Minnesota Disparities by Insurance Type Report

COMMUNITY WEBINAR

TUESDAY, MAY 23, 2023

Welcome!

Thanks for joining us today!

All webinar participates are in "listen-only" mode. To ask a question, please type your question into the "Q&A" box at the bottom of your screen at any time during the webinar.

During the discussion section, you may also use the "raise hand" function ask a question.

MNCM will send a link to the presentation slides and the recording to webinar attendees later this week.

MN Community
MEASUREMENT

MNCM Members, Thank you!

Health Plan Members

Medical Group Members

www.mncm.org/get-involved

MNCM Mission Supporter Program

Financial support is essential to sustain and grow our objective, unbiased work. Your support helps assure our independent work continues. It's an opportunity for your organization to demonstrate its support and commitment to improving health care quality, equity, and affordability while strengthening our work.

Current Silver Level Supporters

novo nordisk®

www.mncm.org/mission-supporter-program

MN Community
MEASUREMENT

MNCM empowers health care decision makers with meaningful data to drive improvement.

What we do

Multi-stakeholder convening

Measure developer

Data collection, validation

Public transparency

How MNCM data are used

Quality improvement

Benchmarking

Value-based payment

Reducing disparities

Research partnerships

MN Community MEASUREMENT

Agenda

Report History
Brief overview

Current Report
Care delivered in 2021

DHS Perspectives
Mark Foresman, PhD

Audience Q&A

MN Community
MEASUREMENT

Report History

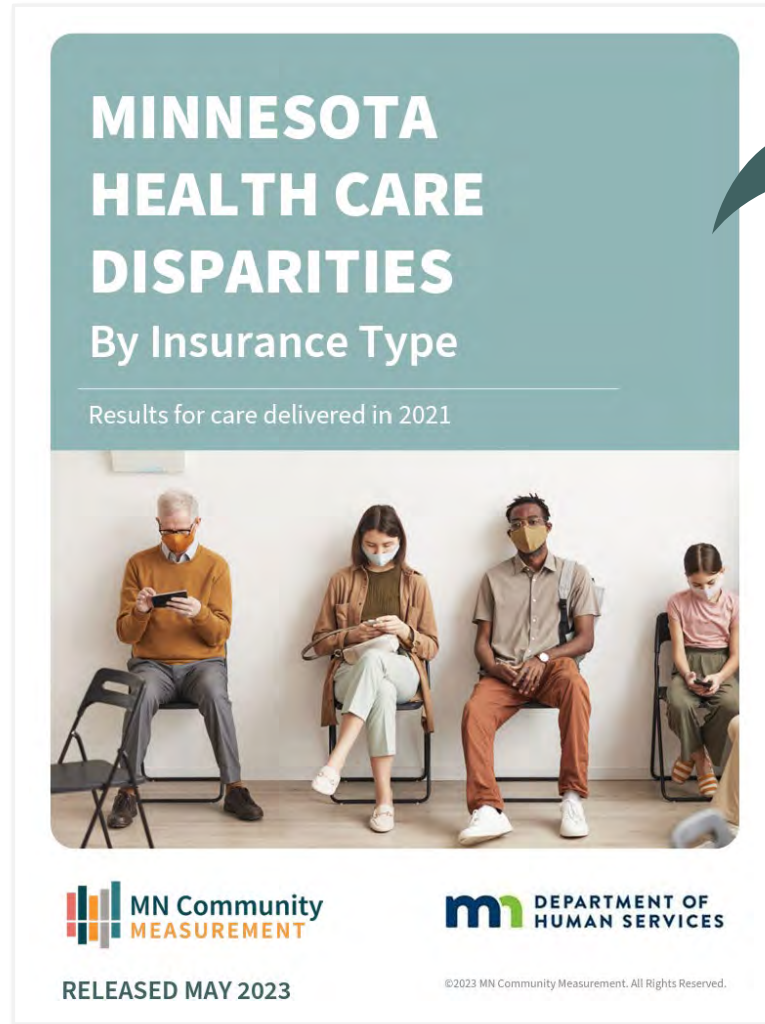*Many years of collaboration!*

Then vs. Now

- **Dates of service:** 2006
- **# of pages:** 70
- **Measures:** 8
  - Asthma Care
  - Optimal Diabetes Care
  - Appropriate Treatment for Children with URI
  - Appropriate Testing for Children with Pharyngitis
  - Breast Cancer Screening
  - Cervical Cancer Screening
  - Chlamydia Screening
  - Childhood Immunizations
- **Analyses included:**
  - High performing medical groups
  - Medical group variation
  - MHCP Statewide and medical group results by measure
  - MHCP and other purchasers rate comparisons

- **Dates of service:** 2021
- **# of pages:** 60
- **Measures:** 21
  - Breast Cancer Screening
  - Colorectal Cancer Screening
  - Childhood Immunization Status (Combo 10)
  - Controlling High Blood Pressure
  - Optimal Asthma Control – Adults
  - Optimal Asthma Control – Children
  - Optimal Diabetes Care + 5 components
  - Optimal Vascular Care + 4 components
  - Optimal Asthma Control – Adults
  - Optimal Asthma Control – Children
  - Adolescent Mental Health Screening
  - Adolescent Depression Suite
  - Adult Depression Suite
- **Analyses included:**
  - MHCP statewide trend by measure
  - MHCP and other purchasers gap trend by measure
  - MHCP and other purchasers rate comparisons by measure
  - MHCP RELC analysis by measure*

*For Breast Cancer Screening, Childhood Immunization Status and Controlling High BP, only race/ethnicity analysis is available

Current Report

MINNESOTA HEALTH CARE DISPARITIES
By Insurance Type
Results for care delivered in 2021

MN Community MEASUREMENT

DEPARTMENT OF HUMAN SERVICES

RELEASED MAY 2023

©2023 MN Community Measurement. All Rights Reserved.

What's inside?

- Statewide rates over time by insurance type

- Statewide rates for MHCP MCO population by:
  - Race
  - Ethnicity
  - Preferred Language
  - Country of Origin

Measures included:
- *Breast Cancer Screening*
- *Childhood Immunization Status (Combo 10)*
- *Colorectal Cancer Screening*
- *Controlling High Blood Pressure*
- *Optimal Asthma Control (Adults & Children)*
- *Optimal Diabetes Care (+ 5 components)*
- *Optimal Vascular Care (+ 4 components)*
- *Adolescent Mental Health and/or Depression Screening*
- *Adolescent Depression Suite*
- *Adult Depression Suite*

Report can be found at mncm.org > Reports & Data

Populations

MHCP MCO
Minnesota Health Care Plans Managed Care Organization

- Minnesota residents
- Enrolled in Medicaid Managed Care program (Medical Assistance, MinnesotaCare, Special Needs Basic Care)
- Includes dual eligible patients

Other Purchasers

- Minnesota residents
- Enrolled in commercial (employer-based) insurance coverage and/or Medicare Managed Care

Key Findings
Comparison to 2020

Statewide MHCP rates significantly decreased for two measures:

1. Breast Cancer Screening
2. Childhood Immunization Status

Largest rate decrease from 2020 occurred in the Breast Cancer Screening measure (-2.4 percentage points)

Statewide MHCP rates significantly increased for five measures:

1. Colorectal Cancer Screening
2. Controlling High BP
3. Asthma Control – Adults
4. Optimal Diabetes Care
5. Adolescent MH Screening

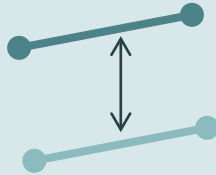Largest rate increase from 2020 occurred in the Controlling High BP measure (+5.1 percentage points)
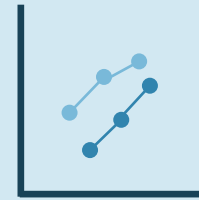
Key Findings
MHCP vs Other Purchasers

Statewide MHCP average rates were consistently **lower** than Other Purchasers' statewide rates for all measures
*(except Controlling High BP)*

The largest gap in rates between MHCP and Other Purchasers occurred in the Childhood Immunization Status (Combo 10) measure
(26.6 percentage points)

Since 2017, gap between populations significantly narrowed for six measures:

1. Colorectal Cancer Screening
2. Asthma Control – Adults
3. Asthma Control – Children
4. Optimal Diabetes Care
5. Optimal Vascular Care
6. Adolescent MH Screening
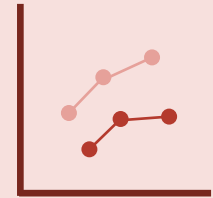
Since 2017, gap between populations significantly widened for two measures:

1. Breast Cancer Screening
2. Childhood Immunization Status

Key Findings
Race, Ethnicity, Language & Country of Origin

Within the MHCP population:

13

Number of measures where rates for **Black patients** were *significantly below* the statewide MHCP rates

7

Number of measures where rates for **Indigenous/ Native patients** were *significantly below* the statewide MHCP rates

Rates for **patients from Laos** were *significantly below* statewide MHCP rates for three adult depression measures:
- Follow-up at Six Months
- Follow-up at 12 Months
- Response at 12 Months

Rates for **patients who speak Hmong** were *significantly below* statewide MHCP rates for four adult depression measures:
- Follow-up at Six Months
- Follow-up at 12 Months
- Response at Six Months
- Response at 12 Months

Breast Cancer Screening

Measure Definition

✓

Percentage of women 50-74 years of age who had a least one mammogram to screen for breast cancer in the past two years.
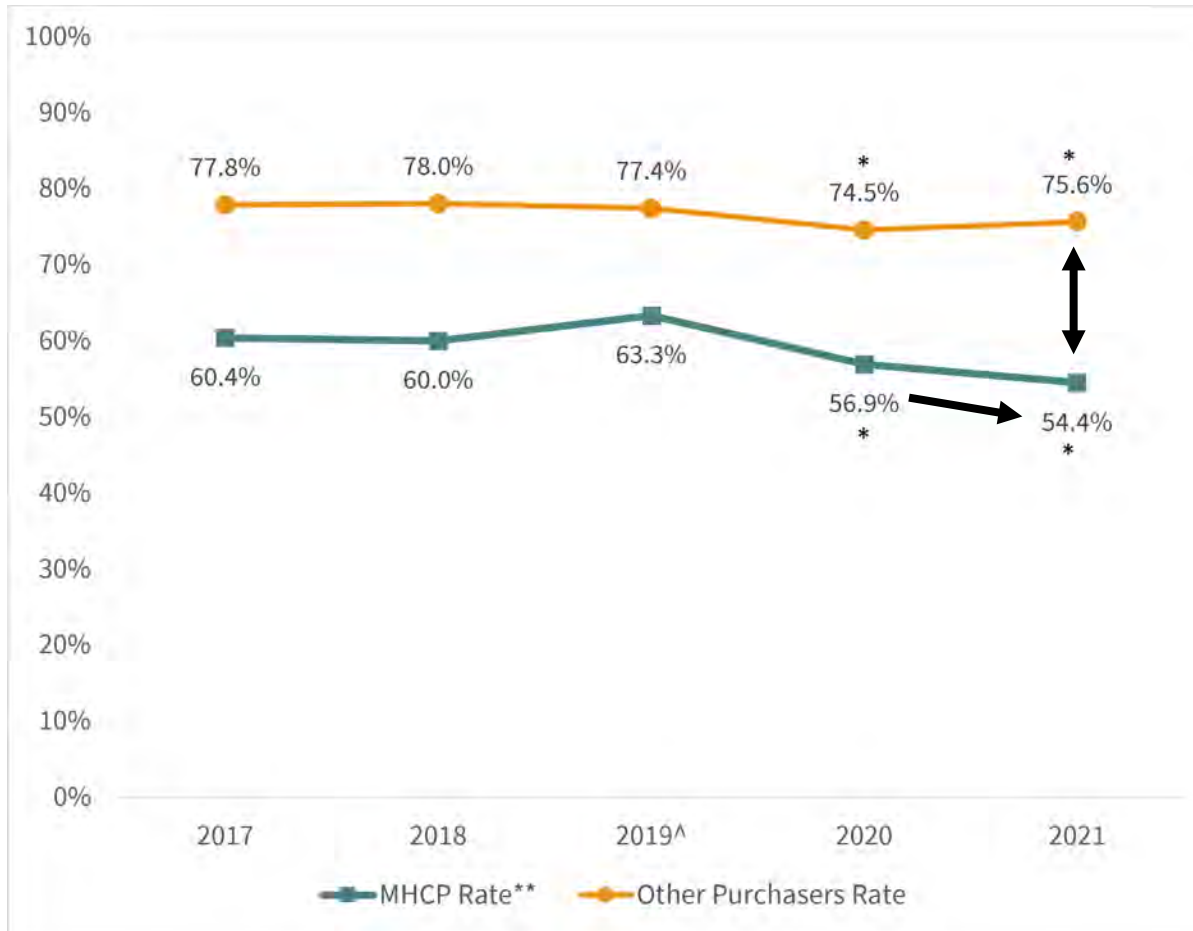
Data Collection Method

- Healthcare Effectiveness Data and Information Set (HEDIS) measure
- Claims data

National Committee for Quality Assurance. Breast Cancer Screening (BCS). HEDIS Measures and Technical Resources. Retrieved from https://www.ncqa.org/hedis/measures/breast-cancer-screening/

MN Community MEASUREMENT

Trend Over Time
Breast Cancer Screening

Chart showing Breast Cancer Screening rates from 2017 to 2021:

Other Purchasers Rate: 77.8% (2017), 78.0% (2018), 77.4% (2019^), 74.5%* (2020), 75.6%* (2021)

MHCP Rate**: 60.4% (2017), 60.0% (2018), 63.3% (2019^), 56.9%* (2020), 54.4%* (2021)

Legend: MHCP Rate** | Other Purchasers Rate

^In 2019, the Other Purchasers population only included commercial patients.
*Rate statistically significantly changed from previous year
**This measure does not allow for separation of MCO and FFS. MHCP here represents both MCO and FFS.

-2.4
percentage points
MHCP rate decrease from 2020

21.2
percentage points
Gap in rates between MHCP and Other Purchasers in 2021

MHCP Rates by Race/Ethnicity
Breast Cancer Screening
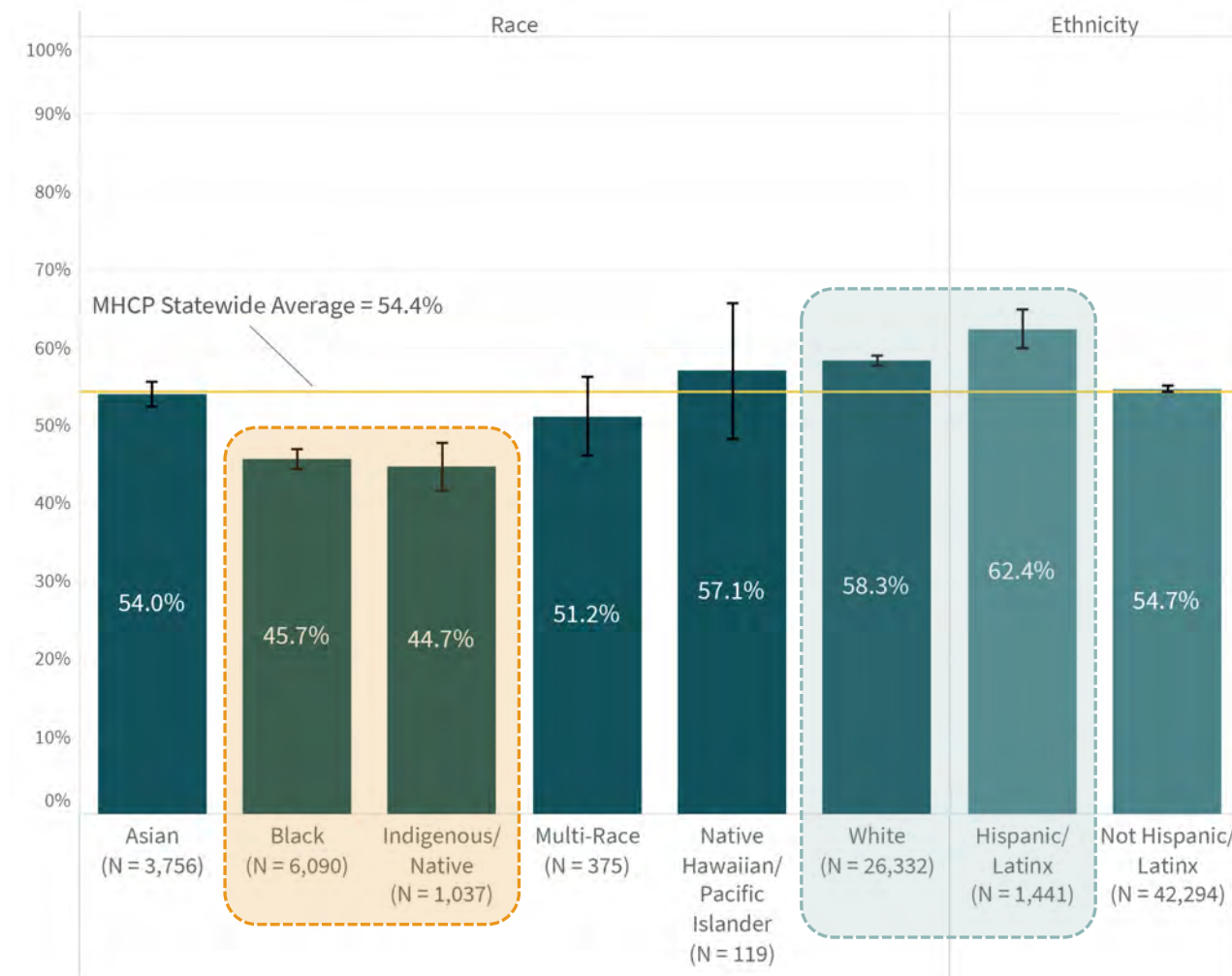
Significantly lower

MHCP rates for Black or Indigenous/Native patients

Significantly higher

MHCP rates for White patients

Significantly higher

MHCP rates for Hispanic/Latinx patients

Optimal Diabetes Care

Measure Definition

Percentage of patients 18-75 years of age with diabetes (type 1 or 2) whose diabetes was optimally managed as defined as achieving ALL five of the following components:

- HbA1c < 8.0
- BP < 140/90
- Statin medication
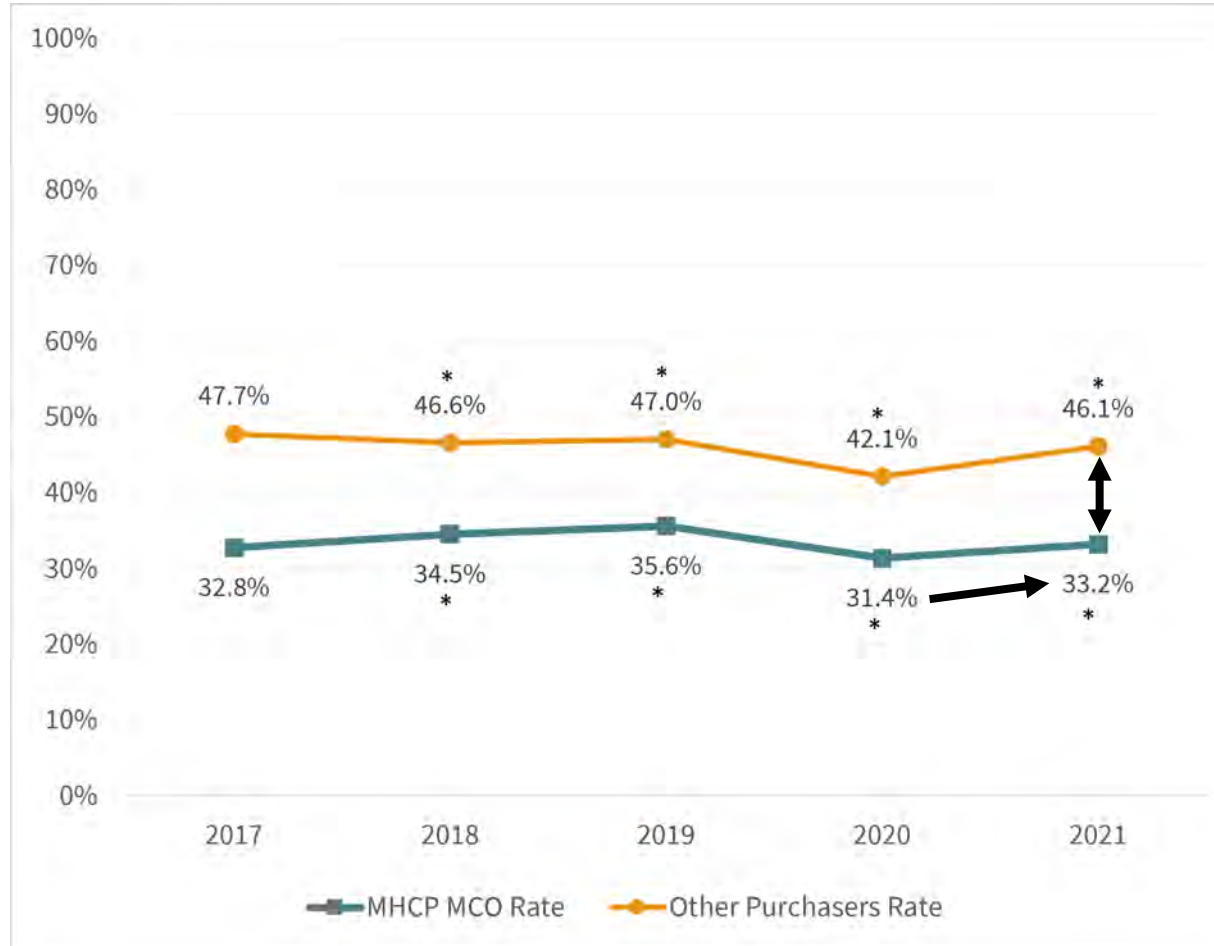- Tobacco-free
- Daily aspirin (if IVD)

Data Collection Method

- DDS/PIPE measure
- Medical group/clinic data

MN Community MEASUREMENT

MHCP Rates by Race/Ethnicity
Optimal Diabetes Care

Significantly lower

MHCP rates for Black, Indigenous/Native or Multi-Race patients

Significantly higher

MHCP rates for Asian patients

MHCP Rates by Country of Origin
Optimal Diabetes Care

MHCP MCO Statewide Average = 33.2%

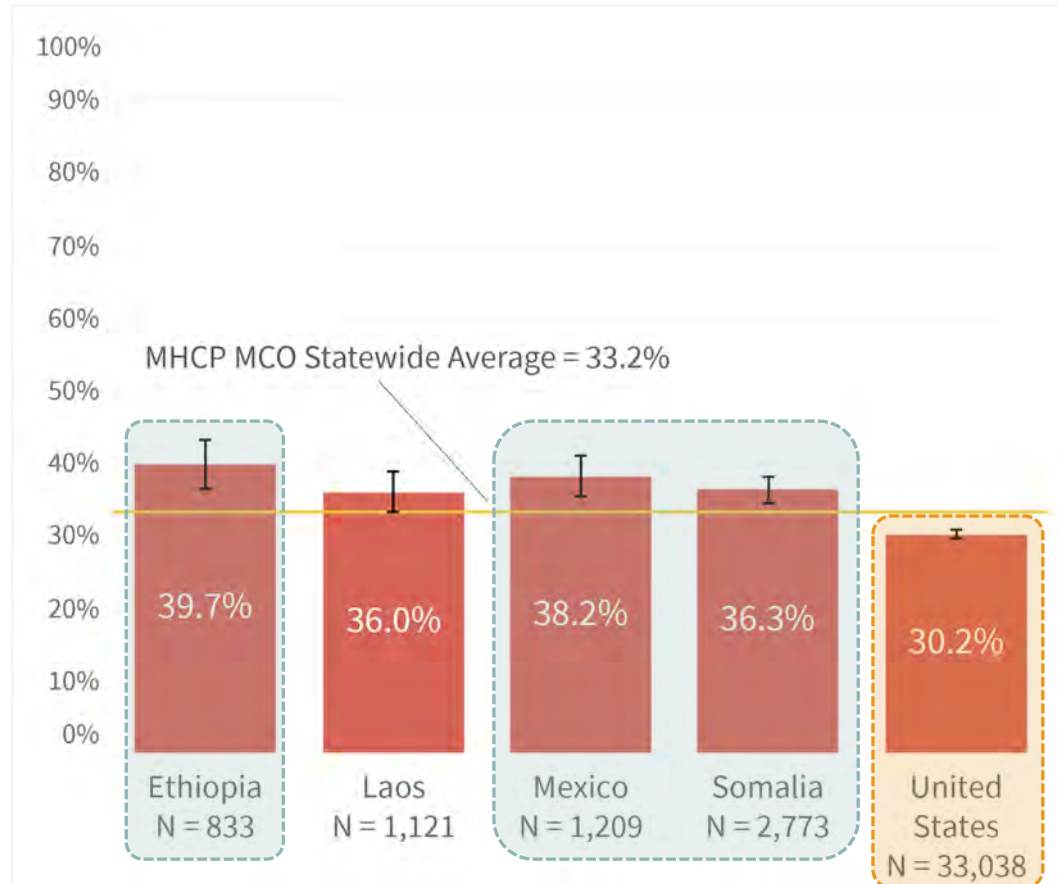|				
39.7%	36.0%	38.2%	36.3%	30.2%
Ethiopia N = 833	Laos N = 1,121	Mexico N = 1,209	Somalia N = 2,773	United States N = 33,038

86%

of eligible MHCP population is from Ethiopia, Laos, Mexico, Somalia or the United States for the Optimal Diabetes Care measure
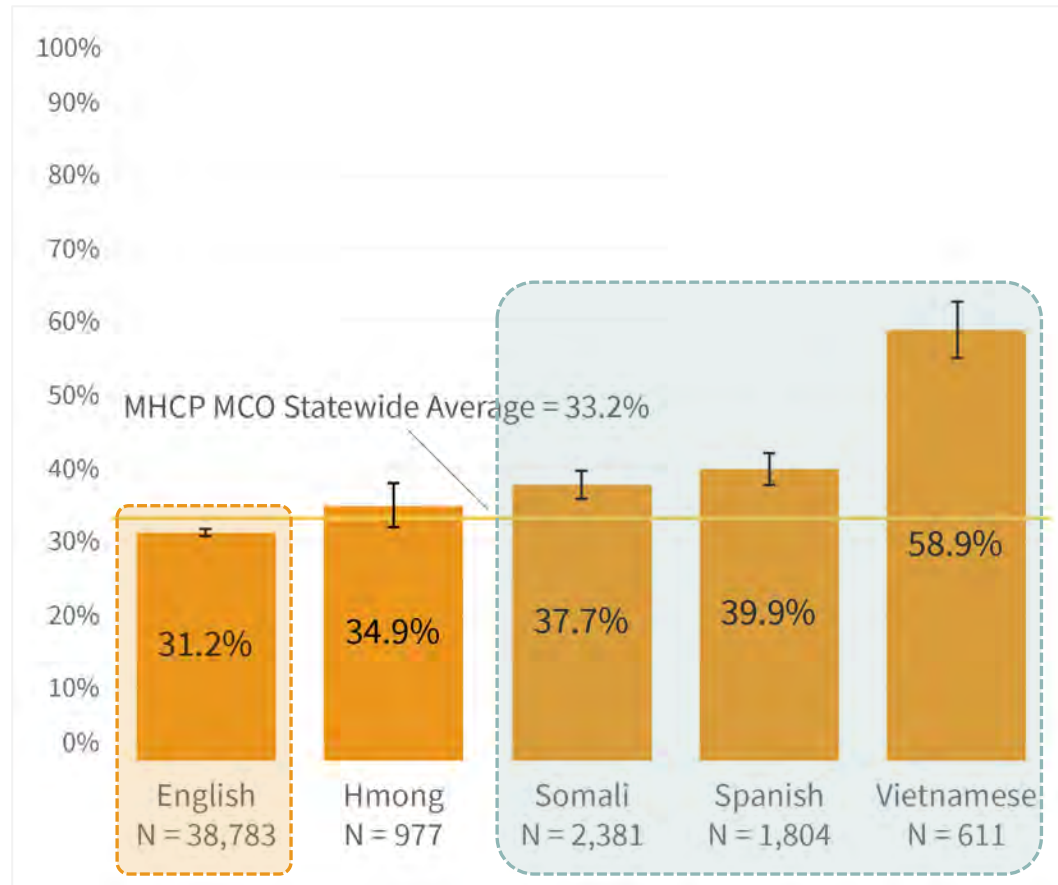
Significantly higher

MHCP rates for patients from Ethiopia, Mexico or Somalia

Significantly lower

MHCP rates for patients from the United States

MN Community MEASUREMENT

MHCP Rates by Preferred Language
Optimal Diabetes Care

93%

of eligible MHCP population prefers to speak English, Hmong, Somali, Spanish or Vietnamese for the Optimal Diabetes Care measure

Significantly higher

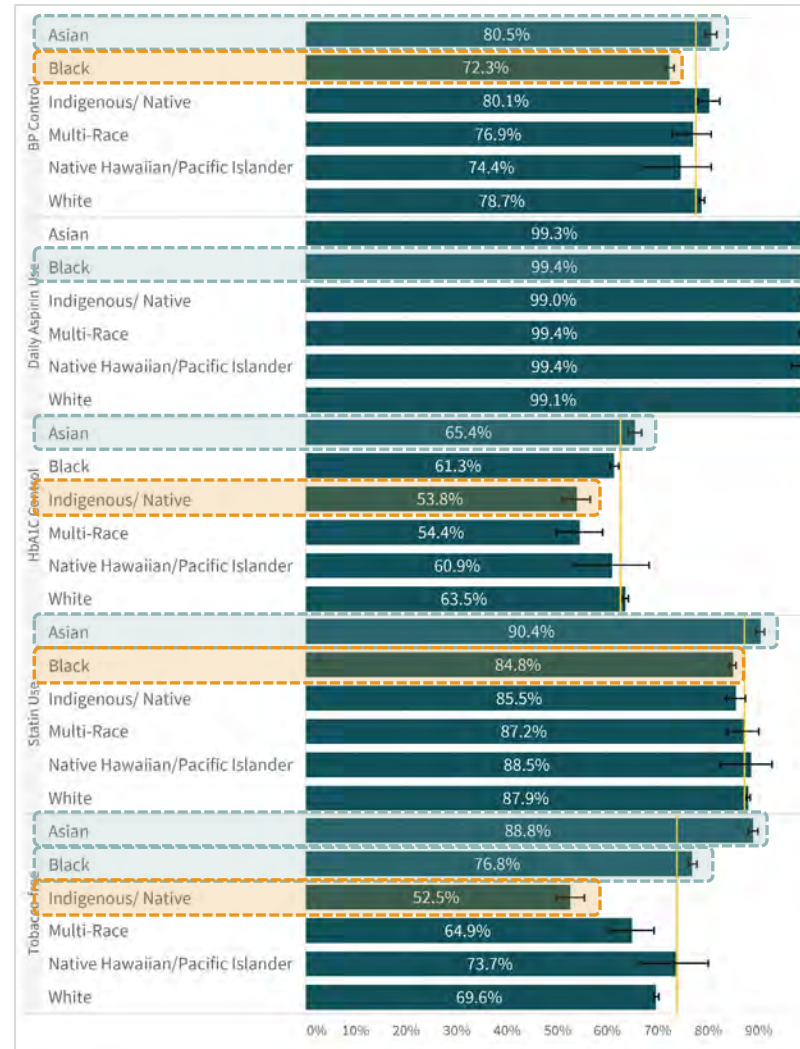MHCP rates for patients who speak Somali, Spanish or Vietnamese

Significantly lower

MHCP rates for patients who speak English

MN Community MEASUREMENT

MHCP Rates by Race/Ethnicity
Optimal Diabetes Care Components

MHCP MCO Statewide Rates by Component
- **BP Control:** 77.4%
- **Daily Aspirin:** 99.2%
- **HbA1c Control:** 62.5%
- **Statin Use:** 87.2%
- **Tobacco-free:** 77.4%

Asian patients
have *significantly higher* rates of BP control, HbA1c control, statin use, tobacco-free

Black patients
have *significantly lower* rates of BP control and statin use, but *significantly higher* rates of daily aspirin use and being tobacco-free
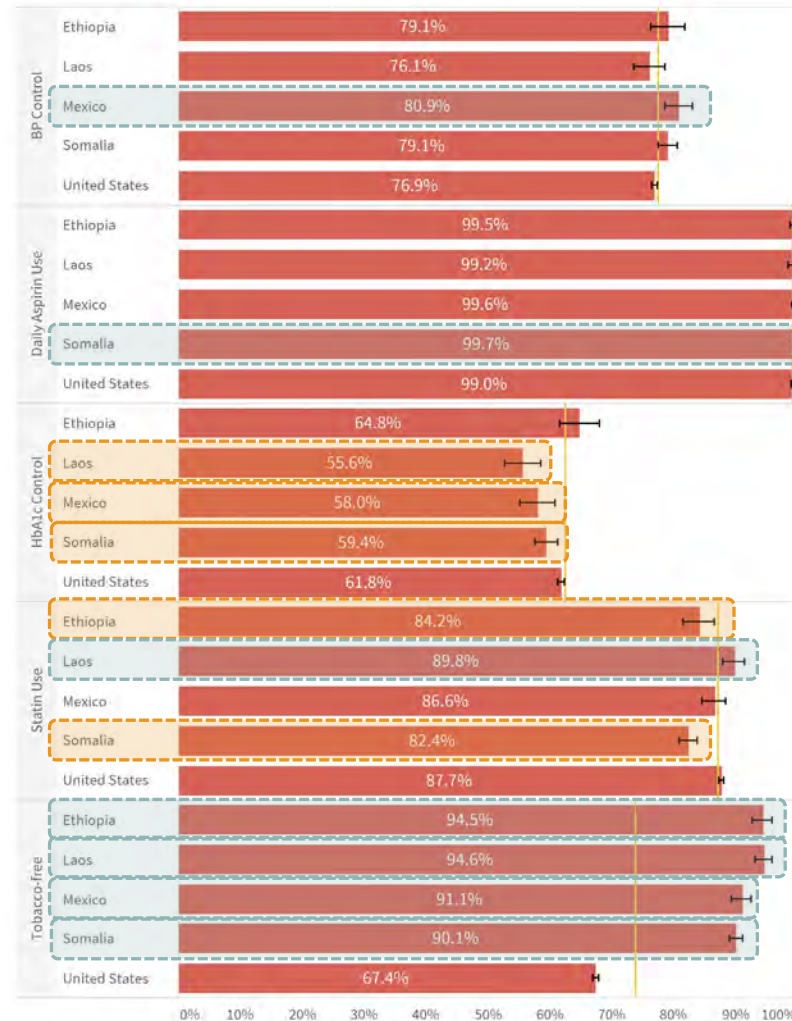
Indigenous/Native patients
have *significantly lower* rates of HbA1c control and being tobacco-free

Component	Race/Ethnicity	Rate
BP Control	Asian	80.5%
	Black	72.3%
	Indigenous/Native	80.1%
	Multi-Race	76.9%
	Native Hawaiian/Pacific Islander	74.4%
	White	78.7%
Daily Aspirin Use	Asian	99.3%
	Black	99.4%
	Indigenous/Native	99.0%
	Multi-Race	99.4%
	Native Hawaiian/Pacific Islander	99.4%
	White	99.1%
HbA1C Control	Asian	65.4%
	Black	61.3%
	Indigenous/Native	53.8%
	Multi-Race	54.4%
	Native Hawaiian/Pacific Islander	60.9%
	White	63.5%
Statin Use	Asian	90.4%
	Black	84.8%
	Indigenous/Native	85.5%
	Multi-Race	87.2%
	Native Hawaiian/Pacific Islander	88.5%
	White	87.9%
Tobacco-free	Asian	88.8%
	Black	76.8%
	Indigenous/Native	52.5%
	Multi-Race	64.9%
	Native Hawaiian/Pacific Islander	73.7%
	White	69.6%

MHCP Rates by Country of Origin
Optimal Diabetes Care Components

MHCP MCO Statewide Rates by Component
- **BP Control:** 77.4%
- **Daily Aspirin:** 99.2%
- **HbA1c Control:** 62.5%
- **Statin Use:** 87.2%
- **Tobacco-free:** 77.4%

Patients from Ethiopia
have a *significantly higher* rate of being tobacco-free, but a *significantly lower* rate of statin use

Patients from Laos
have *significantly higher* rates of statin use and being tobacco-free, but a *significantly lower* rate of HbA1c control

Patients from Mexico
have *significantly higher* rates of BP control and being tobacco-free, but a *significantly lower* rate of HbA1c control
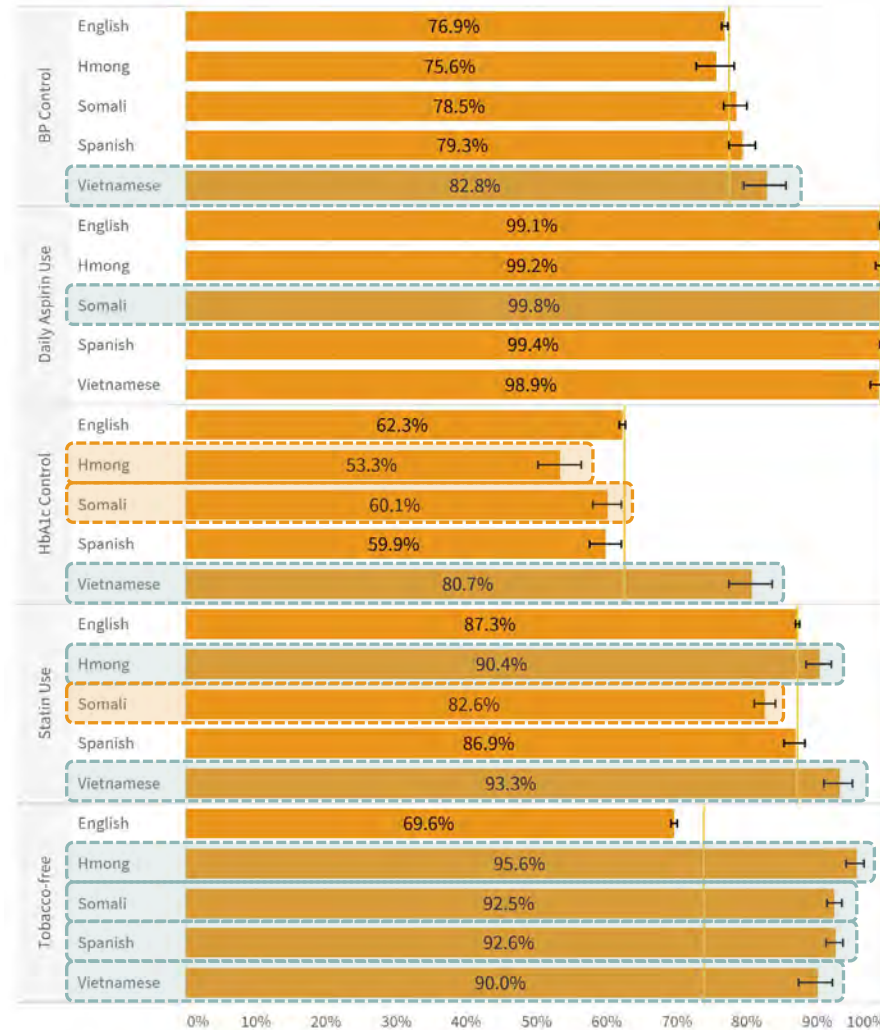
Patients from Somalia
have *significantly higher* rates of daily aspirin use and being tobacco-free, but *significantly lower* rates of statin use and HbA1c control

MN Community MEASUREMENT

MHCP Rates by Preferred Language
Optimal Diabetes Care Components

MHCP MCO Statewide Rates by Component
- **BP Control:** 77.4%
- **Daily Aspirin:** 99.2%
- **HbA1c Control:** 62.5%
- **Statin Use:** 87.2%
- **Tobacco-free:** 77.4%

Patients who speak Hmong
have *significantly higher* rates of statin use and being tobacco-free, but a *significantly lower* rate of HbA1c control

Patients who speak Somali
have *significantly higher* rates of daily aspirin use and being tobacco-free but *significantly lower* rates of HbA1c control and statin use

Patients who speak Spanish
have a *significantly higher* rate of being tobacco-free

Patients who speak Vietnamese
have *significantly higher* rates of BP control, HbA1c control, statin use and being tobacco-free

MN Community MEASUREMENT

DHS Perspectives
Report in action

1 How do you use this report/data in your work?

2 What do you think has been the impact of this report on improving care for the MHCP population over time?

3 Is there anything in the report/data this year that jumped out to you?

4 How could other organizations use this report?

5 What are future directions for DHS as it relates to quality measurement and value-based purchasing?

MN Community
MEASUREMENT

Audience Q & A

Please type your questions into the "Q&A"
box at the bottom of your screen

MN Community
MEASUREMENT

Thank you for joining us!

MNCM will send a link to presentation slides and the recording to webinar attendees later this week.

Please reach out to us at support@mncm.org with additional questions related to available data or how our data can support your work.

Join our mailing list for newsletters and other updates: https://mncm.org/news/#newsletters