Will Equity Be Achieved Through Health Care Reform?

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Mass Medical Society Public Health Leadership Forum
April 4, 2014

OBJECTIVES

1) Introduce conceptual framework for understanding health care disparities

2) Highlight key research & reports on disparities in health care

3) Consider policy approaches for achieving equity through health care reform under ACA:
   • Insurance coverage
   • Coordination of care
   • Performance measurement & feedback
Conceptual Model for Health Care Disparities

Patient Factors: Race/ethnicity, age, insurance, SES

Community Factors

Physician, Hospital & Health System Factors

Quality of Care Received

Outcomes

HISTORY OF RESEARCH ON HEALTH CARE DISPARITIES


1) Describing the problem

2) Understanding mediators & outcomes

3) Determining effective interventions

Ayanian World J Surg 2008
Setting the Context

• Minority Americans less likely than whites to get many effective medical & surgical services

• Increasing attention to reasons for differences:
  
  Patient preferences?
  Clinical factors?
  Socioeconomic factors?
  Communication and trust?
  Physician bias?
  Fragmented systems of care?

• Research vital for clinical & policy solutions

UNEQUAL TREATMENT REPORT

Health care disparities reflect broader inequality & discrimination in American society

Racial & ethnic disparities in care associated with worse outcomes, thus unacceptable

Institute of Medicine, 2003

Data taken from the United States Life Tables of the National Center for Health Statistics.

Harper et al. JAMA 2007

Why is breast cancer deadlier for blacks?

Summit to focus on possible causes of racial gap

BY JIM BITTER
Health Reporter

It's one of Chicago's most pressing health problems. Black women are far more likely than white women to die of breast cancer, and the gap is widening.

Today, top experts will gather at Rush University Medical Center to tackle this racial gap. They will explore three possible causes, and bromstone solutions.

The summit is an outgrowth of a study by Mount Sinai Hospital's Urban Health Institute, which found that Chicago's breast cancer mortality rate among black women was 68 percent higher than that of whites nationwide, the gap was 87 percent. Some studies suggest African Americans are generally predisposed to more aggressive forms of breast cancer. But the summit will focus on potential socioeconomic causes.

- Treatment: Many African-American patients lack health insurance, which restricts access to treatment. For example, Strager Hospital breast cancer surgeon Dr. Elizabeth Marcus knows of patients who have refused to get biopsies because they couldn't pay the bill.

- Other patients have declined treatments because they live too far from the hospital or can't take time off from their jobs.

- Some women don't trust doctors, a legacy of racist health care practices. Others feel breast cancer is a death sentence and any treatment is futile. "A huge swirl of fatalism runs through several communities," Marcus said.

And even when they get the right treatment, some patients die from diabetes and other diseases that are more common among African Americans.

- Systematic quality: One Chicago hospital that serves mostly poor women, including African Americans, detected only two breast cancers for every 1,000 mammograms. The national rate is 6 per 1,000. This implies the hospital missed 90 breast cancers among the 15,000 women screened, said Mount Sinai researcher Steve Whitman.

- Access to mammograms: It's more difficult to get a mammogram if you lack insurance or don't have a regular doctor. Free and low-cost mammograms are available, but many women don't know where to get them. Strager Hospital provides free mammograms, but has a long backlog.

- Women's mistrust, nurses, researchers and other experts will attend today's day-long meeting. Organizers of the

Chicago Sun-Times 2007
Equitable care is one of 6 core aims for improving health-care systems

* Along with effective, efficient, timely, safe & patient-centered care
Insurance Coverage

Rates of Uninsurance by Race & Ethnicity
US Non-Elderly Population, 2011

The Diagnosis of Exclusion...

“Unfortunately you have what we call ‘no insurance’.”

The New Yorker

Jim Waterhouse’s Story*

• **Diagnoses:** diabetes, hypertension, heart disease, sleep apnea

• **While uninsured in his early 60’s:**
  – Reduced visits to primary physician and cardiologist
  – Reduced glucose monitoring
  – Ignored worsening dyspnea
  – Discontinued CPAP for sleep apnea
  – Deferred colonoscopy for new anemia

• **Complications:**
  – Delayed visit to primary MD led to $46,000 admission

“I tried to put off medical care until I became eligible for Medicare, which complicated my condition.”

--Jim Waterhouse, after gaining Medicare coverage
Access to Effective Primary Care
Before & After Medicare Eligibility

Cholesterol Testing for Adults with Diabetes or Hypertension

McWilliams, Zaslavsky, Meara, & Ayanian. JAMA 2003

Glucose Control for Diabetes
US Black & Hispanic vs. White Adults
NHANES, 1999-2006

McWilliams, Meara, Zaslavsky & Ayanian. Ann Intern Med 2009
Trends in Health of Adults with Cardiovascular Disease or Diabetes

McWilliams, Meara, Zaslavsky & Ayanian. JAMA 2007

Coverage & Access After Massachusetts Health Reform

CDC Behavioral Risk Factor Surveillance System, 2001-2011

Van der Wees, Zaslavsky & Ayanian

Milbank Quarterly December 2013
Health Status Outcomes After Massachusetts Health Reform

CDC Behavioral Risk Factor Surveillance System, 2001-2011

Van der Wees, Zaslavsky & Ayanian

Milbank Quarterly December 2013

ACA Provisions to Address Health Care Disparities

**Medicaid**: 16 million Americans <138% FPL, including 3.3 million African Americans and 4.1 million Hispanics

**Community health centers**: $11 billion invested to expand care from 20 to 40 million Americans (28% Afric American, 34% Hisp)

**Healthcare workforce diversity** & cultural competence training

**Race/ethnicity/language data** in federal surveys & programs

**DHHS Offices of Minority Health**: CDC, CMS, AHRQ, FDA, HRSA
Benefits & Challenges of Health Care Reform

• Up to 16 million low-income adults newly eligible for Medicaid
  ➔ But only 11 million live in 26 states that are expanding

• Up to 16 million middle-income adults newly eligible for private coverage through employers or insurance exchanges
  ➔ But only 5-7 million enrolled through exchanges

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– Will more states expand Medicaid?

– Will newly insured Americans have access to effective primary / specialty care, medications & preventive services?

– Insurance coverage alone won’t eliminate disparities
Coordination of Care

HOW DO FRAGMENTED SYSTEMS OF CARE CONTRIBUTE TO DISPARITIES?

- System deficits affect all segments of society, but especially non-white patients
- Disadvantaged patients “fall through the cracks” in complex systems of care
- Small disparities in multi-step processes create moderate to large disparities overall
- Disparities arise even when providers well intentioned
PATIENT RATINGS OF OVERALL CANCER CARE AS EXCELLENT / VERY GOOD
Northern California, 1999-2000

“Coordination of care” strongest factor in overall quality ratings in all groups

Race/Ethnicity

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<th>Race/Ethnicity</th>
<th>Percent</th>
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Language

Ayanian et al. J Clin Oncol 2005

Use of Mammography by Race/Ethnicity Among Women Ages 65-69 in Medicare HMOs vs. Traditional Medicare, 2009

Percent

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<tr>
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<tr>
<td>Hispanic</td>
<td>56.6</td>
<td>61.5</td>
<td>&lt;0.001</td>
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Ayanian et al. J Natl Cancer Inst 2013
PATIENT NAVIGATORS

Intuitively appealing to improve coordination of care

Promising model for community engagement and serving disadvantaged communities

Rigorous evaluation will be essential to build support and secure funding

– Promising results for cancer screening navigators in Cambridge Health Alliance and New York City

Randomized Trial of Patient Navigators for Colorectal Cancer Screening

Cambridge Health Alliance – Community Health Centers

<table>
<thead>
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<th>% Screened</th>
<th>Intervention</th>
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Health Systems & Communities Partnering to Promote Screening & Eliminate Disparities

New York City, 2003-2007

“In my career, 3 things have surprised me: how quickly TB cases came down in NYC, how quickly tobacco use came down in NYC, and how quickly colon cancer screening went up in NYC,” Dr. Frieden said. “Even more surprising is the closing of the race and ethnicity gap.”

Performance Measurement

ADDRESSING DISPARITIES THROUGH QUALITY PERFORMANCE MEASURES

- Disparities are quality problem
- Current data inadequate
- Stratify quality measures by race/ethnicity & socioeconomic position

Inequality in Quality
Addressing Socioeconomic, Racial, and Ethnic Disparities in Health Care

Fiscella et al. JAMA 2000
**Beta-Blocker Use After Acute MI**

Medicare Managed Care, 1997-2002

*Overall quality improved and racial disparity eliminated*


**Cholesterol Control for Heart Disease**

Medicare Managed Care, 1999-2002

*Overall quality improved but racial disparity persisted*

**CHOLESTEROL CONTROL FOR HEART DISEASE**

*Medicare HMOs by Region, 2010*

![Bar chart showing cholesterol control rates by region and race/ethnicity for Medicare HMOs in 2010.]

Ayanian et al., 2014 (preliminary data)

**LESSONS FOR HEALTH CARE REFORM (1)**

**Performance reports by race/ethnicity**

- 2009 IOM report underscores importance of consistent reporting of quality data by race and ethnicity

**Broad quality improvement efforts reduce disparities in processes of care**

- Disparities diminish in more organized systems:
  - e.g. Medicare HMOs, VA, integrated medical groups
Focused interventions in health systems & communities required to achieve equity in *health outcomes*:

- Universal insurance coverage is essential foundation
- More effective coordination of care
- Community engagement and policy interventions to address social determinants of health outcomes
- ACO’s, patient-centered medical homes & managed care plans must strive to meet these challenges

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Engaging Physicians & Health Care Systems

“...physicians & the health care systems in which they operate are key to making sure that all patients get the very best care.”

[www.kff.org/whythefifference](http://www.kff.org/whythefifference)
GIVE IT TO ME STRAIGHT, DOC...
I CAN TAKE IT...
WHAT'S WRONG WITH ME?

YOU'RE NOT A WHITE MALE.