

Effectively Addressing Health Disparities in Hospitals, in a Value-Based Environment

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Becker's Hospital Review 8th Annual Meeting

April 17, 2017

Agenda

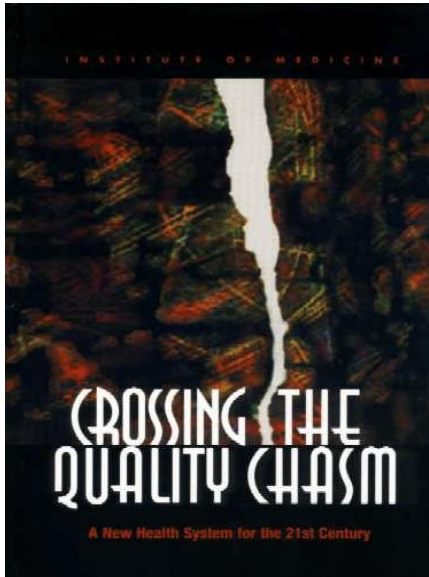
- **Story of My Dad, Andy**
- **Health Disparities Background**
- **Addressing Health Disparities as Part of Value-Based Care – Focus on Readmissions**
- **Hospital Study: Nemours Alfred I. duPont Hospital for Children**
- **Summary / Q&A**

Meet my Dad, Andy, a Cancer Patient

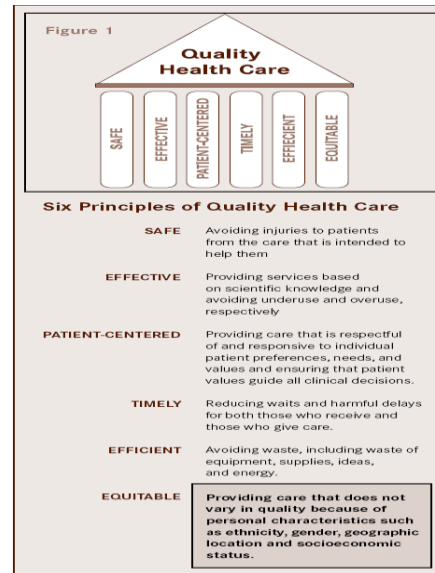


- A few years ago, my Dad was a kidney cancer patient
- As a patient, he experienced cultural and language barriers:
 - He sought healthcare only after cancer symptoms have become apparent
 - Limited English proficiency
- After discharge, there were still challenges
 - He felt ashamed that he was “sick” so he would not escalate pain, share his experiences with others
- He was readmitted twice within the first eight months after discharge

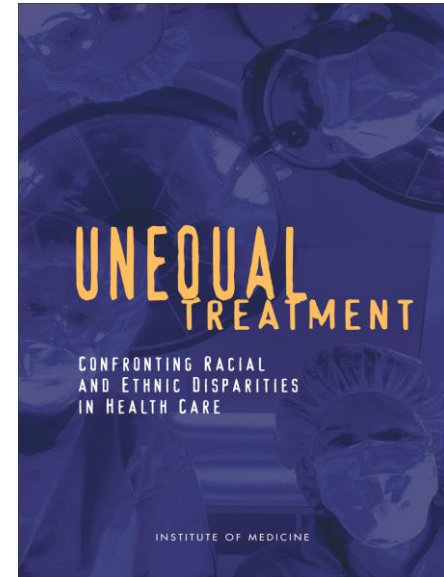
Health Disparities Background



Equity in health care is achieved by providing care that does not vary in quality by characteristics such as ethnicity, gender, geographic location, and socioeconomic status.

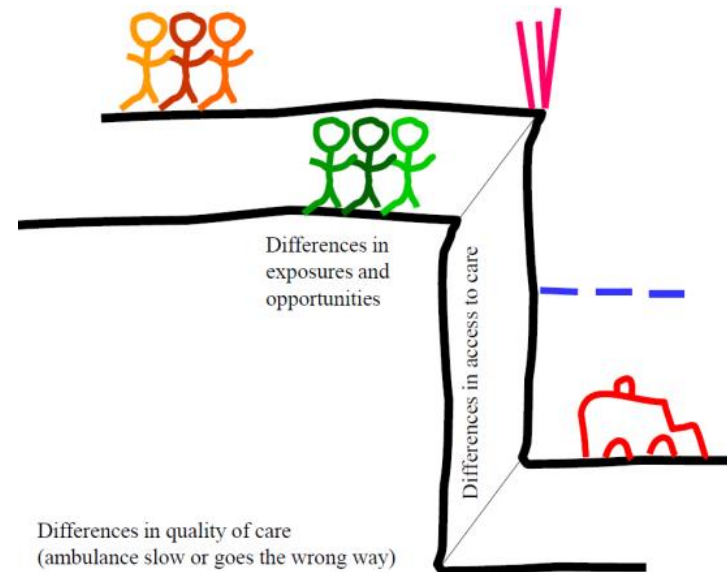
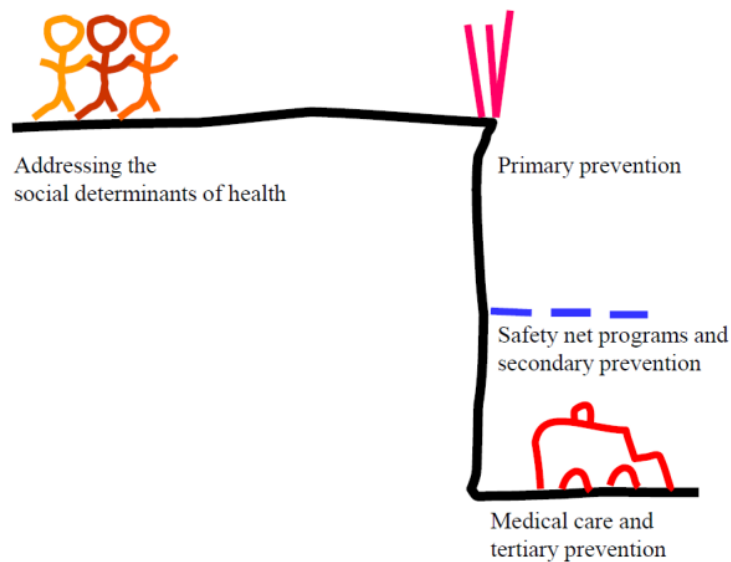


Well documented that disparities exist within each of the **6 Pillars of Quality**



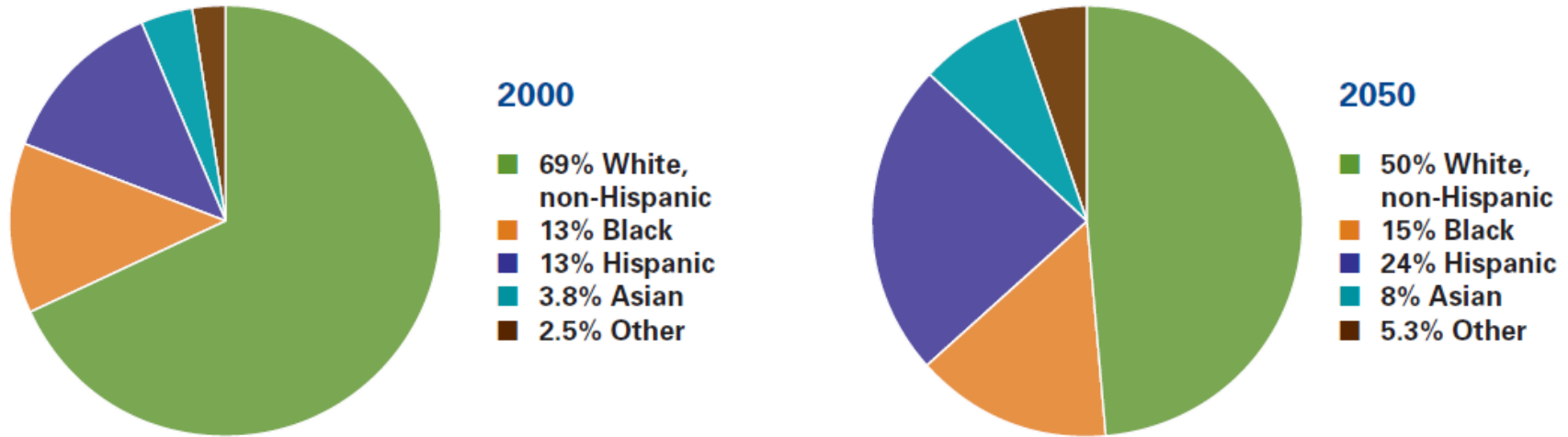
Findings: Many sources contribute to disparities—no one suspect, no one solution
“We Treat Everyone the Same”
Disparities = outcomes, not intentions

Health Disparities Background – “The Cliff Model”



While Some Strides Have Been Made, Quality Gaps Continue to Exist And They Will Only Get Worse

Minority Groups will compose half of the U.S. population by 2050



Source: United States Census Bureau, U.S. Interim Projections by Age, Sex, Race and Hispanic Origin, 2004.

NOTE: "Other" includes American Indian/Alaska Native, Native Hawaiian/other Pacific Islander. Numbers add up to more than 100 percent due to rounding.

Source: The United States Census Bureau

Health Disparities Impact Value

Comparisons Across the Globe – 2014 Update

COUNTRY RANKINGS

Top 2*

Middle

Bottom 2*



AUS CAN FRA GER NETH NZ NOR SWE SWIZ UK US

OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

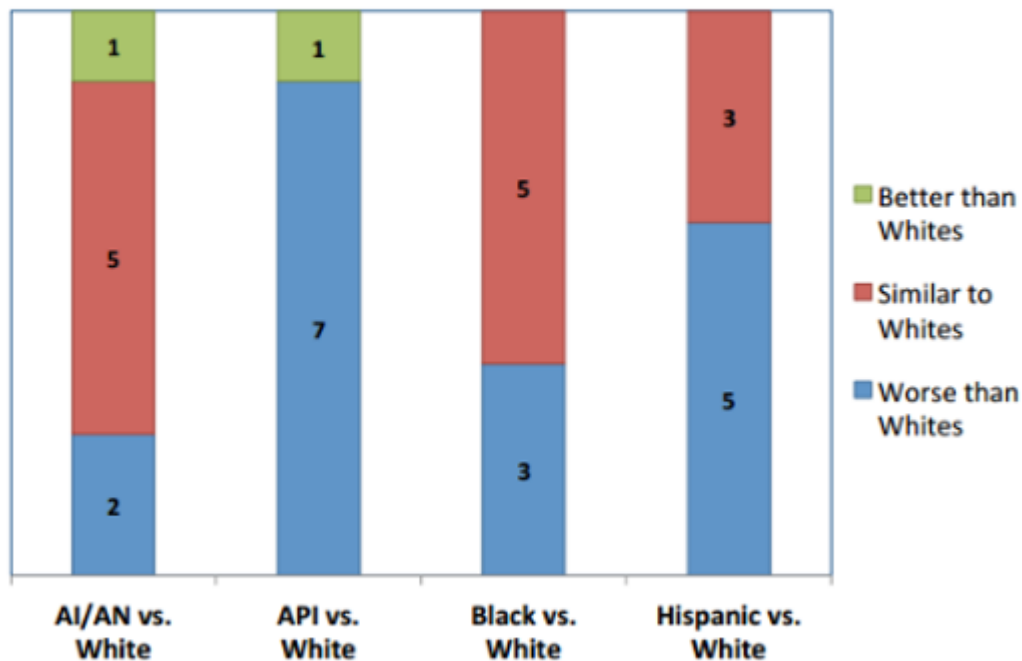
Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

Source: The Commonwealth Fund

Health Disparities Impact Patient Experience

Disparities in Care: All Patient Experience Measures

Number of patient experience measures (out of 8) for which members of selected groups reported experiences that are worse than, similar to, or better than the experiences reported by Whites in 2014



Note

AI/AN = American Indian or Alaskan Native

API - Asian or Pacific Islander

Source: CMS

Hospital Study: Nemours Alfred I. duPont Hospital for Children

- Internationally recognized integrated children's health system
- Established in 1936 as The Nemours Foundation through the legacy and philanthropy of Alfred I. duPont
- 2 Hospitals (1 in Wilmington, DE; 1 in Orlando, FL)
- 17+ Partner Hospitals (11 in the DV)
- Across the Enterprise:
 - 50+ Outpatient primary, urgent and specialty care practices
 - 650+ Physicians
 - 200+ Researchers
 - 1,400+ Residents, Fellows and Students
 - 6,000+ Associates




Value Based Care Focus: Readmission Rates

- In a Value-Based Care environment, one of the key indicators of the quality of a hospital's care is how frequently its patients are **readmitted within a month after being discharged**.
- Many pediatric hospitals examined readmission rates for pediatric patients and found that **up to 30 percent** of them may have been **preventable**.
- While not all readmissions are entirely preventable, it is widely understood that a portion of unplanned readmissions could be prevented by addressing **a series of barriers**
- Our study has shown that certain patient-level factors, such as **race, ethnicity, language, insurance**, among may be predictors of readmission risk and readmissions.




Our Approach


Calculate Readmission Rates by:
Race; Ethnicity; Public vs. Private Insurance;
English vs. Spanish Language



Identify Readmissions Cost Analysis by:
Race; Ethnicity; Public vs. Private Insurance;
English vs. Spanish Language

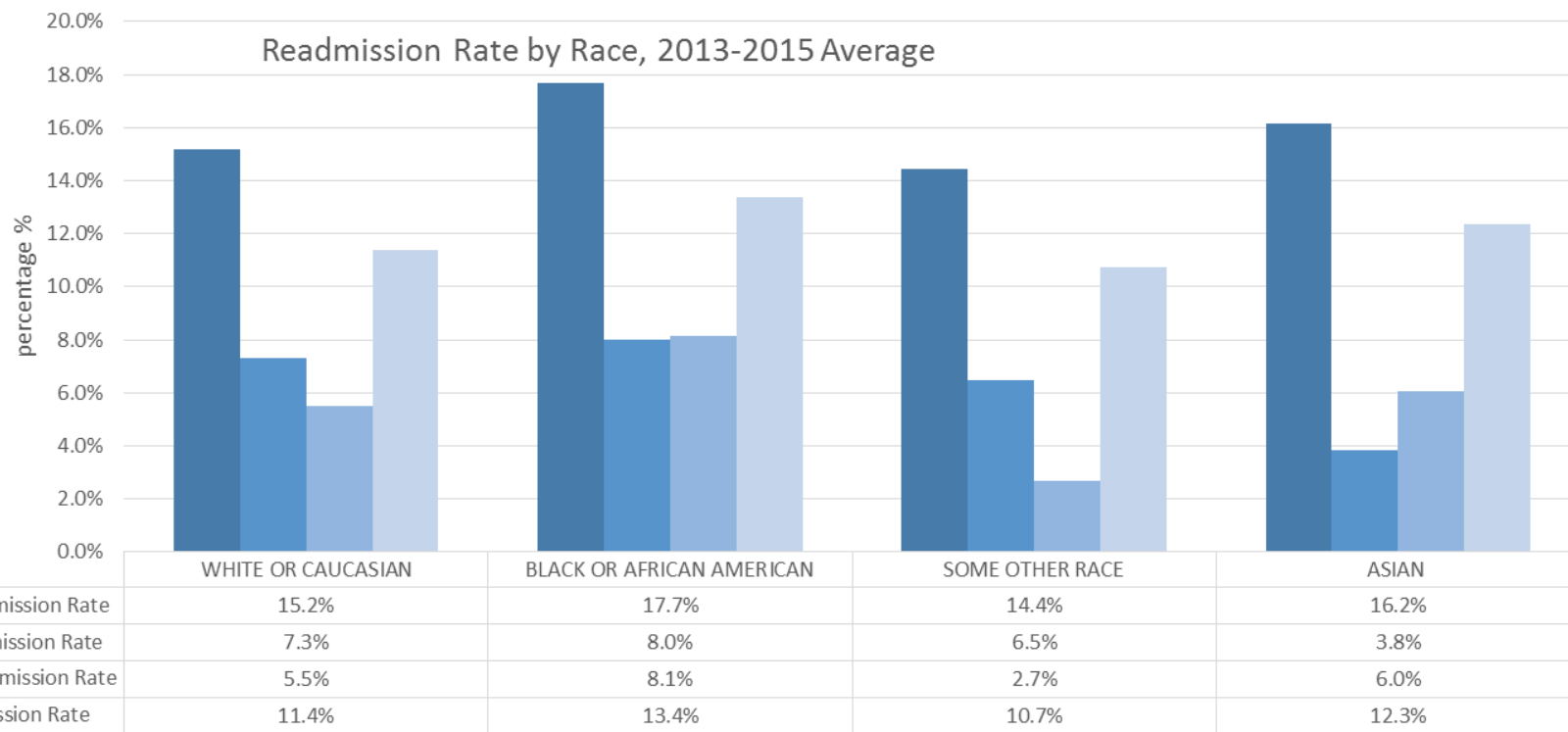


Identify Zip Codes in:
Public vs. Private Insurance and Race with the
Highest Number of Patients with Readmissions



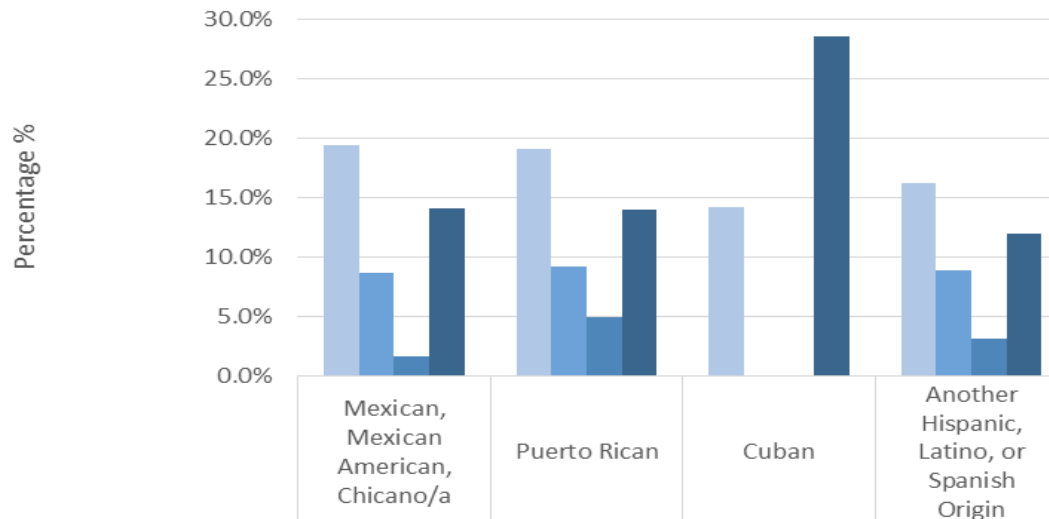
Calculate:
$$\text{Cost Differential} \times \text{Number in the Readmission Disparity Population} = \text{Cost of the Readmission Health Disparity}$$

Inpatient Readmission Rate by Race



Inpatient Readmission Rate by Ethnicity

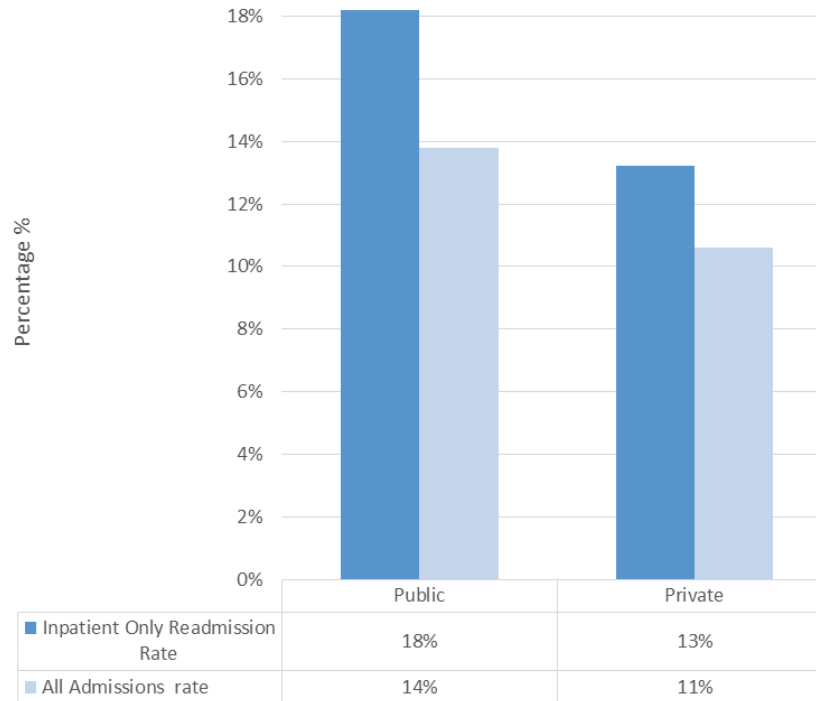
Readmission Rates within Hispanic Latino Ethnicity
2013-15



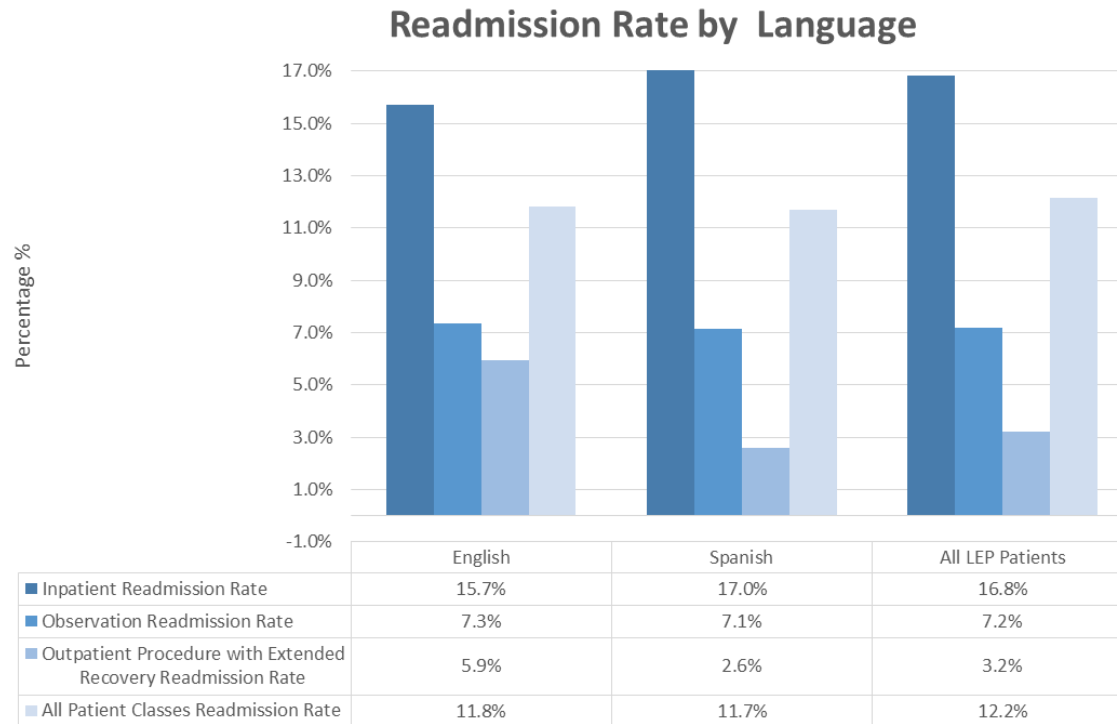
Inpatient Readmission Rate	19.4%	19.1%	14.3%	16.2%
Observation Readmission Rate	8.8%	9.2%	0.0%	8.9%
Outpatient Procedure with Extended Recovery Readmission Rate	1.7%	5.0%	0.0%	3.1%
All Patient Classes Readmission Rate	14.1%	14.1%	28.6%	12.0%

Inpatient Readmission Rate by Insurance

Readmission Rate by Insurance Type Only 2013-15

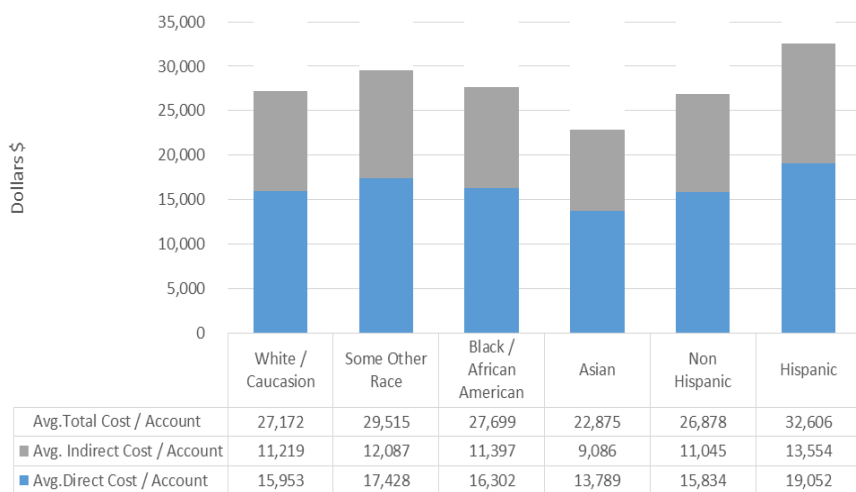


Inpatient Readmission Rate by Language

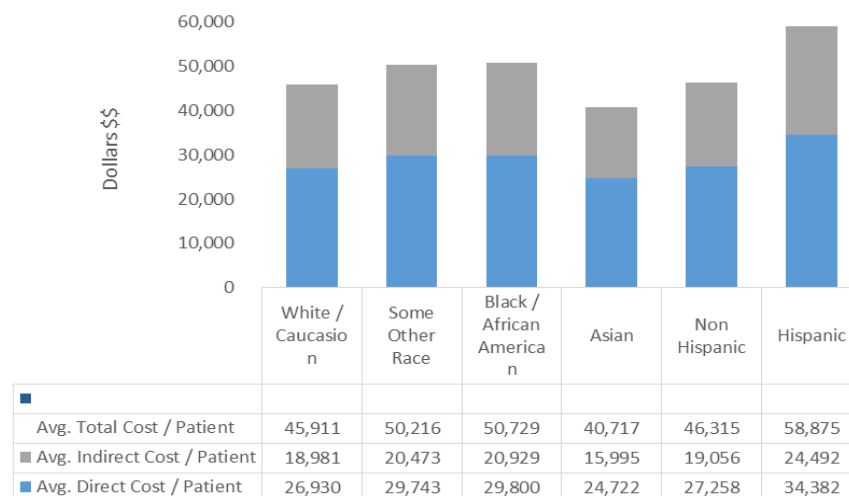


Inpatient Readmissions: Cost Analysis by Race and Ethnicity

Inpatient Readmissions, Average Cost/Account by Race/Ethnicity 2013-2015

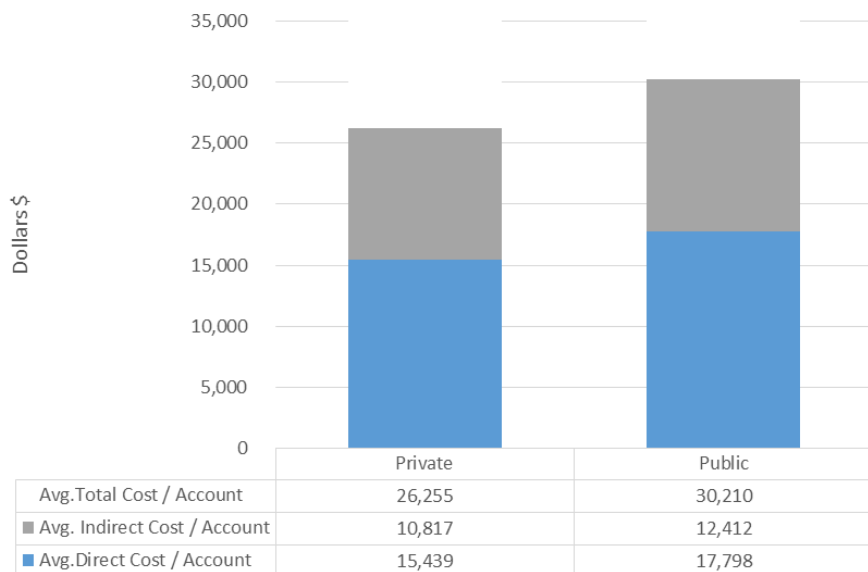


InPatient Readmissions Average Cost/Patient by Race/Ethnicity 2013-2015

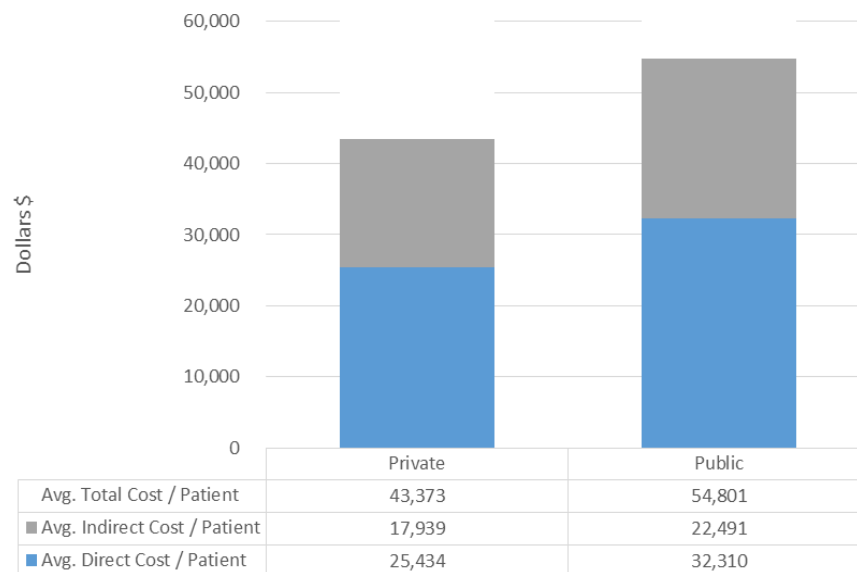


Inpatient Readmissions: Cost Analysis by Insurance

**InPatient Readmissions Average
Cost/Account by Insurance 2013-2015**

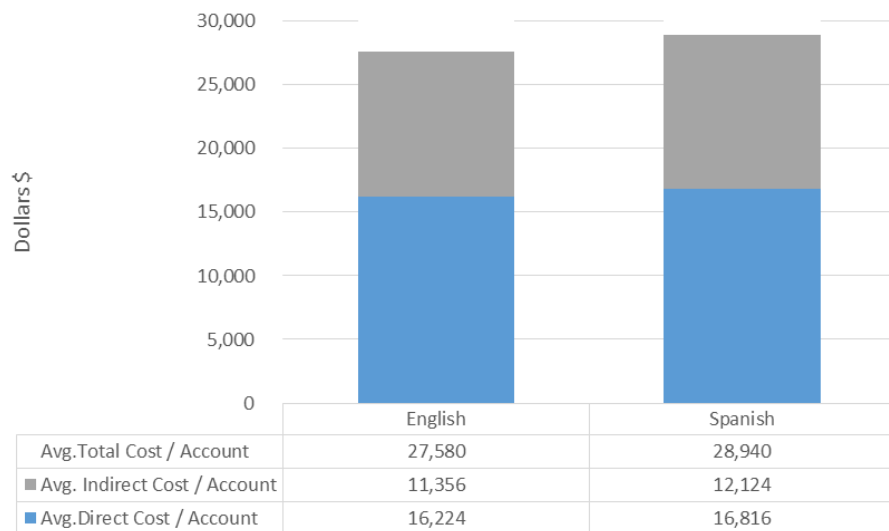


**Inpatient Readmissions Average Cost per
Patient by Insurance 2013-2015**

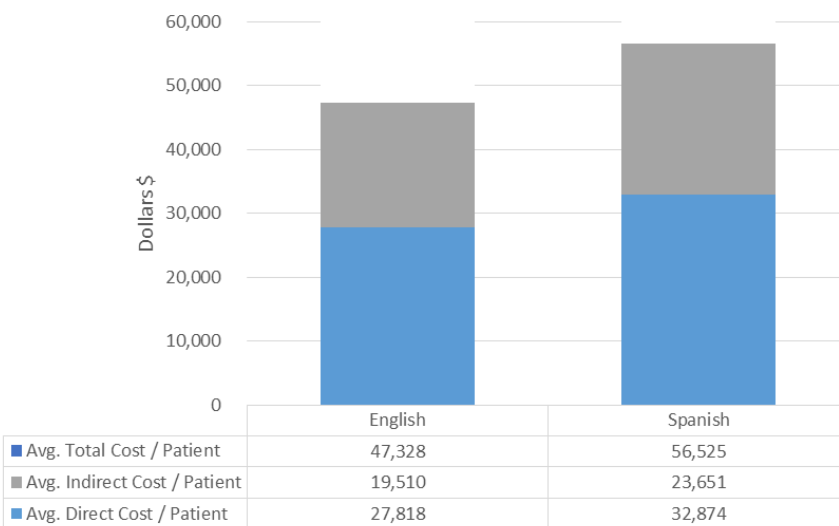


Inpatient Readmissions: Cost Analysis by Language

**InPatient Readmissions Average
Cost/Account by Language 2013-2014**

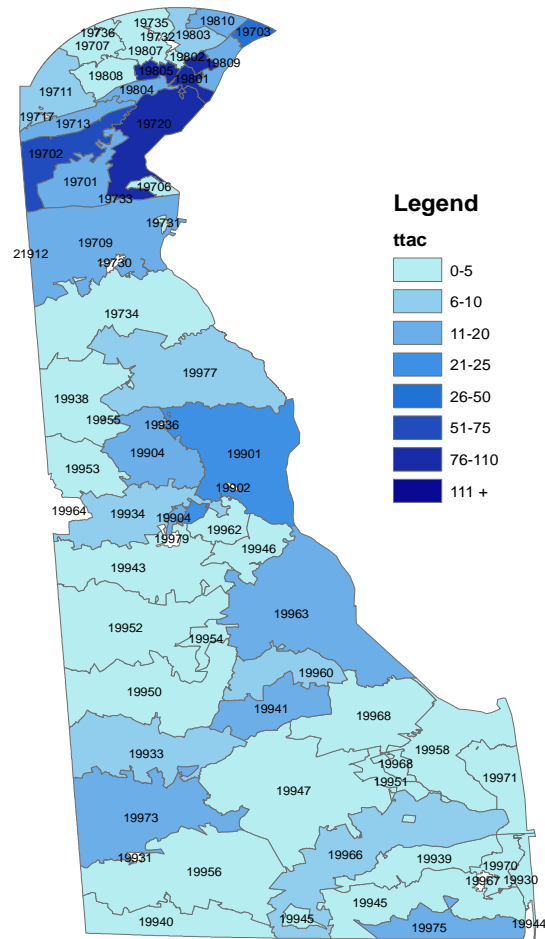


**Inpatient Readmissions Average Cost per
Patient by Language 2013-2015**

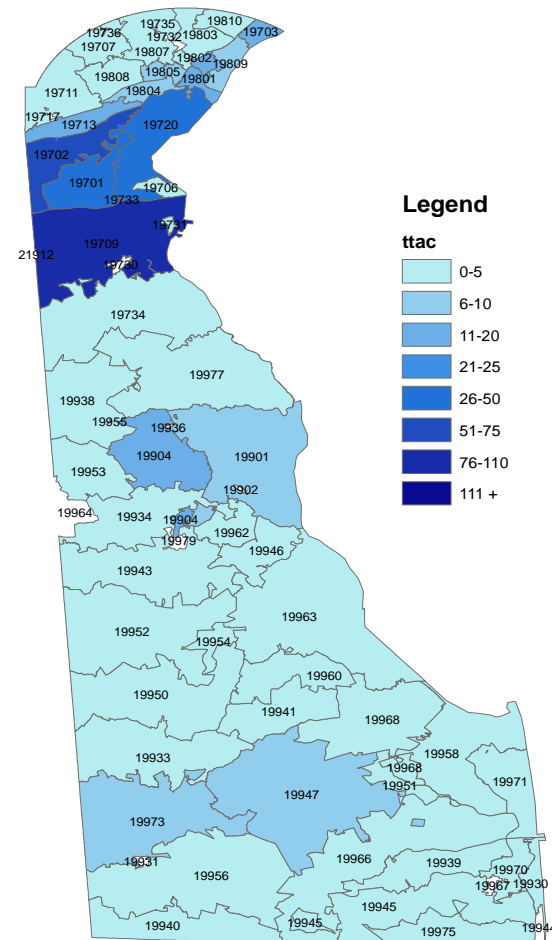


Number of Readmissions By Zip Code, Insurance and Race (Blacks)

Public

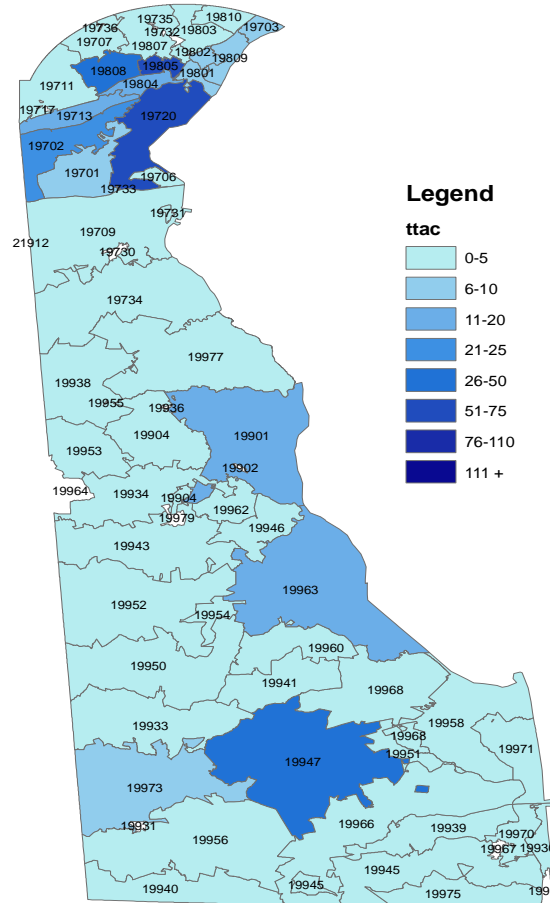


Private

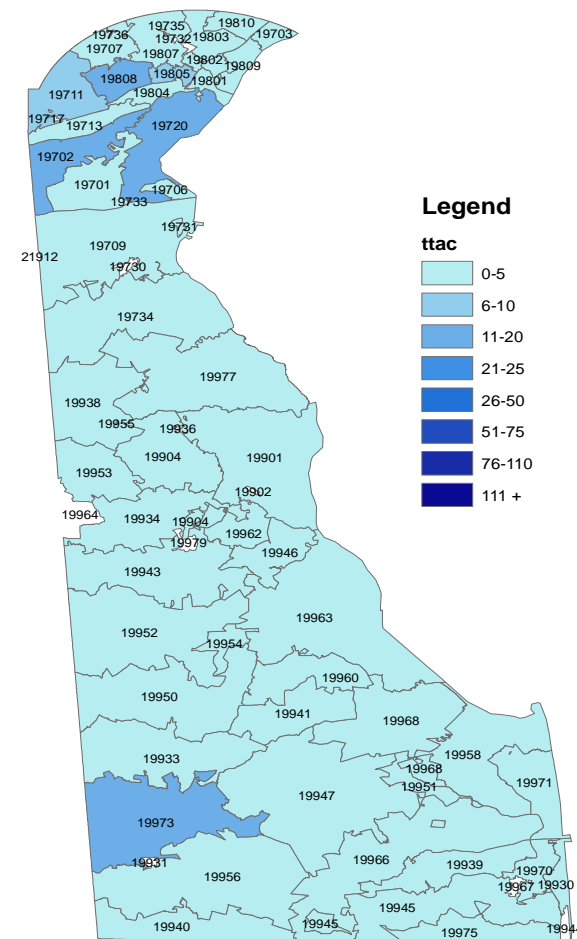


Number of Readmissions By Zip Code, Insurance and Race (Hispanics)

Public



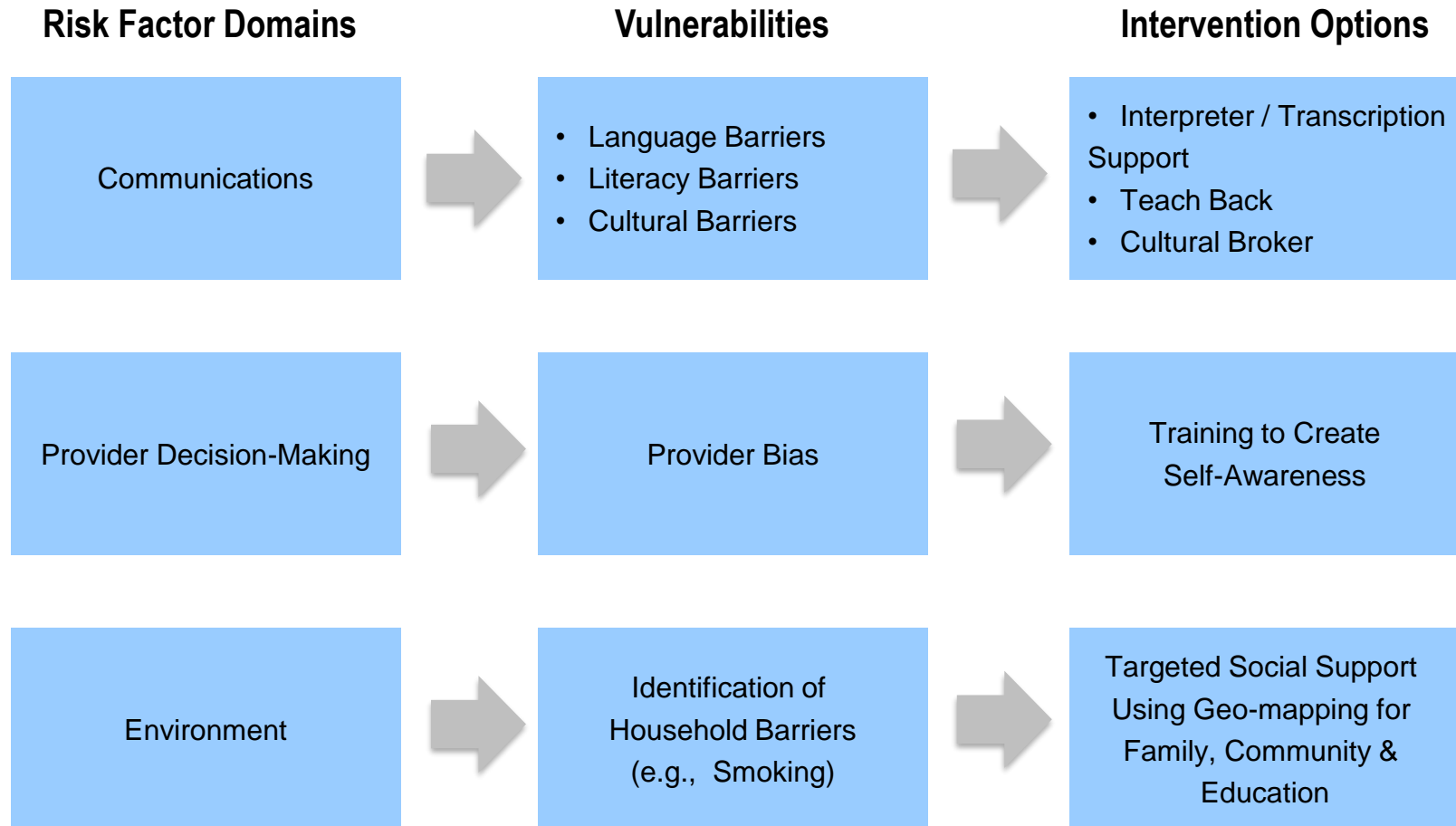
Private



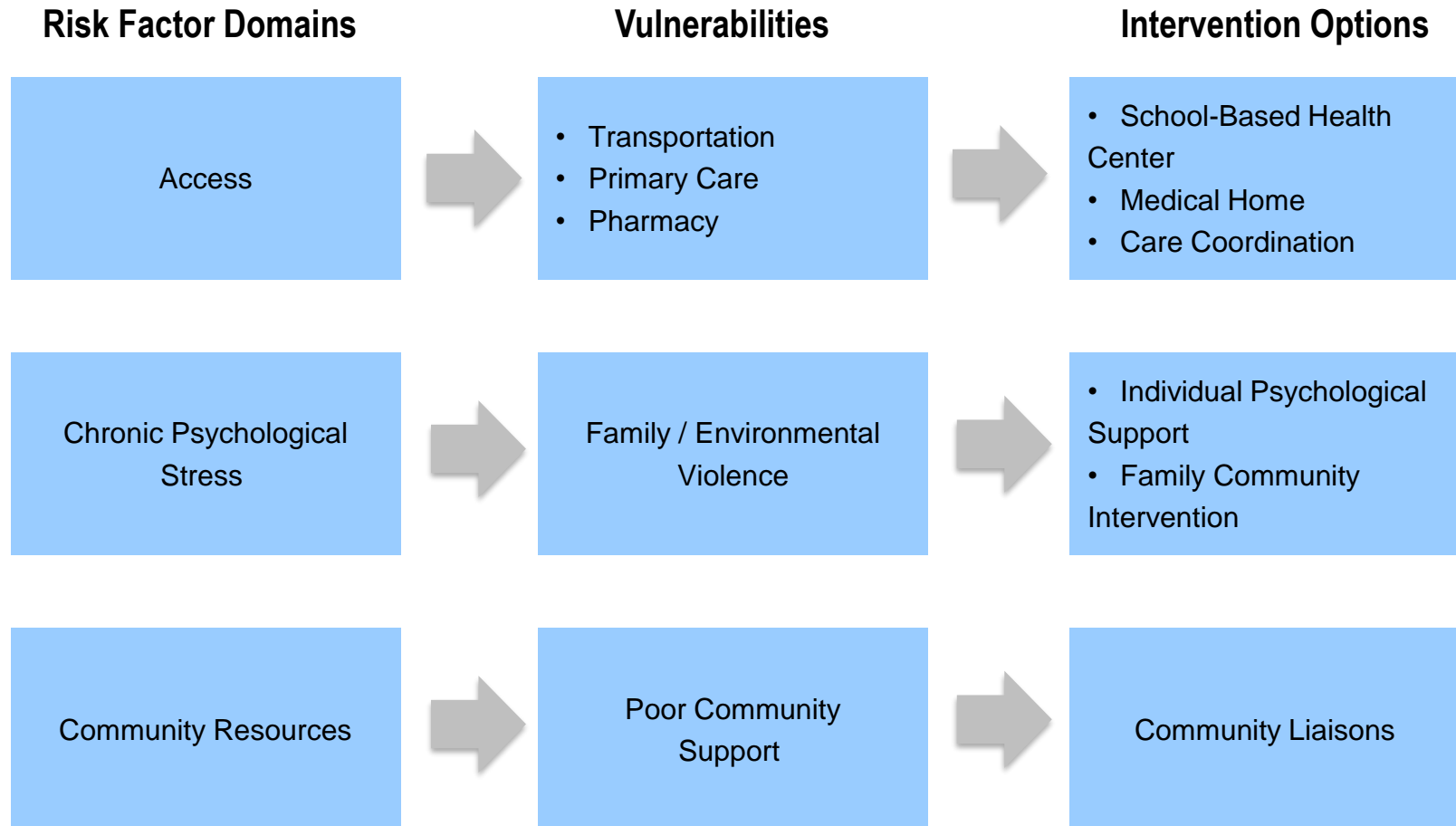
Inpatient Readmissions: Cost of Health Disparities

	White	Some Other Race	Black	Non- Hispanic	Hispanic	Private	Public	English	Spanish
Avg. Total Cost / Pat.	\$38,187	\$39,953	\$42,437	\$38,642	\$46,700	\$36,667	\$43,996	\$39,281	\$44,765
# of Patients	---	17.3	85.3	---	75.9	---	244.8	---	21.6
Total Cost of Disparity	Index Population	\$692,186	\$3,620,926	Index Population	\$3,545,330	Index Population	\$10,773,374	Index Population	\$965,100

Logic Model for Readmission Healthcare Disparities



Logic Model for Readmission Healthcare Disparities (cont'd)



Nemours Has Received Several Recognitions for our Work in Health Disparities



Meet my Dad, Andy, a Cancer Survivor



- Today, my Dad is a cancer survivor.
- I am glad I was there with him to help with some of the barriers.
- I understand that not everyone is fortunate enough to have the support to guide them through these health disparities and barriers.
- Reducing health disparities requires a greater awareness, understanding, and compassion – from all of us.

Summary

- Health disparities occur across many dimensions, including race/ethnicity, socioeconomic status, age, location, gender, disability status, and sexual orientation.
- Disparities limit overall improvements in quality of care, health for the broader population and result in unnecessary costs.
- Many groups are at disproportionate risk of being uninsured, lacking access to care, and experiencing worse health outcomes, including people of color and low-income individuals.



Thank You

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