Building Better Care: Developing a Health Care Equity Index

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Blue Cross and Blue Shield of North Carolina
"No community can truly be healthy until racism no longer exists."

- Blue Cross NC Statement on Racism, June 2020
Diversity, Equity and Inclusion Focus

People and Culture

Health Equity in NC

Community
Why Health Care Equity?

Eliminate “the avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.”*

*World Health Organization (WHO) - Definition
Measuring Progress in North Carolina:

Unique History, Unique Challenges
“When you can measure something and express it in numbers, you know something about it.”
- Lord Kelvin, 1883
Why a Health Care Equity Index?

• Accountability to measure what works
• Index prototype created
• Input and collaboration across North Carolina
• Going beyond our members
Prototype Index Measures

Measures for the index shall be quantifiable, cross-set, and capable of showing reduction in disparities over time.

1. Improve REL/drivers of health/SDoH data
2. Improve maternal care/women's health
3. Increase behavioral health access
4. Increase immunizations/wellness visits
5. Increase access to care/digital/mobile
6. Reduce overweight populations and obesity
7. Increase chronic care management
8. Improve health outcomes
9. Improve member experience
10. Improve health care affordability
Methodology

Measures
- Access to care, outcomes, process, affordability, experience and internal race, ethnicity and language data quality
- Each measure is composed of multiple indicators – reliable, valid and tested
- All measures weighted equally, using preliminary 2020 data for testing

Disparities
- Racial disparity – initial comparison of White vs. non-White
  - Greater disaggregation with better data in future iterations
- Economic disparity – comparison of county development tiers (from NC Dept. of Commerce)
## Medicare Advantage Equity Index Results

### By Race*

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>White Rate</th>
<th>Non-White Rate</th>
<th>Disparity Ratio</th>
<th>County Dev. Tier 1</th>
<th>County Dev. Tier 3</th>
<th>County Dev. Disparity Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Improve internal REL/drivers of health/SDoH data quality</td>
<td>80.55</td>
<td>19.42</td>
<td>*</td>
<td>29.14</td>
<td>25.58</td>
<td>*</td>
</tr>
<tr>
<td>2. Improve maternal care</td>
<td>***</td>
<td>***</td>
<td>***</td>
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</tr>
<tr>
<td>3. Increase behavioral health access</td>
<td>65.58</td>
<td>52.57</td>
<td>0.80</td>
<td>60.83</td>
<td>65.27</td>
<td>0.93</td>
</tr>
<tr>
<td>4. Increase immunizations</td>
<td>84.06</td>
<td>77.72</td>
<td>0.92</td>
<td>80.65</td>
<td>84.71</td>
<td>0.95</td>
</tr>
<tr>
<td>5. Increase access to care/digital/mobile</td>
<td>41.26</td>
<td>29.80</td>
<td>0.72</td>
<td>30.82</td>
<td>37.40</td>
<td>0.82</td>
</tr>
<tr>
<td>6. Reduce overweight populations and obesity</td>
<td>82.06</td>
<td>75.53</td>
<td>0.92</td>
<td>71.86</td>
<td>82.74</td>
<td>0.87</td>
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<tr>
<td>7. Increase chronic care gap closure</td>
<td>75.99</td>
<td>74.10</td>
<td>0.98</td>
<td>72.47</td>
<td>76.94</td>
<td>0.94</td>
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<tr>
<td>8. Improve clinical outcomes</td>
<td>42.41</td>
<td>34.28</td>
<td>0.81</td>
<td>30.30</td>
<td>48.34</td>
<td>0.63</td>
</tr>
<tr>
<td>9. Improve member experience</td>
<td>55.55</td>
<td>53.48</td>
<td>0.96</td>
<td>53.61</td>
<td>56.38</td>
<td>0.95</td>
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<td>10. Improve health care affordability</td>
<td>76.38</td>
<td>66.62</td>
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*2021 HCEI Index Data Book, **files.nc.gov/nccommerce, *AWV Analysis, Starmaker

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*Proprietary & Confidential*
Health Care Equity Index Summary Score

By race and economic status, we observed a disparity of 13%.

Racial Equity
Non-White vs. White

Economic Equity
County development tiers

Overall Equity

The higher the percentage, the closer to health equity.

With improved REL data and inclusion of additional measures, the overall score might reveal more disparities.
Transition to NC Health Care Equity Index

- Data completeness and quality
  - Enhancing data collection and quality –
    - reported/electronic medical record provided data
    - health information exchange
  - Important for more targeted interventions over time
- Index to be “owned” by a coalition of providers and representatives of organizations of those most impacted
- Commitment to close disparities across private and public entities
Blue Cross NC Priorities

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Turning data into action
Work in Action: Reducing Disparities Within Maternal Health

• "Breaking through Bias Training" with March of Dimes

• Doula programs in western part of the state

• Nearly $2 million to support hospitals to pursue Baby-Friendly national designation and infant education
Work in Action: Reducing Disparities Within Maternal Health

• North Carolina Institute of Medicine Perinatal Systems of Care Task Force

• North Carolina Department of Health and Human Services Perinatal Health Strategic Planning Task Force
Work in Action: Reducing Disparities Within Maternal Health

- Medicaid plan
  - Breastfeeding and safe sleep support kits
  - Free rides to doctor visits
  - Housing security support

- Mobile app
Prototype Measures

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Questions?