



Expanding Equity in MI Health Link

Measure Year 2023

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Every effort has been taken to make this content accessible for all readers. If you have any challenges with being able to read and process this report please contact Alison Benoit, Associate Director Center for Social Change, at abenoit@mphi.org.

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.

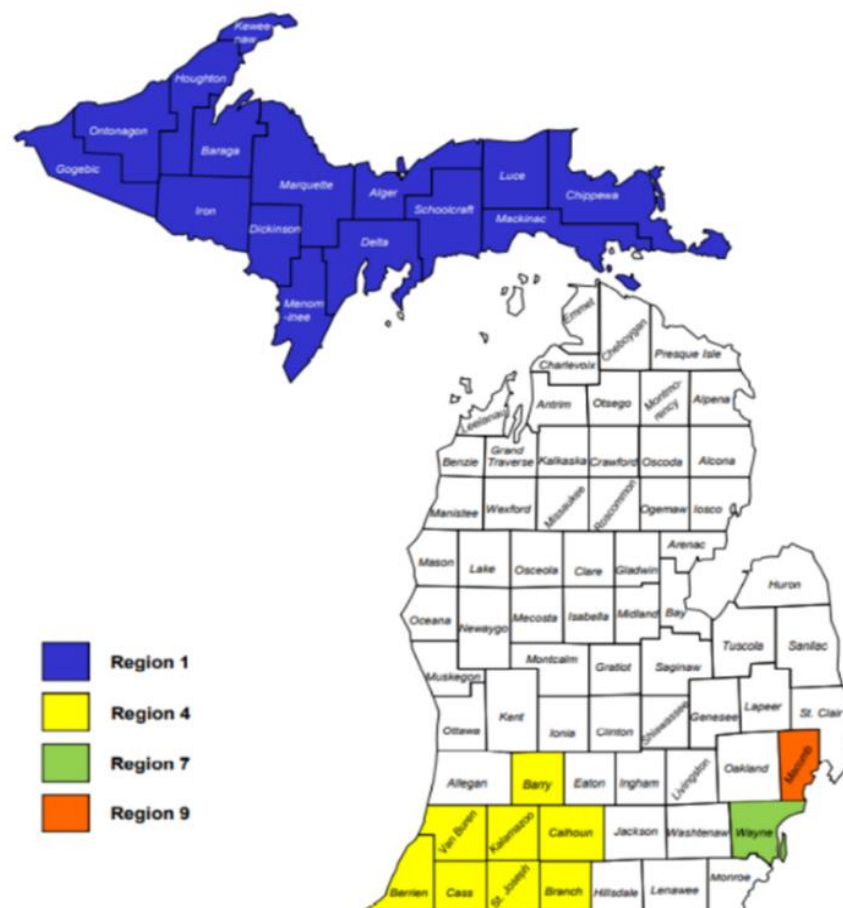
On a state level, Michigan Public Act 653 of 2006 directs the Michigan Department of Health and Human Services (MDHHS) to develop strategies to reduce racial and ethnic disparities, including the compilation of racial and ethnic specific data, including, but not limited to, morbidity and mortality.⁷ 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 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.

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 regions

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



4 and 7 to Meridian’s coverage. The first report had seven plans represented in it, and with the last two iterations of the reports, there has been 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 MI Health Link (HCS)	Regions 7, 9	Macomb, Wayne
Meridian Complete (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 providers. 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 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 the 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 following data is the continuation of the Expanding Equity efforts, adding 2023 data to the trends throughout the years and taking a specific look at 2023 data within the measures and across all health plans.

Focus on Disparities: Data in Action

Utilizing the data from each plan-specific report, in 2024, 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 and an analysis of member data, as well as a focus group utilizing the information gained from the two previous deliverables.

Deliverables for FY2024: Literature Review and Analysis of Member Data

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

Member Data: ICOs completed 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 included a barrier and gap analysis report to identify where data may be incomplete or unavailable, and how they intend to remedy it.

Deliverables for FY2025: Focus Groups and Proposed Interventions

Focus Groups: Each ICO convened a focus group of members with the identified condition. The focus group guide was reviewed by MHL program staff in advance of implementation. The purpose of the focus group is to gain member' perspectives 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 created and described potential interventions to improve disparities in the identified measures. The intervention considerations include the identification risk factors by race/ethnicity and region and are based on the findings from the literature review, data analysis, and focus groups.

This report will include a discussion and cross themes of these findings.

Moving to MI Coordinated Health

MDHHS has transitioned 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.”

As these larger efforts to identify the extent to which racial/ethnic disparities exist in the MI Health Link duals demonstration program, the continual goal is to move from data towards action and introspection on making improvements. The 2026 report will include MY2024, a comprehensive wrap-up of the equity efforts in the MI Health Link program, and the plan moving forward to continue this important work within the DSNP.

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
Antidepressant Medication Management-Acute Phase Treatment	AMM
Breast Cancer Screenings	BCS-E
Controlling High Blood Pressure	CBP
Eye Exam for Patients with Diabetes*	EED
Comprehensive Diabetes Care HbA1c Control <8%	HBD Control
Comprehensive Diabetes Care- Poor HbA1c Control	HBD Poor Control
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).

*In 2023 a few measures changed the abbreviation. Breast Cancer Screenings changed to BCS-E, Comprehensive Diabetes Care Hb1Ac Control <8% CDCControl changed to HBD Control, and Comprehensive Diabetes Care- Poor HbA1c Control changed to HBD Poor Control.

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).

Antidepressant 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:

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

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 2023 enrollment.

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

Racial/Ethnic Groups	Integrated Care Organization					
	Aetna	AmeriHealth	HCS	Meridian	Molina	UPHP
White	50.15%	36.66%	39.39%	56.86%	34.42%	94.83%
Black or African American	39.83%	48.97%	45.11%	33.86%	50.35%	0.46%
Hispanic	1.96%	1.85%	0.98%	2.67%	3.14%	0.48%
American Indian and Alaskan Native	0.24%	0.34%	0.36%	0.44%	0.11%	2.77%
Asian	1.79%	3.23%	4.97%	1.97%	2.86%	0.50%
Native Hawaiian and Other Pacific Islander	0.09%	0.13%	0.16%	0.11%	0.11%	0.11%

Some Other Race	5.19%	0.00%	8.17%	4.32%	3.28%	0.02%
Unknown/Declined	0.74%	8.82%	0.36%	0.00%	2.72%	0.83%

This data has been updated to reflect data received for 2023 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)

Table 5. Sex of Integrated Care Organization by Health Plan

Sex	Integrated Care Organization					
	Aetna	AmeriHealth	HAP	Meridian	Molina	UPHP
Female	54.74%	52.50%	56.13%	53.49%	58.14%	56.06%
Male	45.26%	47.50%	43.87%	46.51%	41.86%	43.94%

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 that 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 2022 to 2023, for the Black/African American population, an additional one measure improved, moving to better 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 Other, Hispanic, 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 and vary across the years. AMM, CBP, EED, and ADV are a few measures that have some larger disparities present. Many of the measures, such as FUH, TRC, PCR 65+, and COL, continue to show disparities getting smaller for multiple populations.

Table 6. Between 2022 and 2023, did the number of disparities for selected ethnic and racial groups get better or worse compared to the white reference population? * Total Measures Available differ for racial/ethnic groups and by year, depending on the number of people in the program and how many qualify for each measure.

Race/ Ethnicity	Black/African American		American Indian/ Alaskan Native		Asian		Native Hawaiian or Other Pacific Islander		Hispanic		Other	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
Number of Disparities that Improved	2	3	1	0	1	1	0	0	2	2	2	2
Number of Disparities that Worsened	13	13	2	2	6	6	1	2	8	7	8	10
No Difference	1	0	5	4	5	6	2	0	3	5	4	2
Total* Measures Available	16	16	8	6	12	13	3	2	13	14	14	14

Figure 2. Adult Access to Care 20-44 by Race/Ethnicity 2017-2023. Over the 2017-2023 period, disparities between racial/ethnic groups were present and varied across years. For MY23, disparities are present with notable gaps between racial/ethnic groups.

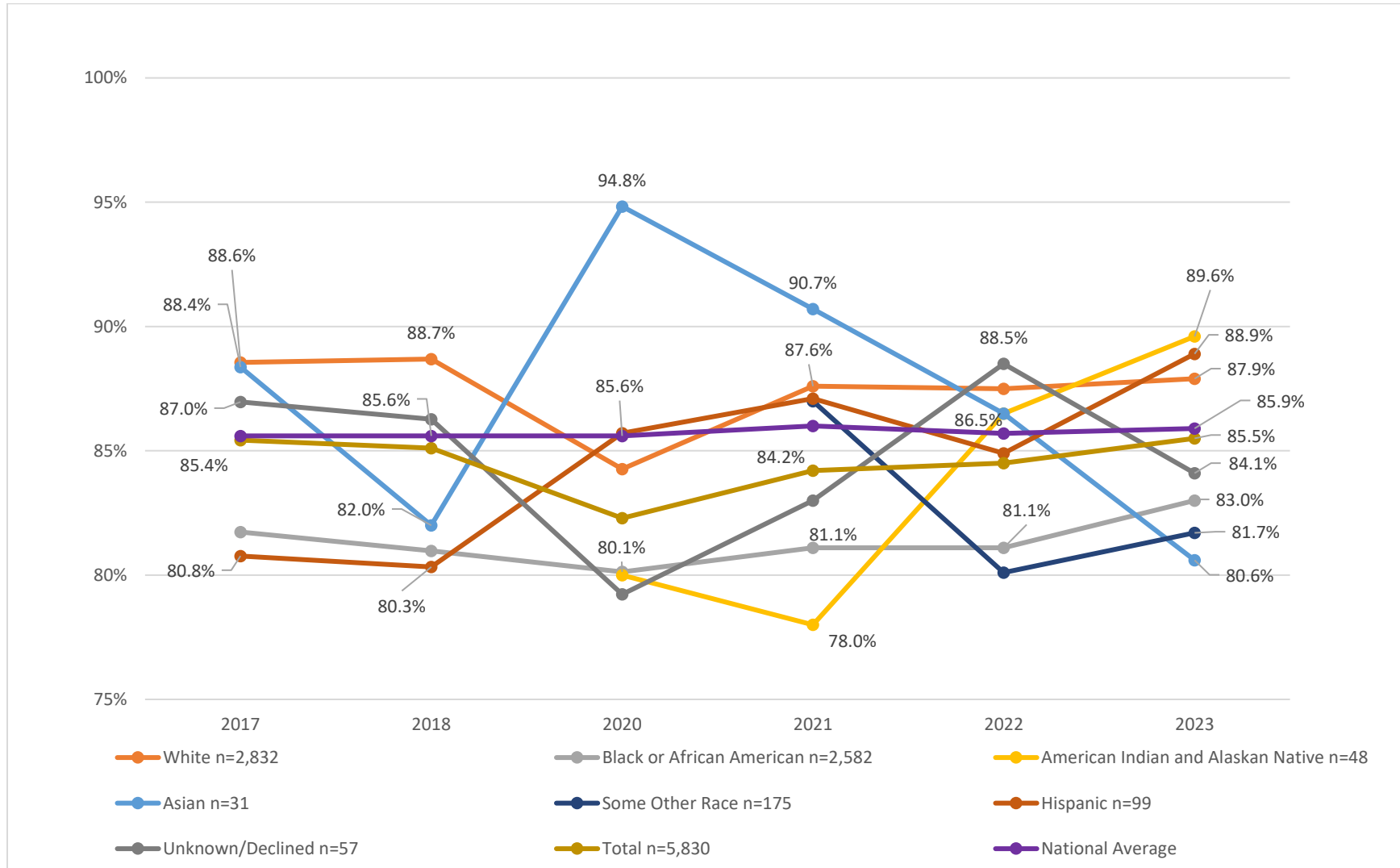


Table 7. Adult Access to Care 20-44 Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	88.6%	88.7%	84.3%	87.6%	87.5%	87.9%
Black or African American	81.7%	81.0%	80.1%	81.1%	81.1%	83.0%
American Indian and Alaskan Native	--	--	80.0%	78.0%	86.5%	89.6%
Asian	88.4%	82.0%	94.8%	90.7%	86.5%	80.6%
Some other Race	--	--	--	87.0%	80.1%	81.7%
Hispanic	80.8%	80.3%	85.7%	87.1%	84.9%	88.9%
Unknown/Declined	87.0%	86.3%	79.2%	83.0%	88.5%	84.1%
Total	85.4%	85.1%	82.3%	84.2%	84.5%	85.5%
National Average	85.6%	85.6%	85.6%	86.0%	85.7%	85.9%

Figure 3. Adult Access to Care 20-44 by Sex 2022-2023. The disparities were present in both 2022 and 2023, with the female group consistently having higher rates. While there was an improvement for males in 2023, the disparities between sexes remains.

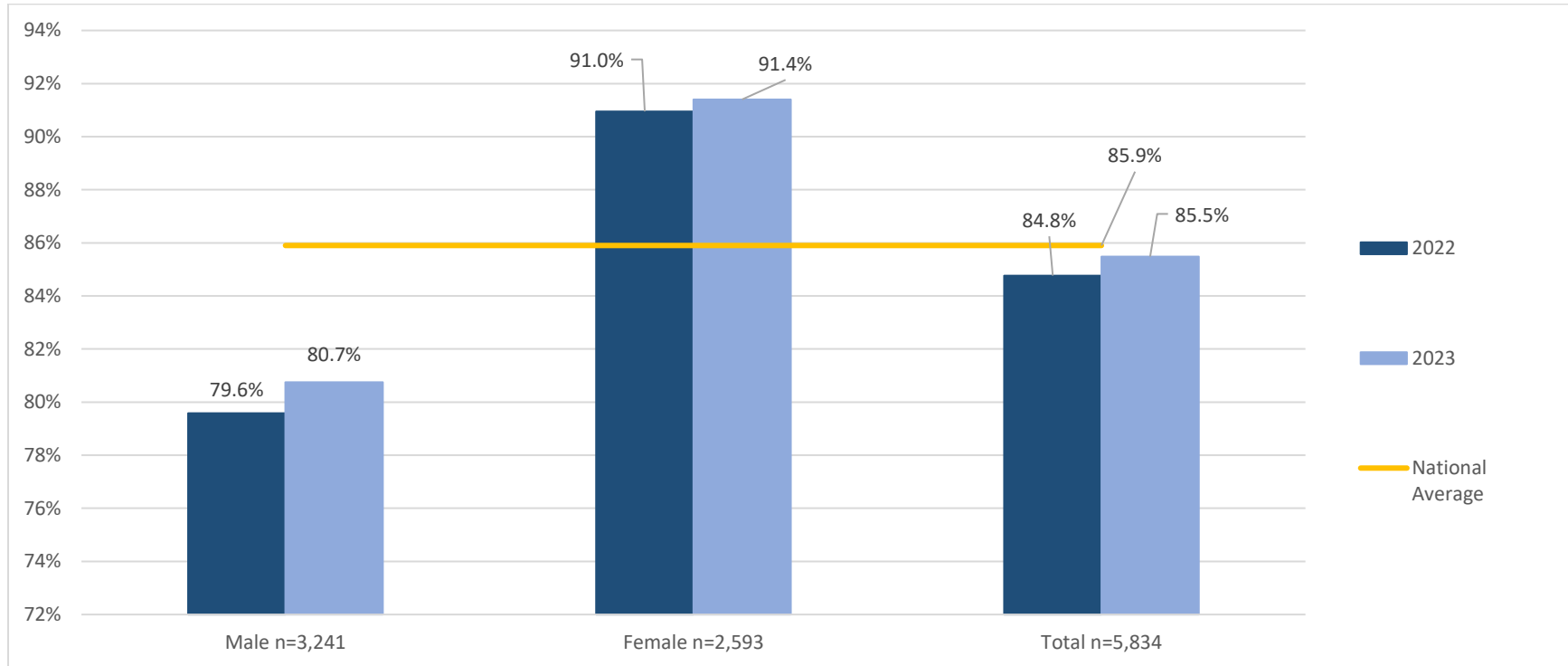


Table 8. Adult Access to Care 20-44 Rates by Sex 2022-2023

Sex	2022	2023
Male	79.6%	80.7%
Female	91.0%	91.4%
Total	84.8%	85.5%
National Average	--	85.9%

Figure 4. Adult Access to Care 45-64 by Race/Ethnicity 2017-2023. Over the 2017-2023 period, disparities were present and varied across years. Over this period there are clusters of racial/ethnic groups demonstrating a decrease in disparities, with a few groups experiencing sharp increases/decreases. For MY23 overall disparities are small.

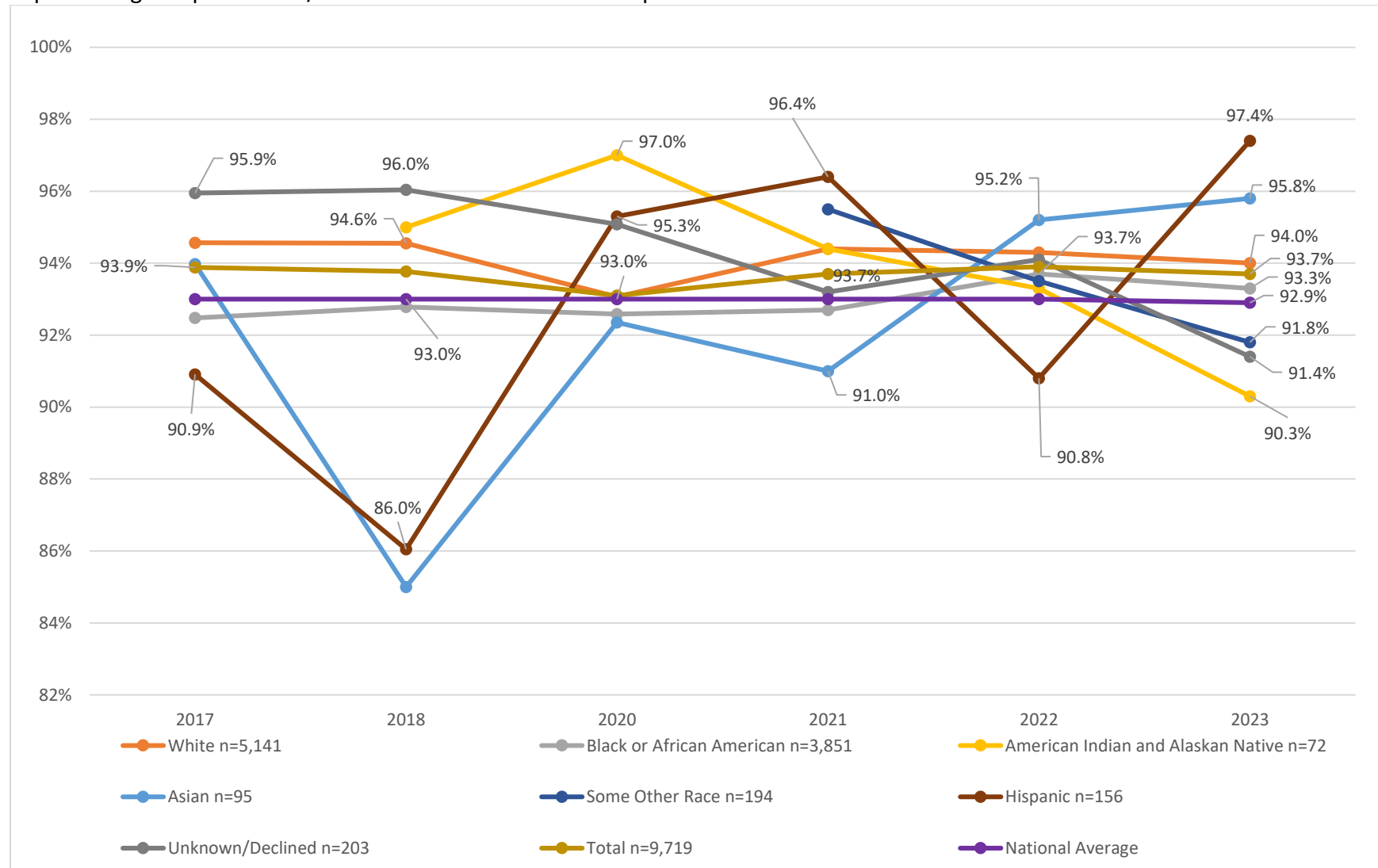


Table 9. Adult Access to Care 45-64 Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	94.6%	94.6%	93.1%	94.4%	94.3%	94.0%
Black or African American	92.5%	92.8%	92.6%	92.7%	93.7%	93.3%
American Indian and Alaskan Native	--	95.0%	97.0%	94.4%	93.3%	90.3%
Asian	94.0%	85.0%	92.3%	91.0%	95.2%	95.8%
Some Other Race	--	--	--	95.5%	93.5%	91.8%
Hispanic	90.9%	86.0%	95.3%	96.4%	90.8%	97.4%
Unknown/Declined	95.9%	96.0%	95.1%	93.2%	94.1%	91.4%
Total	93.9%	93.8%	93.1%	93.7%	93.9%	93.7%
National Average	93.0%	93.0%	93.0%	93.0%	93.0%	92.9%

Figure 5. Adult Access to Care 45-64 by Sex 2022-2023. The disparities between 2022 and 2023 were minimal with similar rates between males and females.

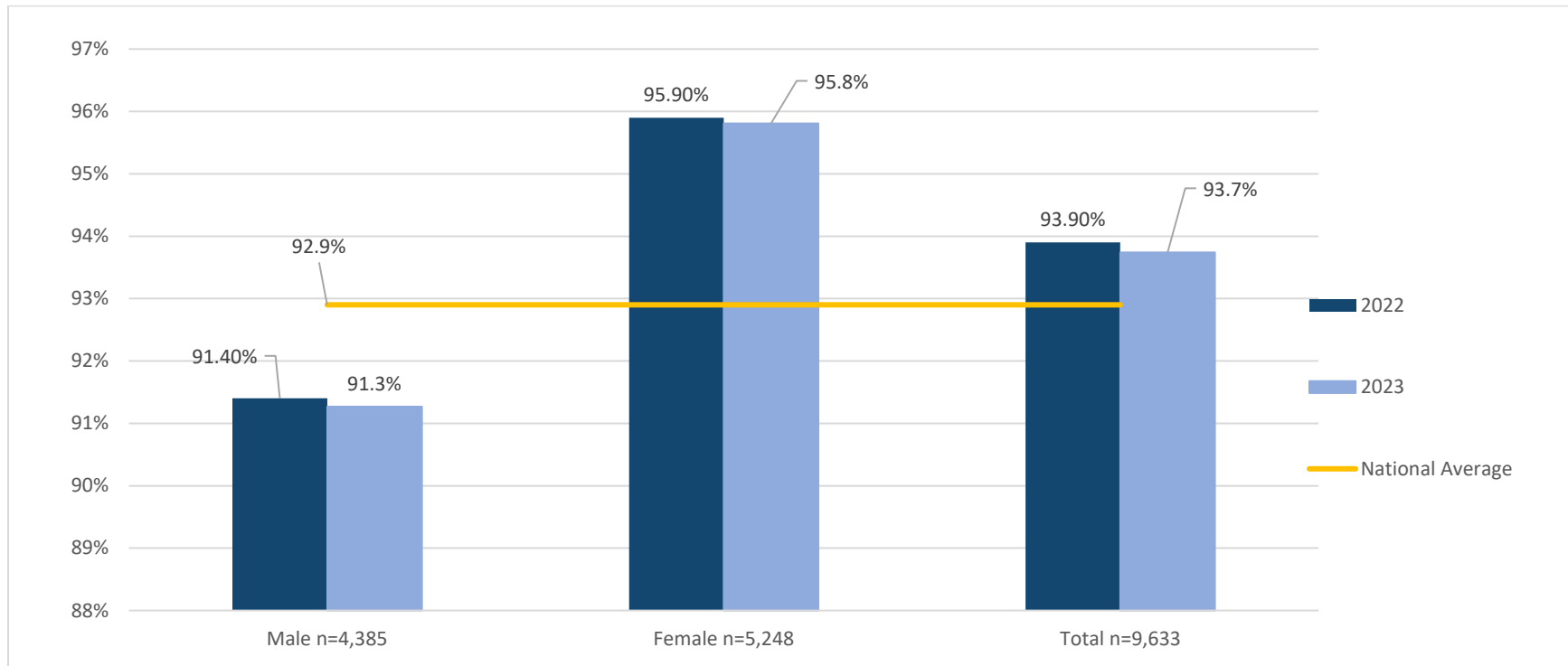


Table 10. Adult Access to Care 45-64 Rates by Sex 2022-2023

Sex	2022	2023
Male	91.40%	91.3%
Female	95.90%	95.8%
Total	93.90%	93.7%
National Average	--	92.9%

Figure 6. Adult Access to Care 65+ by Race/Ethnicity 2017-2023. Over the 2017-2023 period, disparities between racial/ethnic groups were small and narrowed gradually. For the MY23 disparities are very small.

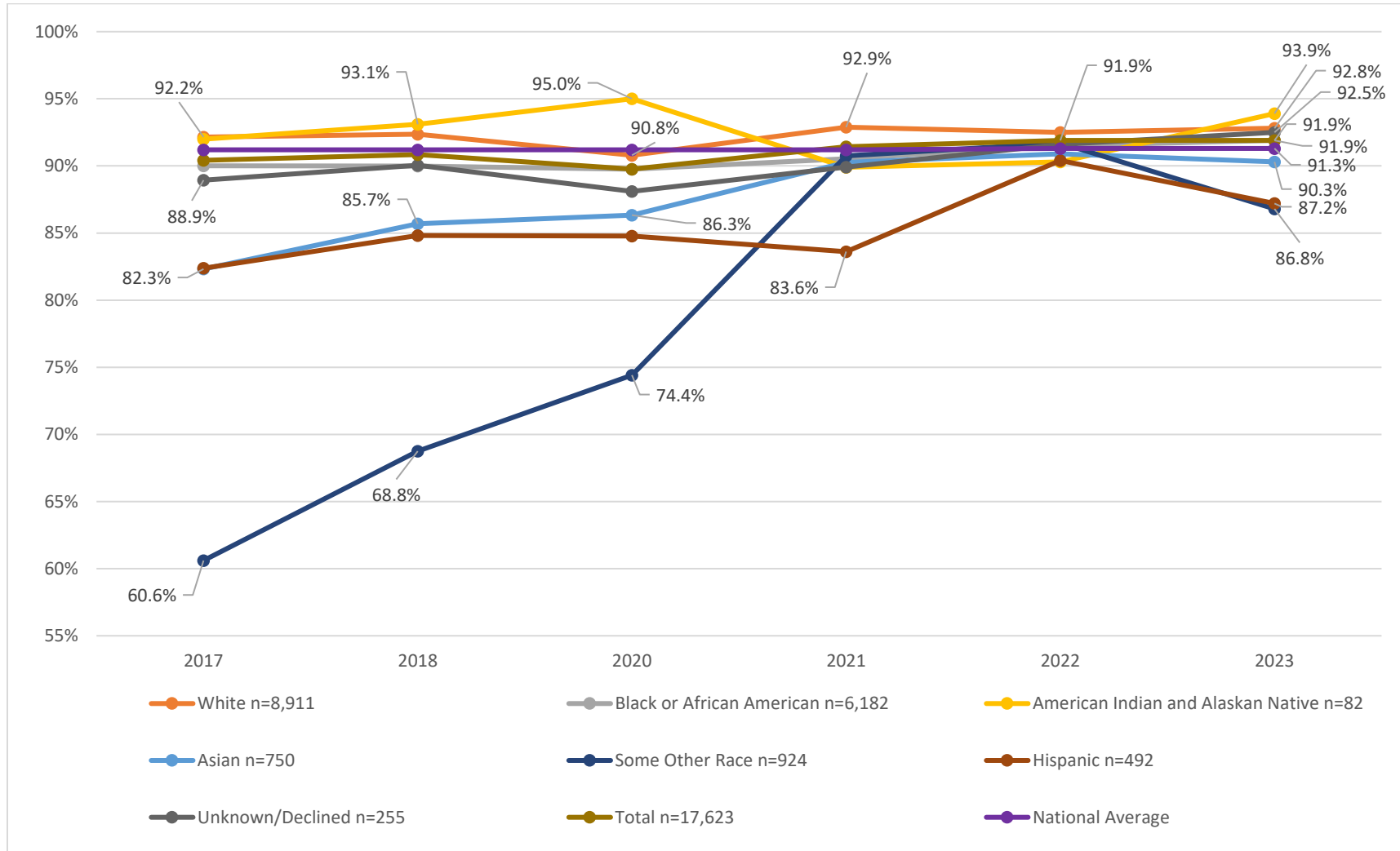


Table 11. Adult Access to Care 65+ Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	92.2%	92.4%	90.8%	92.9%	92.5%	92.8%
Black or African American	90.0%	90.0%	89.8%	90.5%	91.5%	91.9%
American Indian and Alaskan Native	92.0%	93.1%	95.0%	89.9%	90.3%	93.9%
Asian	82.3%	85.7%	86.3%	90.3%	90.9%	90.3%
Some Other Race	60.6%	68.8%	74.4%	90.8%	91.7%	86.8%
Hispanic	82.4%	84.8%	84.8%	83.6%	90.4%	87.2%
Unknown/Declined	88.9%	90.0%	88.1%	89.9%	91.6%	92.5%
Total	90.4%	90.8%	89.8%	91.4%	91.9%	91.9%
National Average	91.2%	91.2%	91.2%	91.2%	91.3%	91.3%

Figure 7. Adult Access to Care 65+ by Sex 2022-2023. The disparities between 2022 and 2023 were minimal with similar rates between males and females.

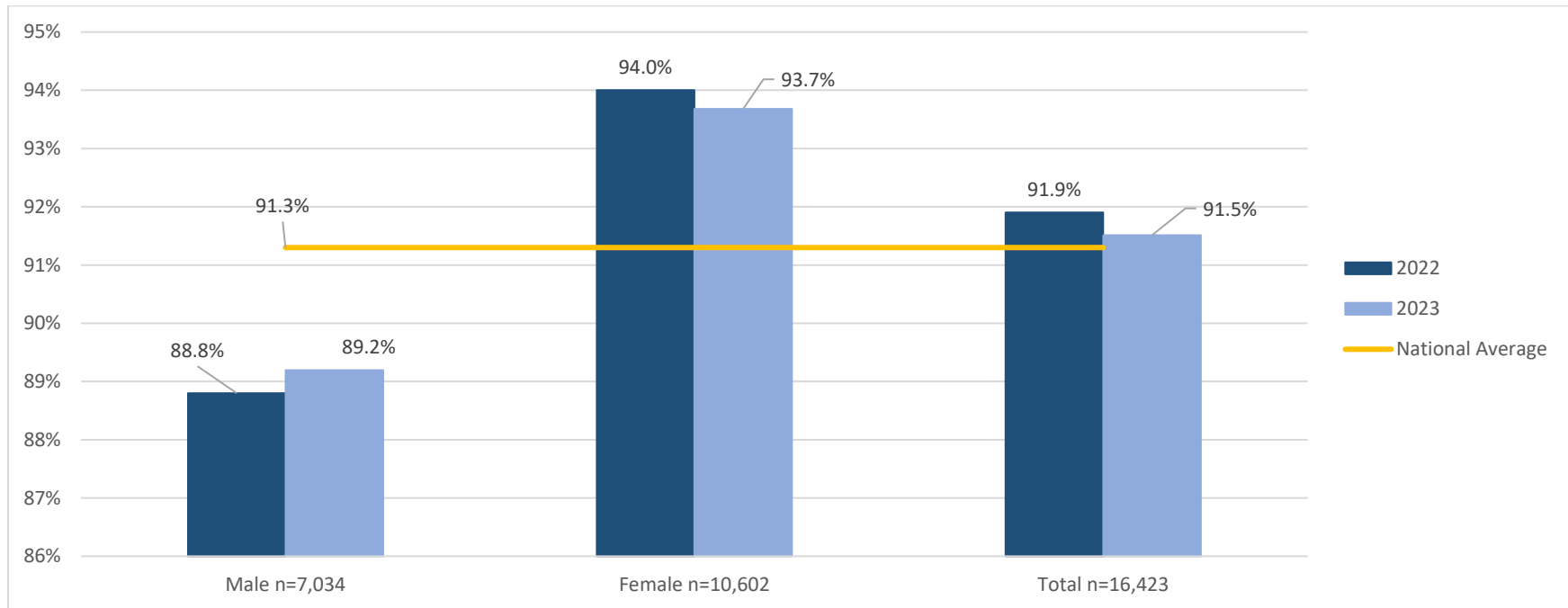


Table 12. Adult Access to Care 65+ Rates by Sex 2022-2023

Sex	2022	2023
Male	88.8%	89.2%
Female	94.0%	93.7%
Total	91.9%	91.5%
National Average	--	91.3%

Figure 8. Adult Access to Care Total by Race/Ethnicity 2017-2023. Over the 2017-2023 period, disparities between racial/ethnic groups were small and narrowed gradually. For the MY23 disparities are very small.

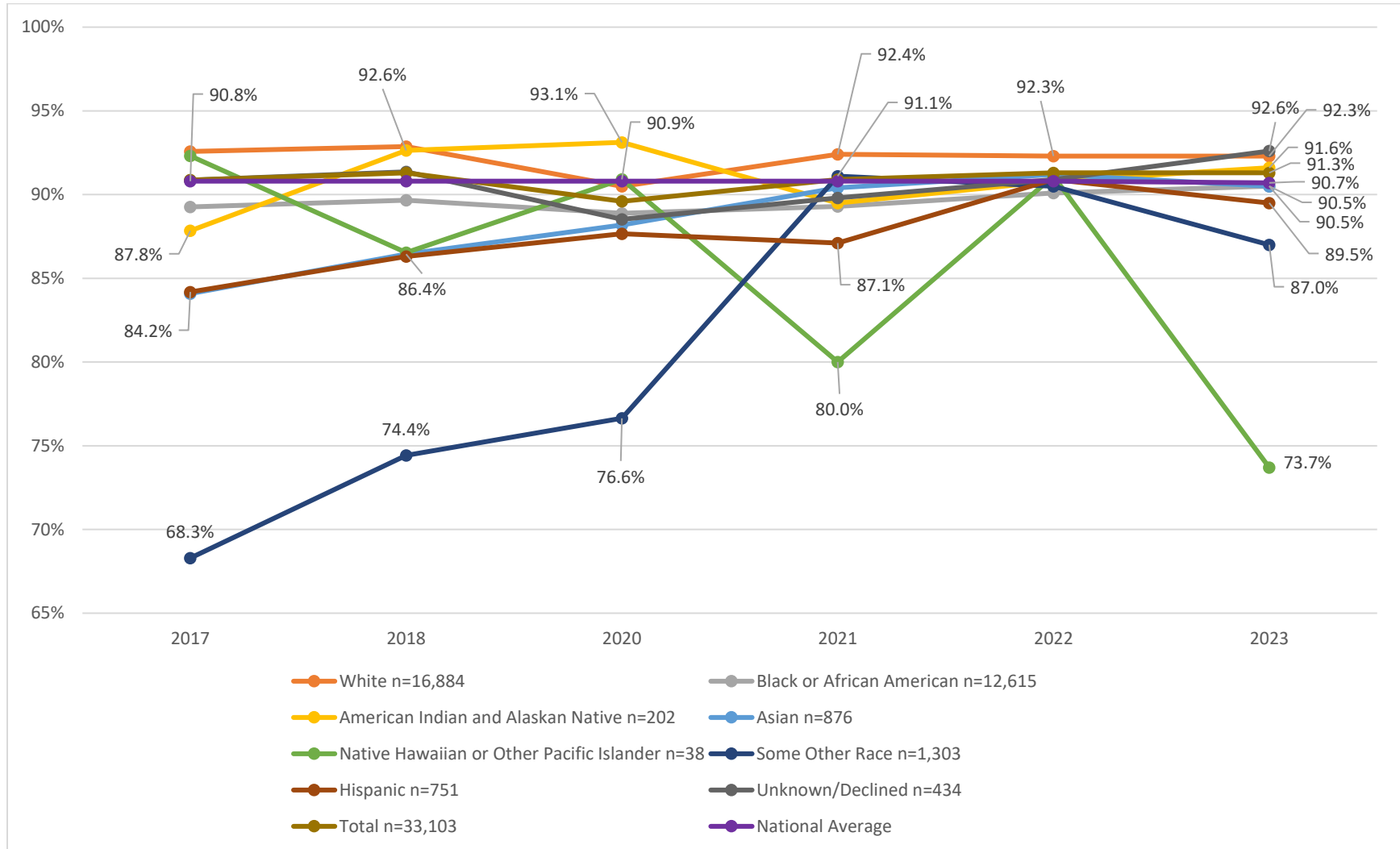


Table 13. Adult Access to Care Total Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	92.6%	92.9%	90.5%	92.4%	92.3%	92.3%
Black or African American	89.3%	89.7%	88.9%	89.3%	90.1%	90.5%
American Indian and Alaskan Native	87.8%	92.6%	93.1%	89.5%	90.8%	91.6%
Asian	84.1%	86.4%	88.2%	90.4%	91.2%	90.5%
Native Hawaiian or Other Pacific Islander	92.3%	86.5%	90.9%	80.0%	91.1%	73.7%
Some Other Race	68.3%	74.4%	76.6%	91.1%	90.5%	87.0%
Hispanic	84.2%	86.3%	87.7%	87.1%	90.9%	89.5%
Unknown/Declined	90.9%	91.4%	88.5%	89.8%	90.9%	92.6%
Total	90.9%	91.3%	89.6%	90.9%	91.3%	91.3%
National Average	90.8%	90.8%	90.8%	90.8%	90.8%	90.7%

Figure 9. Adult Access to Care Total by Sex 2022-2023. The disparities between 2022 and 2023 were minimal with similar rates between males and females.

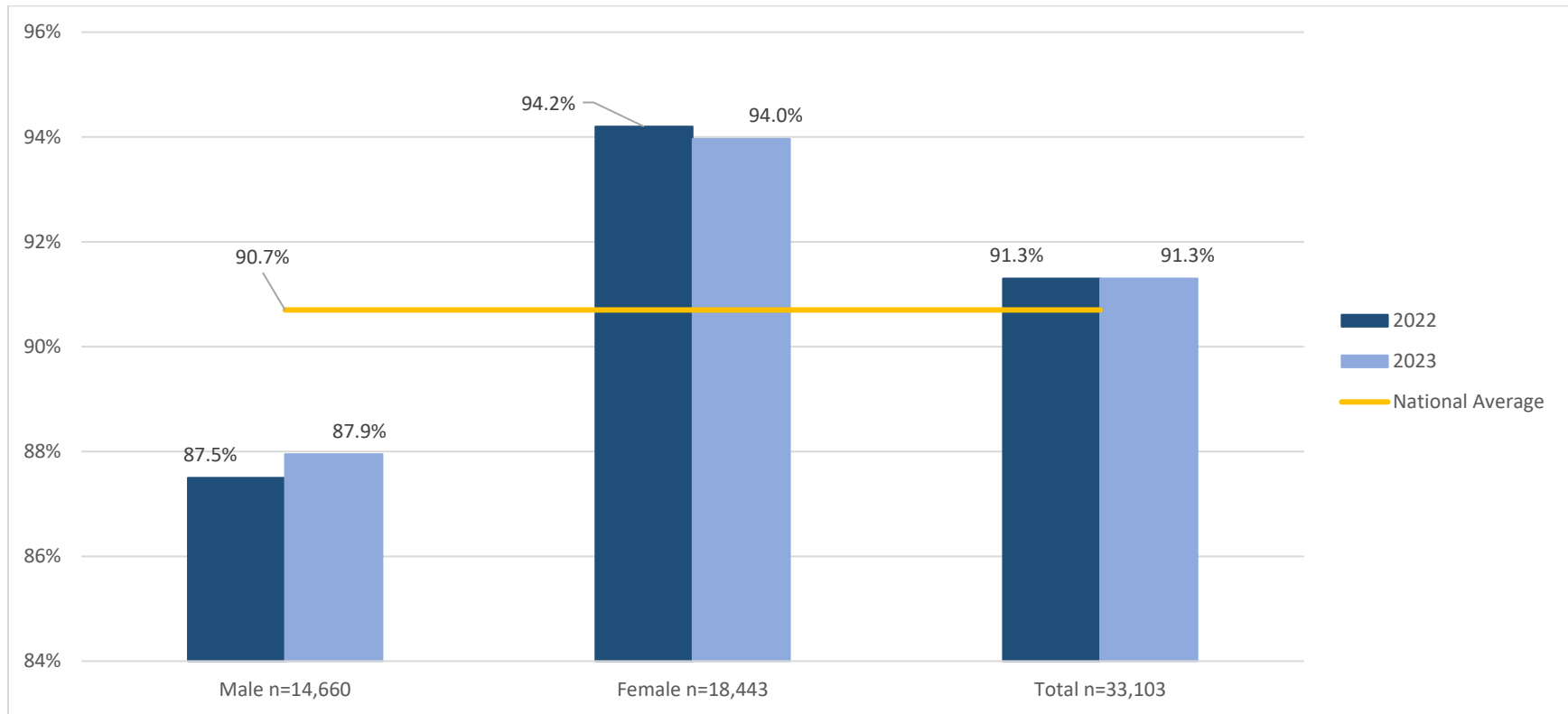


Table 14. Adult Access to Care Total Rates by Sex 2022-2023

Sex	2022	2023
Male	87.5%	87.9%
Female	94.2%	94.0%
Total	91.3%	91.3%
National Average	--	90.7%

Figure 10. Antidepressant Medication Management-Acute Phase Treatment by Race/Ethnicity 2017-2023. Over the 2017-2023 period, disparities between racial/ethnic groups were consistently present with substantial gaps between racial/ethnic groups. For the MY23 disparities remain present between the White and Black/African American population.

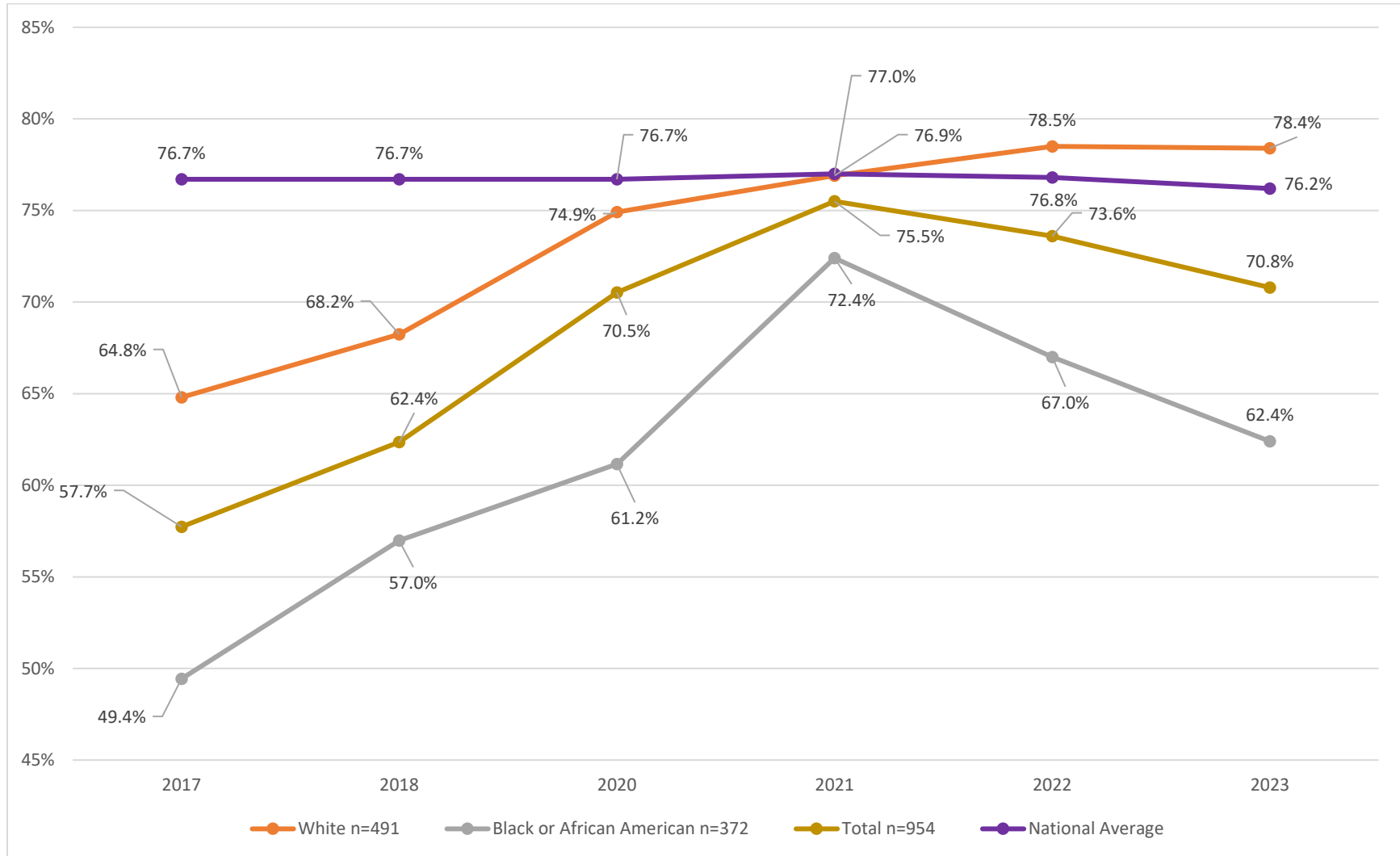


Table 15. Antidepressant Medication Management-Acute Phase Treatment Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	64.8%	68.2%	74.9%	76.9%	78.5%	78.4%
Black or African American	49.4%	57.0%	61.2%	72.4%	67.0%	62.4%
Unknown/Declined	52.1%	56.5%	72.6%	78.3%	71.8%	60.9%
Total	57.7%	62.4%	70.5%	75.5%	73.6%	70.8%
National Average	76.7%	76.7%	76.7%	77.0%	76.8%	76.2%

Figure 11. Antidepressant Medication Management-Acute Phase Treatment by Sex 2022-2023. The disparities between 2022 and 2023 were minimal with similar rates between males and females.

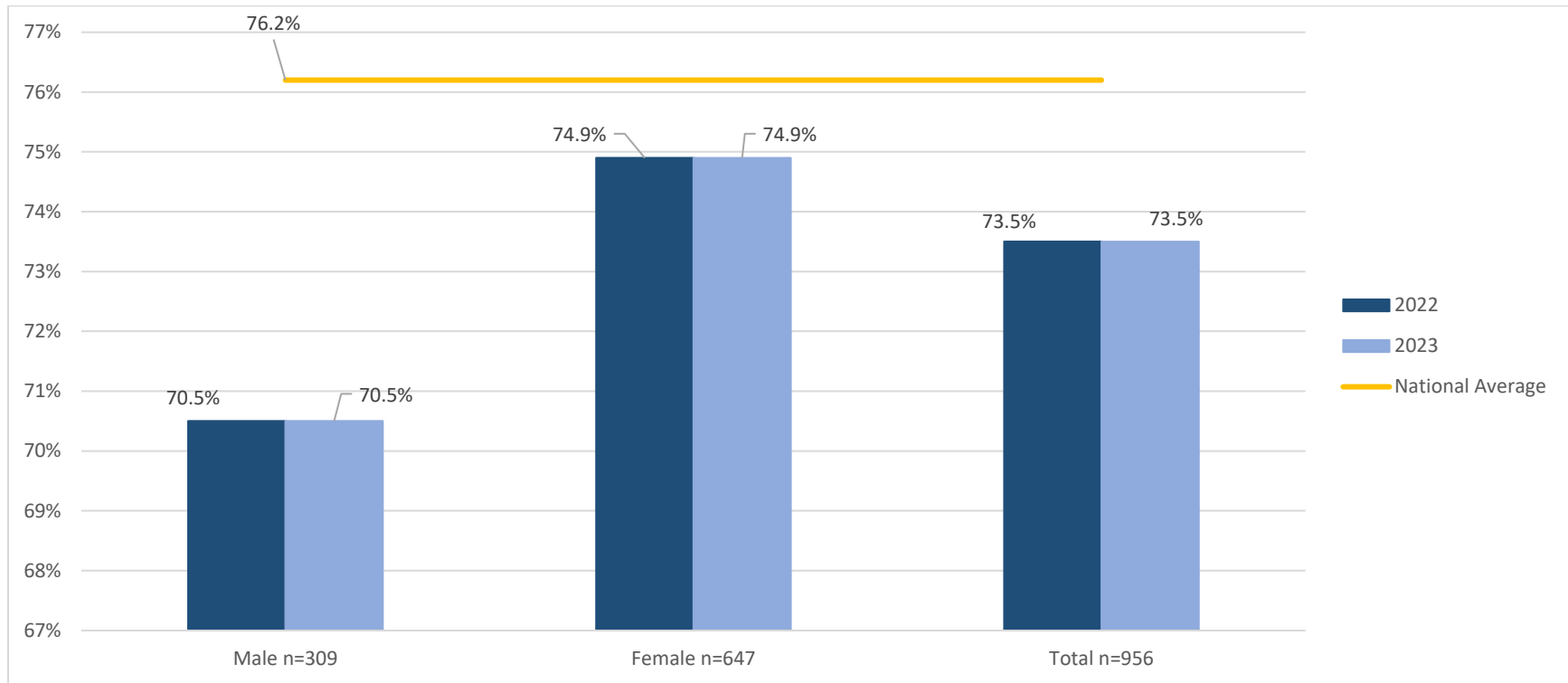


Table 16. Antidepressant Medication Management-Acute Phase Treatment Rates by Sex 2022-2023

Sex	2022	2023
Male	70.5%	70.5%
Female	74.9%	74.9%
Total	73.5%	73.5%
National Average	--	76.2%

Figure 12. Breast Cancer Screenings by Race/Ethnicity 2017-2023. Over the 2017-2023 period, disparities between racial/ethnic groups varied across the years with some groups experiencing sharp increases/decreases. For MY23, disparities were present but decreased from the previous year.

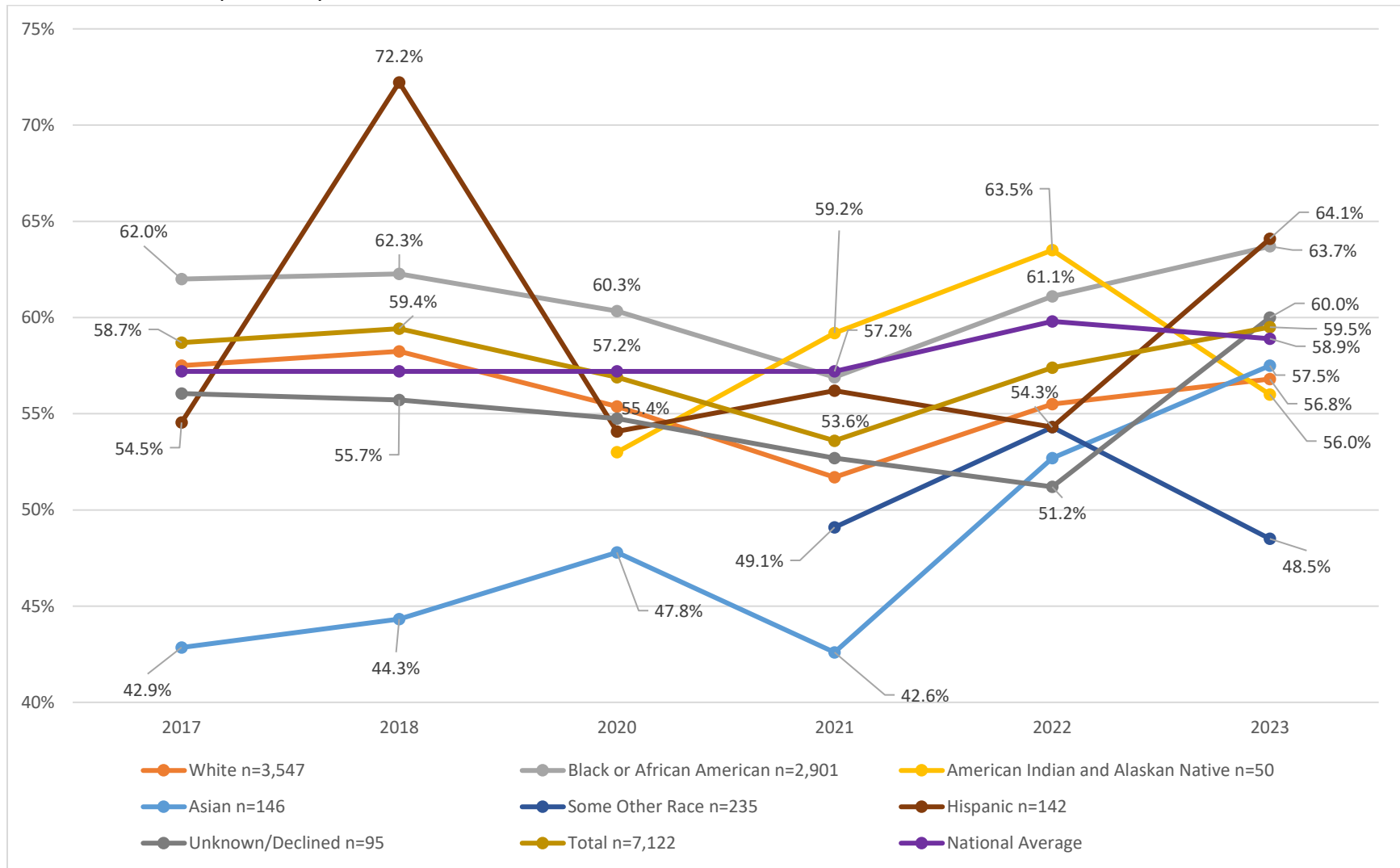


Table 17. Breast Cancer Screening Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	57.5%	58.2%	55.4%	51.7%	55.5%	56.8%
Black or African American	62.0%	62.3%	60.3%	56.9%	61.1%	63.7%
American Indian and Alaskan Native	--	--	53.0%	59.2%	63.5%	56.0%
Asian	42.9%	44.3%	47.8%	42.6%	52.7%	57.5%
Some Other Race	--	--	--	49.1%	54.3%	48.5%
Hispanic	54.5%	72.2%	54.1%	56.2%	54.3%	64.1%
Unknown/Declined	56.0%	55.7%	54.8%	52.7%	51.2%	60.0%
Total	58.7%	59.4%	56.9%	53.6%	57.4%	59.5%
National Average	57.2%	57.2%	57.2%	57.2%	59.8%	58.9%

Figure 13. Breast Cancer Screenings by Sex 2022-2023. The female rates were on par with national average between 2022-2023, making disparities close to non-existent.

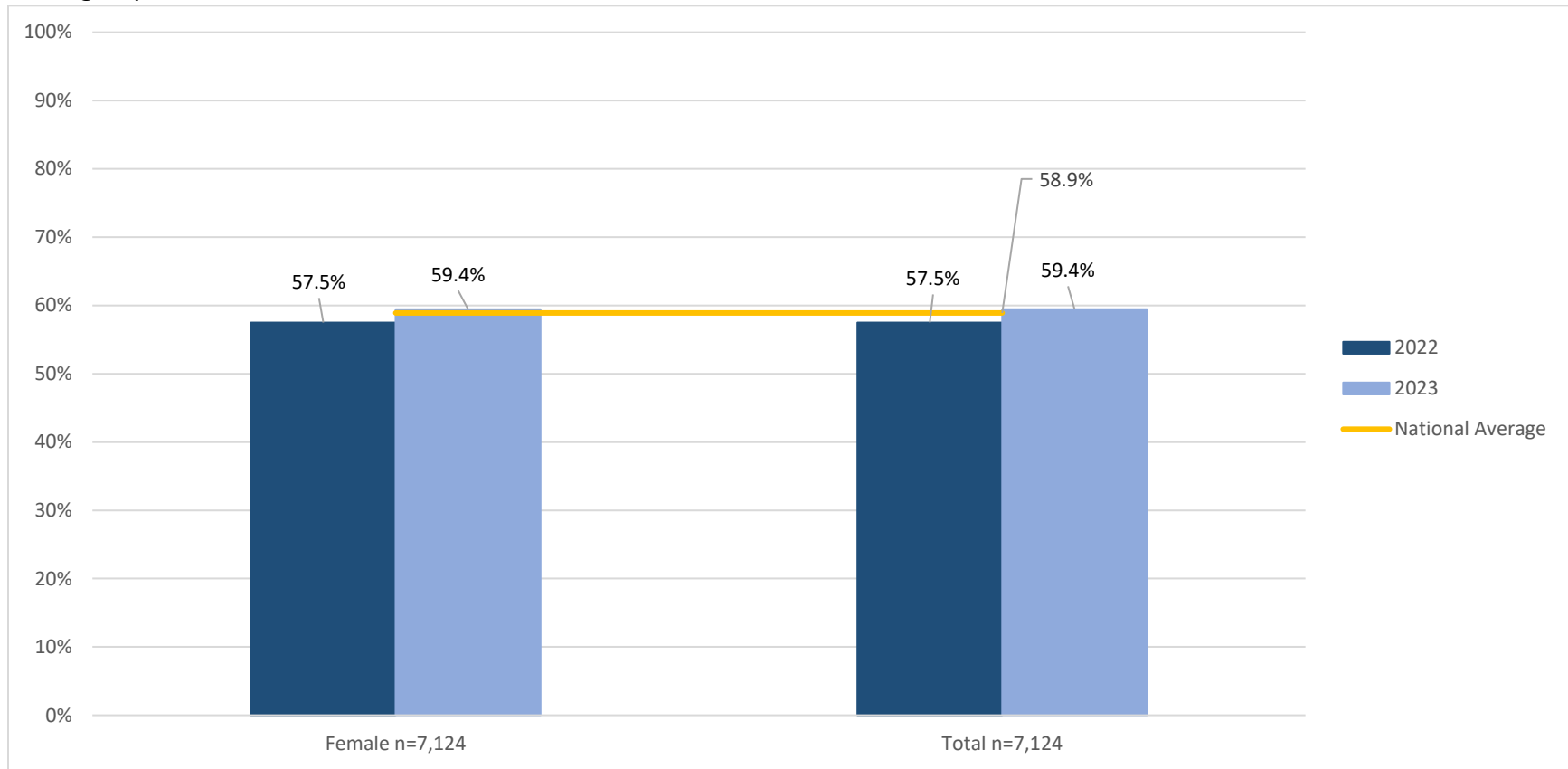


Table 18. Breast Cancer Screening Rates by Sex 2022-2023

Sex	2022	2023
Female	57.5%	59.4%
Total	57.5%	59.4%
National Average	--	58.9%

Figure 14. Controlling High Blood Pressure by Race/Ethnicity 2017-2023. Over the 2017-2023 period, disparities between racial/ethnic groups varied across the years with some groups experiencing sharp increases/decreases; disparities were most pronounced in 2021 with increase in gaps between racial/ethnic groups. For MY23 disparities are present.

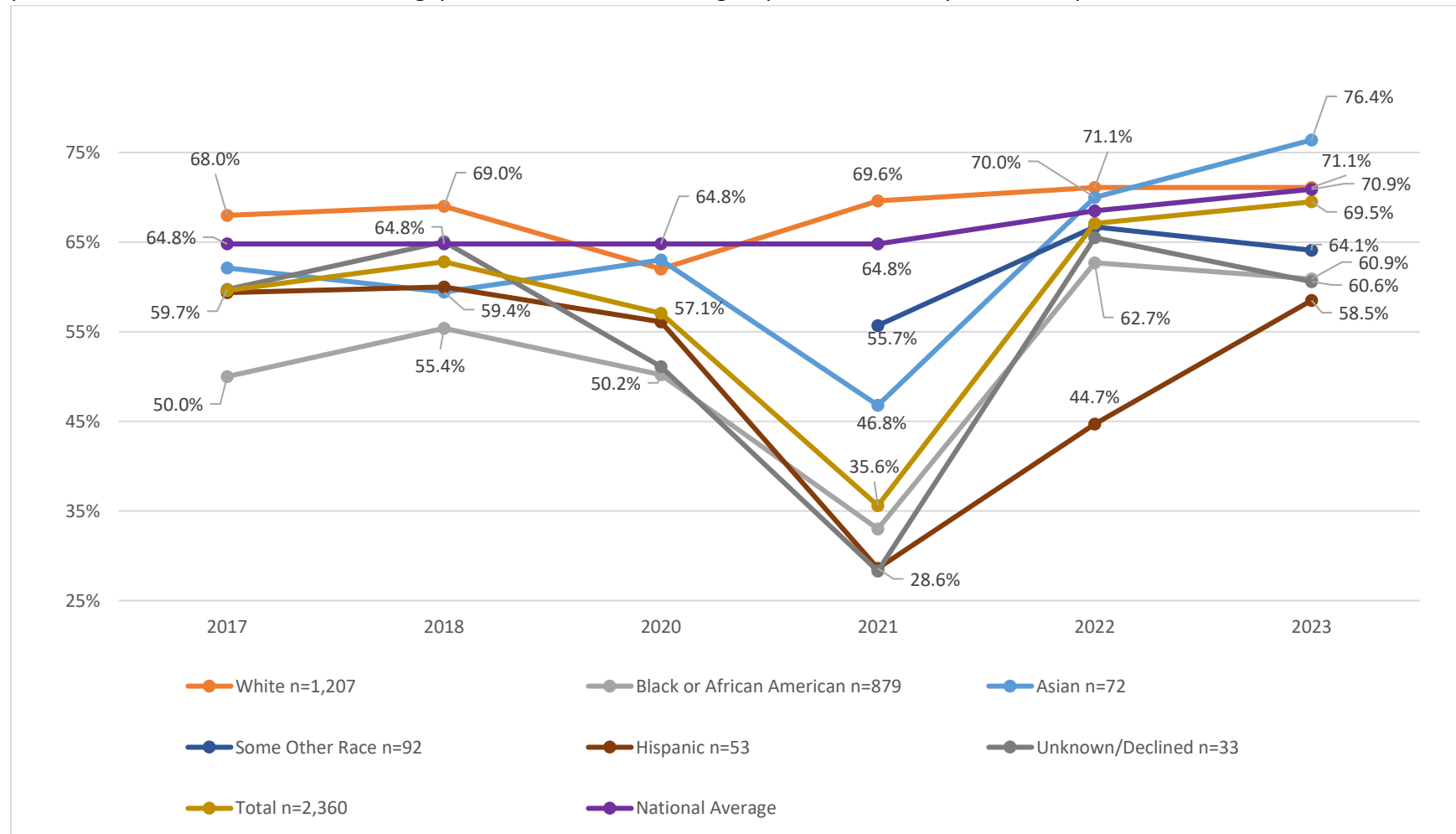


Table 19. Controlling High Blood Pressure Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	68.0%	69.0%	62.0%	69.6%	71.1%	71.1%
Black or African American	50.0%	55.4%	50.2%	33.0%	62.7%	60.9%
Asian	62.1%	59.4%	63.0%	46.8%	70.0%	76.4%
Some Other Race	--	--	--	55.7%	66.7%	64.1%
Hispanic	59.4%	60.0%	56.1%	28.6%	44.7%	58.5%
Unknown/Declined	59.7%	65.0%	51.1%	28.3%	65.5%	60.6%
Total	59.6%	62.8%	57.1%	35.6%	67.1%	69.5%
National Average	64.8%	64.8%	64.8%	64.8%	68.5%	70.9%

Figure 15. Controlling High Blood Pressure by Sex 2022-2023. The disparities between 2022 and 2023 were minimal. For MY23, the disparities were close to nonexistent with similar rates between males and females.

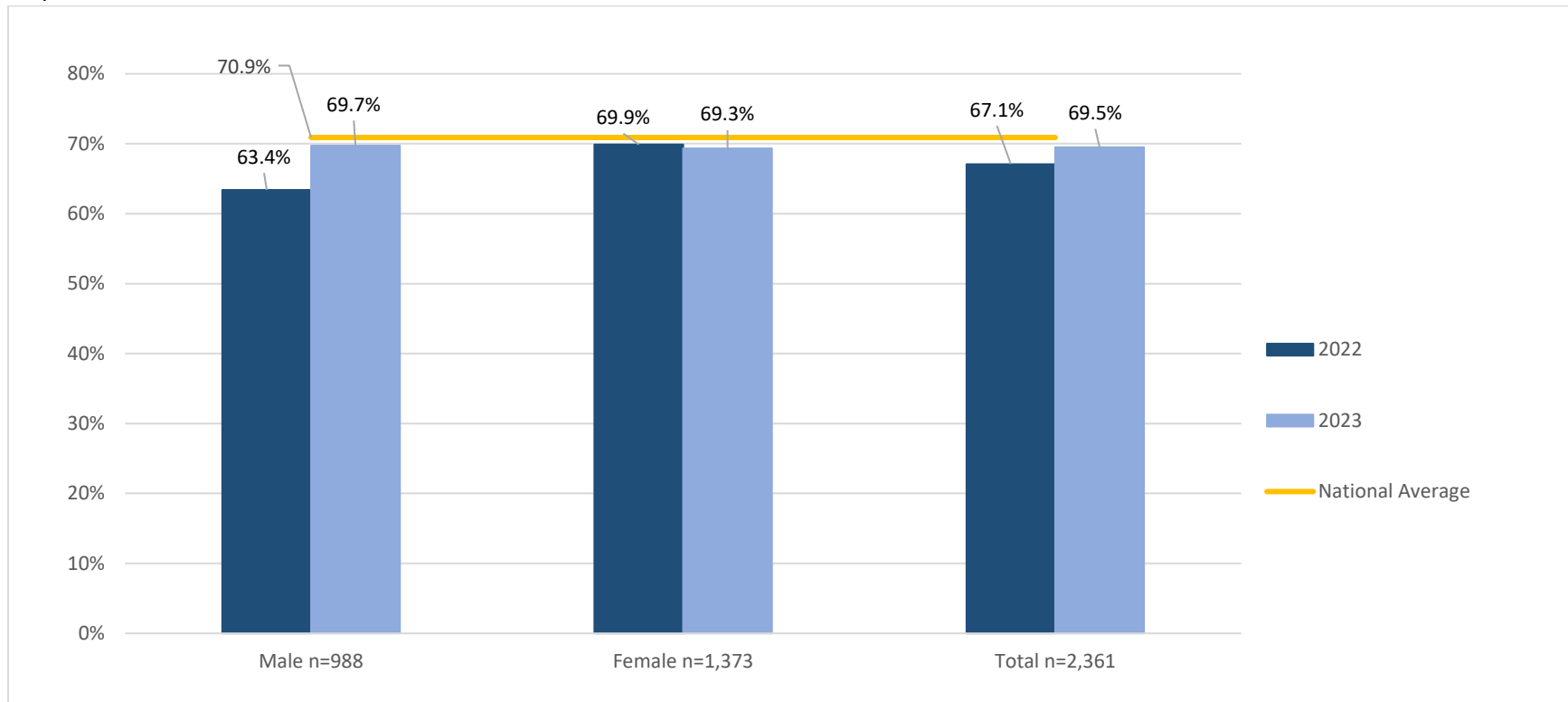


Table 20. Controlling High Blood Pressure Rates by Sex 2022-2023

Sex	2022	2023
Male	63.4%	69.7%
Female	69.9%	69.3%
Total	67.1%	69.5%
National Average	--	70.9%

Figure 16. Eye Exam for Patients with Diabetes by Race/Ethnicity 2017-2023. Over the 2017-2023 period, disparities between racial/ethnic groups varied but remained relatively small. For MY23 disparities are present but narrowing.

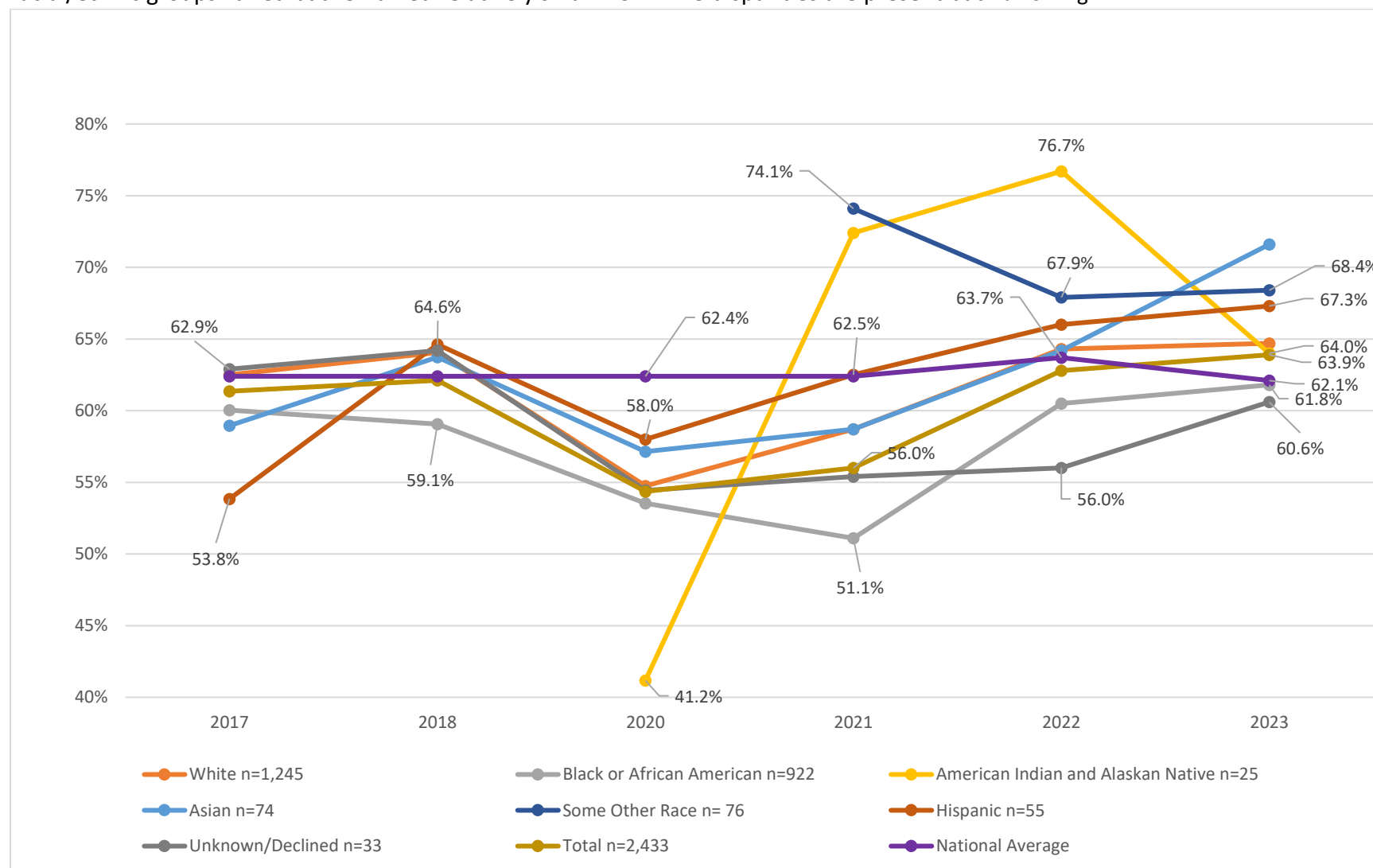


Table 21. Eye Exam for Patients with Diabetes Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	62.5%	64.0%	54.7%	58.7%	64.3%	64.7%
Black or African American	60.0%	59.1%	53.5%	51.1%	60.5%	61.8%
Asian	58.9%	63.7%	57.1%	58.7%	64.2%	71.6%
Some Other Race	--	--	--	74.1%	67.9%	68.4%
Hispanic	53.8%	64.6%	58.0%	62.5%	66.0%	67.3%
Unknown/Declined	62.9%	64.2%	54.4%	55.4%	56.0%	60.6%
Total	61.3%	62.1%	54.4%	56.0%	62.8%	63.9%
National Average	62.4%	62.4%	62.4%	62.4%	63.7%	62.1%

Figure 17. Eye Exam for Patients with Diabetes by Sex 2022-2023. The disparities were present in both 2022 and 2023, with the female group consistently having higher rates. While there was an improvement for males in 2023, the disparities between sexes remains.

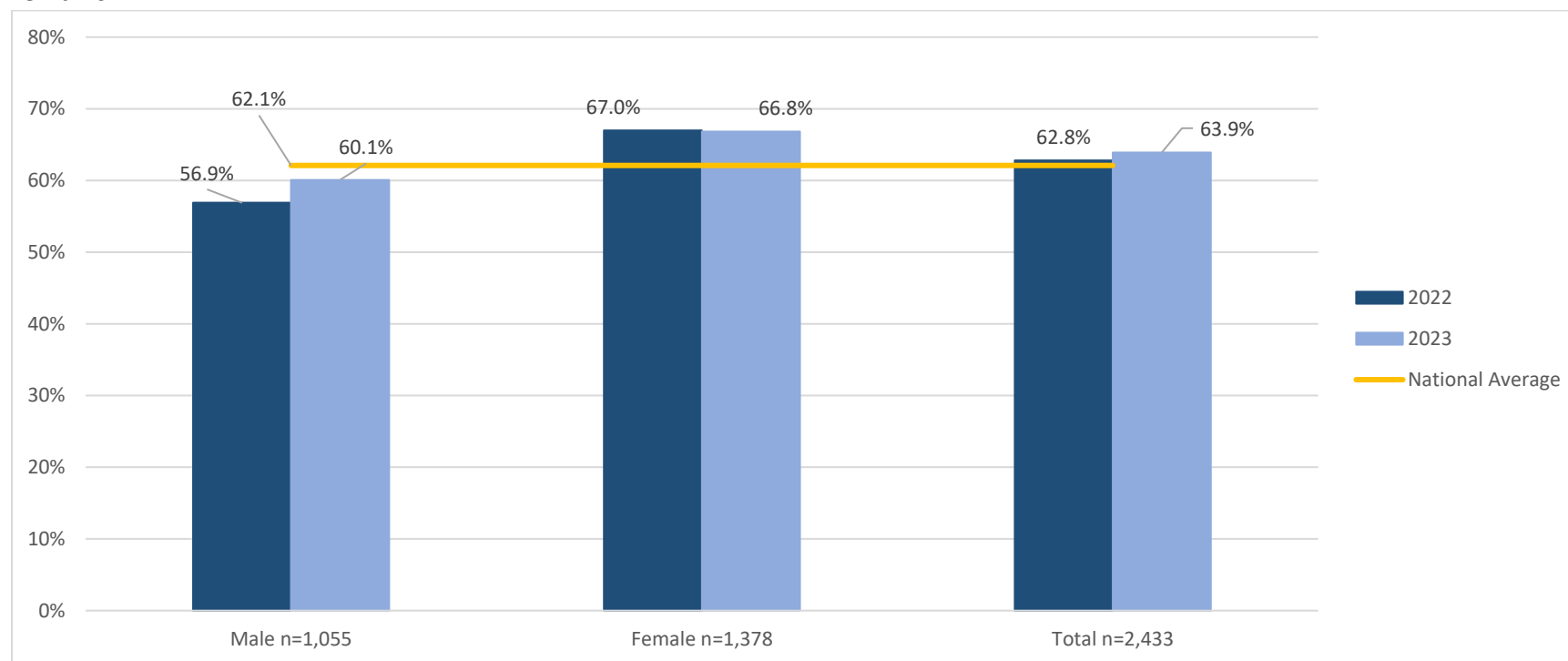


Table 22. Eye Exam for Patients with Diabetes Rates by Sex 2022-2023

Sex	2022	2023
Male	56.9%	60.1%
Female	67.0%	66.8%
Total	62.8%	63.9%
National Average	--	62.1%

Figure 18. Comprehensive Diabetes Care HbA1c Control <8% by Race/Ethnicity 2017-2023. Over the 2017-2023 period, disparities between racial/ethnic groups varied across the years with large increases and decreases. For MY23, disparities are present, but smaller than in previous years.

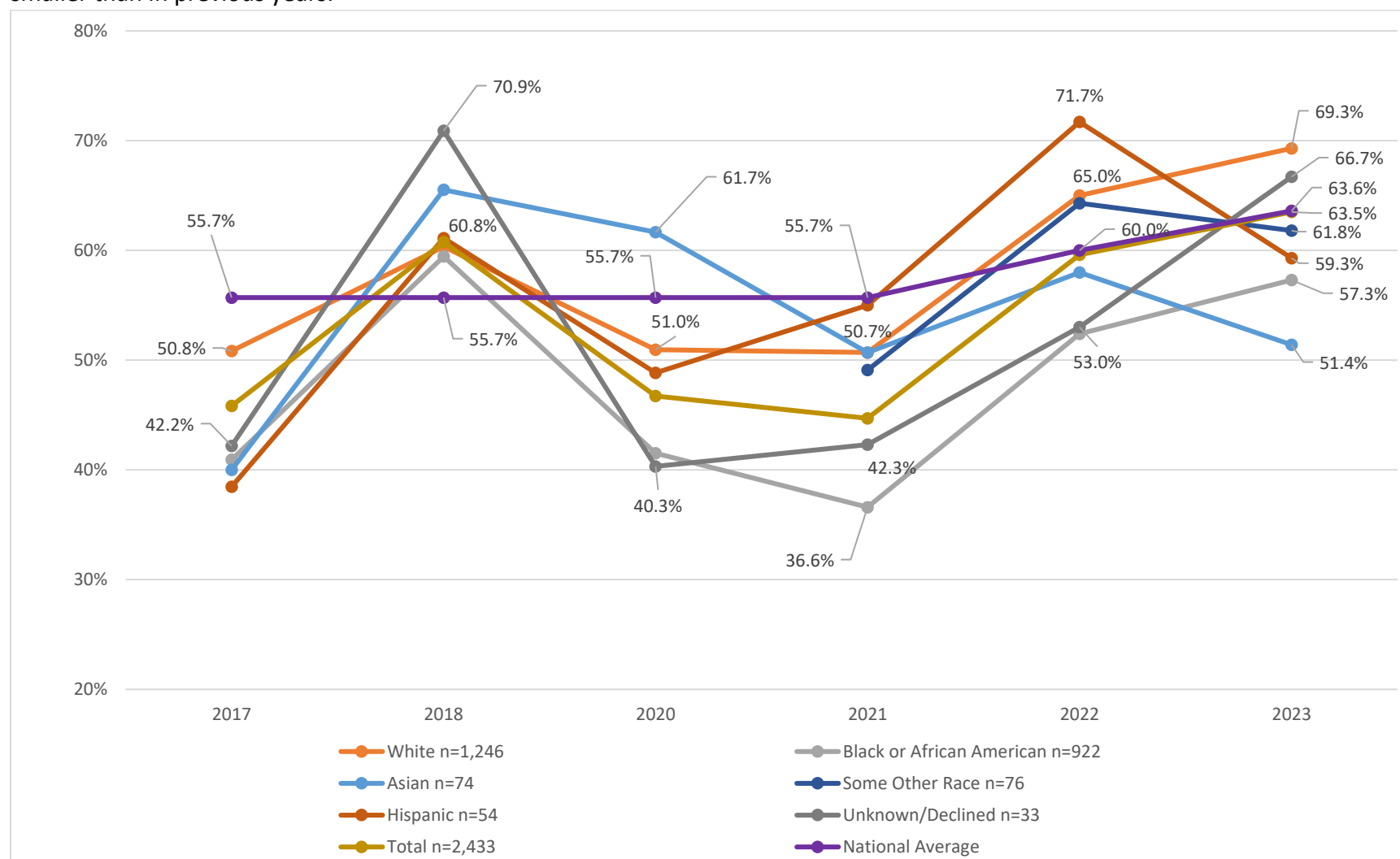


Table 23. Comprehensive Diabetes Care HbA1c Control <8% Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	50.8%	60.3%	51.0%	50.7%	65.0%	69.3%
Black or African American	40.9%	59.4%	41.5%	36.6%	52.4%	57.3%
Asian	40.0%	65.5%	61.7%	50.7%	58.0%	51.4%
Some Other Race	--	--	--	49.1%	64.3%	61.8%
Hispanic	38.5%	61.1%	48.8%	55.0%	71.7%	59.3%
Unknown/Declined	42.2%	70.9%	40.3%	42.3%	53.0%	66.7%
Total	45.8%	60.8%	46.7%	44.7%	59.6%	63.5%
National Average	55.7%	55.7%	55.7%	55.7%	60.0%	63.6%

Figure 19. Comprehensive Diabetes Care HbA1c Control <8% by Sex 2022-2023. Disparities were larger in 2022, with the female group exhibiting higher rates than the male group. However, in 2023, disparities between sexes decreased.

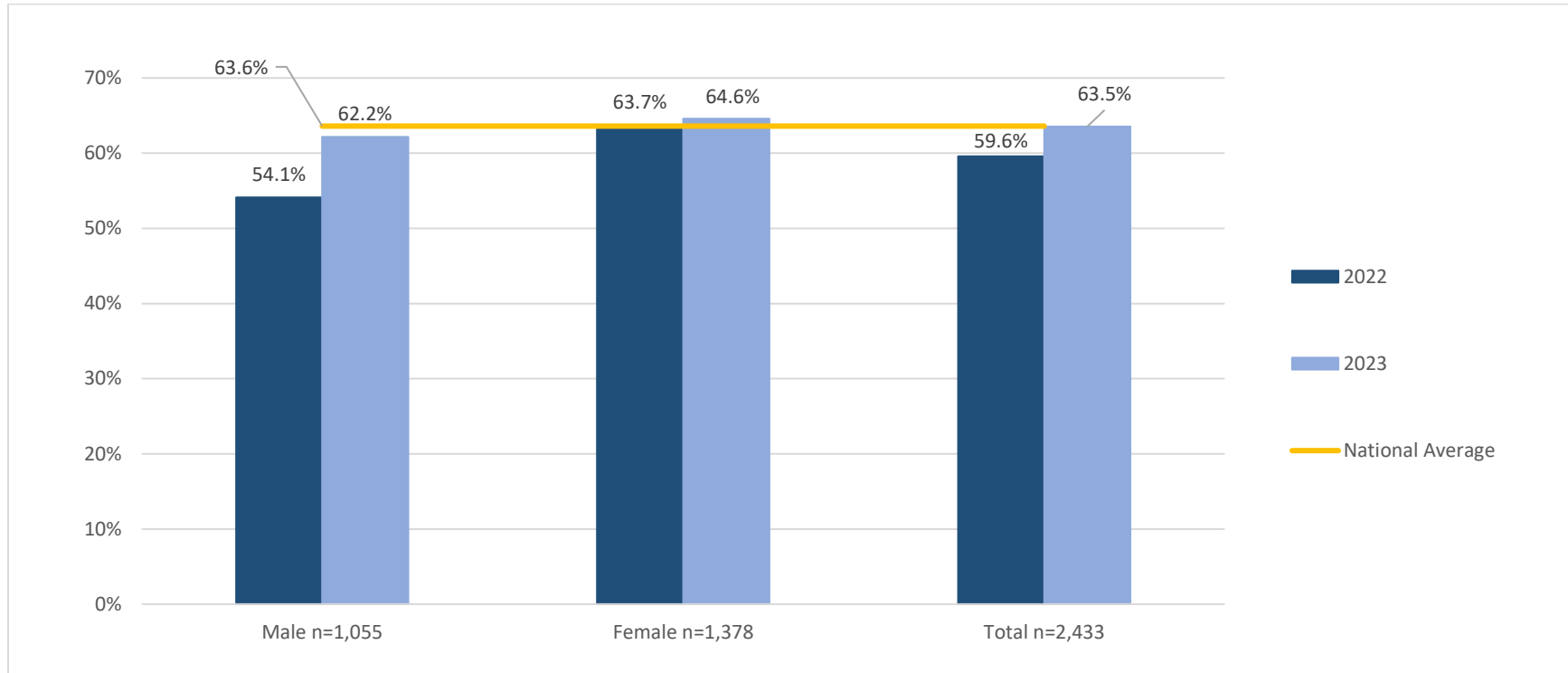


Table 24. Comprehensive Diabetes Care HbA1c Control <8% Rates by Sex 2022-2023

Sex	2022	2023
Male	54.1%	62.2%
Female	63.7%	64.6%
Total	59.6%	63.5%
National Average	--	63.6%

Figure 20. Comprehensive Diabetes Care- Poor HbA1c Control by Race/Ethnicity 2017-2023. Over the 2017-2023 period, disparities between racial/ethnic groups were present but generally narrowed across the years. For MY23 disparities are present but have narrowed.

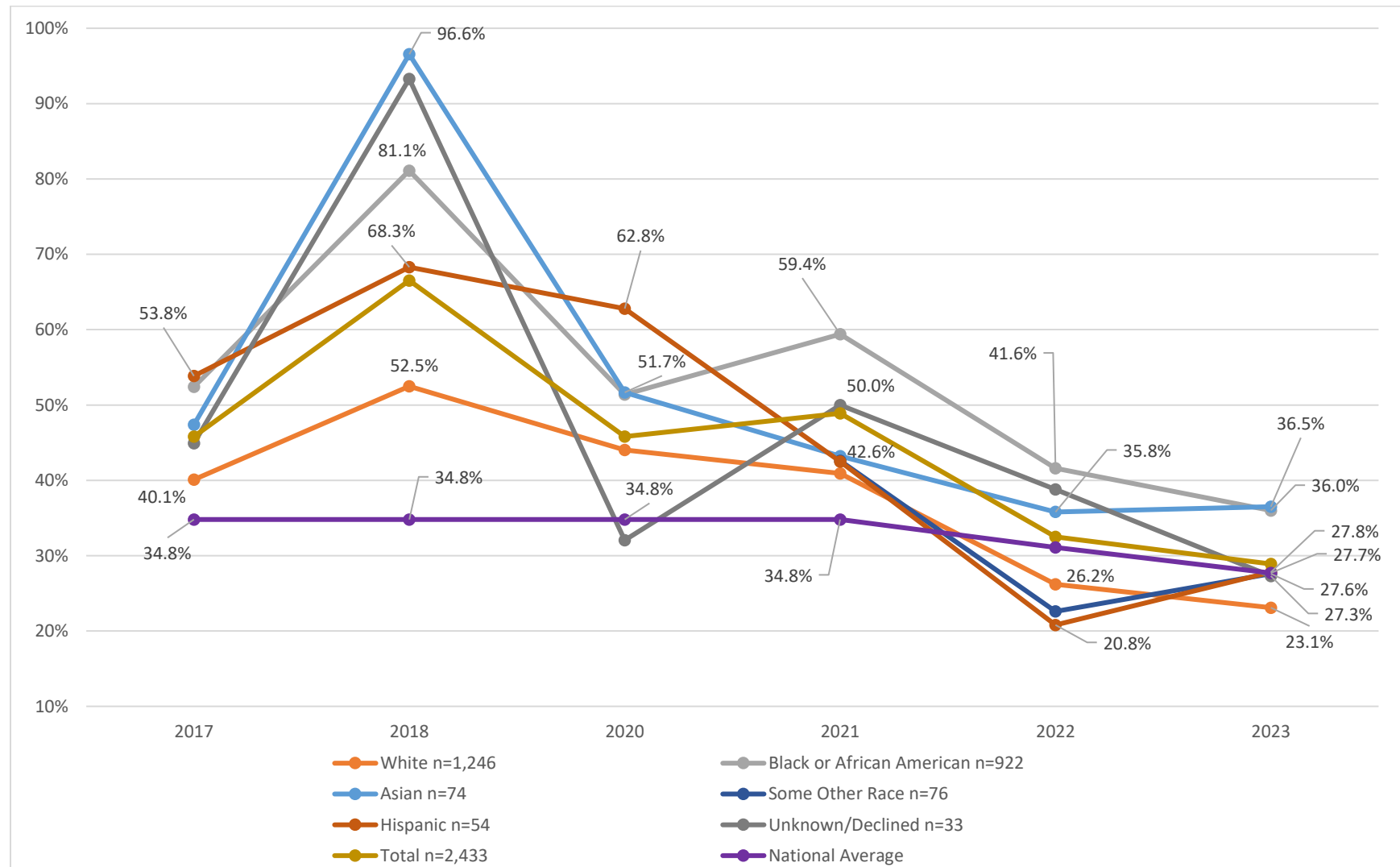


Table 25. Comprehensive Diabetes Care- Poor HbA1c Control Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	40.1%	52.5%	44.0%	40.9%	26.2%	23.1%
Black or African American	52.4%	81.1%	51.4%	59.4%	41.6%	36.0%
Asian	47.4%	96.6%	51.7%	43.2%	35.8%	36.5%
Some Other Race	--	--	--	42.6%	22.6%	27.6%
Hispanic	53.8%	68.3%	62.8%	42.5%	20.8%	27.8%
Unknown/Declined	44.9%	93.3%	32.1%	50.0%	38.8%	27.3%
Total	45.8%	66.5%	45.8%	48.9%	32.5%	28.9%
National Average	34.8%	34.8%	34.8%	34.8%	31.1%	27.7%

Figure 21. Comprehensive Diabetes Care- Poor HbA1c Control by Sex 2022-2023. Disparities were larger in 2022, with the male group exhibiting higher rates than the female group. However, in 2023, disparities between sexes decreased.

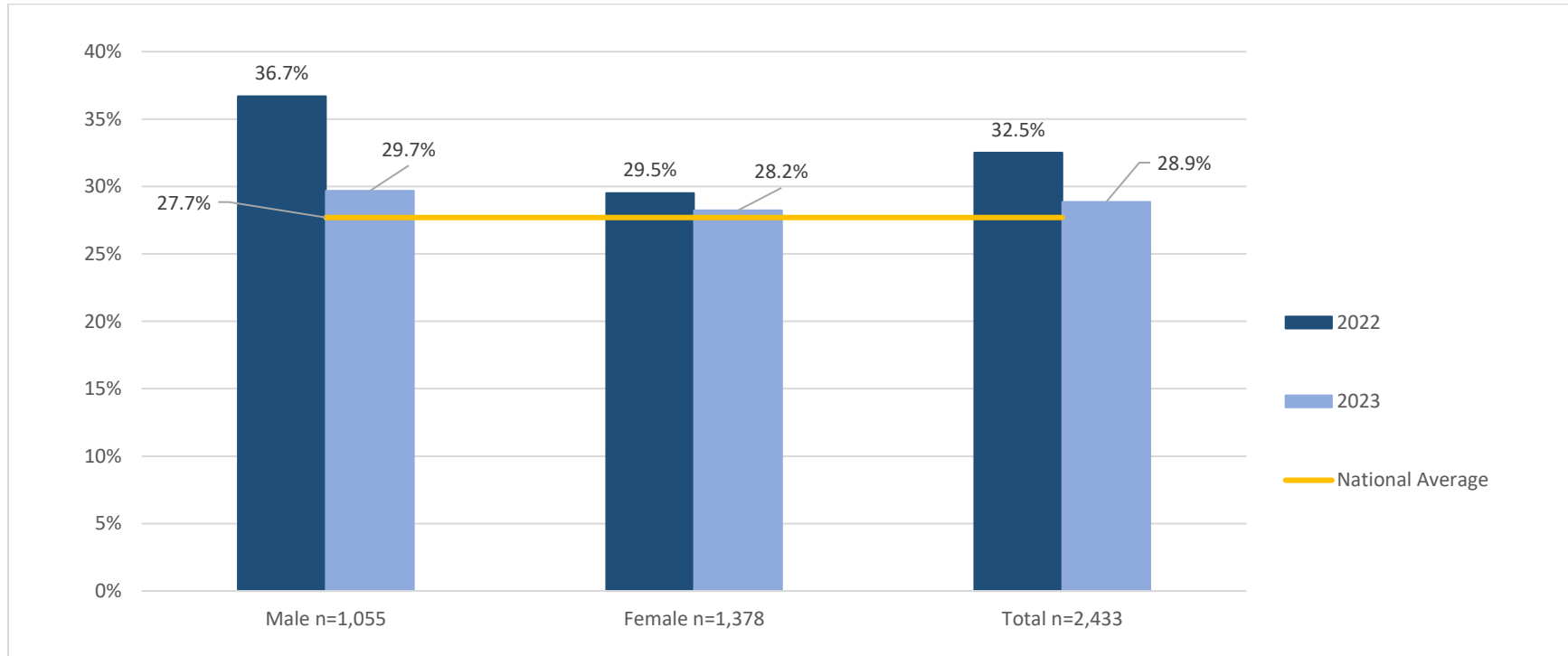


Table 26. Comprehensive Diabetes Care- Poor HbA1c Control Rates by Sex 2022-2023

Sex	2022	2023
Male	36.7%	29.7%
Female	29.5%	28.2%
Total	32.5%	28.9%
National Average	--	27.7%

Figure 22. Colorectal Cancer Screening by Race/Ethnicity 2017-2023. Over the 2017-2023 period, disparities between racial/ethnic groups were present but narrowed across the years. For MY23 disparities are small between racial/ethnic groups.

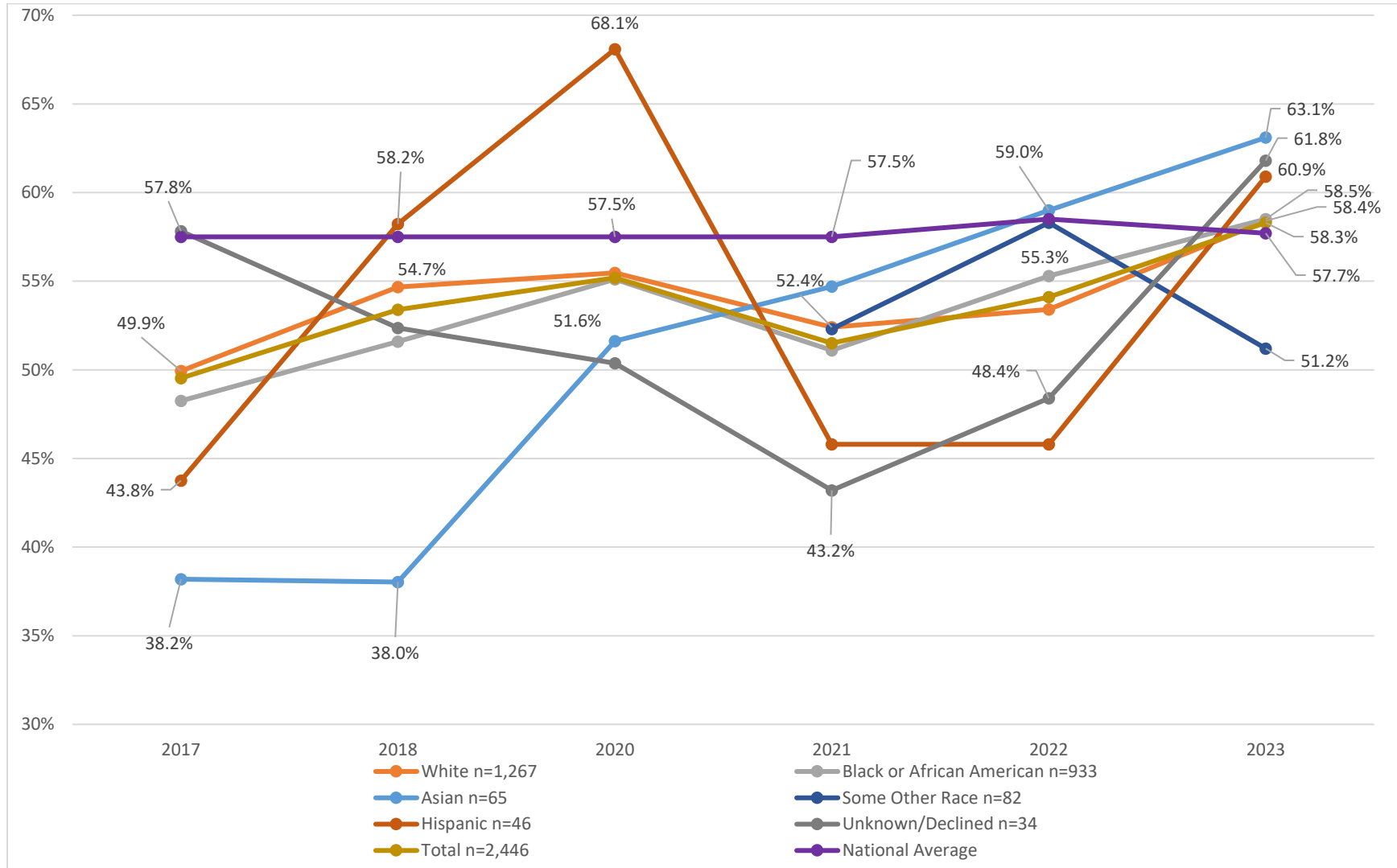


Table 27. Colorectal Cancer Screening Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	49.9%	54.7%	55.5%	52.4%	53.4%	58.4%
Black or African American	48.2%	51.6%	55.1%	51.1%	55.3%	58.5%
Asian	38.2%	38.0%	51.6%	54.7%	59.0%	63.1%
Some Other Race	--	--	--	52.3%	58.3%	51.2%
Hispanic	43.8%	58.2%	68.1%	45.8%	45.8%	60.9%
Unknown/Declined	57.8%	52.4%	50.4%	43.2%	48.4%	61.8%
Total	49.5%	53.4%	55.2%	51.5%	54.1%	58.3%
National Average	57.5%	57.5%	57.5%	57.5%	58.5%	57.7%

Figure 23. Colorectal Cancer Screening by Sex 2022-2023. Disparities were larger in 2022, with the female group exhibiting higher rates than the male group. However, in 2023, disparities between sexes decreased, with the improvement of male rates.

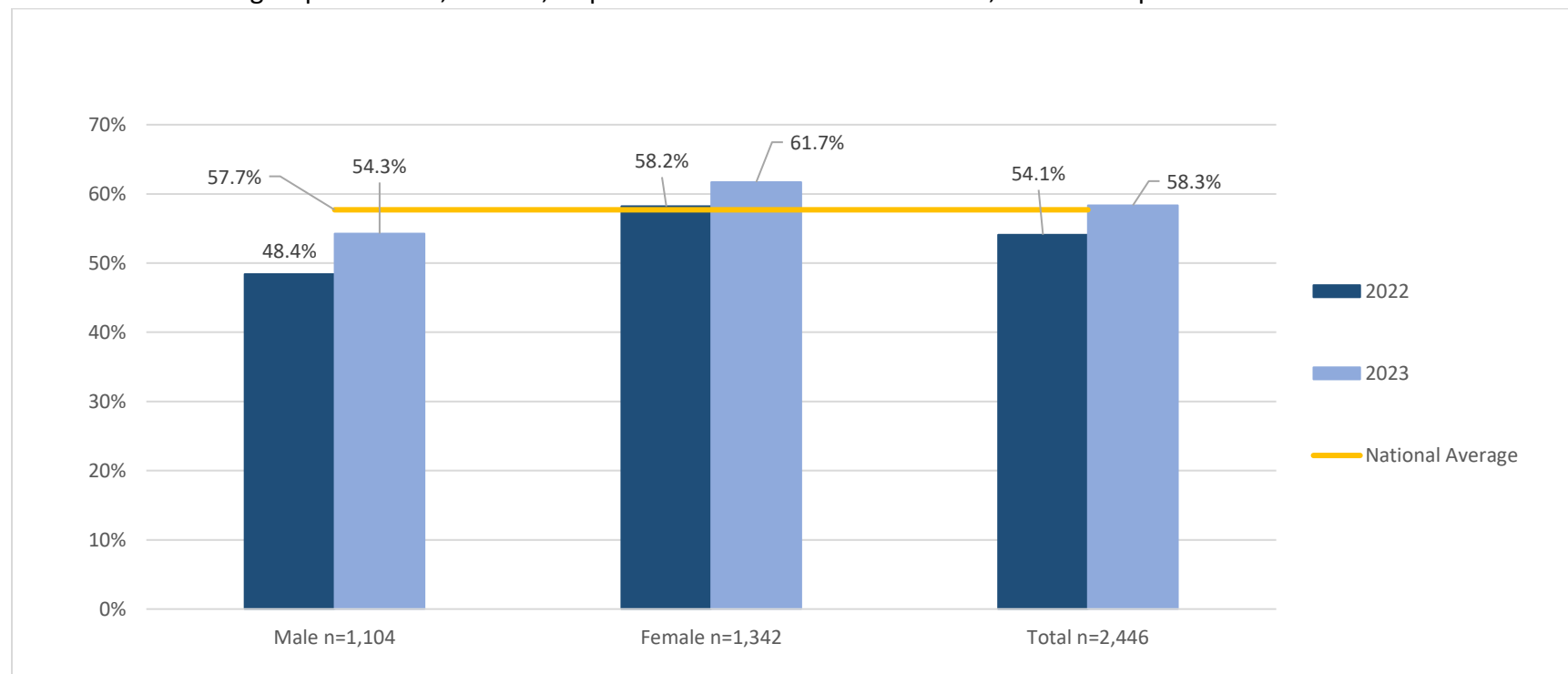


Table 28. Colorectal Cancer Screening Rates by Race/Ethnicity 2017-2023

Sex	2022	2023
Male	48.4%	54.3%
Female	58.2%	61.7%
Total	54.1%	58.3%
National Average	--	57.7%

Figure 24. Follow Up After Hospitalization for Mental Illness within 30 Days by Race/Ethnicity 2017-2023. Over the 2017-2023 period disparities remained present, with notable gaps between racial/ethnic groups. For MY23, disparities are narrowing.

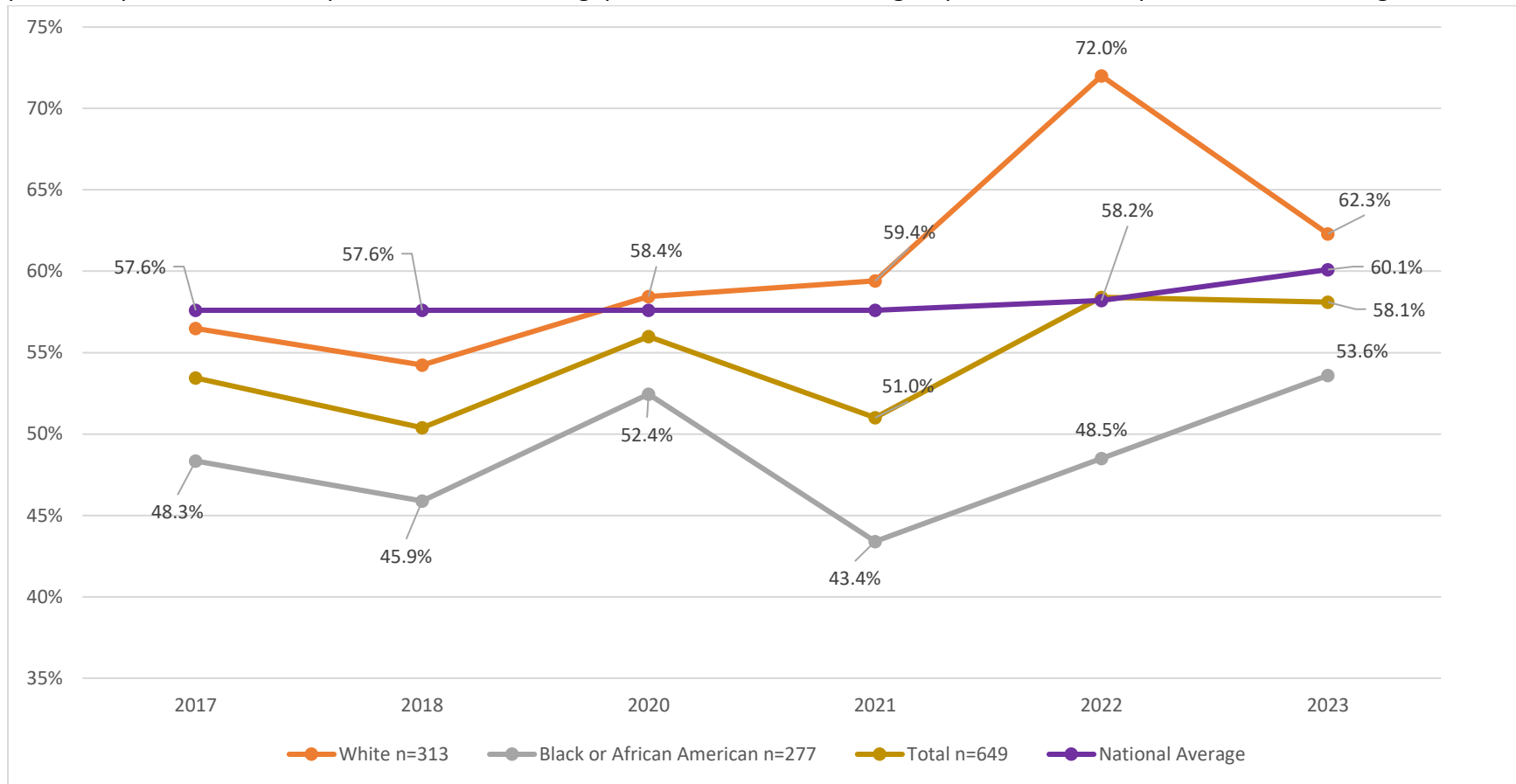


Table 29. Follow Up After Hospitalization for Mental Illness within 30 Days Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	56.5%	54.2%	58.4%	59.4%	72.0%	62.3%
Black or African American	48.3%	45.9%	52.4%	43.4%	48.5%	53.6%
Total	53.5%	50.4%	56.0%	51.0%	58.4%	58.1%
National Average	57.6%	57.6%	57.6%	57.6%	58.2%	60.1%

Figure 25. Follow Up After Hospitalization for Mental Illness within 30 Days by Sex 2022-2023. The disparities between 2022 and 2023 were minimal and remained consistent across both years with similar rates between males and females.

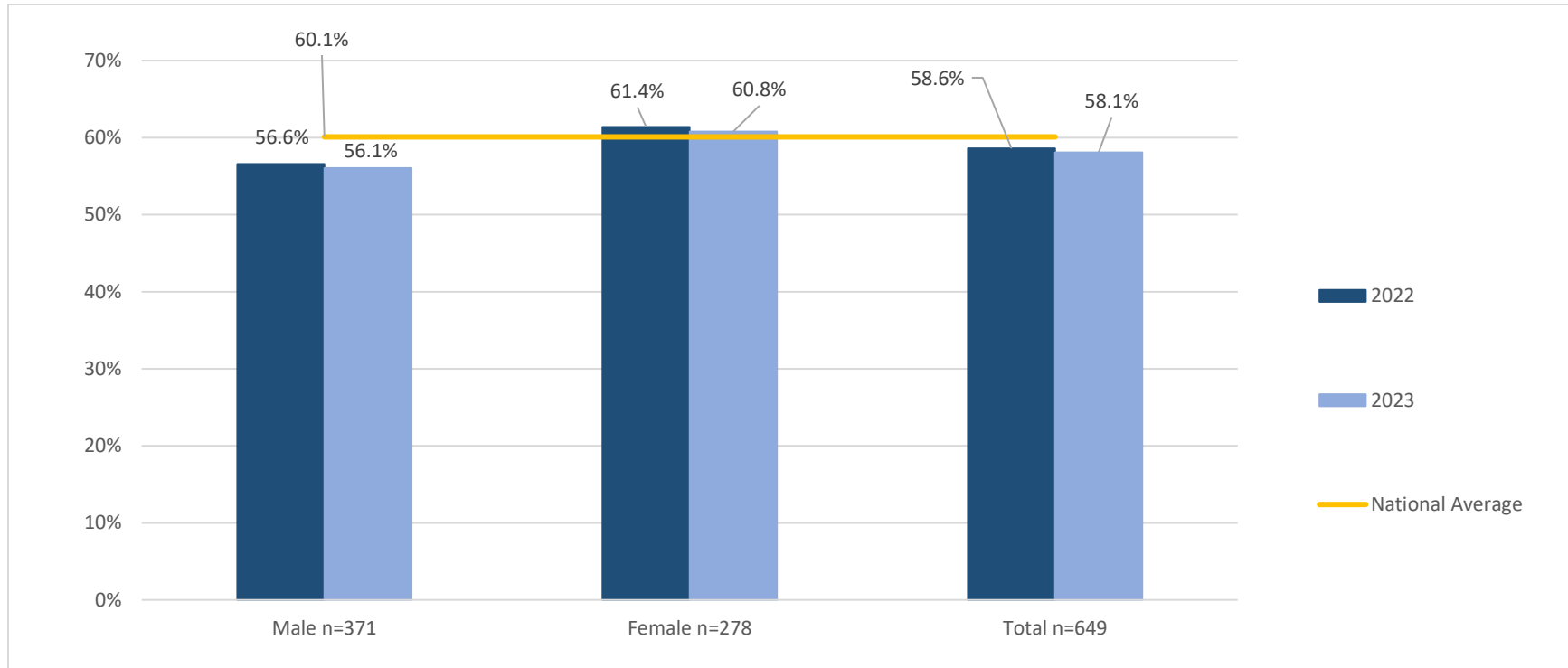


Table 30. Follow Up After Hospitalization for Mental Illness within 30 Days Rates by Sex 2022-2023

Sex	2022	2023
Male	56.6%	56.1%
Female	61.4%	60.8%
Total	58.6%	58.1%
National Average	--	60.1%

Figure 26. Plan All-Cause Readmission- Observed Readmissions 18-64 by Race/Ethnicity 2017-2023. Over the 2017-2023 period disparities remained small and relatively consistent with clusters of racial/ethnic groups. For MY23, disparities are present, but the clusters remain relatively the same.

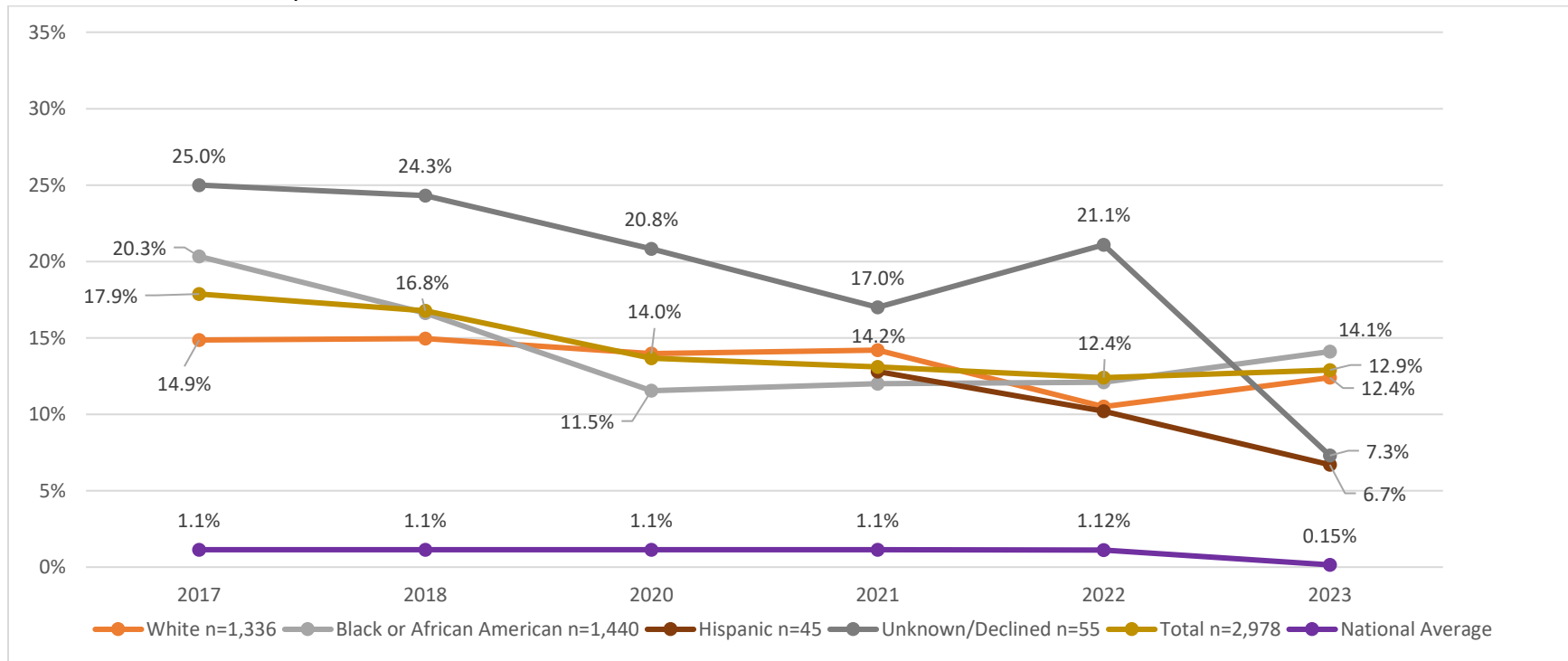


Table 31. Plan All-Cause Readmission- Observed Readmissions 18-64 Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	14.9%	15.0%	14.0%	14.2%	10.5%	12.4%
Black or African American	20.3%	16.6%	11.5%	12.0%	12.1%	14.1%
Hispanic	--	--	--	12.8%	10.2%	6.7%
Unknown/Declined	25.0%	24.3%	20.8%	17.0%	21.1%	7.3%
Total	17.9%	16.8%	13.7%	13.1%	12.4%	12.9%
National Average	1.1%	1.1%	1.1%	1.1%	1.12%	0.15%

Figure 27. Plan All-Cause Readmission- Observed Readmissions 18-64 by Sex 2022-2023. The disparities between 2022 and 2023 were minimal with similar rates between males and females.

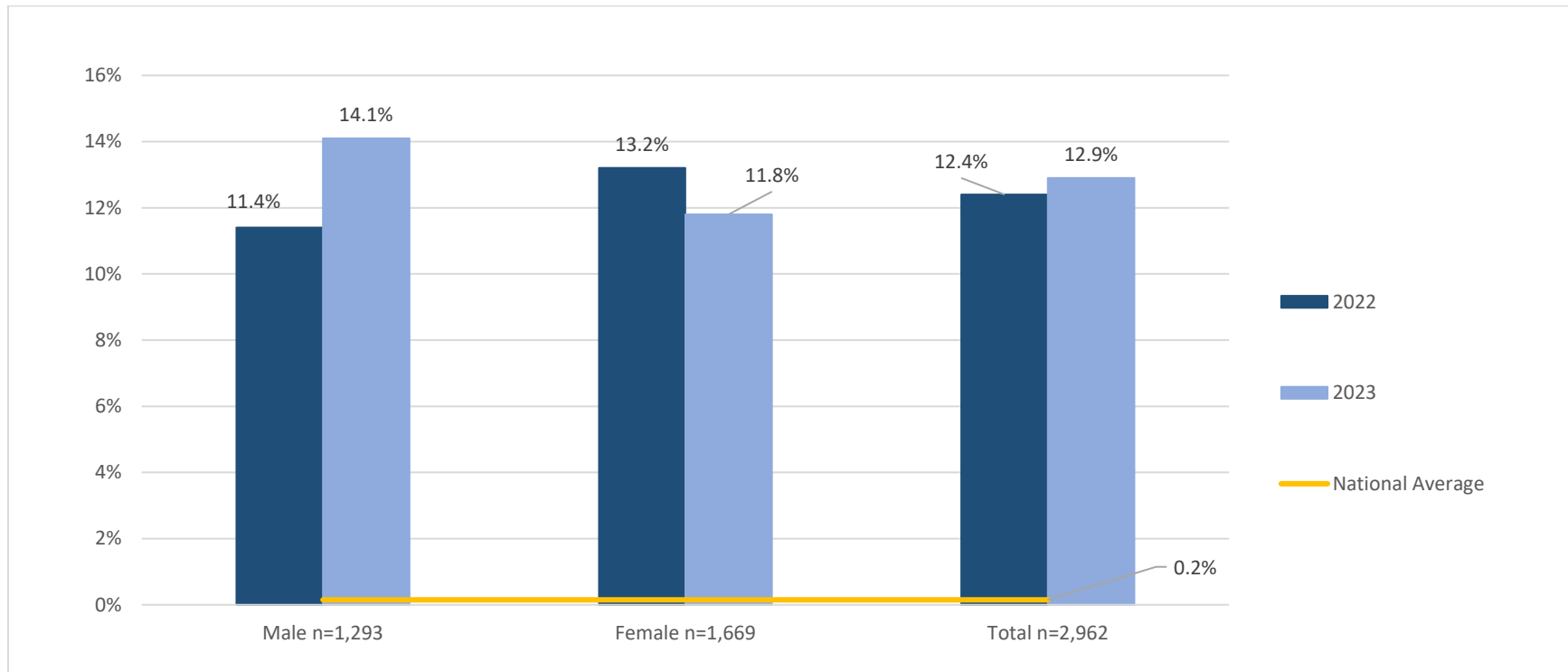


Table 32. Plan All-Cause Readmission- Observed Readmissions 18-64 Rates by Sex 2022-2023

Sex	2022	2023
Male	11.4%	14.1%
Female	13.2%	11.8%
Total	12.4%	12.9%
National Average	--	0.2%

Figure 28. Plan All-Cause Readmission-Observed Readmissions 65+ by Race/Ethnicity 2017-2023. Over the 2017-2023 period, disparities persisted with varied gaps as well as clusters of racial/ethnic groups. For MY23, disparities have narrowed.

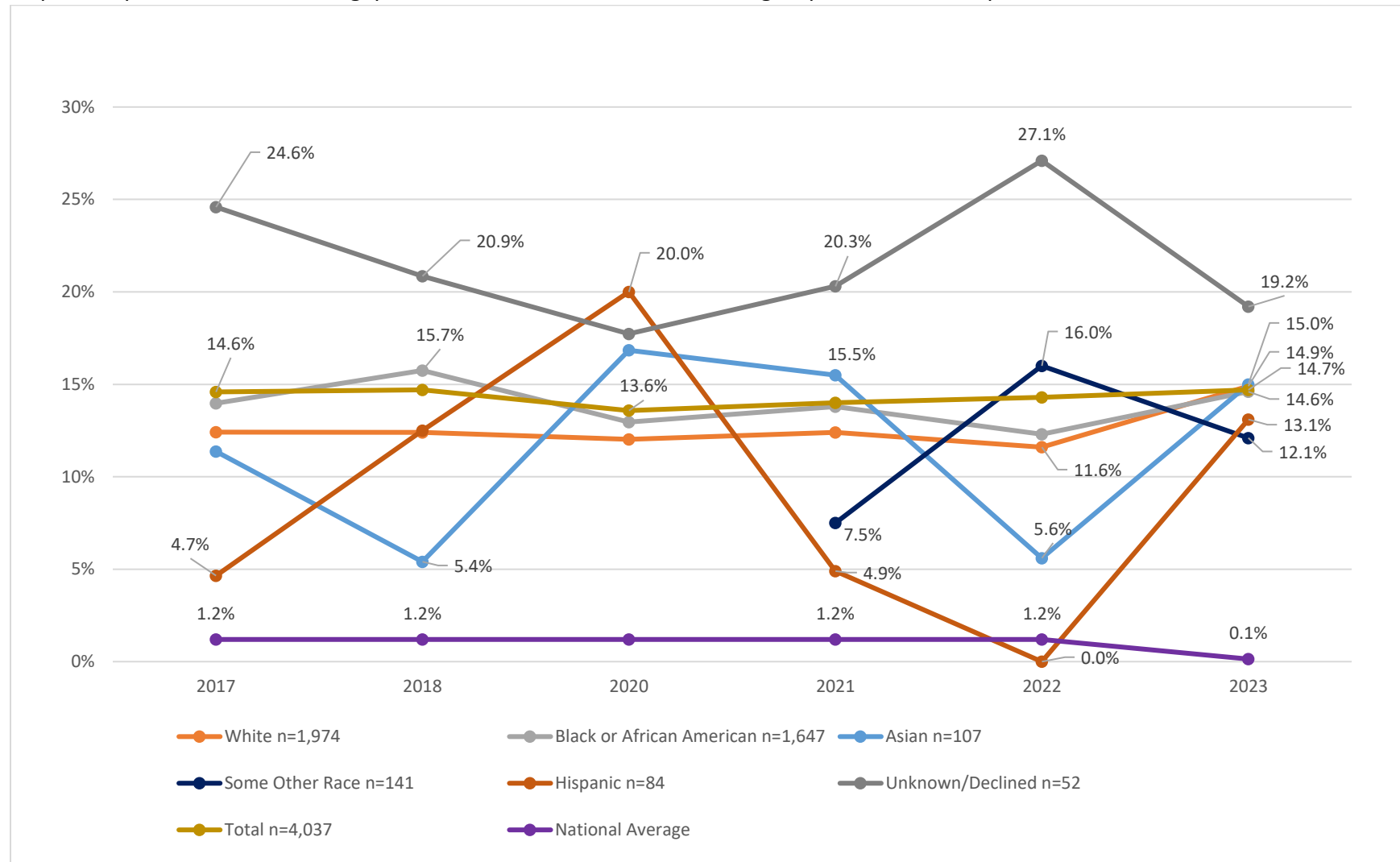


Table 33. Plan All-Cause Readmission-Observed Readmissions 65+ Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	12.4%	12.4%	12.0%	12.4%	11.6%	14.9%
Black or African American	14.0%	15.7%	13.0%	13.8%	12.3%	14.6%
Asian	11.4%	5.4%	16.8%	15.5%	5.6%	15.0%
Some Other Race	--	--	--	7.5%	16.0%	12.1%
Hispanic	4.7%	12.5%	20.0%	4.9%	0.0%	13.1%
Unknown/Declined	24.6%	20.9%	17.7%	20.3%	27.1%	19.2%
Total	14.6%	14.7%	13.6%	14.0%	14.3%	14.7%
National Average	1.2%	1.2%	1.2%	1.2%	1.2%	0.1%

Figure 29. Plan All-Cause Readmission-Observed Readmissions 65+ by Sex 2022-2023. The disparities between 2022 and 2023 were minimal with similar rates between males and females.

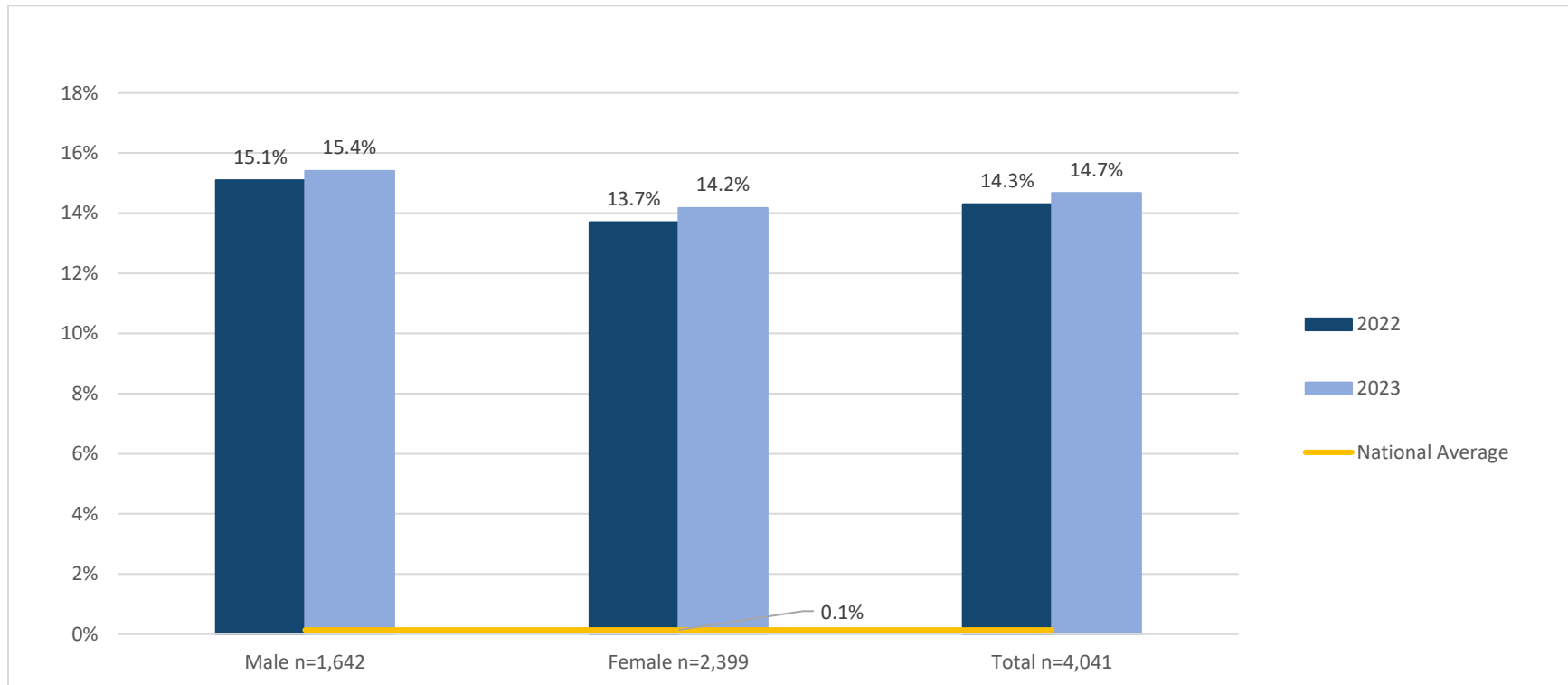


Table 34. Plan All-Cause Readmission-Observed Readmissions 65+ Rates by Sex 2022-2023

Sex	2022	2023
Male	15.1%	15.4%
Female	13.7%	14.2%
Total	14.3%	14.7%
National Average	--	0.1%

Figure 30. Transitions of Care- Medication Reconciliation Post-Discharge by Race/Ethnicity 2017-2023. Over the 2017-2023 period, disparities varied with fluctuations as well as clusters of racial/ethnic groups. For MY23, disparities are narrowing, as most of the rates are increasing.

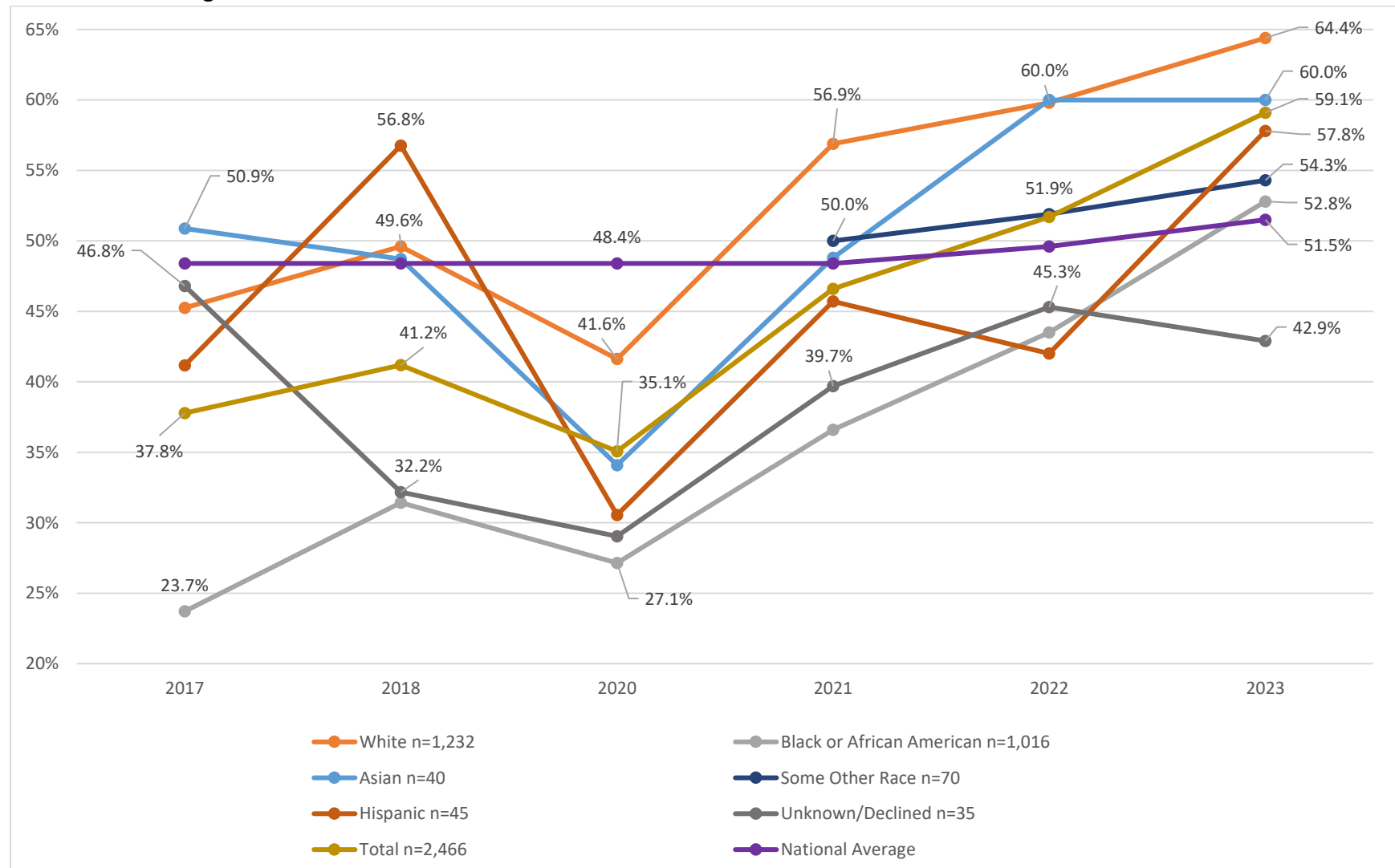


Table 35. Transitions of Care- Medication Reconciliation Post-Discharge Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2020	2021	2022	2023
White	45.2%	49.6%	41.6%	56.9%	59.8%	64.4%
Black or African American	23.7%	31.4%	27.1%	36.6%	43.5%	52.8%
Asian	50.9%	48.7%	34.1%	48.8%	60.0%	60.0%
Some Other Race				50.0%	51.9%	54.3%
Hispanic	41.2%	56.8%	30.6%	45.7%	42.0%	57.8%
Unknown/Declined	46.8%	32.2%	29.0%	39.7%	45.3%	42.9%
Total	37.8%	41.2%	35.1%	46.6%	51.7%	59.1%
National Average	48.4%	48.4%	48.4%	48.4%	49.6%	51.5%

Figure 31. Transitions of Care- Medication Reconciliation Post-Discharge by Sex 2022-2023. The disparities between 2022 and 2023 were minimal and remained consistent across both years with similar rates between males and females.

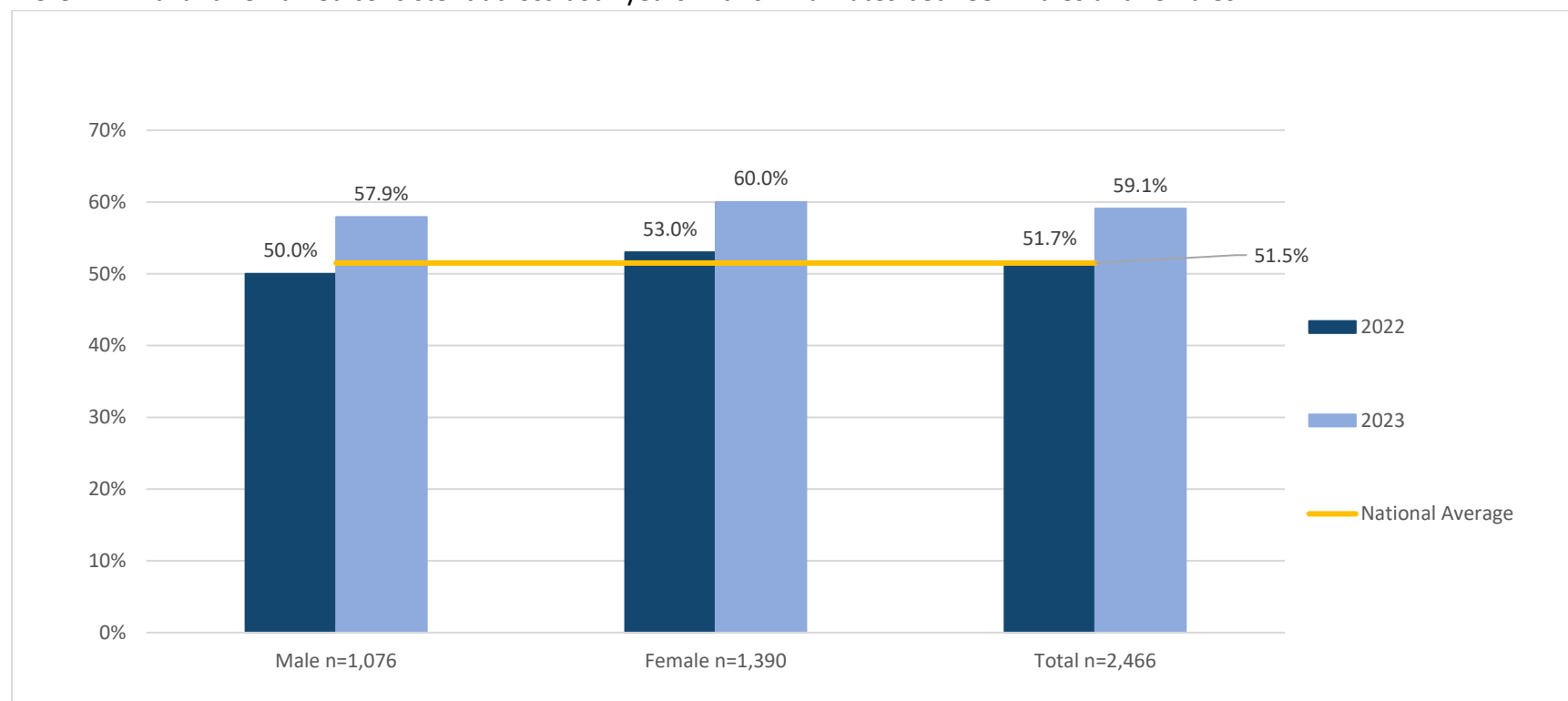
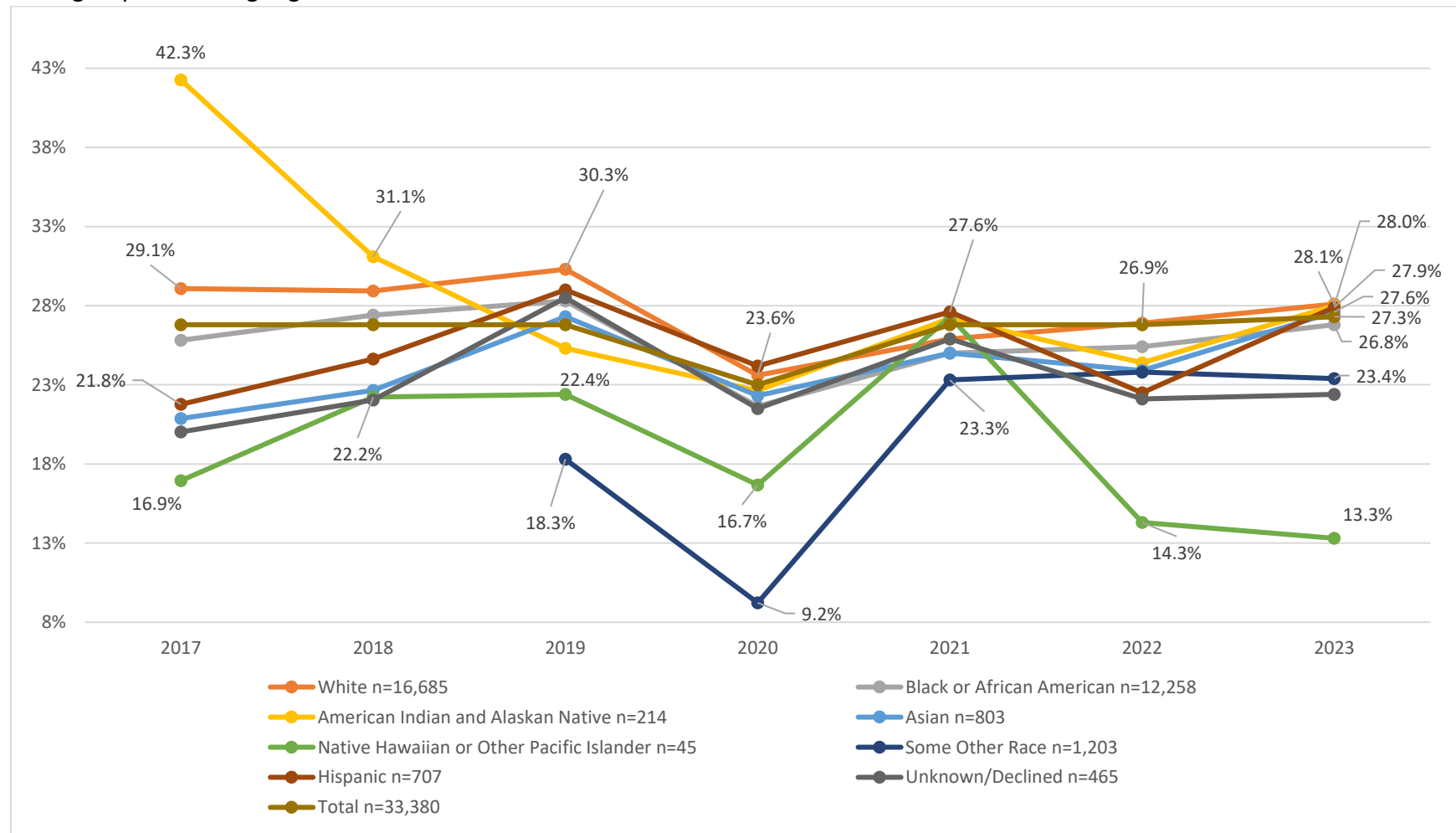


Table 36. Transitions of Care- Medication Reconciliation Post-Discharge Rates by Sex 2022-2023

Sex	2022	2023
Male	50.0%	57.9%
Female	53.0%	60.0%
Total	51.7%	59.1%
National Average	--	51.5%

Figure 32. Annual Dental Visit by Race/Ethnicity 2017-2023. Over the 2017-2023 period, disparities varied across the years with most racial/ethnic groups clustering together with a few groups diverging from the rest. For MY23, disparities are very small with most groups clustering together.

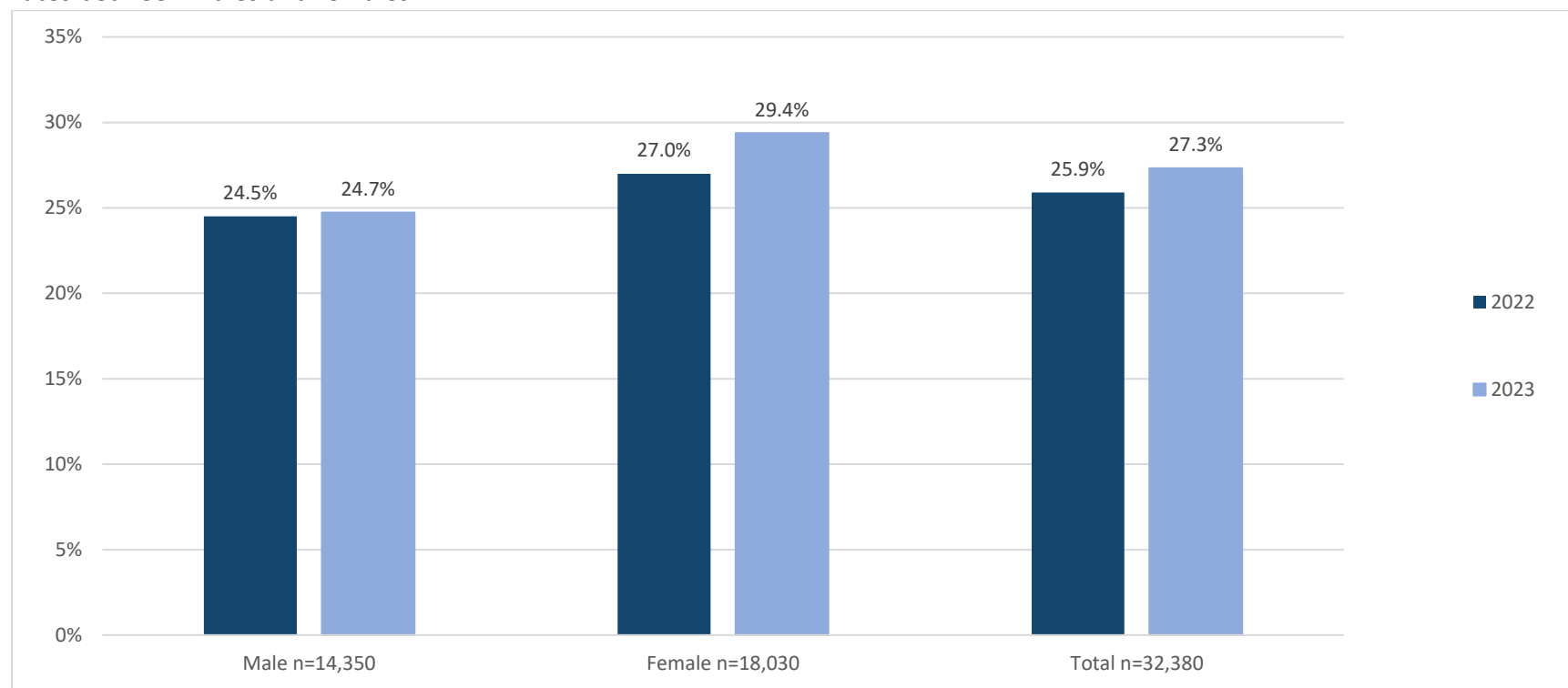


*ADV is a state measure; no National Average is available.

Table 37. Annual Dental Visit Rates by Race/Ethnicity 2017-2023

Race/Ethnicity	2017	2018	2019	2020	2021	2022	2023
White	29.1%	28.9%	30.3%	23.6%	25.9%	26.9%	28.1%
Black or African American	25.8%	27.4%	28.3%	21.6%	25.0%	25.4%	26.8%
American Indian and Alaskan Native	42.3%	31.1%	25.3%	22.6%	27.2%	24.4%	28.0%
Asian	20.9%	22.6%	27.3%	22.3%	25.0%	23.9%	27.6%
Native Hawaiian or Pacific Islander	16.9%	22.2%	22.4%	16.7%	27.3%	14.3%	13.3%
Some Other Race	--	--	18.3%	9.2%	23.3%	23.8%	23.4%
Hispanic	21.8%	24.6%	29.0%	24.2%	27.6%	22.5%	27.9%
Unknown/Declined	20.0%	22.0%	28.5%	21.5%	25.9%	22.1%	22.4%
Total	26.8%	26.8%	26.8%	23.0%	26.8%	26.8%	27.3%

Figure 33. Annual Dental Visit by Sex 2022-2023. The disparities between 2022 and 2023 were present but minimal with similar rates between males and females.



**ADV is a statewide measure*

Table 38. Annual Dental Visit Rates by Sex 2022-2023

Sex	2022	2023
Male	24.5%	24.7%
Female	27.0%	29.4%
Total	25.9%	27.3%

2023 Results

When examining the data for 2023, there are significant disparities present between the white reference population and that of the Black/African American, Other, and Hispanic populations. There are a total of 40 measures in which the quality of care is better for the white reference population, 2 more than the previous year. It should be noted that there are 5 instances in which quality of care is better for the racial/ethnic subpopulation, indicating there is no disparity present. Additionally, there are 16 instances in which there is no statistical difference between the rates in the white reference population and those of the comparison populations. There are also 27 instances where the reporting for populations was not available due to a small or absent number.

Table 39. 2023 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	NS	NS	--	Below	NS
AAP4564	Reference	Below	NS	NS	--	NS	NS
AAP65+	Reference	Below	NS	Below	--	Below	Below
AAPTOT	Reference	Below	NS	Below	Below	Below	Below
AMM	Reference	Below	--	--	--	--	--
BCS-E	Reference	Above	Below	Above	--	Below	NS
CBP	Reference	Below	--	NS	--	Below	Below
EED	Reference	Below	--	NS	--	NS	NS
HBD Control	Reference	Below	--	Below	--	Below	Below
HBD Poor Control	Reference	Above*	--	Above*	--	Above*	Above*
COL	Reference	Above	--	NS	--	Below	NS
FUH	Reference	Below	--	--	--	--	--
PCR1864	Reference	Above*	--	--	--	Below*	Below*
PCR65+	Reference	Below*	--	Above*	--	Below*	Below*
TRC	Reference	Below	--	NS	--	Below	Below
ADV	Reference	Below	Below	Below	Below	Below	Below

Green Text = Rate is significantly higher than the reference population

Red Text = Rate is significantly lower than the reference population

Black Text = Not significantly different from the reference

-- = Not available due to a small number

*Please note, for HBD Poor Control, 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 40. 2023 Summary Table- Statistical Difference Between Groups in Reference to Statewide (Male/Female)

Measure	Statewide Total	Male	Female
AAP2044	85.5%	80.7%	91.4%
AAP4564	93.7%	91.3%	95.8%
AAP65+	91.9%	89.2%	93.7%
AAPTOT	91.3%	87.9%	94.1%
AMM	70.7%	70.5%	74.9%
BCS-E	59.4%	--	59.4%
CBP	69.5%	69.7%	69.3%
EED	63.9%	60.1%	66.8%
HBD Control	63.5%	62.2%	64.6%
HBD Poor Control	28.9%	29.7%	28.2%
COL	58.3%	54.3%	61.7%
FUH	58.1%	56.1%	60.1%
PCR1864	12.9%	14.1%	11.8%
PCR65+	14.7%	15.4%	14.2%
TRC	59.1%	57.9%	60.0%
ADV	27.3%	24.7%	27.3%

Green Text = Rate is significantly different from one another

Red Text = Rate is significantly different from one another

Black Text= Not significantly different from one another

-- = Not available due to a small number

Adult Access to Care 20-44

Table 41. Adult Access to Care 20-44 for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	2,489	2,832	87.9%	Ref	Ref	Ref
Black/African American	2,144	2,582	83.0%	-4.9%	0.94	Below
American Indian/Alaskan Native	43	48	89.6%	1.7%	1.02	NS
Asian	25	31	80.6%	-7.3%	0.92	NS
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	143	175	81.7%	-6.2%	0.93	Below
Hispanic	88	99	88.9%	1.0%	1.01	NS
Unknown/Declined	53	63	84.1%	-3.8%	0.96	Below
Total	4,985	5,830	85.5%	-2.4%	0.97	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 34. Adult Access to Care 20-44 for All ICOs by Race/Ethnicity, 2023

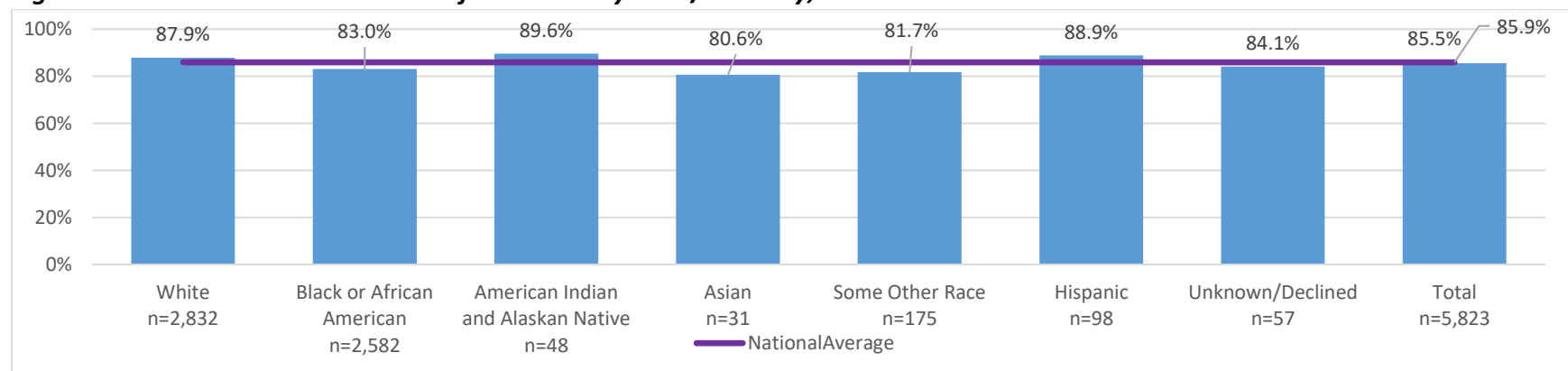
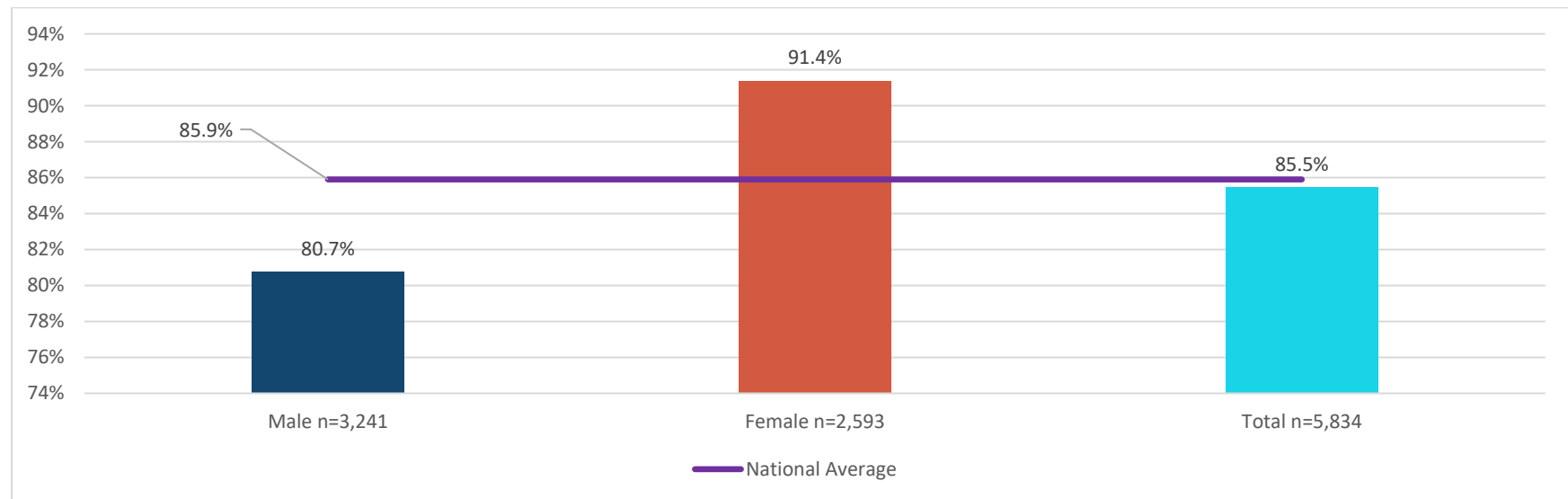


Table 42. Adult Access to Care 20-44 by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	2,617	3,241	80.7%	-4.7%	0.94
Female*	2,370	2,593	91.4%	5.9%	1.07
Total	4,987	5,834	85.5%	Ref	Ref

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

Figure 35. Statewide Adult Access to Care 20-44 by Sex, 2023



Adult Access to Care 45-64

Table 43. Adult Access to Care 45-64 for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	4,830	5,141	94.0%	Ref	Ref	Ref
Black/African American	3,593	3,851	93.3%	-0.7%	0.99	Below
American Indian/Alaskan Native	65	72	90.3%	-3.7%	0.96	NS
Asian	91	95	95.8%	1.8%	1.02	NS
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	178	194	91.8%	-2.2%	0.98	NS
Hispanic	152	156	97.4%	-3.4%	1.04	NS
Unknown/Declined	106	116	91.4%	-2.6%	0.97	NS
Total	9,022	9,632	93.7%	-0.3%	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 36. Adult Access to Care 45-64 for All ICOs by Race/Ethnicity, 2023

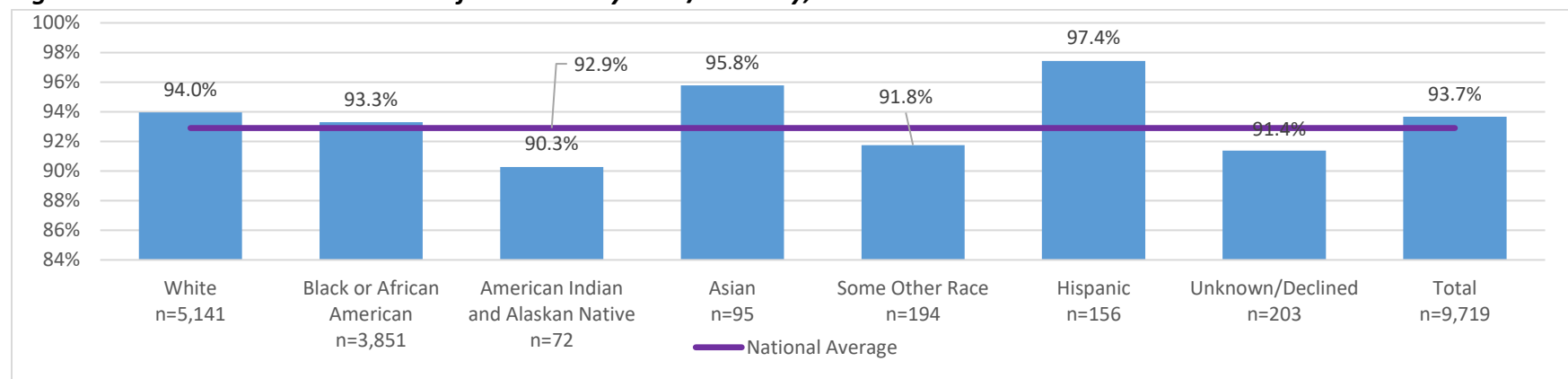
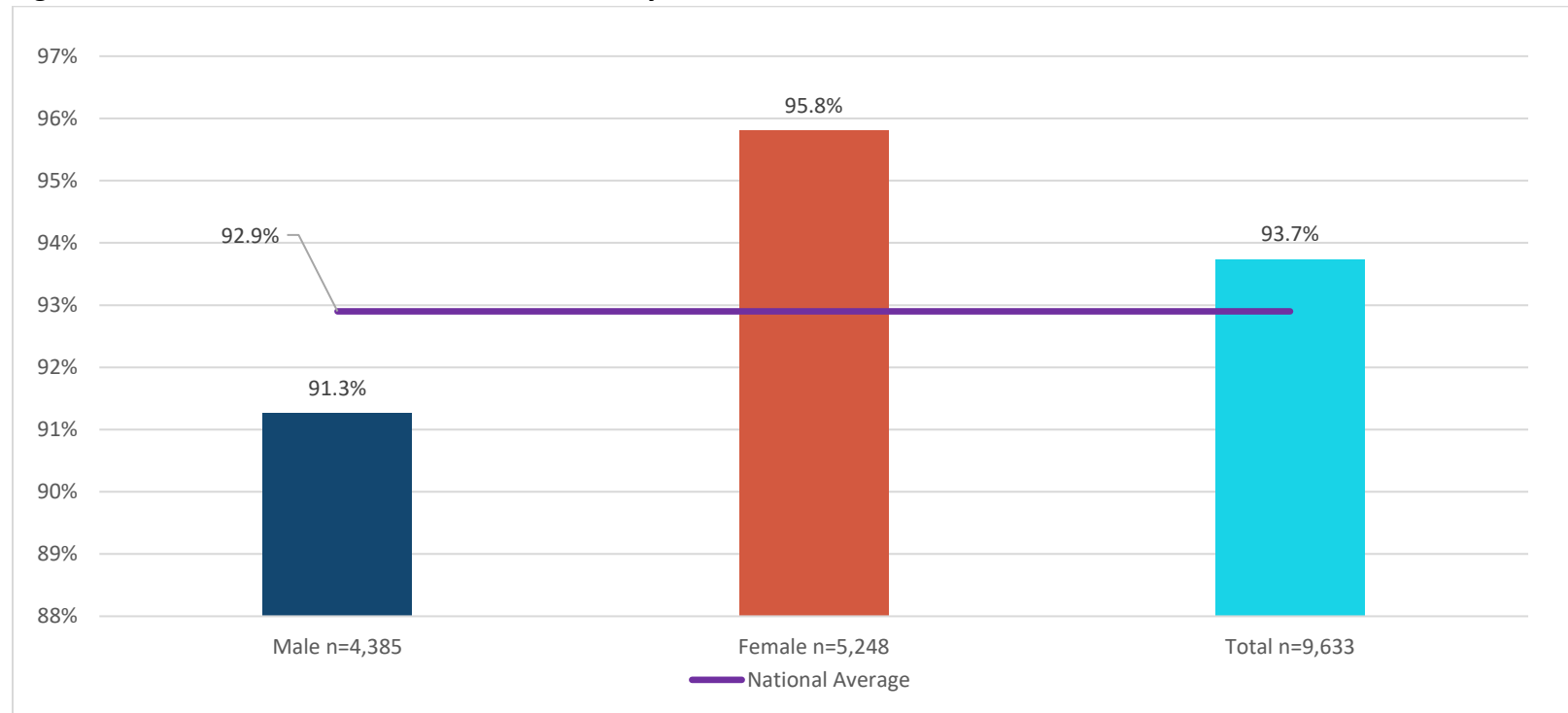


Table 44. Adult Access to Care 45-64 by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	4,002	4,385	91.3%	-2.5%	0.97
Female	5,028	5,248	95.8%	2.1%	1.02
Total	9,030	9,633	93.7%	Ref	Ref

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

Figure 37. Statewide Adult Access to Care 45-64 by Sex, 2023



Adult Access to Care 65+

Table 45. Adult Access to Care 65+ for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	8,269	8,911	92.8%	Ref	Ref	Ref
Black/African American	5,684	6,182	91.9%	-0.9%	0.99	Below
American Indian/Alaskan Native	77	82	93.9%	1.1%	1.01	NS
Asian	677	750	90.3%	-2.5%	0.97	Below
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	802	924	86.8%	-6%	0.94	Below
Hispanic	429	492	87.2%	-5.6%	0.94	Below
Unknown/Declined	236	255	92.5%	-0.3%	0.99	NS
Total	16,193	17,623	91.9%	-0.9%	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 38. Adult Access to Care 65+ for All ICOs by Race/Ethnicity, 2023

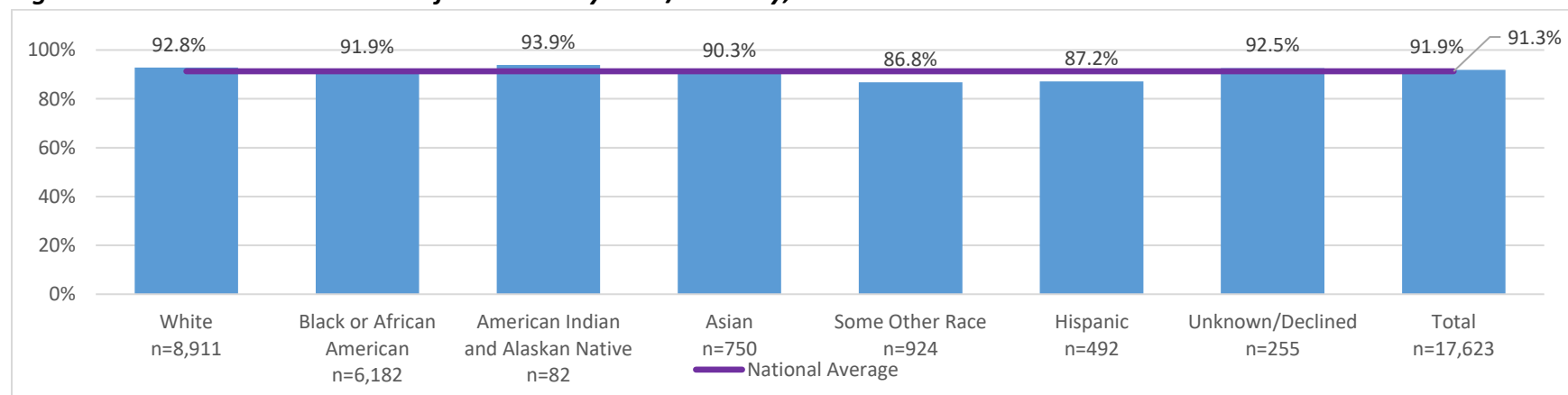
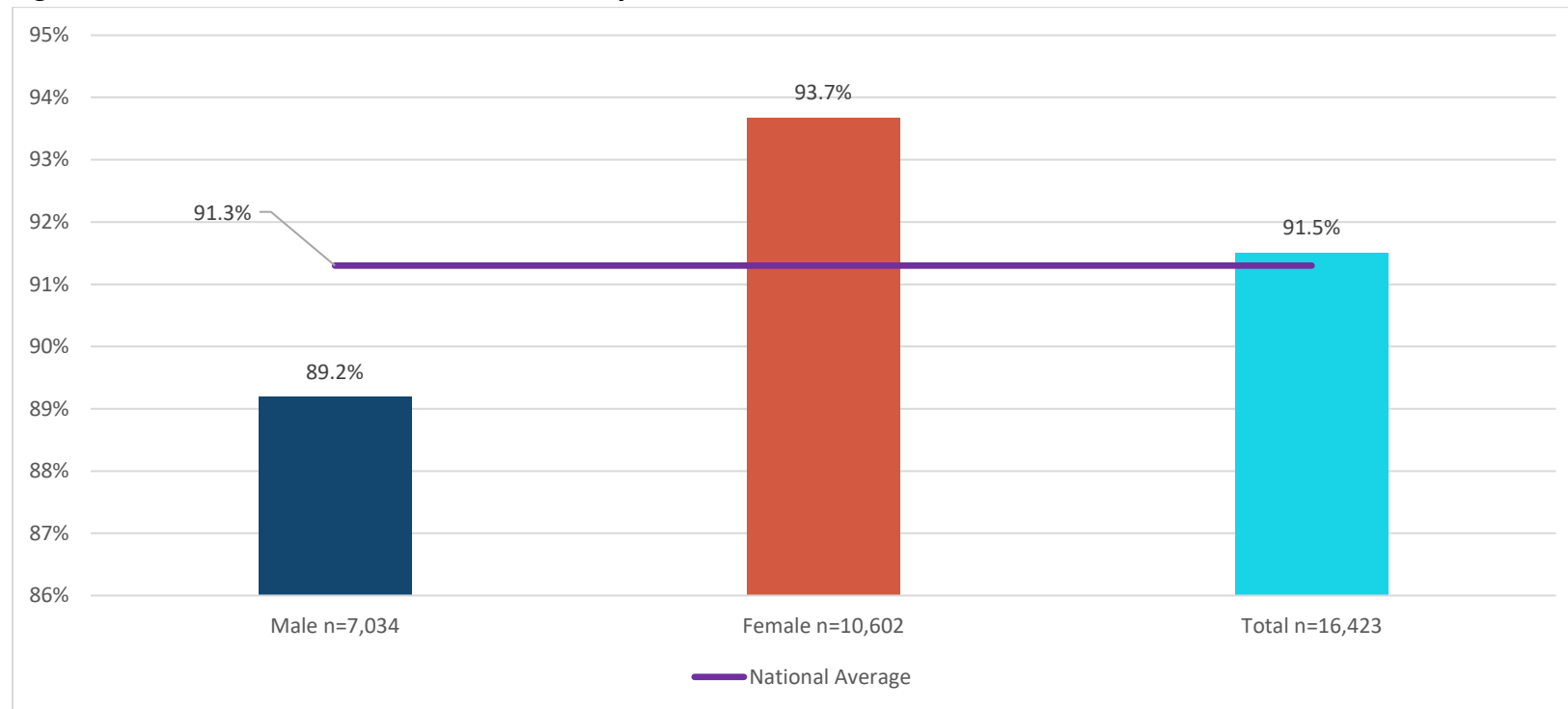


Table 46. Adult Access to Care 65+ by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	6,274	7,034	89.2%	-2.3%	0.97
Female	9,932	10,602	93.7%	2.2%	1.02
Total	15,029	16,423	91.5%	Ref	Ref

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

Figure 39. Statewide Adult Access to Care 65+ by Sex, 2023



Adult Access to Care Total

Table 47. Adult Access to Care Total for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	15,588	16,884	92.3%	Ref	Ref	Ref
Black/African American	11,421	12,615	90.5%	-1.8%	0.98	Below
American Indian/Alaskan Native	185	202	91.6%	-0.7%	0.99	NS
Asian	793	876	90.5%	-1.8%	0.98	Below
Native Hawaiian/Other Pacific Islander	28	38	73.7%	-18.6%	0.80	Below
Other	1,134	1,303	87.0%	-5.3%	0.94	Below
Hispanic	672	751	89.5%	-2.8%	0.97	Below
Unknown/Declined	402	434	82.6%	-9.7%	0.89	NS
Total	30,223	33,103	91.3%	-1%	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 40. Adult Access to Care Total for All ICOs by Race/Ethnicity, 2023

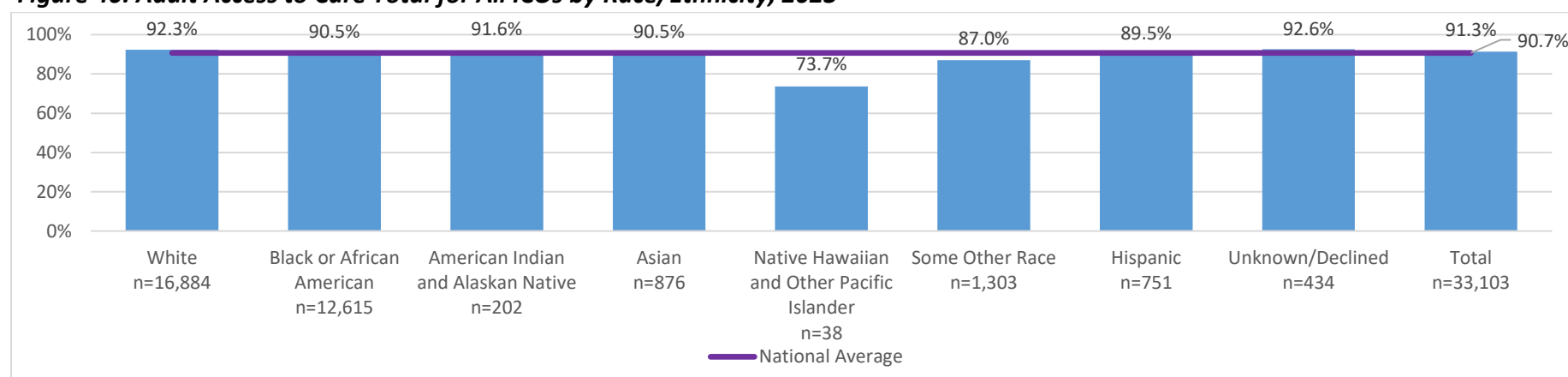
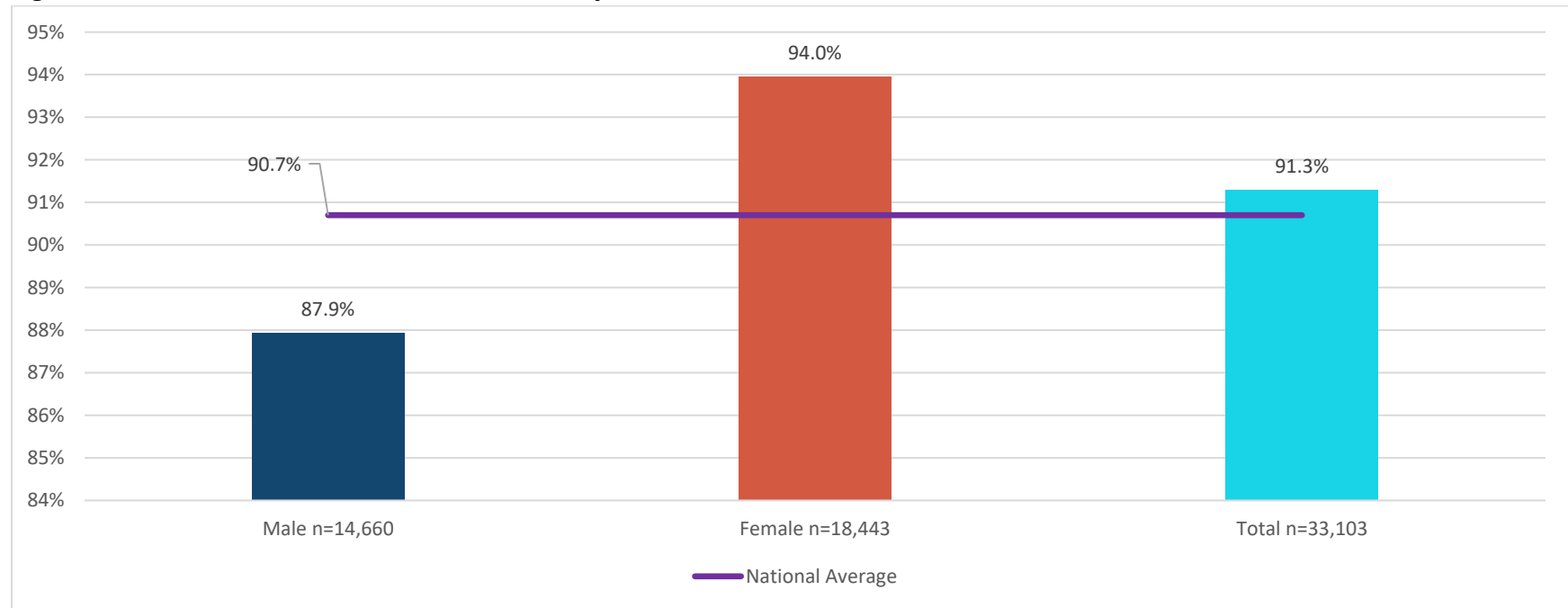


Table 48. Adult Access to Care Total by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	12,893	14,660	87.9%	-3.4%	0.96
Female	17,330	18,443	94.0%	2.7%	1.03
Total	30,223	33,103	91.3%	Ref	Ref

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

Figure 41. Statewide Adult Access to Care Total by Sex, 2023



Antidepressant Medication Management – Acute Phase Treatment

Table 49. Antidepressant Medication Management-Acute Phase Treatment for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	385	491	78.4%	Ref	Ref	Ref
Black/African American	232	372	62.4%	-16%	0.80	Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	--	--	--	--	--	--
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	--	--	--	--	--	--
Hispanic	--	--	--	--	--	--
Unknown/Declined	--	--	--	--	--	--
Total	676	955	70.8%	-7.6%	0.90	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 42. Antidepressant Medication Management-Acute Phase Treatment for All ICOs by Race/Ethnicity, 2023

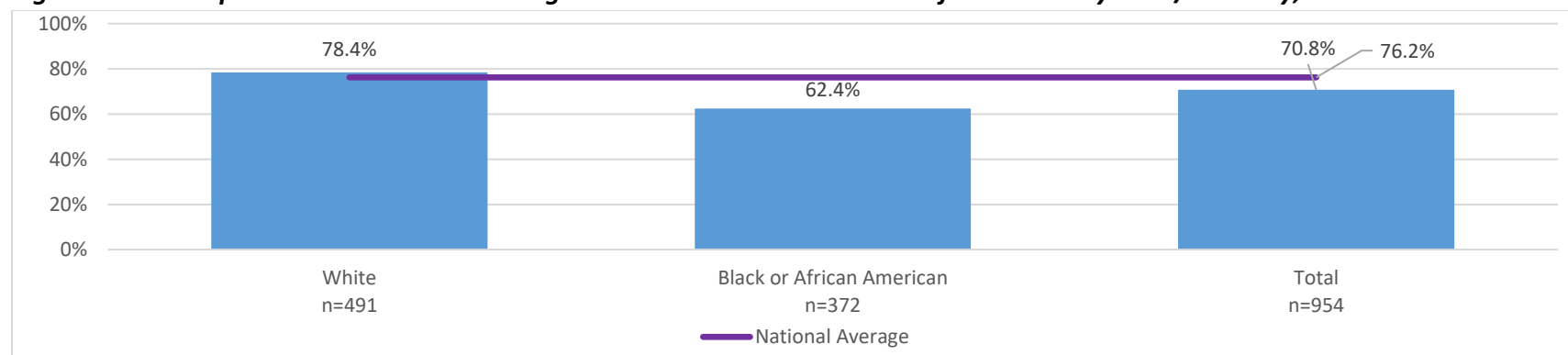
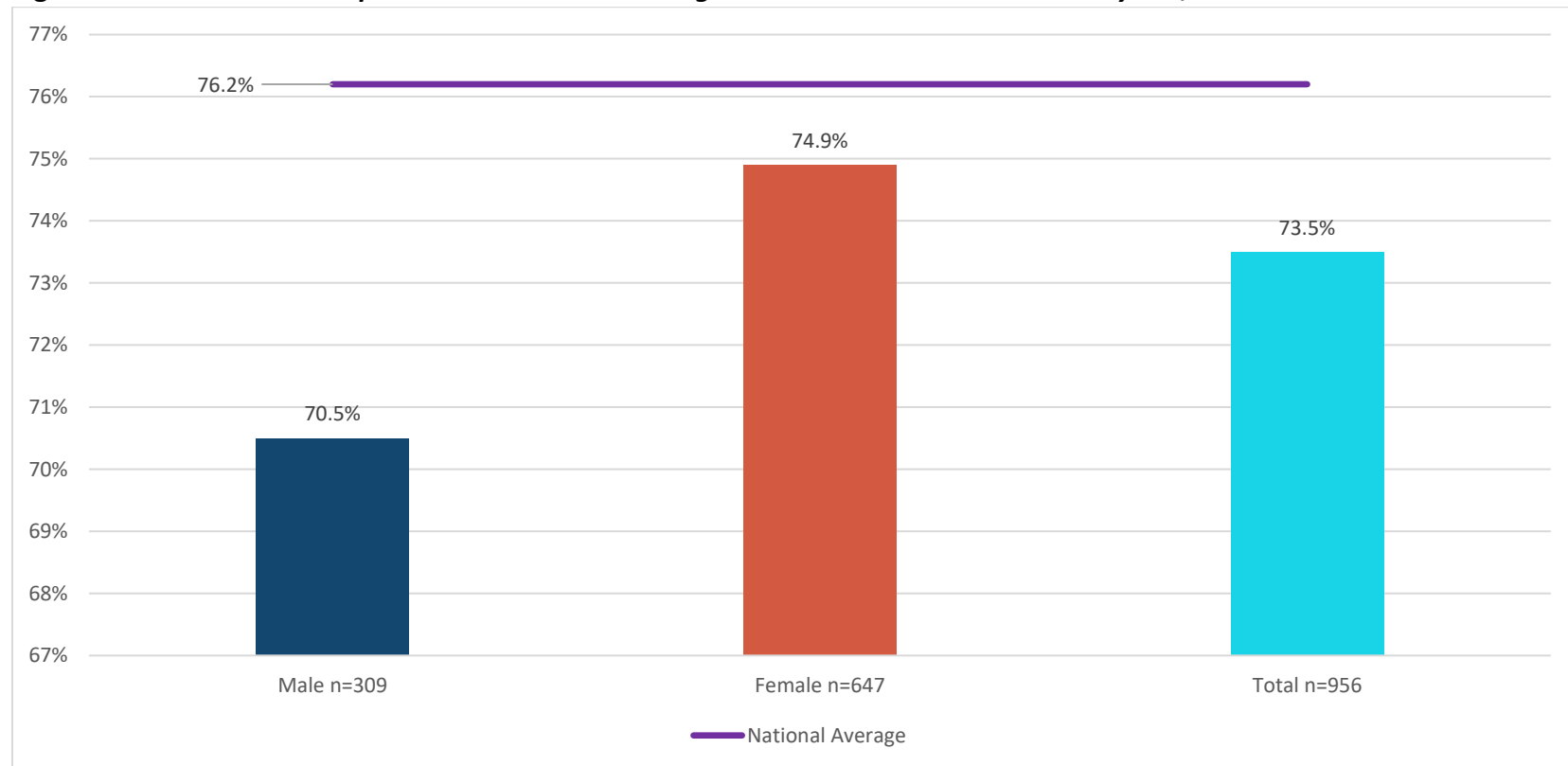


Table 50. Antidepressant Medication Management-Acute Phase Treatment by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	197	309	63.7%	-6.9%	0.90
Female	479	647	74.0%	3.3%	1.05
Total	676	956	70.7%	Ref	Ref

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

Figure 43. Statewide Antidepressant Medication Management-Acute Phase Treatment by Sex, 2023



Breast Cancer Screening

Table 51. Breast Cancer Screening for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	2,013	3,547	56.8%	Ref	Ref	Ref
Black/African American	1,857	2,901	64.01%	7.2%	1.12	Above
American Indian/Alaskan Native	28	50	56.0%	-0.8%	0.99	Below
Asian	84	146	57.5%	0.7%	1.01	Above
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	114	235	48.5%	-8.3%	0.85	Below
Hispanic	91	142	64.1%	7.3%	1.13	NS
Unknown/Declined	57	95	60.0%	3.2%	1.06	Above
Total	4,236	7,122	59.5%	2.7%	1.05	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 44. Breast Cancer Screening for All ICOs by Race/Ethnicity, 2023

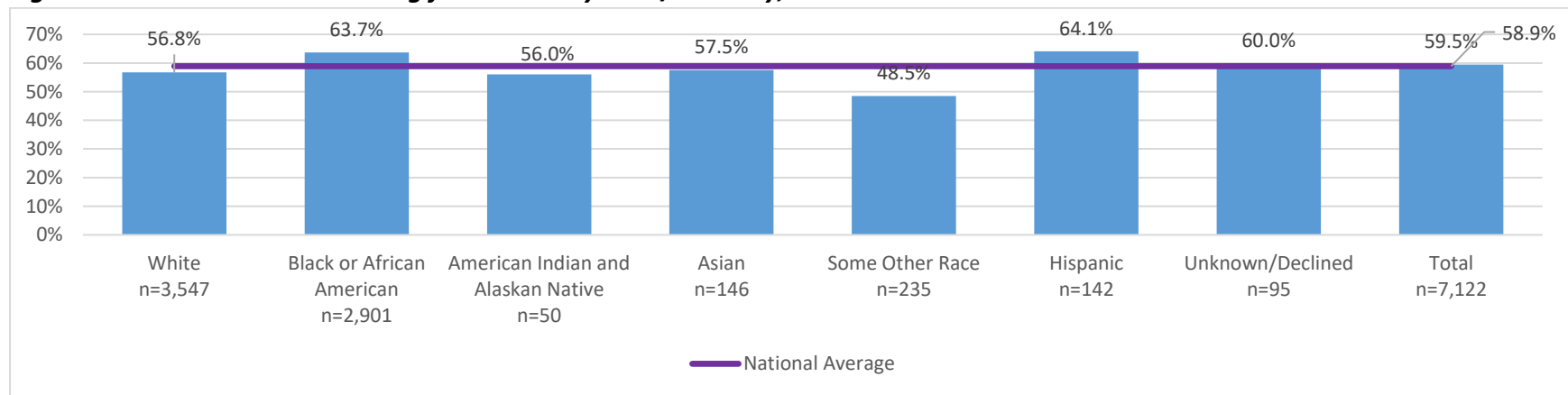
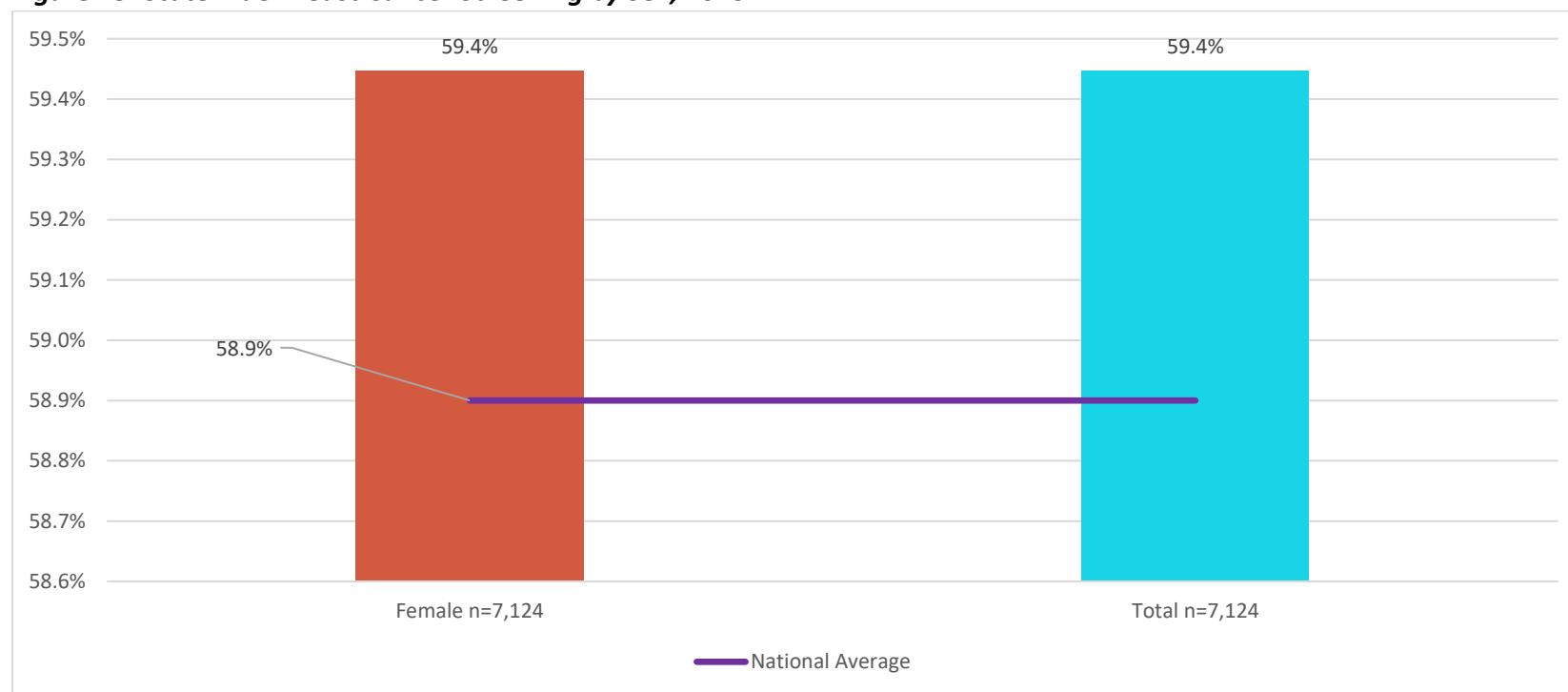


Table 52. Breast Cancer Screening by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	--	--	--	--	--
Female	4,235	7,124	59.4%	0.0%	1
Total	4,235	7,124	59.4%	Ref	Ref

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

Figure 45. Statewide Breast Cancer Screening by Sex, 2023



Controlling High Blood Pressure

Table 53. Controlling High Blood Pressure for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	922	1,207	71.1%%	Ref	Ref	Ref
Black/African American	535	879	60.9%	-10.2%	0.86	Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	55	72	76.4%	5.3%	1.07	NS
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	59	92	64.1%	-7.0%	0.90	Below
Hispanic	31	53	58.5%	-12.6%	0.82	Below
Unknown/Declined	20	33	60.6%	-10.5%	0.85	Below
Total	1,640	2,360	69.5%	-1.6%	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 46. Controlling High Blood Pressure for All ICOs by Race/Ethnicity, 2023

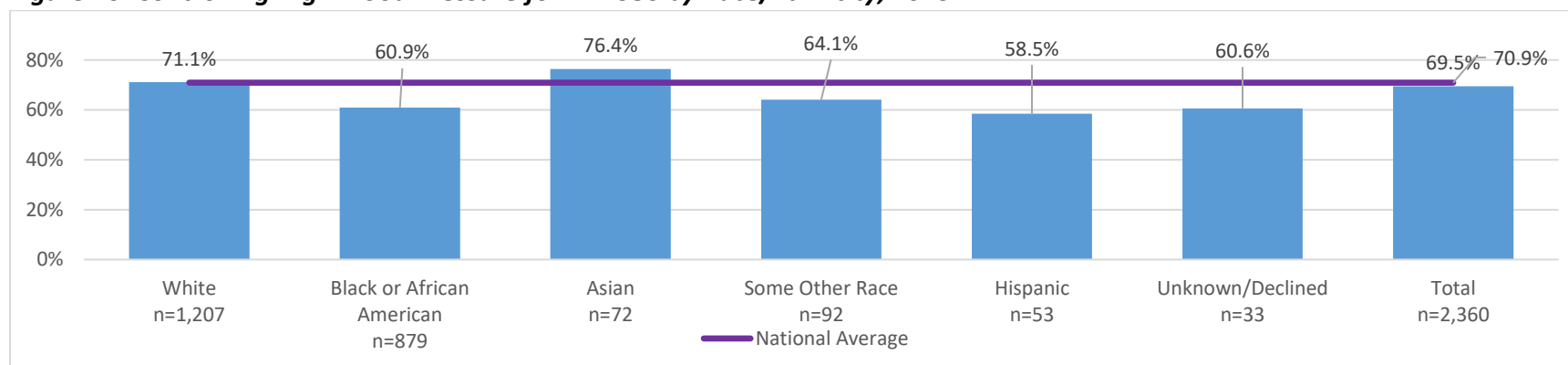
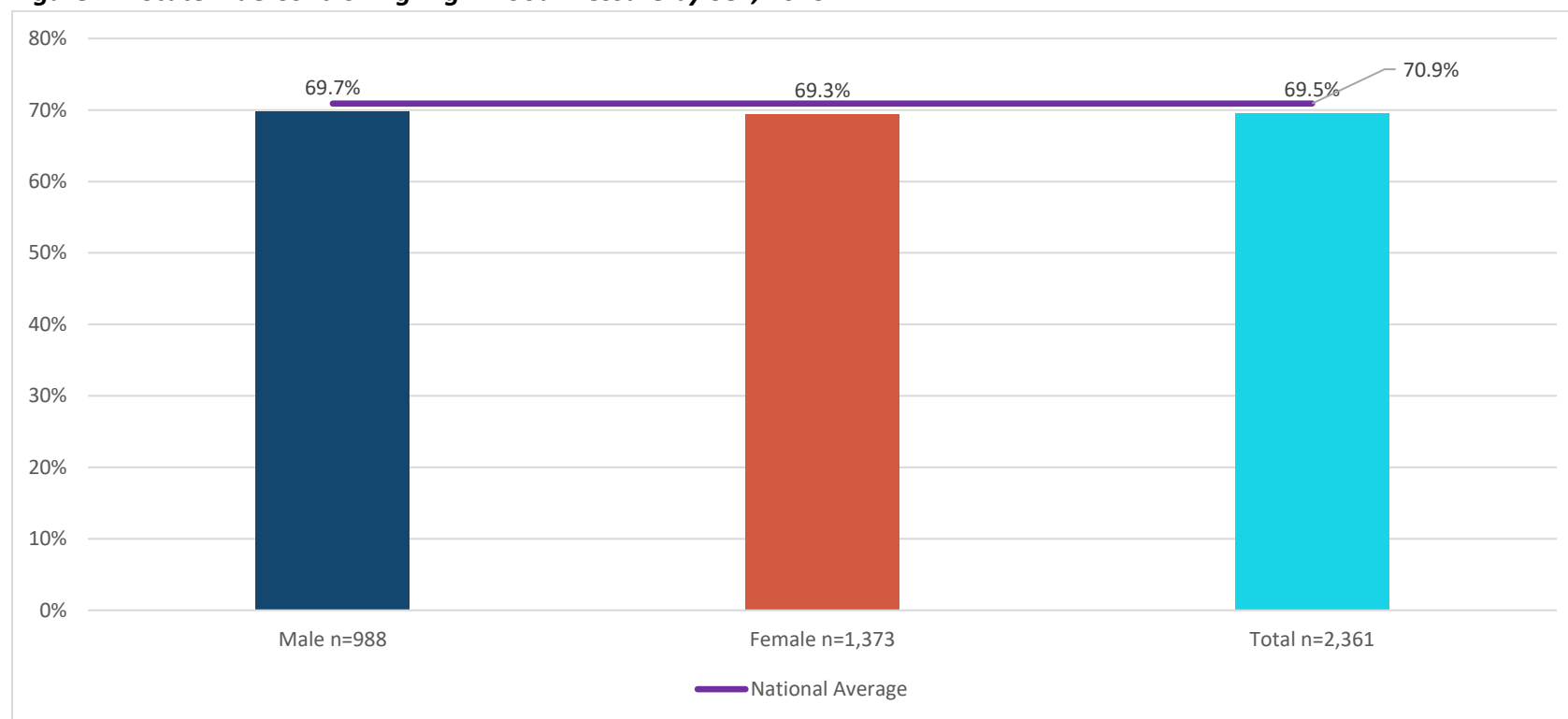


Table 54. Controlling High Blood Pressure by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	689	988	69.7%	0.2%	1.0
Female	952	1373	69.3%	-0.2%	1.0
Total	1641	2361	69.5%	Ref	Ref

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

Figure 47. Statewide Controlling High Blood Pressure by Sex, 2023



Eye Exam for Patients with Diabetes

Table 55. Eye Exam for Patients with Diabetes for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	805	1,245	64.7%	Ref	Ref	Ref
Black/African American	570	922	61.8%	-2.9%	0.96	Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	53	74	71.6%	6.9%	1.11	NS
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	52	76	68.4%	3.7%	1.06	NS
Hispanic	37	55	67.3%	2.6%	1.04	NS
Unknown/Declined	20	33	60.6%	-4.1%	0.94	NS
Total	1,555	2,433	63.9%	-0.8%	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 48. Eye Exam for Patients with Diabetes for All ICOs by Race/Ethnicity, 2023

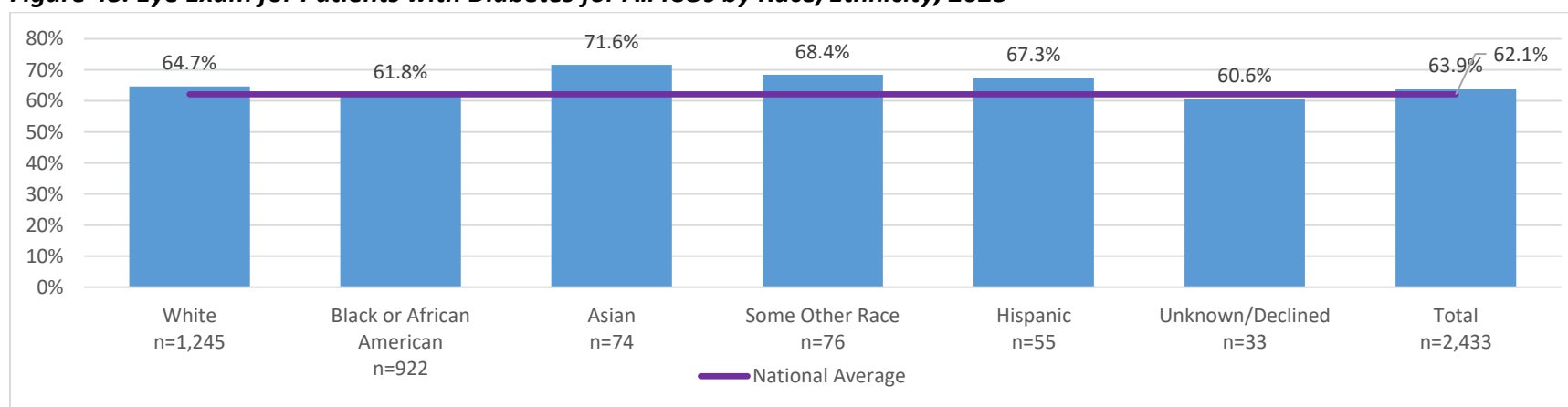
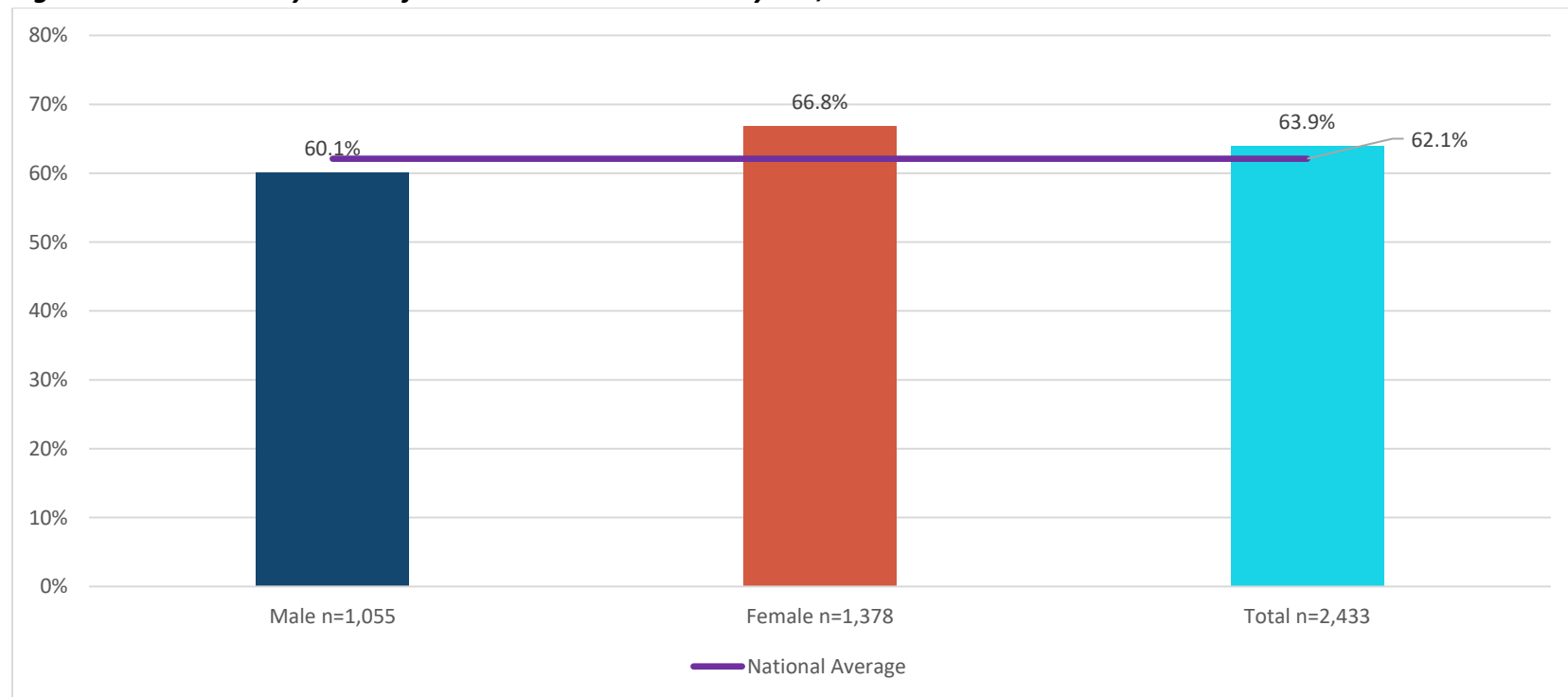


Table 56. Eye Exam for Patients with Diabetes by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	634	1055	60.1%	-3.8%	0.94
Female	921	1378	66.8%	2.9%	1.05
Total	1555	2433	63.9%	Ref	Ref

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

Figure 49. Statewide Eye Exam for Patients with Diabetes by Sex, 2023



Comprehensive Diabetes Care HbA1c Control <8%

Table 57. Comprehensive Diabetes Care HbA1c Control <8% for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	863	1,246	69.3%	Ref	Ref	Ref
Black/African American	528	922	51.3%	-18.0%	0.74	Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	38	74	51.4%	-17.9%	0.74	Below
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	47	76	61.8%	-7.5%	0.89	Below
Hispanic	32	54	59.3%	-10.0%	0.86	Below
Unknown/Declined	22	33	66.7%	-2.6%	0.96	NS
Total	1,546	2,433	63.5%	-5.8%	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 50. Comprehensive Diabetes Care HbA1c Control <8% for All ICOs by Race/Ethnicity, 2023

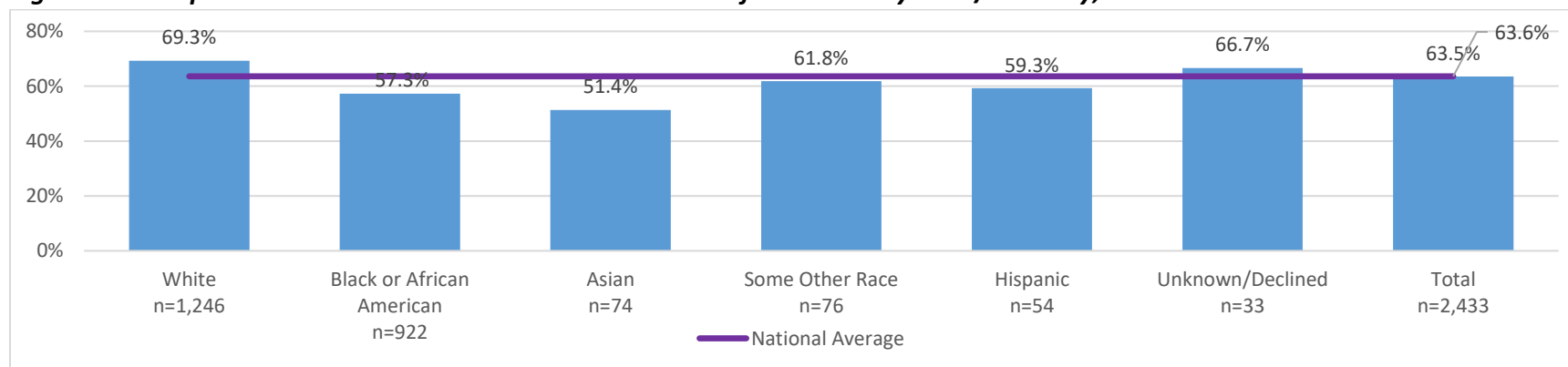
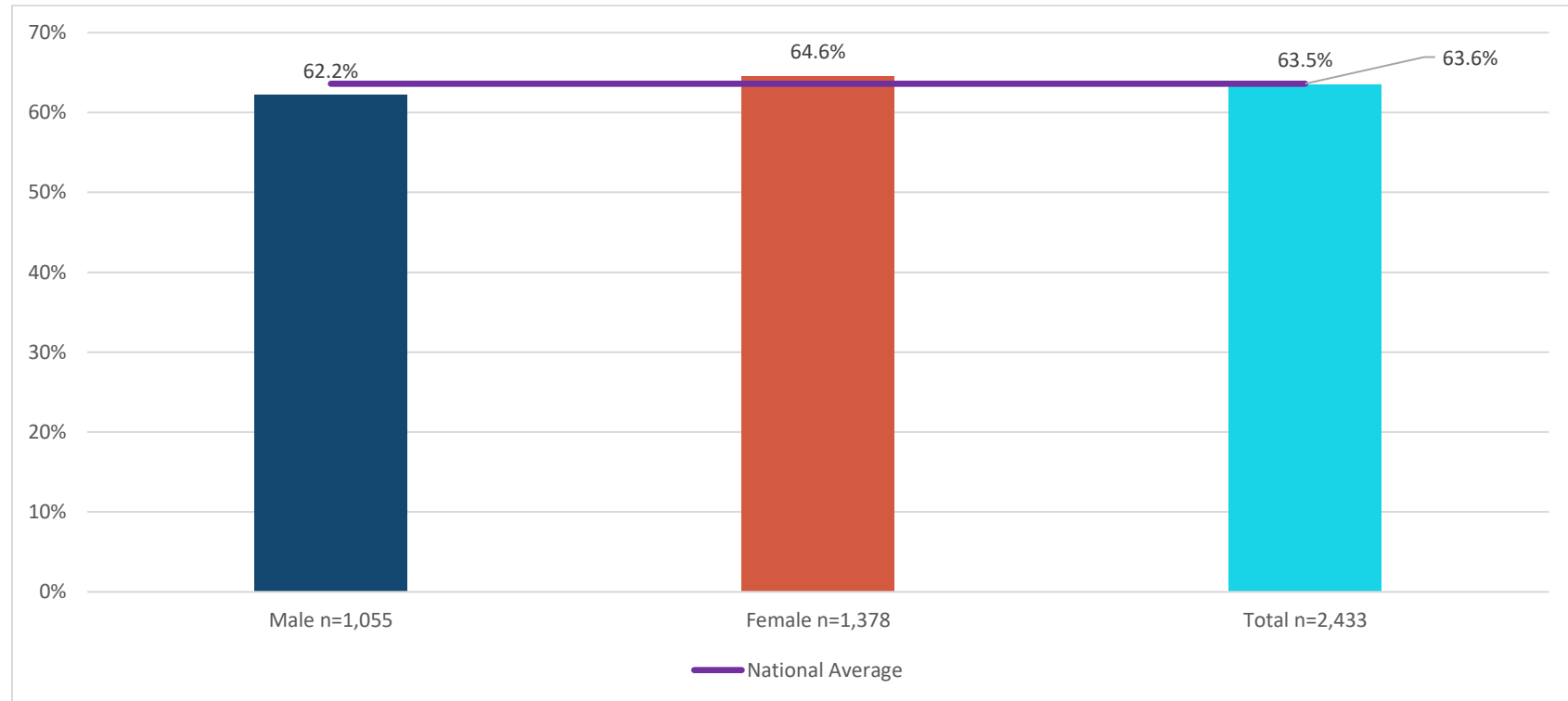


Table 58. Comprehensive Diabetes Care HbA1c Control <8% by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	656	1055	62.2%	-1.3%	1.05
Female	890	1378	64.6%	1.1%	1.02
Total	1546	2433	63.5%	Ref	Ref

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

Figure 51. Statewide Comprehensive Diabetes Care HbA1c Control <8% by Sex, 2023



Comprehensive Diabetes Care- Poor HbA1c Control

Table 59. Comprehensive Diabetes Care- Poor HbA1c Control for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	288	1,246	23.1%	Ref	Ref	Ref
Black/African American	332	922	36.0%	12.9%	1.56	Above
American Indian/Alaskan Native	--	--	--	--	---	--
Asian	27	74	36.5%	13.4%	1.58	Above
Native Hawaiian/Other Pacific Islander	--	--	--	--	---	--
Other	21	76	27.6%	4.5%	1.19	Above
Hispanic	15	54	27.8%	4.7%	1.20	Above
Unknown/Declined	9	33	27.3%	4.2%	1.18	Above
Total	702	2,433	28.9%	5.8%	1.25	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 HBDPoorControl 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 52. Comprehensive Diabetes Care- Poor HbA1c Control for All ICOs by Race/Ethnicity, 2023

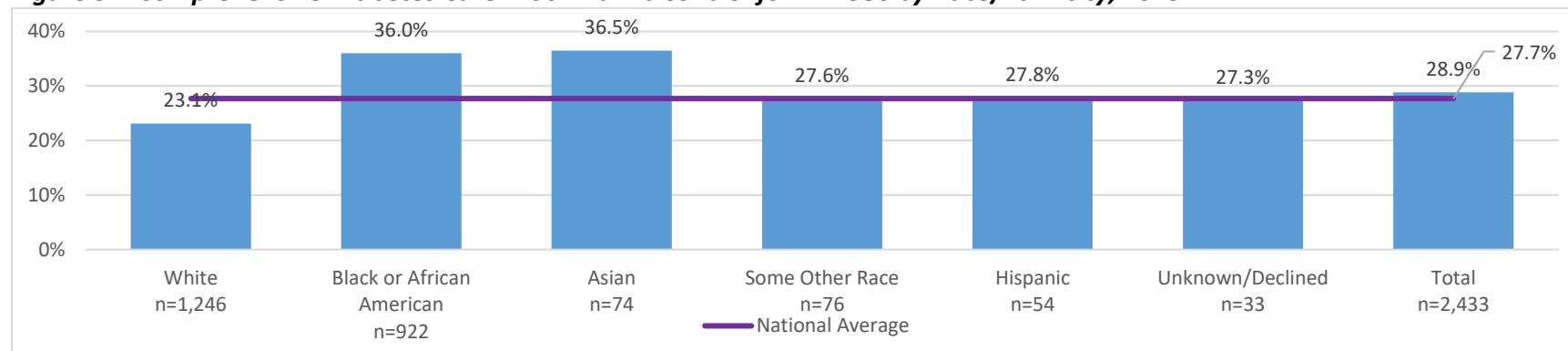
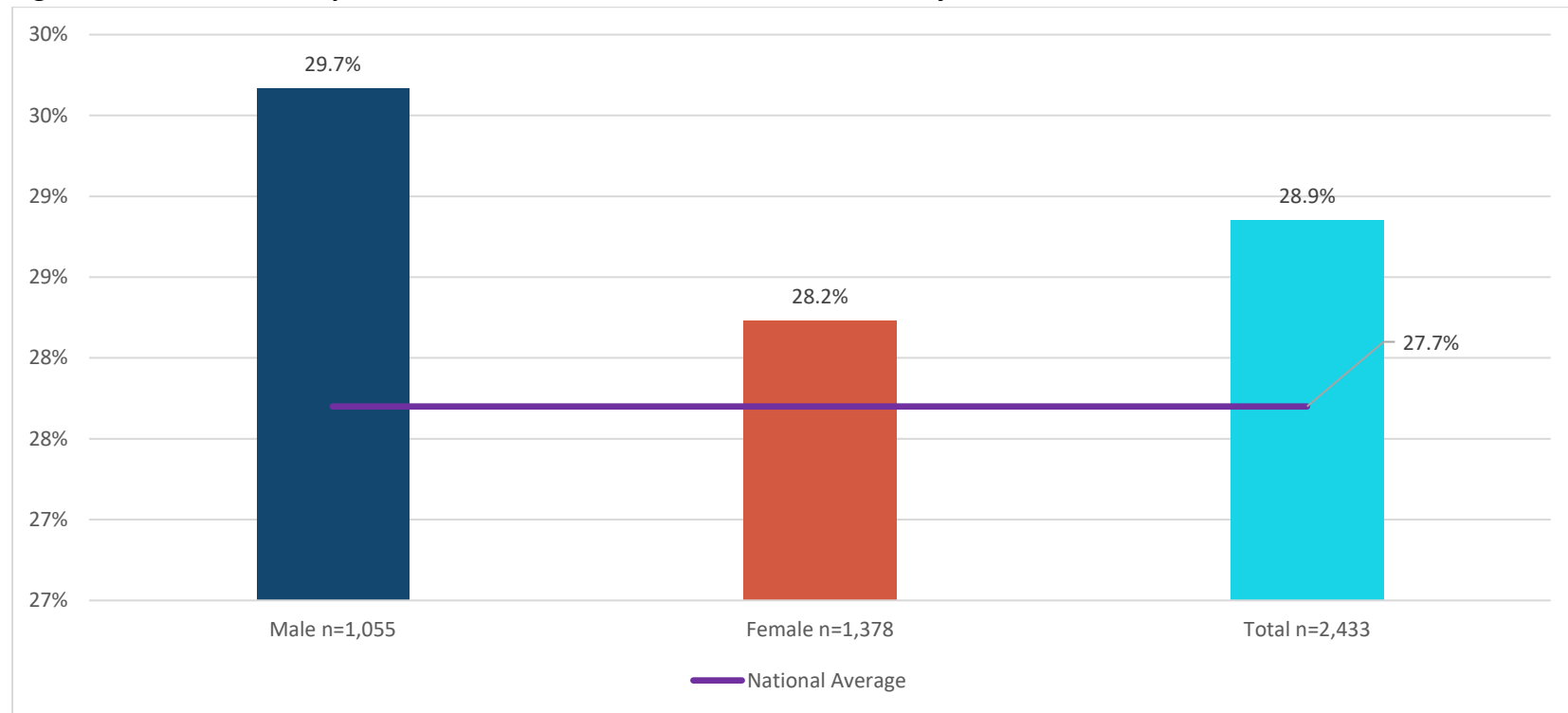


Table 60. Comprehensive Diabetes Care- Poor HbA1c Control by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	313	1055	29.7%	0.8%	1.03
Female	389	1378	28.2%	-0.7%	0.97
Total	702	2433	28.9%	Ref	Ref

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

Figure 53. Statewide Comprehensive Diabetes Care- Poor HbA1c Control by Sex, 2023



Colorectal Cancer Screening

Table 61. Colorectal Cancer Screening for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	740	1,267	58.4%	Ref	Ref	Ref
Black/African American	546	933	58.5%	0.1%	1.00	Above
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	41	65	63.1%	4.7%	1.08	NS
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	42	82	51.2%	-7.2%	0.88	Below
Hispanic	28	46	60.9%	2.5%	1.04	NS
Unknown/Declined	21	34	61.8%	3.4%	1.06	NS
Total	1,427	2,446	58.3%	-0.1%	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 54. Colorectal Cancer Screening for All ICOs by Race/Ethnicity, 2023

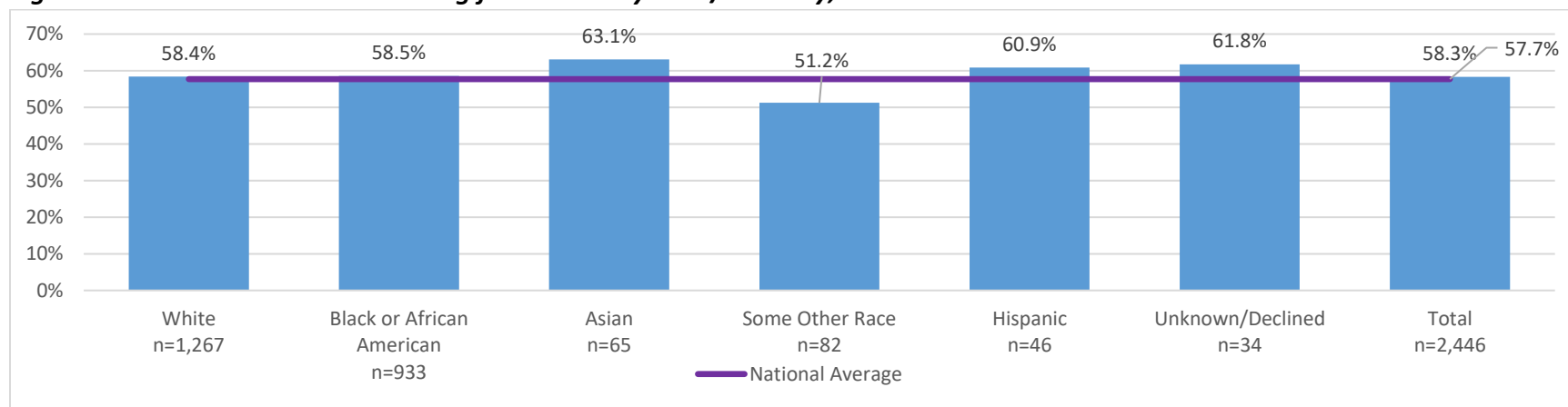
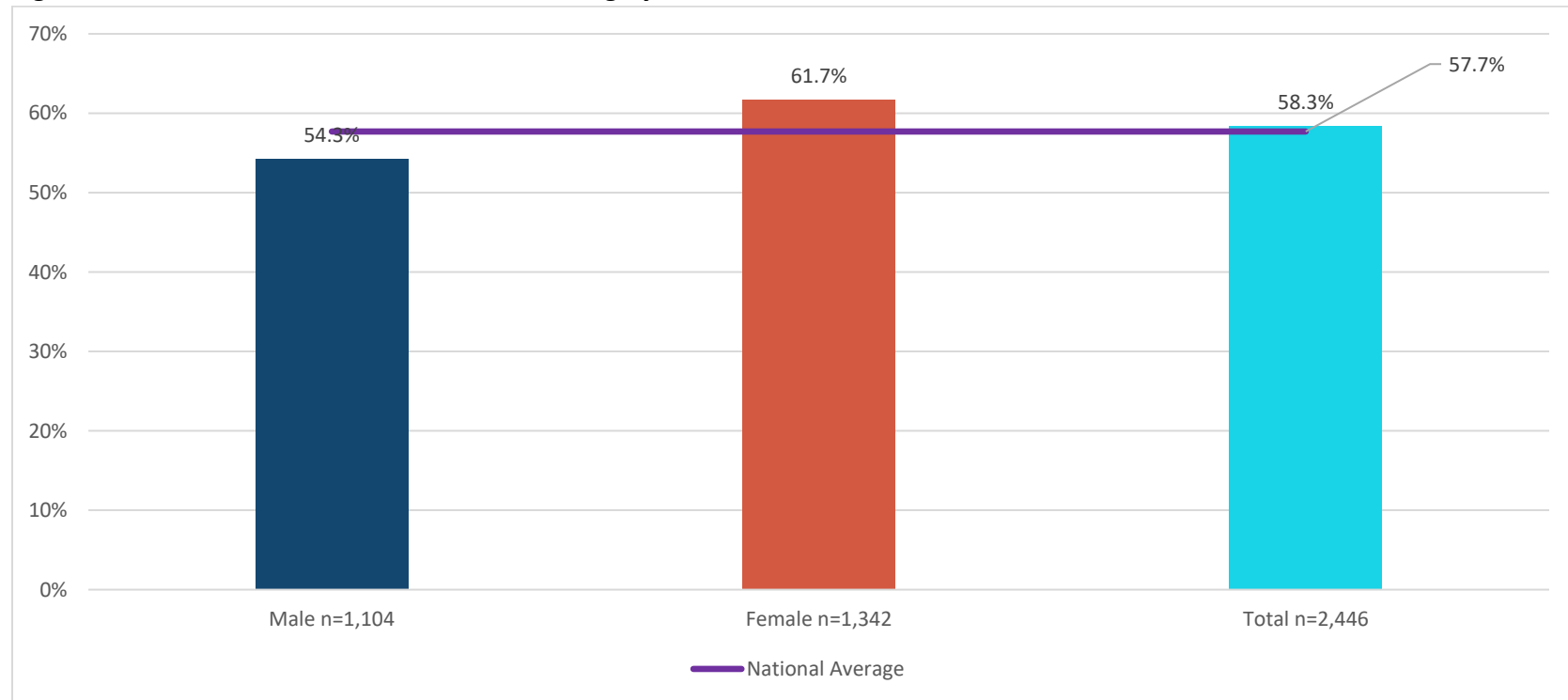


Table 62. Colorectal Cancer Screening by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	599	1104	54.3%	-4.0%	0.93
Female	828	1342	61.7%	3.4%	1.05
Total	1427	2446	58.3%	Ref	Ref

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

Figure 55. Statewide Colorectal Cancer Screening by Sex, 2023



Follow Up After Hospitalization for Mental Illness Within 30-Days

Table 63. Follow Up After Hospitalization for Mental Illness Within 30-Days for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	195	313	62.3%	Ref	Ref	Ref
Black/African American	148	277	53.4%	-8.9%	0.86	Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	--	--	--	--	--	--
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	--	--	--	--	--	--
Hispanic	--	--	--	--	--	--
Unknown/Declined	--	--	--	--	--	--
Total	328	562	58.4%	-3.9%	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 56. Follow Up After Hospitalization for Mental Illness Within 30-Days for All ICOs by Race/Ethnicity, 2023

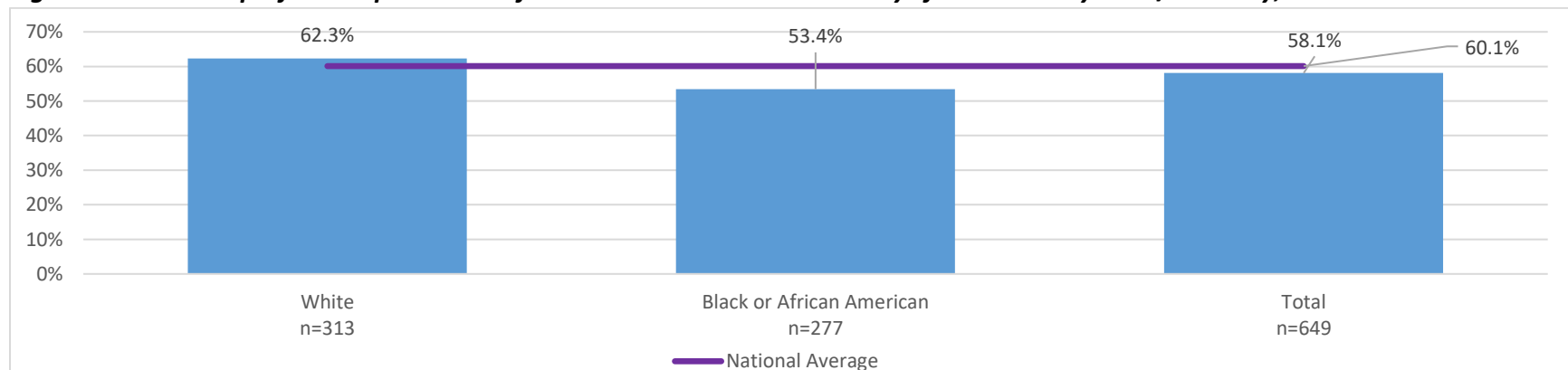


Table 64. Follow Up After Hospitalization for Mental Illness Within 30-Days by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	208	371	56.1%	-2.0%	0.97
Female	169	278	60.8%	2.7%	1.05
Total	377	649	58.1%	Ref	Ref

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

Figure 57. Statewide Follow Up After Hospitalization for Mental Illness Within 30-Days by Sex, 2023

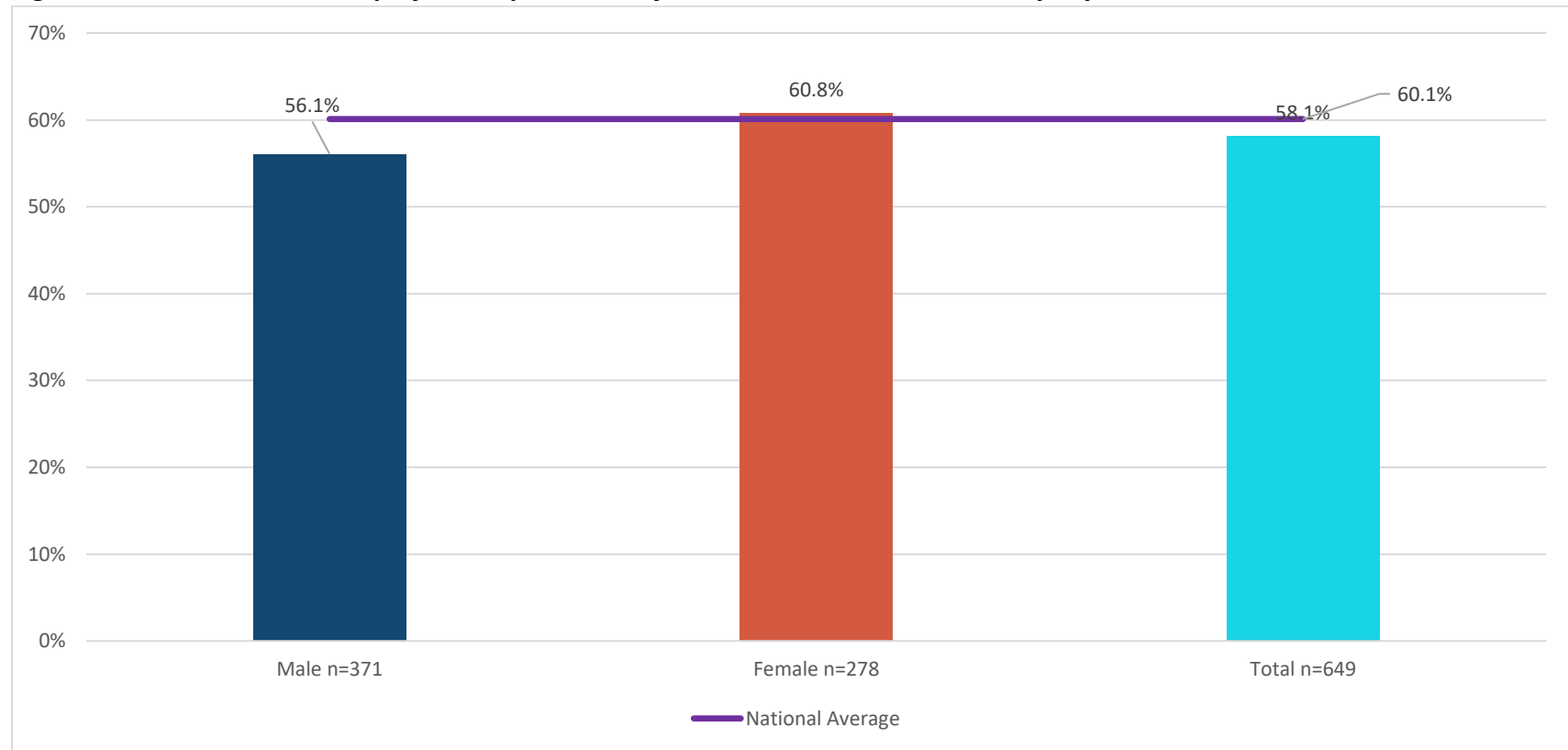


Table 65. All-Cause Readmission-Observed Readmissions 18-64 for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	165	1,336	12.4%	Ref	Ref	Ref
Black/African American	203	1,440	14.1%	1.7%	1.14	Above
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	--	--	--	--	--	--
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	5	58	8.6%	-3.8%	0.69	Below
Hispanic	3	45	6.7%	-5.7%	0.54	Below
Unknown/Declined	4	55	7.3%	-5.1%	0.59	Below
Total	383	2,978	12.9%	0.5%	1.04	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 58. All-Cause Readmission-Observed Readmissions 18-64 for All ICOs by Race/Ethnicity, 2023

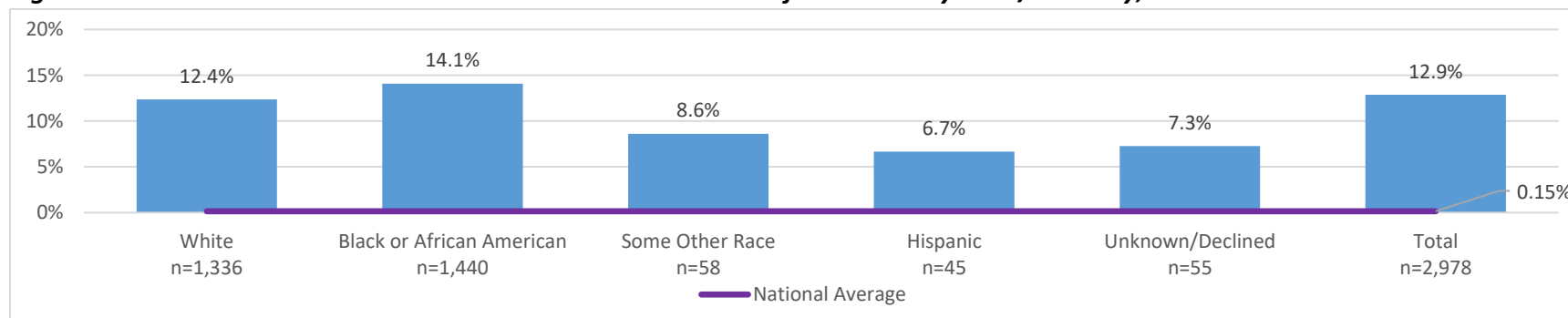
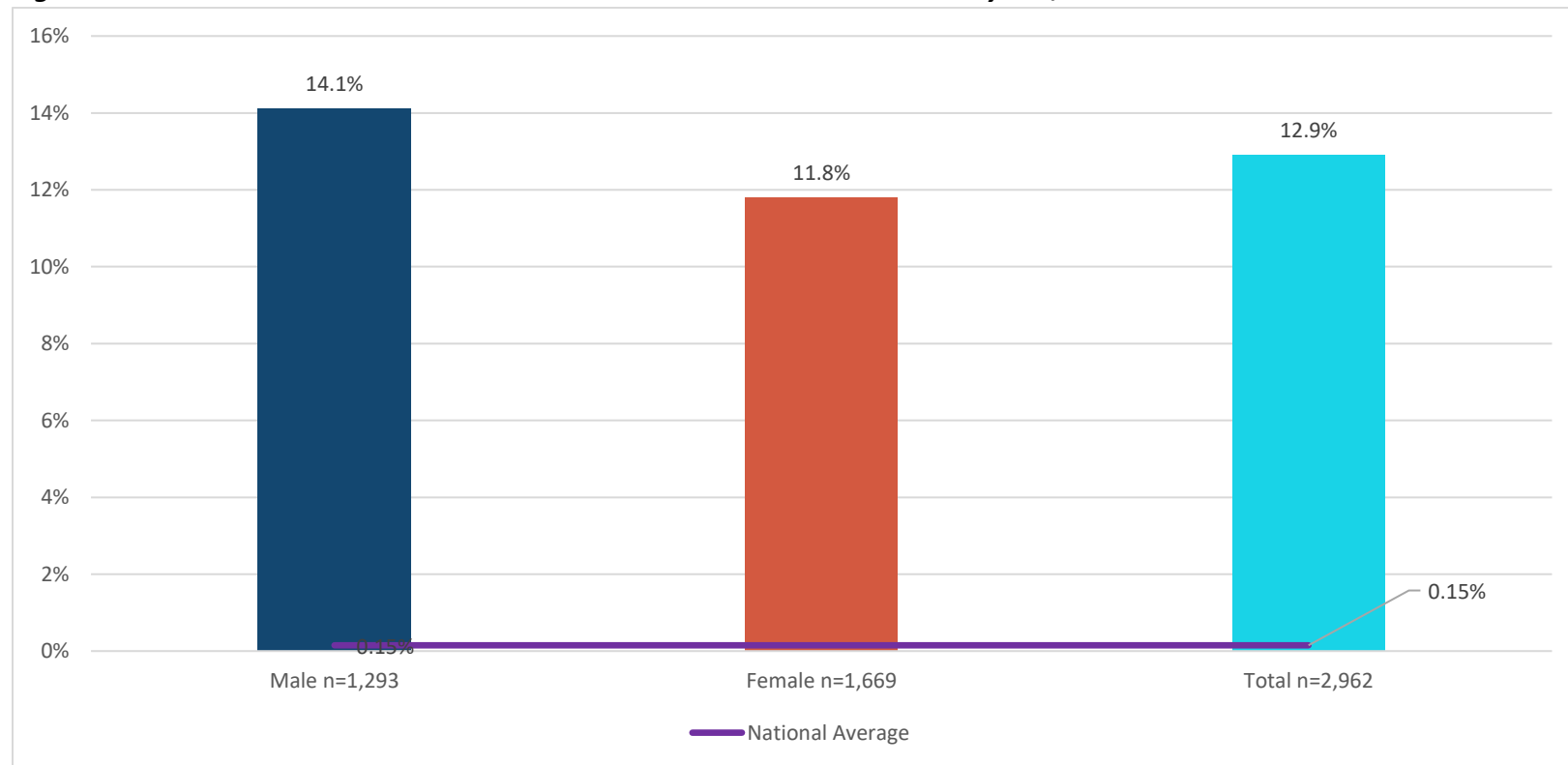


Table 66. Plan All-Cause Readmission-Observed Readmissions 18-64 by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	187	1330	14.1%	1.2%	1.09
Female	196	1650	11.9%	-1.0%	0.92
Total	383	2980	12.9%	Ref	Ref

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

Figure 59. Statewide All-Cause Readmission-Observed Readmissions 18-64 by Sex, 2023



Plan All-Cause Readmission-Observed Readmissions 65+

Table 67. Plan All-Cause Readmission-Observed Readmissions 65+ for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	295	1,974	14.9%	Ref	Ref	Ref
Black/African American	240	1,647	14.6%	-0.3%	0.98	Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	16	107	15.0%	0.01%	1.01	Above
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	17	141	12.1%	-2.8%	0.81	Below
Hispanic	11	84	13.1%	-1.8%	0.88	Below
Unknown/Declined	10	52	19.2%	4.3%	1.29	Above
Total	592	4,037	14.7%	-0.2%	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

*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 60. Plan All-Cause Readmission-Observed Readmissions 65+ for All ICOs by Race/Ethnicity, 2023

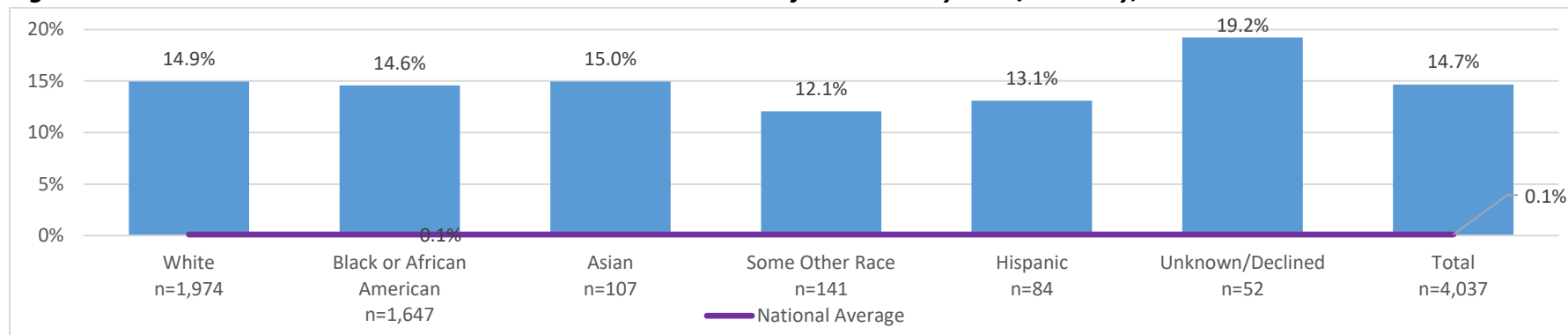
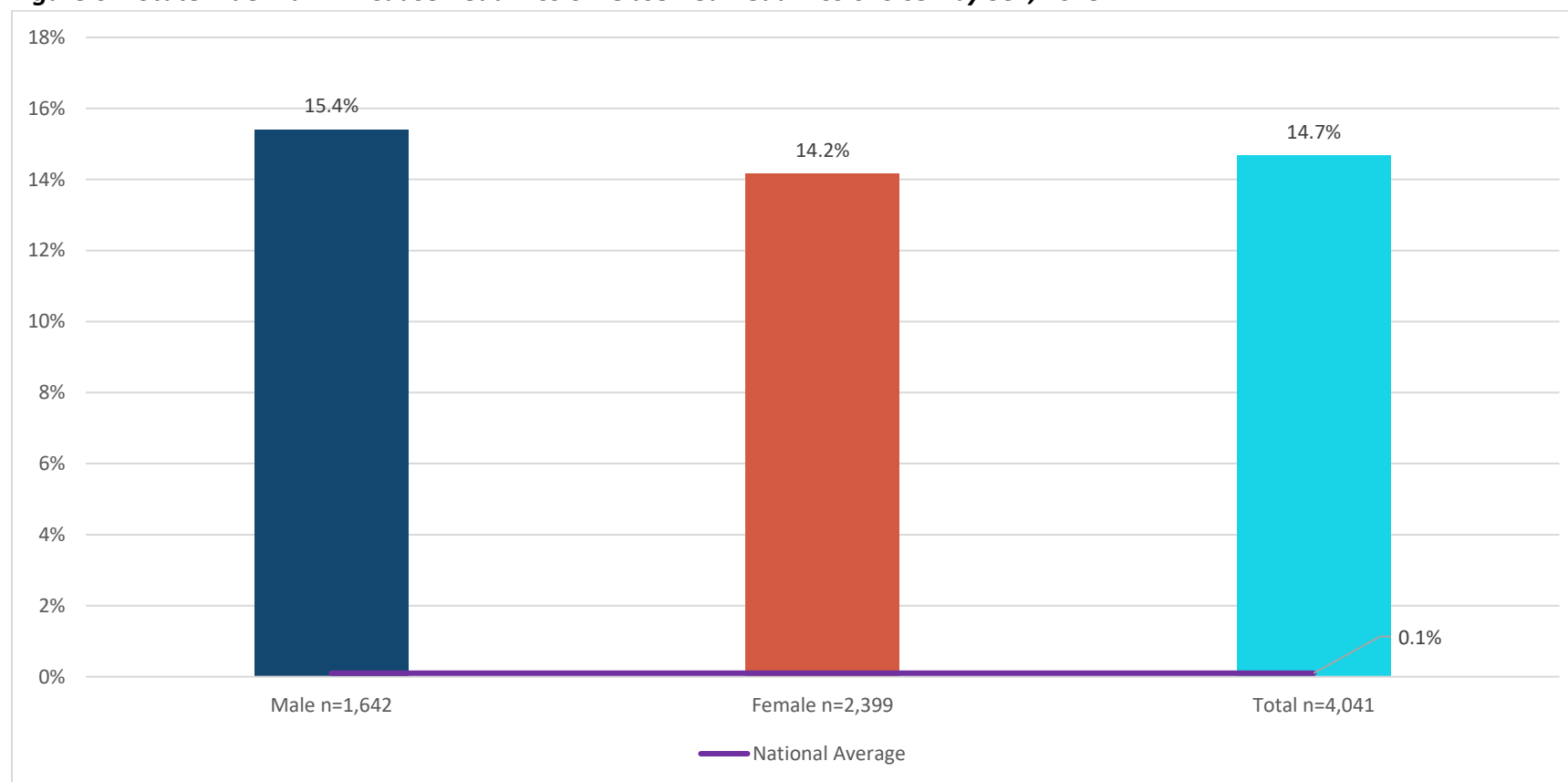


Table 68. Plan All-Cause Readmission-Observed Readmissions 65+ by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	253	1642	15.4%	0.7%	1.05
Female	340	2399	14.2%	-0.5%	0.97
Total	593	4041	14.7%	Ref	Ref

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

Figure 61. Statewide Plan All-Cause Readmission-Observed Readmissions 65+ by Sex, 2023



Transition of Care- Medication Reconciliation Post-Discharge

Table 69. Transition of Care-Medication Reconciliation Post-Discharge for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	794	1,232	64.4%	Ref	Ref	Ref
Black/African American	536	1,016	52.8%	-11.6%	0.82	Below
American Indian/Alaskan Native	--	--	--	--	--	--
Asian	24	40	60.0%	-4.4%	0.93	NS
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Other	38	70	54.3%	-10.1%	0.84	Below
Hispanic	26	45	57.8%	-6.6%	0.90	Below
Unknown/Declined	15	35	42.9%	-21.5%	0.67	Below
Total	1,456	2,465	59.1%	-5.3%	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 62. Transition of Care-Medication Reconciliation Post-Discharge for ALL ICOs by Race/Ethnicity, 2023

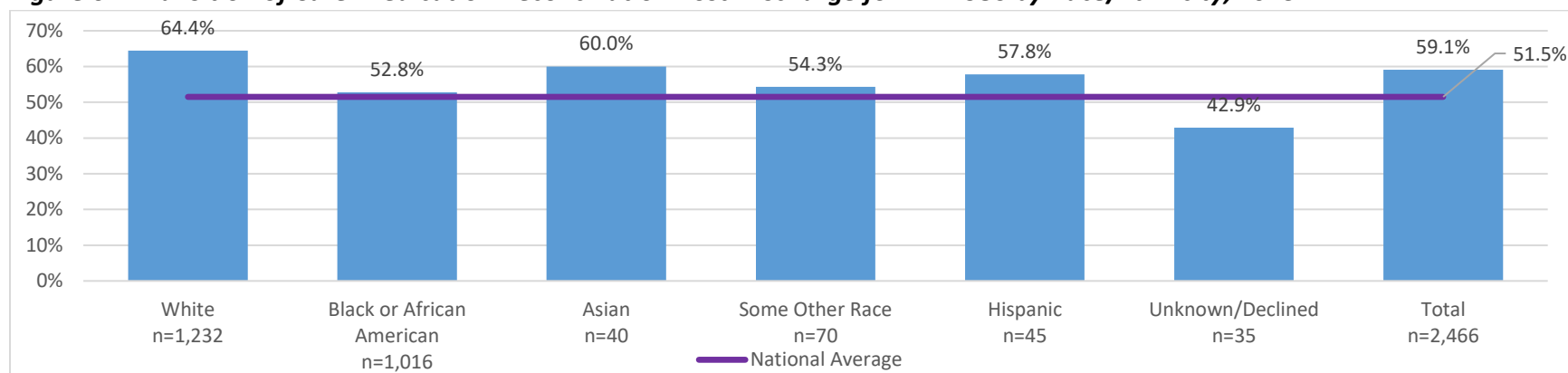
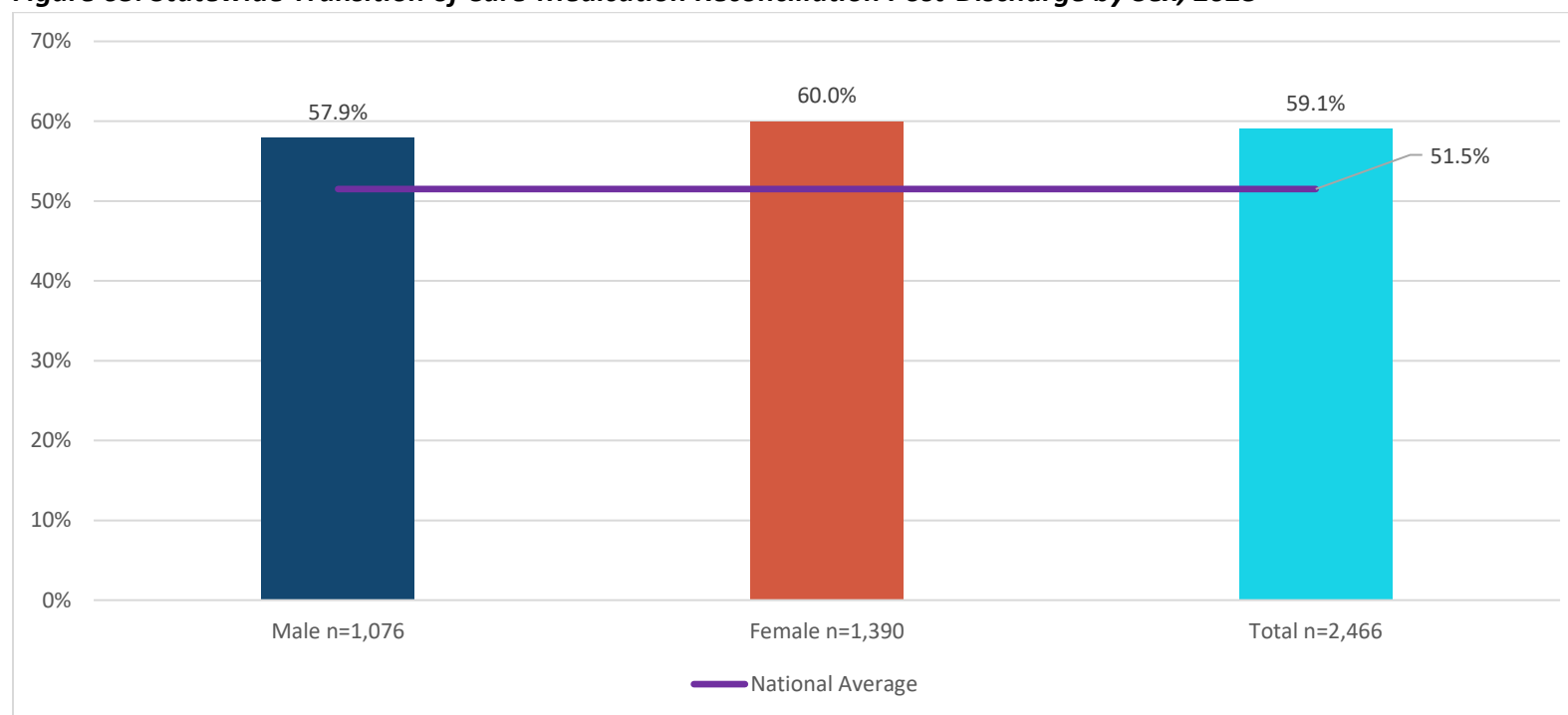


Table 70. Transition of Care-Medication Reconciliation Post-Discharge by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	623	1076	57.9%	-1.2%	0.98
Female	834	1390	60.0%	0.9%	1.02
Total	1457	2466	59.1%	Ref	Ref

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

Figure 63. Statewide Transition of Care-Medication Reconciliation Post-Discharge by Sex, 2023



Annual Dental Visit for 2023

Table 71. Annual Dental Visit for All ICOs by Race/Ethnicity, 2023

Race/Ethnicity	Num	Den	Rate	Diff	Ratio	From White
White	4,691	16,685	28.1%	Ref	Ref	Ref
Black/African American	3,284	12,258	26.8%	-1.3%	0.95	Below
American Indian/Alaskan Native	60	214	28.0%	-0.1%	1.00	Below
Asian	222	803	27.6%	-0.5%	0.98	Below
Native Hawaiian/Other Pacific Islander	6	45	13.3%	-14.8%	0.47	Below
Other	282	1,203	23.4%	-4.7%	0.83	Below
Hispanic	197	707	27.9%	-0.2%	0.99	Below
Unknown/Declined	104	465	22.4%	-5.7%	0.80	Below
Total	8,846	32,380	27.3%	-0.8%	0.97	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 64. Annual Dental Visits for All ICOs by Race/Ethnicity, 2023

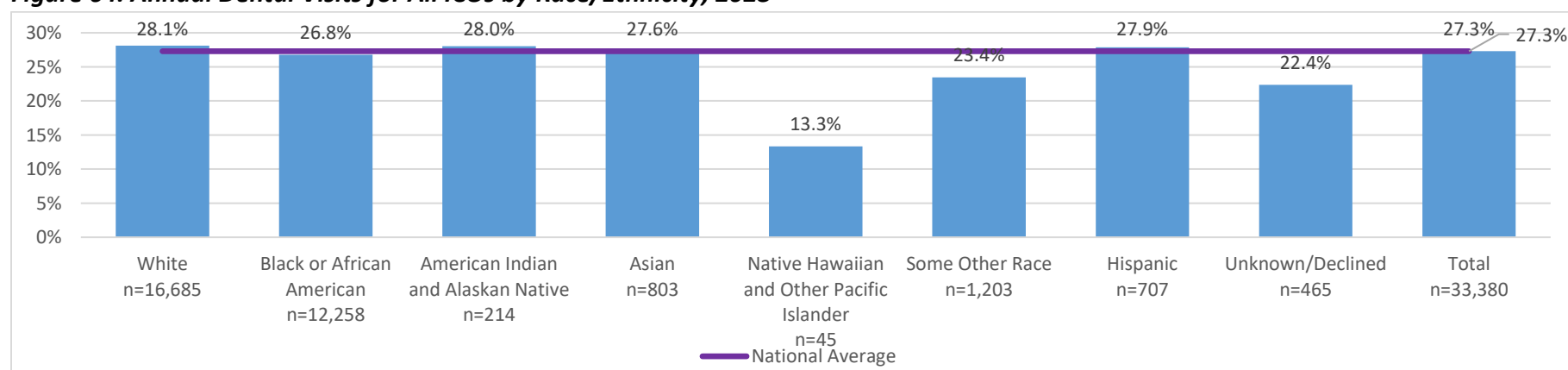
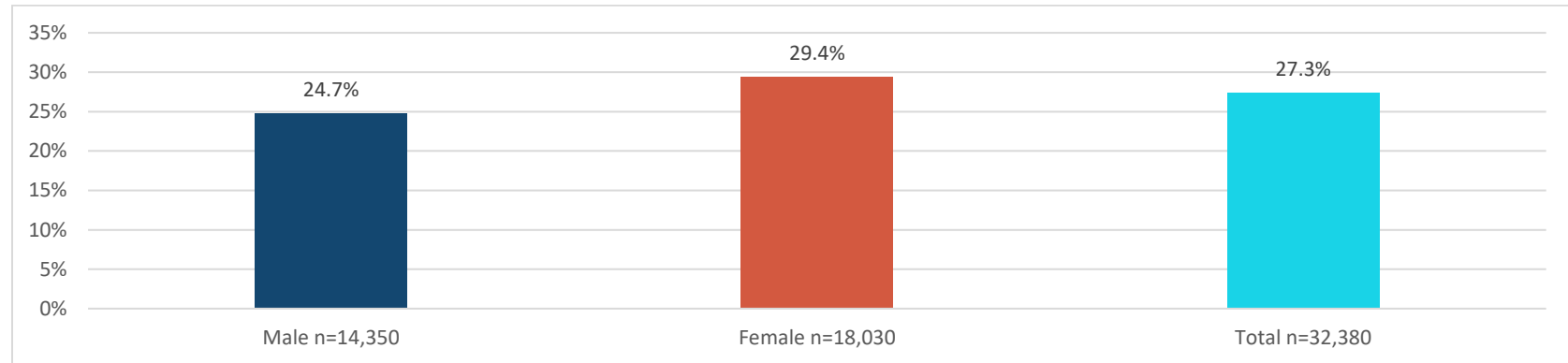


Table 72. Annual Dental Visit by Sex, 2023

Sex	Num	Den	Rate	Diff	Ratio
Male	3,549	14,350	24.7%	-2.6%	0.90
Female	5,297	18,030	29.4%	2.1%	1.08
Total	8,846	32,380	27.3%	Ref	Ref

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

Figure 65. Statewide Annual Dental Visits by Sex, 2023



Qualitative Review: From Data to Action

Focus Study: From Data to Action

The Focus Study is a multi-year, program-wide concentrated look at health equity that supports MDHHS efforts to promote health equity and reduce disparities for key populations. For this study, the ICOs focused on the following measures for varying populations and ethnicities. Each ICO had one measure and one population group as its primary and sole focus.

- Follow Up After Hospitalization for Mental Illness (FUH).
- Controlling High Blood Pressure (CBP).
- Diabetes Measurements.
- Eye Exam for Patients with Diabetes (EED).
- Colorectal Screenings (COL).
- Adults' Access to Preventative/ Ambulatory Health Services (AAP Total).

ICOs conducted literature reviews, data analysis, and focus groups on the topic of their selected measure to help establish their proposed interventions. The focus groups were direct connections with members to gather insight into current and past experiences, and potential suggestions for bridging the disparity gaps and improving overall rates for key populations.

Focus Group Reflections

Focus groups were held both in person and virtually for varying ICOs; some chose to conduct them in both formats to extend their reach. One ICO held its focus groups in the community, outside a hospital. Focus groups varied in size and lasted between one and two hours. ICOs reflected on multiple roadblocks throughout the process of planning and recruiting for the focus groups and their participation.

- **Engaging Unengaged Members:** Engaging members who were not already involved in healthcare to help understand how to improve their rates was challenging, as they already did not have an interest. Most of the focus group members were already part of the healthcare system and had an interest in engaging with the ICOs.
- **Transportation Issues:** Transportation had a significant impact on the attendance of the focus groups. One ICO noted that some people arrived a few hours before the focus group due to limited transportation availability.

- **Updated Contact Information:** ICOs noted that despite reaching out to a large number of members, they were only able to successfully reach a portion of the intended population. One ICO initially contacted 331 members, spoke with 78, of which 35 agreed to participate. ICO reports noted invalid phone numbers and limited cellular minutes as some of the barriers to engagement.

All ICOs demonstrated persistent engagement to gather as much information from as many members as possible to improve health outcomes. It is important to note the highlights of how the ICOs planned and conducted the focus groups.

- ICOs conducted an educational portion at the start of their focus group, aiming to gather insight on current knowledge as well as build knowledge on the specific topics/measures.
- Some ICOs noted that this was their first time conducting focus groups directly with community members, and that it was a fruitful way to build trust.
- Some ICOs utilized the focus group space to discuss additional topics that warranted community feedback.
- Some ICOs invited members of the communities that they were trying to engage with to be the focus group facilitators, to build trust and create a comfortable space for potentially vulnerable conversations.

Key takeaways from focus groups across all ICOs included:

- There was varied knowledge surrounding the topics of the focus groups, highlighting the need for stronger educational efforts.
- The need for additional focus groups and an emphasis on community-led educational efforts, such as events with trusted partners in the community and outside the hospital walls.
- Members emphasized the importance of culturally relevant education in improving the rates and addressing the disparities.
- Being creative in outreach efforts. Including texting campaigns, at-home screening programs, telehealth options, sponsored peer-to-peer groups, and toll-free numbers.
- Members suggested an enhanced provider cultural sensitivity training and education in destigmatizing mental illness.
- Transportation is a theme that came across all focus groups, and the need to increase access to consistent, timely, and expanded services to aid access to care and other services that impact health outcomes.

Themes Across Interventions

ICOs created and described potential interventions to improve disparities in the identified measures. The intervention considerations include the identification of risk factors by race/ethnicity and region and are based on the findings from the literature review, data analysis, and focus groups. Each ICO had unique findings as each one focused on a different measure, and some similar themes emerged across the interventions that ICOs proposed.

- **Community Engagement and Education.** ICOs emphasized the importance of community engagement through health events and educational initiatives. They highlighted the need to build trust with community-led efforts, meeting community members where they are to foster better relationships and sponsoring and supporting peer-to-peer groups.
- **Improving Access to Care.** ICOs proposed interventions to address barriers such as transportation, increasing telehealth, and in-home services. Some ICOs proposed utilizing text messaging for educational campaigns and to have better access to people.
- **Cultural Sensitivity and Equity.** ICOs recommended interventions to enhance cultural sensitivity among providers through targeted training programs. They also focused on improving patient-provider relationships through culturally competent care.

Recommendations

The following series of recommendations aims to address the disparities identified over the six years of data collection and the focus study results. These recommendations provide an opportunity to enhance the quality of care, improve patient engagement, and ensure equitable access to healthcare services for all populations. Implementing these strategies will aid in reducing health disparities and promoting a more inclusive and effective healthcare system.

- **Continue Monitoring and Evaluation.** Persistently track the identified measures within the proposed strategies to assess the effectiveness of the interventions. This ongoing evaluation will help in understanding the impact and making necessary adjustments.
- **Enhance Community Engagement in Health Equity Efforts.** Actively build and nurture relationships with local community organizations to integrate their insights and support into health equity initiatives. This collaboration will ensure that the efforts are grounded in the community's needs and perspectives.

- **Stay Informed on Literature and New Initiatives.** Continuously review and monitor the latest literature and emerging efforts related to disengaged consumers. This will help identify innovative approaches and best practices that can be incorporated into our strategies.
- **Duplicate Focus Groups Across Poor-Performing Measures.** As many of the ICOs mentioned, there is a need to hear from members directly. Literature reviews are helpful, but they might not apply to the unique population and location that ICOs serve. Focus groups are a great way to get the community involved, to gather community input, and to evaluate some of the efforts that are piloted.
- **Evaluate and Compare Efforts in Community and Patient Engagement Across ICOs.** Work across ICOs to evaluate and compare community and patient engagement efforts. By identifying where efforts can be replicated or partnered on, ICOs can leverage successful strategies and enhance overall engagement and outcomes.
- **Integrate Proposed Interventions into Standard Care for the MI Coordinated Care/ MI Coordinated Health program.** As the MHL program moved towards MI Coordinated Care, it is recommended to integrate the proposed interventions into the standard of care. This will allow for measurement of performance and creation of Specific, Measurable, Achievable, Relevant, and Timebound (SMART) goals to evaluate the effectiveness of these interventions.

Conclusion

In conclusion, the MI Health Link program has made significant strides in identifying and addressing health disparities among its beneficiaries. The data presented in this report highlights the ongoing efforts to measure and improve the quality of care for various racial and ethnic groups. Despite the progress made, disparities persist, underscoring the need for continued focus and targeted interventions. 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 is 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. The recommendations provided aim to further enhance patient engagement, equitable access, and overall healthcare outcomes. As the program transitions to the MI Coordinated Care model, it is imperative to integrate these interventions into standard care practices and establish SMART goals to evaluate their effectiveness. By doing so, the MI Health Link program can continue to promote health equity and reduce disparities, ultimately contributing to a more inclusive and effective healthcare system.

Appendix A. Rate by Race/Ethnicity per Year

Table 73. White Rates 2017-2023

Measure	2017	2018	2020	2021	2022	2023
AAP2044	88.6%	88.7%	84.3%	87.6%	87.5%	87.9%
AAP4564	92.6%	94.6%	93.1%	94.4%	94.3%	94.0%
AAP65+	92.2%	92.4%	90.8%	92.9%	92.5%	92.8%
AAPTOT	92.6%	92.9%	90.5%	92.4%	92.3%	92.3%
AMM	64.8%	68.2%	74.9%	76.9%	78.5%	78.4%
BCS-E	57.5%	58.2%	55.4%	51.7%	55.5%	56.8%
CBP	69.6%	69.6%	69.6%	69.6%	62.1%	71.1%
EED	62.5%	64.0%	54.7%	58.7%	64.3%	64.7%
HBD Control	50.8%	47.9%	51.0%	50.7%	65.0%	69.3%
HBD Poor Control	40.1%	52.5%	44.0%	40.9%	26.2%	23.1%
COL	49.9%	54.7%	55.5%	52.4%	53.4%	58.4%
FUH	56.5%	54.2%	58.4%	59.4%	72.0%	62.3%
PCR1864	14.9%	15.0%	14.0%	14.2%	10.5%	12.4%
PCR65+	12.4%	12.4%	12.0%	12.4%	11.6%	14.9%
TRC	45.2%	49.6%	41.6%	56.9%	59.8%	64.4%
ADV	29.1%	28.9%	23.6%	25.9%	26.9%	28.1%

Table 74. Black/African American Rates 2017-2023

Measure	2017	2018	2020	2021	2022	2023
AAP2044	81.7%	81.0%	80.1%	81.1%	81.1%	83.3%
AAP4564	92.5%	92.8%	92.6%	92.7%	93.7%	93.3%
AAP65+	90.0%	90.0%	89.8%	90.5%	91.5%	91.9%
AAPTOT	89.3%	89.7%	88.9%	89.3%	90.1%	90.5%
AMM	49.4%	57.0%	61.2%	72.4%	67.0%	62.4%
BCS-E	62.0%	62.3%	60.3%	56.9%	61.1%	63.7%
CBP	50.0%	55.4%	50.2%	33.0%	62.7%	60.9%
EED	60.0%	59.1%	53.5%	51.7%	60.5%	61.8%
HBD Control	40.9%	39.6%	41.5%	36.6%	52.4%	57.3%
HBD Poor Control	52.4%	81.1%	51.4%	59.4%	41.6%	36.0%
COL	48.2%	51.6%	55.1%	51.1%	55.3%	58.5%
FUH	48.3%	45.9%	52.4%	43.4%	48.5%	53.6%
PCR1864	20.3%	16.6%	11.5%	12.0%	12.1%	14.1%
PCR65+	14.0%	15.7%	13.0%	13.8%	12.3%	14.6%
TRC	23.7%	31.4%	27.1%	36.6%	43.5%	52.8%
ADV	25.8%	27.4%	21.6%	25.0%	25.4%	26.8%

Table 75. American Indian/Alaskan Native Rates 2017-2023

Measure	2017	2018	2020	2021	2022	2023
AAP2044	--	--	80.0%	78.0%	86.5%	89.6%
AAP4564	--	95.8%	97.8%	94.4%	93.3%	90.3%
AAP65+	--	--	95.1%	89.9%	90.3%	93.9%
AAPTOT	87.8%	92.6%	93.1%	89.5%	90.8%	91.6%
AMM	--	--	--	--	--	--
BCS-E	--	--	53.0%	59.2%	63.5%	56.0%
CBP	--	--	--	50.0%	--	--
EED	--	--	41.2%	72.4%	76.7%	--
HBD Control	--	--	47.1%	50.0%	53.3%	--
HBD Poor Control	--	--	50.0%	48.3%	30.00%	--
COL	--	--	--	--	--	--
FUH	--	--	--	--	--	--
PCR1864	--	--	--	--	--	--
PCR65+	--	--	--	--	--	--
TRC	--	--	--	--	--	--
ADV	42.3%	31.1%	22.6%	27.2%	24.4%	28.0%

-- = Not available due to small number

Table 76. Asian Rates 2017-2023

Measure	2017	2018	2020	2021	2022	2023
AAP2044	88.4%	81.8%	94.8%	90.7%	86.5%	80.6%
AAP4564	94.0%	85.0%	92.3%	91.0%	95.2%	95.8%
AAP65+	82.3%	85.7%	86.3%	90.3%	90.9%	90.3%
AAPTOT	84.1%	86.4%	88.2%	90.4%	91.2%	90.5%
AMM	--	--	--	--	--	--
BCS-E	42.9%	44.3%	47.8%	42.6%	52.7%	57.5%
CBP	62.1%	59.4%	63.0%	46.8%	70.0%	76.4%
EED	58.9%	63.7%	57.1%	58.7%	64.2%	71.6%
HBD Control	40.0%	37.3%	61.7%	50.7%	58.0%	51.4%
HBD Poor Control	47.4%	96.6%	51.7%	43.2%	35.8%	36.5%
COL	38.2%	38.0%	51.6%	54.7%	59.0%	63.1%
FUH	--	--	--	--	--	--
PCR1864	--	--	--	--	--	--
PCR65+	11.4%	--	16.8%	15.5%	5.6%	15.0%
TRC	50.9%	48.7%	34.1%	48.8%	60.0%	60.0%
ADV	20.9%	22.6%	22.3%	25.0%	23.9%	27.6%

-- = Not available due to small number

Table 77. Native Hawaiian/Other Pacific Islander Rates 2017-2023

Measure	2017	2018	2020	2021	2022	2023
AAP2044	--	--	--	--	--	--
AAP4564	--	--	--	--	--	--
AAP65+	89.7%	83.8%	--	79.4%	91.4%	--
AAPTOT	92.3%	86.5%	90.9%	80.0%	91.1%	73.7%
AMM	--	--	--	--		--
BCS-E	--	--	--	--	--	--
CBP	--	--	--	--	--	--
EED	--	--	--	--	--	--
HBD Control	--	--	--	--	--	--
HBD Poor Control	--	--	--	--	--	--
COL	--	--	--	--	--	--
FUH	--	--	--	--	--	--
PCR1864	--	--	--	--	--	--
PCR65+	--	--	--	--	--	--
TRC	--	--	--	--	--	--
ADV	16.9%	22.2%	16.7%	27.3%	14.3%	13.3%

-- = Not available due to small number

Table 78. Some Other Race Rates 2017-2023

Measure	2017	2018	2020	2021	2022	2023
AAP2044	--	--	--	87.0%	80.1%	81.7%
AAP4564	--	--	--	95.5%	93.50%	91.8%
AAP65+	60.6%	68.8%	74.4%	90.8%	91.7%	86.8%
AAPTOT	68.3%	74.4%	76.6%	91.1%	90.5%	87.0%
AMM	--	--	--	--	--	--
BCS-E	--	--	--	49.1%	54.3%	48.5%
CBP	--	--	--	55.7%	66.7%	64.1%
EED	--	--	--	74.1%	67.9%	68.4%
HBD Control	--	--	--	49.1%	64.3%	61.8%
HBD Poor Control	--	--	--	42.6%	22.6%	27.6%
COL	--	--	--	52.3%	58.3%	51.2%
FUH	--	--	--	--	--	--
PCR1864	--	--	--	--	--	--
PCR65+	--	--	--	--	16.0%	12.1%
TRC	--	--	--	50.0%	51.9%	54.3%
ADV	--	--	9.2%	23.3%	23.8%	23.4%

-- = Not available due to small number

Table 79. Hispanic Rates 2017-2023

Measure	2017	2018	2020	2021	2022	2023
AAP2044	80.8%	80.3%	85.7%	87.1%	84.9%	88.9%
AAP4564	90.9%	86%	95.3%	96.4%	90.8%	97.4%
AAP65+	82.4%	84.8%	84.8%	83.6%	90.4%	87.2%
AAPTOT	84.2%	86.3%	87.7%	87.1%	90.9%	89.5%
AMM	--	--	--	--	--	--
BCS-E	66%	72.2%	54.1%	56.2%	54.3%	64.1%
CBP	59.4%	60%	56.1%	28.6%	44.7%	58.5%
EED	53.8%	64.6%	58%	62.5%	66.0%	67.3%
HBD Control	38.5%	33.8%	48.8%	55.0%	71.7%	59.3%
HBD Poor Control	53.8%	68.3%	62.8%	42.5%	22.6%	27.8%
COL	43.8%	58.2%	68.1%	45.8%	45.8%	60.9%
FUH	--	--	--	--	--	--
PCR1864	--	--	--	12.8%	10.2%	6.7%
PCR65+	--	12.5%	20%	--	0.0%	13.1%
TRC	41.2%	56.8%	30.6%	45.7%	42.0%	57.8%
ADV	21.8%	24.6%	24.2%	27.6%	22.5%	27.9%

-- = Not available due to small number

Table 80. Total Rates 2017-2023

Measure	2017	2018	2020	2021	2022	2023
AAP2044	85.4%	85.1%	82.3%	84.2%	84.5%	85.5%
AAP4564	93.9%	93.8%	93.1%	93.7%	93.9%	93.7%
AAP65+	90.4%	90.8%	89.8%	91.4%	91.9%	91.9%
AAPTOT	90.9%	91.3%	89.6%	90.9%	91.3%	91.3%
AMM	57.7%	62.4%	70.5%	75.5%	73.6%	70.8%
BCS-E	58.7%	59.4%	56.9%	53.6%	57.4%	59.5%
CBP	59.6%	62.8%	57.1%	35.6%	67.1%	69.5%
EED	61.3%	62.1%	54.4%	56.0%	62.8%	63.9%
HBD Control	45.8%	43.6%	46.7%	44.7%	59.6%	63.5%
HBD Poor Control	45.8%	66.5%	45.8%	48.9%	32.5%	28.9%
COL	49.5%	53.4%	55.2%	51.5%	54.1%	58.3%
FUH	53.5%	50.4%	56.0%	51.0%	58.4%	58.1%
PCR1864	17.9%	16.8%	13.7%	13.1%	12.4%	12.9%
PCR65+	14.6%	14.7%	13.6%	14.0%	14.3%	14.7%
TRC	37.8%	41.2%	35.1%	46.6%	51.7%	59.1%
ADV	26.8%	26.8%	26.8%	26.8%	26.8%	27.3%

Appendix B. Rates per sex per year.

Table 81. Male Rates 2022-2023

Measure	2022	2023
AAP2044	79.6%	80.7%
AAP4564	91.40%	91.3%
AAP65+	88.8%	89.2%
AAPTOT	87.5%	87.9%
AMM	70.5%	70.5%
BCS-E	--	--
CBP	63.4%	69.7%
EED	56.9%	60.1%
HBD Control	54.1%	62.2%
HBD Poor Control	36.6%	29.7%
COL	48.4%	54.3%
FUH	56.6%	56.1%
PCR1864	11.4%	14.1%
PCR65+	15.1%	15.4%
TRC	50.0%	57.9%
ADV	24.5%	24.7%

-- = Not available due to small number

Table 82. Female Rates 2022-2023

Measure	2022	2023
AAP2044	91.0%	91.4%
AAP4564	95.9%	95.8%
AAP65+	94.0%	93.7%
AAPTOT	94.2%	94.0%
AMM	74.9%	74.9%
BCS-E	57.5%	59.4%
CBP	69.9%	69.3%
EED	67.0%	66.8%
HBD Control	63.7%	64.6%
HBD Poor Control	29.5%	28.2%
COL	58.2%	61.7%
FUH	61.4%	60.8%
PCR1864	13.2%	11.8%
PCR65+	13.7%	14.2%
TRC	53.0%	60.0%
ADV	27.0%	29.4%