Disparities Journey
State Medicaid Project

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December 7, 2015

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Washington State Medicaid Expansion

- Apple Health (6 MCOs)
- Increased coverage from 84% in 2013 to 91% in 2014
- New populations, new challenges
  “External Quality Review” – commodity plus!

Birth Outcomes Disparities
Birth Outcomes Disparities

- Infant mortality/1000 live births: 9.3 for AI/AN, 8.6 for AA vs 4.4 for White (statewide rate essentially equivalent to White rate)
- SIDS rate/1000: 1.47 for AI/AN, 0.97 for AA vs 0.62 for White
- LBW: 9.4% for AA and 8.2% for AI/AN vs. 5.8% for White
- Preterm births: 18% for AI/AN and 12% for AA vs 8.8% for White (disparity for AI/AN is even higher for Medicaid-only)
- Birth weight distribution accounts for 54% of the statewide African American excess mortality rate compared to an average statewide of 28%. This suggests that the excess deaths are due to a higher frequency of prematurity/very low birth weight.
- AIAN excess deaths due to higher mortality rates among very low birth weight babies.

Sources: Results WA, most recent data (2014 and 2010 – 2012), all live births; PPOR report
Washington Demographics

AI/AN: 29 Federally Recognized Tribes
- 3 Tribes with Pending Federal Recognition
- Population: 198,998
- Non reservation Population: Approximately 83%
  (2010 Census)
- Quality Improvement Consultants
- Information technology / management professionals

AA: Population: 325,004
- Almost half live in King County
- 1 in 5 speak a language other than English at home


What is a Collaborative?

WA EQRO Performance Improvement Project

[Diagram showing steps for collaborative improvement projects: Learning Session, Action Period, Plan Do Study Act, Collaborative 1 (Set Aim, Study Evidence-based Best Practices, Review Faculty, Develop Framework and Changes, Conduct Pilots), Collaborative 2 (Enroll Participants, Prework, Outcomes: Compare Final Report, Suggested: Email, Video, Phone Conferences, Team Reports, Assessments)]
Fundamental underlying concept: Cultural Humility. Clinics specializing in care of AA, AI/AN populations are already expert in this concept and can serve as mentors and teachers for general-population clinics. Key elements for baseline competence include: conforming to CLAS standards; clinic staff taking implicit bias tests; cultural humility training; identifying community wisdom; ensuring that cultural humility informs processes and policies from hiring, on-boarding, provision of services, evaluation etc. Read and utilize materials such as the Healthy Native Babies Project workbook.
Change Package
The change package includes a set of evidence-based* ideas (concepts) and associated suggestions for processes that could be implemented in support of achieving the goal. The following figure and table depict these concepts for reducing adverse birth outcomes among African American and Native American women. Note that in the table, the change ideas/strategies reflect evidence based care that ideally should be accessible and offered to ALL patients; culture-specific strategies are outlined in the column to the far right, and reflect ways to assure that equity is attained (rather than maintaining the disparity while improving outcomes for ALL patients).

*With the understanding that literature often fails to be appropriately inclusive of non-majority populations; this change package’s evidence base attempts to utilize evidence that has been widely tested on very large populations and on the populations of focus.

Takeaways

- Disaggregate data
- Assumptions (we all know the saying)
- It gets uncomfortable. Live with it
- Ask others to show you the way in
- Keep trying
As Washington’s Medicaid External Quality Review organization (EQR), Qualis Health provides external quality review and supports quality improvement for enrollees of Washington Apple Health managed care programs and the community mental health system. Our work supports the Washington State Health Care Authority (HCA) and Department of Social and Health Services (DHS) Division of Behavioral Health and Recovery.

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