



NEWS RELEASE

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WHEN MINORITY PATIENTS HAVE INSURANCE AND A MEDICAL HOME, THEIR HEALTH CARE IMPROVES, SAYS NEW SURVEY

Insurance Coverage Contributes to Reduced Racial and Ethnic Health Care Disparities by Connecting Minority Patients to Regular Physicians and Easily Accessible Medical Services

New York, NY, June 27, 2007—Providing minority patients a “medical home” in which they have a regular doctor or health professional who oversees and coordinates their care would help eliminate racial and ethnic health disparities and promote more health care equity, says a new report from The Commonwealth Fund. The report, based on a 2006 survey of more than 2,830 adults, shows that linking minority patients with a health care setting that offers timely, well-organized care where they can routinely seek physicians and medical advice can help them better manage chronic conditions and obtain critical preventive care services.

According to the report, [*Closing the Divide: How Medical Homes Promote Equity in Health Care*](#), in 2006 nearly one-half of Hispanics and more than one of four African Americans were uninsured at some point during the year. In contrast, 21 percent of whites and 18 percent of Asian Americans lacked coverage. In addition to being the groups most likely to go without health insurance, African Americans and Hispanics are least likely to have a regular doctor or source of care. While health insurance coverage is an important determinant of whether people can obtain essential care, the authors say insurance alone cannot eliminate racial and ethnic disparities in health.

“Insurance coverage helps people gain access to health care, but the next thing you have to ask is ‘access to what?’” says lead co-author Anne Beal, M.D., senior program officer at The Commonwealth Fund. “We found many disparities in care; however, disparities are not immutable. This survey shows if you can provide both insurance and access to a true medical home, racial and ethnic differences in getting needed medical care are often eliminated,” she adds.

According to the report, patients have a medical home when they:

- have a regular provider or place of care,
- report no difficulty contacting a provider by phone,
- report no difficulty getting advice or medical care when needed on weekends or evenings,
- always or often find office visits well-organized and efficiently run.

Although there are many places that are already functioning as models of such care, what most limited a health setting from being designated a medical home in this survey was the ability to dispense medical advice or care after hours or on weekends, according to the report. Only two-thirds of adults who have a regular provider or source of care report that it is easy to get care or medical advice after hours. Among all groups surveyed, Hispanics have the hardest time seeking care or advice after hours, and they are least likely to have a medical home.

The survey shows that, when they have a medical home, the vast majority of adults of all races say they can always get the care they need when they need it. Nearly three-quarters of adults with a medical home report getting the care they need compared with only 52 percent of those with a regular provider that is not a medical home and 38 percent of adults without any regular source of provider.

Key survey findings on the role of a medical home in eliminating health care disparities:

Racial/Ethnic Disparities Are Still Common.

- African Americans and Hispanics are less likely to be insured, and less likely to have a regular doctor or source of care.
- Hispanics are least likely to have a medical home; only 15 percent of Hispanics report having a medical home compared with 28 percent of whites, 34 percent of African Americans and 26 percent of Asian Americans.

Preventive Care Is More Routine.

- Minority adults with a medical home experienced no disparities in receiving preventive care reminders, which significantly improve rates of routine screening for conditions such as heart disease and cancer. For example, eight of 10 adults who received a preventive reminder had their cholesterol checked in the past five years compared with half of adults who did not get a reminder.

- Two-thirds (65%) of adults who have a medical home receive preventive reminders, according to the survey.

Chronic Care is Better Managed.

- Adults with a medical home are better prepared to manage chronic conditions such as diabetes or hypertension. Only 23 percent of adults with a medical home report their doctor or doctor's office did not give them a plan to manage their care at home, compared with 65 percent who have no regular source of care.
- Forty-two percent of hypertensive adults with a medical home report that they check their blood pressure and it is well controlled compared with 25 percent of those without a medical home.

Having Health Insurance Matters.

- More than half of insured adults received a reminder from a doctor's office to schedule preventive visits compared with only 36 percent of uninsured adults; when African American and Hispanic patients are insured, they are just as likely as white adults to receive reminders to schedule needed preventive care.

Health Care is More Coordinated.

- All adults with medical homes reported greater levels of coordination by their provider than patients with only a regular provider. Three-fourths of adults with a medical home who saw a specialist report their regular doctor helped them decide which specialist to see and communicated with the specialist about their medical history, compared with 58 percent of adults without a medical home.

Community Health Centers and Other Public Clinics Are Important Providers of Care to Vulnerable Patients.

- Although they care for a large proportion of uninsured, low-income, and minority adults, patients report that community health centers (CHCs) or other public clinics are less likely to have all four characteristics that comprise what the survey defined as a "medical home." Twenty-one percent of CHCs or public clinics have all four indicators of a medical home, compared with 32 percent of private doctors' offices.
- The main reason CHCs and other public clinics do not function as medical homes is because patients say they have more difficulty getting medical advice or care in the evenings or weekends. Since these safety net providers play a critical role in the care of vulnerable patients, the authors say it is important to find ways to support CHCs and public clinics becoming medical homes.

Promoting standards for the medical home through public reporting of performance and rewarding providers that meet these performance benchmarks would go a long way toward improving the way care is delivered and eliminating disparities, say Commonwealth Fund authors.

“We know the medical home is a promising model of care for narrowing health care disparities and providing patients with much higher quality care in terms of prevention and chronic disease management,” says Fund Executive Vice President Stephen C. Schoenbaum, M.D. “Adopting policies to encourage practitioners to embrace this model would improve care for everyone, particularly those in safety net settings,” he adds.

Methodology

The survey was conducted by Princeton Survey Research Associates International from May 30 through October 19, 2006. The survey consisted of 25-minute telephone interviews in English or Spanish among a random, nationally representative sample of 3,535 adults at least 18 years of age living in the continental United States. The report restricts the analysis to the 2,837 respondents ages 18-64. The sample was designed to target African American, Hispanic, and Asian households and it classifies adults by insurance status and annual income. The survey has an overall margin of sampling error of +/- 2.9 percentage points at the 95 percent confidence level.

The Commonwealth Fund is a private foundation working toward a high performance health system.