# Health Disparities

## Improving the Quality of Care

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# 2007 Report

- Outcomes
  - PAMCs
  - Identification of Diabetes and Asthma/COPD
  - Quality of Care for Diabetics

# PAMCs

- Complications associated with pregnancy disproportionately affect women from racial and ethnic minorities.
  - Potentially Avoidable Maternity Complications (PAMCs) are a comprehensive set of indicators for assessing racial and ethnic disparities in maternal health and pregnancy outcomes.

# PAMCs

- Uncontrolled Diabetes
- Substance Abuse
- Eclampsia
- Excessive Fetal Growth
- Fetal Damage
- GU Infection
- Hepatitis B
- Infectious and Parasitic Diseases
- Insufficient Prenatal Care
- Intrauterine Death
- Iron Deficiency Anemia
- Non-Compliance with Medical Treatment
- Poor Fetal Growth
- Pre-Eclampsia
- Premature Rupture of Membranes
- Premature Separation of Placenta
- Pyelonephritis
- Rhesus Isoimmunization
- Ruptured Uterus
- Septicemia
- Sexually Transmitted Diseases
- Status Asthmaticus

# PAMCs

## Prevalence, Per 1000 Deliveries

| Race | SFY 0001 | SFY 0102 | SFY 0203 | SFY 0304 | SFY 0405 | SFY 0506 | Trend |
|---|---|---|---|---|---|---|---|
| **White** | 14.45 | 15.38 | 13.91 | 15.77 | 16.51 | 19.67 | 1.04 |
| **Black** | 14.21 | 15.4 | 14.12 | 14.99 | 16.87 | 16.95 | 0.55 |
| **Native American** | 71.43 | --- | --- | --- | --- | 12.74 | NA |
| **Asian** | 7.85 | 11.38 | 8.76 | 8.27 | 10.2 | 11.43 | 0.72 |
| **Hispanic** | 9.12 | 7.37 | 8.16 | 7.72 | 9.42 | 9.10 | 0.00 |
| **Others** | 11.24 | 6.84 | 8.51 | 10.47 | 11.68 | 7.64 | -0.72 |

# PAMCs

- Prevalence highest for non-Hispanic White and non-Hispanic Black mothers.
- Substance abuse is the most prevalent PAMC, followed by premature delivery, poor fetal growth, excessive fetal growth, insufficient prenatal care, and intrauterine death.
  - Latter four are important markers of the intrauterine environment.
  - Can be positively affected through prenatal screening and prenatal care.
- The trend for PAMCs increased between SFY 2000-01 and SFY 2005-06.

# Identification of Diabetes and Asthma/COPD

- Reliance on physician and institutional claims (inpatient/outpatient) is based on two assumptions:
  - Older patients are likely to have frequent inpatient/outpatient episodes with the chronic condition listed as the primary reason for the claim or as a complication or comorbidity noted on a claim, ***or***
  - Older patients are likely to receive routine physician visits with the chronic condition listed as the primary diagnosis or a secondary diagnosis.
- This second assumption about routine physician visits would seem more reasonable among older patients recently diagnosed with a chronic illness.
  - For example, the diagnosis of diabetes would likely occasion multiple physician and outpatient services for blood tests, urine tests, disease management counseling, initial regulation of insulin (for insulin-dependent diabetics), etc.

# Identification of Diabetes and Asthma/COPD

- Considered two common chronic health conditions: diabetes and asthma/COPD
  - Asked whether institutional and physician claims substantially under-count their incidence in older populations.
- Supplemented customary operationalizations
  - Procedures
  - DME
  - Prescriptions

# Identification of Diabetes and Asthma/COPD

- Selection criteria included the following:
  - One or more inpatient claims with a primary or secondary diagnosis within twelve months after the first diagnosis month;
  - Two or more outpatient or physician claims with a primary or secondary diagnosis within twelve months after the first diagnosis month;
  - Prescription claim for insulin or hypoglycemic medication;
  - Procedure/DME codes for supplies or DME.

# Identification of Diabetes and Asthma/COPD

- 40.23% of the diabetic Medicaid beneficiaries would be identified with claims data common to Medicare utilization files: diagnoses, procedures, consumable supplies, and DME.
  - 59.77% could only be identified through claims for prescriptions
  - This is important, given the introduction of Medicare Part-D.
  - If Florida Medicaid uses the customary operationalizations (which focus on physician and institutional claims), a little more than one-third (37.33%) of the diabetic Medicaid beneficiaries would be identified.
    - Procedures, consumable supplies, and DME uniquely identify only a small fraction more of diabetic beneficiaries (1.98%).

# Identification of Diabetes and Asthma/COPD

- When we consider the 60+ subpopulation, a subpopulation greatly at risk from the complications and comorbidities of diabetes, the lack of prescription data is even more problematic.
  - 78.95% could be identified only through prescription claims. Relying only on diagnoses from physician and institutional claims, analysts at Florida Medicaid would identify less than one-fifth (18.9%) of the older Medicaid beneficiaries with diabetes.
    - Procedures, consumable supplies, and DME are even less helpful in the identification of older diabetics (0.86%).

# Identification of Diabetes and Asthma/COPD

- For asthma/COPD, 45.59% could be identified only through prescription claims.
  - 67.01% for the 60+ subpopulation.
  - Procedures, consumable supplies, and DME had almost no utility for the identification of age 60+ beneficiaries with asthma/COPD (0.23%).
- Diagnosis claims for both diabetes and asthma/COPD are especially likely to under-estimate incidence for new cases in the age 60+ subpopulation.
  - For diabetes, 75.71% could be identified only through prescription claims. For asthma/COPD: 76.89%.
- Important differences when the results are further broken down by race and ethnicity.

# Quality of Care: Diabetics

- Considered three NCQA/ADA Diabetes Quality Improvement Project (DQIP) indicators for diabetics
  - A1C hemoglobin tests (essential for monitoring glucose levels and compliance with diet and medication)
  - Lipid profiles
  - Eye examinations

# Quality of Care: Diabetics

- The prevalence of diabetes and particularly insulin-dependent Type I diabetes is much larger in the age 60+ Medicaid population.
- Racial disparities are also evident
  - Native American and non-Hispanic Black Medicaid beneficiaries having a higher prevalence of diabetes generally and especially insulin-dependent Type I diabetes
  - Age 60+ Native American and non-Hispanic Black beneficiaries have almost double the prevalence for complications compared with older non-Hispanic Whites, Hispanics, and Asian Medicaid beneficiaries.
- Older Medicaid diabetics are much less likely to receive essential tests for the management of diabetes.
  - 87.23% of age 60+ non-Hispanic White diabetics received none of these tests or examinations during the twelve months after the onset of diabetes. Less than one-third of the older diabetics of any race or ethnicity received an A1C blood test, lipid profile, or eye examination.

# Recommendations

- Reduction in PAMCs is an area of maternal and child well-being that Medicaid managers might wish to target in the future.
- Medicaid managers should seek to obtain prescription claims from CMS for identifying the incidence and prevalence of chronic diseases.
- Improvement in the management of diabetes through periodic A1C blood testing, lipid profiles, neuropathy examinations, foot examinations, and eye examination is another set of quality of care indicators that Medicaid managers might wish to target in the future.