

## QIOs Work to Reduce Disparities

The 2005 National Healthcare Disparities Report by the Agency for Healthcare Research and Quality shows that disparities are narrowing overall for many minority Americans but have widened in both quality and access to care for Hispanics. Quality Improvement Organizations across the nation work to reduce disparities in quality of care by increasing access to health care services, addressing cultural and language differences, and overcoming social barriers to preventive care.

*Some examples:*

**Colorado Foundation for Medical Care** targeted social barriers in Hispanic communities—where many consider it inappropriate to speak about mammography—by bringing the message into a socially sanctioned environment. In the Tepeyac Project, CFMC worked with female leaders in the Hispanic community to speak about mammography in Catholic churches and partnered with clinics serving Hispanic populations to improve perceptions and services. These tactics resulted in a 7% increase in mammography rates for this population; however, the most impressive increase occurred in areas where health educators, known as Promotoras, performed one-on-one outreach to women in the parishes. In these communities, the mammography rate for Latinas with Medicare increased from 27% to 43%. Contact CFMC at 303-695-3300.

**FMQAI**, the Florida QIO, reduced the gap between white and African American seniors in HbA1c (long term blood sugar level) testing needed for proper diabetes care from 10.8% to 5.3% (i.e. reduced the gap by about half) from November 2002 to July 2005. FMQAI analyzed claims data to determine disparities in care including timely HbA1c testing, eye exams, and lipid profiles for Medicare beneficiaries in each Florida zip code and reported performance data to providers throughout the state. FMQAI also attended community health fairs and contacted church

leaders, trained ministers, and other church leaders on how parishioners can recognize and manage their diabetes. Using these strategies, FMQAI also shrank the gaps between African Americans and non-African Americans for timely eye exams (from 7.9% to 5.5%), and lipid profiles (from 19.2% to 14.1%). Contact FMQA at 813-354-9111.

**Georgia Medical Care Foundation** initiated the *Bells for Remembrance* program, a faith-based initiative designed to raise mammogram rates. GMCF sent “women’s health planners” to organizations that participated in the program and to all new female Medicare beneficiaries. The planner is full of reminders for a breast self-exam, and stickers to mark a doctor’s appointment, friend or family birthdays, and an annual reminder for a flu shot. Randomly selected female Medicare beneficiaries received a business reply card with questions about their understanding of Medicare breast health benefits, and whether they intend to use the reminder stickers. The response rate has been excellent – 3.6%. Contact GMCF at 404-982-0411.

**Health Care Excel** of Indiana joined with minority health coalitions and was invited to participate in a Faith Health Initiative where 42 churches receive health-related information on a monthly basis. The QIO distributed 4,200 brochures, bookmarks, hand-held

fans, and calendars with the theme, *The Power to Control Diabetes is in Your Hands*, reinforcing the importance of HbA1c testing and diabetes self-management. Minority health coalitions across the state also received the *Spread the Word About Diabetes* flip chart, developed by the QIO with input from a minority health coalition member focus group. The culturally appropriate chart is an educational resource on diabetes for African Americans. As a result of these activities, the QIO has seen a decrease in the disparity rate in this group compared to the Caucasian population. Contact Health Care Excel at: 317-347-4500.

**Health Care Excel** of Kentucky (HCEK) worked with local providers to reduce disparities in use of mammography between women aged 50 to 69 years living in Eastern Kentucky and other rural and urban women. Providers, from health departments to radiologists, participated in provider education on best practices and patient education on the importance of mammograms. HCEK used billboards, newspaper advertising, and posters for providers offices to reach Eastern Kentucky residents directly. This project led to a reduction in the disparity rate. Contact Health Care Excel at: 317-347-4500.

**HealthInsight**, the QIO for Nevada and Utah, focused on improving influenza and pneumococcal vaccination rates among the American Indian/Alaska Native elder populations. Health promotional activities at events have resulted in higher vaccination rates. HealthInsight also has been funded by the Office of Minority Health to improve rates for all immunizations for the entire American Indian population in Utah and Nevada through outreach at community events and quality improvement projects at three tribal clinics. The project's goal is to increase immunization rates by 15% among tribal members of all ages. Contact HealthInsight at: 801-892-0155.

**Information and Quality Healthcare** (IQH) reduced disparities between elderly African-American women and Caucasian women in Mississippi. In 10 counties in the Mississippi Delta comprising 25 percent of the underserved population, IQH made 148 onsite visits and recruited 89 providers to participate in a project to increase mammography rates. Barriers were identified through educational programs, focus groups, and partners. IQH fielded a variety of tools designed to address these barriers. Data show that the project successfully reduced the disparity between the intervention group and the general population during 2002-2005 by 5.7%. The infrastructure established during this project will be used in continuing efforts on behalf of the underserved population. For more information, contact IQH at: 601-957-1575.

**IPRO**, the QIO for New York, reduced the gap in lipid testing rates between white and African American Medicare beneficiaries with diabetes in several New York City (NYC) counties from 19% to 9.8% from April 1999 to March 2004. Providers received technical assistance (chart audits, patient registries), one-on-one educational training and support, decision support tools, provider feedback, and cultural competency training. African American beneficiaries with diabetes were reached via community and religious groups to increase awareness of optimal diabetes management. IPRO also partnered with nursing schools, the NYC Department for the Aging, the NYC Department of Health and Mental Hygiene, senior centers, and religious organizations, to conduct focus groups and provide culturally- and linguistically appropriate diabetes self-management education along with diabetes-related Medicare coverage information. IPRO also used a media campaign consisting of local television and radio programs and bus shelter poster placements. Contact IPRO at: 516-326-7767.

**Louisiana Health Care Review** collaborated with the Optometry Association of Louisiana to deliver retinal eye exams to underserved Medicare diabetics in three parishes. Several community settings were evaluated for effectiveness of delivering the exams. The most effective setting was the Dooky Chase restaurant, owned by New Orleans chef Leah Chase, a high-profile leader in the African American community. Buses for transportation to the restaurant were provided by local churches. Chef Chase was also featured in television and newspaper advertising urging Medicare diabetics to get an eye exam. During this project, the disparity in the biennial eye exam rates between the African American and the Caucasian population fell from 13.4% to 10.6%, i.e., an absolute improvement of 2.8% and a relative improvement of 20.9%. Contact LHCR at: 225-926-6353.

**Lumetra**, California's QIO, reached underserved and rural Latino beneficiaries with diabetes through its "Viva la Vida!" outreach program, using a multi-faceted approach. In June 2001 the clinical disparity for annual HbA1c testing between Latino beneficiaries with diabetes and their white counterparts was 7.2% statewide, and more than 15% in some counties. Lumetra produced a bilingual self-management booklet for diabetes, "Live Your Life: Control Your Diabetes!" in both English and Spanish. Additional bilingual materials, including a Medicare fact sheet and diabetes resource guide, were also produced. Lumetra used these materials in conjunction with partnering with community organizations and launching a media campaign for Spanish language radio and television. Between baseline and re-measurement in the four targeted counties, the annual HbA1c testing rate disparity among Latino and white beneficiaries decreased by 6.6 percentage points, from 9.6% to 3%. Contact Lumetra at: 415-677-2000.

**MPRO**, the Michigan QIO, reduced health care disparities for African-American seniors with diabetes by more than 60% in Southeast Michigan. MPRO engaged in community education and an initiative to reach out to physicians and clinicians on the importance of diabetes monitoring and testing. MPRO also worked with the Michigan State Medical Society and the Center for Rural Health to conduct cultural competency training for physicians throughout the state. Additionally, MPRO conducted extensive focus groups among Medicare beneficiaries to determine contributing factors for health disparities and has built health literacy programs to address many of these issues. These cumulative efforts resulted in an increase in the number of African-American Medicare beneficiaries in the targeted cities of Detroit, Flint and Pontiac, Michigan receiving lipid profile tests, and a reduction in the level of disparities between care provided to African-Americans and Caucasians. Contact MPRO at 248-465-7300.

**The California QIO reports a decrease in the annual A1C testing rate disparity among Latino and white beneficiaries by 6.6 percentage points, from 9.6% to 3%.**

**Mountain-Pacific Quality Health Foundation (MPQHF)**, the QIO for Montana, Hawaii, and Wyoming, developed a project to decrease disparities in pneumococcal immunization in rural critical access hospitals (CAHs) in Montana. Through active collaboration with the Montana Health Research and Education Foundation, MPQHF targeted all Montana CAHs. The Foundation developed and implemented numerous interventions including: one-on-one training with CAHs; online training sessions with national and local experts; presentations at CAH conferences; development of tools and educational materials; provision of literature; and assistance with data collection. At baseline,

the five urban hospitals' pneumococcal immunization rate was 14.2%; the 34 CAHs rate was 6.9% for a disparity of 7.3 percentage points. At re-measurement, the urban hospital rate was 37.5% and the CAHs rate was 35.4% for a disparity of 2.1%—decreasing the absolute disparity by 5.2 percentage points.

MPQHF also developed a project to decrease the disparity for in blood collection prior to giving antibiotics to patients with pneumonia in nine critical access hospitals (CAHs) in Wyoming. The baseline rate for the nine CAHs was 75.9% compared to a baseline rate of 89.0% for rural, non-CAH and two urban hospitals. In addition to recruiting 100% of the CAHs for public reporting on this clinical measure, MPQHF developed and implemented interventions such as presentations/webex; on-site visits by MPQHF medical directors targeting local physicians; literature; sample orders and data. MPQHF also assisted the hospitals with data collecting and reporting. At re-measurement, the rural non-CAH and urban hospitals rate dropped to 85.7%; the targeted nine CAHs increased to 88.5%. The CAHs now outperform the rest of the hospitals in the state of Wyoming. Contact MPQHF at 307-637-8162.

**New Mexico Medical Review Association** (NMMRA) implemented a multi-faceted approach to improve pneumococcal vaccination rates among Hispanic Medicare beneficiaries. NMMRA participated in numerous health fairs and worked closely with community stakeholders and community coalitions to distribute a bilingual educational booklet to Hispanic beneficiaries in a five-county area. In addition to the booklet, several tools were developed and distributed to physician offices to promote pneumococcal vaccinations among elderly Hispanics. In 2001, the disparity between Hispanics and White non-Hispanics in the five-county area was 25.1 percentage points. This disparity rate decreased to 16.8 percentage points in 2003. Contact NMMRA at 505-998-9898.

**North Dakota Health Care Review, Inc.**, (NDHCRI) worked to reduce disparity in LVF assessment in the state's rural hospitals. Heart failure patients discharged from rural North Dakota hospitals have a baseline rate of LVF assessment of 33%, much lower than those discharged from the state's urban hospitals. NDHCRI surveyed rural physicians and mid-level practitioners to understand why the LVF assessment rate for heart failure patients was significantly lower. A large number of respondents suggested that lack of equipment and/or appropriate documentation are potentially responsible for low LVF assessment rates in rural hospitals. NDHCRI addressed LVF assessment during training sessions that also provided hospitals with the *ACC/AHA Guidelines for the Evaluation and Management of Chronic Heart Failure in the Adult*, sample standing orders, and an LVF assessment sticker. At re-measurement, the rate of LVF assessment in rural hospitals had improved to 59%. Contact NDHCRI at 701-852-4231.

**Ohio KePRO** developed a project to reduce the disparity in frequency of lipid testing between African American Medicare beneficiaries and their non-African American counterparts. Focus groups were held with beneficiaries and physicians to determine the causes of lipid testing disparity. Ohio KePRO distributed its workbook, "Managing Your Diabetes," to educators, physicians, nurses, and other health care providers, and mailed 13,000 copies of its educational brochure to households throughout the state. In addition, 7,000 copies were distributed to beneficiaries at health fairs and through housing authorities. Ohio KePRO also placed informational messages, which urged Medicare beneficiaries to get lipid profiles, on buses in Cleveland, Columbus, and Cincinnati. Contact OhioKePRO at: 216-447-9604.

**Oklahoma Foundation for Medical Quality** (OFMQ), the state's QIO, worked with Langston University, an historically African American school, to develop a curriculum for

community health and minority health students that included outreach to African American Medicare beneficiaries on the importance of immunization. Through three flu seasons (2001 to 2004), OFMQ staff worked directly with the students, providing educational materials and support for outreach projects. Vaccination rates for both African Americans and Caucasians increased during the study period — the disparity between the two fell by 2%. Contact OFMQ at: 405-840-2891.

**Primaris**, the Missouri QIO, successfully reduced the influenza immunization disparity among African-American Medicare beneficiaries living in the St. Louis, Missouri metropolitan area. Primaris brought together organizations and individuals to collaborate on organization of a variety of public immunization clinics in disparate St. Louis area neighborhoods. The number of clinics increased from 16 in 2001 to 81 in 2004. African-American seniors perceived the project as credible and authentic because of this multi-layered collaboration, combined with the development of materials that were culturally respectful and specific. Medicare claims data indicate a modest reduction in the disparity from the 2001 baseline to the 2003 re-measurement. From 2002 to 2003, flu immunization rates among African-American beneficiaries increased by more than 3% – much faster than the increase realized among Caucasian beneficiaries. Contact Primaris at: 573-817-8300.

**Qualidigm**, Connecticut's Quality Improvement Organization, increased mammography screening among African American female Medicare beneficiaries ages 50 to 67. Qualidigm's efforts resulted in an increase of 5.4% in mammography screening in this population and a reduction the disparity between this group and white non-dually eligible women in Fairfield county by 2.2%. The QIO intervention model had three components: education; provision of screening ser-

vices through a mobile mammography van; and community outreach through trusted entities such as churches and The Witness Project, an African American outreach program. Qualidigm was instrumental in bringing The Witness Project program to Connecticut ten years ago. In addition, with a grant from the national Susan G. Komen Breast Cancer Foundation, Qualidigm assessed barriers to mammography for women with disabilities. The QIO conducted focus groups of women who are visually impaired, cognitively limited, physically impaired, and deaf or hard of hearing to develop best practices that overcome barriers to mammography. Contact Qualidigm at: 860-632-2008.

**With a grant from the national Susan G. Komen Breast Cancer Foundation, the Connecticut QIO assessed barriers to mammography for women with disabilities.**

**Qualis Health**, the QIO for Washington and Idaho, conducted an outreach campaign targeted at dually enrolled Medicare and Medicaid beneficiaries with diabetes stressing the importance of dilated eye exams. In a series of display ads in local ethnic newspapers in Chinese, Korean, and English, Qualis urged people who are dually enrolled to seek an eye exam at no cost. Poster-sized copies of the ads were placed in community centers, health offices, and other locations. Qualis also met with providers and practitioners to review data on dually enrolled diabetics and asked them to commit to improving rates of eye exams for this population. These efforts helped increase the rate of eye exams by 5.0 percentage points among the dually-enrolled population, reducing the disparity with the general Medicare population by 3.7 points. Contact Qualis Health at: 206-364-9700.

In Idaho, Qualis Health worked from 2003 to 2004 to reduce the disparity between rural and urban hospitals in timely antibiotic ad-

ministration for patients hospitalized with pneumonia. After providing technical support and coaching to two rural hospitals providing care to about a third of the state's rural population, the percentage of patients receiving timely antibiotic administration rose from 45% to 73%. The statewide urban hospital rate remained a constant 59% during the study period.

**Quality Insights of Delaware** worked to reduce mammography disparities in the state's largest county by educating opinion leaders and raising awareness about mammography. Through a Quality Insight-led local coalition, called Mature African Americans for Mammography (MAAM), the QIO invited community members to educational meetings and asked them to share information with family, friends, and others. They also developed interventions such as the Call-a-Friend program, which involved women calling other women to discuss the importance of annual screenings and encourage them to schedule mammography appointments. The project increased the mammography rate for the targeted population by 12.3 percentage points, while simultaneously reducing the mammography disparity in the county by 1.6 points. During the same period, the disparity rate in the control county *worsened* by 1.2 percentage points. In 2002, Quality Insights ceded operation of the MAAM Coalition to the Delaware Breast Cancer Coalition. Contact Quality Insights at: 302-478-3600.

**South Dakota Foundation for Medical Care** (SDFMC) worked closely with local Native-American health facilities to increase blood glucose monitoring rates in diabetics and reduce the disparity in tests received by elderly Native Americans in comparison to the general Medicare population. Efforts during 2002-2005 focused on education of beneficiaries to ensure understanding of diabetes and its corresponding complications and education of healthcare providers to ensure understanding and utilization of best practice guidelines and cultural issues. Because the

local Lakota language is primarily spoken and not written, particularly among the elderly, SDFMC has worked to educate Native Americans through radio messages which were broadcast in Lakota. SDFMC also sponsored Dr. Felicia Hodges, who has conducted research on the use of "Talking Circles," to educate providers on culturally sensitive methods of communication and patient education. In addition, SDFMC provided Aberdeen Area Indian Health Service diabetes educators and coordinators with care recommendations and guidelines and culturally sensitive patient education tools. Contact SDFMC at: 605-336-3505.

**The Virginia Health Quality Center** implemented "Sisters for Mammograms," a quality initiative focused on encouraging older African American women to receive annual mammograms. The initiative seeks to reduce the disparity in mammography utilization between African American and Caucasian women by raising the rates for African American women in a targeted region. VHQC collaborated with a variety of community coalitions and provided a range of educational materials to key physician practices, collaborators, and beneficiaries. During the period 1997-1998, there was a 10.8 percentage point disparity between Caucasians and African American women. This difference was reduced to 7.0 percentage points during 1999-2000. Contact VHQC at: 804-289-5320.

*The American Health Quality Association is dedicated to improving the safety and effectiveness of health care. AHQA represents the national network of Quality Improvement Organizations (QIOs) that work with hospitals, medical practices, health plans, long-term care facilities, home health agencies, and employers to encourage the spread of best clinical practices and improve systems of care delivery.*