit Plan	○
Next Generation ACO	○
BluePrint ACO	○
Allina IHP ACO	○
Courage Kenny IHP...	○
Patient Demographics	
Age	○
Age Range	○
Sex	○
Race Category	White
Combined Race Cat...	White
Ethnic Group Category	Not Hispanic/Not Latino
Language Major Ca...	English
Country of Origin	○
Zip Code	○
American Indian or...	N
Asian	N
Black or African Am...	N
Native Hawaiian or...	N
White	Y
Comparison Populat...	○
General Disparity P...	○

A Filters:	Clear All
Clinic Group	Allina Health Clinic
Language Major Category	English
Ethnic Group Category	Not Hispanic/Not Latino
Race Category	White
Year	2015, 2016, 2017

B Filters:	Clear All
Clinic Group	Allina Health Clinic
Language Major Category	Russian
Year	2015, 2016, 2017
Measure	Colorectal Cancer Screening

Optimal Care Percentage Trended (n=unique patients for all selected months)



B Filters	
Measure and Date Filters	
Measure	Colorectal Cancer Scr...
Month Year	○
Year	●
Location Filters	
Clinic Group	Allina Health Clinic
Region	○
Locale	○
Revenue Location	○
Provider Filters	
Provider	○
Provider Type	○
Provider Specialty	○
Patient Coverage Filters	
Financial Class	○
Payor	○
Benefit Plan	○
Next Generation ACO	○
BluePrint ACO	○
Allina IHP ACO	○
Courage Kenny IHP...	○
Patient Demographics	
Age	○
Age Range	○
Sex	○
Race Category	○
Combined Race Cat...	○
Ethnic Group Category	○
Language Major Ca...	Russian
Country of Origin	○
Zip Code	○
American Indian or...	○
Asian	○
Black or African Am...	○
Native Hawaiian or...	○
White	○
Comparison Populat...	N
General Disparity P...	Y

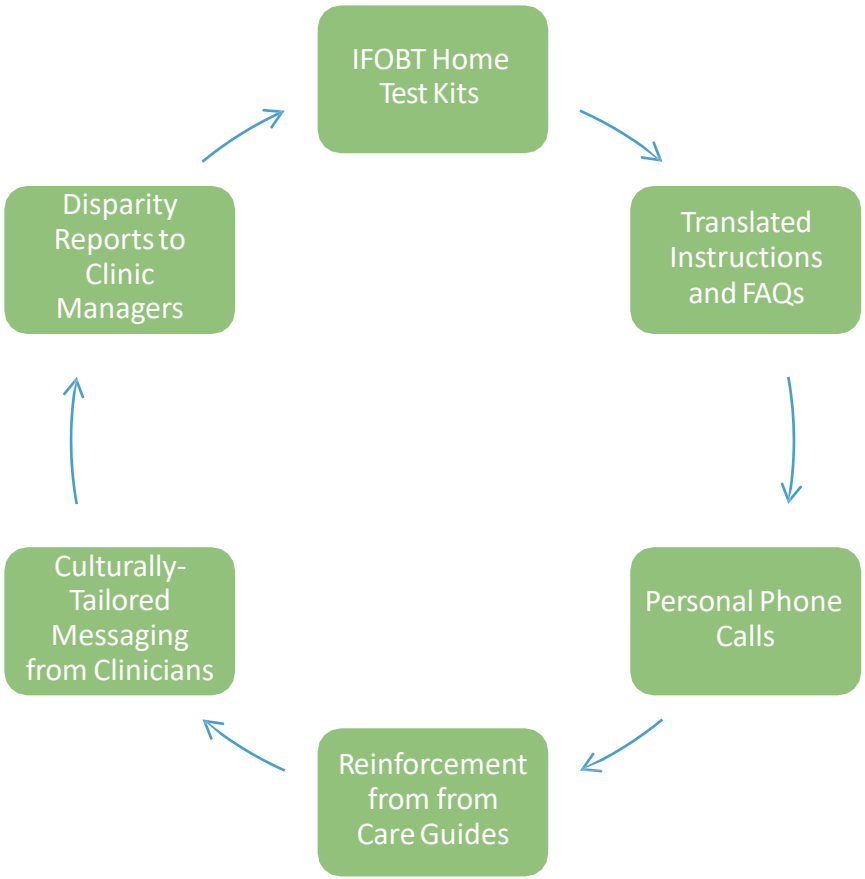
Targeted Community Outreach

Somali CRCS Video

https://youtu.be/_NnAnQhR5qU

Allina Health

CRCS Campaign



Patient-Level Intervention

Community-Level Intervention

Allina Health

Key Goals

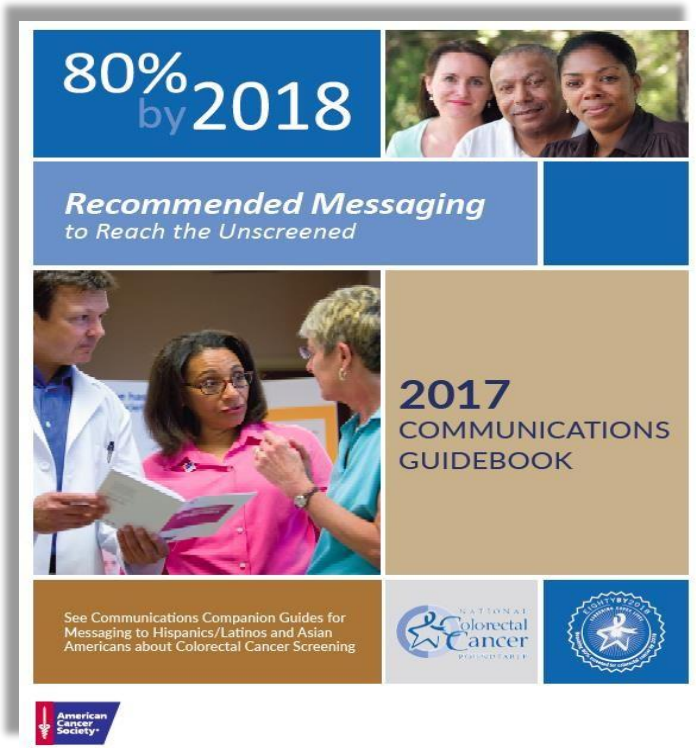
- Increase screening rates by:
  - Providing case for early detection
  - Providing options/choices
  - Addressing real/perceived barriers; alleviating fears
  - Motivating/compelling action

- Evaluate efficacy and results of campaign and contribute to state/national knowledge & best practice via ACS

Key Resource

- National Colorectal Cancer Center Roundtable's "2017 Communications Guidebook: Recommended Messaging to Reach the Unscreened"

- Includes:
  - Market research
  - Methods for reaching unscreened
  - Tested messaging
  - Templates



Allina Health

Facebook Ads

Allina Health
September 18 at 11:52am ·

Did you know getting screened for colorectal cancer can prevent at least 60% of deaths caused by colorectal cancer? Learn more about your screening options: http://bit.ly/2he0Zv1

Colon Cancer: Early screening may help you avoid it

Screening to look for colorectal cancer screening doesn't have to be inconvenient, scary, embarrassing, painful or expensive.

ALLINAHEALTH.ORG

115 Likes 2 Comments 12 Shares

Share

Allina Health
September 18 at 12:13pm ·

Did you know getting screened for colorectal cancer can prevent at least 60% of deaths caused by colorectal cancer? Learn more about your screening options: http://bit.ly/2hb0J3B

Colon Cancer: Early screening may help you avoid it

Screening to look for colorectal cancer screening doesn't have to be inconvenient, scary, embarrassing, painful or expensive.

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Learn More

1 Like 1 Share

Share

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Employee Volunteerism & Be Fit Programs

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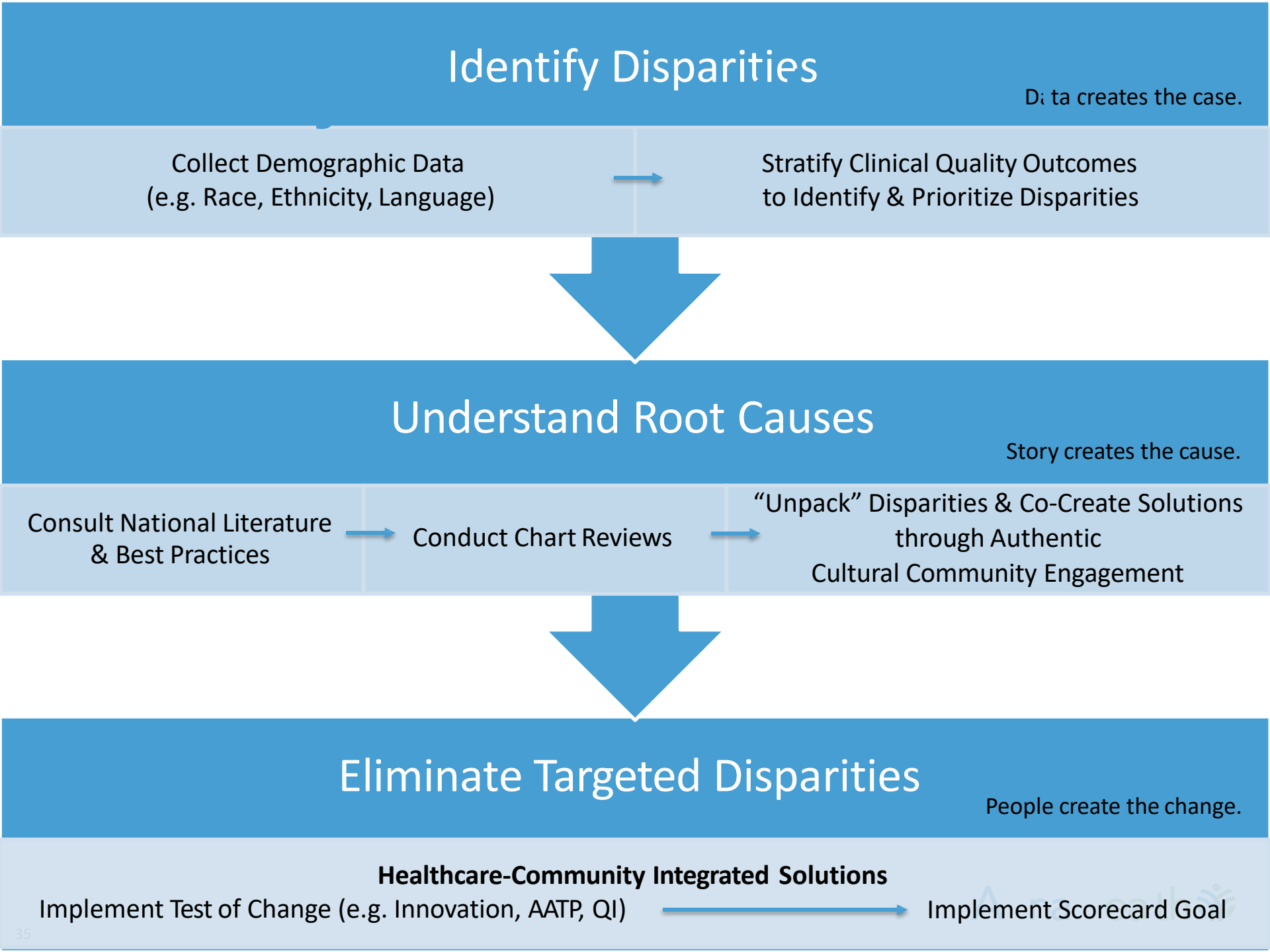
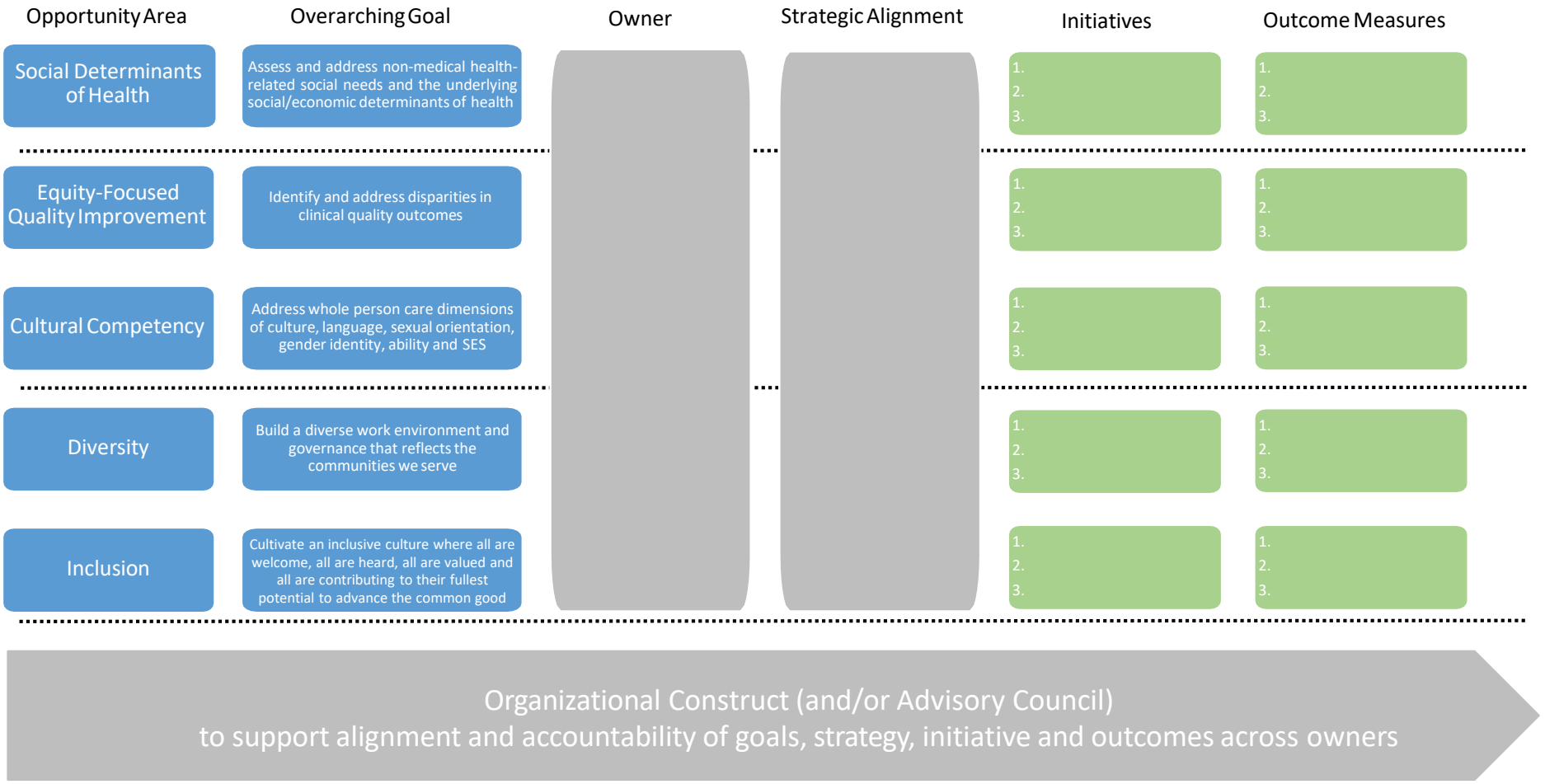

Identify Disparities
Data creates the case.
Collect Demographic Data
(e.g. Race, Ethnicity, Language)
Stratify Clinical Quality Outcomes
to Identify & Prioritize Disparities
Understand Root Causes
Story creates the cause.
Consult National Literature
& Best Practices
Conduct Chart Reviews
"Unpack" Disparities & Co-Create Solutions
through Authentic
Cultural Community Engagement
Eliminate Targeted Disparities
People create the change.
Healthcare-Community Integrated Solutions
Implement Test of Change (e.g. Innovation, AATP, QI)
Implement Scorecard Goal

Health Equity
2017 Strategic Initiatives

STRENGTHEN
Customer Care & Experience

Innovate our care model

1. Primary care team foundation (*Bent*)
2. Frail elderly care model (*Bache-Wiig*)
3. Close clinical disparity gaps (*Sielaff*)

Roadmap for Health Equity