

STRATEGIC PERSPECTIVES: Challenges and strategies for addressing disparities in access to health care

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This Strategic Perspective discusses challenges and strategies to address the health care inequities brought to light during the COVID-19 pandemic.

The COVID-19 pandemic has had an immeasurable impact on the health care system and the way it operates. Some of these changes have been temporary to handle the rapidly changing needs of patients, and some will result in longer-term changes to disaster preparedness and response plans. However, one issue brought to light by the pandemic that providers and agencies are grappling with is the cause and effect of health disparities. As more data is collected about these health disparities and the patient care outcomes for patients diagnosed with COVID-19, providers and agencies alike are trying to develop a full picture of where the gaps in care and coverage exist and what can be done to address health care inequities. This Strategic Perspective discusses how the COVID-19 pandemic highlighted these health disparities, what the challenges are to overcoming these issues, and strategies for providers and agencies to start taking steps to address these inequities.

Highlighting health disparities

Early in the COVID-19 pandemic response, it became very clear that minority groups were being infected at higher rates than non-minorities and had an exponentially higher morbidity rate. The [COVID Tracking Project](#) and the Boston University Center for Antiracist Research found that Black or African American people are dying of COVID-19 at 2.3 times the rate of white people and account for 21 percent of COVID-19 deaths where race is known. According to [Chiquita Brooks-LaSure](#), Managing Director with Manatt Health, "[t]his public health crisis has highlighted the underlying cracks in our health system, including the fact that millions of low-income individuals have no access to coverage because their states have not expanded Medicaid."

Access to health care is just one of a number of social determinants that impact health. Other social determinants include transportation options, availability of community-based resources, and residential segregation, to name a few. [Julia F. Costich, J.D., Ph. D.](#), who is a Professor of Health Services Research in Department of Health Management & Policy at the University of Kentucky, noted that "New York City presented a clear example of the relationship between access disparities and COVID-19 care. There were many well-documented stories in the media about hospitals that serve lower-income areas running short of beds, ventilators, personal protective equipment, and staff. Whether these resource disparities affected patient outcomes is less clear, but it seems inevitable that they would lower the likelihood of overcoming a major illness."

Experts have pointed out that many of the issues surrounding health disparities are not new, but rather the COVID-19 pandemic merely highlighted existing issues that many in policy and research have already been trying to address. However, the COVID-19 pandemic did add additional complications to the already existing problems. [Daniel Murphy](#), who is a partner in the Healthcare Practice Group at [Bradley Arant Boult Cummings LLP](#), pointed out that the COVID-19 pandemic has led to massive unemployment and the loss of employer-based health insurance for many. Murphy further noted, "In addition, already inadequate levels of health care

facilities and providers in underserved areas have been strained by the flood of COVID patients, which has resulted in further reduced capacity for patients to access health care that is not directly related to COVID."

Challenges to overcoming health inequity

Two of the major issues that impact disparities in access to health care are access to health care coverage and access to providers. Daniel Murphy expressed a similar concern to Chiquita Brooks-LaSure in stating that the "failure to expand Medicaid in a significant number of states [remains] a barrier to accessing health care for many." Murphy also noted that the potential for the Supreme Court to overturn the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148) is a threat to the access to health care for many who are unable to obtain insurance without the ACA or who reside in states that expanded Medicaid eligibility, as allowed under the ACA.

Julia Costich also noted that the U.S. health care structure itself is a "profound source of access disparities" as there is "very little effort by governmental agencies to align resources with documented shortage areas." According to Costich, "when provider groups and health systems compete for lucrative patient sectors, people whose health care needs fall outside those sectors will experience access disparities." Brooks-LaSure pointed out that while some "factors can be explained by income and lack of health care coverage — minorities are disproportionately covered by Medicaid or uninsured, disparities persist regardless of income." This is evidenced by a [review](#) by the New York City Department of Health and Mental Hygiene Bureau of Maternal, Infant and Reproductive Health Maternal finding that "Black non-Latina women with at least a college degree had higher Severe Maternal Morbidity rates than women of other race/ethnicities who never graduated high school." This data highlights that issues affecting access to health care tend to be much broader than just health care related issues.

To that point, Costich believes that "the greatest challenge to addressing health inequities lies at their source, which is unwarranted social disadvantage." She noted that "Americans don't often look at areas and populations with regard to their relative advantage, whereas this approach is customary in other developed nations."

Similarly, Murphy believes that "the lack of political consensus at the federal level and in many states for expanding access to care to underserved groups is the primary obstacle to addressing health inequities." However, Murphy expressed concern that even if there were a consensus, the "acute strain on federal, state, and local government finances caused by the COVID pandemic will make it even more difficult to fund initiatives to reduce health inequities."

Strategies to promote health equity

While disparities in access to health care are not a new issue, the COVID-19 pandemic has provided a new cache of data and statistics not previously recorded at this level. Experts are now encouraging providers to step up their data collection efforts. With hard data in-hand, providers can begin looking at where there are gaps and strategizing how to help bridge those gaps. According to Brooks-LaSure, providers "have a key role in ensuring adequate care and access to effective treatments." As an example, Brooks-LaSure cited a Journal of the American Medical Association (JAMA) [investigation](#) showing "that the racial/ethnic composition of a community was associated with which medications residents would be likely to access when seeking treatment for opioid use disorder. In this analysis, the authors found substantial inequities in capacity to provide methadone and buprenorphine (which experts recommend patients have access to both)."

Additionally, Costich noted that while health systems have begun focusing on community and population health, "providers can do far more in this context." She recommended ensuring that the initiative is a genuine effort to improve population health rather than a marketing initiative and indicated that "partnering with agencies and organizations that serve vulnerable populations would be a constructive step." According to

Murphy, "while providers are better positioned to find and address inequities than ever before, they need support and incentives to do so from government health programs and commercial payors."

There are a number of things that federal agencies can do to support and incentivize providers to address these health inequities. According to Brooks-LaSure, "ensuring that data is collected from providers and health insurers in Medicare, Medicaid and private insurance is a critical component to identifying and solving health inequities." Murphy believes that "federal agencies should freely share their patient claims data and other relevant information with providers so that they can identify health outcome disparities at a population and individual patient level." Brooks-LaSure and Murphy both agree that agencies should use the data collected to determine how to better provide resources to providers so they can address the identified health inequities. Further, Costich believes that federal agencies should "expand their oversight to assure that taxpayer-funded resources are better aligned with the needs of those at greatest risk of health harms."

States also can play a major role in addressing health inequities. For example, Brooks-LaSure points out that when it comes to inequities in maternal care, states have the ability to shape policy related to who is covered, the duration of their coverage, the benefits they receive, and the delivery system through which they receive care. State Medicaid agencies can also partner with sister agencies to use their purchasing power to drive broader policy and cultural change to improve maternal health outcomes. Brooks-LaSure, in conjunction with other experts at Manatt Health, has detailed policy and strategy levers that Medicaid agencies can employ to improve material health outcomes and address outcome disparities in a State Health and Value Strategies [issue brief](#).

Key takeaways

The COVID-19 pandemic shined a light on major issues surrounding disparities in access to health care; however, it's important to note that these inequities existed long before COVID-19 and stem from much broader societal inequities than just those relating to health care. Fortunately, there are still steps that can be taken within the health care system to start addressing the inequities. The first step in addressing the inequities is collecting data to identify where the gaps exist. Providers should be collecting data and agencies could begin collecting data from providers to aggregate and identify wide-ranging issues that can be addressed at a higher level. Providers can use the data to determine where they can better ensure adequate care and access to effective treatments to produce better outcomes. Federal and state agencies can use the data to determine where there are gaps in resources needed to ensure providers have what they need to ensure better outcomes. Agencies can also use the data to determine if there are policy changes that need to be made to make sure resources are fairly allocated and to help reduce coverage gaps. An important aspect of this is looking at Medicaid expansion in states that have not already expanded Medicaid, and how that could improve access to care and patient outcomes.

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