Centers for Medicare & Medicaid Services (CMS):
Health Disparities Program

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AGENDA

• CMS Health Disparities Overview
  – Data
  – Sensitivity
  – Intervention
  – Messaging

• Next Steps
Our goal is to improve the health and quality of care of minority Medicare populations.
CMS Health Disparities Forum

• Meetings are held the second Tuesday of each Month

• Primary Purpose: to focus on four pillars for clinical results through the use of Quality Improvement Organizations (QIOs)

• Examples of Presenters include:
  – Dennis Andrulis, Ph.D., M.P.H – Drexel University
  – Eleanor Walker, Ph.D. R.N., - Bowie State University
  – Michael Painter, J.D., M.D. – Robert Wood Johnson Foundation
Strategies to Reduce Health Disparities

Data
- National Data Structure
- Short-term Improvement Strategy
- Long-term Improvement Plan

Sensitivity
- 8th SOW (CLAS)
- Value Based Purchasing
- Clinical Trials

Intervention
- 9th SOW (DSME)
- Cross-Cutting
- Certified Diabetic Educators

Messaging
- Public and Private Partnerships
Strategies to Reduce Health Disparities

**Goal:** Find Individuals
Medicare fee-for-service claims identify Medicare beneficiaries with diabetes

**Method:** Used surname imputation model

**Results:** Found 33 states or territories with a minimum of 5,000 underserved Medicare beneficiaries with diabetes.

Non-Caucasians in population are underserved – includes:
- African-American
- Asian
- Native American and
- Hispanic
Finding Individuals

- Targeting by linking underserved population size to areas with greatest need (lowest composite quality rate and disparities index)

- States for greatest potential impact:
  1. Illinois
  2. New Mexico
  3. New York
  4. Oklahoma
  5. Arizona
  6. Georgia
  7. Michigan
  8. New Jersey
  9. Pennsylvania
  10. Maryland and Texas
Strategies to Reduce Health Disparities

- Calculated appropriate diabetes care measure from data on:
  - *Blood Pressure*
  - *Cholesterol*
  - *Eye Examination*

- Results can be mapped to show geographic variation of appropriate care delivered to underserved Medicare beneficiaries with diabetes.
State Variation of Delivered Appropriate Diabetes Care for Underserved
Strategies to Reduce Health Disparities

- County Variation of Appropriate Diabetes Care for the Underserved

Comparing average composite rates of underserved to those rates for their Caucasian counterparts in each county provides a measure of disparity in diabetes care between the underserved and Caucasians.
Strategies to Reduce Health Disparities

National Average County Disparity index: 0.92

- **Beneficiary Impact**: This number means that Minorities (non-Caucasians) are on average 8% less likely to receive appropriate diabetic care than their Caucasian Medicare beneficiary counterparts.

- U.S. county average composite quality rate rates ranged from 24% (Coal County, OK) to 100% (most states have at least one county performing at this level) for the ‘underserved’ population.
County Variation of Delivered Appropriate Diabetes Care for Underserved in Illinois

Illinois

Diabetes Composite Rates for the Underserved Population
Medicare Diabetes Data (04/01/2006 - 03/31/2007)

Composite Rates

- 73% - 76%
- 67% - 72%
- 1% - 66%
- 0%

Lower rates indicate poorer performance. 0% category represents counties with fewer than 30 underserved beneficiaries with diabetes.
Strategies to Reduce Health Disparities

8th SOW Culturally and Linguistically Appropriate Services (CLAS)

– Quality Improvement Organizations (QIOs)
  • Reduce impact of limited English proficiency
  • Improve effective communication
  • Increase provider awareness of the National Standards for CLAS

Results:
– Engaged 1625 physician practice sites
  1,961 now participating
– 837 practitioners completed CLAS, 94% of goal
Strategies to Reduce Health Disparities

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Strategies to Reduce Health Disparities

Hold

Sensitivity

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Strategies to Reduce Health Disparities

Every Diabetic Counts

- Modeled after Babamoto Study
- Medicare QIO for Florida Pilot
- Evidence-based diabetes self management education for underserved populations

Goal:
Implementation of culturally appropriate community-based diabetes management programs

Intervention

- 9th SOW (DSME)
- Cross-Cutting
- Certified Diabetic Educators
Strategies to Reduce Health Disparities

*Every Diabetic Counts*

- Begin August 2008
- Incorporates:
  - recruiting over 10-15 states
  - All Medicare beneficiaries
  - providing diabetes self management training through certified diabetic educators and community health workers based on the DEEP training model
- Clinical outcomes:
  - Cholesterol
  - Blood Pressure
  - Eye Examination
Strategies to Reduce Health Disparities

**Diabetes Self Management Training (DSMT)**

- Paid for by Medicare since 1994
- Expanded through the Balanced Budget Act (BBA) of 1997

Coverage for outpatient diabetes self management beyond the hospital setting by Certified Diabetes Educators.
Strategies to Reduce Health Disparities

• Work with internal and external stakeholders (OMH, AOA, ARHQ, NIH) to increase program participation and ensure service to communities through federal agencies, national partners, and local organizations.

• OCSQ
  – Emphasize Medicare contractor involvement
    • ESRD Networks and QIOs (includes specialized support centers with expertise in underserved populations and communications)
What’s New

• Clinical Outcomes

• Community-based initiatives

• Improving current CMS programs
Next Steps

- Build Partnerships
- Perfect Recruitment Strategy
- Communicate National Message
Get Involved

• Partner as a trusted source to spread the word about our current efforts.
• Volunteer to help educate your community about diabetes care.
• Speak at forums, meetings, town halls, and conferences.
• Serve on our Health Disparities Technical Expert Panel.
• Work with CMS on ways to educate the public about health disparities programs