Expanding the Public Health Workforce

Understanding Health Disparities of Oregonians with IDD using Medicaid Claims Data

DATE: March 25, 2025 PRESENTED BY: Rhonda Eppelsheimer, MSW, LCSW UCEDD Co-Director

Rachel Benson, MSW, UCEDD Assistant Director MODERATOR: Reanna McMillan, BS, Education and Training Coordinator

Presenter & Disclosure Statement

Rhonda Eppelsheimer, M.S.W., LCSW
UCEDD Co-Director
Associate Professor
Department of Pediatrics
Institute of Development & Disability
eppelshe@ohsu.edu

Rachel Benson, M.S.W.
UCEDD Assistant Director
Department of Pediatrics
Institute of Development & Disability
Bensonra@ohsu.edu

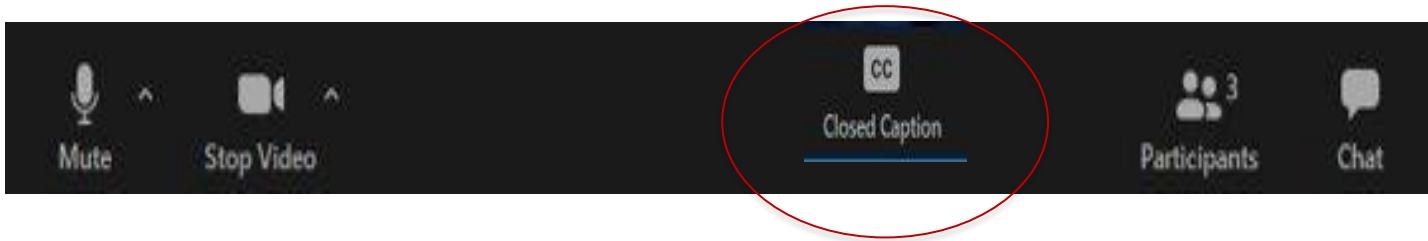No disclosures of products or financial gain based on this presentation.

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Spanish Interpretation and ASL

- How to listen to the Spanish interpretation

  - At the bottom of your zoom screen, click **Interpretation** 🌐
  - Click Spanish language
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Questions

- We will have time for a few questions at the end

- Click the "Q&A" button at the bottom of your screen, which will open a panel where you can type your question and send it to the host

Agenda

- Project Introduction
- Phases of the project
- Data dashboard demonstration
- Review of the accessible language report
- Next steps
- Questions

Public Health Workforce Project Introduction

- The opportunity

- Limited state level health disparities data available and lessons learned from the pandemic

- Developing a mechanism for state level data and activating the public health workforce

Key Partners and Community Input

- Oregon Council on Developmental Disabilities (OCDD)

- Oregon Self Advocacy Coalition (OSAC)

- OHSU Community Partners Council (CPC)

- Center for Health Systems Effectiveness (CHSE)

- REAL-D Oregon Health Authority (OHA)

- Disability Rights Oregon (DRO)

- Oregon Clinical and Translational Research Insitute (OCTRI)

- Oregon MCHB Leadership Education in Neruodevelopmental Disabilities (LEND) program

Project Phase 1: Medicaid Claims Data Expertise

CHSE was contracted to analyze data with the following goals:

1. Assess healthcare disparities between adult Medicaid members with and without IDD using 2022 Oregon Medicaid data

2. Provide research and policy recommendations based on findings

3. Review existing data sources to improve understanding of healthcare access barriers

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Data Analysis

- Data Used

- Data Linking

- Study Population
  - Comparison Group

- Exclusions

Data Analysis

- Analysis Type

- Methods
  - Calculated mean/percentage
  - Statistical Significance
  - Suppressed results

- Subgroups
  - age, sex, race/ethnicity, and geography

Domains and Measures

- CHSE looked at six domains and seventeen measures:

  - Mental Health Care (6)
  - Substance Use (like alcohol or drugs) (3)
  - Hospital Stays and Emergency Department Visits (2)
  - Diabetes (1)
  - Dental Care (2)
  - Cancer Screenings (3)

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Data Limitations

- Limits of the data set:

  o Counts and codes

  o Missing gender data

  o 2022 and Medicaid only

  o Limited scope

  o Sample size limits

Content Warning

If you start to feel sad, worried, or upset, you can:

- o   Take a break before hearing more.
- o   Talk to someone you trust about how you feel.
- o   Call a support line if you need help.

Text or call 988 crisis hotline f you or anyone you know needs immediate mental health support. This number is open any time of day or night.

Overall Findings

The results indicated that Oregonian adults with IDD compared to people without IDD in Oregon….

- o Have higher number of Emergency Room visits

- o Have higher rates of non-fatal suicide attempts and self-harm

- o Are less likely to get cervical cancer screening

- o Are more likely to be readmitted to the hospital within 30 days after
  being discharge

Mental Health – Key Findings

For all adults with IDD 2.2% of Medicaid members had a record of a nonfatal suicide attempt and self harm, compared to 0.5% in the comparison population
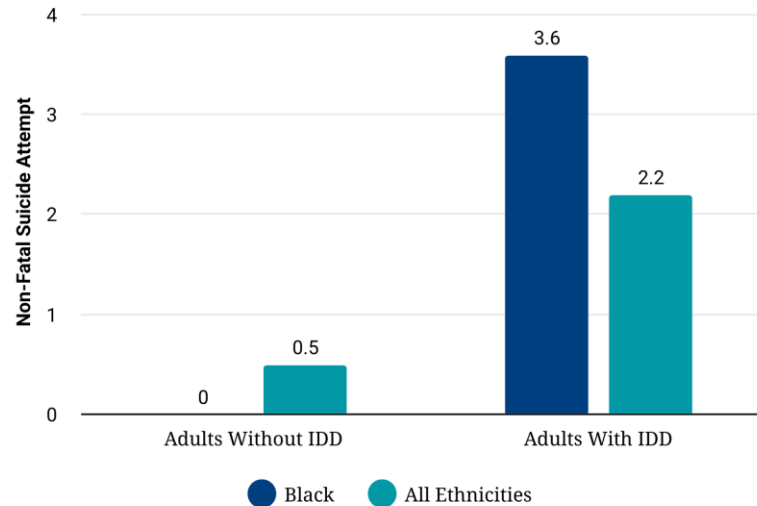
With IDD

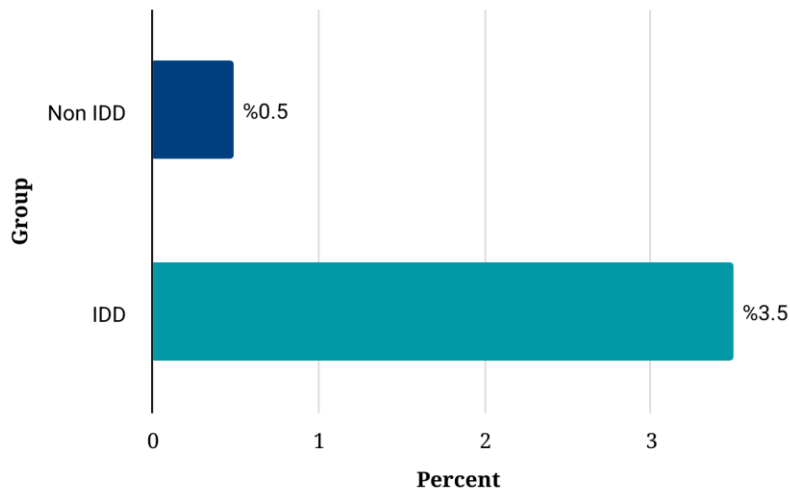Without IDD

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Mental Health – Key Findings

Black Adults in Oregon with IDD had 3x higher risk of non-fatal suicide attempts and self harm

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Mental Health - Key Findings

- Females with IDD have higher rates of emergency department visits for suicide ideation.
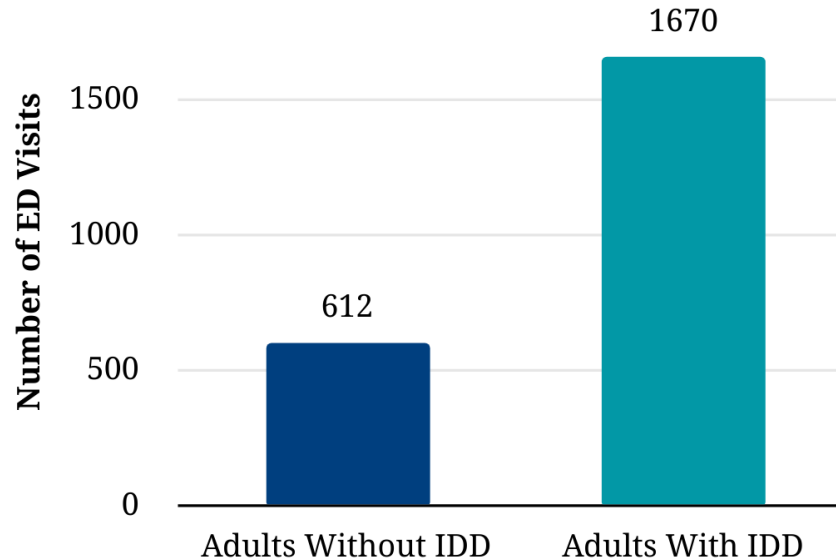
Female members with intellectual and developmental disabilities (IDD) had higher rates of non-fatal suicide attempts and self-harm compared to female members without IDD.
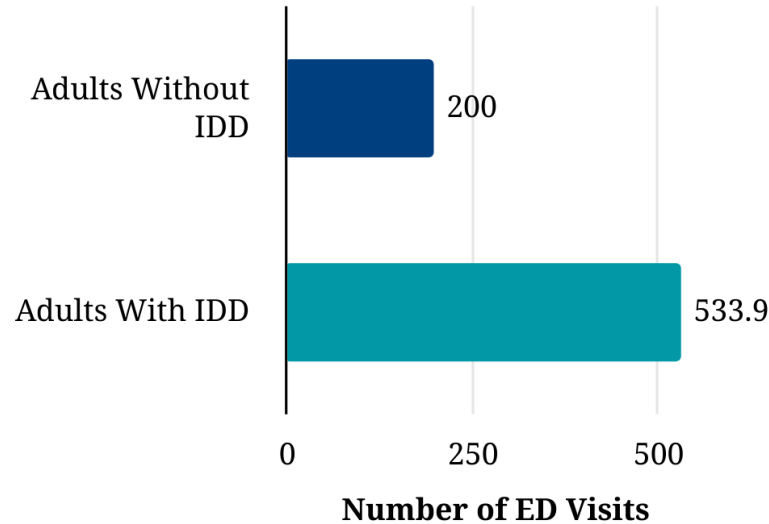
Hospital Use – Key Findings

Adults with IDD visited the Emergency Room 1.5x more than Adults without IDD

Hospital Use – Key Findings

30-day Plan All-Cause Readmissions was much higher for Medicaid members with IDD compared to those without

Number of ED Visits

Adults Without IDD: 200
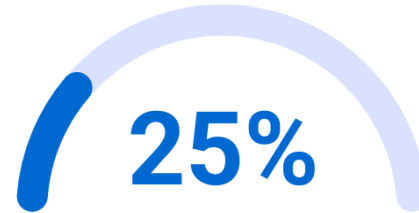Adults With IDD: 533.9

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Cervical Cancer Screening – Key Findings

Key findings

Medicaid Members with IDD had significantly lower cervical cancer screening rate compared to those without IDD

20%
With IDD

25%
Without IDD

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Policy Recommendations

- Increased support and training

- Improve system communication/coordination

- Increase behavioral health providers

- Improve Cervical Cancer Screening Rates

Policy Recommendations

- Discharge planning and coordination contracts

- Strengthen integration of data sources

- Expanding the dataset and reporting on health disparities

Research Recommendations

- Access Challenges to Mental Health Treatment

- Quality of Mental Health Care

- Substance Use Disorder (SUD) Engagement

- Emergency Department (ED) Visits and Readmissions

Research Recommendations

- Disparities in Diabetes Diagnosis

- Oral Health Care Access

- Identification of Medicaid Members with IDD

- Role of Social Determinants of Health

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Phase 2:
Dissemination Products

- Web presence

- Project reports
  - Analysis report
  - Plain language report

- Data dashboard demonstration

Next Steps

- Dissemination

- Expanded data set

- Partnerships

Questions

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Thank You

Rhonda Eppelsheimer- UCEDD Co-Director

- Eppelshe@ohsu.edu

Rachel Benson- UCEDD Assistant Director

- Bensonra@ohsu.edu