MI HEALTH LINK

Linking Medicare and Medicaid for you

Expanding Equity in MI Health Link

Year 2022

MPHI®

Michigan Public Health Institute

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Introduction

It's not enough to improve average health care quality in the U.S. As the CMS Equity Plan lays out, we must identify gaps in quality of care at all levels of the health care system to address disparities.[1]

-Cara James (former Director of the CMS OMH)

Racial and ethnic disparities in healthcare and health outcomes exist in both publicly and privately funded health programs. Racial and ethnic minority populations experience worse outcomes than the general population for almost every health condition. Analysis in the 2018 report "The Business Case for Racial Equity: Michigan" from the Kellogg Foundation estimates that disparities in health in Michigan represent $2.2 billion in excess medical care costs, $1.9 billion in untapped productivity, and 140,000 lost life years associated with premature death per year. By 2050, 40% of the workforce and consumers in Michigan will be people of color, eliminating health disparities by 2050 would reduce the need for $2.5 billion in medical care costs, reduce lost productivity by $2.6 billion, and save 170,000 life years. Achieving health equity will require eliminating gaps in access to health care, the quality of care, and, most importantly, the social and environmental determinants of health.[2]

This commitment to identifying and reducing disparities is also codified in federal and state law. Michigan Medicaid is required to monitor the quality and appropriateness of the healthcare services delivered by the participating managed care organization.[3] Both federal and state laws address the need to reduce racial/ethnic disparities in healthcare and outcomes. Federal regulations require managed care organizations to provide services "in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds."[4] The Affordable Care Act (ACA) includes language that prohibits discrimination under any health program or activity that is receiving federal financial assistance.[5] The ACA also includes improved federal data collection efforts by ensuring that federal health care programs collect and report data on race, ethnicity, sex, primary language, and disability status.[6] The Centers for Medicare and Medicaid Services (CMS) recently published regulations that require state Medicaid agencies to report on a specific set of quality measures, including stratifications by race/ethnicity, among other demographic groups.

On a state level, Michigan Public Act 653 of 2006 directs the Michigan Department of Health and Human Services (MDHHS) to develop strategies to reduce racial and ethnic disparities, including the compilation of racial and ethnic specific data including, but not limited to, morbidity and mortality.[7] The Michigan Department of Health and Human Services included Racial Equity in its vision and identified it as a key goal in the new Strategic Plan for 2023-2027. At the request of the Behavioral and Physical Health and Aging Services Administration (BPHASA), the Michigan Public Health Institute is providing support, technical assistance, and consultation to the Integrated Care Division, MI Health Link (MHL) program for Medicaid-Medicare dual eligible beneficiaries to assess equity in the MHL program.

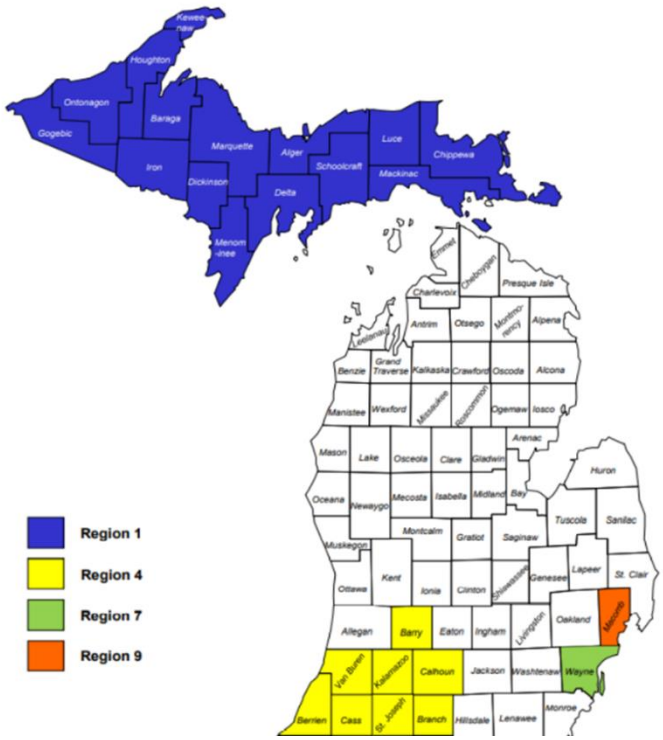
Background

MI Health Link

MI Health Link is a joint Medicare and Medicaid demonstration designed to integrate care for individuals in Michigan who have both Medicare and Medicaid. Beneficiaries participating in MI Health Link will receive both Medicare and Medicaid coverage, including Part D prescription drugs, through new managed care entities called Integrated Care Organizations (ICOs). ICOs will partner with existing

Prepaid Inpatient Health Plans (PIHPs) to serve individuals who receive Medicare and Medicaid-funded behavioral health services. MI Health Link will be jointly administered by the federal Centers for Medicare & Medicaid Services (CMS) and the Michigan Department of Community Health (MDCH), the Michigan State Medicaid Agency. Beneficiaries in MI Health Link will have access to a broad range of medical and behavioral health services, nursing home care, pharmacy, and home and community-based services. In addition, MI Health Link offers beneficiaries care coordination across physical health, behavioral health, and long-term services and supports (LTSS) through a designated ICO care coordinator. Additional LTSS benefits include services, such as adaptive medical equipment and supplies, community transition services, personal emergency response system, and respite care services.

Figure 1. Michigan Department of Health and Human Services MI Health Link Regions



The MI Health Link program contracted with seven integrated care organizations (ICOs). These ICOs were responsible for the provision of services to MI Health Link members. Please note, in 2021, Michigan Complete Health (MCH) merged with Meridian Complete, adding region 4 and 7 to Meridians coverage. All previous reports have seven plans represented in them, with this report there is data included from six separate plans.

Table 1. Overview of Integrated Care Organizations

ICO	Regions Served	Counties Served
Aetna Better Health Premier Plan (Aetna Better Health of Michigan) (AET)	Regions 4,7, and 9	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne
AmeriHealth Caritas VIP Care Plus (AmeriHealth Caritas) (AMI)	Regions 7, 9	Macomb, Wayne
HAP CareSource (HCS)	Regions 7, 9	Macomb, Wayne
ICO	**Regions Served**	**Counties Served**

MeridianComplete (Meridian Health Plan) (Meridian)	Region 4	Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, Van Buren
Molina Dual Options MI Health Link (Molina Healthcare of Michigan) (Molina)	Region 7,9	Macomb, Wayne
Upper Peninsula Health Plan MI Health Link (Upper Peninsula Health Plan) (UPHP)	Region 1	Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

Focus on Disparities

Disparities identification and reduction have been priorities for Michigan Medicaid for decades. In 2005, Michigan Medicaid participated in the Center for Health Care Strategies' Practice Size Exploratory Project where racial/ethnic disparities in several measures were identified by Medicaid Health Plans, and by provider. Results were disseminated to MHPs and to providers for their information. In 2008, Michigan Medicaid was awarded a grant by the Center for Health Care Strategies (funded by the Robert Wood Johnson Foundation) to participate in the three year, Reducing Disparities at the Practice Site Project. This project focused on six high volume Medicaid practices in Detroit/Wayne County and facilitated the introduction of the Patient Centered Medical Home into the practice, with an emphasis on tracking disparities in diabetes measures. Between 2008 and 2010, MHPs were required to conduct an annual Performance Improvement Project (PIP) specifically aimed at reducing an identified disparity in one of their quality measures. Beginning in 2010, the Medicaid Health Equity Project was the next step in the state's strategy to identify and reduce health disparities in Medicaid. A set of initial measures was agreed upon, specifications were developed, and a statewide aggregate report has been published every year since that time.

In 2021, BPHASA leadership reached out to MPHI for assistance in expanding efforts to measure and reduce disparities in specific program areas. An initial set of measures was determined, and specifications were developed. All ICOs submitted performance data for the identified measures for three calendar years: 2017, 2018, and 2020, stratified by race/ethnicity. The Expanding Equity report in MI Health Link, is the first effort to measure quality of care by race/ethnicity for MHL beneficiaries. It aggregates data from each Integrated Care Organization (ICO) and establishes statewide rates for all racial/ethnic populations enrolled in the program. The goal of the project is to continue to improve quality in the MHL program while decreasing overall disparities that may be present.

The data that follows is the continuation of the Expanding Equity efforts, adding 2022 data to the trends throughout the years, and taking a specific look at 2022 data within the measures and across all health plans.

Moving to DSNP

MDHHS transitioning the MI Health Link demonstration program into a permanent Highly Integrated Dual Eligible Special Needs Plan (DSNP), a specific type of Medicare Advantage plan designed to meet the needs of those who are dually eligible for Medicare and Medicaid.

In 2014, the Centers for Medicare & Medicaid Services (CMS) announced it was partnering with Michigan to test a new model for providing individuals who have both Medicare and Medicaid with a more coordinated, person-centered care experience. In May 2022, CMS finalized requirements for the state to transition its model program into a permanent integrated plan.

"This proposal has been developed with robust feedback from community providers and beneficiaries along with lessons learned from the MI Health Link program," said Elizabeth Hertel, MDHHS Director. "MDHHS remains committed to an improved care experience for low-income seniors and people with disabilities who are both Medicare and Medicaid enrollees."

Methods

ICOs submit audited HEDIS data to CMS for each measure that pertains to covered benefits for the Medicaid-Medicare Program. CMS forwards these plan specific data to MDHHS, including overall numerators and denominators. ICOs are provided a blank template to ensure consistency across all plan submissions. ICOs used their audited HEDIS data to draw the initial numbers (total numerators and denominators) and total numbers by race/ethnicity and sex for each measure. All template totals match totals reported in the HEDIS Interactive Data Submission System. Table 2 lists all sixteen measures included in this report. The enrollment information is shared with ICOs on the monthly eligibility file that transmits the new members assigned to each plan. ICOs may also have supplementary systems in place to acquire and store this information (i.e., retrieving it from Electronic Medical Records systems in their provider network). All HEDIS measures were calculated in accordance with specifications provided by the National Committee for Quality Assurance (NCQA).[8] One additional measure, annual dental visit (ADV) is not a HEDIS measure but uses a standard specification across all ICOs.

Table 2. List of Measures Used

Measures	Abbreviation
Adult Access to Care 20-44	AAP2044
Adult Access to Care 45-64	AAP4564
Adult Access to Care 65+	AAP65+
Adult Access to Care Total	AAPTOT
Antidepression Medication Management-Acute Phase Treatment	AMM
Breast Cancer Screenings	BCS
Controlling High Blood Pressure	CBP
Eye Exam for Patients with Diabetes*	EED
Comprehensive Diabetes Care HbA1c Control <8%	CDCControl
Comprehensive Diabetes Care- Poor HbA1c Control	CDCPoorControl
Colorectal Cancer Screening	COL
Follow Up After Hospitalization for Mental Illness within 30 Days	FUH

Plan All-Cause Readmission- Observed Readmissions 18-64	PCR1864
Plan All-Cause Readmission-Observed Readmissions 65+	PCR65+
Transitions of Care- Medication Reconciliation Post-Discharge	TRC
Annual Dental Visit	ADV

*In 2022, Comprehensive Diabetes Care Eye Exam (CDCEye) Measure name changed to Eye Exam for Patients with Diabetes (EED).

Brief descriptions of each measure are below:

Adult Access to Care: The percentage of members 20 years of age and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line. Rates are reported for each of the following age ranges; 20-44, 45-64, 65+, total (all other groups combined).

Antidepression Medication Management-Acute Phase Treatment: Assesses adults 18 years of age and older with a diagnosis of major depression who were newly treated with antidepressant medication and remained on their antidepressant medications. Effective Acute Phase Treatment: Adults who remained on an antidepressant medication for at least 84 days (12 weeks).

Breast Cancer Screening: The percentage of women 50–74 years of age who had at least one mammogram to screen for breast cancer in the past two years

Controlling High Blood Pressure: Assesses adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).

Comprehensive Diabetes Care: Assesses adults 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:

- HbA1c poor control (>9.0%).
- HbA1c control (<8.0%).
- Eye exam (retinal) performed.

Colorectal Cancer Screening: Assesses adults 50–75 who had appropriate screening for colorectal cancer with any of the following tests: annual fecal occult blood test, flexible sigmoidoscopy every 5 years, colonoscopy every 10 years, computed tomography colonography every 5 years, stool DNA test every 3 years.

Follow Up After Hospitalization for Mental Illness within 30 Days: Assesses the percentage of inpatient discharges for a diagnosis of mental illness or intentional self-harm among patients aged 6 years and older that resulted in follow-up care with a mental health provider within 30 days.

Plan All-Cause Readmission—Observed Readmissions: Assesses the rate of adult acute inpatient and observation stays that were followed by an unplanned acute readmission for any diagnosis within 30 days after discharge. Two age groups are reported (18-64 and 65+)

Transitions of Care—Medication Reconciliation Post-Discharge: Assesses key points of transition for Medicare beneficiaries 18 years of age and older after discharge from an inpatient facility. Medication reconciliation on the date of discharge through 30 days after discharge

Annual Dental Visit: Assesses members who had at least one dental visit during the year.

Race/Ethnicity Data Collection and Analysis

Race/ethnicity data are taken from program enrollment forms, which use self-identification to determine race and ethnicity, and from any other source the ICO has in place to collect this information. This includes care management records, assessments, and other documents. Measures were stratified for the following racial populations: Asian American, Native Hawaiian/ Other Pacific Islander, African American, American Indian/Alaska Native, White and one ethnicity: Hispanic. Any reference to Hispanic was categorized into the Hispanic population and the numbers represented by the racial categories were non-Hispanic. Unknown and declined have been combined throughout the report. Other race/ethnicity and/or multiracial populations have been categorized as some other race due to the inconsistent use of this category across ICOs.

The White population served as the reference population for all comparisons in this report because the White population is not exposed to racial/ethnic discrimination, any disparities from this population rate can be an indicator of the health effects of discrimination and racism. In this report, two rates were declared significantly different if their 95% confidence intervals (CIs) did not overlap, and significantly the same if their CIs overlap. The 95% confidence intervals were calculated using the following formula:

$$\mathrm{p} \pm 1.96 * \sqrt{p(1-p)/n}$$

p = proportion of the eligible population (denominator) who received the service (numerator)
n= number of people in the eligible population (denominator)

Pairwise disparities were measured between the non-white population of interest and the reference population, and were calculated on the absolute and relative scales using the following formulas:

Absolute Disparity (diff) = Non-White Estimate – Reference Estimate
Relative Disparity (ratio) = Non-White Estimate / Reference Estimate

Data were considered insufficient for analysis, and results were suppressed if: the numerator (those who received services) was less than 5 and/or the denominator (the population under consideration) was less than 30. Please note on all graphs, only those categories fulfilling the above requirements will appear. Further, we recommend exercising caution when interpreting results with denominators less than 100.

Table 3. Racial/Ethnic Characteristics of Michigan MI Health Link Population

Racial/ Ethnic Groups	**Percentage of MI Health Link Population**
White	49.78%
Black or African American	36.56%
Hispanic	1.92%
American Indian and Alaskan Native	0.63%

Asian	2.33%
Native Hawaiian and Other Pacific Islander	0.14%
Unknown/Declined	5.04%

This data has been updated to reflect data received for 2022 enrollment.

Table 4. Racial/Ethnic Characteristics of Michigan MI Health Link Population by Health Plan

Racial/Ethnic Groups	**Health Plan**					
	Aetna	**AmeriHealth**	**HCS**	**Meridian**	**Molina**	**UPHP**
White	48.51%	38.53%	39.28%	56.86%	34.31%	94.59%
Black or African American	38.04%	50.94%	45.64%	32.86%	45.88%	0.52%
Hispanic	2.55%	0.92%	0.48%	2.47%	2.35%	0.37%
American Indian and Alaskan Native	0.29%	0.21%	0.41%	0.44%	0.35%	2.85%
Asian	2.05%	3.61%	4.43%	1.73%	2.61%	0.50%
Native Hawaiian and Other Pacific Islander	0.12%	0.04%	0.24%	0.12%	0.16%	0.09%
Some Other Race	4.04%	0.00%	5.86%	4.21%	3.43%	1.01%
Unknown/Declined	4.36%	5.74%	3.66%	1.31%	10.91%	0.07%

This data has been updated to reflect data received for 2022 enrollment.

Sex Data Collection and Analysis

Sex, defined as biologic sex or sex assigned at birth, using the 2011 Federal Department of Health and Human Standards. The sex data is taken from program enrollment forms, which use self-identification to determine sex, and from any other source the ICO has in place to collect this information. This includes care management records, assessments, and other documents. Measures were by male and female and do not include any references to unknown or alternative options for sex classification at this time.

In this report, the rates for male and female were declared significantly different if their 95% confidence intervals (CIs) did not overlap, and significantly the same if their CIs overlap. The 95% confidence intervals were calculated using the following formula:

$$p \pm 1.96 * \sqrt{p(1-p)/n}$$

p = proportion of the eligible population (denominator) who received the service (numerator)
n= number of people in the eligible population (denominator)

Data were considered insufficient for analysis, and results were suppressed if: the numerator (those who received services) was less than 5 and/or the denominator (the population under consideration) was less than 30. Please note on all graphs, only those categories fulfilling the above requirements will appear. Further, we recommend exercising caution when interpreting results with denominators less than 100.

Trends Across Years

From 2021 to 2022, for the Black/African American population, two measures improved, moving to better and no difference than the white reference population. It is still evident that the Black/African American population experiences significantly more disparities than any other population, followed by Hispanic, Other, and Asian populations. Overall, all populations have one to two measures that are performing better than the White reference population, with a decrease of one for most populations, aside from the Other group. There was an increase in No Difference from the reference group for the Asian and Native Hawaiian or Other Pacific Islander populations.

Across the last five years of this study, disparities continue to exist, however, they have become smaller for most measures. This is evidenced by the rates moving closer together over the years, particularly for 2022. Some measurements, such as CBP, EED, FUH, PCR65+, and ADV, continue to show some larger gaps, indicating that disparities are still present.

Table 5. Between 2021 and 2022, did the number of disparities for selected ethnic and racial groups get better or worse compared to the white reference population?

Race/ Ethnicity	Black/African American		American Indian/ Alaskan Native		Asian		Native Hawaiian or Other Pacific Islander		Hispanic		Other	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
Better	1	2	1	1	2	1	1	0	3	2	0	2
Worse	15	13	2	2	9	6	2	1	5	8	7	8
No Difference	0	1	7	5	2	5	0	2	5	3	5	4
Total* Measures Available	16	16	10	8	13	12	3	3	13	13	12	14

*Total Measures Available differs for racial/ethnic groups and by year depending on the number of people in the program and how many qualify for each measure.

Figure 2. Adult Access to Care 20-44 for all ICOs 2017-2022

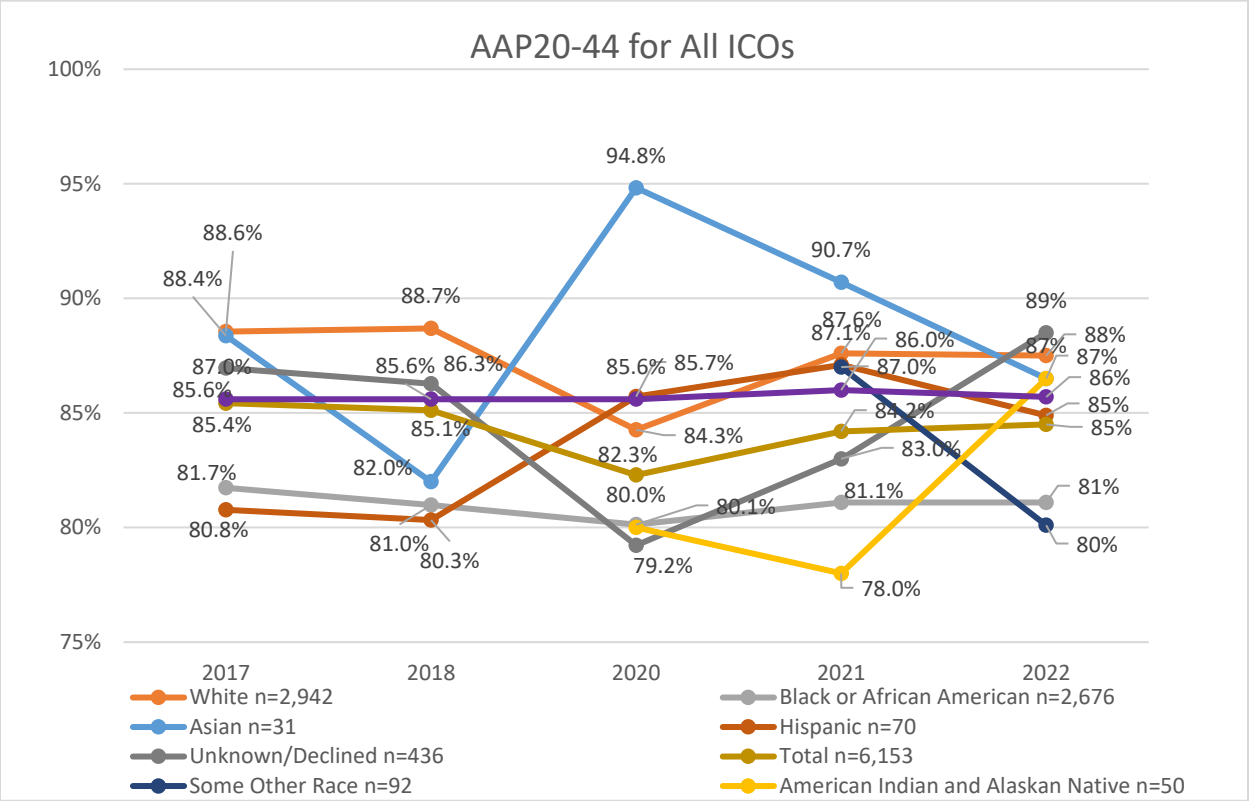


Figure 3. Adult Access to Care 45-64 for all ICOs 2017-2022

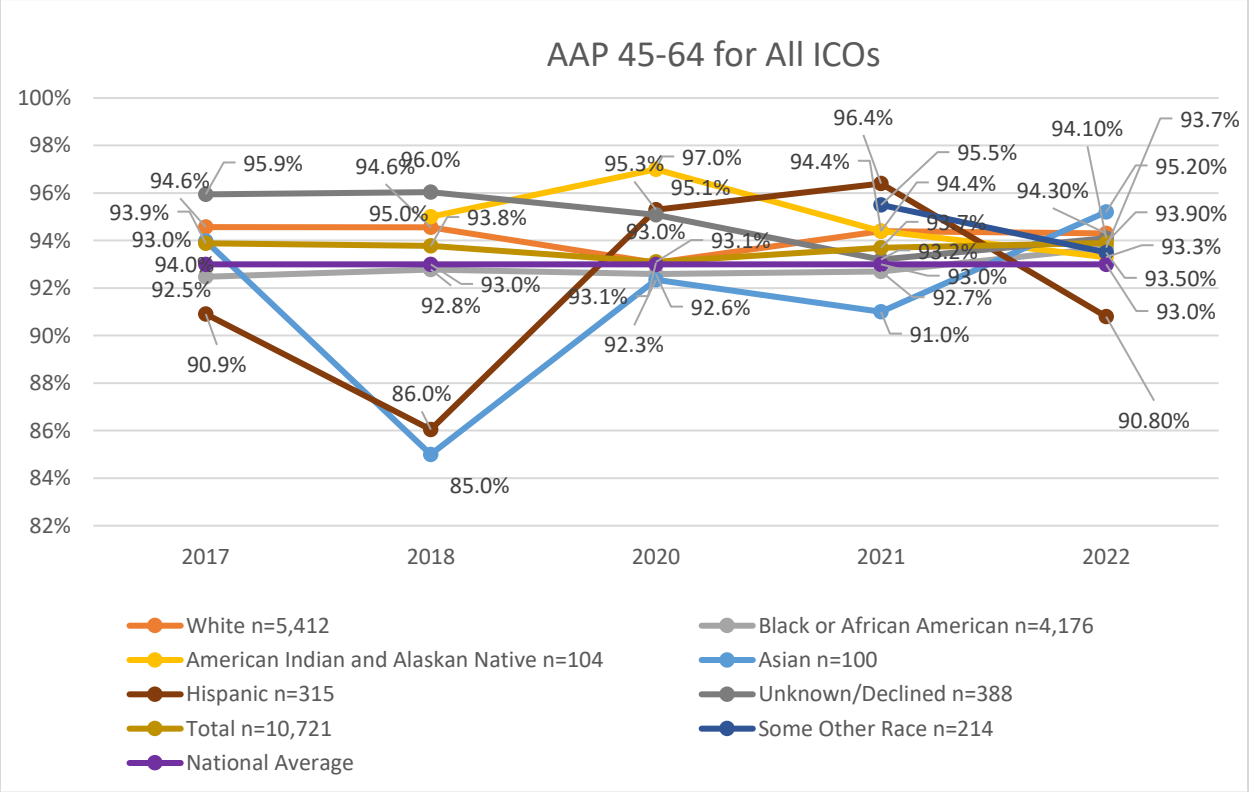


Figure 4. Adult Access to Care 65+ for all ICOs 2017-2022

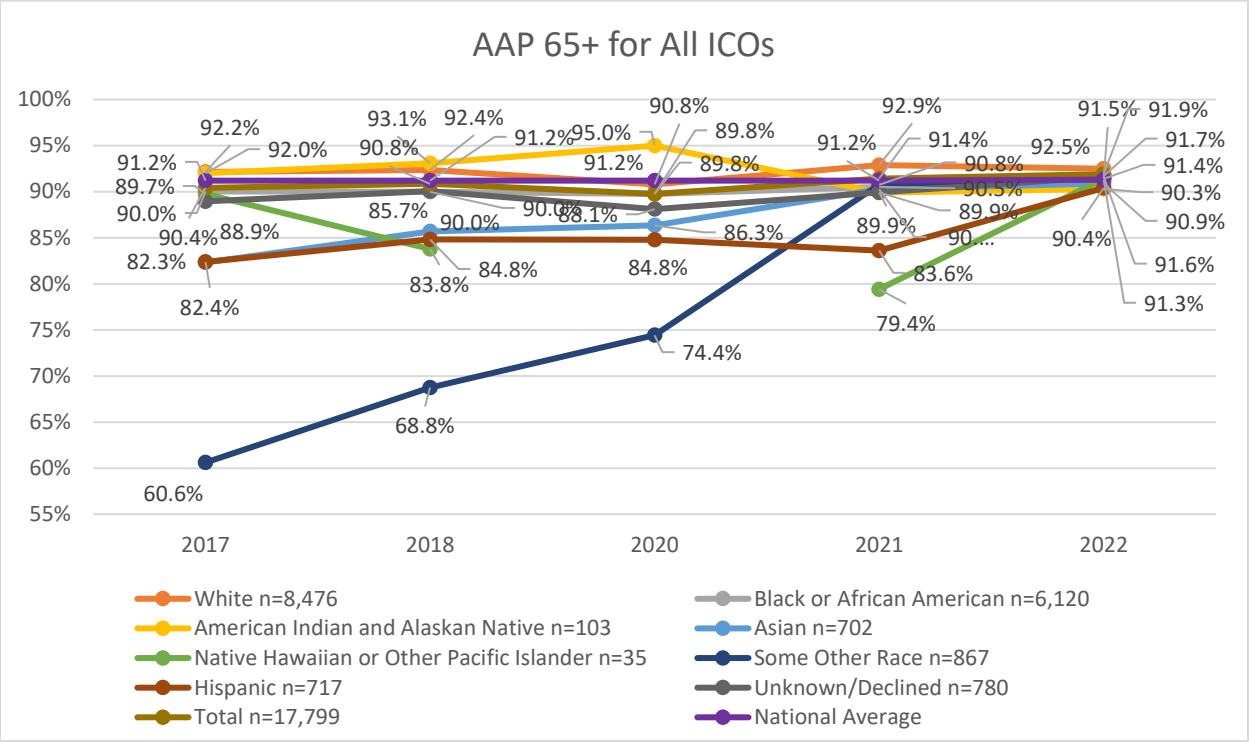


Figure 5. Adult Access to Care Total for all ICOs 2017-2022

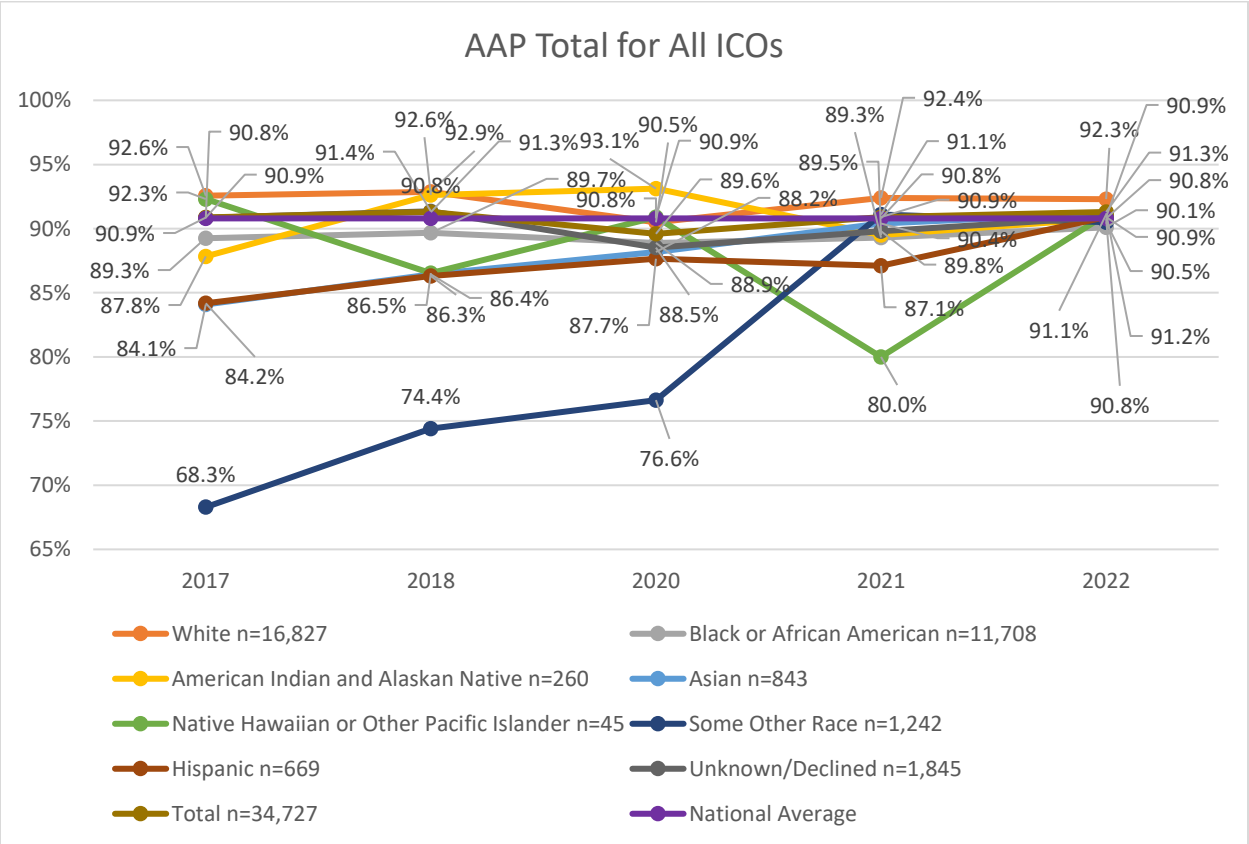


Figure 6. Antidepression Medication Management-Acute Phase Treatment for all ICOs 2017-2022

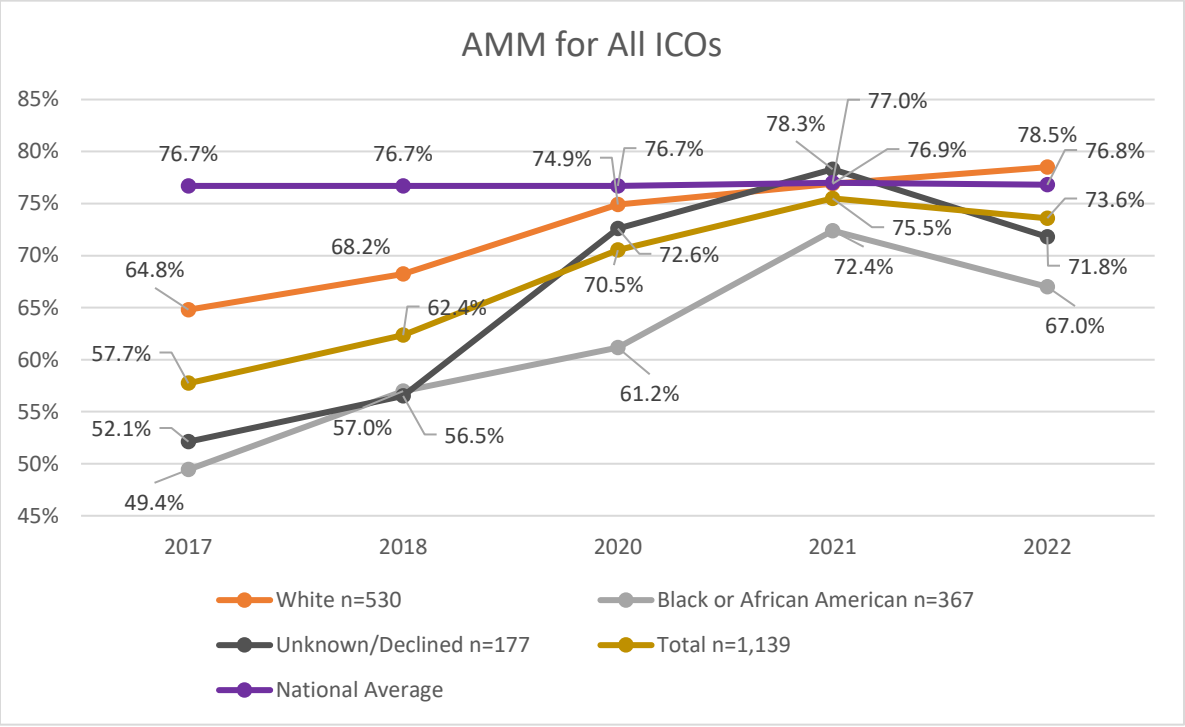


Figure 7. Breast Cancer Screenings for all ICOs 2017-2022

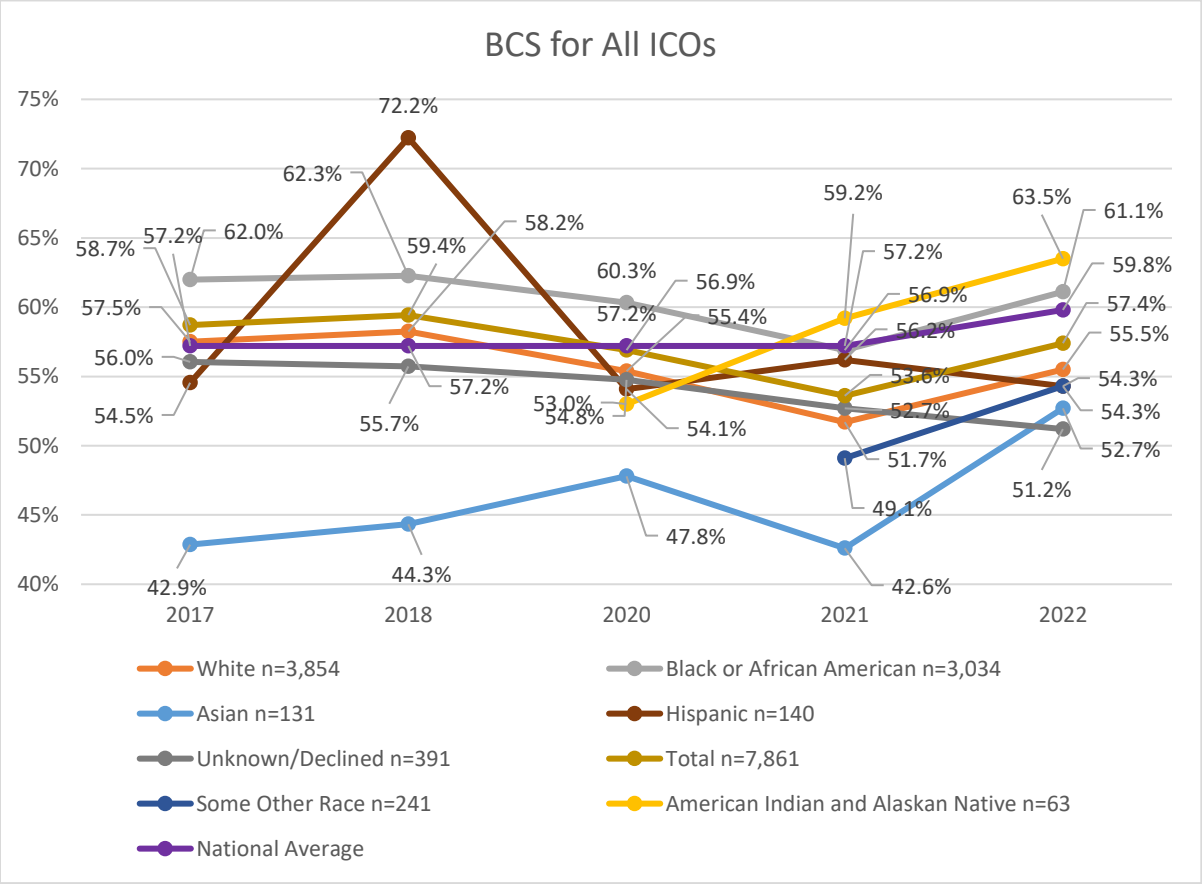


Figure 8. Controlling High Blood pressure for all ICOs 2017-2022

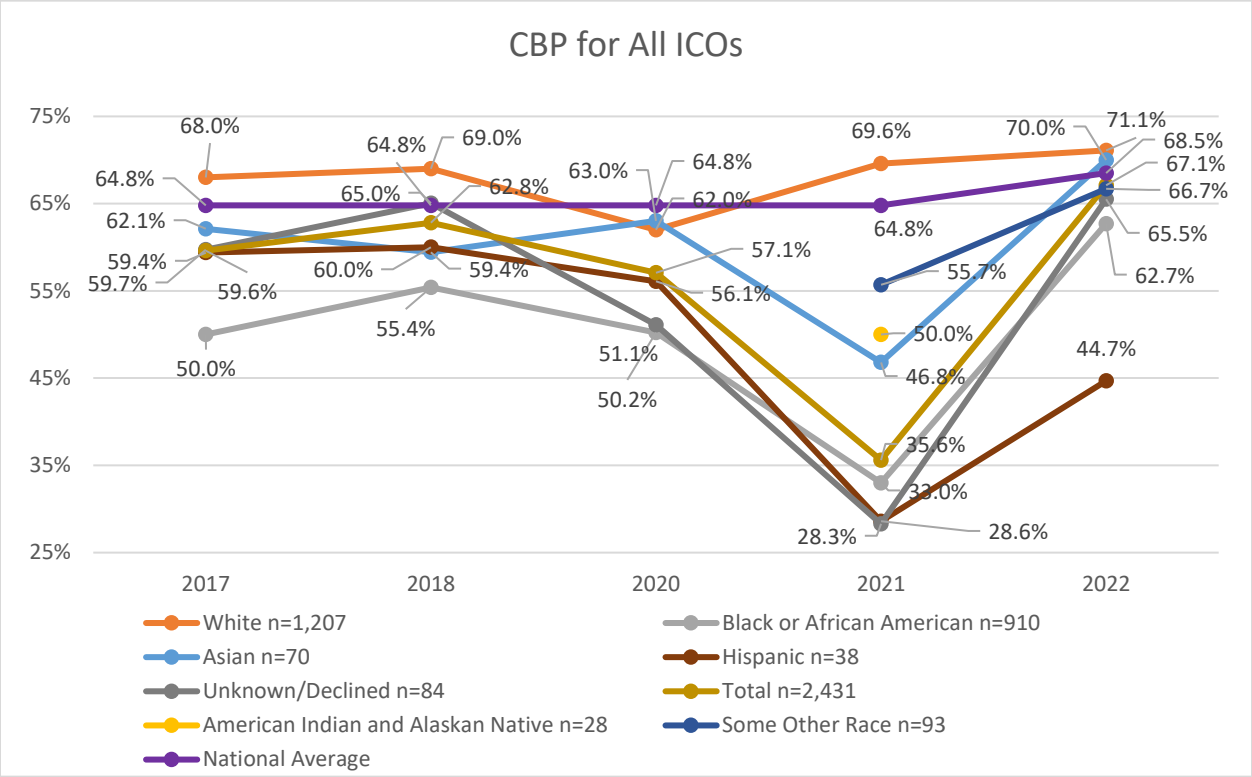


Figure 9. Eye Exam for Patients with Diabetes for all ICOs 2017-2022

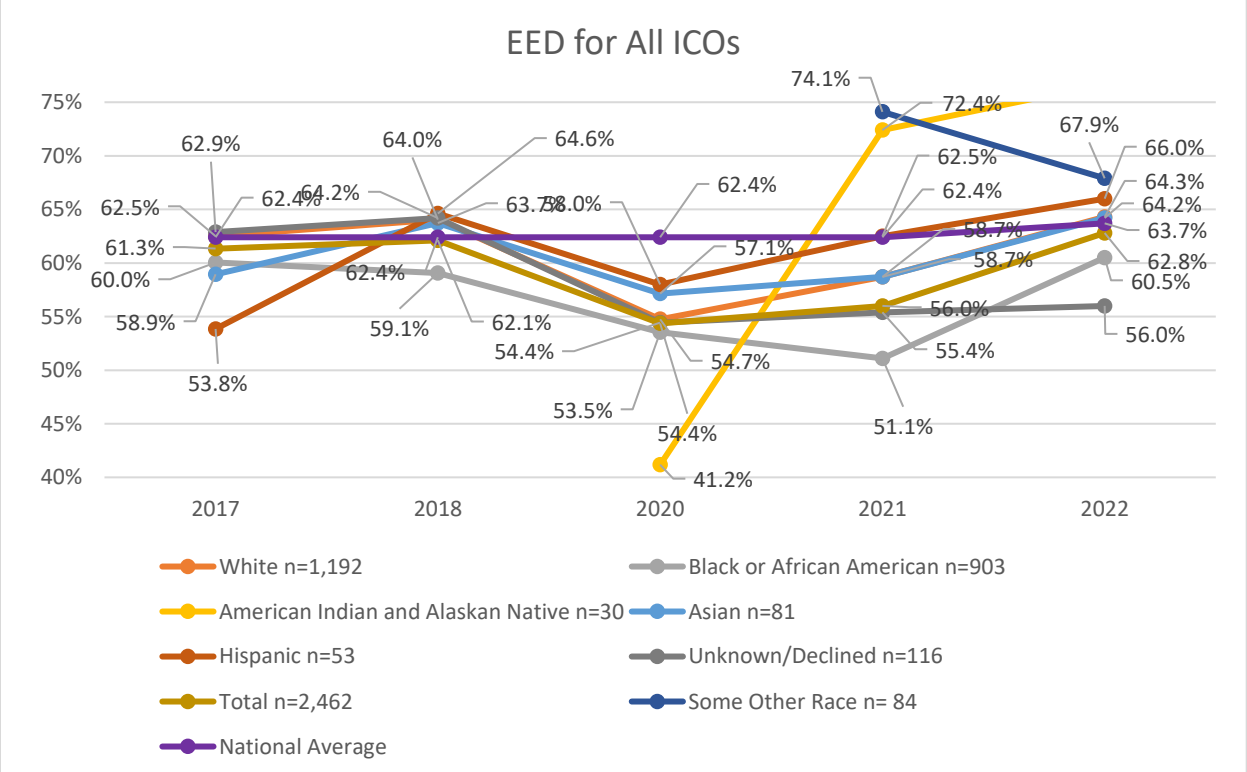


Figure 10. Comprehensive Diabetes Care HbA1c Control <8% for all ICOs 2017-2022

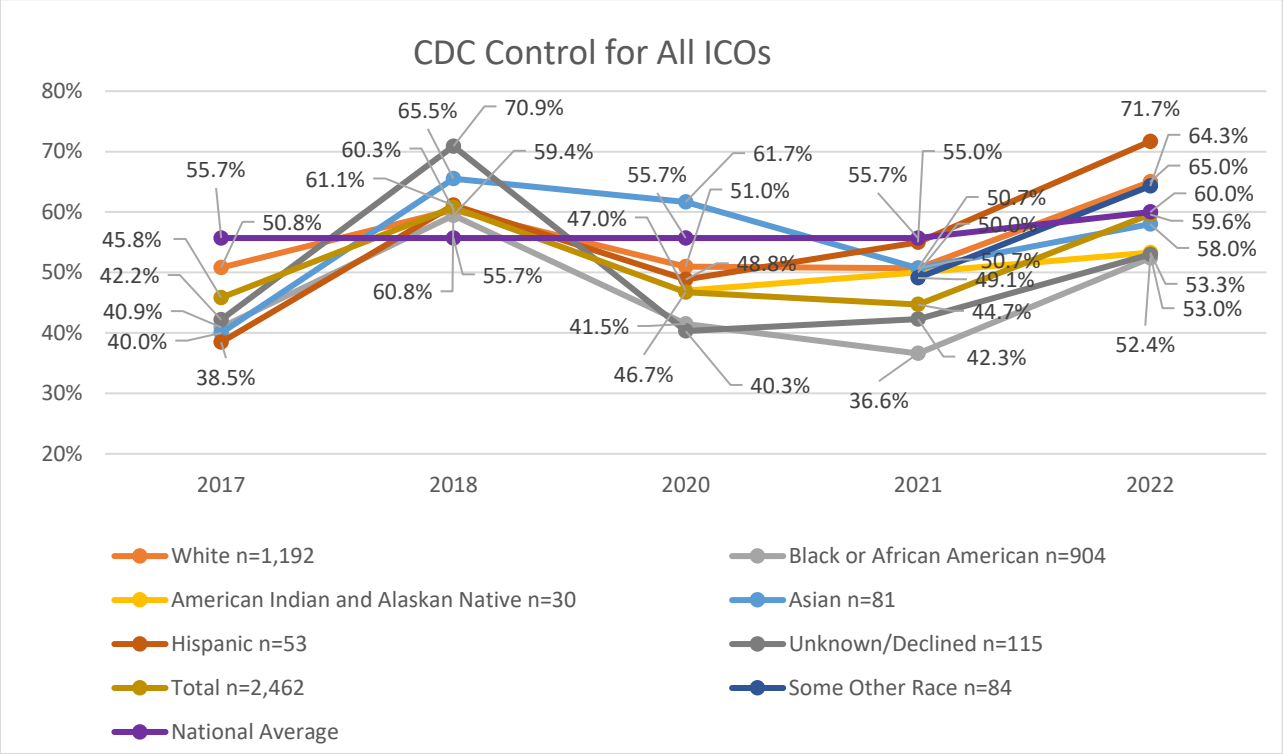


Figure 11. Comprehensive Diabetes Care- Poor HbA1c Control for all ICOs 2017-2022

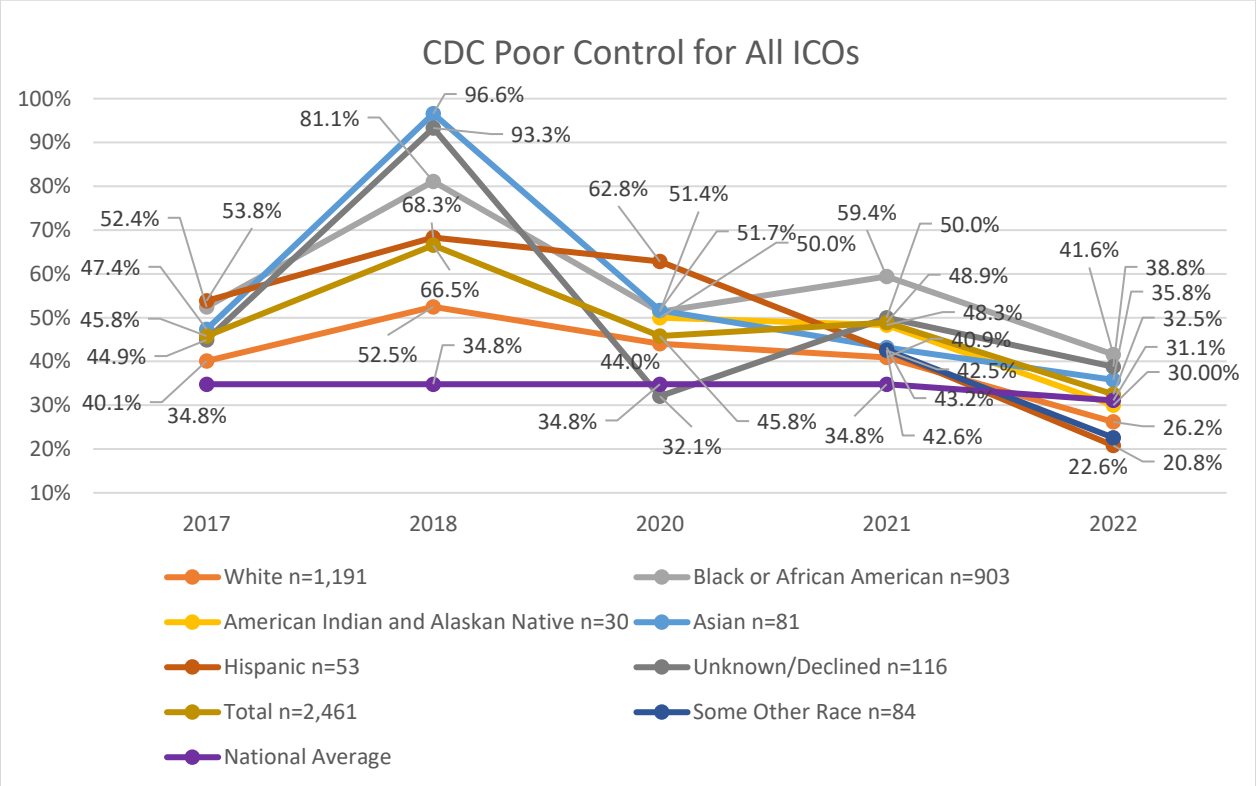


Figure 12. Colorectal Cancer Screening for all ICOs 2017-2022

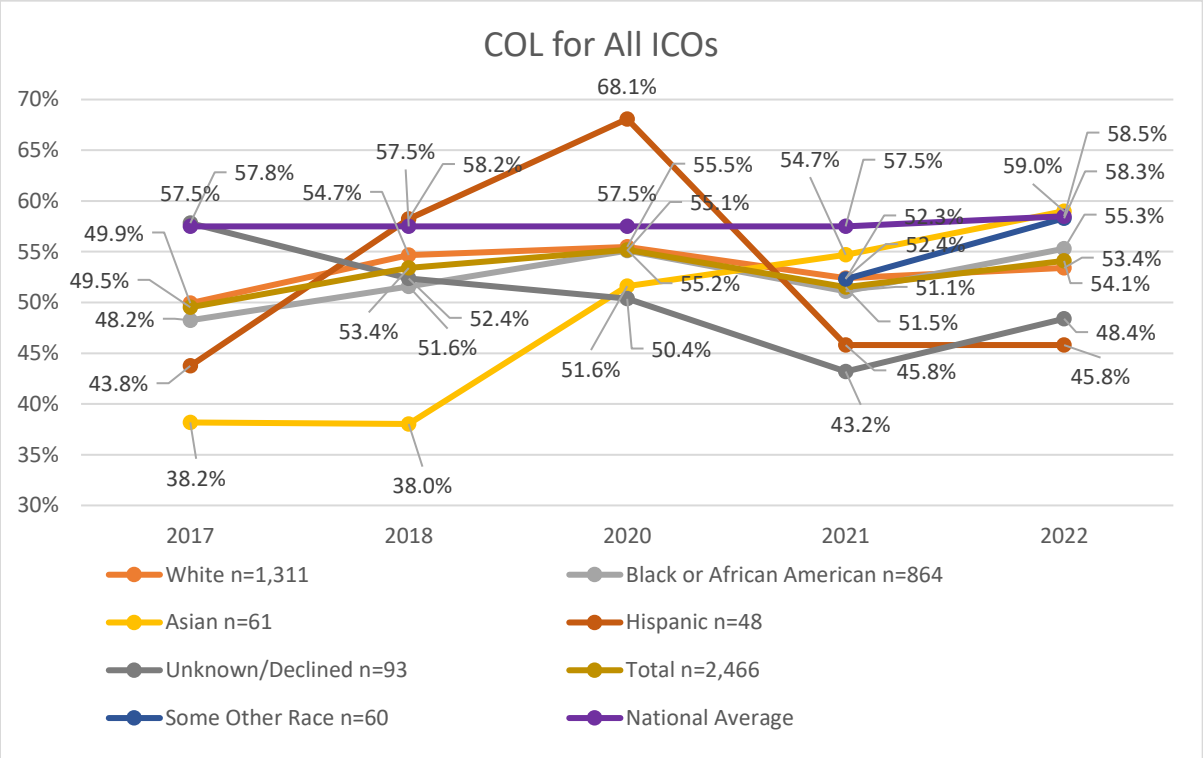


Figure 13. Follow Up After Hospitalization for Mental Illness within 30 Days for all ICOs 2017-2022

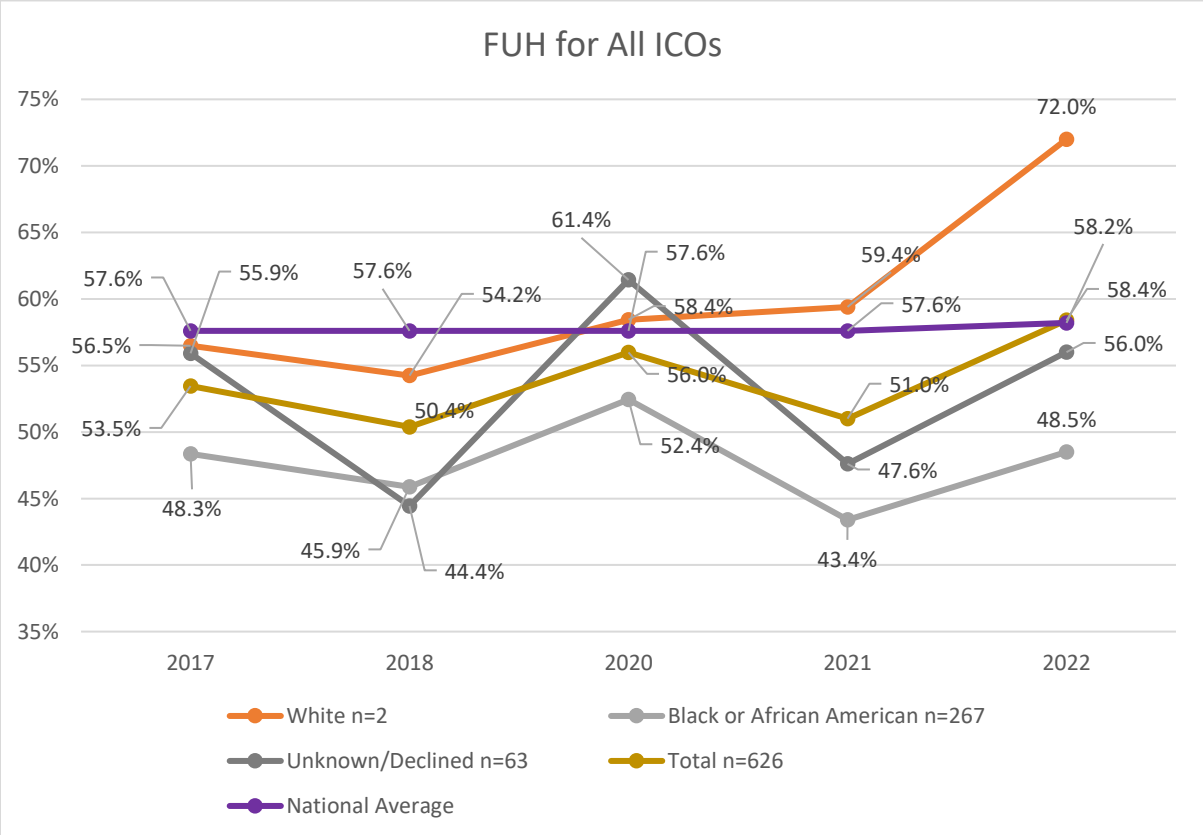


Figure 14. Plan All-Cause Readmission- Observed Readmissions 18-64 for all ICOs 2017-2022

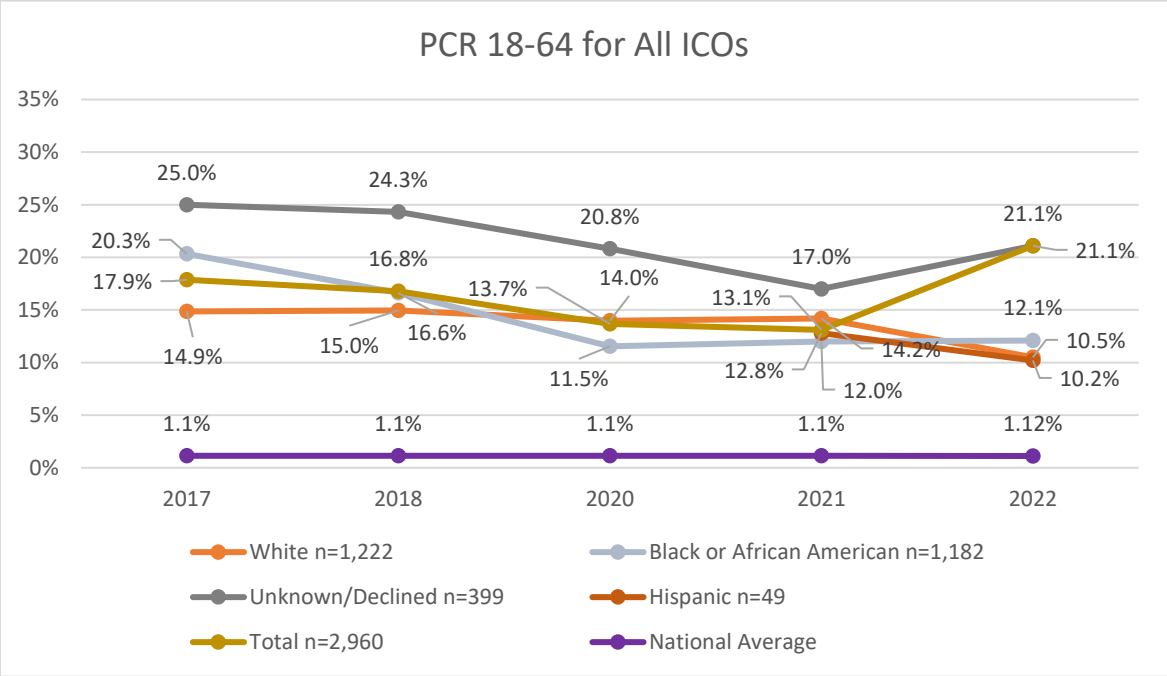
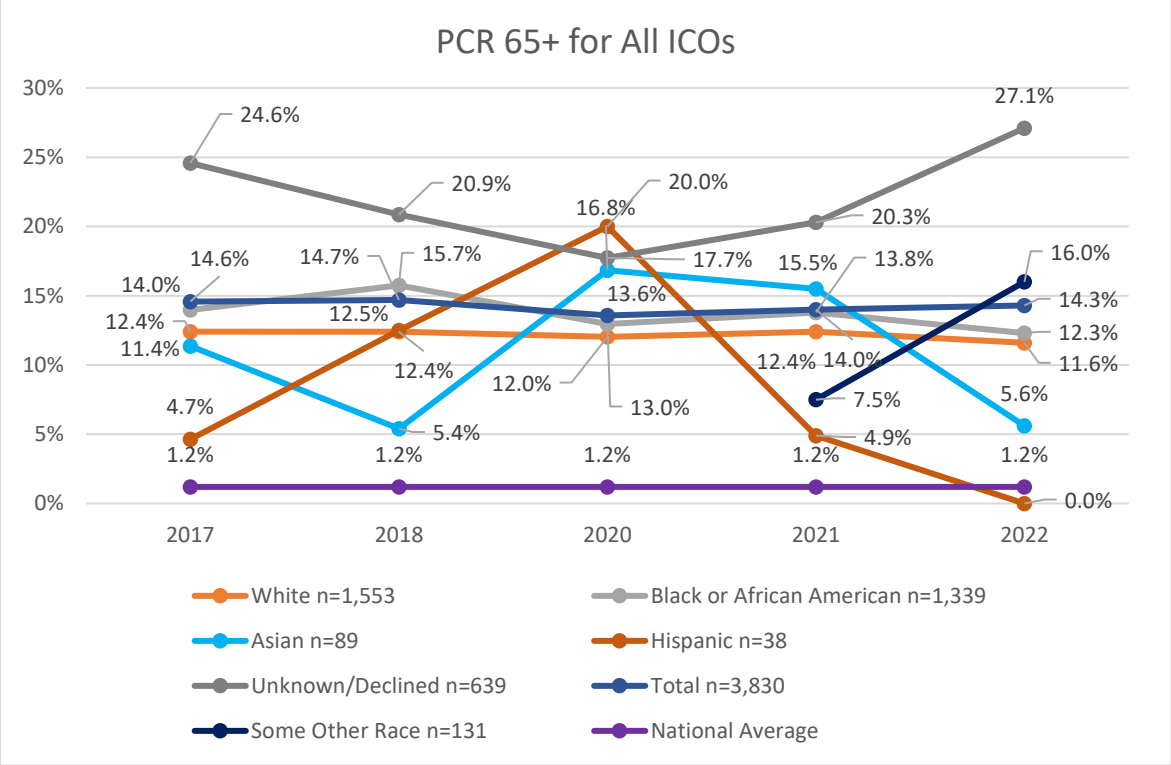


Figure 15. Plan All-Cause Readmission-Observed Readmissions 65+ for all ICOs 2017-2022



* Indicates small numerator, unable to report further.

Figure 16. Transitions of Care- Medication Reconciliation Post-Discharge for all ICOs 2017-2022

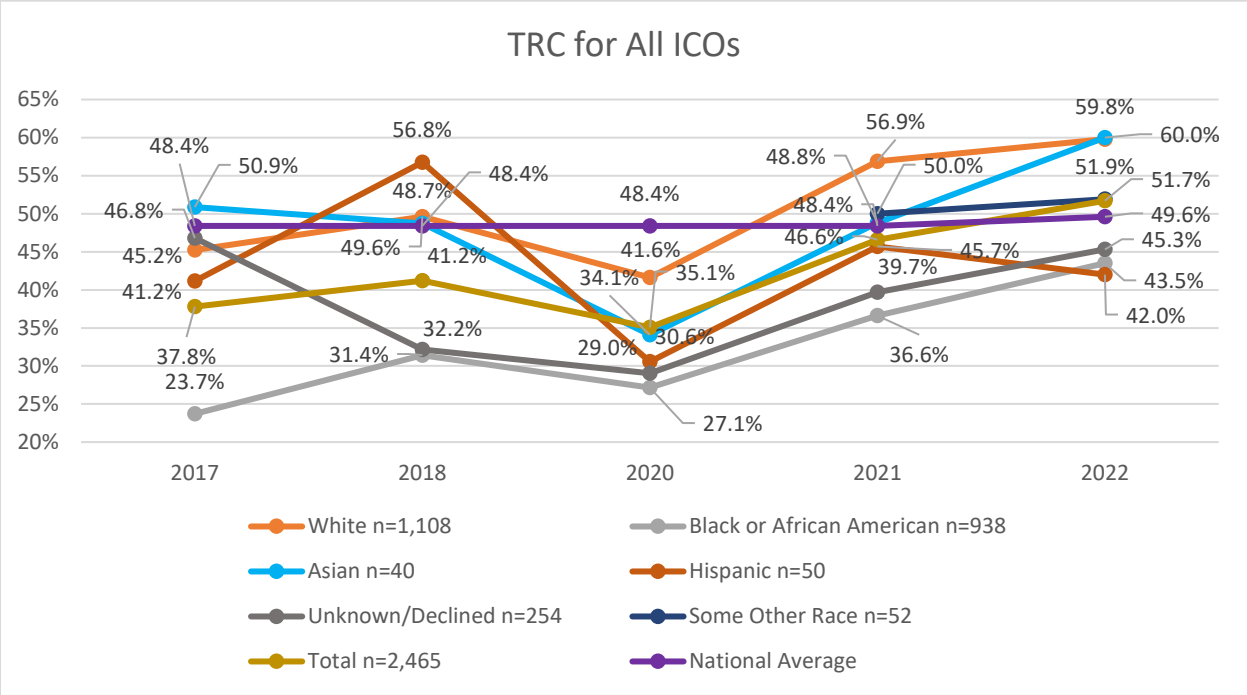


Figure 17. Annual Dental Visit for all ICOs 2017-2022

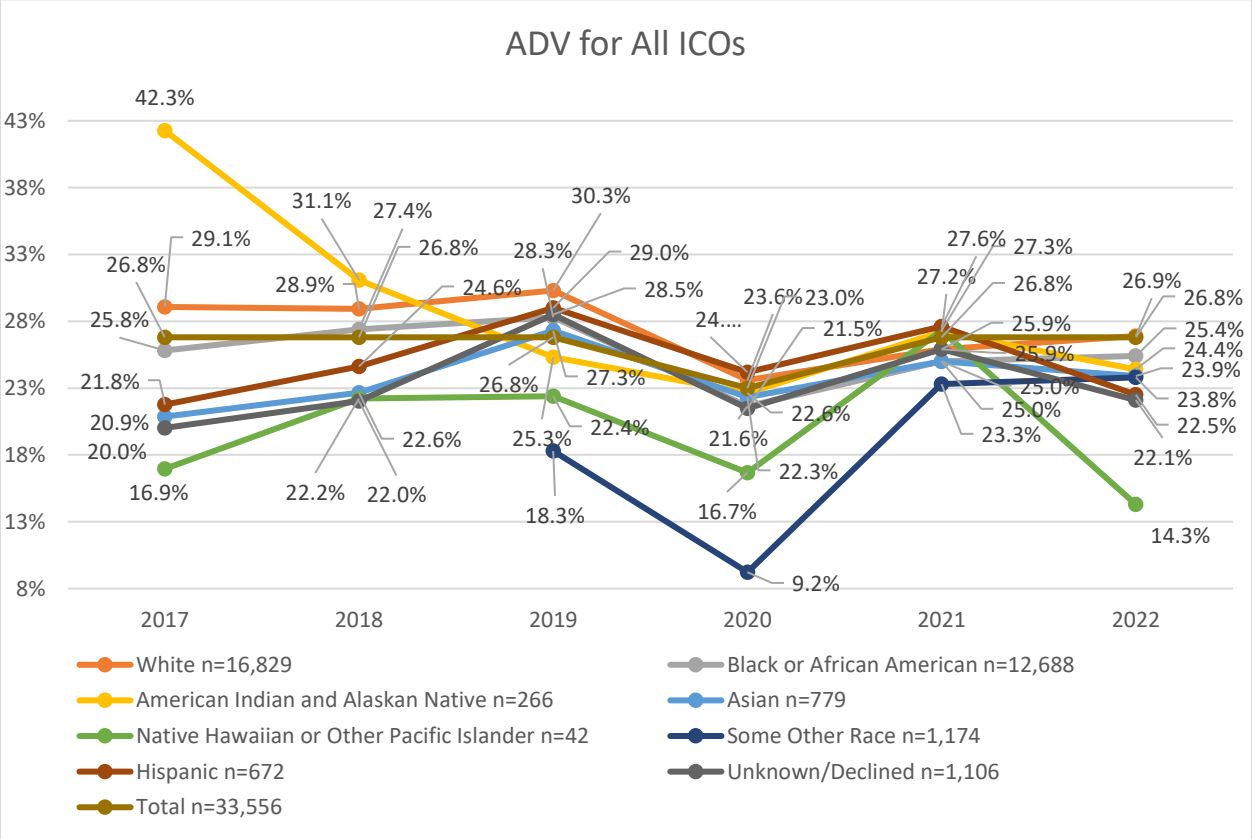


Table 6. White Rates 2017-2022

Measure	2017	2018	2020	2021	2022
AAP2044	88.6%	88.7%	84.3%	87.6%	87.5%
AAP4564	92.6%	94.6%	93.1%	94.4%	94.3%
AAP65+	92.2%	92.4%	90.8%	92.9%	92.5%
AAPTOT	92.6%	92.9%	90.5%	92.4%	92.3%
AMM	64.8%	68.2%	74.9%	76.9%	78.5%
BCS	57.5%	58.2%	55.4%	51.7%	55.5%
CBP	69.6%	69.6%	69.6%	69.6%	62.1%
EED	62.5%	64.0%	54.7%	58.7%	64.3%
CDCControl	50.8%	47.9%	51.0%	50.7%	65.0%
CDCPoorControl	40.1%	52.5%	44.0%	40.9%	26.2%
COL	49.9%	54.7%	55.5%	52.4%	53.4%
FUH	56.5%	54.2%	58.4%	59.4%	72.0%
PCR1864	14.9%	15.0%	14.0%	14.2%	10.5%
PCR65+	12.4%	12.4%	12.0%	12.4%	11.6%
TRC	45.2%	49.6%	41.6%	56.9%	59.8%
ADV	29.1%	28.9%	23.6%	25.9%	26.9%

Table 7. Black/African American Rates 2017-2022

Measure	2017	2018	2020	2021	2022
AAP2044	81.7%	81.0%	80.1%	81.1%	81.1%
AAP4564	92.5%	92.8%	92.6%	92.7%	93.7%
AAP65+	90.0%	90.0%	89.8%	90.5%	91.5%
AAPTOT	89.3%	89.7%	88.9%	89.3%	90.1%
AMM	49.4%	57.0%	61.2%	72.4%	67.0%
BCS	62.0%	62.3%	60.3%	56.9%	61.1%
CBP	50.0%	55.4%	50.2%	33.0%	62.7%
EED	60.0%	59.1%	53.5%	51.7%	60.5%
CDCControl	40.9%	39.6%	41.5%	36.6%	52.4%
CDCPoorControl	52.4%	81.1%	51.4%	59.4%	41.6%
COL	48.2%	51.6%	55.1%	51.1%	55.3%
FUH	48.3%	45.9%	52.4%	43.4%	48.5%
PCR1864	20.3%	16.6%	11.5%	12.0%	12.1%
PCR65+	14.0%	15.7%	13.0%	13.8%	12.3%
TRC	23.7%	31.4%	27.1%	36.6%	43.5%
ADV	25.8%	27.4%	21.6%	25.0%	25.4%

Table 8. American Indian/Alaskan Native Rates 2017-2022

Measure	2017	2018	2020	2021	2022
AAP2044	--	--	80.0%	78.0%	86.5%
AAP4564	--	95.8%	97.8%	94.4%	93.3%
AAP65+	--	--	95.1%	89.9%	90.3%
AAPTOT	87.8%	92.6%	93.1%	89.5%	90.8%
AMM	--	--	--	--	--
BCS	--	--	53.0%	59.2%	63.5%
CBP	--	--	--	50.0%	--
EED	--	--	41.2%	72.4%	76.7%
CDCControl	--	--	47.1%	50.0%	53.3%
CDCPoorControl	--	--	50.0%	48.3%	30.00%
COL	--	--	--	--	--
FUH	--	--	--	--	--
PCR1864	--	--	--	--	--
PCR65+	--	--	--	--	--
TRC	--	--	--	--	--
ADV	42.3%	31.1%	22.6%	27.2%	24.4%

-- = Not available due to small number

Table 9. Asian Rates 2017-2022

Measure	2017	2018	2020	2021	2022
AAP2044	88.4%	81.8%	94.8%	90.7%	86.5%
AAP4564	94.0%	85.0%	92.3%	91.0%	95.2%
AAP65+	82.3%	85.7%	86.3%	90.3%	90.9%
AAPTOT	84.1%	86.4%	88.2%	90.4%	91.2%
AMM	--	--	--	--	--
BCS	42.9%	44.3%	47.8%	42.6%	52.7%
CBP	62.1%	59.4%	63.0%	46.8%	70.0%
EED	58.9%	63.7%	57.1%	58.7%	64.2%
CDCControl	40.0%	37.3%	61.7%	50.7%	58.0%
CDCPoorControl	47.4%	96.6%	51.7%	43.2%	35.8%
COL	38.2%	38.0%	51.6%	54.7%	59.0%
FUH	--	--	--	--	--
PCR1864	--	--	--	--	--
PCR65+	11.4%	--	16.8%	15.5%	5.6%
TRC	50.9%	48.7%	34.1%	48.8%	60.0%
ADV	20.9%	22.6%	22.3%	25.0%	23.9%

-- = Not available due to small number

Table 10. Native Hawaiian/Other Pacific Islander Rates 2017-2022

Measure	2017	2018	2020	2021	2022
AAP2044	--	--	--	--	--
AAP4564	--	--	--	--	--
AAP65+	89.7%	83.8%	--	79.4%	91.4%
AAPTOT	92.3%	86.5%	90.9%	80.0%	91.1%
AMM	--	--	--	--	
BCS	--	--	--	--	--
CBP	--	--	--	--	--
EED	--	--	--	--	--
CDCControl	--	--	--	--	--
CDCPoorControl	--	--	--	--	--
COL	--	--	--	--	--
FUH	--	--	--	--	--
PCR1864	--	--	--	--	--
PCR65+	--	--	--	--	--
TRC	--	--	--	--	--
ADV	16.9%	22.2%	16.7%	27.3%	14.3%

-- = Not available due to small number

Table 11. Some Other Race Rates 2017-2022

Measure	2017	2018	2020	2021	2022
AAP2044	--	--	--	87.0%	80.1%
AAP4564	--	--	--	95.5%	93.50%
AAP65+	60.6%	68.8%	74.4%	90.8%	91.7%
AAPTOT	68.3%	74.4%	76.6%	91.1%	90.5%
AMM	--	--	--	--	--
BCS	--	--	--	49.1%	54.3%
CBP	--	--	--	55.7%	66.7%
EED	--	--	--	74.1%	67.9%
CDCControl	--	--	--	49.1%	64.3%
CDCPoorControl	--	--	--	42.6%	22.6%
COL	--	--	--	52.3%	58.3%
FUH	--	--	--	--	--
PCR1864	--	--	--	--	--
PCR65+	--	--	--	--	16.0%
TRC	--	--	--	50.0%	51.9%
ADV	--	--	9.2%	23.3%	23.8%

-- = Not available due to small number

Table 12. Hispanic Rates 2017-2022

Measure	2017	2018	2020	2021	2022
AAP2044	80.8%	80.3%	85.7%	87.1%	84.9%
AAP4564	90.9%	86%	95.3%	96.4%	90.8%
AAP65+	82.4%	84.8%	84.8%	83.6%	90.4%
AAPTOT	84.2%	86.3%	87.7%	87.1%	90.9%
AMM	--	--	--	--	--
BCS	66%	72.2%	54.1%	56.2%	54.3%
CBP	59.4%	60%	56.1%	28.6%	44.7%
EED	53.8%	64.6%	58%	62.5%	66.0%
CDCControl	38.5%	33.8%	48.8%	55.0%	71.7%
CDCPoorControl	53.8%	68.3%	62.8%	42.5%	22.6%
COL	43.8%	58.2%	68.1%	45.8%	45.8%
FUH	--	--	--	--	--
PCR1864	--	--	--	12.8%	10.2%
PCR65+	--	12.5%	20%	--	0.0%
TRC	41.2%	56.8%	30.6%	45.7%	42.0%
ADV	21.8%	24.6%	24.2%	27.6%	22.5%

-- = Not available due to small number

Table 13. Total Rates 2017-2022

Measure	2017	2018	2020	2021	2022
AAP2044	85.4%	85.1%	82.3%	84.2%	84.5%
AAP4564	93.9%	93.8%	93.1%	93.7%	93.9%
AAP65+	90.4%	90.8%	89.8%	91.4%	91.9%
AAPTOT	90.9%	91.3%	89.6%	90.9%	91.3%
AMM	57.7%	62.4%	70.5%	75.5%	73.6%
BCS	58.7%	59.4%	56.9%	53.6%	57.4%
CBP	59.6%	62.8%	57.1%	35.6%	67.1%
EED	61.3%	62.1%	54.4%	56.0%	62.8%
CDCControl	45.8%	43.6%	46.7%	44.7%	59.6%
CDCPoorControl	45.8%	66.5%	45.8%	48.9%	32.5%
COL	49.5%	53.4%	55.2%	51.5%	54.1%
FUH	53.5%	50.4%	56.0%	51.0%	58.4%
PCR1864	17.9%	16.8%	13.7%	13.1%	12.4%
PCR65+	14.6%	14.7%	13.6%	14.0%	14.3%
TRC	37.8%	41.2%	35.1%	46.6%	51.7%
ADV	26.8%	26.8%	26.8%	26.8%	26.8%

2022 Results

When examining the data for 2022, there are significant disparities present between the white reference population and that of the Black/African American, Asian, and Hispanic populations. There are a total of 38 measures in which the quality of care is better for the white reference population. It should be noted that there are 7 instances in which quality of care is better for the racial/ethnic subpopulation indicating there is no disparity present. Additionally, there are 20 instances in which there is no statistical difference between the rates in the white reference population and that of the comparison populations.

Table 14. 2022 Summary Table- Difference from Reference (White)

Race/Ethnicity	White	Black/African American	American Indian/Alaskan Native	Asian	Native Hawaiian/Other Pacific Islander	Other	Hispanic
AAP2044	Reference	Below	--	--	--	Below	--
AAP4564	Reference	NS	NS	NS	--	NS	Below
AAP65+	Reference	Below	NS	Below	NS	NS	Below
AAPTOT	Reference	Below	NS	Below	NS	Below	NS
AMM	Reference	Below	--	--	--	--	--
BCS	Reference	Above	NS	Below	--	Above	Below
CBP	Reference	Below	--	NS	--	Below	Below
EED	Reference	Below	NS	NS	--	NS	NS
CDCControl	Reference	Below	Below	Below	--	Below	NS
CDCPoorControl	Reference	Above*	--	Above*	--	Above*	Above*
COL	Reference	Above	--	NS	--	NS	Below
FUH	Reference	Below	--	--	--	--	--
PCR1864	Reference	Above*	--	--	--	Below*	Below*
PCR65+	Reference	Above*	Below*	Below*	--	Above*	Below*
TRC	Reference	Below	--	NS	--	Below	Below
ADV	Reference	Below	Below	Below	Below	Below	Below

Above = Rate is significantly higher than the reference
Below= Rate is significantly lower than the reference
NS= Not significantly different from the reference
-- = Not available due to small number
*Please note, for CDCPoorControl lower performance on this measure is seen as more favorable, as it indicates the number of people who are not “in control” of their diabetes management. For PCR1864, and PCR65+ lower performance on these measures is seen as more favorable, as it indicates less unplanned acute readmission for any diagnosis within 30 days after discharge

Table 15. 2022 Summary Table- Statistical Difference Between Groups (Male/Female)

Measure	Statewide Total	Male	Female
AAP2044	84.8%	79.5%	90.9%
AAP4564	93.9%	91.4%	95.9%
AAP65+	91.9%	88.8%	94.0%
AAPTOT	91.2%	87.5%	94.1%
AMM	73.5%	70.5%	74.9%
BCS	57.5%	--	57.5%
CBP	67.1%	63.4%	69.9%
EED	62.8%	56.9%	67.1%
CDCControl	59.6%	54.1%	63.7%
CDCPoorControl	32.5%	36.7%	29.5%
COL	54.1%	48.4%	58.2%
FUH	58.6%	61.4%	56.6%
PCR1864	12.4%	11.4%	13.2%
PCR65+	14.2%	15.1%	13.7%
TRC	51.7%	50.1%	52.9%
ADV	25.8%	24.6%	26.9%

Green Text = Rate is significantly different from one another
Black Text= Not significantly different from one another
-- = Not available due to small number

Adult Access to Care 20-44

Table 16. Adult Access to Care 20-44 by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	2,575	2,942	87.5%	Ref	Ref	Ref
Black/African American	2,171	2,676	81.1%	-6.40%	0.93	Below
American Indian/Alaskan Native	45	52	86.5%	-1.0%	0.99	NS
Asian	31	36	86.1%	-1.4%	0.98	NS
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	129	161	80.1%	-0.67%	0.92	Below
Hispanic	141	166	80.1%	-7.4%	0.92	Below
Unknown/Declined	123	139	88.5%	1%	1.01	NS
Total	4,875	5,779	84.4%	-3.44%	0.96	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 17. Adult Access to Care 20-44 by Race/Ethnicity, 2022

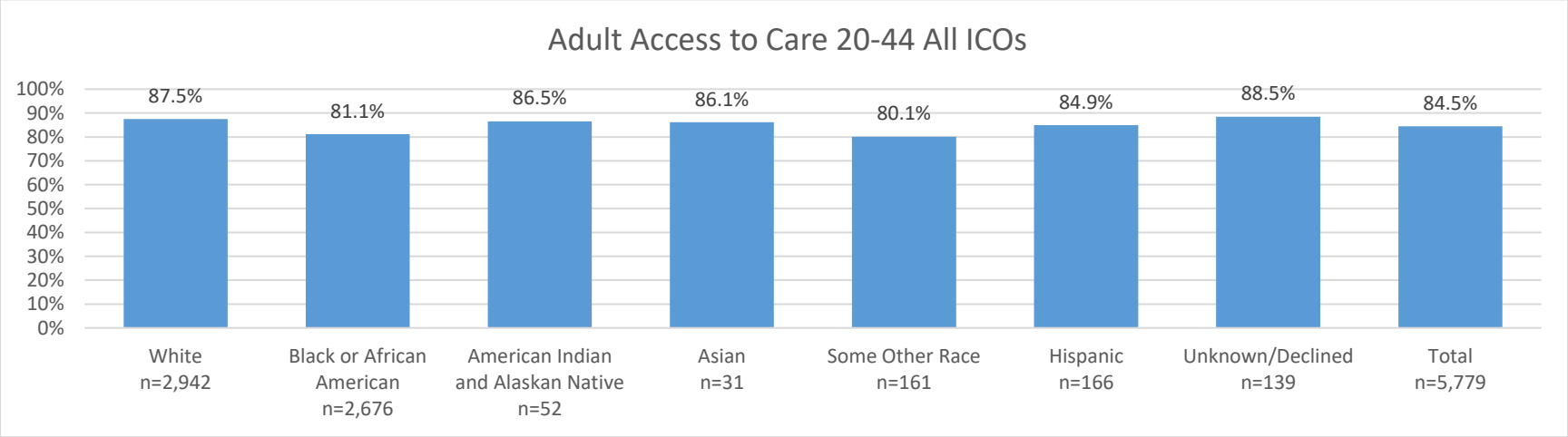
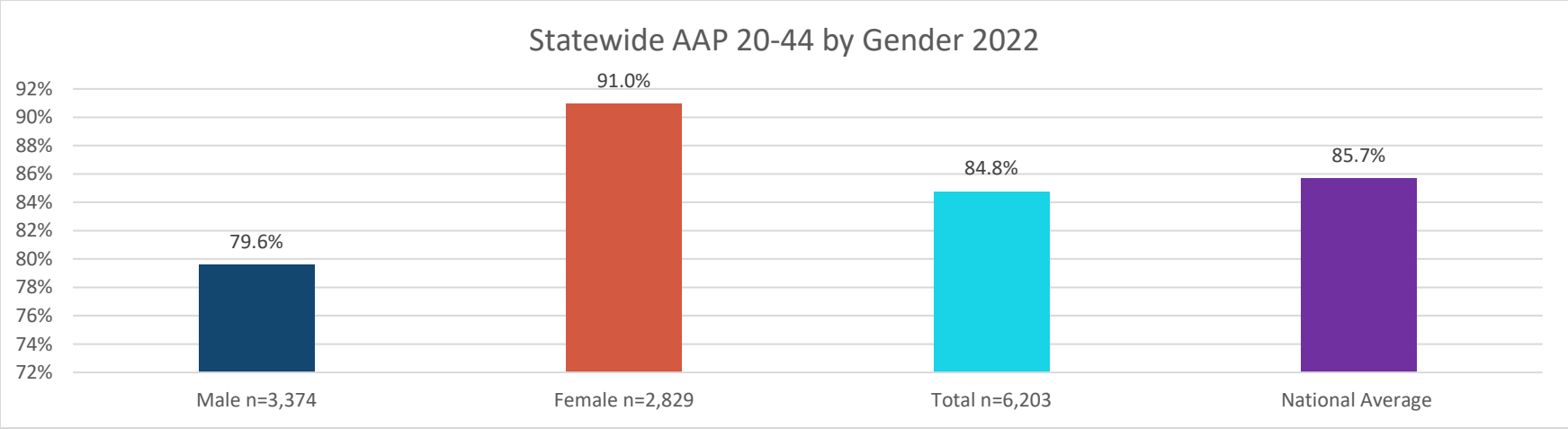


Table 17. Adult Access to Care 20-44 by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	2,685	3,374	79.58%	-5.19%	0.94
Female*	2,573	2,829	90.95%	6.19%	1.07
Total	5,258	6,203	84.77%	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female; *=significantly higher than male/ or female

Figure 18. Adult Access to Care 20-44 by Sex, 2022



Adult Access to Care 45-64

Table 18. Adult Access to Care 45-64 by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	5,101	5,412	94.3%	Ref	Ref	Ref
Black/African American	3,914	4,176	93.7%	-0.53%	0.99	NS
American Indian/Alaskan Native	97	104	93.3%	-0.98%	0.98	NS
Asian	100	105	95.2%	0.98%	1.01	NS
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	200	214	93.5%	-0.80%	0.99	NS
Hispanic	286	315	90.8%	-3.46%	0.96	Below
Unknown/Declined	365	388	94.1%	-0.18%	0.99	NS
Total	10,070	10,721	93.9%	-0.33%	0.99	NS

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 19. Adult Access to Care 45-64 by Race/Ethnicity, 2022

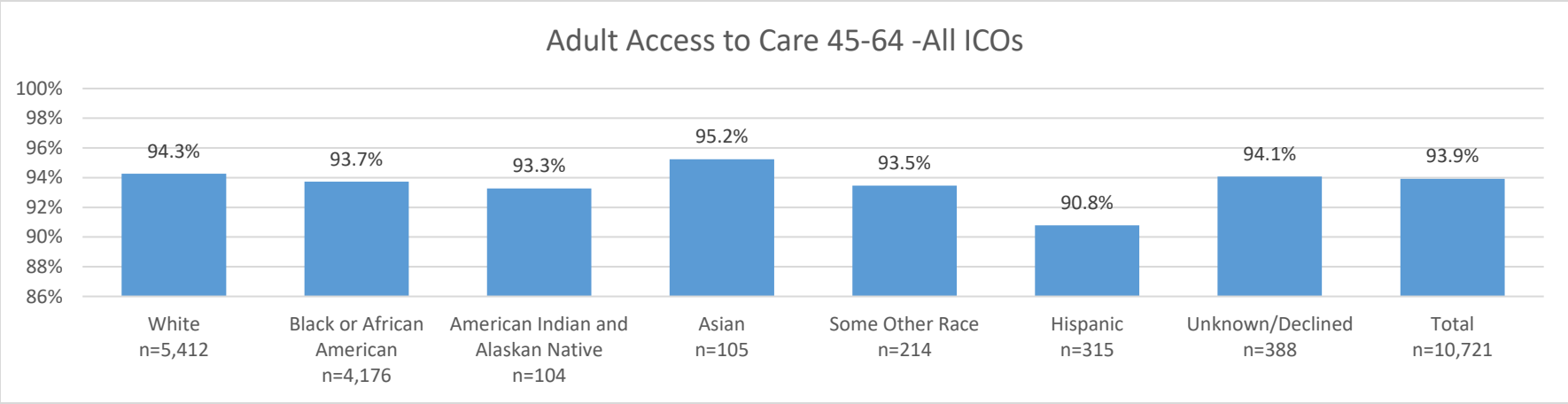
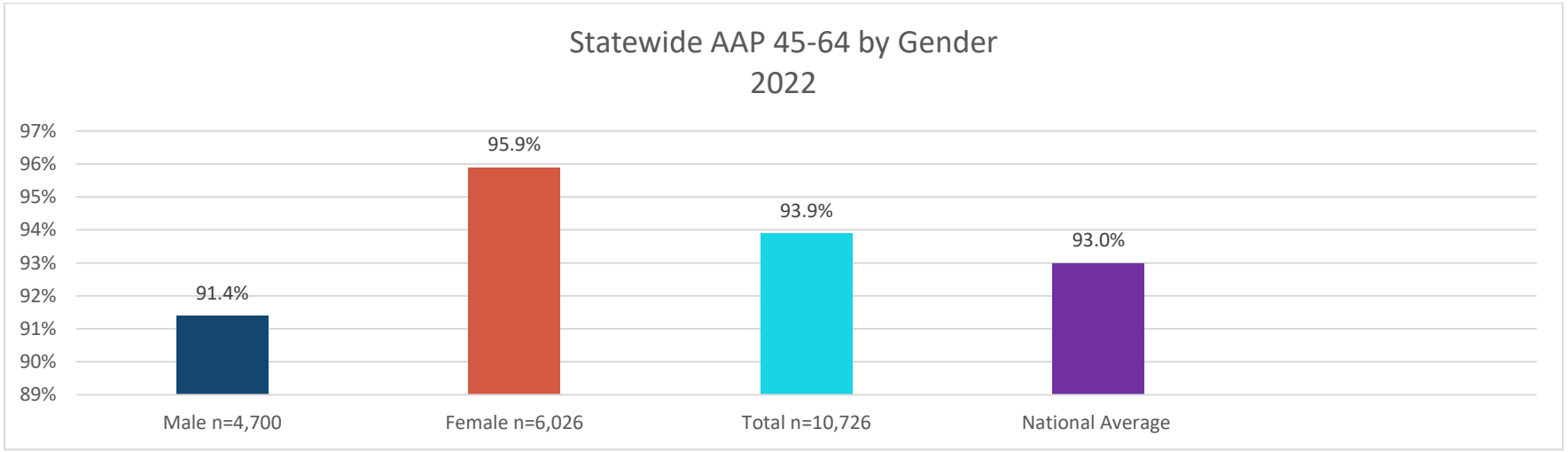


Table 19. Adult Access to Care 45-64 by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	4,294	4,700	91.38%	-2.57%	0.97
Female	5,780	6,026	95.92%	1.99%	1.02
Total	10,075	10,726	93.93	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female; *=significantly higher than male/ or female

Figure 20. Adult Access to Care 45-64 by Sex, 2022



Adult Access to Care 65+

Table 20. Adult Access to Care 65+ by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	7,836	8,473	92.5%	Ref	Ref	Ref
Black/African American	5,599	6,120	91.5%	-1.00%	0.98	Below
American Indian/Alaskan Native	93	103	90.3%	-2.19%	0.97	NS
Asian	638	702	90.9%	-1.60%	0.92	Below
Native Hawaiian/Other Pacific Islander	32	35	91.4%	-1.05%	0.99	NS
Other	795	867	91.7%	-0.79%	0.99	NS
Hispanic	648	717	90.4%	-2.11%	0.97	Below
Unknown/Declined	716	782	91.6%	-0.92%	0.99	NS
Total	16,357	17,799	91.9%	-0.58%	0.99	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 21. Adult Access to Care 65+ by Race/Ethnicity, 2022

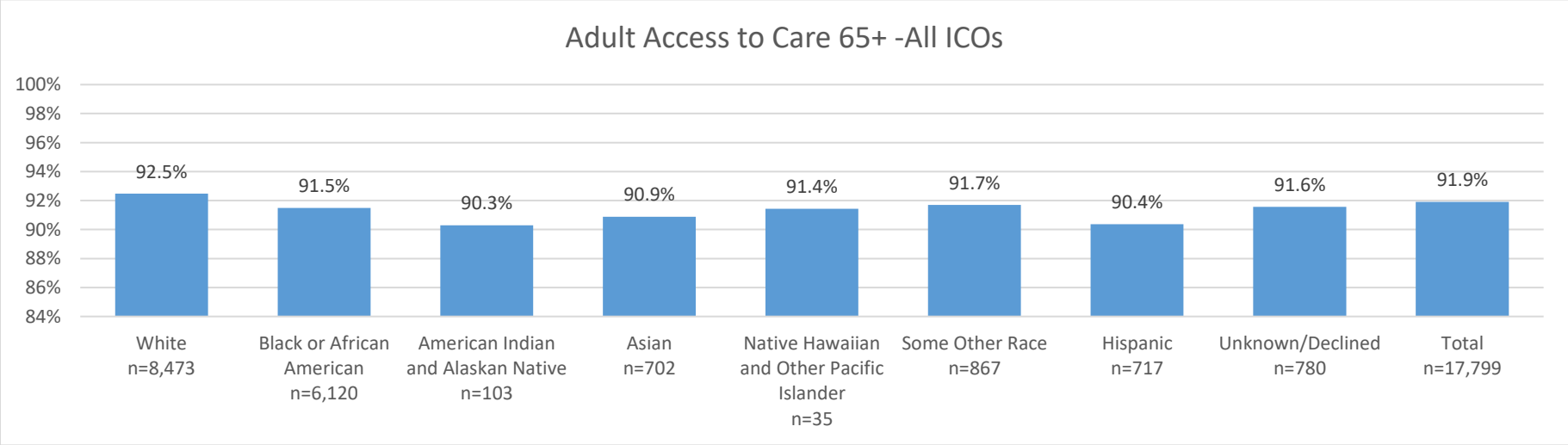
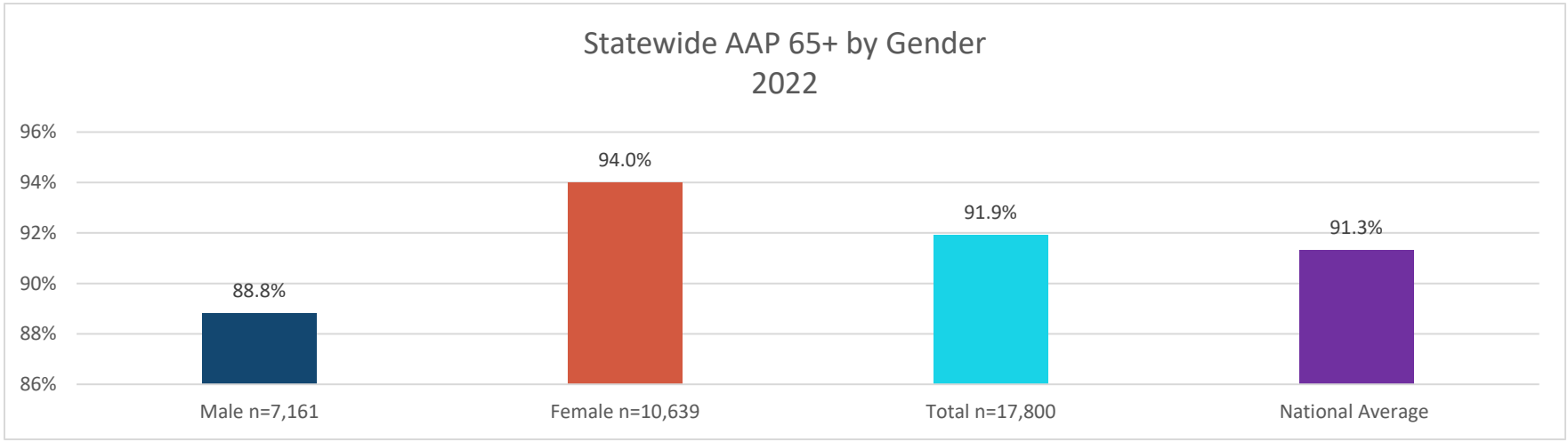


Table 21. Adult Access to Care 65+ by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	6,356	7,161	88.76%	-3.14%	0.97
Female	10,002	10,639	94.01%	2.11%	1.02
Total	16,358	17,800	91.90%	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female; *=significantly higher than male/ or female

Figure 22. Adult Access to Care 65+ by Sex, 2022



Adult Access to Care Total

Table 22. Adult Access to Care Total by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	15,526	16,827	92.3%	Ref	Ref	Ref
Black/African American	11,708	12,996	90.1%	-2.18%	0.97	Below
American Indian/Alaskan Native	236	260	90.8%	-1.50%	0.98	NS
Asian	769	846	91.2%	-1.37%	0.99	Below
Native Hawaiian/Other Pacific Islander	41	45	91.1%	-1.16%	0.99	NS
Other	1124	1242	90.5%	-1.77%	0.98	Below
Hispanic	608	669	90.9%	-1.39%	0.98	NS
Unknown/Declined	1,677	1,845	90.9%	-1.37%	0.98	Below
Total	31,689	34,727	91.3%	-1.02%	0.99	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 23. Adult Access to Care Total by Race/Ethnicity, 2022

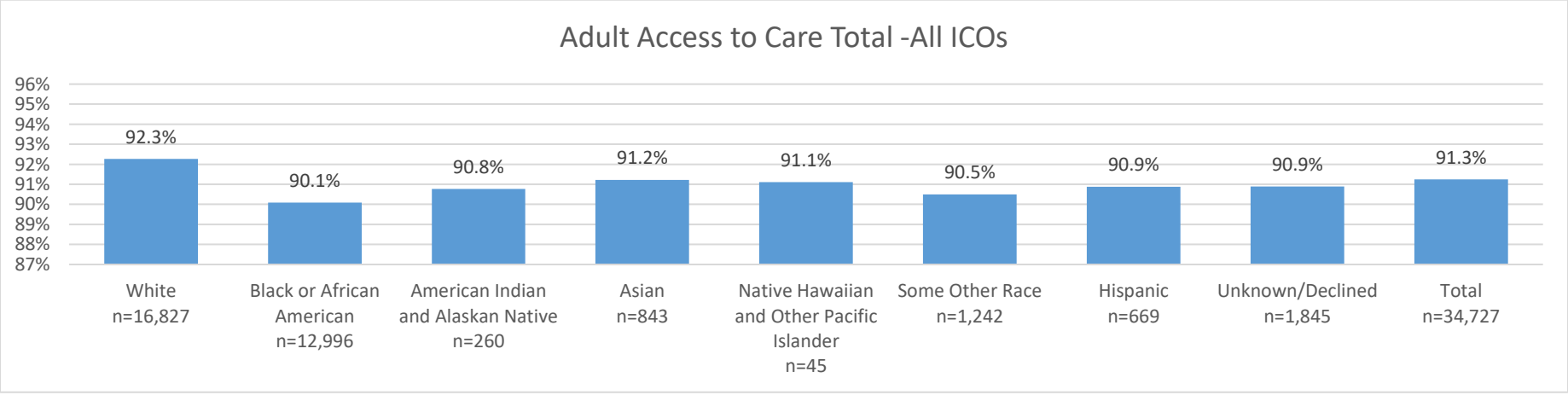
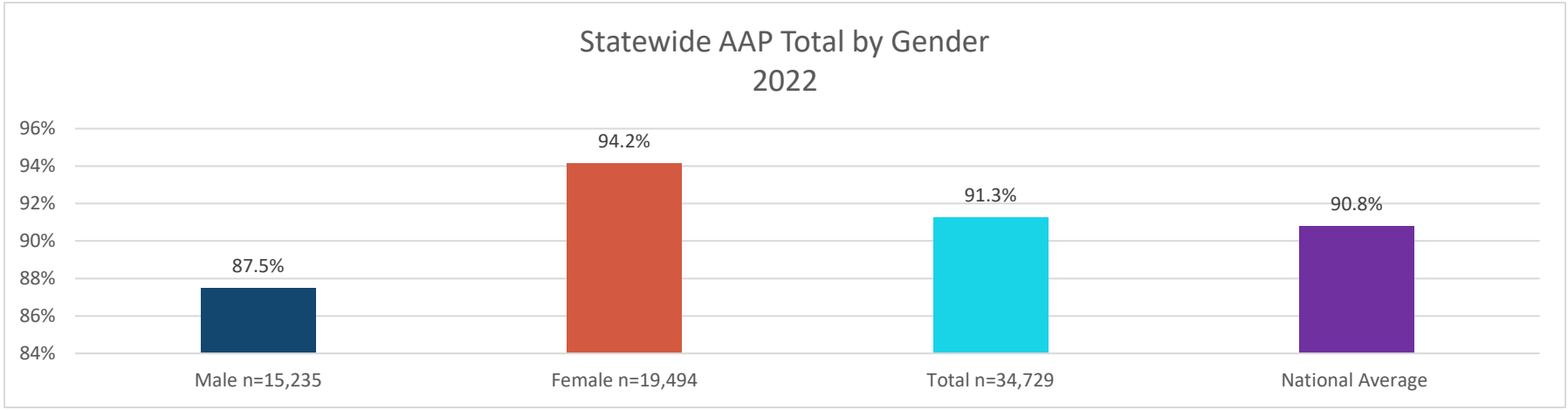


Table 23. Adult Access to Care Total by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	13,336	15,235	87.54%	-3.72%	0.96
Female	18,355	19,494	94.16%	2.90%	1.03
Total	31,691	34,729	91.25%	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female; *=significantly higher than male/ or female

Figure 24. Adult Access to Care Total by Sex, 2022



Antidepression Medication Management – Acute Phase Treatment

Table 24. Antidepression Medication Management-Acute Phase Treatment by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	416	528	78.8%	Ref	Ref	Ref
Black/African American	246	367	67.0%	-11.76%	0.85	Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	--	--	--	--	--	--
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	--	--	--	--	--	--
Hispanic	--	--	--	--	--	--
Unknown/Declined	127	177	71.8%	-7.04%	0.91	Below
Total	838	1,137	73.7%%	-5.09%	0.94	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 25. Antidepression Medication Management-Acute Phase Treatment by Race/Ethnicity, 2022

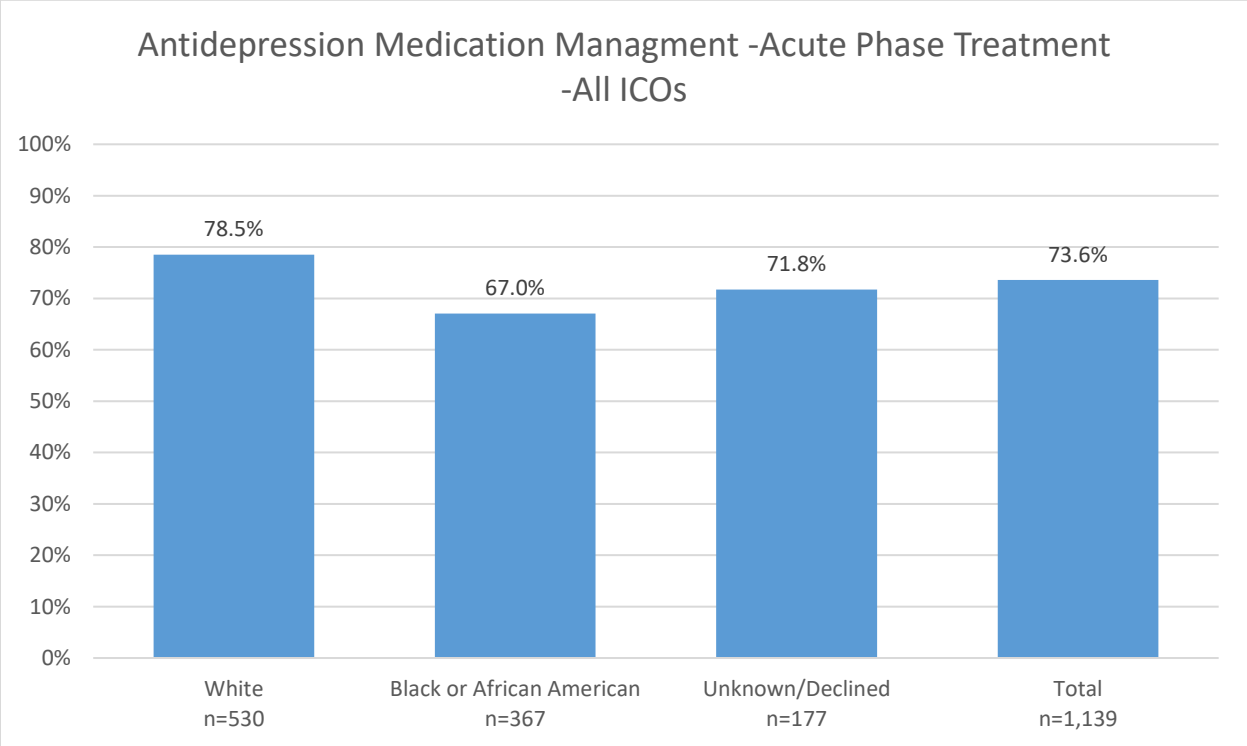
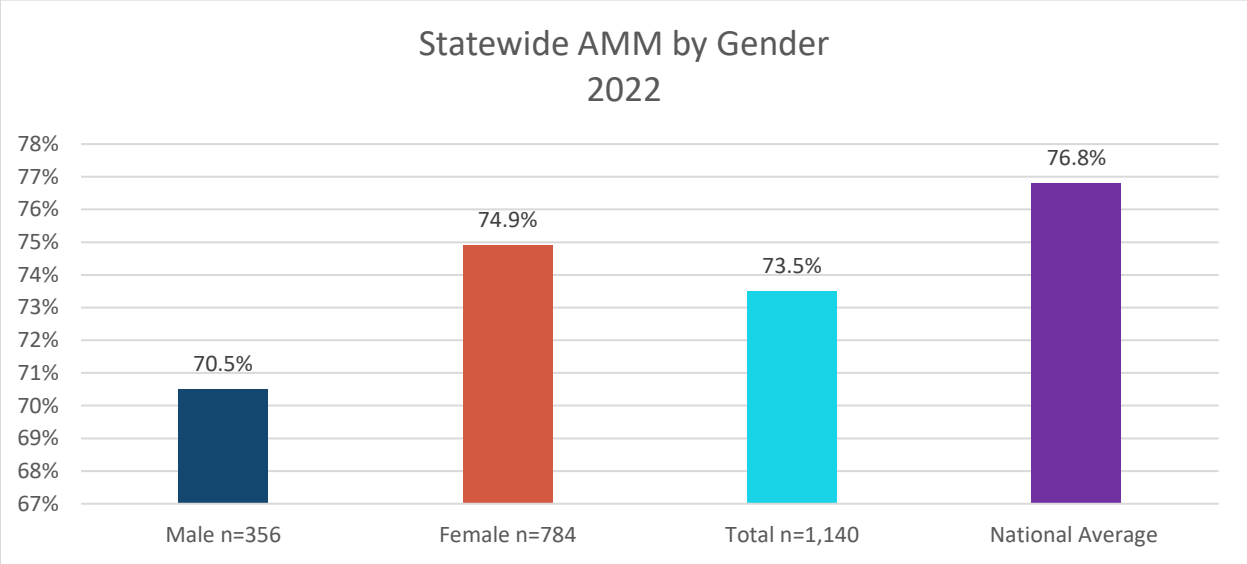


Table 25. Antidepression Medication Management-Acute Phase Treatment by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	251	356	70.51%	-3.00%	0.96
Female	587	784	74.87%	1.36%	1.02
Total	838	1140	73.51	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female;
*=significantly higher than male/ or female

Figure 26. *Antidepression Medication Management-Acute Phase Treatment by Sex, 2022*



Breast Cancer Screening

Table 26. Breast Cancer Screening by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	2,139	3,854	55.5%	Ref	Ref	Ref
Black/African American	1,854	3,034	61.0%	5.53%	1.10	Above
American Indian/Alaskan Native	40	63	63.5%	7.99%	1.14	NS
Asian	69	131	52.7%	-2.83%	0.95	Below
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	136	241	56.4%	0.93%	1.02	Above
Hispanic	76	140	54.3%	-1.22%	0.98	Below
Unknown/Declined	200	391	51.2%	-4.35%	0.92	Below
Total	4,516	7,861	57.4%	1.91%	1.03	Above

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 27. Breast Cancer Screening by Race/Ethnicity, 2022

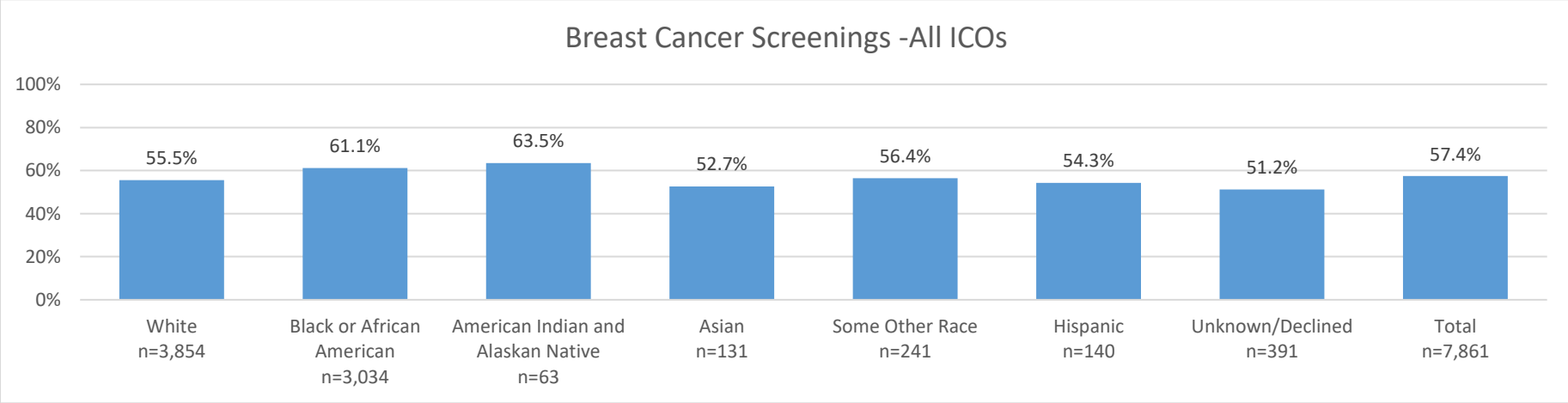
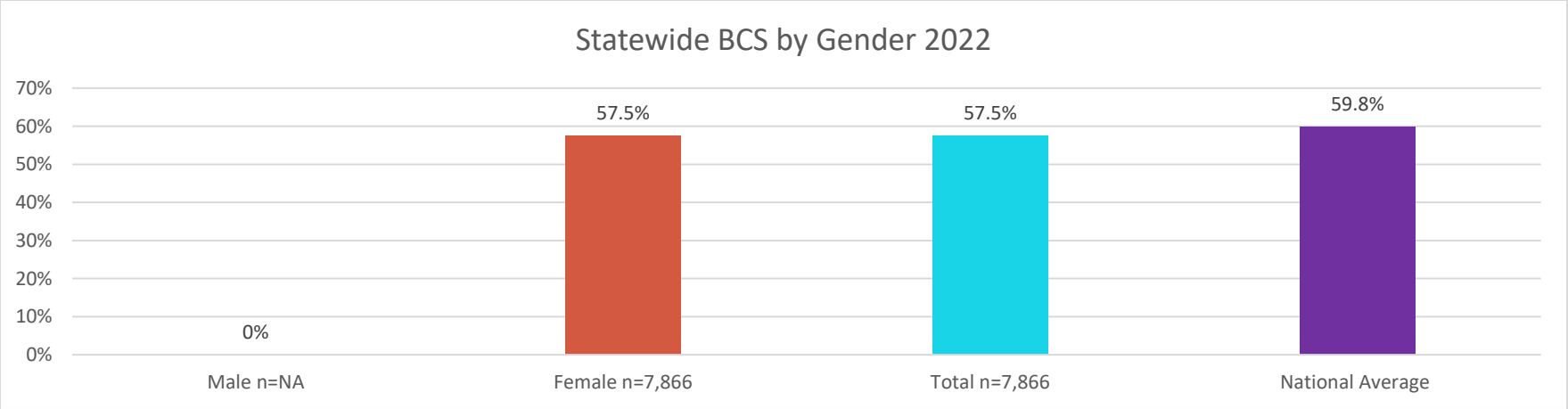


Table 27. Breast Cancer Screening by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	--	--	--	--	--
Female	4519	7866	57.45%	0.00%	1
Total	4519	7866	57.45%	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female; *=significantly higher than male/ or female

Figure 28. Breast Cancer Screening by Sex, 2022



Controlling High Blood Pressure

Table 28. Controlling High Blood Pressure by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	858	1,207	71.1%%	Ref	Ref	Ref
Black/African American	571	910	62.7%	-8.34%	0.88	Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	49	70	70.0%	-1.09%	0.98	NS
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	62	93	66.7%	-4.42%	0.94	Below
Hispanic	17	38	44.7%	-26.35%	0.63	Below
Unknown/Declined	55	84	65.5%	-5.61%	0.92	Below
Total	1,632	2,431	67.1%	-3.95%	0.94	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 29. Controlling High Blood Pressure by Race/Ethnicity, 2022

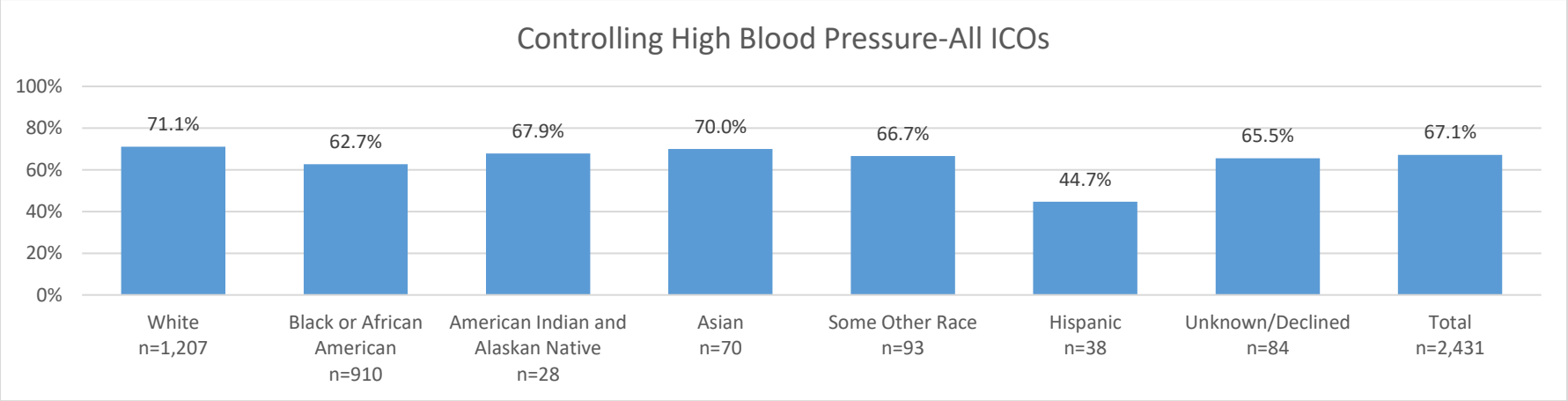
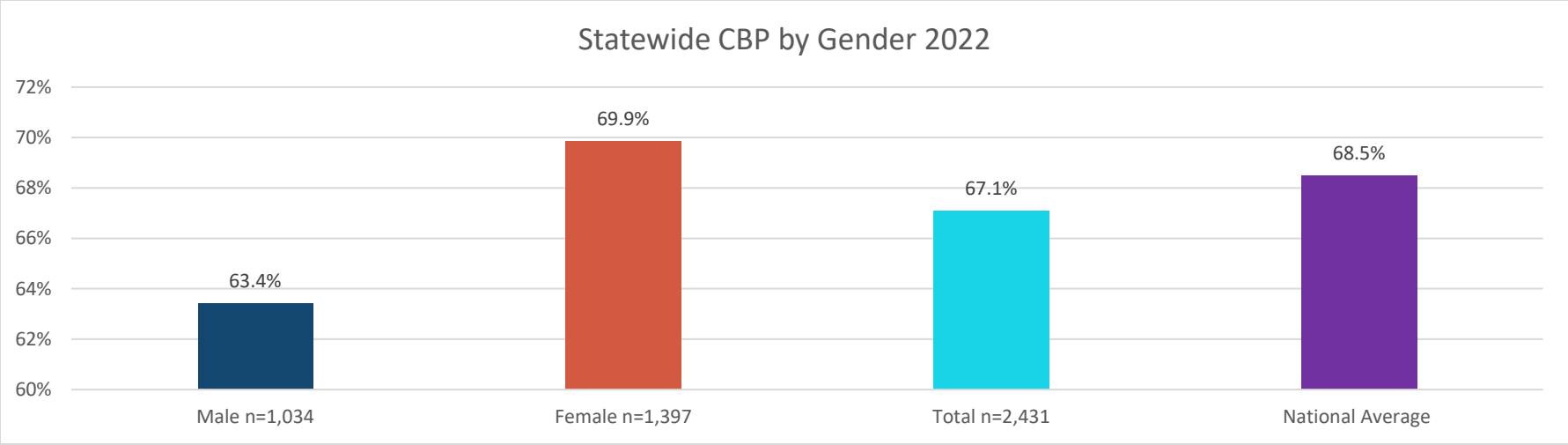


Table 29. Controlling High Blood Pressure by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	656	1034	63.44%	-3.69%	0.95
Female	976	1397	69.86%	2.73%	1.04
Total	1632	2431	67.13%	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female; *=significantly higher than male/ or female

Figure 30. Controlling High Blood Pressure by Sex, 2022



Eye Exam for Patients with Diabetes

Table 30. Eye Exam for Patients with Diabetes by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	767	1,192	64.3%	Ref	Ref	Ref
Black/African American	546	903	60.5%	-3.88%	0.94	Below
American Indian/Alaskan Native	23	30	76.7%	12.32%	1.19	NS
Asian	52	81	64.2%	-0.15%	0.99	NS
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	57	84	67.9%	3.51%	1.06	NS
Hispanic	35	53	66.0%	1.69%	1.03	NS
Unknown/Declined	65	116	56.0%	-8.31%	0.87	Below
Total	1,546	2,462	62.8%	-1.55%	0.98	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 31. Eye Exam for Patients with Diabetes by Race/Ethnicity, 2022

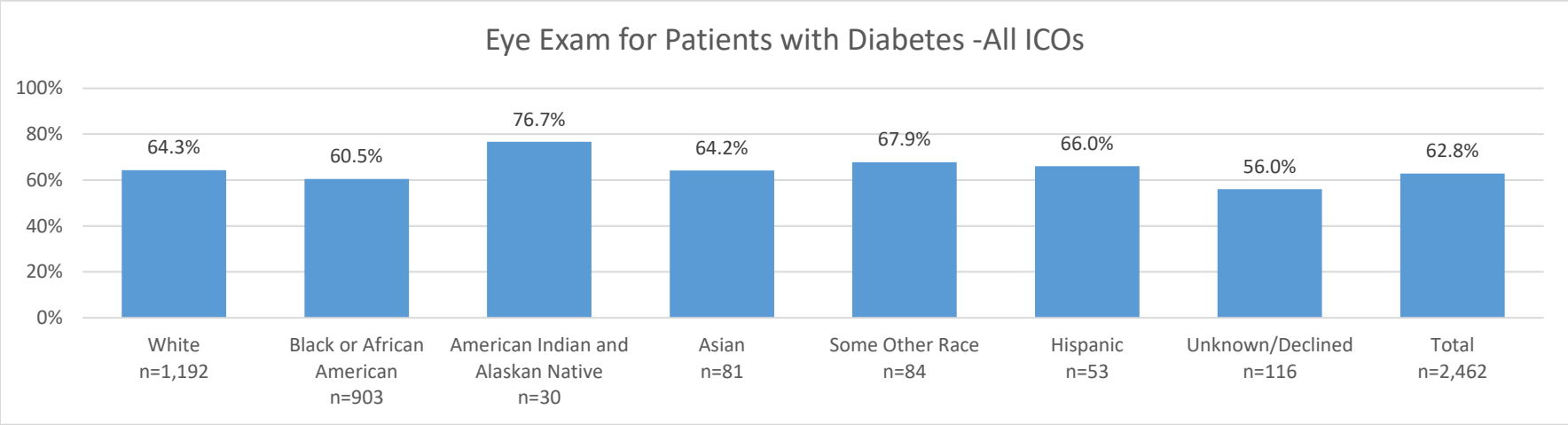
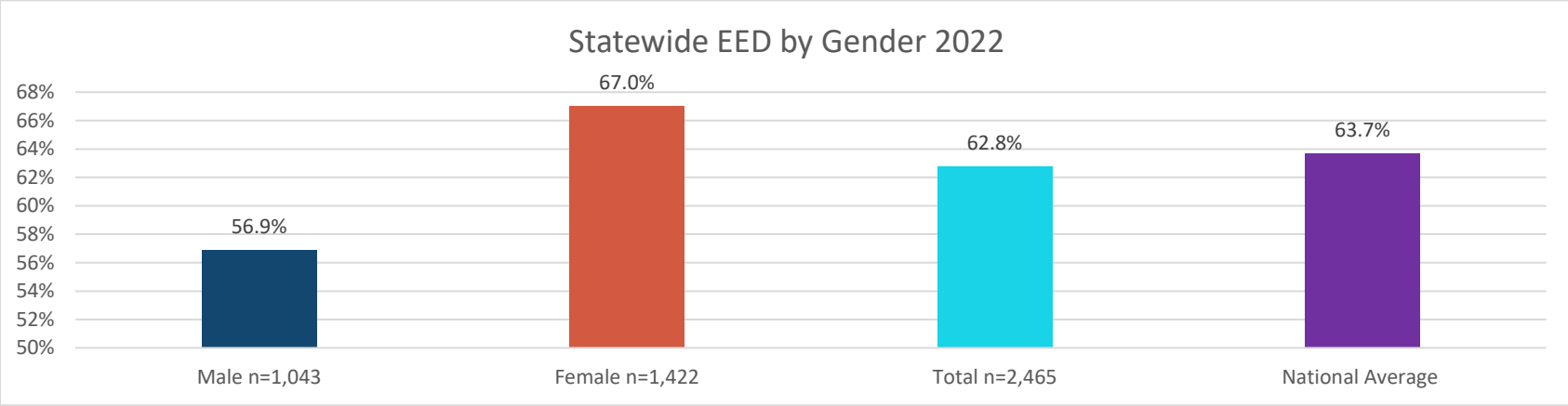


Table 31. Eye Exam for Patients with Diabetes by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	593	1043	56.86%	-5.90%	0.91
Female	954	1422	67.09%	4.33%	1.07
Total	1547	2465	62.76%	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female; *=significantly higher than male/ or female

Figure 32. Eye Exam for Patients with Diabetes by Race/Ethnicity, 2022



Comprehensive Diabetes Care HbA1c Control <8%

Table 32. Comprehensive Diabetes Care HbA1c Control <8% by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	775	1,192	65.0%	Ref	Ref	Ref
Black/African American	474	904	52.4%	-12.58%	0.81	Below
American Indian/Alaskan Native	16	30	53.3%	-11.68%	0.82	Below
Asian	47	81	58.0%	-6.99%	0.89	Below
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	54	84	64.3%	-0.73%	0.98	Below
Hispanic	38	53	71.7%	6.68%	1.10	NS
Unknown/Declined	61	115	53.0%	-11.97%	1.28	Below
Total	1,468	2,462	59.6%	-5.39%	0.92	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 33. Comprehensive Diabetes Care HbA1c Control <8% by Race/Ethnicity, 2022

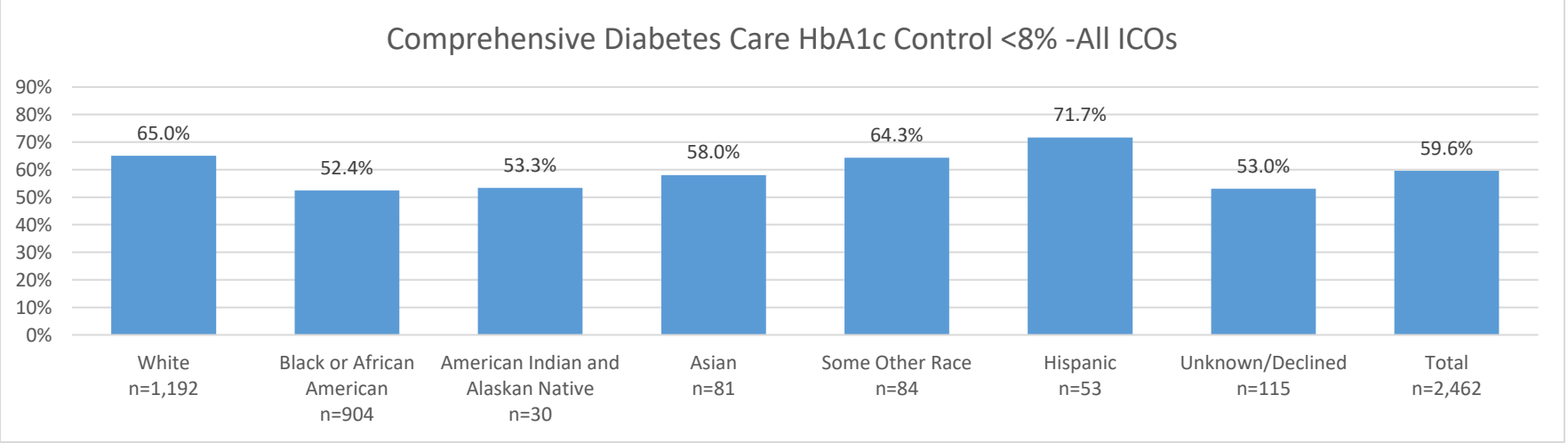
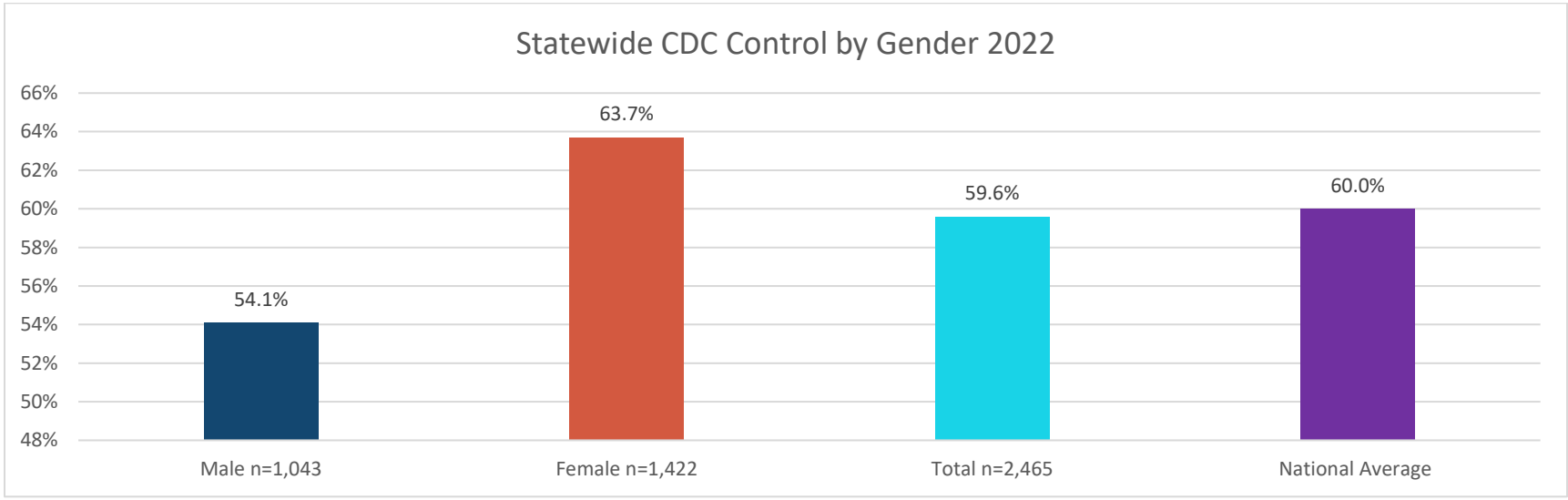


Table 33. Comprehensive Diabetes Care HbA1c Control <8% by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	564	1043	54.07%	-5.56%	0.91
Female	906	1422	63.71%	4.08%	1.07
Total	1470	2465	59.63%	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female; *=significantly higher than male/ or female

Figure 34. Comprehensive Diabetes Care HbA1c Control <8% by Sex, 2022



Comprehensive Diabetes Care- Poor HbA1c Control

Table 34. Comprehensive Diabetes Care- Poor HbA1c Control by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	312	1,911	26.2%		Ref	Ref
Black/African American	376	903	41.6%			Above*
American Indian/Alaskan Native	9	30	30.0%	--	---	--
Asian	29	81	35.8%			Above*
Native Hawaiian/Other Pacific Islander	--	--	--	--	---	--
Other	23	54	42.6%			Above*
Hispanic	17	40	42.5%			Above*
Unknown/Declined	120	240	50.0%			Above*
Total	1,486	3,041	48.9%			Above*

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

*Please note, for CDCPoorControl lower performance on this measure is seen as more favorable, as it indicates the number of people who are not “in control” of their diabetes management.

Figure 35. Comprehensive Diabetes Care- Poor HbA1c Control by Race/Ethnicity, 2022

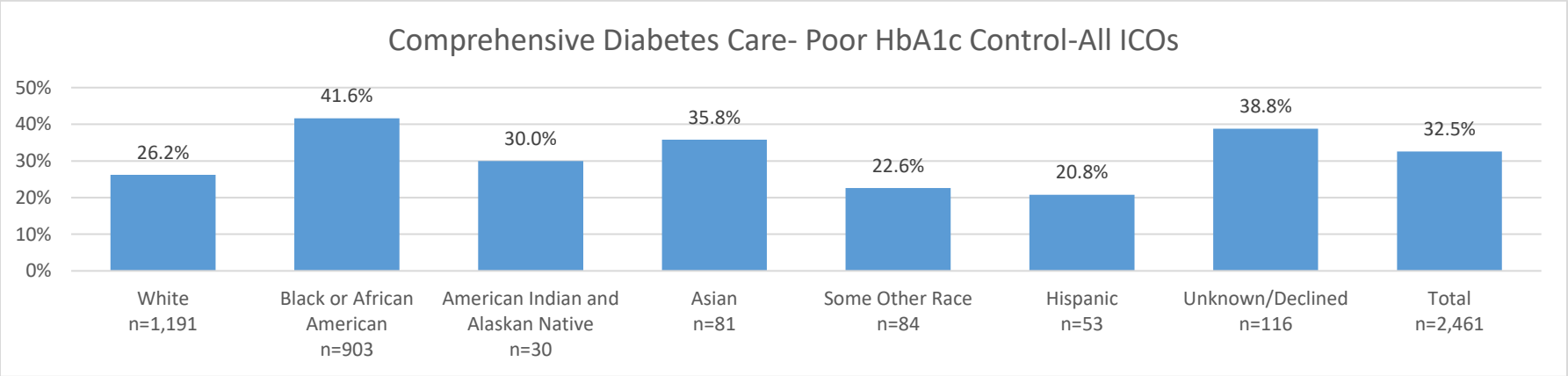
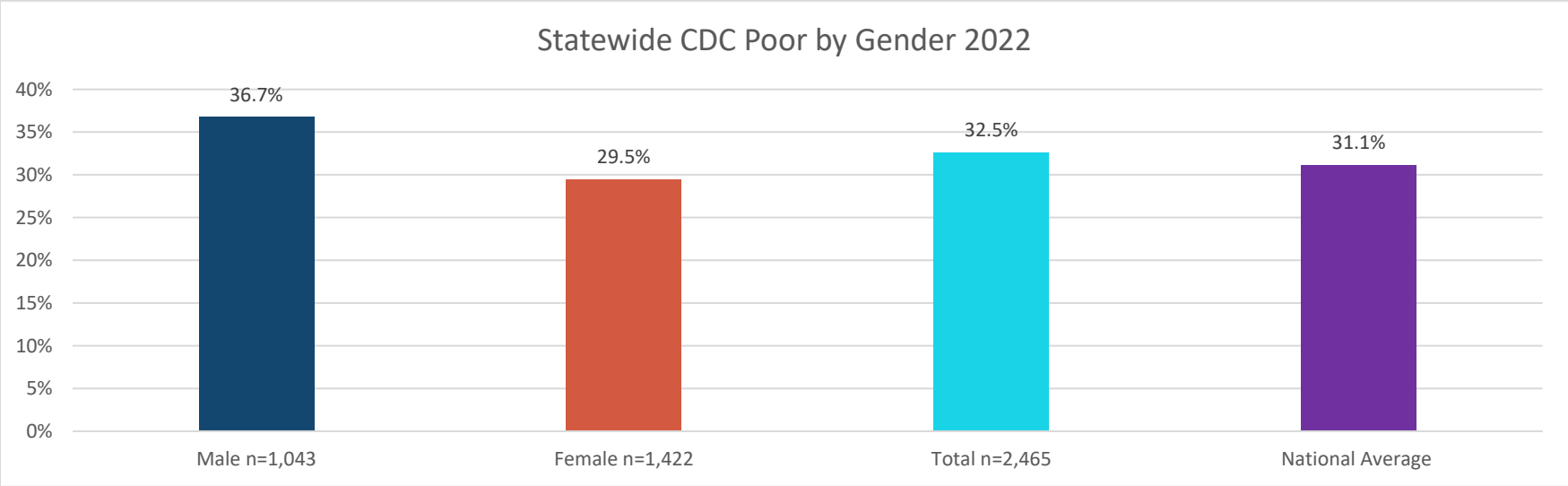


Table 35. Comprehensive Diabetes Care- Poor HbA1c Control by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	383	1043	36.72%	4.19%	1.13
Female	419	1422	29.47%	-3.07%	0.91
Total	802	2465	32.54%	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female; *=significantly higher than male/ or female

Figure 36. Comprehensive Diabetes Care- Poor HbA1c Control by Sex, 2022



Colorectal Cancer Screening

Table 36. Colorectal Cancer Screening by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	700	1,311	53.4%	Ref	Ref	Ref
Black/African American	478	864	55.3%	1.93%	1.04	Above
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	36	61	59.0%	5.62%	1.10	NS
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	35	60	58.3%	4.94%	1.09	NS
Hispanic	22	48	45.8%	-7.56%	0.86	Below
Unknown/Declined	45	93	48.4%	-5.01%	0.91	Below
Total	1,333	2,466	54.1%	0.66%	1.01	Above

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 37. Colorectal Cancer Screening by Race/Ethnicity, 2022

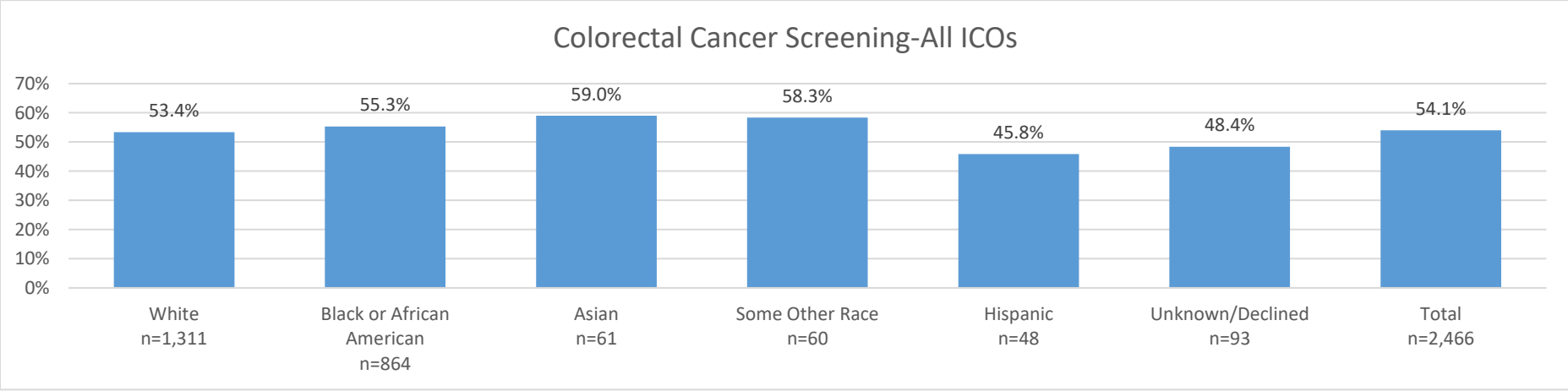
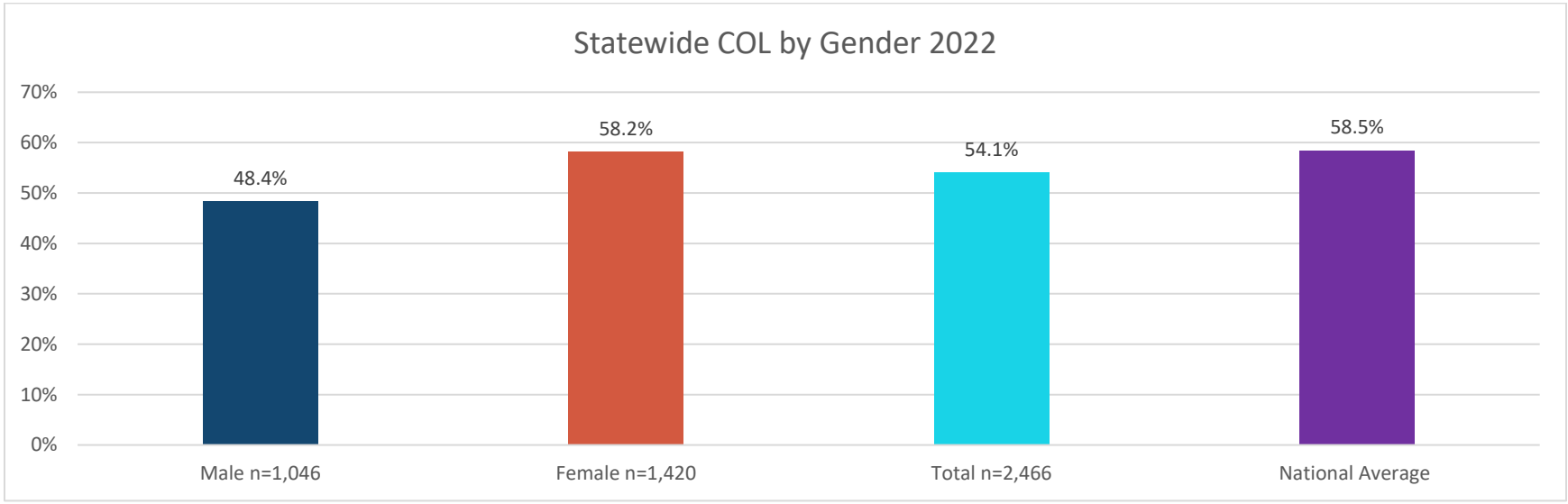


Table 37. Colorectal Cancer Screening by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	506	1046	48.37%	-5.68%	0.89
Female	827	1420	58.24%	4.18%	1.08
Total	1333	2466	54.06%	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female; *=significantly higher than male/ or female

Figure 38. Colorectal Cancer Screening by Sex, 2022



Follow Up After Hospitalization for Mental Illness Within 30-Days

Table 28. Follow Up After Hospitalization for Mental Illness Within 30-Days by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	154	214	72.0%	Ref	Ref	Ref
Black/African American	112	231	48.5%	-		Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	--	--	--	--	--	--
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	--	--	--	--	--	--
Hispanic	--	--	--	--	--	--
Unknown/Declined	51	91	56.0%	-		Below
Total	328	562	58.4%	-		Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 39. Follow Up After Hospitalization for Mental Illness Within 30-Days by Race/Ethnicity, 2022

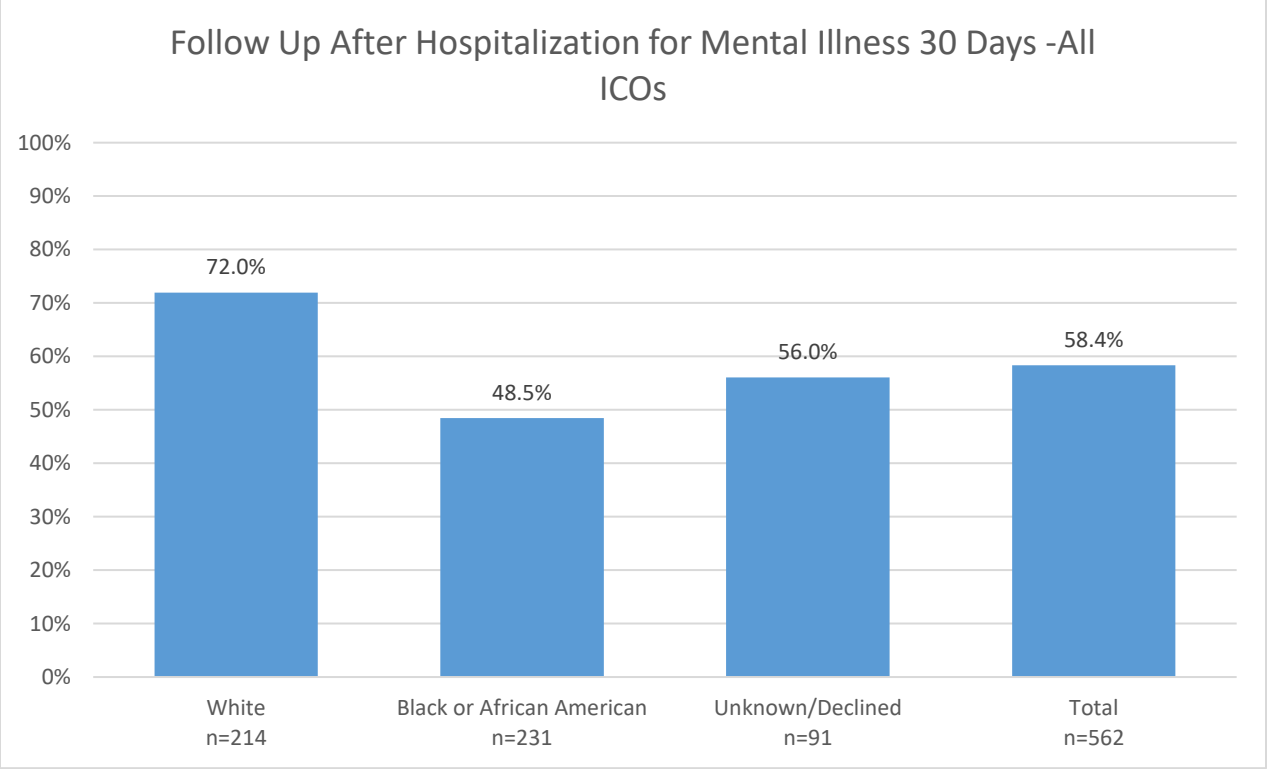
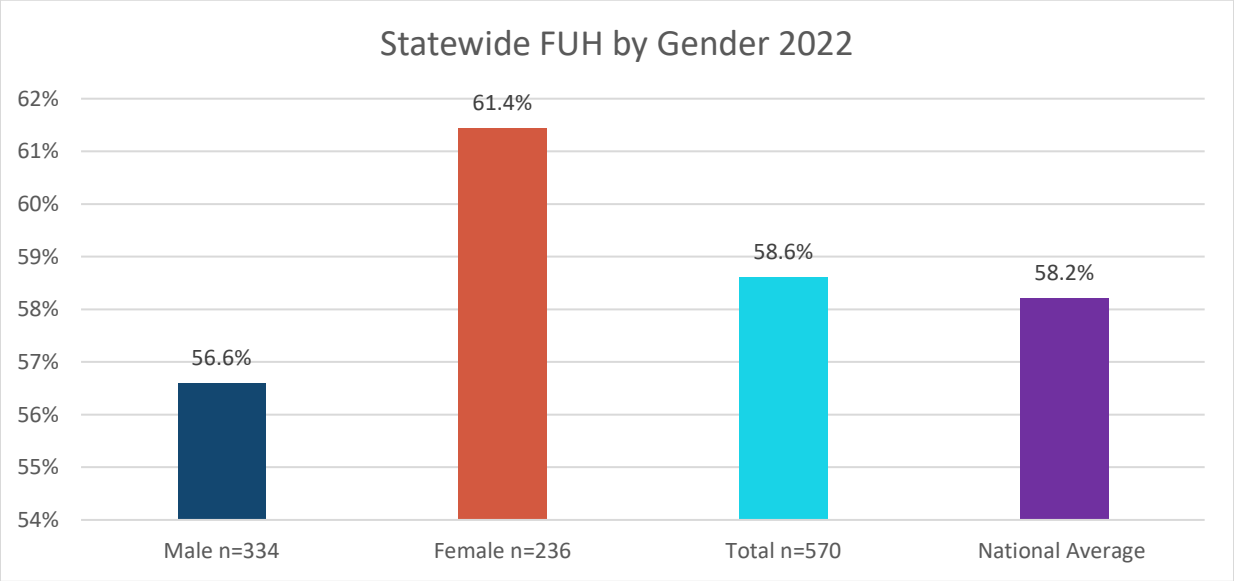


Table 39. Follow Up After Hospitalization for Mental Illness Within 30-Days by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	189	334	56.59%	-2.01%	0.97
Female	145	236	61.44%	2.84%	1.05
Total	334	570	58.60%	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female;
*=significantly higher than male/ or female

Figure 40. Follow Up After Hospitalization for Mental Illness Within 30-Days by Sex, 2022



Plan All-Cause Readmission-Observed Readmissions 18-64

Table 40. All-Cause Readmission-Observed Readmissions 18-64 by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	128	1,222	10.5%	Ref	Ref	Ref
Black/African American	143	1,182	12.1%	1.62%	1.15	Above*
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	--	--	--	--	--	--
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	4	60	6.1%	4.41%	0.58	Below*
Hispanic	5	49	10.2%	-0.27%	0.97	Below*
Unknown/Declined	84	399	21.1%	10.58%	2.01	Above*
Total	368	2,960	12.4%	1.96%	1.18	Above*

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

*Please note, for PCR1864 lower performance on this measure is seen as more favorable, as it indicates less unplanned acute readmission for any diagnosis within 30 days after discharge.

Figure 41. All-Cause Readmission-Observed Readmissions 18-64 by Race/Ethnicity, 2022

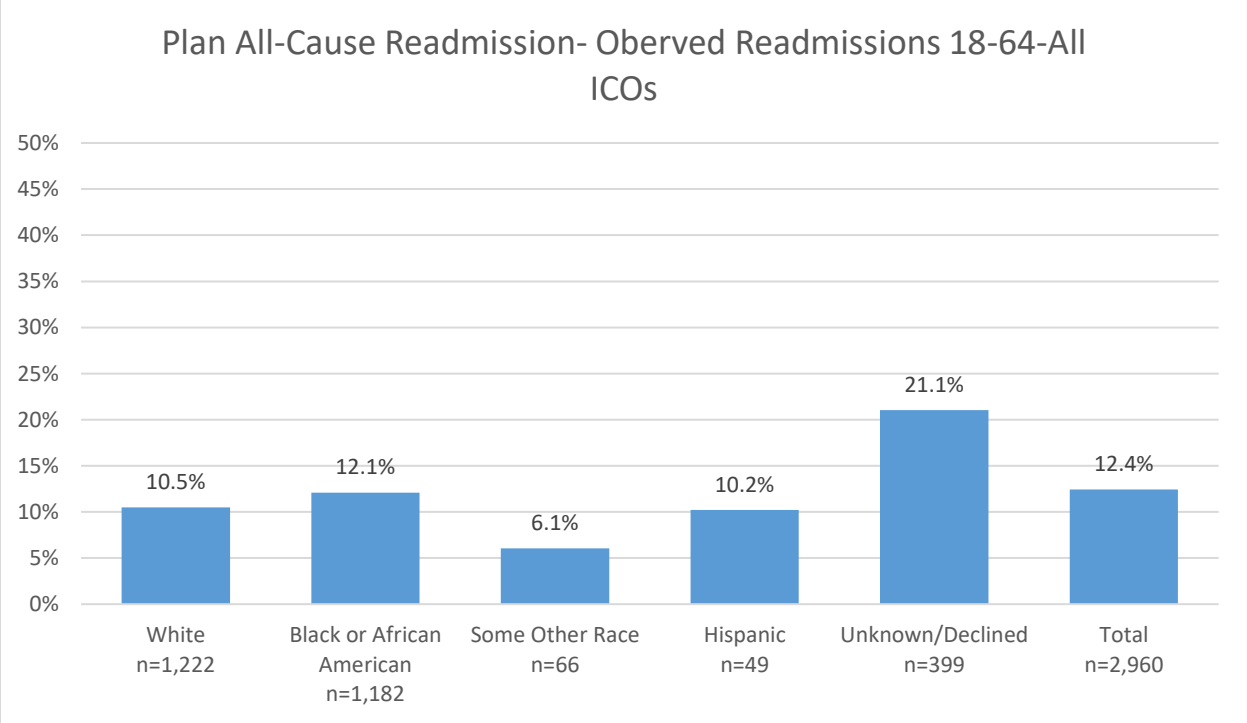
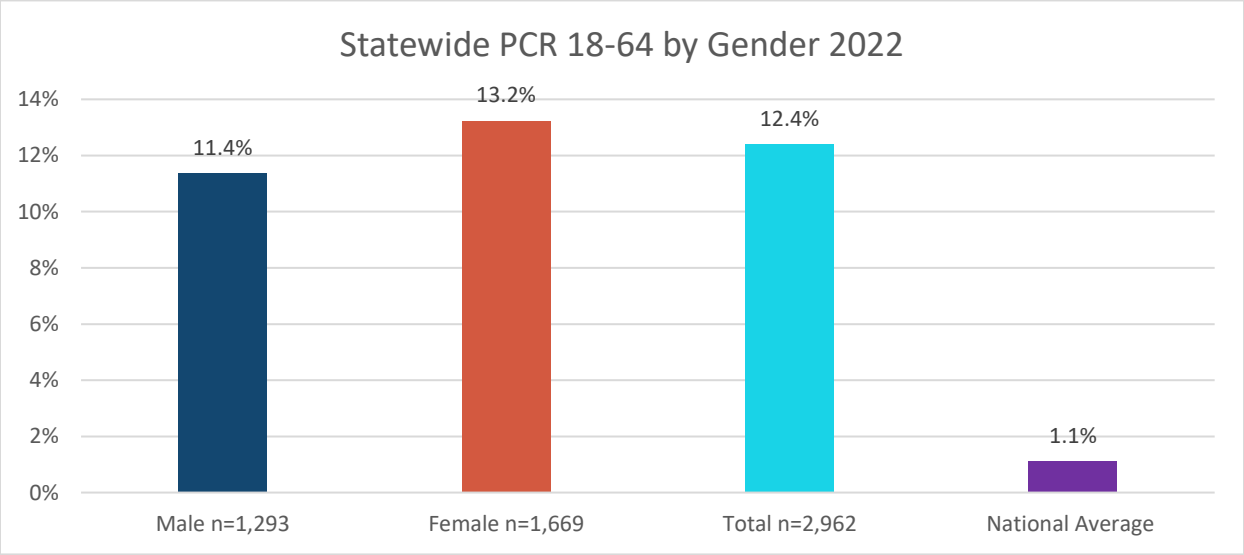


Table 41. Plan All-Cause Readmission-Observed Readmissions 18-64 by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	147	1293	11.37%	-1.06%	0.92
Female	221	1669	13.24%	0.82%	1.07
Total	368	2962	12.42%	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female;
*=significantly higher than male/ or female

Figure 42. All-Cause Readmission-Observed Readmissions 18-64 by Sex, 2022



Plan All-Cause Readmission-Observed Readmissions 65+

Table 42. Plan All-Cause Readmission-Observed Readmissions 65+ by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	180	1,553	11.6%	Ref	Ref	Ref
Black/African American	165	1,339	12.3%	0.73%	1.06	Above*
American Indian/Alaskan Native	3	30	10.0%	-1.59%	0.86	Below*
Asian	5	89	5.6%	-5.97%	0.22	Below*
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	21	131	16.0%	4.44%	1.38	Above*
Hispanic	0	38	0.0%	-11.6%	0	Below*
Unknown/Declined	173	639	27.1%	15.48%	2.34	Above*
Total	547	3,830	14.3%	2.69%	1.23	Above*

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

*Please note, for PCR 65+ lower performance on this measure is seen as more favorable, as it indicates less unplanned acute readmission for any diagnosis within 30 days after discharge

Figure 43. Plan All-Cause Readmission-Observed Readmissions 65+ by Race/Ethnicity, 2022

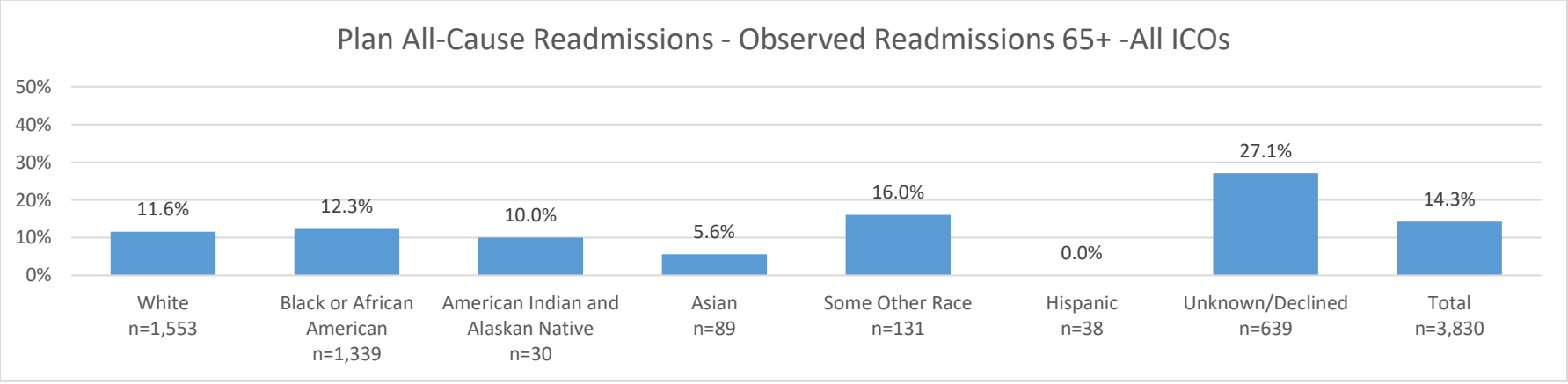
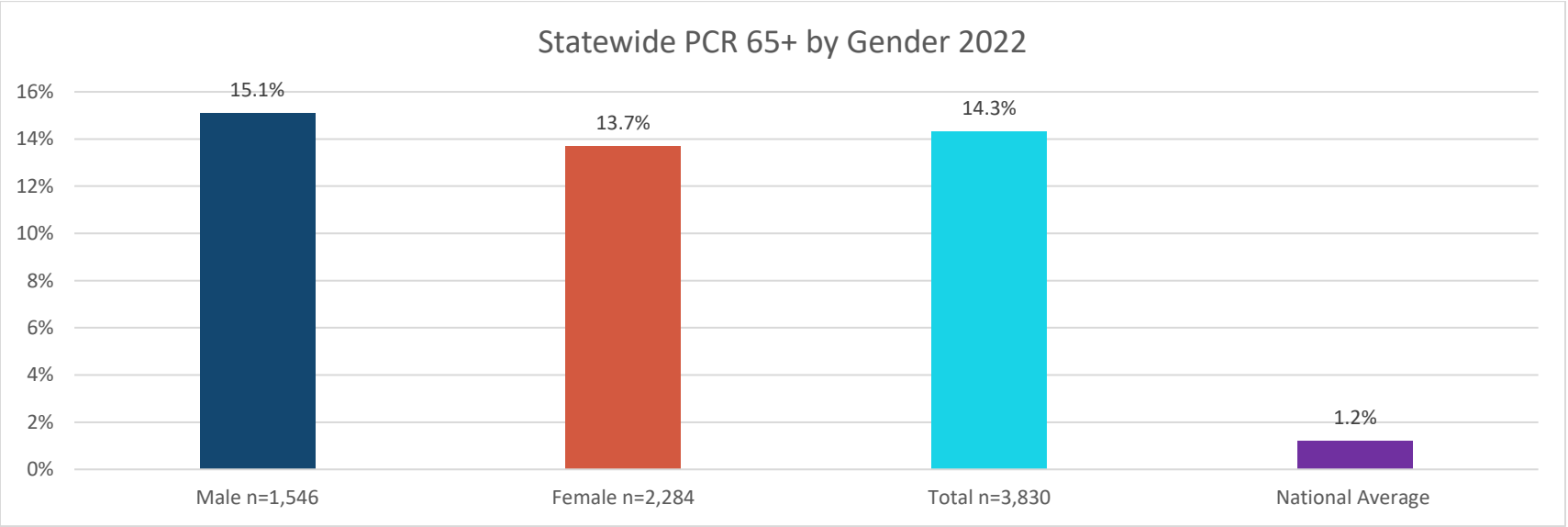


Table 43. Plan All-Cause Readmission-Observed Readmissions 65+ by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	234	1546	15.14%	0.85%	1.06
Female	313	2284	13.70%	-0.58%	0.96
Total	547	3830	14.28%	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female; *=significantly higher than male/ or female

Figure 44. Plan All-Cause Readmission-Observed Readmissions 65+ by Sex, 2022



Transition of Care- Medication Reconciliation Post-Discharge

Table 44. Transition of Care-Medication Reconciliation Post-Discharge by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	663	1,108	59.8%	Ref	Ref	Ref
Black/African American	408	938	43.5%	-16.34%	0.73	Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	24	40	60.0%	0.16%	1.003	NS
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	27	52	51.9%	-7.91%	0.87	Below
Hispanic	21	50	42.0%	-17.84%	0.70	Below
Unknown/Declined	115	254	45.3%	-14.56%	0.76	Below
Total	1,275	2,465	51.7%	-8.11%	0.86	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 45. Transition of Care-Medication Reconciliation Post-Discharge by Race/Ethnicity, 2022

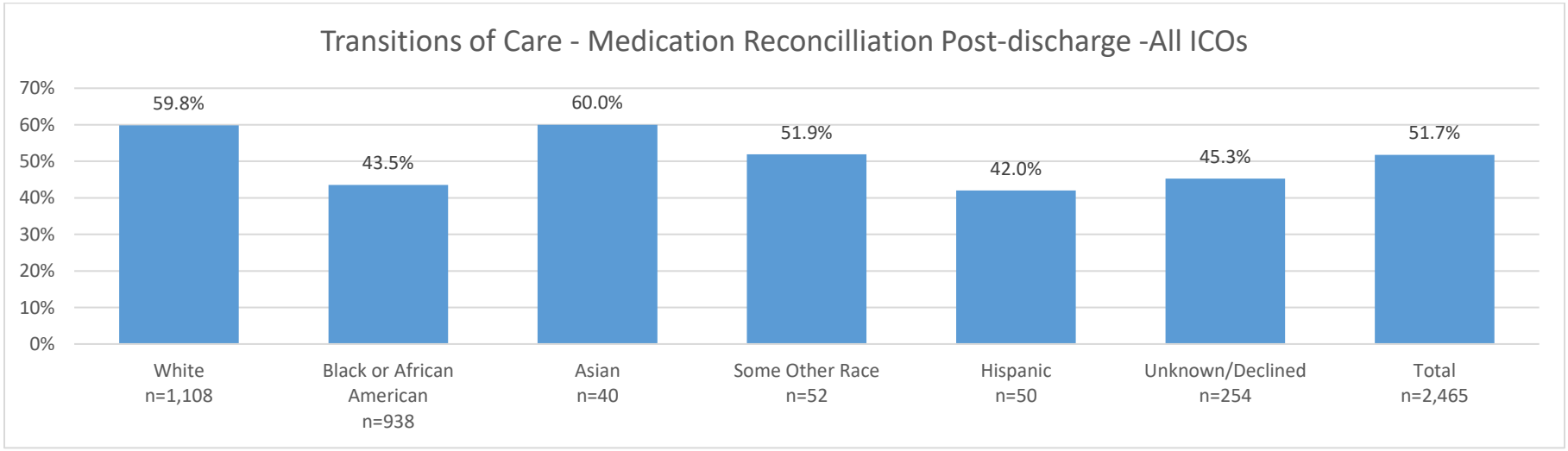
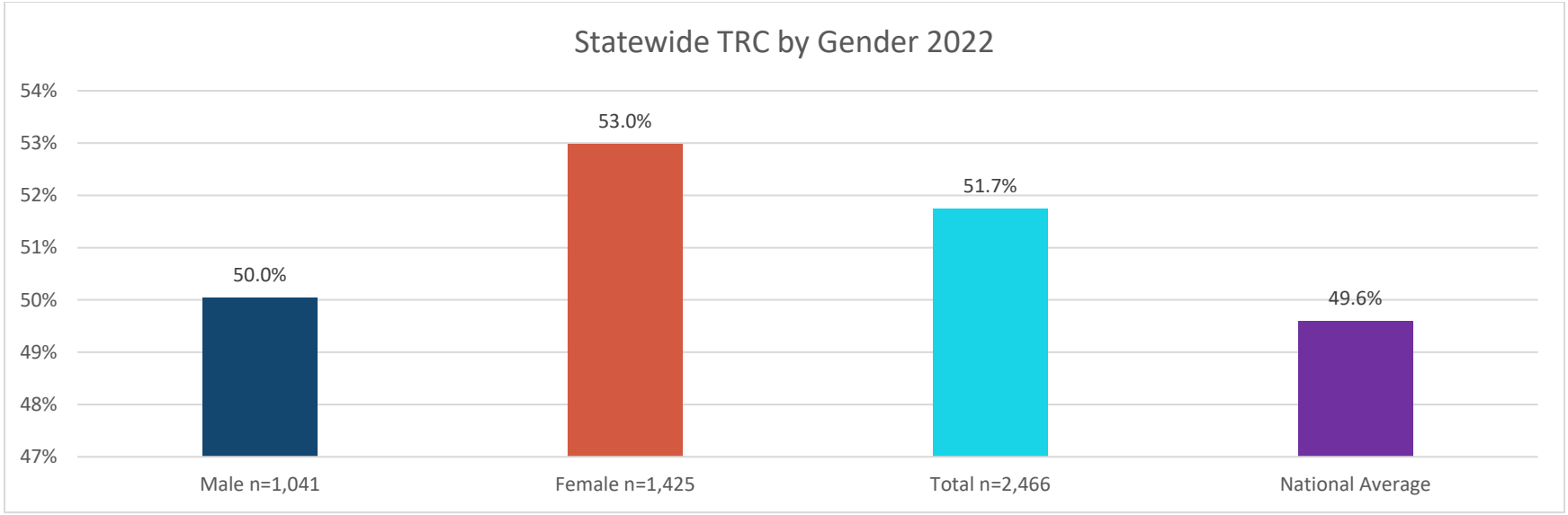


Table 45. Transition of Care-Medication Reconciliation Post-Discharge by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	521	1041	50.05%	-1.70%	0.97
Female	755	1425	52.98%	1.24%	1.02
Total	1276	2466	51.74%	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female; *=significantly higher than male/ or female

Figure 46. Transition of Care-Medication Reconciliation Post-Discharge Sex, 2022



Annual Dental Visit for 2022

Table 46. Annual Dental Visit by Race/Ethnicity, 2022

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	4,524	16,829	26.9%	Ref	Ref	Ref
Black/African American	3,228	12,688	25.4%	-1.44%	0.94	Below
American Indian/Alaskan Native	65	266	24.4%	-2.45%	0.91	Below
Asian	186	779	23.9%	-2.62%	0.89	Below
Native Hawaiian/Other Pacific Islander	6	42	14.3%	-12.60%		Below
Other	279	1,174	23.8%	-3.12%	0.53	Below
Hispanic	151	672	22.5%	-4.41%	0.84	Below
Unknown/Declined	244	1,106	22.1%	-4.82%	0.82	Below
Total	8,683	33,556	26.8%	-1.01%	0.99	Below

Num = Numerator; Den = Denominator; Diff = Difference from White; Ratio = Non-White estimate/White estimate; From White = Statistically significant difference from White; NS = Not significantly different; Ref = Reference; -- = Not available due to small number

Figure 47. Annual Dental Visits by Race/Ethnicity, 2022

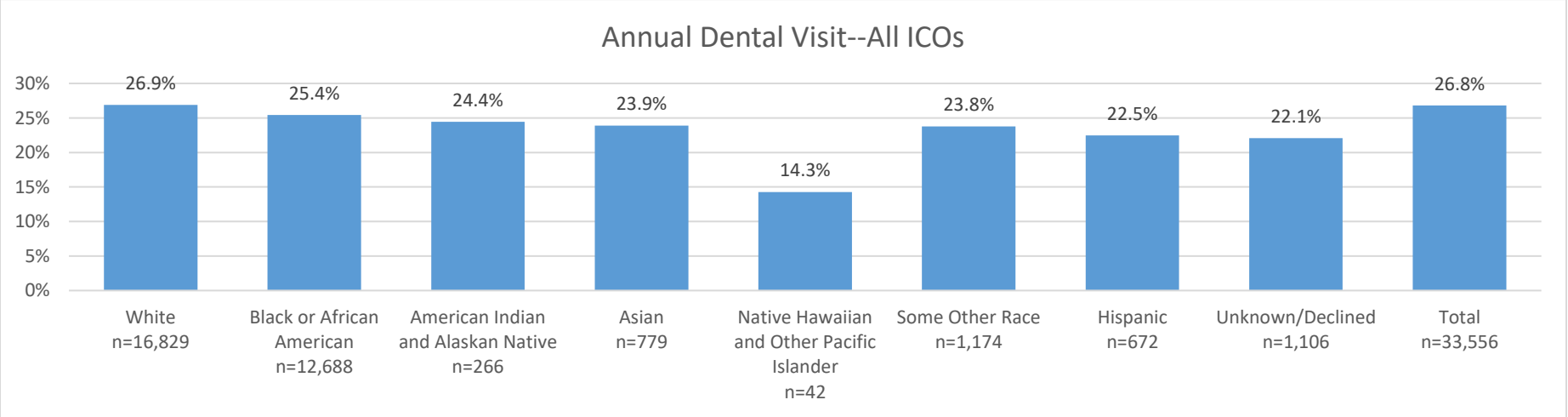
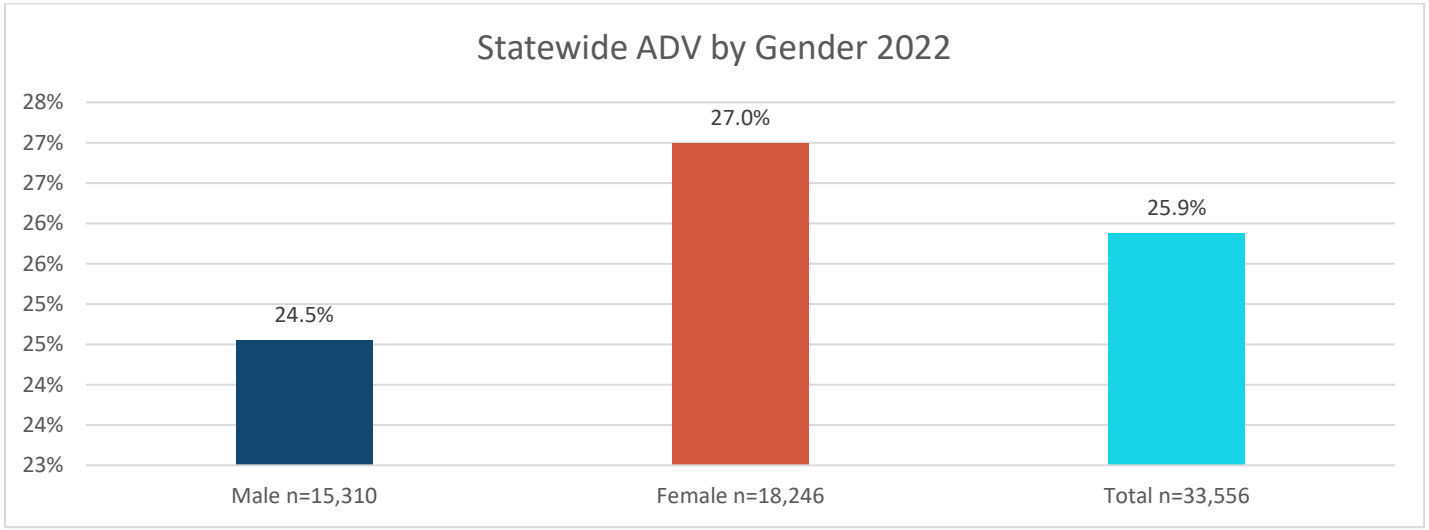


Table 47. Annual Dental Visit by Sex, 2022

Sex	Num	Den	Rate	Diff	Ratio
Male	3758	15310	24.55%	-1.33%	0.95
Female	4925	18246	26.99%	1.12%	1.04
Total	8683	33556	25.88%	Ref	Ref

Num = Numerator; Den = Denominator; Diff = Difference from Total; Ratio = Male/Female; *=significantly higher than male/ or female

Figure 48. Annual Dental Visits by Sex, 2022



Discussion

Focus Study: From Data to Action

As these larger efforts to identify the extent to which racial/ethnic disparities exist in the MIHealth Link duals demonstration program, the goal is to move from data towards action and introspection on making improvements. In addition to the aggregated data that is publicly published for the MHL program, plan-specific reports are written for each ICO detailing their performance. The reports stratify performance on a select set of quality measures by race/ethnicity, and sex over several years. Significant disparities were identified in multiple measures.

Utilizing the data from each plan specific report, the MHL program launched a multi-year program-wide focus study on health equity. This required activity aligns with MDHHS efforts to promote health equity in and reduce disparities for key populations. The initiative addresses documented health disparities in a particular measure and for a specific subpopulation. The measure and subpopulation were identified in collaboration between the ICOs and MHL program staff. The project asks the ICOs to conduct a literature review, an analysis of member data, and to conduct a focus group utilizing the information gained from the two previous deliverables.

Discussion on the outcomes of this project will be shared in the 2025 MHL report.

Deliverables for FY2024: Literature Review and Analysis of Member Data

Literature Review: ICOs will conduct a literature review with respect to their chosen measure and the conditions associated with it. The literature review will focus on evidence-based interventions to reduce disparities in quality of care for the specific condition and/or measure that has been identified. ICOs must analyze at least three scholarly articles on the topic.

Member Data: ICOs will complete an internal data analysis using administrative, care management, and clinical data (as available) to develop a complete understanding of the member population impacted by the identified condition and relevant measures. This includes a barrier and gap analysis report to identify where data may be incomplete or unavailable, and how they intend to remedy.

Deliverables for FY2025: Focus Groups and Proposed Interventions

Focus Groups: Each ICO will convene a focus group of members with the identified condition. The focus group guide will be reviewed by MHL program staff in advance of implementation. The purpose of the focus group will be to gain member perspective on their experience of care with their specific condition, their knowledge of racial disparities in quality of care, and to get their recommendations on ways to reduce disparities and increase quality of care.
Intervention Considerations: ICOs will be required to create and describe potential interventions to improve disparities in the identified measures. The intervention considerations will include the identification risk factors by race/ethnicity and region and will be based on the findings from the literature review, data analysis, and focus groups.

FY24 Deliverables		
	Description	Due Date
Literature Review	• Specific to their chosen measure and associated conditions • Focus on evidence-based *interventions to reduce disparities* in quality of care for the specific condition and/or measure that has been identified • ICOs must complete a comprehensive literature review which must include at least 3-5 scholarly articles	1/31/24
Analysis of Member Data	• Use administrative, care management, and clinical data (as available) to develop a complete understanding of the member population impacted by the identified condition and relevant measure • Include a barrier and gap analysis to identify where data may be incomplete or unavailable • How the plan intends to remedy data completeness	4/15/24
FY25 Deliverables		
	Description	Due Date
Focus Groups	• Focus group of members with the identified condition • Focus group guide will be reviewed by MHL program staff in advance of implementation • Purpose: gain member perspective on their experience of care with their specific condition, their knowledge of racial disparities in quality of care, and to get their recommendations on ways to reduce disparities and increase quality of care	11/05/24
Intervention Proposals	• Create and describe potential interventions to improve disparities in the identified measure • Considerations will include the identification risk factors by race/ethnicity and region • Based on the findings from the literature review, data analysis, and focus groups.	3/31/25

Conclusion

The measures examined in this report will continue to be tracked over time to determine if racial/ethnic inequity within particular measures are getting better, worse, or staying the same. It is important to note that changes in the equity status of a measure do not indicate an improvement in overall quality for a particular racial/ethnic category; it simply means that the gap between the minority population rate and the white reference rate are getting smaller. The overall goal of this project is to continue improving quality in the MHL program while decreasing any racial/ethnic disparities that may be

present. This report will be repeated annually to monitor racial/ethnic disparities in the MHL program as long as the program remains. There is a pending change to a new model of care, with MDHHS releasing a Request for Proposals for a transition to Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP). The findings of these reports will be used in future interventions and policy changes make meaningful and impactful change on the disparities landscape in the MHL program.