

Gains in asthma management show progress in reducing health care disparities

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Sixth annual report shows focus still needed on closing gaps in care

A growing number of children are getting their asthma under control in Minnesota, including children covered by Medicaid programs, according to data from the sixth annual Health Care Disparities Report conducted by MN Community Measurement for the Minnesota Department of Human Services. Much more work remains to be done.

The improvements brought about by optimal asthma management are illustrated by Fairview Medical Group clinics, where 186 more children covered by publicly funded health care programs met statewide goals in the second year of tracking asthma care. The disparities gap is shrinking statewide for children's asthma care, childhood immunizations, sore throat care and cervical and breast cancer screening.

"The progress made in asthma care and other areas is encouraging, but it also shows how critical it is to keep our focus on reducing health care disparities," said Human Services Commissioner Lucinda Jesson. "This annual report gives us an important update on where we stand."

When a young boy experiencing his fifth bout of wheezing recently came to see pediatrician Sarah C. Fuerstenberg, the boy's mom, a single parent, admitted that she dreaded hearing the diagnosis: asthma. But Fuerstenberg, MD, of the Fairview Wyoming pediatric clinic, said a big part of strong asthma management is empowering and educating families about the danger signs of asthma and making sure they know when they need to see a health care provider. Fuerstenberg is one of many providers and care teams who are helping to reduce health care disparities in Minnesota.

"The idea of asthma terrified her, but in fact she had brought him in when she was supposed to," said Fuerstenberg, whose clinic is part of Fairview Lakes Medical Center. "My first goal when I give a patient an asthma diagnosis is to reassure them they are going to live a normal life and do the things they want to do."

At Fairview Lakes Medical Center, children on publicly funded programs are managing asthma better than kids on commercial insurance. Both groups of children are performing well in optimal asthma care, which includes developing asthma action plans.

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Other health care systems have also made progress on treating children with asthma and Minnesotans with a variety of health conditions. But more work remains to be done to close gaps between people covered by Medicaid and those who have commercial insurance: 11 of the 13 measures being tracked showed significantly lower outcomes for people covered by the state programs. The largest gaps persist in optimal diabetes care, optimal vascular care and colorectal cancer screening.

The report also analyzes whether Medicaid patients are receiving better care over time. Nine of 13 measures improved for Medicaid patients from 2011 to 2012. For the eight measures that have been tracked for three or more years, all have shown improvements over time.

Within the population covered by Medicaid programs, differences exist by race and ethnicity, including:

- Controlling high blood pressure: Blacks/African-Americans have a significantly lower rate for controlling blood pressure than the average for patients in state programs.
- Appropriate treatment for children with upper respiratory infection: Whites have the lowest rate and are the only group with performance significantly below the state average.
- Appropriate testing for children with pharyngitis (sore throat): Asians have the lowest rate.

The Health Care Disparities Report publishes performance rates for patients in the managed care component of Medicaid programs, including Medical Assistance and MinnesotaCare. Because people who are poor, people with disabilities and people of color are over-represented in those programs, comparing Medicaid patients to commercial patients illustrates Minnesota's health care disparities.

The Department of Human Services sponsors the report by MN Community Measurement as part of their mutual commitment to making health care disparities data public. Sharing the data helps providers and systems recognize the gaps and take steps to improve their performance.

"People in publicly funded programs, especially those of color or with language barriers, have worse results from their health care than the general public," said Jim Chase, president of Minnesota Community Measurement. "The key to our work has been to show where medical groups have improved results for those patients and then share the information to encourage others to change."

More than 800,000 Minnesotans receive health care coverage through Medicaid health care programs overseen by the Minnesota Department of Human Services.

About MN Community Measurement

MN Community Measurement is a non-profit organization dedicated to improving health by publicly reporting health care information. A trusted source of health care quality measurement and public reporting since 2003, MNCM works with health plans, providers, employers, consumers and state agencies to spur quality improvement, reduce health care costs and

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maximize value. The 2012 Health Care Disparities Report is available at <http://www.mncm.org/>

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