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Three Residency Programs’ Lessons Learned about Disparities from a Deep Dive into Our Population Data

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**Project Aim**

To identify actionable disparity gaps for quality improvement through detailed analysis of selected clinic level quality metrics by REAL-G Categories (Race, Ethnicity, Age, Language, Gender).

**Methods**

- Three residency programs identified clinical quality disparity targets:
  - Family Medicine – Colorectal Cancer Screening
  - Internal Medicine – Diabetes
  - Ob/Gyn – Postpartum Readmissions for HTN
- Retrospective 12 mos analysis of targeted metrics using REAL-G categories to identify disparities by target
- Each residency team reviewed data and identified a REAL-G disparity

**Results: Family Medicine CRC Screening**

- CRC screening population records were sampled for eligible patients >/= age 50 for MKE-S (N=59,745), FCC (N=846), and FPC (N=1,458)
- Largest CRC screening disparity was associated with age with screening gaps ranging from 13-15% between populations aged >65 vs age 50-54
- CRC Screening Rate disparities by race, ethnicity and gender were <10%

**Results: Internal Medicine Diabetes**

- DM Patients with ≥2 HbA1c in 12 months

**QI Outcomes**

- Improve by 10% the number of African American/Black patients that receive 2 HbA1c checks per year
- Outcome: Improve by 5% the number of African American/Black patients with BP control <140/90

**Results: Ob/Gyn Postpartum HTN**

- Ob/Gyn data required deeper analysis due to database/sample size – chart audit conducted
- N=28 pts readmitted with Postpartum HTN
  - 57% of all readmissions
- Age: 68% 18-34; 29% 34-40; 3% < 18
- Race: 82% African American; 7% White; 7% Asian; 4% Hispanic
- Language: 92% spoke English
  - 18% had HTN discharge instructions printed
  - 46% had postpartum BP appointments
- Large # readmitted w/in 48-72 hrs discharge

**QI Aim:**

- Enhance clinical workflow
- Education re: 3 CRC screening options

**QI Changes Include:**

- Enhance clinical workflow
- Education re: 3 CRC screening options

**References**


**Data Analytics:** Analyzing clinical quality data at the site level using REAL-G disparity categories yields insights to support pop QI

**Collaboration is Essential:** Data analysts provide site/market level metrics; Diversity & Inclusion Leadership; Clinic Leaders...

**Patience, Persistence and Sustainability:**
Resident duties impacts consistent leadership & participation + they graduate necessitating succession planning