

Racial and Ethnic Disparities – Keeping Current Series

Quality and Disparities in Health Plans: Is There a Link?

November 28, 2006

3 – 4 PM EST

Quality of Care and Racial Disparities in Medicare Health Plans

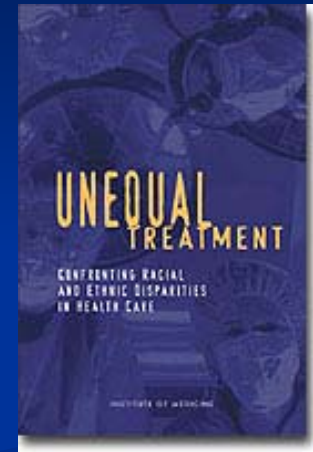
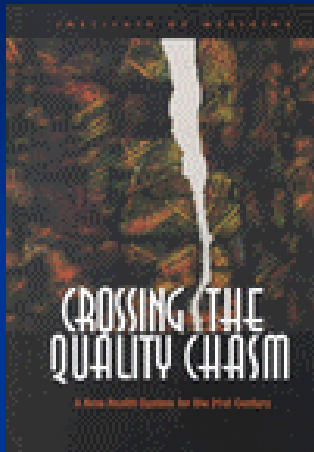
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Improving Quality and Reducing Disparities: “Putting the E in Front of Quality”



- Disparities are markers of poor quality
- IOM defined equity as one of six key dimensions of quality

Medicare Managed Care

- ~15% of Medicare population (4-6 million)
- Documented racial disparities in this group
- 1997 CMS required mandatory reporting by health plans of HEDIS measures
- Health plans do not report HEDIS performance for different racial/ethnic groups

August 18, 2005

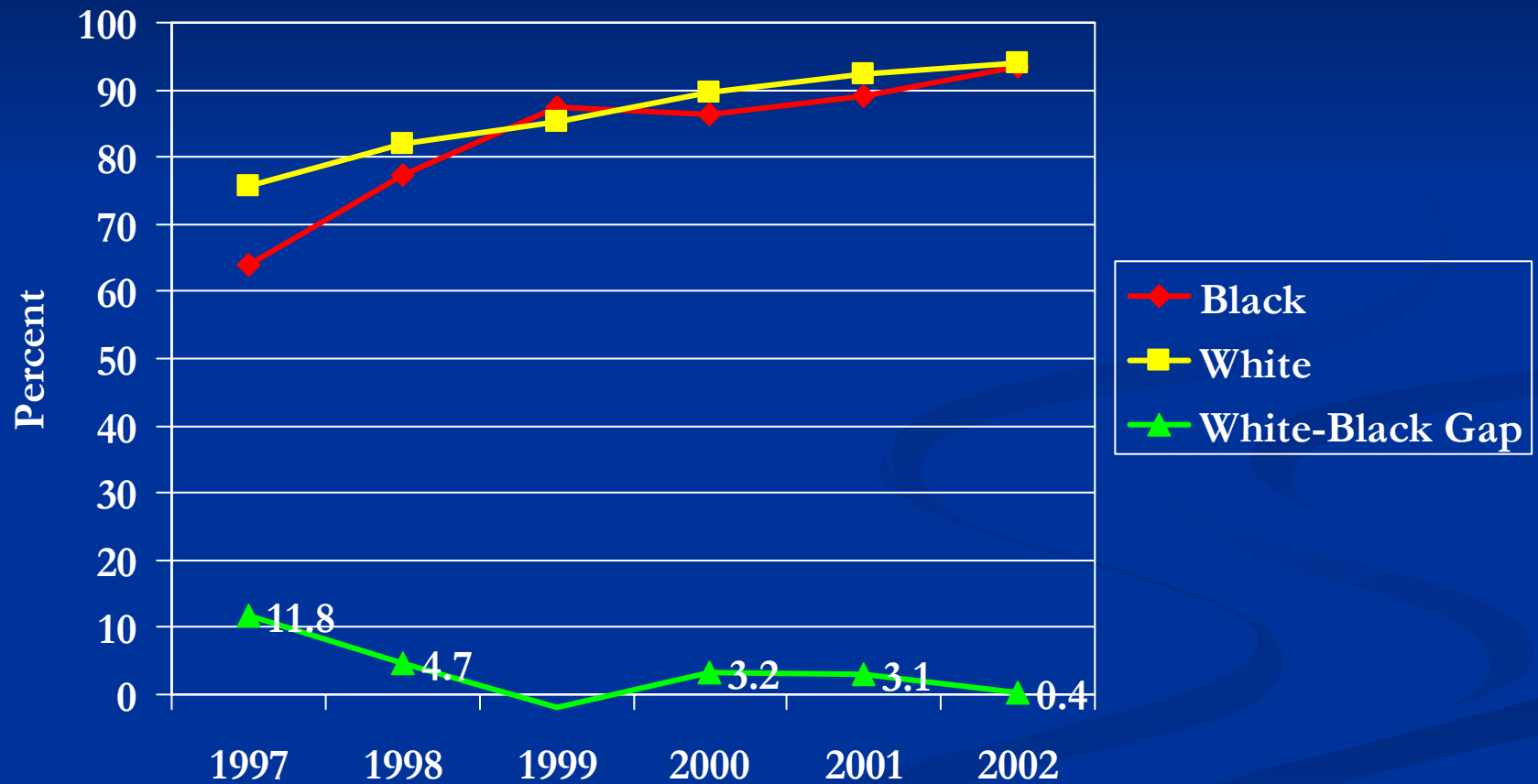
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SPECIAL ARTICLE

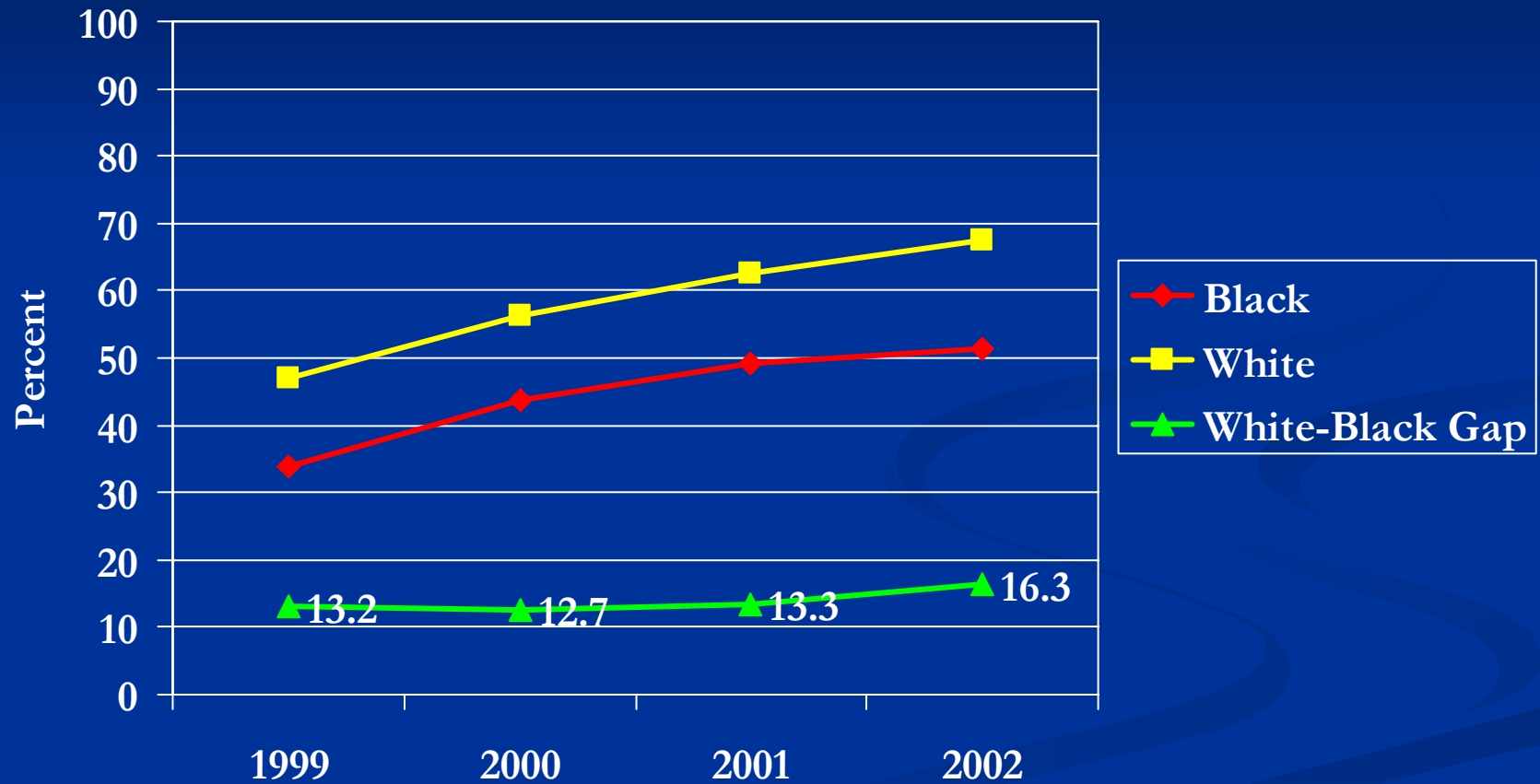
Trends in the Quality of Care and Racial Disparities in Medicare Managed Care

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Eric C. Schneider, M.D., M.Sc., and John Z. Ayanian, M.D., M.P.P.

Beta-Blocker Use After Myocardial Infarction



LDL Cholesterol Control <130mg/dl after an Acute Coronary Event



New Research Questions

- Do disparities in outcome measures persist even when white and black beneficiaries are in the same plan?
- Do high-performing health plans have reduced racial disparity?
- Have any specific health plans achieved high quality and low disparity on multiple HEDIS outcome measures?

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ORIGINAL CONTRIBUTION

Relationship Between Quality of Care and Racial Disparities in Medicare Health Plans

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ELIMINATING DISPARITIES IN health care is a fundamental component of the agenda to improve quality.¹ In a landmark 2001 report, the Institute of Medicine affirmed this principle by defining equity as 1 of 6 essential dimensions of quality of care.² This report recommended that the nation strive for “care

Context Overall quality of care and racial disparities in quality are important and related problems in health care, but their relationship has not been well studied. In the Medicare managed care program, broad improvements in quality have been accompanied by reduced racial gaps in processes of care, but substantial disparities in outcomes have persisted.

Objectives To assess variations among Medicare health plans in overall quality and racial disparity in 4 Health Plan Employer and Data Information Set (HEDIS) outcome measures, to determine whether high-performing plans exhibit smaller racial disparities, and to identify plans with high quality and low disparity.

Design, Setting, and Patients We assessed the relationship between quality and racial disparity using multilevel multivariable regression models. The study sample included 431 573 individual-level observations in 151 Medicare health plans from 2002 to 2004.

Main Outcome Measures Hemoglobin A_{1c} of less than 9.5% or less than 9.0% for enrollees with diabetes; low-density lipoprotein cholesterol level of less than 130 mg/dL for enrollees with diabetes or after a coronary event; and blood pressure of less than 140/90 mm Hg for enrollees with hypertension.

Methods – Data Sources

- HEDIS data – 2002-2004
- Medicare enrollment file – 2002-2004
- 2000 U.S. Census
- Interstudy Competitive Edge database
- Sample size: 431,542 observations from 151 Medicare health plans

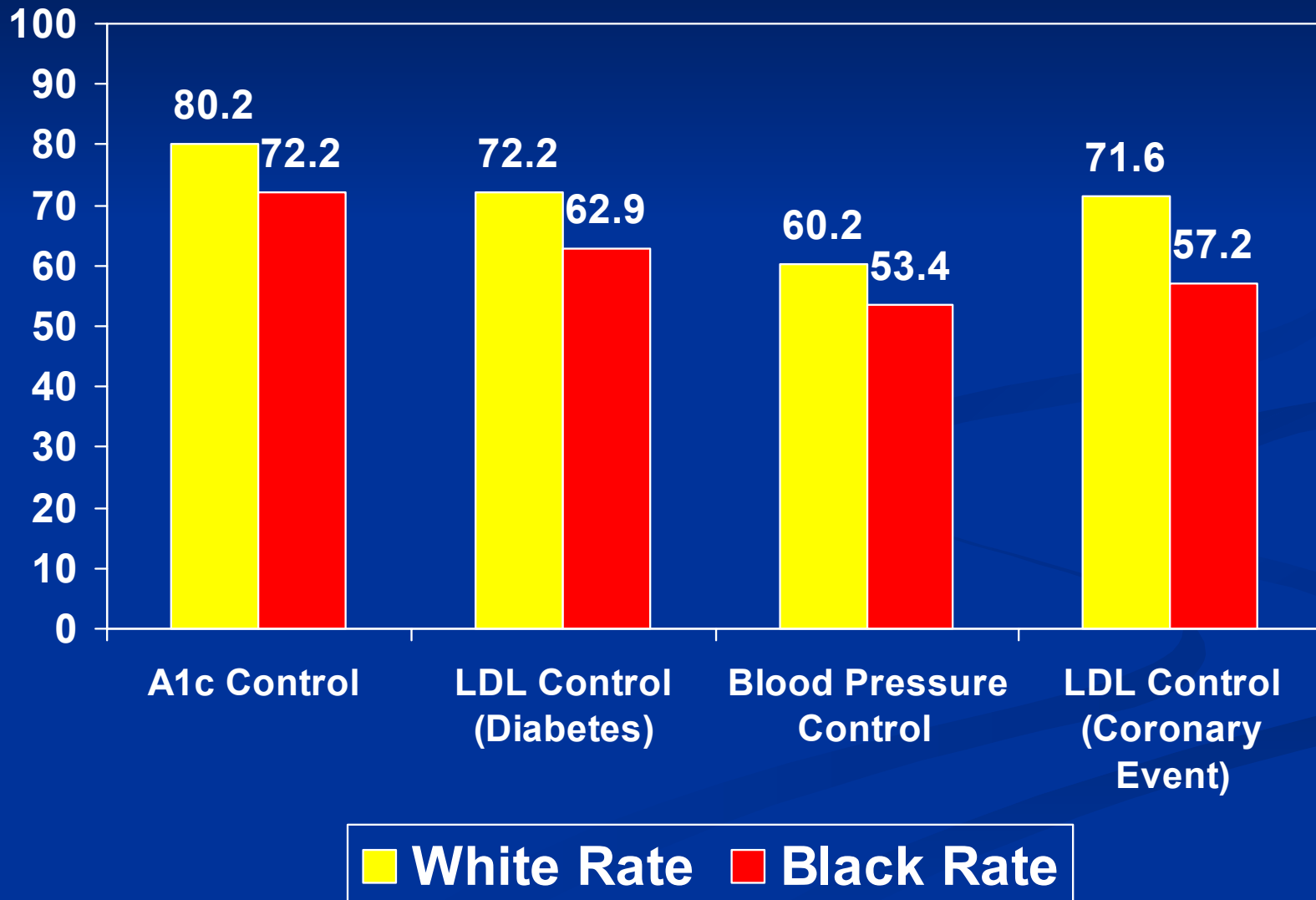
Methods – Outcome Variables

- Four HEDIS outcome measures
 - Hemoglobin A1c $<9.5\%$ (2002) or $<9.0\%$ (2003 or 2004) for diabetes
 - LDL cholesterol $<130\text{mg/dl}$ for diabetes
 - Blood pressure $<140/90\text{mmHg}$ in hypertension
 - LDL cholesterol $<130\text{mg/dl}$ after a coronary event

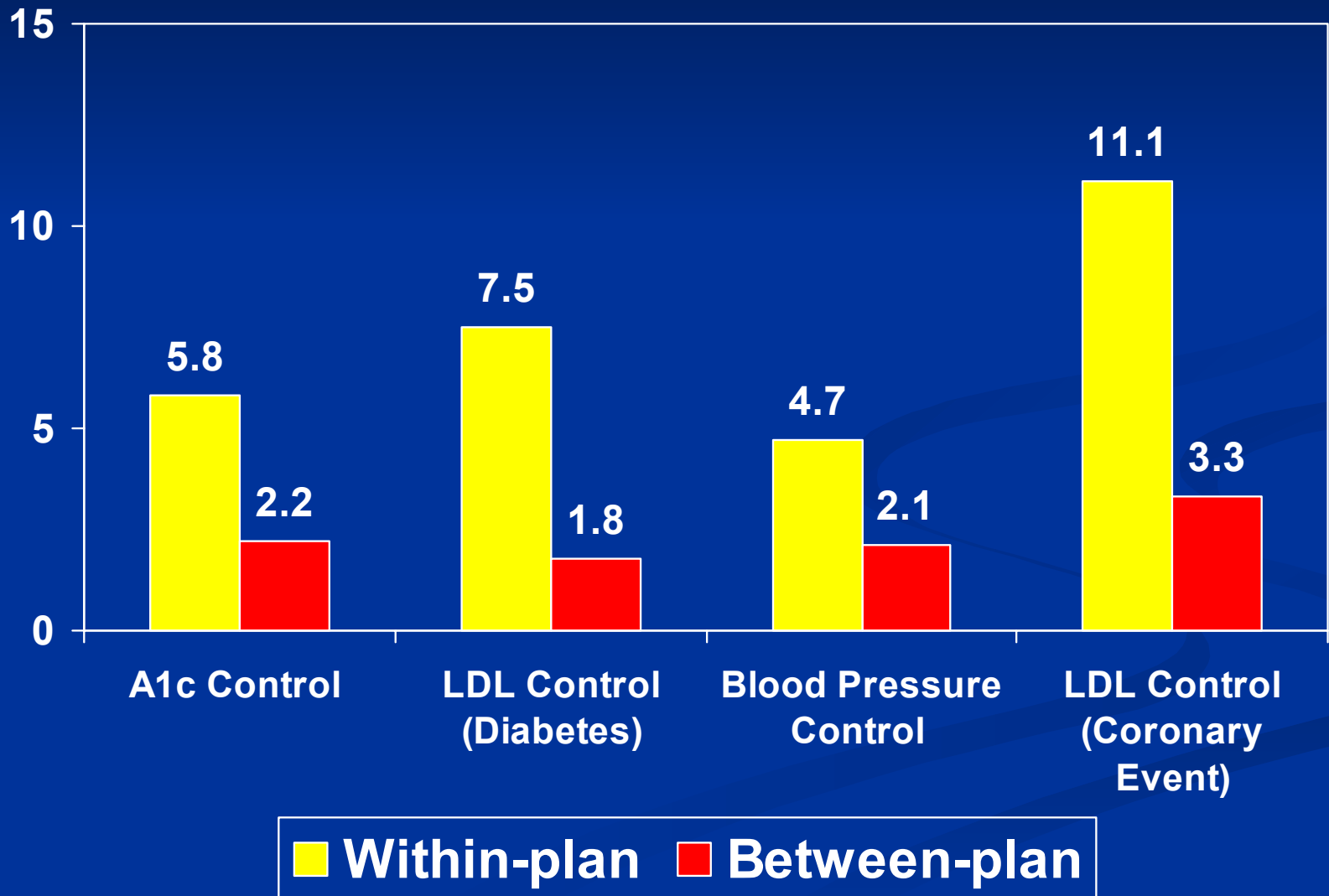
Within-plan and Between-Plan Disparities

- Disparities can result from:
 - Within each plan, blacks have worse outcomes than whites (**within-plan disparity**)
 - Blacks are concentrated in plans (or regions) with poorer quality (**between-plan disparity**)
- Used hierarchical modeling to determine impact of within- and between-plan disparity
- For every Medicare plan, calculated overall performance and racial disparity and assigned ratings of above-average, average and below-average

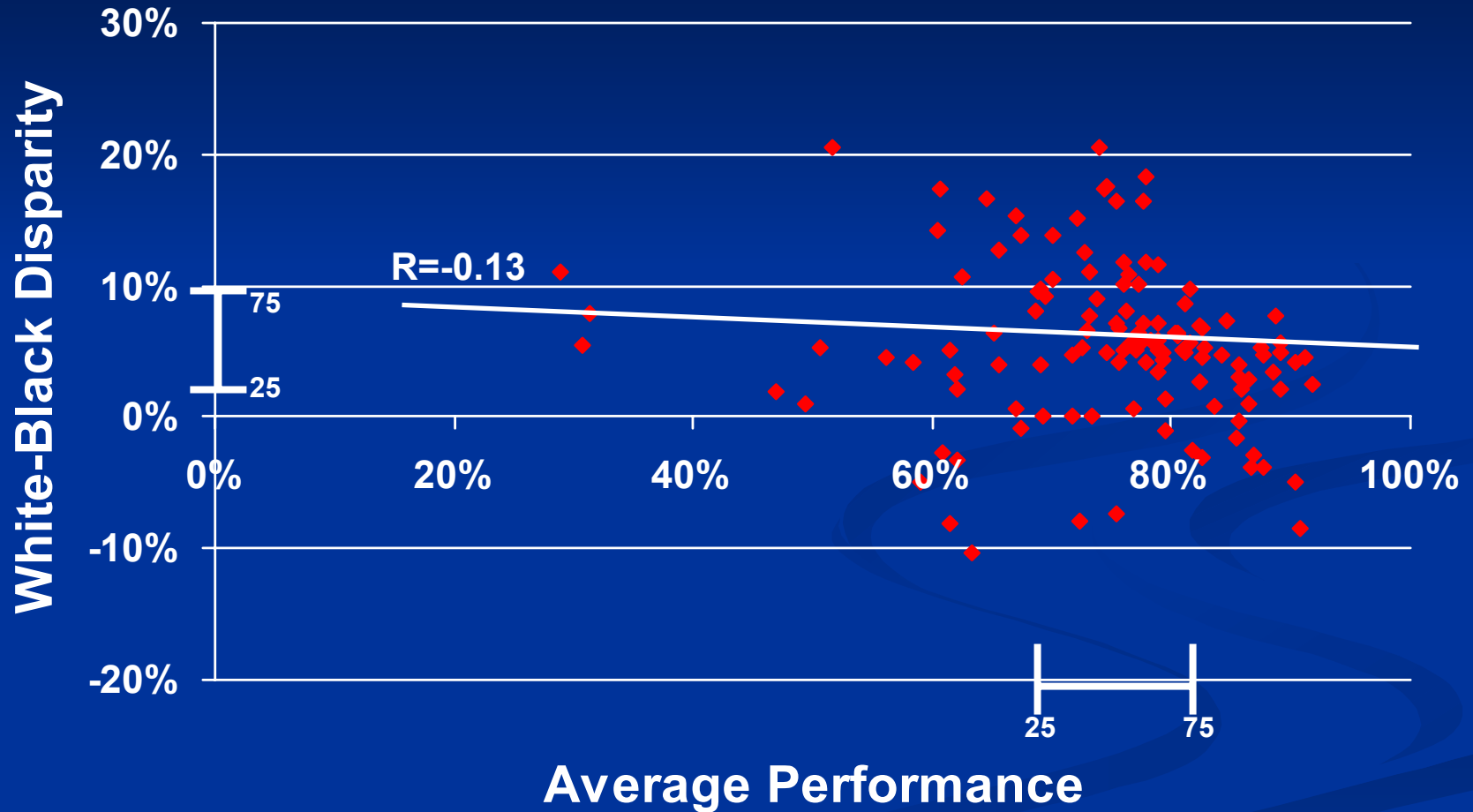
Clinical Performance on HEDIS Outcome Measures, by Race



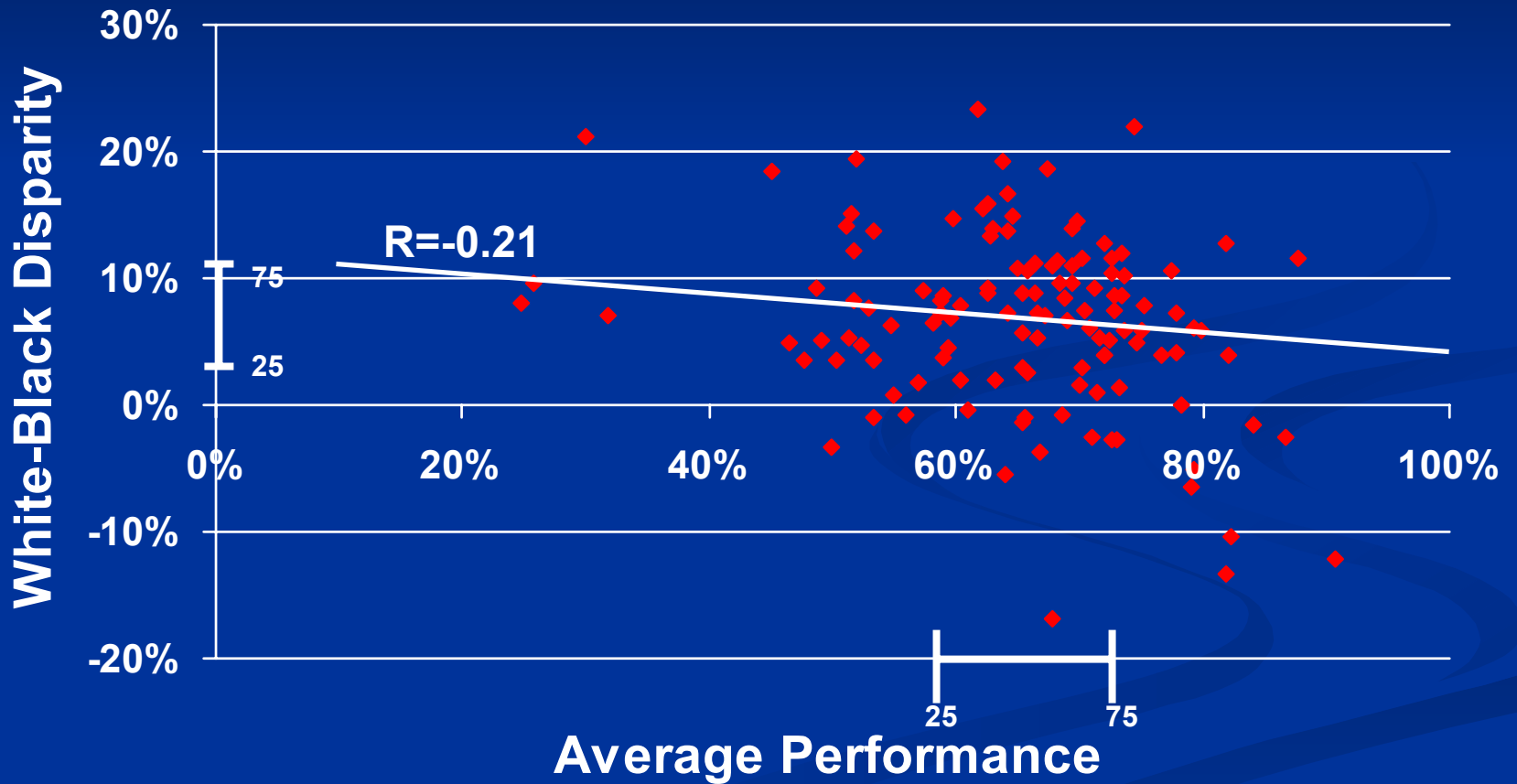
Within-plan and Between-plan Racial Disparities in HEDIS Outcomes



Quality and Disparity in HEDIS Outcome Measures: Hemoglobin A1c Control



LDL Cholesterol Control (Diabetes)



Plan Specific Results

- Of 151 plans in the study:
 - 6 plans had high quality and low disparity for the A1c measure
 - 4 plans each for the LDL diabetes and blood pressure measure
 - 2 plans for the LDL coronary event measure
 - Only 1 plan had high quality and low disparity for more than 1 measure

Limitations

- Analyses restricted to enrollees who are white or black
- Lack of detailed clinical information for risk-adjustment
- Limited to HEDIS measures and to Medicare managed care
- Small sample size for some plans and measures, especially for black enrollees

Conclusions

- Racial disparities in HEDIS measures are widespread and persist even when white and black enrollees are in the same plan
- No significant relationship between plan's overall performance and racial disparity in performance
- Few, if any, plans with both high quality and equity

Policy Implications

- Most health plans will need to implement strategies to reduce disparities
- Interventions focused on black enrollees and/or their physicians will likely be necessary

Policy Implications

- Health care organizations can and should collect quality of care information stratified by race
- Measures of equity capture an element of quality not assessed in current reporting systems



Acknowledgments

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Quality and Disparities in Health Plans: Is There a Link?

Q & A Session

With Amal Trivedi, MD, MPH

Alan Zaslavsky, PhD

John Ayanian, MD, MPP

And Sarah Scholle, PhD/Jessica

Briefer French from NCQA

Please join us on Dec 5, 3-4 PM EST for our
next free web seminar:

*The NASI Report on Medicare and
Disparities: What can CMS do?*

To register for this web seminar please go to our website at

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You can also sign up for our mailing list and to receive
information on future events by emailing us at

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