

# BCBS Health Equity Findings and Approach

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Association

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Blue Cross Blue Shield Association is an association of independent Blue Cross and Blue Shield companies.

# Key stakeholders are actively involved in implementation of the BCBS Health Equity Strategy

## BCBS HEALTH EQUITY STRATEGY



# Reducing maternal health disparities is the first priority area for Health Equity efforts

## MATERNAL HEALTH DISPARITIES

## PUBLIC GOAL



Reduce racial  
disparities  
in maternal  
health by  
**50% in  
5 years**

# BCBSA released the Maternal Health Compendium as a resource for Health Equity Champions and key stakeholders

## Areas of Focus

Conduct Cultural Competency Education and training, Inclusive Bias Education and Training

Support the Practice of Nurse Midwives

Expand Access to Maternal Support Services

Expand Care Continuum

Assess Plan Provider Program Opportunities for Reducing Disparities



## Top 10 maternal health equity actions

**1**

Engage maternal voices and community stakeholders to craft, build and sustain a holistic maternal health program. Form public and private partnerships to address root causes of disparities, inequalities and Social Determinants of Health (SDOH).

**2**

Provide access to cultural humility and unconscious bias training for everyone in the maternal care continuum.

**3**

Include nurse-midwives and birthing centers in provider networks and design programs to increase education and awareness for members.

**4**

Facilitate access to doulas and community health workers for maternal support services.

**5**

Implement facilitated self-management or peer prenatal care models such as CenteringPregnancy.<sup>™</sup>

**6**

Expand benefit coverage to ensure postpartum care including behavioral health care to 1-year post-delivery.

**7**

Align quality measurement with national standards-setting organizations and tie back to provider quality programs.

**8**

Join and participate in a Perinatal Quality Collaborative.

**9**

Implement value-based contracts specific to maternal health.

**10**

Amplify programs of special significance such as vaccination programs with a focus on COVID-19 and influenza.

## **Health of America Report:** What is different about the study?

- Extends the timeframe of data inclusive of our April 2021 baseline
- Includes a standardized national data set for Medicaid
- Includes a survey of members and their experiences
- Includes analysis of SMM using our standard definition soon to be the national standard

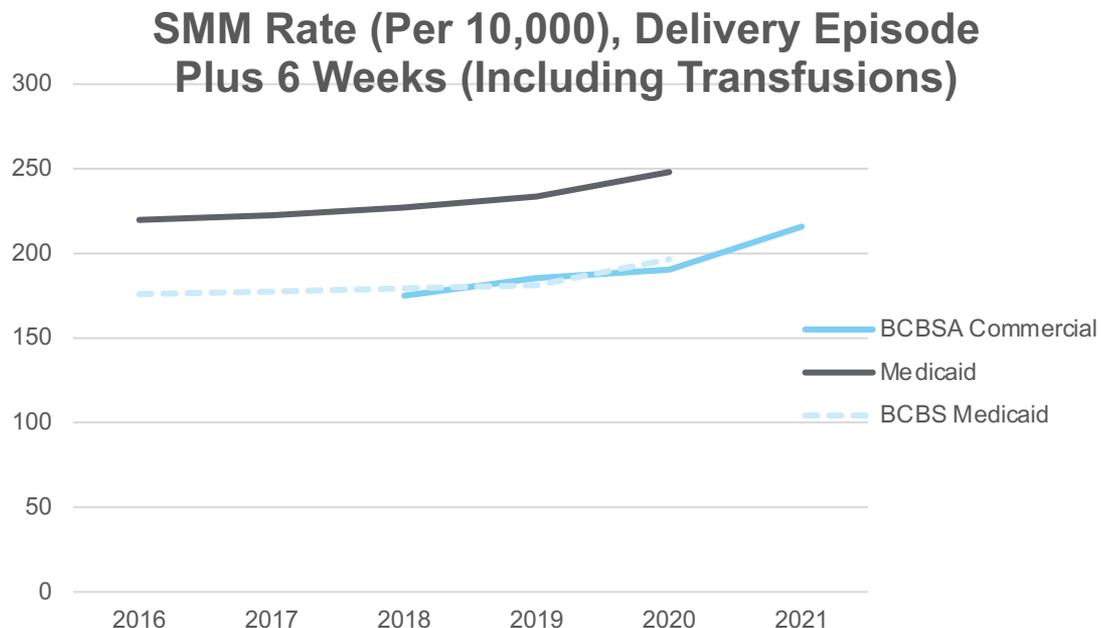
## Key Findings

1. **SMM rates** among both Commercial and Medicaid insured women **continue to rise in recent years**
2. SMM rates are **higher among Black, Hispanic, and Asian women** compared to White women in **both the Medicaid and Commercially insured populations**
3. Black, Hispanic, and Asian women are more likely to experience a host of risk factors that are present prior to childbirth, **with a number of these factors increasing the risk of a SMM event many times over**
4. In survey findings, **Black and Hispanic women report that they are less likely to make prenatal visits**

## Key Findings

5. **SMM rates** among BCBS managed Medicaid lives are lower than the national Medicaid rates
6. **The presence of chronic disease burden** preceding pregnancy strongly correlates with higher SMM
7. One specific risk profile rose to the top. We believe **women of color aged 35 or higher with comorbid conditions should be treated as very high risk for SMM**
8. Compared to white mothers, a significant percentage of mothers of color were not always able to complete the recommended series of prenatal visits. Barriers include transportation and scheduling challenges

## SMM Rates for women insured by BCBS-owned Medicaid plans largely mirror rates for BCBS commercially insured women

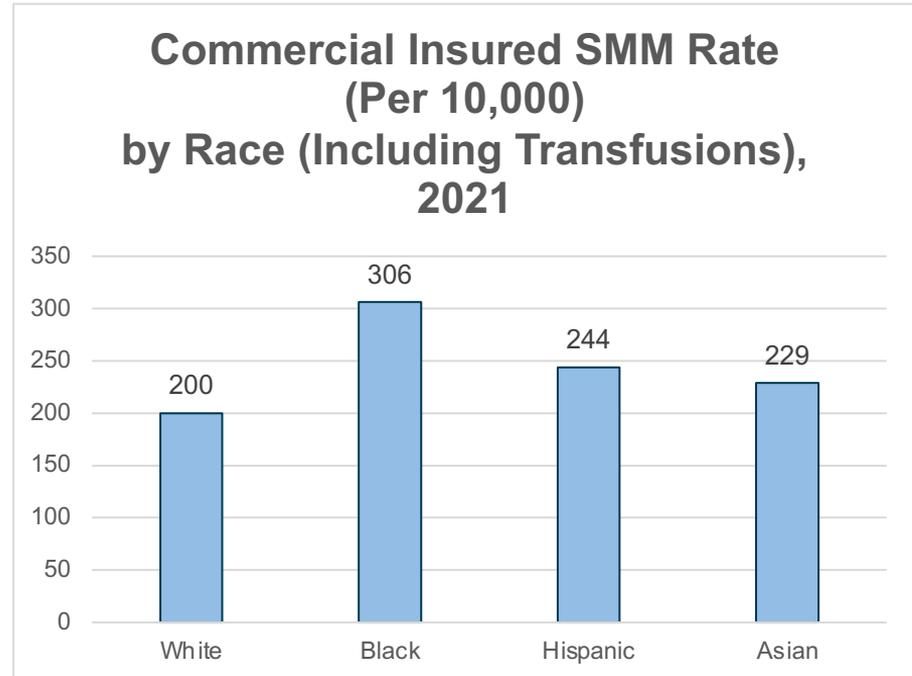


For Commercially and Medicaid insured women, SMM rates increased by 9% between 2018 and 2020 (and 23% from 2018 to 2021)

- For Medicaid women insured by a BCBS-owned plan, SMM rates increased 10% from 179 events to 197 events per 10,000 deliveries between 2018 and 2020

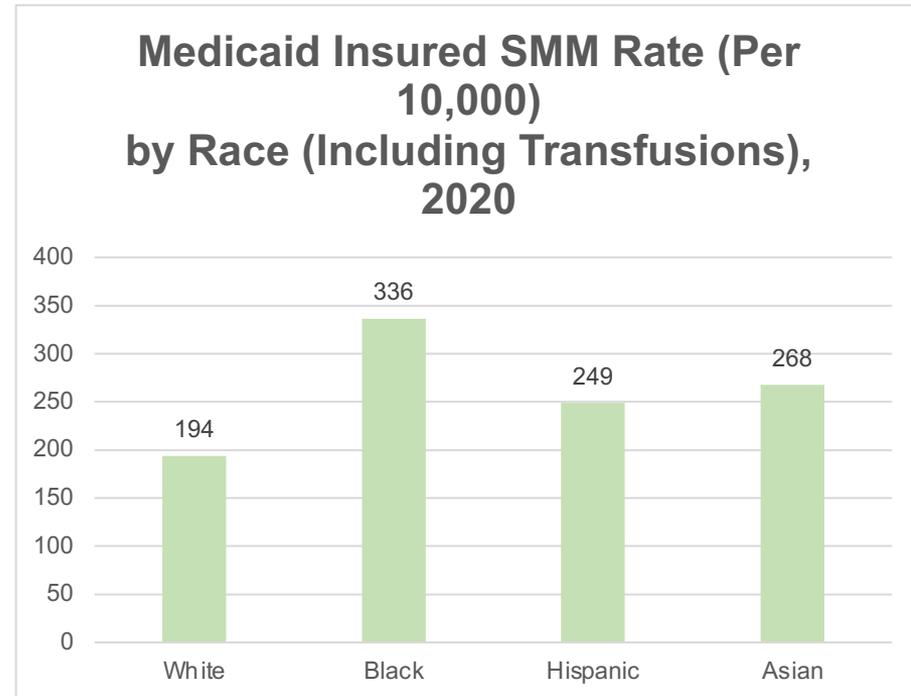
## SMM Rates for Commercially insured Black, Hispanic, and Asian women are higher than for White women

- Black women have **53%** higher rates of SMM than White women
- Hispanic women have **22%** higher rates of SMM than White women
- Asian women have **15%** higher rates of SMM than White women

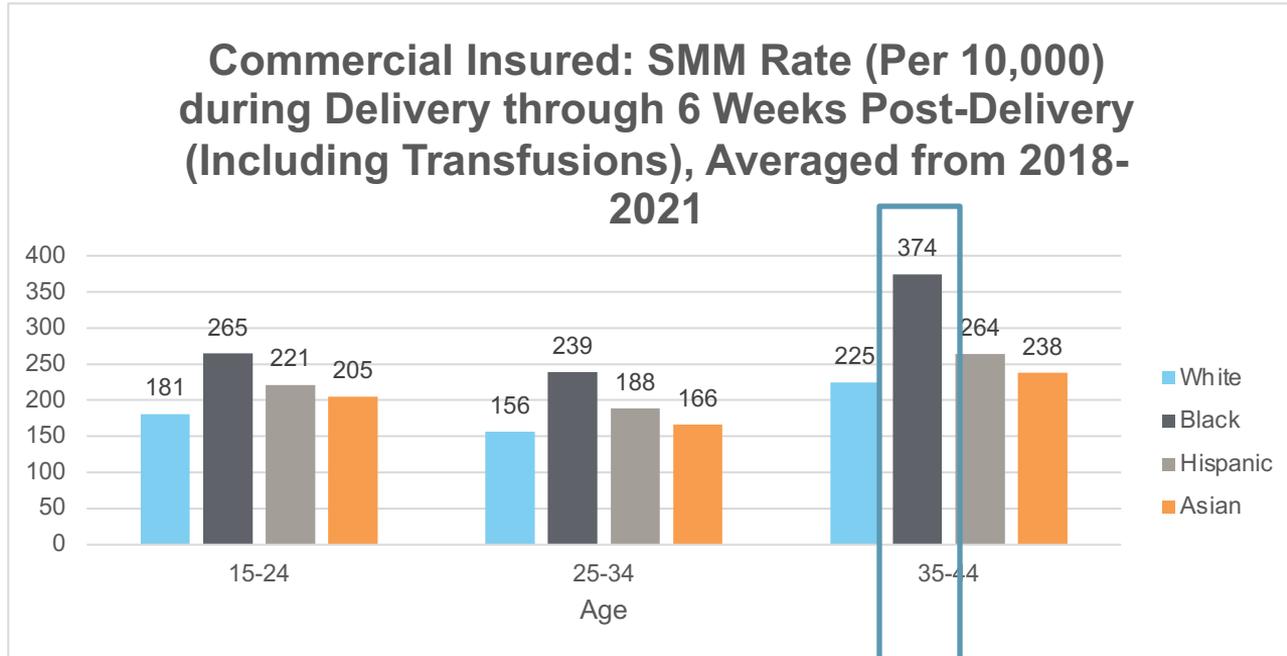


## SMM Rates for Medicaid insured Black, Hispanic and Asian women are also higher than for White women

- Black women have **73%** higher rates of SMM than White women
- Hispanic women have **28%** higher rates of SMM than White women
- Asian women have **38%** higher rates of SMM than White women

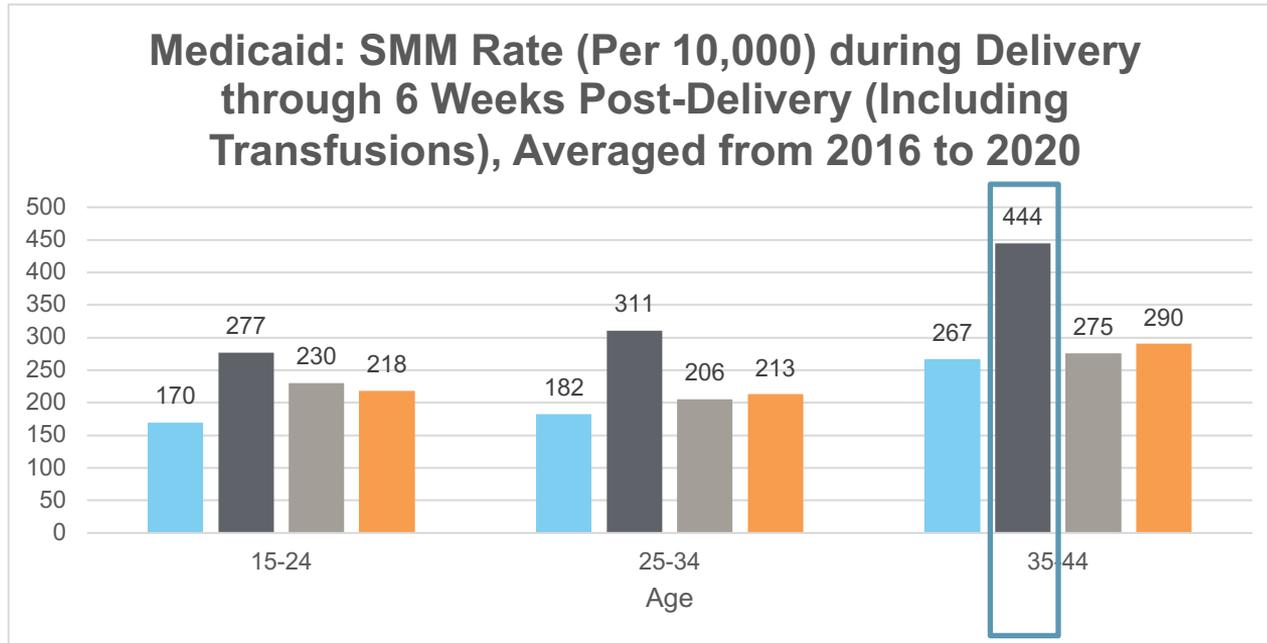


**Regardless of age, commercially insured Black, Hispanic, and Asian women are more likely to have an SMM event than White women**



Black women 35 to 44 years of age have a 66% higher SMM rate over white women of the same age.

## Similarly, Medicaid insured women of color are more likely to have an SMM event than White women



SMM events for Black women ages 35-44 are again much higher at 444 per 10,000--70% higher than White women in that same age group.

## Compared to white mothers, a significant percentage of mothers of color were not always able to complete the recommended series of prenatal visits

	Attended all pre-natal care visits	White 84%	Black 68%**	Hispanic 67%*	Asian 76%*
Top Reasons for Missing Prenatal Visits	Transportation	3%	12%**	6%*	2%*
	Scheduling	3%	9%**	9%**	9%**
	COVID-19	5%	6%	9%	4%

\*\* Statistically significant difference from result for white respondents at a 95% confidence level

## Actions

- Strongly encourage the management of chronic diseases prior to pregnancy
- Better measure and encourage reduction of avoidable cesarean sections
- Provide/reinforce criteria to plans and providers for what scenarios are high risk for SMM
- Underscore attention to transportation and scheduling barriers, partner on solutions