



# Health Care Reform: Position Statement

## March 2010

The National Council of Asian and Pacific Islander Physicians (NCAPIP) represents physicians committed to the advancement of the health and well-being of diverse Asian American, Native Hawaiian and Pacific Islander (AA and NHPI) communities.

### **Critical Facts:**

- 1 A disproportionate number of AA and NHPI live in poverty and lacks access to affordable health care. The poverty rate for Vietnamese and Cambodians is even higher than Latinos or African Americans. 23% of Korean Americans are uninsured, in contrast to 8% of the general population.
- 2 While AA and NHPI represent a diverse group of communities and nationalities, aggregation of data on Asian Americans, Pacific Islanders, and Native Hawaiians mask important differences between subgroups. Disaggregation has identified both unique and common barriers among the various AA and NHPI subgroups in obtaining access to quality health care, including immigration status for those newly arrived or undocumented, a lack of culturally and linguistically proficient health services, a lack of access to preventive services, and unaffordable health coverage. For certain groups, there are significant disparities in health care and clinical outcomes that require additional attention.
- 3 A persistent lack of data has prevented the identification of these nationalities and ethnic groups' specific medical and public health needs. A combination of inadequate data collection and incomplete data analysis impedes the diagnosis and resolution of their health care issues.
- 4 Although AA and NHPI physicians play an important role in American medicine, holding vital positions in academia, research, and public health, and clinical care settings particularly for the underserved, they are still under-represented in major leadership roles.

NCAPIP supports Health Care Reform principles that will address those disparities AA and NHPI faced in accessing health care as well as improve the overall health care system. NCAPIP guiding priorities are:

- 1 Access and Coverage
- 2 Quality of Care
- 3 Cost Containment and Affordability
- 4 Leadership and Workforce Development

### **ACCESS AND COVERAGE**

Access should entail not only the principle of affordable, universal health care coverage for all Americans, but also address cultural and linguistic barriers to care. The NCAPIP supports legislation that:

1. Expands access to affordable health coverage to immigrants.
2. Recognizes that AA and NHPI populations, predominantly represented in urban areas, need an adjusted family financial qualification rating in order to be fairly covered under federal expansion of Medicaid at a given percentage of the Federal Poverty Level (FPL).
3. Expands the cap for federally supported health coverage to the citizens of the U.S. associated jurisdictions of the Pacific Basin (Republic of Palau, Federated States of Micronesia, the Republic of the

Marshall Islands, the Commonwealth of the Northern Mariana Islands and the U.S. territories of American Samoa and Guam).

3. Supports government sponsored programs, partnerships, and initiatives that expand options to accessible and affordable health care coverage.
4. Allows for individual state initiatives that expand upon federal legislation to achieve universal coverage and more comprehensive benefits for all.
5. Protects and advances Medicare Advantage special needs program (SNP) for low income elderly and disabled populations
6. Safeguards Disproportionate Share of Care (DSH) payments should there be unintentional and deleterious impact on existing DSH institutions, many of which provide vital services to the underserved AA and NHPI communities.
7. Includes ethnic minority physicians and health professional as “essential” community providers in the formation of a health care insurance exchange in order to offer a diversity of options that meet the needs of the AA and NHPI communities.

### **QUALITY OF CARE**

NCAPIP believes that quality of health care, a critical element of health care reform supported by all stakeholders and advocates must be applied equitably, with due consideration of the diversity of the conditions and needs of the AA and NHPI population. NCAPIP supports legislation that:

1. Promotes and supports the development of health information networks that enable physicians in the AA and NHPI communities to aggregate and harness clinical data in order to identify and address the clinical needs of AA and NHPI patients.
2. Actively promotes the inclusion of AA and NHPI populations in reviews of comparative effectiveness, and that the unique characteristics of the population are incorporated in findings and recommendations.
3. Assures that a greater proportion of federally supported medical research includes studies that are of special and significant relevance to the AA and NHPI populations.
4. Incorporates appropriate adjustments in consideration of at risk AA and NHPI groups impacted by language, culture, social economic condition, in order to establish initiatives that award health care institutions for improvements in quality such as hospital readmission rates. Without these safeguards, institutions will be financially pressured to avoid care for patients with special cultural, linguistic, and social needs that are perceived as impediments to achieve industry standards of quality outcomes.

### **COST CONTAINMENT AND AFFORDABILITY**

Cost containment is an essential element in health systems reform. When a health system spends the most for health care but has poorer health outcomes than any other industrialized nation, it is important to control waste and use resources more effectively. AA and NHPI communities are disproportionately invested in small businesses, which are, in turn, acutely sensitive to affordability and the unmitigated rise in health care costs. The NCAPIP supports legislation that:

1. Provides incentives and support for primary care practices in underserved AA and NHPI communities.
2. Assures that solo and small practices in AA and NHPI communities are provided support in establishing culturally appropriate and linguistically accessible patient centered medical homes, and that criteria for “medical home” wrap around payments be inclusive and supportive of these providers. Medical homes

should contain standards that allows for payment of culturally competent and linguistically appropriate patient-centered care.

3. Assures that “virtual” integrated health delivery systems, such as “accountable care organizations” support the full participation and reimbursement of organizations and small and solo providers that have historically served AA and NHPI communities
4. Invests in the development and recruitment of primary care providers who are trained to meet the language and cultural needs of the AA and NHPI communities.
5. Provides for the inclusion of community based organizations to play a role in supporting “transitional” care programs that aspire to improve reduce patient readmission rates and other chronic care management programs.
6. Supports efforts in tort reform, modeled after those adopted by the State of California and other states, which establishes a monetary ceiling to judgments related to pain and suffering and provides a ceiling to payouts to attorneys and legal representatives.
7. Includes expectations that investment in wellness and prevention incorporate the cultural and linguistic profiles of the AA and NHPI communities. Due to our concerns about the ability to properly risk adjust for health disparities, we recommend the use of rewards and incentives for healthy behaviors rather than premium differences and we advocate for the use of participation in such programs rather than outcome measures.

#### **LEADERSHIP AND WORKFORCE DEVELOPMENT**

Physicians of Asian descent comprise a significant segment of the medical profession, holding positions in academia, research, public health, and patient care. Students of Asian descent are one fifth (20%) of U.S. medical students. Similarly, there are a significant proportion of nurses and allied health professionals of AA and NHPI descent. However, these health professionals are not proportionately represented in medical and health care leadership and executive levels that can impact health care policies. Therefore, the NCAPIP supports legislation that:

1. Commits to the cultivation of AA and NHPI physicians in visible leadership roles that will lead America to a 21<sup>st</sup> century health care system which is equitable, affordable and accessible.
2. Expands upon the existing definition of “vulnerable” populations to include members of racial/ethnic and linguistic minorities.
3. Recognizes that within the AA and NHPI communities many groups continue to be under represented in medicine and that the federal government expands efforts to develop the health professional pipeline for these groups.

In summary, the NCAPIP supports legislation which builds upon the strengths of our current health care system, but also squarely confronts the deficiencies that results in 47 million uninsured Americans, unequal treatment, and deteriorating health status among our next generation. While AA and NHPI comprise a unique part of the American constellation, they are also part of the American dream, and embrace the ideals of equity, family and community support, and the belief that every American should have the right to advance to their highest potential.

The NCAPIP believes that any health care reform legislation which is adopted by our elected officials will determine the health and hopes of the future generation of Americans. We believe that the positions supported by NCAPIP advance not only the needs of our particular community, but the vision of a health care system that is just, accessible, and supports the aspirations of our future generations.

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