



# Analyzing Health Disparities in Medicaid Managed Care

Bailit Health

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**STATE**  
Health & Value  
**STRATEGIES**

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# About State Health and Value Strategies

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**Questions?** Email Heather Howard at [heatherh@Princeton.edu](mailto:heatherh@Princeton.edu).

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# Welcome

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All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box at the bottom right of your screen.

After the webinar, the slides and a recording will be available at **[www.shvs.org](http://www.shvs.org)**.

# Webinar Presenters

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# Webinar Presenters

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# Agenda

Health Disparity References for Medicaid Managed Care Programs

CA's Experience Analyzing Medi-Cal HEDIS Data to Identify Disparities and Establish Benchmarks

Discussion



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# What is Health Equity?

- Health equity means that everyone has a **fair and just opportunity** to attain their optimal health regardless of race, ethnicity, disability, gender identity, sexual orientation, or socioeconomic status

# What are Health Disparities?

- Health disparities are **avoidable differences** in health outcomes experienced by people with one characteristic (race, gender, sexual orientation) as compared to the socially dominant group, e.g., white, male
- Measuring disparities can help assess progress towards equity

# Collection of Data to Support Stratification

- While the Affordable Care Act requires states to collect demographic data on race, ethnicity, gender identity, primary language, and disability status in all Medicaid and Children's Health Insurance Program (CHIP) programs, **many states either lack certain demographic data, the data are incomplete, and/or the data are of questionable reliability.**
- In the long term, the creation of data infrastructure to produce reliable demographic data will be necessary to identify health inequities within a state's Medicaid program.

# Short-term Approach to Inform Health Disparities Reduction Interventions

- In the short term, Medicaid programs can embark on reducing health disparities by using analyses generated by other states' Medicaid programs.
  - Bailit Health has created an Excel resource that allows states to compare stratified performance on quality measures from five Medicaid programs.

# Quality Measure Disparities Resource

State	Measurement Year	Stratifications						
		Race	Ethnicity	Language	Substance Use Disorder	Seniors and Persons with Disabilities	Gender	Urban v. Rural
CA	2015/2016	X	X	X		X	X	
MI	2017	X	X					
MN	2016	X	X					
NY	2017	X	X	X	X		X	
WA	2019	X	X	X				X

The Quality Measure Disparities Resource includes the subpopulations *as defined in each state's report*, resulting in multiple similar but not matching categories for some subpopulations, such as “Asian,” “Asian/Pacific Islander,” and “Asian or Pacific Islander or Native Hawaiian.”

**Disclaimer:** Descriptions of racial/ethnic groups vary among states. In this slide deck we have reproduced the terminology from each state's report.

# Methodology

- Today, we will share results from an analysis of race and ethnicity data to identify potential areas of opportunity to reduce disparities.
- We define “opportunity” as:
  - Quality measures within each stratification category for which maximum range and average range values between the racial and ethnic groups with the highest and lowest values were **both**  $\geq 15\%$ .
  - We only included measures in a given stratification for which we had data from two or more states.



## Caveats

- We focused only on opportunities that existed in **at least two states** examined to account for potential outlier performance within an individual state.
- It is important to note that there **may be other measures** that are not used by this small sample of states **that represent greater opportunity.**
- Observed disparities in the five states **may not be representative** of experience in other states.

# Results

- We found six measures with opportunity when stratified by race and ethnicity.
  - Within these measures, the highest and lowest MCO program performance for racial and ethnic groups are not always consistent across states.
- There is also a **lot of variation in MCO performance on measures** across the five states examined.

# Definition of Health Disparities

- As noted earlier, the definition of health disparities focuses on avoidable differences experienced by people with one characteristic as compared to the socially dominant group.
- There are instances in the data we analyzed where MCO performance was lowest for the white population in one of the states based on the analysis.
- States might decide to prioritize measures where rates are lowest across states for non-white populations.

# Quality Measures with the Largest Disparities by Race and Ethnicity Across Two or More States

Quality Measure	State	Difference	Lowest MCO Program Performance for the Following Racial/Ethnic Group	Highest MCO Program Performance for the Following Racial/Ethnic Group
1. Breast Cancer Screening	MI	10%	American Indian and Alaska Native (56%)	Hispanic or Latino (66%)
	MN	19%	Unknown (50%)	Hispanic or Latino (69%)
	NY	15%	White (62%)	Hispanic or Latino (77%)
	WA	20%	American Indian and Alaska Native (46%)	Asian (65%)

# Quality Measures with the Largest Disparities by Race and Ethnicity Across Two or More States

Quality Measure	State	Difference	Lowest MCO Program Performance for the Following Racial/Ethnic Group	Highest MCO Program Performance for the Following Racial/Ethnic Group
2. Childhood Immunization Status – Combo 3	CA	21%	Black or African American (54%)	Asian/Pacific Islander (75%)
	MI	16%	Black or African American (65%)	Asian or Pacific Islander or Native Hawaiian (81%)
	NY	17%	White (67%)	Asian (84%)
3. Childhood Immunization Status – Combo 10	MN	34%	American Indian and Alaska Native (19%)	Unknown (53%)
	WA	20%	White (38%)	Asian (58%)

## Quality Measures with the Largest Disparities by Race and Ethnicity Across Two or More States

Quality Measure	State	Difference	Lowest MCO Program Performance for the Following Racial/Ethnic Group	Highest MCO Program Performance for the Following Racial/Ethnic Group
4. Comprehensive Diabetes Care – HbA1c Poor Control (>9.0%) <i>(a lower rate indicated better performance)</i>	CA	23%	American Indian and Alaska Native (55%)	Asian/Pacific Islander (32%)
	NY	23%	Black or African American (42%)	Asian (19%)
5. Controlling High Blood Pressure	CA	18%	American Indian and Alaska Native (52%)	Two or More Races (69%)
	MN	16%	Black or African American (62%)	Two or More Races (78%)
	NY	11%	Black or African American (53%)	White (64%)

## Quality Measures with the Largest Disparities by Race and Ethnicity Across Two or More States

Quality Measure	State	Difference	Lowest MCO Program Performance for the Following Racial/Ethnic Group	Highest MCO Program Performance for the Following Racial/Ethnic Group
6. Prenatal & Postpartum Care – Postpartum Care	CA	18%	American Indian and Alaska Native (49%)	Asian/Pacific Islander (67%)
	MI	18%	Black or African American (54%)	Asian or Pacific Islander or Native Hawaiian (72%)
	NY	21%	Other (63%)	Asian (84%)

## Limitations of Analysis and Use of these Data

- The primary limitation of our analysis is that we only had available data from five states with various stratification categories, so, again, we do not know if these results are generalizable to all Medicaid programs.
- Nevertheless, in the absence of available state data, **Medicaid programs could justifiably focus disparities reduction efforts on a subset of the measures listed on the preceding slides.**

# Additional Pathways to Obtain State Health Disparities Data

## 1) Soliciting available stratified data from health care organizations

- States may vary in which quality measures have the greatest disparities. Medicaid programs may want to supplement the findings from the Quality Measure Disparities Resource with data from their own state.
  - a. Federally Qualified Health Centers (FQHCs) can generate quality measures that are stratified by race and ethnicity out of their Uniform Data System, which is a standardized reporting system.
  - b. Some health care organizations routinely produce internal or public-facing disparities reports.

# Additional Pathways to Obtain State Health Disparities Data

## 2) Conducting a literature review on disparities for measure topics of interest

- Medicaid programs may be interested in understanding disparities for a measure topic or subpopulation that is not included in the Quality Measure Disparities Resource.
- While there may not be specific information on disparities for a measure of interest, information specific to a condition or treatment can provide states some sense of what areas may be worth targeting for disparities reduction efforts.

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# Health Disparities Data as a Driver of Quality Improvement in Medi-Cal

California Department of Health Care Services  
Managed Care



# Outline

- Overview of annual health disparities report
- DHCS oversight, monitoring, and interventions focusing on health disparities and health equity
- MCP awards and recognition



# Health Disparity Reports

- Purpose: to assess potential differences in health outcomes between groups within a population with the intention to improve health disparities
- EQRO uses annual quality measures to conduct a health disparities study of Medi-Cal Managed Care Health Plans (MCPs)
- Stratifications based on race/ethnicity, primary language, age, and sex.
  - Statistical analysis performed using race and ethnicity data
- EQRO aggregates results from the MCPs for a statewide interpretation
- Currently five reports available online for measurement years 2015 - 2019



# COVID-19 Reporting Impact

- For measurement year 2019, COVID-19 pandemic impacted MCP retrieval of complete medical records and decreased accuracy for quality reporting.
- Given the uncertainty, variation, and limited quality measurement data reporting, only certain types of measures could be assessed for the 2019 Health Disparities Report



# Exploring Report Recommendations

- Working with EQRO to determine best reference group through testing different methodologies
- Conducting a focus study to assess methods in driving closure of health disparity gaps in progress
- Taking a closer look at mild to moderate mental illness diagnoses and services



# Quality Interventions Based on Health Disparities Data



# Report Accountability at DHCS Level

- DHCS uses reports to help drive internal projects and develop focus studies for a closer examination of the data
  - Tobacco Cessation focus study
  - Long-Acting Reversible Contraceptive focus study
  - Asian Subpopulation focus study
  - Methodology for Homelessness Identification focus study
- DHCS is currently exploring how to best use the reports to drive targeted disparity reductions across the state.



# Report Accountability at Health Plan Level

- Reporting Unit-level data is shared with MCPs to identify disparities among their members
  - Adjust QI resources and practices to mitigate disparities
  - MCPs are required to use the health disparity data to help develop the strategic plan for MCPs' annual Population Needs Assessments (PNAs)
  - MCPs can use the data to help determine the metric to target for their health equity Performance Improvement Projects (PIPs)



# DHCS Directed Evaluations & Projects

- Performance Improvement Projects (PIPs)
  - MCPs are required to conduct a health equity PIP
  - MCPs participate in quarterly PIP collaborative calls and presentations addressing three domains (child/adolescent health, women's health, and disease management/behavioral health) and health equity is addressed through each domain

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-017.pdf>



# DHCS Directed Evaluations & Projects

- Population Needs Assessment (PNA)
  - PNAs are required to be conducted annually by MCPs, addressing specific needs such as members with disabilities, children with special health care needs, as well as members with diverse cultural and ethnic backgrounds.
  - Findings from the assessment are to be used to help drive improvements for achieving health equity

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-011.pdf>



# Quality Awards

- Health Equity Award
  - Annual award started 3 years ago
  - Goals:
    - Incentivize the MCPs to do additional projects focused on reducing health disparities
    - Promote, share promising practices amongst the MCPs
- Innovation Award
  - Annual award started 6 years ago
  - Goal is to highlight the innovative interventions developed by MCPs to increase member quality of care

<https://www.dhcs.ca.gov/services/Pages/QualityAwards.aspx>

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Thank You

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