Health Disparities in the Medi-Cal Population

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Objectives

- National & DHCS Quality Strategy
- Let’s Get Health California Task Force Final Report
- Health Disparities in Medi-Cal Population Fact Sheets data
- DHCS Health Disparities Interventions

National Quality Strategy

The National Quality Strategy's goal is to build a consensus so that stakeholders can align their quality efforts for maximum results.

The strategy serves as a national framework for quality measurement, measure development, and analysis.

National Quality Strategy

Three Aims

- Better Care
- Healthy People/Healthy Communities
- Affordable Care

Six Priorities

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family are engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

DHCS Quality Strategy

- Three Linked Goals

- Improve the health of all Californians
- Enhance quality, including the patient care experience, in all DHCS programs
- Reduce the Department's per capita health care program costs

DHCS Quality Strategy
7 Priorities

- Improve Patient Safety
- Deliver Effective, Efficient, Affordable Care
- Engage Persons and Families in Their Health
- Enhance Communication & Coordination of Care
- Advance Prevention
- Foster Healthy Communities
- **Eliminate Health Disparities**

Member-Focused, High-Quality Care

Let's Get Healthy California Task Force Final (LGHCTF) Report, 2012

- Product of Governor Brown's Executive Order B-19-12, establishing the Let's Get Healthy California Task Force to "develop a 10-year plan for improving the health of Californians, controlling health care costs, promoting personal responsibility for individual health, and advancing health equity."

“Health Disparities in the Medi-Cal Population”

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Health Disparities in the Medi-Cal Population

The California Department of Health Care Services (DHCS) has produced a series of one-page fact sheets, titled Health Disparities in the Medi-Cal Population (PDF, 2.6MB). The fact sheets provide a snapshot of the health of Medi-Cal members from various backgrounds, compared to the state population, so that health organizations, government officials, policymakers, and advocates can better understand possible disparities. DHCS elected to use the 39 health indicators presented in the California Health and Human Services Agency's Let's Get Healthy California Task Force Final Report (PDF, Not DHCS), as a starting point for the fact sheets. The topics highlighted include: infant mortality, child vaccination, adverse childhood experiences, emergency department visits, physical activity, consumption of sugar sweetened beverages, obesity, health status, hypertension, depression, palliative care, preventable hospitalizations, hospital readmissions, hospital acquired conditions, neighborhood safety, and colon cancer screening. In the future, more health topics will be examined such as smoking among adolescents and adults, nonfatal child maltreatment, diabetes prevalence, and hospice enrollment. In addition, other social strata and groups will be explored.

For questions or comments, please e-mail OMD@dhcs.ca.gov.

Introduction

- Executive Summary (PDF)
- Acknowledgments (PDF)
- Data Sources and Methods (PDF)

Fact Sheets

- All Fact Sheets (PDF, 2.6MB)

Healthy Beginnings: Laying the Foundation for a Healthy Life

- Infant Mortality (PDF)
- Childhood Immunizations (PDF)
- Adverse Childhood Experience (PDF)
- Reading Proficiency (PDF)

Redesigning the Health System: Efficient, Safe, and Patient-Centered Care

- Preventable Hospitalizations (PDF)
- Hospital Readmissions (PDF)
- Hospital-Acquired Conditions (PDF)

Creating Healthy Communities: Enabling Health Living

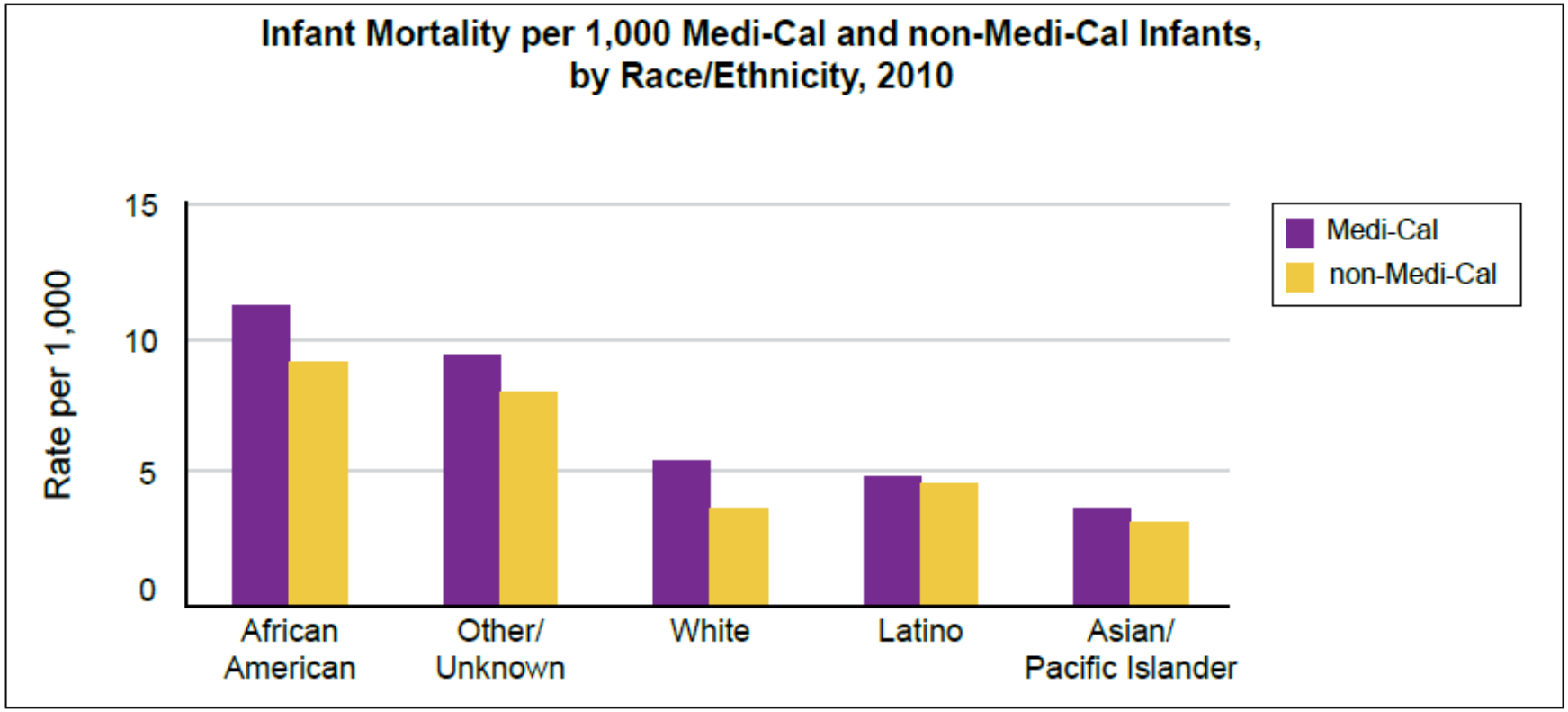
Health Disparities Fact Sheets Objectives

- Provide a snapshot of the health of Medi-Cal members, compared to the state population, so that health organizations, government officials, policymakers, and advocates can better understand possible disparities
- Includes 24 of the 39 indicators from the LGHCTF Report
- Future - more health topics will be examined such as smoking, nonfatal child maltreatment, diabetes prevalence, and hospice enrollment

Data Sources of Fact Sheets

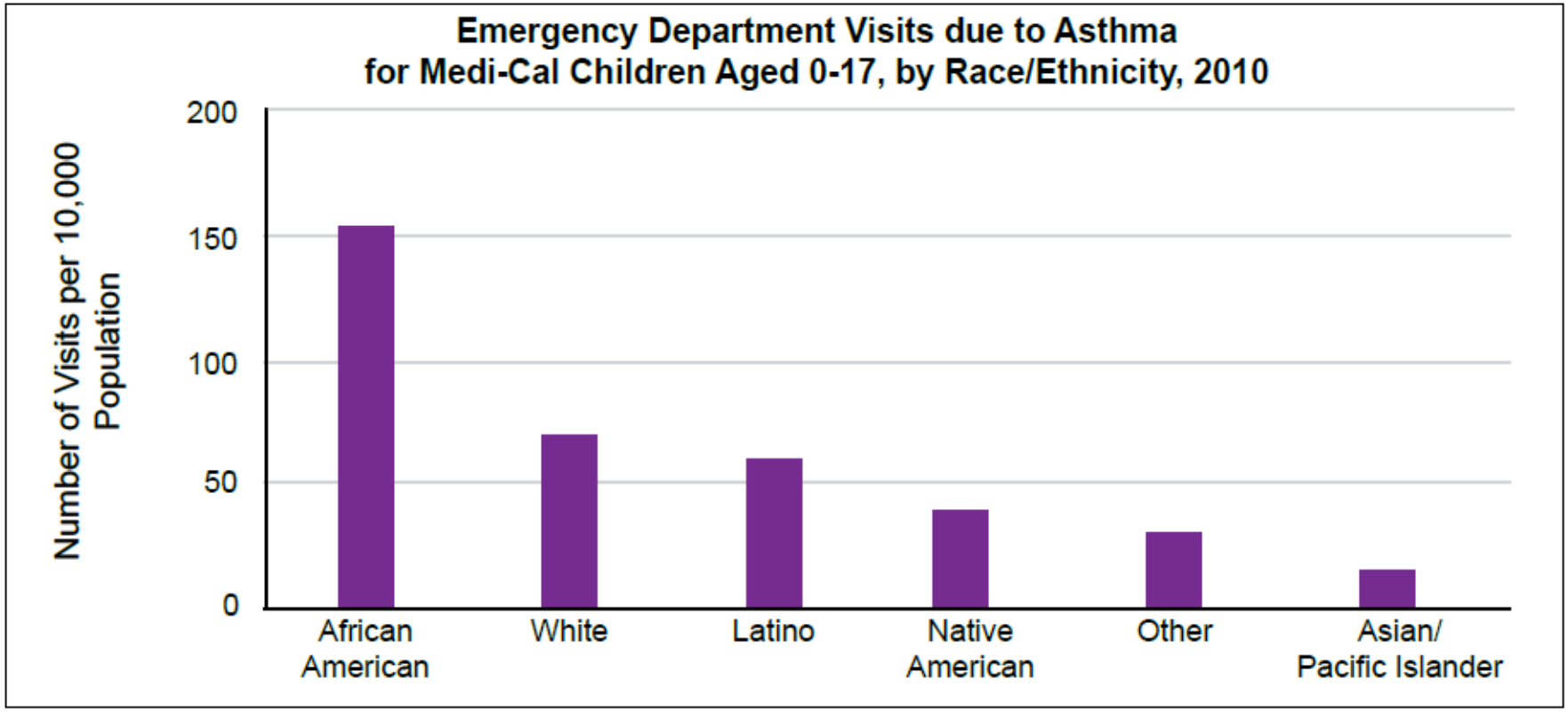
- Survey Data
  - CHIS
  - BRFSS
  - MIHA
- Non-survey Data
  - MIS/DSS
  - CA Department of Education
  - Birth Cohort File

Infant Mortality



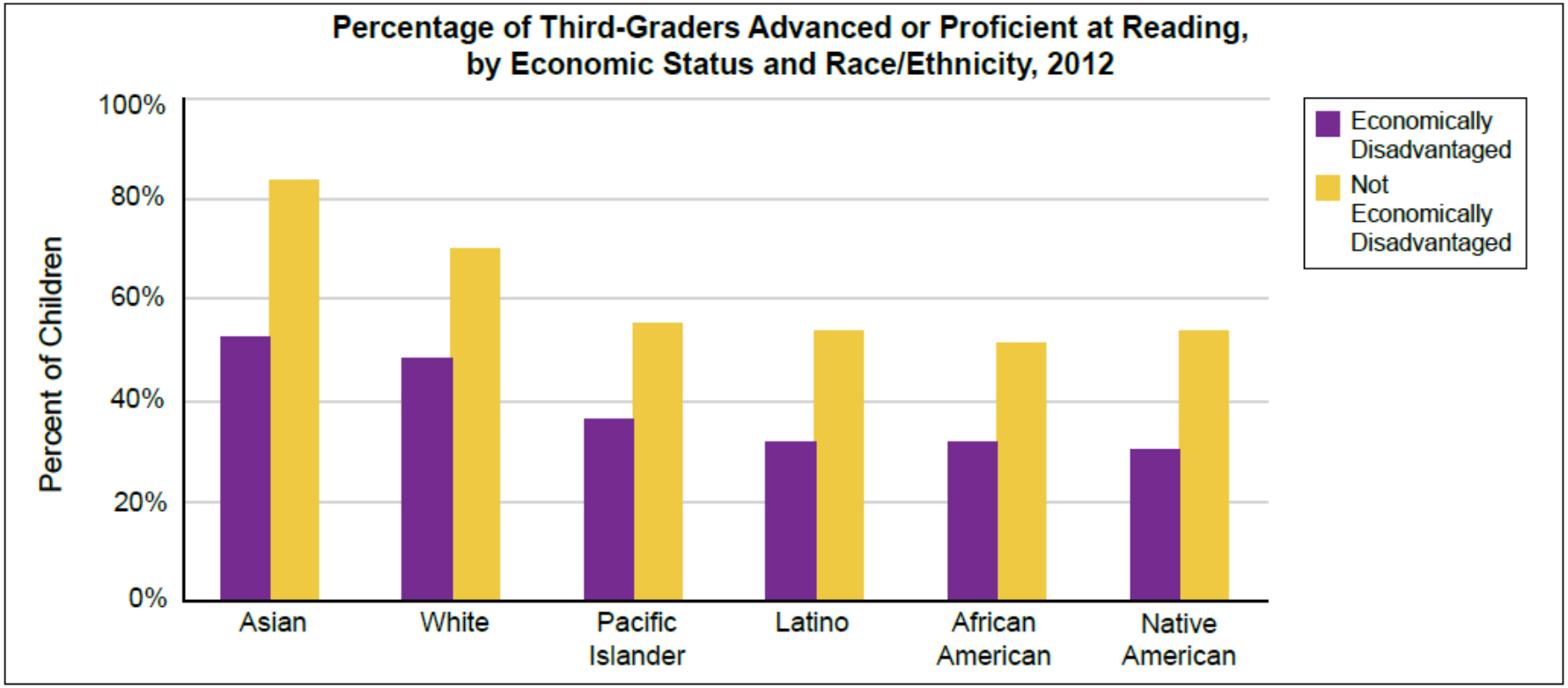
Source: Birth Cohort File, California Department of Public Health, 2010.
Note: Rates for Native Americans were not shown due to small numbers. Rates for the groups "Other" and "Unknown" as well as "Asian" and "Pacific Islander" were combined to get more reliable rates.

Emergency Department Visits



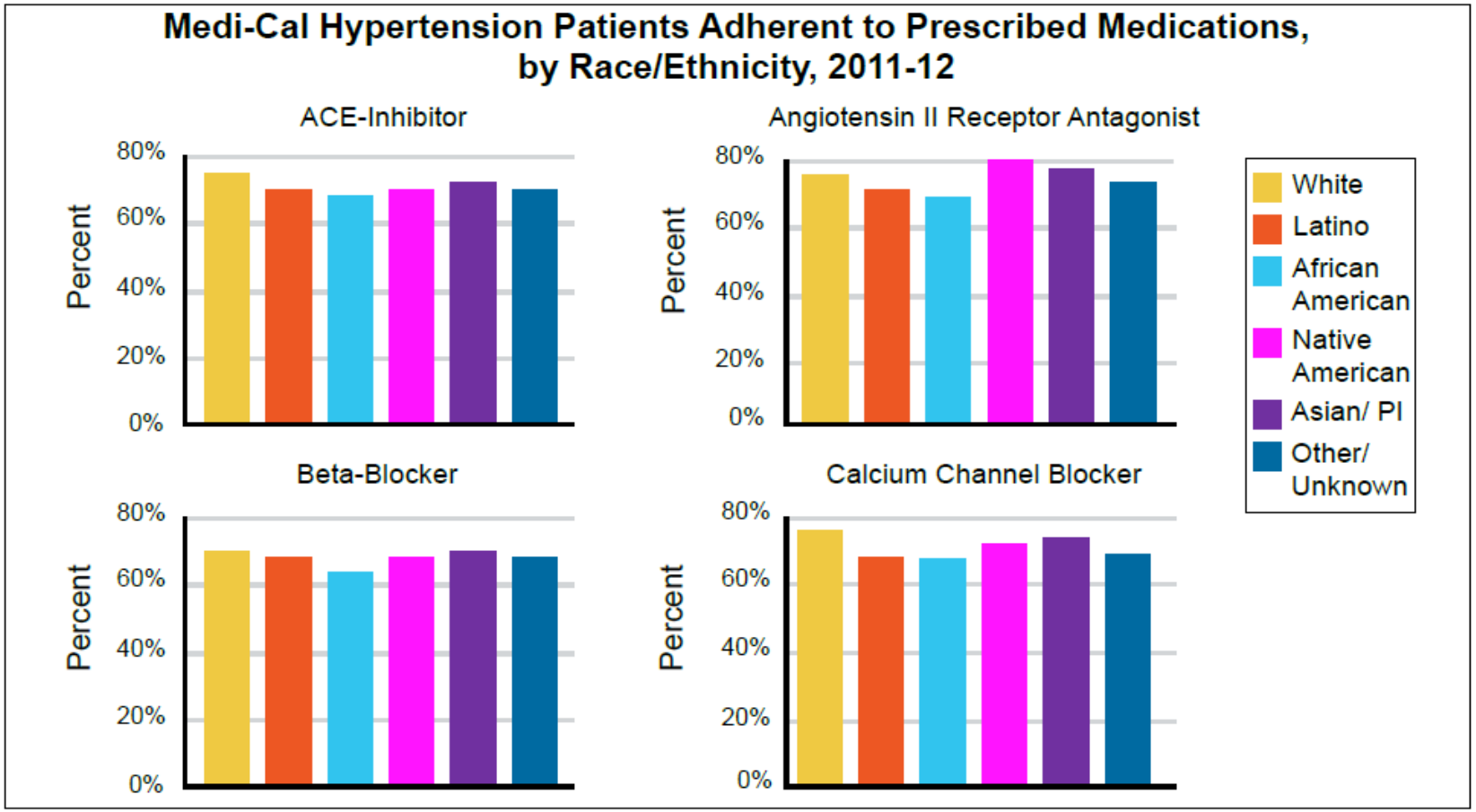
Source: Numerators: Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Data, 2010; Denominators: Medi-Cal MIS/DSS, 2010.
Note: Members eligible for both Medicare and Medicaid were excluded.

Reading Proficiency



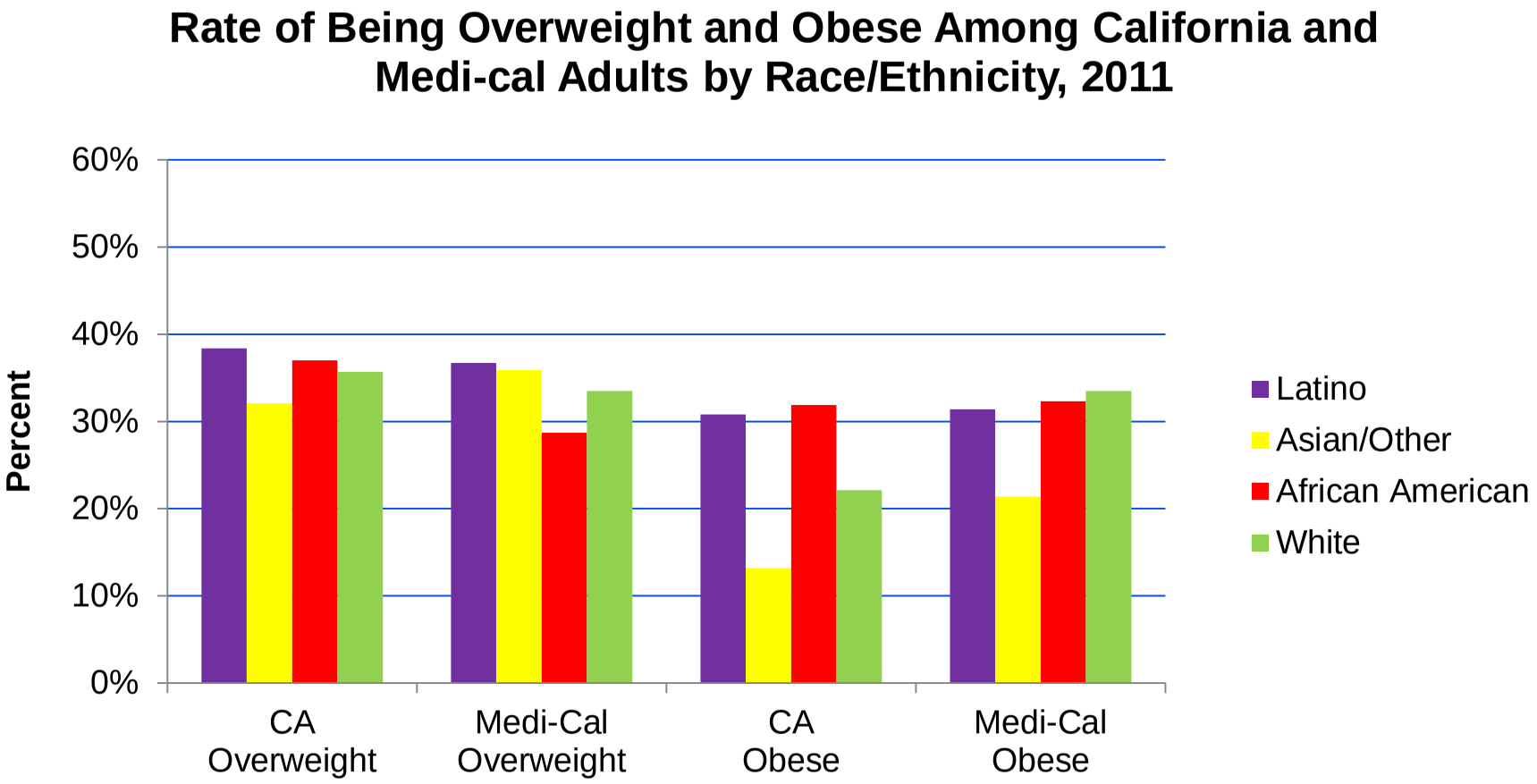
Source: California Department of Education, Standardized Testing and Reporting DataQuest, 2012.

Hypertension



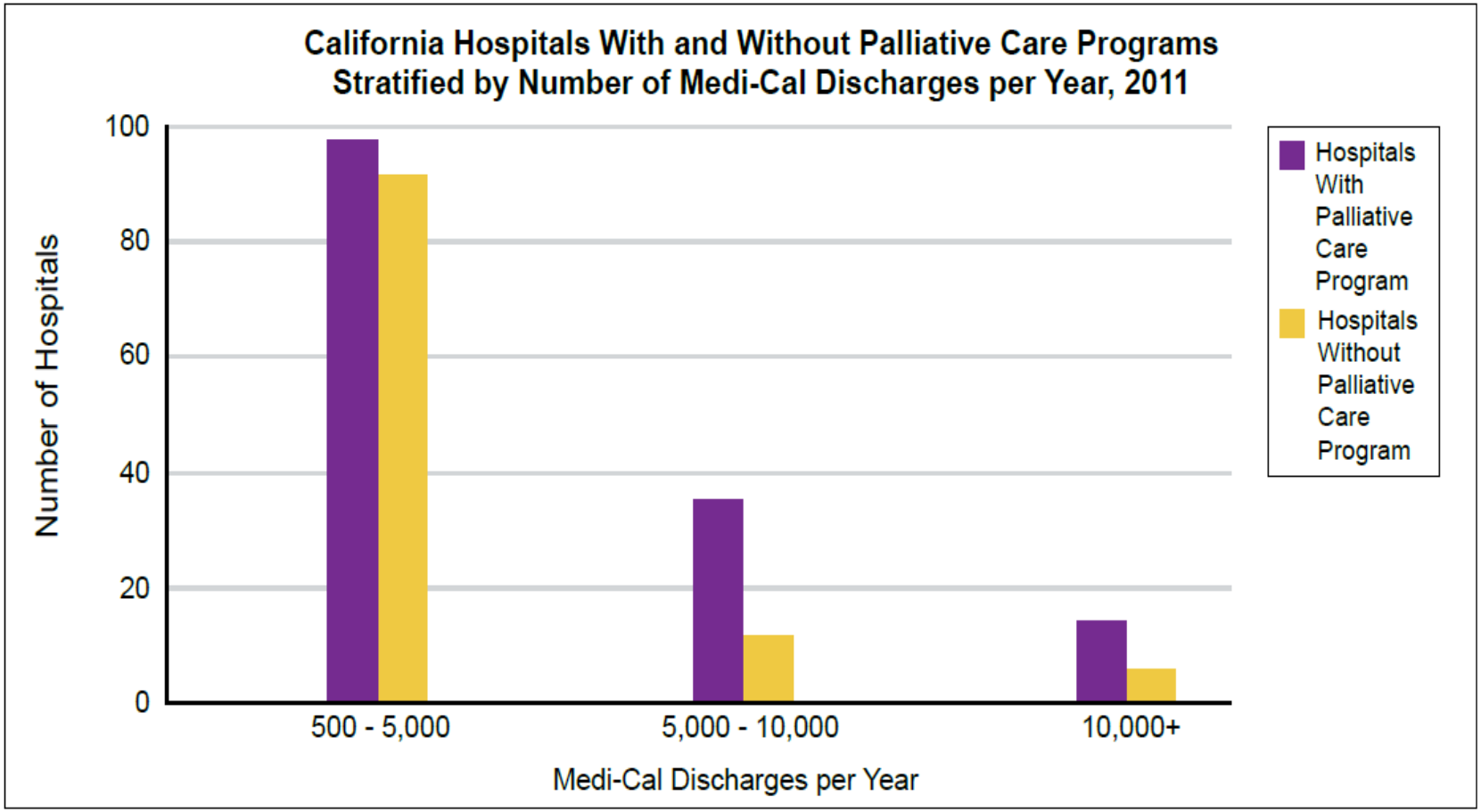
Source: Medi-Cal MIS/DSS and Symmetry EBM Groupers, Version 8.0; July 1, 2011 - June 30, 2012.
Note: Members eligible for both Medicare and Medicaid were excluded; ACE = angiotensin-converting enzyme; PI = Pacific Islander.

Adult Obesity



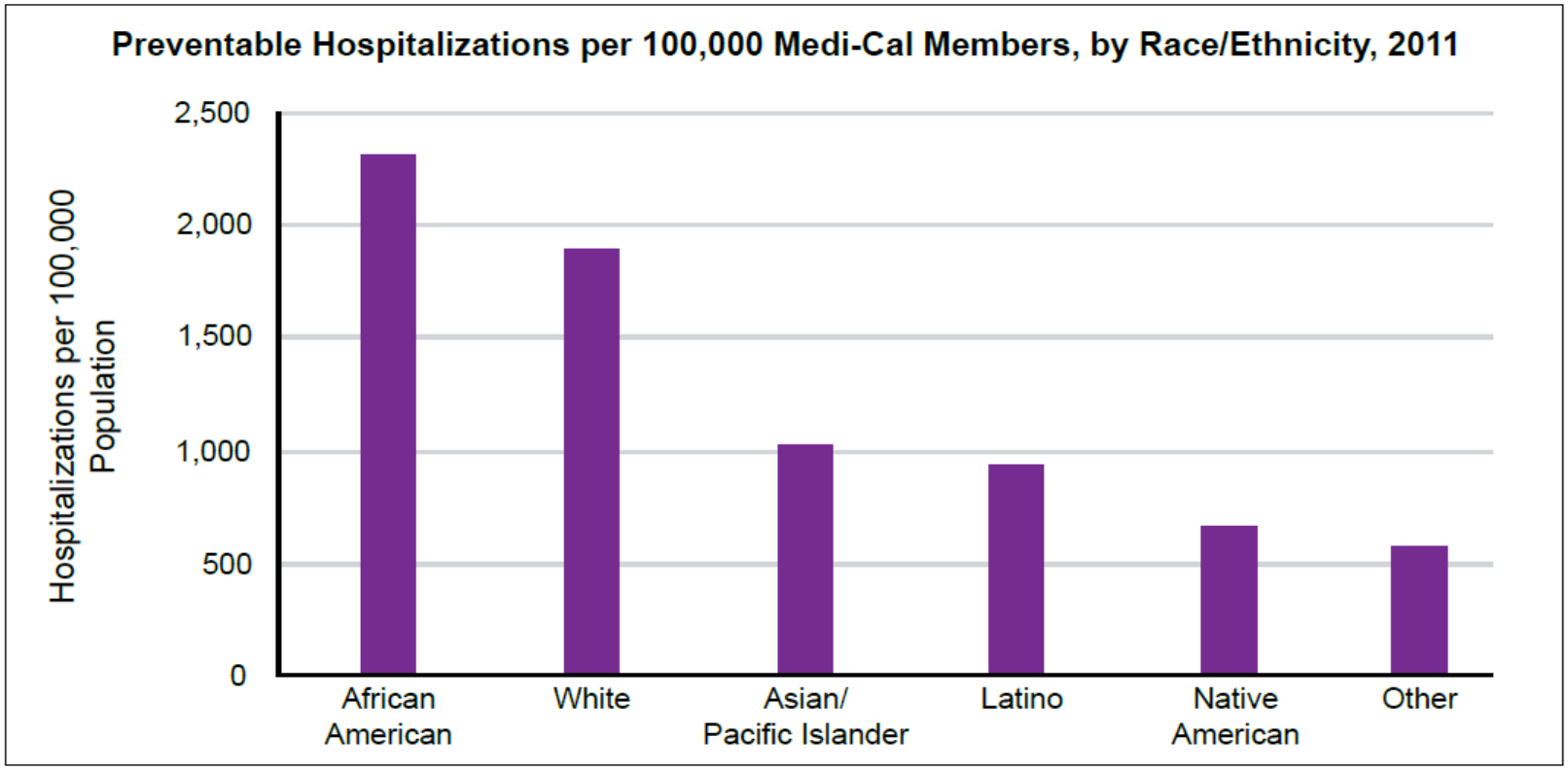
Source: Behavioral Risk Factor Surveillance Survey, 2011, California Data File

Palliative Care



Source: UCSF Palliative Care Survey of California Hospitals; Office of Statewide Health Planning and Development (OSHPD) facility reports, 2011.

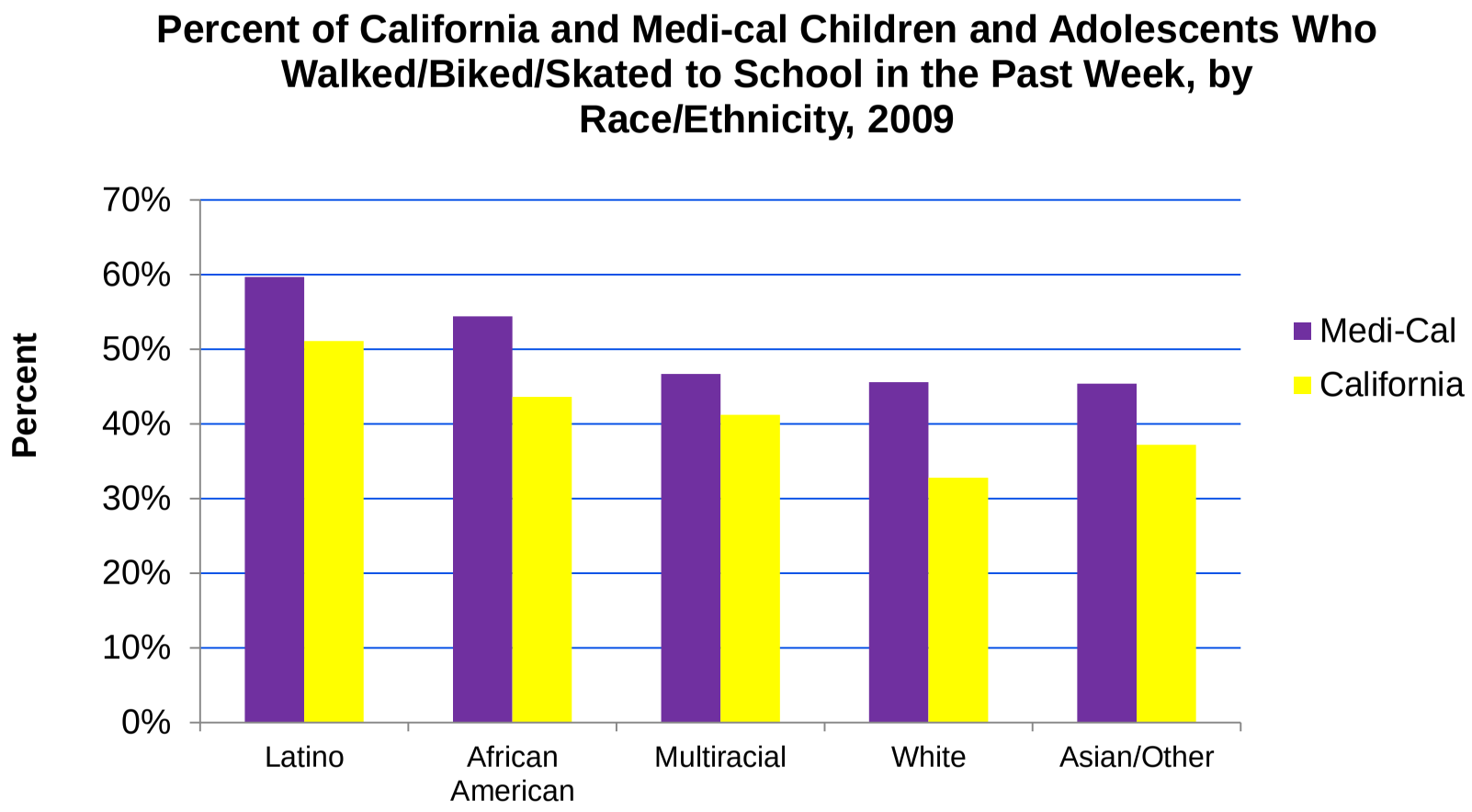
Preventable Hospitalizations



Source: Numerators: Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Data, 2011; Denominators: Medi-Cal MIS/DSS, 2011.

Note: Rates produced from the Agency for Healthcare Research and Quality (AHRQ) Prevention Quality Indicators Composite, Version 4.4. Members eligible for both Medicare and Medicaid were excluded.

Walk, Bike, and Skate to School



Source: California Health Interview Survey, 2009

Limitations

- Survey data
  - Cross-sectional
  - Respondent bias
  - Low Ns for certain race/ethnic groups
- MIS/DSS managed care encounter data
  - Data not always complete or reliable
- No assessment of confounding variables that might explain differences found (LGHCTF methodology)
  - e.g., age, sex, severity of illness

Future Directions

- Create a second set of “fact sheets” to further explore health disparities
- Partner with the newly created Office of Health Equity (CDPH) and others to reduce and ultimately eliminate health disparities
- Collaborate with MCAH (breastfeeding)

Potential Interventions

- Identify specific disparities that might be most amenable to interventions
- Current Interventions related to Health Disparities Data:
  - Adult obesity project
  - Million Hearts Project
  - Adult Medicaid Quality Grant QIPs
    - Postpartum Care Project
    - Diabetes Project

Obesity Prevention and Management

- Received funding from USDA SNAP-Ed to develop a health care and community obesity prevention program
- Formative research will commence in October 2014

Million Hearts Initiative

- Participating in the CMS Prevention Learning Network to advance Million Hearts
- Tobacco cessation
  - Medi-Cal Incentive to Quit Smoking Project
  - Managed Care Quality Improvement Project and All Plan Policies
- Hypertension control
  - Managed Care Quality Improvement Project and Learning Collaborative
  - By 2017, increase to at least 70 percent the proportion of Medi-Cal managed care members ages 18 to 85 who have a diagnosis of hypertension and whose blood pressure is adequately controlled

Conclusions and Discussion

- Medi-Cal leadership is committed to learning more about health disparities and creating additional “fact sheets.”
- There is interest in collaborating with external stakeholders to consider how to create interventions that reduce specific health disparities.

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