

Reform to Target Persistent Health Disparities

BY MARY ELLEN SCHNEIDER

The quality of health care in the United States is improving slowly, with the slowest progress occurring in prevention and chronic disease management, according to the latest government data.

The nation also continues to struggle with health care disparities. Despite efforts to improve access and quality of care for minorities, new national data show that, overall, minorities and low-income individuals receive the worst health care.

The findings were detailed in two reports released by the Health and Human Services department.

The 2009 National Healthcare Quality Report provides a snapshot of how the nation is performing on 169 quality measures; the National Healthcare Dispari-

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ties Report provides a summary of health care quality and access among various racial and ethnic groups and across income groups.

Although the two reports show significant gaps in care, HHS Secretary Kathleen Sebelius said that she expects to see improvement with the implementation of the new health care reform laws—the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act.

“While the Affordable Care Act isn’t a cure, we think it’s one of the most effective treatments we’ve had for these problems in a long time,” Ms. Sebelius said during a news conference to release the reports.

Specifically, the health care reform laws will expand data collection and research efforts on health care disparities, increase the size and diversity of the health care workforce, and establish a new national institute on minority health and health disparities at the National Institutes of Health.

But most important, the laws will expand coverage for millions of Americans who are currently uninsured, Ms. Sebelius said.

“In almost every case, populations who are currently underserved get relief [under the new laws], whether it’s minority Americans, women, early retirees, rural Americans, or Americans with disabilities,” she said.

The 2009 quality report showed that overall quality is improving at a rate of about 2.3% annually. However, the speed of improvement varied across settings of care: Hospitals are improving more rapidly, at a median rate of change of about 5.8%, whereas outpatient set-

tings improved at a median rate of change about 1.4%, according to the report.

As a result, improvements in prevention and chronic disease management are lagging behind improvements in acute care.

For example, of the nine process measures tracked in the report that worsened, eight related to either preventive services or chronic disease management,

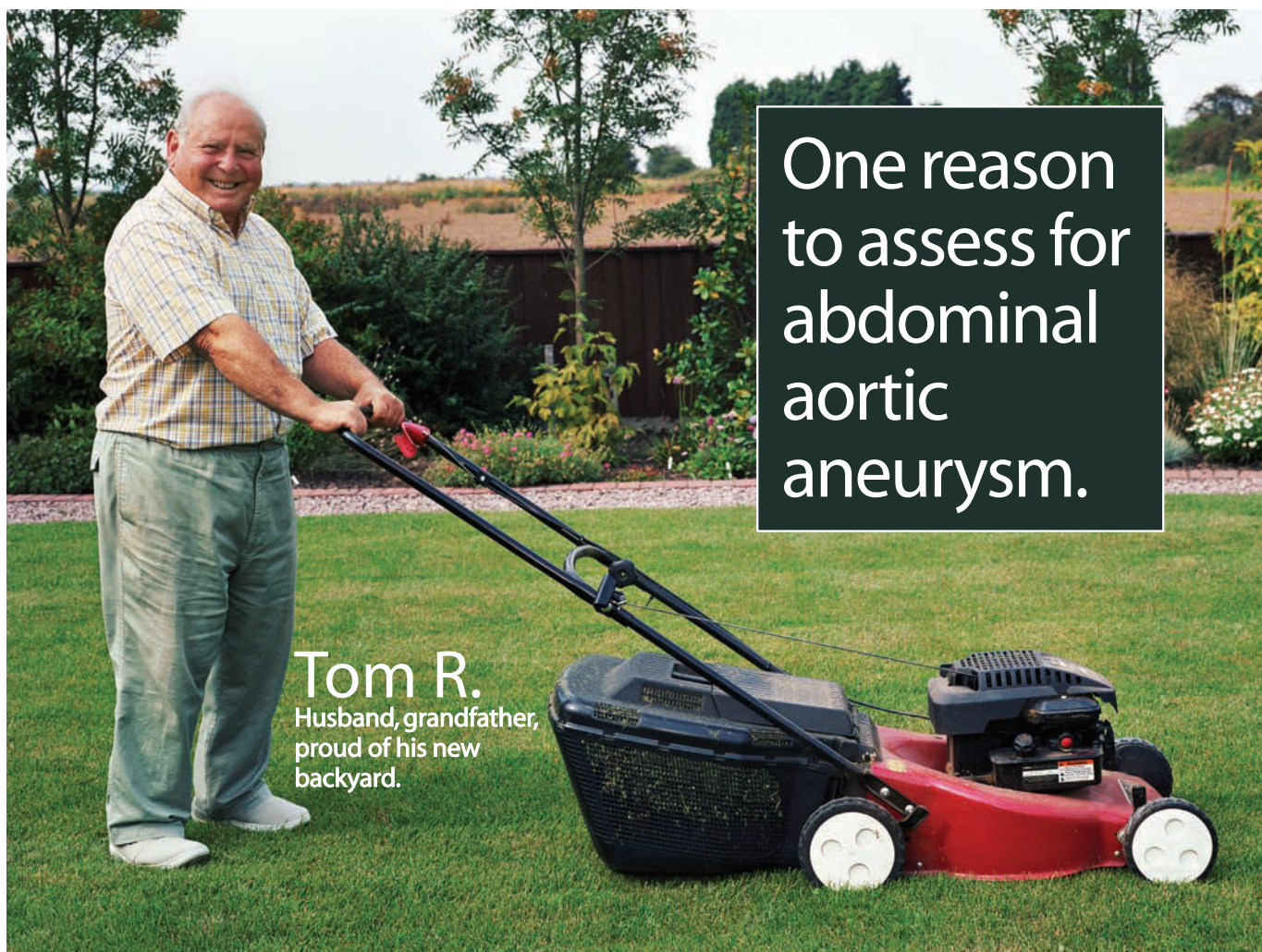
including mammography, Pap testing, and fecal occult blood testing. “Although the trend is going in the right direction, which is good, the pace is unacceptably slow,” said Dr. Carolyn Clancy, director of the Agency for Healthcare Research and Quality, which produced the reports.

On the disparities side, the report showed that many disparities have not decreased over time.

For example, from 2000 to 2005, disparities in colorectal cancer screening have grown between American Indians and Alaska Natives vs. whites, increasing at a rate of 7.7% per year.

Additionally, blacks and Hispanics had worsening disparities in colorectal cancer mortality from 2000 to 2006. ■

The two reports are available online at www.ahrq.gov/qual/qrd09.htm.



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Reference: 1. Reardon RF, Cook T, Plummer D. Abdominal aortic aneurysm. In: Ma OJ, Mateer JR, Blaivas M, eds. *Emergency Ultrasound*. 2nd ed. New York, NY: McGraw-Hill; 2008: 149-168. AortaScan, the AortaScan symbol, Verathon, and the Verathon Torch symbol are trademarks of Verathon Inc. © 2010 Verathon Inc. 10011MN-Ad 0900-3072-01-86

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