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

- **Unemployment:** Nearly 2 times more likely
- **Education:** Over 12% less likely to complete HS
- **Incarceration:** More than 5 times more likely to be imprisoned
- **Substandard Housing:** 1.7 times more likely

**Poor Health and Early Mortality**
The Goal: Identify and Mitigate Health Disparities by Race at BHD/CARS
• 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)
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.
Availability of Data in CARS Quarterly Report

POSTED ON BHD WEBSITE

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

LINK
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).
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:*

• All subsequent charts are disaggregated by race
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
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

- Black (n=2,695) $1,049.42
- White (n=1,986) $1,110.37
- Other** (n=754) $1,139.67
- Overall (n=5,435) $1,273.27
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
• 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
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