Effect of Quality Improvement Interventions on Health Disparities Unclear

Are quality improvement interventions effective at reducing disparities in health care? It’s not clear, according to a recent literature review by the Agency for Healthcare Research and Quality. The analysis included articles from 1983 to 2011, and the reviewers looked for studies that evaluated the effect of strategies on disparities in the prevention or treatment of asthma, breast and colorectal cancers, cardiovascular disease, cystic fibrosis, depression, diabetes, end stage renal disease (ESRD), pneumonia, and pregnancy.

“The most striking finding of the AHRQ report to me is that only 19 studies met the criteria for evidence-based quality improvement interventions to reduce health disparities in a broad population of conditions. This is a very low number,” said Emory University School of Medicine’s Rachel Patzer, PhD, MPH, an expert in transplant disparities. “There is little evidence to guide quality improvement strategies to reduce disparities, and it is clear that more research studies on quality improvement interventions are needed.”

Limited information

The 19 articles in the review represented 14 studies of cancer, cardiovascular disease, depression, and diabetes. Although the investigators did not find any studies that assessed quality improvement interventions in the kidney failure population that met their inclusion criteria, the findings in many ways apply to kidney care. Fourteen articles targeted or described disparities associated with differences in race or ethnicity, three pertained to socioeconomic status, two related to insurance status, two related to language, one dealt with health literacy, and one pertained to sex.

“I think it’s helpful to look at other successful quality improvement interventions in other fields or diseases to see what may work in kidney disease,” Patzer said.

Most interventions included education of patients and health care providers, although the specific approaches differed substantially across the studies. Overall, quality improvement interventions were not shown to reduce disparities, but the authors noted that the review should not be construed to assess the general effectiveness of quality improvement in the health care setting.

One challenge in conducting a systematic review in this area is the breadth and heterogeneity of clinical conditions, populations with the clinical conditions, quality improvement intervention strategies, and clinical outcomes. Compounding this heterogeneity are challenges to indexing quality improvement strategies in the medical literature.

Reducing disparities in kidney care

Despite a vast number of research studies that have documented the existence of health disparities in kidney disease, there seem to be few evidence-based quality improvement interventions to reduce health disparities among kidney disease patients, Patzer said.

The lack of large-scale quality improvement interventions is due in part to the disconnect between community partners and researchers. “A population-based, regionally coordinated intervention would have the highest impact on health disparities,” Patzer said. “It’s important for researchers to work with community members to ensure that the quality improvement initiatives are conducted in a way that provides sufficient evidence, such as ensuring an adequate comparison group to evaluate effectiveness.”

“I think the kidney disease community should see this as a call to action for collaboration on quality improvement initiatives to reduce health disparities among kidney disease patients,” Patzer said.