



Accreditation of Medi-Cal, Healthy Kids
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Gender Differences in Rating Pharmacy Services in a Large Urban Medicaid Health Plan, 2006-2011



**Session: 3057.0 Women's Health: Vulnerable &
Hard-to-Reach Populations**

Section: Medical Care

**Topic: Women's Health: Disparities in Prescriptions &
Pharmaceutical Utilization**

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Presenter Disclosures

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(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

I am employed as a Senior Biostatistician at L.A. Care Health Plan – the Local Initiative Health Authority of Los Angeles County, California.

L.A. Care is a public entity competing with commercial insurers in the Medicaid and S-CHIP markets in L.A. County.

Notes:

CAHPS® is a registered trade name of the Agency for Healthcare Research and Quality (AHRQ).
HEDIS® is a registered trade name of the National Committee for Quality Assurance (NCQA).

Outline



- I. Learning Objectives.
 - II. Background on L.A. Care Health Plan.
 - III. Design: Using Member Surveys to Explore Gender Differences in and Pharmacy Services.
 - IV. Findings from CAHPS Member Experience Survey (2006-2011).
 - V. Analysis / Discussion.
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- Appendix. Sharing knowledge on quality improvement.

I. Learning Objectives

1. Describe gender differences in ratings of pharmacy services.
2. Compare gender differences in barriers reported in accessing services at the pharmacy.
3. Contrast ratings of pharmacy services reported by adult female patients versus parents' ratings of pharmacy services received by pediatric female patients.
4. Compare differences by gender in satisfaction with pharmacy services, under different health plans' pharmacy service models.
5. Identify actionable findings to guide the design of customer service training for pharmacists.



II. Background – L.A. Care Health Plan



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Large, diverse membership in Los Angeles, California:

- Mostly Medicaid, urban, 2/3rd pediatric, often Spanish-speaking.
- Roughly 21% of Medicaid managed care population in California.
- Roughly 2.1% of Medicaid managed care population in the U.S.
- Roughly 1-in-14 L.A. County residents is an L.A. Care member.
- Mostly Medicaid, some S-CHIP, SNP, and special programs.
- Serves 10 distinct language concentrations ("threshold languages"): Spanish, English, Armenian, Korean, Cambodian, Chinese, Russian, Vietnamese, Farsi, Tagalog.
- Mostly urban and suburban; 1 semi-rural region in the high desert.

III. Design: Exploring Gender Differences Via Member Surveys



Since 2006, L.A. Care has augmented its annual CAHPS survey of member experience, with variables rating the quality and accessibility of pharmacy services:

- Rating the quality of instructions given by pharmacists.
- Rating the quality of pharmacy services.
- Describing barriers to receiving pharmacy services.

This study examines the experience reported by adult Medicaid patients, comparing data from adult male and female patients.

- CAHPS pairs a pediatric survey with the adult survey, so the same analysis will be applied to male and female children.
- Our research expectation is that, among adults, gender disparities will be systemic rather than overt, and related to the fact that women tend to use more pharmacy services than men.
- Among children, a lower expectation of gender disparities, given that pediatric populations overall are low utilizers of prescription drugs.

Tests controlling for confounding effects of pooling by year, and corrected for multiple comparisons (Bonferroni).

IV. Findings from CAHPS Survey (2006-2011, pooled)



- L.A. Care’s Medicaid adults are disproportionately female.
- L.A. Care’s Medicaid children are evenly split.
- L.A. Care’s Medicaid parents (as purchasers) are disproportionately female.

Medicaid Adults:

Medicaid Children:

	Count	Percent	Count	Percent
Male	581	24.78%	1,781	50.78%
Female	1,764	75.22%	1,726	49.22%

Parents of Medicaid Children (QC78):

	Count	Percent
Male parent	330	9.48%
Female parent	3,150	90.52%

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Gender Differences in Assessing Pharmacy Services (2006-2011)



Adult Gender	Child Gender	Parent Gender	Rating services, noting barriers in last 6 months ^a
<input type="radio"/>	<input type="radio"/> ^f	<input type="radio"/>	Rating pharmacy services from 0 to 10.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	% who tried to get prescription/refill in last 6 months.
<input type="radio"/> ^f	<input type="radio"/>	<input type="radio"/>	# of barriers (14 categories) encountered.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Distance to pharmacy (too far).
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drug not covered on health plan formulary.
<input type="radio"/>	<input type="radio"/> ^f	<input type="radio"/>	Pharmacy hours (not open early enough or late enough).
<input type="radio"/> ^m	<input type="radio"/> ^m	<input type="radio"/>	Pharmacy staff don't speak patient's/guardian's language.
<input type="radio"/>	<input type="radio"/> ^f	<input type="radio"/>	Pharmacist explained medications poorly.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pharmacy phone # or address is wrong.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pharmacist made error on prescription.
<input type="radio"/>	<input type="radio"/> ^m	<input type="radio"/> ^m	Pharmacy charged for a covered medication.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Patient waited too long at the pharmacy.
<input type="radio"/> ^m (^{06,11})	<input type="radio"/>	<input type="radio"/> ^m	Problem with delivery of medications.
<input type="radio"/> ^f	<input type="radio"/>	<input type="radio"/>	Prescription was not ready.
<input type="radio"/>	<input type="radio"/> ^f (⁰⁶) ^m (¹⁰)	<input type="radio"/>	Pharmacy was crowded/uncomfortable.
<input type="radio"/>	<input type="radio"/> ^f	<input type="radio"/> ^m	Pharmacy facility was difficult to use (wheelchair access, etc.).
<input type="radio"/>	<input type="radio"/> ^f	<input type="radio"/>	Other barriers (verbatim).

^a Tests: Fisher's exact test (FET) for individual years. Used Cochran-Mantel-Haenszel (X^{**2}_{CMH} at $p \leq 0.05$) to control effects of pooling survey years; Zelen's exact test when feasible or Breslow-Day test ($p > 0.05$) for homogeneity of odds ratios across survey years. Bonferroni correction calculated for multiple comparisons (17).

Significant on X^{**2}_{CMH} : None Rating (good) Barrier (bad). Exploratory evidence of effect for the barrier or rating.

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Retail System and Member Satisfaction with the Pharmacy Process



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L.A. Care members can choose among several insurers (HMOs that act as Plan Partners).

- One Plan Partner is vertically integrated, with in-house pharmacies.
- Another Plan Partner contracts heavily with one particular pharmacy chain.

Does “choice” trump “convenience” (getting medications during the same trip as the visit to the doctor)?

- This question pertains, particularly given that women tend to use more pharmaceuticals, and may tend to do most of purchasing and pickup for themselves and family members and children on Medicaid.
- Pharmacy system was coded into one of three categories: HMO in-house, single-chain, mixed chain).

Analysis showed no differences by gender in rating pharmacy services and quality of pharmacy instructions -- even when controlling for retail system as a potential confounder.

Findings: Gender Differences in Assessing Pharmacy Services

Null finding: The data show virtually no gender differences.

Explored for disparities in multiple niches.

- Asked members about a broad and specific array of barriers.
- Tested multiple samples (adults, children)
 - Tested gender in independent samples (adults, children).
 - Tested gender of patient *and of parent/guardian* (the purchaser in the child sample).
- Examined findings across a 6-year time series.
 - Examined individual years for effects.
 - Tested common odds ratio across years.
- Among borderline results (relaxing alpha to a less stringent standard, and applying no correction for multiple comparisons), looking at individual years:
 - Wherever gender barriers were noticed, no consistent story emerged.
 - Some barriers impacted adult and child males, while other barriers impacted adult and child females.
- Tested members' ratings of quality of pharmacist instructions:
No significant differences by gender, adult or child.
- Analyzed whether rating of instructions and services differed by gender and by retail pharmacy network (HMO in-house, single-chain, mixed chain): no effects.
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Other Sources of Comparison – Gender Issues vis-à-vis Doctors/Prescribers



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Gender issues are manifest in L.A. Care’s CAHPS data – but with *prescribers*, more so than *pharmacists*.

Members were asked if their doctors and clinic staffs needed training in working with people of different genders:

<u>Adult</u>	<u>Child</u>	<u>Responses – pooled from 2006-2010</u>
46.8%	64.3%	Adult members or parents of child members reporting the need for diversity training of doctors and clinic staffs.

19.2%	14.2%	(d) Training on how to work with <u>women</u> .
6.3%	5.5%	(e) Training on how to work with <u>men</u> .

- *Implication:* The members in the survey pool are willing to identify gender issues when those are perceived.
- The perceived need for sensitivity training is mildly correlated with the member’s rating of the doctor. A similar measure can be considered for pharmacists.
- However, the fact that gender was not significantly associated with high or low ratings on the quality of pharmacist instructions, suggests that such analysis might offer little mileage toward improving the quality of pharmacy services for women.

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V. Analysis / Discussion: Likely Reasons Why No Gender Disparities in Access and Services Were Observed



- Gender diversity among prescribers in L.A. County.
- Gender diversity among pharmacists and staff.
- Even in managed care, members have choice among doctors and pharmacies.
- Diversity and choice in pharmacy network in Los Angeles county: large chains, but unusually large set of small independent pharmacies.
- Women outnumber men in the Medicaid market (as patients, and as parents of child members), so services and formularies may reflect their needs.
- Competitive nature of the Medicaid insurance market discourages neglect of any major demographic.
- Competitive nature of the retail pharmacy market discourages bias or neglect of any demographic.

VI. Implications



- The pharmacy questions that L.A. Care adds to CAHPS examine numerous potential barriers to pharmacy access.
- No systematic gender disparities were found.
- The null finding is particularly noteworthy in that:
 - Women in an urban Medicaid population – often single mothers – are particularly vulnerable, so our data should be particularly sensitive to reveal disparities.
 - If systematic gender disparities exist, such disparities should be readily manifest in in this urban Medicaid population.
- *Shared stakes:* The analysis indicates that women’s access to pharmacy services is best improved by focusing on improving facets of service that benefit *all* demographics.
- Member comments on services related to L.A. Care’s pharmacy benefit, identify specific improvements:
 - Reduce crowding and wait time.
 - Encourage doctors to prescribe within the formulary to reduce delay and frustration for patients and pharmacists.
 - Instruct doctors on the process for getting clinically necessary brand name meds added to the formulary.

VII. Recap of Learning Objectives

1. Describe gender differences in ratings of pharmacy services.
Ratings had no statistically noticeable gender differences.
2. Compare gender differences in barriers reported in accessing services at the pharmacy.
Among Medicaid adult members and parents of child members in L.A. Care Health Plan from 2006 to 2011, no systematic disparities were detected between female and male subscribers and patients.
3. Contrast ratings of pharmacy services reported by adult female patients versus parents' ratings of pharmacy services received by pediatric female patients.
No systematic differences were observed.
Pediatric patients are much lighter users of prescription drugs, so their parents might have less exposure to the pharmacy network than adult members.



Recap of Learning Objectives (Cont.)

4. Compare differences by gender in satisfaction with pharmacy services, under different health plans' retail pharmacy service models.

Analysis showed no difference by gender.

5. Identify actionable findings to guide the design of customer service training for pharmacists.

Address prescriber practices that add delay or frustration for patients and pharmacists. Focus on customer service issues that help all demographics (wait time, automation, prescribers' adherence to formulary).



VIII. ACTIONABILITY

Although no actionable gender disparities were found in this study, staff have explored three processes for obtaining and disseminating member feedback on quality of services:



1. Add open-ended questions to the annual CAHPS member experience – soliciting member feedback in their own words on improvements needed in services. Many comments are about pharmacy services.
2. Expand forums in which member feedback on pharmacy services is communicated to doctors and pharmacists:
 - Debrief Pharmacy & Therapy committee -- reps from pharmacy chains attend.
 - Include member feedback in Continuing Education offered to pharmacists.
3. Break out gender during routine analysis of member feedback on CAHPS.

This study's null finding on gender disparities with respect to barriers and services does not rule out other confounders. (Research disparities in other niches.):

1. Gender and age interact in ways that affect medication (menopause, osteoporosis; childbearing, vitamin supplements).
2. Gender, culture, and medication practices interact (religious prohibitions, folk remedies) and complement or compete with medication guidelines.

Contact Information



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Related presentation:

Loosening CAHPS on prescriptions: Surveying how patients in a large urban Medicaid health plan rate the quality of pharmacists' instructions, 2006-2011. APHA 11/01/2011, Session 4137.0 on Pharmacists' Role in Health Education and Health Promotion.

Online exchange on analytics and quality improvement:

http://groups.yahoo.com/group/member_satisfaction
member_satisfaction-subscribe@yahoogroups.com