



HEALTH EQUITY REPORT | 2023

Blue Cross & Blue Shield of Rhode Island (BCBSRI) is working to improve the health and well-being of Rhode Islanders by leading access to high quality, affordable, and equitable care. Our journey to ensure our members have access to quality and equitable care involves gathering information to help us better understand their healthcare needs. This Health Equity Report was created from 2022 claims data from our Rhode Island adult members, using measures widely leveraged by health plans and clinicians to monitor healthcare quality. You'll see that the report shows racial and ethnic inequities in several areas of care.

To build a better system that addresses these inequities, we need the best information – and that's where you come in. We're inviting you to tell us more about yourself. Your responses won't affect your coverage or premiums. Rather, they will help us identify parts of the healthcare system that work and places where they fall short, laying the groundwork for new programs and solutions that support more inclusive, affordable, and accessible care for all. We hope you'll participate (it won't take long). You'll find the questions in the My Account section of [myBCBSRI](#) or when you first register your myBCBSRI account.

CHRONIC CONDITIONS

	Asian	Black	Hispanic	White
Asthma Medication Ratio - Performance Rate Percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.		80.9%	85.5%	84.3%
Controlling High Blood Pressure Percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.	68.5% ⁺	63.4% ⁺	62.0% ⁺	72.4%
* Hemoglobin A1c Control for Patients With Diabetes - Poor HbA1c Percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at >9.0% (poor control) during the measurement year.	29.4%	32.9% ⁺	37.7% ⁺	28.3%
Hemoglobin A1c Control for Patients With Diabetes - HbA1c < 8% Percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at <8.0% during the measurement year.	61.9%	59.8% ⁺	55.3% ⁺	63.8%
Eye Exam for Patients With Diabetes - Eye Exam The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.	72.1%	69.5%	68.3%	74.6%
Blood Pressure Control for Patients With Diabetes - BP < 140/90 The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	62.5%	58.8%	58.3%	66.5%
Statin Therapy for Patients With Cardiovascular Disease - 80% Adherence % of males 21–75 and females 40–75 during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.		68.4% ⁺	77.6% ⁺	87.1%
Statin Therapy for Patients with Cardiovascular Disease - Statin Therapy % of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.		82.6%	86.4%	88.7%
Statin Therapy for Patients with Diabetes - 80% Adherence % of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who remained on a statin medication of any intensity for at least 80% of the treatment period.	73.1% ⁺	73.5% ⁺	64.5% ⁺	85.6%
Statin Therapy for Patients with Diabetes - Statin Therapy % of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed at least one statin medication of any intensity during the measurement year.	81.5%	71.5%	68.6% ⁺	77.5%
Use of Spirometry Testing in the Assessment and Diagnosis of COPD The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.		25.0%	20.5%	34.7%

MENTAL HEALTH

	Asian	Black	Hispanic	White
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase The percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.				52.2%
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance % of members 6–12 years of age with a prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended.				68.3%
Antidepressant Medication Management - Acute The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).	71.2% ⁺	70.0% ⁺	71.3% ⁺	84.2%
Antidepressant Medication Management - Continuation The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).	51.9% ⁺	45.0% ⁺	45.3% ⁺	67.1%
Follow-Up After Hospitalization for Mental Illness - 7-Day The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge.		50.0% ⁺	57.4%	56.1%
Follow-Up After Hospitalization for Mental Illness - 30-Day The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge.		71.1%	87.0%	80.2%

OTHER TESTING AND TREATMENT

	Asian	Black	Hispanic	White
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis / bronchiolitis that did not result in an antibiotic dispensing event.		39.6%	41.7%	39.0%
Appropriate Testing for Pharyngitis The percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.		70.1%	71.7%	74.7%
Use of Imaging Studies for Low Back Pain - Appropriate Treatment The percentage of members 18–75 years of age with a principal diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.	68.9%	70.7%	73.1%	73.3%
Appropriate Treatment for Upper Respiratory Infection - Appropriate Treatment The percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.	84.3%	87.2%	83.5%	81.1%

PREVENTION

	Asian	Black	Hispanic	White
Adults' Access to Preventive/Ambulatory Health Services The percentage of members 20 years of age and older who had an ambulatory or preventive care visit.	95.6% ⁺	97.8% ⁺	98.0% ⁺	98.4%
Colorectal Cancer Screening - Appropriate Screening The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.	66.6% ⁺	70.0% ⁺	68.4% ⁺	76.7%
* Potentially Harmful Drug-Disease Interactions in Older Adults - Chronic kidney disease % of Medicare members (ages 65+) who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.				6.9%
* Potentially Harmful Drug-Disease Interactions in Older Adults - Dementia % of Medicare members (ages 65+) who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.		25.7%	29.1%	33.8%
* Potentially Harmful Drug-Disease Interactions in Older Adults - History of Falls % of Medicare members (ages 65+) who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.		33.3%	25.0%	38.3%
* Potentially Harmful Drug-Disease Interactions in Older Adults - Total rate % of Medicare members (ages 65+) who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.	22.0%	24.4%	25.0%	32.4%
Immunizations for Adolescents - Combo 1 % of Adolescents who are numerator compliant for both the meningococcal and Tdap indicators (age 13).	93.1%	87.5% ⁺	98.5%	95.4%
Immunizations for Adolescents - Combo 2 % of Adolescents who are numerator compliant for all three indicators (meningococcal, Tdap, HPV) (age 13).	63.8%	54.2%	69.1%	63.9%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents - BMI Percentile The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI Percentile documentation during the measurement year.	72.3% ⁺	71.5% ⁺	70.8% ⁺	78.7%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents - Nutrition The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition during the measurement year.	69.4% ⁺	63.1% ⁺	63.6% ⁺	79.8%
Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents - Physical The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during the measurement year.	63.0% ⁺	54.7% ⁺	57.6% ⁺	74.8%

WOMEN'S HEALTH

	Asian	Black	Hispanic	White
Breast Cancer Screening The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.	84.1%	85.8%	85.7%	85.7%
Cervical Cancer Screening The percentage of women 21–64 years of age who were screened for cervical cancer using appropriate guidelines.	70.7% ⁺	72.8% ⁺	75.3% ⁺	78.2%
Chlamydia Screening The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	69.6%	75.0% ⁺	72.3% ⁺	64.6%

Methodology: Health care quality measures are for calendar year 2022. Measures omitted were expanded in future versions of this analysis. The member race and ethnicity data underlying Blue Cross & Blue Shield of Rhode Island's analyses is based on RIDOH vaccination data. Analyses omit members with missing race and ethnicity data and might overestimate or underestimate the true magnitude of inequities. BCBSRI is currently engaged in a significant effort to collect self-reported race and ethnicity data from members directly. Future versions of these analyses will incorporate more member self-reported race and ethnicity data as they become available.

* A lower percentage represents better performance.

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

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

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