

**April 2020**



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



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



# Contents

Executive Summary .....	v
Overview and Methods.....	1
Section I: Racial and Ethnic Disparities in Health Care in Medicare Advantage.....	5
Disparities in Care: All Patient Experience Measures.....	6
Patient Experience .....	8
Disparities in Care: All Clinical Care Measures .....	15
Clinical Care: Prevention and Screening.....	18
Clinical Care: Respiratory Conditions .....	21
Clinical Care: Cardiovascular Conditions .....	24
Clinical Care: Diabetes.....	28
Clinical Care: Musculoskeletal Conditions.....	35
Clinical Care: Behavioral Health .....	37
Clinical Care: Medication Management and Care Coordination .....	47
Clinical Care: Overuse/Appropriateness .....	53
Clinical Care: Access/Availability of Care.....	61
Section II: Gender Disparities in Health Care in Medicare Advantage .....	62
Disparities in Care: .....	63
All Patient Experience and Clinical Care Measures .....	63
Patient Experience .....	65
Clinical Care: Prevention and Screening.....	72
Clinical Care: Respiratory Conditions .....	74
Clinical Care: Cardiovascular Conditions .....	77
Clinical Care: Diabetes.....	79
Clinical Care: Musculoskeletal Conditions.....	86
Clinical Care: Behavioral Health .....	87
Clinical Care: Medication Management and Care Coordination .....	97
Clinical Care: Overuse/Appropriateness .....	103
Clinical Care: Access/Availability of Care.....	111
Section III: Racial and Ethnic Disparities by Gender in Health Care in Medicare Advantage .....	112
Disparities in Care: All Patient Experience Measures.....	113
Patient Experience .....	115
Disparities in Care: All Clinical Care Measures .....	122
Clinical Care: Prevention and Screening.....	127
Clinical Care: Respiratory Conditions .....	129

Clinical Care: Cardiovascular Conditions .....	135
Clinical Care: Diabetes.....	139
Clinical Care: Musculoskeletal Conditions.....	147
Clinical Care: Behavioral Health .....	148
Clinical Care: Medication Management and Care Coordination .....	166
Clinical Care: Overuse/Appropriateness .....	176
Clinical Care: Access/Availability of Care.....	187
Appendix: Data Sources and Methods .....	188
References .....	190



# **Executive Summary**

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



## ***Introduction***

This report describes the quality of health care received in 2018 by Medicare beneficiaries enrolled in Medicare Advantage (MA) plans nationwide (31.6 percent of all Medicare beneficiaries). 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. This 2020 report is the fifth in a series of reports that are updated annually.

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 the health care experiences (e.g., ease of getting needed care, how well providers communicate, and 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 is composed of information collected from medical records and administrative data on the clinical quality of care that Medicare beneficiaries receive for a variety of medical issues, including diabetes, cardiovascular disease, and chronic lung disease. A comprehensive list of the seven patient experience and 44 clinical care measures included in this report appears on pp. xiv–xv. Scores on CAHPS measures are case-mix adjusted, as described in the appendix. HEDIS measures are not case-mix adjusted.

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

In 2018, an estimated 69.3 percent of all MA beneficiaries were White (versus 75.5 percent of the general Medicare population<sup>1</sup>), 13.4 percent were Hispanic (versus 9.2 percent), 10.7 percent were Black (versus 10.6 percent), 4.0 percent were Asians or Pacific Islanders (API; versus 3.3 percent), 2.4 percent were multiracial (not included in this report;<sup>2</sup> versus 0.9 percent), and 0.4 percent were American Indians or Alaska Natives (AI/AN; versus 0.5 percent). An estimated 56.5 percent of all MA beneficiaries were female (versus 54.4 percent of the general Medicare population), and 43.5 percent were male (versus 45.6 percent).

## ***Racial and Ethnic Disparities in Health Care in Medicare Advantage***

With just one exception, MA 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, AI/AN beneficiaries reported worse<sup>3</sup> experiences on four measures and similar experiences on the other three measures. API beneficiaries reported worse experiences than Whites on six measures and better experiences on one measure (annual flu vaccination). Black beneficiaries reported worse experiences than Whites on two measures and similar experiences on the other five measures. Likewise, Hispanic beneficiaries reported worse experiences than Whites on two measures and similar experiences on the other five measures.

Racial and ethnic disparities were more variable for the 44 clinical care measures presented in this report than for the patient experience measures (see Figure 2). API beneficiaries received worse clinical

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<sup>1</sup> Source: Medicare enrollment data.

<sup>2</sup> The multiracial group is not included in this report because it is a heterogeneous and, therefore, difficult-to-interpret group.

<sup>3</sup> Here, “worse” and “better” are used to characterize differences that are statistically significant and exceed a magnitude threshold, as described in the appendix. “Similar” is used to characterize differences that are not statistically significant, fall below a magnitude threshold, or both.

care than Whites for six measures, they received care of similar quality for 23 measures, and they received better clinical care for 15 measures. Black beneficiaries received worse clinical care than Whites for 20 measures, they received care of similar quality for 20 measures, and they received better quality care for four measures. Hispanic beneficiaries received worse clinical care than White beneficiaries for 19 measures, they received care of similar quality for 18 measures, and they received better quality care for seven measures.<sup>4</sup>

### ***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 with care for all measures of patient experience (see Figure 3). Clinical care received by women and men was of similar quality for 32 of 40 measures.<sup>5</sup> For the eight remaining measures, women received worse care than men for four measures, and they received better care for four measures.

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

Patterns of racial and ethnic differences in patient experience varied some between women and men, compared with the differences that were observed among both groups combined (see Figure 4). Among both men and women, AI/AN beneficiaries reported worse experiences than White beneficiaries in getting needed prescription drugs. Among men only, AI/AN beneficiaries reported worse experiences than White beneficiaries with getting needed care and getting care quickly; among women only, AI/AN beneficiaries had higher rates of vaccination for the flu than did White beneficiaries. Among both women and men, API beneficiaries reported worse experiences than White beneficiaries with getting needed care, getting appointments and care quickly, customer service, doctor communication, care coordination, and getting needed patient drugs; they also had higher rates of vaccination for the flu. Among both women and men, Black beneficiaries and Hispanic beneficiaries reported worse experiences than White beneficiaries with getting appointments and care quickly and had lower rates of vaccination for the flu. Among men only, Hispanic beneficiaries reported worse experiences than White beneficiaries on getting needed care. Otherwise, the experiences of Black beneficiaries and Hispanic beneficiaries were similar to those of Whites, regardless of gender.

Patterns of racial and ethnic differences observed in clinical care measures were largely similar for men and women (see Figure 5). API women received worse care than White women for five measures, whereas API men received worse care than White men for six measures; of those five or six measures, four were the same for women and men. API women received better care than White women for 12 measures, whereas API men received better care than White men for 11 measures; of those 11 or 12 measures, 10 were the same for women and men. Black women received worse clinical care than White women for 19 measures; Black men received worse clinical care than White men for 18 of those 19 measures plus an additional six measures. Black women received better clinical care than White women for two measures; Black men received better clinical care than White men for those same two measures

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<sup>4</sup> For reporting HEDIS data stratified by race and ethnicity, racial and ethnic group membership is estimated using a methodology that combines information from CMS administrative data, surname, and residential location. Estimates of membership in the AI/AN group are less accurate than for other racial and ethnic groups; thus, this report does not show scores for AI/AN beneficiaries on the clinical care measures.

<sup>5</sup> 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. Two other measures, Statin Use for Cardiovascular Disease and Medication Adherence for Cardiovascular Disease—Statins, were defined differently for men and women and so were also not eligible for stratified reporting by gender.

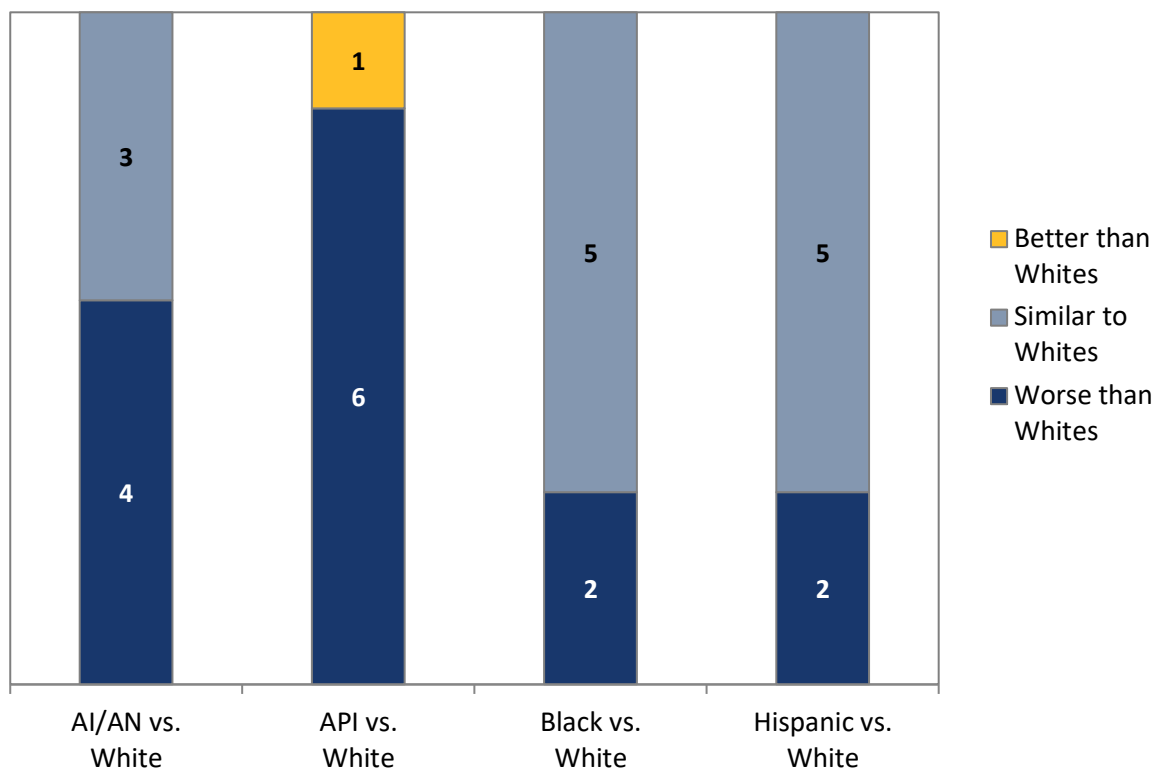
plus two additional measures. Hispanic women received worse clinical care than White women for 18 measures; Hispanic men received worse clinical care than White men for 14 of those 18 measures plus an additional two measures. Hispanic women received better clinical care than White women for six measures, whereas Hispanic men received better clinical care than White men for five measures; of those five or six measures, four were the same for women and men.

### ***Conclusion***

This report focuses on racial, ethnic, and gender differences in patient experience and clinical quality of care that exist at the national level. Although this analysis generally revealed few gender differences in care, it did reveal patterns in which (1) Black and Hispanic beneficiaries received worse clinical care than White beneficiaries on a large portion of the clinical care measures examined and (2) AI/AN and API beneficiaries reported worse patient experiences than White beneficiaries on a majority of the measures of patient experience. The results presented in this report lead to a conclusion that quality improvement efforts should focus on enhancing clinical care for Black and Hispanic beneficiaries and investigating differences between the experiences of AI/AN and API beneficiaries as compared with those of White beneficiaries. This information may be of interest to MA organizations and Medicare Part D sponsors as they consider strategies to improve the quality of care received by racial and ethnic minorities and reduce disparities.

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

Number of patient experience measures (out of seven) for which members of selected groups reported experiences that were worse than, similar to, or better than the experiences reported by Whites in 2018

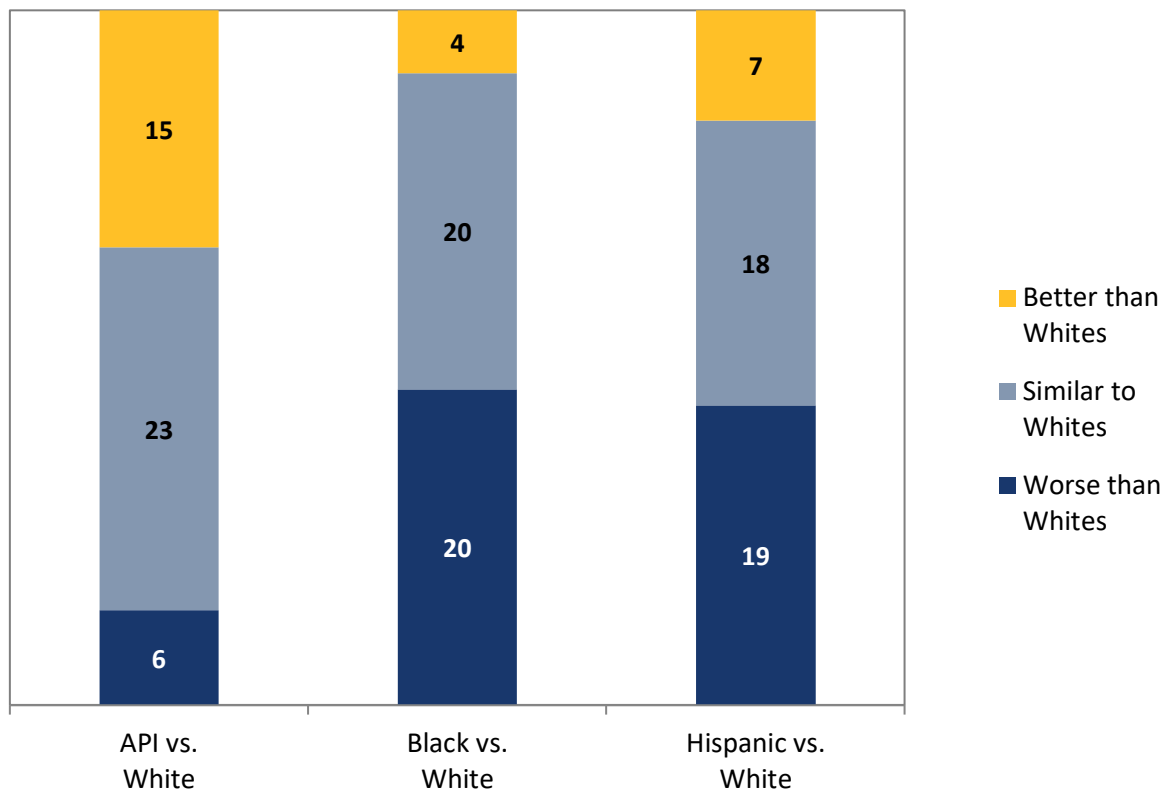


**SOURCE:** This chart summarizes data from all MA beneficiaries nationwide who participated in the 2018 Medicare CAHPS survey.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

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

Number of clinical care measures (out of 44) for which members of selected groups experienced care that was worse than, similar to, or better than the care experienced by Whites in 2018

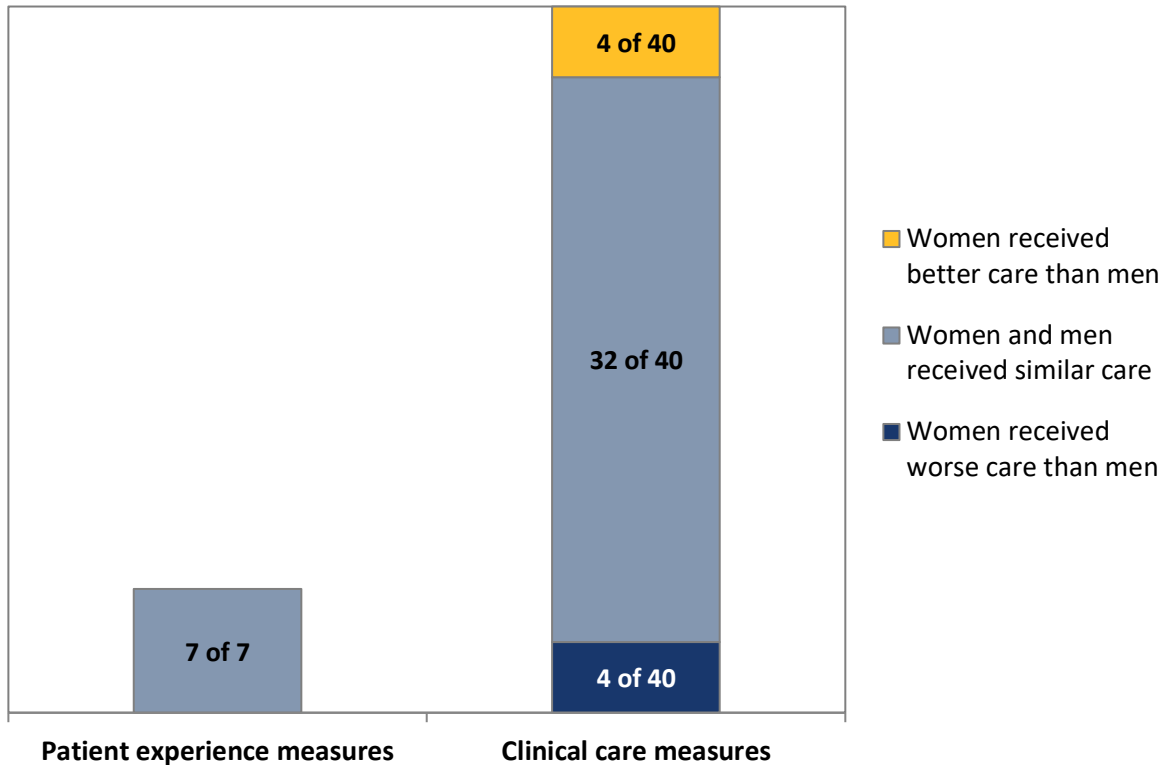


**SOURCE:** This chart summarizes clinical quality (HEDIS) data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

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

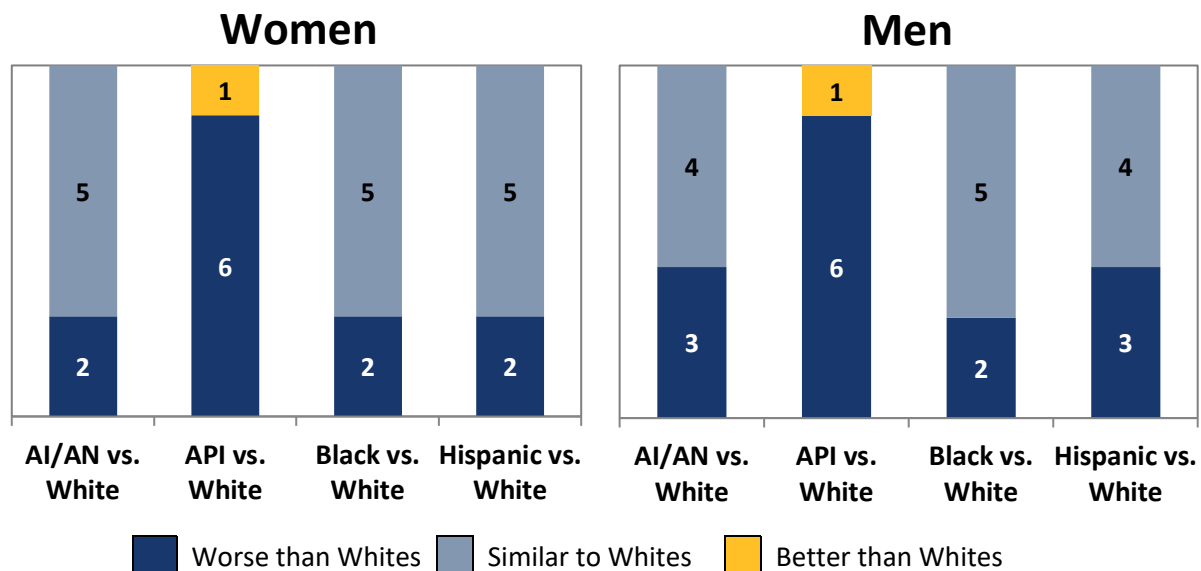
Number of patient experience measures (out of seven) and clinical care measures (out of 40) for which women received care that was worse than, similar to, or better than the care received by men in 2018



**SOURCES:** The bar on the left (patient experience measures) summarizes data from all MA beneficiaries nationwide who participated in the 2018 Medicare CAHPS survey. The bar on the right (clinical care measures) summarizes clinical quality (HEDIS) data collected in 2018 from MA plans nationwide.

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

Number of patient experience measures (out of seven) for which women/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/men in 2018

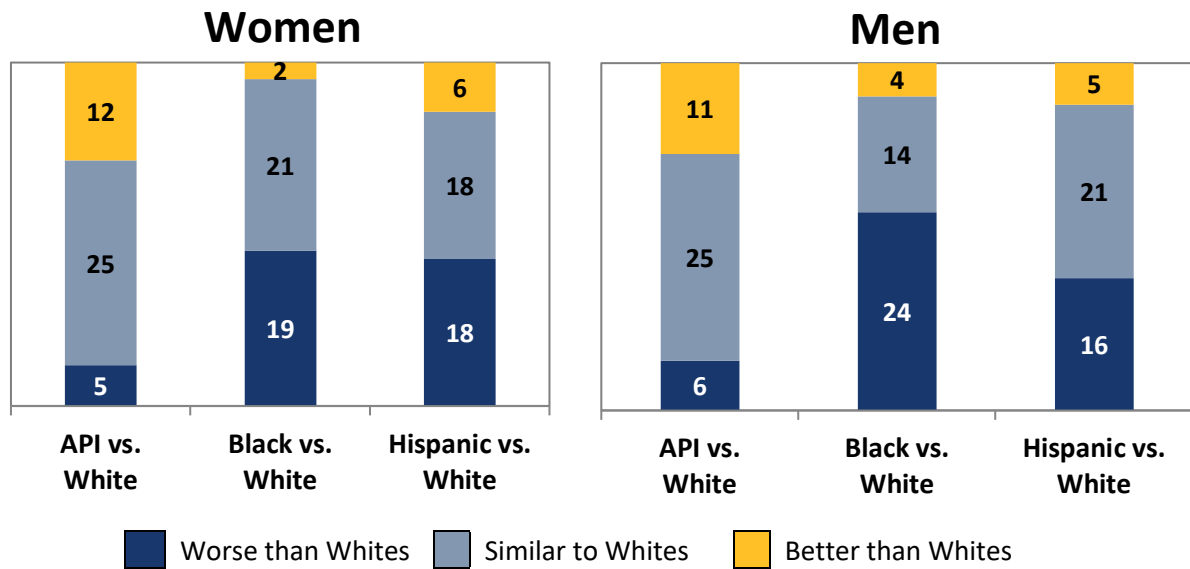


**SOURCE:** This chart summarizes data from all MA beneficiaries nationwide who participated in the 2018 Medicare CAHPS survey.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

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

Number of clinical care measures (out of 42) 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 2018



**SOURCE:** This chart summarizes clinical quality (HEDIS) data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

# Patient Experience and Clinical Care Measures Included in This Report

## Patient Experience Measures

- Getting Needed Care
- Getting Appointments and Care Quickly
- Customer Service
- Doctors Who Communicate Well
- Care Coordination
- Getting Needed Prescription Drugs
- Annual Flu Vaccine

## Clinical Care Measures

### Prevention and Screening

- Adult Body Mass Index (BMI) Assessment
- Breast Cancer Screening\*
- Colorectal Cancer Screening

### Respiratory Conditions

- Testing to Confirm Chronic Obstructive Pulmonary Disease (COPD)
- Pharmacotherapy Management of COPD Exacerbation—Systemic Corticosteroid
- Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

### Cardiovascular Conditions

- Controlling High Blood Pressure
- Continuous Beta-Blocker Treatment After a Heart Attack
- Statin Use in Patients with Cardiovascular Disease<sup>†</sup>
- Medication Adherence for Cardiovascular Disease—Statins<sup>†</sup>

### Diabetes

- Diabetes Care—Blood Sugar Testing
- Diabetes Care—Eye Exam
- Diabetes Care—Kidney Disease Monitoring
- Diabetes Care—Blood Pressure Controlled
- Diabetes Care—Blood Sugar Controlled
- Statin Use in Patients with Diabetes
- Medication Adherence for Diabetes—Statins

### Musculoskeletal Conditions

- Rheumatoid Arthritis Management
- Osteoporosis Management in Women Who Had a Fracture\*

### Behavioral Health

- 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)
- Follow-up After Emergency Department (ED) Visit for Mental Illness (within seven days of discharge)
- Follow-up After ED Visit for Mental Illness (within 30 days of discharge)
- Follow-up After ED Visit for Alcohol and Other Drug Abuse or Dependence (within seven days of discharge)
- Follow-up After ED Visit for Alcohol and Other Drug Abuse or Dependence (within 30 days of discharge)
- Initiation of Alcohol and Other Drug Dependence Treatment
- Engagement of Alcohol and Other Drug Dependence Treatment

### Medication Management and Care Coordination

- Medication Reconciliation After Hospital Discharge
- Transitions of Care—Notification of Inpatient Admission
- Transitions of Care—Receipt of Discharge Information
- Transitions of Care—Patient Engagement After Inpatient Discharge
- Transitions of Care—Medication Reconciliation After Inpatient Discharge
- Follow-up After ED Visit for People with High-Risk Multiple Chronic Conditions

# Patient Experience and Clinical Care Measures Included in This Report (continued)

## Clinical Care Measures

### Overuse/Appropriate Use

- 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
- Avoiding Use of High-Risk Medications in the Elderly
- Avoiding Use of Opioids at High Dosage
- Avoiding Use of Opioids from Multiple Prescribers
- Avoiding Use of Opioids from Multiple Pharmacies
- Avoiding Use of Opioids from Multiple Prescribers and Pharmacies

### Access/Availability of Care

- Older Adults' Access to Preventive/Ambulatory Services

\* These measures are specific to women and are thus not included in the set of comparisons by gender.

† These measures are defined differently for men and women and thus are not included in the set of comparisons by gender. They are, however, included in the set of comparisons by race and ethnicity within gender.



# **Overview and Methods**

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



## **Overview**

This report presents summary information on the quality of health care received in 2018 by Medicare beneficiaries enrolled in Medicare Advantage (MA) plans nationwide. Previous versions of this report presented information on the quality of health care received in 2016 and 2017. In 2018, 31.6 percent of Medicare beneficiaries were enrolled in MA. Two types of quality of care data are presented in this report: (1) 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 (2) measures of clinical care, which describe the extent to which patients receive appropriate screening and treatment for specific health conditions.

The Institute of Medicine (IOM, now the National Academy of Medicine) has identified the equitable delivery of care as a hallmark of quality (IOM, 2001). 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. As in the 2017 and 2018 reports, this information—which may be of interest to Medicare beneficiaries, MA organizations, Part D sponsors, and federal policymakers—is being presented in a single report to provide a more comprehensive understanding of the ways in which care differs by race and 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 and information 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 seven patient experience measures and 44 clinical care measures. The set of patient experiences measures presented in this report is the same as the set reported on in the 2017 and 2018 reports (reporting 2016 and 2017 data, respectively). The set of clinical care measures presented in this report differs from the set presented in the earlier reports. Two clinical measures presented in the previous reports (Appropriate Monitoring of Patients Taking Long-Term Medications and Asthma Medication Ratio in Older Adults) were discontinued and thus are not presented in this report. Thirteen clinical measures are included in this report that were not included in the earlier reports. The newly included measures consist of four behavioral health measures, five measures about medication management and care coordination, and four measures about overuse of opioids.

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 2018 Medicare CAHPS survey (detailed information about this survey can be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/mcahps.html>). 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 the prescription drugs they need.

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 MA plans

nationwide, are part of the Healthcare Effectiveness Data and Information Set (HEDIS®; detailed information about these data can be found at <https://www.ncqa.org/hedis/measures/>). In this report, clinical care measures are grouped into nine categories: prevention and screening, respiratory conditions, cardiovascular conditions, diabetes, musculoskeletal conditions, behavioral health, medication management and care coordination, overuse/appropriateness, and access/availability of care. Although the annual flu vaccination measure is a HEDIS measure, it is collected via the Medicare CAHPS survey and so is included with the patient experience measures in this report. 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 and ethnicity within gender exclude these two measures. Two other clinical care measures, both dealing with statin therapy for patients with cardiovascular disease, are defined differently for men and women and thus are excluded from the set of comparisons by gender. The HEDIS data reported here were collected in 2018. 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.

In 2018, an estimated 69.3 percent of all MA beneficiaries were White (versus 75.5 percent of the general Medicare population<sup>6</sup>), 13.4 percent were Hispanic (versus 9.2 percent), 10.7 percent were Black (versus 10.6 percent), 4.0 percent were Asians or Pacific Islanders (API; versus 3.3 percent), 2.4 percent were multiracial (not included in this report;<sup>7</sup> versus 0.9 percent), and 0.4 percent were American Indians or Alaska Natives (AI/AN; versus 0.5 percent). An estimated 56.5 percent of all MA beneficiaries were female (versus 54.4 percent of the general Medicare population), and 43.5 percent were male (versus 45.6 percent). 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 for 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.

### **Reportability of Information**

Sample size criteria were used to determine whether a score on a measure was reportable for a particular group. Scores based on 400 or more observations were considered sufficiently precise for reporting unflagged. Scores based on more than 99 but fewer than 400 observations were considered low in precision and were flagged as such. In this report, flagged scores—which should be regarded as tentative information—are shown unbolded with a superscript symbol appended; the symbol links to a note at the bottom of the chart that cautions about the precision of the score. Scores based on 99 or fewer observations are suppressed (i.e., not reported). When a score is suppressed for a particular group, a note appears at the bottom of the relevant chart saying that there were not enough data from that group to make a racial and ethnic comparison on the measure.

### ***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 seven) for which members of each racial and ethnic minority group reported

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<sup>6</sup> Source: Medicare enrollment data.

<sup>7</sup> The multiracial group is not included in this report because it is a heterogeneous and, therefore, difficult-to-interpret group.

experiences of care that were worse than, similar to, or better than the experiences reported by Whites.<sup>8</sup> 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  $((3.5 - 1) / [4 - 1]) \times 100 = 83.3$ . After the patient experience measures, Section I presents a stacked bar chart showing the number of clinical care measures (out of 44) 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 seven) and the number of clinical care measures (out of 40) 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 seven) 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 III presents a pair of stacked bar charts that show, separately for men and women, the number of clinical care measures (out of 42) 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.

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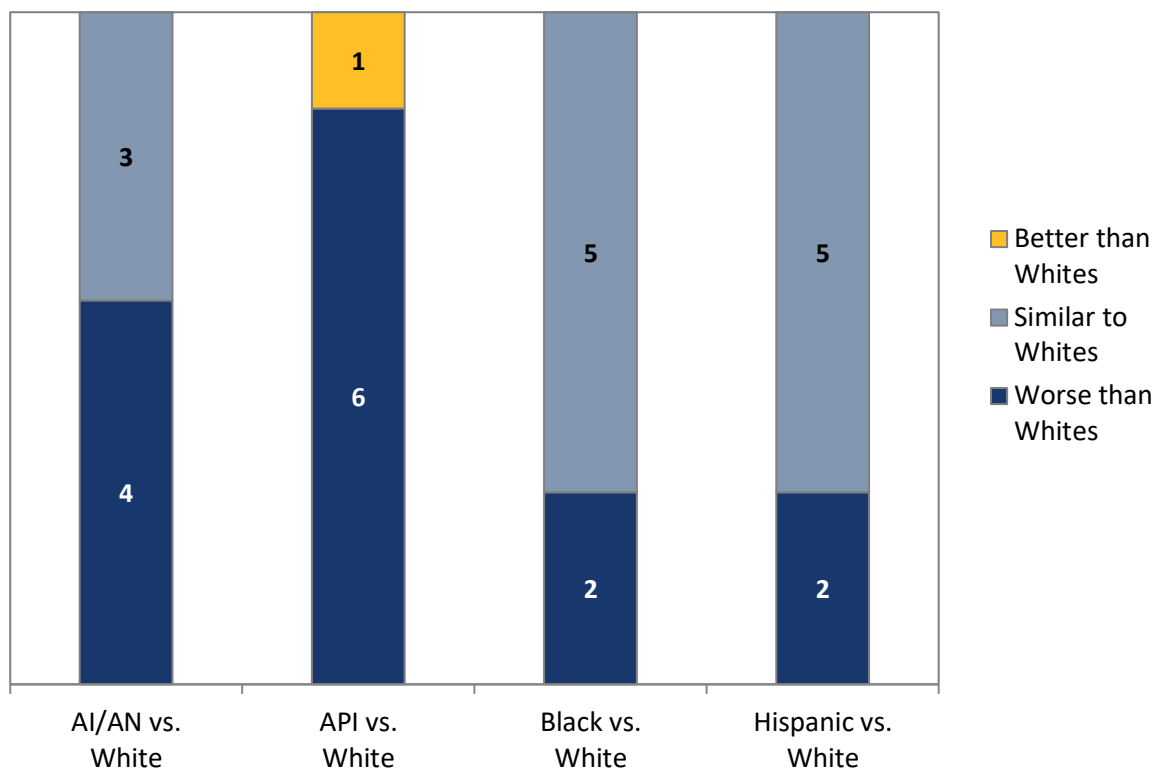
<sup>8</sup> Here, “similar” is used to characterize differences that are not statistically significant, fall below a magnitude threshold, or both, as described in the appendix. “Worse” and “better” are used to characterize differences that are statistically significant and exceed a magnitude threshold.



# **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 seven) for which members of selected groups reported experiences that were worse than, similar to, or better than the experiences reported by Whites in 2018



**SOURCE:** This chart summarizes data from all MA beneficiaries nationwide who participated in the 2018 Medicare CAHPS survey.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

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 ( $p < 0.05$ ), are equal to or larger than 3 points<sup>†</sup> on a 0–100 scale, and favor the racial or 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.

<sup>†</sup> A difference that is considered to be of moderate magnitude (Paddison et al., 2013).

**AI/AN beneficiaries received worse care than White beneficiaries**

- Getting needed care
- Getting appointments and care quickly
- Getting needed 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

**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

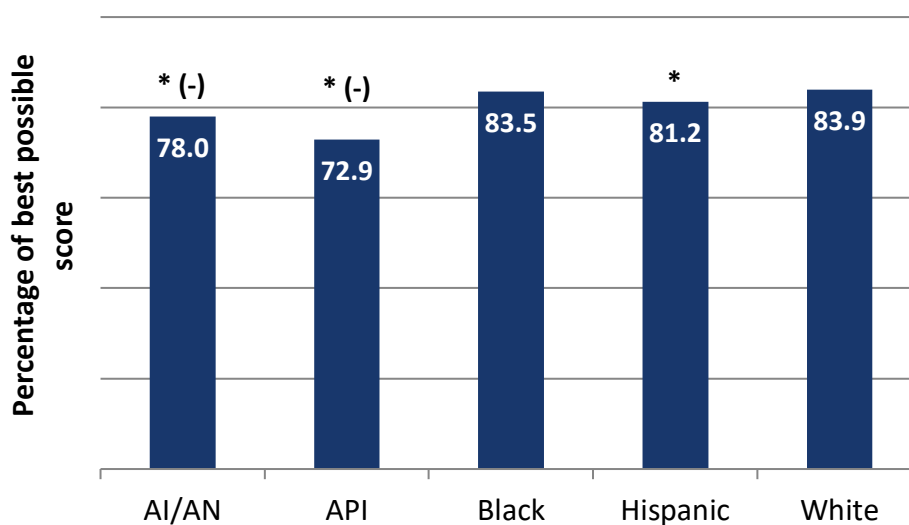
**Hispanic beneficiaries received worse care than White beneficiaries**

- Getting appointments and care quickly
- Annual flu vaccine

## 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,<sup>†</sup> by race and ethnicity, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- American Indians or Alaska Natives and Asians or Pacific Islanders reported worse<sup>‡</sup> 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 reported experiences getting needed care that were similar to the experiences reported by Whites.
- Hispanics reported worse experiences getting needed care than Whites reported. The difference between Hispanics and Whites was less than 3 points on a 0–100 scale.

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

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

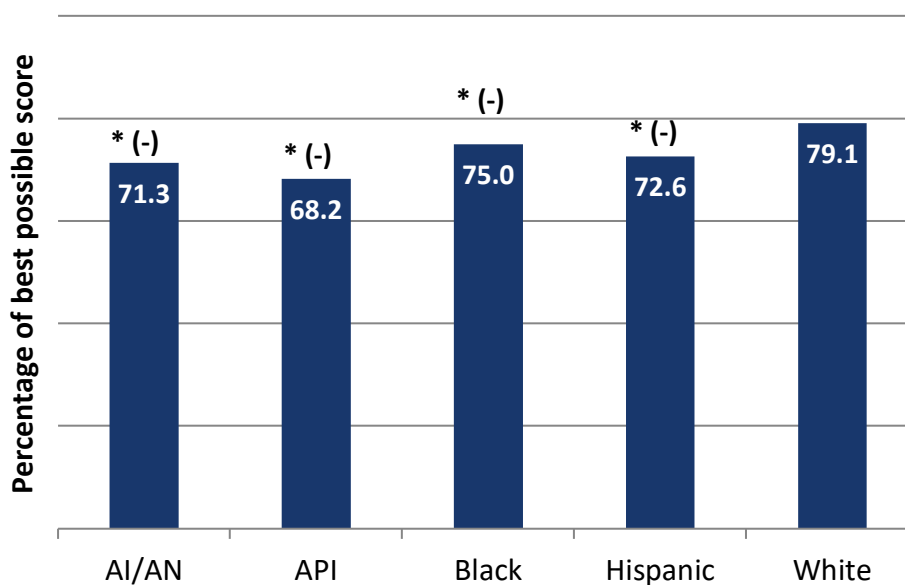
- (+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (before rounding) and favors Whites.

<sup>†</sup> This includes how often in the last six months patients got appointments with specialists as soon as they needed them and how easy it was to get needed care, tests, or treatment.

<sup>‡</sup> Unlike on the previous two pages, 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.

## 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,<sup>†</sup> by race and ethnicity, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- American Indians or Alaska Natives, 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.

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

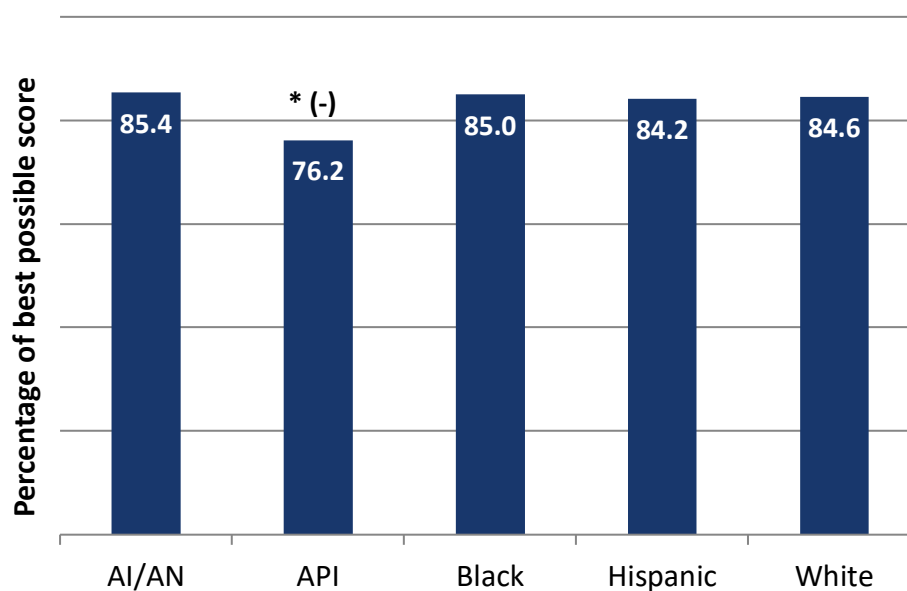
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> This includes how often in the last six months patients got care that was needed right away, as well as how easy it was to get appointments for checkups and routine care.

## 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,<sup>†</sup> by race and ethnicity, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- American Indians or Alaska Natives, Blacks, and Hispanics reported experiences with customer service that were similar to the experiences that Whites reported.
- 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.

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

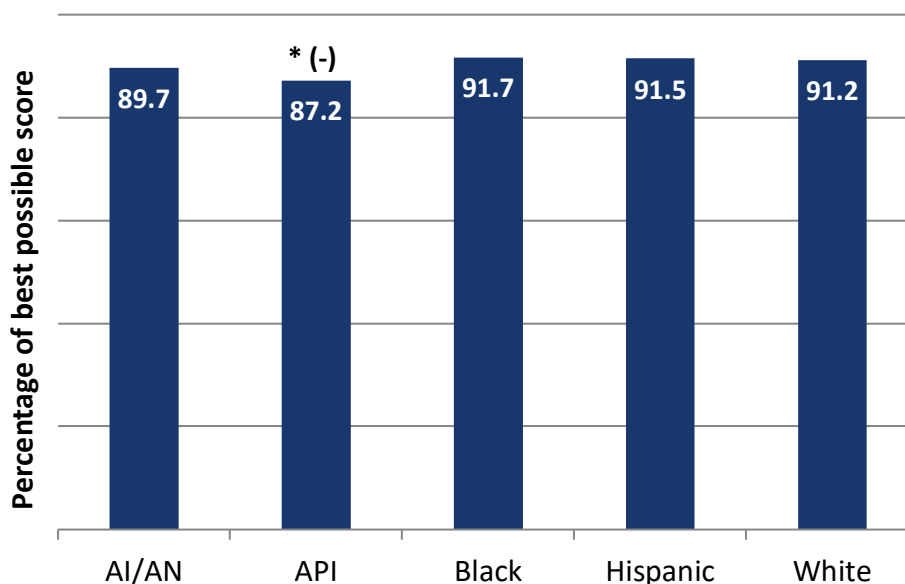
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> This includes how often in the last six months health plan customer service staff provided the information or the help that beneficiaries needed, how often beneficiaries were treated with courtesy and respect, and how often forms from the health plan were easy to fill out.

## Doctors Who Communicate Well

Percentage of the best possible score (on a 0–100 scale) earned on how well doctors communicate with patients,<sup>†</sup> by race and ethnicity, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

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

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

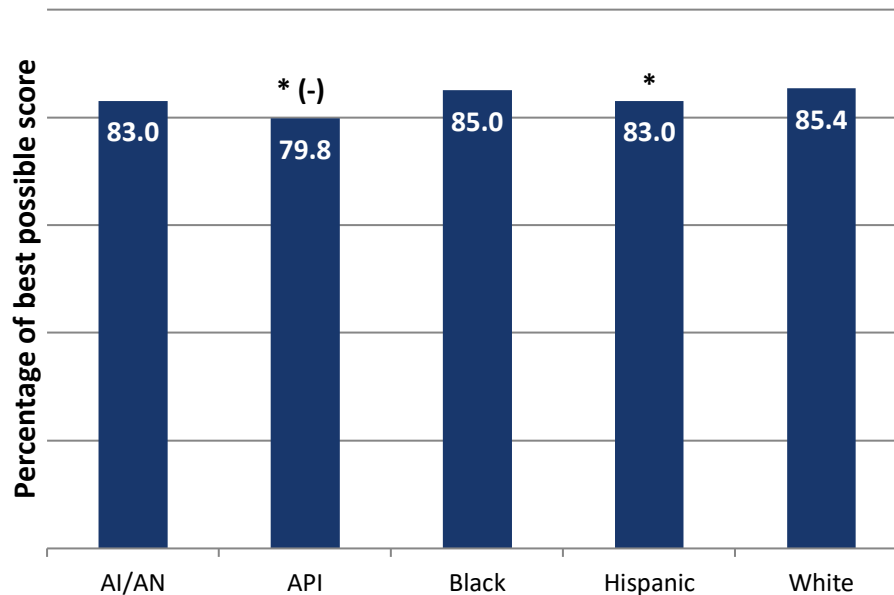
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> This includes how often in the last six months doctors explained things in a way that was easy to understand, listened carefully, showed respect for what patients had to say, and spent time with patients.

## Care Coordination

Percentage of the best possible score (on a 0–100 scale) earned on how well patients' care was coordinated,<sup>†</sup> by race and ethnicity, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

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

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

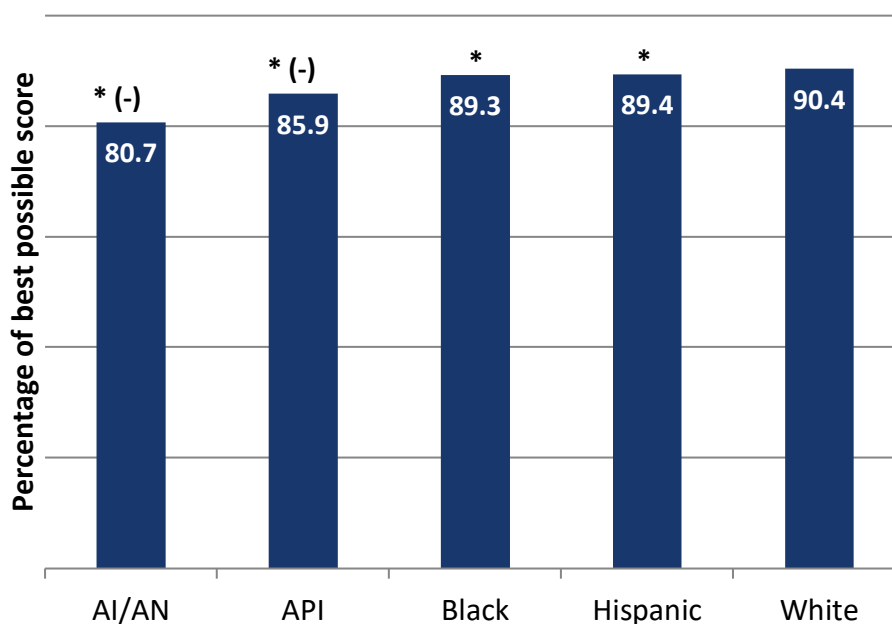
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> This includes how often in the last six months doctors had medical records and other information about patients' care at patients' scheduled appointments and how quickly patients received their test results.

## 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,<sup>†</sup> by race and ethnicity, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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. The difference between each of these groups and Whites was less than 3 points on a 0–100 scale.

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

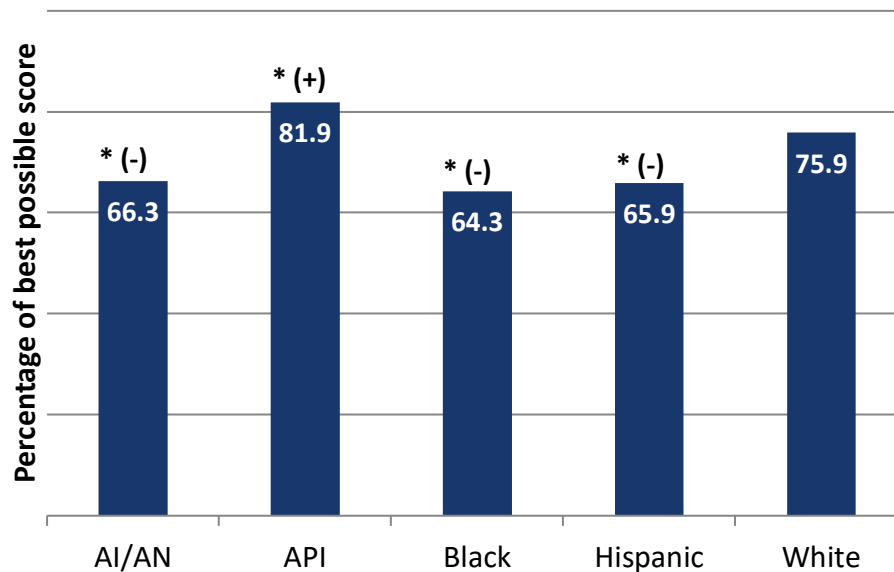
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> This includes how often in the last six months it was easy to use the plan to get prescribed medications and how easy it was to fill prescriptions at a pharmacy or by mail.

## Annual Flu Vaccine

Percentage of MA enrollees who got a vaccine (flu shot), by race and ethnicity, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

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

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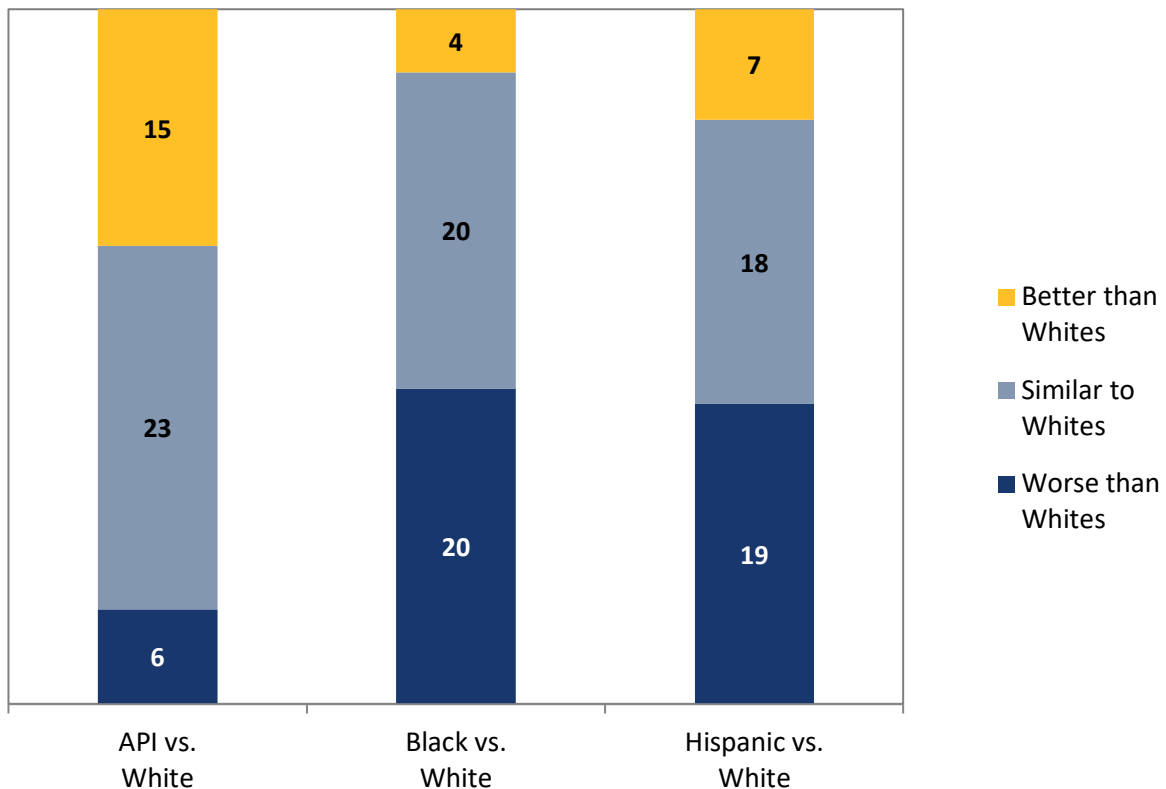
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Disparities in Care: All Clinical Care Measures

Number of clinical care measures (out of 44) for which members of selected groups experienced care that was worse than, similar to, or better than the care experienced by Whites in 2018



**SOURCE:** This chart summarizes clinical quality (HEDIS) data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

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 ( $p < 0.05$ ), are equal to or larger than 3 points<sup>†</sup> on a 0–100 scale, and favor the racial or 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.

<sup>†</sup> A difference that is considered to be of moderate magnitude (Paddison et al., 2013).

#### **API beneficiaries received worse care than White beneficiaries**

- Controlling high blood pressure
- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Initiation of alcohol and other drug dependence treatment
- Transitions of care—notification of inpatient admission
- Transitions of care—medication reconciliation after inpatient discharge

#### **API beneficiaries received better care than White beneficiaries**

- Breast cancer screening
- Colorectal cancer screening
- Pharmacotherapy management of COPD exacerbation—use of bronchodilators
- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Diabetes care—blood sugar controlled
- Statin use in patients with diabetes
- 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)
- Medication reconciliation after hospital discharge
- 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
- Avoiding use of high-risk medications in the elderly
- Avoiding use of opioids at high dosage

#### **Black beneficiaries received worse care than White beneficiaries**

- Controlling high blood pressure
- Continuous beta-blocker treatment after a heart attack
- Medication adherence for cardiovascular disease—statins
- Diabetes care—blood pressure controlled
- Diabetes care—blood sugar controlled
- Medication adherence for diabetes—statins
- 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)
- Follow-up after emergency department (ED) visit for mental illness (within seven days of discharge)
- Follow-up after ED visit for mental illness (within 30 days of discharge)
- Follow-up after ED visit for alcohol and other drug abuse or dependence (within seven days of discharge)
- Follow-up after ED visit for alcohol and other drug abuse or dependence (within 30 days of discharge)
- Medication reconciliation after hospital discharge
- Transitions of care—notification of inpatient admission
- Transitions of care—patient engagement after inpatient discharge
- Transitions of care—medication reconciliation after inpatient discharge
- Follow-up after ED visit for people with high-risk multiple chronic conditions
- Avoiding potentially harmful drug-disease interactions in elderly patients with chronic renal failure

**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
- Avoiding use of opioids at high dosage

**Hispanic beneficiaries received worse care than White beneficiaries**

- Pharmacotherapy management of COPD exacerbation—use of systemic corticosteroids
- Controlling high blood pressure
- Continuous beta-blocker treatment after a heart attack
- Medication adherence for cardiovascular disease—statins
- Diabetes care—blood sugar controlled
- Medication adherence for diabetes—statins
- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Initiation of alcohol and other drug dependence treatment
- Medication reconciliation after hospital discharge
- Transitions of care—notification of inpatient admission
- Transitions of care—receipt of discharge information
- Transitions of care—medication reconciliation after inpatient discharge
- Follow-up after ED visit for people with high-risk multiple chronic conditions
- 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
- Avoiding use of opioids from multiple pharmacies
- Avoiding use of opioids from multiple prescribers and pharmacies

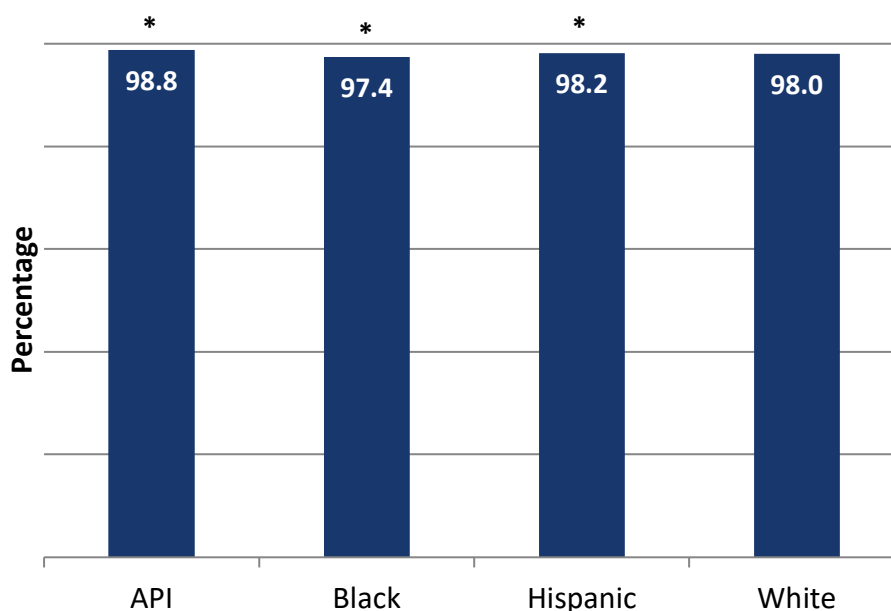
**Hispanic beneficiaries received better care than White beneficiaries**

- Breast cancer screening
- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Statin use in patients with diabetes
- 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)

## Clinical Care: Prevention and Screening

### Adult BMI Assessment

Percentage of MA enrollees aged 18 to 74 years who had an outpatient visit whose body mass index (BMI) was documented in the past two years, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Asians or Pacific Islanders 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.
- Blacks were less likely than Whites to have had their BMI documented. The difference between Blacks and Whites was less than 3 percentage points.

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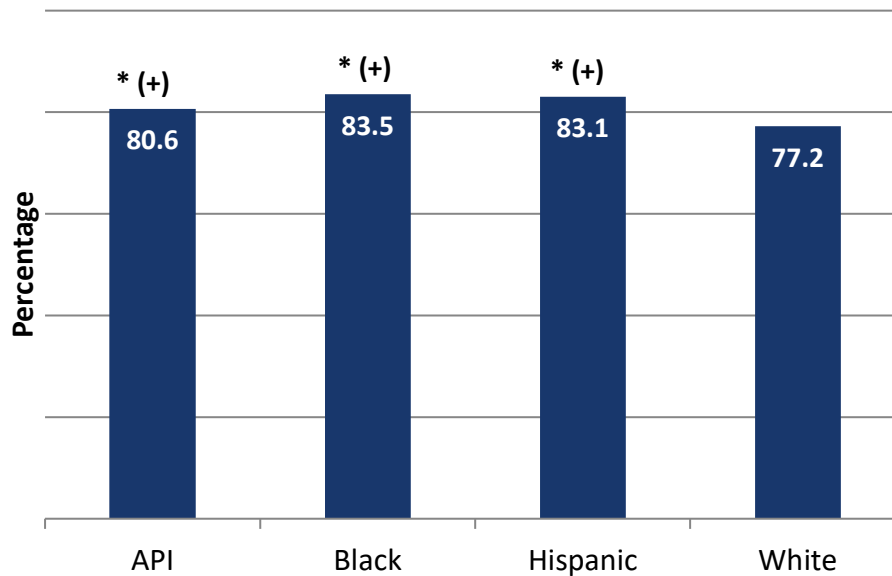
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Breast Cancer Screening

Percentage of MA enrollees (women) aged 50 to 74 years who had appropriate screening for breast cancer, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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.

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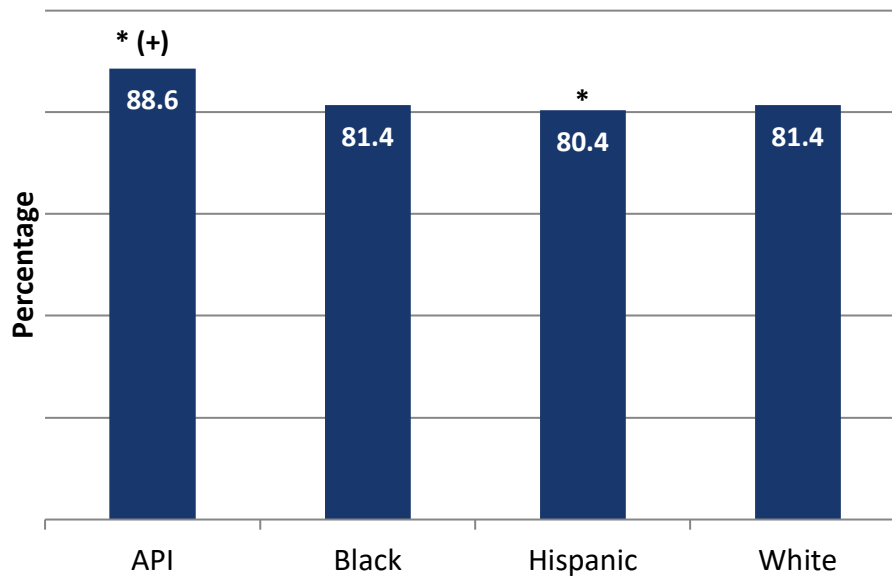
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Colorectal Cancer Screening

Percentage of MA enrollees aged 50 to 75 years who had appropriate screening for colorectal cancer, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

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

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

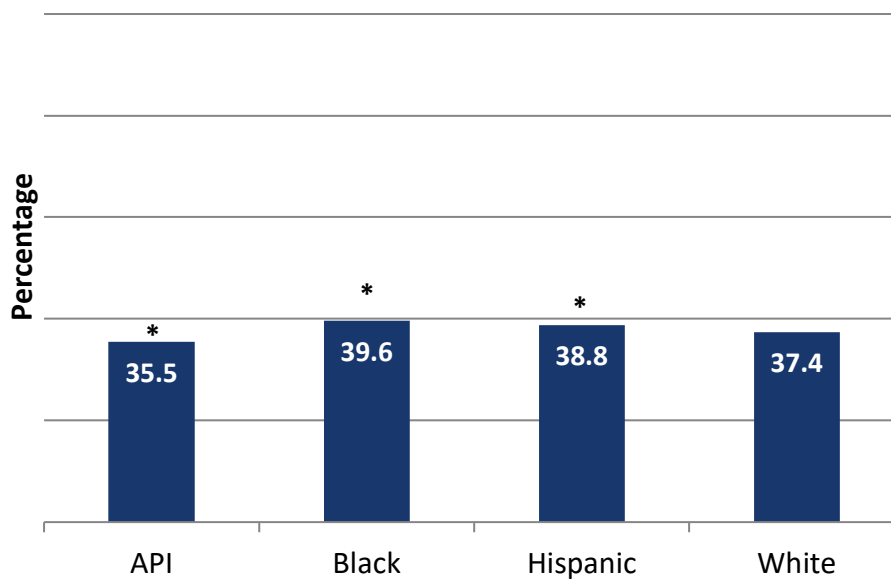
For differences that are statistically significant, the following symbols are also used when applicable:

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

## Clinical Care: Respiratory Conditions

### Testing to Confirm COPD

Percentage of MA enrollees aged 40 years and older with a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD who received appropriate spirometry testing to confirm the diagnosis, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

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

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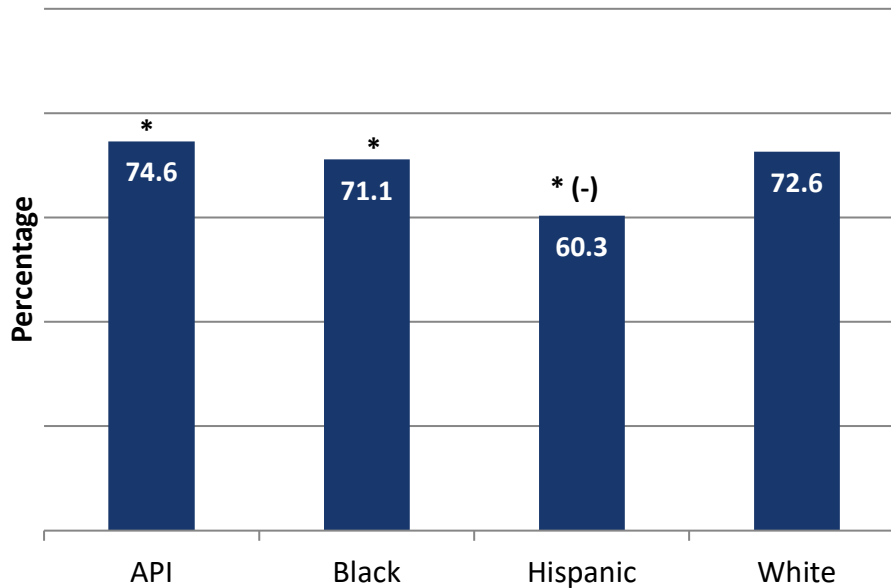
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Pharmacotherapy Management of COPD Exacerbation— Systemic Corticosteroid

Percentage of MA enrollees aged 40 years and older who had an acute inpatient discharge or emergency department encounter for COPD exacerbation in the past year who were dispensed a systemic corticosteroid within 14 days of the event, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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.

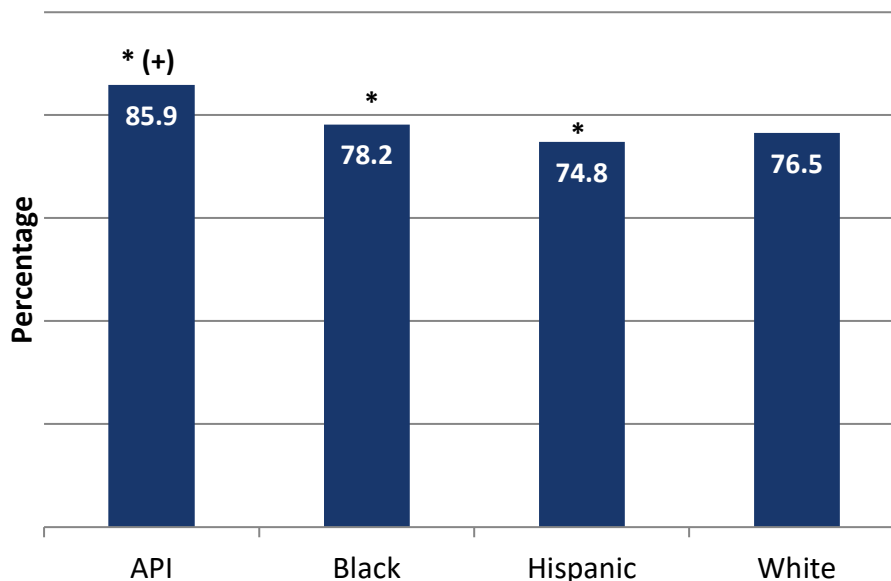
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

Percentage of MA enrollees aged 40 years and older who had an acute inpatient discharge or emergency department encounter for COPD exacerbation in the past year who were dispensed a bronchodilator within 30 days of experiencing the event, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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 bronchodilator within 30 days of the event. The difference between Asians or Pacific Islanders and Whites was greater than 3 percentage points.
- 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 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 less than 3 percentage points.

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

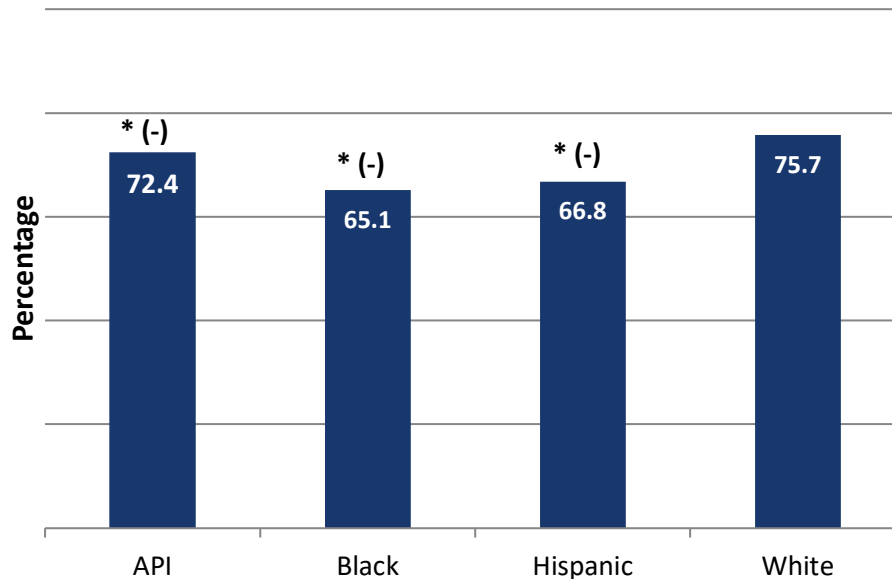
For differences that are statistically significant, the following symbols are also used when applicable:

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

## Clinical Care: Cardiovascular Conditions

### Controlling High Blood Pressure

Percentage of MA enrollees aged 18 to 85 years with a diagnosis of hypertension whose blood pressure was adequately controlled<sup>†</sup> during the past year, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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 each of these groups and Whites was greater than 3 percentage points.

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

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

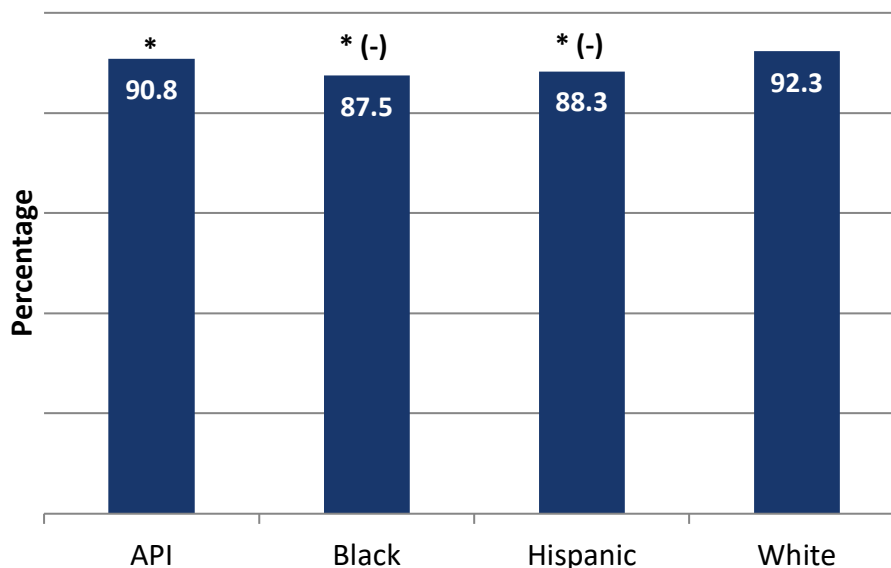
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.

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

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

## Continuous Beta-Blocker Treatment After a Heart Attack

Percentage of MA enrollees aged 18 years and older who were hospitalized and discharged alive with a diagnosis of acute myocardial infarction (AMI) who received persistent beta-blocker treatment for six months after discharge, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Asians or Pacific Islanders 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 Asians or Pacific Islanders and Whites was less than 3 percentage points.
- 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.

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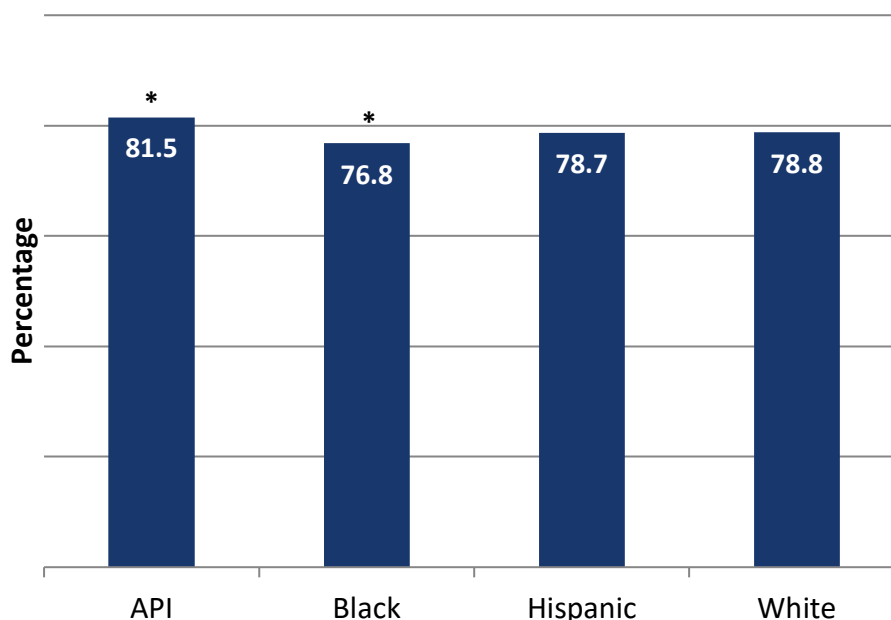
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Statin Use in Patients with Cardiovascular Disease

Percentage of male MA enrollees aged 21 to 75 years and female MA enrollees aged 40 to 75 years with clinical atherosclerotic cardiovascular disease (ASCVD) who received statin therapy, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Asians or Pacific Islanders with ASCVD were more likely than Whites with ASCVD to have received statin therapy. The difference between Asians or Pacific Islanders and Whites was less than 3 percentage points.
- Blacks with ASCVD were less likely than Whites with ASCVD to have received statin therapy. The difference between Blacks and Whites was less than 3 percentage points.
- Hispanics with ASCVD were about as likely as Whites with ASCVD to have received statin therapy.

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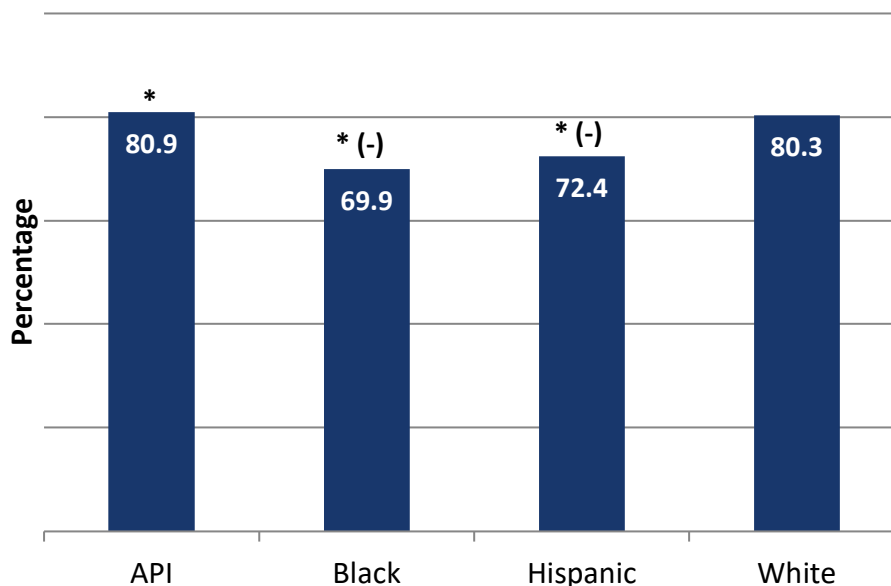
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Medication Adherence for Cardiovascular Disease—Statins

Percentage of male MA enrollees aged 21 to 75 years and female MA enrollees aged 40 to 75 years with clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed a statin medication during the measurement year who remained on the medication for at least 80 percent of the treatment period, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Asians or Pacific Islanders with ASCVD were more likely than Whites with ASCVD to have had proper statin medication adherence. The difference between Asians or Pacific Islanders and Whites was less than 3 percentage points.
- Blacks and Hispanics with ASCVD were less likely than Whites with ASCVD to have had proper statin medication adherence. The difference between each of these groups and Whites was greater than 3 percentage points.

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

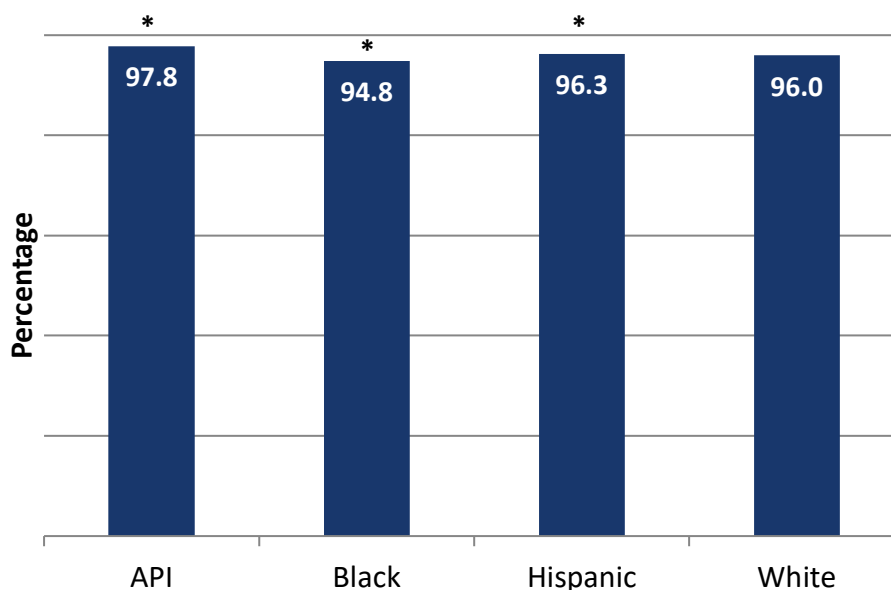
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- (-) Difference is equal to or larger than 3 points (before rounding) and favors Whites.

## Clinical Care: Diabetes

### Diabetes Care—Blood Sugar Testing

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) who had one or more HbA1c tests in the past year, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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.

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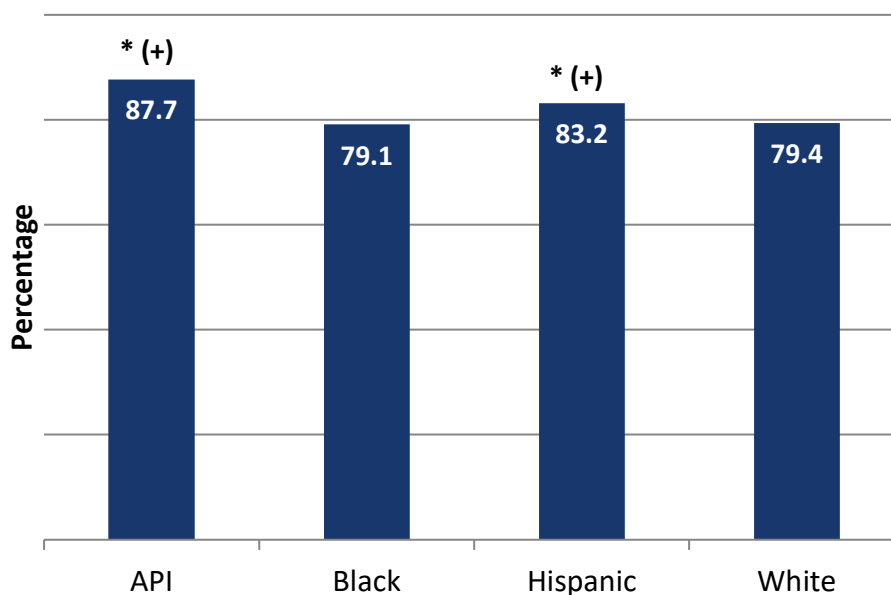
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Diabetes Care—Eye Exam

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) who had an eye exam (retinal) in the past year, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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 about as likely as Whites with diabetes to have had an eye exam in the past year.

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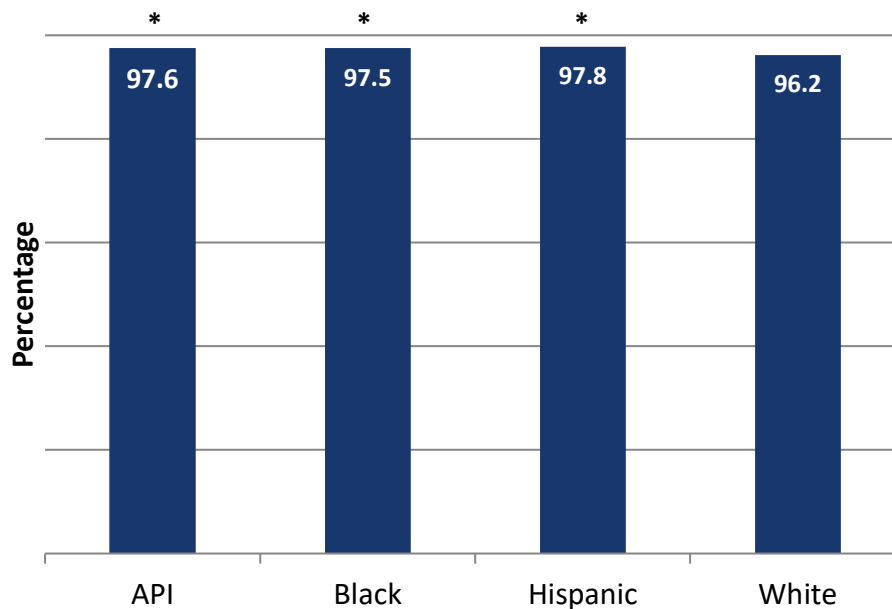
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Diabetes Care—Kidney Disease Monitoring

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) who had medical attention for nephropathy in the past year, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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.

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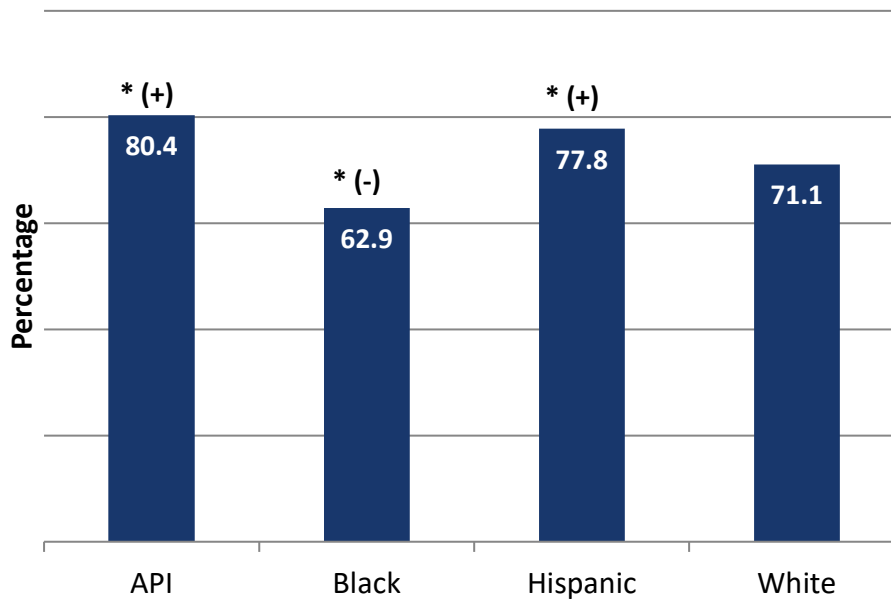
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Diabetes Care—Blood Pressure Controlled

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) whose most recent blood pressure was less than 140/90, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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. The difference between Blacks and Whites was greater than 3 percentage points.

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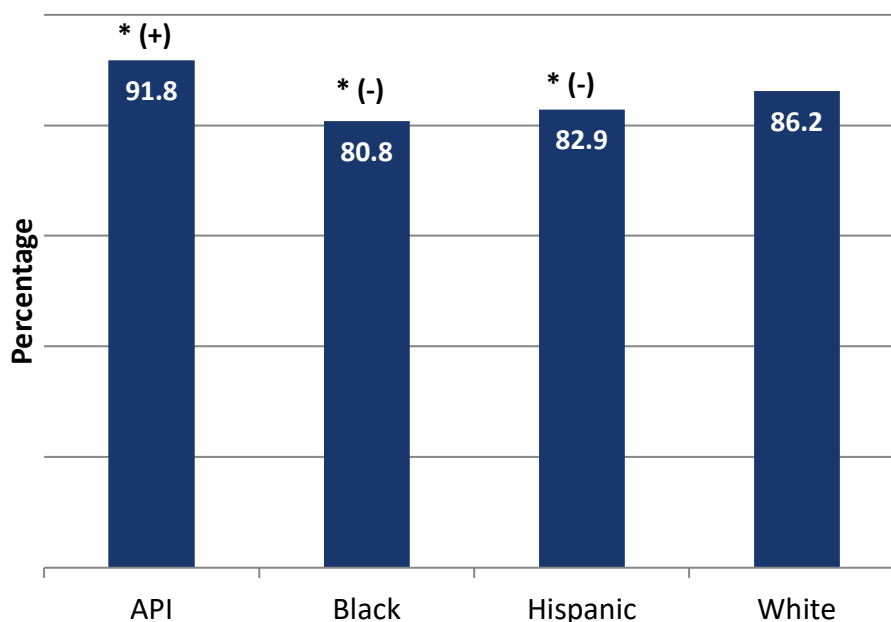
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Diabetes Care—Blood Sugar Controlled

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) whose most recent HbA1c level was 9 percent or less, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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.

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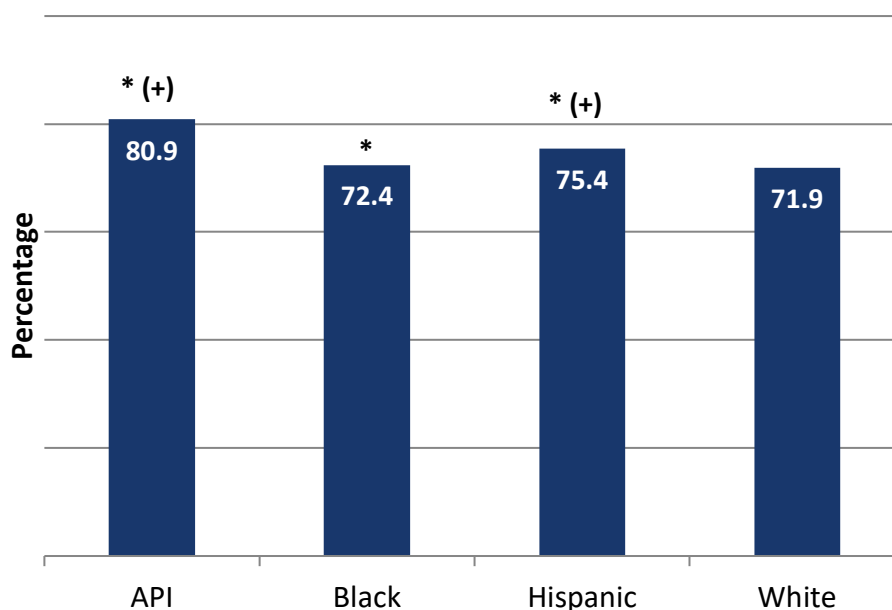
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Statin Use in Patients with Diabetes

Percentage of MA enrollees aged 40 to 75 years with diabetes (type 1 and type 2)<sup>†</sup> who received statin therapy, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Asians or Pacific Islanders, Blacks, and Hispanics with diabetes were more likely than Whites with diabetes to have received statin therapy. 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.

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<sup>†</sup> Excludes those who also have clinical atherosclerotic cardiovascular disease.

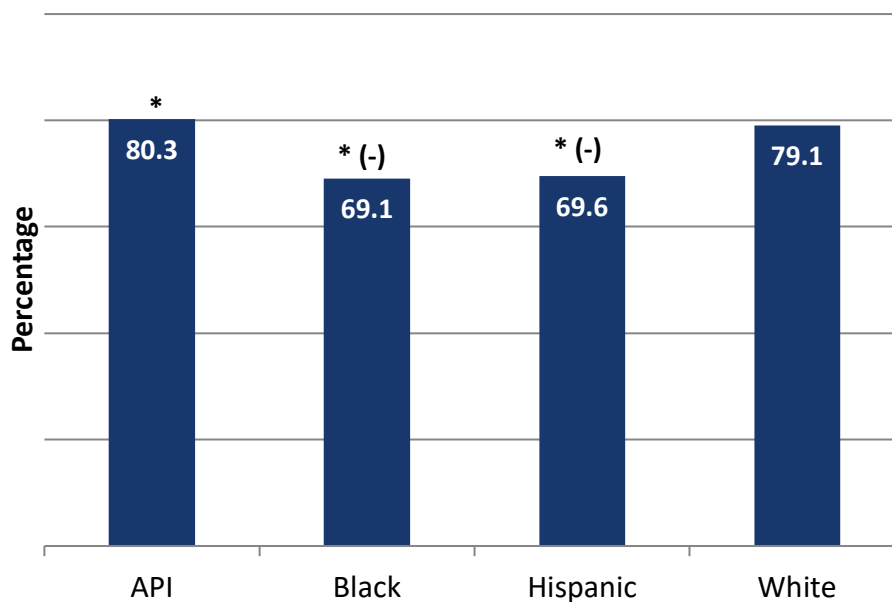
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Medication Adherence for Diabetes—Statins

Percentage of MA enrollees aged 40 to 75 years with diabetes (type 1 and type 2)<sup>†</sup> who were dispensed a statin medication during the measurement year who remained on the medication for at least 80 percent of the treatment period, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Asians or Pacific Islanders with diabetes were more likely than Whites with diabetes to have had proper statin medication adherence. The difference between Asians or Pacific Islanders and Whites was less than 3 percentage points.
- Blacks and Hispanics with diabetes were less likely than Whites with diabetes to have had proper statin medication adherence. The difference between each of these groups and Whites was greater than 3 percentage points.

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<sup>†</sup> Excludes those who also have clinical atherosclerotic cardiovascular disease.

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

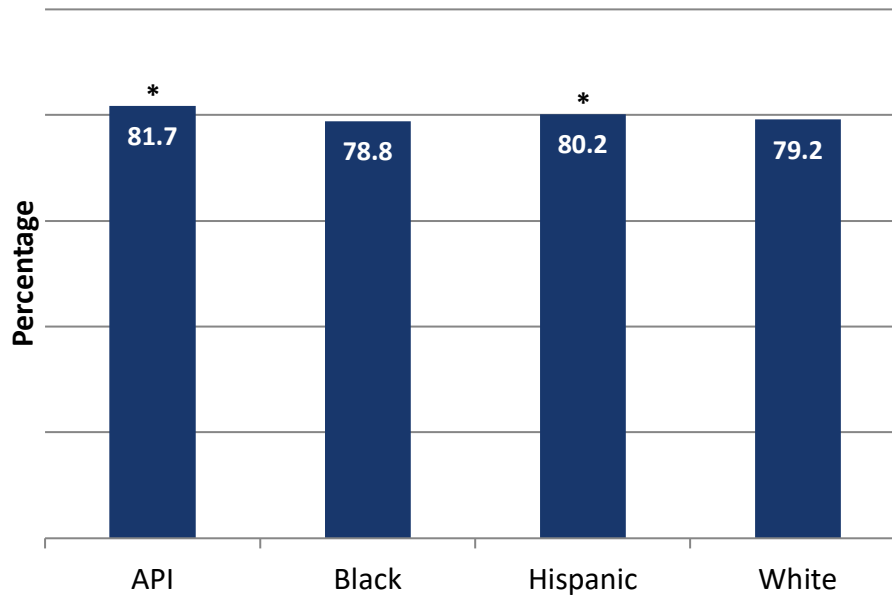
For differences that are statistically significant, the following symbols are also used when applicable:

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

## Clinical Care: Musculoskeletal Conditions

### Rheumatoid Arthritis Management

Percentage of MA enrollees aged 18 years and older who were diagnosed with rheumatoid arthritis during the past year who were dispensed at least one ambulatory prescription for a disease-modifying antirheumatic drug (DMARD), by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

#### Disparities

- Asians or Pacific Islanders and Hispanics who were diagnosed with rheumatoid arthritis were more likely than Whites who were diagnosed with rheumatoid arthritis to have been dispensed at least one DMARD. The difference between each of these groups and Whites was less than 3 percentage points.
- Blacks who were diagnosed with rheumatoid arthritis were about as likely as Whites who were diagnosed with rheumatoid arthritis to have been dispensed at least one DMARD.

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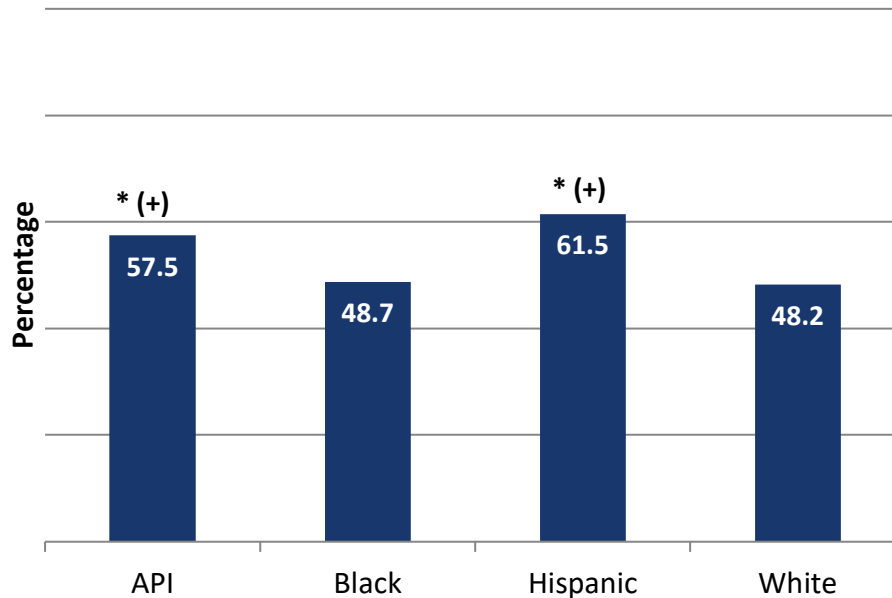
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Osteoporosis Management in Women Who Had a Fracture

Percentage of MA enrollees (women) aged 67 to 85 years who suffered a fracture 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 and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Asian or Pacific Islander 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 each of these groups and Whites was greater than 3 percentage points.
- Black women who suffered a fracture were about as likely as White women who suffered a fracture to have had either a bone mineral density test or a prescription for a drug to treat osteoporosis.

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

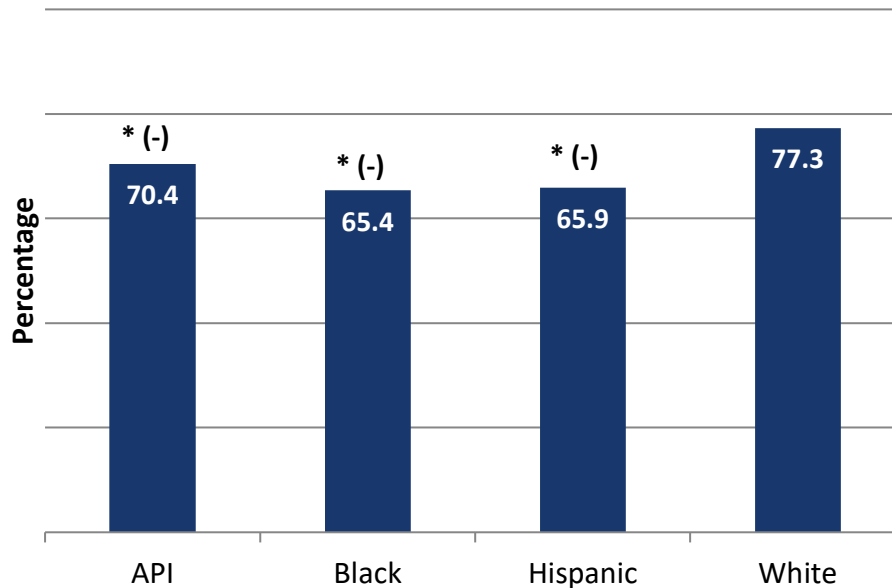
For differences that are statistically significant, the following symbols are also used when applicable:

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

## Clinical Care: Behavioral Health

### Antidepressant Medication Management—Acute Phase Treatment

Percentage of MA enrollees aged 18 years and older who were diagnosed with a new episode of major depression who were newly treated with antidepressant medication who remained on the medication for at least 84 days, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

#### 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.

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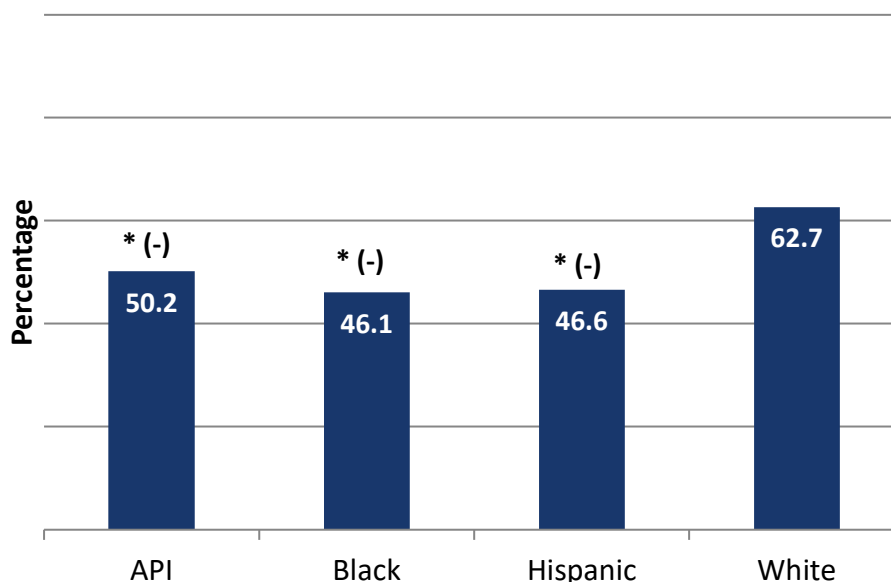
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Antidepressant Medication Management—Continuation Phase Treatment

Percentage of MA enrollees aged 18 years and older with a new diagnosis of major depression who were newly treated with antidepressant medication who remained on antidepressant medication for at least 180 days, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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.

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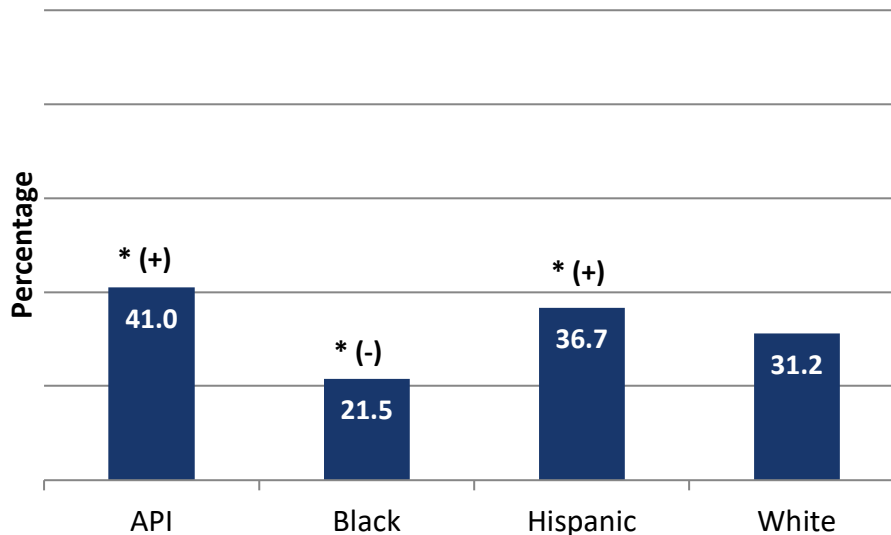
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Follow-up Visit After Hospital Stay for Mental Illness (within seven days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who were hospitalized for treatment of selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within seven days of discharge, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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 appropriate follow-up care 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 appropriate follow-up care within seven days of being discharged. The difference between Blacks and Whites was greater than 3 percentage points.

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

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

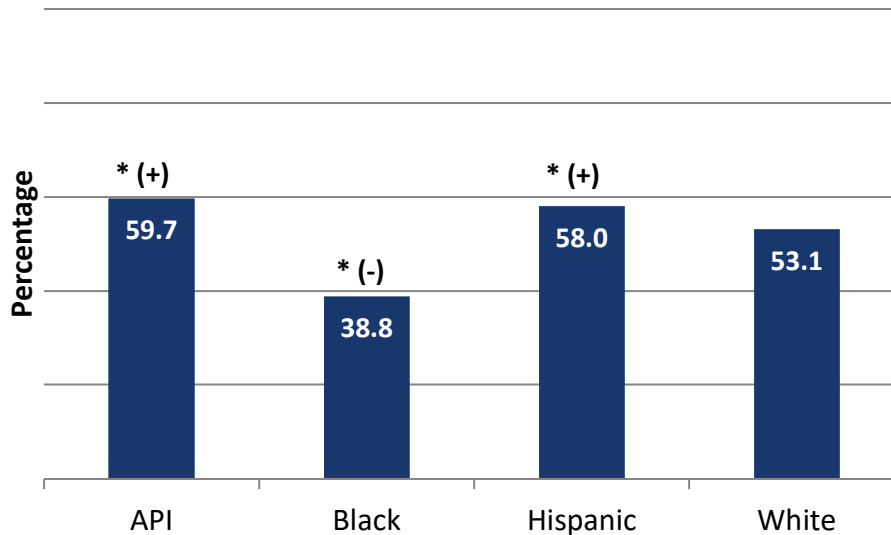
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.

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

<sup>†</sup> Although the lower-bound age cutoff for this HEDIS measure is 6 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 MA enrollees aged 18 years and older<sup>†</sup> who were hospitalized for treatment of selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of discharge, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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 appropriate follow-up care 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 appropriate follow-up care within 30 days of discharge. The difference between these Blacks and Whites was greater than 3 percentage points.

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

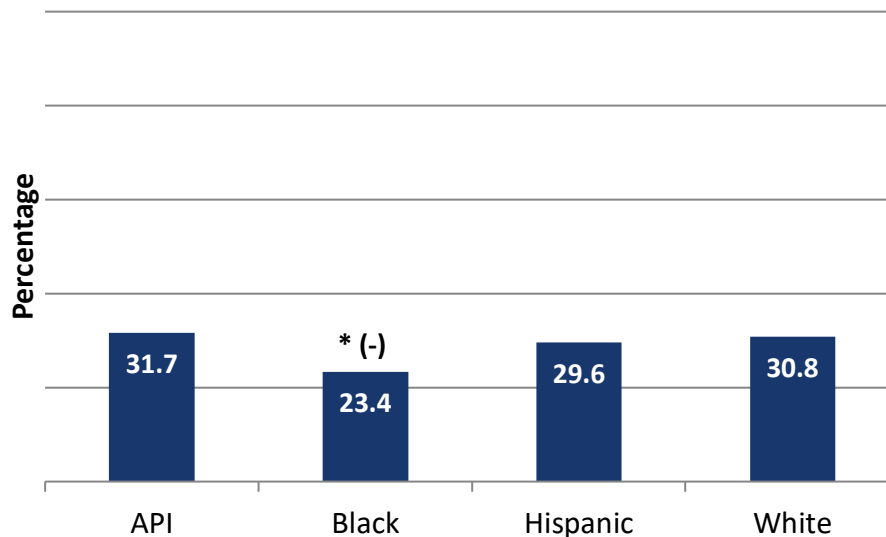
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> Although the lower-bound age cutoff for this HEDIS measure is 6 years old, the data used in this report are limited to adults.

## Follow-up After Emergency Department (ED) Visit for Mental Illness (within seven days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who had an ED visit for selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within seven days of the ED visit, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Asians or Pacific Islanders and Hispanics who had an ED visit for a mental health disorder were about as likely as Whites who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within seven days of the ED visit.
- Blacks who had an ED visit for a mental health disorder were less likely than Whites who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within seven days of the ED visit. The difference between Blacks and Whites was greater than 3 percentage points.

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

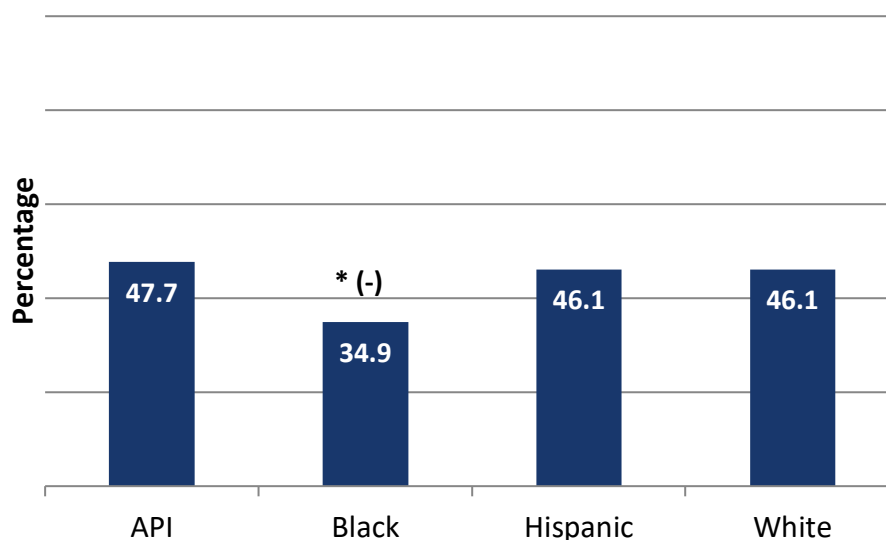
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- (-) Difference is equal to or larger than 3 points (before rounding) and favors Whites.

<sup>†</sup> Although the lower-bound age cutoff for this HEDIS measure is 6 years old, the data used in this report are limited to adults.

## Follow-up After Emergency Department (ED) Visit for Mental Illness (within 30 days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who had an ED visit for selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of the ED visit, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

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

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

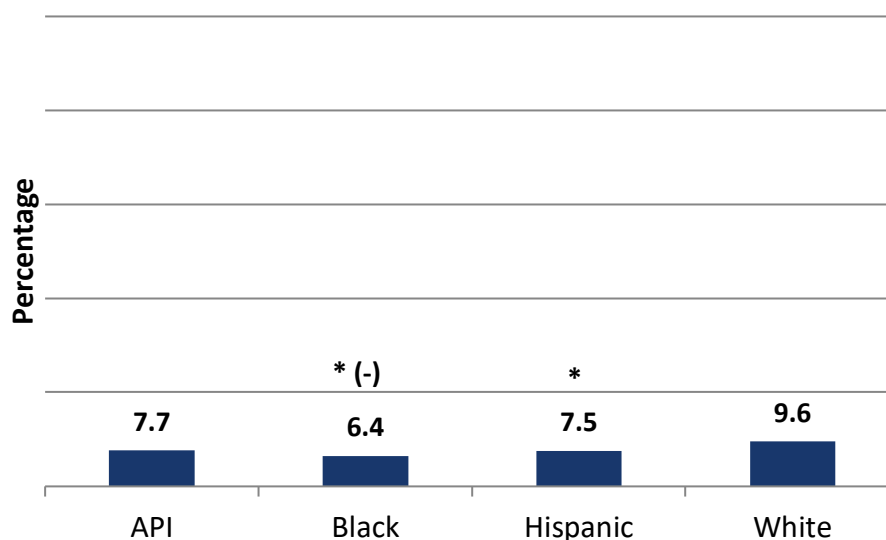
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> Although the lower-bound age cutoff for this HEDIS measure is 6 years old, the data used in this report are limited to adults.

## Follow-up After Emergency Department (ED) Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (within seven days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who had an ED visit for AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence within seven days of the ED visit, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Asians or Pacific Islanders who had an ED visit for AOD abuse or dependence were about as likely as Whites who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within seven days of the ED visit.
- Blacks and Hispanics who had an ED visit for AOD abuse or dependence were less likely than Whites who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within seven days of the ED visit. The difference between Blacks and Whites was greater than 3 percentage points. The difference between Hispanics and Whites was less than 3 percentage points.

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

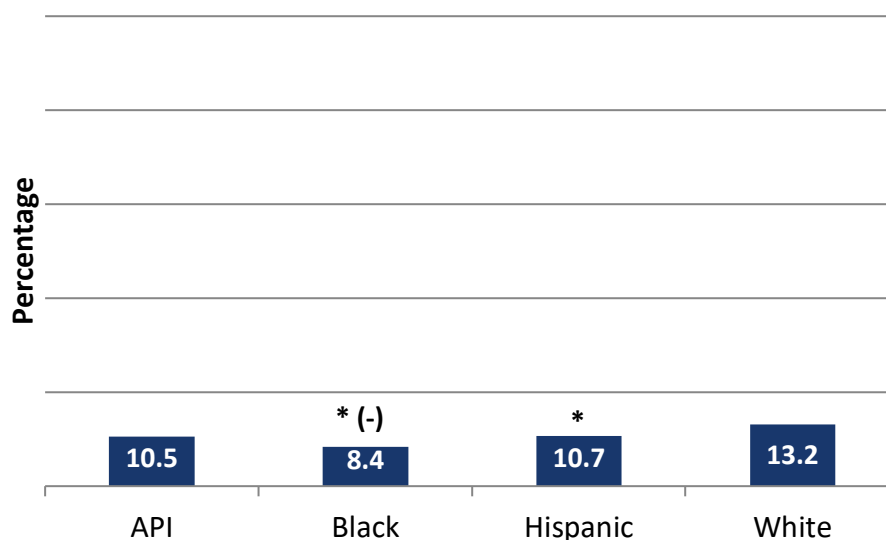
For differences that are statistically significant, the following symbols are also used when applicable:

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

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

## Follow-up After Emergency Department (ED) Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (within 30 days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who had an ED visit for AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

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

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

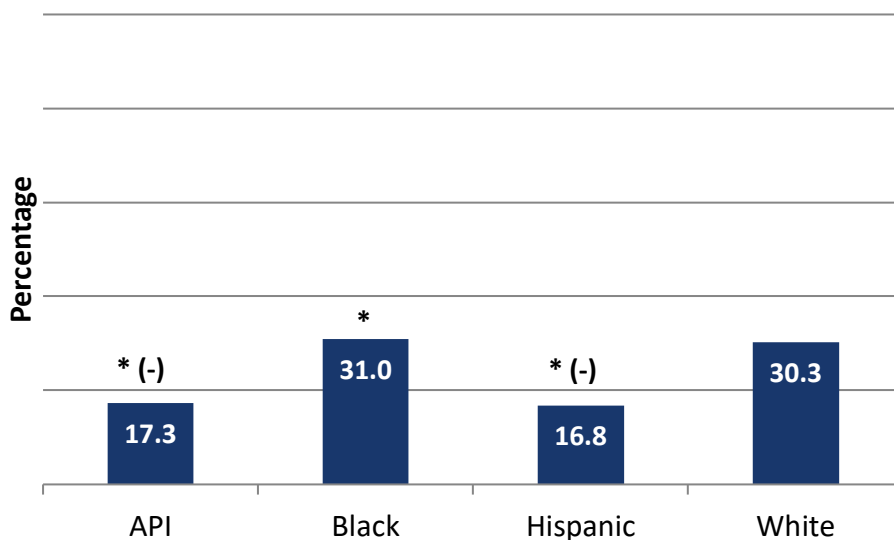
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- (-) Difference is equal to or larger than 3 points (before rounding) and favors Whites.

<sup>†</sup> 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 of Alcohol and Other Drug Dependence Treatment

Percentage of MA enrollees aged 18 years and older<sup>†</sup> with a new episode of alcohol or other drug (AOD) dependence who initiated<sup>‡</sup> treatment within 14 days of the diagnosis, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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.

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

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

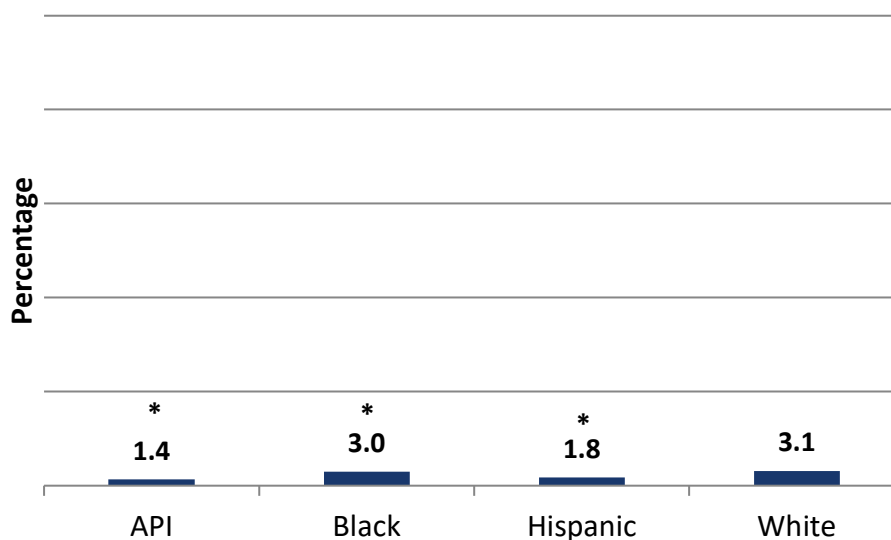
- (+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (before rounding) and favors Whites.

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

<sup>‡</sup> Initiation may occur through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization.

## Engagement of Alcohol and Other Drug Treatment

Percentage of MA enrollees aged 18 years and older<sup>†</sup> with a new episode of alcohol or other drug (AOD) dependence who initiated treatment who had two or more additional services within 30 days of the initiation visit, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

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

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

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

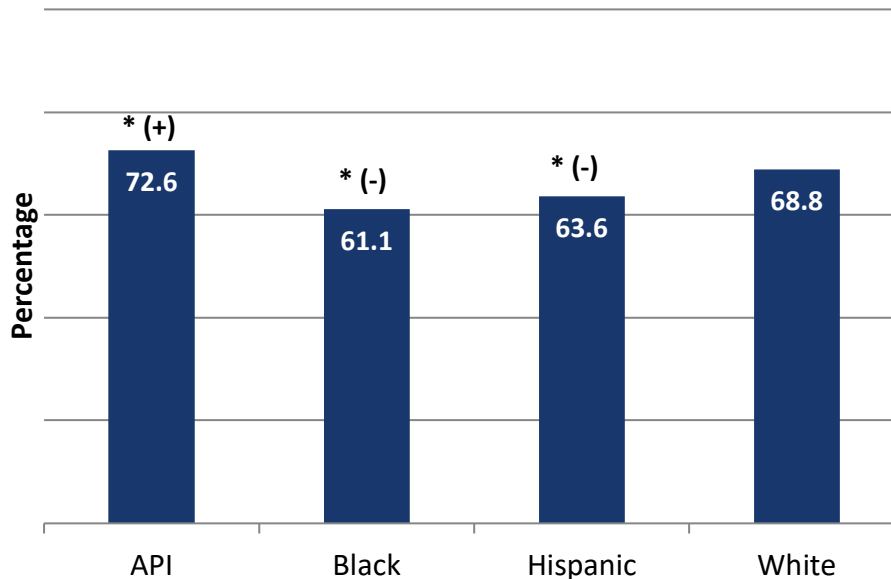
- (+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (before rounding) and favors Whites.

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

## Clinical Care: Medication Management and Care Coordination

### Medication Reconciliation After Hospital Discharge

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility who had their medications reconciled within 30 days, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

#### Disparities

- Asians or Pacific Islanders who were discharged from an inpatient facility were more likely than Whites who were discharged from an inpatient facility to have had their medications reconciled within 30 days. The difference between Asians or Pacific Islanders and Whites was greater than 3 percentage points.
- Blacks and Hispanics who were discharged from an inpatient facility were less likely than Whites who were discharged from an inpatient facility to have had their medications reconciled within 30 days. The difference between each of these groups and Whites was greater than 3 percentage points.

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

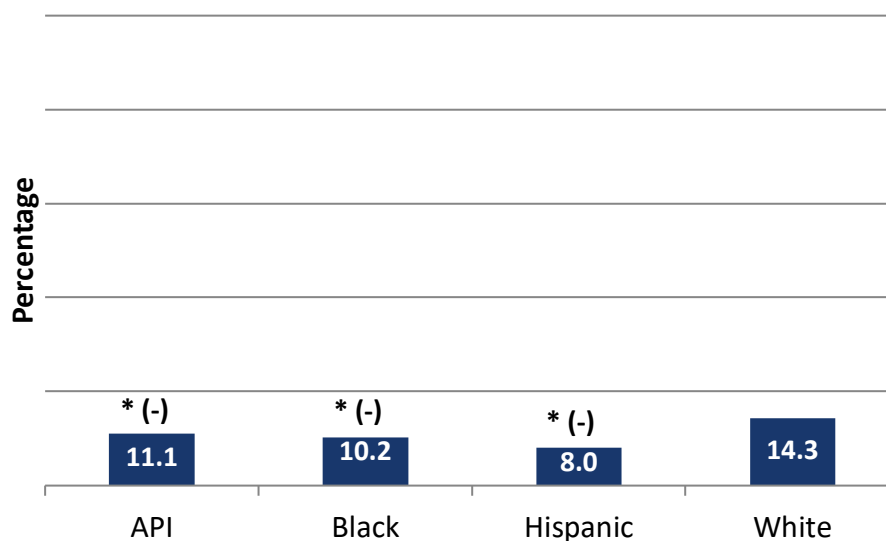
For differences that are statistically significant, the following symbols are also used when applicable:

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

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

## Transitions of Care—Notification of Inpatient Admission

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility whose primary or ongoing care providers were notified of the inpatient admission on the day of or the day following admission, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- The primary or ongoing care providers of Asians or Pacific Islanders, Blacks, and Hispanics who were discharged from an inpatient facility were less likely than the primary or ongoing care providers of Whites who were discharged from an inpatient facility to have been notified of the inpatient admission on the day of or the day following admission. The difference between these groups was greater than 3 percentage points.

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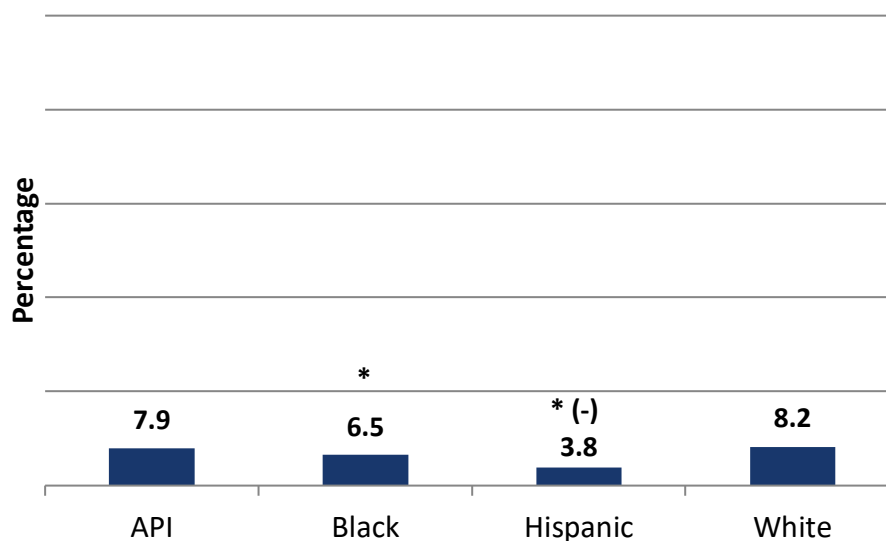
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Transitions of Care—Receipt of Discharge Information

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility who received discharge information on the day of or the day following discharge, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Asians or Pacific Islanders who were discharged from an inpatient facility were about as likely as Whites who were discharged from an inpatient facility to have received discharge information on the day of or the day following discharge.
- Blacks and Hispanics who were discharged from an inpatient facility were less likely than Whites who were discharged from an inpatient facility to have received discharge information on the day of or the day following discharge. The difference between Blacks and Whites was less than 3 percentage points. The difference between Hispanics and Whites was greater than 3 percentage points.

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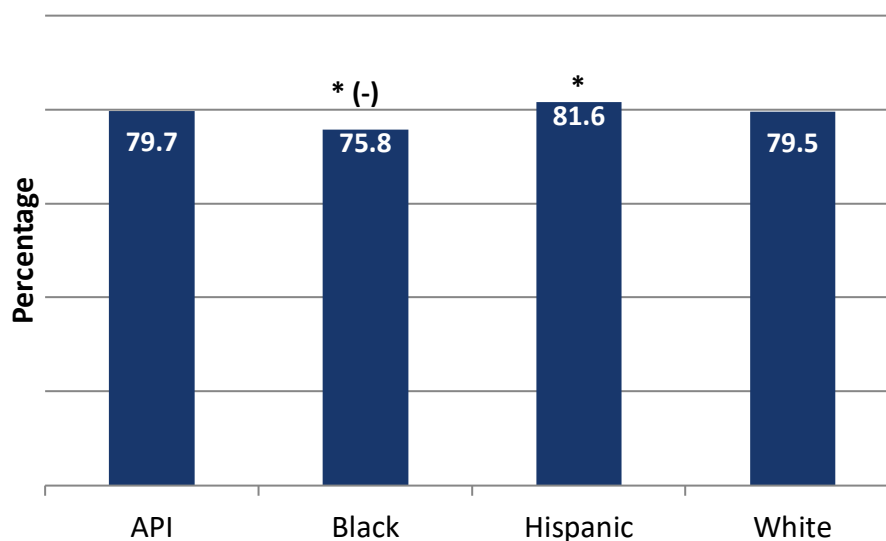
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Transitions of Care—Patient Engagement After Inpatient Discharge

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility for whom patient engagement (office visit, home visit, telehealth) was provided within 30 days of discharge, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Asians or Pacific Islanders who were discharged from an inpatient facility were about as likely as Whites who were discharged from an inpatient facility to have had an office visit, to have had a home visit, or to have received telehealth services within 30 days of discharge.
- Blacks who were discharged from an inpatient facility were less likely than Whites who were discharged from an inpatient facility to have had an office visit, to have had a home visit, or to have received telehealth services within 30 days of discharge. The difference between Blacks and Whites was greater than 3 percentage points.
- Hispanics who were discharged from an inpatient facility were more likely than Whites who were discharged from an inpatient facility to have had an office visit, to have had a home visit, or to have received telehealth services within 30 days of discharge. The difference between Blacks and Whites was less than 3 percentage points.

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

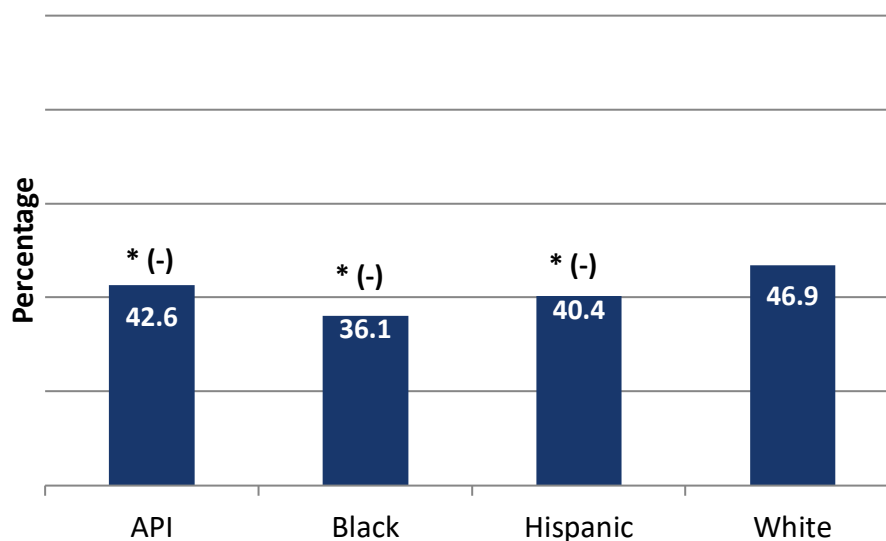
For differences that are statistically significant, the following symbols are also used when applicable:

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

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

## Transitions of Care—Medication Reconciliation After Inpatient Discharge

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility for whom medications were reconciled within 30 days of discharge, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Asians or Pacific Islanders, Blacks, and Hispanics who were discharged from an inpatient facility were less likely than Whites who were discharged from an inpatient facility to have had their medications reconciled within 30 days of discharge. The difference between each of these groups and Whites was greater than 3 percentage points.

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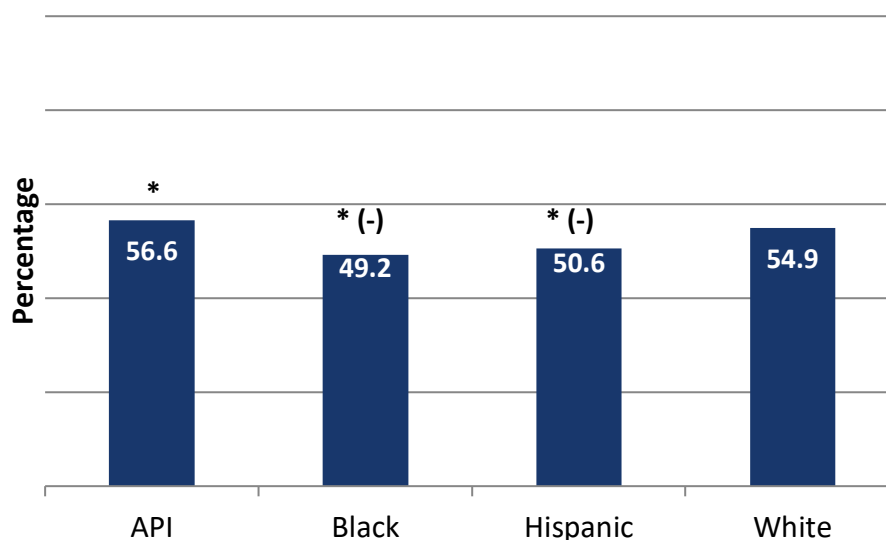
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Follow-up After Emergency Department (ED) Visit for People with High-Risk Multiple Chronic Conditions

Percentage of MA enrollees aged 18 years and older with multiple high-risk chronic conditions<sup>†</sup> who received follow-up care within seven days of an ED visit, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Asians or Pacific Islanders with multiple high-risk chronic conditions were more likely than Whites with multiple high-risk chronic conditions to have received follow-up care within seven days of an ED visit. The difference between Asians or Pacific Islanders and Whites was less than 3 percentage points.
- Blacks and Hispanics with multiple high-risk chronic conditions were less likely than Whites with multiple high-risk chronic conditions to have received follow-up care within seven days of an ED visit. The difference between each of these groups and Whites was greater than 3 percentage points.

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

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

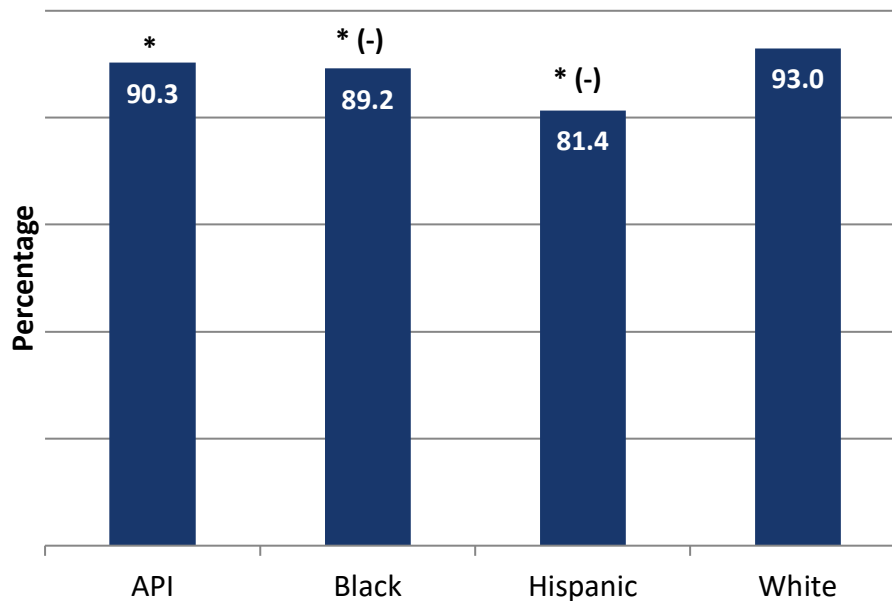
- (+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (before rounding) and favors Whites.

<sup>†</sup> Conditions include COPD and asthma, Alzheimer's disease and related disorders, chronic kidney disease, depression, heart failure, acute myocardial infarction, atrial fibrillation, and stroke and transient ischemic attack.

## Clinical Care: Overuse/Appropriateness

### **Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Chronic Renal Failure**

Percentage of MA enrollees aged 65 years and older with chronic renal failure who were not dispensed a prescription for a potentially harmful medication,<sup>†</sup> by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

#### Disparities

- Use of potentially harmful medication was avoided less often for elderly Asians or Pacific Islanders, Blacks, and Hispanics with chronic renal failure than for elderly Whites with chronic renal failure. 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, as was the difference between Hispanics and Whites.

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

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

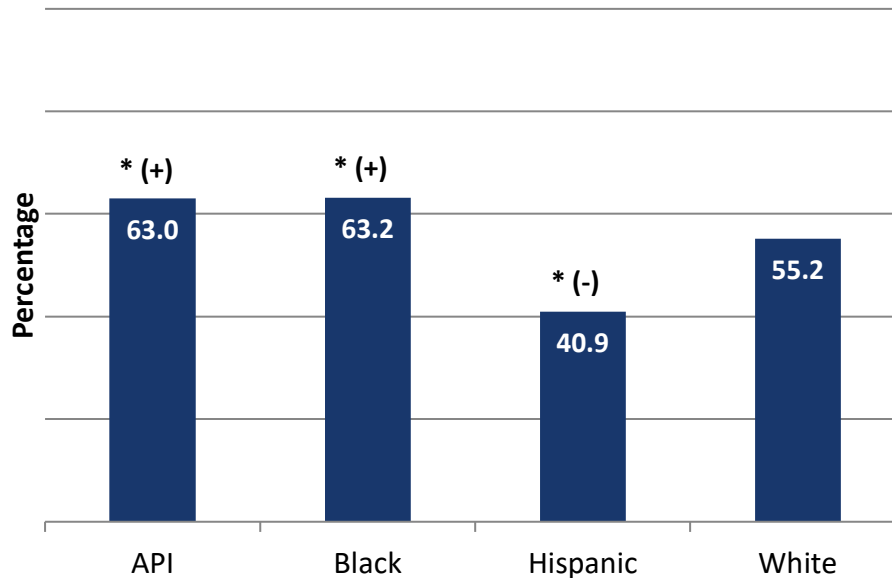
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.

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

<sup>†</sup> This includes cyclooxygenase-2 (COX-2) selective nonsteroidal anti-inflammatory drugs (NSAIDs) or nonaspirin NSAIDs.

## Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Dementia

Percentage of MA enrollees aged 65 years and older with dementia who were not dispensed a prescription for a potentially harmful medication,<sup>†</sup> by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Use of potentially harmful medication was avoided more often for elderly Asians or Pacific Islanders and Blacks with dementia than for elderly Whites with dementia. The difference between each of these groups and Whites was greater than 3 percentage points.
- Use of potentially harmful medication was avoided less often for elderly Hispanics with dementia than for elderly Whites with dementia. The difference between Hispanics and Whites was greater than 3 percentage points.

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

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

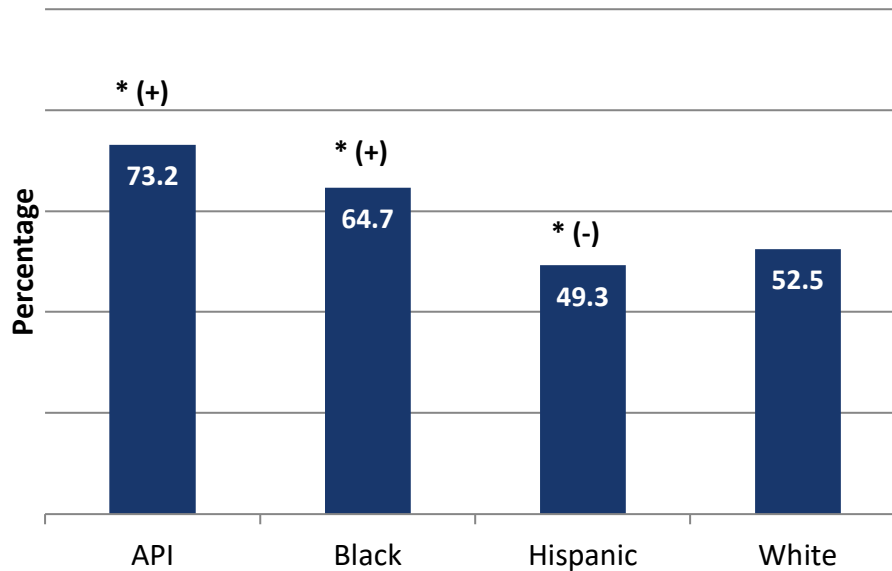
(+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.

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

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

## Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with a History of Falls

Percentage of MA enrollees aged 65 years and older with a history of falls who were not dispensed a prescription for a potentially harmful medication,<sup>†</sup> by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Use of potentially harmful medication was avoided more often for elderly Asians or Pacific Islanders and Blacks with a history of falls than for elderly Whites with a history of falls. The difference between each of these groups and Whites was greater than 3 percentage points.
- Use of potentially harmful medication was avoided less often for elderly Hispanics with a history of falls than for elderly Whites with a history of falls. The difference between Hispanics and Whites was greater than 3 percentage points.

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

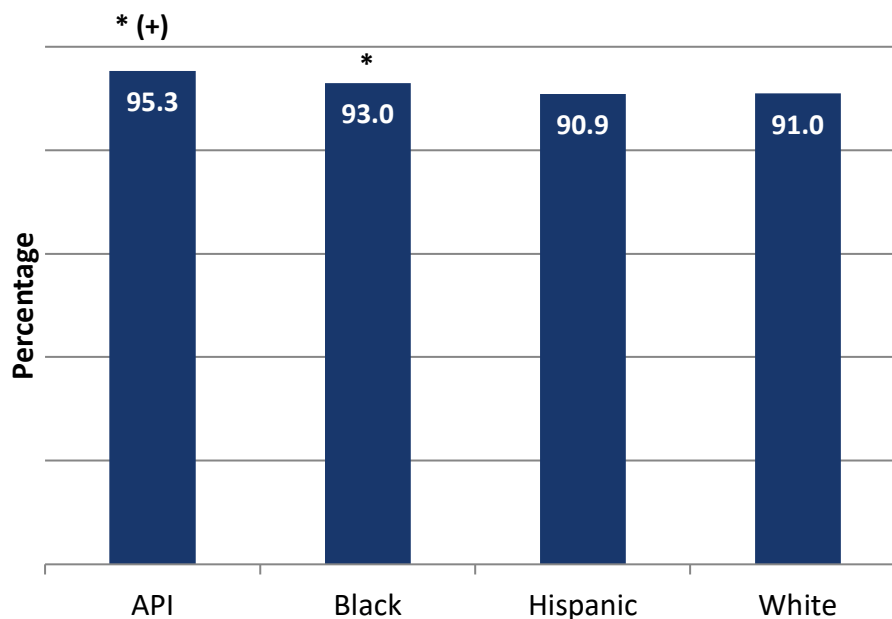
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> This includes anticonvulsants, nonbenzodiazepine hypnotics, selective serotonin reuptake inhibitors (SSRIs), antiemetics, antipsychotics, benzodiazepines, and tricyclic antidepressants.

## Avoiding Use of High-Risk Medications in the Elderly

Percentage of MA enrollees aged 65 years and older who were not prescribed a high-risk medication, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Use of high-risk medication was avoided more often for elderly Asians or Pacific Islanders and Blacks than for elderly Whites. 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.
- Use of high-risk medication was avoided about as often for elderly Hispanics as for elderly Whites.

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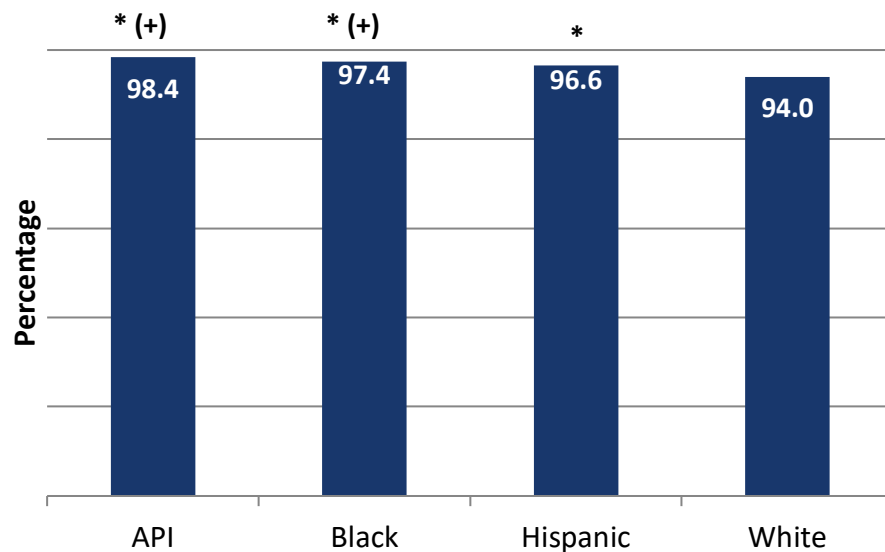
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Avoiding Use of Opioids at High Dosage

Percentage of MA enrollees aged 18 years and older who were not prescribed opioids at a high dosage<sup>†</sup> for more than 14 days, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Use of opioids at a high dosage for more than 14 days was avoided more often for Asians or Pacific Islanders, Blacks, and Hispanics than for Whites. The difference between Asians or Pacific Islanders and Whites was greater than 3 percentage points, as was the difference between Blacks and Whites. The difference between Hispanics and Whites was less than 3 percentage points.

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

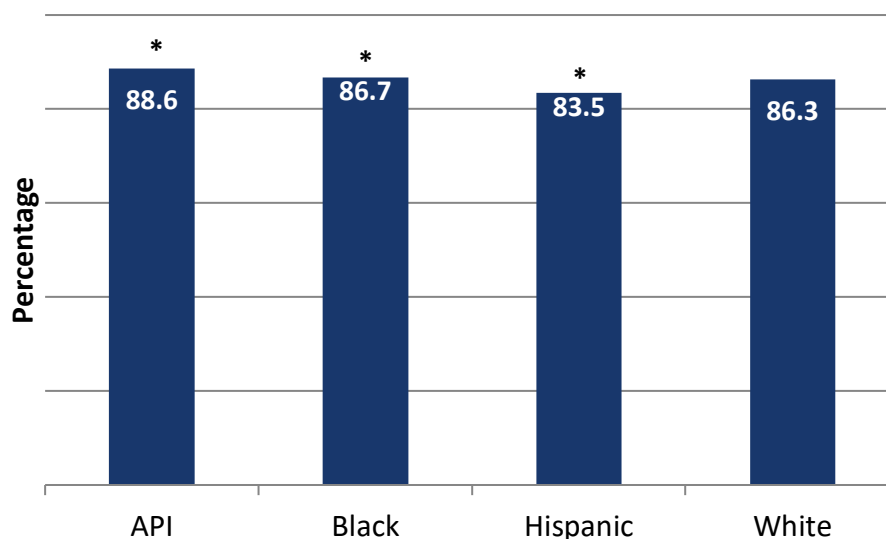
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> Average morphine equivalent dose is greater than 120 mg.

## Avoiding Use of Opioids from Multiple Prescribers

Percentage of MA enrollees aged 18 years and older who did not receive prescriptions for opioids from four or more prescribers in the past year, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Use of opioids from multiple prescribers was avoided 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.
- Use of opioids from multiple prescribers was avoided less often for Hispanics than for Whites. The difference between Hispanics and Whites was less than 3 percentage points.

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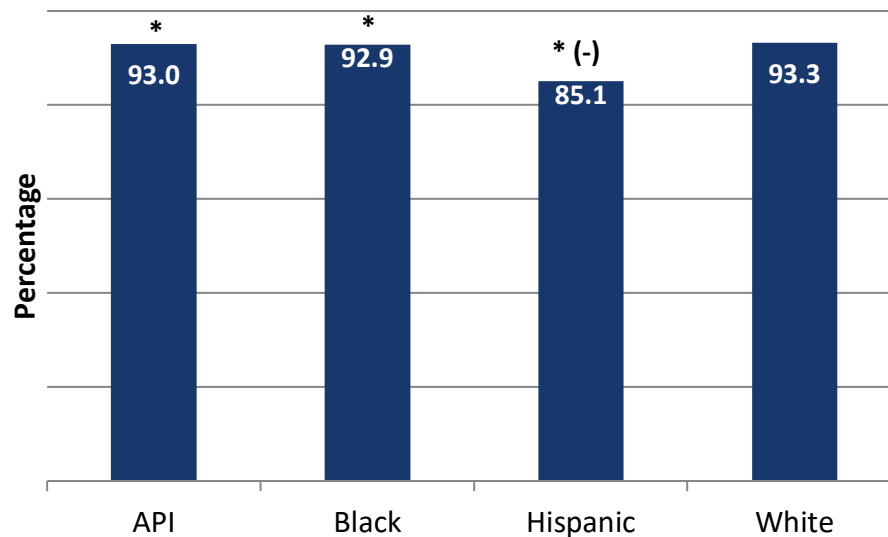
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Avoiding Use of Opioids from Multiple Pharmacies

Percentage of MA enrollees aged 18 years and older who did not receive prescriptions for opioids from four or more pharmacies in the past year, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Use of opioids from multiple pharmacies was avoided less often for Asians or Pacific Islanders, Blacks, and Hispanics than for Whites. The difference between Asians or Pacific Islanders and Whites was less than 3 percentage points, as was the difference between Blacks and Whites. The difference between Hispanics and Whites was greater than 3 percentage points.

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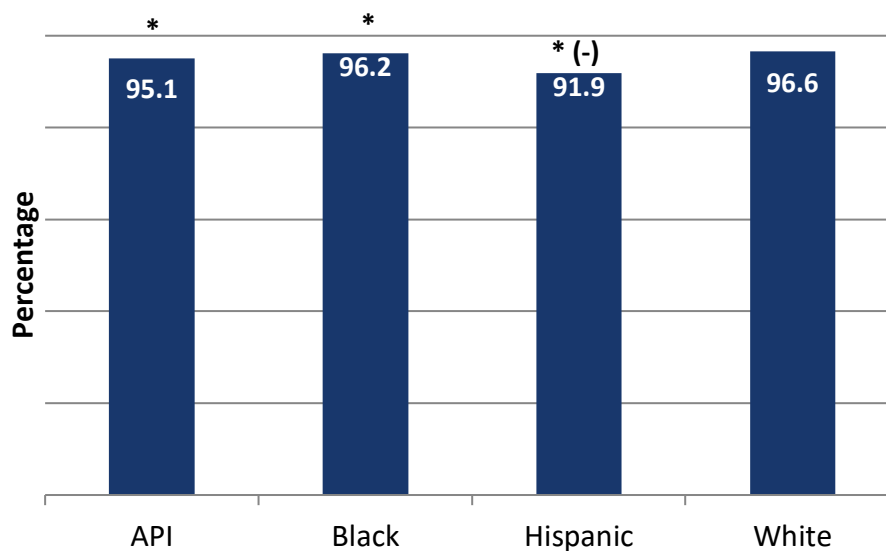
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Avoiding Use of Opioids from Multiple Prescribers and Pharmacies

Percentage of MA enrollees aged 18 years and older who did not receive prescriptions for opioids from four or more prescribers and four or more pharmacies in the past year, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Use of opioids from multiple prescribers and pharmacies was avoided less often for Asians or Pacific Islanders, Blacks, and Hispanics than for Whites. The difference between Asians or Pacific Islanders and Whites was less than 3 percentage points, as was the difference between Blacks and Whites. The difference between Hispanics and Whites was greater than 3 percentage points.

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

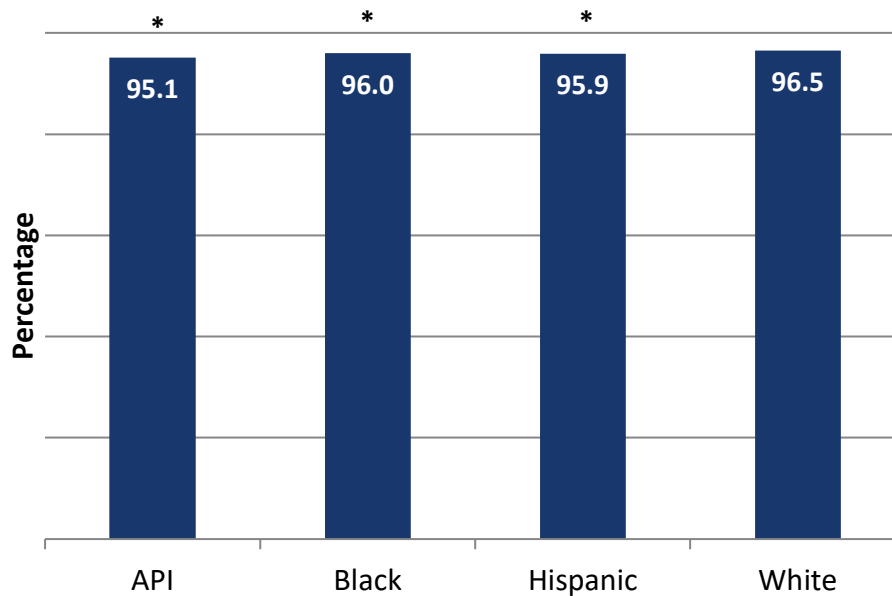
For differences that are statistically significant, the following symbols are also used when applicable:

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

## Clinical Care: Access/Availability of Care

### Older Adults' Access to Preventive/Ambulatory Services

Percentage of MA enrollees aged 65 years and older who had an ambulatory or preventive care visit in the past year, by race and ethnicity, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

#### Disparities


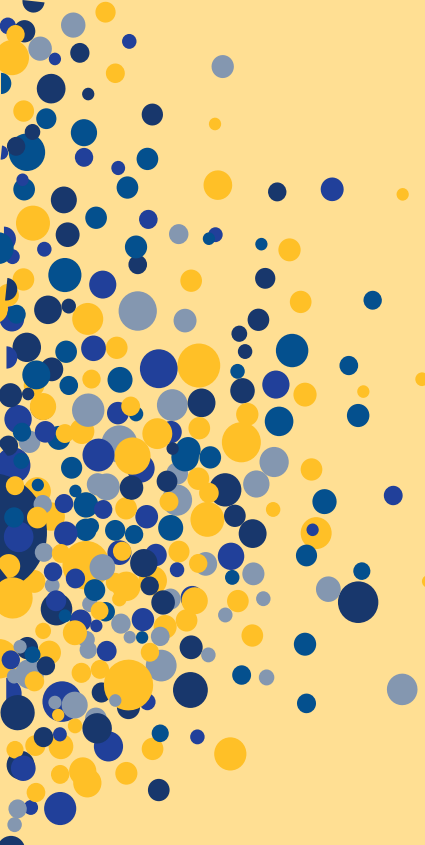
- Asians or Pacific Islanders, Blacks, and Hispanics were less likely than Whites to have had an ambulatory or preventive care visit. The difference between each of these groups and Whites was less than 3 percentage points.

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

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

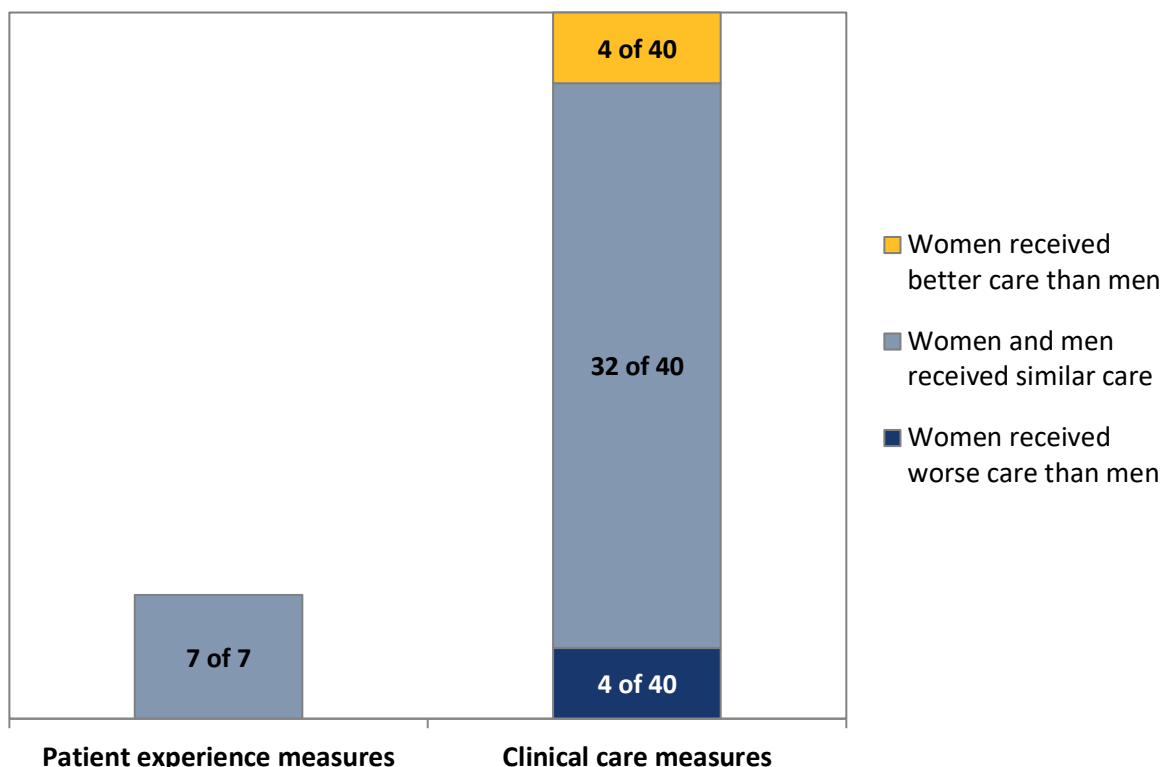
- (+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (before rounding) and favors Whites.



## **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 seven) and clinical care measures (out of 40) for which women received care that was worse than, similar to, or better than the care received by men in 2018



**SOURCES:** The bar on the left (patient experience measures) summarizes data from all MA beneficiaries nationwide who participated in the 2018 Medicare CAHPS survey. The bar on the right (clinical care measures) summarizes clinical quality (HEDIS) data collected in 2018 from MA plans nationwide.

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

- **Better** = Women received better care than men. Differences are statistically significant ( $p < 0.05$ ), are equal to or larger than 3 points<sup>†</sup> 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.

<sup>†</sup> A difference that is considered to be of moderate magnitude (Paddison et al., 2013).

**Women receive worse clinical care than men**

- Initiation of alcohol and other drug dependence treatment
- Avoiding potentially harmful drug-disease interactions in patients with dementia
- Avoiding potentially harmful drug-disease interactions in patients with a history of falls
- Avoiding use of high-risk medications in the elderly

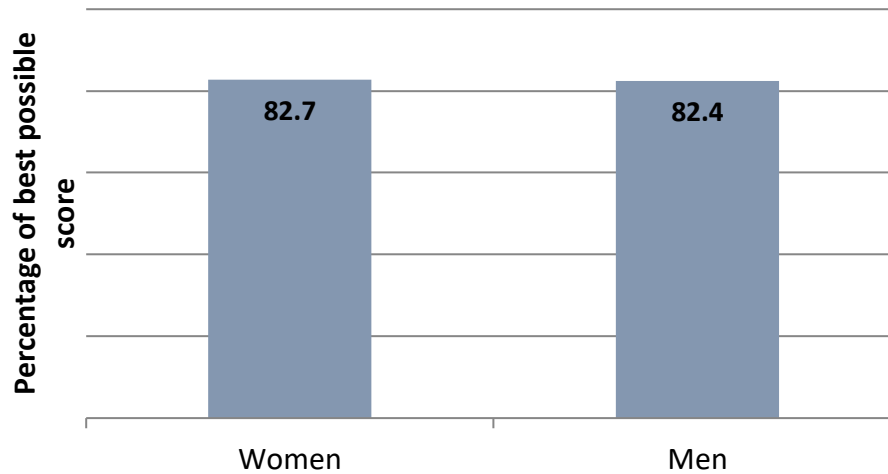
**Women receive better clinical care than men**

- Pharmacotherapy management of COPD exacerbation—use of bronchodilators
- 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)
- Follow-up after ED visit for mental illness (within 30 days of discharge)

## Patient Experience

### 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,<sup>†</sup> by gender, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

#### Disparities

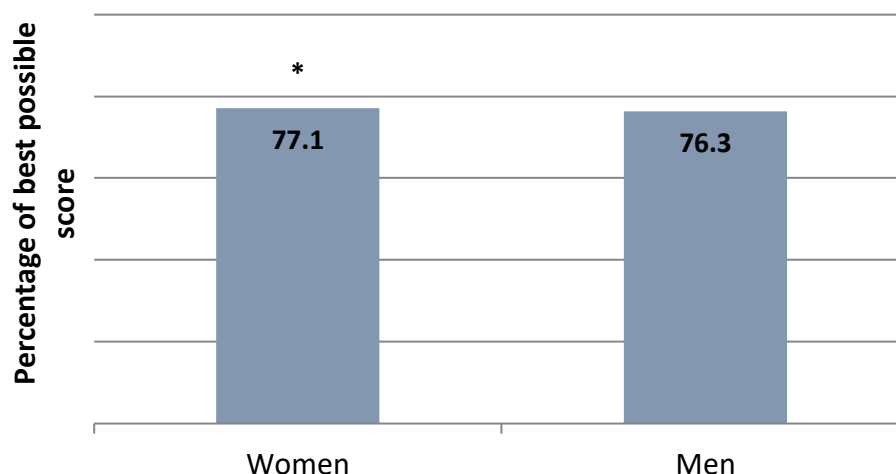
- Women reported experiences getting needed care that were similar to the experiences that men reported.

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<sup>†</sup> This includes how often in the last six months patients got appointments with specialists as soon as they needed them and how easy it was 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,<sup>†</sup> by gender, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

### Disparities

- Women reported better<sup>‡</sup> experiences with getting appointments and care quickly than men reported. The difference between women and men was less than 3 points on a 0–100 scale.

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

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

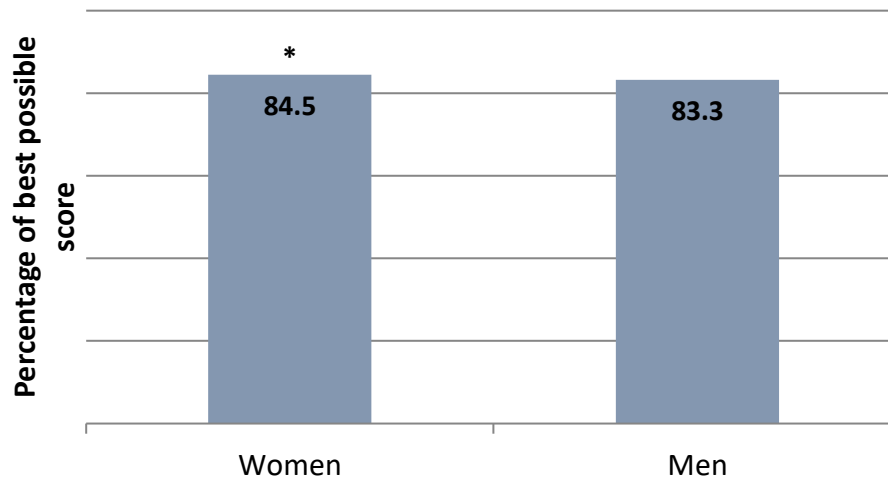
- (+) Difference is equal to or larger than 3 points (before rounding) and favors women.
- (-) Difference is equal to or larger than 3 points (before rounding) and favors men.

<sup>†</sup> This includes how often in the last six months patients got care that was needed right away, as well as how easy it was to get appointments for checkups and routine care.

<sup>‡</sup> Unlike on pp. 63–64, 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,<sup>†</sup> by gender, 2018



SOURCE: Data from the Medicare CAHPS survey, 2018.

### Disparities

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

---

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

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

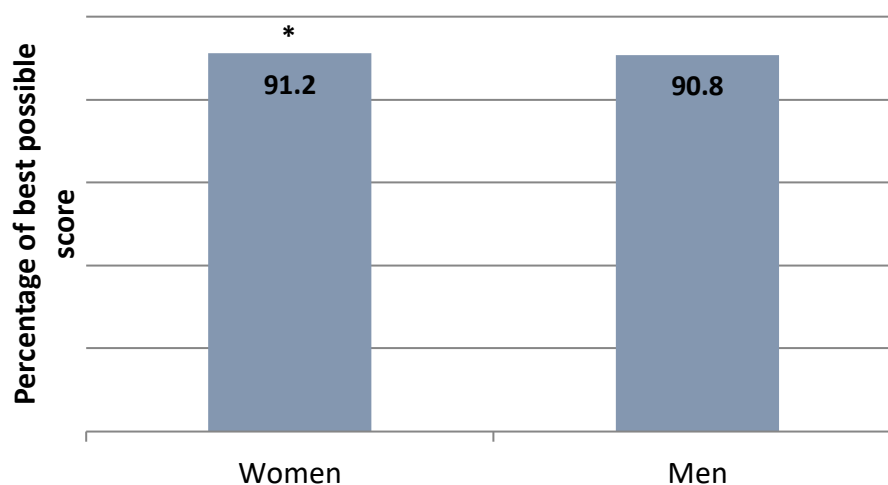
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.

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

<sup>†</sup> This includes how often in the last six months health plan customer service staff provided the information or the help that beneficiaries needed, how often beneficiaries were treated with courtesy and respect, and how often forms from the health plan were 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,<sup>†</sup> by gender, 2018



SOURCE: Data from the Medicare CAHPS survey, 2018.

### Disparities

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

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

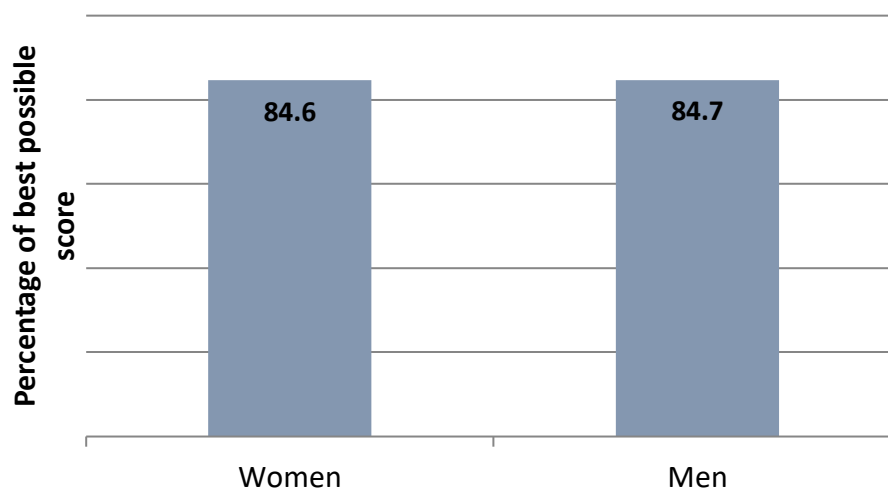
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> This includes how often in the last six months doctors explained things in a way that was easy to understand, listened carefully, showed respect for what patients had to say, and spent 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,<sup>†</sup> by gender, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

### Disparities

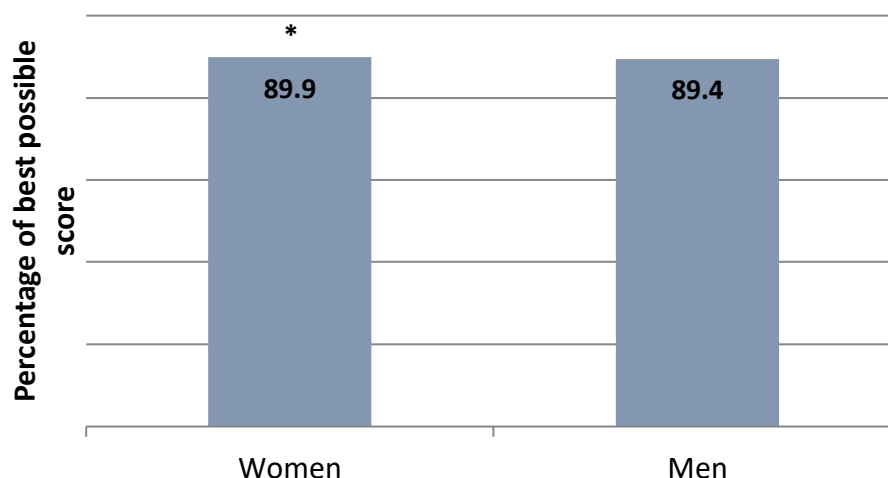
- Women reported experiences with care coordination experiences that were similar to the experiences reported by men.

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<sup>†</sup> This includes how often in the last six months doctors had medical records and other information about patients' care at patients' scheduled appointments 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,<sup>†</sup> by gender, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

### Disparities

- Women reported better experiences getting needed prescription drugs than men reported. The difference between women and men was less than 3 points on a 0–100 scale.

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

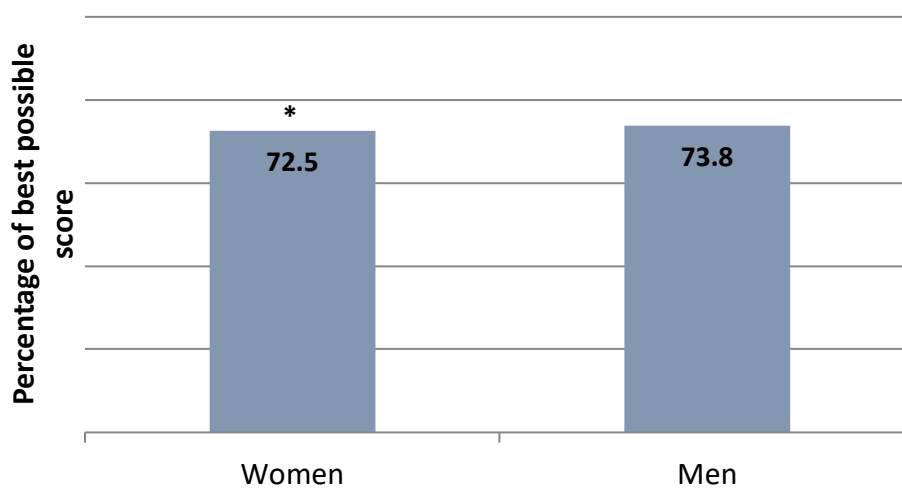
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> This includes how often in the last six months it was easy to use the plan to get prescribed medications and how easy it was to fill prescriptions at a pharmacy or by mail.

## Patient Experience: Annual Flu Vaccine

Percentage of Medicare enrollees who got a vaccine (flu shot), by gender, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

### Disparities

- Women were less likely than men to have received the flu vaccine. The difference between women and men was less than 3 percentage points.

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

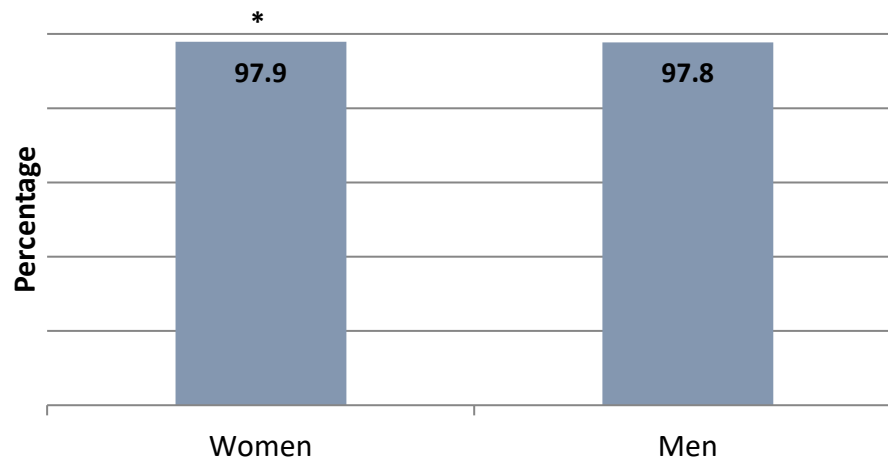
For differences that are statistically significant, the following symbols are also used when applicable:

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

## Clinical Care: Prevention and Screening

### Adult BMI Assessment

Percentage of MA enrollees aged 18 to 74 years who had an outpatient visit whose body mass index (BMI) was documented in the past two years, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA 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.

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

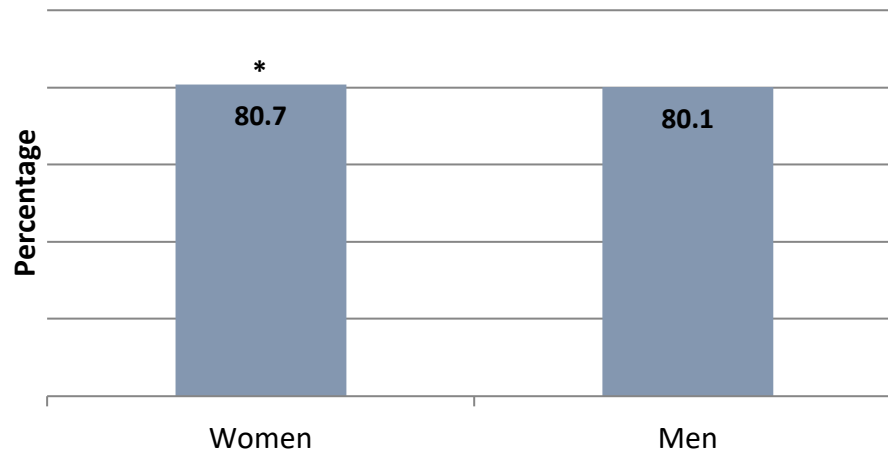
For differences that are statistically significant, the following symbols are also used when applicable:

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

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

## Colorectal Cancer Screening

Percentage of MA enrollees aged 50 to 75 years who had appropriate screening for colorectal cancer, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

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

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

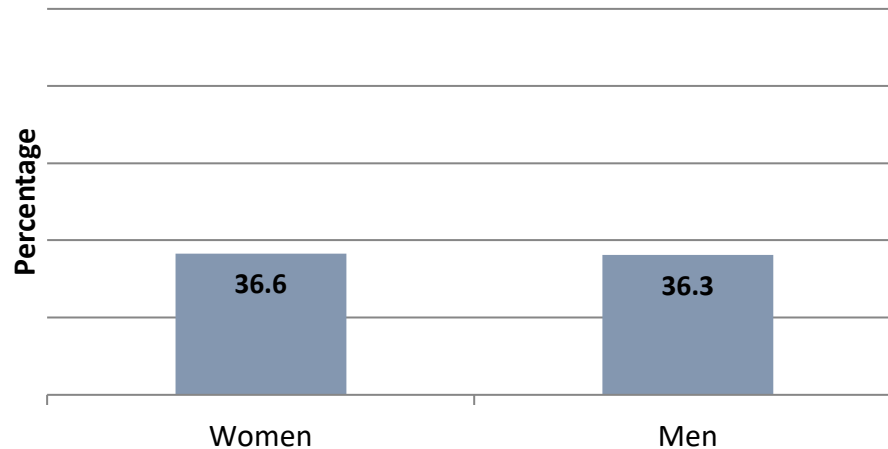
For differences that are statistically significant, the following symbols are also used when applicable:

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

## Clinical Care: Respiratory Conditions

### Testing to Confirm COPD

Percentage of MA enrollees aged 40 years and older with a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD who received appropriate spirometry testing to confirm the diagnosis, by gender, 2018



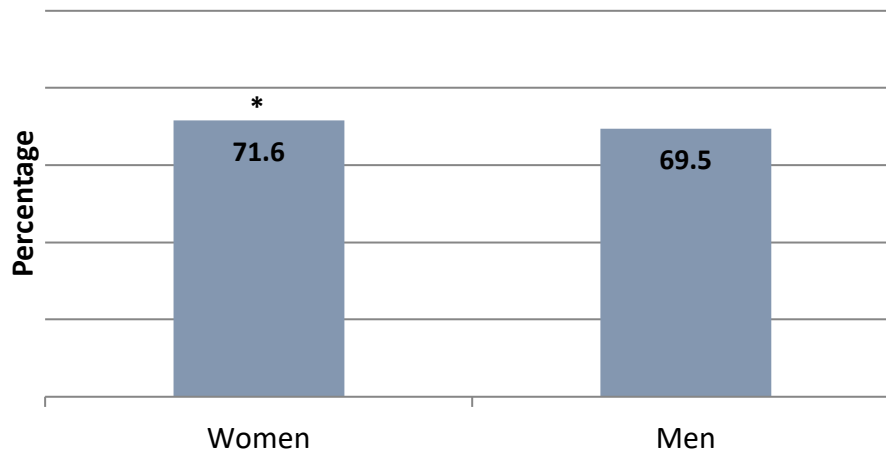
**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Women with a new diagnosis of COPD or newly active COPD were about as likely as men with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis.

## Pharmacotherapy Management of COPD Exacerbation— Systemic Corticosteroid

Percentage of MA enrollees aged 40 years and older who had an acute inpatient discharge or emergency department encounter for COPD exacerbation in the past year who were dispensed a systemic corticosteroid within 14 days of the event, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA 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.

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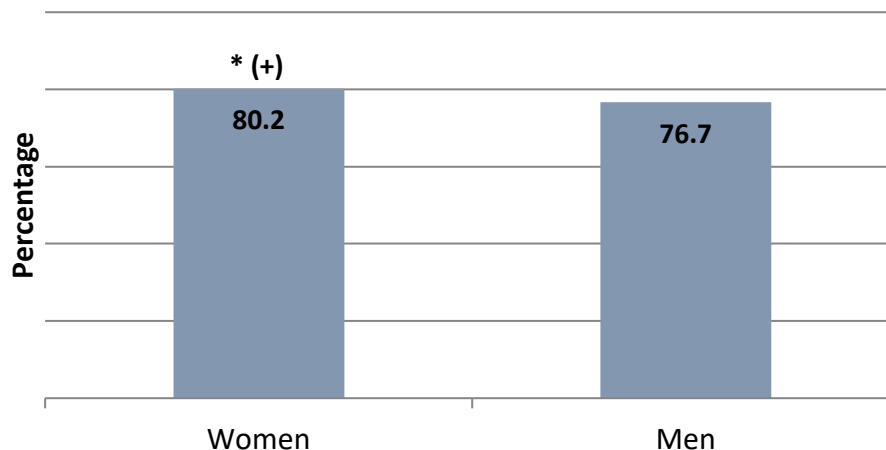
\* Significantly different from the score for men ( $p < 0.05$ ).

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

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

## Pharmacotherapy Management of COPD Exacerbation—Bronchodilator

Percentage of MA enrollees aged 40 years and older who had an acute inpatient discharge or emergency department encounter for COPD exacerbation in the past year who were dispensed a bronchodilator within 30 days of experiencing the event, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA 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.

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

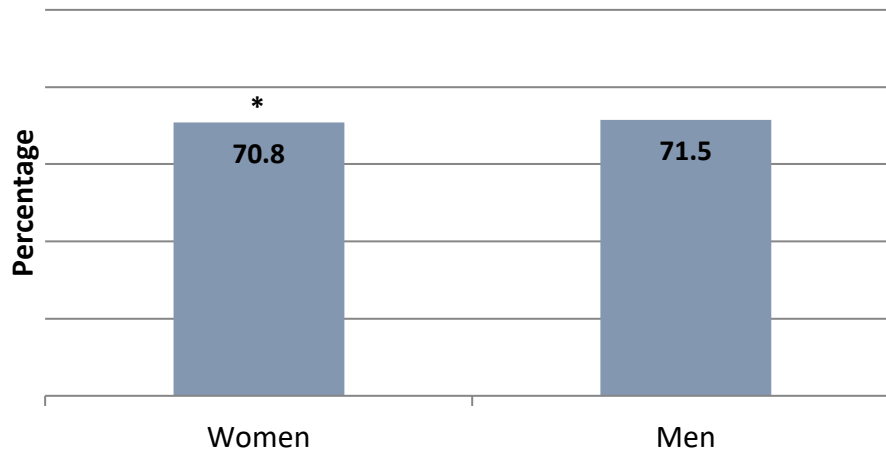
For differences that are statistically significant, the following symbols are also used when applicable:

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

## Clinical Care: Cardiovascular Conditions

### Controlling High Blood Pressure

Percentage of MA enrollees aged 18 to 85 years who had a diagnosis of hypertension whose blood pressure was adequately controlled<sup>†</sup> during the past year, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA 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.

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

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

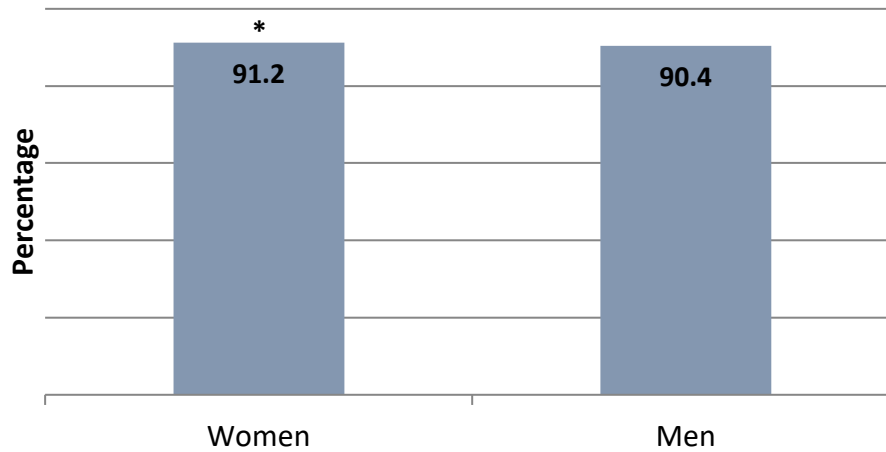
(+) Difference is equal to or larger than 3 points (before rounding) and favors women.

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

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

## Continuous Beta-Blocker Treatment After a Heart Attack

Percentage of MA enrollees aged 18 years and older who were hospitalized and discharged alive with a diagnosis of acute myocardial infarction (AMI) who received persistent beta-blocker treatment for six months after discharge, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA 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.

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

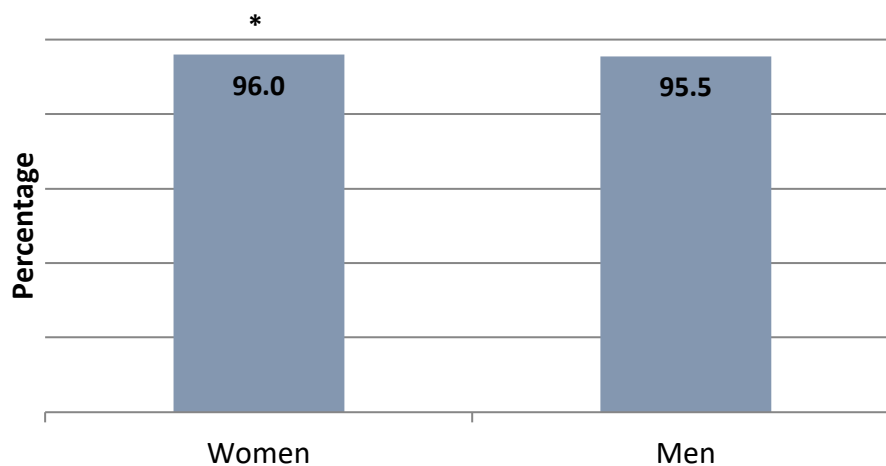
For differences that are statistically significant, the following symbols are also used when applicable:

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

## Clinical Care: Diabetes

### Diabetes Care—Blood Sugar Testing

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) who had one or more HbA1c tests in the past year, by gender, 2018



**NOTE:** Clinical quality data collected in 2018 from MA 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.

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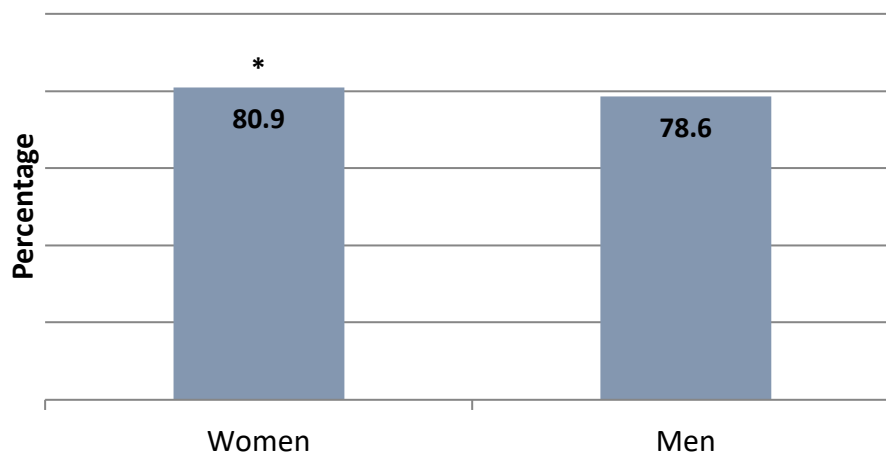
\* Significantly different from the score for men ( $p < 0.05$ ).

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

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

## Diabetes Care—Eye Exam

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) who had an eye exam (retinal) in the past year, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA 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.

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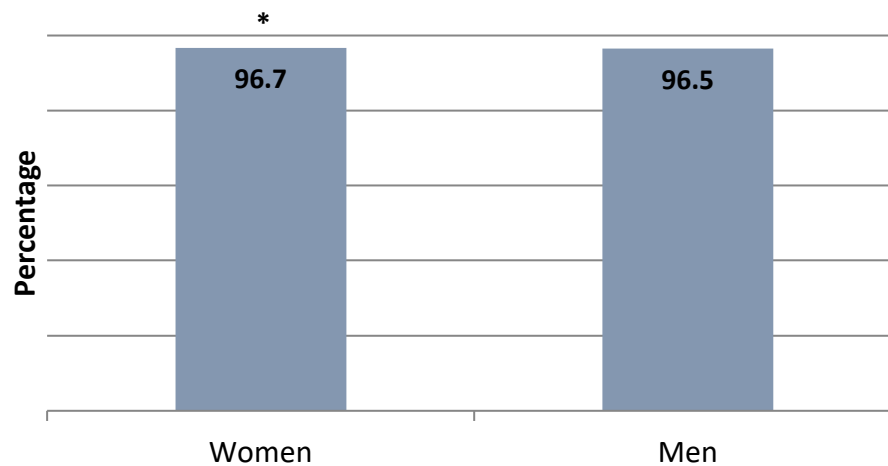
\* Significantly different from the score for men ( $p < 0.05$ ).

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

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

## Diabetes Care—Kidney Disease Monitoring

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) who had medical attention for nephropathy in the past year, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA 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.

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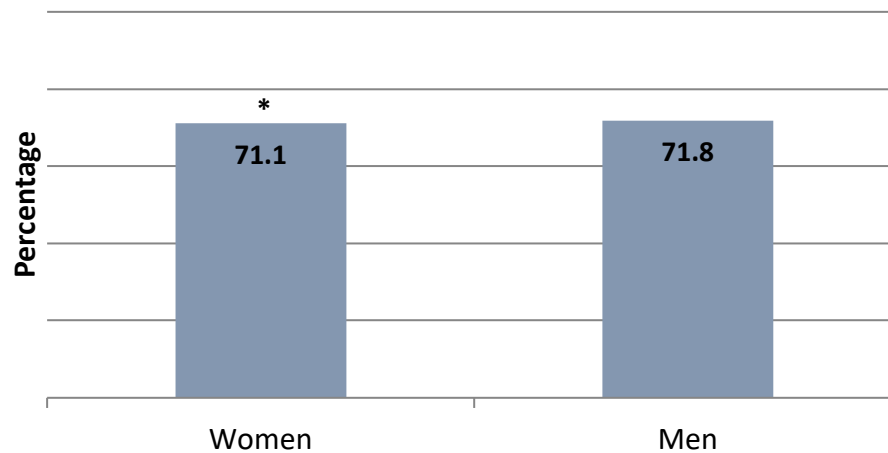
\* Significantly different from the score for men ( $p < 0.05$ ).

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 (before rounding) and favors men.

## Diabetes Care—Blood Pressure Controlled

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) whose most recent blood pressure was less than 140/90, by gender, 2018



**NOTE:** Clinical quality data collected in 2018 from MA 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.

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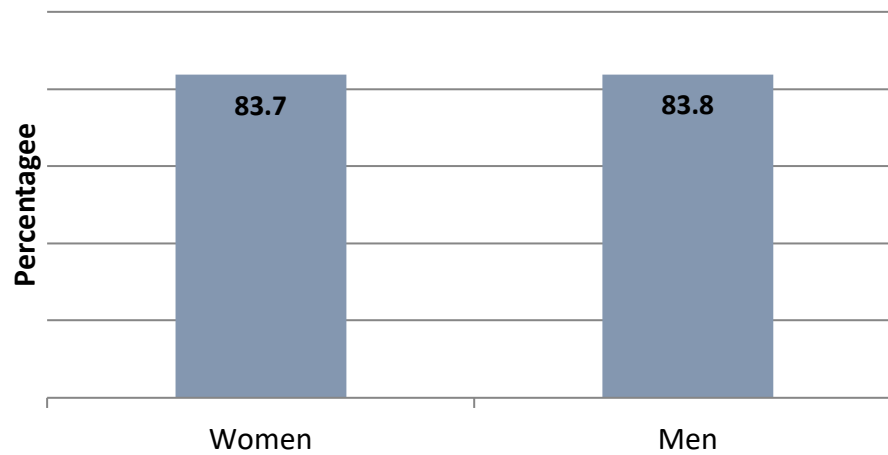
\* Significantly different from the score for men ( $p < 0.05$ ).

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

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

## Diabetes Care—Blood Sugar Controlled

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) whose most recent HbA1c level was 9 percent or less, by gender, 2018



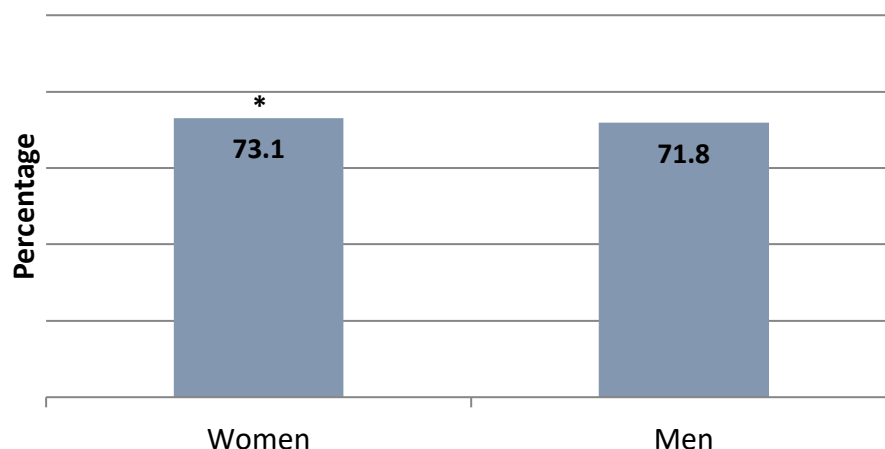
**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

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

## Statin Use in Patients with Diabetes

Percentage of MA enrollees aged 40 to 75 years with diabetes (type 1 and type 2)<sup>†</sup> who received statin therapy, by gender, 2018



**NOTE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Women with diabetes were more likely than men with diabetes to have received statin therapy. The difference between women and men was less than 3 percentage points.

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

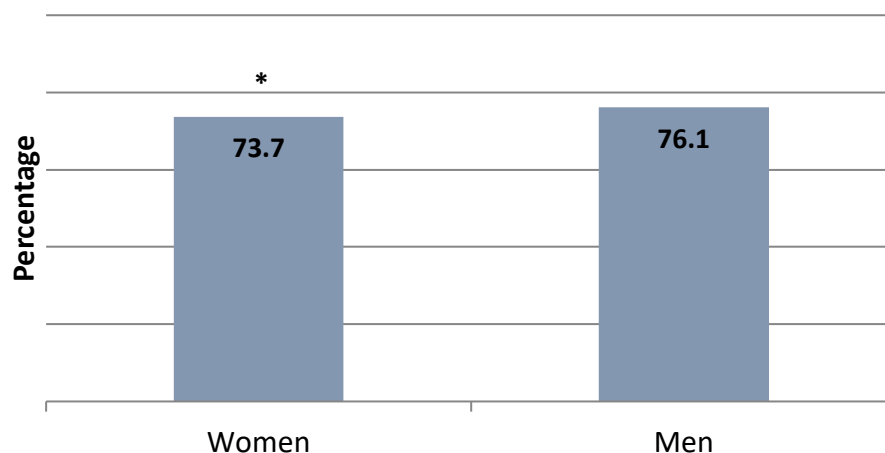
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> Excludes those who also have clinical atherosclerotic cardiovascular disease.

## Medication Adherence for Diabetes—Statins

Percentage of MA enrollees aged 40 to 75 years with diabetes (type 1 and type 2)<sup>†</sup> who were dispensed a statin medication during the measurement year who remained on the medication for at least 80 percent of the treatment period, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Women with diabetes were less likely than men with diabetes to have had proper statin medication adherence. The difference between women and men was less than 3 percentage points.

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

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

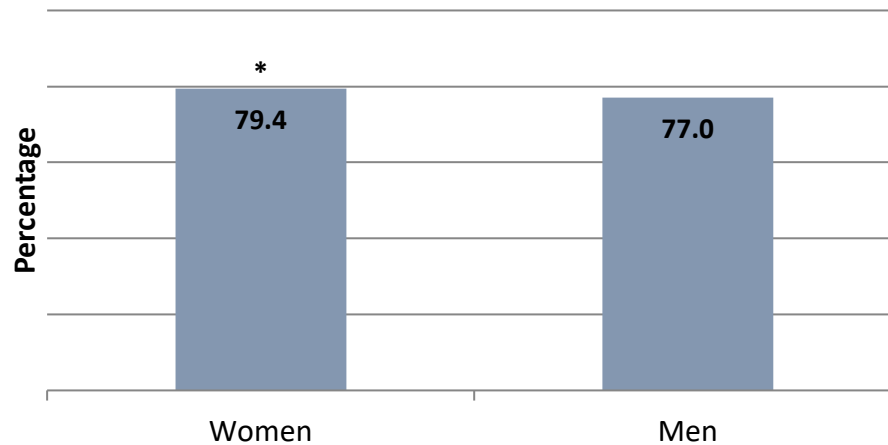
- (+) Difference is equal to or larger than 3 points (before rounding) and favors women.
- (-) Difference is equal to or larger than 3 points (before rounding) and favors men.

<sup>†</sup> Excludes those who also have clinical atherosclerotic cardiovascular disease.

## Clinical Care: Musculoskeletal Conditions

### Rheumatoid Arthritis Management

Percentage of MA enrollees aged 18 years and older who were diagnosed with rheumatoid arthritis during the past year who were dispensed at least one ambulatory prescription for a disease-modifying antirheumatic drug (DMARD), by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

#### Disparities

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

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

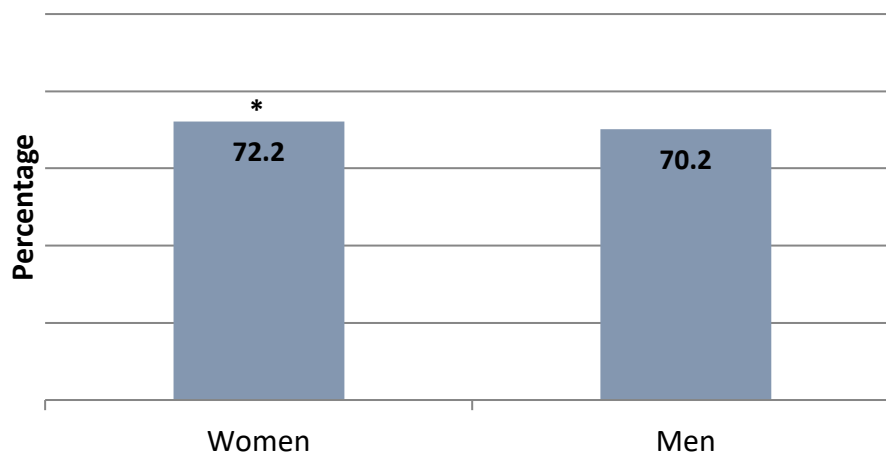
For differences that are statistically significant, the following symbols are also used when applicable:

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

## Clinical Care: Behavioral Health

### Antidepressant Medication Management—Acute Phase Treatment

Percentage of MA enrollees aged 18 years and older who were diagnosed with a new episode of major depression who were newly treated with antidepressant medication who remained on the medication for at least 84 days, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA 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.

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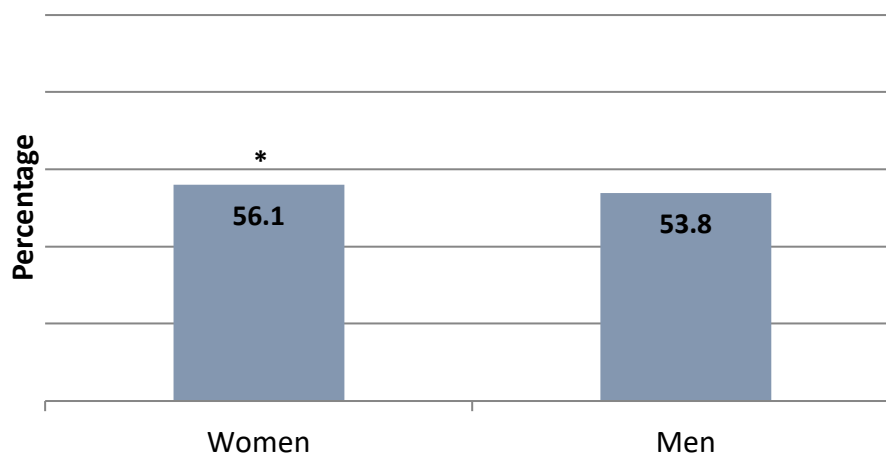
\* Significantly different from the score for men ( $p < 0.05$ ).

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 (before rounding) and favors men.

## Antidepressant Medication Management—Continuation Phase Treatment

Percentage of MA enrollees aged 18 years and older with a new diagnosis of major depression who were newly treated with antidepressant medication who remained on antidepressant medication for at least 180 days, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA 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.

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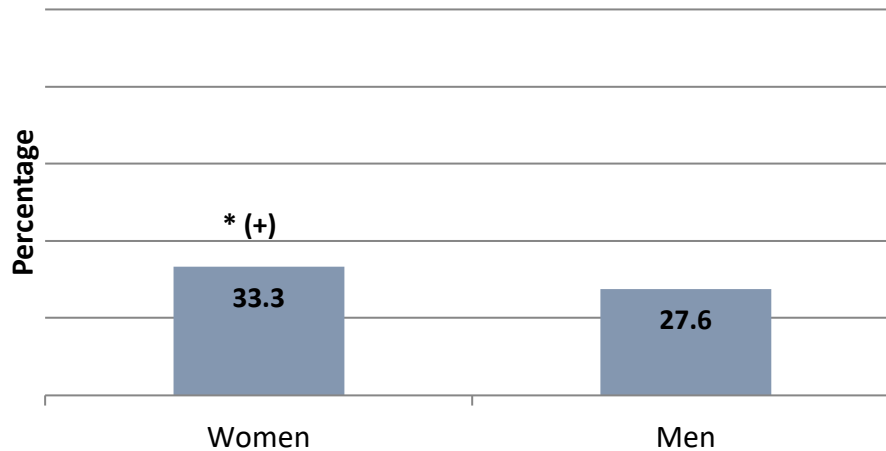
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For differences that are statistically significant, the following symbols are also used when applicable:

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

## Follow-up After Hospital Stay for Mental Illness (within seven days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who were hospitalized for treatment of selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within seven days of discharge, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA 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 men ( $p < 0.05$ ).

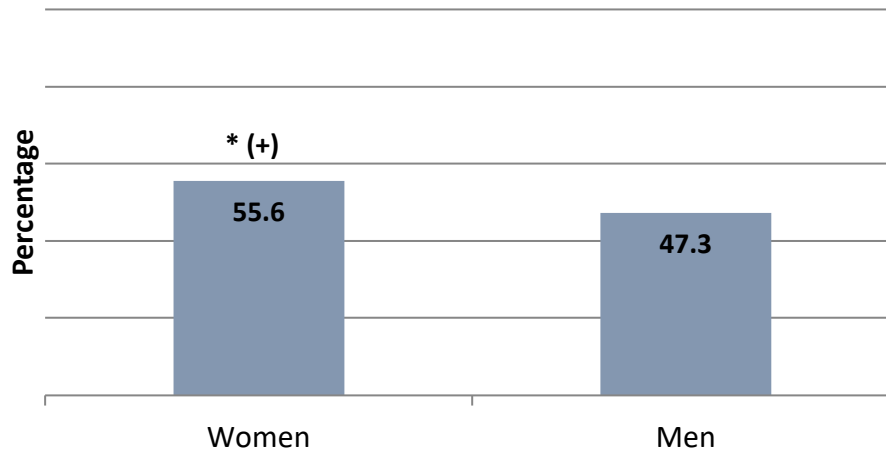
For differences that are statistically significant, the following symbols are also used when applicable:

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

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

## Follow-up After Hospital Stay for Mental Illness (within 30 days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who were hospitalized for treatment of selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of discharge, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA 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 men ( $p < 0.05$ ).

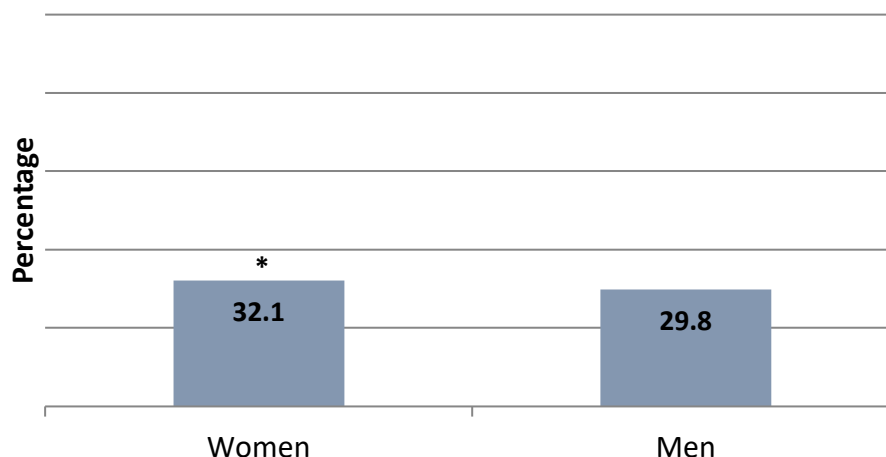
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- (-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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

## Follow-up After Emergency Department (ED) Visit for Mental Illness (within seven days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who had an ED visit for selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within seven days of the ED visit, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

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

---

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

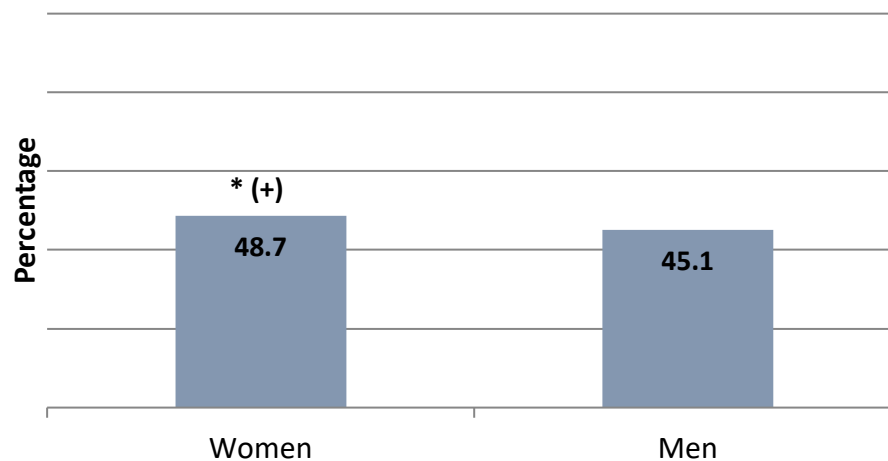
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<sup>†</sup> Although the lower-bound age cutoff for this HEDIS measure is six years old, the data used in this report are limited to adults.

## Follow-up After Emergency Department (ED) Visit for Mental Illness (within 30 days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who had an ED visit for selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of the ED visit, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Women who had an ED visit for a mental health disorder were more likely than men who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of the ED visit. The difference between women and men was greater than 3 percentage points.

---

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

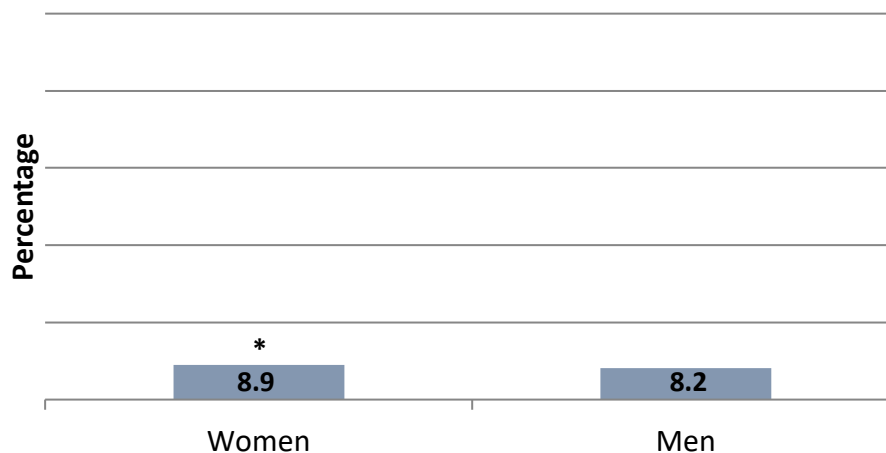
For differences that are statistically significant, the following symbols are also used when applicable:

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

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

## Follow-up After Emergency Department (ED) Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (within seven days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who had an ED visit for AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence within seven days of the ED visit, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Women who had an ED visit for AOD abuse or dependence were more likely than men who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within seven days of being discharged. The difference between women and men was less than 3 percentage points.

---

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

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

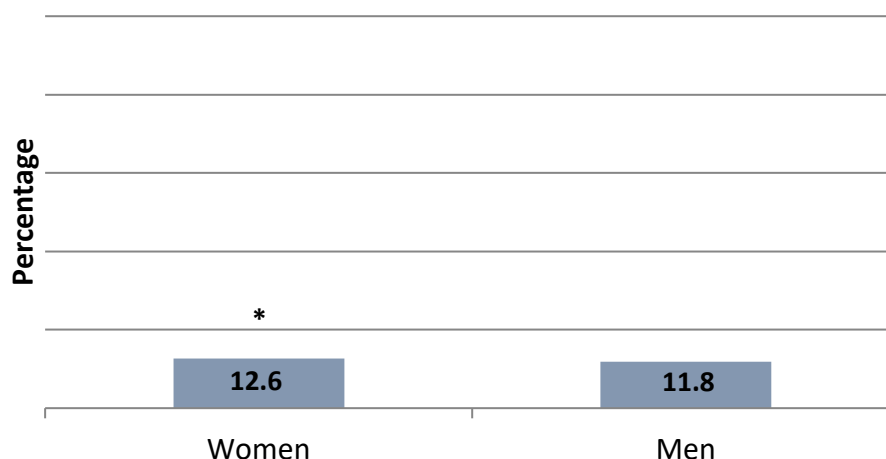
- (+) Difference is equal to or larger than 3 points (before rounding) and favors women.
- (-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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

## Follow-up After Emergency Department (ED) Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (within 30 days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who had an ED visit for AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Women who had an ED visit for AOD abuse or dependence were more likely than men who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within 30 days of being discharged. The difference between women and men was less than 3 percentage points.

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

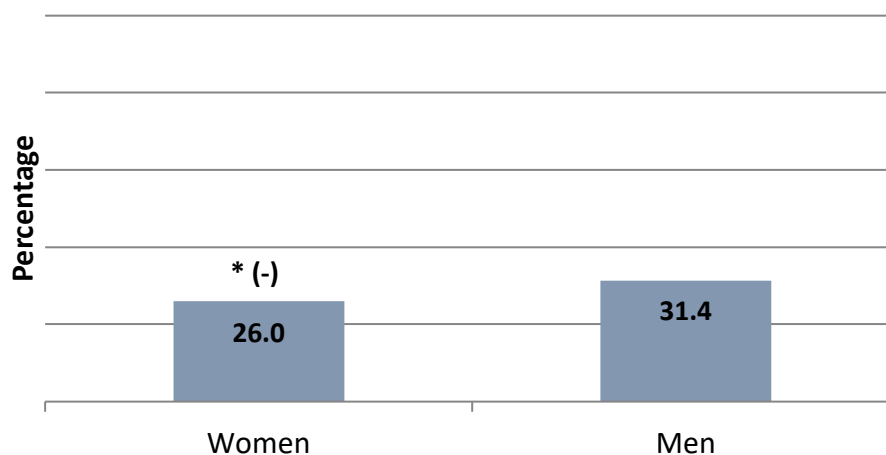
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> 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 of Alcohol and Other Drug Dependence Treatment

Percentage of MA enrollees aged 18 years and older<sup>†</sup> with a new episode of alcohol or other drug (AOD) dependence who initiated<sup>‡</sup> treatment within 14 days of the diagnosis, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA 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.

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

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

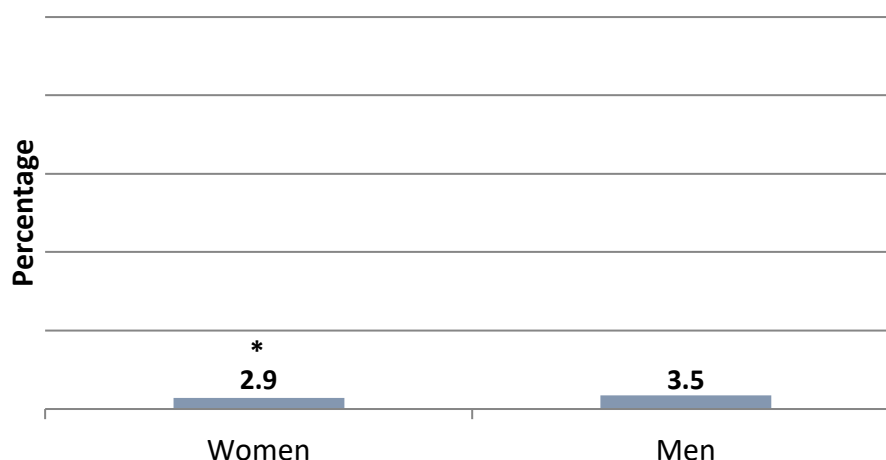
- (+) Difference is equal to or larger than 3 points (before rounding) and favors women.
- (-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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

<sup>‡</sup> Initiation may occur through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization.

## Engagement of Alcohol and Other Drug Dependence Treatment

Percentage of MA enrollees aged 18 years and older<sup>†</sup> with a new episode of alcohol or other drug (AOD) dependence who initiated treatment who had two or more additional services within 30 days of the initiation visit, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Women with a new episode of AOD dependence who initiated treatment were less likely than men with a new episode of AOD dependence who initiated treatment to have had two or more additional services within 30 days of their initial visit for treatment. The difference between women and men was less than 3 percentage points.

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

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

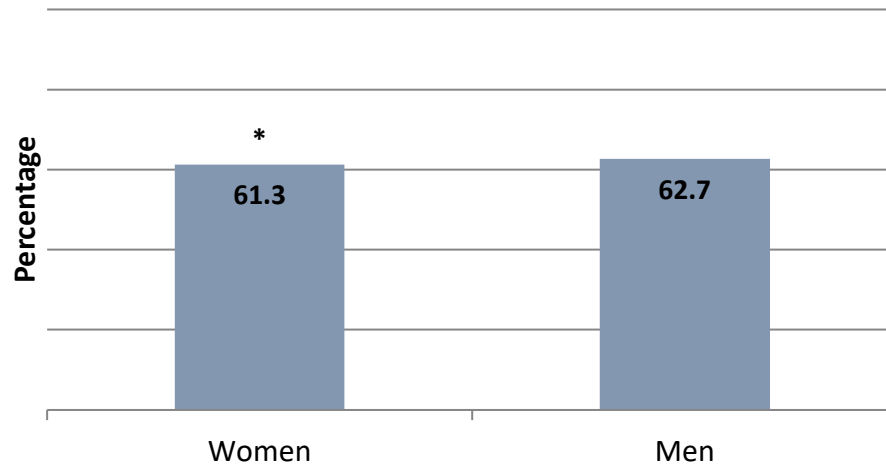
- (+) Difference is equal to or larger than 3 points (before rounding) and favors women.
- (-) Difference is equal to or larger than 3 points (before rounding) and favors men.

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

## Clinical Care: Medication Management and Care Coordination

### Medication Reconciliation After Hospital Discharge

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility who had their medications reconciled within 30 days, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

#### Disparities

- Women who were discharged from an inpatient facility were less likely than men who were discharged from an inpatient facility to have had their medications reconciled within 30 days. The difference between women and men was less than 3 percentage points.

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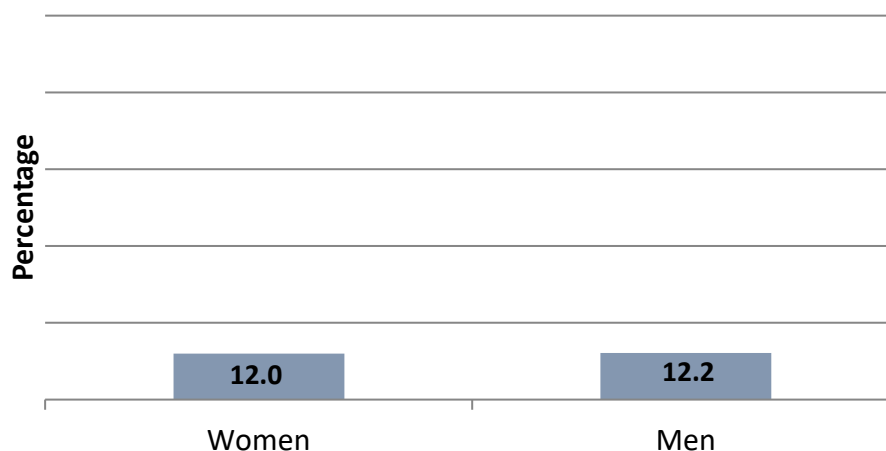
\* Significantly different from the score for men ( $p < 0.05$ ).

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

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

## Transitions of Care—Notification of Inpatient Admission

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility whose primary or ongoing care providers were notified of the inpatient admission on the day of or the day following admission, by gender, 2018



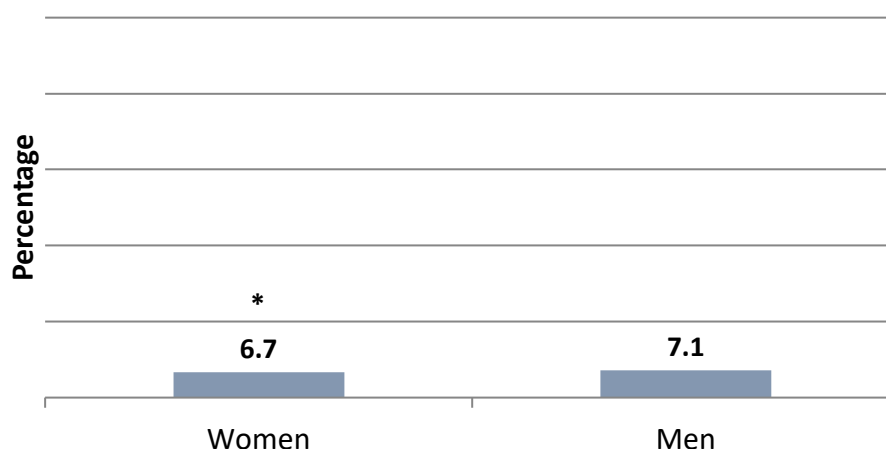
**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- The primary or ongoing care providers of women who were discharged from an inpatient facility were about as likely as the primary or ongoing care providers of men who were discharged from an inpatient facility to have been notified of the inpatient admission on the day of or the day following admission.

## Transitions of Care—Receipt of Discharge Information

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility who received discharge information on the day of or the day following discharge, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Women who were discharged from an inpatient facility were less likely than men who were discharged from an inpatient facility to have received discharge information on the day of or the day following discharge. The difference between women and men was less than 3 percentage points.

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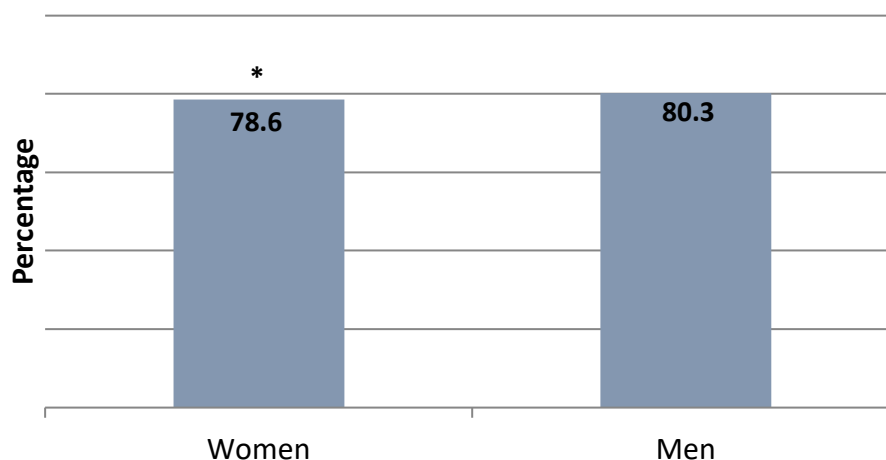
\* Significantly different from the score for men ( $p < 0.05$ ).

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

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

## Transitions of Care—Patient Engagement After Inpatient Discharge

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility for whom patient engagement (office visit, home visit, telehealth) was provided within 30 days of discharge, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Women who were discharged from an inpatient facility were less likely than men who were discharged from an inpatient facility to have had an office visit, to have had a home visit, or to have received telehealth services within 30 days of discharge. The difference between women and men was less than 3 percentage points.

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

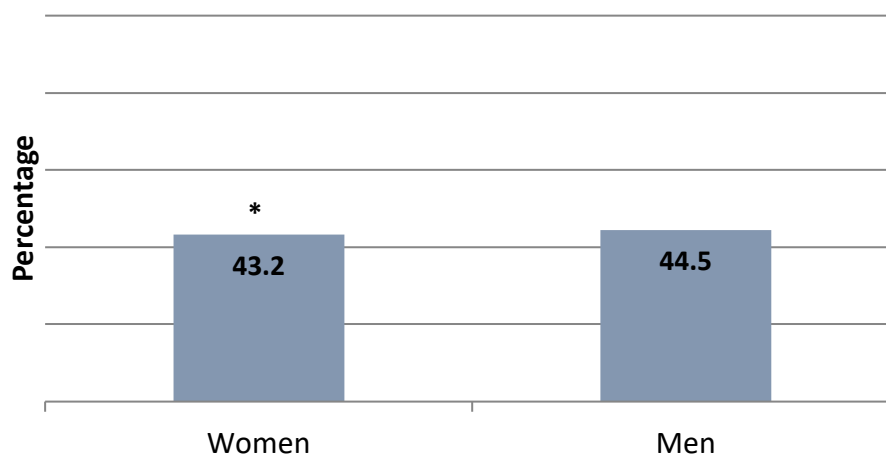
For differences that are statistically significant, the following symbols are also used when applicable:

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

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

## Transitions of Care—Medication Reconciliation After Inpatient Discharge

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility for whom medications were reconciled within 30 days of discharge, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Women who were discharged from an inpatient facility were less likely than men who were discharged from an inpatient facility to have had their medications reconciled within 30 days of discharge. The difference between women and men was less than 3 percentage points.

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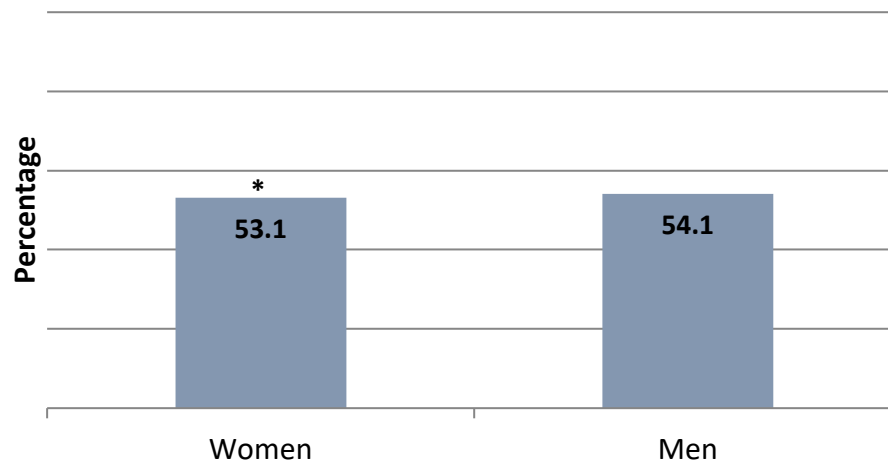
\* Significantly different from the score for men ( $p < 0.05$ ).

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

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

## Follow-up After Emergency Department (ED) Visit for People with High-Risk Multiple Chronic Conditions

Percentage of MA enrollees aged 18 years and older with multiple high-risk chronic conditions<sup>†</sup> who received follow-up care within seven days of an ED visit, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Women with multiple high-risk chronic conditions were less likely than men with multiple high-risk chronic conditions to have received follow-up care within seven days of an ED visit. The difference between women and men was less than 3 percentage points.

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

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

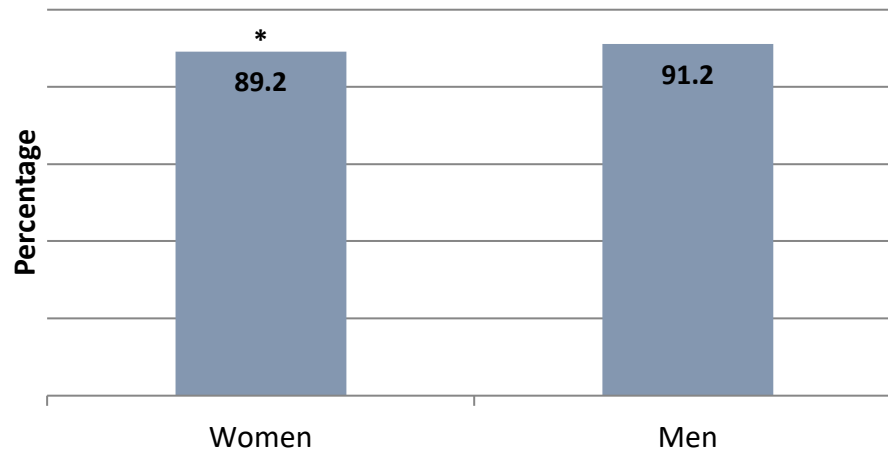
- (+) Difference is equal to or larger than 3 points (before rounding) and favors women.
- (-) Difference is equal to or larger than 3 points (before rounding) and favors men.

<sup>†</sup> Conditions include COPD and asthma, Alzheimer's disease and related disorders, chronic kidney disease, depression, heart failure, acute myocardial infarction, atrial fibrillation, and stroke and transient ischemic attack.

## Clinical Care: Overuse/Appropriateness

### **Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Chronic Renal Failure**

Percentage of MA enrollees aged 65 years and older with chronic renal failure who were not dispensed a prescription for a potentially harmful medication,<sup>†</sup> by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

#### Disparities

- Use of potentially harmful medication was avoided 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.

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

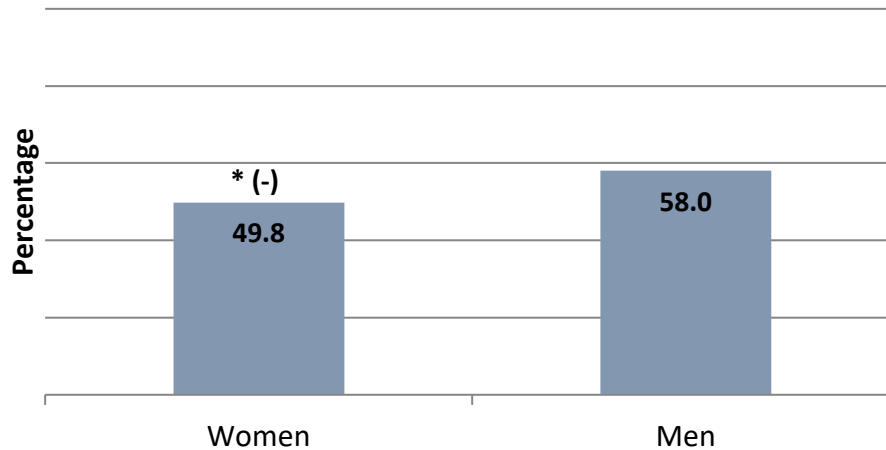
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> This includes cyclooxygenase-2 (COX-2) selective nonsteroidal anti-inflammatory drugs (NSAIDs) or nonaspirin NSAIDs.

## Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Dementia

Percentage of MA enrollees aged 65 years and older with dementia who were not dispensed a prescription for a potentially harmful medication,<sup>†</sup> by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Use of potentially harmful medication was avoided 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.

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

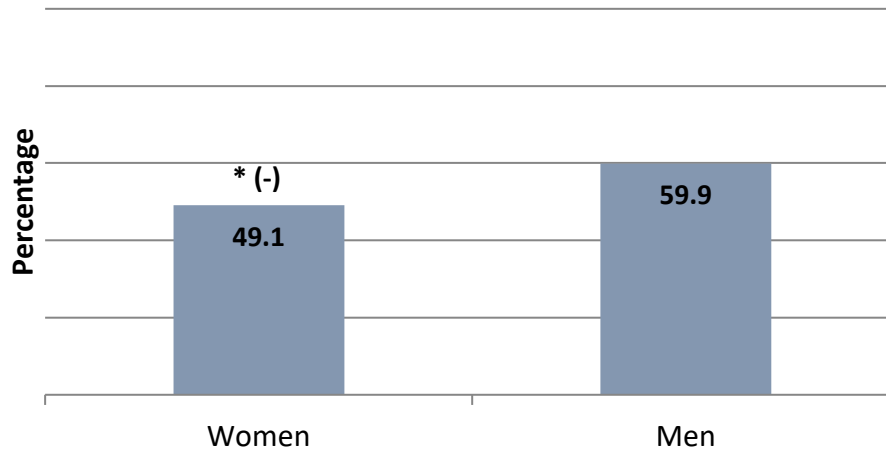
For differences that are statistically significant, the following symbols are also used when applicable:

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

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

## Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with a History of Falls

Percentage of MA enrollees aged 65 years and older with a history of falls who were not dispensed a prescription for a potentially harmful medication,<sup>†</sup> by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Use of potentially harmful medication was avoided 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.

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

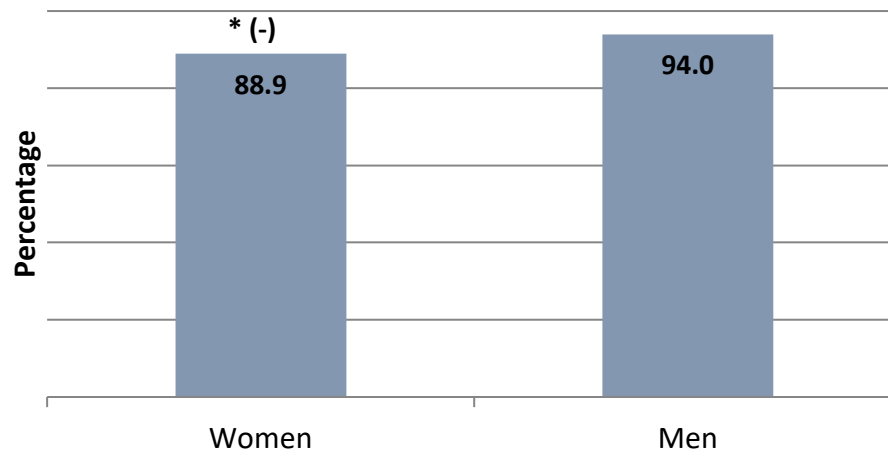
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> This includes anticonvulsants, nonbenzodiazepine hypnotics, selective serotonin reuptake inhibitors (SSRIs), antiemetics, antipsychotics, benzodiazepines, and tricyclic antidepressants.

## Avoiding Use of High-Risk Medications in the Elderly

Percentage of MA enrollees aged 65 years and older who were not prescribed a high-risk medication, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Use of high-risk medication was avoided less often for women than for men. The difference between women and men was greater than 3 percentage points.

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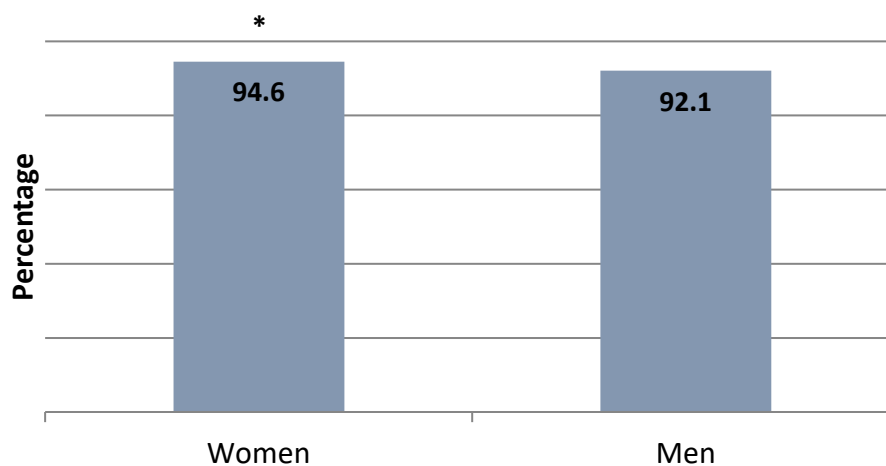
\* Significantly different from the score for men ( $p < 0.05$ ).

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

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

## Avoiding Use of Opioids at High Dosage

Percentage of MA enrollees aged 18 years and older who were not prescribed opioids at a high dosage<sup>†</sup> for more than 14 days, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Use of opioids at a high dosage for more than 14 days was avoided more often for women than for men. The difference between women and men was less than 3 percentage points.

---

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

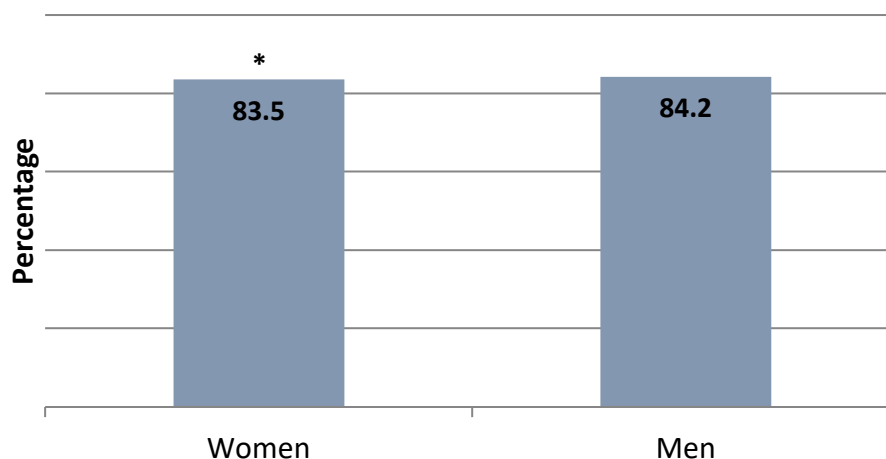
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> Average morphine equivalent dose is greater than 120 mg.

## Avoiding Use of Opioids from Multiple Prescribers

Percentage of MA enrollees aged 18 years and older who did not receive prescriptions for opioids from four or more prescribers in the past year, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Use of opioids from multiple prescribers was avoided less often for women than for men. The difference between women and men was less than 3 percentage points.

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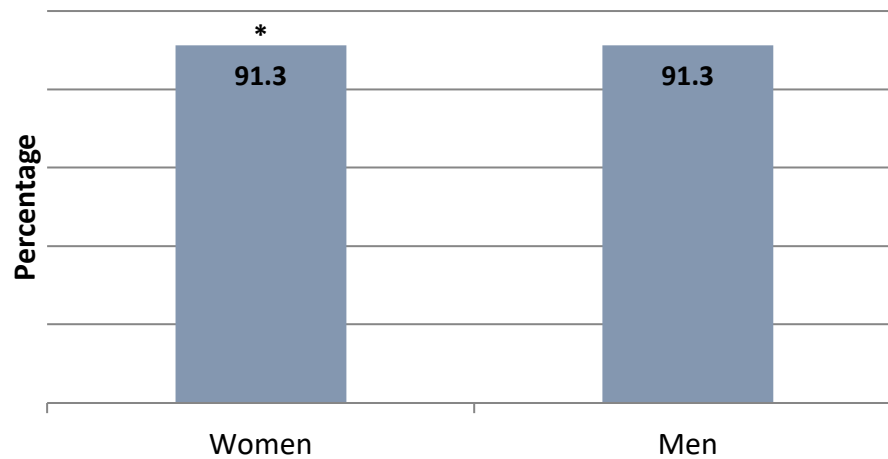
\* Significantly different from the score for men ( $p < 0.05$ ).

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

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

## Avoiding Use of Opioids from Multiple Pharmacies

Percentage of MA enrollees aged 18 years and older who did not receive prescriptions for opioids from four or more pharmacies in the past year, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

### Disparities

- Use of opioids from multiple pharmacies was avoided more often for women than for men. The difference between women and men was less than 3 percentage points.<sup>†</sup>

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

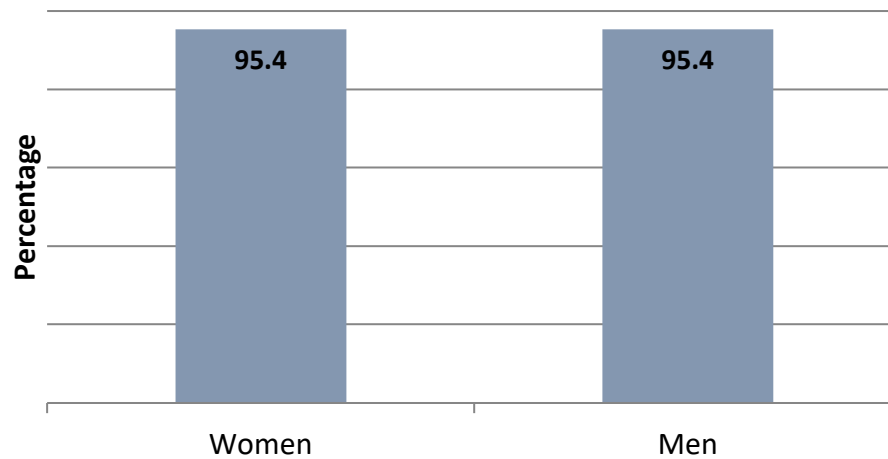
For differences that are statistically significant, the following symbols are also used when applicable:

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

<sup>†</sup> Rounded to the hundredths place, scores for women and men are 91.32 and 91.25, respectively. Though small, this difference is statistically significant.

## Avoiding Use of Opioids from Multiple Prescribers and Pharmacies

Percentage of MA enrollees aged 18 years and older who did not receive prescriptions for opioids from four or more prescribers and four or more pharmacies in the past year, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

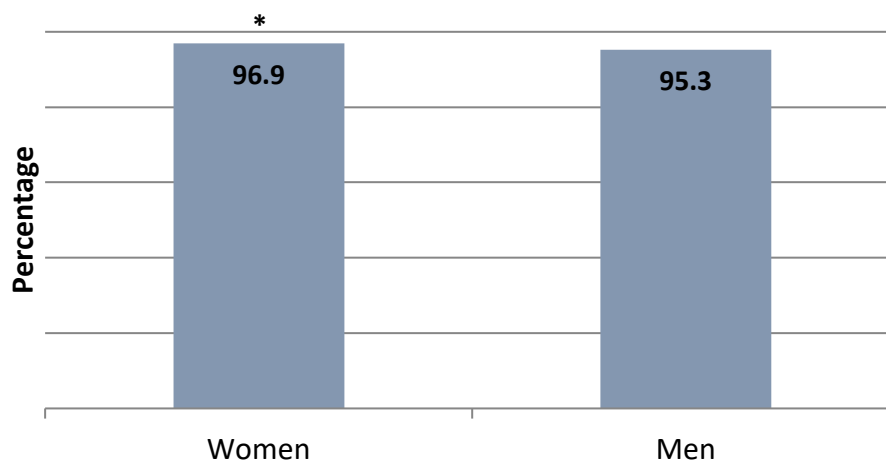
### Disparities

- Use of opioids from multiple prescribers and pharmacies was avoided about as often for women as for men.

## Clinical Care: Access/Availability of Care

### Older Adults' Access to Preventive/Ambulatory Services

Percentage of MA enrollees aged 65 years and older who had an ambulatory or preventive care visit in the past year, by gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

#### Disparities


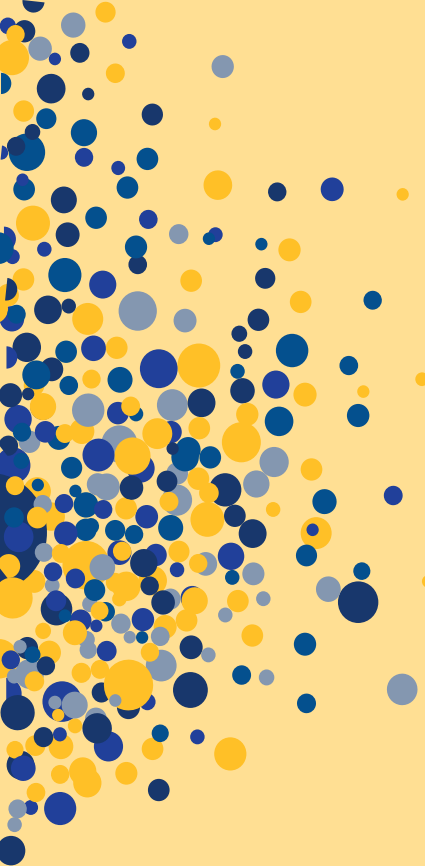
- Women were more likely than men to have had an ambulatory or preventive care visit. The difference between women and men was less than 3 percentage points.

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

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

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

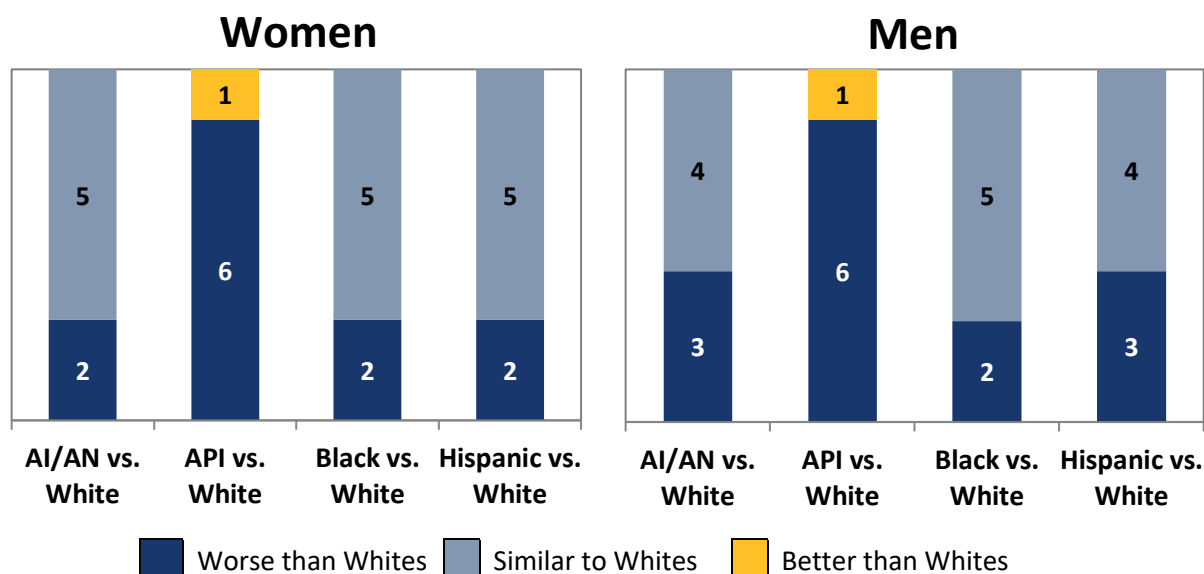


# **Section III:**

## **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 seven) for which women/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/men in 2018



**SOURCE:** This chart summarizes data from all MA beneficiaries nationwide who participated in the 2018 Medicare CAHPS survey.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

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 ( $p < 0.05$ ), are equal to or larger than 3 points<sup>†</sup> on a 0–100 scale, and favor the racial or 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, equal to or larger than 3 points on a 0–100 scale, and favor Whites.

<sup>†</sup> A difference that is considered to be of moderate magnitude (Paddison et al., 2013).

### AI/AN women received worse care than White women

- Getting needed prescription drugs
- Annual flu vaccine

### 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

**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
- Annual flu vaccine

**AI/AN men received worse care than White men**

- Getting needed care
- Getting appointments and care quickly
- Getting needed prescription drugs

**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

**API men received better care than White men**

- Annual flu vaccine

**Black men received worse care than White men**

- Getting appointments and care quickly
- Annual flu vaccine

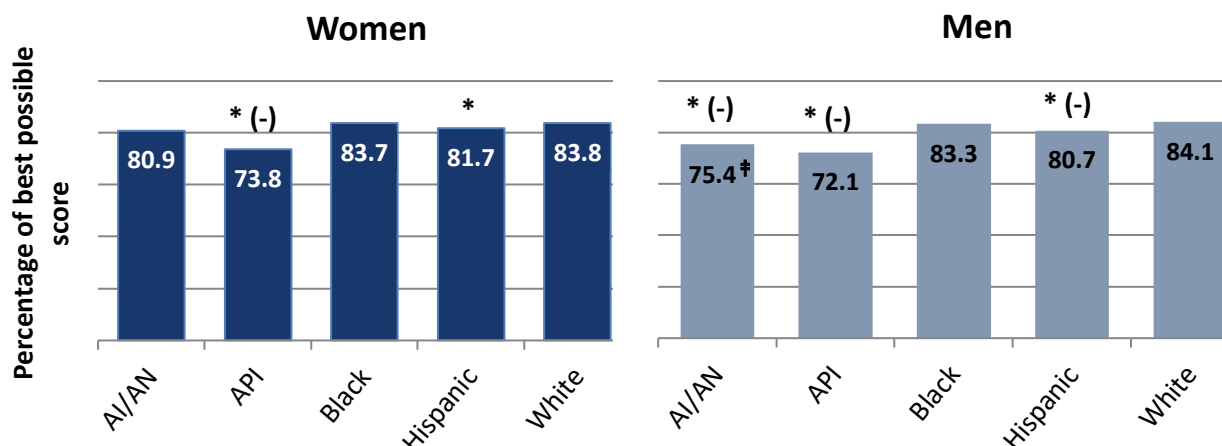
**Hispanic men received worse care than White men**

- Getting needed care
- Getting appointments and care quickly
- Annual flu vaccine

## 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,<sup>†</sup> by race and ethnicity within gender, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

<sup>‡</sup> This score is based on fewer than 400 completed observations, and thus its precision may be low.

#### Disparities

- API and Hispanic women reported worse<sup>§</sup> experiences getting needed care 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 on a 0–100 scale. AI/AN and Black women reported experiences with getting needed care that were similar to the experiences reported by White women.
- AI/AN, API, and Hispanic men reported worse experiences getting needed care than White men reported. In each case, the difference was greater than 3 points on a 0–100 scale. Black men reported experiences with getting needed care that were similar to the experiences reported by White men.

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

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

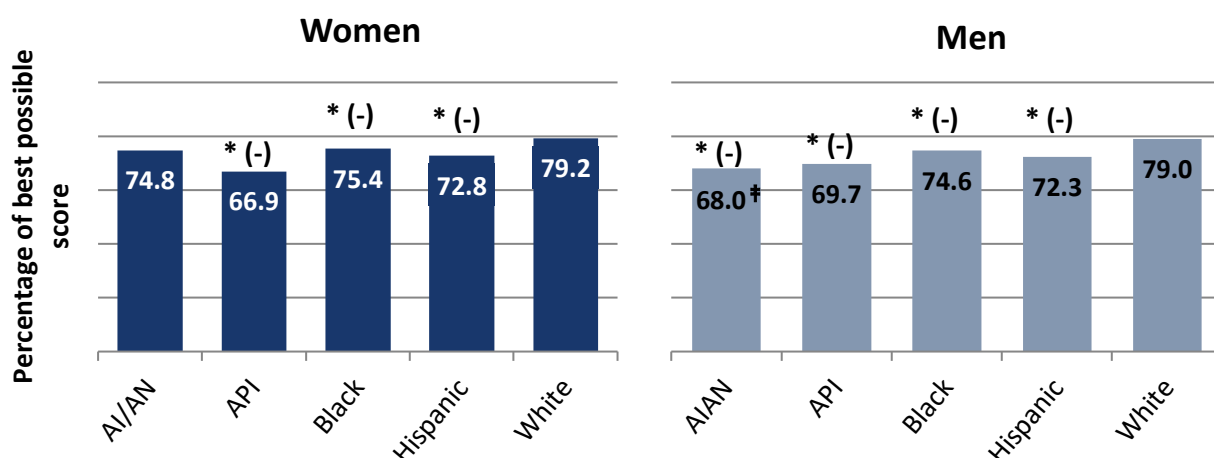
- (+) Difference is equal to or larger than 3 points (before rounding) and favors the racial or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (before rounding) and favors Whites.

<sup>†</sup> This includes how often in the last six months patients got appointments with specialists as soon as they needed them and how easy it was to get needed care, tests, or treatment.

<sup>§</sup> Unlike on the previous two pages, 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,<sup>†</sup> by race and ethnicity within gender, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

<sup>†</sup> This score is based on fewer than 400 completed observations, and thus its precision may be low.

### Disparities

- AI/AN women reported experiences with getting appointments and care quickly that were similar to the experiences White women reported. API, Black, and Hispanic women reported worse experiences getting appointments and care quickly than White women reported. In each case, the difference was greater than 3 points on a 0–100 scale.
- AI/AN, API, Black, and Hispanic men reported worse experiences getting appointments and care quickly than White men reported. In each case, the difference was greater than 3 points on a 0–100 scale.

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

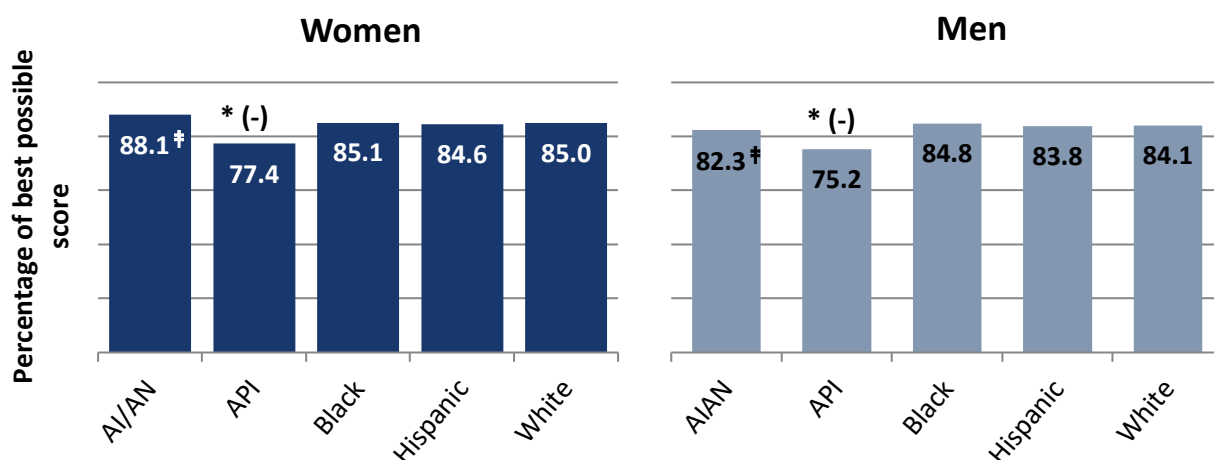
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

<sup>†</sup> This includes how often in the last six months patients got care that was needed right away, as well as how easy it was 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,<sup>†</sup> by race and ethnicity within gender, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

<sup>‡</sup> This score is based on fewer than 400 completed observations, and thus its precision may be low.

### Disparities

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

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

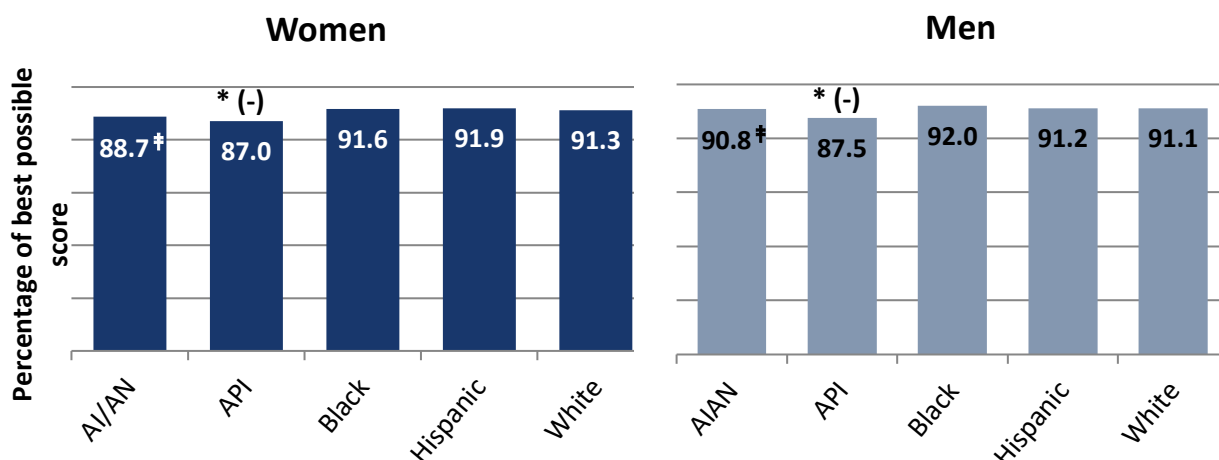
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

<sup>†</sup> This includes how often in the last six months health plan customer service staff provided the information or help that beneficiaries needed, how often beneficiaries were treated with courtesy and respect, and how often forms from the health plan were 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,<sup>†</sup> by race and ethnicity within gender, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

<sup>†</sup> This score is based on fewer than 400 completed observations, and thus its precision may be low.

### Disparities

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

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

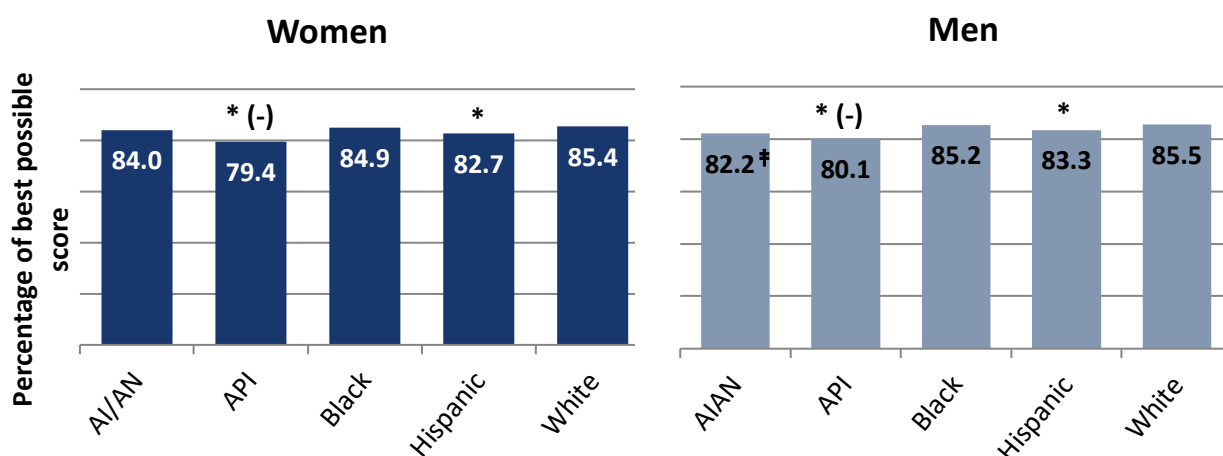
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

<sup>†</sup> This includes how often in the last six months doctors explained things in a way that was easy to understand, listened carefully, showed respect for what patients had to say, and spent 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,<sup>†</sup> by race and ethnicity within gender, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

<sup>‡</sup> This score is based on fewer than 400 completed observations, and thus its precision may be low.

### Disparities

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

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

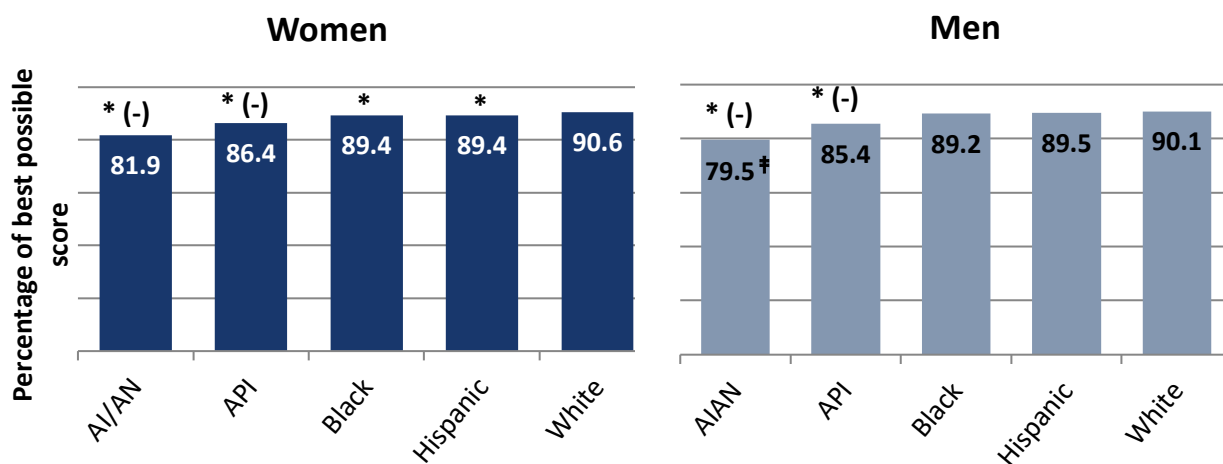
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

<sup>†</sup> This includes how often in the last six months doctors had medical records and other information about patients' care at patients' scheduled appointments 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,<sup>†</sup> by race and ethnicity within gender, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

<sup>†</sup> This score is based on fewer than 400 completed observations, and thus its precision may be low.

### Disparities

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

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

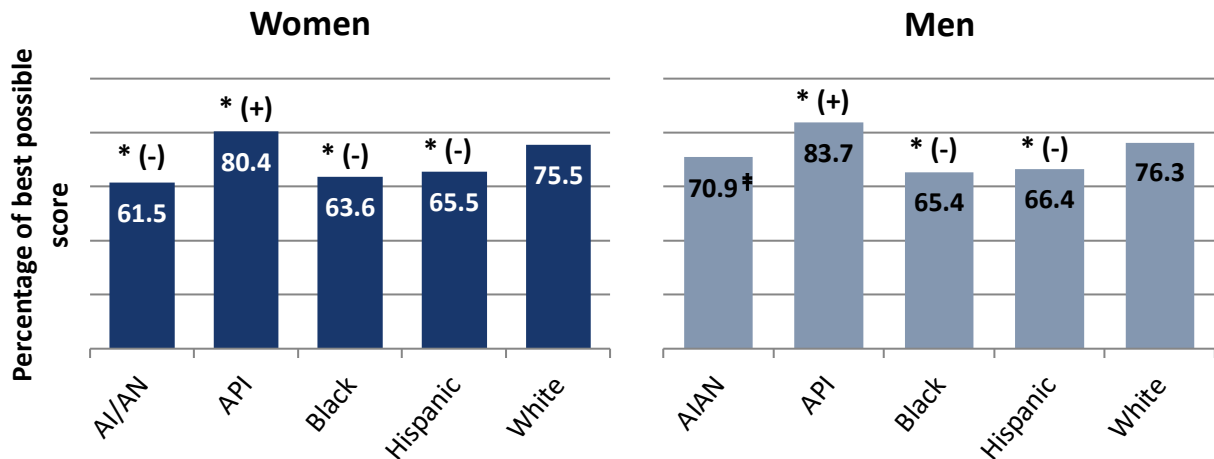
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

<sup>†</sup> This includes how often in the last six months it was easy to use the plan to get prescribed medications and how easy it was to fill prescriptions at a pharmacy or by mail.

## Patient Experience: Annual Flu Vaccine

Percentage of Medicare enrollees who got a vaccine (flu shot), by race and ethnicity within gender, 2018



**SOURCE:** Data from the Medicare CAHPS survey, 2018.

**NOTES:** AI/AN = American Indian or Alaska Native. API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

† This score is based on fewer than 400 completed observations, and thus its precision may be low.

### Disparities

- AI/AN, 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 also greater than 3 percentage points.
- AI/AN men were about as likely as White men to have received the flu vaccine. 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. 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.

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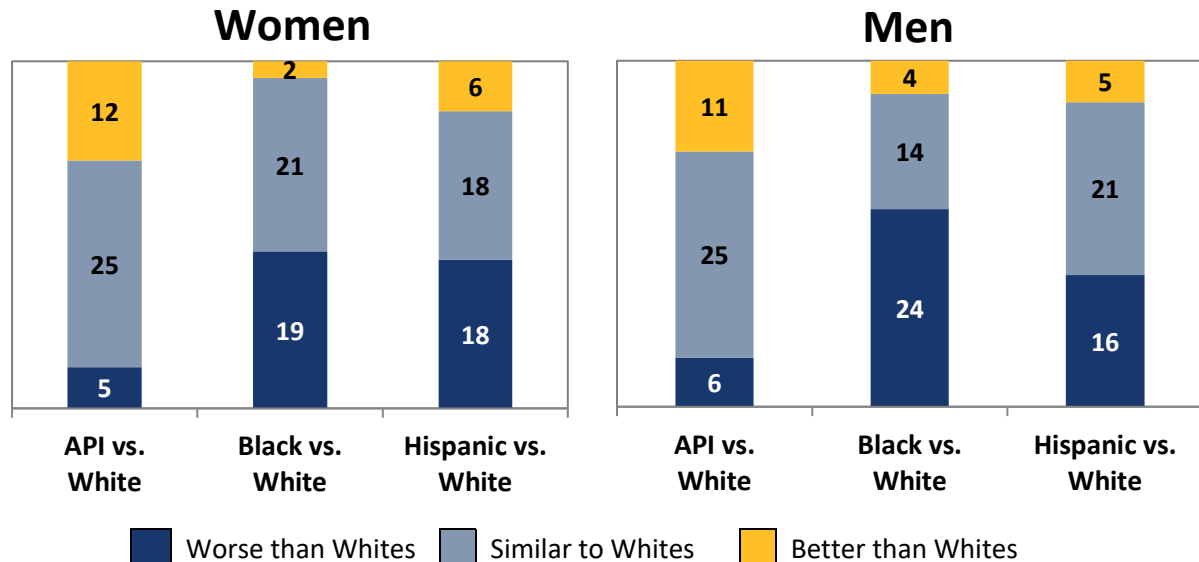
\* Significantly different from the score for Whites ( $p < 0.05$ ).

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

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

## Disparities in Care: All Clinical Care Measures

Number of clinical care measures (out of 42) 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 2018



**SOURCE:** This chart summarizes clinical quality (HEDIS) data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic.

Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

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 ( $p < 0.05$ ), are equal to or larger than 3 points<sup>†</sup> on a 0–100 scale, and favor the racial or 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.

<sup>†</sup> A difference that is considered to be of moderate magnitude (Paddison et al., 2013).

### API women received worse care than White women

- Controlling high blood pressure
- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Initiation of alcohol and other drug dependence treatment
- Transitions of care—medication reconciliation after inpatient discharge

#### **API women received better care than White women**

- Colorectal cancer screening
- Pharmacotherapy management of COPD exacerbation—use of bronchodilators
- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Diabetes care—blood sugar controlled
- Statin use in patients with diabetes
- Follow-up after hospital stay for mental illness (within seven days of discharge)
- Medication reconciliation after hospital discharge
- 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
- Avoiding use of high-risk medications in the elderly
- Avoiding use of opioids at high dosage

#### **Black women received worse care than White women**

- Controlling high blood pressure
- Continuous beta-blocker treatment after a heart attack
- Medication adherence for cardiovascular disease—statins
- Diabetes care—blood pressure controlled
- Diabetes care—blood sugar controlled
- Medication adherence for diabetes—statins
- 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)
- Follow-up after ED visit for mental illness (within seven days of discharge)
- Follow-up after ED visit for mental illness (within 30 days of discharge)
- Follow-up after ED visit for AOD abuse or dependence (within seven days of discharge)
- Follow-up after ED visit for AOD abuse or dependence (within 30 days of discharge)
- Medication reconciliation after hospital discharge
- Transitions of care—notification of inpatient admission
- Transitions of care—medication reconciliation after inpatient discharge
- Follow-up after ED visit for people with high-risk multiple chronic conditions
- Avoiding potentially harmful drug-disease interactions in elderly patients with chronic renal failure

#### **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

- Pharmacotherapy management of COPD exacerbation—use of systemic corticosteroids
- Pharmacotherapy management of COPD exacerbation—use of bronchodilators
- Controlling high blood pressure
- Continuous beta-blocker treatment after a heart attack
- Medication adherence for cardiovascular disease—statins
- Medication adherence for diabetes—statins
- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Follow-up after ED visit for mental illness (within seven days of discharge)
- Follow-up after ED visit for mental illness (within 30 days of discharge)
- Follow-up after ED visit for AOD abuse or dependence (within 30 days of discharge)
- Initiation of alcohol and other drug dependence treatment
- Transitions of care—notification of inpatient admission
- Transitions of care—medication reconciliation after inpatient discharge
- 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 use of opioids from multiple pharmacies
- Avoiding use of opioids from multiple prescribers and pharmacies

#### Hispanic women received better care than White women

- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Statin use in patients with diabetes
- 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)
- Transitions of care—patient engagement after inpatient discharge

#### API men received worse care than White men

- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Initiation of alcohol and other drug dependence treatment
- Transitions of care—notification of inpatient admission
- Transitions of care—medication reconciliation after inpatient discharge
- Avoiding potentially harmful drug-disease interactions in elderly patients with chronic renal failure

#### API men received better care than White men

- Colorectal cancer screening
- Pharmacotherapy management of COPD exacerbation—use of bronchodilators
- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Diabetes care—blood sugar controlled
- Statin use in patients with diabetes
- 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)
- Medication reconciliation after hospital discharge
- Avoiding potentially harmful drug-disease interactions in elderly patients with a history of falls
- Avoiding use of opioids at high dosage

#### **Black men received worse care than White men**

- Colorectal cancer screening
- Pharmacotherapy management of COPD exacerbation—use of systemic corticosteroids
- Controlling high blood pressure
- Continuous beta-blocker treatment after a heart attack
- Statin use in patients with cardiovascular disease
- Medication adherence for cardiovascular disease—statins
- Diabetes care—eye exam
- Diabetes care—blood pressure controlled
- Diabetes care—blood sugar controlled
- Medication adherence for diabetes—statins
- Rheumatoid arthritis management
- 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)
- Follow-up after ED visit for mental illness (within seven days of discharge)
- Follow-up after ED visit for mental illness (within 30 days of discharge)
- Follow-up after ED visit for AOD abuse or dependence (within 30 days of discharge)
- Medication reconciliation after hospital discharge
- Transitions of care—notification of inpatient admission
- Transitions of care—patient engagement after inpatient discharge
- Transitions of care—medication reconciliation after inpatient discharge
- Follow-up after ED visit for people with high-risk multiple chronic conditions
- Avoiding potentially harmful drug-disease interactions in elderly patients with chronic renal failure

#### **Black men received better care than White men**

- Initiation of alcohol and other drug dependence treatment
- 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
- Avoiding use of opioids at high dosage

#### **Hispanic men received worse care than White men**

- Pharmacotherapy management of COPD exacerbation—use of systemic corticosteroids
- Controlling high blood pressure
- Continuous beta-blocker treatment after a heart attack
- Medication adherence for cardiovascular disease—statins
- Medication adherence for diabetes—statins
- Antidepressant medication management—acute phase treatment
- Antidepressant medication management—continuation phase treatment
- Initiation of alcohol and other drug dependence treatment
- Transitions of care—notification of inpatient admission
- Transitions of care—receipt of discharge information
- Transitions of care—medication reconciliation after inpatient discharge
- Follow-up after ED visit for people with high-risk multiple chronic conditions
- 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 use of opioids from multiple pharmacies
- Avoiding use of opioids from multiple prescribers and pharmacies

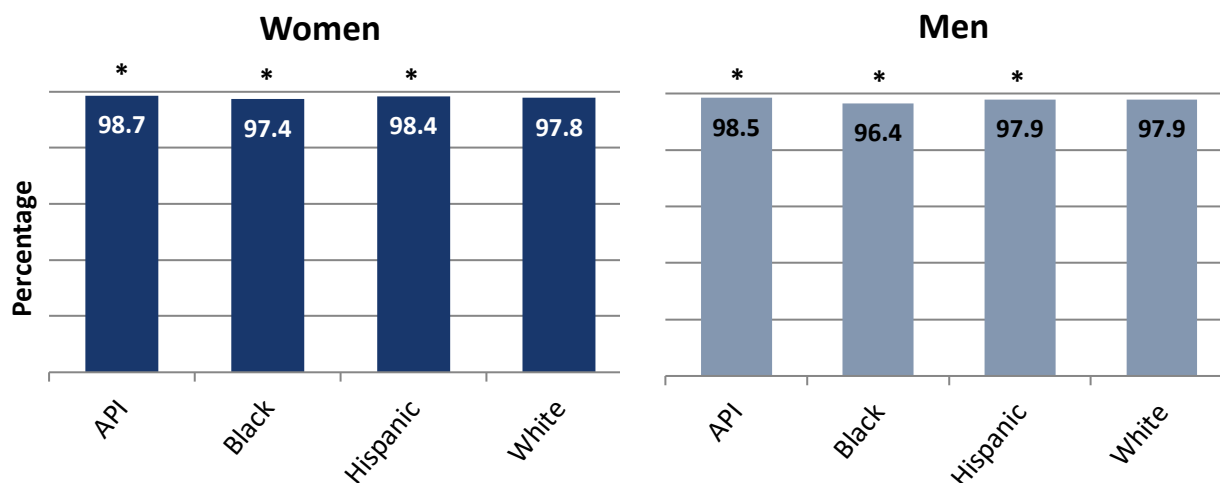
**Hispanic men received better care than White men**

- 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)
- Avoiding use of opioids at high dosage

## Clinical Care: Prevention and Screening

### Adult Body Mass Index (BMI) Assessment

Percentage of Medicare enrollees aged 18 to 74 years who had an outpatient visit whose BMI was documented in the past two years, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

#### Disparities

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

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\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

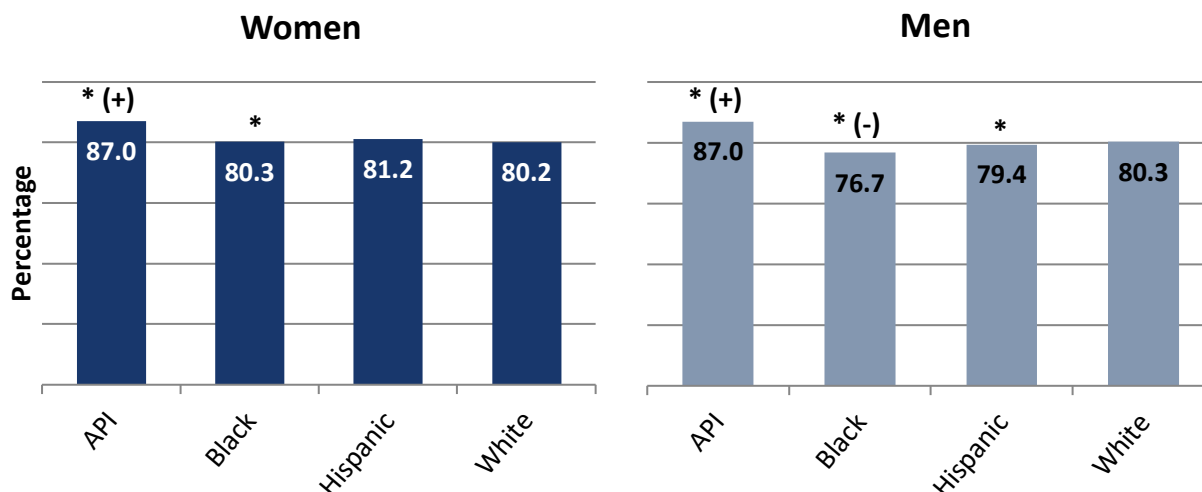
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

<sup>†</sup> Rounded to the hundredths place, scores for Hispanic men and White men are 97.90 and 97.91, respectively. Though small, this difference is statistically significant.

## Colorectal Cancer Screening

Percentage of MA enrollees aged 50 to 75 years who had appropriate screening for colorectal cancer, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

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

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\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

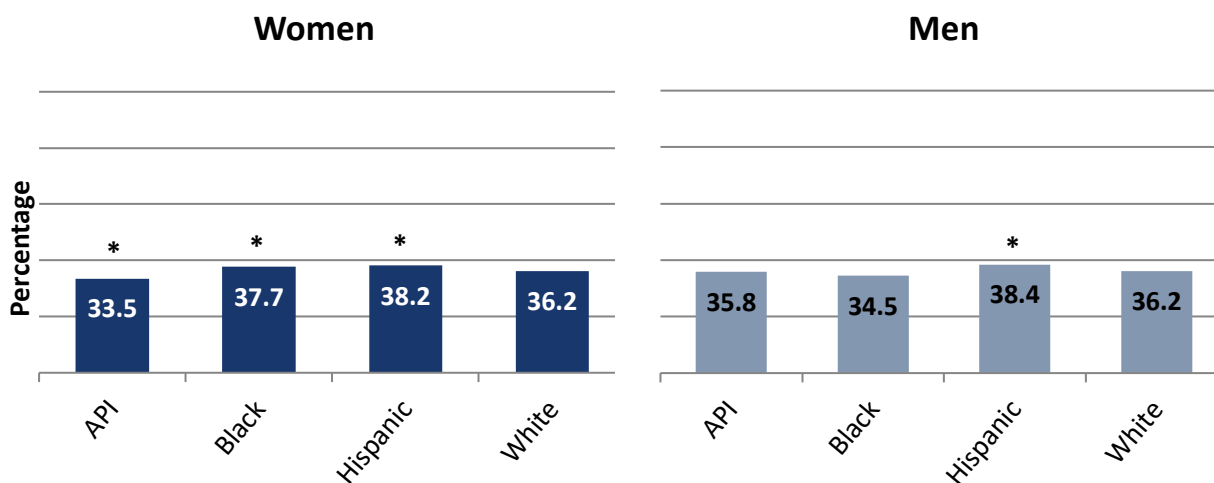
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

## Clinical Care: Respiratory Conditions

### Testing to Confirm COPD

Percentage of MA enrollees aged 40 years and older with a new diagnosis of chronic obstructive pulmonary disease (COPD) or newly active COPD who received appropriate spirometry testing to confirm the diagnosis, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API women with a new diagnosis of COPD or newly active COPD were less likely than White women with a new diagnosis of COPD or newly active COPD to have received a spirometry test to confirm the diagnosis. Black and Hispanic 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. In each case, the difference was less than 3 percentage points.
- API and Black men with a new diagnosis of COPD or newly active COPD were about 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. Hispanic 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 Hispanic men and White men was less than 3 percentage points.

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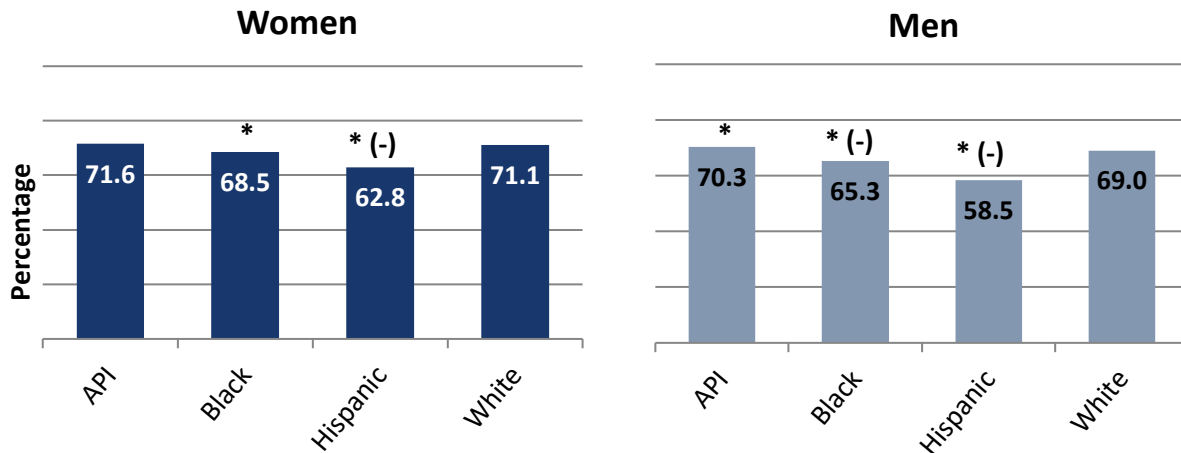
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or 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 MA enrollees aged 40 years and older who had an acute inpatient discharge or emergency department encounter for COPD exacerbation in the past year who were dispensed a systemic corticosteroid within 14 days of the event, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

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

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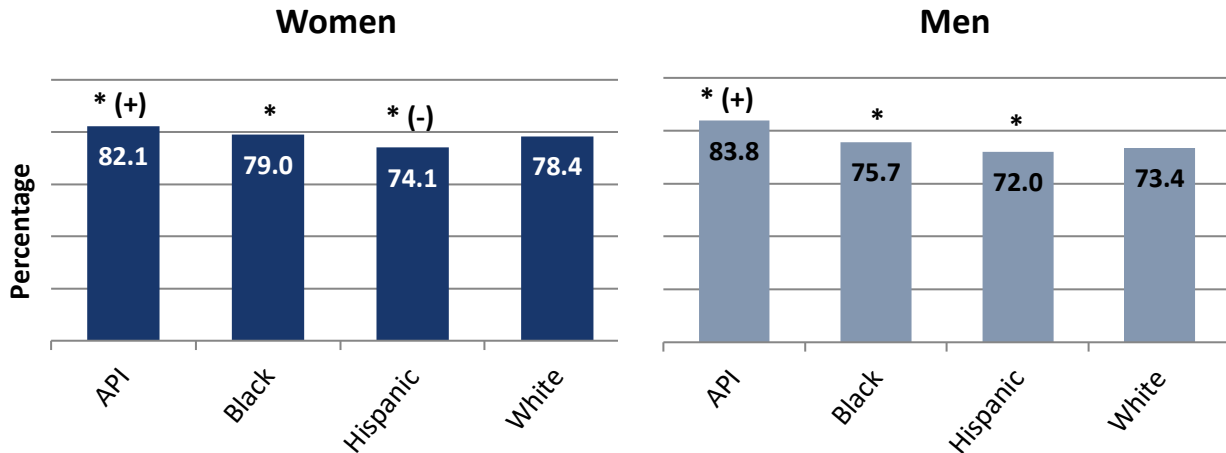
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or 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 MA enrollees aged 40 years and older who had an acute inpatient discharge or emergency department encounter for COPD exacerbation in the past year who were dispensed a bronchodilator within 30 days of experiencing the event, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API and Black 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. The difference between API women and White women was greater than 3 percentage points. The difference between Black women and White women 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. The difference between Hispanic women and White women was greater than 3 percentage points.
- API and Black 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. The difference between API men and White men was greater than 3 percentage points. The difference between Black men and White men 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 bronchodilator within 30 days of the event. The difference between Hispanic men and White men was less than 3 percentage points.

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\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

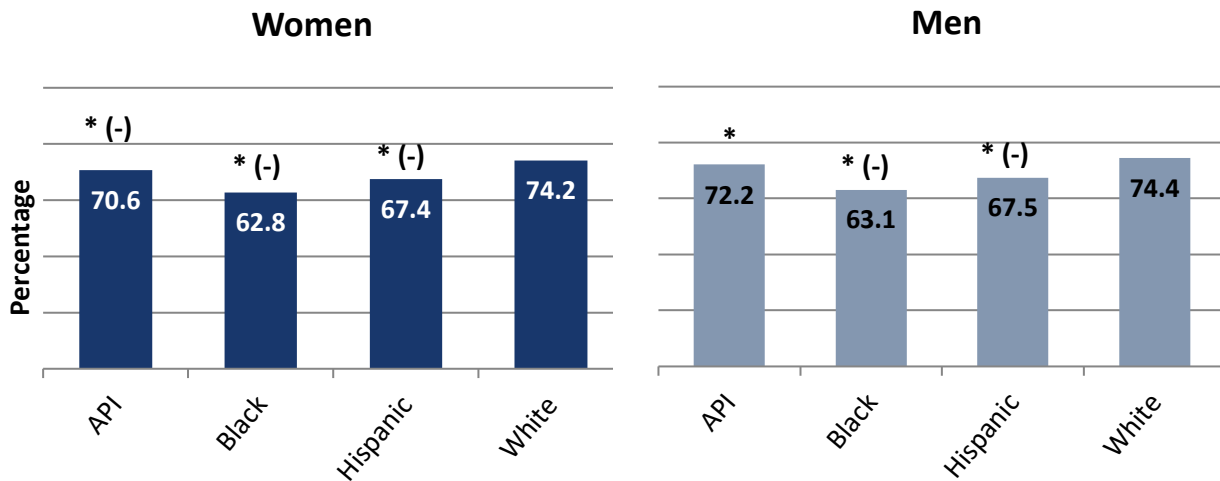
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

## Clinical Care: Cardiovascular Conditions

### Controlling High Blood Pressure

Percentage of MA enrollees aged 18 to 85 years who had a diagnosis of hypertension whose blood pressure was adequately controlled<sup>†</sup> during the past year, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

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

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\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

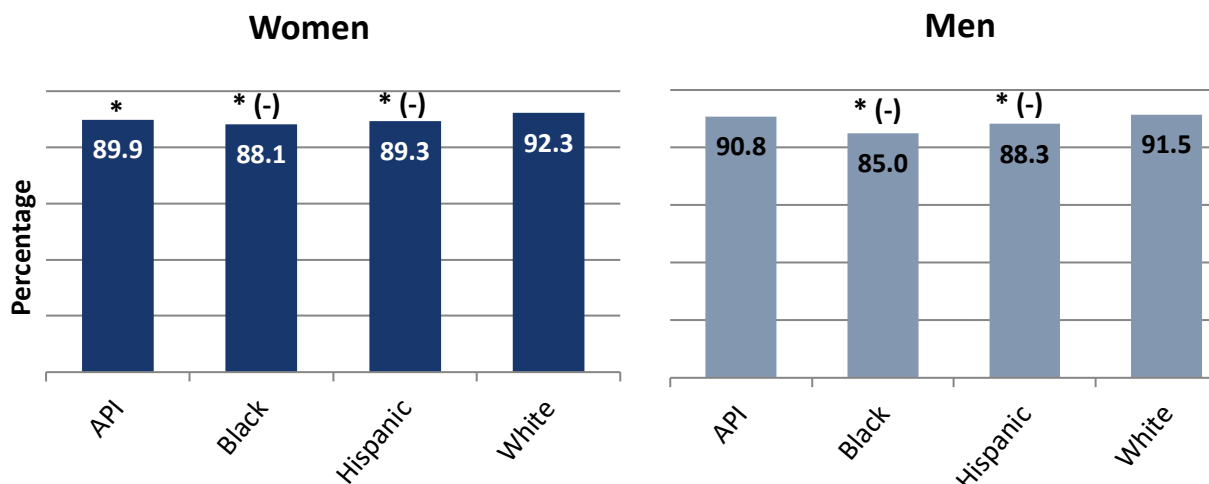
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

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

## Continuous Beta-Blocker Treatment

Percentage of MA enrollees aged 18 years and older who were hospitalized and discharged alive with a diagnosis of acute myocardial infarction (AMI) who received persistent beta-blocker treatment for six months after discharge, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API, 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. The difference between API women and White women was less than 3 percentage points. The difference between Black women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women.
- API men who were hospitalized for a heart attack were about as likely as White men 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. The difference between Black men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men.

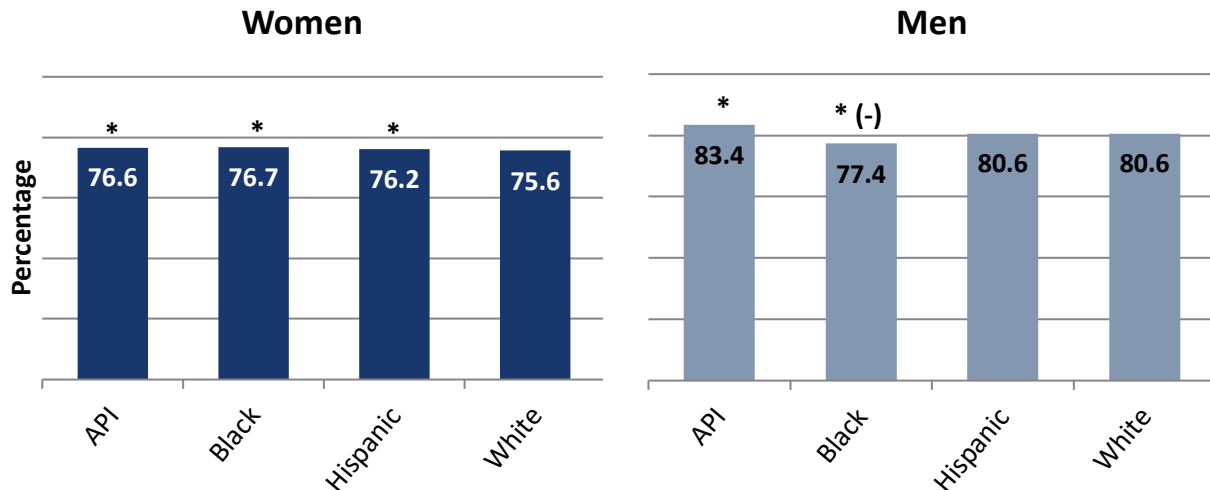
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Statin Use in Patients with Cardiovascular Disease

Percentage of male MA enrollees aged 21 to 75 years and female MA enrollees aged 40 to 75 years with clinical atherosclerotic cardiovascular disease (ASCVD) who received statin therapy, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API, Black, and Hispanic women with ASCVD were more likely than White women with ASCVD to have received statin therapy. In each case, the difference was less than 3 percentage points.
- API men with ASCVD were more likely than White men with ASCVD to have received statin therapy. The difference between API men and White men was less than 3 percentage points. Black men with ASCVD were less likely than White men with ASCVD to have received statin therapy. The difference between Black men and White men was greater than 3 percentage points. Hispanic men with ASCVD were about as likely as White men with ASCVD to have received statin therapy.

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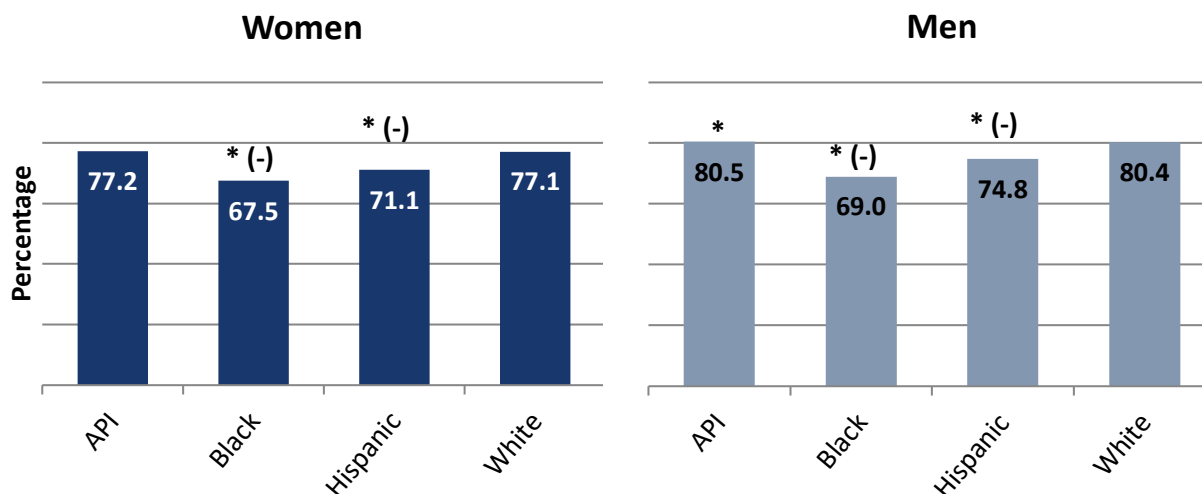
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Medication Adherence for Cardiovascular Disease—Statins

Percentage of male MA enrollees aged 21 to 75 years and female MA enrollees aged 40 to 75 years with clinical atherosclerotic cardiovascular disease (ASCVD) who were dispensed a statin medication during the measurement year who remained on the medication for at least 80 percent of the treatment period, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API women with ASCVD were about as likely as White women with ASCVD to have had proper statin medication adherence. Black and Hispanic women with ASCVD were less likely than White women with ASCVD to have had proper statin medication adherence. The difference between Black women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women.
- API men with ASCVD were more likely than White men with ASCVD to have had proper statin medication adherence. The difference between API men and White men was less than 3 percentage points. Black and Hispanic men with ASCVD were less likely than White men with ASCVD to have had proper statin medication adherence. The difference between Black men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men.

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\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

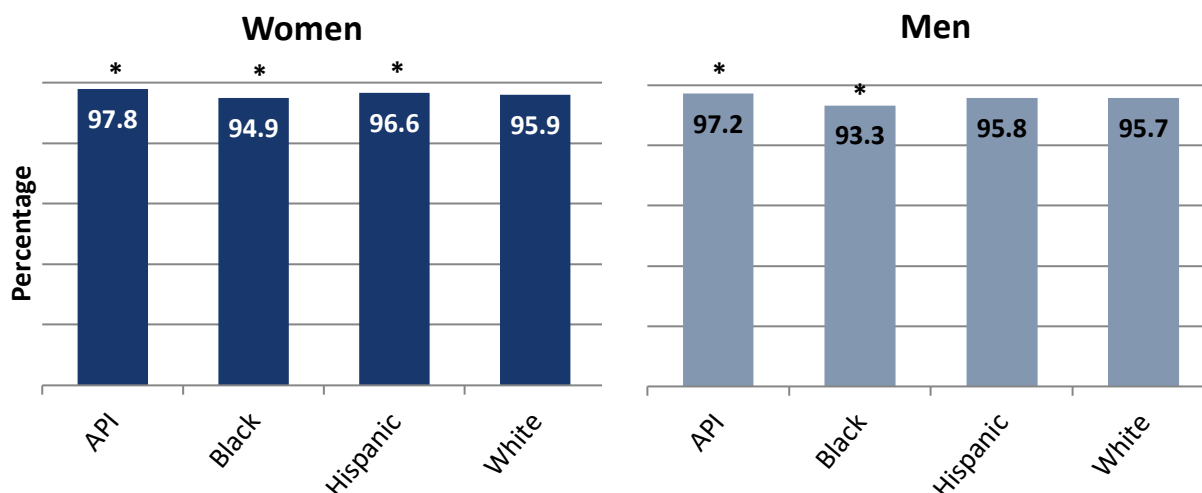
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

## Clinical Care: Diabetes

### Diabetes Care—Blood Sugar Testing

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) who had one or more HbA1c tests in the past year, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

#### 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. The difference between API women and White women was less than 3 percentage points, as was the difference between Hispanic women and White women. 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 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. The difference between API men and White men 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. Hispanic men with diabetes were about as likely as White men with diabetes to have had their blood sugar tested at least once in the past year.

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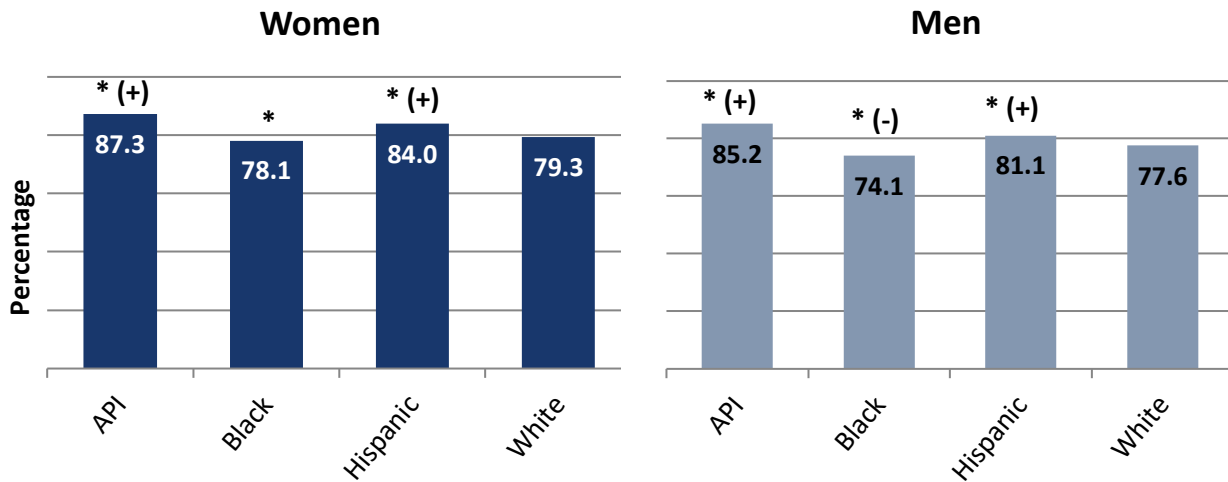
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Diabetes Care—Eye Exam

Percentage of Medicare Advantage enrollees aged 18 to 75 years with diabetes (type 1 and type 2) who had an eye exam (retinal) in the past year, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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. The difference between API women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women. 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. The difference between API men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men. 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.

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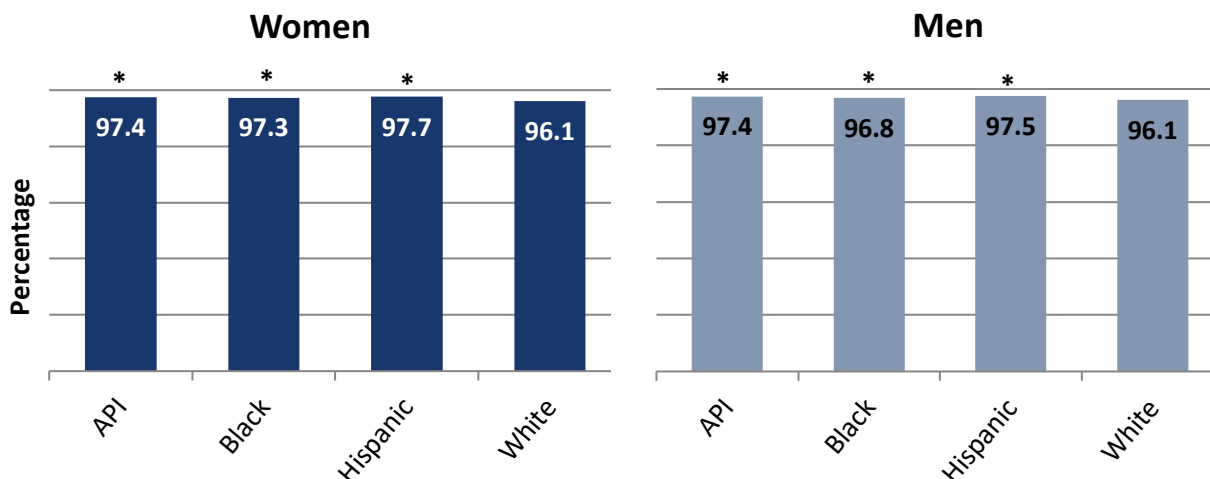
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Diabetes Care—Kidney Disease Monitoring

Percentage of Medicare Advantage enrollees aged 18 to 75 years with diabetes (type 1 and type 2) who had medical attention for nephropathy in the past year, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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.

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\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

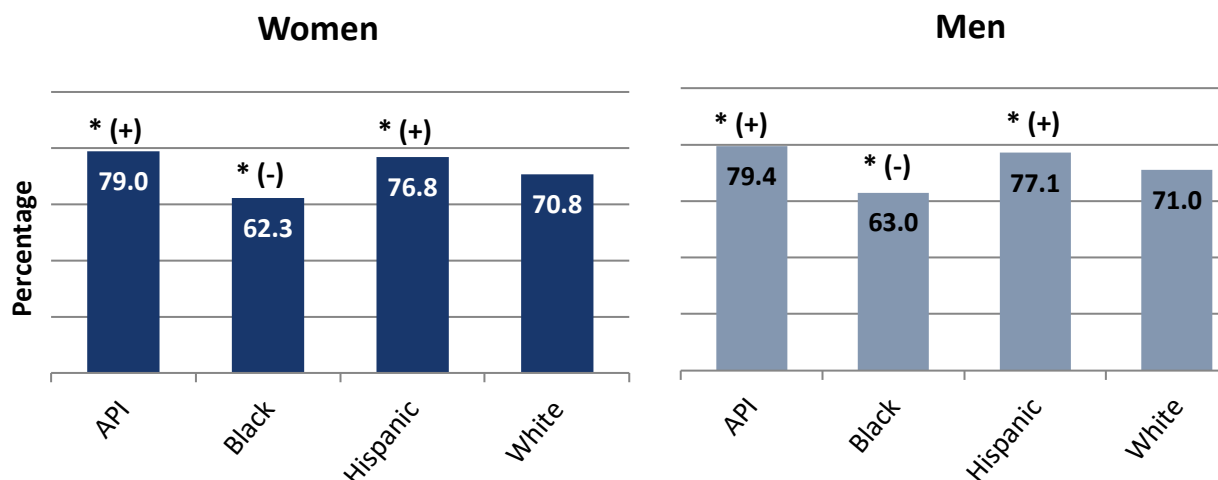
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

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

## Diabetes Care—Blood Pressure Controlled

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) whose most recent blood pressure was less than 140/90, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

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

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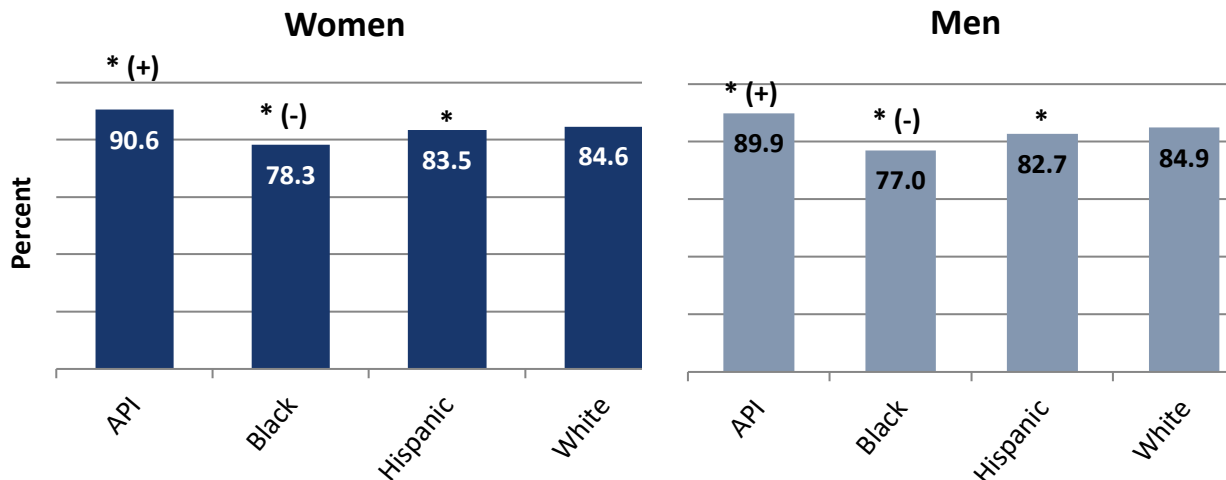
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Diabetes Care—Blood Sugar Controlled

Percentage of MA enrollees aged 18 to 75 years with diabetes (type 1 and type 2) whose most recent HbA1c level was 9 percent or less, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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.

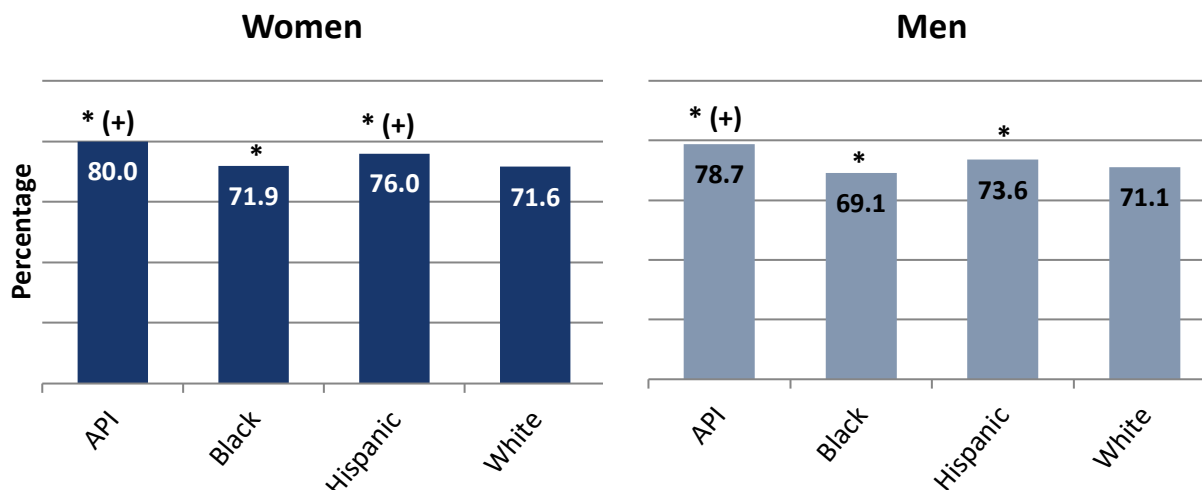
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Statin Use in Patients with Diabetes

Percentage of MA enrollees aged 40 to 75 years with diabetes (type 1 and type 2)<sup>†</sup> who received statin therapy, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API, Black, and Hispanic women with diabetes were more likely than White women with diabetes to have received statin therapy. The difference between API women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women. 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 received statin therapy. The difference between API men and White men was greater than 3 percentage points. The difference between Hispanic men and White men was less than 3 percentage points. Black men with diabetes were less likely than White men with diabetes to have received statin therapy. The difference between Black men and White men was less than 3 percentage points.

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\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

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

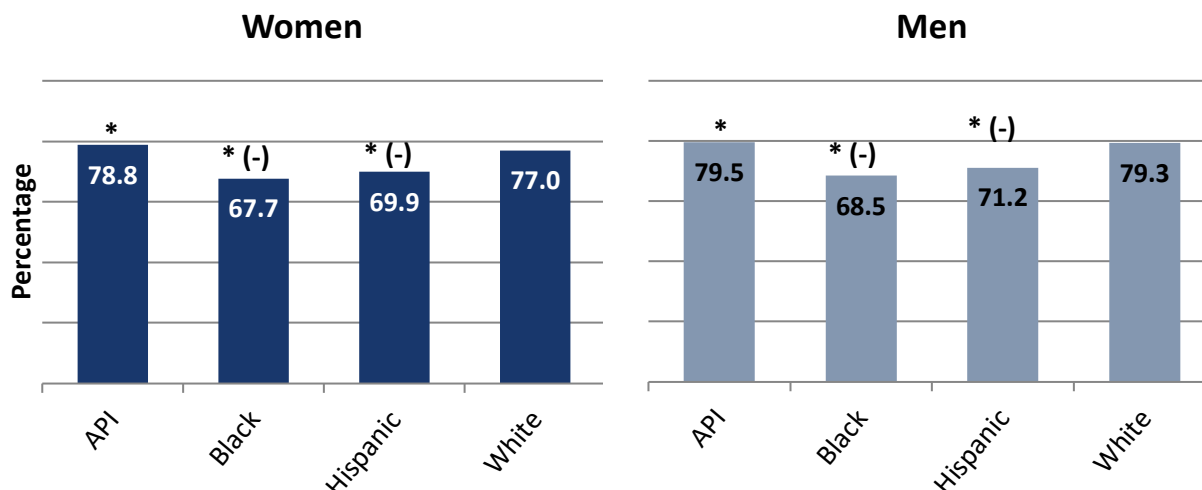
(+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial or ethnic minority group.

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

<sup>†</sup> Excludes those who also have clinical atherosclerotic cardiovascular disease.

## Medication Adherence for Diabetes—Statins

Percentage of MA enrollees aged 40 to 75 years with diabetes (type 1 and type 2)<sup>†</sup> who were dispensed a statin medication during the measurement year who remained on the medication for at least 80 percent of the treatment period, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API women with diabetes were more likely than White women with diabetes to have had proper statin medication adherence. The difference between API women and White women was less than 3 percentage points. Black and Hispanic women with diabetes were less likely than White women with diabetes to have had proper statin medication adherence. The difference between Black women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women.
- API men with diabetes were more likely than White men with diabetes to have had proper statin medication adherence. The difference between API men and White men was less than 3 percentage points. Black and Hispanic men with diabetes were less likely than White men with diabetes to have had proper statin medication adherence. The difference between Black men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men.

\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.

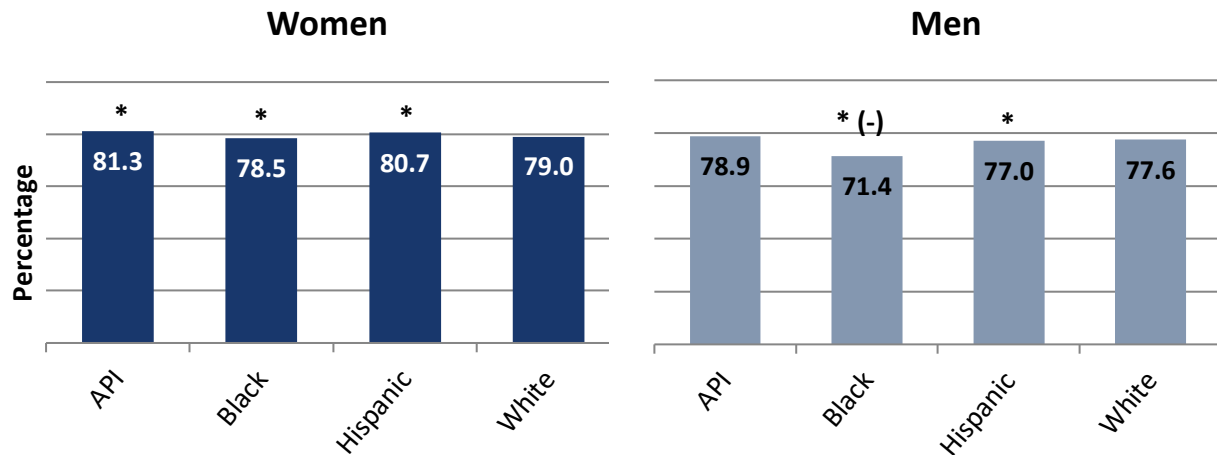
(-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

<sup>†</sup> Excludes those who also have clinical atherosclerotic cardiovascular disease.

## Clinical Care: Musculoskeletal Conditions

### Rheumatoid Arthritis Management

Percentage of MA enrollees aged 18 years and older who were diagnosed with rheumatoid arthritis during the past year who were dispensed at least one ambulatory prescription for a disease-modifying antirheumatic drug (DMARD), by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

#### Disparities

- API and Hispanic women who were diagnosed with rheumatoid arthritis were more likely than White women who were diagnosed with rheumatoid arthritis to have been dispensed at least one DMARD. The difference between API women and White women was less than 3 percentage points, as was the difference between Hispanic women and White women. Black women who were diagnosed with rheumatoid arthritis were less likely than White women who were diagnosed with rheumatoid arthritis to have been dispensed at least one DMARD. The difference between Black women and White women was less than 3 percentage points.
- API men who were diagnosed with rheumatoid arthritis were about as likely as White men who were diagnosed with rheumatoid arthritis to have been dispensed at least one DMARD. Black and Hispanic men who were diagnosed with rheumatoid arthritis were less likely than White men who were diagnosed with rheumatoid arthritis to have been dispensed at least one DMARD. 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.

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\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

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

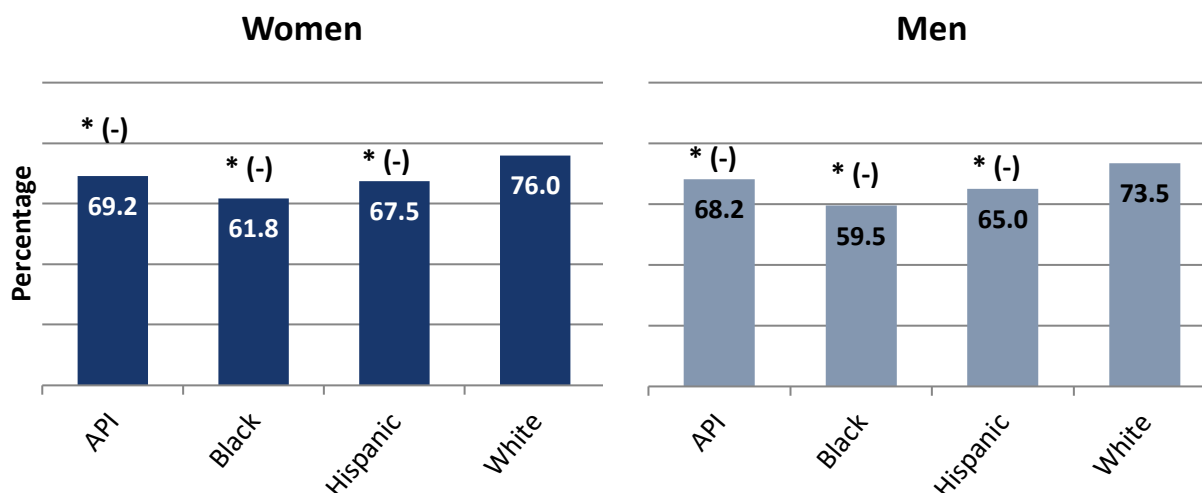
(+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial or ethnic minority group.

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

## Clinical Care: Behavioral Health

### Antidepressant Medication Management—Acute Phase Treatment

Percentage of MA enrollees aged 18 years and older who were diagnosed with a new episode of major depression who were newly treated with antidepressant medication who remained on the medication for at least 84 days, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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.

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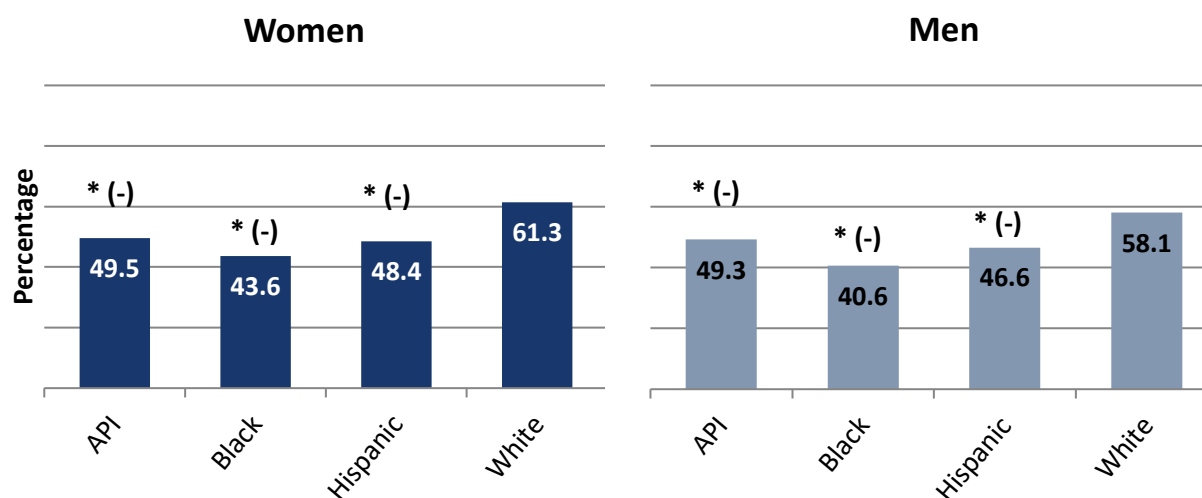
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Antidepressant Medication Management—Continuation Phase Treatment

Percentage of MA enrollees aged 18 years and older with a new diagnosis of major depression who were newly treated with antidepressant medication who remained on antidepressant medication for at least 180 days, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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 been treated with and 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 been treated with and to have remained on antidepressant medication for at least 180 days. In each case, the difference was greater than 3 percentage points.

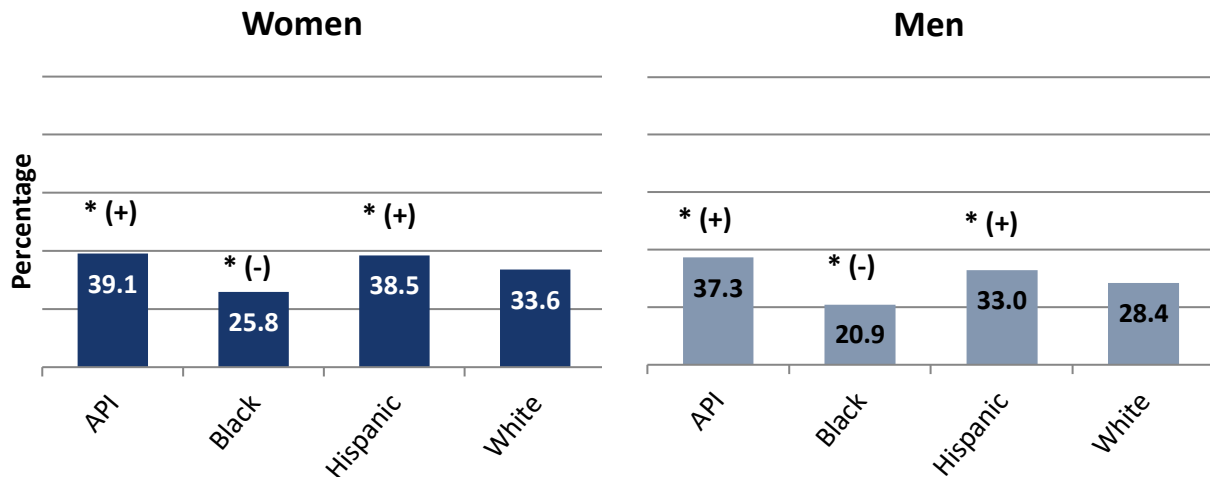
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Follow-up After Hospital Stay for Mental Illness (within seven days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who were hospitalized for treatment of selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within seven days of discharge, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API and Hispanic women who were hospitalized for a mental health disorder were more likely than White women 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. In each case, the difference was greater than 3 percentage points. Black women who were hospitalized for a mental health disorder were less likely than White women 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 Black women and White women was greater than 3 percentage points.
- API and Hispanic men who were hospitalized for a mental health disorder were more likely than White 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. In each case, the difference was greater than 3 percentage points. Black men who were hospitalized for a mental health disorder were less likely than White 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 Black men and White men was greater than 3 percentage points.

\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

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

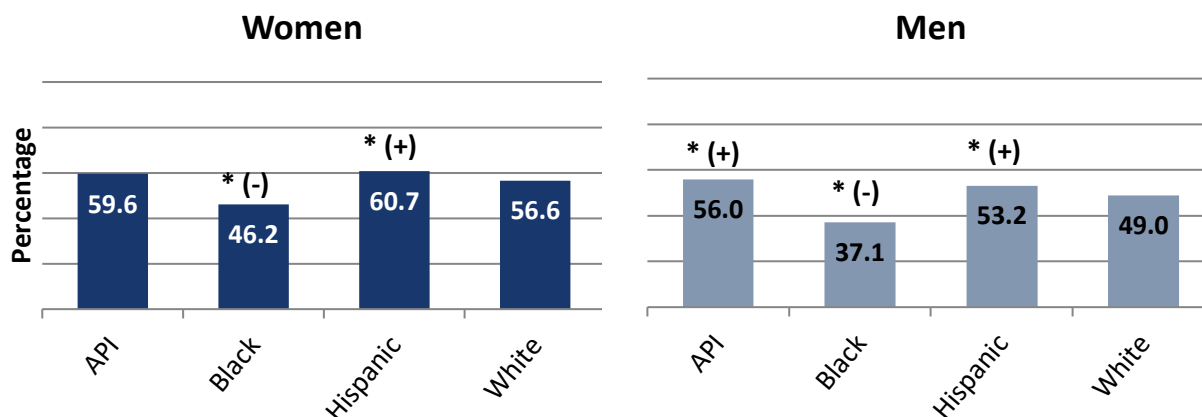
(+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial or ethnic minority group.

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

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

## Follow-up After Hospital Stay for Mental Illness (within 30 days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who were hospitalized for treatment of selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of discharge, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API women who were hospitalized for a mental health disorder were about as likely as White women who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of being discharged. Black women who were hospitalized for a mental health disorder were less likely than White women who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of being discharged. The difference between Black women and White women was greater than 3 percentage points. Hispanic women who were hospitalized for a mental health disorder were more likely than White women who were hospitalized for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of being discharged. The difference between Hispanic women and White women was greater than 3 percentage points.
- API and Hispanic men who were hospitalized for a mental health disorder were more likely than White 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 being discharged. In each case, the difference was greater than 3 percentage points. Black men who were hospitalized for a mental health disorder were less likely than White 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 being discharged. The difference between Black men and White men was greater than 3 percentage points.

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\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

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

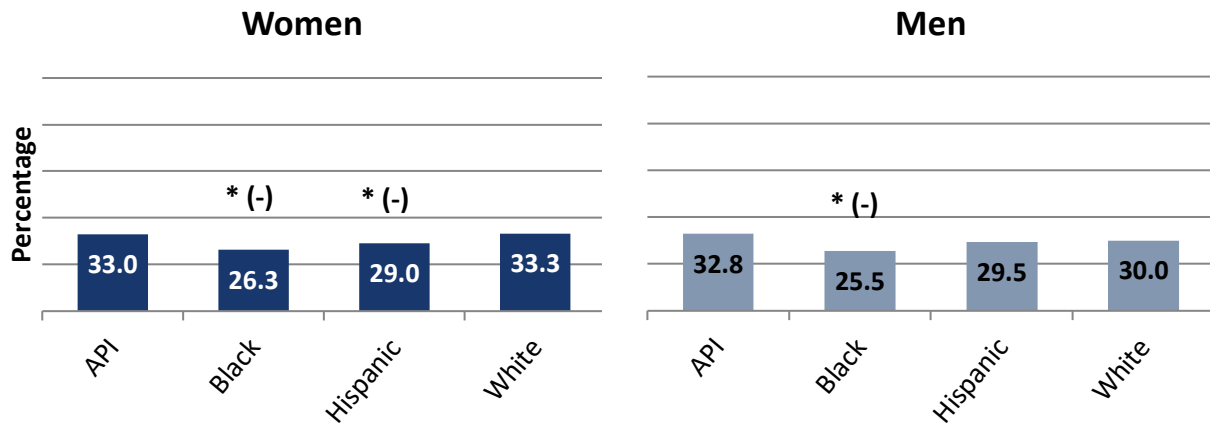
**(+)** Difference is equal to or larger than 3 points (prior to rounding) and favors the racial or ethnic minority group.

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

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

## Follow-up After Emergency Department (ED) Visit for Mental Illness (within seven days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who had an ED visit for selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within seven days of the ED visit, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API women who had an ED visit for a mental health disorder were about as likely as White women who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within seven days of the ED visit. Black and Hispanic women who had an ED visit for a mental health disorder were less likely than White women who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within seven days of the ED visit. The difference between Black women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women.
- API and Hispanic men who had an ED visit for a mental health disorder were about as likely as White men who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within seven days of the ED visit. Black men who had an ED visit for a mental health disorder were less likely than White men who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within seven days of the ED visit. The difference between Black men and White men was greater than 3 percentage points.

\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

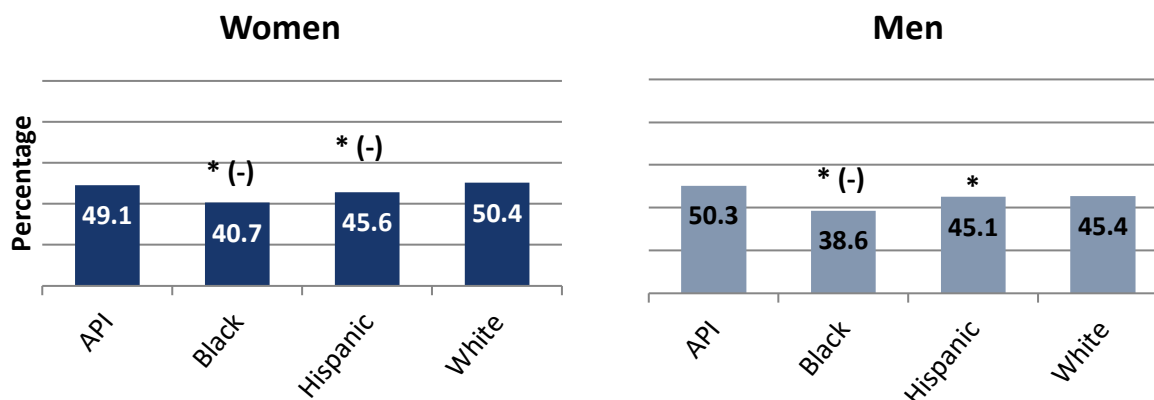
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

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

## Follow-up After Emergency Department (ED) Visit for Mental Illness (within 30 days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who had an ED visit for selected mental health disorders who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner within 30 days of the ED visit, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API women who had an ED visit for a mental health disorder were about as likely as White women who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of the ED visit. Black and Hispanic women who had an ED visit for a mental health disorder were less likely than White women who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of the ED visit. The difference between Black women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women.
- API men who had an ED visit for a mental health disorder were about as likely as White men who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of the ED visit. Black and Hispanic men who had an ED visit for a mental health disorder were less likely than White men who had an ED visit for a mental health disorder to have had a follow-up visit with a mental health practitioner within 30 days of the ED visit. 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.

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\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

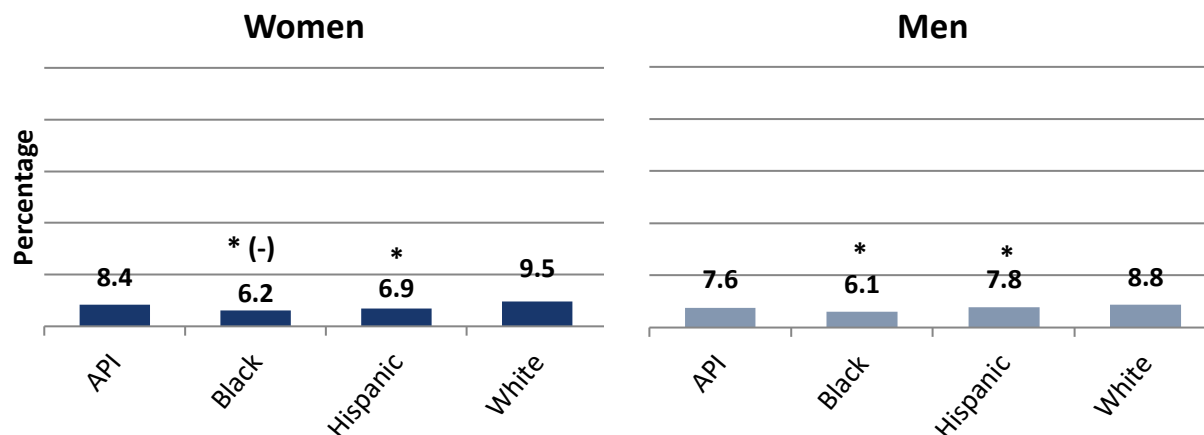
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

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

## Follow-up After Emergency Department (ED) Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (within seven days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who had an ED visit for AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence within seven days of the ED visit, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API women who had an ED visit for AOD abuse or dependence were about as likely as White women who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within seven days of the ED visit. Black and Hispanic women who had an ED visit for AOD abuse or dependence were less likely than White women who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within seven days of the ED visit. 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 who had an ED visit for AOD abuse or dependence were about as likely as White men who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within seven days of the ED visit. Black and Hispanic men who had an ED visit for AOD abuse or dependence were less likely than White men who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within seven days of the ED visit. The difference between Black men and White men was less than 3 percentage points, as was the difference between Hispanic men and White men.

\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

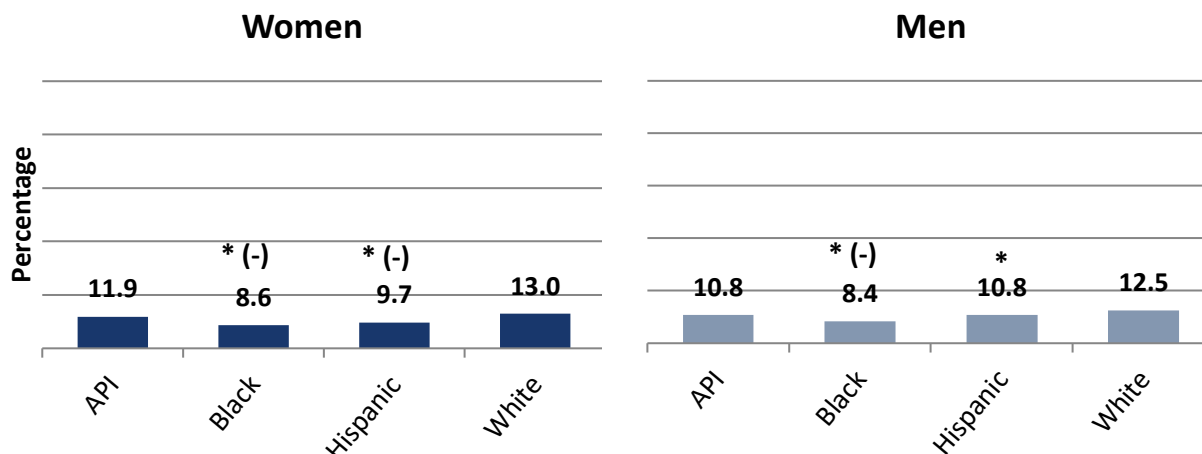
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

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

## Follow-up After Emergency Department (ED) Visit for Alcohol and Other Drug (AOD) Abuse or Dependence (within 30 days of discharge)

Percentage of MA enrollees aged 18 years and older<sup>†</sup> who had an ED visit for AOD abuse or dependence who had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API women who had an ED visit for AOD abuse or dependence were about as likely as White women who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit. Black and Hispanic women who had an ED visit for AOD abuse or dependence were less likely than White women who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit. The difference between Black women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women.
- API men who had an ED visit for AOD abuse or dependence were about as likely as White men who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit. Black and Hispanic men who had an ED visit for AOD abuse or dependence were less likely than White men who had an ED visit for AOD abuse or dependence to have had a follow-up visit for AOD abuse or dependence within 30 days of the ED visit. 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 of the same gender ( $p < 0.05$ ).

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

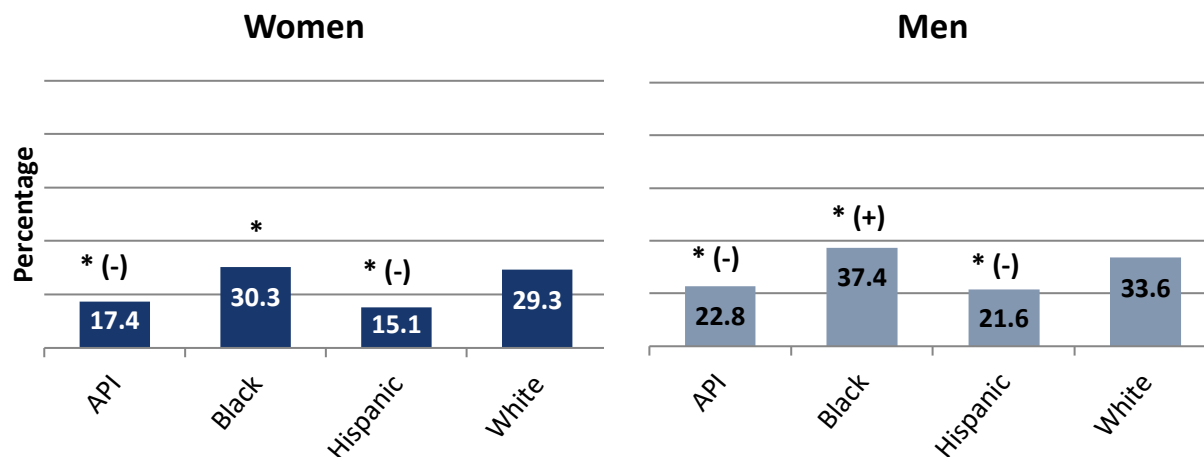
(+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial or ethnic minority group.

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

<sup>†</sup> 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 of Alcohol and Other Drug Dependence Treatment

Percentage of MA enrollees aged 18 years and older<sup>†</sup> with a new episode of alcohol or other drug (AOD) dependence who initiate<sup>‡</sup> treatment within 14 days of the diagnosis, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### 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 the diagnosis. The difference between API women and White women was greater than 3 percentage points, as was the difference between Hispanic women and White women. 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 the diagnosis. The difference between Black women and White women 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 the diagnosis. The difference between API men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men. 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 the diagnosis. The difference between Black men and White men was greater than 3 percentage points.

\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

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

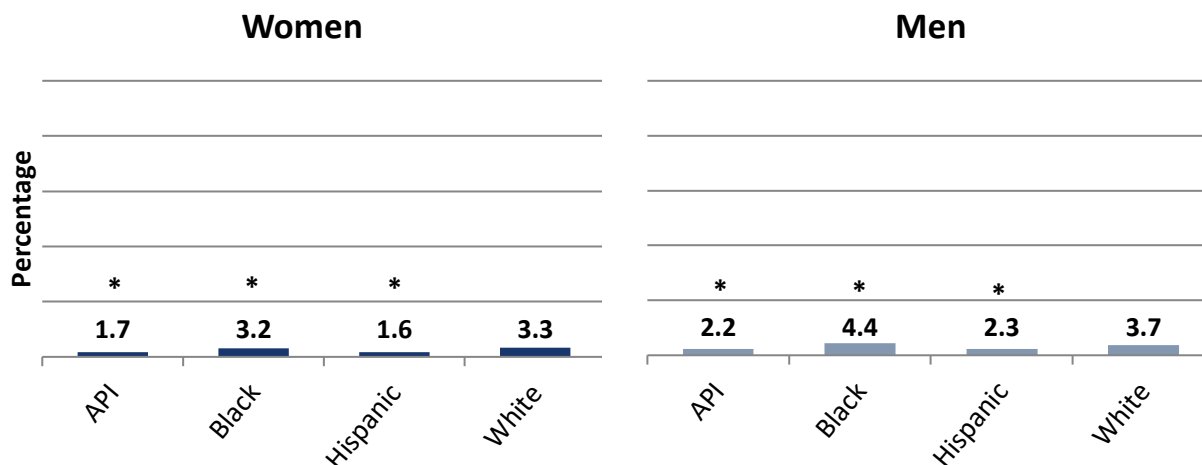
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

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

<sup>‡</sup> Initiation may occur through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization.

## Engagement of Alcohol and Other Drug Dependence Treatment

Percentage of MA enrollees aged 18 years and older<sup>†</sup> with a new episode of alcohol or other drug (AOD) dependence who initiated treatment who had two or more additional services within 30 days of the initiation visit, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API, Black, and Hispanic women with a new episode of AOD dependence who initiated treatment were less likely than White women with a new episode of AOD dependence who initiated treatment to have had two or more additional services within 30 days of their initial visit for treatment. In each case, the difference was less than 3 percentage points.
- API and Hispanic men with a new episode of AOD dependence who initiated treatment were less likely than White men with a new episode of AOD dependence who initiated treatment to have had two or more additional services within 30 days of their initial visit for treatment. The difference between API men and White men was less than 3 percentage points, as was the difference between Hispanic men and White men. Black men with a new episode of AOD dependence who initiated treatment were more likely than White men with a new episode of AOD dependence who initiated treatment to have had two or more additional services within 30 days of their initial visit for treatment. The difference between Black men and White men was less than 3 percentage points.

\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

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

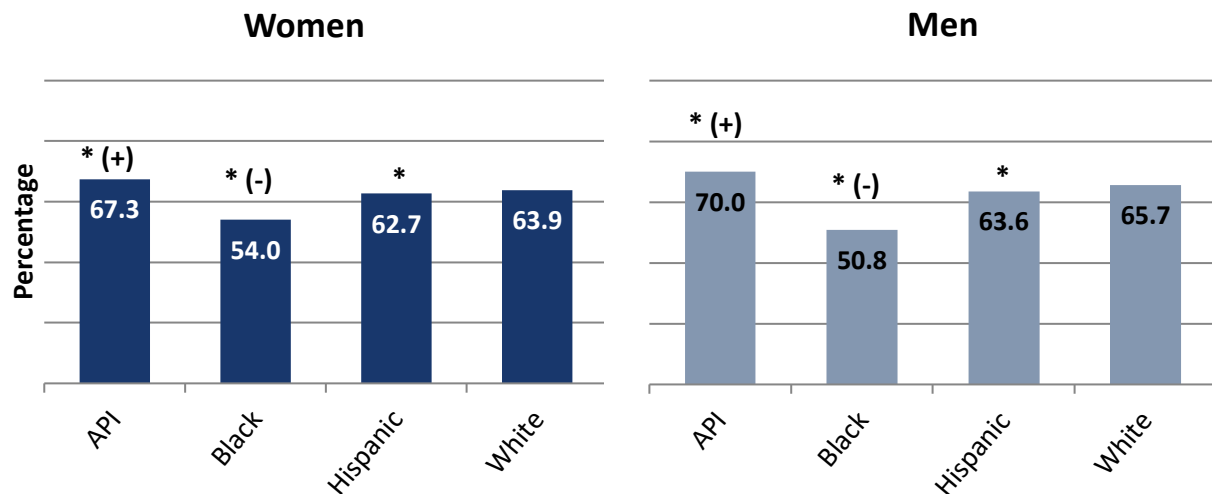
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

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

## Clinical Care: Medication Management and Care Coordination

### Medication Reconciliation After Hospital Discharge

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility who had their medications reconciled within 30 days, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

#### Disparities

- API women who were discharged from an inpatient facility were more likely than White women who were discharged from an inpatient facility to have had their medications reconciled within 30 days. The difference between API women and White women was greater than 3 percentage points. Black and Hispanic women who were discharged from an inpatient facility were less likely than White women who were discharged from an inpatient facility to have had their medications reconciled within 30 days. 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 who were discharged from an inpatient facility were more likely than White men who were discharged from an inpatient facility to have had their medications reconciled within 30 days. The difference between API men and White men was greater than 3 percentage points. Black and Hispanic men who were discharged from an inpatient facility were less likely than White men who were discharged from an inpatient facility to have had their medications reconciled within 30 days. 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.

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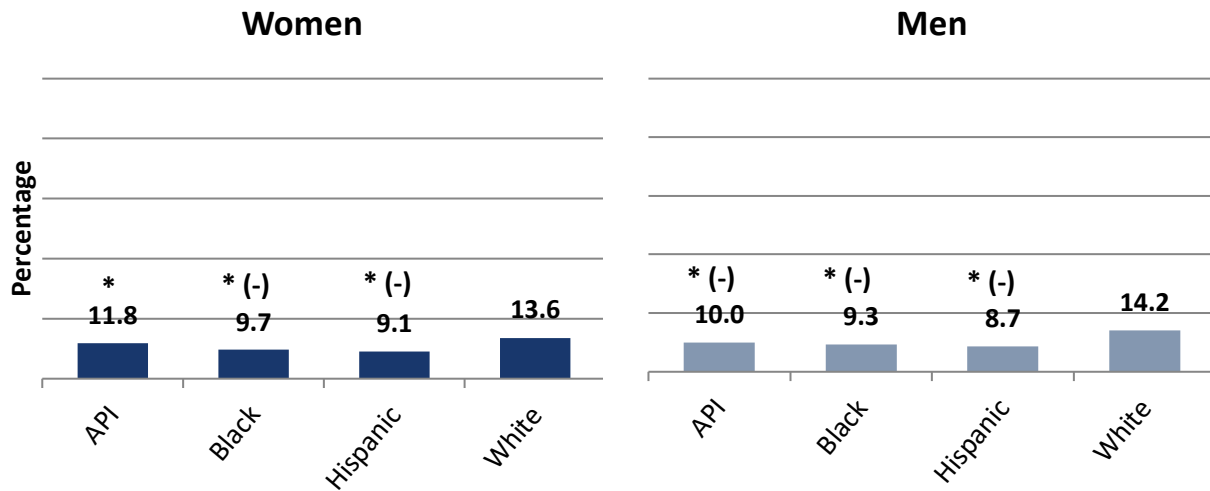
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Transitions of Care—Notification of Inpatient Admission

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility whose primary or ongoing care providers were notified of the inpatient admission on the day of or the day following admission, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- The primary or ongoing care providers of API, Black, and Hispanic women who were discharged from an inpatient facility were less likely than the primary or ongoing care providers of White women who were discharged from an inpatient facility to have been notified of the inpatient admission on the day of or the day following admission. For API women, the difference was less than 3 percentage points. For Black and Hispanic women, the difference was greater than 3 percentage points.
- The primary or ongoing care providers of API, Black, and Hispanic men who were discharged from an inpatient facility were less likely than the primary or ongoing care providers of White men who were discharged from an inpatient facility to have been notified of the inpatient admission on the day of or the day following admission. In each case, the difference was greater than 3 percentage points.

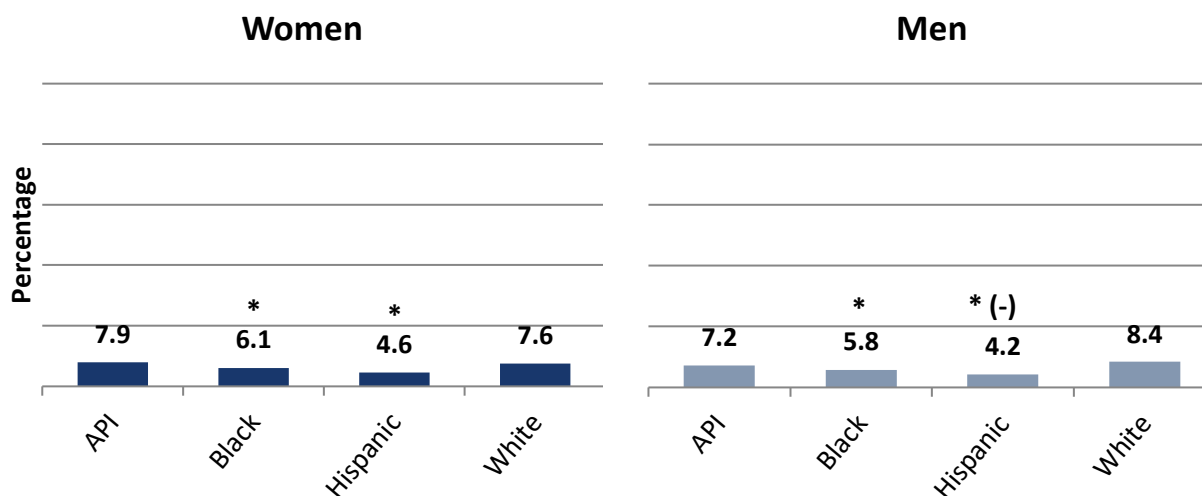
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Transitions of Care—Receipt of Discharge Information

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility who received discharge information on the day of or the day following discharge, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API women who were discharged from an inpatient facility were about as likely as White women who were discharged from an inpatient facility to have received discharge information on the day of or the day following discharge. Black and Hispanic women who were discharged from an inpatient facility were less likely than White women who were discharged from an inpatient facility to have received discharge information on the day of or the day following discharge. The difference between Black women and White women was less than 3 percentage points, as was the difference between Hispanic women and White women.
- API men who were discharged from an inpatient facility were about as likely as White men who were discharged from an inpatient facility to have received discharge information on the day of or the day following discharge. Black and Hispanic men who were discharged from an inpatient facility were less likely than White men who were discharged from an inpatient facility to have received discharge information on the day of or the day following discharge. The difference between Black men and White men was less than 3 percentage points. The difference between Hispanic men and White men was greater than 3 percentage points.

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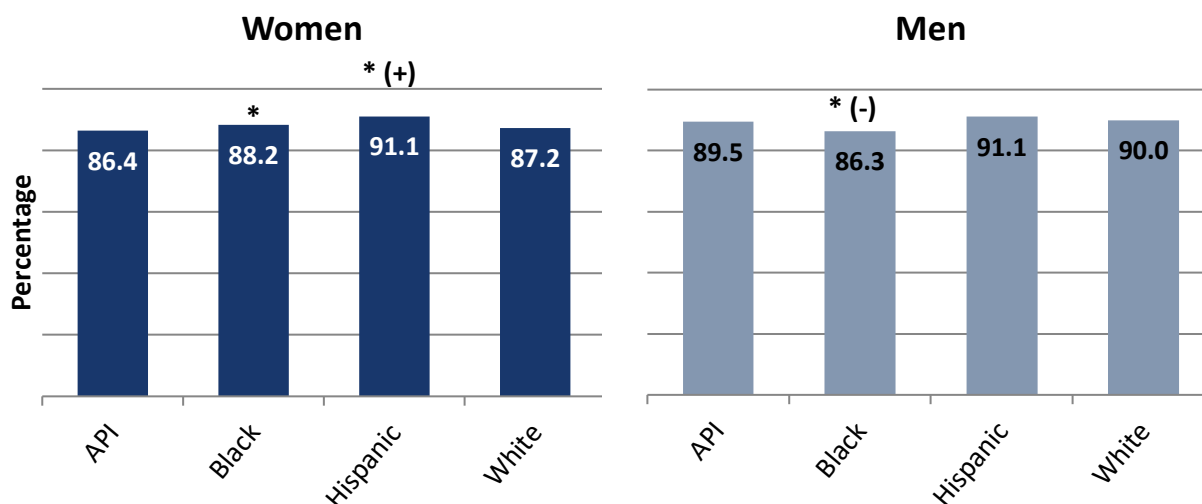
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Transitions of Care—Patient Engagement After Inpatient Discharge

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility for whom patient engagement (office visit, home visit, telehealth) was provided within 30 days of discharge, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API women who were discharged from an inpatient facility were about as likely as White women who were discharged from an inpatient facility to have had an office visit, to have had a home visit, or to have received telehealth services within 30 days of discharge. Black and Hispanic women who were discharged from an inpatient facility were more likely than White women who were discharged from an inpatient facility to have had an office visit, to have had a home visit, or to have received telehealth services within 30 days of discharge. The difference between Black women and White women was less than 3 percentage points. The difference between Hispanic women and White women was greater than 3 percentage points.
- API and Hispanic men who were discharged from an inpatient facility were about as likely as White men who were discharged from an inpatient facility to have had an office visit, to have had a home visit, or to have received telehealth services within 30 days of discharge. Black men who were discharged from an inpatient facility were less likely than White men who were discharged from an inpatient facility to have had an office visit, to have had a home visit, or to have received telehealth services within 30 days of discharge. The difference between Black men and White men was greater than 3 percentage points.

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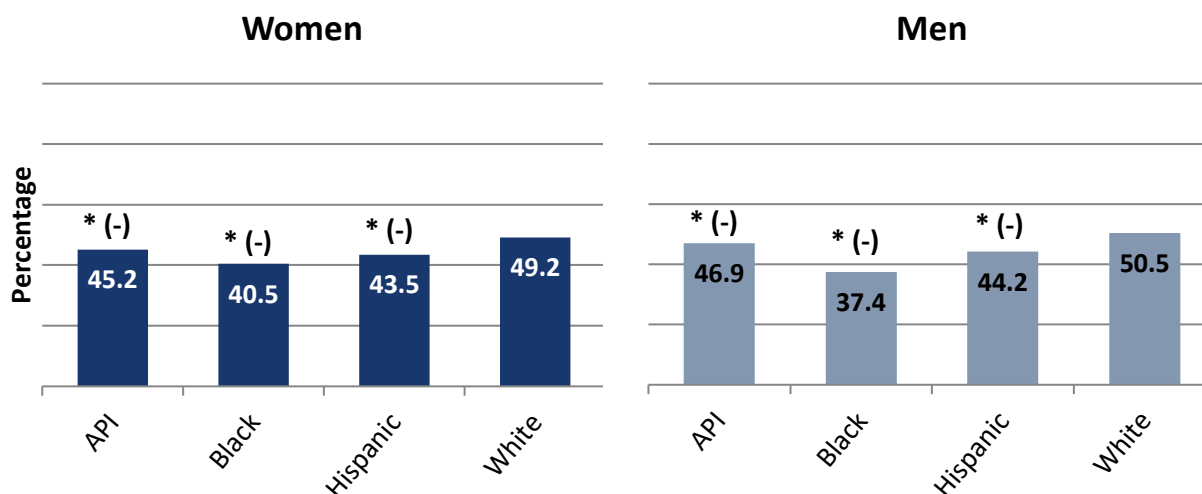
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Transitions of Care—Medication Reconciliation After Inpatient Discharge

Percentage of MA enrollees aged 18 years and older who were discharged from an inpatient facility for whom medications were reconciled within 30 days of discharge, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API, Black, and Hispanic women who were discharged from an inpatient facility were less likely than White women who were discharged from an inpatient facility to have had their medications reconciled within 30 days of discharge. In each case, the difference was greater than 3 percentage points.
- API, Black, and Hispanic men who were discharged from an inpatient facility were less likely than White men who were discharged from an inpatient facility to have had their medications reconciled within 30 days of discharge. In each case, the difference was greater than 3 percentage points.

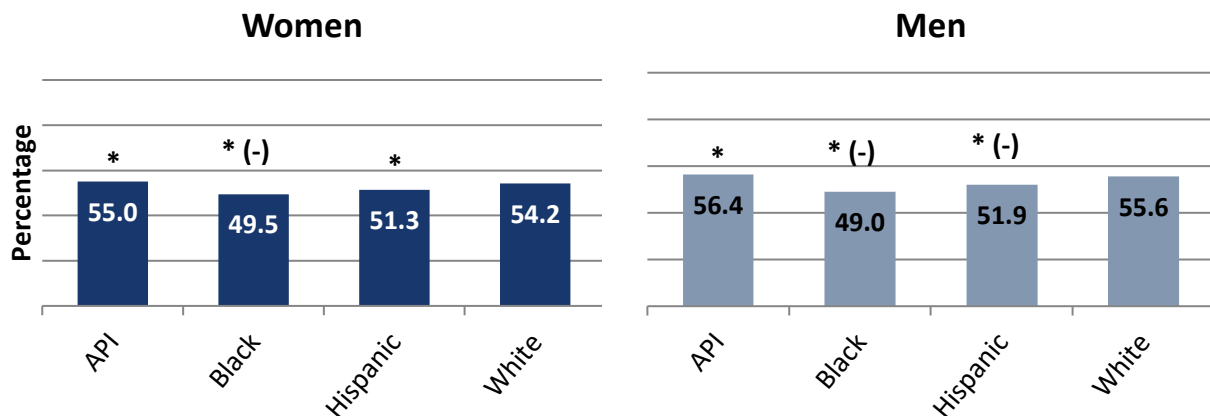
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Follow-up After Emergency Department (ED) Visit for People with High-Risk Multiple Chronic Conditions

Percentage of MA enrollees aged 18 years and older with multiple high-risk chronic conditions<sup>†</sup> who received follow-up care within seven days of an ED visit, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- API women with multiple high-risk chronic conditions were more likely than White women with multiple high-risk chronic conditions to have received follow-up care within seven days of an ED visit. The difference between API women and White women was less than 3 percentage points. Black and Hispanic women with multiple high-risk chronic conditions were less likely than White women who were discharged from an inpatient facility to have received follow-up care within seven days of an ED visit. 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 multiple high-risk chronic conditions were more likely than White men with multiple high-risk chronic conditions to have received follow-up care within seven days of an ED visit. The difference between API men and White men was less than 3 percentage points. Black and Hispanic men with multiple high-risk chronic conditions were less likely than White men who were discharged from an inpatient facility to have received follow-up care within seven days of an ED visit. The difference between Black men and White men was greater than 3 percentage points, as was the difference between Hispanic men and White men.

\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

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

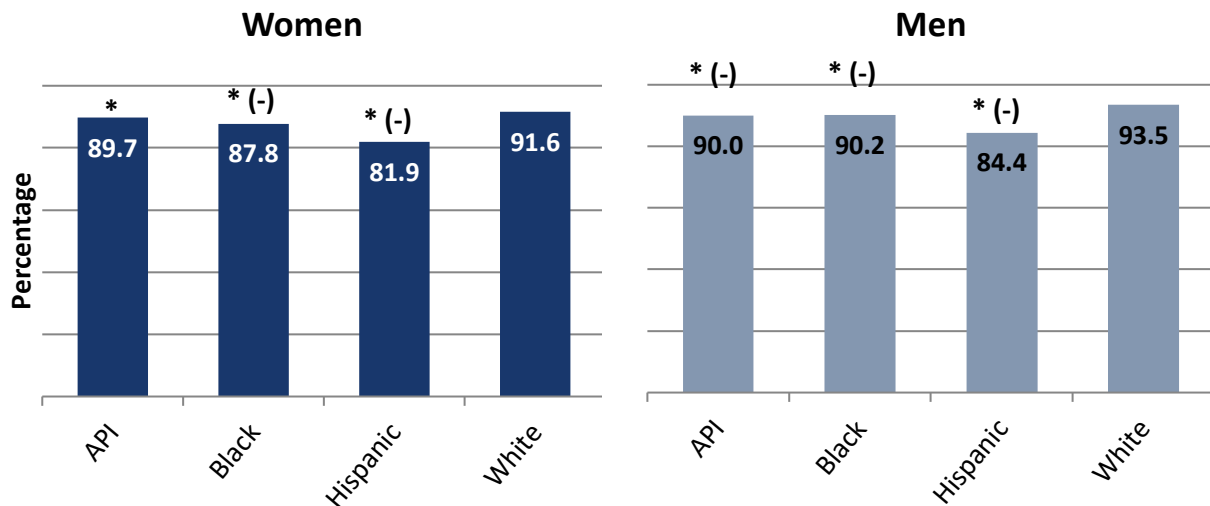
- (+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

<sup>†</sup> Conditions include COPD and asthma, Alzheimer's disease and related disorders, chronic kidney disease, depression, heart failure, acute myocardial infarction, atrial fibrillation, and stroke and transient ischemic attack.

## Clinical Care: Overuse/Appropriateness

### Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Chronic Renal Failure

Percentage of MA enrollees aged 65 years and older with chronic renal failure who were not dispensed a prescription for a potentially harmful medication,<sup>†</sup> by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

#### Disparities

- Use of potentially harmful medication was avoided less often for elderly API, Black, and Hispanic women with chronic renal failure than for elderly White women with chronic renal failure. The difference between elderly API women and elderly White women was less than 3 percentage points. The difference between elderly Black women and elderly White women was greater than 3 percentage points, as was the difference between elderly Hispanic women and elderly White women.
- Use of potentially harmful medication was avoided less often for elderly API, Black, and Hispanic men with chronic renal failure than for elderly White men with chronic renal failure. In each case, the difference was greater than 3 percentage points.

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\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

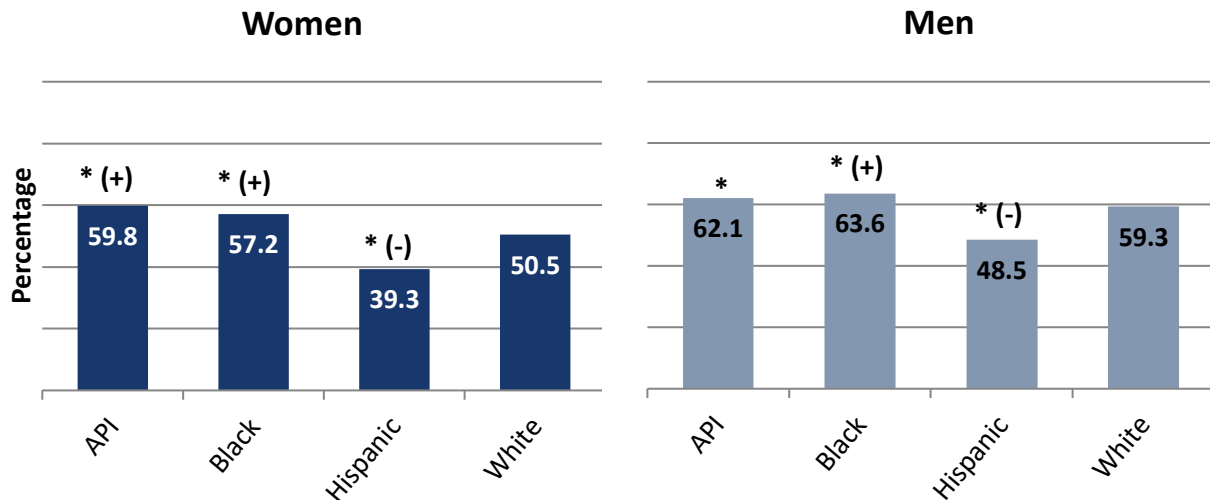
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

<sup>†</sup> This includes cyclooxygenase-2 (COX-2) selective nonsteroidal anti-inflammatory drugs (NSAIDs) or nonaspirin NSAIDs.

## Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with Dementia

Percentage of MA enrollees aged 65 years and older with dementia who were not dispensed a prescription for a potentially harmful medication,<sup>†</sup> by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Use of potentially harmful medication was avoided more often for elderly API and elderly Black women with dementia than for elderly White women with dementia. The difference between elderly API women and elderly White women was greater than 3 percentage points, as was the difference between elderly Black women and elderly White women. Use of potentially harmful medication was avoided less often for elderly Hispanic women with dementia than for elderly White women with dementia. The difference between elderly Hispanic women and elderly White women was greater than 3 percentage points.
- Use of potentially harmful medication was avoided more often for elderly API and elderly Black men with dementia than for elderly White men with dementia. The difference between elderly API men and elderly White men was less than 3 percentage points. The difference between elderly Black men and elderly White men was greater than 3 percentage points. Use of potentially harmful medication was avoided less often for elderly Hispanic men with dementia than for elderly White men with dementia. The difference between elderly Hispanic men and elderly White men was greater than 3 percentage points.

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\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

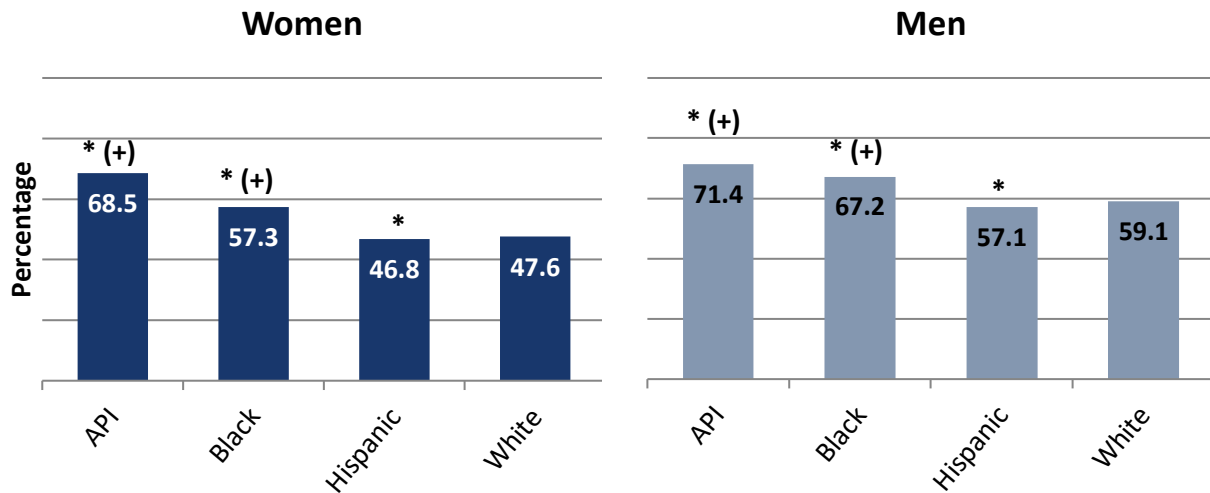
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

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

## Avoiding Potentially Harmful Drug-Disease Interactions in Elderly Patients with a History of Falls

Percentage of MA enrollees aged 65 years and older with dementia who were not dispensed a prescription for a potentially harmful medication,<sup>†</sup> by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Use of potentially harmful medication was avoided more often for elderly API and elderly Black women with a history of falls than for elderly White women with a history of falls. The difference between elderly API women and elderly White women was greater than 3 percentage points, as was the difference between elderly Black women and elderly White women. Use of potentially harmful medication was avoided less often for elderly Hispanic women with a history of falls than for elderly White women with a history of falls. The difference between elderly Hispanic women and elderly White women was less than 3 percentage points.
- Use of potentially harmful medication was avoided more often for elderly API and elderly Black men with a history of falls than for elderly White men with a history of falls. The difference between elderly API men and elderly White men was greater than 3 percentage points, as was the difference between elderly Black men and elderly White men. Use of potentially harmful medication was avoided less often for elderly Hispanic men with a history of falls than for elderly White men with a history of falls. The difference between elderly Hispanic men and elderly White men was less than 3 percentage points.

\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

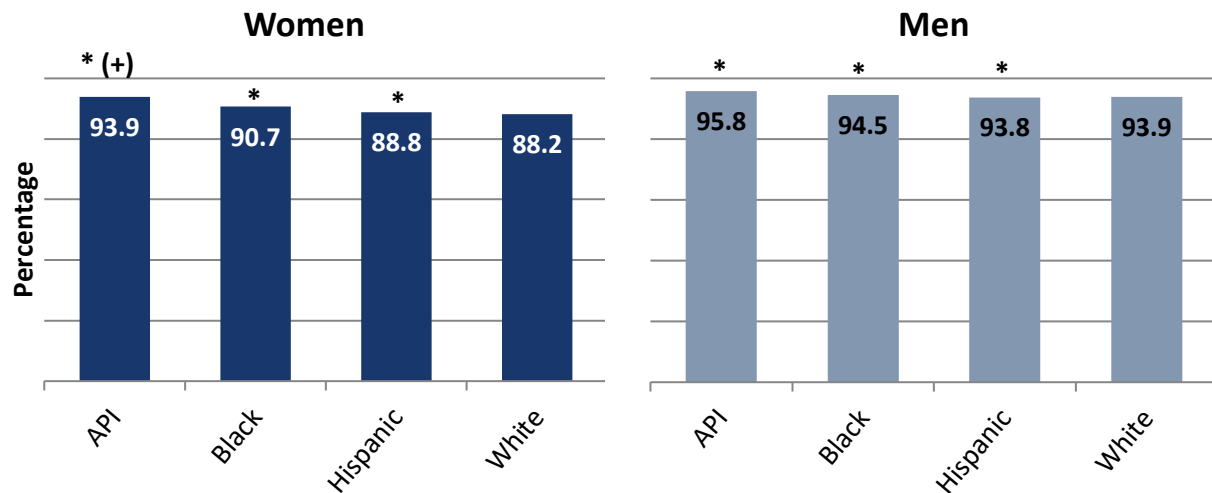
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

<sup>†</sup> This includes anticonvulsants, nonbenzodiazepine hypnotics, selective serotonin reuptake inhibitors (SSRIs), antiemetics, antipsychotics, benzodiazepines, and tricyclic antidepressants.

## Avoiding Use of High-Risk Medications in the Elderly

Percentage of MA enrollees aged 65 years and older who were not prescribed a high-risk medication, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Use of high-risk medication was avoided more often for API, Black, and Hispanic women than for White women. The difference between API women and White women was greater than 3 percentage points. The difference between Black women and White women was less than 3 percentage points, as was the difference between Hispanic women and White women.
- Use of high-risk medication was avoided more often for API and Black men than for White men. The difference between API men and White men was less than 3 percentage points, as was the difference between Black men and White men. Use of high-risk medication was avoided less often for Hispanic men than for White men. The difference between Hispanic men and White men was less than 3 percentage points.

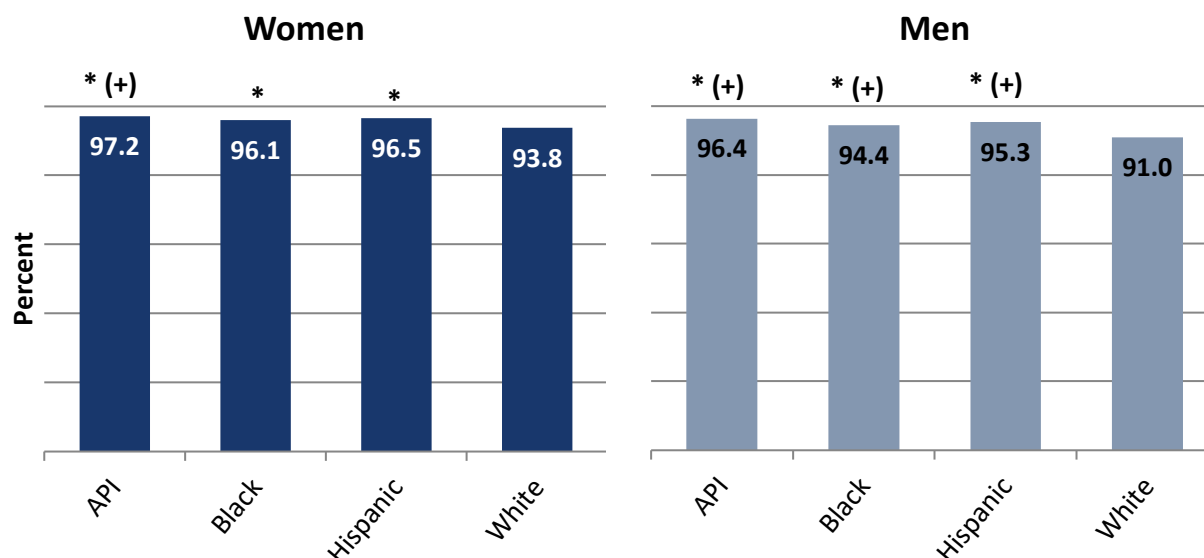
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Avoiding Use of Opioids at High Dosage

Percentage of MA enrollees aged 18 years and older who were not prescribed opioids at a high dosage<sup>†</sup> for more than 14 days, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Use of opioids at a high dosage for more than 14 days was avoided more often for API, Black, and Hispanic women than for White women. The difference between API women and White women was greater than 3 percentage points. The difference between Black women and White women was less than 3 percentage points, as was the difference between Hispanic women and White women.
- Use of opioids at a high dosage for more than 14 days was avoided more often for API, Black, and Hispanic men than for White men. In each case, the difference was greater than 3 percentage points.

\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

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

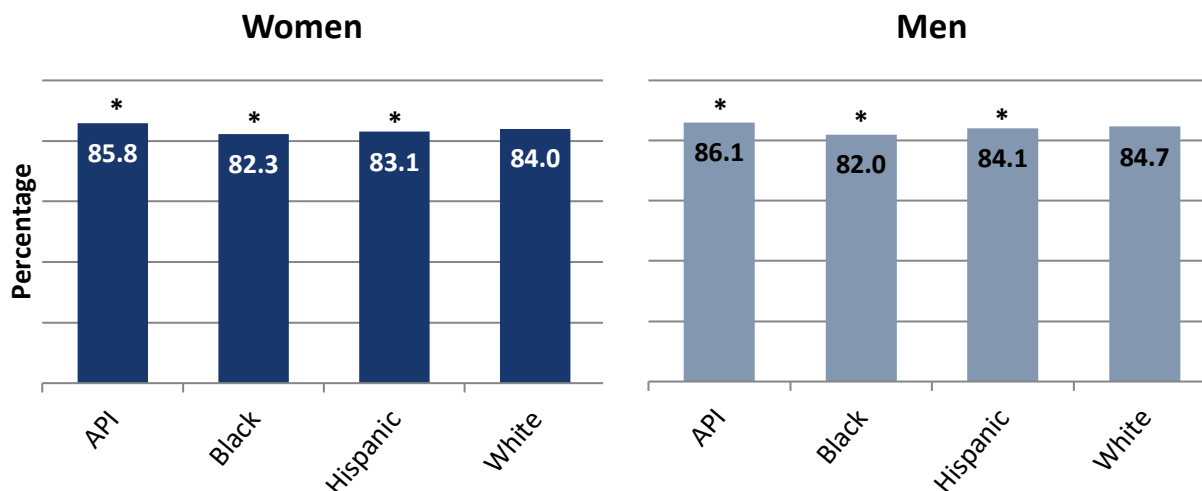
(+) Difference is equal to or larger than 3 points (prior to rounding) and favors the racial or ethnic minority group.

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

<sup>†</sup> Average morphine equivalent dose is greater than 120 mg.

## Avoiding Use of Opioids from Multiple Prescribers

Percentage of MA enrollees aged 18 years and older who did not receive prescriptions for opioids from four or more prescribers in the past year, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Use of opioids from multiple prescribers was avoided more often for API women than for White women. The difference between API women and White women was less than 3 percentage points. Use of opioids from multiple prescribers was avoided less often for Black and Hispanic women than for White women. The difference between Black women and White women was less than 3 percentage points, as was the difference between Hispanic women and White women.
- Use of opioids from multiple prescribers was avoided more often for API men than for White men. The difference between API men and White men was less than 3 percentage points. Use of opioids from multiple prescribers was avoided less often for Black and Hispanic men than for White men. The difference between Black men and White men was less than 3 percentage points, as was the difference between Hispanic men and White men.

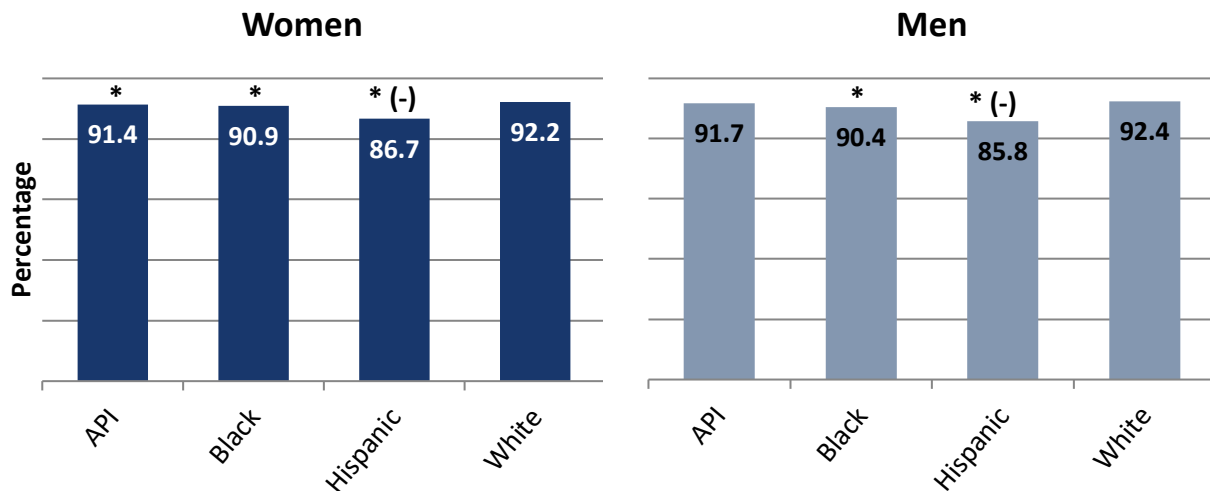
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Avoiding Use of Opioids from Multiple Pharmacies

Percentage of MA enrollees aged 18 years and older who did not receive prescriptions for opioids from four or more pharmacies in the past year, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Use of opioids from multiple pharmacies was avoided less often for API, Black, and Hispanic women than for White women. The difference between API women and White women was less than 3 percentage points, as was the difference between Black women and White women. The difference between Hispanic women and White women was greater than 3 percentage points.
- Use of opioids from multiple pharmacies was avoided about as often for API men as for White men. Use of opioids from multiple pharmacies was avoided less often for Black and Hispanic men than for White men. The difference between Black men and White men was less than 3 percentage points. The difference between Hispanic men and White men was greater than 3 percentage points.

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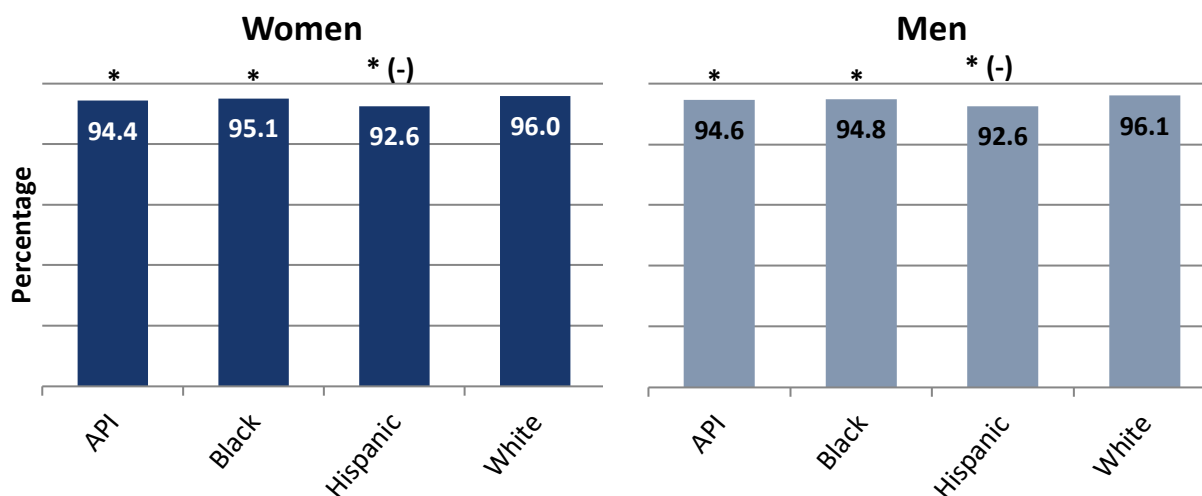
\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

## Avoiding Use of Opioids from Multiple Prescribers and Pharmacies

Percentage of MA enrollees aged 18 years and older who did not receive prescriptions for opioids from four or more prescribers and four or more pharmacies in the past year, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

### Disparities

- Use of opioids from multiple prescribers and pharmacies was avoided less often for API, Black, and Hispanic women than for White women. The difference between API women and White women was less than 3 percentage points, as was the difference between Black women and White women. The difference between Hispanic women and White women was greater than 3 percentage points.
- Use of opioids from multiple prescribers and pharmacies was avoided less often for API, Black, and Hispanic men than for White men. The difference between API men and White men was less than 3 percentage points, as was the difference between Black men and White men. The difference between Hispanic men and White men was greater than 3 percentage points.

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\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

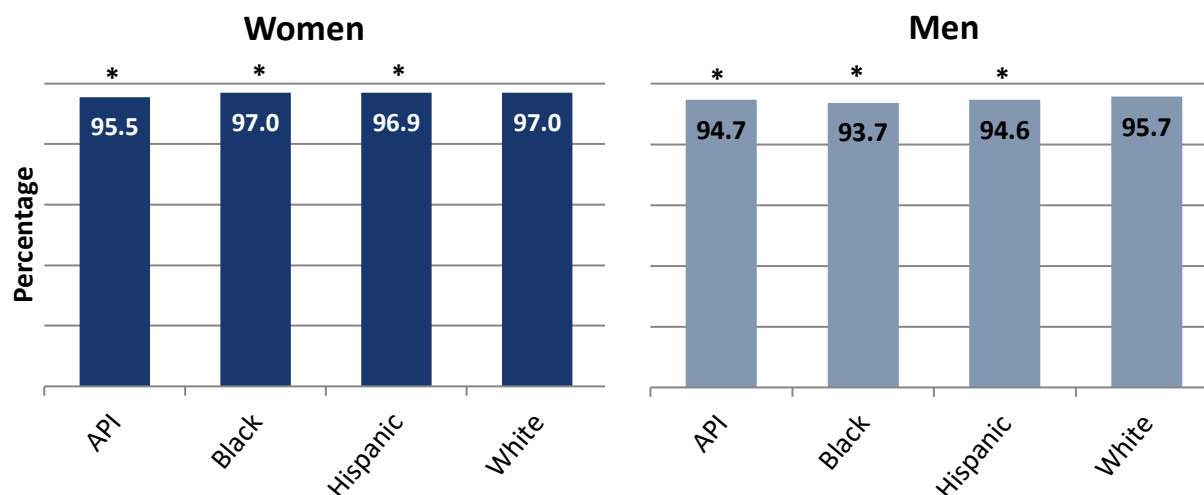
For statistically significant differences between Whites and racial or ethnic minorities of the same gender, the following symbols are also used when applicable:

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

## Clinical Care: Access/Availability of Care

### Older Adults' Access to Preventive/Ambulatory Services

Percentage of MA enrollees aged 65 years and older who had an ambulatory or preventive care visit in the past year, by race and ethnicity within gender, 2018



**SOURCE:** Clinical quality data collected in 2018 from MA plans nationwide.

**NOTES:** API = Asian or Pacific Islander. Racial groups such as Blacks and Whites are non-Hispanic. Those who endorsed Hispanic ethnicity were classified as Hispanic regardless of race.

#### 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.

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\* Significantly different from the score for Whites of the same gender ( $p < 0.05$ ).

For statistically significant differences between Whites and racial or 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 or ethnic minority group.
- (-) Difference is equal to or larger than 3 points (prior to rounding) and favors Whites.

# Appendix: Data Sources and Methods

## *The Medicare Consumer Assessment of Healthcare Providers and Systems Survey*

The Medicare Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey consists of a set of mail surveys with telephone follow-ups based on a stratified random sample of Medicare beneficiaries, with contracts serving as strata for Medicare Advantage (MA) beneficiaries and beneficiaries enrolled in prescription drug plans (PDPs) and states serving as strata for fee-for-service (FFS) beneficiaries not enrolled in a PDP. The 2018 survey attempted to contact 875,189 Medicare beneficiaries and received responses from 339,316, a 39 percent response rate. The 2018 surveys represent all FFS beneficiaries, MA beneficiaries from 434 MA contracts that either were required to report (minimum of 600 eligible enrollees) or reported voluntarily (450–599 enrollees), and PDP beneficiaries from 54 PDP contracts with at least 1,500 eligible enrollees. The data presented in this report pertain only to MA beneficiaries.

## *The Healthcare Effectiveness Data and Information Set*

The Healthcare Effectiveness Data and Information Set (HEDIS) consists of more than 90 measures across six domains of care (National Committee for Quality Assurance [NCQA], 2019). These domains include effectiveness of care, access/availability of care, experience of care, utilization and risk-adjusted utilization, relative resource use, and health plan descriptive information. HEDIS measures are developed, tested, and validated under the direction of NCQA. Although CAHPS data are collected only via surveys, HEDIS data are gathered both via surveys and via medical charts and insurance claims for hospitalizations, medical office visits, and procedures. In selecting HEDIS measures to include in this report, we excluded measures that underwent a recent change in specification, were similar to reported measures preferred by the Centers for Medicare & Medicaid Services (CMS), or were deemed unsuitable for this application by CMS experts.

## *Information on Race and Ethnicity*

The 2018 CAHPS survey asked beneficiaries, “Are you of Hispanic or Latino origin or descent?” The response options were: “Yes, Hispanic or Latino” and “No, not Hispanic or Latino.” The survey then asked, “What is your race? Please mark one or more,” with response options of “White,” “Black or African American,” “Asian,” “Native Hawaiian or other Pacific Islander,” and “American Indian or Alaska Native.” Following a U.S. Census approach, answers to these two questions were used to classify respondents into one of seven mutually exclusive categories: Hispanic, multiracial, American Indian or Alaska Native (AI/AN), Asian or Pacific Islander (API), Black, White, or unknown.

- Respondents who endorsed Hispanic ethnicity were classified as Hispanic regardless of races endorsed.
- Non-Hispanic respondents who endorsed two or more races were classified as multiracial, with a single exception: Those who selected both “Asian” and “Native Hawaiian or other Pacific Islander” but no other race were classified as API.
- Non-Hispanic respondents who selected exactly one race were classified as AI/AN, API, Black, or White, according to their responses.
- Respondents without data regarding race and ethnicity were classified as unknown.
- Unknown cases were dropped from the analysis. The multiracial group was included in the analysis, but estimates for this group are not presented in this report.

- In prior versions of this report, we did not include estimates for AI/AN beneficiaries because there were too few AI/AN respondents to make accurate comparisons between this group and Whites when looking at women and men separately. For this year's report, there were sufficient data to report scores on all patient experience measures for both AI/AN women and AI/AN men.

HEDIS data, unlike CAHPS data, do not contain the patient's self-reported race and ethnicity. Therefore, we imputed race and ethnicity for the HEDIS data using a methodology that combines information from administrative data, surname, and residential location (Martino et al., 2013). This methodology is recommended for estimating racial and ethnic disparities for Black, Hispanic, API, and White beneficiaries but not for AI/AN or multiracial beneficiaries. In 2018, there were 505 MA contracts that supplied the 16,182,931 HEDIS measure records used.

### *Information on Gender*

Information on the gender of MA beneficiaries is gathered from administrative records.

### *Analytic Approach*

The CAHPS measures presented in this report are composite measures that summarize, through averaging, the answers to two or more related CAHPS survey questions, or items. The annual flu vaccine measure is included in the CAHPS survey and is thus grouped with other CAHPS measures in this report. It is, however, considered to be a HEDIS measure. This is a single-item measure rather than a composite.

CAHPS estimates for different racial and ethnic groups are from case-mix-adjusted linear regression models that contained health contract intercepts, racial and ethnic indicators, and the following case-mix adjusters: age, education, self-reported health and mental health, dual eligibility/low-income subsidy, and proxy status. No adjustment was made for survey language. Race and ethnicity were coded as Hispanic, Black, API, AI/AN, multiracial, and unknown, with White as the (omitted) reference group. CAHPS estimates for men and women are from case-mix-adjusted linear regression models that contained health contract intercepts, an indicator for female gender (with male as the reference group), and the same set of case-mix adjusters used in the racial and ethnic group models. CAHPS estimates for men and women of different racial and ethnic backgrounds are from case-mix-adjusted linear regression models, stratified by gender. These models contained health contract intercepts, racial and ethnic indicators, and the case-mix adjusters.

Predicted probabilities of race and ethnicity were used as weights to develop HEDIS measure estimates for each racial and ethnic group (Elliott et al., 2009). None of the HEDIS measures reported (including the annual flu vaccine measure) is case-mix adjusted.

Statistical significance tests were used to compare the model-estimated scores for each racial and ethnic minority group with the score for Whites and to compare the model-estimated scores for women and men. A difference in scores is denoted as statistically significant if there is less than a 5 percent chance that the difference could have resulted due to sampling error alone. Differences that are statistically significant and larger than 3 points on a 0–100 scale (CAHPS) or 3 percentage points (HEDIS) are further denoted as practically significant. That is, in the charts that present national data on racial and ethnic and gender differences in patient experience (CAHPS) and clinical care (HEDIS), differences that are not statistically significant or are statistically significant but less than 3 points in magnitude are distinguished (through the use of symbols and labeling) from differences that are both statistically significant and 3 points in magnitude or larger. The 3-point criterion was selected because a difference of this size is considered to be of moderate magnitude (Paddison et al., 2013).

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## Disclaimer

Paid for by the US Department of Health and Human Services

## Suggested Citation

Martino, SC, Elliott, MN, Dembosky, JW, Hambarsoomian, K, Burkhart, Q, Klein, DJ, Gildner, J, and Haviland, AM. *Racial, Ethnic, and Gender Disparities in Health Care in Medicare Advantage*. Baltimore, MD: CMS Office of Minority Health. 2020.