

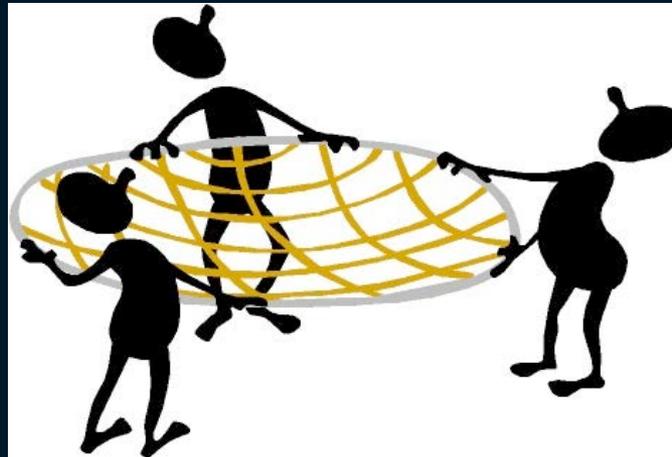
**Right Care
Initiative**



**4th Annual Right Care Initiative
Clinical Quality Improvement
Summit
October 3, 2011**

Right Care
Initiative

Comparing the Effectiveness of Delivery Systems for Vulnerable Populations



Hector P. Rodriguez, PhD, MPH

Associate Professor of Health Policy and Management

Associate Director, UCLA Kaiser Permanente Center for Health Equity

UCLA School of Public Health

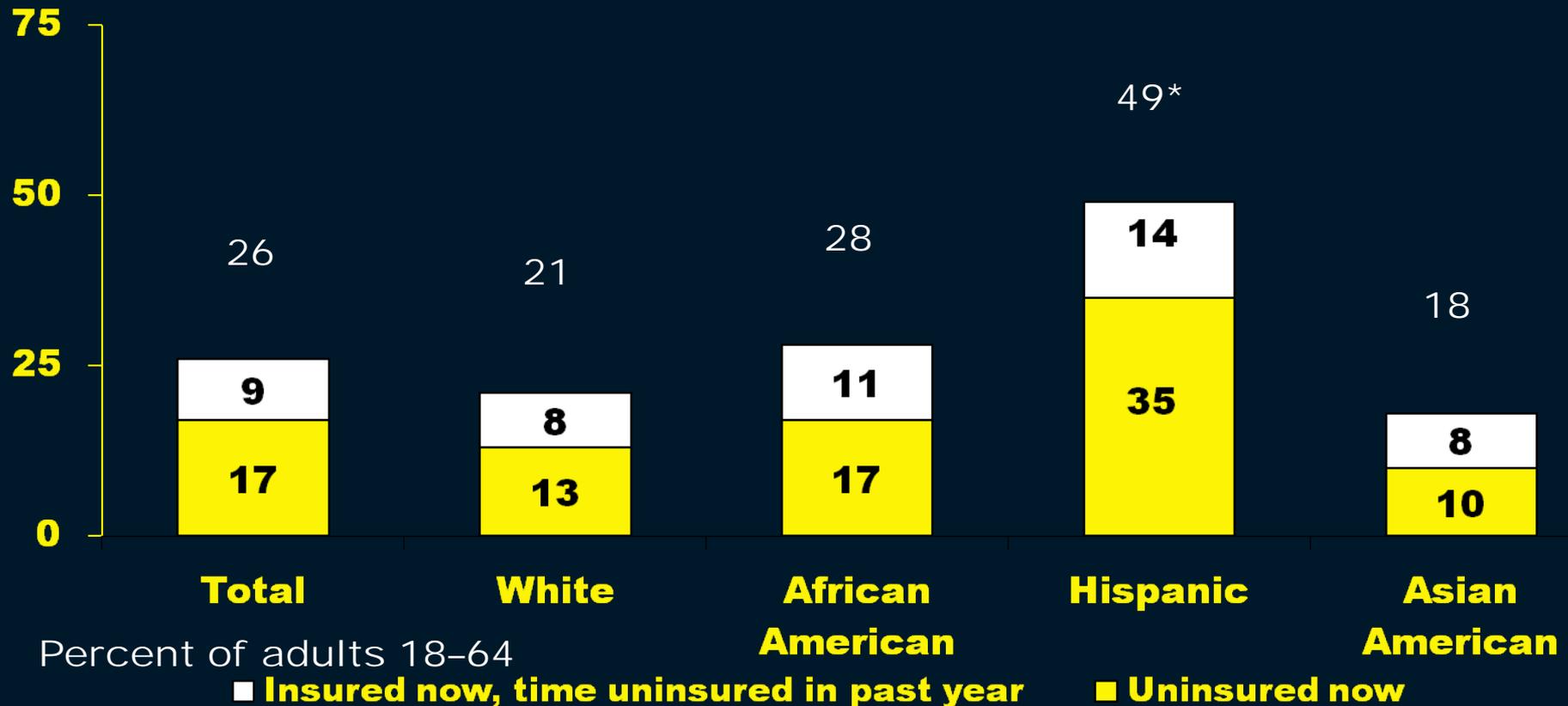
hrod@ucla.edu

Today's Goals

1. Discuss important trends in the safety net and priorities in delivery systems research for vulnerable populations
2. Describe a UCLA/RAND ARRA study comparing the effectiveness of delivery system interventions in California community clinics and health centers.

Comparing the Effectiveness of Delivery Systems for Vulnerable Populations

Nearly Half of Hispanics and One of Four African Americans Were Uninsured for All or Part of 2009



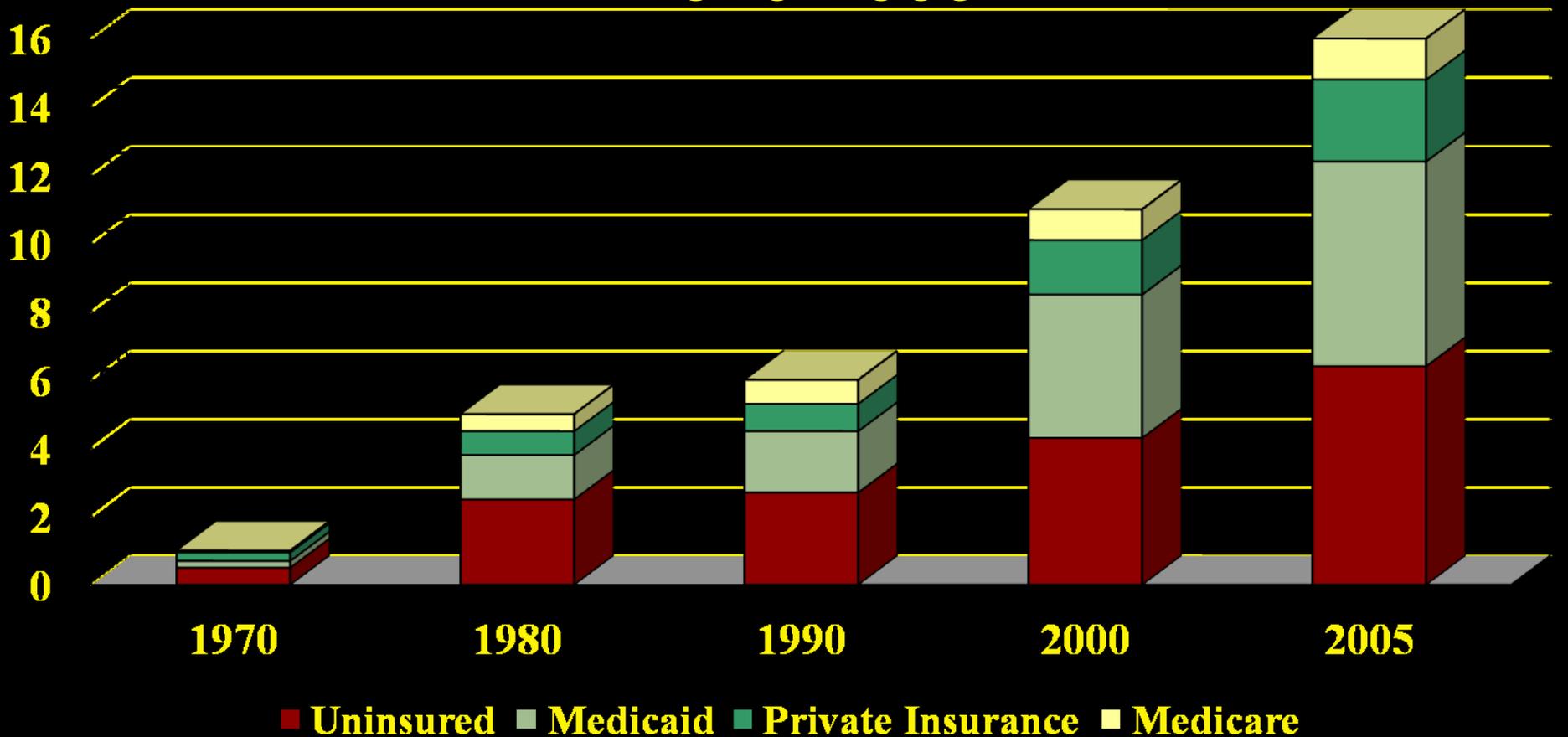
* Compared with whites, differences remain statistically significant after adjusting for income.

Source: Commonwealth Fund 2009 Health Care Quality Survey.

Federal Health Center Growth Initiative

- Dedicated federal funds for a five-year (2002-2006) expansion to serve 6.1 million additional patients, ACA continues expansion
- Funded over 1,500 new or expanded health sites.
- Number of patients receiving mental health care increased 190% from 2001-2005

Growth of Community Health Centers: 1970-2005



2008: Congress doubles AHRQ's **Effective Health Care Program's** budget to \$30 million.

2009: The **American Recovery and Reinvestment Act** of 2009 (ARRA) provided additional funding, in the amount of \$300 million, for comparative effectiveness research

2010: **Priorities** for comparative effectiveness research on delivery systems **identified:** 1) Redesigning care Delivery, 2) Redesigning payment.

Comparing the Effectiveness of Delivery Systems for Vulnerable Populations

To identify which system processes, structures, or strategies are most effective for improving outcomes for diverse patient populations and to use such evidence as the basis for formulating policy to shift care to value-maximizing options in systems carrying for high proportions of racial, ethnic, and linguistic minorities.

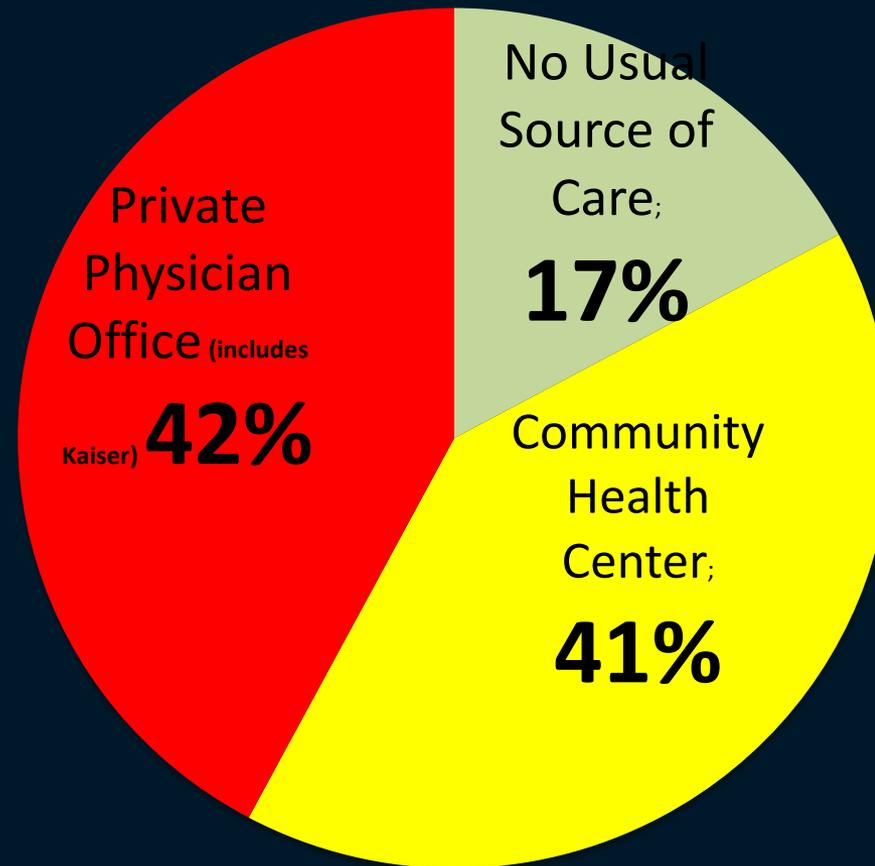
Why a focus on **delivery systems research**?

1. It can take nearly 17 years to turn what is reported in the medical literature into the delivery system. DSR aims to facilitate the **integration of evidence-based structures and processes** into the delivery system.
2. Most **large scale organizational changes** continue to **fail**.
3. **Comparative effectiveness research** to understand the relative value of health care interventions

The Challenge of Diabetes Care Management

1. Uncontrolled diabetes can result in high-cost complications, **contributing substantially to high health care expenditures in the United States.**
2. Recent research has **demonstrated the effectiveness of multidisciplinary primary care team interventions** in improving chronic illness care quality and patient self-management.
3. **The broad uptake of** approaches for improving diabetes care quality **is not financially feasible** for most community clinics and health centers (CCHCs) that serve vulnerable patient populations.

Comparing the Effectiveness of Delivery Systems for Vulnerable Populations



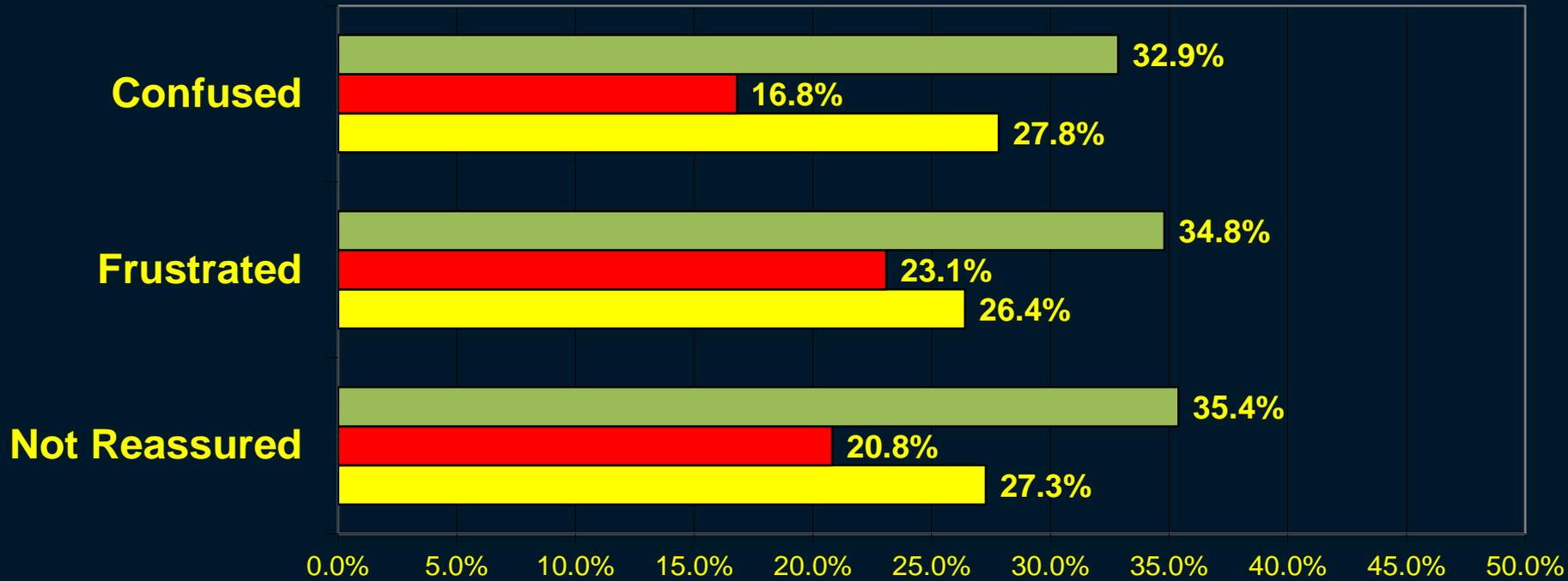
Latinos more likely than non-Latino Whites to receive suboptimal treatment

- Clinical Care Processes: HbA1c, lipid screening (Mainous et. al, 2007; Nwasuruba et. al, 2009)

- Care Outcomes: Glycemic, cholesterol and blood pressure control (Heisler et. al, 2007)

Low quality care and suboptimal treatment adherence can result in high-cost and challenging complications (Harris et. al, 2008; Karter et. al, 2002)

Comparing the Effectiveness of Delivery Systems for Vulnerable Populations



■ No Usual Source of Care ■ Private Physician ■ Community Health Center

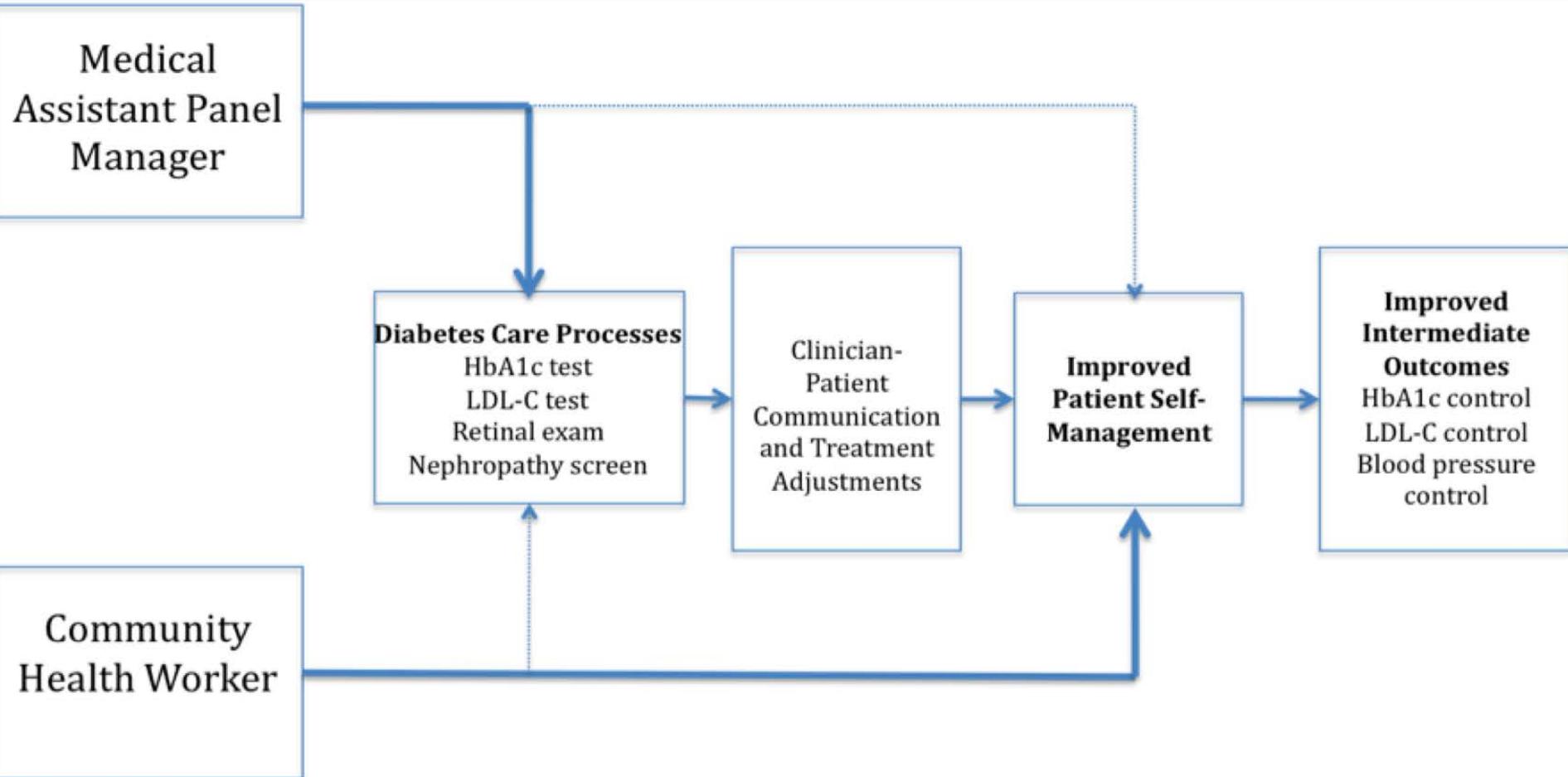
Source: Rodriguez, Chen, and Rodriguez, *A National Study of Problematic Care Experiences among Latinos with Diabetes*, *Journal of Health Care for the Poor and Underserved*, 2010.

Comparing the Effectiveness of Delivery Systems for Vulnerable Populations

- **Aim 1:** To **compare the effectiveness** of 1) office-based medical assistant panel managers and 2) community-based health workers in **improving diabetes care quality**, patient self-management, and patients' experiences of primary care.
- **Aim 2:** To compare the effectiveness of the strategies in **reducing racial and ethnic disparities in diabetes care quality**.
- **Aim 3:** To **clarify** the most important **organizational facilitators and barriers to the effective integration** of the strategies into routine care.

Right Care Initiative

Comparing the Effectiveness of Delivery Systems for Vulnerable Populations



Comparing the Effectiveness of Delivery Systems for Vulnerable Populations

	Medical Assistant Panel Manager	Community Health Worker
Pre-visit		
Discuss the patient case with the physician	X	
Agenda setting with the patient	X	
Ordering routine services	X	X
History tracking	X	X
During the Visit		
Document physician findings	X	
Send electronic prescriptions to pharmacy	X	
Write prescriptions for the physician to sign	X	
Post-visit		
Discuss patients' concerns	X	X
Recapitulate the advice given by the physician	X	X
Set goals with the patient	X	X
Make sure that patients can navigate the system	X	X
Between Visits		
Provide culturally appropriate and accessible health education and information	X	X
Assure that people with diabetes receive the services they need	X	X
Follow up over the phone	X	X
Offer informal counseling and social support		X
Provide information to families to support the lifestyle changes of patients with diabetes		X
Build individual and community capacity		X

Right Care Initiative

Comparing the Effectiveness of Delivery Systems for Vulnerable Populations

Organizational Readiness to Change

Strength and extent of evidence of QI intervention
Quality of organizational context
Capacity of internal facilitation of QI

Care Team Functioning

Communication
Role clarify
Relational coordination
Psychological safety

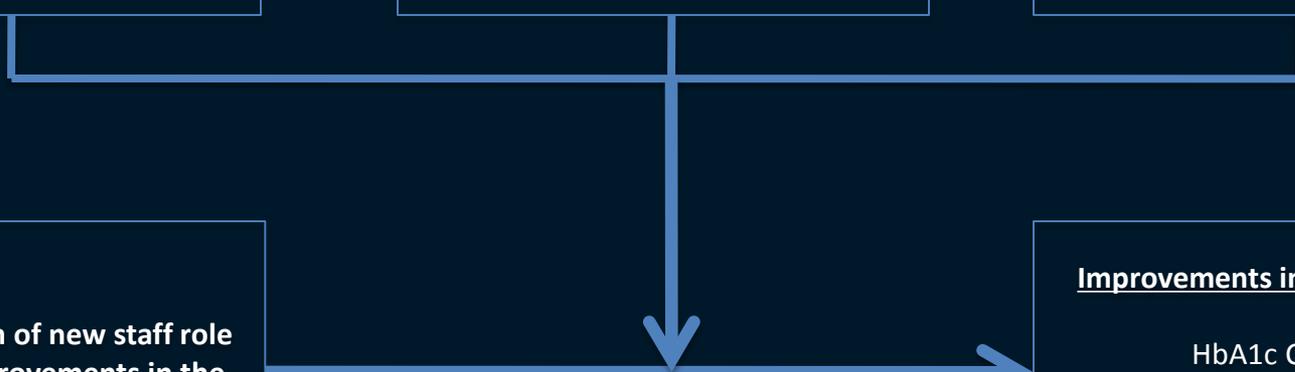
Clinic Structural Capabilities

Patient assistance & reminders
Electronic health records
Culture of quality
Enhanced access
Clinic human resources
Other practice characteristics

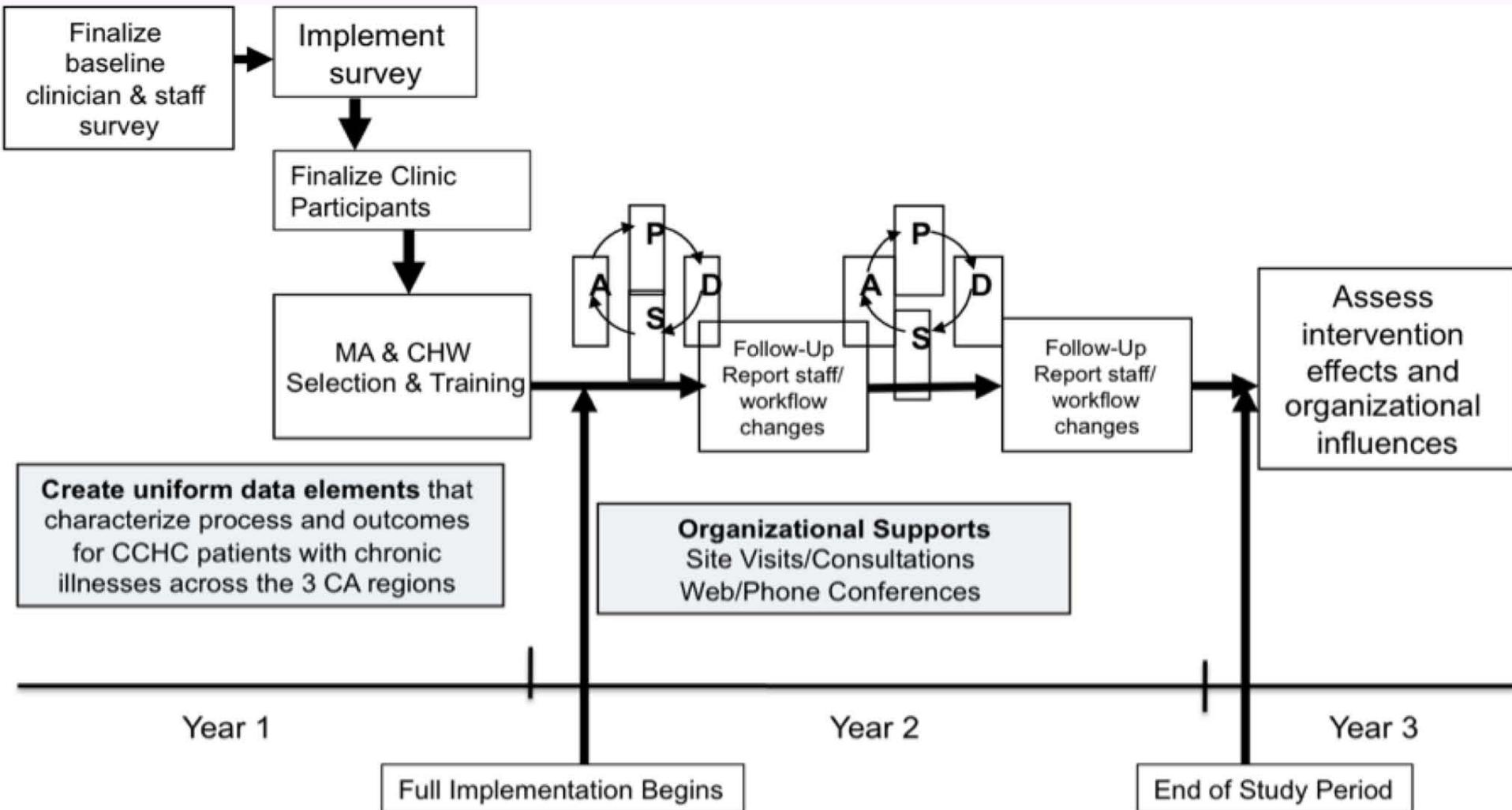
Implementation of new staff role to support improvements in the quality of diabetes care

Improvements in Diabetes Care

HbA1c Control
LDL Control
Patient Self-Management
Patients' Experiences of Care



iCARE Project Milestones



Assignment to the Interventions or Control Groups

Intervention invitation criteria:

- Diabetes registry operational since 1/10 (to reduce likelihood of major data quality issues) or electronic health record.
- Site participation in Clinician/Staff Survey (n=35)

Results of clinician & staff primary care team functioning survey

High Readiness

Moderate Readiness

Low Readiness

FINAL SAMPLE



**MA Health Coach
(n=3)**

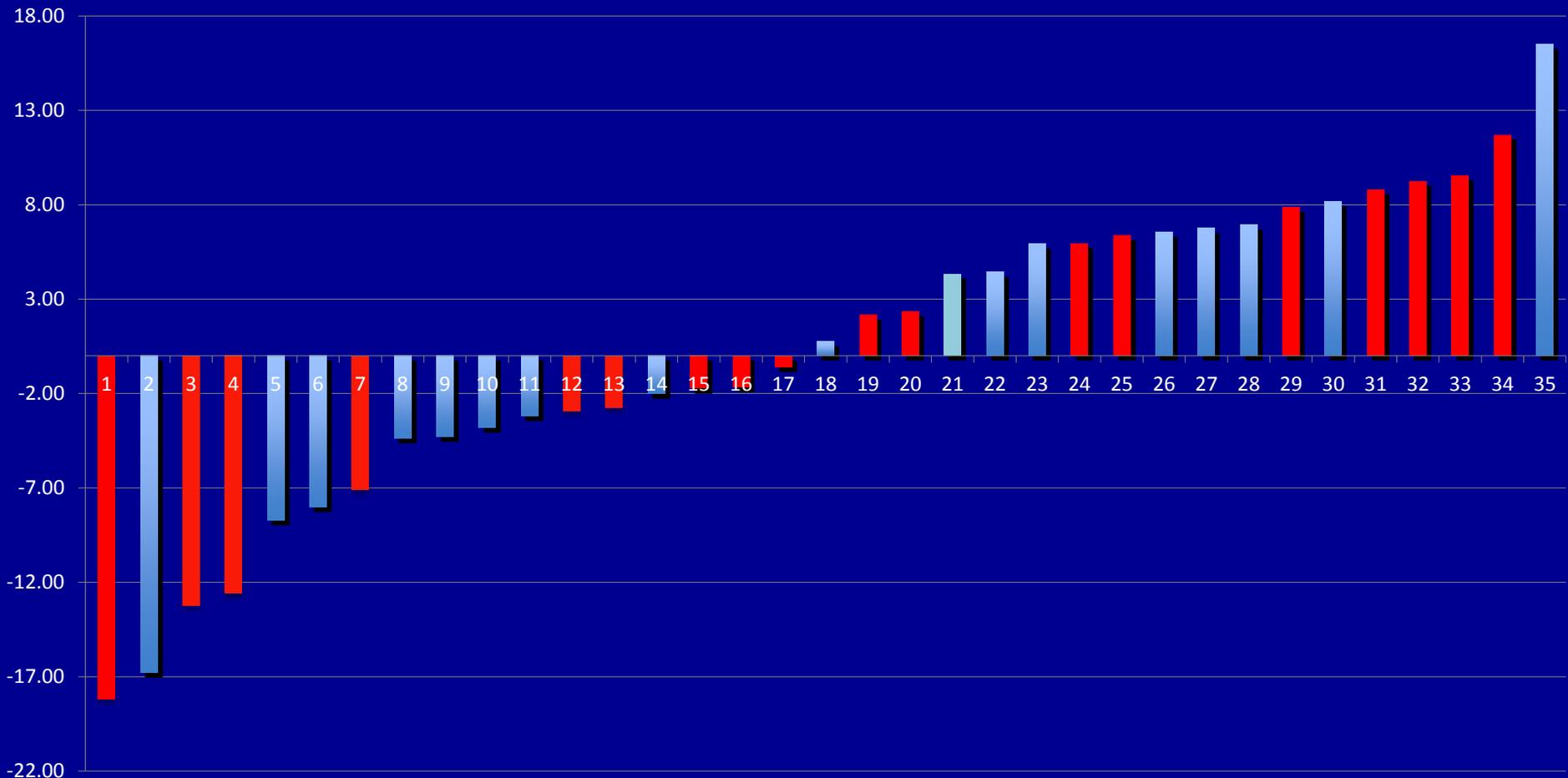
**Community Health Worker
(n=3)**

**Control Clinics
(n=10)**

Right Care Initiative

Comparing the Effectiveness of Delivery Systems for Vulnerable Populations

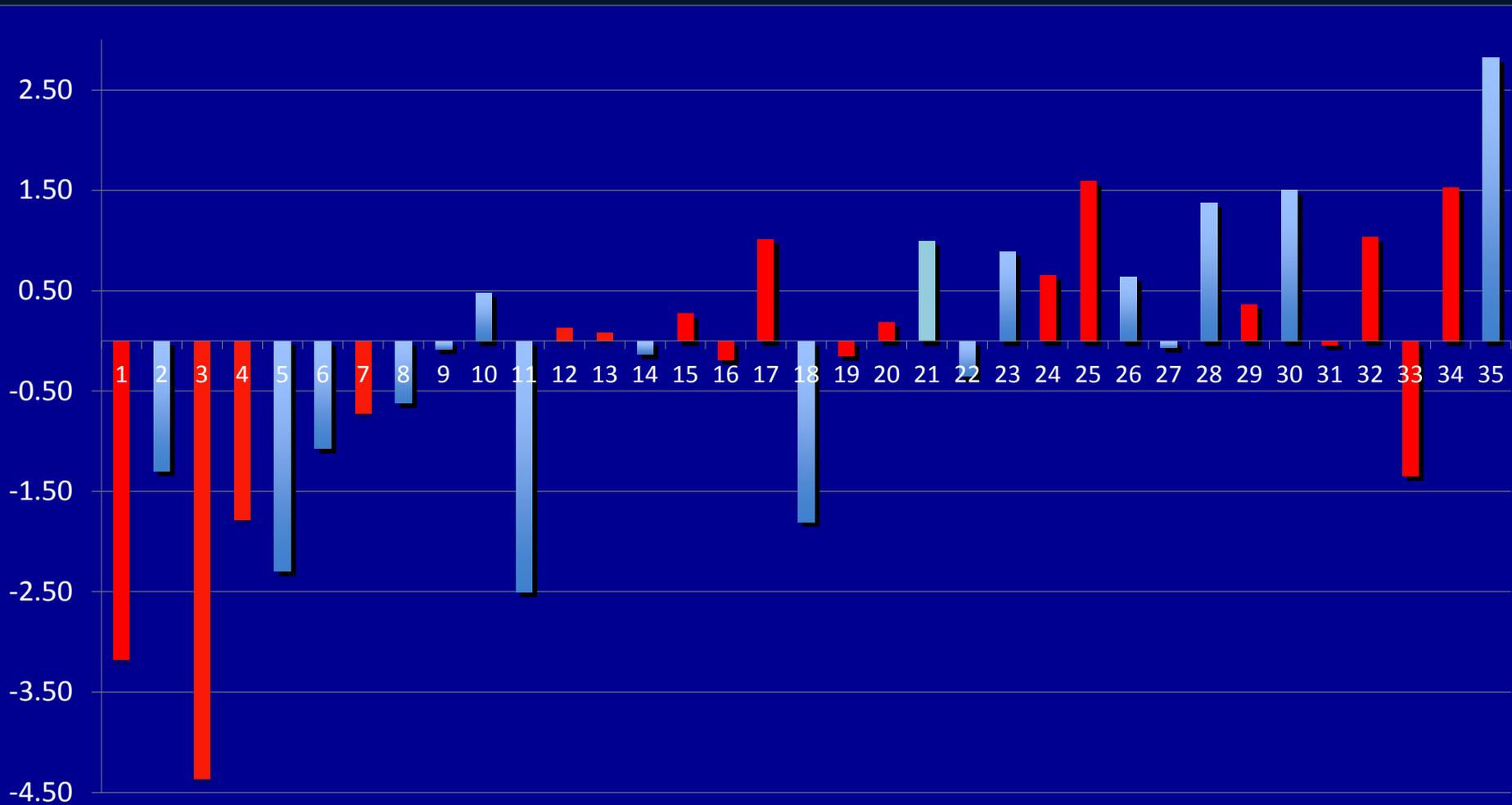
Diverse Range of “Care Team Functioning” across CHCs



Largest Baseline Differences in Team Functioning

Question	Intervention Study Clinics	Non-Intervention Clinics
Your clinic recognizes teams that perform well	2.70	3.08
People in this clinic are always searching for fresh, new ways of looking at problems	3.33	3.64
Most of the people who work in our practice seem to enjoy their work.	3.44	3.78
We can rely on the people in this clinic to do their jobs well	3.43	3.77

Diverse Range of “Change Readiness” across CHCs



Largest Baseline Differences in Organizational Readiness for Change

Question	Intervention Study Clinics	Other Clinics
Clinic leadership is concerned with quality of care issues	3.77	4.01
Clinic leadership solicits opinions of clinical staff regarding decisions about patient care	3.37	3.53
Clinic leaders are willing to try new clinical protocols	3.64	3.84

Immediate Next Steps

1. Ongoing medical assistant and community health worker training
2. Intervention year starts in 2012
 1. Baseline patient experience and self-management survey
 2. Support the consortia's learning collaborative and refine performance feedback to clinics
3. Key informant interviews with intervention and control clinics.