

Control of Cardiovascular Disease and Diabetes in the United States: Trends in Disparities and Effects of Medicare Coverage

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The full report is titled “Differences in Control of Cardiovascular Disease and Diabetes by Race, Ethnicity, and Education: U.S. Trends From 1999 to 2006 and Effects of Medicare Coverage.” It is in the 21 April 2009 issue of *Annals of Internal Medicine* (volume 150, pages 505-515). The authors are J.M. McWilliams, E. Meara, A.M. Zaslavsky, and J.Z. Ayanian.

What is the problem and what is known about it so far?

Research shows that the health care that patients receive and its outcomes differ between racial and ethnic groups. Researchers are now trying to understand why these differences exist and how to reduce or eliminate them. A key question is whether improving the quality of care will narrow the gaps between patients from different racial and ethnic groups.

Why did the researchers do this particular study?

To see if improvement in the quality of care for several common conditions has reduced gaps between racial and ethnic groups in the outcome of that care, and if access to universal health insurance—which occurs at age 65 years, when eligible for the U.S. Medicare system—has reduced gaps in the outcomes of care for different racial and ethnic groups.

Who was studied?

Men and women who participated in the government-sponsored National Health and Nutrition Examination Survey (NHANES) and had hypertension, diabetes, or coronary heart disease. The participants are representative of the U.S. population. They provided information about their medical history; had a physical examination; and received many tests, including tests to measure the status of their condition. After the identity of individuals is concealed, this information becomes available for health care researchers.

How was the study done?

For each person, the authors determined if hypertension, diabetes, or coronary heart disease was well controlled by using standard definitions of adequate disease control. They then compared rates of disease control for 6 years (1999 to 2005) to see if the U.S. health care system was getting better at providing care for these common conditions. They compared disease control for persons age 40 to 64 years with persons age 65 to 85 years to see if disease control was better in those who had Medicare coverage.

What did the researchers find?

Control of hypertension, diabetes, or coronary heart disease greatly improved from 1999 to 2005. However, the differences between white and Hispanic or black patients did not change during this period. The gaps remained the same. On the other hand, the gaps between white patients and Hispanic or black patients who were 65 years or older (and were eligible for Medicare) were smaller than those for younger patients.

What were the limitations of the study?

The NHANES does not provide information about how a person changes over time. To evaluate the effect of age on gaps in disease control, it is necessary to compare groups of patients who differ in age and might differ in other important ways.

What are the implications of the study?

Improving the quality of care without improving access to care does not seem to reduce gaps in the outcomes experienced by different racial and ethnic groups. All racial or ethnic groups get better to the same degree. On the other hand, providing universal access to health insurance seems to narrow gaps in care that minority racial and ethnic groups receive. The findings imply that to narrow gaps in the outcome of health care that minority racial and ethnic groups receive, the United States will have to provide universal access to health care.

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