HOT TOPICS

Health Care Is Poor Across America

As Congress considers a number of legislative efforts to improve the quality of health care Americans receive, a new RAND study reveals that the quality of health care in communities across America is almost uniformly poor.

In 12 communities—including areas as diverse as Seattle, Orange County, Little Rock, Indianapolis, and Boston—adults received only 55% of recommended care. Overall quality varied only slightly, ranging from 59% in Seattle to 51% in Little Rock. However, care for specific conditions varied substantially by location. For instance, quality of care for cardiac conditions varied from 70% in Cleveland to 52% in Indianapolis. In almost all communities, the poorest care was for diabetes.

Overall results are strikingly similar across a wide range of demographics. Rich communities fared little better than poor ones. Performance was similar for chronic, acute, and preventive care, and for minority and majority patients.

Poor care translates into thousands of preventable complications and deaths each year. The RAND team estimates that better care for diabetes could prevent 29,000 annual cases of kidney failure; better care for hypertension could prevent 68,000 deaths; and better care for heart attacks could prevent 37,000 deaths.

Improving care will require reexamining how health care is delivered. Better information systems are critical. In addition, communities need to collaborate with key players (including patient advocacy groups, employers, and health care professionals) to make sure good care is delivered to all patients.

Read more: The First National Report Card on Quality of Health Care in America

Minorsities Receive Long-Lasting Benefits from Depression Treatment

Mental health care continues to be a hot topic in Congress, with SAMHSA up for reauthorization and other mental health-related legislation being considered. A long-term study of a RAND program to improve depression treatment, called Partners in Care, shows that, while both whites and minorities benefited from the program, minorities benefited most dramatically and continued to benefit over time.

Five years after treatment, the prevalence of depression was 10 to 20 percentage points lower among African-Americans and Latinos who received Partners in Care treatment, compared to minority patients who received standard care. This improvement largely eliminated outcome disparities between whites and minorities.

Partners in Care offers two approaches: one focused on psychotherapy, and one focused on medication. The biggest improvements for minorities were in the psychotherapy group. Researchers theorized that, for many minority patients, psychotherapy might be perceived as more culturally appropriate. Partners in Care is a promising approach to reducing outcome disparities and improving care for both whites and minorities.

Read more: Improving Primary Care Depression Treatment Creates Lasting Improvements for Minority Patients

YOU’RE INVITED…

Please come to a RAND briefing on “The Societal Promise of Improving Care for Depression,” Tuesday, June 22, from 10:00 a.m. to 11:30 a.m. in 562 Dirksen Senate Office Building. The briefing will be given by Dr. Kenneth Wells, lead author of the Partners in Care study, and RAND Health experts Michael Schoenbaum and Jeanne Miranda. RSVP to kristy_anderson@rand.org.

For more information, go to RAND Washington External Affairs or contact us at wea@rand.org or 703.413.1100 x5632. The RAND Corporation is a nonprofit research organization providing objective analysis and effective solutions that address the challenges facing the public and private sectors around the world.