

## ***Implications of the Patient Protection and Affordable Care Act for Health Inequities***

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# **Implications of the Patient Protection and Affordable Care Act for Health Inequities**

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# **PATIENT PROTECTION AND AFFORDABLE CARE ACT OF 2010:**

## *Advancing Health Equity for Racially and Ethnically Diverse Populations*

**August 23, 2010**

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# Overview

- I. Background, Purpose and Design
- II. Provisions Specific to Race, Ethnicity and Language
- III. General Provisions
- IV. Leveraging the Potential for Health Care Reform to Reduce Disparities
- V. Conclusion

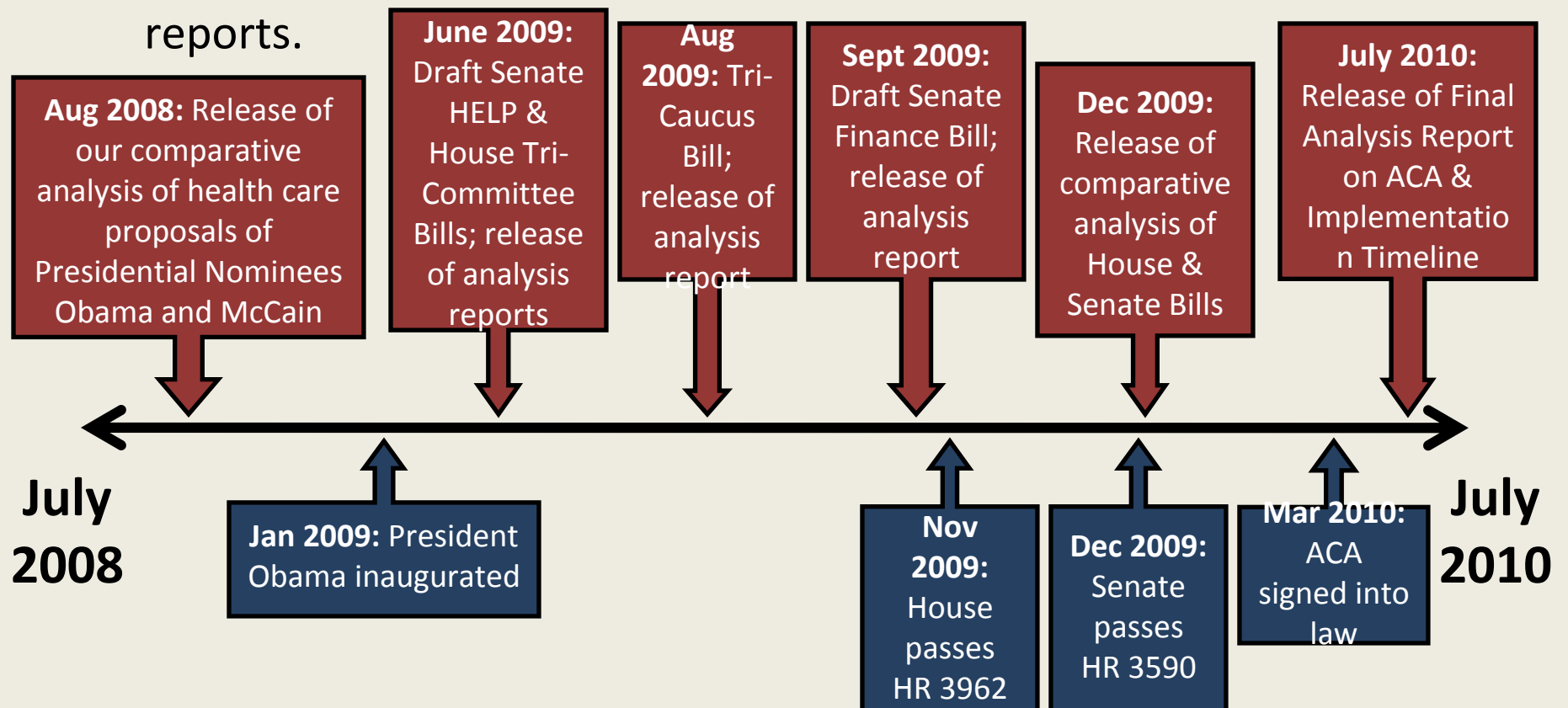
# Purpose, Background and Design

# Purpose

- To assess implications , opportunities, and challenges of health care reform for improving the health and health care of racially and ethnically diverse populations.

# Background

- We have been tracking health care reform and implications for diverse populations for two years, releasing multiple analysis reports.





## Value of Review

- Comprehensive summary and analysis of ACA, with implications for diverse populations.
- Identifies challenges and opportunities for advancing equity in the health care system through ACA.
- Offers a user-friendly framework for tracking ACA provisions, including allocation levels, timing and federal involvement.

# Design and Methods

- Based on national literature, we developed a framework of priorities for analyzing general and race, ethnicity, and language-specific provisions, to identify their:
  - (1) **Importance;**
  - (2) **Implications; and**
  - (3) **Implementation challenges**for improving the health and health care of diverse populations.

Race, Ethnicity and Language-Specific Priorities	General Priorities
Data Collection and Reporting by Race, Ethnicity & Language	Health Insurance Reform
Workforce Diversity	Access to Health Care
Cultural Competence Education and Organizational Support	Quality Improvement
Health Disparities Research	Cost Containment
Health Disparities Initiatives in Prevention	Public Health Initiatives
Addressing Health Disparities in Health Insurance Reforms	Social Determinants of Health

# **Health and Health Care Provisions Specific to Race, Ethnicity and Language**

# Table 1. Data Collection & Reporting by Race, Ethnicity and Language

Provisions	Section No.
Require population surveys to collect racial/ethnic sub-group data	4302
Collect/report disparities data in Medicaid and CHIP	4302
Monitor health disparities trends in federally-funded programs	4302



# Data Collection and Reporting

*Summary, Implications and Challenges of Select Provisions*

- **Sec. 4302: Monitor health disparities trends in federally funded programs.**
  - Implications:
    - Potential to enhance the evidence-base for new health equity improvement initiatives for diverse populations.
    - Raising awareness about the persistence of health disparities and the urgency for action among policymakers and public.
  - Implementation Challenges:
    - Lack of specificity on appropriations and timeline.
    - How to collect race/ethnicity data: Self- or staff-reported?
    - Uniformity and accuracy of data across federal programs
    - Limited organizational resources and expertise

## Table 2. Workforce Diversity




Provision Description	Section No.
Collect and publicly report data on workforce diversity	5001
Increase diversity among primary care providers	5301
Increase diversity among long term care providers	5302
Increase diversity among dentists	5303
Increase diversity among mental health providers	5306
Health professions training for diversity	5402
Increase diversity in nursing professions	5309
Investment in HBCU and minority-serving institutions	2104
Community-based training for AHECs targeting underserved	5403
Grants for Community Health Workers, providing CLAS	5313
Grants to train providers on pain care, including CLAS	4305
Support for low-income health profession/home care aid training	5507

# Workforce Diversity

*Summary, Implications and Challenges of Select Provisions*

- **Sec. 5301, 5302, 5303. Increase diversity among primary care providers (PCPs), long term care providers and dentists.**
  - Implications:
    - Potential to improve access to care, patient satisfaction, adherence to treatment among diverse populations through enhanced patient-provider concordance.
  - Implementation Challenges:
    - Lack of specificity on appropriations (for PCPs and dentists).
    - Disparities in quality of K-12 education among diverse students.

## Table 3. Cultural Competence (CC) Education and Organizational Support

Provision Description	Section No.
Develop & evaluate model CC curricula	5307 
Disseminate CC curricula through online clearinghouse	5307 
CC training for primary care providers	5301 
CC training for home care aids	5507
Curricula for CC in serving individuals with disabilities	5307
Loan repayment preference for experience in CC	5203
Transfer federal OMH to Office of the Secretary	10334
Create individual OMHs within all federal HHS agencies	10334



# Cultural Competence

## *Summary, Implications and Challenges of Select Provisions*

- **Sec. 5301 & 5307. Develop, evaluate, and disseminate model CC curricula and provide CC training to PCPs.**
  - Implications:
    - Potential to improve quality of patient-provider interactions and delivery of culturally and linguistically appropriate services and care.
  - Implementation Challenges:
    - Lack of specificity on appropriations.
    - Reluctance to embrace CC from time-strapped practitioners.
    - Paucity of rigorous research on impact of CC on health outcomes and disparities.

## Table 4. Health Disparities Research

Provision Description	Section No.
Patient-Centered Outcomes Research Institute (PCORI) to examine health disparities through CER	6301
Increase funding to Centers of Excellence	5401
Promote National Center for Minority Health and Health Disparities (NCMHHD) to <i>Institute</i> status	10334
Support collaborative research on topics including CC	5307
Support for disparities research in post-partum depression	2952
Support for disparities research in pain treatment/management	4305

# Health Disparities Research

*Summary, Implications and Challenges of Select Provisions*

- **Sec. 6301. PCORI to examine health disparities through comparative effectiveness research**
  - Implications:
    - CER on racial/ethnic differences in procedural outcomes has the potential to reduce health disparities.
  - Implementation Challenges:
    - Lack of specificity on appropriations and timeline.
    - Uncertainty as to whether funds will be sufficient to assess differences by race/ethnicity over time.

## Table 5. Health Disparities Initiatives in Prevention

Provision Description	Section No.
National oral health campaign, with emphasis on disparities	4102
Standardized drug labeling on risks & benefits	3507
Maternal & child home visiting programs for at-risk pops.	2951
Culturally appropriate patient-decision aids	3506
CLAS personal responsibility education	2953
Support for preventive programs for AI/ANs	10221

# Health Disparities in Prevention

*Summary, Implications and Challenges of Select Provisions*

- **Sec. 4102. Five-year national oral health campaign, with emphasis on disparities.**
  - Implications:
    - Potential to improve oral health, particularly among African American and Hispanic children who are two and four times more likely to report fair/poor oral health as compared to whites.
  - Implementation Issues:
    - Lack of specificity regarding appropriations.

## Table 6. Addressing Disparities in Health Insurance Reforms

Provision Description	Section No.
Remove cost-sharing for AI/ANs at or below 300% FPL	2901
Enrollment outreach targeting low-income populations	3306
CLAS/information through exchanges	1311
Nondiscrimination in federal health programs/Exchanges	1557
Require plans to provide information in "plain language"	1303
Incentive payments for reducing disparities	1303
Summary of coverage that is culturally/linguistically appropriate	1001
Claims appeal process that is culturally/linguistically appropriate	1001

# Addressing Disparities in Insurance Reform

*Summary, Implications and Challenges of Select Provisions*

- **Sec. 3306. Enrollment outreach for low-income & Sec. 1311. Culturally/linguistically appropriate enrollment information.**

- Implications:

- Core and central to increasing racial/ethnic minority participation and enrollment in health insurance reforms.

- Implementation Challenges:

- Need to consider different messengers, channels and modes of communication to ensure adequate understanding and adherence to insurance reforms/mandates.

# **General Provisions with Major Implications for Racially and Ethnically Diverse Populations**



## Table 7. Health Insurance Reforms


Provision Description	Section No.
Individual requirement to have coverage	1501
Expand Medicaid income eligibility to 133% FPL	2001
Employer requirement to offer coverage	1513
Increase federal matching rates for Medicaid	2005
Small business (<25 employees) tax credits	1421
Multi-state plan option	10104
Temporary high risk pools	1101
Consumer Operated and Oriented Plans (CO-OPs)	1322
State-based American Health Benefit Exchanges	1311

# Health Insurance Reform

## *Summary, Implications and Challenges of Select Provisions*

- **Sec. 2001. Expand Medicaid eligibility to 133% FPL.**
  - Implications:
    - Likely to significantly expand coverage among low-income minorities living in states with extremely restrictive income eligibility requirements (e.g., below 20% of poverty in Texas, Alabama and other southern states).
  - Implementation Challenges:
    - Adequate supply of primary care providers to meet the increase in demand from Medicaid expansion.
    - Involvement of adequate number of community outreach workers, CBOs, representatives and stakeholders in outreach, education and enrollment.
    - Outreach, promotion, education, and decision-support that is culturally and linguistically appropriate.

## Table 8. Improving Access to Health Care

Provision Description	Section No.
Support for community health centers	10503 
Nurse-managed health centers	5208
Community health teams	3502
Redistribute Graduate Medical Education slots	5503
Extends authorization of National Health Services Corps	5207
Teaching community health centers	5508
Innovative models in Medicare/Medicaid	3021
School-based health centers	4101
Pilot projects for emergency & trauma care	3504

# Improving Access to Health Care

*Summary, Implications and Challenges of Select Provisions*

- **Sec 10503. Support for Community Health Centers (CHCs)**

- Implications:

- Critical to expanding access to care for poor and diverse populations, who disproportionately rely on CHCs for care.

- Implementation Challenges:

- As CHCs expand their scope and reach, patients will need better access to a continuum of care, including specialty and tertiary services.
- A Commonwealth Fund report, recently reported that while CHCs are able to provide primary care, they have difficulty connecting patients to diagnostic testing and specialty care, even when patients are insured.

## Table 9. Quality Improvement

Provision Description	Section No.
National Strategy for Quality Improvement	3011
Quality improvement technical assistance	3501
Interagency Group on Healthcare Quality	3012
Develop, improve & evaluate quality measures	3013
Link Medicare payments to quality outcomes	3001
Pediatric Accountable Care Organizations	2706

# Quality Improvement

*Summary, Implications and Challenges of Select Provisions*

- **Sec 3001. Link Medicare payments to quality outcomes.**

- Implications:

- Aligning payment with quality rather than quantity of care has the potential to reduce disparities in hospital readmissions and health care-acquired conditions, particularly among Blacks who are 2-4 times more likely to be hospitalized for a potentially preventable condition.

- Implementation Challenges:

- Lack of specificity regarding appropriations.

# Table 10. Cost Containment

Provision Description	Section No.
Interoperable systems of enrollment	1561
Reduce Medicaid DSH Payments	1203
Reduce Medicare DSH Payments	2551
Demonstration projects for HIT	6114
Strengthening Medicaid drug rebate programs	2501
Enhancing public program fraud screening	6401

# Cost Containment

*Summary, Implications and Challenges of Select Provisions*

- **Sec 1203. Reduce Medicaid DSH Payments.**

- Implications:



- A significant source of financial support for safety net hospitals—which disproportionately care for low-income and uninsured patients—will shrink.

- Implementation Challenges:

- Need to monitor the distribution, scope and role of DSH payments, both preceding and following implementation, especially in localities which currently have and are likely to continue to have large uninsured and undocumented immigrant populations



# Table 11. Public Health Initiatives

Provision Description	Section No.
National Prevention & Public Health Council	4001
Prevention & Public Health Fund	4002
Childhood obesity demonstration projects	4306 
National diabetes prevention program	10501 
New methods for scoring prevention/wellness programs	4401
Education campaign for breast cancer	10413

# Public Health Initiatives

*Summary, Implications and Challenges of Select Provisions*

- **Sec. 4306. Childhood Obesity Demonstration Programs and Sec. 10501. National Diabetes Prevention Program.**



- Implications:

- Given that racial/ethnic minorities have higher rates of obesity and diabetes, these initiatives are especially important for improving patient education, knowledge and adherence to healthy behaviors in diverse communities.

- Implementation Challenges:

- Need to ensure cultural and linguistic appropriateness of prevention programs and measurable objectives for evaluating differences by race/ethnicity.

## Table 12. Social Determinants of Health

Provision Description	Section No.
Health Impact Assessments	4003 
Community Preventative Services Task Force to review/recommend interventions in social context	4003 
Community Transformation Grants	4201
Non-profit hospital community needs-assessment	9007
Primary Care Extension Program	5405

# Social Determinants of Health

*Summary, Implications and Challenges of Select Provisions*

- **Sec. 4003. Community Preventive Services Task Force to review/recommend interventions in social context and promote use of Health Impact Assessments (HIAs).**
  - Implications:
    - Represents important first steps for monitoring and improving the health and related social, economic and environmental conditions that characterize and influence the health of racially and ethnically diverse communities.
  - Implementation Challenges:
    - Lack of specificity around appropriations and timelines—e.g., for HIAs.

# **Leveraging the Potential for Health Care Reform to Reduce Disparities**

# Advancing the Health of Communities

## **1. Leveraging support for community-based strategies and engagement in reducing disparities.**

- Communities must be active and involved participants in setting overall objectives, specific goals and strategies for achieving them.

## **2. Promoting integrated strategies across health and social services to improve the health of diverse communities.**

- Need for direct, concerted research, policy and programs that seek to alter significantly the negative influence of social determinants in diverse communities.

# Health Care Organization-Based Initiatives

- 1. Developing and testing model programs that link specific organizational efforts to reducing disparities and improving quality of care.**
  - Organizations must be committed to support practitioners through more comprehensive and active engagement in caring for diverse patients.
- 2. Documenting and linking non-profit community needs assessment/benefit requirements to health care reform incentives to address disparities.**
  - Need to reach beyond demonstrations and funding opportunities.
  - Require provider organizations to show evidence of working to reduce disparities—e.g. through education & community outreach
- 3. Preserving and transitioning the health care safety net.**
  - Providing direct support for safety net hospitals, particularly in regions with large uninsured and undocumented populations.
  - Guidance for philanthropic organizations on ways to support safety net.

# Individual Level Initiatives

## **1. Developing effective care/disease management and self management interventions and protocols for diverse patients.**

- New programs will need to address how and to what extent inattention to race- and culture-specific and language/literacy concerns may create impediments to care management and self management.

## **2. Mitigating the effects of overweight/obesity and negative environmental factors that may impede progress on reducing disparities.**

- Greater health care provider awareness of culture and challenges faced by diverse populations will be important for reducing disparities in care and adherence to treatment.



**With its rising tide, health care reform offers a rare opportunity in our lifetime ...**



**To raise all boats and to offer a health care lifeline  
for the millions without one.**



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# Thank you for joining us today

***Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations***

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