Paving the Road to Health Equity:
Race and Ethnicity Stratification Learning Network
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Agenda

WELCOME

OVERVIEW: RACE AND ETHNICITY STRATIFICATION LEARNING NETWORK

FINDINGS AND BEST PRACTICES
  • DATA COLLECTION AND MANAGEMENT
  • LINKING RACE AND ETHNICITY TO QUALITY PERFORMANCE
  • LEVERAGING STRATIFIED DATA FOR QUALITY IMPROVEMENT

MODERATED QUESTION & ANSWER SESSION

CLOSING
Learning Objectives

1. Provide overview of lessons learned in Learning Network
2. Exchange best practices pertaining to the collection and management of race/ethnicity data
3. Evaluate how health plans can elevate collection and use of the most valid data possible
4. Share examples of how health plans are leveraging race/ethnicity data to reduce disparities
Measuring Equity

Data, Measurement and Equity
To improve equity, first measure it.

STRATIFYING HEDIS MEASURES BY RACE & ETHNICITY
Stratification is a tool for transparency, quality improvement and accountability.

Ongoing struggle to integrate race and ethnicity into structured quality reporting.

Need for practical insights and solutions, including baseline understanding of performance patterns.
Data & Understanding

Pairing Insights

Quantitative

Plans submitted population-level HEDIS data on measures stratified by R/E in MY2022

- First look at performance in real-world settings.

- Evaluate what patterns we might expect, inform questions we ask in first year analysis and in future maintenance.

Qualitative

Plans interviewed with NCQA Equity in HEDIS Team to share insights

- Gain an understanding of how plans are integrating the stratification into their work.

- Learn about challenges and successes with the data, and how different organizations use it to inform quality improvement efforts.
Learning Network Participants

14 organizations representing 19 million covered lives
## Evaluated Measures and Stratification Categories

<table>
<thead>
<tr>
<th>Evaluated Measures</th>
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<tbody>
<tr>
<td>Colorectal Cancer Screening</td>
</tr>
<tr>
<td>Controlling High Blood Pressure</td>
</tr>
<tr>
<td>Hemoglobin A1c Control for Patients With Diabetes</td>
</tr>
<tr>
<td>Prenatal and Postpartum Care</td>
</tr>
<tr>
<td>Child and Adolescent Well-Care Visits</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stratification Categories</th>
<th>Race</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• American Indian/Alaskan Native</td>
<td>• Hispanic/Latino</td>
</tr>
<tr>
<td></td>
<td>• Asian</td>
<td>• Not Hispanic/Latino</td>
</tr>
<tr>
<td></td>
<td>• Black</td>
<td>• Asked But No Answer</td>
</tr>
<tr>
<td></td>
<td>• Native Hawaiian/Other Pacific Islander</td>
<td>• Unknown</td>
</tr>
<tr>
<td></td>
<td>• White</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Two or More Races</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Some Other Race</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Asked But No Answer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Unknown</td>
<td></td>
</tr>
</tbody>
</table>
Complete Findings
Dashboard and Report

Website includes:
- Interactive data dashboard
- Background
- Best Practices
- Quotes
- Participant Acknowledgements

Summary Report includes:
- Approach and Methods
- Status of Race/Ethnicity Data Collection and Management
- Linking Race/Ethnicity and Quality Performance Metrics
- Leveraging Stratified Data for QI Purposes
- Best Practices on Use of Data

https://res.ncqa.org/
Race and Ethnicity Stratification Learning Network

Findings and Best Practices
Race and Ethnicity Data Collection and Management
## Participant-Identified Race/Ethnicity Data Sources

<table>
<thead>
<tr>
<th>Source Type</th>
<th>Sources</th>
</tr>
</thead>
</table>
| **Direct Internal or Enterprise Records** | - Health risk assessments  
- Electronic health records  
- Member surveys  
- Member portals  
- Case management systems  
- Provider organization feeds  
- Health plan marketing campaign  
- Health plan call center logs |
| **Direct State Records**     | - State enrollment files  
- Immunization registries  
- Risk corridor files  
- Social service records  
- State Children’s Services files  
- Supplemental Nutrition Assistance Program  
- Other supplemental state race/ethnicity files |
| **Indirect Imputed**         | - Bayesian Improved Surname Geocoding (BISG)  
- Third party vendor solutions (ex., Acxiom) |
## Tracking Information about Data Sources

### Develop and Maintain Inventory

<table>
<thead>
<tr>
<th>Source</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Source name and description</strong></td>
<td></td>
</tr>
<tr>
<td>Data generation process</td>
<td></td>
</tr>
<tr>
<td>Source update cadence</td>
<td></td>
</tr>
<tr>
<td>Race/ethnicity values collected</td>
<td></td>
</tr>
<tr>
<td>Instructions on mapping the race/ethnicity values</td>
<td></td>
</tr>
<tr>
<td>Guidance on use of the data</td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td></td>
</tr>
<tr>
<td>Completeness</td>
<td></td>
</tr>
<tr>
<td>Accuracy</td>
<td></td>
</tr>
</tbody>
</table>
Data Source Prioritization

Example of Logic Flow Used By Health Plans

Priority sources

Member self-reported data collected from privacy preferences in plan’s member rights archive.

Member self-reported data collected from plan’s health risk assessment.

Member self-reported data collected from Medicaid enrollment files.

Estimated data computed using imputation algorithm 1.

Estimated data computed using imputation algorithm 2.

Secondary options
Direct Data

Examples of Gold Standard Sources

Electronic health records

Member surveys

Member portals

Health risk assessments

Call center logs

Direct source data responses:
- Center member self-identification
- Reflect higher validity compared to other sources
- Should not be impacted by bias from observer reports
Investing Resources to Obtain Direct Data

Internally-Sourced Data

1. Promote the importance with leadership

Direct data focus aligns with equity goals
Industry shift towards direct data

2. Create avenues for getting data from within health plan

Opportunities for self-reporting
Staff access to data

3. Improve how direct data is already collected internally

Facilitate better access
Allowing members to choose multiple options
Examples: Plans in Action

Internally-Sourced Data

Leveraging internally-sourced direct data

- Steering members toward specific sources
- Engaging Information Technology division
- Educating staff on motivational interviewing techniques
Examples: Plans in Action

Internally-Sourced Data

Improving data architecture

- Testing access to new sources
- Establishing policies for data architecture
- Protecting information in accordance with HIPAA
Investing Resources to Obtain Direct Data

Externally-Sourced Data

1. Communicate with external organizations that host data
   Identify options to support improved collection for your plan

2. Determine the feasibility of collection process changes
   Collect race and ethnicity via different categories
   Improve how information is collected on the ground

3. Investigate actions taken by other parts of your health plan
   Learn from other operating divisions
Examples: Plans in Action

Externally-Sourced Data

Collaborations with data-hosting organizations

- Plans receive large number of unknowns from state files
- In conversation with state agencies to consider alternative state sources
## Data Mapping: Example from Participant Organization

<table>
<thead>
<tr>
<th>Value in Collection Source</th>
<th>Mapped Value for Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>Black</td>
<td>Black or African American</td>
</tr>
<tr>
<td>Native American</td>
<td>American Indian or Alaska Native</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>Native Hawaiian or Other Pacific Islander</td>
</tr>
<tr>
<td>White</td>
<td>White</td>
</tr>
<tr>
<td>NULL (blank)</td>
<td>Unknown Race</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Black and White</td>
<td>Two or More Races*</td>
</tr>
<tr>
<td>Native American and Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Black and Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Asian and Black</td>
<td></td>
</tr>
<tr>
<td>Black, Native American and Pacific Islander</td>
<td></td>
</tr>
</tbody>
</table>

*Note that Network participants shared additional specific “Two or More Races” options, but for purposes of this webinar, NCQA highlighted a handful.*
Linking Race and Ethnicity Data to Quality Performance
Modifications to Data Utilization Processes

1. Develop
   - Systems to ingest data

2. Track
   - Use cases for data

3. Store
   - Data in central warehouse

4. Create
   - Guidance for data usage

5. Train
   - Staff to understand purpose of data

6. Enact
   - Rules for mapping to specific categories
Reporting Flexibility

- **Leverage** category flexibility to make the data more actionable.

- **Develop** processes that allow the flexibility for different audiences.

- **Expect** data environment to evolve and implement approaches accordingly.
Opportunities for Internal Collaboration

A Concerted Effort Across Teams

Teams Within Plans Engaged with Race/Ethnicity Data

- Business Intelligence
- Clinical
- HEDIS Operations
- Health Economics
- Health Equity
- Information Technology
- Member Services
- Quality and Risk Management
- Quality Measurement
- Social Services

❖ Engage different functional units to improve collection and management of data

❖ Improve uptake of certain sources

❖ Develop mapping rules; requires involvement of staff who may be familiar with different sources and reporting uses

❖ Ensure all units understand purpose of the data
Evaluation of Measure-Level Performance Variation

Example of Distribution of Plan Performance

Child and Adolescent Well-Care Visits, by Racial Group and Product Line
## Evaluating Between-Group Disparities

### Example of Equity-Centered Differences

<table>
<thead>
<tr>
<th>Group</th>
<th>Rate</th>
<th>Absolute</th>
<th>Relative</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asian</strong> <em>(reference group)</em></td>
<td>50.8</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Some Other Race</strong></td>
<td>48.2</td>
<td>-2.6</td>
<td>-5.1</td>
</tr>
<tr>
<td><strong>2+ Races</strong></td>
<td>46.6</td>
<td>-4.2</td>
<td>-8.3</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>44.4</td>
<td>-6.4</td>
<td>-12.6</td>
</tr>
<tr>
<td><strong>Black</strong></td>
<td>43.1</td>
<td>-7.7</td>
<td>-15.2</td>
</tr>
<tr>
<td><strong>American Indian / Alaska Native</strong></td>
<td>39.7</td>
<td>-11.1</td>
<td>-21.9</td>
</tr>
<tr>
<td><strong>Native Hawaiian / Other Pac. Islander</strong></td>
<td>39.2</td>
<td>-11.6</td>
<td>-22.8</td>
</tr>
</tbody>
</table>
Leveraging Stratified Data for Quality Improvement
Using Race/Ethnicity Data for Quality Improvement

- Conduct targeted member outreach
- Evaluate intersection of racial/ethnic and geographic disparities
- Connect with partner organizations
- Link to regional public health efforts
Success Story

Conducting Targeted Member Outreach

Evaluation of COVID-19 vaccination rates

- Found that Black members had significantly lower rates
- Partnered with community organizations
- After 3 months, vaccination gap began to close
- COVID-19 vaccination rates among Black members rose from 48.7% to 54.8%
Success Story

Evaluating Intersection of Race/Ethnicity and Other Social Drivers

Application of HEDIS stratification to Asthma Medication Ratio measure

• Overlaid race/ethnicity information with geographic data
• Visualized where gaps existed in specific counties
• Plan working to increase delivery of services to areas with widest disparities
Success Story

Connecting with Partner Organizations

Identification of groups least likely to access care

- Hired member engagement specialists for Native American members
- Conducted targeted clinical and community outreach based on disparities
- Formed partnership with Native American resource center
Success Story

Incorporation of race/ethnicity data into county-level quality improvement projects

- Set target metrics with county, focused on improving care for certain groups
- Visualized disparities in access to care
- Found that rural and Hispanic members experience worst gaps
- Plan and county organizations working to tailor interventions
Plans across the health care system are demonstrating innovative ways to use race/ethnicity data to address disparities.

Plans are helping drive the national effort to close disparities in health care.
Learning Network Participants

Thank you!

We would like to thank the following organizations for their participation in the Learning Network:

• Aetna
• Blue Cross Blue Shield of Massachusetts
• CalOptima Health
• CenCal Health
• Cigna HealthCare
• Community Care Plan
• Community Health Plan of Washington
• Fallon Health
• HealthNet
• Hennepin Health
• Highmark Blue Cross Blue Shield
• Highmark Blue Cross Blue Shield of West Virginia
• Highmark Blue Cross Blue Shield of Delaware
• South Country Health Alliance
• UCare
• UPMC Health Plan

*Note that all Highmark Blue Cross Blue Shield plans are considered a single participating organization.
Questions
Download the report – NCQA Race and Ethnicity Stratification Data Learning Network

Today’s slides and a recording of the webinar will be posted on ncqa.org.

Please fill out the post-event survey!

Further questions? Contact (res@ncqa.org)
Thank you