

Federal Health Care Reform in New York State: Addressing Health Disparities

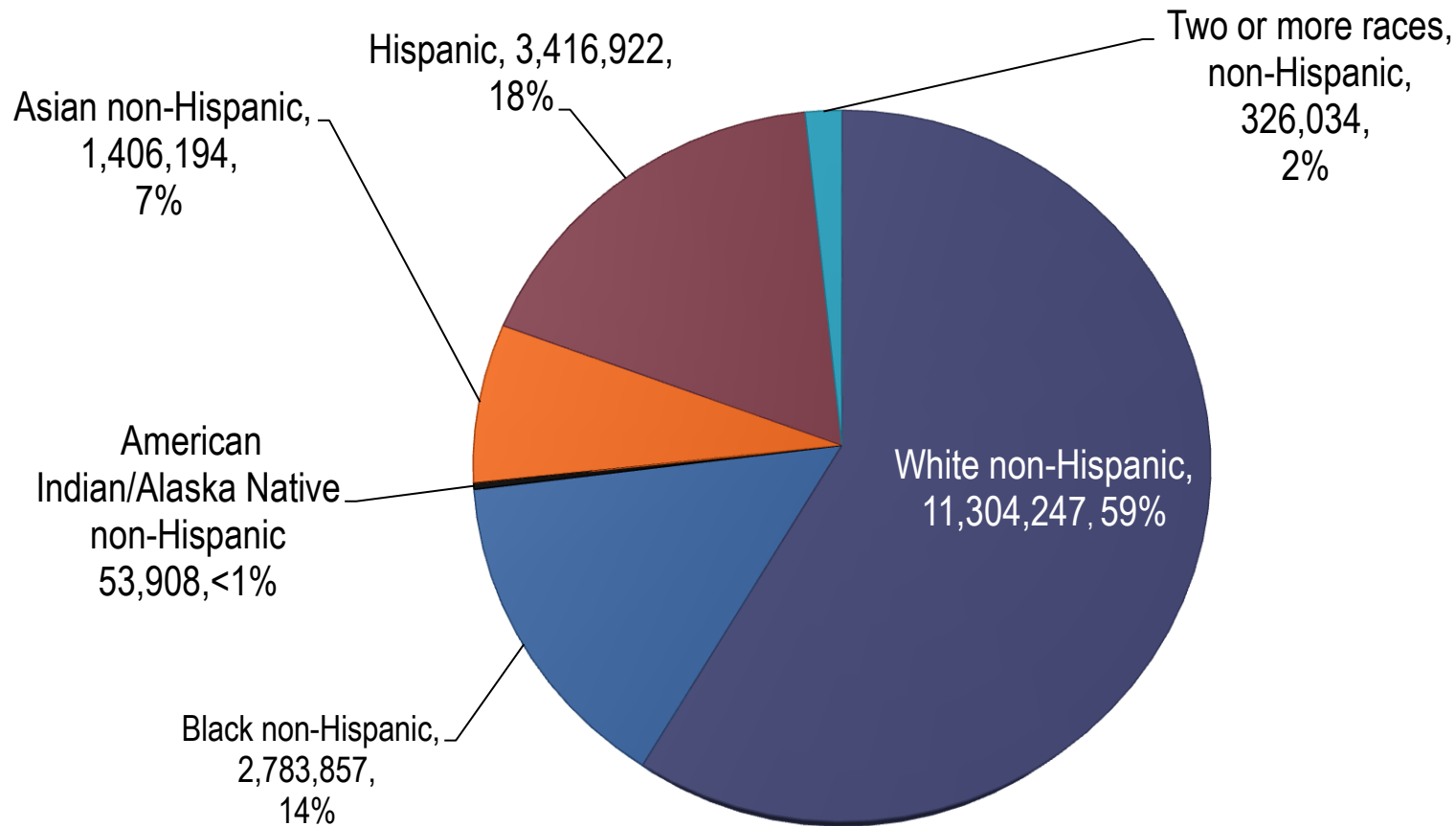
Yvonne J. Graham

Associate Commissioner, New York State Department of Health
Director, Office of Minority Health and Health Disparities Prevention

The U.S. Has Become Increasingly Diverse

- ▶ According to the U.S. Census Bureau, approximately one-third of the population currently belong to a racial or ethnic minority group.
- ▶ Populations referred to as racial and ethnic minorities include American Indians and Alaskan Natives, Asian and Pacific Islanders, Blacks and Non-White Hispanics.
- ▶ The Census Bureau projects that by the year 2042, racial and ethnic minorities will become the majority.
- ▶ Immigrants and their U.S. born descendants are expected to provide most of the U.S. population gains in the decades ahead.

Population by Race/Ethnicity, New York State, 2010



Data source: Census 2010 Redistricting Data

Health Disparities in NY

- ▶ During 2006-2008, Black non-Hispanics had the highest age-adjusted total mortality rate (795.7 per 100,000) compared to all other race/ethnic groups.
- ▶ Among children aged 2-4 years participating in the WIC program, Hispanics had the highest rate of obesity.
- ▶ Hispanic adults had the highest prevalence of asthma among all racial/ethnic groups.
- ▶ Asian/pacific Islanders are three times more likely to develop liver cancer compared to other racial/ethnic groups.
- ▶ The rates of diabetes among Native Americans are more than two times the rate for whites.

Estimating the Cost of Racial and Ethnic Health Disparities

- ▶ Estimated cost burdens of racial and ethnic disparities in a set of preventable diseases including diabetes, hypertension and stroke.
- ▶ Excess rates of these diseases cost the health care system \$23.9 billion dollars in 2009.
- ▶ Medicare alone will spend an extra \$15.6 billion, and private insurers will spend an extra \$5.1 billion.
- ▶ Over the next decade, the total cost is approximately \$337 billion.
- ▶ Left unchecked, these annual costs will more than double by 2050 as the representation of Latinos and African Americans among the elderly increases.

*Source: T Waidman, Urban Institute 2009.
<http://www.urban.org/url.cfm?ID=411962>*

Increasing Access to Health Care

- ▶ The Minority Health Council Study
- ▶ The Brooklyn Healthcare Improvement Project (B-HIP)

The Minority Health Council (MHC) Study

The MHC, was asked by the State Commissioner of Health in 2010 to study and make recommendations in three key areas:

- ▶ How to get more minorities who are eligible for public health insurance programs to enroll.
- ▶ How health care reimbursement formulas can be changed to encourage and reward greater delivery of primary and preventive care.
- ▶ Develop incentives for more minorities to become physicians in order to increase access for minorities to culturally and linguistically appropriate health care.

Study Methodology

- ▶ The MHC reviewed and analyzed 51 publications for empirical, theoretical or policy relevance to the subject matter.
- ▶ Reviewed presentations made by key informants (clinicians, CEOs, administrators, managed care plans, facilitated enrollment program representatives, CBOs, et al).
- ▶ Studied a small sample of print materials and public health insurance programs for content, reading grade level, and user friendliness.

Findings

The Minority Health Council's review and analysis found many contributing factors to health disparities including:

- ▶ Social, structural, and immigration related barriers impeding use of the health care system.
- ▶ Lack of or under utilization of health insurance coverage.
- ▶ Lack of access to a regular source of care and overuse of emergency rooms.
- ▶ Shortage of quality and convenient primary care services.

Enrollment Barriers

Myths, perceptions, and past experiences influence enrollment...

- ▶ The public health insurance enrollment process is complex and families do not want to deal with administrative hassles of producing paperwork and dealing with many players - enroller, CHW and others.
- ▶ Enrollment and re-certification process is cumbersome.
- ▶ Miscommunication, misinformation and misunderstanding are commonplace.
- ▶ Enrollment venues are not geographically accessible and centers are not open at convenient hours.

Source: Minority Health Council Study

Stigma Associated Barriers

Three common types of stigma:

Traditional Welfare Stigma

- ▶ Comments such as: “welfare makes you lazy” .
- ▶ People don’t respect a person on Medicaid.

Application-related Stigma

- ▶ The application process is humiliating and burdensome.
- ▶ Poor treatment during application and re-certification.

Provider-related Stigma

- ▶ Perceptions of physicians’ failure to provide quality health care.
- ▶ Doctors do not treat Medicaid beneficiaries in a manner equal to those with private health insurance.

Source: Minority Health Council Study

The Brooklyn Healthcare Improvement Project (B-HIP)

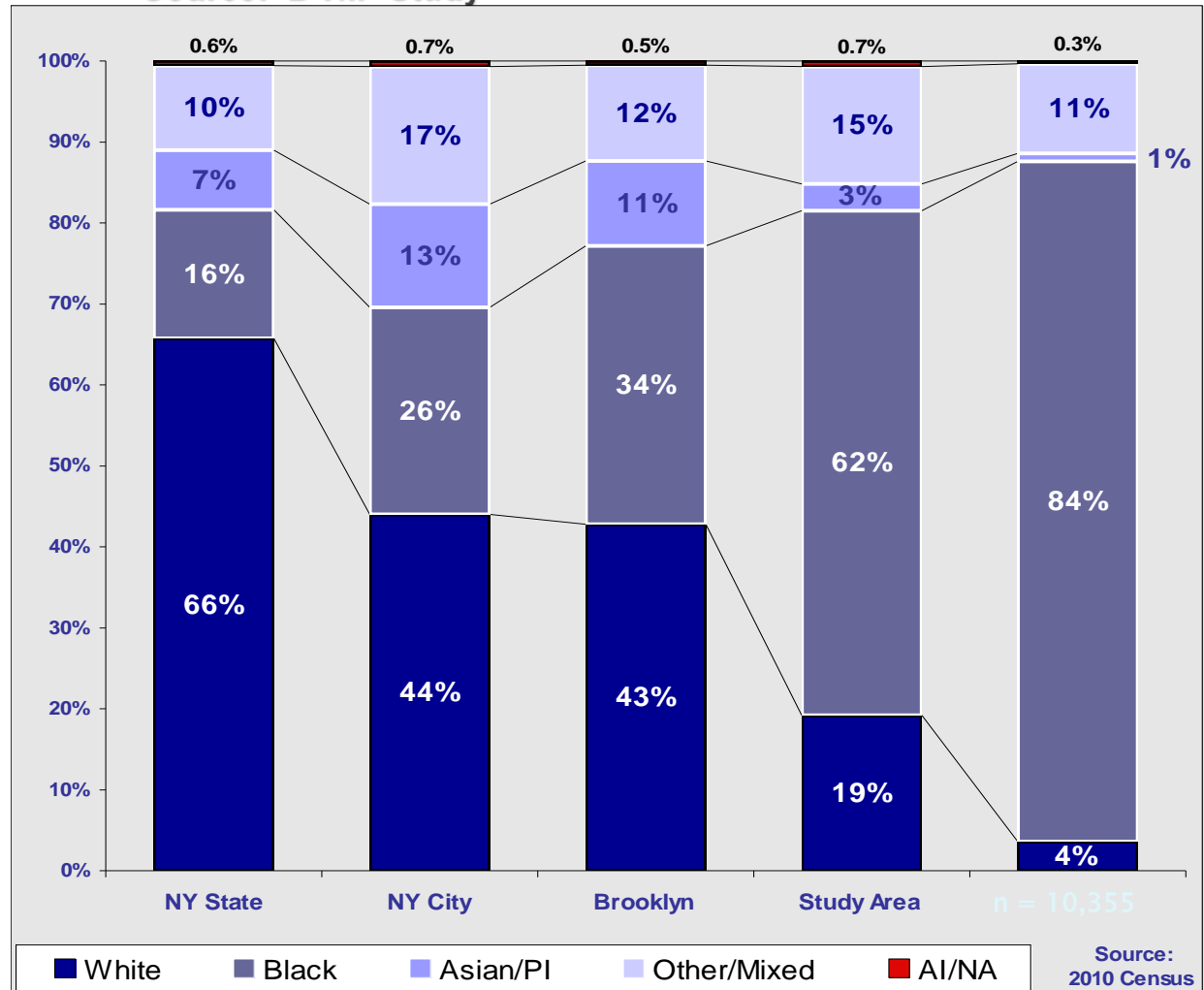
- ▶ Comprehensive Study of the healthcare system in Central and Northern Brooklyn to look at issues influencing usage of emergency rooms.
- ▶ Study worked with 6 hospitals, 9 health insurers, 1 pharmaceutical company, 4 civic/government agencies, 3 business coalitions and 8 CBO's and other health care providers.
- ▶ Based on block-by-block canvass of physicians offices; health care facilities; interviews with over 12,000 emergency department patients and care givers; and analysis of census information, state planning data and claims data from insurance companies.

ED Patient Survey

Characteristics – Race

Source: B-HIP Study

- ▶ NYC: 8.2mil
- ▶ Brooklyn: 2.5mil
- ▶ Study Area
 - 1.05mil
 - 42% of Brooklyn
 - 13% of NYC
- ▶ Asian/PI includes:
 - Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, etc.
- ▶ AI/NA includes:
 - American Indian, Native Alaskan, Native Hawaiian, Guamanian, Samoan.
- ▶ Other/Mixed:
 - Two or more Races or Some other self Identified Race



ED Patient Survey

PCP and Insurance Status by Age

Source: B-HIP Study

Under 18			
	Do You Have a PCP?		
Health Insurance?	No	Yes	Total
NO	4.2%	2.4%	6.6%
YES	9.5%	83.9%	93.4%
Total	13.7%	86.3%	2,222

25 - 64			
	Do You Have a PCP?		
Health Insurance?	No	Yes	Total
NO	20.0%	4.1%	24.0%
YES	19.9%	56.1%	76.0%
Total	39.9%	60.1%	5,516

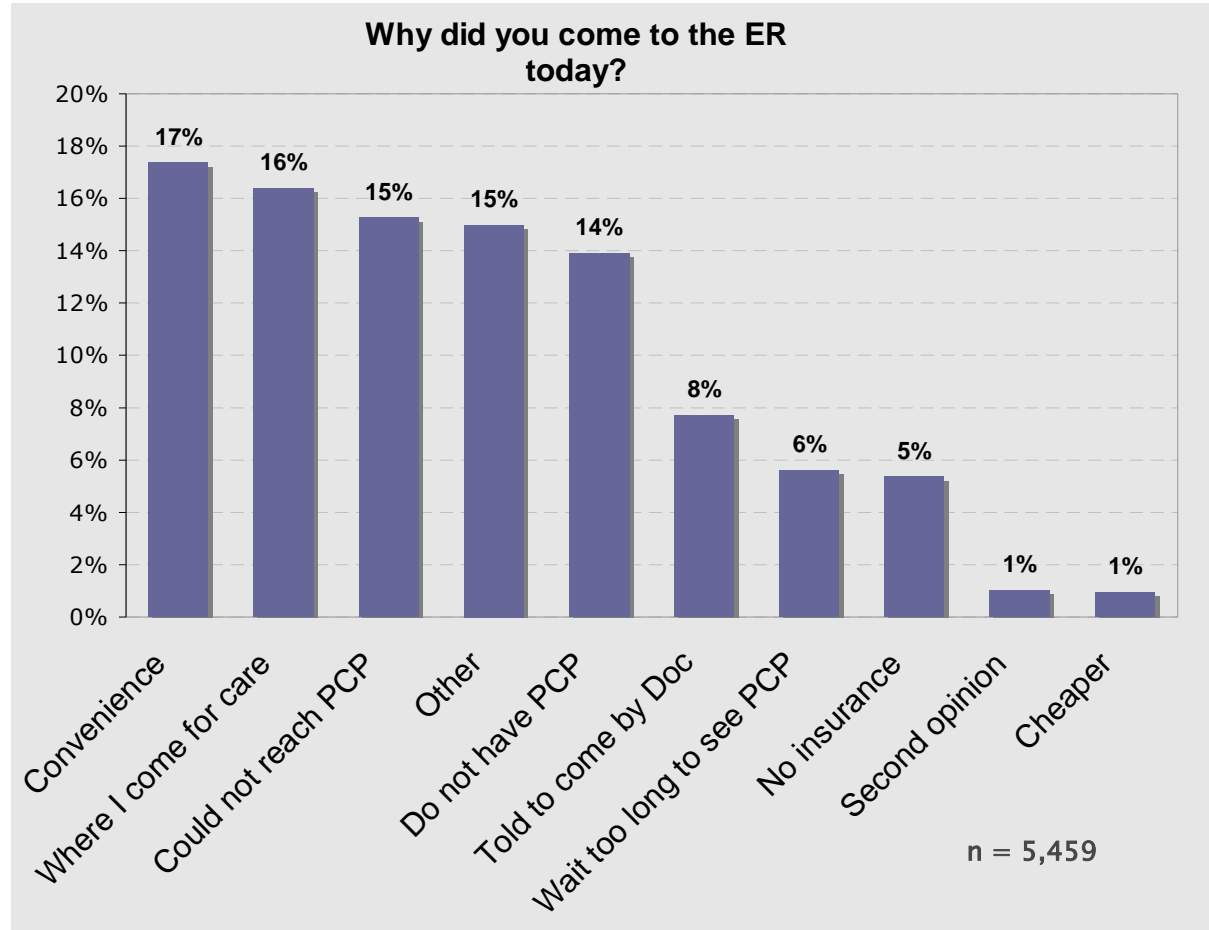
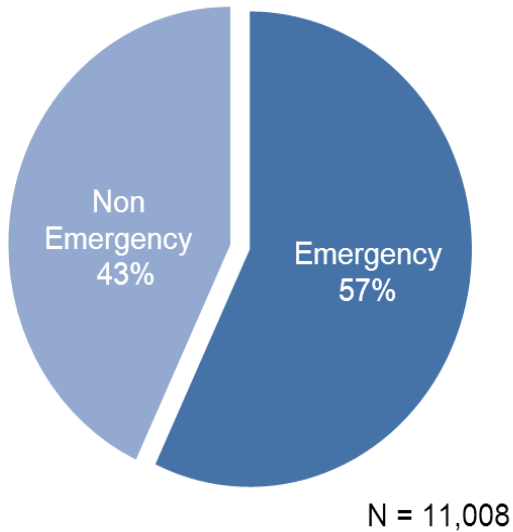
18 - 24			
	Do You Have a PCP?		
Health Insurance?	No	Yes	Total
NO	20.5%	3.3%	23.7%
YES	26.1%	50.1%	76.3%
Total	46.6%	53.4%	1,251

65 +			
	Do You Have a PCP?		
Health Insurance?	No	Yes	Total
NO	7.5%	1.3%	8.8%
YES	11.0%	80.3%	91.2%
Total	18.5%	81.5%	1,165

ED Patient Survey

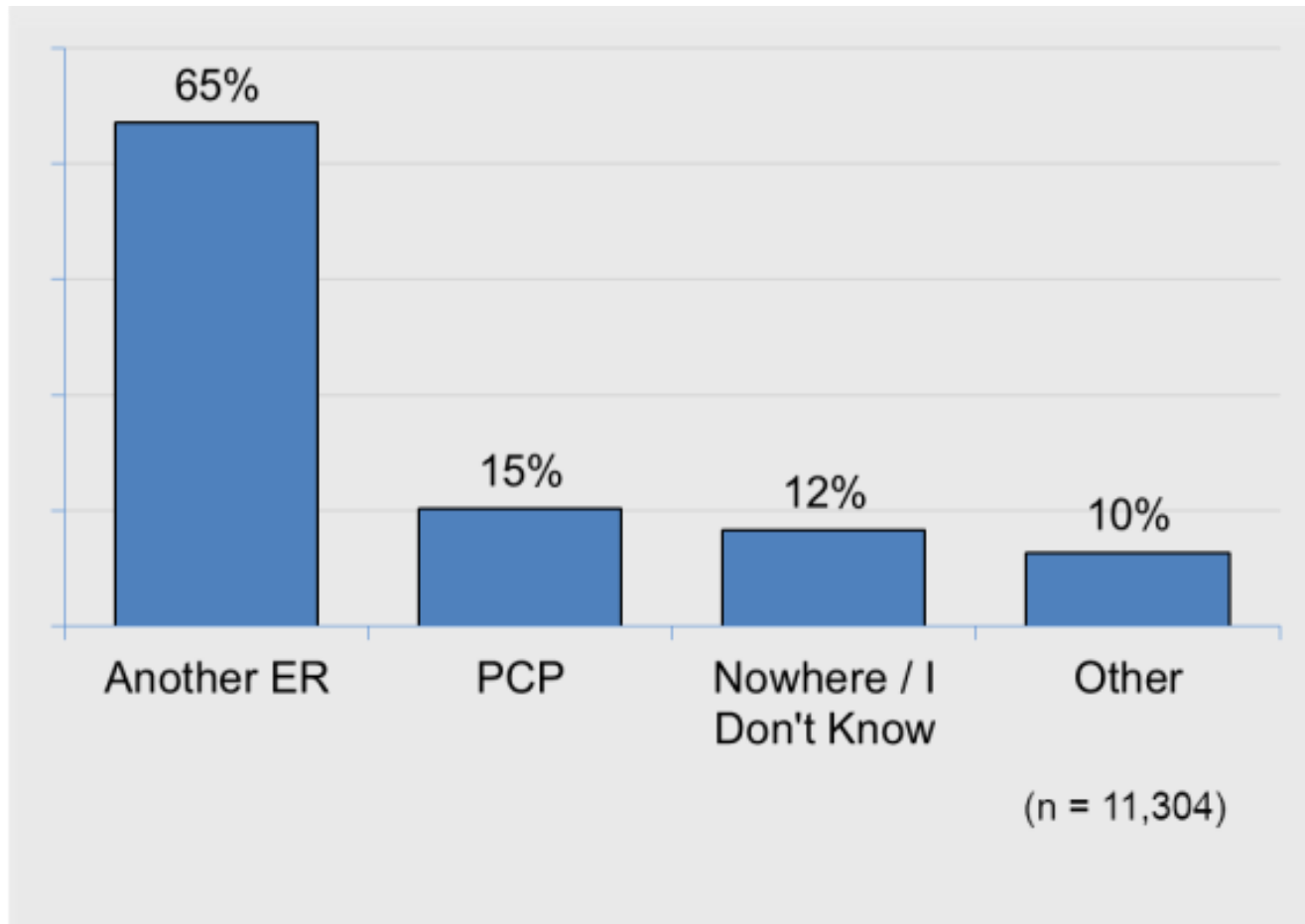
Why did you come to the ER?

Source: B-HIP Study



Where Else Would You Go?

Source: B-HIP Study



Primary Care Capacity

- ▶ An estimated 2.3 million New Yorkers are underserved for primary care due to mal-distribution of physicians in certain geographic areas.
- ▶ Shortage of quality accessible primary care throughout much of the B-HIP study area.
- ▶ Shortage of primary care that is accessible after hours or at times convenient for working people.
- ▶ While there is a shortage of PCPs overall, the study indicated that many PCPs are underutilized during working hours.
- ▶ Many primary care physicians belong to IPA's, FQHC's or affiliated with hospital satellites and clinics.

Workforce Diversity

- ▶ Provide opportunities for minorities to broaden the pool of diverse health care providers.
- ▶ Provide incentives for minority physicians to work in underserved communities.
- ▶ Support the co-location of primary care centers in emergency rooms.
- ▶ Increase payer reimbursement to safety net providers.
- ▶ Develop and maintain a pipeline of minority students to prepare them to become health care providers.

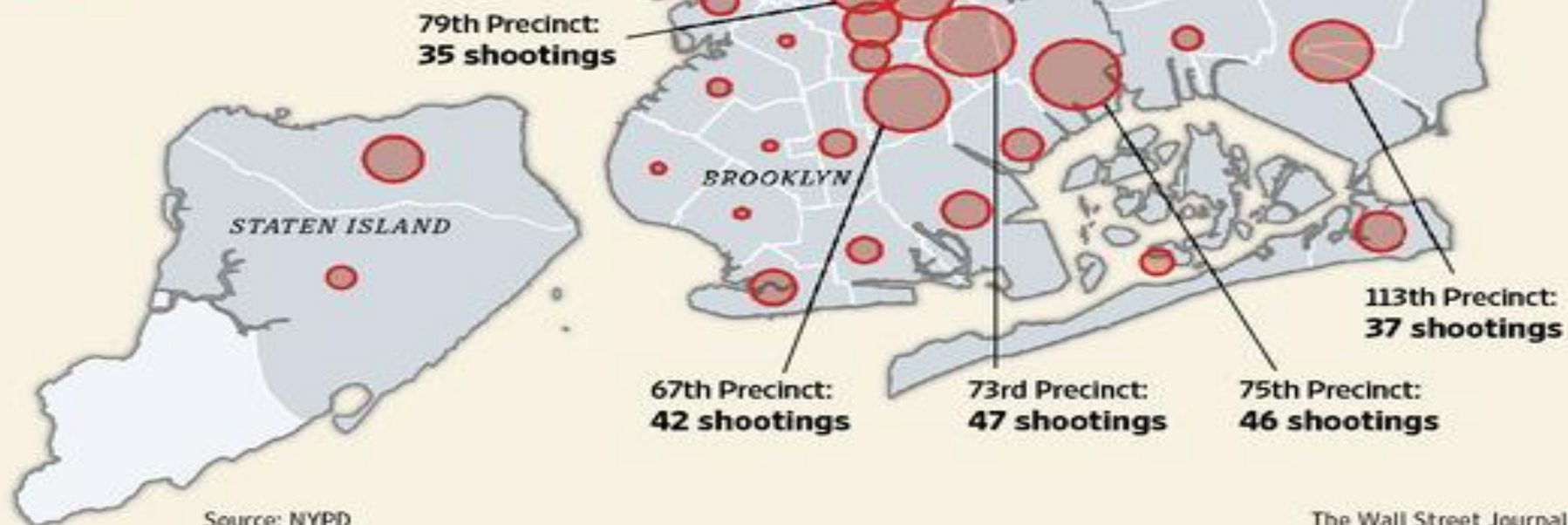
Quick to the Trigger

Shooting incidents in the city are up almost 10% this year compared with the same period last year while homicides are down.

Citywide, year-to-date:

	2011	2012	CHANGE
Shooting incidents	766	841	▲ 9.8%
Shooting victims	934	1,012	▲ 8.4%
Murders	282	235	▼ 16.7%

Number of shooting incidents in each police precinct so far this year



Communication

- ▶ People who are most likely to need public health insurance may be the least likely to benefit from print materials that are not easy to read.
- ▶ Focus on health literacy levels. The ability to understand and act on health information is a crucial factor in understanding health disparities.
- ▶ Disseminate culturally sensitive, reading level and language appropriate information through established social structures and channels of communication.
- ▶ Along with disease and prevention-focused information, conduct consumer education on the health care system.

Systems Focused - Quality of Care

Assure the highest quality, most effective and efficient care.

- ▶ Provider accountability.
- ▶ Geographic accessibility.
- ▶ Willingness to accept new patients covered by public health insurance programs.
- ▶ Ease of appointment process and waiting time.
- ▶ Address broader social determinants of health through partnerships with a broad range of stakeholders and share data with community.

Establish viable performance measures.

- ▶ Use QI and IT as a lever to improve effectiveness, measure and improve program quality, and promote transparency and value.

Community Focused-Quality of Care

- ▶ Solicit community input on how to engage and empower patients and their families about their health and health care.
- ▶ Train and use local community residents as health care ambassadors.
- ▶ Collect and share health care reports on success and challenges with community residents and engage them in maintaining positive behaviors and developing solutions to challenges.