Mapping Medicare Disparities
Presented by HRET HIIN and Centers of Medicare & Medicaid Services Office of Minority Health (CMS OMH)

October 25, 2018 (12:00PM – 1:00PM CT)
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 – 12:05 PM</td>
<td>Welcome</td>
<td>Jessica T. Claudio, HRET HIIN</td>
</tr>
<tr>
<td>12:05 – 12:10 PM</td>
<td>Introduction about CMS OMH &amp; the CMS Equity Plan</td>
<td>Elsa Haile, CMS OMH</td>
</tr>
<tr>
<td>12:10 – 12:45 PM</td>
<td>Mapping Medicare Disparities (MMD) Tool Presentation</td>
<td>Elsa Haile, CMS OMH</td>
</tr>
<tr>
<td></td>
<td>▪ Population View</td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ Hospital View</td>
<td></td>
</tr>
<tr>
<td>12:45 – 12:55 PM</td>
<td>Questions &amp; Feedback</td>
<td>Participants and Facilitator</td>
</tr>
<tr>
<td>12:55 – 1:00 PM</td>
<td>Closing Remarks</td>
<td>Jessica T. Claudio, HRET HIIN</td>
</tr>
</tbody>
</table>
Upcoming Health Disparities Educational Series

• **Thursday, November 15, 2018** 2-3 pm CT
  Social Determinants of Health *(NEXT)*

• **Thursday, December 6, 2018** 1-2 pm CT
  Pathway to Population Health

• **Tuesday, December 11, 2018** 12-1 pm CT
  Patient Family Engagement & Equity: You can’t have one without the other
Visualizing Health in Action

Elsa Haile
Elsa.Haile@CMS.HHS.GOV
Office of Minority Health
Centers for Medicare & Medicaid Services

“Working to Achieve Health Equity”

October 25, 2018
Offices of Minority Health within HHS
Mission
To ensure that the voices and the needs of the populations we represent are present as the Agency is developing, implementing, and evaluating its programs and policies.

Vision
All CMS beneficiaries have achieved their highest level of health, and disparities in health care quality and access have been eliminated.
CMS Health Equity Framework

Path to Equity

- Increasing understanding and awareness of disparities
- Developing and disseminating solutions
- Implementing sustainable actions
Equity Plan Priority Areas

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

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

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

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

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

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

Read the CMS Equity Plan for Medicare at [go.cms.gov/cms-omh](http://go.cms.gov/cms-omh)
Poll Question

• Have you ever heard of the Mapping Medicare Disparities (MMD) Tool?
  a) Yes
  b) No
• Have you ever used the MMD Tool?
  a) Yes
  b) No
Mapping Medicare Disparities (MMD) Tool

About the Tool:

• Launched in March 2016 by CMS OMH

• An interactive map that allows users to identify areas of disparities between subgroups of Medicare beneficiaries (e.g., racial and ethnic groups) in chronic disease prevalence, health outcomes, spending, and utilization.

• Tool is user friendly and visually appealing

• Free Medicare data

• Downloadable data and maps
Who should use the tool?

• Providers can evaluate health disparities of vulnerable populations to prioritize quality improvement efforts

• Beneficiaries can compare their health outcomes in their communities to others

• Researchers, state / local health representatives, and Quality Improvement Network / Quality Improvement Organizations can identify disparities in Medicare to inform the design of targeted interventions
MMD Tool

The MMD Tool provides a user-friendly way to explore and better understand disparities in chronic diseases, and allows users to: 1) visualize health outcome measures at a national, state, or county level; 2) explore health outcome measures by age, race, and ethnicity; and 3) compare differences between two geographic locations (e.g., benchmark against the national average); and 4) compare differences between two racial and ethnic groups within the same geographic area.

Helpful Links: Quick Start Guide | FAQs | MMD Tool Technical Documentation | Office of Minority Health MMD Tool homepage

MMD Tool - https://data.cms.gov/mapping-medicare-disparities
The MMD Population View allows for geographical comparisons between:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>State &amp; national averages</td>
<td>Compare the <strong>disease prevalence, cost, or utilization</strong> across every state and territory in the U.S. Compare trends across years.</td>
</tr>
<tr>
<td>Geographic regions</td>
<td>Compare the <strong>disease prevalence, cost, or utilization</strong> across different counties within a state or territory</td>
</tr>
<tr>
<td>Groups within the same geographic area</td>
<td>Compare <strong>disease prevalence, cost, or utilization</strong> between men and women, different age groups, or between different racial and ethnic groups within a specific county</td>
</tr>
<tr>
<td>County Profile View</td>
<td>View <strong>specific county data</strong> including median household income and employment, federal poverty level, and language literacy rates</td>
</tr>
</tbody>
</table>
MMD Tool – Population View

Can be accessed here: https://data.cms.gov/mapping-medicare-disparities
Primary Chronic Condition Measures

- Prevalence Rates and Costs
  - Acute Myocardial Infarction
  - Alzheimer's Disease, Related Disorders, or Senile Dementia
  - Asthma
  - Atrial Fibrillation
  - Cancer (breast, colorectal, lung, and/or prostate) \(^2\)
  - Chronic Kidney Disease
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Depression
  - Diabetes
  - Heart Failure
  - Hyperlipidemia (high cholesterol)
  - Hypertension
  - Ischemic Heart Disease
  - Obesity
  - Osteoporosis
  - Rheumatoid Arthritis / Osteoarthritis
  - Schizophrenia/Other Psychotic Disorders
  - Stroke / Transient Ischemic Attack
  - 0, 1, 2, or 3+ Conditions \(^3\)
  - Population-wide \(^4\)
  - End Stage Renal Disease (ESRD)
  - Disability
# Chronic or Potentially Disabling Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Prevalence Rates, Costs, and Hospitalization Rates[^1]</th>
</tr>
</thead>
</table>
| **Other Disabling Condition** | **Congenital and Developmental Conditions[^2]**  
ADHD, Conduct Disorders, and Hyperkinetic Syndrome  
Autism Spectrum Disorders  
Cerebral Palsy  
Cystic Fibrosis and Other Metabolic Developmental Disorders  
Intellectual Disabilities and Related Conditions  
Learning Disabilities  
**Liver Conditions[^2]**  
Liver Disease, Cirrhosis and Other Liver Conditions  
Viral Hepatitis (General)  
**Mental Health and Substance Use Conditions[^2]**  
Anxiety Disorders  
Bipolar Disorder  
Depressive Disorders  
Post-Traumatic Stress Disorder (PTSD)  
Personality Disorders  
Schizophrenia/Other Psychotic Disorders[^3]  
Tobacco Use  
**Mobility Limitations and Chronic Pain Conditions[^2]**  
Fibromyalgia, Chronic Pain and Fatigue  
Multiple Sclerosis and Transverse Myelitis  
Mobility Impairments  
Muscular Dystrophy  
**Neurological Conditions[^2]**  
Epilepsy  
Migraine and Chronic Headache  
Spina Bifida and Other Congenital Anomalies of the Nervous System  
Spinal Cord Injury  
Traumatic Brain Injury and Nonpsychotic Mental Disorders due to Brain Damage  
**Other Chronic or Disabling Conditions[^2]**  
Human Immunodeficiency Virus and/or Acquired Immunodeficiency Syndrome (HIV/AIDS)  
Leukemias and Lymphomas  
Obesity[^3]  
Peripheral Vascular Disease (PVD)  
Pressure and Chronic Ulcers  
Sensory - Blindness and Visual Impairment  
Sensory - Deafness and Hearing Impairment  
**Other Developmental Delays** |

[^1]: Additional notes or references may be provided.
[^2]: These conditions may result in chronic or disabling measures.
[^3]: Additional conditions or measures may be necessary for management.
Other Measures

- Hospitalization rates for specific conditions
- Emergency Department visit rates for specific conditions
- AHRQ Prevention Quality Indicators (PQIs)
- Readmission Rates
- Mortality Rates
- Preventive Service Measures
## Preventive Service Measures

<table>
<thead>
<tr>
<th>Preventive Services</th>
<th>Influenza Virus Vaccine</th>
<th>Prostate Cancer Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling to Prevent Tobacco Use</td>
<td>Initial Preventive Physical Examination (IPPE)</td>
<td>Screening for Cervical Cancer with Human Papillomavirus (HPV) Tests</td>
</tr>
<tr>
<td>Depression Screening</td>
<td>Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD)</td>
<td>Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs</td>
</tr>
<tr>
<td>Diabetes Screening</td>
<td>Intensive Behavioral Therapy (IBT) for Obesity</td>
<td>Screening Mammography</td>
</tr>
<tr>
<td>Diabetes Self-Management Training (DSMT)</td>
<td>Lung Cancer Screening Counseling and Annual Screening for Lung Cancer With Low Dose Computed Tomography (LDCT)</td>
<td>Screening Pap Test</td>
</tr>
<tr>
<td>Glaucoma Screening</td>
<td>Medical Nutrition Therapy (MNT) Services</td>
<td>Screening Pelvic Examination</td>
</tr>
<tr>
<td>Hepatitis B Vaccine</td>
<td>Pneumococcal Vaccine</td>
<td>Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)</td>
</tr>
<tr>
<td>Hepatitis C Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV Screening</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Disparities in Cook County, IL: Diabetes Prevalence

The prevalence of diabetes among Blacks in Cook County is 15 percentage points higher than Whites.

Black prevalence: 38%
White prevalence: 23%
Disparities in Cook County, IL: Diabetes Long-term Complications Admissions (PQI #3)

- Black male beneficiaries experience 426 more long-term diabetes complications admissions than White male beneficiaries.
  - Black men: 677 per 100,000 beneficiaries
  - White men: 251 per 100,000 beneficiaries
- The average risk-adjusted total cost of diabetes among beneficiaries in Cook County is $952 higher than the U.S. overall cost.
- County Cost: $16,544
- U.S. Cost: $15,592
Disparities in Cook County, IL: Diabetes Hospitalizations

Among Medicare only beneficiaries, Black beneficiaries had a hospitalization rate for diabetes of 7 per 1,000 beneficiaries compared to 3 for White beneficiaries.

Among dual only beneficiaries, Black beneficiaries had a hospitalization rate for diabetes of 20 per 1,000 beneficiaries compared to 8 for White beneficiaries.
Disparities in Cook County, IL: Trend View

Trend View

Depicts trends in selected measure at county, state and national levels.

2012 - 2016
Disparities in Cook County, IL: County Profile View

Selected measures at the county level, from the American Community Survey (ACS)

Similar reports available at the state and national level
About the Hospital View of the Tool:

• Launched on September 7, 2018 as a new addition to the MMD Tool
• Interactive, web-based tool
• Provides over 50 quality measures at the hospital-level
• Allows for the analysis and comparison of individual hospital’s metrics and performance scores to other hospitals based on geography (e.g. county, state, and national), hospital type (e.g. acute care and critical access), and/or hospital size (i.e. number of beds)
Hospital View Measures

• Readmissions
  • Unplanned hospital visits
  • Readmissions

• Safety
  • Patient safety indicators (PSI)
  • Mortality
  • Healthcare associated infections (HAIs)

• Medicare spending
  • Value of care

• Patient experience
  • Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey

• Hospital value based purchasing (HVBP)
• Inpatient psychiatric facility quality reporting (IPFQR)
• Prospective payment system (PPS)*
  • Oncology care
  • Cancer treatment

*Exempt – Cancer hospital quality reporting (PCHQR)
Readmissions: Advocate Illinois Masonic Medical Center, IL

The AMI 30-day readmission rate at Advocate Illinois Masonic Medical Center in Cook County, IL is 16.50%.
Advocate Illinois Masonic Medical Center had an AMI 30-day readmission rate of 16.50% versus the national average of 16.25%.
Patient Experience: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Care Transition Star Rating at Advocate Illinois Masonic Medical Center, IL

The HCAHPS care transition star rating at Advocate Illinois Masonic Medical Center is 4.00 versus a national average of 3.34
Advocate Illinois Masonic Medical Center had an HCAHPS care transition star rating of 4.00 versus other acute care hospitals in Cook County which had an average rating of 2.56.
Next Steps for MMD Tool

• Addition of opioid indicators
• Addition of a rural/urban dropdown
• Update the Population View with 2017 data
• Update the Hospital View data
• Stratification of certain quality measures at the nation, state, and county levels for the Hospital View
• Medicare Advantage data
Questions for Key Partners and Stakeholders

• What do you find useful about the MMD Tool?

• How could the MMD Tool and data be used in your work?

• What would you like to see done differently or added to the tool?

• Any interest in adding Medicaid data?
CMS OMH Homepage:

go.cms.gov/omh

If you have any questions, feedback, or suggested enhancements to the MMD Tool, please email us at

HealthEquityTA@cms.hhs.gov
Join HRET HIIN Health Disparities LISTSERV®

HRET HIIN uses the Health Disparities LISTSERV® platform to encourage peer-to-peer networking, share HRET HIIN events and resources, and highlight innovative approaches to reduce harm.

Register here
Upcoming Health Disparities Educational Series

• **Thursday, November 15, 2018** 2-3 pm CT
  Social Determinants of Health *(NEXT)*
  http://hret.adobeconnect.com/health-disparities-20181115/event/registration.html

• **Thursday, December 6, 2018** 1-2 pm CT
  Pathway to Population Health
  http://hret.adobeconnect.com/health-disparities-20181206/event/registration.html

• **Tuesday, December 11, 2018** 12-1 pm CT
  Patient Family Engagement & Equity:
  You can’t have one without the other
  http://hret.adobeconnect.com/health-disparities-20181211/event/registration.html
Thank you for joining us!