



Executive Summary

Disparities in Health and Health Care among Medicare Beneficiaries

A Brief Report of the Dartmouth Atlas Project for Aligning Forces for Quality

The Robert Wood Johnson Foundation's Aligning Forces for Quality program commissioned this special report by the Dartmouth Atlas Project of the Dartmouth Institute for Health Policy and Clinical Practice to highlight the uneven quality of health care across America and the need to improve quality and reduce disparities in every community.

The report demonstrates that in U.S. health care, it's not only who you are that matters, it's also where you live. The findings highlight the importance of understanding health and health care within a local context – and of efforts to explore and address the underlying causes of disparities within and across regions. The major findings follow:

- The rate of leg amputation – a complication of diabetes and peripheral vascular disease – is four times greater for blacks than whites. Rates of amputation also differ widely among U.S. states and regions. Because poverty is an important risk factor for amputations, addressing these large disparities will require addressing the full spectrum of health determinants, from lower levels of schooling, limited health literacy, inadequate housing and lack of transportation to inadequate access to high quality, well-coordinated primary and specialty care.
- For evidence-based medical care, such as screening mammography and appropriate testing for diabetes, disparities across states and regions are substantially greater than the differences by race. Furthermore, there are some regions where blacks receive equal or better care than whites but where care for all patients is less than ideal. The data highlight opportunities to improve ambulatory care for both blacks and whites.
- Regions differ dramatically in their use of the hospital. Although blacks in most regions are somewhat more likely than whites to be hospitalized for conditions that could also be treated outside the hospital, the differences are much greater across regions. This underscores the importance of the local delivery system and its relative emphasis on acute, inpatient care as opposed to ambulatory care as a determinant of where patients receive care for exacerbations of chronic illness.

Health Outcomes Measure

Leg Amputations. Leg amputations are an infrequent but devastating complication of peripheral vascular disease and diabetes. Inadequate blood supply and nerve damage predispose patients to injury and to infection, which can fail to heal and sometimes only be treated by amputation. A broad array of environmental, economic, social and behavioral factors place patients at risk for developing underlying diseases and for losing a limb, including: smoking, obesity, a sedentary lifestyle, poor blood pressure control and lack of access to high quality medical care. Rate of amputation per 1,000 Medicare beneficiaries 2003-2005: Total, 1.14; black, 4.17; white, 0.88. Among states, the overall leg amputation rate was highest in Louisiana (1.66) and lowest in Utah (0.50).

Effective Care Measures

Screening for Breast Cancer. The United States Preventive Services Task Force (USPSTF) recommends mammography every one or two years for women 40 and older. The USPSTF found evidence that screenings at this interval significantly reduce mortality from breast cancer. Percent of female Medicare beneficiaries age 65-69 having at least one mammogram 2004-2005: Total, 63.6%; black, 56.8%; white, 64.3%. Among states, the overall rate of mammography was highest in Maine (74.0%) and lowest in Mississippi (56.9%).

Hemoglobin A1c Measurement. Clinical trials have shown that proper management of diabetes, including blood sugar and blood pressure control and reducing risk factors for heart disease – such as smoking and elevated cholesterol levels – can reduce the risk of complications. The hemoglobin A1c test, also called HbA1c, provides an average of a patient's blood-sugar control over six to 12 weeks. The test is critical because its results show how well a diabetes treatment plan is working. Average annual percentage of Medicare beneficiaries with diabetes age 65-74 having hemoglobin A1c test 2003-2005: Total, 84.0%; black, 79.4%; white, 84.7%. Among states, the overall rate of hemoglobin A1c testing was highest in Vermont (91.5%) and lowest in Alaska (70.9%).

Primary Care Orientation

Predominant Provider a Primary Care Physician. Primary care physicians play a key role in providing and coordinating high-quality health care. For conditions such as diabetes and hypertension, primary care physicians have been shown to provide care similar to specialty care in quality and lower in cost. Adequate access to primary care can improve coordination and reduce the frequency of avoidable hospitalizations. Percent of Medicare beneficiaries whose predominant ambulatory provider was a primary care physician in 2004: Total, 77.6%; black, 80.0%; white, 77.4%. Among states, the overall percentage was highest in Nebraska (86.4%) and lowest in New Jersey (65.3%).

Reliance on Hospital-Based Care

Ambulatory Care-Sensitive Hospitalization Rates. Many hospital admissions are for medical conditions – such as poorly controlled diabetes or worsening heart failure – which can be treated in either the inpatient or the outpatient setting, and for which hospitalization can often be prevented by better outpatient management. Discretionary hospital stays pose a risk to patients and a substantial cost to the health care system. Discharges for ambulatory care-sensitive conditions per 1,000 Medicare beneficiaries 2003-2005: Total, 78.3; black, 105; white, 76. Among states, the overall discharge rate was highest in West Virginia (116.4) and lowest in Hawaii (31.8).

Methodology

The data come from the enrollment and claims data of the Medicare program and are restricted to the fee-for-service population over age 65. Each of the analyses presented in this report focuses on either the entire fee-for-service Medicare population who were eligible for both Part A and B and were between the ages of 65 and 99 or a subset of that population at risk for a specific procedure or service.

Please refer to the full report “Disparities in Health and Health Care among Medicare Beneficiaries: A Brief Report of the Dartmouth Atlas Project” for the methodology, downloadable at www.rwjf.org/qualityequality. For more detailed descriptions of the approach see the Appendix on Methods at www.dartmouthatlas.org/af4q.shtm. The full national database and other Dartmouth Atlas reports can also be found at www.dartmouthatlas.org.