Meaningful Measures of Disparities

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Roadmap

- Current measures
- Opportunities/challenges of current measurement strategies
- What makes disparities measurement meaningful?

Equity: A Key Component of Quality

The Institute of Medicine's Six Domains of Quality

Safe: avoiding injuries to patients from the care that is intended to help them.

Effective: providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit.

Patient-centered: providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.

Timely: reducing waits and sometimes harmful delays for both those who receive and those who give care.

Efficient: avoiding waste, including waste of equipment, supplies, ideas, and energy.

Equitable: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Source: Institute of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academy Press, 2001.

Relative Number of Quality Measures by IOM Domain

Health Plan	Equity	Safety	Efficiency	Timeliness	Pt Centered	Effectiveness
Physician Organization	Equity	Efficiency	Safety	Pt Centered	Timeliness	Effectiveness
Hospital	Equity	Efficiency	Timeliness	Pt Centered	Safety	Effectiveness
Nursing Home	Equity	Efficiency	Timeliness	Safety	Pt Centered	Effectiveness

UCDAVIS

Source: Romano, Patrick S, Quality Measurement Performance in California: Findings and Recommendations to the California Office of the Patient Advocate. PowerPoint Presentation. University of California, Davis. March 11, 2009

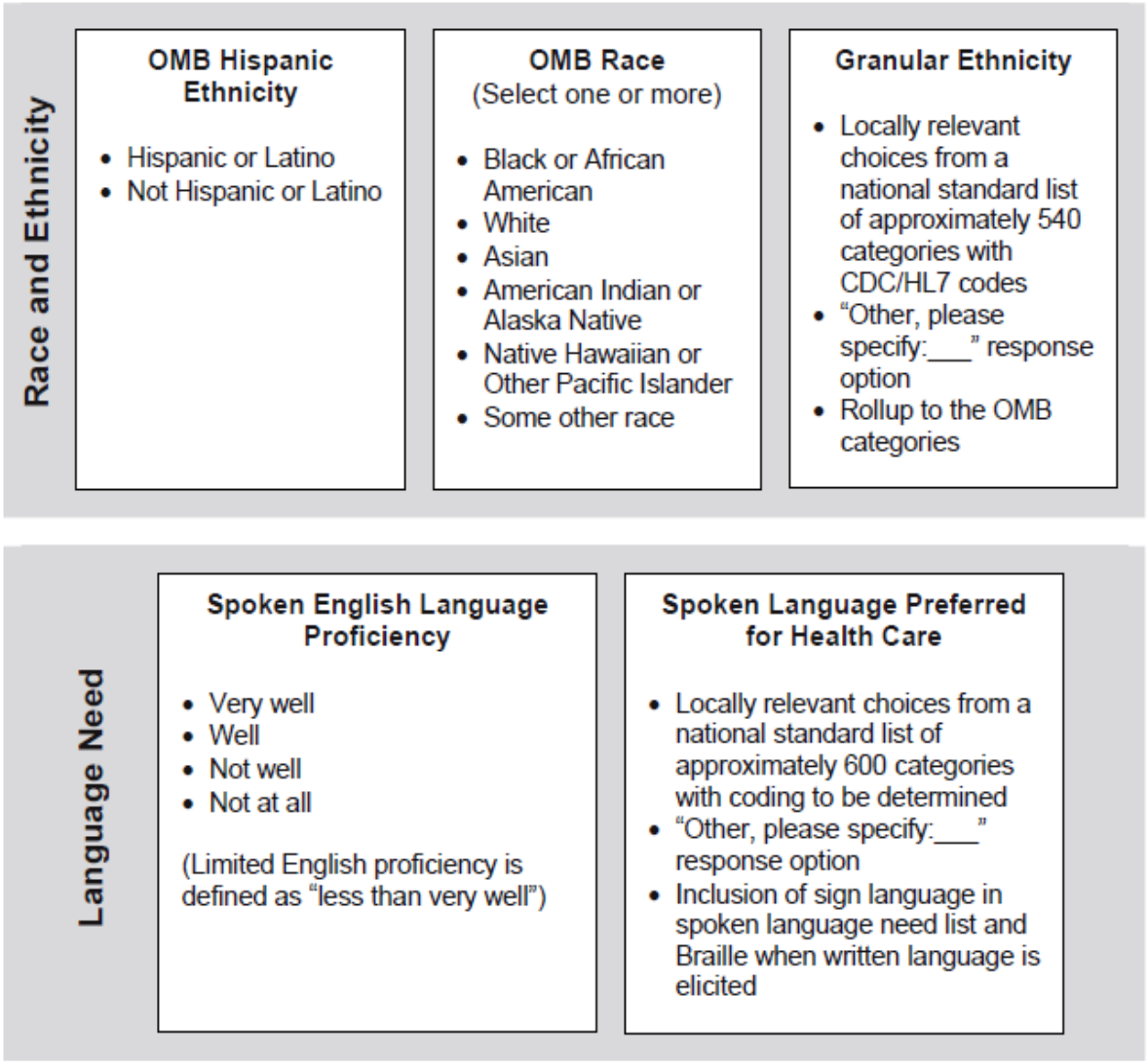
What Makes Disparities Measurement Meaningful

Standard race/ethnicity and language data across organizations

Integrated data system capability

Incentives to collect, report, and utilize patient-centered and equity measures

FIGURE 1: RECOMMENDED VARIABLES FOR STANDARDIZED COLLECTION OF RACE, ETHNICITY, AND LANGUAGE NEED



Source: Institute of Medicine: Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality Improvement, *2009*

Current Sources of Health Disparities Information

Survey data from populations:

Ex. AHRQ, Medical Expenditure Panel Survey (MEPS)

Data collected from samples of health care facilities and providers:

Ex. American Cancer Society and American College of Surgeons, National Cancer Data Base (NCDB)

Data extracted from data systems of health care organizations:

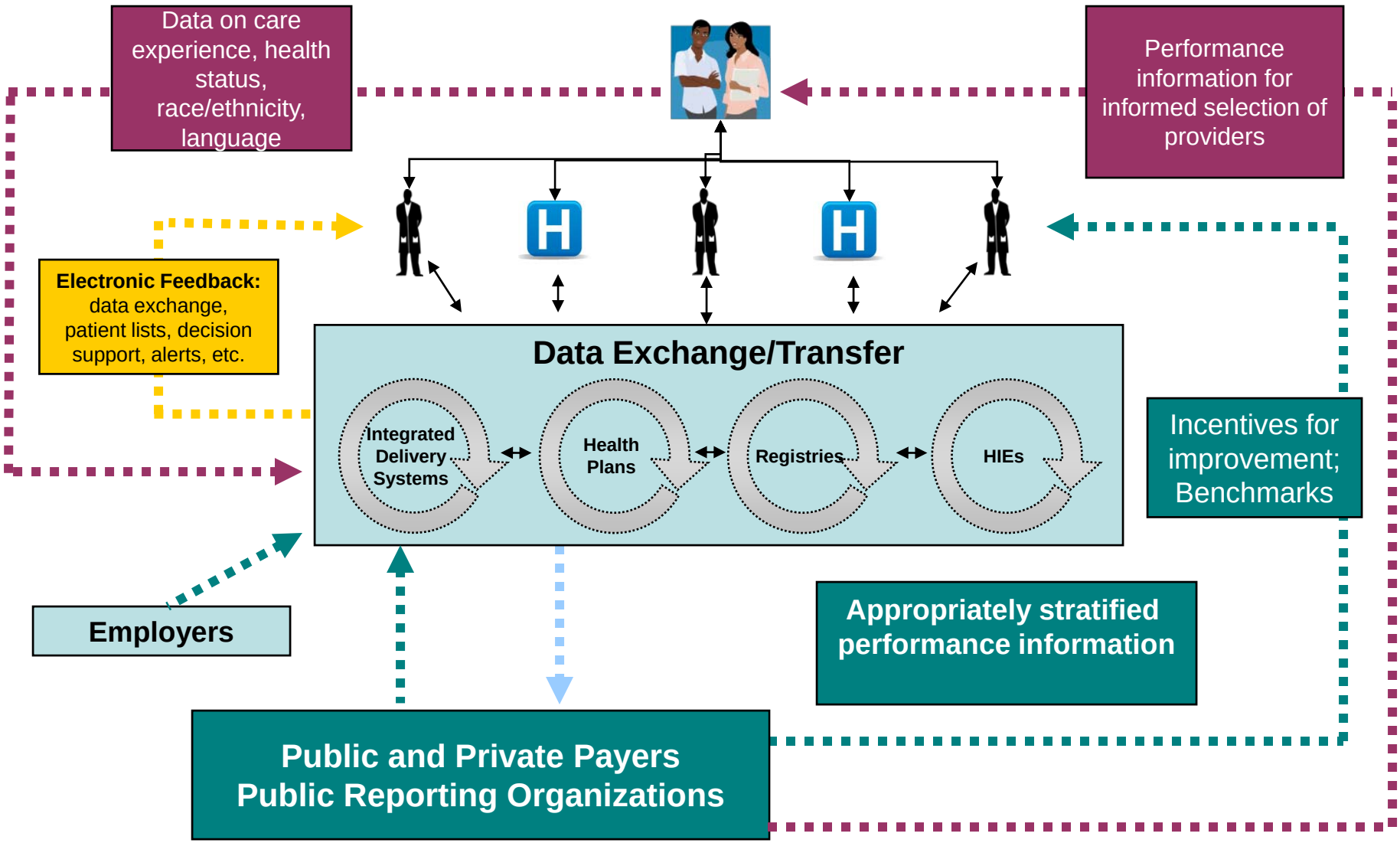
Ex. National Committee for Quality Assurance, Health Plan Employer Data and Information Set (HEDIS®)

Surveillance and vital statistics systems:

Ex. CDC-National Center for HIV, Viral Hepatitis, STD, and TB Prevention, HIV/AIDS Reporting System

Source: Agency for Healthcare Research and Quality. National Healthcare Quality and Disparities Reports, 2008. Data Sources <http://www.ahrq.gov/qual/qrdr08/datasources/index.html>

Advancing Health Care Quality through Equity: Integrating the Data Environment



New Measure/Standards Development

The Joint Commission

- "One Size does Not Fit All: Meeting the Health Care Needs of Diverse Populations" lists new recommendations for hospital standards on cultural and linguistically appropriate care.
- Currently being developed for implementation in 2010.

Joint Commission Thematic Framework

Building a Foundation Policies and procedures that systemically support efforts to meet the needs of diverse patients can help elevate the priority of these issues within the organization, drive efforts, and draw staff Support	**Collecting and Using Data to Improve Services** Data collection and use allows the effectiveness and utilization of cultural and language services to be monitored, measured, and evaluated, which can be useful for planning and designing services
Accommodating the Needs of Specific Populations Developing practices that address the challenges of certain populations contributes to providing safe, quality care and decreasing health disparities	**Establishing Internal and External Collaborations** Collaborations can provide hospitals with additional opportunities for developing cultural and language programs and services when resources are limited or help them engage the community to share information and resources

Source: The Joint Commission: One Size Does Not Fit All: Meeting the Health Care Needs of Diverse Populations. Key Recommendations, May 2008. www.jointcommission.org/PatientSafety/HLC.

New Measure/Standards Development (cont.)

The National Quality Forum (NQF) has endorsed 45 practices to guide the delivery of culturally appropriate and patient-centered care. Examples of the endorsed practices include:

- determining and documenting the linguistic needs of a patient or legal guardian at first point of care and then periodically reassessing that need across the health care experience;
- implementing workforce training to address cultural needs; and
- maintaining current demographic, cultural and epidemiological community profiles to best meet the needs of a health system's service area.

NCQA is currently developing new HEDIS measures that are based on the OMH CLAS standards

Source: The Robert Wood Johnson Foundation. NQF Releases Cultural Competency Standards. Press Release: Feb 24, 2009. <www.rwjf.org/qualityequality/digest.jsp?id=9680>

Racial/ethnic Health Care Equity Initiative

Motivation and Goals

Goals of Racial/ethnic Health Care Equity Initiative

Promulgate best practices for collecting, monitoring, and disclosure of race/ethnicity data to promote equity in care across all groups.

Motivation

Findings

- Consistent body of research demonstrates significant variation in the rates of medical procedures by race, even when insurance status, income, age, and severity of conditions are comparable.

Recommendations

- Health care organizations should collect, report, and monitor patient-care data to build a foundation for solutions to racial/ethnic disparities in care
- Increase equity in care by increasing accountability and monitoring and improving clinical care quality

Challenges

- Despite continued attention to data concerns, inadequate information continues to limit the analyses of health care-related disparities and their outcomes.

HIGH-VALUE HEALTH CARE PROJECT

An initiative of the Quality Alliance Steering Committee

Thank you.