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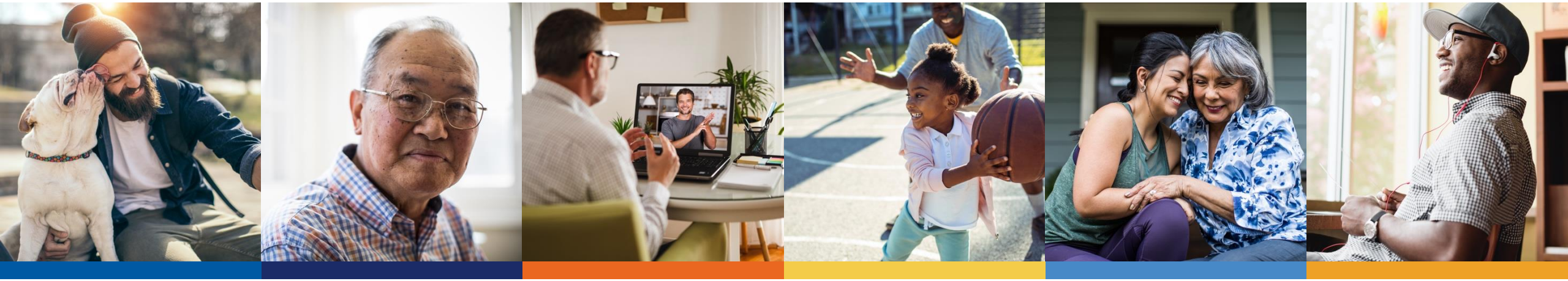

The Path Forward: Improving Data to Advance Health Equity Solutions

March 7, 2023

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Speakers

- Ashley Peddicord-Austin, Tecnhical Director, CMS Office of Minority Health (OMH)
- Meagan Khau, Director, Data & Policy Analytics Group/CMS OMH
- Nancy Chiles Shaffer, Technical Director, Data & Policy Analytics Group/CMS OMH

Today's Agenda

- CMS OMH Overview & Data Resources
- The Path Forward: Improving Data to Advance Health Equity Solutions
  - —Report Overview
  - —Health Equity Data: Current State and Challenges
  - —Progress to Date
  - —Future Actions
- Discussion

CMS OMH Overview & Data Resources

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CMS Office of Minority Health

The Centers for Medicare & Medicaid Services (CMS) is the largest provider of health insurance in the United States, responsible for ensuring that more than 150 million individuals supported by CMS programs (Medicare, Medicaid, Children's Health Insurance Program, and the Health Insurance Marketplaces) are able to get the care and health coverage they need and deserve.

The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) is one of eight offices of minority health within the U.S. Department of Health and Human Services. CMS OMH works with local and federal partners to eliminate health disparities while improving the health of all minority populations, racial and ethnic communities, people with limited English proficiency, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

CMS Office of Minority Health

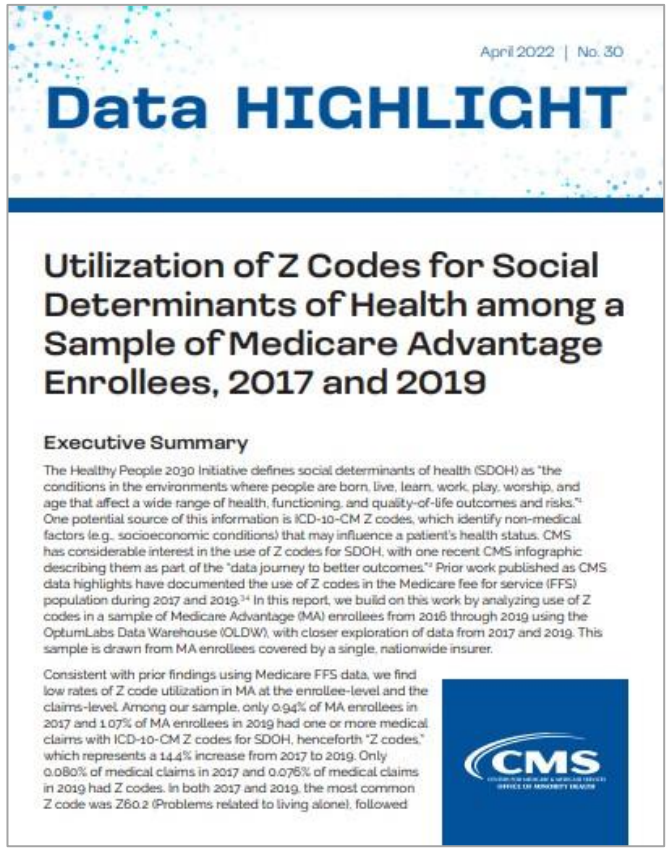
Mission

CMS OMH will lead the advancement and integration of health equity in the development, evaluation, and implementation of CMS's policies, programs, and partnerships.

Vision

All those served by CMS have achieved their highest level of health and well-being, and we have eliminated disparities in health care quality and access.

Health Care Disparities Data



April 2022 | No. 30

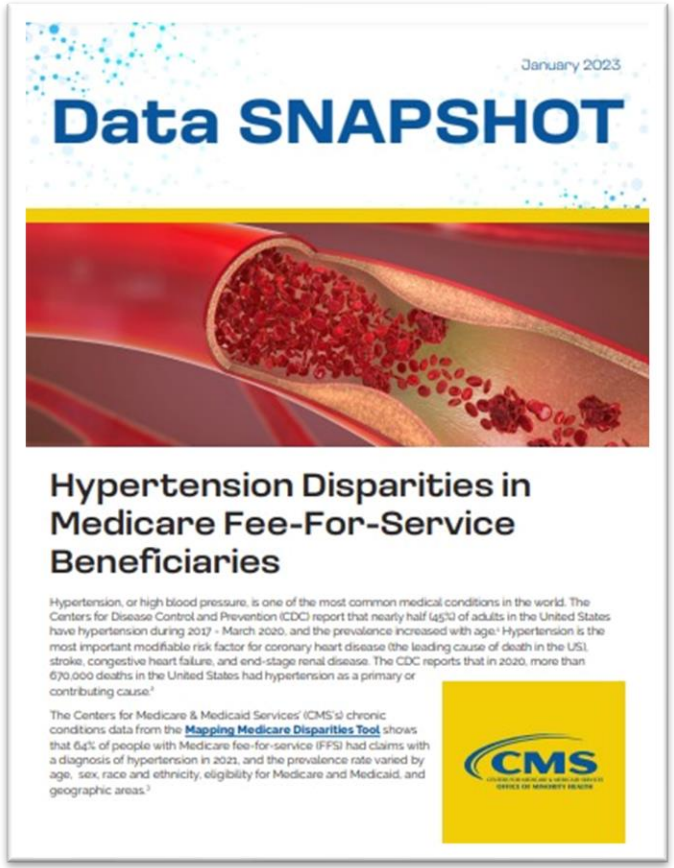
Data HIGHLIGHT

Utilization of Z Codes for Social Determinants of Health among a Sample of Medicare Advantage Enrollees, 2017 and 2019

Executive Summary

The Healthy People 2030 Initiative defines social determinants of health (SDOH) as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[1] One potential source of this information is ICD-10-CM Z codes, which identify non-medical factors (e.g., socioeconomic conditions) that may influence a patient's health status. CMS has considerable interest in the use of Z codes for SDOH, with one recent CMS infographic describing them as part of the "data journey to better outcomes."[2] Prior work published as CMS data highlights have documented the use of Z codes in the Medicare fee for service (FFS) population during 2017 and 2019.[3,4] In this report, we build on this work by analyzing use of Z codes in a sample of Medicare Advantage (MA) enrollees from 2016 through 2019 using the OptumLabs Data Warehouse (OLDW), with closer exploration of data from 2017 and 2019. This sample is drawn from MA enrollees covered by a single, nationwide insurer.

Consistent with prior findings using Medicare FFS data, we find low rates of Z code utilization in MA at the enrollee-level and the claims-level. Among our sample, only 0.94% of MA enrollees in 2017 and 1.07% of MA enrollees in 2019 had one or more medical claims with ICD-10-CM Z codes for SDOH, henceforth "Z codes," which represents a 14.4% increase from 2017 to 2019. Only 0.080% of medical claims in 2017 and 0.076% of medical claims in 2019 had Z codes. In both 2017 and 2019, the most common Z code was Z60.2 (Problems related to living alone), followed



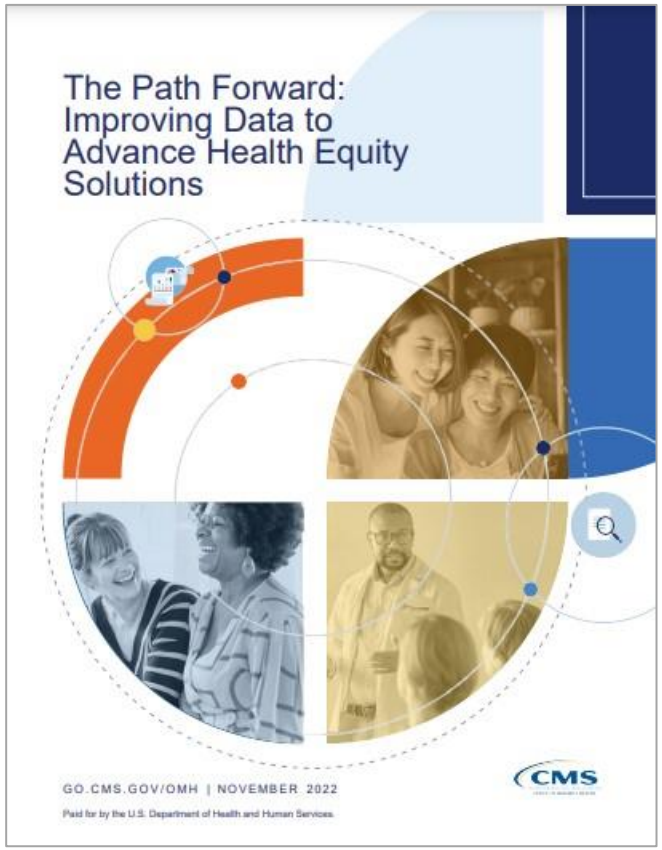
January 2023

Data SNAPSHOT

Hypertension Disparities in Medicare Fee-For-Service Beneficiaries

Hypertension, or high blood pressure, is one of the most common medical conditions in the world. The Centers for Disease Control and Prevention (CDC) report that nearly half (45%) of adults in the United States have hypertension during 2017 - March 2020, and the prevalence increased with age.[1] Hypertension is the most important modifiable risk factor for coronary heart disease (the leading cause of death in the US), stroke, congestive heart failure, and end-stage renal disease. The CDC reports that in 2020, more than 670,000 deaths in the United States had hypertension as a primary or contributing cause.[2]

The Centers for Medicare & Medicaid Services' (CMS's) chronic conditions data from the **Mapping Medicare Disparities Tool** shows that 64% of people with Medicare fee-for-service (FFS) had claims with a diagnosis of hypertension in 2021, and the prevalence rate varied by age, sex, race and ethnicity, eligibility for Medicare and Medicaid, and geographic areas.[3]



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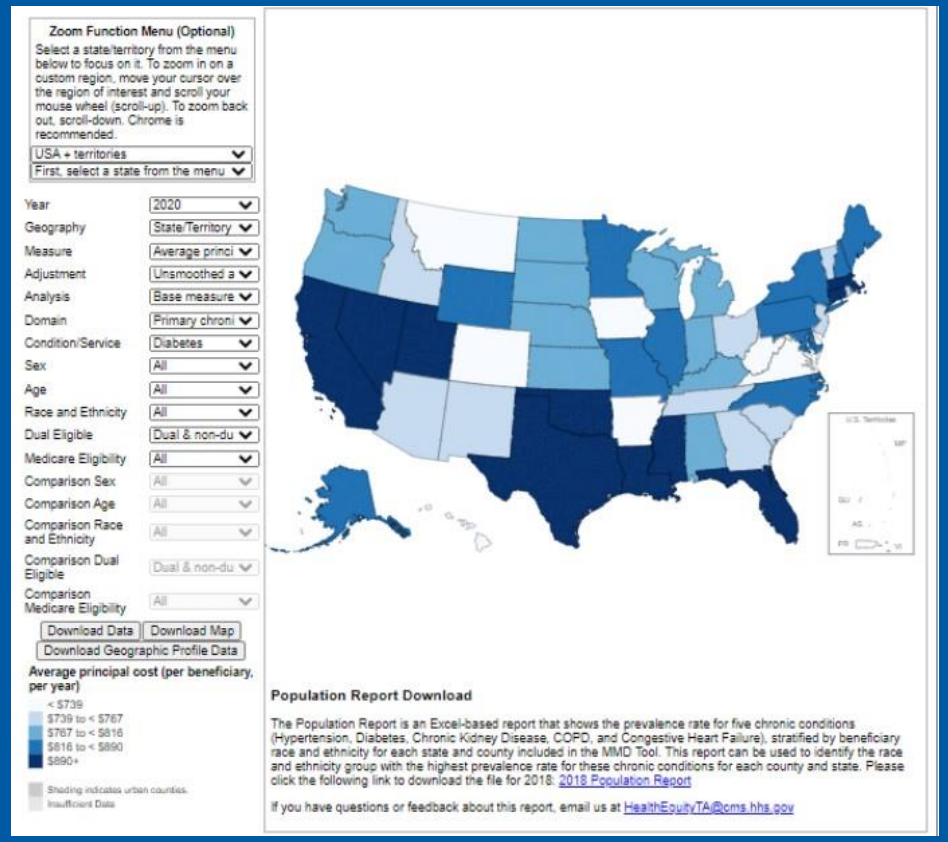
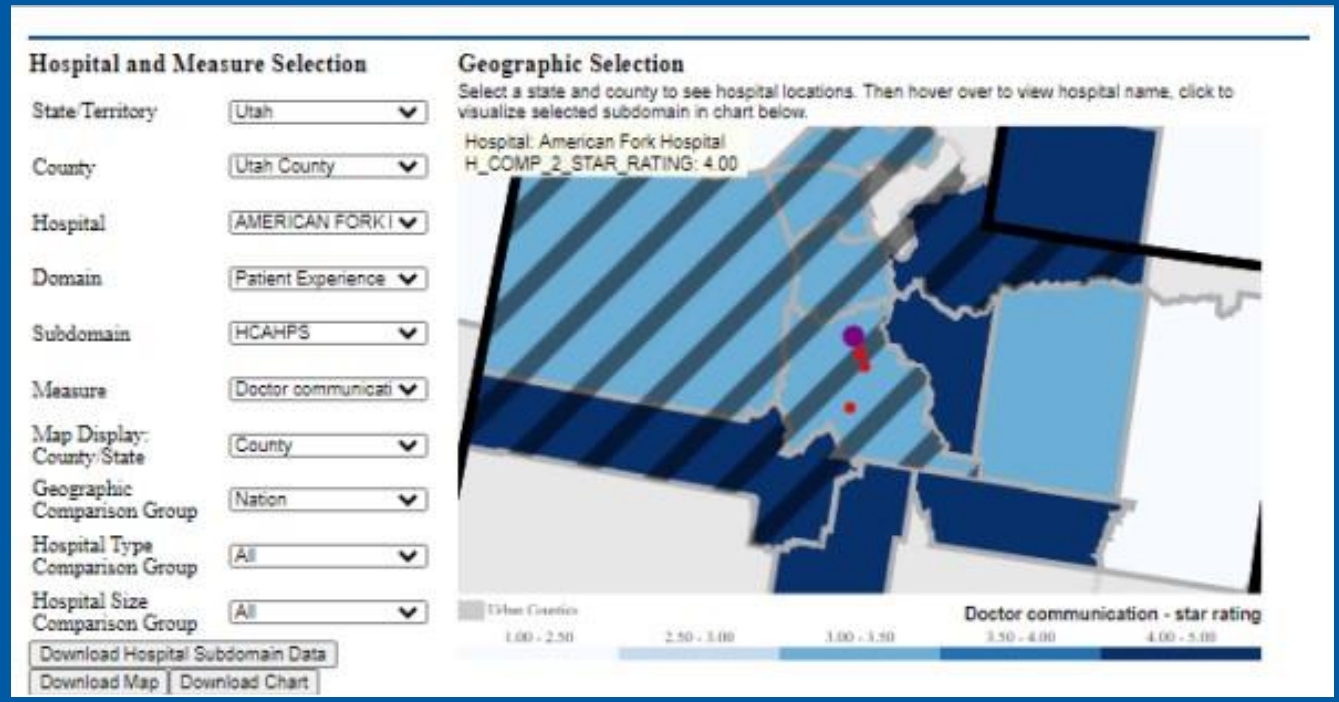
Paid for by the U.S. Department of Health and Human Services

Mapping Medicare Disparities Tool (MMD Tool)

Population View



Hospital View

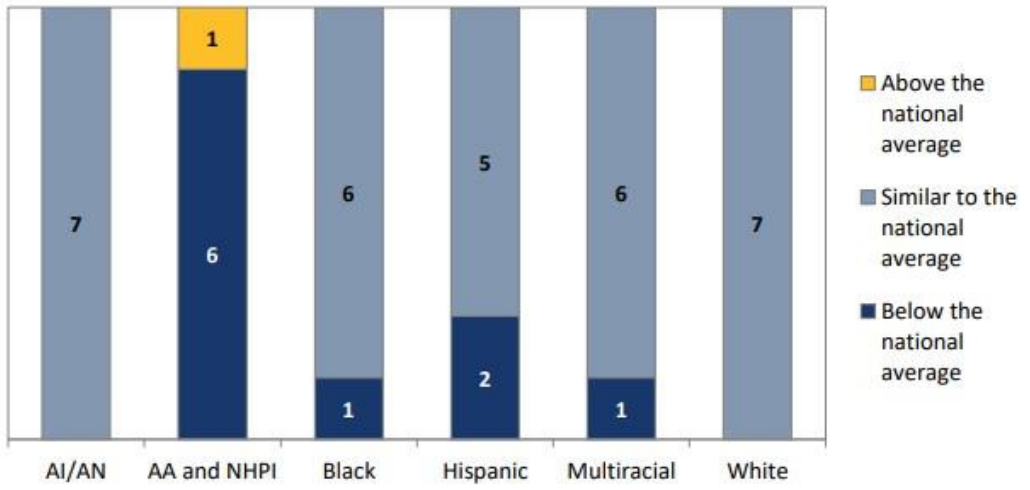


Stratified Reporting

Part C and D Performance Data Stratified by Race, Ethnicity, and Gender

Figure 1. Disparities in Care by Race and Ethnicity: All Patient Experience Measures

Number of patient experience measures (out of 7) for which members of selected racial and ethnic groups reported experiences that were above, similar to, or below the national average in 2021

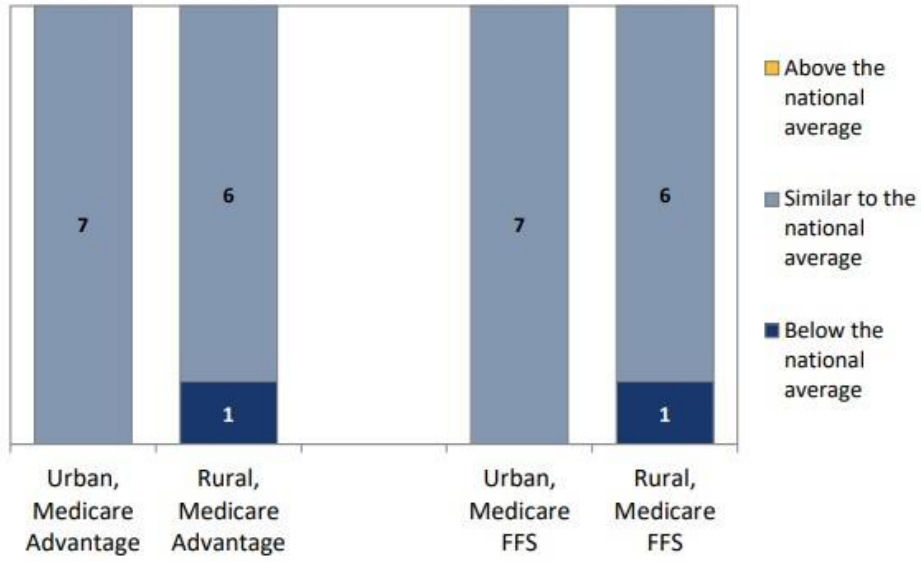


SOURCE: This chart summarizes data from all MA enrollees nationwide who participated in the 2021 Medicare CAHPS survey.
NOTES: AI/AN = American Indian or Alaska Native. AA and NHPI = Asian American, Native Hawaiian, and other Pacific Islander. Racial groups such as Black and White are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

Part C and D Performance Data Stratified by Geography (Rural/Urban)

Figure 1. Rural-Urban Disparities in Care: All Patient Experience Measures, Medicare Advantage and Medicare FFS

Number of patient experience measures (out of 7) for which rural and urban residents reported experiences that were above, similar to, or below the national average in 2021



SOURCE: This chart summarizes data from all MA enrollees and people with Medicare FFS coverage nationwide who participated in the 2021 Medicare CAHPS survey.

Revising Federal Data Collection Standards for Race and Ethnicity

- OMB proposed new standards for improving the quality and usefulness of Federal race and ethnicity data, which includes:
  - —Collecting race and ethnicity together with a single question
  - —Adding a response category for Middle Eastern and North African, separate and distinct from the “White” category
- Visit Regulations.gov and search for “OMB-2023-0001” to provide comment by April 12, 2023.

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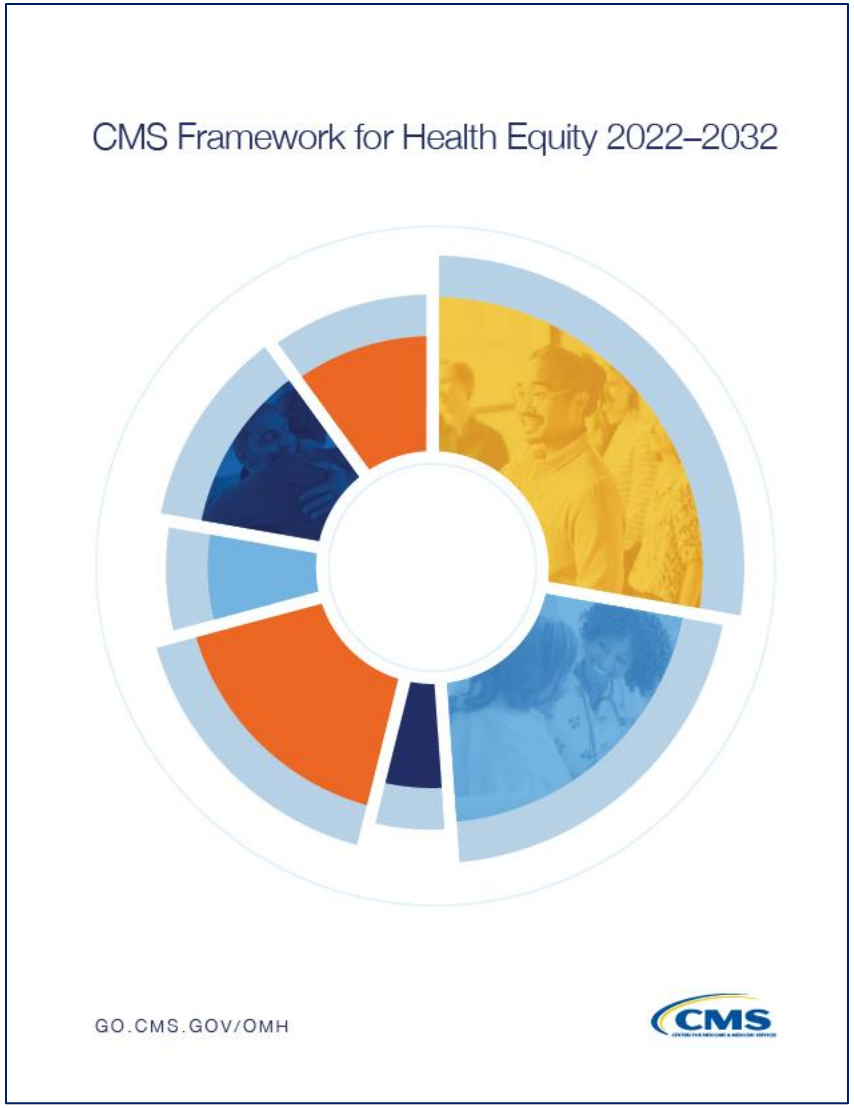
CMS Framework for Health Equity

- Allows a framework for CMS to operationalize health equity.
- Newly released to expand on the existing CMS Equity Plan to include all CMS programs: Medicare, Marketplace, and Medicaid and CHIP.
- Identifies 5 Priority Areas.
- Evidence-based
  - CMS's approach to advancing health equity is informed by decades of research and years of dedicated, focused stakeholder input, and evidence review.
  - Gather and synthesize input from health care providers; federal, state, and local partners; tribal nations; individuals and families; researchers; policymakers; and quality improvement and innovation contractors.



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CMS Framework for Health Equity: 5 Priority Areas

Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data

Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps

Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities

Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services

Priority 5: Increase All Forms of Accessibility to Health Care Services & Coverage

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“Accurate and complete data elements support CMS in its efforts to create evidence-based policies and regulations and to assess how well these policies and regulations align with the needs of the communities and individuals that CMS serves.”

From the white paper: *The Path Forward: Improving Data to Advance Health Equity Solutions*

OMH's Data White Paper

- Describes the current state of health equity data collection and consolidation across CMS programs
- Details progress to date
- Defines CMS' future actions to continue the improvement of health equity data and achieve a future vision of health equity data at CMS

CMS & Administration Strategies

CMS Framework for Health Equity
Administrator's Strategic Vision Release
Executive Order 13985

Program Rules & Guidance

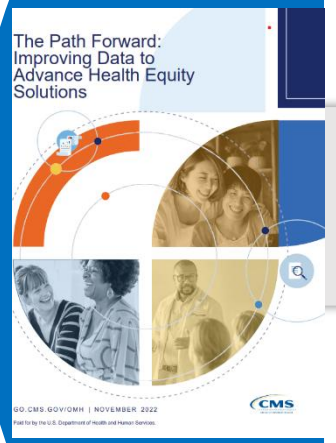
Proposed and Final rules for Medicare
Guidance letters to insurers and state
Medicaid officials

Stakeholder Feedback

Responses to recent RFIs on health equity indices and other programs; Input from across CMS, ONC, and HRSA

CMS Internal Documents

E.g., memo to the Administrator on current state of health equity data



Intended Outcomes

- CMS has a comprehensive resource that summarizes the current state and future goals for health equity data
- Public and industry have knowledge of CMS' current state
- Public and industry understand CMS' commitment to driving health equity through improved data

1. Sociodemographic and social determinants of health data can help drive quality improvement and improve program/policy evaluation

2. Despite progress, there are gaps in the availability, completeness, and quality of health equity data remain across CMS programs

3. CMS is committed to improving the quality, accuracy, and completeness of data that can enable improvements in health equity

4. Efforts to address these health equity-related data issues are already underway and will be prioritized

Health Equity Data: Current State and Challenges

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Completeness, Quality and Accuracy Issues in Enrollee Sociodemographic Data Collection

Sociodemographic Data Type*	Fee-for-Service Medicare**	Medicare Advantage***	Medicaid and CHIP†	Marketplace®‡
Sex	●	●	●	●
Geography	◊	◊	○	◊
Language	○	○	○	○
Disability Status	○	○	○	○
Income	◊	◊	◊	◊
Race/Ethnicity	○	○	○	●
Sexual Orientation and Gender Identity	-	-	-	-

Key:

● Collected aligned to 2011 HHS standards

○ Collected with standards and/or completeness issue(s)

◊ Collected with no major issues, no adopted standard

- Not collected

***** The data elements included in this table are the same as those prioritized in Executive Order 13985 and the CMS Framework for Health Equity, and do not encompass all data elements that could be collected or improved.[1,3] This table does not reflect quality and completeness issues in all cases.

****** Data received from SSA and collected via surveys detailed in the sections below.

******* Data collected from Medicare Part C/D enrollment form and various surveys detailed in the sections below, supplemented as needed with SSA data from Fee-for-Service Medicare.

† Data reported from states in the Transformed Medicaid Statistical Information System (T-MSIS).

‡ Data collected from the Marketplace programs using Healthcare.gov platform. Because CMS does not closely regulate data collection on State-Based Exchanges, this table shows data collected on the Federally-Facilitated Exchanges only.

Additional Health Equity Data Challenges

- CMS has **limited authority to collect** all elements (e.g., race) directly, contributing to incomplete data and preventing fully data-driven decisions
- CMS programs collect **limited SDOH data elements** in limited settings (e.g., Innovation Models)
- **Not all elements have widely adopted standards**, though some are in development (e.g., gender)
- Collecting self-reported data in limited settings results in **incomplete sociodemographic data**
- Utilization of some standardized data collection methods (e.g., Z-Codes) remains low
- Lack of disaggregated data can cloud meaningful insights
- Bias in health equity data collection methods challenges CMS's ability to interpret data

Health Equity Data at CMS: Progress to Date

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Stakeholder and Advisory Engagement

Launch of the Health Equity Advisory Team (HEAT) through the Innovation Center's Health Care Payment Learning & Action Network (HCPLAN) to help identify and prioritize opportunities to advance health equity through alternative payment models nationwide

Outline of opportunities for state and local health officials to address SDOH under their programs and support officials in designing policies and interventions that can address disparities

Giving CMS and stakeholders the ability to tailor programs and policies in post-acute care settings based on needs and disparities as appropriate

Progress to Date

Collecting new data elements across CMS programs to fill existing gaps (e.g., SDOH data collection in post-acute care settings and via quality payment program participants)

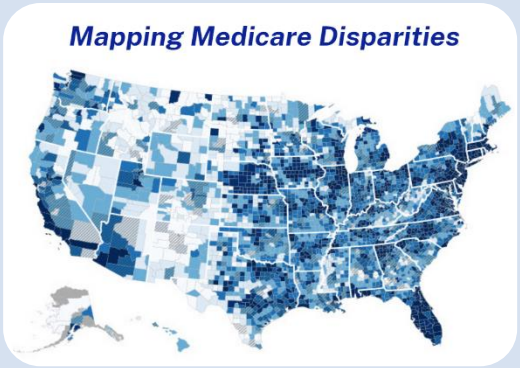
Equipping the industry with new tools and capabilities aligned to health equity goals, such as the Inventory of Resources for Standardized Demographic and Language Data Collection

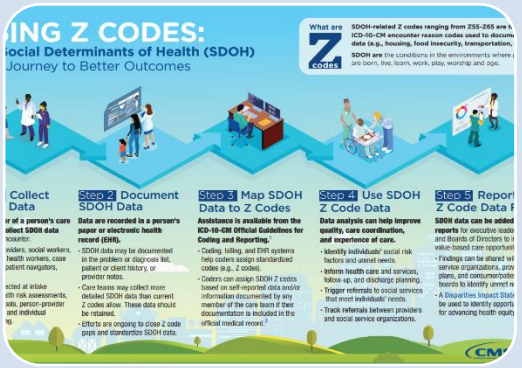
Assessing applications of the Medicare race/ethnicity imputation algorithm to other programs such as Medicaid and CHIP to improve data quality and **exploring options** to obtain self-reported race/ethnicity data

Providing **stratified reporting** that the public can use to drive action including annual reports:

- Rural-Urban Disparities in Health Care in Medicare Report
- Dual Eligibility or Eligibility For Low-Income Subsidy National Disparities Stratified Report

Tools and Resources for Community Partners





Mapping Medicare Disparities Tool

- An interactive map to identify areas of disparities between subgroups of Medicare enrollees in health outcomes, utilization and spending.

CMS Health Equity TA Program

- Personalized coaching and resources to help organizations embed health equity into their strategic plan
- Resources on improving care for high-risk populations
- Help developing a language access plan and ensuring effective communication.

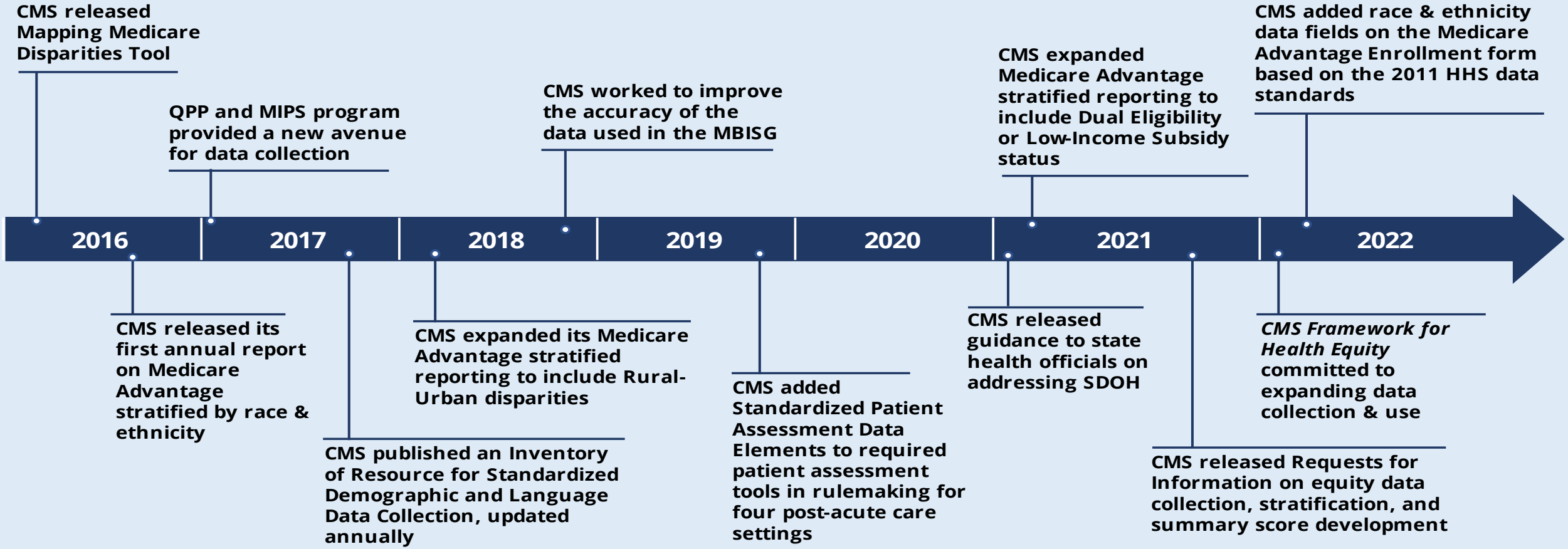
CMS Disparity Impact Statement

- A worksheet tool for all health care stakeholders to achieve health equity for racial and ethnic minorities, people with disabilities, sexual and gender minorities, individuals with limited English proficiency, and rural populations.

Z Codes Journey Map Infographic

- A step-by-step infographic for health care administrators, health care team members, and coding professionals to understand the best practice and importance of gathering and tracking SDOH data.

CMS Health Equity Data Initiative Highlights



Future Actions

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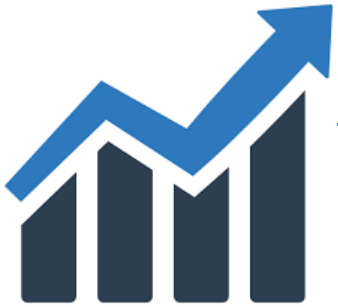
Fill gaps in existing data
Collect new data elements
Align data to standards
Disaggregate data
Continue development of equity scores
Release resources and training
Address bias in tools and imputation methods
Act on feedback received from public

Elements Critical to CMS's Health Equity Data Strategy Success

Working with Partners Across Government and Industry

CMS will continue to collaborate with other federal agencies to receive data, establish standards, and approve program changes to support equity data improvement.



Robust Measurement of Progress

CMS will continuously monitor how CMS data collection, standardization, and use across CMS programs help achieve the following:

- Increase understanding and awareness of disparities and their causes
- Create, test, and implement solutions to advance health equity in CMS programs
- Lead sustainable actions that advance equity in CMS programs

Discussion

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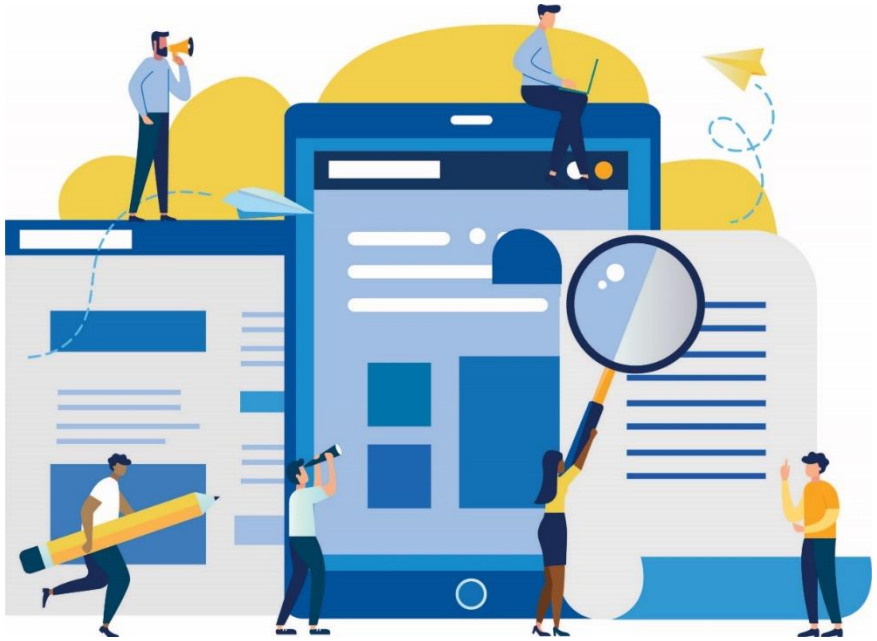
CMS Health Equity Technical Assistance Program



HealthEquityTA@cms.hhs.gov

The CMS OMH Health Equity Technical Assistance program supports quality improvement partners, providers, and other CMS stakeholders by offering:

- Personalized coaching and resources
- Guidance on data collection and analysis
- Assistance to develop a language access plan and disparities impact statement
- Resources on culturally and linguistically tailored care and communication

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Visit Our Website

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Coverage to Care

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Health Equity Technical Assistance Program

HealthEquityTA@cms.hhs.gov

Rural Health

RuralHealth@cms.hhs.gov

Thank You!

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