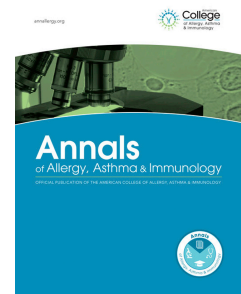


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Asthma: An Illustration of Health Care Disparities

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Asthma: An Illustration of Health Care Disparities

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1 Asthma: An Illustration of Health Care Disparities

2 The issue of health disparities is a quite broad, far reaching topic that encompasses many factors
3 including age, race, ethnicity, gender and socioeconomic status. Also, health disparities exist by place
4 (urban, rural, state) and disability status. The National Institutes of Health (NIH), Centers for Disease
5 Control and Prevention (CDC) and other federal agencies collaborated with the Agency for Healthcare
6 Research and Quality (AHRQ) to produce the National Healthcare Quality and Disparities Report. The
7 latest report (2017) provides a substantive overview of this topic.¹ This report reviews and details health
8 disparities that persist in our current health care system.

9 There is mixed news in this report for physicians who care for asthma patients. Of the 26 million people
10 in the United States who have asthma, at least 2,288 of them die each year due to asthma according to
11 the CDC.² While asthma prevalence increased over the past 10 years, asthma control improved during
12 this period resulting in 1.7 million fewer asthma attacks (2009), 1,400 fewer asthma deaths (2007), and
13 233,000 fewer asthma – related hospitalizations (2008) resulting in a savings of \$3.96 billion dollars.²

14 Despite these gains, asthma deaths remain higher in adult females (especially black adult females) and
15 all black Americans. In the latter group, asthma deaths are two to three – fold higher than any other
16 racial group, except for Puerto Ricans. The rate of asthma and the prevalence of asthma episodes is
17 highest among Puerto Ricans compared to all other ethnic groups in the United States.² Among children,
18 boys and non – Hispanic blacks are more likely to die from asthma.² Access to care is critical to achieving
19 good asthma control. Ideally the usual place for provision of asthma care is the doctor's office.

20 However, non – Hispanic black children (5.2%) and Hispanic children (5.6%) were more likely to use a
21 hospital emergency department as a usual place for medical care than white children (1.8%).¹

22 Access varies not only by place of care but also by health plan. National estimates indicate that health
23 care coverage for children with asthma ranges from 89.3% to 96.7%. However, the CDC reports asthma

patients have significant cost barriers to health care despite the favorable national estimates of health care coverage. Affordability of asthma medication is a major barrier, in part due to lack of generic equivalents for most asthma therapies.

Additional access problems include difficulty seeing a primary care provider and/or an asthma specialist. These barriers are exacerbated for patients with no or partial insurance coverage as well as for children with Medicaid – CHIP.^{6,7,8} Those at or below the poverty line experience the worst access to care compared with high income patients.¹ An additional access to asthma care barrier is the lack of access to primary care providers who regularly implement clinical practice asthma guideline – consistent care. Variable adherence to an implementation of clinical practice asthma guideline recommendations illustrates the need for better guideline implementation strategies that are clinician group – specific in order to focus on guideline recommendations that have been largely un-embraced by many primary care providers.⁵

Non – Hispanic blacks and Hispanics continued to experience worse access to care compared to whites.¹ In this population the largest disparities were among children who had any appointments for routine health care in the last 12 months. These patients had difficulty getting an appointment whether for routine or post – acute follow up care. Such disparities in access were greatest among uninsured adults under age 65 and children.¹

Significant decreases in the percentages of uninsured adults (age 18 to 64) occurred from 2013 to 2017. However, in 2017 significant disparities in insurance coverage remained as measures by the percentage of uninsured (8.5% of white adults, 7.6% of Asians, 14.1% of blacks and 27.2% of Hispanics) who still lacked health care coverage.¹ While the percentage of uninsured children decreased over this period the percentage of children on public health coverage increased.¹

Traditionally, health insurance was intended to protect patients and families from the burden of high healthcare costs. The introduction of high deductible health plans (HDHP) into the insurance market shifts costs to patients and their families. Intended to curb rising health care costs, HDHPs are an increasingly popular option in employer – based health plans. In adults (aged 18 to 64) with employment – based coverage, HDHP enrollment increased from 26.3% in 2011 to 39.3% in 2016.³ However, HDHPs often impose a financial burden on many patients, especially those with chronic conditions, because of high out – of – pocket costs inherent in these plans.⁴ These costs are a significant barrier to care and may be associated with lower quality of life and increased morbidity. Among privately insured adults the percentage of families having problems paying for medical bills over this 12 – month period was higher for those with an HDHP (15.5%) than those with a traditional plan (10.3%).³ Medical care delay due to cost was significantly higher for those with a HDHP (9.2%) than for those with a traditional plan (5.2%) in 2016.³

Despite increased rates of health care coverage, health disparities in asthma persist. In addition to a significant uninsured population, HDHPs create an increasing population of patients with potential problems paying medical bills. For these and many other patients the result is deferred asthma care or no care at all.

Persistent health disparities in asthma care should concern physicians involved in the care of asthma patients. Health care disparities add additional costs not only to those patients and families adversely impacted by such disparities, but also to the health care system. An additional potential barrier to access to care for underserved populations is narrow health plan networks that restrict patient accessibility to asthma specialists in order to reduce health plan costs. The Affordable Care Act (ACA) created the CMS Office of Minority Health to watch over how payment policy addresses healthcare disparities. It is imperative that we continue to advocate for our patients so that in the era of the ACA health care is in fact affordable and accessible for the vulnerable patients we serve.

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