

Fiscal Year
2022

**Montgomery Cares
Clinical Performance
Measures**

Acknowledgements

The Primary Care Coalition (PCC) would like to acknowledge its deep appreciation for the organizations that participate in the Montgomery Cares program. We are additionally grateful to the Montgomery County Council, Department of Health and Human Services, and other partners and funders for their support of this program. We are thankful for these establishments' tireless work in serving vulnerable populations.

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Executive Summary

The Primary Care Coalition, together with the Quality Health Improvement Committee, monitors a variety of performance indicators to ensure high quality service provision in the Montgomery Cares program for the uninsured/uninsurable of Montgomery County, Maryland. Eight indicators are publicly reported on an annual basis, pertaining to hypertension, diabetes control, and cancer and depression screenings.

In Fiscal Year 2022, findings worth celebrating included excellent performances related to hypertension control, diabetes screening and control, and breast cancer screening. Areas for potential improvement were shown in relation to cervical and colorectal cancer screenings, and in hypertension control specifically in the male community.

Montgomery Cares Program, Participating Providers, and PCC

The Montgomery Cares (MCares) program is a public-private partnership designed to provide high-quality, efficient, accessible, equitable, and outcome-focused health services to adult-aged, culturally diverse community members who are of low income and are uninsured/uninsurable. With a diversity index of over 70%, Montgomery County is one of the most diverse counties in America.¹ About 8% of the area lives in poverty.² Most MCares-eligible patients have immigrated to the US, and do not have documentation status to qualify for Medicaid. Though there are an estimated 75,000 undocumented immigrants in the county³, not all would qualify

for the Montgomery Cares program as they may have insurance through their employers or other means.

Since 1993, the PCC has administered a variety of programs designed to increase access to health services and improve the quality of care in the county safety net, including the Montgomery Cares program. In Fiscal Year 2022 (FY22), the primary care network of the Montgomery Cares program included ten independent primary care organizations (see Appendix A). The network served 19,777 unique patients in 53,336 encounters.

Montgomery Cares Quality Indicators

The Montgomery Cares Quality Health Improvement Committee (QHIC) is made up of medical directors and quality-related staff of the MCares participating clinics. The QHIC works to continually seek ways to improve processes and health outcomes. Part of this work is through the capture of quality indicators. Since 2007, the QHIC has reviewed, revised, and approved standard clinical measures, basing their selection on the following criteria:

- Existence of nationally endorsed measure specifications (e.g. Healthcare Effectiveness Data and Information Set (HEDIS) Medicaid measures, the annual results of which serve as meaningful performance targets, given the program's target population);
- Evidence that improvement in the measure correlates with improved patient outcomes;
- Sufficient prevalence of the population or condition in the Montgomery Cares population.

In FY22, Montgomery Cares tracked and reported 19 measures of chronic care and prevention on a quarterly basis, related to diabetes, hypertension, and cancer and depression screening.

¹ US News. (2021). *The 15 Most Diverse Counties in America*. Accessed: <https://www.usnews.com/news/health-news/slideshows/the-15-most-diverse-counties-in-the-us?slide=5>

² Unites States Census Bureau. (no date). *Quick Facts: Montgomery County, Maryland*. Accessed: <https://www.census.gov/quickfacts/montgomerycountymaryland>

³ Migration Policy Institute. (no date). Profile of the Unauthorized Population: Montgomery County, MD. Accessed: <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/county/24031>

All Clinic Indicator Performance Over Time							
Measure	FY17	FY18	FY19	FY20	FY21	FY22	HEDIS Benchmark
Hypertension Control	66%	66%	67%	65%	57%	60%	59%
HgA1c Testing in Diabetics	87%	86%	86%	85%	86%	88%	85%
HgA1c Control in Diabetics (≤ 8)	53%	53%	53%	51%	52%	52%	48%
Uncontrolled HgA1c in Diabetics (≥ 9)	33%	34%	34%	35%	35%	36%	42%
Breast Cancer Screening	56%	55%	52%	54%	55%	54%	51%
Cervical Cancer Screening	55%	56%	58%	58%	58%	50%	56%
Colorectal Cancer Screening	39%	42%	48%	45%	44%	35%	N/A
Depression Screening	56%	72%	71%	69%	73%	73%	N/A

Eight of those measures have been monitored annually for public reporting. These are:

1. Hypertension control in the patient population
2. HgA1c testing in diabetics
3. HgA1c control in diabetics (≤ 8)
4. Uncontrolled HgA1c in diabetics (≥ 9)
5. Breast cancer screening (women aged 50+)
6. Cervical cancer screening
7. Colorectal cancer screening
8. Depression screening

The technical definitions of these indicators can be found in Appendix B.

FY22 marks the first year that data from all ten participating primary care organizations, not just those on the shared PCC-administered electronic health system, were included in the analysis of disparities.

Results by Indicator

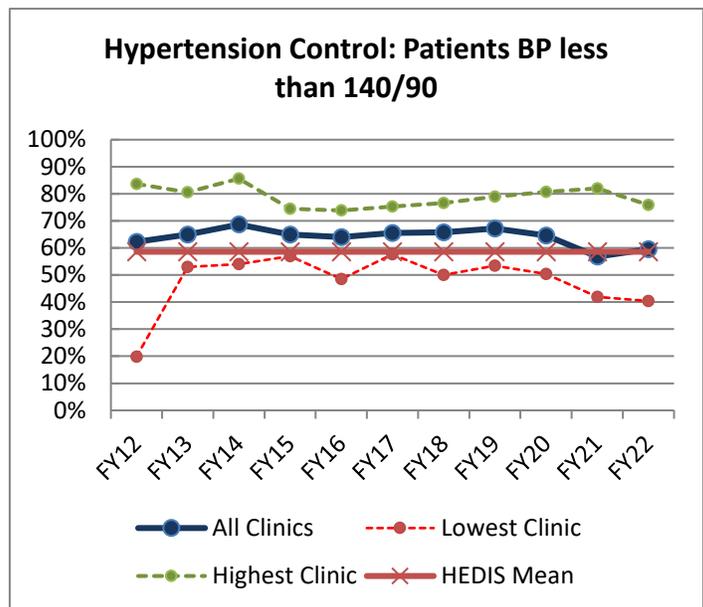
Chronic Conditions

Four publicly reported indicators pertain to chronic conditions, specifically hypertension and diabetes. These indicators and their results follow.

Hypertension

Hypertension affects many Americans, particularly the Black/African American community.⁴

Following a small dip below the HEDIS mean of 59% in the previous year, the all-clinic average came back over the benchmark this year (60%).

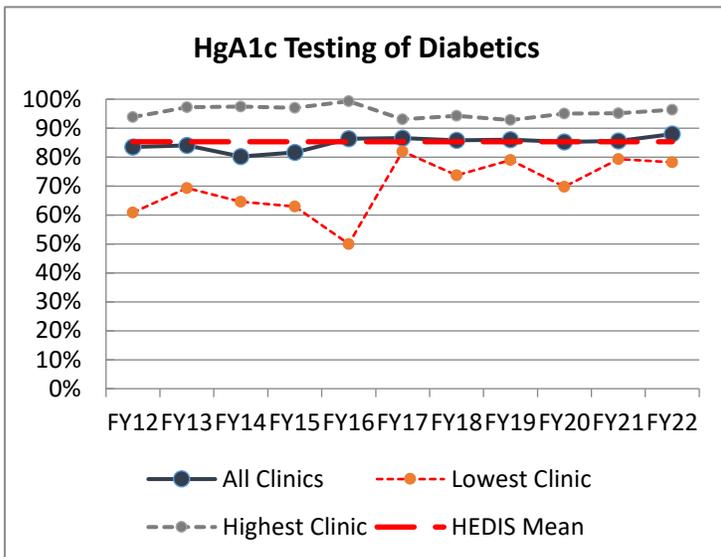


⁴ GM Al Kibria. (2019). Racial/ethnic disparities in prevalence, treatment, and control of hypertension among US adults following application of the 2017 American College of

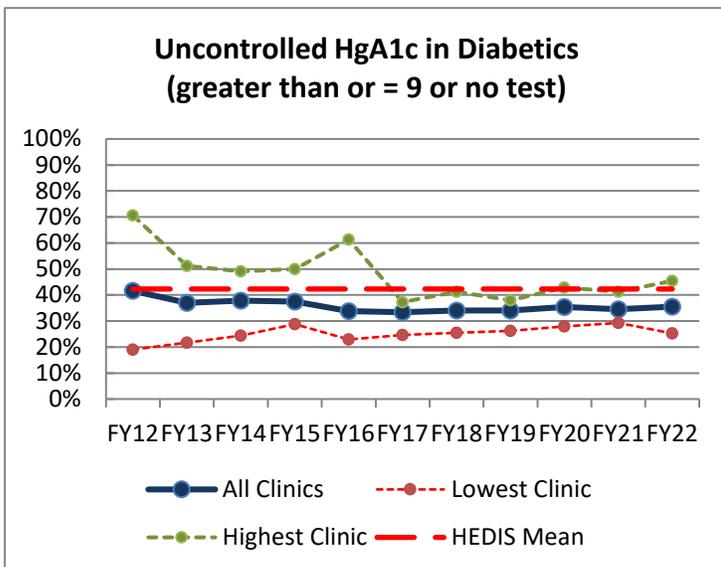
Cardiology/American Heart Association guideline. *Preventive Medicine Reports*. Accessed: <https://www.sciencedirect.com/search?q=S221133551930035X>

Diabetes

The American Diabetes Association has called diabetes “an urgent health problem in the Latino community” and “one of the most serious health problems that the African American community faces today”⁵. In FY22, 22% of MCare patients had a diabetes diagnosis.

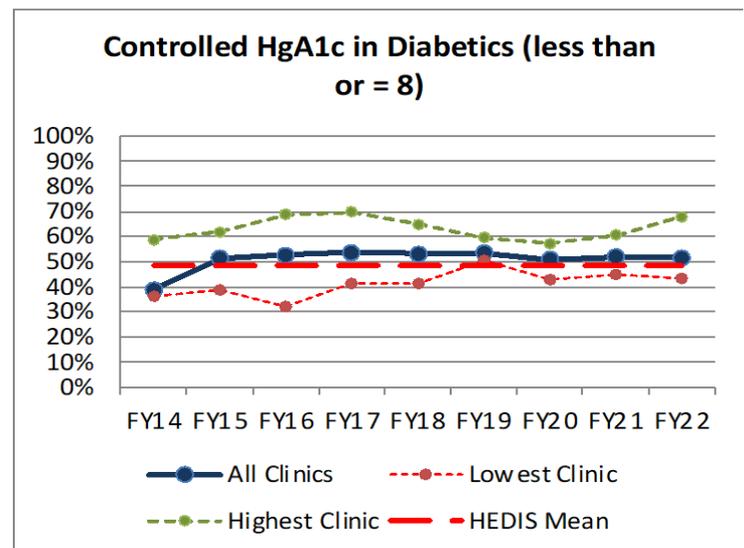


The all-clinic average (88%) in Diabetics with an HgA1c Test continues to slightly over perform the HEDIS average (85%).



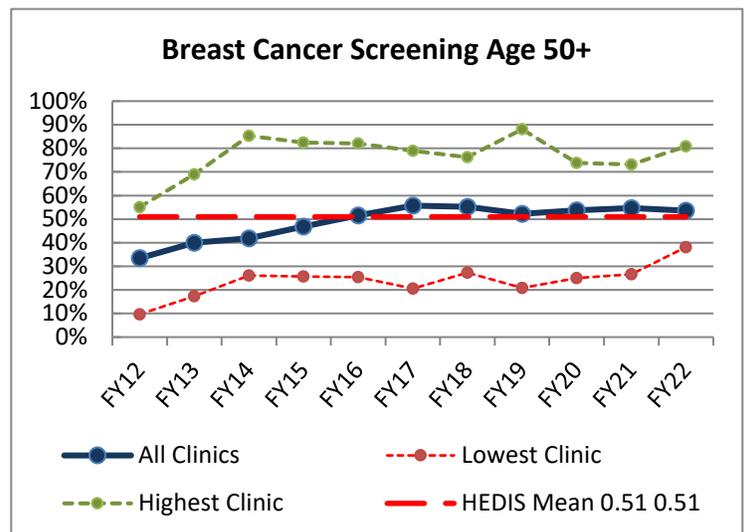
MCare patients also perform better than the benchmark in terms of Uncontrolled HgA1c (36% versus the HEDIS average

of 42%) and, intuitively, Controlled HgA1c in Diabetics (52% versus the HEDIS average of 48).



Cancer Screening

Breast cancer accounts for 30% of cancer diagnoses among U.S. women and approximately 15% of cancer deaths—making it the most frequently diagnosed and second-most deadly cancer.⁶ There are typically also disparities seen in how aggressive breast cancer can be, particularly in relation to the Black/African American population.⁷ Similarly, cervical cancer can disproportionately affect minority women.⁸ Colorectal



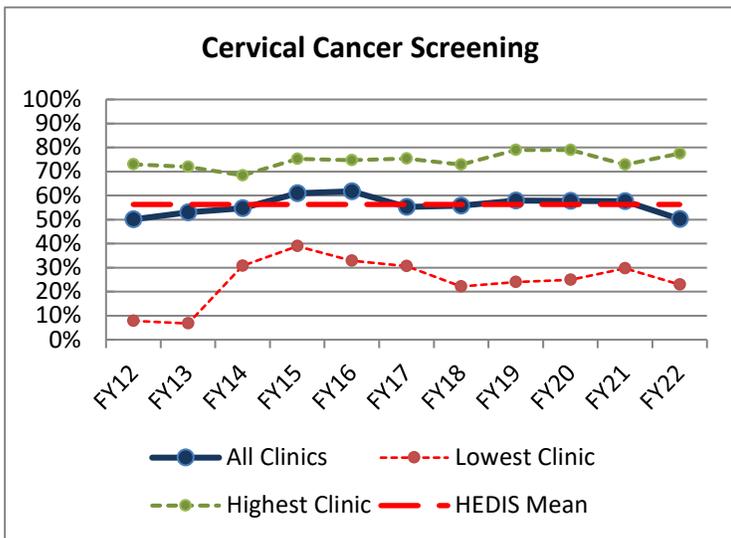
⁵ American Diabetes Association. (2023). *Healthy Equity*. Accessed: <https://www.diabetes.org/healthequitynow>

⁶ American Cancer Society. (2019). *Cancer Facts and Figures 2019*. Accessed: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf>

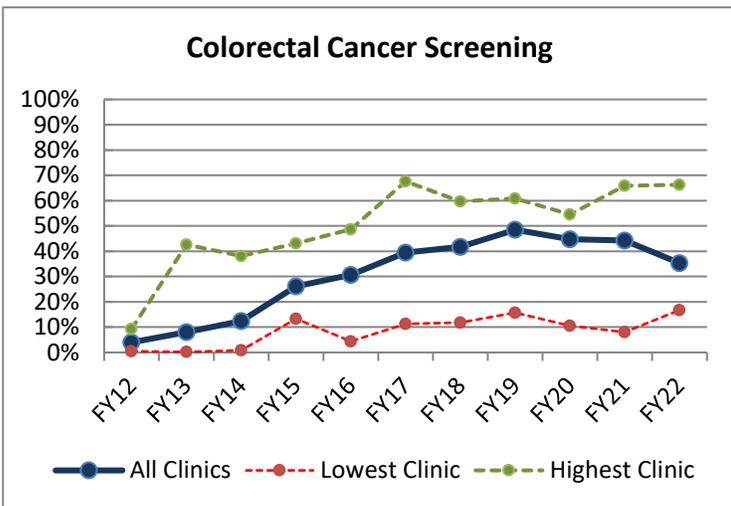
⁷ American Cancer Society. (2022). More Black Women Die from Breast Cancer than Any other Cancer. Accessed: <https://www.cancer.org/research/acs-research-news/facts-and-figures-african-american-black-people-2022-2024.html>

⁸ Pratte, MA, et. Al. (2018). Racial/Ethnic Disparities in Cervical Cancer Screening Services Among Contractors of the Connecticut Breast and Cervical Cancer Early Detection Program. *Health Equity*, 2(1). doi: 10.1089/heq.2017.0038

cancer is surpassed only by lung cancer in deaths⁹, and disproportionately affects the Black/African American population.¹⁰



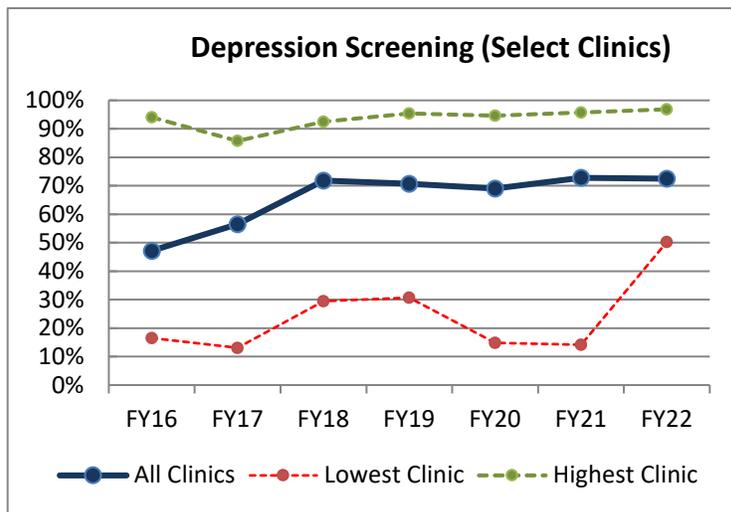
The all-clinic average (54%) continues to outperform the HEDIS benchmark (51%) in terms of breast cancer screening. However, a dip in cervical cancer screening (50%) was seen this year, putting it below the HEDIS benchmark (56%), marking one of the lowest averages since FY12. The all-clinic average (35%) continues its downward trend in colorectal cancer screening, dropping 9 percentage points since FY21 (44%), and 14 percentage points since its height in FY19 (49%).



⁹ American Cancer Society, (n6).

Behavioral Health

In FY22, 72% of MCare patients in select clinics received a depression screening, relatively on par with performance since FY18.



Results by Race/Ethnicity/Gender

Given the county's demographics and the mission of the MCare program, understanding health and service disparities is of great interest.

For the purposes of this report, data was looked at:

- **By race:** White, Black/African American, Asian, American Indian or Alaskan Native, Native Hawaiian or Pacific Islander, or Other/Unknown/Unreported.
- **By ethnicity:** Hispanic/Latino, Non-Hispanic/Latino, or Unknown/Unreported
- **By sex:** Male, Female, or Unknown/Unreported

Indicator trends by race/ethnicity/gender can be found in Appendix C.

Below are the noted statistically significant differences between demographic categories for FY22, along with their comparison to the HEDIS mean.

There are several issues to note when considering these calculations. Firstly, **approximately half of patients included in the calculations by race reported themselves as**

¹⁰ American Cancer Society. (2020). Colorectal Cancer Rates Higher in African Americans, Rising in Younger People. Accessed: <https://www.cancer.org/cancer/latest-news/colorectal-cancer-rates-higher-in-african-americans-rising-in-younger-people.html>

Other/Unknown/Unreported. This proportion must be kept in mind when attempting to draw conclusions based on race. Some general possible explanations may include that someone is of mixed race descent, of Hispanic/Latino origin and only identifies as such under ethnicity, or a person may otherwise not recognize themselves in the available reporting categories, for example someone of Middle Eastern/North African origins.¹¹ Notably, far fewer people reported themselves Unknown/Unreported in the ethnicity and sex categories.

MCares patients who reported themselves as Hispanic in ethnicity in FY22 predominantly also reported themselves as “Other Race” (34%), “Unreported” (30%) and White (27%).

Finally, comparisons of a statistical significance (p value of 0.01) were only run on the 3 self-reported racial categories with largest sample sizes: Black/African American, Asian, and White. Effect size was not calculated.

Statistically Significant Differences by Indicator & Demographic Category			
Indicator	Statistically Significant Differences in FY22 <i>Better performers are listed first</i> <i>Categories below benchmark are highlighted in red</i>		HEDIS Benchmark FY22
Hypertension			
Controlled blood pressure	Asian (67%)	> White (62%) & Black/African American (61%)	59% Males performed below the HEDIS benchmark
	Non-Hispanic/Latino (63%)	> Hispanic/Latino (59%)	
	Females (62%)	> Males (56%)	
Diabetes			
Diabetics with an A1C test	Hispanic/Latino (90%)	> Non-Hispanic/Latino (87%)	85% Both categories performed better than the HEDIS benchmark.
Diabetics with uncontrolled blood sugar <i>a lower % is preferable in this category</i>	Asians (12%) & Black/African American (15%)	< White (27%)	43% All categories performed better than the HEDIS benchmark
	Non-Hispanic/Latino (15%)	< Hispanic/Latino (27%)	
	Women (22%)	< Men (26%)	
Diabetics with A1C less than 8	Asians (63%) & Black/African American (60%)	> White (50%)	48% All categories performed better than the HEDIS benchmark
	Non-Hispanic/Latino (60%)	> Hispanic/Latino (49%)	
	Females (54%)	> Males (49%)	
Cancer Screening			
Breast cancer screening	Hispanic/Latina (57%)	> Non-Hispanic/Latina (51%)	51% All categories performed at or better than the HEDIS benchmark
Cervical Cancer Screening	White (52%) > Asian (41%) > Black/African American (33%) Hispanic/Latina (54%) > Non-Hispanic/Latina (36%)		56% All categories performed below the HEDIS benchmark
Colorectal cancer screening	Black/African American (36%) & Asian (36%)	> White (31%)	N/A

¹¹ CNN. (2023). The differences between race and ethnicity – and why they’re so hard to define. Accessed: <https://www.cnn.com/2023/05/30/us/race-ethnicity-difference-explainer-cec/index.html>

Race

General

At the aggregate level, without analyzing for race, **diabetes control, controlled blood pressure, and breast cancer screening** all performed better than the HEDIS benchmarks. **This held true when analyzed by race category; each of the three race categories also performed above the HEDIS benchmark.**

However, for each of the three race categories analyzed, cervical cancer screening underperformed the HEDIS benchmark, and colorectal cancer screening continued to trend lower (although no HEDIS benchmark is available), as is true at the aggregate level as well.

Asian Patient Population

The Asian patient population continues to perform better in terms of blood pressure control compared to both White and Black/African American populations, and showed better diabetes control compared to the White patient population. Asian patients also joined Black/African American patients in outperforming White patients in terms of colorectal cancer screening.

Black/African American Patient Population

Black/African American diabetic patients showed higher rates of blood sugar control than White diabetic patients. Related to cancer screening, the Black/African American patient population continued to show higher rates of colorectal cancer screening, as they have most years since FY18. This year, they statistically outperformed the White patient population. However, while no racial group hit the HEDIS benchmark for cervical cancer screening, the Black/African American population had significantly poorer lower cervical cancer screening rates.

White Patient Population

The White patient population continues to have the highest rates of uncontrolled diabetes, as they have since 2020. Regarding cancer screening, White patients performed poorly in colorectal cancer screening, however did outperform the other groups in cervical cancer screening.

Ethnicity

Mirroring the racial analyses, indicators above the HEDIS benchmark in aggregate were also above the HEDIS benchmark when analyzed for both Hispanic and non-Hispanic populations (**hypertension control, diabetes control, and breast cancer screening**). Similarly, the poorer performance in aggregate for cervical and colorectal cancer screening was seen in both the Hispanic and non-Hispanic populations. In terms of statistically significant differences, the

Hispanic/Latino patient population had better performance in measures of HgA1c screening, and breast and cervical cancer screening. The non-Hispanic/Latino patient population performed better pertaining to blood pressure (which has been trending downward in the Hispanic/Latino community) and diabetes control.

Gender

Both males and females performed better than the HEDIS mean in terms of diabetes measures. The only statistically significant difference between males and females was regarding **blood pressure control, whereby the male population performed not only worse than the female population, but also lower than the HEDIS benchmark**, following the trend of a drop from FY20.

Conclusions

We continue to see the results of the attention to providing high quality clinic care by the MCares-participating clinics.

This FY22 Quality Indicator report has highlighted **reasons to celebrate:**

- The all-clinic average was above benchmark target in the areas of:
 - o Controlled blood pressure, which improved from being below the HEDIS benchmark the previous year
 - o Diabetes screening and control
 - o Breast cancer screening
- HEDIS benchmarks were similarly met or exceeded in the following categories across all races/ethnicities:
 - o Controlled blood pressure
 - o Diabetes screening and control
 - o Breast Cancer screening

A few **areas to watch, or for improvement consideration**, were also identified:

- Cervical and colorectal cancer screening have seen drops, and are underperforming targets where they are available.
- Hypertension control in the male population has dropped, and is now below the HEDIS benchmark.

Appendix A
List of Clinics FY22

Chinese Culture and Community Service Center
CCI Health Services
Community Reach of Montgomery County – Mansfield Kasemen Clinic
Holy Cross Health
Muslim Community Center Health Clinic
Mercy Health Clinic
Mobile Med
Proyetco Salud Clinic
Catholic Charities
Mary's Center

Appendix B

Technical Definitions of Publicly Reported Indicators

Measure Name	Denominator	Numerator
Blood Pressure Control	Patients aged 18-85 with a diagnosis of hypertension who had two face-to-face encounters* with different dates of service - one visit during the measurement period and the other visit in the measurement period or within two years prior to the end of the measurement period.	Of the denominator patients: <ul style="list-style-type: none"> Adults 18–59 years of age whose blood pressure was <140/90 mm Hg. Adults 60–85 years of age, with a diagnosis of diabetes, whose blood pressure was <140/90 mm Hg. Adults 60–85 years of age, without a diagnosis of diabetes, whose blood pressure was <150/90 mm Hg.
Hemoglobin A1c (HgA1c) Testing	Patients aged 18-75 with a diagnosis of diabetes who had two face-to-face encounters* with different dates of service - one visit during the measurement period and the other visit in the measurement period or within two years prior to the end of the measurement period.	Denominator patients who had at least one HgA1c test within one year prior to the end of the measurement period.
HgA1c Control in Diabetics	Patients aged 18-75 with a diagnosis of diabetes who had two face-to-face encounters* with different dates of service - one visit during the measurement period and the other visit in the measurement period or within two years prior to the end of the measurement period.	Denominator patients who had at least one HgA1c test within one year prior to the end of the measurement period and who's last HgA1c test was < 8%.
Uncontrolled HgA1c in Diabetics	Patients aged 18-75 with a diagnosis of diabetes who had two face-to-face encounters* with different dates of service - one visit during the measurement period and the other visit in the measurement period or within two years prior to the end of the measurement period.	Denominator patients who did not have at least one HgA1c test within one year prior to the end of the measurement period or who's last HgA1c test was > 9%.
Breast Cancer Screening 50+ years	Women aged 50 to 74 who had two face-to-face encounters* with different dates of service - one visit during the measurement period and the other visit in the measurement period or within two years prior to the end of the measurement period.	Denominator patients who received a mammogram within two years prior to the end of the reporting period.
Cervical Cancer Screening	Women aged 24-64 as of the end of the measurement period who had two face-to-face encounters* with different dates of service - one visit during the measurement period and the other visit in the measurement period or within two years prior to the end of the measurement period.	Of the denominator patients: <ul style="list-style-type: none"> Women aged 24–64 who had cervical cytology performed during the measurement period or the two years prior to the end of the measurement period. Women aged 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed during the measurement period or the four years prior to the end of the measurement period and who were 30 years or older on the date of both tests.
Colorectal Cancer Screening	Men and women aged 51-75 as of the end of the measurement period who had two face-to-face encounters* with different dates of service - one visit during the measurement period and the other visit in the measurement period or within two years prior to the end of the measurement period.	Denominator patients who received one of the following tests: <ul style="list-style-type: none"> Colonoscopy during the measurement period or within 10 years of the end of the measurement period. Flexible sigmoidoscopy during the measurement period or within 5 years of the end of the measurement period. Fecal occult blood or FIT test within 12 months of the end of the measurement period.
Primary Care Visit Depression Screening	Completed primary care visit (PCV) encounters during the measurement period.	Denominator encounters with a documented PHQ-9 or PHQ-2.

Appendix C

Race/Ethnicity/Gender Performance By Indicator Over Time

Changes of 5% or more from the year prior are indicated in red

Hypertension Control (% Patients \leq 140/90)					
	FY18	FY19	FY20	FY21	FY22
Asian	67	67	69	62	67
Black/African American	62	61	61	62	61
White	67	67	63	60	62
Hispanic/Latino	70	70	65	61	59
Non-Hispanic/Latino	64	63	63	65	63
Female	67	67	65	65	62
Male	63	64	62	57	56
All		66	64	62	60

Uncontrolled HgA1c in Diabetics (>9 or No Test)					
	FY18	FY19	FY20	FY21	FY22
Asian	33	33	14	13	12
Black/African American	32	32	15	15	15
White	32	32	23	23	27
Hispanic/Latino	34	34	22	22	27
Non-Hispanic/Latino	33	33	15	15	14
Female	31	31	16	17	22
Male	37	37		20	26
All		33	18	19	24

HgA1c testing in Diabetics (% Tested)					
	FY18	FY19	FY20	FY21	FY22
Asian	79	79	81	90	86
Black/African American	82	84	82	85	88
White	86	86	82	90	89
Hispanic/Latino	86	86	83	88	90
Non-Hispanic/Latino	82	82	81	87	87
Female	83	83	82	88	89
Male	85	85	82	87	88
All		84	82	88	89

Breast Cancer Screening (Age 50+)					
	FY18	FY19	FY20	FY21	FY22
Asian	45	45	48	47	50
Black/African American	51	51	50	54	51
White	61	61	60	64	51
Hispanic/Latino	61	61	62	67	59
Non-Hispanic/Latino	49	49	49	52	51
All		53	54	59	55

HgAc1 Control in Diabetics (<8)					
	FY18	FY19	FY20	FY21	FY22
Asian	56	57	55	64	63
Black/African American	56	56	55	60	60
White	55	55	48	56	49
Hispanic/Latino	53	53	48	53	49
Non-Hispanic/Latino	56	56	55	60	61
Female	59	59	55	60	54
Male	49	49	47	52	49
All		55	52	56	52

Cervical Cancer Screening					
	FY18	FY19	FY20	FY21	FY22
Asian	40	40	36	38	41
Black/African American	32	33	39	43	33
White	65	65	64	66	52
Hispanic/Latino	67	69	45	68	54
Non-Hispanic/Latino	34	34	41	43	36
All		55	56	60	51

Colorectal Cancer Screening					
	FY18	FY19	FY20	FY21	FY22
Asian	35	35	33	37	36
Black/African American	43	43	46	42	36
White	36	36	40	45	31
Hispanic/Latino	42	42	45	49	37
Non-Hispanic/Latino	40	40	41	40	35
Female	41	41	44	44	37
Male	39	39	41	45	35
All		41	43	44	36