

# Measuring Quality Could Narrow Racial Care Gap

BY MARY ELLEN SCHNEIDER  
Senior Writer

PHILADELPHIA — Performance measurement is one way to help eliminate racial disparities in health care, Dr. John Z. Ayanian said at the annual meeting of the American College of Physicians.

Public and private payers must also do their part by maintaining accurate and complete data on race and ethnicity to help monitor disparities, said Dr. Ayanian, associate professor of medicine and health care policy at Harvard Medical School in Boston.

There has been some success in narrowing the racial care gap in areas where measurement is widespread. For example, a study published last year found both overall quality improvement in the use of  $\beta$ -blockers after acute myocardial infarction among Medicare managed-care beneficiaries and a significant narrowing of the racial gap in treatment.

The treatment gap between black and white beneficiaries had been 12% in 1997 and fell to 0.4% in 2002 (N. Engl. J. Med. 2005;353:692-700).

But there is still work to do, he said. For example, the same study shows that while overall quality improved in cholesterol control for coronary artery disease, the racial disparity is actually increasing in that measure. The study showed that the gap for cholesterol control, defined as LDL cholesterol below 130 mg/dL after discharge, between black and white patients was 13% in 1999, and the gap widened to 16% in 2002.

Lack of communication and trust between minority patients and physicians also are factors in care disparities, Dr. Ayanian said. Many physicians don't recognize the legacy of discrimination in health care, such as the Tuskegee syphilis study, that still fuels mistrust of the health care system among minorities, he said.

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cause they want to save for a new house or for college for their children. There are tangible tax benefits that you get now, though, because your contributions usually reduce your taxable income and your investment grows tax free until you take it out.

No matter what your age, it's hard to motivate yourself to save for retirement because it generally requires spending less money now. You can always pay a financial planner to help you get organized, but you still must motivate yourself to change and follow the planner's advice.

In the end, the strategy is very straightforward: Put as much money as you can in a tax-deductible retirement plan, let it stay there and grow tax deferred until you take it out, and invest for the long term with your target amount in mind. It really is that simple. ■

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A cooperative national study conducted by Dr. Ayanian and his colleagues looked at new patient preferences for renal transplantation among end-stage renal disease patients ages 18 to 54 in Michigan, Alabama, Southern California, and the Washington metropolitan area in 1996-1997.

The researchers found small differences in the patient preferences for the transplant but larger differences in the referral for evaluation. For example, 86% of white

men favored transplantation, and 82% were referred for evaluation. However, 81% of black men favored transplantation but only 58% were referred for evaluation (N. Engl. J. Med. 1999;341:1661-9).

In addition, most patients in the study said that they agreed with and trusted their physician. But white patients were more likely to trust and agree with physicians than black patients, and black patients received less information about transplantation.

Physicians, researchers, and policy makers need to work together to help eliminate disparities, Dr. Ayanian said at the meeting.

Expanded research funding is needed to better evaluate the causes of disparities, and financial incentives from payers can be used to reward "equitable and high-quality" care, he said.

In addition, there needs to be a broader focus on Hispanic, Asian, and Native American patients, he said. ■

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References: 1. Centany [prescribing information]. Skillman, NJ: OrthoNeutrogena; May 2003. 2. Data on file, OrthoNeutrogena. 3. Bell EA, DiGiovanna JJ, Tal A. Topical mupirocin formulations for the treatment of impetigo: a review of efficacy, safety, and substitution. *Drug Topics*. June 2004;(suppl):S1-S2.

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