

# New York State Department of Health



## 2015 Health Care Disparities in New York State



A Report on Health Care Disparities  
for Government Sponsored  
Insurance Programs



QARR Report Series  
Issue 5 of 5

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Department  
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# 2015 Health Care Disparities Report in New York State

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# 2015 Health Care Disparities Report in New York State

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## Executive Summary

This report examines disparities in health care quality among New York State Medicaid members enrolled in the Medicaid Managed Care (MMC) program during 2014. The purpose is to identify priority health areas where disparities exist and document how the disparities have changed over time. This report can be used to inform quality improvement efforts in order to promote health equity for vulnerable populations in New York State.

Specifically, the report evaluates whether the disparities disproportionately affect the following vulnerable groups: racial/ethnic minorities, members with English as a second language (ESL), members with serious mental illness (SMI), members who received cash assistance and members who received Supplemental Security Income (SSI). Definitions of these groups are described in detail on page 7. Analyses in this report include fifty-five measures in the areas of adult health, women's preventive care, child health, and mental health.

## Priority Health Areas

Across all of the health areas examined in this report, there are priority health areas where there is evidence of health disparities among multiple vulnerable groups. These priority health areas include:

- *Managing Chronic Conditions:* managing cardiovascular disease, respiratory conditions and diabetes
- *Preventive Care:* Annual dental visits for children and adults
- *Mental Health:* adherence to antidepressants 3 and 6 months after diagnosis, follow-up visit after hospitalization for mental illness within 7 and 30 days post-discharge
- *Caring for Children and Adolescents with Illnesses:* appropriate testing for pharyngitis, controller medications are 50% or more of total asthma medications, children who had a follow-up visit within 30 days of beginning an ADHD medication

## Priority Populations

The Office of Quality and Patient Safety has classified specific vulnerable groups as “priority populations,” in order to facilitate quality improvement. Evidence from this report shows that certain priority populations (i.e., Black members and members who receive cash assistance) in MMC program experienced more negative health outcomes than the reference populations (i.e., White members and members without cash assistance). Although other priority populations had similar or better outcomes on the majority of measures, disparities continue to exist for these groups in particular areas.

### *Greatest Evidence of Health Disparities*

- Members who received cash assistance had the greatest evidence of health disparities. They had 38% worse outcomes compared to members not on cash assistance from 2013 to 2015. However, this disparity has gradually reduced from 44% in 2013 to 33% in 2015.
- Persistent racial and ethnic disparities were seen across all groups when compared to Whites for Mental Health.

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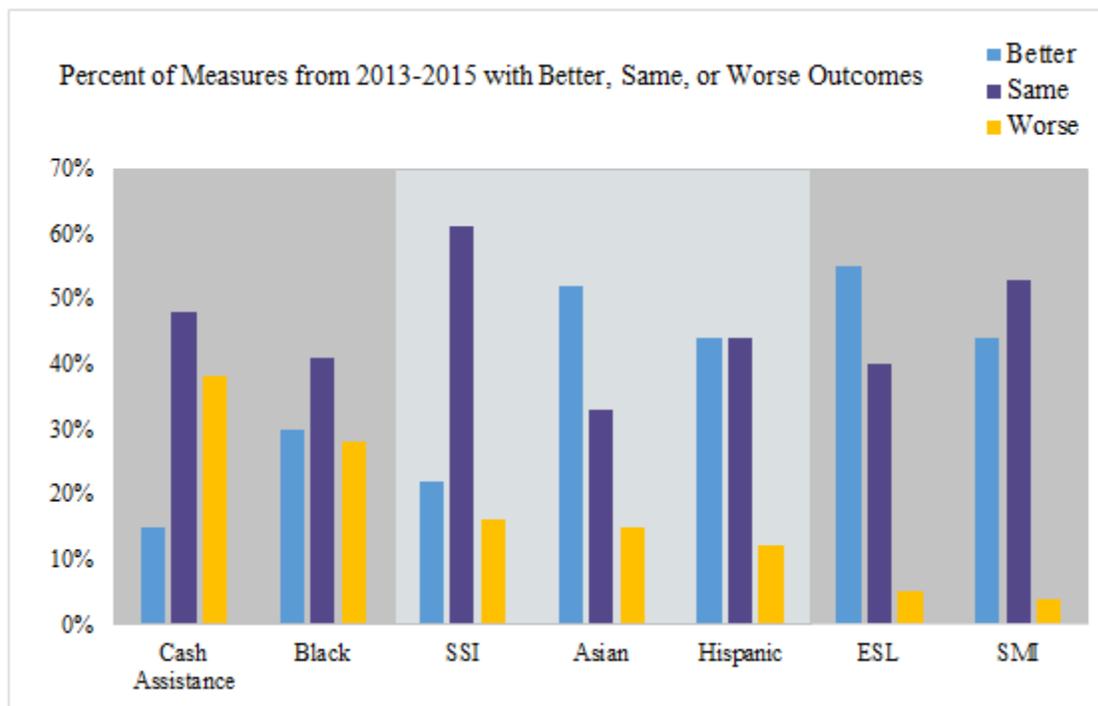
- Black members also had strong evidence of health disparities. Compared to Whites, they had worse outcomes on 28% of measures.

### *Moderate Evidence of Health Disparities*

- Asian members, Hispanic members and members who received SSI had moderate evidence of health disparities. Compared to their reference group, the percentage of measures with worse outcomes is between 12-16%.

### *Least Evidence of Health Disparities*

- Members with SMI and members with ESL had the least evidence of health disparities (i.e., worse outcomes on 4-5% of measures).



Further investigation of the underlying drivers that promote inequity in these areas can help to develop a focused strategy to promote health equity for all the populations in New York State. In order to address the issues efficiently, efforts from national, state, and local organizations need to be integrated. Additionally, The New York State Department of Health will continue to work with health plans towards the goal of promoting health equity for vulnerable populations in New York State.

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## Section 1: Overview

### Background

According to the Centers for Disease Control and Prevention (CDC), health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by vulnerable populations.

Health disparities have been a Public Health concern for decades. Since 1980, the U.S. Department of Health and Human Services (DHHS) has developed *Healthy People* initiatives, a comprehensive set of national public health objectives – one of which includes decreasing health disparities. The Agency for Healthcare Research and Quality (AHRQ) has reported on disparities in health care quality based on racial, ethnic, and socioeconomic status since 2002 in the National Healthcare Quality and Disparities Report.

The Office of Quality and Patient Safety at the New York State Department of Health (NYSDOH) recognizes the importance of understanding the impact of health disparities, and has been continuously monitoring the disparities in quality of care among members enrolled in the Medicaid Managed Care (MMC) program. The past reports are published at:

[http://www.health.ny.gov/health\\_care/managed\\_care/reports/quality\\_performance\\_improvement.htm](http://www.health.ny.gov/health_care/managed_care/reports/quality_performance_improvement.htm)

Additional incentive to examine health disparities has been provided by the Center for Medicare and Medicaid Services which recently released “The Improving the Quality of Care for Medicaid Beneficiaries Final Rule” (CMS, 2016). This document explains that each state should design a plan to identify, evaluate, and reduce health disparities in order to support key quality goals.

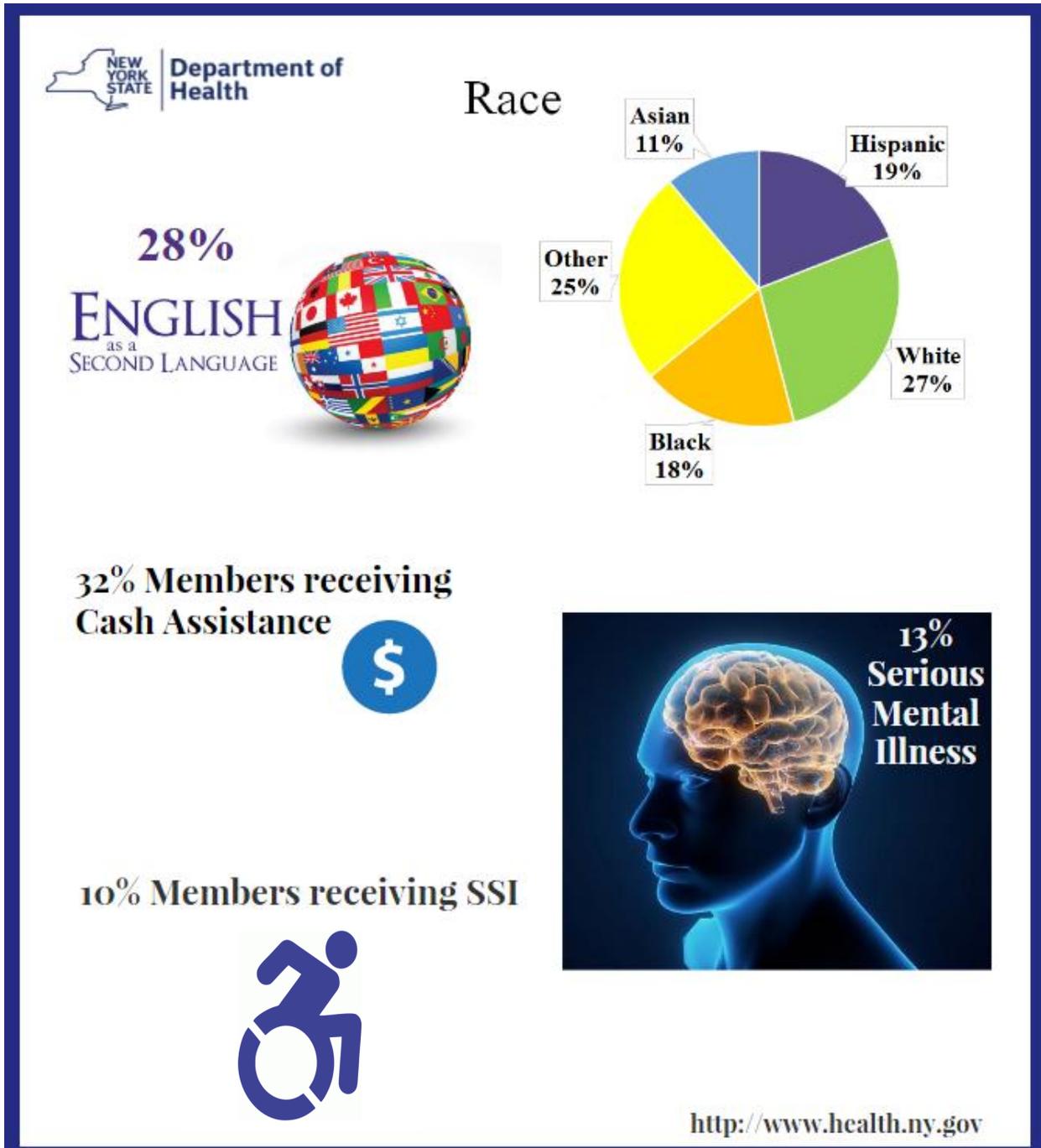
### New York State Medicaid Managed Care program and Priority Populations

The New York State Medicaid Managed Care (NYS MMC) program provided health insurance coverage to over five million people in 2014. The program encompasses a racially and ethnically diverse population across the state. For calendar year 2014, White members represent 27%, Blacks represent 18%, Hispanics represent 19%, and Asians represent 11%. In this population, female members represent 55% and males represent 45%. Of all the members, 38% are children who are 17 years of age or younger, 38% are between 18 and 44 years of age, 20% are between 45 and 64 years of age, and 4% are 65 years of age or older.

Priority populations in this report were based on the groups specified by AHRQ in the 2013 National Healthcare Disparities Report. Specifically, they include racial/ethnic minorities, members with English as a second language (ESL), members with cash assistance (low-income members), members with serious mental illness (SMI), and members with SSI (elderly and disabled). See the graphic on page 6 to learn more about the prevalence of these priority populations in the NYS MMC population.

# 2015 Health Care Disparities in New York State

## Demographic Description of Priority Populations in NYS MMC



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# 2015 Health Care Disparities in New York State

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## Section 2: Data Source and Methods

### Data Source

**QARR Data:** As a means to monitor managed care plan performance and improve the quality of care provided to New York State residents, the NYSDOH implemented a public reporting system in 1994 known as the Quality Assurance Reporting Requirements (QARR). QARR data is largely based on measures of quality developed and published by the National Committee for Quality Assurance (NCQA) in the Healthcare Effectiveness Data and Information Set (HEDIS®). The managed care plans are required to submit quality performance data each year to the department. These data are published annually in a series of reports and consumer guides which are available on the NYSDOH web site: [http://www.health.ny.gov/health\\_care/managed\\_care/reports/](http://www.health.ny.gov/health_care/managed_care/reports/)

**Priority Populations Identified by Demographic Characteristics:** Demographic characteristics were extracted from Medicaid member information collected during Medicaid enrollment and were linked to QARR member level data.

- **Race/Ethnicity** is defined as mutually exclusive categories of Asian/Pacific Islander, Black, Hispanic, White, or Other. It is possible for a member to denote that they belong to more than one race. Therefore, for purposes of this data, an algorithm was developed to ensure each member was assigned to just one race/ethnicity category. A member who self-identifies as Hispanic is defined as Hispanic, regardless of any other races noted. White race includes non-Hispanic whites without any other race noted. Similarly, Blacks and Asians include only non-Hispanic single race categorizations. Members of multiple races, Native Americans, and Unknown race/ethnicity are assigned to the category 'Other Race/Ethnicity'.
- **Cash Assistance** is a program to help needy members and their families who are unable to work, cannot find a job, or have a job that does not pay enough to cover expenses. There are two major programs: family assistance or safety net. The cash assistance may be for housing (rent subsidies), utilities, emergency needs, temporary housing, or food assistance. Cash assistance is a marker of lower socioeconomic status as well as risk.
- **English as a second language (ESL)** is defined as members who self-reported that English is not their native language.
- **Serious mental illness (SMI)** is defined as an adult with serious and persistent mental illness and includes members who are 18 years of age and older and whose health profile (which includes diagnoses, procedures, and pharmacy utilization) over the past 12 months places them in a major diagnostic category of mental diseases and disorders. Additionally, these members had to have at least one service in the past 12 months with a diagnosis of at least one of the following conditions; schizophrenia and other psychotic disorders, major depression and bipolar disorders, cyclothymic disorder, schizotypal, chronic hypomanic, and borderline personality disorders, post-traumatic stress disorder, attention deficit disorder, or obsessive-compulsive disorder.
- **Supplemental Security Income (SSI)** is a federal program whose members are largely aged, blind, or disabled. Individuals eligible for SSI receive cash assistance.

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Detailed measure rates stratified by these characteristics are published on NYSDOH open data portal:

<https://health.data.ny.gov/Health/Quality-Assurance-Reporting-Requirements-QARR-Heal/6mvg-6ik8>

## Data Visualization Tools

**Trends:** Graphs showing selected measure-specific performance over time are presented at the beginning of each section. Due to changes in measure specifications, and the addition of new measures, not all measures can be compared over time. Only those measures with at least three years of available data were included. These results represent the number of measures where vulnerable populations had the same, better, or worse performance compared to the reference populations.

**Charts:** Bar charts examining the relationship between priority populations are presented. These results represent the number of measures where vulnerable populations had the same, better, or worse performance compared to the reference populations. As an example, racial/ethnic minority groups' health outcomes are compared to the racial/ethnic majority reference group of Whites. The comparisons were adjusted by regression to assess whether the difference between the vulnerable populations versus the reference groups was statistically significant.

## Health Areas Examined

The health areas are listed below and are described in greater detail in the appendices.

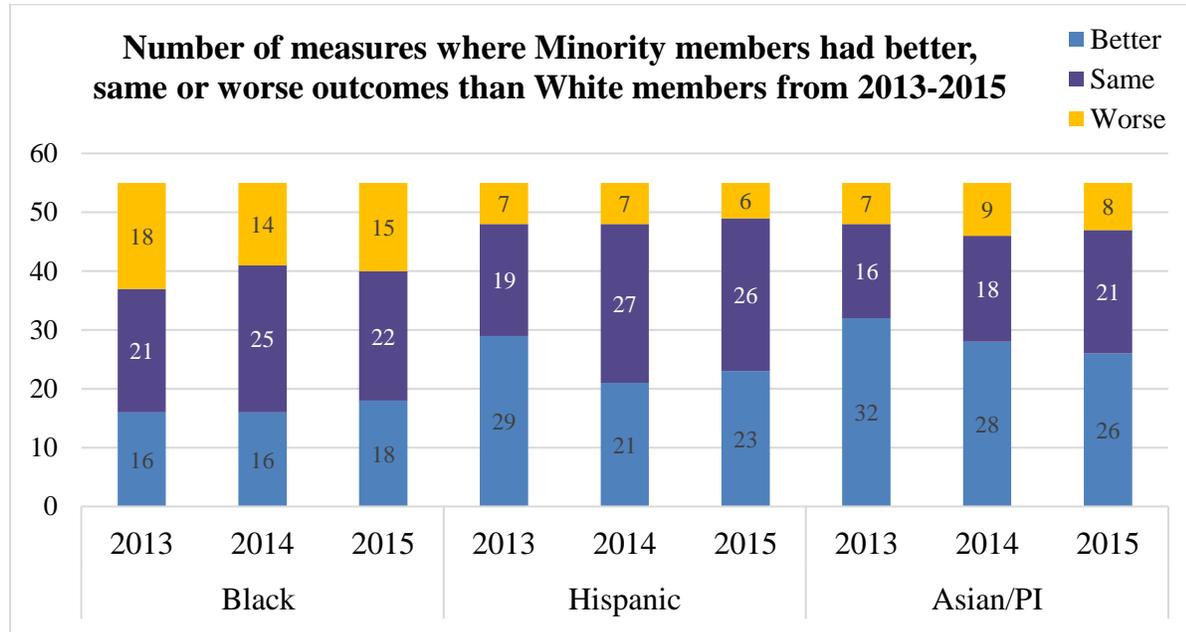
- **Adult Health:** managing preventive care and acute illness, managing cardiovascular conditions, managing respiratory conditions, managing diabetes, managing medications, and HIV/AIDS comprehensive care.
- **Child and Adolescent Health:** child preventive care, caring for children and adolescents with illness, and preventive counseling for children and adolescents.
- **Preventive Care for Women:** cancer and chylamydia screening, prenatal and postpartum care
- **Mental Health:** remain on antidepressants after receiving diagnosis, and receiving a follow-up visit after being discharged from the hospital for mental illness

For each vulnerable group, we will identify priority health areas where there are notable health disparities.

# 2015 Health Care Disparities in New York State

## Section 3: Racial/Ethnic Disparities and Health Areas

Trend over time (2013-2015) for Racial and Ethnic Minority Members



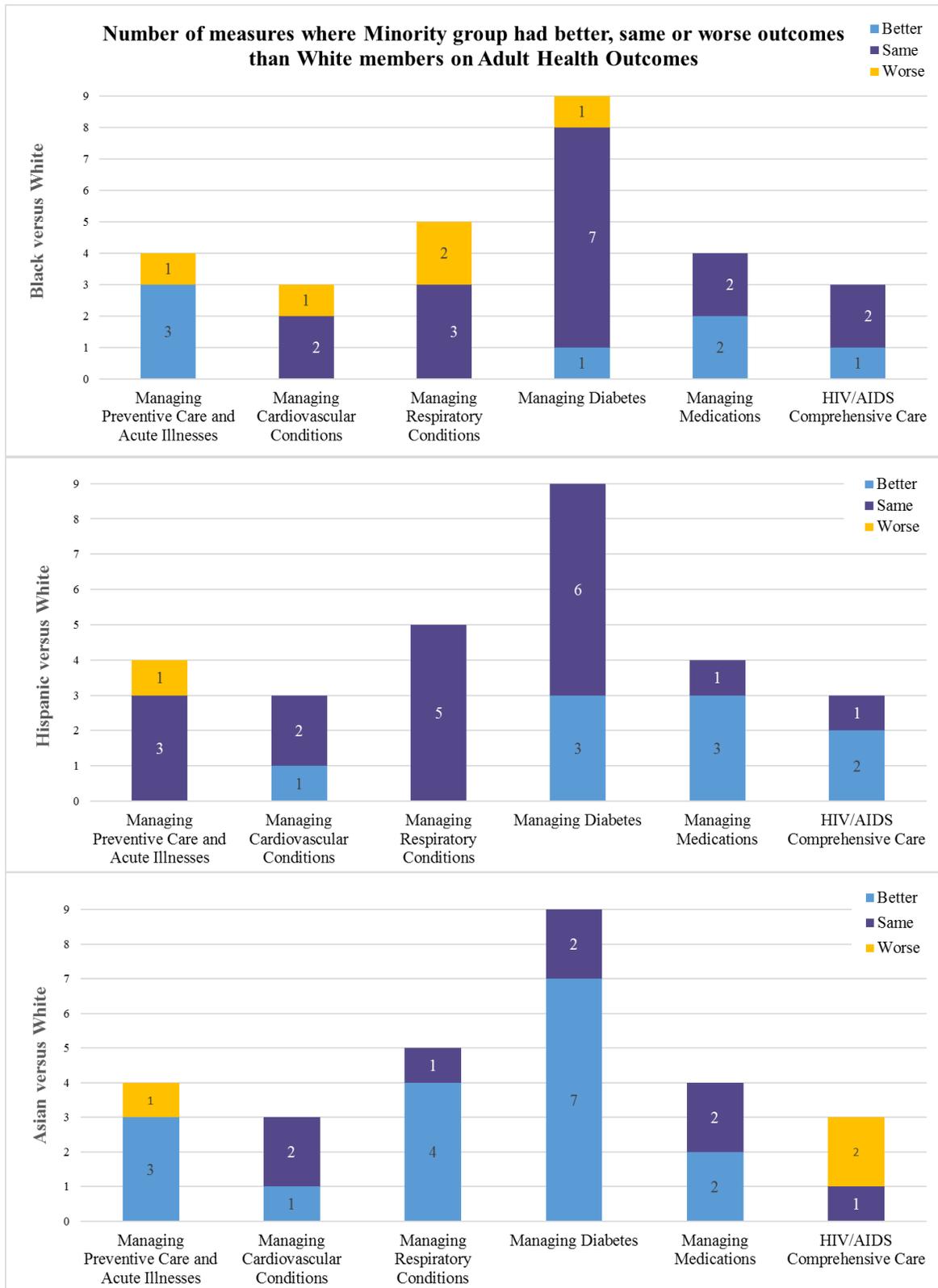
### HIGHLIGHTS

Trend over time for Racial and Ethnic Minority Members

- Compared to Whites, all the three racial/ethnic minority groups have similar or better outcomes for the majority of the measures. However, Black members had a higher proportion of worse outcomes (28% on average) than Asian (15%) and Hispanic members (12%).
- Over 2013-2015, disparities persist in terms of the number of worse outcomes. Slight reduction was found among Asians and Hispanics between 2014 and 2015 and noticeable improvement was observed in Blacks between 2013 and 2014.

# 2015 Health Care Disparities in New York State

## Disparities in Adult Health for Racial and Ethnic Minority Members



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# 2015 Health Care Disparities in New York State

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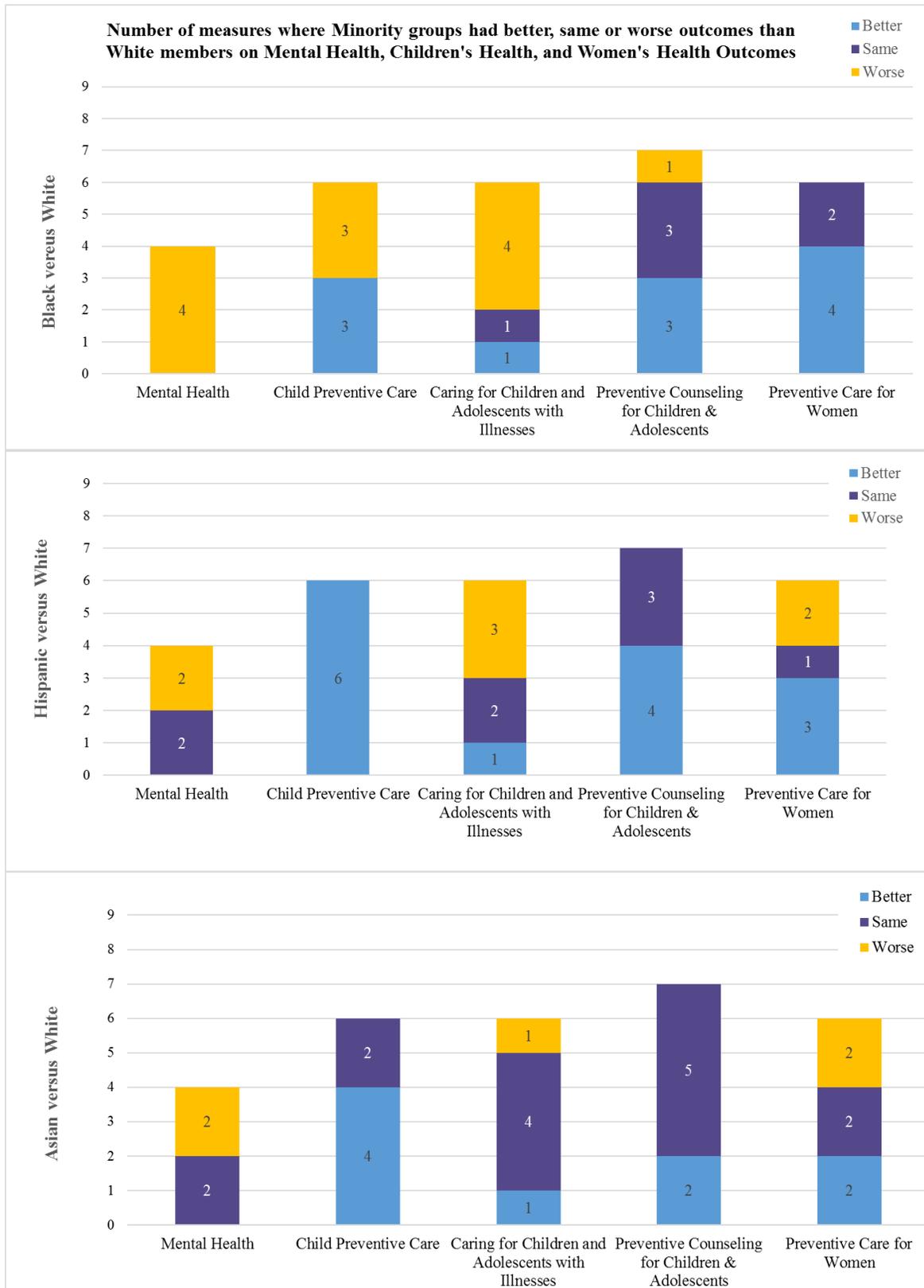
## Priority Health Areas

### Adult Health Outcomes for Racial and Ethnic Minority Members

- All the racial minority groups were less likely to have an annual dental exam than White members.
- Black members had lower performance than White members on 24% of the measures related to managing chronic conditions (i.e., cardiovascular disease, respiratory conditions, and diabetes). This disparity was not seen among Asians and Hispanics.
- While Blacks and Hispanics had a better or same performance on all the three HIV measures. Asian members with HIV were less likely to be screened for syphilis and to have their viral load monitored.

# 2015 Health Care Disparities in New York State

## Disparities in Other Health Areas for Racial and Ethnic Minority Members



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# 2015 Health Care Disparities in New York State

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## Priority Health Areas

### Women's Health Outcomes for Racial and Ethnic Minority Members

- Women from all minority groups were more likely to receive screening for chlamydia and for breast cancer than were White women.
- However, both Hispanic and Asian women were less likely to have timely or frequent prenatal care.

### Children's Health Outcomes for Racial and Ethnic Minority Members

- All the minority groups were found to have a lower rate in appropriate testing for pharyngitis than White children.
- Although Black children/adolescents were equally or more likely to receive preventive counseling than White children, the data suggests that they have less access to providers for well-child visits, annual dental visits, and follow-up visits within 30 days of beginning an ADHD medication.

### Mental Health Outcomes for Racial and Ethnic Minority Members

- All minority members were less likely to remain on antidepressants three months and six months after being diagnosed with depression than were White members.
- Black members were also less likely to receive a follow-up visit within 7 days and 30 days of being discharged from the hospital for mental illness.

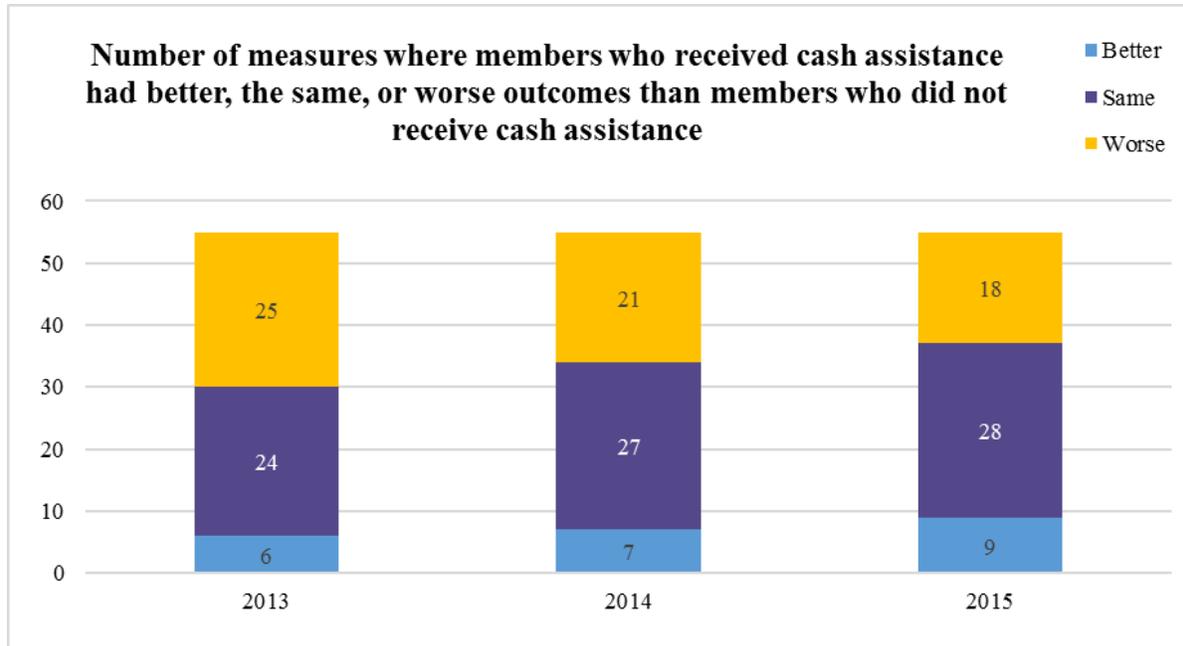
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# 2015 Health Care Disparities in New York State

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## Section 4: Disparities Among Other Populations

Trend over Time (2013-2015) for Members Who Received Cash Assistance



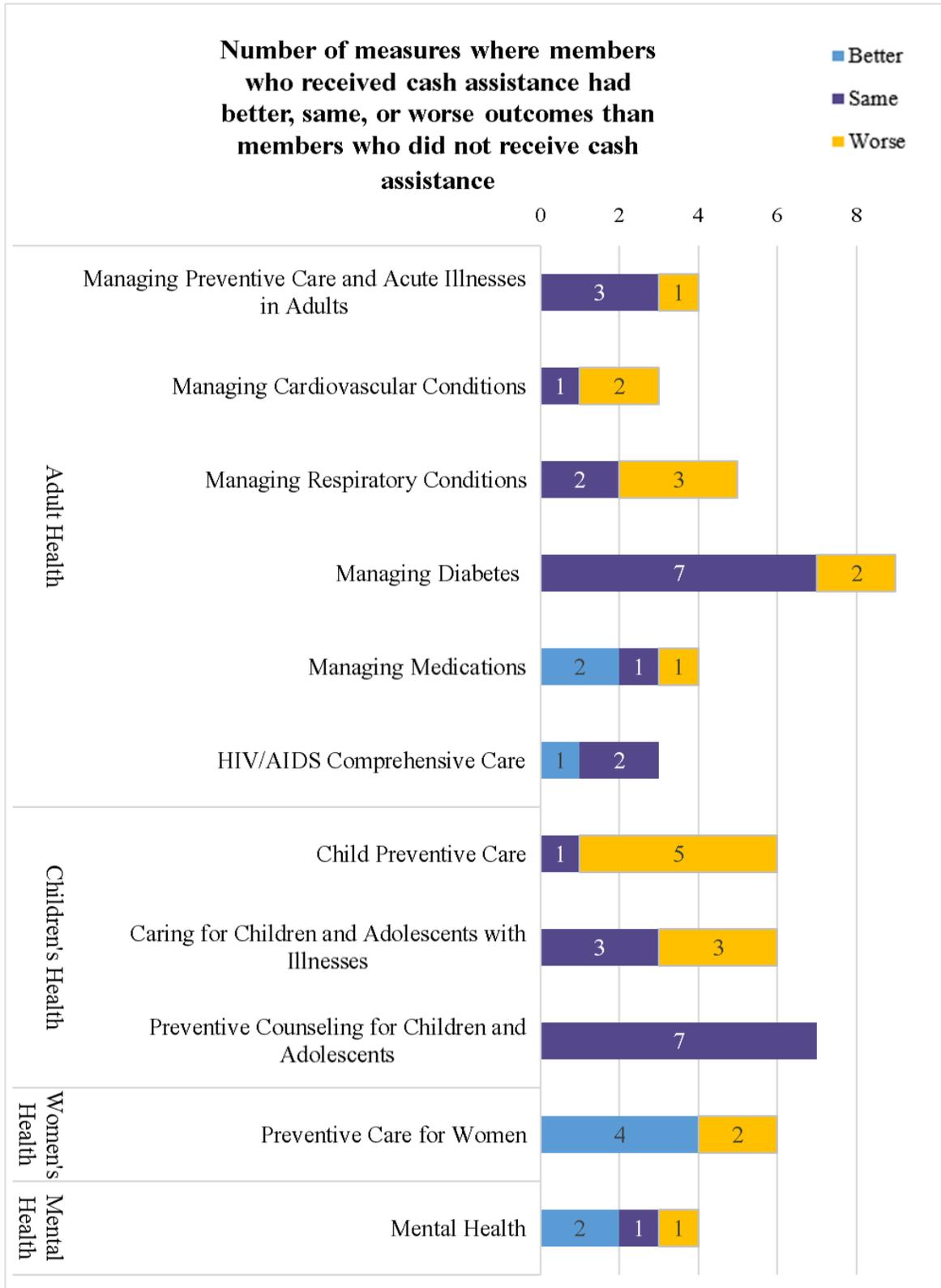
### HIGHLIGHTS

Trend over time for Members Who Received Cash Assistance

- Members who received cash assistance had the greatest evidence of health disparities across all of the priority populations in MMC. They had worse outcomes on 38% of measures than members who did not receive cash assistance.
- However, the number of worse outcomes among members who receive cash assistance has decreased from 2013-2015.

# 2015 Health Care Disparities in New York State

## Disparities in Health Areas for Members Who Received Cash Assistance



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# 2015 Health Care Disparities in New York State

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## Priority Health Areas

### Adult Health Outcomes for Members Who Received Cash Assistance

- Members who received cash assistance had worse outcomes than members who did not receive cash assistance on 35% of the measures related to managing chronic conditions (i.e., cardiovascular disease, respiratory conditions, and diabetes).
- They also were less likely to receive an annual dental visit.

### Women's Health Outcomes for Members Who Received Cash Assistance

- Women who received cash assistance were more likely to receive timely and frequent prenatal and postpartum care than women who did not receive cash assistance, but were less likely to receive screening for cervical and breast cancer.

### Children's Health Outcomes for Members Who Received Cash Assistance

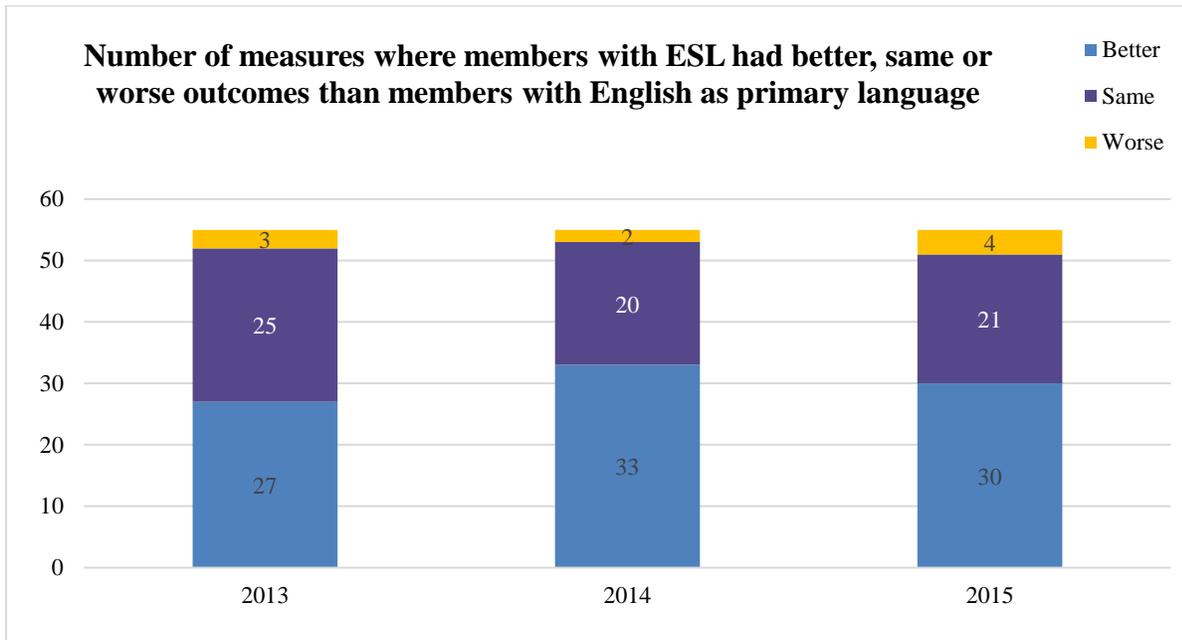
- Although children who received cash assistance were as likely to receive preventive counseling as children who did not receive cash assistance, they were less likely to access all well-child visits, adolescent well-child visits, and annual dental visits.
- This population was also less likely to be appropriately tested for pharyngitis.

### Mental Health Outcomes for Members Who Received Cash Assistance

- Members who received cash assistance were less likely to remain on antidepressants during three months after being diagnosed with depression than members who did not receive cash assistance.

# 2015 Health Care Disparities in New York State

## Trend over Time (2013-2015) for Members with English as a Second Language (ESL)



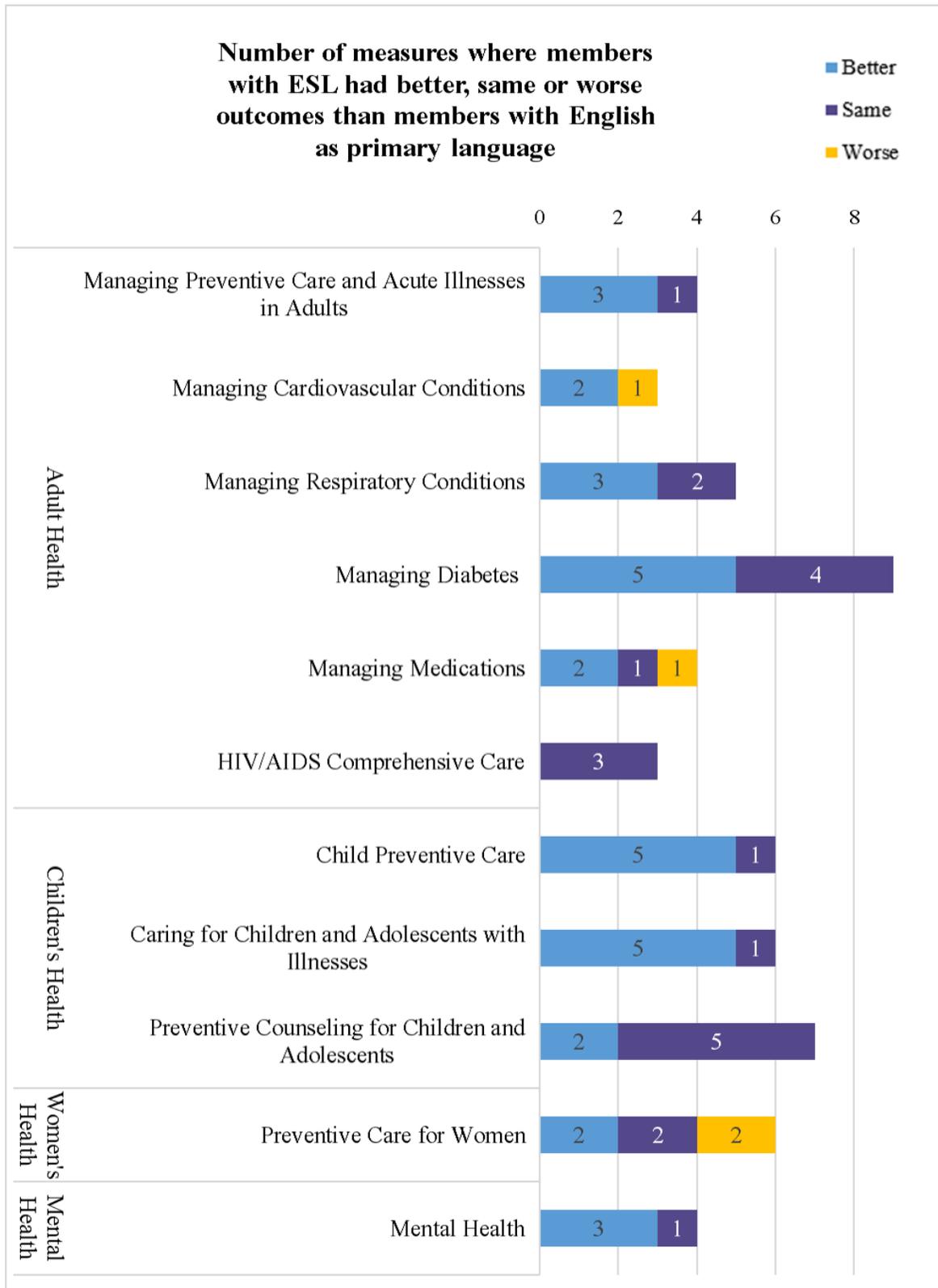
### **HIGHLIGHTS**

#### Trend over time for Members with English as a Second Language

- Disparities were observed in less than 5% of the measures among members with ESL compared to members with English as a primary language in MMC.
- The small gap seen in this population has been relatively stable over the three years.

# 2015 Health Care Disparities in New York State

## Disparities in Health Areas for Members with English as a Second Language



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## Priority Health Areas

### Adult Health Outcomes for Members with English as a Second Language

- Members with ESL who have diabetes were less likely to have their blood glucose under control than members with English as their primary language.

### Women's Health Outcomes for Members with English as a Second Language

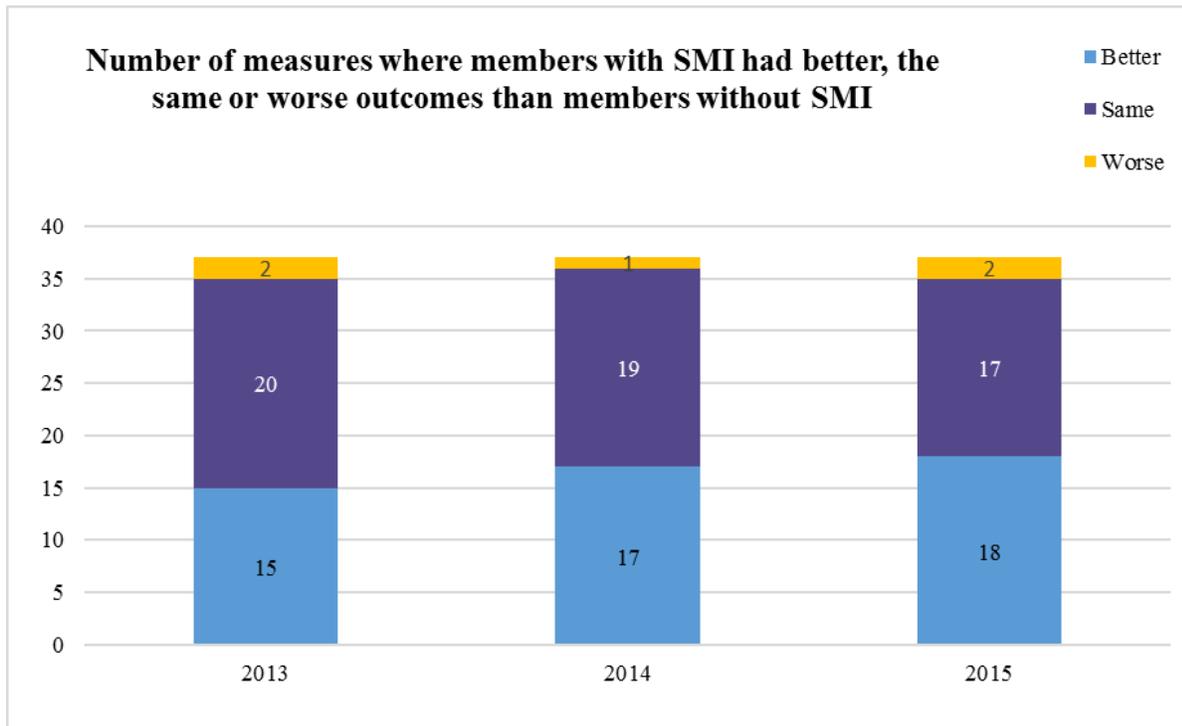
- Women with ESL were less likely to have frequent prenatal care visits, and to receive postpartum care.

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## 2015 Health Care Disparities in New York State

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### Trend over Time (2013-2015) for Members with Serious Mental Illness (SMI)



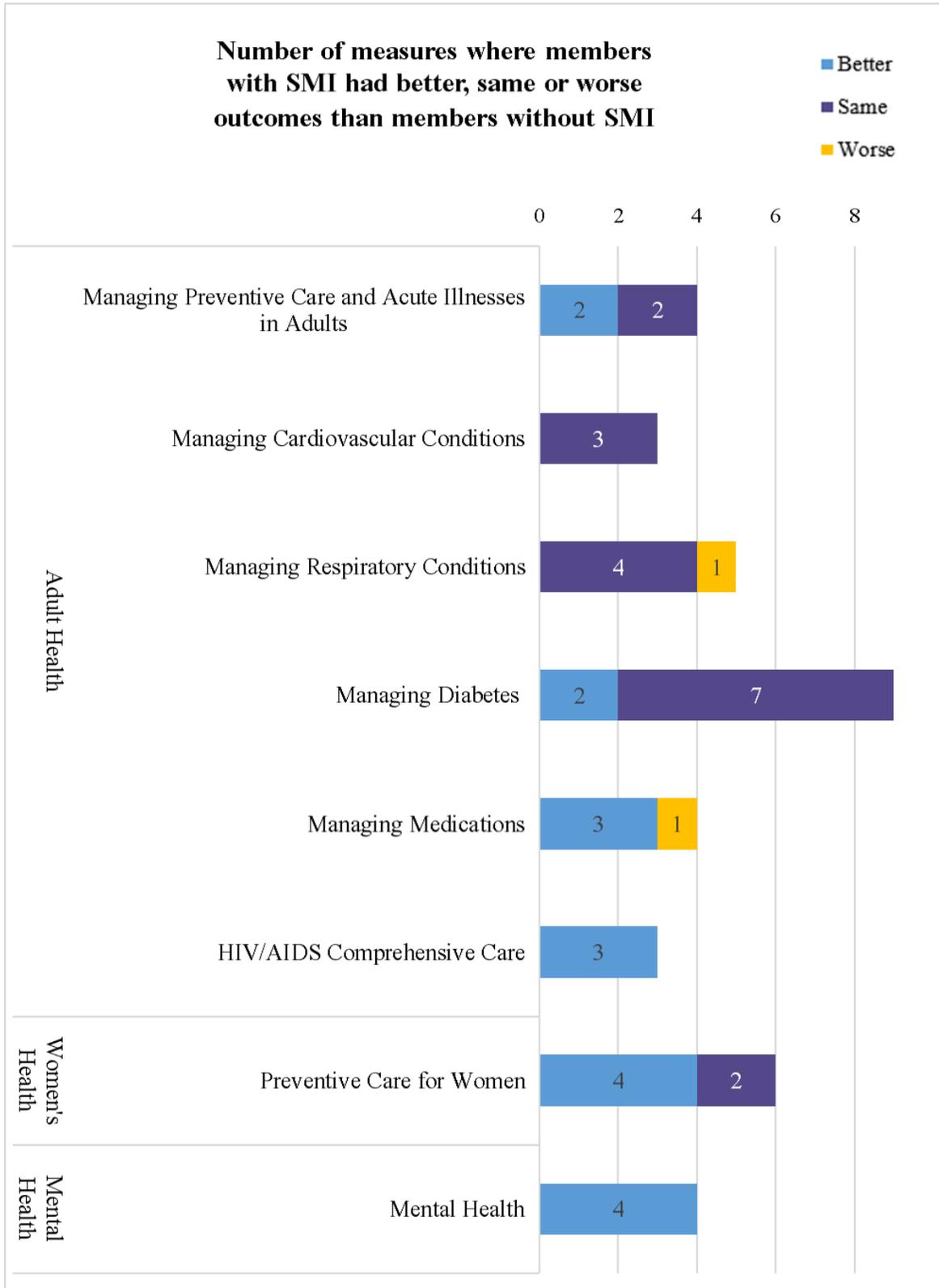
### **HIGHLIGHTS**

#### Trend over time for Members with Serious Mental Illness

- On the majority of items, members with SMI has similar or better outcomes than members without SMI.
- Although there has been some variation over time, the rates have been relatively stable.

# 2015 Health Care Disparities in New York State

## Disparities in Health Areas for Members with Serious Mental Illness



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# 2015 Health Care Disparities in New York State

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## Priority Health Areas

### Adult Health Outcomes for Members with Serious Mental Illness

- Members with SMI who have COPD were less likely to be treated with a corticosteroid.

### Women's Health for Members Members with Serious Mental Illness

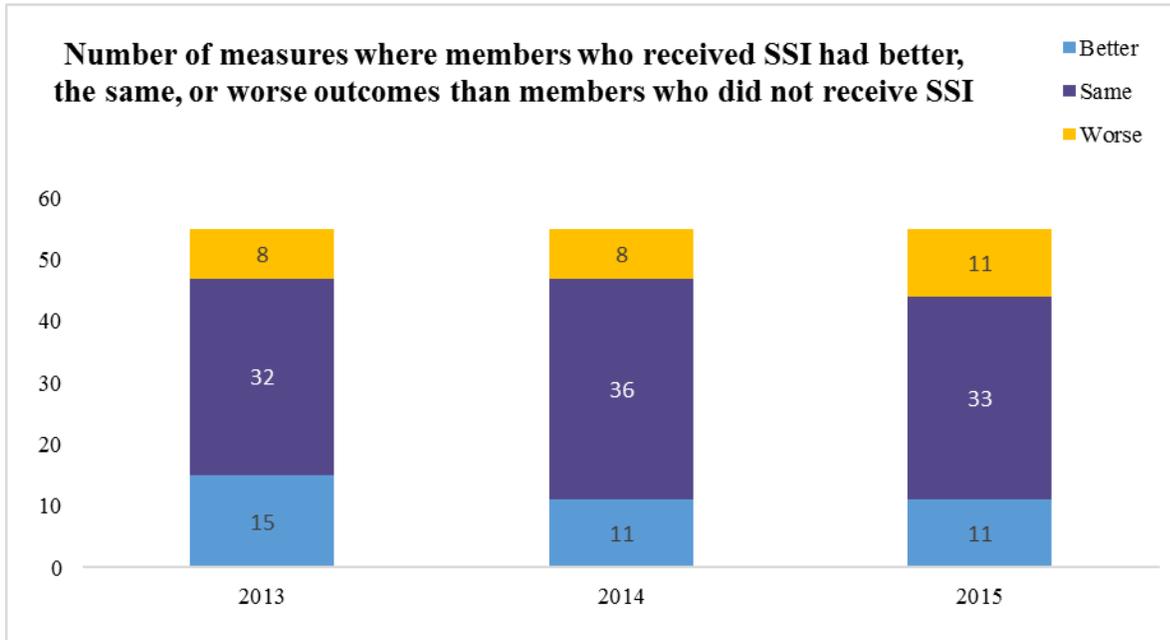
- Women with SMI were more likely to be screened for chlamydia and to be screened for cervical and breast cancer.

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# 2015 Health Care Disparities in New York State

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Trend over Time (2013-2015) for Members Who Received SSI (Elderly and Disabled Members)



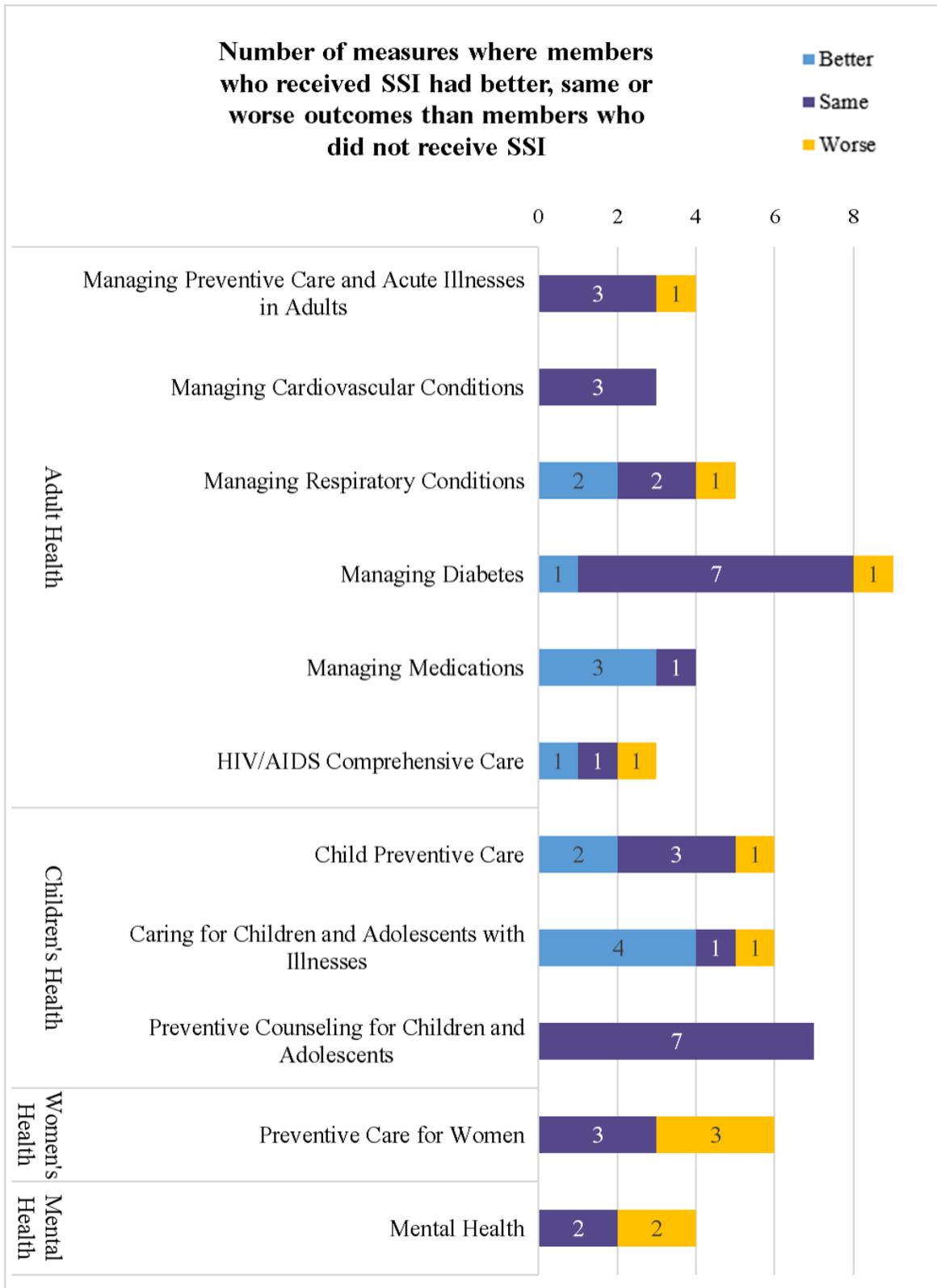
## HIGHLIGHTS

Highlights: Trend over time for Members Who Received SSI

- Members who received SSI had similar outcomes to members who did not receive SSI on 61% of measures.
- There has been a slight increase over time in the number of measures where members who received SSI had worse outcomes than members who did not receive SSI.

# 2015 Health Care Disparities in New York State

## Disparities in Health Areas for Members Who Received SSI



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# 2015 Health Care Disparities in New York State

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## Priority Health Areas

### Adult Health for Members Who Received SSI

- Members with SSI had similar outcomes to members without SSI on the majority of measures related to managing chronic conditions (i.e., cardiovascular disease, respiratory conditions, and diabetes).
- They were also less likely to have an annual dental visit than members who did not receive SSI.

### Women's Health for Members Who Received SSI

- This population had lower performance than members who did not receive SSI on all of the measures related to women's health screening (chlamydia, breast and cervical cancer), but had similar outcomes on prenatal and postpartum measures.

### Children's Health for Members Who Received SSI

- Children who received SSI were less likely to have a dental exam, and were also less likely to receive appropriate testing for pharyngitis.

### Mental Health for Members Who Received SSI

- Members who received SSI were less likely to have a follow-up after hospitalization for mental illness within 7 and 30 days after being discharged.

# 2015 Health Care Disparities in New York State

## APPENDIX

Health Area	Domain	Measure
Adult Health	Managing Preventive Care and Acute Illnesses in Adults	Adult BMI Assessment
		Annual Dental Visit
		Use of Imaging Studies for Low Back Pain
		Avoidance of Antibiotics Therapy in Adults with Acute Bronchitis
	Managing Cardiovascular Conditions	Controlling High Blood Pressure
		Cholesterol Screening Test
		Cholesterol Level Controlled (<100 mg/dL)
	Managing Respiratory Conditions	Use of Appropriate Medications for People with Asthma (Ages 19-64)
		Asthma Medication Ratio (Ages 19-64)
		Use of Spirometry Testing in the Assessment and Diagnosis of COPD
		Pharmacotherapy Management of COPD Exacerbation- Bronchodilator Pharmacotherapy Management of COPD Exacerbation- Corticosteroid
	Managing Diabetes	HbA1c Testing
		Lipid Profile
		Dilated Eye Exam
		Nephropathy Screening
		Screening Composite
		Poor HbA1c Control
		Lipids Controlled (<100 mg/dL) Blood Pressure Controlled (<140/90 mm/Hg) Control Composite
	Managing Medications	Drug Therapy for Rheumatoid Arthritis
		Annual Monitoring for Patients on Persistent Medications- ACE Inhibitors/ARBs
Annual Monitoring for Patients on Persistent Medications- Digoxin Annual Monitoring for Patients on Persistent Medications- Diuretics		
HIV/AIDS Comprehensive Care	Engaged in Care	
	Syphilis Screening	
	Viral Load Monitoring	
Children's Health	Child Preventive Care	Childhood Immunization Status (Combo 3)
		Lead Testing
		Well-Child & Preventive Care Visits in First 15 Months of Life (5+ Visits)
		Well-Child & Preventive Care Visits in 3rd, 4th, 5th & 6th Year of Life
		Adolescent Well-Care Visits Annual Dental Visit
	Caring for Children and Adolescents with Illnesses	Appropriate Treatment for Upper Respiratory Infection (URI)
		Appropriate Testing for Pharyngitis
		Use of Appropriate Medications for People with Asthma (Ages 5-18)
		Asthma Medication Ratio (Ages 5-18)
		Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase Follow-Up Care for Children Prescribed ADHD Medication: Continuation Phase
	Preventive Counseling for Children and Adolescents	Weight Assessment- BMI Percentile
		Counseling for Nutrition
		Counseling for Physical Activity
		Assessment, Counseling, or Education: Sexual Activity
		Assessment, Counseling, or Education: Depression Assessment, Counseling, or Education: Tobacco Use Assessment, Counseling, or Education: Alcohol and Other Drug Use
Women's Health	Preventive Care for Women	Timeliness of Prenatal Care
		Postpartum Care
		Frequency of Ongoing Prenatal Care
		Breast Cancer Screening
		Cervical Cancer Screening Chlamydia Screening (Ages 16-24)
Mental Health	Mental Health	Antidepressant Medication Management-Effective Acute Phase Treatment
		Antidepressant Medication Management-Effective Continuation Phase Treatment
		Follow-Up After Hospitalization for Mental Illness Within 7 Days
		Follow-Up After Hospitalization for Mental Illness Within 30 Days