

*Racial and Ethnic Disparities – Keeping  
Current Series*

The National Academy of Social Insurance  
Report on Medicare and Disparities:

What can the Centers for Medicare and  
Medicaid Services do?

# Strengthening Medicare's Role in Reducing Racial and Ethnic Health Disparities

# 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

# 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 copayments 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

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# 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

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# 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

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# Summary

- Medicare has a substantial number of tools available 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

To view study panel, issue briefs  
and working papers go to the  
National Academy of Social  
Insurance website at

[http://www.nasi.org/publications2763/publications\\_show.htm?doc\\_id=410031](http://www.nasi.org/publications2763/publications_show.htm?doc_id=410031)

The National Academy of Social Insurance Report on Medicare and  
Disparities: What can CMS do?

# Q & A Session

With

Bruce Vladeck, PhD

Paul Van de Water, PhD

Joseph Betancourt, MD, MPH

Barry Straube, MD, Centers for Medicare  
and Medicaid Services

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