



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
 - Vernice Anthony, R.N., M.P.H.– Greater Detroit Health Council



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

Data

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- Short-term Improvement Strategy
- Long-term Improvement Plan

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 | 6. Georgia |
| 2. New Mexico | 7. Michigan |
| 3. New York | 8. New Jersey |
| 4. Oklahoma | 9. Pennsylvania |
| 5. Arizona | 10. Maryland and Texas |

Data

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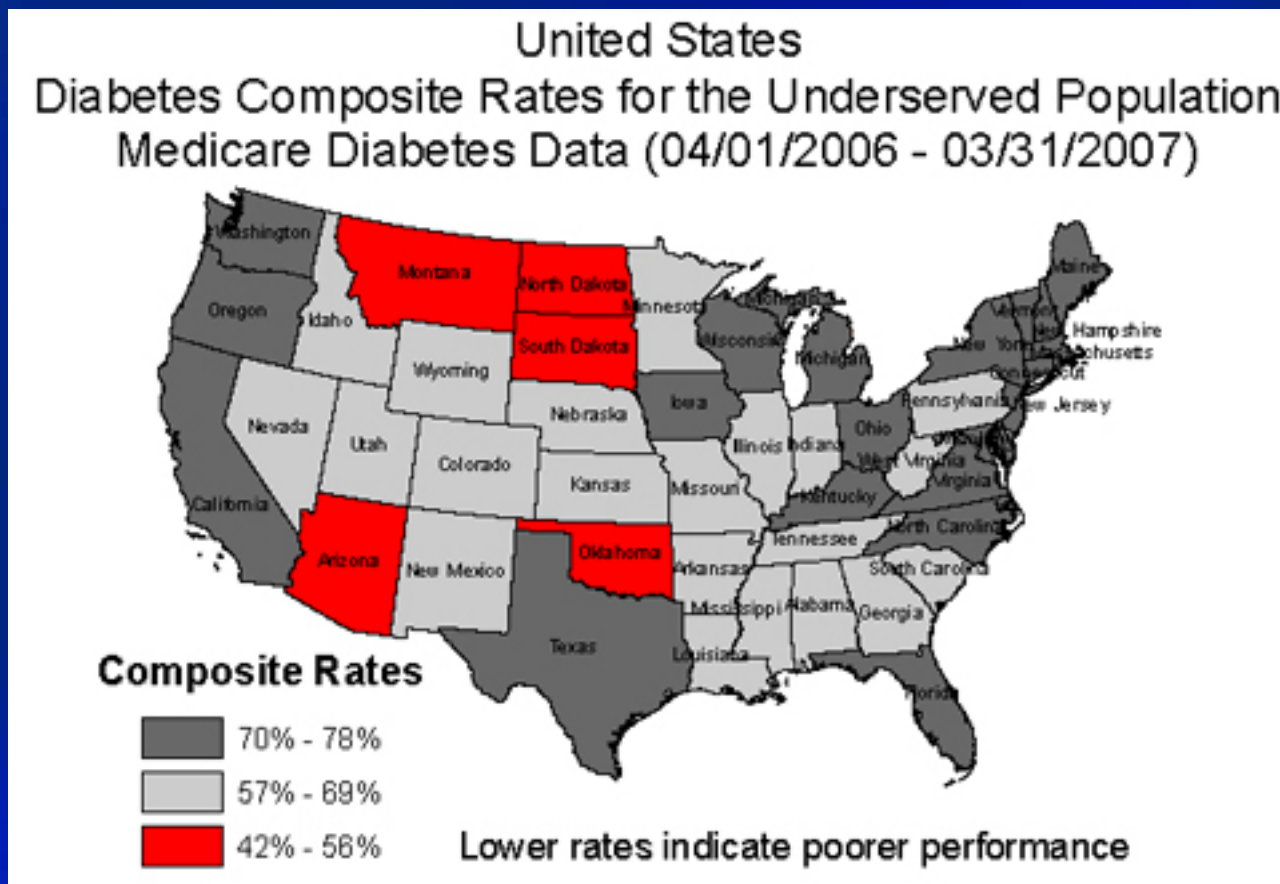
Strategies to Reduce Health Disparities

- 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.

Data

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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

Data

- National Data Structure
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- Long-term Improvement Plan

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.

Data

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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

Sensitivity

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Strategies to Reduce Health Disparities

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Strategies to Reduce Health Disparities

Hold



Sensitivity

- 8th SOW (CLAS)
- Value Based Purchasing
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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

Intervention

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- Cross-Cutting
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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.

Intervention

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

Messaging

- Public and Private Partnerships



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