Health inequalities related to socio-economic status : how primary care may reduce them.

A workshop organized for WONCA 2015 by:

European Society for Quality and Safety in Family Practice

A network organisation within WONCA Region Europe - ESGP/FM

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The organisers declare that they have
no conflict of interest that could influence
the content of the workshop

Aims of the workshop

- Clarify some concepts about health and health care inequalities.

- Reflect on how primary care can reduce health inequalities related to SES.

Plan of the workshop

- Definitions (10’)
- Small group work on one of two cases (20’)
- Groups reports (15’)
- Our proposals for the cases (15’)
- Final discussion (15’)

Definitions

- Health inequalities
- Social determinants of health
- Health inequalities related to socio-economic status
- Equity of health care
- Inequity of health care
- The dimensions of quality

Definitions

- Health inequalities : health differences between groups which may be due to genetic variations, to informed individual choices, or to social determinants of health.

- Social determinants of health
- Health inequalities related to socio-economic status
- Equity of health care
- Inequity of health care
- The dimensions of quality

Definitions

- Health inequalities
- Social determinants of health : conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life, including economic policies and systems, development agendas, social norms, social policies and political systems (WHO).
- Health inequalities related to socio-economic status
- Equity of health care
- Inequity of health care
- The dimensions of quality

Definitions

- Health inequalities
- Social determinants of health
- Health inequalities related to socio-economic status : differences in health status which are observed between social, demographic or economic groups. As these differences are unnecessary and avoidable, they are considered as unfair and unjust (Whitehead 1992).
- Equity of health care
- Inequity of health care
- The dimensions of quality

Definitions

- Health inequalities
- Social determinants of health
- Health inequalities related to socio-economic status
- Equity of health care : delivery of care proportionate to health needs, in order to obtain outcomes as similar as possible for patients with different socioeconomic status.
- Inequity of health care
- The dimensions of quality

Definitions

- Health inequalities
- Social determinants of health
- Health inequalities related to socio-economic status
- Equity of health care
- Inequity of health care : any variation of care which is observed between social, demographic or economic groups, and which is not justified by health needs. Inequities occur for patients with low incomes, low health litteracy, or from ethnic minority groups ; they also exist between patients from different age groups, places of residence, sexual orientation, gender, disabilities…
- The dimensions of quality

Definitions

- Health inequalities
- Social determinants of health
- Health inequalities related to socio-economic status
- Equity of health care
- Inequity of health care

- The dimensions of quality : safety, effectiveness, patient-centredness, timeliness, efficiency, and **equity** (IOM 2001).

Primary care = a social determinant of health

« We need to become part of the solution, not part of the problem » (Smeeth 2001).

Inverse care law
(Hart 1991)

Equity of primary care

Case 1. Social disparities in influenza vaccination rates[1]

- Evidence : Influenza vaccination is recommended for persons > 65.
- Setting : A city group practice (5 GPs, 4 nurses, patient list = 4850).
- Audit based on patients records.
- Patients classified in three groups according to their educational level (highest diploma).
- Vaccination rates :
  - Low educational level 41%
  - Medium educational level 59%
  - High educational level 74%
- Most of the not vaccinated patients came to the practice at least once during the influenza vaccination period (automn and winter) => missed opportunities.

1 - Fiscella K. Tackling disparities in influenza vaccination in primary care: it takes a team. J Gen Intern Med. 2014 Dec;29(12):1579-81.

Case 2. Social disparities in hypertension control

- Evidence : hypertension is treated less often among disadvantaged patients despite their CV risk is higher.
- Man, 52 years old, manual worker, low educational level, 20 cigarettes/day.
- He comes to the practice for an acute problem, asking for a consultation in emergency => he sees the trainee.
- BP = 162/98. Exams prescribed : blood and urine check, EKG, ambulatory blood pressure monitoring.
- The patient comes a few months later for another acute problem. He sees the new trainee. The exams has not been done. BP = 158/100.

Case 1. A QI approach (1)

- Team approach, shared goal ***: to improve vaccination rates for disadvantaged patients.***
- Leadership : 1 GP & 1 Nurse. They plan staff meetings, measure vaccination rates, give feed-back to the staff.
- Vaccination status recorded in a structured way in the EMR
- Reminder/recall system embedded with the EMR
- Information material adapted for low litteracy patients (leaflets, SMS…).

Case 1. A QI approach (2)

- Regular staff meetings :
  - Reflect on the evolution of the vaccination rates.
  - Analyze missed opportunities.
  - Discuss and adapt the strategy.
- Partnership with the community (social workers, associations…) : local campaign to encourage disadvantaged patients to request influenza vaccination from their doctor.
- Additional time compensated by improved efficiency (team work, task delegation).
- Additional costs compensated by pay for performance system for preventive care.

Case 2. A QI approach (1)

- Team approach, shared goal ***: to improve the equity of care delivered to patients with hypertension, by reducing the proportion of untreated patients among those with low SES.***
- Leadership : 1 GP & 1 Nurse. They plan regular staff meetings, measure indicators, give feed-back to the staff.
- SES registred systematically and in a structured way in the EMR.
- « Suspected hypertension » flagged in the EMR .
- Senior doctors offer open consultations (without appointment) at certain times, or they retain some free slots for appointments given on the same day.

Case 2. A QI approach (2)

- Protocol for low SES patients :
  - The patient is invited to see a nurse immediately after the consultation in which hypertension was suspected.
  - The nurse
    - takes a blood sample (creatinin, Na, K), checks for proteinuria (dipstick), makes an electrocardiogram ;
    - organizes the ambulatory monitoring of BP and lends an electronic BP monitor for 3 days ;
    - arranges a « patient friendly » appointment with the regular doctor 1-2 weeks later ;
    - sends a reminder the day before the appointment (SMS or phone call).
  - At the time of the consultation the doctor has all the informations needed to make a decision with the patient.

Components of a practice-based equity improvement project

- **Team** : setting goals, leadership, reflecting together…
- **Process of care** : protocols, task delegation…
- **Information system** : coding, measuring indicators, reminders
- **Patient** : education, activation, empowerment…
- **Community** : responsibility towards the population (being proactive), working with others (social workers, associations, schools, work places…) ;

Thanks for your participation !