

HEALTH EQUITY REPORT

Blue Cross & Blue Shield of Rhode Island (BCBSRI) is working to improve the health and well-being of Rhode Islanders by leading access to high quality, affordable, and equitable care. Our journey to ensure that all our members have access to quality and equitable care involves gathering information to help us to better understand the healthcare needs of our members and their communities. This Health Equity Report includes data from our Rhode Island adult members, using measures widely leveraged by health plans and clinicians to monitor healthcare quality. You'll see that the report shows racial and ethnic inequities in several areas of patient care.

As we learn more, we'll use this information to develop programs supporting our members' health and well-being needs and work to reduce inequities in care. We're committed to working with our provider partners to make meaningful change so that all Rhode Islanders can experience equitable care.



CHRONIC CONDITIONS

	Asian	Black	Hispanic	White
Use of Appropriate Medications for People with Persistent Asthma - Performance Rate % of members who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year (ages 5-64).		78.4%	89.6%	86.1%
Controlling High Blood Pressure % of adult hypertensive members who keep their blood pressure controlled (ages 18-85)	68.3%	57.9% +	57.7% +	70.1%
Comprehensive Diabetes Care - HbA1c Tested % of adult diabetic members who had HbA1c (diabetes) testing (ages 18-75)	95.3%	93.9%	93.4%	94.1%
* Comprehensive Diabetes Care - Poor HbA1c % of adult diabetic members with uncontrolled HbA1c (diabetes) (ages 18-75) (lower rates indicate higher quality care)	28.5%	30.6%	34.1% +	29.1%
Comprehensive Diabetes Care - HbA1c < 8% % of adult diabetic members with HbA1c < 8(diabetes) (ages 18-75).	60.9%	61.9%	56.2% +	63.1%
Comprehensive Diabetes Care - Eye Exam % of adult diabetic members who had eye exams performed (ages 18-75)	67.9% +	66.6% +	65.9% +	72.8%
Comprehensive Diabetes Care - Nephropathy % of adult diabetic members who were screened for kidney disease (ages 18-75)	98.3%	94.7%	97.5%	95.9%
Comprehensive Diabetes Care - BP < 140/90 % of adult diabetic members with blood pressure controlled (ages 18-75)	46.8% +	45.2% +	40.7% +	57.6%
Statin Therapy for Patients with Cardiovascular Disease - 80% Adherence % of adult members with cardiovascular disease who took their statin medication at least 80% of the time (ages 21-75 male, 40-75 female)		85.4%	71.7%	87.9%
Statin Therapy for Patients with Cardiovascular Disease - Statin Therapy % of adult members with cardiovascular disease who received statin therapy (ages 21-75 male, 40-75 female)		89.1%	84.5%	88.6%
Statin Therapy for Patients with Diabetes - 80% Adherence % of adult members with diabetes who took their statin medication at least 80% of the time (ages 40-75)	80.4%	73.4% +	71.7% +	85.9%
Statin Therapy for Patients with Diabetes - Statin Therapy % of adult members with diabetes who received statin therapy (ages 40-75)	81.3%	72.9% +	73.6%	77.6%

MENTAL HEALTH

	Asian	Black	Hispanic	White
Antidepressant Medication Management - Acute % of adult members who remained on an antidepressant medication for at least 12 weeks after filling their initial prescription (ages 18+)	83.3%	67.5% +	68.6% +	81.4%
Antidepressant Medication Management - Continuation % of adult members who remained on an antidepressant medication for at least 6 months after filling their initial prescription (ages 18+)	53.3%	37.7% +	55.0% +	63.5%
Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-up % of members diagnosed with mental illness who received follow-up care within 7 days of being in the emergency department (ages 6+)		40.0% +	60.0%	60.3%
Follow-Up After Hospitalization for Mental Illness - 30-Day Follow-up % of members diagnosed with mental illness who received follow-up care within 30 days of being in the emergency department (ages 6+)		68.6%	83.3%	81.5%

OTHER TESTING AND TREATMENT

	Asian	Black	Hispanic	White
Members 3 months or older as of the Episode Date that had an Acute Bronchitis Diagnosis - Appropriate Treatment % of acute bronchitis/bronchiolitis episodes that did not involve an antibiotic prescription			42.1%	42.3%
Appropriate Testing for Pharyngitis - Total % of incidents of pharyngitis (sore throat) that resulted in completion of appropriate testing (ages 3+)		60.5%	58.3%	65.4%
Use of Imaging Studies for Low Back Pain - Appropriate Treatment % of adult members diagnosed with low back pain who avoided unnecessary X-rays, CT scans or MRIs (ages 18-50)	64.8% +	78.9%	70.9% +	77.1%
Appropriate Treatment for Upper Respiratory Infection - Appropriate Treatment % of upper respiratory infections that did not involve an antibiotic prescription (ages 3 months+)	89.2%	87.5%	84.4%	87.5%

PREVENTION

	Asian	Black	Hispanic	White
Adults Access to Preventative / Ambulatory Health Services - 1 or More Visits % of adult members who had an ambulatory or preventive care visit (ages 20 and older).	96.2% +	97.5% +	98.0% +	98.5%
Denominator for the Colorectal Cancer Screening Measure - Appropriate Screening % of adult members who had appropriate screening for colorectal cancer (ages 50-75)	74.8% +	75.8% +	73.5% +	79.3%
* Potentially Harmful Drug-Disease Interactions in Older Adults - Dementia % of Medicare members who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis (ages 65+).			28.6%	31.9%
* Potentially Harmful Drug-Disease Interactions in Older Adults - History of Falls % of Medicare members who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis (ages 65+).			41.9%	37.0%
* Potentially Harmful Drug-Disease Interactions in Older Adults - Total % of Medicare members who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis (ages 65+).	18.8%	25.3%	31.2%	30.6%
Adolescent Immunization Status - Combo 1 % of Adolescents who are numerator compliant for both the meningococcal and Tdap indicators (age 13).	91.1%	94.2%	95.6%	96.2%
Adolescent Immunization Status - Combo 2 % of Adolescents who are numerator compliant for all three indicators (meningococcal, Tdap, HPV) (age 13).	62.2%	60.5%	70.2% +	61.0%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents - BMI Percentile % of members who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI Percentile during the measurement year (ages 3-17).	79.8% +	75.7% +	76.4% +	88.4%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents - Nutrition % of members who had an outpatient visit with a PCP or OB/GYN and who had evidence of Counseling for Nutrition during the measurement year (ages 3-17).	79.2% +	69.0% +	72.2% +	86.1%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents - Physical % of members who had an outpatient visit with a PCP or OB/GYN and who had evidence of Counseling for Physical Activity during the measurement year (ages 3-17).	73.7% +	63.4% +	68.0% +	84.2%

WOMEN'S HEALTH

	Asian	Black	Hispanic	White
Breast Cancer Screening % of women who had at least one mammogram within the past 2 years (ages 50-74)	79.9% +	83.6%	83.2%	84.3%
Cervical Cancer Screening % of women who were screened for cervical cancer using appropriate guidelines (ages 21-64)	74.0% +	75.0% +	79.0%	80.7%
Chlamydia Screening % of women who were appropriately tested for chlamydia (ages 16-24)	73.9% +	76.6% +	70.6% +	63.4%

Methodology: Health care quality measures are for calendar year 2021. Measures will be expanded in future versions of this analysis. The member race and ethnicity data underlying Blue Cross & Blue Shield of Rhode Island's analyses is based on RIDOH vaccination data. Analyses omit members with missing race and ethnicity data and might overestimate or underestimate the true magnitude of inequities. BCBSRI is currently engaged in a significant effort to collect self-reported race and ethnicity data from members directly. Future versions of these analyses will incorporate more member self-reported race and ethnicity data as they become available.

+ Indicates when the inequity between minoritized racial and ethnic group (Asian, Black, Hispanic) members and White members is statistically significant (p < 0.05).

* A lower percentage represents better performance.

A blank box indicates that there were fewer than 30 members of the indicated race and ethnicity who were included in the measure denominator (i.e., who had a condition or health event that caused the measure to apply to them).

[Learn more about the corresponding NQCA measures.](#)

Note: The logic used to produce these HEDIS® measure results has not been certified by NQCA. Such results are for reference only and are not an indication of measure validity. A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NQCA's Measure Certification Program, and is based on unadjusted HEDIS specifications, may not be called a "Health Plan HEDIS rate" until it is audited and designated reportable by an NQCA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as "Uncertified, Unaudited Health Plan HEDIS Rates."