

TURNING RACIAL AND ETHNIC DATA INTO A QUALITY IMPROVEMENT STRATEGY

Data collection and analysis allows states to more effectively conduct quality improvement (QI) activities. In the context of a state’s purchasing strategy, states should consider these questions about their quality improvement projects related to disparities:

- How would reducing racial and ethnic disparities address state managed care purchasing priorities?
 - What problems would reducing disparities help to fix?
 - How widespread are the problems?
 - Who cares about them? Why do they care?
 - How would reducing disparities help?
- What can the state, health plans, providers, consumers, and others do to reduce disparities?
 - How can they be persuaded to do it?
- What would success look like?

Keep in mind that data are not free. Use existing administrative and routine operational data to the largest extent possible. For QI projects dealing with racial and ethnic disparities, the state’s Medicaid enrollment files may provide racial and ethnic identifiers that are reasonably complete and accurate. If these data are not available, the ability to use routine service claims and enrollment data for QI projects will be significantly limited. Other options may need to be explored and could potentially be more expensive routes to obtain the data needed (e.g. beneficiary surveys).

Don’t promise more than you can deliver from QI data analysis efforts. Links between cause and effect are never easy to demonstrate. States may be able to show that more people with specific racial and ethnic characteristics enrolled in Medicaid after the QI project began than before, or that they used more or fewer services of specific kinds than before, but the actual impact on their health will be much harder to demonstrate. Even basic before-and-after differences in enrollment and service use may be hard to attribute to the QI project if they could have been caused in part by other factors.

Making the case for racial and ethnic disparities QI projects. QI projects aimed at reducing racial and ethnic disparities must always compete for limited resources, often against QI projects in other areas of Medicaid managed care. Making the case over time for your QI project involves:

- Convincing those with the resources you need that the project should be a high priority;
- Measuring and reporting your results to key audiences in ways they can quickly grasp; and
- Institutionalizing QI changes so they have a lasting impact.