Health Insurance Plans Address Disparities in Care: Challenges and Opportunities

Background
In 2002, the Institute of Medicine (IOM) released a landmark report indicating that racial and ethnic minorities receive lower quality health care than non-minorities, even when factors related to access (e.g., insurance status and income) are controlled. There is widespread agreement that data are fundamental building blocks to identifying differences in the care experienced by specific populations, to developing programs to address differences, and to ensuring a higher standard of care. Since then, there has been growing interest in understanding the extent to which health insurance plans, providers, and other organizations collect and use data on race and ethnicity to reduce health care disparities. To date, national studies have identified very few providers or institutions that address disparities in care using a data-driven, quality improvement approach.

In 2003/04, America’s Health Insurance Plans (AHIP) worked with The Robert Wood Johnson Foundation (RWJF) to survey health insurance plans about the extent to which they collect and use data on the race and ethnicity of their enrollees to improve quality of care. AHIP also conducted follow-up qualitative research to obtain more specific information, to solicit recommendations on how to improve the collection and use of these data, and to explore potential future collaborations. A number of challenges and opportunities emerged from this quantitative and qualitative research.

Challenges

Consumer Level
Nearly all health insurance plans noted that enrollees’ perceptions about collecting data on race and ethnicity were of primary importance. Among plans that do not collect these data, concern about enrollee reaction was identified as one of the biggest barriers. Even among plans that do voluntarily collect such data, there was a concern raised that enrollees may not understand why the plan is collecting the data and/or how these data can be used to improve their health and health status.

Health Insurance Plan Level
Many health insurance plans noted that the information systems used throughout the healthcare system impose a major barrier to collecting these data. Future work is needed on how information technology (IT) systems could be enhanced for collecting, storing and/or retrieving information about enrollees’ race and ethnicity to improve quality of care.

Similarly, many health insurance plans expressed concern about the sporadic and nonsystematic ways in which these data can be collected. In particular, the use of different racial and ethnic categories and the inability to have this information available in a variety of health care settings were identified as obstacles.

Finally, Medicaid, Medicare, and commercial plans are presented with different challenges. For example, Medicaid plans receive these data directly from the state. Many Medicare plans have the option to receive these data from the Centers for Medicare and Medicaid Services (CMS); however, it is still too early to assess the usefulness of these data. Commercial plans do not receive data from the state, employers, or other government agencies, so they first must develop a method and

CHALLENGES

Health insurance plans that participated in the survey and subsequent qualitative research noted the following challenges:

- Enrollees’ reactions to collecting data on race and ethnicity
- Lack of enrollee understanding about how data will be used to improve health status and safeguarded to ensure privacy
- Lack of standardized categories and multiple race and ethnicity categories used for the collection of these data
- Insufficient information systems used throughout the health care system for collecting and retrieving data on race and ethnicity
- Lack of information on how to design the most efficient and effective systems to collect data on race and ethnicity
- Lack of research on effective strategies for using data on race and ethnicity to improve health and health status
- Too few multiethnic health care professionals in the current health care system, which does not mirror today’s multi-ethnic population
- Lack of an adequate infrastructure to create a culturally competent health care system
system to collect, store, and subsequently utilize the data for quality improvement efforts.

Opportunities
Consumer Education
Several health insurance plans cited the importance of educating consumers about why the collection of information on race and ethnicity is crucial and how such information can be used to enhance the quality of care received by minority populations. To that end, they proposed that communication strategies be developed to highlight the benefits of collecting this information while stressing the steps that insurance plans are taking to ensure that such information is used appropriately and privacy concerns are safeguarded.

Staff and Provider Education
Health insurance plans recognize that positive provider-patient communication is associated with greater patient satisfaction and improved health outcomes. Most plans agree that cultural competency programs can be effective in improving the dialogue between providers and patients, and cite the need to offer cultural competency training to providers. Plans also indicated that cultural competency programs should be offered throughout the healthcare system to non-physician health professionals in hospitals, clinics, and health plans.

Standardization of Data Collection
Many health insurance plan representatives noted that standardized data collection is critical in the effort to understand and eliminate racial and ethnic disparities in health care. Yet, Federal, private, and state-supported data collection strategies were described as scattered and unsystematic. Participants in the qualitative research called for the development of a systematic approach to the collection of these data across the health care industry, such as using a standard HIPAA enrollment form or encouraging vendors of claims administration software to expand demographic fields so that additional systems are not necessary.

Continued Research
The IOM’s report on health disparities recommends that research be conducted to assess the effectiveness and cost-effectiveness of specific interventions designed to reduce health disparities and improve care for minorities. Health insurance plans support these key recommendations and further suggest the need for a comprehensive evaluation of initiatives to identify those with the greatest impact on improving quality of care. During the expert panel meeting, participants also spoke about the lack of research available on effective interventions. Health insurance plans suggested that the Agency for Healthcare Research and Quality (AHRQ), AHIP, RWJF, and health insurance plans work together to evaluate specific interventions and then widely disseminate the findings to the public.

About the Qualitative Research
AHIP and RWJF collaborated on the 2004 AHIP/RWJF Collection of Racial and Ethnic Data by Health Plans Survey to obtain information on how health insurance plans collect and use these data on their enrollees using both quantitative and qualitative methods. A collaborative approach was used to develop a web-based survey instrument consisting of 57 questions. Subsequent to the survey, telephone interviews, a focus group, and an expert panel meeting were conducted to obtain more specific information about health insurance plans’ practices in this area. Twenty-two plans were interviewed, 10 health plans participated in the focus group, and 15 health plan representatives and other well-known national experts participated in the expert panel meeting. For additional information about the qualitative research, contact Deborah Wheeler, Deputy Director, Quality Initiatives and Industry Standards, Medical Affairs, at 202-778-3272 or dwheeler@ahip.org.

OPPORTUNITIES
Plans that participated in the survey and subsequent qualitative research noted the following opportunities:

- Implement targeted programs, such as disease management and health education for enrollees at risk for certain conditions.
- African Americans are at high risk for cardiovascular disease and can benefit from health risk assessments, targeted screenings and individualized case management.
- Develop linguistically and culturally appropriate communications.
- Incorporate culturally relevant symbols and messages into enrollee educational materials.
- Availability of multilingual staff and advice lines in multiple languages.
- Enhance the health care workforce’s sensitivity through targeted initiatives that increase cultural competency and awareness.
- Provide linguistically and culturally appropriate services, such as organizational assessment, interpreter services, and training for providers and health plan staff.

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