Disparities and Complexities in Women's Cardiovascular Care

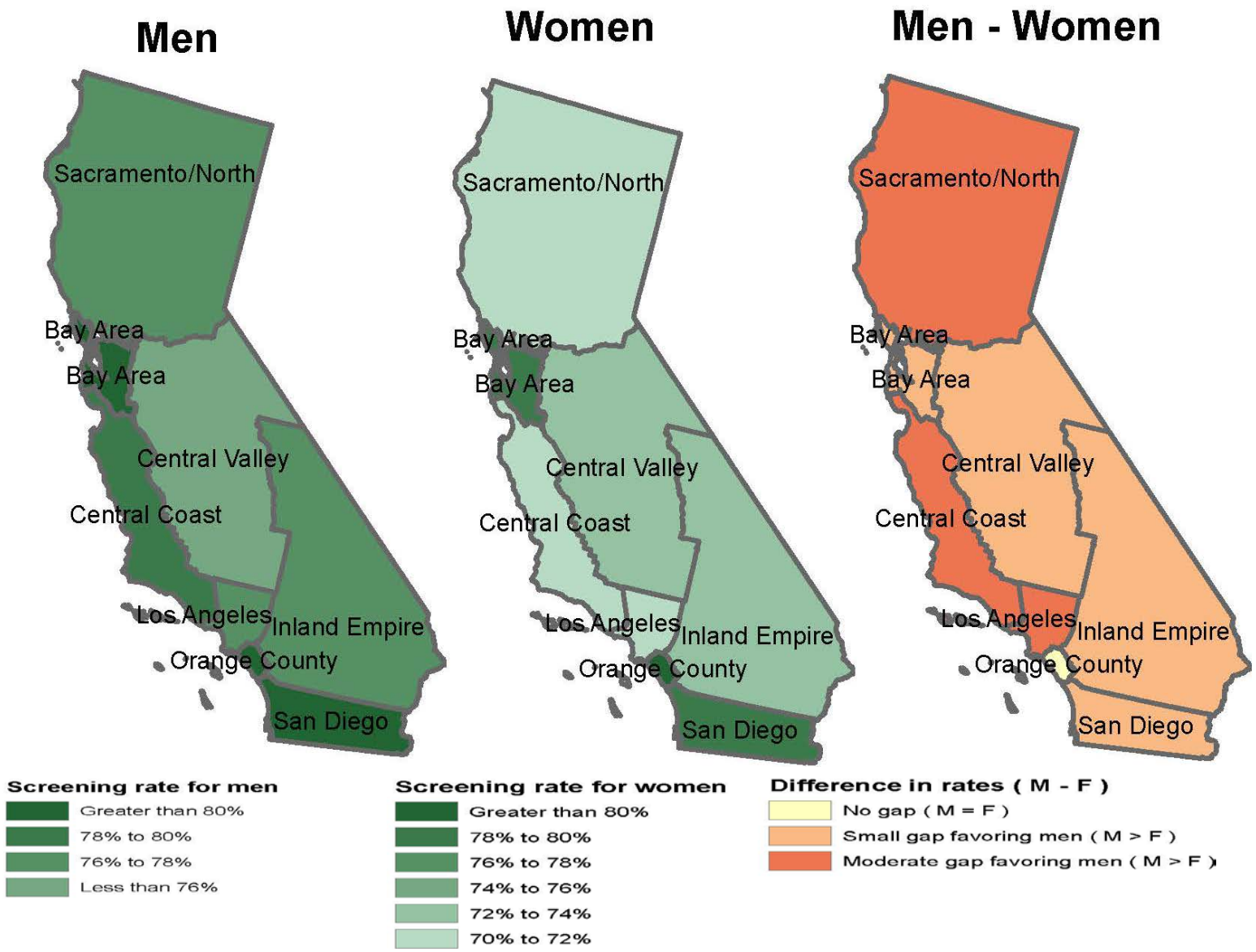
Chloe E. Bird, PhD

November 5, 2015

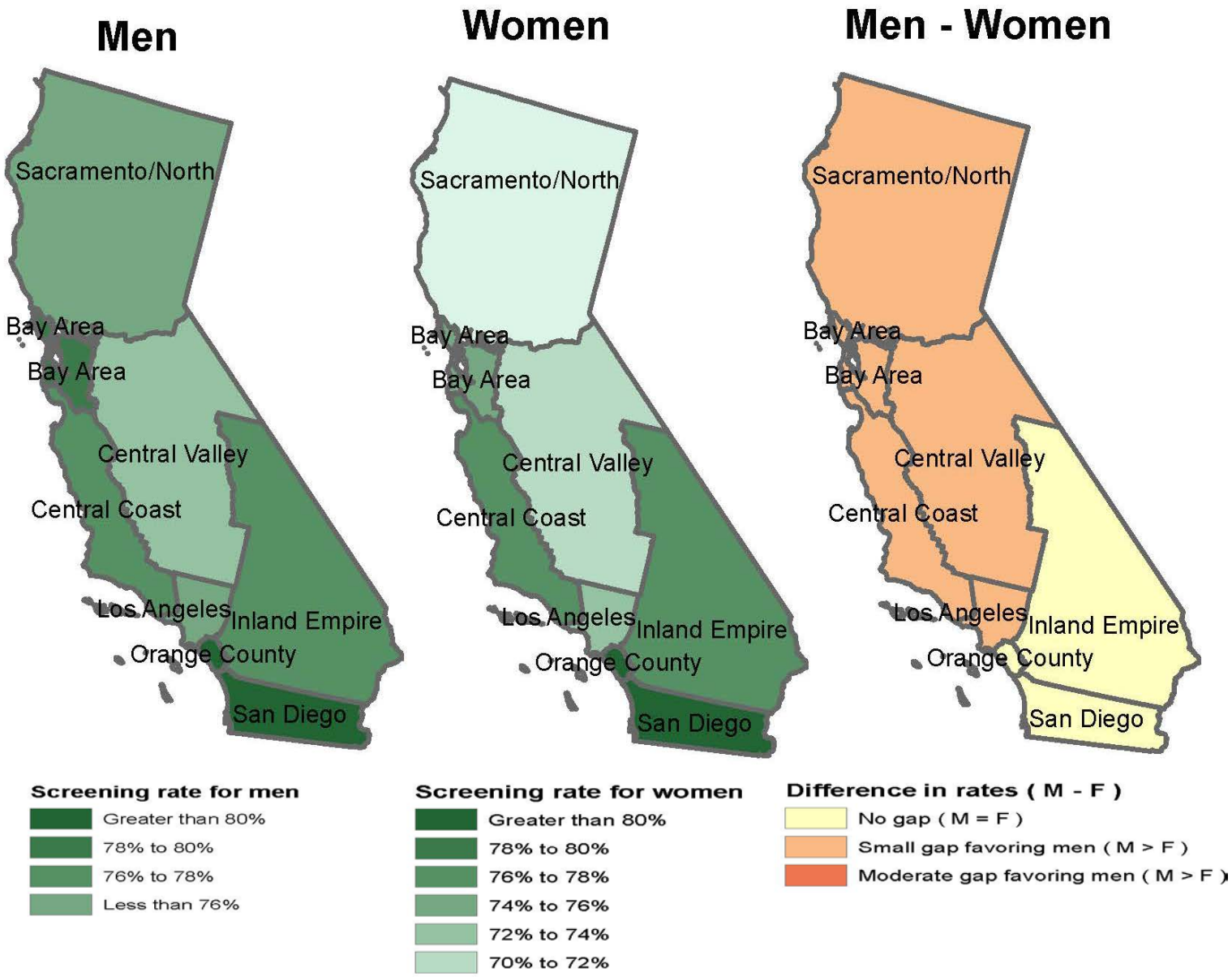
Our Charge

- Why do women have poorer CVD outcomes?
- What are the underlying causes?
- What can we do to close the gaps?

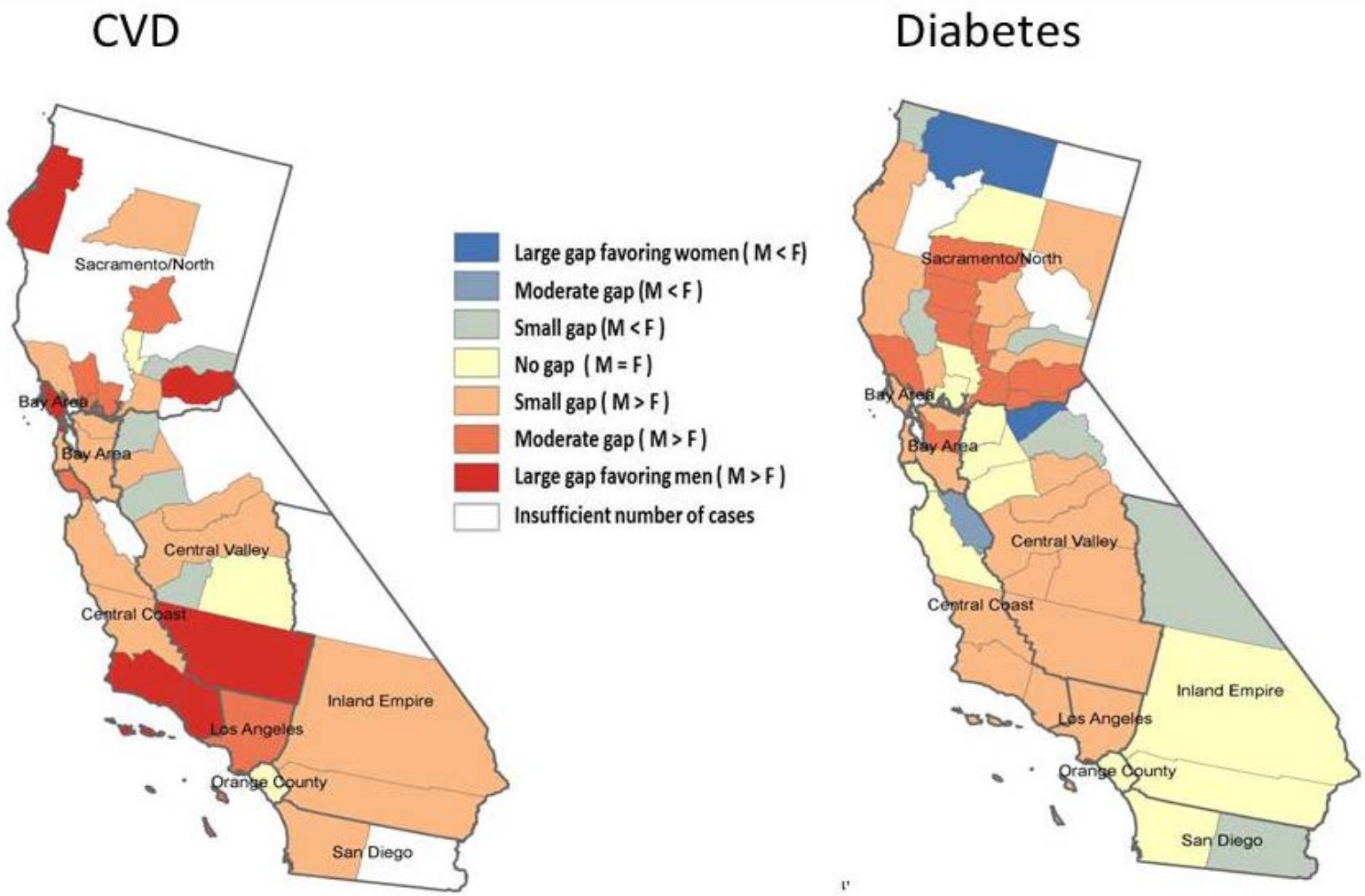
CVD Care was Better for Men than for Women in 7 of 8 Regions



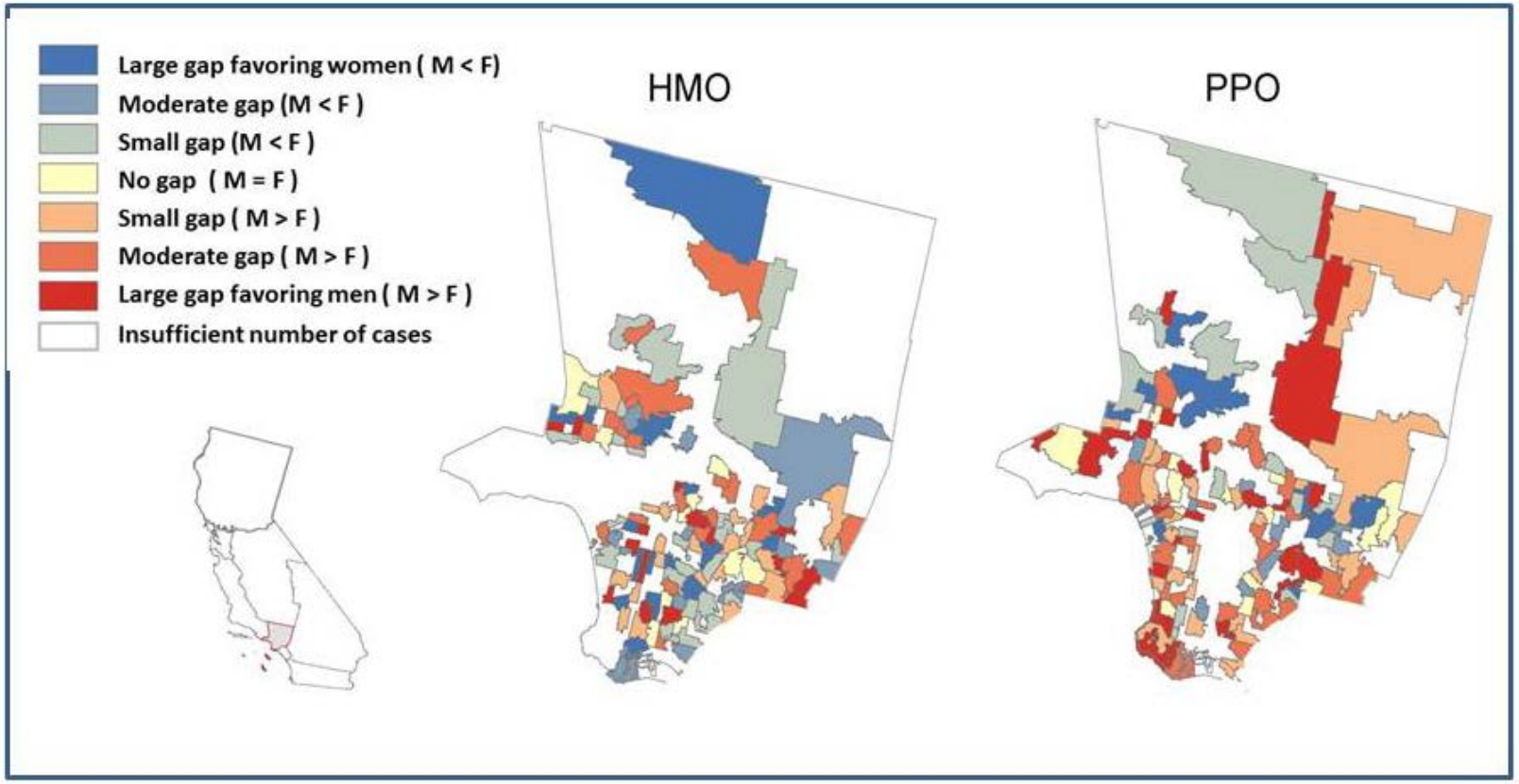
Regional Gender Differences in Care were Smaller for Diabetes



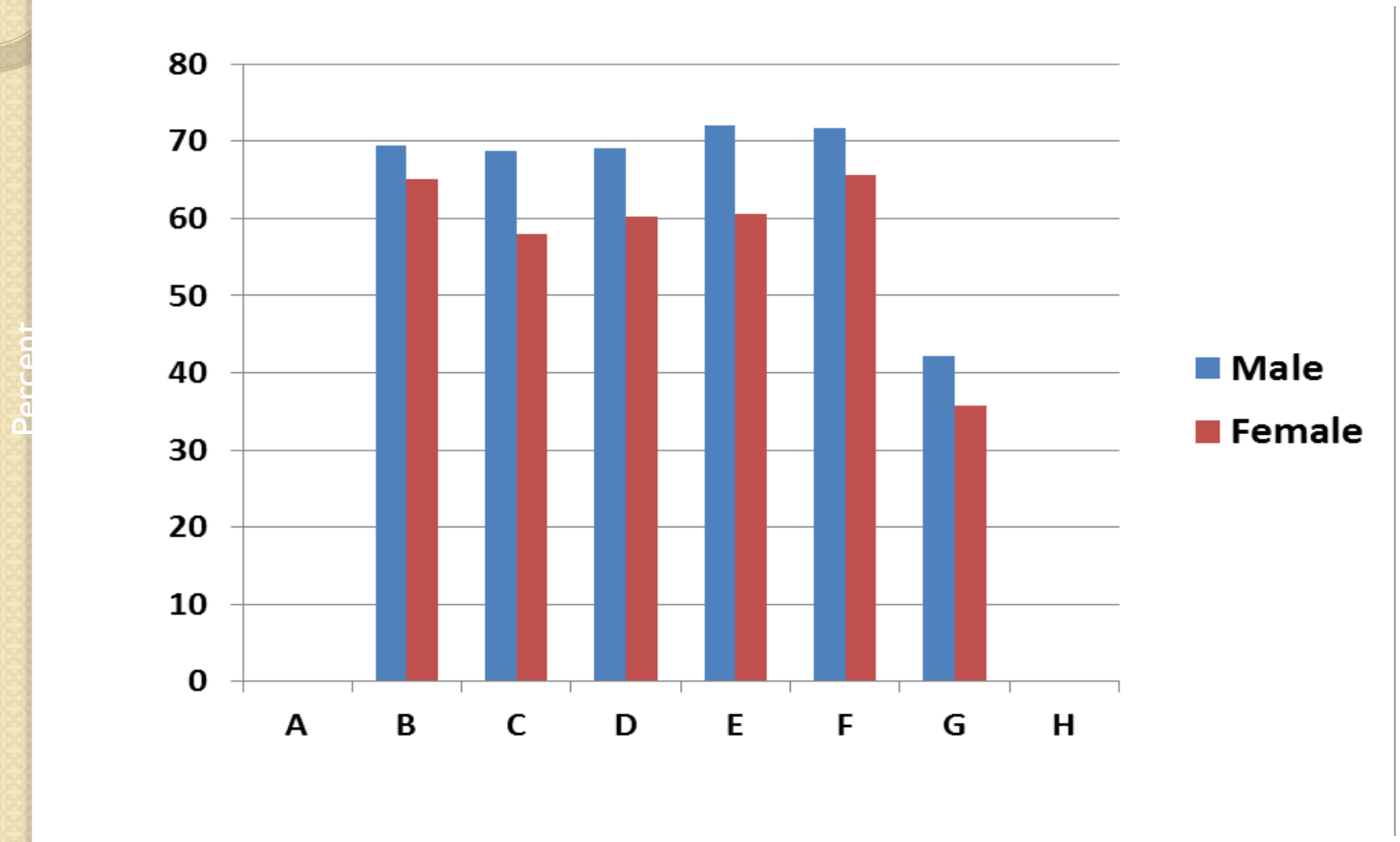
Larger Gender Disparities were Observed at the County Level



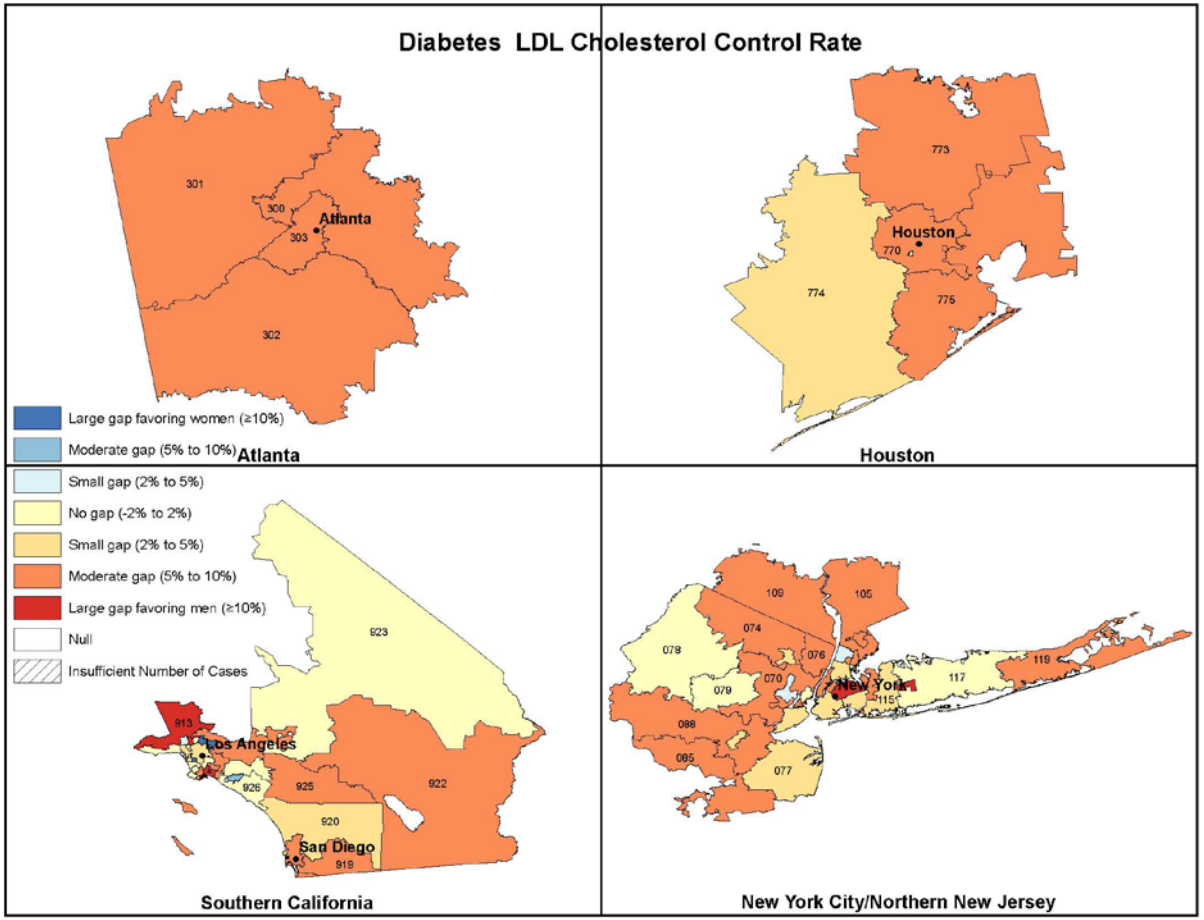
Gender Gaps in DM LDL Screening in LA County by Zip Code and Insurance Type*



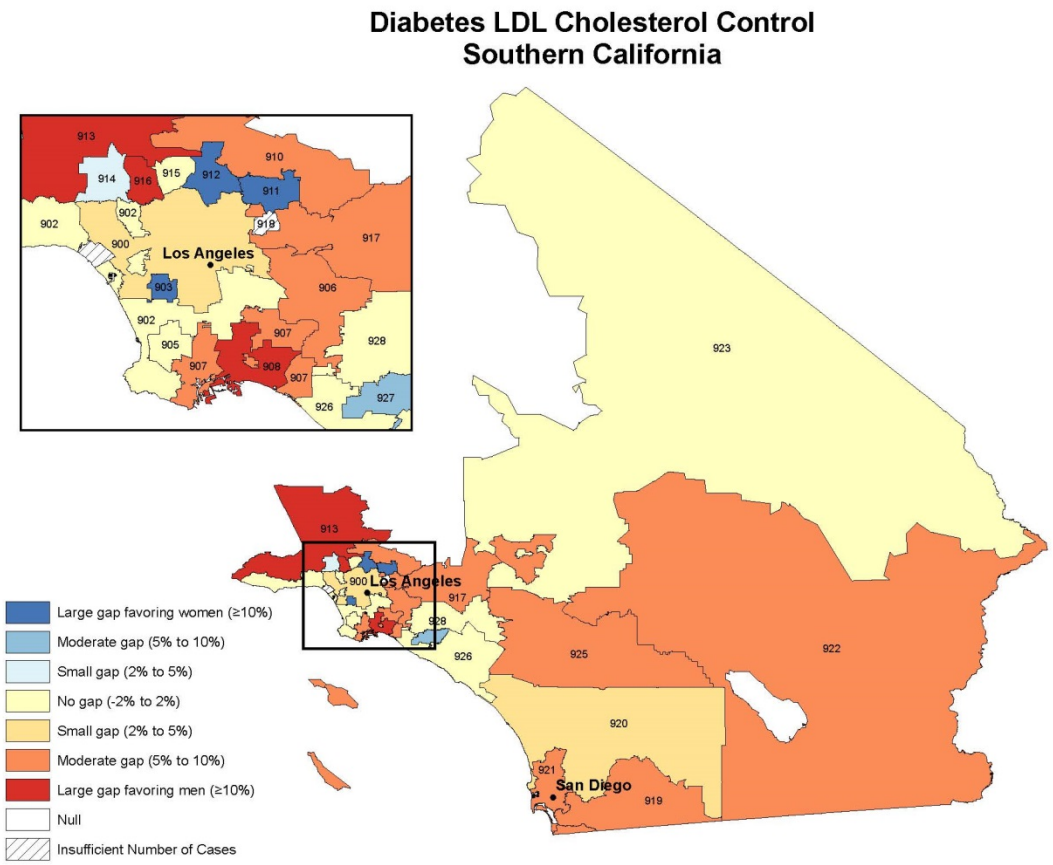
DM LDL Control Rates in San Diego County by Gender and Group



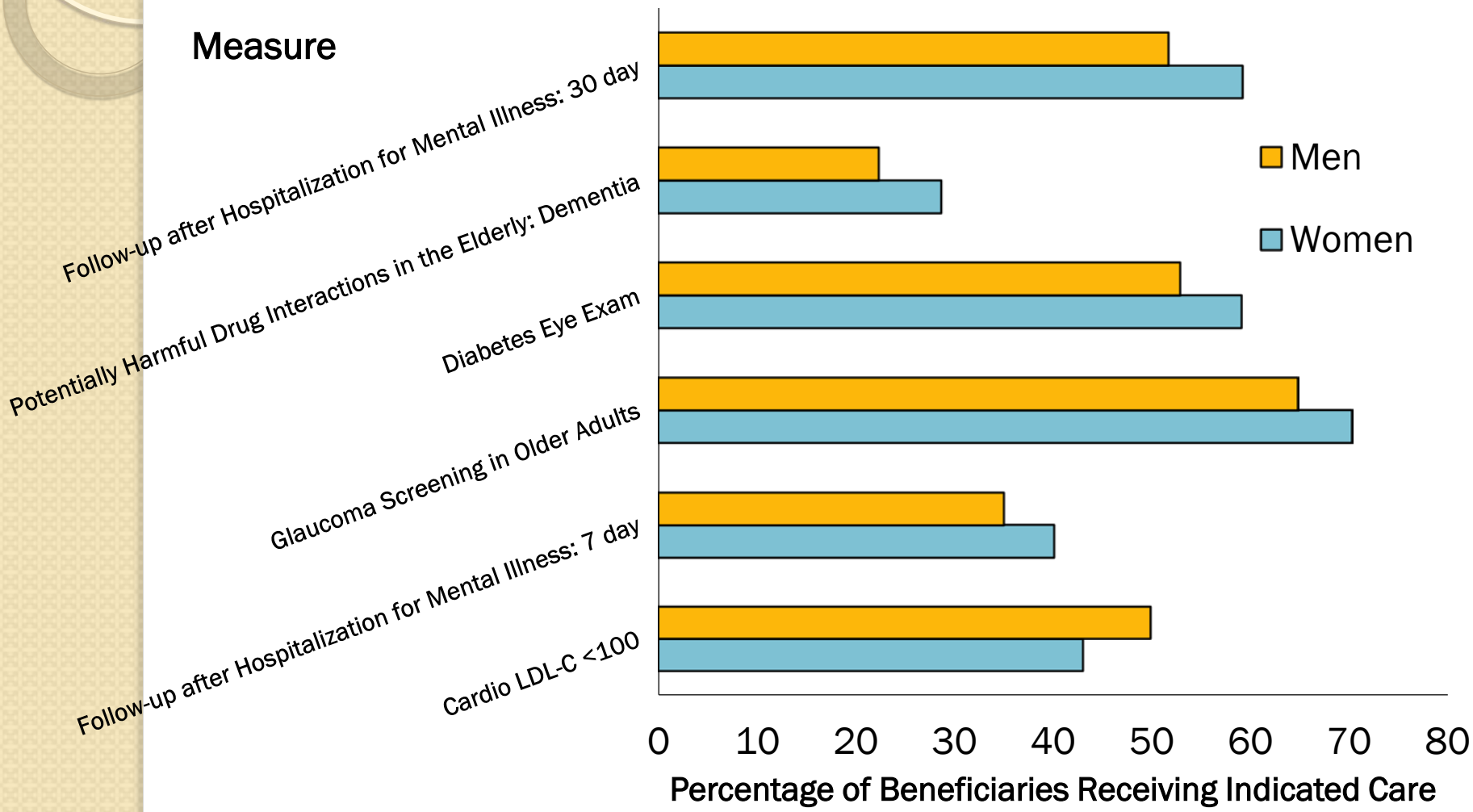
Gender Gaps in DM LDL Control Rates in 4 Metropolitan Areas



Gender Gaps in DM LDL Control Rates in Southern California



In Medicare Managed Care: 5/6 Differences of 5 Percentage Points or More Favored Women



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WOMEN'S HEALTH ISSUES

COMMENTARY

GENDER DISPARITIES IN MANAGED CARE
It's Time for Action

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Evidence that cardiovascular disease (CVD) and its risk factors are common in women has grown rapidly in recent decades. During the same period, numerous studies have demonstrated gender disparities in the detection, prevention, care, and outcomes of CVD as well as in conditions that contribute to CVD, such as diabetes (Correa-de-Araujo & Clancy, 2006; Mosca et al., 2005; Bird et al., 2003). Yet recognition of CVD prevalence and its risk factors among women remains low and gender disparities remain "below the radar" for many key stakeholders. Consequently, gender disparities are not routinely assessed or acted upon. The set of four studies on gender

been and continue to be common. T
studies make a compelling case th
ment of and action on gender disp
CVD and diabetes is warranted.

The fact that gender disparities
address them has not been a high
health plans is understandable giver
in the gender disparities literature. F
studies to date have focused on g
related to cardiac care and outcome
events involving hospitalization, s
myocardial infarction. Relatively f
examined gender disparities in am

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WOMEN'S HEALTH ISSUES

DOES QUALITY OF CARE FOR CARDIOVASCULAR DISEASE AND DIABETES DIFFER BY GENDER FOR ENROLLEES IN MANAGED CARE PLANS?

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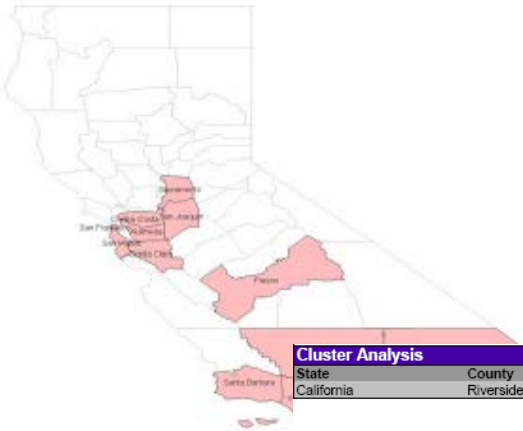
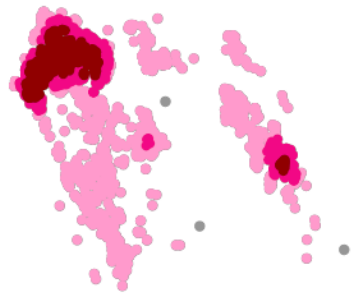
Purpose. To assess gender differences in the quality of care for cardiovascular disease and diabetes for enrollees in managed care plans.

Methods. We obtained data from 10 commercial and 9 Medicare plans and calculated performance on 6 Health Employer Data and Information Set (HEDIS) measures of quality of care (β-blocker use after myocardial infarction [MI], low-density lipoprotein cholesterol [LDL-C] check after a cardiac event, and in diabetics, whether glycosylated hemoglobin [HgbA1c], LDL cholesterol, nephropathy, and eyes were checked) and a 7th HEDIS-like measure (angiotensin-converting enzyme [ACE] inhibitor use for congestive heart failure). A smaller number of plans provided HEDIS scores on 4 additional measures that require medical chart abstraction (control of LDL-C after cardiac event, blood pressure control in



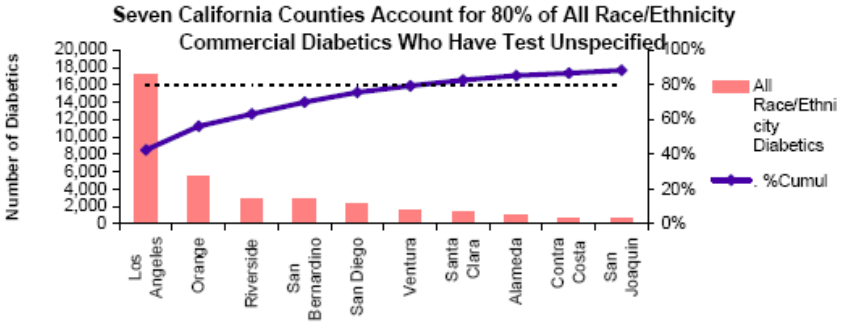
Cluster Analysis — Blue Cross

State	County	Product Line	HEDIS Measure
California	Riverside (CA)	Commercial	Test Unspecified



Pareto Principle Analysis — Blue Cross

State	Product Line	Race/Ethnicity	HEDIS Measure
California	Commercial	All Race/Ethnicity	Test Unspecified



Steps to Close the Gaps

- Improving the science
  - gender-based analysis of CVD studies
  - Increased research on women's heart health
- Making the gaps visible through
  - gender-based analysis of quality of care
  - gender-based reporting of quality of care
  - mapping gaps in care to identify hot-spots of lower quality care and gender disparities
- Making health care plans and provider groups accountable for improving women's quality of care for CVD

HEALTH

Putting Women's Healthcare on the Map

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- We also thank CIGNA and our data analytics colleagues there who are helping to confirm and extend our prior findings of gender gaps and make this work actionable.

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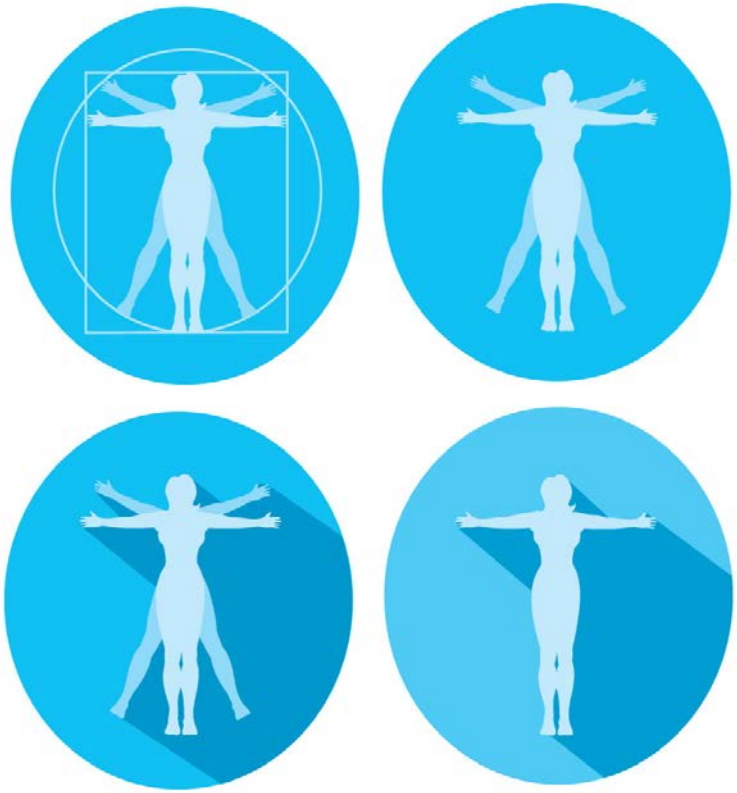
Questions?

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