PRINCIPLES FOR ELIMINATING DISPARITIES THROUGH HEALTH CARE REFORM

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Figure 1. Life Expectancy at Birth Among Black and White Males and Females in the United States and the Black-White Life Expectancy Gap, 1975-2003

Data taken from the United States Life Tables of the National Center for Health Statistics.⁷

Harper et al. JAMA 2007
HISTORICAL PHASES OF RESEARCH ON HEALTH CARE DISPARITIES


1) Describing the problem

2) Understanding mediators & outcomes

3) Determining effective interventions

Ayanian World J Surg 2008
Conceptual Model of Health Care Disparities

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

Community Factors

Quality of Care

Physician, Hospital & Health System Factors

Outcomes

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:
  Clinical factors?
  Socioeconomic factors?
  Patient preferences?
  Communication and trust?
  Physician bias?
  Fragmented systems of care?

• Research essential for clinical & policy solutions
The “Not Me” Phenomenon in Health Care Disparities

Do racial disparities in diabetes care exist in....

UNEQUAL TREATMENT

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

2) Disparities reflect broader inequality & discrimination in American society

3) Provider uncertainty, stereotyping & bias contribute to disparities

Institute of Medicine, 2003
Give it to me straight, doc... I can take it... What's wrong with me?

You're not a white male.
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.
Equitable care is one of 6 core aims for improving health-care systems

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

Institute of Medicine, 2001
Principle 1

Provide insurance coverage and access to high-quality care for all Americans.
"Unfortunately you have what we call ‘no insurance’.”

The New Yorker
Rates of Uninsurance by Race & Ethnicity

Access to Effective Primary Care Services Before & After Medicare Eligibility

Cholesterol Testing for Adults with Diabetes or Hypertension

%

<table>
<thead>
<tr>
<th></th>
<th>Before 65</th>
<th>After 65</th>
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</thead>
<tbody>
<tr>
<td>Previously Uninsured</td>
<td>47.2</td>
<td>80.4</td>
</tr>
<tr>
<td>Previously Insured</td>
<td>84.1</td>
<td>88.0</td>
</tr>
</tbody>
</table>

McWilliams, Zaslavsky, Meara & Ayanian. JAMA 2003
Glucose Control for Diabetes
US Black & Hispanic Adults vs. White Adults
NHANES, 1999-2006

Difference from pre-65:
- 0.7% (P<0.001)

McWilliams, Meara, Zaslavsky & Ayanian. Ann Intern Med 2009
How does insurance coverage reduce disparities?

- ↑ Use of effective preventive services & drugs
- Better control of chronic health conditions with reduced disparities by race, ethnicity, and socioeconomic status
- ↓ Risk of costly complications & hospitalizations
- Slower decline in health with aging
Cascade of Voltage Drops
From Insurance to High-Quality Health Care

Potential to Receive High-Quality Health Care

1. Insurance Available
2. Enrolled in Insurance
3. Providers and Services Covered
4. Informed Choice Available
5. Consistent Source of Primary Care Available
6. Referral Services Accessible
7. High-Quality Care Delivered

Quality of Received Care

Eisenberg & Power, JAMA 2000
Benefits & Challenges of Health Care Reform

• 16 million low-income adults newly eligible for Medicaid
• 16 million middle-income adults newly eligible for private coverage through employers or insurance exchanges

How quickly will they be enrolled?

Will they have access to effective primary & specialty care, medications, and preventive services?

Insurance coverage alone won’t eliminate disparities
Principle 4

Maintain accurate and complete data on race/ethnicity to monitor disparities in care.
ADDRESSING DISPARITIES THROUGH QUALITY PERFORMANCE MEASURES

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

Fiscella et al. JAMA 2000
2009 Institute of Medicine report underscores importance of consistent reporting of quality data by race and ethnicity
Principle 5

Set measurable goals for improving quality and insure goals are achieved equitably for all racial and ethnic groups.
**Beta-blocker use after acute MI**

US Medicare Managed Care, 1997-2002

*Overall quality improved and racial disparity eliminated*

CHOLESTEROL CONTROL FOR HEART DISEASE
US Medicare Managed Care, 1999-2002

- White
- Black
- White-Black Gap

*Overall quality improved but racial disparity persisted

Partnerships between Health Care Providers and Communities to Reduce Disparities
Why is breast cancer deadlier for blacks?

Summit to focus on possible causes of racial gap

BY JIM RITTER
Health Reporter

It’s one of Chicago’s most vexing 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 brainstorm solutions.

The summit is an outgrowth of a study by Mount Sinai Hospital’s Urban Health Institute, which found that Chicago’s 2003 breast cancer mortality rate among black women was 68 percent higher than that of whites. Nationwide, the gap was 37 percent.

Some studies suggest African Americans are genetically predisposed to more aggressive forms of breast cancer. But the summit will focus on possible socioeconomic causes.

✦ Treatment: Many African-American patients lack health insurance, which restricts access to treatment. For example, Stroger 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 streak of fatalism runs through several communities,” Marcus said.

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

✦ Mammogram 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 60 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. Stroger Hospital provides free mammograms, but has a long backlog.

Dozens of doctors, nurses, researchers and other experts will attend today’s daylong meeting. Organizers of the

Chicago Sun-Times 2007
A community effort to reduce the black/white breast cancer mortality disparity in Chicago

David Ansell · Paula Grabler · Steven Whitman · Carol Ferrans · Jacqueline Burgess-Bishop · Linda Rae Murray · Ruta Rao · Elizabeth Marcus

Received: 20 October 2008 / Accepted: 3 August 2009 © Springer Science+Business Media B.V. 2009

Abstract

Background The Metropolitan Chicago Breast Cancer Taskforce was formed to address a growing black/white breast cancer mortality disparity in Chicago. The Taskforce explored three hypotheses: black women in Chicago receive fewer mammograms, black women receive mammography capacity and quality survey of mammography facilities.

Results Chicago’s black and white breast cancer mortality rates were the same in 1980. By the late 1990s, a substantial disparity was present, and by 2005, the black breast cancer mortality rate was 116% higher than the white rate. In 2007,
RACIAL DISPARITIES IN COLORECTAL CANCER MORTALITY

*Per 100,000, NCI SEER Cancer Statistics
Get Checked.

50 or older?
It’s time for a colonoscopy—NOW!

Colon cancer kills, but it doesn’t have to. Colonoscopy can prevent colon cancer and save your life. Most insurance plans, including Medicare and Medicaid, cover colonoscopy.

Legendary R&B Vocalists, Nick Ashford and Valerie Simpson

New York City Department of Health public service announcement
“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.”

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/whythedifference
LESSONS FROM DISPARITIES RESEARCH (1)

Broad quality improvement efforts reduce disparities in processes of care

• Especially in more organized systems:
  e.g. integrated medical groups, VA health system
Focused interventions in health systems & communities required to reduce disparities in *health outcomes*:

- Universal insurance coverage is essential foundation
- Accurate race & ethnicity data needed to monitor progress
- Enlisting providers to implement more effective prevention, early diagnosis & coordination of care
- Community engagement and policy interventions to address social determinants of health outcomes
Thank You