

Racial and Ethnic Disparities in Health Care in Medicare Advantage



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*CMS Office of Minority Health
in collaboration with
the RAND Corporation*

Background and Purpose

This document presents summary information on the quality of health care received by Medicare beneficiaries, including information about their experiences as patients obtaining care. This quality of care data is presented at the national level, and is shown for different racial/ethnic groups. This information may be of interest to Medicare beneficiaries, Medicare Advantage and prescription drug plans, and others interested in better understanding beneficiaries' quality of care and how it differs across racial/ethnic groups.

The specific measures reported fall into two categories: (1) patient experience measures and (2) clinical care measures. Examples of patient experience measures include how easy it is to get needed care, how well doctors communicate with beneficiaries, and how easy it is for beneficiaries to get information from their drug plan about prescription drug coverage and cost. Examples of clinical care measures include whether beneficiaries received appropriate screening for colon cancer, whether beneficiaries with diabetes received a test that determines whether their blood sugar is under control, and whether beneficiaries with hypertension had their blood pressure adequately controlled. In all, this document provides data regarding eight patient experience measures and 26 clinical care measures.

The patient experience data were collected from a national survey of Medicare beneficiaries known as the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. This survey is administered each year; the data in this document are from the 2015 Medicare CAHPS survey. The clinical care data are gathered through medical records and insurance claims for hospitalizations, medical office visits, and procedures. These data, which are collected each year from Medicare health plans (Medicare Advantage plans) nationwide, are part of the Healthcare Effectiveness Data and Information Set (HEDIS). The HEDIS data reported here are for 2015.

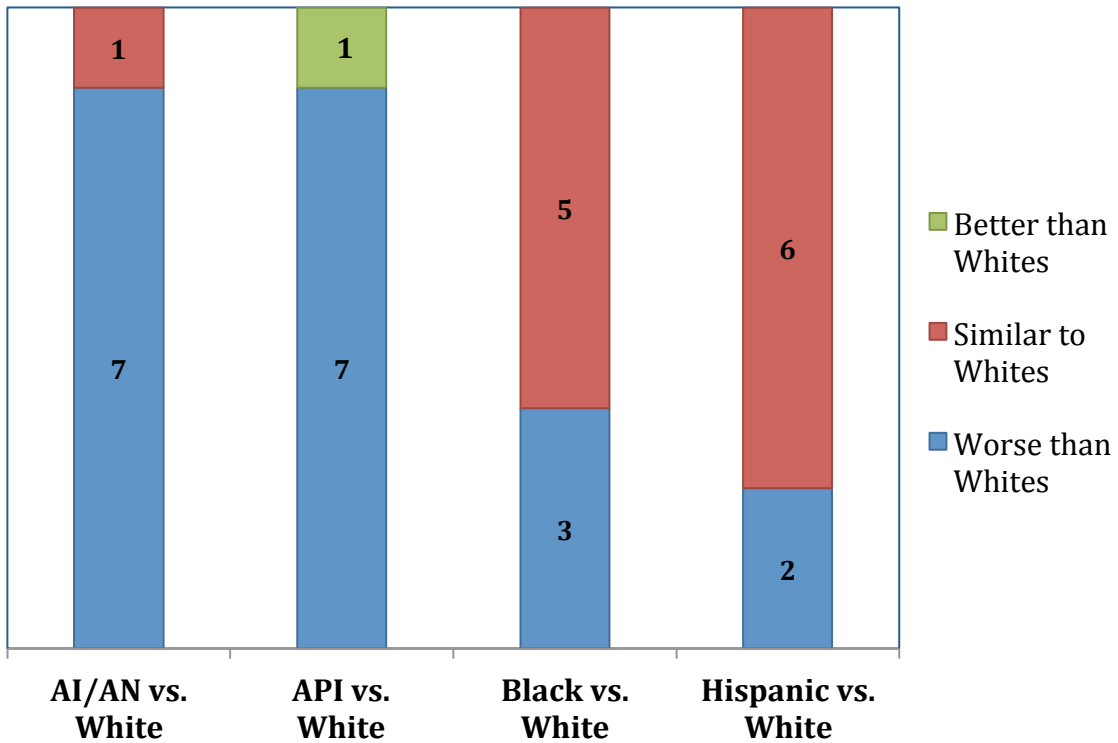
Data are reported separately for specific racial/ethnic groups because there is evidence that quality of care (as measured by both patient experience and clinical care measures) may be different for different groups. For the patient experience measures, data are provided for five racial/ethnic groups: (1) American Indians or Alaska Natives, (2) Asians or Pacific Islanders (includes Native Hawaiians), (3) Blacks, (4) Hispanics, and (5) Whites. These racial/ethnic groups were chosen because enough information was available about beneficiaries in these groups to allow for a description of the care they received. For the clinical care measures, data are given for the same racial/ethnic groups except American Indians or Alaska Natives because the clinical care data lack information that allows us to reliably determine if a beneficiary is in this group.

Data for each of the patient experience/clinical care measures are presented in the form of bar charts. For each patient experience measure, a chart shows the average score for each racial/ethnic group on a 0 to 100 scale. The average score represents the percent of the best possible score for a given group for that measure. For example, if the best possible score on a measure is 4 and a given group's score on that measure is 3.5, then that group's score on a 0 to 100 scale is $(3.5/4) * 100 = 87.5$. An additional stacked bar chart shows the number of patient experience measures (out of eight) for which members of each group reported experiences of care that were worse than, similar to, or better than the experiences reported by Whites. For each clinical care measure, a chart shows the percentage of beneficiaries in each group whose care met the standard called for by the specific measure (e.g., a test or treatment). An additional stacked bar chart shows the number of clinical care measures (out of 26) for which members of each group experienced care that was worse than, similar to, or better than the care experienced by Whites.

For detailed information on data sources and analytic methods, see Appendix A.

Disparities in Care: All Patient Experience Measures

Number of patient experience measures (out of 8) for which members of selected groups reported experiences that are worse than, similar to, or better than the experiences reported by Whites in 2015



Data source: This chart summarizes data from all Medicare Advantage beneficiaries nationwide who participated in the 2015 Medicare Consumer Assessment of Healthcare Providers and Systems Survey.

Key: AI/AN = American Indian or Alaska Native; API = Asian or Pacific Islander.

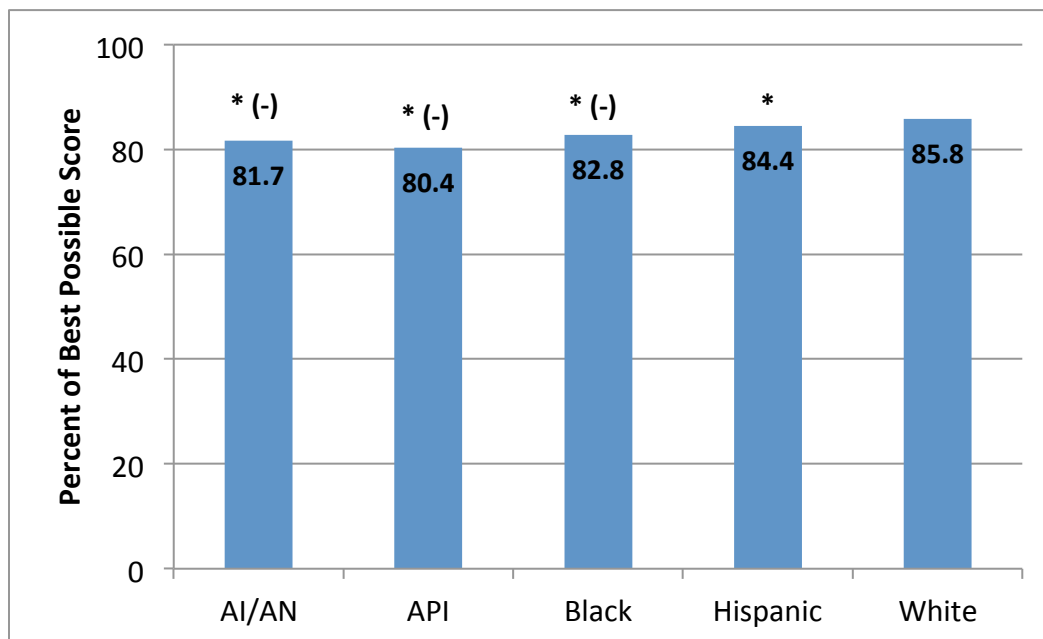
Notes: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. The relative difference between a selected group and Whites is used to assess disparities.

- **Better** = Population had better patient experience than Whites. Differences are statistically significant ($p < 0.05$), are equal to or larger than 3 points on a 0 to 100 scale, and favor the selected racial/ethnic minority group.
- **Similar** = Population and Whites had similar patient experiences. Differences are less than 3 points on a 0 to 100 scale. Differences may be statistically significant.
- **Worse** = Population had worse patient experience than Whites. Differences are statistically significant, are equal to or larger than 3 points on a 0 to 100 scale, and favor Whites.

Example: Compared with Whites, Hispanics reported worse patient experience for 2 of the 8 patient experience measures, and similar experience for 6 of the measures.

Patient Experience: Getting Needed Care

Percent of the best possible score (on a 0 to 100 scale) earned on how easy it is for patients to get needed care, including care from specialists, by race/ethnicity, 2015



Data source: Medicare Consumer Assessment of Healthcare Providers and Systems Survey, 2015.

Key: AI/AN = American Indian or Alaska Native; API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

For differences that are statistically significant, the following symbols are also used when applicable:

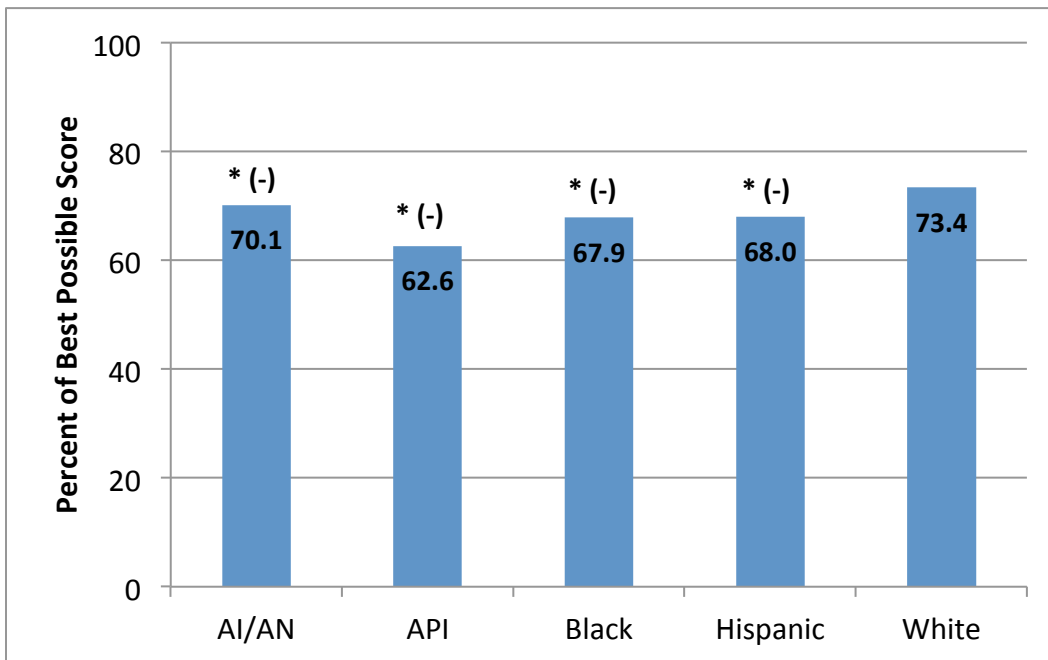
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, American Indians or Alaska Natives, Asians or Pacific Islanders, and Blacks reported that it was less easy to get needed care than Whites reported. The difference between each of these groups and Whites was greater than 3 points on a 0 to 100 scale.
- In 2015, Hispanics reported that it was less easy to get needed care than Whites reported, but the difference between this group and Whites was less than 3 points on a 0 to 100 scale.

Patient Experience: Getting Appointments and Care Quickly

Percent of the best possible score (on a 0 to 100 scale) earned on how quickly patients get appointments and care, by race/ethnicity, 2015



Data source: Medicare Consumer Assessment of Healthcare Providers and Systems Survey, 2015.

Key: AI/AN = American Indian or Alaska Native; API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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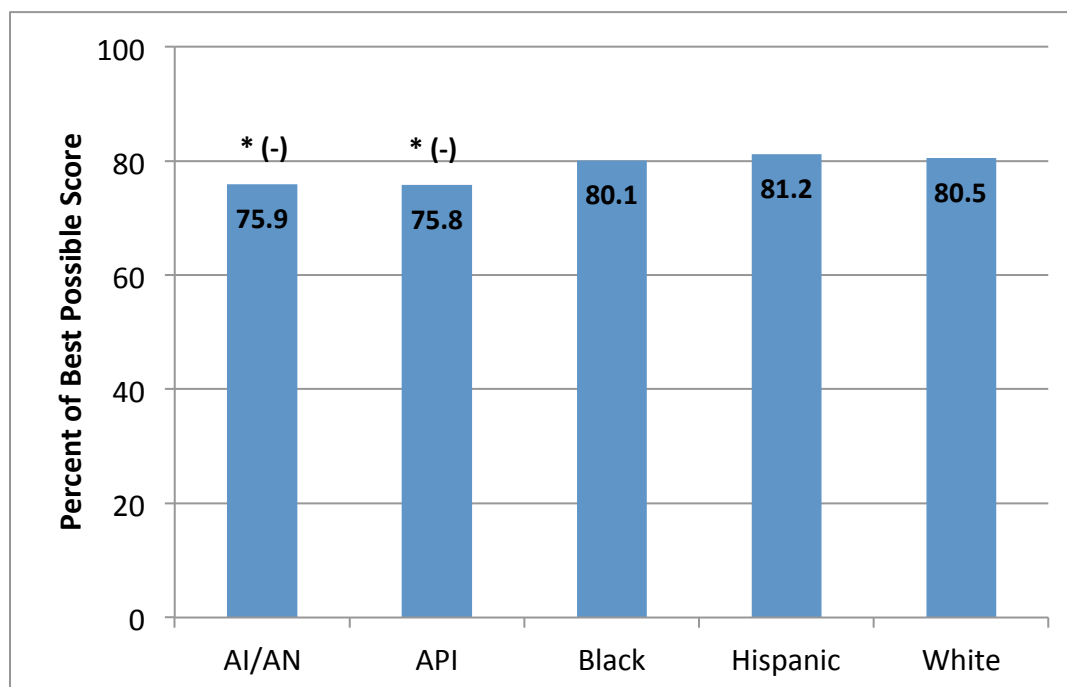
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, American Indians or Alaska Natives, Asians or Pacific Islanders, Blacks, and Hispanics reported getting appointments and care less quickly than Whites reported. The difference between each of these groups and Whites was greater than 3 points on a 0 to 100 scale.

Patient Experience: Customer Service

Percent of the best possible score (on a 0 to 100 scale) earned on how easy it is to get information and help from one's plan when needed, by race/ethnicity, 2015



Data source: Medicare Consumer Assessment of Healthcare Providers and Systems Survey, 2015.

Key: AI/AN = American Indian or Alaska Native; API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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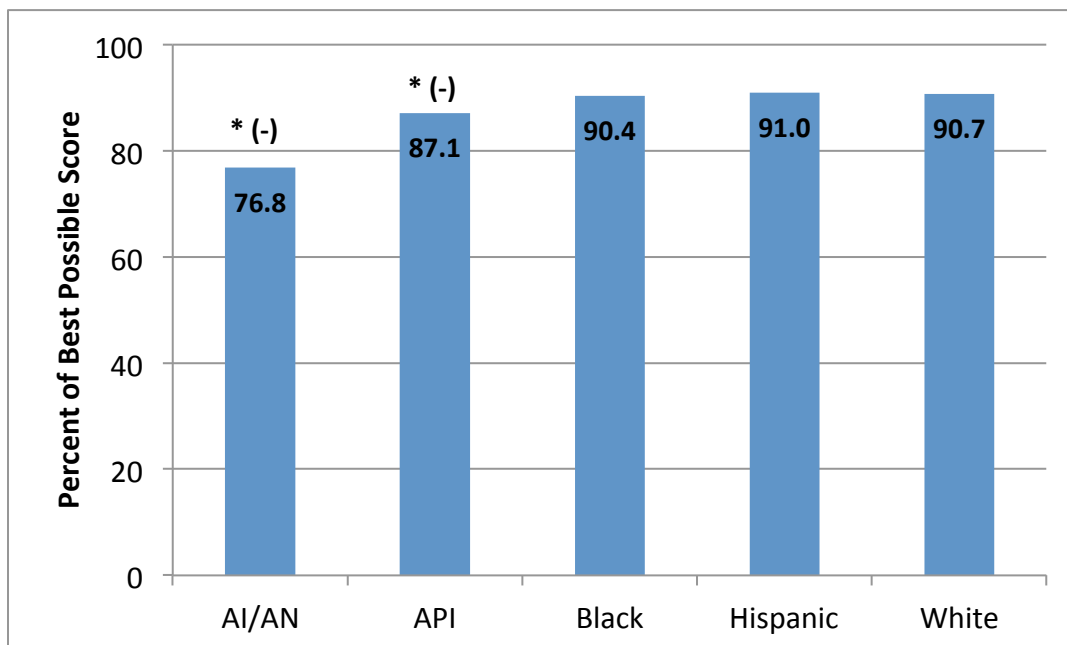
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, American Indians or Alaska Natives and Asians or Pacific Islanders reported that it was harder to get information and help from their plan when needed than Whites reported. The difference between each of these groups and Whites was greater than 3 points on a 0 to 100 scale.
- In 2015, Blacks and Hispanics reported experiences with customer service that were similar to the experiences reported by Whites.

Patient Experience: Doctors Who Communicate Well

Percent of the best possible score (on a 0 to 100 scale) earned on how well doctors communicate with patients, by race/ethnicity, 2015



Data source: Medicare Consumer Assessment of Healthcare Providers and Systems Survey, 2015.

Key: AI/AN = American Indian or Alaska Native; API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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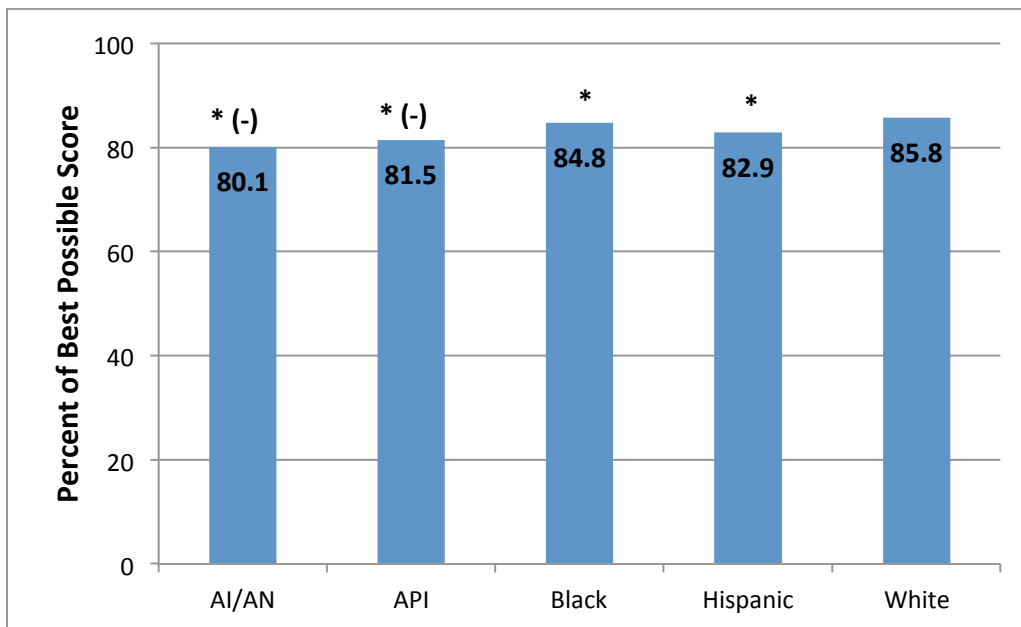
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, American Indians or Alaska Natives and Asians or Pacific Islanders reported worse doctor communication than Whites reported. The difference between each of these groups and Whites was greater than 3 points on a 0 to 100 scale.
- In 2015, Blacks and Hispanics reported experiences with doctor communication that were similar to the experiences reported by Whites.

Patient Experience: Care Coordination

Percent of the best possible score (on a 0 to 100 scale) earned on how well patients' care was coordinated†, by race/ethnicity, 2015



Data source: Medicare Consumer Assessment of Healthcare Providers and Systems Survey, 2015

Key: AI/AN = American Indian or Alaska Native; API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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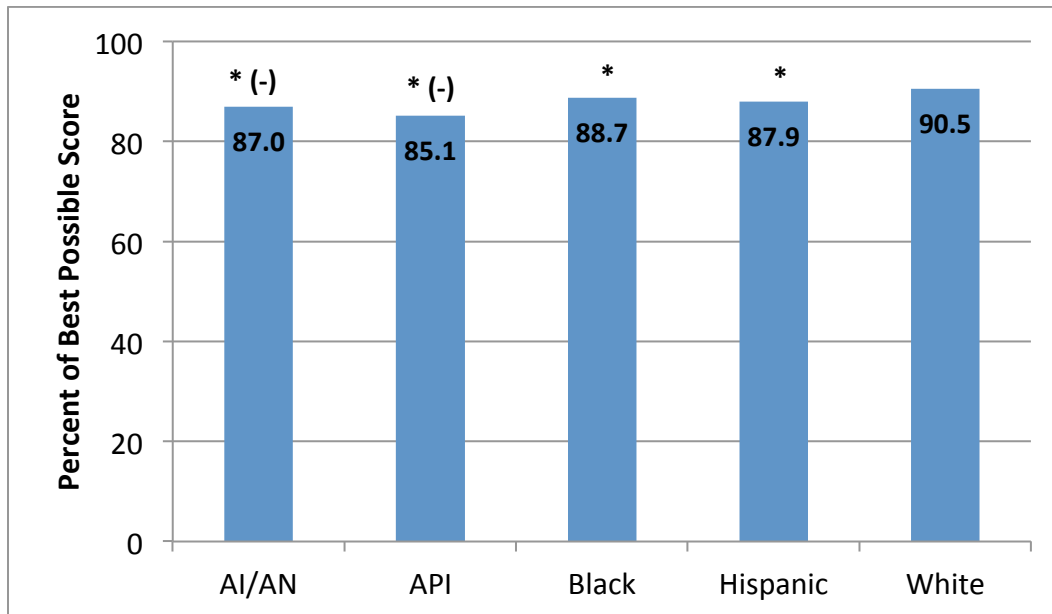
Disparities

- In 2015, American Indians or Alaska Natives and Asians or Pacific Islanders reported worse care coordination than Whites reported. The difference between each of these groups and Whites was greater than 3 points on a 0 to 100 scale.
- In 2015, Blacks and Hispanics reported worse care coordination than Whites reported, but the differences between these groups and Whites were less than 3 points on a 0 to 100 scale.

† This includes whether doctors had the records and information they needed about patients' care and how quickly patients got their test results.

Patient Experience: Getting Needed Prescription Drugs

Percent of the best possible score (on a 0 to 100 scale) earned on how easy it is for beneficiaries to get the prescription drugs they need using their plan, by race/ethnicity, 2015



Data source: Medicare Consumer Assessment of Healthcare Providers and Systems Survey, 2015.

Key: AI/AN = American Indian or Alaska Native; API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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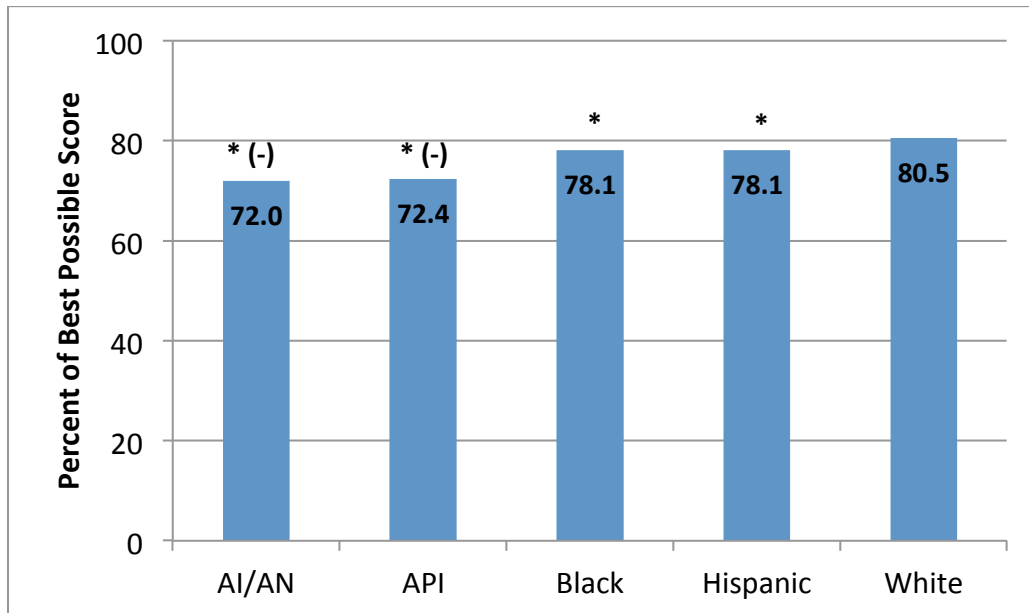
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, American Indians or Alaska Natives and Asians or Pacific Islanders reported more difficulty getting needed prescription drugs than Whites reported. The difference between each of these groups and Whites was greater than 3 points on a 0 to 100 scale.
- In 2015, Blacks and Hispanics reported more difficulty getting needed prescription drugs than Whites reported, but the differences between these groups and Whites were less than 3 points on a 0 to 100 scale.

Patient Experience: Getting Information about Prescription Drugs

Percent of the best possible score (on a 0 to 100 scale) earned on how easy it was for beneficiaries to get information from their plan about prescription drug coverage and cost, by race/ethnicity, 2015



Data source: Medicare Consumer Assessment of Healthcare Providers and Systems Survey, 2015.

Key: AI/AN = American Indian or Alaska Native; API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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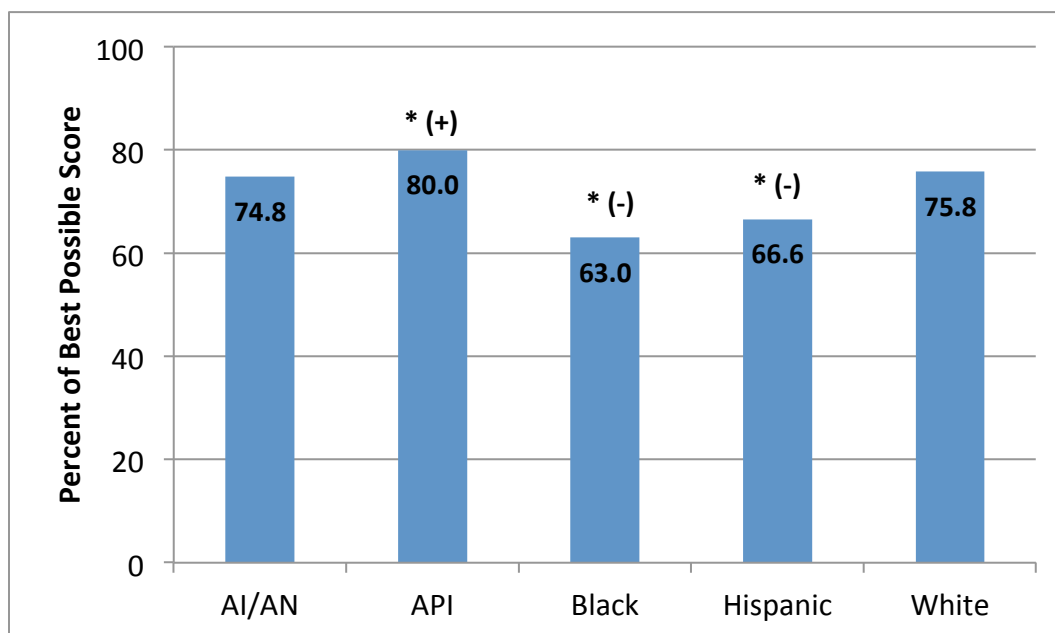
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, American Indians or Alaska Natives and Asians or Pacific Islanders reported more difficulty getting help and information about prescription drugs than Whites reported. The difference between these groups and Whites was greater than 3 points on a 0 to 100 scale.
- In 2015, Blacks and Hispanics reported more difficulty getting help and information about prescription drugs than Whites reported, but the differences between these groups and Whites were less than 3 points on a 0 to 100 scale.

Patient Experience: Annual Flu Vaccine

Percentage of Medicare enrollees who got a vaccine (flu shot), by race/ethnicity, 2015



Data source: Medicare Consumer Assessment of Healthcare Providers and Systems Survey, 2015.

Key: AI/AN = American Indian or Alaska Native; API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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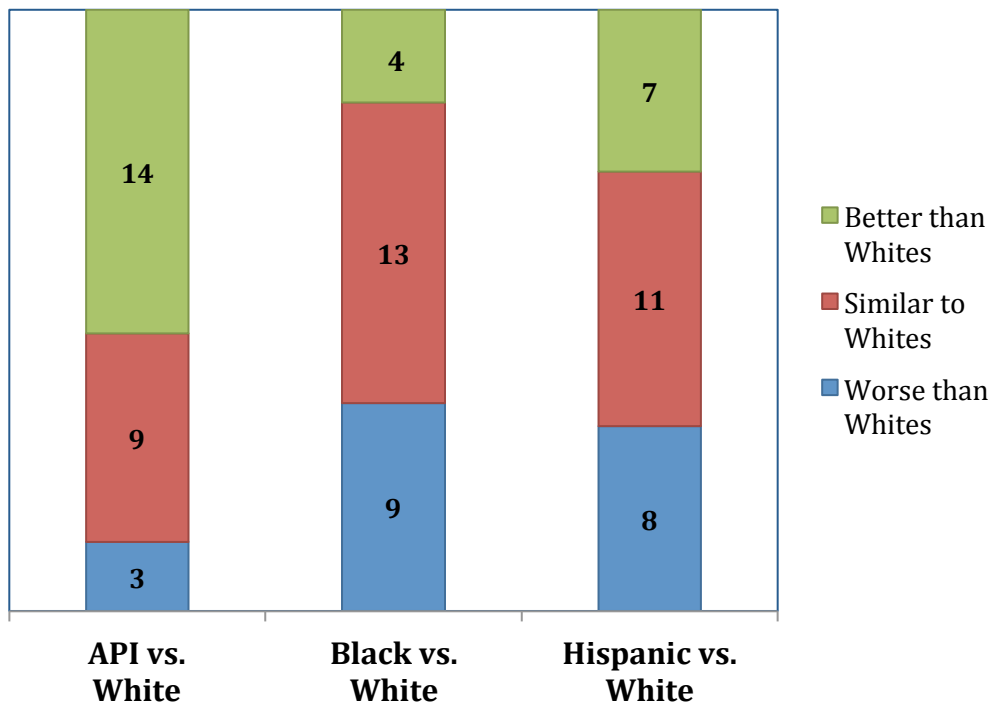
- (+)** Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-)** Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asians or Pacific Islanders were more likely than Whites to have been vaccinated prior to the flu season. The difference between Asians or Pacific Islanders and Whites was greater than 3 percentage points.
- In 2015, Blacks and Hispanics were less likely than Whites to have been vaccinated prior to the flu season. The difference between each of these groups and Whites was greater than 3 percentage points.
- In 2015, American Indians or Alaska Natives were as likely as Whites to have been vaccinated prior to the flu season.

Disparities in Care: All Clinical Care Measures

Number of clinical care measures (out of 26) for which members of selected groups experienced care that is worse than, similar to, or better than the care experienced by Whites in 2015



Data source: Information in this chart is from clinical quality (HEDIS) data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Notes: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

Data are not given on American Indians or Alaska Natives because the clinical care data lack information that allows us to reliably determine if a beneficiary is in this group.

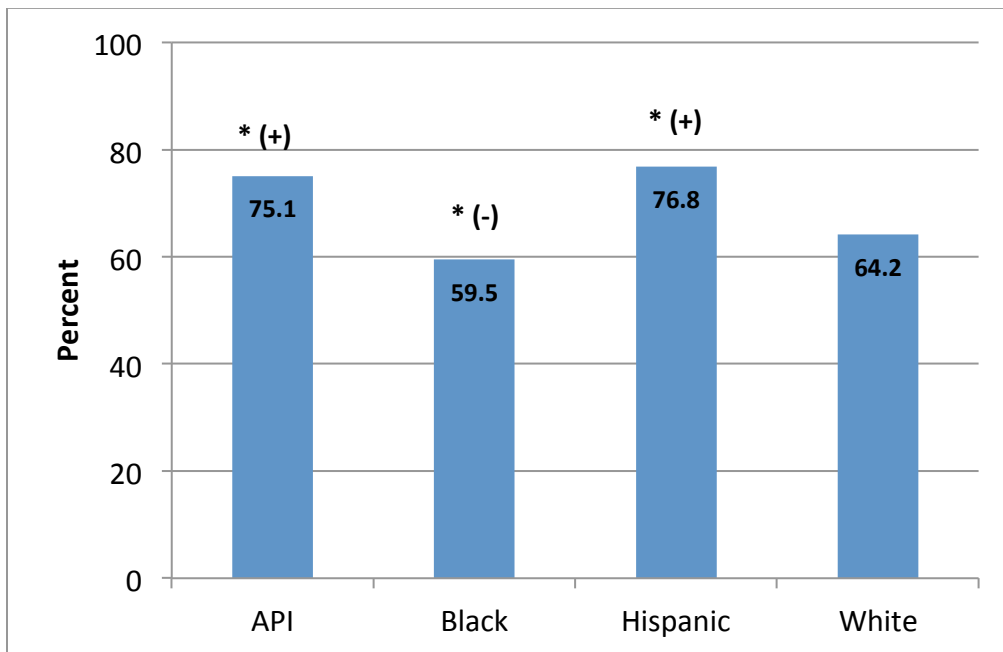
The relative difference between a selected group and Whites is used to assess disparities.

- **Better** = Population had better clinical care than Whites. Differences are statistically significant ($p < 0.05$), are equal to or larger than 3 percentage points, and favor the selected racial/ethnic minority group.
- **Similar** = Population and Whites had similar clinical care. Differences are less than 3 percentage points. Differences may be statistically significant.
- **Worse** = Population had worse clinical care than Whites. Differences are statistically significant, are equal to or larger than 3 percentage points, and favor Whites.

Example: Compared with Whites, Hispanics had worse quality care for 8 of the 26 clinical care measures, similar quality care for 11 measures, and better quality care for 7 measures.

Clinical Care: Colorectal Cancer Screening

Percentage of Medicare enrollees aged 50 to 75 who had appropriate screening for colorectal cancer, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

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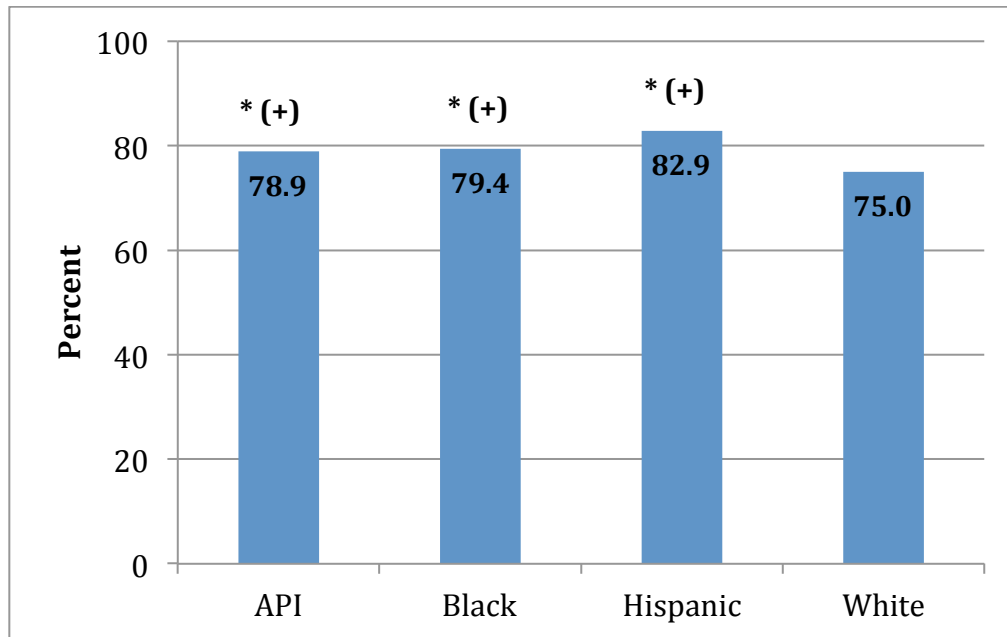
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asians or Pacific Islanders and Hispanics were more likely than Whites to have been appropriately screened for colorectal cancer. The difference between each of these groups and Whites was greater than 3 percentage points.
- In 2015, Blacks were less likely than Whites to have been appropriately screened for colorectal cancer. The difference between Blacks and Whites was greater than 3 percentage points.

Clinical Care: Breast Cancer Screening

Percentage of Medicare enrollees (women) aged 50 to 74 who had appropriate screening for breast cancer, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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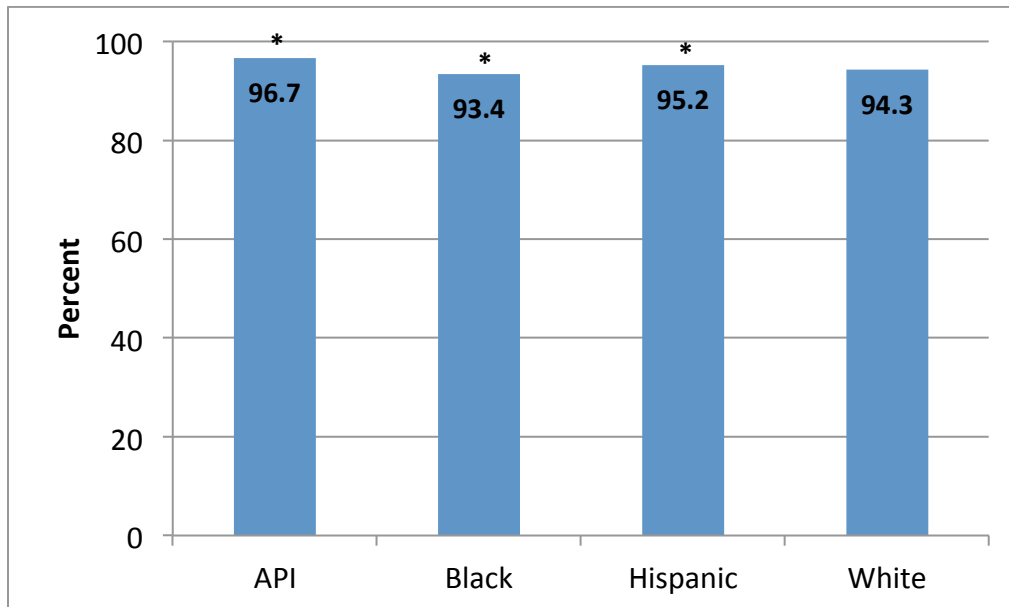
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asian or Pacific Islander, Black, and Hispanic women were more likely than White women to have been appropriately screened for breast cancer. The difference between each of these groups of women and White women was greater than 3 percentage points.

Clinical Care: Diabetes Care - Blood Sugar Testing

Percentage of Medicare enrollees aged 18 to 75 with diabetes who had one or more HbA1c tests in the past year, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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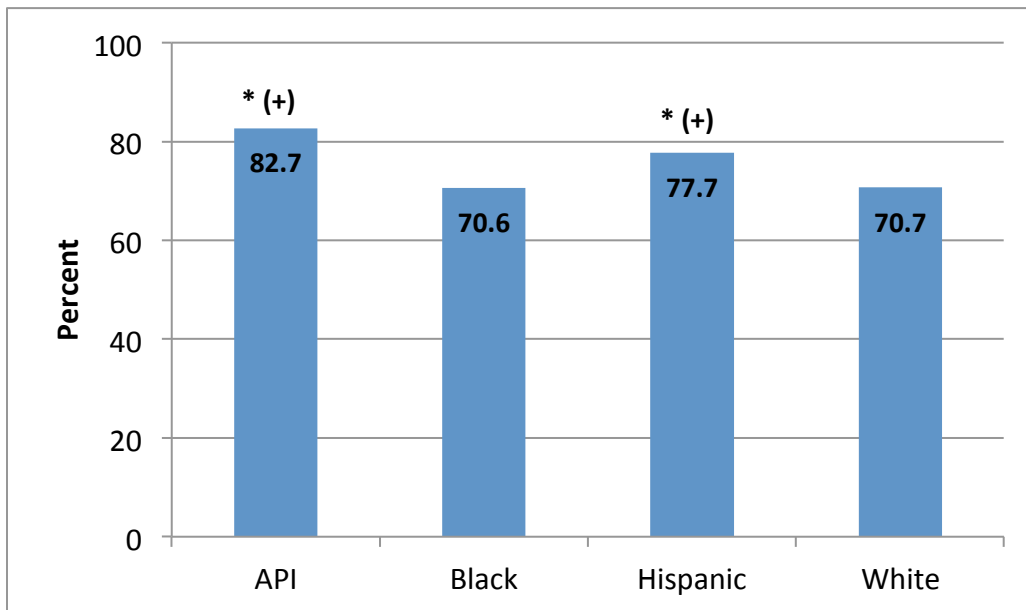
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
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Disparities

- In 2015, Asians or Pacific Islanders and Hispanics with diabetes were more likely than Whites with diabetes to have had their blood sugar tested at least once in the past year. The difference between each of these groups and Whites was less than 3 percentage points.
- In 2015, Blacks with diabetes were less likely than Whites with diabetes to have had their blood sugar tested at least once in the past year. The difference between Blacks and Whites was less than 3 percentage points.

Clinical Care: Diabetes Care – Eye Exam

Percentage of Medicare enrollees aged 18 to 75 with diabetes (type 1 and type 2) who had an eye exam (retinal) in the past year, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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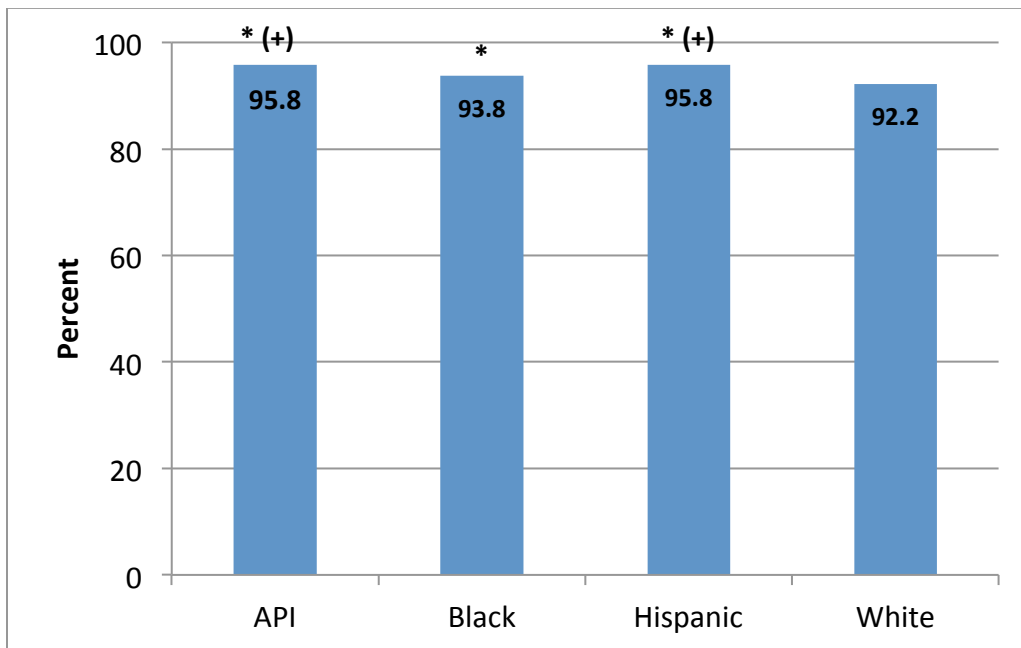
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asians or Pacific Islanders and Hispanics with diabetes were more likely than Whites with diabetes to have had an eye exam in the past year. The difference between each of these groups and Whites was greater than 3 percentage points.
- In 2015, Blacks with diabetes were as likely as Whites with diabetes to have had an eye exam in the past year.

Clinical Care: Diabetes Care – Kidney Disease Monitoring

Percentage of Medicare enrollees aged 18 to 75 with diabetes (type 1 and type 2) who had medical attention for nephropathy in the past year, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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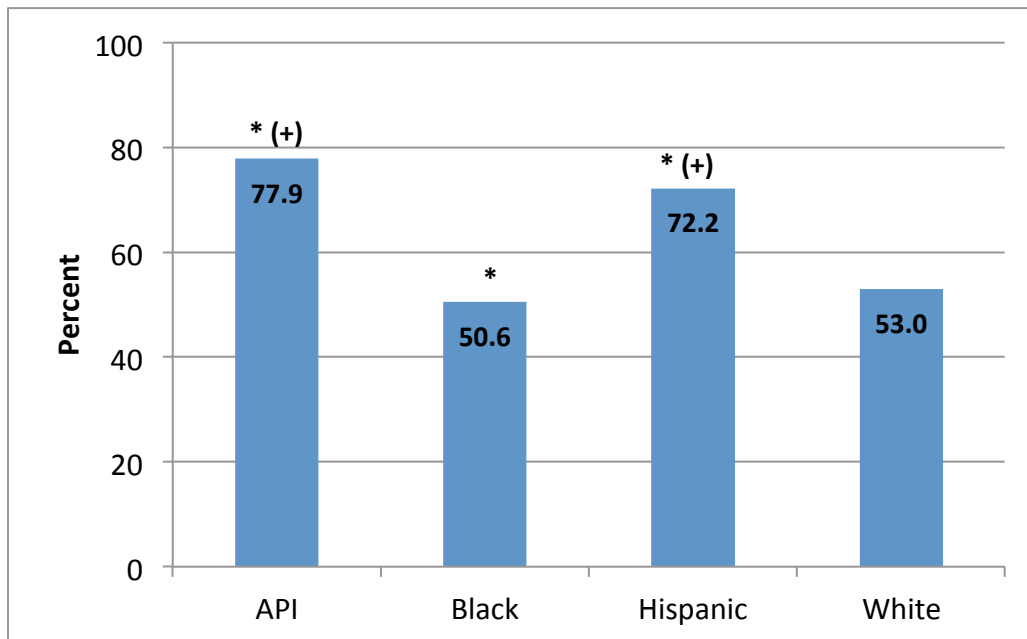
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asians or Pacific Islanders and Hispanics with diabetes were more likely than Whites with diabetes to have had medical attention for nephropathy in the past year. The difference between each of these groups and Whites was greater than 3 percentage points.
- In 2015, Blacks with diabetes were more likely than Whites with diabetes to have had medical attention for nephropathy in the past year, but the difference between these groups was less than 3 percentage points.

Clinical Care: Diabetes Care – Blood Pressure Controlled

Percentage of Medicare enrollees aged 18 to 75 with diabetes whose most recent blood pressure was less than 140/90, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

For differences that are statistically significant, the following symbols are also used when applicable:

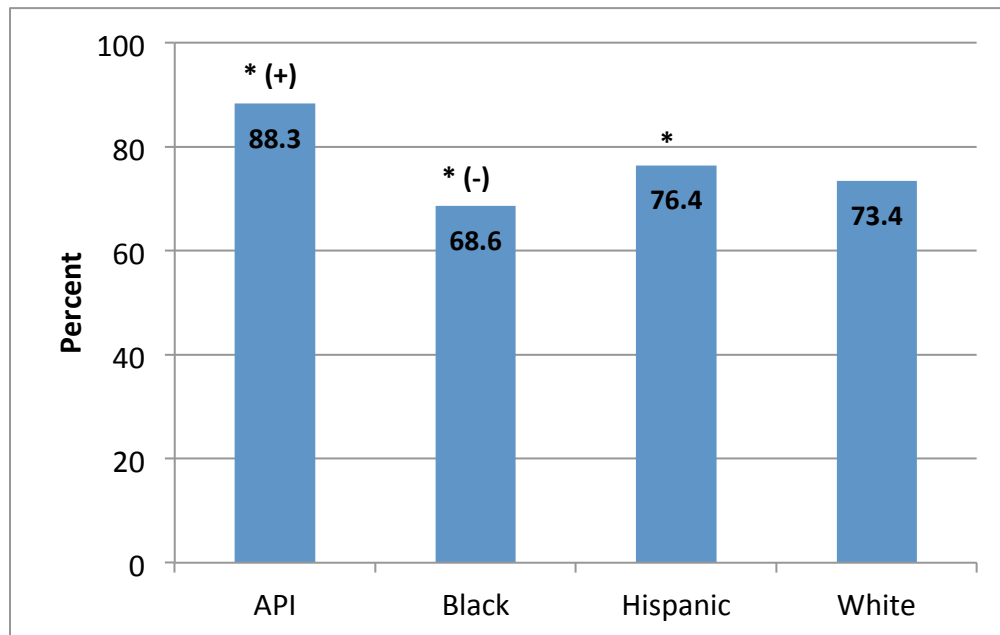
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asians or Pacific Islanders and Hispanics with diabetes were more likely than Whites with diabetes to have their blood pressure under control. The difference between each of these groups and Whites was greater than 3 percentage points.
- In 2015, Blacks with diabetes were less likely than Whites with diabetes to have their blood pressure under control, but the difference between these groups was less than 3 percentage points.

Clinical Care: Diabetes Care – Blood Sugar Controlled

Percentage of Medicare enrollees aged 18 to 75 with diabetes whose most recent HbA1c level was 9% or less, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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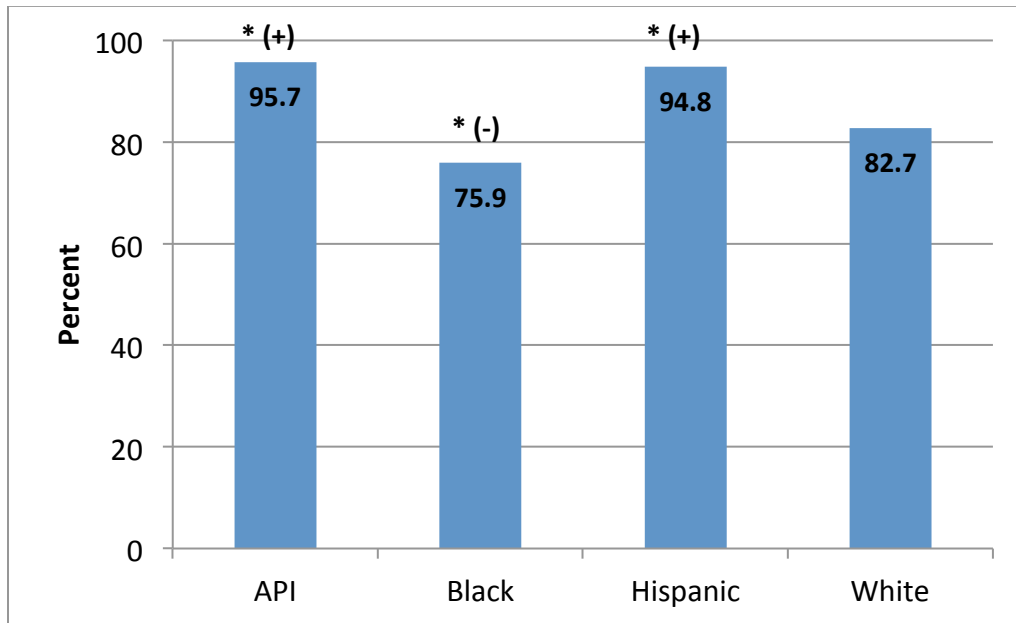
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asians or Pacific Islanders and Hispanics with diabetes were more likely than Whites with diabetes to have their blood sugar level under control. The difference between Asians or Pacific Islanders and Whites was greater than 3 percentage points. The difference between Hispanics and Whites was less than 3 percentage points.
- In 2015, Blacks with diabetes were less likely than Whites with diabetes to have their blood sugar level under control. The difference between Blacks and Whites was greater than 3 percentage points.

Clinical Care: Adult Body Mass Index (BMI) Assessment

Percentage of Medicare enrollees 18 to 74 years of age who had an outpatient visit and whose BMI was documented in the past two years, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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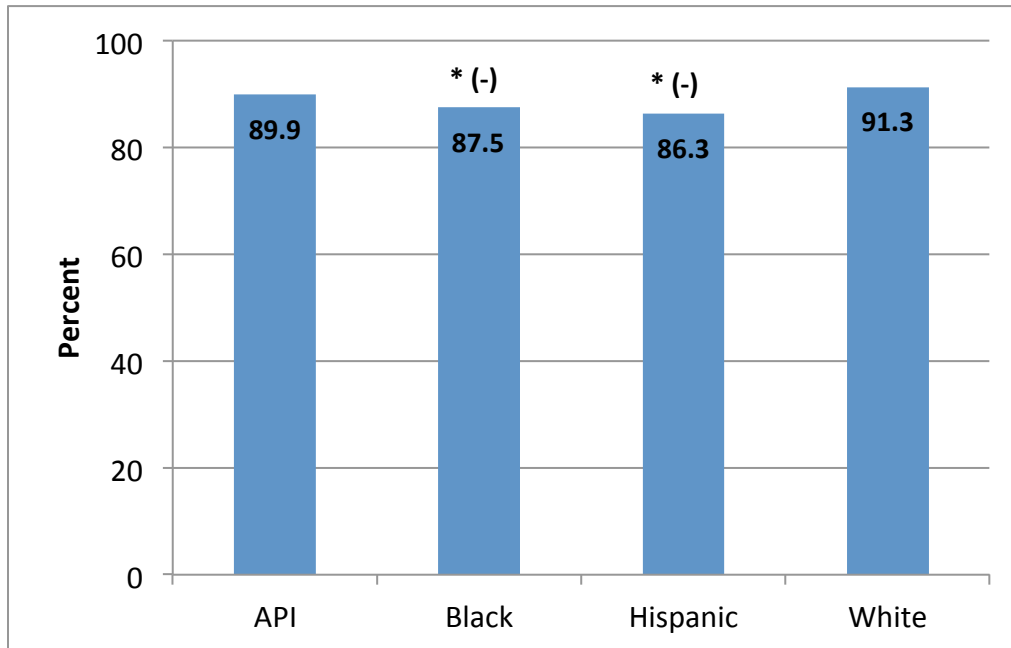
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asians or Pacific Islanders and Hispanics were more likely than Whites to have had their BMI documented. The difference between these groups and Whites was greater than 3 percentage points.
- In 2015, Blacks were less likely than Whites to have had their BMI documented. The difference between Blacks and Whites was greater than 3 percentage points.

Clinical Care: Continuous Beta-Blocker Treatment

Percentage of Medicare enrollees 18 years of age and older who were hospitalized and discharged alive with a diagnosis of acute myocardial infarction (AMI) and who received persistent beta-blocker treatment for six months after discharge, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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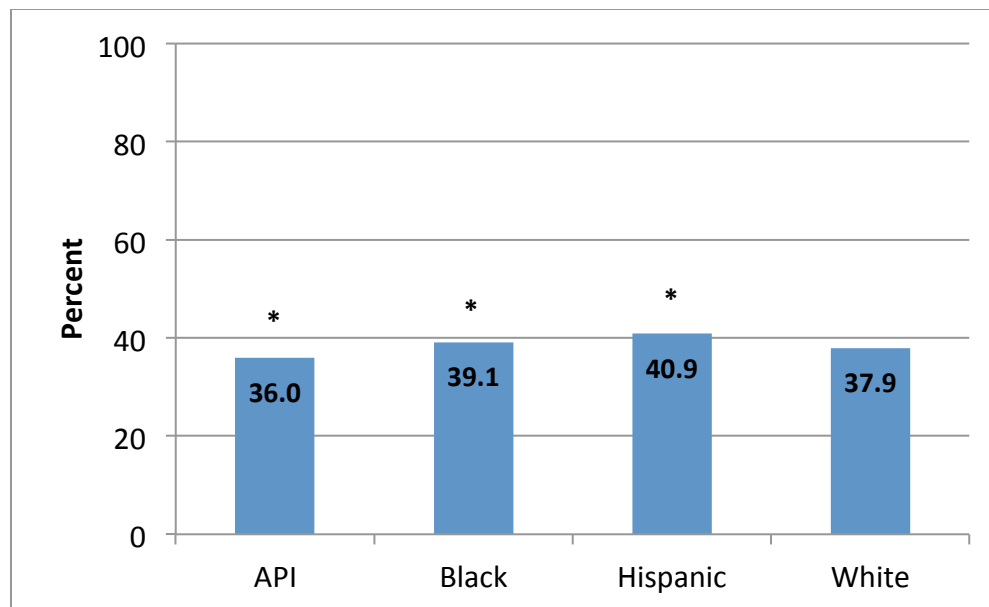
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Blacks and Hispanics who were hospitalized for a heart attack were less likely than Whites who were hospitalized for a heart attack to have received persistent beta-blocker treatment. The difference between each of these groups and Whites was greater than 3 percentage points.
- In 2015, Asians or Pacific Islanders who were hospitalized for a heart attack were as likely as Whites who were hospitalized for a heart attack to have received persistent beta-blocker treatment.

Clinical Care: Testing to Confirm Chronic Obstructive Pulmonary Disease (COPD)

Percentage of Medicare enrollees aged 40 or older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

For differences that are statistically significant, the following symbols are also used when applicable:

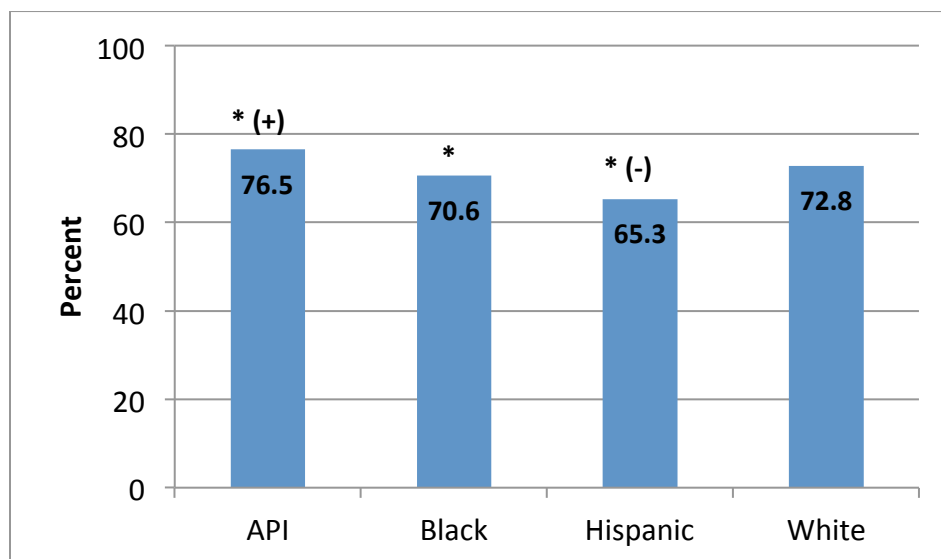
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Blacks and Hispanics with a new diagnosis of COPD or newly active COPD were more likely than Whites with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis. The difference between each of these groups and Whites was less than 3 percentage points.
- In 2015, Asians or Pacific Islanders with a new diagnosis of COPD or newly active COPD were less likely than Whites with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis. The difference between Asians or Pacific Islanders and Whites was less than 3 percentage points.

Clinical Care: Pharmacotherapy Management of COPD Exacerbation - Systemic Corticosteroid

Percentage of COPD exacerbations for Medicare enrollees 40 years of age and older who had an acute inpatient discharge or emergency department encounter in the past year and who were dispensed a systemic corticosteroid within 14 days of the event, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

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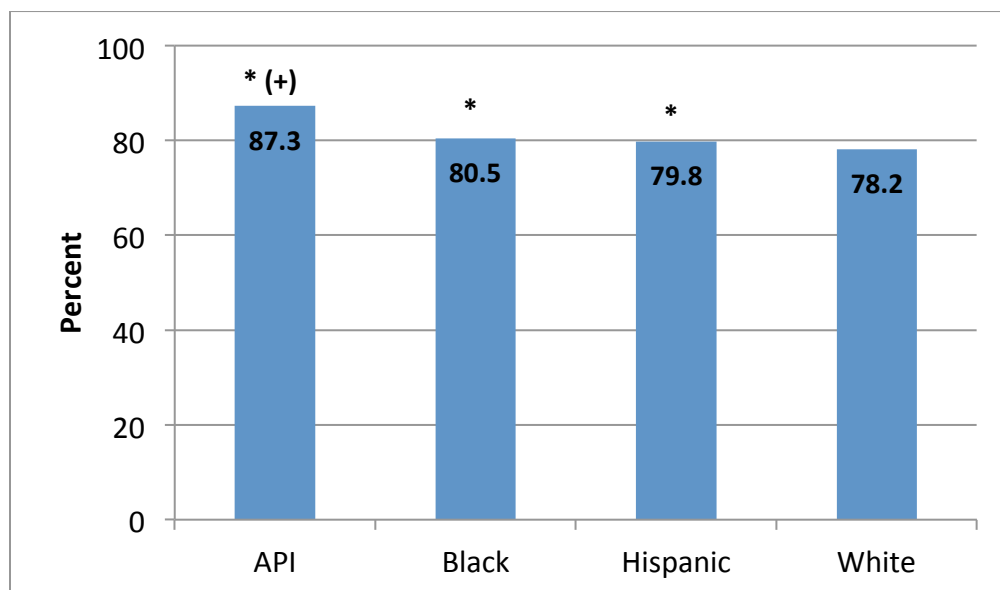
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asians or Pacific Islanders who experienced a COPD exacerbation were more likely than Whites who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event. The difference between Asians or Pacific Islanders and Whites was greater than 3 percentage points.
- In 2015, Hispanics and Blacks who experienced a COPD exacerbation were less likely than Whites who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event. The difference between Hispanics and Whites was greater than 3 percentage points. The difference between Blacks and Whites was less than 3 percentage points.

Clinical Care: Pharmacotherapy Management of COPD Exacerbation - Bronchodilator

Percentage of COPD exacerbations for Medicare enrollees 40 years of age and older who had an acute inpatient discharge or emergency department encounter in the past year and who were dispensed a bronchodilator within 30 days of experiencing the event, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

For differences that are statistically significant, the following symbols are also used when applicable:

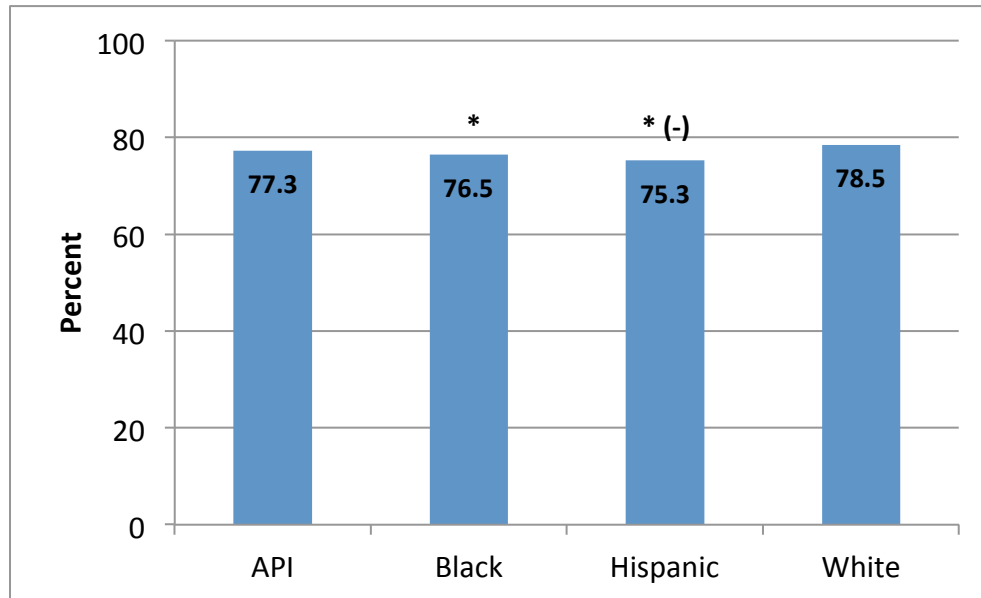
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asians or Pacific Islanders, Blacks, and Hispanics who experienced a COPD exacerbation were more likely than Whites who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event. The difference between Asians or Pacific Islanders and Whites was greater than 3 percentage points. The difference between Blacks and Whites and between Hispanics and Whites was less than 3 percentage points.

Clinical Care: Rheumatoid Arthritis Management

Percentage of Medicare enrollees who were diagnosed with rheumatic arthritis during the past year and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD), by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

For differences that are statistically significant, the following symbols are also used when applicable:

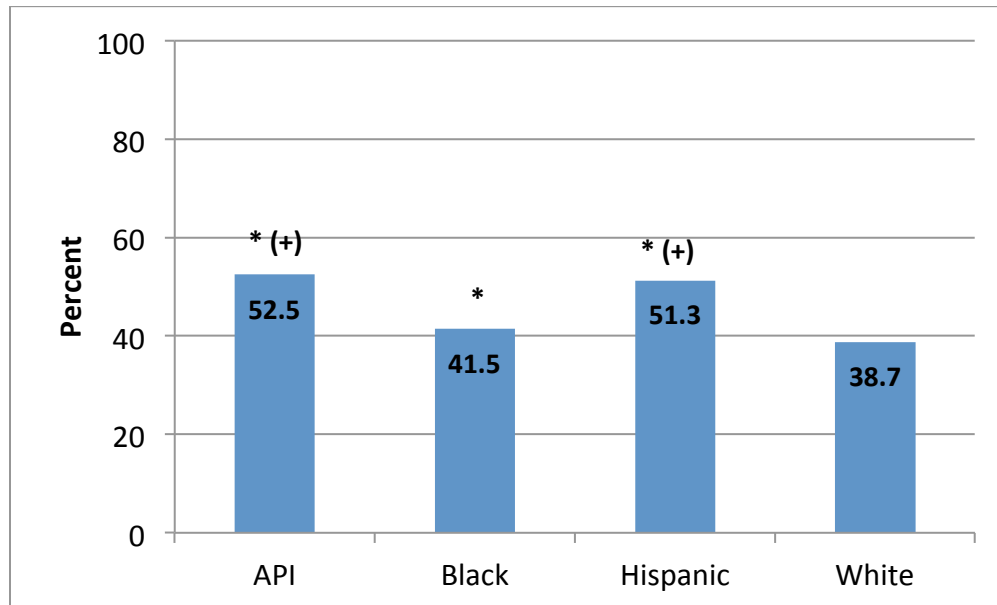
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Blacks and Hispanics who were diagnosed with rheumatic arthritis were less likely than Whites who were diagnosed with rheumatic arthritis to have been dispensed at least one DMARD. The difference between Hispanics and Whites was greater than 3 percentage points. The difference between Blacks and Whites was less than 3 percentage points.
- In 2015, Asians or Pacific Islanders who were diagnosed with rheumatic arthritis were as likely as Whites who were diagnosed with rheumatic arthritis to have been dispensed at least one DMARD.

Clinical Care: Osteoporosis Management in Women Who Had a Fracture

Percentage of Medicare enrollees (women) aged 67 to 85 who suffered a fracture and who had either a bone mineral density test or prescription for a drug to treat osteoporosis in the six months after the fracture, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

For differences that are statistically significant, the following symbols are also used when applicable:

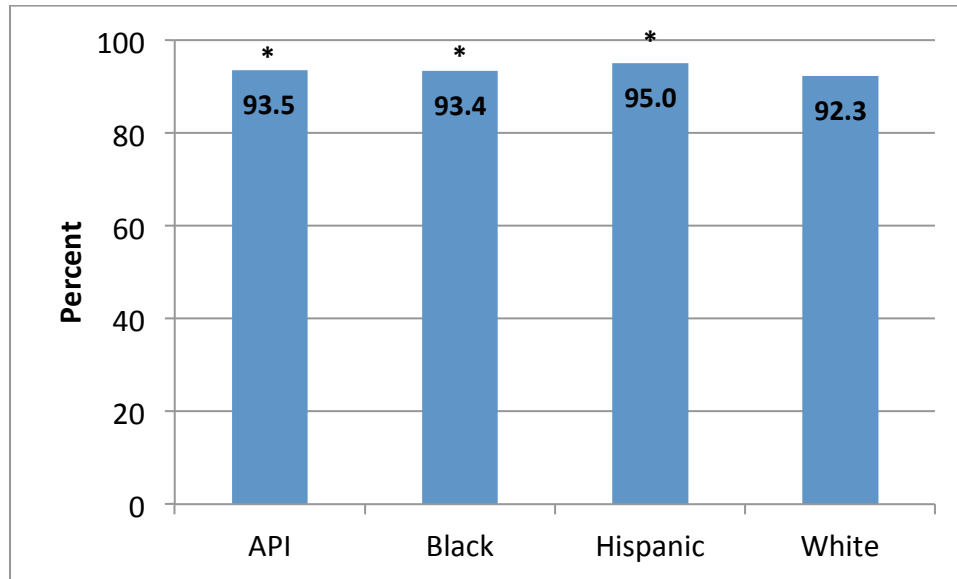
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asian or Pacific Islander, Black, and Hispanic women who suffered a fracture were more likely than White women who suffered a fracture to have had either a bone mineral density test or prescription for a drug to treat osteoporosis. The difference between Asians or Pacific Islanders and Whites was greater than 3 percentage points, as was the difference between Hispanics and Whites. The difference between Blacks and Whites was less than 3 percentage points.

Clinical Care: Appropriate Monitoring of Patients Taking Long-Term Medications

Percentage of Medicare enrollees 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a selected therapeutic agent[†] during the past year and at least one therapeutic monitoring event for the therapeutic agent during the year, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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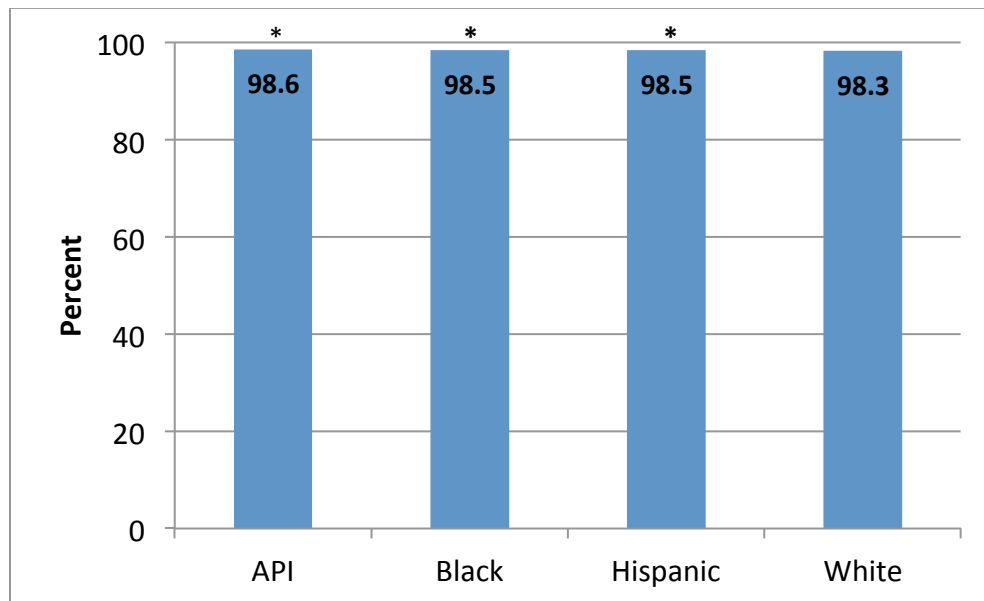
Disparities

- In 2015, Asians or Pacific Islanders, Blacks, and Hispanics were more likely than Whites to have had at least one appropriate follow up visit during the year to monitor their use of a higher-risk medication. The difference between each of these groups and Whites was less than 3 percentage points.

[†] This measure is limited to those who had prescription to the following drugs for 6 months or longer: Angiotensin Converting Enzyme (ACE) inhibitors, Angiotensin Receptor Blockers (ARB), digoxin, diuretics, anticonvulsants, and statins. These drugs are known to have possibly harmful side effects if used long term.

Clinical Care: Avoiding Use of High-Risk Medications in the Elderly

Percentage of Medicare enrollees aged 65 and older who were not prescribed a high-risk medication†, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

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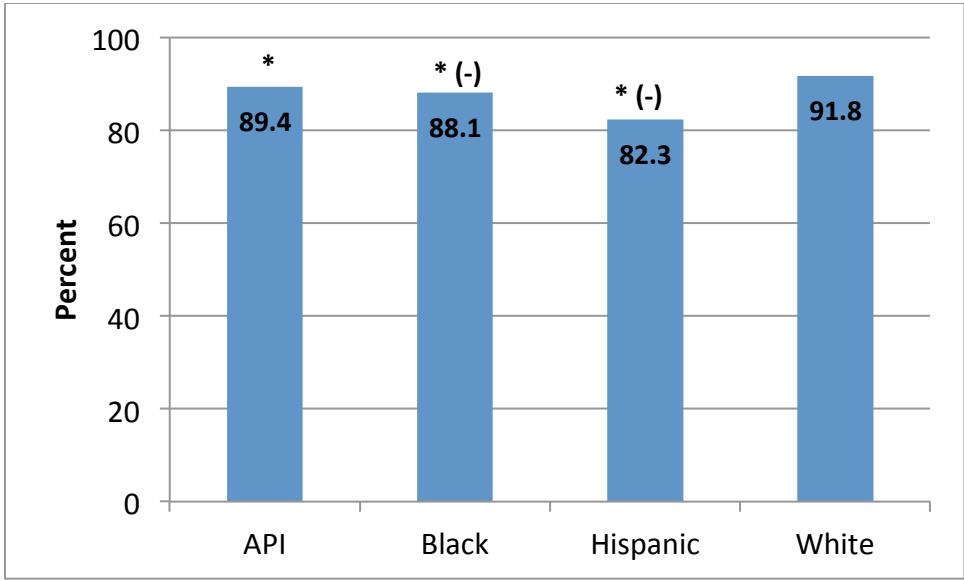
Disparities

- In 2015, elderly Asians or Pacific Islanders, Blacks, and Hispanics were more likely than elderly Whites to have not been prescribed a high-risk medication. The difference between each of these groups and Whites was less than 3 percentage points.

† This measure is limited to those who had prescription to the following drugs for 6 months or longer: Angiotensin Converting Enzyme (ACE) inhibitors, Angiotensin Receptor Blockers (ARB), digoxin, diuretics, anticonvulsants, and statins. These drugs are known to have possibly harmful side effects if used long term.

Clinical Care: Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Chronic Renal Failure

Percentage of Medicare enrollees aged 65 and older with chronic renal failure who were not dispensed a prescription for a potentially harmful medication†, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

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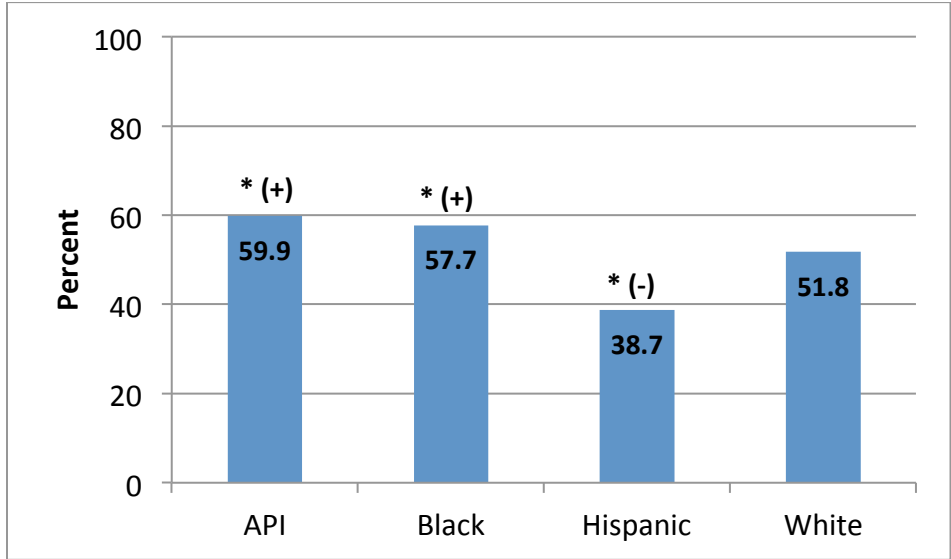
Disparities

- o In 2015, elderly Asians or Pacific Islanders, Blacks, and Hispanics with chronic renal failure were less likely than elderly Whites with chronic renal failure to have not been dispensed a potentially harmful medication. The difference between Asians or Pacific Islanders and Whites was less than 3 percentage points. The difference between Blacks and Whites was greater than 3 percentage points; the difference between Hispanics and Whites was also greater than 3 percentage points.

† This includes cyclo-oxygenase (Cox)-2 selective nonsteroidal anti-inflammatory drugs (NSAIDs) or nonaspirin NSAIDs.

Clinical Care: Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Dementia

Percentage of Medicare enrollees aged 65 and older with dementia who were not dispensed a prescription for a potentially harmful medication†, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

For differences that are statistically significant, the following symbols are also used when applicable:

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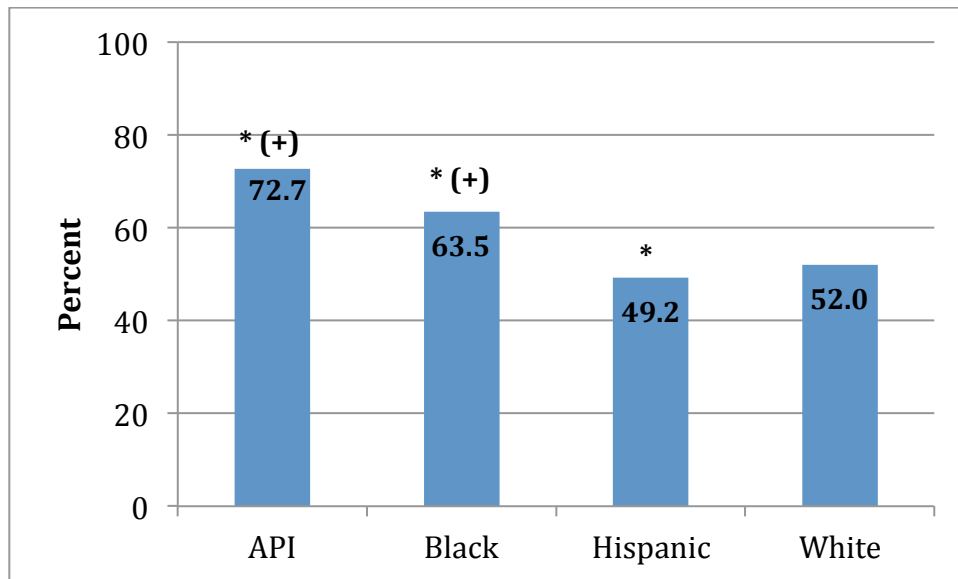
Disparities

- In 2015, elderly Asians or Pacific Islanders and Blacks with dementia were more likely than elderly Whites with dementia to have not been dispensed a potentially harmful medication. The difference between each of these groups and Whites was greater than 3 percentage points.
- In 2015, elderly Hispanics with dementia were less likely than elderly Whites with dementia to have not been dispensed a potentially harmful medication. The difference between Hispanics and Whites was greater than 3 percentage points.

† This includes antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H2 receptor antagonists, nonbenzodiazepine hypnotics, or anticholinergic agents.

Clinical Care: Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with a History of Falls

Percentage of Medicare enrollees aged 65 and older with a history of falls who were not dispensed a prescription for a potentially harmful medication[†], by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

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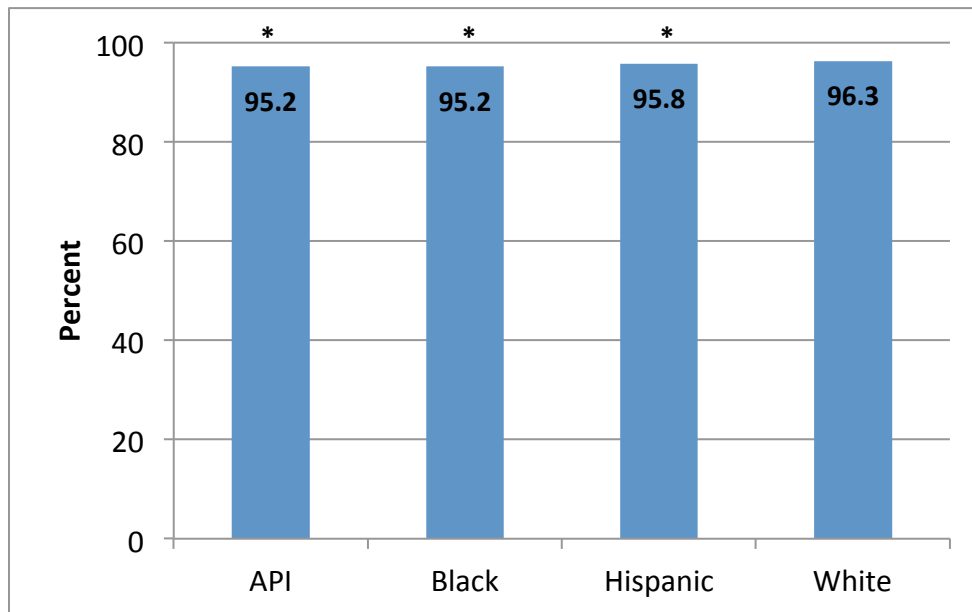
Disparities

- In 2015, elderly Asians or Pacific Islanders and Blacks with a history of falls were more likely than elderly Whites with a history of falls to have not been dispensed a potentially harmful medication. The difference between each of these groups and Whites was greater than 3 percentage points.
- In 2015, elderly Hispanics with a history of falls were less likely than elderly Whites with a history of falls to have not been dispensed a potentially harmful medication. The difference between these groups was less than 3 percentage points.

[†] This includes anticonvulsants, nonbenzodiazepine hypnotics, selective serotonin re-uptake inhibitors (SSRIs), antiemetics, antipsychotics, benzodiazepines, or tricyclic antidepressants.

Clinical Care: Older Adults' Access to Preventive/Ambulatory Services

Percentage of Medicare enrollees aged 65 and older who had an ambulatory or preventive care visit, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

For differences that are statistically significant, the following symbols are also used when applicable:

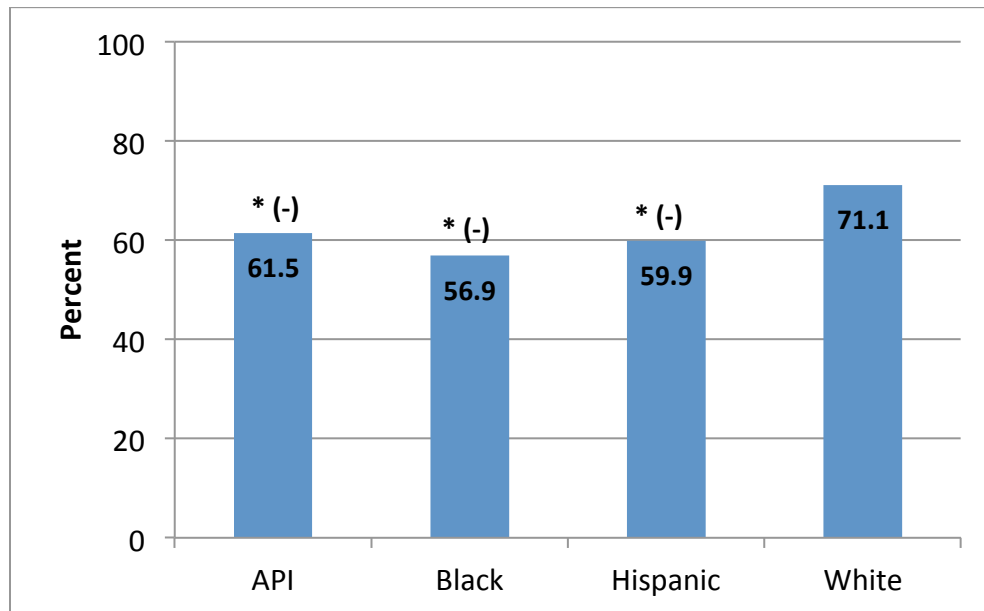
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asians or Pacific Islanders, Blacks, and Hispanics were less likely than Whites to have had an ambulatory or preventive care visit. The difference between each of these groups and Whites was less than 3 percentage points.

Clinical Care: Antidepressant Medication Management – Acute Phase Treatment

Percentage of Medicare enrollees aged 18 and older who were diagnosed with a new episode of major depression and remained on antidepressant medication for at least 84 days, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

For differences that are statistically significant, the following symbols are also used when applicable:

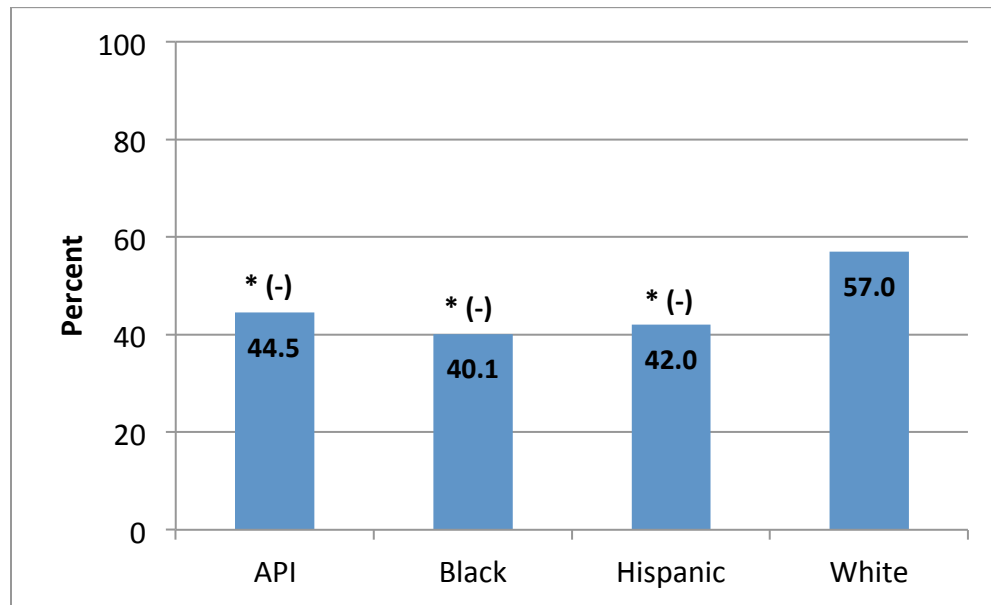
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
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Disparities

- In 2015, Asians or Pacific Islanders, Blacks, and Hispanics who were diagnosed with a new episode of major depression were less likely than Whites who were diagnosed with a new episode of major depression to have remained on antidepressant medication for at least 84 days. The difference between each of these groups and Whites was greater than 3 percentage points.

Clinical Care: Antidepressant Medication Management – Continuation Phase Treatment

Percentage of Medicare enrollees aged 18 and older with a new diagnosis of major depression who were newly treated with antidepressant medication and who remained on an antidepressant medication treatment for at least 180 days, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

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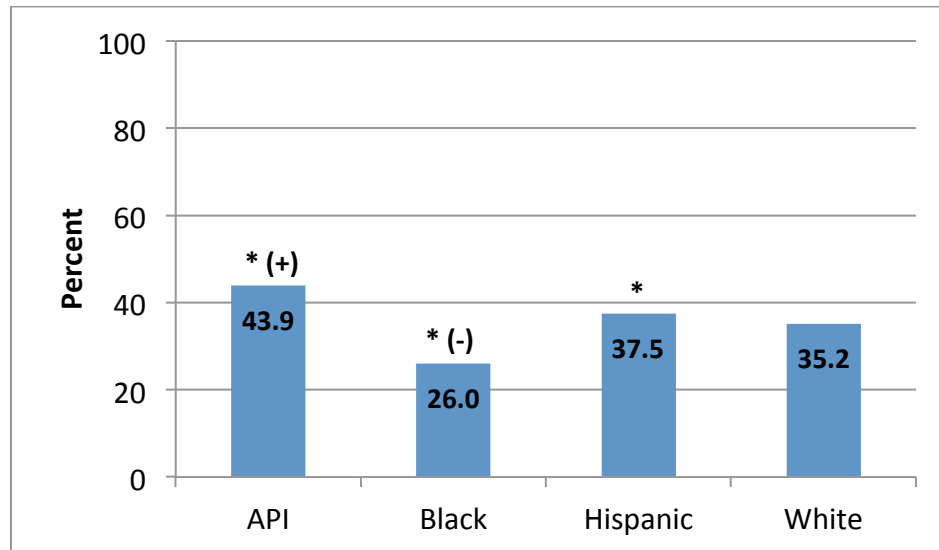
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asians or Pacific Islanders, Blacks, and Hispanics who were diagnosed with a new episode of major depression were less likely than Whites who were diagnosed with a new episode of major depression to have remained on antidepressant medication for at least 180 days. The difference between each of these groups and Whites was greater than 3 percentage points.

Clinical Care: Follow-Up Visit after Hospital Stay for Mental Illness (within 7 days of discharge)

Percentage of Medicare enrollees aged 6 and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 7 days of discharge, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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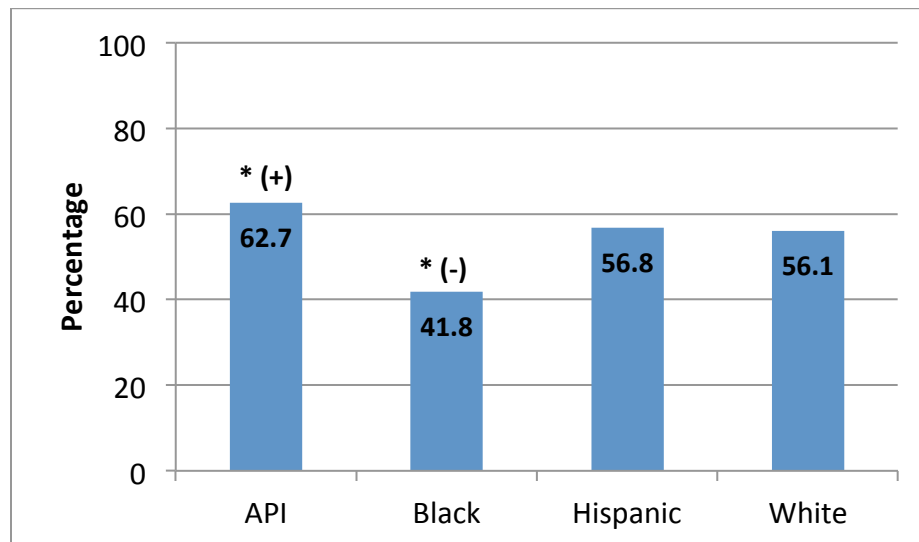
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asians or Pacific Islanders and Hispanics who were hospitalized for a mental health disorder were more likely than Whites who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 7 days of being discharged. The difference between Asians or Pacific Islanders and Whites was greater than 3 percentage points. The difference between Hispanics and Whites was less than 3 percentage points.
- In 2015, Blacks who were hospitalized for a mental health disorder were less likely than Whites who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 7 days of being discharged. The difference between Blacks and Whites was greater than 3 percentage points.

Clinical Care: Follow-Up Visit after Hospital Stay for Mental Illness (within 30 days of discharge)

Percentage of Medicare enrollees aged 6 and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days of discharge, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

* Significantly different from the score for Whites ($p < 0.05$)

For differences that are statistically significant, the following symbols are also used when applicable:

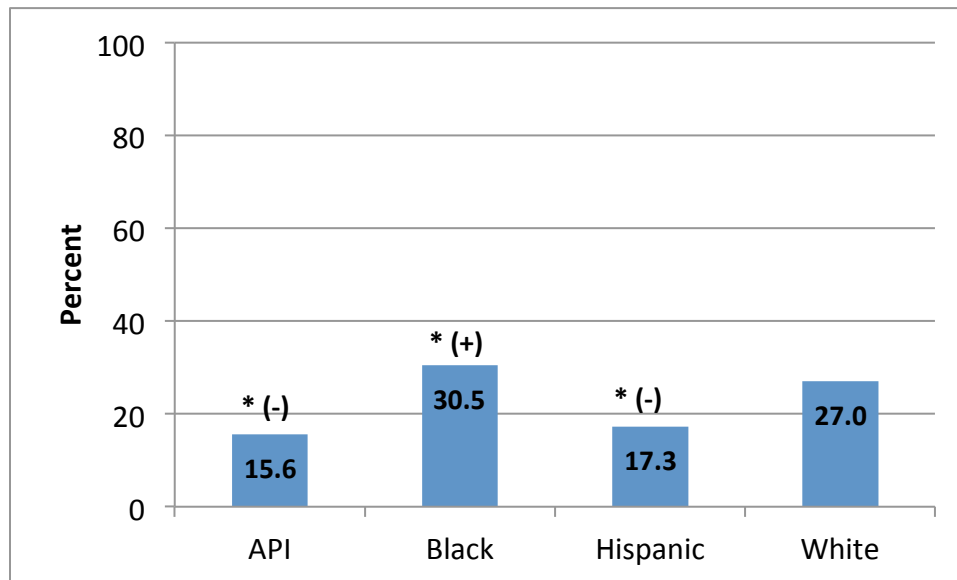
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities

- In 2015, Asians or Pacific Islanders who were hospitalized for a mental health disorder were more likely than Whites who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of discharge. The difference between Asians or Pacific Islanders and Whites was greater than 3 percentage points.
- In 2015, Blacks who were hospitalized for a mental health disorder were less likely than Whites who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of discharge. The difference between Blacks and Whites was greater than 3 percentage points.
- In 2015, Hispanics who were hospitalized for a mental health disorder were as likely as Whites who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of discharge.

Clinical Care: Initiation of Alcohol or Other Drug Treatment

Percentage of Medicare enrollees with a new episode of alcohol or drug (AOD) dependence who initiate[†] treatment within 14 days of the diagnosis, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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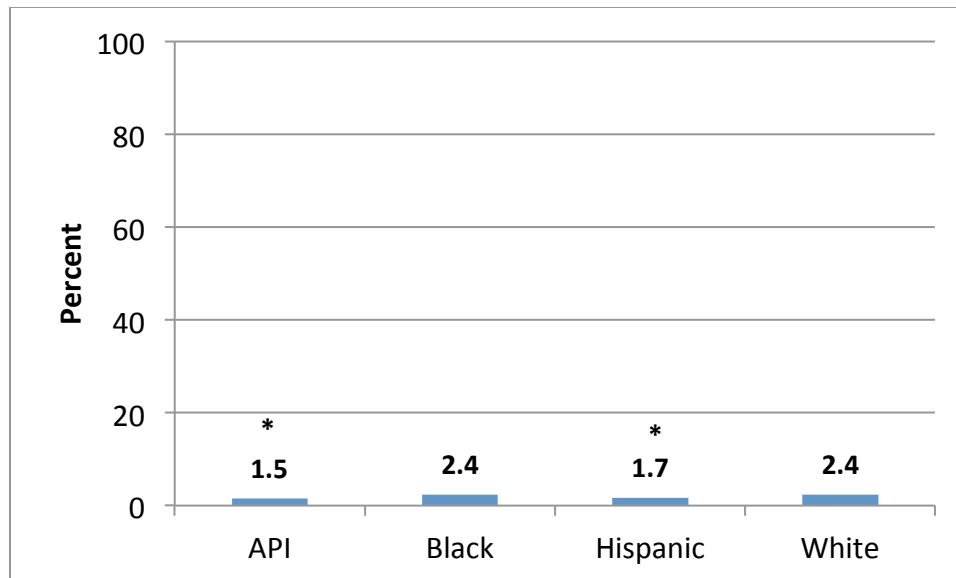
Disparities

- In 2015, Blacks with a new episode of AOD dependence were more likely than Whites with a new episode of AOD dependence to have initiated treatment within 14 days of the diagnosis. The difference between Blacks and Whites was greater than 3 percentage points.
- In 2015, Asians or Pacific Islanders and Hispanics with a new episode of AOD dependence were less likely than Whites with a new episode of AOD dependence to have initiated treatment within 14 days of the diagnosis. The difference between each of these groups and Whites was greater than 3 percentage points.

[†] Initiation may occur through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization.

Clinical Care: Engagement of Alcohol or Other Drug Treatment

Percentage of Medicare enrollees with a new episode of alcohol or drug (AOD) dependence who initiated treatment and who had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit, by race/ethnicity, 2015



Data source: Clinical quality data collected in 2015 from Medicare health plans nationwide.

Key: API = Asian or Pacific Islander.

Note: Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races.

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(-) Difference is equal to or larger than 3 points and favors Whites

Disparities

- In 2015, Asians or Pacific Islanders and Hispanics with a new episode of AOD dependence and who initiated treatment were less likely than Whites with a new episode of AOD dependence and who initiated treatment to have had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit. The difference between each of these groups and Whites was less than 3 percentage points.
- In 2015, Blacks with a new episode of AOD dependence and who initiated treatment were as likely as Whites with a new episode of AOD dependence and who initiated treatment to have had two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.