



MINNESOTA HEALTH CARE DISPARITIES

By Race, Hispanic Ethnicity, Language & Country of Origin (RELC)

Community Webinar
November 29, 2022



WELCOME!



Thanks for joining us today.



All webinar participants are in “listen-only” mode. To ask a question, please type your question into the “Q&A” box at the bottom of your screen at any time during the webinar.



During the discussion section, you may also use the "raise hand" function to ask a question.



MNCM will send a link to presentation slides and the recording to webinar attendees later this week.

MNCM Members, Thank you!

Health Plan Members



Medical Group Members



MNCM Mission Supporter Program

Financial support is essential to sustain and grow our objective, unbiased work. Your support helps assure our independent work continues. It's an opportunity for your organization to demonstrate its support and commitment to improving health care quality, equity, and affordability while strengthening our work.

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www.mncm.org/mission-supporter-program



MNCM empowers health care decision makers with meaningful data to drive improvement.

What we do



Multi-stakeholder
convening



Measure
developer



Data collection,
validation



Public
transparency

How MNMCM data are used



Quality
improvement



Benchmarking



Value-based
payment



Reducing
disparities



Research
partnerships



TODAY'S PRESENTATION



Overview of RELC Data Collection



Data analysis & key findings



Appendix tables



Audience Q&A



RELC DATA COLLECTION

Best Practice

Race/Ethnicity

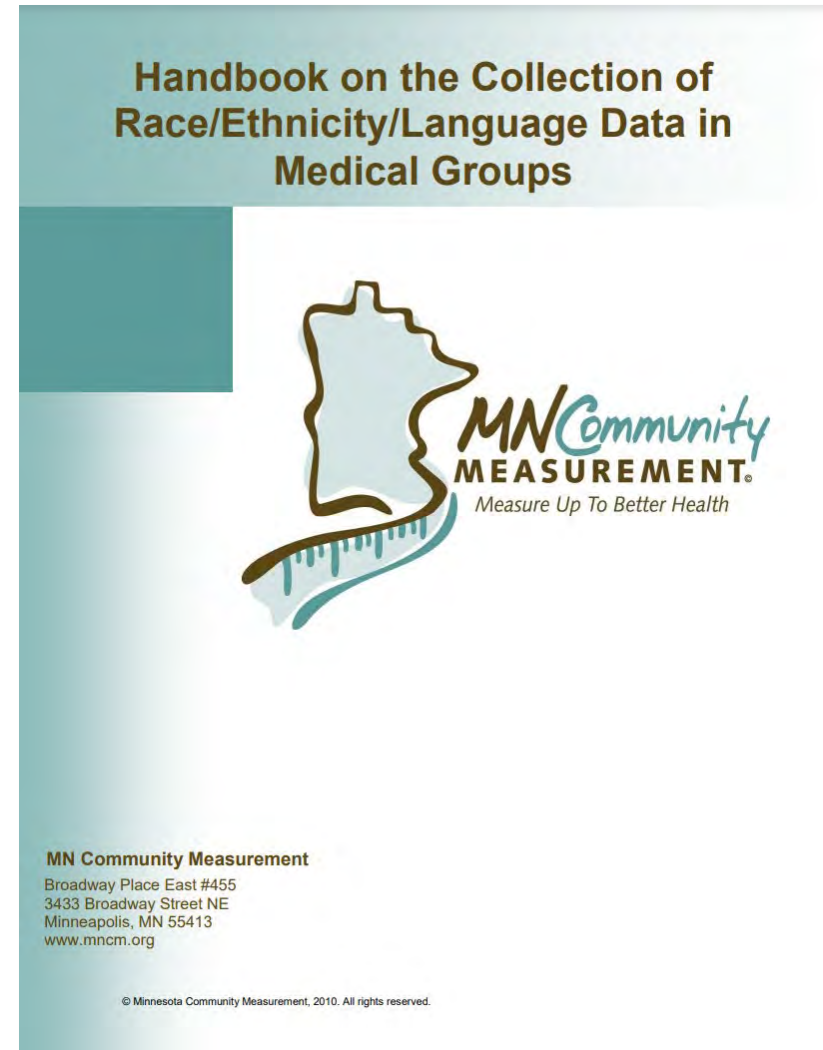
- Patient can self-report race/ethnicity
- Patient can select more than one race

Preferred Language

- Patient can self-report preferred language

Country of Origin

- Patient can self-report country of origin



Guide available at:

<https://helpdesk.mncm.org/helpdesk/KB>



BEST PRACTICE

2021 MY

Race/Ethnicity

87%

of medical groups

Preferred Language

97%

of medical groups

Country of Origin



89%

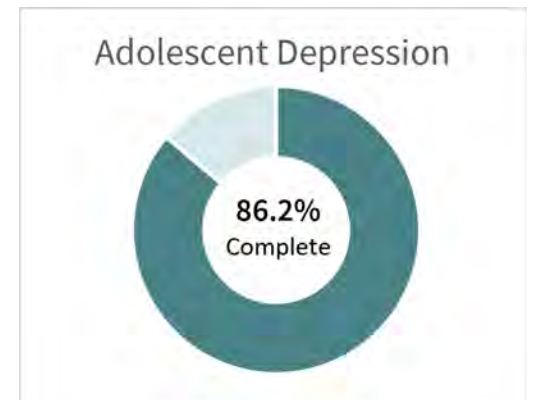
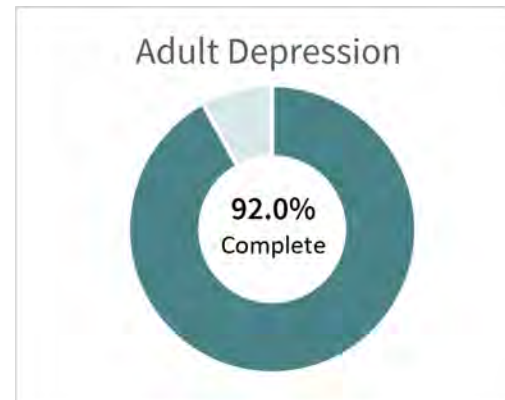
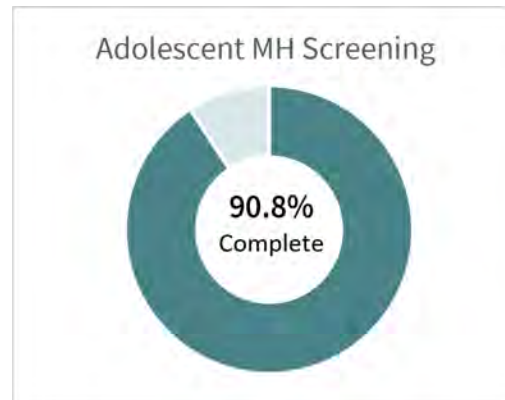
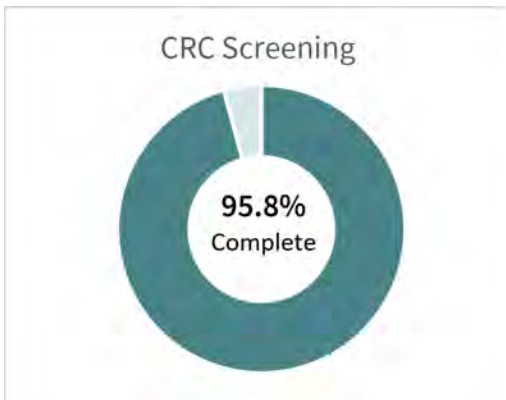
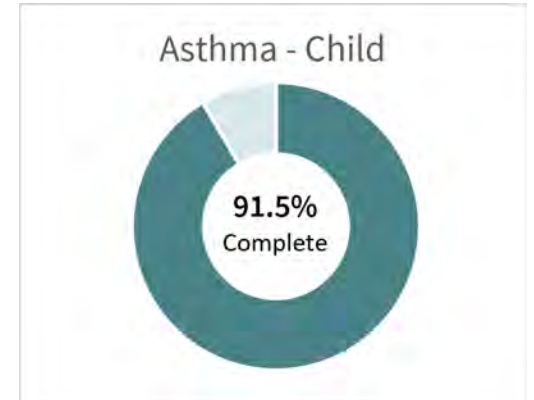
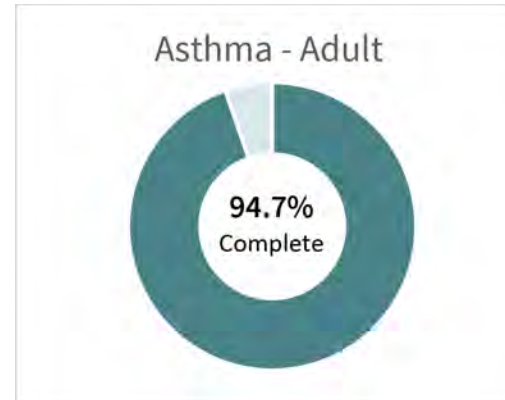
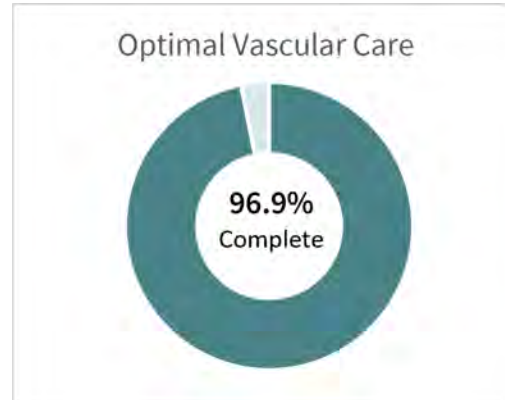
of medical groups



DATA COMPLETENESS

Race data

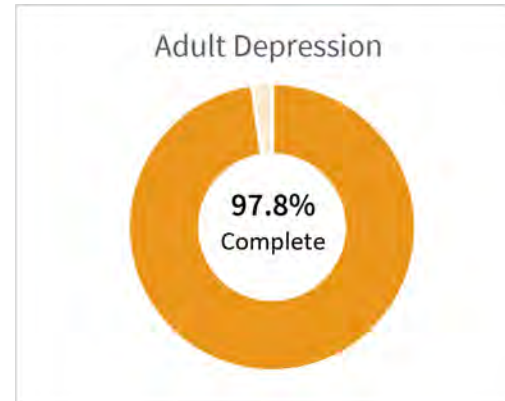
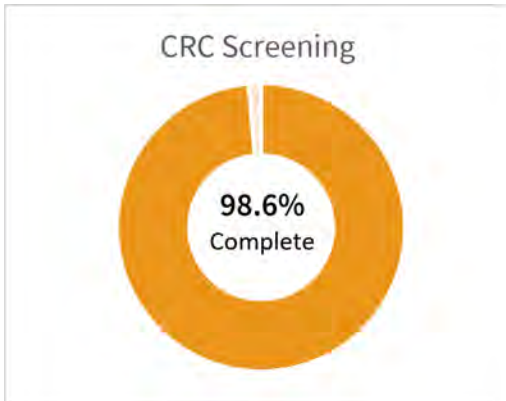
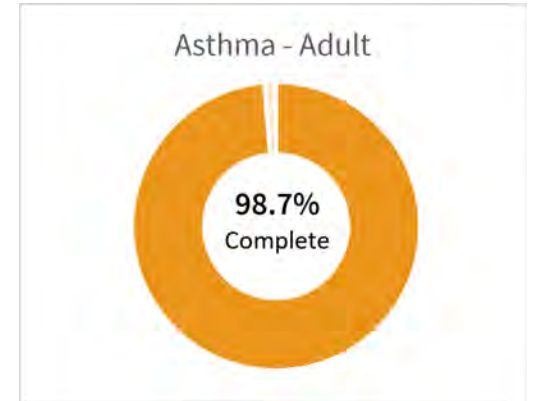
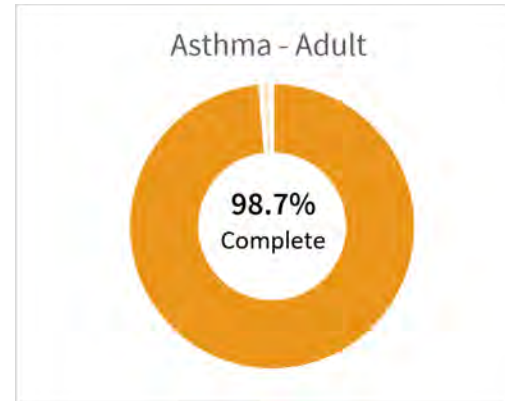
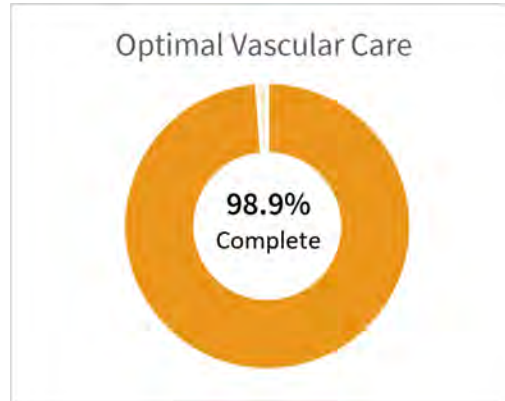
-  Race information provided and collected with best practice
-  Not best practice, missing, unknown or chose not to disclose



DATA COMPLETENESS

Preferred Language data

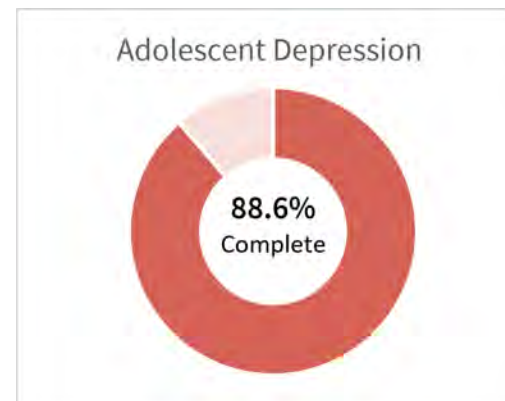
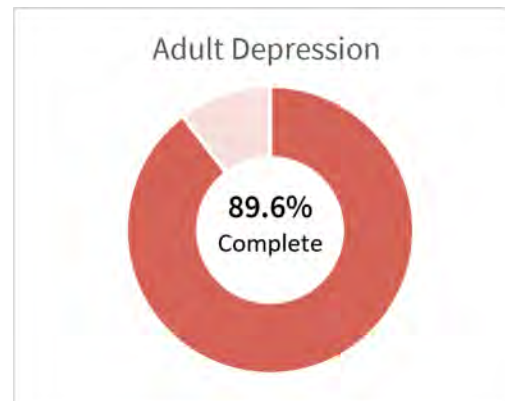
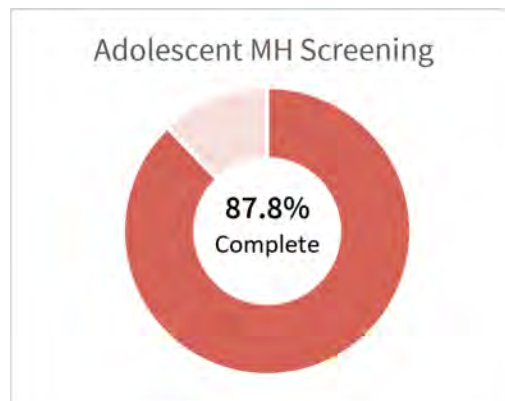
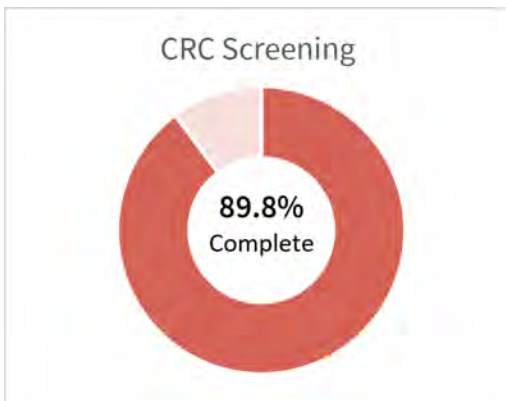
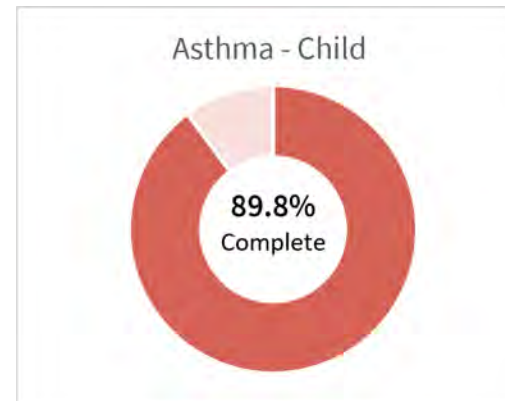
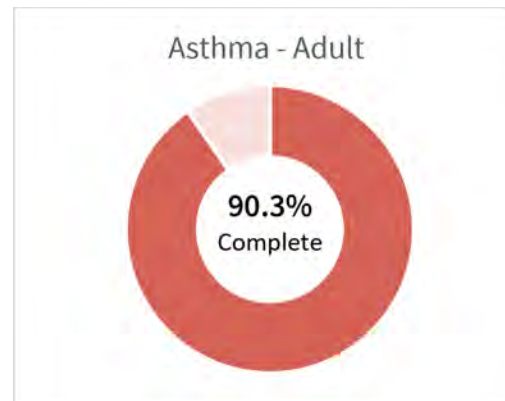
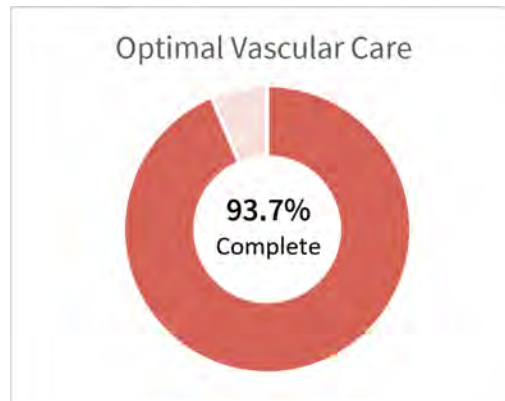
- Language information provided and collected with best practice
- Not best practice, missing, unknown or chose not to disclose



DATA COMPLETENESS

Country of Origin data

- COO information provided and collected with best practice
- Not best practice, missing, unknown or chose not to disclose



THE REPORT



MINNESOTA HEALTH CARE DISPARITIES

BY RACE, HISPANIC ETHNICITY, LANGUAGE AND COUNTRY OF ORIGIN

Results for care delivered in 2021 | Report released November 2022

Available on MNCM's website:
<https://mncm.org/reports/#community-reports>



FEATURED ANALYSES

- Summary of performance rates by measure by RELC categories
- **NEW!** Trend analysis by RELC category from 2019 to 2021 for each measure
- Snapshot summaries of performance rates by race/ethnicity group



COLORECTAL CANCER SCREENING

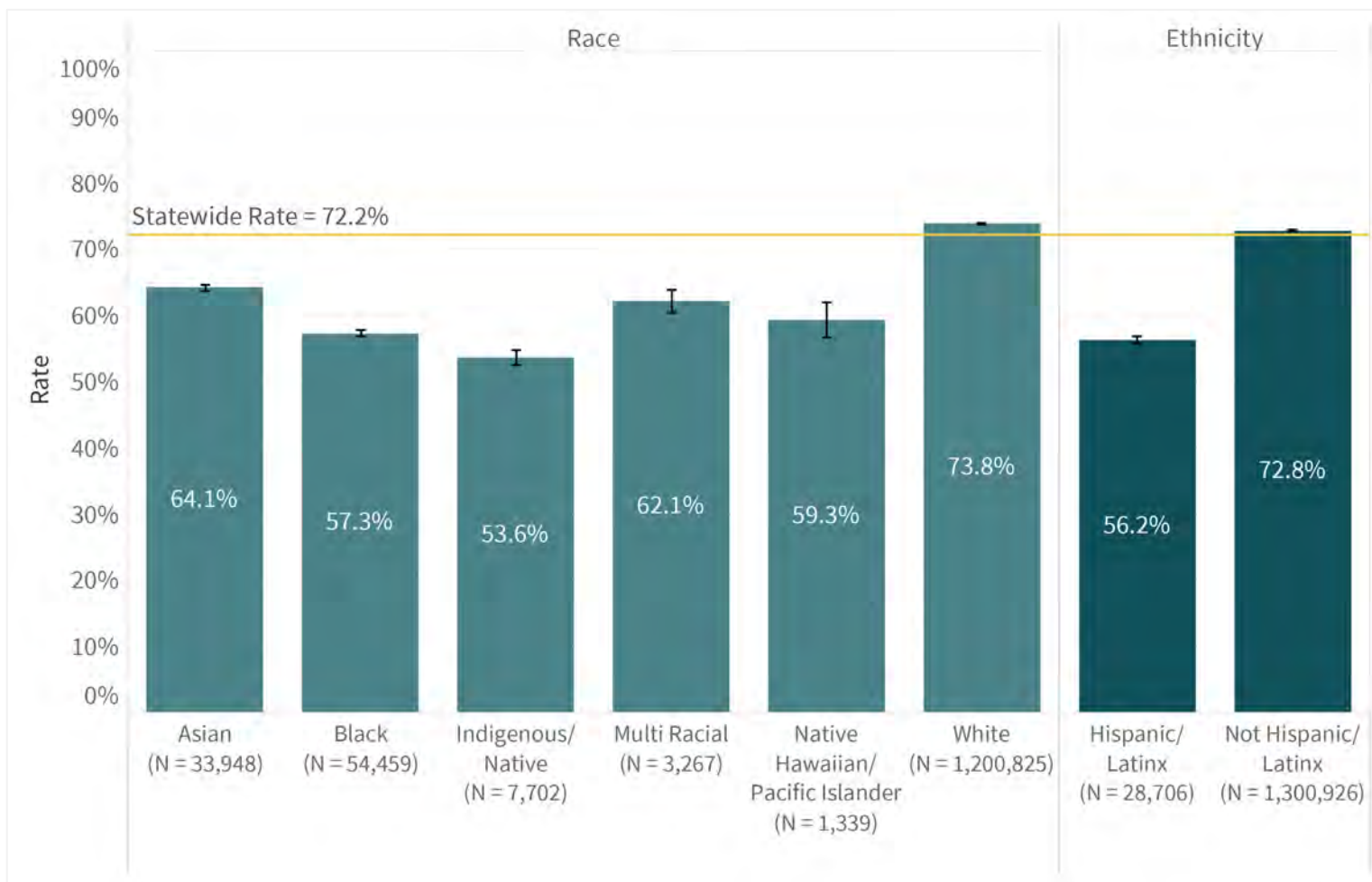
The percentage of adults ages 50-75 who are up-to-date with the appropriate screening for colorectal cancer. Appropriate screenings include one of the following:

- Colonoscopy during the measurement period or the nine years prior; **OR**
- Flexible sigmoidoscopy during the measurement year or the four years prior; **OR**
- CT colonography during the measurement year or the four years prior; **OR**
- Fecal immunochemical test (FIT)-DNA during the measurement year or the two years prior; **OR**
- Guaiac-based fecal occult blood test (gFOBT) or FIT during the measurement year



RESULTS BY RACE/ETHNICITY

Colorectal Cancer Screening

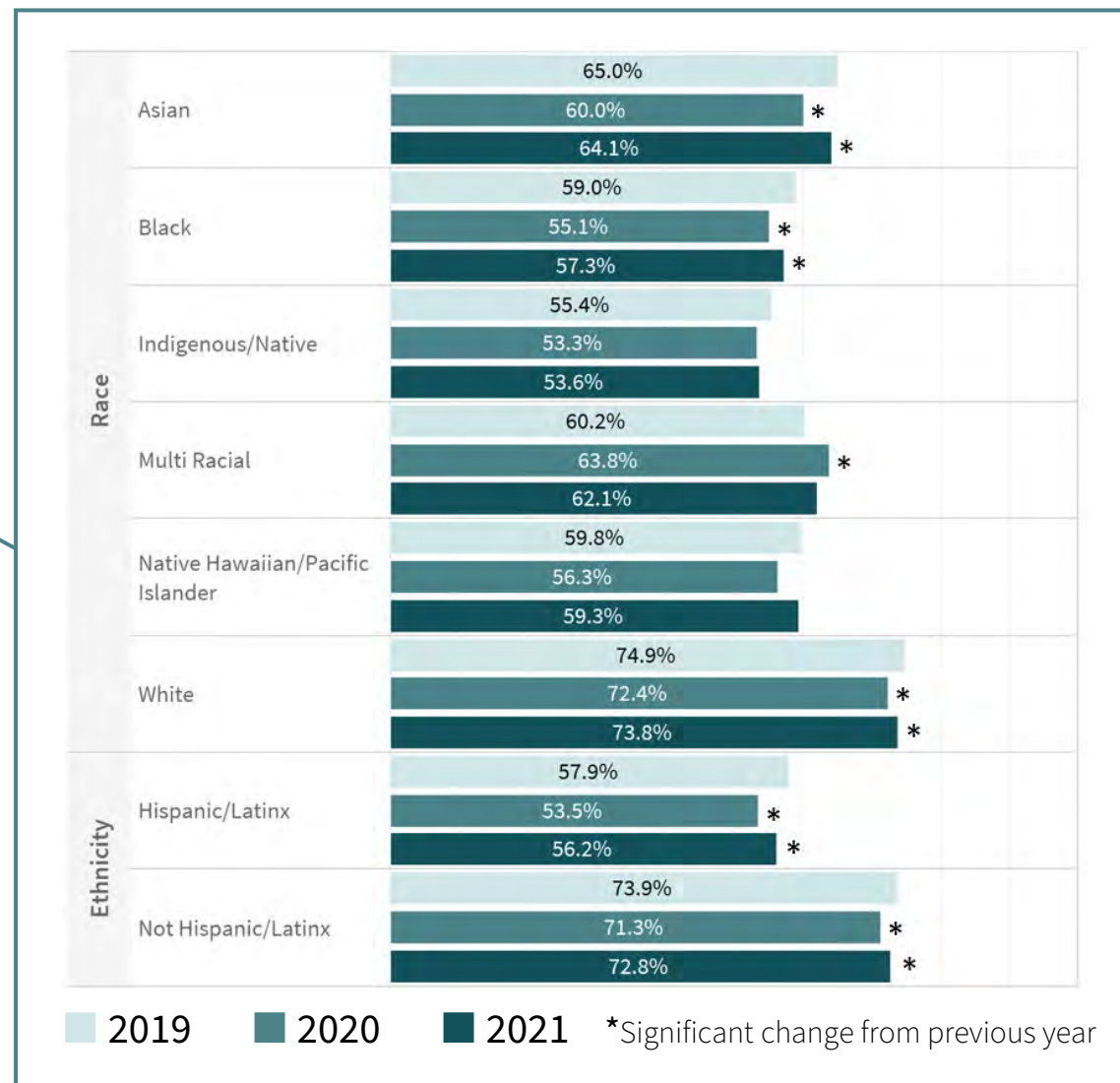
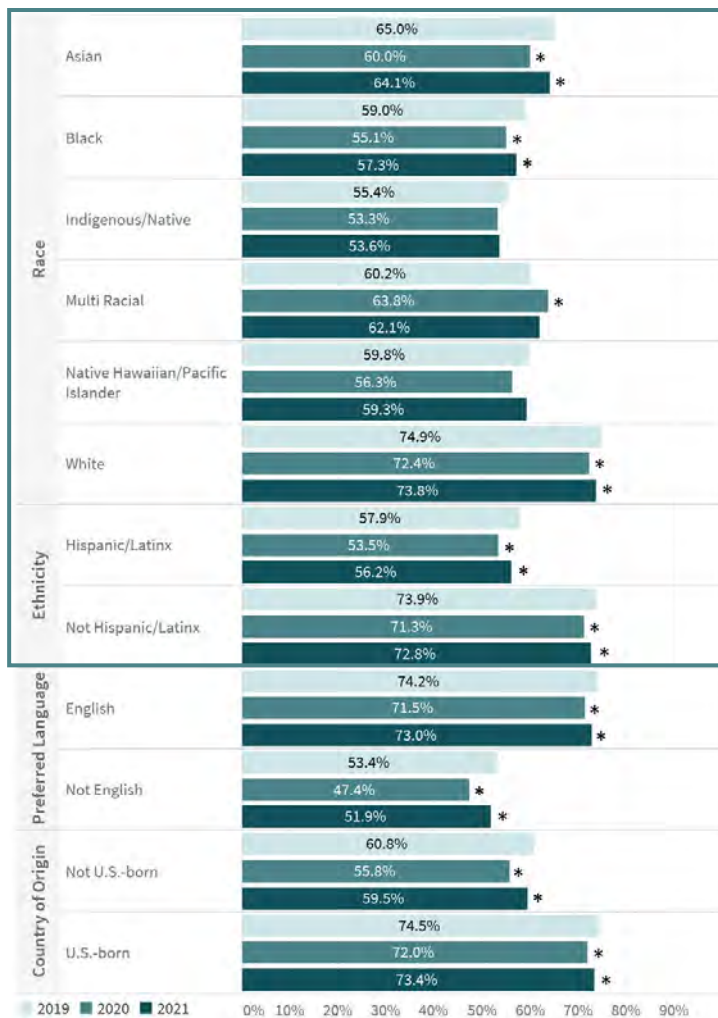


- Significantly lower screening rates for all races except for White
- Significantly lower screening rates for Hispanic/Latinx



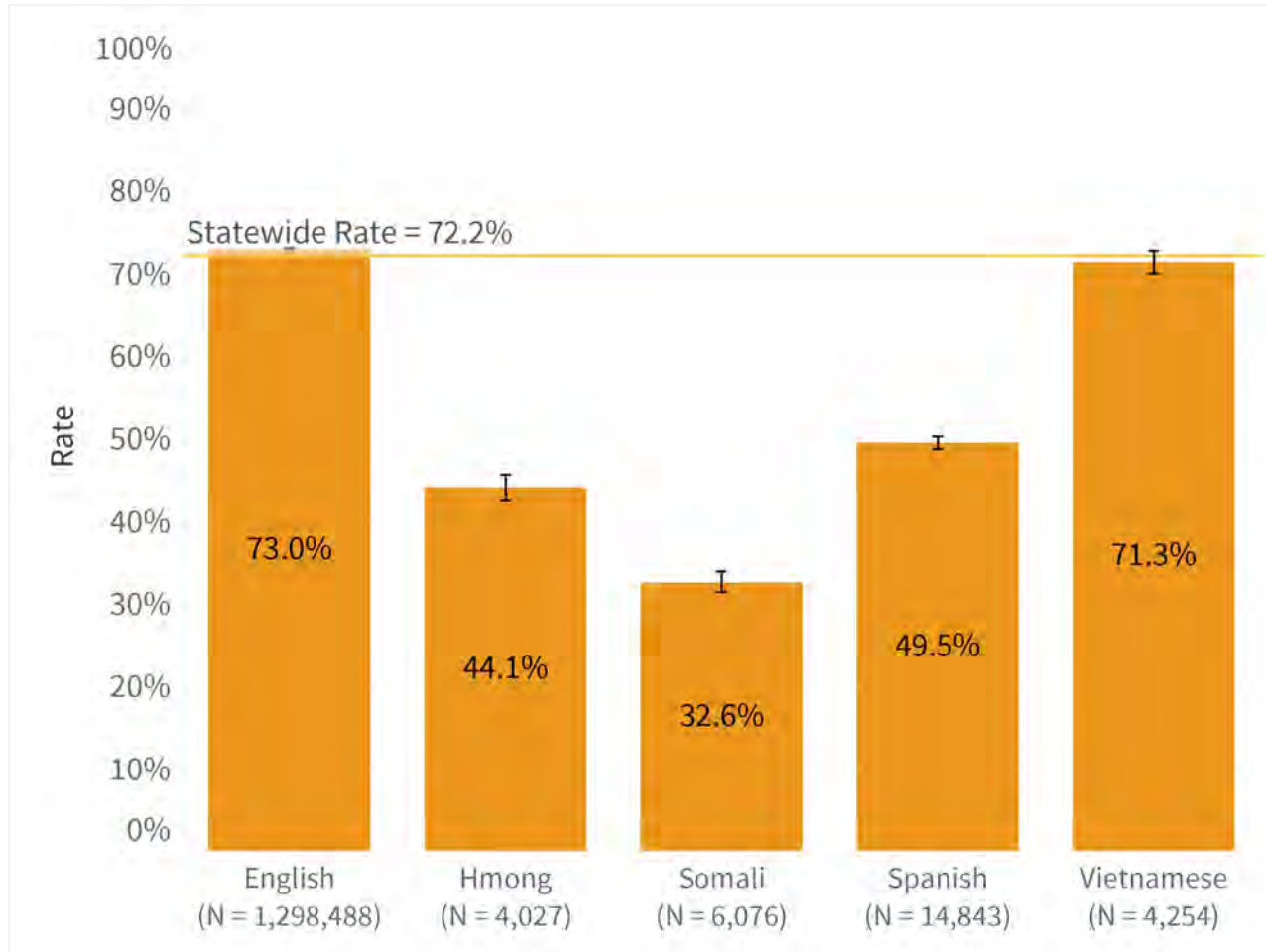
RACE/ETHNICITY TREND

Colorectal Cancer Screening



RESULTS BY LANGUAGE

Colorectal Cancer Screening



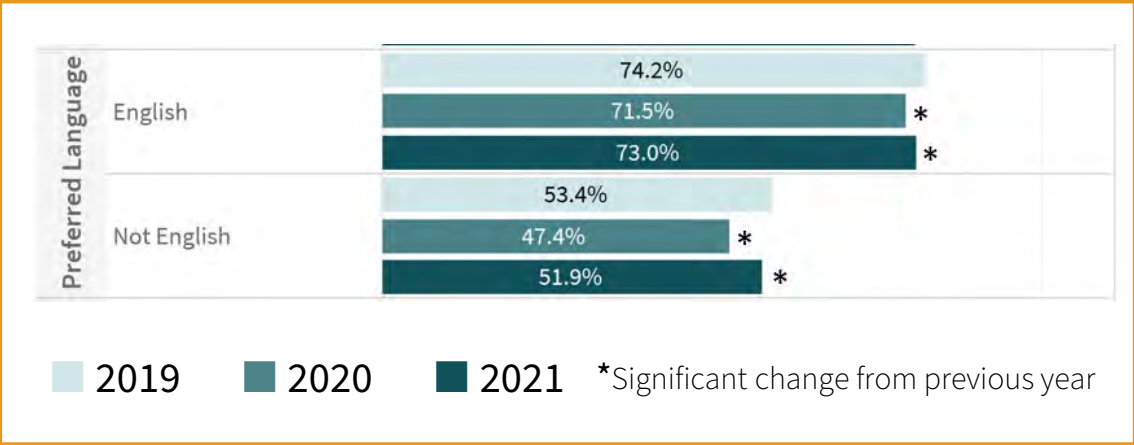
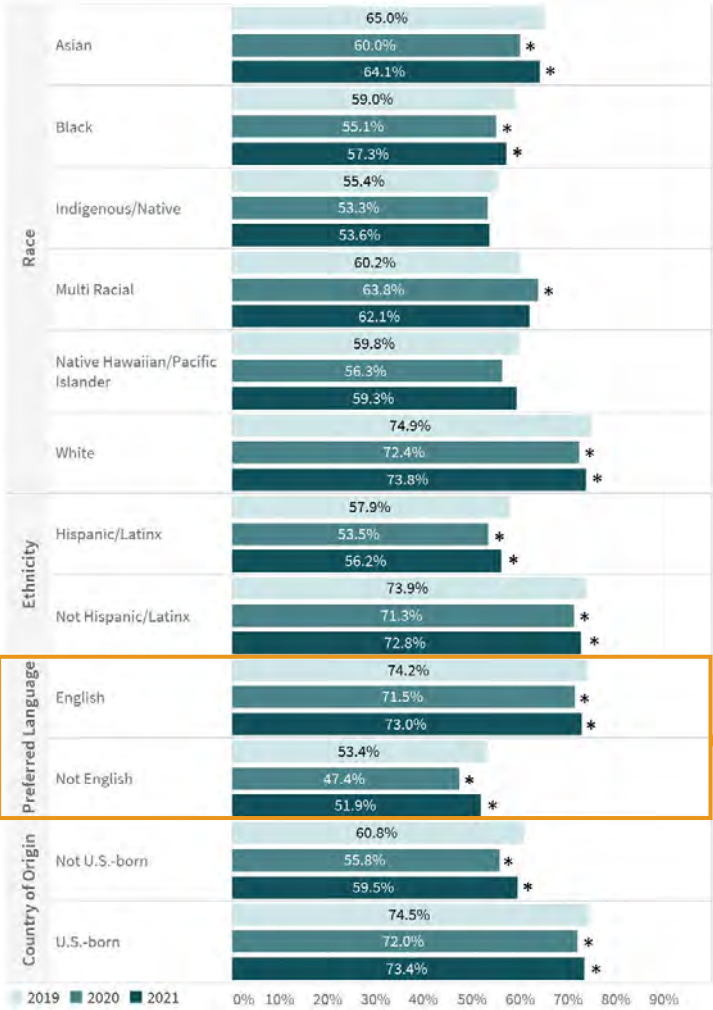
- Significantly lower rates for patients who speak:
 - Hmong
 - Somali
 - Spanish
- Significantly higher rates for patients who speak English

99% of eligible population for CRC speak English, Hmong, Somali, Spanish, or Vietnamese



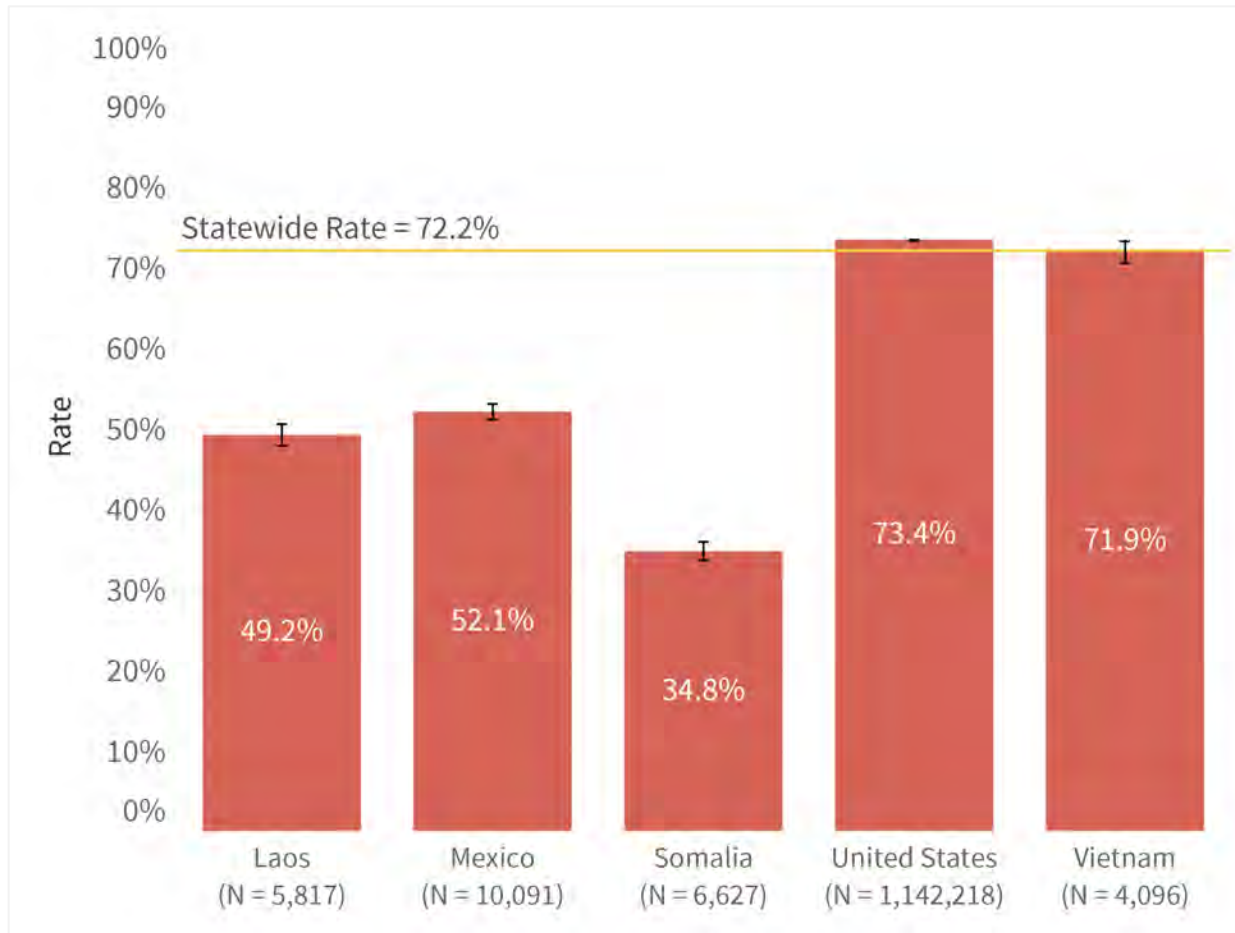
RESULTS BY LANGUAGE

Colorectal Cancer Screening



RESULTS BY COUNTRY

Colorectal Cancer Screening



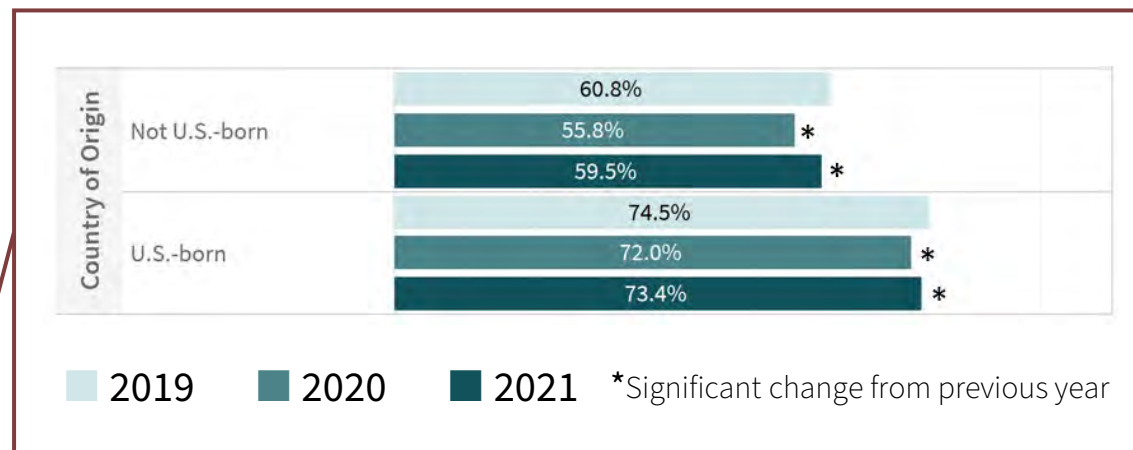
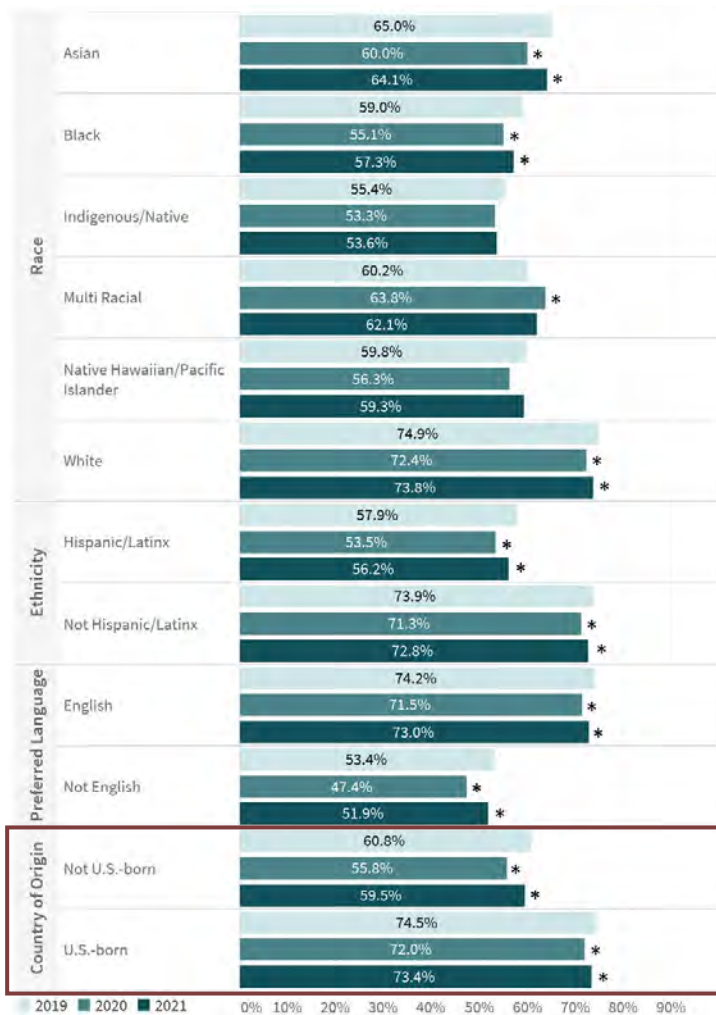
- Significantly lower rates for patients from:
 - Laos
 - Mexico
 - Somalia
- Significantly higher rates for patients from the United States

95% of eligible population for CRC are from Laos, Mexico, Somalia, United States, or Vietnam



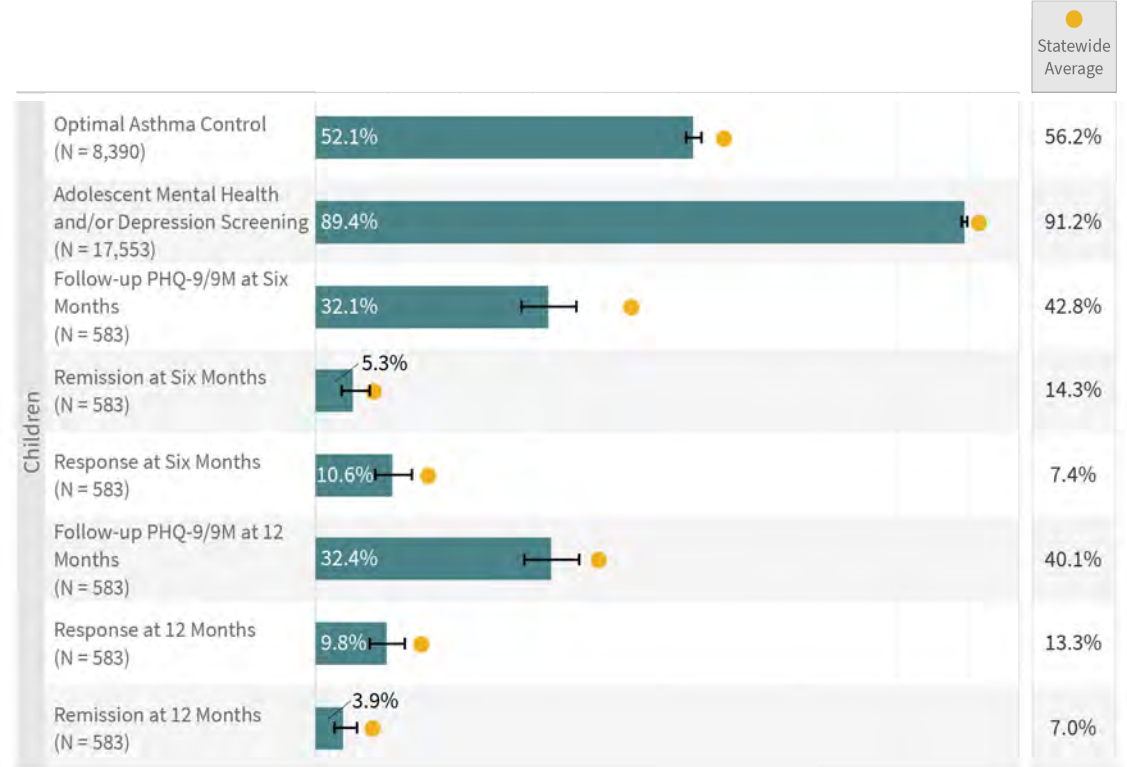
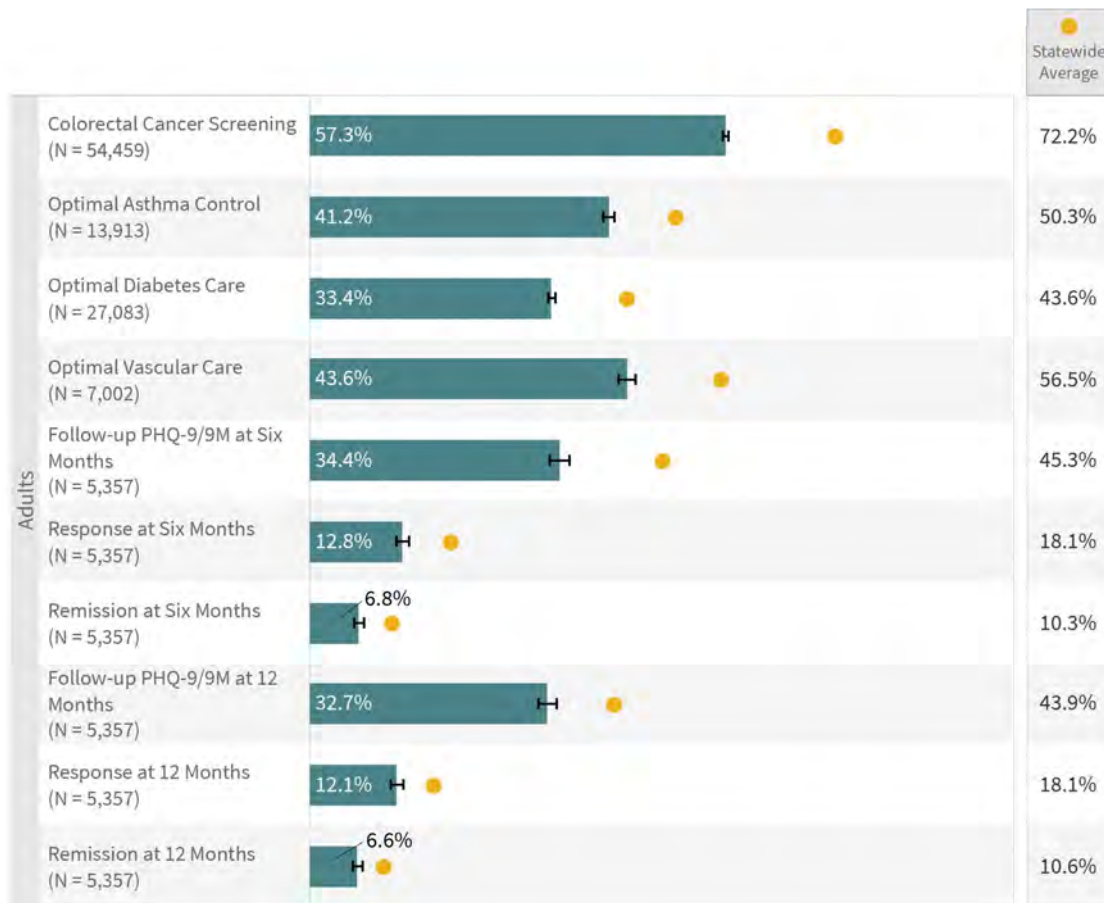
RESULTS BY COUNTRY

Colorectal Cancer Screening



SNAPSHOT SUMMARIES

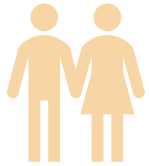
Black Population



ELIMINATING DISPARITIES

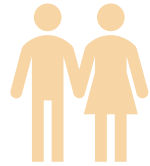
Black Population

Additional Black patients receiving optimal care needed to eliminate the disparity in outcomes



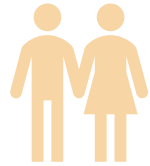
+ 8,462

Colorectal Cancer Screening



+ 1,404

Optimal Asthma Control – Adults



+ 3,021

Optimal Diabetes Care



+ 938

Optimal Vascular Care



+ 617

Adult Depression: Follow-up Six Months



+ 199

Adult Depression: Remission at Six Months



+ 401

Optimal Asthma Control – Children



+ 368

Adolescent Mental Health and/or Depression Screening



+ 65

Adolescent Depression: Follow-up at Six Months



KEY FINDINGS

- Demographic groups that tended to have **significantly lower** performance rates compared to the statewide rate were:
 - Black or Indigenous/Native patients
 - Hispanic/Latinx patients
 - Patients who prefer to speak Hmong, Somali or Spanish
 - Patients from Laos, Mexico or Somalia
- **Largest disparities in performance occurred in Colorectal Cancer Screening measure for all groups above** (except for Indigenous/Native patients)
 - Rates for these populations ranged from **15 to 40 percentage points below statewide rate**
 - **Among Indigenous/Native patients, largest disparity occurred in the Optimal Asthma Control measures** (19 percentage points below statewide rate for both measures)
- Subpopulations that continue to have **significantly lower rates in 2021 compared to their respective 2019 rates** are:
 - Black patients
 - White patients
 - Not Hispanic/Latinx patients
 - English-speaking patients
 - U.S.-born patients



RESULTS BY MEDICAL GROUP

Appendix Tables

APPENDIX: RACE & ETHNICITY

Detailed Medical Group Tables

Minnesota Health Care Disparities
By Race, Hispanic Ethnicity, Language
and Country of Origin Report



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APPENDIX: PREFERRED LANGUAGE

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APPENDIX: COUNTRY OF ORIGIN

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RESULTS BY MEDICAL GROUP

Appendix Tables

APPENDIX: RACE & ETHNICITY Detailed Medical Group Tables

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COLORECTAL CANCER SCREENING

Results by Race

2021 measurement year (2021 dates of service)

Medical groups with 30+ patients overall.

MEDICAL GROUP	STATEWIDE AVERAGE 72.2%																	
	ASIAN Average = 64.1%			BLACK Average = 57.3%			INDIGENOUS/NATIVE Average = 53.5%			MULTI RACIAL Average = 62.1%			NATIVE HAWAIIAN/ PACIFIC ISLANDER Average = 58.3%			WHITE Average = 73.8%		
	Rate	Comparison: Race Average, SW Average		Rate	Comparison: Race Average, SW Average		Rate	Comparison: Race Average, SW Average		Rate	Comparison: Race Average, SW Average		Rate	Comparison: Race Average, SW Average		Rate	Comparison: Race Average, SW Average	
AALFA Family Clinic	<	-	-	<	-	-	<	-	-	<	-	-	<	-	-	74.5%	●	▲
Allina Health	65.7%	●	▼	58.8%	▲	▼	57.8%	●	▼	65.5%	●	▼	60.1%	●	▼	73.3%	▼	▼
Alomere Health	<	-	-	<	-	-	<	-	-	<	-	-	<	-	-	80.8%	▲	▲
Altru Health System	64.3%	●	▼	59.8%	●	▼	55.2%	●	▼	<	-	-	<	-	-	75.6%	▲	▲
Amery Hospital and Clinic	<	-	-	<	-	-	<	-	-	<	-	-	<	-	-	68.8%	▼	▼
Appleton Area Health Services	<	-	-	<	-	-	<	-	-	<	-	-	<	-	-	63.0%	▼	▼
Avera Medical Group	41.3%	▼	▼	37.9%	▼	▼	53.3%	●	▼	<	-	-	<	-	-	66.0%	▼	▼
Boynton Health Service	52.4%	●	▼	67.5%	●	●	<	-	-	<	-	-	<	-	-	63.7%	▼	▼
CCM Health	<	-	-	<	-	-	<	-	-	<	-	-	<	-	-	75.8%	▲	▲
Cedar Riverside People's Center	<	-	-	18.5%	▼	▼	<	-	-	<	-	-	<	-	-	19.6%	▼	▼
CentraCare Health	65.0%	●	▼	42.4%	▼	▼	59.5%	●	▼	66.3%	●	●	64.8%	●	●	82.4%	▲	▲
Clinic Sofia Ob/Gyn	<	-	-	<	-	-	<	-	-	<	-	-	<	-	-	80.2%	▲	▲
Community Memorial Hospital	<	-	-	<	-	-	53.8%	●	▼	<	-	-	<	-	-	67.0%	▼	▼
Community University Health Care Center	43.8%	▼	▼	26.7%	▼	▼	26.0%	▼	▼	<	-	-	<	-	-	29.6%	▼	▼
Cromwell Medical Clinic PLLC - IHN	<	-	-	<	-	-	<	-	-	<	-	-	<	-	-	59.3%	▼	▼
Cuyuna Regional Medical Center	<	-	-	<	-	-	25.8%	▼	▼	<	-	-	<	-	-	64.7%	▼	▼
Dawson Clinic	<	-	-	<	-	-	<	-	-	<	-	-	<	-	-	58.8%	▼	▼
Dr. VM Baich, PA	<	-	-	<	-	-	<	-	-	<	-	-	<	-	-	29.0%	▼	▼





Questions

Please type your questions into the “Q&A” box at the bottom of your screen



UPCOMING REPORTS

Anticipated January 2023



THANK YOU!



MNCM will send a link to presentation slides and the recording to webinar attendees later this week.



Please reach out to us at support@mncm.org with additional questions related to available data or how our data can support your work.



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