

## Reducing Disparities at the Practice Site

Small provider practices play a critical role in caring for Medicaid beneficiaries, particularly those who are racially and ethnically diverse. Indeed, a recent Center for Health Care Strategies (CHCS) analysis found that approximately 50% of Medicaid beneficiaries in Arkansas, Michigan, and Southwest Pennsylvania are served by practices with three or fewer providers. In Michigan, 55% of African-American Medicaid beneficiaries receive care in practices with three or fewer providers.<sup>1</sup>

Based on these preliminary findings, CHCS recognizes substantial opportunities to work with small practices to reduce disparities by improving care. In particular, states and health plans are well positioned to provide administrative, clinical, and financial support to help small practices improve health care quality and close the disparities gap.

### Solution

The *Reducing Disparities at the Practice Site* (RDPS) initiative was developed by CHCS to support quality improvement in small practices serving a high volume of racially and ethnically diverse Medicaid beneficiaries. This three-year project, made possible by the Robert Wood Johnson Foundation, will help Medicaid agencies and health plans partner with small practices to reduce racial and ethnic disparities and improve overall outcomes.

The RDPS initiative will test the leverage that Medicaid agencies, health plans, primary care case management (PCCM) programs and other community-based organizations have for improving chronic care at small practices serving racially and ethnically diverse beneficiaries. CHCS believes that these stakeholders can play a critical role in facilitating and sustaining improvements in care by providing practice sites with data, technology, care management resources, quality improvement training, and capital.

Four state-led teams — **Michigan, North Carolina, Oklahoma, and Pennsylvania** — were competitively selected to participate in RDPS. These teams will seek to build the quality infrastructure and care management

capacity of “high-opportunity” primary care practices where the greatest impact can be made. The following criteria will be used to identify these practices:

- Large volume of Medicaid patients;
- Racially and ethnically diverse patient panel;
- Large volume of patients with chronic conditions; and
- Opportunities to improve performance based on national quality indicators.

With technical support from CHCS and experts in the field, teams will help practice sites implement interventions focused on:

- Tracking patients and outcomes using an electronic data management tool;
- Adopting evidence-based guidelines for targeted chronic conditions; and
- Incorporating team-based care into ongoing practice operations.

### Stakeholder Teams

**Michigan:** Michigan Department of Community Health, Great Lakes Health Plan, Health Plan of Michigan, Midwest Health Plan, Molina Healthcare of Michigan, OmniCare, Total Health Care, University of Michigan, Michigan State University, Greater Detroit Area Health Council

**North Carolina:** North Carolina Division of Medical Assistance, Community Care of North Carolina, Carolina Community Care Collaborative

**Oklahoma:** Oklahoma Health Care Authority, Iowa Foundation for Medical Care, APS Health Systems

**Pennsylvania:** Pennsylvania Office of Medical Assistance Programs, AmeriChoice, Health Partners, Keystone Mercy Health Plan, IPRO

Each team will receive technical assistance to help guide quality improvement and provider engagement activities as well as \$200,000 to support project implementation. At the end of the initiative, lessons will be broadly disseminated to help additional states and health plans support quality improvement at the small practice setting.

<sup>1</sup> Data derived from CHCS Practice Size Exploratory Project (PSEP).