

Xavier University of Louisiana College of Pharmacy's 2nd Annual Health Disparities Conference

April 11, 2008

Luncheon Session

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Healthways, Inc.



Outline

- Why Disparities Matter
- DM and Health Disparities
 - Study Findings
 - Implications
- Considerations

Company History

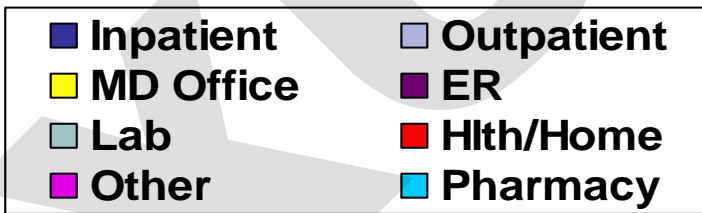
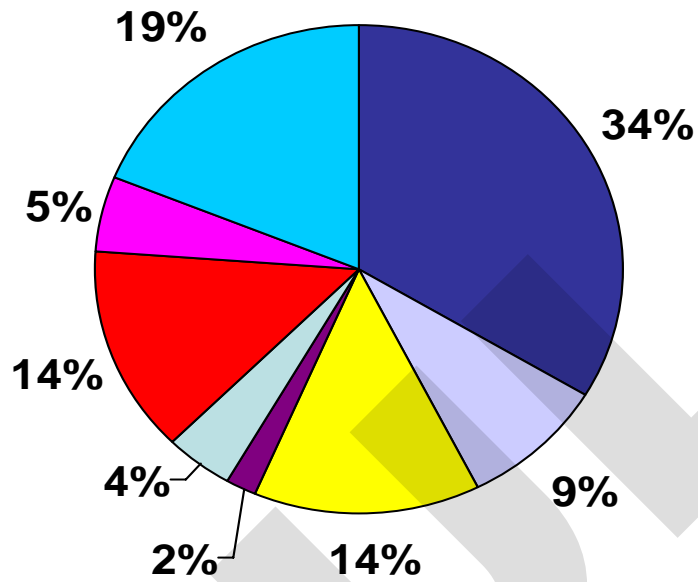
- Founded in 1981; Based in Nashville, TN
- Evolved from a hospital-based, single disease focus to Total Population Health Management
- Traded on the Nasdaq Market - HWAY
- Largest provider of Health & Care Support, supporting 27 million lives
- More than 90 health plan customers and more than 800 Employer/ASO customers
- Customers represent approximately 85% of U.S. commercially-insured lives
- Proven programs with large scale, third party validated outcomes
- Programs accredited by NCQA and URAC



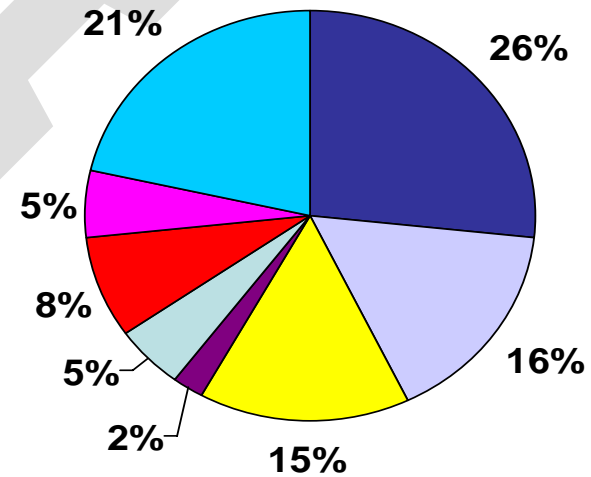
Diabetes Members

Percent of Total Cost By Place of Service

Baseline



Year One



Health Coaching

- Focused on modifiable behaviors
- Provided by health educators, exercise physiologists, dieticians, and others clinicians
- Reaches people before they become ill
- Uses the telephone as the primary means of intervention



Why Disparities Matter

Disparities

- Associated with higher mortality
- Found across a range of clinical settings
 - Blacks in same MCO as Whites less likely to receive routine tests and vaccinations
- Found after adjusting for clinical factors
 - Stage of disease/severity
 - Age and sex

The Bureau of Labor Statistics predicts that 41.5% of the workforce will be members of racial and ethnic minority groups within the decade.

Source: Diabetes Care 1998, Bach et al., 1999; JAMA 2002.

Racial disparities in health constitute a national crisis. Equalizing mortality rates between African Americans and whites alone would have saved 5x as many lives as all advances in medical technology between 1991 and 2000.

ARC 2008

U.S. population becoming increasingly more diverse: 2006-2030.

Population Projections Program, Population Division, U.S. Census Bureau

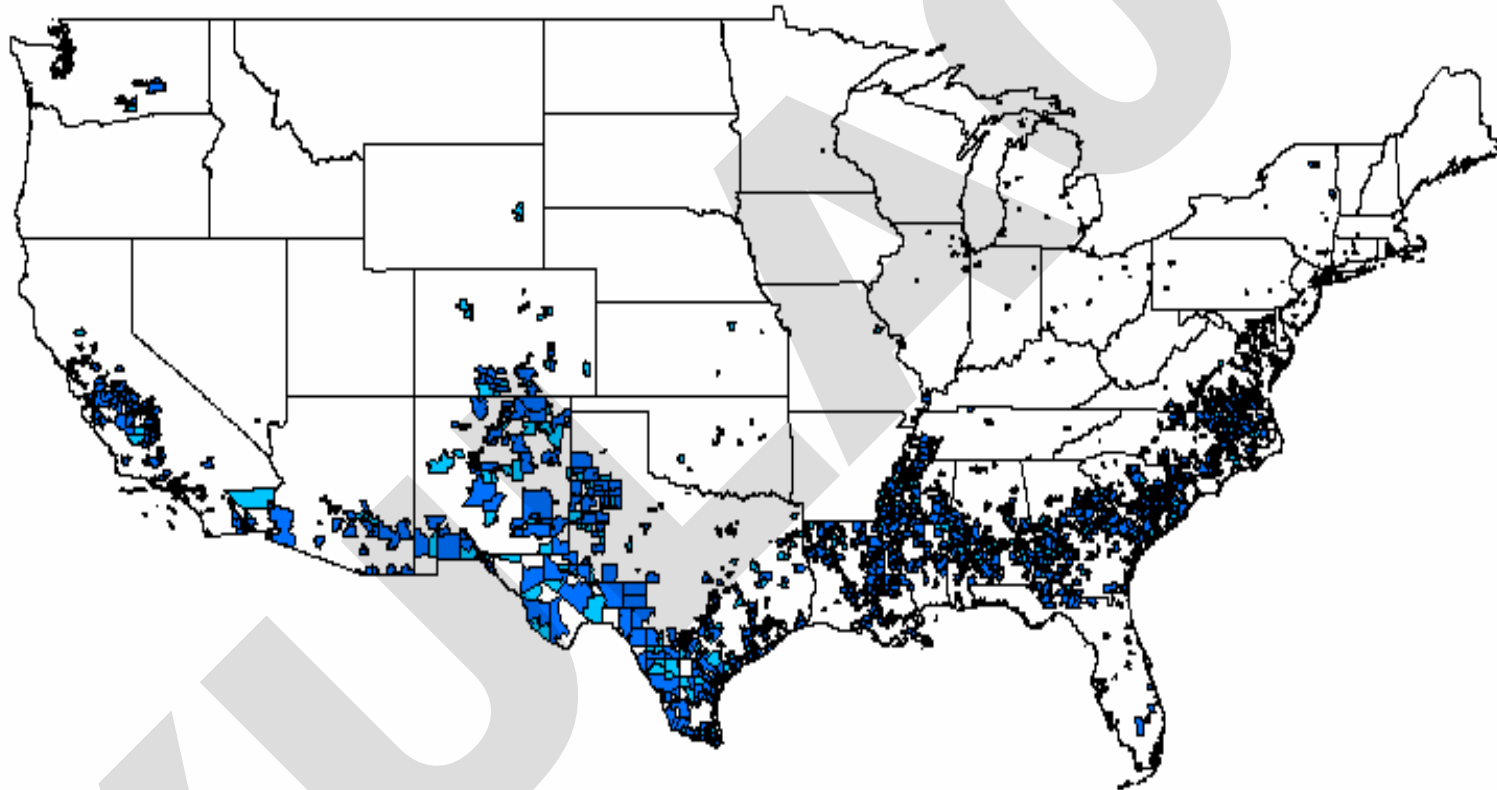
A collaborative, ongoing research endeavor



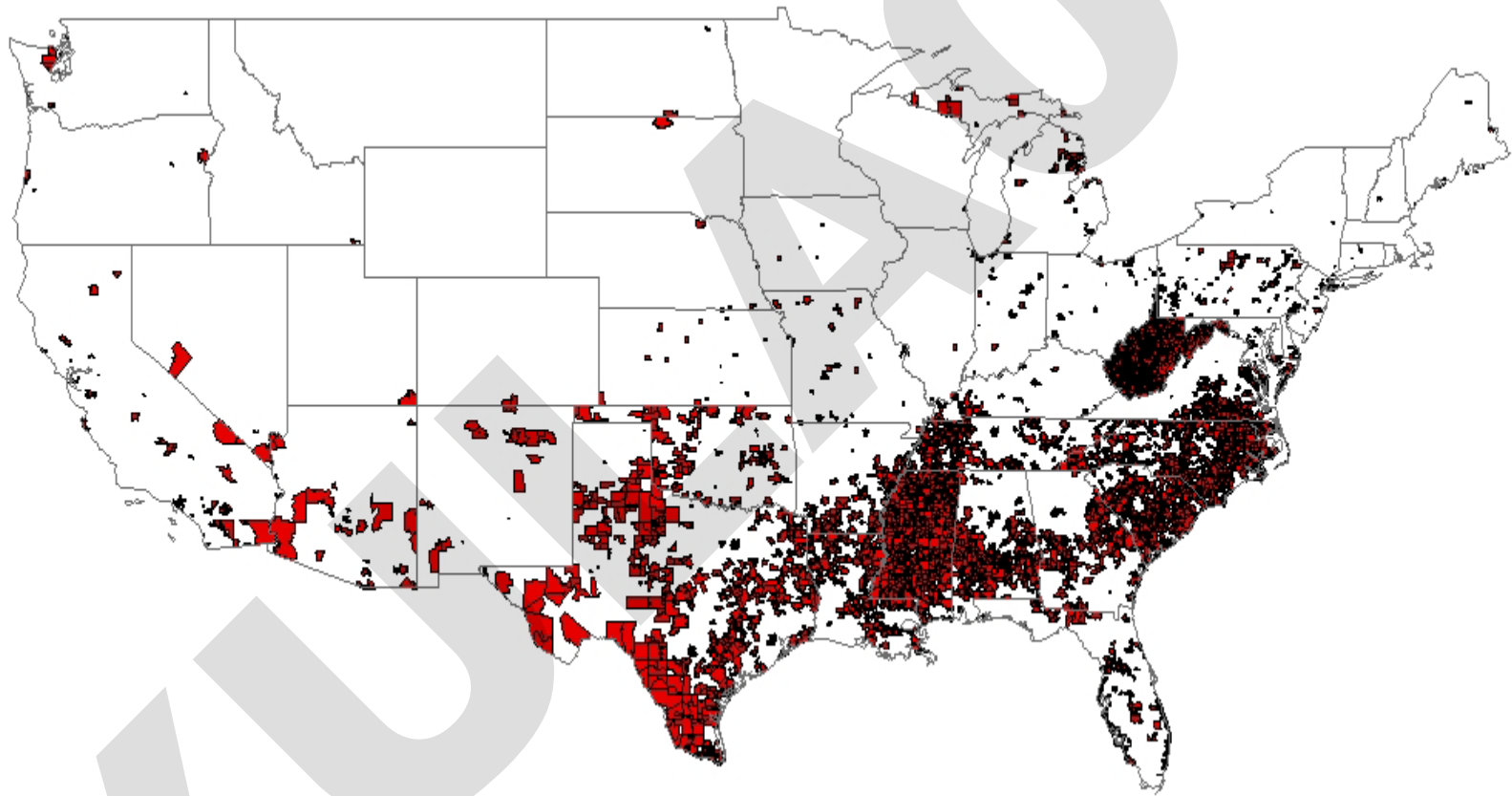
HEALTHWAYS
CENTER *for* HEALTH RESEARCH



US Minority Zip Codes



Diabetes Prevalence of 9%+ by Zip Code



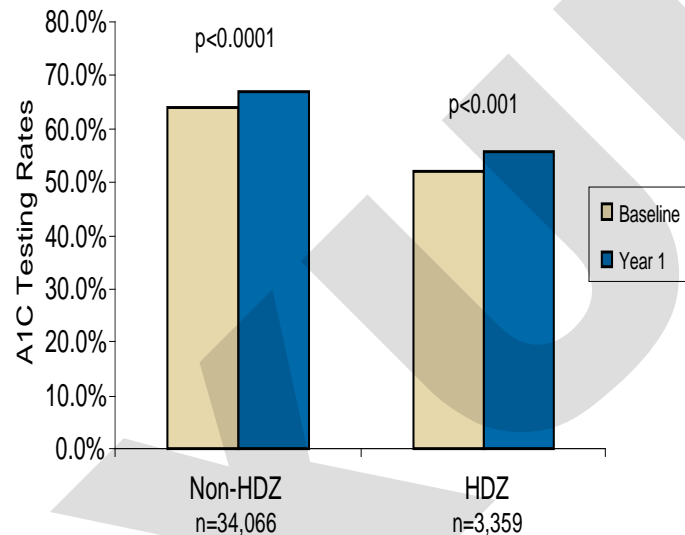
Defining Health Disparity Zones (HDZ)

Health Disparity Zones	Description of US Zip Codes
Non-Health Disparity Zone	Diabetes disease prevalence at or below national average for <i>minority</i> zip codes
.....	
Health Disparity Zone	Diabetes disease prevalence above national average for <i>minority</i> zip codes
Minority Zip Code	More than 50% of the population is a minority
Non-Minority Zip Code	50% or less of the population is a minority

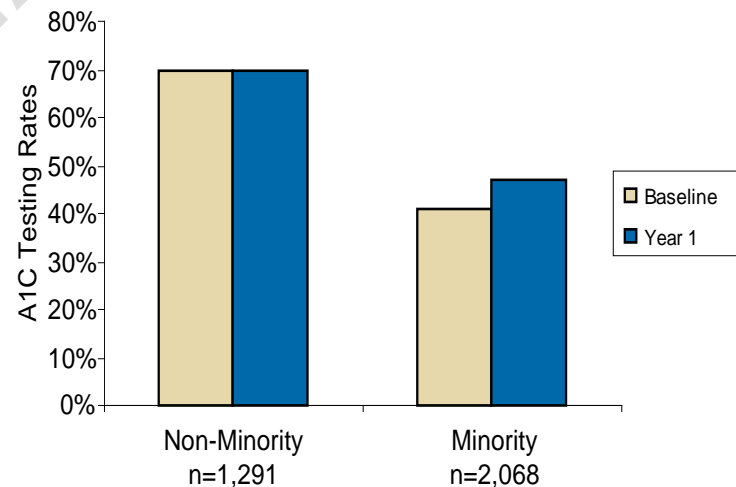


Results: A1C Testing

Members in HDZs had Lower Testing Rates, but Achieved Greater Improvement



Members in Minority Zip Codes had Lower Testing Rates, but Achieved Greater Improvement



Study Discussion Points

- The results from this study were not based on culturally sensitive interventions
- Potential to “under-identify” diseased members living in health disparity zones suggests a potential need for disparity sensitive identification algorithms and predictive models
- Participation in Healthways DM programs assists members living in areas of health disparity with improving their testing rates.
- Telephonic intervention promotes healthy behaviors such as obtaining clinical tests, and members living in areas of disparity were especially responsive to calls.
- Improving care, but not significantly closing the gap

Discussion points

- Age and demographic factors play a role in ability of DM programs to impact members in HDZ and non-HDZ... additional factors may be critical in HDZ

Disparities

I. Greater Disease Burden / Prevalence

- Habits / Ethnicity / Culture
- Genetics / Environment

II. Lower Quality of Care

- Coverage and Access
- Poor understanding of needs
- Cultural Competence... *Making the connection*

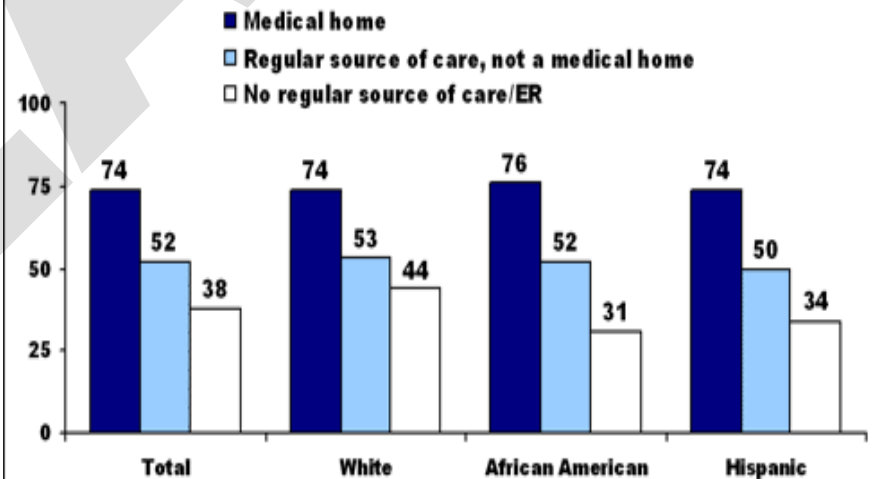
“Medical homes” reduce disparities in access to care.

- The vast majority (74%) of adults with a medical home always get the care they need, compared with only 52% of those with a regular provider that is not a medical home and 38% without any regular source of care.
- When minorities have a medical home, racial and ethnic differences in terms of access to medical care disappear. Three-fourths of whites, African Americans, and Hispanics with medical homes reported getting the care they need when they need it

Commonwealth Fund 2008

Figure ES-4. Racial and Ethnic Differences in Getting Needed Medical Care Are Eliminated When Adults Have Medical Homes

Percent of adults 18–64 reporting always getting care they need when they need it



Note: Medical home includes having a regular provider or place of care, reporting no difficulty contacting provider by phone or getting advice and medical care on weekends or evenings, and always or often finding office visits well organized and running on time.
Source: Commonwealth Fund 2006 Health Care Quality Survey.

Features of a "medical home"

- Regular doctor or source of care
- Ability to contact provider over the phone w/o difficulty
- Ability to get care / advise after hours
- Practice setting is organized and running on time

Community health centers and Public clinics are less likely to have features of a medical home.

Number of US Primary Care Doctors Down

–Associated Press, Feb. 12, 2008,

GAO findings

Source: Commonwealth Fund, 2006 Health Care Quality Survey.

Considerations...

Health care system is inaccessible

- Too few physicians and office practices in many areas where needed
- Some concept of "medical home" is likely desirable

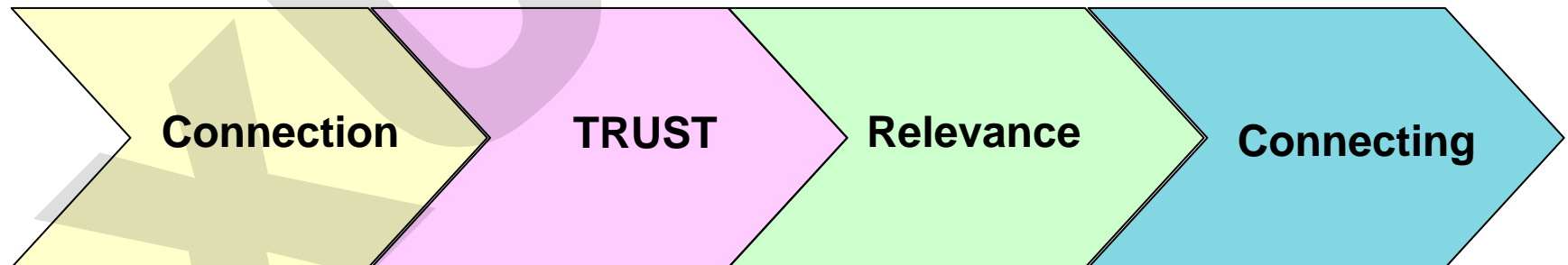
Where might this lead us?

- Physician alternatives ?
- Telehealth?
- Retail Clinics?

Making the Connection ...

Having a "connection" is NOT the same as being "connected"

Cultural competency---Health literacy---Access to care---Economic barriers

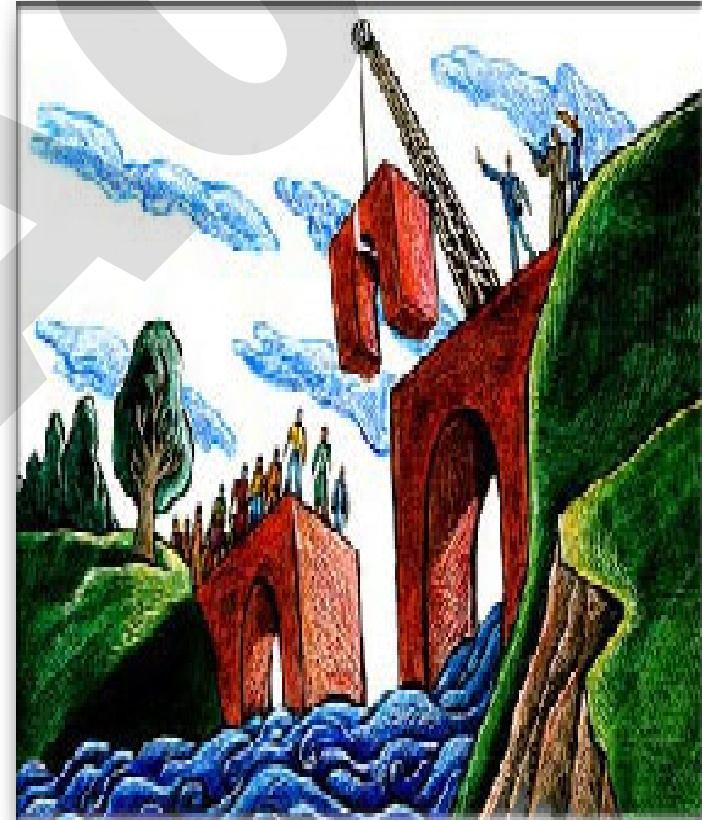


Making the Connection ...

- Self-esteem
- Living in the Present
- Socio-economic Confounders
- Trust

The 3 R's

- Reach
- Relationship
- Relevance



Broader Challenges...

- A Health care system that provides a lower quality of care
- Workforce Diversity and Cultural Competence (CLAS Standards and more)
 - Health care system is unable to meet the needs of limited-English speakers
 - Minorities in health professions
- Disregards or misunderstands the role and benefits of alternative medicine
- Better data collection and research on Disparities / Race / Ethnicity (including RCT research)
- Lack of alignment between health care system, public health, community organizations, and community planning / development
 - Dearth of healthy food in Urban areas (*USA Today, 1/25/08*)
 - Poor support for improved nutrition, physical education, and health education in schools



THANK YOU

XUVAO



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