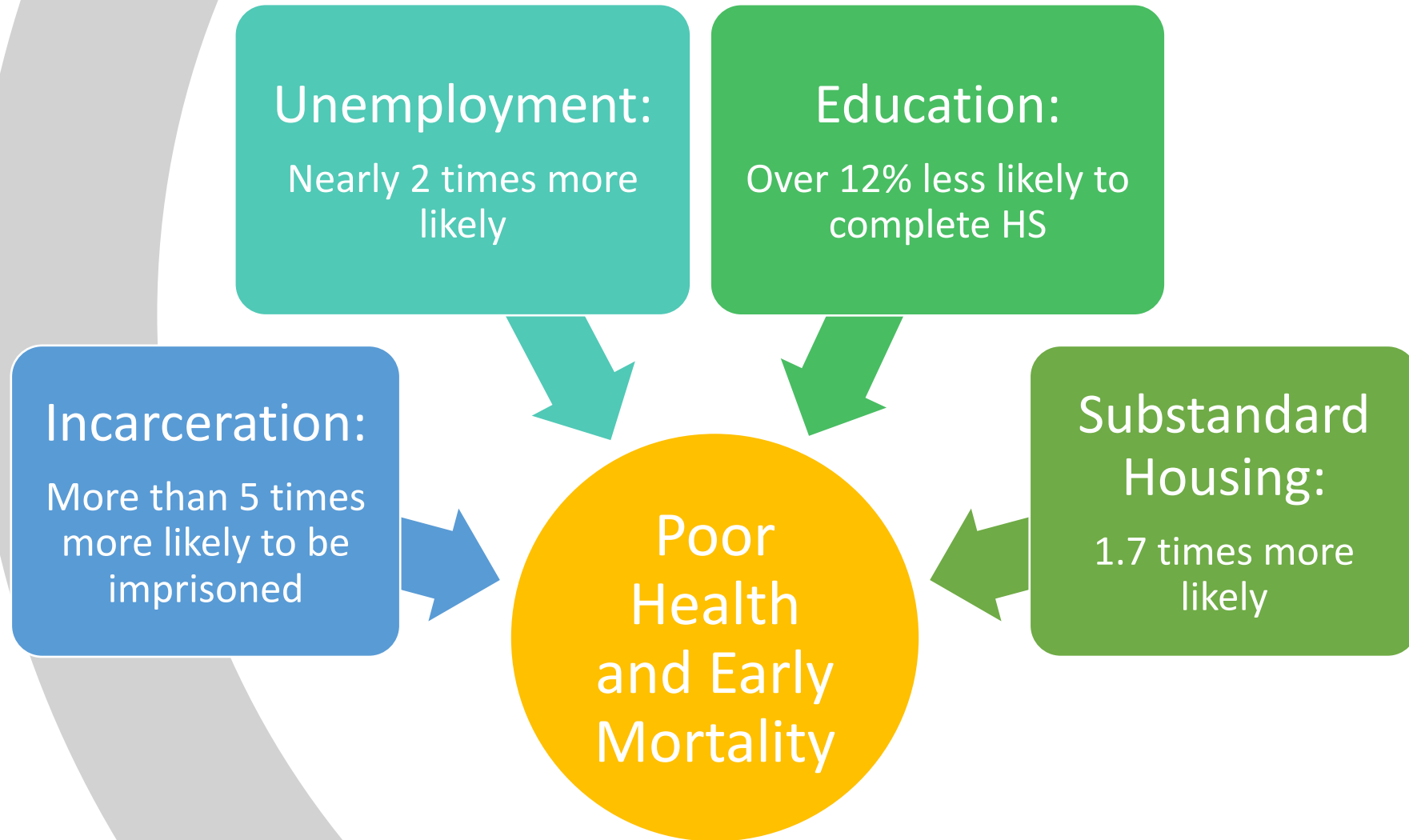





Using Data to
Identify
Racial
Disparities in
Behavioral
Health

Milwaukee County
Behavioral Health Division
Community Access to
Recovery Services

The Problem: Health Disparities by Race





The Goal: Identify
and Mitigate Health
Disparities by Race
at BHD/CARS

The image features a large, light gray circle on the left side of the page. Inside this circle, the text "The Goal: Identify and Mitigate Health Disparities by Race at BHD/CARS" is written in a black, sans-serif font. To the right of the text, there is a small gray circle and a thick green curved line that starts from the bottom of the gray circle and curves upwards and to the left, ending near the text.

- Department within BHD
- Serves Approximately 10,000 individuals per year
- Department of BHD designed to provide community-based behavioral health services:
 - Prevention
 - Case Management
 - Residential
 - Comprehensive Community Services
 - Treatment
 - Recovery Support Services (Ancillary Services)

Community Access to Recovery Services

Secondary Source of Data

- All data discussed below comes from the CARS Quarterly Report, a report published four times per year and presented to the Milwaukee Mental Health Board Quality Committee



BHD
MILWAUKEE COUNTY
Behavioral
Health
Division

CARS Quality Dashboard
Quarter 3 of 2020
CARS Research & Evaluation Team

The Framework: The Quadruple Aim

The patient experience of care encompasses the range of interactions that patients have with the healthcare system and includes several aspects of healthcare delivery, including satisfaction, timely appointments, and easy access to information, among others (AHRQ, 2017).

"Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group" (Kindig and Stoddart, 2003).



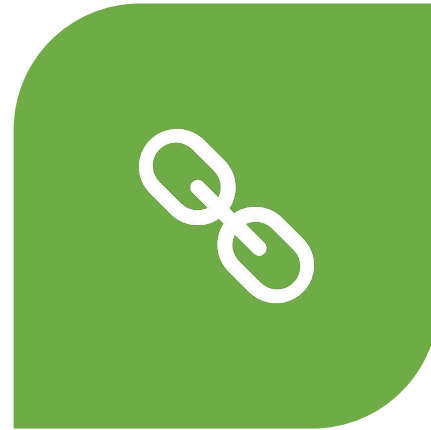
The total cost of care a patient receives across all settings and services, often presented as cost per member of the population per month (Stiefel & Nolan, 2012).

The quality of work life and the well being of healthcare professionals (Bodenheimer and Sinsky, 2014).

Availability of Data in CARS Quarterly Report



POSTED ON BHD WEBSITE



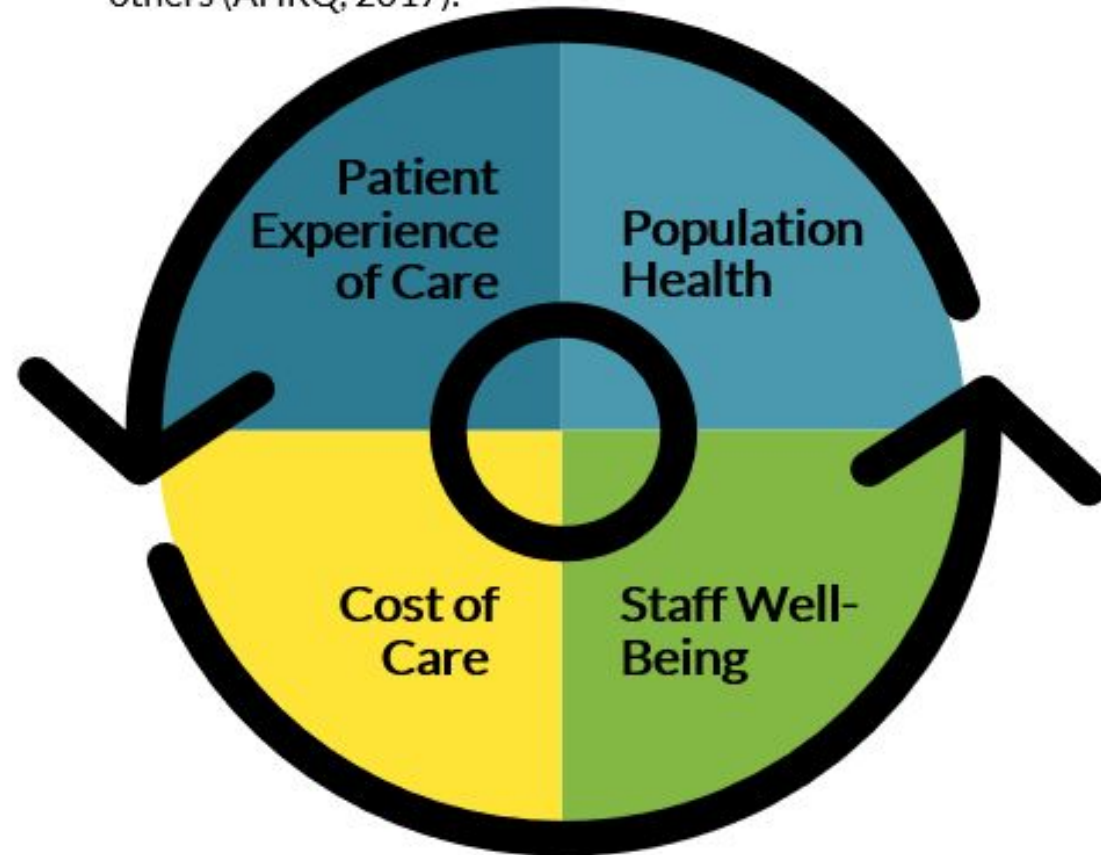
LINK

<https://county.milwaukee.gov/EN/DHHS/About/Governance>

The Quadruple Aim Model

The patient experience of care encompasses the range of interactions that patients have with the healthcare system and includes several aspects of healthcare delivery, including satisfaction, timely appointments, and easy access to information, among others (AHRQ, 2017).

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Reporting Mandates and Data Collection Burden



Much of our data collection is externally mandated

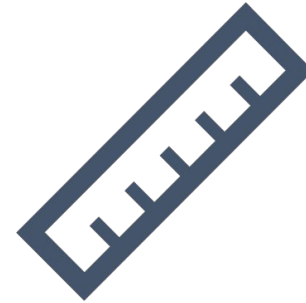
State of Wisconsin

- Program Participation System (PPS)

CMS

SAMHSA

Other grants



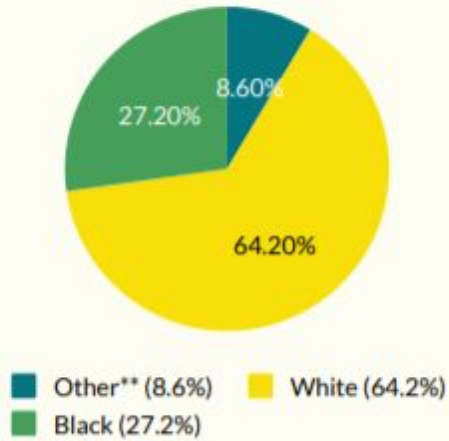
This means we must be very judicious when asking for additional measures!

Demographics: Data Completeness and Integrity

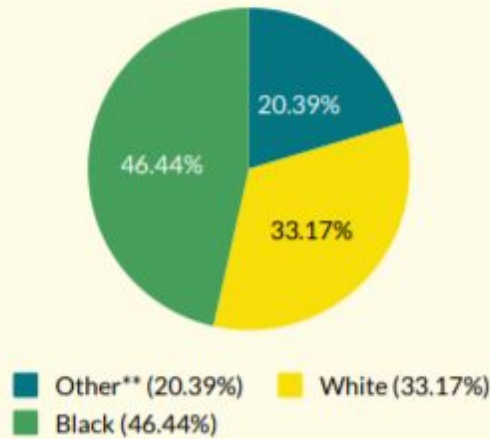
- An under-recognized and often neglected set of metrics
 - Staff involved in collection often don't appreciate or understand the downstream impact of this data (and that's largely our fault!)
- Absolutely vital to our efforts to identify and address disparities:
 - Race
 - Ethnicity
 - Language

As recommended by:
"Using Data to Reduce Disparities and Improve Quality: A Guide for Health Care Organizations, 2014"
- All subsequent charts are disaggregated by race

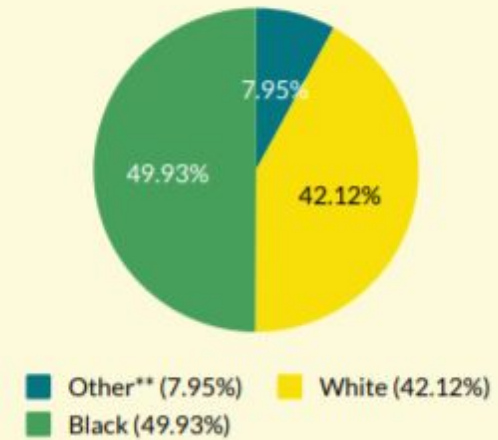
Race (Milwaukee County)*



Race of MKE County at or Below 100% Poverty Level



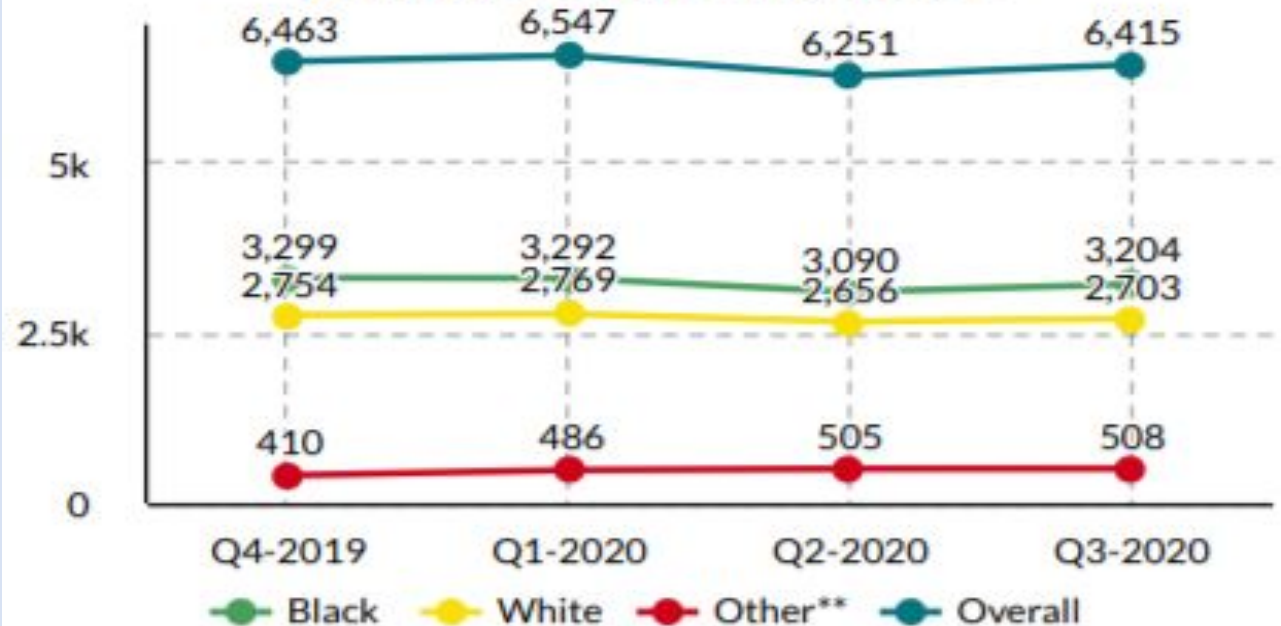
Race (CARS)



CARS Data: Volume Served by Race

1. Who are we serving and are they representative of the population we should be serving?
2. Disaggregated by race and plotted against larger MKE County population living at or below poverty

Volume Served by Race



CARS: Client Experience of Care

- Brief, 4-9 item survey
- Collected (or will be) in all CARS programs at different time points

Average
Consumer
Satisfaction
Score
(Range of 1-5)

430

client experience
surveys received in
Q3 2020

4.38

average for
all consumers
(n=430)

4.36

average for Black
consumers
(n=241)

4.35

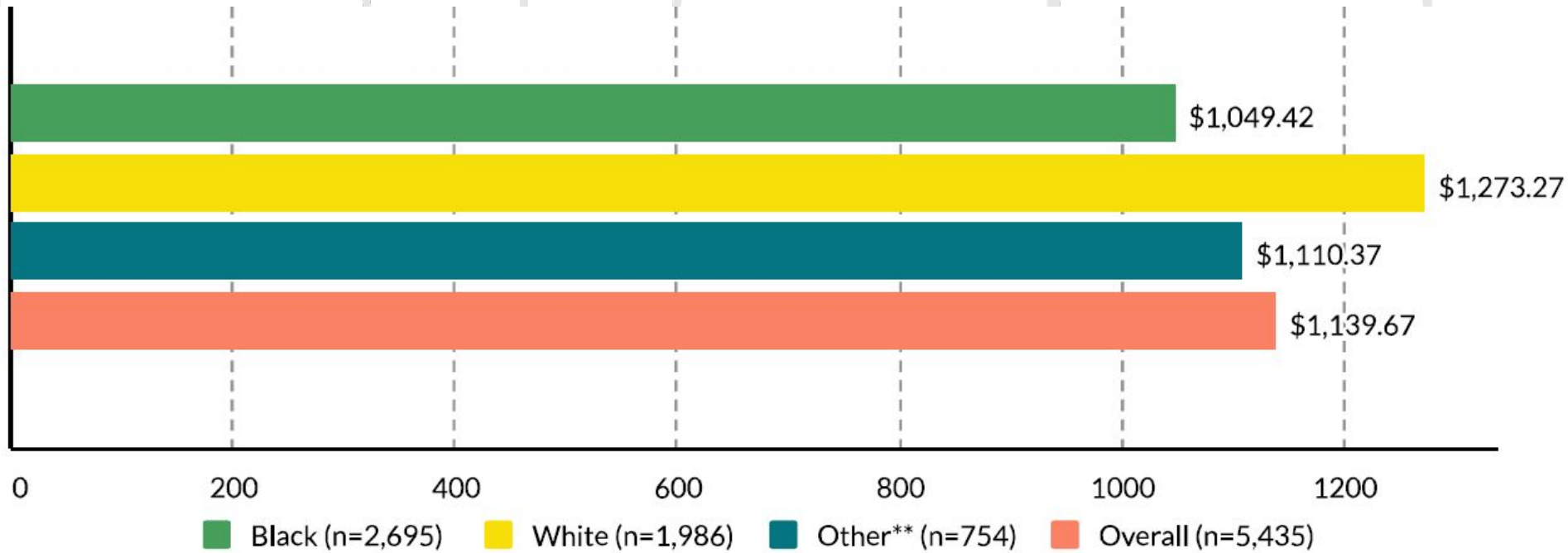
average for white
consumers
(n=127)

CARS: Cost of Care

Based on billed services

Average Cost per Consumer per Month for Q3 by Race

"n" refers to an average of the number of unique consumers served per month for the quarter



CARS: Key Outcomes and Change Over Time

Self-Rated Quality
of Life
(1 item)

Self-Rated Physical
Health Status
(1 item)

Employment
Status
(1 item)

Housing Status
(1 item)

Data Source: PPS and CARS Supplemental Forms

- Collected on an ongoing basis in all programs
- A State of Wisconsin reporting requirement
- Used in a variety reports
- Analyzed *quarterly* for the CARS Quarterly Report presented to the Milwaukee County Mental Health Board Quality Committee

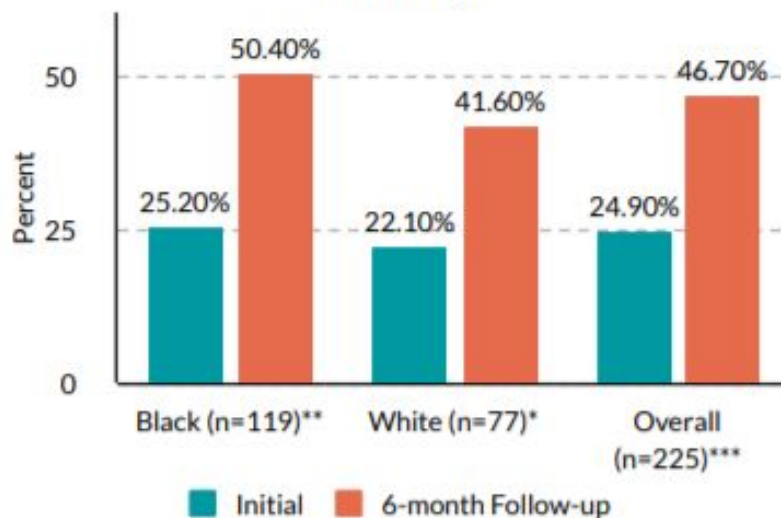
Change Over Time

Quality of Life

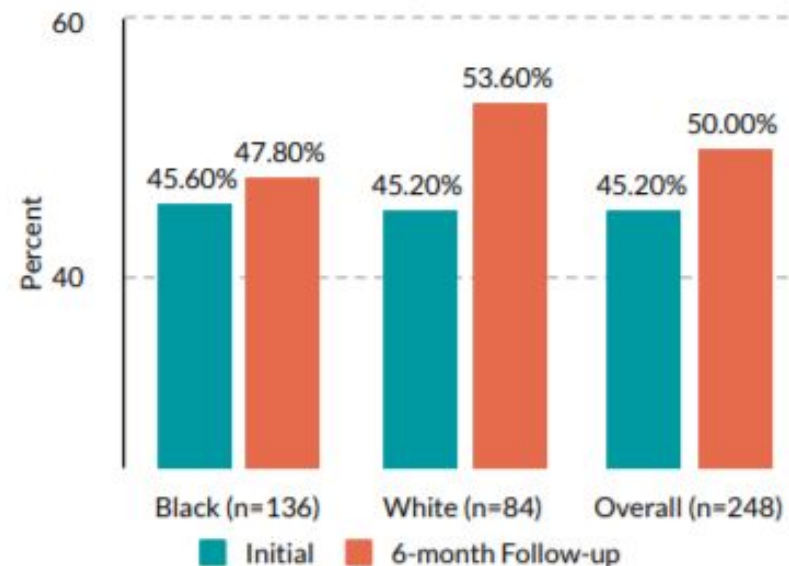
Self-Rated Health

* $p < .05$ ** $p < .01$ *** $p < .001$

Quality of Life ("Good" or "Very Good")



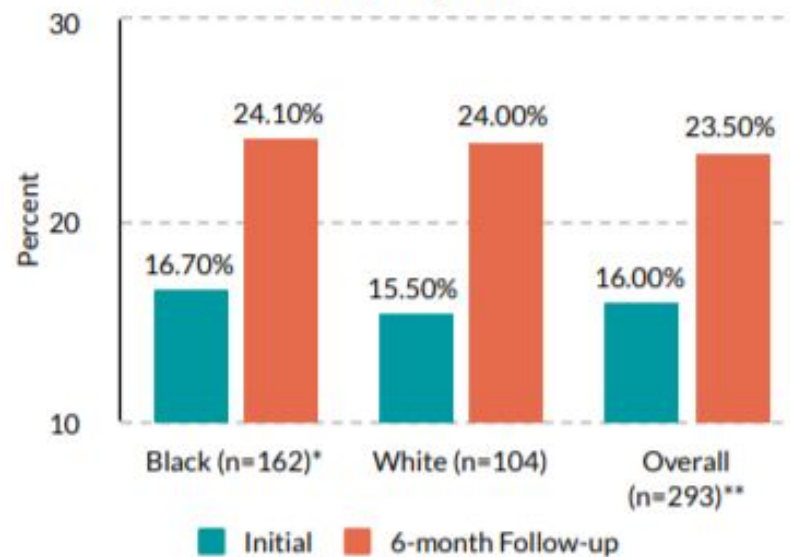
Self-Rated Health ("Good" or better)



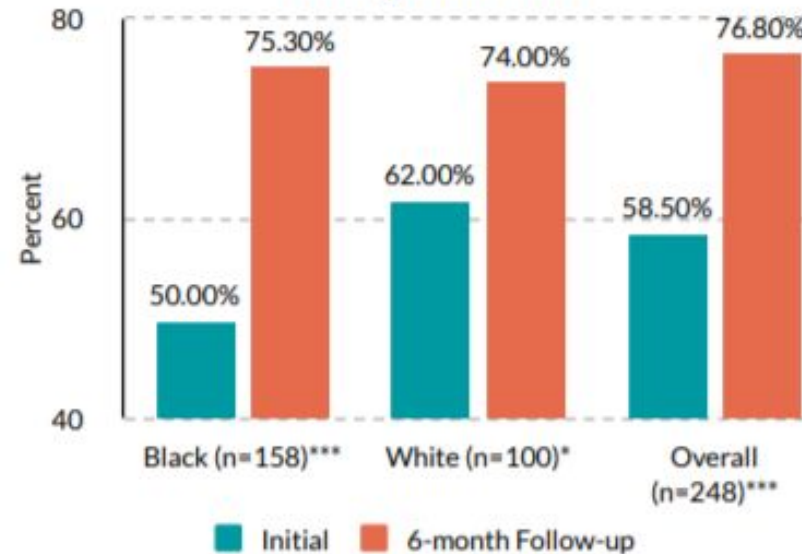
Employed

Stably Housed

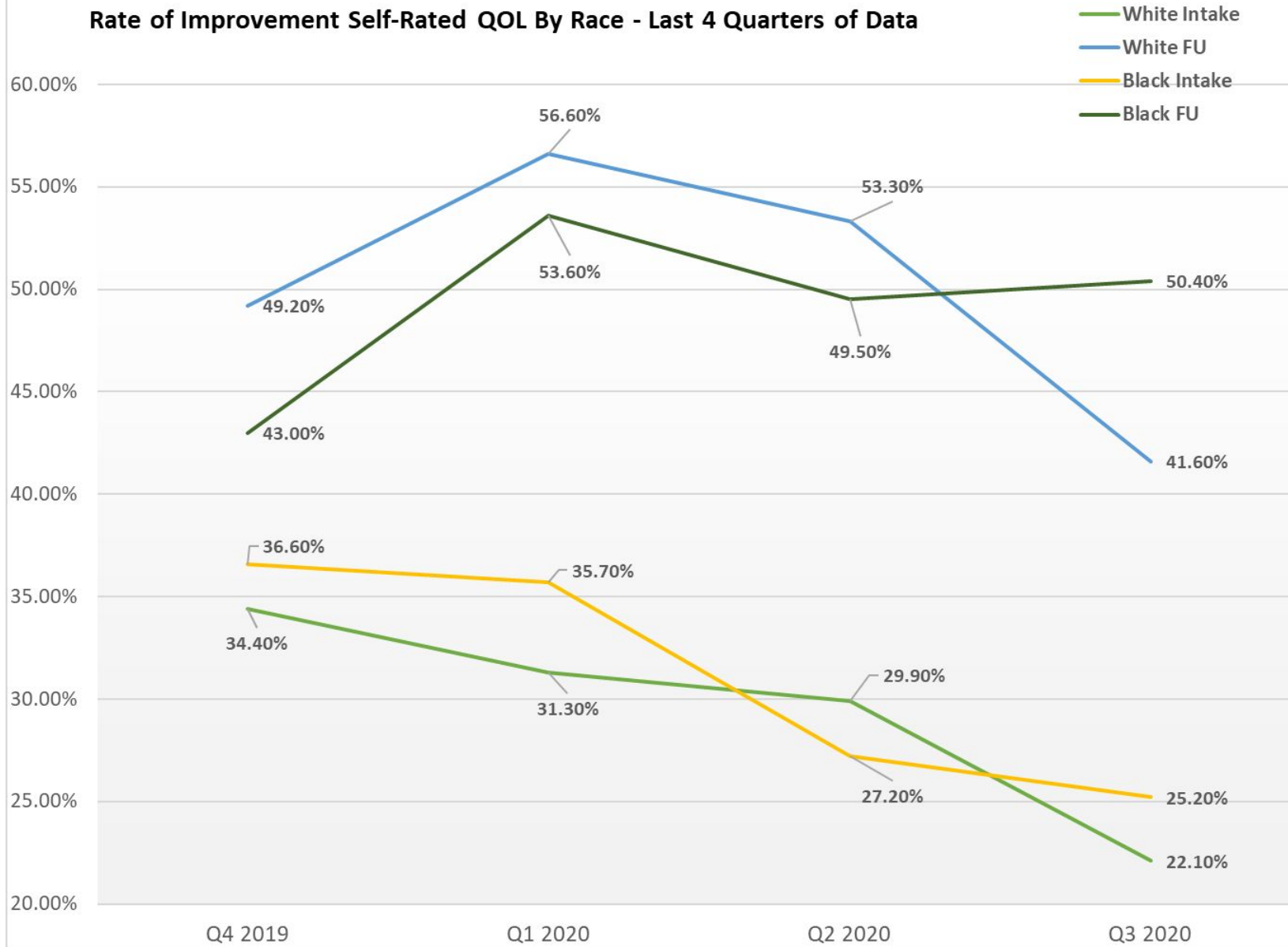
Employed



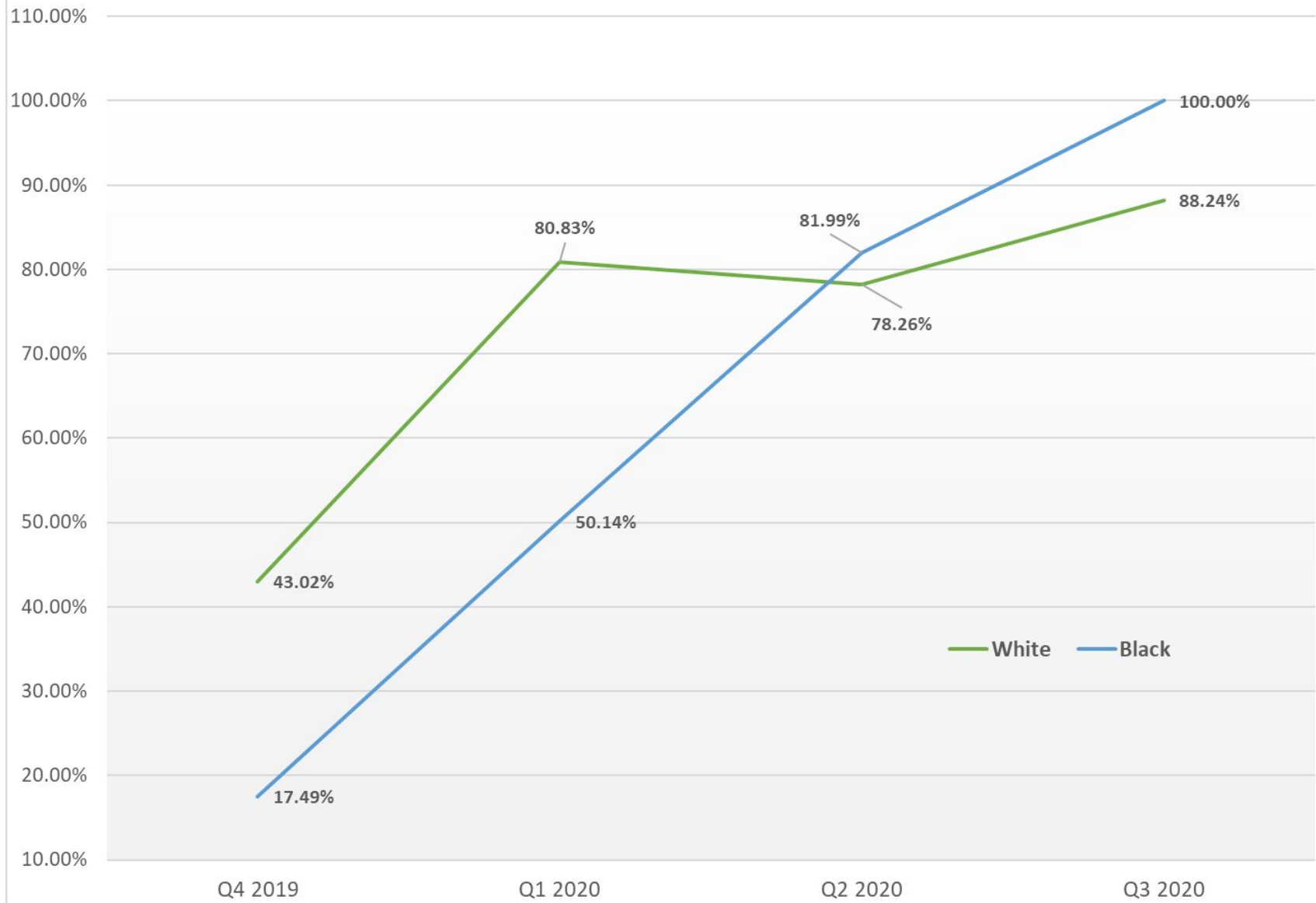
Stably Housed



Rate of Improvement Self-Rated QOL By Race - Last 4 Quarters of Data



Rate of Change in QOL By Race - Last 4 Quarters



- Limited to those clients who stay in services at least 4 months and who've had an intake within 4-7 months prior to quarter in question
- Missing data in terms of demographics and outcomes
- Single item QOL scale may not be as sensitive to change
- Variability in data collection practices



Limitations of Data

Next Steps

Availability:

- Make data available in more interactive format on BHD website
- Make pdfs of quarterly reports easier to find for public

Data:

- Use data to drive future quality improvement projects
- Implement “enrollment structure” to better track all clients
- Staff education for data integrity
- Reduce questions asked on supplement questionnaires
- Implement client-based screen for social determinants of health for use in:
 - Health outcomes
 - Care decisions
 - Risk adjustment
- Program-specific assessments to lay foundation for measurement-based care