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Study finds gap in public, private health care

Patients covered by government plans do not receive the same quality of care, though the difference has narrowed in the past few years, the report found.

By: Chen May Yee, Star Tribune

Poor and elderly Minnesotans covered by government health programs don't receive the same standard of care in key categories as patients with private insurance, even though they are treated at the same clinics and medical groups, according to a report to be released today.

However, the gaps in care narrowed between 2007 and 2008 for six of the nine measures, according to the study by MN Community Measurement, a health care quality consortium.

This is the second annual report commissioned by the Minnesota Department of Human Services, which contracts with private health plans to treat patients covered by programs such as Medical Assistance (Medicaid) and MinnesotaCare.

While the department is still concerned about the gaps in care, "we're real pleased about the improvement," said Brian Osberg, the department's assistant commissioner for health care, adding that he hoped to see more improvement over time.

Some 670,000 Minnesotans are enrolled in public health-insurance programs; the study's findings apply to about two-thirds of them.

They include a disproportionate share of ethnic minorities, people with disabilities and seniors.

Nine benchmarks

The report measured quality of care for nine common services, including breast cancer screenings, child immunizations and diabetes treatment, using recommended standards of care developed by federal and state medical bodies.

It showed that gaps between treatment for publicly-funded patients and privately-insured patients had narrowed in the last year for all but three measures -- diabetes care, asthma and chlamydia screening.

The largest gap occurred for breast cancer screening. Only 60 percent of publicly funded enrollees aged 52 to 69 got a mammogram in the previous two years compared with 77 percent of the privately insured.

The report acknowledged that poor and elderly patients may be more difficult to treat because, for example, they may lack transportation to the doctor's office.

Nevertheless, it said providers can improve care by making it simpler for patients to get care -- for example, establishing same-day appointments for multiple procedures rather than having a patient come back.

The report was recently posted on the MN Community Measurement website and will be officially released by U.S. Sen. Amy Klobuchar at a health care conference at the University of Minnesota's School of Public Health today.

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