CDC Public Forum
Best Practices for Community Health Needs Assessments and Implementation Strategies: "Monitoring & Evaluation"

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Identifying Health Disparities & Monitoring Progress

- Point of Service Collection of Race, Ethnicity and Primary Language (R/E/L Variables)

- Electronic Data Warehouse - Data Analysis
  - Clinical Quality Performance analyzed by dichotomous R/E/L Variables

- Regular reporting to Quality Improvement Committee (Organization & Practice level)

Baylor's Physician Group (HealthTexas) Diabetes Equity Dashboard (FY-10)

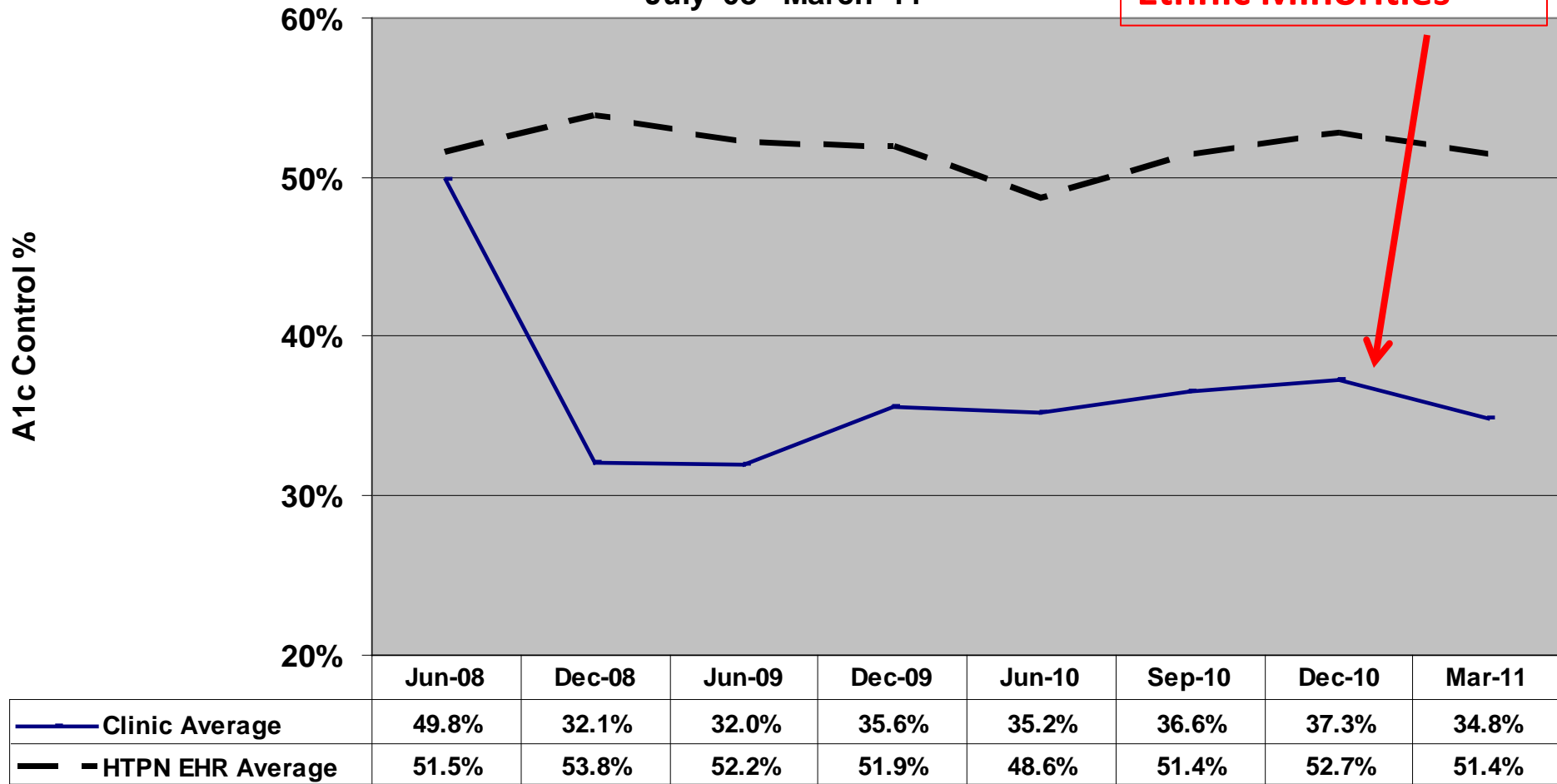| Metric	WHITE (n=2,014)	NON-WHITE (n=623)	EQUITY OF CARE by Race	NON-HISPANIC (n=2,221)	HISPANIC (n=475)	EQUITY OF CARE by Ethnicity	ENGLISH (n= 2,769)	NON-ENGLISH (n=161)	EQUITY OF CARE by Primary Language
Optimal Diabetes Care Management Bundle	21.2%	13.3%	Favors White	19.9%	12.8%	Favors Non-Hispanic	18.9%	12.4%	Favors Engish
Patients using Aspirin (age>40) (%)	87.2%	86.1%	No Disparity	87.2%	86.1%	No Disparity	86.9%	89.2%	No Disparity
Patients with Blood Pressure Control (130/80) (%)	57.8%	44.9%	Favors White	55.0%	48.4%	Favors Non-Hispanic	54.6%	40.4%	Favors Engish
Patients with HgA1c=<7 (%)	56.9%	44.5%	Favors White	54.9%	39.2%	Favors Non-Hispanic	52.5%	44.1%	Favors Engish
Patients with LDL<100	62.4%	52.2%	Favors White	60.5%	52.6%	Favors Non-Hispanic	59.8%	50.3%	Favors Engish
Non-Smoking Patients	88.2%	82.7%	Favors White	86.7%	90.9%	Favors Non-Hispanic	87.2%	91.3%	No Disparity

Disparate care is defined as statistically significant difference (p<=0.05) between historically advantaged and disadvantaged groups – Diabetes Care Measured and Analyzed within 11 HTPN Primary Care Clinics.

Diabetes Equity – HgbA1c Control
Baylor Family Medicine Clinic @ Worth Street

Baylor Community Care
Diabetes Management - A1c Control
EHR Audit - Worth Street
July '08 - March '11

Large Population of Ethnic Minorities

A1c Control %

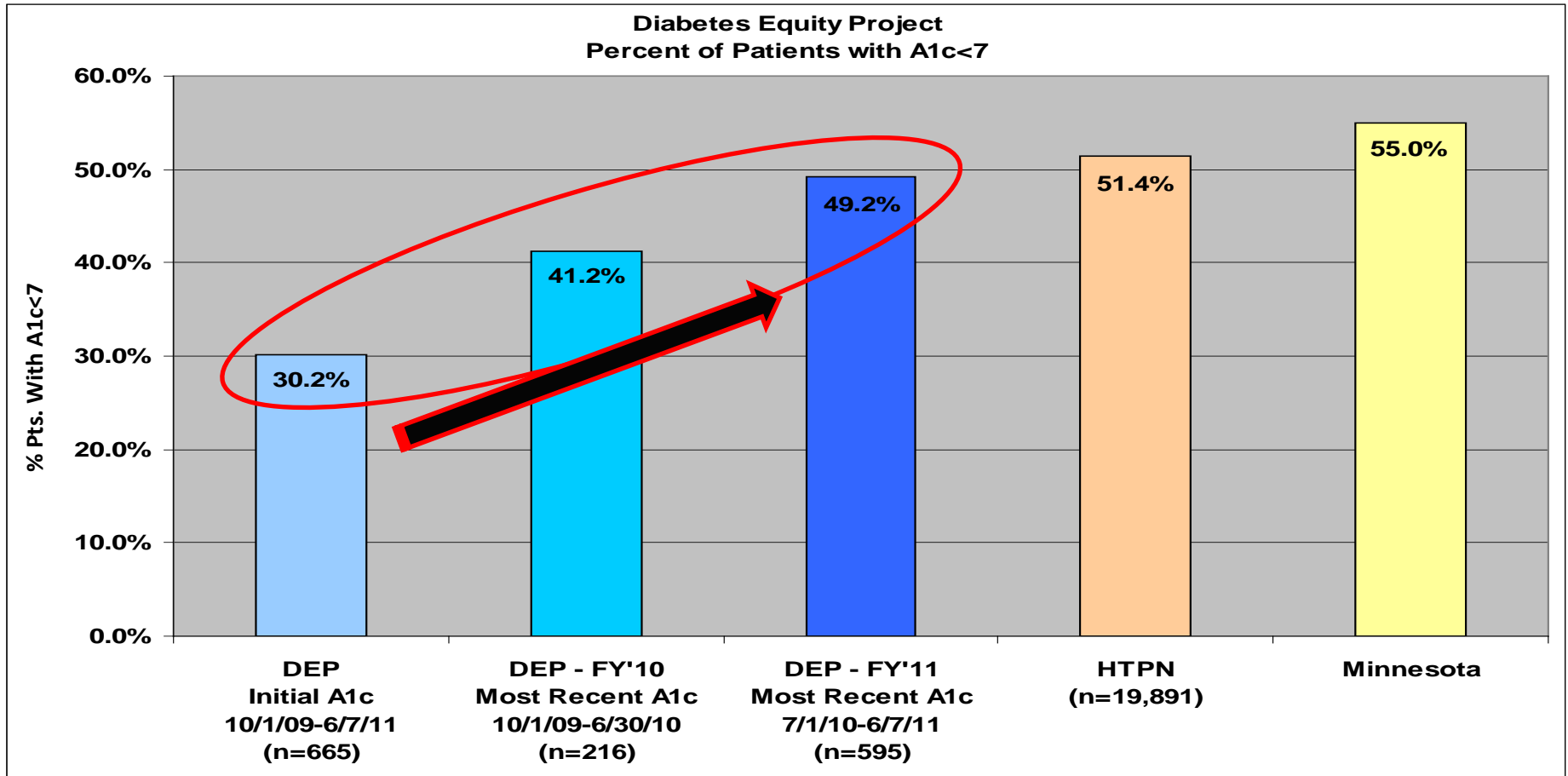|	Jun-08	Dec-08	Jun-09	Dec-09	Jun-10	Sep-10	Dec-10	Mar-11
Clinic Average	49.8%	32.1%	32.0%	35.6%	35.2%	36.6%	37.3%	34.8%
HTPN EHR Average	51.5%	53.8%	52.2%	51.9%	48.6%	51.4%	52.7%	51.4%

*Note: Audit includes all diabetic patients age 18-75 with two or more visits at least 7 days apart within 12 months of audit end date

Potential Roles of Community Members

- Point of service clinical integration between "formal & informal" health care delivery

- Expansion of "Care Coordination's" role & definition to include community member participation

- New Health IT data systems to capture and report in multiple directions
  - Benchmarking against local and national norms

Diabetes Equity Project:
A Health Care System-Community Collaboration

Diabetes Equity Project
Percent of Patients with A1c<7

Chart — % Pts. With A1c<7:
- DEP Initial A1c 10/1/09-6/7/11 (n=665): 30.2%
- DEP - FY'10 Most Recent A1c 10/1/09-6/30/10 (n=216): 41.2%
- DEP - FY'11 Most Recent A1c 7/1/10-6/7/11 (n=595): 49.2%
- HTPN (n=19,891): 51.4%
- Minnesota: 55.0%

- DEP Data from DiaWeb and includes patients enrolled 10/1/09 through 6/7/11 with 2 or more A1c measurements.
- HealthTexas Provider Network Decision Support EHR Audit Report Dashboard. **Percentage of Patients with A1c Control. In**cludes patients with two or more patient visits at least 7 days apart. March 2011 Audit
- Minnesota Community Measurement and Minnesota Department of Health. **55.0% (A1c < 7) 2009 data** - Includes patients from 1/1/2008 through 12/31/2009 with two or more visits coded with a diabetes ICD-9 code, and has been seen within 7/1/2008 through 12/31/2009 once regardless of any diagnosis code . Measured annually. http://www.health.state.mn.us/diabetes/pdf/FactSheet2010.pdf.

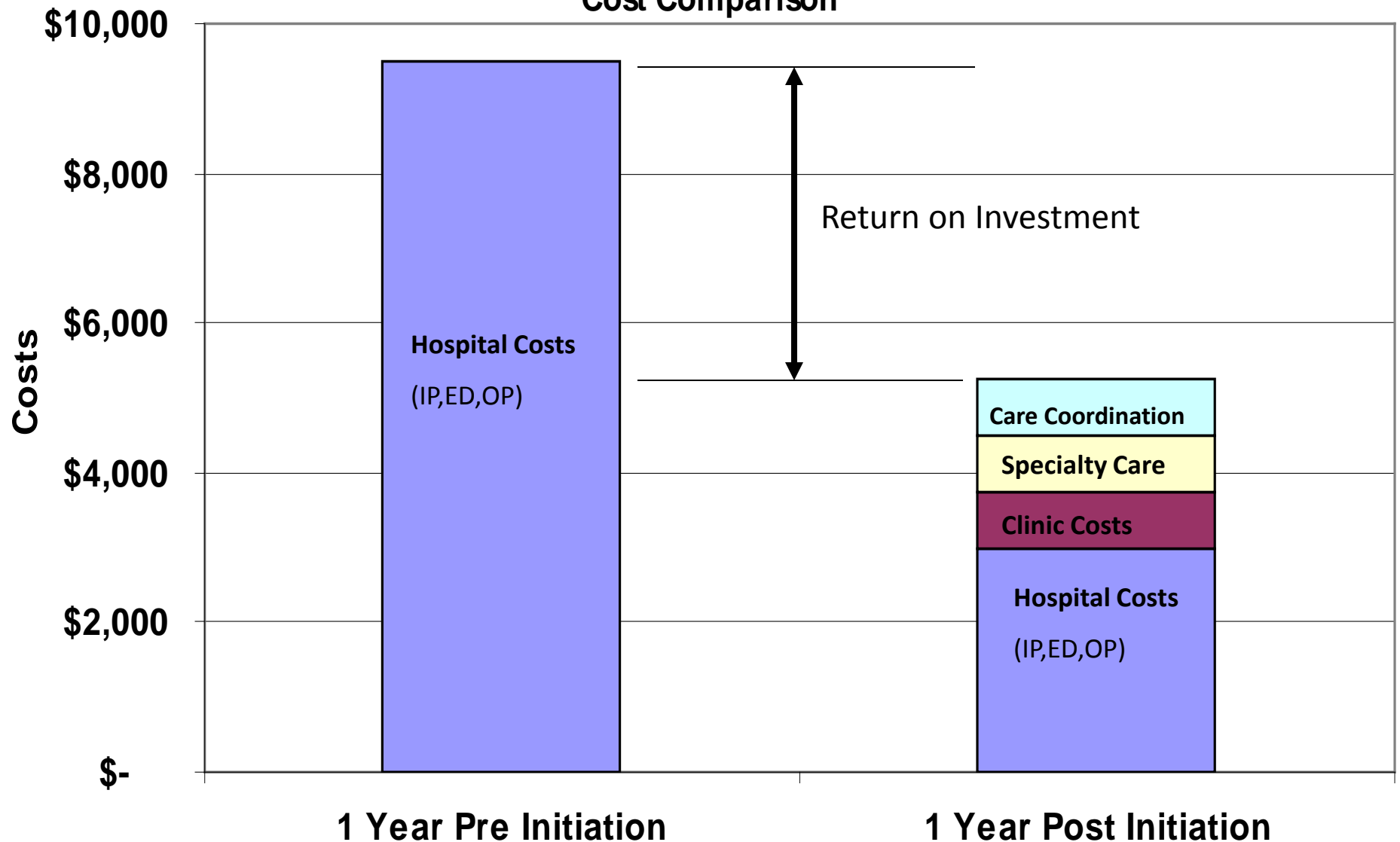# Potential Impact of Advancements in Technology

- Health IT geo-mapping technology
  - Hot-spotting & Outlier identification
- Mobile primary care clinical data transfers
  - Health Information Exchange
    - Medication Reconciliation
    - Continuing Care Documentation
    - Medical Home Capture Rates (< 14 days)
- Integration of ROI analysis
  - Total costs of care
  - Changes in Quality

Source: Trendstar   *BHCS Market Research & Analysis*   © 2008 Baylor Health Care Syste
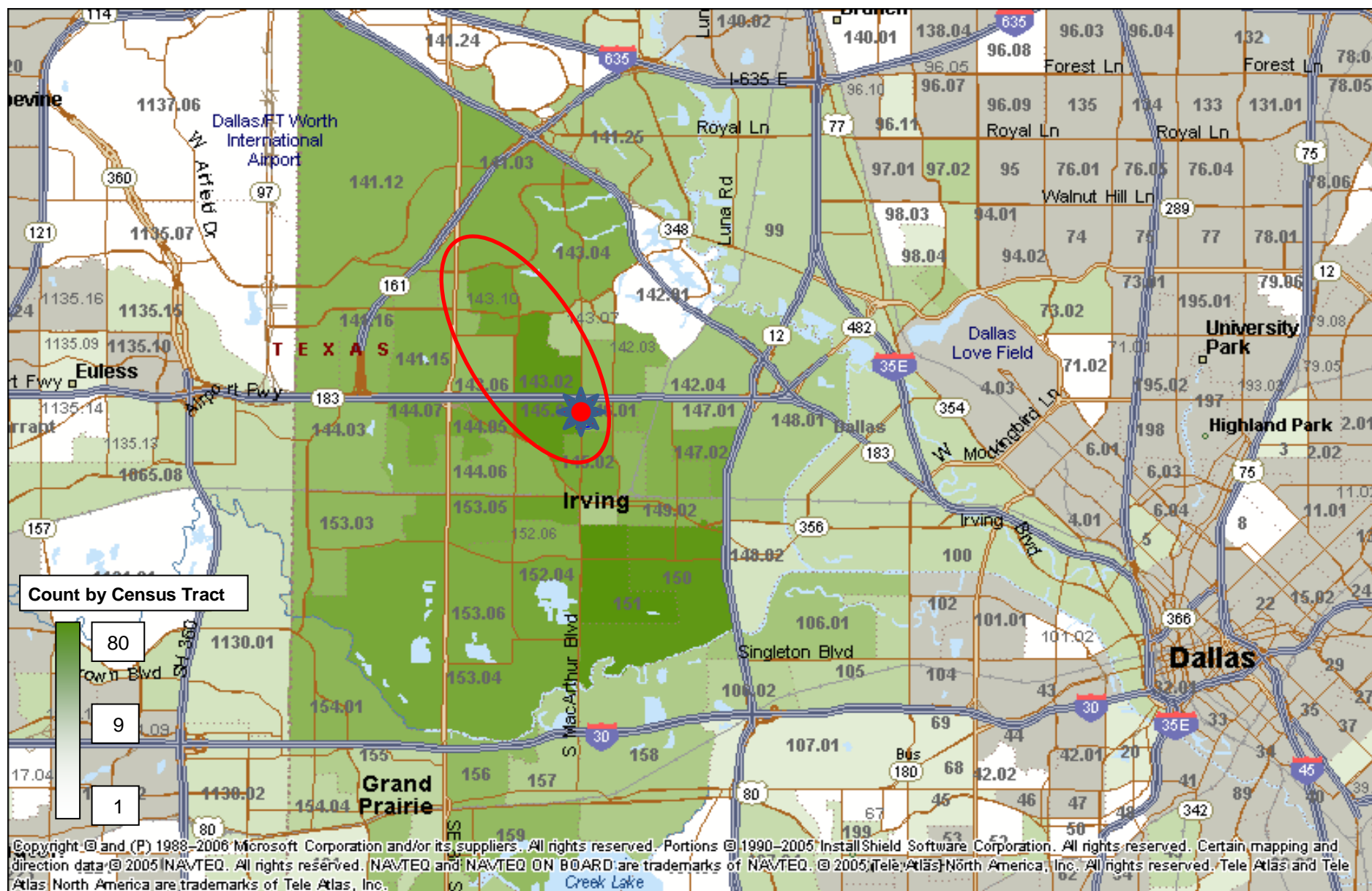
BHCS Hospital Utilization Analysis for Worth Street Patients
1 Year Pre and Post initiation of Care
Cost Comparison

Costs (y-axis)

- $10,000
- $8,000
- $6,000
- $4,000
- $2,000
- $-

1 Year Pre Initiation — Hospital Costs (IP,ED,OP)

Return on Investment

1 Year Post Initiation — Care Coordination, Specialty Care, Clinic Costs, Hospital Costs (IP,ED,OP)

*Note: Hospital Utilization data provided my BHCS Decision Support / Revenue Cycle. Analysis includes patients with a 1st Date of Service at Worth Street Clinic on or before 2/19/2009 with hospital utilization data through 2/19/2011.