Population Needs Assessment

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1. Population Needs Assessment (PNA) Overview

Health Plan of San Mateo's (HPSM) Population Needs Assessment was informed by a variety of data sources including, but not limited to Healthcare Effectiveness Data and Information Set, Administrative data from HealthSUITE which is the plan's member and claims management systems, care coordination and management data from the MHK software, CAHPS (Consumer Assessment of Healthcare Providers and Systems Survey, DHCS Health Disparities report, Language Assistance Services data, Grievance and Appeals, as well as input from Teen Advisory and Consumer Advisory Committees and HPSM providers. HPSM's Medi-Cal member population was then segmented by age, gender, language preference, race/ethnicity, geographic distribution, member of vulnerable groups, and other factors to identify gaps in services.

1.1 Executive Summary

HPSM's PNA illustrates the characteristics of our population, where they seek care and what barriers they face when seeking health care. This year, some of our findings include a lower rate of compliance of well visits for the 18-21 year old population, disparities in both breast cancer and cervical cancer screening for some sub groups, and a decrease in health outcomes for members who have hypertension. We have also seen that our pediatric population has some difficulties in controlling their A1cs. Through this PNA, HPSM has developed an action plan to tackle the barriers that members face, by developing some newer programs and initiatives and leveraging our existing programs such as the Asthma Outreach Program, the Diabetes Prevention Program as well as our Baby + Me Program which already institute a great deal of support for our members. The action plan attached provides an overview of themes identified through this PNA, as well as objectives in Health Outcomes, Health Education (HE) and Culturally and Linguistically Appropriate (CLAS)/Health Equity strategies for addressing these themes.

1.2 Action Plan

2. Data Sources and Methodology

2.1 Data Sources and Descriptions

- HPSM collects and assesses data from various data sources to inform the PNA report and other activities. Specifically, the sources listed provided the following data:

Data Source	**Data Elements & Description**
Healthcare Effectiveness Data and Information Set (HEDIS), Measure year 2022	HEDIS quantitative results
HealthSUITE	• Member and Provider Demographics • Social Determinants of Health • Service utilization • Health condition data (diagnoses and procedures) • Program eligibility and enrollment
MHK software	• Future health risk data • Care coordination data
2022 DHCS Health Disparities Report	Aggregate disparities data
2022 BHRS Supplemental Data File	• Mental Health Services Utilization • Mental Health Condition Data
2022 Language Assistance Services Utilization data	Quantitative data on utilization of language assistance services
2022 CLAS related Complaints/Grievances	Quantitative and Qualitative CLAS data related to interpreter services, language, race/ethnicity, or discrimination that is tracked by HPSM's Health Promotion Team

- HPSM uses the data as needed to assess and monitor Population Health Management, HE, or CLAS/Health Equity Program activities at least annually.
- Reviews and updates will be made to Population Health Management, HE, or CLAS/Health Equity activities to better meet member needs based on this PNA.

2.2 Integration Process

- Integration is handled by internal partners including IT, Informatics and Health Information Management teams, and begins with the ingestion process which includes cleansing, mapping, and transformation.
- Data is extracted from each of the sources listed above, then consolidated into a single, cohesive member-level data set.
- This data set is refreshed at least annually to inform the population needs assessment as well as other initiatives across the organization.

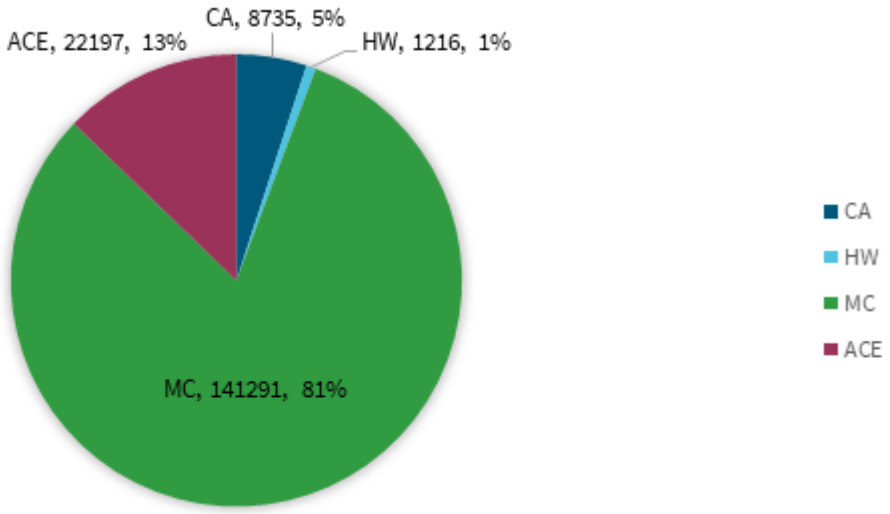
3.Membership Profile

3.1 Medi-Cal Overview

3.1.1 Eligibility

HPSM's member enrollment data indicates the member population as of February 2023 is approximately 173,439. Medi-Cal enrollees at HPSM make up the majority of HPSM's member population (81%). A breakdown of HPSM's other lines of business are provided below. For this report, we will only be focusing on HPSM's Medi-Cal population.

HPSM 2022 Enrollment Data: Membership by LOB



3.2 Member Demographics

3.2.1 Age and Gender

HPSM's 2022 demographic data show that:

- The two largest age bands for members in the Medi-Cal program are 22 – 50 (33%) followed by 12 – 21 (22%).
- 42% of this population is under 21 and 75% is under 50.
- The 75 and over age band represents the smallest group (4%).

HPSM 2022 Enrollment Data by Age and Gender

Age	0 to 2	3 to 6	7 to 11	12 to 21	22 to 50	51 to 64	65 to 74	75+	Total
Female	2931	4764	6563	14096	25637	11408	4727	3712	73838
Male	3068	5131	6996	15110	21582	10362	3384	1820	67453
Total	**5999**	**9895**	**13559**	**29206**	**47219**	**21770**	**8111**	**5532**	**141291**
% of Total	**4%**	**7%**	**10%**	**21%**	**33%**	**15%**	**6%**	**4%**	**100%**

3.2.2 Language

HPSM's 2022 data on language preference shows that:

- English remains the most common preferred language (55%) for Medi-Cal members followed closely by Spanish (36%). Combined, these are the preferred languages of 91% of HPSM members.
- HPSM's threshold Languages are spoken by 96% of HPSM's Medi-Cal population and include English, Spanish, Chinese (including both Mandarin and Cantonese) and Tagalog.

HPSM 2022 Enrollment Data by Language

Category	Language	Count	% of membership
Threshold Languages		**135902**	**96%**
	English	77600	55%
	Spanish	50668	36%
	Chinese (Mandarin/Cantonese)	5459	4%
	Tagalog	2175	2%
Non-threshold Languages		**5389**	**4%**
	Portuguese	1082	1%
	Arabic	1073	1%
	Russian	781	1%

	Vietnamese	420	0%
	Farsi	265	0%
	Unknown/Other	1089	1%
	<200 in Category	679	1%
Grand Total		**141291**	**100%**

3.2.3 Race and Ethnicity

- 44% of HPSM's Medi-Cal members identify as Hispanic or Latino, making this the largest racial and ethnic group.
- Those who identify as Asian or Pacific Islander make up the second largest group of members (17%) followed by members identifying as Caucasian (11%) and Black (2%).
- We continue to see growth in the portion of members in other or not provided racial and ethnic groups from 21% in 2020 to 25% in 2022.

HPSM 2022 Member Enrollment Data by Race/Ethnicity

Race/Ethnicity	Member Count	% of Membership
Hispanic	61906	44%
Other	25193	18%
Asian or Pacific Islander	24665	17%
Caucasian	16171	11%
Not Provided	9703	7%
Black	3328	2%
Native Hawaiian	230	0%
Alaskan Native or American Indian	195	0%
Grand Total	**141291**	**100.0%**

This year, we were also able to receive disaggregated racial and ethnic data for the Asian/Pacific Islander category. From analysis of this subcategory, you can see that the largest subgroup within our Asian and Pacific Islander category is Filipino followed by Chinese. This data is helpful to developing a more comprehensive understanding of the unique communities within the Asian and Pacific Islander population.

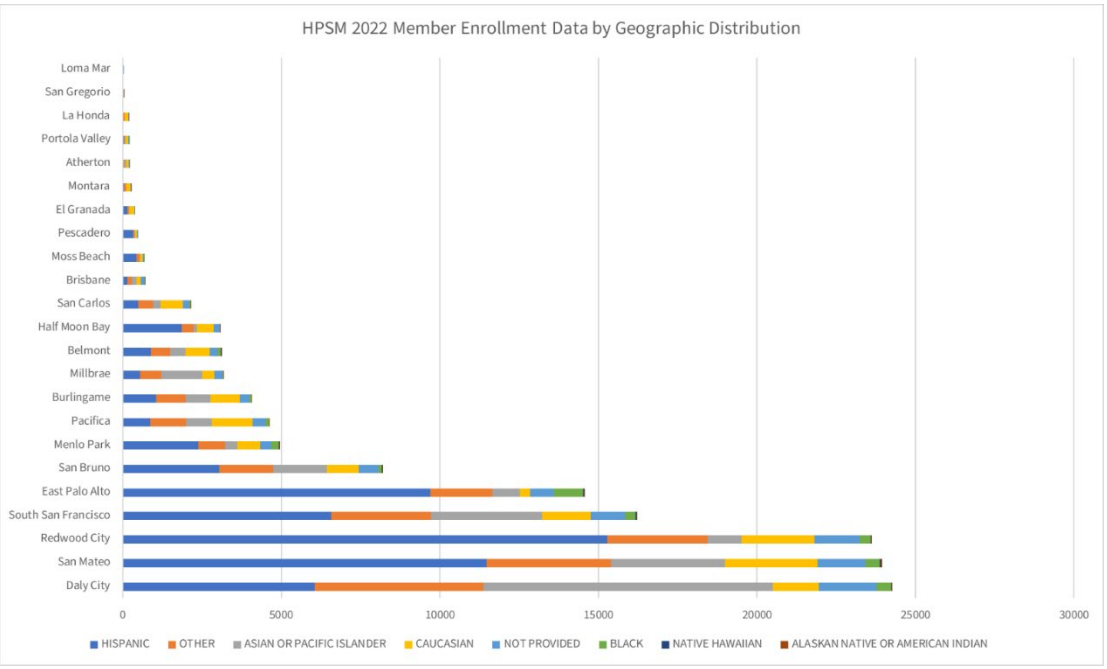
Race/Ethnicity	Member Count
Filipino	9596
Chinese	7986
Asian or Pacific Islander	3576
Asian Indian	1122

Vietnamese	873
Korean	500
Samoan	482
Japanese	345
Cambodian	107
Guamanian	40
Laotian	31
Amerasian	7
Total in AAPI Population	**24665**

3.2.4 Geographic Distribution

The table below shows the geographic distribution of HPSM's Medi-Cal members along with a breakout of race and ethnicity. Daly City, San Mateo and Redwood City have the largest population of HPSM Medi-Cal members. In the map below, these four cities are indicated with the orange hotspots. The map demonstrates that these cities are in the Northern, Central, and Southern portions of the county. The map also indicates more HPSM Medi-Cal members along the Eastern edge of the peninsula.

HPSM 2022 Member Enrollment Data by Geographic Distribution



4. Members of Vulnerable Groups

4.1 Perinatal Population

4.1.1 Identify and Define Subpopulation

- 1169 live births were recorded among the Medi-Cal population of the health plan in 2022.
- The breakdown of the postpartum population by race and ethnicity, represented in the table below, is as follows:
    - Hispanic or Latino (45.5%)
    - Asian and Caucasian (7%)
    - Black (2%)
    - "Other Race or Ethnicity" or "Not provided" (41%). This metric highlights the need for improved race and ethnicity data and categorization.

HPSM Demographic Characteristics Data of Postpartum Members – Race and Ethnicity (January 2022 to December 2022)

Race/Ethnicity	Member Count	Percentage of Total
HISPANIC	532	45.51%
OTHER	281	24.04%
NO VALID DATA REPORTED	179	15.31%
WHITE	56	4.79%
FILIPINO	40	3.42%
BLACK	26	2.22%
CHINESE	23	1.97%
ASIAN OR PACIFIC ISLANDER	16	1.37%
ASIAN INDIAN	3	0.26%
VIETNAMESE	3	0.26%
SAMOAN	3	0.26%
HAWAIIAN	2	0.17%
AMERASIAN	1	0.09%
CAMBODIAN	1	0.09%
Grand Total	**1169**	**100.00%**

- Tagalog, a threshold language, has consistently been one of the main languages spoken by our members.
- In 2022, a small increase was noted in members who speak Portuguese and Arabic, comprising just over 2% of our population.
- In the current year, the number of Arabic speakers has surpassed the number of Tagalog speakers within this population.
- Combined, Portuguese and Arabic still make up a similar percentage of the population in 2022.

HPSM Demographic Characteristics Data of Postpartum Members -Language (January 2022 to December 2022)

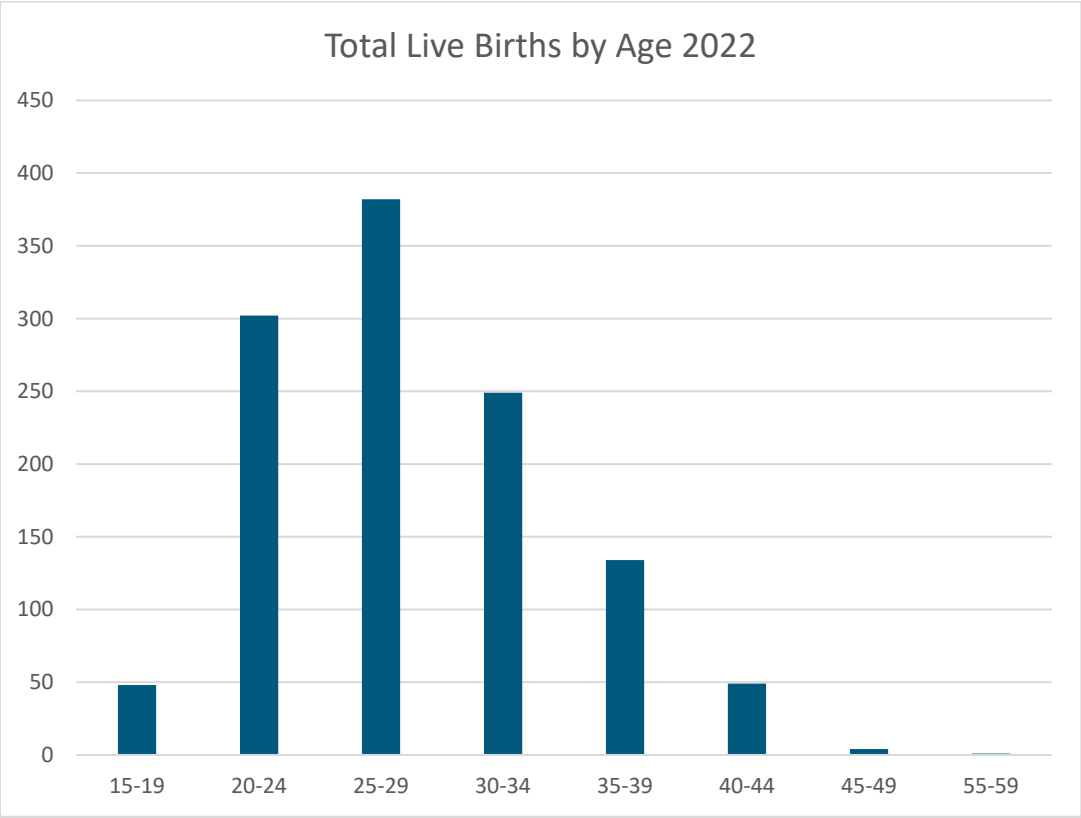
Spoken Language	Count	Percent
ENGLISH	598	51.15%
SPANISH	515	44.05%
ARABIC	21	1.80%
CANTONESE	11	0.94%
PORTUGUESE	8	0.68%
TURKISH	3	0.26%
TAGALOG	3	0.26%
MANDARIN	3	0.26%
RUSSIAN	3	0.26%
VIETNAMESE	2	0.17%
FARSI	1	0.09%
OTHER	1	0.09%
Grand Total	**1169**	**100.00%**

4.1.2 Key Data Trends

Age Distribution (2022)

- The rate of teen pregnancies (ages 15-19) dropped from 6% to 4% of the population in both 2021 and 2022.
    - 48 births were recorded for members aged between 15-19 in 2022 down from 60 in 2021.
    - HPSM will prioritize these members for referrals to community programs offering education and resources for young mothers.
- 65% of women giving birth were under the age of 30.
- ~ 15% of births were to people under 24 years of age.

HPSM Postpartum Age Distribution Data (2022)



C-section Rates for HPSM Members

- The 2022 C-section rate was 25.3%, relatively steady from 2020's 25.9% and 2021 24.8%, but higher than the Healthy People 2020 target of 23.9%.
- Analysis indicates that while many racial and ethnic groups match the average rate, Asian and Pacific Islander, Chinese, and Filipino members significantly exceed it.
- The Hispanic member group greatly affects the overall rate due to its large size.

HPSM Data 2022: Vaginal Deliveries and C-sections by Ethnic/Racial Group

Race/Ethnicity	Vaginal Deliveries	C-section births	Total births	% of C-Section by race
HISPANIC	398	134	532	25%
OTHER	210	71	281	25%
NO VALID DATA REPORTED	141	38	179	21%
WHITE	38	18	56	32%
FILIPINO	25	15	40	**38%**
BLACK	21	5	26	19%
CHINESE	15	8	23	**35%**

ASIAN OR PACIFIC ISLANDER	11	5	16	**31%**
ASIAN INDIAN	2	1	3	**33%**
VIETNAMESE	3		3	0%
SAMOAN	3		3	0%
HAWAIIAN	2		2	0%
AMERASIAN	1		1	0%
CAMBODIAN		1	1	100%
KOREAN	1		1	0%
ALASKAN NATIVE OR AMERICAN INDIAN	1		1	0%
Grand Total	**873**	**296**	**1169**	

4.1.3 Trends and Characteristics of Chronic Disease

Gestational Diabetes Mellitus (GDM) Rates

- Gestational diabetes (GDM) can progress to diabetes post-pregnancy in 50% of cases if not managed through awareness and healthy diet during pregnancy,
- HPSM data for 2020 and 2021 shows a steady GDM diagnosis rate of 13.6% among pregnant members and in 2022, that rate has fallen to 12%.
- API members in the past had the highest rate at 31% in 2021, up from 25% in 2020, contrasting with lower rates in Hispanic members (11%). However, HPSM has now been able to break its race and ethnicity down for the API population and the disparities are easier to see by subgroups. Highlighted in the table below we can see that the Filipino and Chinese identifying members face the highest rates.
- GDM diagnoses among Caucasian members increased from 7% in 2020 to 18% in 2021 and that has come down to 14% in 2022.
- The overall HPSM member rate of 12% is slightly lower than 2015 UCSF study's findings of a 14.2% GDM rate in their San M County sample, though this is higher than California's overall 9.5% GDM rate.
- HPSM intends to promote available GDM-related educational resources in San Mateo County to its members.
- By language, we can see the GDM rates are highest among people who speak Turkish, Tagalog and Mandarin but the total number within this population is quite small.

HPSM Data 2022: Members diagnosed with Gestational Diabetes Mellitus (GDM)

By Race/Ethnicity	Members w/out GDM	Members diagnosed w/GDM	Total	GDM Rate by Race
HISPANIC	464	68	532	13%

OTHER	256	25	281	9%
NO VALID DATA REPORTED	159	20	179	11%
WHITE	48	8	56	14%
FILIPINO	32	8	40	**20%**
BLACK	23	3	26	12%
CHINESE	14	9	23	**39%**
ASIAN OR PACIFIC ISLANDER	15	1	16	6%
ASIAN INDIAN	3		3	0%
VIETNAMESE	3		3	0%
SAMOAN	3		3	0%
HAWAIIAN	2		2	0%
AMERASIAN	1		1	0%
CAMBODIAN		1	1	100%
	1		1	0%
KOREAN	1		1	0%
ALASKAN NATIVE OR AMERICAN INDIAN	1		1	0%
Total	**849**	**138**	**987**	**12%**

Language*	Members w/out GDM	Members diagnosed w/GDM	Total	GDM Rate by Language
ENGLISH	526	72	598	12%
SPANISH	453	62	515	12%
ARABIC	21		21	0%
CANTONESE	7	4	11	36%
PORTUGUESE	8		8	0%
TURKISH	1	2	3	**67%**
TAGALOG	2	1	3	**33%**
MANDARIN	1	2	3	**67%**
RUSSIAN	3		3	0%
VIETNAMESE	2		2	0%
FARSI	1		1	0%
OTHER	1		1	0%
Grand Total	**1026**	**143**	**1169**	12%

***** Some smaller language groups not included within the total.

4.1.4 SDOH Factors

- C-section rates are highest in our Black-identifying and API members and GDM rates are highest in our Asian and Pacific Islander population.
- HPSM has further broken down our population by language to see disparities in both the API identifying group for both GDM and C-sections.

4.1.5 Identified Needs

- Increase early and accurate identification of pregnant people in 1st trimester for outreach and enrollment in prenatal program.
- Prioritize pregnant members under age 20 for referrals to WIC and Nurse Family Partnership
- Canvas educational programs and resources in San Mateo County for pregnant women with gestational diabetes and gestational hypertension.
- Target pregnant members in populations with disparities in C-section rates for My Birth Matters campaign materials

4.1.6 Population Health Programs and Resources

- HPSM's prenatal and postpartum health management focuses on identifying pregnant members for enrollment in an incentive program promoting timely prenatal and postpartum care.
- Partnerships with community programs enhance access to specific resources for pregnant and postpartum women subgroups.

Programs and Services	Details	Targeted Need
Baby + Me Program	**Ongoing Identification of Pregnant and Postpartum Members** through various administrative data sources and referral forms received from OB providers interested in the P4P program and from Family Health Services. Identified members are placed on list for outreach calls from Health Promotion Coordinator.	Ensure pregnant people are seen as early as possible in their pregnancies to establish care.

	Member Phone Outreach for Enrollment: HPSM's Health Promotion Coordinator makes outbound calls to members on Outreach List to offer enrollment to members eligible for the incentive program.	Outreach to members ensures members are connected to the right resources including those members with GDM and higher risk of C-sections.
	$50 Target Gift Card awarded for timely OB visits. Members who submit OB provider forms that confirm completed prenatal and postpartum appointments within required timeframe receive Target Gift Card	Ensure prenatal and postpartum visits are completed in a timely manner
	Dental Services Access. HPSM's Health Promotion Coordinator informs members about the importance of dental services during and after pregnancy. If member does not have a dental provider, Health Promotion coordinator helps them find an in-network dental provider.	Ensures members are connected to dental services during and after pregnancy.

Connection to Community Resources	**Programs and Services**
Women, Infant, and Children (WIC) Federal program provides supplemental foods, nutrition education and health care referrals for low-income pregnant, breastfeeding and non-breastfeeding postpartum women. Infants and children up to age five who are at nutrition risk are also served by WIC.	• Nutrition services • Breastfeeding education • Parenting resources

Nurse Family Partnership (NFP) Specially trained nurses regularly visit young, first-time moms-to-be, starting early in pregnancy and continuing through the child's second birthday. Program serves potential mothers age 19 or younger who live in Daly City, South San Francisco, or San Bruno.	• Educate and encourage young moms to engage in preventative health practices, including obtaining adequate prenatal care • Improve child health by providing parenting resources and education HPSM sends a DIRECT member list to NFP through an FTP site to ensure members who need help are being actively helped rather than just being referred to this resource.
Black Infant Health (BIH) All prenatal and postpartum members who self-identify their ethnicity/race as Black are contacted by BIH. The aim of this contact is to reduce infant mortality, low birth weight and SIDS (Sudden Infant Death Syndrome) among this vulnerable population.	• Assistance finding a doctor • Referrals to community health and social services • Home visits and care coordination services HPSM sends a DIRECT member list to NFP through an FTP site to ensure members who need help are being actively helped rather than just being referred to this resource.
My Birth Matters Educational campaign designed to educate pregnant women about the overuse of C-sections. Encourages women to engage their care team in reducing chance of delivering through avoidable C-section. Endorsed by the California Health Care Foundation and Consumer Reports.	Provides education on: • Risks associated with C-section delivery • How to lower need for C-section delivery • How to choose a hospital with lower C-section rate

4.1.7 Summary, Review and Action Plan

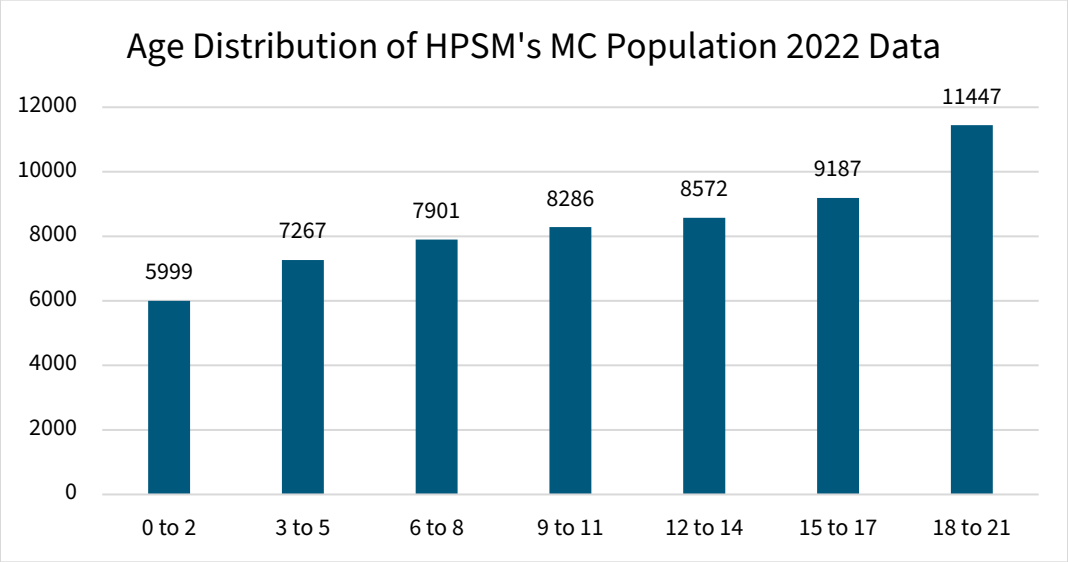
- HPSM's assessment identifies two disparities in the prenatal and postpartum population:
  - A higher risk of C-Section deliveries in certain ethnic groups.
  - Gestational diabetes prevalence, particularly among the API community.

- HPSM aims to increase timely prenatal care and proactively identifies members for referral to the My Birth Matters program.
- HPSM refers pregnant people diagnosed with GDM to the Diabetes Prevention Program (DPP) to help counter the drop in GDM clinics availability in 2021 and 2022.
    - Providers are also able to refer directly into the program if the member qualifies.
- HPSM communicates available resources via its website and existing prenatal and postpartum phone outreach programs, with a special emphasis on API women for DPP program enrollment.
- HPSM consistently assesses the ongoing needs of its prenatal and postpartum members.
- HPSM acted promptly to aid members facing difficulties accessing baby formulas by locating the formula and fully reimbursing the members.

4.2 Children and Adolescents

4.2.1 Identify and Define Subpopulation

HPSMs Child and Adolescent population is the Medi-Cal subpopulation and consists of 58,659 individuals. The largest subgroup of individuals by age is those between 18 and 21.



Race/ Ethnicity	AI/AN	AAPI	BLACK	CAUCASIAN	HISPANIC	NATIVE HAWAIIAN	NOT PROVIDED	OTHER	Total
0 to 2	1	372	63	229	2469	9	537	2319	**5999**
3 to 5		733	108	418	3737	6	243	2022	**7267**
6 to 8	6	972	139	566	4453	15	171	1579	**7901**
9 to 11	8	1017	150	534	5247	15	140	1175	**8286**

12 to 14	8	1120	185	634	5462	13	140	1010	**8572**
15 to 17	6	1212	170	709	5866	11	184	1029	**9187**
18 to 21	10	1458	190	921	6652	10	672	1534	**11447**
Total	**39**	**6884**	**1005**	**4011**	**33886**	**79**	**2087**	**10668**	**58659**

- ~60% of the population identifies as Hispanic as shown in the table above
- More than 90% of the population speaks either English or Spanish

4.2.2 Key Data Trends

HPSM's HEDIS data related to well-child visits and immunizations for MY2022 can be seen below. Based on this data, the following is clear:

- HPSM's Childhood and Adolescent immunization rates are high. HPSM performs above the 90th percentile for Childhood and Adolescent immunizations.
- There is room for improvement in well child visit performance. WCV rates are particularly low for those aged 17-21. HPSM also performs below the 50th percentile for W30-6+, although rates have increased since last year. Disparities in W30 and WCV rates exist in the Black identifying population.
- Well Child visits for all pediatric members 0-21 remain a top priority for HPSM. HPSM is developing additional programs and resources to address well child visits.

Measure	MY2022	50th Percentile	MY2021	MY2020
Childhood Immunizations: Combo 10 (CIS-10)	54.50%	34.79%	54.85%	61.56%
Adolescent Immunizations: Combo 2 (IMA-2)	49.39%	35.04%	51.58%	50.61%
Lead Screening in Children (LSC)	67.88%	63.99%	N/A	N/A
Well Child Visits First 15 mo (W30-6+)	49.62%	55.72%	25.73%	20.03%
Well Child Visits 15-30 mo (W30-2+)	72.38%	65.83%	69.14%	76.94%
Well Child Visits 3-21 (WCV)	52%	48.93%	56.92%	48.80%

Green: Above HPL (90%) **Red:** Below MPL (50%)

4.2.3 Trends and Characteristics of Chronic Disease

- Most of our pediatric members have not been diagnosed with a chronic condition.
- 28% of our pediatric population has 1 or more chronic conditions, and about 4% have more than 3 conditions.
- The most common conditions faced by our youngest members include neurodevelopment disorders, asthma, and upper respiratory disease.
- In contrast to previous years, obesity did not emerge as a top three chronic conditions for the pediatric population.

HPSM data 2022, Number of chronic conditions by member

# of Chronic Conditions	Member Count	% of total
0	42587	72.60%
1 to 2	13457	22.94%
3 to 4	2061	3.51%
5 to 6	401	0.68%
7 to 8	93	0.16%
9 to 10	42	0.07%
11 or more	18	0.03%
Grand Total	**58659**	**100.00%**

HPSM data 2022, Top three most common chronic conditions for the pediatric population

Chronic Condition	Member Count
Neurodevelopmental disorders	3983
Asthma	3056
Other specified and unspecified upper respiratory disease	3011

4.2.4 Identified Needs

- All children and adolescents need routine preventive care which includes recommended screenings, immunizations, and other age-appropriate interventions.

- All high needs pediatric members with chronic complex health conditions and their families should be considered for care coordination services for their comprehensive health care needs.
- Well child visits in the first 30 months of life and annual well child visits for ages 12-21 remain areas of need.

4.2.5 Population Health Programs and Resources

HPSM's population health management activities and resources for children and youth focus on preventive care for all members and the care management needs of families with children with complex needs. Activities led by PHM and Provider Services are directed at promoting completion of age-appropriate immunizations, well-child visits, counseling for nutrition and physical activity, and member engagement with a primary care practitioner. Health Services provides pediatric care coordination services for children with developmental disabilities and behavioral health conditions. Children and youth enrolled in the Whole Child Model program receive enhanced care coordination services provided by California Children's Services (CCS) staff.

Programs and Services	Details	Targeted Need
Immunization Reminder Mailers	**6-Month Immunization Mailer:** Monthly mailers are sent to members turning 6 months old during the month the mailing is sent.	Remind parents to take their child for recommended vaccines and provides the vaccine schedule for 0-6 year olds.
	Pre-Teen Immunization Reminder Mailer: Monthly mailers are sent to members turning 10 to 11 years old the month the mailing is sent.	Encourage members to get vaccinated.
Well Visit Reminder Mailers	**3-6 Well-Child Reminder Mailer**: Monthly mailers sent to members turning 3-6 years old during the month the mailing is sent.	Remind parents to take their child for recommended well-visits and vaccines.

	12-17 Adolescent Well-Visit Reminder Mailer: Monthly mailers sent to members turning 12-17 years old during the month the mailing is sent.	Encourage members to visit their primary care provider for recommended well-visits and vaccines. In addition, mailer provides information on how to get primary care provider information and information about HPSM's ride benefit.
	18-21 Adolescent Well-Visit Reminder Mailer: Monthly mailers sent to members turning 18-21 years old during the month the mailing is sent	Encourage members to visit their primary care provider for recommended well-visits and vaccines. In addition, mailer provides information on how to get primary care provider information and information about HPSM's ride benefit.
Adolescent Well Visit Incentive Pilot	This program provides $25 Target gift cards for teens aged 12-21 who go in for a well visit at Daly City Clinic.	Encourage teens to attend their well visits at this site especially those aged between 18-21 years old.
SM County Home Visiting Program	This newly established program uses evidence-based interventions for a home visiting program for the county's most vulnerable members, namely the pediatric population with asthma and who are poorly controlled	Direct referral of our members into this program ensures all our members with asthma are being visited by qualified home visiting staff if they are eligible and give their approval.

Provider Incentive Program for contracted PCPs	
Bonus payments for Target Quality Metrics	**Quality Metrics** • Well-Child Visits for members ages 3 to 6

Benchmark P4P program offers incentives for improving use of preventive services and engagement with primary care practitioner among assigned pediatric patients.	• Child Immunizations by age 2 • Adolescent Immunizations by age 13 • Counseling on Nutrition and Physical Activity • Improving Panel Engagement rate
County Asthma Home Visiting	
SM County Home Visiting Program This newly established program will use evidence-based interventions for a home visiting program for the county's most vulnerable members, namely the pediatric population with asthma and who are poorly controlled	Asthma Medication Ratio for pediatric members is monitored for those who are deemed as in poor control of their asthma
Targeting Eligible age groups for the COVID-19 Vaccine	
As various groups were approved for the vaccine, HPSM will be monitoring these vaccination rates and targeting messaging through social media and health education campaigns to alleviate barriers such as vaccine hesitancy. HPSM is currently involved in discussions with county partners and clinics to develop tools to help alleviate some of the barriers associated with teen vaccinations.	Monitor all teens who are eligible for the vaccine and add additional age groups as they qualify

Care Coordination for Children and Youth with Complex Health Needs

The Whole Child Model Program for Members with Complex Medical Needs	
A family-centered, statewide program that provides enhanced care coordination of primary and specialty care services for children and youth with chronic complex medical conditions. Eligibility requires a diagnosis of an eligible medical condition.	• Comprehensive assessment and care plan • Coordinates diagnostic and treatment services, provides medical case management, and delivers therapy services
Pediatric Care Coordination for Families with High Needs	
HPSM care coordination services for families of pediatric members who are not eligible for CCS but have developmental disabilities or behavioral health conditions that require coordination of	• Aids with referrals, scheduling appointments, explaining benefits, navigating the medical system, and linking to community resources including Individualized Education Programs (IEPs)

therapeutic interventions, special education services, and individualized support services.	• Close collaboration with Golden Gate Regional Center (GGRC), Behavioral Health Recovery Services (BHRS), and Magellan.

4.2.6 Summary, Review and Action Plan

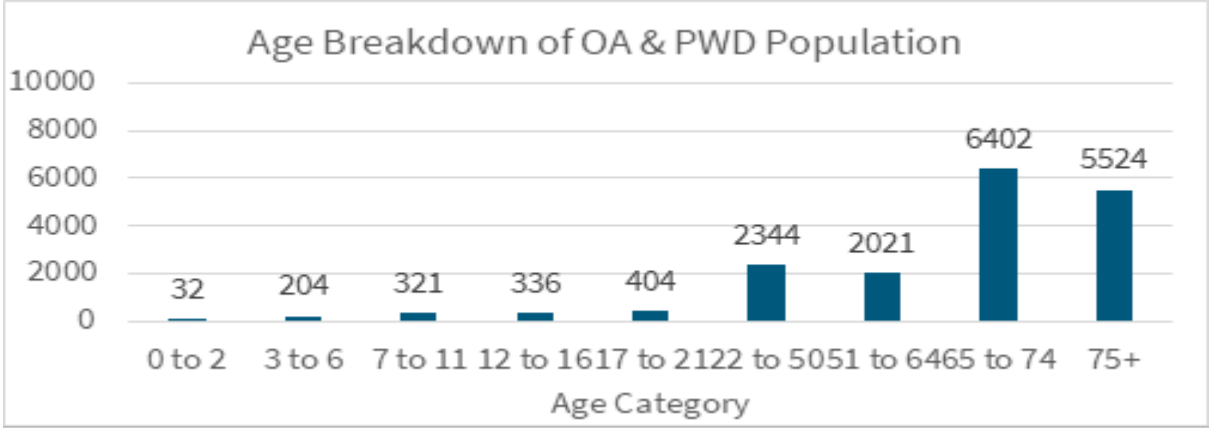
- Assessment of the pediatric population (2019-2022) highlighted asthma as one of the top three conditions.
    - HPSM's targeted outreach to pediatric providers regarding members who are non-compliant has been successful based on the feedback we have from providers.
    - HPSM provides the county's asthma home visiting program with a list of pediatric members, aged 0-12, who have poorly controlled asthma and are in need of home visiting.
    - In 2022, the county program has expanded to accept direct referrals from providers, increasing referral pathways and helping early member enrollment.
        - HPSM has aided this change by informing providers through its website and newsletters.
    - HPSM will also look to send direct notices to providers if a member is seen in the ED for their asthma. This will be helpful to connecting providers to members who have poorly controlled asthma.
- Another priority area for this population is well visits for the 3-21 age group.
    - Although we have an incentive pilot at one provider site, HPSM will look to expand the well child visit incentive to all members aged 12-21 who visit the SMMC county clinics for visits.
    - Additionally, HPSM will look to address barriers to well child visits through collaborative, interdepartmental taskforces.
        - Planned work for these taskforces includes developing additional member education materials, conducting member outreach calls, working with provider groups, and holding focus groups.

4.3 Older Adults and People with Disabilities (OA & PWD)

4.3.1 Identify and Define Subpopulation

Older Adults and people with disabilities (OA & PWD) represent 12.4% of HPSM's MC population at 17,588 enrollees. Of these 17,588 enrollees, about 37% (n=6,448) have a disability aid code. These are health plan members that live with functional limitation(s) related to a complex and enduring health condition. Disabilities can be physical, cognitive, mental, emotional, or developmental in nature. They can also impact an individual's access to adequate housing, transportation, and health services which impact quality of life.

HPSM Data 2022, Medi-Cal OA & PWD Membership Breakdown by Age Category



Age Range	N	% of total
0 to 2	32	0.2%
3 to 6	204	1.2%
7 to 11	321	1.8%
12 to 16	336	1.9%
17 to 21	404	2.3%
22 to 50	2344	13.3%
51 to 64	2021	11.5%
65 to 74	6402	36.4%
75+	5524	31.4%
Grand Total	**17588**	**100.0%**

Subgroup	N	% of total
Person <65 with Disability	5656	32%
Older Adults	11140	63%
OA with Disability	792	5%
Total	**17588**	**100%**

The majority of OA & PWD members in the Medi-Cal population are Older Adults (11,140, 63%). In terms of age categories, 6,402 individuals (36.4%) are between 65-74 years of age. 1,297 individuals (7.4%) are under the age of 21.

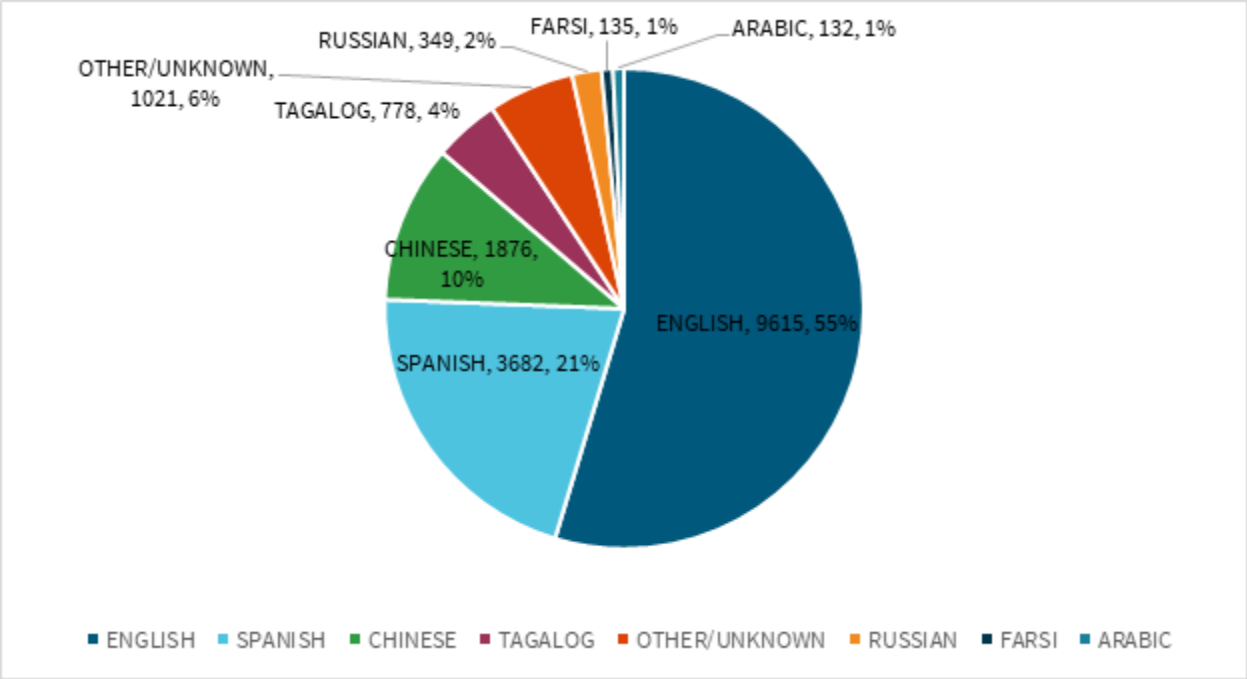
Medi-Cal OA & PWD Membership Demographics

The demographics of the OA & PWD population are:

- Gender: 9,793 (56%) are female and 7,795 (44%) are male
- Language: 91% of our OA & PWD prefers a threshold language with English (55%), Spanish (22%), and Chinese (11%) the most common. Other languages include Tagalog (4%), Russian (2%), Farsi (1%), and Arabic (1%).

- Race/Ethnicity: The OA & PWD subpopulation differs from the overall HPSM MC population in that the most predominant racial group is members who identify as Asian American and Pacific Islander (34%).
    - The second most common racial group is Hispanic (20%) followed by Caucasian (15%).
    - Within the Asian and Pacific Islander subcategory, Chinese (n=1905) and Filipino (n=1849) identifying members are the largest groups.

HPSM Data 2022, Medi-Cal OA & PWD Membership Breakdown by Language



HPSM Data 2022, Medi-Cal OA & PWD Membership Breakdown by Race/Ethnicity

Race/Ethnicity	N	% of total
ASIAN/ PACIFIC ISLANDER	5293	34.2%
HISPANIC	4104	20.5%
CAUCASIAN	2818	14.5%
NOT PROVIDED	2439	13.2%
OTHER	2174	14.1%
BLACK	713	3.2%
ALASKAN NATIVE OR AMERICAN INDIAN	31	0.2%
NATIVE HAWAIIAN	16	0.1%

Grand Total	17588	100.0%

4.3.2 Trends and Characteristics of Chronic Disease

Analysis of trends and characteristics of chronic disease for the OA & PWD population reveals the following:

- The OA & PWD population is more complex than the general HPSM MC membership in terms of the number of chronic conditions and risk factors.
- Older adults may have different care experiences and needs than people with disabilities.
- 65% of OA & PWD MC members have at least 1 chronic condition compared to just 37% of the overall population. Approximately 30% of members have at least 5 chronic conditions reported.
- Rates of chronic conditions are statistically significantly higher in the OA & PWD population when compared to the general population. The most frequently diagnosed conditions are Essential Hypertension (24%), followed by Diabetes (18%), and Disorders of Lipid Metabolism (11%). Another condition of note is Urinary Incontinence (7%), which is most prevalent in the Older adult subgroup of the OA & PWD membership.
- Rates of mild to moderate behavioral health conditions are comparable to the overall MC population.
- The OA & PWD membership has disproportionate incidence of serious and persistent mental illness (SPMI). Approximately 7.8% of the OA & PWD MC membership is diagnosed with SPMI. The OA & PWD MC membership makes up just 12% of HPSM's MC population but comprises 33% of all documented SPMI's.

HPSM Data 2022, Chronic Condition Count of OA & PWD MC Membership

Chronic Condition Count	N	% of total
0	6315	35.9%
1 to 2	3076	17.5%
3 to 4	3075	17.5%
5+	5122	29.1%
Grand Total	**17588**	**100%**

HPSM Data 2022, Most Frequently Diagnosed Conditions in the OA & PWD MC Membership

Diagnosis	N	% of OA PWD members
Essential hypertension	4280	24.33%
Disorders of lipid metabolism	2013	11.45%
Diabetes mellitus without complication	1746	9.93%

Diabetes mellitus with complication	1478	8.40%
Urinary incontinence	1267	7.20%

HPSM Data 2022, BH Conditions in the OA & PWD MC Membership

Behavioral Health Conditions	N	%
Non-Specialty Mental Health Utilizers	1702	9.7%
Serious and Persistent Mental Illness	1371	7.8%

4.3.3 Key Data Trends

Key data trends within the OA & PWD membership include the following:

- Living Situation: Most OA & PWD members live within the community. 609 (3.5%) are in a long-term care facility and at least 163 live in a senior housing facility (1.1%).
- Case Management: More than half (54%) of OA & PWD MC members are enrolled in some form of case management. Most are in the low or medium risk category. 313 members are involved in California Children's Services case management, which provides coordinated care and medical therapy to members with CCS-eligible conditions and disabilities.
- PCP Assignment and Attendance: Almost half of the OA & PWD membership did not see a PCP in 2022. Members with disabilities had slightly higher attendance at their assigned PCP when compared to Older Adults. Approximately 56% of OA & PWD MC members visited a PCP other than the one assigned to them.
- Engagement with Programs: 331 members are authorized for ECM services, and 345 members have been authorized for CS services. 12% of this population receives services from Golden Gate Regional Center related to intellectual and developmental disabilities. HPSM is conducting an ongoing effort to use data sources to proactively identify members who may be eligible for CS and ECM services and ensure streamlined authorizations.

HPSM Data 2022, Engagement in Case Management

Case Management	N	%
Low Risk Case Mgmt	4158	23.6%
Medium Risk Case Mgmt	2800	15.9%
High Risk Case Mgmt	2076	11.8%
CCS Case Management	313	1.8%
Care Transitions	95	0.5%
Not Enrolled	8146	46.3%
Grand Total	**17588**	**100.0%**

HPSM Data 2022, PCP Assignment and Attendance

Population	% See Assigned PCP	% See Any PCP
Overall OA & PWD Pop	39.61%	55.25%
Older Adults (Age>65)	38.29%	53.11%
Persons with Disabilities (Age<65)	42.40%	58.50%

HPSM Data 2022, Engagement with Programs

Program	N Enrolled	% Pop Enrolled
ECM	331	1.9%
CBAS	62	0.4%
CS	345	2.0%
CCSP	145	0.8%
GGRC	2105	12.0%

4.3.4 SDOH Factors

Nationwide, older adults and people with disabilities are overrepresented among those experiencing homelessness. HPSM conducts a yearly assessment of the social determinants of health factors amongst this population to better understand needs and experiences. This analysis uses z-codes for SDOH factors as well as definitions of homebound/bedbound set bt the US Department of Health and Human Services. Homebound/bedbound members have claims for electricity-dependent lifesaving durable medical equipment. The analysis reveals the following:

- 230 OA & PWD MC members are identified as experiencing homelessness based on Z-codes. Most of those experiencing homelessness are people with disabilities.
- OA & PWD make up 12% of the overall HPSM MC population but 27% of all homeless HPSM MC members. Therefore, this population is disproportionately likely to experience homelessness.
- 772 members were identified as bedbound/homebound. As these members are confined to the home, they are at increased risk for social isolation and other SDOH factors.

4.3.5 Disparities Analysis

A disparities analysis was conducted to assess for any potential disparities between quality metric rates for HPSM's Older Adults and People with Disabilities population compared to the Non-OA & PWD population. For this analysis the overall population rate was used as the reference group to compare the rates of Older Adults and People with Disabilities.

Results from this analysis are displayed in the Disparities Section _____. Based on this analysis, the PWD subgroup experiences statistically significant disparities in Asthma Medication Ratios (AMR), Controlling Blood Pressure (CBP), Eye Exams for people with Diabetes (EED), Kidney Exams for people with Diabetes (KED), Blood Pressure control for people with Diabetes (BPD), and Cervical Cancer Screening (CCS). This disparity in Cervical Cancer screening has persisted since MY2019 despite

multiple intervention efforts. Further investigation and improvement efforts will focus on addressing diabetes management for people with disabilities.
The OA subgroup experiences statistically significant disparities in Controlling Blood Pressure (CBP) and Breast Cancer Screening (BCS). Both the OA & PWD subgroups have statistically higher rates of accessing preventive care then the general population as measured by the AAP metric. The OA subgroup also has positive deviants for diabetes eye and kidney exams (EED, KED) and A1C control (HBD-A1C). This indicates strong diabetes management for the older adult population.

4.3.6 Identified Needs

Analysis of HPSM's Older Adults and People with Disability population revealed the following key needs:

- OA & PWD often have multiple (4+) chronic conditions that require extensive use of resources for their multi-faceted health care needs. Disparities in diabetes management metrics amongst the PWD subgroup indicate further need for care coordination and condition management.
- Members with disabilities are overrepresented among HPSM's homeless population. Further screening for homelessness and SDOH factors is needed to determine member needs and offer referral to housing support and other social services. HPSM has added SDOH screening as a P4P reporting measure and is in the process of developing additional educational materials for providers.
- The PWD subgroup has statistically significantly lower compliance with Cervical Cancer Screening (CCS). Members with developmental disabilities are far less likely to receive timely cervical cancer screening. Ongoing efforts to address disparities including provider education, member reminders, and outreach calls may not be sufficient to close disparity gaps.
- The OA subgroup experiences disparities in Breast Cancer Screening (BCS) rates despite high rates of PCP visitation.

4.3.7 Population Health Programs and Resources

HPSM's population health management activities and resources for the Older Adult and Persons with Disability populations include various county and HPSM-sponsored programs intended to provide clinical, social, and other supports to members. The list below highlights some of the key programs and services available for members to stay healthy and independent throughout the lifespan.

Programs and Services	Details	Targeted Need
Community Based Adult Services (CBAS)	HPSM contracts with 9 CBAS centers that offer 4 hours of adult day care. Programs can provide meal support, social activities, physical, speech, and occupational therapy,	Older Adults and Persons with Disabilities at risk for institutionalization who require assistance with daily activities

	transportation, nursing care, and other social services	
Golden Gate Regional Center (GGRC)	GGRC provides lifelong services and supports to members with a developmental disability	Members with Developmental Disabilities
Friendship Line* ***In Partnership with Institute on Aging**	Friendship line provides emotional support, elder abuse reporting, and ongoing outreach calls.	Older Adults and Persons with Disabilities who seek social-emotional support.
California Children's Services* (CCS) ***In Partnership with San Mateo County**	CCS provides diagnostic evaluations, case management, funding for medical treatment services, and medical therapy.	HPSM members under the age of 21 with a disabling medical condition.
Wider Circle Program	Wider Circle helps older adults make new friends and develop healthy habits by attending social events.	Older Adult members who seek social support.
Cal-Aim Community Supports (CS)	HPSM offers a variety of Community Supports including: Housing Transition Navigation Services, Housing Deposits, Housing Tenancy Services, Nursing Facility Transition to Assisted Living Facilities, Community Transition Services, Home Modifications, and Medically Tailored Meals.	HPSM Medi-Cal and Care Advantage beneficiaries, including Older Adults and Persons with Disabilities who need assistance to remain or transition to community living.
HPSM Care Planning and Management (CPM)	HPSM offers CPM provides home-based case management, caregiver support , care coordination, links to health and social services to optimize existing support systems, and personalized wellness planning and health education.	HPSM Medi-Cal members over the age of 18 who are eligible for case management and have an outstanding physical, developmental or psychological need that requires regular assistance.
Cal-Aim Enhanced Care Management (ECM)	HPSM offers Enhanced Care Management services to eligible populations of focus (POF's)	Eligibility includes those who are at risk for institutionalization, those transitioning from a

	including those at risk for institutionalization. Services include comprehensive care coordination and management as well as referrals to community and medical resources.	nursing home into the community, those with multiple ED/hospital visits, and those who lack stable housing

Health Promotion and Education Programs/Campaigns

In addition to HPSM and County programs and partnerships, HPSM offers a variety of health promotion and education resources and services specific to the OA & PWD population, their caregivers, and their providers. These resources include:

- Connection to local fall prevention, healthy activity, and community organization programs and services in San Mateo County
- Dedicated health promotion outreach to members with disabilities due for Cervical Cancer Screening
- Health Education content including brochures, service guides, and health tips posted on the HPSM website
- Provider Trainings on ensuring accessible cancer trainings for the PWD population
- Provider Education on Available programs and resources.

4.3.8 Summary, Review and Action Plan

- Older Adults and people with disabilities (OA & PWD) represent 12.4% of HPSM's MC population at 17,588 enrollees.
- About 40% of this population has a disability and live with a functional limitation(s) related to a complex and enduring health condition.
- This population experiences a high burden of chronic and behavioral health conditions and requires greater care coordination than the general HPSM MC population.
- The system of care is directed at proactive member identification, referral, and coordination of clinical and social services.
    - Members with disabilities and older adults with complex medical care needs are identified through multiple data and referral sources ranging from HPSM's administrative data sources and internal referrals to network PCPs, Specialists, and external community agencies.
    - Identified members are targeted for outreach for a health risk assessment and are assigned a care coordinator based on risk level and special needs.
- Persistent disparities in cervical cancer screening among the PWD population remain a key priority area since 2019.
    - Ongoing work to address these disparities include cancer screening reminder letters, targeted outreach for PWD overdue for screening, provider education on accessible cancer screenings, and further health promotion toolkits.

- The HPSM PHM team aims to continue the development of programming to address disparities among the OA & PWD population through a collaborative workgroup established in early 2022.

4.4 Members with LEP

4.4.1 Identify and Define Subpopulation

HPSM utilizes language preference data to understand the needs and experiences of members who prefer languages other than English and may have LEP. Based on Section _____ , 63,691 (45.1%) members prefer a language other than English. The most common language preferences are Spanish, Chinese, and Tagalog. The following describes the demographics of members with LEP.

- Race/Ethnicity: The most common racial and ethnic categories include Hispanic (70%) and Asian and Pacific Islander (12%).
- Age: The majority of members with LEP are over the age of 21, with the most common age category being those between 22 to 50.

HPSM Data 2022, Medi-Cal Members with LEP by Ethnicity

Row Labels	Count	% of Total
HISPANIC	44645	70.10%
ASIAN OR PACIFIC ISLANDER	7686	12.07%
OTHER	7211	11.32%
NOT PROVIDED	2625	4.12%
CAUCASIAN	1437	2.25%
BLACK	42	0%
NATIVE HAWAIIAN	41	0%
ALASKAN NATIVE OR AMERICAN INDIAN	4	0%

Grand Total	63691	100%

HPSM Data 2022, Medi-Cal Members with LEP by Age Group

Age Range	Count	% of Total
0 to 2	2951	4.63%
3 to 6	4910	7.71%
7 to 11	7327	11.50%
12 to 16	8589	13.49%
17 to 21	8373	13.15%
22 to 50	13951	21.90%
51 to 64	10102	15.86%
65 to 74	4213	6.61%
75+	3275	5.14%
Total	**63691**	**99.99%**

4.4.2 Trends and Characteristics of Chronic Disease

The chronic condition count and prevalence amongst members with LEP reveals the following:

- More than half of members who prefer a language other than English do not have a chronic condition.
- Most members with a chronic condition have between 1 and 2.

- Of those that do have chronic conditions, Essential Hypertension, Diabetes, and Disorders of Lipid Metabolism are the most common.

HPSM Data 2022, Chronic Condition Count of OA & PWD MC Membership

Chronic Condition Count	N	% of Total
0	39154	61.5%
1 to 2	14580	22.9%
3 to 4	5436	8.5%
5+	4521	7.1%
Grand Total	**63691**	**100.0%**

HPSM Data 2022, Most Frequently Diagnosed Conditions in Members with LEP

Chronic Condition	Count	Prevalence
Essential hypertension	5343	8%
Diabetes mellitus	4746	7%
Disorders of lipid metabolism	4127	6%
Obesity	3760	6%
Other specified and unspecified upper respiratory disease	2340	4%
Anxiety and fear-related disorders	2310	4%
Neurodevelopmental disorders	2273	4%

Asthma	2089	3%
Nutritional deficiencies	2032	3%
Disorders of teeth and gingiva	1796	3%

4.4.3 Language Access and Practitioner Availability

HPSM's Health Promotion staff prepares an annual report Assessment of Cultural and Linguistic Member Needs and Practitioner Availability, to determine the degree to which the cultural and linguistic needs of HPSM members are being addressed by the health plan, and its provider network. The following are included in the report:

- Data on race/ethnicity and language preferences of the Medi-Cal population
- Data on the utilization of phone, in-person, and video interpreter services, by health plan member-facing staff and network providers. Provider use of sign language interpreters is also collected for this report.
- Assessment of practitioner availability that focuses on tracking the number of network providers that self-report ability to speak any of HPSM's most highly spoken languages (Including threshold languages) other than English: Spanish, Cantonese/Mandarin, Tagalog, Arabic, and Portuguese. HPSM's target is to have interpreter services utilization and Provider network language capabilities would be proportionate to the number of members who prefer each threshold language. HPSM is currently meeting this target as described below.

4.4.4 Analysis of Interpreter Utilization: Alignment with Threshold Demand

Data on HPSM staff and provider use of telephonic and video interpreter services in 2022 shows that:

- language demand for interpreters corresponds with the top six preferred languages (including Threshold languages) of HPSM's Medi-Cal members.
- HPSM providers and staff made a combined total of 30,413 video, telephonic, and in-person interpreter requests in 2022 across the top six languages.
- Members who speak Spanish are the largest non-English Threshold language group, and likewise Spanish was the most requested language for both HPSM staff and providers.
- Notably, while Tagalog is a Threshold Language, Arabic and Portuguese were both more requested for interpreter support than Tagalog. This could be an indicator that there are fewer Providers and clinic staff who speak Arabic and Brazilian Portuguese than speak Tagalog, making the need for Interpreter Services greater for these two languages.

2022 MC Interpreter Services Utilization and HPSM Preferred Language Data

Language	Telephonic and VRI Interpreter Services Utilization			**HPSM Medi-Cal Preferred Language Data**
	HPSM Staff	HPSM Providers	**Staff/Provider Combined**	
Spanish*	7,636	12,784	20,420	50,668
Chinese(Mandarin and Cantonese)*	2,369	2,034	4,403	5459
Portuguese (Brazil)	283	599	882	1082
Arabic	311	632	943	1073
Tagalog*	289	67	356	2175

*HPSM and DHCS identified Threshold Language

4.4.5 Analysis of Practitioner Availability by Language

The language capabilities of HPSM Provider network demonstrates a high prevalence of HPSM threshold languages across specialties. Our assessment shows a closer ratio of Spanish speaking Providers/clinic staff to HPSM Medi-Cal members who speak Spanish (1:76 in 2020 vs 1:30 in 2021). Furthermore, Interpreter Services utilization by Providers shows Spanish as the most requested interpreter language and suggests that HPSM can address this gap by offering phone or video interpreter service.

2022 MC Provider Language Capability Compared with Member Preferred Language

Language	**Language Capability of Providers and Clinic Staff**	**HPSM Medi-Cal preferred Language Data**	**Ratio**
Spanish*	945	50,668	945:50688

Chinese(Mandarin and Cantonese)*	455	5459	455: 5459
Portuguese (Brazil)	11	1082	11:1082
Arabic	44	1073	44:1073
Tagalog*	51	2175	41:2175

*HPSM and DHCS identified Threshold Language

4.4.6 Identified Needs

Analysis of HPSM's members with LEP revealed the following key needs:

- The population with largest portion of members with LEP is the Hispanic population. 70% of members in this population have a preferred language other than English.
- Only a small portion of HPSM members with LEP have chronic conditions; however, in those who have been diagnosed with chronic conditions, Essential Hypertension, Diabetes, and Disorders of Lipid Metabolism are the most common.
- For some providers, there is a lack of the appropriate technology to access interpreter services provided by HPSM. Members can benefit from provider offices having iPads in their clinic. It will increase the accessibility of interpreters on-demand at every point of service.

4.4.7 Programs and Resources

HPSM's strategy for meeting the needs of the LEP population focuses on providing competent interpreters at every appointment, translating health education and patient materials into many languages, and promoting a culturally competent workforce. In addition, when HPSM identifies disparities in health outcomes amongst LEP populations, targeted interventions are developed to ensure equitable access to high quality, competent care.

Programs and Services	Details	Targeted Need

HPSM Telephonic Interpreter Services	HPSM offers contracted providers and HPSM staff with telephonic interpreter services in over 200+ languages, 24 hours a day, 7 days a week, at no cost to the member or provider. These services can be accessed on-demand or by appointment.	HPSM enrolled members who have LEP or are hearing impaired
HPSM Video and In-Person Interpreter Services	HPSM offers contracted providers with video interpreter services in over 200+ languages, 24 hours a day, 7 days a week, at no cost to the member or provider. HPSM also offers in-person services to members for both spoken language and American Sign Language and deaf interpretation.	HPSM enrolled members who have LEP or are hearing impaired
HPSM Translation Services	HPSM offers translation services to members with limited English proficiency (LEP). Any HPSM materials or materials members receive from a provider can be translated in over 200+ languages, including Brail, by request.	HPSM enrolled members who have LEP or are sight impaired

4.4.8 Summary, Review, and Action Plan

Members with LEP represent 45.1% of HPSM's MC population at 63,691 enrollees. Threshold languages continue to align with state thresholds. HPSM threshold languages are English, Spanish, Chinese (Mandarin and Cantonese), and Tagalog. 70% of members with LEP are Hispanic, and Spanish is the most request language through HPSM interpreter services in both contracted providers and HPSM staff. Only a small portion of members have been diagnosed with chronic conditions, of which Essential Hypertension, Diabetes, and Disorders of Lipid Metabolism are the most common.

While this population does not experience a high burden of chronic and behavioral health conditions, there is a portion of members who experience various chronic conditions. Existing programs and services for members with chronic conditions were summarized in Section 4.3.7. This system of care is directed at proactive member identification, referral, and coordination of clinical and social services.

Our analysis also showed that there are some providers who are low utilizers of HPSM's interpreter services. Upon further exploration of this issue, we found that providers who are low utilizers often did not have access to the appropriate technology to be able to use our online interpreter services. Reports from our primary interpretive services vendor show that not all providers are utilizing Language Assistance Services (LAS) on a regular basis. Utilization of video services from our vendor is especially low. Only 295 (out of 17,226) interactions that CLI documented in 2022 utilized video interpretation services. The reason for under-utilization is not fully known, and some providers may have access to staff or other interpreter support; however, conversations with the Quality Improvement program have indicated that some providers are struggling to utilize interpreter services due to technology limitations. Existing language assistance programs and services for members were summarized in Section 4.4.7. HPSM offers telephonic and video interpretation online. The iPad ensures that providers have the appropriate technology to provide these services and timely access to language assistance for the member.

Ongoing work for members with LEP includes the monitoring and evaluation of interpreter services utilization and translation services. The results of this evaluation are shared with the Member Experience Committee, specifically the Language Assistance Services Subcommittee. The subcommittee identifies areas for improvement and provider education. These results are also reviewed in the PHM team's new Culturally Inclusive Care Working group as well as a review and response to grievances and appeals related to interpreter services and other language assistance programs. HPSM will continue to expand the iPad Pilot Program to include more provider offices to

improve timely access to interpreters for members with LEP. Progress will be monitored using vendor data.

5. Social Determinants of Health

Social determinants of health (SDOH) are the social and economic conditions of a community that influence the quality and length of life of its residents. Other factors that may impact health are health behaviors, genetic predispositions, and access to health care. *(County Health Rankings Model; CDC Population Health).*

HPSM Data 2022, Individuals with SDOH Claims

- 3.31% of all HPSM Medi-Cal members had 1 or more SDOH claims. The following table breaks down the instances of SDOH.

SDOH Category	Total Member Count	Total % of Members Identified	Total % of HPSM MC Population
Education & literacy (e.g. Illiteracy and low-level literacy, Underachievement in school)	400	6.98%	0.28%
Occupational exposure to risk factors (e.g. exposure to dust, radiation, noise)	5	0.09%	0.00%
Primary support group, including family circumstances (e.g Problems in relationship with spouse or partner, Other absence of family member)	1074	18.73%	0.76%
Employment and unemployment (e.g. Change of job, Threat of job loss)	123	2.15%	0.09%
Housing and economic circumstances (e.g. Extreme poverty, Low income)	**3498**	**61.00%**	2.48%
Psychosocial circumstances (e.g. Discord with counselors, Problems related to multiparity)	402	7.01%	0.28%
Other psychosocial circumstances (e.g. Imprisonment and other incarceration)	40	0.70%	0.03%

Social environment (e.g Problems related to living alone, Acculturation difficulty)	206	3.59%	0.15%
Upbringing (e.g. Parent- child conflict, Inadequate parental supervision)	389	6.78%	0.28%

- There was a 43% increase in SDOH claims from 2021 to 2022 due to the State's requirements under CalAIM and HPSM's efforts to promote SDOH z-code submissions.
- In 2022, the most common SDOH category was housing and economic circumstances with 3498 members (61% of total members identified) likely due to ongoing housing security issues in the count

Total SDOH Instances	Total Member Count	Total % of Membership
1	5369	3.80%
2	330	0.23%
3	32	0.02%
4	3	0.00%

- 3.8% of HPSM's MC population had one SDOH related claim and less than 1% of the population had more than one SDOH related claim.

SDOH Areas by Zipcode

- The California Healthy Places Index (HPI) predicts life expectancy and compares communities across the state.
- Most zip codes in San Mateo County have HPI indexes above the 50th percentile, indicating healthier community conditions than half of other California tracts.
- The lowest HPI value in San Mateo County is -0.029 (48th percentile), located in a Redwood City zip code.
- The table below shows regions in San Mateo County below the 80th percentile and the number of members residing there.

HPSM Data 2022, Residents in HPI Zip below 80th Percentile

Zip Code	Corresponding City	HPI Percentile	N HPSM Members
94063	Redwood City	0.487	16815
94401	San Mateo	0.726	13887
94014	Daly City	0.731	13536
94303	East Palo Alto	0.753	18413
94015	Daly City	0.757	15212

- 77, 863 HPSM MC members (55%) currently reside in areas with an HPI below the 80th percentile meaning a large portion our members reside in the most disadvantaged zip codes in San Mateo County. There was a 10% increase from 2021 to 2022.
- The HPI Index also provides access to other SDOH related data, including hardship index, percentage of disabled individuals, environmental pollution, and percentage of immigrants. These variables are helpful in identifying where members of HPSM may require additional support due to existing SDOH factors.

Hardship Index in HPI Cities 2022 Data

Zip Code	City	Hardship Index Percentile	N HPSM Members
94063	Redwood City	0.80	16815
94303	East Palo Alto	0.56	18413
94014	Daly City	0.54	13536
94401	San Mateo	0.50	13887

- The hardship index uses American Community Survey data to assess financial strain in communities through six social and economic measures including crowded housing, income, poverty, and unemployment rates.
- Index scores range from 0 to 100, with higher scores indicating worse economic conditions.
- Areas in San Mateo County with hardship indexes above the 50th percentile are displayed in the table above with Redwood city ranking the highest (80%).
- Most hardship indexes for these cities remain the same as 2021 with Daly City increasing by ~1 percent.

California Environmental Screen 4.0 2022 Data

Zip Code	City	CES 4.0 percentile	N HPSM Members
94063	Redwood City	0.78	16815
94401	San Mateo	0.69	13887
94005	Brisbane	0.66	749
94303	East Palo Alto	0.63	18413
94080	South San Francisco	0.63	19286
94014	Daly City	0.62	13536
94015	Daly City	0.60	15212

- The California Environmental Screen 4.0 measures cumulative effects of pollution and environmental contaminants in US zip codes.
- Higher Environmental Screen percentiles correspond to greater environmental pollution burden.
- ~98,000 (69%) HPSM MC members live in zip codes with environmental pollution higher than 60% of other US cities. This is a 28% increase in total members from 2021.

- Zip code 94063 in Redwood City has the highest environmental pollution burden increasing from 76% in 2021 to 78% in 2022.

Disability in HPI Cities 2022 Data

Zip Code	City	% of PWD	Percentile
94038	Moss Beach	17.40%	0.84
94037	Montara	17.30%	0.84
94401	San Mateo	10.50%	0.41
94060	Pescadero	9.85%	0.34
94020	La Honda	9.85%	0.34
94021	Loma Mar	9.85%	0.34
94074	San Gregorio	9.85%	0.34
94014	Daly City	9.76%	0.32

- The population of individuals living with disabilities is particularly vulnerable to insecure housing, social isolation, and economic strain, making it crucial in social determinants of health considerations.
- The percentage of individuals with a disability in San Mateo County varies widely from 5.1% in a Redwood City zip code to 17.4% in Moss Beach.
- Moss Beach and Montara have high rates of individuals with disabilities, surpassing 84% of comparable cities.

Foreign-born/Immigration in HPI Cities 2022 Data

Zip Code	City	% Foreign Born	Percentile
94014	Daly City	54.30%	0.99
94015	Daly City	51.30%	0.98
94063	Redwood City	47.40%	0.96
94404	San Mateo	42.20%	0.92
94401	San Mateo	41.90%	0.92
94080	South San Francisco	40.10%	0.90
94030	Millbrae	37.70%	0.87
94303	East Palo Alto	37.10%	0.86
94066	San Bruno	35.90%	0.86
94065	Redwood City	34.20%	0.83

- The table above displays San Mateo County zip codes above the 80th percentile for immigrant composition.
- Immigrant status, which may bring barriers in language, transportation, cultural differences, and community acceptance, significantly influences SDOH.

- Immigrants constitute up to 54% of the population in certain zip codes, including Daly City, Redwood City, and San Mateo.
- Many San Mateo County areas have an immigrant profile greater than 90% of US cities.
- HPSM has programs addressing some of these SDOH factors and will continue using this information for future programs and interventions.

5.1 Cal-Aim Programs and Resources

California Advancing and Innovating Medi-Cal (CalAIM) is a "long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory" (DHCS Website). One of the major goals of Cal-Aim is to provide additional services and support to address social determinants of health through Enhanced Care Management (ECM) and Community Supports (CS) programs. For the 2022 PNA, HPSM has identified members who have engaged with ECM and CS programs in the past year. The goal of this analysis is to understand program engagement and make recommendations to address identified needs. Our analysis has revealed the following:

- In 2022, there were 927 (.7%) unique members who received ECM and/or CS services.
- 257 members received CS services, and 839 members received ECM Services.
- Of the 10 types of CS services available at HPSM, Housing Navigation (n=81) and Housing Tenancy and Sustaining Services (n=81) were the most utilized.
- 622 of the 927 members who received ECM and/or CS services (62%) have an SDOH factor code.
- 465 of the 927 members who received ECM and/or CS services (50%) are older adults or people with disabilities.
- The most common age groups among those receiving CS/ECM services are those aged 51-64 (41%) and those aged 22-50 (36%).
- The most common racial and ethnic groups among those receiving CS/ECM services are Caucasian (30%) and Hispanic (23%). The Caucasian subgroup is the 4th largest racial/ethnic subgroup in the overall MC population but the most represented subgroup in those receiving CS/ECM services.
- Members with English language preference represent 55% of the overall Medi-Cal population but 82% of members who receive CS or ECM services. Only 45 members (5%) who utilized ECM/CS services in the past year preferred a language other than English or Spanish.

HPSM Data 2022, Cal-Aim CS and ECM Enrollment

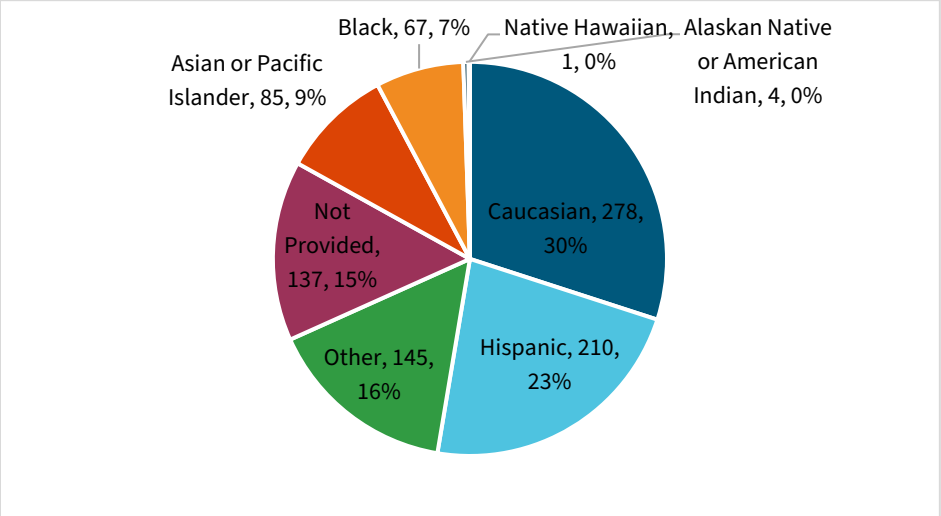
Services Provided	Count
Community Supports (CS)	88
Enhanced Care Management (ECM)	670

Both	169
Total	**927**

HPSM Data 2022, Cal-Aim CS Enrollment by Support Type

CS Service type	Member Count	% of MC members receiving CS
Housing Navigation	81	31.52%
Housing Tenancy and Sustaining Services	81	31.52%
Nursing Facility Transition Community Transition Services/Nursing Facility Transition to a Home	53	20.62%
Nursing Facility Transition/Diversion to ALF, (RCFE) and (ARF)	47	18.29%
Medically Tailored Meals	32	12.45%
Housing Deposits	15	5.84%
Respite Service	14	5.45%
Environmental Accessibility Adaptations (Home Modifications)	5	1.95%
Personal Care and Homemaker Services	2	0.78%
Community Transition Services/Nursing Facility Transition to a Home	1	0.39%

HPSM Data 2022, Race/Ethnicity of CS and ECM Members



6.Health Status and Disease Prevalence

6.1 Most Frequently Diagnosed Condition

- Essential hypertension remains the most frequently diagnosed condition slightly increasing from 7.01% in 2021 to 7.61% in 2022.
- Diabetes mellitus replaced obesity as the second most common diagnosis with a prevalence of 6.36% in 2022.
- Depressive disorders represent the least frequently diagnosed condition in 2022 at 2.76%.

HPSM 2022 Data, Most Frequently Diagnosed Conditions	Count	%
Essential hypertension	10773	7.62%
Diabetes mellitus	8980	6.36%
Disorders of lipid metabolism	7775	5.50%
Obesity	7211	5.10%
Anxiety and fear-related disorders	6374	4.51%
Neurodevelopmental disorders	4878	3.45%
Asthma	4702	3.33%
Other specified and unspecified upper respiratory disease	4273	3.02%
Nutritional deficiencies	4097	2.90%
Depressive disorders	3896	2.76%

6.2 Most Frequently Diagnosed Condition Data Segmentation

HPSM's 2022 most frequently diagnosed condition data was segmented by age and language to inform HPSM's existing Health Education/Promotion programs and to identify opportunities to expand programs.

Essential Hypertension Data (from HPSM's 2022 most frequently diagnosed condition data)

- 51 to 64 years old remains the most frequently diagnosed age group for essential hypertension increasing from 41% in 2021 to 44.05% in 2022. The majority of members also listed English as their preferred language.

Age	Count	%
0 to 2	2	0.02%
3 to 6	12	0.11%
7 to 11	20	0.19%
12 to 21	118	1.10%
22 to 50	1760	16.34%
51 to 64	**4746**	**44.05%**
65 to 74	2423	22.49%
75+	1692	15.71%
Grand Total	**10773**	**100.00%**

Language	Count	%
Threshold		
ENGLISH	**5430**	**50.40%**
SPANISH	3286	30.50%
CHINESE	894	8.30%
TAGALOG	505	4.69%
Non-Threshold		
RUSSIAN	142	1.32%
OTHER/UNKNOWN	516	4.79%
Grand Total	**10773**	**100.00%**

Obesity Data (from HPSM's 202 most frequently diagnosed condition data)

- 22 to 50 years old remains the most frequently diagnosed age group for obesity with a similar prevalence of ~40% in 2021 and 2022. The majority of members also listed English as their preferred language.
- The 51 to 64 age group saw a 37.67% increase in obesity prevalence from 13.78% in 2021 to 18.97% in 2022.

Age	Count	%
0 to 2	43	0.60%
3 to 6	334	4.63%
7 to 11	751	10.41%
12 to 21	1408	19.53%
22 to 50	**2950**	**40.91%**
51 to 64	1368	18.97%
65 to 74	271	3.76%
75+	86	1.19%
Grand Total	**7211**	**100.00%**

Language	Count	%
Threshold		
ENGLISH	**3451**	**47.86%**
SPANISH	3384	46.93%
CHINESE	105	1.46%
TAGALOG	64	0.89%
Non-Threshold		
RUSSIAN	8	0.11%
OTHER/UNKNOWN	199	2.76%
Grand Total	**7211**	**100.00%**

Diabetes mellitus without complication Data (from HPSM's 2022 most frequently diagnosed condition data)

- 51 to 64 years old remains the most frequently diagnosed age group for diabetes mellitus increasing from 40.54% in 2021 to 45.29% in 2022. The majority of members also listed English as their preferred language.

Age	Count	%
0 to 2	3	0.04%
3 to 6	4	0.05%
7 to 11	18	0.23%
12 to 21	137	1.74%
22 to 50	1524	19.38%
51 to 64	**3562**	**45.29%**
65 to 74	1650	20.98%
75+	967	12.29%
Grand Total	**7865**	**100.00%**

Language	Count	%
Threshold		
ENGLISH	**3733**	**47.46%**
SPANISH	2954	37.56%
CHINESE	463	5.89%
TAGALOG	301	3.83%
Non-Threshold		
Other/Unknown	89	2.28%
Russian	40	1.02%
Grand Total	**3907**	**100.00%**

Disorders of lipid metabolism data (from HPSM's 2022 most frequently diagnosed condition data)

- In 2022, most HPSM Medi-Cal members with disorders of lipid metabolism as a frequently diagnosed condition were 51 to 64 years old and had an English language preference.

Age	Count	%
3 to 6	10	0.13%
7 to 11	157	2.02%
12 to 21	572	7.36%
22 to 50	1850	23.79%
51 to 64	**3249**	**41.79%**
65 to 74	1320	16.98%
75+	617	7.93%
Grand Total	**7775**	**100.00%**

Language	Count	%
Threshold		
ENGLISH	**3648**	**46.92%**
SPANISH	2664	34.26%
CHINESE	674	8.67%
TAGALOG	290	3.73%
Non-Threshold		
RUSSIAN	63	0.81%
OTHER/UNKNOWN	436	5.61%
Grand Total	**7775**	**100.00%**

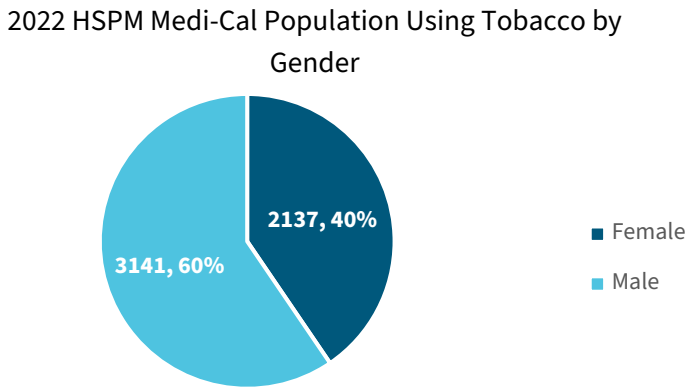
6.3 Tobacco Use Assessment

- In 2022, HPSM identified 5,278 (3.7%) Medi-Cal members as tobacco, nicotine, or vaping users, or who engaged in a tobacco cessation intervention. This is at a slight decrease from 4,745 (3.8%) in 2021.

- 1,254 members were exclusively in a tobacco cessation program, which can involve counseling, cessation medications, or both.
- Members engaged in cessation interventions were included in the prevalence data, assuming they were likely tobacco users at some point, despite lacking a tobacco use diagnosis code.
- Additional characteristics of the HPSM Medi-Cal population who use tobacco are presented below.

2022 HSPM Data, Medi-Cal Population Using Tobacco by Gender

The majority of HPSM's Medi-Cal tobacco users continue to be males in 2022, representing 3,141 members (60%) compared to 2,833 members (60%) in 2021. In 2022, females represented 2,137 (40%) compared to 1,912 (40%) in 2021.



2022 HSPM Data, Medi-Cal Population Using Tobacco by Race/Ethnicity

- The most common racial/ethnic categories among tobacco users are Hispanic (28%), Caucasian (22%), and Other (19%). These three groups make up 69% of all Tobacco users

Race/Ethnicity	Member Count	% of Tobacco Users
Hispanic	1461	28%
Caucasian	1151	22%
Other	1023	19%
Asian or Pacific Islander	748	14%
Not Provided	568	11%
Black	299	6%
Alaskan Native/American Indian	14	0%

Native Hawaiian	14	0%
Total	**5278**	**100%**

2022 HSPM Data, Medi-Cal Population Using Tobacco by Language

- Most tobacco users listed English as their preferred language, 3,798 (71.96%).
- In addition, other predominant groups include:
    - Members who listed Spanish as their preferred language, 1,030 (19.51%).
    - Members who listed Chinese, Cantonese or Mandarin are their preferred language, 193 (3.66%).
    - Members who listed "other" as their preferred language, 84 (1.59%).

Category	Language	Count	%
Threshold Languages		**5,090**	**96.44%**
	English	3,798	71.96%
	Spanish	1,030	19.51%
	Chinese (Mandarin/Cantonese)	193	3.66%
	Tagalog	69	1.31%
Non-threshold Languages		**188**	**3.56%**
	Arabic	68	1.29%
	Portuguese	19	0.36%
	Russian	17	0.32%
	Other	84	1.59%
Grand Total		**5,278**	**100%**

6.4 Behavioral Health

HPSM manages the mild to moderate behavioral health benefit for Medi-Cal members. In addition, San Mateo County Behavioral Health, and Recovery Services (BHRS) oversees those with more complex behavioral health needs, including those with serious and persistent mental illness (SPMI). In this analysis of Behavioral Health experiences of our membership, HPSM will be using two data sources: Mild to Moderate behavioral health claims from internal data, and BHRS-provided data on past year utilization. From our overall Chronic condition analysis, Anxiety and Depressive disorders are among the top 10 chronic conditions experienced by members. The analysis below provides additional context for understanding those with mental and behavioral health conditions.

6.4.1 Non-Specialty Mental Health (NSMH) Utilizers

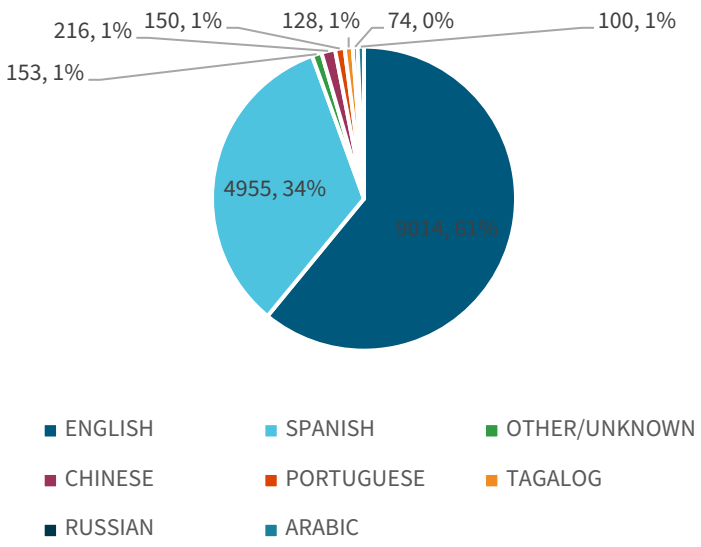
14,790 Medi-Cal members, or about 10.5% of the population, utilize services for non-specialty health conditions. Among these non-speciality mental health utilizers:

- 95% of the subpopulation speaks English (61%) or Spanish (34%). The other 5% of the population is split amongst those who prefer Chinese (1.5%), Portuguese (1%), Tagalog (.9%), and other/unknown languages.
- The most common racial/ethnic groups are Hispanic (42%), Other (21%), Caucasian (15%), and Asian or Pacific Islander (10%). Among those who are Asian or Pacific Islander, Filipino (4.6%) and Chinese (2.7%) identifying members are the most predominant.
- The most common diagnoses among mild-moderate BH-utilizers are Anxiety and Fear-related disorders (30%), Depressive disorders (21%), and Neurodevelopmental disorders (17%).

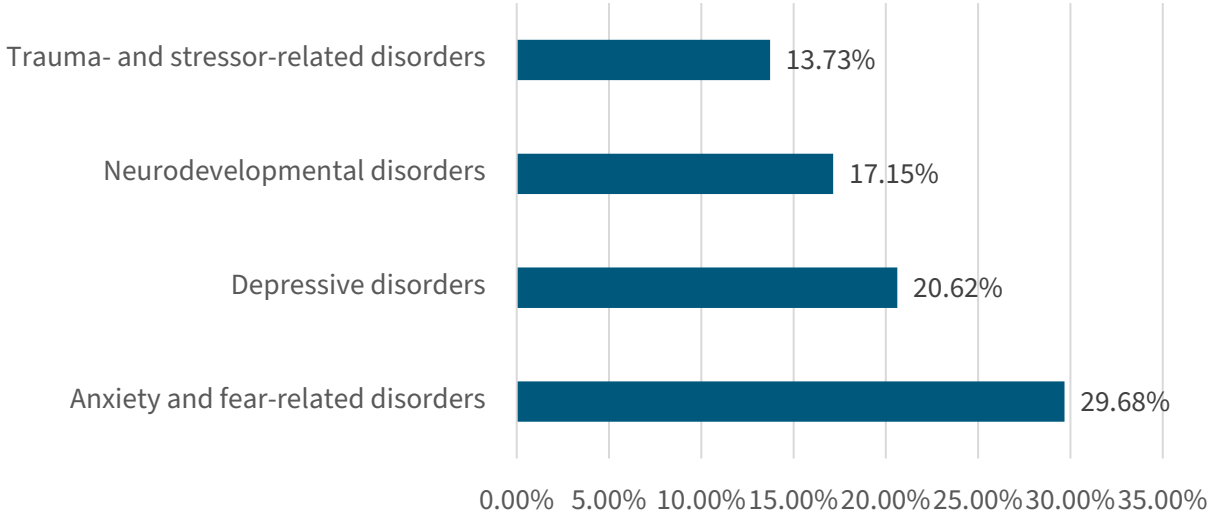
HPSM 2022 Data: Race/Ethnicity of Members with NSMH Utilization

Race/Ethnicity	Non-Specialty Mental Health	
	N	% of total NSMH
HISPANIC	6239	42.18%
OTHER	3163	21.39%
ASIAN/PACIFIC ISLANDER	1488	10.06%
CAUCASIAN	2219	15.00%
NOT PROVIDED	1267	8.57%
BLACK	372	2.52%
NATIVE HAWAIIAN	21	0.14%
ALASKAN NATIVE/ AMERICAN INDIAN	21	0.14%
Total	**14790**	**100.00%**

HPSM 2022 Data: Language of Members with NSMH Utilization



HPSM 2022 Data: % of NSMH-Utilizers by Diagnosis



6.4.2 Specialty Mental Health (SMH) Utilizers

7,001 Medi-Cal members, or about 5% of the MC population, utilize Specialty mental health services for a mental or behavioral health condition. Among those utilizing services:

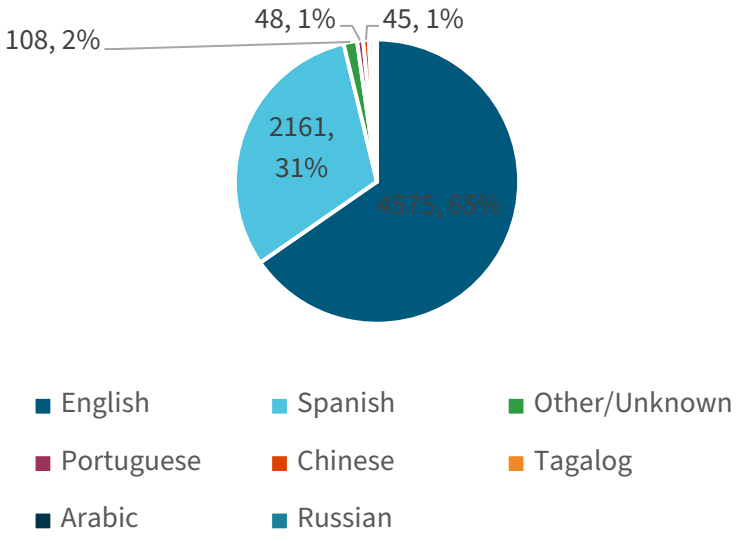
- Approximately 4,000 have a SPMI diagnosis.
- The largest age groups are those aged 22-50 (44%) followed by ages 0-21 (33%).

- A vast majority speak English (65%) or Spanish (31%).
- The most common racial/ethnic categories are Hispanic (41%) followed by Caucasian (20%).
- The most common diagnoses are Depressive disorders (n=1891, 27%), Trauma and stressor related disorders (n=1356, 19.37%), and Anxiety and fear related disorders (n=1220, 17.43%). These align closely with the top conditions among mild to moderate BH utilizers.

HPSM 2022 Data, SMH Utilizers by Age

Age Category	N	% of total SMH
0 to 2	45	0.64%
3 to 6	145	2.07%
7 to 11	336	4.80%
12 to 16	922	13.17%
17 to 21	847	12.10%
22 to 50	3077	43.95%
51 to 64	1287	18.38%
65 to 74	294	4.20%
75+	48	0.69%
Total	**7001**	**100.00%**

HPSM 2022 Data, SMH Utilization by Language



HPSM 2022 Data, SMH Utilization by Race

Race/Ethnicity	SMH Utilizers	
	N	% of total SMH
HISPANIC	2880	41.14%
CAUCASIAN	1370	19.57%
OTHER	1120	16.00%
NOT PROVIDED	711	10.16%
ASIAN OR PACIFIC ISLANDER	550	7.86%
BLACK	342	4.89%
ALASKAN NATIVE OR AMERICAN INDIAN	23	0.33%
NATIVE HAWAIIAN	5	0.07%
Total	**7001**	**100.00%**

HPSM 2022 Data, Top 10 Diagnoses among SMH Utilizers

Diagnosis	Count	% of BHRS Utilizers
Depressive disorders	1891	27.01%
Trauma- and stressor-related disorders	1356	19.37%
Anxiety and fear-related disorders	1220	17.43%
Schizophrenia spectrum and other psychotic disorders	1198	17.11%
Other general signs and symptoms	592	8.46%
Bipolar and related disorders	452	6.46%
Neurodevelopmental disorders	427	6.10%
Alcohol-related disorders	356	5.08%
Stimulant-related disorders	326	4.66%
Socioeconomic/psychosocial factors	281	4.01%

7.Health Disparities

7.1 HEDIS Measure Disparity Analysis

An essential component of HPSM's strategy to advance health equity is to conduct an annual assessment of quality metrics to identify any potential disparities. Healthcare disparities are deep rooted in a variety of factors and can be exacerbated by many things including social determinants of health (SDOH), accessibility of care, provider biases, poor patient-provider communication, and low health literacy. The Institute of Medicine report, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, found that racial and ethnic minorities often receive lower quality of care than their white counterparts, even after controlling for factors such as insurance, socioeconomic status, comorbidities, and stage of presentation (*National Quality Forum*). The National Quality Forum (NQF) defines the following domains as disparity sensitive performance measures:

- asthma;
- diabetes;
- heart disease;
- hypertension;
- medication management;
- mental health and substance use;
- prenatal care; and
- prevention- immunization and screening

Understanding healthcare disparities within HPSM's membership relies on a methodical analysis of HEDIS performance metric data by various subgroups including ethnic/racial groups and other vulnerable populations to identify any subgroups adversely affected by disparities.

Disparities Analysis Methodology:

I. **Data Source:** Member Demographic & Enrollment data pulled from eligibility files provided by Medi-Cal. HPSM's internal HEDIS administrative refresh data for MY2022 was analyzed. The HEDIS data was layered with the following subgroup variables to assess for disparities among those subgroups.

II. **Subgroups:** Included four populations.

Subgroup	**Variables**
Age Groups	Age
Gender	Gender
Race/Ethnicity Groups	Race/Ethnicity
People with limited English proficiency (LEP)	Language
Subpopulation	People with Disabilities, Older Adults, People with SDOH factors

Measure Selection: Selected disparity-sensitive performance measures as defined by NQF across HPSM's priority areas:

HPSM's Priority Area	Disparity Sensitive Metric Selected for Analysis
Chronic Condition Management	• Asthma Medication Ratio (AMR) • Controlling Blood Pressure (CBP) • Diabetes Care: HbA1c poor control (>9%)(HBDA1c>9) • Eye Exam for Patients with Diabetes (EED) • Kidney Health Evaluation for Patients with Diabetes (KED) • Blood Pressure Control for Patients with Diabetes (BPD)
Adult Preventive Health	• Breast Cancer Screening (BCS) • Cervical Cancer Screening (CCS) • Adults Access to Ambulatory and Preventive Care (AAP)
Child and Youth Health	• Well Child Visits in the first 30 months (W30-6+) • Well Child Visits in the first 30 months (W30-2+) • Well Child Visits for 3-21 year olds (WCV) • Childhood Immunization Status (CIS-10) • Adolescent Immunization Status (IMA)
Perinatal Health	• Prenatal Depression Screening and Follow up (PND) • Postpartum Depression Screening and Follow up (PDS) • Prenatal and Postpartum Care: Prenatal (PPC-PN) • Prenatal and Postpartum Care: Postpartum (PPC-PP)

IV. Analysis:

- Broke down rates by subgroups for each measure
- Conducted chi-square test for statistical significance to compare compliant rate of each subgroup to the total rate.
    - Rates with p-values less than .05 are categorized as positive deviants or disparities
    - Rates with p-values less than .1 are categorized as positive or negative trends
    - Populations with less than 25 people for a certain measure were not included in the final HEDIS table
- The total rate for each measure was used as the reference group and subgroups were compared using a chi-square test to determine if any potential disparities existed at a statistically significant level.
- Results were categorized as rate as either a positive deviant if the rate was better or identified disparity if the rate was worse.

The findings from the disparities analysis are summarized below. Only subgroup rates identified as disparities and positive deviants with a statistically significant difference from the total rate are included.

Sub-Group	2022 HEDIS Disparities Data																
	Chronic Condition Management						Adult Preventive Health			Child and Youth Health					Perinatal Health		
Age	AMR	CBP	HBD-A1C>9*	EED	KED	BPD	BCS	CCS	AAP	W30-2+	W30-6+	WCV	CIS-10	IMA	PDS-30 day FU	PND-30 day FU	PPC-PN	PPC-PP
0 to 2																		
3 to 6												67.84%						
7 to 11												52.51%						
12 to 16												54.26%						
17 to 21			80.95%	38.10%	19.67%				53.14%			35.02%			3.15%	2.27%	60.74%	
22 to 50		49.05%	45.59%	48.41%	47.19%	52.79%		49.13%	57.45%			28.09%						
51 to 64		56.61%	36.85%		60.70%	59.68%		43.48%	70.66%									
65 to 74			33.06%	68.01%	62.19%		39.9%		73.76%									
75+		41.60%							71.90%									
Gender	AMR	CBP	HBD-A1C	EED	KED	BPD	BCS	CCS	AAP	W30-2+	W30-6+	WCV	CIS-10	IMA	PDS-30 day FU	PND-30 day FU	PPC-PN	PPC-PP
Female		55.97%	37.05%	62.90%		60.28%			71.10%			52.54%						
Male		50.93%	41.31%	53.89%		53.63%			51.70%			49.78%						
Race/Ethnicity	AMR	CBP	HBD-A1C	EED	KED	BPD	BCS	CCS	AAP	W30-2+	W30-6+	WCV	CIS-10	IMA	PDS-30 day FU	PND-30 day FU	PPC-PN	PPC-PP
American Indian/Alaskan Native								33.33%										
Asian or Pacific Islander	87.25%	49.45%	34.42%			53.50%	48.25%								19.32%	27.63%		
Black					47.40%					40.74%		42.11%						
Caucasian		48.87%		46.37%	48.53%	49.43%		43.11%	59.24%			44.37%	31.25%	37.11%				73.02%
Hispanic		59.71%		62.27%	60.85%	62.66%	39.70%					52.19%	53.08%		6.50%	7.42%		
Native Hawaiian									52.42%									
Not Provided					50.40%		50.60%	50.23%	66.88%			43.81%						78.75%
Other Race/Ethnicity					52.97%		49.17%	50.68%	64.12%	59.86%								
Language	AMR	CBP	HBD-A1C	EED	KED	BPD	BCS	CCS	AAP	W30-2+	W30-6+	WCV	CIS-10	IMA	PDS-30 day FU	PND-30 day FU	PPC-PN	PPC-PP
THRESHOLD																		
Chinese			22.75%		67.83%		55.63%	56.41%	67.22%	88.24%		63.92%						
English		50.06%		53.11%	51.26%	50.86%	48.09%		61.16%	61.84%		47.95%	37.49%		17.24%	19.59%	79.87%	81.36%
Spanish		61.53%		64.98%	63.44%	65.29%	39.11%			73.73%		53.17%	57.14%		2.75%	2.80%	63.85%	90.48%
Tagalog		41.50%							72.04%									
NON-THRESHOLD			30.71%					43.67%		55.56%		48.30%	33.85%				48.48%	
Arabic			22.58%						66.60%									
Armenian																		
Bengali, Bangla																		
Burmese																		
Cambodian																		
Farsi																		
French																		
Gujarati																		
Hebrew																		
Hindi																		
Hmong																		
Ilocano																		
Indonesian																		
Italian																		
Japanese																		
Korean							22.22%	22.86%	45.31%									
Lao																		
Nepali																		
Other/Unknown								39.13%	74.31%									
Polish																		
Portuguese							34.65%	37.26%		52.38%								
Punjabi, Panjabi																		
Russian								32.20%	52.45%			36.59%						
Samoan																		
Sign Language																		
Thai																		
Tongan																		
Turkish																		
Urdu																		
Vietnamese			16.00%				60.66%	64.71%	72.20%									
Other Status	AMR	CBP	HBD-A1C	EED	KED	BPD	BCS	CCS	AAP	W30-2+	W30-6+	WCV	CIS-10	IMA	PDS-30 day FU	PND-30 day FU	PPC-PN	PPC-PP
People with Disabilities (PWD)	62.79%	46.59%		47.88%	42.61%	48.46%		35.15%	79.79%									
Older Adults		48.59%	34.23%	66.48%	60.94%		38.59%		73.94%									
People with SDOH Code			34.35%				55.82%		89.84%			74.00%					59.77%	
Overall Rate	77.76%	53.70%	39.06%	58.65%	56.96%	57.15%	44.87%	47.15%	62.17%	67.50%	40.37%	51.12%	46.88%	45.49%	11.00%	12.06%	72.23%	85.39%

KEY	
*	Lower Rate is better for this measure
	Identified Disparity
	Positive Deviant
	Not enough Data or Not Statistically Significant

Age Subgroups:

Disparities

- The 17-21 and 22-50 age subgroup have the most identified disparities when compared to the total rate of each measure.
- Among the 17-21 age group, disparities exist in diabetes chronic condition measures HBD-A1C, EED, KED, adult preventive care measure AAP, Child and Youth Health measure WCV, and the Perinatal Health measures PDS-30, PND-30, PPC-PN. Based on this analysis, HPSM should focus on encouraging PCP visitation and attendance for the 17-21 population.
- Among the 22-50 age group, disparities exist in chronic condition measures CBP, HBD-A1C, EED, KED, BPD and Adult Preventive Health Measure AAP.

Positive Deviants

- Positive deviants are most prevalent in the 51-64 age group and the 65 to 74 age group.
- The 51 to 64 age group has positive deviants in Chronic Condition measures CBP, HBD-A1C, KED, and BPD and Adult Preventive Health measure AAP.
- The 65-74 age group has positive deviants for Chronic Condition measures HBD-A1C, EED, and KED along with Adult Preventive Health measure AAP.

Negative Trends

- The 17-21 and 75+ age groups had negative trends in the BPD measure.
- The 65-74 subpopulation has a negative trend in CCS.

Positive Trends

- The subgroup aged 51-64 has a positive trend in EED.

Gender Subgroups:

Disparities

- Across the board, the male subgroup has multiple identified disparities including in Chronic condition measures (CBP, HBD-A1C, EED, BPD), Adult Preventive Health measures (AAP), and Child and Youth measures (WCV).
- Based on this analysis, focused effort should be made to encourage regular PCP attendance and chronic condition management in the male population.

Positive Deviants

- The female subgroup has positive deviants in Chronic condition measures (CBP, HBD-A1C, EED, BPD), Adult Preventive Health measures (AAP), and Child and Youth measures (WCV).

Negative Trends

- The male subgroup has a negative trend in the KED measure.

Positive Trends

- The female subgroup has a positive trend in the KED measure.

Race/Ethnicity Subgroups:

Disparities

- The Caucasian identifying subgroup had the most identified disparities. Disparities exist in the following measures: CBP, EED, KED, BPD, CCS, AAP, WCV, CIS-10, IMA, PPC-PP.
- The Black identifying subgroup also has multiple identified disparities. Disparities exist in the following measures: KED, W30-2+, and WCV.
- The Hispanic identifying subgroup has identified disparities in BCS, PDS-30, and PND-30.
- The Native Hawaiian identifying population has disparities in AAP, and the American Indian identifying population has disparities in CCS.
- The Not Provided and Other Race/Ethnicity subgroups have disparities in KED, W30-2+ (Other Race/Ethnicity Only), and WCV and PPC-PP (Not Provided Only).

Positive Deviants

- The Hispanic identifying subgroup has 6 identified positive deviants in the following measures: CBP, EED, KED, BPD, WCV, and CIS-10.
- The Asian/Pacific Islander identifying subgroup has 5 identified positive deviants in the following measures: AMR, HBD-A1C, BCS, PDS-30, and PND-30.

Negative Trends

- There are several negative trends in the race and ethnicity subgroups. The black population has a negative trend in both the PPC-PN and AAP measures. The American Indian/ Alaskan Native also has a negative trend in the AAP measure, as well as the WCV measure. Other negative trends are present in the race not provided subgroup for the EED measure, in the Asian/ Pacific Islander subgroup in the W30-6+ measure, and the other race/ethnicity subgroup in the CIS-10 measure.

Positive Trends

- There are also several positive trends in the race/ethnicity subpopulations. The Black population, in addition to no longer having disparities in BCS and CCS, has a positive trend in the W30-2+ measure. Other positive trends are present in the Other race/ethnicity subgroup in the AMR and PDS-20 Day FU measures, in the Native Hawaiian subgroup in the EED measure, in the Not Provided subgroup in the BPD measure, and in the Caucasian PND-30-day FU measure.

Language Subgroups:

Disparities

- The English language subgroup has the most identified disparities at 10 total. These include disparities in Chronic Condition Management, Adult Preventive Health, Child and Youth Health, and Perinatal Health measures.
- The Spanish language subgroup has 3 disparities in Perinatal Health measures and 1 disparity in Adult Preventive Health measures.

- Non-threshold language speakers have disparities in CCS, W30-2+, WCV, CIS-10, and PPC-PN. Within those non-threshold languages, those who speak Korean, Portuguese, and Russian have clear disparities in 1 or more measures.

Positive Deviants

- The Spanish spoken language subgroup has the most identified positive deviants in the following measures: CBP, EED, KED, BPD, W30-2+, WCV, CIS-10, and PPC-PP.
- The Chinese spoken language subgroup has the several identified positive deviants in the following measures: HBD-A1C, KED, BCS, CCS, AAP, W30-2+, and WCV.
- Among non-threshold language speakers, positive deviants can be found in the Arabic and Vietnamese speaking populations.

Negative Trends

- The Russian subgroup has a negative trend in BCS. The Portuguese subgroup has a negative trend in the AAP measure. The Non-Threshold subgroup has a negative trend in the PND-30-day FU measure.

Positive Trends

- The Non-Threshold subgroup has a positive trend in the AAP measure.

Other Population Subgroups:

Disparities

- Despite high PCP visitation rates as indicated by high AAP rates (79.79%), the People with Disabilities (PWD) subgroup has significant disparities in AMR, CBP, EED, KED, BPD, and CCS.
- The Older Adult subgroup has disparities in CBP and BCS.
- People with SDOH factor codes have disparities in PPC-PN.

Positive Deviants

- The Older Adult subgroup has positive deviants for many Chronic Condition Management measures including HBD-A1C, EED, and KED. AAP rates are also a positive deviant for this population.
- People with SDOH factor codes have positive deviants for HBD-A1C, BCS, AAP, and WCV. This is likely because these members had a provider visit where the SDOH factor was coded in the past year and have therefore received preventive care.

Negative Trends

- The People with SDOH subgroup has a negative trend in the KED measure.

Positive Trends

- The People with SDOH subgroup has a positive trend in the BPD measure.

Summary of Disparity Focus Areas

Based on the HEDIS measure Disparity table for MY2022, the following are the top 3 focus areas by thematic area.

HPSM's Priority Area	Disparities-based Focus

Chronic Condition Management	• A1c > 9 rates among 17-21 and 22 – 50 age groups. • CBP rates among 22-50 and 75+ age groups and those with Tagalog language preference.
Adult Preventive Health	• CCS rates amongst the PWD subgroup • AAP rates among Males and those between 17-50 • BCS rates among the Hispanic and Spanish speaking subgroups
Child and Youth Health	• WCV rates for Black-identifying members and those between 17-21 • WCV and W30 rates for members who prefer non-threshold languages
Perinatal Health	• PPC: PN rates for members under the age of 21 • ___?