Paving the Road to Health Equity:

Race and Ethnicity Stratification Learning Network

JULY 26, 2023

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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

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Learning Objectives

Provide overview of lessons learned in Learning Network

Exchange best practices pertaining to the collection and management of race/ethnicity data

Evaluate how health plans can elevate collection and use of the most valid data possible

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

A New Effort To Address Racial And Ethnic Disparities In Care Through Quality Measurement

Rachel Harrington, Deidre Washington, Sarah Paliani, Keirsha Thompson, Latoshia Rouse, Andrew C. Anderson
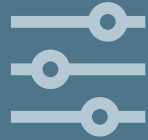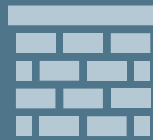
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Race & Ethnicity Stratification Learning Network

Motivation

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.

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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

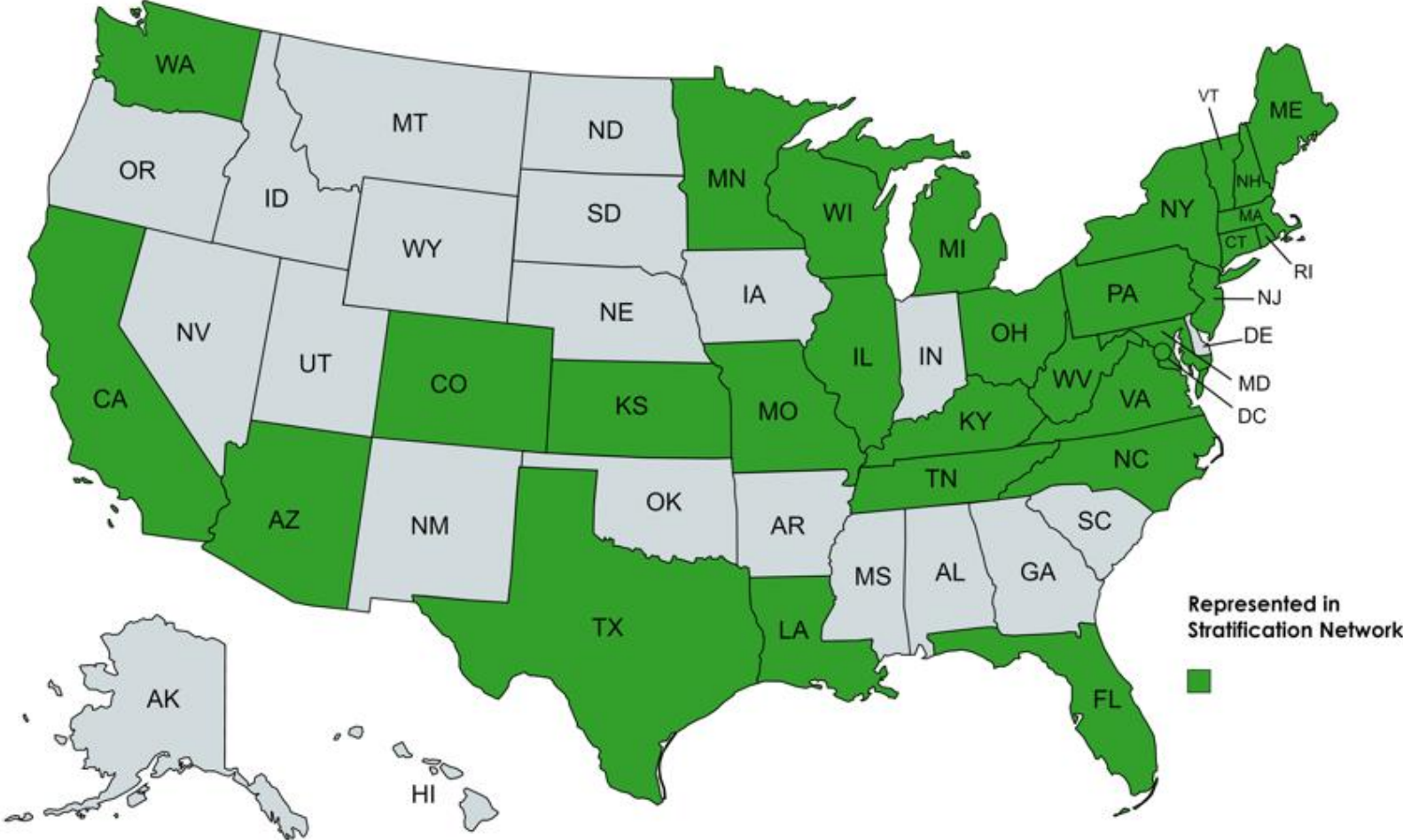**Plans interviewed with NCQA Equity in HEDIS Team to share insights**

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

Evaluated Measures	Colorectal Cancer Screening Controlling High Blood Pressure Hemoglobin A1c Control for Patients With Diabetes Prenatal and Postpartum Care Child and Adolescent Well-Care Visits

	Race	**Ethnicity**
Stratification Categories	• American Indian/Alaskan Native • Asian • Black • Native Hawaiian/Other Pacific Islander • White • Two or More Races • Some Other Race • Asked But No Answer • Unknown	• Hispanic/Latino • Not Hispanic/Latino • Asked But No Answer • Unknown

Complete Findings
Dashboard and Report

Learning Network Dashboard

The features on this dashboard provide insight into the Network plans' ability to report on the first five stratified HEDIS measures as well as overall performance trends and tips on best practices for leveraging race and ethnicity data. Users can also access the summary report of the Learning Network takeaways here.

The dashboard is interactive, and different filters can be selected using the drop-down boxes. Filters can be selected based on measure, region, race and ethnicity categories and product line. Results are suppressed when there are fewer than 30 members in a single reporting category, or when there are fewer than 5 contracts in a single filter selection.
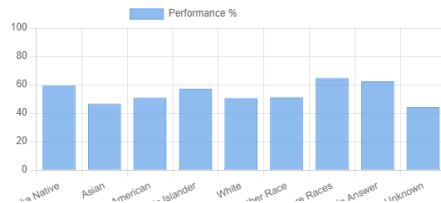
Website includes:

- 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

Keirsha Thompson
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Race and Ethnicity Stratification Learning Network

Findings and Best Practices

Race and Ethnicity Data Collection and Management

Participant-Identified Race/Ethnicity Data Sources

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

- Source name and description
- Data generation process
- Source update cadence
- Race/ethnicity values collected
- Instructions on mapping the race/ethnicity values
- Guidance on use of the data
- Access
- Completeness
- Accuracy

Data Source Prioritization

Example of Logic Flow Used By Health Plans

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.

Priority sources

Secondary options

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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

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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

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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

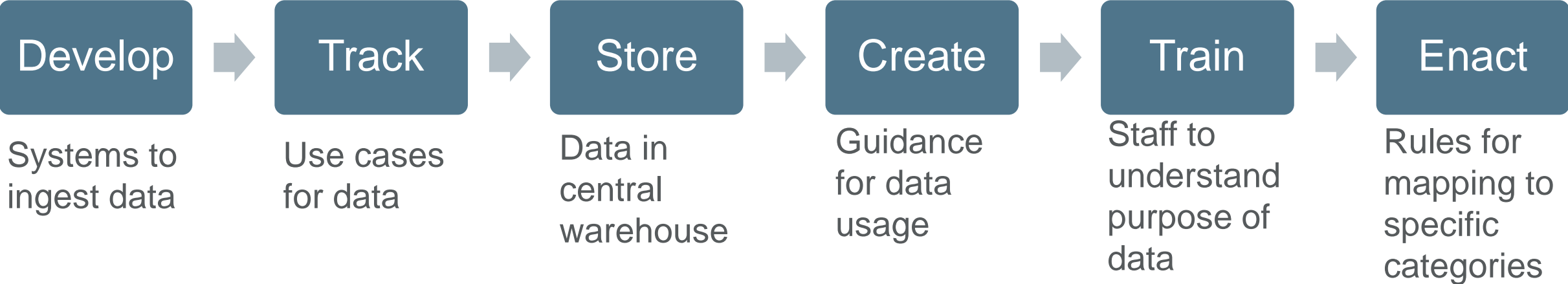# Data Mapping: Example from Participant Organization

Value in Collection Source	Mapped Value for Reporting
Asian	Asian
Black	Black or African American
Native American	American Indian or Alaska Native
Pacific Islander	Native Hawaiian or Other Pacific Islander
White	White
NULL	Unknown Race
(blank)	
Unknown	
Black and White	Two or More Races*
Native American and Pacific Islander	
Black and Pacific Islander	
Asian and Black	
Black, Native American and Pacific Islander	

*Note that Network participants shared additional specific "Two or More Races" options, but for purposes of this webianr, NCQA highlighted a handful.

Linking Race and Ethnicity Data to Quality Performance

Modifications to Data Utilization Processes

Develop		Track		Store		Create		Train		Enact
Systems to ingest data		Use cases for data		Data in central warehouse		Guidance for data usage		Staff to understand purpose of data		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

◆ Commercial   ● Exchange   ▲ Medicaid
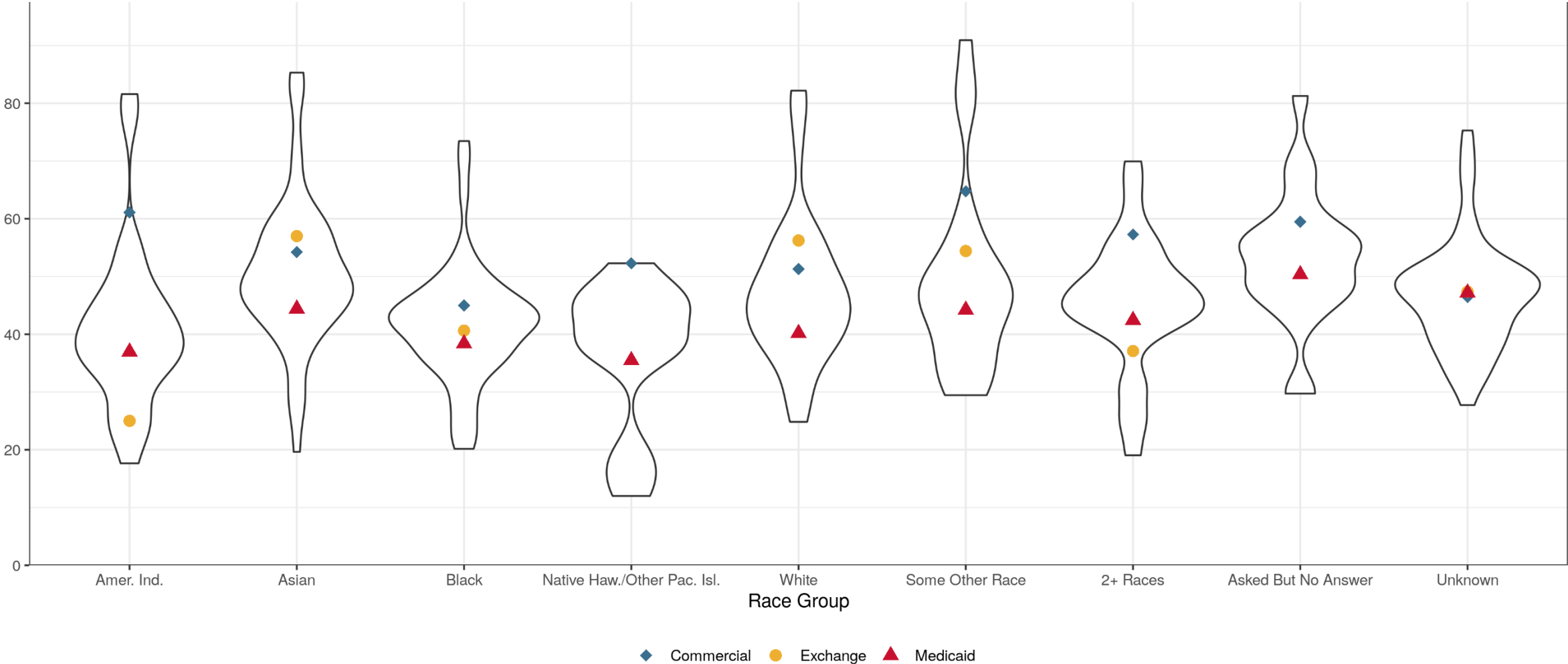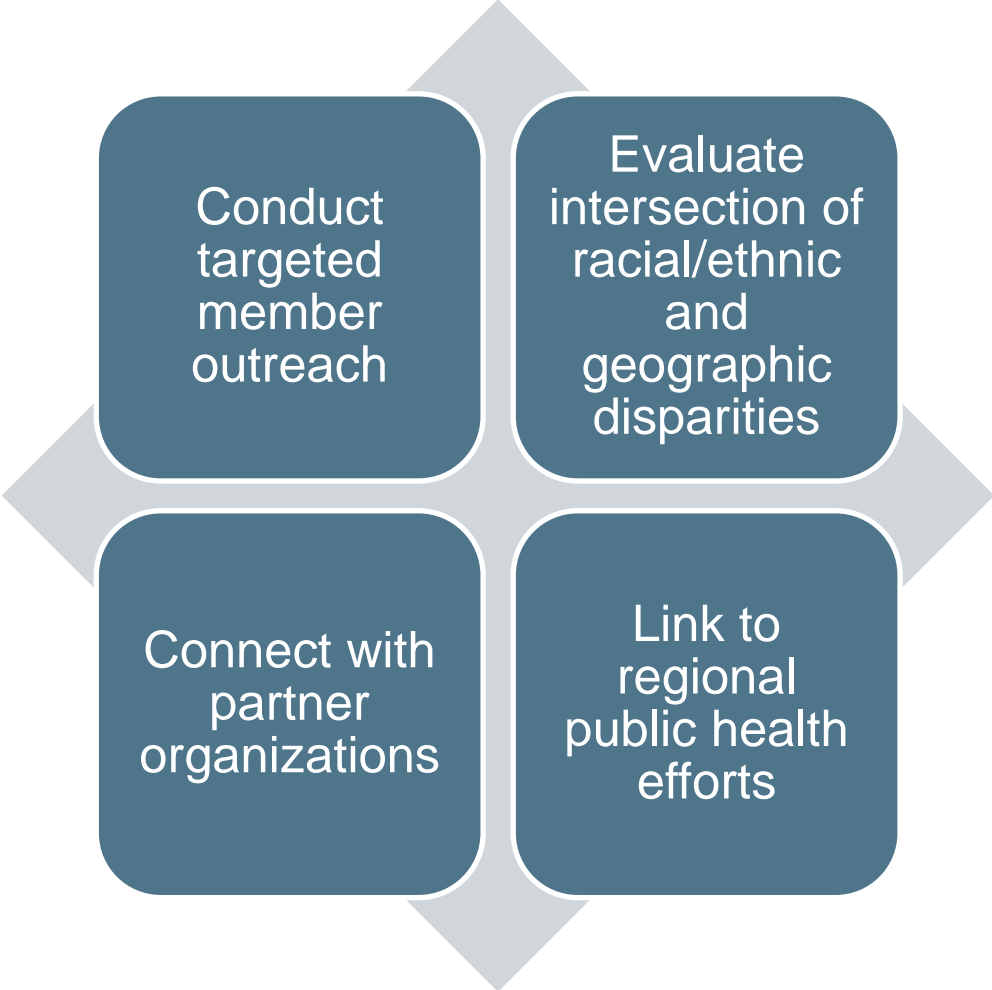
Evaluating Between-Group Disparities

Example of Equity-Centered Differences

Child and Adolescent Well-Care Visits, by Racial Group (Medicaid)

Group	Rate	Difference	
		Absolute	**Relative**
Asian (*reference group*)	50.8	-	-
Some Other Race	48.2	-2.6	-5.1
2+ Races	46.6	-4.2	-8.3
White	44.4	-6.4	-12.6
Black	43.1	-7.7	-15.2
American Indian / Alaska Native	39.7	-11.1	-21.9
Native Hawaiian / Other Pac. Islander	39.2	-11.6	-22.8

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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%

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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
Supporting Public Health Efforts

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

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The Big Idea

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)

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