



21st Annual RTC Conference
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 Data-Driven Approaches to Reduce Disparities
 Research and Training Center for Children's Mental Health 21st Annual Conference
 February 24 - 27, 2008
 Kamala D. Allen, MHS



Data-Driven Approaches to Reduce Disparities

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*Kamala D. Allen, MHS
 Program Director
 Center for Health Care Strategies*



Overview

- Introduction to CHCS
- Snapshot of the CHCS Disparities Portfolio
- How data is used to identify and monitor improvements in disparities
- What we've learned in our efforts to reduce disparities
- Question & Answer

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The Center for Health Care Strategies

Our Mission

- To improve health care quality for low-income children and adults, people with chronic illnesses and disabilities, frail elders, and racially and ethnically diverse populations experiencing disparities in care.

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Program Priority Areas

Our work with state and federal agencies, Medicaid health plans, providers, and consumers focuses on:

- ➔ Advancing Health Care Quality and Cost-Effectiveness
- ➔ Reducing Racial and Ethnic Disparities
- ➔ Integrating Care for People with Complex and Special Needs

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CHCS and Children's Health

With support from the Annie E. Casey Foundation for its Children in Managed Care Program, CHCS is working with states, managed care organizations, and family/consumer based organizations to improve the quality of care and outcomes for children with complex physical and behavioral health needs being served in publicly-financed systems.

- Children and Youth with SED
- Children involved in Child Welfare
- EPSDT Program

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Key Facts on Racial and Ethnic Disparities in Health Care




- National
 - IOM Study
 - AHRQ National Healthcare Disparities Report
 - Ethnic minorities are less healthy than whites and have less access to health care
- Medicaid
 - Over half of beneficiaries under age 65 belong to a minority group
 - 60 percent of beneficiaries are in managed care
 - Managed care = a leverage point for improving quality

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CHCS Disparities Portfolio 

- Disparities Best Clinical and Administrative Practices
- Disparities Purchasing Institute
- National Health Plan Collaborative
- Practice Size Exploratory Project
- Child Welfare Quality Improvement Collaborative
- *Supporting Practice Improvement to Reduce Disparities*

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Legal Issues in R/E Data Collection and Sharing 


- Early Analysis
 - GWU Study: Title VI of 1964 Civil Rights Act does not prevent MCOs from legally collecting R/E data in support of QI efforts
 - R/E data collection to-date determined to be consistent with regulations and in compliance
- Pending Analysis
 - Determine legality of health plans using employer collected race/ethnicity data for patient level QI interventions (GWU)

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Addressing Disparities Starts with Data 


- CHCS projects' use of race and ethnicity data is tightly proscribed:
 - Identifying disparities
 - Targeting interventions
 - Monitoring impact on reducing disparities
- No federal mandate in health care to collect data on race and ethnicity.
- State-level race/ethnicity data collection mandates vary.

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Types of Data Sources 

- Direct
 - Based on self-report
 - More accurate/useful for provider/patient level interventions
 - Available to MCOs through Medicaid and MMC eligibility and enrollment data
 - e.g. Survey, Vital Records, Census Data

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Types of Data Sources 

- Indirect
 - Based on assumptions
 - Can be used for community level interventions or to identify potential target areas for intervention
 - Used primarily by commercial plans without access to direct information through employers
 - e.g. Geo-coding, Surname Analysis

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Uses of R/E Data in Medicaid: Disparities Health Plan Collaborative 


- 12 managed care organizations with 3.2 million Medicaid/SCHIP enrollees from across the country
- Initial Challenge: "How do we identify the racial and ethnic minority members?"
- QI interventions addressed disparities in prenatal care/birth outcomes, asthma, diabetes, immunizations, and HEDIS rates

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**Highlighted Outcomes:
Disparities BCAP** 


- **Blue Cross of California State Sponsored Business:** Pharmacy consultation initiative for African American members with asthma improved consultation rates from 29% to 55%
- **Monroe Health Plan:** Peer outreach for pregnant African American teens reduced NICU admissions and achieved a positive ROI of \$2.86 for every dollar invested
- **UPMC for You:** Community-based high-risk prenatal care program for African American women increased first trimester visits from 14% to 39% and reduced low birth weight rates from 7.9% to 5.3 %

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**Uses of R/E Data in Commercial MCOs:
National Health Plan Collaborative** 


- **Phase One (completed)**
 - Identifying Viable Indirect Data
 - Focus on HEDIS Indicators by Race
 - QI in area of Diabetes
- **Phase Two (ongoing)**
 - Testing various direct and indirect approaches to determine advantages and limitations

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**Highlighted Findings:
National Health Plan Collaborative** 


- Engage employers to establish trust
- No one approach is sufficient
- Online data methods for younger, commercial members
- Language is a sensitive issue

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**Uses of R/E Data in Medicaid:
The Practice Size Exploratory Project** 

- Data analysis aimed at identifying "High volume/High opportunity" practices (AR, MI, NY, PA) to which Quality Improvement activities will be targeted
 - High Medicaid volume
 - High volume of racial/ethnic minorities
 - High chronic disease burden
 - Low performance on quality indicators
 - Contracts with low number of MCOs


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**Highlighted Findings:
The Practice Size Exploratory Project** 

MICHIGAN MEDICAID

- 64% of members are children age 0-19
- 50% of members are racial/ethnic minority groups
- Older children have less access to care (HEDIS Measure)
 - Rates of 83-98 for children 12-24 months old
 - Rates of 48-87 for children 7-11 years old

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**Uses of R/E Data in Medicaid:
A Focus on Child Welfare** 

CHCS has partnered with ten managed care organizations to improve physical and behavioral outcomes for children involved in child welfare.

Participating MCOs are working to:

- Increase access to care,
- Improve coordination of physical and behavioral health care,
- Implement medical/behavioral health homes, including the use of electronic medical records, and
- Identify best practices in behavioral health pharmacy management.

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Disparities among Children in Child Welfare



- Minority children are over-represented in Child Welfare
 - African Americans represent only 15% of the total population but their children comprise 40% of the foster care population. (*CWLA*)
 - Hispanic and African American children more likely to be placed in foster care even when analysis are controlled for race. (*Race Matters*)
 - Differential rates of reporting, investigations, and substantiation of claims for children of color. (*Family Violence Prevention Fund*)
 - No significant difference in rates of maltreatment when analyses are controlled for income. (*Family Violence Prevention Fund*)
 - *Greater vulnerability to adverse social, physical and behavioral health outcomes for children in foster care.*

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Uses of R/E Data in Medicaid: A Focus on Child Welfare



- Internal Data at the MCOs
 - Enrollment data for members of their plan
 - Profiles of providers within their network
 - Claims data for members receiving services and supports
- External Data
 - Health status-related...Medicaid agency
 - CW placement status...Child Welfare agency
 - Utilization data from other sectors of the state's managed care program (e.g. general, behavioral health/substance abuse, pharmacy)

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What Have We Learned?



- Addressing Disparities is Critical
 - There are clinical, policy, and business cases for reducing racial and ethnic disparities
- Data Collection
 - Data reliability varies
 - No single gold-standard
 - High-level aggregation is promising

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What Have We Learned?



- Standardization
 - More challenging as diversity increases
 - Communication across public systems – including child-serving systems – is lacking
 - Trust must be established regarding use of data through community, employers, public systems

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What Have We Learned?



- Utility
 - Baseline information is critical to identifying areas of disparity
 - Race/ethnicity data are important to effectively targeting interventions
 - Multiple-level initiatives are more effective (system, provider, consumer)
 - Culturally competent approaches are critical
- Disparities may be unexpected

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For Additional Information



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