# RACE AND SOCIAL DETERMINANTS OF HEALTH DATA INFORM BLUE CROSS AND BLUE SHIELD OF LOUISIANA'S UNDERSTANDING OF ITS MEDICARE ADVANTAGE MEMBERS

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BACKGROUND

For Medicare Advantage (MA) members at Blue Cross and Blue Shield of Louisiana (BCBSLA), 98% of the population has self-identified with one or more race/ethnicity categories, as defined by the U.S. Centers for Medicare & Medicaid Services (CMS). BCBSLA is using race/ethnicity and Social Determinants of Health (SDOH) data, for the first time, to help understand its members' potential inequities. This will help BCBSLA enhance intervention programs and address potential health disparities to improve members' health and wellness.

Figure 1. Member Distribution by Race
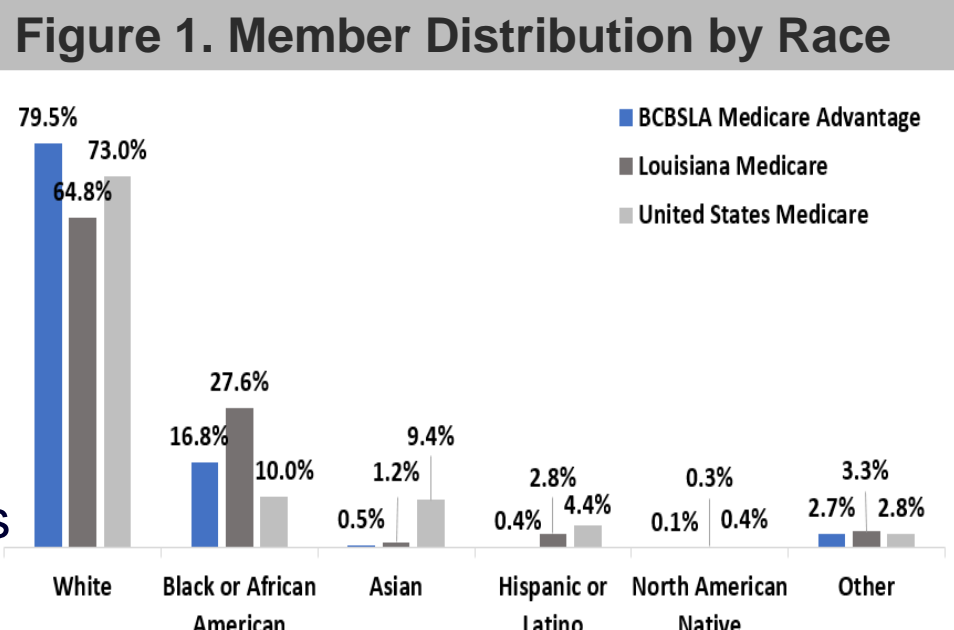
METHODS

BCBSLA MA members were eligible for this study if they were enrolled in 2022. Race/ethnicity data came from CMS enrollment files. SDOH variables were collected from claims data and publicly available data sources, such as Social Vulnerability Index (SVI) data from the CDC[2]. Descriptive analyses focused on the intersection of race/ethnicity, condition prevalence and healthcare utilization.

RESULTS

Socioeconomic Pattern

Figure 2. Percentage of BCBSLA Members by Race/Ethnicity and SDOH Variables
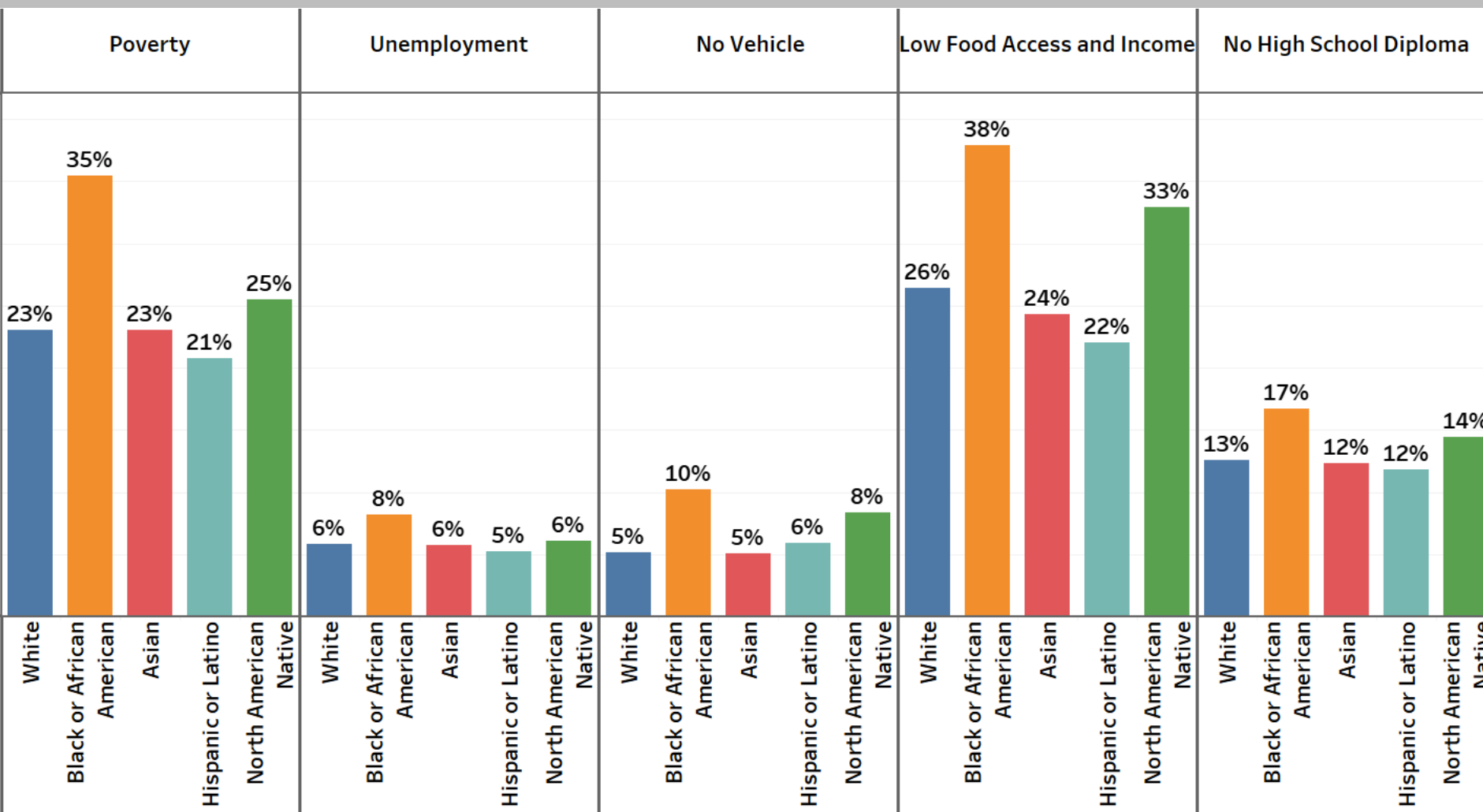
Black/African American members tend to live in areas with economic, transportation, and food access challenges. North American Native members also tend to have socioeconomic challenges (though small sample size).

RESULTS

Condition Prevalence

Figure 3. Condition Prevalence by Race/Ethnicity
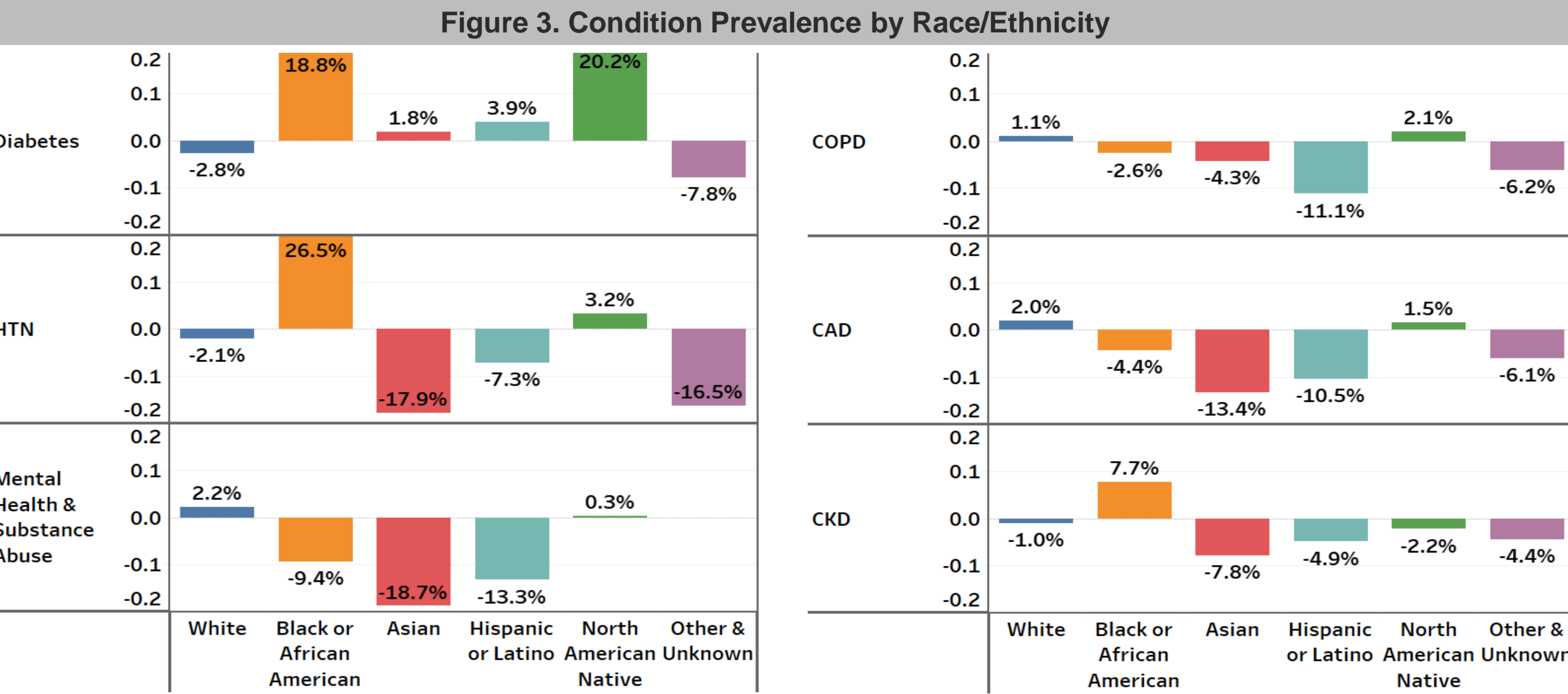
- White MA members have above average prevalence for mental health conditions, COPD and coronary artery disease (CAD).
- Black/African American MA members have high prevalence for diabetes, hypertension (HTN) and chronic kidney disease (CKD).
- Asian MA members have lower prevalence compared to the other races/ethnicities.
- Hispanic/Latino MA members have a high prevalence for diabetes and lower for all other conditions.
- North American Native MA members have high prevalence for most conditions (though small sample size).

Utilization Pattern

Figure 4. Utilization Measures per 1,000 by Race/Ethnicity
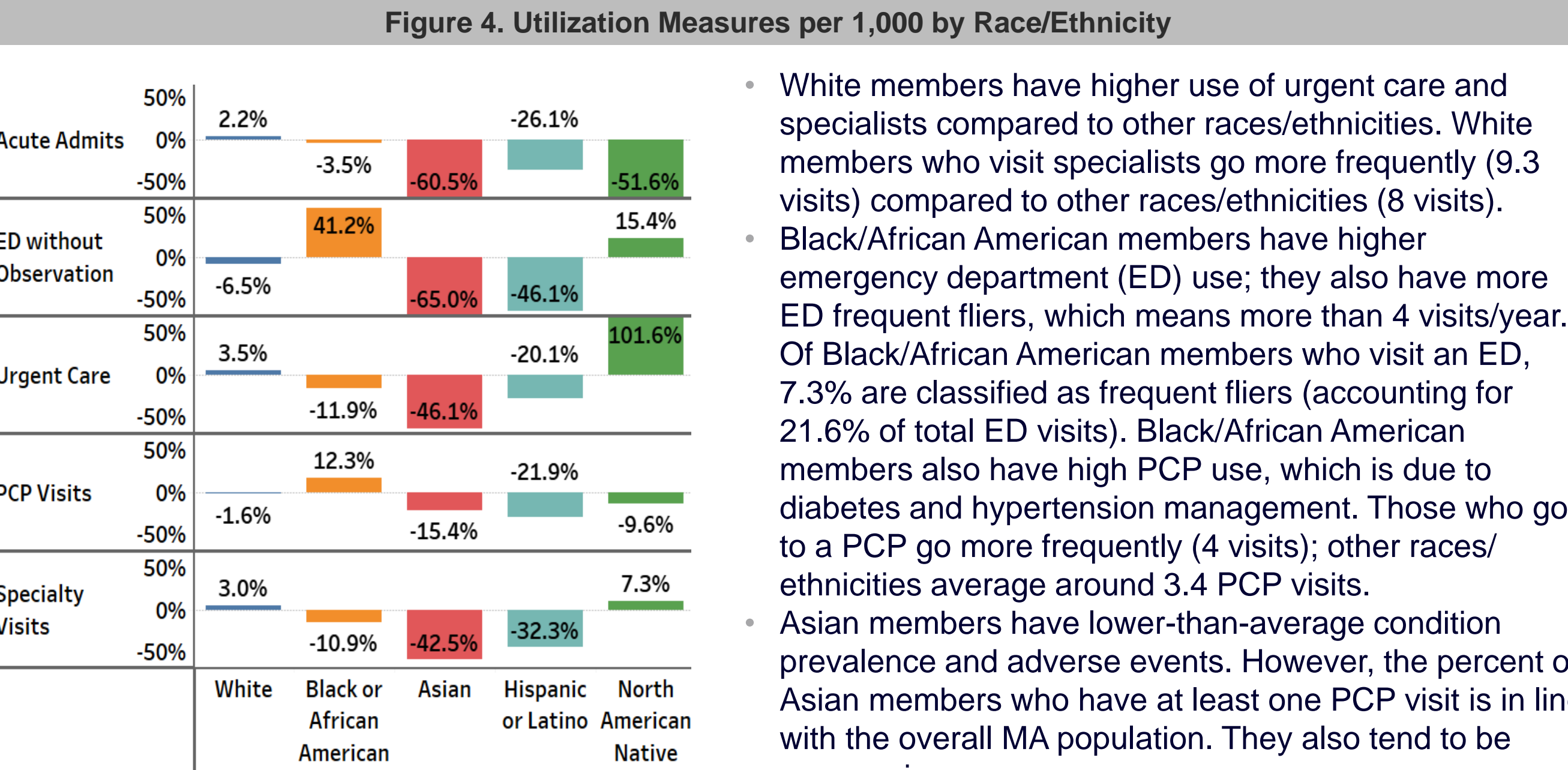
- White members have higher use of urgent care and specialists compared to other races/ethnicities. White members who visit specialists go more frequently (9.3 visits) compared to other races/ethnicities (8 visits).
- Black/African American members have higher emergency department (ED) use; they also have more ED frequent fliers, which means more than 4 visits/year. Of Black/African American members who visit an ED, 7.3% are classified as frequent fliers (accounting for 21.6% of total ED visits). Black/African American members also have high PCP use, which is due to diabetes and hypertension management. Those who go to a PCP go more frequently (4 visits); other races/ethnicities average around 3.4 PCP visits.
- Asian members have lower-than-average condition prevalence and adverse events. However, the percent of Asian members who have at least one PCP visit is in line with the overall MA population. They also tend to be younger in age.

RESULTS

Diabetes Condition Management

Figure 5. PCP & Specialist Utilization per 1,000 (K) and Prevalence for Members with Diabetes
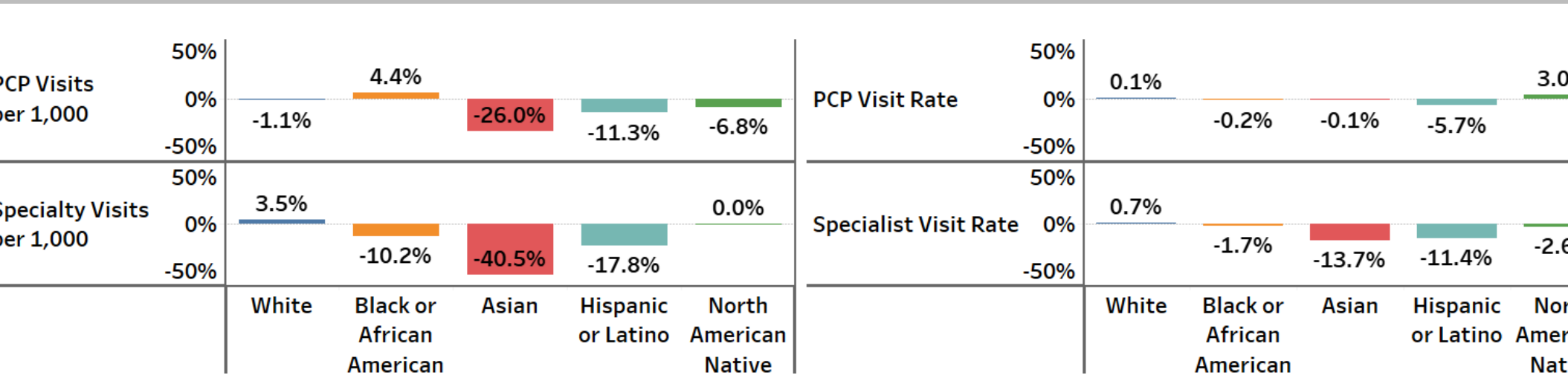
- Hispanic/Latino members have a higher-than-average condition prevalence for diabetes, though they have fewer members using a PCP to manage their condition (5.7% below the average). They visit their PCP less often (11.3% below average).
- Asian members with diabetes have the lowest prevalence of PCP and specialist visits.
- BCBSLA's value-based care program will play a vital role in helping to reduce disparate PCP-engagement rates and drive overall parity in several clinical outcomes.

Star Measures & Medication Adherence

Figure 6. Star Measures and Medication Adherence

Star Measure	White	Black or African American	Hispanic or Latino	Asian	North American Native
Breast Cancer Screening	-1%	5%	4%	0%	20%
Colorectal Cancer Screening	0%	0%	-4%	-14%	28%
Received Statin Therapy	0%	1%	0%	2%	5%
Med Adherence	White	Black or African American	Hispanic or Latino	Asian	North American Native
Diabetes	2%	-6%	-3%	0%	-12%
Hypertension (RAS)	2%	-6%	7%	-3%	-32%
Cholesterol (Statins)	2%	-7%	-1%	-6%	-6%
SUPD[*]	1%	0%	-12%	-4%	18%

*Statin Use in Persons with Diabetes

- Overall, the BCBSLA MA population is doing well with breast cancer screenings and statin therapies. However, Asian and Hispanic/Latino members tend to have lower screening rates for colorectal cancer.
- Black/African American members are far below average on most measures for medication adherence.

CONCLUSIONS

Early descriptive analysis using race/ethnicity and SDOH data clearly indicates disparities in health conditions and outcomes. This analysis will help BCBSLA improve outcomes for MA members in different race/ethnicity groups and with varied socioeconomic challenges.

REFERENCES

[1] Distribution of Medicare Beneficiaries by Race/Ethnicity. Retrieved February 2023 from kff.org/medicare

[2] Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry/Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index 2020. Database Louisiana. Retrieved February 2023 from atsdr.cdc.gov