CMS Office of Minority Health in collaboration with the RAND Corporation

Racial, Ethnic, and Gender Disparities in Health Care in Medicare Advantage

April 2018

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Executive Summary

This report describes the quality of health care received in 2016 by Medicare beneficiaries enrolled in Medicare Advantage plans nationwide. In particular, the report highlights racial and ethnic differences in health care experiences and clinical care, compares quality of care for women and men, and looks at racial and ethnic differences in quality of care among women and men separately.

The report is based on an analysis of two sources of information. The first source is the Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, which is conducted annually by the Centers for Medicare & Medicaid Services (CMS) and focuses on experiences with the health and drug plan (e.g., ease of getting needed care, how well providers communicate, getting needed prescription drugs) of Medicare beneficiaries across the nation. The second source of information is the Healthcare Effectiveness Data and Information Set (HEDIS). HEDIS collects information from medical records and from administrative data on the technical quality of care that Medicare beneficiaries receive for a variety of medical issues, including diabetes, cardiovascular disease, and chronic lung disease.

Distribution of Race, Ethnicity, and Gender Among Medicare Advantage Beneficiaries

In 2016, an estimated 69.7 percent of all Medicare Advantage beneficiaries were White, 12.9 percent were Hispanic, 10.4 percent were Black, 4.1 percent were Asians or Pacific Islanders, 2.5 percent were Multiracial (not included in this report), and 0.4 percent were American Indians or Alaska Natives. An estimated 56.3 percent were female and 43.7 percent were male.

Racial and Ethnic Disparities in Health Care in Medicare Advantage

With just one exception, Medicare Advantage beneficiaries in racial and ethnic minority groups reported experiences with care that were either worse than or similar to the experiences reported by White beneficiaries (see Figure 1). Compared with White beneficiaries, American Indian or Alaska Native beneficiaries reported worse experiences on six measures and similar experiences on the other two measures.[1] Asian or Pacific Islander beneficiaries reported worse experiences than Whites on seven measures and better experiences on one measure. Black beneficiaries reported worse experiences than Whites on two measures and similar experiences on the other six measures. Hispanic beneficiaries reported worse experiences than Whites on three measures and similar experiences on the other five measures.

Racial and ethnic disparities were more variable for the clinical care measures than for the patient experience measures (see Figure 2). Hispanic beneficiaries received worse clinical care than White beneficiaries for 11 of 27 measures, but received care of similar quality for ten measures and better quality for six measures. Black beneficiaries received worse clinical care than Whites for eight measures, but received care of similar quality for 16 measures and better quality for three measures. Asian or Pacific Islander beneficiaries received worse clinical care than Whites for three measures, but received care of similar quality for 13 measures and better quality for 11 measures.

Gender Disparities in Health Care in Medicare Advantage

In general, the quality of care received by women and men was similar. Women and men reported similar experiences of care for all eight measures of patient experience (see Figure 3). The clinical care

[1] Here, "worse" and "better" are used to characterize differences that are statistically significant and exceed a magnitude threshold, as described in the technical appendix. "Similar" is used to characterize differences that are not statistically significant, fall below a magnitude threshold, or both.

received by women and men was of similar quality for 19 of 25 measures.[2] For the six remaining clinical care measures, women received worse care than men for three measures and better care than men for three measures.

Racial and Ethnic Disparities by Gender in Health Care in Medicare Advantage

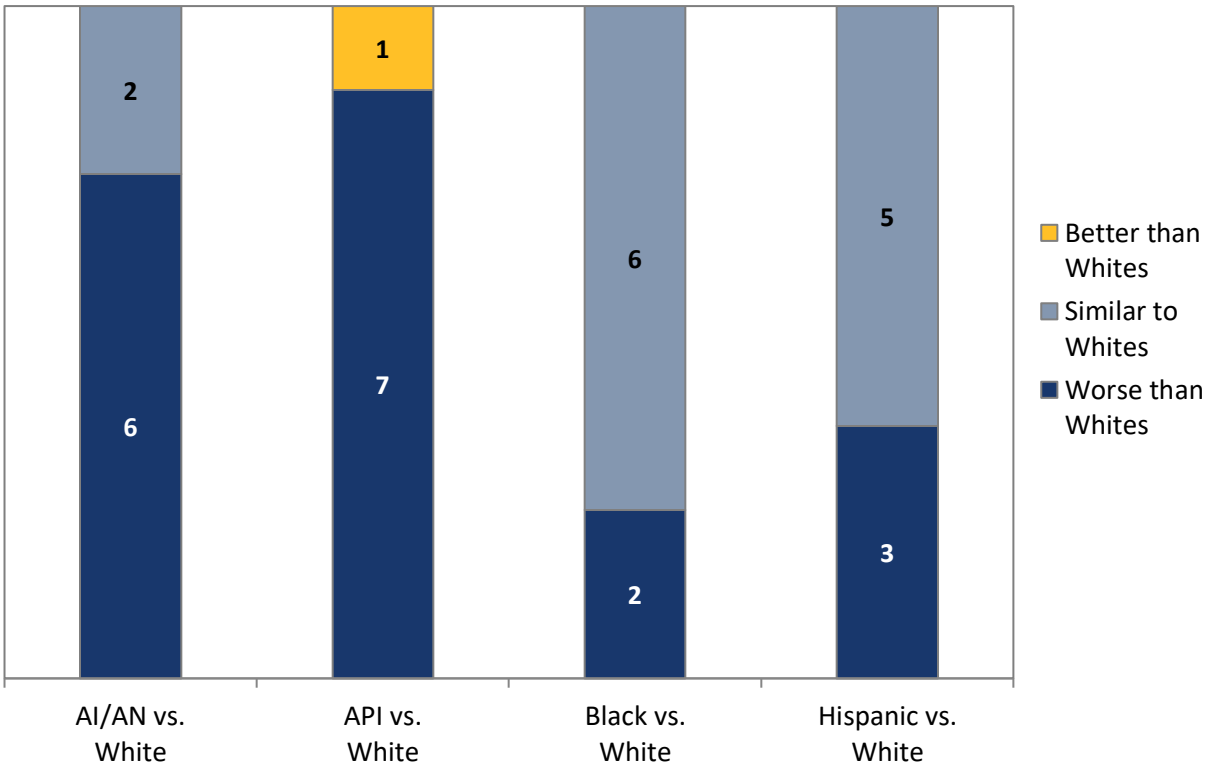
Patterns of racial and ethnic differences in patient experience were generally similar among women and men (see Figure 4). Among both women and men, Asian and Pacific Islander beneficiaries reported worse experiences than White beneficiaries for seven measures and better experiences for one measure. Among women, Black beneficiaries reported worse patient experiences than White beneficiaries for two measures and similar experiences for six measures; among men, Black beneficiaries reported worse patient experiences than White beneficiaries for four measures and similar experiences for four measures. Among women, Hispanic beneficiaries reported worse patient experiences than White beneficiaries for three measures and similar experiences for five measures; among men, Hispanic beneficiaries reported worse experiences than White beneficiaries for four measures and similar experiences for four measures.

Patterns of racial and ethnic differences in clinical care were also largely similar among women and men (see Figure 5). Among women, Asian and Pacific Islander beneficiaries received worse clinical care than White women for three of 25 measures, but received care of similar quality for 15 measures and better quality for seven measures. Among men, Asian and Pacific Islander beneficiaries received worse clinical care than White beneficiaries for three of 25 measures, but received care of similar quality for 13 measures and better quality for nine measures. Among women, Black beneficiaries received worse clinical care than White beneficiaries for nine measures, but received care of similar quality for 14 measures and better quality for two measures. Among men, Black beneficiaries received worse clinical care than White beneficiaries for 11 measures, but received care of similar quality for 11 measures and better quality for three measures. Among both women and men, Hispanic beneficiaries received worse clinical care than White beneficiaries for nine measures, but received care of similar quality for 12 measures and better quality for four measures.

[2] Two clinical care measures, “breast cancer screening” and “osteoporosis management in women who had a fracture,” pertained to women only and so were not eligible for stratified reporting by gender.

Figure 1. Racial and Ethnic Disparities in Care: All Patient Experience Measures

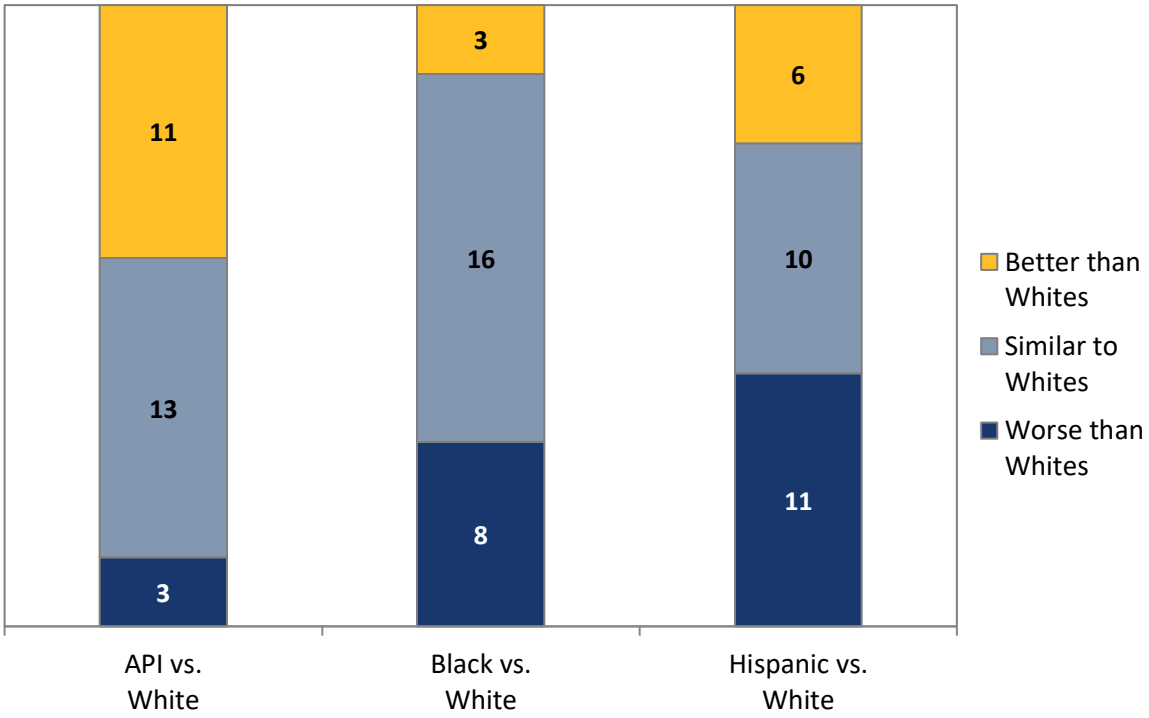
Number of patient experience measures (out of 8) for which members of selected groups reported experiences that were worse than, similar to, or better than the experiences reported by Whites in 2016



Data source and chart notes: This chart summarizes data from all Medicare Advantage beneficiaries nationwide who participated in the 2016 Medicare CAHPS survey. AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Hispanic ethnicity includes all races.

Figure 2. Racial and Ethnic Disparities in Care: All Clinical Care Measures

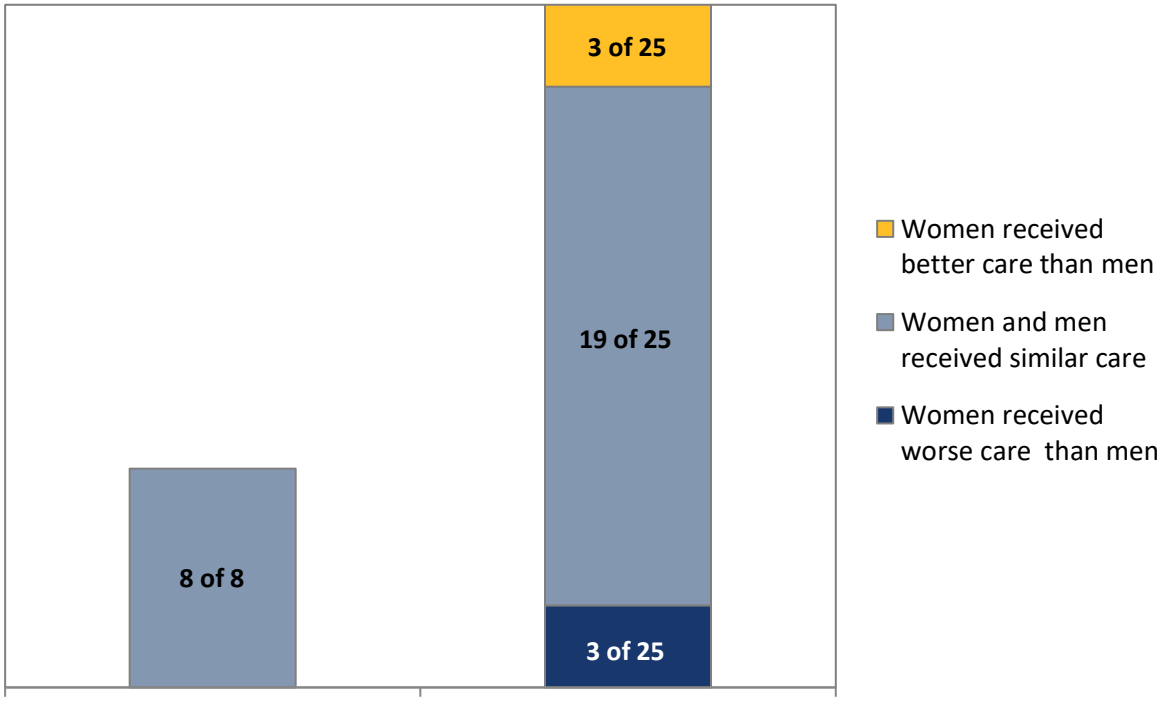
Number of clinical care measures (out of 27) for which members of selected groups experienced care that was worse than, similar to, or better than the care experienced by Whites in 2016



Data source and chart notes: This chart summarizes clinical quality (HEDIS) data collected in 2016 from Medicare health plans nationwide. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Hispanic ethnicity includes all races.

Figure 3. Gender Disparities in Care: All Patient Experience and Clinical Care Measures

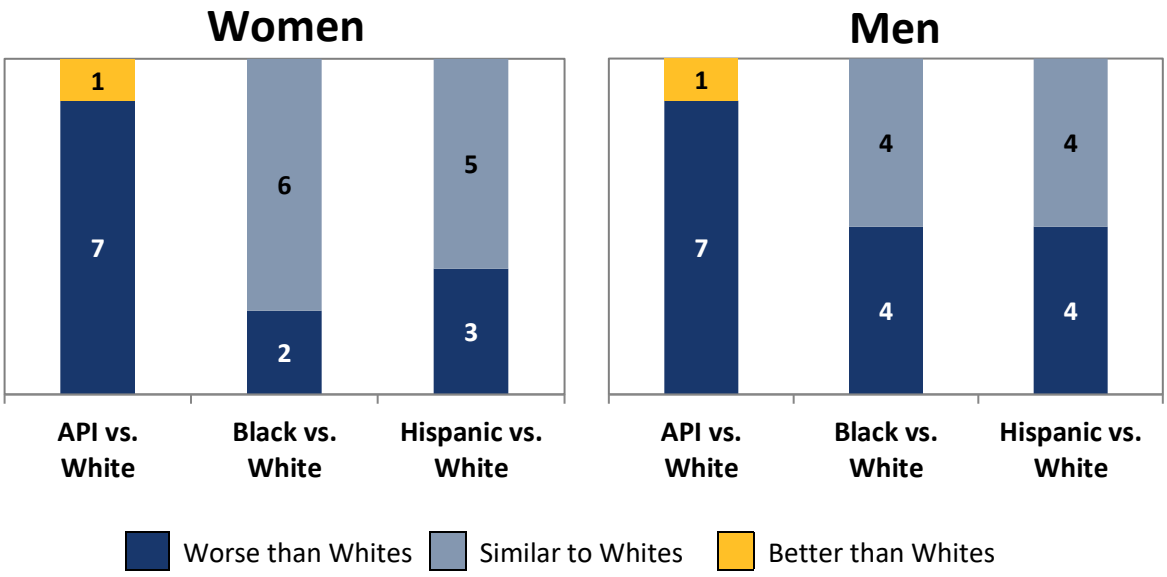
Number of patient experience measures (out of 8) and clinical care measures (out of 25) for which women received care that was worse than, similar to, or better than the care received by men in 2016



Data source: The bar on the left (patient experience measures) summarizes data from all Medicare Advantage beneficiaries nationwide who participated in the 2016 Medicare CAHPS survey. The bar on the right (clinical care measures) summarizes clinical quality (HEDIS) data collected in 2016 from Medicare health plans nationwide.

Figure 4. Racial and Ethnic Disparities in Care by Gender: All Patient Experience Measures

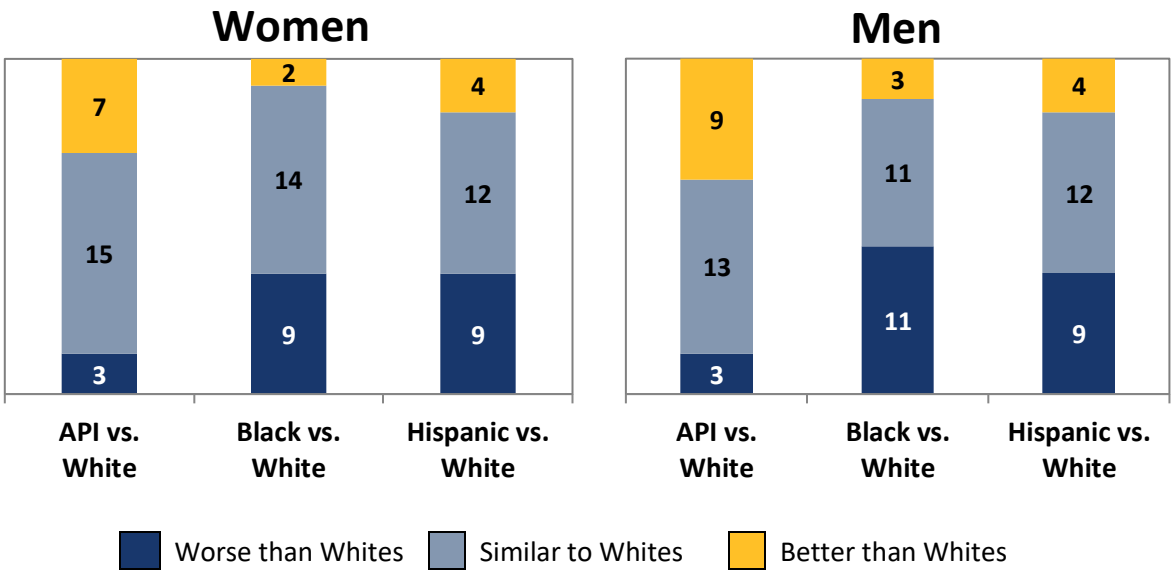
Number of patient experience measures (out of 8) for which women and men of selected racial and ethnic minority groups reported experiences that were worse than, similar to, or better than the experiences reported by White women and men in 2016



Data source and chart notes: This chart summarizes data from all Medicare Advantage beneficiaries nationwide who participated in the 2016 Medicare CAHPS Survey. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Hispanic ethnicity includes all races.

Figure 5. Racial and Ethnic Disparities in Care by Gender: All Clinical Care Measures

Number of clinical care measures (out of 25) for which women/men of selected racial and ethnic minority groups experienced care that was worse than, similar to, or better than the care experienced by White women/men in 2016



Data source and chart notes: This chart summarizes clinical quality (HEDIS) data collected in 2016 from Medicare health plans nationwide. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Hispanic ethnicity includes all races.

Background

Overview

This report presents summary information on the quality of health care received in 2016 by Medicare beneficiaries enrolled in Medicare Advantage plans nationwide. Two types of quality of care data are presented: measures of patient experience, which describe how well the care patients receive meets their needs for such things as timely appointments, respectful care, clear communication, and access to information; and measures of clinical care, which describe the extent to which patients receive appropriate screening and treatment for specific health conditions. The Institute of Medicine has identified the equitable delivery of care as a hallmark of quality.[1] Assessing equitability in the delivery of care requires making comparisons of quality by personal characteristics of patients such as gender, race, and ethnicity. Three sets of such comparisons are presented in this report. In the first set, quality of care for racial and ethnic minority groups is compared with quality of care for Whites. In the second, quality of care for women is compared with quality of care for men. In the third, quality of care for racial and ethnic minority groups is compared with quality of care for Whites of the same gender. Previously, the Centers for Medicare & Medicaid Services (CMS) presented these comparisons in three separate reports. This information—which may be of interest to Medicare beneficiaries, Medicare Advantage organizations, and prescription drug plan sponsors—is being presented in a single report in 2018 to provide a more comprehensive understanding of the ways in which care differs by race/ethnicity, gender, and the intersection of these two characteristics. The focus of this report is on differences that exist at the national level. Interested readers can find information about health care quality for specific Medicare plans at https://www.medicare.gov/find-a-plan/questions/home.aspx, and about racial and ethnic differences in health care quality within Medicare plans at https://www.cms.gov/About-CMS/Agency-Information/OMH/research-and-data/statistics-and-data/stratified-reporting.html.

Data Sources

In all, this report provides data regarding 8 patient experience measures and 27 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 report are from the 2016 Medicare CAHPS survey. 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 plans about prescription drug coverage and cost.

The clinical care data were gathered through medical records and insurance claims for hospitalizations, medical office visits, and procedures. These data, which are collected each year from Medicare Advantage plans nationwide, are part of the Healthcare Effectiveness Data and Information Set (HEDIS). 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 appropriate treatment was provided to beneficiaries with chronic obstructive pulmonary disease (COPD). Two of the clinical care measures presented in this report, one pertaining to breast cancer screening and the other to management of osteoporosis, are specific to women. Thus, the set of comparisons by gender and the set of comparisons by race/ethnicity within gender exclude these two measures. The HEDIS data reported here were collected in 2016. Whereas all patient experience measures are applicable to beneficiaries aged 18 years and older, certain HEDIS measures apply to beneficiaries in a more limited age range as noted throughout the report.

[1] Institute of Medicine (IOM), *Crossing the Quality Chasm: A New Health System for the 21st Century,* Washington, D.C.: National Academy Press, 2001.

In 2016, an estimated 69.7 percent of all MA beneficiaries were White, 12.9 percent were Hispanic, 10.4 percent were Black, 4.1% were Asians or Pacific Islanders, 2.5 percent were Multiracial, and 0.4 percent were American Indians or Alaska Natives. An estimated 56.3 percent were female and 43.7 percent were male. For the racial and ethnic group comparisons that combine data from women and men, scores on patient experience measures are provided for all racial and ethnic groups except Multiracial. These racial and ethnic groups were chosen because enough information was available to describe the experiences of beneficiaries in these groups. Scores on clinical care measures are provided for the same groups except American Indians or Alaska Natives because the clinical care data lack information that allows us to reliably determine whether a beneficiary is in this group. For the racial and ethnic group comparisons within gender, scores on patient experience measures and clinical care measures are limited to Asians or Pacific Islanders, Blacks, Hispanics, and Whites. Scores on patient experience measures are not presented for American Indians or Alaska Natives in the final set of comparisons because sample sizes for that group are insufficient for reliable reporting at the level of a single gender.

Racial and Ethnic Disparities in Health Care in Medicare Advantage

Section I of the report begins with a stacked bar chart showing the number of patient experience measures (out of 8) for which members of each racial and ethnic minority group reported experiences of care that were worse than, similar to, or better than the experiences reported by Whites.[2] Following this stacked bar chart are separate, unstacked bar charts for each patient experience measure. These charts show the average score for each racial and ethnic group on a 0–100 scale. The average score represents the percentage of the best possible score for a given demographic group for that measure. For example, consider a measure for which the best possible score is 4 and the worst possible score is 1. If a given group's score on that measure is 3.5, then that group's score on a 0–100 scale is ([3.5−1]/[4−1])*100 = 83.3. After the patient experience measures, Section I presents a stacked bar chart showing the number of clinical care measures (out of 27) for which members of each racial and ethnic minority group experienced care that was worse than, similar to, or better than the care experienced by Whites. Following this stacked bar chart are separate, unstacked bar charts for each clinical care measure that show the percentage of beneficiaries in each racial and ethnic group whose care met the standard called for by the specific measure (e.g., a test or treatment).

Gender Disparities in Health Care in Medicare Advantage

Section II of the report begins with a pair of stacked bar charts that show the number of patient experience measures (out of 8) and the number of clinical care measures (out of 25) for which women received care that was worse than, similar to, or better than the care received by men. Gender data for each of the patient experience and clinical care measures are then presented in the form of unstacked bar charts.

Racial and Ethnic Disparities by Gender in Health Care in Medicare Advantage

Section III of the report begins with a pair of stacked bar charts that show, separately for women and men, the number of patient experience measures (out of 8) for which members of each racial and ethnic minority group reported experiences of care that were worse than, similar to, or better than the experiences reported by Whites. Following these stacked bar charts are separate, unstacked bar charts for each patient experience measure. These charts show, separately for men and women, the average score for each racial and ethnic group on a 0–100 scale. After the patient experience measures, Section

[2] Here, "similar" is used to characterize differences that are not statistically significant, fall below a magnitude threshold, or both, as described in the technical appendix. "Worse" and "better" are used to characterize differences that are statistically significant and exceed a magnitude threshold.

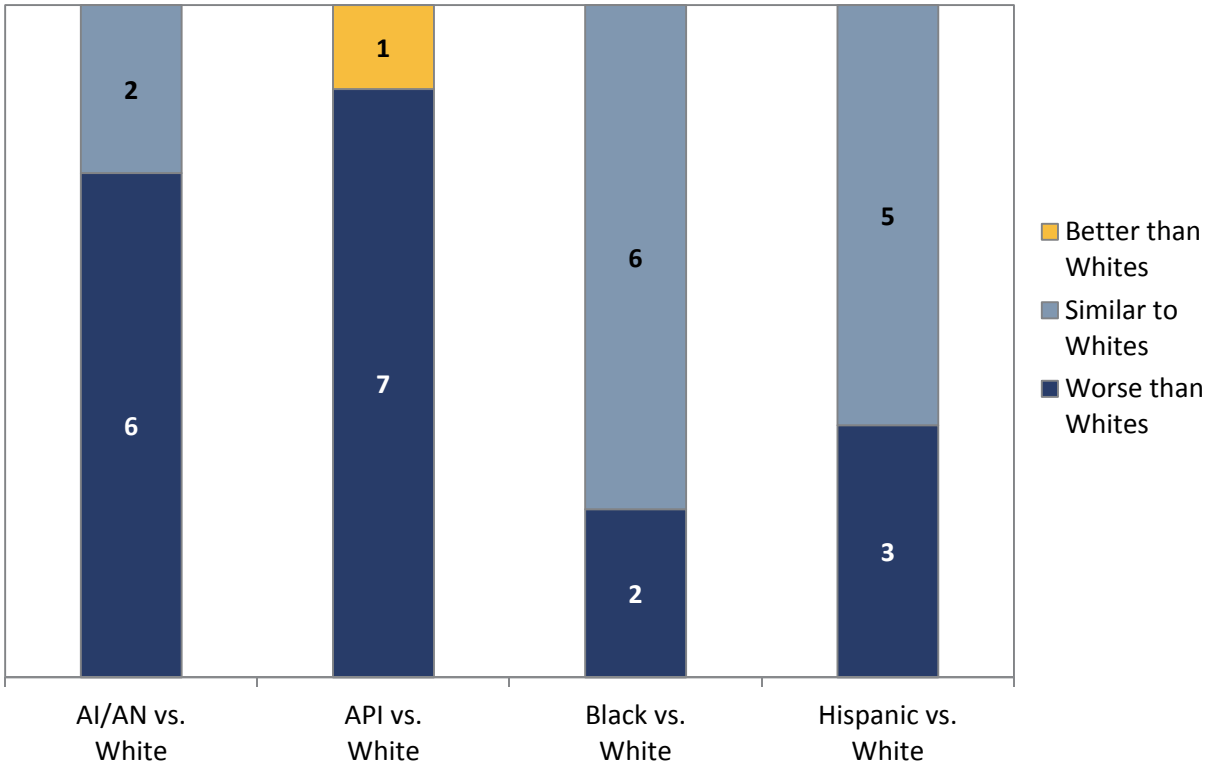
III presents a pair of stacked bar charts that show, separately for men and women, the number of clinical care measures (out of 25) for which members of each racial and ethnic minority group experienced care that was worse than, similar to, or better than the care experienced by Whites. Following these stacked bar charts are separate, unstacked bar charts for each clinical care measure that show, separately for men and women, the percentage of beneficiaries in each racial and ethnic group whose care met the standard called for by the specific measure.

For detailed information on data sources and analytic methods, see the appendix.

Section I:
Racial and Ethnic Disparities in Health Care in Medicare Advantage

Disparities in Care: All Patient Experience Measures

Number of patient experience measures (out of 8) for which members of selected groups reported experiences that were worse than, similar to, or better than the experiences reported by Whites in 2016



Data source and chart notes: This chart summarizes data from all Medicare Advantage beneficiaries nationwide who participated in the 2016 Medicare CAHPS survey. AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Hispanic ethnicity includes all races.

AI/AN beneficiaries received worse care than White beneficiaries
• Getting needed care
• Doctors who communicate well
• Care coordination
• Getting needed prescription drugs
• Getting information about prescription drugs
• Annual flu vaccine

API beneficiaries received worse care than White beneficiaries
• Getting needed care
• Getting appointments and care quickly
• Customer service
• Doctors who communicate well
• Care coordination
• Getting needed prescription drugs
• Getting information about prescription drugs

API beneficiaries received better care than White beneficiaries
• Annual flu vaccine

Black beneficiaries received worse care than White beneficiaries
• Getting appointments and care quickly • Annual flu vaccine

Hispanic beneficiaries received worse care than White beneficiaries
• Getting appointments and care quickly • Getting information about prescription drugs • Annual flu vaccine

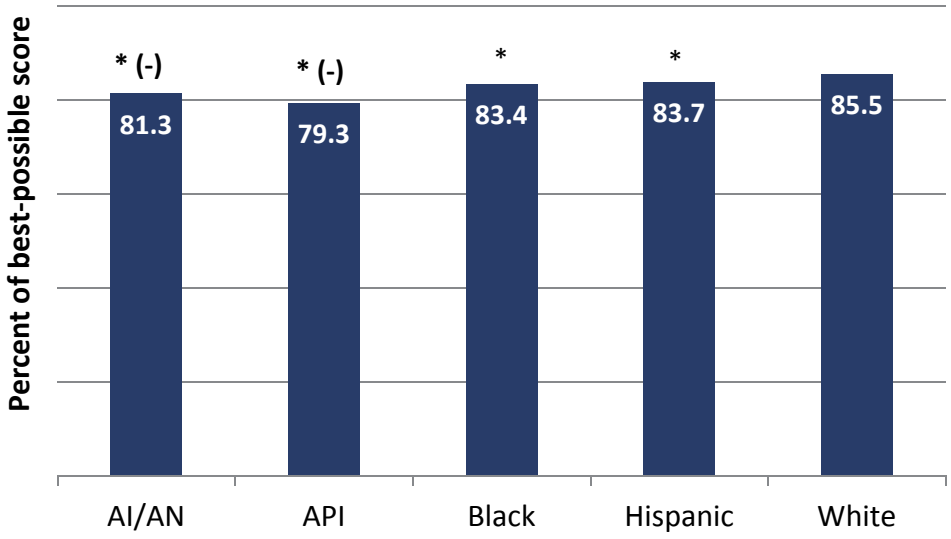
The relative difference between a selected group and Whites is used to assess disparities.

- **Better** = Population received better care than Whites. Differences are statistically significant ($p < .05$), are equal to or larger than 3 points† on a 0–100 scale, and favor the racial/ethnic minority group.
- **Similar** = Population and Whites received care of similar quality. Differences are less than 3 points on a 0–100 scale (differences greater than 3 points were always statistically significant). Differences may be statistically significant.
- **Worse** = Population received worse care than Whites. Differences are statistically significant, are equal to or larger than 3 points on a 0–100 scale, and favor Whites.

† A difference that is considered to be of moderate magnitude. C. A. Paddison, M. N. Elliott, A. M. Haviland, D. O. Farley, G. Lyratzopoulos, K. Hambarsoomian, J. W. Dembosky, and M. O. Roland, "Experiences of Care Among Medicare Beneficiaries with ESRD: Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Results," *American Journal of Kidney Diseases*, Vol. 61, 2013, pp. 440–449.

Patient Experience: Getting Needed Care

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is for patients to get needed care,† by race/ethnicity, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander.

Disparities

- American Indians or Alaska Natives and Asians or Pacific Islanders reported worse†† experiences getting needed care than Whites reported. The difference between each of these groups and Whites was greater than 3 points on a 0–100 scale.
- Blacks and Hispanics also reported worse experiences getting needed care than Whites reported, but the difference between each of these groups and Whites was less than 3 points on a 0–100 scale.

***** Significantly different from the score for Whites ($p < .05$).

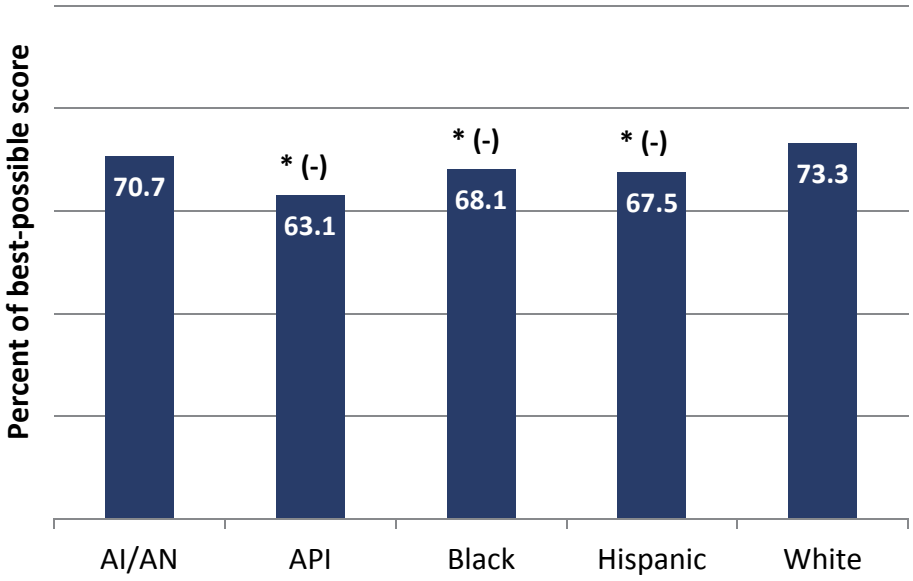
For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

† This includes how often health plan customer service staff provide the information or the help that beneficiaries need, how often beneficiaries are treated with courtesy and respect, and how often forms from the health plan are easy to fill out.

†† Unlike on the preceding page, we use the terms "better" or "worse" to describe all statistically significant differences on individual patient experience measures. We note in the "Disparities" section for each of these measures where differences are greater or less than 3 points.

Patient Experience: Getting Appointments and Care Quickly

Percentage of the best possible score (on a 0–100 scale) earned on how quickly patients get appointments and care,† by race/ethnicity, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander.

Disparities

- Asians or Pacific Islanders, Blacks, and Hispanics reported worse experiences getting appointments and care quickly than Whites reported. The difference between each of these groups and Whites was greater than 3 points on a 0–100 scale.
- American Indians or Alaska Natives reported experiences getting appointments and care quickly that were similar to the experiences Whites reported.

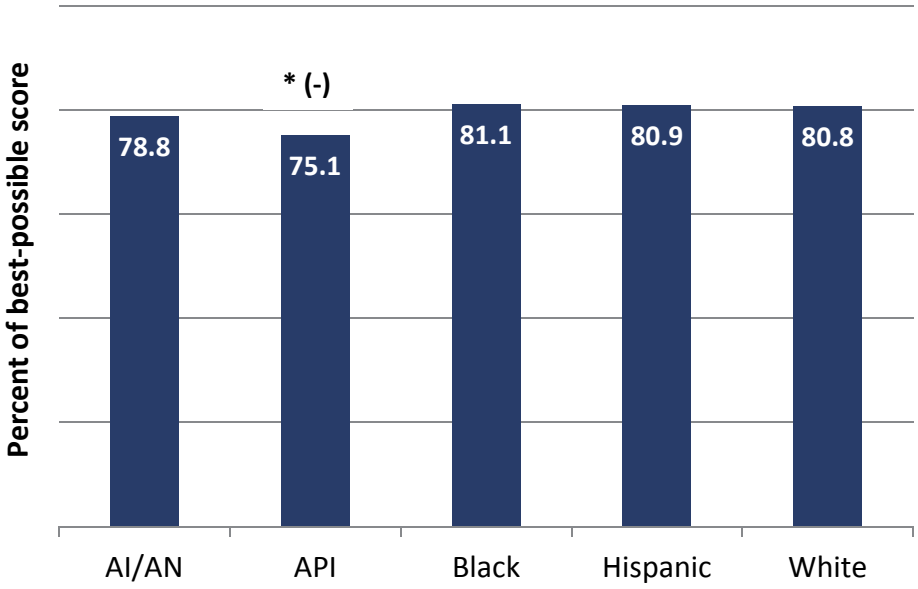
***** Significantly different from the score for Whites ($p < .05$).

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

† This includes how easy it is to get care that is needed right away, as well as how easy it is to get appointments for checkups and routine care.

Patient Experience: Customer Service

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is to get information and help from one's plan when needed,† by race/ethnicity, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander.

Disparities

- Asians or Pacific Islanders reported worse experiences with customer service than Whites reported. The difference between Asians or Pacific Islanders and Whites was greater than 3 points on a 0–100 scale.
- American Indians or Alaska Natives, Blacks, and Hispanics reported experiences with customer service that were similar to the experiences that Whites reported.

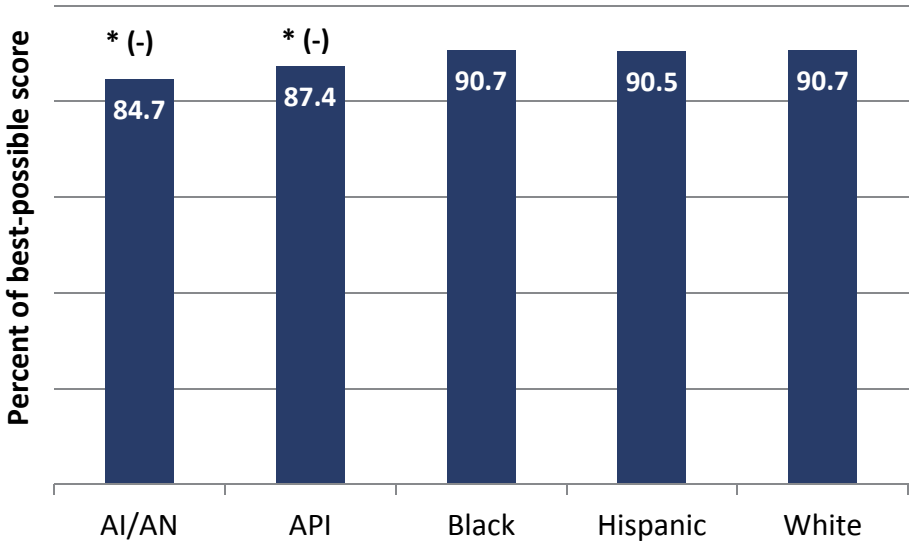
***** Significantly different from the score for Whites ($p < .05$).

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

† This includes how often health plan customer service staff provide the information or the help that beneficiaries need, how often beneficiaries are treated with courtesy and respect, and how often forms from the health plan are easy to fill out.

Patient Experience: Doctors Who Communicate Well

Percentage of the best possible score (on a 0–100 scale) earned on how well doctors communicate with patients,† by race/ethnicity, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander.

Disparities

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

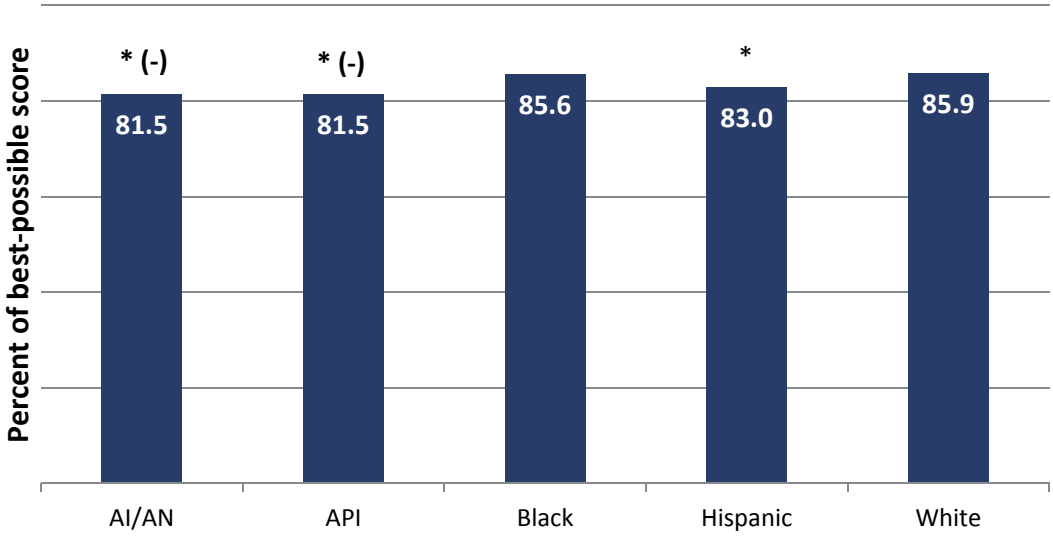
***** Significantly different from the score for Whites ($p < .05$).

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

† This includes how often doctors explain things in a way that is easy to understand, listen carefully, show respect for what patients have to say, and spend time with patients.

Patient Experience: Care Coordination

Percentage of the best possible score (on a 0–100 scale) earned on how well patients' care was coordinated,† by race/ethnicity, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander.

Disparities

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

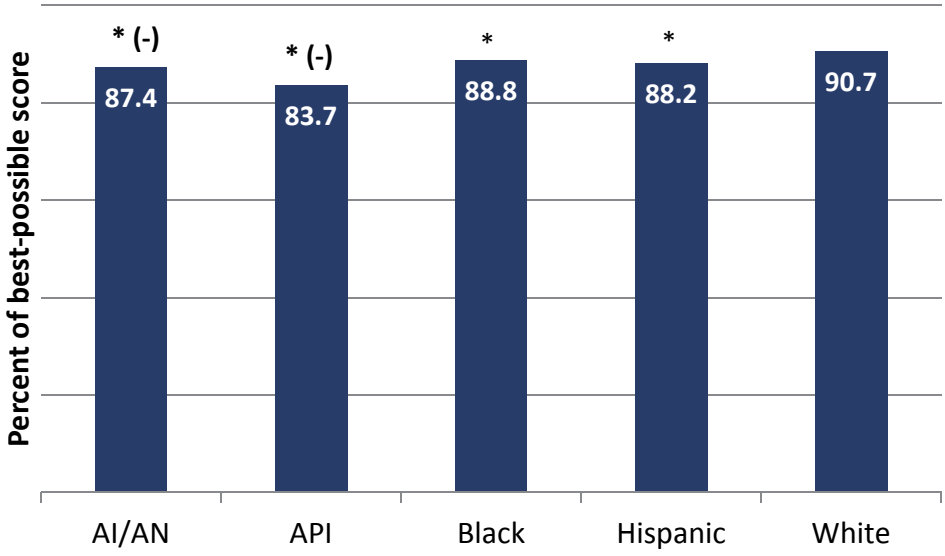
***** Significantly different from the score for Whites ($p < .05$).

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

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

Patient Experience: Getting Needed Prescription Drugs

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is for beneficiaries to get the prescription drugs they need using their plan,† by race/ethnicity, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander.

Disparities

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

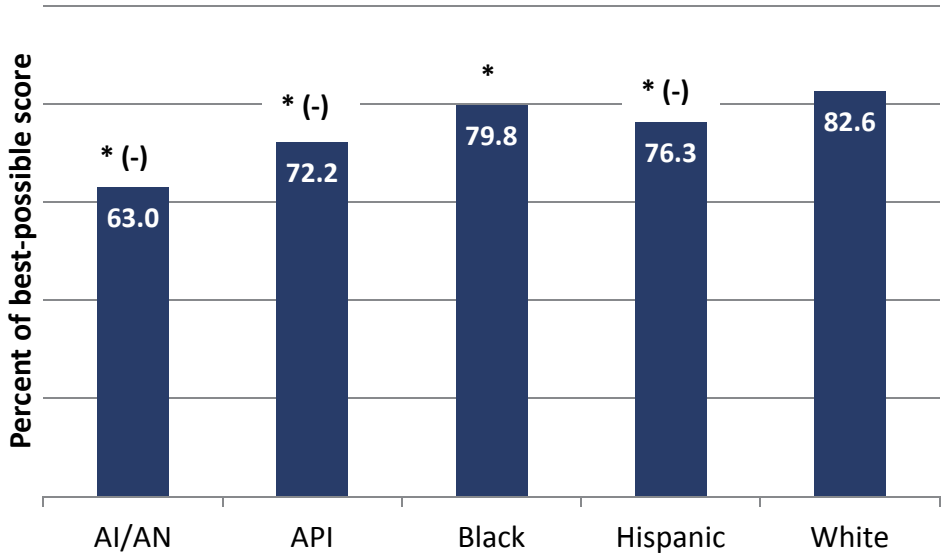
***** Significantly different from the score for Whites ($p < .05$).

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

† This includes how often it is easy to use the plan to get prescribed medications and how easy it is to fill prescriptions at a pharmacy or by mail.

Patient Experience: Getting Information About Prescription Drugs

Percentage of the best possible score (on a 0–100 scale) earned on how easy it was for beneficiaries to get information from their plan about prescription drug coverage and cost,† by race/ethnicity, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander.

Disparities

- American Indians or Alaska Natives, Asians or Pacific Islanders, and Hispanics reported worse experiences getting information about prescription drugs than Whites reported. The difference between each of these groups and Whites was greater than 3 points on a 0–100 scale.
- Blacks reported worse experiences getting information about prescription drugs than Whites reported, but the difference between Blacks and Whites was less than 3 points on a 0–100 scale.

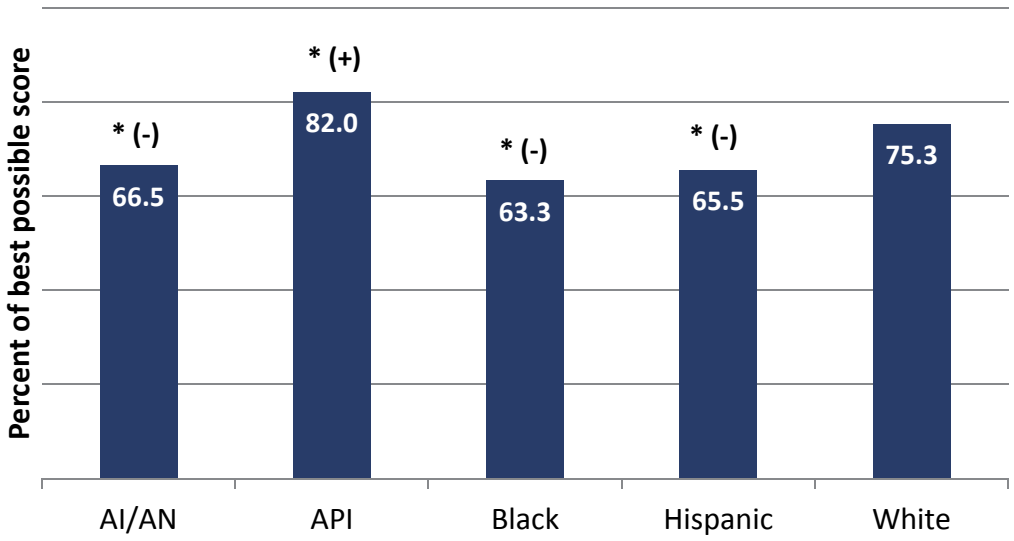
***** Significantly different from the score for Whites ($p < .05$).

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

† This includes information about which prescription medications are covered by plans and how much beneficiaries have to pay for their prescription medications.

Patient Experience: Annual Flu Vaccine

Percentage of Medicare enrollees who got a vaccine (flu shot), by race/ethnicity, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander.

Disparities

- 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.
- American Indians or Alaska Natives, 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.

***** Significantly different from the score for Whites ($p < .05$).

For differences that are statistically significant, the following symbols are also used when applicable:
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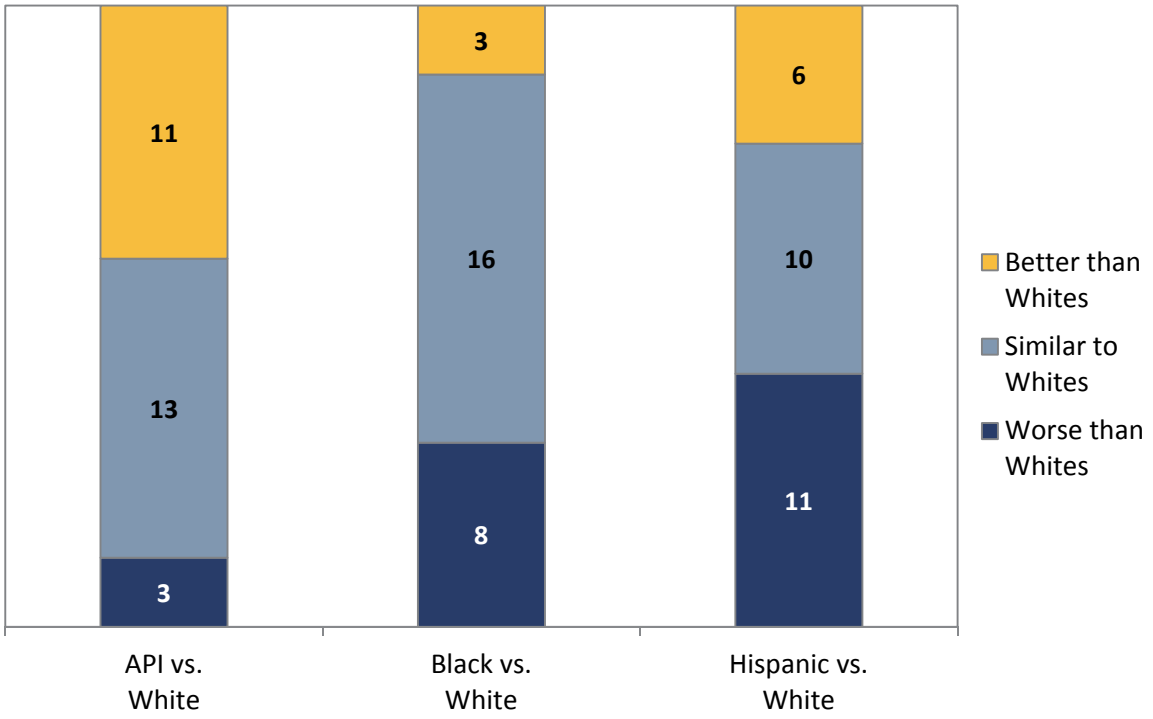
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Disparities in Care: All Clinical Care Measures

Number of clinical care measures (out of 27) for which members of selected groups experienced care that was worse than, similar to, or better than the care experienced by Whites in 2016



Data source and chart notes: This chart summarizes clinical quality (HEDIS) data collected in 2016 from Medicare health plans nationwide. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Hispanic ethnicity includes all races.

API beneficiaries received worse care than White beneficiaries

- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Initiation of alcohol or other drug treatments

API beneficiaries received better care than White beneficiaries

- Colorectal cancer screening
- Breast cancer screening
- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Diabetes care—blood sugar controlled
- Pharmacotherapy management of COPD exacerbation—use of bronchodilators
- Osteoporosis management in women who had a fracture
- Avoiding potentially harmful drug-disease interactions in elderly patients with dementia
- Avoiding potentially harmful drug-disease interactions in elderly patients with a history of falls
- Follow-up after hospital stay for mental illness (within seven days of discharge)
- Follow-up after hospital stay for mental illness (within 30 days of discharge)

Black beneficiaries received worse care than White beneficiaries

- Diabetes care—blood sugar controlled
- Controlling blood pressure
- Continuous beta-blocker treatment after a heart attack
- Avoiding potentially harmful drug-disease interactions in elderly patients with chronic renal failure
- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Follow-up after hospital stay for mental illness (within seven days of discharge)
- Follow-up after hospital stay for mental illness (within 30 days of discharge)

Black beneficiaries received better care than White beneficiaries

- Breast cancer screening
- Avoiding potentially harmful drug-disease interactions in elderly patients with dementia
- Avoiding potentially harmful drug-disease interactions in elderly patients with a history of falls

Hispanic beneficiaries received worse care than White beneficiaries

- Diabetes care—blood sugar controlled
- Controlling blood pressure
- Continuous beta-blocker treatment after a heart attack
- Pharmacotherapy management of COPD exacerbation—use of systemic corticosteroids
- Pharmacotherapy management of COPD exacerbation—use of bronchodilators
- Avoiding potentially harmful drug-disease interactions in elderly patients with chronic renal failure
- Avoiding potentially harmful drug-disease interactions in elderly patients with dementia
- Avoiding potentially harmful drug-disease interactions in elderly patients with a history of falls
- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Initiation of alcohol or other drug treatments

Hispanic beneficiaries received better care than White beneficiaries

- Breast cancer screening
- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Osteoporosis management in women who had a fracture
- Follow-up after hospital stay for mental illness (within seven days of discharge)
- Follow-up after hospital stay for mental illness (within 30 days of discharge)

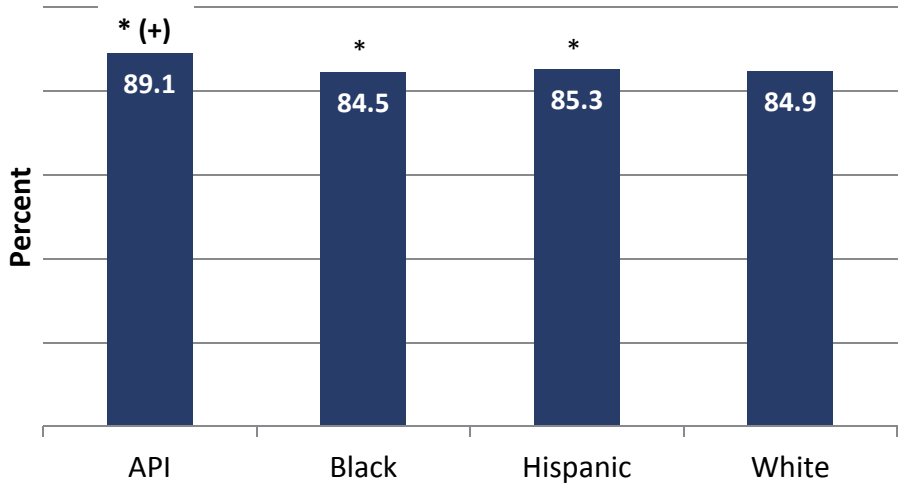
The relative difference between a selected group and Whites is used to assess disparities.

- **Better** = Population received better care than Whites. Differences are statistically significant ($p < .05$), are equal to or larger than 3 points[†] on a 0–100 scale, and favor the racial/ethnic minority group.
- **Similar** = Population and Whites received care of similar quality. Differences are less than 3 points on a 0–100 scale (differences greater than 3 points were always statistically significant). Differences may be statistically significant.
- **Worse** = Population received worse care than Whites. Differences are statistically significant, are equal to or larger than 3 points on a 0–100 scale, and favor Whites.

[†] A difference that is considered to be of moderate magnitude. Paddison et al., 2013.

Clinical Care: Colorectal Cancer Screening

Percentage of Medicare enrollees aged 50–75 years who had appropriate screening for colorectal cancer, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- Asians or Pacific Islanders and Hispanics were more likely than Whites to have been appropriately screened for colorectal cancer. 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.
- Blacks were less likely than Whites to have been appropriately screened for colorectal cancer. The difference between Blacks and Whites was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

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

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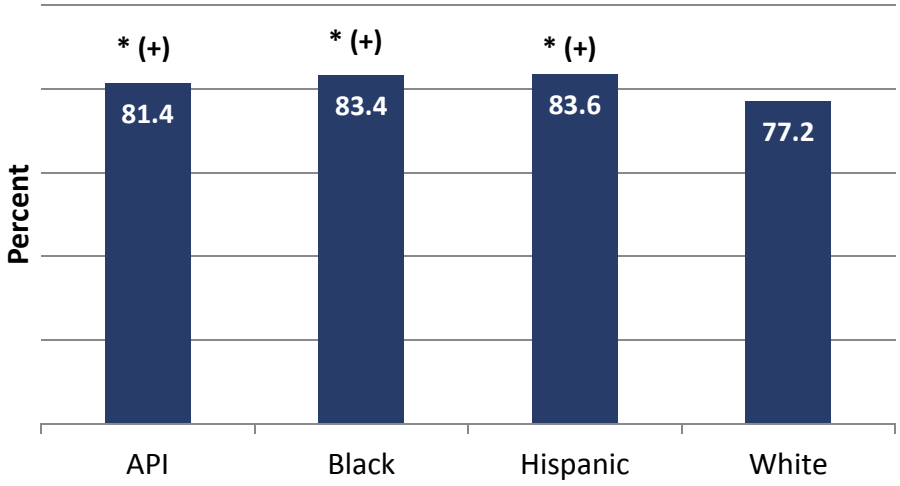
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Clinical Care: Breast Cancer Screening

Percentage of Medicare enrollees (women) aged 50–74 years who had appropriate screening for breast cancer, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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.

***** Significantly different from the score for Whites ($p < .05$).

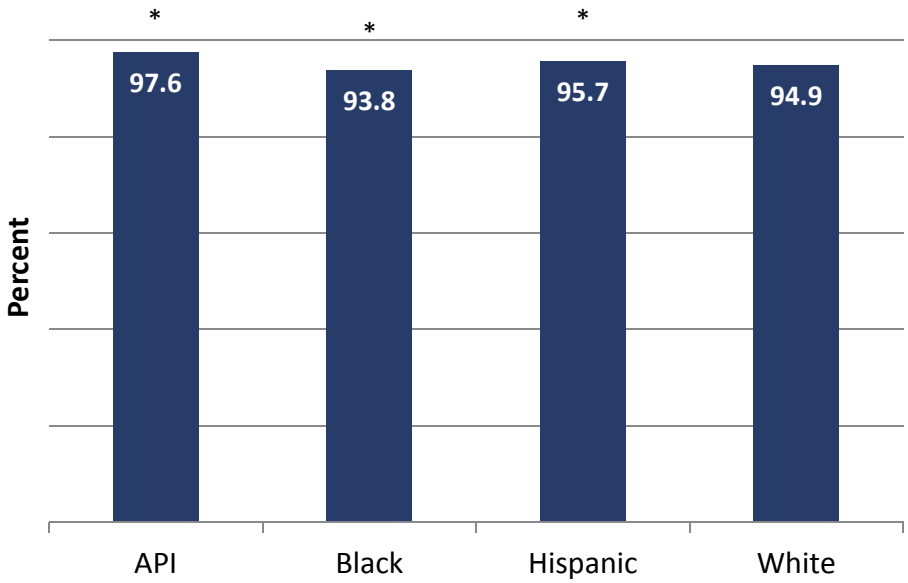
For differences that are statistically significant, the following symbols are also used when applicable:

(+) 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

Clinical Care: Diabetes Care—Blood Sugar Testing

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) who had one or more HbA1c tests in the past year, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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.
- 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.

***** Significantly different from the score for Whites ($p < .05$).

For differences that are statistically significant, the following symbols are also used when applicable:
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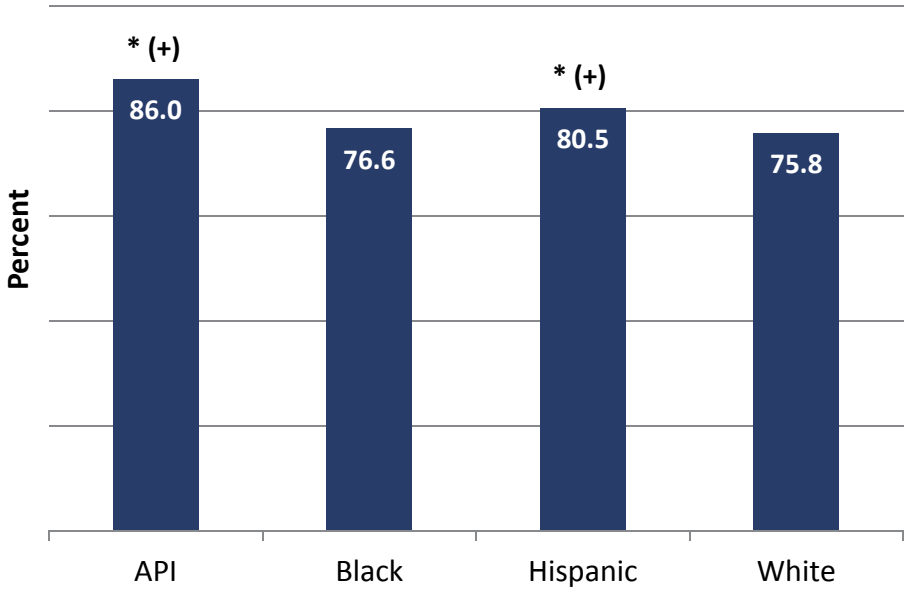
Clinical Care: Diabetes Care—Eye Exam

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) who had an eye exam (retinal) in the past year, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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.
- Blacks with diabetes were as likely as Whites with diabetes to have had an eye exam in the past year.

***** Significantly different from the score for Whites ($p < .05$).

For differences that are statistically significant, the following symbols are also used when applicable:
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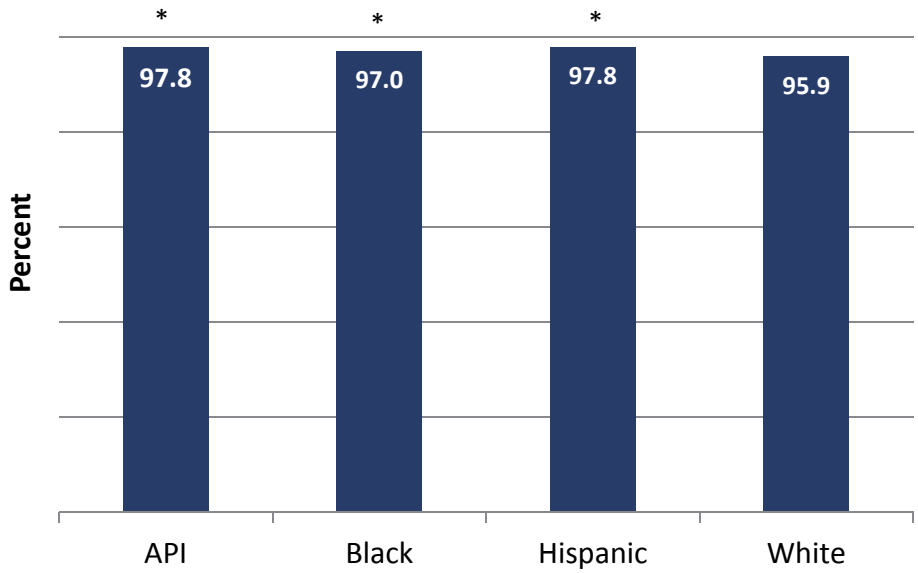
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Clinical Care: Diabetes Care—Kidney Disease Monitoring

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) who had medical attention for nephropathy in the past year, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- Asians or Pacific Islanders, Blacks, 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 less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

For differences that are statistically significant, the following symbols are also used when applicable:
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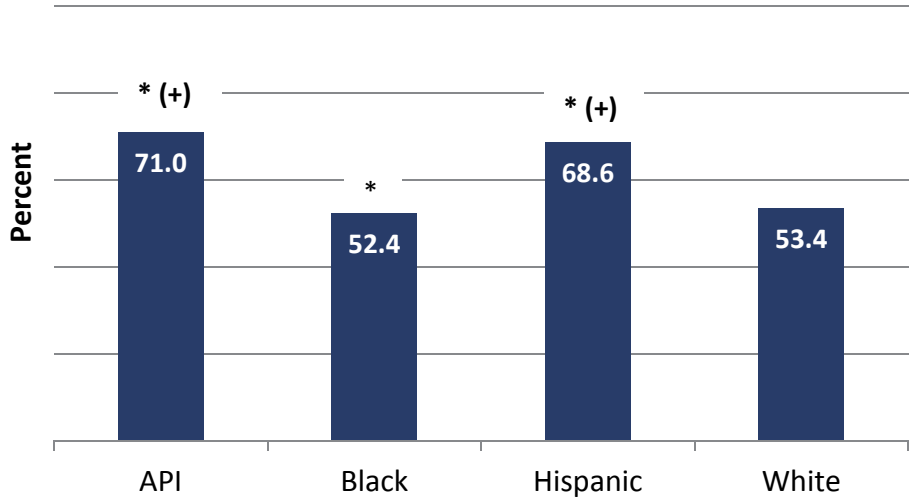
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Clinical Care: Diabetes Care—Blood Pressure Controlled

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) whose most recent blood pressure was less than 140/90, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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.
- 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.

***** Significantly different from the score for Whites ($p < .05$).

For differences that are statistically significant, the following symbols are also used when applicable:
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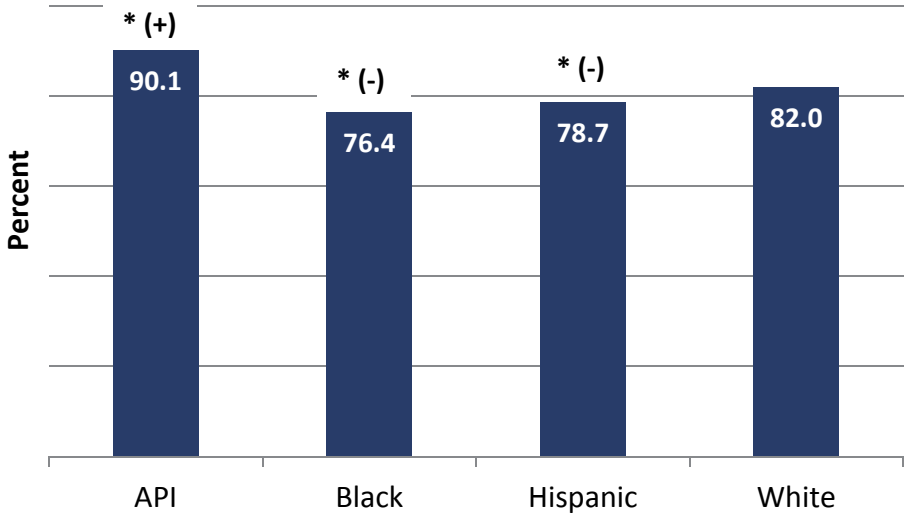
Clinical Care: Diabetes Care—Blood Sugar Controlled

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) whose most recent HbA1c level was 9 percent or less, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

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

***** Significantly different from the score for Whites ($p < .05$).

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

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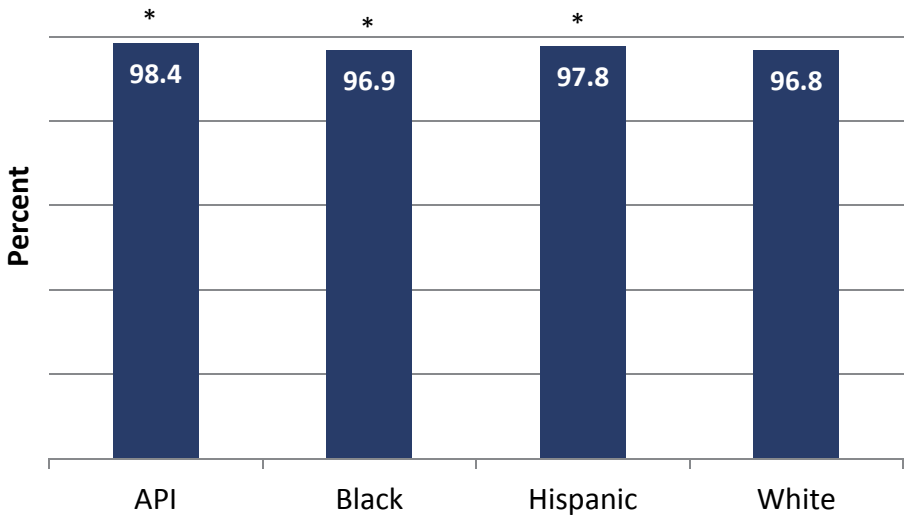
Clinical Care: Adult Body Mass Index Assessment

Percentage of Medicare enrollees aged 18–74 years who had an outpatient visit and whose body mass index (BMI) was documented in the past two years, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

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

***** Significantly different from the score for Whites ($p < .05$).

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

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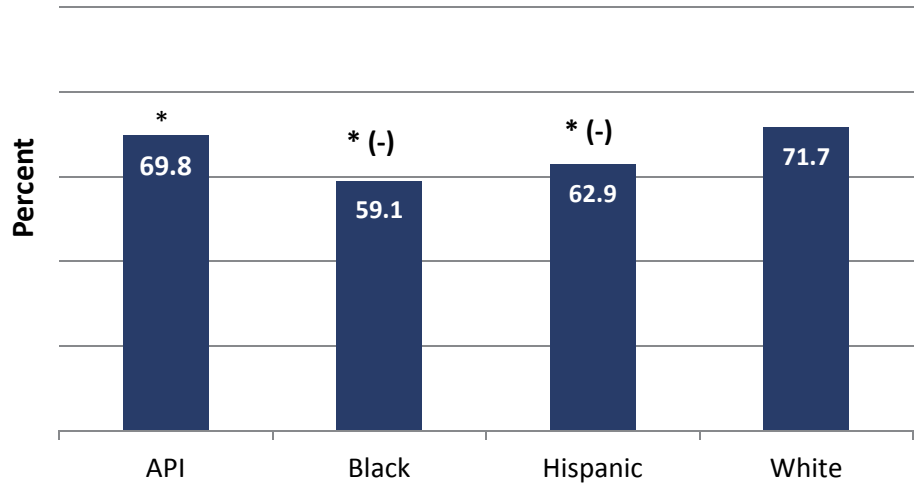
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Clinical Care: Controlling Blood Pressure

Percentage of Medicare enrollees aged 18–85 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled† during the past year, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- Asians or Pacific Islanders, Blacks, and Hispanics who had a diagnosis of hypertension were less likely than Whites who had a diagnosis of hypertension to have had their blood pressure adequately controlled. The difference between Asians or Pacific Islanders and Whites was less than 3 percentage points. The difference between Blacks and Whites and between Hispanics and Whites was greater than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

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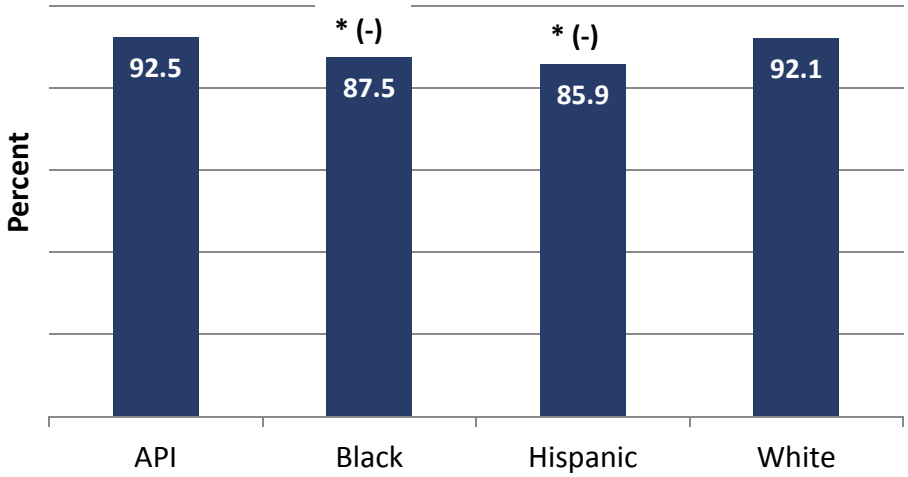
† Less than 140/90 for enrollees 18–59 years of age and for enrollees 60–85 years of age with a diagnosis of diabetes, or less than 150/90 for members 60–85 years of age without a diagnosis of diabetes.

Clinical Care: Continuous Beta-Blocker Treatment

Percentage of Medicare enrollees aged 18 years 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, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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.
- 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.

***** Significantly different from the score for Whites ($p < .05$).

For differences that are statistically significant, the following symbols are also used when applicable:
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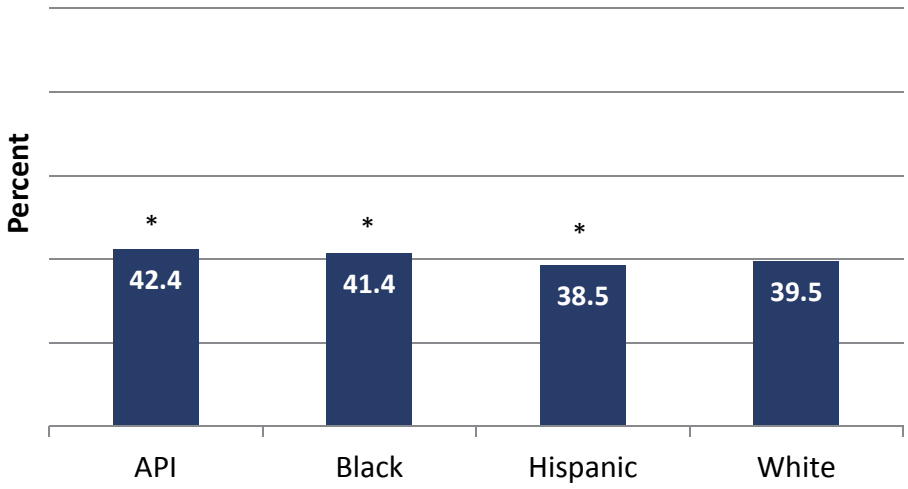
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Clinical Care: Testing to Confirm COPD

Percentage of Medicare enrollees aged 40 years and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

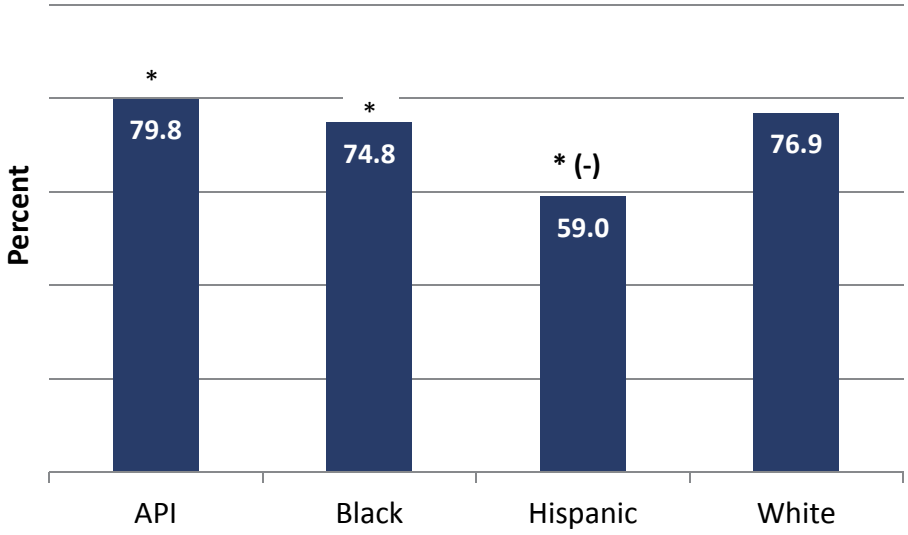
- Asians or Pacific Islanders and Blacks with a new diagnosis of COPD or newly active COPD were more likely than Whites with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis. The difference between each of these groups and Whites was less than 3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

***** Significantly different from the score for Whites ($p < .05$).

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

Clinical Care: Pharmacotherapy Management of COPD Exacerbation —Systemic Corticosteroid

Percentage of COPD exacerbations for Medicare enrollees aged 40 years 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, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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 less than 3 percentage points.
- Blacks and Hispanics 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 Blacks and Whites was less than 3 percentage points. The difference between Hispanics and Whites was greater than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

For differences that are statistically significant, the following symbols are also used when applicable:
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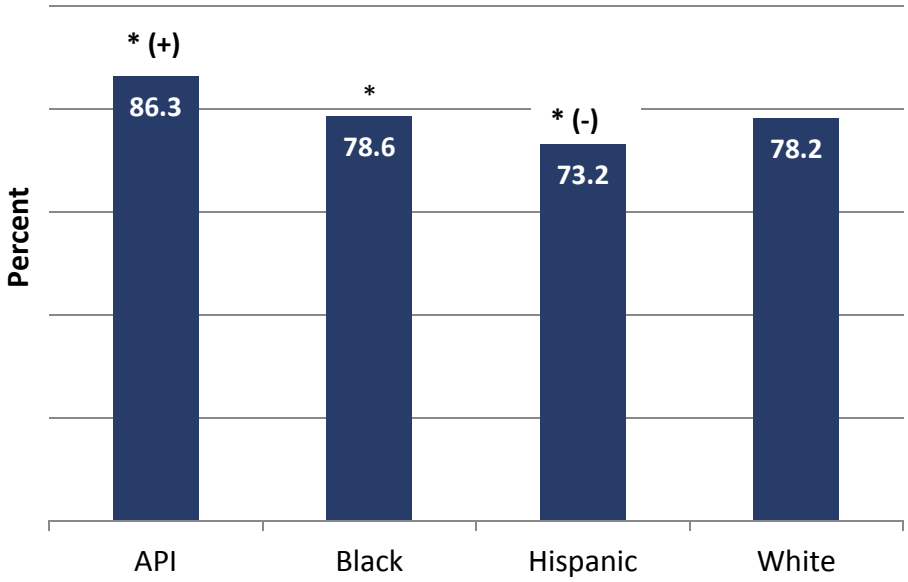
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Clinical Care: Pharmacotherapy Management of COPD Exacerbation —Bronchodilator

Percentage of COPD exacerbations for Medicare enrollees aged 40 years 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, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

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

***** Significantly different from the score for Whites ($p < .05$).

For differences that are statistically significant, the following symbols are also used when applicable:
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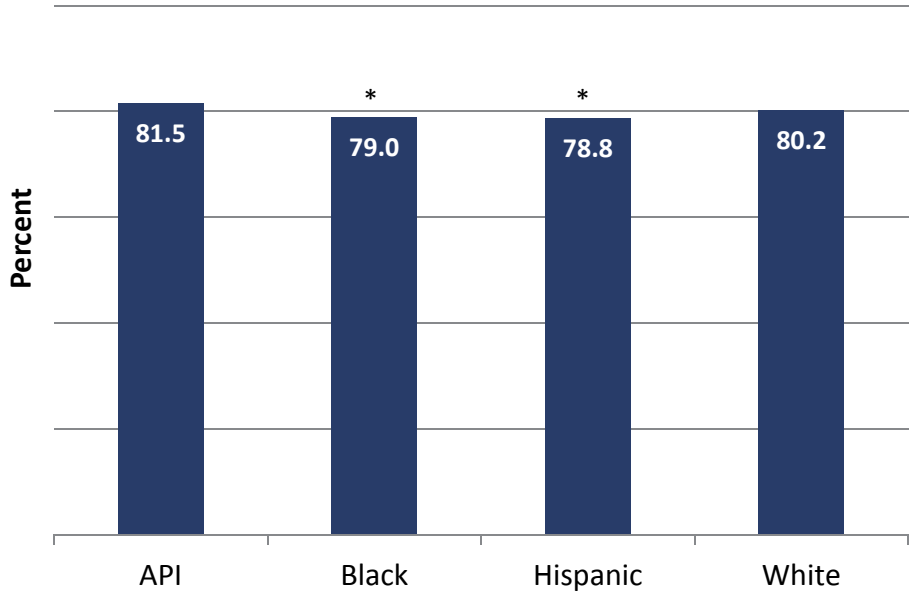
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Clinical Care: Rheumatoid Arthritis Management

Percentage of Medicare enrollees aged 18 years and older who were diagnosed with rheumatic arthritis during the past year and who were dispensed at least one ambulatory prescription for a disease-modifying antirheumatic drug (DMARD), by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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 each of these groups and Whites was less than 3 percentage points.
- 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.

***** Significantly different from the score for Whites ($p < .05$).

For differences that are statistically significant, the following symbols are also used when applicable:
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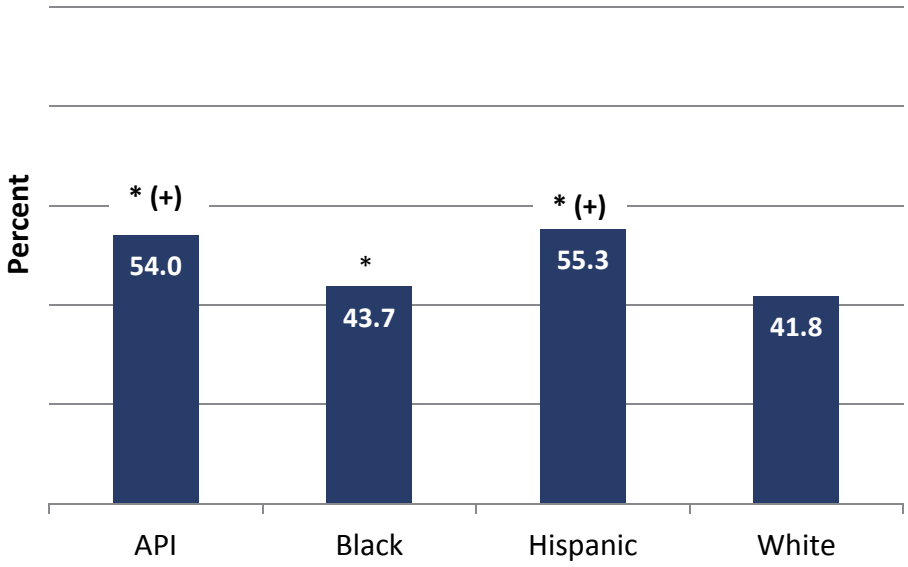
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

Clinical Care: Osteoporosis Management in Women Who Had a Fracture

Percentage of Medicare enrollees (women) aged 67–85 years who suffered a fracture and who had either a bone mineral density test or a prescription for a drug to treat osteoporosis in the six months after the fracture, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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 a 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.

***** Significantly different from the score for Whites ($p < .05$).

For differences that are statistically significant, the following symbols are also used when applicable:
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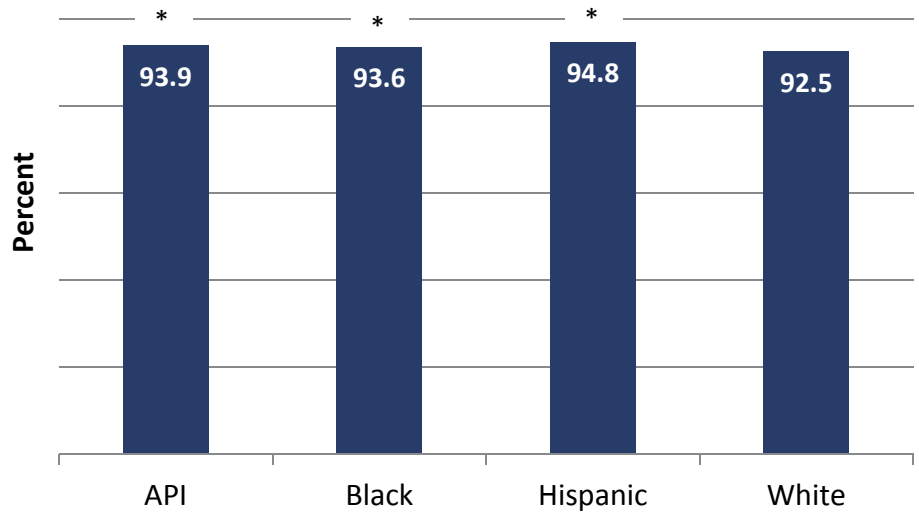
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

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

Percentage of Medicare enrollees aged 18 years 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, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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.

***** Significantly different from the score for Whites ($p < .05$).

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

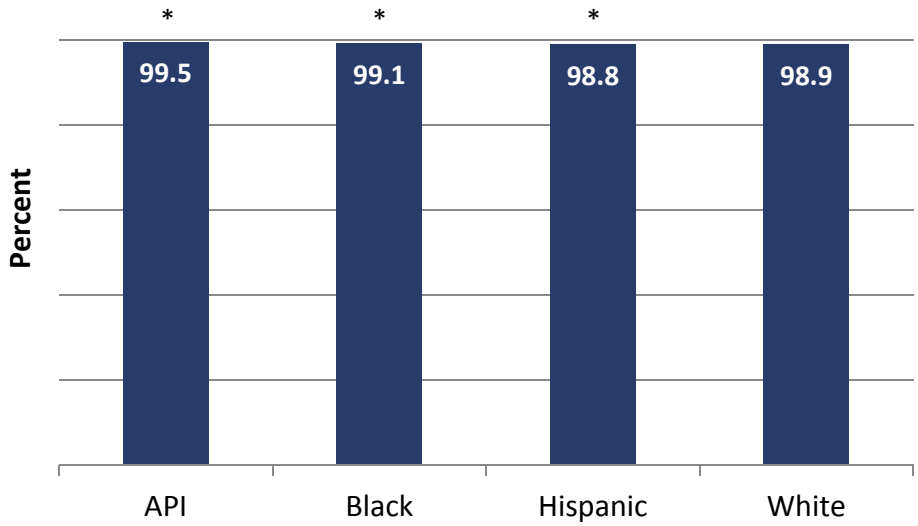
(+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group

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

† This measure is limited to those who had a prescription for one or more of the following drugs for six months or longer: angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARBs), 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 years and older who were not prescribed a high-risk medication, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

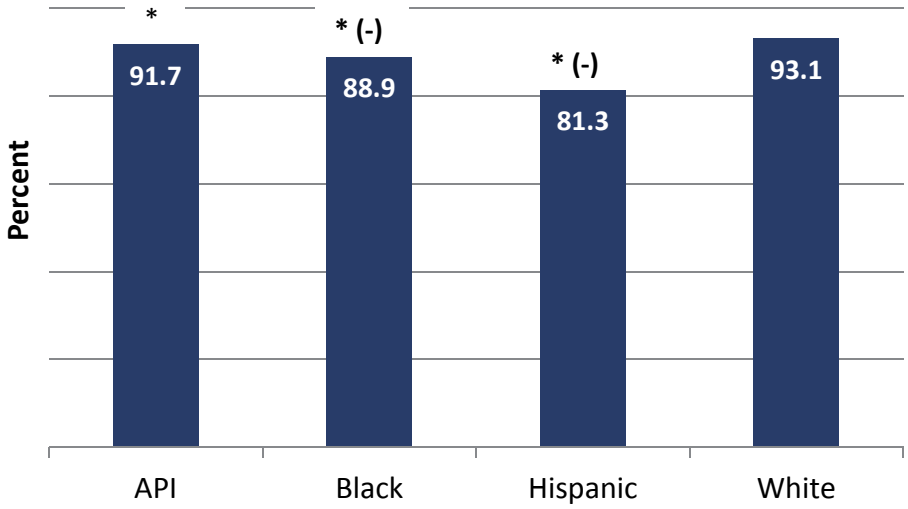
- Long-term use of high-risk medication should be avoided in the elderly. In the 2016 data, it was observed that this standard of care was met more often for Asians or Pacific Islanders and Blacks than for Whites. The difference between each of these groups and Whites was less than 3 percentage points.
- In the 2016 data, it was observed that this standard of care was met less often for Hispanics than for Whites. The difference between Hispanics and Whites was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

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

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

Percentage of Medicare enrollees aged 65 years and older with chronic renal failure who were not dispensed a prescription for a potentially harmful medication,† by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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.

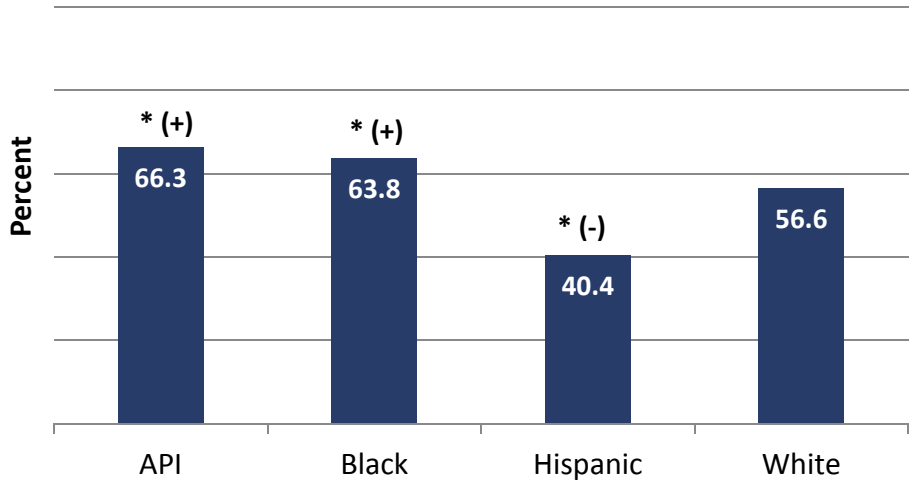
***** Significantly different from the score for Whites ($p < .05$).

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

† This includes cyclooxygenase-2 (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 years and older with dementia who were not dispensed a prescription for a potentially harmful medication,† by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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.
- 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.

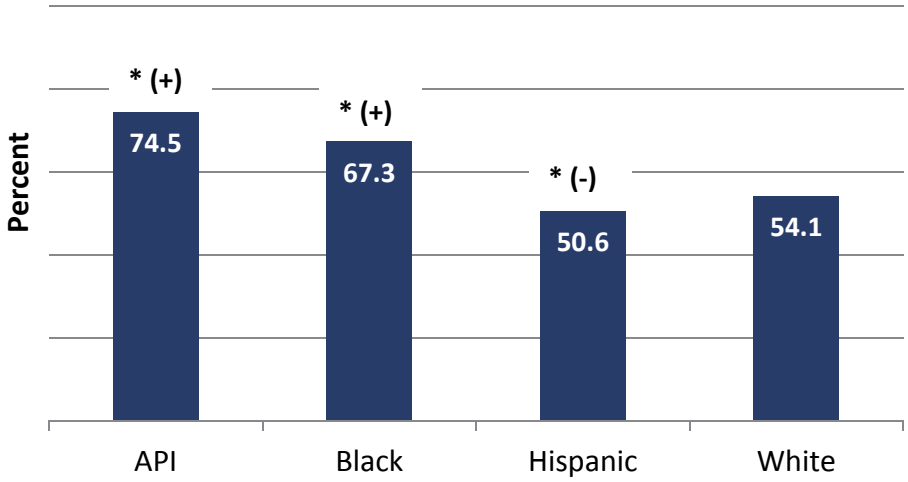
***** Significantly different from the score for Whites ($p < .05$).

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

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

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

Percentage of Medicare enrollees aged 65 years and older with a history of falls who were not dispensed a prescription for a potentially harmful medication,† by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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.
- 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 greater than 3 percentage points.

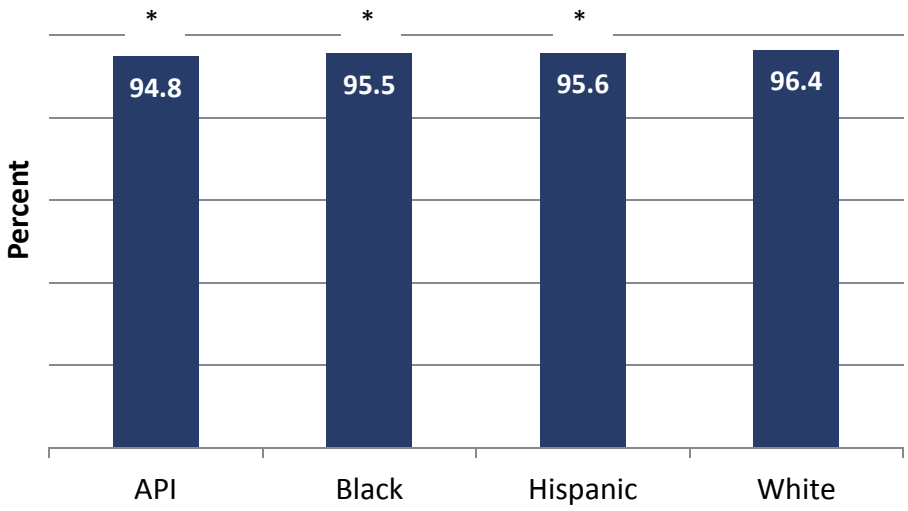
***** Significantly different from the score for Whites ($p < .05$).

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

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

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

Percentage of Medicare enrollees aged 65 years and older who had an ambulatory or preventive care visit, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

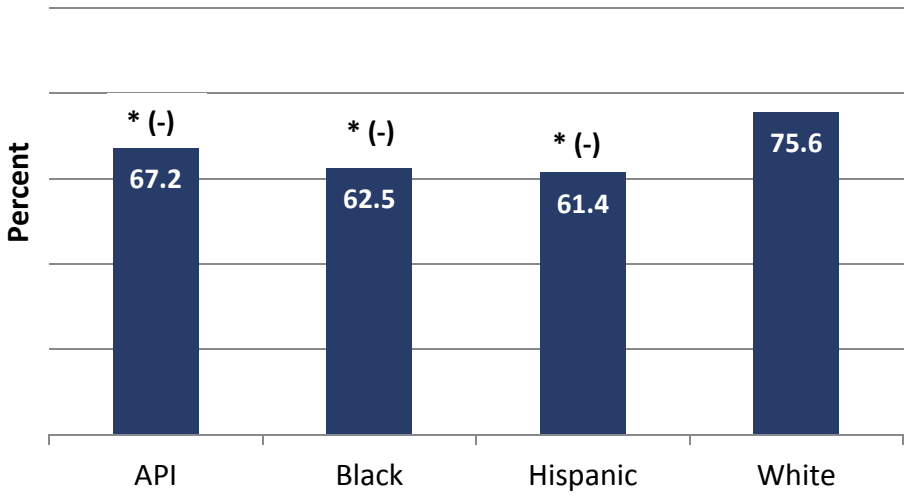
- Asians or Pacific Islanders, Blacks, and Hispanics were less likely than Whites to have had an ambulatory or preventive care visit. The difference between each of these groups and Whites was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

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

Clinical Care: Antidepressant Medication Management—Acute Phase Treatment

Percentage of Medicare enrollees aged 18 years 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, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

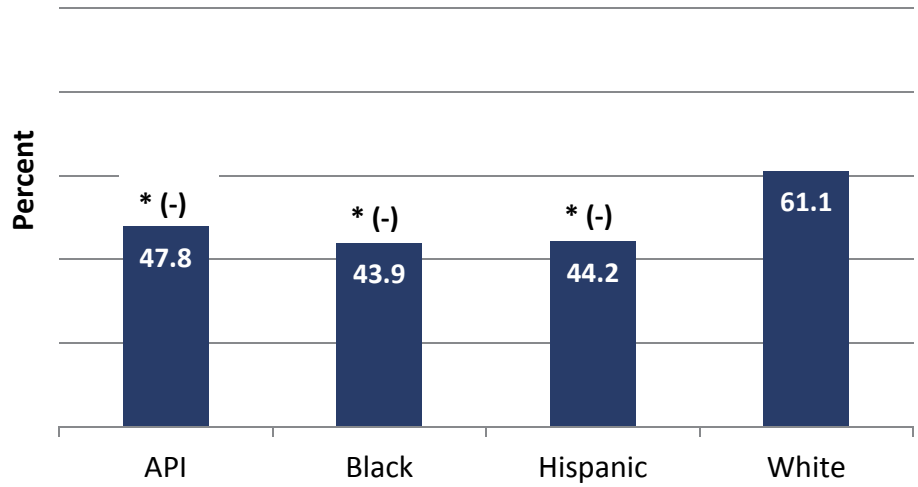
- Asians or Pacific Islanders, Blacks, and Hispanics who were diagnosed with a new episode of major depression were less likely than Whites who were diagnosed with a new episode of major depression to have remained on antidepressant medication for at least 84 days. The difference between each of these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

***** Significantly different from the score for Whites ($p < .05$).

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

Clinical Care: Antidepressant Medication Management —Continuation Phase Treatment

Percentage of Medicare enrollees aged 18 years 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, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

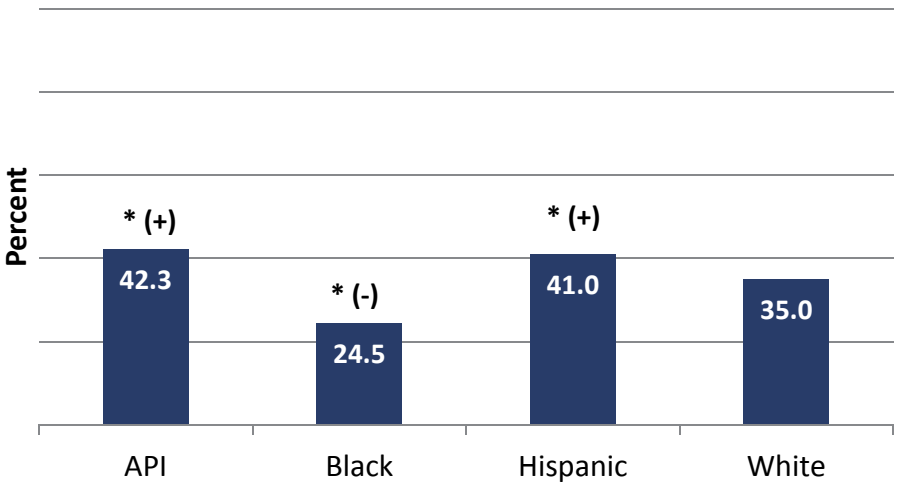
- Asians or Pacific Islanders, Blacks, and Hispanics who were diagnosed with a new episode of major depression were less likely than Whites who were diagnosed with a new episode of major depression to have remained on antidepressant medication for at least 180 days. The difference between each of these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

***** Significantly different from the score for Whites ($p < .05$).

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

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

Percentage of Medicare enrollees aged 18 years 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 seven days of discharge, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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 seven days of being discharged. The difference between each of these groups and Whites was greater than 3 percentage points.
- 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 seven days of being discharged. The difference between Blacks and Whites was greater than 3 percentage points.

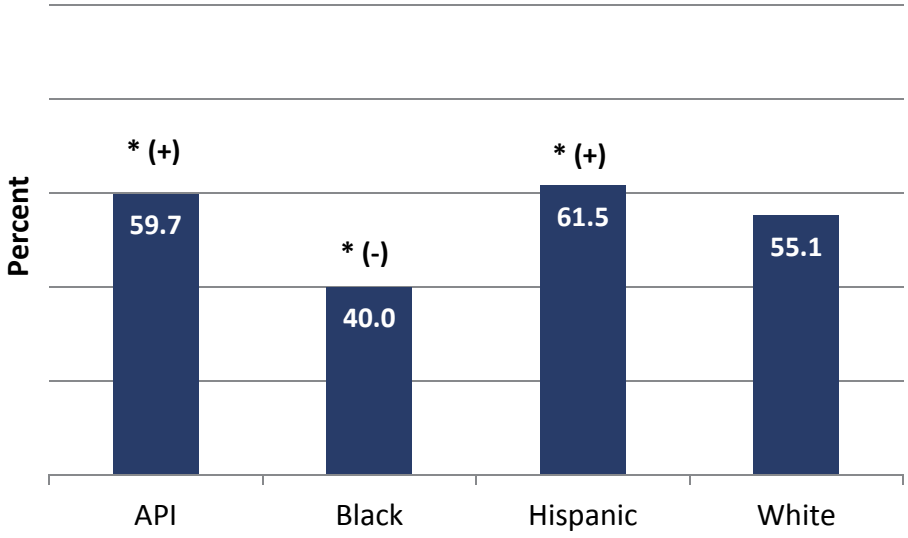
***** Significantly different from the score for Whites ($p < .05$).

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

† Although the lower-bound age cutoff for this HEDIS measure is six years old, the data used in this report are limited to adults.

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

Percentage of Medicare enrollees aged 18 years 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, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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 30 days of discharge. The difference between each of these groups and Whites was greater than 3 percentage points.
- 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.

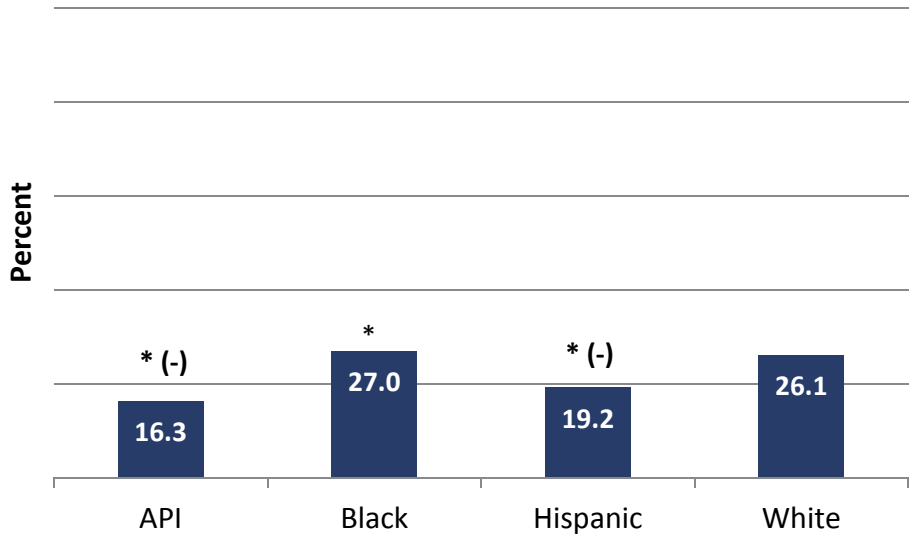
***** Significantly different from the score for Whites ($p < .05$).

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

† Although the lower-bound age cutoff for this HEDIS measure is six years old, the data used in this report are limited to adults.

Clinical Care: Initiation of Alcohol or Other Drug Treatment

Percentage of Medicare enrollees aged 18 years and older† with a new episode of alcohol or drug (AOD) dependence who initiate‡ treatment within 14 days of the diagnosis, by race/ethnicity, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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.
- 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 less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

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

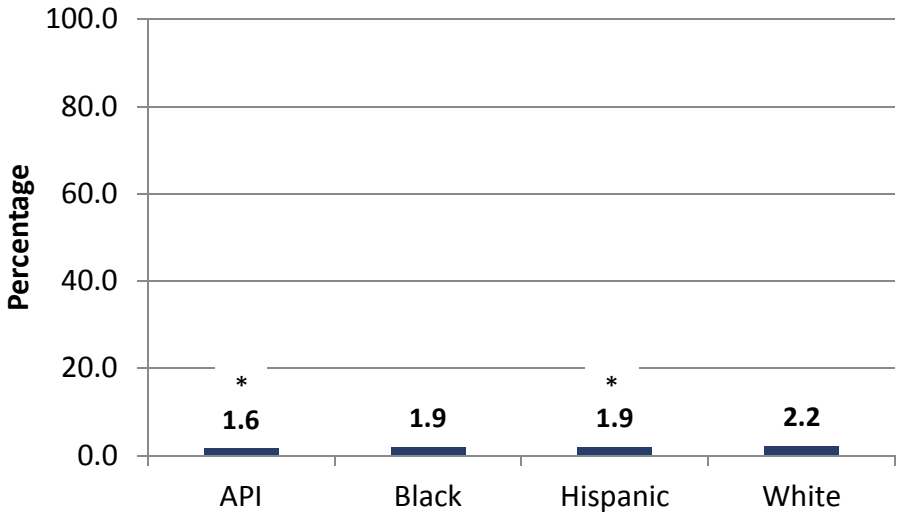
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

† Although the lower-bound age cutoff for this HEDIS measure is 13 years old, the data used in this report are limited to adults.

‡ 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 aged 18 years and older† with a new episode of 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, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- 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.
- 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.

***** Significantly different from the score for Whites ($p < .05$).

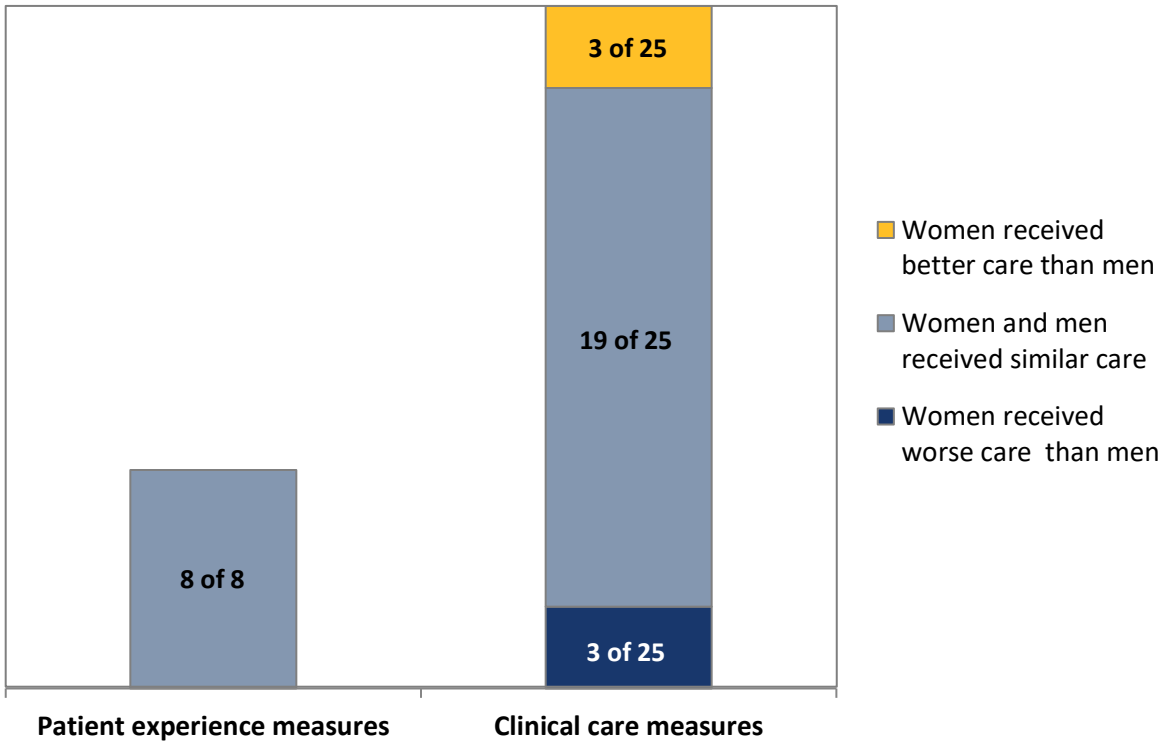
For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

† Although the lower-bound age cutoff for this HEDIS measure is 13 years old, the data used in this report are limited to adults.

Section II:
Gender Disparities in Health Care in Medicare Advantage

Disparities in Care: All Patient Experience and Clinical Care Measures

Number of patient experience measures (out of 8) and clinical care measures (out of 25) for which women received care that was worse than, similar to, or better than the care received by men in 2016



Data source: The bar on the left (patient experience measures) summarizes data from all Medicare Advantage beneficiaries nationwide who participated in the 2016 Medicare CAHPS survey. The bar on the right (clinical care measures) summarizes clinical quality (HEDIS) data collected in 2016 from Medicare health plans nationwide.

Women received worse clinical care than men	Women received better clinical care than men
• Avoiding potentially harmful drug-disease interactions in patients with dementia • Avoiding potentially harmful drug-disease interactions in patients with a history of falls • Initiation of alcohol or other drug treatment	• Pharmacotherapy management of COPD exacerbation—bronchodilator • Follow-up visit after hospital stay for mental illness (within seven days of discharge) • Follow-up visit after hospital stay for mental illness (within 30 days of discharge)

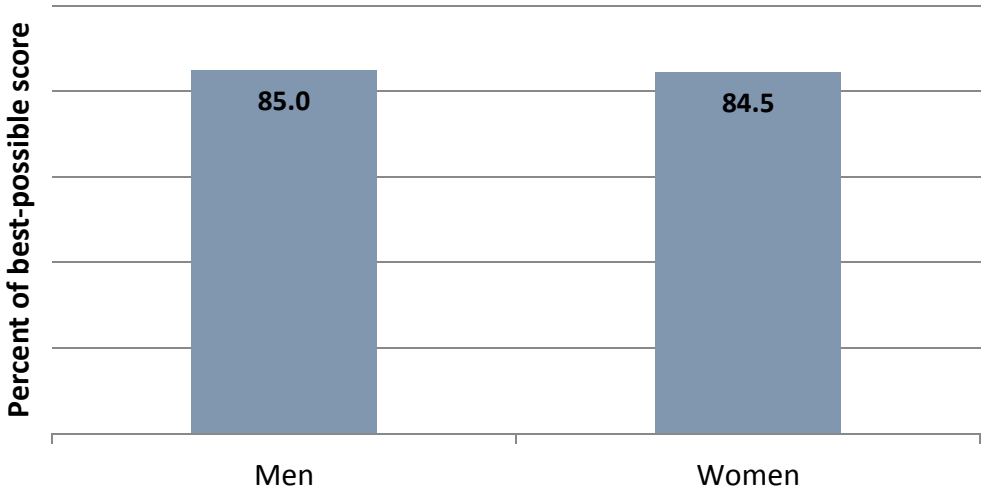
The relative difference between men and women is used to assess disparities.

- **Better** = Women received better care than men. Differences are statistically significant ($p < .05$), are equal to or larger than 3 points† on a 0–100 scale, and favor women.
- **Similar** = Women and men received care of similar quality. Differences are less than 3 points on a 0–100 scale (differences greater than 3 points were always statistically significant). Differences may be statistically significant.
- **Worse** = Women received worse care than men. Differences are statistically significant, are equal to or larger than 3 points on a 0–100 scale, and favor men.

† A difference that is considered to be of moderate magnitude. Paddison et al., 2013.

Patient Experience: Getting Needed Care

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is for patients to get needed care,† by gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016.

Disparities

- Women reported experiences getting needed care that were similar to the experiences men reported.

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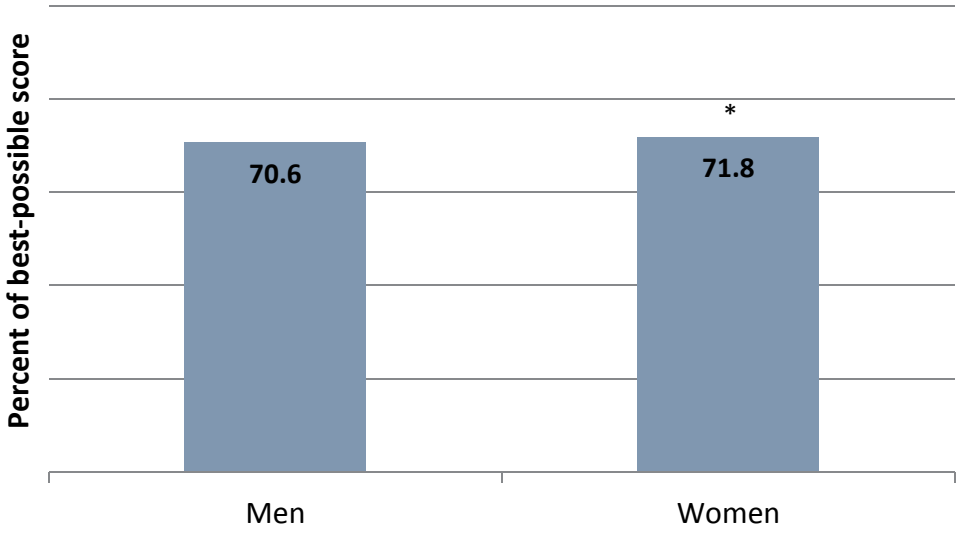
† This includes how easy it is to get appointments with specialists and how easy it is to get needed care, tests, or treatment.

Patient Experience: Getting Appointments and Care Quickly

Percentage of the best possible score (on a 0–100 scale) earned on how quickly patients get appointments and care,† by gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016.

Disparities

- Women reported better‡ experiences with getting appointments and care quickly than men did, but the difference between women and men was less than 3 points on a 0–100 scale.

***** Significantly different from the score for Whites ($p < .05$).

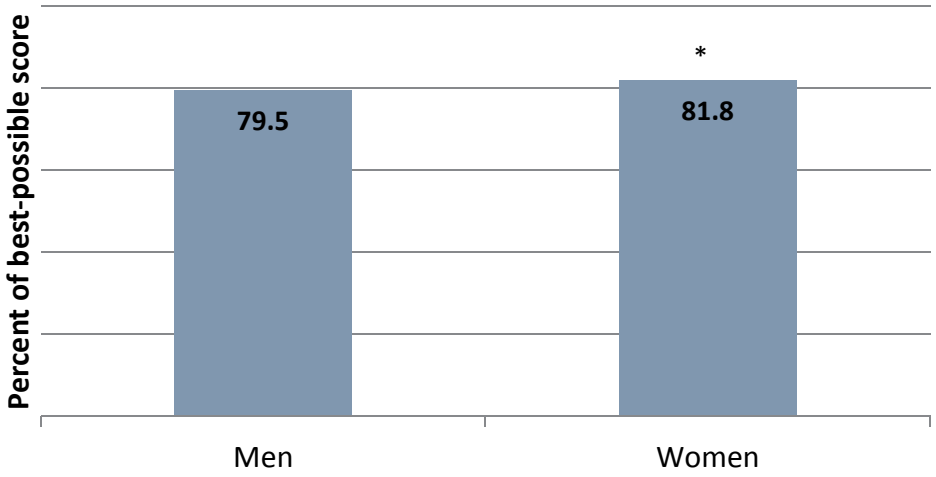
For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (prior to rounding) and favors women
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors men

† This includes how easy it is to get care that is needed right away, as well as how easy it is to get appointments for checkups and routine care.

‡ Unlike on page 52, we use the terms "better" or "worse" to describe all statistically significant differences on individual patient experience measures. We note in the "Disparities" section for each of these measures where differences are greater or less than 3 points.

Patient Experience: Customer Service

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is to get information and help from one's plan when needed,† by gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016.

Disparities

- Women reported better experiences with customer service than men did, but the difference between women and men was less than 3 points on a 0–100 scale.

***** Significantly different from the score for Whites ($p < .05$).

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

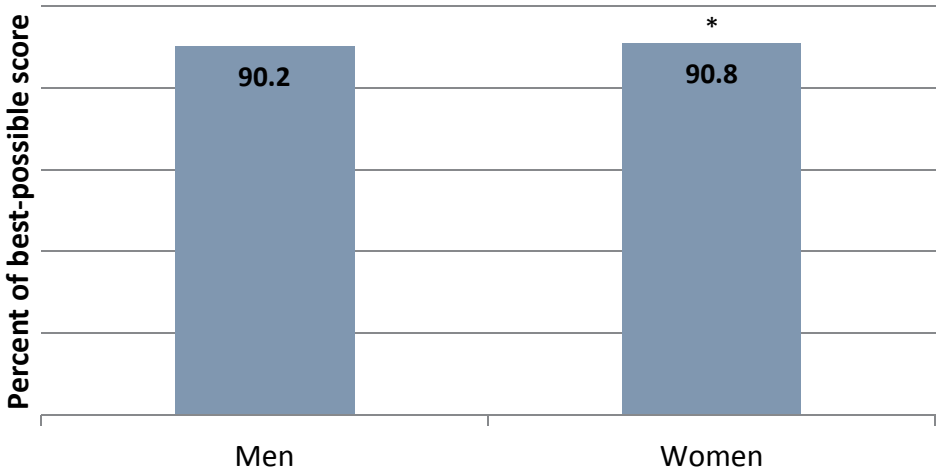
(+) Difference is equal to or larger than 3 points (prior to rounding) and favors women

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

† This includes how often health plan customer service staff provide the information or the help that beneficiaries need, how often beneficiaries are treated with courtesy and respect, and how often forms from the health plan are easy to fill out.

Patient Experience: Doctors Who Communicate Well

Percentage of the best possible score (on a 0–100 scale) earned on how well doctors communicate with patients,† by gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016.

Disparities

- Women reported better experiences with doctor communication than men reported, but the difference between women and men was less than 3 points on a 0–100 scale.

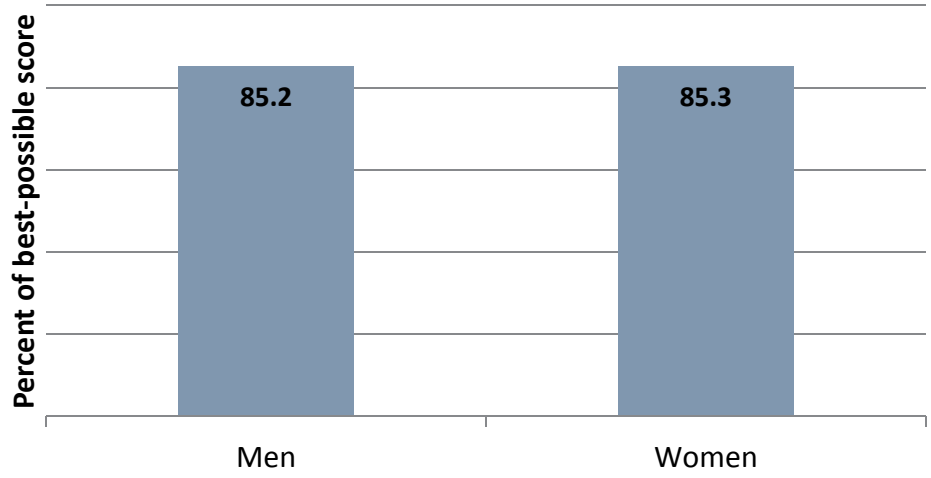
***** Significantly different from the score for Whites ($p < .05$).

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

† This includes how often doctors explain things in a way that is easy to understand, listen carefully, show respect for what patients have to say, and spend time with patients.

Patient Experience: Care Coordination

Percentage of the best possible score (on a 0–100 scale) earned on how well patient care is coordinated,† by gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016.

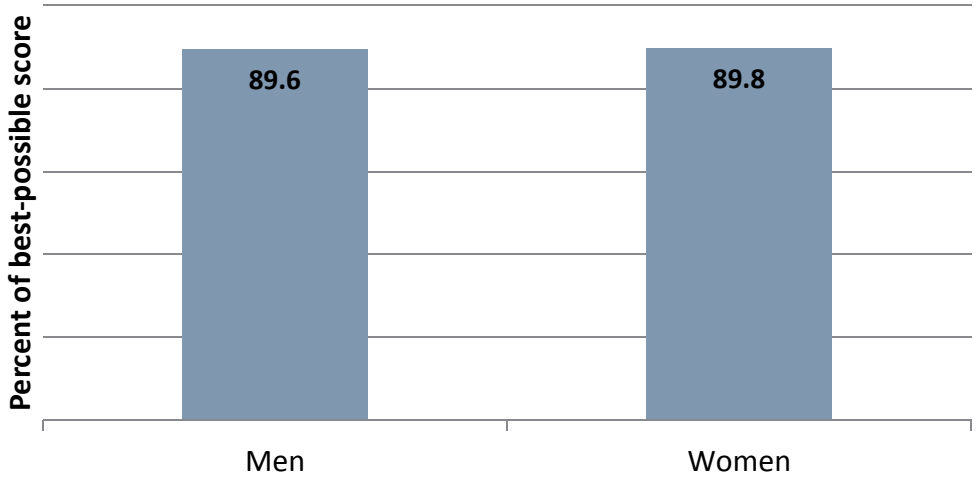
Disparities

- Care coordination experiences reported by women were similar to care coordination experiences reported by men.

† This includes how often doctors have the records and information they need about patients' care and how quickly patients receive their test results.

Patient Experience: Getting Needed Prescription Drugs

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is for beneficiaries to get the prescription drugs they need using their plans,† by gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016.

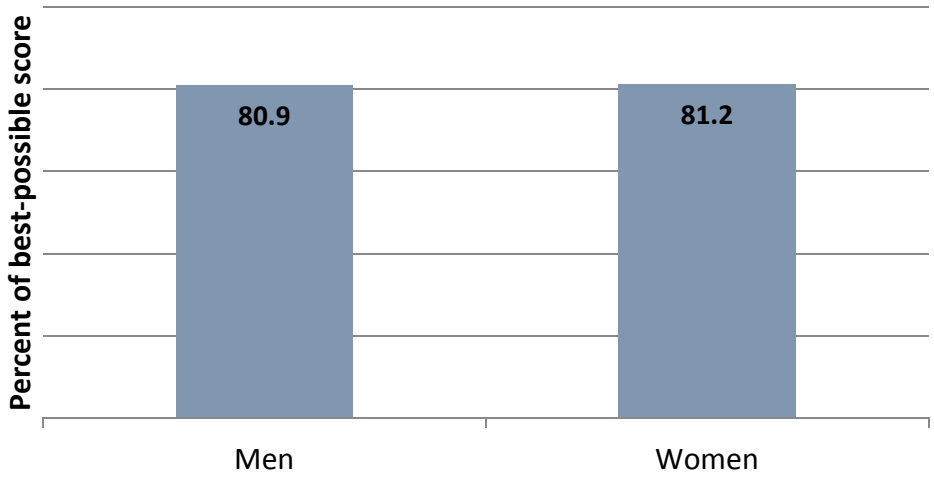
Disparities

- Women reported experiences with getting needed prescription drugs that were similar to the experiences reported by men.

† This includes how often it is easy to use the plan to get prescribed medications and how easy it is to fill prescriptions at a pharmacy or by mail.

Patient Experience: Getting Information About Prescription Drugs

Percentage of the best possible score (on a 0–100 scale) earned on how easy it was for beneficiaries to get information from their plans about prescription drug coverage and cost,† by gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016.

Disparities

- Women reported experiences with getting information about prescription drugs that were similar to the experiences reported by men.

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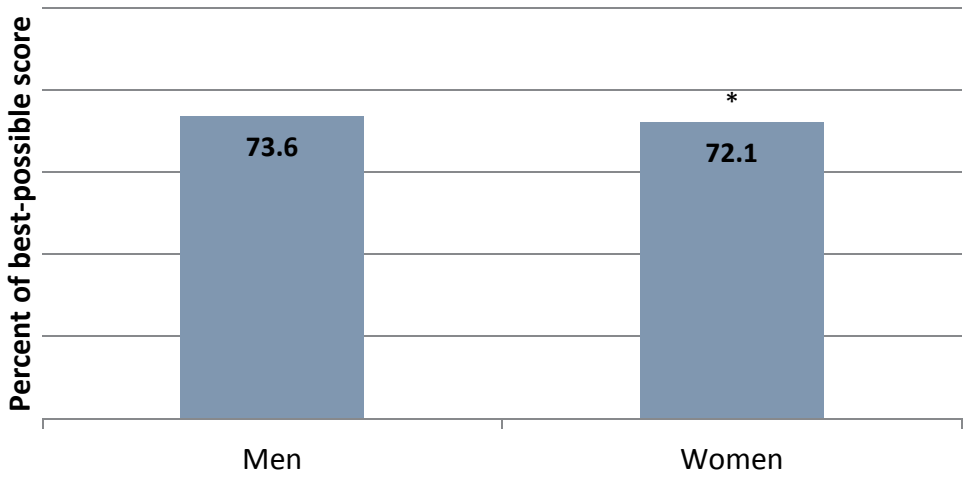
† This includes information about which prescription medications are covered by plans and how much beneficiaries have to pay for their prescription medications.

Patient Experience: Annual Flu Vaccine

Percentage of Medicare enrollees who got a vaccine (flu shot), by gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016.

Disparities

- Women were less likely than men to have received the flu vaccine, but the difference between women and men was less than 3 points on a 0–100 scale.

***** Significantly different from the score for Whites ($p < .05$).

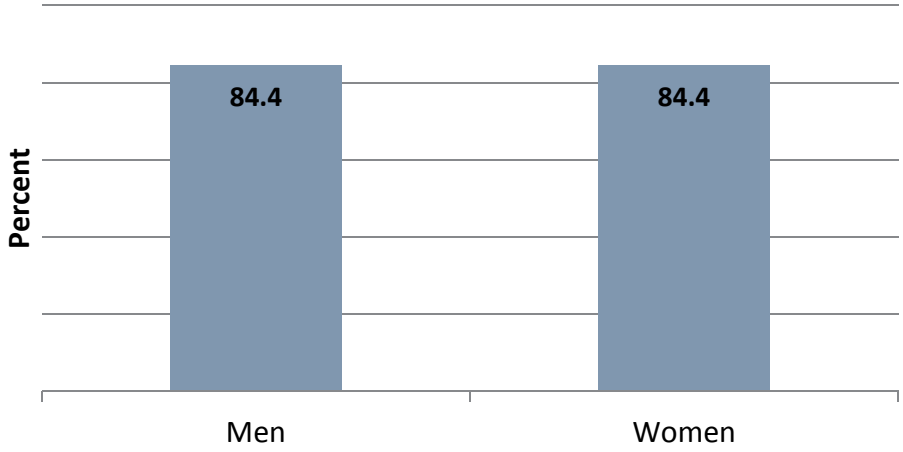
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (prior to rounding) and favors women

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

Clinical Care: Colorectal Cancer Screening

Percentage of Medicare enrollees aged 50–75 years who had appropriate screening for colorectal cancer, by gender, 2016



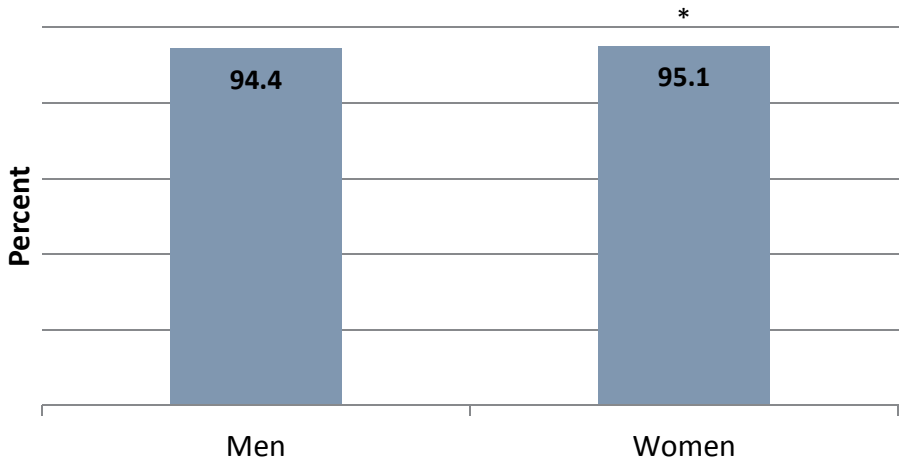
NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women were as likely as men to have been appropriately screened for colorectal cancer.

Clinical Care: Diabetes Care—Blood Sugar Testing

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) who had one or more HbA1c tests in the past year, by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women with diabetes were more likely than men with diabetes to have had their blood sugar tested at least once in the past year. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

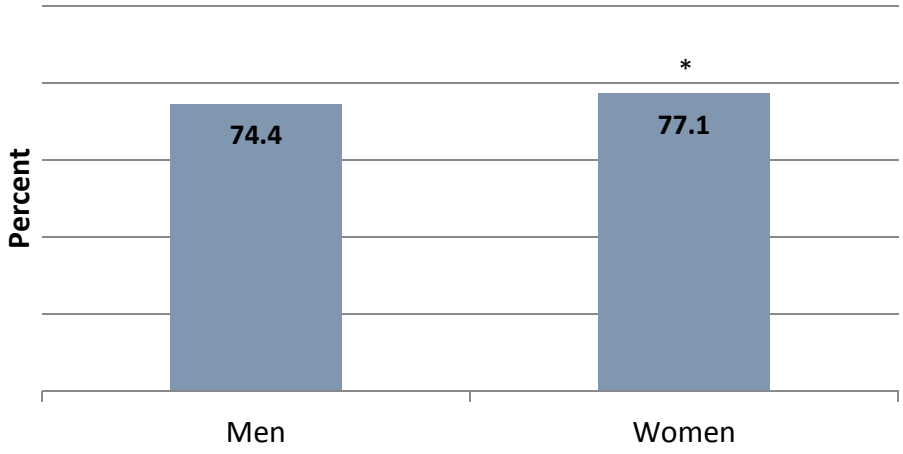
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (prior to rounding) and favors women

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

Clinical Care: Diabetes Care—Eye Exam

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) who had an eye exam (retinal) in the past year, by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women with diabetes were more likely than men with diabetes to have had an eye exam in the past year. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

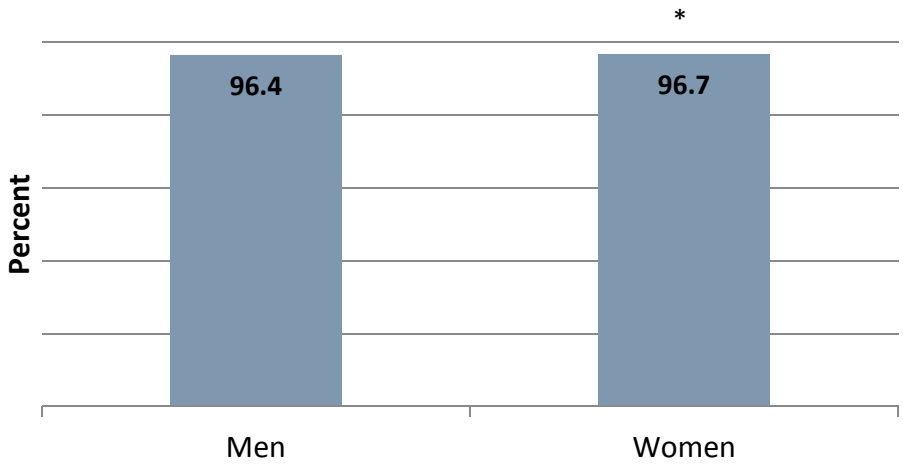
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (prior to rounding) and favors women

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

Clinical Care: Diabetes Care—Kidney Disease Monitoring

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) who had medical attention for nephropathy in the past year, by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

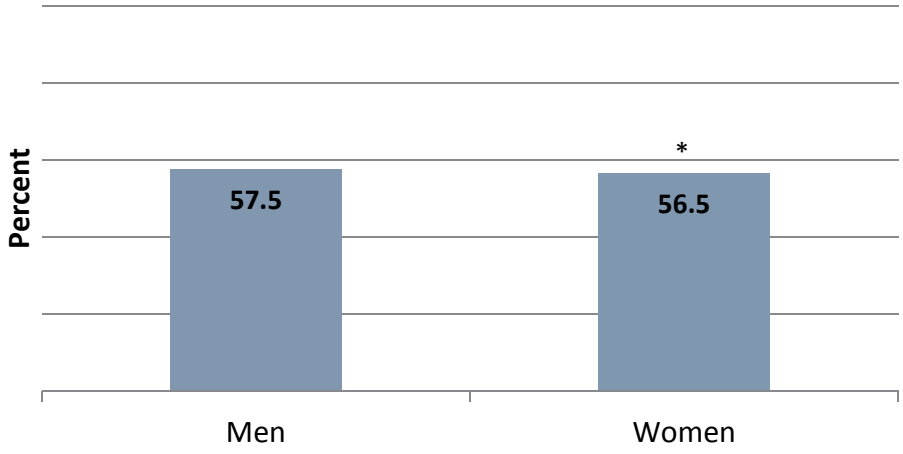
- Women with diabetes were more likely than men with diabetes to have had medical attention for nephropathy in the past year. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

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

Clinical Care: Diabetes Care—Blood Pressure Controlled

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) whose most recent blood pressure was less than 140/90, by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

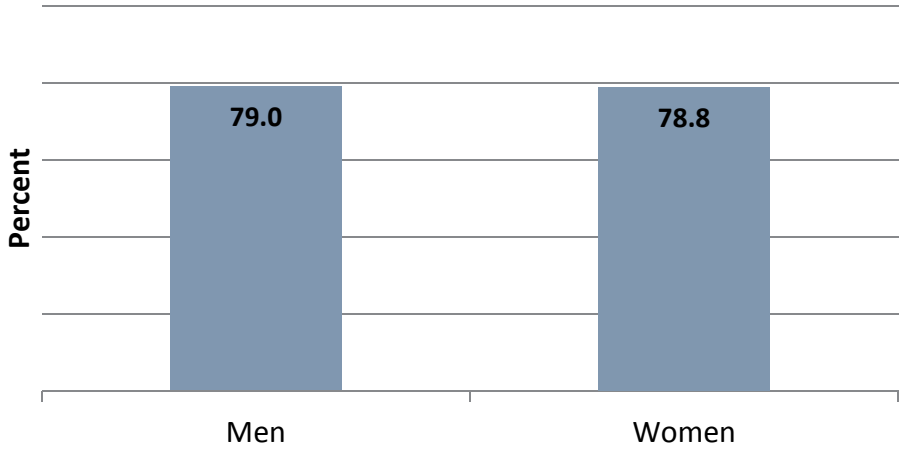
- Women with diabetes were less likely than men with diabetes to have their blood pressure under control. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

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

Clinical Care: Diabetes Care—Blood Sugar Controlled

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) whose most recent HbA1c level was 9 percent or less, by gender, 2016



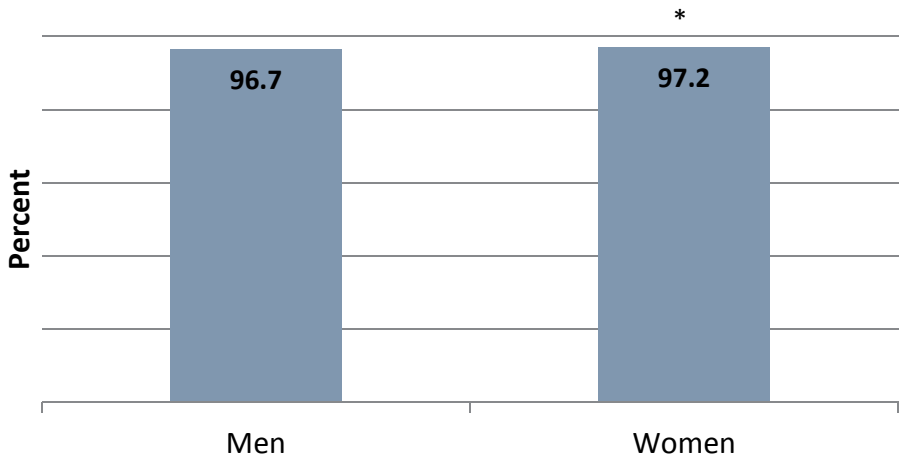
NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women with diabetes were as likely as men with diabetes to have their blood sugar levels under control.

Clinical Care: Adult BMI Assessment

Percentage of Medicare enrollees aged 18–74 years who had an outpatient visit and whose BMI was documented in the past two years, by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women were more likely than men to have had their BMIs documented. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

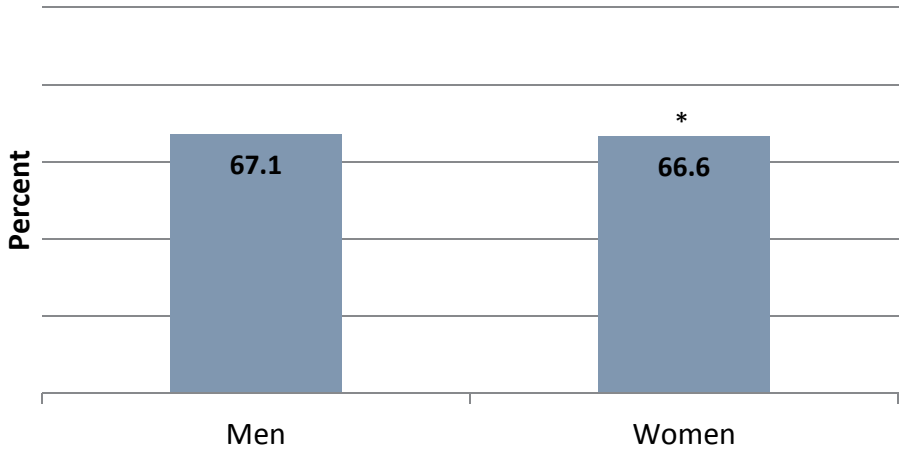
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (prior to rounding) and favors women

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

Clinical Care: Controlling Blood Pressure

Percentage of Medicare enrollees aged 18–85 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled† during the past year, by gender, 2016



Note: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women who had a diagnosis of hypertension were less likely than men who had a diagnosis of hypertension to have had their blood pressure adequately controlled. The difference between women and men was less than 3 percentage points.

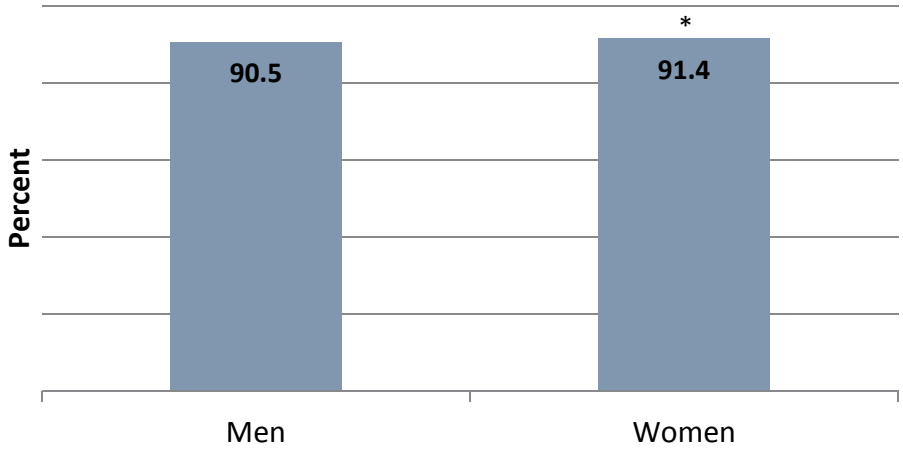
***** Significantly different from the score for Whites ($p < .05$).

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

† Less than 140/90 for enrollees 18–59 years of age and for enrollees 60–85 years of age with a diagnosis of diabetes, or less than 150/90 for members 60–85 years of age without a diagnosis of diabetes.

Clinical Care: Continuous Beta-Blocker Treatment

Percentage of Medicare enrollees aged 18 years and older who were hospitalized and discharged alive with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge, by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

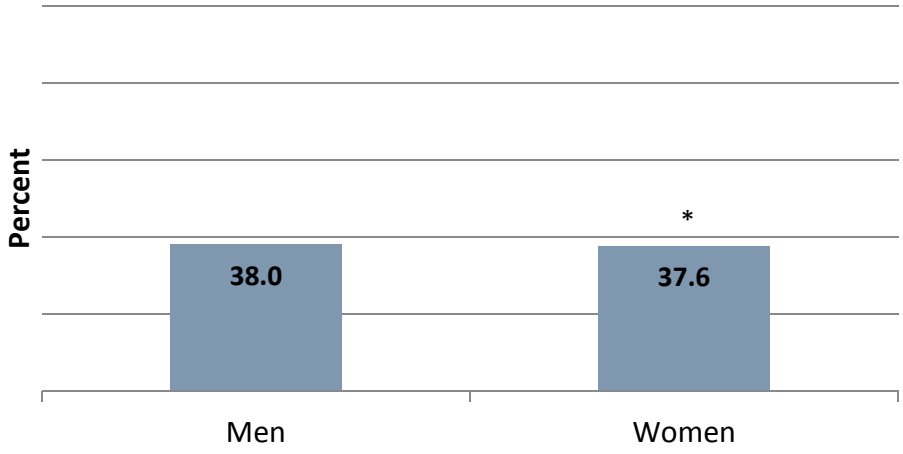
- Women who were hospitalized for a heart attack were more likely than men who were hospitalized for a heart attack to have received persistent beta-blocker treatment. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

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

Clinical Care: Testing to Confirm COPD

Percentage of Medicare enrollees aged 40 years and older with a new diagnosis of COPD or newly active COPD who received appropriate spirometry testing to confirm the diagnosis, by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women with a new diagnosis of COPD or newly active COPD were less likely than men with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

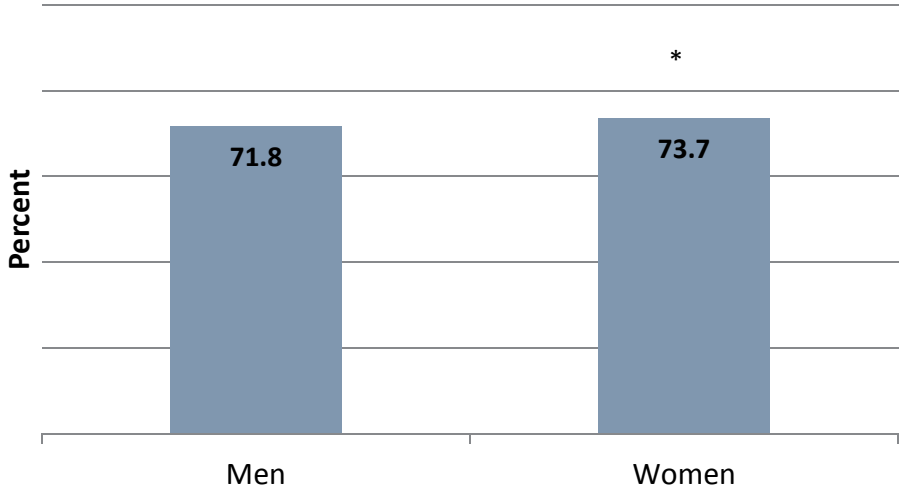
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (prior to rounding) and favors women

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

Clinical Care: Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid

Percentage of COPD exacerbations for Medicare enrollees aged 40 years 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 gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women who experienced a COPD exacerbation were more likely than men who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

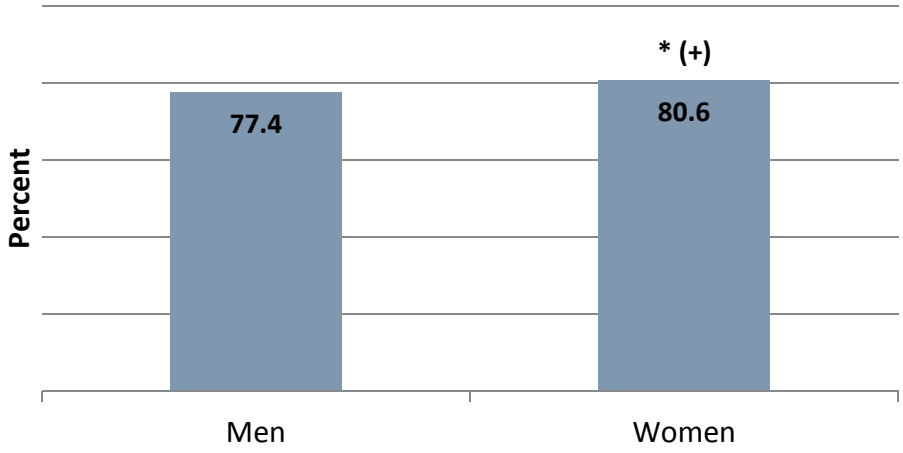
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (prior to rounding) and favors women

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

Clinical Care: Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

Percentage of COPD exacerbations for Medicare enrollees aged 40 years 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 gender, 2016



Note: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

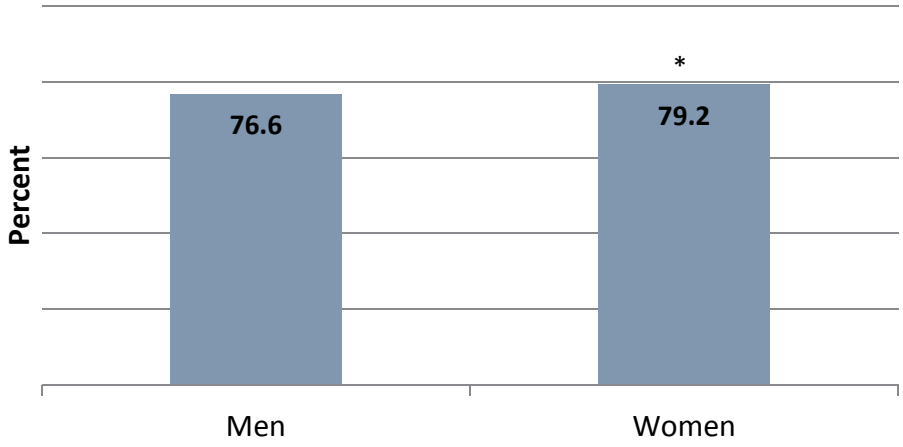
- Women who experienced a COPD exacerbation were more likely than men who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event. The difference between women and men was greater than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

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

Clinical Care: Rheumatoid Arthritis Management

Percentage of Medicare enrollees aged 18 years and older who were diagnosed with rheumatic arthritis during the past year and who were dispensed at least one ambulatory prescription for a DMARD, by gender, 2016



Note: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women who were diagnosed with rheumatic arthritis were more likely than men who were diagnosed with rheumatic arthritis to have been dispensed at least one DMARD. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

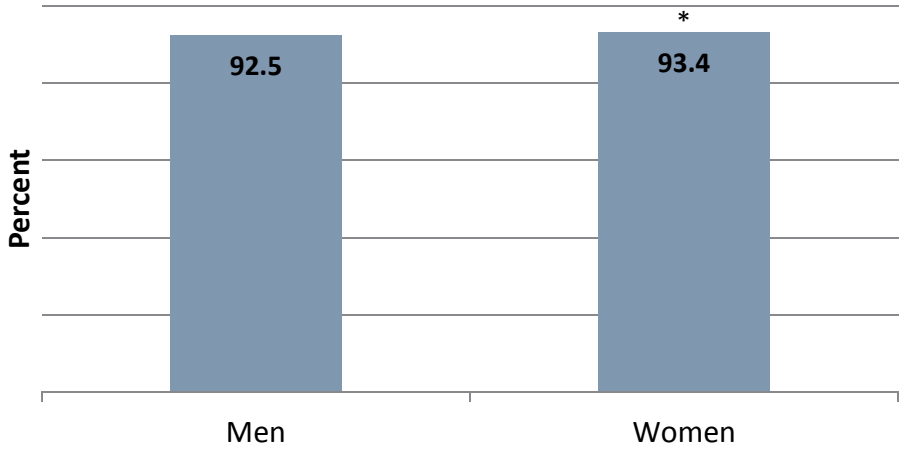
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (prior to rounding) and favors women

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

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

Percentage of Medicare enrollees aged 18 years 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 gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women were more likely than men 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 women and men was less than 3 percentage points.

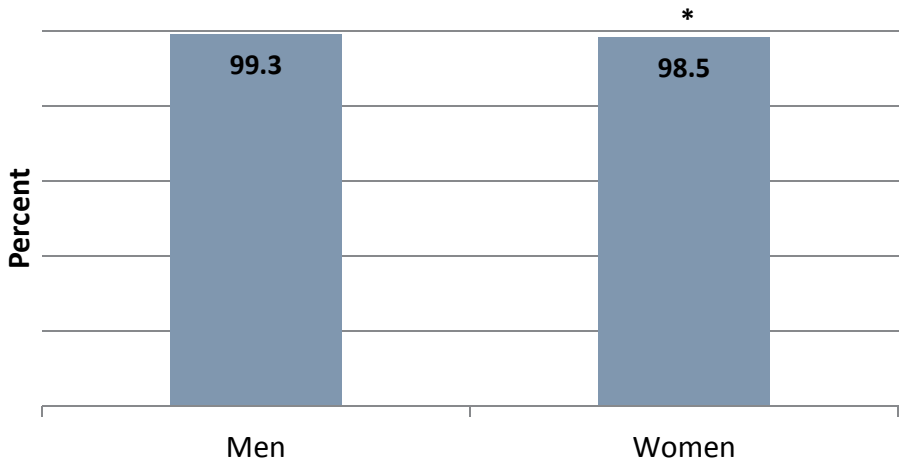
***** Significantly different from the score for Whites ($p < .05$).

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

† This measure is limited to those who had a prescription for one or more of the following drugs for six months or longer: ACE inhibitors, ARBs, 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 years and older who were not prescribed a high-risk medication, by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

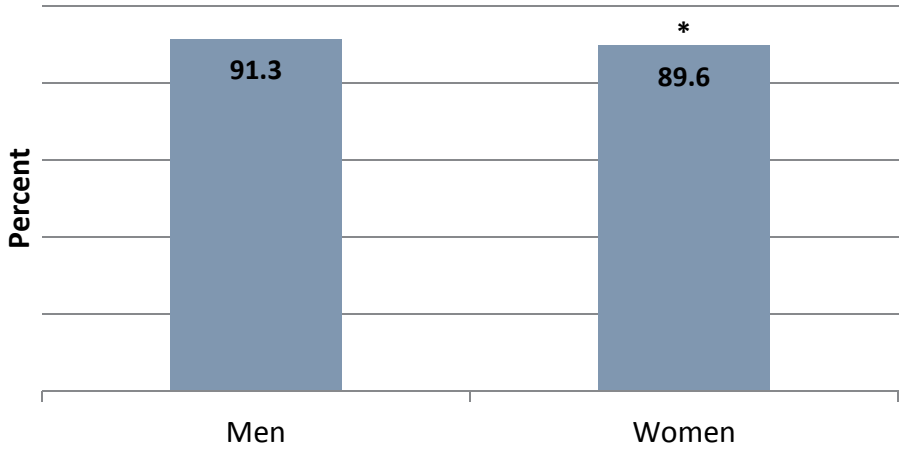
- Long-term use of high-risk medication should be avoided in the elderly. In the 2016 data, it was observed that this standard of care was met less often for women than for men. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

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

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

Percentage of Medicare enrollees aged 65 years and older with chronic renal failure who were not dispensed a prescription for a potentially harmful medication,† by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Potentially harmful medication† should be avoided among elderly adults with chronic renal failure. In the 2016 data, it was observed that this standard of care was met less often for elderly women with chronic renal failure than for elderly men with chronic renal failure. The difference between women and men was less than 3 percentage points.

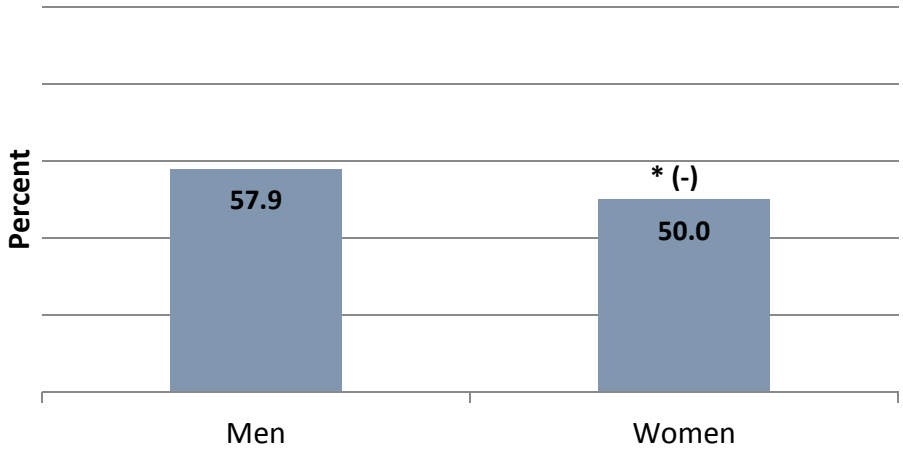
***** Significantly different from the score for Whites ($p < .05$).

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

† This includes COX-2 selective NSAIDs or nonaspirin NSAIDs.

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

Percentage of Medicare enrollees aged 65 years and older with dementia who were not dispensed a prescription for a potentially harmful medication,† by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Potentially harmful medication† should be avoided among elderly adults with dementia. In the 2016 data, it was observed that this standard of care was met less often for elderly women with dementia than for elderly men with dementia. The difference between women and men was greater than 3 percentage points.

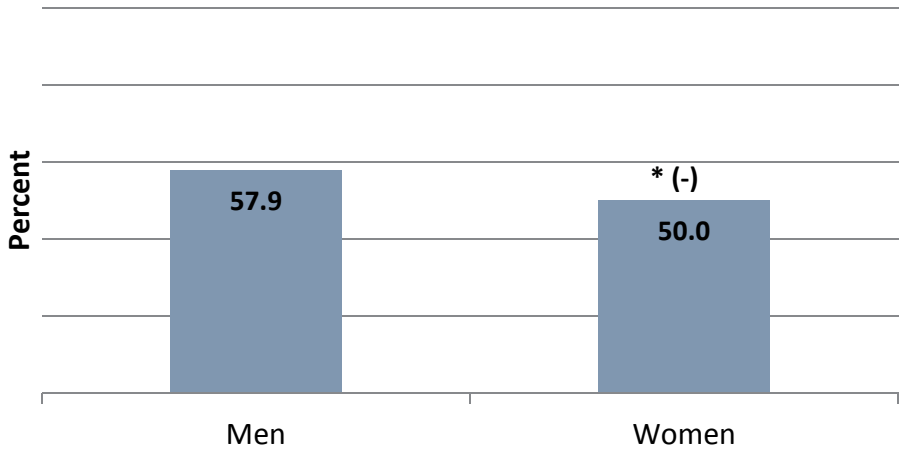
***** Significantly different from the score for Whites ($p < .05$).

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

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

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

Percentage of Medicare enrollees aged 65 years and older with a history of falls who were not dispensed a prescription for a potentially harmful medication,† by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Potentially harmful medication† should be avoided among elderly adults with a history of falls. In the 2016 data, it was observed that this standard of care was met less often for elderly women with a history of falls than for elderly men with a history of falls. The difference between women and men was greater than 3 percentage points.

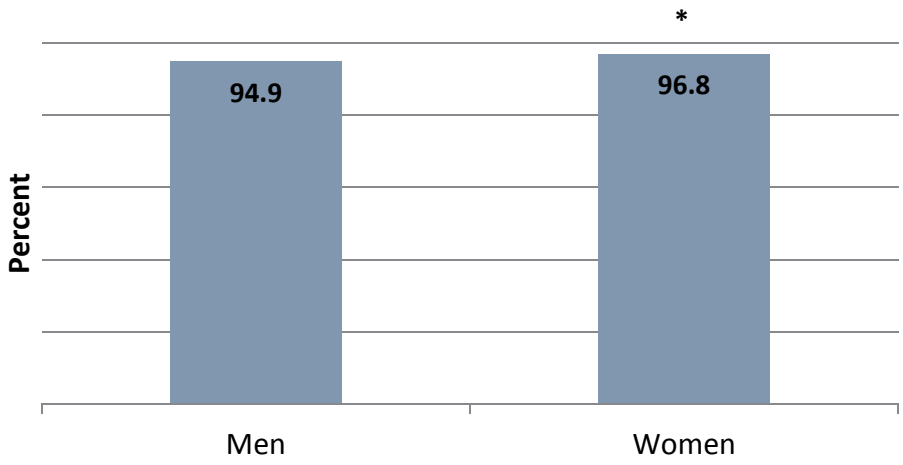
***** Significantly different from the score for Whites ($p < .05$).

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

† This includes anticonvulsants, nonbenzodiazepine hypnotics, SSRIs, antiemetics, antipsychotics, benzodiazepines, and tricyclic antidepressants.

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

Percentage of Medicare enrollees aged 65 years and older who had an ambulatory or preventive care visit, by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women were more likely than men to have had an ambulatory or preventive care visit. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

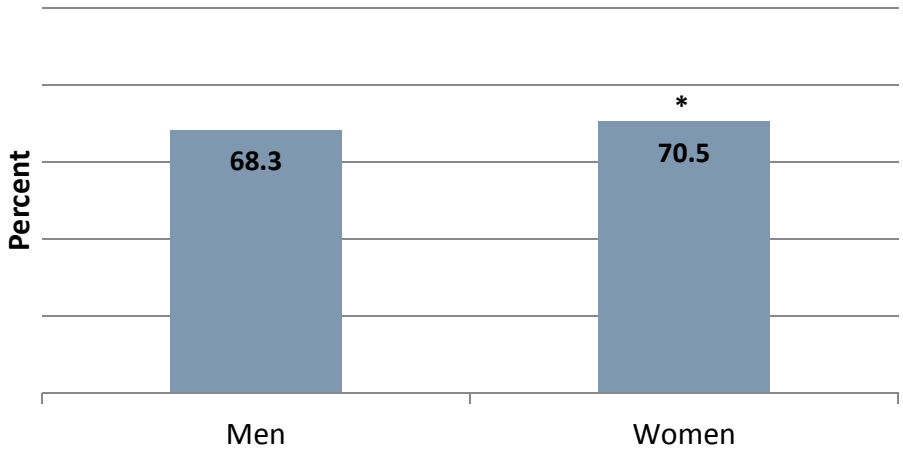
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (prior to rounding) and favors women

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

Clinical Care: Antidepressant Medication Management—Acute Phase Treatment

Percentage of Medicare enrollees aged 18 years and older who were diagnosed with a new episode of major depression and remained on antidepressant medication for at least 84 days, by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women who were diagnosed with a new episode of major depression were more likely than men who were diagnosed with a new episode of major depression to have remained on antidepressant medication for at least 84 days. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

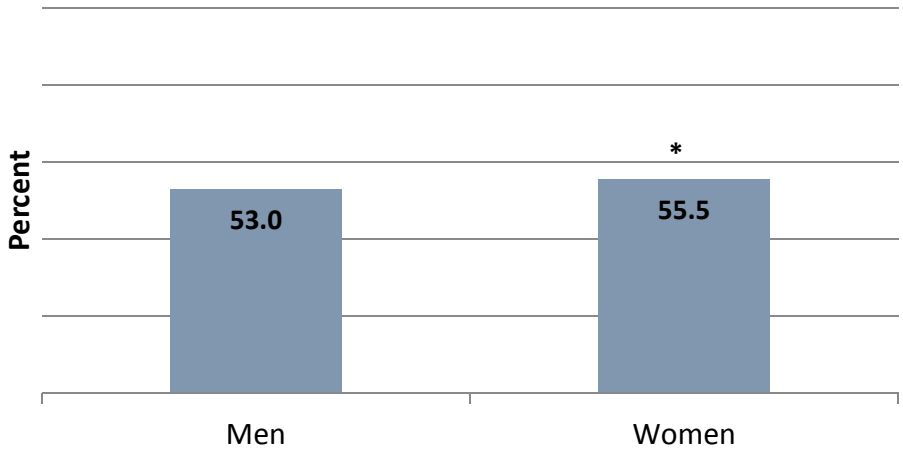
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (prior to rounding) and favors women

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

Clinical Care: Antidepressant Medication Management—Continuation Phase Treatment

Percentage of Medicare enrollees aged 18 years 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 gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women who were diagnosed with a new episode of major depression were more likely than men who were diagnosed with a new episode of major depression to have been treated with and to have remained on antidepressant medication for at least 180 days. The difference between women and men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

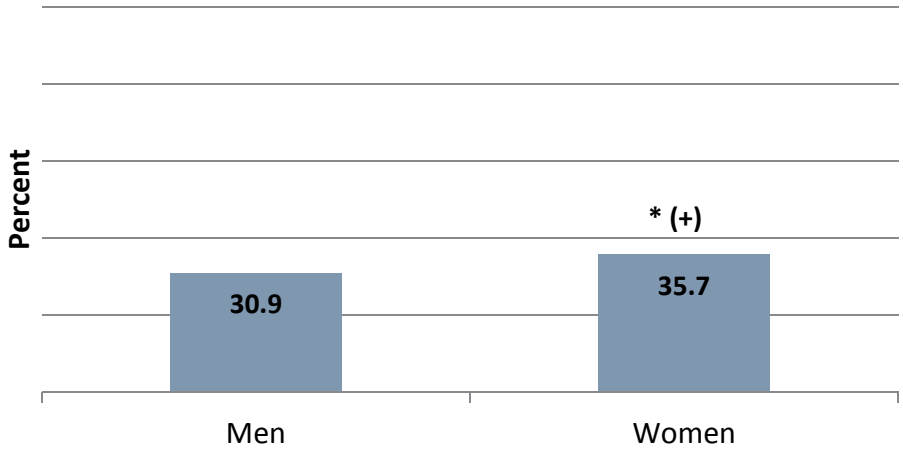
For differences that are statistically significant, the following symbols are also used when applicable:

(+) Difference is equal to or larger than 3 points (prior to rounding) and favors women

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

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

Percentage of Medicare enrollees aged 18 years 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 seven days of discharge,
by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women who were hospitalized for a mental health disorder were more likely than men who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within seven days of being discharged. The difference between women and men was greater than 3 percentage points.

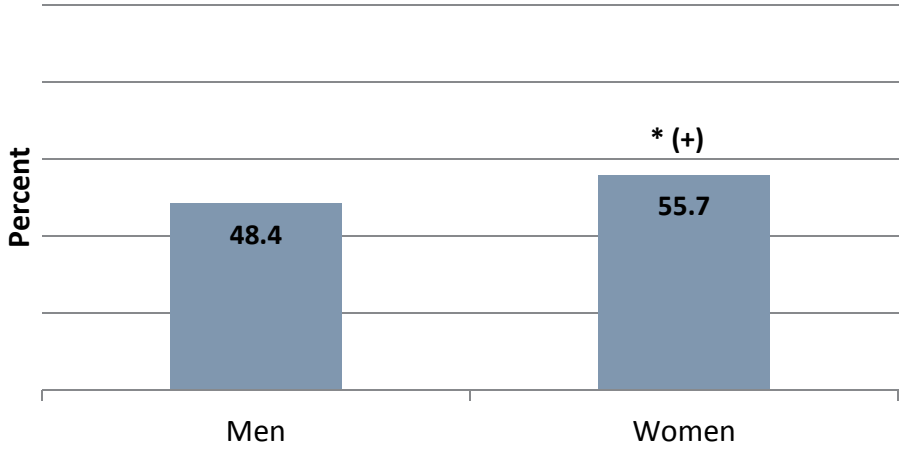
***** Significantly different from the score for Whites ($p < .05$).

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

† Although the lower-bound age cutoff for this HEDIS measure is six years old, the data used in this report are limited to adults.

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

Percentage of Medicare enrollees aged 18 years 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 gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women who were hospitalized for a mental health disorder were more likely than men 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 women and men was greater than 3 percentage points.

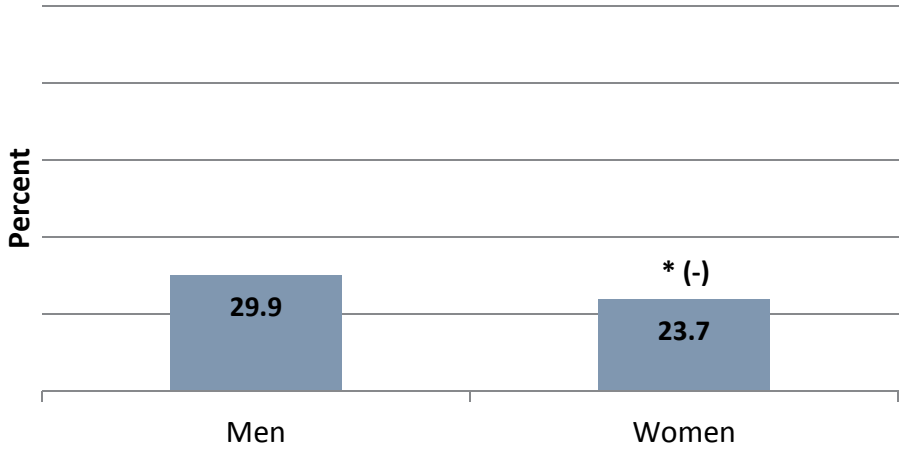
***** Significantly different from the score for Whites ($p < .05$).

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

† Although the lower-bound age cutoff for this HEDIS measure is six years old, the data used in this report are limited to adults.

Clinical Care: Initiation of Alcohol or Other Drug Treatment

Percentage of Medicare enrollees aged 18 years and older† with a new episode of AOD dependence who initiate‡ treatment within 14 days of the diagnosis, by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women with a new episode of AOD dependence were less likely than men with a new episode of AOD dependence to have initiated treatment within 14 days of the diagnosis. The difference between women and men was greater than 3 percentage points.

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

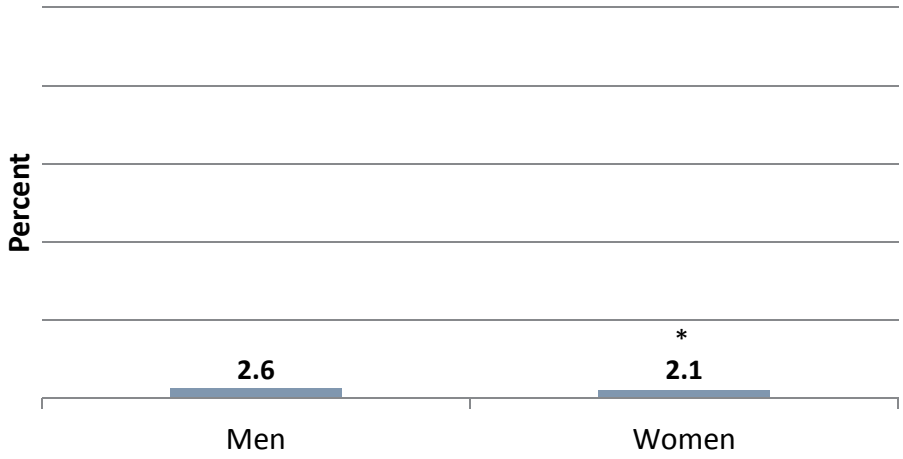
For differences that are statistically significant, the following symbols are also used when applicable:
(+) Difference is equal to or larger than 3 points (prior to rounding) and favors women
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors men

† Although the lower-bound age cutoff for this HEDIS measure is 13 years old, the data used in this report are limited to adults.

‡ 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 aged 18 years and older† with a new episode of AOD dependence who initiated treatment and who had two or more additional services after a diagnosis of AOD within 30 days of the initiation visit, by gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide.

Disparities

- Women with a new episode of AOD dependence and who initiated treatment were less likely than men 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 women and men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

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 women

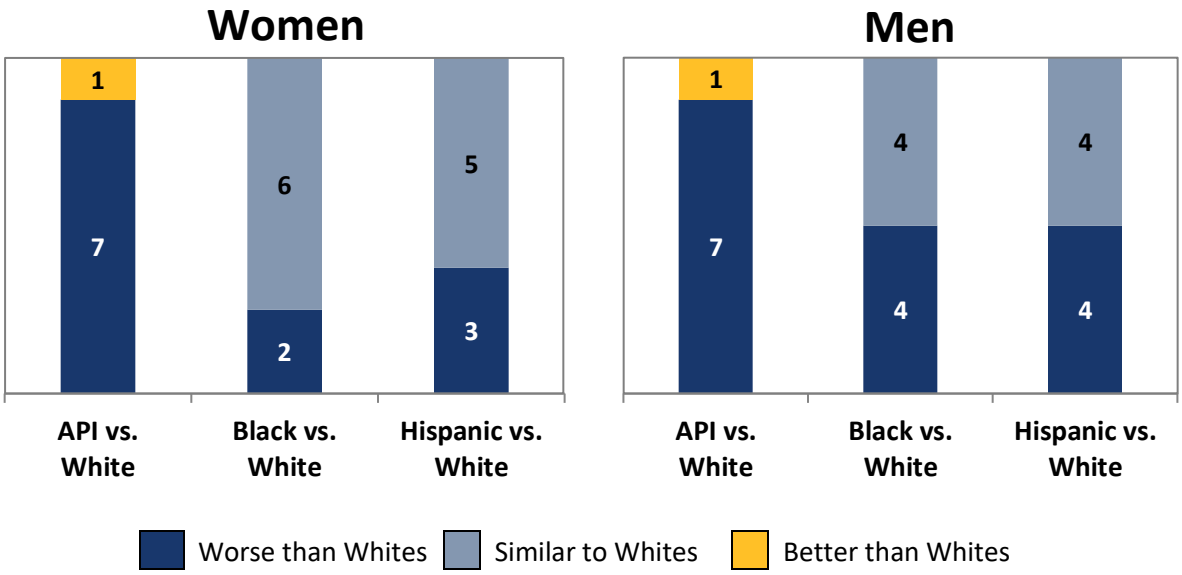
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors men

† Although the lower-bound age cutoff for this HEDIS measure is 13 years old, the data used in this report are limited to adults.

Section III: Racial and Ethnic Disparities by Gender in Health Care in Medicare Advantage

Disparities in Care: All Patient Experience Measures

Number of patient experience measures (out of 8) for which women and men of selected racial/ethnic minority groups reported experiences that were worse than, similar to, or better than the experiences reported by White women and men in 2016



Data source and chart notes: This chart summarizes data from all Medicare Advantage beneficiaries nationwide who participated in the 2016 Medicare CAHPS survey. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Hispanic ethnicity includes all races.

API women received worse care than White women

- Getting needed care
- Getting appointments and care quickly
- Customer service
- Doctors who communicate well
- Care coordination
- Getting needed prescription drugs
- Getting information about prescription drugs

API women received better care than White women

- Annual flu vaccine

Black women received worse care than White women

- Getting appointments and care quickly
- Annual flu vaccine

Hispanic women received worse care than White women

- Getting appointments and care quickly
- Getting information about prescription drugs
- Annual flu vaccine

API men received worse care than White men
• Getting needed care • Getting appointments and care quickly • Customer service • Doctors who communicate well • Care coordination • Getting needed prescription drugs • Getting information about prescription drugs

API men received better care than White men
• Annual flu vaccine

Black men received worse care than White men
• Getting appointments and care quickly • Getting needed prescription drugs • Getting information about prescription drugs • Annual flu vaccine

Hispanic men received worse care than White men
• Getting appointments and care quickly • Care coordination • Getting information about prescription drugs • Annual flu vaccine

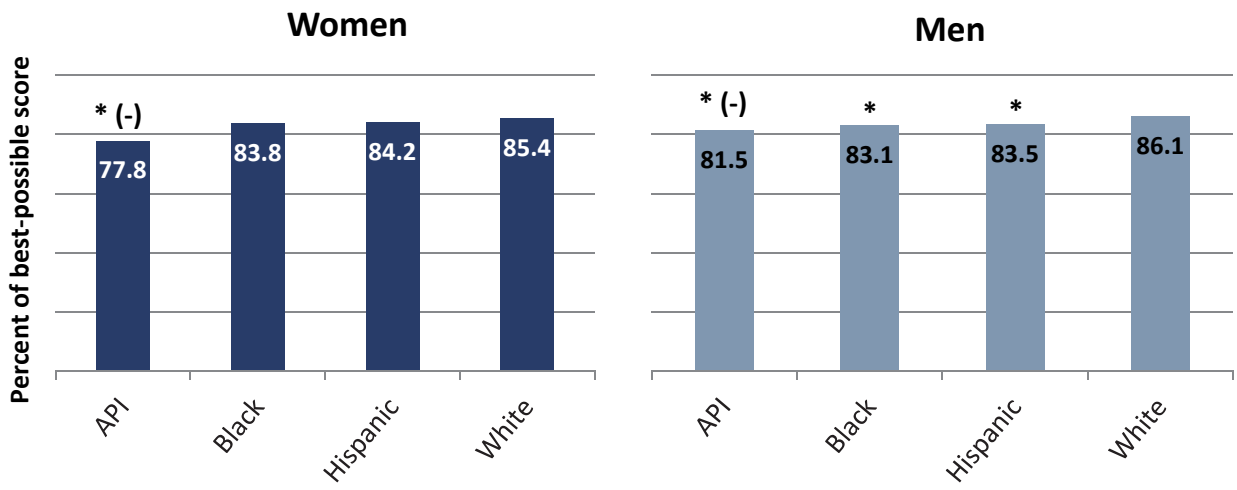
Within each gender, the relative difference between a selected group and Whites is used to assess disparities.

- **Better** = Population received better care than Whites. Differences are statistically significant ($p < .05$), are equal to or larger than 3 points[†] on a 0–100 scale, and favor the racial/ethnic minority group.
- **Similar** = Population and Whites received care of similar quality. Differences are less than 3 points on a 0–100 scale and/or not statistically significant.
- **Worse** = Population received worse care than Whites. Differences are statistically significant, are equal to or larger than 3 points on a 0–100 scale, and favor Whites.

† A difference that is considered to be of moderate magnitude. Paddison et al., 2013.

Patient Experience: Getting Needed Care

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is for patients to get needed care,† by race/ethnicity within gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API women reported worse†† experiences getting needed care than White women reported. The difference between API women and White women was greater than 3 points on a 0–100 scale. Black and Hispanic women reported experiences with getting needed care that were similar to the experiences reported by White women.
- API, Black, and Hispanic men reported worse experiences getting needed care than White men reported. The difference between API men and White men was greater than 3 points on a 0–100 scale. The difference between Black and White men and between Hispanic and White men was less than 3 points (prior to rounding) on a 0–100 scale.

***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

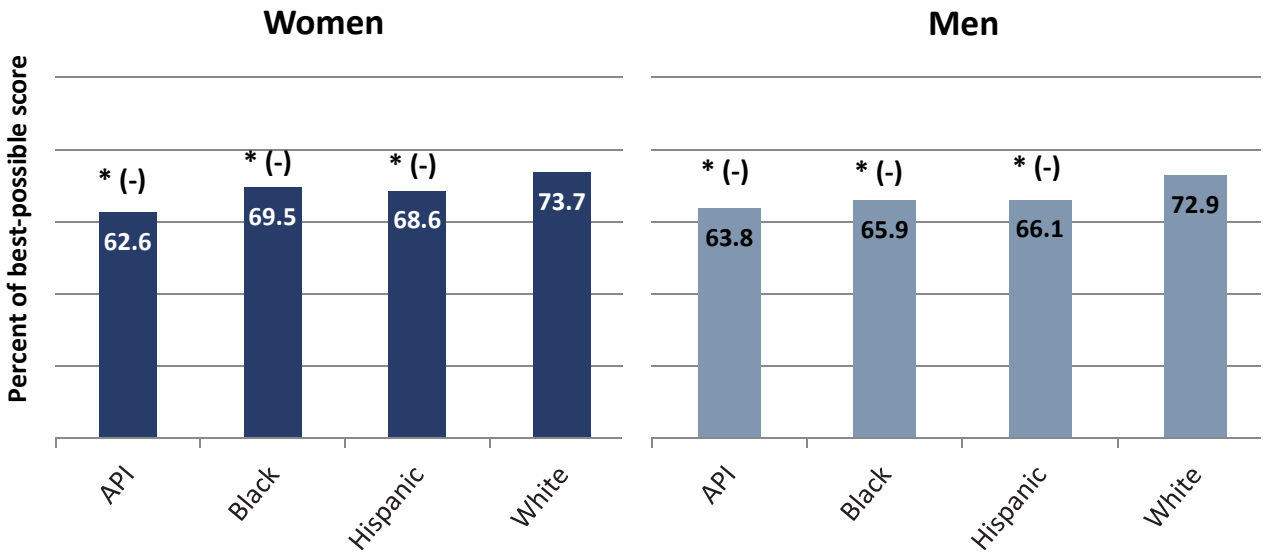
(+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

† This includes how easy it is to get appointments with specialists and how easy it is to get needed care, tests, or treatment.

†† Unlike on the preceding page, we use the terms "better" or "worse" to describe all statistically significant differences on individual patient experience measures. We note in the "Disparities" section for each of these measures where differences are greater or less than 3 points.

Patient Experience: Getting Appointments and Care Quickly

Percentage of the best possible score (on a 0–100 scale) earned on how quickly patients get appointments and care,† by race/ethnicity within gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API, Black, and Hispanic women reported getting appointments and care less quickly than White women did. In each case, the difference was greater than 3 points on a 0–100 scale.
- API, Black, and Hispanic men reported getting appointments and care less quickly than White men did. In each case, the difference was greater than 3 points on a 0–100 scale.

***** Significantly different from the score for Whites ($p < .05$).

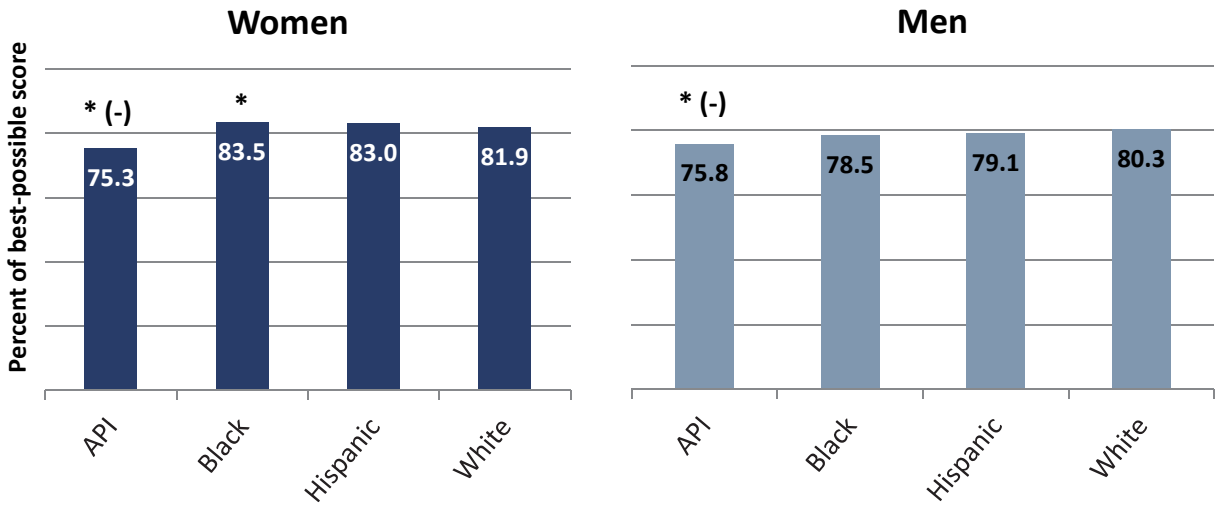
For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) 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

† This includes how easy it is to get care that is needed right away, as well as how easy it is to get appointments for checkups and routine care.

Patient Experience: Customer Service

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is to get information and help from one's plan when needed,† by race/ethnicity within gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API women reported worse experiences with customer service than White women reported. The difference between API women and White women was greater than 3 points on a 0–100 scale. Black women reported better experiences with customer service than White women reported, but the difference was less than 3 points on a 0–100 scale. Hispanic women reported experiences with customer service that were similar to the experiences reported by White women.
- API men reported worse experiences with customer service than White men reported. The difference between API men and White men was greater than 3 points on a 0–100 scale. Black and Hispanic men reported experiences with customer service that were similar to the experiences reported by White men.

***** Significantly different from the score for Whites ($p < .05$).

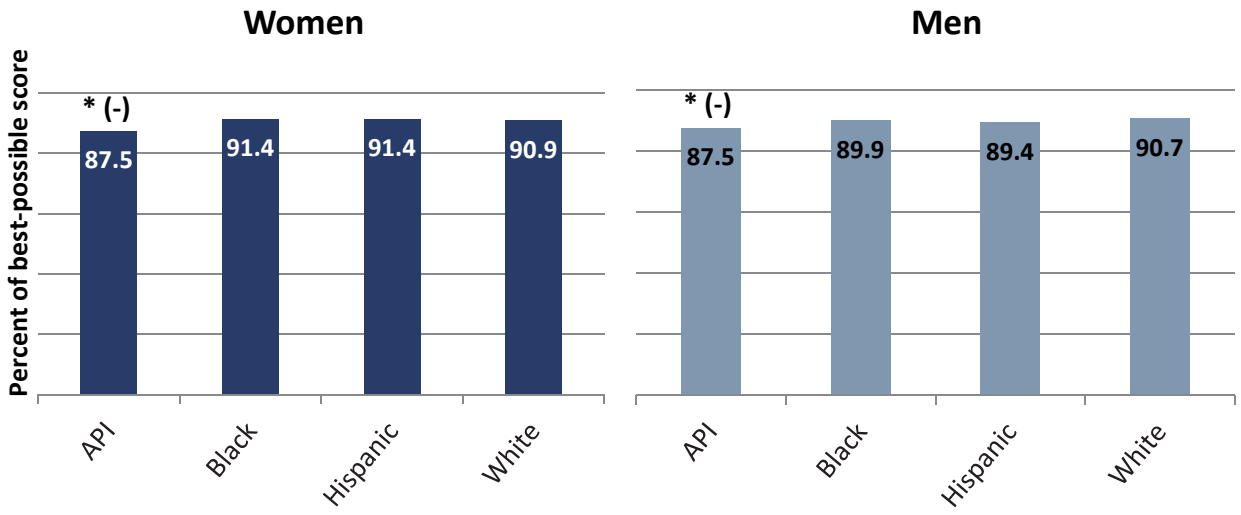
For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) 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

† This includes how often health plan customer service staff provide the information or help that beneficiaries need, how often beneficiaries are treated with courtesy and respect, and how often forms from the health plan are easy to fill out.

Patient Experience: Doctors Who Communicate Well

Percentage of the best possible score (on a 0–100 scale) earned on how well doctors communicate with patients,† by race/ethnicity within gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API women reported worse doctor communication than White women reported. The difference between API and White women was greater than 3 points on a 0–100 scale. Black and Hispanic women reported experiences with doctor communication that were similar to the experiences reported by White women.
- API men reported worse doctor communication than White men reported. The difference between API men and White men was greater than 3 points on a 0–100 scale. Black and Hispanic men reported experiences with doctor communication that were similar to the experiences reported by White men.

***** Significantly different from the score for Whites ($p < .05$).

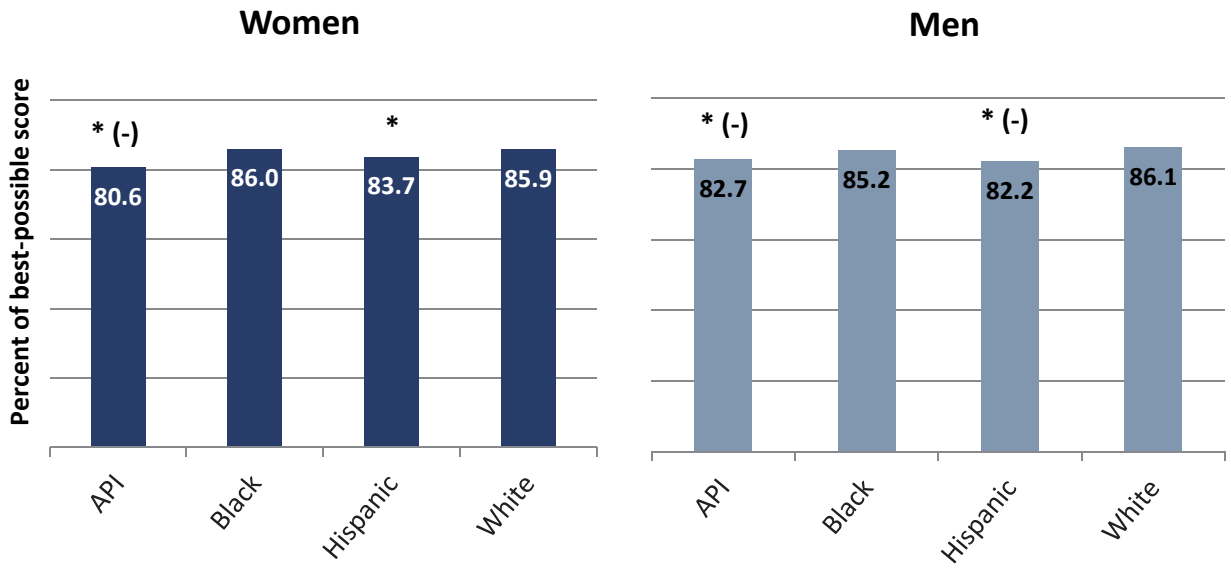
For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) 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

† This includes how often doctors explain things in a way that is easy to understand, listen carefully, show respect for what patients have to say, and spend time with patients.

Patient Experience: Care Coordination

Percentage of the best possible score (on a 0–100 scale) earned on how well patient care was coordinated,† by race/ethnicity within gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API and Hispanic women reported worse experiences with care coordination than White women reported. The difference between API and White women was greater than 3 points on a 0–100 scale; the difference between Hispanic and White women was less than 3 points. Black women reported experiences with care coordination that were similar to the experiences reported by White women.
- API and Hispanic men reported worse care coordination than White men reported. In each case, the difference was greater than 3 points on a 0–100 scale. Black men reported experiences with care coordination that were similar to the experiences reported by White men.

***** Significantly different from the score for Whites ($p < .05$).

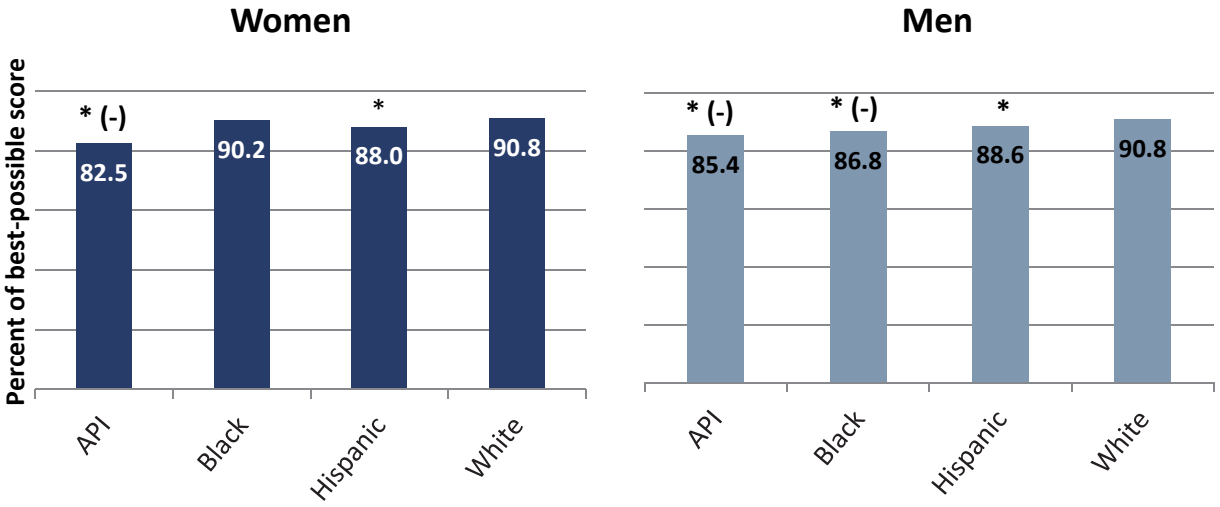
For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) 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

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

Patient Experience: Getting Needed Prescription Drugs

Percentage of the best possible score (on a 0–100 scale) earned on how easy it is for beneficiaries to get the prescription drugs they need using their plans,† by race/ethnicity within gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API and Hispanic women reported worse experiences getting needed prescription drugs than White women reported. The difference between API and White women was greater than 3 points on a 0–100 scale; the difference between Hispanic and White women was less than 3 points. Black women reported experiences getting needed prescription drugs that were similar to the experiences reported by White women.
- API, Black, and Hispanic men reported worse experiences getting needed prescription drugs than White men reported. The difference between API and White men was greater than 3 points on a 0–100 scale, as was the difference between Black and White men. The difference between Hispanic and White men was less than 3 points on a 0–100 scale.

***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

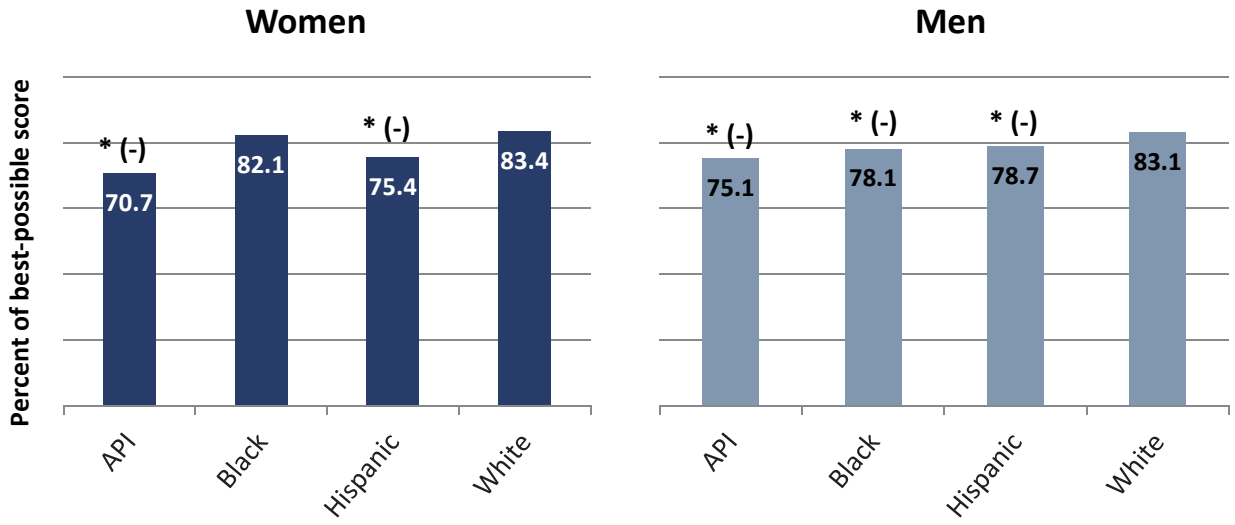
(+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial/ethnic minority group

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

† This includes how often it is easy to use the plan to get prescribed medications and how easy it is to fill prescriptions at a pharmacy or by mail.

Patient Experience: Getting Information About Prescription Drugs

Percentage of the best possible score (on a 0–100 scale) earned on how easy it was for beneficiaries to get information from their plan about prescription drug coverage and cost,† by race/ethnicity within gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API and Hispanic women reported worse experiences getting information about prescription drugs than White women reported. In each case, the difference was greater than 3 points on a 0–100 scale. Black women reported experiences with getting information about prescription drugs that were similar to the experiences reported by White women.
- API, Black, and Hispanic men reported worse experiences getting information about prescription drugs than White men reported. In each case, the difference was greater than 3 points on a 0–100 scale.

***** Significantly different from the score for Whites ($p < .05$).

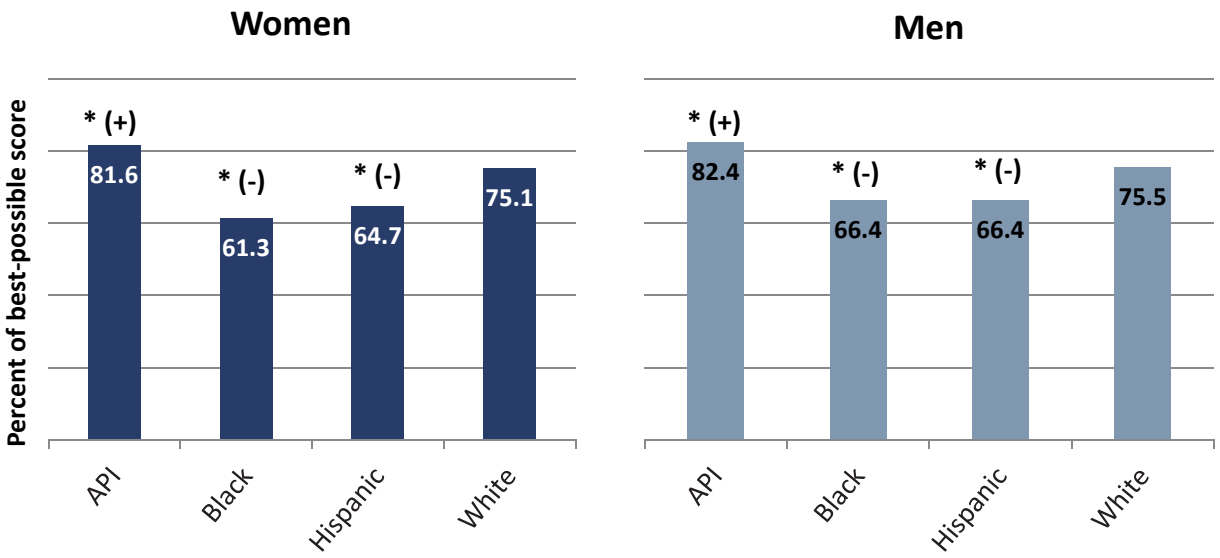
For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) 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

† This includes information about which prescription medications are covered by the plan and how much beneficiaries have to pay for their prescription medications.

Patient Experience: Annual Flu Vaccine

Percentage of Medicare enrollees who got a vaccine (flu shot), by race/ethnicity within gender, 2016



NOTE: Data from the Medicare CAHPS survey, 2016. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- Black and Hispanic women were less likely than White women to have received the flu vaccine. In each case, the difference was greater than 3 percentage points. API women were more likely than White women to have received the flu vaccine. The difference between API women and White women was greater than 3 percentage points.
- Black and Hispanic men were less likely than White men to have received the flu vaccine. In each case, the difference was greater than 3 percentage points. API men were more likely than White men to have received the flu vaccine. The difference between API men and White men was greater than 3 percentage points.

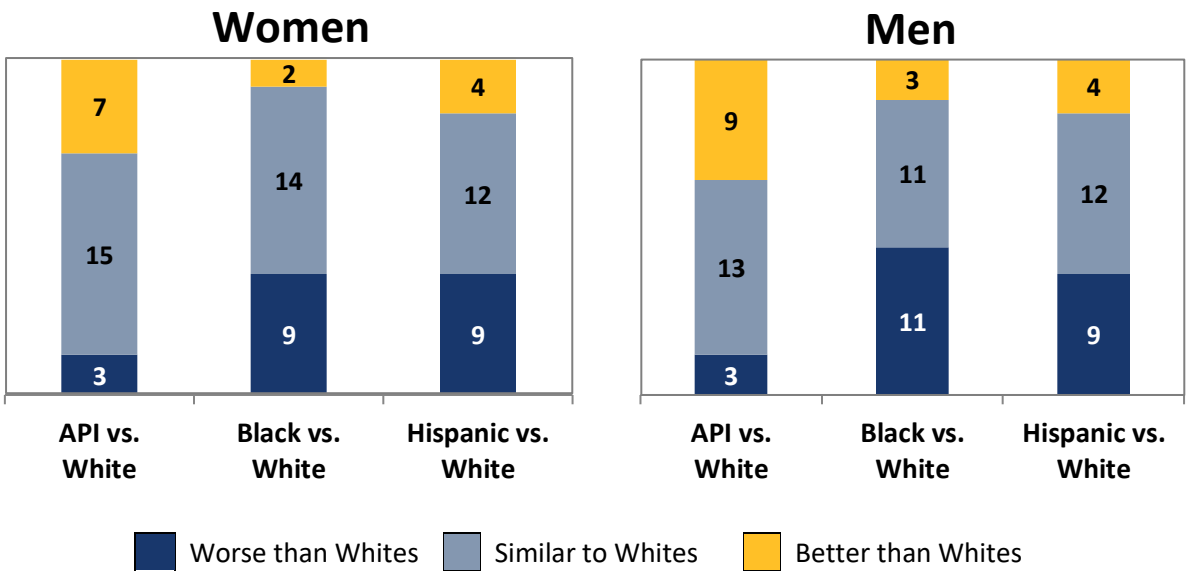
***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, 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 Care: All Clinical Care Measures

Number of clinical care measures (out of 25) for which women/men of selected racial/ethnic minority groups experienced care that was worse than, similar to, or better than the care experienced by White women/men in 2016



Data source and chart notes: This chart summarizes clinical quality (HEDIS) data collected in 2016 from Medicare health plans nationwide. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Hispanic ethnicity includes all races.

API women received worse care than White women

- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Initiation of alcohol or other drug treatments

API women received better care than White women

- Colorectal cancer screening
- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Diabetes care—blood sugar controlled
- Avoiding potentially harmful drug-disease interactions in elderly patients with dementia
- Avoiding potentially harmful drug-disease interactions in elderly patients with a history of falls
- Follow-up after hospital stay for mental illness (within seven days of discharge)

Black women received worse care than White women

- Diabetes care—blood sugar controlled
- Controlling blood pressure
- Continuous beta-blocker treatment after a heart attack
- Pharmacotherapy management of COPD exacerbation—use of systemic corticosteroids
- Avoiding potentially harmful drug-disease interactions in elderly patients with chronic renal failure
- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Follow-up after hospital stay for mental illness (within seven days of discharge)
- Follow-up after hospital stay for mental illness (within 30 days of discharge)

Black women received better care than White women

- Avoiding potentially harmful drug-disease interactions in elderly patients with dementia
- Avoiding potentially harmful drug-disease interactions in elderly patients with a history of falls

Hispanic women received worse care than White women

- Controlling blood pressure
- Continuous beta-blocker treatment after a heart attack
- Pharmacotherapy management of COPD exacerbation—use of systemic corticosteroids
- Pharmacotherapy management of COPD exacerbation—use of bronchodilators
- Avoiding potentially harmful drug-disease interactions in elderly patients with chronic renal failure
- Avoiding potentially harmful drug-disease interactions in elderly patients with dementia
- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Initiation of alcohol or other drug treatments

Hispanic women received better care than White women

- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Follow-up after hospital stay for mental illness (within seven days of discharge)
- Follow-up after hospital stay for mental illness (within 30 days of discharge)

API men received worse care than White men

- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Initiation of alcohol or other drug treatments

API men received better care than White men

- Colorectal cancer screening
- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Diabetes care—blood sugar controlled
- Use of spirometry testing in the assessment and diagnosis of COPD
- Pharmacotherapy management of COPD exacerbation—use of bronchodilators
- Avoiding potentially harmful drug-disease interactions in elderly patients with dementia
- Avoiding potentially harmful drug-disease interactions in elderly patients with a history of falls
- Follow-up after hospital stay for mental illness (within seven days of discharge)

Black men received worse care than White men

- Colorectal cancer screening
- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Controlling blood pressure
- Continuous beta-blocker treatment after a heart attack
- Rheumatoid arthritis management
- Avoiding potentially harmful drug-disease interactions in elderly patients with chronic renal failure
- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Follow-up after hospital stay for mental illness (within seven days of discharge)
- Follow-up after hospital stay for mental illness (within 30 days of discharge)

Black men received better care than White men
• Avoiding potentially harmful drug-disease interactions in elderly patients with dementia • Avoiding potentially harmful drug-disease interactions in elderly patients with a history of falls • Initiation of alcohol or other drug treatments

Hispanic men received worse care than White men
• Controlling blood pressure • Continuous beta-blocker treatment after a heart attack • Pharmacotherapy management of COPD exacerbation—use of systemic corticosteroids • Pharmacotherapy management of COPD exacerbation—use of bronchodilators • Avoiding potentially harmful drug-disease interactions in elderly patients with chronic renal failure • Avoiding potentially harmful drug-disease interactions in elderly patients with dementia • Antidepressant medication management—acute phase treatment • Antidepressant medication management—continuation phase treatment • Initiation of alcohol or other drug treatments

Hispanic men received better care than White men
• Diabetes care—eye exam • Diabetes care—blood pressure controlled • Follow-up after hospital stay for mental illness (within seven days of discharge) • Follow-up after hospital stay for mental illness (within 30 days of discharge)

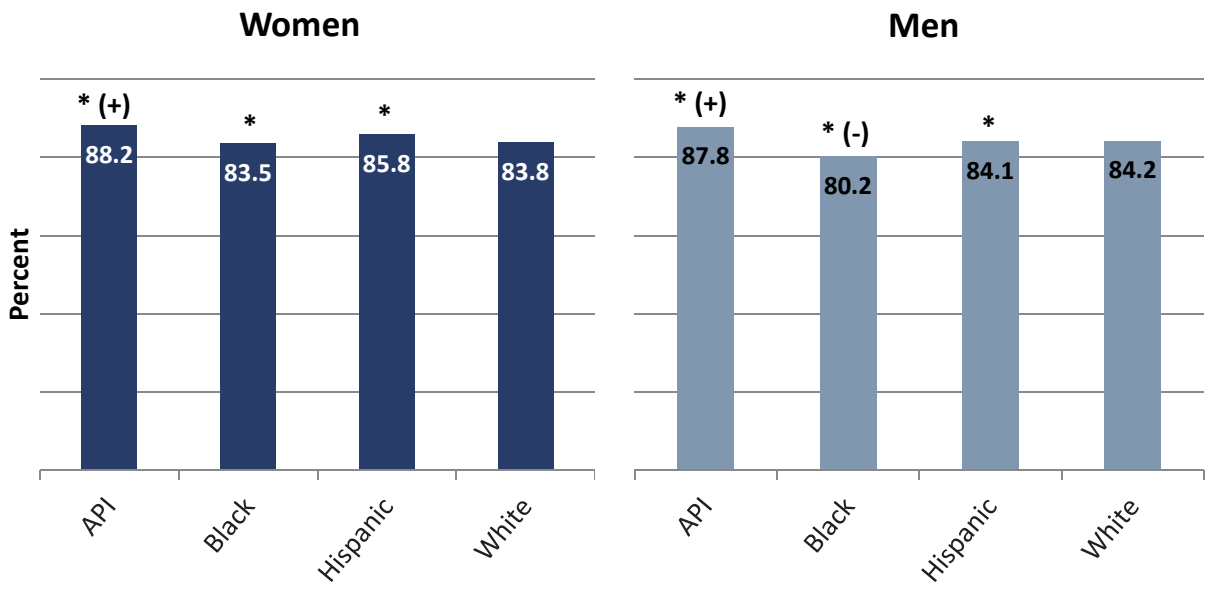
Within each gender, the relative difference between a selected group and Whites is used to assess disparities.

- **Better** = Population received better care than Whites. Differences are statistically significant ($p < .05$), are equal to or larger than 3 points† on a 0–100 scale, and favor the racial/ethnic minority group.
- **Similar** = Population and Whites received care of similar quality. Differences are less than 3 points on a 0–100 scale and/or not statistically significant.
- **Worse** = Population received worse care than Whites. Differences are statistically significant, are equal to or larger than 3 points on a 0–100 scale, and favor Whites.

† A difference that is considered to be of moderate magnitude. Paddison et al., 2013.

Clinical Care: Colorectal Cancer Screening

Percentage of Medicare enrollees aged 50–75 years who had appropriate screening for colorectal cancer, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API and Hispanic women were more likely than White women to have been appropriately screened for colorectal cancer. The difference between API and White women was greater than 3 percentage points. The difference between Hispanic and White women was less than 3 percentage points. Black women were less likely than White women to have been appropriately screened for colorectal cancer. The difference between Black women and White women was less than 3 percentage points.
- API men were more likely than White men to have been appropriately screened for colorectal cancer. The difference between API and White men was greater than 3 percentage points. Black men and Hispanic men were less likely than White men to have been appropriately screened for colorectal cancer. The difference between Black men and White men was greater than 3 percentage points. The difference between Hispanic men and White men was less than 3 percentage points.

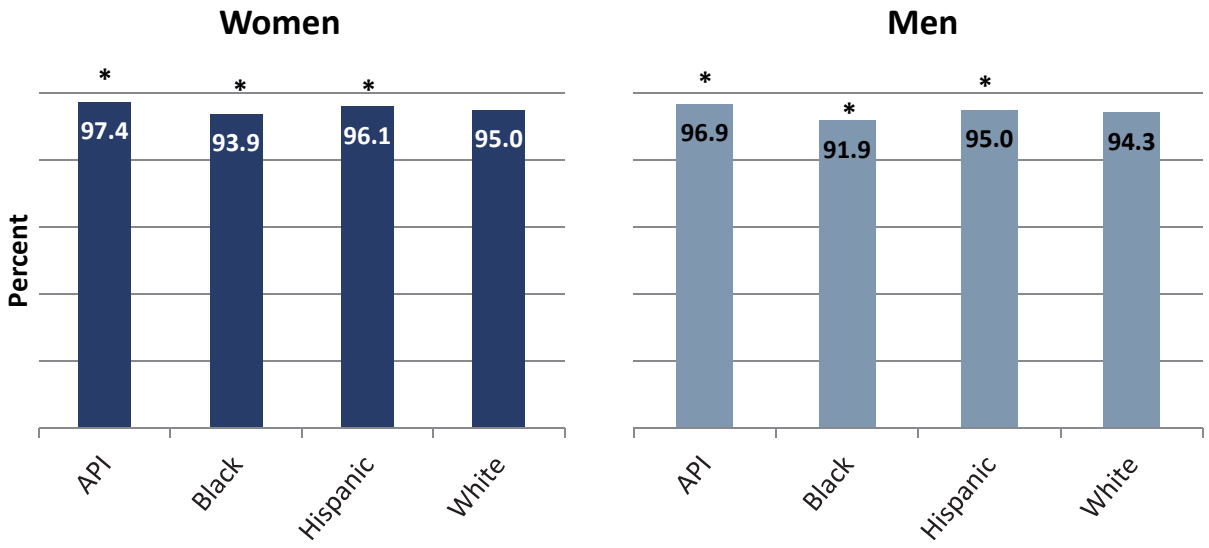
***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, 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

Clinical Care: Diabetes Care—Blood Sugar Testing

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) who had one or more HbA1c tests in the past year, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API and Hispanic women with diabetes were more likely than White women with diabetes to have had their blood sugar tested at least once in the past year. In each case, the difference was less than 3 percentage points. Black women with diabetes were less likely than White women with diabetes to have had their blood sugar tested at least once in the past year. The difference between Black women and White women was less than 3 percentage points.
- API and Hispanic men with diabetes were more likely than White men with diabetes to have had their blood sugar tested at least once in the past year. In each case, the difference was less than 3 percentage points. Black men with diabetes were less likely than White men with diabetes to have had their blood sugar tested at least once in the past year. The difference between Black men and White men was less than 3 percentage points.

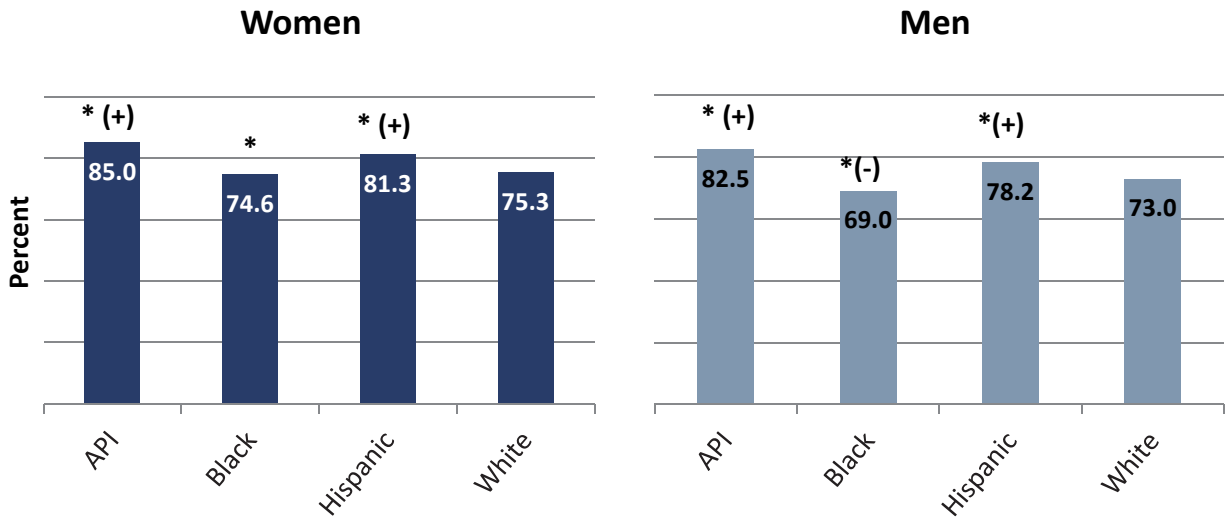
***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, 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

Clinical Care: Diabetes Care—Eye Exam

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) who had an eye exam (retinal) in the past year, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API and Hispanic women with diabetes were more likely than White women with diabetes to have had an eye exam in the past year. In each case, the difference was greater than 3 percentage points. Black women with diabetes were less likely than White women with diabetes to have had an eye exam in the past year. The difference between Black women and White women was less than 3 percentage points.
- API and Hispanic men with diabetes were more likely than White men with diabetes to have had an eye exam in the past year. In each case, the difference was greater than 3 percentage points. Black men with diabetes were less likely than White men with diabetes to have had an eye exam in the past year. The difference between Black men and White men was greater than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

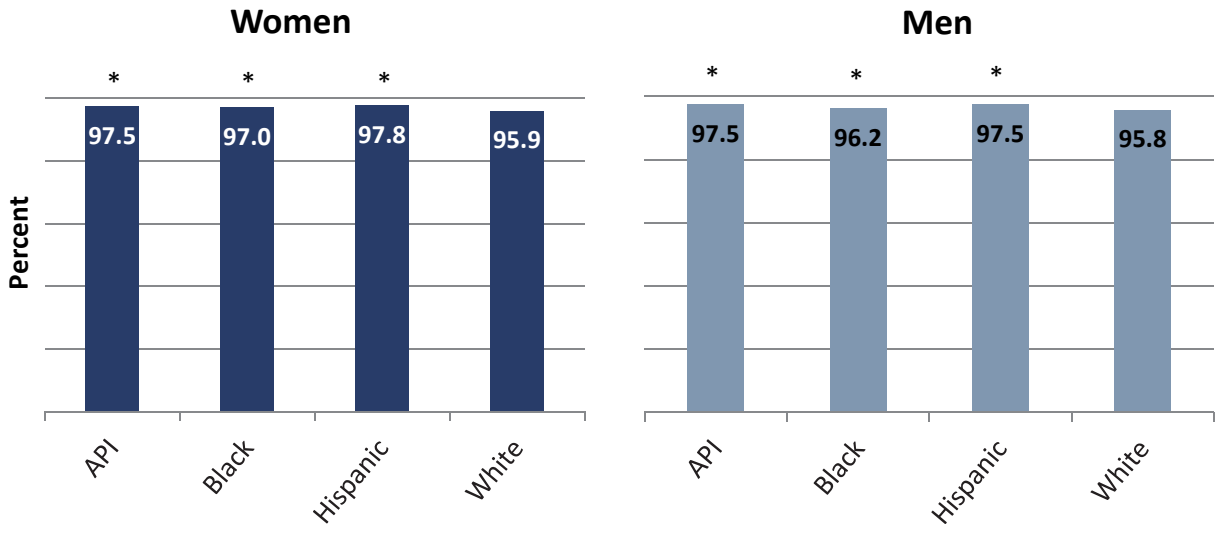
For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) 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

Clinical Care: Diabetes Care—Kidney Disease Monitoring

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) who had medical attention for nephropathy in the past year, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API, Black, and Hispanic women with diabetes were more likely than White women with diabetes to have had medical attention for nephropathy in the past year. In each case, the difference was less than 3 percentage points.
- API, Black, and Hispanic men with diabetes were more likely than White men with diabetes to have had medical attention for nephropathy in the past year. In each case, the difference was less than 3 percentage points.

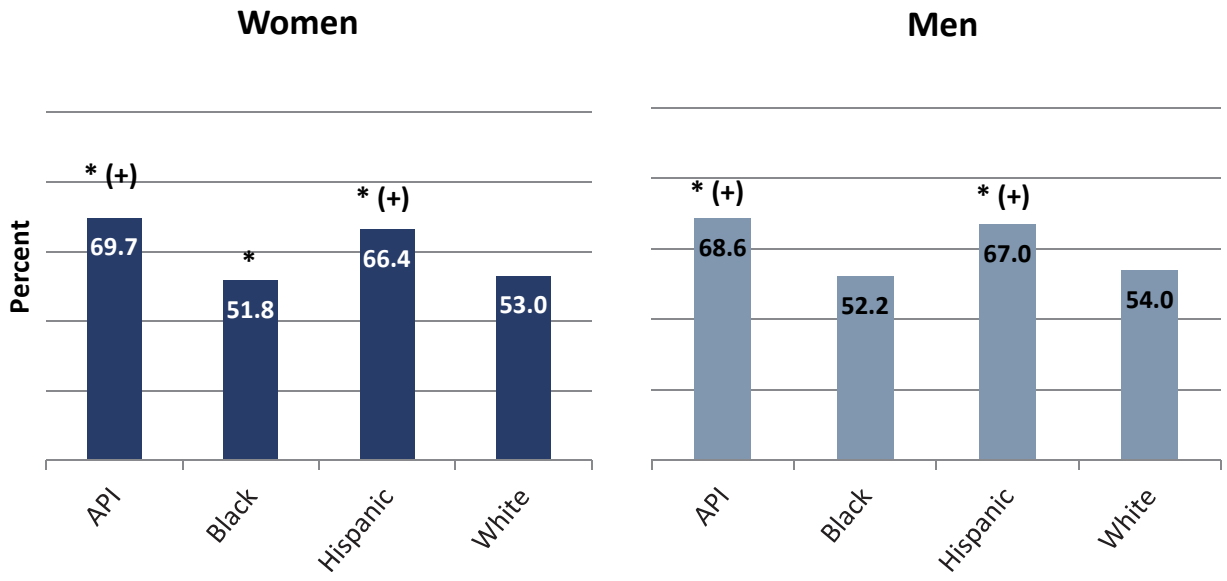
***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, 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

Clinical Care: Diabetes Care—Blood Pressure Controlled

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) whose most recent blood pressure was less than 140/90, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API and Hispanic women with diabetes were more likely than White women with diabetes to have their blood pressure under control. In each case, the difference was greater than 3 percentage points. Black women with diabetes were less likely than White women with diabetes to have their blood pressure under control. The difference between Black women and White women was less than 3 percentage points.
- API and Hispanic men with diabetes were more likely than White men with diabetes to have their blood pressure under control. In each case the difference was greater than 3 percentage points. Black men with diabetes were as likely as White men with diabetes to have their blood pressure under control.

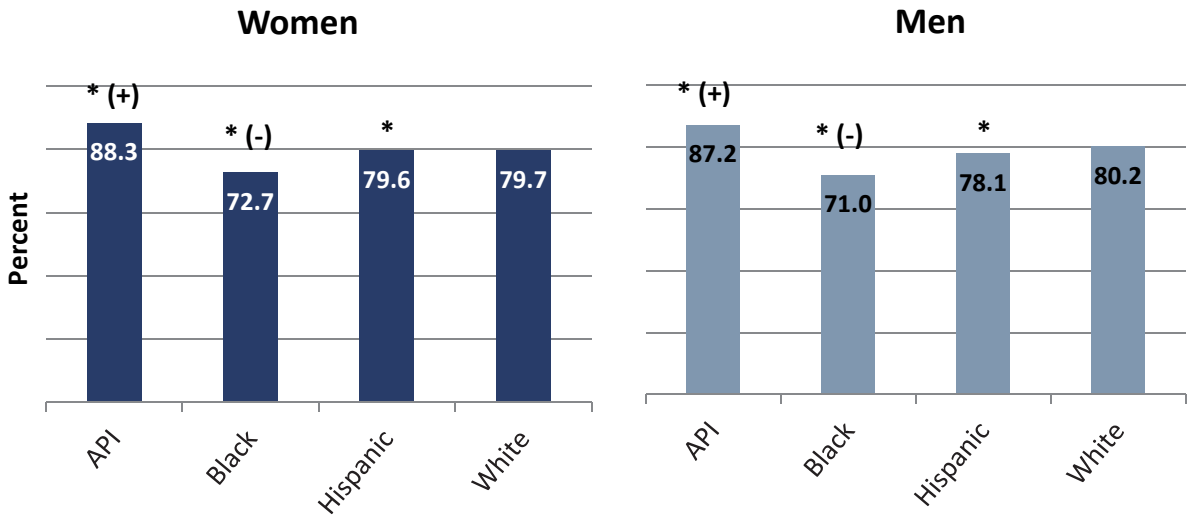
***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, 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

Clinical Care: Diabetes Care—Blood Sugar Controlled

Percentage of Medicare enrollees aged 18–75 years with diabetes (type 1 and type 2) whose most recent HbA1c level was 9 percent or less, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API women with diabetes were more likely than White women with diabetes to have their blood sugar levels under control. The difference between API women and White women was greater than 3 percentage points. Black and Hispanic women with diabetes were less likely than White women with diabetes to have their blood sugar levels under control. The difference between Black women and White women was greater than 3 percentage points. The difference between Hispanic women and White women was less than 3 percentage points.
- API men with diabetes were more likely than White men with diabetes to have their blood sugar levels under control. The difference between API men and White men was greater than 3 percentage points. Black and Hispanic men with diabetes were less likely than White men with diabetes to have their blood sugar levels under control. The difference between Black men and White men was greater than 3 percentage points. The difference between Hispanic men and White men was less than 3 percentage points.

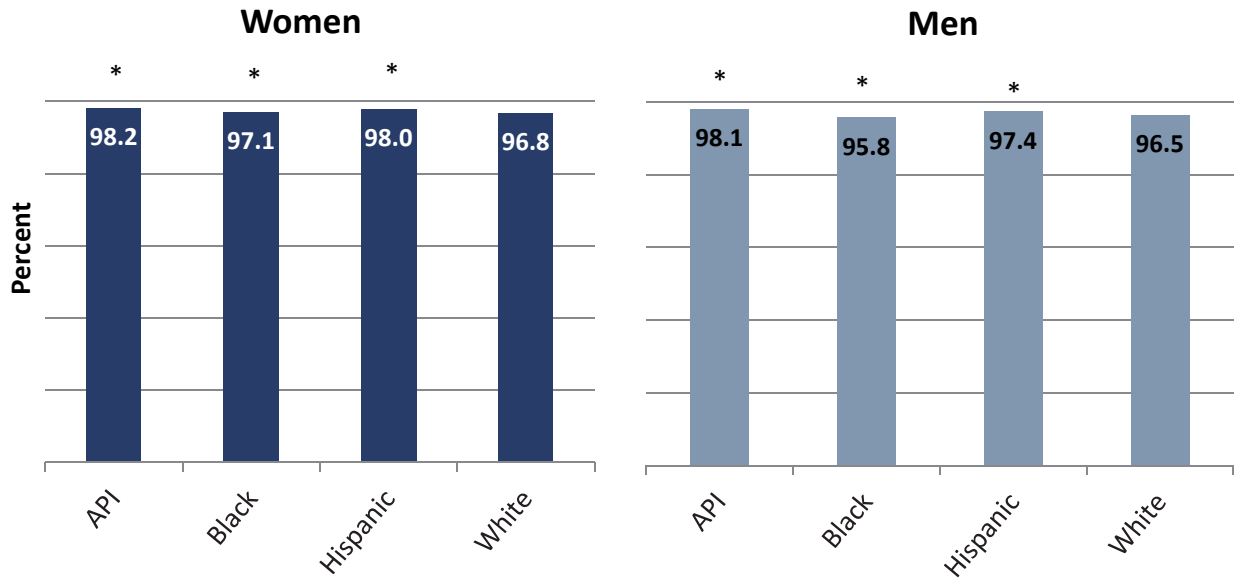
***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, 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

Clinical Care: Adult BMI Assessment

Percentage of Medicare enrollees aged 18–74 years who had an outpatient visit and whose BMI was documented in the past two years, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API, Black, and Hispanic women were more likely than White women to have had their BMIs documented. In each case, the difference was less than 3 percentage points.
- Whereas API and Hispanic men were more likely than White men to have had their BMIs documented, Black men were less likely than White men to have had their BMIs documented. In each case, the difference was less than 3 percentage points.

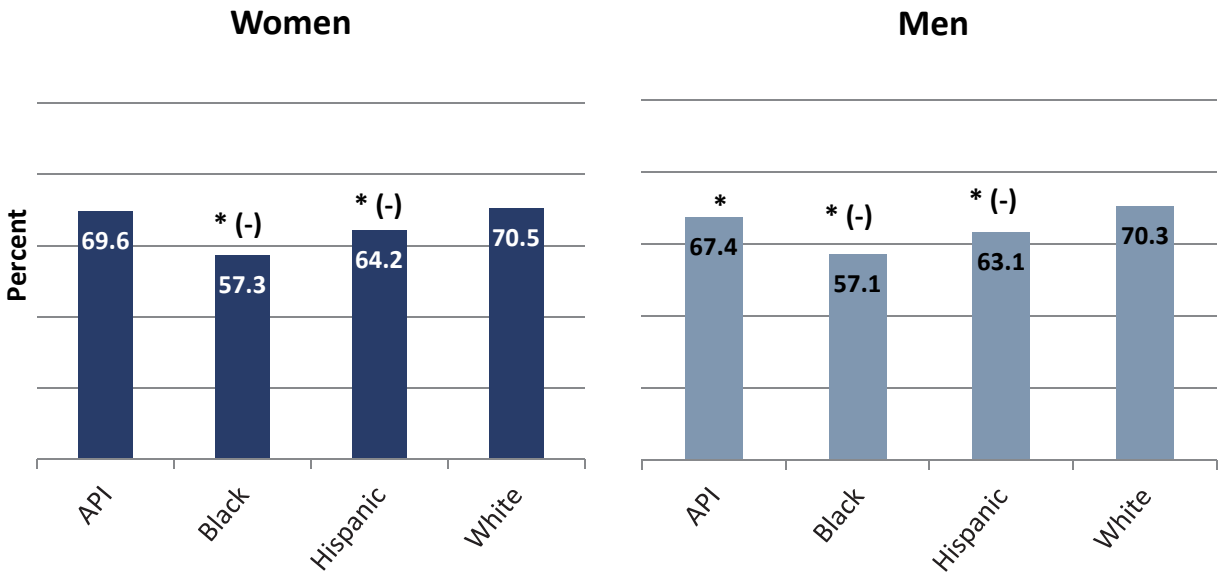
***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, 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

Clinical Care: Controlling Blood Pressure

Percentage of Medicare enrollees aged 18–85 years who had a diagnosis of hypertension and whose blood pressure was adequately controlled† during the past year, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- Black and Hispanic women with a diagnosis of hypertension were less likely than White women with a diagnosis of hypertension to have had their blood pressure adequately controlled. In each case, the difference was greater than 3 percentage points. API women with a diagnosis of hypertension were as likely as White women with a diagnosis of hypertension to have had their blood pressure adequately controlled.
- Black, Hispanic, and API men with a diagnosis of hypertension were less likely than White men with a diagnosis of hypertension to have had their blood pressure adequately controlled. The difference between Black and Hispanic men and White men was greater than 3 percentage points. The difference between API and White men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

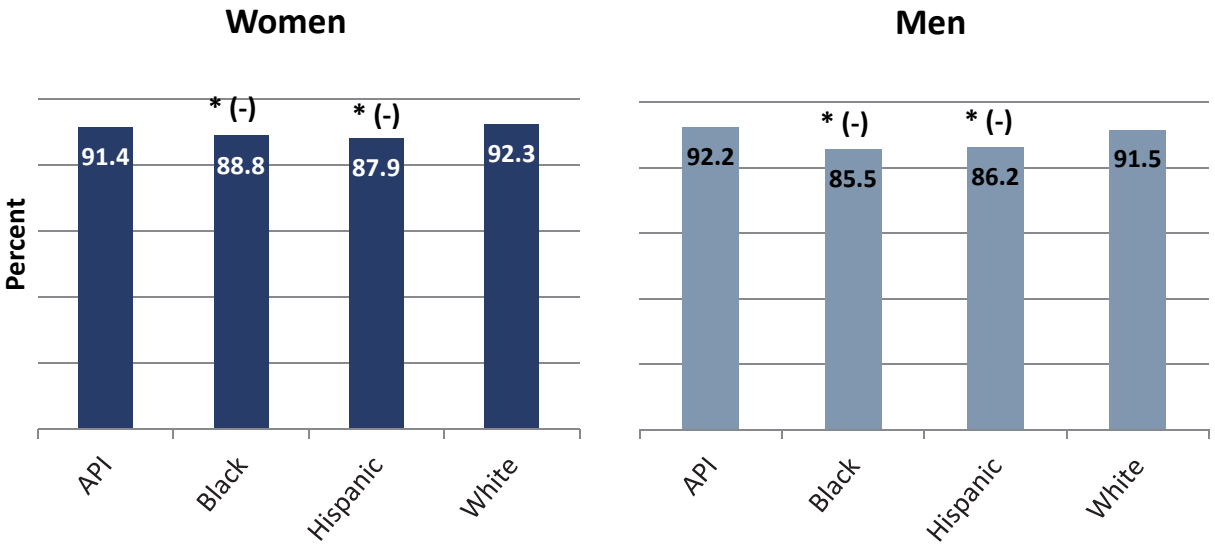
For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) 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

† Less than 140/90 for enrollees 18–59 years of age and for enrollees 60–85 years of age with a diagnosis of diabetes, or less than 150/90 for members 60–85 years of age without a diagnosis of diabetes.

Clinical Care: Continuous Beta-Blocker Treatment

Percentage of Medicare enrollees aged 18 years and older who were hospitalized and discharged alive with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- Black and Hispanic women who were hospitalized for a heart attack were less likely than White women who were hospitalized for a heart attack to have received persistent beta-blocker treatment. In each case, the difference was greater than 3 percentage points. API women who were hospitalized for a heart attack were as likely as White women who were hospitalized for a heart attack to have received persistent beta-blocker treatment.
- Black and Hispanic men who were hospitalized for a heart attack were less likely than White men who were hospitalized for a heart attack to have received persistent beta-blocker treatment. In each case, the difference was greater than 3 percentage points. API men who were hospitalized for a heart attack were as likely as White men who were hospitalized for a heart attack to have received persistent beta-blocker treatment.

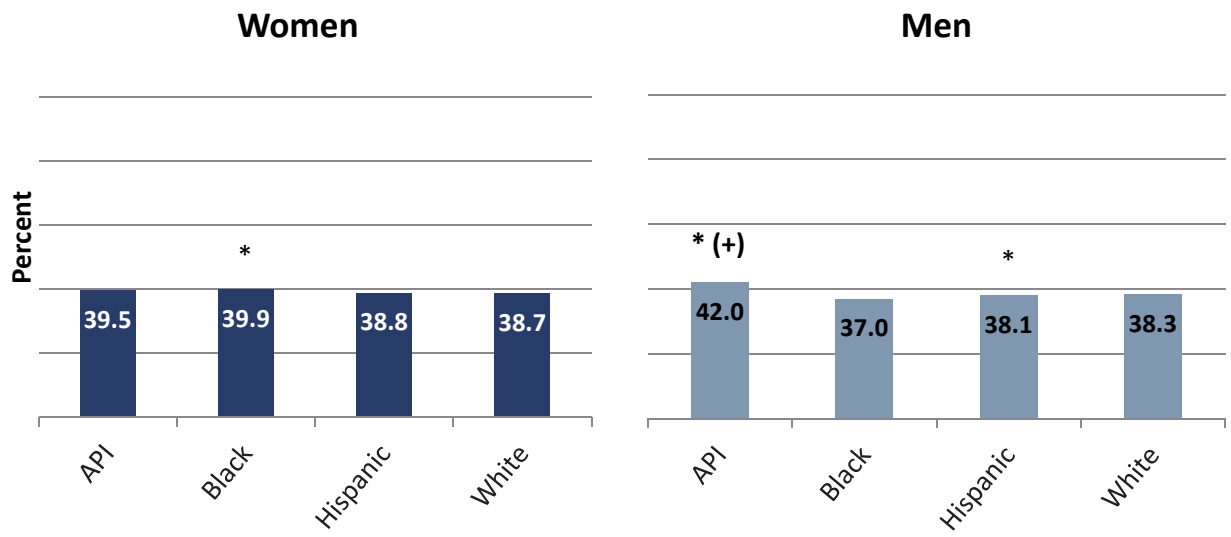
***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, 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

Clinical Care: Testing to Confirm COPD

Percentage of Medicare enrollees aged 40 years and older with a new diagnosis of COPD or newly active COPD who received a spirometry test to confirm the diagnosis, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- Black women with a new diagnosis of COPD or newly active COPD were more likely than White women with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis. The difference between Black and White women was less than 3 percentage points. API and Hispanic women with a new diagnosis of COPD or newly active COPD were as likely as White women with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis.
- API men with a new diagnosis of COPD or newly active COPD were more likely than White men with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis. The difference between API and White men was greater than 3 percentage points. Hispanic men with a new diagnosis of COPD or newly active COPD were less likely than White men with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis. This difference was less than 3 percentage points. Black men with a new diagnosis of COPD or newly active COPD were as likely as White men with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis.

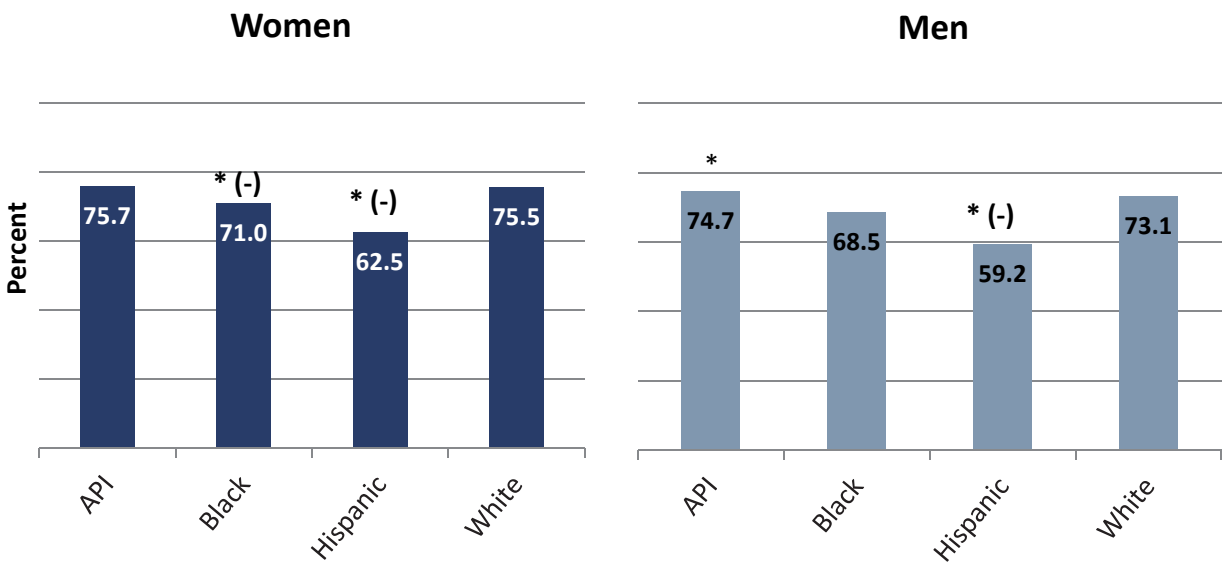
***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, 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

Clinical Care: Pharmacotherapy Management of COPD Exacerbation Systemic Corticosteroid

Percentage of COPD exacerbations for Medicare enrollees aged 40 years 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 within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- Black and Hispanic women who experienced a COPD exacerbation were less likely than White women who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event. In each case, the difference was greater than 3 percentage points. API women who experienced a COPD exacerbation were as likely as White women who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event.

- API men who experienced a COPD exacerbation were more likely than White men who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event. This difference was less than 3 percentage points. Hispanic men who experienced a COPD exacerbation were less likely than White men who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event. This difference was greater than 3 percentage points. Black men who experienced a COPD exacerbation were as likely as White men who experienced a COPD exacerbation to have been dispensed a systemic corticosteroid within 14 days of the event.

***** Significantly different from the score for Whites ($p < .05$).

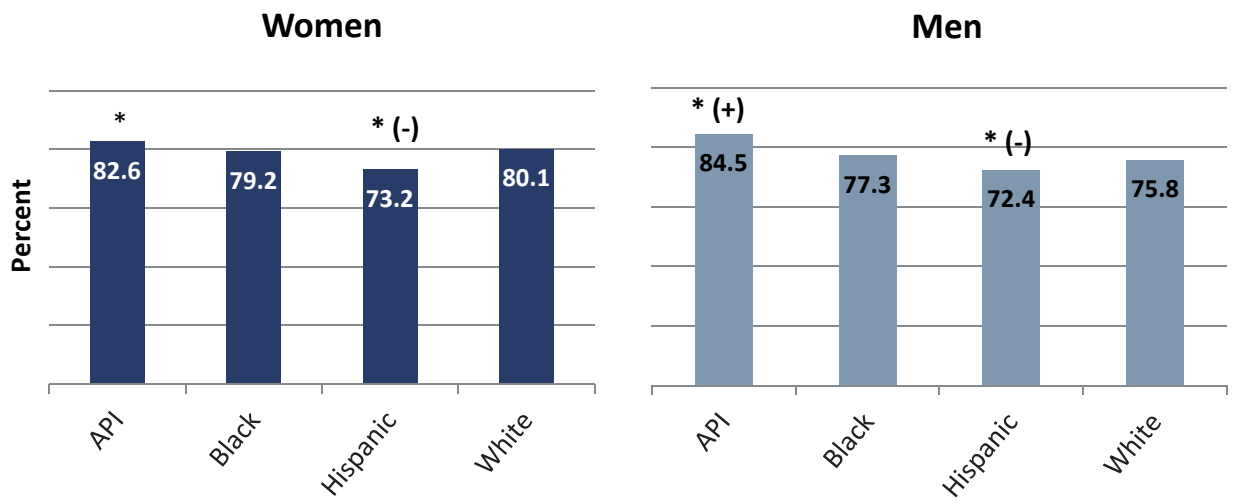
For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) 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

Clinical Care: Pharmacotherapy Management of COPD Exacerbation Bronchodilator

Percentage of COPD exacerbations for Medicare enrollees aged 40 years 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 within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API women who experienced a COPD exacerbation were more likely than White women who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event. This difference was less than 3 percentage points. Hispanic women who experienced a COPD exacerbation were less likely than White women who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event. This difference was greater than 3 percentage points. Black women who experienced a COPD exacerbation were as likely as White women who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event.

- API men who experienced a COPD exacerbation were more likely than White men who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event. In contrast, Hispanic men who experienced a COPD exacerbation were less likely than White men who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event. In each case, the difference was greater than 3 percentage points. Black men who experienced a COPD exacerbation were as likely as White men who experienced a COPD exacerbation to have been dispensed a bronchodilator within 30 days of the event.

***** Significantly different from the score for Whites ($p < .05$).

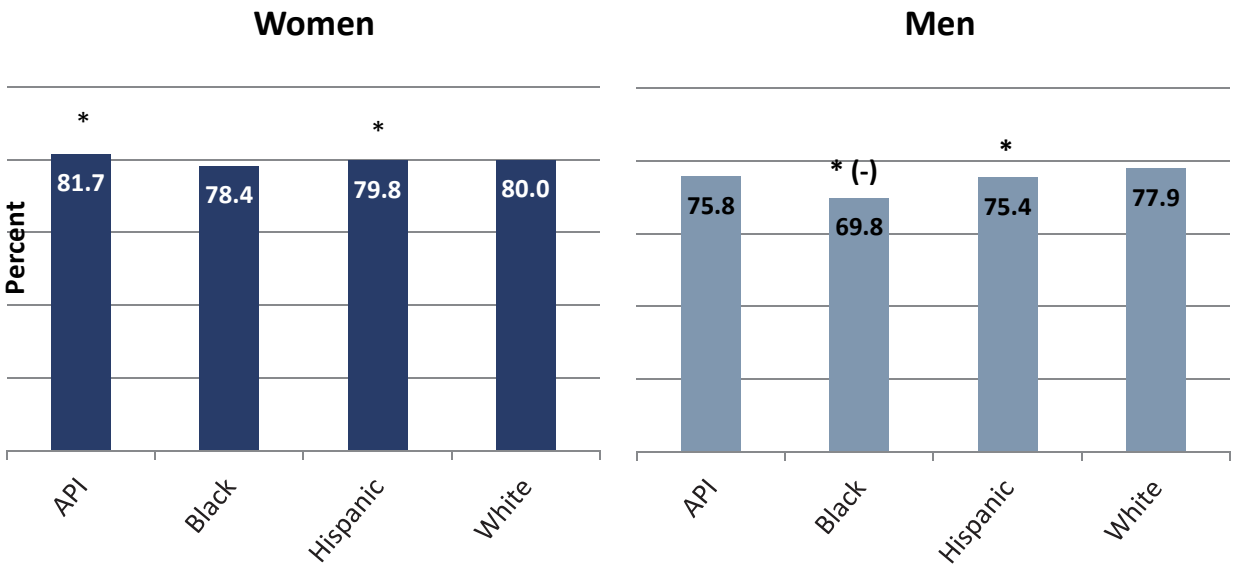
For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) 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

Clinical Care: Rheumatoid Arthritis Management

Percentage of Medicare enrollees aged 18 years and older who were diagnosed with rheumatic arthritis during the past year and who were dispensed at least one ambulatory prescription for a DMARD, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API women diagnosed with rheumatic arthritis were more likely than White women diagnosed with rheumatic arthritis to have been dispensed at least one DMARD. In contrast, Hispanic women diagnosed with rheumatic arthritis were less likely than White women diagnosed with rheumatic arthritis to have been dispensed at least one DMARD. In each case, the difference was less than 3 percentage points. Black women diagnosed with rheumatic arthritis were as likely as White women diagnosed with rheumatic arthritis to have been dispensed at least one DMARD.
- Black and Hispanic men diagnosed with rheumatic arthritis were less likely than White men diagnosed with rheumatic arthritis to have been dispensed at least one DMARD. The difference between Black and White men was greater than 3 percentage points. The difference between Hispanic and White men was less than 3 percentage points. API men diagnosed with rheumatic arthritis were as likely as White men diagnosed with rheumatic arthritis to have been dispensed at least one DMARD.

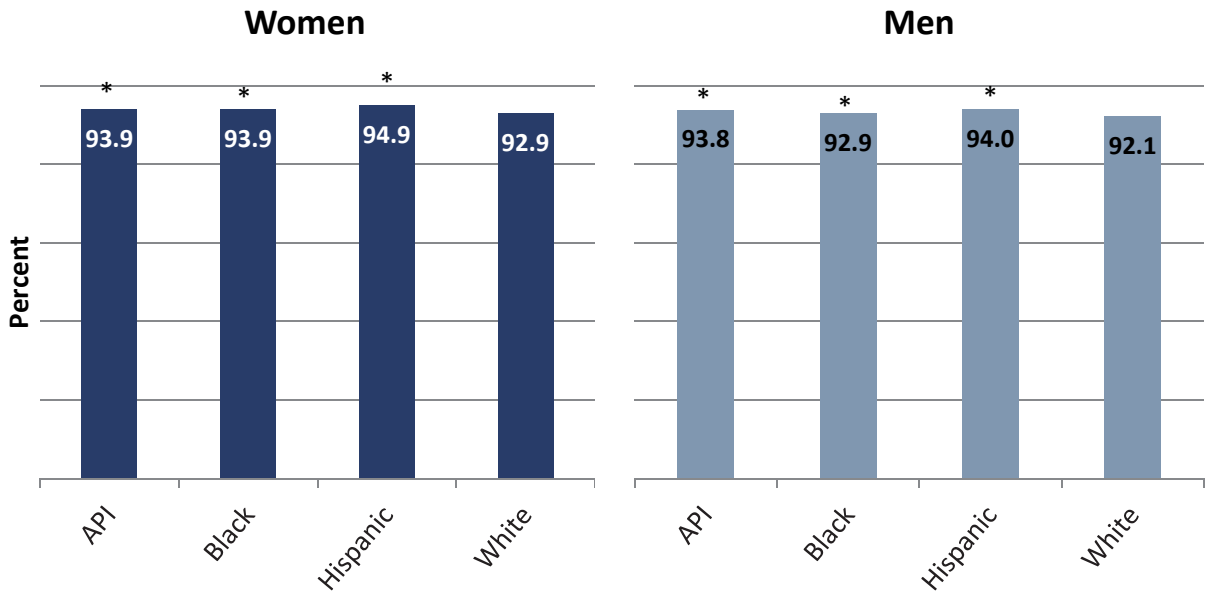
***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, 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

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

Percentage of Medicare enrollees aged 18 years 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 within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API, Black, and Hispanic women were more likely than White women to have had at least one appropriate follow-up visit during the year to monitor their use of a higher-risk medication. In each case, the difference was less than 3 percentage points.
- API, Black, and Hispanic men were more likely than White men to have had at least one appropriate follow-up visit during the year to monitor their use of a higher-risk medication. In each case, the difference was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

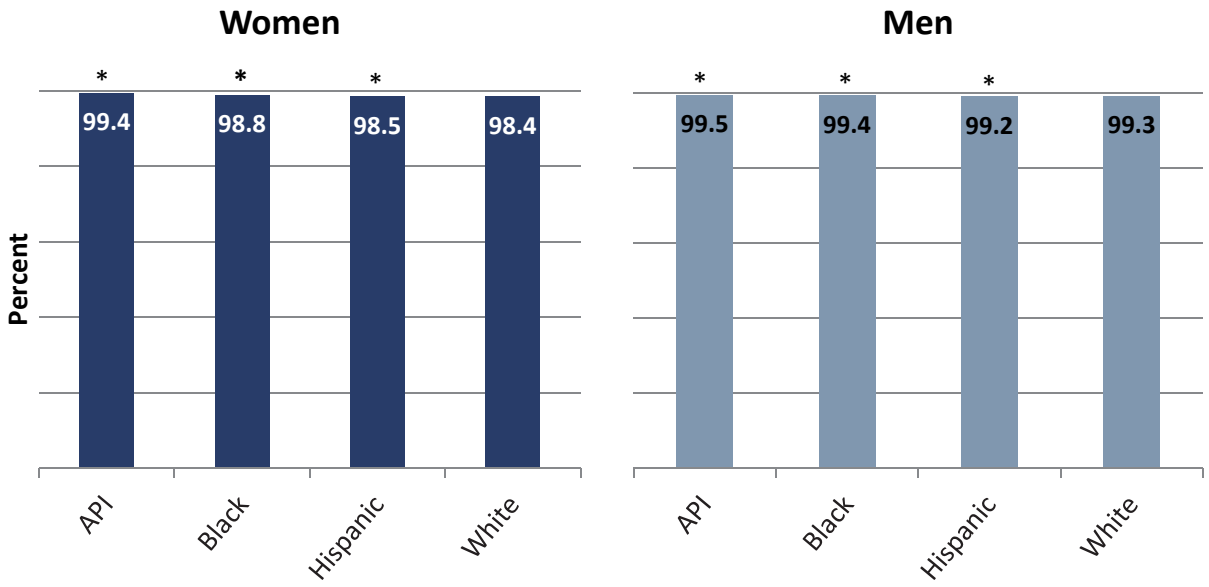
For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) 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

† This measure is limited to those who had a prescription for one or more of the following drugs for six months or longer: ACE inhibitors, ARBs, 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 years and older who were not prescribed a high-risk medication, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- Long-term use of high-risk medication should be avoided in the elderly. In the 2016 data, it was observed that this standard of care was met more often for elderly API, Black, and Hispanic women than for elderly White women. In each case, the difference was less than 3 percentage points.

- In the 2016 data, it was observed that this standard of care was met more often for elderly API and Black men than for elderly White men. The difference between API and White men and between Black and White men was less than 3 percentage points. This standard of care was met less often for elderly Hispanic men than for elderly White men. This difference was also less than 3 percentage points.

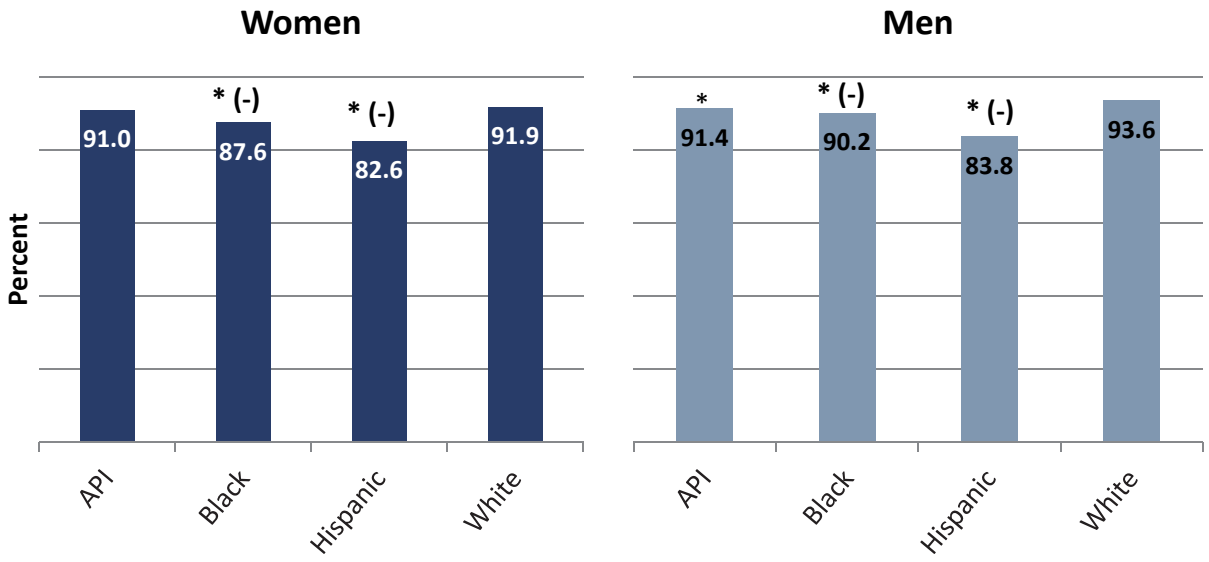
***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, 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

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

Percentage of Medicare enrollees aged 65 years and older with chronic renal failure who were not dispensed a prescription for a potentially harmful medication,† by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- Potentially harmful medication† should be avoided among elderly adults with chronic renal failure. In the 2016 data, it was observed that this standard of care was met less often for elderly Black and Hispanic women than for elderly White women. In each case, the difference was greater than 3 percentage points. This standard of care was met as often for elderly API women as it was for White women.
- In the 2016 data, it was observed that this standard of care was met less often for elderly API, Black, and Hispanic men than for elderly White men. The differences between elderly Black and Hispanic men and elderly White men were greater than 3 percentage points. The difference between elderly API men and elderly White men was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

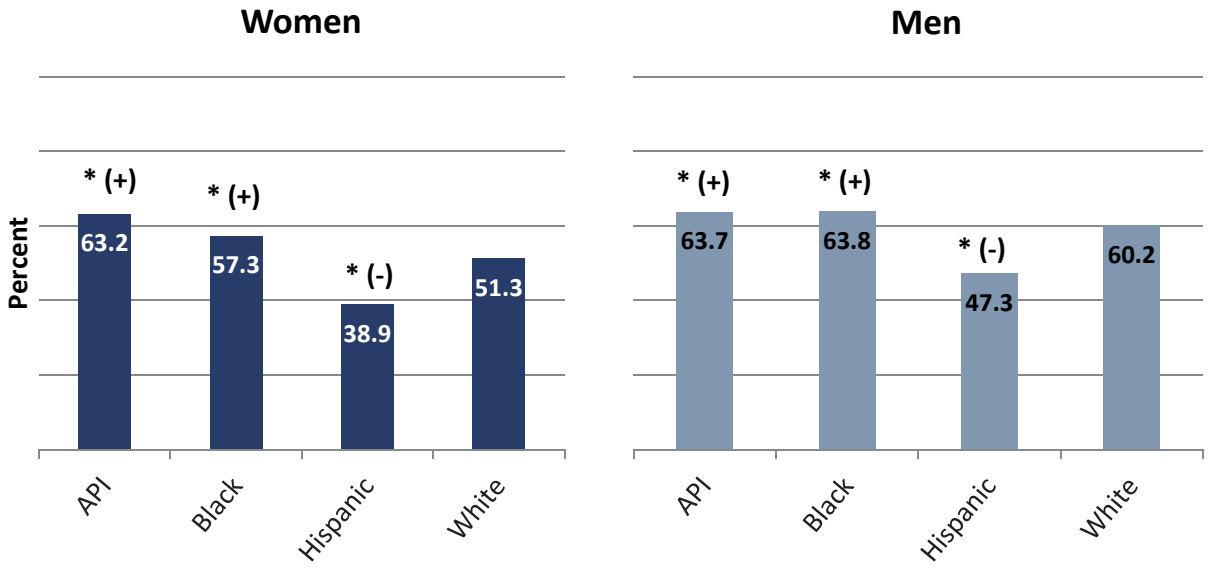
For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) 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

† This includes COX-2 selective NSAIDs and nonaspirin NSAIDs.

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

Percentage of Medicare enrollees aged 65 years and older with dementia who were not dispensed a prescription for a potentially harmful medication,† by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- Potentially harmful medication† should be avoided among elderly adults with dementia. In the 2016 data, it was observed that this standard of care was met more often for elderly API and Black women with dementia than for elderly White women with dementia. In each case, the difference was greater than 3 percentage points. The standard of care was met less often for elderly Hispanic women with dementia than for elderly White women with dementia. This difference was also greater than 3 percentage points.
- In the 2016 data, it was observed that the standard of care was met more often for elderly API and Black men with dementia than for elderly White men with dementia. In each case, the difference was greater than 3 percentage points. The standard of care was met less often for elderly Hispanic men with dementia than for elderly White men with dementia. This difference was also greater than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

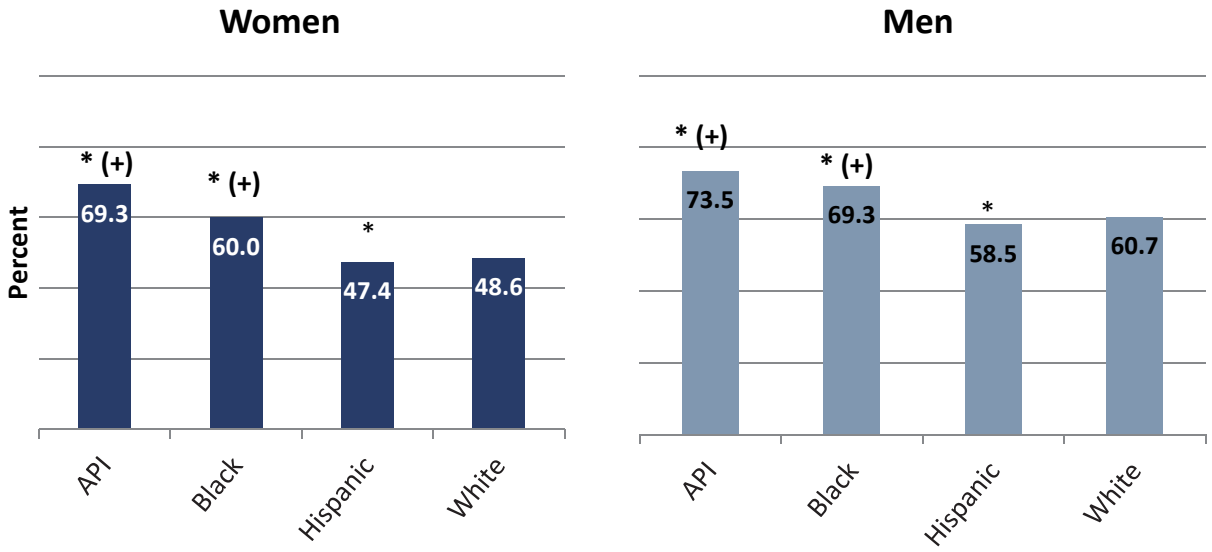
For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) 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

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

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

Percentage of Medicare enrollees aged 65 years and older with a history of falls who were not dispensed a prescription for a potentially harmful medication,† by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- Potentially harmful medication† should be avoided among elderly adults with a history of falls. In the 2016 data, it was observed that this standard of care was met more often for elderly API and Black women with a history of falls than for elderly White women with a history of falls. In each case, the difference was greater than 3 percentage points. This standard of care was met less often for elderly Hispanic women with a history of falls than for elderly White women with a history of falls. In this case, the difference was less than 3 percentage points.
- Potentially harmful medication† should be avoided among elderly adults with a history of falls. In the 2016 data, it was observed that this standard of care was met more often for elderly API and Black men with a history of falls than for elderly White men with a history of falls. In each case, the difference was greater than 3 percentage points. This standard of care was met less often for elderly Hispanic men with a history of falls than for elderly White men with a history of falls. In this case, the difference was less than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

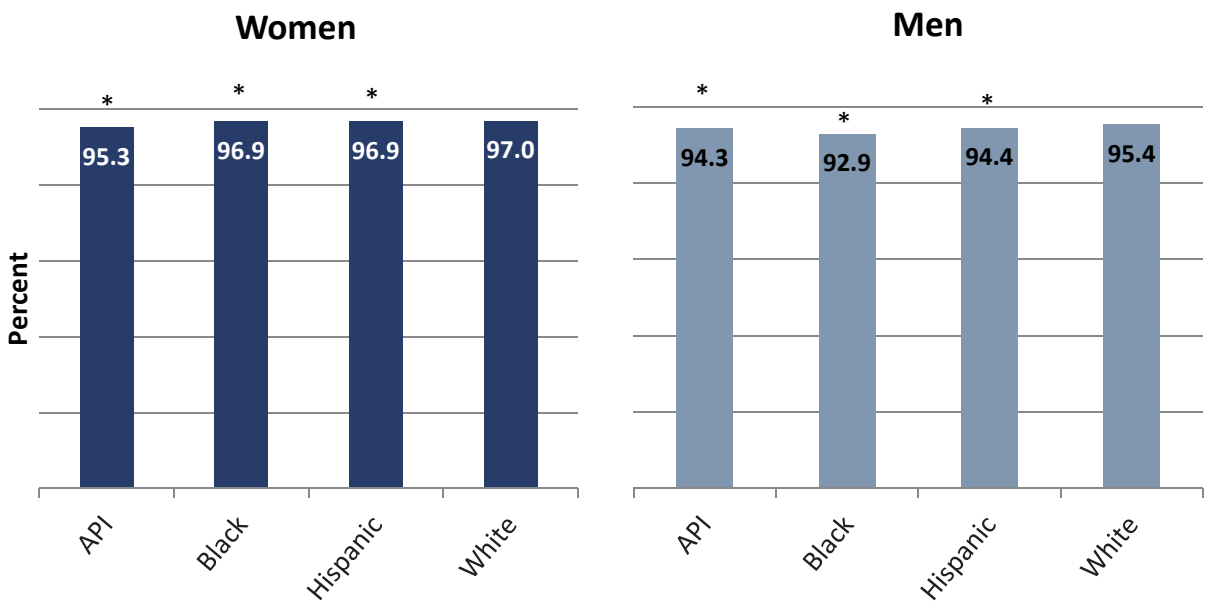
For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) 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

† This includes anticonvulsants, nonbenzodiazepine hypnotics, SSRIs, antiemetics, antipsychotics, benzodiazepines, and tricyclic antidepressants.

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

Percentage of Medicare enrollees aged 65 years and older who had an ambulatory or preventive care visit, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API, Black, and Hispanic women were less likely than White women to have had an ambulatory or preventive care visit. In each case, the difference was less than 3 percentage points.
- API, Black, and Hispanic men were less likely than White men to have had an ambulatory or preventive care visit. In each case, the difference was less than 3 percentage points.

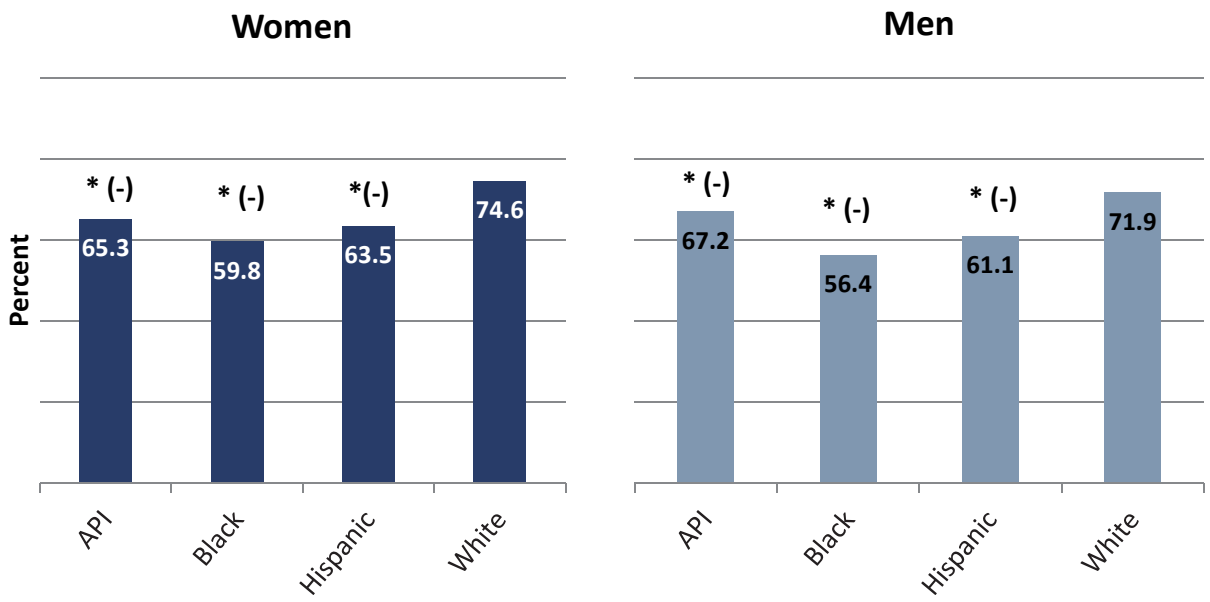
***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, 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

Clinical Care: Antidepressant Medication Management—Acute Phase Treatment

Percentage of Medicare enrollees aged 18 years 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 within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API, Black, and Hispanic women who were diagnosed with a new episode of major depression were less likely than White women who were diagnosed with a new episode of major depression to have remained on antidepressant medication for at least 84 days. In each case, the difference was greater than 3 percentage points.
- API, Black, and Hispanic men who were diagnosed with a new episode of major depression were less likely than White men who were diagnosed with a new episode of major depression to have remained on antidepressant medication for at least 84 days. In each case, the difference was greater than 3 percentage points.

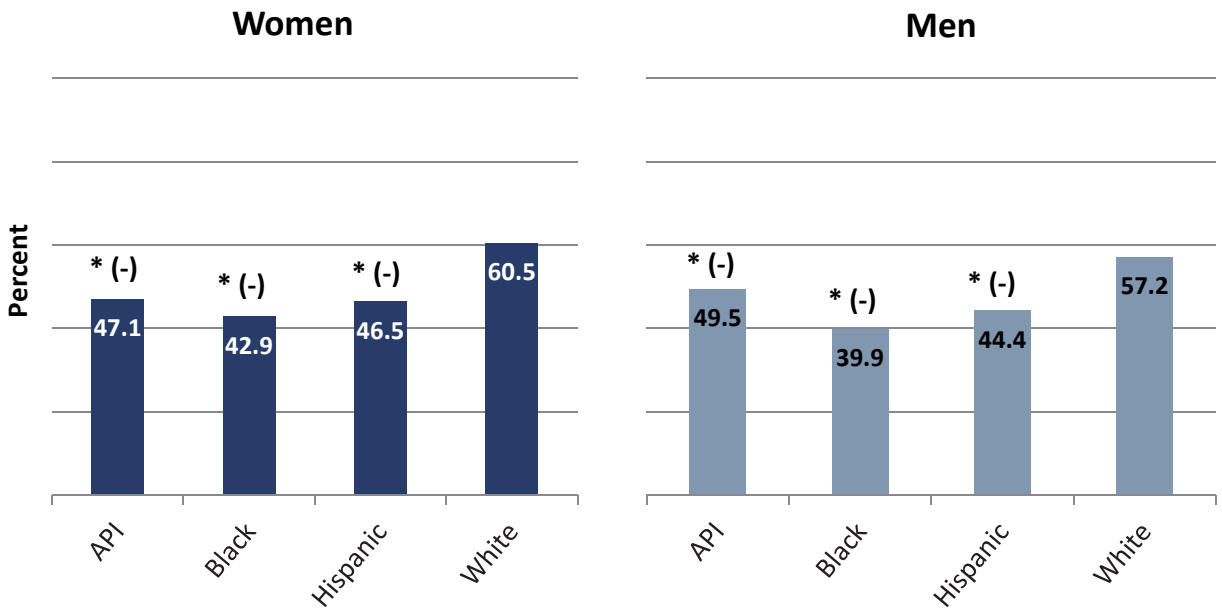
***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, 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

Clinical Care: Antidepressant Medication Management—Continuation Phase Treatment

Percentage of Medicare enrollees aged 18 years 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 within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API, Black, and Hispanic women who were diagnosed with a new episode of major depression were less likely than White women who were diagnosed with a new episode of major depression to have remained on antidepressant medication for at least 180 days. In each case, the difference was greater than 3 percentage points.
- API, Black, and Hispanic men who were diagnosed with a new episode of major depression were less likely than White men who were diagnosed with a new episode of major depression to have remained on antidepressant medication for at least 180 days. In each case, the difference was greater than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

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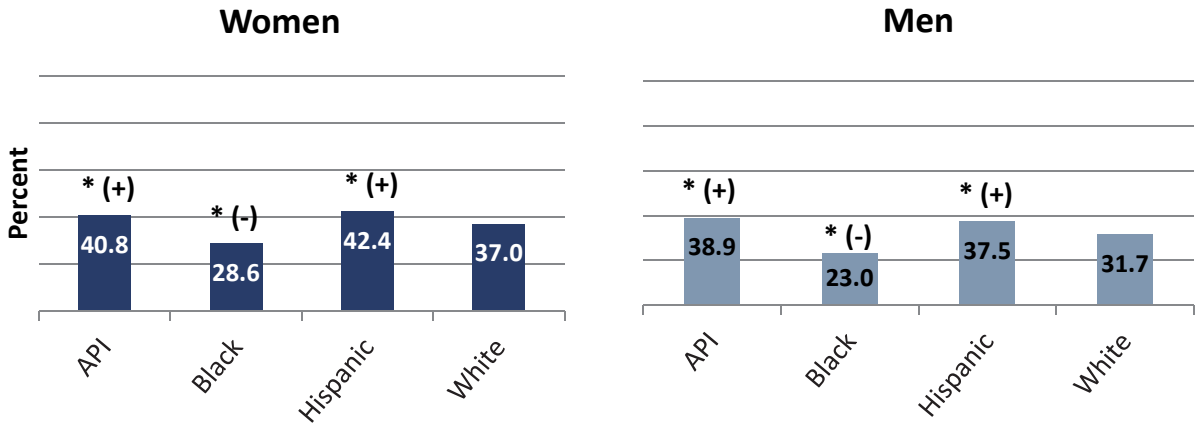
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

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

Percentage of Medicare enrollees aged 18 years 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 seven days of discharge, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API and Hispanic women hospitalized for a mental health disorder were more likely than White women hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within seven days of discharge. In contrast, Black women hospitalized for a mental health disorder were less likely than White women hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within seven days of discharge. In each case, the difference was greater than 3 percentage points.
- API and Hispanic men hospitalized for a mental health disorder were more likely than White men hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within seven days of discharge. In contrast, Black men hospitalized for a mental health disorder were less likely than White men hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within seven days of discharge. In each case, the difference was greater than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

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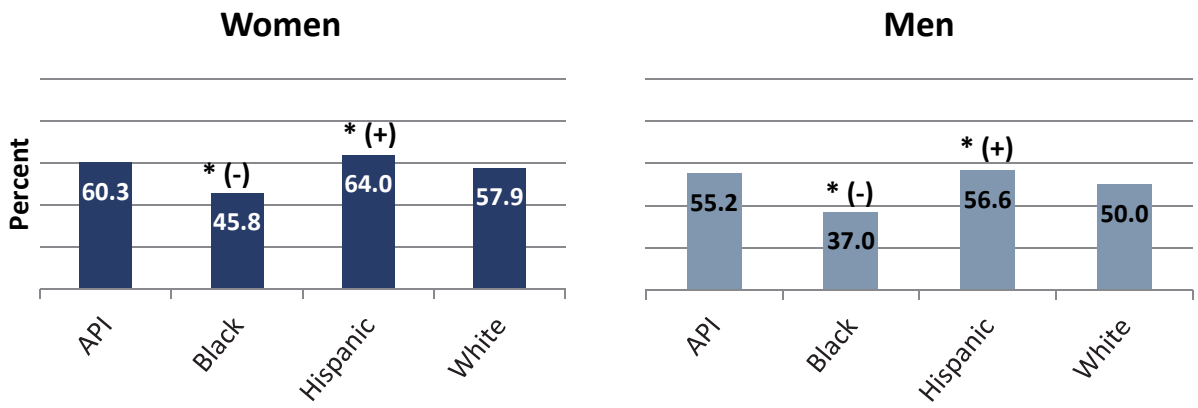
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

† Although the lower-bound age cutoff for this HEDIS measure is six years old, the data used in this report are limited to adults.

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

Percentage of Medicare enrollees aged 18 years 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 within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- Black women hospitalized for a mental health disorder were less likely than White women hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of discharge. In contrast, Hispanic women hospitalized for a mental health disorder were more likely than White women hospitalized for a mental health disorder to have had such a follow-up visit. Each difference was greater than 3 percentage points. API women hospitalized for a mental health disorder were as likely as White women hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of discharge.
- Black men hospitalized for a mental health disorder were less likely than White men hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of discharge. In contrast, Hispanic men hospitalized for a mental health disorder were more likely than White men hospitalized for a mental health disorder to have had such a follow-up visit. Each difference was greater than 3 percentage points. API men hospitalized for a mental health disorder were as likely as White men hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of discharge.

***** Significantly different from the score for Whites ($p < .05$).

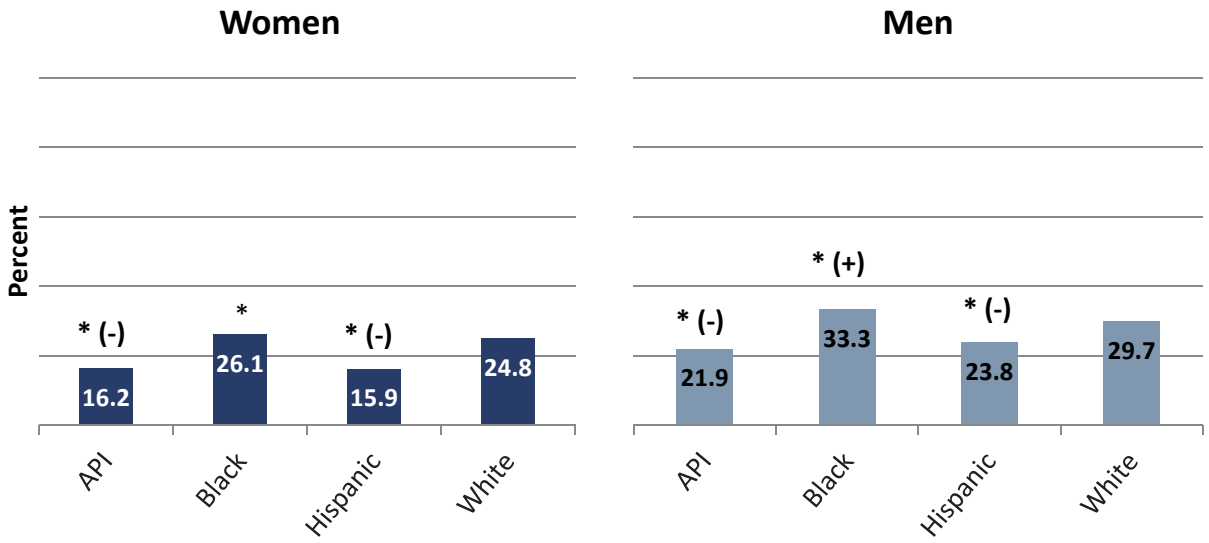
For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

(+) 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

† Although the lower-bound age cutoff for this HEDIS measure is six years old, the data used in this report are limited to adults.

Clinical Care: Initiation of Alcohol or Other Drug Treatment

Percentage of Medicare enrollees aged 18 years and older† with a new episode of AOD dependence who initiate‡ treatment within 14 days of the diagnosis, by race/ethnicity within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API and Hispanic women with a new episode of AOD dependence were less likely than White women with a new episode of AOD dependence to have initiated treatment within 14 days of diagnosis. In each case, the difference was greater than 3 percentage points. Black women with a new episode of AOD dependence were more likely than White women with a new episode of AOD dependence to have initiated treatment within 14 days of diagnosis. This difference was less than 3 percentage points.
- API and Hispanic men with a new episode of AOD dependence were less likely than White men with a new episode of AOD dependence to have initiated treatment within 14 days of diagnosis. In each case, the difference was greater than 3 percentage points. Black men with a new episode of AOD dependence were more likely than White men with a new episode of AOD dependence to have initiated treatment within 14 days of diagnosis. This difference was also greater than 3 percentage points.

***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, 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

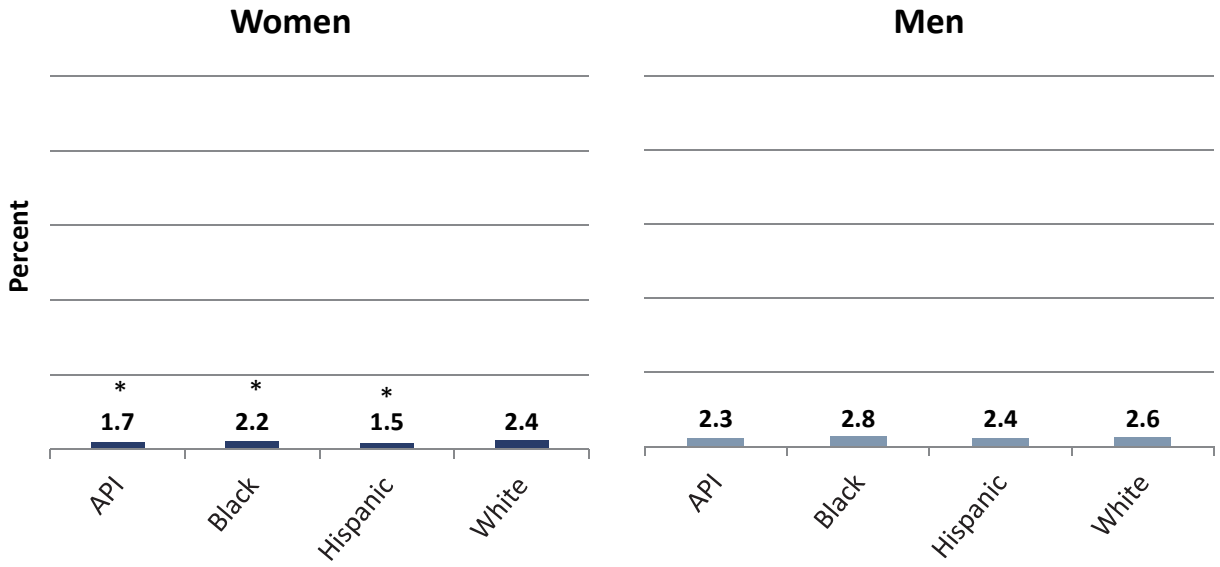
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites

† Although the lower-bound age cutoff for this HEDIS measure is 13 years old, the data used in this report are limited to adults.

‡ 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 aged 18 years and older† with a new episode of 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 within gender, 2016



NOTE: Clinical quality data collected in 2016 from Medicare health plans nationwide. Racial groups such as Blacks and Whites are non-Hispanic; Hispanic ethnicity includes all races. API = Asian or Pacific Islander.

Disparities

- API, Black, and Hispanic women with a new episode of AOD dependence and who initiated treatment were less likely than White women 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. In each case, the difference was less than 3 percentage points.
- API, Black, and Hispanic men with a new episode of AOD dependence and who initiated treatment were as likely as White men 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.

***** Significantly different from the score for Whites ($p < .05$).

For statistically significant differences between Whites and racial/ethnic minorities of the same gender, the following symbols are also used when applicable:

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

† Although the lower-bound age cutoff for this HEDIS measure is 13 years old, the data used in this report are limited to adults.

Suggested Citation: CMS Office of Minority Health and RAND Corporation. Racial, Ethnic, and Gender Disparities in Health Care in Medicare Advantage. Baltimore, MD. 2018.