Health Disparities Reduction Project

Capacity Building for Health Equity
Dedicated internal efforts to develop and expand health equity initiative

Leadership Buy-In

Collaborative Disparity Model

Align to Strategic Initiatives

Operationalizing the Model with Postpartum Care

Phase One: Planning /Support

Phase Two: Interventions

Phase Three: Evaluation

My Location

Reduced Disparities for Postpartum Care in the African American Community

15 Months

- Data Analysis: Development of Target
- Barrier Analysis: Key Informant Interviews
- Community Advocacy

- Non Clinical Home Visitation Program
- High Risk OB Case Management Program
- Community Baby Showers
- Culturally responsive training for high risk case managers
- Pre-natal notification forms
- Provider network education and oversight of PPG
- PPG conducting search for mid-level practitioner for OB Care

- Transportation Pilot
- Well Woman Calls

- Clinical Home Visitation
- Customer Service and Discrimination Training

- Expand to additional targets
- Begin resolving data issue with current target

- Expansion of Project
- Intervention Evaluation and Process Improvement
- Resolve Data Issues
- Implement Home Visiting

Progress
Post Partum visits for African-American members in Lancaster increased 94%, from 17% to 33% from 2014-2015

40% Disparity Reduction in targeted area
- Despite a widening gap countywide, the gap between white member rates and African-American member rates in targeted area reduced from 10% to 6%

*per administrative HEDIS data

Traffic Jams
- Verification of pregnancy via telephone not successful
- Medical providers have limited resources to support outcome improvement
- Encounter submission must be eliminated as root cause

Disparity efforts best utilized for long term HEDIS projects