

# Gaps by race, ethnicity exist in health care quality under traditional Medicare, Medicare Advantage plans

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Medicare Advantage (MA) is an increasingly popular source of Medicare coverage for all recipients, including individuals from racial

and ethnic minority groups. Certain managed care strategies used in MA—such as prior authorization, gatekeeping for access to certain services or specialists, and narrow provider networks—may pose challenges in accessing care. This means the quality of MA-funded care for minority groups has critical health equity implications.

A new study [published](#) in *Health Affairs* and led by Professor Jeah Jung found that MA plans do not equally improve the [quality of care](#) across all racial and [ethnic groups](#). The study compared gaps in the quality of care received by non-Hispanic Black, Hispanic, and Asian enrollees versus non-Hispanic white enrollees in MA and traditional Medicare. It measured the quality of care by three measures of adverse health events: avoidable emergency department use, preventable hospitalizations, and 30-day hospital readmissions.

"This first-of-its-kind study on avoidable emergency department use in MA provided new information on racial and ethnic gaps in quality of care in MA, compared with traditional Medicare. New access to MA data makes new analysis and insights possible," said Jung, the principal investigator.

This study differed from previous research on MA vs. traditional Medicare by expanding prior analyses to a national-level analysis during a more recent period of expansion in MA enrollment (2016–19). Additionally, researchers studied quality of care between non-Hispanic white beneficiaries and beneficiaries in three racial and ethnic minority groups, whereas prior work was generally limited to comparing white and Black or Hispanic beneficiaries.

More than 19 % of the U.S. population are enrolled in Medicare, the federal insurance program for [older adults](#) and some people who have a disability. People who qualify to join Medicare have two options to receive benefits: (1) traditional Medicare or (2) Medicare Advantage

(MA) where care is offered by private plans. MA has grown substantially in recent years, and now it covers half of the Medicare population.

"The differences in racial and ethnic gaps between MA and traditional Medicare were specific to racial and ethnic minority groups, and they varied across quality measures. This suggests that MA plans' care management strategies do not provide appropriate care to all patients, and they might not be effective in reducing all potentially avoidable adverse health events," said Jung. "MA plans need to identify which situations that a certain racial or ethnic group does not do as well as other groups and develop strategies that effectively address those situations. Such targeted approaches could help MA plans contribute to narrowing racial and ethnic gaps in the quality of care."

Results of the study showed that smaller gaps in quality of care for Hispanic people versus non-Hispanic white people in MA than in traditional Medicare for all three quality of care measures. The gap was larger between non-Hispanic Black and non-Hispanic white populations in MA than in traditional Medicare for avoidable emergency department use, but there was no gap for hospital readmissions and there was a smaller gap for preventable hospitalizations. The gap was similar for Asian versus non-Hispanic white populations in MA and traditional Medicare for avoidable emergency department use and preventable hospitalizations, but was larger in MA for hospital readmissions.

Study co-authors include Hansoo Ko and Ge Song from George Mason University, and Roger Feldman and Caroline S. Carlin from the University of Minnesota.

**More information:** Jeah Jung et al, Gaps In Quality Of Care Not Consistent Between Traditional Medicare, Medicare Advantage For

Racial And Ethnic Groups, *Health Affairs* (2024). [DOI: 10.1377/hlthaff.2023.00428](https://doi.org/10.1377/hlthaff.2023.00428)

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