



**NCAPIP**  
National Council of Asian  
Pacific Islander Physicians

## **MOVING FORWARD ON HEALTH REFORM: OPTIMAL HEALTH FOR ALL**

### **Position Paper**

NCAPIP is a national organization of Asian American, Native Hawaiian and Pacific Islander (AANHPI) physicians that advocate for the health and well being of our patients and communities. Together we work towards health equity and optimal health for all.

### **CRITICAL FACTS:**

- 1 A persistent lack of granular and disaggregated data collection about AANHPIs and incomplete analyses and reporting have prevented the identification of specific medical and public health needs of these AANHPI nationalities and ethnic groups as well as the resolution of their health care issues. Existing data demonstrate disparities in Hepatitis B, and tuberculosis, and an alarming, and largely unrecognized, increased incidence of diabetes, cancer, and mental health disorders.
- 2 A disproportionate number of AANHPIs live in poverty and lack access to affordable health insurance coverage.
- 3 Under the Patient Protection and Affordable Care Act (ACA), uninsured and underinsured AANHPIs benefit from the expansion in Medicaid coverage and the availability of affordable coverage through state health insurance exchanges.
- 4 Even with the ACA in place, AANHPIs continue to face barriers, AANHPIs will continue to face barriers in obtaining access to quality health care. A Commonwealth Foundation study reported that Asians were the least likely racial or ethnic group to have a regular source of care. A myriad of reasons contribute to this, including unaffordable health coverage, particularly for employees and owners of small businesses, disqualifications due to immigration status for those newly arrived or undocumented, lack of culturally and linguistically proficient health services, and a paucity of access to preventive services.
- 5 Throughout AANHPI communities, the number of primary care providers who provide medical care to linguistically and culturally diverse AANHPI patients is diminishing. This will only exacerbate the health disparities already existing.
- 6 AANHPI physicians play an important role in American medicine, holding vital positions in academia, research, and public and community health, but they are underrepresented in major leadership roles.

NCAPIP supports the institutions and policies that promote health equity and advance the elimination of health disparities, including national and state reforms which address the disparities AANHPI populations face in accessing quality health care, and which would improve the overall health care system in the U.S.

In order to achieve optimal health for all, policies, regulations, and legislation must address: a) Access and Coverage, b) Quality of Care, c) Cost Containment and Affordability, and d) Leadership and

## Workforce Development.

**ACCESS & COVERAGE:** Access should not only be affordable and universal, but should also eliminate cultural and linguistic barriers to care. NCAPIP will continue to work to:

1. Expand access to affordable health insurance coverage to all Americans, including newly arrived and undocumented immigrants.
2. Ensure that all AANHPI populations, many who live in high cost of living areas, or are small business owners have affordable access to high quality insurance.
3. Ensure that individuals with limited English proficiency (LEP) and individuals with lower health literacy are provided equal access to in-language resources (print and online), and needed assistance to enroll in insurance coverage, including internet-based portals, for Medicaid and private insurance.
4. Support full funding for the implementation of affordable, quality healthcare in the U.S.-Associated Pacific Island jurisdictions.
5. Support state initiatives that expand upon the federal legislation to achieve universal health insurance coverage and more comprehensive health benefits for all.
6. Preserve Medicare Advantage special needs programs (SNP) for low-income elderly and disabled populations, and to support Medicare Advantage plans that provide high quality care.
7. Safeguard disproportionate share (DSH) payments to existing DSH institutions, many of which provide vital healthcare services to underserved AANHPI populations.
8. Include racial and ethnic minority physicians, especially Medicaid providers (who have at least 30 percent Medicaid patients), as “essential community providers” - ensuring that communities have access to these providers.
9. Ensure the inclusion and participation of AANHPI physicians and physician groups, especially solo and small group physician practices, in the development and implementation of new models for care delivery that focus on health outcomes. These new models of care should include reimbursements and payments for culturally and linguistically appropriate patient-centered care.

**QUALITY OF CARE:** The quality of health care must be improved for all, with due consideration given to the socioeconomic conditions, diversity of needs, and health disparities experienced by AANHPIs. NCAPIP will continue to work to:

1. Highlight the need to collect, use and report disaggregated and granular data for diverse AANHPI populations in all health care performance and quality improvement measures.
2. Promote and support the development of health information technologies, exchange, and networks that enable physicians serving AANHPI populations to utilize data to identify and address the clinical needs of their patients.
3. Include risk adjustment and appropriate incentives in quality improvement activities and programs for community providers, such as solo and small group physician practices, that care for AANHPI populations who face socioeconomic, language, and cultural barriers to care. The Medicare and CHIP Reform Act (MACRA) has been passed to alleviate the recurrent burden of the “doc fix” of the

antiquated Sustainable Growth Rate formula for physician reimbursement under Medicare. While MACRA establishes physician payment based upon the demonstration of certain competencies to validate quality of clinical care, its implementation places a disproportionate burden on physicians who provide care in smaller practices and modest practice settings...the very same access sites that many AANHPI patients rely on for primary care. For MACRA to be successful, and for the sustainability and development of critical access points for many AANHPI communities, there must be commensurate investment and support from CMS and other federal agencies for a successful transformation of these practices.

4. Ensure that all federally-supported medical research and health surveys, include studies that are of relevance and statistical significance for diverse and disaggregated AANHPI populations.
5. Actively promote the inclusion of AANHPI populations in reviews of comparative effectiveness and patient-centered outcomes research, and ensure that the unique characteristics of AANHPI populations are incorporated in findings and recommendations.

**COST CONTAINMENT AND AFFORDABILITY:** Cost containment is an essential element in health systems reform. If long term cost containment is to be achieved through innovation and prevention and wellness promotion, all measures need to be culturally competent and meaningful to diverse communities. NCAPIP will continue to work to:

1. Provide sustainable support for primary care practices in underserved AANHPI communities.
2. Promote programs that focus on the development and recruitment of primary care providers who are trained to meet the language and cultural needs of the AANHPI populations.
3. Develop and implement programs that invest in wellness and prevention measures that incorporate the cultural and linguistic needs of diverse AANHPI populations, and use participation in the program as the basis for incentives rather than outcome measures.
4. Promote programs that include community-based organizations in providing chronic care management and in providing transitional care services after hospital discharges and other transitions of care that reduce avoidable readmissions and optimize home/community-based care.
5. Support medical liability reform, modeled after laws in California and other states which establish monetary ceilings to judgments related to pain and suffering, and to payments to attorneys and legal representatives.

**LEADERSHIP AND WORKFORCE DEVELOPMENT:** Asian American physicians comprise a significant segment of the medical profession, holding positions in academia, research, public health, and patient care. There also are a significant proportion of nurses, pharmacists and allied health professionals who are AANHPIs. However, Southeast Asians, Native Hawaiians, and Pacific Islanders still remain underrepresented in the health professions. AANHPI health professionals are not well-represented in leadership & executive positions that can impact health care policies. NCAPIP will continue to work to:

1. Support the advancement of AANHPI physicians in leadership roles that will lead America to a 21<sup>st</sup> century health care system which is accessible, affordable and equitable for all.
2. Ensure that specific AANHPI populations, especially Southeast Asians, Native Hawaiians, and Pacific Islanders, and AANHPIs that face linguistic and cultural barriers to care, are included in definitions of “underserved” populations.

3. Support recognition of specific AANHPI populations, especially Southeast Asians, Native Hawaiians, and Pacific Islanders, as “underrepresented” in medicine and other health professions and ensure that programs that support the health professions educational and career pipelines and pathways include these AANHPI populations.
4. Support the inclusion of AANHPI physicians in efforts to increase access to newly insured populations, and incentivize the inclusion of providers who provide care for underserved populations in initiatives that seek to improve quality while reducing costs.

NCAPIP believes that we need to build on the foundation of our current healthcare system, leveraging its strengths such as the increased number of insured, emphasis on prevention and value based payments, as opposed to treatment services, and on continued improvement with published information and data sharing. NCAPIP also believes we must squarely confront the deficiencies that result in still millions of uninsured Americans, unequal treatment, and deteriorating health status among our next generation.

While AANHPIs comprise a unique part of America, we embrace the shared values of equity, family, and community, and that every American can achieve his or her highest potential for health and happiness.

Physicians must take a leadership role in the healthcare team, in assuring that every American receives the highest quality health care, provided by a health care system and supported by policies that value each and every individual and their unique background and diversity of gender, age, race, ethnicity, national origin, language, religion, disability status, sexual orientation, and gender identity. NCAPIP represents the voice of AANHPI physicians in shaping health care in America to meet this shared American goal of optimal health for all.

**Contact Ho Luong Tran, President & CEO: [htran@ncacpip.org](mailto:htran@ncacpip.org) - Revised November 2016**

###