



## NEWS RELEASE

12:01 a.m., Wednesday  
June 22, 2005

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### **NEW STUDY: PUBLIC HOSPITALS DO A GOOD JOB MANAGING DIABETES CARE, BUT DISPARITIES PERSIST FOR UNINSURED AND MINORITY PATIENTS**

#### *ADA-Certified Education Programs, Hospital Pharmacy Clinics Linked to Better Health Outcomes in Study of Seven Hospital Systems*

New York City, June 22, 2005—The nation's public hospitals provide high-quality care to patients with diabetes, despite providing care to a high volume of underserved patients. According to a survey of seven public hospital systems, outcomes for patients are comparable to, and in some cases, better than the national averages for diabetes care.

Two-thirds of patients at these hospitals exhibited moderate control of their diabetes, and patients had similar or better cholesterol levels than patients in national surveys. However, black and Latino patients in the study were less likely than their white counterparts to have well-controlled diabetes, and uninsured patients received less care, reflecting national disparities. Measures of diabetes-related outcomes in the survey hospitals also fell short of those for Veterans Administration (VA) patients.

The study was conducted by the Consortium for Quality Improvement in Safety Net Hospitals and Health Systems, convened by the National Public Health and Hospital Institute with support from The Commonwealth Fund. It is the first study to assess how public hospitals manage diabetes care for a diverse and underserved population, and is part of an effort to improve care for patients with chronic conditions.

Services associated with significantly better health outcomes for diabetes patients at the study hospitals include American Diabetes Association (ADA)-certified diabetes education programs, and satellite pharmacy clinics available to patients, according to the report, [\*Caring for Patients with Diabetes in Safety Net Hospitals and Health Systems\*](#).

The findings are noteworthy given that the nation's public hospitals serve a high volume of patients at high risk for not getting access to needed health care. About two of five patients with diabetes in the study hospitals were uninsured, two-thirds were members of racial or ethnic minority groups, and up to two-thirds of patients at the study hospitals primarily spoke a language other than English.

“These findings show that public hospitals have established effective programs for patients with diabetes,” said principal study author Marsha Regenstein, director of the National Public

Health and Hospital Institute. “While there is room for improvement, public hospital systems can effectively manage long-term chronic conditions.”

At the hospitals surveyed, as well as others nationally, about one-fifth of diabetic patients did not have their diabetes under control, compared to just eight percent of patients in the VA system. The study authors note that the VA system is a large public system with rigorous protocols for quality improvement that should be studied, and perhaps adopted by other hospitals.

“The good news is that a consortium of public hospitals participating in a collaborative to improve the quality of diabetes care succeeded in achieving outcomes comparable to hospitals nationally, despite serving a disproportionately poor and uninsured patient population,” said Anne Beal, M.D., senior program officer at The Commonwealth Fund. “However, uninsured patients were much less likely to receive needed services. A dual strategy of covering the uninsured and improving the quality of care in safety net institutions will be required to eliminate disparities in health outcomes in the country.”

The hospital systems in the study included:

- Cambridge Health Alliance (CHA), Cambridge, MA
- Community Health Network of San Francisco/San Francisco General Hospital (CHNSF)
- Cook County Bureau of Health Services (CCBHS), Chicago
- Grady Health System (GHS), Atlanta, GA
- Harborview Medical Center (HMC), Seattle, WA
- LSU/Medical Center of Louisiana (LSU), New Orleans, and
- Memorial Healthcare System (MHS), Hollywood, FL.

### **Insurance Status and Race/Ethnicity Significant Factors in Determining Outcomes**

Among the consortium hospitals, there were disparities in care and health outcomes, depending on race and insurance status.

Among the findings:

- Medicare patients exhibited the best glycemic control, with nearly half of patients showing they had well-controlled diabetes (defined as having HbA1c levels below seven percent). Only 17 percent of patients did not have their diabetes under control (defined as having HbA1c levels above nine percent).
- Uninsured patients had the worst diabetes control, with 33 percent showing they did not have their condition under control, almost double the rate for Medicare patients.
- 46 percent of white patients had diabetes under control, compared to 42 percent of Asian/Pacific Islander patients, 38 percent of black patients, 34 percent of Latino patients, and 31 percent of Native American/Alaskan patients.

“These findings highlight persistent barriers to care for uninsured patients as well as health disparities among minority patients,” said Regenstein. “Even at safety net hospitals, with services designed to provide access to care for low-income and other vulnerable

populations, insurance and race continue to influence health care use and outcomes for diabetes patients.”

The authors identified common characteristics of the consortium hospitals that were likely to affect the quality of diabetes-related care:

- They provide care to all regardless of ability to pay, so that patients continue to receive needed health services, including doctor visits and pharmaceuticals.
- All have on-site pharmacies that patients can use to fill prescriptions, often for free or at significant discounts.
- Most diabetes care is provided in outpatient primary care settings.
- Hospitals use a team approach to care.
- All offer group classes for diabetes education.
- All have supplemented their clinical care with non-clinical services that address patients’ financial, cultural, language, and educational barriers to care.

The study authors recommend that safety net hospitals serving patients with diabetes pay special attention to continuity of care and provide a range of services; incorporate information management systems in order to be able to compare chronic care utilization and differences by race and ethnicity; and pay special attention to how financial barriers to care influence patient outcomes.

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