Reporting of National and Contract Level Quality Scores by Race and Ethnicity

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Stratified HEDIS and CAHPS: New Opportunity to Understand and Improve Health Disparities

Polling Question 1

I would describe our experience with stratified reporting as (check all that apply):

A. We have a good process in place to collect racial and ethnic information from all members
B. This is our first time looking at HEDIS or CAHPS measures by race or ethnicity
C. We provide our practices with dashboards of key quality measures by race and ethnicity
D. We have quality improvement processes in place to address health disparities

Background

- Despite advances in access to care, increased spending, and improvements in quality – ***racial and ethnic minorities continue to experience worse health outcomes***
- To eliminate disparities, we need to measure and report—in a standardized and systematic way—the nature and extent of these differences

Background (cont.)

- ACA Section 4302 (2010): mandated improved data collection standards for race, ethnicity, primary language, sex, and disability status
  - One goal is improving health outcomes for minority groups and reducing health disparities that adversely impact communities of color
- The IMPACT Act (2014): requires HHS to examine the differential effect of race and ethnicity on Medicare payment policy

Stratified Data Sources

- 2013 and 2014 Medicare Consumer Assessment of Healthcare Providers and Systems (Medicare CAHPS) Survey
- Measurement Years 2013 and 2014 Healthcare Effectiveness Data and Information Set (HEDIS): data collected from Medicare health plans nationwide

Medicare CAHPS Survey

- Administered by mail with telephone follow-up on a stratified random sample of Medicare beneficiaries
- 340,776 beneficiaries responded to the 2014 survey (41% response rate)
- Represents all FFS beneficiaries and MA beneficiaries from 531 contracts with eligible enrollees ≥600

Medicare CAHPS Survey (cont.)

- Beneficiaries asked:
  - "Are you of Hispanic or Latino origin or descent?"
  - "What is your race?"
- Following U.S. Census approach, answers to these questions were used to classify respondents as:
  - Hispanic
  - American Indian or Alaska Native (AI/AN)
  - Asian or Pacific Islander (API)
  - Black
  - White
  - Multiracial
  - Unknown

HEDIS Data

- Clinical care measures in 5 domains
- Gathered through surveys, medical records, and administrative data
- 2014: 473 MA contracts with total enrollment of 13.2 million reported at least one HEDIS measure

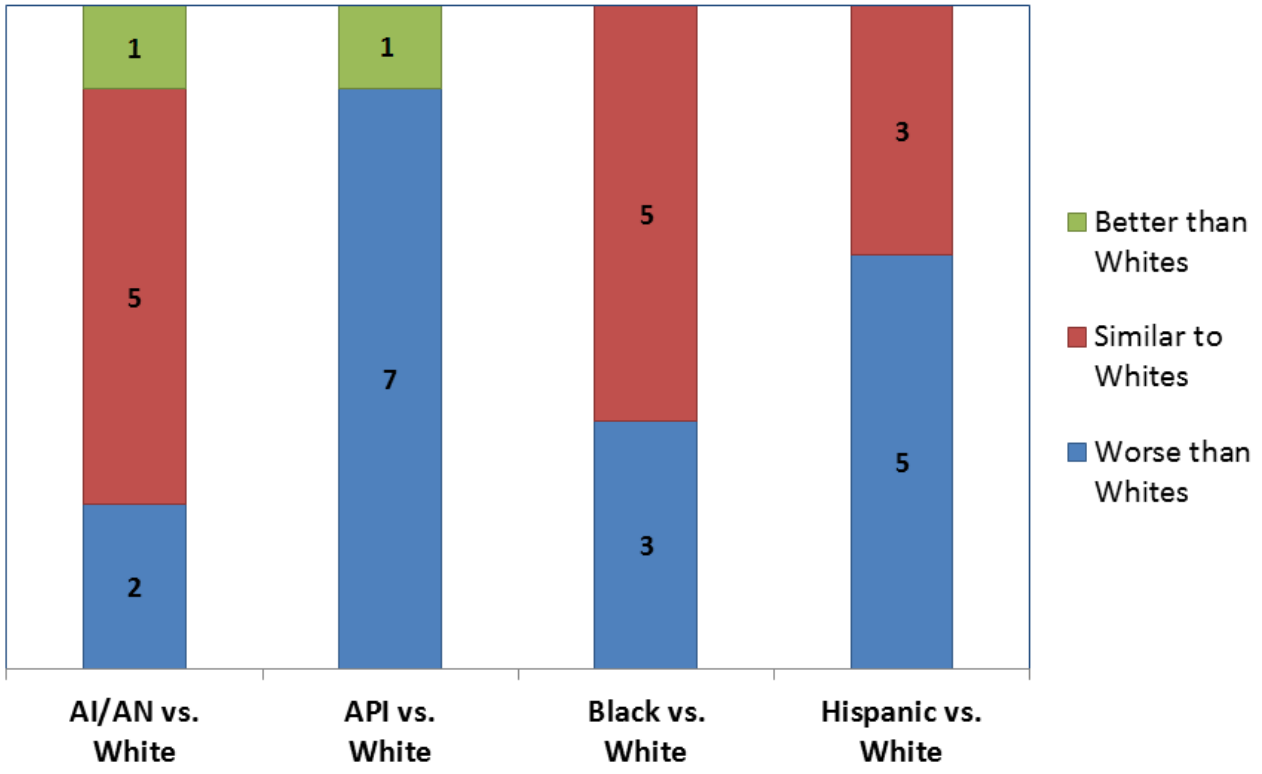
HEDIS Data (cont.)

- Unlike CAHPS data, HEDIS data do not contain the patient's self-reported ethnicity
- Race/ethnicity was imputed using a method that combines information from administrative data, surname, and residential location

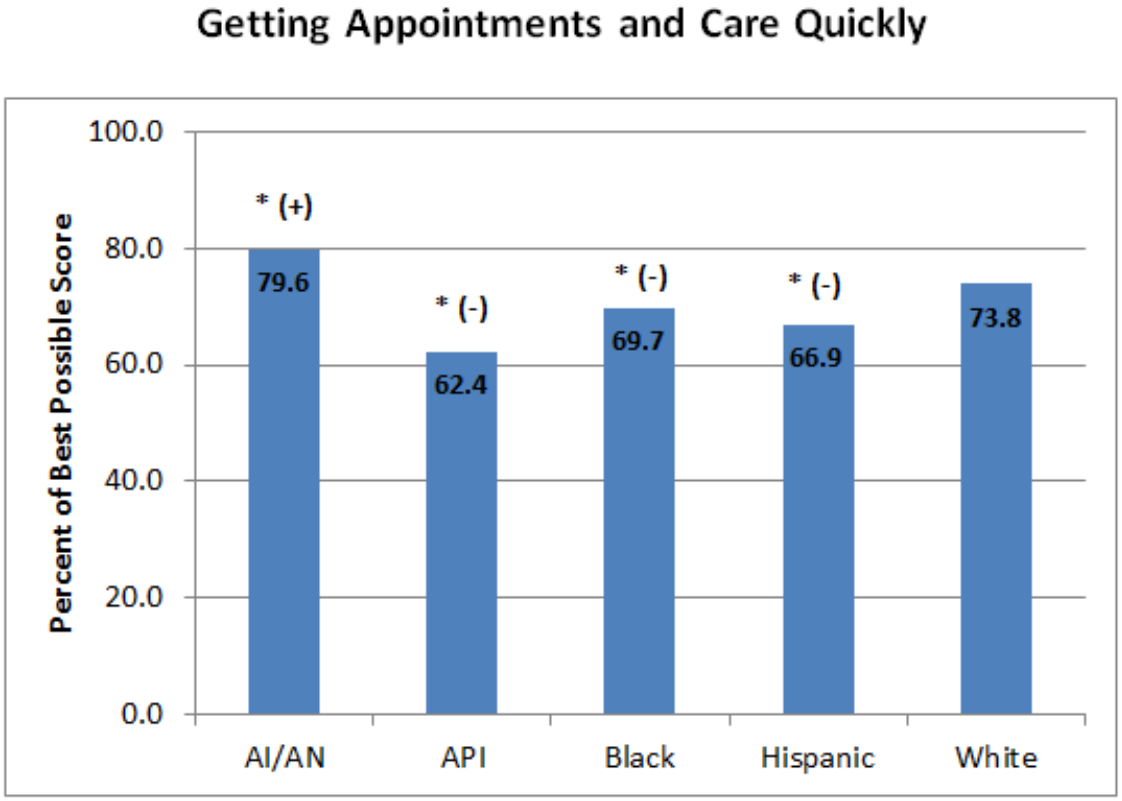
Case-Mix Adjustment

- CAHPS estimates are case-mix adjusted for: age, education, self-rated health and mental health, dual eligibility/low-income subsidy, and proxy respondent status
- Scores on HEDIS (clinical care) measures are not adjusted for these characteristics

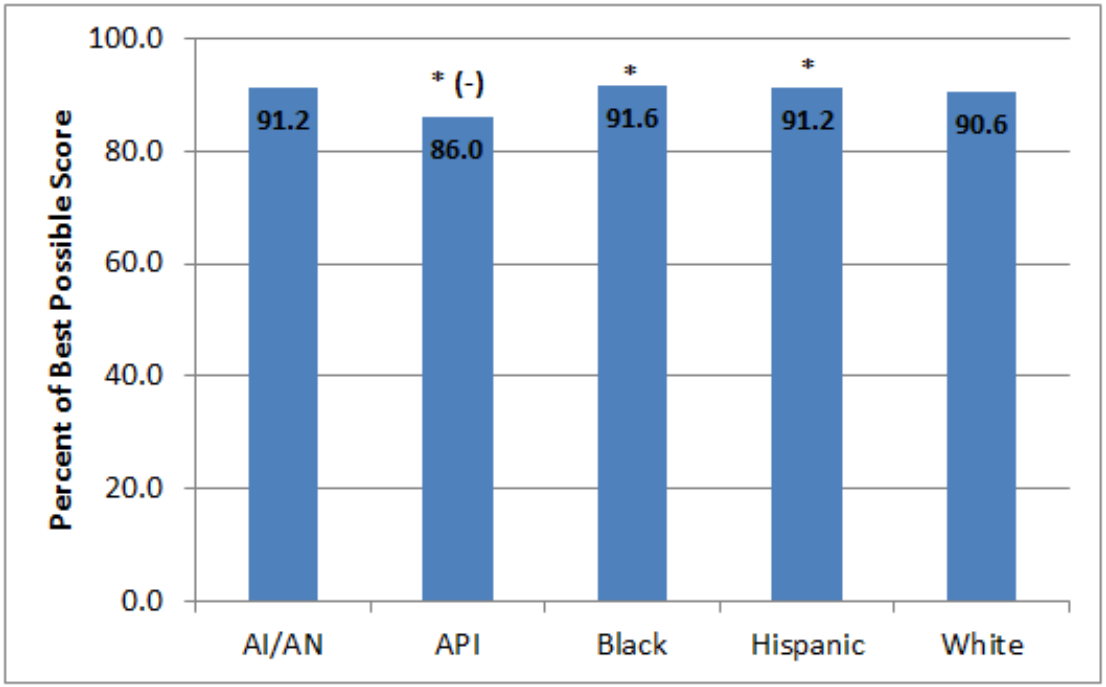
Disparities in Care: Patient Experience



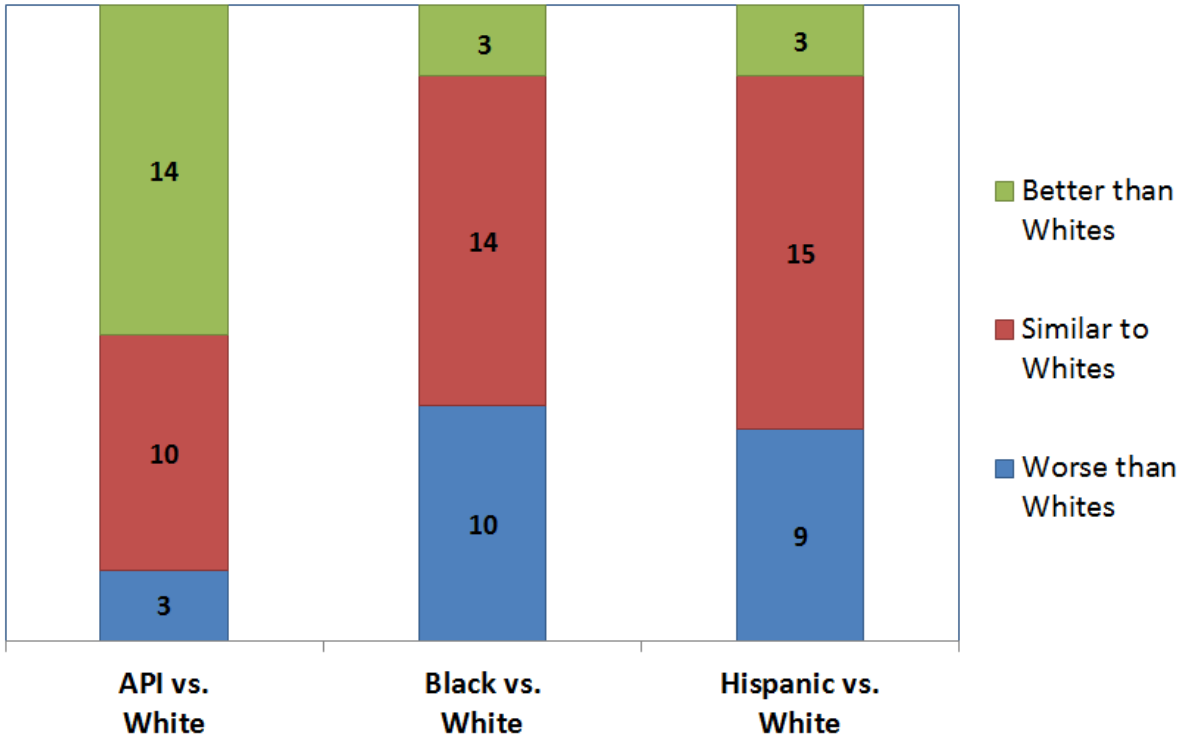
Patient Experience Measures with Large Racial/Ethnic Disparities



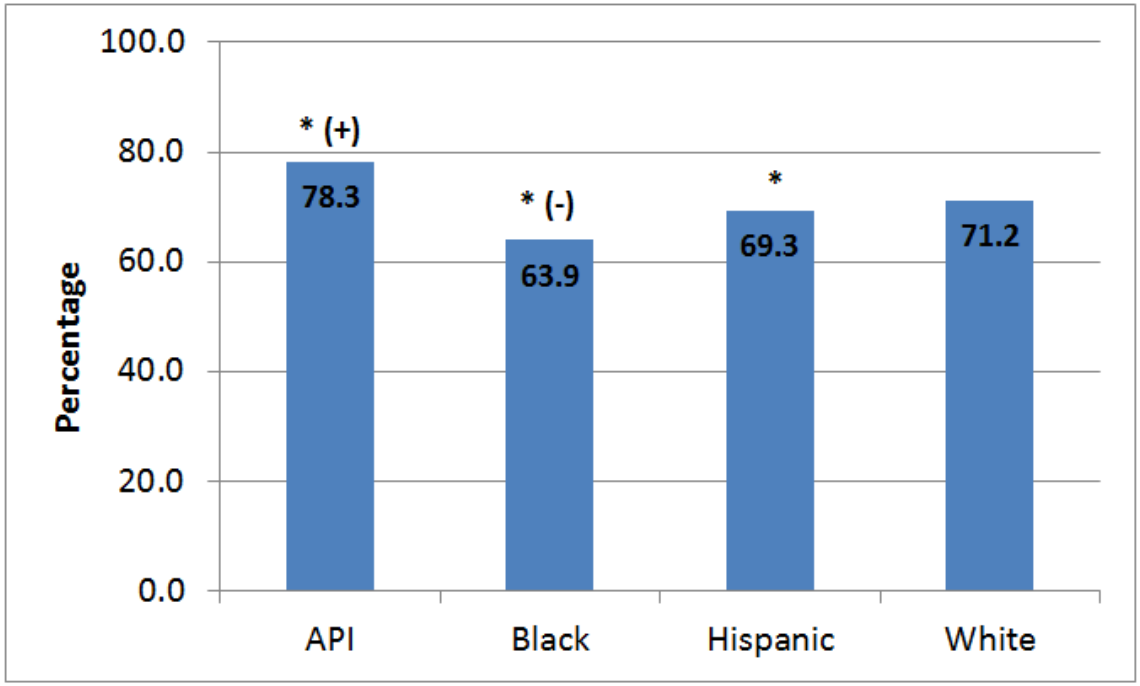
Patient Experience Measures with Few or No Racial/Ethnic Differences



Disparities in Care: Clinical Measures

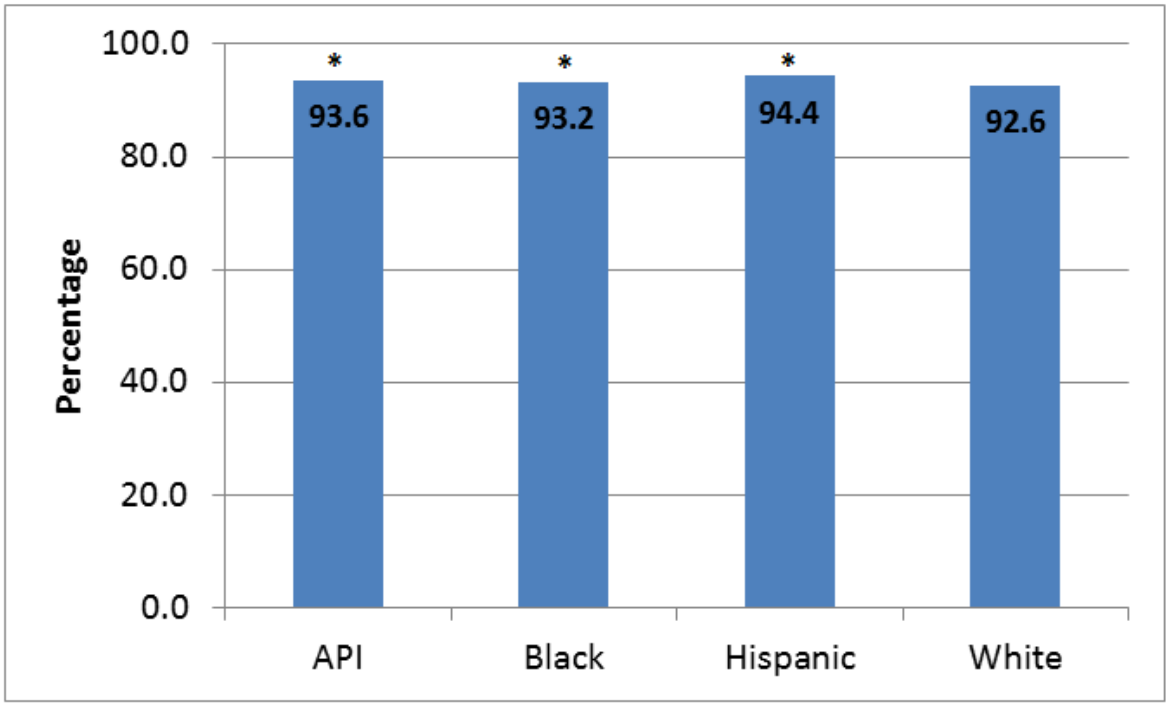


Clinical Measures with Large Racial/Ethnic Differences



Clinical Measures with Few or No Racial/Ethnic Differences

Appropriate Monitoring of Patients Taking Long-Term Medications



Polling Question 2

Check the best response to the following statement: "We could use support to address racial and ethnic disparities in HEDIS and CAHPS measures."

A. NO – Our leadership has not prioritized the reduction of health disparities

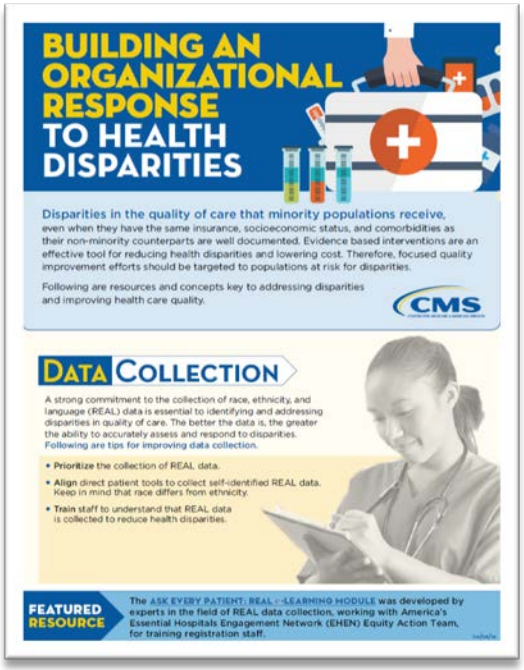
B. NO – Our company does not have the organizational capacity to target health disparities

C. YES – We want to improve our programs and interventions and need support with a plan

D. YES – And we are ready to develop programs and interventions or have programs in place now

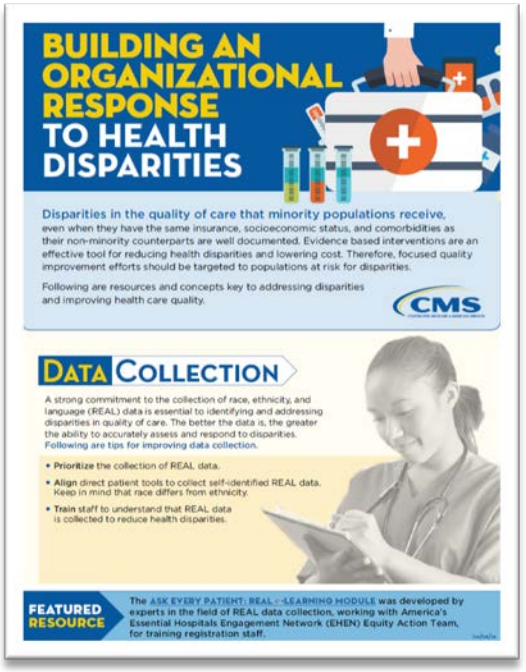
Support for Addressing Health Disparities

- CMS OMH supports health plan quality improvement efforts to address health disparities among its members
- New guide available: *Building an Organizational Response to Health Disparities*
  - Offers resources and guidance for health plans and providers to reduce racial and ethnic disparities in patient care experiences and quality measures



Support for Addressing Health Disparities (cont.)

- Visit CMS OMH's guide to learn more about steps you can take to identify and address disparities in 5 key areas:
  - Data Collection
  - Data Analysis
  - Building a Culture of Equity
  - Quality Improvement
  - Interventions



Health Disparities Guide

#1 Improving Data Collection

- Making sure you have the data necessary to identify disparities
- How to establish effective data collection processes

Health Disparities Guide (cont.)

#2 Improving Data Analysis

- How to use data to identify disparities
- Establishing collaborative processes for data sharing and analysis

Health Disparities Guide (cont.)

#3 Building a Culture of Equity

- How to establish an organizational commitment to addressing disparities
- Tips for fostering a culture of equity at all levels of the organization

Health Disparities Guide (cont.)

#4 Quality Improvement

- How to address disparities using a QI framework
- Recommendations for infusing a disparities focus into QI efforts

Health Disparities Guide (cont.)

#5 Interventions

- Tips for developing and implementing interventions that address the root causes of disparities
- How to assess their impact and learn from interventions

Resources are Available

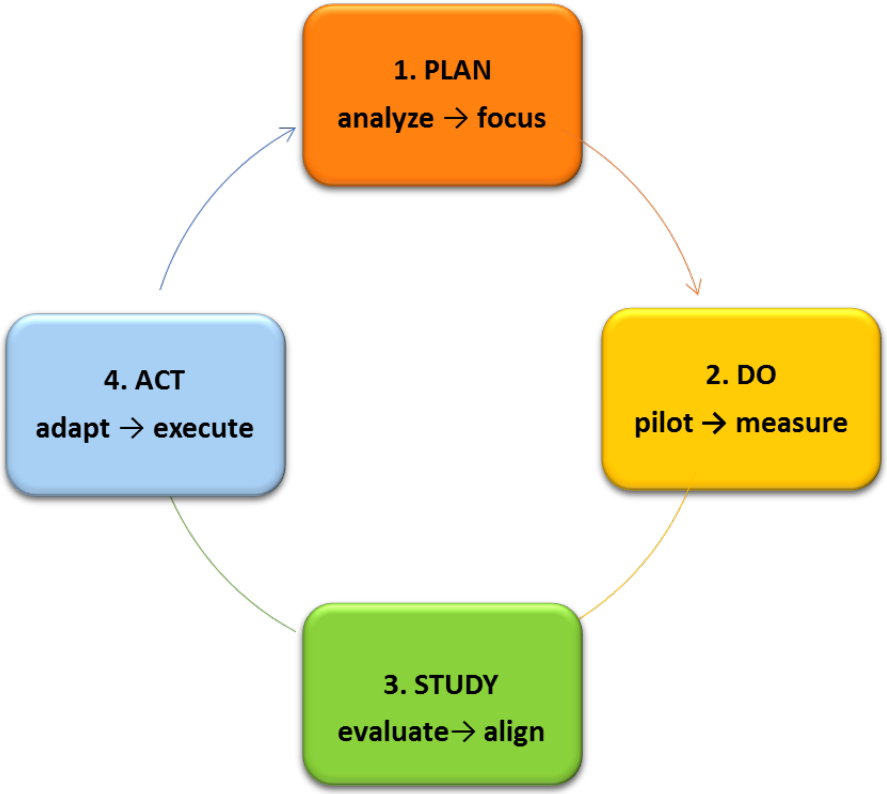
- Visit CMS OMH's guide for quick tips on addressing disparities
- Find links to more in-depth resources on each of the five key areas

Building an Organizational Response to Health Disparities: A Colorectal Cancer Screening Targeted Intervention

- Targeted Intervention focuses on the HEDIS measure of colorectal cancer (CRC) screening
- How to implement targeted interventions that lower cost and maximize QI efforts
- Reduce disparities in vulnerable Medicare, Medicaid, and Dual beneficiaries

The Plan-Do-Study-Act Cycle:

identifying, planning, and evaluating interventions



PDSA to Increase Colorectal Cancer Screening

PLAN	DO
• Review your contract-level HEDIS and CAHPS measures on the CMS website • Gather input from stakeholders E.G. - QI team further assesses CRC screening rates -- only 42% older Black members and 43% LEP members are screened • Plan focuses on problems related to member awareness and education • E.G. - Lack of awareness of personal risk for CRC • E.G. - Lack of educational materials in common member languages	• Small-scale pilots assess feasibility, reveal areas for improvement before implementation • E.G. - The QI team pilots the intervention where the population is 30% Black, 15% speak Spanish or Mandarin • E.G. - The plan mails tailored brochures on the risks of CRC to members and are also distributed to providers for overdue patients • The QI team collects data • E.G. - Pre and post-survey of knowledge, attitudes and practices (KAP), from customer service outreach calls to patients and providers on pilot experience

PDSA to Increase Colorectal Cancer Screening (cont.)

STUDY	ACT
• Evaluate if pilot achieved the intervention aim(s) by studying the process and outcomes E.G. - Post-test shows an increase in Black and LEP member KAP, but racial and ethnic groups continue to lag behind Whites in screening E.G. - Assess challenges and if intervention reached target members • Identify steps to build support for the improved intervention • E.G. - Present results to plan executives and the community	• Pilot study showed whether to pursue the intervention • Determine how to adapt and resources needed to scale E.G. - Improve brochure, add people that look like they are from Spanish or Mandarin-speaking countries • Review Plan phase data by market and establish aims, also stratify plan dashboards for disparities monitoring E.G. - Scale to 6 markets to remediate significantly lower CRC screenings among minority and LEP members

For More Assistance

Questions about how to respond to a disparity identified by the Medicare CAHPS and HEDIS data?

Email us: StratifiedDataQI@norc.org