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Finger Lakes Health Systems Agency

# Right Care, Right Place, Right Time:

## FLHSA Health Coalitions' Presentation to the 2020 Commission

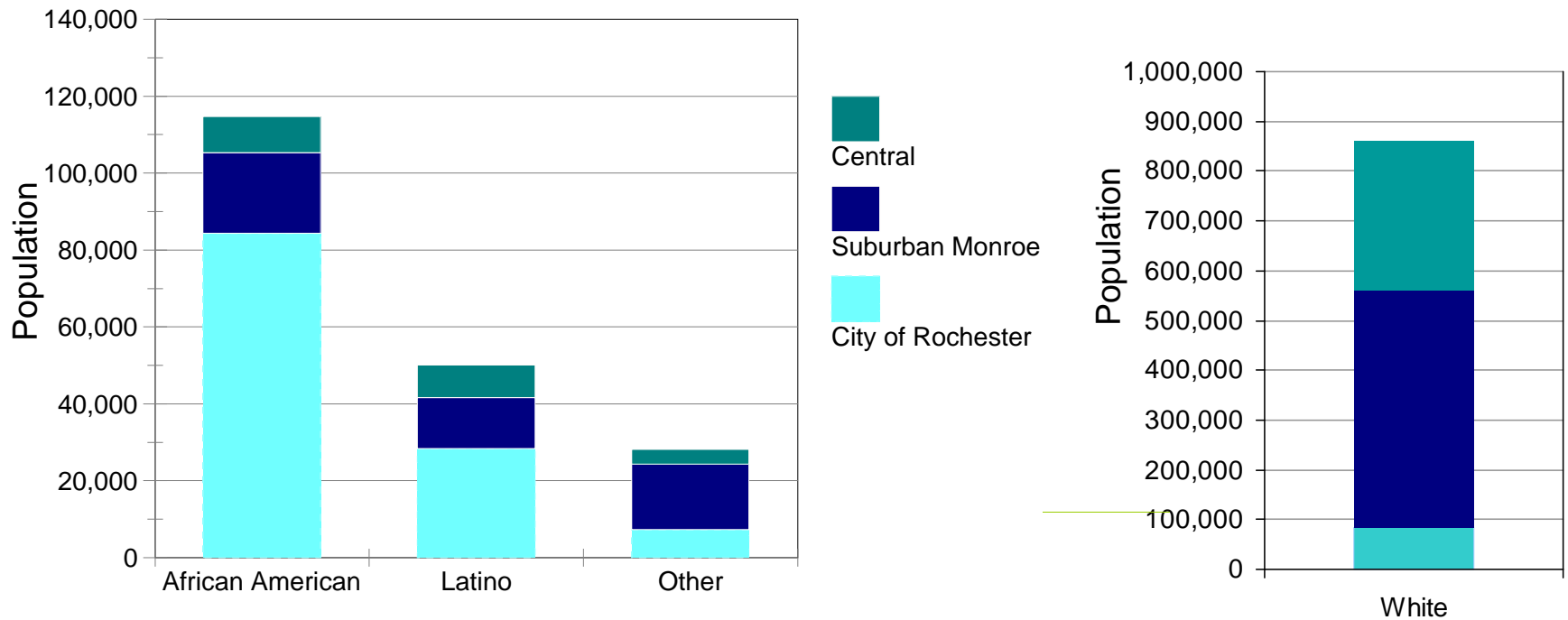
June 17, 2008

# Agenda

- Demographic & Socioeconomic Disparities
- Disparities in Access to Health Care
- Case Example: Diabetes
- Potential Opportunities

# Demographics & Socioeconomic Disparities

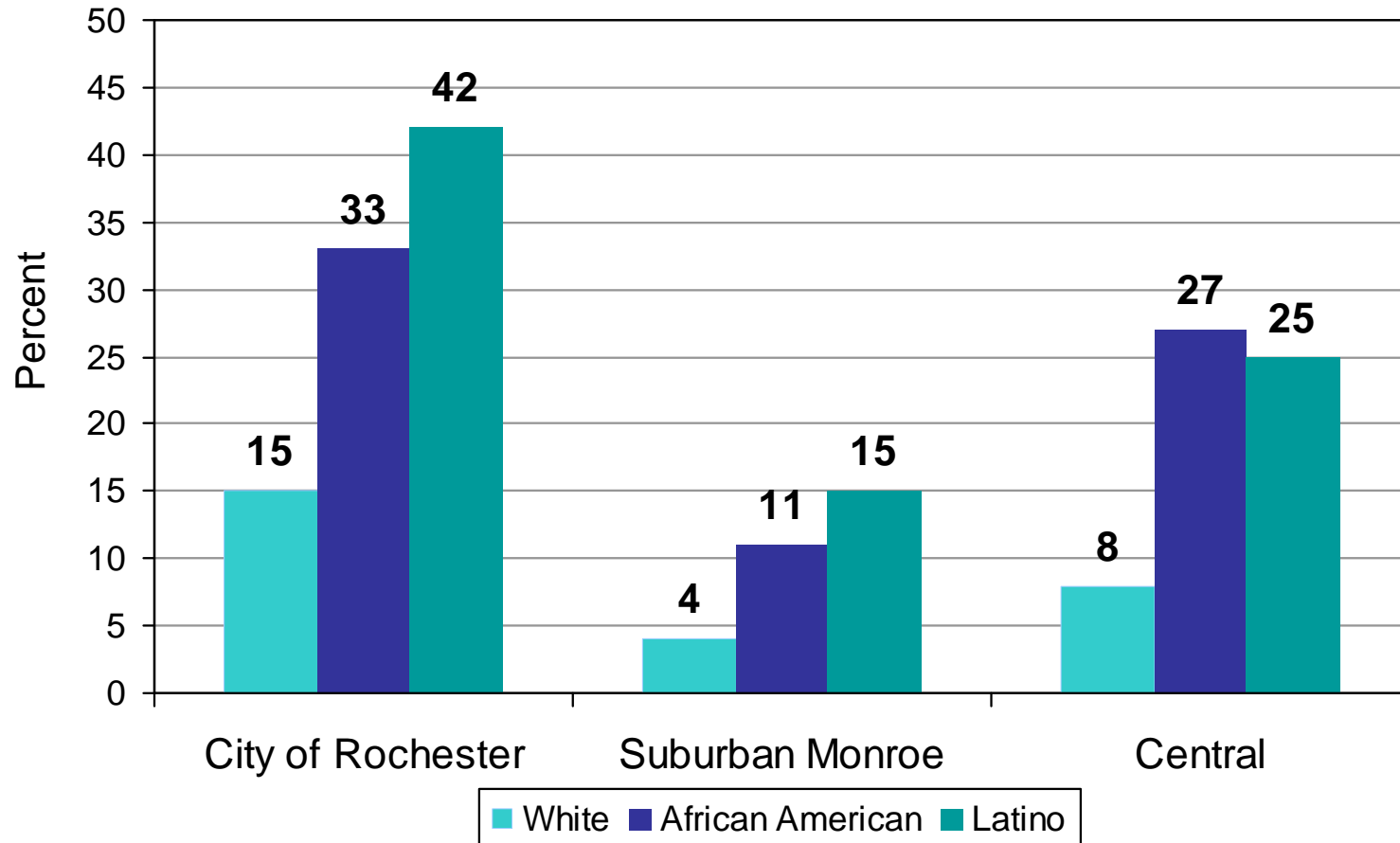
# Population by Race/Hispanic Origin – 6-County Region



The geographic distribution of racial/ethnic groups reveals significant differences in where people live, with African Americans and Latinos predominantly living in the City of Rochester and the majority of whites living in the suburbs.

*American Community Survey, 2006*

## Percent of Population Below Poverty – By Sub-area by Race/Hispanic Origin



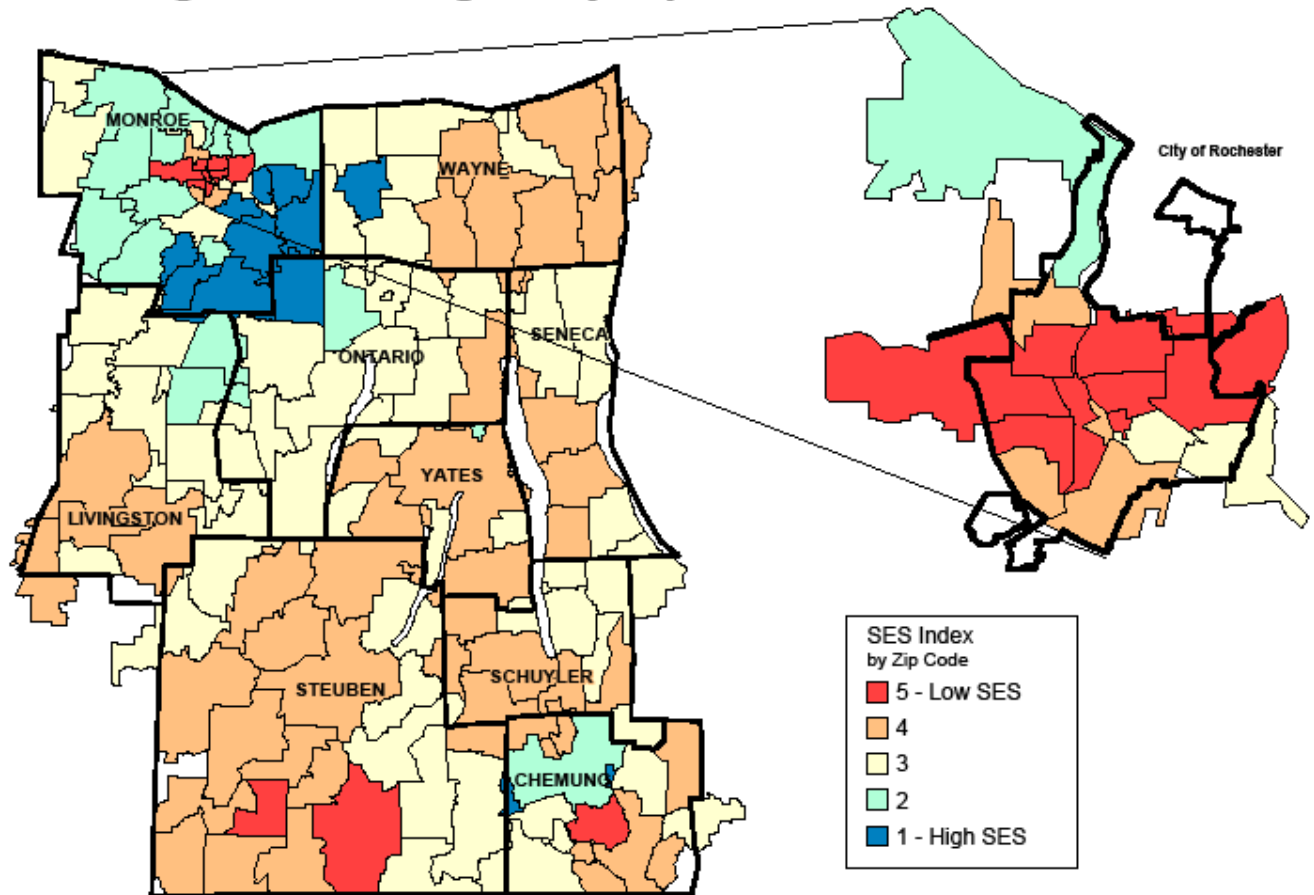
In all three settings, minority populations are disproportionately the poorest.

*U.S. Census Data, 2000*

# Socio-Economic Status

## Socio-Economic Status Index Finger Lakes Region by Zip Code

Poverty in the region is concentrated in the City of Rochester and the Southern Tier.

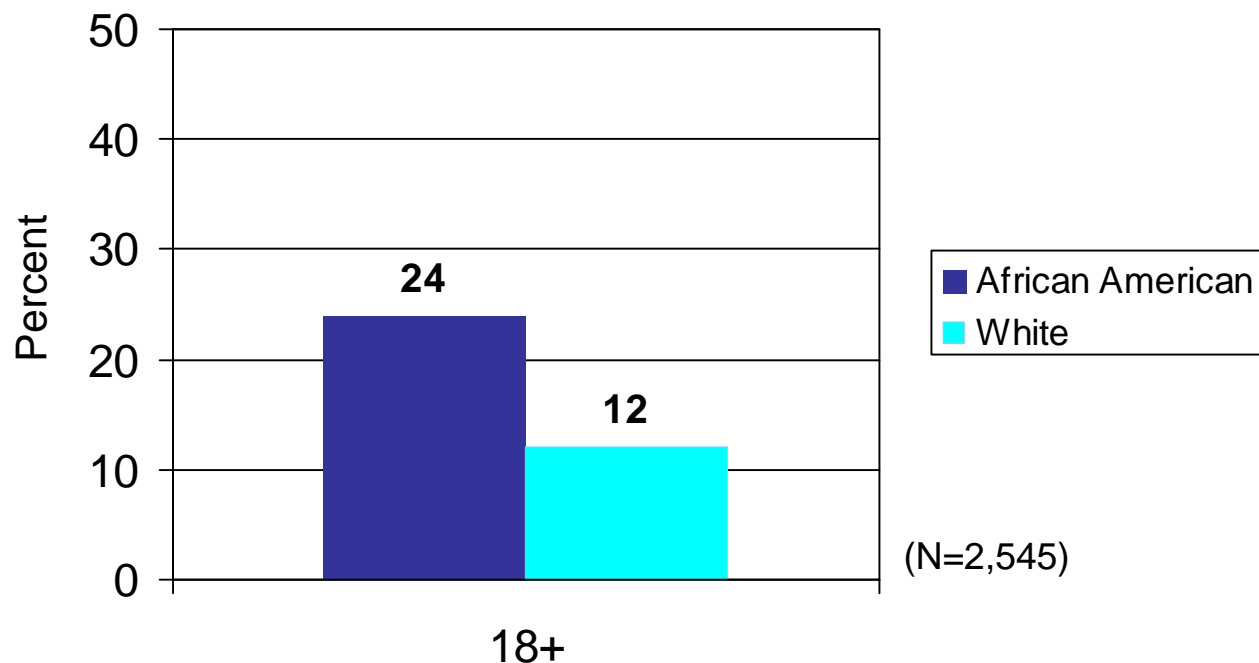


*Index based on U.S. Census Data, 2000*

# Health Status

## Health Status by Race

Fair or Poor Reported Health Status by Age Group and Race –  
Adults 18+, Monroe County, 2006

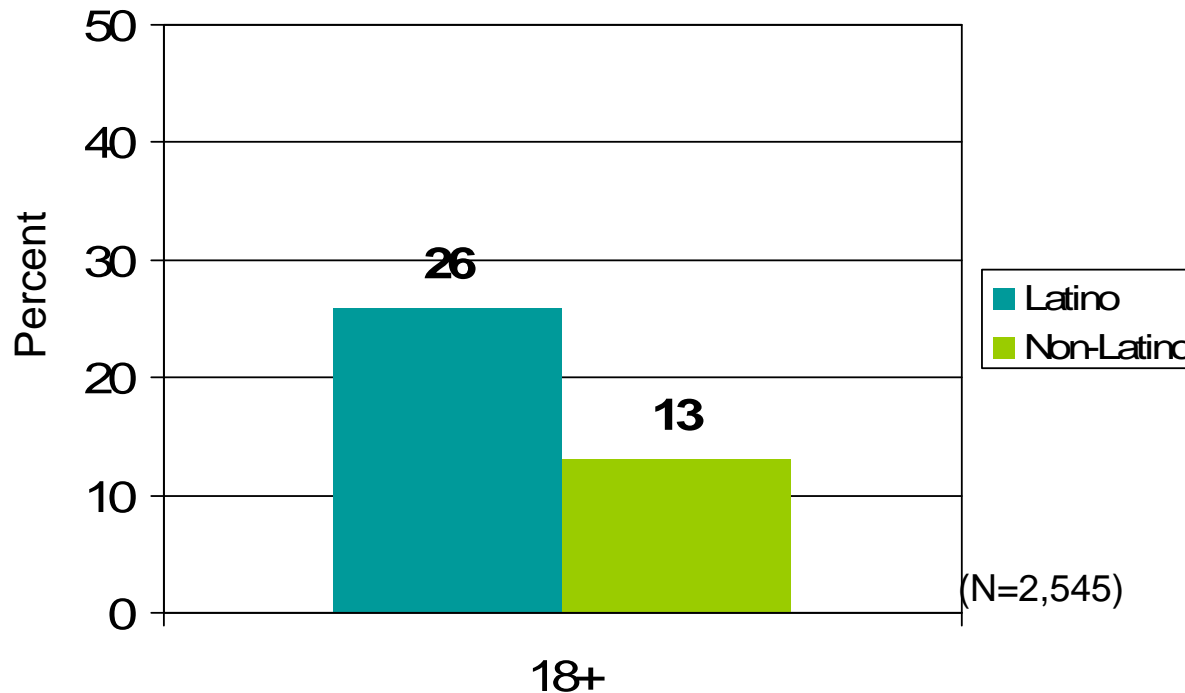


African Americans are twice as likely to rate their health as fair or poor than whites.

*Monroe County Adult Health Survey Report, 2006*

# Health Status by Hispanic Origin

Fair or Poor Reported Health Status by Age Group and Race –  
Adults 18+, Monroe County, 2006

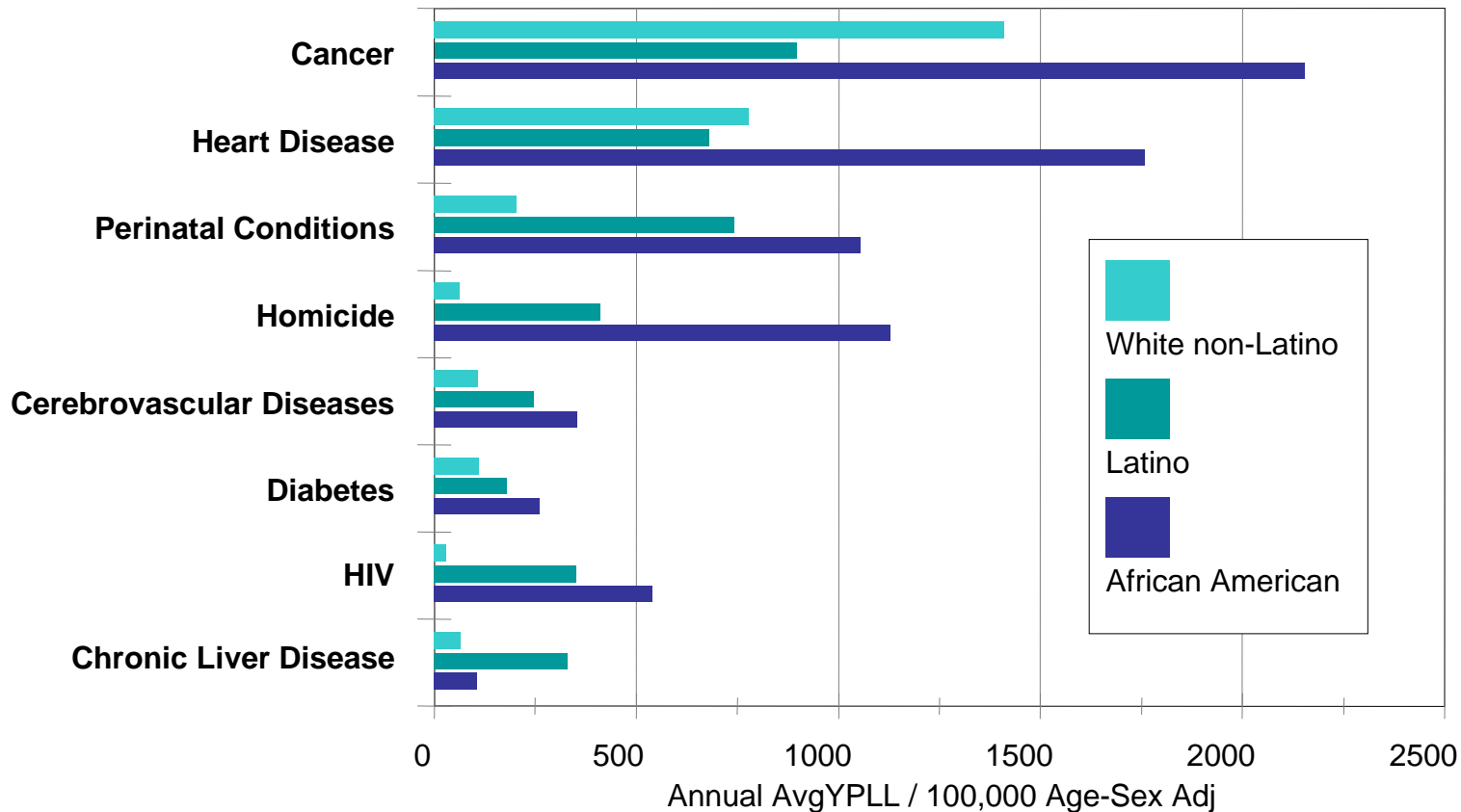


Significantly fewer non-Latinos rate their health status as fair or poor than Latinos.

*Monroe County Adult Health Survey Report, 2006*

# Years of Potential Life Lost (YPLL) by Race/Hispanic Origin, 2004-2006

Finger Lakes Region Rate per 100,000

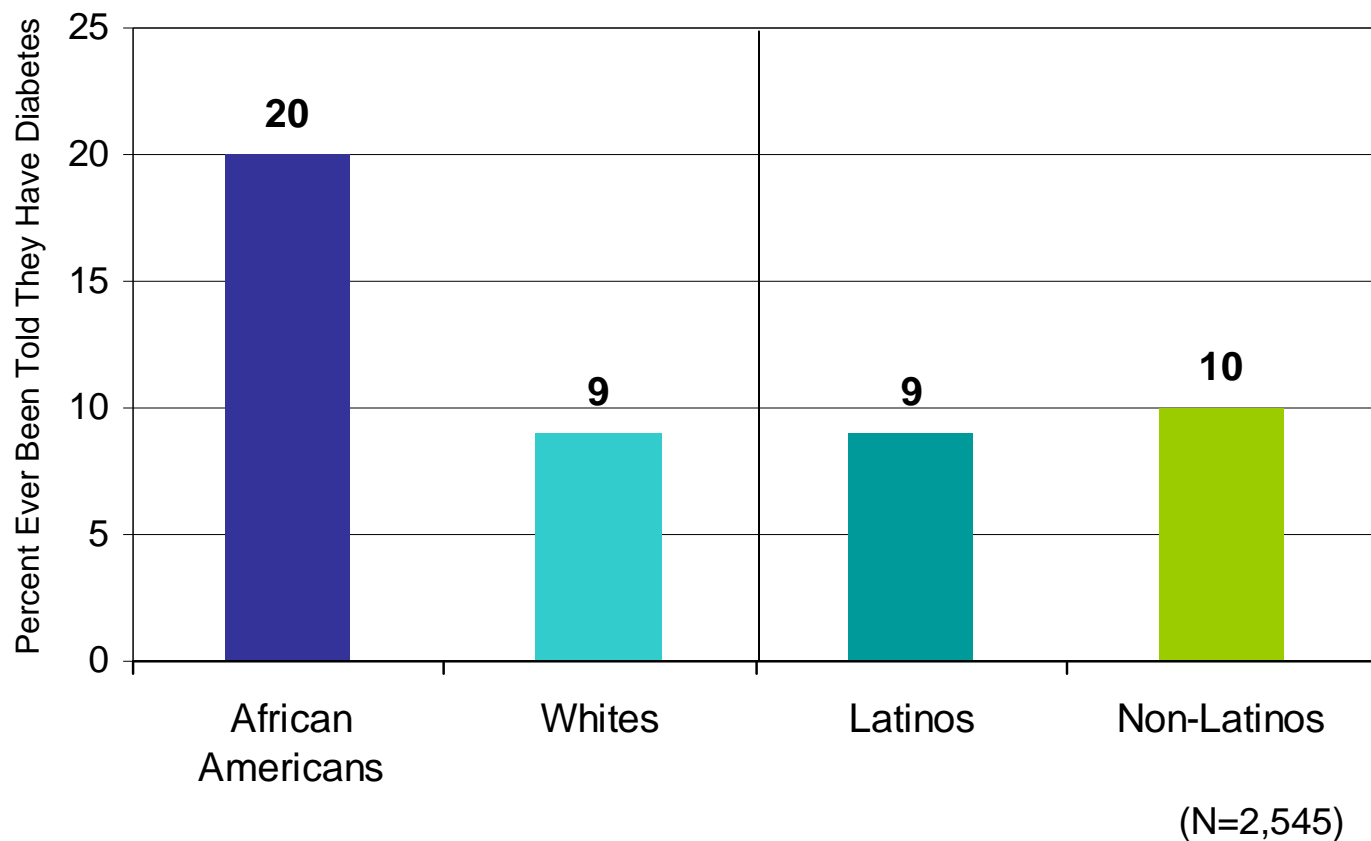


As a measure of premature mortality or early death, the YPLL data reflect African Americans die at younger ages significantly more than whites and Latinos due to many leading causes of death. YPLL is also a measure of lost productivity or contributions to society, and suggests economic loss as a result of early mortality.

NYS DOH, Vital Statistics Files 2004-2006

# Case Example: Diabetes

## Prevalence of Diabetes by Race/Hispanic Origin, Monroe County

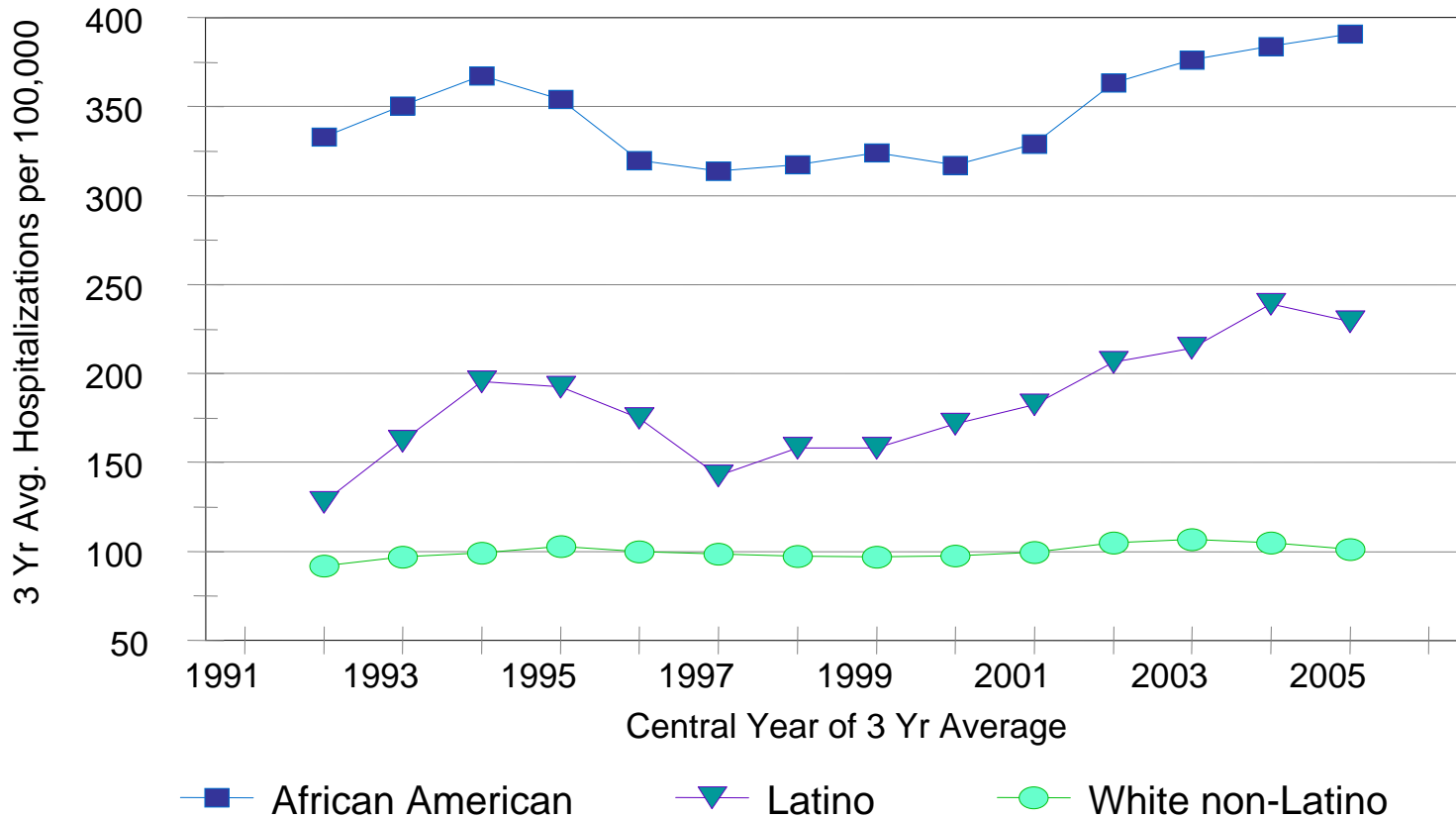


African Americans are still significantly more likely to have been told they have the disease. The rates do not vary significantly for Latinos and non-Latinos

*Monroe County Adult Health Survey Report, 2006*

# Diabetes Hospitalization Rate

## Finger Lakes Region by Race/Hispanic Origin

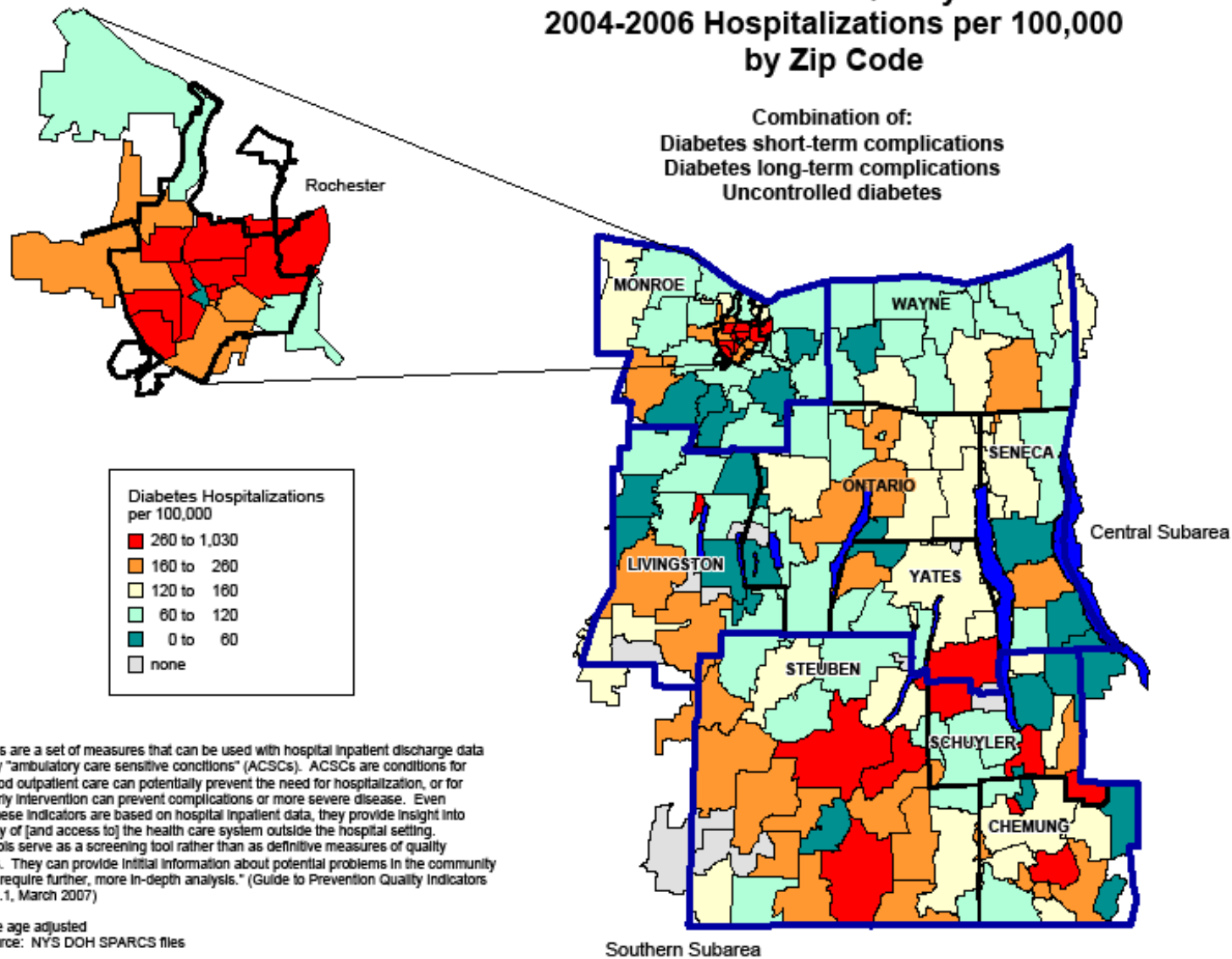


Increasingly high diabetes hospitalizations among African Americans and Latinos increases the gap between Rochester and high performing health systems.

Rates are age-sex adjusted to 2000 standard U.S. population

*NYS DOH, Vital Statistics*

# Diabetes Prevention Quality Indicators 2004-2006 Hospitalizations per 100,000 by Zip Code

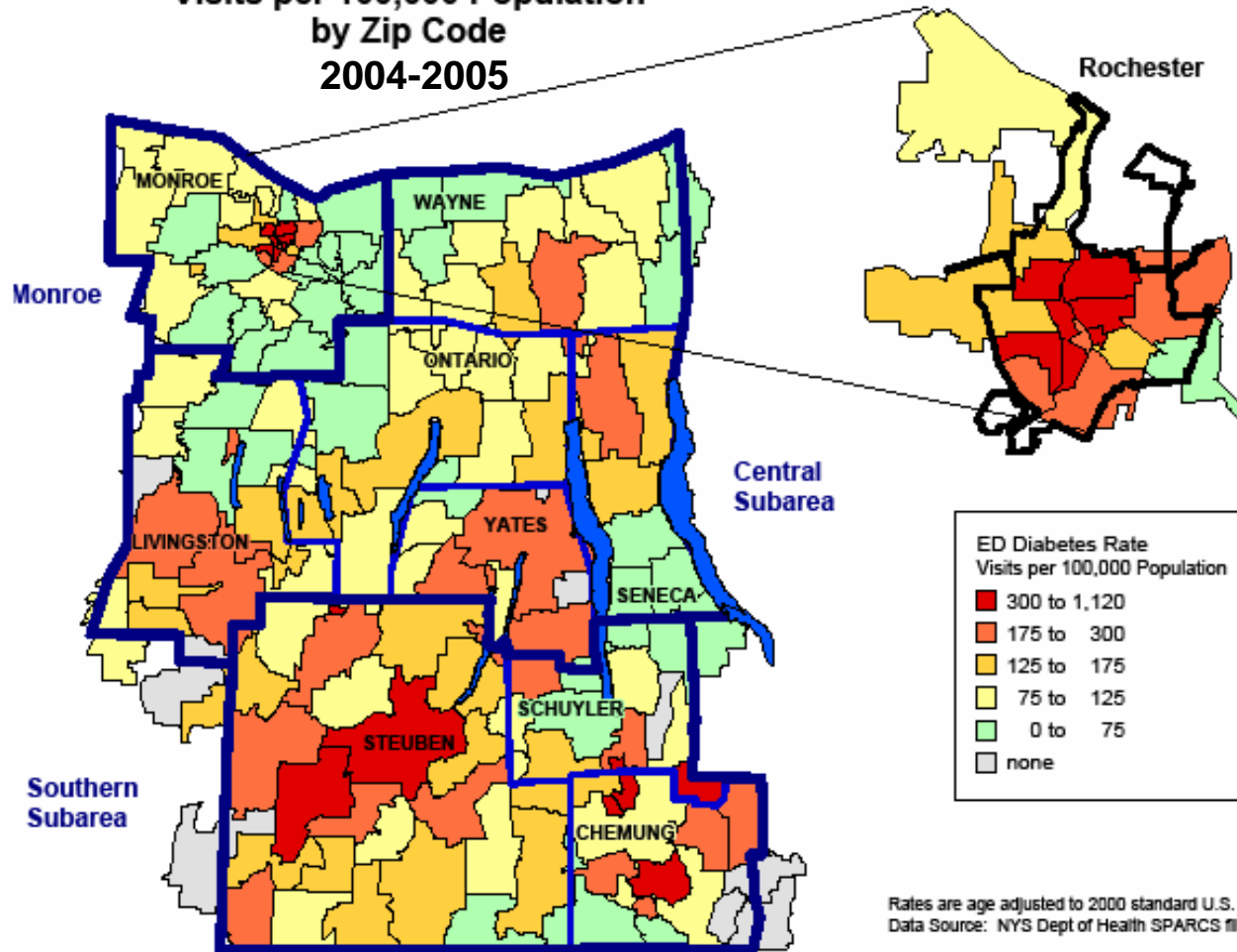


"The PQIs are a set of measures that can be used with hospital inpatient discharge data to identify "ambulatory care sensitive conditions" (ACSCs). ACSCs are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. Even though these indicators are based on hospital inpatient data, they provide insight into the quality of (and access to) the health care system outside the hospital setting. These tools serve as a screening tool rather than as definitive measures of quality problems. They can provide initial information about potential problems in the community that may require further, more in-depth analysis." (Guide to Prevention Quality Indicators version 3.1, March 2007)

Rates are age adjusted  
Data Source: NYS DOH SPARCS files

NYS DOH SPARCS files, 2004-2006

**Emergency Dept Treated & Released Visits  
with Primary Diagnosis of Diabetes  
Visits per 100,000 Population  
by Zip Code  
2004-2005**



In Rochester, the majority of diabetics are treated in the emergency department are African American and Latino.

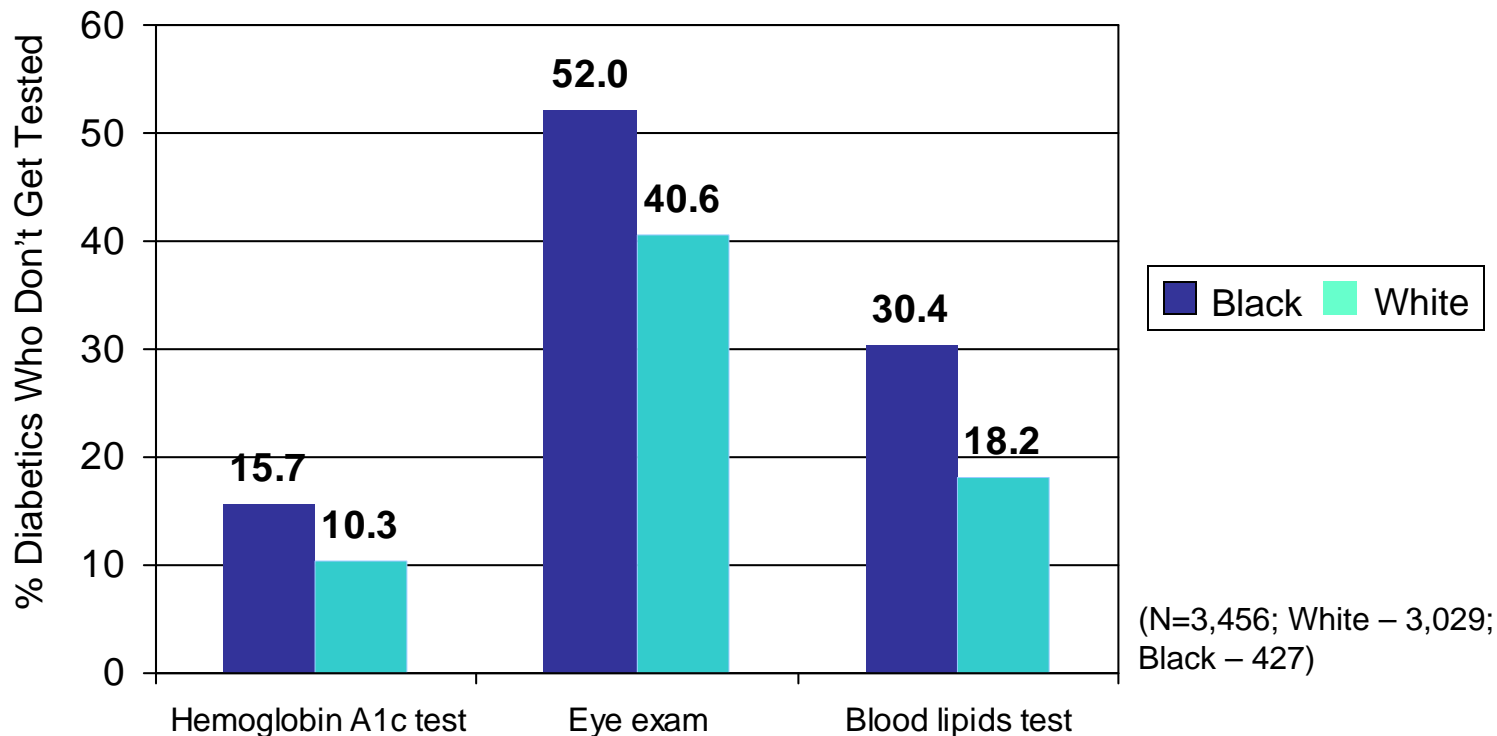
ED Diabetes Rate Visits per 100,000 Population	
Red	300 to 1,120
Orange	175 to 300
Yellow	125 to 175
Light Green	75 to 125
Grey	0 to 75
Grey	none

Rates are age adjusted to 2000 standard U.S. population  
Data Source: NYS Dept of Health SPARCS files

\*ED visits for SMH are incomplete

# Indicators of Quality of Diabetes Care – Rochester, NY Health Referral Region (HRR)

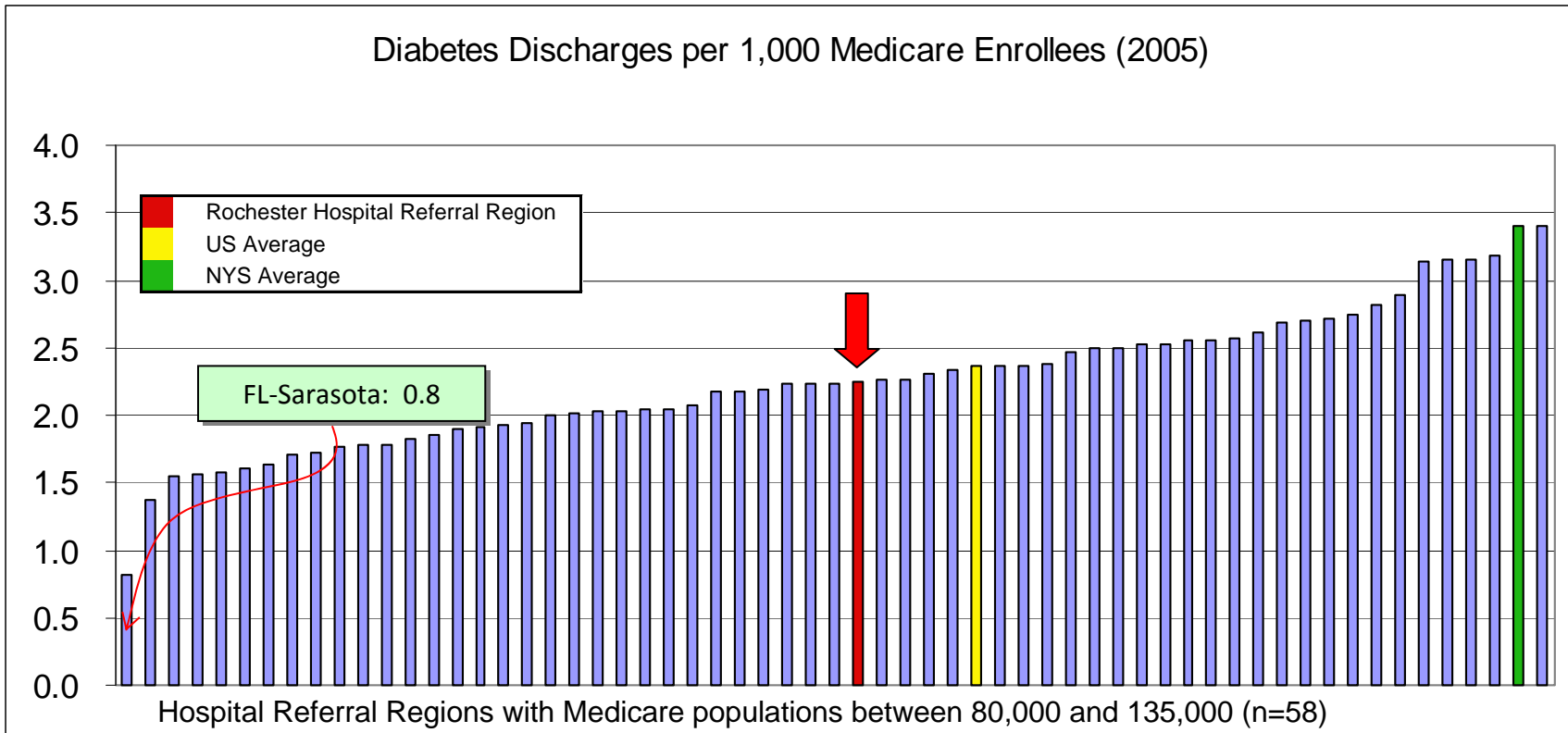
## Medicare Enrollees, 2003-2005



The racial disparities regarding the number of individuals likely to have their blood lipids tested and get eye exams were more pronounced in the Rochester area than in other parts of western NY and other parts of the country.

*Aligning Forces for Quality, Dartmouth Atlas, 2008*

# FLHSA Comparison to Similar Health Referral Regions (HRRs)



Source: Dartmouth Atlas of Health Care

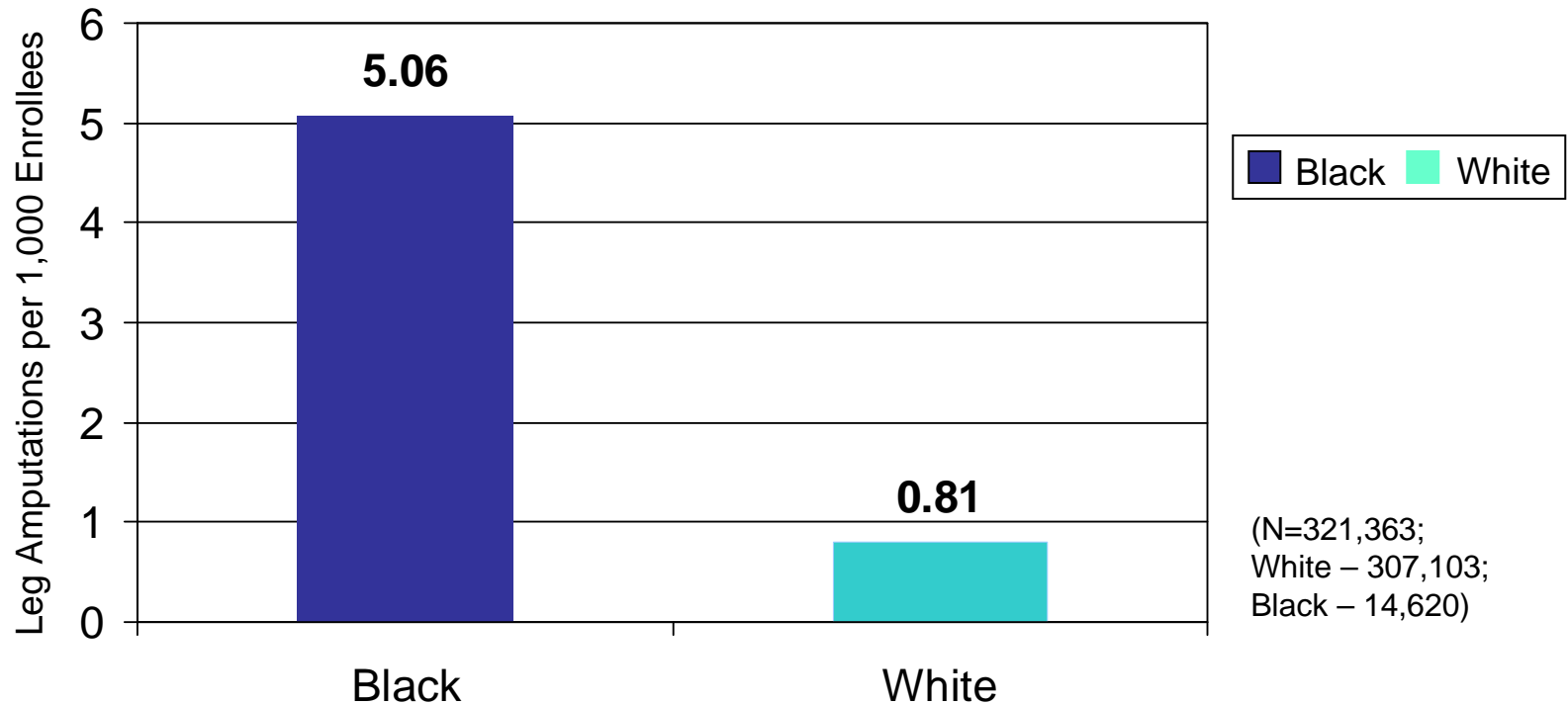
<b>Rochester HRR</b>	
<b>Actual</b>	2.2
<b>Percentile</b>	53
<b>Rank (n of 306)</b>	164

Stroudwater Associates, 4/14/08

Although it compares favorably to the NYS and national averages, adoption of best practices could reduce the number of diabetes discharges per 1,000 Medicare enrollees – and likely among HMO members.

# Indicators of Quality of Diabetes Care – Rochester, NY Health Referral Region (HRR)

## Medicare Enrollees, 2003-2005

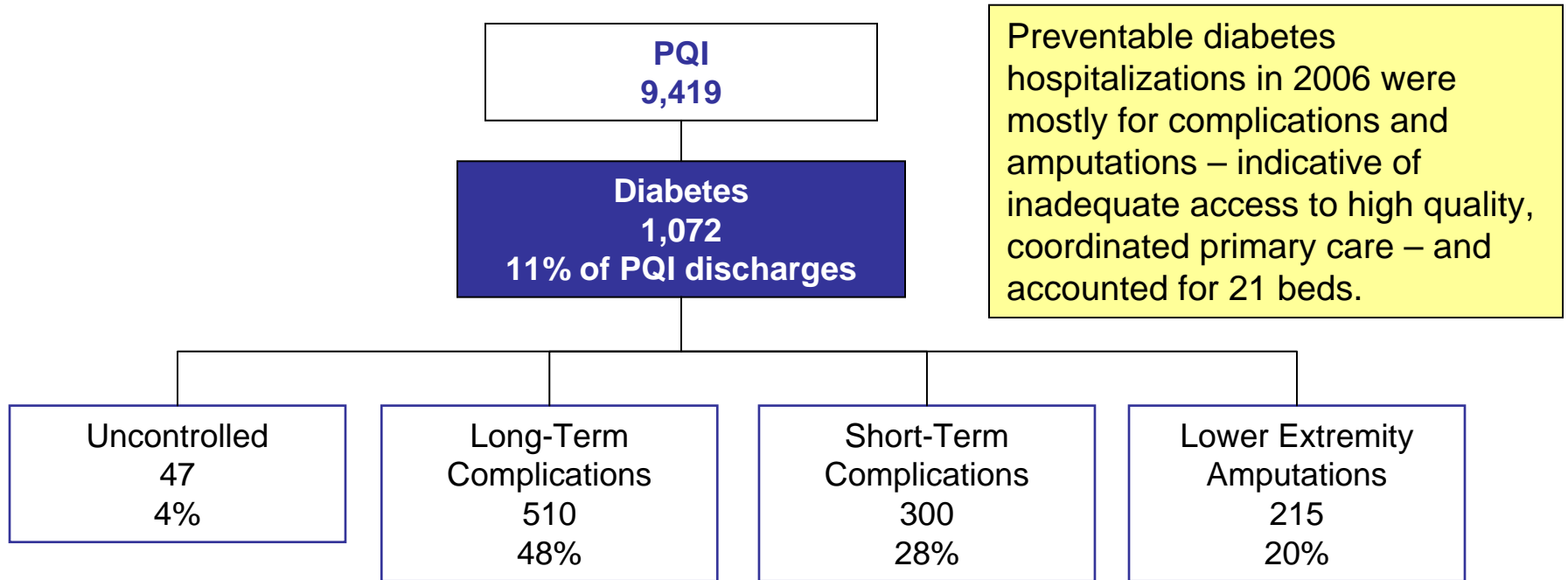


The discrepancy of leg amputation rates indicates differences in preventative care and a community's socioeconomic problems. These racial disparities are more pronounced in the Rochester area than in other parts of western NY and nationwide.

*Aligning Forces for Quality, Dartmouth Atlas, 2008*

# Diabetes PQI Hospitalizations – Avg. Discharges, 2006

## Monroe County Hospitals\*



Preventable diabetes hospitalizations in 2006 were mostly for complications and amputations – indicative of inadequate access to high quality, coordinated primary care – and accounted for 21 beds.

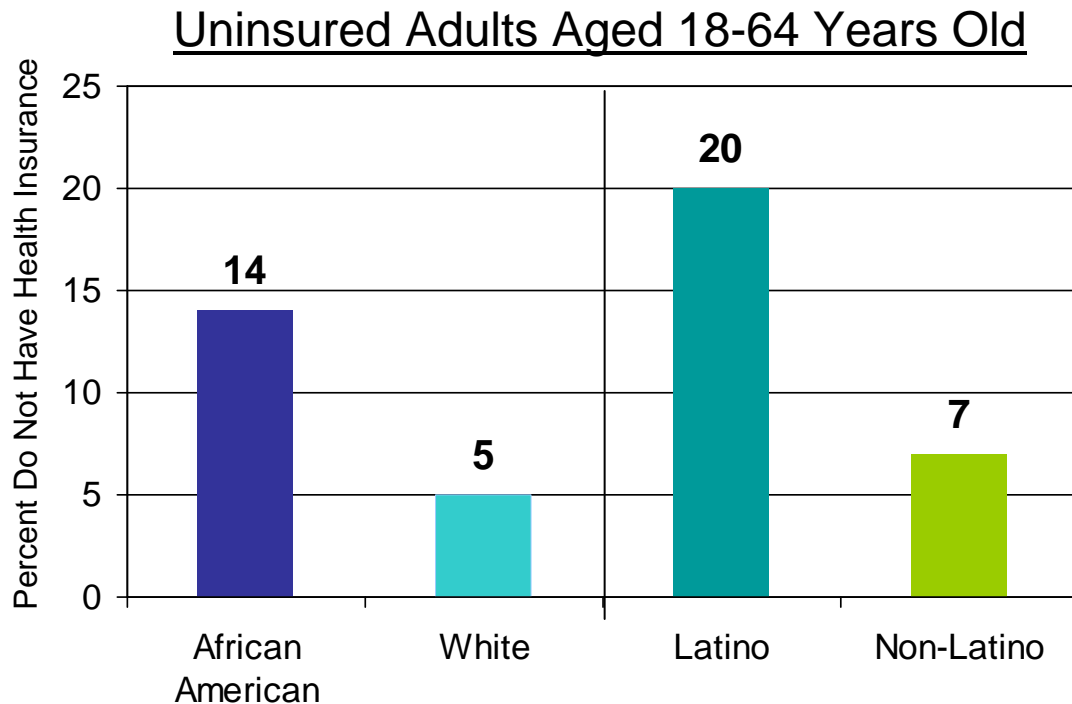
Patient Days	7,689
Associated Charges (not costs)	\$15,850,000
Diabetes PQI Beds	21

AHRQ Prevention Quality Measures, 2006

\*Includes HH, RGH, Unity, SMH, Lakeside

# Disparities and Access to Health Care

# Adult Health Insurance Coverage – Monroe County



The majority of individuals reported job-related reasons for not having health insurance.

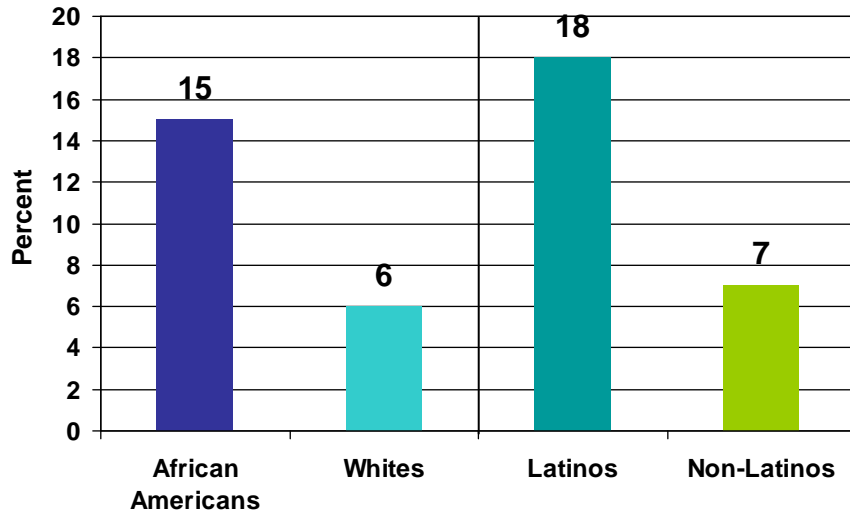
- Couldn't afford premiums (36%)
- Lost or changed jobs (22%)
- Employer doesn't offer or stopped offering coverage (12%)

According to recent studies, insurance coverage reduces disparities among low-income and minority adults

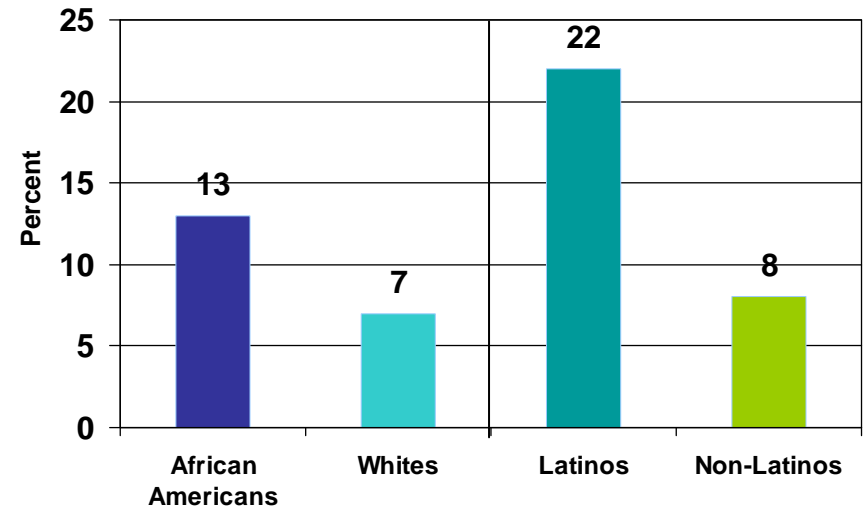
*Monroe County Adult Health Survey Report, 2006*

# Access to a Primary Care Provider

Do Not Have a Health Care Provider



Could Not Afford Medical Care in the Past Year

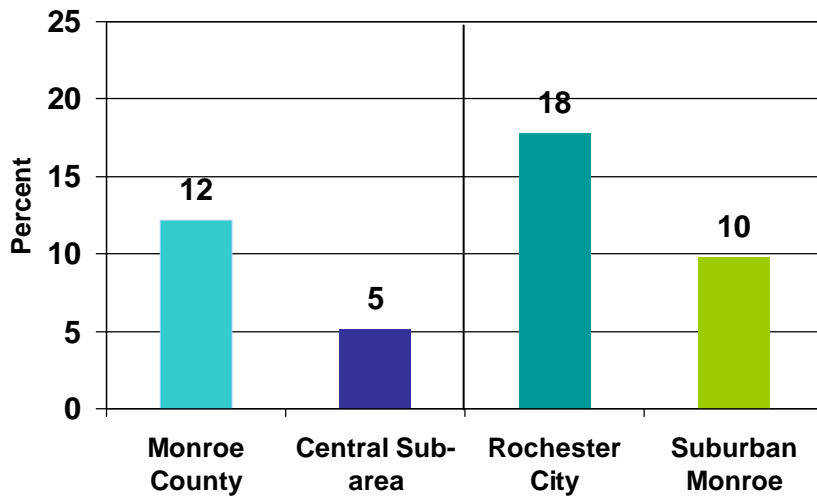


(N=2,545)

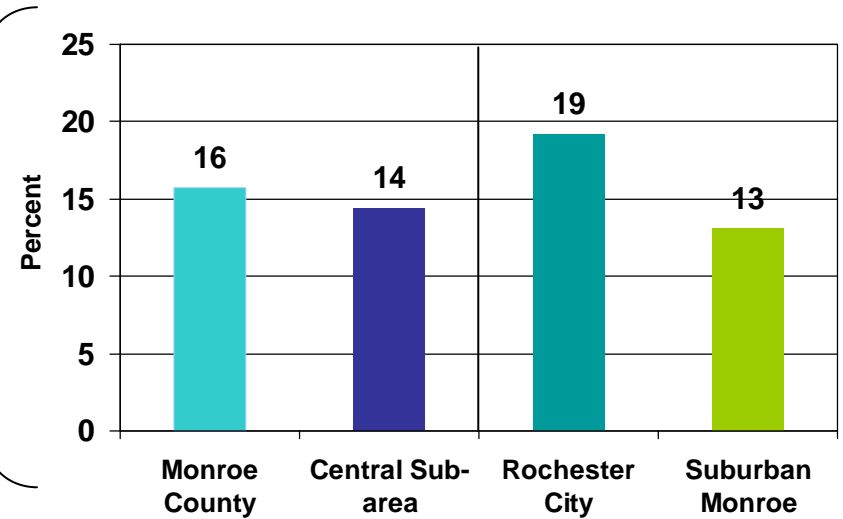
Lack of primary care provider and being unable to afford medical care in the last year were cited as the main barriers to accessing primary care. These mostly affected African Americans and Latinos.

# Language Barriers to Access

Speak Other Than English at Home



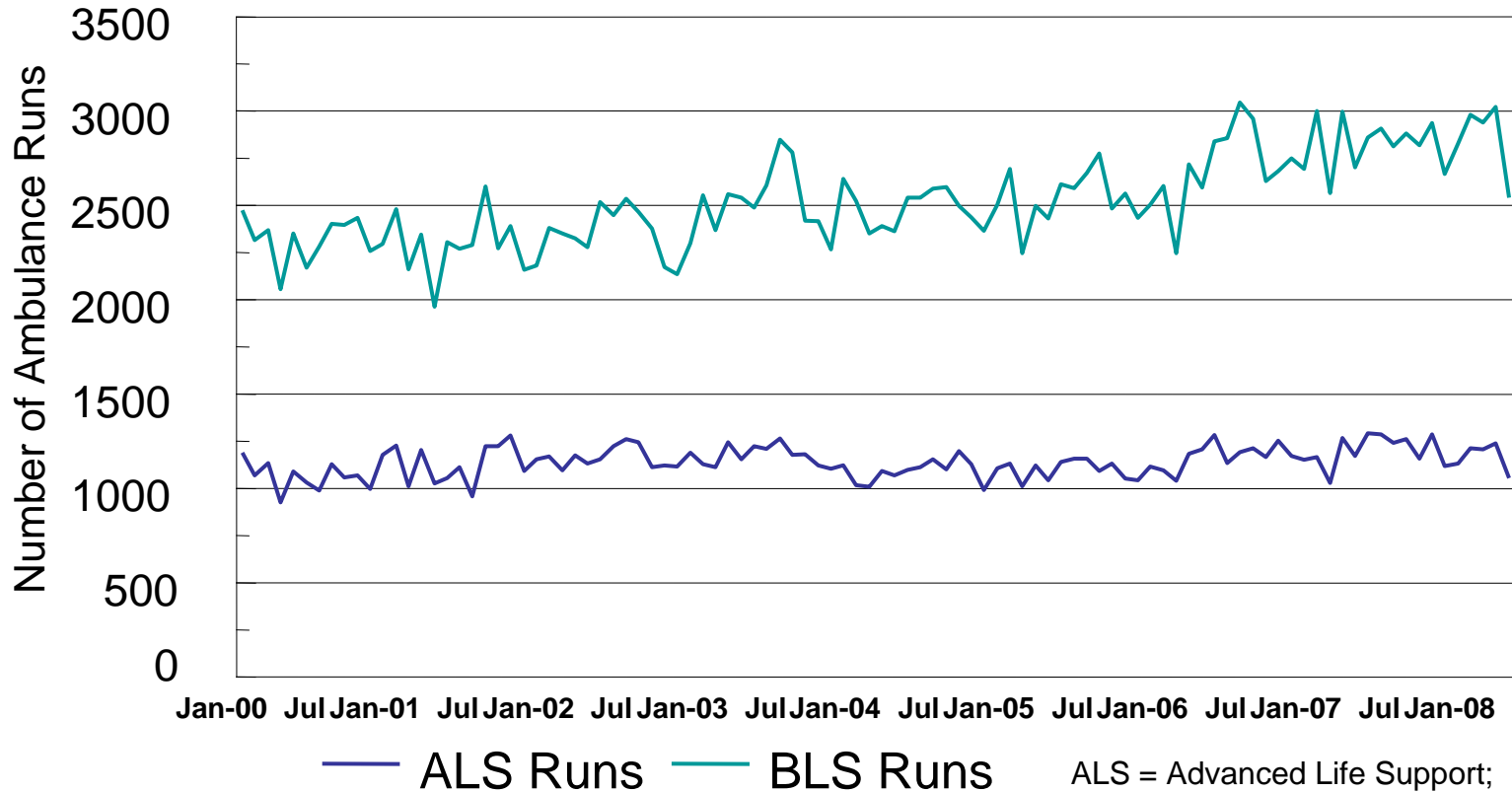
Speak English Not Well/Not at All



In the 2020 Public Forum, language access was identified as a significant barrier to accessing quality and coordinated health care services, and promoting health literacy.

*U.S. Census, 2000*

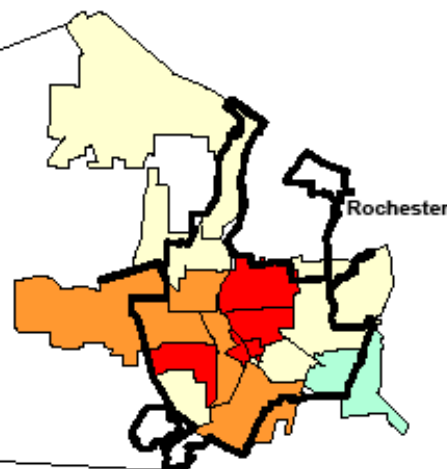
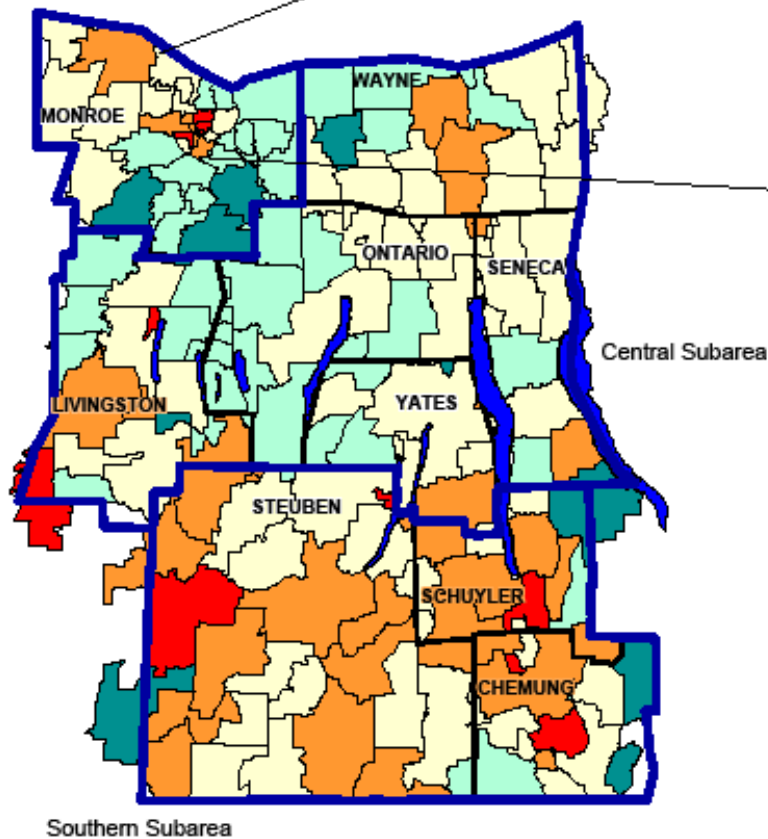
# Ambulance Run Volume, All Monroe Hospitals



Ambulance volume is on the rise – but not for critical patients. Rather, the increase is due to more low-acuity patients using ambulances for transport to the ED.

\*ED visits for SMH are incomplete

# Prevention Quality Indicator (Adults) 2004-2006 Hospitalizations per 100,000 by Zip Code



Prevention Quality Indicator 2004-2006 Hospitalizations	
<span style="color: red;">■</span>	2,790 to 6,420 (Worst)
<span style="color: orange;">■</span>	1,790 to 2,790
<span style="color: yellow;">■</span>	1,290 to 1,790
<span style="color: lightgreen;">■</span>	750 to 1,290
<span style="color: darkgreen;">■</span>	0 to 750 (Best)

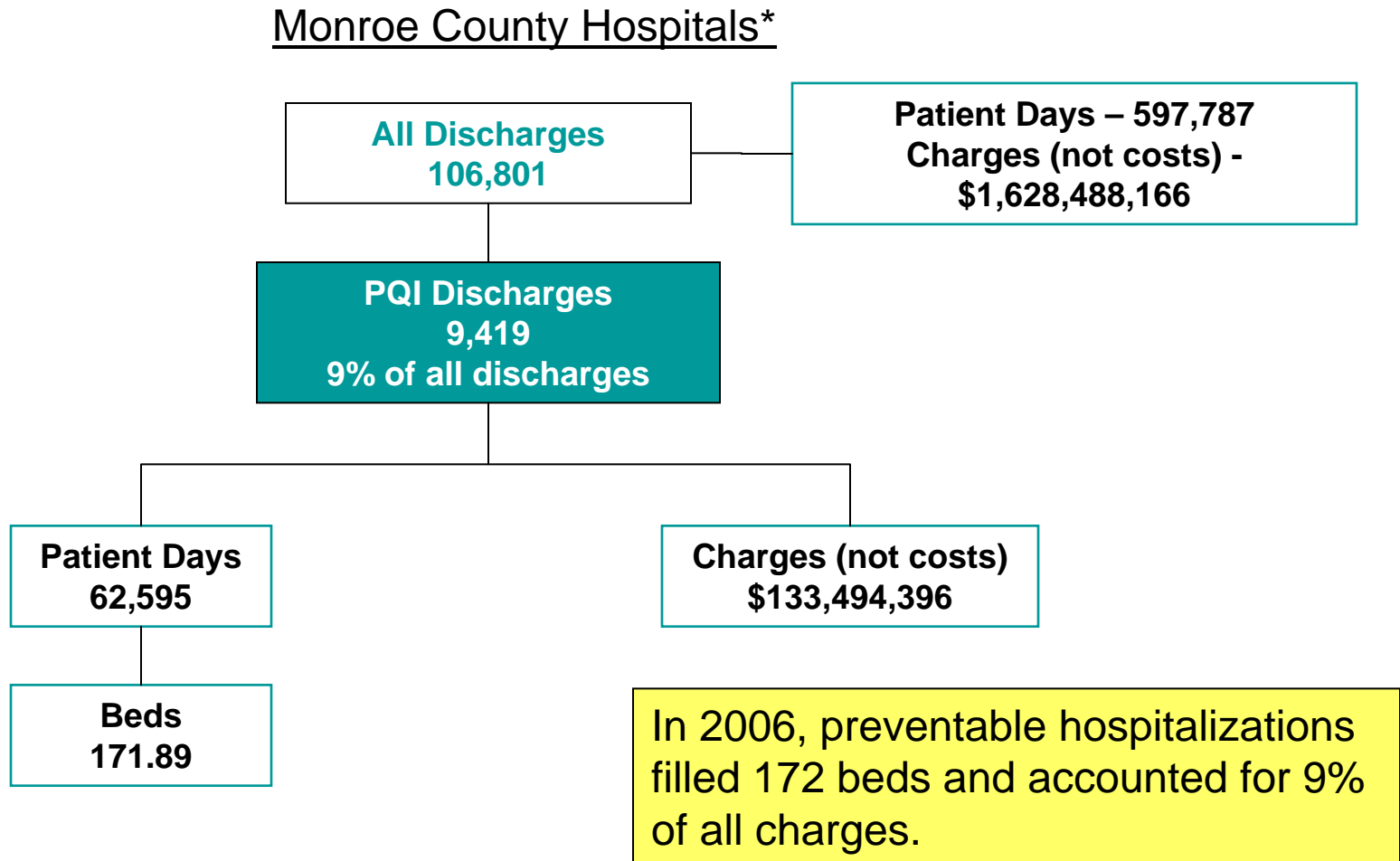
As in the case of diabetes PQI hospitalizations and ED utilization, overall PQI hospitalizations derive from minority and poor populations.

"The PQIs are a set of measures that can be used with hospital inpatient discharge data to identify "ambulatory care sensitive conditions" (ACSCs). ACSCs are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease. Even though these indicators are based on hospital inpatient data, they provide insight into the quality of [and access to] the health care system outside the hospital setting. Although other factors outside the direct control of the health care system, such as lack of patient adherence to treatment recommendations, can result in hospitalization, the PQIs provide a good starting point for assessing quality of health services in the community." (AHRQ Guide to Prevention Quality Indicators version 3.1, March 2007)

Rates are age-adjusted  
Data Source: NYS DOH SPARCS files

*NYS DOH SPARCS files*

# All PQI Hospitalizations – Discharges, 2006



AHRQ Prevention Quality Measures, 2006

\*Includes HH, RGH, Unity, SMH, Lakeside

# Potential Opportunities

# Eliminating Disparities

- Best Practices:
  - Mobilization and management of a continuum of disease-specific resources across a community
    - Network development
    - Making necessary arrangements in advance to ensure individuals will actually be able to get, and do get, the network's services
  - One-to-one outreach, including lay “navigators”
  - Improved physical access to care (e.g. transportation)
  - Focus on multiple determinants of health
  - Practicing cultural competence:
    - Linguistic competence
    - Understanding client populations' barriers to care
    - Knowledge of client population's predominant diet, lifestyle, culture and beliefs

## Latino Education Project Corpus Christi, Texas

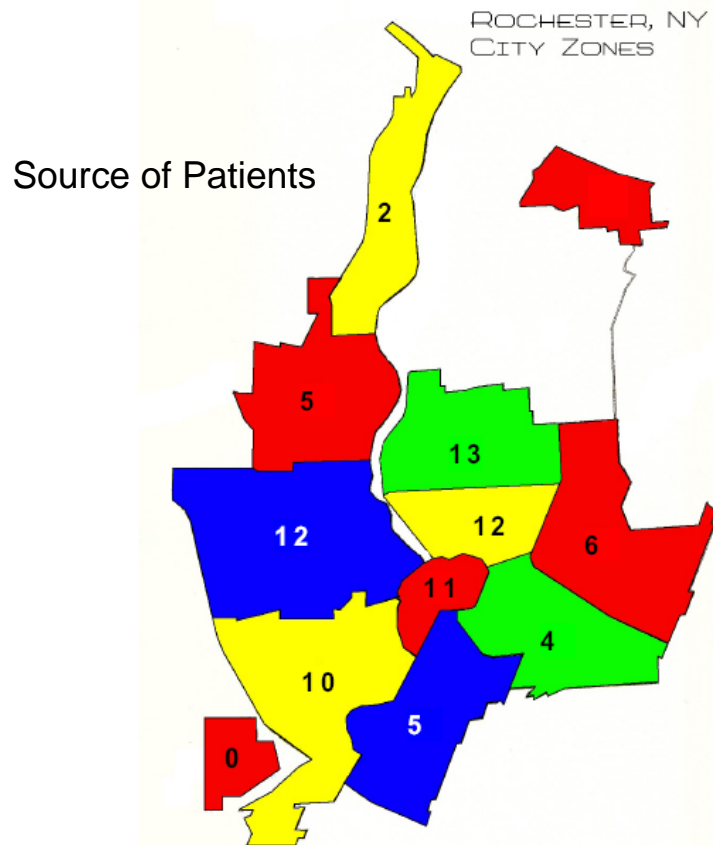
### Community response to diabetes in older Latinos (Promotores)

- Strategies for prevention, early diagnosis and treatment of diabetes:
  - Increased levels of physical activity
  - Increased consumption of fruits, vegetables and water
  - Small study circles for personalized approaches to behavior change
  - Lay health educators to assist in identifying community resources
  - Case management
  - Program costs \$300K per year

*Centers for Disease Control and Prevention. REACHing Across the Divide: Finding Solutions to Health Disparities. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2007.*

# Rerouting of ED Visits to Ambulatory Care Settings

Number of Potential Ambulance Diversions to Urgent Care, Health Centers and Clinics per Week, Weekdays 8am to 8pm (non-Medicare)



- There are about 12,200 low-acuity calls per year resulting in ambulance transportation.
- Approximately 80 patients per week may be directed to destinations other than Emergency Departments during weekday work hours of health centers or clinics.
- Neighborhood centers\* report they have sufficient capacity to accept more patients than they currently do.

*\*Westside, Anthony Jordan, Oak Orchard, Rochester Primary Care Network Affiliates*

*Rural Metro data collected for the FLHSA Ambulance Alternate Destination for Non-Emergency Patients, 2006*



## Closing the Divide

- “While I agree that an immediate need to deal with urgent care in our community may be to add some hospital beds, I do not believe that alone will resolve the issues...I hope that we could add some beds, support some of the programs we discussed, and deal with provider attitudes in ways that hold all of us accountable to patients...One without the others will not work.
- *I believe we have the timing and opportunity to effect change.”*

*Sherita Bullock, Community Relations Manager, Perinatal Network of Monroe County, 5/08/08*

The problems come from poor systems ... not bad people.

- *“In its current form...American health care is **incapable** of providing the public with the quality health care it expects and **deserves.**”*

Institute of Medicine Report (2001) *Crossing the Quality Chasm: A New Health System for the 21st Century*



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## Finger Lakes Health Systems Agency

The triangle represents our agency's role as a fulcrum—the point on which a lever pivots—boosting the community's health by leveraging the strengths of all stakeholders. The fulcrum is also a point of equilibrium, reflecting our ability to balance the needs of consumers, providers and payers on complex health matters. The inner triangle also evokes the Greek letter delta—used in medical and mathematical contexts to represent change—with a forward lean as we work with our community to achieve positive changes in health care.

Give me a lever long enough and a fulcrum on which to place it,  
and I shall move the world. —Archimedes

1150 University Avenue • Rochester, New York • 14607-1647  
585.461.3520 • [www.FLHSA.org](http://www.FLHSA.org)