

Reducing Disparities in Health Care Quality for Priority Populations: An Approach Focused on Improving Care in Under-Resourced Settings Using Health Information Technology and Other Quality Improvement Strategies

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Target Population: Asthma, Diabetes, Elderly*, Low SES/Low Income*, Pediatric, Racial/Ethnic Minorities*, Women*

Summary: The Agency for Healthcare Research and Quality (AHRQ) seeks to build a research and action agenda for reducing disparities in health care quality among the AHRQ priority populations. AHRQ convened a meeting that provided recommendations to advance this effort. Five papers were commissioned. An introductory paper focused on how under-resourced settings (URS) could overcome health information technology (IT) implementation challenges and provided insight on how health IT might improve care and reduce disparities. The remaining four papers were case studies of large and persistent disparities in quality of care, as identified by the United States Department of Health and Human Services and AHRQ's National Healthcare Disparities and Quality Reports. The papers will be published in a journal supplement with an introduction authored by AHRQ staff.

The case studies addressed the reduction of differences between: 1) Black and White children in asthma hospitalization rates; 2) Black, Hispanic, and White diabetic adults in lower-extremity amputation hospitalizations; 3) Black, Hispanic, and White women in receiving early prenatal care; and 4) low-income and higher-income Asian and White children and adults in receiving good provider-patient or family communication. The case studies combined literature reviews and creative thinking to produce recommendations for a research and action agenda to use health IT and other strategies to reduce disparities in quality of care.

Project Objectives:

- Build a research and action agenda for reducing disparities in health care quality among priority populations. **(Achieved)**

2010 Activities: The project team made arrangements for all meeting logistics including location, audiovisual equipment, food and beverage services, hotel and travel for participants, and securing a facilitator and speakers. The team conducted conference calls to develop the workshop agenda, topics, and the participant list. They also arranged for development of workshop materials including registration and conference materials, agenda, participant list, a workshop Web site, an audiotape of the entire workshop, and a written summary of the workshop proceedings. A final report was prepared and is posted on the [AHRQ Web site](#).

Impact and Findings: Meeting participants identified the following specific research needs:

- Increasing patient empowerment using health IT.
- Using tools that are already in place.
- More testing of electronic medical records in URS serving priority populations.
- Examining technology development and policy.
- Understanding what is needed for maintenance once the IT is in place.
- Applying the business case.
- Exploring the role of disease registries.

Meeting participants suggested the following as possible directions for AHRQ to pursue:

- Focus funding opportunities on small, low-reimbursement practices, and other URS.
- Consider whether the funding process can be accelerated so changes in health IT can converge with research efforts.
- Study how to facilitate partnerships among URS, researchers and evaluators, and health IT experts.
- Provide guidance on study designs that are both rigorous and relevant.
- Create a task force to continue work on disparities, under-resourced settings, health IT, and quality improvement.

Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

Business Goal: Synthesis and Dissemination

* *AHRQ Priority Population*