Disparities and Complexities in Women’s Cardiovascular Care

Chloe E. Bird, PhD
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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

Screening rate for men:
- Greater than 80%
- 78% to 80%
- 76% to 78%
- Less than 76%

Screening rate for women:
- Greater than 80%
- 78% to 80%
- 76% to 78%
- 74% to 76%
- 72% to 74%
- 70% to 72%

Difference in rates (M - F):
- No gap (M = F)
- Small gap favoring men (M > F)
- Moderate gap favoring men (M > F)
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

![Chart showing LDL control rates by gender and group]
Gender Gaps in DM LDL Control Rates in 4 Metropolitan Areas

Diabetes LDL Cholesterol Control Rate

Atlanta

Houston

Southern California

New York City/Northern New Jersey

Legend:
- Large gap favoring women (>10%)
- Moderate gap (6% to 10%)
- Small gap (2% to 5%)
- No gap (-2% to 2%)
- Large gap favoring men (<10%)
- Null
- Insufficient Number of Cases
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
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 disparities in cardiovascular disease (CVD) and diabetes is warranted. The fact that gender disparities address them has not been a high research priority is understandable given the gender disparities literature. Further studies to date have focused on gender disparities in outcomes. It is critical to recognize the role of gender disparities in the treatment and prevention of CVD and diabetes. More research is needed to understand the mechanisms underlying gender disparities in CVD and diabetes and to develop effective strategies to reduce these disparities.

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

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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) checked after a cardiac event, and in diabetes, whether glycated hemoglobin (HbA1c), LDL cholesterol, and serum albumin were checked and a 5th 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

<table>
<thead>
<tr>
<th>State</th>
<th>County</th>
<th>Product Line</th>
<th>HEDIS Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>Riverside CA</td>
<td>Commercial</td>
<td>Test Unspecified</td>
</tr>
</tbody>
</table>

Pareto Principle Analysis

<table>
<thead>
<tr>
<th>State</th>
<th>Product Line</th>
<th>Race/Ethnicity</th>
<th>HEDIS Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>Commercial</td>
<td>All Race/Ethnicity</td>
<td>Test Unspecified</td>
</tr>
</tbody>
</table>

Seven California Counties Account for 80% of All Race/Ethnicity Commercial Diabetics Who Have Test Unspecified

- Los Angeles
- Orange
- Riverside
- San Bernardino
- San Diego
- Ventura
- Santa Clara
- Solano
- Sacramento
- Santa Barbara
- Stanislaus
- Marin
- Contra Costa
- Fresno
- Tulare
- Kern

Graph showing distribution of diabetics across counties.
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
Putting Women’s Healthcare on the Map

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Questions?

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