BCBSMA Disparities Action Team and the Disparities Leadership Program

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Session Objectives

- Understand one health plan’s journey to address disparities at one employer
- Learn the importance of listening to local supervisor and employee groups before designing interventions – analytics don’t give the complete picture
- Understand the opportunities presented by the local community, and worksite access and personal connections
Background and Agenda

- A large national company asked about their disparities
- We began with analytics, and participated in the MGH Disparities Leadership Program
- Reviewed intervention literature, including use of Community Health Workers
- Presented initial findings and first community mapping from BCBS Association’s CHM Hub
- Launched a long term project, realized more organizational structure needed for the long haul
- Engaged our Employee Resource Groups for advice

Health Disparities Action Team Structure

<table>
<thead>
<tr>
<th>Health Disparities Action Team</th>
<th>Disparities Analytics</th>
<th>Interventions Design</th>
<th>Marketing &amp; Communications</th>
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<tbody>
<tr>
<td>Vision: Enable BCBSMA to achieve market leadership by identifying and addressing population health disparities through active engagement with our members, accounts, and providers.</td>
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<tr>
<td>Scope &amp; Activities:</td>
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<tr>
<td>- Conduct population based analytics to identify disparities in equities across member populations and sub-populations</td>
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<td>- Conduct analysis to measure, monitor, and evaluate the effectiveness of account, provider, and direct-to-member approaches to reduce disparities</td>
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<td>Scope &amp; Activities:</td>
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<tr>
<td>- Review Disparities Analytics Workgroup analysis</td>
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<td>- Lead development of interventions and catalog evidence of results</td>
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<td>- Identify RCGMA portfolios of best practices to support interventions in the account, provider, and direct-to-member channels</td>
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<tr>
<td>Scope &amp; Activities:</td>
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<tr>
<td>- Package and brand health equity capabilities for accounts, providers, and members</td>
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<td>- Develop a portfolio of culturally and linguistically appropriate approaches for direct-to-member engagement</td>
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Intervention Stakeholders

Intervention Channels
**Segmenting A Population:**

Breaking down and rolling up looking for variation and opportunity ‘hot spots’

- Total BCR/ BCBSMA Population
  - Employees (E3%)
  - Spouses (E1%)
  - Distribution Center (0.05%)
  - Corporate (0.05%)
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**Well-Visit Rate by Work Environment**

- Corporate: 77.0% (National BRFSS: 70.0%)
- District: 70.0% (National BRFSS: 65.0%)
- Retail: 55.0% (ABQ Average: 66.4%)
- Distribution: 48.0%

* Denotes deviation compared to corporate population

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Hypertension and Diabetes Disparities Based on Race/Ethnicity

What do the surrounding communities look like?

The BCBS Association’s CHM-Hub
Summarized our Analytics and Plan at the MGH DLP Conference

Update on ABC Corp Activities: Phases 1 & 2

**Phase I**
- Successful development and distribution of materials (in multiple languages) for ABC employees informing them of:
  - $0 copy for preventive care visits
  - Tools available to help increase Access to Care (FAD and Cost Estimator)

**Phase II**
- Successful implementation of onsite biometric screenings to support employee health and wellness at each Distribution Center location
  - Collaborative participation by BCBSMA and ABC Occupational Nurses
  - BCBSMA collateral available during event
  - Interpreter available at select sites
Implementation of Phase One

Developed Communication channels to based on collaborative discussions with ABC.

WELL VISIT DISPARITIES:
Developed Zero Co-Pay Postcards that were mailed to all ABC employees (Corporate and Distribution Centers)
Translated Postcards into 4 languages for manual distribution (Spanish, Russian, Albanian, Cambodian, and Vietnamese)

ACCESS TO CARE:
Developed Cost Estimator- Find a Doctor Postcards that were mailed to all ABC employees (Corporate and Distribution Centers)

Implementation of Phase Two

On-site Biometric Screening to support employees health including; Diabetes, Hypertension, Cancer Screening and Access to Care

- Distribution Centers only
- ABC Occupational nurse creates supporting medical questions
- BCBS representation on site
- Distribution of information about screenings

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<thead>
<tr>
<th>Location</th>
<th>Sessions per day</th>
<th>Total days</th>
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<tbody>
<tr>
<td>City A</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>City B</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>City C</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>City D</td>
<td>3</td>
<td>4</td>
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Early Successes/Challenges:
- Immediate feedback from occupational nurses
- One attached interpreter available
- ABC commitment has been strong
- Limited time of associates to be on the floor
- Complexity of benefits
- Inconsistent approaches from the distribution center leadership
Preliminary Results

Increase in the Well Visit rate

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<tr>
<th>Well Visits</th>
<th>Aug '13-Jul '14</th>
<th>Aug '14-Jul '15</th>
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<tbody>
<tr>
<td>Claimants</td>
<td></td>
<td></td>
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<tr>
<td>1.771</td>
<td>4,037</td>
<td>19,913</td>
</tr>
<tr>
<td>25,721</td>
<td>4,564</td>
<td>20,375</td>
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<tr>
<td>26,708</td>
<td></td>
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<tr>
<td>Visits</td>
<td></td>
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<tr>
<td>2,600</td>
<td>6,525</td>
<td>31,822</td>
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<tr>
<td>40,947</td>
<td>3,161</td>
<td>7,556</td>
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<tr>
<td>32,244</td>
<td>42,961</td>
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<tr>
<td>Visits/1000</td>
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<tr>
<td>2,509.9</td>
<td>1,448.5</td>
<td>1,171.0</td>
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<tr>
<td>708.8</td>
<td>3,094.0</td>
<td>1,184.9</td>
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<tr>
<td>1,184.9</td>
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<td>1,288.8</td>
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Phase III - XYZ Distribution Center Pilot

Main Objectives
1. Develop a pilot intervention to increase the number of ABC employees enrolled with primary care services in their area.
2. Increase employee knowledge of ABC resources available to assist them in seeking primary care services.
3. Identify culturally competent health care resources available to employees in their area.

Current Activities
- Initial intervention strategy session held with ABC representatives
  - ABC stressed importance of holiday season (Oct-Jan) during which employees have limited time to be engaged in additional activities
- Development of "intake" survey to collect additional data elements from ABC employees to support pilot intervention (e.g., email address, preferred mode of communication, preferred language, etc.)
Learning from Employers and Employees: The Role of Discovery

- Important to recognize we don’t understand most local situations, the exact solution for those communities, or ‘how’ best to accomplish change – needed to ask those who are willing to explore and ask questions
- Varying employer situations – unions, manufacturing, hospitals
- Asking manager and employee groups for insights - facilitation depends on data, credibility, trust, listening
- One disparity reappearing across numerous employers: socioeconomic, cultural, geographic disparities varying considerably from corporate headquarters

BCBSMA Employee Resource Groups (ERGs)

BCBSMA ERGs help us understand barriers and opportunities in their communities, and they are energized to help mitigate disparities.

Culture
- Leadership
- Diversity
- Inclusivity

Career
- Talent acquisition
- Leadership development

Community
- Giving back
- Membership

Commerce
- Internal affairs
- Conduct for customers
- Representation of the enterprise

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Barriers and Challenges

- Ability of employers to implement complex and new disparities-based interventions
- Interventions outside of health plan’s traditional approaches – not typical CM/DM/UM or provider/contract and involve community resources
- Time – intervention process takes time, human behavior change takes time, and community cultural changes take even longer

Three Critical Success Factors

- Organization for the long haul
- Be realistic about what can really be implemented and what will change – and leverage the greatest asset: worksite access
- Listen to the community and learn