Achieving a Healthier Community: The Role of Quality and Equity

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Overview

- Background on the Foundation
- Components of a Healthy Community
- How are we doing?
- Quality and Equity – critical challenges for improvement
- What might help
- Discussion

Community Health Foundation

- Resulted from merger of Univera into Excellus
- When all payments are in, will exceed $100 million in assets
- Mission is to improve the health and health care of people and communities of Western and Central New York

Community Health Foundation of Western & Central New York

CHFWCNY, con't.

- Uses an investment model:
  - Commits to issue for long term – at least 5-7 yrs
  - Emphasizes best practices and evidence
  - Works in community partnerships
  - Look at grants as part of a larger "body of work" which includes
    - Convening, building learning communities, policy, developing leaders, etc.
- CHF focus is on quality and performance improvement rather than funding new programs
- Priority populations are **frail elderly** and **children in communities of poverty**

Community Health Foundation of Western & Central New York

Goals driven by our vision

- Frail elders live out their lives in keeping with their wishes with supportive family and community systems and high quality, appropriate healthcare.
- Children in communities of poverty are reaching their full physical, emotional and academic potential

Components of a Healthy Community

- People living healthy lives
- In an environment which promotes health and quality of life
- Supported by health care institutions that provide high quality care
- Let's look at how we're doing...

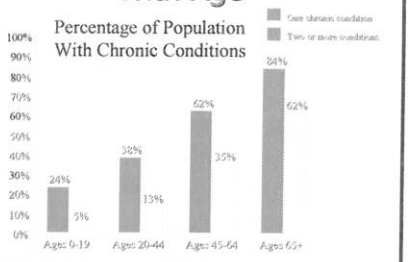
Rapid rise in chronic conditions

- Obesity
- Diabetes
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Childhood Asthma
- Childhood "Diabesity"

The Presence of Multiple Chronic Conditions Increases With Age

One in 20 children have two or more chronic conditions while almost two in three people age 65 and older have multiple chronic conditions.

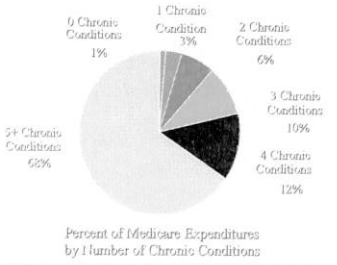
Among people age 80 and older (not shown), 90 percent have at least one chronic condition and 70 percent have two or more.



Source: Partnership for Solutions, Medicare Expenditure Panel Survey, 2001, *Chronic Conditions: Making the Case for Ongoing Care*, September 2004.

Most Medicare Expenditures Are for People with Multiple Conditions

Twenty percent of Medicare beneficiaries with 5 or more chronic conditions account for two-thirds of Medicare spending.



Source: Partnership for Solutions, Medicare Expenditure Panel Survey, 2001, *Chronic Conditions: Making the Case for Ongoing Care*, September 2004.

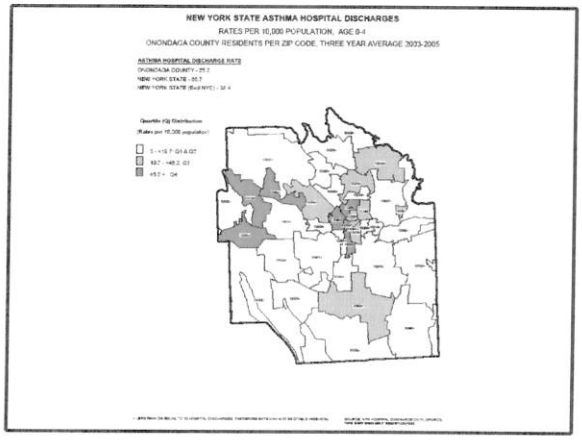
Seniors With 3 or More Chronic Conditions Fill More Prescriptions

- 73% of persons with 3 or more chronic conditions take 5 or more prescriptions.
- 67% of persons with 3 or more chronic conditions have more than one prescribing physician.
- 52% of seniors with 3 or more chronic conditions do not fill medications or skip or take smaller doses due to costs.

Source: Dana Gelb Safran, Patricia Neuman, Cathy Schoen, Michelle S. Kitchman, ira G. Wilson, Barbara Cooper, Angela Li, Hong Chang, and William H. Rogers. "Prescription Drug Coverage and Seniors: Findings From A 2003 National Survey." Data Watch, April 19, 2005

Children are not immune either

- Asthma is the most common chronic disease in children. Nationally, five of every hundred children between birth and fourteen have asthma.
- Healthy People 2010 objective: Reduce admissions for children < five with asthma from a 1998 rate of 45.6 per 10,000 to **25** per 10,000.
- In 2003-05, Onondaga County had an admission rate of **25.2** per 10,000 in population.
- BUT, in zip code 13060, the admission rate was **76.2**
- Admission rates for other zip codes in the county include:
  - 13204: 67.0
  - 13208: 58.6
  - 13202: 52.7



Childhood obesity accelerates:

- Approximately 30.3 percent of all children and adolescents are overweight and 15.4 percent are obese.
- Excess weight in childhood and adolescence has been found to predict overweight in adults.
- The prevalence of obesity quadrupled over 25 years among boys and girls
- African American, Hispanic American and Native American children and adolescents have particularly high obesity prevalence.

Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey. Ogden et. al. JAMA. 2002 .

Approaches to chronic conditions:

- PREVENTION strongly involves life style and environment
  - Sedentary, inactive lives
  - Poor eating habits
  - Environmental pollutants
  - POVERTY
- Disease MANAGEMENT relies more on the health care system

Challenges of managing chronicity

- Health care costs continue to rise BUT
- Health outcomes aren't improving
- Current system not designed to treat chronic conditions
  - Focused on isolated curative approaches
  - Not patient-centered; ignores social contributors
  - Financial incentives not aligned
  - Medical model doesn't foster team approach needed to care for the whole person

Little integration of systems

"We manage from the front door to the back door of each institution and ignore the interdependent nature of and social contributors to chronic conditions."

Richard Bringewatt, National Health Policy Group

Elder Hospitalization can CAUSE Complications

- **Bed rest** - 10% loss of muscle strength per week
- **Delirium** - additional 5-15% from hospitalization
- **New onset of urinary incontinence** - 40-50%
- **Malnutrition** - 35-65%
- **Depression** - 25% depressive symptoms; 11% major depression
- **Functional decline** - 25-35% lose 1 ADL. 40% does not regain after 3 months
- **Pressure sores** - 9-13%; 70% developed in hospital
- **Polypharmacy**- 10-25% drug reaction in hospital
- **Falls** - increased risk
- **Hospital acquired infection** - 36-58%

Source: Hazards of Hospitalization in the Elderly, Emese Somogyi-Aalud, MD, Washington VAMC and George Washington University Medical Center, 2003

IOM's Crossing the Quality Chasm Six Aims for Improvement –

- Built around core need for health care to be:
  - Safe
  - **Effective**
  - Patient-centered
  - Timely
  - Efficient
  - **Equitable**
- Result would be far better system at meeting patient needs

Barriers to Improving Quality

- Insufficient Transparency
  - Sunshine is the best disinfectant...
- Silos of care
  - Coordination is no one's responsibility
- Contradictory incentives
  - Payment for events, not outcomes
  - Medicare not paying for Never Events is first step
- Lack of public will or civic engagement demanding higher quality care

Equity – A Matter of Disparities

- Healthy People 2010 has two goals:
  - Increase quality and years of healthy life
  - Eliminate health disparities
- Disparities include differences that occur by:
  - gender; race or ethnicity; age; education or income; disability; geographic location or sexual orientation

Health **STATUS** Disparities

- Differences in the health status of individuals believed to be the result of complex interaction among genetic variations, environmental factors and specific health behaviors
- Examples are numerous

Examples of Health Status Disparities

- Cervical and Breast Cancer
  - AfAm women >200% higher death rates than white women from cervical cancer
  - AfAm women more likely to die from breast cancer than any other group of women
- Cardiovascular Disease
  - AfAm adult death rate from stroke is 40% higher than white adults
  - AfAm adult death rate from heart disease – 29% higher

Health status disparities, continued

- Diabetes
  - Compared to whites:
    - Native Americans and Alaskan Natives: 2.6x
    - African Americans: 2.0x
    - Hispanics: 1.9x
- Infant Mortality
  - Disparity widening between whites and all others
    - AfAm rate is 2.5x higher than whites and growing

Health **CARE** Disparities

- Focus on an individual's interaction with the health care system
- In 2006, the most comprehensive study of overall quality of care was completed; findings were shocking:
  - Overall, people receive about **55%** of recommended care
  - Differences between subgroups (gender, race, income) are SMALL compared to the gap between what we're getting and what is achievable

Health CARE disparities - examples

- Cancer
  - People of color more likely to be diagnosed with late-stage breast cancer and colorectal cancer compared to whites
- Diabetes
  - Poorer patients are more likely to be hospitalized for unmanaged diabetes and complications
- Health insurance
  - Poor and people of color less likely to be covered; cost of care discourages use

Health CARE Disparities - examples

- Usual source of care
  - Poor and people of color less likely to have one; care is episodic and not coordinated
- Prevention less of a focus
  - Only 29% of black smokers received smoking cessation counseling
- Nursing home care
  - AfAms predominantly in homes with serious quality problems; 2x more likely to be in homes that were kicked out of Medicare/Medicaid for poor care

Ambulatory Care Sensitive Conditions

- 26 conditions that SHOULD be able to be managed through routine outpatient care and NOT require hospitalization
- Three types:
  - Chronic (diabetes, hypertension)
  - Preventive (measles, dental care)
  - Rapid (angina, ENT infections)
- Hospitalization often an indicator of inadequate primary care

Systemic Barriers to Reduction of Disparities

- Health Care System Inflexibility
  - Daytime hours, no weekend capacity
  - Appointments need to be made ahead
  - Specialty care often geographically distant
- Poor continuity of care
  - Emergency room use
  - Little preventive care
  - Patient Health Record not yet available

Systemic Barriers, continued

- Cultural Chasms
  - Longstanding distrust of the "system"
  - Language and communication challenges
  - Reliance on cultural beliefs, alternative care and medications
  - Insufficient provider training and attention to cultural context and competency
- Spotty data collection on race and ethnicity
  - Hard to track care disparities and evaluate strategies to overcome barriers
- POVERTY, POVERTY, POVERTY

Promising Interventions

- Community Health Workers
  - People of the community trained to provide support for neighbors with chronic conditions (diabetes, congestive heart failure, etc.)
- Open Access Offices
  - Same day appointments; extended hours
  - Medical home; 24 hour non-ER based care

Promising Interventions, cont.

- Health Advancement Collaborative - CNY
  - Effort to transfer prescription, lab and x-ray data among providers
- Health Literacy Task Force
  - Part of city-wide literacy effort
- Efforts to collect race/ethnicity data to track progress (or lack of progress)
- General increasing emphasis on evidence-based care

Still....much remains to be done

- Disparities should be a social and equity concern beyond the health care community
- Tied directly to ability to achieve in school, to contribute to the economy and to reduce individual and social pain
- Undeniably and inextricably linked to issues of poverty

Health Justice meeting in DC

"It is well documented that African-Americans, Latinos and other minorities experience disparities in health outcomes NOT merely as a result of the barriers to healthcare that they face...BUT

...primarily as a result of **broader social inequality**.

Health Justice quote, con't.

...For example, good health is impossible in the face of unequal access to:

- high-quality education;
- job opportunities that pay a fair, living wage; and
- safe and affordable housing in clean neighborhoods, where local grocery stores offer affordable, healthy foods.

In closing...Achieving healthy communities will require:

- Greater emphasis on delivery of and accountability for quality outcomes by payers, regulators and providers themselves
- Demand for higher quality care by consumers and patients as well as advocates
- Better understanding of disparities and their underlying causes
- Deliberate strategies to reduce disparities in care and outcomes
- Recognition of health as inextricably linked with other social issues of concern

Resources

- **Institute of Medicine** Reports
  - "To Err is Human" and "Crossing the Quality Chasm"
  - www.iom.edu
- **National Quality Forum**
  - Multiple reports on quality concerns, measurement and improvement strategies
  - www.qualityforum.org
- **CMMS Agency for Healthcare Research and Quality**
  - "2006 National Healthcare Disparities Report"
  - www.ahrq.gov
- **Robert Wood Johnson Foundation**
  - "Racial and ethnic disparities in access to and quality of health care" September, 2007
  - Weekly email bulletins on disparities – sign up to be on the list
  - www.rwjf.org