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**NCQA Projects:
Feasibility of
Assessing and
Measuring Culturally
and Linguistically
Appropriate Care and
Disparities in Health
Plans**

**Lok Wong, NCQA
September 27, 2005
California Pan-Ethnic Health
Network**

ACCREDITED
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Agenda

- **Who is NCQA?**
- **Extent of Disparities in the Quality of Care**
- **Scientific Soundness**
- **Increasing Quality Care through Cultural Competency**
 - Challenges and Feasibility
 - Next Steps

Measuring the Quality of America's Health Care **NCQA**

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- Private, non-profit health care quality oversight organization
- Measures and reports on health care quality
- Unites diverse groups around common goal: improving health care quality

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NCQA's Mission and Vision

Mission:

To improve the quality of health care

Vision:

To transform health care through measurement, transparency and accountability

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Institute of Medicine: Quality in Health Care

Health care should be

- **safe**
- **effective**
- **patient-centered**
- **timely**
- **efficient**
- **equitable**

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Participation in National Panels

Since '99 NCQA participated on cultural competence advisory panels:

- **DHHS-OMH 1999-2001:** National CLAS standards
- **DHHS-OMH 2001:** Research Agenda for Cultural Competence
- **HRSA/Lewin 2002 –** Measuring Cultural Competence
- **DHHS-OMH 2002-2003:** Self-Assessment Tool for CLAS
- **AMA 2004:** Ethical Taskforce/Patient Centered Communication

NCQA addressed CLAS and Disparities:

- **NCQA Standards Committee (2002):** Disparities in Care
- **NCQA CPM recommendation (2002):** replace retired measure on availability of language interpretation services (2002)
- **NCQA Access technical subgroup & MAP (2003):** address access issues including CLAS

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National interest

- Unequal Treatment, IOM (2002)
- National Healthcare Disparities Report, AHRQ (2003)
- Health Literacy: A Prescription to End Confusion, IOM (2004)
- Healthy People 2010 objectives

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Evidence of Clinical Disparities

Evidence of disparities among minorities and low income (IOM 2002, AHRQ 2003)

- **Cardiovascular disease** – prevalence, CABG, treatment post-coronary angiography, revascularization, mortality
- **Diabetes** – prevalence, care, control, complications, mortality
- **Cancer** - diagnostic tests, mortality
- **Pain management** – pain control
- **HIV** – treatment, survival
- **ESRD and kidney transplantation**
- **Pediatric care, maternal child health**
- **Mental health**
- **Rehabilitative and nursing home services**
- **Surgical procedures**

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Summary - National Healthcare Disparities Report

Lost preventive care opportunities in minorities:

- Cancer: breast, colorectal screenings
- CVD: blood pressure, cholesterol tests
- Childhood immunizations <4
- Flu and pneumococcal vaccines in adults

Worse quality of care for minority patients with:

- Diabetes: HbA1C, eye and foot exams, LDL screening, flu shots,
- Asthma & diabetes: higher hospitalization rates
- Higher rates of surgical and care complications

Asians and Hispanics more communication problems:

- With doctors
- Understanding health care information from doctor's office

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Growing Interest

- **Purchasers: National Business Group on Health & National Business Coalition on Health**
 - Health Disparities Initiative
 - eValue8 RFI on health disparities
- **Plans: AAHP-HIAA**
 - >50% plans surveyed collect racial/ethnic/language data
 - Plan initiatives on CLAS and health disparities
 - Workshops on data collection and disparities
- **Federal/State Agencies**
 - OMH: National CLAS standards and federal regulations
 - CMS: Medicare+Choice QAPI 2003 project on CLAS or clinical disparities
 - State Medicaid agencies & state regulatory agencies

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Why NCQA is Interested

- **Importance of CLAS and health disparities in improving quality of care**
- **Room for quality improvement**
 - Gaps in quality of care for disadvantaged and minority populations
 - **Cultural and linguistic barriers**
 - Poor access to care (language & cultural barriers to care) for minority and LEP populations - contributes to disparities in quality of care received

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NCQA Role

- **Research - evidence**
- **Consensus – quality benchmarks**
- **Experts – technical panels**
- **Dissemination - highlight best practices**
- **Quality Measures - development**
- **Reporting plan performance – comparison**
- **Accreditation standards/programs**

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NCQA Projects in CLAS/Disparities

- **Health Disparities in Medicare**
 - Funding: California Endowment
 - Purpose: Investigate trends in health disparities in managed care, Examine feasibility of reporting
- **Feasibility of Evaluating CLAS in Health Plans**
 - Funding: California Endowment
 - Purpose: Develop recommendations on whether and how to evaluate health disparities and CLAS in health plans
- **Disparities in Cardiovascular Care**
 - Funding: AHRQ & American Heart Association
 - Purpose: Investigate feasibility of gender-stratified and race-stratified plan data on cardiovascular-related HEDIS measures in commercial plans

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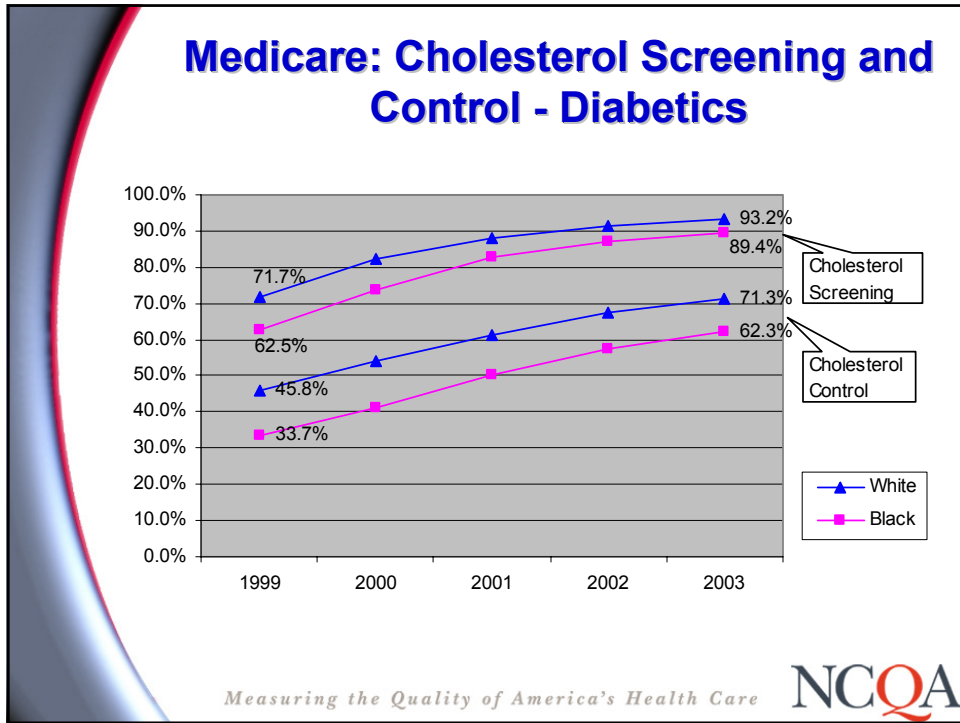
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Relevance – Disparities

- **Disparities in Quality of Care for Medicare managed care participants**
 - 1999-2003 HEDIS results (adjusted)
 - Matched with CMS enrollment data
- **Disparities in flu vaccination rates**
 - Flu Shots in Adults Ages 50-64 (CAHPS)
- **Language needs and services in Medicaid enrollees (CAHPS)**
 - Receipt of interpreter services

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Commercial 50-64: Flu Shots

Group	2003-04 Influenza Season		2004-05 Influenza Season	
	N	Vaccination Coverage Pct (95% CI)	N	Vaccination Coverage Pct (95% CI)
Hispanic	3,062	44.8 (43.0, 46.5)	3,662	24.9 (23.5, 26.3)
Non-Hispanic	50,393	53.0 (52.5, 53.4)	55,652	28.3 (27.9, 28.6)
White	46,462	54.1 (53.6, 54.5)	51,093	28.6 (28.3, 29.0)
African-American	4,207	38.6 (37.1, 40.0)	4,622	23.5 (22.3, 24.7)
Asian	1,719	51.7 (49.3, 54.0)	1,878	30.2 (28.1, 32.2)
Native Hawaiian and Pacific Islander	311	54.0 (48.3, 59.4)	390	27.9 (23.4, 32.3)

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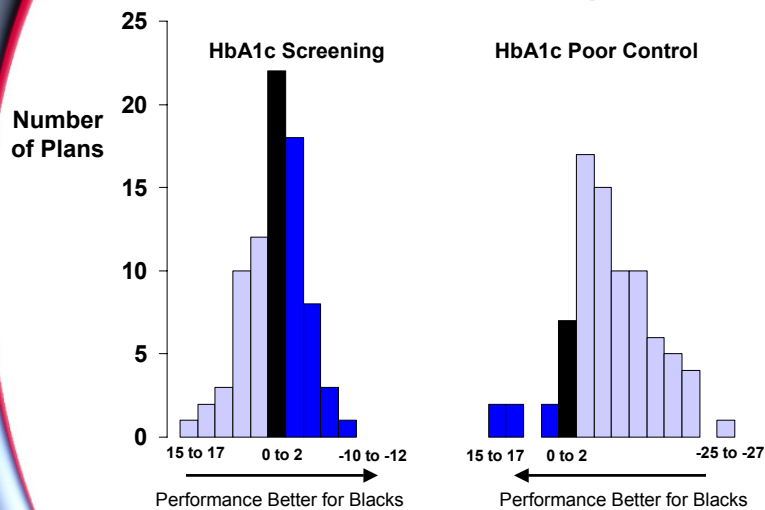
Feasibility of Plan-level Reporting of HEDIS Measures by Race/Ethnicity

Measure	Number of Plans with At Least 30 Eligible Members in 2003				
	Total	White	Black	Asian	Hisp
Antidepressant Med Mgmt	122	82	7	4	7
Comp Diabetes Care	148	147	82	16	7
Breast Cancer Screening	146	142	72	10	8
Beta Blocker After Heart Attack	141	101	14	5	1
Controlling High Blood Pressure	141	140	67	11	4
Chol. Mgmt After Acute Event	145	125	20	4	1
Follow Up after MH Hosp	139	72	8	0	0

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Plan-Level Disparity Scores



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Summary of Results

- Overall quality of care for Medicare managed care beneficiaries is improving
- Black/white disparities persist for most measures - gap is not closing
- Extent of disparity varies:
 - lower for screening measures
 - higher for control and behavioral health measures
- Feasibility for stratified HEDIS reporting
 - half of plans can report rates for blacks on some measures
- Disparities within plans warrant further review

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Need for and Receipt of Interpreter for Doctor's Visit (Medicaid Only)

	% Needing an interpreter	% Usually/Always had interpreter
Overall	6.3	35.4
Boston	8.8	54.2
New York	6.6	37.8
Philadelphia	5.2	24.4
Atlanta	7.5	36.2
Chicago	4.4	28.1
Dallas	6.3	47.8
Kansas City	0.0	--
Denver	5.7	46.2
San Francisco	13.0	55.0
Seattle	4.8	--

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Results: Language Needs

- Large unmet language needs (Medicaid)
- Varies by plan type and region
- Associated with more communication problems and lower ratings of doctor communication
- Language needs are not consistently related to health plan ratings.
- Over-sampling may be needed to examine ratings or measures by race/ethnicity
- Language needs/services question only in Medicaid CAHPS

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Scientific Soundness: Evidence

- Generic or targeted QI interventions can improve quality and reduce disparities
- Mapping specific interventions that work to local populations
- Language services for patients with limited English can lead to better health outcomes

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CLAS Framework

- **NCQA conceptual framework based on Office of Minority Health National CLAS Standards**
- **Reviewed evidence and topics by:**
 - Ensuring Cultural Competence
 - Ensuring Linguistic Competence
 - Reducing Health Care Disparities

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CLAS Framework (cont'd)

- **Cultural Competence:** *culturally diverse populations*
 - Staff diversity (MCO staff)
 - Staff training and education (MCO staff/providers)
 - Culturally competent care
- **Linguistic Competence:** *translation, interpretation, literacy, sign language*
 - Health care setting: providers/office staff
 - Managed care services: member services & materials
- **Reducing Health Disparities**
 - Collecting race/ethnicity/language data
 - Conduct needs assessment for service planning
 - Track health disparities in performance measurement
 - Organizational framework - quality improvement
 - Complaints/grievances
 - Local community participation and partnerships

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Topics on Disparities and Culturally Competent Care

NCQA's Expert Panel identified topics of importance:

- **Developing an Infrastructure for Data Collection.**
- **Tracking/Reporting HEDIS by Race and Language**
- **Implementing Quality Improvement Activities/Developing Strategic Plans**
- **Ensuring Qualified Interpretation**
- **Providing Effective Language Access at the Point of Care**
- **Providing Culturally Competent Care at the Point of Care**
- **Engaging Communities/Developing Partnerships**

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Language Access and Services

- **Language Access at Point of Care**
 - Recruiting bilingual providers/plan staff
 - Unclear role (plans vs. providers): reimbursement/provision of interpreters
- **Qualified Interpretation**
 - Few with systems to monitor or identify qualified interpretation for member services or point of care
- **Quality of interpretation services**
 - Some plans provide training and testing of bilingual plan staff
- **Translation of Plan Materials/Effective Communication**
 - How to communicate about benefits, services to LEP members?
 - Should materials be developed in language of the member or in some other media (i.e. non-written) to address health literacy?

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Challenges: Plan Feedback

- Feasibility for each topic varies by plan and plan location or level of diversity
- Most plans are interested in and have addressed at least one component
- Few plans have capabilities in all three areas:
 - linguistic competence
 - cultural competence
 - reducing health care disparities

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Challenges: Purchasers Feedback

- Some purchaser awareness of disparities
 - NBGH – Disparities toolkit
- Purchaser interest in improving quality of care - NBCH – eValue8 common RFI
- Employers - no race/ethnicity/language data on employees
- Interest from federal purchasers (CMS)
- Inconsistent race/ethnicity data on Medicare and Medicaid beneficiaries

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Measuring Disparities

Tracking Disparities

- Stratify HEDIS measures by subgroups
 - To identify areas with disparities
 - To target QI to individuals
 - Track disparities reductions, to evaluate QI

Requires Data Collection

- For population needs assessment (i.e. languages)
- To target QI interventions

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Issues with Data Collection

- **Plans want guidance and tools on how to collect members' race/ethnicity and language data**
 - Effective methods of data collection from members (direct/indirect)
 - Address legal concerns with collecting data from members
 - Protection of data, i.e. restrict access to QI only
 - Validity/accuracy of data
 - Purpose/use of data: population needs assessment or for individual QI/care?
- **Incomplete data on health plan members**
- **Variable stages & methods of data collection (direct, indirect, state data etc)**
- **Few plans stratify HEDIS measurement**
- **Diversity measure – standardize reporting**
 - i.e. CMS data treats ethnicity as a race variable

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HEDIS Measures

- **Revised HEDIS Measures: Diversity of Membership**
 - expanded to Medicare, updated with US Census race/ethnicity & language categories for reporting
 - Provides standardization of data collection, aggregation and reporting for health plans
- **Retired HEDIS Measure: Availability of Language Services**
 - Not useful for plan comparisons or to inform whether members' language needs were met

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Suggested Roles for NCQA by Key Informants

Top Suggestions:

- Highlight best practices
- Learning opportunities for plans to share experiences
- Provide resources/tools on effective interventions
- Encourage plans to collect race/ethnicity data to understand population and potential disparities
- Guidance on measurement, QI analysis and data collection/geo-coding

Other suggestions:

- Examples how to meet standards
- Operational standards
- Assess patient satisfaction
- Encourage purchasers or state agencies to work with plans to obtain and update data

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NCQA – ongoing & proposed activities

Proposed Activities

- Identification and rewarding of “promising practices” in reducing disparities at the health plan and provider level
- NCQA will review plans’ use of the newly revised *Diversity* measure specifications (race/ethnicity, language) to identify issues with data collection and reporting
- Feasibility of race/ethnicity reporting of CAHPS measures – Flu Shots in Adults 50-64 and Older Adults

Ongoing Activities

- Continued research on racial and gender disparities in health care
 - Merit, conditions for and feasibility of race and/or gender-stratified HEDIS reporting)
 - Commercial plans use geo-coding to identify members’ race/ethnicity for QI (AHRQ Disparities Collaborative)

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Contact

- **Suggestions and Feedback**

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