The Impact of Health Care Reform on Health Care Disparities

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Tools to Decrease Health Care Disparities

• Universal Coverage
• Access, Care Delivery Systems
• Cultural Competence-Pipeline Diversity
• Address Social Necessities/determinants
• Technology/New Engagement Tools
• Analytics for Risk Assessment & Quality Metrics
Health Care Reform

- ACCESS
  - Preventive Care
  - Health Care Maintenance
  - Comprehensive Care/Medical Home
    - Risk reduction intervention
    - Workforce Dynamics
    - Disruptive Innovations
  - Black Women in Detroit Increased 5 year Mortality and Advanced Stage of CA Due to Decreased Rate of Early Detection

Source: Center for Health Information and Analysis
Health Care Reform in Massachusetts

- Enacted 2006
- 97% insured
- Approximately 70% of the newly insured in Massachusetts obtained coverage through expansion of MassHealth (Medicaid)
- More people got care at usual place of care (PCP) than ever before in MA.
- High Provider acceptance of MassHealth statewide

### Insurance Coverage Rate Before and After Massachusetts Health Care Reform

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent Population Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>86.0%</td>
</tr>
<tr>
<td>2001</td>
<td>86.0%</td>
</tr>
<tr>
<td>2002</td>
<td>86.0%</td>
</tr>
<tr>
<td>2003</td>
<td>88.0%</td>
</tr>
<tr>
<td>2004</td>
<td>90.0%</td>
</tr>
<tr>
<td>2005</td>
<td>92.0%</td>
</tr>
<tr>
<td>2006</td>
<td>94.0%</td>
</tr>
<tr>
<td>2007</td>
<td>96.0%</td>
</tr>
<tr>
<td>2008</td>
<td>98.0%</td>
</tr>
<tr>
<td>2009</td>
<td>98.0%</td>
</tr>
<tr>
<td>2010</td>
<td>98.0%</td>
</tr>
<tr>
<td>2011</td>
<td>98.0%</td>
</tr>
<tr>
<td>2012</td>
<td>98.0%</td>
</tr>
</tbody>
</table>

March 2013 estimate: 96.1%

Source: US Census Bureau (2000-2012); Urban Institute/Blue Cross MA Foundation (March 2013)
Improvements in Access to Care
Racial/Ethnic Minority Adults in Massachusetts


10 Sites with the Worst MassHealth Access

% Medicaid Population/Site June 2011

[Graph showing % Medicaid Population for 10 sites, with Site A having the highest percentage and Mass having the lowest]
Correlation between PCP Supply & Demand

Primary Care Physicians Medicaid Health Care Availability Metric

Communities

1. Site A
2. Site B
3. Site C
4. Site D
5. Site E
6. Site F
7. Site G
8. Site H
9. Site I
10. Mass

Internal Medicine Average New Patient Wait Time by County, 2013

Average Days to New Patient Appointment

N/A 1-10 11-20 21-30 31-40 41-50 51-60 61-70 71+
Key Disparities: MA v. US

<table>
<thead>
<tr>
<th></th>
<th>All races</th>
<th>Blacks</th>
<th>Hispanics</th>
<th>Asians</th>
<th>Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality, US</td>
<td>6.59/1000 live births</td>
<td>12.80</td>
<td>5.46</td>
<td>4.57</td>
<td>5.49</td>
</tr>
<tr>
<td>Infant Mortality, MA</td>
<td>5.02/1000 live births</td>
<td>9.89</td>
<td>6.87</td>
<td>3.63</td>
<td>4.02</td>
</tr>
<tr>
<td>Hypertension, US</td>
<td>29.6%</td>
<td>42.1%</td>
<td>26.0%</td>
<td>24.7%</td>
<td>28.0%</td>
</tr>
<tr>
<td>Hypertension, MA</td>
<td>28.8%</td>
<td>37.1%</td>
<td>31.5%</td>
<td>20.6%</td>
<td>28.4%</td>
</tr>
<tr>
<td>Obesity, US</td>
<td>35.7%</td>
<td>47.8%</td>
<td>42.5%</td>
<td>10.8%</td>
<td>32.6%</td>
</tr>
<tr>
<td>Obesity, MA</td>
<td>22.9%</td>
<td>32.4%</td>
<td>31.0%</td>
<td>N/A</td>
<td>22.2%</td>
</tr>
<tr>
<td>Diabetes, US</td>
<td>11.8%</td>
<td>12.6%</td>
<td>11.8%</td>
<td>8.4%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Diabetes, MA</td>
<td>8%</td>
<td>11%</td>
<td>10.4%</td>
<td>4.7%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Sources:
- CDC, Adult Obesity Facts (2010)
- F as in Fat: How Obesity Threatens America’s Future (2013)
- United Health Foundation, America's Health Rankings (2013)

Insurance Type Splits by Individual Respondent

![Insurance Type Splits by Individual Respondent Chart]
Experiences with Medicaid Patients

These patients are the most needy and the most appreciative.

[My patients are] often first generation immigrants. They are extremely grateful.

Medicaid serves the needy which is why we went into medicine.

Payer Challenges

- Poor reimbursement relative to private insurance
- Access to mental health is limited for Medicaid patients
- Referrals to sub-specialists very lacking
- Administratively burdensome
- Rules preventing “same-day service”
PCPs’ Recommendations

- Improve mental health care access
- Region specific ‘provider service representatives’
- Better communication to PCPs regarding reimbursement and payment model enhancements
- Improve referral options to facilitate timely, accessible treatment recommended by PCP

Can Technology Normalize PCP Supply?

- Requires a new Payment Model
- Improved Patient Engagement
- PCPs reach a larger number of patients
- Outcomes improved by technology
- Disparities decrease?
Non-White Racial and Ethnic Distribution in Medical School

<table>
<thead>
<tr>
<th>MINORITY GROUP</th>
<th>BLACK</th>
<th>ASIAN</th>
<th>HISPANIC / LATINO</th>
<th>AMERICAN INDIAN or ALASKA NATIVE</th>
<th>NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>%Total Population</td>
<td>12.6%</td>
<td>4.8%</td>
<td>16.3%</td>
<td>0.9%</td>
<td>0.2%</td>
</tr>
<tr>
<td>%2011 Enrollees</td>
<td>7.2%</td>
<td>22.6%</td>
<td>8.4%</td>
<td>0.8%</td>
<td>0.2%</td>
</tr>
<tr>
<td>%Change from 2010</td>
<td>1.9%</td>
<td>3.3%</td>
<td>6.1%</td>
<td>-17.8%</td>
<td>-9.8%</td>
</tr>
</tbody>
</table>

Sources: 2010 U.S. Census, American Association of Medical Colleges

Social Determinants of Health Care

Oregon Experiment: Social assistance cut re-admissions for chronically disabled patients

Failure to solve basic needs effects health outcomes adversely

Physicians are not trained to assess these needs

Public Health initiatives in Boston Children’s Hosp. cut asthma admissions by ridding apartments of mice/rats

Studies needed to show the overall health care system savings achieved by meeting basic social needs
Panelists

• **John Ayanian, MD, MPP**: Will Equity Be Achieved through Health Care Reform?
• **Joel Weissman, PhD**: P4P and Disparities – Can We Avoid the Terrors of the Fire Swamp?
• **John Moore, MD, PhD**: Technology for Patient Empowerment
• **Sonia Sarkar**: Tools for Bridging from Health Care to Health
• **Discussion**