Strengthening Medicare’s Role in Reducing Racial and Ethnic Health Disparities

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Background

• Mission of the National Academy of Social Insurance

• Appointed a diverse study panel
  – Academics
  – Health care practitioners
  – Health plan administrators
  – Executives of health care companies
  – Staff of provider associations or alliances

• Study panel’s products: final report, issue briefs, and working papers
The Panel’s Charge

• Racial and ethnic disparities in health care and health outcomes have been documented again and again.

• The study panel’s goal was to determine how Medicare can help reduce disparities—not only for the program’s beneficiaries but throughout the health care system.
Medicare’s Role

- Finances care for 43 million beneficiaries, including 9 million minority beneficiaries.
- Affects the entire health care system as the largest purchaser and regulator of care.
- As a contributory social insurance program, has a responsibility to assure that all beneficiaries receive appropriate care on a fair and nondiscriminatory basis.
HHS’s Response: A Good Start

- AHRQ Health Disparities Report
- CMS demonstration projects
- Quality Improvement Organizations
- Partnerships with health plans and provider organizations
- Focus on improved data
Panel’s Vision

• Equitable access of all Medicare beneficiaries to high-quality health care
• Providers with whom beneficiaries can communicate effectively
• Providers who understand how culture affects health and health care
• Health care that is responsive to individual needs
Recommendations

• Quality of clinical care
• Access to care
• Education of health professionals
• Capability and practice of institutions
• Administrative priorities and structure
Quality and Disparities

- Institute of Medicine and others have argued that using evidence-based guidelines to promote quality will reduce disparities.
- Panel was skeptical of this argument, and evidence for it is mixed.
- Some efforts to improve quality may worsen disparities.
- Quality improvement efforts must focus explicitly on reducing disparities.
Quality of Care

• Improve infrastructure available to providers who serve minority beneficiaries
• In structuring incentives for quality, account for differences in population served
• Ensure that beneficiaries have a primary provider of care
Access to Care

- Ensure that minorities are enrolled in programs that supplement Medicare
- Set deductibles and co-payments to reduce disparities
- Provide incentives for providers to locate in underserved urban areas
- Educate beneficiaries and their families on using the health care system
Education of Professionals

- Use Medicare’s leverage on graduate medical education
- Require hospitals to report data on the racial/ethnic composition of medical staff
- Encourage and enhance training in cultural competence for providers
Capability and Practice of Institutions

• Collect the data necessary for assessing, monitoring, and targeting disparities
• Strengthen the role of accreditation organizations in reducing disparities
• Improve services for patients with limited English proficiency—interpretive services, proficiency in another language
Administrative Priorities and Structure

• Establish CMS performance goals for the reduction of disparities
• Enhance the organizational structure of CMS to support the reduction of disparities
• Address racial and ethnic disparities as a civil rights and compliance issue
Summary

• Medicare and CMS are beginning to use the substantial number of tools available to the government to help reduce disparities.
• To make significant progress, Medicare needs to use most or all of these tools.
• What is needed: commitment, energy, and additional resources