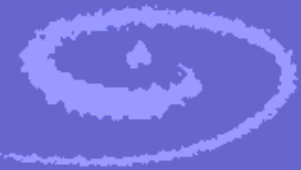


Racial Disparities in Access to Medicare Home Health Care: The Disparate Impact of Policy

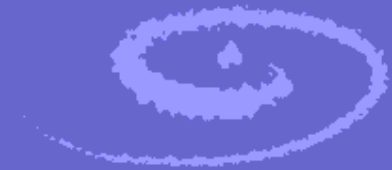
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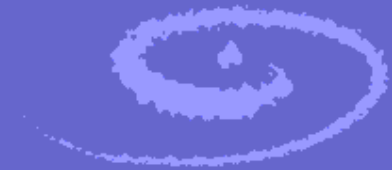
Research support from:

- The John A. Hartford Foundation
 - Geriatric Social Work Initiative
- The Andrus Foundation
- The Centers for MC and MA Services

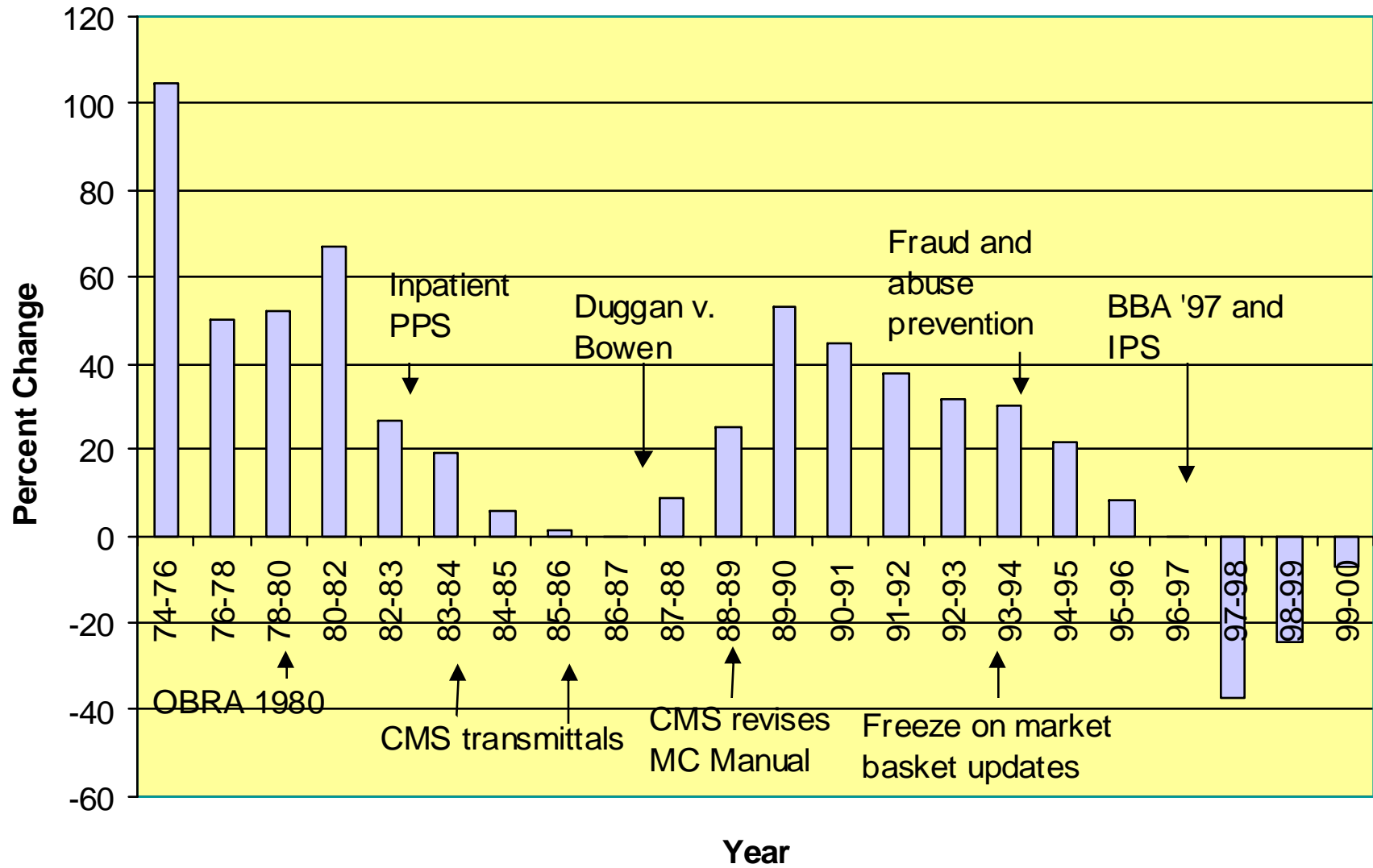


Research Questions

- Do health policies which are on their face “neutral” have a disparate impact on vulnerable subgroups of older adults?
 - Specifically looked at BBA '97 changes and access to MC HHC?
- Did these changes decrease access to care differentially by race?

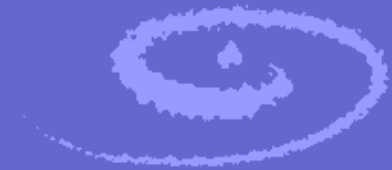


Rate of Change: HHC Total Expenditures



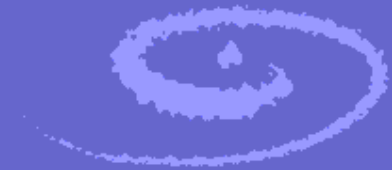
Disparities in Health & Health Care

- Pressure to reduce HHC to chronic Pts.
- Older minority pts. more likely to have severe and chronic conditions
 - More likely to experience adverse impact
- Critical to understand racially disparate impact of policy
 - Future access set by this policy (PPS)
 - Other capitated payment systems



Conceptualization

- Access = “those dimensions which describe the potential and actual entry of a given population to the health care system” (Andersen, 1968; 1980; 1995)
- Dimensions = Potential, Realized & Equitable



Access to Care

Individual Level Determinants

Predisposing

Age
Sex
Race
Marital status
Education
Cognitive Status

Enabling

MA eligibility
Supplemental insurance
Census region
Rural residence
Number of caregivers

Need

Health status
ADL function
IADL function
Physical function
of diagnoses

Methodology

- **Data Source:** Medicare Current Beneficiary Survey (MCBS) Access to Care File with matching claims files
- **Sample:** Medicare beneficiaries, 65+, fee-for-service, living in the community.
- 11,467 respondents in 1996; 10,540 respondents in 1998.
- **Home Health Users:**
- 2,437 users, 1,240 in 1996 and 1,197 in 1998

Key Variables

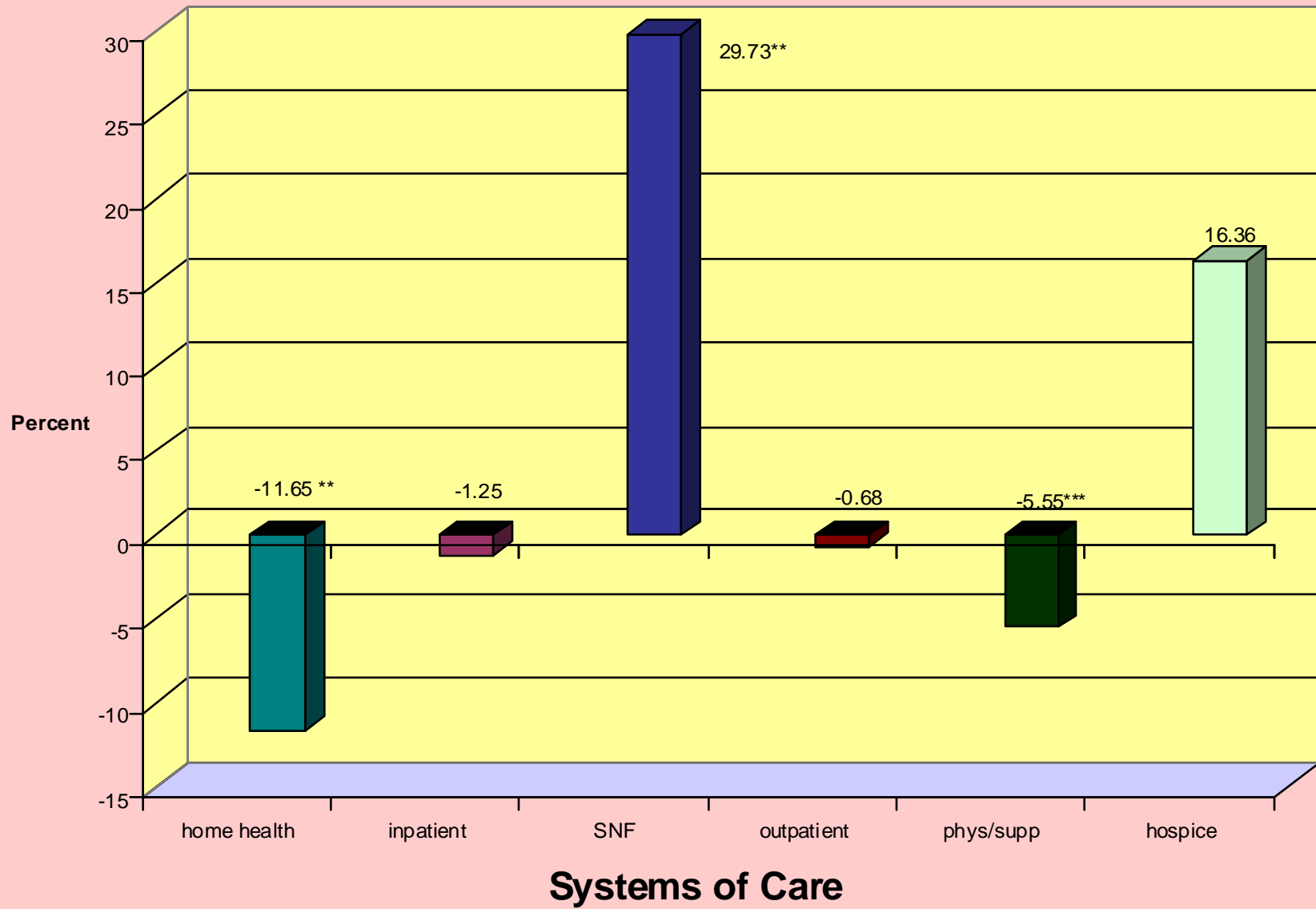
- *Independent:* Race (A.A. Other, W.), year
- *Dependent:* any use (total visits), any use (specific services), number of visits by visit type, number of visits, reimbursements
- *Controls:* education, MA eligibility, age, sex, census region, rural residence, number of caregivers, cognitive impairment, supplemental insurance, marital status, functional status, number of diagnoses, health status

Data Analysis

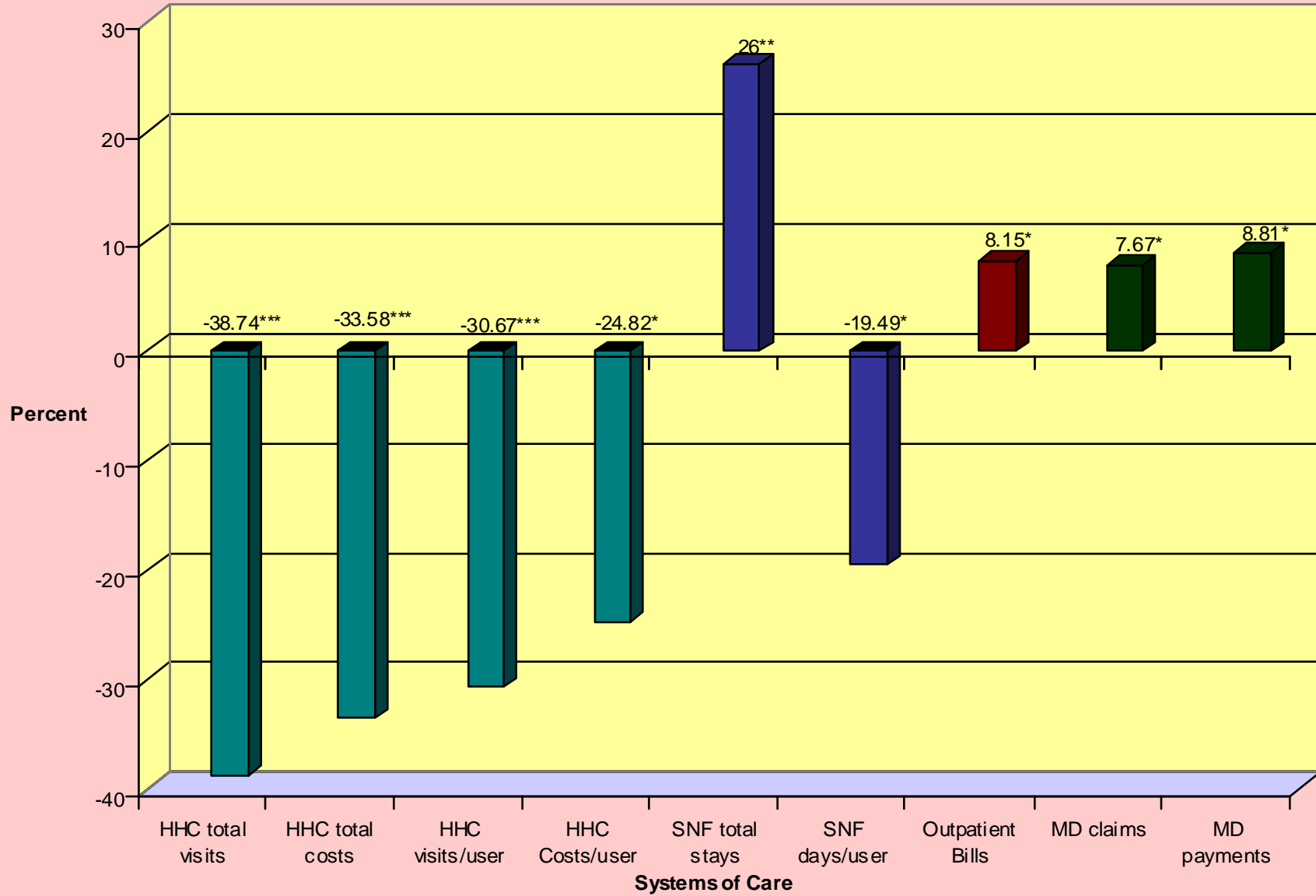
- 2-part model
 - Logistic – likelihood of any use
 - Log Linear Reg. – amount of use for users
- Balanced Repeated Replicate procedures used to estimate net changes in use over time.



Percent Change in Total Users



Percent Change in Totals and Means



Rate of Change in Users By Race

Variable	Users		Rate of Change
	1996	1998	
African American	13.36%	14.93%	1.76%
Other race	5.54%	8.43%	69%*
White	9.54%	8.50%	-18%*

Change in All, Skilled Nursing, & Non-skilled Visits By Race and Year

Variable	Visits Per User		Unadjusted Percent Change	Adjusted Percent Change ^a
	1996	1998		
All Visit Types^b				
African American	135.62	78.20	-42.34***	-48.31**
Other	74.24	34.24	-53.88*	-46.20
White	67.70	49.22	-27.30***	-22.89
Skilled RN Visits^c				
African American	51.65	34.68	-32.85*	-48.83*
Other	30.97	15.25	-50.76*	-50.34*
White	28.17	24.42	-13.28	-20.55
Non-skilled Visits^d				
African American	121.39	52.48	-56.77***	-60.94*
Other	60.30	26.29	-56.40	-62.84
White	64.59	39.34	-39.09***	-34.29

Change in Reimbursements by Race and Year

Variable	Reimbursements Per User		Unadjusted % Change	Adjusted % Change ^a
	1996	1998		
All Visit Types ^b				
African American	8,351.43	5,570.22	-33.30**	-45.66*
Other	5,069.01	2,721.41	-46.30*	-43.45
White	4,319.01	3,339.24	-22.67***	-21.34

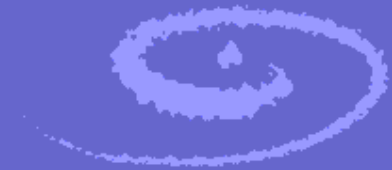
Discussion

- Most dramatic decreases for HHC
- Access to overall visits & specific types
- Disparities in use, not entry.
 - Skilled need at admission, Maintained?
 - Inappropriate use Pre-BBA?
- Controlled for health, functional status, etc.
 - Too brief time for health improvement



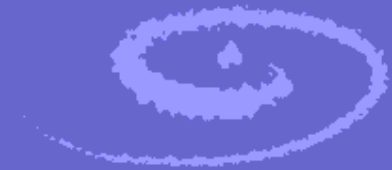
Discussion

- Agency Assumptions?
 - Race=proxy for high cost
 - Caregiver availability
- Service availability in community?



Implications: Research

- Refine
 - SES
 - Service availability
 - Provider reactions
- PPS
 - PPS base rate derived from IPS costs
 - Transfers financial risk to providers
- Outcomes



Implications: Policy & Advocacy

- Patients with chronic care needs?
 - Is need driving access to care?
- Is this truly a race-neutral policy?

