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- Home
- About the Author
- Accolades
- Archives
- Contact
- Obamacare Overview

Is reducing disparity enough?

Written By: Jason Shafrin - Nov• 02•15

A recent paper in by Martin et al. (2015) finds that Medicaid Managed Care programs in Kentucky reduced monthly professional visits. Further, the decrease in the number of professional visits was larger for whites than for non-whites. The authors conclude:

We find evidence that MMC [Medicaid Managed Care] has the possibility to reduce racial/ethnic disparities in professional utilization. More work is needed to determine which managed care program characteristics drive this result.

This begs the question: is this reduction in disparity a good thing? The authors rightly point out that it is unclear whether the reduction in physicians visits represents a reduction in unnecessary care or a reduction in needed care. For the moment, however, let's consider the case where patients value more physicians visits and let us ignore the affect of more visits on premiums.

In this case, Medicaid managed care programs would represent a loss of utility for both whites and minorities. From the study, the decrease in physician visits is larger for whites however. Is this decrease in "disparities" worthwhile? I would argue not. Reducing the number of physician visits of those who have more on average is not a positive way to reduce disparities; the key is to *increase* the number of physician visits among those who do not have enough (i.e., minorities).

Harry Frankfurt makes a similar argument in his book <u>On Inequality</u>. The goal of reducing inequality or disparities—whether it be disparities in income or physician visits—should not be to reduce the welfare of the better off, but rather improve the welfare of the worse off. For this reason, the tone of Martin and co-author's conclusion—in essence that reducing disparities is a good in and of itself—ignores the true motivation for reducing disparities: making sure those at the bottom have enough.

Source:

Marton, J., Yelowitz, A., Shores, M. and Talbert, J. C. (2015), <u>Does Medicaid Managed Care Help Equalize Racial and Ethnic Disparities in Utilization?</u>. *Health Services Research*. doi: 10.1111/1475-6773.12396

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- November 2015
- October 2015
- September 2015
- August 2015
- July 2015
- June 2015
- May 2015
- April 2015
- March 2015
- February 2015
- January 2015
- December 2014
- November 2014
- October 2014
- September 2014
- August 2014
- July 2014
- June 2014
- May 2014
- April 2014
- March 2014
- February 2014
- <u>January 2014</u>
- December 2013

- November 2013
- October 2013
- September 2013
- August 2013
- July 2013
- June 2013
- May 2013
- April 2013
- March 2013
- February 2013
- January 2013
- December 2012
- November 2012
- October 2012
- September 2012
- August 2012
- July 2012
- June 2012
- May 2012
- April 2012
- March 2012
- February 2012
- January 2012
- December 2011
- November 2011
- October 2011
- September 2011
- August 2011
- July 2011
- June 2011
- <u>May 2011</u>
- April 2011
- March 2011
- February 2011
- January 2011
- December 2010
- November 2010
- October 2010
- September 2010
- August 2010
- July 2010
- June 2010
- May 2010
- April 2010
- March 2010
- February 2010
- January 2010
- December 2009
- November 2009
- October 2009

- September 2009
- August 2009
- July 2009
- June 2009
- May 2009
- April 2009
- March 2009
- February 2009
- January 2009
- December 2008
- November 2008
- October 2008
- September 2008
- <u>August 2008</u>
- July 2008
- June 2008
- May 2008
- April 2008
- March 2008
- February 2008
- January 2008
- December 2007
- November 2007
- October 2007
- September 2007
- August 2007
- July 2007
- June 2007
- May 2007
- April 2007
- March 2007
- February 2007
- January 2007
- December 2006
- November 2006
- October 2006
- September 2006
- August 2006
- <u>July 2006</u>
- June 2006
- May 2006
- April 2006
- March 2006
- February 2006
- <u>January 2006</u>

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