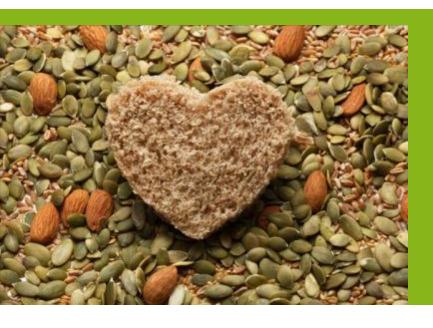


### ALL HEART/PHASE Conference 2015: New Opportunities to Address Racial, Ethnic and Gender Disparities



Presented by:

Winston Wong, MD MS

Medical Director, Community Benefit National Program Offices

Marc Jaffe, MD

Associate Clinical Professor of Medicine, UCSF Kaiser Permanente Northern California

South San Francisco Medical Center

Jim Dudl, MD

Diabetes Lead, Care Management Institute National Program Offices



#### **Today's Conversation**

The Challenge at Hand

Evolution of Culturally Specific Care Delivery Processes for Large Populations

Key Tools to Addressing the Disparities



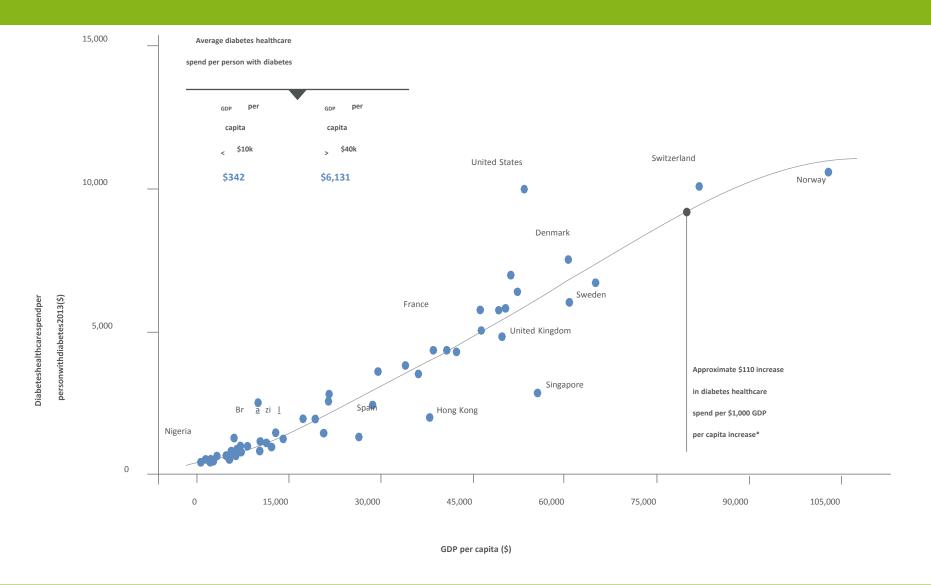
### The Challenge Ahead



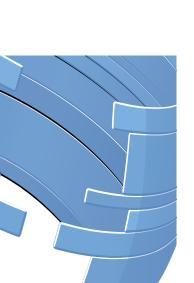
Presented by:
Winston Wong, MD MS
Medical Director, Community Benefit
National Program Offices



### Report of the WISH Diabetes Forum 2015



# Policy Goal 1: IMPROVE DISEASE MANAGEMENT FOR PEOPLE WITH DIABETES TO REDUCE COMPLICATION RATES



# RISING TO THE CHALLENGE PREVENTING AND MANAGING TYPE 2 DIABETES

- Access to medicines and medical treatment
- Support for individual selfmanagement
- Screen for complications

"...the majority of disparities interventions in the ...literature use education to influence the knowledge and behavior of patients...researchers and providers are focused on changing patients, rather than the system that serves them...

Clarke, et al, "Thirty Year of Disparities Intervention Research", Medical Care, v.51, No. 11, November 2013



### ALL HEART/PHASE Conference 2015: Evolution of Culturally Specific Care Delivery Processes for Large Populations

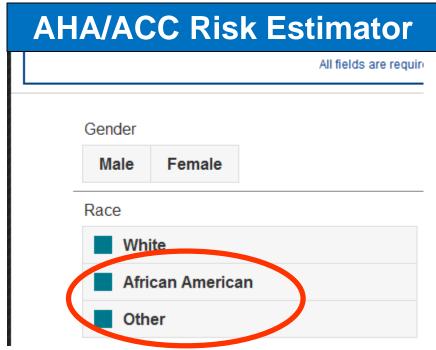


Presented by:

Marc Jaffe, MD
Associate Clinical Professor of Medicine, UCSF
Kaiser Permanente Northern California
South San Francisco Medical Center

# Guidelines That Account for Race (eg HTN, Chol, Osteo)





#### Recommendation JNC8 HTN Recommendation

In the general black population, including those with diabetes, initial anti-hypertensive treatment should include a thiazide-type diuretic or CCB. (For general black population: Moderate Recommendation – Grade B; for black patients with diabetes: Weak Recommendation – Grade C)

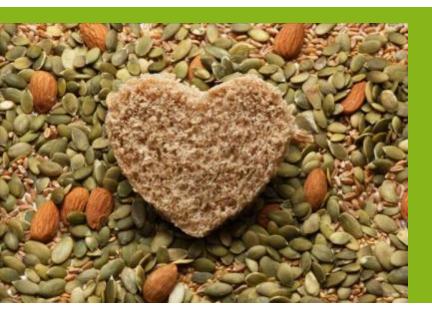


# **Evolution of Culturally Specific Care Delivery Processes for Large Populations**

Stage	Guidelines	Care Systems
1	General Guidelines	No Organized Population Care Systems
2	General Guidelines	Organized General Population Care Systems
3	Guidelines that account for Race (eg HTN, Chol, Osteo)	Organized General Population Care Systems
4	Guidelines that account for Race (eg HTN, Chol, Osteo)	Organized Population Care Systems that account for Race (eg HTN metrics by Race)



### ALL HEART/PHASE Conference 2015: Key Tools to Addressing the Disparities



Jim Dudl, MD Diabetes Lead, Care Management Institute National Program Offices



Presented by:

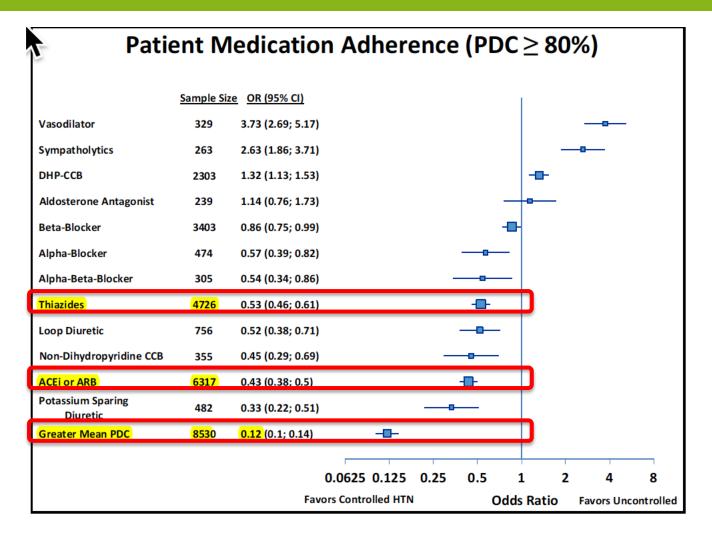
### The Silent Cardiac Risk Factor!

# NON-Adherence!!





### Low Adherence in Cohort of 1,500 Uncontrolled HTN Patients in Kaiser Permanente

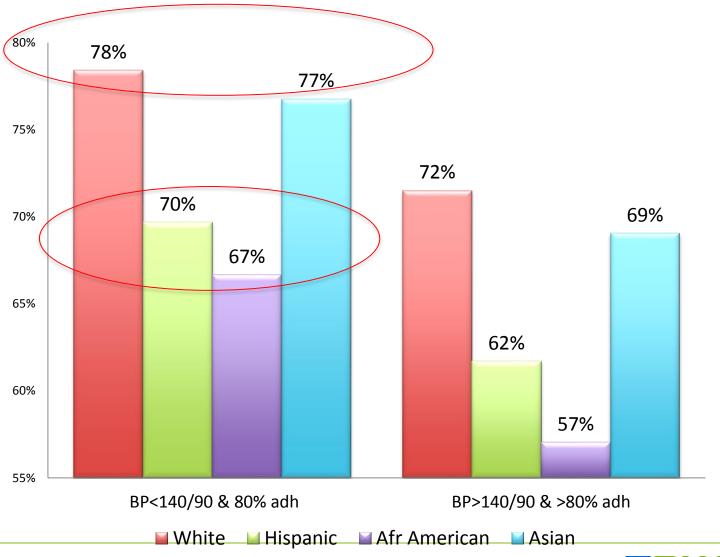


J Clin HTN 2015 pg 1-9 Adherence is =>80% Pt Days Covrerd





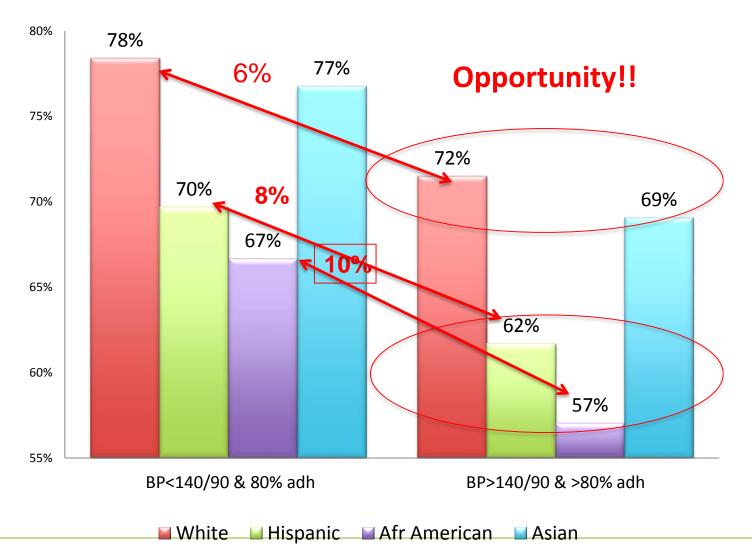
# Htn Med Adherence in Controlled/Uncontrolled BP by Race/Ethnicity







# Htn Med Adherence in Controlled/Uncontrolled BP by Race/Ethnicity







#### What DOESN'T Work? Not Removing Barriers

Table 2. Barriers to appropriate medication use and adherence			
Patient-related barriers	Medication-related barriers	Clinician-related barriers	
Forgetfulness	Complex medication regimens	Poor relationship with clinician	
Lack of knowledge about medication and its use	Side effects or adverse effects from the medication	Poor communication with clinician	
Cultural, health, and/or religious beliefs about the medication	Taking multiple mediations at the same time	Cultural, health, and/or religious beliefs—disparity between clinician and patient	
Denial or ambivalence regarding conditions	Length of therapy	Lack of feedback and ongoing reinforcement from clinician	
Financial challenges			
Lack of health literacy			
Lack of social support			

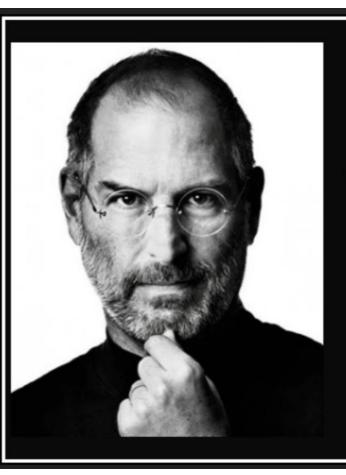
- But >30% of barriers not on this list,
- The ideal way to discover barriers is to ask
  - "in order to take your meds as directed, what problems questions or concerns do you need to deal with now?

The Permanente Journal 2009 13 pg 62





#### What DOES work? Simplicity & Coaching



That's been one of my mantras - focus and simplicity. Simple can be harder than complex: You have to work hard to get your thinking clean to make it simple. But it's worth it in the end because once you get there, you can move mountains.

(Steve Jobs)

izquotes.com

Combination drugs like ACE/Thiazide 20%, bundles like blister packs 20% therefore bundles like TALL, and community heath worker coaches





#### **Questions?**