

ELIMINATING DISPARITIES IN CARE

Case Study: Kaiser Permanente - Addressing Diabetes Among the Latino Population

Project goal: To reduce health risks of diabetes among Latino patients.

Reason for project: Latino patients living with diabetes have a high risk for cardiac events and resulting hospitalization. Working to reduce or lessen the risk, Kaiser Permanente engaged patients in a collaborative management process placing them on an evidence-based therapy intervention that relies on a trio of drugs – Aspirin, Lisinopril and Lovastatin.

Demonstrable outcome: Increased patient involvement in diabetes management demonstrated through adherence of the prescribed therapeutic regimen.

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Organization: Kaiser Permanente

Program: Addressing Diabetes Among the Latino Population

Hospitals involved: La Clinica de la Familia – a clinic that provides primary care through a bicultural, bilingual family practice and addresses specific health needs of the Region's Latino membership.

Location: Denver, CO

Summary: Kaiser Permanente is a member of the National Health Plan Collaborative, a public-private partnership committed to reducing racial and ethnic disparities and improving the quality of care for all Americans. As a part of this collaborative, Kaiser Permanente set a goal to reduce health risks of diabetes among Latino patients by engaging patients and placing them on an evidence-based therapy intervention of three drugs – Aspirin, Lisinopril and Lovastatin. Demonstrating the program's success, adherence to the medication therapy was nearly 65 percent.

Initially using geocoding and surname analysis, Kaiser Permanente identified a target population in Colorado. Outcomes measured included HgA1c screening, LDL-c screening, eye exams, HgA1c control, LDL-c control, if patients received lipid lowering meds, hospital discharges and emergency room visits.

Kaiser Permanente Colorado is now collecting data using patient self-identified race, ethnicity, and preferred language to identify disparities in clinical outcomes.

NOTE: Some programs are in the initial stages for data collection and reporting, while others are small in scope and have not yet established benchmarks. Where there is data available, it is provided in the questions and answers below.

Q&A:

1. How did the organization's leadership know there were disparities in care, i.e., clinical data outcomes, HCAHPS survey, some other mechanism?

A strong leadership commitment to eliminating disparities drove the project. From the beginning, there was an understanding that addressing disparities cannot be an add-on. Technology needs to be in place as well as researchers. There was a philosophical understanding that, as an organization, there was much to be learned about improving health outcomes for people of color.

At the beginning of the program, clinical data was analyzed using surname and geocoding analysis to identify which Latino patients were not achieving optimal diabetes outcomes.

Using that information, the program launched in a clinic setting that served, almost exclusively, a Spanish speaking Latino population. Using a bicultural, bilingual staff model and an evidenced based therapy method, Kaiser Permanente demonstrated improved adherence to a diabetic medical protocol.

2. How did the organization plan interventions and implement the program?

Kaiser Permanente's goal was to provide for patients evidenced based therapy interventions that rely on a trio of drugs – a combination of Aspirin, Lisinopril and Lovastatin – and dramatically reduces cardiovascular morbidity and mortality. Kaiser Permanente worked collaboratively with patients to initiate this three-drug treatment.

There was a strong advantage to using the Clinic. It is designated a Kaiser Permanente Center of Excellence for its innovative response to the health needs of a specific population, in this instance the Latino population. This setting allowed Kaiser Permanente to untangle questions on language and culture and how they impact best outcomes.

3. What was the timeframe from conception to full implementation?

Conception to full implementation took nine to 10 months. From conception to completion – with demonstrable results – was about five to 18 months.

4. What were the results?

While this project was small in scale, it yielded positive results and allowed the same approach to be used elsewhere. With successful bilingual and bicultural outreach, the program effectively identified Latino patients who met criteria and made a positive difference in their health. Adherence to the prescribed medication therapy was nearly 65 percent.

5. How did the organization assess the outcomes?

Kaiser Permanente first captured relative diabetes outcomes for Latino patients in Colorado within the Kaiser Permanente membership. Once that gap was identified, the potential intervention was applied. Kaiser Permanente worked with patients accessing care at the Clinic de Familia, who were representative of the target population.

6. What challenges or obstacles were overcome?

Health literacy is often a challenge and it was no different among this particular patient population. The project's lead physicians recognized the critical role they played and worked to establish a link between themselves and the patients in order to personally emphasize the importance of this approach.

Kaiser Permanente was unsure how patients would understand, react and respond to the new collaborative diabetes management process that involved their physicians placing them on a trio of drugs. Kaiser Permanente created a patient letter addressing the reasons behind this new approach and each physician personalized letters to their patients (another way they personally emphasized the importance of the approach and physician-patient connection).

Kaiser Permanente felt the personal letters made a difference but they are still working to understand to what degree that strategy contributed to the success of the project.

7. What was the cost of the program and how was it funded (grant, etc.)?

The Robert Wood Johnson Foundation provided partial funding as part of the National Health Plan Collaborative. Additional costs were absorbed by Kaiser Permanente.

8. What other stakeholders (i.e., community groups) were involved?

Kaiser Permanente had an advantage in that it's easier to bring together pharmacists, physicians, researchers and others than in traditional health care settings. This type of project unites the role of clinicians and the role of research in the interest of improving outcomes for communities while demonstrating respect and understanding for that particular community.

9. What advice would you give other organizations wanting to improve care in similar ways?

Emphasize data. Data helps make the case that improvement opportunities exist. Without data, there's no way to provide a basis for establishing interventions and involving staff.

These projects require patience. Constructing a process and waiting to accumulate data to make the case takes time.

With a team in place, true health improvement can be achieved.