Diabetes patients on Medicare Advantage plans more likely to have worse health, study finds

July 7 2022

Credit: CC0 Public Domain

While patients with diabetes on Medicare Advantage plans are more likely to receive preventive treatments, they were less likely to be

prescribed newer, more expensive medications and were more likely to have higher blood pressure and worse blood glucose control than patients on Medicare Fee-For-Service plans, according to a new study led by a University of Pittsburgh School of Medicine physician-scientist.

The study, published today in *Diabetes Care*, raises a red flag that—despite improving access to preventive care—the rapid growth in Medicare Advantage enrollees may foreshadow a trend toward poorer health outcomes and disparities in care when compared with their Medicare Fee-For-Service counterparts.

"Preventive treatments are not enough to keep patients from utilizing the health care system down the road," said lead author Utibe Essien, M.D., M.P.H., assistant professor of medicine at the University of Pittsburgh and staff physician at the VA Pittsburgh Healthcare System. "We need to make sure the right patients are getting the right treatment, likely a combination of preventive and therapeutic interventions."

Diabetes is reported in 1 in 5 Medicare beneficiaries age 65 and older and is associated with over 60% higher out-of-pocket prescription costs compared to those without diabetes.

The researchers used data from more than 5,000 clinicians who participate in The Diabetes Collaborative Registry to study nearly 350,000 patients with Type 2 diabetes, aged 65 or older, on Medicare Advantage or Medicare Fee-For-Service plans. They compared quality metrics, preventive care and prescription patterns between the two groups.

The study found that patients with Medicare Advantage were more likely to receive preventive treatments, such as tobacco cessation, foot care and other screenings. However, patients on Medicare Advantage plans were also more likely to have higher blood pressure and poorer diabetes

control, and were less likely to receive newer, evidence-based medications than their counterparts on Medicare Fee-For-Service plans. Medicare Advantage uses a variety of strategies to mitigate the cost of care, including limiting access to newer and more expensive medications.

Older generic diabetes medications, such as angiotensin-converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs), were appropriately prescribed to the Medicare Advantage beneficiaries. But when it came to newer, more expensive medications—such as glucagon-like peptide-1 receptor agonists (GLP-1RA) or sodium/glucose cotransporter-2 inhibitors (SGLT2i)—Essien said, "We saw a clear drop in Medicare Advantage enrollees getting those medications, despite unequivocal evidence that they benefit patients with diabetes by reducing kidney disease, cardiovascular disease and death."

"With Medicare Advantage plans continuing to rapidly expand and now covering nearly half of all Medicare beneficiaries, these data call for ongoing surveillance of long-term health outcomes under various Medicare plans," said senior author Muthiah Vaduganathan, M.D., M.P.H., co-director of the Center for Implementation Science and staff cardiologist at Brigham and Women's Hospital and Harvard Medical School.

The researchers hope that these findings can help fine-tune the Medicare Advantage program, allowing patients to access the care and treatments they need while keeping costs and health care utilization low.

"Given the rising risk factors for diabetes among Americans, we're going to see increasing numbers of Medicare Advantage enrollees needing high-quality diabetes care," Essien said. "I'm a general internist—my primary focus is on prevention—but our data suggest that is not enough."

More information: Utibe R. Essien et al, Diabetes Care Among Older Adults Enrolled in Medicare Advantage Versus Traditional Medicare Fee-For-Service Plans: The Diabetes Collaborative Registry, *Diabetes Care* (2022). DOI: 10.2337/dc21-1178