Health Equity & Disparity in CT Medicaid Behavioral Health Services

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Introductions

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Including content from:
Evaluating Equity in Healthcare
by Paulo R. Correa, MD, MSc

Agenda

1   Defining Health Equity

2   Demographics within the Medicaid Population

3   Health Equity among HEDIS Measures

4   Recently Completed Projects

5   Questions & Discussions

Chapter

01

Defining Health Equity

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Health Equity according to CMS

- "CMS defines <u>health equity</u> as the attainment of the highest level of health for <u>all people</u>, where everyone has a <u>fair and just opportunity to attain their optimal health</u> regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other circumstances."

- "Standing with communities in need is critical, particularly given increased attacks on women, trans youth and health care providers. Health care should be a right not dependent on looks, location, love, language, or the type of care someone needs." –Xavier Becerra *United States Secretary of Health and Human Services*

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https://www.cms.gov/blog/establishing-framework-health-equity-cms

Ways to Measure Health Equity

- Best off: Group, Person, Rate*
  - The difference between each social group when compared to the "healthiest group"

- Population Average
  - Difference between a social group and the performance of the average member

- Fixed/Target Rate
  - Performance of social groups when compared to a "goal" rate

*For the purposes of HEDIS Health Equity analysis we use this method

Health Equity Analysis

- Analysis of evidence of health disparities in the behavioral health (BH) HEDIS rates

- Best Off Group Comparison and Visualization (Harper and Lynch – 2010[1])

- Health Disparity Definition – Any group with a rate that is 2 percentage points lower or higher (depending on the valence of the measure, for most measures higher is better) than the Best Off group is considered to be experiencing disparate care

Harper, S., and J. Lynch. Methods for measuring cancer disparities: using data relevant to Healthy People 2010 cancer-related objectives. National Cancer Institute Cancer Surveillance Monograph Series, No. 6. No. 05-5777. USA: 2005. NIH Publication, 2010.

Ways to Consider Health Equity

- HEDIS

- Access to Care (Follow-Up After Hospitalization)
  - o Which members are utilizing outpatient services
  - o It is possible that those who are accessing care may not directly reflect the broader Medicaid population

- COVID Analysis

- Pharmacy Analysis
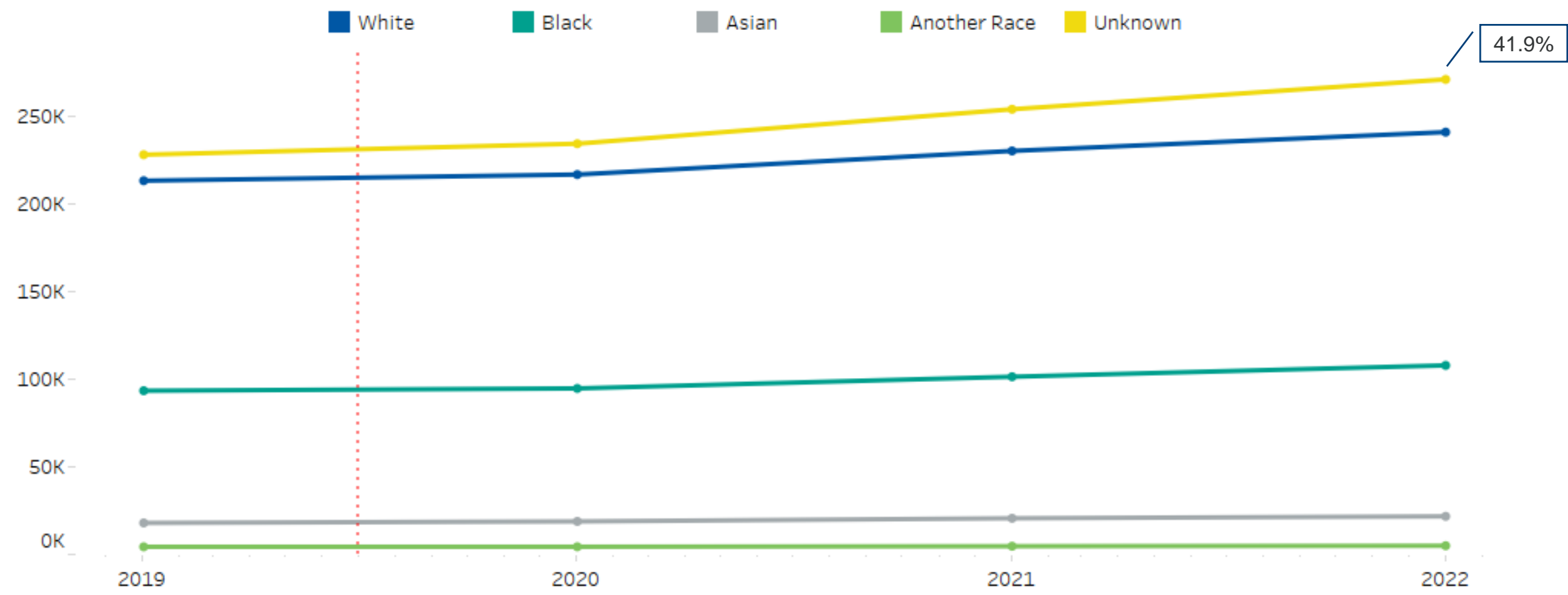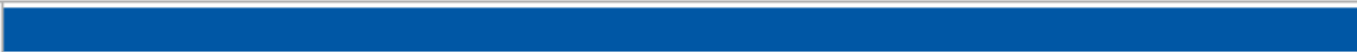 - o Rates at which different prescriptions for medications were filled for different populations

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Demographics within the Medicaid Population

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Adult Membership Volume (without Duals) by Race

Hispanic Ethnicity within Race - 2022

Adult Members without Duals by Hispanic Ethnicity within Race in 2022

Unknown	Non-Hispanic	187,140 (69.0%)
	Hispanic	84,034 (31.0%)
White	Non-Hispanic	211,486 (87.7%)
	Hispanic	29,588 (12.3%)
Black	Non-Hispanic	101,983 (94.5%)
	Hispanic	5,938 (5.5%)
Asian	Non-Hispanic	21,388 (98.2%)
	Hispanic	387 (1.8%)
Another Race	Non-Hispanic	4,015 (80.2%)
	Hispanic	992 (19.8%)

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Demographic Data and its Limitations

- We can only work with the data that we have readily available
  - There are not reliable data collection processes involving many demographic factors
- Race Data is incomplete
  - Approx. 50% of the Medicaid Population is listed as "unknown"
  - The presence of incomplete race data is skewed toward the younger population
  - Incomplete data stem from valid concerns due to historical lack of transparency with the use of the data
- "We can't improve what we can't measure." –Suchi Saria, PhD

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Demographic Data and its Limitations - a Response

- Bayesian Improved Surname Geocoding (BISG)

  o Can only be used at the population level

- Updates to Intake Forms

  o Clarity and modernization of language

- Health Equity Subcommittee

  o Awareness & training

Health Equity Among HEDIS Measures

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Measures to be Discussed

- Antidepressant Medication Management
- Follow Up After Emergency Department Visit for Alcohol & Other Drug Abuse or Dependence
- Follow Up After Hospitalization for Mental Illness

- Follow Up After Emergency Department Visit for Mental Illness
- Initiation & Engagement of Alcohol & Other Drug Dependence Treatment
- Pharmacotherapy for Opioid Use Disorder
- Adherence to Antipsychotic Medications for Individuals with Schizophrenia

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Health Equity Analysis

- Example – Initiation of Follow-Up care for ADHD
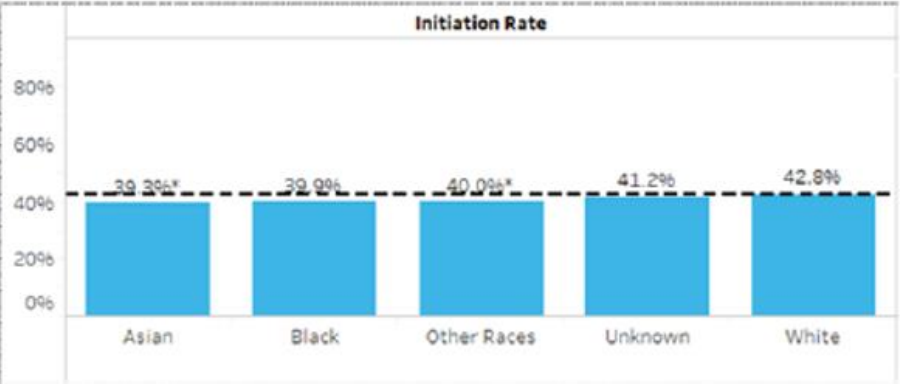
Asian	Black	Other	Unknown	White

- Visualization of all measures across Sex, Race, and Ethnicity reveals some predictable but concerning observations, as well as some surprises that are worthy of further thought and inquiry.
- The WHITE group has the highest rate at 42.8%
- The UNKNOWN group has a rate that is roughly comparable, less than 2 percentage points difference from the WHITE rate (41.2%)
- In each case, the rate for the ASIAN, BLACK, and OTHER groups is at least 2 percentage points lower than the BEST OFF group
- When visualized, blue equals BEST OFF and ORANGE reflects a possible health disparity

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Follow Up Measures

Measure	Inits.	Age	Rate	Sex			Race						Ethnicity	
				Female	Male		Asian	Black	Other	Unknown	White		Hispanic	Non-Hispanic
Follow-up After Emergency Department Visit for Alcohol & Other Drug Abuse or Dependence	FUA	13+	7-Day				*		*					
			30-Day				*		*					
Follow-up after Hospitalization for Mental Illness	FUH	6+	7-Day				*		*					
			30-Day				*		*					
Follow-up After Emergency Department Visit for Mental Illness	FUM	6+	7-Day				*		*					
			30-Day				*		*					

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Substance Use Disorder

Measure	Inits.	Age	Rate	Sex			Race						Ethnicity	
				Female	Male		Asian	Black	Other	Unknown	White		Hispanic	Non-Hispanic
Initiation & Engagement of Alcohol & Other Drug Dependence Treatment	IET	18+	Initiation	Disparity Present	Best Off		Disparity Present *	Disparity Present	Best Off *	Disparity Present	Disparity Present		Disparity Present	Best Off
			Engagement	Within 2%	Within 2%		Best Off *	Disparity Present	Best Off *	Best Off	Best Off		Within 2%	Within 2%
Pharmacotherapy for Opioid Use Disorder	POD	16+	Total Rate	Within 2%	Within 2%		Disparity Present *	Disparity Present	Disparity Present *	Disparity Present	Best Off		Best Off	Disparity Present

Adherence & Medication Management

Best Off
Disparity Present
Within 2%

* Indicates a small N size, and care should be taken in interpreting results

Measure	Inits.	Age	Rate	Sex			Race						Ethnicity	
				Female	Male		Asian	Black	Other	Unknown	White		Hispanic	Non-Hispanic
Antidepressant Medication Management	AMM	18+	Acute	■	■		*	■	*	■	■		■	■
			Continuation	■	■		*	*	■	■		■	■	
Adherence to Antipsychotic Medications for Individuals with Schizophrenia	SAA	18+	Total Rate	■	■		*	■	*	■	■		■	■

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Recently Completed Projects

2022 Projects – COVID-19 Analysis

## Analysis of the Impact of COVID-19

- Clinical study conducted during 2022 – in-depth report of findings

- Purpose – better understand the impact of the COVID-19 pandemic on those HUSKY Health members with behavioral health diagnoses

- Explored impact of broad pandemic effects in terms of diagnoses, use of medication, etc.

- Out of a total 1,169,055 distinct members included in the study, 207,040 (17.71%) had COVID-19 at any point during the study period (January 2020- September 2022).

- **Results indicated gender and ethnic disparities among HUSKY Health members, with higher rates of COVID-19 for females (60.14% for females vs. 39.54% for males) and Hispanic members (24.34% for Hispanics vs 19.23% for non-Hispanics).**

- Post COVID-19 diagnosis, members were 40% more likely to develop depression and 30% more likely to develop anxiety.

2022 Projects – Pharmacy Analysis

Pharmacy Analysis - Approach

- Biennial contract deliverable beginning in 2022
- Selected a pharmaceutical classification system focusing on psychopharmacological agents
- Integrated pharmacy utilization data into the population health profile
- 4 major medication categories - all medications, medications for MH treatment, medications for SUD treatment, and prescribed opioids
- Analysis by demographics, major BH diagnosis categories, and service utilization
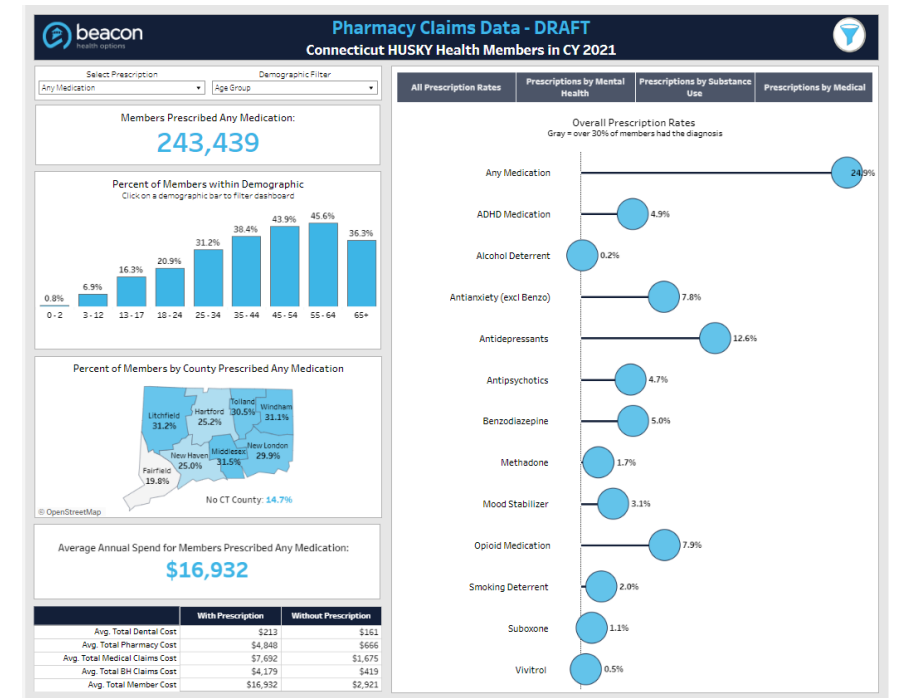
Pharmacy Analysis – Selected Findings

- 30.4% of adults and 7.7% of youth had at least one MH or SUD-related prescription.

- People identifying as White were most likely to fill prescriptions for any of the medications and people identifying as Black were least likely.

- Filled prescription prevalence increased with age.

- Females were more likely to fill a prescription for MH medications and males were more likely to receive medication for SUD.

- Common SUD medications include but are not limited to: Buprenorphine, Naltrexone, Methadone, Acamprosate, and Disulfiram. Please note, MAT may be recorded as a service not a medication.

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Questions and Discussion

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Thank You

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