Brookings Conference on Addressing Health Disparities

Measurement Matters: Public Reporting to Shine a Light on Regional Disparities

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Better Health *Greater* Cleveland
An Alliance for Improved Health Care

Summary

- Better Health *Greater* Cleveland is a regional primary care practice-centered public reporting initiative to improve quality and eliminate disparities among persons with chronic medical conditions.
- EMR-catalyzed reports shine a light on disparities by stratifying achievement and change.
- Reports are trusted; and they motivate improvement
- In diabetes, over 3 years most have improved, though those with fewer resources fare more poorly/improve less.
- There are several barriers, including non-clinical barriers, to improvement.
- Attacks on disparities must actively engage multiple stakeholders

Better Health *Greater* Cleveland: Mission and Methods

- **Mission: To improve the care and outcomes of the community's residents with chronic conditions**
  - and eliminate disparities in health
- **Methods:**
  - **Measure and Publicly Report Achievement**, practice site level and aggregated across the region's practices:
    - Nationally Endorsed, Locally Vetted quality standards
    - 31/45 practices use EMRs, representing ~90% of patients
    - **Regional results Stratified** by Insurance (including the uninsured), Race, Household Income, and Education
    - Semi-annual reports: cross-sections and cohorts (patient codes)
  - Implement Region-wide QI Learning Collaborative
  - Initiate Patient Engagement Strategies

Aligning Forces for Quality Communities

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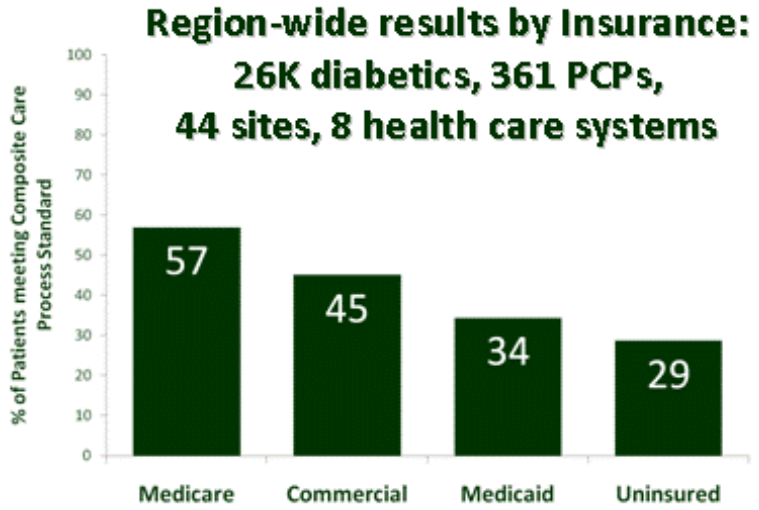
Public Reports that Highlight Region-wide Achievement, Stratified

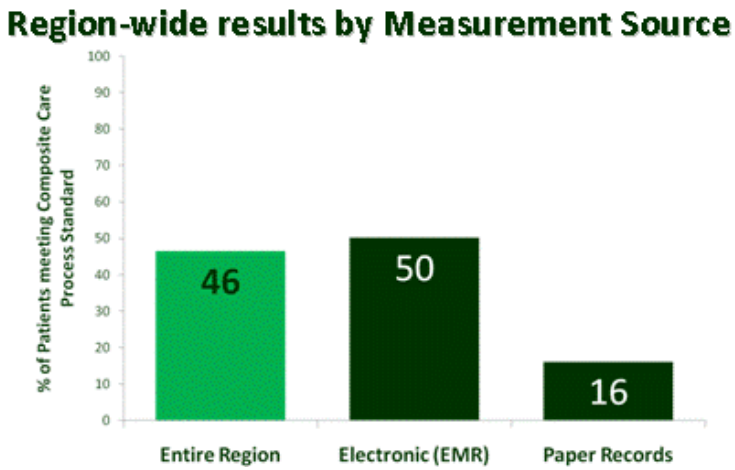
Achievement by SES Factors:

Medicaid and Uninsured fare more poorly;
as do minorities, the poor, and those with least education

Achievement by measurement source:

Paper-based practices fare more poorly





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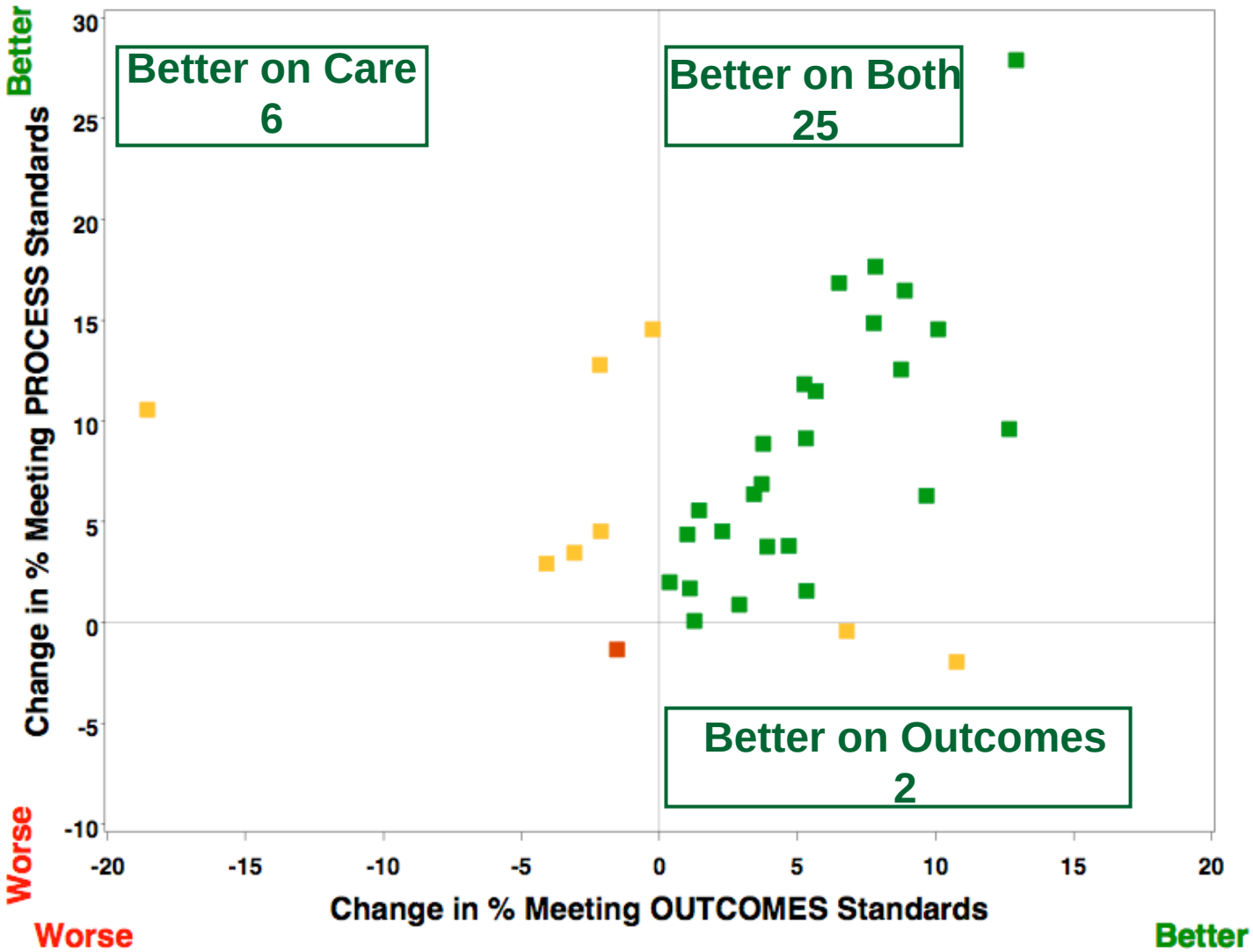
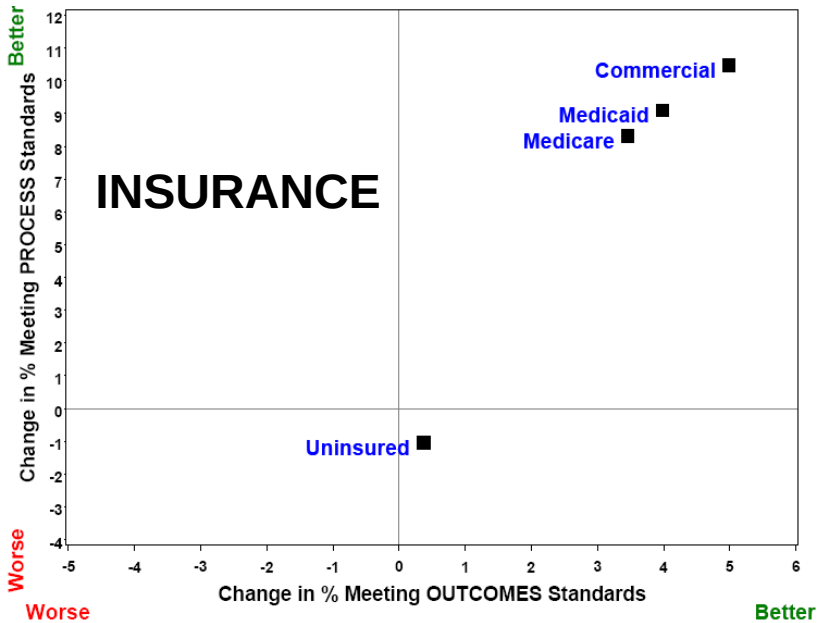
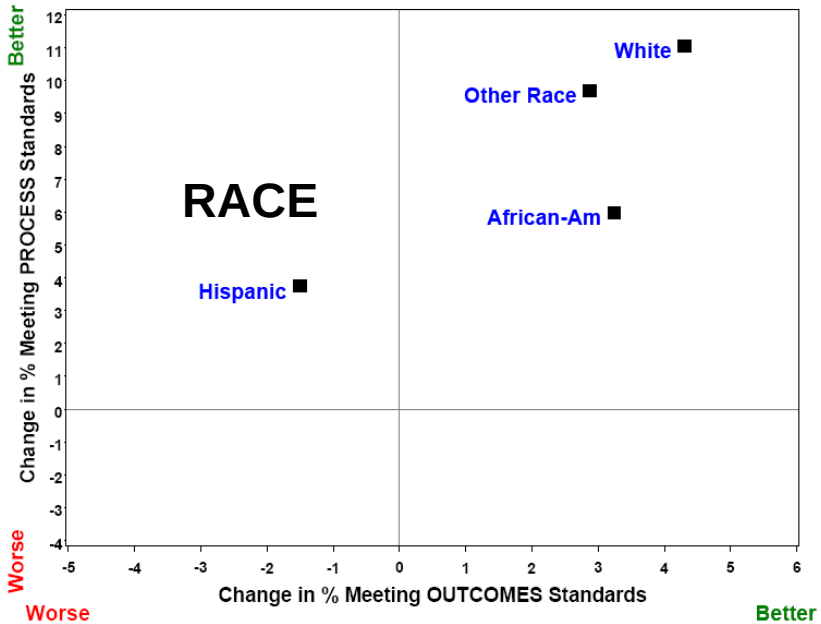
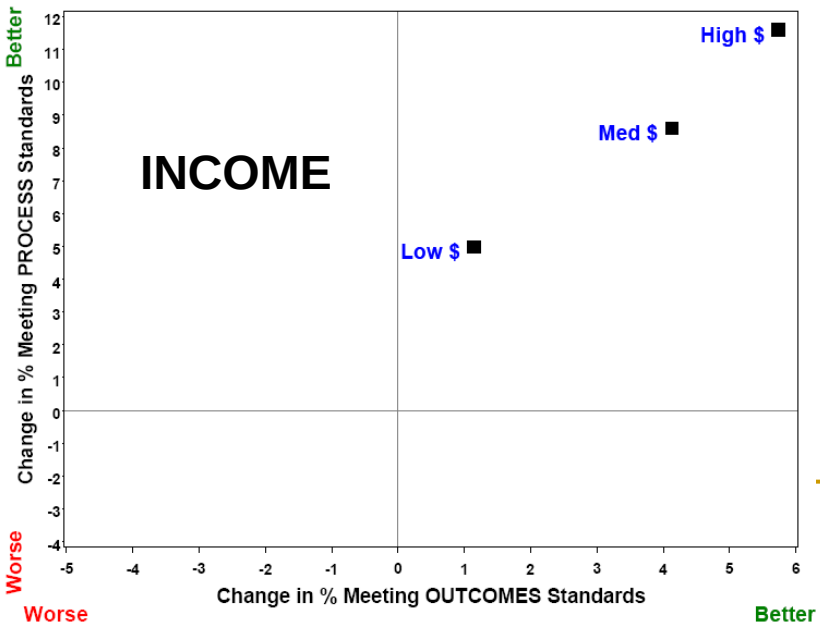
33 of 34 Practice Sites Improved in Care, Outcomes, or Both. 2007-2009

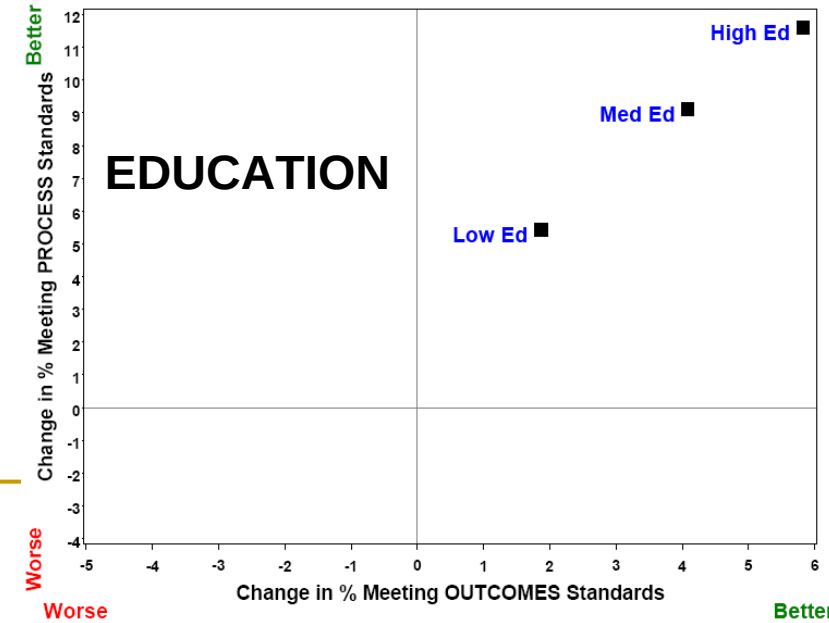


But patients with fewer resources improved less

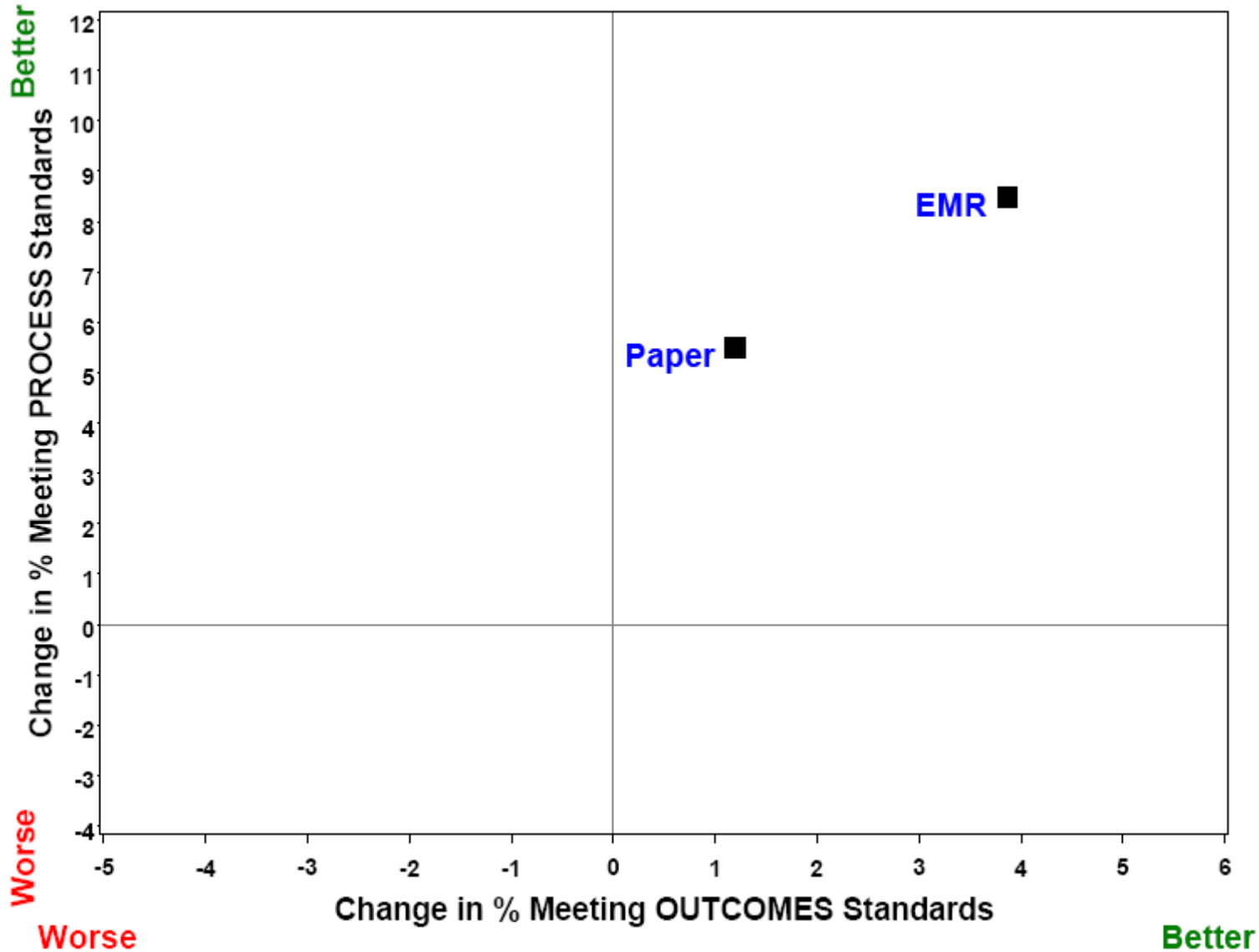








And practices with fewer resources also improved less



Challenges to Eliminating Disparities Through Public Reporting

- **Gaps in data**
  - We don't measure those who don't receive care
  - We don't publicly report Everyone we *do* see: we mimic NCQA
  - We represent only ~40-50% of all practice sites
  - We aren't [yet] measuring important outcomes; eg complications
  - We don't measure cross-system care well – HIE is in its infancy
- **Most *systems* are not truly accountable**
  - It doe$n't really matter if we don't measure complications or cro$$-$y$tem care well
- **The *community* is not truly accountable**
  - ROI resistance; "Someone else's problem"
- **Financing/payment systems are not aligned with improving patient-centered outcomes**

An Accountable Community

- Some Short-term Steps (2-4 years):
  - Provider-centered Data & Interventions
    - For those without access, PCMH for the uninsured
    - HEALTH REFORM: ID the uninsurable for “high risk pool” support
    - To increase provider participation, leverage MU INCENTIVES/benefits
    - Target interventions to those most vulnerable (eg, minorities, uninsured)
    - To capture care across systems, begin true HIE
  - System Non-accountability
    - Multi-payer PCMH for M’caid-M’care-Commercial
    - Payment Reform
  - Community Non-accountability
    - Better engage policymakers, public health, land use, employers, health plans
  - Non-alignment of payment with desired patient-centered outcomes
    - Work with govt and employer-purchasers