



Important Information about Racial and Ethnic Disparities in Healthcare

Key Facts on Race, Ethnicity and Health Care in the U.S.

- Racial/ethnic disparities in health persist today even when comparing groups of similar socioeconomic status. For example, the infant mortality rate for college educated Black women is higher than that for White women with similar education (11.5 vs. 4.2 per 1,000 live births).
- The rate of new AIDS cases in 2003 was 3 times higher among Hispanics and 10 times higher among African Americans than among Whites (26 and 75 per 100,000 vs. 7 per 100,000).
- Black and Latino adults are less likely to rely on a private physician for their medical care than White adults (62% and 44% vs. 77%).
- African American children have a rate of hospitalization for asthma that is 4 to 5 times higher than the rate for White children (527 per 100,000 vs. 144 per 100,000).
- Disparities in quality of care are not getting smaller. Over time, the gap between Whites and African Americans, Hispanics, Asians, and AI/ANs has either remained the same or worsened for more than half of the core quality measures being tracked.¹

Diabetes on the Rise

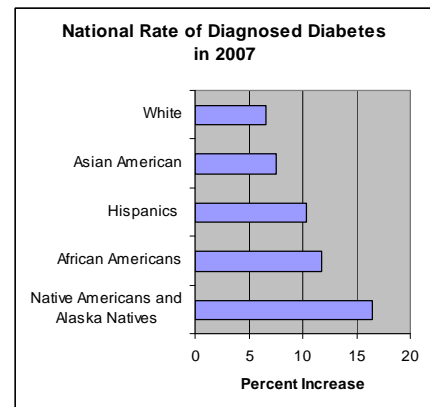
National trends undeniably show the rise in the prevalence of diabetes. Gateway Health Plan[®] (Gateway) is not immune and currently enrolls over 8000 Medicaid diabetic members. Governor Rendell's *Prescription for Pennsylvania* is committed to minimizing this growth throughout the state.

Disparities Exist Among Ethnic Groups

Among adults, diabetes increased disproportionately in the elderly and disparities exist among ethnic groups and minority populations². African Americans and Hispanics comprise Gateway's two most disparate groups.

Prescription for Pennsylvania

Gateway aligns its health care disparity initiatives with the *Prescription for Pennsylvania* in that all members will receive quality health care without regard to their gender, race, ethnicity, age disability, mental status or language competency.



The HbA1c is the best single measurement available to clinicians to assess your overall diabetes control and the risk of complications of diabetes.

Studies have shown that, in general, every reduction in HbA1c level of 1% (e.g., from 8% to 7%) reduces the risk of developing microvascular complications by 35%.³

¹ Kaiser Family Foundation. Eliminating Racial/Ethnic Disparities in Health Care: What are the Options? October 2008.

² <http://www.omhrc.gov/templates/content.aspx?ID=2139>

³ <http://www.ncoa.org/content.cfm?sectionID=109&detail=271>

Gateway presents an opportunity for you to provide in office HbA1c tests for all Gateway diabetic patients.

A study published in *Clinical Diabetes* concluded that immediate feedback based on HbA1c results at the time of patient encounters resulted in a significant improvement of glycemic control at the 6-month follow-up and persisted for the 12-month study⁴. This test can be easily provided in your office, by a non-clinician. *This involves only a finger stick using a disposable kit.* Results are available in 5 minutes and are applicable to HEDIS. In addition, you will be paid a fee for performing this test in your office on ANY Gateway diabetic member.

If not already performing HbA1c in your office, please contact your medical supplier to obtain the test. This lab test is NGSP certified which means that it must provide a result that is + or - 1% of a "true" test result 95% of the time. In addition, CMS approved the device for Medicare members.

Please bill as follows:

	Procedure Code
Gateway Health Plan [®] Medicaid	83036
Gateway Health Plan <i>Medicare Assured</i> [®] HMO	83037

Gateway will reimburse all Primary Care Practices on a fee for service basis based on the practices contracted rates.

What is Gateway doing to address racial and ethnic disparities?

For Our Diabetic Members

Gateway's Healthy Returns Diabetes Disease Management Program provides education and support to improve the diabetic members' quality of care, quality of life, and to reduce resource utilization. The primary approach provided by Health Management Corporation (HMC) entails education and supports interventions driven by a disease-specific health appraisal and assessment. In conjunction with the practitioner's plan of care, goals are set and progress monitored. The primary care practitioner and specialist are kept informed of the member's progress in the program by regular written reports.

All Gateway members with diabetes are automatically enrolled into the program and receive diabetic education through the mail and/or via the phone. In addition to identification via claims data, members may self-refer, be referred by their practitioner, or are identified by Gateway care managers. The Program is offered to members of all ages. To initiate a referral to Healthy Returns Diabetes Program, call 1-866-366-9415.

For our Employees and Providers

Gateway is in the process of training employees, advisory workgroup and committee members as well as a large number of our GPESM practitioners on effective cross-cultural communication through an e-learning course called Quality Interactions. In addition, Primary Care Providers have access to the Provider Dashboard Report which provides member race information.

What can you do to address racial and ethnic disparities within your practice?

- **Perform the in-office HbA1c test in your office.**
- **Provide the Patient Question List guide to patients.** This form encourages patients to make the most of their visit. The form is available on our website.
- **Provide interpreter services when necessary.** Trained interpreters reduce communication errors and improve patient satisfaction and clinical outcomes.
- **Focus on the unique individual and work toward developing personal relationships.**

⁴ *Clinical Diabetes* 24:6-8, 2006;© [American Diabetes Association ®, Inc.](#), 2006; Clinical Use of Hemoglobin A_{1c} to Improve Diabetes Management; Alan M. Delamater, PhD, ABPP