

# Analysis: Medicare vs. the race gap

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WASHINGTON, Jan. 29 (UPI) -- The Medicare program should do more to combat racial and ethnic disparities in healthcare, experts said Monday, it is just not clear how to go about it.

"Medicare is the largest purchaser of healthcare and has a tremendous influence on all aspects of healthcare in this country," Renee Landers, a health law professor at Suffolk University Law School, told congressional staffers at a briefing sponsored by the Alliance for Health Reform. "It has the obligation to ensure that all beneficiaries receive appropriate care on a fair and non-discriminatory basis."

Some healthcare equity advocates argue the best way to reduce racial healthcare disparities is to target them directly through programs designed to narrow gaps in access and quality. Medicare, they argue can have a pivotal rule in doing this, both for seniors and the healthcare system as a whole.

But others point to evidence that all healthcare consumers -- regardless of race -- receive poor quality care. The best way to improve care for everyone, they say, is to focus on quality overall so that a rising tide can raise all ships, even if it means that the healthcare gap stays the same, or actually widens.

Numerous studies have found that members of racial and ethnic minorities have less access to care, receive less and poorer quality treatment, and experience worse health outcomes than the non-minority population.

A report released earlier this month by the Agency for Healthcare Research and Quality found that African American patients received worse care than white patients across 73 percent of the 22 quality criteria included in the study. Hispanic patients received poorer care in 77 percent of the areas examined.

In practice, that means that patients in African American, Hispanic or other minority groups are receiving less recommended care like preventive services for heart disease and cancer, and chronic disease management. Minority patients were also significantly less likely to be able to obtain care for illness or injury in a timely manner.

Some of the variation is due to a lack of health insurance, since African Americans are twice as likely as whites to be uninsured, and Hispanics are three times more likely to be without health coverage.

But other studies have found that even when differences in income and health insurance coverage are taken into account, minority populations still receive inferior care.

The Medicare program has been used to leverage social change before. When it was launched in 1965, at the height of the Civil Rights Movement, it required participating hospitals to desegregate, leading to a rapid transformation of the healthcare system.

A growing chorus of scholars and advocates say it is again time for Medicare to take the helm.

There is more work for the program to do and that means making disparities a priority, Landers said at the briefing. Effort is needed to raise the profile of the issue because "out of sight is out of mind -- if it's everyone's responsibility it tends to be no one's responsibility."

Two things that the program can begin doing right away are educating beneficiaries' families about how to navigate the healthcare system and requiring the collection of good data on the relationship between treatment and race, she said.

A long-term commitment is also called for, she said, because the healthcare system must swim against the tide of a racially divided culture where many patients have lived in inferior conditions all their lives.

"Problems of race and ethnicity are problems our entire culture has been unable to solve," she said. "One would think 50 years after the Civil Rights Movement, these cultural issues wouldn't remain. We're going to have to adopt a sense of urgency."

As well as educating patients' families, directly involving communities could also help narrow the healthcare gap, Carolyn Clancy, director of the Agency for Healthcare Research and Quality, told United Press International.

A good model would be the effort that went into enrolling seniors in the Medicare Part D prescription drug benefit, she said. "Outreach for Part D built really useful infrastructure. People across the country sat down at churches and community centers to explain the program. More engaged patients get better healthcare."

Some advocates say Medicare should go even further to address inequalities.

The Department of Health and Human Services, the agency that operates Medicare, should use civil rights laws to require healthcare providers to collect data to show they are not discriminating, and then punish those providing unequal treatment, Bob Griss, executive director of the Institute of Social Medicine and Community Health, told UPI.

"Now discrimination is not just segregation, it's in the different quality of care," he said. Medicare "is not fulfilling their responsibility to address this form of discrimination. They have so much clout, but they're not using it."

But some scholars argue that focusing on differences in care ignores the larger reality that no group of patients gets very good care.

A recent study by the RAND Corporation found that patients receive about half of recommended care, no matter what racial or ethnic category they are in.

In that light, focusing on racial differences is like "trying to get a better ticket for a bad movie," said Peter Bach, a health researcher and physician at the Memorial Sloan-Kettering Cancer Center in New York.

"What we need is a better movie."

Resources, which are limited, should be focused on persuading doctors to follow clinical guidelines when providing treatment, he said. If doctors do that, care for all patients should become better and more equal.

Poverty and geography, rather than physician discrimination are more likely culprits when it comes to health disparities, he added, and that means that Medicare -- and the health system in general -- can only do so much.

"The stubborn challenges that poverty poses extend far beyond the brick walls of healthcare institutions," he said. "There must be reasonable expectations for what Medicare can do."