

Technical Assistance Webinar: Collecting and Using Stratified Data for Quality Improvement in Medicaid and CHIP

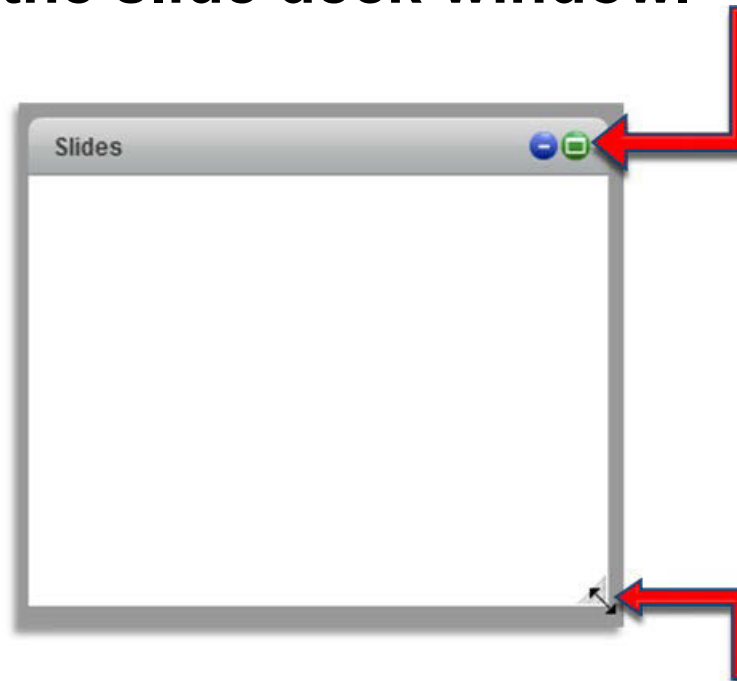
July 11, 2019

Center for Medicaid and CHIP Services
Office of Minority Health
Mathematica

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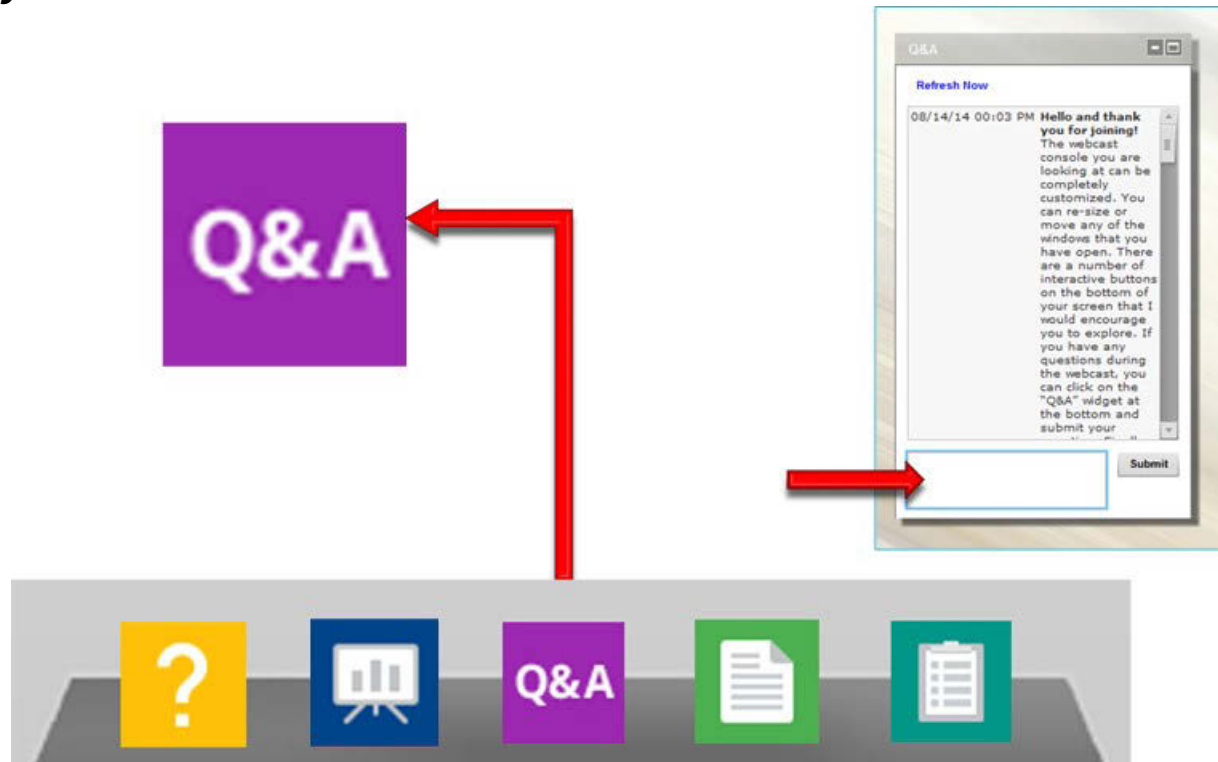
- To expand event windows, click the button on the top right corner of the slide deck window.



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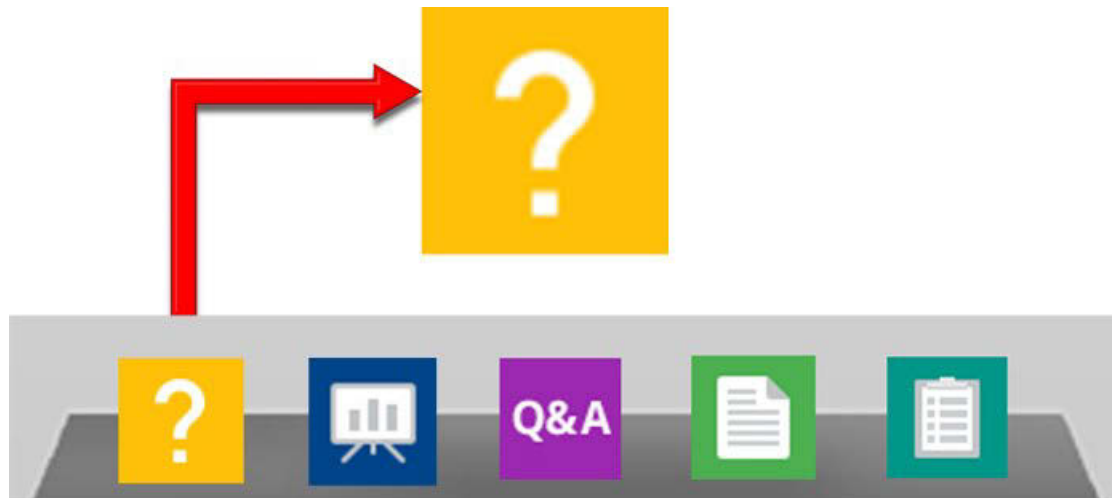
“Q&A”

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- **Join the conversation by dialing into the audio using your phone**
 - **Call-in Number: 1-857-232-0156**
 - **Access Code: 574875**
- **Press 5* to have your phone unmuted**
- **If you are streaming audio through your computer speakers, you can use the Q&A widget  to submit questions.**

Let us know what you think!

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Agenda

- Welcome and Objectives (Center for Medicaid and CHIP Services)
- Collecting and Using Stratified Core Set Data for Quality Improvement (Mathematica)
- Collecting and Using Stratified Data to Reduce Disparities (Office of Minority Health)
- State Experiences (Louisiana and Michigan)
- Reporting Stratified Data in MACPro (Mathematica)
- Technical Assistance Resources (Mathematica)

Objectives

- Discuss importance of collecting and using stratified data for quality improvement
- Learn from states' experiences collecting and using stratified data
- Review approach to reporting stratified data in MACPro
- Highlight technical assistance resources available to states

LIVE POLL #1

1. Does your state stratify Core Set measure rates by beneficiary characteristics?
- a) Yes
 - b) No
 - c) I don't know
 - d) Not applicable (I am not from a state agency)

LIVE POLL #2

2. If you answered yes to the first question, which stratification categories do you calculate? Select all that apply:

- Race and/or ethnicity
- Sex
- Primary Spoken Language
- Disability Status
- Urban / Rural Location
- Eligibility Group
- Other
- Not applicable (I am not from a state agency)

LIVE POLL #3

3. What are the biggest barriers to calculating stratified rates?

Select all that apply:

- Data availability
- Staff time and budget
- Leadership priorities
- Data quality
- Other

Collecting and Using Stratified Core Set Data for Quality Improvement

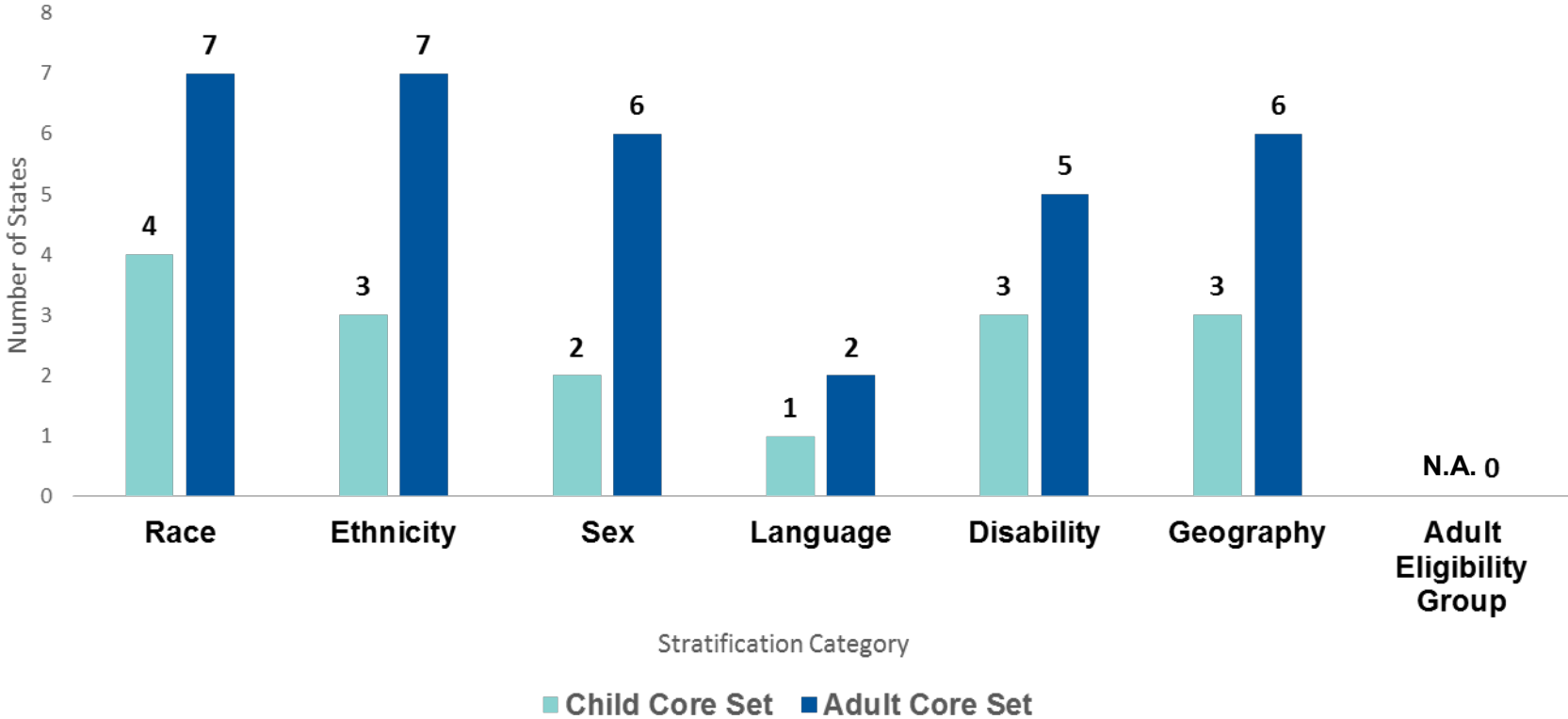
Mathematica

Background

- CMCS encourages states to stratify Child and Adult Core Set data by subpopulations
 - Aggregate quality measure data can mask important differences across subpopulations
 - Stratifying quality measure data can help focus state quality improvement initiatives and priorities
- In MACPro, states have the option to report stratified Core Set rates for one or more social and demographic categories for each Core Set measure, including:
 - Race
 - Ethnicity
 - Sex
 - Language
 - Disability status
 - Geography
 - Adult eligibility group (Adult Core Set only)

State Reporting of Stratified Core Set Data for FFY 2017 in MACPro

Number of States Reporting a Stratified Rate for At Least One Measure in the Adult and Child Core Sets, FFY 2017



Source: Mathematica analysis of FFY 2017 Adult and Child Core Set reports in MACPro, as of September 2018. Data include measures reported by states during the Scorecard extension period.

Note: 51 states, including the District of Columbia, reported at least one Child Core Set measure for FFY 2017. 46 states, including the District of Columbia, reported at least one Adult Core Set measure for FFY 2017.

N.A. = Not applicable.



Use of Stratified Data for Quality Improvement

- Select quality measures that are “disparity-sensitive” based on the prevalence and magnitude of the disparity and the actionability of the measure.
 - The National Quality Forum (NQF) Disparities Committee identified several Core Set measures as examples of disparities-sensitive measures: blood pressure control (CBP-AD), Hemoglobin A1c control (HPC-AD), treatment for alcohol and other drug abuse or dependence (IET-AD), and low birth weight (LBW-CH).
- Use stratified performance data for quality improvement:
 - Report stratified data publicly to increase accountability
 - Integrate disparities-focused quality improvement projects
 - Develop performance incentives tied to decreasing health disparities

Source:

http://www.qualityforum.org/News_And_Resources/Press_Releases/2017/NQF_Issues_Quality_Road_map_for_Reducing_Healthcare_Disparities.aspx



NQF Roadmap for Promoting Health Equity and Reducing Disparities



Source: http://www.qualityforum.org/News_And_Resources/Press_Releases/2017/NQF_Issues_Quality_Roadmap_for_Reducing_Healthcare_Disparities.aspx

Q&A

Collecting and Using Stratified Data to Reduce Disparities

Office of Minority Health





Recent Stratified Reporting by the CMS Office of Minority Health

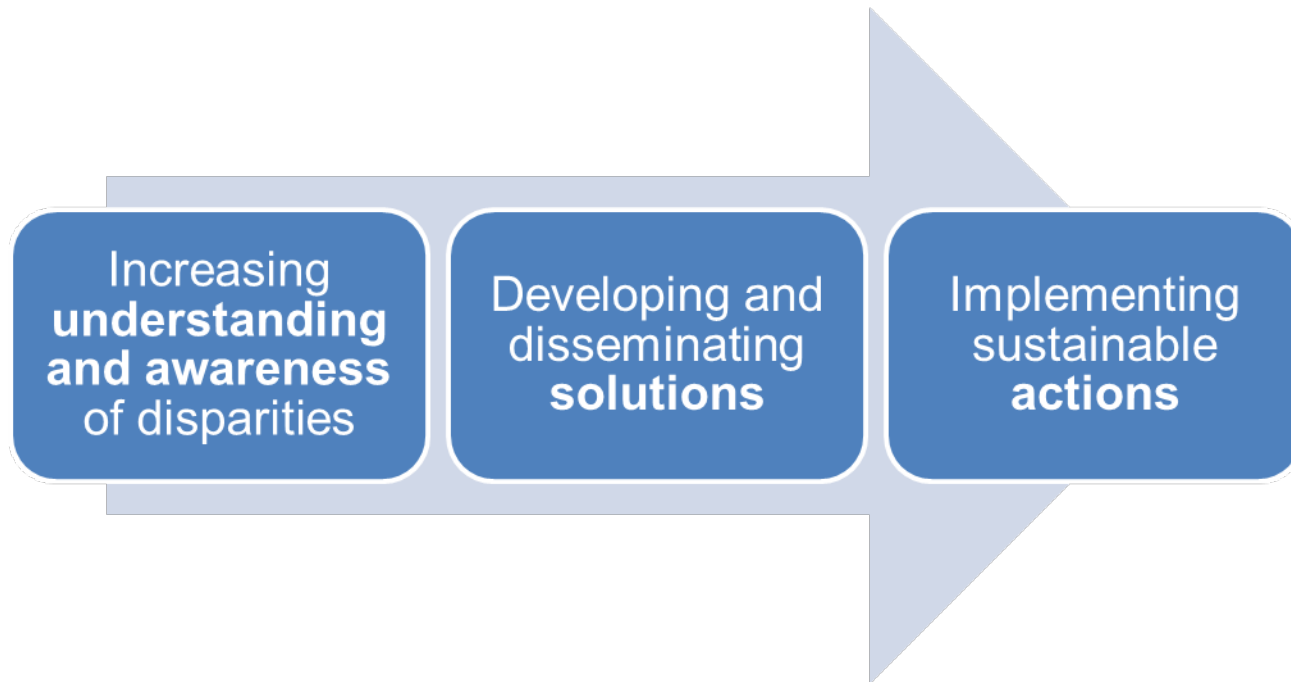


Shondelle Wilson-Frederick, PhD
Statistician & National Program Lead
CMS Office of Minority Health

“Working to Achieve Health Equity”

CMCS Stratified Reporting Webinar | July 11, 2019

CMS Health Equity Framework





Increasing Understanding and Awareness of Disparities

Understanding Disparities

- Despite advances in access to care, increased spending, and improvements in quality – ***racial and ethnic minorities continue to experience worse health outcomes***
- To better understand why and where there are disparities, we need to be able to measure and report—in a standardized and systematic way—the nature and extent of these disparities
- Stratifying the data allows us to identify disparities and targets to improve outcomes

Understanding Disparities in Medicare Advantage

CMS Office of Minority Health

About CMS Office of Minority Health

Equity Initiatives

Research and Data

Resource Center

Contact Us

CMS Office of Minority Health



Rural Health



Mapping Medicare Disparities Tool



CMS Equity Plan for Medicare



Stratified Reporting



From Coverage to Care



Spotlight

CMS Health Equity Awards

In January, CMS announced the 2019 CMS Equity Award winners at the CMS Quality Conference. We are proud to recognize two organizations - HealthPartners and Centene Corporation - who are closing gaps in health care quality, access, and outcomes among minorities and other underserved populations.

[Profiles of CMS Health Equity Award winners](#)

CMS Office of Minority Health

The CMS Office of Minority Health offers a comprehensive source of information on eliminating health disparities and improving the health of all minority populations, like racial and ethnic minorities, people with disabilities, members of the lesbian, gay, bisexual, and transgender community, and rural populations.

[go.cms.gov/omh](https://www.go.cms.gov/omh)

Racial, Ethnic, and Gender Disparities in Health Care in Medicare Advantage, 2019

- **Patient experience measures**
 - 2016-2017 Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
- **Clinical care measures**
 - 2016-2017 Healthcare Effectiveness Data and Information Set (HEDIS)



Available from: go.cms.gov/omh

Racial, Ethnic, and Gender Disparities in Health Care in Medicare Advantage, 2019

- Hispanic women and men received worse clinical care than White women and men on 11 of 33 (**33%**) measures and reported worse experiences with care on 2 of 7 (**29%**) measures.
- For the majority of clinical care measures examined, Asian and Pacific Islander (API) beneficiaries received care that was either similar to or better than the care received by White beneficiaries.
- Compared with White beneficiaries, American Indian or Alaska Native beneficiaries reported worse experiences on Getting appointments and care quickly measure and similar experiences on the other 6 measures.
- Black women received worse clinical care than White women for 14 of 33 (**42%**) measures and reported worse experiences with care on 2 of 7 (**29%**) measures.

Contract Level Reporting of Quality Measures Stratified by Race and Ethnicity, 2016-2017

| Clinical Care Scores for All Groups, Medicare Advantage Plans | | | | | |
|---|--|-----------------------------|------------|------------|------------|
| Contract Code | Contract Name | Colorectal Cancer Screening | | | |
| | | Asian-Pacific Islander | Black | Hispanic | White |
| N/A | Average of all reported contracts³ | 72% | 67% | 69% | 66% |
| H0524 | Kaiser Foundation HP, Inc. | 91% | 88% | 89% | 90% |
| H0838 | Universal Care, Inc. | 52% | 48% | 54% | 57% |
| H2354 | Health Alliance Plan of Michigan | 71% | 79% | 75% | 76% |
| H2422 | HealthPartners, Inc. | 85% | NA | NA | 55% |
| H2491 | WellCare Health Insurance Of Arizona, Inc. | 57% | 54% | NA | 45% |
| H3832 | Hawaii Medical Service Association | 78% | NA | NA | 78% |
| H5172 | Community Health Group | 55% | NA | 68% | 56% |
| H5471 | Simply Healthcare Plans, Inc. | NA | 71% | 80% | 78% |
| H5628 | Molina Healthcare Of Utah, Inc. | NA | NA | 78% | 74% |
| H5649 | Central Health Plan Of California, Inc. | 80% | NA | 67% | NA |
| H5817 | Amerigroup Texas, Inc. | 74% | 60% | 66% | 51% |
| H5928 | Care1st Health Plan | 72% | NA | 76% | 71% |
| H5969 | Alohacare | 53% | NA | NA | NA |
| R3175 | UnitedHealthcare Insurance Company | 62% | NA | 66% | 63% |

¹Sample size on which it is based may be too low to reliably assess plan performance.

²This refers to the equally weighted average of all Medicare Advantage contracts that are reported.

Contract Level Reporting of Patient Experience Measures Stratified by Race and Ethnicity, 2016-2017

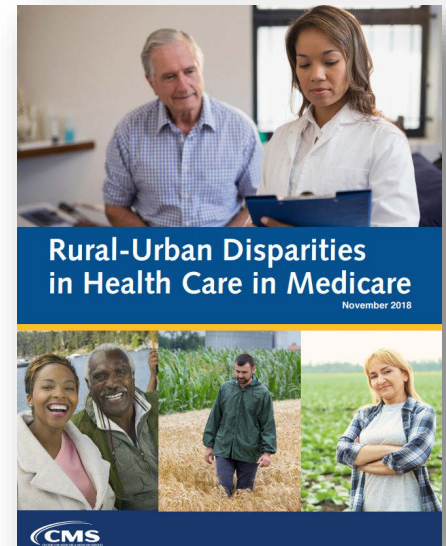
| Patient Experience Scores for All Groups, Medicare Fee-for-Service | | | | |
|--|------------------------|------------------|----------|------------------|
| State Name | Annual Flu Vaccine | | | |
| Average of all reported states ² | Asian-Pacific Islander | Black | Hispanic | White |
| | 75% | 59% | 61% | 72% |
| Alabama | NA | 48% ¹ | NA | 70% |
| Arizona | NA | NA | 67% | 68% |
| California | 74% | 63% | 65% | 70% |
| Delaware | NA | 65% ¹ | NA | 75% |
| District of Columbia | NA | 67% | NA | 82% ¹ |
| Florida | NA | 56% | 55% | 71% |
| Georgia | NA | 61% | NA | 73% |
| Hawaii | 76% | NA | NA | NA |
| Louisiana | NA | 58% | NA | 72% |
| Maryland | NA | 72% | NA | 79% |
| Mississippi | NA | 48% | NA | 73% |
| New Jersey | NA | 63% ¹ | NA | 70% |
| New Mexico | NA | NA | 72% | 72% |
| New York | NA | 59% | 62% | 74% |

¹Use this score with caution, as the sample size on which it is based may be too low to reliably assess plan performance.

²This refers to the equally weighted average of all Medicare Advantage contracts that are reported.

Rural-Urban Disparities in Health Care in Medicare, 2018

- **Patient experience measures**
 - 2017 Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
 - Both Medicare Advantage (MA) and Medicare Fee-for-Service (FFS)
- **Clinical care measures**
 - 2017 Healthcare Effectiveness Data and Information Set (HEDIS)
 - data collected from Medicare health plans nationwide



Rural-Urban Disparities in Health Care in Medicare, 2018

- Both MA & FFS beneficiaries living in rural areas had **worse** flu vaccination rates than MA & FFS urban beneficiaries.
- MA beneficiaries living in rural areas received **worse** clinical care than MA beneficiaries living in urban areas for 18 of 33 (**54%**) measures.
- Rural-urban patient experiences among MA beneficiaries enrolled by race and ethnicity:
 - Rural and urban Whites reported similar experiences with care.
 - Rural Blacks reported experiences with care that were often worse than urban Blacks.
 - Rural Hispanics reported better experiences with getting needed care and doctor communication than urban Hispanics.



Developing and Disseminating Solutions

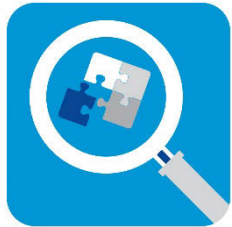
CMS Equity Plan for Improving Quality in Medicare



Priority 1: Expand the Collection, Reporting, and Analysis of **Standardized Data**



Priority 4: Increase the Ability of the **Health Care Workforce** to Meet the Needs of Vulnerable Populations



Priority 2: Evaluate **Disparities Impacts** and Integrate Equity Solutions Across CMS Programs



Priority 5: Improve **Communication & Language Access** for Individuals with LEP & Persons with Disabilities



Priority 3: Develop and Disseminate **Promising Approaches** to Reduce Health Disparities



Priority 6: Increase **Physical Accessibility** of Health Care Facilities

“Working to Achieve Health Equity”

go.cms.gov/cms-omh

Mapping Medicare Disparities (MMD) Tool

Available
in English
& Spanish

- **Data Source**

- 100% of 2012-2017 Medicare Fee-for-Service claims, including information on Duals

- **Prevalence, Hospitalization Rates/Utilization, Average Costs & Trend Rates**

- >30 chronic conditions including various mental health conditions: Anxiety, Depressive, Bi-polar, Schizophrenia, Personality, PTSD

- **Preventive Service Measures**

- 22 screening tests including: Depression, Mammography, Hep B & C, Annual Wellness Visit, etc

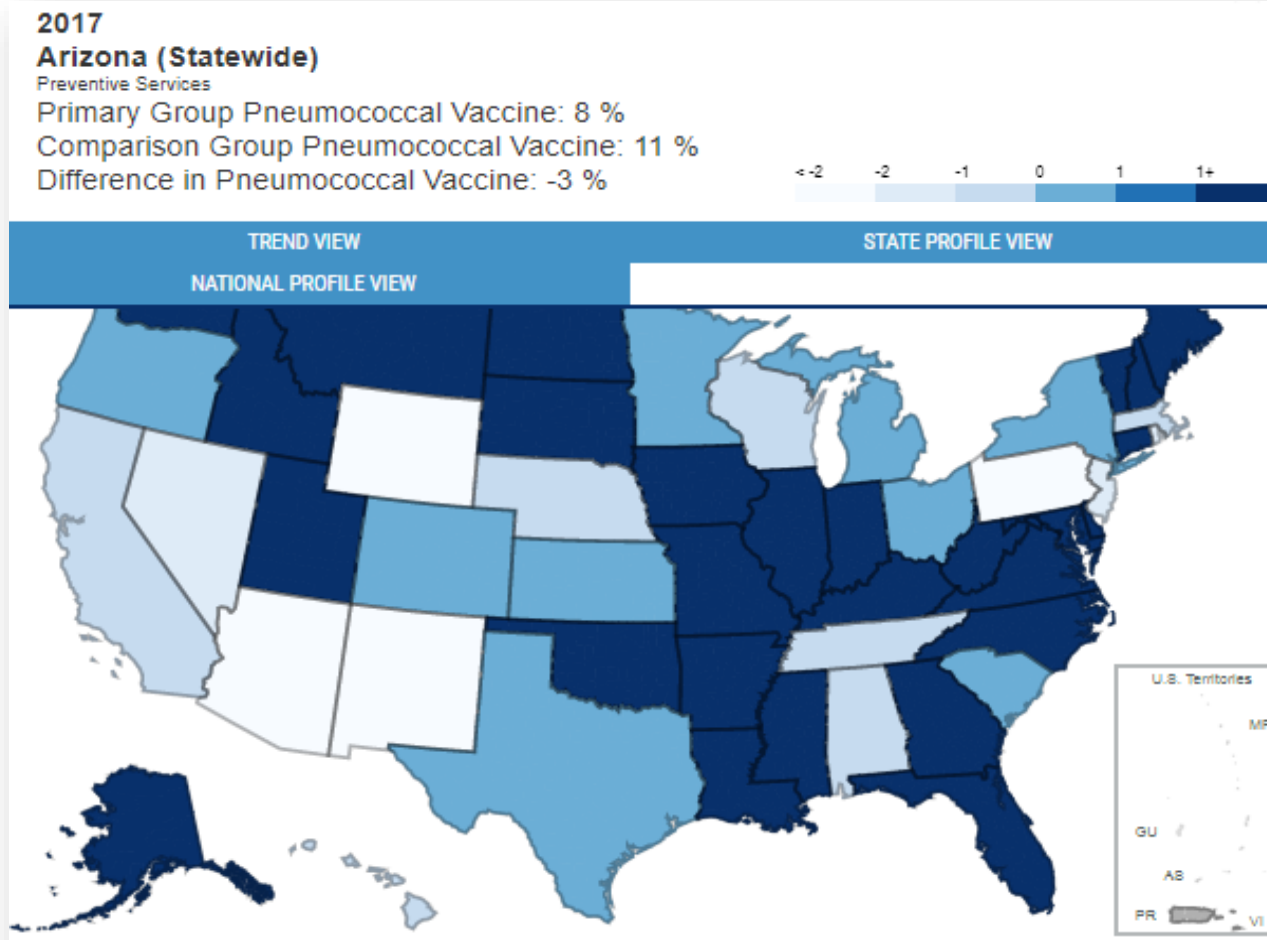
- **Emergency Room Visit Rates**

- **Cause-specific Mortality Rates**

- Acute Myocardial Infarction and Heart Failure

This tool can help you visualize disparities and develop targeted strategies to reduce the disparities between different racial and ethnic groups.

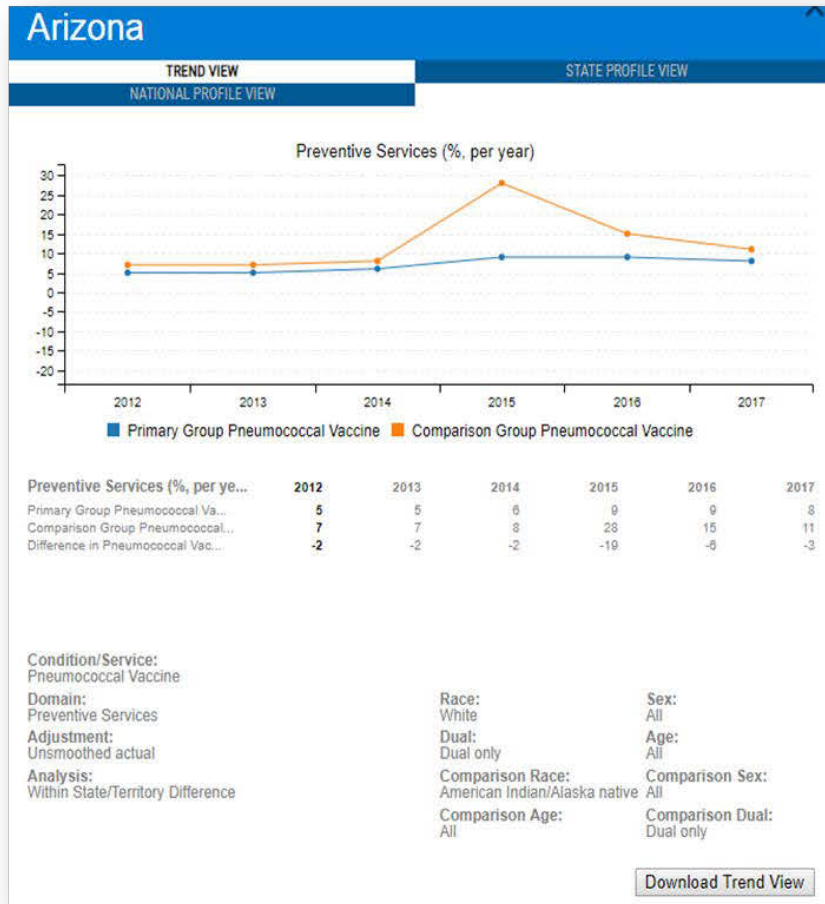
2017 Prevalence of Pneumococcal Vaccination among White and American Indian/ Alaska Native Dual Beneficiaries in Arizona



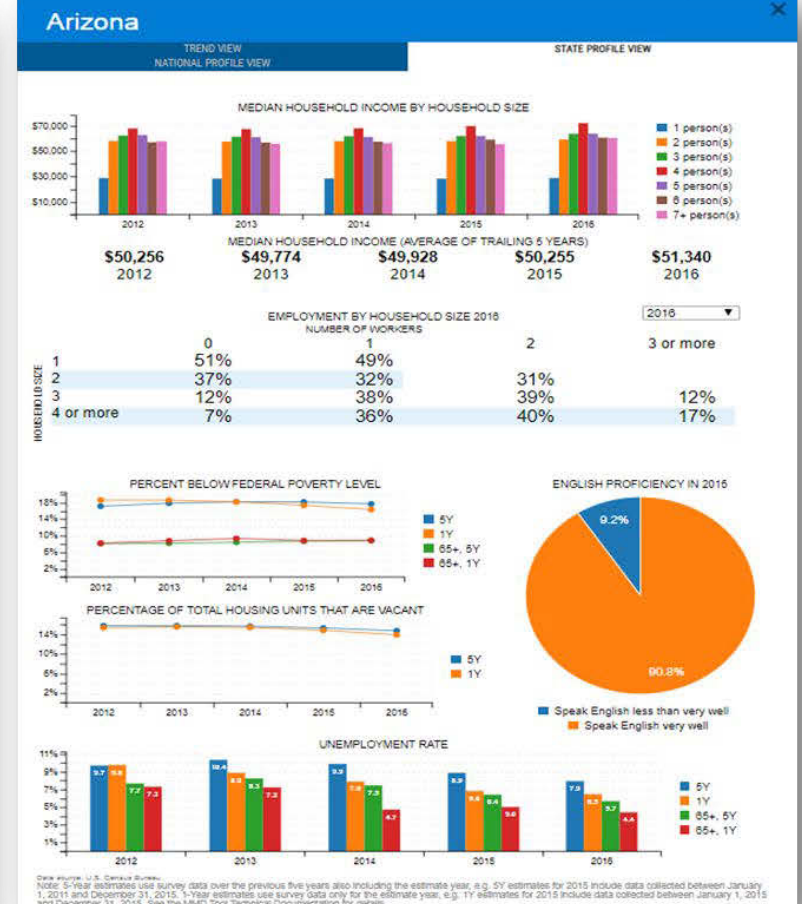
Among dual beneficiaries in AZ, a higher percentage of AIANs than Whites received a pneumococcal vaccination in 2017.

2017 Prevalence of Pneumococcal Vaccination among White and American Indian/ Alaska Native Dual Beneficiaries in Arizona

100% Medicare FFS Claims data (Trend)



American Community Survey (State)





Implementing Sustainable Actions

Collecting Data on Social Determinants of Health

CMS proposed under section 2(d)(2) of the IMPACT Act to collect data on social determinants of health (SDOH) in the following proposed rules:

- Medicare Program; Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Federal Fiscal Year 2020 and Updates to the IRF Quality Reporting Program [[CMS-1710-P](#)]
 - **Comments due June 17, 2019**
- Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities (SNFs); Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2020 [[CMS-1718-P](#)]
 - **Comments due June 18, 2019.**
- Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital (LTCH) Prospective Payment System and Proposed Policy Changes and Fiscal Year 2020 Rates; Proposed Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Promoting Interoperability Programs Proposed Requirements for Eligible Hospitals and Critical Access Hospitals [[CMS-1716-P](#)]
 - **Comments due June 24, 2019.**
- Coming soon - Federal Register display date TBD – Home Health Quality Reporting Program NPRM

What Is Being Proposed?

(1) Race

- based on the Department of Health and Human Services (HHS) Data Standards

(2) Ethnicity

- based on HHS Data Standards

(3) Preferred Language

- based on LTCH [Long-Term Care Hospital] CARE [Continuity Assessment Record and Evaluation] Data Set (LCDS) and the Minimum Data Set (MDS)

(4) Interpreter Services

- based on some post-acute care (PAC) assessments LCDS and MDS

(5) Health Literacy

- based on Single Item Literacy Screener (SILS)

(6) Transportation

- based on the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) and the Accountable Health Communities (AHC)

(7) Social Isolation

- based on a subset of the AHC from the Patient-Reported Outcomes Measurement Information System (PROMIS) Item Bank on Emotional Distress

Collecting Standardized REaL Data

- Minimum HHS standards for race, ethnicity, sex and disability data collection
- Best practices, guidelines and training tools to help health care organizations educate their staff on the importance of standardized data collection
- Sentinel articles and books that provide in-depth discussion of recommendations for standardized data collection.

BUILDING AN ORGANIZATIONAL RESPONSE TO HEALTH DISPARITIES

COMPENDIUM OF RESOURCES FOR STANDARDIZED DEMOGRAPHIC AND LANGUAGE DATA COLLECTION

Collecting standardized patient demographic and language data across health care systems is an important first step toward improving population health. Comprehensive patient data on race, ethnicity, language, and disability status are key to identifying disparities in quality of care and targeting quality improvement interventions to achieve equity. Here you will find an overview of:

- Minimum standards for data collection as outlined by the U.S. Department of Health and Human Services;
- Best practices and guidelines for health care organizations in implementing standardized data collection, including information to address key challenges in collecting these data;
- Training tools and webinars to help health care organizations educate their staff on the importance of standardized data collection and best practices for data collection; and
- Sentinel articles and books that provide in-depth discussion of issues, challenges, recommendations, and best practices in standardized data collection.

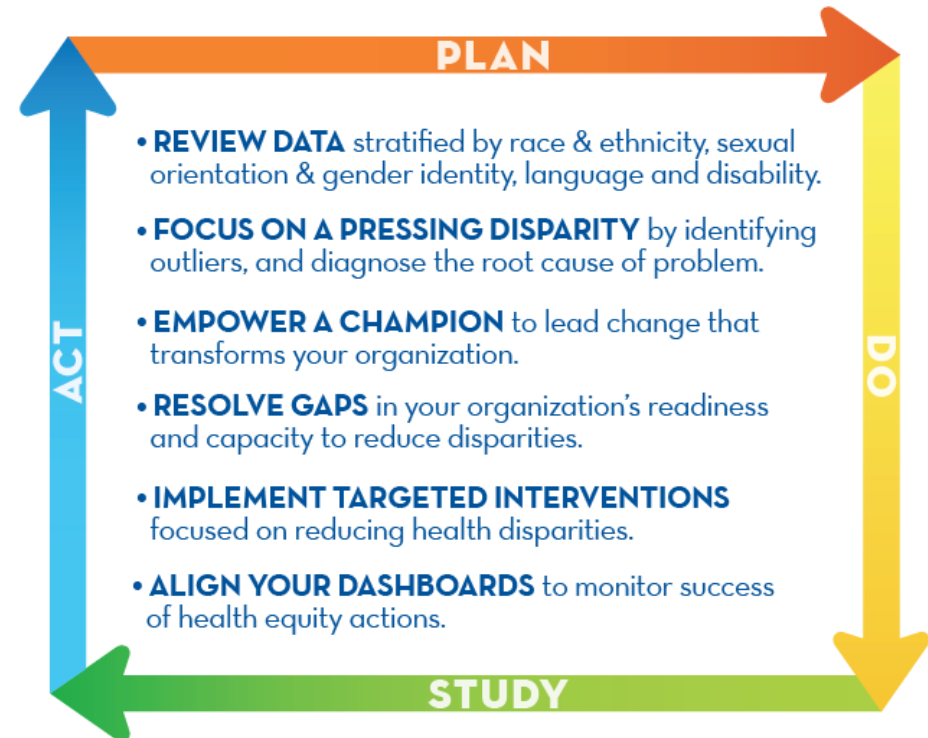
The resources in this document are grouped by REaL and Disability categories as well as by the type of resource it is. Please click on the desired topic area or type of resource on the table of contents below.

March 2017

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Learn How to Identify, Prioritize, and Take Action on Health Disparities

- Personalized technical assistance focused on strengthening your quality improvement program through a series of consultations from subject matter experts
- Specifically, you can access:
 - A team of health equity experts
 - Personalized TA, coaching, resources based on your needs
 - Step by step specialized assistance with the Disparities Impact Statement process



- **Disparities Impact Statement:** <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf>
- **To learn more, contact:** HealthEquityTA@cms.hhs.gov

Contact Information

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Centers for Medicare & Medicaid Services

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CMS OMH

go.cms.gov/omh

For Health Equity Technical Assistance, contact us at

HealthEquityTA@cms.hhs.gov

Q&A

State Experiences Collecting and Using Stratified Data

Larry Humble and Eddy Myers, University of Louisiana

Tom Curtis, Michigan Department of Health and Human
Services

State Experiences: Louisiana and Michigan

- Topics for state discussion:
 - Motivation for reporting stratified Core Set data
 - Use of stratified data for quality improvement
 - Successes and challenges:
 - Collecting data needed for stratification
 - Calculating stratified rates
 - Reporting stratified rates in MACPro
 - Best practices to share with other states

State Discussion



Reporting Stratified Core Set Data in MACPro

Mathematica

Stratification Options in MACPro for FFY 2019

- The stratification options in MACPro are shown below and on the following slide.
- For each category, states have the option to add additional subcategories.
- The following measures do not have the option for stratification by sex: BCS-AD, CCP-AD, CCS-AD, PC01-AD, PC03-AD, PPC-AD, CCP-CH, PC02-CH, and PPC-CH.

| Stratification Category | Subcategory Detail |
|-------------------------|--|
| Race (Non-Hispanic) | <ul style="list-style-type: none">• White• Black or African American• American Indian or Alaska Native• Asian• Native Hawaiian or Other Pacific Islander |
| Ethnicity | <ul style="list-style-type: none">• Hispanic or Latino• Not Hispanic or Latino |

(continued on next slide)

Stratification Options in MACPro for FFY 2019 (cont.)

| Stratification Category | Subcategory Detail |
|---|---|
| Sex | <ul style="list-style-type: none">• Male• Female |
| Primary Spoken Language | <ul style="list-style-type: none">• English• Spanish |
| Disability Status | <ul style="list-style-type: none">• SSI• Non-SSI |
| Geography | <ul style="list-style-type: none">• Urban• Rural |
| Adult Eligibility Group (ACA Expansion Group [Adult Core Set only]) | <ul style="list-style-type: none">• Not applicable |

Reporting Stratified Data in MACPro

1. Navigate to the Optional Measure Stratification section for a particular Core Set measure.
2. Select the stratification categories being reported for the measure (e.g., Language).
3. Select the classification subcategories being reported (e.g., English/Spanish/Other).
 - If necessary, add subcategories by selecting “+Additional/Alternative Classification/Sub-category.”
4. For each subcategory selected, MACPro will display a table with fields for the rate definition, numerator, denominator, and rate.

Optional Measure Stratification Collapse

If this measure is also reported by additional classifications/sub-categories, e.g. racial, ethnic, sex, language, disability status, or geography, complete the following as applicable.

Enter rate values to one decimal place (XX.X). If your rate ends in .0, note that the .0 will not be retained on the screen and the whole number will be displayed instead.

Check all that apply

Race (Non-Hispanic)

White

Black or African American

| Classification/Sub-category | Numerator | Denominator | Rate | |
|-----------------------------|-----------|-------------|------|-----------|
| Ages 12-21 | 0 | 0 | | Clear Row |

[+ Additional/Alternative Classification/Sub-category](#)

Expected Updates to Stratification Categories

- For future reporting years, MACPro will be updated to align with the Department of Health and Human Services Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability.
- Updates will include:
 - Additional race subcategories:
 - Asian Race Subcategories: Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian
 - Native Hawaiian or Other Pacific Islander: Native Hawaiian or Other Pacific Islander: Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander
 - Additional ethnicity subcategories:
 - Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, Another Hispanic, Latino, or Spanish origin

Q&A

Technical Assistance Resources

Resources for Child and Adult Core Set Reporting

- Measure Lists
- Resource Manual and Technical Specifications
- Summary of Updates to the Resource Manual and Technical Specifications
- Data Quality Checklist
- Measurement Period Table

Note: Hyperlinks to resources for each Core Set are included in Appendix A.

Upcoming Core Set Webinar

- **September 12, 2019:** Technical Assistance to Support FFY 2019 Reporting in MACPro

Technical Assistance (TA) Contacts for Core Set Reporting

- For TA related to calculating, reporting, or using the Core Set measures, submit your questions to the TA Mailbox at MACqualityTA@cms.hhs.gov
- For assistance with using MACPro, contact MACPro_Helpdesk@cms.hhs.gov

Wrap Up

Thank you for participating in the webinar.
Please complete the evaluation as you exit the
webinar.

Appendix A



Resources for FFY 2019 Child Core Set Reporting

- FFY 2019 Child Core Set: <https://www.medicare.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-child-core-set.pdf>
- FFY 2019 Child Core Set Resource Manual and Technical Specifications: <https://www.medicare.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-and-chip-child-core-set-manual.pdf>
- Summary of updates to the Child Core Set resource manual and technical specifications for FFY 2019: <https://www.medicare.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf>
- FFY 2019 Child Core Set Data Quality Checklist: <https://www.medicare.gov/medicaid/quality-of-care/downloads/child-data-quality-checklist.pdf>
- FFY 2019 Child Core Set Measurement Period Table: <https://www.medicare.gov/medicaid/quality-of-care/downloads/ffy-2019-child-core-set-measurement-periods.pdf>

Resources for FFY 2019 Adult Core Set Reporting

- FFY 2019 Adult Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2019-adult-core-set.pdf>
- FFY 2019 Adult Core Set Resource Manual and Technical Specifications: <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2Fmedicaid-adult-core-set-manual.pdf>
- Summary of updates to the Adult Core Set resource manual and technical specifications for FFY 2019: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf>
- FFY 2019 Adult Core Set Data Quality Checklist: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-data-quality-checklist.pdf>
- FFY 2019 Adult Core Set Measurement Period Table: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2019-adult-core-set-measurement-periods.pdf>