

Affordable Care Act linked to better heart failure care for minorities, yet disparities persist

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The Affordable Care Act (ACA) Medicaid Expansion appears to have eased health care inequities among heart failure patients; however, racial

and ethnic disparities in heart failure care still exist, according to research presented today at the American Heart Association's Quality of Care & Outcomes Research Scientific Sessions 2020. The virtual conference, to be held May 15-16, is a premier global exchange of the latest advances in quality of care and outcomes research in cardiovascular disease and stroke for researchers, health care professionals and policymakers.

Using the American Heart Association's Get With the Guidelines-Heart Failure registry of nearly 272,000 patients, researchers compared patient information among early-adopter states that approved the ACA Medicaid Expansion by 2014, to states that had not adopted the expansion through 2019. They assessed if patients in underserved racial and ethnic minority groups received heart failure therapies, including guidelines-based medications, heart failure education and heart failure follow-up.

"Lack of insurance contributes to racial and ethnic health inequities among U.S. heart failure patients. We were pleased to find that ACA Medicaid Expansion was associated with increased delivery of cardiovascular care to racial and ethnic minority groups," said study author Khadijah Breathett, M.D., M.S., FAHA, assistant professor of cardiology at the University of Arizona College of Medicine in Tucson, Arizona. "Heart failure education and follow-up appointments can empower patients, contribute to better medical management and may prevent future hospitalizations."

Looking specifically at how the ACA Medicaid Expansion impacted the delivery of recommended medical care to African American, Asian, Hispanic and white patients hospitalized for heart failure, researchers found:

- Hispanic patients in ACA Medicaid Expansion states were 146%

more likely than Hispanics in non-ACA states to get medications recommended to treat heart failure. These medications include angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs) and angiotensin receptor-neprilysin inhibitors (ARNIs).

- Asian patients in ACA Medicaid Expansion states were 44% more likely than Asians in non-ACA states to receive a heart failure follow-up appointment.
- No significant differences were noted for other heart failure therapies among other racial and ethnic groups.
- Hispanics living in ACA Medicaid Expansion states were notably more likely to receive all forms of heart failure therapy than Hispanics in non-adopter states, independent of when the states adopted the ACA.

"Today, health care professionals can examine barriers within their individual practices, administrators can examine barriers from a center level, and all of us must engage with policymakers to assure that policy keeps up with the needs of the people," she said. "Based on these findings, increased adoption of the ACA Medicaid Expansion may reduce racial and [ethnic disparities](#) in [heart](#) failure treatment and outcomes. However, health equity will require substantial changes in policy and additional investigation of interventions that may reduce barriers to care."

Provided by American Heart Association

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