

Effective and Equitable Care: Achieving Organizational and Community-wide Excellence



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Goals

■ Part I

- Policy Context: The value proposition
- Policy response: Access, profiling, bundling, HIT

■ Part II

- What about disparities in care?
- Why community-based efforts critical

The challenges in 2009.....

- Cost
- Access
- Quality

High Costs

“Our health is far behind the progress of medical science... proper medical care is so expensive that it is out of reach of the great majority of our citizens.”

High Costs

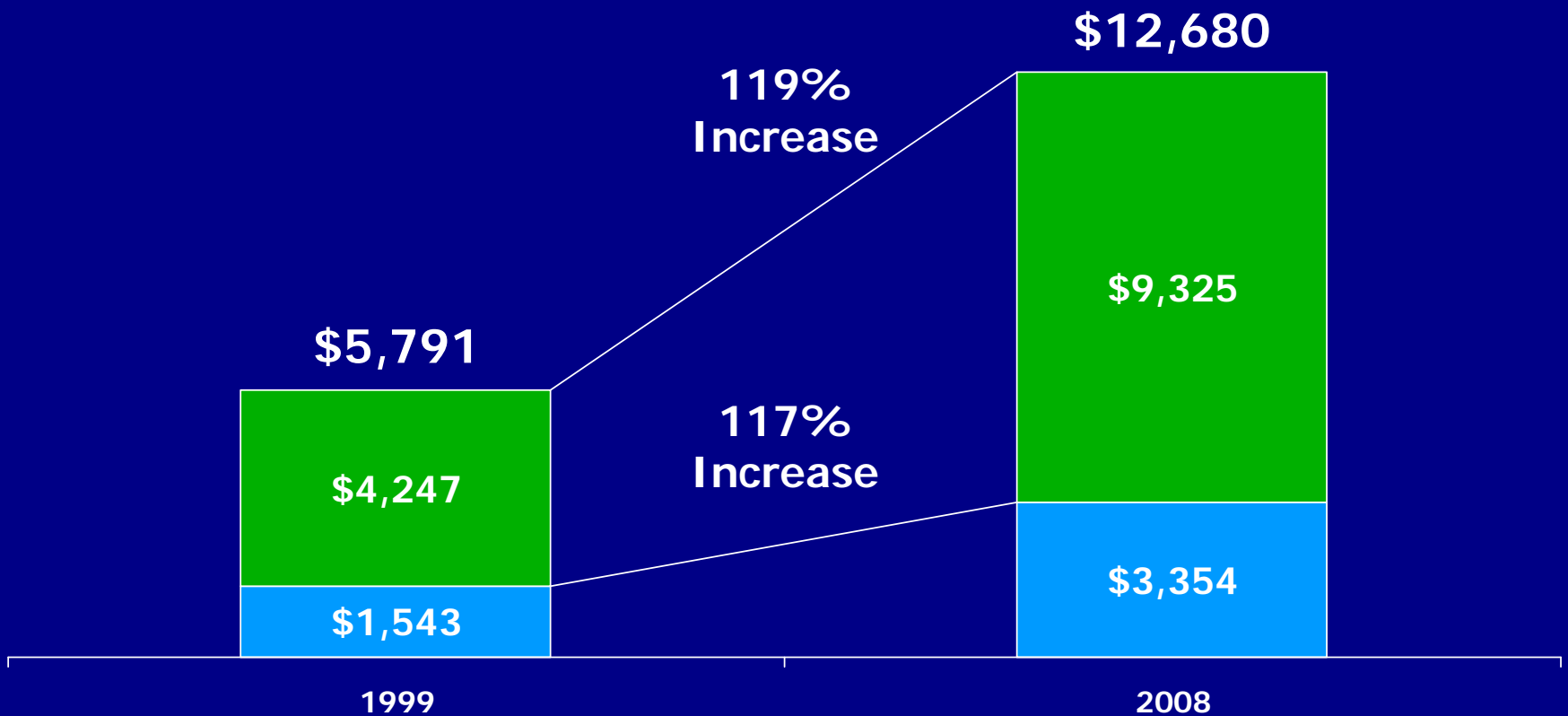
“Our health is far behind the progress of medical science... proper medical care is so expensive that it is out of reach of the great majority of our citizens.”

President Harry S Truman

Healthcare Costs

- **\$2,200,000,000,000 in 2007**
- **16.2% of GDP (\$7,421 per person)**
 - A FT minimum wage: \$11,462 pre-tax

Average Health Insurance Premiums and Worker Contributions for Family Coverage, 1999-2008



Note: The average worker contribution and the average employer contribution do not add to the average total premium due to rounding.

Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2008.

■ Employer Contribution
■ Worker Contribution

What do we get for
\$2.2 trillion?

IOM: Quality Chasm

■ Our healthcare system

- frequently falls short in its ability to translate knowledge into practice, and
- Fails to apply new technology safely and appropriately

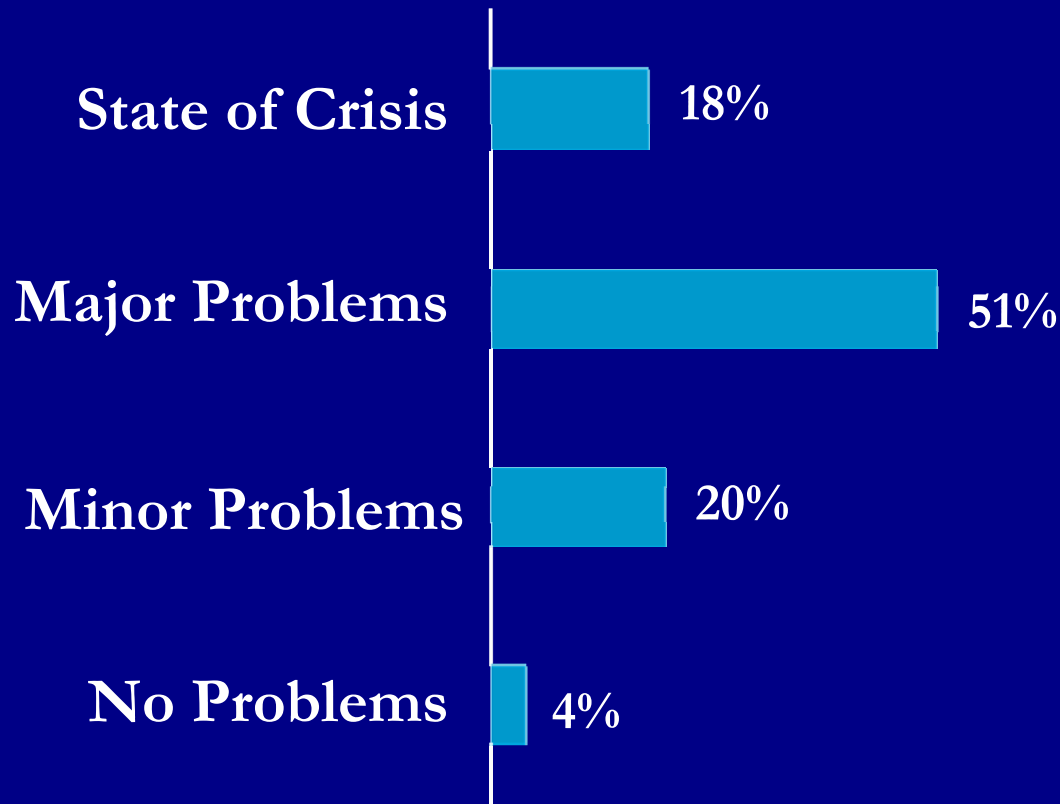
RAND: Quality of U.S. Healthcare

| | Indicators | Recommended |
|---------------------|-------------------|--------------------|
| Over-all | 439 | 54.9% |
| Type of care | | |
| Preventive | 38 | 54.9% |
| Acute | 153 | 53.5% |
| Chronic | 248 | 56.1% |

Patient Safety

- 1 in 10 hospitalized patients suffer an injury
 - Most are serious
 - Approximately half are preventable
- 44K to 98K deaths from Medical Errors
 - Higher than other common causes, including MVA (43K), Breast Cancer (42K), and AIDS (16K)

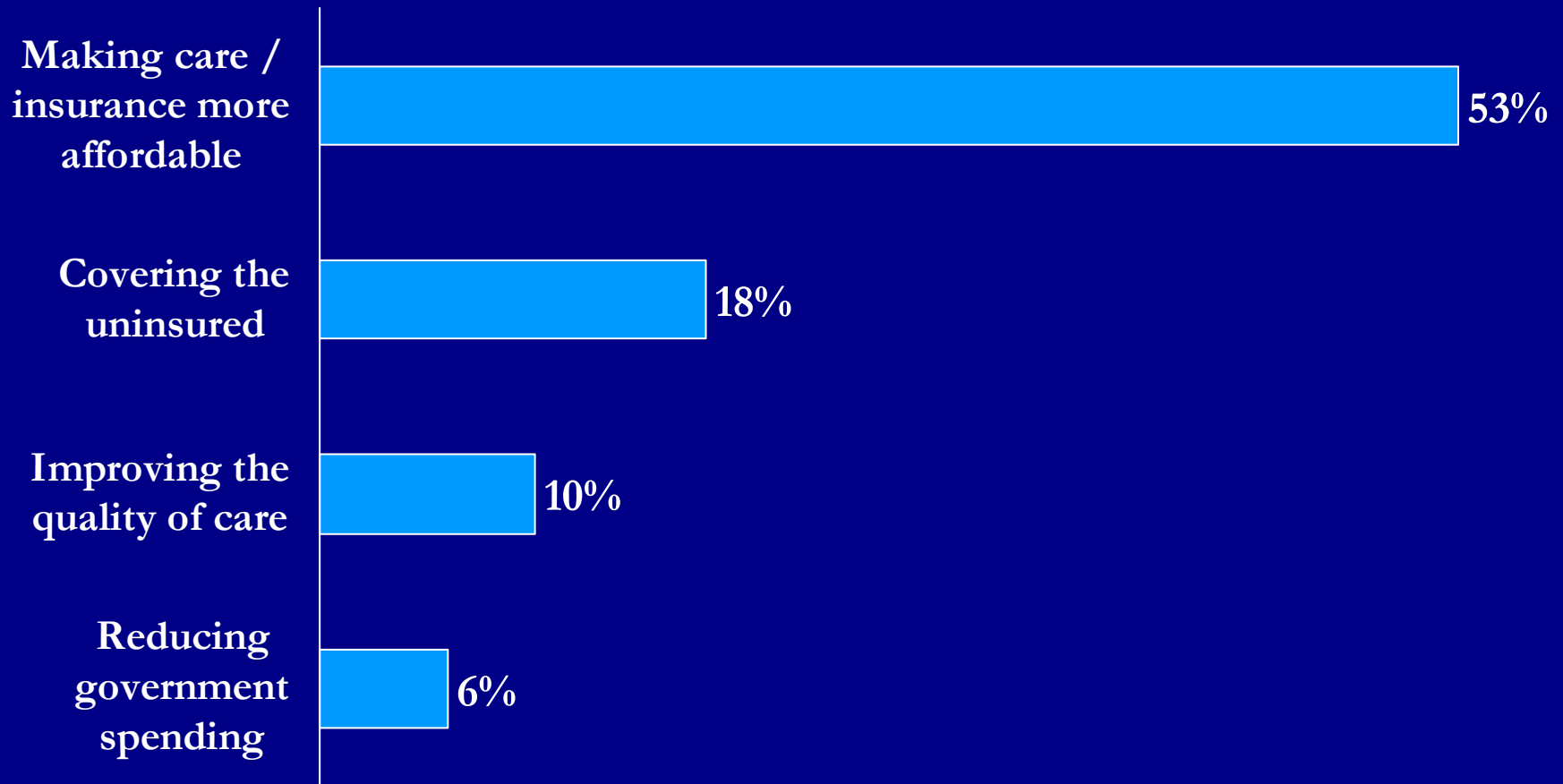
Americans' View of the U.S. Health Care System 2008



Source: Gallup Poll, 2008

Top Health Care Issue in the Election

(Registered voters)



Source: Kaiser Family Foundation poll, August 2008

Current Policy Focus

■ Increase coverage

- Mandates for insurance (individual, employer)
- Subsidies for those who can't pay
- Health insurance exchange with minimum benefits
 - Public option??

Current Policy Focus

■ Contain costs

- Payment reform around the margins
- Comparative Effectiveness Research
- Health Insurance Exchange with competition

■ Health Information Technology

- Increase “meaningful use” of EHRs
 - 80% of doctors don’t have even a basic EHR
 - 90% of hospitals lack basic EHR
- Health Information Exchange primitive
 - Running in small # of communities
 - Health Bridge an exception

Bottom Line

- We will have “healthcare reform” in 2009
- It will increase access to healthcare
- Little chance for other substantive changes
 - HIT already in the pipeline
 - Payment reform around the margins
 - Little political capital for other activities
- Local communities have to lead

Part II

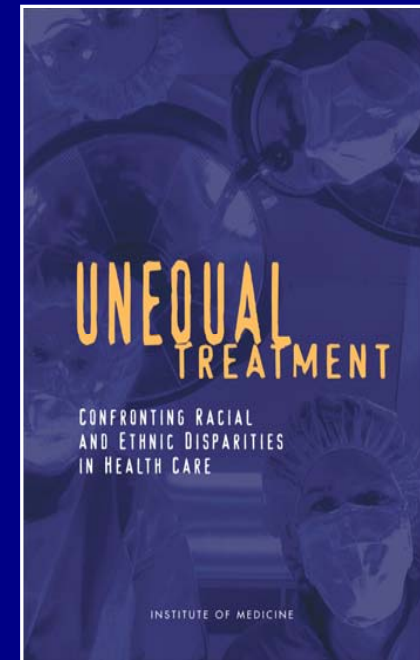
- Disparities
- Regional efforts

What about disparities in care?

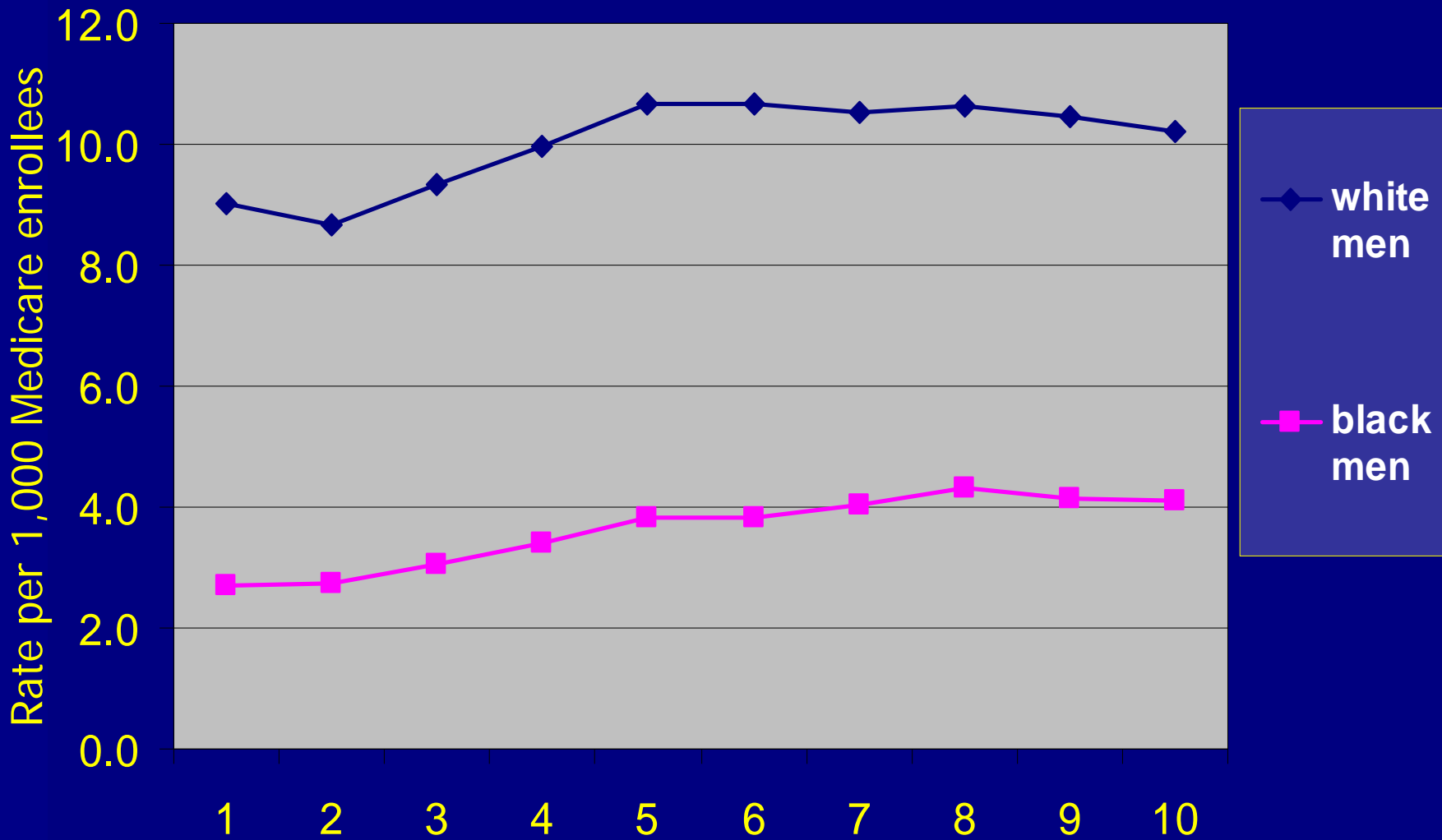
- Is this a particularly big issue?
- Do we understand its underlying roots?
- How are people thinking about this?
- Why community-based efforts are:
 - Ground-zero of real health care reform
 - Likely to have the biggest impact

IOM 2002: Unequal Treatment

- “Racial and ethnic minorities tend to receive a lower quality of healthcare than non-minorities”
- Less likely to receive:
 - Cancer screening
 - Cardiovascular therapy*
 - Kidney dialysis
 - Transplants
 - Curative surgery for lung cancer
 - Hip and knee replacement after OA
 - Pain medicines in the ER



National CABG rates: 1992- 2001



Why do disparities exist?

■ “Appropriate” differences

- Differences in disease
- Patient-preference

■ Poor quality providers

- Care concentrated among a small # of providers

■ Regional variation

- Minorities live in poor quality areas

■ Discrimination and stereotyping

- Limited data

Poor quality providers?

- 22% of PCPs care for 80% of elderly blacks
 - Less likely to be board certified
 - More likely to report trouble providing high quality care
- 5% of U.S. hospitals care for a majority of all blacks, Hispanics
 - Heterogeneous group of hospitals
 - Quality modestly worse

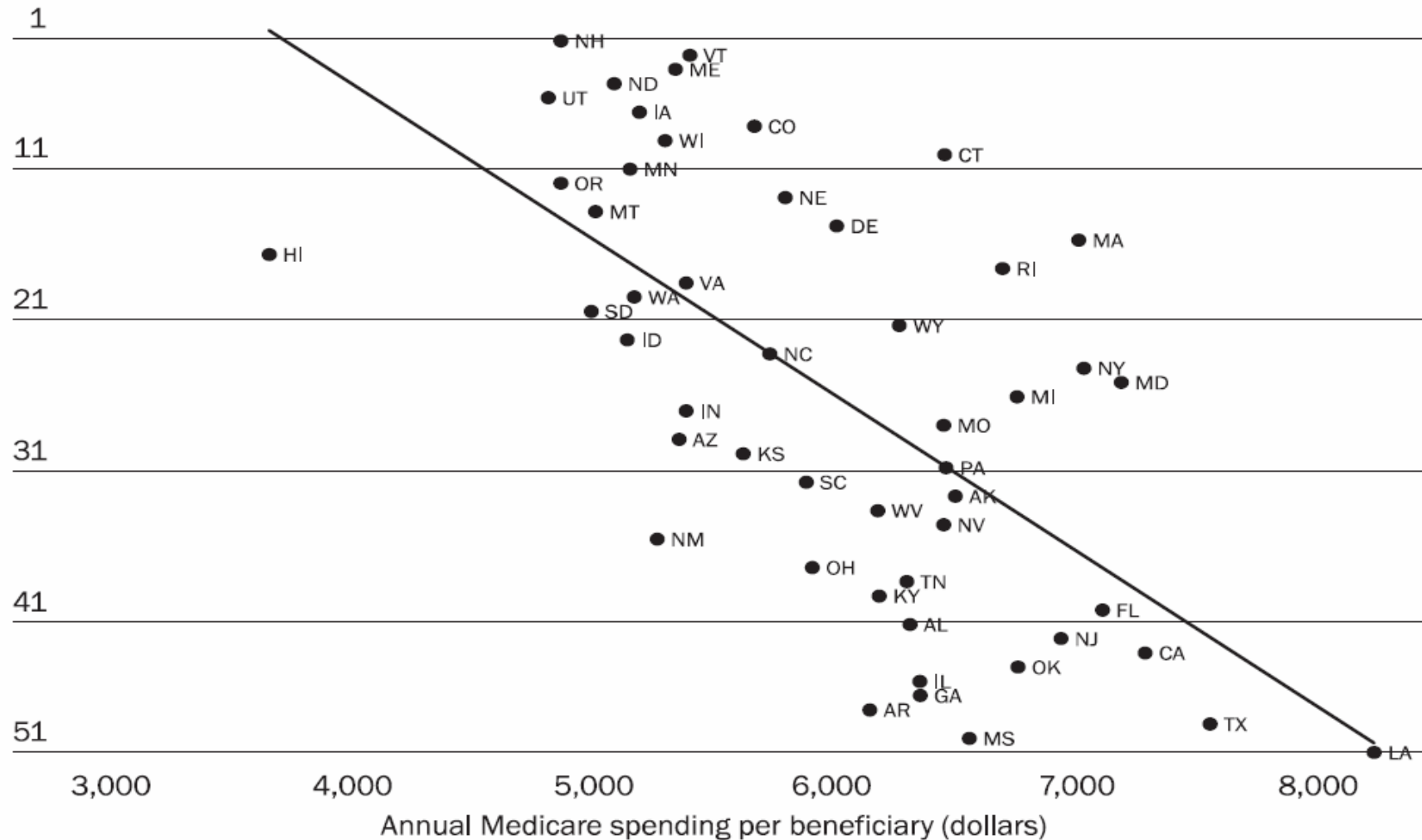
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Regions with worse quality?

Relationship Between Quality And Medicare Spending, As Expressed By Overall Quality Ranking, 2000–2001

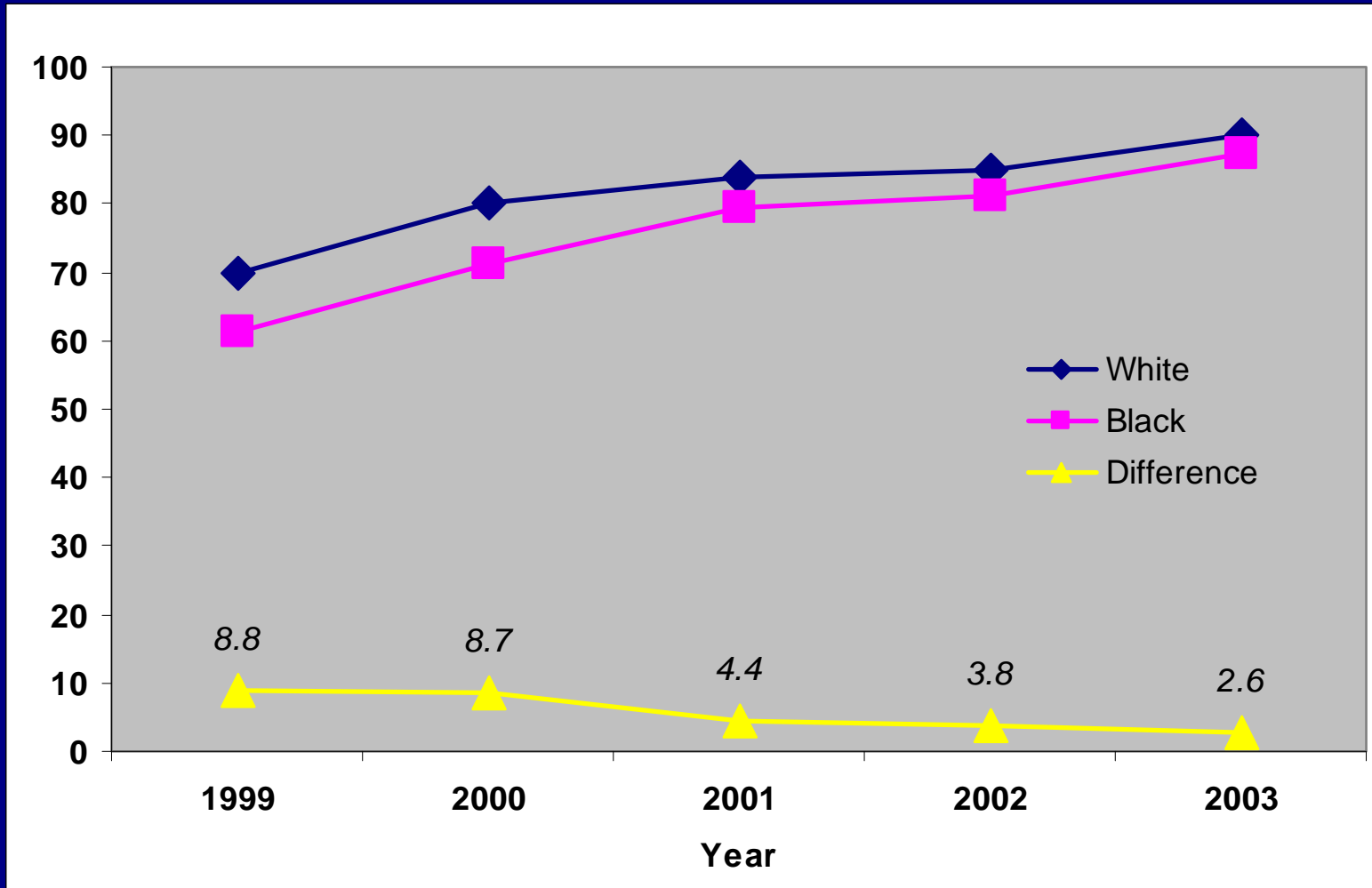
Overall quality ranking



Current Thinking: 2009

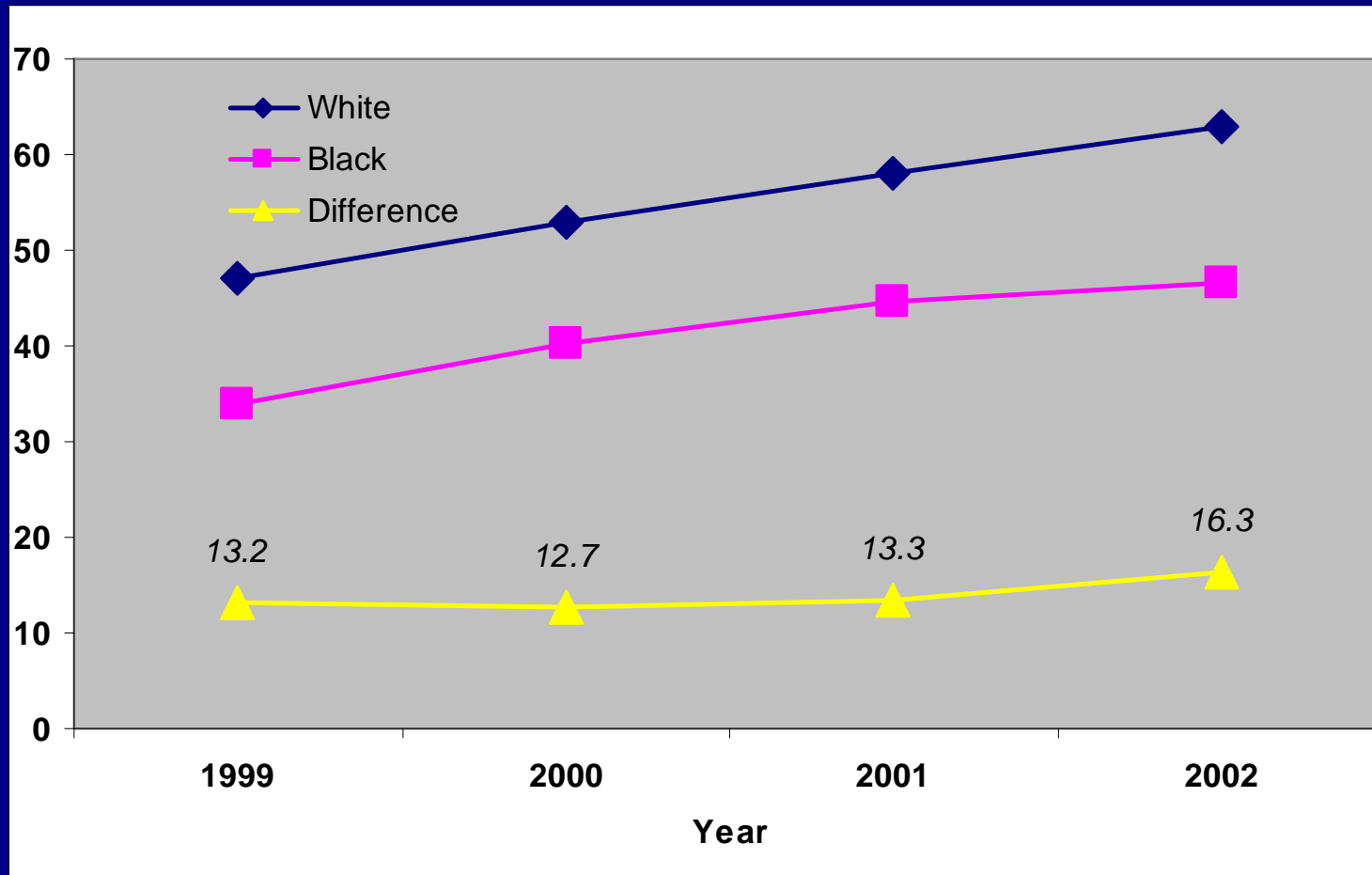
- **Disparities are sizeable, persistent**
 - Substantial for new therapies, invasive treatments
 - Smaller for simpler, more established therapies
- **Minorities go to poor quality providers**
- **Given that quality is poor for everyone, just focus on QI**

% of Diabetics Receiving Cholesterol Testing



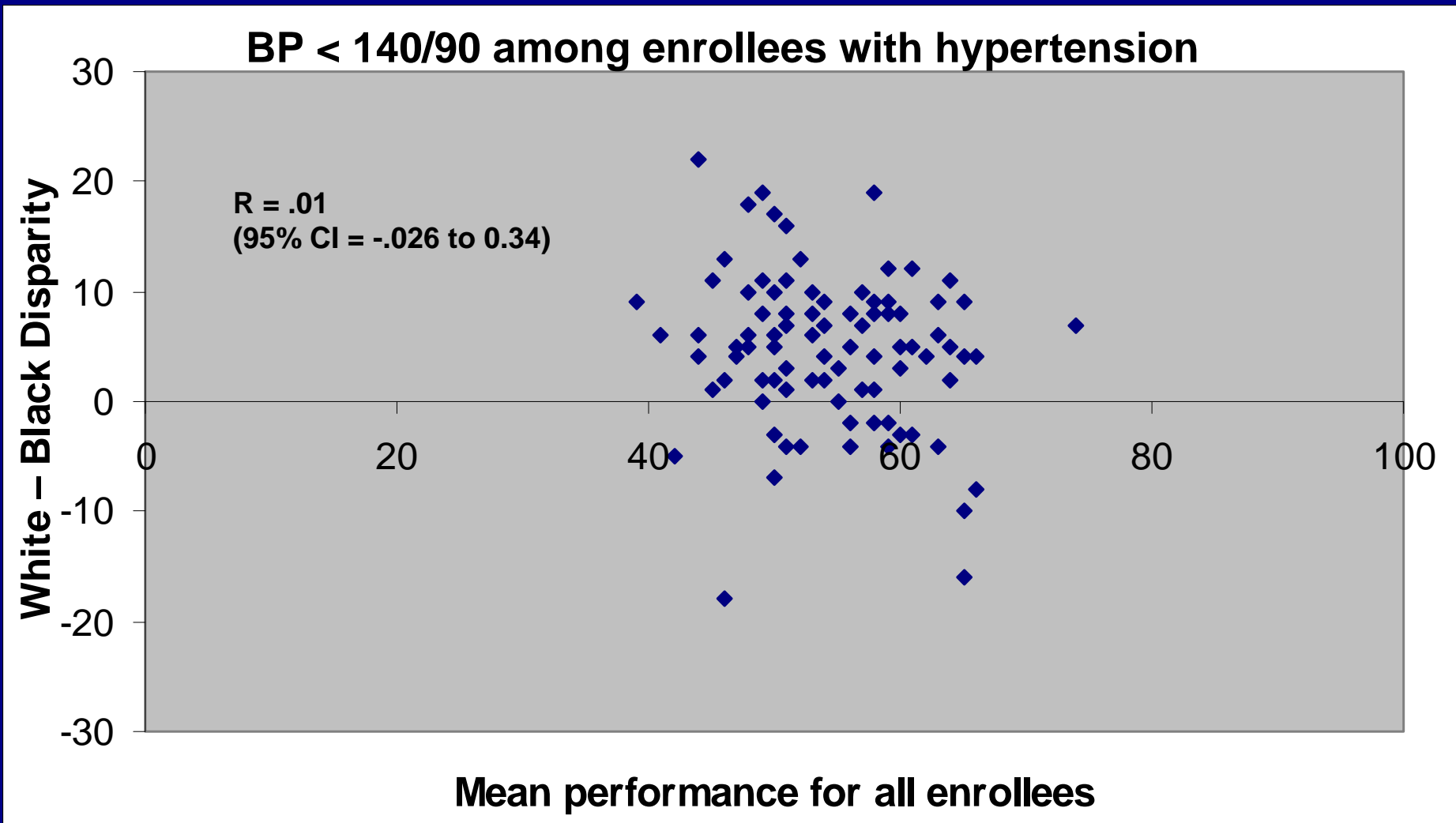
Source: Trivedi et. al, *NEJM*, 2005

% of CHD patients with LDL < 130 mg/dL



Source: Trivedi et. al, *NEJM*, 2005

Medicare Managed Care Plans



Summary: Explaining Disparities

- **Racial and Ethnic disparities in care:**
 - Are sizeable and multi-factorial
- **Unlikely to account for gap:**
 - Patient preferences, disease biology play small role

Summary: explaining disparities

■ Poor quality providers / Regional variation?

- Modest role at best
 - Especially in hospital setting where many “minority-serving” providers are high performing academic centers

■ Discrimination?

- Data very limited
- Lower rates of pain medication use in ER
- Negative attitudes by providers in surveys

Will QI get us there?

- For some simple measures, likely:
 - Testing for diabetes or cholesterol
- Most of healthcare more complicated
 - CABG surgery
 - Hypertension management
- Likely need disparities-specific solutions
 - Tracking race/ethnicity
 - Looking to intermediate outcomes, patient experience
 - Community outreach
 - Finding best practices (high quality / low disparity providers)
 - Making it a priority

Improving care: on whose agenda?

- **Regional efforts are leading the way**
 - Engaging local stakeholders
 - Unclear business case:
 - Appealing to a moral sense of what is right
- **Safe, equitable, high quality care a priority**
 - Your neighbors will benefit

Improving care: on whose agenda?

■ Collect data in a systematic way

- Make all performance data public
 - Infection rates
 - Quality scores stratified by race/ethnicity
- Use transparency as the great sanitizer

■ Focus on the population

- Realign the incentives yourself
- Make prevention a priority
- Bring everyone along

■ Anticipate the change

Final thoughts

- An exciting year for healthcare in America
- Will have profound implications
- Fundamental issues inadequately addressed
- Regional efforts essential
 - Labs for the country
 - Only place where real reform can happen