

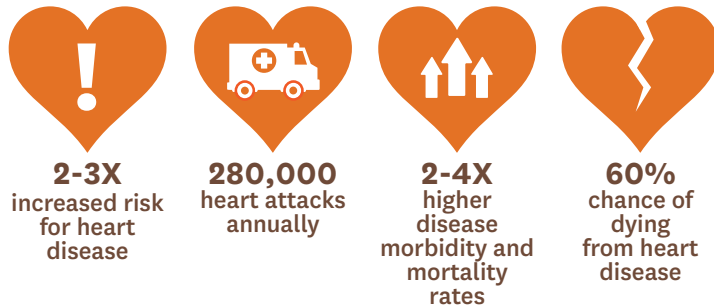


Put your heart into it

SHAPE Disparity Reduction Project

Helping patients with diabetes manage their **heart disease risk**.

U.S. Diabetes Patients Have:

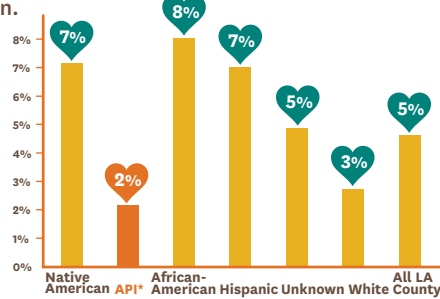


Source: American Heart Association, 2018.

Health Net Members:

Over 80% of all diabetes-related coronary event spend is attributed to members with both Coronary Artery Disease (CAD) and/or hypertension.

Only 57% of our eligible membership is on the recommended cardio-protective bundle of Aspirin, Ace-inhibitor, and a Statin.



Stroke and Heart Attack Prevention Every Day (SHAPE) Disparity Reduction Project:

- ◆ In 2018, looked at Health Plan members with diabetes over 55 years old with CAD and/or hypertension across all lines of business.
- ◆ Of those, 55% of SHAPE members are in Medicaid.
- ◆ 74% of the SHAPE Medicaid membership lives in Los Angeles County.
- ◆ A racial/ethnic disparity was found among the Asian/Pacific Islander (API) population. Specific targets were refined (see below).

Applied Our Health Disparity Model:



Internal Coordination: Collaboration between Medical Affairs, Quality Improvement, and Cultural & Linguistics Departments.

Planning and Evaluation: Analysis, key informant interviews, literature reviews, social determinants of health (SDoH) analysis, and data validation.

Targets:

San Gabriel Valley (●) in Los Angeles County.

Chinese (Cantonese & Mandarin speaking members).



Goals

Goal 1: Complete formative research and develop a work plan for the SHAPE Disparity Project to include targeted member and provider interventions.

Goal 2: Develop and implement at least one member/community level intervention for the disparate population to increase adherence with the cardio-protective medication bundle.

Goal 3: Partner with targeted health care providers to implement at least one provider level strategy for the disparity project.

Progress

- Developed an internal infrastructure for sustaining the disparity project. A multi-department workgroup established with regular meetings scheduled.
- Spatial and descriptive analysis completed for SHAPE disparity data by race, ethnicity, language and geography to establish targets for intervention.
- Completed literature review on target population and medication adherence practices among the disparate population.
- Reviewed best practices for medication adherence on improving compliance on cardio-protective bundle.
- One member/community level intervention will be identified for implementation.
- One provider level intervention will be identified for implementation.
- Develop provider resources to support medication adherence.

Desired Outcomes

- Establish partnerships with providers and provider groups (PPGs) to help reduce the rate of heart attacks and strokes in the target population.
- Resources to support the education of providers on SHAPE project and the disparities found among the target population.
- Resources on wellness and the recommended medication regimen developed and shared to support the education of members in the target population.

Challenges

- Data:** Quality of available pharmacy and demographic data. Data tracking and utilization trends of patients. Data accuracy and timely availability.
- Resource intensive:** Competing priorities delayed completion of the SHAPE data analysis. Limited analyst time and availability.
- Staff turnover:** Provider non-engagement. Coordination across multiple departments.