

Technology and Systems Versus Disparities

Hype or Hope?

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Groups



- 150 Medical Groups in CA
- 13 Million people in HMO model care
- Plus Approx 5 Million PPO
- Plus Medi-Cal & Medicare =
- More than half our population

Disparities and me...

- San Joaquin Valley 1969
- Stanford Hospital 1972
- Perinatal and pediatric care on the Central Coast 1975-
- Diabetes in Medi-Cal 1996
- Regional Diabetes Collaborative 2001-
- AHRQ Registry project 2004

Wishful thinking...

- Politicians suggest EMR, e-prescribing, and “preventive care” will make healthcare more affordable, safer...and equitable...soon
- Sorry. Machines can't do this
- People can...using tools is what we humans do
- What can we do now with technology...and adapt and strengthen to whittle disparities?

Clinical "Disparities"

- "Gap with consequences" between what people should be getting, doing, feeling...and what actually happens.
 - HbA1C 9.2
 - BP 144/96
 - Age 58 no colonoscopy
 - No mammogram since 2003
 - Depressed, off asthma meds

These are physiologic and medical, not “ethnic” properties, right?

- ...but they do affect different ethnic groups differently, and different cultures clearly influence a person’s response
- Our ability to match clinical needs to personal choices...and do it for a large population...will define our success in combating health disparities

Respecting cultural preference is one of the crucial variables...

- ...but not enough.
- Without clinical systems to support best practices across a large population, even the most culturally enlightened professionals are working against the odds.

Registries are our Tool #1

- Based on diagnosis—inclusive patient pop
- Lab and other information right there
- Central Intelligence administered by group
- Delivered to point of care...a real “home”
- Follow-up loops—misses, worries, dangers
- Outreach to patients directly
- Links to higher care management

Can ethnicity be added?

- We sort already routine for age, gender, co-morbidity...ethnicity could be, too.
- Would that help or hurt?
- *Help, Of Course!* ...if designed ethically... with community participation and feedback. Open ears, open hands: Leadership conviction needed.

How would you use that information?

- Match people's clinical needs to their choices, language, and resources available. Get it right the first time.
- Very hard to do one doc at a time...and that only works for patients you see.
- We need to know the inclusive community we have pledged to serve.
- Need a system...and sophisticated help.

How Close Are We?

- Yes, there is variability...and disparity...in resources of groups.
 - Geography
 - Structure
 - Funding
 - Leadership
- But all moving fast now. Lights are on.

CAPG's Standards of Excellence

- Assess infrastructure in 3 domains:
 - Care Management
 - Health IT
 - Accountability and Transparency
- Add Patient Centered Care for 2009

Standards of Excellence

- 90 groups caring for 11 Million people
- Correlates with clinical performance
- We know who needs help
- Regional efforts in Inland Empire, LA & OC
- Add cultural and linguistic initiatives to the UM, HIT, and reporting
- Connect groups with resources that work

California Quality Collaborative

- PBGH, CAPG, 3 Health Plans, Community Clinics, CDP, DMHC, Lumetra, Consumers
- Educational “engine”
- Able to customize curricula
- Thread in cultural engagement with teachings...touches every arena
- www.calquality.org

Questions and Comments

- wshoemaker@capg.org
- Website with Disparities toolkit and resources: www.capg.org
- CAPG Annual Meeting June 26-28 San Diego. Disparities Breakout